

2015-16

Annual Report on the Effectiveness of Safeguarding Adults in Southend



Southend SAB

October 2015 to September 20 16

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Key

Text – areas for development

Text – areas of notable progress

SECTION 1 – INTRODUCTION

1.1 Introduction from the SAB Chair

This is my last annual report before stepping down from the role of chair of the Southend Safeguarding Adults Board. The report shows that the statutory services for safeguarding in Southend are working well, and that they are Care Act compliant.

During this year there has been the development of a range of effective safeguarding initiatives in Southend. For example, work has commenced on reducing the incidence of pressure areas for immobile people; the Shields Project is designed to keep people with learning disabilities safe when accessing community facilities; co-ordinated work has been undertaken to reduce hoarding; and there is the development of street triage to respond more effectively to people with mental health issues. People at risk from scams and rogue traders have been identified and supported to prevent them becoming victims of these types of crime.

At national level, it is disappointing that the so called “lower level” pathway for safeguarding, anticipated to become part of the Care Act implementation, does not seem to have taken hold. The research undertaken this year, through chairs visits, showed that, in the Southend services visited, there was a very good awareness of safeguarding issues and risks. In some services there is not always the capacity or authority to undertake any co-ordination or proactive work around risks due to service pressures and a focus on commissioned activity within very tight contracts e.g. domiciliary care services. This restricts safeguarding in these services to making a referral when the statutory threshold is reached. For example, the report flags up the gap around young people who have not been “looked after” but who have higher levels of need, meaning that on transition to adult services it is more difficult to coordinate services to meet their needs. There is, however, commitment and enthusiasm in Southend for addressing these gaps, and I believe this will be progressed through the priorities identified in the report. Certainly individual partner reports show the development of good initiatives and activity which is very promising for the future, and the SAB itself is well supported with capacity having been increased, attendance and funding is good, and the work of the executive and of sub groups has been effective and energetic.

I would like to thank members of the SAB for their support and input during my time as chair, and in particular thanks to those who have chaired and supported the executive and sub groups, and to the excellent board support team itself.

It has been a pleasure and privilege to work with the Southend partnership and I wish you very well for the future, having laid a good foundation for the challenges ahead.

Chris Doorly

Independent Chair

1.2 Role of the Board

The Safeguarding Adults Board (SAB) is a statutory body created under the Care Act 2014. The main objective of an SAB is to assure itself that local safeguarding arrangements are effective and that partner agencies act to help and protect adults in its area who:

- have needs for care and support, and;
- are experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and deal with both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

SABs have three core duties. They must:

- Develop and publish a Strategic Plan setting out how they will meet their objectives and how their member and partner agencies will contribute. The Southend SAB Strategic Plan can be found on our website at www.safeguardingsouthend.co.uk/adults

- Publish an Annual Report detailing how effective their work has been. The Southend SAB publishes its Annual Report each year in December (reporting year Oct – Sept) in order to inform the strategic planning of other statutory boards and commissioners. The Annual Report can be found on our website at www.safeguardingsouthend.co.uk/adults
- Commission Safeguarding Adults Reviews for any cases which meet the criteria for these. The Southend SAB has published one Safeguarding Adults Review in the period for the ‘Anne’ Case, which can be found on the website at www.safeguardingsouthend.co.uk/adults

1.3 Governance and Accountability

Although the SAB is an independent statutory body the Chief Executive and the Lead of Southend Borough Council hold the independent Chair to account for the effective working of the SAB. The Chair of the SAB meets with the Chief Executive and Leader of Southend Borough Council to present the SAB Annual Report on the effectiveness of safeguarding adults in Southend following its approval by the SAB’s Board in November annually.

1.4 Strategic Links to Other Boards and Partnerships

The Chair of the SAB is a member of the Health and Wellbeing Board (HWB) and presents to it the SAB’s annual report on the effectiveness of safeguarding adults in Southend. The HWB will ensure that the Police and Crime Commissioner is present at this meeting in order that they and the other members and commissioners on the board can consider and address the strategic implications of the findings of the annual report.

The Chair of the SAB, as a member of the HWB seeks to gain assurance that the HWB is effectively considering safeguarding adults in the decisions it makes. The HWB in turn uses the SAB as a ‘critical friend’ in safeguarding adults considerations and decisions, including the development of the Health and Wellbeing Strategy; the Joint Strategic Needs Assessment; key Commissioning Strategies; and service re-design.

The SAB also has a direct relationship with the Community Safety Partnership (CSP). The SAB seeks assurance that the CSP is appropriately considering adult's safeguarding in the decisions it makes. The SAB specifically seeks assurance regarding the development and implementation of the Domestic Abuse Strategy and the implementation of lessons learned from domestic homicide reviews.

For a number of years an LSCB Scrutiny Panel, consisting of elected members of Southend Borough Council, has scrutinized and contributed to the work of the LSCB. The Panel has now been extended to scrutinize the work of the Safeguarding Adults Board from September 2016.

The Chief Executive of Southend Borough Council ensures strategic oversight and coordination of safeguarding and community safety priorities through quarterly meetings attended by the chairs and business managers of the SAB, LSCB, HWB, CSP, and commissioners from statutory agencies, including the local authority's children and adult services, Essex Police, and Southend Clinical Commissioning Group (CCG).

Following the publication of the Alan Wood Review of LSCBs, and the Government response, a review of the governance of the strategic Boards, including the SAB, in Southend has been initiated by the Chief Executive of the Local Authority, Essex Police and Southend CCG, as key statutory partners.

SECTION 2 – EXECUTIVE SUMMARY

2.1 Overview

The Southend Safeguarding Adults Board (SAB) has a substantial agenda of activity ranging across the statutory requirements of the Care Act, through to initiatives designed improve the response to adults who may have safeguarding concerns below the statutory threshold, and also to a range of preventive work.

In terms of the Care Act, Southend is fully compliant with its requirements and the SAB itself has been strengthened, both in terms of its support capacity and the addition of two lay members. The elected member scrutiny arrangements in Southend Borough Council have been extended to cover the SAB and the governance arrangements have fully linked the SAB to the Health and Wellbeing Board (HWB), with the chair now sitting on that board too. Further proposals to develop the governance in response to the Wood review of LSCBs are in hand, and opportunities will be taken in Southend to make the overall co-ordination and governance arrangements more effective, building on the public protection approach already being taken with the Chief Executives leadership.

Formal safeguarding investigations in Southend are carried out to a high standard and outcomes (in terms of the vulnerable person's safety and satisfaction) are above national and comparator averages. The process has embedded the principles of "Making Safeguarding Personal" and continues to develop these within the means by which safeguarding work is carried out. Dedicated Safeguarding Adult Managers (DASM's) have been appointed by appropriate partner agencies, and whilst the anticipated "lower level" pathway of safeguarding has not taken off nationally, it is clear in Southend that DASM's are contributing to raising the profile of safeguarding in partner agencies, and that there are a range of initiatives developing which aim to improve the safety and well being of vulnerable people. Some of these are described later in this summary.

In terms of the Mental Capacity Act and the application of Deprivation of Liberty Standards (safeguards to support anyone deprived of their liberty in a circumstance where they are not deemed to have mental capacity to consent) the ruling of the Supreme Court in 2014 has caused pressure on the service in Southend as elsewhere. Despite this there has been a

management of the demand created and the key issue highlighted in this report is the requirement for further good quality advocacy capacity into this process, which has been flagged up as an area for further attention.

The annual report shows a wide range of activity across Southend designed to keep potentially vulnerable adults safe. The Prevent and Channel arrangements are working well. In terms of Domestic Abuse the newly established MARAT (Multi Agency Risk Assessment Team for high risk domestic abuse victims) is working well and has eliminated the backlog of cases, which was a feature of the previous arrangements. Although there are still some agencies who need to be joined into this process, it is a good local initiative which will assist in consolidating the work of partners around ensuring people at risk from domestic abuse are made safer. For the perpetrators of domestic abuse there are interventions designed to change their behaviour once convicted, and more recently a pilot being developed for those whose domestic abuse behaviour is part of a lower level range of poor coping skills. There remains a gap in service planning and provision, in terms of people who perpetrate domestic abuse who do not meet either of these two criteria, and this has been flagged up to commissioners as an ongoing need for service provision. A dedicated service for victims of sexual assault has been developed in Southend, identified as a gap in last years annual safeguarding reports.

A new initiative on hoarding has been developed which recognizes the scale and risks of hoarding behaviour, such as potential fire and environmental risks to the hoarder and to nearby households. A hoarding panel has overseen this work, and a dedicated worker was appointed to undertake the direct work. This post has not been secured with ongoing funding and this report flags up the need to establish a budget to support this work, enabling a worker to be placed within Southend Association of Voluntary Services (SAVS) to continue to develop this important service.

A Shields "Keep Safe" project has been established in the community, enabling people with learning disabilities to seek advice support or shelter from a wide range of outlets in the town if they feel concerned. For older or immobile people a service to reduce the incidence of pressure areas has been instigated and the SAB will receive reports about the effectiveness of this service in due course.

For people at risk of being targeted by scams (criminals who use lists of vulnerable people to target their fraud activity) there has been a project undertaken to advise those at risk of the risks and concerns this raises, and to ensure they are warned about the specific types of activity like to be used.

Activity designed to raise awareness of modern slavery in the town has been undertaken. There has been an Female Genital Mutilation (FGM) initiative put in place to better identify women who may have undergone this abuse, or who may be at risk, as well as the statutory reporting arrangements which were introduced by the Government. The arrangements of Prevent and Channel have been established and are seen as working well.

Essex Police, following their HMIC inspection, have undertaken a complete re-organisation of the Crime and Public Protection Command. This has included ensuring all front line officers are much more aware of vulnerabilities amongst the population served. The police have also introduced a street triage service which positions a police patrol officer with a mental health professional in the “out of hours” times of day. This allows people with mental health issues to be assessed and triaged and therefore helped, avoiding the unnecessary use of police cells or other places of safety under S136 of the Mental Health Act. Southend has a shortage of Health Based Places of Safety and this matter has been escalated to commissioners because from 1st April 2017 it will be illegal to use police cells as a place of safety under S136 in all but the most extreme circumstances. Currently there is over reliance on this practice and this is a strong concern of the SAB.

Essex Fire and Rescue Service maintain a strong commitment to safeguarding and continued to offer home safety targeted advice and support. In addition their “Firebreak” service has ensured people with Downs Syndrome have been assisted in terms of understanding fire safety, again improving safety for this group.

South Essex Homes have introduced a service to reduce evictions which has had a significant impact, and also provides support for tenants with mental health difficulties. The single agency reports in general show that partners are increasingly developing initiatives which are targeted at safeguarding matters as they arise in their services, which is to be welcomed.

Some further gaps in service have been identified by the SAB. Firstly services for young people in transition to adult services. Here there is a gap for young people who were not under a statutory requirement (e.g. because they have not been formally “looked after”) to receive case management approaches, but who were still vulnerable and needing more than one service, and there was no co-ordination function available. This group has been flagged up for more attention. Transition to adult services was also a feature in the only Serious Adult Review (SAR) this year (“Anne”), and there is some further work flagged up by this review to undertake on transition.

Another gap identified was the quality of co-ordination of services post discharge from acute hospital care, and achieving greater consistency around some of the principles involved. For example, how the matter of prescribed medication is dealt with during and after an admission. There seem to be inconsistent practice which leads to confusion amongst professionals about these important medication arrangements, this being one example of the need to tighten the care management in these situations.

In conclusion, the report shows evidence of initiative and energy going into making Southend a safer place for people who might be vulnerable. The quality of partnership and commitment is good and despite budgetary pressures and financial constraints the profile of safeguarding is increasing, and resources are being targeted on this area of work. Gaps in services or shortcomings in practice which were identified last year have been closed, the SAB has a good audit and performance management framework and is able to identify and implement improvements, and further challenges have been highlighted for attention and action this coming year.

2.2 Progress Against SAB's 2015-16 Strategic Plan Priorities

Priority	Obj.	Objective	Projected Outcome	Performance Indicators	Progress September 2016
A	1	To ensure that the guiding principles and business plan of the Southend Safeguarding Adults Board upholds the safeguarding principles in the Care Act 2014.	Improvement in safeguarding adults practice by all partners.	Outcome of multi-agency audits.	Outcomes included in Annual Report
			Safeguarding adults practice is person centred and outcome focused.	Making Safeguarding Personal implementation progress reports.	Progressing appropriately. There is a high rate of satisfaction from adults who have participated in their safeguarding
			Continued implementation of the safeguarding elements of the Care Act 2014.	SAB Annual Report.	Annual Report found that the Board is fully compliant with the Care Act
			Funding for SAB business support team is secured.	SAB Budget.	Funding secured for 2016-17.
			Engagement of lay members who are provided with appropriate training to fulfil their scrutiny role.	Lay members are appointed.	Lay members identified and will take up positions November 2016 SAB Scrutiny Panel merged with the LSCB Scrutiny Panel from September 2016 to scrutinize the work of the SAB.
A	2	Develop and review SET (Southend, Essex and Thurrock) Safeguarding Adults policies, protocols and procedures across the adult services economy in	Policies, protocols and procedures support the effective safeguarding of adults.	Survey of practitioner awareness and understanding of new SET Safeguarding Adults	Revisions to the SET Safeguarding Adults Procedures completed Survey of practitioner awareness and understanding of the procedures to be completed

Priority	Obj.	Objective	Projected Outcome	Performance Indicators	Progress September 2016
		Southend on an ongoing basis. Ensure they are reflective and reflexive with regards to changes in government guidance, legislation and lessons learned from Safeguarding Adults Reviews.		Procedures 2015.	
			Development of a large scale investigation procedure.	Procedures signed off by SAB.	Procedure in development with Essex and Thurrock SABs
A	3	Ensure the effective implementation of the Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS) by all partners.	The MCA and DoLS are applied appropriately to adults with additional care and support needs to enable them to make decisions where appropriate regarding their personal life choices.	Outcome of audits of the effectiveness of MCA and DoLS assessments, authorisations and reviews.	Outcome of the audits evidenced effective implementation of MCA and DoLS on the whole. Some learning identified regarding identification of appropriate advocates for adults whose mental capacity requires assessment
			Training for practitioners on the application of MCA and DoLS which is developed, quality assured by the SAB and implemented.	Number of practitioners completing MCA and DoLS training.	Training has been developed and quality assured. Training is underway. Data in development
A	4	Identify and monitor significant safeguarding adults practice or resource issues, and identify ways to resolve these with partnership support.	Risks to effective safeguarding adults practice are identified and mitigated by the Board.	Risk and Challenge register evidences impact of the Board's activity on mitigating identified risks.	Record of identified risks in SAB Executive minutes with progress to mitigate these
			Implementation of the Mental	Reports on implementation	

Priority	Obj.	Objective	Projected Outcome	Performance Indicators	Progress September 2016
			Health Concordat.	progress of the Mental Health Concordat.	
A & D, E & H	5	Coordinate the work of the Safeguarding Adults Board with that of the Local Safeguarding Children Board; Health and Wellbeing Board; and Community Safety Partnership	<p>The Domestic Abuse Strategy is implemented effectively and within timescales to reduce the impact on victims.</p> <p>Reduction in domestic abuse incidents involving adults with additional care and support needs.</p> <p>Increased reporting of exploitation or radicalization of adults with additional care and support needs.</p>	<p>SAB Annual Report evidences impact of integrated approach to identified key cross cutting issues, including domestic violence, exploitation, radicalization, transition from child to adult services, and implementation of the Family Focus Protocol.</p> <p>Number of domestic abuse incidents involving adults with additional care and support needs.</p> <p>Performance information evidences an improvement in the timeliness of information sharing in the MARAC process</p> <p>Number of referrals regarding the exploitation or radicalization of adults with additional care and support needs.</p> <p>Young people and their families transitioning to adult</p>	<p>Revised SET Domestic Abuse Strategy</p> <p>Southend MARAT 'live' from June 2016. Backlog of MARAC cases cleared.</p> <p>PREVENT training undertaken by safeguarding leads in all statutory partner agencies. CHANNEL Panel now in place and supporting those identified as being at risk of radicalization.</p> <p>Transition from child to adult services addressed in Safeguarding Adults Review 'Anne' learning</p> <p>No referrals regarding the exploitation or radicalization of adults with additional care and support needs received to date</p> <p>Young people transitioning to adult services are supported appropriately on the whole. Following consultation with</p>

Priority	Obj.	Objective	Projected Outcome	Performance Indicators	Progress September 2016
				services report that they were supported appropriately through the process.	community groups is was identified however that there are a small group of young people who require extra support and assessment but do not meet the criteria for statutory adult services. There are some community based services but they do not seem to be fully integrated and accessible
A, B & C	6	Review the processes and procedures for carrying out safeguarding adult's reviews (SARs) or other reviews. To examine other safeguarding adults reviews nationally to identify and implement any relevant learning and recommendations.	<p>The Board has a range of methodologies identified for undertaking reviews and monitoring the implementation of learning.</p> <p>The Board receives an annual summary of learning from national reviews.</p>	Board's Learning and Improvement Framework evidences the impact of implementation of learning from reviews.	<p>Process in place and used successfully to complete the 'Anne' SAR</p> <p>Summary of learning from national reviews to be undertaken early 2017</p>
A, B & C	7	To continue to implement effective multi-agency partnership arrangements to meet the needs of adults who are experiencing abuse, including information sharing processes.	The SET Safeguarding Adults Procedures provide clear guidance on the arrangements for meeting the needs of adults who are experiencing abuse.	Learning and Improvement Framework evidences that arrangements are being implemented effectively and have a positive impact on adults experiencing abuse.	Information from audits and other elements of the learning and improvement framework evidences that arrangements are being implemented effectively and have a positive impact on adults experiencing abuse.

Priority	Obj.	Objective	Projected Outcome	Performance Indicators	Progress September 2016
			<p>All agencies have robust arrangements to meet the needs of adults experiencing abuse.</p> <p>Information sharing processes are resourced and implemented appropriately by partner agencies to safeguard adults.</p>	<p>All partners have an identified designated safeguarding adults lead.</p> <p>Board retains record of all designated safeguarding adults leads.</p> <p>SAB audits of the quality of information sharing to safeguard adult's evidences that information is shared appropriately and in a timely way.</p>	<p>All partner agencies have identified a DASM</p> <p>SAB Business manager has record of identified DASMs for all agencies</p> <p>Audit found information sharing is on the whole 'good'</p>
C, D, E & H	8	To raise awareness and promote the prevention agenda	Public and professionals are more awareness of, and report, safeguarding adults issues, including Abuse and Neglect; Exploitation; FGM, so called Honour Based Abuse (HBA), Forced Marriage; Human Trafficking; Radicalization; Fraud and Online Safety; Road Safety; Hoarding; Pressure Ulcers.	<p>Number of safeguarding referrals from professionals, and the public including those regarding FGM, so called HBA, Forced Marriage, Human Trafficking and Radicalization</p> <p>Number of reported doorstep and online fraud.</p> <p>Number of people over 65yrs killed, seriously or slightly injured in road traffic</p>	<p>Data cannot be extracted currently regarding factors included in safeguarding referrals</p> <p>Data not currently available</p>

Priority	Obj.	Objective	Projected Outcome	Performance Indicators	Progress September 2016
				collisions. Number of SET SAFs as a result of pressure ulcers.	Data not available. Awareness raising campaign regarding pressure ulcers developed and launched
B, C & G	9	Ensure that training carried out across Southend meets the SET Training Strategy and that appropriate training needs are identified and training is resourced to meet those needs.	All training delivered by the SAB and its partner agencies and training facilitators are quality assured and approved by the SAB. All partner agencies have as a minimum 90% of their staff trained in safeguarding adults to an appropriate level as defined in the Training Strategy. Evaluations of training evidence that service delivery and practitioner confidence is improved.	Report to Board on number of courses and trainers quality assured. Percentage of practitioners appropriately trained Analysis of training evaluations.	SBC, Southend Hospital, Police and SEPT courses approved SEPT – 100%; Essex CRC – Core training for all staff Essex Police - new safeguarding training programme for all staff to complete within next 2 years Southend Adult & Community College – 83%; South Essex Homes – 99.5%; GPs – 100%. Southend Hospital 80% Data from SBC outstanding.
F	10	Involve, consult, and engage with adults with additional care and support needs and their carers to ensure that the safeguarding process is free from oppression, increases choice and control, and fosters independence for the	Methods of facilitating participation and feedback from service users and the community is fair, transparent, and understood and results in the improvement of safeguarding services.	All partner agencies report on the outcome of service user engagement to the SAB and evidence how this has informed the delivery of effective safeguarding services in the SAB Annual	All agencies represented at Quality, Monitoring and Audit Group have agreed to develop their collection and reporting of service user data

Priority	Obj.	Objective	Projected Outcome	Performance Indicators	Progress September 2016
		service user, and in turn increases competence in support services.		Report.	
A, B,C, F & G	11	Continue to develop and implement the Learning and Improvement Framework to inform improvements and commissioning of services across statutory and third sector services for adults	<p>SAB Annual Report evidences a positive impact on the effectiveness of safeguarding of adults as a result of the SAB's challenge of partner agencies and other strategic partners, based on the findings from its learning and improvement framework.</p> <p>Assessments, authorisations and reviews of referrals under the Deprivation of Liberty Safeguards are effective.</p> <p>Recommendations from domestic homicides relevant to safeguarding adults are implemented effectively.</p>	<p>Register of SAB challenge to partnership agencies and strategic partners.</p> <p>Percentage of recommendations from safeguarding adult's reviews implemented.</p> <p>Percentage of partner agencies providing performance information.</p> <p>Learning from multi agency audit reports.</p> <p>Percentage of recommendations from multi agency audits implemented.</p>	<p>Register established</p> <p>SCR 'Anne' overview and IMR report recommendations to be monitored</p> <p>SBC, Essex Police, NHS England, Southend Hospital, South Essex Homes and SEPT currently reporting to SAB Executive</p> <p>2015 audit programme actions being implemented</p> <p>All progressing to timescales</p>

Priority	Obj.	Objective	Projected Outcome	Performance Indicators	Progress September 2016
				<p>Report to SAB on the effectiveness of assessments, authorisations and reviews of referrals under the Deprivation of Liberty Safeguards.</p> <p>Reports to SAB on implementation of Domestic Homicide Review recommendations by Domestic Abuse Forum.</p>	<p>Audit completed with outcomes reported in Annual Report</p> <p>Included in reports to SAB</p>

2.3 Key Successes

- Development and implementation of the Southend Multi Agency Risk Assessment Team (MARAT) has ensured the timely sharing of information in high risk domestic abuse cases to reduce risk to victims (case discussion meeting held within 3 days of receipt of referral). Backlog of cases to be considered at the Multi Agency Risk Assessment Conference (MARAC) has been cleared and all cases are now considered within 18 working days
- Implementation of the Keep Safe Scheme in Southend by the SAB, LSCB, Southend Borough Council and SHIELDS (a community organisation).
- The SAB, LSCB, the Southend Soroptomists, and the Border Agency worked in partnership to raise awareness of trafficking using a 'Stop The Traffik' 'gift box', situated in the High Street. Over three days the team distributed 680 leaflets and recorded 991 conversations with members of the public, raising awareness of trafficking.
- Awareness raising campaign regarding pressure ulcers developed and launched
- PREVENT training undertaken by safeguarding leads in all statutory partner agencies. CHANNEL Panel now in place and supporting those identified as being at risk of radicalization.
- The Turning Tides Team from SAVS has been visiting people over the age of 65 who have been identified as being particularly vulnerable to scams. The Turning Times Team works with the victim to shut down the scam, and then provides ongoing support to ensure people don't become victims again.
- In 74% of Southend safeguarding cases the action taken to safeguard the individual either removed or reduced the risk compared to 67% in England as a whole and 62% in the comparator group.
- The SAB worked with the Boards in Essex and Thurrock to review the Safeguarding Adults Guidance in 2016, to ensure it is compliant with the Care Act 2014; Mental Capacity Act 2005; and the Supreme Court Judgement regarding DoLS.

- The SAB has implemented a protocol to identify and support people, with hoarding behaviours.
- The SAB has established a multi agency Panel to coordinate the response and support to adults whose hoarding is at the highest risk levels. In September 2016 the Panel had identified 27 high risk hoarders.
- 100% of domestic abuse victims are offered an Independent Domestic Violence Adviser service
- Perpetrators of domestic abuse who are charged and enter the criminal justice system are offered support to address their behaviour.
- A pilot has also been developed to identify and provide support to individuals who are prosecuted for offences not directly concerned with domestic abuse, but whose behaviour may be an indication of potential perpetration of domestic abuse.
- Southend Borough Council is working in partnership with Barnardos, hosting a specialist worker who is working alongside council services to support local action to improve awareness and reporting of Female Genital Mutilation (FGM).
- Specialist support services for male and female victims of sexual assault of all ages is provided in the Southend area

2.4 Key Areas for Development and Challenge 2016-17

- There are some community based services for a small group of young people who require extra support and assessment but do not meet the criteria for statutory adult services, but they do not seem to be fully integrated and accessible
- Care providers identify Hospital discharge as a high risk area, with, at times, poor co-ordination, and variation in medication approaches
- No funding currently available for continuation of a community based specialist hoarding support service (See Change – SAVS) from December 2016
- The SAB has identified that there remains a 'gap' in provision of support services for domestic abuse perpetrators who although they have a history of domestic abuse are not in the criminal justice system, and is challenging local commissioners of services to develop and implement a scheme for this cohort which has a good evidence base
- There is currently insufficient capacity of Health Based Places of Safety (HBPOS) in Southend and Essex as a whole. The use of section 136 across Essex has increased by 19.8% for 2015-2016 compared to 2014-2015.
- With an increasing population of older people the reduction in beds in registered care homes is a concern for future capacity
- There is continual demand on domiciliary care, and recruitment and retention of staff is a particular challenge in this area.

SECTION 3 - CONTEXT

3.1 Demographics

The Office for National Statistics (ONS) estimates the total population for Southend on Sea as at mid-2014 is 177,900.

29.9% of Lower Super Output Areas (LSOA) in Southend are classified as falling within the 30% most deprived areas in the country. Using ONS population figures this equates to just over 56,000 residents. Southend also has 8.4% of LSOA's (just over 16,200 residents) that fall within the 10% most deprived in the country. (Source: Communities and Local Government - 2010 Indices Multiple Deprivation).

The number of older people (65+) in Southend living alone is estimated to have increased from 11,757 in 2011 to 12,627 in 2015, an increase of 7.4%, compared to 9.7% for England. The number of older people (65+) in Southend living in a care home is expected to have increased from 1,586 in 2011 to 1,701 in 2015, an increase of 7.3%, compared to 10.7% for England. The number of people (65+) helped to live independently in Southend is estimated to have increased from 2,668 in 2011 to 2,921 in 2015, an increase of 9.5%, compared to 11% for England.

The number of older people aged 65+ predicted to have a learning disability in Southend is estimated to have increased from 630 in 2011 to 693 in 2015, an increase of 10%, compared to 11.3% for England.

3.2 The Care Act and Other Legislation and Guidance

The Care Act 2014 aims to:

- Promote people's wellbeing
- Enable people to prevent and postpone the need for care and support
- Put people in control of their lives so they can pursue opportunities to realise their potential

Central to the Care Act is the idea of 'wellbeing'. This starts from the assumption that an individual is best placed to judge their own wellbeing. Wellbeing relates to the following areas:

- Personal dignity and respect
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Individual control over everyday life
- Participation in work, education and training
- Social and economic wellbeing
- Positive family and personal relationships
- Suitability of living accommodation

The Act introduces the first statutory framework for protecting adults from abuse and neglect and includes:

- A new duty for a local authority to carry out enquiries (or cause others to) where it suspects an adult is at risk of abuse or neglect
- A requirement for all areas to establish a Safeguarding Adults Board (SAB) to bring together Local Authority, NHS and the police to coordinate activity to protect adults from abuse and neglect
- A requirement for safeguarding adults boards to carry out safeguarding adults reviews into cases where someone who is experiencing abuse or neglect dies or is seriously injured or there is concern about how agencies worked together, to ensure lessons are learned
- Safeguarding Adults Boards can require information sharing from other partners to support reviews or other functions

The SAB is fully compliant with the Care Act

The Mental Capacity Act (2005) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for their selves. Everyone working with or caring for an adult who may lack capacity must comply with the Mental Capacity Act (2005) and the Code of Practice (2007).

The Mental Capacity Act applies to individuals aged 16 and over and sets out five principles:

1. A person (aged 16 and over) must be assumed to have capacity unless it is established that he/she lacks capacity S1(2)
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success S1(3)
3. A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision S.1(3)
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests S.1(5)
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action S.1(6).

This means:

Every person(aged 16 and over) capable of making decisions, has an absolute right to accept or refuse care, treatment or other intervention regardless of the wisdom or consequences of the decision. The decision does not have to be justified to anyone.

Where there are doubts about an individual's capacity to consent to an action that concerns them, a formal assessment of their capacity to make this specific decision must be carried out in line with the five statutory principles, and the Guidance of the MCA 2005 Code of Practice and the following sections of the Mental Capacity Act (2005).

The SAB has been working with partner agencies to ensure that practitioners comply with the Mental Capacity Act, its Code of Practice and other relevant national guidance, and leading judgements when making decisions about a person's capacity or deprivation of liberty.

The Deprivation of Liberty Safeguards (DoLS) are an amendment to the Mental Capacity Act 2005.

The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests. Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards can only be used if the person will be deprived of their liberty in a care home or hospital. In other settings the Court of Protection can authorise a deprivation of liberty. Care homes or hospitals must ask a local authority if they can deprive a person of their liberty.

A Supreme Court judgement in March 2014 made reference to the 'acid test' to see whether a person is being deprived of their liberty, which consisted of two questions:

- Is the person subject to continuous supervision and control? *And*
- Is the person free to leave? – with the focus being not on whether a person seems to be wanting to leave, but on how those who support them would react if they did want to leave.

If someone is subject to that level of supervision, and is not free to leave, then it is likely that they are being deprived of their liberty. But even with the 'acid test' it can be difficult to be clear when the use of restrictions and restraint in someone's support crosses the line to depriving a person of their liberty. Each case must be considered on its own merits.

All clinicians and practitioners working with or who have contact with adults need to undertake training on the Deprivation of Liberty Safeguards within their mandatory training on Safeguarding Adults.

3.3 The SAB's Learning and Improvement Framework

The SAB's Learning and Improvement Framework enables partner agencies to be clear about their responsibilities, to learn from experience, and improve services as a result. This is an integrated framework which builds on the SAB's culture of learning and improvement. The following elements form the basis of the SAB's Learning and Improvement Framework:

Element	Activity	Expected Outcome/Impact
Safeguarding Adults Reviews (SARs)	Identification and implementation of learning	<p>Learning from SARs and improvement actions are informed by the views of families and practitioners.</p> <p>A measurable impact on the level of confidence and satisfaction expressed by families and practitioners on the current arrangements and processes in terms of improving adults' welfare and safety</p>
Other Case Reviews	Identification and implementation of learning	<p>Learning from reviews and improvement actions are informed by the views of families and practitioners.</p> <p>A measurable impact on the level of confidence and satisfaction expressed by families and practitioners on the current arrangements and processes in terms of improving adults' welfare and safety</p>
Learning from complaints and other enquiries	Identification and implementation of learning	<p>Learning from complaints is informed by the views of adults and their families</p> <p>A measurable impact on the level of confidence and satisfaction</p>

		expressed by families and practitioners on the current arrangements and processes in terms of improving adults' welfare and safety
Single & Multi Agency Audits and Audits of Board Effectiveness	Reporting of single agency audits	SAB partner agencies evidence effectiveness of safeguarding practice and identify areas for improvement
	Programme of SAB audits	SAB evidences the effectiveness of safeguarding services for adults
Qualitative Information from Adults with care and support needs and their Families	Analysis of information obtained to quality assure the effectiveness of safeguarding of adults	The development and improvement of safeguarding services is informed by the views and experience of adults and their families
Qualitative Information from Practitioners	Analysis of information to identify risks to safeguarding practice and learning	Risks to the effectiveness of safeguarding adult's services are identified early and addressed in a timely way. Practitioners report in follow up evaluations that they are aware of key development areas and good practice, with a positive impact on their safeguarding vulnerable adults practice and increase in confidence
Single Agency Performance Information	Analysis of quantitative data from partner organizations	Evidence of improvement in identified key areas of safeguarding practice.

Partner Agency Safeguarding Standards Self Assessments	Reporting of qualitative and quantitative data by SAB partner agencies	Partner agency self assessments of safeguarding efficacy are robust
Annual Reports from Strategic Partners and SAB Members	Needs analysis and monitoring of safeguarding effectiveness	The SAB evidences the effectiveness of safeguarding practice
Strategic & Themed Work	Mapping of issues and development of overarching strategies	The SAB and its strategic partners identify any risk and/or need and implement improvements to address these

SECTION 4 – MAKING SAFEGUARDING PERSONAL

4.1 Prevention and Early Help

The SAB coordinates and monitors prevention and early help activity and its outcomes. The Board and its partners are committed to preventing abuse or neglect and providing early help through universal services where risk is identified early.

The SAB works in partnership with the Boards in Essex and Thurrock to provide the AskSAL helpline for reporting abuse and neglect of any adult with care and support needs. AskSAL received 954 calls across from across wider Essex in the period April 2015 to April 2016. 55 calls during this period were abandoned

Approximately 30% of personal victims of theft are over the age of 65 (*Southend Strategic Intelligence Assessment 2016*). **The Turning Tides Team from SAVS has been visiting people over the age of 65 who have been identified as being particularly vulnerable to scams. The Turning Times Team works with the victim to shut down the scam, and then provides ongoing support to ensure people don't become victims again.**

The SAB has worked with Essex Police to provide information about different types of scams and frauds for domiciliary and care workers so that they are more able to identify when vulnerable clients may have been victims of scams or fraud and to help them raise awareness with their clients.

Essex County Fire and Rescue Services increases awareness of fire risks among social workers, domiciliary and community support providers, care home providers and voluntary agencies. The service enables practitioners to identify 'at risk' adults, for example, people who smoke and have mobility problems. Practitioners were then encouraged to make referrals to the Fire and Rescue service for free home fire safety checks to put in practical solutions to minimise their risk of being harmed in a fire, including fitting smoke alarms free of charge. The scheme has been rolled out throughout Essex and is available to cover adults aged 18 and over. Awareness raising has also been undertaken with GP safeguarding leads to cascade within their surgeries, and with other health professionals, regarding the risks of

using petroleum based ointments with non mobile patients, especially when there is an added risk of fire from smoking.

With SHIELDS (a community organisation), SBC Children's Services and the Safeguarding Children's Board the SAB has implemented the Keep Safe Scheme. Keep Safe supports people aged 16+ who have a learning disability and access the community independently. The scheme is facilitated by SHIELDS Parliament, a self-advocacy group supported by BATIAS. Local businesses have been identified and signed up to the scheme; agreeing to provide use of a telephone in a public area for a person who may be experiencing an emergency or who is in distress. Participants in the scheme look for the logo in the shop window. Using the emergency number card or fob provided, the person themselves or a member of staff will call their carer or parent, or the police if needed. The scheme supports people to reduce the feelings of fear or agitation in accessing the community alone.

The SAB has developed and is distributing a leaflet raising awareness with informal carers (family and friends), domiciliary providers and care homes of pressure sores in people with restricted mobility.

Care providers identify Hospital discharge as a high risk area, with, at times, poor coordination, and variation in medication approaches. The Safeguarding Adults Review completed by the SAB also identified hospital discharge and medication arrangements as areas of learning

4.2 Early Intervention

The Turning Tides Team from SAVS has been visiting people over the age of 65 who have been identified as being particularly vulnerable to scams. The Turning Times Team works with the victim to shut down the scam, and then provides ongoing support to ensure people don't become victims again.

During a consultation with agencies in Southend some community organisations providing care and support to adults who do not meet the threshold for statutory adult services, stated they did not have the capacity to undertake, in most instances, the lower level pathway of safeguarding activity, integrated into their usual business.

4.3 Adult Protection

For the financial year 2015-16 there were 391 new Section 42 enquiries initiated per 100,000 adults in Southend, which is considerably higher than the average for England of 239 (SAC 2016).

The proportion of each type of risk for concluded section 42 enquiries in Southend is broadly consistent with that in England as a whole and comparator local authorities as indicated below:

Local Authority	Physical Abuse	Psychological Abuse	Financial or Material Abuse	Neglect and Acts of Omission	Other Risk Types
England	26%	15%	16%	34%	9%
Southend-on-Sea	21%	18%	20%	30%	11%
Comparator Group	25%	14%	16%	34%	11%

Note: Other Risk Types are; Sexual, Discriminatory, Organisational

(SAC 2016)

A person's own home is the location of the risk of abuse in over half of Section 42 enquiries for Southend, higher than that in England as a whole and the comparator group

Local Authority	Community				
	Own Home	Service	Care Home	Hospital	Other
England	43%	3%	36%	6%	11%
Southend-on-Sea	52%	4%	32%	4%	7%
Comparator Group	41%	3%	38%	7%	10%

(SAC 2016)

The source of the risk of abuse in just over half of cases is someone known to the person being abused, which is consistent with England as a whole and the comparator group. A slightly higher proportion of social care support workers are identified as the source of risk in Southend (36%) compared to England (34%) and the Comparator Group (33%).

Local Authority (Code)	Social care support	Other - Known to individual	Other - Unknown to individual
England	34%	51%	15%
Southend-on-Sea	36%	51%	13%
Comparator Group	33%	48%	19%

(SAC 2016)

The actions and results taken in response to Section 42 enquiries were as follows:

Local Authority (Code)	No Action Taken	Action taken and risk remains	Action taken and risk reduced	Action taken and risk removed
England	25%	8%	47%	20%
Southend-on-Sea	17%	9%	41%	33%
Comparator Group	30%	8%	41%	21%

(SAC 2016)

In 74% of Southend cases the action taken to safeguard the individual either removed or reduced the risk compared to 67% in England as a whole and 62% in the comparator group.

The SAB worked with the Boards in Essex and Thurrock to review the Safeguarding Adults Guidance in 2016, to ensure it is compliant with the Care Act 2014; Mental Capacity Act 2005; and the Supreme Court Judgement regarding DoLS.

The NHS estimates that around 2-5% of the UK adult population experiences symptoms of compulsive hoarding. In Southend alone this would mean approximately 4,000-5,000 people hoard to some degree.

The SAB has implemented a protocol to identify and support people, with hoarding behaviours.

The SAB has also established a multi agency Panel to coordinate the response and support to adults whose hoarding is at the highest risk levels. In September 2016 the Panel had identified 27 high risk hoarders.

The 'See Change' Hoarding Service run by Turning Tides is a pilot service funded by SAVS providing one to one support for people identified as having hoarding behaviours or tendencies. It is the only such service available in the Southend area. The service works in an integrative way to reduce or maintain hoarding levels and behaviours, whilst taking into consideration safety and safeguarding. The pilot is now receiving a level of referrals beyond its capacity. SAVS will be unable to fund the service from December 2016, and is urgently seeking alternative funding from statutory agencies and commissioners.

The SAB audit programme evidences that the safeguarding of adults is largely effective in Southend, with professionals dealing sensitively with cases in a learning culture, and with high levels of satisfaction from those who have been supported through the process.

Domestic Abuse reports to Essex Police continue to rise. The SAB has been scrutinizing progress on the implementation of the Domestic Abuse Strategy. As previously mentioned a Multi Agency Risk Assessment Team (MARAT) has been established and ensures that all high risk cases of domestic abuse receive a timely, multi-agency response to reduce risk to the victim.

The Southend refuge tender has been reviewed and scoped to meet the needs of local people.

100% of domestic abuse victims are offered an Independent Domestic Violence Adviser service

Perpetrators of domestic abuse who are charged and enter the criminal justice system are offered support to address their behaviour.

A pilot has also been developed to identify and provide support to individuals who are prosecuted for offences not directly concerned with domestic abuse, but whose behaviour may be an indication of potential perpetration of domestic abuse. The pilot will require evaluation of impact.

The SAB has identified that there remains a 'gap' in provision of support services for domestic abuse perpetrators who although they have a history of domestic abuse are not in the criminal justice system, and is challenging local commissioners of services to develop and implement a scheme for this cohort which has a good evidence base

Southend Borough Council is working in partnership with Barnardos, hosting a specialist worker who is working alongside council services to support local action to address Female Genital Mutilation

(FGM). Barnardos has also provided a number of FGM training sessions free of charge for practitioners, including GPs, hospital staff and social workers.

Mental Health

The SAB has been closely monitoring the implementation of the Mental Health Concordat and also the preparations by partner agencies for changes in legislation from April 2017 regarding the provision of places of safety for people in mental health crisis. A survey of service use experience was conducted by Southend CCG with 68 people who had experienced a mental health crisis and 27 carers. 69% of people who had experienced a mental health crisis felt they got the help they needed generally compared to carers of whom 51% felt they didn't or only partly got the help they needed.

For people who had experienced a mental health crisis their experience of asking for help at the point of crisis were mixed, with some feeling they had a good experience and others not. Barriers included being stuck in A&E because of a lack of bed, being able to admit they were in a crisis initially; a lack of access to services; lack of warmth/empathy from staff; and no access to a telephone to make initial contact. Carers' experiences were similar and they also cited poor customer service, waiting times, and access to services as negative experiences.

Places of Safety

The Policing and Crime Bill 2016 was placed before Parliament in February of this year. Sections 59-61 represent the amendments to the Mental Health Act 1983 that were announced by the Minister for Preventing Abuse Exploitation and Crime, Karen Bradley, in February. The estimated timescales are Royal Assent and effect from April 2017. Main points/changes identified are:

- No children or young person (under 18) can be taken to police stations as a Place of Safety (POS) under any circumstances.
- Adults can be taken to custody as a POS, only in circumstances to be specified in regulations, yet to be determined, by the Secretary of State. *It is anticipated the criteria will be exceptionally violent individuals, those who cannot be safety managed elsewhere.*

- Maximum assessment time of 72 hours in a POS reduced to 24 hours – which can be extended to 36 hours if authorised by the doctor leading the assessment, or a Superintendent if a custody suite has been used as the POS.
- A requirement, *where practicable*, to consult a doctor, mental health Professional or AMHP prior to removing a person to a POS. No such requirement presently exists.

Challenges and potential risks presented by the legislative changes:

There is currently insufficient capacity of Health Based Places of Safety (HBPOS) in Southend and Essex as a whole. The use of section 136 across Essex has increased by 19.8% for 2015-2016 compared to 2014-2015.

Essex as a whole had the 6th highest use of police cells as a POS nationally in 2015-16. Custody has been as a POS for 115 people from April to September 2016, more than the total number of detentions for the whole of 2015-2016. This is directly counter to the national decrease of the use of custody as a POS in line with national guidance, where for 2015-2016 compared to 2014-2015 it decreased by 73.3%. It should be noted only with 3 of the 115 people detained was custody used correctly as a POS because the person was too violent to be held at a HBPOS, the other 112 occasions were due to lack of capacity in the HBPOS. If current trends continue it is likely that Essex as a whole will have significantly more people detained in police custody as a place of safety by March 2017 than any other area in the country

Partner agencies in Southend are seeking a solution to the inappropriate use of police custody as a place of safety. The Department of Health invited 10 counties to make applications for capital funding and Essex has submitted a bid which has been provisionally approved for approximately £820,000. SEPT and the corresponding CCG's have proposed they will increase capacity of their 2 suites with any funds provided. The CCG is also looking to extend the use of the current street triage car across the South of Essex and including Southend. The street triage car enables police officers and community mental health nurses to respond to persons in mental health crisis, and has been successful in ensuring they are directed to the most appropriate treatment and support pathway

4.4 Mental Capacity Act (MCA and Deprivation of Liberty Standards (DoLS)

The Southend, Essex and Thurrock (SET) Mental Capacity Act and Deprivation of Liberty Standards (DoLS) Policy were launched during the year. Southend Borough Council's Department of People is responsible for statutory assessments under the Deprivation of Liberty Safeguards. In order to ensure that people are not deprived of their liberty without due cause, the Council receives Urgent Authorisations and Standard Authorisations from care homes and hospitals, and is required to carry out up to 4 assessments for each referral. Specialist qualified assessors, called Best Interest Assessors, carry out assessments. An additional two assessments are commissioned by the Council from a qualified Section 12 trained doctor, usually a psychiatrist. All six assessments are mandated in the Deprivation of Liberty Safeguards, as enforced by the Mental Capacity Act 2005. DoLS assessments should usually be carried out within seven calendar days when an Urgent Authorisation is granted. The Council must carry out assessments within twenty one calendar days in cases where a Standard Authorisation alone is applied for. The Council can exercise no discretion as to which type of assessment is carried out.

In March 2014, a landmark Supreme Court judgement [**P v Cheshire West and Chester Council and another and P and Q v Surrey County Council**] radically affected all local authorities in England, including Southend, with a significant spike in DoLS referrals. During the financial year 2014/15, the Council received 401 applications from care homes and hospitals for DoLS assessments. This represented a 568% increase in referrals from 2013/14. **During 2015-16, the Council received 619 DoLS applications which was a further 54.8% increase on 2014-15.** The Council has provided additional funding to train additional Best Interest Assessors and section 12 independent psychiatrist assessments, however there remain **significant resource implications for the Council in undertaking DoLS assessments within prescribed timescales**

SECTION 5 – INSPECTORATE REPORTS

5.1 HMIC Inspection and Re-Inspection of Essex Police

The following is extracted from the report on the re-inspection of Essex Police by Her Majesty's Inspectorate of Constabulary (HMIC):

Essex Police has made significant progress against the two causes of concern and three areas for improvement identified in HMIC's PEEL: Police effectiveness 2015 (vulnerability) – An inspection of Essex Police report. HMIC observed a change of mind set and approach to vulnerability across the force, putting children and vulnerable people at the centre of everything the force does.

The approach taken by the chief officer team and senior managers has been effective in achieving this change. Force communications to the workforce, public and partners have been clear and consistent. We received positive feedback from partners and staff regarding the quality of these messages throughout this revisit.

The force has improved its response to domestic abuse and now has effective and reliable processes in place to respond to and safeguard victims. The confusion we previously found about who was responsible for victims has mostly been resolved. Force policy and procedures apportion responsibility explicitly clearly at all times, and importantly most officers we spoke to had understood this. We found safety plans to be properly recorded in all the case files reviewed and the quality of handovers had improved, helped by the introduction of the PP60 form.

The force continues to develop its detective capacity, but will take time to achieve the desired level. In the meantime, the force has put support in place for officers who find they are either working in a specialist department or allocated the investigation of offences without the preferred qualification, experience or expertise. It is of the utmost importance that the force continues to support and develop those officers and staff involved in the investigation of child protection matters to ensure that all its investigations and interventions are of the highest quality.

The force now has processes in place to properly manage outstanding domestic abuse perpetrators. The force is aware of the numbers of these individuals and the risk each poses. Frontline staff and officers understand the need to make early arrests. The force should continue to monitor levels of outstanding perpetrators and seek to reduce their numbers.

The workloads within the police online investigation team (POLIT) have improved but are still high. The force's decision to allocate lower-risk cases to officers outside the unit is pragmatic and it has built in appropriate support. Thus while investigating officers outside the POLIT may not have the desirable expertise or experience, they do have guidance and ongoing support from specialist officers who do.

The force has greatly improved its safeguarding arrangements, with strong partnership working and support.

The full re-inspection report can be found [here](#)

5.2 CQC Inspection of Southend Hospital

The following is taken from the Care Quality Commission (CQC) inspection report which can be found [here](#)

The inspection was undertaken in January 2016.

During the first day of the inspection the junior doctor's strike was in progress. The trust was offered the option to cancel the inspection but declined. We noted that the trust had a clear plan for patient care during this period of industrial action.

During our inspection the trust was on a high state of escalation due to the increased number of patients coming in to the hospital. This had existed for some time before our inspection.

We rated the services offered by Southend University Hospital NHS Foundation Trust as 'requires improvement'.

Key findings were as follows:

- The increase in the number of beds at the trust had put additional strain on the services, but in particular a strain on the staff.
- Patient to staff nurse ratios are too high particularly in medicine and musculoskeletal surgery.
- High numbers of elective surgery cancellations were seen in addition to clinic cancellations all relating to the alert status, capacity and congestion within the hospital.
- Good patient outcomes were evidenced in particular the stroke service.
- Staff went the extra mile for patients and demonstrated caring and compassionate attitudes.
- The trust scored above the England average for Patient-led assessments of the Care Environment (PLACE) consistently for all categories assessed. (2013-2015)
- Cleaning undertaken by nurses and technicians for November and December 2015 of high risk equipment was 95% and 97% compliance rates. There were no MRSA cases reported and lower than the England average rates of C.Diff.
- Mortality and morbidity meetings took place but they did not follow a consistent format, and actions to support learning lacked timescales.

We saw several areas of outstanding practice including:

- We rated well led for the emergency department as outstanding. The local leadership and team worked well to deliver the service. Their governance practices ensured risks were identified and managed. They engaged staff to ensure they remained motivated.
- Stroke service patient outcomes receiving the highest rating by Sentinel Stroke National Audit Programme. CT head scanning were delivering a 20 minute door to treatment time which was a significant achievement.
- The trust had implemented an Early Rehabilitation and Nursing team (ERAN). The ERAN Team supported the early discharge of primary hip surgery and knee surgery patients.
- The 'Calls for Concern' service, allowing patients and relatives direct access to the CCORT (critical care outreach team) following discharge home.
- The learning tool in place within Radiology allowing learning from discrepancy in a no blame environment.
- The Mystery Shopper scheme that actively encouraged people to regularly give their feedback on clinical care and services.

- Safe at Southend was a new initiative to allow staff to share day to day clinical and operational issues with executive Directors for rapid action.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Ensure staffing ratios comply with NICE guidelines, to ensure both patients and staff are not at increased risk.
- Ensure duty of candour regulations are fully implemented, the trust was not able to demonstrate that they had met all parts of the requirements.
- Ensure that clinical review is part of the process for cancelling elective surgical patients.

5.3 Summary of CQC Care Home Inspection Findings

There are now 97 care homes in Southend. In the 18 months to September 2016 four homes closed down with a loss of 101 registered beds for older people. The homes and beds currently available are broken down as follows:

Older People	63	1694
Learning Disability	21	181
Mental Health	11	146
Physical Disability	2	41
Total	97	2062

With an increasing population of older people the reduction in beds in registered care homes is a concern for future capacity

From 2014, the CQC has given an overall rating care providers, which in the case of care homes has to be displayed at the entrance to the home. The 5 key questions for the inspection are:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive to people's needs?
- Is the service well-led?

Care Homes

In September 2016 the outcome of CQC visits to care homes within Southend based on their published reports was as follows:

Older People	%		LD	%
Outstanding	0.00%		Outstanding	0.00%
Good	69.84%		Good	100.00%
Requires Improvement	15.87%		Requires Improvement	0.00%
Inadequate	4.76%		Inadequate	0.00%
Not Yet Inspected	9.52%		Not Yet Inspected	0.00%
	100.00%			100.00%
MH	%		PSI	%
Outstanding	0.00%		Outstanding	0.00%
Good	90.91%		Good	50.00%
Requires Improvement	0.00%		Requires Improvement	50.00%
Inadequate	0.00%		Inadequate	0.00%
Not Yet Inspected	9.09%		Not Yet Inspected	0.00%
	100.00%			100.00%

Combined Averages

All Service Types Combined Averages	%
Outstanding	0.00%
Good	77.69%
Requires Improvement	16.47%
Inadequate	1.19%
Not Yet Inspected	4.65%
	100.00%

Domiciliary Care

The last tendering exercise undertaken by Southend Borough Council was in 2012 when contracts were let to 9 providers to support the various geographical areas in the borough. This has reduced to 6 since 3 gave notice on their contract. The retendering of domiciliary care will commence in October 2016, with the geographical localities aligning with those within the Transforming Care programme.

In addition to the preferred providers, there are an additional 11 “spot” providers who are offered work when the need arises. **There is continual demand on domiciliary care and recruitment and retention of staff is a particular challenge in this area.**

The performance of domiciliary care providers is as follows:

Outstanding	0%
Good	47.1%
Requires Improvement	5.9%
Inadequate	5.9%
Not Yet Inspected	41.1%
	100%

Where significant shortfalls in compliance are identified by the CQC, the Southend Borough Council Contracts Team makes contact with the provider to ensure that there is an action plan in place with appropriate timescales and regular update meetings are held with the provider to ensure the required improvements are made.

SECTION 6 - SAB CHALLENGE TO PARTNER AGENCIES AND STRATEGIC BODIES

Risk Identified	Agency	Mitigating Action	Progress	Impact
DoLS/MCA implementation will take some time to adjust to; need to establish best working practices once changes are in place.	Southend Borough Council	Action plan being implemented. Additional staff being trained and increased personal resource	Continuing significant increase in referrals since April 2015. Currently no backlog but is impacting on other work of Adult Services. SBC Practice Manager and Administrator are now in place to support this work.	The Board is assured that assessments are completed in a timely way to ensure adults are safeguarded appropriately
Specialist Support Services for adult male victims of sexual assault	SOSRC	Number of adult male victims known to SBC to be collated to evidence need.	The Police and Crime Commissioner has commissioned specialist sexual assault services for male and female victims of all ages from SOSRC from April 2016	Specialist support services for male and female victims of sexual assault of all ages is provided in the Southend area
High risk missing people from Southend Hospital	Essex Police & Southend Hospital	Significant Police resource (1fte) being taken up with high risk persons going missing from Southend Hospital, which is impacting on response to emergency calls	Essex Police and Southend Hospital are identifying actions to reduce the number of high risk missing persons from the Hospital	Mental Health unit now established within A&E. Impact being monitored

<p>Training of Staff in GP Surgeries</p>	<p>NHS England & Southend CCG</p>	<p>In recent inspections two of three GP surgeries that received “require improvement” ratings, and one practice which received an “inadequate” rating, were observed to have incomplete or insufficient safeguarding training.</p>	<p>Issue to be raised with the SAB Board for identification of actions to monitor and improve GP safeguarding training compliance</p>	<p>All GPs have received training. Some other clinical staff at GP surgeries still require training. SAB to monitor compliance</p>
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SECTION 7 – PARTNER AGENCY ANNUAL STATEMENTS

Partner agencies have also provided the following statements regarding the effectiveness of their services in safeguarding adults:

7.1 Southend Borough Council

Southend Borough Council produces an annual report on the effectiveness of their services for safeguarding adults for Cabinet in January 2016, which will be appended to this report at that time (see appendix 1)

7.2 Essex Police

Agency Context

Essex Police are dedicated to crime prevention and enforcement and work towards the Police and Crime Plan 2016-2020.

There are 7 priorities documented within this:

1. More local, visible and accessible policing.
2. Crack down on anti-social behaviour.
3. Be tough on domestic abuse.
4. Reverse the trend in serious violence.
5. Tackle gangs and organised crime.
6. Protect children and vulnerable people from harm.
7. Improve safety on our roads.

Additionally, Essex Police has a Plan on a Page which prioritises Immigration and Slavery, Domestic Abuse and other areas which may impact on vulnerable adults such as Repeat High Harm anti-social behaviour and violence with injury.

Crime and Public Protection Command manage the 13 areas of Public Protection as

nominated by the College of Policing including Adults at Risk of Harm and Abuse, HBA, FM, and DA. Essex Police add Hate Crime to these strands as well.

Essex Police has recently undergone significant change with the launch of the new Crime and Public Protection Command structure on 19th September 2016. This created new investigation teams across the three Local Policing Areas, an Operational Centre bringing together various risk assessment and triage teams (including safeguarding of vulnerable adults), and an improved and expanded Proactive Department.

It also introduced the Strategic Centre providing additional strategic capacity and capability for the command, overseeing policy and procedure and a team dedicated to the development of the strands of Public Protection.

The force has invested heavily in training front line officers and staff in vulnerability by way of the Public Protection Awareness course and a communication campaign. This has increased the identification and awareness of all areas of vulnerability including mental health.

Mental Health represents significant challenges with changes to the Mental Capacity Act. This means the time for police detention is reduced from 72 to 24 hrs and all but exceptional cases must be taken to a Health Based Place of Safety rather than a custody suite post arrest which presents both the police and health with a significant requirement to change prior to the changes in April 2017. The 24/7 Project is leading on this.

The new Care Act 2015 is now embedded and the police awareness of new legislation is complete.

Safeguarding Adults Activity

Essex Police are presently rolling out 3 day face to face training in Public Protection Awareness with around 1000 staff already completing it. There has also been a recent campaign to raise knowledge and awareness of vulnerability. This has included 'Inform' Briefings, post campaign and new resources to all staff including the Officers Guide to Vulnerability (a pocket book sized booklet). The Essex Police Internal website includes

reference and library material.

The SETSAF 1 form has been communicated to all staff as the single platform form to make referrals for vulnerable adults.

Essex Police were inspected by the HMIC for vulnerability with key recommendations placed on a force tracker and actively monitored and monitored by the Command Team and audit teams.

High Risk victims of Domestic Abuse are offered safety plans. Outstanding High Risk perpetrators are proactively sought and prioritised. Perpetrator programmes such as NOVA and Drive have been active in the last year, with NOVA coming to a planned end recently after a 1 year Pilot.

Changes to the Mental Health Act are catered for under the 24/7 Project, the Thurrock based commissioned project and the police are a key stakeholder for this. There is currently a business case to improve police resources to support this.

Essex Police are a statutory member of Domestic Homicide Reviews and Safeguarding Adult Reviews run by Community Safety Partnerships across the county seeking to identify preventable practice to reduce abuse, neglect and death.

Essex Police are continuing to support the Southend Safeguarding Adult Board and other partners working towards protecting vulnerable adults. We recently supported a local hoarding panel set up in the LSAB.

Essex Police support victims of domestic abuse through Domestic Violence Protection Notices (DVPO) where a suspect has been subject of No Further Action in police custody providing opportunity to later gain a Domestic Violence Protection Order (DVPO) at court.

Essex Police actively provide information to members of the public under 'Clare's Law' – The Domestic Violence Disclosure Scheme (DVDS Right to Ask and Right to Know).

Essex Police have written and published a Domestic Abuse Action Plan and progress is ongoing against this.

Outcomes and Impact of Safeguarding Adults Activity

For the period October 2015 to September 2016, 17 DVPNs were completed, which resulted in 11 DVPOs being granted by the court (for Westcliff, Leigh and Southend).

For the period October 2015 to September 2016, Essex Police have made 86 SETSAF referrals for the Westcliff, Leigh and Southend area. On-going increasing numbers reflect the investment made in training and awareness.

DVDS – for the areas of Westcliff, Leigh and Southend (for the period of October 2015 to September 2016), Essex Police have received 14 applications under the Right to Ask part of the scheme (with 29 % disclosures made) and 167 applications under Right to Know (with 19% disclosures made).

Key Successes

Essex Police operates a **Street Triage Scheme** which involves:

- Two cars patrolling the County
- Between 18:00 – 02:00, 7 days a week
- They are marked police vehicles driven by a police officer who is in company with a Mental Health Professional supplied by the Mental Health Trusts.
- It responds to incidents attended by officers where there is a mental health link either by attending the scene directly or via telephone advice (if it is already committed at another incident or the incident is a considerable distance away).

It has been operating in this model since April 2015 and the key results for last year (April 2015 – March 2016) were:

- It attended 1132 incidents where it provided appropriate support and help to people experiencing a mental health crisis.

- It appropriately prevented 195 people being detained under section 136 MHA.
- This led to a total reduction compared to the previous year of 18.7% (184 detentions) under section 136 MHA.

Key Areas for Development

Essex Police continue to support the abstraction levels to ensure all front line staff are provided with the Public Protection Course. This supports their knowledge and practice for protecting vulnerable adults.

The Investigation Advisory Team, an internal 'critical friend', move and change to ensure internal practices and investigation is of a high standard and improvement plans for the force are progressing.

The new Strategic Centre continues to monitor Authorised Professional Practice from the College of Policing to ensure best practice and national guidance is implemented. This is reflected in the ongoing review of police and procedure.

Essex Police will be inspected by the HMIC for stalking and harassment in the latter part of 2016. Any recommendations that result from this will be taken forward and actioned in line with national best practice.

The new Operational Centre will triage incidents in a more stringent and risk based process for all areas of public protection from the moment of first reporting, identifying those at risk sooner and ensuring the best response. Two Essex adult social care members of staff have been recruited to the Operational Centre and they will work with the triage team. This will ensure staff from both organisations engage face to face and allow the sharing of information to take place immediately.

Mental Health triage is seeking to develop under the 24/7 Project to expand its hours of operation to 24hrs instead of 1800 to 0200 as it currently stands with dedicated and seconded staff.

7.3 National Probation Service

Since 1st June 2014 the delivery of Probation Services has been carried out by the National Probation Service (NPS) and Community Rehabilitation Company (CRC). NPS are responsible for supervising high and very high risk of serious harm offenders on licence and community orders, and/ or those subject to Multi-Agency Public Protection Arrangement (MAPPA), preparing pre-sentence reports for courts, preparing parole reports, supervising offenders in approved premises, and delivering sex offender treatment programmes, support to victims of serious violent and sexual offences through the Victim Liaison Unit.

The National Probation Service (NPS) is committed to reducing re-offending, preventing victims and protecting the public. The NPS engages in partnership working to safeguard adults with the aim of preventing abuse and harm to adults and preventing victims. The NPS acts to safeguard adults by engaging in several forms of partnership working including:

- o **Operational:** Making a referral to the local authority where NPS staff have concerns that an adult is experiencing or is at risk of experiencing abuse or neglect, including financial abuse, and is unable to protect oneself from that abuse or neglect
- o **Strategic:** Attending and engaging in local Safeguarding Adults Boards (SABs) and relevant sub-groups of the SAB. Through attendance, take advantage of training opportunities and share lessons learnt from Safeguarding Adult Reviews and other serious case reviews

The NPS protects the public by working with offenders to reduce reoffending and harm. It works jointly with other public and voluntary services to identify, assess and manage the risk in the community of offenders who have the potential to do harm. The NPS also has a remit to be involved with victims of serious sexual and other violent crimes.

The NPS shares information and works with SABs from other agencies including local authorities and health services, and contributes to local MAPPA procedures to help reduce the reoffending behaviour of sexual and violent offenders, so as to protect the public and previous victims from serious harm.

Although the focus of the NPS is on those who cause harm, it is also in a position to identify offenders who are themselves at risk from abuse and to take steps to reduce this risk in line with the principles of this policy and procedure.

The NPS works in partnership with other agencies through the Multi Agency Public Protection Arrangements (MAPPA). The purpose of the MAPPA framework is to reduce the risks posed by sexual and violent offenders in order to protect the public. The responsible authorities in respect of MAPPA are the police, prison and the National Probation Service that have a duty to ensure that a local MAPPA is established and the risk assessment and management of all identified MAPPA offenders is addressed through multi-agency working.

Although not a statutory requirement, representation from the National Probation Service and the Community Rehabilitation Company on the Safeguarding Adults Board should be considered.

7.4 Community Rehabilitation Company

Agency Context

Essex Community Rehabilitation Company (ECRC) is contracted by the Ministry of Justice to deliver statutory probation services for adult services users who have committed offences, and are allocated to the CRC by the National Probation Service. These services include the supervision of those assessed as low or medium risk of harm (but they could be high risk of reoffending); the delivery of the community payback scheme, a range of accredited programmes, a range of interventions to address criminogenic need, and resettlement and 'through the gate' services. We have some key operational partners who are contracted by the CRC to deliver parts of our service – these are Nacro, Ormiston Families and Open Road. Where risk of serious harm in a case is deemed to have changed to high, the risk escalation process is followed whereby the NPS are asked to review a case with a view to transfer to them.

During the last year, ECRC has continued to restructure following the Transforming Rehabilitation reforms. These include the establishment of a central administration and case

management Hub in Chelmsford, with local management centres and neighbourhood centres in Southend, Basildon, Thurrock, Chelmsford, Harlow and Colchester. In Southend, we are delighted that our south of the county management centre is based in Civic 2. The biggest challenge for the CRC in the last year has been the transition to the new estates and our new operating model. The pace of change has meant we have not always communicated these changes well with partners, which has the potential to impact safeguarding checks and joint working on cases. Local managers have worked to mitigate this by engaging and working with partners in local teams.

Safeguarding Adults Activity

Essex CRC supervises adults who have committed offences. We are not a care and support service, but many of our service users have complex needs, so as well as having the potential to cause harm to others, they can be in need of care and support. As part of our assessment process, we seek to identify these, but refer to the appropriate services – including safeguarding services where applicable. We have a supported referral principle whereby mentors assist our service users to access other services. In addition, our Partner Link Workers, who work with current and former partners of men participating in the Domestic Abuse Perpetrator programme, work to safeguard those partners and children. Safeguarding training is core training for all operational staff.

Essex CRC undertakes monthly quality audits on a selection of cases. This is a holistic audit covering all aspects of our service delivery. Questions are asked about risk assessment, risk management, working with other agencies on the case. Assessing safeguarding practice is a key component of these audits. An area of learning has been the need to consistent make safeguarding checks, at this is now undertaken at the point of allocation to the CRC by the Hub teams.

Essex CRC is subject to independent audit from HMIP (there have been no HMIP inspections in Essex CRC this year) and the National Offender Management System, Operational Assurance (OA) Audits. This year we have had 2 OA audits – one on the ‘Through the Gate’ service and the other on ‘Enforcement’.

Outcomes and Impact of Safeguarding Adults Activity

ECRC has positive case examples of the following work:

- Ormiston Families - keeping adults in need of care and support safe through family work to reduce risk.
- Partner Link Workers – engagement with partners of domestic abuse perpetrators
- Reduction of risk and need in adults, linked to attitudes and behaviour, substance abuse, housing, ETE, emotional well-being.

Key Successes

Essex CRC uses a comprehensive assessment process that identifies areas of risk and need. Where we are supervising an adult with additional care and support needs, we are able to support any multi-agency arrangements to help keep that individual safe. The use of mentors through our operational partners has enabled greater contact with our service users outside of the formal environment of probation premises, which enables a greater understanding of the needs of an individual and the circumstances they are managing.

Key Areas for Development

Improve the knowledge of local processes for safeguarding adults in Southend, by developing links between local team managers.

7.5 NHS England

Agency Context

NHS England's core business is one of system leadership and assurance. NHS England has dual safeguarding responsibilities with regards to our directly commissioned health services (GPs, dentists, opticians, prison health care, secure mental health treatment, and sexual assault referral centres) and safeguarding assurance across the wider health economy. Our core functions are articulated in the revised Accountability and Assurance Framework (2015).

<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability->

[assurance-framework.pdf](#)

We continue to attend, and actively input into, the Health and Executive Forum, which is the local forum for healthcare commissioners and providers within Essex, Thurrock and Southend. We are kept apprised of risks in the system, which are escalated internally and highlighted on our risk register.

Safeguarding Adults Activity

Level 1 safeguarding training is mandatory for all staff working in NHS England. Those in the nursing and quality team who have a direct responsibility for adult safeguarding actively seek and receive additional training to enable them to fulfil their roles. We have a seat on the National Safeguarding Steering Group and also on the national MCA/DoLS subgroup, enabling us to keep abreast of priorities and actions nationally.

We work closely with CQC and are clear of our responsibilities where there are safeguarding concerns raised within our directly commissioned services.

Serious incidents across all healthcare providers in our locality are monitored by the NHSE Nursing Directorate on a weekly basis and we ensure that those with potential safeguarding implications are raised through the safeguarding process.

We ensure that safeguarding, including MCA, is part of the procurement process and we are actively invited to contribute to procurements.

Outcomes and Impact of Safeguarding Adults Activity

The impact can be challenging to quantify. What we do know is that our input has ensured a significant cohort of the healthcare workforce have been offered, and received, education and training in the national safeguarding priorities namely Mental Capacity Act, Deprivation of Liberty Safeguards, Female Genital Mutilation and PREVENT training.

We also worked with the NSPCC to develop a bespoke 6 day adult supervision programme that was applicable to both the adult and the children's safeguarding workforce.

The bi-monthly adult forum supports the system's safeguarding activity, as does the Clinical Commissioning Group (CCG) safeguarding supervision/peer support, which is facilitated by NHS England.

Key Successes

The key successes for NHS England Midlands and East (East) are the relationships that we have with our colleagues from both CCGs and provider services. The East Region Safeguarding Adult Forum (for health colleagues) continues to be extremely well attended and provides a valuable, unique and safe opportunity for colleagues to network, share best practice, discuss areas for concern and to keep up to date with developments locally, regionally and nationally.

Key Areas for Development

There are some challenges with the NHS Standard Contract. We will continue to use all other means we have to ensure that providers of care commissioned by NHS England are complying with Section 11 and safeguarding legislative requirements.

The need for education and training of the workforce does not diminish. We will continue to ensure that appropriate workforce training is commissioned and delivered, in line with the national priorities and the diverse needs of the workforce.

7.6 Southend Clinical Commissioning Group (CCG)

Agency Context

NHS Southend Clinical Commissioning Group (CCG) is committed to working with partner agencies to ensure the safety, health and well-being of the local people in Southend. Protecting the people at risk of abuse is a key part of the CCG's approach to commissioning and, together with a focus on quality and patient experience, is integral to

our working arrangements. Our approach to adult safeguarding is underpinned by quality and contracting systems that aim to reduce the risk of harm.

Included in the CCG Operational Plan is the aim to continue to work closely with Southend, Essex and Thurrock (SET) agencies to ensure the person is central to the safeguarding discussions.

This fits with the Five Year Forward View's second aim of improving the patient's experience, the key principles coming out of the Better Care Fund and Pioneer Project's objectives to focus on integrated, person centred and co-ordinated care.

Changes within the CCG are strengthening the focus on quality and safety with the appointment of a new chief nurse, Matt Rangué, moving the Continuing Healthcare Team in house and expanding the Quality Team. Southend CCG has also taken on greater responsibility for the commissioning of primary medical services (general practice) through joint arrangements with NHS England.

Safeguarding Adults Activity

There is representation at the Safeguarding Adults Board by a member of the CCG executive and at the Board subgroups and Executive by the CCG Adult Safeguarding Lead, Andrea Metcalfe. Training funded jointly by the CCG and local authority has been held for GPs and practice staff, community staff, care providers and social care staff around the Mental Capacity Act and Adult Safeguarding is a mandatory course for all CCG staff.

The Adult Safeguarding Lead assists local authority enquiries where a health related perspective is required and provides expert advice on safeguarding issues to providers when required.

The CCG has been actively involved in ensuring the quality of Adult Safeguarding within its commissioned services. Adult Safeguarding is a standing item on the Clinical Quality Review Group agenda for Southend Hospital and the CCG Adult Safeguarding Lead attends the Hospital safeguarding governance meeting. There have also been quality visits

to the hospital to assist the service to implement the Mental Capacity Act effectively and monitor the understanding by staff of adult safeguarding.

There have been several multiagency workstreams initiated by the CCG Adult Safeguarding Lead as a result of learning from adult safeguarding cases. This has brought together different agencies to review services and implement changes to help prevent abuse.

These areas of work include work around assistance with consent for dental visits for those people living in care facilities, the security of key safes, the legality of covert medication, improving DNA CPR documentation, unwise decision making, consent for flu vaccinations and work around people who go missing from hospital.

In the coming year it is expected that the CCG will establish closer links with GP services and help them to better understand the adult safeguarding agenda and be more able to identify where interventions are required.

7.7 South Essex Partnership Trust (SEPT)

Agency Context

There are no current risks affecting SEPT responding to safeguarding adult issues in the Southend area.

Safeguarding Adults Activity

7.7.1. Outcomes and Impact of Safeguarding Adults Activity

7.7.1.1 Enquiries

The Trust continues to conduct safeguarding enquiries regarding mental health services on behalf of Southend Council. Enquiries have increased since the previous year, this is due to numerous issues including; increased staff awareness, additional services that SEPT provide

etc.

The Trust randomly completes service user “interviews” where a member of the safeguarding team meets with the person subject to the enquiry once it has been completed. Examples of Southend case feedback includes;

‘My care coordinator listened to what I said and provided good advice. I understood why my care coordinator raised the issues with safeguarding team and the police and was happy with this.’

(Southend Community Mental Health Team)

“Staff support me; I know I can go to staff when something is wrong”

(Learning disability Service :Southend inpatient)

Whilst all the service users ‘interviewed’ felt safer they gave valuable information on how the safeguarding service could be improved further including;

- Using less jargon,
- Giving a more detailed explanation of what a safeguarding investigation is
- Include service user’s family members earlier in the process.

These suggestions have been incorporated into training and supervision sessions with staff.

SEPT community health services continue to raise safeguarding alerts for the Southend Safeguarding team to process. District nurses have been involved in providing reports and analysis to inform enquiries.

7.7.1.2 Safeguarding meeting

The minutes of all Southend Board meetings are standard agenda items at the Safeguarding group. The Group is chaired by the Trust Executive Director for Clinical Governance and Executive Nurse. An action log contains all directives from national, local and Trust services including recommendations from CQC inspections, audits and serious case reviews etc. This is monitored monthly for compliance.

7.7.1.3 Learning Lessons

The Trust has a Learning Oversight Committee where cases are presented and learning cascaded throughout the Trust. The agenda of this group consistently contains a safeguarding case.

7.7.2. Prevention and raising awareness

A series of preventative and awareness raising initiatives continue to be implemented within SEPT. This includes training programmes and the introduction of reflective practice forums where clinical staff meet with the Trust Safeguarding Lead to discuss open safeguarding cases, potential cases and to explore emerging themes.

7.7.3. Workforce Development

The Trust compliance with safeguarding adult face to face level 3 training has been above 90% for the reporting period.

The Trust Training strategy has been updated and includes Face to Face Prevent training programme which is also incorporated into Level 1-3 safeguarding programmes.

MCA DoLS training has been introduced this is both E-Learning and Face to Face dependant on staff role.

7.7.4. Partnership working

The Trust continues to be active members of the Southend Safeguarding Board and Operational Group and Serious Case Review group (where required). The Trust has worked in partnership with Southend Safeguarding adult team to develop a joint protocol on responding to safeguarding enquiries.

7.7.5. Quality assurance

7.7.5.1 Care Act 2014

The Safeguarding team have worked with Southend to implement the changes since the introduction of the Care Act 2014 and Sec 47 enquiries. The Trust is in regular contact with Local Authority teams to discuss the progress of cases and to provide evidence to support enquiries.

7.7.5.2 CQC Inspection

The Trust received excellent feedback from the Trust wide CQC inspection in 2015 with regard safeguarding service. Attached are inspector's comments regarding specific services within the Trust including services within Southend.



Inspection comments
Safeguarding.docx

Key Areas for Development

- Continue to develop the reflective practice sessions particular within Community Health services
- Arrange a combined safeguarding child and adult conference in 2017
- Continue to focus on service user involvement and incorporate feedback into safeguarding training and processes.

7.8 Southend Hospital

Agency Context

Southend University Hospital NHS Foundation Trust (SUHFT) provides a wide range of acute health services from its main Prittlewell Chase Site and at outlying satellite clinics across the local area to the local community. It provides specialist services to a wider population in South East Essex, including:

Cancer

Stroke

Aneurysm

Breast Screening

Ophthalmology

The hospital was officially opened in 1932 and was authorised as a Foundation Trust in 2006. It serves a population of 338,800 for general acute services and is the largest employer in the Southend area with a workforce of over 4,400 staff.

Southend University Hospital NHS Foundation Trust has been part of the Mid and South Essex Success Regime planning which will provide additional opportunities and challenges as the acute trusts within the regime work together with partners to develop system wide solutions to significant challenges within healthcare.

During this reporting period Southend University Hospital NHS Foundation Trust has invested in its Adult Safeguarding Services by recruiting and appointing an Adult Safeguarding Manager to lead on the safeguarding agenda within the organisation.

During this reporting period Southend University Hospital NHS Foundation Trust has worked on improving the safeguarding governance reporting structure up to Trust Board level.

Although still separate safeguarding teams adults and children's services have developed systems to work more closely together, including the introduction of a Children and Adults Safeguarding Committee that is chaired by the Trust Chief Nurse / Executive Lead for Safeguarding.

The introduction of the Care Act 2014 (came into effect in 2015) has required a review of the adult safeguarding systems / processes and Trust engagement and partnership working with the Safeguarding Boards and the Safeguarding Sub Groups. The Trust has been well represented on all groups.

This year the team need to engage and have a voice for the safeguarding agenda within the Success Regime discussions and plans.

Safeguarding Adults Activity

The Trust has a 'Policy for the Safeguarding of Adults at Risk of Abuse' which has been developed in line with the Southend, Essex and Thurrock (SET) Safeguarding Adults Guidelines 2015 to ensure that Trust safeguarding arrangements comply with SET guidelines and the statutory duties within the Care Act 2014. It is the responsibility of staff to ensure the safety and protection of adults at risk of abuse, to treat the abuse or potential abuse of adults seriously and to act on any suspicion or evidence of abuse.

The Trust has an Adult Safeguarding Team to support staff in meeting this responsibility and has a reporting, alert and referral system in place. The Adult Safeguarding Team can also be called to provide verbal advice and will review patients and individuals of concern.

All patient facing clinical staff and volunteers are required to complete either Adult Safeguarding E-learning Level 1 Training or Level 1 and 2 E-Learning Training, according to role of the staff member. Staff are also provided with adult safeguarding information and guidance when joining the Trust (On-Boarding) with face to face training for Health Care Assistants.

Training compliance is recorded using the Trust I-Learn system which can provide percentage figures of compliance to safeguarding training. Training compliance is monitored by the Children & Adult Safeguarding Committee and support offered to services to achieve compliance if required.

Currently compliance of staff that require training in the safeguarding of adults at risk is 80%.

Directorates are provided with monthly or quarterly safeguarding training compliance reports.

Southend University Hospital NHS Foundation Trust was inspected by the Care Quality Commission during January 2016, receiving an overall rating of "requires improvement".

Some comments within the report relevant to safeguarding were:

- Staff were able to describe situations in which they would raise a safeguarding concern and how they would escalate a concern.
 - Staff were aware of how to contact the Adult Safeguarding Lead.
 - Staff complimented the adult safeguarding advice they received.
 - Safeguarding policies and procedures were available to staff including out of hours contacts.
-
- The Trust training compliance target of 85% had not been met.
 - The Trust could not provide evidence or a percentage of level 2 Adult Safeguarding Training (this has now been addressed).
 - The Safeguarding Adults Policy does not specify levels of training required by different groups of staff

The Trust has audited Mental Capacity Assessments during this reporting period to inform some focussed work on the Mental Capacity Act agenda during the next year. This will include a review of the mental capacity assessment systems in line with recent 'Southend, Essex and Thurrock (SET) Guidance for Mental Capacity Assessment'.

The Trust has undertaken a piece of work to look at vulnerable adults that leave the hospital before they have been deemed medically fit. During the next year the Trust will review its policies and advice to staff for missing persons.

A Training strategy is required, including clear mapping to a level of training for all front line clinical staff. A Training strategy will also provide training guidance for other safeguarding related subjects such as Prevent, female genital mutilation, domestic violence and modern slavery.

The Safeguarding of Adults at Risk Policy will be reviewed and updated during 2017 proving

an opportunity to review advice and guidance for developing themes such as female genital mutilation and modern slavery. The revised governance reporting structure will also provide the ideal framework to monitor and provide assurance that the Trust is responding to emerging themes.

Outcomes and Impact of Safeguarding Adults Activity

During the reporting period October 1st 2015 to September 31st 2016, 110 SET SAFs (safeguarding referrals) were raised by SUHFT staff. 42 SET SAFs (safeguarding referrals) were raised against Southend University Hospital NHS Foundation Trust requested a safeguarding enquiry / investigation.

13 enquiries raised against the Trust did not proceed onto full investigations and were closed at enquiry stage.

3 enquiries raised against the Trust were substantiated.

1 enquiry raised against the Trust was partially substantiated.

5 enquiries raised against the Trust were not substantiated.

15 enquiries raised against the Trust are still pending outcomes and 5 are still under investigation.

Key Successes

The key achievements of Southend University Hospital NHS Foundation Trust have been:

- The development of referral and reporting systems for individuals at risk of domestic violence.
- The Prevent agenda now comes under the remit of the Adult Safeguarding Team which has enabled the safeguarding of vulnerable individuals at risk of radicalisation to be reported and supported as part of the adult safeguarding procedures.
- The Trust has successfully recruited an Adult Safeguarding Manager.
- The governance reporting structure has been improved with the introduction of an integrated Children and Adults Safeguarding Committee.
- The children and adult safeguarding teams are looking for opportunities to work

together to develop a more integrated approach to safeguarding across the Trust.

- The Adult Safeguarding Team has reviewed, updated and ratified the Trust policies for:

“The Management of Challenging Behaviour and the use of Therapeutic Restraining Measures”

and

“Policy for the Mental Capacity Act”

- Deprivation of Liberty Authorisations within the Trust are now monitored and administrated by the Adult Safeguarding Team with increased scrutiny, monitoring and assurance of the authorisations raised.
- The Trust has a Clinical Nurse Specialist for Learning Disabilities who continues to advocate for and promote the needs of our service users that have a learning disability, including the consideration of reasonable adjustments to promote and enable access to our services.
- Southend University Hospital NHS Foundation Trust has continued to improve on its accessible information for adults with a learning disability. There are now 16 easy read information leaflets; a DVD about capacity and consent available to view on the hospital website and a short animation about preparing to come into hospital and an easy read newsletter.

Key Areas for Development

Southend University Hospital NHS Foundation Trust will be focusing on these key areas during 2016 – 2017:

- To improve adult safeguarding training compliance.
- To review the Adult Safeguarding Procedures.
- To respond and comply to the recommendations (relevant to safeguarding) from the Care Quality Commission (CQC) inspection.
- Review and strengthen the Adult Safeguarding Training Strategy.

- To review and improve on the assessments of mental capacity.
- To strengthen support to staff and safeguard vulnerable adults who are at risk of absconding from hospital.
- Continue to improve on the communication of the safeguarding agenda across the Trust.
- To engage and have a voice for the safeguarding agenda within the Success Regime discussions and plans.
- To complete the Local Authority Adult Safeguarding Audit tool before January 2017 to inform safeguarding actions for 2017.

7.9 East of England Ambulance Service

Agency Context

East of England Ambulance Service Trust provide 24 hour, 365 days a year Accident & Emergency Services to those in need of emergency medical treatment and Transport. We cover 6 counties, Bedfordshire, Hertfordshire, Essex, Norfolk, Suffolk and Cambridgeshire. We cover a total of 11 Adult Boards throughout the region.

The Safeguarding team in EEAST consists of:

Dr Tom Davis (Named Dr for Safeguarding)

Sandy Brown (Director of Clinical Quality & Nursing)

Simon Chase (Safeguarding Lead)

Anna Price (Named Professional for Safeguarding)

Denise Kendall (Safeguarding facilitator)

Rebecca Bavington (Assistant Safeguarding facilitator)

Simon Chase & Anna Price have completed their NSPCC supervision skills training and complete supervision for 27 identified personnel within the Trust.

We have funding for 2 band 7 posts which are currently going through the recruitment

process.

Safeguarding Adults Activity

The Trust has a Safeguarding Annual Report that reviews actions and outcomes from the previous year and maps requirements for the forthcoming year. The Trust promotes actions in safeguarding as part of a Trust Outcome Plan and this is promoted in all relevant work streams within the organisation. The Learning and Development Policy includes a training Needs Analysis (TNA).

The Board of the East of England Ambulance Service NHS Trust is focused in ensuring that the statutory requirements under the Care Quality Commission and Care Act 2014 are met and that people using Trust services are protected from harm and abuse

East of England Ambulance Service NHS Trust meets all statutory requirements in relation to Disclosure and Barring Service and has systems in place for safer recruitment

East of England Ambulance Service NHS Trust has a Safeguarding Adults policy in place.

The Trust works in partnership with all statutory and non-statutory agencies around the Eastern Region.

Trust Safeguarding Lead works with the National Ambulance Forum for improving safeguarding standards nationally.

Outcomes and Impact of Safeguarding Adults Activity

Identify the outcomes of your agency's safeguarding adults activity, and the impact on adults and their families/carers. Please include any relevant performance and quality assurance information to illustrate outcome and impact

EEAST have seen a month on month increase of all safeguarding referrals. Adult Social Care referrals are showing the biggest increase with the top 3 categories of abuse being:

1. Self -Neglect
2. Neglect

3. Domestic abuse

This is due to the increase in training and awareness, including our Community First Responders (volunteers) and Private Ambulance Providers.

Key Successes

- We continue to work alongside Boards when there are SAR and DHR
- We continue to engage where possible with our Boards
- Training figures are increasing
- Referral figures are increasing
- Receiving more feedback from Local Authorities for crews

Key Areas for Development

- Maintain the external engagement with our Boards
- Maintain the training programme to ensure all staff are trained in Safeguarding
- Continue to promote the safeguarding agenda within EEAST

7.10 Southend Association of Voluntary Services (SAVS)

Agency context

Southend Association of Voluntary Services (SAVS) is a Council for Voluntary Service (CVS), a local infrastructure organisation for voluntary and community sector (VCS) organisations, and carries out five core functions which are; Services and Support, Liaison, Representation, Development Work and Strategic Partnerships. SAVS also have a sixth strand of volunteering and hosts the Turning Tides projects.

Activity

SAVS is a membership organisation and supports members to ensure they have the right safeguarding policies and processes in place. Training is provided in partnership with the LSCB and SAB in all aspects of safeguarding, for example, Female Genital Mutilation, Child Sexual Exploitation and gang culture. Regular meetings and communications are organised to share information on current issues to ensure Voluntary Sector organisations are up to date with the latest trends and can do what is necessary to protect their service users.

The Turning Tides project runs services for vulnerable adults; the Safe as Houses project works to support older people who have been identified as vulnerable to postal scams and to prevent new people succumbing to this. The See Change service supports people with hoarding behaviours by providing long term support to help them identify the underlying reasons for their behaviour and tackle these to ultimately reduce their hoarding and ensure they have a safer living environment.

The Folk like us project identifies older people who are lonely and isolated and provides support to help them improve their lives by overcoming barriers and becoming socially involved again.

SAVS CEO is a member of the Safeguarding Adults Board, Local Safeguarding Children Board and is the Chair of the Safeguarding Adults Executive.

Impact of Safeguarding Adults Activity/Successes

The Safe as Houses service has provided support visits to 500 households over the year and identified people actively being scammed and many who had suffered in the past. The service is run by a team of volunteers who won the Essex Police Cup this year in recognition of their contribution to keeping the community safe.



The See Change service has provided over 300 hours of support to a number of people who were hoarding and helped them make changes to improve their lives. “The counselling helped me gain insight into my behaviours and learn to control them,” says one client.

The Folk like us project has supported over 150 over 65s in the 18 months since it began, helping them achieve their goals. For example, John was lonely and isolated. He was leading an unhealthy lifestyle and lived alone in a large house with steep stairs which had caused him to fall several times. With our support he changed his eating/cooking habits by learning to cook, learned IT skills and was able to bid for new housing, moved to new, safer, sheltered accommodation where he had opportunities to meet people and participate in social activities.

“I’ve achieved more than I could possibly hope for- it has helped me achieve a better standard of life and help in every way possible in the community.”

John

7.11 Essex County Fire and Rescue Service (ECFRS)

Agency Context

Essex County Fire & Rescue Service recognises safeguarding as a high priority for their organisation. In order to achieve this we ensure we have robust arrangements in place to provide strong leadership, vision and direction for safeguarding. We make sure we have clear accessible policies and procedures in line with relevant legislation, statutory guidance and best practice.

Essex County Fire & Rescue Service works in close collaboration with Local Authorities to ensure the provision of co-ordinated integrated services which meets the needs of our communities.

Safeguarding Adults Activity

The service ensures that there is a clear statement of responsibilities for staff and that

safeguarding adults strategies and associated policies are in place, including safe recruitment of staff, a whistle-blowing policy and supervision policies which ensure staff exercise vigilance to mitigate against the risk for those people using our services. ECFRS works collaboratively and ensures input and feedback on matters relating to safeguarding through its collaborative architecture such as the Chief Fire Officers Association and other national Fire & Rescue Services.

ECFRS recognises safeguarding as a high priority for their organisation and takes accountability seriously. In order to achieve this we ensure we have robust arrangements in place to provide strong leadership, vision and direction for safeguarding. We have a clear line of accountability for safeguarding within ECFRS. The Community Development & Safeguarding Manager being the professional advisor to the Assistant Chief Officer for Prevention, Protection and Response.

Outcomes and Impact of Safeguarding Adults Activity

The Service has recently recruited additional staff to effectively deal with the significant increase in referrals that have been generated through greater awareness training.

Key Successes

In 2015 ECFRS Community Development Team received a World Award for its work with the Down Syndrome Association. The Award recognised ECFRS Firebreak scheme's outstanding achievements which have strengthened and enriched the lives of people with Down syndrome ensuring they have the skills and education in place for safe independent living.

The Firebreak Scheme has seen significant expansion over the past few years and now works with a large number of vulnerable adults within our communities receiving high praise from partner agencies and identified as best practice nationally. Recently ECFRS Community Development & Safeguarding Team was announced winners of the Essex Business Excellence Awards (Community) for its Firebreak programme with charities.

Key Areas for Development

In 2016 ECFRS commissioned an independent review of its safeguarding arrangements. The review stated that safeguarding arrangements within ECFRS were well managed and the recommendations for additional resources to ensure resilience were addressed.

7.12 South Essex Homes

Agency Context

South Essex Homes is the Arms Length Management Organisation set up by Southend on Sea Borough Council. Their aims are to manage and maintain the council's 6,200 properties and associated housing land. Our operational risk register identifies safeguarding as an operational risk "Failure of the organisation that controls are not robust, resulting in unidentified child/adult abuse" and it is mitigated by:-

- Extensive risk assessment carried out.
- Referrals made to relevant support agencies.
- Any potential risks referred to safeguarding teams.
- Regular property inspections and room checks carried out.
- Policies and procedures updated regularly and compliance checked.
- Extensive staff training.
- Safeguarding procedures in place.
- Regular support meetings
- Robust staff appraisal and 1:1 system in operation.
- Reviewed and updated the Safeguarding Policy
- Improved reporting mechanisms to the Board and Audit Committee
- Reporting to Local Safeguarding Children's Board (LCSB)
- Audit of revised risk assessments
- Auditing of safeguarding training for staff.
- Analysis of safeguarding referrals and training to reflect common themes.
- Dedicated budget for sanctuary scheme for victims of Hate Crime and Domestic Abuse.

Safeguarding Adults Activity

In order that South Essex Homes continues to provide an effective safeguarding response for adults with additional care and support needs, they have provided a senior manager as the designated safeguarding lead and appropriate representation at the Safeguarding Adults Board, Safeguarding Adults Executive Board, the Housing sub-group and at the MARAC.

The safeguarding adult policy and procedure complies with the Southend, Essex and Thurrock Guidelines for Safeguarding adults. The safeguarding policy and procedure is updated every three years (last updated May 2015).

All front line staff are trained regularly in safeguarding adult awareness, mental health awareness, mental capacity awareness, domestic abuse awareness and Dementia and Alzheimers awareness. A safeguarding presentation is included in the Staff Induction day. Safeguarding awareness sessions include contractors operating on behalf of South Essex Homes/Southend on Sea Borough Council. Awareness sessions on safeguarding are delivered to residents living in Council owned sheltered schemes. Articles on domestic abuse and safeguarding are regularly featured in residents' newsletters and staff newsletters.

A safeguarding page on the South Essex Homes website is updated regularly as well as the safeguarding page dedicated to staff on the intranet. Guidance sheets on reporting concerns are provided to all contractors operating on behalf of South Essex Homes/Southend on Sea Borough Council. Business size cards are issued to all staff with identifying potential concerns and the relevant numbers to contact.

An update on safeguarding is provided at each Board meeting. Safeguarding is a regular agenda item at the Operational Management Team meetings and safeguarding action plans are monitored at the Operational Management Team meetings. Referrals are monitored and reflect the training programmes and awareness sessions delivered.

There are dedicated officers to identify and respond to victims of domestic abuse and a dedicated Sanctuary Scheme budget is set aside annually, to cover the cost of additional safety and security measures for victims of domestic abuse and hate crime. There are

dedicated officers to identify and respond to vulnerable victims or perpetrators of anti-social behaviour.

The Council's internal audit team recently inspected our Safeguarding involvement and the recommendations included ensuring that our contractors have safeguarding policies in place. This has now been addressed. The action plans for all audit inspections are monitored by the Operational Management Team on a fortnightly basis.

Our Community Development Team support vulnerable tenants who are at risk of losing their tenancy. In our Temporary Accommodation Team we have a dedicated officer to support hostel residents with complex needs.

Outcomes and Impact of Safeguarding Adults Activity

The number of evictions for council tenants has reduced this year from 45 to 6 (as at the end of September 2016) primarily due to the support of the Community Development Team.

A partnership with Southend College providing a free counselling service is available at The Hub. Trainee counsellors in their third year of their Counselling course with support from an NHS trained counsellor take referrals from the organisations operating from the HUB, who feel that their clients would benefit from counselling. This provides a pivotal service in improving a vulnerable person's life.

Key successes

Since June 2015 the Digital Housing Hub (DHH) has seen over 3000 clients. Alongside the digital support advice there is health advice and welfare advice. It means that the HUB can offer a complete bespoke service to assist a vulnerable person and to ensure that they receive the maximum amount of help needed to live an independent life.

Healthwatch Southend joined the HUB in September. Since joining they have seen 50 residents, giving advice on a wide range of health matters.

The free counselling service headed up by a drug and alcohol specialist has attracted over 75 referrals with 90% of these people having at least 6 sessions.

The introduction of the counselling service provides advice and support to participants requiring help with Life Style, and Mental Health Problems. The twelve by weekly interactive group has provided another avenue that the HUB offers. The results of the sessions so far are:

Group Sessions completed Spring – Summer Programme 2016	24	Group Time Duration	2 Hours	<u>Open Group</u>
				Yes
Male participants Attended	134	Participants Food supplied	Yes	Outcome measures
				Under review
Female participants Attended	31	Participants Transport Provided	Yes	STAR
Total participants Attended	165	Participants Materials supplied	Yes	Locus of control

Key areas for development

Continue with the excellent work provided at the HUB.

Expand the current service offered by Careline to support vulnerable clients to continue to live independently.

SECTION 8 – IMPLEMENTING LEARNING FROM REVIEWS

The SAB has published one Safeguarding Adults Review (SAR) during the period, which was given the identifier 'Anne'. The SAR was commissioned by the SAB Chair following the death of "Anne", a young adult, in a Continuing Health Care placement in Essex, in spring 2014.

Learning from the SAR was as follows:

- **Finding 1** - Case management arrangements for young people who need solely Continuing Health Care post-18 are currently set up in such a way that professionals who hold the case management responsibility are pulled towards families who are the most vocal, with the consequence that the needs of some young people are less visible.
- **Finding 2** - The transitions protocol is comprehensive but the pathways and descriptions of multi-agency planning that it contains are largely based on young adults being reviewed or supported by the local authority's Adult Social Care service, which results in a lack of clear expectations about the transition arrangements for those who are becoming the responsibility of Continuing Health Care only.
- **Finding 3** - There is clear planning and information-sharing within health agencies about the management of complex epilepsy - but GPs' role as a conduit between specialists and family members or social care providers, is variable as they struggle to manage the volume of correspondence about patients. This means that adjustments to complicated medication plans can be entirely dependent on family carers while updates from specialist doctors are sent and then logged at GP surgeries.
- **Finding 4** - Because there is a lack of placement choice for young adults with particular combinations of disability and complex health conditions, some adults in transition are placed in provision that is primarily for children, with a risk that the needs of neither group are met.
- **Finding 5** - The Mental Capacity Act takes as its starting point that, unless it can be shown otherwise, 16 and 17 year olds, as well as over - 18s have the capacity to make their own decisions. This legal framework requires professionals, parents and carers to think about decision-making and rights in such a different way to the approach taken with children under 16 that it can be a challenge for all concerned.

The following recommendations were identified and have been progressed by the SAB:

- **Recommendation 1** - The SAB should ask the Clinical Commissioning Group to report back on the implementation of proposed changes to case management for those adults in Southend who are eligible for Continuing Health Care, and consider raising with the Health and Wellbeing Board any emerging case management gaps for young adults in transition into the service.
- **Recommendation 2** - The SAB should receive an update on, and have the chance to comment on, the draft transition protocol between adults' and children's services, and ask for assurances about the way this is being embedded in the local operating framework so lines of responsibility and co-ordination are clear between health and social care.
- **Recommendation 3** - The SAB should seek updates on work in Southend to enable the sharing of NHS patient information between primary, secondary, specialist care and other health settings - and ask some questions about how this will help not just GPs, but any health professionals with a coordination role for the care of particular service users with complex needs.
- **Recommendation 4** - The SAB should hear back from commissioning colleagues about the impact of the Care Act on placement choice and development for young adults with complex needs.
- **Recommendation 5** - The SAB and the Safeguarding Children Board could sponsor a joint piece of work to understand the different professional cultures around mental capacity and decision-making in services for children and for young adults, with a view to reducing some of the differences in practice that can have a direct and inconsistent impact on young adults with complex needs who are in transition between services.

The full report for this Safeguarding Adults Review can be found on the SAB website at

www.safeguardingsouthend.co.uk/adults

SECTION 9 – CONCLUSIONS AND AREAS FOR DEVELOPMENT

The SAB continues to develop and has having more impact on the coordination of safeguarding adults' services in Southend. In order to continue to have an impact on improving services across the partnership the following areas for development have been identified for 2016-19:

- Ensure the provision of services for young people who require extra support and assessment but do not meet the criteria for statutory adult services are integrated and accessible. The SAB proposes there should be a one year funded project to look at the scale of this group and their needs, and how to work with them with, possibly using a worker in the third sector. The project to report back at the end of the year on issues and recommendations for this role in the future.
- Improving the experiences of adults discharged from hospital ensuring good co-ordination between relevant partner agencies. The SAB to propose a project to look at drilling down into the issues underpinning hospital discharge concerns and develop “whole system” recommendations to be rolled out across the partnership to improve the safety, coherence, and consistency of this process for patients.
- The provision of funding by commissioning agencies for a specialist hoarding support service
- The provision of support services for domestic abuse perpetrators who are not in the criminal justice system, which has a good evidence base, by commissioning agencies
- Increase capacity of Health Based Places of Safety (HBPOS) in Southend and Essex as a whole, and a reduction in the use of section 136. As a matter of urgency Southend CCG to look into the reasons for the delays in refurbishing the existing section 136 health suites, and ensure adequate levels of local provision. *(Referred to the CCG for action November 2016).*
- Commissioning agencies to ensure there is sufficient capacity in registered care homes and domiciliary care providers to meet the demands of an increasing elderly population
- Ensuring DoLS assessments continue to be undertaken in a timely way to ensure the rights of adults with additional care and support needs are safeguarded effectively

SECTION 10 – FINANCIAL REPORT APRIL 2015 TO March 2016

The SAB uses the funding formula below to ensure it has adequate resources to undertake its business effectively for the financial year 2015-16

Agency	Percentage Contribution	Contribution
Southend Borough Council	48%	£36662
Southend CCG	26%	£19858
Essex Police	26%	£19858
Total Contribution		£76378

The SAB shared a business manager and administrative assistant with the Safeguarding Children Board (0.5fte for each role and Board). There is also a considerable ‘in kind’ contribution of partners to both the Board and sub groups, a major resource which is difficult to quantify, but is critical to the effective functioning of the SAB.

For the year 2015-16 the SAB’s expenditure was as follows:

Description	Expenditure (£)
Total Employees	42713
Total Supplies And Services (includes chair remuneration and meeting/training costs)	20486
Total	63199

For the financial year 2016/17 the SAB will carry forward £26950 in reserves.

SECTION 11 – BOARD MEMBERSHIP AND ATTENDANCE

Representative	24th November 2015	1st March 2016	21st June 2016	27th September 2016
Christine Doorly - Independent Chair	√	√	√	√
Simon Leftley - Vice Chair - Corporate Director for People	√	√	-	Apologies
Claire Alexander – DIAL Southend	√	√	√	√
Lisa Fautley/Simon Chase - East of England Ambulance Trust	Apologies	√	√	Apologies
David Baxter – SBC	Apologies S Porter attended	Apologies R Layzell attended	Apologies	√
John Cooke/Leanne Crabb Healthwatch Southend	√	√	√	√
Carol Cranfield - SBC	√	√		
Ann Davenport/Jane Dresner - SEEAOP	-	√	√	-
Traci Dixon - SEH	√	Apologies	√	Apologies
Essex Police	M Wheeler attended	Apologies	M Wheeler attended	M Wheeler attended
Sharon Houlden - SBC	√	√	√	√
Linda Kettley/Dave Bill – Essex Fire & Rescue Service	√	√	Apologies	Apologies
Shirley Kennerson - NPS				√
Alex Osler/Martin Lucas - Essex CRC	Apologies	√	√	√

Representative	24th November 2015	1st March 2016	21st June 2016	27th September 2016
Cllr James Moyies	√	√		
Jennifer Pattinson/Lo-Anne Lewis - CQC	Apologies	-	√	√
Sarah Range - SBC	√	√	√	√
Matt Ranguie/Melanie Craig – NHS Southend CCG			√	√
Cllr Lesley Salter			√	Apologies
Alison Semmence - SAVS	√	√	Apologies	√
Eleanor Sherwen/Joan Skeggs – NHS England	-	-	-	-
Elaine Taylor - SEPT	√	Apologies	Apologies	G Arthur attended
Denise Townsend – Southend Hospital	√	√	√ also attended by P Hodgson	Apologies