

# **SAFEGUARDING MANAGER'S REPORT**

## **to Plymouth Safeguarding Adults Board April 2015**



### **LGA Peer Challenge See Appendix 3**

Following the report to the Board in January, we had an opportunity to identify points from the draft LGA report for discussion with the Challenge Co-ordinator, led by the Strategic Director for People. This led to a revised final report and action plan, and we agreed to report on this to PSAB and upload the documents on our website, providing the links to the LGA to use as examples to other Local Authorities.

### **Health and Social Care Integration**

From 1 April 2015 adult social care services are being provided by Plymouth Community Healthcare. This forms part of a move to integrate health and social care services in the city.

Feedback from the public has frequently been that they want health and social care services to work in a more joined up way. Historically services have been seen as disjointed, with a perception of people being passed back and forth between the different organisations.

In March 2015, the Council's Cabinet and the Governing Body of Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) approved the move to join up their health and social care services and as a result from 1 April 2015 they have pooled their resources.

This will help improve the experiences and outcomes for people, deliver better value for money and ensure people get the right care at the right time in the right place, regardless of who may be providing the care. The approval, which includes the pooling of their budgets, is set to radically transform the way health and social care services are planned, purchased and delivered in the future.

The final integration date was concurrent with the Care Act coming into force and with regard to adult safeguarding we have developed a system under which the Local Authority fulfils its statutory obligations including threshold decisions, making or causing others to make enquiries and scrutinising process, decision making and protection planning.

Accordingly we have expanded our weekly Overview meeting and it is attended by PCC safeguarding and QAIT staff, adult social care, police, CCG, and community health clinical staff. The aim is to share information, discuss providers or individuals of concern, and hold an overview of process and risk across the City.

### **Human Trafficking and Modern Slavery**

Following a review of the Nation Referral Mechanism, which looked into decision-making processes and whether they provide an effective and efficient means of protecting potential victims of trafficking, the Home Office Modern Slavery Unit has identified the South West region and West Yorkshire to launch pilot schemes which will specifically test three core recommendations of the review: the introduction of Slavery Safeguarding Leads, the establishment of a central case management unit, and the establishment of multi-disciplinary panels. The areas were chosen due to the number and type of referrals received, and established and effective links with the police and non-governmental organisations. We are in contact with the HO Head of Victim Identification, Protection and Support and will report to SAB on future developments.

## **PSAB, PCC & UoP Conference: 'Adult Safeguarding – Changes, Challenges and Opportunities' June 12<sup>th</sup> 2015**

Demand for places for the conference has been high and national, and we are oversubscribed. We are now in the process of asking for attendance confirmation in order to allocate places as fairly as possible.

### **Care Act**

#### **i) Designated Adult Safeguarding Managers. See Appendix I**

We have emailed the various board member organisations to request information on nominated individuals in order to compile a list and inform discussions on developing a DASM network as suggested in the Care and Support Statutory Guidance. We have the nominations from the statutory agencies and await confirmation from associate board member organisations.

Recent DoH information circulated through the Independent Chairs network referred to “the recent discussions about the proposed Designated Adult Safeguarding Manager role in Chapter 14 of the Care Act statutory guidance. As part of the planned (Summer) update to the statutory guidance we will consider possible clarifications and revisions to the guidance on the role and functions of the Designated Adult Safeguarding Manager required by each member of the Safeguarding Adult Board. We will do this in discussion with stakeholders. Any planned update would be subject to the views of Ministers, post-election.”

#### **ii) Making Safeguarding Personal**

In line with previous presentations to SAB, MSP is established as key to the principles of adult safeguarding in the Care Act, and we will be consulting partners on the development of a working group and training and information to ensure that multi-agency processes and organisational approach across agencies reflect the need for them to be person-led and outcome-focused.

### **Plymouth Adult User Safeguarding Executive (PAUSE) group update**

1. To raise an awareness of the group and encourage wider membership they have reached out to various organisations' coffee mornings with an offer to provide information and hold a quiz on safeguarding. They are currently in contact with Age UK Plymstock, the MS Society, Ridleys, the Carers Hub, the Hearing and Sight Centre, and the Befriending Service.
2. The group are still concerned about potential difficulties in making an alert and the fact that there is no dedicated number.
3. They are very pleased that Andy Bickley will be attending their meeting on the 22nd April. Future meetings are 24/6 and 12/8.
4. They are making links with the Plymouth Octopus Project, and have identified a PAUSE liaison member. POP is a Plymouth City Council commissioned organisation which aims to:
  - Create networks so Voluntary and Community Sector groups can work together
  - Manage these so that the VCS can influence policy, planning and delivery of PCC services
  - Help the VCS be engaged with the Transformation agenda in PCC on changing services
  - Enable VCS and the community to design and produce services with Cooperative Commissioning

5. Group discussed setting up a Facebook page, but recognise the need to consider legalities, controls, data protection issues etc.
6. They are discussing setting up a formal constitution for PAUSE.
7. Those who attended the recent Financial Abuse training delivered by PCC and Devon & Cornwall Police found it very useful and the group have requested places on the next session planned for July.
8. To raise public awareness of the group, they are arranging to have a stall at the Derriford Hospital open day at the end of September.
9. The groups facilitator's hours have been contractually reduced, but she will monitor the effect, plan for future requirements and report accordingly.

## **Multi-agency escalation policy for notification – see Appendix 2**

### **Safeguarding Training update**

We have now collated our end of year training figures and can compare against previous years:

Year to April 2011: 1,157

2012: 1,116

2013: 1,769

2014: 2,119

2015: 2,548

The Alerter's, Practitioner's and Registered Manager's training is largely attended by Adult Social Care, Police and VCS with the larger health providers delivering their own due to staff numbers. This year we rolled it out across PCC People Directorate to all public facing staff, and are now in planning to extend level relevant training or information to all council staff.

In response to the March 2015 Jay Report into Child Sexual Exploitation in Rotherham, in conjunction with PSCB we are arranging to provide level relevant Child and Adult safeguarding training to the City's taxi drivers with a view to making this part of their induction. Training will also be provided to the Taxi Licensing Committee members.

In February we joined with Devon & Cornwall Police to deliver their Financial Abuse training, which is being rolled out across the South West Peninsula, putting on two sessions for multi-agency frontline staff and one for VCS groups and care providers. All were well received and due to demand we have arranged to deliver another VCS/care providers session in July.

For the second year, and now established annually, we joined with the PSCB to deliver joint Children and Adult Safeguarding training to Councillors and Cabinet Members. Again this was well received, recognised in the Peer Challenge feedback, and is now part of the New Members Toolkit.

## **Appendix I: from the DH Care and Support Statutory Guidance issued under The Care Act 2014**

### **Designated Adult Safeguarding Manager**

14.175. Each SAB should establish and agree a framework and process for any organisation under the umbrella of the SAB to respond to allegations and issues of concern that are raised about a person who may have harmed or who may pose a risk to adults. The framework should have clear recording and information-sharing guidance and explicit timescales for action and be mindful of the need to preserve evidence. This will be whether the allegation or concern is current or historical.

14.176. Each member of the SAB should have a Designated Adult Safeguarding Manager (DASM) responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid. DASMs should keep in regular contact with their counterparts in partner organisations. They should also have a role in highlighting the extent to which their own organisation prevents abuse and neglect taking place.

14.177. The DASM should provide advice and guidance within their organisation, liaising with other agencies as necessary. The DASM should monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

14.178. The DASMs will work with care and support providers and other service providers e.g. housing and NHS trusts to ensure that referral of individual employees to the DBS and, or, Regulatory Bodies (e.g. CQC, HCPC, GMC, NMC) are made promptly and appropriately and that any supporting evidence required is made available.

14.179. The DASMs will ensure that systems are in place to provide the employee with support and regular updates in respect of the adult safeguarding investigation. Particular care must be taken to not breach the right to a fair trial in Article Six of the European Convention on Human Rights as incorporated by the Human Rights Act 1998.

14.180. DASMs should ensure that appropriate recording systems are in place that provide clear audit trails about decision-making and recommendations in all processes relating to the management of adult safeguarding allegations against the person alleged to have caused the harm or risk of harm and ensure the control of information in respect of individual cases is in accordance with accepted Data Protection and Confidentiality requirements.

14.181. The local authority DASM will need to work closely with the children's services Local Authority Designated Officer (LADO) and other DASMs and LADOs for both adults and children in the region or nationally to ensure sharing of information and development of best practice.

14.182. There may be times when a person is working with adults and their behaviour towards a child or children may impact on their suitability to work with or continue to work with adults at risk. This may be referred to the DASM from a LADO, if it is not, then information should be shared with the LADO. Each situation will be risk assessed individually.

14.183. There may also be times when a person's conduct towards an adult may impact on their suitability to work with or continue to work with children. All these situations must be referred to the LADO.

14.184. Unless it puts the adult at risk or child in danger, the individual should be informed that the information regarding the allegation against them will be shared. Responsibility lies with the person receiving the information to obtain the consent of the individual to share information. The person with the allegation against them should be offered a right to reply, wherever possible seek their consent to share, and be informed what information will be shared, how and who with. Each case must be assessed individually as there may be rare cases where informing the person about details of the allegations may increase the risks to the adult or child.

14.185. Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision-making should always be recorded.

14.186. When sharing information about adults, children and young people at risk between agencies it should only be shared:

- where relevant and necessary, not simply all the information held;
- with the relevant people who need all or some of the information; and
- when there is a specific need for the information to be shared at that time.

## **Appendix 2 - Draft Escalation procedure**

This is a guide about how to resolve professional disagreements relating to the safety of adults at risk and escalate concerns that you may have if you feel that issues are not being dealt with satisfactorily.

### **Introduction**

Occasionally situations arise when workers in one agency feel that the decision made by a worker from another agency regarding safeguarding an adult at risk is not a safe decision.

Effective working together depends on an open approach and honest relationships between agencies.

All workers should feel able to challenge decision-making and to see this as their right and responsibility in order to promote the best multi-agency safeguarding practice.

This policy provides workers with the means to raise concerns they have about decisions made by professionals from other agencies. It aims to:

- avoid professional disputes that put adults at additional risk or obscure the focus on the adult at risk
- resolve the difficulties between agencies quickly and openly

This procedure is not a forum for complaints about professional conduct.

If a disagreement arises within one organisation, internal procedures should be followed and the worker may consider using their agency's whistle-blowing process.

### **Safety of the Adult at Risk**

The safety of the adult at risk, and the person's preferred outcomes should be the primary considerations in any professional disagreement. Disagreements should be resolved as speedily as possible and at the lowest possible stage in the process. Steps must be taken, with the adult at risk to ensure their safety and welfare whilst discussions take place. If an adult is at risk of immediate harm or where delay could cause further harm to the adult, it may be appropriate to initiate the process at a higher stage.

### **Examples**

This procedure may be appropriate in the following situations:

- Whether an alert should lead to a safeguarding enquiry at the screening stage.
- Whether the police should take action in relation to a safeguarding referral
- Who is the most appropriate professional to lead on a safeguarding enquiry
- Whether an agency has taken sufficient action following a safeguarding enquiry

### **Stages of the procedure**

Stage 1: Professionals involved

Initial attempts should be taken to resolve the disagreement between the professionals involved. Differences in status and/or experience may affect the confidence of some workers to pursue this unsupported. It may be useful for individuals to debrief with their line manager following some disputes in order to promote continuing good working relationships.

If the process needs to progress to a higher stage, it is important that the professionals involved are included in discussions at each stage of the process. They will be able to provide detail around the issues, information about the person's preferred outcomes and will know the person well enough to ensure well-informed discussions take place.

### Stage 2 Line Managers

If the disagreement cannot be resolved at stage one, the professionals should consult a line manager within their own agency to clarify their thinking in order to specify what the disagreement is about and what they aim to achieve through the escalation procedure.

The line manager should raise the concerns and attempt to resolve the disagreement with the equivalent supervisor/manager in the other agency. The line manager should also confirm that steps have been taken to ensure the safety of the adult whilst discussions take place.

At stage 2, the line manager involved should notify the safeguarding lead within their organisation of the dispute and of the outcome, regardless of whether the dispute needs to progress to stage 3.

### Stage 3 Organisational Safeguarding leads

If the disagreement is not resolved at stage 2, the line managers should request that their respective safeguarding leads attempt to resolve the professional disagreement. It is important that the professionals involved in the original disagreement are included in discussions. They will be able to provide detail around the issues, information about the person's preferred outcomes and will know the person well enough to ensure well-informed discussions take place.

The safeguarding leads should confirm that steps have been taken to ensure the safety of the adult whilst discussions take place. It may be helpful to convene a multi-agency safeguarding meeting or best interest meeting to review risks to the individual and ensure an interim protection plan is in place.

At stage 3, the safeguarding leads in the organisations involved should notify the safeguarding lead within their commissioning organisation of the dispute.

### Stage 4 Safeguarding Board Representatives

If the disagreement is not resolved at stage 3, the matter should be referred to the agencies' nominated Safeguarding Board representatives. They should agree a resolution with their colleagues at Board level.

Board representatives must be mindful of the need to resolve disagreements as speedily as possible, ensuring that the safety of the adult at risk is the primary consideration.

### **Recording and Communicating decisions**

At all stages of the process actions and decisions must be recorded in writing and shared with relevant professionals, including professionals involved in the original disagreement. There should be written confirmation between the parties about the agreed outcome and how any outstanding issues will be pursued.