|  |  |
| --- | --- |
| **Terms of Reference** | |
| **Meeting name and purpose** | **Vulnerable Adults Risk Management Meeting (VARMM)**  The vulnerable adult pathway delivers preventative safeguarding and aims to support the lead agency to case manage safely, with support from partner organisations.  The purpose of the VARM meeting is to share information, identify solutions to reduce risk and co-ordinate activity across organisations, to address the needs of identified vulnerable adults (see threshold criteria).  The meeting provides a multi-agency response to escalating risk and/or the need for specialist intervention. |
| **Accountable to** | Rotherham Safeguarding Adults Board |
| **Membership -**  *Including statutory partner organisations* | Named GP For Vulnerable Adults in Rotherham  NHS South Yorkshire ICB - Rotherham Place  Rotherham, Doncaster, and South Humber Foundation Trust (RDaSH)  Rotherham Council Adult Care and Integration (RMBC)  Rotherham Council Housing (RMBC)  South Yorkshire Fire and Rescue (SYFR)  South Yorkshire Police (SYP)  The Rotherham Foundation Trust (TRFT)  Voluntary Action Rotherham (VAR)  Other partner agencies and voluntary organisations will play a vital role considered on a case-by-case basis, and will be invited when appropriate, including but not limited to   * National Crime Agency (NCA) * Safer Rotherham Partnership (SRP) |
| *Key role involvement* | Those attending a VARM Meeting are required to,   * Understand the individual cases * Offer an organisational perspective * Be at an appropriate level within their organisation to make appropriate decisions in respect of their service areas.   Roles include:   * Vulnerable Adult Strategic Lead * Named GP For Vulnerable Adults in Rotherham * Deputy Designated Professional for Safeguarding Adults and Lead for DoLS / LPS, Mental Capacity Act and Court of Protection, NHS South Yorkshire ICB (Rotherham Place) |
| **Threshold Criteria** | Referral to a VARM Meeting is agreed via CMARAC and therefore the adult will meet the threshold criteria for CMARAC.  Cases can sometimes by-pass CMARAC and be referred directly to a VARMM.  Escalation to a VARMM occurs when:   * Level of complexity and/or risk requires more in depth problem-solving. * More specialist support is needed. * CMARAC involvement and/or previous interventions have not met the desired outcomes. |
| **Referral** | Referrals to a VARM Meeting are approved by attendees of the CMARAC.  There is a direct referral process to VARM from the National Crime Agency and the Trauma Resilience Service. These are to be submitted to the shared mailbox for attention of the Vulnerable Adult Strategic Lead. |
| **Meeting Chair** | Vulnerable Adult Strategic Lead |
| *In absence of Chair* | Co-Chairs are SYP Inspector, RMBC Safeguarding Strategic Lead. |
| **Meeting Coordination** | The meeting is coordinated by Business Support with oversight from the Vulnerable Adult Strategic Lead.  The Vulnerable Adult Strategic Lead will ensure actions, leads and timeframes agreed in the meeting are documented by Business Support and shared with all attendees.  Progress against actions will be tracked by Business Support and monitored by the Vulnerable Adult Strategic Lead.  Performance and quality assurance will be monitored by the Vulnerable Adults Strategic Lead. |
| **Meeting aims** | The aims of the meeting are to -   * Reduce risk and improve outcomes for individuals referred and for services. * Provide a balance of support for the vulnerable adult and the needs of the organisations involved. * Establish mental capacity and record when, where and by whom the capacity assessment was completed. * Review the Support Plan and identify alternative options to encourage the vulnerable adult to engage. * Provide a multi-agency framework with shared accountability to monitor and manage risks and record agreed outcomes, * Provide peer support to the lead agency to safely hold the case. * Identify service development to achieve the required outcome for the vulnerable adult. |
| **Governance and escalation** | The Vulnerable Adult Strategic Lead is responsible for escalating any issues, risks, or disputes to Vulnerable Adults Panel (VAP), co-chaired by RMBC Head of Service for Safeguarding and SYP Inspector.  Involvement, approach, and outcomes of the meeting will be answerable to representing organisations with scrutiny from the VAP.  The rationale to exit from the VARMM/Vulnerable Adults Pathway must be recorded and agreed by each member of the meeting. Where there is disagreement, the case is to be escalated to the VAP by the Chair for a decision, such cases will only be closed to the VARM process upon approval of VAP. Similarly, in instances when VARMM has exhausted all options, but high risk remains, the case is to be presented to the VAP for decision.  Where movement or development of resources is required to meet an identified outcome, or there are disagreements within a VARM Meeting, this will be referred to the VAP.  VAP approval is needed to mobilise a Pre-SAR. |
| **Recording/case management** | The lead is responsible for case managing and recording on their organisations’ system.  An action plan will be maintained by Business Support with oversight from the Vulnerable Adult Strategic Lead. |
| **Expectations and Responsibilities** | * Commitment to attend meetings, adding value to support the vulnerable adult, colleagues and the VARMM process. * Commitment to being the Lead organisation (as agreed via CMARAC) and to Chair VARM Meetings, as the Lead organisation. * VARM Meeting to be convened within 2 weeks of referral/approval from CMARAC. * Meetings will follow a specific agenda, Chaired by the lead organisation. * Make risk-based decisions. * Delivery of identified actions. * For follow-up meetings, progress updates against actions to be submitted to the Co-ordinator by the specified deadline * Positively challenge and support colleagues to achieve the aims of the meeting. * Implement the governance and escalation process. * Participate in audit, monitoring and review practices. * Implement learning from SARs, as requested by the VAP. |
| **Key Deliverables / Outputs** (supporting documentation) | * Personalised Risk Management Action Plan * Self-Neglect and Hoarding Risk Matrix * Case Management records, maintained by the lead organisation. * Quarterly Report. |
| **Meeting Frequency** | Meetings will be held within 2 weeks of a case being escalated from CMARAC or referred from NCA/TRS.  The urgency of the meeting will depend on the vulnerability of the individual and the availability of the professionals required – all meetings will be virtual to aid this.  The necessity of a review meeting should be discussed and decided whether required, with a recommendation of being no later than 8 weeks following the initial VARM meeting. |
| **ToR Review Date** | 6 months (from implementation) |