



LSAB Prevention Strategy

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Author	Policies and Procedures Sub-Group
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1. Background

In Bath & North East Somerset, all agencies involved in providing care and support for adults work together to respond in a coordinated way to cases of suspected harm or abuse of adults. We aim to ensure that people's rights are respected in the process of them being offered help and protection. B&NES Local Adult Safeguarding Board policies can be found at

<http://www.bathnes.gov.uk/services/care-and-support-and-you/safeguarding-and-legal-information>

2. Purpose of the Prevention Strategy

The multi-agency safeguarding role in preventing abuse and neglect is clearly defined within the Care Act 2014, the provision of which is intended to promote and secure well-being (Chapter 1, para 1.5).

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Agencies have a fundamental role in preventing abuse and neglect wherever possible. Observant professionals and other staff making early, positive interventions with individuals, families and carers can make a huge difference to their lives, preventing the deterioration of a situation or breakdown of a support network. It is often when people become increasingly isolated and cut off from their families and friends that they can become extremely vulnerable to abuse and neglect. Agencies should implement robust risk management processes in order to prevent concerns escalating to a crisis point and requiring intervention under safeguarding adult procedures.

The care and support statutory guidance (14.11) outlines the aims of adult safeguarding and the preventative role as follows, which is to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Stop abuse or neglect wherever possible
- Safeguarding adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide information in an accessible way to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- Address what has caused the abuse or neglect.

In order to achieve these aims it is necessary to ensure that everyone (both individuals and organisations) are clear about their roles and responsibilities by creating multi-agency partnerships that provide timely and effective

prevention of and responses to abuse or neglect. Included in this are the six key principles that underpin all safeguarding work:

Empowerment: People being supported and encouraged to make their own decisions and informed consent.

Prevention: It is better to take action before harm occurs

Proportionality: The least intrusive response appropriate to the risk presented

Protection: Support and representation for those in greatest need.

Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting abuse and neglect.

Accountability: Accountability and transparency in delivering safeguarding.

The Social Care Institute for Excellence (SCIE) within their Report 41 – Prevention in Adult Safeguarding states:

<http://www.scie.org.uk/publications/reports/report41/evidence/>

‘While most people would agree that ‘prevention is better than cure’, where the prevention of abuse and neglect of vulnerable adults is concerned, identifying what works – and for whom and in what situations – is very difficult. Much abuse and neglect takes place in secret. This makes it hard to prove that an abusive event has occurred, and almost impossible to demonstrate that an abusive event has been prevented. Put another way, it is very difficult to judge what constitutes a successful prevention intervention’.

Effective prevention in safeguarding is not about paternalistic or risk adverse practice. Preventing abuse should occur in the context of person-centred support and personalisation, empowering individuals to make choices and supporting them to manage risks. This should lead to services that people want to use, with the potential to prevent crises from developing.

3. Scope of the LSAB Prevention Strategy

This strategy focuses on preventing abuse amongst all adults at risk over the age of 18 living within B&NES. This includes all adults at risk, irrespective of whether they are currently receiving or in need of care and support. It is important in the context of this strategy that, when it comes to the safeguarding threshold, procedures more specifically apply to an adult over the age of 18 years who have care and support needs and/or who may be homeless; are experiencing, or are at risk of abuse and neglect; and as a result of those care and support needs, are unable to protect themselves either from the risk of, or the experience of abuse and neglect.

The LSAB is aware of the cross-cutting issues around domestic and gender-based violence, mental ill health and substance misuse. This strategy

therefore will link in with the work undertaken as part of the Joint Health and Wellbeing Strategy which sets out the priorities for action based on the health and wellbeing needs identified in the process to ensure that shared issues are addressed collaboratively.

<http://www.bathnes.gov.uk/services/neighbourhoods-and-community-safety/working-partnership/health-and-wellbeing-board>

Prevention of abuse is integral to the work of B&NES Local Safeguarding Adults Board (LSAB) and is an essential part of the LSAB's Safeguarding Business Plan. The LSAB has recognised the need to empower and offer choice to people and at the same time equip them with information and tools to protect themselves.

The LSAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect. These will include the safety of patients in its local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services. The SAB will need intelligence on safeguarding in all providers of health and social care in its locality (not just those with whom its members commission or contract). It is important that SAB partners feel able to challenge each other and other organisations where it believes that their actions or inactions are increasing the risk of abuse or neglect. This will include commissioners, as well as providers of services (14.134 Care and Support Guidance).

The multi-agency safeguarding role in preventing abuse and neglect is clearly defined in the Care and Support Statutory Guidance:

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

This states the following:

14.63 Local authorities must cooperate with each of their relevant partners, as described in section 6(7) of the Care Act, and those partners must also cooperate with the local authority, in the exercise of their functions relevant to care and support including those to protect adults (see also chapter 15 which sets out general responsibilities in relation to co-operation).

14.64 Relevant partners of a local authority include any other local authority with whom they agree it would be appropriate to co-operate (for example, neighbouring authorities with whom they provide joint shared services) and the following agencies or bodies who operate within the local authority's area including:

- *NHS England*
- *CCGs*
- *NHS trusts and NHS foundation trusts*
- *Department for Work and Pensions*
- *the police*

- *prisons*
- *probation services*

14.65 Local authorities must also co-operate with such other agencies or bodies as it considers appropriate in the exercise of its adult safeguarding functions, including (but not limited to) those listed in section 6(3):

- *general practitioners*
- *dentists*
- *pharmacists*
- *NHS hospitals*
- *housing, health and care providers*

14.66 Agencies should stress the need for preventing abuse and neglect wherever possible. Observant professionals and other staff making early, positive interventions with individuals and families can make a huge difference to their lives, preventing the deterioration of a situation or breakdown of a support network. It is often when people become increasingly isolated and cut off from families and friends that they become extremely vulnerable to abuse and neglect. Agencies should implement robust risk management processes in order to prevent concerns escalating to a crisis point and requiring intervention under safeguarding adult procedures.

14.67 Partners should ensure that they have the mechanisms in place that enable early identification and assessment of risk through timely information sharing and targeted multi-agency intervention. Multi-agency safeguarding hubs may be one model to support this but are not the only one. Policies and strategies for safeguarding adults should include measures to minimise the circumstances, including isolation, which make adults vulnerable to abuse.

Chief Officers and Chief Executives

14.215 As chief officer for the leading adult safeguarding agency, the Director of Adult Social Services (DASS) has a particularly important leadership and challenge role to play in adult safeguarding.

14.216 Responsible for promoting prevention, early intervention and partnership working is a key part of a DASS's role and also critical in the development of effective safeguarding. Taking a personalised approach to adult safeguarding requires a DASS promoting a culture that is person-centred, supports choice and control and aims to tackle inequalities.

14.217 However, all officers, including the chief executive of the local authority, NHS and police chief officers and executives should lead and promote the development of initiatives to improve the prevention, identification and response to abuse and neglect. They need to be aware of and able to respond to national developments and ask searching questions within their own organisations to assure themselves that their systems and practices are effective in recognising and preventing abuse and neglect. The Chief Officers must sign off their organisation's contributions to the Strategic Plan and Annual reports

This LSAB multi-agency Adult Safeguarding Prevention Strategy 2017-19 represents a commitment across the different agencies involved with adults to promote safety, prevent abuse, and protect adults at risk from abuse. By delivering this strategy, we hope that more people living in B&NES will be able to live a life free from harm, whilst living their own lives and making their own decisions.

This strategy sets the strategic direction for prevention in adult safeguarding and the main priority areas of work for the different agencies that care and support adults at risk in our community. It represents the collaboration between these agencies to provide a joint framework by which we will work in partnership to safeguard adults at risk from abuse.

The delivery plan will be monitored by the Safeguarding Adults Board Quality Assurance and Performance Monitoring Sub-group (QAPM) to ensure it meets the objectives and outcomes of this strategy for adults in B&NES. The group will report quarterly to the LSAB

4. Agreeing priorities

The Social Care Institute for Excellence (SCIE) Report 41: Prevention in Adult Safeguarding (2011) sets out guidance for prevention work in adult safeguarding. The report notes that the general approach to prevention previously focused on staff training but identifies that part of the focus needs to be on the support and education of all vulnerable groups. SCIE reiterated that agencies should not take a risk-averse perspective, but should focus instead on empowerment to self-protect.

<http://www.scie.org.uk/publications/reports/report41/>

It is therefore proposed that the following prevention priorities are adopted by B&NES. The delivery plan at appendix 1 is based on these nine priorities

SCIE's Prevention in Adult Safeguarding Priorities:

Priority 1: Identifying People at Risk of Abuse

Priority 2: Public Awareness

Priority 3: Information, Advice and Advocacy

Priority 4: Training and Education

Priority 5: Policies and Procedures

Priority 6: Community Links

Priority 7: Regulation and Legislation

Priority 8: Inter-agency Collaboration

Priority 9: Empowerment and Choice

One of the key priorities for the prevention activities within this strategy therefore will be the support and education of all vulnerable groups. We have identified that there is prevention work required to provide adults at risk with safeguarding training in order to identify abuse and to build skills to protect themselves.

Actions will include consideration as to how we make this accessible and available to all vulnerable groups. Voluntary sector providers may be well

placed to help with this as they will be in contact with people who do not necessarily access mainstream services e.g. rural communities, homeless people, BME communities

Providing accessible information and advice to the wider public is an essential building block for adult safeguarding prevention. Information needs to reach all sectors of the community through a range of different routes.

Safeguarding referral data will be used to identify adults most at risk and to target prevention work where necessary.

Advocacy is an essential part of prevention as it helps people to know their rights and to voice their concerns.

Continue to work with carers groups to raise awareness of adult safeguarding amongst carers

To meet the statutory duties under the Counter-Terrorism Security Act 2015 in respect of preventing and dealing with radicalisation and extremist activities.

- How we commission and monitor services
- As part of MSP and qualitative feedback from Service Users about the safeguarding process – how we use this to review and inform our procedures (empowerment and choice).

5. Conclusion

The Local Safeguarding Adults Board (LSAB) brings together local statutory and independent sector agencies working with vulnerable adults at risk of abuse. The LSAB is responsible for ensuring the Multi-Agency Safeguarding Adults Policy and Procedures are effective and prevent adults from experiencing significant harm. Integral to this work is the need to work collaboratively at all times to prevent, where possible the abuse and neglect of vulnerable adults. It is anticipated that implementation of this strategy and its delivery plan will support this essential requirement

LSAB Prevention Strategy Delivery Plan included below.

Also see supporting documents

Appendix 1 - Avon and Somerset Constabulary LSAB Delivery Plan

Appendix 2 - National Offender Management Service- Probation Service Policy

LSAB Prevention Strategy Delivery Plan:

Priority 1	Current Activity/Good practice	Proposed Action	By Whom	By When
Priority 1: Identifying People at Risk of Abuse	RUH have introduced notification of concerns via electronic patient record to allow for 24 hour identification of people at risk		RUH Safeguarding Lead	
	DHI have safeguarding registers for each service area which are easy to report from. They capture all concerns whether they are escalated or not so much better for evidencing preventative work	DHI to share with LSAB partners	Sarah Shatwell	July 2017
	<i>BaNES CCG: Raising awareness in General Practice</i>	Consideration to the development of a shared adult / children's CCG database which will include earlier identification and appropriate sharing of information.	CCG Safeguarding Lead and GP Lead	September 2017
	<i>Healthwatch: Any concerns raised at enter and view visits are referred. Any concerns raised through feedback received by members of the public, relatives, staff or health professionals are referred.</i>	Healthwatch will continue to share concerns raised or received	Healthwatch	Ongoing – Enter and view reports are shared once completed and concerns raised through feedback will be shared immediately.

Priority 2	Current Activity/Good practice	Proposed Action	By Whom	By When
Priority 2: Public Awareness	RUH: Designing posters for general public and patient information Improve public information available on RUH Internet site	RUH: To place in prominent positions around all the hospital sites	RUH Safeguarding Team	RUH June 2017 to coincide with Stop Adult Abuse Week
	Raising public awareness of modern slavery and promoting the BT/Salvation Army helpline .	LSAB and LSCB partners to share various campaigns with Communications subgroup to ensure alignment of communications and engagement activity Promotion of 101 line as a good way of trying to protect some of the most hidden people (sex workers and cannabis growers particularly) - adults as well as children	LSAB and LSCB partners	Routine sharing as and when partners become aware of new campaigns
	Healthwatch: Shares news stories and information through its monthly e-bulletin, website and social media channels. Information is also shared when engaging with the public by staff and volunteers.	Continue to undertake public awareness raising where possible.	Healthwatch	Ongoing

Priority 2: Public Awareness	The LSAB and LSCB have a joint FGM sub group. The group have been working on raising awareness of FGM issues in our area. The group have created an advert which is displayed on the TVs in the One Stop Shops and large libraries and a poster which is available on the LSAB and LSCB website	Further advertising as agreed with Communications sub group. FGM group developing an information leaflet in English and 5 key languages for communities most at risk of FGM in B&NES	LSAB Communications Team with FGM Sub group	Ongoing
Priority 3	Current Activity/Good practice	Proposed Action	By Whom	By When
Priority 3: Information, Advice and Advocacy	RUH: Making Safeguarding Personal RUH Information leaflets to be available for patients when safeguarding concerns are raised	RUH: To be introduced following sign off by the RUH Safeguarding Committee and Readers Panel	RUH: Safeguarding Team	RUH: May 2017
	Police: 25th November was the International Day for the Elimination of Violence against Women; the Domestic Abuse Partnership linked with Avon and Somerset Police's month long campaign to promote the message that domestic abuse is everyone's business.	Consider a further event in 2017	LSAB partners	September 2017

Priority 3: Information, Advice and Advocacy	BaNES CCG: The adult /children's CCG web pages have now been reviewed and updated. Work will continue in order to develop these pages further with IT / Communications team.	Link to individual organisational websites to new Safeguarding BaTHNES website Healthwatch to include policy updates in their stakeholder newsletter	All agencies	September 2017
	Healthwatch: shares policy updates for LSAB and LSCB through the monthly e-bulletin to VCSE colleagues and statutory partners	Healthwatch continues to include policy updates in their stakeholder newsletter	Healthwatch	Monthly
	Posters and postcards can be a helpful way to get key messaged across, as can Council Connect	Posters and LSAB cards are all being updated and will be disseminated FGM leaflets in 5 key languages MSP factsheets and Finalise factsheet 2 Survey Monkey re staff FGM awareness	LSAB Communications sub group FGM sub group LSAB and LSCB Boards	September 2017 June 2017

		Joint new Safeguarding BaTHNES Website for public information to be launched		
Priority 4	Current Activity/Good practice	Proposed Action	By Whom	By When
Priority 4: Training and Education	<p>RUH: Training is delivered by the Safeguarding Team at Level 1 & 2 on induction and update sessions. RUH specific E learning modules are also available</p> <p>RUH multi-disciplinary Practitioner network</p>	<p>RUH: All training programmes are reviewed annually and the E learning modules are reviewed every 2 years.</p> <p>Re launch of the updated Level 1 e learning module</p> <p>Review function of network</p>	RUH: Safeguarding Lead	<p>RUH: Currently reviewing Level 2 programmes and waiting on Intercollegiate Document health staff competency framework To coincide with Stop Adult Abuse week</p> <p>RUH: 3 meetings per year and annual workshop</p>
	<p>BaNES CCG: Primary Care training in place</p> <p>The Primary Care Training Presentations have been updated.</p> <p>Training on PREVENT (counter terrorism) provided.</p>	<p>BaNES CCG: A revised plan for offering Level 2/3 training for CCG staff and GP's have been drafted and this has been in place since January 2017.</p> <p>HM Government is currently reviewing its on line training</p>	<p>CCG GP Safeguarding Lead and Adult Safeguarding Lead</p> <p>CCG Safeguarding lead with Carers Agencies</p>	Ongoing throughout year

Priority 4: Training and Education	Reducing avoidable pressure ulcers	packages which will include training for health staff. And this will be included Working in collaboration with Carers Agencies to increase understanding of minimising risk of pressure ulcers including leaflets for carers		September 2017
	LSAB&LSCB	LSAB&LSCB Joint subgroup is working with specific sub groups to develop awareness slides on CSE, FGM, Domestic Abuse etc	LSAB/LSCB Subgroup	November 2017
	Avon and Wiltshire Partnership NHS Trust (AWP)	e-learning for level 1&2 safeguarding adults and children Over next 3 years-rolling out e-learning for level 3 training to include FGM, Mental capacity etc. Some teams already completed	AWP Safeguarding Lead	Rolling programme

	Healthwatch: Looking at provision of training to volunteers (Care Forum).	Explore opportunities to progress this and update partners when known.	Healthwatch/ The Care Forum	
Priority 5	Current Activity/Good practice	Proposed Action	By Whom	By When
Priority 5: Policies and Procedures	RUH: Policies in place and available on Intranet for staff access alongside information pages	RUH Audit programme	RUH Safeguarding Team	RUH March 2018
Priority 6	Current Activity/Good practice	Proposed Action	By Whom	By When
Priority 6: Community Links	RUH Close working in place with Virgin Care and AWP	RUH Weekly meetings to review caseload	RUH Safeguarding Lead	
	<p>Somer Valley FM is currently the chair of the local 3SG groups (third sector group) www.SomerValleyFM.co.uk Examples of third party support available</p> <p><i>Also perhaps via H&WB Board and Network?</i></p> <p>Local Healthwatch and other neighbourhood groups will become the additional eyes and ears of safeguarding, highlighting and reporting</p>	Raising public awareness of modern slavery and promoting the BT/Salvation Army helpline as well as 101 as that would be a good way of trying to protect some of the most hidden people (sex workers and cannabis growers particularly)-adults as well as children		

Priority 6: Community Links	<p>suspected neglect and abuse.</p> <p><i>Peers are great advocates – so much more powerful to have someone with lived experience delivering. Lots of peer examples in voluntary sector</i></p>			
Priority 7	Current Activity/Good practice	Proposed Action	By Whom	By When
Priority 7: Regulation and Legislation	<p>RUH: Regulated by CQC and NHS Improvement. Safeguarding standards are part of the contract agreement within the BaNES CCG Quality Schedule</p>	<p>RUH: To monitor performance against standards. Quarterly meetings with CCG's</p>	<p>RUH: Deputy Director of Nursing and Midwifery</p>	<p>RUH: Quarterly meetings ongoing</p>
	<p>BaNES CCG:</p> <p>PMS contracts in place</p> <p>CQC safeguarding requirements for general practice achieved by each of the 26 practices</p> <p>NHS England undertook audit in 2016</p> <p>Monitoring and follow up on actions plans from the Serious Incident, Complaints and Safeguarding Committee and Local Authority Safeguarding meetings.</p>	<p>BaNES CCG:</p> <p>Consideration is being given to how best gain assurance from practices in 2017. This may include the development of a shared adult / children's CCG database.</p> <p>The CCG Quality Team is also currently reviewing the process in relation to receiving data from its providers for quarterly returns / KPI's. This may also be added to the database</p>	<p>The CCG Adult Safeguarding Nurse</p>	<p>September 2017</p> <p>Monthly and ongoing</p>

Priority 8:	Current Activity/Good practice	Proposed Action	By Whom	By When
Priority 8: Inter-agency Collaboration	<p>RUH: Close working in place with AWP in supporting patients where there may be repeat attendance in ED</p> <p>The RUH organised their first safeguarding workshop at the end of Q3. The RUH has safeguarding adult and children practitioner networks that are held quarterly and the team decided to set up the workshop to address different areas of practice to promote the “think family” agenda. The areas covered were; people with a learning disability experiencing domestic violence, FGM, self-neglect in the homeless and the experience of travellers, research being undertaken locally about hoarding and modern slavery/human trafficking.</p>	<p>mentioned above</p> <p>RUH: Strategies to prevent readmission of patients with MH needs or substance misuse (higher risk factors for abuse or neglect)</p>	<p>RUH: ED Consultant and Mental Health Coordinator</p>	<p>RUH: Over 2017-18 financial year</p>
	<p>LSAB: Within our locality the CCG, Local Authority, Police, Fire & educational establishments have agreed to devise a joint Red/Amber/Green (RAG) rated Prevent (counter terrorism) Action Plan.</p>	<p>This Action Plan will be shared, agreed and monitored by the Prevent Steering Group which meets twice a year</p>	<p>Prevent Steering Group</p>	<p>September 2017</p>

	Healthwatch: Looking to work even more closely with CCG, LA and CQC.	Align 'enter and view' visits with the quality processes and review data to ensure low level concerns are highlighted	Healthwatch	Three times per year to coincide with joint quality meeting between CQC, CCG and Council
Priority 9	Current Activity/Good practice	Proposed Action	By Whom	By When
Priority 9: Empowerment and Choice of at risk groups	RUH: Designing posters for general public and patient information (Making Safeguarding Personal)	RUH: To place in prominent positions around all the hospital sites	RUH: Safeguarding Team	RUH: June 2017 to coincide with Stop Adult Abuse Week
	BaNES CCG Supporting LSAB Stop Adult Abuse Week in June	To communicate via twitter and CCG intranet and to practices and to communicate internally to staff through the use of posters etc	CCG Safeguarding team	June 2017 to coincide with Stop Adult Abuse Week

Appendix 1: Avon and Somerset Constabulary - Delivery Plan (for Strategy Prevention Plan – B&NES LSAB)

Priorities	Current Activity	Proposed Action	By Whom	By When
Priority 1: Identifying People at Risk of Abuse	<ul style="list-style-type: none"> • Comprehensive risk assessment and flagging system in place within our communication center to identify 'Threat Harm and Risk' in line with best practice guidance. • Comprehensive risk assessment system in place for those people coming into police custody in line with best practice guidance. • Protecting the vulnerable is a PCC priority within the Police and Crime Plan and forms part of daily tasking and prioritisation processes. • Internal structures are also in place to support staff who may be subject to abuse. 	Policies and procedures and continually reviewed and action taken as a result of guidance updates and lessons learned from inquiries.	Departmental Policy Holders	On-going
Priority 2: Public Awareness	<ul style="list-style-type: none"> • Avon and Somerset Constabulary Corporate Communications Department support LSAB and LSCB with the communication of key messages and campaigns and will continue to do so. 			
Priority 3: Information,	<ul style="list-style-type: none"> • Avon and Somerset Constabulary contributes to the funding of local 			

Advice and Advocacy	<p>safeguarding boards. This allows our staff to take advantage of training, multi-agency conferences and access to the boards website and resources. We can if we choose use the material they provide internally for our staff and also we can highlight in front offices etc.</p>			
Priority 4: Training and Education	<ul style="list-style-type: none"> • The issue of vulnerability in general and the safeguarding matters that arise from it are dealt with from the initial stages of all police training. Specific topics are introduced at a basic level through a range of nationally and locally produced e learning. This is built upon through face to face classroom work tailored to the audience. For example, call handlers and dispatchers require a different emphasis to police officers and PCSOs given their work involves dealing with people via the telephone rather than face to face. • Investigators are given more in depth training and specialist 			

	<p>courses are available for sexual assault and child abuse investigations. All officers and non-warranted staff receive update training through the ongoing training provided by the Professional Development Units. Safeguarding and vulnerability are regular topics. Specialist investigators are expected to maintain their knowledge through Continuous Professional Development and the Training School provides regular events across the subject range.</p> <ul style="list-style-type: none"> • Further to this all relevant staff are encouraged to attend training provided by the safeguarding boards. Those in specialist roles are required to do this to maintain their professional accreditation. 			
Priority 5: Policies and Procedures	<ul style="list-style-type: none"> • All policies and procedures are on or will be uploaded to the constabulary intranet sight for staff to view. 			
Priority 6: Community Links	<ul style="list-style-type: none"> • Senior Level Contact Meeting are held with directors of children and adult services 			

<p>Priority 7: Regulation and Legislation</p>	<ul style="list-style-type: none"> • The constabulary is subject to inspection by Her Majesty's Inspectorate of Constabulary. The most recent 'PEEL Vulnerability Inspection' graded the constabulary as 'Good'. • Changed in legislation and regulatory requirements are scoped by our training school staff and policy amended and training updated accordingly. • Professional accreditation training is provided for staff who undertake certain tasks e.g. those staff members that investigate offences against children. 			
<p>Priority 8: Inter-agency Collaboration</p>	<ul style="list-style-type: none"> • The Development of MASH is an on-going example of Inter-agency cooperation • The Mental Health Concordat is a further example of successful inter-agency collaboration. Mental Health advisors have been operating a 'triage facility' in the communication center. The reduction in the use of police cells as a 'place of safety' has also been a key development. 			

	<ul style="list-style-type: none"> • There will be other examples of individual cases where the inter-agency cooperation has significantly improved vulnerable peoples wellbeing. 			
<p>Priority 9: Empowerment and Choice</p>	<ul style="list-style-type: none"> • The constabulary training school uses the experience of “service users”. • When working with people who are vulnerable we listen to them and work with them to decide how we progress the cases they are involved in. 			

Appendix 2 NPS Policy Statement

See separate document