

REPORT TO: Health Policy & Performance Board
DATE: 29 May 2012
REPORTING OFFICER: Strategic Director - Communities
PORTFOLIO: Health & Adults; Community Safety
SUBJECT: Safeguarding Unit
WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To outline for the members of the Board details relating to the establishment of a 12 month pilot for an Integrated Adults Safeguarding Unit within Halton

2.0 **RECOMMENDATION: That the Board: note the contents of the report**

3.0 **SUPPORTING INFORMATION**

Context

3.1 Keeping people safe and ensuring that they are treated with respect and dignity continues to be a high priority for the Council, NHS Merseyside, Clinical Commissioning Groups (CCG's) and Partner provider agencies who are committed to continue to build on the excellent results achieved in the Safeguarding Inspection to ensure Safeguarding and Dignity are central to the work that we do as a Health and Social Care Economy.

3.2 The Safeguarding/dignity model that previously operated in Halton was focussed in 3 key areas:

- *Strategic/Policy* - advice, guidance and policy development provided by the Adult Protection, Dignity and Domestic Violence Co-ordinator posts. (Local Authority)
- *Operational* - all Care Management cases, which have a safeguarding element to them, being dealt with directly by each respective Care Management Team; and
- *NHS Merseyside* - Safeguarding lead for Health- Operational, Commissioning and Strategic. (Local Authority).

3.3 There have been a number of recent National and Local drivers for change:

- An increase in the number of safeguarding referrals plus increasingly complex cases, including Care Homes requiring multiagency responses;
- The changes locally within the Health structure and the

- establishment of CCG's;
- Winterbourne and other National Safeguarding incidents;
- The forthcoming government's response to the Law Commission's recommendations on strengthening safeguarding;
- The Equality and Human Rights Commission in its findings following their inquiry into older people and human rights in home care (Close to Home – November 2011) outlined a specific recommendation regarding SABs, as follows:
Recommendation 7 : 'In fulfilling its commitment to implement the Law Commission's recommendation that adult safeguarding boards be placed on a statutory footing and led by local authorities, the government should ensure that there are clear lines of accountability when agencies other than local authorities conduct investigations. As part of this legislative change, consideration should also be given to strengthening and broadening the role of Directors of Adult Social Services in relation to adults not receiving publically funded community care services who may be at risk of harm';
- 'No secrets' (Department of Health 2000) gave local Social Services authorities lead responsibility for coordinating local multiagency systems, policies and procedures to protect vulnerable adults from abuse. In October 2008, the Department of Health carried out a large national consultation on safeguarding adults from abuse and harm called 'Safeguarding Adults', the review of the No secrets guidance. One of the key findings was the absence of adult safeguarding systems within the NHS to ensure that healthcare incidents that raise safeguarding concerns are considered in the wider safeguarding arena. The report also showed that there were opportunities to be gained from streamlining and integrating systems where investigations could be undertaken in parallel and the learning from both could be informative and help to develop communication between safeguarding teams and health agencies.

Integrated Safeguarding Unit – Model

3.4 The Unit will provide a hub and spoke model which is multi-agency efficient, flexible and responsive service to the local population.

The Unit will lead on adults safeguarding and dignity work across the health and social care economy. This will be achieved by:-

- Providing support to the Safeguarding Adults Board (SAB) and its sub groups;
- Providing support to the Halton Dignity Champion's Network;
- Ensuring key linkages continue with the Domestic Violence coordinator and services;
- Ensuring key linkages with children's safeguarding;
- Supporting the development of effective Interagency

Safeguarding Adults Policies and Procedures and Dignity Policies;

- Leading on prevention by responding to those cases that do not meet the Threshold for a safeguarding investigation;
- Supporting the development of CCG to enable the consortium has access to specific training etc.;
- Complementing the care home Quality, Innovation, Productivity and Prevention proposal and ensure the wider augmentation;
- Undertaking cases which have a **complex*** safeguarding element to them, including provision of chairs for safeguarding adults strategy meetings and case conference meetings. NB. Following completion of the safeguarding issues, cases would be returned to the respective Care Management Team;
- Supporting the local authority and its partner agencies to :-
 - Fully embed safeguarding adults policies and procedures and thus deliver consistent and robust outcomes for vulnerable adults
 - Monitoring the effectiveness of the delivery of their safeguarding adults activity
 - Providing advice and support regarding individual safeguarding adults cases.
- Halton Council now acts as the host to a major private Hospital (The Priory, Bennett's Lane Widnes). In order to meet the recommendations (made by the Winterbourne report) the Unit will provide the support and assurance for both Health and Social Care (alongside specialist commissioning, as legally required following Winterbourne guidance);
- Events at Winterbourne have highlighted the particular vulnerability of patients with learning disabilities/Autistic Spectrum Disorder who challenge services. There is considerable evidence of the use of restrictive practices with such patients, not least because many service providers are insufficiently skilled in managing complex challenging behaviour. There is now a strong and growing evidence base for the effectiveness of behaviour analytic approaches and these have been shown to significantly reduce the frequency, intensity and duration of challenging behaviour. The Unit will therefore have a Board Certified Behaviour Analyst (BCBA) to focus exclusively upon that cohort of patients who are funded (part or fully) by the NHS and who exhibit challenging behaviour.

***Complex** – those cases which incorporate the following aspects:

- Legal- involving police investigations
- Multiagency

- Nursing and residential homes- multiple abuse allegations
- Priory Hospital on-going allegations

Unit Structure

3.5 The Unit consists of the following posts:-

- Principal Manager (Safeguarding)
- Safeguarding/Dignity Officer
- Social Workers x 2
- Registered General Nurse x 2
- BCBA x 1

Benefits of the Unit

3.6 There are numerous **advantages** to the Unit, a number are outlined below:-

- Focal Point/'Hub' for staff, managers, outside agencies etc. to contact when they have safeguarding/dignity issues where advice, support and guidance is needed;
- Strengthen the support provided to the SAB, by strengthening the relationship between the local authority and partner agencies and other key stakeholders in Health, voluntary and independent sector;
- Reduced caseload, with respect to complex safeguarding issues, for the Care Management Teams, and further enhance the safeguarding expertise across care management teams;
- Ensure an effective response in relation to Health and reduce the workload/duplication with Continuing Health Care;
- Development and sharing of safeguarding and dignity expertise; and
- Improve communication between the operational teams, both within the council and external agencies and partners.

4.0 POLICY IMPLICATIONS

4.1 New policies and procedures are in development to ensure that the Safeguarding Unit will be able to effectively operate, particularly with regards to its interface with the Initial Assessment Team (IAT), Community Nursing, Acute Hospitals and Care Management Teams. The associated policies and procedures (inc. associated pathways) are being developed as part of the Multi-Disciplinary Teams, Care Homes and Care Management work streams.

4.2 The establishment of the Unit has impacted on the work of the People & Communities Policy Team - Policy & Resources Directorate, as certain work has transferred from the previous Safeguarding Service to the Policy Team. For example the 'Safeguarding Adults in Halton – Interagency Policy, Procedures and Guidance' document, is due to be revised during 2012.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The costs associated with the new Adults Safeguarding Unit are £284,596 per annum.

5.2 The Unit is going to be funded 50/50 across Health and Social Care. The 50% Health contribution (£142,298) has already been committed by NHS Merseyside/CCG. In terms of associated Council funding, appropriate funds are already in the budget and it has therefore not been necessary to invest any additional resources to establish the Unit.

5.3 There are a number of issues that are in the process of being resolved as part of the establishment of the Safeguarding Unit, including:-

- HR Processes;
- Referral pathways;
- Policies & Procedures;
- IT processes;
- Accommodation Issues;
- Marketing & Communications; and
- Home Office clarification (re: Priory)

5.4 The Unit's Principal Manager has been appointed and work continues on the development/delivery of the implementation plan for the Unit.

5.5 Following the 12 month pilot, an evaluation of the effectiveness of the Unit will take place to ensure that it provides an efficient and effective service to Health & Social Care Economy.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

SAB membership includes a Manager from the Children and Enterprise Directorate, as a link to the Local Safeguarding Children's Board and Halton Safeguarding Children Board membership includes adult social care representation.

Joint protocols exist between Council services for adults and children.

6.2 **Employment, Learning & Skills in Halton**

None Identified

6.3 **A Healthy Halton**

The safeguarding of adults whose circumstances make them vulnerable to abuse is fundamental to their health and well-being.

People are likely to be more vulnerable when they experience ill-health.

6.4 **A Safer Halton**

The effectiveness of Safeguarding Adults arrangements is fundamental to making Halton a safe place of residence for adults whose circumstances make them vulnerable to abuse.

6.5 **Halton's Urban Renewal**

None Identified

7.0 **RISK ANALYSIS**

7.1 There were capacity risks associated with the previous structure. This model has given us the opportunity to re-assess how we support the Safeguarding and Dignity agendas in the future, to ensure we are appropriately resourced to effectively protect those least able to protect themselves.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment is not required for this report.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

Document	Place of Inspection	Contact Officer
No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (March 2000)	People & Communities Policy Team	Louise Wilson