

# Essex County Council Safeguarding Adults' **Peer Review Report**

December 2015

**Final**

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# Executive Summary

Essex County Council requested that the Local Government Association undertake an Adult Safeguarding Peer Review at the Council and with partners. The work was commissioned by Dave Hill, Executive Director for People Commissioning and was the client for this work. He was seeking an external view on the effectiveness of the safeguarding adults' arrangements at Essex County Council which included adult safeguarding practice. The Council intends to use the findings of this peer review as a marker on its improvement journey. The specific scope of the work was:

## How effective are our safeguarding arrangements?

- Is a personalised approach to safeguarding well embedded within our social work practice?
- How effective are the Essex Safeguarding Adults Board and related partnership arrangements?
- How effectively are we enabling safeguarding within the external market?

## How effective is our approach to early intervention and prevention?

- Do we have a sufficiently pro-active approach to early intervention and prevention?
- Is early intervention and prevention embedded in our practices and procedures?

After due consideration of the documents read the people seen the peer review team believe that Essex County Council have a very clear commitment to keeping people safe operationally and strategically. All the elected members, staff and partners that the peer review team met across all organisations were clearly committed to safeguarding adults' and passionate about its importance. This is a real strength.

To answer the question posed to the peer review team it is possible to say that a personalised approach to safeguarding is taking place but we have not seen evidence that it is embedded across the whole system and ECC need to ensure the risk of keeping people safe during this period of significant change is carefully managed.

The Essex Adult Safeguarding Board (ESAB) is settling into a revised structure with most things in place to hold partners to account and improve the safety of people at risk of harm; it now needs to further clarify partnership governance arrangements and concentrate on its core business.

With reference to how effectively ECC is enabling safeguarding within the external market it is possible to say that there is adequate capacity in the system at the moment, but limited room to cope with spikes in demand and long term demographic changes. There is room to improve safeguarding within the external market through being more coherent in communication and co-production with providers. There is effective work with some providers and benefits would be derived from generalising this to all others.

There is a clear strategic commitment to early intervention and prevention through the Council's commissioning strategies and plans. There are number of good projects delivering well. This could be more embedded and consistent across the whole of Essex. The initiatives from Public Health are impressive and the evidence base is developing.

There are a number of early intervention and prevention projects and initiatives and it is too early to say if these are embedded in practice and procedures. The peer team believe is now time to move from projects to 'business as usual'.

Adult Safeguarding is a complex business and this report includes further detailed comment across the headings of the Standards for Adult Safeguarding as well as the specific answers to the scoping questions posed to help Essex County Council, the SAB and partners to continue to develop and improve.

# Report

## Background

1. Essex County Council requested that the Local Government Association undertake a Safeguarding Adults Peer Review at the Council and with partners. The work was commissioned by Dave Hill, Executive Director for People Commissioning and was the client for this work. He was seeking an external view on the effectiveness of the safeguarding adults' arrangements at Essex County Council (ECC) which included adult safeguarding practice. The Council intends to use the findings of this peer review as a marker on its improvement journey. The specific scope of the work was:

### Peer Review Context:

Over the past couple of years Essex County Council has undertaken a significant transformation. The new outcomes focused approach has seen the separation of commissioning and delivery functions and delivered savings of over £364m. Adult Social Care has undertaken significant change; in implementing the Care Act, a new case management system, a structural reorganisation and has a new leadership team. It is early days in all of these changes but the Council is keen to ensure that their statutory duties around safeguarding have been maintained and to build a benchmark around its performance on early intervention and prevention.

### Scope:

#### **How effective are our safeguarding arrangements?**

- Is a personalised approach to safeguarding well embedded within our social work practice?
- How effective are the Essex Safeguarding Adults Board and related partnership arrangements?
- How effectively are we enabling safeguarding within the external market?

#### **How effective is our approach to early intervention and prevention?**

- Do we have a sufficiently pro-active approach to early intervention and prevention?
- Is early intervention and prevention embedded in our practices and procedures?

2. A peer review is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer review is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit 'critical friends'. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement.
3. The benchmark for this peer review was the Safeguarding Adults Improvement Tool (Appendix 2). These were used as headings in the feedback with an addition of the scoping questions outlined above. The headline themes were therefore:
  - Outcomes for, and the experiences of, people who use services
  - Leadership, Strategy and Working Together
  - Commissioning, Service Delivery and Effective Practice

- Performance and Resource Management

4. The members of the peer review team were:

- **Catherine Driscoll**, Director of Adult and Community Services, Dorset County Council
- **Councillor Elaine Atkinson**, (Conservative), Poole Borough Council
- **David Blain**, Designated Safeguarding Adult Lead, Hull Clinical Commissioning Group
- **Hilary Paxton**, Head of Safeguarding Adults, Leeds Safeguarding Adults Board, Leeds City Council
- **Paula Youell**, Head of Adult Safeguarding & Principal Social Worker, Suffolk County Council
- **Mike Briggs**, ADASS Safeguarding Lead, ADASS Executive Council, Independent Chair of East Riding of Yorkshire Safeguarding Adults Board
- **Jonathan Gardam**, Policy Officer, ADASS (Mon)
- **Marcus Coulson**, Review Manager Local Government Association

5. The team were on-site for five days from Monday 30<sup>th</sup> November to Friday 4<sup>th</sup> December 2015. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:

- interviews and discussions with councillors, officers and partners
- focus groups and interviews with managers, practitioners, frontline staff and people using services and their carers
- reading documents provided by the Council, including a self-assessment of progress, strengths and areas for improvement
- A review of a select number of case files

6. The peer review team would like to thank staff, people using services, carers, partners, commissioned providers and councillors for their open and constructive responses during the review process. The team was made very welcome and would in particular like to thank Clare Hardy, Head of Commissioning: Vulnerable People and her peer review team of Brian O'Sullivan, Frederick van Heerden and Charlotte McManus for their invaluable assistance in planning and undertaking this review.

7. Our feedback to the Council on the last day of the review gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the review.

8. The Care Act has put safeguarding adults on a statutory footing. The Care and Support Statutory Guidance defines adult safeguarding as “protecting a person’s right to live in safety, free from abuse and neglect”. The Care Act requires that each local authority must:

- make enquiries, or ensure others do so, if it believes an adult is, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to other appropriate adult to help them.

- cooperate with each of its relevant partners (as set out in section 6 of the Care Act) in order to protect adults experiencing or at risk of abuse or neglect

9. The aims of adult safeguarding are:

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.
- To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible.
- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

10. There are six key principles that underpin all adult safeguarding work:

- **Empowerment** – Personalisation and the presumption of person-led decisions and informed consent. “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”
- **Prevention** – It is better to take action before harm occurs. “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented. “I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed.”
- **Protection** – Support and representation for those in greatest need. “I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able.”
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.”
- **Accountability** – Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life.”

## Context and Themes

- Clear and ambitious vision for residents of Essex
- Structurally complex within the Council and beyond
  - Strategically and operationally
  - Complex partnership environment, specifically with health
- Changed your strategic approach
- Changed the operational model of care in line with Care Act
- Partnership approach difficult to shift
- Implementation lag in understanding and inter connections
- Pause and reflect very timely
- Ambition – using OBA language move from “talk to action”
- Strategic intent clear
  - Important to operationalise in clear and coherent way
- Strong commitment from elected members to adult social care and safeguarding adults:
  - Investment in additional resource is really good news (however may not be enough)
  - Need to build this into the strategic narrative of your performance improvement journey
  - Purpose of changed model of care to reclaim social work clear, based on children’s experience
  - Recognise that adult social care is more challenged culturally due to legacy of care management and much greater demographics and demand
  - Attention to culture is vital
- Complex structure currently demonstrates elements of old system and new approach
  - Potentially confusing for staff, partners and community
  - Important to describe clearly the system and current place in the journey
  - Pause on some and create pace on others
- Decentralised model of delivery right for prevention and integration with NHS
  - Strong performance and accountability framework crucial
  - Risk in level of vacancies and proportion of newly qualified staff

- Workforce and professional development and Principal Social Worker
- Develop your 'performance obsessions' to move from inputs, process and outputs to outcomes.

11. The peer review team went through an interesting journey to understand the context of adult safeguarding, prevention and early intervention in Essex. This was important to be able to make accurate observations and recommendations that can be heard by the Council and partners involved in keeping adults from harm. Therefore this part of the report outlines our understanding of the context at Essex which frames our feedback.

12. It is apparent that there is an ambitious vision for the people of Essex across the adult social care services commissioned by the County Council. In the recent past there has been change at every level that has included but is not restricted to; the organisational implications of the Care Act, a Transformation Programme to change models of care, an organisational restructure and personnel changes in the management of adult social care.

13. The peer review team found the new arrangements structurally complex within the Council at both a strategic and operational level. The partnership arrangements particularly with health, are complex and in any situation would be a significant challenge. It is important in such a complex environment that partners recognise each other's role and function within the system and how they can support each other to improve outcomes. There was some evidence of joint working but as with most areas across the country this could be improved.

The issues facing the health economy appear difficult to shift and the NHS providers in particular have faced significant problems over the last 18 months with BTUH emerging from special measures and CHUFT being placed in special measures.

There is also an implementation lag in the understanding of the recent changes and new approaches within adult social care and the inter connections of this work by many involved. In addition the County Council works closely on a number of matters with twelve district councils and two neighbouring unitary local authorities.

14. Dave Hill, Executive Director for People Commissioning and client for this work indicated that along with colleagues there is the opportunity to Pause and Reflect on the changes made so far in adult social care and adult safeguarding. This would be to assess the present situation and challenges faced by staff at the moment. This peer review is part of that and the peer review team see this as very timely.

15. In terms of your ambition and using the language of Outcomes Based Accountability (OBA) that you have used to elicit change we urge you to move from "talk to action".

16. Whilst the strategic intent is clear it is also important to operationalise activity in a clear and coherent way so everyone knows what they are expected to do.

17. There is a very strong commitment from elected members to adult social care and the investment in additional resource is really good news during a time of austerity, (however it may not be enough). We recommend that you build this into the strategic narrative of your performance improvement journey. The purpose of your changed model of care to 'reclaim social work' is clear and based on your Children's Services experience. It is also important to recognise that adult social care is more challenged culturally than Children's Services, due to a legacy of care management and a much greater demographics and demand future forecasting that will put further pressures on resources of all kinds. As you address this, attention to the culture you create to deliver this is vital.
18. The complex structure currently demonstrates elements of the old system and your new approach which may be potentially confusing for staff, partners and the wider community. It is important to describe clearly the revised system and current place of adult safeguarding in the journey. To be effective you'll need to pause on some issues and create pace on others.
19. Your decentralised model of delivery is right for prevention and integration with the National Health Service (NHS) organisations. A strong performance and accountability framework is crucial. It is also important to develop your 'performance obsessions' to move from inputs, process and outputs to outcomes.
20. There is risk in the level of vacancies you are carrying and the high proportion of newly qualified staff. This, coupled with the complexity of the current corporate structure, increases risk for vulnerable people. Development of the workforce and their professional development is key through direction from the Principal Social Worker in order to mitigate this risk and develop further a culture that promotes independence.

## Your Scope and our Response

You presented the peer review team with a clear scope and related questions which we answer here.

### How effective are our safeguarding arrangements?

- Is a personalised approach to safeguarding well embedded within our social work practice?

*Very clear commitment to keeping people safe operationally and strategically. A personalised approach to safeguarding is taking place but we have not seen evidence that it is embedded across the whole system. You need to ensure you manage the risk of keeping people safe during this period of significant change.*

- How effective are the Essex Safeguarding Adults Board and related partnership arrangements?

*ESAB is still settling into a revised structure with most things in place to hold partners to account and improve the safety of people at risk of harm; it now needs to further clarify partnership governance arrangements and concentrate on its core business.*

- How effectively are we enabling safeguarding within the external market?

*There is adequate capacity in the system at the moment, but limited room to cope with spikes in demand and long term demographic changes. There is room to improve safeguarding within the external market through being more coherent in your communication and co-production with providers. You work effectively with some providers and you would benefit from generalising this to all others.*

### How effective is our approach to early intervention and prevention?

- Do we have a sufficiently pro-active approach to early intervention and prevention?

*Strategically there is a clear commitment with early intervention and prevention commissioning strategies and plans. There are number of good projects delivering well. This could be more embedded and consistent across Essex.*

*Public Health initiatives are impressive and the evidence base is developing.*

- Is early intervention and prevention embedded in our practices and procedures?

*As there are a number of early intervention and prevention projects and initiatives it is too early to say. It is now time to move from projects to 'business as usual'.*

# Outcomes

## Strengths

- Staff work hard and deliver positive outcomes for those people at risk of harm
- All of the people we met in this peer review are committed to delivering positive adult safeguarding outcomes
- Clear outcomes based commissioning strategies
- Ethnographic approach support community outcomes
- Changed ways of working have picked up previously unknown cases

## Areas for Consideration

- Making Safeguarding Personal is still at a very early stage and needs more work, strategically and operationally to embed it
- Care Act processes are still embedding
- Commissioning strategies could be better linked to front line practice
- Start Transitions conversations at age 14
- Ask HealthWatch or OSC to look into timely/planned hospital discharges (High rate of readmission indicates there are problems)
- Keep up progress on getting operational management teams able to interrogate performance data themselves
- Review the Joint Domestic Abuse Triage team
- More joint training with working age adults around the Care Act

21. The peer review team had the privilege of meeting staff from a large number of areas of the adult social care business at Essex County Council and it was clear that they work hard and deliver positive outcomes for those people at risk of harm and whilst doing so they are committed to delivering positive adult safeguarding outcomes. In the team's experience this was without exception and commendable.

22. The team experienced some well thought through and proportionate approaches to equalities in the Council, including the approach to undertake required equality impact assessments. Overlapping agendas were acknowledged, such as issues around radicalisation of people with learning disabilities. It was recognised that next steps could usefully include more dialogue with adult social care managers about safeguarding and equalities to broaden the discussion from the Prevent agenda to consider other areas where inequalities may require a safeguarding response or affect access to safeguarding responses.

23. The commissioning strategies designed to deliver adult safeguarding were strategically clear, although they could have clearer links between strategy and operational outcomes which would be helpful.
24. The commissioning services at ECC have done much to increase the input of individuals into shaping services, ranging from direct input through consultation on services to ethnographic work to get a better understanding of the experiences of those using services. The ethnographic research has been undertaken in three areas so far; adults with disabilities, carers, and dementia and supports community outcomes.
25. The changed ways of working has had a benefit in that it has picked up cases that previously may not have benefited from a safeguarding response thereby enabling the service to better serve the diversity of those who access services in Essex.
26. Making Safeguarding Personal (MSP) started as a sector led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. It is now incorporated into the Care and Support Statutory Guidance and is an expected way of working. From the evidence the peer review team saw it is still at a very early stage at ECC and needs more work, both strategically and operationally to embed it. On reviewing the current safeguarding process along with the case audit work, it is apparent that the Adult felt to be at risk of abuse is not consulted at the earliest opportunity. This creates an imbalance in dynamic with regards to MSP and the Council whereby the decision to proceed to an investigation pathway is decided before the Adult has had an opportunity to comment or agree to the investigation taking place. An early discussion which takes place at the point of concern being raised or early decision making within the Triage Team would allow for this early discussion. Those in the process should always be asked at the end of the episode whether the outcomes they wanted have been achieved. Both desired and achieved outcomes need to be recorded, to develop an evidence base of an outcomes-focussed approach to safeguarding. The case file audit evidenced that this is not yet happening consistently.
27. Care Act processes are still embedding. The revised model of care based around Good Lives and the three conversations should enable a focus on wellbeing and prevention duties to prevent, reduce and delay demand as set out in the legislation. However these approaches are not fully operational due to the prototype stage of development of the new model. Wholescale rollout of the approach will be important to realise the benefits of prevention as well as a person centred approach to safeguarding. Staff need to grow in confidence in using the new approaches and recording activity on the new system. ECC may wish to develop a system for routinely auditing safeguarding enquiries under the new procedures to check that the new procedures are being implemented consistently and to evidence improved compliance with the Care Act and the Care and Support Statutory Guidance. This will in turn enable adult social care to inform the ESAB about the quality of adult social care safeguarding adults work, and its contribution to the Board's objective.
28. ECC recognises that more can be done to involve customers and their experiences in the decision making process and is progressing work on co-production to ensure that future policies, strategies and services are developed

with citizens. Essex County Council have recently signed up for Think Local Act Personal and we recommend that you make full benefit of the resources on the TLAP website to shape this work. For example London Borough of Islington have a well-developed Making It Real Board that may be of interest.

29. There is the opportunity to start the Transitions conversations at age 14 to work towards a smooth pathway into adulthood and appropriate adult social care services.
30. ECC could consider asking HealthWatch or the Council's Overview and Scrutiny function to look into the issues of timely and planned hospital discharges in order to raise issues and seek solutions with partners. There is evidence of a high rate of readmissions which indicates there are some issues with sustainable discharges.
31. We agree with your intention to maintain progress on getting operational management teams able to interrogate performance data themselves. This would enable informed conversations in supervision and team meetings to support staff and to provide opportunities for dialogue about new ways of working. We recommend that ECC continue the development of MOSAIC, and ensure that the right staff are given access and sufficient capacity is allocated to developing performance reports to audit activity and enable assurance to the SAB that adult social care safeguarding activity is outcome-focused.
32. Review the interface between safeguarding adults and domestic abuse, including the role of the Joint Domestic Abuse Triage (JDAT) team. There are well-developed daily round-table meetings led by the JDAT, in addition to the Multi Agency Risk Assessment Conference (MARAC), which work well to consider joint responses to domestic abuse cases. Adult Social Care was described as "virtual" partner to those meetings, and opportunities may be missed to bring an adult social care perspective to more cases. Where abuse of a person with care and support needs is also domestic abuse, they may benefit from both safeguarding and domestic abuse services in order to achieve the outcomes they want and need. The current interfaces suggest that an adult social care perspective may not always be available for adults with care and support needs in such situations. There may also be a benefit in considering whether the round table meetings could consider cases within a shorter timeframe – it currently considers cases 5 days after the incident – evidence from elsewhere (e.g., Wigan, Leeds) suggests that more immediate protection may be possible if considered whilst the perpetrator is still in custody.
33. The peer review team recommend that ECC consider more frontline staff training that includes adults with a lived experience of the safeguarding process to influence practice, and to encourage a person-centred approach to safeguarding adults work.

# People's experiences of safeguarding

## Strengths

- A sample of service users in the safeguarding system had very positive experiences involving: Police, Ambulance Emergency Department, Mental Health and Social Workers

## Areas for Consideration

- Making Safeguarding Personal need to be earlier in the adult safeguarding process
  - Promote successes of good practice to develop Making Safeguarding Personal
  - Carers would like further recognition of resource and more involvement in co-production
34. As part of this peer review the team had the opportunity to discuss the experience of some those who have had occasion to access the adult safeguarding system. Of those sampled the team heard some very positive experiences involving the Police, Ambulance Service, Emergency Department, Mental Health and Social Workers. This was very welcome and is a testament to the committed hard working staff across the safeguarding system delivering positive outcomes. It would also be a key aspect of ECC on-going quality assurance and self-reflexive processes to continually improve services.
35. When considering the adult safeguarding system the peer review team believe that Making Safeguarding Personal needs to be earlier in the adult safeguarding process. The desired outcomes of the adult at risk should be ascertained right at the beginning of an episode so that it can influence the response and to ensure that the response is tailored to their wishes. The Triage Team may be best placed to hold early discussion with the adult or their representative on their views on both risk posed and the safeguarding process. The current system categorises the concern before the adult has had the opportunity to 'have their say'. This is a missed opportunity to potentially reduce 'waste' in the process when an adult (with capacity) may elect to have no further action taken. Where an adult is subject to a concern, records should give an early indication of capacity in order to inform intervention and ensure abilities are recognised and appropriate support is offered throughout the subsequent process.
36. The Council should consider promoting the successes of good practice in order to develop Making Safeguarding Personal. A self-audit against the MSP principles would allow ECC to report that it has developed the ESAB who may in turn add MSP implementation to its strategic planning. This could be developed further by the education and training team by production of e-learning, distance learning and classroom Audio Visual aids.
37. From the work completed whilst on-site it was clear that there are some good examples of engagement with carers such as the inclusion of the Macmillan support service at the Maldon Carers Headquarters. The approach to co-

production by the Council should be continued and developed and the Council may also wish to assure itself that carers assessments are being completed in a timely manner and are adding value.

# Essex Safeguarding Adults Board

## Strengths

- Well-resourced Board, clear strategy and Care Act compliant
- Revised and refreshed membership – engaged and committed partners
- Performance is examined - performance dashboard
- Co-produced a set of multi-agency procedures with unitary partners
- Representation and engagement with elected members
- Governance to other relevant Boards and Committees
- Recognition that it needs to raise its profile and engage with service users, carers and frontline staff

## Areas for Consideration

- Reconsider scope of ambition and re-state core purpose and consider transferring some activities into other bodies
- Personalisation and prevention need embedding in partner organisations' structure and culture; clarify and strengthen strategic decision-making role within the current multi-agency governance structure
- Consider a staff forum and a service user/carers engagement programme to hear their voices
- Competing demands overwhelm Board's focus which should become more proactive in order to adopt a longer term strategic approach
- There is evidence of inconsistency in applying safeguarding guidance in terms of definitions and thresholds. Review and tighten up guidance. Develop ESAB complaints procedure to be compliant with new statutory responsibilities
- Build on self-assessment process and performance dashboard to demonstrate how it is holding partners to account in improving the lives of people at risk of harm
- Partners would like clarity on where Safer Essex fits within ECCs strategic direction

38. The Essex Adult Safeguarding Board is a well-resourced Board with a clear strategy and is Care Act compliant. ECC was an early adopter when setting up their Safeguarding Adults Board and saw the opportunity of improving the communication between the Local Safeguarding Children's Board and ESAB by appointing a joint independent chair for both boards which has been a success. There was recognition that problems within Children's Services had shifted some of the focus away from safeguarding adults but has now been addressed

to provide a more equal balance of time from the Council. While there are efficiencies in directly mapping systems, procedures etc., from children onto adult safeguarding there does need to be diligence in ensuring that nuanced differences in statutory and practice are taken account of.

39. The ESAB has had a recently revised and refreshed membership to ensure the right people from each organisation are round the table to effect change and partners are engaged and committed. However The Board has many things to consider, some of which emerge and are deemed important and urgent, summed up by a Board member's statement "it feels like we're just touching the priorities and not doing a very good job with everything". These competing demands can sometimes overwhelm the Board's focus which should become more proactive and set its own agenda and priorities and thereby adopt a longer term strategic approach. Therefore the peer review team recommend that ESAB reconsider the scope of its ambition, re-state its core purpose and transfer non-core activities into more relevant bodies. This is based on the fact that given many of the partners are fairly new to the board and it is getting to grips with new demands under the Care Act, it is timely to do this. We got the impression that the Board have taken on too much, for example PREVENT, FGM, modern slavery, CSE which could overwhelm its core purpose of safeguarding adults at risk of harm under the definition of the Care Act (i.e. "has needs for care and support" etc.).
40. The ESAB is a strategic level organisation that seeks to set policy and influence frontline activity. In this case the issues of personalisation and prevention need to be fully embedded in all partner organisations' structure and culture. Where the Council have embraced Making Safeguarding Personal, other partners have barely started. We recommend that in order to fully realise the cultural shift required of all the partner organisations, the Board adopts an additional priority within its strategy to consolidate the development of the Board into a fully person-centred body.
41. ESAB examines performance of partners seeking to hold them to account. There is a self-assessment audit for all Board partners which is comprehensive but labour intensive - the board recently decided to carry out the audit every two years instead of annually because it took almost a year to complete the process. We would urge the board to re-consider that decision and streamline the process to restore an annual audit, as two years is too long a gap to keep track of partners' performance. We noted that a detailed performance dashboard is almost complete and will soon be presented to the board for acceptance as a regular report - this is a very good development. The board needs to critically review the performance measures as the dashboard beds in to ensure 1) that key measures are identified for presentation so as not to overwhelm people with too much data, 2) outcome measures are developed to answer the MSP question "do you feel any safer?" following intervention.
42. ESAB has co-produced a set of multi-agency procedures with its unitary partners which are Care Act compliant and clear. However the peer team found that there are some inconsistencies in how these procedures are interpreted in terms of definitions and thresholds across the county and by different agencies. Therefore we recommend that this is tested out further through existing and new forums and any areas of ambiguity are amended. Furthermore the ESAB complaints procedure needs to be revised since the board became a stand-

alone statutory body and also to take into account the guidance recently issued by the Local Government Ombudsman on its view of SABs.

43. Overall, given the large area the Board covers, we support its commitment to fully engaging all relevant partners and not be overwhelmed by the size and complexity of Essex. There seems to be reasonable engagement with relevant organisations such as City and District Councils, Police, CCGs, NHS Trusts etc. The Board appear to have made good strides in including the voluntary sector characterised by a comment from one of their representatives "I feel Essex has equipped us well to safeguard people, we are more trusted and now seeing other ways in". The Board is aware of major problems within some of the Health Trusts and tries to maintain an overview of them but it is an area of serious risk. The Board also acknowledge that GP practices could be better represented if one or two GPs joined the Board - we fully agree and have found that where safeguarding boards have active GP members it has greatly enhanced communication with that large hard-to-reach sector.
44. There is clear representation from and engagement with Council elected members on the Board and from some members outside of it. The Board are in a process of ensuring all councillors are trained in awareness of adult safeguarding - it could be taken further into a more active role for constituency councillors by the adoption of the "corporate carers" concept, but the appetite of councillors for this should be tested out first.
45. Governance arrangements are clear between ESAB and other relevant Boards and Committees and the independent chair is well integrated into Safer Essex, the Health Executive Forum (HEF) and the Health & Wellbeing Board. However there were concerns that the CCGs and NHS Trusts were not all being fully represented and that some decision-making was being taken in the HEF rather than by the ESAB itself. We would recommend that decision-making roles are reviewed and clarified within the current multi-agency governance structure and relevant protocols are agreed between the HEF and ESAB.
46. There is a recognition from the Independent Chair of the Board, which is shared by significant partners that ESAB needs to raise its profile with service users, carers, service providers, voluntary organisations and frontline staff. To this end we would support the idea to set up a sub-group, possibly with a task and finish remit, to improve engagement with these populations which would not only raise the Board's profile but also let the partners hear directly from people on-the-ground. An engagement programme could include: a regular forum for front-line practitioners; a service users reference group; partnership with carers support groups. Other examples are widely available from the LGA Knowledge Hub where other SABs who have had successes in these areas.
47. The ESAB recognises that the Council's strategic approach to Deprivation of Liberty Safeguards (DoLS) is not yet fully implemented partly due to problems in recruiting to vacant and new social worker posts, partly by the lack of advocacy services and partly by the deluge of DoLS applications which has engulfed all Council social care services following the court of appeal judgement last year. The Council are working to get on top of the unprecedented demand and are supported by the ESAB.

48. We were pleased to see the recent development of the adult safeguarding care providers' forum which gives the independent sector a stronger voice on the Board. While it is early days we found that not yet all providers across Essex are aware of it. There were some views expressed that a better use of time would be to combine the safeguarding providers' forum with the more established contract/quality forum and this may be something that ESAB should consider in the near future,
49. The ESAB chair is a member of Safer Essex and ensures there is an ESAB join-up across domestic abuse and other areas of hidden harm, he was also key to mapping hot spots within Essex. Safer Essex could also ensure itself that all members of the partnership are clear where Safer Essex fits within ECCs strategic direction.
50. It was noted Safer Essex have undertaken some positive work on financial abuse, domestic abuse and other "hidden harms", and partners recognise well their hot spots. It would be useful for partners to explore how this work complements the work of the ESAB under its strategic priority 4. The SAB could usefully consider how to achieve the best interface with those responsible for learning from domestic homicide reviews across Essex, building on the recommendations from work undertaken by the Safer Essex task and finish group to review Domestic Homicide Reviews.

# Leadership, Strategy and Working Together

## Strengths

- Clear elected member leadership and support for adult social care and adult safeguarding
- Senior officers appreciate adult safeguarding is a central aspect of effective delivery of adult social care services
- Relationships with Providers, NHS organisations, District Councils, the VCS and other partners are typically respectful, positive and rewarding
- The organisational approach to commissioning gives a clear direction to how services will be considered, defined, delivered and success measured
- The adult social care narrative focusses on good delivery, especially of adult safeguarding and not cuts, which is commendable
- CCGs demonstrate leadership at the Safeguarding Health Executive Forum and report good progress of the Domestic Abuse Strategy
- Safeguarding is felt to be embedded within tendering, procurement and contracts

## Areas for consideration

- Senior staff engage with frontline staff – ‘Walk A Mile In My Shoes’
- There is still an opportunity to improve relationships with some health partners at a strategic level
- Opportunity to do some work with the HWB to drive development
- You recognise that strategic commissioning needs some reorganisation to enable clearer activity and outcome delivery
- Extend influence throughout ECC to make all public facing services aware of adult safeguarding.

51. Throughout the process of this adult safeguarding peer review it was clear to the team that there is clear elected member leadership and support for adult social care and adult safeguarding in particular. This is demonstrated through documentation, stated commitment and action from senior elected members to colleagues, staff and partners.

52. All of the senior officers the peer review team met with demonstrated that they understood and appreciated that adult safeguarding is a central aspect of effective delivery of adult social care services and were concerned to ascertain the present position of it and any future improvements that may be necessary.

53. The relationships between Adult Social Care services and Providers, the various NHS organisations in Essex, the Voluntary and Community Sector (VCS) and other partner organisations are typically respectful, positive and rewarding. This is a good basis upon which to do business in an environment where delivery of effective outcomes is with, and through, other entities and where austerity will require further engagement.
54. ECC seeks to deliver services from a group of core commissioners. This approach gives a clear direction to how services will be considered, defined, delivered and success measured.
55. During a time of significant reduction in resources, with greater austerity recently announced in the Chancellor's autumn 2015 Comprehensive Spending Review the ECC adult social care narrative focusses on good delivery, especially of adult safeguarding and not cuts. This means staff are proactively encouraged to consider how to deliver effective outcomes, which is a positive position and highly commendable.
56. A number of the Essex Clinical Commissioning Groups (CCGs) demonstrate leadership at the Safeguarding Health Executive Forum and report good progress of the Domestic Abuse Strategy.
57. There was evidence from a number of groups of staff groups, it was clear that safeguarding adults requirements are felt to be embedded within tendering, procurement and contracts approaches. The quality of commissioned services is overseen by a weekly meeting and safeguarding incidents are monitored as a central part of this. This means that there is an 'at a glance' view of commissioned services that need to improve.
58. A key aspect of the scope of this adult safeguarding peer review is to consider frontline delivery of adult safeguarding. This is in part due to the scale of change undertaken that has been outlined earlier and a way this could be done is for senior staff that typically outline strategic intention to spend time with operational staff delivering the service. It put the peer review team in mind of the spirit of the Bob Dylan song Positively 4th Street with the line "I wish that for just one time you could stand inside my shoes". If this is done authentically the experience of these who deliver services will become apparent, solutions arrived at, and could be a part of the Pause and Reflect work referred to previously.
59. Senior staff recognised that front line staff may not yet be confident to use the new permissions they have. By opening up communications this confidence can be encouraged.
60. There is still an opportunity to improve relationships with some health partners at a strategic level. The tenor of some of these relationships feels hard to shift and some renewed effort, possibly given fresh impetus by the appointment of the new Council Chief Executive, is required to address known challenges across the health economy.
61. There is also an opportunity to do some more work with the Health and Wellbeing Board (HWB) to drive development in the wider health economy. The LGA has a free offer for members that is detailed here:

<http://www.local.gov.uk/health-and-wellbeing-boards> and LGA colleague Caroline Bosdet, Senior Adviser at the LGA would be happy to discuss bespoke development opportunities with you, her email is [Caroline.Bosdet@local.gov.uk](mailto:Caroline.Bosdet@local.gov.uk).

62. In discussions with ECC the peer team were made aware that there is recognition that strategic commissioning needs some reorganisation to enable clearer activity and outcome delivery to be fully achieved. We agree with this view.
63. The ESAB needs to extend its influence throughout ECC to make all public facing services aware of adult safeguarding. To achieve this there could be a review of the Corporate Safeguarding Board to ensure it has a clear purpose and is adding value.

# Commissioning

## Strengths

- Risk assessment is good to inform prevention in quality improvement and supplier management and good member engagement with quality
- Some excellent quality risk Dash Board development on provider intelligence
- There is focus on the violent extremism agenda for more client groups
- Development of social prescription appears to be working well with multi-agency partners
- Safer Recruitment appears to be working well in partnership with CAPITA
- Safeguarding awareness is becoming more embedded within partners

## Areas for consideration

- Clarity on measurement of outcomes could be improved
- Develop a range of contracting approaches to support innovation, flexibility and micro-commissioning and reduce geographic variation
- Consider service users, carers and providers as a resource to inform commissioning approaches
- Build on Market Position Statement to manage demands of the higher living wage
- Consider how VCS can be a sustainable part of the ASC team process
- Serious Concerns Review Group (SCRG) to consider sharing intelligence with providers and front line staff

64. In the commissioning work at ECC there is risk assessment process that is effective to inform prevention in quality improvement and supplier management and there is a good member engagement with quality issues.

65. There is some excellent quality risk Dash Board development on provider intelligence. This provides an easily accessible view on where there are concerns and focuses any work required to ensure improvement.

66. As with other councils and in line with central government policy ECC has a focus on the preventing violent extremism agenda that is informed and appropriate for relevant client groups.

67. The Public Health-led development of social prescription to support early intervention appears to be working well with multi-agency partners. There are some well-developed projects, although it was noted that the timetable for evaluation presents challenge for some projects.

68. Safer Recruitment appears to be working well in partnership with CAPITA.
69. The awareness of adult safeguarding is becoming more embedded within partners.
70. ECC recognise that there could be greater clarity on measurement of outcomes in commissioning strategies and that these could be understood by all.
71. The model for adult social care has been reshaped to focus on prevention, early intervention and person centred approaches to achieving good lives. These principles are clear and have the potential to deliver excellent individual service, and population outcomes for Essex residents. However, the commissioning approach to this model is unclear. Component parts of the model are currently at various stages of prototyping, with uncertainty about timing and impact of evaluation and rollout or disinvestment. It would be worth taking on commissioning for outcomes approach to the model of care as a whole in order to be clear about the service economic and individual outcomes to be achieved for the level of investment. This should inform future developments and bring confidence about sustainability.
72. The peer review team recommend that ECC develop a range of contracting approaches to support innovation, flexibility and micro-commissioning and reduce geographic variation. By extending the market of prospective providers the impact of single provider failure is reduced thereby making the market more stable.
73. As an aspect of the development in commissioning it would be useful to consider service users, carers and providers as a resource to inform commissioning approaches. The expected beneficial outcomes would be clearer outcomes outlined in the strategies, an implicit understanding of how these could be better achieved and the challenge involved as well as the spin-off benefits that occur from co-production activities with these groups.
74. ECC have a Market Position Statement that is an increasingly important part of the Council's relationship with the care and support sector. It is essential that the services provided by these organisations meet the needs of the people of Essex and are in alignment with the strategic objectives of the Council. One aspect where it needs to be revised is to manage demands of the 'living wage', in line with national concerns in the care sector, as it is higher than its predecessor 'minimum' wage.
75. Providers who were interviewed by the peer team expressed a strong desire to work more collaboratively with commissioners in order to respond to issues of quality and capacity within the Essex area. Considering how to harness this with a view to greater coproduction and sharing risk would be beneficial.
76. It should be possible to consider how the VCS can be a sustainable part of the adult social care team process in the future. Presently the approach to them is that they are asked to deliver for example some prevention activity with the funding being temporary because it is assumed it will become sustainable at some point. There are many examples in this sector that when the funding stops so does the activity. Therefore a change in perspective may be required.

77. Essex has a well-established Serious Concerns Review Group (SCRG). Membership includes; Councillors, Quality Improvement and Contracts officers and Adult Operations. The aim of the group is to assess high risk provider concerns; share information; and prevent abuse. The SCRG meet weekly to discuss all significant concerns that have been raised relating to Care Providers for Adult Social Care. Intelligence is shared and documented within the group prior to each meeting. The peer review team suggest that this could be more widely shared with intelligence with providers and front line staff and would provide opportunities for improved information sharing regarding risks, concerns and poor standards of care and service provision. This would enable provider agencies and professionals to provide further early help or intervention where required. By doing so the staff seeking placements for Adults in Essex (and beyond) will be better informed on the safety, quality and culture of the services and therefore able to make more informed decisions on suitability. For example intelligence on a large provider which has been proven to struggle to meet the needs of adults with very complex care requirements yet is successful in delivering good outcomes for adults with less complex needs.

# Service Delivery & Effective Practice

## Strengths

- The three conversations approach is a good model to support prevention and personalisation
- Operational managers are very supportive of the reorganisation and its emerging benefits
- Reorganisation leading to more open and transparent organisation
- Training: Care Act, MCA, ESAB training, peer-to-peer training

## Areas for consideration

- Review and clarify the customer journey for adult safeguarding
- Consider the best model and location for safeguarding triage
- Communicate the model to all staff and partners
- The organisational abuse team could make available intelligence on hot spots and care homes
- Consider more self-neglect training
- Clarify the roles of Emergency Duty Team and Out-of-Hours Service to increase capacity
- Reconsider current DoLS arrangements to develop a stronger business model to utilise existing skills and ensure sufficient capacity

78. Through the “Good Lives” approach ECC adult social care seeks to work towards a more co-produced, joined up, community based ‘system of support’ and to change the mind set to that of a series of conversations rather than an assessment being something that is ‘done to’ an adult. It is about identifying the individual’s desired outcomes and how they can be achieved looking at their own assets, network and community first. It is a proportionate assessment approach that will see us moving away from assessment for services to one that supports person-centred approaches. It is based around three conversations:

- Conversation 1: How can I connect you to things that will help you get on with your life – based on your assets, strengths and those of your family and neighbourhood
- Conversation 2: When people are at risk – What needs to change to make you safe? How can I pull them together in an ‘emergency plan’ and stay with you to make sure it works?
- Conversation 3: Where ongoing support is identified. What is a fair personal budget and where do the sources of funding come from? What does a good life look like? How can I help you use your resources to support your chosen life?

The peer review team see this “three conversations” approach as a very good model to support prevention and personalisation and one that others can learn from.

79. The peer review team had the opportunity to speak with a number of staff from across the Council and it was evident that operational managers are very supportive of the reorganisation and its emerging benefits. These were characterised as; leading to more open and transparent organisation, an increased amount of training offered to deal with the demands of the Care Act, improved 1-1 relationships between frontline staff and team managers and time to support frontline staff, Mental Capacity Assessments, increased ESAB training with partners and peer-to-peer training from which they felt they were learning.
80. As part of this adult safeguarding peer review the team were asked to consider the front door for adult safeguarding. It is our recommendation that ECC review and clarify the customer journey for adult safeguarding and to consider what the best model and location for safeguarding triage is to ensure the system is swift and effectively keeps those at risk of harm safe. Triage as a process appears to be taking place in a number of stages in the customer journey which is a duplication of effort that is worthy of streamlining. When this has been completed it is then important to communicate the model to all staff and partners.

Whilst the ‘reclaiming social work’ aspirations are theoretically sound the peer review team questioned if this model is achievable within all of the social work teams due to staff shortages. ECC staff have embraced the new approach and expressed greater job satisfaction as a result; however with regards to safeguarding several found there to be inconsistency across the County and a lack of confidence in newly trained staff who are being asked to manage what they perceive to be high risk safeguarding cases. There is a need to ensure there is sufficient safeguarding expertise within the teams and a support mechanism for members of staff handling safeguarding cases. One solution could be the use of safeguarding champions who can support and advise new social workers alongside additional safeguarding training for newly qualified social workers.

It became apparent that ECC staff and partner agencies were unable to fully describe the safeguarding process with each quadrant having a different approach, and in some cases teams within the quadrant also took a different approach. In particular those taking part did not fully understand the decision making process with regards to the presenting risk factors. Allocation for investigation appears sporadic in some teams with a delay taking place from receipt to having a named investigating social worker. From the point of entry into the data base through to the allocated worker, there are as many as four ‘hand offs’ which creates a delay in response. Partners described how they struggled to identify the named worker with whom they may have a conversation when faced with a concern. ECC staff and partners described how they felt there were areas of risk due to having no single point of contact within a complex safeguarding process. No member of staff was able to identify a decision making process with regards to the risk level of a concern with the view that the decision of risk is left to interpretation. Staff supervision records should reflect the decision making process along with the recorded ‘management

decision' when closing the safeguarding investigation record. This would allow sufficient opportunity to not only hold discussions on MSP, but also to discuss risk management.

Front line staff expressed concern on the 'bottleneck' of safeguarding concerns potentially held in the Triage Team due to a high volumes. What transpires is a potentially high volume of safeguarding concerns being sent in bulk to the area social work team duty worker. A particular risk area occurs when these 'bulk' pieces of work are received at the end of a working week and the duty worker is under time pressures. There is a potential for a high risk concern being missed or a delay in response due to the number of 'handoffs' previously mentioned.

Partners expressed concern over the quality of safeguarding meetings which vary in their effectiveness. ECC may wish to consider a potential training offer to ECC staff to ensure a consistency in approach to chairing safeguarding meetings.

Whilst partners within the Mental Health Trust feel confident in their skills in managing safeguarding concerns, ECC staff feel there is a risk the staff within the Trust do not routinely feedback the outcome of the investigation. The ESAB may wish to consider promoting a partnership agreement between the ECC and the Trust to promote a more coherent and conducive process.

81. The Organisational Safeguarding Team understands its purpose; however there is limited evidence to suggest this understanding extends across ECC and its partners, in particular the threshold criteria for its investigation work and the communication of outcomes.
82. Consider more self-neglect training. Partners and ECC staff felt they struggled with concerns of self-neglect in particular when taking into consideration the Mental Capacity Act. Some felt the recent training would benefit the majority of staff should the previous training offer be extended. In addition, the ESAB may wish to consider its role in assuring itself that Essex has sufficient arrangements in place across the county to which ensures matters of self-neglect are managed appropriately across all partners and there are clear thresholds in place when managing complex cases.
83. During the time on site the peer review team were due to meet a number of representatives from Essex Police, as a key statutory partner in the safeguarding adults system. Due to a number of unavoidable logistical difficulties it was not possible to form a view on the relationship with the Police and it would bear further investigation to reach informed conclusions. However it is important to note the Police are crucial to the domestic abuse interface with safeguarding adults at both an operational and a strategic level. A shared understanding of the overlaps, but also of the distinct nature of domestic abuse and safeguarding would benefit joint work. Police are the consistent partner across the whole geography, unlike the many different District Council-led Community Safety Partnerships. They are also crucial to forging links with the CPS, and to enabling abuse crimes to be prosecuted.

Opportunities for joint work at an operational level could be further explored, for example, the benefits of joint visits and joint investigative work. The self-assessment recognised that a greater understanding was required around

information sharing. This was probed during the visit, and it was felt that staff would benefit from a better understanding of safeguarding of when and how to safely share information in safeguarding adults' cases.

84. The Council may wish to consider clarifying the roles of the Emergency Duty Service to increase capacity in the former to address concerns of those who wish to register an emergency.
85. Whilst on site, the team heard that Essex is an area that is used for temporary accommodation by a number of other local authorities, including London Boroughs. Some lack of clarity was expressed about the rights of asylum seekers and refugees. The Care Act is clear that on Section 42 duties for any adult in a local authority area with care and support needs who is at risk of abuse or neglect and cannot protect themselves due to their care and support needs. The lack of recourse to public funds does not change this duty and this may present an issue for Essex. The Council may wish to consider training for staff on safeguarding responses for people who have no recourse to public funds.
86. The peer review team were asked to take a view of the arrangements for the Deprivation of Liberty Safeguards (DoLS). There has been much good work to create the current DoLS arrangements and there is the opportunity to further develop a stronger business model to utilise existing skills and ensure sufficient capacity. Attached in Appendix 1 is a discussion paper that outlines options for consideration by the Council to achieve improved working and outcomes.

## Case File Audit

The Case File Audit process completed in this safeguarding adults peer review follows the methodology outlined in the LGA Guidance Manual for Adult Safeguarding Peer Reviews. The cases considered represented a mix of ages and include adults with mental health problems, people with learning and physical disabilities. A total of twenty-eight case record numbers were made available to the peer review team and fourteen were randomly selected, two from each category. The feedback given here is based on the files the peer review team have read and seen.

### Strengths

- Some good engagement with adults at risk was evidenced
- Some detailed recording was evident
- Some clear efforts to seek desired outcomes from adults at risk, in line with Making Safeguarding Personal
- It was evidenced that where required, information had been shared appropriately between agencies
- Where desired outcomes had been identified, there was a clear follow through and it was recorded whether they had been achieved

### Areas for Consideration

- The new Mosaic system needs to be fully implemented so that staff are able to use it as required to record safeguarding activity and information
- Records of enquiries or meeting minutes should be recorded on the Mosaic system, or, if typed in separate documents, attached to the Mosaic system, so that the information is complete
- Staff need to undertake and record Mental Capacity Assessments in relation to safeguarding decisions
- Decisions about whether abuse has happened, and whether there is ongoing risk need to be evidence-based, to ensure a fair and just process for those involved, and recorded, to provide a clear audit trail

### Narrative response

Of the fourteen case files audited, 7 were case files of working age adults, 5 of whom were people with learning disabilities and 2 had physical disabilities. 7 were case files of older adults (all aged over 70), one of whom had mental health problems. As ECC has joint arrangements with the mental health trusts, both of which had recently been through CQC inspections, case files of working age adults with mental health issues were not provided to the review team for audit.

- 3 were not known to services prior the safeguarding concern

- 3 were living at home
- 2 were living in care homes
- 3 were in hospital
- 1 person used personal assistants
- 1 was an adult with children in the household
- 1 had been referred through a community safety route

There were some cases that were very thoroughly recorded, and in 8 cases clear evidence was available both that practitioners had spoken at the outset to the adult at risk to establish the outcomes they desired (in line with Making Safeguarding Personal) and that practitioners had responded in line with the wishes of the adult involved. Generally responses were timely and when items were recorded, they were recorded clearly and dated and attributed to the worker involved.

Mental Capacity assessments were referred to as relevant, but were rarely undertaken specifically relating to safeguarding decisions, or recorded in the safeguarding parts of the Mosaic system.

In all cases that progressed to enquiry, the case conclusion was consistently recorded (substantiated, not substantiated, etc.). In few of the cases, however, was the evidence from the enquiry (for example, an enquiry report) or the minutes of a meeting or case conference available **on Mosaic** to support the conclusion.

Further probing revealed that some minutes may be available in Word, but that these had not been attached to Mosaic, so were not available to the auditors. Technical staff explained and demonstrated that the system was designed for the minutes and content of enquiries to be recorded directly on to the relevant section of the computer system. Various possible explanations were given as to why this was not yet happening. It is recommended that ECC provides further training and ongoing support to implement Mosaic as intended, to ensure a complete audit trail is available to provide the evidence base for decisions about whether or not the risk of abuse or neglect exists. This is particularly important if further action is to be taken against a source of risk as part of protection planning or service improvement.

ECC may wish to develop and implement systematic reports from the new computer system on safeguarding activity to assure the consistency of recording and practice.

ESAB and ECC may wish to develop a process of regular audit to check that MSP is implemented and S42 decisions are appropriate and that any safeguarding work that is undertaken outside the S42 duties (for example, where people do not have care and support needs), is justifiable under the Care Act (S1 duties, etc.).

## Safeguarding Adults resources

### 1. LGA Adult Safeguarding resources web page

[http://www.local.gov.uk/web/quest/search/-/journal\\_content/56/10180/3877757/ARTICLE](http://www.local.gov.uk/web/quest/search/-/journal_content/56/10180/3877757/ARTICLE)

### 2. Safeguarding Adults Board resources including the Independent Chairs Network, Governance arrangements of SABs and a framework to support improving effectiveness of SABs

[http://www.local.gov.uk/web/quest/search/-/journal\\_content/56/10180/5650175/ARTICLE](http://www.local.gov.uk/web/quest/search/-/journal_content/56/10180/5650175/ARTICLE)

### 3. LGA Adult Safeguarding Knowledge Hub Community of Practice – contains relevant documents and discussion threads

<https://knowledgehub.local.gov.uk/home>

### 4. LGA Report on Learning from Adult Safeguarding Peer Review

[http://www.local.gov.uk/web/quest/search/-/journal\\_content/56/10180/4036117/ARTICLE](http://www.local.gov.uk/web/quest/search/-/journal_content/56/10180/4036117/ARTICLE)

### 5. Making links between adult safeguarding and domestic abuse

[http://www.local.gov.uk/web/quest/search/-/journal\\_content/56/10180/3973526/ARTICLE](http://www.local.gov.uk/web/quest/search/-/journal_content/56/10180/3973526/ARTICLE)

### 6. Making Safeguarding Personal Guide 2014 – the guide is intended to support councils and their partners to develop outcomes-focused, person-centred safeguarding practice.

[http://www.local.gov.uk/web/quest/publications/-/journal\\_content/56/10180/6098641/PUBLICATION](http://www.local.gov.uk/web/quest/publications/-/journal_content/56/10180/6098641/PUBLICATION)

### 7. Social Care Institute for Excellence (SCIE) website pages on safeguarding.

<http://www.scie.org.uk/adults/safeguarding/index.asp>

## Contact details

For more information about the Adult Safeguarding Peer Review at Essex County Council please contact:

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For more information on adults peer challenges and peer reviews and the work of the Local Government Association please see our website [http://www.local.gov.uk/peer-challenges/-/journal\\_content/56/10180/3511083/ARTICLE](http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/3511083/ARTICLE)

# Appendix 1 Discussion Paper: Deprivation of Liberty Safeguards

## 1. Deprivation of Liberty Safeguards

### Areas for consideration

The current establishment uses three experienced Best Interest Assessors (BIAs) who use their skills on one assessment per month. The rest of their time is spent on administration of the DoLS applications.

### Recommendations

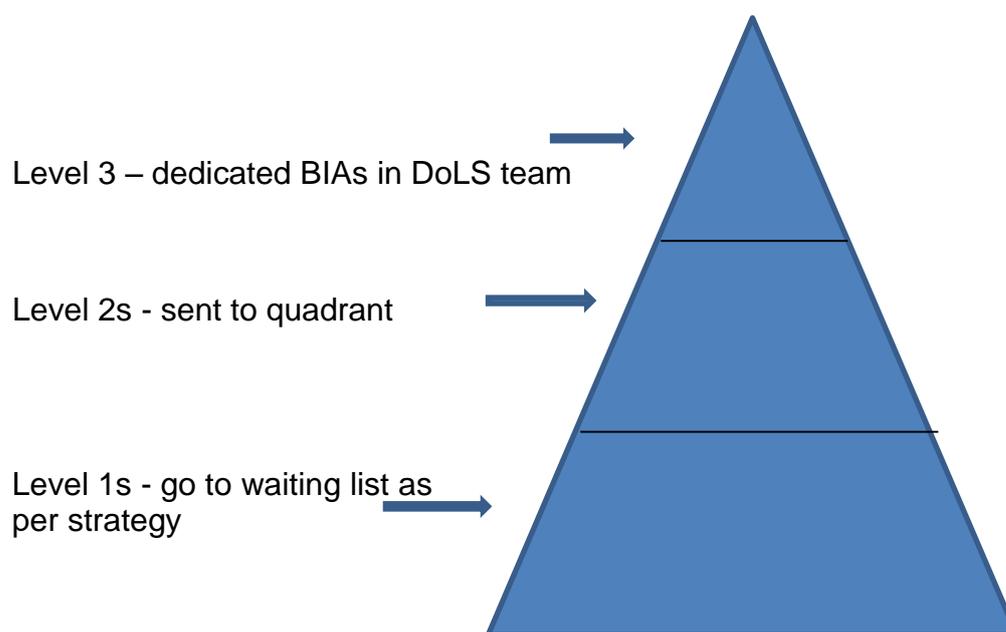
To support this process, administrative support will need to be made available to assist the MCA / DoLS Coordinator with undertaking the application processes of the DoLS within the lawful timescales of the safeguards.

That a briefing should be issued to team Managers and the Contact Centre for the staff for whom they have responsibility, relating to the processes to be adhered-to when placing customers into accommodation which could be identified to be depriving them of their liberty as identified above. In such situations they will be required to inform the home's manager that should the customer meet the new parameters, then they will need to make a DoLS application.

That practice guidance needs to be issued to residential and nursing care homes regarding the aspects that they need to consider regarding making a DoLS application following the changes regarding this ruling this information should include a guide on the process when a death under a DoLS occurs.

### Suggested establishment

Introduce DoLS Co-ordinators (not social workers) to screen the applications and apply prioritisation (minimum two people). This will free up your BIAs who can pick up the urgent level 3 DoLS – becoming full time equivalent BIA. The work flow can then pass from the co-ordinators to the quadrant 'host' BIA who will allocate the level 2s. The level 1s will be allocated when resources are available.



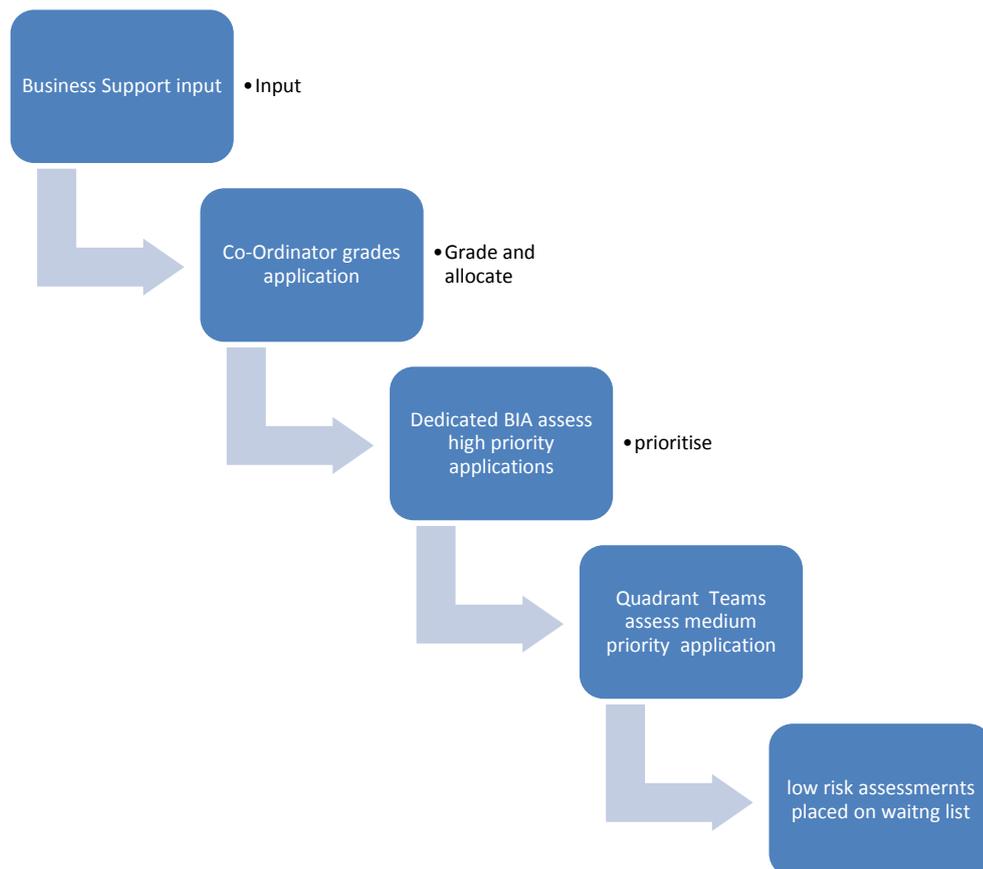
### Areas for consideration

The DoLS numbers are high and although you may not affect this, your prioritisation on risk and strategy to mitigate this risk may benefit from a review.

### Suggested development

The DoLS strategy may benefit from being reviewed and agreed by the ESAB and Cabinet demonstrating risk levels and mitigations outlined.

### **DoLS Application pathway**



### **In addition:-**

Consideration may be given to the introduction of a new Out of Hours DoLS service over weekends. This will allow existing ECC BIA's to undertake additional assessments on high priority applications whilst being paid additional hours and may also attract existing non-trained staff an incentive to undertake the existing training offered.

Current process creates delays from point of entry through to allocation. Consideration given to the value which the Triage 1 team brings may be beneficial.

If this triage function is moved into the call centre skills may be lost.

If this triage function is expanded. Greater depth of critical thinking and consideration of risk may be applied as well as MSP which is not currently

taking place at this point in the process due to high volume of concerns dealt with.

If this triage function is removed the staff skills may be utilised elsewhere in the safeguarding activities.

The triage function may then be expanded in the quadrants (who do a second triage anyway)

This will bring greater ownership to quadrants to ensure concerns are prioritised, early help offers are made and MSP is evident from the outset whilst reducing delays.

## **Specialisms**

Views were expressed by a variety of sources, including external partners at the loss of safeguarding specialists within the quadrants with no 'go to' person.

Whilst staff teams feel the new structure offers them greater autonomy and furthers their application of social work skills they feel vulnerable and often without support in complex safeguarding cases.

Consideration may be given to introducing a specialist complex case management team who may (following the application of a risk matrix) manage the most complex of cases whilst offering professional advice to other teams.

## Appendix 2 – Safeguarding Adults Improvement Tool

### Overview

There are four key themes for the standards, with a number of sub-headings as follows:

Themes	Outcomes for, and the experiences of, people who use services	Leadership, Strategy and Working Together	Commissioning, Service Delivery and Effective Practice	Performance and Resource Management
Elements	<p><b>1. Outcomes</b></p> <p><b>2. People’s experiences of safeguarding</b></p> <p>This theme looks at what difference to outcomes for people there has been in relation to Adult Safeguarding and the quality of experience of people who have used the services provided</p>	<p><b>3 Collective Leadership</b></p> <p><b>4.Strategy</b></p> <p><b>5 Local Safeguarding Board</b></p> <p>This theme looks at:</p> <ul style="list-style-type: none"> <li>• the overall vision for Adult Safeguarding</li> <li>• the strategy that is used to achieve that vision</li> <li>• how this is led</li> <li>• the role and performance of the Local Safeguarding Board</li> <li>• how all partners work together to ensure high quality services and outcomes</li> </ul>	<p><b>6. Commissioning</b></p> <p><b>7. Service Delivery and effective practice</b></p> <p>This theme looks the role of commissioning in shaping services, and the effectiveness of service delivery and practice in securing better outcomes for people</p>	<p><b>8. Performance and resource management</b></p> <p>This theme looks at how the performance and resources of the service, including its people, are managed</p>

Download the Safeguarding Adults Improvement Tool from this page:

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