



# Safeguarding Adults Review

CASE Mr AA

Multi Agency Action Plan

Norfolk Safeguarding Adults Board  
28-10-2015

## Safeguarding Adults Review CASE Mr AA – Multi Agency Action Plan – FINAL

**13.1** SAB to ensure that partners work together with adults who self-neglect to minimize the risk of harm and respond in a timely and proportionate way if the risk escalates.

**13.2** SABs to ensure that all partners raise the awareness and understanding of all partner organisations' staff who work with people that self-neglect so that flexible, person-centred and creative approaches are encouraged and supported to nurture self-care.

### NSAB Strategic Response: What difference do we expect to see?

- Greater awareness of Self-neglect by professionals from partner agencies, to a level comparable to awareness of neglect and abuse generally.
- Evidence from case practice that workers know how to respond to SN when identified or suspected, and how to refer for appropriate support.

ACTIONS	Evidence	Owner	Timescales	Complete
1) Establish a Self-neglect and Hoarding (SNH) Task and Finish Group to deliver a SNH strategy, to include how by sharing information agencies can more effectively identify high risk SNH cases and develop appropriate responses across agencies.	Strategy completed and signed off by Safeguarding Adults Board	SAB Manager / Housing Sub Grp Chair	April 2016	
2) Dissemination of best practice guide to partner agencies	Formal launch of strategy via the Locality Safeguarding Adults Partnerships (LSAPs) seminars  Board partners to disseminate SNH strategy and protocol/Best Practice Guide within their organisations	SAB Manager / LSAP Chairs  LIP / Risk & Performance Sub Group	June 2016  January 2017	

	<p>After six months of launch a sample audit (via policy and training content) will be used to test use SNH strategy</p> <p>Inclusion of SNH within the awareness week 2016</p>	Chair of Communication Sub Grp	Autumn 2016	
3) Norfolk and Suffolk SABs to work together to develop a joint approach to the management of high risk cases and the auditing of outcomes	Norfolk and Suffolk SABs to sign off joint approach to SNH and ensure themselves of its plans for implementation	SAB Chairs	June 2016	

**13.3** SAB and partners to work with citizens, local businesses and community facilities to raise the awareness of safeguarding adults, particularly hate crime and financial abuse and engender a shared responsibility for prevention within the community.

**NSAB Strategic Response: What difference do we expect to see?**

- More material readily accessible to members of the community in commonly used mediums to bring these issues to the fore
- Evidence from greater community awareness of these risks and evidence of greater referrals from the community for these concerns .

ACTIONS	Evidence	Owner	Timescales	Complete
1) To devise and implement a publicity campaign to make readily accessible material available to the community on issues of abuse and harm (including hate crime and bullying towards people who have care and support needs and who may be at risk of abuse or neglect).	<p>Publicity published and available via all appropriate channels including the business community</p> <p>Delivery of safeguarding adult awareness week 2016</p>	SAB Manager Coms Sub Grp / LSAPS / LD service leads for local authority	Autumn 2016	

**13.4** SAB and partners to take specific steps to strengthen the important role of family and loved ones and where appropriate involve them in planning a person’s care, recognizing that when a person has mental capacity that they have the right to make what might be considered unwise decisions.

**NSAB Strategic Response: What difference do we expect to see?**

- A culture of greater involvement of family and the close community around individuals, where appropriate in accordance with wishes of the individual, to support the care of individuals with mental health needs

ACTIONS	Evidence	Owner	Timescales	Complete
1) To ensure statutory agencies and their providers have a process which, where appropriate encourages the involvement of the family and loved ones in a person’s care and agencies to ensure NSAB that appropriate processes are used	<p>Publication of a shared concordat across statutory agencies and their providers agencies which articulates these in care planning processes and care delivery</p> <p>Evidence for processes and outcome of internal audit</p>	<p>Designated Adult Safeguarding Managers (DASMS)</p> <p>Safeguarding Adults Leads in the statutory agencies / NSAB LIP</p>	Sept 2016	
2) Norfolk Safeguarding Adults Board (NSAB) Chair to engage the relevant regulatory bodies to ensure they can continue to influence a culture of greater involvement of family members and other significant others in care planning through their regulatory responsibilities	Letter and/or diaries NSAB Chair meetings with representatives from the regulatory bodies	NSAB Chair	January 2016	

**13.5** Senior leaders and their organisations when considering proposals for organizational change or reduction of services, take into account the impacts on safeguarding and in the spirit of openness and transparency share concerns with the partnership so that a partnership approach can be taken to minimizing potential risks.

**NSAB Strategic Response: What difference do we expect to see?**

- Greater awareness across agencies when necessary changes may be taking place, the potential impact of these on adults at risk or harm and abuse , and how these will be managed

ACTIONS	Evidence	Owner	Timescales	Complete
1) NSAB will require assurance that when statutory agencies are making decisions on organisational change concerning front line services, including in respect of commissioned services, that they demonstrate they have assessed the impact on quality of service in particular safeguarding adults at risk of harm and abuse, and also that they have shared shared information that may assist in managing the impact with Board partners.	Such information concerning organisational changes brought about for the financial year 2016 onwards shared with the board in a summary report in advance of the changes being implemented.	Chief Officers of each Board Partner.	April 2016	

**13.6 SABs to Agree a joint approach to the assessment and management of risk to vulnerable adults across agencies that identifies the circumstances in which there is the need for a structured partnership approach, clarifies the roles of agencies and professionals and identifies a lead professional. This may be through use of the CPA, or by other agreed means if CPA is not appropriate.**

**NSAB Strategic Response: What difference do we expect to see?**

- **These recommendations embedded as best practice within partner agencies.**

ACTIONS	Evidence	Owner	Timescales	Complete
1) Agree with Board partners the terms of reference for a time limited task and finish group to produce a joint approach to the assessment and management of risk across agencies.	Reports to Board as a standing item to ensure oversight and progress.	NSAB Manager and Chair	On-going until concluded	
2) The group to report on progress to each subsequent meeting of the Board, until the Board is satisfied that the work has reached a conclusion.	Reports to Board as a standing item to ensure oversight and progress.	NSAB Manager and Chair	On-going until concluded	

**13.7** SABs to ensure mechanisms are built in to assure the quality of care assessment and decision making across partner agencies. In line with national guidance, when a decision is made to discharge someone from CPA there should be:

- An appropriate review and handover (eg to the lead professional of GP)
- An exchange of appropriate information with all concerned, including carers
- Plans for review, support and follow up, as appropriate
- A clear statement about the action to take, and who to contact, in the event of relapse or change with a potential negative impact on that person's well-being.

**NSAB Strategic Response: What difference do we expect to see?**

- Discharge and handover carried out across agencies in a safe way that promotes the welfare of the individual

ACTIONS	Evidence	Owner	Timescales	Complete
1) Applicable NHS agencies to consider any revisions to their policies and procedures necessary to include the principles in this recommendation. Each such agency to carry out a programme of dissemination of any revisions to its procedures with relevant staff	NHS agencies revisions to policies and procedures completed. Ten random case audits six months after revisions completed to confirm these principles are being followed in all cases audited	Applicable NHS agencies Safeguarding Lead	June 2016	

**13.8** SABs to challenge, improve and promote a shared agreement and mechanisms (eg health passport) to improve communication and information sharing within and across agencies so that information is accurate, timely and well informed, to ensure a person's safety and wellbeing. This to specifically include that a person's relevant history follows them through their passage of care so that each professional or clinician has the correct information to make informed decisions critical to their wellbeing.

**NSAB Strategic Response: What difference do we expect to see?**

- When an individual's care transfers across partners, it becomes normal practice, and an expectation, for their relevant history to be immediately available with them

ACTIONS	Evidence	Owner	Timescales	Complete
1) NSFT to implement a single information management system accessible across its organisation.	System implemented and available to all staff	NSFT Safeguarding Lead	September 2015	
2) NSAB Chair to report to NHS England and the Department of Health the issues identified (information sharing within and across agencies) and the need for a national solution to these issues.	Letter sent and acknowledged	NSAB Chair	December 2015	
3) Board Partners to work together to initially identify ways that improved information sharing of relevant patient / individuals can be implemented and report to the SAB	Report to the Board	NSAB Manager and Business Group Chair	April 2016	
4) The identified ways of improving patient information sharing are implemented across agencies.	Significant improvement in the availability of information for practitioner	Board Partner representatives	October 2016	

**13.9 SABs to consider how information and intelligence that in its own right may not be cause for concern is brought together so that cumulative risk can be identified and acted on, to safeguard vulnerable adults.**

**NSAB Strategic Response: What difference do we expect to see?**

- Agencies with core responsibility for MH safeguarding (for example, NCC and NSFT) are able to see a 'single' view of the needs of the individual when deciding safeguarding action.

ACTIONS	Evidence	Owner	Timescales	Complete
1) To identify the wider list agencies (both statutory and non-statutory agencies and other bodies) who may be able to provide information from contact with adults with care and support needs, that builds such a cumulative view.	Report to the NSAB business group, with the support of the LSAP's.	NSAB Manager and Business Group Chair	March 2016	
2) To devise a communications strategy for Board Partners to work with such agencies and other bodies, to promote understanding and appropriate communication to support the safeguarding of adults with care and support needs.	Report to NSAB to agree strategy	NSAB Comms Group Chair	September 2016	

**13.10** SAB partners to share information as appropriate, about the ways in which people in mental health crisis are provided with appropriate support and treatment and to benchmark services against the standards published in the Mental Health Crisis Concordat.

**NSAB Strategic Response: What difference do we expect to see?**

- A culture of appropriate information sharing across agencies during case work
- Each agency benchmarking services to the accepted standards.

ACTIONS	Evidence	Owner	Timescales	Complete
1) Each relevant partner to carry out a benchmarking exercise against the concordat standards.	Benchmarking completed and shared with NSAB.	NSFT (overarching Agency) / NCC (both child and adult services) / Mind / CQC / Police / NSAB Chair Risk & Performance	May 2016	

**13.11** All SAB partner agencies to ensure that the use of all types of restraint for people with mental health conditions in any setting, is safe, proportionate and necessary, with policy being appropriate and implemented effectively, and use of restraint monitored.

**NSAB Strategic Response: What difference do we expect to see?**

- A high of understanding amongst relevant workers of these priorities, as evidenced by monitoring by the agencies concerned.

ACTIONS	Evidence	Owner	Timescales	Complete
1) NSAB to be ensure that relevant agencies have review their policies on the use of restraint in the light of this recommends and relevant national guidance	Reviewed policy is shared with Business Group	Chief Officers of relevant agencies	January 2016	
2) Any changes in agencies restraint policy are reflected in training delivered	Evidence that relevant agencies have in place suitable system for audit of both training content and effectiveness	Chief Officers of relevant agencies	June 2016	
3) All relevant agencies have a process in place which both monitors the appropriateness of the use of restraint and demonstrates orgainsational learning from such incidents	Agencies will make summary evidene available to NSAB	Chief Officers of relevant agencies	January 2016	
4) NSAB has assurance that a forum is established which brings together all relevant agencies to enable the sharing of policy and practice information (including role definition and exceptions) on restraint with people with mental health conditions in order to facilate clear understanding between agencies	ToR are developed and shared with NSAB	Chief Officers of relevant agencies with oversight from NSAB Board Manager	January 2016	

ACTIONS	Evidence	Owner	Timescales	Complete
5) The established forum is tasked with leading a cross agency review of personal safety training and the development of a joint Norfolk and Suffolk wide protocol with support and mutual understanding of each agencies roles and responsbiltiy	NSAB receives progress reports	Chief Officers of relevant agencies	Janaury 2017	

**13.12** SABs and its partner organisations to take robust action to minimise the use of restraint in the prone position, especially in situations where the person involved is already known to have mental or physical health frailty, in line with current overarching professional or regulatory guidance; and to regularly review data on use of prone restraint.

**NSAB Strategic Response: What difference do we expect to see?**

- This recommendation being clearly reflected in policy and understood by front line staff.

ACTIONS	Evidence	Owner	Timescales	Resources
1) The Board is to be assured that relevant agencies have conducted policy, procedures, training and audit review with a specific focus on the use of prone restraint to ensure there is a robust investigation of all incidents of this nature with the specific intention that restraint in the prone position is radially reduced.	A specific reference is made to this action in the ToR for the joint agency forum	Chief Officers of relevant agencies	June 2016	

**13.13** SABs to improve knowledge of and appropriate access to specialist ambulance transportation for patients with challenging behaviour that are at risk of harming themselves or others; to review the patient conveyance procedure and to lobby for access to secure ambulance transportation when it is needed.

**NSAB Strategic Response: What difference do we expect to see?**

- Specialist ambulance transport available (both in terms of authority of staff to commission and service availability in Norfolk) and used in appropriate cases.

ACTIONS	Evidence	Owner	Timescales	Resources
1) The Board to be assured that a conveyance protocol is in place for partners undertaking such transport including how this service is commissioned by practitioners	Protocol to be provided to NSAB	All organisations using specialist ambulance services (NCC, NSFT, NNUH, JPH, QEH, private providers) and those commissioning this service (CCGs)	January 2016	
2) The availability of specialist transport is understood by relevant staff	Ensure from agencies have shared the protocol with staff and it understood by staff	NCC & NSFT	January 2016	

ACTIONS	Evidence	Owner	Timescales	Complete
3) Appropriate staff making decisions about the transportation of patients have the authority to commission specialist transport where this is appropriate.	Agencies will make summary evidence available to NSAB	Chief Officers of relevant agencies	June 2016	
4) Agencies to review and report to NSAB regarding access to and use of specialist ambulance service with a view to ensuring provision meets local need	Reports made to NSAB	SAB Chairs	On-going until concluded	

**13.14** SABs to agree a joint protocol between the police, mental health trust, local authorities and CCG on the role of each agency and profession in managing challenging behaviours of vulnerable adults, where restraint or control is being considered.

**NSAB Strategic Response: What difference do we expect to see?**

- **Joint protocol in place and embedded in agency policy and practice.**

ACTIONS	Evidence	Owner	Timescales	Resources
The SAB to set up a specified joint agency forum as set out in recommendation 13.12 representing each of the key agencies to agree the terms this protocol	Terms of reference for group completed.	Chief Officers of relevant agencies / NSAB Manager	June 2015	
The protocol to be agreed by each partner agency and included in policy and practice	Protocol, including commitment for implementation from each Partner Agency, to be signed off by NSAB	NSAB Manager	March 2016	