

Extract of the Minutes of the virtual meeting of the People and Families Policy and Scrutiny Committee, held at 10.15am by video conference on Thursday, 12 November 2020

4. Essex Safeguarding Adults Board - Update

The Committee considered report PAF/23/20. The following joined the meeting to introduce the update and support the discussion:

Paul Bedwell, Board Manager Essex Safeguarding Adults Board (ESAB)
Fiona Davis, Director of Safeguarding and Quality Assurance (Adults)
Deborah Stuart-Angus, Independent Chair ESAB
Jane Foster-Taylor, Chief Nurse Thurrock CCG (Mental health commissioning lead across all Essex Clinical Commissioning Groups)

Contributors provided the Committee with an annual update on the work and priorities of the Essex Safeguarding Adults Board (ESAB), the update included:

- The structure of the ESAB
- The links with other partnership boards
- The ESAB Annual Report
- The ESAB Strategic Plan 2021-24
- The impact of Covid-19

During discussion the following was highlighted and/or noted:

- The new independent chairman had asked for a strategy and governance refresh upon taking up post and these were underway. It was acknowledged that connectivity with other boards was not as strong as could be and further work on that was required to prevent siloed working.
- Members queried how ESAB evidenced gaining assurance on an issue or concern citing hospital discharge as an example. In future this would be through a self-assessment framework with each partner asked questions and required to provide evidence. During 2019-20 the Board had held themes-based meetings which asked partners to share experience to triangulate evidence and whether concerns remained. There was a SAR underway which was looking at how agencies worked with hospitals on patient discharge.
- The Board had been assured that there were plans to increase capacity and reduce the backlog of deprivation of liberty safeguards assessments.

- The local Covid recovery framework involving statutory agencies and local councils was considered to have worked well. It was hoped that the closer working between health bodies and social care during the pandemic would help the further integration of care models in the future. Multi-disciplinary care home hubs had been developed during the pandemic which seemed to have worked well.
- It had been challenging in ensuring that care homes had sufficient PPE during the pandemic. This had been complicated by changes in government guidance, but the Board now had assurance that it was in place.
- Members highlighted the decrease in the number of domestic abuse referrals during the lockdown and queried whether more could have been done by the board and partners to highlight ways to refer and make the process easier and improve the number of 'safe places'. It was acknowledged that there had been some learning during the pandemic on this and would be reflected in an updated domestic abuse strategy.
- Possibly a more robust regime in reporting abuse in care homes may give a false inflated impression of the concentration of cases in an environment that actively encouraged the reporting of concerns. Reporting of abuse in the wider community may not be happening to the same extent.
- It was recognised that transition from children's services to adult services remained an issue. It was one of the strategic priorities of the board.

Conclusion:

Members requested further information to be circulated providing a breakdown of data on abuse at home – members were keen to see data for family members, and service (such as domiciliary care) providers. This data may be useful for an ongoing Task and Finish Group review of domiciliary care.