

Steering Group to assist the Department of Health in its development of a national policy on adult safeguarding in the health sector

Note of Meeting

Date	27 March 2019 (Meeting 2)		
Location	Department of Health, Miesian Plaza, Dublin 2		
Chair	Dr Kathleen Mac Lellan, Assistant Secretary Social Care Division (DOH)		
Members in	Mr Niall Redmond, Services for Older People (DOH)		
Attendance	Mr Tim Hanly, Manager, National Safeguarding Office (NSO), (HSE)		
	Mr JP Nolan, Head of Quality & Patient Safety (HSE)		
	Ms Cornelia Stuart, Assistant National Director, Quality Assurance & Verification		
	Mr Ian Kelleher, Policing Division, Department of Justice and Equality (DJE)		
	Ms Gráinne Morrissey, Department of Children & Youth Affairs (DCYA)		
	Ms Ginny Hanrahan, CEO, CORÚ		
Apologies	Dr Collette Bonner, Office of the Chief Medical Officer (DOH) Mr James Gorman, General		
	Manager, Patients' Private Property Accounts Central Unit (HSE),		
	Ms Margaret Brennan Head of Quality & Patient Safety (HSE), Detective Chief Superintendent Declan Daly, National Protective Services Bureau, An Garda		
	Síochána (AGS),		
	Ms Mary Dunnion, Chief Inspector, Health Information & Quality Authority (HIQA), Ms		
	Rosemary Smyth, Mental Health Commission (MHC),		
	Mr Pat Benson, Public interest representative		
In Attendance	Mr Conor Foy (Secretary), Services for Older People (DOH)		
	Mr Cormac Fitzgerald (Secretariat), Services for Older People (DOH)		
	Mr Ciarán Ó Maoileoin (Secretariat), Services for Older People (DOH)		
	Mr Robert Murphy, Research Services Unit (DOH)		
	Dr Sarah Donnelly (UCD)		
	Deirdre Connolly (HIQA)		
	Aidan Murray (HIQA and HSCNI)		

1. Standing items:

Note

The note of the previous meeting were accepted subject to some alterations requested by Ian Kelleher, DJE, for accuracy

Conflict of Interest Policy

No verbal conflicts of interest or changes were noted

Administrative matters

N/A

2. Standing Updates:

- A. Department of Health progress update
 - CÓM, DoH gave an update on the department's progress since the last meeting
 - DoH announced its intention to publish as much material from SG meetings as possible on its website
 - HSE noted that its revised operational safeguarding policy was at the final stages subject to final HSE approval
 - The Chair requested that a HSE update be added as a standing item to the agenda



- B. Update from Justice sector: Future of Policing progress, justice sector integration with health sector safeguarding
 - Target date for mapping and reviewing inter-agency arrangements is still on track
 - Targets for legislative progress still on track
 - New legislation will most likely include a statutory requirement for info to be shared with Gardaí
- 3. Presentation from HIQA on their research which informed their development of Joint National Safeguarding Standards alongside the Mental Health Commission (Deirdre Connolly, Aidan Murray)

Points of interest / Key findings

- Importance of legislation and statutory guidance for success in adult safeguarding (ASG)
- Focus on prevention of harm and people's rights is important for success in ASG
- Adequate ASG training for all staff is very important. Safeguarding should not be seen as
 the sole responsibility of social workers, all staff should have responsibility appropriate
 to their roles
- A partnership approach between practitioners and individuals should be used for success, it is important that safeguarding not be something that is "done" to a person
- Alignment with other Irish health sector safeguarding initiatives will be important
- Interagency working is key to success
- In Scotland, there was no relationship between amount invested in ASG and key outcomes & the fewer lines of separation between ASG committees and people, the more successful they seemed to be
- Presentation on the UCD Adult Safeguarding Rapid Realist Review developed as part of HSE's development of its revised safeguarding policy (Dr Sarah Donnelly)

Points of interest / Key findings

- In any model of safeguarding, it is important to maintain adult safeguarding specialisms
- Human rights approach to ASG is associated with successful approaches
- Legislation can provide a basis for creating measurable adult safeguarding outcomes
- Legislation alone is not sufficient, but without legislation inter-agency collaboration and information sharing can be difficult
- Very little research done on effectiveness of various ASG models, as a very dynamic area which mostly grew organically
- Discussion on the implications of UCD review HIQA & MHC's research for this policy (to include Dr Sarah Donnelly, Deirdre Connolly, Rachel Flynn, Aidan Murray and Robert Murphy of the Department's Research Services Unit)



- The literature sources found little on the Nordic Countries or Japan, which appear to be more so focussed on concepts of "care"- the chair requested that the ASG team examine this area in liaison with RSU as well as the wider EU approach, and Netherlands research, and that a sociological view may be worthwhile
- A lack of measuring of effectiveness for outcomes was noted. It was noted that the area
 was very dynamic and that as a result it was difficult to show connections between ASG
 approaches and outcomes, but that there was some qualitative data available on moving
 from specific ASG approaches and to different ASG approaches (in UK and NI)
- Measuring and introduction of qualitative outcomes was described as generally more successful in the literature than attempts to measures qualitative data, e.g. both in Northern Ireland, and in England with "making safeguarding personal" policy. These approaches included recording people's expectations, how safe they felt, and measuring closed cases against the person's expectation
- Many health and social care services in Ireland are already far along their ASG "journey"
- ASG in most jurisdictions grew organically (similar to Ireland) and was originally seen as an older person's issue
- In NI:
 - although there are specialist ASG teams, the policy has given confidence for dealing with issues locally instead of escalation to specialist ASG teams
 - o ASG training is interagency
 - Partnership approach was about key agencies meeting as a group locally to discuss issues, and finding a place for a safeguarding issue with another agency if it is not for your own agency
 - individual "parts" of the policy were added/enacted incrementally to manage cost
- 6. Presentation on proposed primary definitions to be used in the policy, as defined in discussion document, followed by discussion

Points of Interest

- Including wellbeing in definition of ASG makes it broader than the definition in the
 Children First Act 2015
- Definition of harm presented is wider than that in children first legislation
- Alignment with Justice Sector in relation to existing definitions would be important and that he would liaise internally for feedback on proposed definitions
- 7. Feedback on draft policy content (WIP) as informed by the previous meeting



8. AOB & Wrap-up

• The chair requested the Secretariat to seek written observations from SG members on the primary definitions discussion paper

Actions:

Action	Who	When
Draft minutes of the meeting circulated	Secretariat	ASAP
Agenda for next meeting to be circulated	Secretariat	ASAP
Justice progress update at next meeting	DJE	Next Meeting 15 May 2019
 DOH to research safeguarding in Nordic countries/ other jurisdictions (e.g. Japan) 	DOH	ASAP
DJE and DoH to liaise in relation to legal definitions	DJE & DOH	ASAP
DOH activity update for next meeting	DOH	Next Meeting 15 May 2019
 Standing item added to agenda: HSE Safeguarding update 	HSE	Immediate
 HSE National Safeguarding Office update at next meeting 	HSE	Next Meeting 15 May 2019
 Discussion document circulated for discussion at next meeting 	Secretariat	At least 7 days prior to the meeting
 WIP draft policy informed by this meeting / written observations to be circulated 	Secretariat	At least 7 days prior to next meeting

Approved by Chair:

Signature: ______ Date: 15 May 2019