

Biennial Report

2007 - 2009

ROCHDALE

SAFEGUARDING ADULTS BOARD



Vulnerable Adults

Foreword



I am pleased to provide the second Biennial Report which gives an overview of progress achieved in the field of Safeguarding Adults during the period (2007-2009).

The Report is intended to raise your awareness of the issues facing Adults considered to be at risk of Abuse.

It catalogues our achievements over the past two years and outlines the future challenges and priorities.

Whether it is by reporting concerns or allocating additional resources, we hope you are able to consider and implement ways in which your Organizations can further contribute to Safeguarding Vulnerable Adults in Rochdale.

Jim Wilson, Interim Director of Adult Care Service
Chair of Rochdale Borough Safeguarding Adults Board

***“Abuse is a
violation of an individual’s
human and civil rights
by any other person or persons”
No Secrets (DH 2000)***

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The Strategic Context

NATIONAL POLICY

➤ **“NO SECRETS” GUIDANCE (DH) 2000**

The “No Secrets” Guidance 2000 was issued by the Department of Health (DH), under Section 7 of the Local Authority Social Services Act 1970.

The “No Secrets” Guidance 2000 is currently under Review by the DH. The Report on the Consultation (17th July 2009) states:- “The review of “No Secrets” Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. The consultation was carried out by four government departments: the Department of Health (DH), the Home Office (HO), the Ministry of Justice (MoJ) and the Attorney General’s Office (AGO) and ran from 16th October 2008 to 31st January 2009. It involved 12,000 participants, including 3,000 members of the public, many of whom were adults to whom this guidance applied, or their carers. The remaining 9,000 participants were professionals working in the field. We received nearly 500 long and detailed written responses”.

The purpose of the Guidance is to build upon respect for Human Rights and to detail the need for a National Policy and a multi-agency framework to ensure the Protection of Vulnerable Adults from abuse.

The Guidance identified Local Authority Social Services Departments as having the co-ordinating role to establish multi-agency Committees and to develop local multi-agency Policy Procedures and Practice Guidelines for Vulnerable Adult Protection work.

The primary aim should be to prevent abuse where possible, however if the preventative strategy fails, then robust Procedures should enable a co-ordinated and proportionate response.

➤ **“SAFEGUARDING ADULTS” (ADASS) 2005**

A National Standards Framework

Any adult at risk of abuse or neglect should be able to access public organizations for appropriate interventions which enable them to live a life free from violence and abuse.

This is underpinned by the duty on Public Agencies under the Human Rights Act 1998 to intervene proportionately to protect the rights of citizens. These include:-

- **Article 2 “The Right to Life”**
- **Article 3 “Freedom from Torture” (including freedom from humiliating and degrading treatment) and**
- **Article 8 “Right to Family Life” (one that sustains the individual).**

➤ **FAIR ACCESS TO CARE SERVICES 2002**

The Department of Health emphasizes “Risk to Independence and Wellbeing” as the key criteria for determining eligibility for Social Care Services and therefore strengthens the concept of a “Vulnerable Adult” with an assessment of the risk posed by the abuse and neglect, to the quality of life of the individual adult.

➤ **“OUR HEALTH, OUR CARE, OUR SAY” 2006**

The Government’s White Paper outlines reforms for the Health and Social Care partnership to ensure they achieve four main goals:-

- Better prevention services with earlier intervention. A new NHS “Life Check” for people to assess their lifestyle risks and to make healthier choices.
- Give people more choice and a louder voice. Develop a person centred assessment framework to enable people using services to take greater control over decisions about the way they want to live their lives.
- Tackle inequalities and improve access to community services. Ensure that people with particular needs get the services they require.
- More support to people with long-term needs. Extend the “Expert Patient” programme and support more integrated Personal Health and Social Care Plans and records.

➤ **ACTION ON ELDER ABUSE AND HELP THE AGED “HIDDEN VOICES OLDER PEOPLES EXPERIENCE OF ABUSE” 2004**

and

➤ **HEALTH SELECT COMMITTEE ON ELDER ABUSE 2004**

“This Report provides a much needed opportunity to extend our knowledge and understanding of abuse. It compliments the powerful report from the Health Select Committee on Elder Abuse in April 2004. Together these should mark a turning point and bring Elder Abuse out of the closet of society’s guilty secrets and onto the political agenda. We will need a comprehensive programme of action if we are to tackle the complexities of elder abuse and ensure that older people enjoy their human rights free from fear of harm or neglect”.

Tessa Harding, Senior Policy Advisor, Department of Health 2004.

➤ **REPORT ON THE CONSULTATION OF THE REVIEW OF “NO SECRETS” JULY 2009 – DH/CJ**

Safeguarding is arguably enjoying its highest profile since the launch of The “No Secrets” guidance in 2000. A ‘once in a generation’ review of the “No Secrets” guidance has been recently completed, and accountability for safeguarding work undertaken by local authorities has been subject to thematic review from Care Quality Commission (CQC).

Gary FitzGerald, Chief Executive of Action on Elder Abuse, stated “Organization after organization that works in the field of adult protection (the Association of Directors of Adult Social Services, the Association of Chief Police Officers, every police force in England, both the Social Care and the Healthcare regulators (Care Quality Commission (CQC) and the Healthcare Commission), the Local Government Association, and the Law Society reported that the current system was failing and that a legislative framework was needed.

Every major charity (Mencap, Scope, Action on Elder Abuse, Age Concern, Down's Syndrome Association, the Alzheimer's Society, Counsel and Care, and the National Autistic Society) and every major organization (Counsel and Care, Voice UK, The Practitioners Alliance Against the Abuse of Vulnerable Adults, Sense) reported the same.

➤ **SOME NATIONAL TRENDS IN PROVISION**

The state of social care in England 2004-05:-

- The average size of care homes for older people is increasing.
- 90% of residents are in homes with more than 20 places.
- In contrast homes for younger adults, especially those with a learning disability, have become smaller.
- An average of 7 places per younger adults' home compared to 33 for older people.

➤ **PERSONALISATION AND SAFEGUARDING**

The way in which social care services are being delivered is undergoing a tremendous transformation following the launch of the 'Putting People First' concordat. The 'personalisation' agenda, which seeks to give choice and control to those people using services and their families, is the cornerstone of government policy and is intended to impact upon the care received by thousands of people.

The Local Context

➤ WHO IS COVERED BY ROCHDALE'S SAFEGUARDING ADULTS WORK?

All adults over 18 years of age but particularly those who are older people, have a physical or mental health condition or a learning disability that reduces their ability to protect themselves from significant harm and the increased risk of mistreatment, exploitation and abuse by other people.

➤ WHAT DO WE MEAN BY ABUSE?

See leaflet 'What is Adult Abuse' – **Appendix 2**.

➤ DEFINITION OF ABUSE

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

*From: p.9, Department of Health (2000)
No Secrets. London: DH*

• **Physical Abuse is:**

Physical ill treatment of an adult, which may or may not cause physical injury. This includes pushing, shaking, pinching, slapping, punching and force-feeding.

Physical abuse can occur in situations where people are caused unjustified physical discomfort. This can be through withholding care, withholding access requirements or the application of inappropriate techniques or treatments. It can include forced isolation and confinement, e.g. people being locked in their room and inappropriate methods of controlled restraint.

It also includes the improper administration of drugs or the denial of prescribed medication.

• **Sexual Abuse is:**

Any form of sexual activity that the adult does not want and to which they have not consented, or which they cannot give **informed consent**.

Any sexual encounter that develops between adults where one is in a position of power, trust or authority in relation to the other; e.g. Day Centre Worker, Social Worker, Health Worker etc, will be regarded as sexual abuse.

Sexual abuse includes rape, buggery, incest and situations where the perpetrator touches the abused person's body (breasts, buttocks, genitals) exposes his/her genitals, coerces the abused person into participating in or watching pornographic videos or photographs.

- **Financial Abuse is:**

The exploitation, inappropriate use of, or misappropriation of a person's financial reserves or property.

This includes the withholding of money or the unauthorised or improper use of a person's money or property, usually to the disadvantage of the person to whom it belongs.

- **Neglect is:**

The deliberate withholding of, or unintentional failure to provide help or support, which is necessary for the adult to carry out their activities of daily living.

Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others. This is particularly the case when the person lacks the mental capacity to assess the risk either to themselves or to others.

- **Psychological Abuse Is:**

This may be intentional or unintentional; it may involve the use of intimidation, indifference, hostility, rejection, threats, humiliation, shouting, swearing or the use of discriminatory and/or oppressive language, which results in:

- The adults' choices, opinions and wishes being rejected.
- The adult becoming isolated or over dependent.

Psychological abuse includes the denial of a person's human and civil rights including choice, privacy and dignity and being able to follow their own spiritual and cultural beliefs or sexual orientation. Furthermore it includes the intentional or unintentional withholding of information, e.g. information not being available in different forms/languages etc.

- **Discriminatory Abuse Is:**

Includes racist, sexist, homophobic, that which is based on a person's disability, ageism and other forms of harassment or intimidation.

➤ **WHAT SORT OF THINGS CAN CONTRIBUTE TO ABUSE?**

- High levels of dependency
- Social isolation
- Family history of mistreatment of children or animals
- Domestic violence.

Safeguarding Adults Structure in Rochdale

➤ **THE MULTI-AGENCY ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD (RBSAB)**

➤ **AIM**

The Board is a Multi-Agency Partnership which champions the development of Adult Protection work within Rochdale, Middleton and Heywood, in order to safeguard and promote the welfare of Vulnerable Adults.

The RBSAB was established in March 2009 and is chaired by Jim Wilson, Interim Director of Adult Care Service, Chair of Rochdale Borough Safeguarding Adults Board.

The purpose of RBSAB is to:

- 1.1 Act as a multi-Agency Strategic Board of Executive/Lead Officers, which take strategic decisions, aimed at Safeguarding Vulnerable Adults* in Rochdale.
- 1.2 Determine and implement policy, co-ordinate activity between Agencies, facilitate training and Monitor, Review and Evaluate the Safeguarding Adult Service.
- 1.3 Promote inter-Agency formal Partnership working, and ensure effective systems and processes are in place to Safeguard Vulnerable Adults.
- 1.4 Develop and sustain a high level of commitment for the protection of Vulnerable Adults*.
- 1.5 Ensure the development of services to support people from hard to reach groups.

* The term “vulnerable adult” as defined in “Adult Protection in Rochdale – Inter-agency Adult Protection Policy, Procedures & Practice Guidelines” available at: www.rochdale.gov.uk/council_and_democracy/councillors_democracy_and_ele/policies_and_plans/vulnerable_adults_-_procedures.aspx.

See **Appendix 1** for details of:

- RBSAB Arrangements (including Membership and Terms of Reference).
- The series of sub-groups that have been established and report to the Board every quarter.
- Membership and Terms of Reference of all the sub-groups.

➤ **ROCHDALE COUNCIL’S COMMUNITY BASED SERVICES**

- **Adult Care Services** act as the lead agency in respect of developing effective multi-agency policy, procedure and practice guidance. They commission and provide social care services which are influenced by National Minimum Standards and local considerations. Eligibility for services is determined by assessment and the application of the “Fair Access to Care” criteria.

Their Managers (Responsible Managers) take the lead in co-ordinating Planning Meetings and Social Workers are involved in making enquiries, Risk Assessments and developing Protection Plans to eliminate, reduce or manage risk within a positive risk strategy.

- **Strategic Housing and Rochdale Boroughwide Housing** provide services to residents in Rochdale including:-
 - People who are homeless or threatened with homelessness
 - Asylum seekers and Refugees
 - At risk groups including women and their children fleeing domestic violence
 - At risk young people with a range of support needs including drug and alcohol issues, mental health, leaving care and teenage parents.

➤ **NHS PARTNERS**

- **NHS Heywood, Middleton and Rochdale** includes General Practitioners, Community Nurses and other allied Health Professionals who are ideally placed to promote good quality care advice, to see the signs and symptoms of mistreatment and abuse and to contribute to treatment and risk management.
- **Pennine Acute (NHS) Hospitals Trust** is committed to raising the profile of Vulnerable Adults with its employees to ensure a proactive approach to identifying signs and symptoms of mistreatment and abuse. The Trust is also committed to working together with all agencies to protect and promote the welfare of Vulnerable Adults.
- **Pennine Care (NHS) Foundation Trust** is an organization working across five Local Authority areas (Rochdale, Bury, Oldham, Tameside and Glossop). The Trust is committed to raising the profile of Vulnerable Adult protection with its staff to ensure a proactive approach to identifying signs and symptoms of mistreatment and abuse. The Trust is also committed to working together with all agencies to protect and promote the welfare of Vulnerable Adults.

➤ **THE POLICE**

- Greater Manchester Police in Rochdale is committed to raising the profile of Safeguarding Adults with dedicated officers taking the lead in Investigations, where serious crime has been committed. The local Public Protection Unit is fully engaged with all aspects of Safeguarding Adults Agenda including providing “special measures” for Vulnerable Witnesses and Vulnerable Victims.

➤ **CROWN PROSECUTION SERVICE**

- Is represented on the Rochdale Borough Safeguarding Adults Board and relevant sub-groups.

➤ **SIGNIFICANT DEVELOPMENTS**

LIST OF WORK PROGRAMMES

- Case Management Sub-group
- Joint Training Sub-group
- Policy & Procedure Sub-group
- MCA/DoLS Sub-group
- Audit & Scrutiny Sub-group
- Child-Adult Services Link Sub-group
- Multi-disciplinary Forums
- Communications Sub-group
- Executive Committee

Mental Capacity Act 2005

In October 2006, the Rochdale Adult Protection Committee agreed to adopt the function of the Local Implementation Team for the Mental Capacity Act (MCA) 2005.

It follows that the Safeguarding Adult Agenda Infrastructure e.g. all the sub-groups identified in **Appendix 1** are also responsible for the local MCA/Deprivation of Liberty Safeguards (DoLS) Agenda/implementation.

The Policy and Procedures Sub-group has written The Mental Capacity Act 2005 Inter-Agency Policy Procedure. The Policy and Procedure provides advice and guidance to employees of Rochdale Metropolitan Borough Council and partner agencies (NHS) regarding the Mental Capacity Act 2005, effective from April 2007.

There are clear links with Safeguarding Adults and the Mental Capacity Act (MCA) 2005. In Rochdale the Mental Capacity Act Co-ordinator is managed by the Safeguarding Adults Co-ordinator because of these links. Indeed the Mental Capacity Agenda sits clearly within the Safeguarding Board. As a means of outlining the interface, it is useful to consider the new changes that the Act has brought about, which are outlined below.

The Mental Capacity Act (2005) was implemented in England and Wales during 2007. The Act generally only applies to people over 16 years of age. It provides a statutory framework to empower and protect individuals who may lack the capacity to make decisions for themselves.

The whole act is underpinned by a set of five key statutory principles. The Act puts in statute best practice and common law principles relating to people who lack capacity and people who may need to make decisions on their behalf.

New changes came about as from 1st April 2009 when the Deprivation of Liberty Safeguards (DoLS) were implemented as part of the Act. The MCA DoLS provides further protection for vulnerable people who lack capacity around their care and treatment, and who are accommodated in hospitals or care homes in circumstances that amount to a deprivation of liberty.

Main Changes within the Act

The Act sets out a single clear test in relation to **assessment for capacity** for individuals to take a particular decision at a particular time.

Best Interests – anything done on behalf of a person who lacks capacity must be done in their best interest. People can put their wishes and feelings into a written statement, which needs to be considered in decision making if a person loses capacity.

Acts in connection with **care and treatment** – Section 5 of the Act offers statutory protection from liability where a person carries out an act in relation to care or treatment on behalf of a person who lacks capacity in this area. The key being that a proper assessment of capacity and that decisions are made following the best interest principles.

Restraint – Within the act there is clear definition about restraint for people who do not have capacity in this area. There is guidance on permissible restraint under the act.

Court Appointed Deputies - The Act provides for a system of Court Appointed Deputies to replace the current system of receivership in the Court of Protection. Deputies will be able to take decisions on welfare, healthcare and financial matters. Deputies are appointed for adults aged 18 or over.

The act allows a person, aged 18 or over, to appoint a **Lasting Power of Attorney (LPA)**, to act on their behalf if they should lose capacity in the future. The LPA replaces the Enduring Power of Attorney for property and affairs; and allows a new role for an Attorney to make a decision on health and welfare matters.

A new **Court of Protection** - The new court has jurisdiction relating to the whole Act. The court is able to make decisions about people who do not have capacity in relation to finances, property, health and welfare. It appoints Deputies. It is involved in resolving complex or disputed cases.

A new **Public Guardian** – The Public Guardian and their staff, register LPAs and Deputies. They supervise Deputies appointed by the court and provide information to the court. They work with other agencies such as Local Authorities and the Police to respond to any concerns raised about the way in which an Attorney or Deputy is operating. This gives stronger safeguards against abuse.

Research – The Act sets out clear parameters for research on people who do not have capacity to consent to taking part in research.

New role of Independent Mental Capacity Advocate (IMCA) – An IMCA is someone appointed to support a person who lacks capacity, but has no one to speak up for them, such as family or friends. They must be appointed for people without capacity who do not have family or friends and where decisions are being made about serious medical treatment or changes in a person's accommodation. They can also be involved in adult abuse proceedings and care reviews for people who do not have capacity. The rule about not having family or friends does not apply for adult abuse cases.

Advance decision to refuse treatment – There are now clear safeguards so that people, aged 18 or over, can make decisions in advance to refuse specific medical treatment if they should lose capacity in the future.

A **Criminal offence of ill treatment or wilful neglect** – The Act introduces a new criminal offence of ill treatment or wilful neglect of a person who lacks capacity. A person found guilty of such an offence may be liable to imprisonment for a term up to five years. This part of the Act covers children as well as adults over the age of 16.

Deprivation of Liberty Safeguards (DoLS) - These safeguards were introduced from 1st April 2009 to ensure that no one was deprived of their liberty in a hospital or care home without good reason. These safeguards give extra protection for vulnerable people who lack capacity in relation to care or treatment.

The safeguards apply to people aged 18 or over, without capacity, in homes registered with Care Quality Commission and in hospitals.

There is a clear process to follow if there is no option but to deprive someone of their liberty, who is in a care home or hospital.

For people in hospital responsibility for management and decisions for DoLS referrals lies with the Primary Care Team; and for people in care homes it lies with the Local Authority. However, in Rochdale there is a single point of referral, administration and assessment for these referrals which is backed up by a local joint working agreement between the Local Authority and NHS Heywood, Middleton and Rochdale (NHSHMR).

Between 1st April 2009 and 31st August 2009 there were nine referrals for assessments under DoLS. Three of these were granted and six were not granted.

What achievements have we made so far for implementation of the MCA?

In July 2008 a Mental Capacity Act Co-ordinator was appointed, funded by the Local Authority and NHSHMR. Much work has been and continues to be undertaken.

Examples of this work are:-

- Production and distribution of joint policies and procedures to outline management of the Deprivation of Liberty Safeguards
- Joint Training in relation to the MCA and DoLS for assessment and provider teams
- Awareness raising sessions across the NHSHMR, Pennine Care and the Local Authority in relation to MCA and DoLS
- Presentations to professional forums, such as the GP forum
- Two large conferences for MCA and DoLS presented by a Specialist Human Rights Lawyer
- Setting up of a system to manage DoLS
- Appointment of a full time Best Interest Assessor
- Nationally recognised training provided by Manchester University for Best Interest Assessors
- Formal Working Agreement between NHSHMR and the Local Authority as to how DoLS referrals are received, assessed and managed
- Production and distribution of MCA prompt cards for staff
- Workshops for staff in day care and home support
- Support group for Best Interest Assessors at the early stages of DoLS implementation
- MCA Awareness sessions with service user groups and carers
- Distribution of posters and booklets in relation to MCA and DoLS
- Setting up of Sub-groups to manage the implementation of MCA and DoLS
- Training of staff across the independent sector e.g. care home staff
- The Commissioning of Awareness raising from the Law Centre across care homes in Rochdale, Heywood and Middleton
- The Commissioning of IMCAs for DoLS Assessment and for paid representatives when a Deprivation of Liberty is authorised.

Safeguarding Vulnerable Groups Act (2006)

The POVA Scheme (DH) 2004 established the POVA List which acts as a workforce ban on Social Care Workers who have harmed or placed at risk of harm, Vulnerable Adults in their care whether or not this was in the course of their employment. The POVA List, The Protection of Children Act List (POCA), List 99 and the Sex Offenders Register are intended to protect the public from known risk.

The new vetting and barring scheme is one of the Government's key responses to the murders of Holly Wells and Jessica Chapman by Ian Huntley which focused public attention on the way that we vet people who work with children. The resulting Bichard Inquiry recommended a new scheme under which everyone working with children or Vulnerable Adults should be checked and registered.

The Government is determined that Vulnerable Adults should be afforded the greatest protection possible from harm. In addition to raising standards of care through National Service Frameworks, regulating providers of care in a more thorough and consistent way, and introducing national minimum standards for regulated care services, the Government has taken action specifically to address the abuse of Vulnerable Adults.

The Safeguarding Vulnerable Groups Act (2006) received Royal Assent in November 2006, provides the legal framework for a revised vetting scheme for people who work with Children and Vulnerable Adults and intends to minimize the risk of children and Vulnerable Adults suffering harm at the hands of those employed to work with them.

A new statutory body to be known as the Independent Safeguarding Authority (ISA) is created by the Act. The primary aim of the new vetting and barring scheme operated by the ISA is to make safeguarding a top priority by barring individuals from working in situations where the evidence suggests that they present a risk of harm to vulnerable people.

The scope of the new scheme will be much wider than the old arrangements under POVA 2004 and will apply to the NHS. Checks will be required for example, in a range of new sectors. In relation to Vulnerable Adults this is a significant step forward from the previous POVA Scheme which applied in regulated social care settings only.

➤ **Start of Vetting and Barring Scheme (VBS)**

From 12 October 2009, it will be an offence for any employer to employ someone (paid or unpaid) in regulated activity when he knows the person has been barred by the ISA. Anyone barred by the ISA commits an offence if they work in regulated activity. Regulated activity will extend to most NHS and social care workers. From July 2010, people will be able to apply for registration with the Vetting and Barring Scheme (VBS); and be continuously monitored. Registration and checking registered status will become mandatory from November 2010.

For more information, visit the Independent Safeguarding Authority website:

www.isa.gov.org.uk

➤ **Changes to the POVA Scheme from 20 January 2009 (Published 12 January 2009)**

From January 2009 there have been changes to the POVA scheme as part of the transition to the new vetting and Barring Scheme. The ISA will make decisions on all referrals to POVA made after 20 January 2009. They will also make decisions on referrals received before that date, but where observations have not yet been invited. The effect of an ISA decision to place a person on the adult's barred list will be to prevent them from working in those workplaces covered by the POVA Scheme.

From the date of the launch of the VBS, the person will be barred from regulated activity under the Safeguarding Vulnerable Groups Act.

From 20 January 2009, employers and others have had new duties to respond to the ISA's requests for further information. Employers' duties to check against the POVA list before a person starts work remains unchanged.

Links with

➤ **THE INTER-AGENCY DOMESTIC VIOLENCE STRATEGY GROUP AND MARAC**

The Inter-Agency Domestic Violence Strategy Group in Rochdale (see **Appendix 3**) has recently convened a multi-agency response to domestic violence called the **Multi-Agency Risk Assessment Conference (MARAC)**.

This is an intervention that combines risk assessment and a multi-agency approach to help very high risk victims of domestic abuse. The process has established a template for good practice (four years after it was pioneered in Cardiff).

The goal of these conferences is to provide a forum for sharing information and taking action to reduce future harm to very high risk victims of domestic abuse and their children.

This model of intervention follows a process of risk assessment in all reported cases of domestic abuse to identify those at highest risk to enable a specialist multi-agency response.

The process gathers information on past physical abuse, escalation of abuse, use of weapons, unemployment or financial problems, substance abuse, pregnancy, jealous or controlling behaviour, impending or ongoing relationship separation, threats, sexual abuse and suicidal thoughts.

Interviews with practitioners showed confidence that this approach achieves many key objectives, including Information Sharing between agencies, contributing to victims' safety. It is vital that non criminal justice agencies are well represented at MARACs for example, the perspective of health visitors will be different from those held by Police or Probation which typically are aware of criminal incidents only.

Victim oriented agencies such as Women's Aid can provide information from the victim's perspective; Social Services can provide information about children and take action on their behalf; Police and Probation are able to offer information about the perpetrator's history and presence of other aggravating factors, such as drugs or weapons.

There is usually a wealth of information held in the community about a particular household, but it takes a MARAC type process for that information to come together in a meaningful way.

The Co-ordinator for the Protection of Vulnerable Adults represents the Rochdale Borough Safeguarding Adults Board and the Adult Care Service on the MARAC and makes the essential link with the Inter-Agency Policy Procedure for the Protection of Vulnerable Adults ("No Secrets").

➤ ROCHDALE BOROUGH SAFEGUARDING CHILDREN BOARD (RBSCB)

The Child-Adult Services Link Sub-group was established in March 2009. See **Appendix 1** RBSAB Arrangements for Terms of Reference and Membership of this group. This sub-group establishes the necessary links between the RBSAB and the Rochdale Borough Safeguarding Children Board across all agencies and at all levels.

- The Communications Sub-group reports to both Boards.

➤ ROCHDALE SUICIDE PREVENTION STRATEGY

Suicide is a devastating event.

Its emotional and practical consequences are felt by family and friends and the many statutory and voluntary agencies involved in the provision of health and social care.

Although the rate of suicide in England is not high in comparison with other countries in the European Union the figures remain disturbing.

On average, a person dies every two hours in England as a result of suicide. It is the commonest cause of death in men under 35. It is the main cause of premature death in people with mental illness.

The Government's White Paper "Saving Lives: Our Healthier Nation" sets out a challenging target to reduce the death rate from suicide and undetermined injury by at least a fifth by the year 2010. There is no single route to achieving this target. The factors associated with suicide are many and varied, they include social circumstances, biological vulnerability, mental ill health, life events and access to means.

The Department of Health document "National Suicide Prevention Strategy for England 2002" is intended to be an evolving strategy which will develop in the light of progress made and emerging evidence.

A coherent, co-ordinated suicide prevention strategy therefore needs the collaboration of a wide range of organizations and individuals.

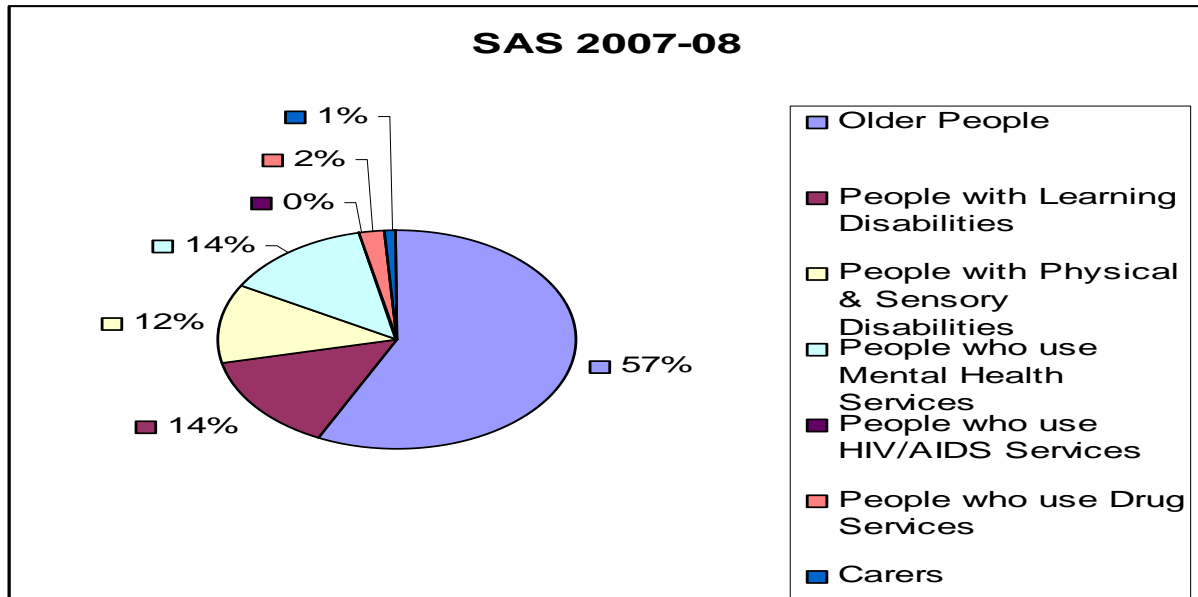
The 2002 Department of Health "National Suicide Prevention Strategy for England" sets out a programme of activity to reduce suicide based on six goals "and in addition ... develop local systems for suicide audit to learn lessons and take any necessary action".

Suicide Audit then should be seen as part of an overarching whole systems approach to suicide prevention.

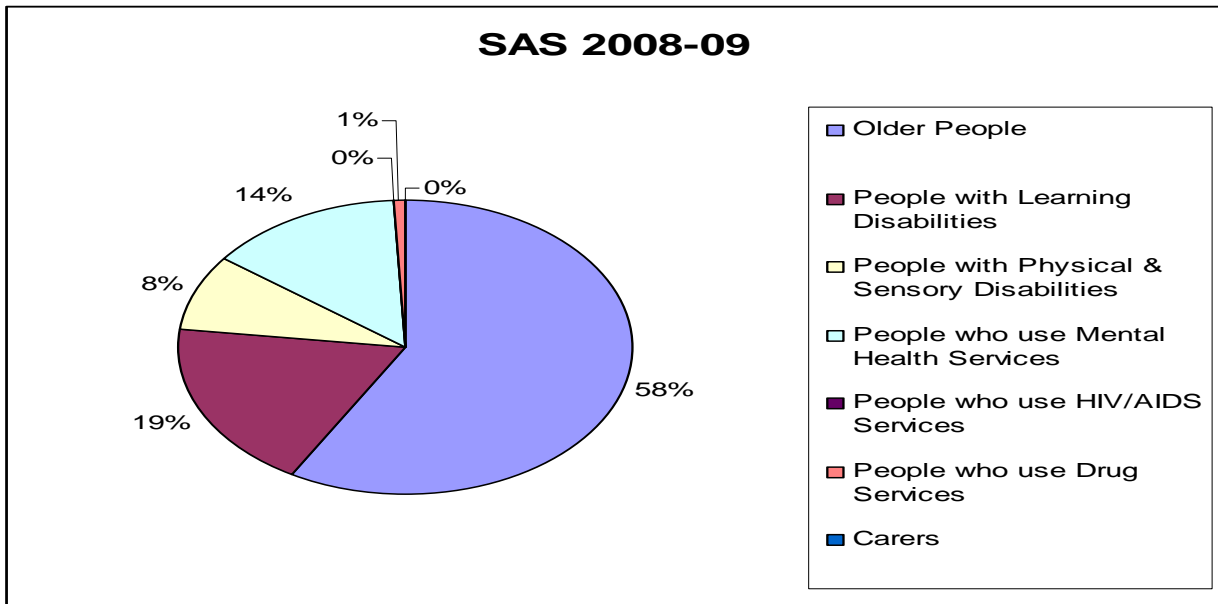
The Suicide Audit Tool, see **Appendix 4**, is now successfully embedded within the NHS, Primary and Secondary Care Trusts and the Mental Health Trust including HM Coroner.

Monitoring Performance and Statistics

➤ SELF ASSESSMENT SURVEY 1.4.07. – 31.3.08.



➤ SELF ASSESSMENT SURVEY 1.4.08. – 31.3.09.



Comment:

The seven categories above relate to the information breakdown required for the Self Assessment Survey

➤ **SELF ASSESSMENT SURVEY 1.4.07. – 31.3.08.**

	2005-06	2006-07 Plan	2006-07	2007-08 Plan
Rochdale	72	100	519	667
IPF Data	333	352	513	585
England (Average)	318	427	616	720
Rochdale	47.9	66.5	70.0	90.0
IPF Data	52.5	80.8	67.6	81.9
England	51.3	71.1	71.0	82.1
Rochdale	Not Applicable	Not Applicable	53	60
IPF Data	Not Applicable	Not Applicable	35	44
England	Not Applicable	Not Applicable	31	40

➤ **SELF ASSESSMENT SURVEY 1.4.08. – 31.3.09.**

Older people

163 referrals, 155 completed cases. Of these 99 were alerts that did proceed to investigation.

People with Learning disabilities

52 referrals, 52 completed cases. Of these 34 were alerts that did not proceed to investigation.

People with physical disabilities

23 referrals, 22 completed cases. Of these 9 were alerts that did not proceed to investigation.

People with mental health problems

39 referrals, 37 completed cases. Of these 17 were alerts that did not proceed to investigation.

People who use HIV/AIDS services

0 referrals, 0 completed cases.

People who use drug services

2 referrals, 2 completed cases. Of these 1 was an alert that did not proceed to investigation.

Carers

0 referrals, 0 completed cases

➤ **ABUSE OF VULNERABLE ADULTS COLLECTION (AVA)**

The development of a National Data Collection on the Abuse of Vulnerable Adults was agreed following the results of a fact finding survey carried out by the NHS Information Centre early in 2007.

The survey identified issues about the way in which abuse provision is organized. The information systems for abuse cases and issues around consistency of reporting numbers between Local Authorities which do or do not have thresholds for their referral cases.

Between July and August 2008, Rochdale Metropolitan Borough Council Adult Care Service participated in the Pilot operated by the NHS Information Centre for AVA – see **Appendix 5**.

The Strategic Information Group for Adult Social Care (SIGASC) approved the new AVA data collection for 2009-10. The first return due in May 2010 will gather data for the period 1st October 2009 – 31st March 2010.

Key Objectives for 2009-10

The key challenge for the Rochdale Borough Safeguarding Adults Board underpinned by the sub-groups as outlined in **Appendix 1**, and beyond is to capitalize upon previous achievements, prioritise and implement the Revised “No Secrets” Guidance and pursue a rigorous Joint Training Programme incorporating all aspects of Safeguarding Adults work and the Mental Capacity Act/Deprivation of Liberty Safeguards training programme.

➤ **IMPLEMENTATION OF THE TRAINING PROGRAMMES**

- **The Adult Protection Training for Investigators** has been planned for 1st and 15th October and 2nd November; 17th and 18th December 2007 and 14th January ; 18th, 19th and 25th February 2008.
- **Responsible Managers Training** has been arranged for 21st and 22nd January 2008.
- **Adult Abuse Investigation Case Conference Training and Risk Assessment Training (four days)** has been planned for 9th and 10th February/16th and 17th March 2009, 13th and 14th July/17th and 18th August 2009 and 16th and 17th November/7th and 8th December 2009. **See Appendix 6.**
- **The Mental Capacity Act Training** “An Overview for Assessment Teams”, has been planned for 9th July and 10th August 2007. This will also incorporate the IMCA training.
- **MCA 2005 Deprivation of Liberty Safeguards Conference** has been planned for 5th December 2008. **See Appendix 7.**
- **Mental Capacity Act 2005 Training for Assessment Teams** has been planned for 9th July, 10th/16th August, 4th October, 12th/19th December 2007, 10th/29th January, 14th/28th February, 23rd April, 9th May, 14th October, 21st November, 10th December 2008, 20th March, 11th September 2009.
- **MCA 2005 Deprivation of Liberty Safeguards Training for Assessment Teams** has been planned for 30th July, 13th August, 3rd/17th September 2009.
- **Mental Capacity Act 2005 Training for Provider Teams** has been planned for 9th/23rd July, 8th/14th August, 12th/13th/14th/24th September, 15th October, 5th/6th December 2007, 9th/15th/23rd January, 19th March, 11th/22nd/25th April, 2nd/16th May, 12th June, 15th/18th July, 2nd September 2008, 14th May, 16th July, 18th August, 18th September 2009.
- **MCA 2005 Deprivation of Liberty Safeguards Training for Provider Teams** has been planned for 9th/19th/26th February, 9th March, 21st/31st April, 8th/12th/19th May, 5th/11th/18th June, 20th/31st July, 12th August, 1st/7th/8th/10th/23rd September, 2nd/20th October, 5th November 2009.

➤ **IMPLEMENTATION OF THE MENTAL CAPACITY ACT 2005 (MCA) AND DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)**

- Awareness raising across minority ethnic groups
- Awareness raising sessions across professional groups
- Improved security for receipt of referrals to the DoLS system
- A review of implementation of MCA and DoLS across RMBC Adult Care
- On-going training, particularly in specialist areas e.g. interface between MCA 2005 and the Mental Health Act 1983
- Continued awareness raising sessions across care homes via the Law Centre
- Prompt cards for staff in relation to DoLS
- Training for new Best Interest Assessors through Manchester University
- Refresher training for current Best Interest assessors
- Implementation of systems (for example assessment/review paperwork) that fully embeds the MCA and DoLS
- Strengthening links with a newly established safeguarding team, particularly when safeguarding issues are highlighted through the DoLS system e.g. from unlawful Deprivation of Liberty practices not addressed by care homes or hospitals.

➤ **FURTHER IMPLEMENTATION OF THE SERIOUS CASE REVIEW**

The Vulnerable Adult Serious Case Review Guidance (ADSS 2005) has been adopted and implemented. The purpose of this document is:

- To support the view that the public interest is best served by the presence of an effective Serious Case Review process.
- To provide guidance to the Rochdale Borough Safeguarding Adults Board (RBSAB).
- To facilitate a consistent approach to the process and practice in undertaking a Serious Case Review.
- To acknowledge that there is no statutory requirement for agencies to co-operate with such reviews, however, voluntary involvement does lead to good practice development. See **Appendices 8 and 9**.

➤ **STAKEHOLDER CONTRIBUTIONS TO SAFEGUARDING ADULTS WORK**

Currently the RBSAB is requesting a contribution from ALL stakeholders towards the funding of every aspect of the Safeguarding Adults Agenda.

This is especially directed towards all Partner Agencies.

This year (2009-10) the RBSAB will be seeking contributions from ALL stakeholders to strengthen the Adult Protection infrastructure by investment.

➤ **REPORT ON THE CONSULTATION ON THE REVIEW OF “NO SECRETS” JULY 2009**

A major challenge for the RBSAB in the coming year 2009-10 will be to implement the key messages contained in the above report, which will be enshrined in the forthcoming revised DH “No Secrets” Guidance. These key messages include:-

- Safeguarding requires empowerment/the ‘victim’s’ voice needs to be heard.
- Empowerment is everybody’s business, but safeguarding decisions are not.
- Safeguarding Adults is not like Child Protection.
- The participation/representation of people who lack capacity is also important.

With reference to the debate re the necessity for Parliament to introduce legislation to underpin Safeguarding Adults work, RBSAB will continue throughout 2009-10 to listen to the significant commentators on this matter.

The Association of Directors of Adult Social Services said, 'ADASS endorses the need for a legislative framework to support the work of keeping people safe with the provision of powers and duties as part of a national approach to the protection of vulnerable people. The power of entry in certain circumstances is also welcome. ADASS believes this could in part be achieved by consolidation of some existing legislative provisions and frameworks and the extension of others. Examples of this include; the Crime and Disorder Act 1998 (Section 115) that enables agencies to exchange personal information for the purposes of community safety; and the duty to co-operate that currently operates for Safeguarding Children Boards and Local Strategic Partnerships but not safeguarding adults and Adult Protection.'

➤ **CARE QUALITY COMMISSION (CQC)**

The Care Standards Act 2000 created the National Care Standards Commission. In April 2004 that Commission merged with the Social Services Inspectorate, creating the Commission for Social Care Inspection (CSCI). The Commission was independent and undertook registration and enforcement in relation to registered services that provide personal, nursing, residential and domiciliary care.

The new CQC came into force on the 1st April 2009. The CQC has stronger powers to ensure safety and quality across Health and Adult Social Care Services. Many people use both Health and Social Care Services so the Government thought it wise to bring them under a common regulatory framework that supports joined up working.

The CQC has brought together the expertise of CSCI, the Health Care Commission and the Mental Health Act Commission. It applies a consistent approach to regulation for all types of services through the new registration regime requiring Providers of Health Services and Adult Social Care to be registered.

Do you have any comments or questions?

If you require further information, please contact:

Pamela Lloyd-Hughes
Co-ordinator for the Protection of Vulnerable Adults
Telephone: 01706 647474

Rochdale Borough Safeguarding Adults Board Arrangements

ROCHDALE

SAFEGUARDING ADULTS BOARD



Appendix 1

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ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD ARRANGEMENTS

1. Introduction	
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1. Introduction

- 1.1 The Department of Health and the Home Office issued joint guidance in 2000 on keeping adults safe called No Secrets. Often in keeping people safe the focus is on people who may be vulnerable or in vulnerable situations. There are people who are at risk of harm or abuse because they are perceived as easy targets owing to their age or disabilities. Others live with few or no social contacts or in situations where they rely on others for daily support or they lack the mental capacity to be aware of what may be happening to them. However, keeping people safe is a universal government objective and applies equally to all adults.
- 1.2 The No Secrets Guidance refers to the responsibility laid upon all commissioners and providers of Health and Social Care Services including Primary Care Groups Regulators of such Care Services and appropriate Criminal Justice Agencies to work in **partnership** as advocated in the Health Act 1999 to ensure that appropriate policies procedures and practices are in place and implemented locally. They should do so in collaboration with all agencies involved in the public voluntary and private sectors and they should also consult service users, their carers and representative groups.
- 1.3 Local Authority Social Services Departments should play a co-ordinating role in developing the local policies and procedures for the protection of vulnerable adults from abuse. Social Services Departments should note that the No Secrets Guidance is issued under Section 7 of The Local Authority Social Services Act 1970 which requires Local Authorities and their Social Services functions to act under the general guidance of the Secretary of State. As such the No Secrets Guidance does not have the full force of statute but should be complied with unless local circumstances indicate exceptional reasons which justify a variation.

Appendix 1

- 1.4 In the summer of 2007 Ivan Lewis, Minister for Care Services announced that No Secrets was to be reviewed. This announcement was made in the context of the publication of the first ever study of the prevalence of abuse in people's own homes. One of the reasons for commissioning the review was that many stakeholders have identified weaknesses in implementation of the No Secrets Guidance and it has been strongly suggested that the guidance requires strengthening.

2. Legislative Background

- 2.1 No Secrets Guidance on developing and implementing multi agency policies and procedures to protect vulnerable adults from abuse (2000)
- 2.2 Protection of vulnerable adults (POVA) scheme in England and Wales for Care Homes and domiciliary care agencies and a practical guide (July 2004)
- 2.3 Community Care Act 1990
- 2.4 Human Rights Act 1998
- 2.5 Care Standards Act 2000
- 2.6 Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards Regulations
- 2.7 Mental Health Act 1983 and 2007
- 2.8 Safeguarding Vulnerable Groups Act 2006
- 2.9 Rochdale RBSAB Procedures and Practice Guidelines (September 2007)
- 2.10 'Safeguarding Adults' A National Framework of Standards for Good Practice and Outcomes in Adult Protection Work (ADASS: October 2005)

3. Strategic Context

- 3.1 National Policy

Appendix 1

- **No Secrets Guidance (DH) 2000**

As above

- **Safeguarding Adults (ADASS) 2005**

‘Any adults at risk of abuse or neglect should be able to access public organisations for appropriate interventions which enable them to live a life free from violence and abuse’.

This is underpinned by the duty on Public Agencies under the Human Rights Act 1998 to intervene proportionately to protect the rights of citizens. These include:-

- Article 2 “The Right to Life”
- Article 3 “Freedom from Torture” (including freedom from humiliating and degrading treatment) and
- Article 8 “Right to Family Life” (one that sustains the individual).

- **Fair Access to Care Services 2002**

The Department of Health emphasizes “Risk to Independence and Wellbeing” as the key criteria for determining eligibility for Social Care Services and therefore strengthens the concept of a “Vulnerable Adult” with an assessment of the risk posed by the abuse and neglect, to the quality of life of the individual adult.

- **“Our Health, Our Care, Our Say” 2006**

The Government’s White Paper outlines reforms for the Health and Social Care Partnership to ensure they achieve four main goals:-

- Better preventions services with earlier intervention. A new NHS “Life Check” for people to assess their lifestyle risks and to make healthier choices.
- Give people more choice and a louder voice. Develop a person centred assessment framework to enable people using services to take greater control over decisions about the way they want to live their lives.
- Tackle inequalities and improve access to community services. Ensure that people with particular needs get the services they require.
- More support to people with long term needs. Extend the “Expert Patient” programme and support more integrated Personal Health and Social Care Plans and records.

- **Action on Elder Abuse and Heal the Aged “ Hidden Voices Older Peoples Experience of Abuse” 2004**

And

Appendix 1

Health Select Committee on Elder Abuse 2004

“This report provides a much needed opportunity to extend our knowledge and understanding of abuse. It compliments the powerful report from the Health Select Committee on Elder Abuse in April 2004. together these should mark a turning point and bring Elder Abuse out of the closet of society’s guilty secrets and onto the political agenda. We will need a comprehensive programme of action if we are to tackle the complexities of elder abuse and ensure that older people enjoy their human rights free from fear of harm or neglect”.

4. RBSAB Terms of Reference

4.1 Terms of Reference

1. PURPOSE

Local Agencies should work together within the overall framework of Department of Health guidance “No Secrets” on joint working. The lead Agency with responsibility for the establishment and effective working of the RBSAB is Rochdale Borough Council’s Adult Care Service.

The purpose of Rochdale Borough Safeguarding Adults Board (RBSAB) is to:

- 1.1 Act as a multi-Agency Strategic Board of Executive/Lead Officers, which take strategic decisions, aimed at Safeguarding Vulnerable Adults* in Rochdale.
- 1.2 Determine and implement policy, co-ordinate activity between Agencies, facilitate training and Monitor, Review and Evaluate the Safeguarding Adult Service.
- 1.3 Promote inter-Agency formal Partnership working, and ensure effective systems and processes are in place to Safeguard Vulnerable Adults.
- 1.4 Develop and sustain a high level of commitment for the protection of Vulnerable Adults*.
- 1.5 Ensure the development of services to support people from hard to reach groups.

* The term “vulnerable adult” as defined in “Adult Protection in Rochdale – Inter-agency Adult Protection Policy, Procedures & Practice Guidelines” available at:

www.rochdale.gov.uk/council_and_democracy/councillors_democracy_and_ele/policies_and_plans/vulnerable_adults_procedures.aspx.

2 RESPONSIBILITY, ACCOUNTABILITY AND REPORTING

- 2.1 All Agencies should designate a lead officer and, if necessary, other nominated senior representative.
- 2.2 All main constituent Agencies are responsible for contributing fully and effectively to the work of the RBSAB.
- 2.3 The RBSAB reports to the Health Boards, Overview and Scrutiny Committee, Safer Communities Partnership.
- 2.4 The Board will be accountable through it’s Chair to the Rochdale Metropolitan Borough Council (RMBC) Chief Executive.

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- 2.5** A formal report on progress will be compiled biennially and submitted to the RBSAB.

3 FUNCTIONS

The functions of the RBSAB are to:

- 3.1** Ensure that there is a level of agreement and understanding across Agencies, about operational definitions and thresholds for intervention.
- 3.2** Develop, monitor, review and evaluate the implementation and effectiveness of RBSAB's Business Plan and associated Procedures, Guidance, Policies, Systems and Protocols.
- 3.3** Develop and keep under review, a Business Plan for the implementation of strategic decisions and policy.
- 3.4** Develop and keep under review, local Policies, Procedures, Systems and Protocols for inter-agency work to safeguard vulnerable adults.
- 3.5** Audit and evaluate the implementation and effectiveness of Policies, Procedures, Systems and Protocols. Ensure quality assurance and performance monitoring systems are in place.
- 3.6** Promote the agreed Policies and Procedures to managers, staff, volunteers, service users and the public.
- 3.7** Arrange for information to be gathered and used in the evaluation of the Adult Protection Service, through Performance Assessment and Monitoring systems and through consultation with stakeholders.
- 3.8** Develop a Training Strategy, incorporating joint training where appropriate.
- 3.9** Facilitate training and ensure its delivery and evaluation, to help improve the quality of adult protection and inter-agency working.
- 3.10** Ensure that service developments take into account the needs of all vulnerable adults, regardless of their age, gender, race, sexuality, disability, religion or belief, who may experience discrimination and disadvantage.
- 3.11** Ensure that service developments take into account current legislation, including the Human Rights Act 1998 and the Mental Capacity Act 2005. (Deprivation of Liberty Safeguards).
- 3.12** Review national guidance and research information as it is issued, consider the implications and make recommendations for local implementation. Action and monitor such implementation.
- 3.13** Respond to consultation exercises where appropriate.
- 3.14** Commission Serious Case Reviews in certain serious circumstances resulting in serious harm or death, acting in accordance with Rochdale's Serious Case Review Process.
- 3.15** Improve local ways of working in the light of knowledge gained through national and local experience, research, Serious Case Reviews, internal and external inquiries, investigations and case studies. Ensure that practitioners benefit from learning and development attained through the RBSAB and that lessons learned are shared, understood and acted upon.
- 3.16** Link with other Agencies, sectors and forums that have a responsibility for protecting those at risk, such as Rochdale's Safeguarding Children Board, Rochdale's Domestic Violence Forum and the Rochdale Safer Communities Partnership, to ensure that both adult and child protection arrangements benefit from the learning, developments and work undertaken by the other, where appropriate.

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- 3.17 Raise awareness within the wider community, of the need to safeguard vulnerable adults, explain how the community can contribute to this process, and facilitate such involvement.
- 3.18 Carry out Annual Audit of alleged adult abuse and adult protection in Rochdale, through analysis of data and outcomes; report these and forecast developments, through the Biennial Report. Quality assurance and performance monitoring.

4 MEETINGS

- 4.1 The RBSAB will meet on a quarterly basis, with the schedule of meetings published in advance for a year. Meetings can be called more frequently as circumstances dictate.
- 4.2 The agenda will be prepared by the Adult Protection Co-Ordinator, in consultation with the Chair of the RBSAB, and will be issued to all members at least one week before the meeting takes place.
- 4.3 All RBSAB members will be able to bring appropriate items to the agenda, through the Chairperson or Adult Protection Co-Ordinator. Standing items on the agenda will be by agreement of RBSAB members.
- 4.4 The Chairperson will arrange for minutes of the meeting to be taken and a copy of the minutes sent to each RBSAB member and other people by agreement.
- 4.5 The accuracy of minutes is the responsibility of the Chair and will be checked at the next meeting.

5 SUB GROUPS

- 5.1 The Case Management Sub-group is a main, regular sub-group of the RBSAB and meets bi-monthly, made up of practitioners and operational managers.
- 5.2 A Scrutiny/Quality sub-group will play a major role in monitoring the quality of the Adult Protection Service and report into the RBSAB as a standing item on agendas.
- 5.3 A Sub-group of the RBSAB has also been established to implement the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards introduced by the Mental Health Act 2007.
- 5.4 A Sub-group of the RBSAB has also been established to implement the Safeguarding Adults Joint Training Strategy and Joint Training Action Plan.
- 5.5 Policy and Procedures Sub-group.
- 5.6 Link Sub-group to Children's Services – operates as one sub-group for both RBSAB and RBSCB.
- 5.7 Local Multi-disciplinary Forums – NHS HMR and PAHT.
- 5.8 Other Sub-groups may be set up for particular purposes on a short term or standing basis, by agreement of RBSAB members, to carry out specific tasks and to provide specialist advice.
- 5.9 All Sub-groups working under the auspices of the RBSAB should be established by the RBSAB and should work to agreed terms of reference and action plan with specific stated purpose and lines of reporting to the RBSAB.

6 CHAIRING

- 6.1 The RBSAB will be chaired by the Director of Adult Social Services.

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7 ATTENDANCE CODE OF CONDUCT

Members of the RBSAB make the following undertakings:

To demonstrate a commitment to attend the meetings.

To submit apologies if they cannot attend.

To seek to arrange for an agreed representative to attend if the RBSAB member is unable to do so.

To send any agenda items to the Chairperson at least two weeks before the meeting.

Urgent items that arise outside this timescale can be raised through any other business on the agenda or as agreed by RBSAB members.

To feed back to their department/organisation/agency/sector and canvas views to bring to meetings where appropriate.

To act as a conduit between the RBSAB and the department/organisation/agency/sector they represent or whose views they reflect, to further the adoption of Policies, Procedures, Guidance, Protocols and other items endorsed by the RBSAB.

To listen to RBSAB members and other attendees and address comments to all attending. Comments made by anyone attending the RBSAB, that contribute to any form of discrimination in respect of the age, gender, race, sexuality, disability, religion or belief of others, or the bullying or victimisation of others, are not acceptable and will be challenged by the Chairperson and other RBSAB members.

8 MEMBERSHIP

8.1 In order to carry out its responsibilities effectively, the RBSAB will seek to have members from each of the main agencies in the Public, Private and Voluntary sectors responsible for working together to safeguard vulnerable adults.

8.2 Members' roles and seniority will enable them to contribute to developing and maintaining strong and effective adult protection Policies, Procedures and Protocols.

8.3 The RBSAB will arrange to involve others in its work as needed, where they have a relevant interest.

8.4 Membership is detailed in a separate table which reflects changes and is routinely updated.

9 REFERENCES

No Secrets – Department of Health 2000.

Rochdale Inter-Agency Adult Protection Committee Procedures and Practice Guidelines (Revised September 2007).

Working Together to Safeguard Children – Department of Health, Home Office, DfES 1999

DATE OF TERMS OF REFERENCE: JUNE 2009

TERMS OF REFERENCE REVIEW DATE: JUNE 2011.

Appendix 1

Business Plan

ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD (RBSAB) BUSINESS PLAN – APRIL 2009/MARCH 2010

Ref No	Objective	Actions Needed	Completion Dates	Lead Officer/Group	Progress as of October 2009
1.	RBSAB Sub-groups are functioning effectively.	a) Each Sub-group requires an RBSAB Member to Chair. b) Sub-group action plans activated for 09/10.	June 09.	Sub-group Chairs.	a) All action plans submitted and Sub-groups are reporting on progress.
2.	High quality multi-Agency and single agency training is delivered across the borough of Rochdale.	a) Baseline Audit current activity. b) Training Needs Analysis c) Develop Training Plan d) Deliver Training Plan e) Monitoring	June 09. March 2010.	Training Sub-group.	a) Training plan submitted and active (April 09).
3.	a) Safeguarding Vulnerable Groups Act. Independent Safeguarding Authority. b) Mental Capacity Act 2005. c) Deprivation of Liberty Safeguards (DoLS).	a) Meet requirements of Safeguarding Vulnerable Group Act/ MCA/DoLS. b) Update Adult protection procedures. c) Agencies have designated managers identified. d) Audit compliance.	June 09. June 09. April 09. April 09.	RBSAB Sub-group. Policy/ Procedure Sub-group. RBSAB. A&S Sub-group.	a) Awaiting final Government guidance. d) Process will start January 09.
4.	Responding to Serious Case Reviews (SCR).	Response from partners re SCR overview report.	June 09.	Partners to the RBSAB. Case Management Group.	Agenda item October RBSAB. Evaluation of progress current SCR.
5.	To review budget in light of above objectives.	Set out budget plan 2009-2010.	April 09.	Chair and RBSAB.	Finance Officer completing benchmark of other RBSAB's.
6.	Responding to MARAC requirements and MAPPA.	Report to RBSAB.	Oct 09.	Adult Protection Co-Ordinator.	
7.	To identify and minimise any risks associated with implementing the RBSAB agenda at a strategic level across the borough of Rochdale.	Each Sub Group will be responsible for exception reporting any high level risks to RBSAB.	On going	All Sub Group Chairs. Executive Committee.	Sub Group reports submitted

5. Membership

ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD

MEMBERSHIP LIST

NAME	DESIGNATION	ORGANISATION
Sue Adamson	Learning & Devel. & Client Services Manager	RMBC – Training & Development
Paul Gordziejewic	Housing Manager	RMBC – Strategic Housing
Colin Beech	Interim Head of Operations	RMBC – Adult Care
Mark Bell	Detective Chief Inspector	GM Police
Joyce Consterdine	Deputy Chief Operating Officer	NHS Heywood, Middleton & Rochdale
Karen Hurley	Lead Commis. Mental Health and Wellbeing	NHS Heywood, Middleton & Rochdale
David Curtis MBE	Exec. Dir. of Nursing & Integrated Governance	Pennine Care NHS Foundation Trust
Helen Lilley	Older Peoples Service Manager	Pennine Care NHS Foundation Trust
Dr Nick Dawes	Medical Director	NHS Heywood, Middleton & Rochdale
Tracey Devine	Regulations Manager	Care Quality Commission
Mark Gibbons	PCT CHC Commissioning Manager	NHS Heywood, Middleton & Rochdale
Anita Green	Chief Prosecutor	Crown Prosecution Service
Vera Hirst	Older Peoples User/Carer Forum	Age Concern
Tricia Hornby	Chief Executive	Rochdale & District MIND (Advocacy Service)
Chris Kelly	Information Team Manager	RMBC – Performance & Development
John Lindars	Divisional Director	Pennine Acute Hospitals NHS Trust
Pam Lloyd-Hughes	Vulnerable Adult Protection Co-ordinator	RMBC – Adult Care
Des McGinn	Area Chief Probation Officer	GM Probation Service
Lesley Mort	Exec. Dir. of Primary & Comm. Delivery/Board Rep of the RBSCB	NHS Heywood, Middleton & Rochdale
Jennifer Moss	Senior Council Solicitor	RMBC – Legal Services
Mike O’Keeffe	Service Manager (Learning Disabilities)	RMBC – Adult Care
Michael Regan	Governor	HM Prison Buckley Hall
Jane Allen		Rochdale Boroughwide Housing
Paul Thorpe	Procedures Officer	RMBC – Performance & Development
Jim Wilson	Interim Director of Adult Care Service	RMBC – Adult Care
Barry Windle	Commissioning – Mental Health	RMBC – Adult Care
Stephen Williams	Interim Head of Transformation	RMBC, Adult Care
Dianne David	Interim Head of Vulnerable Adults	RMBC – Adult Care
Cllr Dale Mullgrew	Independent Member	RMBC
John Johnson	Safer Communities Manager	RMBC, Safer Communities

6. Sub Groups – Membership and Terms of Reference

ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD (RBSAB)

EXECUTIVE COMMITTEE

Terms of Reference

1. Purpose and Duties

- 1.1 The Executive Committee will be responsible for contributing to setting the Agenda for RBSAB Meeting.
- 1.2 Will provide advice to the RBSAB.
- 1.3 Support the development and implementation of the RBSAB Business Plan.
- 1.4 Setting and agreeing the RBSAB and Sub Group's budget's and recommendations to the RBSAB.

2. Membership

- 2.1 The Executive Committee of the RBSAB will be Chaired by the Chair of the RBSAB and the membership will consist of the Chairs of the following Sub Group:-
 - Case Management
 - Audit and Scrutiny
 - Child-Adult Services Link
 - Policy and Procedure
 - Joint Training
 - MCA/DoLs
 - NHS Local Multi-Disciplinary Groups
 - Communication Sub GroupSupported by the RBSAB Safeguarding Adults Co-ordinator and the Safeguarding Adults Administrative Assistant.
- 2.2 The Executive Committee will co-opt additional members as and when required.

3. Accountability and Reporting

- 3.1 The Executive Committee is accountable to the RBSAB.
- 3.2 Minutes of the RBSAB Executive Committee Meeting will be sent to the RBSAB members.

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4. Meetings

- 4.1 The Executive Committee will meet quarterly three weeks prior to each Board Meeting. Additional meetings may be called on request and with the agreement of the Chair.
- 4.2 Meetings will be quorate if 7 Sub Group Chairs are present.
- 4.3 Meetings will focus on early identification of issues affecting progress and alerting other Sub Group's.
- 4.4 Minutes of the meeting will be taken by the Board Administrative Assistant.

5. Authority

- 5.1 The Executive Committee will operate under delegated authority of the RBSAB to act within the scope of the agreed Terms of Reference.

6. Work Programme

- 6.1 The Executive Committee will work in accordance with the Business Plan and work programmes of the RBSAB Board it will oversee, monitor and co-ordinate the operating of the RBSAB Sub Group's.
- 6.2 It will delegate as required appropriate allocation of tasks to the relevant Sub Group.
- 6.3 It will respond to and provide communications to and from the Department of Health as directed by the RBSAB.
- 6.4 The Executive Committee will be responsible for the sharing of information across agencies as directed by the Board.
- 6.5 Overseeing and auditing and scrutinising the SCR Process as directed by the Board.
- 6.6 It will be responsible for responding to critical incidents and manage and co-ordinate Media response as directed by the Board.
- 6.7 It will raise the profile of the work of the RBSAB.

7. References

- No Secrets Guidance on Developing and Implementing Multi-Agencies Policies and Procedures to protect Vulnerable Adults from Abuse (March 2000).
- Protection of Vulnerable Adults (POVA) Scheme in England and Wales for Care Homes and Domiciliary Care Agencies: A Practical Guide (July 2004).
- Community Care Act 1990
- Care Standards Act 2000
- Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards Regulations.
- Mental Health Act 1983 and 2007
- Safeguarding Vulnerable Groups Act 2006
- Rochdale RBSAB Procedures and Practice Guidelines September 2007.

Appendix 1

Date Terms of Reference Agreed

Date for Review

EXECUTIVE COMMITTEE

MEMBERSHIP LIST

NAME	DESIGNATION	ORGANISATION
Jim Wilson (Chair)	Interim Director of Adult Care Service	RMBC, Adult Care
Colin Beech	Interim Head of Operations	RMBC, Adult Care
Pamela Lloyd Hughes	Co-ordinator for the Protection of Vulnerable Adults	RMBC, Adult Care
Lesley Mort	Executive Director Primary and Community Delivery	NHS HMR
Paul Thorpe	Procedures Officer	RMBC
Sue Adamson	Learning and Development Client Services Manager	RMBC
Chris Kelly	Information Team Manager Performance and Development	RMBC
Dianne David	Head of Vulnerable Adults	RMBC, Adult Care
Barry Windle	Commissioning –Mental Health	RMBC, Adult Care
Joyce Consterdine	Community Healthcare	NHS HMR
John Lindars	Divisional Director	PAHT
Steve Taylor	Divisional Director	PAHT

Rochdale Borough Safeguarding Adults Board (RBSAB)

Policy & Procedures Sub-group

Terms of Reference

1. Membership

1.1 The following agencies provide members to the Policy & Procedures Sub-group

- Rochdale Metropolitan Borough Council
- Heywood, Middleton, & Rochdale NHS
- Pennine Care NHS Foundation Trust
- Pennine Acute Hospitals Trust representative to be advised
- Greater Manchester Police
- Voluntary Organisations

1.2 The sub-group Chair may vary the representation of specific agencies and / or request the attendance of other individuals or organisations, in order to reflect the agenda at a particular meeting.

2. Purpose & Duties

2.1 Development of policies & procedures for safeguarding and promoting the health & welfare of vulnerable adults in the Rochdale Borough, in relation to:

- Action to be taken where there are concerns about a vulnerable adult's safety or welfare, including threshold's for intervention, and information sharing within the member agencies
- Recruitment & supervision of persons who work with vulnerable adults
- Investigation of allegations concerning persons who work with vulnerable adults
- Safety & welfare of adults in residential care homes
- Safety & welfare of adults receiving care services in their own homes
- Adults who have been assessed as lacking the capacity to make specific decisions, and who are subject to such decisions being made on their behalf by others
- Co-operation with neighbouring adult health & social care authorities and their partners

2.2 Develop on behalf of the RBSAB, local protocols in relation to adults who are:

- Abused or neglected within families, including those affected by domestic violence
- Abused by professional Carers
- Victims of financial abuse
- Subject to any type of abuse or neglect as a results of actions or decisions taken by others, that is not in their best interest

Appendix 1

- 2.3 To perform a Quality Assurance function in overseeing documentation relating to Safeguarding Adults, suggesting amendments where necessary, and ensuring that reviews take place.
- 2.4 Manage the production and circulation of RBSAB policies and procedures
- 2.5 Manage the communication of RBSAB policies and procedures by electronic means (e.g. The Internet)
- 2.6 Liaising with other sub-groups in order to improve the distribution and communication of safeguarding procedures to ensure that they are available at the point of use.
- 2.7 To work with the other sub-groups to help ensure that all necessary staff are aware of current policies, procedures, and guidance
- 2.8 To inform the Board of new legislation, regulations, or guidance that will have an effect on local procedures
3. Accountability & Reporting
 - 3.1 The Policy & Procedures Sub-group is accountable and reports to the Rochdale Borough Safeguarding Adults Board
 - 3.2 The chair of the group will provide a regular report to the safeguarding board summarising current activities relating to policy & procedures. The report will follow a standard format.
4. Meetings
 - 4.1 The Policy & Procedures Sub-group will meet bimonthly. Additional meetings may be convened on request and with the agreement of the Chair
 - 4.2 Meeting will be quorate if at least three agencies are represented
 - 4.3 Minutes of the meeting will be taken by the RBSAB Administrator
 - 4.4 Agenda papers will be circulated at least 5 working days in advance of the subgroup meeting. Any delay must be agreed by the chair. Any member of the sub-group may propose the inclusion of an item on the agenda. The chair will confirm and agree the final agenda
 - 4.5 All questions coming or arising before a meeting of the sub-group shall be decided by a majority of the members present at the meeting
 - 4.6 In the event of the sub-group experiencing a serious dispute, the Chair will raise the matter with the Chair of the Safeguarding Board.

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5. Authority

5.1 The Policy & Procedures Sub-group will operate under delegated authority from the RBSAB to act within the scope of the agreed terms of reference

6. Work Programme

6.1 The sub-group will produce an action plan, which will be submitted to the Board for ratification. A progress report will be produced for the Board, by the Chair of the sub-group every three months, detailing progress made against the plan

7. References

- No Secrets: Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse (March 2000)
- Protection of Vulnerable Adults (POVA) scheme in England and Wales for care homes and domiciliary care agencies: a practical guide (July 2004)
- Community Care Act 1990
- Care Standards Act 2000
- Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards Regulations
- Mental Health Acts 1983 and 2007
- Safeguarding Vulnerable Groups Act 2006
- Rochdale RBSAB Procedures & Practice Guidelines (Sept 2007)
- 'Safeguarding Adults' A National Framework of Standards for Good Practice and Outcomes in Adult Protection Work (ADASS: October 2005)

Date Terms of Reference agreed: 28th July 2009

Date for Review: July 2010

POLICY AND PROCEDURE SUB GROUP

MEMBERSHIP LIST

NAME	DESIGNATION	ORGANISATION
Paul Thorpe (Chair)	Procedures Officer	Performance & Development Service RMBC
Sheila Hernon	Interim Resources Manager	Adult Care / RMBC
Biba Boele	Learning & Development Officer	RMBC
Pauline Cusack	Mental Capacity Act Co-ordinator	RMBC
Glenys Ogden	Head of Social Inclusion	Pennine Care NHS Foundation Trust

Martyn Warburton	Principal Finance Officer	Adult Care / RMBC
Pamela Lloyd-Hughes	Co-ordinator for Protection of Vulnerable Adults	RMBC
Lynn Coyne	Solicitor	Legal Services / RMBC
Rachel Law D	Service Manager	Learning Disabilities / RMBC
Tricia Hornby	Chief Executive	Rochdale & District MIND
Meriel Buglass	Head of Public Protection Unit	Greater Manchester Police
Karen Clancy		Heywood, Middleton, & Rochdale PCT
Fiona-Love Roberts	Project Officer (Self-Directed Support)	RMBC
To be advised		Pennine Acute Hospitals NHS Trust

ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD (RBSAB)

Audit and Scrutiny Subgroup

Terms of Reference

1. Membership

1.1 The following Agencies provide members to the Audit and Scrutiny Sub-group.

- Rochdale Metropolitan Borough Council
- Heywood Middleton and Rochdale NHS
- Pennine Care NHS Foundation Trust
- Pennine Acute Hospitals Trust
- Greater Manchester Police
- Voluntary Organisations
- Commissioning

1.2 The Audit and Scrutiny Sub-group will co-opt additional Members as and when required.

2. Purpose and Duties

- 2.1 Accountable to the Board for Performance Assessments of six sub-groups through overview of their action plans and work identified by the Case Management Sub Group and Executive Committee as part of the joint plan they develop.
- 2.2 Complete regular quantitative and qualitative audit trail.
- 2.3 Monitor and report on intra & single agency audit's.
- 2.4 Commission specialist audit reports.
- 2.5 Audit procedures within other agencies.
- 2.6 Audit adult protection related activity of other agencies.
- 2.7 To audit progress on serious case reviews and Integrated Action Plan.

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3. Accountability and Reporting

- 3.1 The Audit and Scrutiny Sub-group is accountable to the Rochdale Borough Safeguarding Adults Board (RBSAB).
- 3.2 The Sub-group Chair will provide quarterly Reports to the Board.

4. Meetings

- 4.1 The Audit Scrutiny Sub-group will meet every six weeks. Additional meetings may be called on request and with agreement with the Chair.
- 4.2 Meetings will be quorate if at least three Agencies are represented.
- 4.3 Minutes of the meeting will be taken by the Board Administrative Assistant.
- 4.4 Agenda papers will be circulated at least five working days in advance of the Sub-group meeting. Any delay must be agreed by the Chair. Any member of the Sub-group may propose the inclusion of an Item on the Agenda. The Chair will confirm and agree the final Agenda.
- 4.5 All Sub-group members shall have the right to vote at any meeting. All questions coming or arising before a meeting of the Audit and Scrutiny Sub-group shall be decided by a majority of the members present at the meeting.

5 Authority

- 5.1 The Audit and Scrutiny Sub-group will operate under delegated authority from the Rochdale Borough Safeguarding Adults Board (RBSAB) to act within the scope of the agreed Terms of Reference.

6 Work Programme

- 6.1 The Audit and Scrutiny Sub-group will produce an Action Plan which will be submitted to the Board for ratification. A Progress Report will be produced for the Board by the Chair of the Sub-group every three months detailing progress made against the Action Plan.

7 References

- No Secrets Guidance on Developing and Implementing Multi-Agencies Policies and Procedures to protect Vulnerable Adults from Abuse (March 2000).
- Protection of Vulnerable Adults (POVA) Scheme in England and Wales for Care Homes and Domiciliary Care Agencies: A Practical Guide (July 2004).
- Community Care Act 1990
- Care Standards Act 2000
- Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards Regulations.
- Mental Health Act 1983 and 2007
- Safeguarding Vulnerable Groups Act 2006
- Rochdale RBSAB Procedures and Practice Guidelines September 2007.
- 'Safeguarding Adults' A National Framework of Standards for good practice and outcomes in adult protection work October 2005 (ADASS).

Appendix 1

Date Terms of Reference Agreed: June 2009

Date for Review

AUDIT AND SCRUTINY SUB-GROUP

MEMBERSHIP LIST

NAME	DESIGNATION	ORGANISATION
Chris Kelly	Information Team Manager	RMBC, Adult Care Service
Nicola Gribben	Performance Development Manager	RMBC, Adult Care Service
Pam Lloyd-Hughes	Adult Protection Manager	RMBC, Adult Care Service
Sheila Hernon	Interim Resources Manager	RMBC, Adult Care Service
Paul Lavin		NHS, HMR
Lesley Ingoe	Safeguarding Lead	PAHT
Glenys Ogden		Pennine Care Mental Health Trust
DI Meriel Buglass	Head of Public Protection Unit	GMP
Tracey Devine	Regulatory Manager	Care Quality Commission
Vera Hirst	Voluntary Sector	Age Concern
Paul Thorpe	Procedures Officer	RMBC, Adult Care Service
Jane Myers	Interim Commissioning Manager	RMBC

ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD (RBSAB)

CASE MANAGEMENT SUB-GROUP

Terms of Reference

4. Membership

4.1 The following Agencies provide members to the Case Management Sub-group.

4.2 Attendance is mandatory.

Members must provide a deputy with appropriate authority to act.

- Rochdale Metropolitan Borough Council
 - Adult Care Service
 - Performance and Development
 - Legal Services
 - Learning Disabilities
 - Supporting People
 - Training and Development
- Pennine Care NHS Foundation Trust
- NHS Heywood, Middleton and Rochdale
 - Commissioners and providers
- Pennine Acute NHS Hospitals Trust
- Greater Manchester Police
- HM Prison, Buckley Hall
- GM Probation Service
- Rochdale Boroughwide Housing
- Victim Support and Witness Service
- CPS
- CQC

1.3 The Case Management Sub-group will co-opt additional Members as and when required.

5. Purpose and Duties

5.1 Responsibility to consider if when a Vulnerable Adult has died or has been seriously harmed in circumstances where Abuse or Neglect is known or suspected, a recommendation is made to the Chair of the RBSAB that a Serious Case Review (SCR) is commissioned.

5.2 When a Serious Case Review is Commissioned the Case Management Sub-group has the responsibility to manage the process and provide the Board with

- Report of the Outcome of the SCR.
- Monitor Agencies progress against the Recommendations of the SCR.
- Bring to the attention the failure of any Agencies to meet SCR Recommendations.

5.3 To act as a referral point for any professional issues which come to light during the workings of the other seven Sub-groups of the RBSAB.

Appendix 1

- 5.4 Identify Inter-Agency Case Management problems and Policy development requirements and thus influence change in practice.
- 5.5 To be made aware of any complaints investigations pertaining to Vulnerable Adults Protection Investigations.

6. Accountability and Reporting

- 3.1 The Case Management Sub-group is accountable to the Rochdale Borough Safeguarding Adults Board (RBSAB).
- 3.2 The Sub-group Chair will provide quarterly Reports to the Board.

4. Meetings

- 4.1 The Case Management Sub-group will meet monthly. Additional meetings may be called on request and with agreement with the Chair.
- 4.2 Meetings will be quorate if at least three Agencies are represented.
- 4.3 Minutes of the meeting will be taken by the Board Administrative Assistant.
- 4.4 Agenda papers will be circulated at least five working days in advance of the Sub-group meeting. Any delay must be agreed by the Chair. Any member of the Sub-group may propose the inclusion of an Item on the Agenda. The Chair will confirm and agree the final Agenda.
- 4.5 All Sub-group members shall have the right to vote at any meeting. All questions coming or arising before a meeting of the Case Management Sub-group shall be decided by a majority of the members present at the meeting.
- 4.6 In the case of equality of votes the Chair person of the meeting shall have a second or casting vote.

8 Authority

- 8.1 The Case Management Sub-group will operate under delegated authority from the Rochdale Borough Safeguarding Adults Board (RBSAB) to act within the scope of the agreed Terms of Reference.

9 Work Programme

- 9.1 The Case Management Sub-group will produce an Action Plan which will be submitted to the Board for ratification. A Progress Report will be produced for the Board by the Chair of the Sub-group every four months detailing progress made against the Action Plan.
- 9.2 Each member will have responsibility to ensure requirements of the action plan are met.
- 9.3 Chair or a nominated representative will attend the RBSAB Executive Committee.

10 References

- No Secrets Guidance on Developing and Implementing Multi-Agencies Policies and Procedures to protect Vulnerable Adults from Abuse (March 2000).

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- Protection of Vulnerable Adults (POVA) Scheme in England and Wales for Care Homes and Domiciliary Care Agencies: A Practical Guide (July 2004).
- Community Care Act 1990
- Care Standards Act 2000
- Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards Regulations.
- Mental Health Act 1983 and 2007
- Safeguarding Vulnerable Groups Act 2006
- Rochdale RBSAB Procedures and Practice Guidelines September 2007.

Date Terms of Reference Agreed: March 2009

Date for Review

CASE MANAGEMENT SUB GROUP

MEMBERSHIP LIST

NAME	DESIGNATION	ORGANISATION
Colin Beech	Interim Head of Operations	RMBC, Adult Care Service
Vivienne Bed-David	Lead Commissioner Primary and Community Care for Adults	Commissioner Services, NHS Heywood Middleton & Rochdale
Meriel Buglass	Detective Inspector, Public Protection Unit	GM Police
Joanne Chilton	Supporting People Lead Officer	RMBC, Adult Care Service
Karen Clancy	Nurse Consultant Long Term Conditions (Respiratory) & Clinical Lead for Case Management Service	Provider Services, NHS Heywood, Middleton and Rochdale
Lynn Coyne	Solicitor	RMBC, Legal Services
Anita Green		Crown Prosecution Service
Nicola Gribben	Performance Manager	RMBC, Adult Care Information Team
Ian Halliday	Principal Community Safety Officer	RMBC, Community Safety
Andy Porter	S.O.	HM Prison, Buckley Hall
Karen Hughes	Divisional Nurse Manager	Pennine Acute Hospitals Trust
Pamela Lloyd-Hughes	Co-ordinator for the Protection of Vulnerable Adults	RMBC, Adult Care Service
Zoe Molyneux / Helen Lilley	Locality Manager	Pennine Care NHS Foundation Trust
Alison Murphy	Senior Probation Officer	GM Probation Service
Fiona Nuttall	Team Manager	RMBC, Adult Care Training & Development
Peter Smith	Operations Manager	Rochdale Boroughwide

		Housing
Brian Stocks	Operational Assessment Team Manager	RMBC, Adult Care Learning Disabilities
Liz Thorpe	Acting Service Manager for Older People	RMBC, Adult Care Service
Michelle Ward		Victim Support and Witness Service
Steve Williams	Interim Head of Transformation	RMBC, Adult Care Service
Representative from Strategic Housing		RMBC,

ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD (RBSAB)

JOINT TRAINING SUB-GROUP

Terms of Reference

1. Membership

1.1 The following Agencies provide members to the Joint Training Sub-group.

- Safeguard Training Coordinator (to be discussed)
- Rochdale Metropolitan Borough Council
- Adult Care Service
- Legal Services
- Learning Disabilities
- Strategic Housing/Supporting People
- Social Care Learning & Development
- Commissioning
- Pennine Care NHS Foundation Trust
- NHS Heywood, Middleton and Rochdale MBC
- Pennine Acute NHS Hospitals Trust
- Greater Manchester Police
- HM Prison, Buckley Hall
- GM Probation Service
- Rochdale Boroughwide Housing
- Independent Sector

1.2 The Joint Training Sub-group will co-opt additional members as and when required.

2. Purpose and Duties

2.1 Purpose to help promote and develop the following in order to achieve better outcomes for Vulnerable Adults:

- A shared understanding of the principles, processes, roles and responsibilities outlines in 'No Secrets' and other guidance, both nationally and locally for Safeguarding Adults
- A shared understanding of the specific issues in Safeguarding Vulnerable Adults
- Better quality single and integrated services at all levels, strategic, team and individual case level

Appendix 1

- Improved communication between Professionals, including a common understanding of key terms, definitions and criteria for interventions
- Effective working relationships, including an ability to work in multi-disciplinary groups and teams
- Sound decision making based on information sharing, comprehensive assessment, critical analysis, monitoring and professional judgement

Duties are to:

- Develop Training Strategy and Plan
- Devise and deliver (or commission) & evaluate multi agency training
- Monitor and audit single agency training
- Assist single agencies with training plan development
- Define single agency training standards
- Develop practice guidance

3. Accountability and Reporting

- 3.1 The Joint Training Sub-group is accountable to the Rochdale Borough Safeguarding Adults Board (RBSAB). The Sub-group Chair will provide quarterly Reports to the Board

4. Meetings

The Joint Training Sub-group will meet on a 6 weekly basis.
Meetings will be quorate if at least three Agencies are represented
Minutes of the meetings will be taken by the Board Administrative Assistant
Agenda papers will be circulated at least five working days in advance of the Sub-group meeting. Any delay must be agreed by the Chair. Any member of the sub-group may propose the inclusion of an item on the Agenda. The Chair will confirm and agree the final agenda

5. Authority

The Joint Training Sub-group will operate under delegated authority from Rochdale Metropolitan Safeguarding Adults Board (RBSAB) to act within the scope of the agreed Terms of Reference.

6. Work Programme

The Joint Training Sub-group will produce an Action Plan which will be submitted to the Board for ratification. A Progress Report will be produced for the Board by the Chair of the Sub-group every four months detailing progress made against the Action Plan.

7. References

- No Secrets Guidance on Developing and Implementing Multi-Agency Policies and Procedures to protect Vulnerable Adults from Abuse (March 2000)

Appendix 1

- Protection of Vulnerable Adults (POVA) Scheme in England and Wales for Care Homes and Domiciliary Care Agencies: A Practical Guide (July 2004)
- Community Care Act 1990
- Care Standards Act 2000
- Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards Regulations
- Mental Health Act 1983 and 2007
- Safeguarding Vulnerable Adults 2006
- Rochdale RBSAB Procedures and Practice Guidelines September 2007
- Safeguarding National Standards Framework – ADASS 2005

Date Terms of Reference Agreed

Date for Review

ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD (RBSAB)

JOINT TRAINING SUB-GROUP

MEMBERSHIP LIST

NAME	DESIGNATION	ORGANISATION
Karen Siddall	DET Sergeant	GMP, PPIU
Janet Fenton		RMBC, Supporting People
Pauline Cusack	MCA Co-ordinator	RMBC, Adult Care
Pamela Lloyd-Hughes	Co-ordinator for the Protection of Vulnerable Adults	RMBC, Adult Care
Sue Adamson (Chair)	Learning and Development and Client Services Manager	RMBC, Training and Development
Tim Storer	Safeguarding Adults Team Manager	RMBC,
Karen Wagstaffe		NHS HMR
Emma Arnold		NHS HMR
Fiona Nuttall	Team Leader	RMBC, Training and Development
		Strategic Housing
		Pennine Acute Hospitals Trust
Glenys Ogden	Senior Manager Social Inclusion	Pennine Care NHS Trust
		Independent Sector
		Crown Prosecution Service
Alison Murphy	Senior Probation Officer	Greater Manchester Probation Service
		HM Prison Buckley Hall
Ian McFadyen		RBH

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ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD

MENTAL CAPACITY ACT SUB-GROUP (INCORPORATING DOLS)

TERMS OF REFERENCE

1 PURPOSE

- 1.1 The Sub Group is multi-agency at Senior Manager Level and key relevant personnel, and will ensure effective local implementation of the Mental Capacity Act (2005) and Deprivation of Liberties Safeguards.

2 MEMBERSHIP

- 2.1 NHS Heywood, Middleton & Rochdale
- 2.2 RMBC/Pennine Care NHS Foundation Trust
- 2.3 RMBC Legal Services
- 2.4 RMBC Adult Care Older People
- 2.5 Rochdale & District MIND
- 2.6 Pennine Acute Hospitals Trust
- 2.7 RMBC, Adult Care Learning Disabilities
- 2.8 RMBC, Adult Care Learning & Development
- 2.9 RMBC, Performance & Development
- 2.10 Voluntary Sector
- 2.11 Chair

Barry Windle, Senior Commissioner Manager Mental Health, Rochdale Metropolitan Borough Council.

3 MEETINGS

- 3.1 The MCA Sub Group will meet bi-monthly. Additional meetings may be called on request and with the agreement of the Chair. Minutes of the Meeting will be taken by the Rochdale Borough Safeguarding Adults Board Admin Officer.
- 3.4 Agenda papers will be circulated at least five working days in advance of the MCA Sub Group meeting. Any delay must be agreed by the Chair. Any member of the group may propose the inclusion of an item on the Agenda; the Chair will confirm and agree the final Agenda.

4 ACCOUNTABILITY AND REPORTING

The MCA Sub Group will be accountable and report to the Rochdale Borough

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Safeguarding Adults Board and this mechanism will facilitate any requests for specific reports relating to the purpose and duties of the group.

5 AUTHORITY

- 5.1 The Sub Group will operate under the delegated authority from the RBSAB to act within the scope of the agreed Terms of Reference.

6 WORK PROGRAMME / ACTION PLAN

- 6.1 The MCA Sub Group will produce an Action Plan which will set out how it will deliver on its identified work streams. Progress on the outcomes of this Action Plan will be reported to the RBSAB.

Date Terms of Reference Agreed

Date for Review

ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD (RBSAB)

MENTAL CAPACITY ACT SUB-GROUP (INCORPORATING DOLS)

MEMBERSHIP LIST

NAME	DESIGNATION	ORGANISATION
Barry Windle	Senior Commissioning Manager M.H	RMBC / NHS HMR
Pauline Cusack	MCA Co-ordinator	RMBC Adult Care Services
Pamela Lloyd-Hughes	Co-ordinator for the Protection of Vulnerable Adults	RMBC Adult Care Services
Fozia Waseem	Commissioning Project Manager M.H	NHS HMR
Paul Thorpe	Policy and Procedures Officer	RMBC
Ann Butterfield	Senior Council Solicitor	RMBC
Karen Wagstaff	Clinical Lead, District Nursing	Provider Arm NHS HMR
Tim Storer	Operational Team Manager	RMBC Adult Care Services
Fiona Nuttall	Team Leader Staff Development and Training	RMBC
Tricia Hornby	Chief Executive	Rochdale and District Mind
Glenys Ogden	Senior Management Social Care	RMBC Pennine Care NHS Trust
DI Merial Buglass	Detective Inspector	GMP Public Protection Unit

Mike Finnegan	Medical Director	Pennine Acute Hospital NHS Trust
Celia Walsh	IMCA	Rochdale and District Mind
Pat Myers	IMCA	Rochdale and District Mind
Michelle Bennion	Head of Integrated Adult and Older People Services	Provider Arm NHS HMR

**Rochdale Borough Safeguarding Children Board
Child – Adult Services Link Sub Group
Terms of Reference
Updated March 2009**

1. Purpose

1.1 To ensure that staff, in the partner agencies of the RBSCB and RBSAB in the Borough of Rochdale, working with people who may have children or come into contact with children are sufficiently aware of safeguarding policies and procedures to recognise any area of concern and take any necessary actions to safeguard children.

1.2 To ensure any identified gaps in Safeguarding training are met by partner agencies.

1.3 To provide information across all Sub Groups of the RBSCB and RBSAB as to changes in adult services that impacts on children, which may require action by the Boards or Sub Groups.

2. Membership

2.1 The following agencies provide members to the Child – Adult Services Link Sub Group;

- Rochdale Metropolitan Borough Council:
- Services to Children & Young People
- Social Care
- Education
- Rochdale, Heywood & Middleton Primary Care Trust
- Pennine Acute NHS Trust
- Pennine Care
- Greater Manchester Police
- GM Probation services
- Strategic Housing Services
- Rochdale Boroughwide Housing
- Safer Community Partnership

2.2. The Child – Adult Services Link Sub Group will co-opt additional members as and when required.

3. Meetings

3.1 The Child – Adult Services Link Sub Group will meet bimonthly. Additional meetings may be called on request and with the agreement of the Chair.

3.2 Meetings will be quorate if at least five agencies are represented.

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Minutes of the meeting will be taken by the Board admin worker.

- 3.4 Agenda papers will be circulated at least 5 working days in advance of the Sub Group meeting. Any delay must be agreed by the chair. Any member of the Sub Group may propose the inclusion of an item on the agenda; the Chair will confirm and agree the final agenda.
- 3.5 All Board members shall have the right to vote at any meeting. All questions coming or arising before a meeting of the Child – Adult Services Link Sub Group shall be decided by a majority of the members present at the meeting.
- 3.6 In the case of an equality of votes the Chairperson of the meeting shall have a second or casting vote.

4. Accountability and Reporting

- 4.1 The Child – Adult Services Link Sub Group will be accountable and report to the Rochdale Borough Safeguarding Children Board and the Rochdale Borough Safeguarding Adults Board.
- 4.2 The chair of the group will provide a regular report to the safeguarding group and this mechanism will facilitate any requests for specific reports relating to the purpose and duties of the group.

5. Authority

- 5.1 The Sub Group will operate under delegated authority from the RBSCB and RBSAB to act within the scope of the agreed terms of reference.

6. Links to other groups/committees

7. Work programme

References

These Terms of Reference have been written with reference to and using the guidance set out in the following documents:

Working Together to Safeguard Children	DfES	2006
Suggested Learning Outcomes for Target Groups	ECM	2006
Rochdale Borough Safeguarding Board Arrangements	RBSCB	2006
Rochdale Borough Safeguarding Board Compact	RBSCB	2006
Children Act 2004	HMSO	2004
Education Act 2002	HMSO	2002

Terms of Reference

Title: Safeguarding Adults Group (Provider)

Appendix 1

Membership:

Joyce Consterdine	- Deputy Chief Operating Officer (Chair)
Karen Wagstaff	- Clinical Lead – District Nursing (Vice Chair)
Helena Duncan	- Designated Nurse Child Protection
Emma Arnold	- HR Representative
Karen Clancy	- Nurse Consultant LTC & Respiratory
Novello Tucker	- Children’s Representative
Paul Lavin	- Operational Manager – Unscheduled Care
Jeremy Bentham	- Clinical Nurse Manager LDS
Susan Cordwell	- Therapy Representative
Anne Marland	- Advanced Practitioner, Active Case Management
Pamela Lloyd-Hughes	- Co-ordinator for the Protection of Vulnerable Adults (Development, Quality & Training Officer)

2. Purpose and Duties:

The Safeguarding Adults Group will:-

- Contribute to the operational direction of the safeguarding agenda
- Ensure that the Safeguarding Children and Vulnerable Adults Policy is implemented across NHS Heywood, Middleton and Rochdale Provider Services.
- To act as a reference group for national safeguarding consultative documents
- To provide a cohesive response within the community health economy in Rochdale for safeguarding issues
- To bring together the key professionals from within NHS Heywood, Middleton and Rochdale to ensure the safeguarding of adults from the perspective of health is met
- To ensure that the provider of services (NHS HMR) contributes to and links to Rochdale Borough Safeguarding Adults Board (RBSAB)
- Promote a ‘learning lessons’ approach in the PCT
- Review and Advise Integrated Governance in regard to Adult Protection policy and procedures.
- Oversee and monitor progress of the outcome and recommendations of serious case reviews that affect Provider Services

- As part of the Work Plan, Monitor the PCT’s performance in accordance with National policy and guidance.
- Advise provider representatives on safeguarding and PCT Board + Provider Board in relation to risks/issues
- Ensure the RBSAB business plan is implemented accordingly
- Agree and provide reports in accordance with any other formal monitoring arrangements.

3. Frequency of Meetings and Quoracy:

The meeting will be quorate on the attendance of two thirds of the membership- 6 members.

Meetings will be held bi-monthly.

Appendix 1

4. Authority:

The Safeguarding Adults Group (Provider) will have delegated authority, and responsibility for the PCT's Work Programme.

The group will:

Report progress and outcomes to the:

- Integrated Governance Committee
- Provider Board/PCT Board
- RBSAB

5. Agenda Setting:

- Performance Monitoring – C.Q.C
- New Legislation
- Report to and from RBSAB
- Training
- Issues/risks
- Monitoring of the Work Programme

6. Links to other groups/committees:

- RBSAB and its sub committees
- Safeguarding Advisory Group PAHT
- Clinical Governance groups
- Older Peoples Partnership
- GP Education and other independent contractors
- Joint Management Team with Local Authority

8. Reporting and Accountability:

- Reports to Provider Board in May and November.
- Information/update reports to Integrated Governance Committee
- Clinical Governance Groups as necessary
- Accountable to the RBSAB?

Appendix 1

Draft

Safeguarding Adult Group – Action Plan 2009

The Safeguarding Adult Group will drive the Trust agenda to:
 Implement agreed multi-agency policies and procedures.
 Ensure that the Trust meets safeguarding standards as outlined in the NHS LA Risk Management Standards 1.3.3.
 Prevent abuse from occurring in the organisation by ensuring that prevention measures are in place to lessen the likelihood of abuse
 Ensure that staff have the knowledge and understanding of safeguarding issues and receive appropriate training to recognise poor practice or abuse and respond appropriately
 Ensure that there is a consistent and effective response to concerns, allegations and disclosure of abuse

	Recommendation	Current Status	Further action required	Completion date	Responsibility
1	The organisation has approved documentation which describes the process for managing the risks associated with protecting vulnerable adults. As a minimum, the approved documentation must include the duties	1. Safeguarding Documentation Safeguarding Vulnerable People Strategy (EDN010) The purpose of the Trust wide strategy is to ensure that vulnerable people receiving care and treatment within the Trust are protected and supported. It sets out the way that the Trust and partner	Review all new national and local legislation and guidance, identifying implications for the Trust making appropriate recommendations to ensure compliance.	On-going	Lead Nurse Safeguarding Vulnerable People Associate Director Nursing Divisional Medical Director

agencies should work together to ensure that appropriate policies, procedures and practices are in place when staff work with vulnerable people.



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2008\ELECTRONIC E


Policy for the Protection of Vulnerable Adults (NCWC011)
The purpose of this policy is to ensure an effective and co-ordinated response in the event of a professional suspecting that a vulnerable adult in the care of Pennine Acute Hospitals NHS Trust is suffering or at risk of suffering harm.










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DOCS\POLICY FOR TI





Policy for the management of patients / visitors who pose a risk of harm to children, young people and vulnerable adults (NCWC010)

Deputy
Divisional
Director

		<p>This procedure is intended to assist staff working in clinical areas in their assessment and management of identifying individuals who present a risk or potential risk to children, young people or vulnerable adults within the hospital environment.</p>  <p>H:\C two\C2 July 2008\ELECTRONIC E\</p>			
2	<p>Ensure that local arrangements for addressing the protection of vulnerable adults are easily accessible to staff to enable the appropriate recognition and response to safeguarding issues.</p>	<p>1. The Trust has Senior Representatives who attend the Local Authority Adult Partnership Meetings</p> <p>2. The Trust adheres to the Local Authority Adult Partnership Policies for the</p>	<p>Adult protection and the Adult Partnership Meetings are developing in the same way as child protection services. As yet there is no legislative framework in place driving this agenda, however the review of the 'No Secrets' document may drive a legislative framework to be developed by the Government.</p> <p>The adult partnerships are developing sub-groups to drive their safeguarding agendas. There will be a requirement from the Trust to identify appropriate members of staff to sit on these groups.</p> <p>Updating as required.</p>	<p>On-going</p> <p>On-going</p> <p>On-going</p>	<p>Associate Director Nursing</p> <p>Divisional Medical Director</p> <p>Deputy Divisional Director</p> <p>Lead Nurse Safeguarding Vulnerable</p>

		<p>Protection of Adults (Oldham, Bury, Manchester and Rochdale)</p> <p>  H:\SAFEGUARDING MEETINGS 2008\2008 H:\SAFEGUARDING MEETINGS 2008\2008</p> <p>  H:\SAFEGUARDING MEETINGS 2008\2008 H:\SAFEGUARDING MEETINGS 2008\2008</p> <p>3. Trust's Safeguarding Vulnerable People Web-site</p> <p>Available via the Trusts Intranet providing information on safeguarding vulnerable adults. This includes the Trust's Safeguarding Policies, Local Authority Adult Protection Policies and contact details of professional for support and advice.</p>	<p>Updating as required.</p>	<p>On-going</p>	<p>People.</p> <p>Lead Nurse Safeguarding Vulnerable People</p>
3	<p>Ensure that the organisation's expectations in relation to staff training, as identified in the training needs analysis are carried out. Staff should be trained so they: know how to safeguard</p>	<p>1.Draft Training Strategy</p> <p> H:\SAFEGUARDING TRAINING\2008\SAFI</p>	<p>Updating as required.</p>	<p>On-going</p>	<p>Associate Director Nursing</p> <p>Divisional Medical Director</p> <p>Deputy Divisional</p>

	<p>and promote the welfare of children can be alert to potential indications of abuse or neglect in children know how to act upon their concerns know who to contact in their organisation to express concerns about a child's welfare.</p>	<p>2. Safeguarding Vulnerable People PowerPoint presentation given to all staff new to the establishment.</p>  <p>H:\WEB PAGE\VULNERABLE CHILDR</p> <p>3. Raising Awareness Session given to Senior/On-call Managers</p>  <p>H:\SAFEGUARDING TRAINING\2008\SAFI</p> <p>4. E-Learning package being developed.</p>	<p>Updating as required to meet national and local legislation.</p> <p>Updating as required to meet national and local legislation.</p> <p>Currently under development.</p>	<p>On-going</p> <p>On-going</p> <p>Nov 2008</p>	<p>Director</p> <p>Lead Nurse Safeguarding Vulnerable People</p> <p>Lead Nurse Safeguarding Vulnerable People</p> <p>Library Systems Officer</p> <p>Lead Nurse Safeguarding Vulnerable People</p>
4	<p>Develop a process for supporting staff involved in protecting vulnerable adults</p>	<p>1. Provision of identified Professionals within the organisation to contact for advice and support.</p>	<p>Completed</p>	<p>-</p>	<p>Associate Director Nursing</p> <p>Divisional Medical Director</p>

		<p>2. What to do card handed out to staff at raising awareness sessions.</p>   <p>H:\SAFEGUARDING RAISING AWARENES' H:\SAFEGUARDING RAISING AWARENES'</p> <p>3. Definitions of abuse information card handed out to staff at raising awareness sessions.</p>   <p>H:\SAFEGUARDING RAISING AWARENES' H:\SAFEGUARDING RAISING AWARENES'</p>	<p>Updating as required to meet national and local legislation.</p> <p>To be distributed to members of staff in identified areas.</p> <p>Updating as required to meet national and local legislation.</p> <p>To be distributed to members of staff in identified areas.</p>	<p>-</p> <p>-</p>	<p>Deputy Divisional Director</p> <p>Lead Nurse Safeguarding Vulnerable People</p> <p>Lead Nurse Safeguarding Vulnerable People</p> <p>Lead Nurse Safeguarding Vulnerable People</p>
5	<p>Develop a process for monitoring the effectiveness of all of the above.</p>	<p>1. Link into Accident and Incident Reporting system and Governance.</p> <p>2. Develop a programme of Audit</p>			<p>???</p> <p>???</p>

Appendix 1

Safeguarding Vulnerable People Forum Terms of Reference

Function

The Safeguarding Vulnerable People Forum (SVPF) will ensure that the needs of all vulnerable people who come into contact with Pennine Acute Hospitals NHS Trust (PAHNT) are consistently met by:

Ensuring that effective safeguarding vulnerable people procedures achieve the standards, as set out in No secrets, 2000, Standard 4 of the National Service Framework for Older People, Better Health Care, standard C2 and the National Health Service Litigation Authority (NHSLA) Risk Management Standards 1.3.2 and 1.3.3, Standards 5, 7 and 11 of the National Service Framework for Children, Young People and Maternity Services and Section 11 of the Children's Act (2004). In addition it will ensure that the human rights of vulnerable people are upheld in accordance with the Human Rights Act 1998 and Mental Capacity Act 2005.

Ensuring that multi agency links are maintained across adult's and children's services.
Monitoring the effectiveness of information and training provided for employees of PAHNT.
Liaising with the Human Resource Department to ensure that all staff have been screened by the Criminal Records Bureau (CRB) in accordance with Department of Health guidelines.
Receiving Serious Case review reports and cascading relevant information to the Safeguarding Adults Group (SAG) and Safeguarding Children Group (SCG) in order that lessons are learned and practices improved.

Reviewing the action plans provided by the SAG and SCG groups to ensure that objectives are being met and targets achieved.

Ensuring that the aims and objectives of the groups are in accordance with the strategic direction of the Trust as a whole and that it links closely with other areas such as Equality and Diversity and Privacy and Dignity.

Producing an annual safeguarding report to the Trust Board outlining progress made, lessons learned and future plans.

Membership

The Forum will be chaired by the Medical Director and will have a core membership:

Chair from the Safeguarding Adult Group
Chair from the Safeguarding Children Group.
Associate Director of Nursing
Lead Nurse Safeguarding

Chair: Dr Ruth Jameson, Medical Director

Frequency: Quarterly

7. Calendar of Dates

ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD 2009/10

RBSAB DATES

DEADLINES FOR NOTIFICATION OF ITEMS AND SUBMISSION OF REPORTS

CHAIR – JIM WILSON
Interim Executive Director Adult Care Service

DEADLINE FOR NOTIFICATION OF ALL ITEMS TO THE BOARD - NOON	DATE OF MEETING	TIME OF MEETING
3 rd June 2009	16 th June 2009	9.30 – 12.00
17 th September 2009	1 st October 2009	9.30 – 12.00
2 nd December 2009	15 th December 2009	9.30 – 12.00
9 th March 2010	23 rd March 2010	9.30 – 12.00
8 th June 2010	22 nd June 2010	9.30 – 12.00
7 th September 2010	21 st September 2010	9.30 – 12.00
30 th November 2010	14 th December 2010	2.00 – 4.30

EXECUTIVE COMMITTEE DATES

CHAIR – JIM WILSON
Interim Executive Director Adult Care Service

BOARD MEETING DATES	DEADLINE FOR NOTIFICATION OF ALL ITEMS TO THE BOARD – NOON	DATE OF MEETING	TIME OF MEETING
1 st October 2009	17 th September 2009	18 th August 2009	2.30 - 4.30
15 th December 2009	2 nd December 2009	Tb be arranged	-
23 rd March 2010	9 th March 2010	2 nd March 2010	Am
22 nd June 2010	8 th June 2010	1 st June 2010	Am
21 st September 2010	7 th September 2010	31 st August 2010	Am
14 th December 2010	30 th November 2010	23 rd November 2010	Am

SUB GROUPS 2009/10

CASE MANAGEMENT SUB GROUP 2009/10

CHAIR – COLIN BEECH
Interim Head of Operations Adult Care Service

BOARD MEETING DATES	DEADLINE FOR NOTIFICATION OF ALL ITEMS TO THE BOARD - NOON	DATE OF MEETING	TIME OF MEETING
16 th June 2009	3 rd June 2009	12 th May 2009	2.00 – 4.00
16 th June 2009	3 rd June 2009	1 st June 2009	2.00 – 4.00
1 st October 2009	17 th September 2009	6 th July 2009	2.30 - 4.30
1 st October 2009	17 th September 2009	3 rd August 2009	2.00 – 4.00
1 st October 2009	17 th September 2009	7 th September 2009	2.00 – 4.00
15 th December 2009	2 nd December 2009	5 th October 2009	2.00 – 4.00
15 th December 2009	2 nd December 2009	2 nd November 2009	2.00 – 4.00
15 th December 2009	2 nd December 2009	7 th December 2009	2.00 – 4.00

AUDIT AND SCRUTINY SUB GROUP 2009/10

CHAIR – CHRIS KELLY
Information Team Manager Performance and Development

BOARD MEETING DATES	DEADLINE FOR NOTIFICATION OF ALL ITEMS TO THE BOARD - NOON	DATE OF MEETING	TIME OF MEETING
16 th June 2009	3 rd June 2009	2 nd June 2009	9.30 – 11.30
1 st October 2009	17 th September 2009	7 th July 2009	9.30 – 11.30
1 st October 2009	17 th September 2009	21 st August 2009	9.30 – 11.30
15 th December 2009	2 nd December 2009	6 th October 2009	9.30 – 11.30
15 th December 2009	2 nd December 2009	17 th November 2009	9.30 – 11.30
23 rd March 2010	9 th March 2010	5 th January 2010	9.30 – 11.30
22 nd June 2010	8 th June 2010	16 th March 2010	9.30 – 11.30

JOINT TRAINING SUB GROUP 2009/10

CHAIR – SUE ADAMSON
Client Services Manager Learning and Development

BOARD MEETING DATES	DEADLINE FOR NOTIFICATION OF ALL ITEMS TO THE BOARD - NOON	DATE OF MEETING	TIME OF MEETING
16 th June 2009	3 rd June 2009	18 th May 2009	2.30 -4.30
1 st October 2009	17 th September 2009	3 rd July 2009	2.30 – 4.30
1 st October 2009	17 th September 2009	7 th August 2009	2.30 – 4.30
15 th December 2009	2 nd December 2009	16 th October 2009	2.00 – 4.00
15 th December 2009	2 nd December 2009	11 th December 2009	2.00 – 4.00
23 rd March 2010	9 th March 2010	12 th February 2010	2.00 – 4.00

POLICY AND PROCEDURE SUB GROUP 2009/10

CHAIR – PAUL THORPE
Procedures Officer Performance and Development

BOARD MEETING DATES	DEADLINE FOR NOTIFICATION OF ALL ITEMS TO THE BOARD - NOON	DATE OF MEETING	TIME OF MEETING
16 th June 2009	3 rd June 2009	27 th May 2009	2.00 – 4.00
1 st October 2009	17 th September 2009	28 th July 2009	10.00 – 12.00
1 st October 2009	17 th September 2009	22 nd September 2009	10.00 – 12.00
15 th December 2009	2 nd December 2009	10 th November 2009	2.00 – 4.00

CHILD ADULT SERVICES LINK SUB GROUP 2009/10

CHAIR – LESLEY MORT
Exec. Dir. of Primary & Comm. Delivery NHS HMR

BOARD MEETING DATES	DEADLINE FOR NOTIFICATION OF ALL ITEMS TO THE BOARD - NOON	DATE OF MEETING	TIME OF MEETING
16 th June 2009	3 rd June 2009	2 nd April 2009	9.00 – 10.30
15 th June 2009	3 rd June 2009	28 th May 2009	9.00 – 10.30
1 st October 2009	17 th September 2009	30 th July 2009	9.00 – 10.30
1 st October 2009	17 th September 2009	24 th September 2009	9.00 - 10.30
15 th December 2009	2 nd December 2009	26 th November 2009	9.00 – 10.30

MENTAL CAPACITY ACT SUB GROUP 2009/10

CHAIR – DIANNE DAVID
Interim Head of Vulnerable Adults RMBC

BOARD MEETING DATES	DEADLINE FOR NOTIFICATION OF ALL ITEMS TO THE BOARD - NOON	DATE OF MEETING	TIME OF MEETING
16 th June 2009		10 th June 2009	2.30 – 4.30
1 st October 2009	17 th September 2009	29 th July 2009	2.00 – 4.00
15 th December 2009	2 nd December 2009	7 th October 2009	2.00 – 4.00
15 th December 2009	2 nd December 2009	9 th December 2009	2.00 – 4.00
23 rd March 2010	9 th March 2010	10 th February 2010	2.00 – 4.00

Appendix 1

LOCAL MULTI-DISCIPLINARY FORUMS – NHS HMR AND PAHT SUB GROUP 2009/10

CHAIR – STEVE TAYLOR – PAHT
Director of Nursing NHS PAHT
CHAIR – JOYCE CONSTERDINE – NESHMR
Deputy Chief Operating Officer

BOARD MEETING DATES	DEADLINE FOR NOTIFICATION OF ALL ITEMS TO THE BOARD - NOON	DATE OF MEETING	TIME OF MEETING
16th June 2009	3 rd June 2009	PAHT 23 rd April 2009	3.30 – 5.00
16 th June 2009	3 rd June 2009	21 st May 2009	3.30 -5.00
1 st October 2009	17 th September 2009	18 th June 2009	3.30 – 5.00
1 st October 2009	17 th September 2009	23 rd July 2009	3.30 – 5.00
1 st October 2009	17 th September 2009	20 th August 2009	3.30 – 5.00
15 th December 2009	2 nd December 2009	24 th September 2009	3.30 – 5.00
15 th December 2009	2 nd December 2009	22 nd October 2009	3.30 – 5.00
15 th December 2009	2 nd December 2009	26 th November 2009	3.30 – 5.00
23 rd March 2010	9 th March 2010	18 th December 2009	3.30 – 5.00
16 th June 2009	3 rd June 2009	NHS HMR 19 th May 2009	3.00 – 4.30
1 st October 2009	17 th September 2009	23 rd July 2009	3.00 – 4.30
1 st October 2009	17 th September 2009	25 th August 2009	3.00 – 4.30
1 st October 2009	17 th September 2009	21 st October 2009	3.00 – 4.30
15 th December 2009	2 nd December 2009	2 nd December 2009	3.00 – 4.30
23 rd March 2010	9 th March 2010	24 th February 2010	3.00 – 4.30
22 nd June 2010	8 th June 2010	28 th April 2010	3.00 – 4.30
21 st September 2010	7 th September 2010	30 th June 2010	3.00 – 4.30
21 st September 2010	7 th September 2010	25 th August 2010	3.00 – 4.30
21 st September	7 th September	27 th October 2010	3.00 – 4.30

2010	2010		
14 th December 2010	7 th September 2010	15 th December 2010	3.00 – 4.30

MEMBERSHIP LIST FOR ALL SUB GROUPS

ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD MEMBERSHIP LIST

NAME	DESIGNATION	ORGANISATION
Sue Adamson	Learning & Devel. & Client Services Manager	RMBC – Training & Development
Paul Gordziejewic	Housing Manager	RMBC – Strategic Housing
Colin Beech	Interim Head of Operations	RMBC – Adult Care
Mark Bell	Detective Chief Inspector	GM Police
Joyce Consterdine	Deputy Chief Operating Officer	NHS Heywood, Middleton & Rochdale
Karen Hurley	Lead Commis. Mental Health and Wellbeing	NHS Heywood, Middleton & Rochdale
David Curtis MBE	Exec. Dir. of Nursing & Integrated Governance	Pennine Care NHS Foundation Trust
Helen Lilley	Older Peoples Service Manager	Pennine Care NHS Foundation Trust
Dr Nick Dawes	Medical Director	NHS Heywood, Middleton & Rochdale
Tracey Devine	Regulations Manager	Care Quality Commission
Mark Gibbons	PCT CHC Commissioning Manager	NHS Heywood, Middleton & Rochdale
Anita Green	Chief Prosecutor	Crown Prosecution Service
Vera Hirst	Older Peoples User/Carer Forum	Age Concern
Tricia Hornby	Chief Executive	Rochdale & District MIND (Advocacy Service)
Chris Kelly	Information Team Manager	RMBC – Performance & Development
John Lindars	Divisional Director	Pennine Acute Hospitals NHS Trust
Pam Lloyd-Hughes	Vulnerable Adult Protection Co-ordinator	RMBC – Adult Care
Des McGinn	Area Chief Probation Officer	GM Probation Service
Lesley Mort	Exec. Dir. of Primary & Comm. Delivery/Board Rep of the RBSCB	NHS Heywood, Middleton & Rochdale
Jennifer Moss	Senior Council Solicitor	RMBC – Legal Services
Mike O'Keeffe	Service Manager (Learning Disabilities)	RMBC – Adult Care
Michael Regan	Governor	HM Prison Buckley Hall
Jane Allen		Rochdale Boroughwide Housing
Paul Thorpe	Procedures Officer	RMBC – Performance & Development
Jim Wilson	Interim Director of Adult Care Service	RMBC – Adult Care
Barry Windle	Commissioning – Mental Health	RMBC – Adult Care
Stephen Williams	Interim Head of Transformation	RMBC, Adult Care
Dianne David	Interim Head of Vulnerable Adults	RMBC – Adult Care
Cllr Dale Mullgrew	Independent Member	RMBC
John Johnson	Safer Communities Manager	RMBC, Safer Communities

EXECUTIVE COMMITTEE

MEMBERSHIP LIST

NAME	DESIGNATION	ORGANISATION
Jim Wilson (Chair)	Interim Director of Adult Care Service	RMBC, Adult Care
Colin Beech	Interim Head of Operations	RMBC, Adult Care
Pamela Lloyd Hughes	Co-ordinator for the Protection of Vulnerable Adults	RMBC, Adult Care
Lesley Mort	Executive Director Primary and Community Delivery	NHS HMR
Paul Thorpe	Procedures Officer	RMBC
Sue Adamson	Learning and Development Client Services Manager	RMBC
Chris Kelly	Information Team Manager Performance and Development	RMBC
Dianne David	Head of Vulnerable Adults	RMBC, Adult Care
Barry Windle	Commissioning –Mental Health	RMBC, Adult Care
Joyce Consterdine	Community Healthcare	NHS HMR
John Lindars	Divisional Director	PAHT
Steve Taylor	Divisional Director	PAHT

ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD

CASE MANAGEMENT SUB GROUP

MEMBERSHIP LIST

NAME	DESIGNATION	ORGANISATION
Colin Beech	Interim Head of Operations	RMBC, Adult Care Service
Vivienne Bed-David	Lead Commissioner Primary and Community Care for Adults	Commissioner Services, NHS Heywood Middleton & Rochdale
Meriel Buglass	Detective Inspector, Public Protection Unit	GM Police
Joanne Chilton	Supporting People Lead Officer	RMBC, Adult Care Service
Karen Clancy	Nurse Consultant Long Term Conditions (Respiratory) & Clinical Lead for Case Management	Provider Services, NHS Heywood, Middleton and Rochdale

	Service	
Lynn Coyne	Solicitor	RMBC, Legal Services
Anita Green		Crown Prosecution Service
Nicola Gribben	Performance Manager	RMBC, Adult Care Information Team
Ian Halliday	Principal Community Safety Officer	RMBC, Community Safety
Andy Porter	S.O.	HM Prison, Buckley Hall
Karen Hughes	Divisional Nurse Manager	Pennine Acute Hospitals Trust
Pamela Lloyd-Hughes	Co-ordinator for the Protection of Vulnerable Adults	RMBC, Adult Care Service
Zoe Molyneux / Helen Lilley	Locality Manager	Pennine Care NHS Foundation Trust
Alison Murphy	Senior Probation Officer	GM Probation Service
Fiona Nuttall	Team Manager	RMBC, Adult Care Training & Development
Peter Smith	Operations Manager	Rochdale Boroughwide Housing
Brian Stocks	Operational Assessment Team Manager	RMBC, Adult Care Learning Disabilities
Liz Thorpe	Acting Service Manager for Older People	RMBC, Adult Care Service
Michelle Ward		Victim Support and Witness Service
Steve Williams	Interim Head of Transformation	RMBC, Adult Care Service
Representative from Strategic Housing		RMBC,

ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD

AUDIT AND SCRUTINY SUB-GROUP

MEMBERSHIP LIST

NAME	DESIGNATION	ORGANISATION
Chris Kelly	Information Team Manager	RMBC, Adult Care Service
Nicola Gribben	Performance Development Manager	RMBC, Adult Care Service
Pam Lloyd-Hughes	Adult Protection Manager	RMBC, Adult Care Service
Sheila Hernon	Interim Resources Manager	RMBC, Adult Care Service
Paul Lavin		NHS, HMR
Lesley Ingoe	Safeguarding Lead	PAHT
Glenys Ogden		Pennine Care Mental Health Trust
DI Meriel Buglass	Head of Public Protection Unit	GMP
Tracey Devine	Regulatory Manager	Care Quality Commission
Vera Hirst	Voluntary Sector	Age Concern
Paul Thorpe	Procedures Officer	RMBC, Adult Care Service
Jane Myers	Interim Commissioning Manager	RMBC

ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD

JOINT TRAINING SUB GROUP

MEMBERSHIP LIST

NAME	DESIGNATION	ORGANISATION
Karen Siddall	DET Sergeant	GMP, PPIU
Janet Fenton		RMBC, Supporting People
Pauline Cusack	MCA Co-ordinator	RMBC, Adult Care
Pamela Lloyd-Hughes	Co-ordinator for the Protection of Vulnerable Adults	RMBC, Adult Care
Sue Adamson (Chair)	Learning and Development and Client Services Manager	RMBC, Training and Development
Tim Storer	Safeguarding Adults Team Manager	RMBC,
Karen Wagstaffe		NHS HMR
Emma Arnold		NHS HMR
Fiona Nuttall	Team Leader	RMBC, Training and Development
		Strategic Housing
		Pennine Acute Hospitals Trust
Glenys Ogden	Senior Manager Social Inclusion	Pennine Care NHS Trust
		Independent Sector
		Crown Prosecution Service
Alison Murphy	Senior Probation Officer	Greater Manchester Probation Service
		HM Prison Buckley Hall
Ian McFadyen		RBH

ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD

POLICY AND PROCEDURE SUB GROUP

MEMBERSHIP LIST

NAME	DESIGNATION	ORGANISATION
Paul Thorpe (Chair)	Procedures Officer	Performance & Development Service RMBC
Sheila Hernon	Interim Resources Manager	Adult Care / RMBC
Biba Boele	Learning & Development Officer	RMBC
Pauline Cusack	Mental Capacity Act Co-ordinator	RMBC
Glenys Ogden	Head of Social Inclusion	Pennine Care NHS Foundation Trust

Martyn Warburton	Principal Finance Officer	Adult Care / RMBC
Pamela Lloyd-Hughes	Co-ordinator for Protection of Vulnerable Adults	RMBC
Lynn Coyne	Solicitor	Legal Services / RMBC
Rachel Law D	Service Manager	Learning Disabilities / RMBC
Tricia Hornby	Chief Executive	Rochdale & District MIND
Meriel Buglass	Head of Public Protection Unit	Greater Manchester Police
Karen Clancy		Heywood, Middleton, & Rochdale PCT
Fiona-Love Roberts	Project Officer (Self-Directed Support)	RMBC
To be advised		Pennine Acute Hospitals NHS Trust

ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD

CHILD TO ADULT SERVICES LINK SUB GROUP

MEMBERSHIP LIST

NAME	DESIGNATION	ORGANISATION
Lesley Mort (Chair)		
Joanne Chilton		RMBC, Supporting People
Jeremy Bentham	Operational Team Manager	NHS HMR Provider
Pamela Lloyd Hughes	Co-ordinator for the Protection of Vulnerable Adults	RMBC, Adult Care Service
Alison Fraser		NHS Pennine Care Trust
Steve Hopkinson	Resources Manager	RMBC, Adult Care Service
Tony Philbin		RMBC, Safeguarding Children Unit
Steve Ellis		Greater Manchester Police
Ann Hanley	Senior Probation Officer	HMP Buckley Hall
Maria Boyle		RMBC, Schools/Learners and Young People
Debbie McQueen		RMBC, Children's Social Care
Gill Parnell Jackson		Training Sub Group Link Member
		PAHT
Donna Bowler		Strategic Housing
Ian Halliday		Safer Communities Partnership
Tbc		DAAT

Appendix 1

ROCHDALE BOROUGH SAFEGUARDING ADULTS BOARD

MENTAL CAPACITY ACT /DEPRIVATION OF LIBERTY SAFEGUARDS SUB GROUP

MEMBERSHIP LIST

NAME	DESIGNATION	ORGANISATION
Dianne David (Chair)	Interim Head of Vulnerable Adults	RMBC
Pauline Cusack	MCA Co-ordinator	RMBC Adult Care Services
Pamela Lloyd-Hughes	Co-ordinator for the Protection of Vulnerable Adults	RMBC Adult Care Services
Fozia Waseem	Commissioning Project Manager M.H	NHS HMR
Paul Thorpe	Policy and Procedures Officer	RMBC
Ann Butterfield	Senior Council Solicitor	RMBC
Karen Wagstaffe		Provider Arm NHS HMR
Tim Storer	Operational Team Manager	RMBC Adult Care Services
Fiona Nuttall	Team Leader Staff Development and Training	RMBC
Tricia Hornby	Chief Executive	Rochdale and District Mind
Glenys Ogden	Senior Management Social Care	RMBC Pennine Care NHS Trust
DI Merial Buglass	Detective Inspector	GMP Public Protection Unit
Mike Finnegan	Medical Director	Pennine Acute Hospital NHS Trust
Celia Walsh	IMCA	Rochdale and District Mind
Pat Myers	IMCA	Rochdale and District Mind
Michelle Bennion	Head of Integrated Adult and Older People Services	Provider Arm NHS HMR
Barry Windle	Commissioning Mental Health	RMBC, Adult Care



Appendix 2

What is **Adult Abuse**?

All adults (aged 18 years and over) should be able to live free from fear and harm and have their rights and choices respected.

Some adults are less able to protect themselves than others, and some have difficulty making their wishes and feelings known. This may make them vulnerable to abuse.

Abuse may be physical or sexual, it may involve people taking money without permission, or not looking after someone properly. It may include bullying or humiliating, or not allowing contact with friends and family.

Abuse can be the result of a single act or may continue over months or years, abuse can be accidental, or a deliberate act. The result on the victim is the same.

Abuse causes misery, suffering and even death.

Who **Abuses Adults**?

Anyone can be an abuser – relatives, partners, people paid to provide care and services, volunteers, neighbours, friends or strangers.

Most abusers are people close to the adult, who are loved and trusted by them. However some people will deliberately abuse adults they see as an easy target.

Where does **Abuse take place**?

Abuse can occur anywhere: people can be abused at home, in care/nursing homes, day centres, or any place the adult should be safe.

What do I do if **I suspect abuse is happening**?

You may be concerned about adult abuse because someone has told you something. You may have seen or heard something that makes you feel uncomfortable or uneasy about the care of an adult.

Share your Concerns.

Imagine if it was your grandmother, father, sister, or son being abused – you would want someone to speak out, wouldn't you?

You may be being abused yourself and need help to stop it.

Appendix 2

Who can *Help*?

Rochdale Council Adult Care Service have a responsibility to take your concerns seriously; they will listen to you and help to stop the abuse.

Adult Care Service Initial Access Team ***Brook House, Middleton: 0845 602 4991***

You will be asked for basic information about the person you are concerned about and what you have been told, heard, seen or suspect. You will be asked to give your name so that you can be kept informed. Your name will not be shared without your permission.

You can also contact the Police or out of hours Social Services –

Greater Manchester Police 0161 872 5050 ***Emergency Social Work Team (Out of Hours) 01706 345836***

You could share your concerns with a doctor, nurse or health worker, housing officer; advice centre (CAB) and ask them to contact Social Services for you.

National Care Quality Commission (see CQC) monitor the quality of care provided by Nursing and Residential Homes. ***03000 616161***



Appendix 3

Dear Colleague,

THE ROCHDALE BOROUGH DOMESTIC VIOLENCE STRATEGY

Domestic violence has a devastating effect on victims, their families and the wider community. One in four women and one in six men will be affected in their lifetimes, with women in particular suffering from high rates of repeat victimisation and serious injury. Thousands of children are affected by witnessing or experiencing violence in their homes – in 90% of incidents occurring within families, children are in the same or the next room.

In Rochdale, there were over 5300 incidents of domestic violence reported to the Borough's division of Greater Manchester Police. Over 54% of these incidents were identified as repeat victimisation. The cost to the community of these incidents is estimated, using established Home Office counting principles, as being £111.00 per 16-59 year old person in the Borough, or over £14 million in total per year.

Tackling domestic violence effectively requires a multi-agency response. In Rochdale, many local agencies who are members of the Inter-Agency Domestic Violence Forum and/or the Safer Communities Partnership have a vital role to play in supporting victims, bringing perpetrators to account and raising awareness. These agencies have already carried out a considerable amount of work to promote safety and provide effective interventions.

The Domestic Violence Strategy for the Borough was formally launched on the 29th November 2006 by Roger Ellis, Chief Executive of Rochdale Council and Chair of Rochdale Safer Communities Partnership.

By producing and implementing this Strategy, the Partnership and the Forum aim to build on achievements of member agencies to date and provide a strategic framework to support the further development of co-ordinated and cohesive arrangements over the next three years and beyond.

A Domestic Violence Strategy Group, comprising key members of the Partnership and the Forum, has been established to co-ordinate progress of the key actions in the Strategy, including adoption of the MARAC service planning approach and development of a 'one-stop shop' joint service delivery centre for the Borough.

continued.....

Appendix 3

A copy of the Strategy document is enclosed for your information; please take the time to read through it and raise awareness of it within your organisation. Should you require further copies of the document for distribution to colleagues, they may be obtained free of charge in either electronic or hard copy format from either of the following:

Ian Halliday, Principal Community Safety Officer, telephone: 01706 924694, e-mail: ian.halliday@rochdale.gov.uk

Kerry Reddy, Domestic Violence Co-ordinator, telephone 01706 718923, e-mail: kerry.reddy@riadvf.org.uk

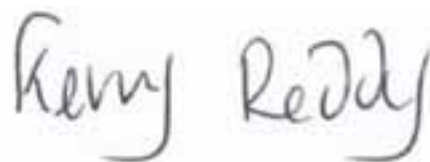
Should you be interested in the work of the Domestic Violence Strategy Group, or feel that your agency or organisation can make a contribution to any aspect of it, please do not hesitate to contact either Ian or Kerry on the numbers / addresses shown above.

Thank you for your support,

Yours sincerely



IAN HALLIDAY
PRINCIPAL COMMUNITY SAFETY OFFICER
ORDINATOR



KERRY REDDY
DOMESTIC VIOLENCE CO-
ORDINATOR

SUICIDE AUDIT TOOL

(PENINSULA MEDICAL SCHOOL, UNIVERSITIES OF EXETER, PLYMOUTH
NHS: NATIONAL INSTITUTE FOR MENTAL HEALTH IN ENGLAND)

AIMS OF THE TOOLKIT:

INTRODUCTION

1. To support Primary Care Trusts (PCT's) and other bodies establish system for suicide audit which fits their local context.
2. To support the development of local suicide prevention strategies.
3. To produce data which could potentially be merged at regional and national levels to identify trends.

SUICIDE AUDIT

- All PCT(s) have a responsibility to carry out suicide audit. Although numbers may vary between PCT(s) and across time, suicides can have devastating effect upon family, friends, practice staff and many others.
- In 2002 the DH published The National Suicide Prevention Strategy for England. This sets out a programme of activity to reduce suicide based on six goals.
- The National Service Framework for Mental Health (DOH 1999) says that local health and Social Care Communities should prevent suicides by delivering on the six goals 'and in addition ... develop local systems for suicide audit to learn lessons and take any necessary action.'
- Suicide Audit should be seen as part of an overarching whole systems approach to suicide prevention.

WHOSE RESPONSIBILITY

NHS Heywood, Middleton and Rochdale has established a Suicide Audit Group (SAG).

WHO TO INCLUDE WITHIN THE AUDIT

The Audit should include all deaths from suicide and undetermined injury.

The audit should include:-

- Residents of the PCT who die in the PCT area.
- People of no fixed abode who die in the PCT area.
- People who die in prison within the geography of the PCT.

THE SUICIDE AUDIT PROCESS

The average sized PCT with a population of 100,000 people will have 10-15 suicides (undetermined injury deaths) per annum. Therefore it is likely that on average there will be one or two each month which will need to be audited by the PCT.

ADULT PROTECTION**CONFIDENTIAL****ALERT & REFERRAL MONITORING FORM****Appendix 5**

Inter-agency Policy & Procedure for the Protection of Vulnerable Adults in Rochdale Metropolitan Borough
 This form should be completed by the Responsible Manager for each separate alert of abuse.

Alert reference No:	(Office use only)
---------------------	-------------------

PART A (To be completed for all alerts)**INFORMATION REGARDING – ALLEGED VICTIM**

SWIFT ID:		NAME:	
ADDRESS			
DATE OF BIRTH		CONTACT NUMBER	
GENDER	SELECT	PLACED BY OTHER LA?	SELECT
MAIN CATEGORY	SELECT	ETHNICITY	SELECT
KNOWN TO ADULT CARE?	SELECT	SELF-FUNDER	SELECT

Secondary Categories (tick as applicable)

LEARNING DISABILITY	<input type="checkbox"/>	OTHER VULNERABLE PERSON	<input type="checkbox"/>
MENTAL HEALTH	<input type="checkbox"/>	MENTAL HEALTH – DEMENTIA	<input type="checkbox"/>
PHYSICAL DISABILITY	<input type="checkbox"/>	PHYSICAL DISABILITY – DUAL SENSORY LOSS	<input type="checkbox"/>
PHYSICAL DISABILITY – HEARING	<input type="checkbox"/>	PHYSICAL DISABILITY – VISUAL	<input type="checkbox"/>
PHYSICAL DISABILITY – PHYSICAL/FRAIL/TEMPORARY	<input type="checkbox"/>	SUBSTANCE MISUSE	<input type="checkbox"/>

ALERT DETAILS

DATE OF ALERT		METHOD OF CONTACT	SELECT
SOURCE TYPE	SELECT	NAME OF ALERTER	
ADDRESS		CONTACT NO	
GENDER	SELECT	DATE OF BIRTH	
DETAILS OF ALERT:			
RECEIVING TEAM		RECEIVING WORKER	
OUTCOME	SELECT	If other specify	
OUTCOME DATE			

ADDITIONAL DETAILS REGARDING THE REFERRAL

Is this a new referral or a repeat referral	SELECT
If it is a repeat referral then was abuse confirmed previously	SELECT
If abuse was confirmed was Protection Plan put in place	SELECT

Appendix 5

PART C (To be completed for all discussions that progress to Investigation)

DETAILS OF INVESTIGATION	
Investigation Method: SELECT	Date investigation started: Date investigation completed: Estimated time spent conducting investigation: Hours
Were the Police informed? SELECT Lead Agency: Worker conducting investigation: Team:	
Which other agencies were involved 1. 2. 3.	4. 5. 6.
Outcome of Investigation: SELECT	Please give date:

PART D (To be completed for all investigations that progress to Conference)

Conference Date?
Who chaired the Case Conference:
Worker conducting Case Conference: Team:
Were the allegations of abuse confirmed by the investigation / case conference? : SELECT
Protection Plan Offered: SELECT Acceptance of Protection Plan: SELECT Outcome for Alleged Perpetrator/Organisation/Service: SELECT Conference Decision: SELECT

PART E (To be completed for all safeguarding reviews)

Safeguarding Review Date?
Who chaired the Safeguarding Review Conference:
Worker conducting Safeguarding Review Conference: Team:
Safeguarding Review Decision: SELECT
Outcome for Alleged Perpetrator/Organisation/Service: SELECT

Appendix 5

SUMMARY OF RECOMMENDATIONS OF THE INVESTIGATION / CASE CONFERENCE	
For the victim <input type="checkbox"/> Relocation to another address <input type="checkbox"/> Additional services (please specify) <input type="checkbox"/> Referral to another agency (please specify) <input type="checkbox"/> Other (please specify)	For the alleged abuser <input type="checkbox"/> Relocation to another address <input type="checkbox"/> Legal action / prosecution <input type="checkbox"/> Referral to another agency (please specify) <input type="checkbox"/> Other (please specify)
Please give brief details of conclusion of the investigation / case conference 	
ADDITIONAL INFORMATION REGARDING THE PROTECTION PLAN	
Please select those measures that were offered as part of the Protection Plan:	
Increased monitoring	<input type="checkbox"/>
Community Care Assessment and Services	<input type="checkbox"/>
Civil Action	<input type="checkbox"/>
Application to Court of Protection	<input type="checkbox"/>
Application to change Appointeeship	<input type="checkbox"/>
Referral to advocacy scheme	<input type="checkbox"/>
Referral to Counselling / Training	<input type="checkbox"/>
Moved to increase / different care	<input type="checkbox"/>
Management of access to finances	<input type="checkbox"/>
No further action	<input type="checkbox"/>
Guardianship / use of Mental Health Act	<input type="checkbox"/>
Review of Self-directed Support	<input type="checkbox"/>
Use of IMCA Service	<input type="checkbox"/>
Use of other advocacy service	<input type="checkbox"/>
Restriction / management of access to alleged perpetrator	<input type="checkbox"/>
Referral resulted in Serious Case Review	SELECT
Vulnerable person accepted the Protection Plan	SELECT
Signature:	Date:
RMBC Office Use Only	
Date Form Received:	Date Form Input:
VAPC:	Initials:
DIS / SAS:	Other comments:

Appendix 6

ADULT ABUSE INVESTIGATION CASE CONFERENCE TRAINING and RISK ASSESSMENT TRAINING

Four Day Courses:-

9th&10th February/16th&17th March 2009;
13th&14th July/17th&18th August 2009;
16th&17th November/7th&8th December 2009



(Please note that applicants must be available for all dates)

Times: 9.30am-4.30pm

Venue: Foxholes House, Foxholes Road

Rochdale OL12 0ED

The course has been devised to ensure that practitioners currently working in a Health and Social Care setting and who have the responsibility for investigating cases of vulnerable adult abuse; are aware of and are able to work within the Policy outlined in the 'Procedures and Practice Guidelines' agreed by the Rochdale Inter-Agency Adult Protection Committee. The training will also help managers and practitioners to understand the purpose of case conferences, how they are convened and how participants should contribute to the process. Practical Guidance is given regarding the administration and facilitation of the Case Conference.

The aim of the Risk Assessment training is to develop participants' skills in using the new risk tool that has been developed for the revised Rochdale's Inter-Agency Procedures and Practice Guidelines for the Protection of Vulnerable Adults. Risk Assessment and risk management are a crucial element of adult protection work. Many workers use the term 'at risk' but are not explicit in what criteria they have used to assess risk of significant harm occurring and recording is often inadequate. The aim is to equip workers with skills to undertake good risk assessments at all stages of the adult abuse investigation process.

During the four day course the needs of the victim are also given careful consideration in order to ensure a person centred approach in all aspects of Adult Protection work.

PLEASE NOTE THAT SUCCESSFUL NOMINEES WILL BE NOTIFIED

Appendix 6

ABUSE INVESTIGATION - CASE CONFERENCE AND RISK ASSESSMENT TRAINING

Trainer: Jackie Pritchard

Independent Trainer, Consultant, Researcher, Author and Editor – Good Practice Series and Violence and Abuse Series, Jessica Kingsley Publishers.

Founder of: Beyond Existing, Support Groups for Adults who have been abused.

Target Group:

Employees in Adult Health and Social Care Services who have the responsibility of investigating the abuse of vulnerable adults as part of their role. Managers are reminded that the guidance indicates that investigation of abuse of vulnerable adults will be undertaken by staff that are both experienced and appropriately qualified and trained.

Objective:

To provide a course which will enable participants to develop their skills in conducting investigations into allegations or suspicions of adult abuse, it will introduce participants to the subject of adult abuse and on how to prepare for undertaking an investigation. Also, Case conferences are a crucial part of the process in working with adult abuse cases. However, workers may not contribute effectively to or participate well in conferences for many different reasons. This course will help workers to understand their role in case conferences and also the work involved before and after the conference has taken place.

The aim of Risk Assessment training is to develop participants' skills in using the new risk tool that has been developed for the revised Rochdale's Inter-Agency Procedures and Practice Guidelines for the Protection of Vulnerable Adults. Risk Assessment and risk management are a crucial element of adult protection work. Many workers use the term 'at risk' but are not explicit in what criteria they have used to assess risk of significant harm occurring and recording is often inadequate. The aim is to equip workers with skills to undertake good risk assessments at all stages of the adult abuse investigation process.

Content:

Abuse is a very emotive issue and some participants may find the subject matter difficult therefore ground rules will be set to help participants feel safe. This is a practice-based course so participants will be expected to engage in some group activities.

It is assumed that participants will have a basic awareness about adult abuse.

Learning outcomes:

By the end of the four day course participants will have:

- A clear understanding of the definitions and categories of adult abuse.
- Developed skills in recognising abuse.
- Familiarised themselves with the local policy and procedures regarding vulnerable adults and abuse.
- Considered the issues surrounding information sharing and confidentiality.
- A clear understanding about how to prepare to go out on an investigation.
- Developed appropriate interviewing skills.
- Increased knowledge regarding gathering and preserving evidence.
- Considered the importance of risk assessment in investigations and long term work.
- Understood the importance of recording, monitoring and reviewing.
- Understand the purpose of convening case conferences
- Know how to convene a case conference
- Be clear about the process of case conferencing and the tasks involved
- Know how to prepare information (verbal and written) and oneself for a case conference
- Have thought how to help a victim prepare for a case conference
- Know when and how to assess risk in the case conference
- Understand the importance of developing protection plans and convening review case conferences
- Be clear about the follow-up work, which is necessary after a case conference has taken place
- Have a clear understanding of the theory of risk.
- Understand the correct terminology which needs to be used.
- Know when and how risk assessments are to be undertaken in adult protection work.
- Have familiarised themselves with the new risk tool.
- Have a clear framework to work within.
- Understand about gathering evidence and predicting the likelihood of significant harm occurring in the future.
- Know what documentation needs to be prepared for either a strategy meeting or a case conference.
- Understand how a risk assessment will be undertaken during a case conference.
- Know how a protection plan should be developed for the management of risk.



MENTAL CAPACITY ACT 2005

DEPRIVATION OF LIBERTY SAFEGUARDS CONFERENCE

Friday 5th December 2008

Time: 9.30am-4.15pm

Venue: Rochdale Rugby Union Football Club
Moorgate Ave, Bamford, Rochdale OL11 5LU

Key Note Speaker Peter Edwards

Peter Edwards is a Director of Peter Edwards Law and has worked in this field for over 35 years. He was the Chief Assessor to the Law Society MHRT Panel and a Consultant to the World Health Organisation and is also a member of the Law Society Mental Health Panel.

He was a founder member of the Law Society Mental Health and Disability Committee and legal member of the Mental Health Act Commission whilst continuing to be President of the charity, 'Imagine'. He is Director of Peter Edwards Law Training and a past president of the Mental Health Lawyers Association.

Peter trains extensively in mental health and incapacity law and in 2007 he was nominated as Mental Health Lawyer of the Year. He is a director of IMHL which is an organisation which aims to assist all mental health professionals in a better understanding of mental health law.

Appendix 7

Mental Capacity Act 2005

Deprivation of Liberty Safeguards

It is not possible to deprive an incapacitated person of their liberty in a hospital or a care home unless this is done in accordance with a procedure proscribed by law. From April 2009 this will either have to involve sectioning under the Mental Health Act or a Deprivation of Liberty Authorisation. (In unusual cases the Court of Protection could grant an order). Anything outside this would be against the law and unprofessional.

(Peter Edwards)

Who will be covered by deprivation of liberty safeguards?

The Deprivation of Liberty Safeguards will cover patients in hospitals, and people in care homes registered under the Care Standards Act 2000, whether placed under public or private arrangements.

Aim of the day:-

The aim of the conference is to raise awareness of the new addendum to the Mental Capacity Act 2005, the Deprivation of Liberty Safeguards. The amendment to the act strengthens the protection of a vulnerable group of people and addresses human rights incompatibility, by introducing deprivation of liberty safeguards for individuals who lack capacity in respect of their care and treatment and who are deprived of their liberty, but who are not covered by the Mental Health Act 1983 safeguards.

This event is aimed at those working across Health and Social Care with responsibilities for implementation and application of the act. Delegates should have clearer understanding of the Deprivation of Liberty safeguards and their professional responsibility within this legislation.

By the end of this event, delegates will be able to:-

- *Understand the current case law
- *Identify what a Deprivation of Liberty is, making a distinction between restrictions and Deprivation of Liberty
- *Be aware of the process for application, including urgent authorisations,
- *Understand the implications of an unauthorised Deprivation of Liberty
- *To understand the responsibilities of the organisation in respect of Deprivation of Liberty
- *Be aware of what occurs once the Deprivation of Liberty is complete
- *To explore the concept of least restrictive option
- *To understand the process of review of Deprivation of Liberty

A buffet lunch and refreshments during the event will be provided.

Please let us know if we need to make arrangements to enable you to attend and participate fully in this event

9. THE SERIOUS CASE REVIEW

Based on Vulnerable Adult Serious Case Review Guidance (ADSS 2005)

1.0 Introduction

1.1 The purpose of this document is:

- To support the view that the public interest is best served by the presence of an effective serious case review process
- To provide guidance to Adult Protection Committees (APCs)
- To facilitate a consistent approach to the process and practice in undertaking a serious case review
- To acknowledge that there is no statutory requirement for agencies to cooperate with such reviews, however, voluntary involvement does lead to good practice development

1.2 The document 'No Secrets' (March 2000) issued by DoH and Home Office under section 7 of the Local Authority Social Services Act 1970, issued guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.

1.3 The guidance suggests that local agencies should collaborate to achieve effective inter-agency working, through the formation of multi-agency management committees known as APCs.

1.4 The document Safeguarding Adults published by the Association of Directors for Social Services (ADSS) October 2005, provides a National Framework of Standards for good practice and outcomes in adult protection work. One of the standards in this document states that, as good practice APCs should have in place a serious case review protocol.

2.0 RELEVANT STANDARDS: 1.22 - 9.10.15

It is recommended that:

There is a 'Safeguarding Adults' serious case review protocol. This is agreed, on a multi-agency basis and endorsed by the Coroner's Office, and details the circumstances in which a serious case review will be undertaken. For example: when an adult experiencing abuse or neglect dies, or when there has been a serious incident, or in circumstances involving the abuse or neglect of one or more adults. The links between this protocol and a domestic violence homicide review should be clear.

There is a clear process for commissioning and carrying out of a serious case review by the partnership

3.0 Purpose

The purpose of having a case review is not to reinvestigate nor to apportion blame.

It is:

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- 3.1 to establish whether there are lessons to be learnt from the circumstances of the case about the way in which local professionals and agencies work together to safeguard vulnerable adults
- 3.2 to review the effectiveness of procedures (both multi-agency and those of individual organisations)
- 3.3 to inform and improve local inter-agency practice
- 3.4 to improve practice by acting on learning (developing best practice)
- 3.5 to prepare or commission an overview report which brings together and analyses the findings of the various reports from agencies in order to make recommendations for future action

It is acknowledged that all agencies will have their own internal /statutory review procedures to investigate serious incidents; e.g. an Untoward Incident. This protocol is not intended to duplicate or replace these. Agencies may also have their own mechanisms for reflective practice.

Where there are possible grounds for both a Serious Case Review and a Domestic Homicide Review then a decision should be made at the outset by the two decision makers as to which process is to lead and who is to chair with a final joint report being taken to both commissioning bodies. This process will be of specific benefit when the case involves a victim aged between 16 and 18.

4.0 Criteria for Serious Case Review

The APC has the lead responsibility for conducting a serious case review.

A serious case review should be considered when:

- 4.1 A vulnerable adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death. In such circumstances the APC should always conduct a review into the involvement of agencies and professionals associated with the vulnerable adult.
- 4.2 A vulnerable adult has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect, and the case gives rise to concerns about the way in which local professionals and services work together to safeguard vulnerable adults (See section 5 for commissioning guidance).
- 4.3 Serious abuse takes place in an institution or when multiple abusers are involved, the same principles of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case.

5 Process for commissioning and carrying out of a serious case review

- 5.1 The APC will be the only body which commissions any serious case reviews. The Committee will publicise both the process under which applications for reviews may be made and the terms of reference for each serious case review.
- 5.2 There must also be mechanisms for the consideration of requests from the Coroner, MPs, Elected Members and other interested parties.

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5.3 Applications must attract the support of the quorum of the Committee & be made in writing.

5.4 In the event of an application being turned down, the reasons need to be recorded in writing and shared with the applicant.

6 Initiating a serious case review

The case for review will be passed to the Chair of the APC to initiate a discussion / decision by the quorate Committee. If it is agreed, a multi agency Serious Case Review Panel will be set up:

6.1 The APC will be responsible for the appointment of an Independent Panel Chair.

6.2 The APC will ensure the Serious Case Review Panel Chair receives adequate support.

6.3 The Chair of the Panel will be responsible for establishing individual terms of reference and setting time scales for the review in agreement with the APC. They will also be responsible for ensuring administrative arrangements are completed and that the review process is conducted according to the terms of reference.

6.4 The Chair of the APC will then write to the Chief Officers of all the agencies involved for nominations to the Serious Case Review Panel.

6.5 Membership of the Serious Case Review Panel will be comprised of appropriate representatives of the agencies.

6.6 Each agency will nominate a representative who has appropriate experience.

6.7 CSCI have asked that they be informed of any Serious Case Review taking place.

7 Conduct of Serious Case Review:

7.1 Initial Meeting:

This will agree;

- the terms of reference
- the “evidence” required from each participant
- the support and other resources needed (any perceived deficits to be referred to Chair of APC)
- the time scales within which the review process should be completed
- dates, times and venues of meetings
- the nature and extent of legal advice required, in particular: Data Protection, Freedom of Information and Human Rights Act

7.2 Serious Care Review-receipt of evidence

This stage of the meeting is a formal “information sharing” session where agencies will be encouraged to query and comment on the reports presented.

Each agency involved will be asked to:

- Present and examine the chronology of events, highlighting any discrepancies
- Present a comprehensive report of the actions by their agencies

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- Ensure any other management reports and other relevant information are made available

7.3 Serious Care Review-discussion of evidence/ “adjudication”

This stage is where the assessment of alternative courses of action takes place.

The review panel will:

- Cross-reference all agency management reports and reports commissioned from any other source
- Examine and identify relevant action points
- Form a view on practice and procedural issues
- Agree the key points to be included in the report and the proposals for action

7.4 Issues Arising

If at any stage whilst undertaking the procedure contained in 7.3, information is received which requires notification to a statutory body, e.g. GSCC, DfES, regarding significant omission by individual/s or organisations this should be undertaken by the Chair without delay.

The Chair of the review panel should report back to the APC and a decision made as to whether the serious case review process should be suspended pending the outcome of such notification.

7.5 Report Stage

The review panel will complete the review of agency management reports and those commissioned from any other source and advise the Chair on the production of an Overview Report which brings together information, analyses it and makes recommendations. The Chair will ensure that the Report is written and delivered within agreed timescales.

7.6 Acting on the recommendations of the Serious Case Review

On completion, the Overview Report will be presented to the APC, which will:

- Ensure contributing agencies are satisfied that their information is fully and fairly represented in the Overview Report
- Ensure that the Overview Report contains an Executive Summary that can be made public
- Translate recommendations from the overview into an action plan, which should be endorsed at senior level by each agency

The action plan will indicate:

- Responsibilities for various actions
- Time-scales for completion of actions
- The intended outcome of the various actions and recommendations
- Mechanisms for monitoring and reviewing intended improvements in practice and/or systems
- To whom the report or parts of the report should be made available, and indicate the means by which this will be carried out

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- The processes for dissemination of the report and/or key findings to interested parties, for the receipt of feedback and for any debriefing to staff, family members and, where appropriate, the media

7.7 Recommendations

The APC will ensure that all recommendations are actioned and will request updates from agencies.

The action plan will remain on the APC Agenda until such time that all recommendations have been implemented.

9. SERIOUS CASE REVIEW PROCESS

Based on Safeguarding Adults Serious Case Review Guidance (ADASS 2005)

1.0 INTRODUCTION

1.1 The purpose of this document is:-

- To support the view that the public interest is best served by the presence of an effective serious case review process.
- To provide guidance to Safeguarding Adults Board.
- To facilitate a consistent approach to the process and practice in undertaking a serious case review.
- To acknowledge that there is no statutory requirement for agencies to cooperate with such reviews, however, voluntary involvement does lead to good practice development.

1.2 The document 'No Secrets' (March 2000) issued by DoH and Home Office under section 7 of the Local Authority Social Services Act 1970, issued guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.

1.3 The guidance suggests that local agencies should collaborate to achieve effective inter-agency working, through the formation of multi-agency management committees known as Safeguarding Adults Board.

1.4 The document Safeguarding Adults published by the Association of Directors for Social Services (ADASS) October 2005, provides a National Framework of Standards for good practice and outcomes in adult protection work. One of the standards in this document states that, as good practice Safeguarding Adults Boards should have in place a Serious Case Review protocol.

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2.0 RELEVANT STANDARDS: 1.22 – 9.10.15

It is recommended that :

There is a 'Safeguarding Adults' serious case review protocol. This is agreed, on a multi-agency basis and endorsed by the Coroner's Office, and details the circumstances in which a serious case review will be undertaken. For example: when an adult experiencing abuse or neglect dies, or when there has been a serious incident, or in circumstances involving the abuse or neglect of one or more adults. The links between this protocol and a domestic violence homicide review should be clear.

There is a clear process for commissioning and carrying out of a serious case review by the partnership.

3.0 PURPOSE

The purpose of having a Serious Case Review is not to reinvestigate nor to apportion blame.

It is:

- 3.1 To establish whether there are lessons to be learnt from the circumstances of the case about the way in which local professionals and agencies work together to safeguard vulnerable adults.
- 3.2 To review the effectiveness of procedures (both multi-agency and those of individual organisations).
- 3.3 To improve practice by acting on learning (developing best practice).
- 3.4 To improve practice by acting on learning (developing best practice).
- 3.5 To prepare or commission an Overview Report which brings together and analyses the findings of the various reports from agencies in order to make recommendations for future action.

It is acknowledged that all agencies will have their own internal/statutory review procedures to investigate serious incidents; e.g. an Untoward Incident. This protocol is not intended to duplicate or replace these. Agencies may also have their own mechanisms for reflective practice.

Where there are possible grounds for both a Serious Case Review and a Domestic Homicide Review then a decision should be made at the outset by

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the two decision makers as to which process is to lead and who is to chair with a final joint report being taken to both commissioning bodies. This process will be of specific benefit when the case involves a victim aged between 16 and 18.

4.0 CRITERIA FOR SERIOUS CASE REVIEW

The Safeguarding Adults Board has the lead responsibility for conducting a Serious Case Review.

A Serious Case Review should be considered when:

- 4.1 A vulnerable adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death. In such circumstances the Safeguarding Adults Board should always conduct a review into the involvement of agencies and professionals associated with the vulnerable adult.
- 4.2 A vulnerable adult has sustained a potentially life-threatening injury through abuse or neglect serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse of neglect, and the case gives rise to concerns about the way in which local professionals and services work together to safeguard vulnerable adults (See section 5 for commissioning guidance).
- 4.3 Serious abuse takes place in an institution or when multiple abusers are involved, the same principals of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case.

5 PROCESS FOR COMMISSIONING AND CARRYING OUT OF A SERIOUS CASE REVIEW

- 5.1 The Safeguarding Adults Board will be the only body which commissions any Serious Case Reviews. The Committee will publicise both the process under which applications for reviews may be made and the terms of reference for each serious case review.
- 5.2 There must also be mechanisms for the consideration of requests from the Coroner, MPs, Elected Members and other interested parties.
- 5.3 Applications must attract the support of the quorum of the Committee and be made in writing.

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- 5.4 In the event of an application being turned down, the reasons need to be recorded in writing and shared with the applicant.

6. INITIATING A SERIOUS CASE REVIEW -

The case for review will be passed to the Chair of the Safeguarding Adults Board to initiate a discussion/decision by the quorate Committee. If it is agreed, a multi-agency Serious Case Review Panel will be set up:

- 6.1 The Safeguarding Adults Board will be responsible for the appointment of an Independent Panel Chair.
- 6.2 The Safeguarding Adults Board will ensure the Serious Case Review Panel Chair receives adequate support.
- 6.3 The Chair of the Panel will be responsible for establishing individual Terms of Reference and setting time scales for the review in agreement with the Safeguarding Adults Board. They will also be responsible for ensuring administrative arrangements are completed and that the review process is conducted according to the Terms of Reference.
- 6.4 The Chair of the Safeguarding will then write to the Chief Executive Officer, of all the agencies involved for nominations to the Serious Case Review Panel.
- 6.5 Membership of the Serious Case Review Panel will be comprised of appropriate representatives of the agencies.
- 6.6 Each agency will nominate a representative who has appropriate experience and authority.
- 6.7 CSCI have asked that they be informed of any Serious Case Review taking place.

7. CONDUCT OF SERIOUS CASE REVIEW

7.1 Initial Meeting

This will agree:

- the Terms of Reference
- the 'evidence' required from each participant
- the support and other resources needed (any perceived deficits to be referred to Chair of Safeguarding Adults Board)
- the time scales within which the review process should be completed
- dates, times and venues of meetings

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- the nature and extent of legal advice required, in particular: Data Protection, Freedom of Information and Human Rights Act

7.2 Serious Care Review – receipt of evidence

This stage of the meeting is a formal ‘information sharing’ session where agencies will be encouraged to query and comment on the reports presented.

Each agency involved will be asked to:

- Present and examine the chronology of events, highlighting any discrepancies
- Present a comprehensive report of the actions by their agencies
- Ensure any other management reports and other relevant information are made available

7.3 Serious Care Review – discussion of evidence/’adjudication’

This stage is where the assessment of alternative courses of action takes place.

The review panel will:

- Cross-reference all agency management reports and reports commissioned from any other source
- Examine and identify relevant action points
- Form a view on practice and procedural issues
- Agree the key points to be included in the report and the proposals for action

7.4 Issues Arising

If at any stage whilst undertaking the procedure contained in 7.3, information is received which requires notification to a statutory body, e.g. GSCC, DfES, regarding significant omission by individual/s or organisations this should be undertaken by the Chair without delay.

The Chair of the review panel should report back to the Safeguarding and a decision made as to whether the Serious Case Review process should be suspended pending the outcome of such notification.

7.5 Report Stage

The review panel will complete the review of agency management reports and those commissioned from any other source and advise the Chair on the production of an Overview Report which brings together information, analyses it and makes recommendations. The Chair will ensure that the Report is written and delivered within agreed timescales.

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7.6 Acting on the Recommendations of the Serious Case Review

On completion, the Overview Report will be submitted to the Safeguarding Adults Board Chair who will:

- Ensure contributing agencies Chief Executives Officer receives a copy of the Overview Report
- Ensure that the Overview Report contains an Executive Summary that can be made public
- Ensure each agency translated the recommendations from the Overview Report into an Action Plan, which should be endorsed at senior level by each Agency.

The Action Plan will indicate:

- Responsibilities for various actions
- Time-scales for completion of actions
- The Intended outcome of the various actions and recommendations
- Mechanisms for monitoring and reviewing intended improvements in practice and/or systems
- To whom the report or parts of the report should be made available, and indicate the means by which this will be carried out
- The process for dissemination of the report and/or key findings to interested parties, for the receipt of feedback and for any debriefing to staff, family members and, where appropriate, the media

7.7 Recommendations

The Safeguarding Adults Board will ensure that all recommendations are actioned and will request a progress report from the Agencies.

The Action Plan will remain on the Safeguarding Adults Board agenda until such time that all recommendations have been implemented.

It will be the responsibility of the Care Management Sub-Group to produce the Integrated Action Plan.

The Audit and Scrutiny Sub-group will monitor progress on the implementation of all the recommendations.

APPENDIX Other Considerations for a Serious Case Review

- There will be a need to address the budgetary requirements for undertaking a Serious Case Review
- Time scales for the completion of a Serious Case Review will need to be put in place to ensure that the process takes place within a

Appendix 9

timely and specific framework. By comparison, a Domestic Violence Homicide Review aims to be completed within three months

- Safeguarding Adults Board are advised to liaise with their local Coroners Office to ensure that the arrangements for undertaking a Serious Case Review are acceptable
- Due regard for criminal/civil process should be observed at all times
- Arrangements to obtain or secure records through statutory agencies should be utilised whenever appropriate, e.g. Police, CSCI
- Circumstances may arise whereby it is appropriate to consult or involve a victim of abuse or a relative. This involvement should be carefully considered.
- The right under the Freedom of Information Act and the Environmental Information Regulations to request information held by public authorities, known as the 'right to know', came into force in January 2005
- There are 'absolute' and 'qualified' exemptions under the Act. Where information falls under 'absolute exemption', the harm to the public interest that would result from its disclosure is already established
- If a public authority believes that the information is covered by a 'qualified exemption' or 'exception' it must apply the 'public interest test'
- The public interest test favours disclosure where a qualified exemption or an exception applies. In such cases, the information may be withheld only if the public authority considered that the public interest in withholding the information is greater than the public interest in disclosing it
- The Data Protection Act 1998
- Children Act 1989 – updates 2004
- There may be need for the completion and implementation of media and communication strategies

