



# Safeguarding Adults Review

## CASE Mr AA

## Multi Agency Action Plan

Norfolk Safeguarding Adults Board – Version 09  
23-03-2017

## Safeguarding Adults Review CASE Mr AA – Multi Agency Action Plan – FINAL

**13.1** SAB to ensure that partners work together with adults who self-neglect to minimize the risk of harm and respond in a timely and proportionate way if the risk escalates.

**13.2** SABs to be assured that all partners raise the awareness and understanding of all partner organisations' staff who work with people that self-neglect so that flexible, person-centred and creative approaches are encouraged and supported to nurture self-care.

### NSAB Strategic Response: What difference do we expect to see?

- Greater awareness of Self-neglect by professionals from partner agencies, to a level comparable to awareness of neglect and abuse generally.
- Evidence from case practice that workers know how to respond to Self-neglect when identified or suspected, and how to refer for appropriate support.

ACTIONS	Evidence	Owner	Timescales	Complete
1) Establish a Self-neglect and Hoarding (SNH) Task and Finish Group to deliver a SNH strategy, to include how by sharing information agencies can more effectively identify high risk SNH cases and develop appropriate responses across agencies.	Strategy completed and signed off by Safeguarding Adults Board	SAB Manager / NSAB Housing Sub Grp Chair	July 2016	July 2016
2) Dissemination of best practice guide to partner agencies.	Formal launch of strategy via the event during Adult Safeguarding Awareness week (Sept 2016)	SAB Manager / Chair of Housing Sub Grp	September 2016	14 Sept 2016
	Board partners to disseminate SNH strategy and protocol/Best Practice Guide within their organisations	NSAB LIP / NSAB Risk & Performance Sub Group	January 2017	Nov 2016

	Inclusion of SNH within the awareness week 2016	Chair of NSAB Communication Sub Grp	Autumn 2016	Sept 2016
	After six months of launch a sample audit (via policy and training content) will be used to test use SNH strategy	NSAB LIP / NSAB Risk & Performance Sub Group	Nov 2017	
3) Norfolk and Suffolk SABs to work together to develop a joint approach to the management of high risk cases and the auditing of outcomes	Norfolk and Suffolk SABs to sign off joint approach to SNH and assure themselves of its plans for implementation	SAB Chairs	Autumn 2016	Autum 2016
	Norfolk strategy documents shared to support Suffolk policy development		Autumn 2016	Autumn 2016
	Norfolk SNH pilot currently live, due to complete end of September 2017	SAB Manager	September 2017	

**13.3** SAB and partners to work with citizens, local businesses and community facilities to raise the awareness of safeguarding adults, particularly hate crime and financial abuse and engender a shared responsibility for prevention within the community.

**NSAB Strategic Response: What difference do we expect to see?**

- More material readily accessible to members of the community in commonly used mediums to bring these issues to the fore
- Evidence from greater community awareness of these risks and evidence of greater referrals from the community for these concerns.

ACTIONS	Evidence	Owner	Timescales	Complete
1) To devise and implement a publicity campaign to make readily accessible material available to the community on issues of abuse and harm (including hate crime and bullying towards people who have care and support needs and who may be at risk of abuse or neglect).	Publicity published and available via all appropriate channels including the business community  Delivery of safeguarding adult awareness week 2016  Topic of NSAB board manager’s blog (October 2016) circulated by email 24 October 2016 14:34	NSAB SAB Manager/ NSAB Coms Sub Grp / LSAPS / LD service leads for local authority	Autumn 2016	September 2016

**13.4** SAB and partners to take specific steps to strengthen the important role of family and loved ones and where appropriate involve them in planning a person’s care, recognizing that when a person has mental capacity that they have the right to make what might be considered unwise decisions.

**NSAB Strategic Response: What difference do we expect to see?**

- A culture of greater involvement of family and the close community around individuals, where appropriate in accordance with wishes of the individual, to support the care of individuals with mental health needs

ACTIONS	Evidence	Owner	Timescales	Complete
<p>1) To ensure statutory agencies and their providers have a process which, where appropriate encourages the involvement of the family and loved ones in a person’s care and agencies to assure NSAB that appropriate processes are used</p>	<p>Publication of a shared concordat across statutory agencies and their providers agencies which articulates these in care planning processes and care delivery</p> <p><u>Police update</u></p> <ul style="list-style-type: none"> <li>• family already involved where appropriate in any investigation / referral. Matter of general / standard practise and business as usual for our service. MSP has been a theme within all safeguarding training and is now integral to all courses.</li> </ul> <p><u>Adult Social Care update</u></p> <ul style="list-style-type: none"> <li>• MSP has been included in Adult Social Services newsletters to share knowledge and encourage a change in practice.</li> </ul>	<p>Safeguarding Adult Lead from the 3 statutory partners</p>	<p>September 2016</p>	<p>January 2017</p>

	<ul style="list-style-type: none"> <li>• Presentation on MSP at NSAB development day on 13 September, to embed MSP across the partnership.</li> </ul> <p><u>Health Update</u></p> <ul style="list-style-type: none"> <li>• The Health Executive Safeguarding Adults Alliance (HESAA) membership has reiterated its commitment to the appropriate involvement of family members in patients care.</li> <li>• The HESAA membership has committed to encouraging staff to revisit patient's wishes to not involve family members as cases progress/conditions change.</li> <li>• The HESAA membership committed to ensuring that family/advocate involvement is a key theme of Safeguarding adults and MCA training</li> </ul> <p>The HESAA membership committed to ensuring that appropriate discussion with patients and/or their family at key points is included as a theme in documentation audit.</p>			
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	<p>Evidence for processes and outcome of internal audit</p> <p>NSFT has in place; Triangle of Care, Carer's Forum, "Dare to Share" targeted training, Carer's involvement training.</p> <p>Annual Friends and Family survey and action plan.</p>	Safeguarding Adults Leads in the statutory agencies / NSAB LIP Chair	December 2016	January 2017
2) Norfolk Safeguarding Adults Board (NSAB) Chair to engage the relevant regulatory bodies to ensure they can continue to influence a culture of greater involvement of family members and other significant others in care planning through their regulatory responsibilities	<p>Letter and/or diaried NSAB Chair meetings with representatives from the regulatory bodies</p> <p><u>CQC Update</u> March 2017 SAR and Action Plan shared with colleagues in CQC's hospitals directorate. In all comprehensive (full) inspections that CQC carry out they look at arrangements in place for people to make their own decisions and about their mental capacity to do so. If someone lacks capacity then inspectors look at the arrangements in place for best interest decision making and who is involved in that process.</p> <p>CQC inspectors also look at the arrangements in place for involving the service user in planning and reviewing the care that they receive. This includes looking at the systems in place for involving appropriate others</p>	NSAB Chair	January 2016	January 2017

	in this process eg relatives, friends, advocates, any other appropriate person.			
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**13.5** Senior leaders and their organisations when considering proposals for organizational change or reduction of services, take into account the impacts on safeguarding and in the spirit of openness and transparency share concerns with the partnership so that a partnership approach can be taken to minimizing potential risks.

**NSAB Strategic Response: What difference do we expect to see?**

- Greater awareness across agencies when necessary changes may be taking place, the potential impact of these on adults at risk or harm and abuse, and how these will be managed

ACTIONS	Evidence	Owner	Timescales	Complete
1) NSAB will require assurance that when statutory agencies are making decisions on organisational change concerning front line services, including in respect of commissioned services, that they demonstrate they have assessed the impact on quality of service in particular safeguarding adults at risk of harm and abuse, and also that they have shared information that may assist in managing the impact with Board partners.	Such information concerning organisational changes brought about for the financial year 2016 onwards shared with the board in a summary report in advance of the changes being implemented.  <u>Norfolk &amp; Suffolk Foundation Trust</u> <ul style="list-style-type: none"> <li>• Community Mental Health Teams (CMHTs) to consider how to promote engagement when considering service models for delivery of care for people who are diagnosed with chronic conditions. This should include a named contact person with someone the</li> </ul>	Chief Officers of each Board Partner.	April 2016	April 2016  To be standing item on board agenda



	<p>service user has met face to face as a minimum. Particular attention and sensitivity should be paid to retaining contact with service users, carers and families during periods of organizational change.</p> <ul style="list-style-type: none"> <li>• Safeguarding challenge added to organisations Quality Impact process.</li> </ul> <p><u>Health update</u></p> <ul style="list-style-type: none"> <li>• All HESAA members confirmed that their organisations have a process through which both Equality Impact Assessments and Quality Impact Assessments (QIA) are undertaken where there are changes to services they provide or commission</li> <li>• All HESAA members agreed to incorporate Safeguarding Adults as a key theme within the QIA process.</li> <li>• All HESAA members agreed to bring concerns raised through the QIA's to the attention of the NSAB, via the HESAA Forum. This would be to inform the board, ensure others in the patient pathway are aware and to share good practice.</li> </ul>			
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	<ul style="list-style-type: none"> <li>• The HESAA will make QIA a standing agenda item for discussion and incorporate this as a key theme in its ToR.</li> <li>• HESAA representatives at NSAB will present examples of the QIA process and share good practice with the NSAB.</li> </ul> <p><u>Housing update</u></p> <ul style="list-style-type: none"> <li>• All housing providers to be asked via the HSG to provide evidence that they have in place an equality impact assessment as an integral part of governance reports</li> </ul>			
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**13.6** SABs to agree a joint approach to the assessment and management of risk to vulnerable adults across agencies that identifies the circumstances in which there is the need for a structured partnership approach, clarifies the roles of agencies and professionals and identifies a lead professional. This may be through use of the Care Programme Approach (CPA), or by other agreed means if CPA is not appropriate.

**NSAB Strategic Response: What difference do we expect to see?**

- These recommendations embedded as best practice within partner agencies.

ACTIONS	Evidence	Owner	Timescales	Complete
1) Agree with Board partners the terms of reference for a time limited task and finish group to produce a joint approach to the assessment and management of risk across agencies.	<p>Reports to Board as a standing item to ensure oversight and progress.</p> <p>Complex case guidance agreed between partnership (NSAB) and signed off. To be publicised via the NSAB website and through individual organisations.</p> <p><i>NB: Publiciation delayed in order incorporate work to support Mrs BB SAR recommendation Theme 1(Action 1)</i></p>	NSAB Manager and Chair	On-going until concluded	March 2017
2) The group to report on progress to each subsequent meeting of the Board, until the Board is satisfied that the work has reached a conclusion.	Reports to Board as a standing item to ensure oversight and progress.	NSAB Manager and Chair	On-going until concluded	

**13.7 SABs to ensure mechanisms are built in to assure the quality of care assessment and decision making across partner agencies. In line with national guidance, when a decision is made to discharge someone from Care Programme Approach (CPA) there should be:**

- An appropriate review and handover (eg to the lead professional of GP)
- An exchange of appropriate information with all concerned, including carers
- Plans for review, support and follow up, as appropriate
- A clear statement about the action to take, and who to contact, in the event of relapse or change with a potential negative impact on that person's well-being.

**NSAB Strategic Response: What difference do we expect to see?**

- Discharge and handover carried out across agencies in a safe way that promotes the welfare of the individual

ACTIONS	Evidence	Owner	Timescales	Complete
<p>1) Applicable NHS agencies to consider any revisions to their policies and procedures necessary to include the principles in this recommendation. Each such agency to carry out a programme of dissemination of any revisions to its procedures with relevant staff.</p>	<p>NHS agencies revisions to policies and procedures completed.            Ten random case audits six months after revisions completed to confirm these principles are being followed in all cases audited.</p> <p><u>NSFT:</u>            Audit schedule of policy;            C70 Discharge – due August 2017            CPA bi- annual audit – due June 2017</p> <p>On –going CQUINN (3b) – contact with GPs</p>	<p>Applicable NHS agencies            Safeguarding Lead</p>	<p>December 2016</p>	<p>Annual audit and accompanying action plan – business as usual.</p>

**13.8** SABs to challenge, improve and promote a shared agreement and mechanisms (eg health passport) to improve communication and information sharing within and across agencies so that information is accurate, timely and well informed, to ensure a person's safety and wellbeing. This to specifically include that a person's relevant history follows them through their passage of care so that each professional or clinician has the correct information to make informed decisions critical to their wellbeing.

**NSAB Strategic Response: What difference do we expect to see?**

- When an individual's care transfers across partners, it becomes normal practice, and an expectation, for their relevant history to be immediately available with them

ACTIONS	Evidence	Owner	Timescales	Complete
1) Norfolk and Suffolk NHS Foundation Trust (NSFT) to implement a single information management system accessible across its organisation.	System implemented and available to all staff	NSFT Safeguarding Lead	September 2015	Completed September 2015
2) NSAB Chair to report to NHS England and the Department of Health the issues identified (information sharing within and across agencies) and the need for a national solution to these issues.	Letter sent and acknowledged	NSAB Chair	December 2015	December 2015
3) Board Partners to work together to initially identify ways that improved information sharing of relevant patient / individuals can be implemented and report to the SAB	<p>Report to the Board</p> <p>Evidence gathered from safeguarding housing conference in March 2016 outlining barriers to information sharing.</p> <p><b>Update March 2017</b> Work to address challenges to information sharing have been discussed by Norfolk public protection forum (PPF) and a commissioned piece of work has been</p>	<p>NSAB Manager and Business Group Chair</p> <p>PPF support group</p>	July 2016	

	<p>opened to address the culture of information sharing in Norfolk.</p> <p>Nov 2016: NPPF has commissioned the Centre for Information Sharing Excellent to oversee a information sharing initiative to address the cultural barriers to information sharing</p>			
4) The identified ways of improving patient information sharing are implemented across agencies.	<p>Significant improvement in the availability of information for practitioner</p> <p>Evidence gathered from safeguarding housing conference in March 2016 outlining barriers to information sharing.</p> <p>Work to address challenges to information sharing have been discussed by Norfolk public protection forum (PPF) and a commissioned piece of work has been opened to address the culture of information sharing in Norfolk.</p> <p><b>Update March 2017</b> NCC's Emergency Duty Team (EDT) staff have read only access to NSFT patient record system (Lorenzo)</p>	<p>Board Partner representatives</p> <p>PPF support group</p> <p>Board Partner representatives</p>	<p>October 2016</p> <p>Spring 2018</p> <p>April 2017</p>	<p>31 March 2017</p>

**13.9 SABs to consider how information and intelligence that in its own right may not be cause for concern is brought together so that cumulative risk can be identified and acted on, to safeguard vulnerable adults.**

**NSAB Strategic Response: What difference do we expect to see?**

- Agencies with core responsibility for MH safeguarding (for example, Norfolk County Council (NCC) and Norfolk and Suffolk NHS Foundation Trust (NSFT)) are able to see a 'single' view of the needs of the individual when deciding safeguarding action.

ACTIONS	Evidence	Owner	Timescales	Complete
<p>1) To identify the wider list agencies (both statutory and non-statutory agencies and other bodies) who may be able to provide information from contact with adults with care and support needs, that builds such a cumulative view.</p>	<p>Report to the NSAB business group, with the support of the LSAP's.</p> <p>Risk is managed effectively across the wider partnership in this county through the MASH where those cases meeting a safeguarding threshold are referred and discussed by partners.</p> <p>All Police referrals relating to adults identified as being at risk of harm or abuse are referred through the MASH and assessed in respect of partnership information and cumulative risk before being allocated to an appropriate resource for action. Where appropriate, MDT meetings or professional meetings are pulled together on a locality level for those complex cases which may not always meet the threshold for a safeguarding intervention. These invite partners to share information and assess next steps to ensure appropriate services</p>	<p>NSAB Manager and Business Group Chair</p>	<p>June 2016</p>	<p>June 2016</p>

	<p>are allocated to the issues faced within a family or by an individual.</p> <p>With the recent launch of the self-neglect strategy (September 2016), piloting of High Risk Panels (HRPs) to manage high risk cases of self-neglect / hoarding is to run November 2016 to end of April 2017. Following review of the pilot HRPs to be rollout across the county This will provide a further partnership forum for a joint assessment of risk across agencies.</p>			
2) To devise a communications strategy for Board Partners to work with such agencies and other bodies, to promote understanding and appropriate communication to support the safeguarding of adults with care and support needs.	Report to NSAB to agree strategy	NSAB Comms Group Chair	September 2016	Complete



**13.10** SAB partners to share information as appropriate, about the ways in which people in mental health crisis are provided with appropriate support and treatment and to benchmark services against the standards published in the Mental Health Crisis Concordat.

**NSAB Strategic Response: What difference do we expect to see?**

- A culture of appropriate information sharing across agencies during case work
- Each agency benchmarking services to the accepted standards.

ACTIONS	Evidence	Owner	Timescales	Complete
1) Each relevant partner to carry out a benchmarking exercise against the concordat standards.	<p>Benchmarking completed and shared with NSAB.</p> <p><u>Norfolk County Council</u> A full review of information sharing between NCC and NSFT to ensure timely and adequate information is shared – whatever the time of day or night – to inform practice and highlight any safeguarding issues. NCC EDT has access to Lorenzo the patient care system for NSFT.</p> <p><u>NSFT</u> Healthcare professionals in secondary care should ensure, as part of the care programme approach, that people with schizophrenia receive physical healthcare from primary care as described by NICE. NICE guideline (2014 Psychosis and schizophrenia in adults: treatment and management)</p>	Chair of Norfolk Mental Health Crisis Concordat Strategic Board	May 2016	To be completed 31 March 2017

	<p>recommends routinely monitoring cardiovascular and metabolic indicators of morbidity in people with psychosis and schizophrenia.</p> <p>As part of the National CQUIN Improving physical healthcare to reduce premature mortality in people with SMI. NSFT provides data annually with respect to Cardio metabolic assessment and treatment interventions. This is a Trustwide action includes inpatient and community teams.</p> <p>NHS Commissioner and Provider organisations are committed to ongoing involvement with the Norfolk Mental Health Crisis Concordat Strategic Board.</p> <p>Also see separate Mental Health Crisis Concordat Action Plan (Dated March 2017)</p>			
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**13.11** All SAB partner agencies to ensure that the use of all types of restraint for people with mental health conditions in any setting, is safe, proportionate and necessary, with policy being appropriate and implemented effectively, and use of restraint monitored.

**NSAB Strategic Response: What difference do we expect to see?**

- A high of understanding amongst relevant workers of these priorities, as evidenced by monitoring by the agencies concerned.

ACTIONS	Evidence	Owner	Timescales	Complete
<p>1) NSAB to be ensure that relevant agencies have review their policies on the use of restraint in the light of this recommends and relevant national guidance</p>	<p><b>Update Police</b>            21/3/2017: The restraint policy (locally adopted from national) has now been agreed by Norfolk &amp; Suffolk Foundation Trust at the conclusion of a task &amp; finish group. It is expected to be signed off shortly with formal adoption at the next mental health concordat board in May.</p> <p>Reviewed policy is shared with Business Group</p> <p><u>Mental Health Board</u>            There is already a multi-agency task and finish group in the pipeline to address the very issues highlighted within these recommendations</p> <p>Recommendations from the T&amp;F group to address restraint within mental health settings and for mental health service users elsewhere is to be finalised in May 2017</p>	<p>Chief Officers of relevant agencies</p>	<p>January 2016</p>	<p>May 2017</p>

	<p><b>ACTION</b> NSAB is asked to agree that this group is tasked to reports on progress and actions as a means to address the recommendations</p> <p><u>EEAST</u> <b>March 2017</b> - Tri county working in Beds. Herts and Cambs Police force to be shared with all Police and Ambulance in region to learn from best practice.</p> <p>EEAST and Police to shared share training resources on metnal capacity</p> <p>Cambs &amp; Peterborough Mental Health Trust have a MCA/DOLs group and are willing to host a regional meeting to see what can be done to improve the patient experience when under MCA/MHA</p> <p><u>Prisons (Norfolk)</u> <b>March 2017</b> – assurance received that all operational staff undertake specific training in this area and are well aware of the potential for positional asphyxia. There is also a full review and audit process in place whenever a prisoner is restrained.</p>			
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<p>2) Any changes in agencies restraint policy are reflected in training delivered</p>	<p>Evidence that relevant agencies have in place suitable system for audit of both training content and effectiveness</p> <p><u>NSFT</u>  <b>March 2017</b> – All training is routinely evaluated through the training department. All Prevention and Management of Aggression (PMA) instructors are accredited PMA trainers in NSFT.</p> <p><i>See above</i></p> <p><u>Prisons (Norfolk)</u>  <i>See above</i></p>	<p>Chief Officers of relevant agencies</p>	<p>June 2016</p>	<p>See above</p>
<p>3) All relevant agencies have a process in place which both monitors the appropriateness of the use of restraint and demonstrates organisational learning from such incidents</p>	<p>Agencies will make summary evidence available to NSAB</p> <p><u>NSFT</u>  Use of restraint is monitored on a monthly basis through the Patient Safety Forum to address peaks and troughs, bi-monthly through governance and Board meetings.</p> <p>Implementation of Safewards and recruitment of Peer Support Workers are focusing on de-escalation, use of behavioural contracts and cultural change within the organisation.</p>	<p>Chief Officers of relevant agencies</p>	<p>January 2016</p>	<p>See above</p>

	<u>Prisons (Norfolk)</u> <i>See above</i>			
4) NSAB has assurance that a forum is established which brings together all relevant agencies to enable the sharing of policy and practice information (including role definition and expectations) on restraint with people with mental health conditions in order to facilitate clear understanding between agencies	Terms of Reference (ToR) are developed and shared with NSAB  <b>March 2017</b> <i>See 13.12</i>	Chief Officers of relevant agencies with oversight from NSAB Board Manager	January 2016	See above
5) The established forum is tasked with leading a cross agency review of personal safety training and the development of a joint Norfolk and Suffolk wide protocol with support and mutual understanding of each agencies roles and responsibility	NSAB receives progress reports  <b>March 2017</b> <i>See 13.12</i>	Chief Officers of relevant agencies	January 2017	See above

**13.12** SABs and its partner organisations to take robust action to minimise the use of restraint in the prone position, especially in situations where the person involved is already known to have mental or physical health frailty, in line with current overarching professional or regulatory guidance; and to regularly review data on use of prone restraint.

**NSAB Strategic Response: What difference do we expect to see?**

- This recommendation being clearly reflected in policy and understood by front line staff.

ACTIONS	Evidence	Owner	Timescales	Resources
<p>1) The Board is to be assured that relevant agencies have conducted policy, procedures, training and audit review with a specific focus on the use of prone restraint to ensure there is a robust investigation of all incidents of this nature with the specific intention that restraint in the prone position is radially reduced.</p>	<p><b>Update Police</b>            21/3/2017: The restraint policy (locally adopted from national) has now been agreed by Norfolk &amp; Suffolk Foundation Trust at the conclusion of a task &amp; finish group. It is expected to be signed off shortly with formal adoption at the next mental health concordat board in May.</p> <p>A specific reference is made to this action in the ToR for the joint agency forum</p> <p><u>EEAST</u>            Update March 2017 See Rec13.11 above</p>	<p>Chief Officers of relevant agencies</p>	<p>June 2016</p>	<p>May 2017</p>

**13.13** SABs to improve knowledge of and appropriate access to specialist ambulance transportation for patients with challenging behaviour that are at risk of harming themselves or others; to review the patient conveyance procedure and to lobby for access to secure ambulance transportation when it is needed.

**NSAB Strategic Response: What difference do we expect to see?**

- Specialist ambulance transport available (both in terms of authority of staff to commission and service availability in Norfolk) and used in appropriate cases.

ACTIONS	Evidence	Owner	Timescales	Resources
<p>1) The Board to be assured that a conveyance protocol is in place for partners undertaking such transport including how this service is commissioned by practitioners</p>	<p>Protocol to be provided to NSAB</p> <p>Updated from Alison Leather (Director of Quality Assurance, South Norfolk Clinical Commissioning Group) as follows:</p> <ul style="list-style-type: none"> <li>• work is currently ongoing to look at the options for provision of Secure transport for patients who require this as part of their care and that a revised pathway has been agreed in the interim</li> <li>• See revised pathway developed by CCG and NSFT</li> </ul>	<p>All organisation using specialist ambulance services (NCC, NSFT, NNUH, JPH, QEH, private providers) and those commissioning this service (CCGs)</p>	<p>January 2016</p>	<p>Protocol in place June 2016</p>



2) The availability of specialist transport is understood by relevant staff	Ensure from agencies have shared the protocol with staff and it understood by staff  <u>ADD EAST HERE</u>	NCC & NSFT	January 2016	As above
3) Appropriate staff making decisions about the transportation of patients have the authority to commission specialist transport where this is appropriate.	Agencies will make summary evidence available to NSAB	Chief Officers of relevant agencies	June 2016	As above
4) Agencies to review and report to NSAB regarding access to and use of specialist ambulance service with a view to ensuring provision meets local need	Reports made to NSAB	SAB Chairs	On-going until concluded	See Central and West Norfolk Commissioners Patient Transport for Mental Health Services - Protocol 2016/17

**13.14** SABs to agree a joint protocol between the police, mental health trust, local authorities and Clinical Commissioning Groups (CCGs) on the role of each agency and profession in managing challenging behaviours of vulnerable adults, where restraint or control is being considered.

**NSAB Strategic Response: What difference do we expect to see?**

- **Joint protocol in place and embedded in agency policy and practice.**

<b>ACTIONS</b>	<b>Evidence</b>	<b>Owner</b>	<b>Timescales</b>	<b>Completed</b>
1) The SAB to set up a specified joint agency forum as set out in recommendation 13.12 representing each of the key agencies to agree the terms this protocol	Terms of reference for group completed.	Chief Officers of relevant agencies / NSAB Manager	December 2015	May 2017
2) The protocol to be agreed by each partner agency and included in policy and practice	Protocol, including commitment for implementation from each Partner Agency, to be signed off by NSAB	NSAB Manager	March 2016	May 2017

## Glossary

CCGs	Clinical Commissioning Groups	NSAB Coms Sub Grp	Norfolk Safeguarding Adults Board Communication Sub Group
CPA	Care Programme Approach	NSAB LIP	Norfolk Safeguarding Adults Board, Learning, Improvement and Policy Sub Group
EEAST			
GP	General Practitioner	NSFT	Norfolk and Suffolk NHS Foundation Trust
HESAA	Health Executive Safeguarding Adults Alliance , an NSAB Sub Group	NPPF	Norfolk Public Protection Forum
JPUH	James Paget University Hospitals NHS Foundation Trust	QEH	Queen Elizabeth Hospital
LSAP	Locality Safeguarding Adults Partnership	SAB	Safeguarding Adults Board
LD	Learning Disabilities	SN	Self-neglect
NCC	Norfolk County Council	SNH	Self neglect and hoarding
NNUH	Norfolk and Norwich University Hospital	ToR	Terms of Reference
NSAB	Norfolk Safeguarding Adults Board		