

**Extract of the Minutes of the meeting of the People and Families Policy and Scrutiny Committee, held in Committee Room 1 County Hall, Chelmsford, CM1 1QH on Thursday, 15 March 2018**

**5 Update on the Essex Safeguarding Adults Board**

The Committee considered report (PAF/07/18) providing an update on the work of the Essex Safeguarding Adults Board. The following joined the meeting to introduce the item and participate in subsequent discussion.

Phil Picton – Independent Chairman, Essex Safeguarding Children Board (ESCB)

Fiona Davis, Director, Safeguarding & Quality Assurance (ASC)

Paul Bedwell, ESAB Safeguarding Board Manager

Background and structure

The following was highlighted as part of an introduction on the work of the Essex Safeguarding Adults Board:

- (i) There were over 700 locations that give care or deliver care in Essex as well as other organisations from outside Essex also providing some care for Essex residents.
- (ii) Approximately 1000 safeguarding concerns were raised each month and about half those needed further formal investigations.
- (iii) There was significant reliance on GPs, police or ambulance service to flag up initial concerns around adult care and support needs.

The Board's focus was on the vulnerable and those who had specific health and care needs rather than attempting to safeguard everyone in every single circumstance. As a result recurrent issues centred on mental capacity, abuse and self-neglect with there often being a lower profile for these compared to child abuse. The Board had changed towards working as part of a partnership arrangement – it did not oversee the detailed operations of each partner but asked for reassurance on services and encouraged greater working together and sharing of information and good practice. In addition, the Business Managers from three boards (including domestic abuse board) and the Independent Chairman met regularly to share knowledge.

Whilst the safeguarding model was well embedded in children's services, adults safeguarding had been subsequently set up to mirror it to some extent.

### Legislation

Whilst children's safeguarding was very specifically led by the Department of Education, there were different government departments' involved with different legislation for safeguarding adults. As a consequence, each had different criteria and quality assurance processes although both children's and adults safeguarding had provision for serious case reviews.

Whilst legislation had previously required police to take someone into custody who appeared to have mental health difficulties and posed a risk to themselves and others, it now did not direct them to be taken to police stations and instead expected other places of safety to be used. This issues had been considered by the Board which had demonstrated good partnership working in finding and designating places of safety in Essex that were not police stations. **Action:** it was agreed that further information on this would be provided for the Committee.

### Deprivation of liberty safeguards

Whilst it was not the role of the Board to look at the circumstances of each deprivation of liberty case it may look at the actual process and how someone's liberty is actually deprived.

### Autism

The Health and Wellbeing Board was developing an all age autism strategy. In connection with that, the ESAB was looking at where individuals fell just below the threshold for statutory agencies to work with them and further develop a system where people were more used to multi agency discussions as part of finding solutions for those cases.

### Assurance and information control

There were protocols about the sharing of personal information for all agencies. The Board had not found instances of the sharing of information being blocked due to concerns about data protection. It was stressed that the last Coldicott principle clearly required that if there was any chance that a person could be at risk of harm then information should be shared with appropriate agencies.

Members queried how broader assurances being given to the Board could be assessed and validated. The Independent Chairman advised that it often could be achieved informally outside of the formal meeting talking to both those represented on the board and others.

In response to questioning from members on the recourse and powers available to the Independent Chairman, Mr Picton confirmed that he could

direct the board if he feels they are approaching something wrongly or were coming to a decision that he could not endorse. Ultimately, he could escalate his dissatisfaction to the county council, Health and Wellbeing Board, scrutiny committee, or media if he felt it necessary.

The witnesses then left the meeting.

### Victim Support Essex

After a short adjournment, the meeting reconvened to discuss safeguarding arrangements with Zoe Williams, Senior Manager; Victim Support Essex.

During discussion the following was highlighted:

- New Assessment Centre would be more streamlined from April providing one initial contact so a person did not have to continually repeat their story.
- There needed to be better communication on referrals to help referrers make good quality referrals.
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- Reporting back to the referrer on whether the referral was being progressed was not good and remained an issue. When make referrals the case managers will keep phoning the client to check if they have heard anything. Other agencies may be able to help if the outcome of the referral was known. It was queried whether the victim would come back to Victim Support anyway?
- The ESAB did provide some good safeguarding training but courses often filled up quickly.
- NSPCC level 2 basic safeguarding awareness training was provided for volunteers. There was also senior management team training to support volunteers. However, there was no formal induction programme.
- There still remained issues around managing transition between services. It was suggested that there could be greater flexibility and continuity of key case workers across the transition.
- Whilst the Board may not have the highest profile, most people would only become aware of it when they were actually seeking support. There could be greater responsibility between agencies to share raising that profile.
- It was the responsibility of Victim Support Essex's four case managers to work closely with community safety partnerships.

- On average 10-12 people were identified for support from Victim Support Essex each day with self-referrals on top of that figure making a total of up to 18 per day. Most support lasted 3-6 months although it could be longer for children and young people.

### Conclusion

It was agreed that the Committee would follow up on the issues raised when they next considered the work of the ESCB in September. In the meantime, they would also be raised by the Chairman at his next 'catch-up' meeting with the ESCB Independent Chairman.