Plymouth Safeguarding Adults Board

Adult Safeguarding
Plymouth City Council
Windsor House
Plymouth PL6 5UF
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www.plymouth.gov.uk/democracy
27 January 2017

PLYMOUTH SAFEGUARDING ADULTS BOARD

Thursday 2 February 2017
10.00 am
Windsor House

Members:
Andy Bickley, Chair
Councillor Lynda Bowyer, Carole Burgoyne, Gary Wallace, Craig McArdle, Matt Garrett, Jane Elliot Toncic, Julian Mouland, Laura Collingwood-Burke, Greg Dix, Geoff Baines, Joanna Robison, Chris Rogers, Jon McLeavy, Sandy Magee, Jo Renton, Jonathan Nason, Kerri Nason, Sue Baldwin and Phil Smale.

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

For further information on attending Council meetings and how to engage in the democratic process please follow this link - http://www.plymouth.gov.uk/accesstomeetings

Tracey Lee
Chief Executive

Plymouth Safeguarding Adults Board

Core Priorities:
Risk Management and Self Neglect
Mental Health
Engagement and Participation
Quality assurance
Learning and Development Strategy
SAB management arrangements

PLYMOUTH SAFEGUARDING ADULTS BOARD

FULL BOARD MEETING

Thursday 2 February 2017

10am to 1pm

Windsor House, Tavistock Road, Plymouth, PL6 5UF

1.	**WELCOME AND APOLOGIES:**	
2.	**MINUTES AND MATTERS ARISING:**	**(Pages 1 - 6)**
3.	**PLYMOUTH PLAN PRESENTATION:**	
4.	**SCR:**	**(Pages 7 - 96)**
5.	**SUB GROUP UPDATES:**	**(Pages 97 - 142)**
6.	**BUDGET:**	**(Pages 143 - 146)**
7.	**PSAB STRATEGIC PLAN 2016-19:**	
8.	**SAFEGUARDING MANAGERS REPORT:**	**(Pages 147 - 150)**
9.	**AOB:**	
10.	**FUTURE MEETINGS:**	

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AGENDA

1.	10.00am – 10.05am	Welcome and Apologies	Andy Bickley	Dissemination
2.	10.05am – 10.15am	Minutes and Matters Arising	Jane Elliott Toncic	Discussion and Decision
3.	10.15am – 10.40am	Plymouth Plan Presentation	Katy Shorten/ Paul Barnard/Caroline Marr	Discussion
4.	10.40am – 11.40am	SCR	Julian Mouland	Discussion and Decision
		BREAK 11.40am 11.50am		
5.	11.50am – 12.30	Sub Group Updates SAR Quality Assurance LOG Learning and Development Strategy Risk Management & Self Neglect	Julian Mouland/Geoff Baines	Dissemination, Discussion and Decision
6.	12.30-12.35	Budget	Julian Mouland	Discussion
7.	12.35 -12.40	PSAB Strategic Plan 2016-19	Jane Elliott Toncic	Discussion
8.	12.40-12.45	Safeguarding Managers Report	Jane Elliott Toncic	Discussion
9.	12.45pm – 1pm	AOB	Andy Bickley	Dissemination, Discussion and Decision

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PSAB

14 November 2016, Windsor House

Plymouth Safeguarding Adults Board

Present:

Andrew Bickley	Independent Chair	
Cllr Lynda Bowyer	Portfolio Holder for Health and Adult Social Care	Plymouth City Council
Carole Burgoyne	Director for People	Plymouth City Council
Jane Elliott Toncic	Adult Safeguarding Manager	Plymouth City Council
Julian Mouland	Adult Safeguarding	Plymouth City Council
Joanna Robison	Criminal Justice, Commissioning and Partnerships Manager	Office of the Police and Crime Commissioner
Keith Perkins	Head of Public Protection Unit	Devon & Cornwall Constabulary
Beverley Allingham	Representing the Director of Nursing	Plymouth Hospitals NHS Trust
Geoff Baines	Director of Professional Practice, Quality and Safety	Livewell Southwest
Matt Garrett	Head of Community Connections, Housing Service	Plymouth City Council
Sue Baldwin	Designated Safeguarding Nurse	NEW Devon CCG
Chris Rogers	Named Professional Safeguarding Paramedic	SWAST
Jon Mcleavy	Head of Business Services	Housing Support Devon and Cornwall Housing
Megan Cleaves	Safeguarding Administrator	Plymouth City Council

Also in attendance:

Tracey Watkinson, Safeguarding Business Manager, Children's Services, PCC

Lin Walton, Mental Health Commissioner, Northern, Eastern and Western Devon CCG

Nikki Bray, Transformation Lead, Joint Commissioning N&E

Tracy Clasby, Locality Manager City Wide, Livewell Southwest

1. Welcome/Apologies - Andy Bickley welcomed everyone to the meeting - Apologies from: Lorna Collingwood-Burke, Chief Nursing Officer, New Devon CCG Jo Renton, Inspection Manager, CQC Gary Wallace, Public Health, PCC Greg Dix, Director of Nursing, PHNT Craig McArdle, Assistant Director, PCC Jonathan Nason, Head of Plymouth, Cornwall & IoS Local Delivery Unit, National Probation Service Phil Smale, Safeguarding Coordinator, City College Plymouth Kerri Nason, Assistant Chief Executive, Plymouth and Cornwall LDU Dorset, Devon and Cornwall CRC Marie Partridge, Acting Safeguarding Service Manager, Children's Services, PCC **Declarations of Interest**. - There were no declarations of interest.	
2. Minutes and matters arising - Minutes of the previous meeting were agreed. **Matters Arising** - SB will circulate information regarding the Goddard report next week. - Strategic review update - this will be taken to the Development Day. - JET circulated the link for the ADASS document regarding MSP for SABs she received no feedback regarding this document. - All other actions were completed.	**SB**
3. **Chair's Update** - Not discussed.	
4. CCG MHCCC update and presentation - Lin Walton, Nikki Bray and Tracy Clasby gave an update on the Mental Health Crisis Concordat. The presentation will be sent out separately. - NB spoke about the STP (Sustainability, Transformation, Plan) and the 9 priories' for the next 2 years. Service users were very much involved in developing the priorities. - There is good attendance from Plymouth on the MH steering group this includes PCC Commissioning, Livewell, Derriford and CCG. - There is also good attendance from Plymouth on the Prisoner Management and Healthcare group, although probation aren't represented AB said he would speak to Jonathon Nason. - The presentation highlighted the work in Plymouth which includes the POS at Glenbourne. The increase of cover to Crisis Outreach team which should be in place January 17. - Livewell has joined the triangle of care scheme which provides support to carers. - In Plymouth the mental health services are part of the 1 system 1 aim plan. - SQIP is the Plymouth strategic quality improvement partnership for Mental Health – its membership spans the third and voluntary sector, people who have used or are using services, DWP, and a range of commissioners.	AB

- MEAM – (making every adult matter) is a commissioning plan is about how we deliver joined up services to people with complex needs such as homeless/ with drug and alcohol issues and mental health issues. - EIP – first episode psychosis services and psychiatric liaison services are both key deliverables in the five year forward view for mental health - Patient Pathways – there are a number of specific patient pathways listed in the five year forward view however what is very clear in consultation with service users carers, and professionals is they want a clear pathway into the right M/H service and support – not multiple pathways and hand offs to find the right service	
5. Plenary Discussion took place regarding lack of engagement and people being allowed to make unwise decisions. Topic discussed include: - Complex Needs Panel - Creative Solution Forum which came out of the Risk Management and Self Neglect group - Making sure that Livewell staff are trained to deal with these issues. KP asked about the improvements with the POS at Glenbourne over the last 3 years. Changes include: - Staffing is now 24 hours and day 7 days a week. - Working jointly with the Police - Joint training sessions - More consistent approach. Discussion took place regarding prevention and whether there is the workforce available. - Nationally there is a shortage of registered nurses locally Livewell are looking at the skill mix of staff. They are looking at training up non registered staff, offering secondments to care assistants to train as nurses. - The CRT (Community Recovery Team) work within the community. - There is ongoing work within schools to address issues. - The dementia pathway. AB said that there is great work being done and the Board needs to understand its role and where we can support the work going forward.	
6. AOB **Annual Report** - A copy was included in the agenda pack. Although it has not yet been published online AB is happy for it to be circulated within organisations. - People liked the format of the report and that it contained other members reports. **Strategic Plan** - There are 6 priorities over 3 years. - It is a live plan which can evolve as required. - The 6 priorities will be put on an aide memoire for Board members.	

Performance

- AB has asked GB to lead on this piece of work. GB feels that the Performance Framework still stand but would need the answers to the 4 following questions before being able to populate the framework.

1. Who are the most at risk in the city
2. What are the characteristics' of these people at risk
3. How are the people most at risk currently safeguarded - what systems are in place
4. How effective are we at safeguarding people

Whole Home Concerns

- AB has concerns regarding the number of Care Homes being rated inadequate by CQC. There has been a slight increase in Plymouth but nationally Plymouth is doing a lot better than other local authorities.
- A large number of concerns relate to quality and practise. Plymouth City Council QAIT (Quality Assurance Improvement team) works with the Medicines Optimisation team in supporting the care home sector in improving these concerns.

Safeguarding Manager's Report

- The Safeguarding Manager's report was included in the agenda pack.
- The highlights include updates on the SCR for V – LOG will be carrying out additional work relating to this.
- SAR for RM – there is a briefing meeting booked for 17 November 2016
- Creative Solutions – the pilot is now complete further meetings have been booked.

7. Future Meetings

- Thursday 2 February 2017
- Thursday 27 April 2017
- Thursday 20 July 2017
- Thursday 12 October 2017
- Thursday 18 January 2018
- Meetings are 10:00 to 13:00 and are held at Windsor House

The following relates to exempt or confidential matters (Para(s) 1 of Part 1, Schedule 12A of the Local Govt Act 1972). Any breach of confidentiality could prejudice the Council/person/body concerned & might amount to a breach of the councillors /employees codes of conduct.

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Plymouth Safeguarding Adult's Board - Data Set Quarter3 2016/17

Ref	Data Set	Data frequency	2015/16 Outturn	2014/15 Q1	2014/15 Q2	2014/15 Q3	2014/15 Q4.	2015/16 Q1	2015/16 Q2	2015/16 Q3	2015/16 Q4	2016/17 Q1	2016/17 Q2	2016/17 Q3	Trend	Performance Comment
Q1 does our safeguarding system protect people in a timely way and in keeping with their desired outcomes?																
1	Number of safeguarding concerns	Quarterly	1,833	474	422	433	419	460	509	449	415	506	545	512		Ref 1 - Safeguarding concerns increasing for the year, but did reduce in quarter three. Between April and December 2016 there have been 1,563 safeguarding concerns recorded, compared to 1,401 for the same period in 2015. Ref 9/10 - The number of enquiries more than doubled in 2015/16 when compared to the previous year. This trend has continued in 2016/17, 1,214 enquiries started between April and December 2016, compared to 855 over same period in 2015. 79% of concerns progressing to enquiry this year. Ref 4/7 - No change in pattern of highest numbers of concerns reported in person's own home or care home.
2	of which Individual	Quarterly	1,747	Information not captured				423	492	433	399	499	530	498		
3	of which care home	Quarterly	86	Information not captured				37	17	16	16	7	14	14		
4	% of concerns from Care Home	Quarterly	36%	34%	41%	40%	42%	33%	34%	39%	37%	34%	29%	36%		
5	% of concerns from Community Service	Quarterly	4%	4%	2%	5%	1%	5%	5%	4%	3%	6%	3%	3%		
6	% of concerns from Hospital	Quarterly	3%	3%	2%	3%	3%	2%	3%	4%	3%	3%	5%	5%		
7	% of concerns from own home	Quarterly	52%	43%	45%	42%	47%	50%	54%	51%	54%	55%	55%	44%		
8	% of concerns from other	Quarterly	11%	7%	11%	12%	11%	13%	10%	12%	10%	12%	9%	12%		
9	Number of safeguarding enquiries	Quarterly	1,167	138	137	136	148	238	297	310	322	420	416	379		
10	% of concerns progressing to enquiry	Quarterly	66%	29%	35%	30%	37%	56%	65%	66%	75%	85%	76%	76%		
11	ACTION TAKEN Risk Identified and action taken	Quarterly	New method of capture									41%	43%	46%		**Note** **Nationally the way in which outcomes to enquiries has been recorded has changed and we have adapted this change locally to fulfill our statutory obligation to conform with national return requirements.** Ref 11-13 Action has been taken in 66% of completed enquiries in quarter three, a slight decrease on quarter two. 33% of closed enquiries 'no action' has been taken, the majority (69) were ceased at the request of the victim. Ref 23-26 In quarter two where risk has been identified the majority of enquiries have resulted in risk having been removed (20%) or reduced (66%). This is a very slight increase on quarter two.
12	ACTION TAKEN Risk Assessment inconclusive and action taken	Quarterly	New method of capture									13%	12%	9%		
13	ACTION TAKEN No risk identified and action taken	Quarterly	New method of capture									11%	14%	11%		
14	NO ACTION TAKEN Risk Identified and no action taken	Quarterly	New method of capture									5%	5%	3%		
15	NO ACTION TAKEN Risk Assessment inconclusive and no action taken	Quarterly	New method of capture									7%	3%	4%		
16	NO ACTION TAKEN No risk identified and no action taken	Quarterly	New method of capture									8%	10%	7%		
17	NO ACTION TAKEN Enquiry ceased on request - no action taken	Quarterly	New method of capture									15%	14%	19%		
18	Not entered	Quarterly	New method of capture									1%	0%	0%		
19	No risk identified - Risk Remained	Quarterly	New method of capture									5%	5%	8%		
20	No risk identified - Risk Reduced	Quarterly	New method of capture									24%	22%	27%		
21	No risk identified - Risk Removed	Quarterly	New method of capture									4%	9%	8%		
22	No risk identified - Not entered	Quarterly	New method of capture									21%	16%	9%		
23	Risk identified - Risk Remained	Quarterly	New method of capture									2%	4%	5%		
24	Risk identified - Risk Reduced	Quarterly	New method of capture									33%	31%	32%		
25	Risk identified - Risk Removed	Quarterly	New method of capture									5%	10%	10%		
26	Risk identified - Not entered	Quarterly	New method of capture									5%	3%	1%		
27	% of enquiries where the individual or individual's representative are asked what their desired outcomes were?	Quarterly	60%	Information not captured						51%	69%	67%	75%	77%		Ref 28 - Increase in the percentage of individuals/ representatives whose outcomes were fully achieved (76%). However, an increase in the percentage who have stated that outcomes were not met (7%), reduction in partially achieved (17%).
28	For each enquiry, where the individual or individual's representative asked what their desired outcomes were, were these outcomes:	Quarterly		Information not captured												
	Fully Achieved	Quarterly	70%	Information not captured						70%	70%	70%	74%	76%		
	Partially Achieved	Quarterly	23%	Information not captured						22%	23%	26%	21%	17%		
	Not Achieved	Quarterly	8%	Information not captured						8%	7%	4%	5%	7%		
29	Safeguarding concerns completed within 7 working days	Quarterly	79%	66%	78%	86%	64%	66%	78%	86%	87%	87%	84%	84%		
Q2 Is the workforce fit for purpose?																
30	Number of Complaints received	Quarterly	0	Information not yet captured												Drop in training numbers.
31	Number of Compliments received	Quarterly	0	Information not yet captured												
32	Number of professionals trained in safeguarding awareness	Quarterly	2220	545	584	748	671	482	568	631	539	411	473	239		
33	Percentage of professionals who find safeguarding training useful	Quarterly		Information not yet captured												
34	Number of Domestic Homicide Reviews	Quarterly	2	0	0	0	0	0	0	2	2	2	2	2		
Q3 Are we satisfied with the quality of care for any adult at risk?																
35	Number of CQC providers with a CQC rating of outstanding	Quarterly	1%	Information not captured							1%	3% (3)	3% (3)	3% (3)	n/a	CQC Ratings - Performance updated in January for quarter three - increase in the number and percentage of care homes who are CQC rated as inadequate (now 4% from 0%). Outstanding and 'requires improvement' unchanged.
36	Number of CQC providers with a CQC rating of good	Quarterly	81%	Information not captured							81%	81% (75)	81% (79)	78% (75)	n/a	
37	Number of CQC providers with a CQC rating of require improvement	Quarterly	17%	Information not captured							17%	15% (14)	15% (15)	15% (14)	n/a	
38	Number of CQC providers with a CQC rating of inadequate	Quarterly	1%	Information not captured							1%	1% (1)	0% (0)	4% (4)	n/a	
39	Domiciliary Care Block provider with a CQC rating of Good	Quarterly	-	Information not captured							-	100% (6)	100% (6)	100% (7)	n/a	Within Plymouth there are 9 domiciliary care providers, 7 of which have been subject to an inspection. 100% of these have a rating of 'Good'. The England averages for Dom Care providers are 1% Oustanding, 79% Good, 19% requires improvement and 1% Inadequate.
40	ASCOF 4A The proportion of people who use services who feel safe	Annual	70%	68%				70%				Annual Survey			n/a	
41	ASCOF 4B The proportion of people who use services who say that those services make them feel safe and secure	Annual	94%	93%				94%				Annual Survey			n/a	

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Plymouth Adult Safeguarding Board

Update/Report to SAB or SAB Executive

DATE	2nd February 2017
NAME	Julian Mouland
AGENCY	Plymouth City Council
PURPOSE OF THE UPDATE or REPORT	Present an update on progress of strategic objective and share current version of the draft framework
STRATEGIC PLAN REFERENCE	Priority 5) To produce and monitor an agreed competency framework for Board partners and related agencies and organisations.
SAB SUB-GROUP	LOG Sub-group

SUMMARY UPDATE/REPORT	The competency framework is based on the revised 2015 National Competency Framework for Safeguarding Adults (third edition) produced by Bournemouth University and endorsed by The Association of Directors of Social Services (ADASS) Learn to Care, Skills for Care and Social Care institute for Excellence (SCIE). The Competency Framework was finalised by LOG members and presented to SAB Executive in December 2016. For Plymouth Safeguarding Adults Board members, partner agencies, organisations, staff and managers, there is an expectation that organisations will ensure that all staff know how to respond to safeguarding concerns in line with legislation, national and local guidance. An embedding period will be negotiated to allow organisations time to ensure they have processes in place to implement the framework. The SAB can purchase for £500 a licence from Bournemouth University for the electronic version of the competency framework that can be used by all Board Partner agencies & organisations.
RECOMMENDATIONS & PROPOSED ACTIONS	
	The SAB to consider the competency framework and advise on implementation process, timescale and purchase of the licence.

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Plymouth Safeguarding Adults Board

Plymouth Safeguarding Adult Board
Learning & Development Competency Framework

This document is based on current guidance, definitions and terminology and is subject to change. This document will be reviewed on a regular (minimum yearly) basis via the Lead Officer Sub-group of the Safeguarding Adult Board (SAB) to take into account and reflect any changes in legislation, guidance, definition, terminology and practice.

The competence framework is based on the revised 2015 National Competency Framework for safeguarding adults produced by Bournemouth University and endorsed by The Association of Directors of Social Services (ADASS) Learn to Care, Skills for Care and Social Care institute for Excellence (SCIE). Bournemouth University developed these competencies from a review of Serious Case Reviews, CQC reports, practitioner, manager, service user and carer feedback.

http://www.ncpqsw.com/publications/national-competency-framework-for-safeguarding-adults-comprehensive-and-concise/

Contents

1. Audience

Plymouth Safeguarding Adults Board members, partner agencies, organisations, staff and managers, supported to undertake their safeguarding roles and responsibilities competently.

There is an expectation that organisations will ensure that all staff providing a service know how to respond to safeguarding concerns in line with legislation, national and local guidance. *http://plysab.proceduresonline.com/*

An embedding period will be negotiated to allow organisations time to ensure they have processes in place to implement the framework.

Some individuals will work in settings which provide both universal and specialist services for adults and children. It is the responsibility of the organisation to determine the knowledge and learning that is required. For Health organisations the Safeguarding Adult competency framework when published in 2016 will be a key resource for identifying training/competency requirements for heath staff.

2. Purpose

To safeguard adults at risk of abuse, all staff must have the competences to recognise adults who may be at risk of abuse and to take effective action, including engaging with the individuals themselves, as appropriate to their role. It is the duty of employers to ensure that those working for them clearly understand their contractual obligations within the employing organisation, and it is the responsibility of employers to facilitate access to training and education which enable the organisation to fulfil its aims, objectives and statutory duties effectively and safely.

This framework has been produced to support partner organisations in the development of a workforce that is competent and effectively trained in adult safeguarding practices that are continuously improving. It outlines the sets of competencies required for particular categories of job roles.

The Plymouth Safeguarding Adult Board should be assured that it has the involvement of all partners necessary to effectively carry out its duties. In the area of staff, agency and organisational learning and development, effective links can be made with partners to collaboratively to commission and deliver appropriate training.

3. Competency framework rationale and responsibilities

Previously safeguarding training has been based upon attendance at training at a range of levels. However completion of training does not evidence a worker's competence in any particular area or task, only that they have attended a training course.

Safeguarding competences are a set of abilities that enable staff to work effectively in order to help recognise and prevent abuse and neglect, as well as supporting

people who are at risk of abuse or neglect or are actually experiencing it. There are a combination of skills, knowledge, attitudes and values that are required for safe and effective practice.

To enable all staff working with adults at risk to develop their skills this framework sets out a competency based approach. It is designed to raise standards and ensure consistent and proportionate response to safeguarding issues for adults. It has been devised to provide a baseline for standards of competence that individuals can expect to receive from those workers and organisations that have key responsibilities in adult safeguarding.

The employing agency/organisation has the responsibility for:

- Ensuring and evidencing that staff meet the required competencies
- The organisation, delivery and recording of learning undertaken
- Ensuring that any Safeguarding Adults learning reflects the Safeguarding Adults Core values (as above).
- In the absence of any statutory requirement stating how often staff should attend training, it is recommended that training/learning is attended every three years (minimum).

The Safeguarding Adults Board (SAB) has the responsibility for:

- Ensuring that partner agencies and organisations monitor and quality assure the training / learning provided to enable staff to have the opportunity to meet the minimum requirements.
- Seeking assurance from employing agencies/organisations that the training/learning has been effective

4. What is competence?

A competence is the combination of the skills, knowledge and experience held by individual staff and this framework aims to ensure that these qualities inform safeguarding practice in a way that is commensurate with an individual's role and responsibility. Regardless of training, competence grows through experience and the abilities of an individual to learn and adapt.

5. What is the role of training?

All training should be designed in order to support workers to have the underpinning knowledge required to achieve competence. It is therefore possible to have a standard for expectation of what should be included with safeguarding training (at any given level) regardless of how or by whom the training is delivered.

The use of a competency framework also enables learning from other training to be used. For instance Root Cause Analysis training may support some workers to evidence against the enquiry competencies.

Individual agencies will need to look at existing mechanisms that may contribute to the assessment. For instance, the Care Certificate for health and social care settings. The level one competency is approximately aligned to these standards.

The competency framework also allows for the consideration of other forms of Continuous Professional Development. This could take the form of training but could also include practical experience and workplace learning such as coaching and mentoring.

6. Who should complete the competency?

All staff should be assessed as competent against the competencies that are relevant to their job role and level of responsibility. Whatever their role all staff should know when and how to report any concern about abuse of an adult. Therefore all staff need to demonstrate the first 5 competencies within the framework. Further competencies will be dependent upon their job role and level of responsibilities.

As the competencies are cumulative all people working with adults with care and support needs should complete Level 1 competencies. It is recognised that at levels beyond this agencies may need to adapt the competencies to cover specialist roles.

7. What are the timescales for completion?

The timescales for successful demonstration of competency will depend upon the job role and responsibilities.

There are areas where there are suggested timescales. For instance front line care staff should complete the Care Certificate within 12 weeks of starting employment. Competencies at level 1 and 2 should also be linked to the assessed and supported year in employment for newly qualified social workers.

Individual agencies are required to set appropriate timescales for their staff to achieve required competence in order to be assured that their staff can practice effectively.

8. Assessment of competence

Achieving competence requires more than just attending a training course although this may be an element of developing competence. The assessment of competence should (ideally) combine a mix of direct observation of practice as well as a process of exploration, discussion and questioning. This could be carried out in supervision or as part of the follow up to training.

9. Adult Safeguarding Competencies

9.1 Competencies (1 – 6) Level 1

Target Group: *For all staff and persons in a position of trust who may have direct or indirect contact with adults at risk of abuse and neglect.* This includes all staff within health, social care, universal and/or community based services.

Staff at all levels should be able to demonstrate competence in:

1. Understand the Care Act duties to a person who has needs for 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 or neglect
2. Understanding the types and signs of abuse, as defined by Care Act 2014
3. Understanding the importance of whistle-blowing procedures
4. Understanding the importance of creating a safe environment in order to minimise the risk of abuse and harm
5. Understanding their role as defined within the multi-agency and internal policy and procedure, including how to report and record concerns of abuse of either adults or children using appropriate systems.
6. Awareness of legislation, applicable to role and responsibilities

9.2 Competencies (7 – 11) Level 2

Target group: *Staff with a responsibility for making safeguarding adults referrals, including but not limited to managers and supervisors.*

Staff at all levels should be able to demonstrate competence in:

7. Identifying incidents and disclosures that meet safeguarding adults criteria, risk assessing and referring as appropriate
8. Knowing how to support staff and people when they report concerns of abuse, or are alleged responsible for abuse, as appropriate
9. Identifying their role in the multi-agency safeguarding adults framework, and contributing as appropriate
10. Understand the importance of recording and documenting all information appropriate to any allegation and investigation, in accordance with local policy and procedure and relevant internal guidance
11. Understand the principles of information sharing in accordance with local policy and procedure, relevant legislation and relevant internal guidance

9.3 Competencies (12 – 15) Level 3

Target group:
Staff who receive referrals under the Plymouth Adult Safeguarding: Multi-Agency Policy and Procedure.

Staff at all levels should be able to demonstrate competence in:

12. Assessing information from referrals and applying multi-agency safeguarding adults criteria consistently
13. Assessing and analysing information about risk from referrers and taking appropriate and timely action
14. Gathering and recording referral information accurately and in a timely fashion
15. Offering appropriate support, advice and/or signposting where safeguarding adults criteria are not met

9.4 Competencies (16 – 18) Level 4

Target group: *Staff in adult social care, health services or police who co-ordinate or have significant involvement in multi-agency adult safeguarding enquiries*, including but not limited to police officers, relevant health and social care staff.

Staff at all levels should be able to demonstrate competence in:

16. Identifying the roles and responsibilities of all agencies involved in the enquiry process
17. Conducting enquiries / assessment activities in accordance with local policy and procedure, including identifying and managing risk factors
18. Contributing to strategy meetings / discussions, conferences and safeguarding plans, as appropriate

9.5 Competencies (19 -23) level 5

Target group: *Staff who manage or supervise staff with responsibility for co-ordinating multi-agency adult safeguarding enquiries*, and who have responsibility for convening and chairing safeguarding adults conferences.

Staff at all levels should be able to demonstrate competence in:

19. Convening and chairing a adult safeguarding Strategy Meetings and Case Conferences
20. Understanding the roles and responsibilities of operational managers within the multi-agency adult safeguarding framework
21. Making sound and consistent decisions as part of implementing the local policy and procedure
22. Ensuring that service users and carers are supported and involved in the conference process, as appropriate
23. Carrying out robust, effective and timely supervision with practitioners engaged in adult safeguarding enquiries

9.6 Competencies (24 – 28) Level 6

Target group: *Staff with a responsibility for ensuring and embedding effective safeguarding adults practice and process within their organisation*, including but not limited to Safeguarding Adults Board representatives, elected members and Safeguarding Leads

Staff at all levels should be able to demonstrate competence in:

24. Leading the development of effective policy and procedures for adult safeguarding in their organisation
25. Ensure plans and targets for Adult Safeguarding are embedded at a strategic level across your organisation
26. Promote awareness of Adult Safeguarding within and outside of their organisation
27. Develop and maintain systems to ensure the involvement of those who use your services in the evaluation and development of their Adult Safeguarding services

28. Understand the role and function of the Safeguarding Adult Board and Local Safeguarding Children's Board

10. Appendices

10.1 Adult Safeguarding: Professional Competency Framework for Safeguarding Adults

Appendix 10.1
Safeguarding Adults F

10.2 Relevant Legislation

The UN Convention on Human Rights (1948) has particular articles that relate to adult safeguarding, these are:

- **Article 2** The right to Life.
- **Article 3** The right not to be tortured or treated in an inhuman or degrading way.
- **Article 5** The right to liberty.
- **Article 8** The right to respect for private and family life, home and correspondence.

These clearly identify the requirements that adults live in a safe environment, are protected from harm, and enjoy personal freedom and privacy.

The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. The Human Rights Act came into force in the UK in October 2000. In practice, the Act has three main effects:

1) It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law. This means that where human rights have been breached, a case can be taken to a British court rather than having to seek justice from the European Court of Human Rights in Strasbourg, France.

2) It requires all public bodies (like courts, police, local authorities, hospitals and publicly funded schools) and other bodies carrying out public functions to respect and protect human rights.

3) In practice it means that Parliament will nearly always seek to ensure that new laws are compatible with the rights set out in the European Convention on Human Rights (although ultimately Parliament is sovereign and can pass laws which are incompatible). The courts will also where possible interpret laws in a way which is compatible with Convention rights.

The Equality Act 2010 provides protection from direct or indirect discrimination for people with a 'protective characteristic'. It is against the law to discriminate against anyone because of:

- age
- being or becoming a transsexual person
- being married or in a civil partnership
- being pregnant or on maternity leave
- disability
- race including colour, nationality, ethnic or national origin
- religion, belief or lack of religion/belief
- sex
- sexual orientation

Care Act 2014. The safeguarding duties apply to an adult who:

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

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

The Care Act 2014 reiterates the following six principles of safeguarding, which apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare benefits, housing, wider local authority functions and the criminal justice system. The principles should inform the ways in which professionals and other staff work with adults. The principles can also help SAB's and organisations more widely, by using them to examine and improve their local arrangements.

10.3 Six Key Adult Safeguarding Principles

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent

  "I am asked what I want as the outcomes from the safeguarding process and these
  directly inform what happens."

- **Prevention** – It is better to take action before harm occurs.

  "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

- **Proportionality** – The least intrusive response appropriate to the risk presented.

  "I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."

- **Protection** – Support and representation for those in greatest need.

  "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

- **Partnership** – Local solutions through services working with their communities.
  Communities have a part to play in preventing, detecting and reporting neglect and abuse.

  "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

- **Accountability** – Accountability and transparency in delivering safeguarding.

  "I understand the role of everyone involved in my life and so do they."

10.4 Making Safeguarding Personal

In addition to these principles, it is also important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised

Making Safeguarding Personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Nevertheless, there are key issues that local authorities and their partners should consider if they suspect or are made aware of abuse or neglect.

Some people may express desired outcomes or wishes that are not possible, and this provides opportunities for frank discussion to establish what the next best option is within some broader boundaries and principles that they have stated. For other people their desired outcomes may not be possible for instance if they don't want the police involved but the person who has abused or neglected them is in a position to do the same to others. Again there will be opportunities to explain this honestly and to find ways to most closely meet their wishes.

10.5 Plymouth SAB multi-agency training

Adult Safeguarding Training (half day)

Aims:

- Increase awareness identifying adults at risk
- Increase awareness of the impact of abuse and neglect
- Explore ways in which the risk of abuse can be reduced
- Increase knowledge of the law and policy
- Increase skill and confidence in responding appropriately to disclosures
- Provide a general awareness, at foundation level and can also be used as a refresher

Adult Safeguarding Enquiry Training (full day)

Aims:

- Principles of adult safeguarding
- Making Safeguarding Personal
- Legal frameworks
- Role of the Local Authority
- Role of Partner Agencies
- Multi agency working and information sharing

Adult Safeguarding Managers Training (full day)

Aims:

- Adult Safeguarding refresher
- Principles of adult safeguarding
- The law and multi-agency policy
- Roles and responsibilities of managers and organisations
- Opportunity to share practice and shape development

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Plymouth Adult Safeguarding Board

Update/Report to SAB or SAB Executive

DATE	2nd February 2017
NAME	Julian Mouland
AGENCY	Plymouth City Council
PURPOSE OF THE UPDATE or REPORT	Present an update on progress of strategic objective and share draft Policy
STRATEGIC PLAN REFERENCE	Priority 1) To develop the 'Creative Solutions Forum', finalise policy and plan awareness events
SAB SUB-GROUP	RM&SN Sub-group

SUMMARY UPDATE/REPORT	Draft RM&SN Policy circulated to SAB Policy & LOG Sub-group 18.11.2016 Draft RM&SN Policy reviewed at SAB Executive on the 15th December 2016, agreeing to forward to the SAB for approval Proposed policy launch includes: • PCC/SAB webpages updated • Briefing note/letter to SAB partner agencies, appropriate service user and community reference groups • Agency and organisation presentation to cascade • Comms briefing, social media etc. • February/March 2017 launch Creative Solutions Forum (ToR & referral form below) progressing well, with positive outcomes reported. Review policy effectiveness and feedback via P&LOG, quarterly in year one.
RECOMMENDATIONS & PROPOSED ACTIONS	
	SAB Partners to approve and support policy launch

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Plymouth Safeguarding Adults Board

PLYMOUTH MULTI AGENCY ADULT SAFEGUARDING RISK MANAGEMENT, SELF- NEGLECT AND HOARDING GUIDANCE

1. Introduction

There is a balance to be struck by those providing support, care and treatment on an adult's right to self-determination with the duty to safeguard adults at risk. This guidance developed using current legislation and guidance (see appendices) has been written to provide a clear pathway for agencies to follow in response to adults at risk that are self-neglecting or hoarding.

Adults may make lifestyle choices that are perceived by others to not be in their best interest or unwise; fundamental freedoms exist so that people are able to live their lives without interference unless it is necessary and proportionate to do so. Inference may be necessary and legitimate in safeguarding where required for safety of individuals or others, or where the person lacks mental capacity for a decision as to what is in their best interest.

2. Care Act 2014 and Self-Neglect & Hoarding

The Care Act and Making Safeguarding Personal set out guiding principles to consider when applying this policy to individuals who may self-neglect or hoard:

i. Beginning with the assumption that the individual is best placed to judge their wellbeing
ii. The individuals view, wishes, feelings and belief
iii. Preventing or delaying development of needs for care and support and reducing needs that exist
iv. Need to protect people from abuse and neglect
v. Any restrictions on the individuals rights or freedom or action that is involved in the exercise of the function is kept to a minimum
vi. Importance of individuals participation as fully as possible in decisions about them

This guidance does not provide in depth background information on self-neglect and hoarding; there is a wealth of information available and links to documents at the end of this policy.

In brief, self-neglect has been defined by the Department of Health as *"… a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding."*(2014)

Self-neglect differs from other safeguarding concerns as there is no perpetrators of abuse, however abuse cannot be ruled out as a purpose for becoming self-neglecting; part of the Care Act requirements are to address what has caused the self-neglect or hoarding.

Hoarding can be described as collecting and being unable to discard excessive quantities of goods or objects. As behaviour, it is quite common and most people who hoard possessions do not have a psychiatric disorder, however, in some cases the problem may progress to become so severe that it causes significant distress and impairment. Though usually covert, hoarding can also become a concern for others when health and safety are threatened by the nature or amounts of 'clutter' accumulating within, and sometimes overflowing from, the person's environment.

The reasons why someone begins hoarding aren't fully understood. It can be a symptom of another condition. For example, someone with mobility problems may be physically unable to clear the huge amounts of clutter they have acquired. People with learning disabilities or people developing dementia may be unable to categorise and dispose of items. Mental health problems associated with hoarding include:

- severe depression
- psychotic disorders, such as schizophrenia
- obsessive compulsive disorder (OCD)

In some cases, hoarding is a condition in itself and often associated with self-neglect.

3. Principles

There are a number of principles which underpin this guidance:

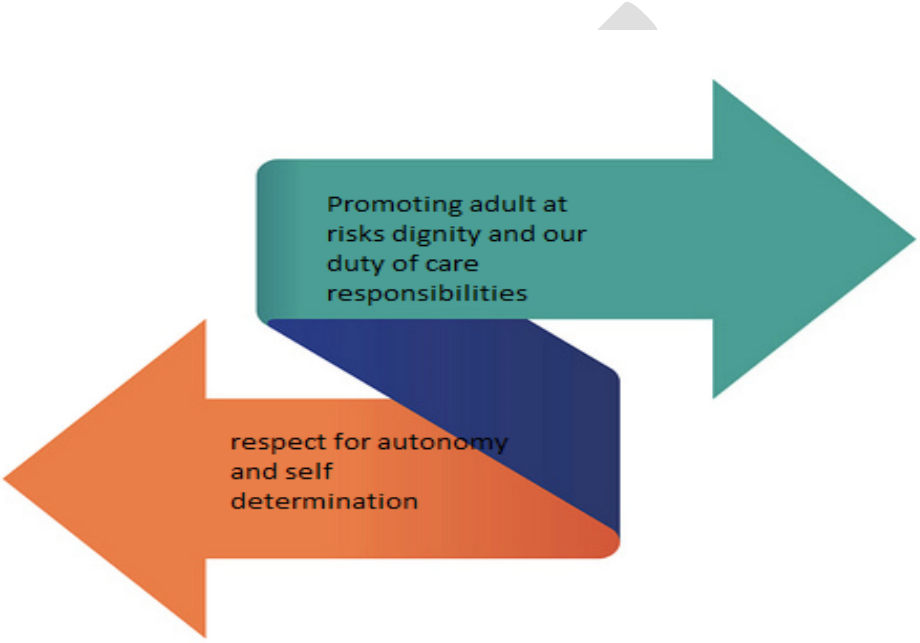
i. Adults can make lifestyle choices contrary to what is perceived to be common sense. Attempts to intervene must be proportionate and reasonable

ii. Partnership approach should be used in cases where appropriate to enable powers and abilities of difference organisations to be implemented

iii. Emergency responses will still require immediate contact with fire, police or ambulance service

iv. A multi-agency *Risk Management Meeting* to discuss concerns, with the involvement of the adult at risk, should be a starting point. Organisation's remain responsible for their role in supporting adult at risk to address the concerns

v. Doing nothing and/or closing a case before risk has been reduced to an acceptable level with actions to minimise harm and repeat occurrences is not an option; this exposes the adult at risk to ongoing or increased harm and organisations to a failing in their duty.



Self neglect and hoarding is a complex area to work with; it requires confidence, persistence and resilience. This includes a willingness to engage in practical but unpleasant tasks at times, sometimes assertive outreach, sometimes to ask what has been described as 'care-frontational questions'. Therefore greater account should be taken in the allocation of such work of practitioners' special interests and skills. Moreover the work can prove emotional, challenging, anxiety-provoking and frustrating. This requires recognition and containment so supervision, which includes checking out the practitioner's own emotional and physical wellbeing, and health and safety, is essential. It enables practitioners to reflect, to talk through cases and the dilemmas they present, and to explore possible innovative ways to engage and practise. The support of team and multi-agency colleagues is therefore critical too, for sharing ideas and debriefing.

4. Mental Capacity

Adults should be presumed to have capacity; there may be cases where a person may lack understanding and insight into the impact of their actions / inactions on their or other's wellbeing. When an individual's behaviour or circumstances cast doubt as to whether they have capacity to make a decision, then a capacity assessment should be carried out in line

with the Mental Capacity Act (MCA) 2005. Professionals must act in accordance with the MCA and the overriding principle that every action is carried out in the best interest of the person concerned, including regard to what are believed to be the person's wishes and feelings.

Braye at al. (2011) note in 'Self-Neglect and Adult Safeguarding: Findings from Research' that mental capacity affects perception of risk and intervention focus. Mental capacity involves not only weighing up information and being able to understand consequences of decisions and actions, but also the ability to implement those actions. For those who self-neglect and lack mental capacity for the particular decision, the intervention focus will be to reduce risk through a best interest decision.

Any capacity assessment in relation to self-neglect or hoarding behaviour must be time specific and relate to a specific intervention or action. They should be appropriately recorded. Best interest decisions should be taken formally with the person, the professionals involved and anyone with an interest in the person's welfare, such as members of the family. The Mental Capacity Act provides that taking of those steps needed to remove the risks and provide care will not be unlawful, provided that the taking of them does not involving using any methods of restriction that would deprive that person of their liberty. In particularly challenging circumstances it may be necessary to refer to the Court of Protection to make the best interest decision. Any referral to the Court of Protection should be discussed with legal services and service management.

5. Responses to concerns about Self Neglect and Hoarding

People may be successfully supported under usual case management or single / multi-agency support, using the principles of adult safeguarding in its broader terms. Where the risk to the safety and wellbeing of an adult or others are becoming more critical, a more formal adult safeguarding approach will be required.

5.1 Engaging the adult at risk

Regardless of what process, organisations or pathway is used to work with an adult at risk who is self-neglecting or hoarding, the starting point will always be engaging with the individual. Positive outcomes can be achieved through operational approaches informed by an understanding of the unique experience of each individual balanced with strategic and management input.

In engaging with the adult consider whether:

- they have the necessary information in a format they can understand
- check whether they understand options and consequences of their choices
- listen to their reasons for mistrust, disengagement, refusal and their choices

- there is the time to have conversations over a period and building up of a relationship
- consider whom (whether family, advocate, other professional) can support you to engage with the adult
- always involve solicitors, receivers, Court of Protection appointed deputies or representatives if the adult has one
- determine if plan for agreed actions / outcome for person who has fluctuating capacity is in place during a time when they had capacity for that decision
- person to attend meetings where possible

The family member or carer of an adult at risk should be engaged where the adult at risk has provided consent. This will include being part of planning, decision making and whether they are willing and able to provide support. There are duties under the Care Act for carers and in relation to Carers Assessments.

5.2 Managing single agency or multi-agency outside of safeguarding

Self-neglect and hoarding can in some cases be managed outside of adult safeguarding procedures; professional judgement is needed to consider the level of risk, how this is being managed, the capacity of the adult at risk, and any other person / child affected (Please refer to Appendix 1 - self-neglect and hoarding threshold tool).

Incidents that are low risk and may be managed outside of adult safeguarding formal procedures. This could potentially be address through mechanisms such as engagement with and support the person to address their concern, engagement with community activities, or access to health care and counselling.

Professional judgement is key, any factor or issue may move a low risk situation into a higher threshold which would warrant consideration under adult safeguarding.

5.3 Referrals under adult safeguarding policy

The operation of Plymouth Multi Agency Adult Safeguarding Policy & Procedures should be used to inform the process for raising an adult safeguarding concern and the response. Referrals can consider concerns with respect to the welfare of the person; state of the property and effect on their own health / property; concerns for children at the property and or concerns for animals at the property.

Any concerns with respect to children, and the potential for harm or neglect, should be referred to children's services.

Safeguarding arena can provide a space for:

- Identifying with the adult at risk their wishes, views, beliefs and the outcome they want to achieve
- Discussions and assessments around capacity and best interest decisions

- Multi-agency sharing of information to address the risk assessment and risk management plan
- Looking at what may be contributing to the behaviour and working to address this from a preventative framework.

Once a self-neglect or hoarding referral is within the safeguarding remit, a decision will be made in line with policies around the organisation best suited to undertake the enquiries or work with the adult at risk. The Local Authority, under the Care Act, retains the responsibility for co-ordination and having assurance that risk has been managed appropriately before any closure can take place.

If a partner organisation is caused to undertake the enquiry, the sharing of information should include any risks to the organisations employee through home visits. This would be relevant for example if the fire service are asked to undertake a home fire safety assessment and are going into a hoarders home, where for example past evidence of abusive behaviour was known.

Risk assessment in cases of hoarding should take into account the *Clutter Image Scale* (Appendix 2).

If an adult at risk refuses or declines an assessment, services or support, a risk assessment under safeguarding must be carried out by the local authority or the organisation that has been caused to undertake the enquiry, to determine the level of seriousness of each identified risk.

Intervention must be person centred, involving the individual as far as possible in understanding the risk assessment and the alternatives for managing the risk. Information should be shared with other relevant professionals who may have a contribution to make in managing or monitoring the risks.

Consideration must be given to the mental capacity of the individual and whether they require support in their decision making or, following an assessment that the individual lacks capacity, whether a best interest decision might be appropriate.

There are a number of mechanisms for managing self neglect and hoarding within adult safeguarding, which are set out below.

5.3.1 Risk Management Meetings

The Risk Management meetings, whether single or multi agency may be successful in identifying and managing risk in a range of concerns, developing and coordinating a risk management action plan. This approach should be explored in the first instance where appropriate.

For further guidance please refer to the chapter on Risk Management Meetings

http://plysab.proceduresonline.com/chapters/p_risk_man_self.html

5.3.2 Creative Solutions Forum

The Creative Solutions Forum has developed from the need to establish a way to support individuals, staff and agencies to understand and manage risk fluidly. The Risk Management & self-neglect working group have reviewed the previous VARM (Vulnerable Adult Risk Management) to become the Risk Management process however recognise this process has some limitations.

The Forum will work together in partnership to consider creative options for people with highly complex needs and presentations that require a multi-agency response and where other single or multi-agency processes have been exhausted. Typically this will include people with a combination of substance misuse and serious physical or psychiatric co-morbidities, people who are self-neglecting and people presenting high levels of risk to themselves and the community. It may also include people that are on an end of life pathway.

Eligibility for the Forum (Terms of Reference – Appendix 3) is based on presenting need not on diagnosis or primary label, so any adult over 18 years that meets the criteria of a complex presentation that cannot be managed with a single agency response or the standard multi-agency response. It is not intended to replace "business as usual" social work or healthcare delivery but is reserved for cases with high complexity and high risk where a single agency approach is not adequate to meet need.

The Forum will provide a co-ordinated multi-agency response to need, where a range of professionals plan an integrated response together, sharing ownership of outcomes and jointly managing risk.

It is the aim of Forum for tailored packages of care to be created for the person. This will be a bespoke offer to meet their needs, which could include alternative care options, out of hour's activities, whole family therapeutic or behavioural support, support in the home and parent/carer support and planned inpatient services

The Creative Solutions Forum (CSF) will also seek to identify gaps in provision to meet need which may be used to inform commissioning plans.

The CSF should only be applied in the following circumstances:

- The adult has needs for care and support (whether or not the local authority is meeting any of those needs) and is experiencing, or is at risk of, abuse or neglect. As a result of those care and support needs the adult is unable to protect themselves from either the risk of, or the experience of, abuse or neglect;
- The adult **has** mental capacity to make unwise decisions and choices about their life.
- The adult's decision making means they are unable to protect themselves from the risk of serious abuse or neglect from themselves or others.
- The adult is not engaging with services to reduce the risk and has been signposted to partner agencies (based on need) to ensure partner agencies have the opportunity to intervene and provide support in a timely manner but the adult continues to make an unwise decision of their own free will not to engage with the support offered.

The forum should **not** be used as a common risk management tool to replace existing risk management processes (see above). The process may be applied when there are high level

concerns from partner agencies and all interventions and safeguarding actions have failed to achieve a positive, safe outcome.

A referral under adult safeguarding does not have to precede a referral to the Creative Solutions Forum by a partner agency.

Add hyperlink to CSF terms of reference and referral form

5.3.3 Interventions under Care Act Section 42 Enquiries

Section 42 enquiries provide an opportunity to work with the adult at risk to obtain the outcome they have identified, while addressing areas of risk through the safeguarding plan.

Section 42 enquiries in relation to self-neglect and hoarding can include, but are not limited to,

- Any enquiry into abuse and neglect that may have contributed to or precipitated the self-neglecting behaviour or hoarding
- Therapeutic responses, such as access to mental health, drug and alcohol services, bereavement services
- Brief interventions, particularly those that work to enable changes in attitude or behaviour and to handle underlying issues

Making Safeguarding Personal toolkit (Appendix 4) has a range of options available. In addition, Braye et al. (2005) suggested the following intervention options can be applied:

Theme	Examples
Being there	Maintaining contact; monitoring risk/capacity, spotting motivation
Practical input	Household equipment, repairs, benefits, 'life management'
Risk limitation	Safe drinking, fire safety, repairs
Health concerns	Doctors' appointments, hospital admissions
Care and support	Small beginnings to build trust
Cleaning / clearing	Proportionate to risk, with agreement, 'being with', attention to what follows
Networks	Family/ community, social connections, peer support
Therapeutic input	Replacing wat is relinquished; psychotherapy/mental health services
Change of environment	Short term respite, a new start
Enforced action	Setting boundaries on risk to self & others

5.3.4 Legal processes

Legal processes can be implemented via single agency and not under adult safeguarding procedures. Where a person lacks capacity (refer to section 4 above) to undertake a

specific decision or they have capacity but there is significant level of risk, legal processes can be considered under the adult safeguarding procedures.

Legal processes are used to compel an individual to remove risk and or permit service access. This is again where there is a very fine balance between the rights of the individuals and the rights of others who have be affected by the behaviour, particularly in cases of hoarding.

In brief some of the legal options may include:

i. Public Health Act 1936, Section 79: Power to require removal of noxious matter by occupier of premises
ii. Public Health Act 1936, Section 83: Cleansing of filthy or verminous premises
iii. Public Health Act 1936, Section 84: Cleansing or destruction of filthy or verminous articles
iv. Prevention of Damage by Pests Act 1949, Section 4: Power of LA to require action to prevent or treat rats and mice
v. Environmental Protection Act 1990, Section 80: Dealing with statutory nuisances
vi. Mental Health Act 1983, Section 2 & 3: for health and safety and protection of others
vii. Mental Health Act 1983, Section 135: removal of person to place of safety for assessment to take place

There are additional powers through housing, such as the Town and Country Planning Act and the Housing Act 2004, in which orders for repairs or enforcement action for hazards exist in any building or land posing a risk.

It is important to know when we can/may act (have the power to do so) and where we shall/must act (have a duty to do so). The first step will always be to try to gain the consent of the person being affected and to accept the necessary services to meet their needs.

Gaining access to an adult suspected to be at risk of neglect or abuse, please refer to the following SCIE guidance: http://www.scie.org.uk/care-act-2014/safeguarding-adults/adult-suspected-at-risk-of-neglect-abuse/

6. Responses to service refusal

The most frequent concern raised by professionals when working with adults who may self-neglect or hoard is the challenge when the person refuses to engage or accept services.

Self-neglect or hoarding needs to be understood in the context of each individual's life experience; there is no one overarching explanatory model for why people self-neglect or hoard. It is a complex interplay of association with physical, mental, social, personal and

environmental factors. A starting point is in trying to understand why the person is disengaging, may mistrust the service and their history.

Braye et al. (2005) display the difficulty due to the changing response and engagement by the adult at risk in the following illustration:

Refusal or withdrawal of permission for access	Avoidance or deflection of involvement	Permission for access and discussion, but outright rejection of support	Partial acceptance of input	Full acceptance of input

Actions which can help to get engagement in self-neglect are suggested by Braye et al. (2015) as:

Theme	Examples
Building rapport	Taking the time to get to know the person, refusing to be shocked
Moving from rapport to relationship	Avoiding kneejerk responses to self-neglect, talking through the interests, history and stories
Finding the right tone	Being honest while also being non-judgmental, separating the person from the behaviour
Going at the individuals pace	Moving slowly and not forcing things; continued involvement over time
Agreeing a plan	Making clear what is going to happen; a weekly visit might be the initial plan
Finding something that motivates the individual	Linking to interests (e.g. hoarding for environmental reasons, link into recycling initiatives)
Starting with practicalities	Providing small practical help at the outset may help build trust
Bartering	Linking practical help to another element of agreement – bargaining
Focusing on what can be agreed	Finding something to be the basis of the initial agreement, that can be built on later
Keeping company	Being available and spending time to build up trust
Straight talking	Being honest about potential consequences
Finding the right person	Working with someone who is well placed to get engagement
External levers	Recognising and working with the possibility of enforcement action

It is important to consider in multi-agency partnership settings whom may be best placed to work with the person who is disengaging and can build the most links to resolving the concerns.

If a person has capacity, is refusing to engage and there remains ongoing significant harm to a person's health, safety or wellbeing then a Risk Management meeting should be convened to ensure all available powers and duties are exhausted. Again, this needs to be balances and proportionate and take into account a person's right to self-determination. If a person lacks capacity the need for Court of Protection involvement should be considered.

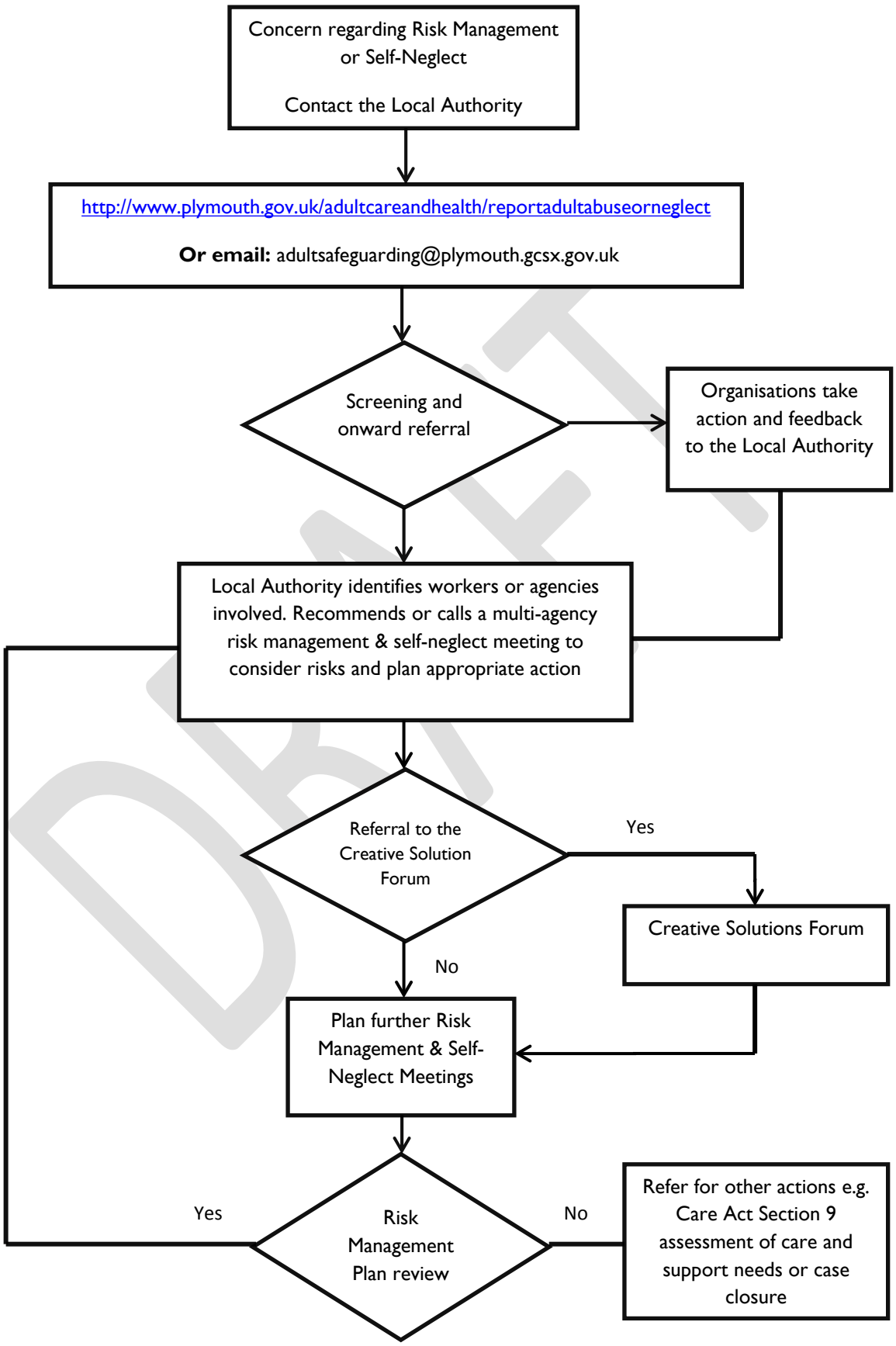
7. Risk Management & Self-Neglect Framework

The flowchart below will assist in making a request for a *Risk Management Meeting* or make a referral to the *Creative Solutions Forum*.

Requests can be made either via the online safeguarding form: http://www.plymouth.gov.uk/adultcareandhealth/reportadultabuseorneglect or direct to the adultsafeguarding@plymouth.gcsx.gov.uk

Risk Management & Self-Neglect meeting requests or Creative Solutions Forum referrals will be reviewed during office hours (Monday to Friday).

If you wish to make an adult safeguarding referral please use: http://www.plymouth.gov.uk/adultcareandhealth/reportadultabuseorneglect or call Plymouth City Council (01752) 668000 (includes the Out of Hours service).


Concern regarding Risk Management or Self-Neglect
Contact the Local Authority
http://www.plymouth.gov.uk/adultcareandhealth/reportadultabuseorneglect
Or email: adultsafeguarding@plymouth.gcsx.gov.uk
Screening and onward referral
Organisations take action and feedback to the Local Authority
Local Authority identifies workers or agencies involved. Recommends or calls a multi-agency risk management & self-neglect meeting to consider risks and plan appropriate action
Referral to the Creative Solution Forum
Yes
Creative Solutions Forum
No
Plan further Risk Management & Self-Neglect Meetings
Risk Management Plan review
Yes
No
Refer for other actions e.g. Care Act Section 9 assessment of care and support needs or case closure

Appendix 1: Self- Neglect and Hoarding Threshold Tool

Self-Neglect and Hoarding Threshold Tool

Factors	Guidance			
1. The vulnerability of the person	**Level of Vulnerability**			• Does the person have capacity to make decisions with regard to care provision / housing etc? • Does the person have a diagnosed mental illness? • Does the person have support from family or friends? • Does the person accept care and treatment? • Does the person have insight into the problems they face?
2. Types	**Low risk**	**Moderate**	**High / Critical**	• Refer to the table overleaf. Types and Seriousness of Hoarding and self-neglect. Look at the relevant categories of hoarding and self-neglect and use your knowledge of the case and your professional judgement to gauge the seriousness of concern. • Incidents that might fall outside safeguarding adults procedures (Low Risk) could potentially be addressed via preventative measures such as engaging with the person, developing a rapport, supporting the person to address concerns, getting the person to engage with community activities and develop / repair relationships, access to health care and counselling • If a Social Worker or nurse is involved in the care report concerns to them as part of preventative measures. **This tool does not replace professional judgement and does not aim to set a rigid threshold for intervention. Note professional decision making reflects the fact that the type & seriousness of hoarding and self-neglect may fall within the low risk threshold, other factors may make the issue more serious and therefore warrant progression via safeguarding procedures.**
Self Neglect				
Hoarding Property				
Hoarding household functions				
Hoarding Health and safety				
Hoarding Safeguarding				
3. Level of self-neglect / hoarding (See clutter rating scale for Hoarding)	Low risk	Moderate risk	High risk	Determine if the hoarding / self-neglect is: • A fire risk? • Impacting on the person's wellbeing (Care Act 2014 definition)? • Preventing access to emergency services? • Affecting the person's ability to cook, clean and general hygiene? • Creating limited access to main areas of the house? • Is the person at increased risk of falls?
4. Background to hoarding / self-neglect	Low impact		Seriously affected	• Does the person have a disability that means that they cannot care for themselves? • Does the person have mental health issues and to what extent? • Has this been a long standing problem? • Does the person engage with services, support and guidance offered? • Are there social isolation issues?
5. Impact on others	No one else	Others	Others	Others may be affected by the self-neglect or hoarding. Determine if:

	affected	indirectly affected	directly affected	• Are there other vulnerable people (Children or adults) within the house affected by the persons hoarding / self-neglect? • Does the hoarding / self-neglect prevent the person from seeing family and friends? • Are there animals within the property that are not being appropriately cared for?
6. Reasonable suspicion of abuse	No suspicion	Indicators present	Reasonable suspicion	Determine if there is reason to suspect: • That the hoarding self-neglect is an indicator that the person may be being abused • The person may be targeted for abuse from local people • That a crime may be taking place • That the person is being neglected by someone else • That safeguarding is required
7. Legal frameworks	No current legal issues	Some minor legal issues not currently impacting	Serious legal issues	Try to determine whether: • The person is at risk of eviction, fines, non-payment issues • There is an environmental risk that requires action – Public health issues • There are safeguarding and animal welfare issues • Fire risks that are a danger to others

Self-Neglect and Hoarding Threshold Tool

Types and Seriousness	**Examples of concerns that do not require formal safeguarding procedures and can be dealt with by other systems e.g. Health / GP intervention, community engagement, counselling, developing a rapport. It is likely that only concerns in the second column need to be reported – Use professional judgement**	The Clutter Image Rating Scale CIR provides a direct reference point for identifying hoarding levels in homes. Examples below are likely to indicate the need for a referral for formal procedures. If there is any immediate danger of a crime or abuse to an individual evident, call 999 straight away and make a safeguarding referral..	
Level of Risk	**Minimal Risk**	**Moderate**	**High / Critical**

Self-Neglect	• Person is accepting support and services • Health care is being addressed • Person is not losing weight • Person accessing services to improve wellbeing • There are no carer issues • Person has access to social and community activities • Person is able to contribute to daily living activities • Personal hygiene is good	• Access to support services is limited • Health care and attendance at appointments is sporadic • Person is of low weight • Persons wellbeing is partially affected • Person has limited social interaction • Carers are not present • Person has limited access to social or community activities • Persons ability to contribute toward daily living activities is affected • Personal hygiene is becoming an issue	• The person refuses to engage with necessary services • Health care is poor and there is deterioration in health • Weight is reducing • Wellbeing is affected on a daily basis • Person is isolated from family and friends • Care is prevented or refused • The person does not engage with social or community activities • The person does not manage daily living activities • Hygiene is poor and causing skin problems • Aids and adaptations refused or not accessed
Clutter Image Rating	**CIR 1 - 2**	**CIR 3 - 4**	**CIR 5 - 9**
Hoarding - Property Characteristics	• Room(s) score between 1-2 on the clutter image rating • All entrances, exits, rooms, stairways, roof space and windows accessible • Smoke alarms correctly installed and functional or referrals made to fire brigade to visit and install. • All services functional and maintained in good working order. • Access to property via garden front/rear is fully accessible with no evidence of overgrowth or clutter • Garden is accessible, tidy and maintained	• Room(s) score between 3-4 on the clutter image rating • Entrances, exits, rooms, stairways and or windows partially obscured by items • Smoke alarms not installed or not functioning • Evidence of some indoor items stored outside • Evidence of light structural damage and or damp • Interior doors in poor condition • Water services is not fully functional • Access to property via front/rear garden is difficult due to presence of clutter • Evidence of moderate clutter outside property	• Room(s) score between 5-9 on the clutter image rating • Entrances, exits, rooms, stairways and or windows severely obscured by items • Evidence of extreme clutter seen through windows • Smoke alarms not installed or not functioning • Evidence of multiple indoor items stored outside • Evidence of notable structural damage or outstanding repairs and or heavy damp • Interior doors missing or blocked open • Gas, electricity services damaged, not functioning properly or poorly maintained • Access to property via front/rear garden not possible due to excessive overgrowth or presence of clutter • Evidence of extreme clutter outside property • Property lacks ventilation due to clutter

Clutter Image Rating	**CIR 1 - 2**	**CIR 3 - 4**	**CIR 5 - 9**
Hoarding – Household Characteristics	• No excessive clutter, all rooms can be safely used for their intended purpose. • All rooms are rated 1-2 on the Clutter Image Rating Scale • No additional unused household appliances appear in unusual locations around the property • Property is maintained within terms of any lease or tenancy agreements where appropriate • Property is not at risk of action by Environmental Health	• Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose • Clutter is causing congestion between the rooms, entrances and on stairways • Inconsistent levels of housekeeping throughout the property • Some household appliances are not functioning properly and there may be additional units in unusual places • Property is not maintained within terms of lease or tenancy agreement where applicable • Evidence of outdoor items being stored inside	• Clutter is severely obstructing the living spaces and is preventing use of the rooms for their intended purpose • Beds are inaccessible or unusable due to clutter or infestation • Entrances, hallways and stairways are blocked, very difficult or impossible to pass • Toilets, sinks not functioning or not in use • Unsafe cooking environment, household appliances are not functioning, unsafe or inaccessible • Resident is using candles • Evidence of poor smoking safety practices • No evidence of housekeeping being undertaken • Broken household items not discarded e.g. broken glass or plates • Property is not maintained within terms of lease or tenancy agreement where applicable and is at risk of notice being served by Environmental Health • Resident at risk due to living environment • Evidence of outdoor clutter being stored indoors
Clutter Image Rating	**CIR 1 - 2**	**CIR 3 - 4**	**CIR 5 - 9**
Hoarding – Health and Safety	• Property is clean with no odours, (pet or other) • No rotting food • No concerns regarding the use of candles	• Kitchen and bathroom are not kept clean • Offensive odour in the property • Resident is not maintaining safe cooking environment • Some concern with the quantity of medication,	• Concern for declining mental health Human urine and or excrement may be present • Excessive odour in the property, may also be evident from the outside • Rotting food may be present

	• No concern over flies • Residents managing personal care • No writing on the walls • Quantities of medication are within appropriate limits, in date and stored appropriately. • Personal protective equipment is not required	or its storage or expiry dates. • No rotting food • No concerning use of candles • Resident trying to manage personal care but struggling • No writing on the walls • Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.) • Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • Personal Protective Equipment required.	• Evidence may be seen of unclean, unused and or buried plates & dishes. • Broken household items not discarded e.g. broken glass or plates • Inappropriate quantities or storage of medication. • Pungent odour can be smelt inside the property and possibly from outside. • Concern with the integrity of the electrics • Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics. • Concern for declining mental health • Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.) • Visible rodent infestation
Hoarding – Safeguarding of Children, family members and / or animals	• No Concerns for household members	• Hoarding on clutter scale 3-4 doesn't automatically constitute a Safeguarding Alert • Please note all additional concerns for householders • Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert	• Hoarding on clutter scale 5-9 constitutes a Safeguarding Alert. • Please note all additional concerns for householders
RESPONSIBILITY	All workers to engage with the person, develop a rapport, supporting the person to address concerns, getting the person to engage with community activities and develop / repair relationships, access to health care and counselling, improve wellbeing – Preventative measures	Consideration for referral into safeguarding	Consideration for referral into safeguarding

Appendix 2: Clutter Image Scale

Scale can be access at: http://www.ihrhelp.com/

Appendix 3: Creative Solutions Forum

Terms of reference & referral form

Appendix 4: Further Information

Braye, S., Orr, D. and Preston-Shoot, M. (2014). *Self-Neglect Policy & Practice: Building an Evidence Base for Adult Social Care.* London: SCIE: http://www.scie.org.uk/publications/reports/69-self-neglect-policy-practice-building-an-evidence-base-for-adult-socia-care/

Braye, S., Orr, D. and Preston-Shoot, M. (2015). 'Learning lessons about self-neglect? An analysis of serious case reviews.' *Journal of Adult Protection.* 17, 1, 3-18.

Making Safeguarding Personal Toolkit on the Local Government Association (LGA) website
http://www.local.gov.uk/adult-social-care/-/journal_content/56/10180/6074789/ARTICLE

CREATIVE SOLUTIONS FORUM

Terms of Reference

OVERVIEW

Services and commissioners are seeing an increase in the numbers of people presenting with highly complex pictures of substance misuse and physical and psychiatric co-morbidities. In addition, changes in the Care Act requires a more integrated response to people with issues of self-neglect and who present risk to themselves or others. Accordingly, it is a strategic outcome for the Safeguarding Adult Board (SAB) to be assured that there are appropriate structures to consider these cases and construct multi-agency multi-disciplinary care plans. The SAB as part of the strategic plan (2015/16) established a sub-group to develop risk management and self-neglect policy and procedures following Serious Case Review findings and multi-agency learning.

Whilst many people are well served by current single agency and multi-agency working practices there is a small but increasing number that require a different, more creative approach involving many agencies and often commissioning responses too. The aim of the forum is to provide an additional multi-agency, multi-disciplinary response, including commissioners, which will agree bespoke packages of care, enable better risk sharing and risk management between agencies and facilitate better outcomes for people than could be achieved with a 'usual care' approach. In some exceptional cases the panel will consider people where an end of life pathway is under discussion to ensure every opportunity is explored before agreeing end of life care.

MEMBERSHIP – KEY AGENCIES & ORGANISATIONS

Core Membership – *to be confirmed and agreed*
Statutory Safeguarding representatives (Local Authority and CCG)
Harbour Substance Misuse services
Livewell Southwest Mental Health services
Plymouth Mental Health Network
Livewell Southwest Adult Social Care
PATH (BCHA) and Plymouth City Council Housing Services
Integrated Commissioning Team (PCC & CCG)
Safer Plymouth
Public Health
Plymouth Hospitals NHS Trust

Members must commit to the Creative Solutions Forum through regularly attendance and willingness to support the Forum to achieve its stated purpose.

ADDITIONAL REPRESENTATION

Where appropriate to the case under discussion, the Creative Solutions Forum will invite other key partners to attend meetings in relation to specific cases. For example SWAST, Police, Devon and Somerset Fire and Rescue Service, Community and Voluntary sector providers, Children's Services etc

PURPOSE

The Creative Solutions Forum has developed from the need to establish a way to support individuals, staff and agencies to understand and manage risk fluidly. The Risk Management & self-neglect working group have reviewed the previous VARM (Vulnerable Adult Risk Management) to become the Risk Management process however recognise this process has some limitations.

The Forum will work together in partnership to consider creative options for people with highly complex needs and presentations that require a multi-agency response and where other single or multi-agency processes have been exhausted. Typically this will include people with a combination of substance misuse and serious physical or psychiatric co-morbidities, people who are self-neglecting and people presenting high levels of risk to themselves and the community. It may also include people that are on an end of life pathway.

Eligibility for the panel is based on presenting need not on diagnosis or primary label, so any adult over 18 years that meets the criteria of a complex presentation that cannot be managed with a single agency response or the standard multi-agency response. It is not intended to replace "business as usual" social work or healthcare delivery but is reserved for cases with high complexity and high risk where a single agency approach is not adequate to meet need.

The Forum will provide a co-ordinated multi-agency response to need, where a range of professionals plan an integrated response together, sharing ownership of outcomes and jointly managing risk.

It is the aim of Forum for tailored packages of care to be created for the person. This will be a bespoke offer to meet their needs, which could include alternative care options, out of hour's activities, whole family therapeutic or behavioural support, support in the home and parent/carer support and planned inpatient services

The Creative Solutions Panel will also seek to identify gaps in provision to meet need which may be used to inform commissioning plans.

OUTCOME

To ensure that people with multiple risks, complex presentations and high risks are provided with the most appropriate support to meet their individual needs and are enabled to achieve positive outcomes.

OBJECTIVES

- To encourage creative partnerships between providers and commissioners that place the person at the centre of planning and share responsibility for risks and outcomes
- To explore the current packages of support in place for people with highly complex presentations, to examine their effectiveness and identify any gaps in provision
- To propose solution focused suggestions for further support, both by making use of current services and in some circumstances by commissioning new packages of care.
- To influence and inform the Commissioning Strategy for people with highly complex presentations
- To share and encourage the development of learning, good practice, knowledge and skills across the city in both community and targeted services. This will be disseminated to the Safeguarding Adult Board Members via the LOG (Lead Officer Group) Sub-group of the Board

FREQUENCY OF MEETINGS

Meetings will be held every month and chaired by the Independent Chair for Safeguarding. Case referrals forms will be circulated 1 week in advance of the panel to give members the opportunity to prepare and to allow time for additional members to be invited.

SECRETARIAT

For the purposes of the pilot, the Forum will receive administrative support from the PCC Adult Safeguarding Administrator.

REFERRAL

The aim is for a single high level document wherein the referrer provides a case summary, all relevant details, the main presenting issues and desired outcomes. Referrals will be accepted following evidence of discussion with the referrer's manager. The referring agency must attend to speak for their case.

The referral pathway:

1. Complete referral form and risk assessment (see attached documents)
2. Queries regarding the referral or risk management process please email the Adult Safeguarding mailbox for a response
3. Submit the referral and risk assessment to PCC Adult Safeguarding mailbox
4. PCC Adult Safeguarding will check the referral form and risk assessment has been completed, log the request, organise and communicate a date for the next available meeting
5. PCC Adult Safeguarding will publish an agenda, send referral and associated information to Forum members one week in advance of the meeting

CREATIVE SOLUTIONS FORUM

Meeting process:

1. A delegated Independent Chair leads the forum with the support of an administrator
2. Accountability for the individual person remains with the referring agency, however where the level of risk or complexity demands multi-agency intervention or escalation the Forum will identify appropriate actions, agencies or resources to reduce level of risk in the most appropriate way
3. Two/three referrals per monthly forum, ordinarily one hour each referral, the pilot forum will be reviewed after 3 months
4. The agency making the referral will present a case summary for no more than 15 minutes, followed by focused consideration of risk, options and solutions for 30 minutes, finally 15 minutes to conclude and agree actions with a review date
5. Consideration may be given where a referral may require more than 60 minutes to consider the issues effectively
6. At the beginning of each Forum meeting a short review/update of the previous months referrals can be made to monitor agreed outcomes

7. The Forum representatives or agencies agree to take responsibility for delegated actions and principally support the referring agency with managing risk
8. An action log will be kept for accountability and the purposes of review, circulated within 5 working days or sooner of the Forum
9. Referring agencies agree to return to a future Forum as appropriate to update on progress towards outcomes.
10. Throughout the pilot amendments to the format of the Forum can be proposed to the Chair for consideration

JOINT WORKING PROTOCOLS

Confidentiality

The business discussed in the Creative Solutions Panel is confidential in nature. As such all details will remain confidential and are only to be shared to those with a legitimate interest in an individual case.

Conflict of Interest

Some members of the group may have conflicts of interest that arise within their involvement on the Creative Solutions Panel. Conflicts of interest should be openly declared and revisited regularly. Where a clear conflict of interest arises, then it may be appropriate for members to withdraw from part of the meeting and come back after the relevant agenda item has been discussed.

Equality and Diversity Practice

The group recognise that people have individual needs and will work in a way which allows for individuality to be recognised and promoted.

REVIEW

The Terms of Reference is agreed for the purposes of the pilot (3 months) following this the ToR will be reviewed and amended as required.

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Plymouth	Creative Solutions Forum

PART 1 Referral Form (COMPLETED BY THE REFERRER)

Referrer:	
Referrer:	
Agency:	
Contact number:	
Email address:	
Your manager:	*Please Note: a referral to the Forum is made with the support and awareness of your manager/agency.*
Person concerned:	
Last name:	
First name:	
Date of birth:	
Current Address or confirm no fixed abode:	
Post Code:	
Telephone:	
GP name & contact details:	
Please provide a pen picture and summary of concerns: **Please continue on a separate sheet if required**	
Desired Outcome for the: • **Person** • **Referrer**	
Does this person currently have support? **i.e. Agency or Family/Friends** **If yes please provide details**	
What has already been considered or actions taken?	

DISCLOSURE:	
If the person is not present at the Forum, are they aware a meeting is taking place and information may be shared as part of Plymouth's multi-agency safeguarding policy?	*Please confirm*

ADULT SAFEGUARDING	
A referral to the Creative Solutions Forum is not a substitute for an Adult Safeguarding referral. **Call Plymouth City Council Customer Services 01752 668000 to make an Adult Safeguarding referral.**	**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***

PART 2 Risk Assessment (COMPLETED BY THE REFERRER)

1. Summary of risk?	
2. What are the specific risks?	1) 2) 3) etc
3. What is the person's own understanding of the risk(s)?	
4. Are there considerations in relation to the persons Mental Capacity?	
5. What support has been offered or attempted before?	
6. Where support has previously been declined, please note the reasons	
7. What is the evidence of risk?	
8. How often does the risk occur/recur?	
9. What existing factors increase the likelihood of risks occurring or recurring?	
10. What existing factors decrease the likelihood of risks occurring or recurring?	

Risk Rating – for each identified risk (noted 2 in above)

Rate the risk as it is now, according the likelihood and impact of its occurrence

	Rare	Unlikely	Likely	Highly likely	Almost certain
Catastrophic	**Moderate** ☐	**High** ☐	**Extreme** ☐	**Extreme** ☐	**Extreme** ☐
Major	**Moderate** ☐	**High** ☐	**High** ☐	**Extreme** ☐	**Extreme** ☐
Moderate	**Low** ☐	**Moderate** ☐	**High** ☐	**High** ☐	**Extreme** ☐
Minor	**Low** ☐	**Moderate** ☐	**Moderate** ☐	**High** ☐	**High** ☐
Negligible	**Low** ☐	**Low** ☐	**Low** ☐	**Moderate** ☐	**Moderate** ☐

Risk Rating – for each identified risk (noted 2 in above)

Rate the risk as it is now, according the likelihood and impact of its occurrence

	Rare	Unlikely	Likely	Highly likely	Almost certain
Catastrophic	**Moderate** ☐	**High** ☐	**Extreme** ☐	**Extreme** ☐	**Extreme** ☐
Major	**Moderate** ☐	**High** ☐	**High** ☐	**Extreme** ☐	**Extreme** ☐
Moderate	**Low** ☐	**Moderate** ☐	**High** ☐	**High** ☐	**Extreme** ☐
Minor	**Low** ☐	**Moderate** ☐	**Moderate** ☐	**High** ☐	**High** ☐
Negligible	**Low** ☐	**Low** ☐	**Low** ☐	**Moderate** ☐	**Moderate** ☐

Risk Rating – for each identified risk (noted 2 in above)

Rate the risk as it is now, according the likelihood and impact of its occurrence

	Rare	Unlikely	Likely	Highly likely	Almost certain
Catastrophic	**Moderate** ☐	**High** ☐	**Extreme** ☐	**Extreme** ☐	**Extreme** ☐
Major	**Moderate** ☐	**High** ☐	**High** ☐	**Extreme** ☐	**Extreme** ☐
Moderate	**Low** ☐	**Moderate** ☐	**High** ☐	**High** ☐	**Extreme** ☐
Minor	**Low** ☐	**Moderate** ☐	**Moderate** ☐	**High** ☐	**High** ☐
Negligible	**Low** ☐	**Low** ☐	**Low** ☐	**Moderate** ☐	**Moderate** ☐

Risk Rating – Overall summary of risk

Rate the risk as it is now, according the likelihood and impact of its occurrence

	Rare	Unlikely	Likely	Highly likely	Almost certain
Catastrophic	**Moderate** ☐	**High** ☐	**Extreme** ☐	**Extreme** ☐	**Extreme** ☐
Major	**Moderate** ☐	**High** ☐	**High** ☐	**Extreme** ☐	**Extreme** ☐
Moderate	**Low** ☐	**Moderate** ☐	**High** ☐	**High** ☐	**Extreme** ☐
Minor	**Low** ☐	**Moderate** ☐	**Moderate** ☐	**High** ☐	**High** ☐
Negligible	**Low** ☐	**Low** ☐	**Low** ☐	**Moderate** ☐	**Moderate** ☐

PART 2 Risk Management Plan (COMPLETED AT THE FORUM)

	Risk Management Plan Actions	Person responsible	Completion Date
1			
2			
3			
4			
5			
6			
7			
8			

Risk Management Plan Risk Rating

Taking into account the Risk Management Plan, rate the risk again according to the likelihood and impact of its occurrence.

Identified Risk:

	Rare	Unlikely	Likely	Highly likely	Almost certain
Catastrophic	Moderate ☐	High ☐	Extreme ☐	Extreme ☐	Extreme ☐
Major	Moderate ☐	High ☐	High ☐	Extreme ☐	Extreme ☐
Moderate	Low ☐	Moderate ☐	High ☐	High ☐	Extreme ☐
Minor	Low ☐	Moderate ☐	Moderate ☐	High ☐	High ☐
Negligible	Low ☐	Low ☐	Low ☐	Moderate ☐	Moderate ☐

Additional Comments/Notes:

Review Plan	
Milestone dates:	
Date of next review:	
Comments:	

Risk Management Plan Agreement	
Name(s) of agencies/persons responsible for actions recorded on the plan:	
Forum Date:	
Creative Solutions Forum Chair:	

The following relates to exempt or confidential matters (Para(s) 3 of Part 1, Schedule 12A of the Local Govt Act 1972). Any breach of confidentiality could prejudice the Council/person/body concerned & might amount to a breach of the councillors /employees codes of conduct.

Document is Restricted

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SAFEGUARDING MANAGER'S REPORT

Plymouth Safeguarding Adults Board February 2017

1. PSAB EXECUTIVE GROUP HIGHLIGHTS:

The group last met 15 December, and the agenda included:

Sub Group Updates:

LOG:

- Learning & Development strategy: PSAB agenda item
- Risk Management and Self Neglect group: PSAB agenda item

SAR: two case reviews continue. PSAB agenda items

Engagement and Participation strategy: Work by Healthwatch has begun and there will be regular updates provided to the Executive group, with the first formal update to PSAB in April.

SAB Communication Plan: Discussion around the need for support to deliver plan due to PCC Communication Officer on maternity leave from February. Request to go out to agencies for support from their communications teams. *Update: we have received nominations from Livewell, PHNT, CCG and police and work has begun to establish a virtual group to take this work forward with PCC comms*

Quality Assurance and Performance: Geoff Baines is leading on this work and has met with Rob Sowden regarding available data. A first cut will be available at the end of January 17, and an update provided for PSAB in February.

SAB Strategic Plan 2016 -19 tracking

- Risk Management and Self Neglect:
    - Creative Solutions Forum continues successfully
    - Policy sub group work concluded
    - Policy for sign off at February SAB
    - Circulation strategy in planning
- Mental Health: On track to receive regular assurance and updates from CCG
- Engagement and Participation: Healthwatch contract agreed and work to begin early December. First report to PSAB due April 2017
- Quality assurance: PSAB agenda item
- Learning and Development Strategy: PSAB agenda item
- SAB management arrangements
    - Links being explored to HWB and Safer Plymouth
    - Comms strategy under development
    - Member appraisal tool for PSAB & PSCB in discussion

Budget update

- Discussion took place regarding the training budget and whether things could be done differently. To look at how other Boards provide and fund training. Request made for a breakdown of the £33,000 spend for training.
- Agreed budget updates to be provided to each Executive meeting and twice yearly, in April and November, to SAB.

National/regional updates: Update received on development of the Regional SAB Independent Chair's network

Regional Thematic Review of SCR/SARS

ADDAS have provisionally commissioned Michael Preston-Shoot to complete this piece of work through the Regional Safeguarding Leads Group. ADDAS has provided some funding but there may be a short fall which would be £300 -£400 per Board. PSAB has fed back on the proposed ToR for the review and willingness to consider contributing to a funding shortfall. Discussions continue.

Development Day

We need feedback on the development day in November 16, and to look at a date and venue for a Development Day November 17.

2. MODERN SLAVERY AGENDA:

Home Office National Referral Mechanism Review Pilot:

PCC have been thanked by the Home Office for engagement with the SW Region pilot, which is due to end 31.3.17. From 01.01.17, the pilot stopped taking new cases, to allow the case management unit and the multi-disciplinary panels to work through the existing case load before the pilot concludes.

Following conclusion at the end of March, the evaluation will be completed and learning from this will inform evidence presented to Ministers. Once Ministers have made a decision on the future of the NRM, the Home Office will complete the work on the Statutory Guidance.

Anti-Slavery Partnerships (ASPs):

For the regional group, regular meetings and profiling continue, and multi-agency training and public awareness raising events are in planning.

The Plymouth Modern Slavery Profiling Group has expanded to now include: the Police, CSP, Adult & Children's safeguarding, Fire Service, Border Agency, Immigration, Housing, Trading Standards, Environmental Health, local authority licensing, emergency planning.

A decision has been taken recently by the Safer Plymouth strategic partnership for it to be incorporated as a sub-group, ensuring a strategic multi-agency buy-in to the agenda. The group has a revised Terms of Reference, and its current aims, to support the work of the regional group, include:

- Undertaking a more detailed geographic mapping of the city in terms of residential and commercial premises that are known, suspected, or have the potential to be at risk from

Modern Slavery. This will include police and partner information and used as a basis for driving future site visits and preventative or intelligence activity.

- Mapping the local city stakeholders who are able to support future prevention or enforcement activity.
- Developing guidance / checklist for staff across all partner agencies to assist in identifying cases of Modern Slavery
- Developing local guidance for incident managers to ensure suspected slavery exploitation cases are properly escalated through the partnership to ensure the best outcome for victims.
- Developing a working information protocol to assist in reducing unnecessary bureaucracy.
- Considering any awareness and training issues across the city

On 12 December, PCC hosted training by the leading charity Unseen to 25 delegates from a variety of agencies. These included safeguarding partners, PCC Night Time Economy and CCTV centre staff, representatives from housing agencies, letting agencies and private landlords association, VCS support and advice agencies, harbour, ferry company and coach station staff, and street pastors.

A larger half day event on 14 March is now in planning to raise awareness further; speakers to include police leads, National Crime Agency and Unseen. Please send expressions of interest in places, or any contacts in other sectors or agancies to mel.hayward@plymouth.gcsx.gov.uk

Anti-Slavery Commissioner's engagement with local authorities:
In November we were contacted by the Commissioner to request internal awareness raising of the resources available on their website: http://www.antislaverycommissioner.co.uk/ , including legislation, training materials, guidance and information on our duty to notify under the Modern Slavery Act 2015. They have developed a short video for local authority staff, informing on indicators of modern slavery, signs to look out for and the correct course of action. In response, we have worked with our HR & OD colleagues to include the information in new starters' induction and with Corporate Communications colleagues to plan circulation across the Council, including 'harder to reach' staff.

Human Trafficking guidance for the hotel industry:

COMBAT, a co-operative research group led by Oxford Brookes University and funded with support from the European Commission, has produced a guide ' Trafficking in Human Beings in the Hotel Industry'. With our Trading Standards & Health Improvement team colleagues we have arranged for this to be circulated by email all the hotels, guest houses and B&B's on our database, and to the Chamber of Commerce.

National Crime Agency (NCA) - County Lines, Gangs, and Safeguarding

This intelligence assessment is a current focus of the Home Office, as a strand of the cross-government Ending Gang Violence and Exploitation strategy. 'County Lines' is the growing practice of gangs to exploit vulnerable children and adults at risk of abuse (including those with mental illness or learning disabilities) in order to facilitate the running of street level drug dealing and to spread their networks out across the country from London and other large conurbations. Whilst much of the activity will concern policing, the action plan will also address what needs to be done to raise awareness and develop resilience across key sectors – which include the Health sector including

mental health services, adult safeguarding, emergency departments and sexual health clinics. The NCA has issued its second assessment of County Lines, published on 17 November:

http://www.nationalcrimeagency.gov.uk/publications/753-county-lines-gang-violence-exploitation-and-drug-supply-2016/file. In line with their request we are in the process of disseminating the information as widely as possible through our networks.