



Plymouth Safeguarding Adults Board

TERMS OF REFERENCE 2015/16

Purpose

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

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

Main functions:

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

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

Structure

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

Meetings

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

Quorum

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

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

Membership

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

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

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

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

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

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

Independent

Chair: Andy Bickley

Vice Chair:

Plymouth City Council (PCC) Strategic Director for People

Membership:

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

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

Involvement of Other Agencies and Groups

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

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

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

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

Governance Arrangements

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

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

These Terms of Reference will be reviewed on an annual basis.

Review Date: July 2016

Safeguarding Adults Boards

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

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

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

14.107. A SAB has three core duties:

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

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

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

14.110. Each Safeguarding Adults Board should:

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

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

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

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

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

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

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

Membership of Safeguarding Adults Boards

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

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

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

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

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

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

14.119. Partnerships may include:

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

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

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

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

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

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

SAB strategic plans

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

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

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

SAB annual reports

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

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

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

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

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

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

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

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

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

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

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

Safeguarding adults reviews (SARs)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Links with other reviews

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

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

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

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

Findings from SARs

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

14.149. SAR reports should:

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