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| **Terms of Reference** | |
| **Meeting name and purpose** | **Vulnerable Adults Panel (VAP)**  The vulnerable adult pathway aims to support the lead organisation to hold the case safely, by offering peer support, sharing ideas and actions and problem solving.  The meeting provides a multi-agency response to escalating risk and/or the need for specialist intervention. |
| **Accountable to** | Rotherham Safeguarding Adults Board and the Safer Rotherham Partnership |
| **Membership -**  *Statutory partner organisations* | Named GP For Vulnerable Adults in Rotherham  National Crime Agency (NCA)  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)  Safer Rotherham Partnership (SRP)  South Yorkshire Fire and Rescue (SYFR)  South Yorkshire Police (SYP)  The Rotherham Foundation Trust (TRFT)  Voluntary Action Rotherham (VAR)  Other partner agencies or voluntary organisations can be invited, considered on a case-by-case basis. |
| *Key role involvement* | Those attending VAP 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.   Add job roles:  Head of Safeguarding and Mental Health, RMBC  Named GP For Vulnerable Adults in Rotherham  Head of Safeguarding TRFT  Police Inspector Safer Neighbourhoods Service |
| **Threshold Criteria** | Referral to VAP can occur when:   * Articles 2 and 3 are met. * Commissioning or resource decisions are needed. * There are unresolved system-wide issues blocking progress. * Approval to exit VARMM is jointly recommended by VARM members in instances when all agency support has been fully explored and implemented but the level of risk remains. * There is any unresolved dispute between organisations, relating to a specific vulnerable adult within the Vulnerable Adults Pathway |
| **Meeting Chair** | Rotational Chair?? |
| **Meeting Coordination** | The meeting is coordinated by the Vulnerable Adult Strategic Lead.  Actions, leads and timeframes agreed in the meeting will be documented by the Vulnerable Adult Strategic Lead and shared with all attendees.  Progress against actions will be tracked and monitored by the Vulnerable Adult Strategic Lead.  Performance and quality assurance will be monitored by the Vulnerable Adult Strategic Lead. |
| **Meeting aims** | The aims of the meeting are to:   * Ensure risk-based decisions are made to progress actions and delegate appropriately and timely. * Approve cases to exit the pathway. * Audit, monitor and review performance and practice. * Commission SARs and pre-SARs. * Escalate issues, as appropriate. |
| **Governance and escalation** | All referrals to VAP are approved via CMARAC or VARMM.  Involvement, approach, and outcomes of the meeting will be answerable to representing organisations with scrutiny from the Vulnerable Adults Panel (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. |
| **Recording/case management** | To be confirmed |
| **Expectations and Responsibilities** | * Make risk-based decisions and give approvals to progress actions and/or exit the pathway. * Ensure a rationale for exiting the pathway is agreed, recorded and onward actions are clear and delegated appropriately. * Positively challenge and support colleagues to achieve the aims of the meeting. * Audit, monitor and review performance and practice. * Commission SARs and pre-SARs. * Escalate issues, as appropriate. |
| **Key Deliverables / Outputs** (supporting documentation) | Add |
| **Meeting Frequency** | Monthly? |
| **ToR Review Date** | 6 months (from implementation) |