



**North Yorkshire Operational Safeguarding Adults Board
Notes of meeting and workshop held on 18 March 2015
Held at the Evolution Centre, Northallerton**

Name	Agency	Attended	Deputy present	No deputy
Jonathan Phillips (Chair) (JP)	Independent	✓		
Anne Marie Lubanski (AML)	NYCC Health and Adult Services		✓	
Mike Webster	NYCC Health and Adult Services		✓	
Kathy Clarke	NYCC Health and Adult Services		✓	
Geraldine Mahon	NYCC HAS	✓		
Ian Spicer (IS)	NYCC HAS	✓		
Sally Cox (SC)	Workforce Development	✓		
Nigel Costello (NC)	NY Police	✓		
Janet Probert (JPr)	NYY CCGs		✓	
Steve Wilcox (JK)	NYY CCGs		✓	
Matt O' Connor (MO'C)	Airedale/Wharfedale/Craven CCG	✓		
Lindsay Britton	LYPFT	✓		
Karen Agar (KA)	TEWV	✓		
Helen Smithies (HS)	STFT	✓		
Jan Chaplin (JC)	HDFT		✓	
Nicola Cowley (NC)	YTH NHS FT (&SNEY)			✓
Elaine Andrews (EA)	ANHSFT	✓		
Ruth Andrews (RA)	NYCC Trading Standards	✓		
Vicky Metheringham (VM)	NYCC Childrens Social Care		✓	
Dallas Frank (DF)	NYSCB		✓	
Alan Jenks (AJ)	NY District Councils	✓		
Kate Carter (KC)	NYFRS			✓
Keren Wilson (KW)	Independent Care Group	✓		
Joanne Atkin (JA)	National Probation Service	✓		
Jon Carling (JC)	North Yorkshire and York Forum	✓		
Chris Jones-King (CJK)	LSAG Chair (SWR)	✓		
Lesley Allott (LA)	LSAG Chair (H/C)		✓	
James Stroyan (JS)	LSAG Chair (H/R and S)	✓		
Sally Anderson	Safeguarding Adults Policy Officer	✓		
Julie Silver	Safeguarding Officer	✓		
Carol Parsons	Safeguarding Officer	✓		
Lesley Dale	Corporate Development Officer – in attendance for Prevent	✓		

1. Welcome/ introductions/apologies for absence

The chair welcomed everyone to the meeting.

Apologies – Anne Marie Lubanski, Mike Webster, Janet Probert, Steve Wilcox, Lesley Allott, Kathy Clarke, Sheila Hall, Nicola Cowley

2 ‘Implementing the Care Act in practice – what next for safeguarding?’

SA gave a presentation on the key things that are changing for safeguarding and those that are staying the same. SA gave an introduction to the multi-agency policy and procedure which would be presented to the Strategic SAB on 22 April for approval.

SA introduced the group work and invited the groups to :

- Consider what this will mean in practice for you and your organisations and what you need to do.
- Identify key messages for the Strategic Board about implementing the new practices in particular training and communication. Any other burning issues?

What will this mean in practice for organisations? Implementation of the Care Act.

The groups raised the following key points

- Organisations won’t yet know the impact of some of the issues, e.g. modern slavery/self-neglect
- Greater emphasis on MCA/positive risk taking
- Greater emphasis on culture change, move away from paternalistic approach and removal of all risk; towards empowerment and problem solving.
- There is still some organisational learning required to unpick the issues. The Operational Board could be used to ‘monitor’ implementation of Care Act and to road test the new approaches.
- Understanding and using mechanisms we have already – such as professionals meetings/ reviews/ reassessments/ complex care management.
- Issues of consent/lack of consent – how/when/should we progress?
- How do we hold/keep soft information to inform future practice or actions?
- Duty on housing providers, not just District Councils – challenge of how we

For Note or Action by
<i>Presentation attached</i>

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ensure quality assurance of their procedures.

- Issues around self-neglect and District Councils
 - District Councils may see this as opportunity/green light for safeguarding as a route to resolve these complex issues.
 - There will be a need for some understanding of thresholds/screening. May be useful to have a tool/checklist from procedures.
 - Opportunity to develop an approach with District Councils, via District Council Liaison Group. May be similar to complex care management/risk management
 - Need some way to track rates of concerns of self-neglect over time so that it can be reviewed and we can monitor our responses with a view to improvement.

Key messages for the Board - Training

- Further training is needed around MCA/Human rights
- There needs to be some overview multi-agency training about the roles and responsibilities/procedures – this could be done in similar format to Operational Board.
- Existing training packages need updating to take account of new terminology and approach.
- Training needs to add in new categories of abuse and push understanding of this.
- Existing staff need communication on key changes.
- Training needs to be more focussed on Making Safeguarding Personal
- We need to develop NY response to the Care Act at single agency and multi-agency level – so that we develop practice and local approach and then shape the training offer around that.
- Do we need to share safeguarding views/training development across adults and children? Issue for next Strategic Board.(Liaise with Safeguarding Children Board)

Key messages for the Board - Communication

- Communicating key messages to a wide variety of different audiences is required.
 - Culture change – Making Safeguarding Personal
 - Terminology and categories of abuse, particularly responding to

	<p>self-neglect.</p> <ul style="list-style-type: none"> ○ Use of risk management responses ○ Key differences to current practice/procedures ○ Continued emphasis on Mental Capacity Act and positive risk taking <ul style="list-style-type: none"> ● Voluntary sector – challenge of how to communicate to a large number of organisations and how the Board will spread the message. ● Issues around self-neglect and District Councils (see above) 	<p>For Note or Action by</p>
<p>ACTION</p>	<p>Circulate presentation on Care Act to Board members</p>	<p>SA</p>
<p>ACTION</p>	<p>Ensure that Strategic Safeguarding Adults Board addresses the issues identified for implementation, training and communication. Consider role of the Operational Board to achieve implementation and ongoing learning and evaluation.</p>	<p>Chair/statutory leads.</p>
<p>3</p>	<p>Issues from Local Safeguarding Adults Groups (LSAG)</p> <p>SA introduced the LSAG report which highlighted two key areas.</p> <p><u>Pressure Ulcer Protocol</u> A key issue was raised from Harrogate/Craven Local Safeguarding Adults Group relating to the use of the Pressure Ulcer Decision Support Tool (PUDST). The issue identified is that there is a significant delay in safeguarding alerts being raised to the local authority under the safeguarding procedures since the Pressure Ulcer protocol has been introduced by Harrogate District Foundation Hospital.</p> <p>The LSAG has asked the Board to consider the following</p> <ul style="list-style-type: none"> ● Is this happening in other areas of the county? ● What are the risks with this practice? ● What is the good practice that should be promoted? ● What should the Safeguarding Adults Board do now? <p>Comments were noted from Airedale NHS Trust, AWC CCG and South Tees NHS Trust.</p> <p>Airedale – EA reported that they were not using the Decision Support Tool from the protocol but that all Grade 3 and 4 pressure ulcers were investigated as Serious Incidents and that the RCA process took 2 weeks. EA reported that she would chair the RCA meeting if it was thought to be a safeguarding issue.</p> <p>AWC CCG – Mo’C reported that his view was that safeguarding alerts should be made as soon as it is thought that a pressure ulcer is safeguarding, with two practitioners reviewing the pressure ulcer at an early stage.</p> <p>South Tees – the practice is that a RCA will be started for any Grade 3 or 4 pressure ulcer and that a safeguarding alert will be made as soon as it is viewed that it may be safeguarding.</p>	

<p>CJK noted that the SAB protocol and decision support tool was developed to help achieve consistency and that it encourages early screening to see if a safeguarding response is required. An alert should then be made and a RCA would be part of the investigations.</p> <p>KW asked if the tool had been rolled out to care homes and it was thought not.</p> <p>JP reminded the meeting that the lead for this piece of work was Steve Wilcox and the Health Partnership Group. JP recommended that SW confer with Mo’C to review the issues and the risks with existing practice to report to the next Operational Board.</p>	<p>For Note or Action by</p>
<p>ACTION Review the issues and the risks with existing practice relating to the use of the Pressure Ulcer protocol, to report to the next Operational Board.</p>	<p>SW/Mo’C</p>
<p><u>Development workshop/ Strategic Plan</u></p> <p>JS reported on the Hambleton/Richmondshire LSAG workshop in December which looked at the Board strategic priorities for 2013 – 16 to consider a LSAG response. JP noted that this was a very valuable piece of work and the LSAG made some good points and asked if other LSAGs were doing something similar. In Harrogate/Craven individual agencies were being asked to feedback and Scarborough/Whitby/Ryedale were considering it at their next meeting. It was agreed to share the Hambleton/Richmondshire work with the other LSAGs with a view to collating a issues and ideas from all the groups for the Board to consider.</p>	
<p>ACTION Share H/R report with the other LSAGs with a view to collating issues and ideas from all the groups.</p>	<p>SA/LSAG chairs</p>
<p>4 Prevent – what we need to do differently to protect people who may be vulnerable from violent extremism?</p> <p>LD gave a brief presentation on the changes to PREVENT and the work required to embed the response into safeguarding.</p> <p>LD reminded the Board that specified authorities must:</p> <ul style="list-style-type: none"> • Assess risk of radicalisation in their area or institution • Develop an action plan to reduce this risk • Train staff to recognise radicalisation and extremism • Work in partnership with other partners • Establish referral mechanisms and refer people to Channel • Maintain records and reports to show compliance <p>LD summarised the agreed arrangements for the Channel process and the way this links to safeguarding. She noted that there were examples where this worked well but in some cases there was confusion or delay in involving the relevant officer (Julie Whitehouse) when radicalisation was thought to be a factor in a safeguarding referral.</p> <p>LD recommended that a task and finish group is established to provide practitioners guidance on channel process and ensure that it is clearly aligned</p>	<p>Insert presentation</p>

<p>to the safeguarding process.</p> <p>IS echoed this observation – in practice he had seen it work well and he was also aware of some confusion in some cases.</p> <p>There followed some discussion about how the process could work and what was in place if people at risk of radicalisation did not have care and support needs. The issue of information sharing without consent of the individual was also raised.</p> <p>HRJ noted that Prevent had been discussed by the SCB and Katie Hibbs was taking it forward for the Board.</p>	<p>For Note or Action by</p>
<p>ACTION Establish a task and finish group from both Adult and Children’s safeguarding board (Coy & NY) to explore the channel process and align this to the safeguarding referral process and report back to the board approx. Nov/Dec</p>	<p>LD/SA</p>
<p>5 Vulnerable Adults Missing and Absent from Home or Care. Joint Protocol.</p> <p>NC introduced the protocol and explained it was the result of a multi-agency working group. He reported that the York SAB had approved the protocol and he was seeking NY SAB approval to implement the protocol as soon as possible (by 1 May). While the protocol is not mandatory, it was good practice and aimed to ensure consistency of response across York and North Yorkshire.</p> <p>The protocol outlines increased responsibilities for agencies, particularly care settings, to do more to ensure that the police have relevant information when a vulnerable adult goes missing. It includes the ‘Herbert protocol’ which has been introduced in a number of force areas.</p> <p>JP invited comments on the protocol. There was some concern that the language may need updating as it appears to be quite prescriptive and not reflect the spirit of the Mental Capacity Act and Care Act regarding positive risk taking. Other comments related to the length and complexity of the document which may act as a barrier to ease of use by care providers. JP suggested that the key tools such as the Herbert Protocol would be very valuable and should be highlighted. KW was reassured that care homes would find the Herbert protocol useful.</p> <p>It was agreed that NC would amend the protocol with any comments submitted to him (via Louise Walker) by the end of March. JP agreed to review a further draft and agree it on behalf of the Board in conjunction with the Chair of the York SAB.</p>	
<p>ACTION Ensure that protocol is amended to reflect comments from SAB members. Comments to be submitted to NC (via Louise Walker) by the end of March.</p> <p>Review document with Chair of York SAB to agree final draft on behalf of each Board.</p>	<p>AII/NC</p> <p>JP</p>
<p>6 Minutes of the meeting – 19 November 2014</p>	

Unconfirmed minutes

The minutes of the meeting of 19 November 2014 were received and accepted.

It was noted that IS had not received any reports regarding specific operational issues relating to safeguarding and DoLS.

7 Date and time of Operational Board meetings 2015 (14:00 to 16:00) – Evolution Centre, Northallerton

29 July 2015 and 18 November 2015

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