

CWOP/09/11

Policy & Scrutiny Committee Community Wellbeing and Older People

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Adult Safeguards Action Plan 2010-2012 - March 2011 update

This item is further to the Adult Safeguards Annual Report received on 11 November 2010 (Report reference CWOP/39/10 and Minute 81/11).

Adult Safeguards Action Plan 2010-2012 – March 2011 update

Issues	Actions	Outcome	Update	Target date/ Lead person
1. To review and evaluate the Adult safeguards Unit.	To undertake a full service review.	To ensure that the service being delivered is in line with the needs of the organisation and is providing best value.	Achieved. Review completed and submitted to Executive Board. Consultation period with ASU begins 2.3.11 for 90 day period.	November 2010/Stephen Bunford
2. To develop closer links with Children's Safeguarding Service.	To look at more joint working on cases, joint training, joint publications. To look at how young people in transition are supported by both services.	For the ASU and Children's Safeguarding Service to work more co-terminously in supporting children, young people and adults in safeguarding matters.	Ongoing. Regular meetings set up between the two operational service managers. Looking at joint training opportunities and closer sharing of information (already happening). Discussions on creating new joint post and closer working by the possibility of being co-located. Each team using each other for advice and guidance on specific cases. Both services' promoting the "think family" approach.	To review April 2011/Stephen Bunford
3. To develop the use of advocacy in the safeguarding process.	To encourage the active involvement and participation of advocacy within the safeguarding	To ensure that advocacy is used at all stages of the safeguarding process, and is a service which meets the	On target. There has been an increase from 20% to 40% of service user (or their	To have a proposal for a way forward November

	<p>process. To work with advocacy organisations to ensure they understand the SET Guidelines and process. To promote advocacy with the locality teams and others.</p>	<p>needs of all individuals and communities. To make sure that the safeguarding process is as open and transparent at all stages as possible.</p>	<p>representative) involvement in the safeguarding process with the target in the next financial year of being 50%. Research paper completed on use of advocacy in safeguarding which is to be used in developing training on safeguarding for service users and their representatives and for making ECC staff aware of the need to make process transparent. New leaflet produced to help service users understand the safeguarding process.</p>	<p>2010/ Rejane Morice-Clark Simmons Farrell Penny Rogers</p>
<p>4. To continue to develop information that ensures all citizens are provided with accessible information to empower them to keep safe and raise a safeguarding concern.</p>	<p>The ASU should be proactive in preventing abuse and this should be done through information and presentations to those most at risk.</p>	<p>To ensure people know about abuse and how to protect themselves.</p>	<p>Achieved. ASU's leaflets reviewed. New Corporate leaflet available on-line for all ECC staff. New service user information leaflet with printers. New easy read feedback leaflet/form compiled and with printers. Revised guide to the ASU with section on</p>	<p>To review current information leaflets by December 2010/Stephen Bunford & Wesley Jarvis</p>

			Children's Safeguarding Team to be available on-line in April to coincide with the re-launch of the ASU as Safeguarding Essex. New service user leaflets planned on safeguarding for those on Direct Payments and Self Directed Support.	
5. To develop ways of receiving feedback from people who have been subject to the safeguarding process.	In order to develop and improve the ASU there is a need to find out how people have experienced the safeguarding process and what may have prevented them from accessing the service.	To receive comments that help develop and improve both the ASU and the safeguarding process.	On target. New feedback leaflets produced in easy read format which can be returned without an envelope or paying postage. Several focus groups of service users set up to obtain feedback. To begin evaluating feedback in March 2011.	To have a proposal by January 2011/Catriona Wheadon & Elaine Archer
6. To review the way partner agencies are communicated with regarding the outcomes of safeguarding investigations.	To look at the existing processes and develop ways of ensuring all relevant parties involved in the safeguarding process are informed of the outcomes of safeguarding investigations.	To ensure all parties are aware of relevant actions that result from a safeguarding investigation and understand both the outcomes and any actions specific to them.	Achieved. All relevant SOVAs are passed, for information, to named people in PCTs and Acute Trusts. These SOVAs are where the alleged perpetrator is one of their staff or the alleged abuse has happened on one of their premises or the	To have reviewed the current process by December 2010 with any proposals for implementation by January 2011/Stephen Bunford

			alleged abuse has happened in a care home in their locality and which they may be commissioning with. Now looking at sharing suspension of care services notices with Health colleagues.	
7. To engage minority communities in accessing the safeguarding process.	To identify appropriate groups/organisations to discuss why they may not be accessing the safeguarding process and identify ways of making them feel more confident in raising safeguarding concerns.	To give minority communities, such as the older lesbian, gay, bisexual and transgender or Black and Minority Ethnic groups, the confidence to access services which recognise their particular needs.	On target. The number of BME SOVAs is double that of last year possibly due to the ASU being more pro-active (e.g. contacting specific faith groups and support groups. Contact made with other local authorities to look at how they engage the BME population and some ideas are currently being looked at (e.g. a forced marriages policy). Contact made with the Colchester Gay Switchboard to raise safeguarding awareness with their volunteers and people they are supporting.	To have a proposal by December 2011 for implementation in January 2011/Catrina Wheadon
8. To continue to work with residential	To promote the training and support available for	To ensure that DoLs is known and understood by all parties	On target. Looking at how this might be an	To have reviewed the

and nursing home providers on the Deprivation of Liberty Safeguards (DoLs).	providers on DoLs from within the ASU. To help Health colleagues develop their approach to DoLs	and used appropriately to protect vulnerable service users.	income generation opportunity as more homes requesting specialised training from the ASU. The DoLS team are increased the amount of training they undertake (which will be a measurable target for them in the next financial year). The DoLS team also looking at providing training for the PCTs (and which has been built into the renewal of the contract with West PCT).	current process by December 2010/Penny Rogers
9. To continue to engage Mental Health services in understanding the safeguarding process.	To look at the support offered to the mental health services (e.g. training) and undertake research with them about how safeguards are dealt with by their service.	To ensure that Mental Health services are appropriately accessing the safeguarding process.	Ongoing. NEPFT and SEPT have robust systems in place for training on safeguarding and reporting mechanisms. A survey of mental health teams is planned for July 2011 by the ASU to look at what their needs are around safeguarding and then to plan how the ASU can assist them.	To review January 2011/Stephen Bunford
10. To help engage GPs in understanding the	To expand the safeguarding awareness training sessions to GPs	With changes in Health it is important for the GPs to be more engaged in the	On target. Awareness session for GPs on DoLS arranged for	To review February 2011/Stephen

safeguarding process and their role within it.	and their surgeries.	safeguarding process.	March with 30 places already filled by GPs. Workshops being put together for GP's practice managers on safeguarding processes (joint work with ESAB).	Bunford
11. To ensure that safeguarding is an inherent consideration in the development of the personalisation agenda.	To make sure that safeguarding is included in all relevant personalisation policies and training. For the ASU to continue working with various local and national groups on safeguarding vulnerable people who access Self Directed Support.	To make sure that vulnerable people on self directed support are as protected from abuse as possible.	On target. New service specifications that are being produced have sections on safeguarding. New information leaflet being produced for those on Direct Payment or Self Directed Support to advise them about abuse and what to do if they feel they are being abused. ASU provide specific safeguarding element to personalisation training offered to staff and have raised the issue of safeguarding with the service users support group.	To review March 2011/Gill Stephenson
12. To continue to develop the income generation aspect of the ASU	To meet this by working with PCT colleagues in developing a BIA service which PCT's can commission.	To maximise income generation prospects in order to contribute to the overall savings required of the organisation.	On target. New contract currently being negotiated with West PCT over provision of DoLS service and initial	November 2010/Stephen Bunford Simmone Farrell

			contact made with some London Boroughs to see if they would be interested in a contractual arrangement with Essex. Private hospitals have paid us for training. Looking at undertaking the AskSal for other local authorities under a service agreement.	
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