

Minutes of the Leeds Safeguarding Adults Board Meeting

Wednesday 17 December 2008

Leeds Civic Hall, Leeds

2 pm – 4 pm

Present:

Dennis Holmes (Chair) (DH)	Chief Officer, Social Care Commissioning
Sarah Jarvis (SJ)	Partnerships Manager, West Yorkshire Probation Service
Sally Mansfield (SM)	Nurse Consultant, Leeds Teaching Hospitals Trust
Julie Mason (JM)	Clinical Nurse Advisor, Leeds MH Partnership Foundation Trust
Gerry Broadbent (GB)	Chief Superintendent, West Yorkshire Police
Karen Bell (KB)	Vulnerable Victims Co-ordinator, West Yorkshire Police
Stuart Piper (SP)	Detective Inspector, West Yorkshire Police
Nahim Mehmood-Khan (NM-K)	Commissioning /Contracts Manager Leeds E&N Department
Maggie Coxon (MC)	Regulations Manager, Commission for Social Care Inspection
Pauline Barnett (PB)	Lead PPD Care Services, NHS Leeds
Tim Whaley (TW)	Leeds Advocacy/LLD Forum
Paul Hardy (PH)	Head of Service Delivery, Leeds Adult Social Care
Gerry Gillen (GG)	Corporate Lawyer, Social Care
Mark Milsom (MM)	Chief Superintendent, West Yorkshire Police
Carol Cochrane (CC)	Director of Strategic Development & Commissioning for Priority Groups, Leeds Primary Care Trust
Emma Mortimer (EM)	Safeguarding Adults Co-ordinator, Leeds Safeguarding Adults Team
Christine Clark (CHC)	Safeguarding Adults Co-ordinator, Leeds Safeguarding Adults Team
Marion Bunyan (Minutes) (MB)	Leeds Safeguarding Adults Team
Danielle Guest (Minutes) (DG)	Directorate Support Officer

Apologies:

Jim Traynor (JT)	Service Delivery Manager, Leeds Adult Social Care
Pam Wisnia (PW)	Community Care Manager, Leeds Jewish Welfare Board
Norman Sterling-Baxter (NS-B)	Training & Development Officer, Leeds Safeguarding Adults Team
Joy Fisher (JF)	Service User, The Alliance of Service Users & Carers
Adrian Cornelissen (AC)	Asst District Manager, West Yorkshire Fire & Rescue Service
Karen Goor (KG)	Solicitor, Ridings Law Solicitors
Matthew Orton (MO)	Child/Adult Protection Co-ordinator, Children's Services
Karen Craig (KC)	Sheltered Services Team Leader, Aire Valley Homes Leeds
Clare Linley (CL)	Deputy Chief Nurse, Leeds Teaching Hospital Trust
Tracy Hamling (TH)	HMP, Leeds
Paula Gardner(PG)	Deputy Manager, Leeds Inter-Agency Project

1.0 INTRODUCTIONS

Members of the Board introduced themselves. DH advised that the membership of the Board is due to be reviewed and this is the last meeting in its current format.

2.0 MINUTES OF THE LAST MEETING & MATTERS ARISING

2.1 Arising from 2.1 – Partnership Action Plan & Establishment of Sub-Groups

Action 1 – completed

Action 2 – no notifications have been received from statutory organisations yet

Statutory organisations are on schedule to consider the Annual Report and will report back to the Safeguarding Adults Co-ordinators soon.

2.2 Arising from 4.0 – Terms of Reference

DH indicated that a Memorandum of Understanding and appendices, which sets out the requirements of the four sub-groups, had been circulated with the minutes. This will be considered by the Chief Executives, with comments requested back by 31 January 2009. The next meeting will be in February 2009 and it is expected that the Memorandum of Understanding will have been ratified by statutory partners by then. NHS Leeds and the Probation Service have already agreed. Nominations for membership of these groups are still awaited.

Action 1 – Members of the Board are requested to nominate an appropriate officer

Action 2 – Members of the Board to read & review the Memorandum and pass any comments back before the next meeting in February.

It was agreed that the voluntary sector representation should come from an umbrella organisation and an appropriate mechanism needs to be in place to ensure their views are considered and information is fed back.

TW has raised this with the Management Committee at the LD Forum and it will be considered at their next meeting.

DH indicated there is also a role for advocacy organisations.

3.0 CHAIR'S INTRODUCTION

At the last meeting, DH agreed to provide a "scene-setter" to open the meeting: this is most heavily influenced by the CSCI report of Independence, Wellbeing and Choice in Leeds, specifically with regard to Adult Social Care. There are comments made about efficacy of the current arrangements of the Safeguarding Board but it is not the inspection alone which is driving these changes, although it has been a helpful catalyst to point forward in the right direction. There is commitment from the Chief Executives to safeguarding practice, policies & procedures and people who are acquitting safeguarding activity in the city. The bar has been raised nationally in terms of expectations of organisations and statutory partners in terms of capacity to safeguard vulnerable people. There are deficiencies in safeguarding nationally and the inspection is a valuable opportunity to reflect on fulfilling that role adequately and a start on the road to aspiring towards excellence. The proposal for the Memorandum of Understanding is to reinforce and achieve excellence. The CSCI inspection of 30 local authorities has been circulated already. CSCI are setting the standards nationally. We have used this, the audit and the outcome of the inspection to bring forward an options appraisal for developing procedures in the city.

There are 3 areas which require urgent reinforcement.

1. to support the work of this Board more effectively to become a more dynamic and forward-thinking force behind safeguarding, which requires co-ordination. New posts have recently been advertised which include a Head of Adults Safeguarding, which will be co-funded by statutory partners, to co-ordinate activity and service the Board, raise its profile to the same level as the Children's Safeguarding Board and give it capacity to do what needs to be done. The present Co-ordinators have done a very difficult job in difficult circumstances.
2. to support the Head of Adults Safeguarding on behalf of this Board. Practical support around development and amendment of policy and procedures. From an Adult Social Care perspective a big trigger is the personalisation agenda which provides an interesting set of

safeguarding conundrums which will require a better structure to enable them to be tackled. Address “what if” “so what”. How do our recommendations improve things for people who require safeguarding? Increase the capacity of quality assurance work. There will be 3 independent chairs of the safeguarding conference. It should be a multi-agency event and that person will be in a good position to comment on the relevant contributions of partners. This can be fed back into all processes to understand how effective we are as a partnership in safeguarding vulnerable adults.

3. Reinforce front line practice. The number of safeguarding referrals is larger this year than last financial year – 847 by 1 December this year against 648 in the whole of the last financial year. Awareness has improved and if the pace continues to increase we will be caught out if we do not have people to deal with it.

The inspection provided sound advice and guidance on the overall direction to take and how to reinforce safeguarding activities and effectiveness. We need to determine how best we want to ensure we put excellent practices in place which are fulfilling the requirements of Leeds’ citizens.

4.0 COMMISSION FOR SOCIAL CARE INSPECTION – INDEPENDENCE, WELLBEING & CHOICE INSPECTION REPORT

Page 7 of the document contains a summary of the recommendations and pages 10 to 16 contain information which supports the recommendations. DH indicated that points 3, 4, 6 and 7 were pertinent and asked the Board members to provide any comments.

TW indicated he had concerns about advocacy and whether they are linked into the training strategy as there is a lack of understanding across the city. There is now a connection with this Board and it will be more thorough. It is not clear which organisation will be delivering advocacy from March but work has already started and TW is questioning where the end of the IMCA contract period leaves the IMCA service and it’s representation on the board and training sub-group if the work ends up being passed on to somebody else.

JM felt that getting the Terms of Reference is key to progressing and moving on and it vital to get these right. There have been some gaps identified in the service. It would be interesting to see where the Board links into Elected Members. There is no sense of momentum through the Members. The right board set up is necessary to be able to move forward, to identify risks, met responsibilities and take appropriate action.

DH indicated that there is support from the Chief Executives of the statutory organisations about the direction of travel. Much depends on getting the right people into the sub-groups. Organisations need to reflect on the seniority of people who attend this Board as they will make decisions on behalf of the Partnership, following advice from the sub-groups. In relation to Elected Members, they now have an interest in safeguarding issues. There has been representation at, and presentations to, Scrutiny Board and Adult Social Care Scrutiny Board is taking responsibility for monitoring the Inspection Action Plan on a monthly basis – but only for Leeds City Council. Most importantly statutory partners also have non-executive members who should have reports presented to them on the work of the Partnership. We are committed to producing an annual report and work programme for the next year for the Board which can be taken through the Board structure so NEDs and PECs can understand what the work programme of the Board is and what they will be asked for their support for, and understand the importance attached to safeguarding in the city, and the need to follow through with actions.

Members of the Board have been asked to read the Inspection report but it does provide a summary of the developments required to be made. It compares Leeds to national best practice and this is something which should be done on a regular basis, and give an honest appraisal of what we do and how well.

CC asked to what extent how other authorities manage safeguarding has been considered?

DH indicated that the Memorandum of Understanding is based on national best practice and national best practice expertise has been secured. The governance structures, sub-groups, Terms of Reference and reporting structures all reflect best practice as it is at the moment.

Action 3 - Members of the Board are asked to read the inspection report and contact the Safeguarding Co-ordinators with any comments

5.0 PARTNERSHIP ACTION PLAN & TIMETABLE OF BUSINESS FOR 2009/10

Action 4 - Members are asked to take this back for adoption into the business plan for their organisations.

EM – there are 7 areas within the action plan.

- The most important is around the partnership arrangements.
- 4 sub-groups which will do the work of the Board. Each of these requires a chair to be nominated from outside of Adult Social Care. Each organisation which has a performance or quality lead should nominate that person, or someone who reports to them. DH will write out formally to set the requirements into context. It is acknowledged that it will be difficult for some organisations but it is important to find the right representatives at the right level and identify gaps and how best to fill them. Each sub-group has an important role to play. The Memorandum of Understanding contains details of each sub-group and how it should be structured and the work which needs to be done. The sub-groups need to be set up by early January 2009.

CC advised that there has been some slippage to the timelines due to the Inspection. An update will be provided later.

DH advised that it is intended to start rag-rating this and identifying whether things have slipped to let organisations be aware of progress against milestones.

This Board will take responsibility for the action plan to ensure milestones are achieved. To be able to do this, performance reports in relation to the work of the sub-groups are required to track continuous improvement.

MM raised concern about the potential workload of the Serious Case Review Sub-Group and the need to be able to achieve quick results.

DH indicated that the challenge would be to identify the right people to sit on the group. The earliest wins will be with the Training Sub-Group. Where there are more challenges are around Performance Management because of the disparate organisations.

SM agreed that what is needed are the key areas, and then bring in others as and when.

DH indicated that the starting point is to look at the number of referrals, where they are from and whether the organisation knows it has sent a referral.

JM agreed that there are lots of things which are best practice. We need to look at things to see if they are working. They might look good, but not work in practice.

MM was still concerned that participation in one or more of the sub-groups – and the amount of work generated – has the potential to prevent people carrying out their substantive role effectively.

DH indicated that heavy investment is needed up front to get systems up and running and then it can be de-scaled once the Board is assured that organisations can operate effectively.

DH advised that the inspection action report should be stripped down and an exception report provided about what we want to do, indicating whether we are on target, off target, way-off target, and where we need to intervene.

5.0 SAFEGUARDING CO-ORDINATORS' REPORT

Action 5 - The Board are asked to provide nominations for the chairs and members of the sub-groups to the Co-ordinators

5a Work of the Board in the Previous Quarter

EM advised that, by 1 January 2009, all information about safeguarding referrals in Leeds will be reported on the Adult Social Care database (ESCR) which will provide reports for this Board. An example of the type of data which is currently being reported was circulated and concern was expressed about the lack of detail available.

EM explained that the data was taken from referrals taken by the Call Centre. The system at present is simple but from January data should become more detailed as work on the system is progressing.

MM asked for clarification about what constitutes an “alert”.

There are 2 issues – how do we represent referrals made in to the safeguarding system, accurate representation of what is going in to the system, overview of referral activity. There needs to be some discussion about the threshold, when it is appropriate to refer in and when an organisations should “consume its own smoke”. The Board should have an overview of all that activity.

MM suggested that each organisation's primary data source should be approached rather than ask for a secondary referral. Can then cross-reference across agencies to see if things are getting lost.

DH advised that part of the challenge is how well we know ourselves. We are not processing information about how many went on and how many were actually safeguarding episodes and how many had safeguarding plans. Each organisation needs to reflect on this itself and the responsibility for this Board is to keep an overview of that data. There is an expectation from Central Government that all that data is held in one place, but there is a problem doing this. Each organisation should be reflective of its own information to demonstrate this and find a way to put this together and many links between organisations' records. We should be able to track this within our systems.

SM – the current safeguarding policy requires local policy in place which reflects the multi-agency one.

DH would like to move on that, requiring reports from organisations on where they refer these to. Adult Social Care can only report what is referred in to it. Other organisations need to have some system.

EM advised that there is no agreement how each organisation pulls information together to provide reports.

DH asked whether if one agency makes a referral in to another agency, is it possible to track it back through?

CC advised that following the Inspection, a decision was taken to go out to an independent expert for evaluation and amendments are currently being made to the procedures. The new rules need to be incorporated into the new policy. These can be sent out in draft for comment. Once they are agreed and revised, they will be published on the website.

5b Multi-agency procedures update

CHC explained that work is making good progress on the procedures and a draft version should be sent out to members for consultation and commenting soon.

5c Serious Case Reviews Updates

EM advised that there are currently 2 serious case reviews being undertaken. The terms of reference have been mailed to members for consultation. The Serious Case Review Procedures will be updated, but using these two cases. They are being reviewed by an external panel and the final reports will be back by 2 April 2009. Statutory organisations need to nominate representatives to be part of the panel, senior members of the organisation, who have not had involvement in the cases prior to this review.

Action 6 - Members of the Board are to nominate senior members to the Co-ordinators by 19 December 08

Action 7 - Members to read Terms of Reference and provide any amendments to MG & MW

5d Department of Health Consultation on the review of 'No Secrets' guidance and arrangements for a co-ordinated response

DH advised that a response on the consultation needs to be returned to the Department of Health by the end of January 2009. He would like to respond on behalf of the partnership but this needs to be co-ordinated and Members of the Board were asked if their organisation would like their comments incorporated into the Board's response, a copy of which will be circulated, or if they were intending to respond individually.

PH advised that there is a "No Secrets" Yorkshire & Humberside conference in Sheffield on 12 January 2008 and asked whether there should be representation from this group. DH suggested that attendance should be co-ordinated and suggested that organisations wishing to nominate a representative should contact the Co-ordinators.

DH advised that there is also a series of seminars in relation to the consultation, which may inform the response to the consultation request.

Action 8 – Board members are asked to provide comments by the end of the third week in January and the response will be circulated for information

Action 9 - Those organisations submitting their own response are asked to provide a copy to this Board

6.0 PERFORMANCE ACROSS THE PARTNERSHIP

DH invited board members to raise any concerns or matters experienced since the last board meeting.

SM raised concerns about the increased number of safeguarding referrals received and the amount of time spent dealing with more and more cases. She advised they are appointing a Safeguarding Nurse at the end of February, who will be involved with training and development and some clinical work.

CC indicated that the sub-group is starting to look at recording.

KB said she is now receiving double the amount of referrals and spends most of her time dealing with Social Care inquiries.

DH noted the increase of referrals to the IMCA Service and said that Mental Health Act training has raised awareness and as a result there is an increase in reporting of incidence.

SM said that a difficult issue is experienced with fluctuating capacity and this poses challenges when assessing mental capacity. Training is required on how to use the Act when assessing capacity in more difficult cases.

Tim Whaley raised the issue of poor quality minute taking at strategy meetings and asking for resources for the training of minute takers.

CC advised that this is in the training plan that they will have minute-taking training and additional resources.

DH advised that there will be 3 independent chairs with their own dedicated minute-takers.

7.0 CASE STUDY: LOCAL GOVERNMENT OMBUDSMAN'S REPORT, SOUTH TYNESIDE METROPOLITAN BOROUGH COUNCIL

DH said that the report highlighted that agencies were not working together and that there is confusion around policies within organisations. Safeguarding Procedures were not followed, a lack of use of advocacy and huge delays between procedures contributed to the problems.

DH advised that the recommendation from the report should be reflected in our action plan including training and company issues. Lesson we can learn from reports like these should be fed through to the board for discussion and action.

8.0 ANY OTHER BUSINESS

Dennis Holmes informed members that the Safeguarding Adults Partnership Logo will be re-branded and samples of logos were mailed with the agenda to members of the board.

Action 10 - Members to nominate their selection of a preferred logo to the Co-ordinators

DH advised that this is the last meeting of the Safeguarding Board in its present incarnation and statutory organisations will be nominating officers for the re-formatted Board which will operate under the Terms of Reference and Memorandum of Understanding. He thanked all Board members and Sandie Keene, Director of Adult Social Care for all their hard work and commitment in the past. He is looking forward to seeing Members of the Board in February, and to other members, who are not on the Board, being part of the sub-groups.

9.0 DATES OF NEXT MEETINGS

Wednesday 18 February 2009
2 – 4.30 PM
Leeds Civic Hall

Wednesday 15 April 2009
2 – 4.30 PM
Leeds Civic Hall

Wednesday 17 June 2009
2 – 4.30 PM
Venue to be announced

Wednesday 19 August 2009
2 – 4.30 PM
Venue to be announced

Wednesday 21 October 2009
2 – 4.30 PM
Venue to be announced

Wednesday 16 December 2009
2 – 4.30 PM
Venue to be announced