

LAMBETH SAFEGUARDING ADULTS PARTNERSHIP BOARD

General Agenda Section

Phoenix House

14:00 to 17:00

05 April 2017

Attendees:

Siân Walker (SW) – *Chair*
Moirá McGrath (MM)

Helen Charlesworth-May (HC)
Cllr Jackie Meldrum (JM)

Aisling Duffy (AD)

Mark Stancer (MS)

Rachel Sharpe (RS)

Sean Oxley (SO)

Fiona Connolly (FC)

Alan Brand (AB)

Alexander Babudoh (ABa)

Cath Gormally (CGo)

Andrew Christie (AC)

Barbara Joyce (BJ)

Independent Chair

Director of Integrated Commissioning (Older Adults) / CCG Safeguarding Lead,
LB Lambeth and Lambeth Clinical Commissioning Group

Strategic Director, Children, Adults and Health, LB Lambeth

Cabinet Member for Social Care, LB Lambeth

Chief Executive, Certitude

Director, Children's Social Care, LB Lambeth

Director of Housing, LB Lambeth

Detective Superintendent, Metropolitan Police Service

Director, Adult Social Care, LB Lambeth

Station Manager Clapham and West Norwood, London Fire Brigade

Senior Occupation Officer, Lambeth Probation

Director of Social Care, South London and Maudsley NHS Foundation Trust

Independent Chair, Lambeth Children's Safeguarding Board

Welfare Specialist, Office of Public Guardian

In attendance:

Janna Kay (JK)

Clement Guerin (CG)

David Rowley (DR)

Ceri Gordon (*minute-taker*)

Quality and Safeguarding Adults Manager, LB Lambeth

Head of Quality and Safeguarding Adults, LB Lambeth

Lead Safeguarding Nurse, Lambeth CCG

Adult Safeguarding Support Officer, LB Lambeth

Apologies:

Catherine Pearson (CP)

Sarah Wilding (SW)

Mala Karasu (MK)

Adela Kacsprzak (AK)

Paula Townsend (PT)

Godfried Attafua (GA)

Ann Hamlet (AH)

Chief Executive, Lambeth Healthwatch

Director of Nursing Adult Services and Adult Safeguarding, Guys & St Thomas'
NHS Foundation Trust

Safeguarding Lead, Guys and St Thomas' NHS Foundation Trust

Head of Lambeth and Wandsworth cluster, National Probation Service

Corporate Director of Nursing, Kings College Hospital

Service Director (Interim), South London and Maudsley NHS Foundation Trust

Head of Safeguarding Adults, Kings College Hospital NHS Trust

3.	Minutes and matters arising from meeting held 17 Jan 2017, and update on actions; General Agenda Section
	<p>Accuracy of minutes agreed</p> <p><i>All actions from January Board either featured on today's agenda or future discussion planned.</i></p> <p>Although Mala Karasu has had to send apologies for today's meeting, it was noted that Mala has now taken on the role of Chair for the Performance and Quality sub-group.</p>

4.	Development Day feedback
	<p>Review of actions from Development Day:</p> <p><i>Action 6:</i> RS asked about what this referred to and SW clarified that this followed a discussion about the different expectations around PREVENT, in that Health providers are expected to respond under Adult Safeguarding but that the local authority is clear that this sits under the Community Safety Strategy. CG explained this can cause confusion as Health partners may refer issues to the LA (who are responsible for adult safeguarding) when these should go to the Community Safety Partnership to respond. SW highlighted the importance of avoiding duplication. RS clarified that Steven Tippell in the Community Safety Partnership leads on this in the area. SW asked that there be a brief statement from Health to clarify the way these issues are responded to, to avoid confusion.</p> <p>Action 2: David Rowley (DR) to provide a brief statement for the July LSAB which explains Health's role in relation to PREVENT but clarifies the protocol for responding within Lambeth and which can be circulated to NHS colleagues.</p> <p><i>Action 10:</i> This action still needs to be picked up and SW will email Chairs from the boroughs mentioned separately.</p> <p>Action 3: Action 10 from Development Day to carry over; SW to email Chairs from the relevant boroughs directly regarding issue Best Interest Assessors</p> <p><i>Action 13:</i> Each organisation that sits on the Board is to make use of ADASS Safeguarding Adults at Risk tool. Template and information for this tool will be recirculated.</p>

5.	SAR D Action Plan
	<p>CG provided an update; that most areas had been completed and there were three actions that remained outstanding;</p>

	<ul style="list-style-type: none"> - Recommendations 3 & 4 being addressed through training currently being delivered to all ASC staff, which is due to be completed in April 2017. - Recommendation 5 has been delayed as other work to change safeguarding process on ASC's MOSAIC recording system has had to take precedence; the small number of SARs mean that we are able to mitigate risk in parallel recording systems in the meantime. <p>SW commended the training that had been bought together by CG and the Quality and Safeguarding Adults Team.</p>
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6.	Chair's Report
	<ul style="list-style-type: none"> ○ SW drew attention once more to the rota for case studies being bought to the Board. ○ Following suggestion to start a rolling programme of conference calls or 'in between' meetings on specific items of interest, a conference call will be set up on 17th May 2017 to trial this. Please email LSABAdmin@lambeth.gov.uk if you have any agenda items you would like to discuss (big or small). As suggested by JM, a room will also be booked, so that those who can be present in the room are able to attend in person. ○ SW recently attended meeting with Black Thrive (Black Wellbeing Partnership), with the intention of establishing regular interface around safeguarding adults. ○ Request to please promote the upcoming event being organised by the LSAB's Community Reference sub-group entitled 'Making My Wishes Known' – which is focussed on Advanced Planning/decisions

7.	Key Performance Report
	<p><u>Activity</u></p> <ul style="list-style-type: none"> ○ The data for Q3 shows a drop in the number of safeguarding concerns received, in contrast to the increases shown over previous quarters (please refer to Performance Report). <ul style="list-style-type: none"> ▪ This has in part been attributed to the introduction of the Multi-Agency Safeguarding Hub (MASH) now being in operation. Referrals from emergency services are now coming in to the MASH rather than via the Initial Contact Team, and the MASH team help with triaging, rooting out duplication, and naming things more accurately. ○ The number of enquiries being started has reduced in Q3. <ul style="list-style-type: none"> ▪ This reflects the same issue with avoiding duplication, but also coincides with changes made in initial contact team; a new team manager has reviewed systems

being used and there is now more confidence in defining what is and what isn't a safeguarding concern.

- The number of enquiries being closed has increased in Q3.
 - This is a reflection of hard work by ASC teams, and presents a positive picture.

Changes made to the Board's policy on self-neglect (i.e. that a safeguarding concern will not be raised in the first instance where there are concerns about self-neglect) may lead to further reductions in the number of Safeguarding Concerns being received. Changes in practice do take time and the changes seen in this most recent data report are more likely to be a result of one-off changes and may level out.

Is there less reporting?

Further analysis of the data has shown that the drop is like for like across different referral sources and types of abuse. So we are confident that these figures are about changes in systems and practices. As people becoming more familiar with thresholds, this should also result in further drops in referrals.

Is Q2 an outlier? Why does there seem to be a more prominent increase in number of safeguarding concerns being reported at this stage?

These figures have been steadily increasing for a number of years and Q2 is part of this trend. Q3 is the outlier in this data. The data at the last Board meeting also showed many inappropriate referrals being made; there is qualitative and supportive element to this.

The data is showing that we are tidying our systems and that we have good decision making in place, evidencing that if you have the decision making right this will have a positive impact on safeguarding. There is also benefit in continuing to work towards accurate data so that we are able to better target resources.

It was noted that it is interesting that the introduction of the MASH has been seen as a possible source for the improved figures; It was noted, however, that Children's Services are currently reviewing the MASH as it is not deemed to be functioning at the level it needs to in order to be effective.

What does it mean about quality of decision making in total, in consideration of concerns of children's MASH?

There are some differences with Adult's MASH as in ASC it provides a service to the professional; Children's MASH is intimately intertwined with front door service in a way that Adult's MASH is not.

SW stated that she will spend some time at the MASH in order to get a sense of how things are, building different levels of assurance.

Action 4: Findings and recommendations from the review of Children's Services MASH to be fed back to the LSAB

Have we have taken any view of what we expect the impact of current training to have on activity (over next 3/6/12 months)?

At the moment this training is targeted at adult social care, whereas training for wider council is commissioned by workforce development. We have invited some of our usual commissioned trainers to attend as well. We intend to try and measure some of the impact of the training in a few months' time.

What are the experiences of referring agencies? Is social care now applying a threshold that is making it too difficult to get a response?

Action 5: Board members to speak to those within their own organisation who make the referrals to see if people feel that Lambeth are not taking on referrals.

Lambeth has always been an outlier when attempting to benchmark against similar Local Authorities, however the data used is sourced from NHS Digital and unreliable data, as different Local Authorities are using different measures and thresholds.

Regarding Domestic Violence (DV) numbers and MASH processes:

Meetings with community health safety partners are upcoming; Some of the work around domestic violence is being split, however the Police's role will be the same irrespective of a person's care and support needs. There is an aim to bring together processes from MASH and the Multi-Agency Risk Assessment Conference (MARAC) in order to unify processes, improve efficiency, and spot patterns and issues where ASC might be able to contribute.

SO also highlighted the Merlin process and its link to individual police officers' perception of risk; Non-crime arguments are the unseen risk; Risk is not recognised and non-crime domestic are recorded as standard risk. This is an internal police awareness issue; Qualitative risk assessment invites element of opinion, where police officers are looking for risk of 'significant' harm rather than simply looking at risk of harm.

ASC could help with wider discussion about what our broader perception of risk is, and potentially also Children's services perception; Joint development looking at how we manage risk differently, building joint team working and partnership links.

These issues highlight the lack of understanding about the wider issues, however there is also a need to consider the context that police officers are working in e.g. responding to calls at early hours of the morning and having to make assessment on risk.

Further, whilst Police Officers are involved in individual incidents, they may not be as aware of the corrosive impact these incidents have on children and family members over a period of time. There is a need to think about a family approach, and this is where it would also be useful to look at MARAC again.

Operational conversation outside of the Board is required to support shared understanding; Thinking wider and encouraging staff on the frontline to think beyond the box and improve service over all. There are a number of staff who are ready to take this forward.

	<p>Action 6: Update on outcomes of these conversations to be brought back to July Board; Report to bought to October Board considering how we are effecting improved joint working and understanding of managing the risk in protecting adults.</p> <p><u>Timeliness</u></p> <p>ASC timeliness figures have weakened, as workers are catching up on peak seen in Q2. If our thoughts on the change in trend seen in Q3 is correct, then an improvement in timeliness figures should be seen at next Board meeting.</p> <p>Action 7: SW and CGo to have separate conversations regarding the data being provided by SLaM and the requirements of other local authorities within SLaM’s patch, to allow for easier gathering of the same types of information.</p>
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<p>8.</p>	<p>Themed Report – Health</p> <p>No one present from Guys and St Thomas’ Hospital or Kings College Hospital, however summary is provided at start of the report.</p> <ul style="list-style-type: none"> ○ An issue that came out of the GSTT report, and which is a challenge for all partners, is that although safeguarding activity might begin within the hospital setting, they are not able to pick up on the outcomes. There needs to be systematic process for gathering that information. ○ Picking up safeguarding issues in the local care network might help with a sense of continuity. There is a tendency to see safeguarding as a one off event when for many it isn’t, and there is a broader way of looking at things. ○ There is also an issue to be picked up regarding patient safety issues as you would expect a higher number of these to also be safeguarding issues; the number of safeguarding concerns appear to be very low when this is consider. This is something which can be picked on in the Thresholds task-and-finish subgroup. ○ Also important to ensure that health colleagues do not feel they need to undertake two processes. ○ Kings highlight that a large proportion of safeguarding concerns related to pressure ulcers and poor discharges. The Board would want to see feedback that gives some examples and narratives with further information about what is being done about these issues. <ul style="list-style-type: none"> ○ A lot of work has been undertaken around pressure ulcers with the care sector, in addition to a lot of work around South East London on these broader issues. ○ There may also be worth in exploring delays caused by waiting for Best Interest Assessments and whether hospitals are making referrals for Social Workers to complete these assessments where issue relates to medication or medical need. <p>Action 8: The Board would want to see feedback that gives some examples and narratives with further information about what is being done about these issues.</p>
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	<p><u>SLaM (CGo)</u></p> <ul style="list-style-type: none"> ○ There has been a big increase in figures from last year. There is a need to undertake some further work to understand what is behind this. It is possible that it may be to do with greater awareness and better recording through templates that have been introduced. ○ Issues raised related mainly to possible neglect or acts of omission – these were mainly care delivery issues which do not meet threshold for safeguarding; For instance domiciliary care visits not happening. There was one issue of financial abuse which is still subject to police investigation. ○ Recent re-inspection on Inpatient Acute Pathway by CQC led to positive feedback on safeguarding awareness and recording by Lambeth Hospital Acute MH Units ○ There is a meeting scheduled for 06/04/2017 with inpatient staff and safeguarding leads across boroughs to get understanding of how thresholds are applied differently, in order to try and improve interface and improve consistency. <p>Action 9: SLaM to provide feedback on the meeting scheduled for 06/04/2017 with inpatient staff and safeguarding leads across boroughs to get understanding of how thresholds are applied differently</p>
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9.	<p>Lambeth CCG update report</p> <p>This is a new form of reporting setting out activities happening within CCG realm, including work with GPs, community nursing etc.</p> <p>The focus of work being undertaken is prevention and partnership working.</p> <p>Full report was circulated to the Board prior to the meeting. Key points include:</p> <p><u>Work with GPs</u></p> <ul style="list-style-type: none"> ○ Analysis of CQC reports showed that the general picture is quite positive with most practice rated as good in area of safety (which includes Adult Safeguarding). This provides baseline assurances. ○ The number of safeguarding concerns received by ASC where source of referral is the GP has seen an increase from last year, showing that more referrals are being made. <ul style="list-style-type: none"> ○ Nonetheless, when you think of the overall numbers, the number of referrals being made by GPs is still incredibly low. <i>Though there is appreciation for the different dynamic that GPs have with their patients, what is being done with the GPs to make sure that they really understand issues around Safeguarding?</i> <p>There is a proposal to appoint a GP Safeguarding Lead and this leadership role could be important in improving awareness and understanding. Work with the GPs is still in its early stages, and the next step is looking to develop leadership and raising the profile.</p>
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- It would also be interesting to see how many children’s safeguarding referrals are made, considering populations for children and over 65’s are around the same size in Lambeth and that these are the groups that tend to go to GPs the most.
- Recognition that more work needs to be done with primary care.

Action 10: DR to develop hard outcomes that show the result of this ongoing work and outline these in the next report, as this will help to build up baseline information.

- Of those referrals made by GPs 46% related to cases where the source of risk was someone already known to the person, highlighting that they are in a good position to spot abuse that other health providers are not.
- GPs were a source of risk in 7% of cases; we should be sensitive to source of risk in our own organisations, and it would perhaps be more worrying if GPs were not a source of any reported risks.
- Need to think about how to engage with very busy GPs who have very busy practices, and targeting information and advice.

Providing support and advice

- DR has been working to develop relationships and to provide support with care home and continuing care teams.
- The Care Home Intervention team has been commissioned to manage support for staff.

Training and policy

- Lambeth CCG is lacking a MCA policy and training and this needs to be addressed.
- There are very few people who need training beyond Level 1, as there are very few people dealing directly with patients.

It was noted that DR’s role is hugely positive for work within the organisation, and thanks expressed for this thorough report.

10.	Training figures – verbal update
	<p><u>SLaM</u></p> <ul style="list-style-type: none"> ○ Target for MCA and DoLS training is 85% - figures are currently at 71% for MCA training and 77% for DoLS. <ul style="list-style-type: none"> ○ This issue is being escalated with improvement plan in order to meet compliance by March 2018. ○ Safeguarding Level 1 – figures have dipped below 75.1%. The Trust recently moved from WIRED system to LEAP for recording therefore the dip may be a result of anomalies in the

new system, however it may also be due to staff whose training has expired and needs to be renewed.

- Safeguarding Level 2 – figures are at 86.6%, above target

Certitude

- Safeguarding training is delivered face to face and includes MCA and DoLS. Certitude have set target of 95%; at end of March had hit 97%.
- Data on managers training on investigating safeguarding is not available at this meeting; AD's recollection is that there were concerns about meeting these targets.

Note that need these figures from all commissioned providers – it is a requirement of contracting providers.

Adult Social Care

- Training will be at 100% when the current round of training concludes later this month.

Consideration needs to be given to other Lambeth (corporate) council employees

- There will also be 63 newly elected councillors in a year's time – should we consider training to candidates? Would want to make training for Safeguarding Adults compulsory for all newly elected Councillors this time around.
- Report going to CMT which will be about corporate safeguarding policy and people outside of ASC having a responsibility. There will be a minimum training requirement and a number of colleagues outside of ASC already receive training including housing and the call centre staff in Southampton. Need to bear in mind that there are many externalised services provided by Lambeth, and these are often the frontline staff.

Action 11: Plan for delivery of safeguarding training to councillors, and from corporate perspective, to be presented at January 2018 Board.

LFB

- There is a lot which is down to personal interpretation and it is trying to link training with practice. It would be good to discuss this further to think about how to ensure fire fighters have awareness, as safeguarding is something they are not used to dealing with.
- Fire fighters are often uncertain as to whether their concerns are safeguarding or should be raised as something else, and do not know what the outcome are of the referrals they make. There is possibility to link in with MASH in order for LFB to get feedback in organised and systematic way.
- There have also been a number of deaths in fires in Lambeth recently – it would be good to share any learning that results from this if there is a SAR as a result.

What else could we be doing in terms of learning and development going forward? This work is about partnership and developing relationships on the Board so that people can make approaches. Responding quickly can raise profile and will make difference for relationships on the ground.

What additional support can we put in place for the frontline staff?

	<p>The work of the board is about providing simple solutions; Training with a range of professionals is helpful in collectively owning and managing the risk that chaotic lifestyles bring, having conversations, changing our culture. There is a need for constant support. Nothing fits neatly in to a box, and understanding is not always about knowing legislation.</p> <p>There is scope for building informal networks, preventing safeguarding referrals needing to be made, as well as formally recognising that we need to challenge each other within the Board.</p> <p><u>Police</u></p> <ul style="list-style-type: none"> ○ 85% of Lambeth Police officers attended training around adult safeguarding in 2016. The next round of training will focus on Children’s Safeguarding. This is a regular training day. <p>Action 12: All members of the Board must complete Level 1 for Safeguarding children (provided by LSCB)</p> <p>Action 13: Members who were not able to provide a verbal update today will be asked to do so for the 17th May teleconference scheduled for Board members.</p>
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<p>11.</p>	<p>LSAB Budget 2017-18</p> <p>This report intends to set out parameters rather than put forward a formal proposal at this stage.</p> <p>Board members are asked to take this away and have discussion within their own organisations and come back to JK by 15th May 2017 with any changes they would like to see.</p> <p>An additional paper will be bought back to the July Board outlining expected contributions, to be payable by end of August.</p> <p>ASC are contributing significantly to the financial costs of the Board and there needs to be wider partnership contribution</p> <p>SLaM have not been included (in error) in the paper tabled today and will need to be added.</p> <p>Wider sector contribution from providers and voluntary organisations is included and whilst current representation is from Age UK and Certitude; in future we need to look at how the seats on the Board are representative of the wider sector who would also make a collective contribution.</p>
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<p>12.</p>	<p>LSAB Strategic Plan 2017-18</p>
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	<p>The three year strategic plan sets out year 1 for setting a baseline, year 2 for development of aims, and year 3 for measuring outcomes.</p> <p>The Performance and Quality subgroup have set out the work plan for 2017-18 via scheduled Board meetings over the year, breaking aims down in to achievable targets needed to deliver baseline plan.</p> <p>Comments:</p> <ul style="list-style-type: none"> - Noted that this is an interesting and useful way to deliver a business plan with realistic targets. - Communication and abuse and neglect in communities; overlap with ideas of corporate ideas of safeguarding. - Issues with volunteers / family / friends – Could there be scope for a Trading Standards campaign? Need to think about what the messages are as part of wider communication campaign to raise awareness of adult safeguarding. - There are some issues that may overlap between abuse and neglect in communities and private and family life, and these can be picked up by the CRG. - A low number of suicides in Lambeth this year makes it difficult to pick up trend - we now have new local care networks and can look at how these would link in, targeting people proactively. This is part of business development and promoting idea that safeguarding adults is everyone’s business – introducing in to corporate responsibility and moving it out of only being within statutory service. This would have more of an impact on prevention. - Targeted audience; could this include services such as leisure centres who deliver classes to people with care and support needs? Expectation is that those who would deliver such classes would have the appropriate level of training and be DBS checked, and we should be ambitious as we could be in who we target.
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<p>13.</p>	<p>Feedback from sub-groups</p> <p>CP has sent apologies, and therefore no update was given from Community Reference Group (CRG).</p> <p>Update from Performance and Quality Sub-group (CG):</p> <ul style="list-style-type: none"> o The group have work on developing guidance on use of the word ‘vulnerability’, as requested by Board members. There is some difficulty in this as vulnerability doesn’t appear in the Care Act. The LSAB can put this guidance document under Policy and Guidance website. If there are any further issues to be picked up on with regards to this document, these can be raised during conference call to be scheduled 17th May 2017. <p>Update from Mental Capacity Act Sub-group (DR):</p> <ul style="list-style-type: none"> - MCA Task and Finish group is now a sub-group. Draft Terms of Reference have been sent out to people for comment. We are now trying to broaden remit and get more people involved.
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	<ul style="list-style-type: none"> - DR has been involved in the event being planned by the CRG which aims to explore Advanced Decisions and LPAs ('Making My Wishes Known') <p>Action 14: ToR for MCA Sub-group to be circulated before next Board meeting.</p> <p>Update from Threshold Task and Finish Group (CG):</p> <ul style="list-style-type: none"> - This has not yet been established, but do not envisage this being a long piece of work.
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14.	Any Other Business
	<ul style="list-style-type: none"> ○ SW drew attention to the County Lines Briefing that was shared by Lambeth's LSCB. This will be circulated amongst Board members as also relevant to Safeguarding Adults. ○ Updates have been made to the Board's constitution to reflect MCA Sub-group. ○ Members are reminded that they will need to take up use of the ADASS audit tool, as discussed at the Development Day. ○ This will be Last SAB for Clement Guerin who is moving on to new role with Surrey County Council. SW expressed considerable thanks to Clement on behalf of the Board for all of his hard work and support and the Board wished him well for his new role.

Actions	Who:
General	
2. DR to provide a brief statement for the July LSAB which explains Health's role in relation to PREVENT but clarifies the protocol for responding within Lambeth.	David Rowley
3. Action 10 from Development Day to carry over; SW to email Chairs from the relevant boroughs directly regarding issue Best Interest Assessors	Siân Walker
4. Findings and recommendations from the review of Children's Services MASH to be fed back to the LSAB	Mark Stancer
5. Board members to speak to those within their own organisation who make the referrals to see if people feel that Lambeth are not taking on referrals.	All
6. Update on outcomes of conversations around MASH processes, the joint working between children's and adults' services, and the perceptions of risks amongst partner agencies to be brought back to July Board; Report to be	Fiona Connolly

bought to October Board considering how we are effecting improved joint working and understanding of managing the risk in protecting adults.	
7. SW and CGo to have separate conversations regarding the data being provided by SLaM and the requirements of other local authorities within SLaM's patch, to allow for easier gathering of the same types of information.	Siân Walker and Cath Gormally
8. The Board would want to see feedback that gives some examples and narratives with further information about what is being done about the issues raised in the KCH assurance performance, which highlights that a large proportion of safeguarding concerns related to pressure ulcers and poor discharges	Paula Townsend
9. SLaM to provide feedback on the meeting scheduled for 06/04/2017 with inpatient staff and safeguarding leads across boroughs to get understanding of how thresholds are applied differently	Godfried Attafua
10. DR to develop hard outcomes that show the result of this ongoing work and outline these in the next report, as this will help to build up baseline information.	David Rowley
11. Plan for delivery of safeguarding training to councillors, and from corporate perspective, to be presented at January 2018 Board.	Fiona Connolly
12. All members of the Board complete Level 1 for Safeguarding children (provided by LSCB)	All
13. Members who were not able to provide a verbal update today will be asked to do so for the 17 th May's teleconference scheduled for Board members.	Kings GSTT LAS Probation HMP Brixton
14. ToR for MCA Sub-group to be circulated before next Board meeting.	David Rowley