

Safer Cornwall Partnership Action Plan: DHRS4 – FINAL for publication 23 January 2024

Recommendations	Outcome to be achieved	Specific actions to achieve outcome	Action completion deadline and status	Action owner
1. Safer Cornwall Partnership, Our Safeguarding Children Partnership and CIOs Safeguarding Adults Board (and Joint Commissioning System Optimisation Group) to work with all agencies to develop a co-ordinated response to the delivery of trauma informed services for individuals with complex needs.	Delivery of trauma informed services for individuals with complex needs are joined up and coordinated across agencies within the three partnerships: Staff across system trained in trauma/ adversity and trauma/ resilience Compassionate Cornwall approach agreed Teams/ services self-assessments completed, and action plans developed identifying improvements Mapped and gapped trauma specific services/ commissioners supported/ integrated commissioning to address gaps Integrated whole family support in place to break the cycle of intergenerational trauma.	Cornwall Council Complex Needs Team to deliver strategic workshop September 2023 with all partners. Strategic/ operational and practitioner working groups established to take forward co-ordinated response and delivery of trauma informed services	Sept 2023 – following the workshop, 6-weekly strategic meetings will be held at JCSOG with the strategic aims/ outcomes: -Identify established areas of good practice across the system -Initiate a self-assessment phase for all services and organisations -Agree on developing a Trauma informed workplace – safe and able workforce -Identify the gaps- but also include the things that aren't commissioned but are trauma informed. -Focus on whole family approaches and primary prevention – breaking the cycle of intergeneration trauma.	Safer Cornwall SAB OSCP
2. RCHT, CFT, GP's and WAVY should review and promote the support options (including the tertiary and voluntary sector) that are available for the family members of those identified with drugs/alcohol dependency and mental anxiety.	Agencies will be aware of and be able to make reference to literature and support offer within their organisations	Drug and alcohol commissioners to produce a summary of the support available, which will be circulated to general practice. ICB then to circulate to ICA managing directors to disseminate through primary care networks.	Referrals can be made to Adult Social Care, for support for Carers of adults with complex needs. Further information can be found Cornwall Carers Service. CFT November 2023: carers support is a CQC 'should do' action for the CMHTs from the last CQC inspection in 2022. This action will be monitored via this function. To be escalated to RCHT to progress	RCFT CFT WAWY ICB

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3. As part of its domestic violence strategy DASV/ DAAT team to monitor the implementation of the programme of work relating to women only spaces in rehab and detox units.	Review Womens only space in rehab and detox. Consideration for wider gender informed services for all elements of treatment Wider understanding across the system about detox and rehab as solutions i.e. planned/ timely interventions. Women feel supported and staff feel confident that the women are receiving the right support.	Ensure staff are trained in VAWG, DA, SV and brief interventions for DASV. Review of online 'live chat' as evidence suggests women are engaging via this route. Increased awareness, and implementation of DAAT/ DASV protocol across the system. Educative piece on detox and rehab across the system to inform understanding of there being more than single solution i.e. detox. D&A services and rehabilitation units provide Healthy Relationship Programme to clients.	Reviewed and updated DASV/DAAT protocol/ delivering across the system. DAAT/ DASV protocol workshop for staff with test and learn approach to measure confidence. Bosence Detoxification & Stabilisation and Bosence Rehabilitation commissioned service has allocated residential single sex units for women only. Improving the take up/ referrals and access, with pathways in place. Expected outcome is more completions of recommended programmes. Progress captured via contract management review and commissioner visits.	Safer Cornwall DASV/ DAAT
4. Harbour Housing, Cornwall Council and WAWY to review process and practice of dealing with relational issues in residential services.	Improved process and practice demonstrated and less challenges arise within residential services/ settings as a result of relational issues.	Housing Support Grant and some joint recovery toolkit workshops providing opportunity for WAWY/ CC DAAT team and Harbour Housing to address relational issue in residential service. Challenges and sensitivities arising from this issue acknowledged and being worked through.	Issues addressed within Housing Support Grant work and some joint recovery toolkit workshops Early 2024 working group exploration, reassessment of current status of this work.	Housing Providers, Cornwall Council and WAWY
5. WAWY and ASC to work together to improve current working practices and policy in respect of person-centred plans.	Each individual will have a person-centred plan in place and any relevant information will be shared between WAWY and ASC in regards to how best to work with clients who are using substances.	WAWY and ASC to continue to attend the MASH meetings and arrange separate MDT's as and when required.	MASH meeting only began in the middle of 2020 initially as a Covid response, but we are now all embedded in this process and the information sharing. Regular MDTs with ASC – review ASC cases in supervision process, exception to caseload – reviewed in processes. Person centred plans: WAWY would have own care plans/ RA. WAWY attend daily MASH Meetings and contribute to ASC safeguarding discussions. Key points of contact for each service meeting on a regular basis. Routine reminder for Best Practice for front line practitioners to share care plans across relevant services.	WAWY
6. RCHT and GP's and WAWY to ensure all health practitioners are educated in the screening and identification of alcohol misuse and the alcohol withdrawal guideline	Health practitioners are aware of alcohol withdrawal guidelines and utilising screening and identification of alcohol misuse	Roll out of education programme and spot ward training around screening and identification of problematic drug and alcohol use. Drugs and alcohol commissioners to provide the appropriate screening tools and guidelines. ICB to request these are added to GP pathway tool	November 2023: The specialist RCHT team carry out rolling education programme; training on the student nurse program, the preceptorship program, formal ED training to staff every 3months, regular Grand Round sessions for the junior doctors and are on the yearly F1 teaching schedule. There is spot ward training and if there is an ward/area where they feel the management of the patient group needs support they	RCHT GP WAWY ICB

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		ICB to share with ICA managing directors and request these tools, guidelines and application of the tools and guidelines are promoted.	liaise with the ward manager and provide further reaching and support. They are in talks with IT re a module on Electronic Staff Record for staff to complete. Jan 24 completion	
7. The revised and ratified CFT CMHT Policy, once published, to be disseminated to all stakeholders to improve understanding of roles, remits and responsibilities and aid collaborative working. To provide clarity re the interface and working arrangements between community, primary and secondary mental health provision.	Clearer understanding between practitioners/ stakeholders, for the benefit of communities around the provision of primary and secondary mental health services.	-Policy to be completed and ratified -Disseminated to stakeholders with engagement events if necessary	In line with timeline of dual diagnosis implementation project plan. December 2022. November 2023: CFT Community Mental Health Team (CMHT) policy has not yet been ratified by the CFT internal policy ratification processes. This will be escalated via Clinical Quality and Governance Group (CQaGG) in December 2023.	CFT Mental Health Triumvirate
8. JCSOG to develop an integrated approach to mental health support including integrated teams and pathways for those with mental anxiety and distress that don't meet current thresholds.	Programme developed with the VCSE sector to support individuals with dual diagnosis that are non-statutory alternative services including peer support where threshold for serious mental illness (SMI) is not met.	Rewriting of Dual Diagnosis strategy with better VCSE sector engagement. VCSE will be consulted about individuals without SMI but with MH needs who are using substances – they will be able to provide advice as to which VCSE organisation can provide support. This will enhance the statutory involvement. Primary Care will be able to refer into this service.	Ensure that these are covered in the DD strategy – first draft to be consulted in January/ February 2024.	JCSOG Mental Health Commissioning
9. JCSOG to ensure that the Dual Diagnosis Strategy is implemented in line with timeline of the dual diagnosis implementation project plan.	Revised timeline for strategy to be achieved through monthly dual diagnosis multi-agency strategy meetings- providing a steer for the strategy since the change in emphasis as a result of Mental Health transformation. Strategy meetings also look at operational aspects of dual diagnosis.	Dedicated high level group of decision makers to develop strategy. First draft to be launched 15/12/24. Consultation with JCSOG, MH Partnership Board end of February 2024.	In line with revised timeline of dual diagnosis implementation project plan. DD multi-agency strategy meetings and dedicated higher level strategy group with decision makers and operational leads working together to take this forward for consultation early 2024 and implementation. Dual Diagnosis strategic coordinator in post.	JCSOG Complex Needs, CC
10. Multi-agency Dual Diagnosis Steering Group to continue work regarding agency interface to ensure WAWY attendance at CFT MDT's and interface meetings, multi-agency attendance at GP Hub and local interface meetings become business as usual.	Improved collaboration between agencies and attendance at Multi-Disciplinary Team meetings	MDT guidance to be included in strategy refresh. The MDT guidance around effective MDTs will be shared with all services across the system early in 2024. Training sessions to be rolled out to build practitioner confidence in chairing MDTs. Review underway by Safeguarding Adults Consultant Kate Spreadbury (directed by the SAB) to look at the breadth of MDTs and referral routes across the system.	MDT guidance developed and will be shared across system early 2024. As a result of Mental Health transformation there are dedicated mental health roles within GP surgeries to advise GPs, and hold caseloads. A direct referral route into Your Way (single point of access for mental health support services without clinical assessment). Approach being taken is Dialog+ (to consider individuals' asset and interests about what keeps them well).	Multi-agency dual diagnosis steering group Complex Needs Team, CC – SAB Mental Health Transformation

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11. The Dual Diagnosis Strategy should include pathways for treatment for those individuals with mental anxiety and distress.	Programme developed with the VCSE sector to support individuals with dual diagnosis that are non-statutory alternative services including peer support where threshold for serious mental illness (SMI) is not met.	Rewriting of Dual Diagnosis strategy with better VCSE sector engagement. VCSE will be consulted about individuals without SMI but with MH needs who are using substances – they will be able to provide advice as to which VCSE organisation can provide support. This will enhance the statutory involvement. Primary Care will be able to refer into this service.	Ensure that these are covered in the DD strategy – first draft to be consulted in January/ February 2024.	Multi-agency dual diagnosis steering group
12. ASC to instigate quality assurance and audit measures to ensure that the current completion of mental capacity, risk and needs assessments are being completed in line with current policy and national best practice.	Improved framework, procedures and audit programme will ensure practice standards (informed by best practice, national guidance, legislation and professionals standards) are upheld. The framework will ensure scrutiny is applied and timely feedback is issued to practitioners to positively influence practice, where standards have fallen below the standards expectations. The interim arrangement will ensure scrutiny is applied on the interim.	Update audit tools relating to: -Risk assessments -Mental Capacity assessment -Needs assessment Create and embedded a quality assurance framework for mental capacity, risk and needs assessments	Completed March 2022 Safeguarding Service Manager, Chief Social Worker with the Lead Locality Social Workers Completed a review and updated audit tools in June 2022 As part of the exercise in updating practice guidance the audit tool was updated in March 2022 In 2019 a full audit took place and the audit tools were updated and have been further updated in 2020 The lead Locality Social Worker role was implemented in September 2022. Working with the Chief Social Worker, the Practice Education department and senior locality management teams an interim Audit cycle has been developed, pending the development and implantation of a full assurance framework The current Audit procedure has been reviewed in 2022, which identified the need for it to be re-developed. This includes: - o Devolving new practice standards – - o Incorporating 9 key practice areas - o Mapping the developed standards against: -Quality Assurance framework -Professional standard (such as Health Care Professional Council and Social Worker England standards)	ASC

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13. ASC to undertake a training needs analysis to ascertain if training, advice and guidance is required around the complex issue of fluctuating capacity (especially where there is alcohol dependency).	The current improved training offer will ensure practitioner get further learning in relation to Mental Capacity Act Interventions. The intended improved training offer will provide the opportunity for specialist knowledge to be gained, when undertaking complex Mental Capacity Act interventions. It will ensure all updates brought in by legislative change and the guidance produced are embedded in practice. The monitoring program will track staff attendance at these (and other) training events.	Training needs analysis to be completed, to identify the training needs of Adult Social Care Staff. The analysis will inform what future training is commissioned and arranged	Learning needs analysis was completed June 2021 by the Chief Social Worker and Practice Education team. This analysis Identified that there were three areas of practice that needed focus: - o Capacity - induction level - o Capacity e-learning - o Professional level This led to the development of a compulsory induction training package and e-learning offer. It also led to the commissioning of a new Professional level training offer, facilitated by “making connexion” - The new codes of practice (associated with the Mental Capacity Act review) are due to bring in new guidance, in relation to fluctuating capacity and executive functioning. The Chief Social Worker with the Liberty Protection Safeguard Implementation Lead; lead a number of staff and focus groups, which led to a report being issued in July 2022, in response to the governments public consulting exercise. Further Specialist Mental Capacity training is being planned for 2022, in response to the updated guidance issued and will incorporate changes brought in. This System was introduced April 2021	ASC
14. Complex Needs Team and the Mental Health Commissioner to ensure that the development of the rapid response team is integrated into the dual diagnosis and the Community Mental Health transformation framework.	People who are reaching out for help and threatening to take their own lives will be supported by a multi-disciplinary rapid response team established to consider risk, and social care assessment/ support plans.	Multi-disciplinary rapid response team proposal developed within the work on dual diagnosis and Community Mental Health transformation.	Dual Diagnosis Strategy in development and due for consultation January-February 2024. Community Mental Health Transformation 5 -year programme underway to transform services in Cornwall and IoS.	Complex Needs/ ICB/ Public Health - Mental Health Commissioning

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15. CFT, RCHT and WAWY to ensure that DA training reinforces the importance of seeing domestic abuse victims on their own for consultations and meetings.	Opportunities are created by services for victims of domestic abuse to be seen on their own.	CFT/RCHT – implementing the bespoke health DA training.	Training has been developed and implemented and will be ongoing.	RCHT/ CFT
16. MIU audit of RE practice amongst staff and clinical records to ensure RE is embedded in practice by Area Directors.	Routine enquiry is embedded, carried out and recorded as standard practice	Audit of practice	November 23: Nurse consultant for Integrated SG agreed RE video to be shown, manager will then monitor staff. MIU matron confident RE in practice, 2 additional questions added to documentation. DHR 17 recommendation 1 will encompass this work: The Trusts joint DA steering group will devise an action plan to; review the roll out of RE to date, identifying what further work/support is required, in which teams/services, to ensure the roll out of RE is supported across all health professionals across both Trusts.	CFT
17. A Task and Finish group should be set up to look at how Emergency Department staff can be helped and supported to embed routine enquiry into their practise, acknowledging what they have told us through this investigation in terms of the perceived pressures and constraints	Routine enquiry is embedded, carried out and recorded as standard practice	Practice educator to be recruited to help, support and train staff in ED on Routine enquiry. Resources to be developed on Routine enquiry.	November 2023: December 22 Routine Enquiry audit Oct 22 Video made by safeguarding team. Practice educator in post to focus on this in ED. March 23 - Level 3 SG training delivered to all staff in ED, supported by health IDVA's. August 23 – video shared with all staff in ED. Audit shared and will be monitored via governance. Completed August 23	RCHT
18. Probation to implement a process to record MARAC discussions on the National Database if individuals are known but not current.	Increased awareness in Probation services of individuals discussed at MARAC.	Process developed and embedded to ensure MARAC discussions are recorded.	Complete and is now happening	Probation
19. Probation to ensure that adults safeguarding checks are undertaken by Courts Administrators as a matter of course, as they are for child safeguarding.	Adult safeguarding is improved via adult safeguarding checks	Collaboration between ASC and Probation to ensure adult safeguarding checks are possible/ routinely undertaken by Courts Administrators	Process agreed with ASC, more work to be done to ensure checks are being completed as a matter of course.	Probation ASC
20. Probation to reinstate daily meetings between CPS prosecutors and Court officers (and where appropriate the court IDVA).	Improved communications between CPS and Court Officers/ Court IDVAs to ensure Probation service is aware of sentencing.	Probation to reach out to CPS prosecutors, Court officers (Court IDVA) to set up the meetings	Meetings informally reinstated and happening when possible given staff shortages within both organisations	Probation

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21. Cornwall Housing Ltd and Cornwall Council to provide an update on progress on the project to reduce the use of Bed and Breakfast accommodation for emergency and temporary accommodation and timescales to the Adult Safeguarding Board.	Better housing options for people seeking emergency and temporary accommodation.	Reducing the use of B&B type accom in all but an emergency and for a short time only is the long-term aim of the council. With over 800 households currently in EA/TA this is a significant and complex challenge involving a range of interventions and actions across multiple departments.	In the medium to longer term we have invested in and started a Housing Options Transformation plan that will prevent more homeless upstream with a range of initiatives including landlord incentives. We are also developing a range of alternative self contained accommodation to replace B&B type accommodation and we have also recently agreed a new Supported Housing Strategy which will assess and address the needs of the range of vulnerable customers requiring a supported housing in Cornwall. In the more immediate term we have invested in more Move-On and Support Officers and taken on three new posts for Welfare & Inclusion officers to help support vulnerable applicants and families while they are in emergency accommodation.	Cornwall Housing
22. RCHT to undertake a review of Supervisory provision available to all acute staff and identify all opportunities and barriers to accessing Supervision. To focus on the perceived hierarchal culture and to understand if this is significantly impacting on our ability to better safeguard patients presenting with and experiencing Domestic Abuse and their families.	Improved access to supervision for all acute staff leading to better safeguarding of patients presenting with and experiencing domestic abuse.	Safeguarding managers to train adult SG supervisors to bring link supervisors into each clinical area in line with children's services (across all services)	Supervision policy in development. Supervisor training booked for September 2022. November 2023: – 3 cohorts have now completed the training. Safeguarding Supervision Policy (old policy live - new policy out for consultation) Supervision policy presented to Safeguarding Operational Group - minutes available on request. Safeguarding supervisors programme established - attendance figures available on request Safeguarding supervision updates included in QAC repots - reports available on request. Safeguarding doctor to be approached to monitor safeguarding supervision for consultants	RCHT
23. All agencies to undertake a review of public areas within their buildings to ensure that where appropriate domestic abuse support signposting material is available for staff and service users.	Domestic abuse resources available in all public sector buildings to provide relevant signposting and awareness of where to go for support.	CFT/RCHT New signage to be sourced Disseminated into each clinical area Safeguarding team link workers to check areas for DA material Safer Cornwall/ DAAT/ DASV – engage operational lead to ensure Cornwall Council buildings are up to date with materials and resources.	Safer Futures resources disseminated electronically via DASV PB members and business hub. DASV and VAWG strategies, as well as commissioned DA service, including Change4U resources located in Safe and Well Hub Truro and Cornwall Council buildings.	All agencies

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			ICB- all ICB offices are located in Cornwall Council buildings DAAT/ DASV protocol roll out to ensure correct materials are available in services. November 2023- early 2024. DCP currently in the process of refurbishing some of our front offices and opening additional offices across the Force, we will be looking at the material we have that is available to the public, including the best platforms for that information, to ensure every front office has the same and appropriate information. DA information will continue to be an area we look to have available at all our locations. CFT/RCHT November 23: new signage sourced, laminated and disseminated to all areas in RCHT and plan of dissemination in place for CFT	
24. First light to initiate a focus group to work with primary services to establish how IDVA's can actively take part in GP assessments and consultations for appropriate clients.	IDVA capacity to take part in GP assessment and consultation is limited- consideration given to find an alternative to achieve this outcome.	Implementation of the primary care domestic abuse support service, provided by First Light who deliver training and in reach to general practice, along with a direct referral pathway. This has resulted in a 500% increase in referrals from general practice over two years, demonstrating improvements.	The work required to establish how IDVAs can actively contribute to the work of GPs in relation to domestic abuse and vice versa has been completed and the required changes are now being implemented. The work is progressing with a pilot project to improve engagement between GP/ MARAC (multi-agency risk assessment conference for high risk DA cases). GP surgeries are notified when a case is being heard at MARAC, GP supported with MARAC information request and GP DASA records GP info on HALO system and represents GP at MARAC meetings. Feedback from MARAC to GP via the GP DASA.	First Light ICB
25. Review of CMHT psychiatrist OPA timeframes, level of urgency and options for more responsive OPA review.	Improve psychiatrist cover in CMHT.	Recruitment to be undertaken/ locum cover secured.	CFT November 2023: Risk was raised on the risk register due to lack of psychiatrist cover in CMHTs, although was closed in April 2023 due to locum cover being provided to fill vacancies in CMHT psychiatrists. CMHT management structure	CFT/ CMHT

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			includes clinical director (psychiatrist) who oversees the availability of psychiatrists for Out-Patient Appointments. This action has been marked as complete.	
26. ICB and Firstlight to develop a training delivery strategy for GP services in relation to MARAC and DASH.	GP services have a greater awareness of domestic abuse and identification of risk and the mechanisms/ multi agency risk assessment conference to support/ reduce risk, including the support provided by the primary care domestic abuse support service.	This will be developed and delivered by First Light to GPs by the primary care domestic abuse support service This will make reference to the DASH, but does not need to include training on how to complete the DASH, as this would be most appropriate undertaken by the primary care domestic abuse support service, and can occur in a timely way, now there is a direct referral pathway	The work required to establish how IDVAs can actively contribute to the work of GPs in relation to domestic abuse and vice versa has been completed and the required changes are now being implemented. It is being implemented through the primary care domestic abuse support service. This is provided by First Light who provide training and in reach to general practice, along with a direct referral pathway. This has resulted in a 500% increase in referrals from general practice over two years, demonstrating improvements. The training includes MARAC but does not include completion of DASH, as partners agree that with the DASH would be undertaken by the primary care domestic abuse support service.	ICB First Light
27. Cornwall SAB to implement training for frontline practitioners relating to Mental Capacity and dependency behaviours.	Improved knowledge and practice of mental capacity and dependency behaviours within frontline practice	CIoS Safeguarding Adult Board will ensure that there is a senior strategic level group that takes on oversight of this agenda to ensure that highly vulnerable, chronic, dependent drinkers are being supported using all the legislation that is available. This is most likely to be the SAB itself but could be another body.	All agencies circulated guidance: <i>How to use legal powers to safeguard highly vulnerable dependent drinkers in E&W. Michael Preston Shoot/ Mike Ward.</i> Action plan in Pg 37 to be implemented. This oversight group will ensure that all key local agencies have received and considered this briefing and the associated training; and indicated what steps need to be taken to ensure the safeguarding, protection and support of this client group. Our oversight group will identify any service gaps that need to be considered by local substance misuse commissioners. Substance misuse commissioners will ensure that the needs of this group are addressed in all needs assessments and commissioning plans. Substance misuse commissioners will consider establishing a specialist post, probably a social worker or mental health nurse, who is expert in both the assessment of this client group and the use of the available legal powers, to advise on or	SAB Business Manager (cited by ASC JS)

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			undertake the management of this client group. The oversight group will ensure that training on the use of these powers is available for those working with highly vulnerable, chronic, dependent drinkers.	