

## LAMBETH SAFEGUARDING ADULTS PARTNERSHIP BOARD

### General Agenda Section

Phoenix House

14:00 to 17:00

05 July 2017

#### Attendees:

Siân Walker (SW) – <i>Chair</i>	Independent Chair
Moira McGrath (MM)	Director of Integrated Commissioning (Older Adults) / CCG Safeguarding Lead, LB Lambeth and Lambeth Clinical Commissioning Group
Graham Gardiner (GG)	Chief Executive, AGE UK Lambeth
Cllr Jackie Meldrum (JM)	Cabinet Member for Social Care, LB Lambeth
Kevin Marshall-Clarke (KM)	HMPS Brixton
Sean Oxley (SO)	Detective Superintendent, Metropolitan Police Service
Fiona Connolly (FC)	Director, Adult Social Care, LB Lambeth
Alan Brand (AB)	Station Manager Clapham and West Norwood, London Fire Brigade
Godfried Attafua (GA)	Service Director (Interim), South London and Maudsley NHS Foundation Trust
Adela Kacsprzak (AK)	Head of Lambeth and Wandsworth cluster, National Probation Service
Sarah Wilding (SW)	Director of Nursing Adult Services and Adult Safeguarding, Guys & St Thomas' NHS Foundation Trust
Naeema Sarkar (NS)	Assistant Director, Children's Social Care, LB Lambeth
Mark Stancer (MS)	Director, Children's Social Care, LB Lambeth
Barbara Joyce (BJ)	Welfare Specialist, Office of Public Guardian

#### In attendance:

Janna Kay (JK)	Quality and Safeguarding Adults Manager, LB Lambeth
Mala Karasu (MK)	Head of Safeguarding, Guys and St Thomas' NHS Foundation Trust
Scott Berney (SB)	Interim Head of Safeguarding, Kings College Hospital NHS Foundation Trust
Ceri Gordon (CHG) ( <i>minute-taker</i> )	Adult Safeguarding Support Officer, LB Lambeth
Magdalena Henzel (MH)	Care UK (HMPS Brixton)

#### Apologies:

Catherine Pearson (CP)	Chief Executive, Lambeth Healthwatch
Andrew Christie (AC)	Independent Chair, Lambeth Children's Safeguarding Board
David Rowley (DR)	Lead Safeguarding Nurse, Lambeth CCG
Paula Townsend (PT)	Corporate Director of Nursing, Kings College Hospital NHS Foundation Trust
Aisling Duffy (AD)	Chief Executive, Certitude
Rachel Sharpe (RS)	Director of Housing, LB Lambeth
Helen Charlesworth-May (HC)	Strategic Director, Adults and Health, LB Lambeth

3.	<b>(5) Chair's Report</b>
	<p><u>Observation of Adult's MASH:</u></p> <p>SW spent time recently observing the Adult's MASH team, and was able to see how live cases coming through from emergency services are triaged and how recommendations were made; the senior practitioner reviews everything to make sure decisions are being made appropriately. There was good evidence that the MASH is functioning well and SW was really impressed with the team. SW has written an email thanking the team and asked the SO to also pass on thanks to colleagues from Public Protection Desk.</p> <p><b>Action 2: SW is open to invitations to participate in other areas to build similar assurances; All Board Members to contact SW if they would like her to observe the work of their team.</b></p> <p><u>SAR Task and Finish Group:</u></p> <p>SW explained that she would like a Safeguarding Adults Review (SAR) Task and Finish Group to be set up to review adult safeguarding cases that have triggered the threshold for a SAR. The group need to consider these cases and determine what action is required. . CG will contact nominated members with proposed dates in August.</p> <p><u>Conference Calls:</u></p> <p>This has been set up as a more informal way for members to access information. The Conference Call in May was useful and SW would encourage more members to take part in the next scheduled Conference Call on 4<sup>th</sup> September 2017.</p> <p><u>Need to know protocol:</u></p> <p>This has been shared with members so that they can confidentially share information which relates to significant incidents with the Chair, by sending to a secure email.</p> <p><u>Modern Slavery - Train the Trainer:</u></p> <p>The London SAB recently commissioned the International Organization for Migration and Stop the Traffic to provide modern-day slavery awareness training to nominated professionals. SW nominated Mala Karasu, Janna Kay, Louise Rabbitte, Paula Townshend, David Jennings and David Rowley to attend. A plan of action in terms of dissemination of this training be drawn up for the October LSAB.</p>

4.	<b>(12) Safeguarding Adults at risk audit tool</b>
	<p>This item refers to the audit tool produced by ADASS which all SAB's in London are adopting. There is a requirement for all statutory partners to complete this, but the Board has asked that <u>all members</u> complete this tool as much as they are able.</p> <p>An updated report on the use of this tool will be bought back to the October Board.</p> <p><b>Action 3: All Board Members to submit completed audit tools by 14 August 2017.</b></p> <p>The tool will be recirculated with the minutes.</p>

**5 (6) Training Report**

Competencies and different terminologies:

- We may need to consider ways of capturing training information to make sure that we are meeting competencies
- As each organisation uses different terminology to describe different levels of training, this can create confusion.

Targets:

- ASC currently does not have set targets however when compared to those who have set targets, is showing up as low .
- NHS providers have very good training compliance against their levels of training, on the whole.
- All organisations should be working towards 80% compliance by the end of the financial year, with an increased target of 90% for the following year.

Councillors training: Proposal for this is in progress. It is important that councillors access this training so that they understand the importance of reporting safeguarding concerns.

Met Police: There are regular training days throughout the year, in addition to a lot of work within the MAPPA framework.

LFB: Currently pushing out CBT training, which targets fire officers up to managers with different levels of training as appropriate. The levels of training the LFB are able to deliver is bound by the company which provides training.

Probation: As part of restructure all managers have completed level 2 and 3 training. There are currently no specific arrangements for staff at board level, but AK will take this forward to see if conversations are being held at national level. As with the Police, the Probation service work within MAPPA framework.

LAS: All managers undertake refreshers training in adult safeguarding.

There is a need to work towards an overall understanding of the sort of roles which fit in to different levels of training, and we must not underestimate how hard it is to understand safeguarding. Impact of training on practice is harder to define and demonstrate.

Frontline managers need to give staff the opportunity to discuss and learn – training needs to be followed through in person’s development through one-to-one supervision.

**Action 4: Training actions:**

- I. Organisations to complete training needs analysis so that this can pulled together in one document for January 2018.**
- II. All Board Member should complete level 4/5 adult safeguarding training. Members to seek permission from their organisations to commission this internally or to pay to access this training elsewhere.**
- III. A proposal to be included in January 2018 report on what we can commission for this Board and other senior leaders that’s in line with the Bournemouth Competencies Training.**
- IV. A training target of 85% compliance (for all organisations will be set by this LSAB to be achieved by December 2017.**

**Action 5: January 2018 Training Report to include update from Children’s Social Care on the numbers of LSAB Members having completing Level 1 Children’s Safeguarding Training.**

**6. (11) Summary of recommendations on Deprivation of Liberty Safeguards and Mental Capacity from Law Commission**

Benedicta Obazee (Deprivation of Liberty Safeguards Manager [DoLS], LB Lambeth) summarised contents of the report:

- We are unlikely to see a change in the law in the next two years.
- At the moment DoLS applies to care homes and hospitals and for those aged 18 years and above, and a court order is required for deprivation of liberty outside of these settings.
- Proposal outlines introduction of Liberty Protection Safeguards which would extend application to those age 16 years and above and would see development of new responsibilities for NHS Trusts and CCGs; the local authority would no longer be the only responsible authority.
- All community deprivations would be covered under the new scheme, and transfers from hospitals would also be covered (which currently require court order).
- Proposal also outlines need for practitioners to provide recorded evidence of why they are reaching decision to deprive a person of their liberty; practitioners will have more pressure on them to correctly record decisions on Mental Capacity.
- There will be no urgent requests in new proposal; these will be replaced by emergency requests which involve threat to life. For all other requests, those responsible will need to apply in advance.
- Work is needed to ensure there is capacity across the whole system;
  - o Colleagues in Children’s Services would need to ensure there are measures in place to prepare for implementation of these proposals;
  - o Need more Best Interest Assessors, within NHS system in particular.
  - o Systems are already struggling, and resources would be an ongoing problem; cannot underestimate how much we need to do to get ready.
  - o There is worth in members bringing this to attention within own organisations so that decisions can be made, multi-agency training can be contributed to and led by all organisations when new legislation is introduced.
- Noted that DoLS case law is developing all the time.

DR will lead reflections on the implications of this proposal at the Mental Capacity Act subgroup meetings.

**Action 6: DR to include update from reflections on the implications of Law Commission’s proposals in October report to LSAB.**

Members advised to contact CG if you would like any advice or information on DoLS so that you can be put in touch with Benedicta.

<b>7</b>	<p><b>(10) Update on LSAB Budget proposal</b></p> <p>Partners were previously asked to take proposals back to their own organisations and feedback.</p> <p>To date, four partners have responded:</p> <ul style="list-style-type: none"> <li>- ASC: Dependent on the type of Safeguarding Adults Review, it is likely to cost more than £10,000 – this leaves LA with responsibility to cover cost when this could be shared by partners involved in the review.</li> <li>- GSTT: The issue has been raised at Clinical Quality Review Group, and decision was made to ask Lambeth CCG to fund GSTT’s contribution. This is a discussion for outside of this meeting.</li> <li>- KCH: Funding has not been agreed by Executive board. SW happy to have further conversation with PT outside of today’s meeting.</li> <li>- SLaM: Awaiting internal feedback. LAS: PP has been informed that their contribution will be through CCG as part of pan-London agreement. This is something that will need to be discussed outside of this meeting.</li> </ul> <p>Comments:</p> <ul style="list-style-type: none"> <li>- There are also contributions in kind, such as Lambeth CCG’s funding for the Safeguarding Adults Lead Nurse role. Organisations are also happy to help in terms of use of facilities.</li> <li>- The Board has looked at using other professionals in neighbouring authorities to chair SARs as a means to reduce cost, however it is the investigation itself which creates the most cost.</li> <li>- The group queried how the Lambeth Safeguarding Children’s Board (LSCB) approached funding; it was noted that the SCB’s were set up as statutory bodies years ago, and typically have more staff in place to manage the process with the Chair also contributing more time. As such there is a different approach to funding.</li> <li>- It was noted that there are SAB’s in other London boroughs who are well funded by all partners.</li> <li>- As organisations have not contributed financially previously, this can affect the response. As a Board we understand the pressures and wish to recognise partnership work.</li> </ul> <p><b>Action 7: All feedback on budget proposal to be received by deadline of 15/09/2017</b></p> <p>The Budget proposal paper will be circulated again after this meeting and will be re-presented to the October Board Meeting.</p>
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<b>8.</b>	<p><b>(9) NHS &amp; ‘Prevent’ – an overview</b></p> <p>This report was written prior to recent events in London and Manchester; there is now anticipation that there will be changes to this guidance as a result.</p> <p>There is considerable debate nationally about whether ‘Prevent’ is fit for purpose, and this is a discussion more appropriate for the Lambeth Community Safety Partnership.</p> <p>Comments:</p> <ul style="list-style-type: none"> <li>- GSTT; there is a disconnect between radicalisation and safeguarding, and there are not as many referrals as you might expect. However recent events have given this a higher profile.</li> <li>- There has been criticism that Prevent training labels certain people and focuses solely on Islamic extremism. In terms of crossover with adult safeguarding, most Prevent work in respect of adults is where they may have learning needs or are on the autistic spectrum and who are being radicalised</li> </ul>
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	<p>by far right organisations; these individuals are being abused and there is a need to take measures to move them away from these groups as well as alerting the police.</p> <ul style="list-style-type: none"> <li>- The term radicalisation can sometimes be unhelpful; the important thing to note is that people are being groomed to commit violent acts due to their vulnerabilities; in this regard there is an overlap with work on exploitation and grooming by gangs, and with Child Sexual Exploitation (CSE).</li> <li>- Prevent is prescriptive and there is a need to greater flexibility on how things can be done locally, with a mixed approach.</li> <li>- It is important to be mindful of actions to be taken within organisations in order to promote wide awareness.</li> <li>- Noted that there is a target for 85% of staff with KCH to be trained in Prevent by next year.</li> </ul>
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<b>9.</b>	<p><b>(4) Minutes and matters arising from meeting held 05 April 2017, and update on actions; General Agenda Section</b></p> <p>Minutes agreed for accuracy.</p> <p>Review of actions:</p> <p>(2) DR has provided short statement on NHS approach to PREVENT, which has been discussed at today's meeting.</p> <p>(3) SW has contacted Chairs from relevant SABs on the issue of Best Interest Assessors, but has not yet heard back and <b>will chase this.</b></p> <p>(4) Findings and recommendations from the review of Children's MASH are being finalised and <b>will be circulated to Board Members ahead of October meeting.</b></p> <p>(5) Board members did not have anything to report regarding referrals made to Lambeth ASC or SLaM not being accepted.</p> <p>(6) This relates to action 4. A report will be brought to the October LSAB, which will include a focus on joint working and joint training with Children's Services.</p> <p>(7) SW has had a discussion with Cath Gormally (Director of Social Care, SLaM) regarding data being collected; there is a wider piece of work being undertaken by SLaM with each of the different borough's Data Leads to improve collection and collation of data. <b>Cath will attend the October LSAB to talk through the improvements to be made</b></p> <p>(8) Following large number of safeguarding concerns reported in the last assurance report from Kings College Hospital, SB updated the group to explain that the Trust would expect these figures to now be much lower. The Tissue Viability Service now reviews all those who come in with category 3 or 4 pressure sore and will pick up on those people being admitted with historical sores, leading to better communication rather than an automatic safeguarding referral. A more challenging area is if they are in admitted to the Emergency Department, where follow up actions will be taken through a department social worker or via GP.</p> <p>(9) SLaM meeting with inpatient staff and safeguarding leads took place; draft guidelines were agreed and sent out for wider circulation. <b>GA will bring back to October Board, via the P&amp;Q group/Task and Finish group.</b></p>
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(11) Not all Board Members have completed the Safeguarding Children Level 1 training; **please can all members complete training by 21<sup>st</sup> August 2017 and notify CG when completed.** CG will send out reminders each Friday in the lead up to deadline.

<b>10.</b>	<b>(8) Annual Report</b>
	<p>Attention was drawn to the tabled changes to the graphs for safeguarding activity and data on location of concerns.</p> <p>Comments:</p> <ul style="list-style-type: none"> <li>- Report is well-presented and easy to read.</li> <li>- The chosen case examples are good and can serve as source of good learning.</li> <li>- The short summary is good, but need to consider how we make sure this is easy to access, as it is a large file which may make it difficult to view on phone. Can consider making small changes such as changing background colour to reduce file size. Changing to black writing on white background will also improve accessibility for those with sight impairments.</li> <li>- It would be helpful to include Executive Summary in the main report.</li> <li>- Changes needed to list of Board Member's;             <ul style="list-style-type: none"> <li>o GG to be included (took over as Chief Exec of Age UK Sept 2016)</li> <li>o Change MS's title to Director of Children's Social Care (rather than Social Services)</li> </ul> </li> </ul> <p>Report will be taken to Health and Wellbeing Board. Consideration can also be given to taking the report to LB Lambeth's Corporate Committee on Risk or to LB Lambeth's Cabinet meeting.</p> <p>MM also suggested presenting report at CCG meeting – MM will confirm dates of meeting with SW (via CG).</p> <p><b>Action 8: Above corrections to be made and executive summary to be added to the LSAB Annual Report. When finalised the Annual Report will be sent to Healthwatch for consultation and feedback prior to the report being presented to the Health &amp; Wellbeing Board</b></p>

<b>11.</b>	<b>(10) Update on LSAB Strategic Plan</b>
	<p><u>Proposal on measuring awareness</u></p> <p>Performance and Quality (P&amp;Q) group members have worked with members of the Community Reference Group (CRG) to develop proposal on measuring awareness and have proposed the following:</p> <ul style="list-style-type: none"> <li>- A single survey, to be developed by CRG, which will be promoted via partner websites and by disseminating hard copies.</li> <li>- One targeted week of feedback, with each member of the Board to take survey back to own organisations in order to help us collect information; general feedback and awareness of safeguarding process.</li> <li>- We would also make use of data already collected, as would not want to disregard this; this data would be used to triangulate feedback gathered.</li> </ul>

- Public events can be utilised in order to collate further feedback.

Comments:

- There is also worth in asking the person who raises the concern for feedback on their experience.
  - o Alerters may not be in best position to comment on the process, as they are not always involved. There is work on developing the CRG to bring in people with lived experience of safeguarding and giving them the opportunity to talk through the process, and build understanding from their perspective. There is still a lot of work to be done before we achieve this, and need to have members of the CRG who are trained and able to get this feedback.
  - o We need assurance from organisations about how alerters are being updated; they want to know that their concern isn't disappearing into a vacuum. Need to ensure that there is a standard practice for responding to alerters, e.g. aiming for a response after 4 weeks, updating that actions have been taken.
  - o People express concern that not hearing anything may mean that nothing is happening. A basic acknowledgement can help address this; closing the loop with basic customer service.
  - o There is anxiety in making these referrals, and lack of feedback can deter people.
  - o LAS: A criticism from the crews is that they never get any feedback. Feedback encourages people to raise issues again, or to raise issues when they are uncertain.
  - o Consideration needs to be given to how alerters feel they were dealt with in the moment that they raise the concern.
  - o It would be good to explore what feedback looks like at the moment and understanding the expectations of the referrer.
  - o Due to the large volume of safeguarding concerns being raised, it would be difficult to respond to each alerter in much detail. A potential solution could be updating the automatic response in order to outline the next steps that will be taken, as a form of assurance for those raising concerns.
  - o Another potential solution could be to find an example of safeguarding concerns raised by individual organisations which had a good outcome, and then publish this within organisations to provide assurance.
  - o The Chair would like to report in the next Annual Report that we are taking feedback seriously.

**Action 9:**

**(i) P&Q group to consider how to gather feedback on satisfaction from alerter's perspective**

**(ii) MASH team to request that Uniformed services feedback on how we could improve feedback to alerters.**

Proposal on equalities measurement

The purpose of this work is to consider diversity issues and whether all communities are being represented in local safeguarding work, and if we are collecting the right data.

The P&Q group agreed that we first need to establish what data everyone is collecting and then set an agreed dataset; the proposal sets out a target for baseline measurement data to be received by January 2018.

Comments:

- Consideration should be given to adding a language element; people who do not speak English often find it difficult to access information in order to understand the issues. This can be a real barrier.

**Action 10: Proposal to include measurement of spoken language to be taken back to P&Q group for consideration.**

It was noted that DR is currently undertaking work with the Latin American Disabled People's Project. We need to get better at going out to community groups in this way, in order to facilitate discussion and show how we can support. Leaders of such community groups will help us to reach the people in their community.

Black Thrive have also been asking about different experiences, and it would be helpful to feedback information to them. We still need to work on improving representation at the Board, and there are plans to do this by introducing a member of Black Thrive via the CRG and subsequently to P&Q,

<b>12.</b>	<b>(13) Feedback from subgroups</b>
	<p><u>Performance and Quality Group</u> (Chair: Mala Karasu)</p> <p>Noted that MK has taken over as Chair of this group; thanks extended to MK for taking on this role.</p> <p>The group have found that there is often a considerable amount to discuss and work through, and have responded to this by having additional meetings attached to scheduled P&amp;Q meetings to ensure that people have time to take part.</p> <p>It was noted that MH would like to join P&amp;Q group going forward.</p> <p><u>Community Reference Group</u> (Chair: Catherine Pearson)</p> <p>In CP's absence, JK feedback that an event entitled 'Making My Wishes Known' was held in April 2017 which focused on raising awareness of Lasting Power of Attorney, advance decisions and advance statements.</p> <p>DR was especially helpful in arranging for a range of interesting speakers as outlined in the report.</p> <p>The event was really well attended and received good feedback, and met prevention criteria as well as following on from work on financial abuse with colleagues at the Office of Public Guardian.</p> <p>It was noted that staff from Age UK who attended the event highly rated it, and as a result of the event, staff from Compassion in Dying will be delivering training for Lambeth's Independent Living and Carers Partnership frontline staff.</p> <p><u>Mental Capacity Act (MCA) Group</u> (Chair: David Rowley)</p> <p>In DR's absence, JK feedback that the Terms of Reference for the group were recently agreed and have been included as appendix with today's papers.</p> <p>The group have started to make use of MCA Quality Assurance tool, and this is the first time the group have started to look at compliance.</p>

	<p>The group has identified need to develop an MCA policy and procedure for the Board.</p> <p><u>Threshold Task and Finish group</u></p> <p>MK advised that following departure of Clement Guerin (Head of Safeguarding Adults, Lambeth ASC) there has been delay in identifying new facilitator for this group. DR will now facilitate this group with Richard Sparkes (General Manager, Lambeth ASC) in order to maintain two dimensions of health and social care. The group have briefly looked at group purpose, and the first meeting is scheduled for 31<sup>st</sup> July 2017.</p> <p>Thanks were expressed to the Chairs of the Board’s subgroups for the work that they have been doing to ensure that the work that falls under this Board continues, providing assurance that we are working to improve safeguarding work in Lambeth.</p>
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<b>13.</b>	<b>(2) Confidential Minutes</b>
	Please note that review of confidential minutes was moved to end of meeting and record will be in confidential section of minutes.

<b>14.</b>	<b>AOB</b>
	It was noted that there has been a change to the rota for case presentations: LFB will now present in January 2018 and HMP Brixton will present in April 2019. These real examples can help us to learn and can be used to feedback to frontline staff (as discussed in agenda item 11)

<b>Actions</b>	<b>Who:</b>
<b>General</b>	
<b>2. SW is open to invitations to participate in other areas to build similar assurances; Members to contact SW if they would like her to observe the work of their team.</b>	<b>All</b>
<b>3. All Board Members to submit completed audit tools by 14 August 2017.</b>	<b>All</b>
<b>4. Training Actions</b>	<b>All</b>
<ul style="list-style-type: none"> <li>I. Organisations to complete training needs analysis so that this can pulled together in one document for January 2018.</li> <li>II. All Board Member should complete level 4/5 adult safeguarding training. Members to seek permission from their organisations to commission this internally or to pay to access this training elsewhere.</li> <li>III. A proposal to be included in January 2018 report on what we can commission for this Board and other senior leaders that’s in line with the Bournemouth Competencies Training.</li> <li>IV. A training target of 85% compliance (for all organisations) will be set by this LSAB to be achieved by December 2017.</li> </ul>	
<b>5. January 2018 Training Report to include update from Children’s Social Care on the numbers of LSAB Members having completing Level 1 Children’s Safeguarding Training.</b>	<b>MS</b>

6. DR to include update from reflections on the implications of Law Commission's proposals (on DoLS) in October report to LSAB.	DR
7. All feedback on budget proposal to be received by deadline of 15/09/2017	All
8. Above corrections (outlined in minutes) to be made and executive summary to be added to the LSAB Annual Report. When finalised the Annual Report will be sent to Healthwatch for consultation and feedback prior to the report being presented to the Health & Wellbeing Board	JK
9. (i) P&Q group to consider how to gather feedback on satisfaction from alerter's perspective  (ii) MASH team to request that Uniformed services feedback on how we could improve feedback to alerters.	P&Q/MASH team
10. (Regarding equalities measurement of s42 work) Proposal to include measurement of spoken language to be taken back to P&Q group for consideration.	MK

<b>Further action required following review of actions from 05 April 2017 LSAB</b>	<b>Who:</b>
3. SW to follow up with Chairs from relevant SABs on the issue of Best Interest Assessors	SW
4. Finalised findings and recommendations from the review of Children's MASH to be sent out to Board members ahead of October meeting.	MS
5. Cath Gormally (Director of Social Care, SLaM) will attend the October LSAB to talk through updates on the data being collected by SLaM and the work currently being undertaken.	GA
9. GA to bring draft guidelines (drafted following SLaM meeting with inpatient staff and safeguarding leads, which aimed to build understanding of how thresholds are applied differently) to October 2017 Board, via the P&Q group/Threshold Task and Finish group.	GA
11. All board members to complete Level 1 Children's Safeguarding training by 21 <sup>st</sup> August 2017 and notify CG when completed.	All