Team Around The Adult

Agreed Minimum Standard Operating Procedures for Team Around The Adult Case Management

Guidance and Operating Procedures

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CONTENTS

1. INTRODUCTION

This document describes the position in relation to the implementation and management of the Team Around the Adult (TAA) initiative in Lincolnshire and the interface of the Team Around the Adult process with the current Vulnerable Adult Panel (VAP) arrangements in the District Council areas.

> *"No agency on their own had a ready solution. These were intractable problems that would have benefitted from a creative multi-agency response".*
> *[SAR – TH19: Para 4.2.14]*

2. THE PURPOSE OF THE TEAM AROUND THE ADULT

The Team Around the Adult will support the approach offered through the Vulnerable Adult Panel and work with the particularly complex cases. Usually this is where a more creative approach is required in order to reach out to people in the community and 'go to them', particularly if they do not wish to engage with services.

The Team Around the Adult process is overseen by an appointed Principal Practitioner who will act as coordinator, it will involve the appointment of a Lead Professional who will usually be the key worker, to engage with the individual, promote multi-agency working and utilise a shared IT system.

By having a creative multi agency approach towards working with complex cases, the aim is to achieve change where more traditional engagement and intervention methods have not been as successful as anticipated or change may not have been maintained.

The role of the Vulnerable Adult Panel, or similar, will continue to ensure a coordinated multi-agency response to complex cases, aiming to provide access to the appropriate accommodation, support and assistance. However, where a person scores above 31 on the Triage Tool, this will suggest that the involvement of the Team Around the Adult could be considered.

The Team around the Adult is not an alternative for s42 enquiries. Any safeguarding concerns will still need to be managed in line with the Care Act 2014 and the Lincolnshire Safeguarding Adults Boards Policy and Procedure. [See Guidance: Criteria for Safeguarding Section 42 Enquiry].

The Vulnerable Adult Panel and Team Around the Adult are not designed to replace other processes and procedures such as the Multi Agency Public Protection Arrangements (MAPPA), the Lincolnshire Safeguarding Adults Board procedures, the Safeguarding Children Policy and Protocols, and the MARAC and MARAC Plus procedures.

3. THE AIMS OF THE TEAM AROUND THE ADULT ARE:

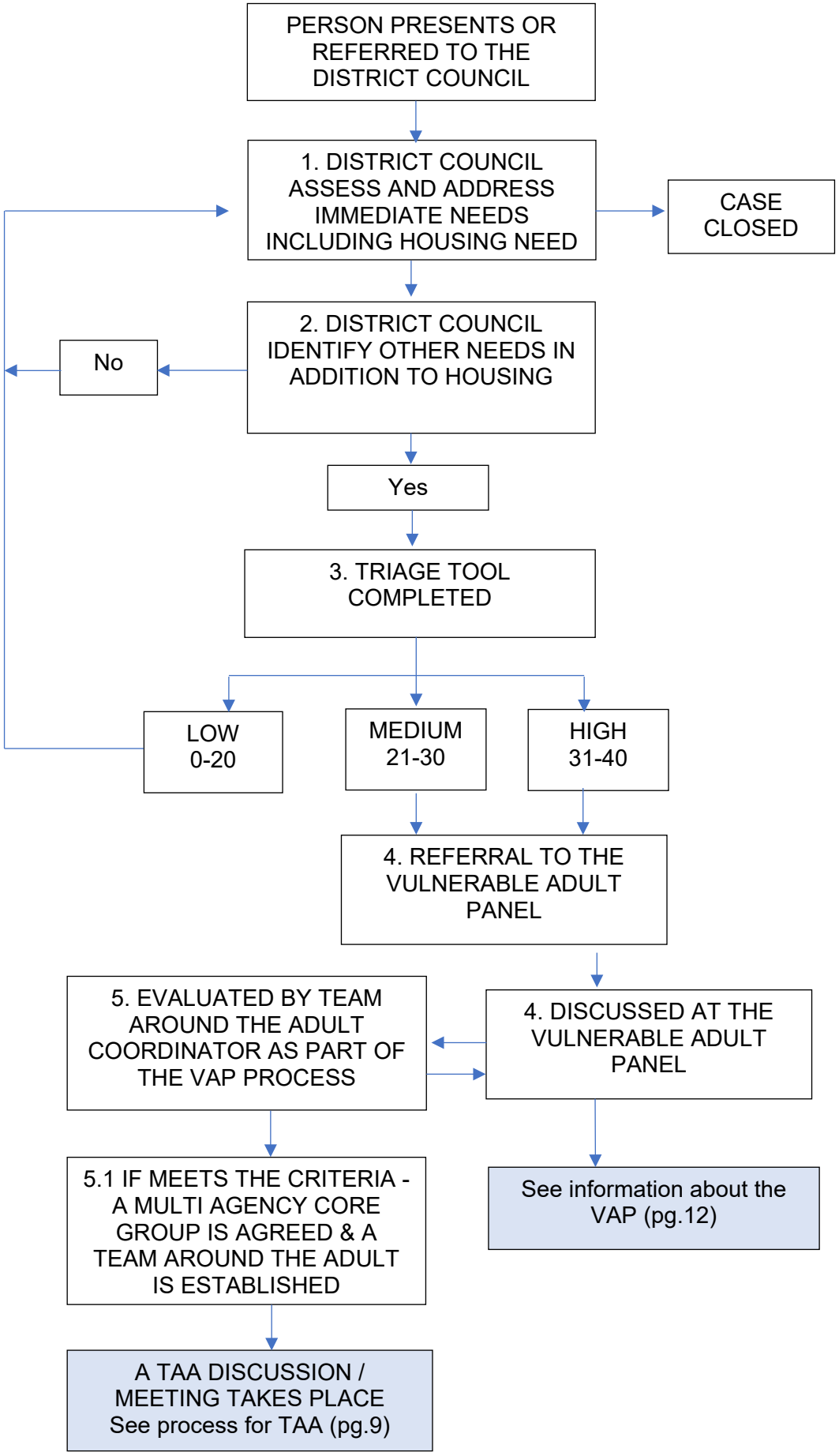
1. To offer district council officers a pathway into additional support and bespoke intervention, where an individual has complex needs and where all traditional methods have been exhausted and were unable to resolve the situation.
2. Knowing what has worked or has not worked in the past and using this information to develop a more positive relationship with the person being supported.
3. Understanding where problems have arisen, understand why, and work to resolve the impact of these problems.
4. Ensuring support and advocacy has been made available to help people properly understand the options available to them and the potential opportunity to achieve a positive outcome.
5. Having agreed plans and accountability to those involved in putting the plans into action.
6. Understanding how to support short-term risks for long-term gains.
7. Having review process & data collection that will inform service delivery.
8. Having an agreed operating procedure.
9. Using the coordinator posts to offer leadership, support, challenge, quality assurance, advice and development opportunities.
10. Using a shared case management system.

4. TEAM AROUND THE ADULT PRINCIPAL PRACTITIONER RESPONSIBILITIES

The Team Around the Adult Principal Practitioners will have a Coordinating role which will include the following responsibilities:

1. Lead the development and implementation of the Team Around the Adult Programme, including work around strategies and plans, and to work with other groups to ensure the objectives set are met.
2. Contribute to the development of strong and effective partnership working across agencies and develop the necessary links with other organisations to enhance service provision.
3. Work in collaboration with the key worker, who will also usually be the Lead Professional, and members of the multi-disciplinary network, to achieve the desired outcomes for the individual being supported.
4. To quality assure a coordinated approach to multi-agency activity and hold professionals and agencies to account.
5. Identify new and innovative approaches to work with vulnerable adults and assess how these may be applied locally.
6. Chair TAA discussion meetings.
7. Produce reports as directed.
8. Facilitate access to, and collection of, information and data from a variety of sources for analytical and performance reporting purposes about the Team Around the Adult.
9. To support and advise staff from all partner organisations and facilitate appropriate training and development opportunities.
10. Link with the Community Partnership on matters relating to community safety.
11. To drive continuous improvement across all agencies particularly with regard to coordination and effectiveness of multi-agency prevention and safeguarding.

5. OVERVIEW OF OPERATING PROCEDURE



Using DC assessment criteria.

See notes on completing the Triage Tool.

If a person scores as 'Medium' then this can also generate an application for **Housing Related Support.**

Formal request to TAA via email address.

If S42 Threshold met coordinator refers to Adult Safeguarding Team.

6. GUIDANCE NOTES FOR FLOW CHART

6.1 DISTRICT COUNCIL ASSESS & ADDRESS HOUSING NEED

On receipt of a referral into the District Council, the allocated Practitioner will assess and address immediate needs including the housing needs and progress to closure via the usual processes.

6.2 DISTRICT COUNCIL IDENTIFY OTHER NEEDS IN ADDITION TO HOUSING

If during assessment and intervention higher levels of complexity emerge the Housing Officer will complete the Triage Tool in line with established referral criteria. (See below).

The person is invited to be involved with the process.

6.3 COMPLETE THE TRIAGE TOOL

The Triage Tool has been developed as a guide to help determine if a person's needs are relatively 'Low' and can be dealt with by the District Council Officer who is working with them.

A 'Medium' or 'High' score would prompt a referral to the Vulnerable Adult Panel (VAP).

An outcome of the VAP could be agreement that a formal request is made to establish a Team Around the Adult. (See notes).

If a person scores as 'Medium' then this can also generate an application for Housing Related Support.

If there is disagreement about the outcome the LSAB Escalation Policy can be used to resolve the matter.

Guidance notes for completing the Triage Tool

The questions in the Triage are rated on a 5-point response format with 0 being a low score and 4 being the highest score. There are 11 criteria in total:

When completing the form select one statement that best applies to the individual.

Please give any additional information in the boxes provided to help us better understand the individual's situation.

Use the section at the end of this document entitled 'professional judgement' to summarise what you think might help the individual to achieve resolution. This will be based upon your knowledge of the individual, their particular issues, worries and circumstances, and what prompted a referral at this point.

If the individual has been in supported living facilities such as hospital, prison, foster care, or other supported accommodation, please balance your answers with knowledge of the applicant prior to this accommodation.

If you are unsure of the answers, please consult with other agencies or a recent support accommodation provider for further information.

6.4 REFERRAL TO THE VULNERABLE ADULT PANEL

See notes about the VAP (pg. 12). At the VAP and in discussion with the TAA coordinator a request may be considered to the Team Around the Adult. (See notes below).

6.5 DECISION TO ESTABLISH A TEAM AROUND THE ADULT

The Decision to establish a Team Around the Adult will be agreed by the TAA coordinator in collaboration with the multi-disciplinary group at the VAP. If agreed the request is made via the electronic request form.

Before a request is made to establish a TAA consideration will be given to:

- Have all options for intervention been exhausted? Including exploring issues around agency involvement and engagement.
- Do they require skills and knowledge outside of the expertise of the VAP?
- Are the person's circumstances complex because of a combination of factors? These may, for instance, include mental health, drug or substance use, physical health, isolation, and / or financial difficulties.
- Is the person at risk of exploitation, including sexual exploitation, by others, which is compounded by their own complex problems and ability to take self-protective actions?

NB: Requests to the TAA will not be predicated on the perceived difficulty of the case, but on the complexity of problems including whether the individual is considered to be part of the Seldom Heard, hard to reach group of service users.

Referral to the TAA will require completion of the electronic request form.

6.6 COMPLETING THE ELECTRONIC REQUEST FORM

The Housing / District Council officer is asked to provide as much information as they can on the form. Some information may have been gathered during the initial assessment, other information may be available from the person themselves or from other sources.

This is then emailed to the Team Around the Adult address at TAAreferrals@lincolnshire.gov.uk
with the competed Triage attached.

7. PROFFESSIONAL CURIOSITY

Professional curiosity is the capacity and communication skill to explore and understand what is happening with an individual or family. It is about enquiring more deeply and using proactive questioning. It is about understanding one's own responsibility and knowing when to act, rather than making assumptions or taking things at face value.

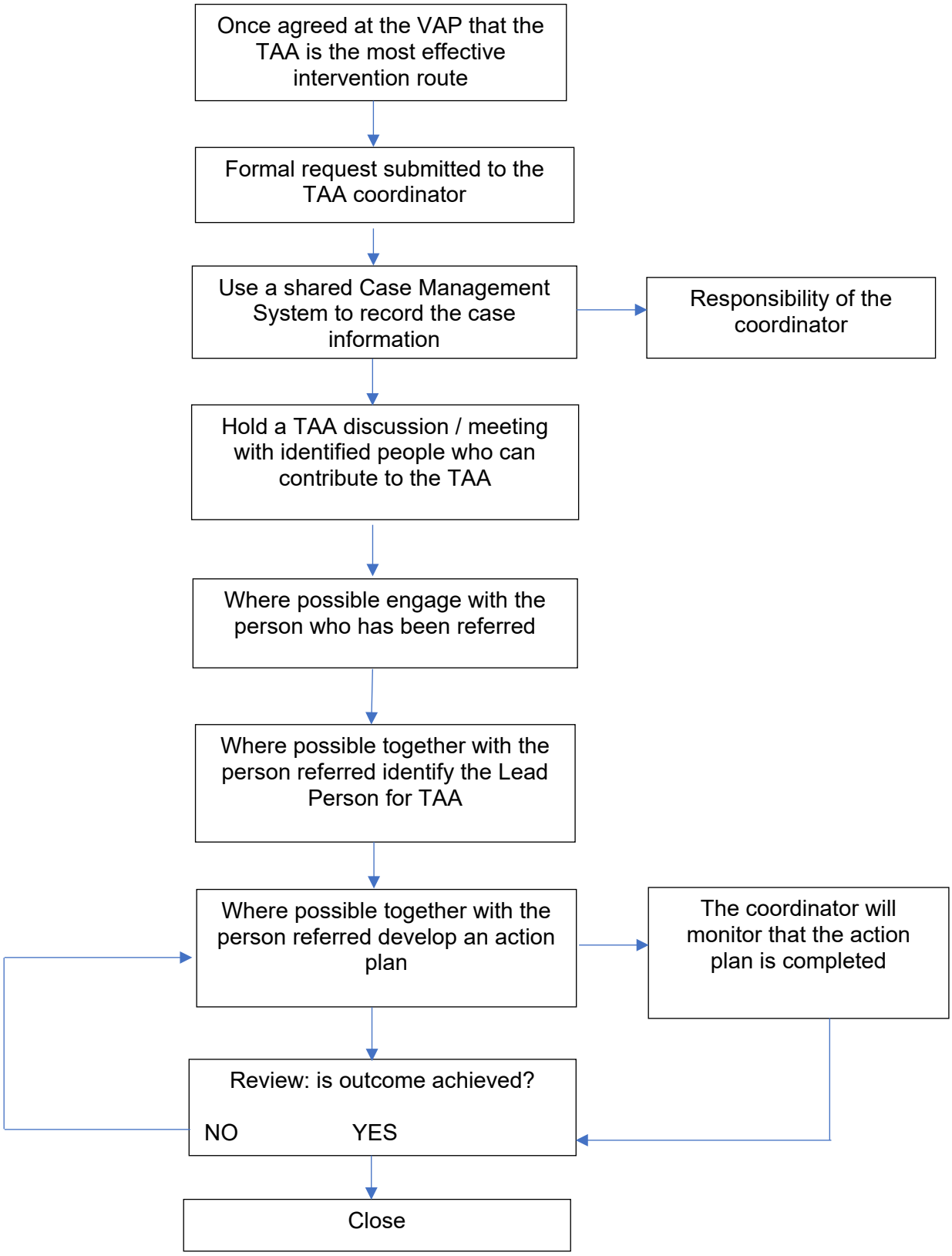
Professional curiosity - Key Points:

- Have empathy and hear the voice of the individual.
- Know the factors that are barriers to professional curiosity and take steps to reduce them.
- Be courageous and ask difficult questions.
- Think the unthinkable and believe the unbelievable.
- Consider how you can articulate 'intuition' into an evidenced, professional view and discuss 'gut feelings' with other professionals.

- The request to establish a Team Around the Adult will be processed by the coordinator and a TAA discussion scheduled within two working days. (See guidance notes on the Team Around the Adult Process).

- The coordinator will also consider whether the specific difficulties should be dealt with by an alternative service such as MAPPA (for high-risk individuals), MARAC (where domestic abuse is an issue), or ARC (where there are offender management issues). These issues will remain in these multi-agency forums and only be referred into Team Around the Adult if the coordinator and a representative from the particular service consider that the Team Around the Adult has a role to play.

8. OVERVIEW OF THE OPERATING PROCEDURE – DRAFT



9. THE ETHOS THAT UNDERPINS THIS APPROACH

The aim is to work with the person on their own terms, rather than deciding what is best for them. Where possible the adult should be involved from the beginning.

A person cannot make decisions about their life unless they know what the options are, and what the implications of those options may be. Supporting the person to make decisions will be bespoke for each individual. Consideration needs to be given to a number of factors including the impact that mental health, drug/alcohol use, and coercion and control has upon decision making abilities.

The key factor that will prompt a request to a Team Around the Adult is the complexity of their situation as well as the fact that they are amongst the Seldom Heard service user group, also known as individuals who are 'hard to reach'.

* *Seldom Heard is a relatively new term which needs some clarification. For some time, debates about user and public participation have referred to 'hard to reach' groups. However, this label can be interpreted as suggesting that that there is something about the individuals in these groups that results in them not engaging with social care services. An alternative approach is to focus on the responsibility of services and organisations to ensure that all people potentially using services have access to those services and can have their voices heard. (SCIE 2008).*

* *The 'hard to reach' or Seldom Heard, may include drug users, people living with HIV, people from sexual minority communities, asylum seekers, refugees, people from black and ethnic minority communities, and homeless people. Defining the notion of the 'hard to reach' is not straight forward. It may be that certain groups resist engaging in treatment services and are deemed 'hard to reach' by a particular service or from a societal stance. There are a number of potential barriers for people who may try and access services, including people having bad experiences in the past, location and opening times of services, and how services are funded and managed. A number of areas of commonality are found in terms of how access to services for 'hard to reach' individuals and groups could be improved including: respectful treatment of service users, establishing trust with service users, offering service flexibility, partnership working with other organisations and harnessing service user involvement.*

The six national principles produced by the government and enshrined in the Care Act 2014 inform the way that professionals from all sectors should work with the individual. These are:

Empower the person by supporting them in a way that gives them real choice and control over what happens, with person-led decisions and informed consent:

- Where possible work with the person on their own terms and try to involve them from the outset.
- Guiding people towards safer choices to help improve their quality of life, wellbeing and safety.
- Any action plan will have regard to the person's views, wishes, feelings and beliefs. It must recognise that adults sometimes have complex interpersonal relationships and they may be ambivalent, unclear or unrealistic about their personal circumstances.
- Make sure the person knows what the options are and what the implications of those options may be.

Prevent by taking action before harm occurs:

- Early identification of people who may need additional support through VAP.
- Monitoring progress through use of the triage tool and action plans.

Proportionate intervention will reflect a balanced and least intrusive response appropriate to the person's presenting difficulties:

- Workers think creatively and try new ways of working with individuals where traditional ways may not have been successful.

Protect the person by giving support and representation to those in greatest need:

- Early identification, planning and review for those people who require an approach that more clearly defines their needs.

Partnership means working together with other agencies, services and with communities to identify local solutions:

- District level meetings

Accountable behaviour and transparency by those delivering the service:

- By agreeing to the responsibilities of the VAP and TAA, practitioners and agencies are demonstrating commitment to working in a way that focusses on the person.
- The Case Management System (E-CINS) allows for multi-agency approaches and communication.

10. THE CARE ACT 2014

Early Intervention and Prevention

'Effective interventions at the right time can stop needs from escalating, and help people maintain their independence for longer'. Care Act Statutory Guidance.

Wellbeing throughout the Care Act

Wellbeing cannot be achieved simply through crisis management; it must include a focus on delaying and preventing care and support needs and supporting people to live as independently as possible for as long as possible.

In order to ensure these conversations take a holistic approach, local authorities and their partners must focus on joining up around an individual, and making the person the starting point for planning, rather than the focus being on what services are provided by what particular agency.

11. THE AIMS & PURPOSE OF THE VULNERABLE ADULT PANEL

The Vulnerable Adult Panel, or similar, is established and managed by the District Council who retain responsibility for the panel. The VAP comprises a group of people who may be drawn from agencies involved with a person who has a range of complex needs. It involves working with the person in an open and honest way to help achieve better outcomes.

The core agencies include District Councils and Housing Related Services, and a range of organisations working with adults across Lincolnshire who offer a coordinated approach to tackling multiple disadvantage in their local area.

The approach focusses on creating long-term, sustainable change to the way that complex problems and systems are approached and understood. The Vulnerable Adult Panel partnership recognises that to provide an effective response, agencies need to work together sharing information, resources and expertise.

1. The aim of the Vulnerable Adults Panel (VAP) is to provide a multi-agency approach in assisting vulnerable adults with complex needs in resolving their problems, including supporting them to find or maintain accommodation.
2. The VAP has been created and implemented in response to an increasing number of complex cases where individuals would benefit from a holistic approach to their situation.
3. The purpose of this approach is to try to stop individuals from “slipping through the net” and to prevent the “revolving door” scenario that many agencies are familiar with.
4. The specific role of the group is to share relevant information about individuals referred to the group and formulate realistic action plans to provide support to help resolve their issues.
5. The overarching principle is to ensure that safeguarding is everybody’s responsibility in protecting the most vulnerable from abuse and neglect.
6. The group aims to improve agency accountability and to provide an audit trail through minutes and actions set.
7. Each agency is responsible for the governance of their own information as per their own agency guidelines.

12. CRITERIA

1. Individuals referred to the VAP must be over 18 years of age.
2. Individuals referred to the VAP will be informed that their situation is going to be discussed.
3. All conventional options in resolving an individual’s issues have already been exhausted and the referrer believes a multi-disciplinary approach is now required.

13. MEMBER ROLES

1. Each representative will be responsible for sharing all relevant information relating to the individual/s referred and for completing any actions allocated from the meeting and feeding those back to the Chair. The responsibility for all actions remains with the owner and not the VAP chair.
2. Please note, this meeting is intended for professionals only – service users or members of the public are not permitted to attend.

14. PROCEDURE

The VAP usually meets on a monthly basis. (This will be variable across District Councils). Consideration will always be given to conducting meetings via a virtual platform to save on cost and time.

The following provides **an example** of a procedural framework:

1. Referrals are made by secure email using the VAP Referral Form.
2. Referrals should be made no later than 10 working days prior to the meeting.
3. Late referrals may be accepted at the discretion of the Chair or delegated person.
4. The Chair or delegated person will make contact with the referrer within 5 working days to confirm whether or not the referral has been accepted and to discuss any specific arrangements for the meeting, e.g. if specific agencies, in addition to the core membership, need to be invited to attend.
5. The Chair or delegated person will distribute the agenda (by secure email only) no later than 5 working days before the next meeting. Paper copies will **not** be provided at the meeting so any agency wishing to print the agenda must do so for themselves.
6. All attendees will be expected to read and sign a confidentiality and data sharing agreement before the start of the meeting.
7. The referring agency will be responsible for presenting the case to the VAP. The Chair will then invite other agencies to present their information one by one. Once all information has been shared, any suggested actions will be allocated and noted with a timescale for completion.
8. The Chair or delegated person will distribute the minutes and actions from the meeting (by secure email only) within 5 working days from the date of the meeting.
9. The referring agency will be responsible for feeding back to the client the agreed actions from the meeting.
10. All agencies should mark or flag all cases on their internal systems for a period of 12 months to indicate VAP involvement.
11. The VAP arrangements vary across the District Councils. Consideration may be given to establishing a core panel of members who attend the full meeting, and non-core panel members who will join for specific cases to present the case or in situations where specific skills and services are required.

15. CONSENT AND INFORMATION SHARING

Practitioners should, wherever practicable, seek the consent of the person before sharing information or taking any action.

Where a competent adult explicitly refuses any supporting intervention, this should normally be respected. Exceptions to this may be where a criminal offence may have taken place or where there may be a significant risk of harm to a third party, including children. Where a criminal offence is suspected it may also be necessary to seek legal advice.

Just because an adult initially refuses the offer of assistance he or she should not therefore be lost to or abandoned by relevant services. The situation should be monitored and the individual informed that they can take up the offer of assistance at any time.

There may be circumstances where consent cannot be obtained because the person lacks capacity to give it, but it is in their best interest for information to be shared and/or action to be

taken. In these circumstances the person should not be referred into the VAP but remain with the most appropriate service.

16. CASE MANAGEMENT SYSTEM

The Case Management System is a collaborative process utilising the skills and resources of multiple agencies to resolve a problem. Effective case management requires a good understanding of the problem so that its causes may be tackled. Case management will also identify and mitigate risks to individuals, communities, the environment, and organisations.

One person will set up the case on the Case Management System and each agency will be responsible for their own input. All cases will contain an Action Plan. Actions should be objective and non-judgmental and look to resolve the problem as quickly as possible.

The Action Plan

When creating actions, the following points must be considered.

- All actions should be person centred and discussed with the person.
- The person is helped to identify what would be a satisfactory outcome for them.
- Actions to achieve the outcome are identified.
- Expectations as to what is realistic and achievable must be managed.
- Realistic timescales and communication methods must be agreed.
- Clarify what is expected of all parties including the person at the centre of the help.
- All commitments and promises must be kept, and if not, a clear reason should be provided and relayed to the person.

ALL action taken, as well as any other relevant information, must be recorded.

There is a separate operating procedure for case recording.

17. RECORDING PRACTICE - EXPECTATIONS

Why is Recording Practice Important:

> *"Failing to keep accurate records of decisions you have made and actions you have taken can put people at risk. It also puts the organisation you work for in a difficult position, and it risks its reputation". (Social Care Institute for Excellence, 2015)*

Good recording practice is essential as it supports good practice, allows for transparency and accountability, and can be used to support legal proceedings. Keeping high standard records allows for reflection, helps to identify trends or patterns, as well as informing on-going or future interventions.

It also allows workers to demonstrate compliance with local expectations, legislation and guidance.

It is important to set expectations on recording, not only for support good practice, but also so that there is assurance that it will stand up to scrutiny from:

- individuals having access to their records through the subject access process.
- cases giving rise to complaint will be subject to rigorous review by managers, independent reviewers or auditors and potentially the Local Government and Social Care Ombudsman.
- quality assurance measures include regular audits of case work evidenced in records.
- cases may be subject to critical or serious case review or be integral to court proceedings.

It is also important that people are informed of their rights and given appropriate access to their records, and that records are appropriately stored, with the filing of information to ensure the safety of sensitive and confidential information and compliance with data protection requirements.

What should be recorded?

> *"Recording should cover anything that contributes to a decision and should be recorded by the person making the decision. How much is recorded depends on the complexity of the situation". (Nosowski & Series, 2013)*

All communication, decision making and information relevant to the case is expected to be recorded. This might include:

- Triage / Referral / Request documentation.
- Input and views from the service user.
- Information from other practitioners, such as health professionals or the police.
- Referrals to other agencies or support networks.
- Assessments, plans, services, outcomes and reviews.
- Meetings, events, reports or legal orders.
- Contact with service user, family members, professionals and other services.
- Chronologies of personal history and intervention, where appropriate.
- Notes on supervision and auditing events related to the case which may also include summaries of the case to assist when cases and intervention is lengthy or complex.

What does good recording practice look like?

'How would I feel if that was written about me?"

Recording should:

- be updated within 1 working day for urgent / high risk information and within 5 working days for all other.
- be non-judgemental, in a respectful language, inclusive and consider consent and confidentiality.
- make a clear distinction between fact and opinion.
- clearly reflect defensible decision making, capture outcomes and reflect impact of involvement.
- demonstrate compliance with statutory duties and local expectations.
- be done in a way that captures the thoughts, feelings and wishes of the individual, alongside those of their family members or carers, and demonstrate person centred and strengths-based approaches.
- reflect an analytical approach and demonstrate defensible decision making, explaining rationale behind opinions, decisions and action / inaction.
- be in line with Information Sharing Agreements and Guidance, and legislation.
- be sensitive to culture, ethnicity, gender, disability, age, sexual orientation and the religious belief of the person being supported.
- make clear reflections of interactions and decisions made by other agencies.
- consider impact, outcomes and actions arising from any contact or decision.

18. ROLES AND RESPONSIBILITIES

This section will detail the roles, responsibilities and expectations for the Team Around the Adult process. This will include responsibilities expected from an organisational, representative, co-ordinator, chair and lead professional perspective.

The collective role of organisations under the Team Around the Adult process is to provide support to the adults meeting the Team Around the Adult criteria. The responsibilities of safeguarding adults and children remains the same for all organisations involved in Team Around the Adult.

19. ORGANISATIONAL RESPONSIBILITY TO TEAM AROUND THE ADULT

The collective responsibility for the Team Around the Adult programme rests within each organisation's governance and accountability. Every organisation who is a part of the Team Around the Adult process must:

1. Accept that requests to the Team Around the Adult will be submitted exclusively by District Council officers in collaboration with the VAP.
2. Ensure that any information shared, conforms to the agreed Information Sharing Agreement.
3. Any shared information is up to date.
4. Any information circulated between organisations about an individual or case is done via secure email.
5. Organisations who are part of the Team Around the Adult process must ensure that their appointed representative, who attends meetings and/or discussions, has sufficient standing or has been delegated to make decisions if required, and any nominated representative should have the authority to commit to any actions set within the Team Around the Adult process.
6. All actions set within the Team Around the Adult discussions and/or meetings should be completed within a specified timeframe by the named representative.

20. TEAM AROUND THE ADULT REPRESENTATIVE RESPONSIBILITY

All representatives that attend Team Around the Adult meetings & discussions should adhere to the following:

1. Conform to the Information Sharing Protocol.
2. Ensure that any information shared with the Team Around the Adult is accurate, relevant and meets Data Protection Regulations.
3. Use any data/information disclosed for the perceived purpose.
4. Liaise with other organisations where appropriate, regarding a named individual.
5. Check their organisational records for information about an individual being discussed at Team Around the Adult.
6. Complete any agreed actions within the agreed timescales.
7. Update the Case Management system, inform the Co-Ordinator when actions have been completed and notify them if there are any delays.

8. Update the Case Management System concerning any relevant information regarding an individual that is pertinent to the support the individual is receiving.
9. Raise any safeguarding concerns immediately to the Coordinator while also following the representative's own organisational safeguarding policies and procedures.
10. Notify the coordinator if a safeguarding referral has been made.

21. TEAM AROUND THE ADULT LEAD PERSON'S RESPONSIBILITIES

The key worker involved with an individual will also usually be the Lead Professional. If for any reason there is not a key worker, or the key worker is not appropriate for the role of Lead Professional, then at the initial TAA discussion / meeting a person will be nominated to be the Lead Professional.

The role of the Lead Professional is:

1. To ensure that everyone is able to share their concerns, opinions and suggestions.
2. Ensure that the individual is able to voice their own opinions about the support they receive which is then reflected within their action plan.
3. To be responsible for ensuring action plans are reviewed efficiently and effectively.
4. Access support, advice and guidance from the Team Around the Adult co-ordinator and share any concerns with the coordinator.
5. The Lead Professional will be from the professional network, but they will often work 'through' the family, a neighbour or friend to engage with the individual. Therefore, part of their role will be to engage and maintain a good working relationship with a key contact person in the individual's life and support them to contribute to the plan.

22. TEAM AROUND THE ADULT CHAIR RESPONSIBILITIES

Generally, the Team Around the Adult approach will involve a TAA discussion. However, if this discussion takes place via a meeting, the chair, usually the TAA coordinator, will ensure that the meeting is professional, confidential and structured and will:

1. Ensure that all members have completed the signing-in sheet prior to the meeting commencing.
2. Ensure that the confidentiality statement is introduced at the beginning of every Team Around the Adult meeting.
3. Be responsible for leading members through the agenda and ensuring that the case is discussed in a timely manner.
4. Liaise with the Lead Person to confirm the actions agreed, for each organisation to complete, and to ensure they are recorded accurately.

23. GOVERNANCE

The Care Act 2014 requires LCC to set up a Safeguarding Adults Board (SAB). The **Lincolnshire Adult Safeguarding Board** (LSAB) has already been established and has in place multi-agency Policies and Procedures to safeguard adults. The main objective of the LSAB

is to assure itself that these local Safeguarding arrangements and partners act to help and protect adults in the Lincolnshire area.

The Governance arrangements for the Team Around the Adult will rest with the LSAB. The LSAB are required to keep Policies and Procedures under review and report on these in the annual report as necessary. Procedures should be updated to incorporate learning from published research, peer reviews, case law and sessions from recent cases and Safeguarding Adult Reviews. For this reason, the Team Around the Adult Guidance and Procedures will also remain under review and will be regularly updated.

24. COVID 19 COMPLIANCE

In the event of the operational procedures being implemented during pandemic restrictions the following guidance is based on government recommendation and guidance.

It is critical that everybody observes the following key behaviours:

- HANDS - Wash your hands regularly and for 20 seconds.
- FACE - Wear a face covering in indoor settings where social distancing may be difficult, and where you will come into contact with people you do not normally meet.
- SPACE - Stay 2 metres apart from people you do not live with where possible, or 1 metre with extra precautions in place (such as wearing face coverings or increasing ventilation indoors).

Social distancing

To reduce the risk of catching or spreading coronavirus, try to keep at least 2 metres away from people you do not live with. Social distancing is essential to stop the spread of the virus, as it is more likely to spread when people are close together. An infected person can pass on the virus even if they do not have any symptoms, through talking, breathing, coughing or sneezing.

When with people you do not live with, you should also avoid physical contact; being close and face-to-face; and shouting or singing close to them. You should also avoid crowded areas with lots of people; and touching things that other people have touched.

Where you cannot stay 2 metres apart you should stay more than 1 metre apart, as well as taking extra steps to stay safe. For example:

- wear a face covering: on public transport and in many indoor spaces, you must wear a face covering by law, unless you are exempt.
- move outdoors, where it is safer and there is more space. Use open spaces such as parks to meet people.
- if indoors, make sure rooms are well ventilated by keeping windows and doors open.

It may not always be possible or practicable to maintain social distancing when providing care to a young child, or person with a disability or health condition. You should still limit close contact as much as possible, particularly when providing these types of care, and take other precautions such as washing hands and opening windows for ventilation.

VAP / TAA Meetings

Where VAP/TAA meetings are conducted using a virtual platform the following guidance applies:

The chair of the VAP will:

- Be the host for the virtual meeting.
- Establish a core VAP membership group.
- Identify other practitioners to be invited for specific case discussion.
- Circulate the link for the meeting to relevant parties.
- Send out the agenda and relevant case information via a secure system.
- Invite practitioners to join the meeting at a specified time to discuss the case they are involved with.

Infection control in community settings

- If a meeting is in a building there must be signage at entry points advising of the necessary precautions and floor markings, clear screens or wear face coverings. Where this is not possible individuals with symptoms should be advised not to enter the premises.
- Staff should maintain 2 metres physical distance with customers / service users.
- Where possible services should utilise virtual consultation.
- If attending appointments service providers should consider timed appointments, and strategies such as asking service users/individuals to wait to be called to the waiting area with minimum wait times and advised not to visit other areas of the building.
- Individuals should not attend if they have symptoms of COVID-19.
- Communications prior to appointments should provide advice on what to do if individuals suspect they have come into contact with someone who has COVID-19 prior to their appointment.
- Where possible prior to admission to the waiting area, individuals and accompanying persons should be screened for COVID-19 symptoms and assessed for exposure to contacts.
- Individuals and accompanying persons will also be asked to wear a mask / face covering at all times.

Risk Assessment

Each agency must refer to their agency risk assessment to conform to their own agency standards

25. PROFESSIONAL RESOLUTION & ESCALATION PROTOCOL

Escalation to Resolution Process Escalation can be via telephone, face-to-face or virtual meeting. All escalations should be recorded to ensure that the procedure is effective, transparent and for LSCB auditing purposes.

This protocol for LSAB has been adapted from LSCB's established protocol with relevant safeguarding adult language and governance.

Follow the link below for the full Professional Resolution & Escalation Protocol.
https://www.lincolnshire.gov.uk/downloads/file/3488/joint-professional-resolution-and-escalation-protocol

Any escalation should follow the steps below within the timescales stated.

Step 1 - Direct Professional to Professional Discussion
Differences of opinion or judgment should be discussed amongst frontline professionals to attempt to achieve a shared understanding and agree a local resolution, in line with the plan, or to ensure a plan is developed if needed. This must occur immediately with an acknowledgement and mutually agreed plan of action, including timescales within 48 hours (2 working days).

Step 2 - Direct Manager to Manager Discussion
If Step 1 does not resolve the issue, then each professional should discuss the issue with their line manager or safeguarding supervisor. The line manager should review the concerns and ensure that they are justified and meet the purpose of this protocol. The line manager should then liaise with the other professional's line manager in an attempt to reach a resolution. Consultation with senior managers within each organisation can be used if this would be felt to assist resolution. The discussion between managers must occur within 5 working days of step 1, with a mutually agreed plan of action including timescales.

Step 3 - Direct SLO to SLO Discussion
If Step 1 and 2 do not reach a mutually agreeable resolution, then the agency's LSAB Senior Liaison Officer (SLO) should be contacted immediately to liaise with the other agency's SLO or assist as appropriate to resolve the conflict. A mutually agreeable plan of action including timescales should be in place within 48 hours (2 working days). This may involve a resolution meeting to ensure the learning points are recorded and brought forward.

Step 4 - Urgent resolution required LSAB Independent Chaired Meeting
If the SLO's cannot resolve the issue that is causing conflict between professionals and agencies then a meeting should be convened with an independent chair selected from the LSAB partner organisations where the agencies can discuss the case and conflict issue in a chaired and minuted meeting, with resolution being agreed and recorded. The meeting should take place ASAP with a date set within 24 hours of step 3.

Step 4 – Non-urgent and/or lessons learned
Senior Liaison Officers can advise that the learning points from a non-urgent case should be referred to the next LSAB Review and Learning Group. The group may make recommendations for individual agencies to review performance and/or involvement, or for LSAB policy and procedural review and development.
At every stage of the discussion the actions should take place within the stated timescales and be followed up in writing between the agencies and in the single agency record.

26. REPORTING AND ACCOUNTABILITY

- The Team Around the Adult Coordinators will report to the Area Manager for Safeguarding
- Reporting of quality assurance / data will go to the Area Manager and the LSAB
- Large scale decision making must go through senior management
- All individuals involved in the TAA process will be accountable to their own agency for decisions and will follow their own agency's due process.

27. SAFEGUARDING AND CONFIDENTIALITY

- Reference Safeguarding Children responsibilities and steps to take
- Reference Safeguarding Adults responsibilities and steps to take
- Consideration to other elements of Safeguarding [DBS, Office Public Guardian, DASH/MARAC, MAPPA, Person Position of Power]