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Adult Safeguarding – Annual Report

Report by: Stephen Bunford, Operational Service Manager, Adult Safeguards Unit

Tel: 01245 434830 **Email:** Stephen.Bunford@essex.gov.uk

To receive the attached Adult safeguards Annual Report 2008-09.



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Adults, Health & Community Wellbeing

Adult Safeguards Annual Report

2008 – 2009

**Author: Stephen Bunford,
Acting Operational Service Manager, Adult Safeguards Unit**

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Overview

The safeguarding of vulnerable people in Essex has a high profile throughout the organisation and the increase in the number of concerns raised is comparable with the apparent increases with local authorities across the country. These increases do not necessarily mean that vulnerable people in Essex are now more at risk than they have previously been. In fact it could be quite the opposite as more people (professionals and members of the public) are more aware about the risks that exist and the need to minimise or eradicate those risks. The greater co-operation between key agencies (e.g. the Police, Health, care homes owners and the Care Quality Commission) has meant that we have been able to be more responsive to concerns as and when they are raised. The increase in concerns could indicate a growing commitment to improve both practice and care for vulnerable people.

Available data for 2007 indicates that there were 413 safeguarding alerts in Essex and in 2008 this rose to 577. For the period January to October 2009 there has been 2346¹ referrals (a projected 2815 for the whole calendar year). This means that there has been a rise from an average 34 concerns raised each month in 2007 to 234 a month in 2009. The resources to monitor, track and investigate these concerns have not increased in relation to the increase in concerns. The continued increase in concerns is expected to continue in 2010, which will continue to put pressure on all parts of the organisation, particularly the Adult Safeguards Unit, as they seek to ensure a timely response to all concerns.

The average cost to a local authority budget to investigate a safeguarding alert is projected to be £5000 and it has also been suggested that 30% of safeguarding alerts are inappropriate. Using this equation of *safeguarding referrals – 30% x £5000* then it could be argued that in the financial year 2009-10 Essex will have spent (as an organisation) £9,860,000 on protecting vulnerable adults.

The increase in the number of concerns has impacted on the available budgets (£1.2 million for the Adult Safeguards Unit which covers not only the safeguarding support but also the implementation of Mental Capacity and Deprivation of Liberty Safeguards) and whilst work is done to make sure that the budgets come in on-line there is a risk that in doing this we could jeopardise some of the developing work that is emerging from the increase in concerns (e.g. the development of preventative work that helps reduce referrals and the tracking of alerts to ensure they are dealt with in a timely manner etc). The Adult Safeguards Unit has a small allocation of funds to support localities with

¹ Some institutional alerts raised in the past have only been counted as one alert whereas the practice in recent times has to raise a concern for each individual involved in an institutional alert.

extraordinary costs resulting from major safeguards investigations and which may require reviewing for 2010-11 if the current rate of demand continues.

At the moment Essex works hard to deal with the numbers of alerts coming in but most of the work is reactive, i.e. dealing with abuse after it has happened. If money could also be invested in preventative work then this would in likelihood reduce the numbers of inappropriate referrals and more proactively demonstrate the robust safeguarding vulnerable people in Essex.

Summary

This report is divided into three sections – operational infrastructure, practice issues and legislation. 2008-09 has seen an increase in the number of concerns being raised in regards to safeguarding vulnerable people, which is partly due to the increased awareness of both the public and those responsible for the care and well being of people potentially at risk of abuse.

The safeguarding of vulnerable adults is everyone's responsibility and ignoring abuse is not an option, therefore the responsibility of protecting vulnerable people is not just something that lies with Adults, Health and Community Wellbeing but with the whole organisation. There is a corporate responsibility to tackle any form of abuse that is identified and to this end this year we have seen the creation, in conjunction with the Vulnerable Children's service, of safeguarding champions in all Directorates of Essex County Council in order to promote a greater awareness.

Safeguarding vulnerable adults does not have any specific underlying legislative framework but is guided by the Department of Health and Home Office's White Paper "No Secrets: Guidance on developing multi-agency policies and procedures to protect vulnerable adults from abuse" published in March 2000 and which has recently undergone a major consultation (see below).

2009 also saw the launch of the new telephone helpline AskSal designed to offer support to anybody concerned about an adult who is receiving care. This is the first such helpline anywhere in the country and demonstrates Essex's commitment to improving the safety and wellbeing of its citizens.

Part 1 – Operational Infrastructure

1. No Secrets: Guidance on developing multi-agency policies and procedures to protect vulnerable adults from abuse

The original *No Secrets* report in 2000 provided a framework for statutory agencies and those in the private and voluntary sectors to work together preventatively and in partnership, thus improving and modernising service delivery to adults, their carers and local communities.

No Secrets contained guidance to local agencies that have a responsibility to investigate and take action when a vulnerable adult is believed to be suffering abuse. It offered a structure and content for the development of local inter-agency policies, procedures and joint protocols which would draw on good practice nationally and locally

In addition to the above, the Best Practice Guidance on the Role of the Director of Adult Social Services contains a specific DASS responsibility for ensuring that there is a clear organisational focus on safeguarding vulnerable adults. This involves a responsibility to ensure:

- clear protocols are in place for dealing with adults identified as being at risk
- all staff are aware of these protocols
- the local Safeguarding Adults Board is working effectively.

During 2008-09 over 12,000 people and organisations, including Essex, contributed to the consultation² on the document with the following key messages being identified:

- a) Safeguarding must be built on empowerment – or listening to the victim's voice
- b) Everyone must help to empower individuals but safeguarding decisions should be taken by the individual concerned.
- c) Safeguarding adults is not like child protection and adults do not want to be treated like children and do not want a system that was designed for children.
- d) The participation/representation of people who lack capacity is also important.

² Safeguarding adults: report on the consultation on the review of No Secrets published July 2009 (see: http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_102764).

Other emerging issues were establishing the appropriate balance between safeguarding and personalisation; greater ownership of safeguarding within the NHS; 90% of respondents wanted a revision of the *No Secrets* definition of a “vulnerable adult” ;and greater involvement of housing providers within the safeguarding process. 68% of respondents supported the introduction of safeguarding legislation. The Government is now considering the report and how best to reach the far reaching aims.

2. Essex Safeguarding Adults Board (ESAB)

The Essex Safeguarding Adults Board is a strategic body that oversees how organisations across Essex work together to safeguard vulnerable adults from abuse and receives funding from its statutory partners; most notably Essex County Council, Essex Police, each of the Primary Care Trusts in Essex and some of the District councils.

The Board’s membership includes all statutory agencies in Essex involved with vulnerable adults including Essex Police, Essex County Council and the NHS. The Board also includes membership from private and voluntary organisations. Working to a 2008-09 business plan, the board will report on:

➤ Training

The Board has established a multi-agency training strategy used by organisations across Essex. In addition it also runs a number of training courses and during 2008/09 more than 1500 people attended the Basic Awareness training sessions. In addition to this training e-learning and distance learning packages is also available.

➤ Circulate communications and encourage media interest

Quarterly bulletins are issued and circulated to members of all partner agencies and anybody else who requests them. Also published are press releases around safeguarding initiatives in Essex along with ongoing liaison with local media to raise the profile of adult safeguarding in Essex.

➤ Publish guidelines

A key function is to ensure that robust safeguarding guidelines are in place for all agencies across Essex working with vulnerable adults. Guidelines have been produced to inform people about how they can help to protect vulnerable adults in Essex along with a handbook for all staff providing key messages about safeguarding adults from abuse.

➤ Moderate standards and quality

The Board works closely with its partner agencies to ensure that safeguarding services across Essex are robust and effective. To do this strategic information

is collated from our partners enabling regular reports on progress against key targets to be produced. Additionally the Board ensures that learning from serious case reviews and complex cases inform and improve practice for the future through promoting the lessons learnt.

3. Adult Safeguards Unit

In line with Essex County Council's commitment to the protection of vulnerable adults, the Adult Safeguards Unit became operational on in February 2007. The creation of this specialist unit represents a very substantial investment by Adults, Health & Community Wellbeing. A review of the management of the unit has led to the creation of an Operational Service Manager to oversee the day-to-day management and development of the service. The range of services provided includes:

- Offering 'Expert' Professional Advice to all stakeholders in matters relating to the safeguarding of vulnerable adults.
- To be a "critical friend" in complex situations which may not necessarily be primarily a safeguards case but could have safeguarding implications?
- Collaborative Casework - working alongside operational staff in agreed adult safeguards investigations for the lifetime of the adult safeguarding component.
- Lead Co-ordination in Complex Investigations.
- Chairing Strategy Meetings – more complex cases.
- Research – ensuring ECC AH&CW maintains a position at the leading edge of the Adult Safeguards Agenda.
- Training and Development – ECC staff, other statutory organisations, care providers, voluntary agencies, service users/families/representatives.
- Contributing to Policy Development.
- Assisting with the introduction of relevant new legislation e.g. the Mental capacity Act and the Deprivation of Liberty

During 2008-09 the unit has:

- Instigated a rolling programme of awareness raising for all new staff in relation to the safeguarding of vulnerable adults.
- Ensured that all operational teams are regularly visited to update them on safeguards and look at practice within those teams based on recent cases.
- Established a new process for the receiving of, monitoring of and tracking of safeguard alerts.
- Worked closely with the Police on engaging them sooner in safeguards alerts where a crime may have occurred.

- Been proactive in the use of advocacy in safeguards meetings.
- Developed open and transparent practices in safeguards meeting by including the service user and/or their representative in those meetings when it is appropriate.
- Worked on implementing the Deprivation of Liberty Safeguards Act through training and awareness raising with both staff and providers.
- Improved communication with staff through a new quarterly newsletter published as part of the Putting People First newsletter, which gives updates to staff and identifies lessons learnt from recent experiences.
- Produced a guide on the Adult Safeguards Unit for staff to make them aware of the Unit and how to contact it.

The Unit continues to play an integral role in the implementation and development of the adult safeguards agenda within Essex and at a Regional and National level (e.g. significantly contributed to the Research in Practice for Adults safeguards handbook published October 2009 and various local implementation networks for the Mental Capacity Act and Deprivation of Liberty Safeguards).

4. SET Guidelines

Since 'No Secrets' was published in 2000, Southend, Essex and Thurrock Local Authorities have been working with their local partners in the planning and implementation of safeguarding arrangements for vulnerable adults. Where local partners are cross boundary, different agencies found themselves referring to three sets of policies, sharing the same outcomes but with different forms and variations in procedures. As a direct result of this a group was set up to consider how the three policies could be amalgamated into one policy guidance. With the culmination of over six months work carried out between Sept 07 – April 08 by representatives of Southend, Essex & Thurrock Local Authorities, Essex Police, Essex Health Trusts and Essex Independent Care Association, a Pan-Essex set of adult safeguarding procedures were agreed.

The guidelines were launched at the SET Conference on 24/4/08. This was the first stage of a communications strategy to ensure the widest possible distribution of the new guidelines and corresponding documentation. These have now been put on to the Essex Safeguarding Adults Board website together with the new forms and are therefore accessible to the public.

We believe this represents a true multi agency response to policy formulation - comprehensive in its approach to procedures and compliant with both legislation and best practice. The guidelines will apply in all settings, including those managed by private, voluntary and statutory agencies.

In October 2009 a consultation exercise will be begin to review the current SET Guidelines and policy with a view to ensuring that they are user friendly and capture appropriate information for the relevant agencies.

5. AskSal

As part of a partnership between Southend, Essex and Thurrock safeguarding adult boards, as well as Voice UK and Action on Elder Abuse (AEA) a new advice and information helpline called Ask SAL (Safeguarding Adults Line) was instigated in June 2009 (see below). The aim of the helpline is to provide assistance to anybody who may be concerned about an adult who is at risk of abuse. The helpline will be controlled by trained helpline operatives alongside an existing helpline at AEA offices. Up to date information on the service as it develops will be made available on the ESAB website.

In the period June to October 2009 there were 15 calls to the helpline, a third of which were in regards to people aged over 75. The majority of the calls related to safeguarding concerns in a domestic setting with over two thirds of the callers being family members. One caller has been a victim seeking help.

For more information see Appendix A.

6. SAFE Project

Essex is one of the biggest importers of individuals who reside in residential and nursing home care for older people, and as such has a high number of vulnerable adults living in registered and non-registered accommodation.

Over the last two years, ten residential homes have been closed due to breaches in contract identified through safeguarding and/or quality of care matters. Nine of these homes were located in North East Essex. There is evidence to suggest that this is a legacy from the reprovision programmes following the closure of institutions such as Turner Village, Severalls Hospital and Bridge Hospital. In addition, since April of this year, there has been forty cases investigated which were categorised as institutional abuse, almost half of these were located in North East Essex.

Following the home closures, serious case reviews and high level of safeguard alerts in North East Essex, the Adult Safeguarding Unit (ASU) has highlighted a need to identify then assess vulnerable people living in accommodation that is neither accredited nor registered.

These vulnerable people have been identified as adults who:

- Probably have at least lower level Mental Health (MH) and/or Learning Difficulties (LD) problems (OAMH, LD/PI and OP)
- Are probably ex-long stay hospital patients
- Are institutionalised, and as such exploitable
- Are middle aged and older people who may have lived there for more than twenty years
- Receive little or no support within their accommodation
- Are exclusively reliant upon state benefits
- May or may not have capacity
- May or may not be managing their own finances
- No Care Programme Approach (CPA) for those with MH problems

The SAFE Project Team (Safeguarding Adults from Exploitation), led by Angela Gibson, is based at Essex House, Colchester and has a project 'life' until 31st March 2010 with a further 12 months dependant on funding through to March 2011.

The primary objective of SAFE is to build upon the existing partnership and collaborative work that is currently underway in North East to safeguard adults from exploitation, with the emphasis on tracing and offering support to all vulnerable people living in non-registered multiple occupancy accommodation.

The key aim is to locate and identify vulnerable adults who have become unknown to services in North East Essex through a dedicated operational Forensic and Response team using multi-agency and community approach for collecting information by engaging with services, partners and individuals. The project has already formed a strong partnership with Tendring District Council (Environmental Services), Essex Police and North Essex Mental Health Partnership Trust.

The team will also provide additional Safeguarding resources to Adult Social Care North East locality on particular complex and institutional situations.

7. Safer Recruitment Working Group

The Safer Recruitment Working Group has been set up with the following terms of reference:

- To promote a consistent approach to safer employment practices across all organisations.
- To agree minimum standards and principles for all organisations in safer employment
- To ensure the Integration of minimum standards in contracted and provider services.
- To identify and respond to any deficits in the safer recruitment process.

- To support and promote and implement of the new Vetting and Barring arrangements.
- To monitor compliance with any agreed standards

The group is currently working on drawing up draft standards for safer recruitment and employment in Essex.

Under the Safeguarding Recruitment and Recording Project under the Raising Practice standards programme a sub- group was put together to scope a project to audit all personal files and review processes to ensure that the recruitment arrangements, including pre-employment checks, are compliant with statutory provisions and best practice.

This file audit for AH&CW staff was carried out during September/October 2009. Future work will include auditing of external staff files working with the independent and voluntary sectors, identifying and completing gaps, as well as implementing an improved quality framework and key performance indicator systems for revised recruitment and vetting processes.

Part 2 – Practice issues

7. Data collection and trend analysis

At present there is a minimal collection of safeguarding data from councils as part of the annual Self Assessment Surveys. This is provided to CQC as an element of the annual review process. Due to different interpretations by councils, this data should only be used with caution.

There is a new, much broader national Safeguarding data collection which commences in May 2010. This should provide more useful benchmarking data and this will be included in future annual Safeguarding reports.

The most recent national trends report was *The UK Study of Abuse and Neglect of Older People: Prevalence Survey Report* June 2007 commissioned by Action on Elder Abuse³. It is interesting to note that the report highlighted neglect and physical abuse as being the primary cause for a safeguards alert and financial abuse as the second most frequent and this is echoed by our experience in Essex. Comparative data that has been accrued by the Adult Safeguards Unit since 2007 can be seen in Appendix B.

Emerging issues from available data:

³ www.elderabuse.org.uk

- A new category of abuse that has recently begun to emerge relates to the use of I.T. – there have been several cases where perpetrators have used service users computers without service users permission to access pornography sites-this has happened in service users own homes and on a few occasions in residential care. There has also been a case where perpetrators put details of service user on Facebook site without her permission or knowledge and then used this site to harass, humiliate and bully the service user. Libraries are currently looking at this area to ensure that computers provided to the public cannot be used to bully or harass other internet users.
- We do not seem to be engaging the minority communities of Essex in the safeguards process as the number of alerts for people from ethnic minority groups does not seem representative of the size of that population in Essex.
- There has been a greater increase in safeguard alerts in the West of the county in comparison with other localities. This could be due to the increase in institutional alerts raised in that area.
- There is a slight reduction in the percentage of cases in the North East which may in part be due to the investment of staff in that locality.
- A change in the recording process of alerts has created a problem in that not all cases can be categorised in terms of their specialism – this is now being addressed in order to give more meaningful data for next year. However, it would seem from initial investigations that the majority of alerts are raised in relation to older people.
- The most prevalent types of abuse (neglect, physical abuse and financial abuse) do seem to be in line with national trends.
- Essex data has shown that a family member is more likely to be the perpetrator of abuse rather than a care worker or stranger, and this is particularly true when it comes to financial abuse and again is in line with the findings of the Action on Elder Abuse Prevalence Survey 2007.
- There continues to be a below average number of referrals involving people with a mental health problem and the Adult Safeguards Unit is seeking to promote awareness within the appropriate teams to try and understand this apparent anomaly.

Part 3 – Legislation and policy

8. Mental Capacity Act and Deprivation of Liberty (MCA DoL)

A. Deprivation of Liberty (DoL)

The MCA DoL safeguards were introduced in April 2009 and apply to anyone:

- aged 18 and over
- who suffers from a mental disorder or disability of the mind – such as dementia or a profound learning disability
- who lacks the capacity to give informed consent to the arrangements made for their care and / or treatment and
- for whom deprivation of liberty (within the meaning of Article 5 of the European Court of Human Rights) is considered after an independent assessment to be necessary in their best interests to protect them from harm.

This applies to patients in hospitals, and people in care homes registered under the Care Standards Act 2000, whether placed under public or private arrangements and are designed to protect the interests of an extremely vulnerable group of service users and to:

- ensure people can be given the care they need in the least restrictive regimes
- prevent arbitrary decisions that deprive vulnerable people of their liberty
- provide safeguards for vulnerable people
- provide them with rights of challenge against unlawful detention
- avoid unnecessary bureaucracy

The legislation requires that Care Homes and Hospitals (Managing Authorities) must seek authorization from the Local Authority (where a person is or will be in a care home) and the Primary Care Trust (PCT) when a person is in Hospital. The authorization will be requested where the care or treatment needed is deemed to be in circumstances that may deprive a person of their liberty and the person lacks the capacity to consent to those arrangements.

The Local Implementation Networks (LIN) include multi representative groups of stakeholders, from Southend, Essex and Thurrock, to achieve the implementation of DoL and ensure that the supervisory bodies (LA and PCT's) carry out assessments through a consistent process.

Between 1st April and 8th October 209 Essex had received 173 DoL applications of which 38 were successful and 135 declined with 70% of the applications being completed within the required timeframe.

Service User Categories

Learning Disabilities	75	43
Older Adults Mental Health (over 65)	81	47
Adults Mental Health (under 65)	13	8
Physical and Sensory Impairment	4	2
Total	173	100

Out of County Applications

Total number out of county – placed by ECC	6	50
Total number out of county – placed by other LA	6	50
Total number of out of county applications	12	100

There has been wide scale training for both ECC staff and partner agencies (including residential and nursing home providers) on DoL, the procedures and policy with the Brokerage Team being asked to process the training evaluations. 76% of attendees who completed the evaluation form said that the training was good or excellent, with only 2% reporting that they thought it was Poor.

DoL e-learning was developed to compliment the existing MCA course in November 2008. Since then, over 700 candidates have taken advantage of the course, which gives a basic overview of the safeguards process. The MCA e-learning course (which began in April 2008) has now been completed by over a thousand candidates. Other milestones of DoL training have been:

- July 08 – October 08: Basic awareness (level 1) training was offered to care home staff; approximately 350 staff were trained from care homes throughout Essex.
- October 08 – December 08: Basic awareness (level 1) training offered to staff throughout ECC, the five Primary Care Trusts, the two Acute Trusts, and the voluntary sector. 187 people were trained.
- February 09 – March 09: Half day training (level 2) was offered to care home staff throughout Essex in order to provide more in depth knowledge in preparation for the safeguards going live in April. Each care home identified a ‘DoL champion’. Over 300 staff were trained.
- June 09 – Jul 09: Face to face deprivation of liberty training was delivered to all Access, Assessment and Care Management staff, with an emphasis placed on DoL from the practitioner’s perspective. 559 members of staff were trained.
- Post April, Each Essex care home was re-visited by a Best Interest Assessor to ensure that no originally scoped cases were still un-submitted. The resulting number of applications was low enough to give the team confidence that overall awareness of the safeguards is high. This also gave an excellent opportunity to provide ‘on the spot’ MCA advice.

Best Interest Assessors: Essex County Council currently employ seven qualified and insured Best Interest Assessors (BIAs), who are seconded full time

into the Adult Safeguards Unit. Using the inter authority protocol (written by the Essex DoL senior officer) the BIAs may be commissioned to carry out assessment on behalf of other supervisory bodies. Essex is seen as leading the development of the BIA role and is at the forefront of funding a dedicated service to for this responsibility.

Section 12 Doctors: Essex provided DoLs training to 60 s.12 Doctors in a single training day. The Trainer had been approved by the Royal College of Psychiatrists and the training delivered was the official Royal College of Psychiatrists training package. All the Doctors who attended this training had previously completed training on the Mental Capacity Act and were familiar with the legislation. Those Doctors who successfully completed the training were invited to provide details of their availability to Essex County Council, who actively maintain a list of doctors capable of carrying out assessments under the DoL safeguards. Payment is made on a per assessment basis. Essex has provided access to this list to the five PCTs within the county in addition to the Southend and Thurrock unitary authorities.

IMCAs: (Independent Mental capacity Advocates) *Age Concern Essex and Together* are Essex's IMCA providers for both MCA and DoL. Capacity is assured via a flat rate contract payment effectively guaranteeing a set number of referrals per annum, over which charges are made on a per referral basis. Quarterly meetings are held between Essex County Council and the providers of the IMCA service to monitor quality and any other issues.

Paid Representatives: Age Concern Essex currently provide paid representatives at the rate agreed in the inter-authority best practice protocol (attached). This is an interim arrangement and work is currently underway to commission a long term agreement to be operational by April 2010.

B. Mental Capacity Act

In relation to the Mental Capacity Act:

- 1014 MCA2⁴ assessments were received by the Adult Safeguards Unit
- 171 requests for an IMCA were made (of these IMCA requests, 148 were deemed appropriate)
- the number of assessments has slowly increased by an average of 5% per month as practitioners have begun to incorporate the assessments as part of their practice.
- Change of accommodation was by far the largest reason for an MCA2 assessment, followed by finances.
- To date no assessments for individuals aged 16, 17 or 18 have been received.

⁴ An assessment for a significant decision such as proposed serious medical treatment; a change of accommodation; adult protection concerns; health, welfare, property or financial concerns.

- In terms of ethnicity 92% of the MCA2s have been for White British citizens.
- After an initial few peaks and troughs in the quality of MCA2 forms received, the percentage correctly completed appears to have levelled out at around 75%. In late July 2008 approximately 90 front line staff attended an 'MCA2 forms assessing capacity' training course, which will be run again towards the end of 2009.
- The IMCA service contract (including the new IMCA DoL service) went out to tender for the period of 01/04/08 to 31/03/11. Essex's evaluation process included a 60% / 40% split for quality vs cost, which was widely believed to be the first instance nationally that an IMCA service has not been chosen on cost alone. Contracts were awarded (for three years initially with an option of an additional two years) to Age Concern for Mid, North East and West Essex, and Together for the South West and South East. The existing arrangement of using a per capita arrangement with a minimum guarantee has been repeated.
- A conference was held with the 3rd Sector and not for profit organisations to make them more aware about the Mental Capacity Act and Deprivation of Liberty Safeguards

9. Serious Untoward Incident Policy and Serious Case Review

This policy was drawn up by the Adult Safeguards Unit and was signed off by ASC Senior Management Team on 11/10/07. It contains a clear procedure to be followed in the event of a Serious Untoward Incident and formalises roles and responsibilities for dealing with an SUI to ensure that such an event is effectively managed. Generally SUI's tend to be single agency investigations.

The procedures include steps to be taken immediately following an incident and detail the measures required as part of any subsequent investigation. The policy is designed to help AH&CW put in place appropriate safeguards in the best interests of staff, service users, service users' families/representatives and Essex County Council as a whole.

ESAB has a standing serious case review panel that meets quarterly to take forward case reviews and oversee their implementation. Its membership consists of:

- Adult Social Care
- Care Quality Commission
- Essex Police
- Independent sector representation
- Health

The panel can also co-opt to its membership where additional expertise is necessary to look at specific issues. In particular this will include service user representation depending on the type of cases being reviewed by the panel.

The ASU has a responsibility for commissioning and monitoring independent investigations under the SUI policy. To date two such investigations have been commissioned following incidents that involve people with a learning disability. What has been highlighted is the need for greater communication between agencies in the sharing of information and clearer understanding of the roles and responsibilities of all involved. Work is being currently undertaken by all agencies involved to produce a working protocol for the future.

On occasions more than a single agency is implicated in a case and this leads to a Serious Case Review. As a result a range of agencies will be involved within the review which sets out to look at how systems and processes can be improved. This year ECC have been involved in one serious case review following the closure of a residential home after Essex removed residents who were funded by the local authority. The main recommendations of the reports have been implemented and include the setting up of challenge meetings when similar situations begin to be identified. This meeting challenges the professional judgement to ensure that the individual requirements of each person has been taken into account; that the available evidence is documented and justifies the decisions; that potential consequences are considered; that individuals are fully reviewed and that mental capacity assessments have been undertaken and risk assessments are in place

An internal case review may be held where there is a need for greater understanding of potential failings within the organisation and which need addressing. To date eleven such reviews have been commissioned and some emerging issues have been identified that are now being addressed and which include better communication with, and between, Housing and Health; improving involvement between children and adults in the transition period for young people; need for improved risk assessments and risk management plans; better tracking of vulnerable people in the community (see SAFE above).

10. Dignity in Care Campaign

Health and Social Care are working in partnership with a range of organisations to raise awareness about dignity in care. The Dignity Challenge has been launched with 10 aims, the first of which reiterates that there is a zero tolerance towards all forms of abuse. This is an example of how the safeguarding of vulnerable people rests with everyone.

11. Safeguarding and Vulnerable Peoples Panel

A Members Panel has been established where each month representatives of both Adult Health and Community Wellbeing, Vulnerable Children and Children

and Families can meet to discuss emerging issues, concerns, trends and serious cases.

12. Annual Safeguarding Conference 2009

Southend, Essex and Thurrock held their first combined conference on 26th April 2009. Not only was this the first safeguarding conference across the three areas, but was also the largest adult safeguarding conference in the UK with more than 300 people in attendance.

In addition to launching the 'Adult Safeguarding Guidelines', the conference heard from a wide range of nationally recognised speakers covering subjects including domestic abuse, Independent Safeguarding Authority and the abuse of older people. In addition to the above, the group has also undertaken work in other areas including data collection, serious case review protocols and information sharing.

Aidan Thomas, chair of the Essex Safeguarding Adult Board 2007-2009, said: "This was the first conference the board has held jointly with our colleagues in Southend and Thurrock."

"We were thrilled with the overwhelming interest that the conference had provoked, and were grateful to be able to use the conference for the launch of our new guidelines which demonstrate an excellent example of partnership working between three local authorities and their partner agencies."

Those present at the conference were drawn from various relevant organisations across Essex. Many attended from: Essex Police, care providers, healthcare providers and Essex Social Care as well as representatives in district councils and other key players in the protection of vulnerable adults. Across the vast majority of evaluation feedback from the event was extremely positive which in itself pays tribute to what was a very productive, informative and generally successful day with a strong line-up of well informed speakers.

13. Embargo Protocol

The Essex County Council Embargo Policy, which was signed off by Senior Management Team in December 2007 is currently being reviewed. The protocol provides guidance for dealing with circumstances where a care provider has been consistently unable or unwilling to make the required improvements in the quality of care to which their service users have a right to expect. It defines the roles and responsibilities in the event of an embargo on new placements/care packages needing to be considered. The guidance is necessary to ensure that

the imposition of this enforcement measure is consistently applied. ASU is responsible for co-ordinating all cases which fall within the protocol's criteria.

Since the policy became active there have been 65 embargos placed, primarily for breach of contract, of which there are currently 18 active embargos (including out of county placements). These embargos not only help identify breaches of contract but also potentially failing homes which with support from the local authority can avoid further actions and ensure that residents face the minimum amount of disruption and also see an improvement in service.

One of the main issues for consideration in the review of this policy is how to give greater involvement to Health colleagues in placing embargos, sharing information about embargos and how to support Self Directed Support service users and privately funding residents in situations which may involve them.

14. Lessons Learnt

It is paramount that any safeguarding experience is looked at to see what learning can be gained not only for the provider and practitioner but also for the organisation as a whole and in turn this develops a virtual collective memory in order to prevent the same things happening again in the future. To assist with this the following has been put in place with the intention of developing evidence practice and learning:

- Learning sets are being established across the county in order to give practitioners the opportunity to share experiences.
- Locality Best Practice groups are being set up which takes a multi-agency approach at sharing case examples to look at how things could have been done differently and how to look at changing practice within those organisations.
- The Essex Safeguarding Adults Board has set up locality based safeguarding boards to look at and address issues that emerge from ESAB and also from the best practice groups.
- All new staff attend an induction information session run by the Adult Safeguards Unit, which does not replace any formal training but rather supplements it and ensures they know about policy and procedure and who to contact for further information or help with a safeguards matter.
- The Putting People First newsletter is dedicating an edition every quarter to safeguarding vulnerable people in which it is anticipated that lessons learnt from various safeguarding cases will reach a wider audience.
- The Primary Care Trusts have now taken on safeguarding in a more meaningful and proactive manner and identified various leads who link into the Adult Safeguards Unit and the other groups that are run in their locality.
- There has been more engagement with the 3rd Sector groups especially around advocacy in safeguarding meetings, training and basic awareness.

15. Issues for 2009-2010

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.
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 emerging area.
c. To look at the apparent increase in institutional alerts and make sure they are appropriate and relevant.	To clarify the process for institutional alerts to ensure that they are appropriate safeguard concerns or if they are contract issues or complaints they are dealt with through appropriate channels. To review the embargo policy in consultation with partner agencies.	The ASU is working with Quality & Monitoring and Contracts Management on the future approach to such concerns.
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.	Work begun in October 2009 to draw up a formal document outlining the role and remit of the ASU.
e. To continue to work with the Police and promote their involvement in the safeguarding process.	To encourage and expand the involvement of the Police at an early stage in investigations by locality teams who seem reluctant to involve the Police even when the matter is obviously a crime. To work with the	Pilot training session run in the south with the Police to look at appropriate and prompt involvement of the Police. Also in the south a pilot has been operating to look at copying the Police

	Police is gaining access to their new safeguarding information database.	into all concerns as ASU becomes aware. Both these projects are to be evaluated in December 2009.
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.	ASU looking at ways of engaging GPs through making practice managers more aware of the ASU and safeguarding in a wider context.
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 embargo policy, the SET guidelines etc. The ASU has been involved in the recruitment of some of these leads.
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 ASU is working with ESAB on this issue.
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.	Contact is being made with the key teams to look at possible training needs.
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 to begin for new staff (in both ECC, the private sector and voluntary agencies) in December 2009.

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.	As above
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.	Review of SET forms and guidelines began in October 2009 with a sub-group to look at risk assessment and risk management
m. To contribute to the review of the SET Guidelines and SET forms.	To look at using the experience of the Adult Safeguards Unit to respond to the SET review and be represented on the SET review group.	All senior consultant practitioners engaged in the SET review.
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.
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).	Second ASU newsletter to be published in November 2009 through the Putting People First newsletter.
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.

<p>q. To continue to engage with the 3rd Sector in regards to safeguarding and encourage wider use of advocacy in the process by practitioners.</p>	<p>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>	<p>Contact has been made with various groups offering awareness training and talks to teams.</p>
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16. Conclusion

The abuse of vulnerable adults is an issue that has become more prominent in recent years in terms of public awareness and political profile. It has also been increasingly reflected in the priorities of a wide range of organisations. There has been vigorous debate on the case for a legislative framework to regulate adult safeguards similar to that which exists for children's safeguards. The impetus for this has undoubtedly been heightened with the current No Secrets review, fuelled by strong lobbying on the part of several influential campaigning organisations.

Adult social care is increasingly shaped by major developments such as self directed support. However, the benefits to individuals through the promotion of greater choice and control must be balanced against the heightened risk this may create for vulnerable people.

Essex takes the approach that, it is incumbent upon all stakeholders, internal and external, to ensure this balance is managed in a way which will promote the quality of life for all of our vulnerable citizens whilst ensuring they will be protected from harm & exploitation.

Appendix A - AskSal



Keeping adults safe across Essex

Ask SAL is a unique partnership between Southend, Essex and Thurrock Safeguarding Adults Boards and two leading national voluntary sector organisations - Action on Elder Abuse and Voice UK helpline designed to offer support to anybody concerned about an adult who is receiving care. For the first time in the UK, the line provides an equivalent helpline service for anyone concerned about an adult at risk of abuse to that provided for children through Child line.

The helpline is operated by experienced and friendly helpline staff who will, when asked, and if necessary, follow the correct procedures to ensure that an investigation ensues to bring an end to the abuse.

Ask SAL is available from Monday to Friday 9am-5pm. Outside of these hours calls should be made to the following Social Care Direct numbers which correspond to the different locations:

Southend and Essex - 0845 606 1212 (Fax 01245 434700)

Thurrock - 01375 372468 (Fax 01375 397080).

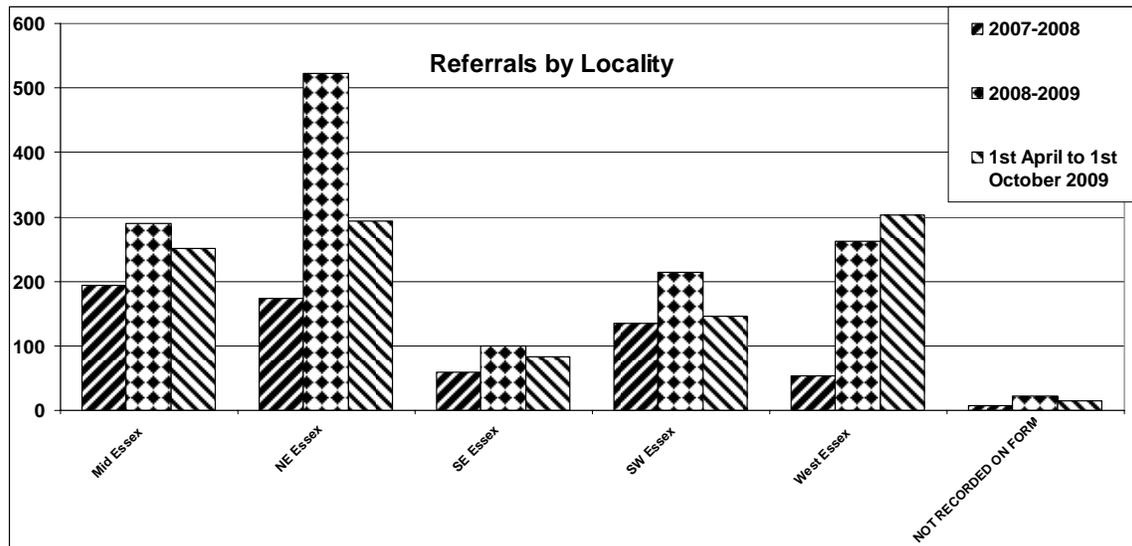
For more information on Ask SAL visit www.asksal.org.uk, text **ASKSAL** to **60777** or search “Ask SAL” on Facebook.

Ask SAL – 0808 80 10 345 – Keeping adults safe across Essex

Appendix B - Safeguard Data Analysis

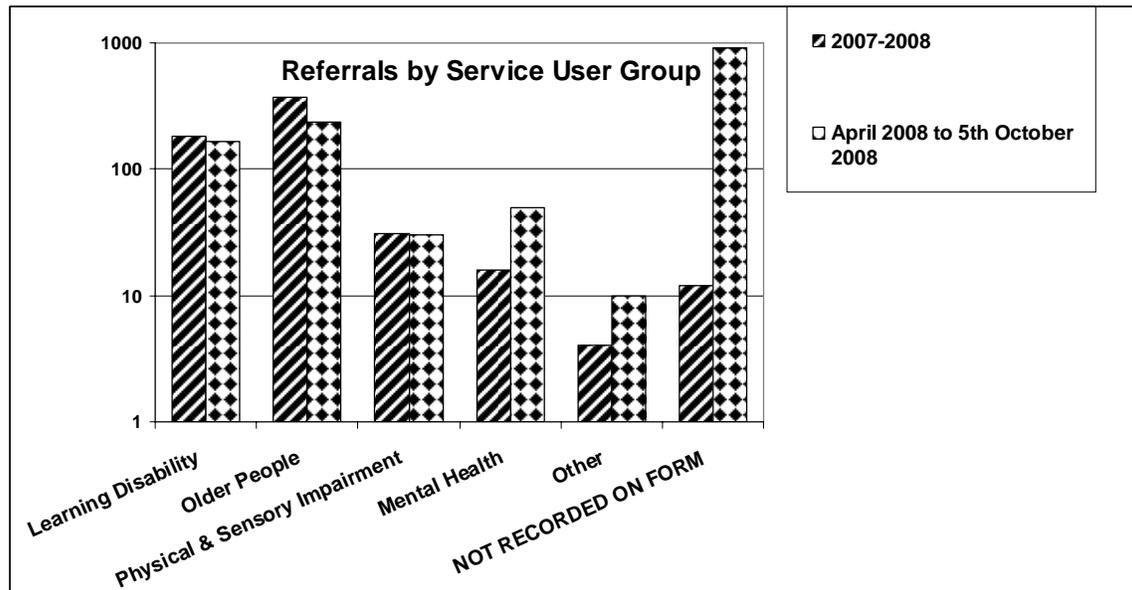
In some sections the “not recorded” element seems disproportionate to other parts. This was caused through changes to team structures, some local misunderstandings and poor quality of paperwork. Actions, such as a review of the paperwork, have been taken to address these issues but they cannot be rectified in retrospect, however future data analysis will be more accurate.

a. Referrals by Locality



Locality	Referrals 2007-2008		Referrals 2008-2009		Referrals 1st April to 1st October 2009	
	Count	Percentage	Count	Percentage	Count	Percentage
Mid Essex	193	31.08%	290	20.54%	251	23.03%
NE Essex	173	27.86%	523	37.04%	294	26.97%
SE Essex	59	9.50%	100	7.08%	83	7.61%
SW Essex	135	21.74%	214	15.16%	145	13.30%
West Essex	54	8.70%	263	18.63%	303	27.80%
NOT RECORDED ON FORM	7	1.13%	22	1.56%	14	1.28%
Grand Total	621	100%	1412	100%	1090	100%

b. Referrals by Service User Group

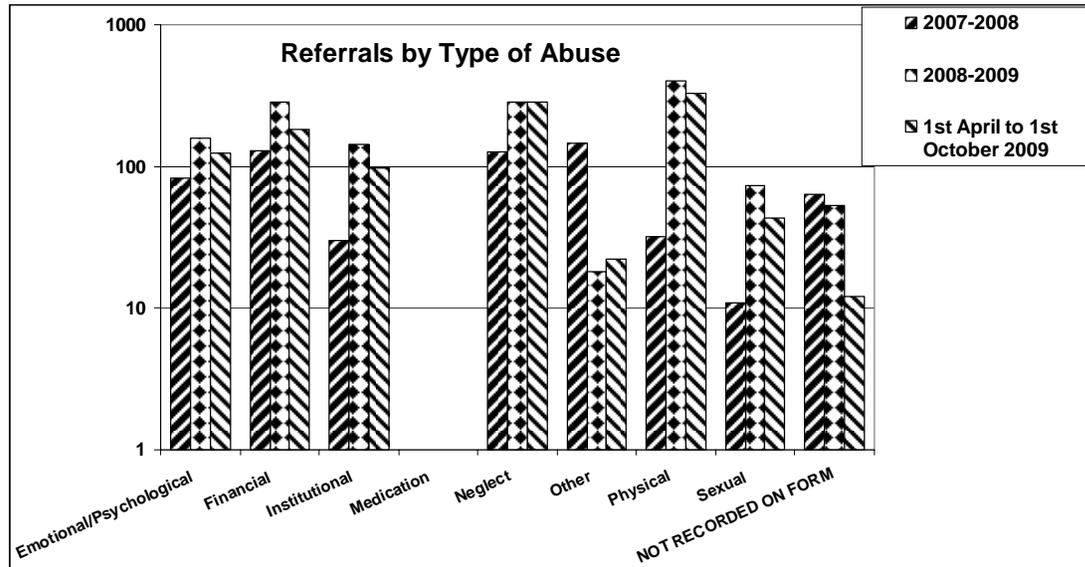


Service User Group	2007-2008		April 2009 to 5th October 2009	
Learning Disability	184	29.63%	166	11.76%
Older People	374	60.23%	239	16.93%
Physical & Sensory Impairment	31	4.99%	30	2.12%
Mental Health	16	2.58%	49	3.47%
Other	4	0.64%	10	0.71%
NOT RECORDED ON FORM	12	1.93%	918	65.01%
Grand Total	621	100%	1412	100%

c. Referrals by Service User Ethnicity

Ethnicity	2007-2008		2008-2009		1st April to 1st October 2009	
	Count	Percentage	Count	Percentage	Count	Percentage
Asian Indian	1	0.16%	1	0.07%	1	0.09%
Asian Other	3	0.48%	12	0.85%	5	0.46%
Asian Bangladeshi	0	0.00%	2	0.14%	0	0.00%
Asian Pakistani	0	0.00%	2	0.14%	0	0.00%
Black Caribbean	2	0.32%	2	0.14%	0	0.00%
Black Other	2	0.32%	5	0.35%	1	0.09%
Chinese	3	0.48%	1	0.07%	0	0.00%
Mixed	1	0.16%	4	0.28%	0	0.00%
Other Ethnic Group	31	4.99%	16	1.13%	0	0.00%
White British	502	80.84%	1155	81.80%	975	89.45%
White Irish	2	0.32%	13	0.92%	7	0.64%
White Other	10	1.61%	20	1.42%	14	1.28%

d. Referrals by Type of Abuse



Type of Abuse	2007-2008		2008-2009		1st April to 1st October 2009	
	Count	Percentage	Count	Percentage	Count	Percentage
Emotional/Psychological	83	13.37%	157	11.12%	123	11.28%
Financial	128	20.61%	283	20.04%	183	16.79%
Institutional	30	4.83%	142	10.06%	98	8.99%
Medication	0	0.00%	0	0.00%	1	0.09%
Neglect	127	20.45%	284	20.11%	282	25.87%
Other	146	23.51%	18	1.27%	22	2.02%
Physical	32	5.15%	401	28.40%	326	29.91%
Sexual	11	1.77%	74	5.24%	43	3.94%
NOT RECORDED ON FORM	64	10.31%	53	3.75%	12	1.10%
Grand Total	621	100%	1412	100%	1090	100%

Relationship of alleged perpetrator to Service User	2007-2008		2008-2009		1st April to 1st October 2009	
	Count	Percentage	Count	Percentage	Count	Percentage
Co-resident	0	0.00%	2	0.14%	0	0.00%
Domiciliary Carer	24	3.86%	74	5.24%	103	9.45%
Family Member	99	15.94%	291	20.61%	234	21.47%
Friend/Neighbour	23	3.70%	40	2.83%	64	5.87%
Other	70	11.27%	163	11.54%	213	19.54%
Residential Carer	85	13.69%	190	13.46%	139	12.75%
Support Worker	0	0.00%	2	0.14%	0	0.00%
NOT RECORDED ON FORM	320	51.53%	650	46.03%	337	30.92%
Grand Total	621	100%	1412	100%	1090	100%