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| **Somerset County Council Adult Safeguarding Service**  **Raising Concerns / Planning Meeting;** Provider/ individual  **Date of Meeting:** |

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| **Concerning;** | | | | | | | |
| **Name:** |  | | | | | | |
| **Address:** |  | | | | | | |
| **Post Code;** | | | **Phone Number;** | | | | |
| **1 Details of participants:** | | | | | | | |
| Persons Invited: | | Job Title, Organisation, Relationship | | Attended | Apology | No response | Report received |
|  | | Chair of meeting: | |  |  |  |  |
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| **Comments;** No apologies. | | | | | | | |

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| **2. Purpose of the meeting:** |
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| **3. Information Sharing & Confidentiality Agreement:** |
| This safeguarding meeting is held under the Somerset County Council’s multi agency safeguarding adults’ policy and procedures. The matters raised are confidential to the members of the meeting and the agencies they represent and will only be shared in the best interests of the adult/s at risk and with their consent, when it is appropriate to obtain it.  Any request to share information should be made through the chair of the safeguarding meeting.  Minutes of the meeting are distributed with the strict understanding that they will be kept confidential and in a secure place. In certain circumstances it may be necessary to make the minutes of this meeting available to solicitors, the civil and criminal courts, the Secretary of State in relation to the Disclosure and Barring Service (DBS), psychiatrists, professional staff employed by other Social Care agencies or other professionals involved in the welfare of the adult(s) at risk.  Any such disclosure must be reported to, and recorded by, the safeguarding adult meeting chair. |

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| **4. Summary of concerns about individual / service from relevant agency reports** Details of safeguarding concerns |
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| **5. Information known about adults at risk:**  (consider advocacy needs & anyone else affected) |
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| **6. Action plan:**  (Record specific areas of concern requiring with enquiries) | | |
| Action Agreed | Person Responsible | Timescale for completion |
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| Please note any differences of opinion to the actions listed: | | |

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| **7. Additional actions required:** | | |
| Actions: including personal to be informed if not present | Person responsible | Timescale for completion |
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| **8. Further Meetings:** | |
| Is a further meeting anticipated? | Yes/No  Date |

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| **Appendices: List any reports to be attached to these minutes** |
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| **Signature of person chairing this meeting:** |  |
| **Date of signature:** |  |