

**CWOP/23/10**

**Policy & Scrutiny Committee**    Community Wellbeing and Older People

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## Adult Safeguarding – quarterly report

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## Glossary of Terms to accompany Greenways Action Plan, and ASU Safeguarding Quarterly Report

ASU	Adult Safeguards Unit
CQC	Care Quality Commission
DOL	Deprivation of Liberty
DVCHU	Domestic Violence and Hate Crime Unit (Police)
ESAB	Essex Safeguarding Adults Board
ILA	Independent Living Advocacy
IMCA	Independent Mental Capacity Advocates
MARAC	Multi Agency Risk Assessment Conference
MCA	Mental Capacity Act
MoWs	Meals on Wheels
NEPFT	North Essex Partnership Foundation Trust (Mental Health trust)
PCT	Primary Care Trust
Q&M	Quality and Monitoring (ECC)
RIPFA	Research in Practice for Adults
SAB	Safeguarding Adults Board
SAFE	Safeguarding Adults from Exploitation
SAMC	Safeguarding Adults Management Committee
SCR	Serious Case Reviews
SEPT	South Essex Partnership Trust (Mental Health trust)
SET	Southend, Essex, Thurrock
SETSAF	Southend, Essex, Thurrock Safeguarding Adults Form

## Adult Safeguards Unit issues for 2009-2010 – update May 2010

Issues	Actions	Progress to date
a. To ensure accuracy of relevant data in regards to safeguarding in order to help plan services.	To develop a process for the tracking of all safeguard alerts received by ECC, to address recording inconsistencies, reduce SWIFT errors and be able to produce meaningful data.	New progress chaser role set up October 2009 to track and monitor all new concerns and to collate data for future reports. All known referrers of SETSAF1s get an acknowledgment letter as well as letter at the conclusion of the investigation to inform them of the outcome. <b>(May update</b> – 2 progress chasers in post to help with speed of processing. CQC impressed that we now let referrer's know that SETSAF1 has been received and being actioned.
b. 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.	Safeguarding is included in the appropriate policy document and further research being carried out by the ASU on this developing area. This is an emerging issue across the country and the ASU has made links with the support group that has been set up for those on self directed support. <b>(May update</b> – links made with London Boroughs SDS Group looking at wider safeguards issues)
c. To look at the apparent increase in institutional alerts and make sure they are	To clarify the process for institutional alerts to ensure that they are appropriate safeguard concerns or if they are contract	The ASU has been working with social work teams and others to get a clearer understanding of what we mean by

appropriate and relevant.	issues or complaints they are dealt with through appropriate channels. To review the embargo policy in consultation with partner agencies.	institutional abuse in order that it is addressed in an appropriate manner by the ASU, Q&M and Contracts Management. The embargo policy is now nearing completion of its review and is to be renamed the Investigation and Suspension of Care Services Protocol and has had active participation in its review by a representative of the independent care homes sector. <b>(May update – New Investigation and Suspension Protocol about to be signed off and the SAFE Project’s brief is being expanded to take on major institutional safeguard cases)</b>
d. To further develop the Adult Safeguards Unit in order that it meets the needs of its customers and ensures a quality service for those who have been subject to abuse.	To look at the structure of, and clarify the remit of, the Unit and to begin consulting with those service users/relatives who have been part of the safeguarding process to evaluate their experience.	The ASU is about to launch a series of leaflets giving people more information about safeguarding and what to expect during an investigation. There will also be a service user’s feedback form in order for us to gauge the service user’s experience. The information gathered will be the same as the information collected by NEPFT and SEPT so giving us comparable data. <b>(May update – leaflets currently being circulated for the pilot period April-July)</b>
e. To continue to work with the Police and promote their involvement in the	To encourage and expand the involvement of the Police at an early stage in investigations by locality teams who seem	Following the successful piloting of an information sharing pilot in the south of the county between Essex and the

safeguarding process.	reluctant to involve the Police even when the matter is obviously a crime. To work with the Police is gaining access to their new safeguarding information database.	Police further discussion is now being held to see if the pilot can be rolled out across the county. The purpose of this is to help populate the Police's Protect database. ( <b>May update</b> – progress made with accessing the Protect database and active discussions being held on populating the database)
f. To try and engage GPs in the safeguarding process.	To expand the safeguarding awareness training sessions to GPs and their surgeries and help them understand their role within the safeguarding process.	A successful close down day in the West seems to have encouraged the engagement of GPs and other areas are looking at running similar sessions which the ASU will contribute to. ( <b>May update</b> – West close down to be repeated later this year and is a model currently being looked at by other PCTS.)
g. To further develop the relationship with colleagues in the PCTs.	To work closer with the Primary Care Trusts and their leads on safeguarding to ensure that parallel systems are not being developed which are at odds with each other.	All PCTs now have safeguards leads and attend a variety of meetings in regards to issues such as the SET guidelines etc. The ASU has been involved in the recruitment of some of these leads. ( <b>May update</b> – PCT and Acute Trust representatives actively involved in ESAB, SAMC and various working groups, such as the Investigation and Suspension of Care Services Protocol). Regular bi monthly meetings now in place between PCT Safeguard leads

		and A&C Senior Managers to build closer working and future joint ventures across Health and Social Care sector.
h. To develop information sharing between all agencies.	To work to the Essex Charter's aims and principles and ensure that the safety of service users is not compromised by the lack of information sharing.	The Essex Charter has now been signed up to by all agencies. A new issue emerged around secure email systems, which is now being looked into by the ASU. ( <b>May update</b> – ASU in process of being allocated a secure email address for the sharing of confidential information with partner agencies)
i. To engage Mental Health services more in seeking to understand why there seems to be a disproportionate number of referrals from this service in regards to safeguarding.	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.	The issue here was around multi-disciplinary teams and confusion over what process to follow by whom. More training has been undertaken with teams. ( <b>May update</b> – the ASU has been invited to several Mental Health team meetings to discuss safeguarding and associated processes).
j. To continue to promote good practice through the Mental Capacity Act assessments.	To continue the quality checking of MCA forms and giving feedback to workers. To undertake a second round of refresher training on the Act this uses people's experiences as the basis for discussion and learning.	New round of training began for new staff (in both ECC, the private sector and voluntary agencies) in December 2009, unfortunately take up was poor and the ASU is evaluating how to run these sessions again later in the year. ( <b>May update</b> – ongoing MCA training currently being reviewed. Annual report re MCA/DOL to be presented to SAMC and ESAB in June once health Trusts

		have had the opportunity to comment and amend as appropriate)
k. To continue to work with residential and nursing home providers on the Deprivation of Liberty.	To promote the training available for providers on DoL and to incorporate DoL into the Mental Capacity refresher training thus using experience to inform practice and develop guidelines.	The level of DoL applications in Essex is high but the granting of DoLs is low. We believe this is because of the high level of awareness training that has been done with care providers. <b>(May update</b> – the level of applications have remained high but this is an indication of the level of awareness by homes. Permanent staff resource to meet demand is now in place and this team is working on behalf of some Health Trusts in the delivery of DOL applications. New promotional information about DoLs is being distributed to homes in June)
l. To widen the understanding of the need for risk assessments and risk management plans as part of the safeguarding process.	To review the current guidelines (in the SET guidelines) and develop an approach that will be used by practitioners and which will be used as part of the reduction of risk for the service user.	The SET guidelines review is almost complete. A Risk Enablement Board has been set up for cases where there is a high risk to either the organisation or the individual and work is currently being done on producing clearer guidelines for staff on the issue of risk. Risk is also a monthly subject in the practice bulletin (see below) <b>(May update</b> – local Risk Enablement panels now in place as well as the central one. Risk guidance documentation has been revised).
m. To contribute to the review	To look at using the experience of the Adult	All senior consultant practitioners have

of the SET Guidelines and SET forms.	Safeguards Unit to respond to the SET review and be represented on the SET review group.	assisted in the SET guidelines review. ( <b>May update</b> – work ongoing – completion of this work is hoped to be achieved by end of June)
n. To prepare for the 2010 Care Quality Commission review of safeguarding in Essex.	To make sure that all systems etc that are in place contribute to an efficient service and where necessary make appropriate alterations.	New progress chaser role established to track and monitor incoming alerts ensuring a timely response and appropriate recording. ASU has been involved in the Raising Practice Standards and Peer Review groups. ( <b>May update</b> – CQC inspection has occurred and gone well).
o. To continue to develop the culture of learning on safeguarding throughout the whole system and whole organisation.	To share good practice through communication (e.g. newsletters, practice learning sets, reflective practice sessions and locality safeguarding boards).	The ASU produces a quarterly newsletter as a supplement to the Putting People First newsletter which covers topics in detail. The ASU also produces a monthly practice bulletin for social work teams that highlights emerging practice issues and update people on the SAFE project and risk issues. ( <b>May update</b> – the monthly practice newsletter has been received well and stimulated discussions)
p. To promote the Essex Safeguarding Adults model at a regional and national level.	To have Essex represented at conferences, workshops and through publications.	The ASU have been involved in workshops run by Ripfa (Research in practice for adults) at the ADASS National Conference 2009 and at the Community Care national safeguarding conference in November 2009 and been a contributor to Ripfa's handbook <i>Safety</i>



		<p><i>Matters.</i> The ASU is also represented a the regular Eastern Region Safeguards Leads meetings.</p> <p><b>(May update</b> – Essex has been invited to join a working group of several local authorities by Ripfa to look at the development of quality standards in safeguarding).</p>
q. To continue to engage with the 3 <sup>rd</sup> Sector in regards to safeguarding and encourage wider use of advocacy in the process by practitioners.	To work with the appropriate groups/organisations at developing the training available to them, using them more widely in the safeguarding process and working with them at promoting their services within the organisation generally.	<p>Contact has been made with various groups, such as ILA(Essex), the WRVS, Mencap and the Hamlin Trust offering awareness training and talks to teams. The ASU has also used representatives of such groups in recruiting staff for the ASU.</p> <p><b>(May update</b> – this work is ongoing and currently the ASU is working closely with MoWs at raising awareness around safeguarding with their drivers).</p>