

# PLYMOUTH MULTI-AGENCY ADULT SAFEGUARDING PATHWAY PROTOCOL

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## **Introduction**

Whilst Plymouth City Council (PCC) is the lead agency for adult safeguarding its successful delivery requires a cohesive multi-agency approach. The Care Act sets the guidance for all Local Authorities and all other key partners to follow. The aim of this document is to:-

- Describe the overall operational process that applies to adult safeguarding concerns in Plymouth.
- Clearly identify who is responsible at each stage of this process
- Describe each of the current enquiry pathways along with the considerations used to determine which pathway is used for these enquiries.

## **Safeguarding Process Overview**

Please refer to Appendix I of this document.

The overview process itself sets out the key steps within the safeguarding process along with responsibility for each individual step.

## **Local Authority**

The local authority has the responsibility to receive all safeguarding concerns from any source. Once received the adult retained function team will review, gather and triage information relating to the safeguarding concerns, and if this meets the Care Act 2014 safeguarding duty, will undertake or cause others to make an enquiry under section 42 where appropriate, using the enquiry pathways below.

The safeguarding duties apply to an adult who:

- has needs of care and support (whether or not the Local Authority is meeting any of those needs), and
- is experiencing, or at risk of, abuse or neglect, and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect

## **NHS Commissioners**

### **NHS NEW Devon Clinical Commissioning Group (CCG)**

CCG Commissioners will offer advice, support and assurance to the Local Authority retained function in relation to health related enquiries to ensure effective multiagency safeguarding working. This will be in the form of:-

- 1) When deciding which enquiry pathway is appropriate
- 2) Assurance of enquiry reports to aid closure decision making.

The Local Authority will escalate any delays or concerns re progress, timeliness (delays) or compliance with requests appropriate to the CCG.

## **NHS England**

NHS England are responsible for commissioning a range of primary health services i.e. GP's, Dentists, Pharmacists, Optometrists. NHS England is to be notified, by the Local Authority, of any safeguarding concern related to services they commission.

The Local Authority can cause enquiries to be made by NHS England as the commissioner of Primary Care services OR agree with NHS England for a service it commissions to undertake an enquiry.

The Local Authority will escalate any delays or concerns re progress, timeliness (delays) or compliance with requests appropriate to NHS England.

## **Police**

Where there is or thought to be a criminal offence, everyone is entitled to the protection of the law and access to justice. Although the Local Authority has the lead role in making enquiries, where a crime is suspected, then the earliest possible involvement of the police is required.

If this is clear at the point of receipt of a concern, a safeguarding referral to the Devon & Cornwall Police - Central Safeguarding Team is made by the PCC retained function team.

If this becomes clear during an enquiry then the allocated enquiry worker will complete the police referral and notify the PCC retained function team. The police are responsible for investigating crimes, and where the person is an adult at risk, the police will work together with the other appropriate agencies. Where the police advise that there is no requirement for a criminal investigation, the appropriate agencies will record the decision and continue with the safeguarding enquiry.

## **Enquiry Pathways**

Below is a summary of the enquiry pathways shown in the safeguarding process overview (Appendix I) with explanation and guidance as to how decisions are taken as to which pathway will be used for individual enquiries.

It is important to note that this is guidance and in some circumstances professionals working in the retained client team can, and will, make decisions regarding situations that will not always neatly fit into the pathways as defined in this document. The rationale for all such decisions must be clearly recorded and shared with those involved.

Where a decision has been made by the local authority to place an enquiry into a specific pathway it will be the responsibility of that pathway to complete the enquiry. It is not possible for specific pathways to cause others to make enquiries.

Where the retained function needs to clarify which health provider should receive an enquiry support will be sought from the CCG Safeguarding Team.

### **Plymouth Hospitals NHS Trust Pathway**

Concerns that meet the criteria for Section 42, where the safeguarding issue involve their staff, including agency staff, OR health care delivery to a patient in receipt of PHT services either current or historic. Safeguarding concerns in this pathway will be shared with the CCG by the Local Authority.

### **Livewell Southwest Pathway**

Livewell Southwest provides inpatient and community health services across the Peninsular AND adult social care community services within Plymouth. This pathway covers both aspects of the services they provide for people ordinarily resident in Plymouth.

Concerns that meet the criteria for Section 42, where the safeguarding issue involves their staff, including agency staff, OR health care delivery to a patient in receipt of Livewell Southwest services either current or historic will be sent to a single point of entry into Livewell Southwest. Safeguarding concerns in this pathway will be shared with the CCG by the local authority.

Concerns for any person in Plymouth that meet the Care Act criteria for care and support, irrespective of whether the support is being provided on behalf of the local

authority (this will therefore include people receiving care and support from health care providers, voluntary sector and unpaid carers) can come into this pathway for enquiry.

## **Care Providers**

Where safeguarding concerns are raised in relation to Care Providers, whether a Residential, Nursing or Domiciliary Provider, the Local Authority can cause an enquiry to be made by a range of agencies or the Care Provider itself where appropriate to do so. (The revised Care Act guidance refers to this in sections 14.69 and 14.70).

The local authority may decide it is not appropriate for a Care Provider to undertake a safeguarding enquiry in some circumstances, for example; a conflict of interest exists, concerns having been raised about non-effective past enquiries, serious, multiple safeguarding concerns, or a matter to be investigated by the police. Livewell Southwest will continue to conduct enquiries across care providers in these circumstances.

## **Whole Home Enquiries**

Where partner agencies or their staff are undertaking Care Act section 42 enquiries and throughout the course of this enquiry discover other safeguarding, quality and practice concerns are apparent in that service that may suggest a wider Provider Service enquiry is necessary, they **MUST** be raised at the Plymouth Safeguarding Overview weekly meeting. This multidisciplinary meeting, chaired by the local authority will be responsible for making decisions to conduct enquiries into a whole home.

Where this multidisciplinary meeting makes this decision it will also agree and confirm which agency will take responsibility to arrange meetings, agree a Chair and minute meetings **AND** who holds responsibility to oversee the Provider Service Enquiry. Once these decisions have been made the agency responsible will co-ordinate all activity as required by the Adult Safeguarding Framework.

## **Making Safeguarding Personal (MSP) & Timescales**

Making Safeguarding Personal means an enquiry should be person-led and outcome-focused. At the earliest opportunity, it engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. This conversation should also talk about the timeliness of this work.

In the spirit of the Care Act 2014, the adult safeguarding process no longer sets definitive timescales for each element of the process; however, target timescales are indicated at the point that the enquiry is caused to be made.

Application of target timescales should reflect the ethos of the Making Safeguarding Personal agenda. It is important that timely action is taken, whilst respecting the

principle that the views of the adult at risk are paramount. It is the responsibility of all agencies proactively to monitor concerns to ensure that drift does not prevent timely action and place people at further risk. Divergence from any target timescales may be justified where:

- Adherence to the agreed timescales would jeopardise achieving the outcome that the adult at risk wants;
- It would not be in the best interests of the adult at risk;
- Significant changes in risk are identified that need to be addressed;
- Supported decision making may require an appropriate resource not immediately available;
- Persons' physical, mental and/or emotional wellbeing may be temporarily compromised.

### **Parallel Serious Incident Requiring Investigation (SIRI)**

PHNT and Livewell Southwest will ensure that the safeguarding declaration is completed at the point of SIRI notification. If at any point during a SIRI investigation a safeguarding concern is identified this must be alerted to the CCG safeguarding team and Local Authority without delay who will then make appropriate pathway decisions.

The requirement to undertake a Safeguarding enquiry will always take precedence over a SIRI process; this will include evidence of Making Safeguarding Personal (MSP) in line with the Care Act. In situations where it is not clear if safeguarding applies the retained function would need to be contacted and involved in the decision making.

### **Dispute resolution**

From time to time disputes or professional disagreements can occur it is important that we create a mechanism that allows these to be raised and resolved and a structure of escalation where resolution has not been achieved.

The aim should always be to resolve any dispute at the lowest possible operational level prior to any escalation to management.

Section 2.10 of the Plymouth Multi-Agency Safeguarding Adults Policy and Procedures manual sets out the procedure where local resolution cannot be achieved.

Appendix 1 – Safeguarding Process Overview

