Plymouth Safeguarding Adults Board

Chief Executive's Department

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9 July 2015

PLYMOUTH SAFEGUARDING ADULTS BOARD

Thursday 16 July 2015
10.00 am
Conference Room 3, Ground Floor, Windsor House

Members:
Andy Bickley, Chair

Councillor Tuffin, Carole Burgoyne, Kelechi Nnoaham, Judith Harwood, Craig McArdle, Matt Garrett, Jane Elliot Toncic, Tony Staunton, Julian Mouland, Roslynn Azzam, Laura Collingwood-Burke, Mandy Cox, D/Supt Paul Northcott, Karen Marcellino, Greg Dix, Geoff Baines, Dave Simpkins, Antonia Reynolds, Georgia Webb and Phil Smale.

Members are invited to attend the above meeting to consider the items of business overleaf.

Tracey Lee
Chief Executive

PLYMOUTH SAFEGUARDING ADULTS BOARD

1. WELCOME AND APOLOGIES

2. MINUTES AND MATTERS ARISING **(Pages 1 - 8)**

3. DECLARATIONS OF INTEREST

4. CHAIR'S UPDATE

5. SAFEGUARDING MANAGER REPORT **(Pages 9 - 34)**

6. SAB BUSINESS 2015/16 **(Pages 35 - 68)**

7. SERVICE UPDATES **(Pages 69 - 72)**

8. PREVENT STATUTORY DUTY AND COUNTER TERRORISM LOCAL PROFILE (CLP) - PETE ALEY **(Pages 73 - 86)**

9. ANY OTHER BUSINESS

10. FUTURE AGENDA ITEMS, CONFIRMATION OF FUTURE MEETINGS

11. EXEMPT BUSINESS

To consider passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve the likely disclosure of exempt information as defined in paragraph(s) of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

PART II (PRIVATE MEETING)

AGENDA

MEMBERS OF THE PUBLIC TO NOTE
that under the law, the Panel is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

NIL.

Plymouth Safeguarding Adults Board

Friday 24 April 2015

PRESENT:

Andy Bickley, in the Chair.

Geoff Baines, Sue Baldwin, Jo Brancher, Carole Burgoyne, Matt Garrett, Judith Harwood, Craig McArdle, Julian Mouland, DS Paul Northcott, Antonia Reynolds, Jane Richards, Dave Simpkins, Phil Smale, Tony Staunton, Jane Elliott Toncic, Councillor Tuffin and Gary Wallace.

Apologies for absence: Lorna Collingwood-Burke, Mandy Cox and Nnoaham and Georgia Webb.

Also in attendance: Roslyn Azzam, Amelia Boulter, Karen Marcellino and Ian Stephenson.

The meeting started at 10.00 am and finished at 1.10 pm.

Note: At a future meeting, the Board will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

38. **Chair's Introduction**

Andy Bickley, Independent Chair welcomed everyone to the meeting and presented to the Board an update of activity as Chair since the last meeting. It was reported that he has -

- looked at the infrastructure of the Board and met with Tracy Lee, Chief Executive and started to have the conversations on the effectiveness of this Board;

- met with Karen Marcellino of Healthwatch regarding their contribution and the Board's involvement with that group;

- attended the PAUSE meeting, was made very welcome and discussed user engagement, the level of commitment and support, and how they can work with us. They want to improve engagement and are struggling to recruit volunteers. PAUSE get involved with a number of groups by attending their coffee mornings and raising awareness on safeguarding concerns by holding a quiz for carers; around 30 people attend these events;

- PAUSE have an ongoing issue on how to make an alert when going through the switchboard. Was an equality impact assessment undertaken? No. We need to undertake an EIA on the how to make the alert and use PAUSE and others to address this. Jane Elliott Toncic will pick this up on behalf of this

board. We have identified engagement as an area of board service development;

- Some PAUSE members attended the recent financial awareness training which was well delivered and feedback on the training very positive;

- Received feedback on issues around home care provision – committed to maintaining the link into commissioning to pick up with the providers to address this;

- looking at the Board and how it aligns with other groups in the city and to understand the service issues;

- focus on infrastructure to support this Board and develop an Executive Group and Sub Groups; this has to be as lean as we can possibly make it for partners to engage in a positive way;

- developing the plan for the next 3 years and what do we need to develop as a Board, how we work as Board outside of the meeting, and understanding the agenda;

- how we audit safeguarding and have a clear understanding of areas needing to be addressed, and focus on this at future meetings;

- relationship with the Health and Wellbeing Board and the fundamentals moving forward.

Agreed that –

1. The Board to look at performance in more detail and the areas that this Board need to focus on.

2. Equality and Impact Assessment to be undertaken on the 'how to make an alert'.

39. **Minutes**

Agreed that the minutes held on the 30 January 2015 be confirmed.

Matters Arising

- Minute 27 – PSAB Business Plan will be sign off by this Board at this meeting.
- Minute 30 – Financial Abuse. Links have been established with the Police and this action is carried forward.
- Minute 30 – Care Act. Action completed.
- Minute 31 – PSAB Performance indicators. Performance to inform 2015/16 strategic plan and this would be discussed later in the agenda.

- Minute 32 – DoLS. Risk and board accountability and the areas we will look at. Further discussions in place on future work. DoLS to be a standing agenda item for this Board.
- Minute 32 – NHS Bid. A bid was submitted and awarded £8k, arrangements being made to draw this money down.
- Minute 33 – SAB Business 2015-16. The Chair has worked with Jane Elliot Toncic developing the business plan. This item will be discussed under agenda item 5.

40. **Declarations of Interest**

In accordance with the code of conduct the following declarations were made –

Name	Minute	Reason	Interest
Andy Bickley	SCR Update	High level involvement in the Police response in his previous role.	Professional

41. **SAB Business 2015/16**

The Chair shared with the Board the Strategic Plan and structure for the Plymouth Safeguarding Adults Board. The Chair asked Board members to review and feedback any comments but would also welcome any obvious feedback today. The logo will be looked at but appreciate that Plymouth City Council are the lead partner for this Board. It was reported that -

- there was a need to understand the relationship of this Board with the Health and Wellbeing Board and other groups;

- we need to understand the governance and what we will be focussing on, a lot of things have changed since the 1 April 2015 and need to look at how this all joins up;

- the recently published Domestic Homicide Review is a useful learning tool and the link will be circulated to Board members;

- at the next Board meeting look at performance in more detail and the areas of the performance that we need to focus on. DS Paul Northcott added that it was important to look at areas of challenge and to capture this within the annual report;

- getting a framework around the key priorities and looking at the likely timings. Recognise the need for named individuals to be assigned to each objective for accountability;

- within the plan there is a need for Board members to form a series of task and finish groups and accordingly would like full commitment from the board;

- Geoff Baines raised that this is the first strategic plan for this Board and there wasn't an established discipline for using one or basic rules of engagement. Need to have the early rules agreed and if things do change there is an agreed process to make the necessary changes;

- Tony Staunton added that there is a need for clarity on the role for the sub groups regarding what they are tasked to undertake. The Plymouth Safeguarding Children Board worked extensively to make sure they had the right group and devolved power to agree to things, and ensured capacity to undertake work and report back into the board. This Board needs to be really clear on what you want the sub groups to do;

- keen to understand through our performance how well we are doing and how we manage and mitigate risks;

- PSCB request their members to sign a Declaration of Interest form and would like the same for PSAB;

- would like the PSAB to have a development day to develop relationships and look at what works well and not so well. Looking at holding two dates this year and will circulate dates;

- looking at different venues and settings for holding meetings, to make the Board more accessible and to raise our profile within the community. Look at what is free across the city, maybe an open day and looking for suggestions;

- there was a gap in the membership from primary care. People with experience in safeguarding can provide feedback from residential and domiciliary care providers. They have direct contact with adults at risk; we could look at nominations from the Dom Care and Dignity in Care forums;

- Phil Smale reported that he was the link between this board and PSCB;

- NHS England will attend the meeting if specifically requested;

- whether the Office of the Police and Crime Commissioner should be part of this board as they make a financial contribution to the budget;

- the fire and ambulance service to be confirmed as part of the partnership agreement;

- Prevent work around counter terrorism should be referenced with the terms of reference;

- there was a lot of duplication between the proposed Terms of Reference and the Partnership Agreement for the Board. Need to look at how we reconcile them, and will review what Devon's Board has done.

Agreed that –

1. Links to the Domestic Homicide Review to be circulated to the Board.

2. The Board to feedback their comments to Jane with regard to the PSAB Business Plan/Terms of Reference/Partnership Agreement.

3. Comments on the plan will be reviewed at the first Executive Meeting.

4. Final draft of the Plan to be signed off at next PSAB meeting.

5. A set of 'ground rules' to be produced for the PSAB Plan.

6. A letter to be sent to the Chair of the Health and Wellbeing Board to look at the relationship with the PSAB.

7. A Declarations of Interest form will be circulated to PSAB members.

8. Two Development Days for the PSAB will be set up over the next year. Dates will be circulated to the PSAB.

9. Suggestions for suitable venues to hold the PASB meeting would be welcomed.

10. Pull together the Terms of Reference and Partnership Agreement into one document. Look at what Devon has done.

42. **Safeguarding Manager Report**

The Safeguarding Manager's Report was noted by the Board.

43. **MCA/DoLS Update**

Ros Azzam provided the Board with an update on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Most safeguarding boards include MCA as part of their agenda. Does this board retain or continue to have an oversight of MCA in Plymouth?

The following comments were made -

- this was important to safeguarding and there are a number of vulnerable groups we have to safeguard; around this table we have different responsibilities and tend to think about our own agencies' perspectives rather than as a board;
- we need to identify the most vulnerable groups and provide advice and support. Work is required with agencies on whether they understand the issues surrounding DoLS?
- a proposal was put to the Board for a MCA working group to continue to take forward any actions, to check implementation of DoLS including the

2014 Supreme Court judgement and recent guidance. Geoff Baines volunteered to draw up a Terms of Reference and lead this group with representation from this board;

- the Board to continue to receive regular updates on MCA and DoLS;

- the £8k received from NHS England was being used to develop a training session around the Advanced Decisions and Lasting Powers of Attorney. The CCG also has some money from the same source, and will link with this Board.

Agreed that –

1. a task and finish group is set up and led by Geoff Baines working with Ros Azzam and Ian Stephenson to prepare a brief around MCA. . Also look at MCA in terms of young people from 16 to 18 years.

2. An update to be provided to the Board on how DoLS applications are being dealt with.

3. DoLS and MCA briefings to be circulated to the PSAB Members between meetings.

44. **Healthwatch**

Karen Marcellino from Healthwatch was invited to attend the meeting to provide the Board with an overview of Healthwatch as a service and how they provide an assurance to the public. It was reported that –

- Healthwatch Plymouth was entering into the third year of the contract and spent the first year building a credible evidence bank and the second year focussing on some of the issues raised;

- they had received 5,000 pieces of feedback and they are predominately positive. Starting to see an increase in social care provision and it is clear that people understand health but do not understand the social care arena as well;

- Healthwatch have a seat on the Health and Wellbeing Board.

In response to questions raised, it was reported that –

- there was more to do in terms of marketing to raise awareness of safeguarding;

- they do receive a lot of feedback and have a lot of analysis and can report back to this Board any relevant feedback.

45. **Any Other Business**

The Chair raised the following items of any other business -

(a) Proposed partnership expenditure

Julian Mouland thanked Board members for their contributions. The Business Plan needs to be resourced and the percentages would be similar to last year. The Office of the Police and Crime Commissioner has given agreement to a contribution for 2015-16.

Agreed that -

1. Jane Richards to make contact with Charlotte Coker regarding the seat on this Board and financial contribution to the PSAB.

2. The budget to be formally signed off at the next board meeting.

3. The PSAB Terms of Reference to include a shared understanding of the pooled budget.

(b) PSAB Annual Conference

The Chair was pleased that this year's event was on plan to be delivered. Consideration needs to be given to whether this becomes a regular event. This was noted by Board members.

(c) Police Review

DS Paul Northcott reported that there was movement on this. The Public Protection Unit are undergoing a process of change and by the end of the year an additional 30 officers will be placed into the team. The roll out for Plymouth will be in October 2015.

(d) Thank you to Karen Grimshaw

The Chair will draft a letter to be sent to Karen Grimshaw to formally record her contribution to this Board and her continued work with this Board.

46. **Future Agenda Items, Confirmation of Future Meeting Dates**

The next meeting of the Plymouth Safeguarding Adults Board will take place on Thursday 16 July 2015 at 10 am.

47. **Exempt Business**

<u>Agreed</u> that under Section 100(A)(4) of the Local Government Act, 1972, the press and public are excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 1 of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

48. **SCR Update**

Julian Mouland provided the Board with an update on the Serious Case Review.

49. **Risk Management/Self Neglect Update**

Julian Mouland raised an action from last board meeting on self-neglect. Self-neglect was a high risk for the city and priority for this Board. Reflecting on the work from a recent multi-agency review which recognised the issue of self-neglect and highlighted that a lot of agencies were aware of this issue but not enough co-ordinated partnership working was taking place around the person involved. Requests for nominations to form a working group to look at this action have been sent and this is a high priority for this Board for 2015.

Board members suggested the need for public awareness raising on the issue to be considered by the working group.

SAFEGUARDING MANAGER'S REPORT

to Plymouth Safeguarding Adults Board July 2015

PSAB, PCC & UoP ADULT SAFEGUARDING CONFERENCE: 'Changes, Challenges and Opportunities' 12 JUNE

Our first conference was successfully delivered and very well received, and the University is keen to continue the partnership. Feedback included:

'..the speakers were excellent and I have learnt a lot; some of the points were very thought provoking'
'..enjoyed the wealth of knowledge from the speakers and re-assurance that I am following correct procedures'
'...excellent high profile speakers and a good overview into current challenges and opportunities'
We came in under the projected budget, but may want to consider charging for future events, particularly in light of the demand from outside the City.

HUMAN TRAFFICKING AND MODERN SLAVERY

As reported to the April Board, Plymouth are fully signed up to the Home Office South West Regional pilot in response to their review of the National Referral Mechanism. Representatives from all partner agencies have been identified and we are awaiting details of the related training, expected around September.

We have also linked with the Anti-Slavery Partnership (ASP) who are looking to expand their coverage from the Avon & Somerset police area. Their work includes:

- Forums and training for NGOs, community and faith groups, frontline health and social care workers to enable staff to spot the signs of modern slavery and know where to go for help
- Problem Profile Groups targeting specific sectors
- A Champions network of individuals from a range of sectors who are points of contact for their organisation and who receive training and support direct from ASP
- A website with a range of resources: www.aspartnership.org.uk

In addition, Plymouth City Council have joined Devon and Torbay councils, Devon & Cornwall police and faith representatives to co-host a Devon Modern Slavery Event in September in Exeter. When in receipt, we will circulate invitation letters to relevant Board and sub group members as well as linked agencies for identification of suitable delegates. Plymouth has approximately 200 places if required.

DEVON & CORNWALL POLICE: CENTRAL SAFEGUARDING TEAM (CST) AND VULNERABILITY SCREENING TOOL (VIST)

Following Paul Northcott's previous report to PSAB, multi-agency strategic and operational leads are attending a workshop at the end of July aimed specifically at adult services and with the aim of introducing the CST and VIST, presenting a more detailed picture of how they may impact upon services, and understanding how the police may need to align them to the differing local variations.

The VIST seeks to identify vulnerability at an early stage helping to identify safeguarding concerns and prevent vulnerable people from being exposed to the risk of harm, abuse or exploitation. The CST, which is planned to be to be up and running by the end of 2015, will also act as the police hub for all safeguarding adult alerts and replace the current Central Referral Unit (CRU).

MULTI-AGENCY ONLINE POLICY AND PROCEDURES MANUAL

The recent review is now complete and retained documents have been revised in line with changes to local arrangements and Care Act compliance. The Executive Group have the revised framework and supporting text for sign off, and we are consulting with operational leads. The contract with the website maintenance firm is under review and we are agreeing more flexible arrangements for future updates. There is proposal for an alternative model for the manual which is in consideration and will be taken to the Lead Officers Group in August.

MENTAL HEALTH CRISIS CONCORDAT:

The Mental Health Crisis Concordat (MHCC) was published by the Government in February 2014, and local governance sits with the CCG Partnership Board and the Health and Wellbeing Board.

The LGA conducted subsequent research with the aim of collecting data from local authorities on local planning and the commissioning of services, to prevent and respond to mental health crisis in the community:
http://www.local.gov.uk/documents/10180/11719/20150316+Mental+Health+Crisis+Final+Report+-++LGA+house+style+(2).pdf/7ffca521-6308-4231-a1ac-d542a76ef007

The third section of the survey aimed to establish the position of councils with regards to mental health crisis care and safeguarding, and findings include that almost two-thirds of respondents (64 %) reported that their local safeguarding board had not discussed the Mental Health Crisis Concordat, and that recent analysis of 71 serious case reviews showed a significant number concerned people in mental health crisis. Accordingly the LGA have published 'Note for Adults Safeguarding Boards on the MHCC'. The CCG have a Devon-wide action plan to which the PSAB may want link, and task a piece of work which assesses the Plymouth position against the concordat. The findings of this may raise its priority status and lead to consideration for inclusion in the work of the Board going forward.

OUTREACH TO GP SURGERIES:

We have at times experienced problems in getting consistent engagement with safeguarding processes, and have developed an awareness that surgeries may not be aware of all local arrangements or legislative changes. We have now made a link with the facilitator of the regular practice managers' meetings, and will use this to disseminate relevant information.

Local Government Association

directors of adass adult social services

Note for adult safeguarding boards on the Mental Health Crisis Concordat

Report

Introduction

The Mental Health Crisis Concordat (the Concordat) was published by the Government in February 2014. The signatories include the NHS, Royal Colleges, Police, Local Government, MIND, the Home Office, Department of Health and Care Quality Commission (CQC). The stated purpose of the Concordat is summarised in a statement issued jointly by those agencies:

"We commit to work together to improve the system of care and support so people in crisis because of a mental health condition are kept safe and helped to find the support they need – whatever the circumstances in which they first need help – and from whichever service they turn to first.

We will work together, and with local organisations, to prevent crises happening whenever possible through prevention and early intervention. We will make sure we meet the needs of vulnerable people in urgent situations. We will strive to make sure that all relevant public services support someone who appears to have a mental health problem to move towards recovery.

Jointly, we hold ourselves accountable for enabling this commitment to be delivered across England."

Why is the Concordat an issue for Adult Safeguarding Boards?

The local adult safeguarding board brings together police, ambulance services, local hospitals and community and mental health trusts, NHS England and local government. In many places the boards also include providers and users of services. The boards provide the opportunity for all partners to be able to share information about the ways in which people in mental health crisis are provided with the appropriate support and treatment. They are also able to benchmark local services against the standards published in the Concordat. When people in mental health crisis are not provided with appropriate and timely support significant harm can occur. A recent analysis of 71 serious case reviews showed a significant number concerned people in mental health crisis. Some had not received timely assessments, some had not received appropriate services and some were not recognised as carers under stress.

Remit of the Concordat

The Concordat covers four main areas in addition to making recommendations about the commissioning of mental health services.

1. Access to support before crisis point

The concordat makes recommendations on availability of, and access to, early intervention services to prevent escalation into crisis. These services are to be locally determined.

2. Urgent and emergency access to crisis care

The NICE guidance in this area recommends that people in crisis who are referred to mental health services should be assessed face to face within four hours. The Concordat states that mental health services should be available 24 hours a day seven days a week and appropriate specialist support should be available to GPs. Services should also be accessible to all communities.

There are recommendations about how people in mental health crisis who come to the notice of the police or criminal justice agencies should be supported. This includes the availability of health based places of safety and the requirement that the NHS should take responsibility for people in mental health crisis and provide responsive and timely services. A significant reduction in the use of police cells as places of safety is expected, to below 50 per cent of the 2011/12 figure by 2014/15. There are requirements to ensure information about people in mental health crisis is shared promptly and appropriately. Local information sharing protocols should support this process.

The Concordat also looks at how 999 services and hospital Emergency Departments should provide support to people in mental health crisis. The Concordat makes recommendations about the availability of services for people in mental health crisis who also have substance misuse problems or who are intoxicated. Emergency Departments are required to ensure liaison psychiatry services are available in a timely way and people who have self-harmed are appropriately assessed. Ambulance services are required to provide appropriate training and support to front line staff.

There are recommendations about how people should be transported safely and without delay to or between NHS facilities, with police vehicles only used in exceptional circumstances.

3. The right quality of treatment and care when in crisis

The Concordat requires mental health services to be of high quality and to respond in a timely way. Services are also required to ensure restraint is appropriately used in mental health settings and that police should only be asked to assist in managing patient behaviour in exceptional circumstances.

There is evidence that people from black and ethnic minority communities have higher levels of detention under the Mental Health

Act and higher rates of admission to hospital. The Concordat requires local partnerships to address these issues.

There is also evidence that some people in mental health crisis have to travel long distances from their local communities to access in patient services and this must also be avoided.

The Care Quality Commission has pledged to take account of the Concordat in inspecting and monitoring services and will be seeking evidence of compliance.

4. Recovery and staying well and preventing future crises

The Concordat draws attention to the NICE Guidance recommending that people who are using mental health services are offered a crisis plan. Pathways for transition of care between organisations is highlighted as an issue that should be addressed locally ensuring people receive appropriate support throughout.

There are also recommendations about children and young people's services which are not included in this note

The role of the safeguarding adults board

Attached to this document is a checklist which safeguarding adults boards can use to assess their progress with the local implementation of the Concordat. Local commissioners of mental health services are required to develop the appropriate care pathways and monitor the local compliance with the Concordat. They can be asked to report progress to safeguarding adults boards

Some examples of good practice in safeguarding adults boards' involvement with the implementation of the Concordat are also attached.

This link will give access to the Mental Health Crisis Care Concordat.

Mental Health Crisis Care Concordat.pdf

Checklist for safeguarding adults boards scrutiny of local implementation on the Mental Health Crisis Concordat

Safeguarding adults boards should consider the following actions:

1. **Scrutinise the jointly agreed local declaration across the key agencies which should mirror the key principles of the national Concordat – establishing a commitment for local agencies to work together to continuously improve the experience of people in mental health crisis in their locality.**
2. **Scrutinise the local shared action plan and arrangements to review, monitor and track improvements required by the Concordat.**
3. **Scrutinise the commissioning plan for support for people in mental health crisis across the whole pathway, including:**

- local arrangements for support to people in mental health crisis who seek help from Emergency Departments or call 999
- number of people who have to travel away from the local area to access in-patient treatment
- appropriate services for people from black and ethnic minority communities experiencing a mental health crisis
- arrangements for the sharing of information about individuals including crisis plans for those already know to mental health services
- Care Quality Commission (CQC) reports on inspections of local mental health services, particularly crisis arrangements.

4. **Criminal justice and mental health crisis – some suggested performance indicators:**

- a reduction in the numbers of people in police cells as places of safety and use of section 136 detention
- local protocol governing the support police can expect from NHS services when they identify a person in need of an emergency mental health assessment
- the availability and use of health based places of safety
- timescales for local health and social care responses to police requests for assessments
- clear pathway from the criminal justice system for people in mental health crisis
- escalation arrangements in cases of disagreement.

5. **Evidence of sound local governance arrangements for overseeing the implementation of the Concordat, for example:**

- oversight by health and wellbeing board
- involvement of the children's safeguarding.

www.crisiscareconcordat.org.uk

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We consider requests on an individual basis.

L15-116

Crisis Care Concordat
Mental Health

FOR FINAL APPROVAL BY 31st MAY

2015 CONTINUOUS IMPROVEMENT ACTION PLAN TO ENABLE DELIVERY OF SHARED GOALS

OF THE MENTAL HEALTH CRISIS CARE CONCORDAT

WITHIN DEVON

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This action plan:

1. **Is a local plan developed by the local Devon system. The things we need to do have been identified locally through a dialogue between users and professionals from all agencies. They have been informed by inspection reports of our local system and reinforced by our own findings. In addressing Devon's issues we have built the national 'must dos' into our local plan. This is shown in the plan highlighted in yellow in Sections 3, 9a, 9b, 9c, 9d, 9f and 10.**
2. **Is informed throughout by the views and ideas of those with lived experience.**
3. **Is focussed on improving care, outcomes and experience for people in Devon who are facing MH crisis[1].**
4. **Is jointly owned by the public service organisations in Devon[2].**
5. **While it is submitted by NEW Devon CCG on behalf of the Devon public service system, seeks to cover the whole of geographical Devon and those people who live on the geographical margins of Devon (recognising local reality).**
6. **Will be continuously updated and improved.**
7. **Covers principally those actions that can only be taken forward on a multi-agency basis. It does, however, refer to other work.**
8. **Follows on from the Peninsula Declaration Statement of December 2014.**

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[1] When people – of all ages – with mental health problems urgently need help because of their suicidal behaviour, panic attacks or extreme anxiety, psychotic episodes, or behaviour that seems out of control or irrational and likely to put the person (or other people) in danger.

[2] The following individuals and organisations have contributed to the multi-agency work that has informed and shaped this plan: those with lived experience as patients and carers, NEW Devon CCG, South Devon and Torbay CCG, Devon CC, Torbay and Southern Devon Health and Care Trust, South Devon Healthcare NHS Foundation Trust, Plymouth Community Healthcare, Northern Devon Healthcare NHS Trust, Royal Devon and Exeter NHS Foundation Trust, Devon and Cornwall Police, South West Ambulance NHS Foundation Trust, Be Involved Devon, ExeterCVS.

	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
	Essential pathway context for our work on MH Crisis			

The following pathway context was chosen for MH crisis, so that there was a shared approach to action planning:

Note: this extremely simplified schematic is intended only to show the context of our work

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	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
	Governance and guidance			
1	Establish and sustain an influential and empowered pan-Devon, multi-agency MH acute care pathway group (MA MHACP WG), properly informed and supported by those with lived experience, to lead on understanding need and matching capability to need across Devon.	Mid 2014 – end 2016	Gavin Thistlethwaite NEW Devon CCG	▪ A shared Devon public service system approach to meeting the needs of people in MH crisis. This applies to the whole pathway, but particularly in that part of the pathway that starts where prevention has not worked and ends where an individual is in contact with professional MH services and is about to start a course of treatment. Prevention has not worked and someone has a mental healthcare need, whether they are 'known' to the system or not. The person is in contact with appropriate MH services and a course of treatment is about to start. ...ntion – ...nt to 'look ...rd' into this ...f the ...ay as much ...ssible **MH Crisis** – the multi-agency group devoted most of its time and energy here **MH Care** of th... is ma... resp... DPT
2	Develop an approach to governance that will: • Keep those with lived experience at the centre. • Support and assure delivery between organisations. • Facilitate joint working between organisations	Apr 15 – Jun 15	Paul O'Sullivan Multi-agency MH Acute Care Pathway Workstream Group (MA MHACP WG)	▪ Clear governance for getting things done and allocating organisational resources to system tasks.

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	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
	recognising different ways-of-working. • Keeps leaders engaged and aligned.			
	Goals			
3	Establish and keep under continuous review a clear goal for MH crisis in Devon: 'what good looks like'.	Feb 15 to end 16	MA MHACP WG working with those with lived experience	▪ 'Good in Devon' seen through the person lens: **"When I'm in a pickle I will know who to call – or someone else will know who to call – so that I can receive the best help for me. I will have a consistent response, regardless of which service I contact, at a time which is right for me. I will get very good care, regardless of where I live or where I look for help. If I need to be admitted I will have a choice about the best place of care for me and be given the option of a non-hospital place of sanctuary, if I need it. Everyone who cares for me will do so in a compassionate way, treating me as a unique individual. Regardless of my age I will get very good care. There will be better public awareness of mental health problems and the general public will also know how to seek help if they are worried about someone's mental health. When I need to be moved this will happen in a vehicle that does not draw attention to me. If I have a relative or close friend in crisis I will know who to contact and who to discuss their situation with. I will be listened to and the person I am concerned about will be helped in a safe and appropriate way."** ▪ Consequently 'Good in Devon' is seen through the organisational lens: ○ Principles ▪ Equitable, safe, accessible, guided, consistently-applied high-quality care for those in MH crisis in Devon*, in accordance with the Crisis Concordat, for all ages at all times (24/7). ▪ A focus on individuals also includes their families, carers and their social networks (if individuals desire this).

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	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
				▪ Everyone has a shared understanding of what 'in crisis' means and acknowledges the importance of swift multi-agency response to crisis. ▪ *Devon is a whole county, including Torbay, South Devon, Plymouth and those who live on (both sides of) the margins of the County. ▪ The benefits of good mental healthcare is recognised in the rest of the public service system. ▪ Commissioning, provision of care and sharing of responsibility recognises natural 'patient flows'. ○ Characteristics of the Devon system that responds to these principles: ▪ People are cared for close to home in Devon; and support is available for carers and families when people are staying away from their home locality in Devon, or out of the County. ▪ Crisis resolution is provided on a multi-agency basis and is available 24/7. National Essential: this addresses provision of 24/7 Crisis Care Home Treatment (see also Section 10 below). ▪ Appropriately staffed and designed health-based places of safety are available; and also 'safe places', where assessments may take place. ▪ There is a single point of contact to facilitate entry to the appropriate crisis response, with no hand-offs. ▪ MH crisis triage is available across the County and across partners, using local models that are based on evidence. ▪ 24/7 psychiatric liaison is available in physical acute hospitals. ▪ GPs know about their patients who may be in MH crisis. ▪ Allocation of beds at times of crisis reflects people's needs, not geography. ▪ Where conveyance is required it is in a non-stigmatising appropriate vehicle.

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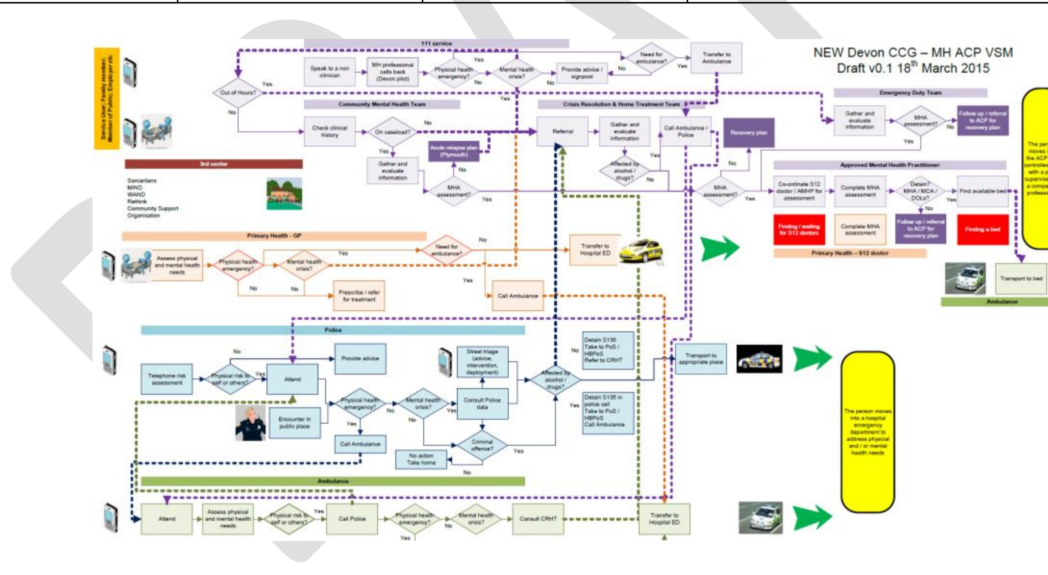
	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
	Sound whole system improvement process and method			
4	Map the crucial elements of the MH Crisis 'As Is' pathway, that requires multi-agency collaboration and delivery.	Feb 15 to Mar 15	Gavin Thistlethwaite NEW Devon CCG MA MHACP WG	▪ A shared and clear understanding of the 'As Is' so that everyone knows what happens now, in order that improvement can be planned from a position of evidence. ▪ Populated with volume data and information so that priorities for quality improvement / cost reduction can be clearly seen. ▪ Illustrated with patient journey narratives. The diagram below shows the latest version of the MH Crisis part of the first part of the pathway – before ED (note that data / information points and patient journey narrative has been removed so that the 'flow' can be seen):



	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
5	Develop the MH Crisis 'To Be' pathway (focussed on delivering value and eliminating waste); plan to implement it using PDSA; review and agree options for implementation. It may be decided to pilot in a specific location / geography, having taken advice from key stakeholders, including DPT, Primary Care and the Police. ACT PLAN STUDY DO	Mar 15 to Jun 15 (develop 'To Be' pathway) Jun 15 to end 16 (PDSA implementation)	Gavin Thistlethwaite NEW Devon CCG MA MHACP WG	▪ A clear person-focussed view of a good pathway that delivers value without waste in MH Crisis. ▪ Into which possible solution elements can be incorporated in a coherent and efficient way, avoiding the re-creation of an inefficient patchwork of 'point solutions'.
	SMART Management and Information			
6	Develop a clear set of SMART outcome and process measures – drawing in the best from work being done in other parts of the country (including the North West) – that can inform effective management.	Apr 15 to Sep 15	Gavin Thistlethwaite NEW Devon CCG MA MHACP WG	The work of the MA MHACP WG has already produced valuable perspectives on patient experience measures. In parallel DPT has developed 5 specific measures. It is intended that, if possible, we will develop a single over-arching experience measure. See also 10 below.
7	Develop a Devon protocol for sharing information related to MH crisis quickly, safely and efficiently.	Apr 15 to Sep 15	Gavin Thistlethwaite NEW Devon CCG MA MHACP WG	A protocol that enables information to be shared swiftly and efficiently – observing regulatory and governance requirements – so that good care is facilitated.

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	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
	Quick Wins			
8	In order to deliver early change and build confidence, look 'forward' into prevention. Select a number of 'quick win' changes that are 'upstream' of measures addressing MH crisis, so that we can prevent Devon becoming solely reactive in its approach to crisis. Implement those changes using PDSA.	Planning Apr 15 to Jun 15 Implementation Jul 15 to Dec 15	Gavin Thistlethwaite NEW Devon CCG MA MHACP WG	▪ Early success and confidence. From: John Kotter: Leading Change 1996 ▪ The following are early candidates for quick wins: ○ Vulnerable adults. ○ Frequent callers and attenders. ○ A single public POC. ○ Compassionate friends.
	Complimentary systemic and systematic improvement			
9	Consistent with a clear view of the Devon 'To Be' crisis pathway (see 5 above) plan and execute six prioritised changes in Devon that will make a significant difference to people in MH crisis (see below). Build and manage a goal-directed milestone-managed plan from this high	Apr 15 to Apr 17	MA MHACP WG Gavin	▪ A MH Crisis pathway that is efficient – focussed on people and value, with no waste.

	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
	level plan. Keep the six priorities under review. Design and implement a means of keeping those with lived experience at the centre of plans for continuous experience, learning from what has happened so far.	Apr 15 to May 15 Apr 15 to Apr 17 Apr 15 to Jun 15	Thistlethwaite NEW Devon CCG MA MHACP WG Paul O'Sullivan MA MHACP WG (led by those with lived experience)	▪ Programme management, control and assurance. ▪ Governance links to Section 2 above. ▪ Adaption, relevance and single loop learning. ▪ People remaining at the heart of change. The following is early advice from those on the MA MHACP WG, with lived experience, on what should guide this work: ○ Feedback makes a real difference – find better ways of getting feedback. ○ 'Asking for a ticket' is part of the service. ○ Continuously refine the questions. ○ Don't disband the Working Group – make it part of business-as-usual. ○ Make all complaints public.
9a	***Priority One.*** Plan and implement a **Single Point of Access** to MH crisis services in Devon. Features of draft goal: ▪ May be 111 (with revised referral arrangements) or a special number. If not 111, then it will be complimentary to the 111 service. ▪ Simplified access to services for	Phased implementation from 1st April 2016.	Devon CCGs DPT SWAST	▪ Equitable MH crisis provision for all ages and mental health issues. ▪ Less confusion. ▪ 90% calls of answered within 15 seconds. ▪ Understood demand. ▪ Measured and improved feedback from people. ▪ National Essential: this priority will secure the provision of mental health support as an integral / complimentary part of NHS 111 services.

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Crisis Care Concordat
Mental Health

	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
	people and professionals. ▪ A single number supported by clinicians and providers to provide care of crisis or signposting. ▪ Always delivers users to the right place. ▪ Equality of access for all people and all ages. ▪ Channelled access to appropriate services – not just advice and handoff. ▪ 24/7 service - no ansaphones. ▪ Trained and expert call handlers (Band 7 MH nurses?). ▪ Promoted and publicised numbers. ▪ Access to information on individuals if available. ▪ Drawing on the shared Devon definition of 'crisis' with defined thresholds. ▪ Learning from the experience of others e.g. Initial Response Team (Sunderland and South of Tyne).			
9b	***Priority Two*** Develop a **Shared Improved Protocol / Process for S136.**	Phased implementation from 1/4/15	Devon CCGs Devon and Cornwall Police Devon Acute Trusts DPT	▪ 50% reduction in S136 by 31/4/16. ▪ National Essential: no children, young people or vulnerable adults undergoing MH assessments in police cells from 30 Sep 15. ▪ No U18s in police custody.

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	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
	Features of draft goal: ▪ Reduced S136 detention and implemented alternatives. ▪ Continued protection of people and carers from violence. ▪ All conveyancing in an appropriate multifunctional vehicle i.e. an ambulance or some other similar vehicle. ▪ Linked to appropriate health-based places of safety. ▪ Direct referral outside S136 process i.e. by ambulance directly to a place of safety.			▪ Measured and improved feedback from people.
9c	***Priority 3*** Improve the provision of **Health-Based Places of Safety** in Devon. Features of draft goal: ▪ Strong cross-Devon commitment to both principle, practice and function – a joint enterprise. ▪ Consistent, multi-agency approach across Devon, especially for complex cases.	Commencing Apr 15 (interim solution for C&YP open from 1/4/15).	Devon CCGs Devon NHS providers	▪ National Essential: no children, young people or vulnerable adults undergoing MH assessments in police cells from 30 Sep 15. ▪ Numbers going to police custody vs going to POS. ▪ Locations of assessments: numbers assessed in POS vs other locations. ▪ Increased availability. ▪ Decreased adverse media coverage. ▪ Decreased admissions to ED. ▪ Increased number of POS that are co-located with healthcare providers. ▪ Measured and improved feedback from people.

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	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
	▪ Meets the needs of people / patients. ▪ Also meets needs of providers and their staff. ▪ Safe, open, staffed. ▪ Accessible to medics and AMHPs. ▪ Non-stigmatising. ▪ In Devon. ▪ For all ages (note: only POS for U18s is currently in Plymouth) at all times.			
9d	***Priority 4*** Develop and implement a consistent and equitable pan-Devon approach to MH Crisis Triage. This includes: ▪ What was previously known as 'street triage' and is now 'MH Crisis Triage'. ▪ Psychiatric liaison in physical acute hospitals with EDs. Features of draft goal: ▪ 24/7 psychiatric liaison in physical acute hospitals in EDs. ▪ An appropriate 24/7 response to a	Phased implementation from 1/4/15	Devon CCGs DPT SWAST Devon and Cornwall Police	▪ National Essential: no children, young people or vulnerable adults undergoing MH assessments in police cells from 30 Sep 15. ▪ 24/7 psychiatric liaison in physical acute hospitals with EDs by Mar 16. ▪ 50% reduction in use of S136 by Mar 16. ▪ Reduction in repeat S136 retentions. ▪ Positive change in 'conversion' (S136 >> S2/3) rates. ▪ Measured and improved feedback from people.

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	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
	person in crisis that is informed by the involvement of a MH practitioner, through joint working. ▪ Joint use - accessible to all partners across the whole of Devon e.g. SWAST, Devon Docs. ▪ Multi-disciplinary model engaging all agencies with embedded MH expertise. ▪ Learning from initiatives such as street triage, 111 to determine best use of resources to deliver most appropriate models across urban and rural areas. ▪ Including appropriate training for e.g. police, SWAST and ED. ▪ Available for children. ▪ Single control centre for Devon (and possibly Cornwall). ▪ Access to drug and alcohol database.			
9e	***Priority 5*** Develop and implement an **Improved Approach to MH-related Conveyance:** Features of draft goal:	▪ New operational arrangements to start in 15/16 (young people from 1/3/15).	SWAST Devon CCGs	▪ Police cars never used. ▪ Measured and improved feedback from people.

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	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
	▪ Non-stigmatising timely transport, appropriate to need. ▪ Best use of scarce resources. ▪ Improved understanding of volumes. ▪ No presumption that people must be conveyed – consider alternatives. ▪ Review of the basic model e.g. dedicated MH vehicles. ▪ Integrate mental health needs / commissioning into ambulance / SWAST contract (and commissioning board). ▪ Direct access for SWAST to MH services. ▪ Learning from the experience of others in using dedicated vehicles e.g. Lincolnshire Street Triage Car.	▪ Review contract volumes for 16/17.		
9f	***Priority 6*** Explore applicability of opportunities created in other places to meeting MH crisis needs in Devon e.g. ▪ Crisis houses. ▪ 'Safe places', as opposed to health-based places of safety.	Apr 15 to end 16	Gavin Thistlethwaite NEW Devon CCG MA MHACP WG	Once these opportunities are fully understood – in the context of the 'To Be' MH Crisis pathway – it is intended to: • National Essential: no children, young people or vulnerable adults undergoing MH assessments in police cells from 30 Sep 15. • Use these concepts as part of a systematic approach to reducing admission to mental health inpatient services and acute hospital beds. • Develop criteria for, and then implement, safe places in all

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	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
				EDs – safe environments are a pre-requisite for safe practice. • Monitor the activity and outcomes from the 'alternative to admission services' work in Torbay and East Devon and integrate it into the MH Crisis pathway. • Measure patient experience (see 6 above) feedback on both models.
	Coordination			
10	Maintain close coordination between this action plan and the DPT Wave 1 Quality Improvement Plan (QIP) so that there is no duplication of effort and so that multi-agency and single organisation responsibilities are complimentary. The QIP covers the following that are not including specifically in this action plan: ▪ Bed Management. ▪ Out of Hours Services. ▪ Section 12 Doctors. ▪ Psychiatric Intensive Care Unit (PICU). ▪ Individual Patient Placements. ▪ Integrated Psychological Therapies.	Ongoing	MA MHACP WG	▪ Action MA – ACO 00H1 of the QIP addresses the National Essential of 24/7 Crisis Care Home Treatment. This multi-agency action plan shares with DPT a single approach to the patient journey through the pathway: **Prevention** – we want to 'look forward' into this part of the pathway as much has possible **MH Crisis** – the multi-agency group devoted most of its time and energy here **MH Acute Care** – this part of the pathway is mainly the responsibility of DPT **Recovery** – this returns people to prevention but also allows swift return to any part of the pathway A set of control measures will ensure that this action plan and the QIP remain coordinated and complimentary. This will include a common approach to outcome measures, based on feedback statements developed by DPT. DPT are now piloting the first five of seven statements that will be used to gather evidence of experience / outcomes: 1. The service has met my needs. 2. I did not have to wait an unacceptable time for my care.

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	ACTION	TIMESCALE	LED BY	OUTCOMES / MEASURES / NOTES
		9th April 2015	Paul O'Sullivan	3. I felt listened to. 4. I felt I was given clear information regarding my care. 5. I felt involved in the decisions being made about my care and was given choice. 6. I feel safe and secure in my treatment. 7. I understand what is going to happen next. Test a 'strawman' set of Devon MH crisis outcome measures at the Devon acute care pathway group.

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Plymouth Safeguarding Adults Strategic Plan 2015/16 (DRAFT)

Plymouth Safeguarding Adults Board

Strategic Plan 2015/16 Introduction

Plymouth Safeguarding Adults Board consider:

Everyone has the right to live their life free from violence, fear and abuse.

All adults have a right to be protected from harm and exploitation.

Not everyone can protect themselves.

All adults have the right to independence, which may involve risk.

The Government has set out the following six principles which provides the Board with a safeguarding framework:

- *Empowerment*
- *Protection*
- *Prevention*
- *Proportionality*
- *Partnership*
- *Accountability*

Under the Care Act 2014, Safeguarding Adult Boards are for the first time within a legislative framework. The Council, the Clinical Commissioning Group and the Police will work with the people of Plymouth, Board Partners and Stakeholders to achieve these principles

Strategic Plan 2015/16
Care Act Duties

Care Act 2014

Safeguarding duties apply to an adult who:

- has needs of care and support (whether or not the Local Authority is meeting any of those needs) **and**
- is experiencing, or at risk of, abuse or neglect **and**
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect

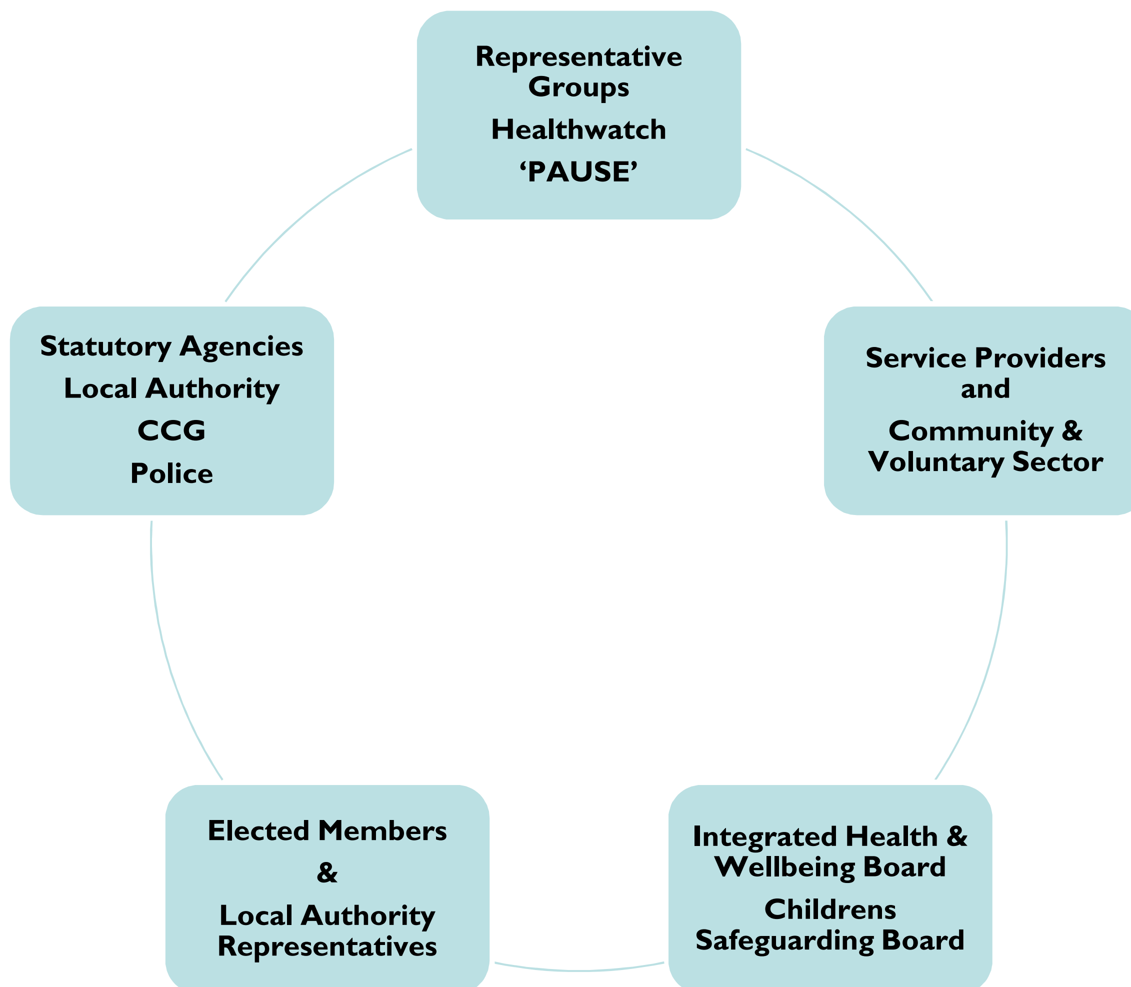
The Board has three core duties:

- It must publish a Strategic Plan each year
- It must publish an annual report
- It must conduct Safeguarding Adult Reviews

However the Strategic Plan is service driven and underpinned by:

- Quality & Performance
- Assurance & Governance
- Equality & Diversity

Strategic Plan 2015/16
Board Partners



Principles

- SAB member's commitment to supply staff and resources
- Commitment to user engagement throughout
- SAB partners/agencies/staff delegated actions within the strategic plan are accountable to the Board
- Any proposed changes to the Strategic Plan must be via the Executive Group in the first instance under a 'Proposal to Change'
- Delegated officers have the authority to agree actions on the behalf of the agency they represent
- Use of the escalation procedure up to and including the Executive Group for mediation and decisions

Strategic Plan 2015/16 Development Priorities

1. Service Development

1.1 Self Neglect

Developing strategies for responding to self neglect and people with complex needs who do not engage with services

1.2 Mental Capacity Act

Increase awareness of Advance Decisions and Lasting Powers of Attorney within services to ensure compliance with people's rights under the Act

1.3 Engagement & Participation

Undertake a review and make recommendations to increase engagement and participation with citizens and stakeholders. Develop further awareness of MSP (Making Safeguarding Personal) ensuring safeguarding should be person centred and outcome focused

Strategic Plan 2015/16
Development Priorities

2. Board Development

2.1 Care Act compliant

To comply with the duties under the Care Act and its statutory guidance relating to safeguarding

2.2 Quality & Performance Framework

Informed by Government and ADASS adult safeguarding policy and principles develop and agree a suitable quality and performance framework

2.3 Annual Report Framework

Develop and confirm an appropriate framework to report the work of the Board in 2015/16

2.4 Safeguarding Learning & Development Strategy

Review current learning and development activity in order to produce a revised strategy

Strategic Plan 2015/16 Service Objectives

Service Objectives	Action	Timescale	Responsible agency/name
1.1 Risk Management and Self-Neglect City Plan	The Board has recognised this work is a high priority based on local and national learning and research and commissioned a multi-agency working group to begin to address the issues	March 2016	Local Authority & SAB Partners
1.2 Mental Capacity Act	The Board has been advised agencies knowledge of *Advance Decisions and Lasting Powers of Attorney* is limited. Action for this year includes further awareness training and provision of information.	March 2016	Local Authority
1.3 Engagement and participation Making Safeguarding Personal (MSP)	The SAB self assessment identified the need for increased levels of engagement and participation. The Board Members will support work of the Lead Officer Group in progressing the MSP action plan	March 2016	SAB Partners

Strategic Plan 2015/16 Board Objectives

Board Objectives	Action	Timescale	Responsible agency/name
2.1 Care Act Compliance	Comply with duties under the Care Act and its statutory guidance related to Safeguarding	April 2015	Local Authority & SAB
2.2 Quality and Performance Framework	Agree self-assessment framework for Board assurance to inform the strategic plan 2016-17	July 2016	SAB Partners
2.3 Annual Report Framework	Develop and agree an annual report framework	October 2015	SAB Partners
2.4 Learning & Development Strategy	Review current learning and development activity, making recommendations to the Board	October 2015	Local Authority & SAB

Strategic Plan 2015/16 Actions

Service Objectives	Action	Timescale	Responsible agency/name
1.1 Risk Management and Self-Neglect City Plan	1. Review existing Risk Management and Serious Self-Neglect Guidance 2. Develop person centred self-neglect policy and guidance in line with the Care Act 2014 3. Ensure a City wide multi-agency risk management and escalation processes are in place 4. Confirm lead agency responsibilities 5. Establish a single point of contact for coordination 6. Establish support systems for the named or key worker/coordinator 7. Develop a standard City wide multi-agency support plan process 8. Review Risk Management/Self-neglect meeting processes 9. Describe record keeping processes 10. Plan a consultation event to share findings with SAB Partners	Action Plan to be completed by March 2016	Local Authority Lead Multi-agency Working Group

Strategic Plan 2015/16 Actions

Service Objectives	Action	Timescale	Responsible agency/name
1.2 Mental Capacity Act Awareness	The Board has been advised agencies knowledge of Advance Decisions and Lasting Powers of Attorney is limited. Action for this year includes further awareness training and provision of information. 1. Deliver Advance Decisions and Lasting Powers of Attorney training sessions 2. Provide 24 sessions in 2015/16 for up to 25 staff per session from targeted multi-agency partners 3. Provide Internet based and leaflet information to support awareness messages	Action Plan to be completed by March 2016	Local Authority Lead

Strategic Plan 2015/16 Actions

Service Objectives	Action	Timescale	Responsible agency/name
1.3 Engagement and participation Making Safeguarding Personal (MSP)	1. Utilise links with Healthwatch to provide engagement and participation information for the Board to be assured Safeguarding awareness is increasing year on year 2. Continue to support and develop the PAUSE Group engagement and participation, and to consult members and people with care and support needs to increase their safeguarding awareness and provide feedback to the SAB 3. Identify a task & finish group to develop an MSP work plan to ensure that multi-agency processes and organisational approach across agencies reflect the need for them to be person-led and outcome-focused.	March 2016 August 2015	SAB Executive SAB Partners

Strategic Plan 2015/16 Actions

Board Objectives	Action	Timescale	Responsible agency/name
2.1 Care Act Compliance	1. Review Policy, Procedures, Guidance, Training and Public Information in line with Statutory Guidance	August 2015	Local Authority Lead
	2. Review the SAB Terms of Reference	July 2015	SAB Partners
	3. Review SAB Membership	April 2015	SAB Partners
	4. Undertake Safeguarding Adult Reviews (SAR)	As required	SAR Sub-group
	5. Publish a SAB Strategic Plan	July 2015	SAB Partners
	6. Complete a SAB Annual report	March 2016	Local Authority & SAB Partners

Strategic Plan 2015/16 Actions

Board Objectives	Action	Timescale	Responsible agency/name
2.2 Quality and Performance Framework	**1. Identify Board Partners to form a task and finish group to research and develop an appropriate self assessment framework for option appraisal**	**July 2015**	**SAB Partners**
	2. Task & Finish Group to present option appraisal to the SAB Executive Group	**August 2015**	**SAB Partners**
	3. Agree self assessment framework option	**August 2015**	**SAB Executive Group**
	4. Present self assessment framework option to SAB	**October 2015**	**SAB Chair**
	5. Agree timescales for completion of self assessment by Board Partners	**October 2015**	**SAB Partners**

Strategic Plan 2015/16
Actions

Board Objectives	Action	Timescale	Responsible agency/name
2.3 **Annual Report Framework**	**1. Identify Board Partners to form a task and finish group to research and develop an appropriate annual report framework**	**July 2015**	**SAB Partners**
	2. Task & Finish Group to present annual report options to the SAB Executive Group	**August 2015**	**SAB Partner**
	3. Agree annual report framework	**August 2015**	**SAB Executive Group**
	4. Present annual report framework to SAB	**October 2015**	**SAB Chair**
	5. Completion of annual report	**January - March 2016**	**Local Authority & SAB Partners**
	6. Present findings to SAB Partners and Stakeholders	**April 2016**	**SAB Chair**

Strategic Plan 2015/16 Actions

Board Objectives	Action	Timescale	Responsible agency/name
2.4 Learning & Development Strategy	1. Identify Board Partners to form a task and finish group to review current safeguarding learning and development arrangements and make recommendations	July 2015	Local Authority & SAB Partners
	2. Task & Finish Group to present findings and recommendations to the SAB Executive Group	August 2015	Local Authority & SAB Partners
	3. Present recommendations to SAB and agree implementation for the revised learning and development arrangements	October 2015	Local Authority
	4. Report progress of implementation on revised learning and development arrangements	March 2016	Local Authority

Plymouth Safeguarding Adults Board

TERMS OF REFERENCE
2015/16

Purpose

The purpose of the Plymouth Safeguarding Adults Board (PSAB) is to lead the development, monitoring and evaluation of multi-agency processes and procedures in order to safeguard adults at risk from abuse and harm. It will ensure quality assurance systems are in place across commissioned services; commission Safeguarding Adult Reviews and implement lessons learned from these.

Membership of PSAB, whether as a statutory or associate member, indicates acceptance of and commitment to the core duties under the Care Act 2014 - See Appendix 1 (Pt. 14.107 in the Dept. of Health *Care and Support Statutory Guidance issued under the Care Act 2014)*

Main functions:

- To lead and ensure the development, monitoring, review and evaluation of systems, processes and standards to safeguard adults at risk from abuse and harm in Plymouth.
- To commission multi-agency training to ensure the workforce is trained to specified standards in safeguarding adults.
- To ensure that a quality assurance and improvement framework and quality assurance processes are in place within all PSAB member organisations and that the PSAB monitors the effectiveness of the systems to safeguard adults and prevent abuse and harm.
- To commission Safeguarding Adults Reviews (see Appendix 2) and other forms of investigations and implement the learning from these, and contribute to Domestic Homicide Reviews and Serious Case Reviews for children as appropriate and implement lessons learned.
- Report annually to the leadership and governance arrangements of all PSAB partners and the Health and Wellbeing Board with an assessment of the effectiveness of safeguarding adults systems, and identify improvements for individual partner action and collective action.
- To ensure compliance with legislative and regulatory requirements for safeguarding adults at risk from abuse and harm placed upon Safeguarding Adults Boards.
- To ensure that services commissioned for adult health and social care prioritise safeguarding from risks of abuse and harm.
- Establish an inclusive, comprehensive engagement strategy with users of services and their carers to ensure that the purpose of the PSAB is being achieved.

PSAB is not an operational body that is expected to deliver services directly to adults at risk.

Structure

- The PSAB will carry out its responsibilities by establishing Sub Groups and will also commission task and finish activities to deliver its agreed Service Plan.
- All Sub Groups and task and finish groups will have terms of reference agreed by the PSAB and will be led by an agreed Board member to ensure governance, accountability and reporting structures to the Executive Group

Meetings

- The SAB shall meet at least four times in each year. At the first meeting in each new financial year the dates of its future meetings shall be agreed.
- The SAB shall be chaired by the Independent Chair. In his absence, the SAB shall be chaired by the Vice Chair or their nominated SAB member.
- Wherever possible the SAB shall make any decisions/recommendations on the basis of a consensus of agreement between all parties present.
- Where a decision on a matter is necessary and no consensus exists, the decision shall be taken by a simple majority on a show of hands of the members present. In the event of an equality of votes the Chair shall hold the casting vote.
- Agendas and papers for Board meetings will be circulated the week before the date of the Board meeting.
- Minutes from the SAB will be in the form of a summary and actions points. An action log will be circulated within a week of the Board meeting, with minutes circulated within three weeks of the Board meeting to all members and available on the Adult Safeguarding page of the PCC website

Quorum

For a meeting to be quorate there must be at least 60% attendance of the total number of members of the Board with at least one Member Representative or their Nominee from the following members in attendance;

- Plymouth City Council (at least two Member Representatives, one of which must be from the People Directorate)
- New Devon CCG
- Devon and Cornwall Constabulary

Membership

The membership of the Safeguarding Adults Board shall be in accordance with the requirements set out in the Care Act 2014, Pt. 14.116 (See Appendix 1). The following organisations must be represented:

- the local authority which set it up;
- the CCGs in the local authority's area; and
- the chief officer of police in the local authority's area.

The statutory organisations are required to co-operate with the local authority in the establishment and operation of the Board and have shared responsibility for the effective discharge of its functions.

Such members shall be persons with a strategic role in relation to safeguarding and promoting welfare of adults at risk within their organisation and will be authorised to:

- Speak for their organisation with authority
- Commit their organisation on policy and practice matters
- Hold their organisation to account

Further to the Statutory Members, there will be a number of Associate Members as detailed below; this list can be amended as required in consultation with the PSAB Executive Group.

Independent Chair: Andy Bickley

Vice Chair: Plymouth City Council (PCC) Strategic Director for People

Membership:

PCC Cabinet member Portfolio Holder for Adult Social Care ;
PCC Director for Public Health;
PCC Assistant Director for Learning & Communities;
PCC Assistant Director for Strategic Co-operative Commissioning;
PCC Head of Housing Services;
PCC Adult Safeguarding Manager;
PCC Safeguarding Independent Chair;
PCC Child Protection Manager
Devon and Cornwall Police, Head of Public Protection Unit;
NEW Devon Clinical Commissioning Group, Director for Nursing;
NHS England South, South West Region Assistant Director of Nursing
Healthwatch Plymouth, Manager;
Plymouth Hospitals NHS Trust; Director of Nursing;
Plymouth Community Healthcare (PCH); Director of Professional Practice, Quality and Safety
PCH Associate Director of Adult Social Care;
Care Quality Commission; Plymouth & E. Cornwall Inspection Manager;
City College, Safeguarding Co-ordinator;
National Probation Service, Head of Plymouth, Cornwall & IoS Local Delivery Unit;
Community Rehabilitation Company

Each member of the SAB should have a Designated Adult Safeguarding Manager (DASM) responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid.

Involvement of Other Agencies and Groups

In addition the SAB shall make appropriate arrangements at a strategic management level to involve other agencies in its work as needed. For example:

- The Coroner's service
- Service User and Carer's groups
- Dental health services
- Drug and alcohol services
- Housing providers

- Local MARAC/MAPPA
- Other health providers such as GPs, pharmacists
- Sexual health services
- The CPS
- Health and Safety Executive

The involvement of these organisations will be dependent upon their particular role in service provision to Adults at Risk or role in public protection. There may be other organisations the SAB will need to forge links with by either by inviting them to join the SAB, or through some other mechanism

Governance Arrangements

The SAB recognises that to work most effectively it will have strong links with other partnerships including:

- Plymouth Safeguarding Children's Board
- NEW Devon CCG Partnership Board
- Integrated Health & Wellbeing Board
- South West Peninsula SABs
- Caring Plymouth

These Terms of Reference will be reviewed on an annual basis.
Review Date: July 2016

Appendix 1: from the Care and Support Statutory Guidance:

Safeguarding Adults Boards

14.104. Each local authority must set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria set out at paragraph 14.2.

14.105. The SAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect. These will include the safety of patients in its local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services. It is important that SAB partners feel able to challenge each other and other organisations where it believes that their actions or inactions are increasing the risk of abuse or neglect. This will include commissioners, as well as providers of services.

14.106. The SAB can be an important source of advice and assistance, for example in helping others improve their safeguarding mechanisms. It is important that the SAB has effective links with other key partnerships in the locality and share relevant information and work plans. They should consciously cooperate to reduce any duplication and maximise any efficiency, particularly as objectives and membership is likely to overlap.

14.107. A SAB has three core duties:

- It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.
- It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action.
- It must conduct any Safeguarding Adults Review in accordance with Section 44 of the Act.

14.108. Safeguarding requires collaboration between partners in order to create a framework of inter-agency arrangements. Local authorities and their relevant partners must collaborate and work together as set out in the co-operation duties in the Care Act and, in doing so, must, where appropriate, also consider the wishes and feelings of the adult on whose behalf they are working.

14.109. Local authorities may cooperate with any other body they consider appropriate where it is relevant to their care and support functions. The lead agency with responsibility for coordinating adult safeguarding arrangements is the local authority, but all the members of the SAB should designate a lead officer. Other agencies should also consider the benefits of having a lead for adult safeguarding.

14.110. Each Safeguarding Adults Board should:

- identify the role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults;
- establish ways of analysing and interrogating data on safeguarding notifications that increase the SAB's understanding of prevalence of abuse and neglect locally that builds up a picture over time;
- establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements;
- determine its arrangements for peer review and self-audit;
- establish mechanisms for developing policies and strategies for protecting adults which should be formulated, not only in collaboration and consultation with all relevant agencies but also take account of the views of adults who have needs for care and support, their families, advocates and carer representatives;
- develop preventative strategies that aim to reduce instances of abuse and neglect in its area;
- identify types of circumstances giving grounds for concern and when they should be considered as a referral to the local authority as an enquiry;
- formulate guidance about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional and administrative malpractice in relation to safeguarding adults;
- develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect;
- balance the requirements of confidentiality with the consideration that, to protect adults, it may be necessary to share information on a 'need-to-know basis';
- identify mechanisms for monitoring and reviewing the implementation and impact of policy and training;
- carry out safeguarding adult reviews;
- produce a Strategic Plan and an Annual Report;
- evidence how SAB members have challenged one another and held other boards to account; and,
- promote multi-agency training and consider any specialist training that may be required.
- Consider any scope to jointly commission some training with other partnerships, such as the Community Safety Partnership.

14.111. Strategies for the prevention of abuse and neglect is a core responsibility of a SAB and it should have an overview of how this is taking place in the area and how this work ties in with the Health and Wellbeing Board's, Quality Surveillance Group's (QSG), Community Safety Partnership's and CQC's stated approach and practice. This could be about commissioners and the regulator, together with providers, acting to address poor quality care and the intelligence that indicates there is risk that care may be deteriorating and becoming abusive or neglectful. It could also be about addressing hate crime or anti-social behaviour in a particular neighbourhood. The SAB will need to have effective links and communication across a number of networks in order to make this work effectively.

14.112. Within the context of the duties set out at paragraph 14.2, safeguarding partnerships can be a positive means of addressing issues of self-neglect. The SAB is a multi-agency

group that is the appropriate forum where strategic discussions can take place on dealing with what are often complex and challenging situations for practitioners and managers as well as communities more broadly.

14.113. Members of a SAB are expected to consider what assistance they can provide in supporting the Board in its work. This might be through payment to the local authority or to a joint fund established by the local authority to provide, for example, secretariat functions for the Board. Members might also support the work of the SAB by providing administrative help, premises for meetings or holding training sessions. It is in all core partners' interests to have an effective SAB that is resourced adequately to carry out its functions.

14.114. Local SABs decide how they operate but they must ensure that their arrangements will be able to deliver the duties and functions under Schedule 2 of the Care Act.

14.115. The arrangements that the SAB needs to create include for example, how often it meets, the appointment of the Chair, any sub-groups to it and other practical arrangements. It also needs to be clear about how it will seek feedback from the local community, particularly those adults who have been involved in a safeguarding enquiry.

Membership of Safeguarding Adults Boards

14.116. The information about how the SAB works should be easily accessible to partner organisations and to the general public. The following organisations must be represented on the Board:

- the local authority which set it up;
- the CCGs in the local authority's area; and
- the chief officer of police in the local authority's area.

14.117. SABs may also include such other organisations and individuals as the establishing local authority considers appropriate having consulted its SAB partners from the CCG and police. The SAB may wish to invite additional partners to some meetings depending on the specific focus or to participate in its work more generally. Examples include:

- ambulance and fire services;
- representatives of providers of health and social care services, including independent providers;
- Department for Work and Pensions;
- representatives of housing providers, housing support providers, probation and prison services;
- General Practitioners;
- representatives of further education colleges;
- members of user, advocacy and carer groups;
- local Healthwatch;
- Care Quality Commission;
- representatives of children's safeguarding boards;
- Trading Standards.

14.118. This is not a definitive list, but SABs should assure themselves that the Board has the involvement of all partners necessary to effectively carry out its duties. Additionally, there may also be effective links that can be made with related partnerships to maximise

impact and minimise duplication and which would reflect the reality and interconnectivities of local partnerships. There are strong synergies between the work of many of these bodies, particularly when looking at a broader family agenda as well as opportunities for efficiencies in taking forward work.

14.119. Partnerships may include:

- Community Safety Partnerships;
- Local Children Safeguarding Boards;
- Health and Wellbeing Boards;
- Quality Surveillance Groups;
- Clinical Commissioning Group Boards; and
- Health Overview and Scrutiny Committees (OSCs).

14.120. The local authority which establishes the SAB must ensure that between them, all members of the SAB have the requisite skills and experience necessary for the SAB to act effectively and efficiently to safeguard adults in its area. For example, a social worker's ability to understand the individual within complex social networks and other systems makes social work input a vital component in SAB arrangements; but the SAB will also require access to medical, nursing and legal expertise. Members who attend in a professional and managerial capacity should be:

- able to present issues clearly in writing and in person;
- experienced in the work of their organisation;
- knowledgeable about the local area and population;
- able to explain their organisation's priorities;
- able to promote the aims of the SAB;
- able to commit their organisation to agreed actions;
- have a thorough understanding of abuse and neglect and its impact; and
- understand the pressures facing front line practitioners.

14.121. Although it is not a requirement, the local authority should consider appointing an independent chair to the SAB who is not an employee or a member of an agency that is a member of the SAB. The Chair has a critical role to lead collaboratively, give advice, support and encouragement but also to offer constructive challenge and hold main partner agencies to account and ensure that interfaces with other strategic functions are effective whilst also acting as a spokesperson for the SAB. An independent chair can provide additional reassurance that the Board has some independence from the local authority and other partners. The Chair will be accountable to the Chief Executive of the local authority as the lead body responsible for establishing the SAB but should be appointed by the local authority in the name of the SAB having consulted all its statutory partners. There is a clear expectation that chairs will keep up to date with, and promote, good practice, developments in case law and research and any other relevant material.

14.122. The SAB must develop clear policies and processes that have been agreed with other interested parties, and that reflect the local service arrangements, roles and responsibilities. It will promote multi-agency training that ensures a common understanding of abuse and neglect, appropriate responses and agree how to work together. Policies will state what organisations and individuals are expected to do where they suspect abuse or neglect. The SAB should also consider any specialist training that is required. A key part of the SAB's role will be to develop preventative strategies and aiming to reduce instances of abuse and

neglect in its area. Members of the SAB should also be clear about how they will contribute the financial and human resources of their organisation to both preventing and responding to abuse and neglect.

SAB strategic plans

14.123. The SAB must publish its strategic plan each financial year. This plan should address both short and longer-term actions and it must set out how it will help adults in its area and what actions each member of the SAB will take to deliver the strategic plan and protect better. This plan could cover 3-5 years in order to enable the Board to plan ahead as long as it is reviewed and updated annually.

14.124. When it is preparing the plan, the SAB must consult the local Healthwatch and involve the local community. The local community has a role to play in the recognition and prevention of abuse and neglect but active and on-going work with the community is needed to tap into this source of support.

14.125. SABs must understand the many and potentially different concerns of the various groups that make up its local community. These might include such things as scams targeted at older householders, bullying and harassment of disabled people, hate crime directed at those with mental health problems, cyber bullying and the sexual exploitation of people who may lack the capacity to understand that they have the right to say no. In order to make the plan understood as widely as possible, it should be free from jargon and written in plain English with an easy read version available.

SAB annual reports

14.126. After the end of each financial year, the SAB must publish an annual report that must clearly state what both the SAB and its members have done to carry out and deliver the objectives and other content of its strategic plan.

14.127. Specifically, the annual report must provide information about any Safeguarding Adults Reviews (SARs) that the SAB has arranged which are ongoing or have reported in the year (regardless whether they commenced in that year). The report must state what the SAB has done to act on the findings of completed SARs or, where it has decided not to act on a finding, why not.

14.128. The annual report must set out how the SAB is monitoring progress against its policies and intentions to deliver its strategic plan. The SAB should consider the following in coming to its conclusions:

- evidence of community awareness of adult abuse and neglect and how to respond;
- analysis of safeguarding data to better understand the reasons that lie behind local data returns and use the information to improve the strategic plan and operational arrangements;
- what adults who have experienced the process say and the extent to which the outcomes they wanted (their wishes) have been realised;
- what front line practitioners say about outcomes for adults and about their ability to work in a personalised way with those adults;
- better reporting of abuse and neglect;

- evidence of success of strategies to prevent abuse or neglect;
- feedback from local Healthwatch, adults who use care and support services and carers, community groups, advocates, service providers and other partners;
- how successful adult safeguarding is at linking with other parts of the system, for example children's safeguarding, domestic violence, community safety;
- the impact of training carried out in this area and analysis of future need; and
- how well agencies are co-operating and collaborating.

14.129. Safeguarding forms one of the domains in the Adult Social Care Outcomes Framework (ASCOF). The 2014/15 publication announced the development of a national measure on safeguarding outcomes – one of the first to focus on those who have been through an adult safeguarding enquiry and their views on how the enquiry was dealt with. A set of questions has been developed and cognitively tested in preparation for a pilot survey undertaken by volunteer local authorities in summer 2014. This testing has successfully created a number of questions which can be used in a face to face interview, with confidence by local authorities, to seek the views of adults, or relatives/friends/carers or IMCAs where appropriate. Findings from this work highlighted how pleased adults were to be asked about their experiences. The questionnaires and all survey documentation can be found on the HSCIC's website.

14.130. Using these questions would enable local authorities to better understand the experience of those going through the safeguarding process in their locality but would also facilitate the comparison to other local authorities.

14.131. The report is meant to be a document that can be read and understood by anyone. Most SABs are likely to publish these reports on their websites. SABs should consider making the report available in a variety of media. SABs will need to establish ways of publicising the report and actively seeking feedback from communities.

14.132. Every SAB must send a copy of its report to:

- the Chief Executive and leader of the local authority;
- the Police and Crime Commissioner and the Chief Constable;
- the local Healthwatch; and
- the Chair of the Health and Wellbeing Board.

It is expected that those organisations will fully consider the contents of the report and how they can improve their contributions to both safeguarding throughout their own organisation and to the joint work of the Board.

Appendix 2 : from the Care and Support Statutory Guidance

Safeguarding adults reviews (SARs)

14.133. SABs must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

14.134. SABs must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. In the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect. SABs are free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support.

14.135. The SAB should be primarily concerned with weighing up what type of 'review' process will promote effective learning and improvement action to prevent future deaths or serious harm occurring again. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults. SARs may also be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases.

14.136. Early discussions need to take place with the adult, family and friends to agree how they wish to be involved. The adult who is the subject of any SAR need not have been in receipt of care and support services for the SAB to arrange a review in relation to them.

14.137. SARs should reflect the six safeguarding principles. SABs should agree Terms of Reference for any SAR they arrange and these should be published and openly available. When undertaking SARs the records should either be anonymised through redaction or consent should be sought.

14.138. The following principles should be applied by SABs and their partner organisations to all reviews:

- there should be a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the wellbeing and empowerment of adults, identifying opportunities to draw on what works and promote good practice;
- the approach taken to reviews should be proportionate according to the scale and level of complexity of the issues being examined;
- reviews of serious cases should be led by individuals who are independent of the case under review and of the organisations whose actions are being reviewed;
- professionals should be involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith; and
- families should be invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively.

14.139. SARs should seek to determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death. This is so that lessons can be learned from the case and those lessons applied to future cases to prevent similar harm occurring again. Its purpose is not to hold any individual or organisation to account. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation, such as CQC and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council.

14.140. It is vital, if individuals and organisations are to be able to learn lessons from the past, that reviews are trusted and safe experiences that encourage honesty, transparency and sharing of information to obtain maximum benefit from them. If individuals and their organisations are fearful of SARs their response will be defensive and their participation guarded and partial.

14.141. The process for undertaking SARs should be determined locally according to the specific circumstances of individual circumstances. No one model will be applicable for all cases. The focus must be on what needs to happen to achieve understanding, remedial action and, very often, answers for families and friends of adults who have died or been seriously abused or neglected. The recommendations and action plans from a SAR need to be followed through by the SAB.

14.142. The SAB should ensure that there is appropriate involvement in the review process of professionals and organisations who were involved with the adult. The SAR should also communicate with the adult and, or, their family. In some cases it may be helpful to communicate with the person who caused the abuse or neglect.

14.143. It is expected that those undertaking a SAR will have appropriate skills and experience which should include:

- strong leadership and ability to motivate others;
- expert facilitation skills and ability to handle multiple perspectives and potentially sensitive and complex group dynamics;
- collaborative problem solving experience and knowledge of participative approaches;
- good analytic skills and ability to manage qualitative data;
- safeguarding knowledge;
- inclined to promote an open, reflective learning culture.

14.144. The SAB should aim for completion of a SAR within a reasonable period of time and in any event within six months of initiating it, unless there are good reasons for a longer period being required; for example, because of potential prejudice to related court proceedings. Every effort should be made while the SAR is in progress to capture points from the case about improvements needed; and to take corrective action.

Links with other reviews

14.145. When victims of domestic homicide are aged between 16 and 18, there are separate requirements in statutory guidance for both a child Serious Case Review (SCR) and a Domestic Homicide Review (DHR). Where such reviews may be relevant to SAR (e.g. because they concern the same perpetrator), consideration should be given to how SARs, DHRs and

SCRs can be managed in parallel in the most effective manner possible so that organisations and professionals can learn from the case. For example, considering whether some aspects of the reviews can be commissioned jointly so as to reduce duplication of work for the organisations involved.

14.146. In setting up a SAR the SAB should also consider how the process can dovetail with any other relevant investigations that are running parallel, such as a child SCR or DHR, a criminal investigation or an inquest.

14.147. It may be helpful when running a SAR and DHR or child SCR in parallel to establish at the outset all the relevant areas that need to be addressed, to reduce potential for duplication for families and staff. Any SAR will need to take account of a coroner‘s inquiry, and, or, any criminal investigation related to the case, including disclosure issues, to ensure that relevant information can be shared without incurring significant delay in the review process. It will be the responsibility of the manager of the SAR to ensure contact is made with the Chair of any parallel process in order to minimise avoidable duplication.

Findings from SARs

14.148. The SAB should include the findings from any SAR in its Annual Report and what actions it has taken, or intends to take in relation to those findings. Where the SAB decides not to implement an action then it must state the reason for that decision in the Annual Report. All documentation the SAB receives from registered providers which is relevant to CQC’s regulatory functions will be given to the CQC on CQC’s request.

14.149. SAR reports should:

- provide a sound analysis of what happened, why and what action needs to be taken to prevent a reoccurrence, if possible;
- be written in plain English; and
- contain findings of practical value to organisations and professionals.

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Risk Management & Self-Neglect Sub-group

- The first multi-agency task and finish sub group meeting took place 10th June 2015, well represented by partners and positive about the work to be achieved
- Terms of Reference confirmed, additional members suggested to join the group
- In conjunction with Healthwatch ensure engagement and participation is planned
- A revised action plan has been drafted to be confirmed at the July meeting
- Part of the action plan will be exploring options for a Risk Management & Self-Neglect Forum in the City

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Prevent

Preventing people from being drawn into terrorism

Pete Aley

Head of Neighbourhood & Community Services

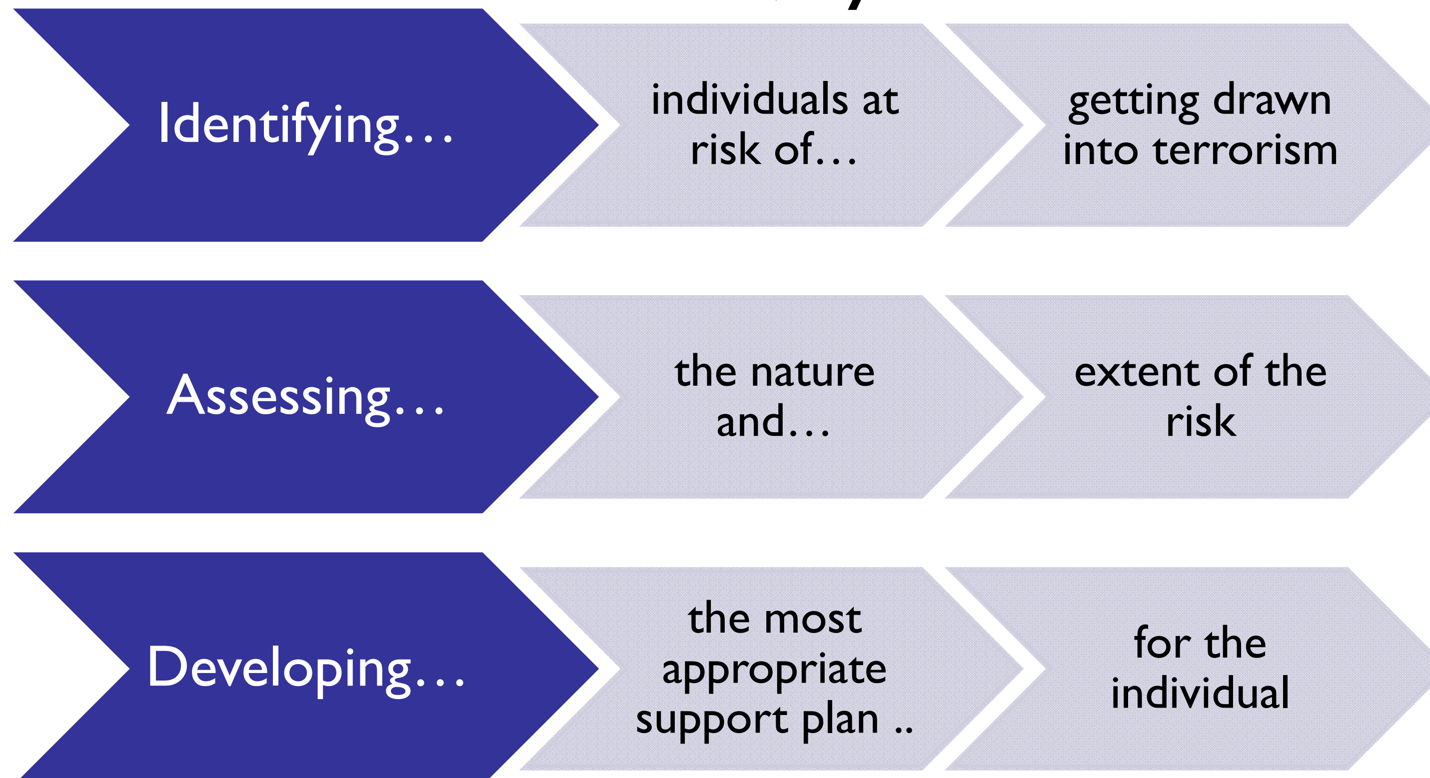
What is “Prevent"?

Prevent is part of government’s counter terrorism strategy – “Contest”. Prevent objectives:-

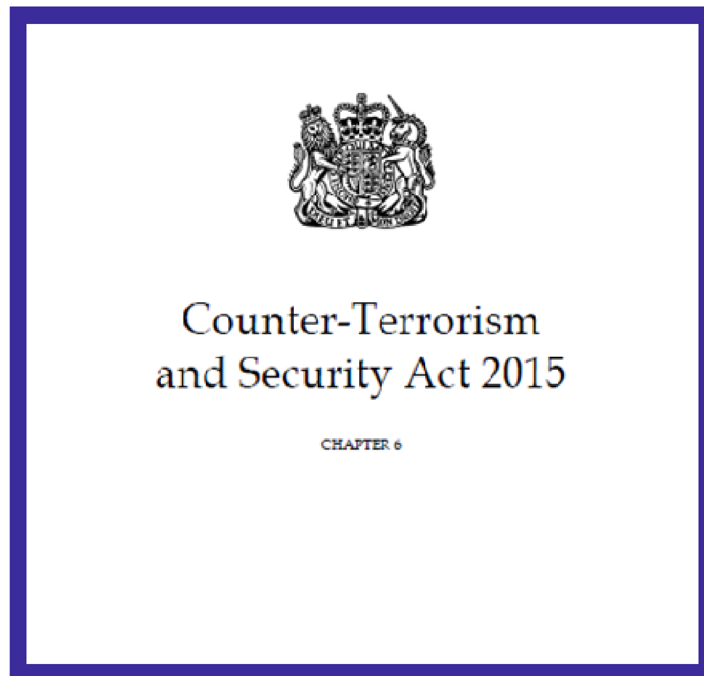
- Responding… to ideological challenge &… the threat from those who promote it
- Preventing… people getting drawn into terrorism &… ensuring advice and support
- Working… with sectors and institutions… where there are risks of radicalisation

What is "Channel"?

Channel is part of Prevent – a multi-agency process focusing on individuals at risk of being drawn into terrorism, by:-



What does the law say?

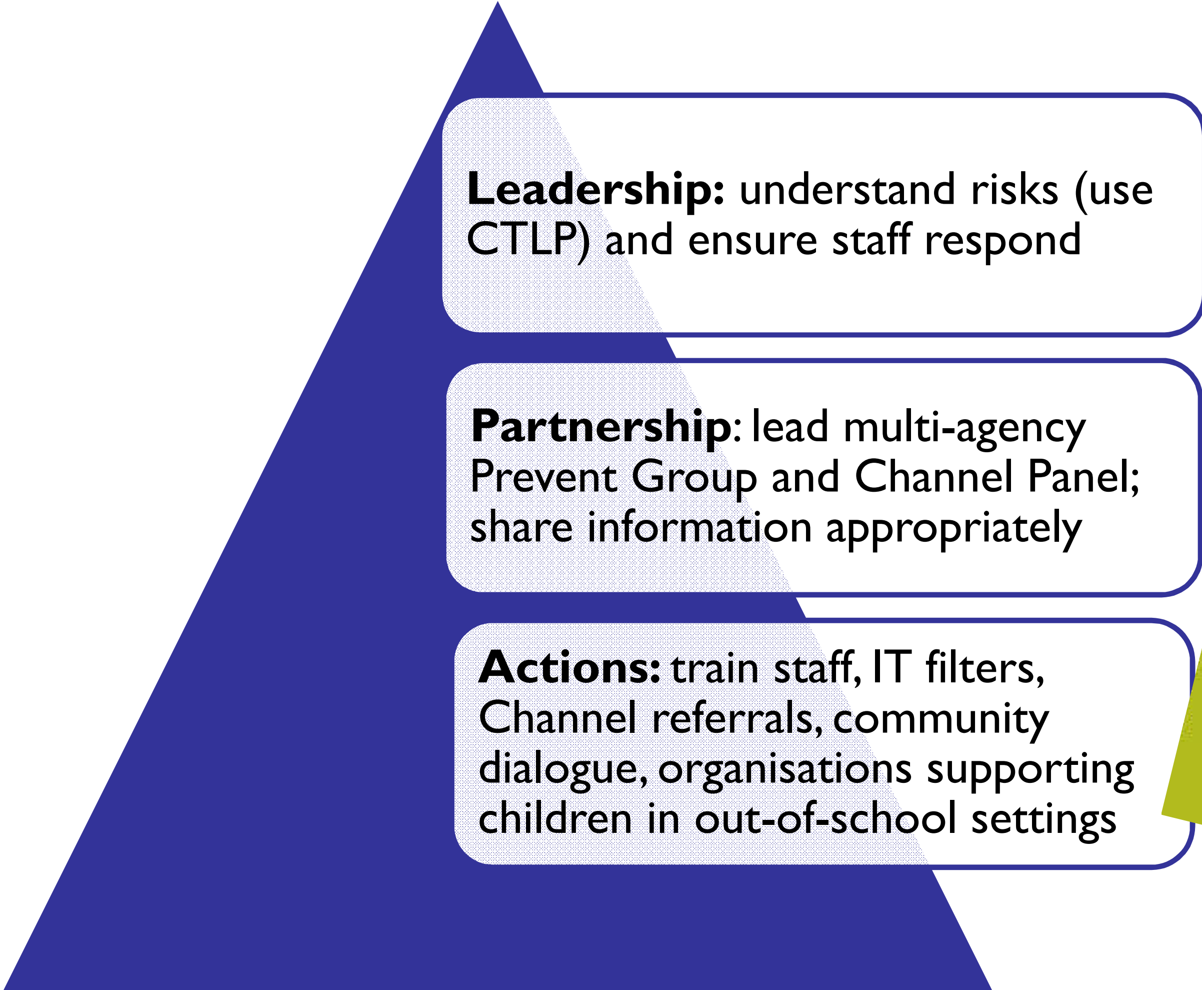


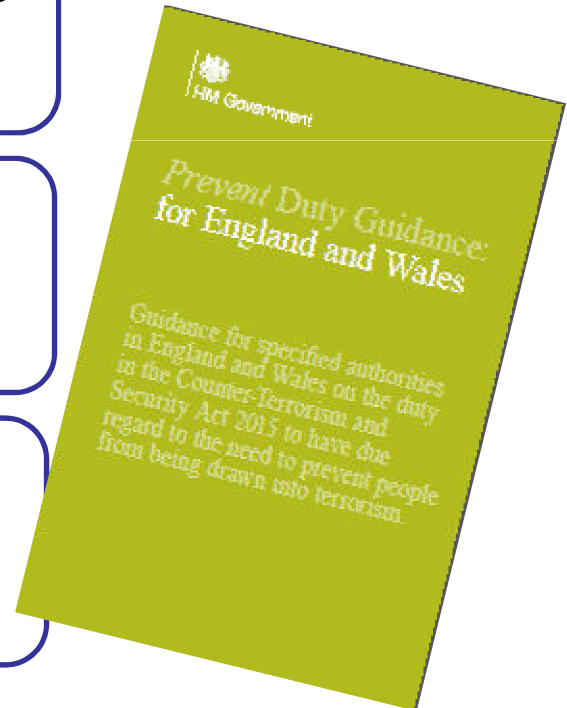
Prevent Duty: "due regard to the need to prevent people getting drawn into terrorism"

Councils

Schools (also out of schools settings & early years), FE, HE, health, prisons, probation, police

The Prevent Duty - what's required of councils?





What's happening locally?

Prevent Group

- Council Chair
- Statutory & other Partners
- Community Reps
- Action Plan

Channel Panel

- Council Chair
- Partners case specific nb children & adults social care
- Intervention providers

Leadership & training

- CMT endorsement & policy
- WRAP & Islam Awareness
- Centre for Faiths & Cultural Diversity

What risks?

Nationally

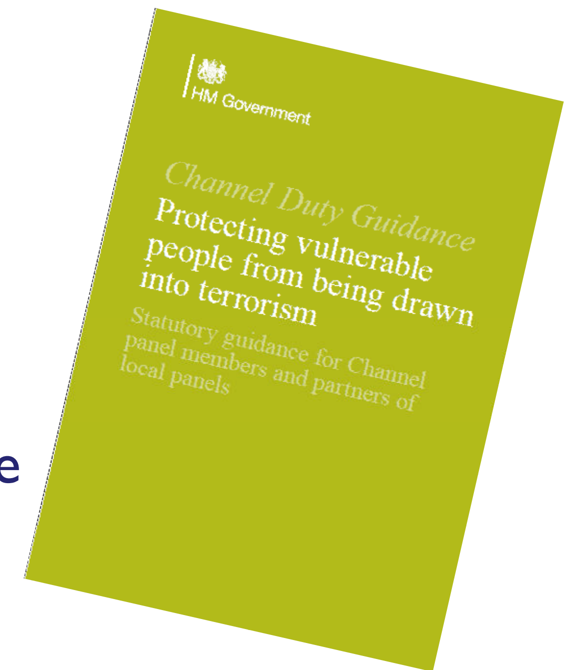
- "Severe"
- Attack considered highly likely
- Principal threat Islamist extremism nb linked to Syria and Iraq

Locally

- Counter Terrorism Local Profile (CTLP) for Plymouth
- Principal threat Islamist extremism
- Extreme right wing (limited)
- 53 Prevent referrals (March 13 – Sept 14)
- 23 international terrorism, 10 domestic extreme right wing, 20 other (no specific ideology)
- About half White and half BME, mainly male, recent trend of older people

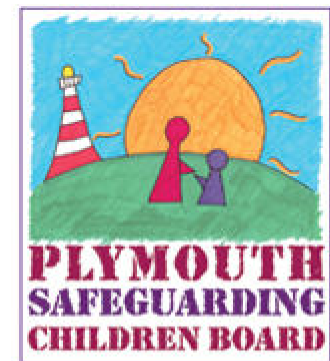
Channel Process

- Police do initial assessment (nature & extent of vulnerability) and filter out inappropriate referrals
- If child known to Social Services, social worker present
- Vulnerability assessed: 22 criteria: engagement, intent, capability
- Cases presented to Panel
- Panel decision
- Individual's consent sought at early stage
- Support plan
- Monitor & review plan and closed cases
- Local authority led; partners required to cooperate

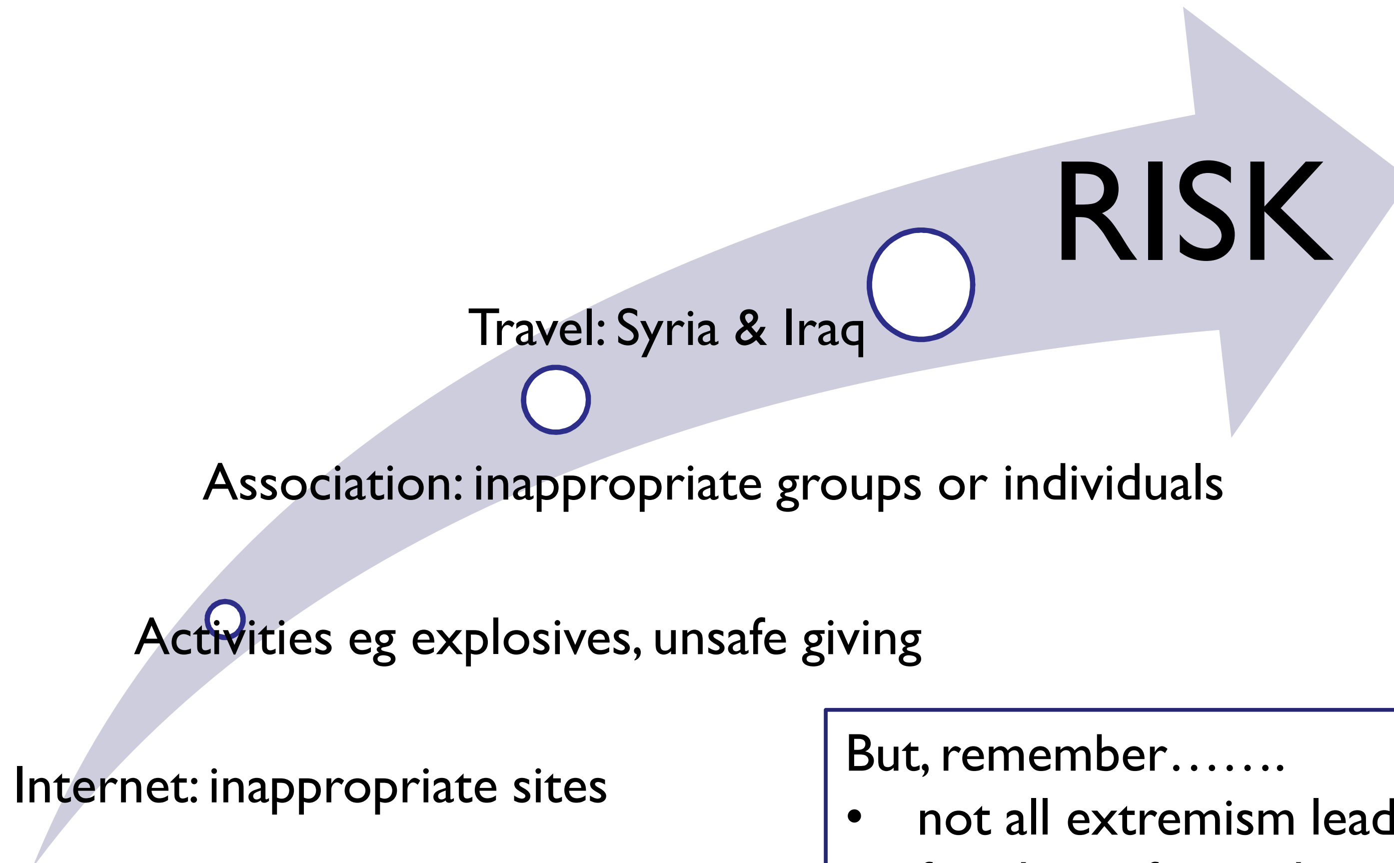


Safeguarding

- Prevent is part of children and adults Safeguarding
- Guidance recognises overlap between Channel & Safeguarding
- Channel does not "trump" safeguarding processes
- Non-referral to Channel does not supersede wider safeguarding considerations



What to watch for



But, remember…….

- not all extremism leads to terrorism
- freedom of speech
- cultural considerations

Signs *could* be……

ENGAGEMENT

- Increased time with suspected extremists (or unknown individuals)
- Changing appearance / dress
- Loss of interest in original friends
- Possession of material / symbols associated with extremism
- Attempts to recruit others

INTENTION

- Blaming another group for society's ills
- Using insulting labels for another group
- Justifying offending on behalf of their cause
- Condoning violence towards others
- *Extreme homophobia*

CAPABILITY

- History of violence
- Criminal versatility / networks
- Occupational / technical skills that can be misused
- Access to materials that could be misused

What to do

Channel

- Promote
- Make referrals
- Support interventions

Awareness

- WRAP & Islamic awareness training
- Encourage debate – don’t avoid “difficult”; issues stay objective;

Things to remember

- No single profile of a terrorist
- Outward expression of faith or association with non-prescribed groups not Prevent issues on their own
- Prevent concerns do not have to be proven beyond reasonable doubt - use professional judgement
- Prevent is "pre-criminal"
- May involve challenge but not spying

Further information

WRAP & Islam training: Centre for Faiths & Cultural Diversity www.pcfcd.co.uk 01752 254438

Prevent tragedies - www.preventtragedies.co.uk

Prevent Guidance

https://www.gov.uk/government/publications/prevent-duty-guidance

Channel Guidance

https://www.gov.uk/government/publications/channel-guidance

Pete Aley: peter.aley@plymouth.gov.uk 01752 304321