ANNUAL REPORT

2023 -2024

Essex Safeguarding
Adults Board

CHAIR FOREWORD

Thank you for taking the time to read the Essex Safeguarding Adults Board (ESAB) Annual Report. We aim to deliver our priorities in partnership, with strength, vigour, and collaboration, observing the right that adults at risk in our County have – to live their lives safely, free from abuse with the rights and freedoms of citizenship.

This has been an exceedingly busy year with increases in safeguarding referrals and for Safeguarding Adult Reviews. We retain our determination to thrive and hold each other to account; we take a pro-active stance on seeking safeguarding assurance across our committed partnership and we proffer challenge. We have worked relentlessly to address our strategic priorities and I believe, have exceeded expectations.

For three years we have focused on getting the basics right, ensuring that our foundations were firm, and we have reached a stage of maturity. We have strong relationships in place and a shared desire to align. Consequently, we have developed the new ESAB Safeguarding Strategy and Business Plan for 2024 -2027, taking advice from partners, that previous strategic priorities of prevention; learning and quality remained relevant. We led various consultations and workshops, to bring about a realistic and relevant plan. New focus areas will be on co-production; lived experience; peer challenge; audit and the measurement of deliverables. All exercises were well very well attended and shared achievement would not have been possible without the strong commitment to Adult Safeguarding that is clearly prevalent in Essex. Close working with the Domestic Abuse Local Partnership Board; Health and Well Being Board; Essex Strategic Co-ordination Group; Essex Strategic Hate Crime Prevention Group; Suffolk & North Essex ICP Committee; Herts & West Essex ICP Quality Committee; South and North East Essex ICP; Essex People and Families Committee; Essex Community Safety Network and Leder Strategic Group, has added to this.

We trained 2,159 multi-agency staff in the reporting year, on a wide range of learning, including: Exploitation; Safeguarding Adult Awareness; LGBTQIA+; Living with Dementia and Female Genital Mutilation, working closely with Essex Safeguarding Children's Board and Southend, Essex, and Thurrock Domestic Abuse Board (SETDAB). Overwhelming feedback served to highlight how vital this training is, and what a positive impact it has mad on working practices, across the Essex Partnership. Our Risk Register was continuously reviewed during 2023-24, and we developed an updated format and risk scoring system, ratified by partners in January 2024, and managed by the Board's Executive Group to enable mitigation and joint decision making.

We developed the new Website, increasing accessibility, and navigation improvement, going live in November 2023, and dovetailing with the national launch of Safeguarding Adults Week. We now regularly receive 16,000 visitors a month (www.essexsab.org.uk) and have attracted 11,000 first-time users and 8,500 views on the 'reporting concerns' page. Our social media presence continues to bring public engagement. We attract new followers, educate, signpost, and raise awareness through posts and links to support organisations. In the reporting year 186,756 engagements were made across social media, attracting an audience of 2,921 across Facebook: X and newsletter subscribers. Our safeguarding campaigns have targeted National Safeguarding Adults Week; Elder Abuse Awareness Day; National Stalking Awareness; Mental Health Week and Carers Week.

In accordance with Government requirements, we invited a named representative for Rough Sleeping and Housing, to our Board Membership in January 2024 - a representative from Essex County Council who also represents the City, District and Borough Councils, and Housing Associations, across Essex.

We refreshed ESAB's Constitution, maintained a balanced budget, and increased staffing for a one-year Project Officer to ensure learning from SARs is embedded in partner organisations and to develop joint priorities with Safeguarding Children's Arrangements.

We worked in close collaboration with Essex University Partnership Trust and sought additional assurance on their Quality Assurance Framework, its output and impact, whilst seeking updates about Disclosure and Barring Service (DBS) requirements, and reviewing safeguarding assurance from Adult Social Care, after being advised of a backlog of safeguarding concerns and referrals, providing support for the implementation of the electronic safeguarding portal. We also shared delivery priorities with the Safeguarding Children Board, so that both boards can work together, on young people and care leavers in transition to adulthood, who are very vulnerable to exploitation, often through past trauma.

We sought assurance from our three Integrated Care Boards (ICBs) regarding response to the Countess of Chester Hospital Report and its recommendations, focusing on 'Freedom to Speak Up' policy. Alongside this, all ICB Directors of Nursing worked intensively with our Executive Team, and myself, to ensure that ICB safeguarding priorities were aligned with the ESAB's Strategic Safeguarding Priorities. This made for close working and real understanding between the ICBs and ESAB, in the need to align and inter-relate our safeguarding adult activity and planning. The approach supported mutual and shared assurance, offering the opportunity to triangulate our outcomes. This was a major achievement for our County, enabled by strong collaboration, positive relationships, and effective safeguarding adult leadership.

As part of the Safeguarding Adults Review Sub-Committee work plan, a thematic review was commissioned, to overview learning from seven SARs (published in 2022). This gave rise to the development of an early learning identification tool, supported by further plans for 2024- 25. During the reporting year, 16 Safeguarding Adult Review referrals were received, and one case was referred for a Domestic Homicide Review, representing, approximately, a 50% increase, which correlated with the increases experienced in Adult Social Care in Essex, where 19,377 safeguarding referrals were received in 2023-24. One joint DHR-SAR was published (Kimmi), and the review and learning briefing can be found at https://www.essexsab.org.uk/sar-kimmi. ESAB and its SAR Sub-Committee worked tirelessly to continuously improve SAR processes, focusing on quality, consistency, proportionality, and early learning. We submitted published SARs for inclusion in the research for the Second National SAR Analysis, and Officers attended a briefing on early findings. Indications show correlations with national themes and shared national challenges in multi-agency safeguarding practice such as the need for greater professional curiosity; improved application of the Mental Capacity Act 2005 and the need for greater legal literacy within practitioner groups

Our Health Executive Forum (HEF), worked across Southend, Essex, and Thurrock (SET) to promote safe, patient focused safeguarding adult practice; collaborating to develop a shared vision to enhance quality of life, promote health and improve the welfare and safety of adults at risk, in Essex communities, monitoring delivery of paediatrician capacity; Specialist Eating Disorder Services; Tier 4 bed Provision and the Safeguarding Clinical Network work programme.

Essex Police continued to prioritise safeguarding adults at risk, through Thematic Leadership; Partnership Engagement; the Central Safeguarding Hub; MARAC Involvement; Consistent and Enhanced Risk Assessments and geographically dispersed teams for Domestic Abuse Problem Solving focusing on repeat victims. Mental Health collaboration was also a priority, where a close relationship with EPUT and AMHP services, enhanced prevention, response, and investigation, where people experienced mental ill health. Right Care Right Person (RCRP) Initiative posed an initial degree of multi-agency challenge, regarding the decision-making threshold, (where police officers determine if their intervention is appropriate, in relation to incidents involving people with mental health needs). This has been supported by comprehensive training for officers, parallel with partner and charity briefings, and commencement of partner ‘Memos of Understanding’ – aimed at aligning understanding and practice.

District, Borough, and City Councils in Essex have played a significant role in the safeguarding adult system, and we are eternally grateful to the staff working in departments for housing; homelessness; revenues and benefits, community safety; environmental and public health. As convenors of ’Place’, the councils work in partnership with

the statutory partners, local voluntary community groups and charities, directly serving Essex residents, aiming to embed the safeguarding adult strategy.

Healthwatch Essex continues to provide ESAB with stalwart support and we share a mutual learning approach, soon to focus moreso on co-production, training and lived experience, and we are very thankful for the ongoing and continuous commitment that Healthwatch bring to ESAB.

Essex Fire and Rescue have focused on safeguarding adults at risk and introduced DBS checks to their teams (July 2023), which has been pivotal in enhancing the safety and integrity of the service, as the measure contributes to the understanding of risk, and its mitigation, whilst upholding a service goal to maintain a thorough approach to DBS implementation. Checks have been completed on 90% of staff.

We work closely with Safer Essex, sharing debate and planning on issues that impact on Community Safety in Essex such as the Serious Violence Needs Assessment; the Review of Community Safety Partnerships; Essex Police Public Perception Survey; Unpaid Work and Community Payback; Operation Dial (Home Office ASB Hotspot Pilot); Right Care Right Person; the Community Safety Survey and Tackling Fraud and Violence Against Women and Girls and HMP Chelmsford have continued to build links with Adult Social Care and Health provision to ensure that the health social care needs of prisoners are appropriately assessed.

We also work closely with the Essex Care Association, who continue to be very supportive to our Board, and with whom we share safeguarding adult practice learning, whist benefitting from their insight and transparency.

As the Independent Chair of the Essex Safeguarding Adults Board, I am conscious of the flow of creativity and innovation, that I welcome, from our partners, and the support in turn, that we offer. Whilst observing their resourcefulness in deploying and upholding the safeguarding principles of empowerment; prevention; proportionality; protection; partnership and accountability, simultaneously, I am aware that it is the commitment and dedication of the people in the partnership, that is paramount in protecting the rights of our population to live free from abuse. Whilst there will always be new work to do and new issues to improve on, the Essex Safeguarding Partnership continues to brins me and others, a strong sense of pride, and whilst I personally thank all those who do, and have contributed to safeguarding adults at risk in our County, it will never be enough for what they achieve - everyday.

Deborah Stuart-Angus
The Independent Chair, Essex Safeguarding Adults Board

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1.0
WHO WE ARE AND HOW WE WORK

1.1 ABOUT ESAB

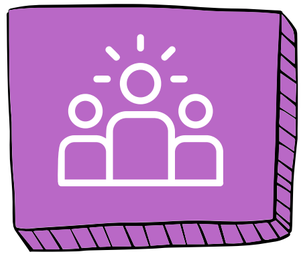
Essex Safeguarding Adults Board (ESAB) is a statutory partnership, established under the Care Act 2014. We are committed to safeguarding adults in Essex, who have care and support needs, to live in safety and to be free from abuse and neglect.

ESAB seeks to assure that local safeguarding arrangements and our partner safeguarding activity, works in accordance with the ESAB multi-agency safeguarding adult policy and procedures. We work closely and collaborate with other strategic partnerships across Essex to ensure, that where safeguarding responsibilities are spread across organisations, there is a clear understanding of where responsibility lies, and that a robust, joined-up approach is in place.

KEY PRIORITIES

- Provide strategic direction for how organisations safeguard adults at risk across our partnership.
- Develop and review multi-agency adult safeguarding policies, procedures, and guidance.
- Monitor and review the implementation of our strategy, policy, procedures, and our delivery.
- Promote and deploy multi-agency safeguarding training.
- Undertake Safeguarding Adult Reviews (SARs), share lessons learned from outcomes and develop appropriate action plans for improvement.
- Hold partners to account, proffer challenge and gain assurance of the effectiveness of safeguarding arrangements.

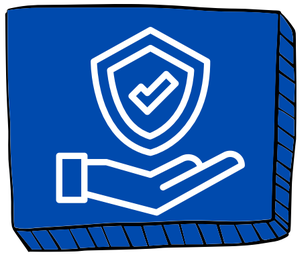
KEY PRINCIPLES



Empowerment

People are supported and encouraged to make their own decisions and informed consent.

“I am asked what I want as the outcomes from the safeguarding process, and this directly inform what happens.”



Prevention

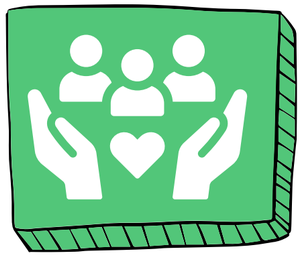
It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is. I know how to recognise the signs, and I know what I can do to seek help.”

Proportionality

The least intrusive response appropriate to the risk presented.

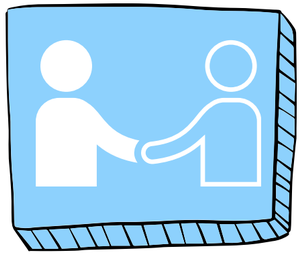
“I am sure that the professionals will work in my interest, and they will only get involved as much as is necessary.”



Protection

Support and representation for those in greatest need.

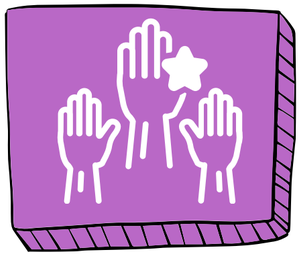
“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”



Partnership

Services offer local solutions through working closely 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 and with me to get the best result for me.”



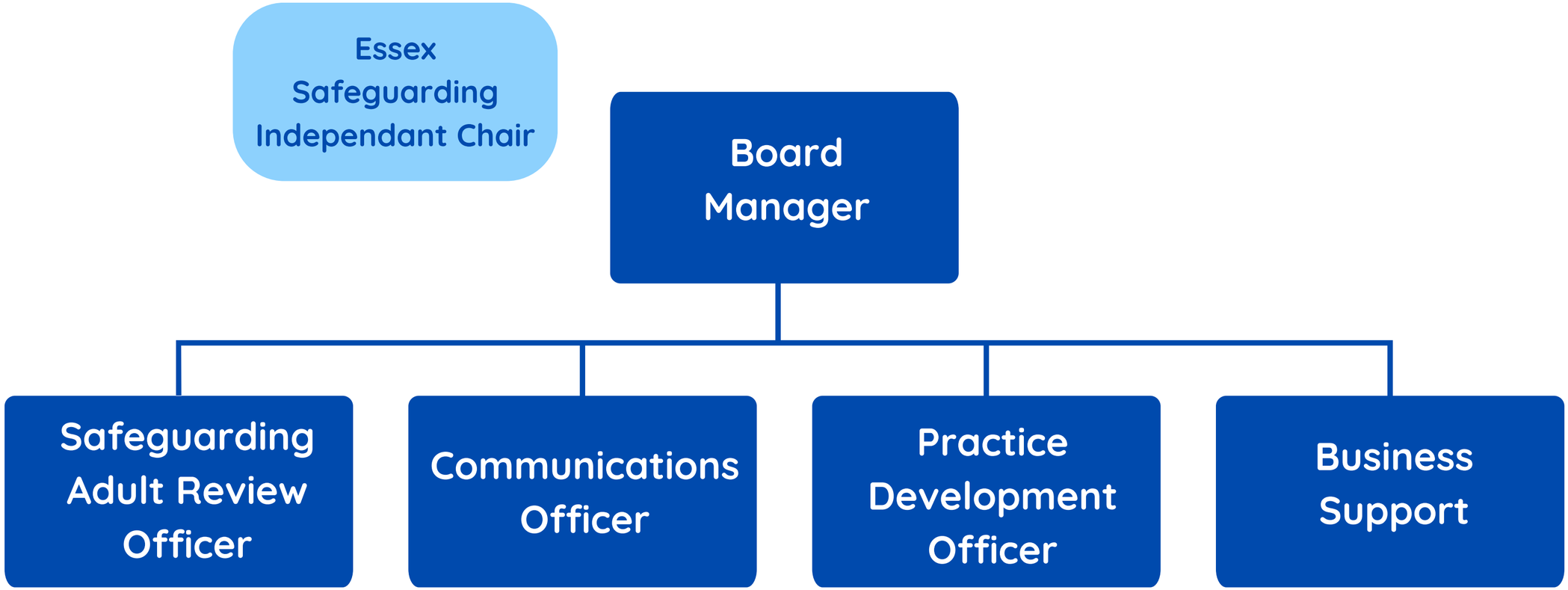
Accountability

Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

ESAB TEAM

ESAB is managed by a small team of staff providing full secretariat support to the Board and its partners and is chaired by Deborah Stuart-Angus. Below is the current structure:



OUR PARTNERS

Essex County Council

healthwatch Essex

NHS Mid and South Essex Integrated Care Board

ESSEX HOUSING

NHS Hertfordshire and West Essex Integrated Care Board

Essex County Fire & Rescue Service

ESSEX POLICE Protecting and serving Essex

SAFER ESSEX

Better Together Cavs representing CVS across Essex

NHS Essex Partnership University NHS Foundation Trust

SETDAB

NHS Suffolk and North East Essex Integrated Care Board

HM Prison & Probation Service

PFCC POLICE, FIRE AND CRIME COMMISSIONER FOR ESSEX

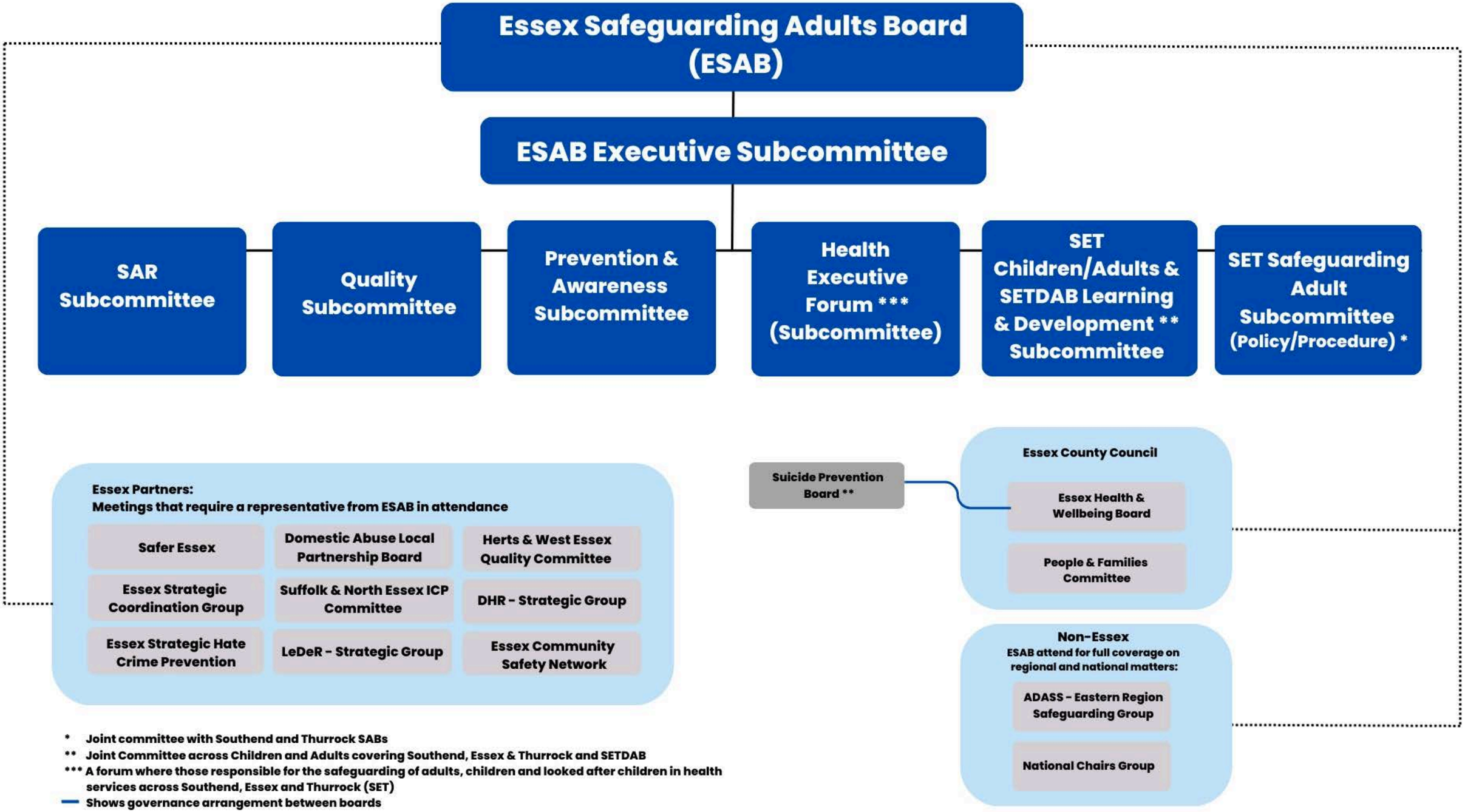
Essex Chief Executive Officers Forum

ECA Essex Care Association

ESAB SUB-COMMITTEES

ESAB has an established sub-committee and meeting structure to enable us to meet and achieve our duties, functions and strategic priorities. Each Sub-Committee sets out a defined work plan, in order to have delivered against the three-year Safeguarding Adult Strategy (2021-2024), having set out set out plans for achieving our goals. This is accompanied by a detailed Business Plan (2021-2024). The Sub-Committee chairs report on the development of their work to the Executive Sub-Committee, is also led by Deborah Stuart-Angus. The sub-committees continue to be a driving force and are an irreplaceable resource to ESAB's work, by contributing their knowledge, guidance, time, and commitment to achieve positive outcomes for adults at risk in Essex. The Executive sub-committee monitor the outputs of six sub-committees and strategically align their work. The ESAB sub-committees are: Quality; Health Executive Forum; Safeguarding Adult Review; Prevention & Awareness; Southend, Essex and Thurrock (SET) Children's and Adults Learning and Development and SET Safeguarding Adult Policy and Procedure. We also hold regular meetings with partners from Essex Safeguarding Children's Board to share cross-cutting priorities.

ESAB also works closely with our partner Boards for Domestic Abuse Local Partnership Board; the Health and Well Being Board; the Essex Strategic Co-ordination Group; the Essex Strategic Hate Crime Prevention Group; Suffolk & North Essex ICP Committee; Herts & West Essex ICP Quality Committee; South and North East Essex ICP; ECC People and Families Committee: Essex Community Safety Network and the LeDeR Strategic Group.


Essex Safeguarding Adults Board (ESAB)
ESAB Executive Subcommittee
SAR Subcommittee
Quality Subcommittee
Prevention & Awareness Subcommittee
Health Executive Forum *** (Subcommittee)
SET Children/Adults & SETDAB Learning & Development ** Subcommittee
SET Safeguarding Adult Subcommittee (Policy/Procedure) *
Essex Partners:
Meetings that require a representative from ESAB in attendance
Safer Essex
Domestic Abuse Local Partnership Board
Herts & West Essex Quality Committee
Essex Strategic Coordination Group
Suffolk & North Essex ICP Committee
DHR - Strategic Group
Essex Strategic Hate Crime Prevention
LeDeR - Strategic Group
Essex Community Safety Network
Suicide Prevention Board **
Essex County Council
Essex Health & Wellbeing Board
People & Families Committee
Non-Essex
ESAB attend for full coverage on regional and national matters:
ADASS - Eastern Region Safeguarding Group
National Chairs Group
* Joint committee with Southend and Thurrock SABs
** Joint Committee across Children and Adults covering Southend, Essex & Thurrock and SETDAB
*** A forum where those responsible for the safeguarding of adults, children and looked after children in health services across Southend, Essex and Thurrock (SET)
Shows governance arrangement between boards

STRATEGIC PLAN

ESAB refreshed its strategic plan throughout 2023/24. The new Strategic Plan for 2024 to 2027, was ratified by partners in March 2024, in readiness for implementation in April 2024 - found here: https://www.essexsab.org.uk/about

A new Business plan was also devised, exhibiting granularity for planning and delivery of ESAB's safeguarding vision for the people of Essex; what it wants to achieve and how it plans to deliver on this. The Business plan is reviewed on a quarterly basis at the ESAB executive meeting, and an updated version is included in all main board meetings for partner information. The plan is rag rated against achievements, to gain assurance of completed actions and to identify any new or emerging priorities, including work that we need to undertake.

In early 2024/25 year, all ESAB Sub-Committees will continue to develop their Delivery Plans, providing oversight to the ESAB Independent Chair and ESAB Executive Group on a quarterly basis.

OUR VISION

ESAB will work in partnership and collaborate with our partners, to ensure that adults at risk of abuse and neglect are able to live safely, with the rights and freedoms of citizenship.

OUR MISSION

ESAB will work together to seek and gain assurance, through effective and transparent processes, to ensure that adults at risk of abuse or neglect are supported to live safe lives through delivering against our priorities of prevention, learning, awareness, and quality, and we will hold each other to account.

OUR PRIORITIES

Our Partners felt that our existing priorities remained valid for 2024-27:

PREVENTION & AWARENESS

We will improve the awareness of adults at risk within and across our communities and partner agencies, and we will work to prevent abuse and neglect.

LEARNING

We will be open and transparent, sharing lessons learned from safeguarding practice and promote the development of an up to date, competent, skilled, and shared workforce.

QUALITY

We will assure our own work, learn from experience, and set up processes to give insight into our ongoing commitment to continuously improve safeguarding practices.

IMPACT AND CHALLENGES

Development of the new ESAB Safeguarding Strategy and Business Plan for 2024 – 2027:

In 2023 we consulted on the outgoing safeguarding strategy for 2021/24 to establish effectiveness; any gaps and what needed to be applied for the future. Deborah Stuart-Angus lead several partner workshops to identify future priorities and associated actions. This was completed for both the new Safeguarding Adult Strategy and the associated Business Plan. Additional work took place on the identified priorities with Healthwatch ambassadors, to ensure that they were written in a way for all to understand. The Strategy and Business Plan then went through two rounds of intensive consultation prior to being presented to the ESAB Board in March 2024 for ratification. These were very successful exercises and very well attended by all partners and the Executive Group and would not have been possible without the strong commitment to Adult Safeguarding that is prevalent in Essex.

ESAB Risk Register

The ESAB risk register was continuously reviewed during 2023/24, and an updated format was developed and risks identified and risk rated, focusing directly on risks for ESAB, and not on provider risks, given that these are addressed elsewhere. The Register was ratified by ESAB partners at its meeting in January 2024.

Health Partners

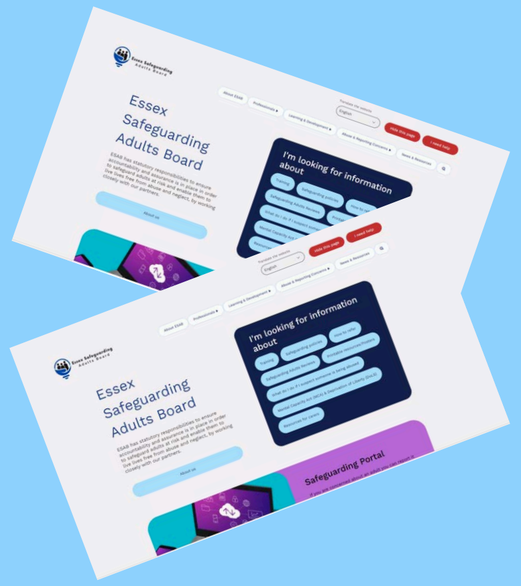
Essex has a complex system in relation to health, as we have three Integrated Care Boards (ICBs), two of which also cross border with other counties. During the past year assurance was sought from the ICBs in relation to their responses for the Countess of Cheshire report and its recommendations, with note to the 'Freedom to Speak Up Policy' that was a requirement from this report. Alongside this, ESAB also sought additional assurance that the three ICBs safeguarding priorities aligned with the priorities set out in ESAB's Safeguarding Adult Strategy, and encouraged close working between the three ICBs to align their safeguarding adult activity, planning and audits, wherever possible - to enable the provision of mutual assurance and triangulation. This was achieved via strong collaboration, positive relationships and effective leadership.

Safeguarding Adults Review - Thematic review

As part of the SAR (Safeguarding Adults Review) Sub-Committee work plan, a thematic review took place to look at the learning from the seven SARs that were published in 2022. An external SAR author was commissioned to complete the work. The report was presented and agreed at an extraordinary meeting in March 2024. As part of the work an identification tool was developed that will enable ESAB to identify lessons to be learnt for specific agencies earlier, further development of this tool will take place during 2024/25. Please see Safeguarding Adults Review Sub-Committee section for further details on this report and SARs that were signed off by the Board during the year.

ESAB Website

Following a full procurement process during 2022/23, the new website was developed throughout 2023/24 ensuring that viewers can navigate its pages and get to relevant areas more quickly and that all disability compliances were in place. It went live in November 2023 coinciding with National Safeguarding Adults Week. Since then, the website has regularly received 4000 visitors per week, and can be accessed via: https://www.essexsab.org.uk/



Named representative for Rough Sleeping/Housing added to the ESAB membership

In line with the recommendations in the National Institute for Health and Care Excellence (NICE) guidelines, DLUHC and DHSC, ESAB included a named person on its membership in January 2024 to represent Rough Sleeping and Housing. For Essex this is a named person from Essex County Council who in turn represents the City, District and Borough Councils and Housing Associations in Essex.

Right Care Right Person (RCRP)

In August 2023, the Board was notified about the Essex Police plan to implement RCRP. This approach is a collaborative initiative by the Home Office, Department of Health and Social Care, National Police Chiefs' Council (NPCC), and NHS England, and was designed to ensure that people with health and/or social care needs receive the most appropriate response from personnel who are equipped with the necessary skills, training, and experience, in order to promote well-being through informed and specialised intervention. Following the initial presentation at both the ESAB Executive Sub-Committee and the Board, the Chair advised that this to be a standing item on both agendas for at least 2024, to enable our partners to raise any issues or concerns and have open discussion, about some of the challenges presented to partners and people by the RCRP initiative, seek out teething issues and settle Memos of Understanding.

Adult Social Care (ASC)

In late 2023/24, ASC introduced the Adult Safeguarding Portal for electronic submission of safeguarding concerns, enabling more faster entry of concerns into the recording system. ESAB supported ASC with partner communications, ensuring awareness across the safeguarding partnership. The link to the Portal can be found here: https://www.essexsab.org.uk/reporting-concerns

2.0
HOW WE ARE ACHIEVING OUR VISION

During 2023/24 there were **38 meetings** across all of ESAB and its Sub-Committee structure of which three of these were extraordinary meetings (ESAB x 1 and SAR Sub-Committee x 2). Alongside this, **24 SAR Panel Meetings** were held which included several DHR (Domestic Homicide Review) Joint Review meetings.

Within the ESAB meeting structure, there are a further 14 meetings or Boards, that the Independent Chair, Board Manager or Partner representatives attend – and these meetings are **recognised as valued link to the Board and its work.**

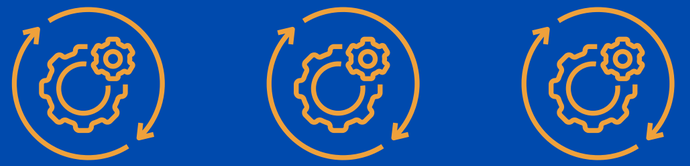
The following pages provide a brief oversight of what each of our groups and Sub-Committees have achieved throughout 2023 – 2024.

EXECUTIVE GROUP

The Executive Group has delegated decision-making functions on behalf of the wider membership of ESAB. Deborah Stuart-Angus, the ESAB Independent Chair and the three statutory partners lead in the management of the Board, in relation to its duties, its risks, and any escalations that may need to be managed, and we regularly send out additional invites to the wider partnership for assurance purposes on particular items. The Group retain oversight of ESAB's activity to support the work of other Sub-Committees, and to ensure that delivery against agreed strategic priorities are happening in accordance with the agreed Business Plan.

During 2023/24 the Executive Group have achieved the following:

- Refreshed ESAB's Constitution and Terms of Reference, including the role for a Deputy Chair.
- Maintained a functional budget and increased staffing for a one-year Project Officer to ensure learning from SARs is embedded in partner organisations and to further develop joint priorities with Safeguarding Children's Arrangements.
- Assessed deliverables of the Safeguarding Adult Strategy and Business Plan 2021-2024 and consulted on and produced the 2024-2027 Strategy, and Business Plan.
- Ensured alignment of Safeguarding Policy and drivers across the three ICB's align with the ESAB Safeguarding Strategy and its priorities which extended alignment of commissioning of all ICB internal audits and work on the Countess of Chester Hospital report and its recommendations.
- Sought additional assurance from Essex Partnership University Trust (EPUT) on their Quality Assurance Framework, its output and impact.
- Redesigned the ESAB Risk Register
- Sought updates about the Disclosure and Barring Service (DBS) requirements
- Sought safeguarding assurance from Adult Social Care, following a backlog of safeguarding concerns and referrals, and provided support for the implementation of the electronic safeguarding portal.
- Provided oversight in the development and implementation of the new ESAB website and logo.
- Sought assurance from Adult Social Care, after being advised of a backlog of safeguarding concerns and referrals, then in turn provided support for the implementation of an electronic safeguarding portal.
- Held governance and oversight for 37 SAR cases during the reporting year this includes referrals, reviews in panel stage and recommendations/actions.
- Shared delivery priorities with the Essex Safeguarding Children's Board in relation to Transitions of Young People in Care and Think Family.



Safeguarding Adults Review (SAR)

SAR Criteria

The Safeguarding Adults Board (SAB) is responsible for implementing Safeguarding Adults Reviews (SAR), under Section 44 Care Act 2014.
The SAB must arrange for a Safeguarding Adults Review to take place, if the following criteria are met:

1. The person has died, and the SAB suspects the death resulted from abuse or neglect (whether or not the Local Authority had been alerted to the abuse or neglect prior to death); orand the SAB suspects the death resulted from abuse or neglect (whether or not the Local Authority had been alerted to the abuse or neglect prior to death); or

2. The person is alive, but the SAB knows or suspects that they have experienced serious abuse or neglect;

AND

3. There is a reasonable cause for concern about how the SAB, its members or other persons involved worked together to safeguard the adult.

ALSO

4. A SAB can also commission and arrange a SAR if they think that there is learning for organisations, and it is deemed that a person has experienced abuse and or neglect - this is known as a Discretionary SAR.

Statutory Guidance sets out that the purpose of a SAR is to: ‘promote effective learning and improvement action, to prevent further deaths and serious harm. This approach ensures that lessons are revealed from the case findings and applied to future practice, to prevent similar risks of harm, neglect and or abuse reoccurring.

SAFEGUARDING ADULTS REVIEW SUB-COMMITTEE

Responsibilities and ways of working

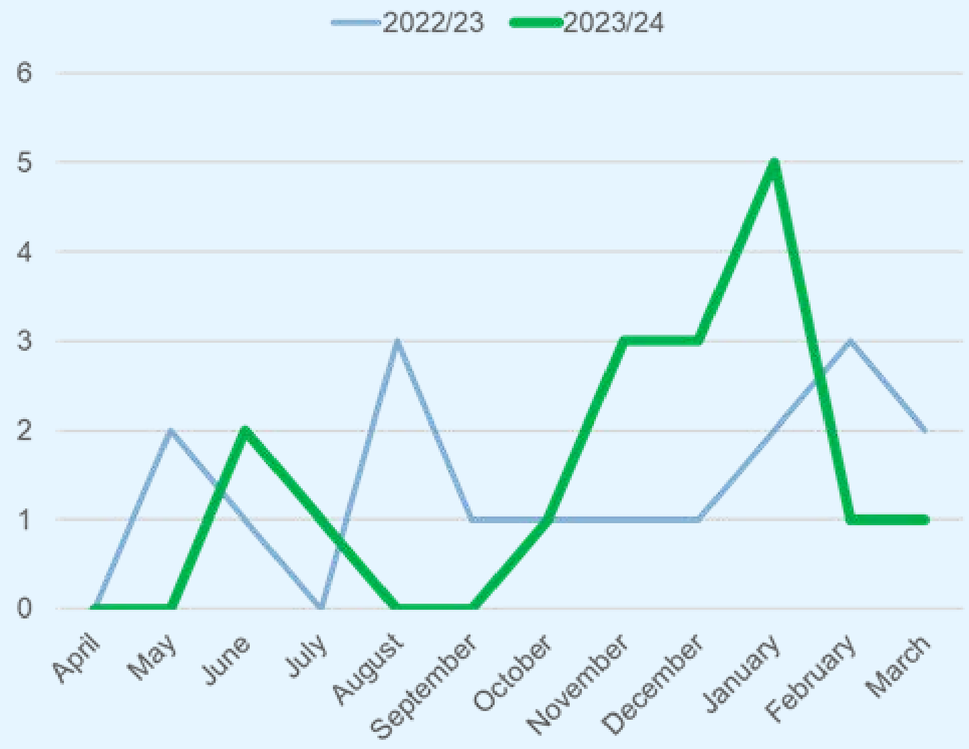
The Safeguarding Adults Review Sub-Committee meet monthly to carefully consider all SAR referrals and makes recommendations to the Independent Chair, with their rationale for why or why not a SAR should be commissioned. If it is agreed by the Independent Chair, that a SAR is to take place, the SAR Sub-Committee will commission an Independent Author to write an Independent Overview Report. This decision is based on SAR criteria and if learning can be gained by organisations that could have worked better together. The Sub-Committee monitor feedback on progress and outcomes of findings to the Executive Group and ESAB on a quarterly basis.

The SAR Sub-Committee are also responsible for ensuring that the SAR Quality Assurance Process is pro-actively managed; managing contacts with families; engaging with parallel processes; managing publication plans; developing action plans for organisational improvement; ensuring media attention is managed and linking with the other ESAB Sub-Committees to ensure that learning from SAR outcomes is shared and triangulated in coherence with safeguarding priorities of Prevention, Quality and Training). In addition the Sub-Committee is committed to continuous practice improvement, and regularly review its procedures, and undertaking development activity where opportunities are identified and provides learning activities for safeguarding managers and practitioners across the partnership. There is also close working with the SET Learning and Development Group and the Regional Chairs Group, via our Independent Chair.

Overview of reviews 2023 - 2024

During 2023-24, 16 SAR referrals were received, and one case was referred for a Domestic Homicide Review (DHR). 6 referrals were submitted following a case discussion with the SAR Officer, and a significant majority of referrals were received in the second half of the year (please see graph below). This has meant that 5 referrals will be decided in the 2024/25 reporting year. In 2022- 23, 17 referrals were received.

Comparative profile of reciept of SAR referrals



16

SAR referrals recieved

64%

conversion rate, increased from 47% from previous year

37

cases in the overall workflow

(As of March 2024)

15

reviews being managed

(12x SARS, 3x DHR-SARs)

SAR referral data by abuse type

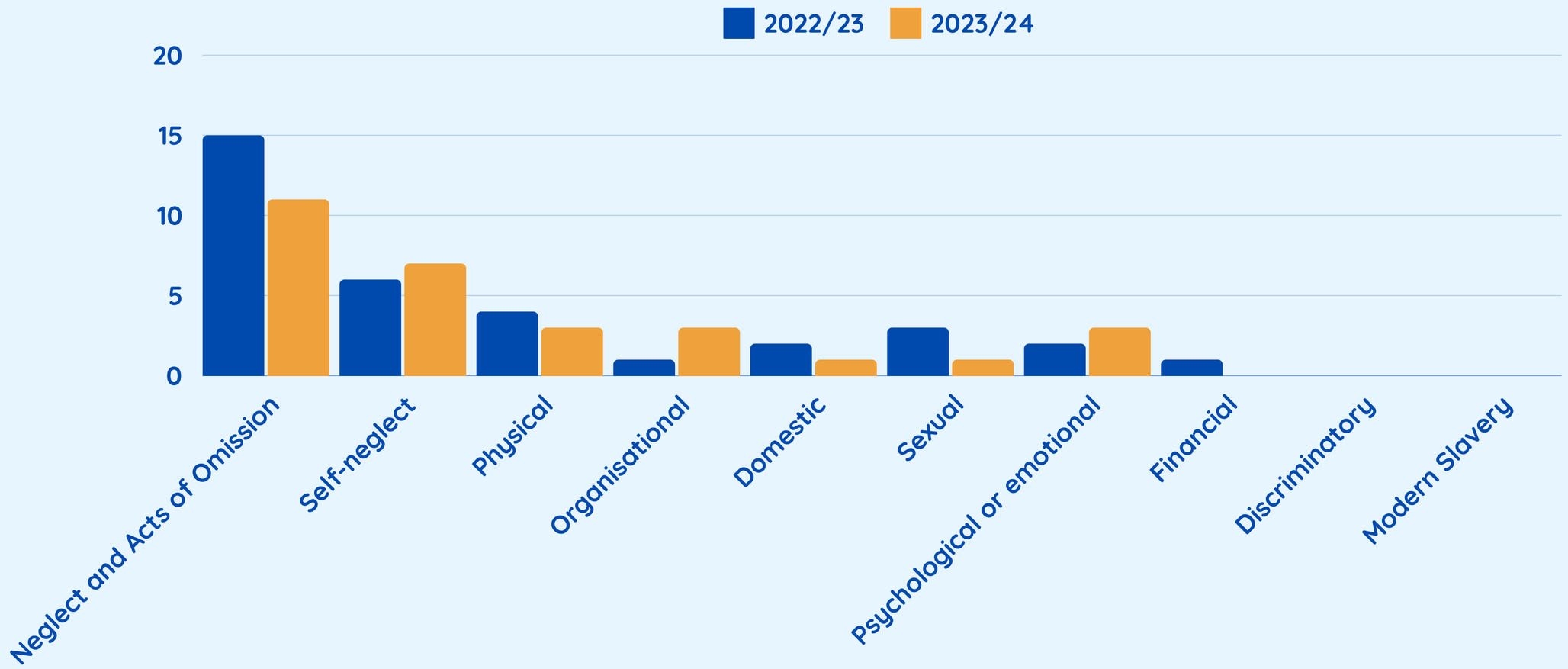
This data outlines the SAR referrals received reported by abuse type.

The abuse types are those indicated by the referrer on the SAR referral form. Multiple types or abuse may be indicated on the SAR referral form, therefore the total does not equate to the total number of referrals received for the year.

TOTAL NUMBER OF SAR REFERRALS RECEIVED

2022/23 - 17 SAR referrals

2023/24 - 16 SAR referrals



2023-24 Highlights

The past year has been exceptionally busy, for example:

- The number of **SARs and joint DHR-SARs in the review stage have more than doubled:** by the end of March 2024 there were 12 SARS and 3 joint DHR-SARs, compared to end of March 2023 when there were 4 SARs and 2 joint DHR-SARs.

- The **SAR Officer held 11 case discussions** with professionals who were considering submitting a referral (mainly from Essex ASC) – this helped to manage referrals given that 5 of the cases benefitted from advice and information, and **6 referrals were made.**

- Of the 16 SAR referrals received in the reporting year, there was a 64% conversion rate and there were **37 cases in overall workflow** (as of March 2024)

- An **adult at risk had been placed in Havering** by ECC and the Sub-Committee made practice contributions to a SAR in their area.

Published SARs and SAR DHRs

- **1 joint DHR-SAR published**, under the pseudonym 'Kimmi'. The review and learning brief can be found on the ESAB website: https://www.essexsab.org.uk/sar-kimmi

Overview of published DHR-SAR

Kimmi and Alfred had been married for 42 years and lived on a working farm in a rural part of Essex. Kimmi who was 73 years old had been diagnosed with vascular dementia 5 years ago and Alfred had taken on a caring role. Alfred had suffered a long history of serious physical illness and had been prescribed anti-depressants since 2008. Alfred was a licenced firearm and shotgun holder. The day after a safeguarding concern was raised Alfred shot Kimmi and himself dead. This happened in the context of the Covid pandemic and Kimmi's family found the provision of care for her confusing and uncoordinated.

A Domestic Homicide Review (DHR) & Safeguarding Adults Review (SAR) was commissioned in order to identify how agencies worked together and to learn from any lessons to improve multi-agency responses to domestic abuse.

Key themes identified were:

- **Support for carers-** coming to terms with a close relative with dementia.
- **Dementia diagnosis pathway** and support, a whole family approach.
- **Generational attitudes and barriers** to persons being able to accept support.
- **Carers Stress**- understanding of and provision of support to prevent it potentially manifesting in other forms of abuse.
- **Safeguarding Concerns**- appropriately raising and investigating.
- **Risks around the lawful possession of firearms.**

To view the recommendations in detail please see the briefing report here: https://www.essexsab.org.uk/sar-kimmi

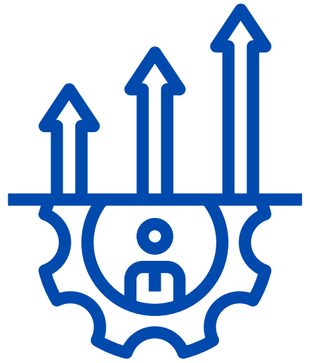
Consequent improvements that have been made:

- We introduced a scoping template to improve consistency and proportionality, to better manage safeguarding information received from partners.
- From January 2024, SAR referrers have been invited to attend the meeting at which their referral is discussed, to discuss the case and share information and learning with the Sub-Committee.
- We have invited 9 practice observers to attend the meetings to help promote understanding of the SAR process across organisations.
- We have completed a Thematic Review of 6 previous SARs, and in consequence we commissioned the development of a research tool to collate learning and assess quality.
- We are identifying learning earlier, enabling earlier implementation of improvement, and examples are:

1. Communicating with care providers to emphasise the need to promptly report suspected sexual abuse to Essex Police.
2. Development of a flowchart and guidance for registered managers on responding to suspected sexual abuse in care settings.
3. Publication of SET-wide Self-Neglect policy and accompanying poster, to be used in conjunction with our existing Hoarding Guidance and Flowchart.
4. Task and Finish group to develop and promote learning for acute hospitals when a patient decides to leave a hospital ward to access drugs in the community.

- There has been continued enhancement of metrics used in the SAR workflow update to further learning about the types of abuse that feature in referrals, along with the age, gender and diversity of SAR subjects and source of referrals.
- We submitted our published SARs for inclusion in the Second National SAR Analysis and ESAB Officers attended a briefing on the early findings from the research. While the full report has not yet been published, early indications are that there are correlations from Essex cases with national themes in SARs such as a lack of professional curiosity; self-neglect; issues in practice with the application of the Mental Capacity Act 2005 how to and legal literacy.

It is of note that both ESAB and its partner agencies are committed to taking prompt action to learn from the circumstances of any case, regardless of whether a SAR is also commissioned.



QUALITY SUB-COMMITTEE

The remit of this group is to bring about a quality perspective to all safeguarding activity, by analysing safeguarding data and metrics shared by ESAB partners to help identify themes, trends, areas of concern and recommendations for system wide learning This group also has oversight of the results of the Safeguarding Adults Self-Assessment Framework deployed by partners, and its outcomes. As this work has taken place over two financial years, the outcomes are unknown and will be delivered to ESAB during the 2024 -2025 financial year. The Group also ensures that messages from inspections, case reviews, audit and quality assurance are triangulated and acted upon, across the partnership, to improve practice - for example, during the reporting year, quality assurance in safeguarding was sought from partners by:

- Accessing quarterly reports on Safeguarding Adults and data from Adult Social Care

- Accessing quarterly Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) updates, highlighting the reduction in the previous backlog. There has been a 38% reduction in the backlog of DoLS waiting since additional resources were introduced in May 2023 by the ASC and assurance has been provided from them of the additional funding commitment to maintain this reduction.

- Assurance was also provided throughout the year on assessment and prioritisation systems for DoLS considerations and completions.

- Completing first phase of the bi-annual Safeguarding Adult Self-Assessment Framework, where analysis and review of submissions will be completed throughout 2024-25, and will be supported by several peer event challenges. (This work was undertaken alongside the SET Safeguarding Adults Group to ensure that agencies who work across the three local authority boards in Greater Essex only have to complete one self assessment submission).

- Gaining cross Sub-Committee oversight of SAR cases and relevant recommendations from reports that have been developed, that will impact on organisational management and practice.

- Accessing the bi-annual update from the LeDeR* Review process, with relevant links to safeguarding noted, leading to closer working between Leder and ESAB. This has also been included a review of the Memorandum of Understanding between the two areas (a cross-Sub-Committee piece of work with the Safeguarding Adults Review Sub-Committee and the SET Safeguarding Adults group).

*A LeDeR review looks at key episodes of health and social care a person received that may have been relevant to their overall health outcomes. We look for areas that need improvement and areas of good practice. In relation to people with a learning disability

LeDeR works to:

- improve care for people with a learning disability and autistic people
- reduce health inequalities for people with a learning disability and autistic people
- prevent people with a learning disability and autistic people from early deaths

PREVENTION & AWARENESS SUB-COMMITTEE

Following a hiatus of a year, this group was reconvened in late 2023-24 year, with a focus on Co-Production, ESAB specific training requirements and communications. The group have identified relevant multi-agency partners to attend, and to set out their Terms of Reference. In 2024-25 they will agree a work plan for the coming three years aligning with the new ESAB Safeguarding Adult Strategy and Business Plan.

SET WIDE - CHILDREN, ADULTS & DOMESTIC ABUSE, LEARNING & DEVELOPMENT SUB-COMMITTEE

This Sub-Committee includes the Southend, Essex & Thurrock Adults and Children's Board/partnerships and the Southend, Essex & Thurrock Domestic Abuse Board, and looks to identify joint learning between the seven boards/partnerships. The aim of this group is to review learning from Child Safeguarding Practice Reviews (CSPRs), Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs). This year Task and Finish Groups have focused on applying professional curiosity in practice; challenging decisions; escalating safeguarding concerns and Think Family. The latter considers how we can produce a joint approach across Children and Adults Services and how the multi-agency partnership can gain a shared undertaking of risk.

SET POLICY & PROCEDURE SUB-COMMITTEE

This Sub-Committee covers Southend, Essex, and Thurrock under the banner of SET, reporting to ESAB via the SET Policy & Procedures Sub-Committee (see organisational chart for reference) which devolved its duties to the SET Safeguarding Adults Group. This action was replicated by the SABs in Southend and Thurrock.

Throughout the year the group have reviewed and implemented the following:

- **Bi- yearly review and update** of the SET Safeguarding Adult Guidelines and SETSAF concern form.
- Developed and agreed a **SET wide Modern Slavery Pathway and Flowchart** (developed across children's and adults safeguarding).
- **Assault & Sexual Violence Guidance and Flowchart** developed, specifically for care homes, and designed as a result of early learning from a current SAR. In 2024-25 further work on this area is expected to take place.

- **Firearms Help and Advice Leaflet for practitioners** - designed as result of findings and recommendations from two SAR/DHR's in Essex and Southend (developed across children's and adults safeguarding)
- **Added an easy read MCA/DoLS booklet** to the suite of documents related to MCA/DoLs, to help people with a learning disabilities or people suffering from dementia.
- **Development of an animation about older people and domestic abuse**, undertaken in conjunction with the SET wide Domestic Abuse Board & Compass (Domestic Abuse Service Provider in Essex) and published, as part of National Safeguarding Adults Week in November 2023 (which also coincided with the SET Domestic Abuse Conference).
- Development (with the Quality Sub-Committee) of the **Safeguarding Adults Self-Assessment Framework**.
- **Updating policy and procedure**: Managing & Responding to Organisational Safeguarding Concerns; Safer Recruitment and the 1-minute guides for Modern Slavery, Hoarding and Missing People.

HEALTH EXECUTIVE FORUM (HEF)

This group is made up solely of health representatives, where those with safeguarding responsibilities across Southend, Essex and Thurrock (SET) can come together to promote safe, patient focused and sustainable safeguarding practice; facilitate collaborative working and develop a shared vision to enhance quality of life, promote health and improve welfare and safety in our communities. This group is included as a Sub-Committee to ESAB but works across Adult's and Children's Services.

HEF continues to support the ESAB strategic priorities, and this year they have contributed to:

- Reviewing and restructuring ICBs, with each ICB aiming to meet NHSE cost saving requirements
- Monitoring delivery of: paediatrician capacity; Initial Health Assessment Completion; Specialist Eating Disorder Services; Tier 4 bed Provision; proposed changes at the Sexual Assault and Referral Centre - to ensure these services meet the need of our local population.

- The HEF to review and share learning from SAR recommendations to share outcomes and impact.
- Implementation of the A&E Notification and Assessment Process (across Essex Acute Trusts for Health Care Resource Group (HCRG) notifications).Reviewing and restructuring ICBs, with each ICB aiming to meet NHSE cost saving requirements.
- Implementation of processes for the Serious Violence Duty.
- Continuing to improve, embed and assure MCA and DoLS, across the Essex system.
- Developing a work programme based on NHSE safeguarding priorities, with leads identified from across the ICBs and provider organisations for the HEF and Safeguarding Clinical Network (SCN).
- Reviewing Terms of Reference and membership of HEF and to further improve assurance and governance.
- Development of a HEF Operational Group, comprising of safeguarding leads from across the health system to deliver the HEF strategic priorities.

FEEDBACK FROM OUR STATUTORY PARTNERS

Essex County Council

Overview of safeguarding issues for 2023/24:

Adult Social Care (ASC) has seen continued increases in the number of safeguarding referrals it receives, with 19,377 received in the financial year 2023-24. The conversion rate from referral to a s42 Enquiry has remained at 24%. This is the same as the previous year. Analysis has shown that 25% of the referrals warranted an advice and information offer, a Care Act Assessment, or a Care Act Review. Where these have been identified they have been undertaken.
In November 2023 ASC held a review of it's operating and handling procedures and service capacity. An action plan was developed to streamline approaches to demand management following this. In addition:

- The ASC workforce mobilised a whole service response to prioritise and manage the volume of safeguarding concerns which were waiting. This approach ensured that effective risk management was in place. Learning was also fed across the service.
- Resources were increased within the Central Safeguarding Triage Team.
- A Web-based form via a portal for making referrals, now referred to as safeguarding alerts was introduced.
- Internal safeguarding documentation was reviewed and amended where this was necessary.
- Workshops were held with partners and providers, including presentations made at the Safeguarding Adult Leads Network.

  The Head of Safeguarding and Mental Capacity co-led a National webinar with Social Care Institute of Excellence (SCIE) about what makes a good safeguarding referral, which has been shared with all providers in Essex. This is available to view on the ESAB website.

- Improvements were made in the data management of safeguarding concerns and enquiries.
- Systems for end-to-end oversight were reviewed and tested.
- A focus on practice and operational quality assurance took place to ensure that the principles of Making Safeguarding Personal were embedded.

There has also been a focus on Transitional Safeguarding for young people. These are young people aged aged 18 to 25 who are at risk of exploitation and abuse and have often experienced past trauma. Monthly Multi-Agency Transitional Enablement Meetings (MATE) are in place. This is a pro-active approach to partnership working and creates a shared understanding to reduce the risk of exploitation and or abuse. Multi-agency activity is monitored to ensure that agencies deliver their responsibilities in risk reduction, where transitional safeguarding concerns exist. To date, there have been 28 referrals and 9 cases able to be closed, with clear actions in place.

ASC's Organisational Safeguarding Team responded to 513 organisational safeguarding concerns in 2023-2024. The team work closely with both our providers across the County, ECC's Provider Quality Team, CQC and system partners - including the three ICB's to reduce or remove risks and ensure effective outcomes for Essex residents.

Work can include offering education and informal training with providers and their workers to improve risk management, safeguarding practice, and Mental Capacity Assessment practice, as well as care plan workshops.

ASC has increased capacity to ensure a greater number of Deprivation of Liberty Safeguard Assessments can be completed. There is now a 39% reduction in the those waiting with a trajectory for further improvement that will be enhanced by ongoing activity to reduce waiting times. A prioritisation tool is deployed to manage risk and assess waiting times in all instances. The process is overseen by the Head of Safeguarding and Mental Capacity, with daily quality assurance in place and escalation through the agreed governance process.

Areas of risk

ASC have been working closely with system partners to respond to the growing numbers of asylum seekers in Essex. This has included work with ICBs, EPUT, Police, the Home Office and service providers, to ensure that appropriate arrangements are in place for the safety and wellbeing of the adults living in the new Wethersfield Asylum Centre, hotels, and other accommodation across Essex. A multi-agency response is critical to ensure that these adults have access to the right support and that partners continue to work together effectively in responding to their needs, welfare, and safety.

There is also an emerging risk of modern-day slavery for overseas workers in the care sector that has been discussed in the news and across the Eastern Region's ADASS Safeguarding Network. Where issues are identified, ASC acts with providers, to ensure that people using services are not impacted and referrals are made to the to the Gangmasters and Labour Abuse Authority.

Training & Development

ASC continued to strengthen its safeguarding training offer for its workforce to include safeguarding awareness training, enquiry officer training and safeguarding adult manager training, for all frontline and non-frontline teams. 1068 workers have already completed training, including 76% of front-line operational workers. This remains a key area of focus.

Essex Social Care Academy (ESCA)implemented the National Safeguarding Competency Framework, with full day training at awareness level and a 2 day offer for Enquiry Officers and Safeguarding Adult Managers. This, along with Mental Capacity Act Training, forms part of the essential training offer, with an expectation that the workforce completes this training every 2 -3 years.

Learning from SARs and DHRs

A Sub-Committee of the ASC Practice Governance Board focuses on learning outcomes and recommendations made within Safeguarding Adult Reviews, Domestic Homicide Reviews, and Inquests. They meet monthly to ensure good practice and learning is shared with the leadership team and cascaded across ASC. Quarterly updates are provided to the Practice Governance Board and ASC provided 2 workshops for senior leaders, team managers and deputy team managers/senior practitioners. The workshops offer an in-depth focus on safeguarding reviews to ensure that practice learning is spread across the ASC workforce.

ASC has a strong Quality Assurance Framework, and practice audits are completed monthly. Findings are shared with the Practice Governance Board, where actions are agreed, and improvement is monitored. Learning is then fed back through the service to ensure continuous improvement.

NHS Mid and South Essex Integrated Care Board (MSE ICB)

The MSE ICB is a comprehensive healthcare entity for 1.2 million residents, encompassing 27 Primary Care Networks and 180 GP practices. It works in conjunction with 5 Safeguarding Children and Adults Partnership Boards. In the reporting year MSE have been dedicated to delivering safeguarding statutory duties and aimed to establish an 'all-age approach' to safeguarding. This includes a revised structure to ensure expertise at strategic, place, and provider levels, aligned with both the ICB's Nursing and Quality Strategy and the long term, Integrated Care System strategy for 2023-2033.

STRATEGIC ALIGNMENT AND TEAM PORTFOLIOS

- The Southeast team is aligned with the Southend Partnership, providing safeguarding support and advice to the healthcare sector, supervising the All Age Continuing Health Care teams, and supporting Mental Capacity Act implementation.
- The Southwest team, is aligned with the Thurrock Partnership Board, and has led strategic safeguarding work within the community provider collaborative, including Quality Support Visits.
- The Mid team has the strategic lead, and works very closely with the acute trust: Mid and South Essex Foundation Trust (MSEFT). The team also holds the strategic portfolio for Children Looked After (CLA) across MSE and have been working with NHS England (NHSE) on CLA data.

Individual team members lead areas and act as a conduit between the ICB, NHSE and Partnerships e.g. Leads for Domestic Abuse; PREVENT; MCA and the Serious Violence Duty, working in partnership with system leads, ensuring ICB is compliance with statutory requirements.

TRAINING AND DEVELOPMENT

Five named GPs and professionals work alongside the safeguarding team to deliver learning and development opportunities, focusing on national safeguarding priorities, local case reviews, and intercollegiate requirements for adults and children. A GP safeguarding training strategy has been developed and implemented and 5 sessions were delivered in the reporting year, across MSE. These were attended by 713 practitioners, made up of GPs, Advance Nurse Practitioners, Nurses, Practice Managers, Paramedics, Pharmacists. GP Safeguarding Leads Fora were attended by 450 staff.

AUDIT AND ASSURANCE

An All-age Safeguarding audit was conducted to ensure all practices have an identified a Safeguarding Clinical Lead and a deputy, with 95% return level achieved with ongoing support for non-respondents. Emerging themes from action plans include the need to improve the recording of safeguarding incidents; quantifying safeguarding referrals; identifying domestic abuse; the need for professional curiosity and management of ongoing section 42 enquiries.

COLLABORATION AND COMPLIANCE

The ICB Executive, Senior Safeguarding Leads and Designated Professionals collaborate through the Safeguarding Clinical Network (SCN) and connect with NHS providers via the Health Executive Forum (HEF). Terms of Reference for both HEF and SCN are under review to align with ESAB's safeguarding priorities , national priorities and those of the Health and Care Act, 2022.

LEARNING AND COMMUNICATION

Examples are:

- **Thematic Learning:** learning from the 6 SARs published by ESAB in 2022 was disseminated across health commissioning and provider services, enhancing collective understanding and application of safeguarding knowledge, aligning with ESAB's Strategic Safeguarding Priority 2: 'Learning'.

- **Carers Assessment Awareness:** initiatives were launched to ensure carers are systematically offered assessments, increasing service quality, and aligning with ESAB's Strategic Safeguarding Priority 3: Quality.

- **Review of the Safeguarding Supervision Model:** restorative safeguarding supervision for ICB practitioners has been put into place, and an audit of effectiveness will be held in 2024/25, to align with ESAB's Safeguarding Priority 3: Quality.

- **Safeguarding Communication**: the ICB utilised communication pathways for briefings on critical safeguarding issues such as self-neglect and non-fatal strangulation, supporting ESAB's Safeguarding Priority 1: Prevention & Awareness.

- **Firearms Guidance Development:** collaboration with partners led to the creation of guidance for practitioners on addressing firearms concerns in homes.

- **Firearms Training for GPs:** GPs and related practitioners received training on firearms licensing and the importance of sharing medical information - crucial for flagging concerns, linked to ESAB Safeguarding Priority 1: Prevention & Awareness and Priority 2: Learning.

CONTINUOUS IMPROVEMENT

- The safeguarding team supports practice in implementing audit action plans, with a repeat audit planned for summer 2025 to assess improvements and to identify any further development areas.

- Engagement with the Safeguarding Adult Review process includes participation in SAR Subgroups and Panels and Director level oversight of the ICB's contributions.

FUTURE PLANS:

- **Sexual Safety Charter:** MSE ICB committed to NHS England's Sexual Safety in Healthcare organisational charter, with implementation projected for 2024.

- ·**GP Practice Self-Assessment Audit Improvement:** This was enhanced to include adult safeguarding standards, addressing ESAB Strategic Safeguarding Priorities 1, 2 and 3.

These actions demonstrate MSE ICB's proactive approach to safeguarding, and emphasise continuous learning, quality improvement, and adherence to national standards and ESAB safeguarding adult priorities.

Suffolk and North East Essex Integrated Care Board (SNEE ICB)

There are 375,075 people registered with a GP in North East Essex, and the North East Essex Alliance is a mixture of urban, rural, and coastal communities with pockets of high deprivation in the Tendring area. SNEE ICB has a five-year joint forward delivery plan which captures SNEE's ambitions and addresses safeguarding priorities.

THE ROLE OF NHS ENGLAND (NHSE) AND SNEE'S INCREASED RESPONSIBILITIES

NHSE has developed comprehensive Safeguarding Protocols for ICBs across various safeguarding work programmes, aiming to enhance assurance to NHSE via the National Safeguarding Steering group.From April 2024, NHSE will delegate executive assurance roles to ICBs, including reviewing health recommendations of DHRs, a function previously managed by regional safeguarding teams.

SNEE'S ALIGNMENT WITH ESAB STRATEGIC SAFEGUARDING ADULT PRIORITIES

- Priority 1 (Prevention and Awareness) - by Enhancing awareness of local population risks and past safeguarding events.
- Priority 2 (Learning) - by utilising and sharing recommendations from local safeguarding events, such SARs to improve internal training and staff safeguarding practices. This includes sharing at appropriate forums across the North Essex Alliance e.g. at the GP-Primary care safeguarding forum and the Alliance Quality Group.
- Priority 3 (Quality) - taking early learning opportunities regular attendance at ESAB and its sub-committees, enabling continuous improvement of safeguarding practices and ensuring training compliance, monitoring, and evaluation of training packages.

AREAS OF RISK

The North East Essex locality has experienced an increase in Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs), which could significantly impact the resources of Providers and the Integrated Care Board (ICB), in terms of drafting analysis reports and attending panels.

SAFEGUARDING TRAINING OVERVIEW

The ICB adheres to the Intercollegiate Safeguarding Training Document for the NHS, detailing all necessary training levels, knowledge, and competencies for NHS staff. A safeguarding mandatory training matrix is in place, to identify target audiences. Training encompasses Safeguarding Adults, PREVENT (every 3 years), and the Mental Capacity Act (MCA). Levels 1 and 2 are delivered via e-learning, while Level 3 involves national Health Education England e-learning, supported by bespoke sessions with the Designated Safeguarding Team to cover referral, policies, procedures, and DHR and SARs insights. Level 3 Safeguarding Adults training was introduced in August 2023. ICB Directors, Executives, and Board members participate in safeguarding training (10 having attended training in October 2023). SNEE ICB is committed to safeguarding training and the adoption of new responsibilities to reflect its dedication to maintaining a skilled and competent workforce in safeguarding, despite the challenges posed by increasing workloads and structural changes.

LEARNING FROM SARS AND DHRS

In the reporting period SNEE have had:

- 1 SAR.
- 2 Joint DHR/SAR's.
- 3 new SARs agreed.
- No new ESAB SARs were published in the reporting year affecting SNEE.

Learning from SARs is shared in the SNEE ICB annual safeguarding report, and North East Essex Alliance Quality Group; the Primary Care Safeguarding Forum and the Level 3 'Top-up' internal training sessions. Links are shared to the SAR e-learning and other ESAB SARs. Learning is made relevant for the ICB staff at the Level 3 internal training. From the recent ESAB Thematic SAR Review, comments and reflections were contributed to by the designated team.

Hertfordshire and West Essex Integrated Care Board

TRAINING AND COMPLIANCE

- West Essex Health has conducted comprehensive mapping of Safeguarding Adults Level 3 training and is on a continued journey of improvement (including primary and secondary care) with regards to engaging in the Essex MARAC. The ICB has rolled out the Domestic Abuse Toolkit and work is ongoing with finalising the MARAC information sharing agreement.

- Safeguarding Adult Level 3 training was mapped from August 2023 - April 2024. Due to a review and recent alignment, training compliance figures were impacted, but a significant increase is expected for 2024-25.

- A comprehensive mapping exercise was undertaken to align each staff member with their required level of safeguarding training and competency requirements, having a significant impact on compliance figures e.g: in March 2024, 72 staff were required to complete Level 3 compared to five the previous year. Level 3 (E-Learning for Health) focuses on Supervision; the Mental Capacity Act and PREVENT. Other available offers training at this level, include regular one hour 'lunch and learn' webinars, also shared on ICB weekly bulletins. This year sessions were held on Firearms and Safeguarding (delivered by Essex Police); Activism (delivered by ICB Safeguarding Children's lead), and Perpetrators of Domestic Abuse. A one-hour safeguarding supervision session (group or individual) is also offered on a quarterly basis to level 3 trained staff and in the reporting year, safeguarding supervision was offered quarterly to 66 ICB staff and 43 external providers

- Over the next 6 months, it is anticipated the overarching levels of compliance will gradually equal 85% (by November 2024). The safeguarding team will implement separate standalone, virtual sessions for any staff who are not compliant with requirements.

AREAS OF RISK

NHSE have developed a suite of Safeguarding Protocols on several safeguarding work programmes, seeking greater assurance via the National Safeguarding Steering group. Due to NHS England changes, delegated functions and workloads that were previously undertaken by a regional safeguarding teams has been delegated to the ICBs. This includes reviewing of health recommendations from DHRs, as part of the NHS contribution to the Home Office Domestic Homicide Reviews Quality Assurance Panel. This could potentially increase workloads and impact the work undertaken with the Domestic Abuse Board.

LEARNING FROM SARS AND DHRS

In Essex, there were 17 Safeguarding Adult Review (SAR) referrals in 2023-24. Feedback from West Essex and wider Essex SARs is disseminated through various channels. For the 2023/24 financial year, there were 7 commissioned DHRs across SET, with one awaiting a decision, and 9 published DHRs. The ESABSAR/DHR Valerie published in September 2022 resulted in the implementation of learning in partnership with Hertfordshire Age UK. This includes training of primary care staff on elder abuse and learning derived from SAR/DHR Kimmi (published September 2023) to include Firearms Awareness Training, made available for all providers.

Essex Police

Essex Police prioritises the safeguarding of individuals at risk, a commitment reflected in the Police Plan, overseen by the Assistant Chief Constable (ACC) for Crime & Public Protection (C&PP) and Criminal Justice. The ACC leads the quarterly Public Protection Vulnerability Boards, which include reports on activities, risks, and issues from C&PP and other command areas. The Head of C&PP Command, a Detective Chief Superintendent, is supported by two Detective Superintendents focusing on Proactive Partnerships and Investigations, ensuring that safeguarding adults at risk is a central concern across the organisation. Key features of Essex Police's safeguarding structure are:

- **Thematic Leadership:** specific leads are designated for key safeguarding areas, including mental health and missing persons.
- **Partnership Engagement:** senior representation at ESAB and its Sub-Committees ensures collaborative policy review and quality assurance.
- **Central Safeguarding Hub:** the Operations Centre acts as the entry point for public protection partnership-related inquiries and referrals, linking to Essex Social Care Teams and Health Services.
- **MARAC Involvement:** the Multi-Agency Risk Assessment Conference (MARAC) within the Operations Centre is responsible for risk evaluation and reduction in high-risk domestic violence and abuse cases.
- **Consistent Risk Assessments:** the DART+ Team (Domestic Abuse Risk Team) centralises secondary risk assessments for high-risk domestic abuse cases using DASH, enhancing accuracy and timeliness of safeguarding actions.
- **Geographical Teams:** the Domestic Abuse Problem Solving Team (DAPST) operates county-wide, focusing on repeat victims and perpetrators of domestic abuse, with integration into the Multi-Agency Public Protection Arrangements (MAPPA) process at Level 2 and 3.
- **Enhanced Risk Assessment:** adoption of the DARA (Domestic Abuse Risk Assessment) process, allows for improved risk assessments in all areas of domestic abuse.
- **Mental Health Collaboration:** a close relationship with EPUT and AMHP services enhances prevention, response, and investigation in cases involving mental ill health. Essex Police co-chair the quarterly Concordat meeting which is a multiagency forum to discuss whole system approach to mental ill health in the community, particularly when member of the community reach crisis points and need to be detained under S135 and S136 Mental Health Act.

KEY ASPECTS OF THE RIGHT CARE RIGHT PERSON (RCRP) APPROACH

- **Decision-Making Threshold:** a central feature of RCRP is a decision-making threshold that aids police officers in determining when their intervention is suitable, particularly for incidents involving individuals with mental health needs.
- **Training and Briefing:** comprehensive training for internal officers and staff has been conducted, along with briefings for partners and charities to align understanding and practices.
- **Oversight Boards:** the implementation and monitoring of RCRP are managed by ongoing tactical and strategic boards, ensuring the approach's effectiveness and adherence to its principles.

Right Care, Right Person is an approach designed to ensure that people of all ages, who have health and/or social care needs, are responded to by the right person, with the right skills, training, and experience to best meet their needs. Though the National Partnership Agreement signed by Health, Social Care and Police is focused on the interface between policing and mental health services, as one step towards implementing RCRP.

At the centre of the RCRP approach is a threshold to assist police in making decisions about when it is appropriate for them to respond to incidents, including those which relate to people with mental health needs. The threshold for a police response to a mental health-related incident is:
·to investigate a crime that has occurred or is occurring; or
·to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm

The approach involves consistent use of the RCRP threshold to determine whether the police are the appropriate agency to respond at the point at which the public or other professionals report a mental health-related incident (e.g., via a call made to the police). It is important to distinguish this from the police's powers under the Mental Health Act 1983 (MHA), e.g., section 136. While the decision to attend an incident is determined by assessing that the incident meets the RCRP threshold, the decision to use powers under the Mental Health Act, is made by an officer at the scene of an incident.

The signatories of this agreement intend that the cross-agency partnerships set up in each area to implement the RCRP approach for people with mental health needs work together on achieving the following:

- Agreeing a joint multi-agency governance structure for developing, implementing, and monitoring the RCRP approach locally. People with lived experience of the urgent mental health pathway, including those from ethnic minorities, should form part of the governance structure and be actively engaged in considering how RCRP is implemented. In addition, from a health system perspective, ICBs will play a key role in coordinating the approach to supporting the implementation of RCRP.

- Reaching a shared understanding of the aims of implementing RCRP locally and the roles and responsibilities of each agency in responding to people with mental health needs. Given that 'mental health needs' covers people with a broad spectrum of needs, this should include agreeing what is the remit of health services (primary care and secondary mental health services), local authority services (including social care and substance misuse services), and voluntary, community and social enterprise organisations.

- Enabling universal access to 24/7 advice, assessment, and treatment from mental health professionals for the public (via the NHS111 - mental health option), as well as access to advice for multi-agency professionals, including the police, which can help to determine the appropriate response for people with mental health needs. Plans should be put in place to communicate the availability of this advice to the public and other organisations/professionals locally, who may otherwise call the police as their first point of contact.

- Putting in place arrangements to work towards ending police involvement in the following situations, where the RCRP threshold is not met:
    1. initial response to people experiencing mental health crisis.
    2. responding to concerns for welfare of people with mental health needs (i.e., undertaking welfare checks), where the person is already in contact with a mental health service or other service commissioned to provide mental health support.
    3. instances of missing persons from mental health facilities, and walkouts of people with mental health needs from other health facilities (e.g., the Emergency Department).
    4. conveyance in police vehicles.
- Embedding multi-agency ways of working that can support decision-making about which service or services are most appropriate to respond to an incident reported to the emergency services (e.g., whether it is police, ambulance, or mental health services, or a joint agency response). For example, health-led, integrated multi-agency triage of 999 calls that enables shared decision-making has been shown to be effective in reducing avoidable police deployment, use of section 136 MHA and police conveyance.

- Ensuring arrangements are in place to minimise delays to handovers of care between the police and mental health services. Currently, there can be significant delays in accessing appropriate mental health expertise and facilities, particularly at evenings and weekends, and when someone is detained under section 135 or 136 of the MHA. These delays are detrimental to the person with urgent mental health needs and the family or friends supporting them and impacts on police capacity to fulfil wider duties. Systems should look to reduce these delays as far as is safe to do so, working towards a timeframe of one hour as specified in local plans (unless mutually agreed in relation to a particular incident on a case-by-case basis).

- Developing an approach for police and health systems to work together to quickly and efficiently identify the best place to take a person detained under section 136 of the MHA, to reduce time spent on conveyance.

- Developing local escalation protocols for situations including: significant system delays that result in people being inappropriately under the care of the police when they should be accessing mental health support; detentions in custody (all areas should be ending the practice of detaining people with mental health needs in police cells); and reoccurring situations where health partners feel the RCRP threshold is met but a police response is not provided. Protocols should include information on how to escalate urgent issues that cannot be resolved locally and processes for identifying reoccurring issues that indicate a system change is required.

- Establishing effective mechanisms to support data collection and sharing across agencies, to inform the development and implementation of RCRP, including any changes required to ways of working and wider-system resourcing. The data should enable an understanding of local urgent and emergency mental health need, current levels of police involvement in mental health related pathways, and the impact of the changes introduced under RCRP, both operationally and in terms of the experiences and outcomes of people requiring urgent mental health support. This includes monitoring the impact for people from ethnic minorities, and other groups with specific needs, such as children and young people, and autistic people, and taking action where inequitable impact is identified.

- Developing multi-agency training to support decision making and understanding of roles and responsibilities in relation to RCRP, as well as the Mental Health Act.

ESAB STRATEGIC SAFEGUARDING PRIORITY UPDATES

- **Priority 1 – Prevention & Awareness:** Efforts to improve awareness and prevent abuse and neglect include:
  1. Virtual Dementia Tour Bus: In collaboration with “Training2care,”.
  2. Dementia Packs: Working in partnership with the Alzheimer’s Society and the East Essex Ambulance Service, we have developed ‘dementia packs’ for frontline officers.
  3. Data Analytics for Vulnerability Identification: The launch of A4E (Data analytics Live) identifying the most vulnerable locations, venues, and individuals. This tool aids in creating partnership support plans and perpetrator disruption strategies.
  4. Dedicated SOVA Development Officer: A specialised officer has been appointed within the Strategic Vulnerability Centre (SVC).

- **Priority 2 – Learning:** Transparency in sharing learning from SARs and promoting workforce development is achieved through monitoring by the SVC and providing guidance via SharePoint pages and the Virtual Online Academy. National and SAR recommendations are logged and tracked for delivery to ensure learning and best practise is adopted force wide.

- **Priority 3 – Quality:** The Essex Police Triage Team review all SETSAF referrals and provide direct feedback to Officers regarding the quality of the referral and opportunities to signpost adults at risk who do not meet the threshold for direct intervention to available agencies who can assist such as their GP or local charities. Assurance of safeguarding practices includes feedback on referrals and the potential establishment of audit meetings with partners to examine the journey of an adult at risk to identify best practice.

This summary highlights Essex Police’s structured approach to safeguarding, emphasizing leadership, collaboration, and a commitment to continuous improvement in protecting those at risk.

3.0 LISTENING, LEARNING AND ENGAGEMENT

QUALITY DATA HEADLINES

Data supplied for this report has been provided by Essex County Council – Adult Social Care, during the 2023-2024 period.

19,380

Safeguarding referrals received, slightly higher than previous year.

Nearly half of the referrals from concerned family members became Section 42 enquiries.

4,560

Section 42 undertaken.

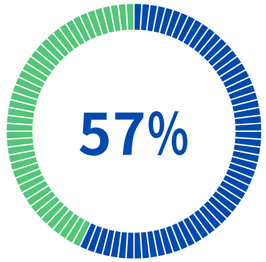
There was a rise in victims experiencing financial or material abuse.

2/3

of all safeguarding concerns raised were for adults over 65, with more for females.

83%

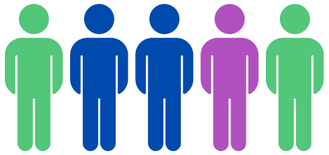
of care provision in Essex is outstanding or good.



of completed enquiries were completed within 90 days.

24%

of safeguarding referrals were converted to Section 42 enquiries.



The safeguarding demographic has not changed from the previous year.

LEARNING & DEVELOPMENT

ESAB have continued to deliver training and resources to improve awareness and provide learning and development opportunities for professionals. We strive to offer training that is effective, engaging, and accessible.

We provide formal training delivered in multiple formats that include virtual face to face, in-person and eLearning. Through our website we promote key eLearning courses offered by partners and other providers.

See the feedback from some of our courses this year.

“I had no idea of the long-term health and support requirements for LGBT people when in later life, which may be severely impacted if suffering from dementia.”

“Very informative and a lot to think about regarding Dementia care and supporting trans individuals and what personalised care they may require (douching, dilatation) these were things I had never considered before and the implications of these not being cared for properly.”

LGBTQIA+ Living with Dementia course
15th November 2023

“An informative and thought-provoking session this morning. Any new learning will certainly inform my practice going forward.”

“The most valuable training I’ve been on in a long time.”

SET-wide Female Genital Mutilation (FGM) course
26th September 2023

OUR TRAINING OFFER

Virtual Face to Face

Designated Adult Safeguarding Lead
This course is aimed at all professionals who take the lead for safeguarding adults in their organisation. Delivered in an engaging and interactive format with the opportunity to discuss case studies and share experiences.

Safeguarding Adults Basic Awareness
An interactive course providing an understanding of relevant policies, legislation, signs, symptoms, and the process of reporting concerns.

Risk Taking, Unwise Decisions & Safeguarding
Examines the perceived tension in adult safeguarding between the protective element and people's rights to control their own lives and choices covering the Care Act, Article 8, best interests decisions and the concept of the vulnerable adult.

Train the Trainer
Designed for those who will be delivering training to staff involved in supporting adults with guidance on how to adapt the training and material to meet individual learning requirements.

eLearning

Safeguarding Adults Basic Awareness
Modular eLearning covering an overview of adult safeguarding, signs and indicators of abuse, roles and responsibilities of agencies and the process for reporting concerns.

Safeguarding Adults Review (SAR)
This eLearning is designed to increase understanding of what a SAR is by linking learning to previously published reviews.

Exploitation
Designed for those working or volunteering in Essex, Southend and Thurrock and covers exploitation awareness, child exploitation and adult exploitation. This was updated in December 2023.

NEW

This year we have delivered one off training tailored for Female Genital Mutilation (FGM) and LGBTQIA+ Living with Dementia.

OUR TRAINING ACHIEVMENT

We have seen a good mix of statutory and non-statutory partners attend ESAB training , including many care providers and 3rd sector organisations. All of our training is free of charge. We trained:

2,159
staff trained

1,873
completed ESAB eLearning

286
attended virtual face to face training

344
completed the updated Exploitation course

165
completed FGM training - delivered in partnership with ESCB and SETDAB.

48
completed the LGBTQIA+ Living with Dementia workshop

> The course improved my knowledge and skills not just for me, but also will benefit my own team as I can share and support them.

> "Useful guidance which I know will influence my practice."

> "Thought provoking and well delivered."

LEARNING & DEVELOPMENT FOR NEXT YEAR

Our plans for 2024 - 2025 are underway and we are excited to be offering new training courses

SARs eLearning

eLearning course to provide basic knowledge of what a SAR is including the process of referring a case and what to do if you are asked to participate in a SAR.

Legal Literacy training

A look in to MCA best interest decisions, Mental Capacity assessments, Lasting Power of Attorney PAs, plus MCA and LPA roles.

Professional Curiosity

eLearning (All age) and possible face to face workshop.

COMMUNICATIONS

ESAB communicate with a diverse community and a range of organisations that care for, protect, educate, and provide services for adults at risk. We engage our audience through our website, social media channels, and newsletter. In addition, we develop practitioner guidance and updates from SAR learnings through our learning briefs, 1-min guides and professional resources.

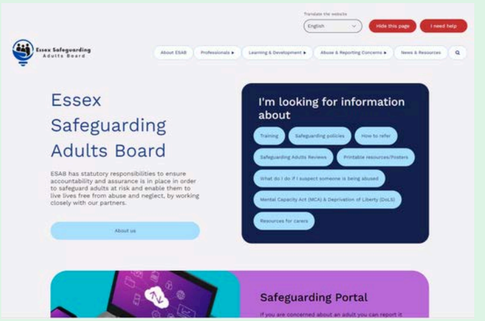
186,756
engagements across ESAB Facebook content.

2,971
combined audience across Facebook, X, and newsletter subscribers.

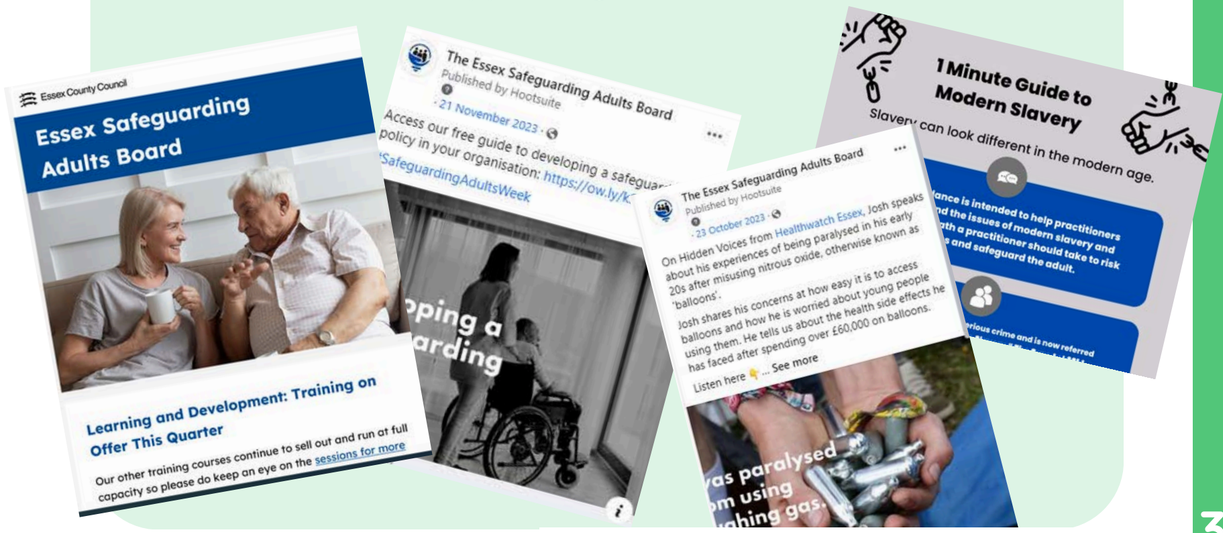
Key campaigns

- National Safeguarding Week
- Elder Abuse Awareness Day
- National Stalking Awareness
- Mental Health Week
- Carers Week

In November 2023, we launched a newly branded and redesigned website that provides information for professionals and advice for individuals with concerns. Since its launch, the website has attracted 11,000 first-time users and received 8,500 views of the 'reporting concerns' page.



Our social media presence continues to encourage engagement and attract new followers as we educate, signpost, and raise awareness through posts and links to support organisations.



4.0
COLLABORATION AND COMMUNITY

Changing Futures

Summary of outcomes for 2023/24:

- Ongoing development of Phoenix HoSTS – a dedicated housing pilot delivered in partnership with Colchester Borough Homes. HoSTS provides accommodation (comprising self-contained flats) to up to six residents, all of whom have experienced long periods of homelessness and or struggled to retain their accommodation previously. There are also dedicated staff on site (provided by Phoenix Futures) to support the clients to engage in a range of activities such as cooking, arts and crafts and developing the communal gardens, as well as providing advice and guidance, and support to access other services as may be appropriate. By providing on site wrap around support, the intention is to stabilise the residents, and help develop their skills and self-confidence to enable them to be able to live independently. The ambition is to expand the pilot, with work underway to identify additional appropriate accommodation for individuals with multiple and complex needs.

- The Employment Support Programme was established, and overseen by Open Road (providing support to individuals with a range of multiple and complex needs to access employment, training, volunteering, and education opportunities, whilst working alongside employers, aiming to allay their fears about recruiting individuals who may have a history of offending, substance misuse etc). This builds on the Individual Placement and Support (IPS) Service, (also delivered by Open Road), and which has been running successfully for several years in Essex.

- Activities for clients have expanded, including digital art workshops, creative recovery art groups, gardening/horticulture sessions, Alpaca walking and equine therapy, as well as a bespoke life skills programme.

- A visit from the Department for Levelling up, House and Communities (DLUHC), Deloitte and approximately 40 international delegates from around the world was hosted by Changing Futures, to showcase the work taking place in Essex, in order to help improve outcomes for individuals with multiple and complex needs. Following this, the Head of Wellbeing and Public Health at Essex County Council and the Systems Change Lead at Phoenix Futures were invited to attend the European Social Network virtual seminar on multiple disadvantage and co-production. They were also one of several expert panel members, presenting on the approach to supporting individuals with multiple and complex needs in Essex.

- Growth of a lived experience community with the support and oversight of a dedicated Lived Experience Lead, including the establishment of the Essex Lived Experience and Co-production Community of Practice, and links to the Essex Recovery Foundation and the National Experts Citizens Group (NECG). This included a joint event with the NECG in March 2024 attended by around 50 members of the lived experience community, as well as representatives from partner agencies. The event provided an opportunity for an open and constructive discussion around system change focusing specifically on the NECG's strategic priorities, namely, dual diagnosis, the criminal justice system, housing and homelessness, diversity, and neurodiversity.

- Expansion of the Mental Health and Wellbeing Team took place, providing ongoing support to clients referred to them through Changing Futures, as well as the Vulnerable Adults Service, expanded to the Drug and Alcohol Street Support Service.

- Procurement of the Multiple and Complex Needs service took place - the new contract, (commenced April 2024), was awarded to Phoenix Futures (who previously delivered the Offenders with Complex and Additional Needs and Full Circle service) and ensures sustainment of the work delivered through Changing Futures. The new contract also incorporates the Vulnerable Adults Service and the Integrated Support Mentoring Service (formerly known as Futures in Mind) - a volunteer-led peer support model, providing activities which are co-designed and co-produced by clients, their families, and carers. The contract has been let for an initial five years, with provision to extend for a further four years.

Here is a link to a commissioned independent evaluation, highlighting the extremely positive outcomes achieved during the course of the programme between 2021 and 2024: https://data.essex.gov.uk/dataset/2rxwm/changing-futures-essex-evaluation.

Essex Housing/Rough Sleeping

Over the past year, the Essex system, has made significant strides in protecting the well-being of homeless families and individuals sleeping rough. The introduction of a dedicated Rough Sleeper Drug and Alcohol Support Service (DASS) has been a cornerstone of this effort, providing much-needed assistance to those struggling with substance dependencies on the streets. This service has not only offered a lifeline to rough sleepers and those at risk of rough sleeping but also acted as a conduit to further support and housing services. Additionally, the development of a hospital release discharge protocol will ensure that individuals are not discharged from hospital into homelessness but are instead provided with the resources and support necessary to secure stable accommodation. This protocol will be instrumental in breaking the cycle of hospital readmissions among the homeless population, offering a more compassionate and cost-effective approach to healthcare and housing as well as tackling some of the health inequalities attached to being homeless.

Furthermore, the Essex wide prison release housing protocol has helped partners address the critical transition period for individuals leaving incarceration. By helping to secure housing options prior to release, the risk of immediate homelessness is significantly reduced, allowing for a smoother reintegration into society. This initiative has not only benefited former inmates but has also contributed to the overall reduction in homelessness in the community. In collaboration with London Authorities, Essex has also reached an agreement to decrease the number and vulnerability of homeless households placed into the county. This agreement represents a proactive step towards managing the flow of individuals in need and ensuring that the county's resources are effectively utilised to support those most at risk.

Through these concerted efforts, we believe that Essex has demonstrated a commitment to creating a safety net that not only catches individuals before they fall into crisis but also provides a pathway towards long-term stability and independence. The cumulative impact of these initiatives marks a year of success in safeguarding the community's most vulnerable members.

healthwatch Essex

> **"Healthwatch Essex has been working in closer partnership with the Essex Adult Safeguarding Board this year. We are keen to progress with the commitment from the ESAB to conduct co-production training to ensure they use lived experience throughout all work programmes to design services that are user-informed throughout.**
>
> **Throughout the year, we have been building on the strong relationships we already have with the safeguarding team to ensure we are continuing the work of the previous years and that we are able to share the learning we gather to influence change. The trauma ambassador group has been an excellent example of how we can learn from positive and negative ones to find solutions together and turn pain into purpose."**
>
> SAM GLOVER, CHIEF EXECUTIVE

Essex Partnership University
NHS Foundation Trust

EPUT continued to be a valued member of ESAB throughout the reporting year. They have regularly attended Board meetings, and Sub-Committee meetings, such as the Safeguarding Adult Review Committee (SAR) and the Southend, Essex and Thurrock Multi-Agency Safeguarding Adult Policy and Procedure Group. Alongside this, EPUT's Deputy Director of Nursing for Safeguarding and Mental Health Act, has taken on the Chair role of the newly reconvened Prevention and Awareness Sub-Committee, with its first meeting in late 2023 to develop Terms of Reference and work plan.

Deborah Stuart-Angus requested regular updates for ESAB, to seek safeguarding assurance and accountability from EPUT, in relation to the implementation, and outcomes, of the EPUT Patient Safety Strategy. As part of EPUT's assurance an onsite visit to several mental health units within the EPUT portfolio are to take place in early 2024. EPUT continued to share assurance issues, with candour and transparency and Deborah acknowledged their efforts:

> **We as a partnership Board continue to support EPUT in its ongoing work, for organisational and cultural change, recognising there is still yet more to be done, in the belief that despite challenge, 'together we achieve more.**

District, Borough, and City Council Essex Chief Executive Officers Forum

District, Borough, and City Councils in Essex have a significant role in the system which supports adult safeguarding. Staff working in housing and for the homeless; revenues and benefits, community safety and environmental health, have aimed to place the issues which affect the most vulnerable people in our society, at the heart of what they do. As convenors of Place, the councils work in partnership with the statutory partners, local voluntary community groups and charities, directly serving residents. The Councils have aimed to embed the work of ESAB and advise that this work is incredibly important to them. The following represent some recent examples:

- The Braintree District Community Safety Hub involves a wide range of partners and identifies individuals that may be at risk of harm or abuse. The hub enables partners to work together alongside an individual to safeguard them from further harm and provides them with the support they need to improve their situation.
- Tendring District Council has led in the creation of employment opportunities such as the Anchors Reverse Jobs Fairs, which have had some good success for people with different challenges, including working with employers to create the right work environment whilst recognising and maximising the skills of all our residents.
- Castle Point Borough Council is working with multi-agency partners to focus on community issues relating to the most deprived areas of Canvey Island.
- Basildon Borough council has reviewed services provided to victims of domestic abuse, stalking and harassment and the perpetrators of such crimes, which has implemented changes to team structures in Basildon Borough Council. A Safeguarding Champion for each service has also been established, to create a Single Point of Contact for the Safeguarding Team, helping with safeguarding referrals, records of training and communications such as ESAB campaigns, ESAB Strategic Safeguarding Priorities and training opportunities. Basildon have also reviewed their suite of safeguarding e-learning packages and their safeguarding records are audited quarterly through the Safeguarding Champions Network. During March 2024, the Council was proud to be recognised as a Community Advocate, where their commitment to 'Breaking the Cycle of Domestic Abuse' was recognised.

ESSEX DOMESTIC ABUSE BOARD

The total of contacts made to community Domestic Abuse services in the reporting year was 6,227.

A significant increase in contacts to domestic abuse services was seen in 2023/24. COMPASS the SET domestic Abuse single point of contact received 10,626 calls in 2023/24, which was a 44% increase compared to the previous year with 7,363 calls.

Referrals to community domestic abuse services in 2023/24 increased by 20% from 5,168 in 2022/23 to 6,227 in 2023/24. People seeking support are presenting with more complex needs, specifically regarding their mental health and emotional wellbeing. 42% of referrals were assessed as high risk, 43% medium risk and 15% standard risk.

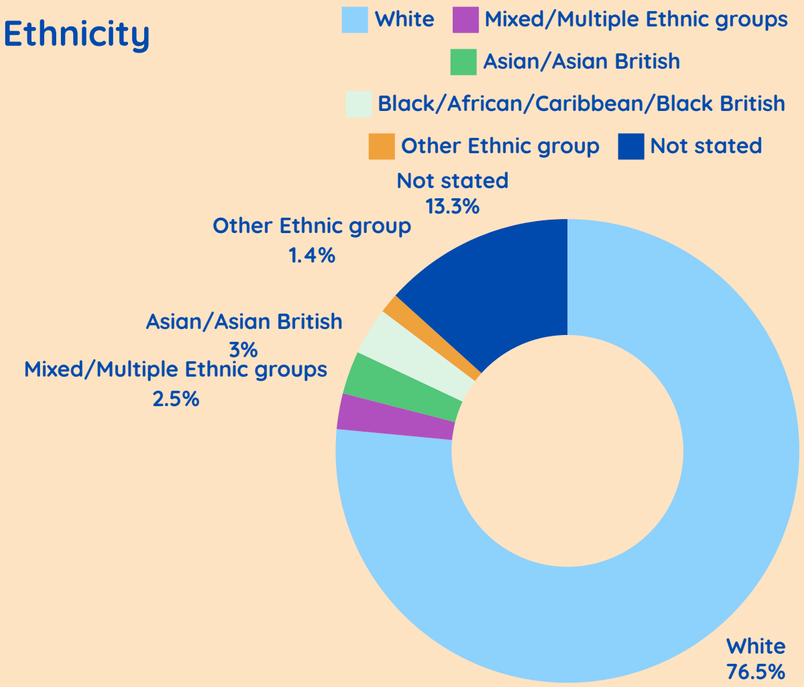
Age

16-25	91.9%
26-40	6.7%
41-65	0.1%
66 and over	1.3%
Not stated	1.2%

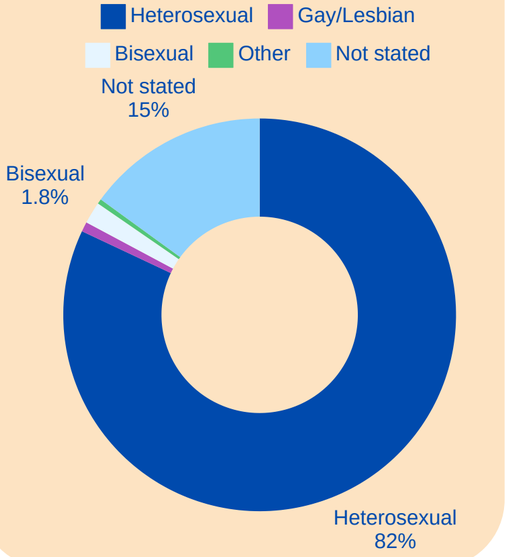
Gender

Female	91.9%
Male	6.7%
Non-binary	0.1%
Not stated	1.3%

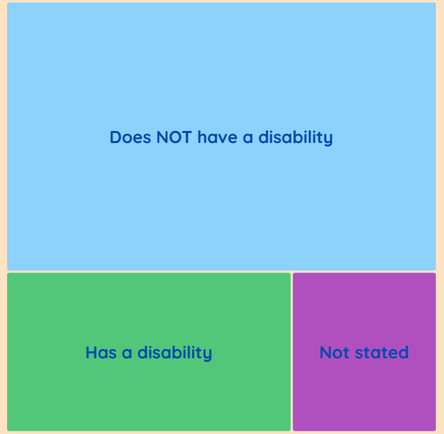
Ethnicity



Sexual Orientation



Disability



MARAC (Multi Agency Risk Assessment Conference (MARAC)

Overall cases heard at MARAC has reduced from 2022/23 by 55 cases. There has been a steady reduction in cases heard at MARAC over the last four years, this could be attributed to the fact that all cases heard at MARAC are defined as high risk and the current review system prevents unsuitable referrals being listed.

Of the 1629 cases heard there were 316 repeat referrals which is 19% of cases, this is a very slight reduction from last year's figure of 20%; this still sits within the national average of 18-24%. One change that MARAC has made this year is that any case that is heard three times within a six-month period is reviewed by the Operations Manager prior to being heard at MARAC for any recommendations to be added in relation to attendances and further actions; the actions from the previous MARAC are also put onto the action plan so that they can be reviewed and to avoid duplication.

	2022/23		2023/24
POLICE REFERRALS	1373 82% of all cases heard	2% drop of 70 cases	1303 80% of all cases heard
PARTNER REFERRALS	311 18% of all cases heard	2% increase of 15 cases.	326 20% of all cases heard
TOTAL	1684	3% decrease of 55 cases	1629

Essex Fire & Rescue

Essex Fire and Rescue, have stated that the introduction of DBS checks on 6th July 2023 has been pivotal in enhancing the safety and integrity of this service. Now, all staff and volunteers are eligible for a minimum of a Standard DBS check. The service believe that this measure is crucial in understanding and mitigating risks, protecting colleagues and the public, and upholding the high standards expected.

Utilising the National Fire Chiefs Council (NFCC) joint guidance on DBS eligibility checks for fire risk assessment roles, the service has determined appropriate checks for over 1500 staff, whilst operational staff and those in specialist roles, undergo Enhanced DBS checks. The goal of the service in relation to maintaining a thorough approach to DBS implementation, is to recheck all staff at three-year intervals.

Thanks to the National Fire Chiefs Council's comprehensive guidance documents, the Service has successfully completed DBS checks for over 90% of their staff, performing risk assessments where necessary. ECFRS have advised that Safeguarding is a core priority for them - integrated into key deliverables alongside Prevention, Protection, and Response, also providing continuous safeguarding support, including the Safe Share platform for anonymous assistance. All staff are required to complete Safeguarding Level 1 eLearning, and the service is in the process of making Safeguarding Level 2 mandatory for those who require Enhanced DBS checks.

Over the past three years, there has been a 49% increase in safeguarding referrals, reflecting the commitment in the service to protect the most vulnerable in our communities. A dedicated Safeguarding Team works in collaboration with partner agencies, to offer timely and person-centred support and advice.

'Our commitment to safeguarding is evident in our robust relationships with partner organisations and our proactive approach to community welfare'.

SAFER ESSEX

During the reporting year, the Safer Essex group have discussed issues impacting on Community Safety in Greater Essex such as the Serious Violence Needs Assessment; the Review of Community Safety Partnerships; Essex Police Public Perception Survey; Unpaid Work and Community Payback; Operation Dial (Home Office ASB Hotspot Pilot); Right Care Right Person; the Community Safety Survey; Tackling Fraud and Clear, Hold, Build (explain what the latter refers to). Safer Essex sets out an annual Community Safety Plan, outlining areas of focus for the year and they have put together two new subgroups: the Water Safety Forum and the VAWG (Violence Against Women and Girls) Steering Group.

HM Prison & Probation Service

HMP Chelmsford

In relation to ESAB's Strategic Safeguarding Priorities, HMP Chelmsford have implemented the following in the reporting year:

Priority 1 Prevention & Awareness

- A bi-weekly Safety Intervention Meeting (SIM) has been set up to review complex prisoners and safety. This is attended by different departments and is supported by records and an action plan. The use of individualised plans and multidisciplinary input through the SIM was seen as positive during His Majesty's Inspectorate of Prisons visit.
- Weekly disruption meetings are held, which incorporate healthcare, sharing updates on all prisoners that are being assessed or have been assessed as requiring a bed within a secure unit.
- Adult Social Care and Healthcare provision, work closely with the Prison, together to ensure prisoners health social care needs are assessed appropriately.

Priority 2 – Learning

- There is an action plan for Prison and Probation Ombudsman recommendations, early learning reviews and 'near misses', to ensure learning from any investigations. These are reviewed monthly by the Head of Safety and the archived actions are reviewed quarterly by the Safety Hub Manager.
- Links with ESAB are being renewed, to enable shared any learning.

Priority 3 – Quality

- A robust Quality Assurance process in place in relation to the Assessment, Care and Custody Teamwork and the Challenge, Support, and Intervention Plan (CSIP) process. This allows the Prison to ensure that staff are following what they have been taught, whilst also allowing learning and upskilling to be put into place, where discrepancies have been found. Monthly safety meetings are used to provide overall feedback for the Quality Assurance Process.

HM Prison & Probation Service

Probation Service

As set out in law, the aims of the Probation Service are to protect the public against further offences, reduce reoffending by empowering those that commit crimes, to want to make positive changes; addressing the harm caused by highlighting the effects of crime on victims and facilitating appropriate punishment.

Safeguarding adults with care and support needs, continues to be an important part of the Probation Service's responsibilities, undertaking supervision of individuals and ensure that our public sector local responsibilities (such as victim liaison and local adult and child safeguarding responsibilities) are discharged.

This begins with on line safeguarding training, which all staff must complete, whereas operational staff must also complete both online and in-person training. All staff must complete the essential training required for their function to be eligible for the Competency-Based Framework and pay progression framework.

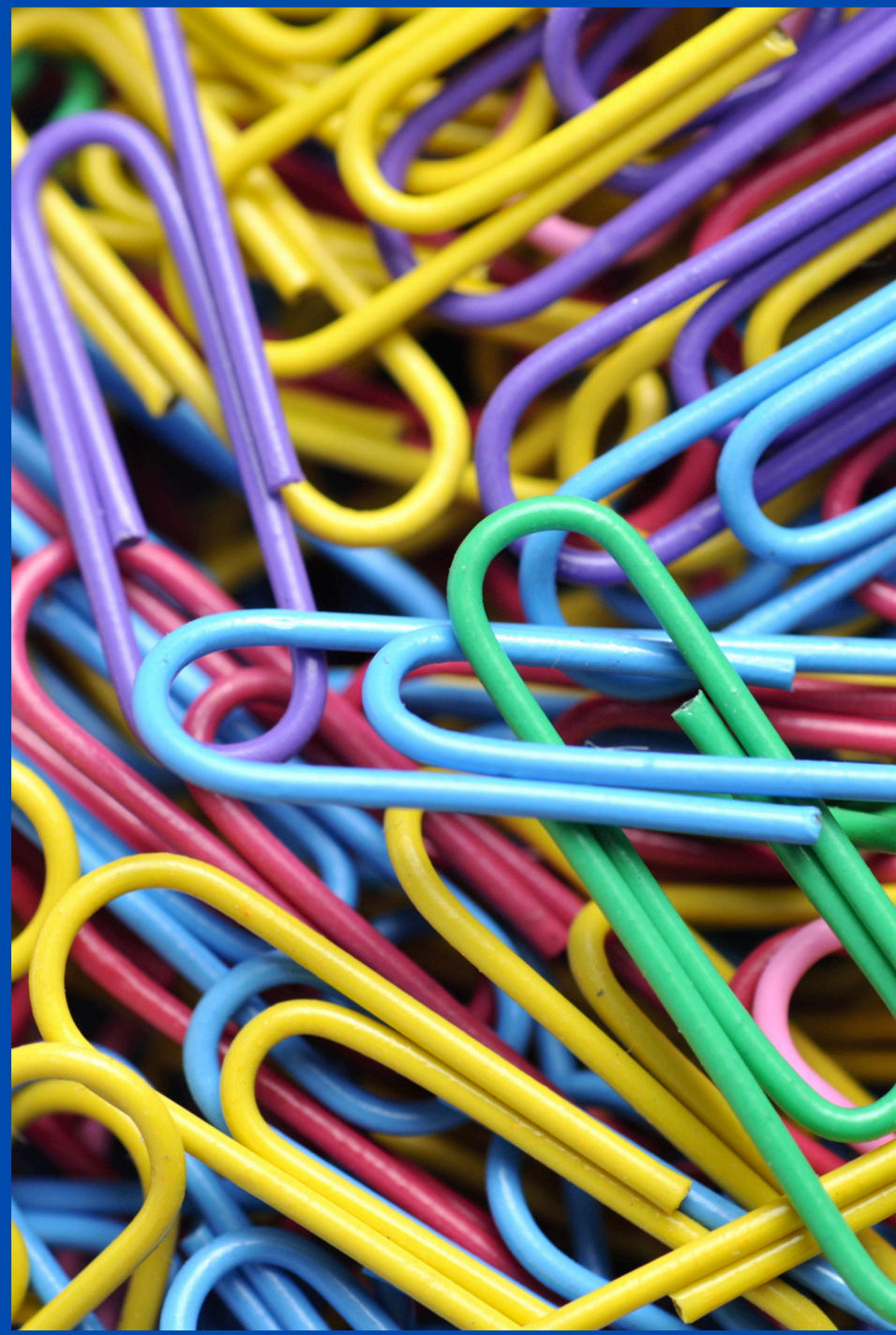
The Probation Service supervise all eligible offenders both in custody and in the community, and carry out comprehensive assessments of each offender's individual risks, needs and responsivity, aiming to match individuals with appropriately skilled Probation practitioners, and intervention, in order to achieve better outcomes.

The Probation Service are committed to sharing information lawfully within agreed local protocols, to improve the speed and quality of responses to safeguarding concerns and care and support needs. This has been helped by the work being undertaken at regional level, to review and update information sharing agreements.

Since the Probation Service united in 2021, Essex North has faced limited resources and in the reporting year, the agency has operated under the Probation Prioritisation Framework (red phase), meaning that clarity on task prioritisation has been a necessity, reviewing what can be reduced or paused, if capacity issues impact on operational delivery. Practitioners have had to prioritise imminent and or escalating risk of serious harm; maintaining services to the courts and Parole Board, including the completion of recalls; assessment completions, and undertake reviews, where there is a significant change in risk of serious harm or a significant change in circumstances.

Essex North has continued to support the development of a positive learning environment within the Probation Delivery Unit (PDU) and across local partnerships. Evidence of what works, examples of good practice, and key learning from Safeguarding Adult Reviews, Serious Further Offence Reviews; MAPPA serious case reviews and other multi-agency serious case reviews, are disseminated and used to inform practice development and improvement at a local level.

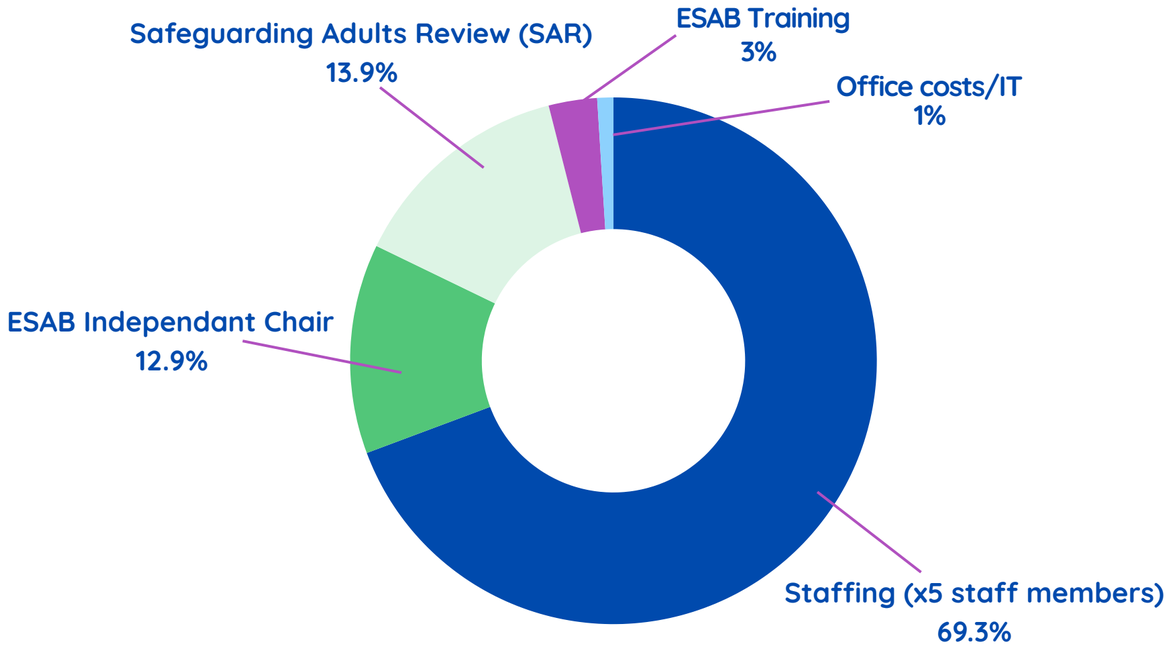
5.0
APPENDIX



APPENDIX ONE: EXPENDITURE & INCOME

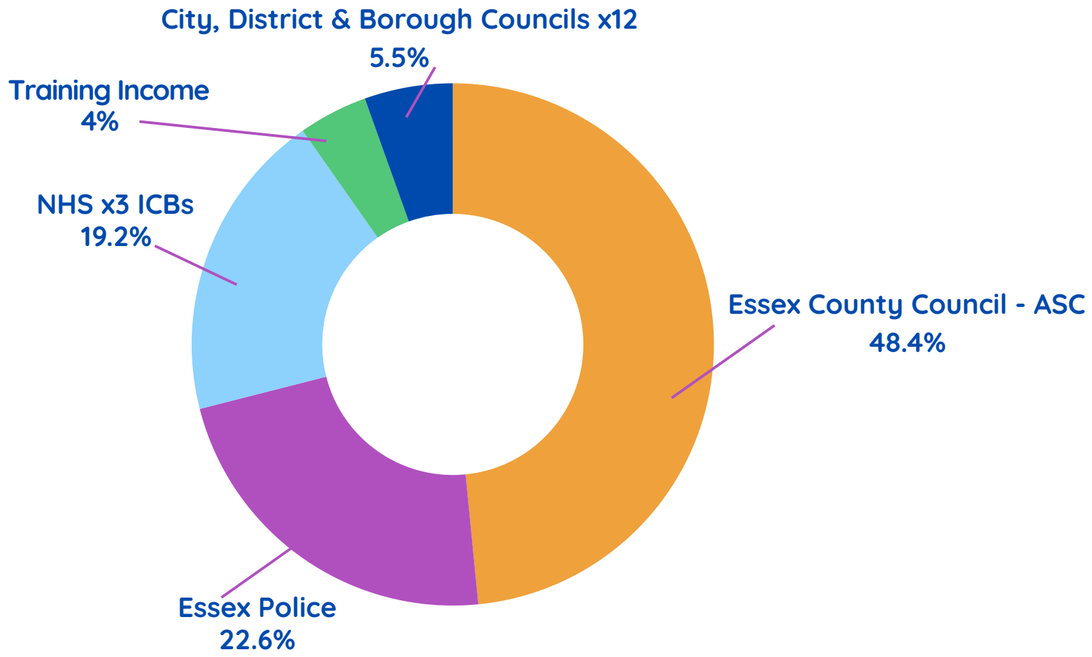
EXPENDITURE 2023 - 2024

STAFFING	£195,147.00
INDEPENDANT CHAIR	£34,818.00
SAR	£38,775.00
ESAB TRAINING	£8,963.00
IT/OFFICE COSTS	£2,609.00
TOTAL	£280,312.00



FUNDING CONTRIBUTIONS 2023 - 2024

ECC ADULT SOCIAL CARE	£125,579.00
ESSEX POLICE	£58,564.00
NHS X3 ICBs	£49,845.00
TRAINING INCOME	£11,089.00
CITY, DISTRICT & BOROUGH	£13,560.00
TOTAL	£258,637.00



APPENDIX TWO: QUALITY DATA

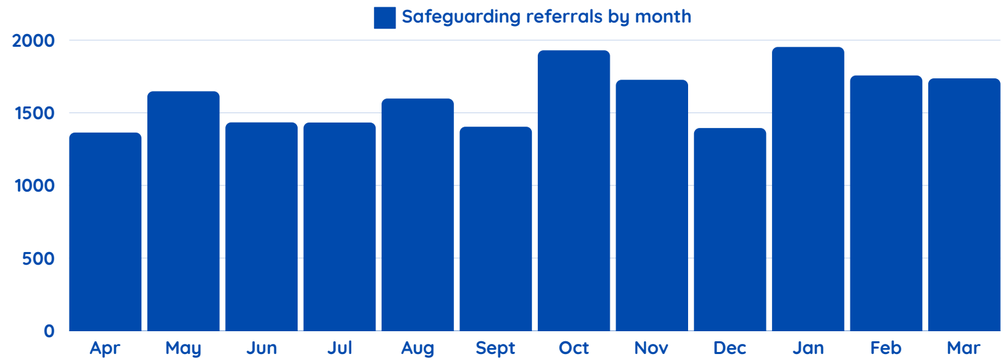
All data produced and provided by Essex County Council - Adults Social Care

TOTAL SAFEGUARDING REFERRALS RECEIVED

NUMBER OF SAFEGUARDING REFERRALS RECEIVED	2023-24
Concern Only	14,820
S42 Enquiry	4,560
TOTAL	19,380
% conversion to S42 Enquiry	24%

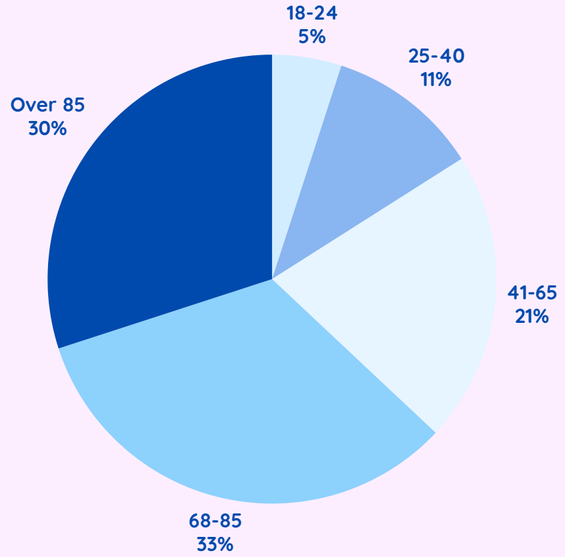
SAFEGUARDING REFERRALS BY MONTH

There has been a **4% increase in referrals received** with a peak in October 2023 and **unprecedented number in January 2024**, on reviewing this data there are no specific factors attributed. These figures are in line with the year previous.



SAFEGUARDING REFERRALS BY AGE

Almost 2/3 of all safeguarding concerns raised are for adults over the age of 65.



SAFEGUARDING REFERRALS BY REFERRER

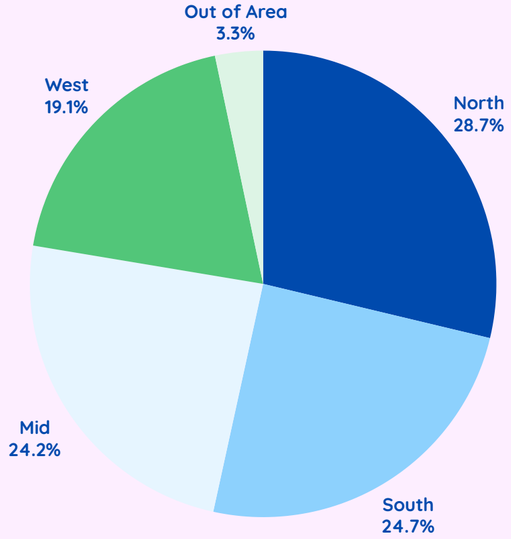
REFERRER	TOTAL REFERRALS	NO. OF S42	% S42
Care Home	5224	1251	24%
Other Professional Worker	2512	524	21%
Health - Ambulance/Paramedics	2128	379	18%
Health - Primary Care Worker	1711	371	22%
Hospital/Health E.G. Ward, Therapist, Consultant	1623	399	25%
Independent Provider	1157	275	24%
Police	927	164	18%
Family	692	304	44%
Housing Provider	531	60	11%
GP	464	78	17%

SAFEGUARDING REFERRALS BY LOCATION OF ADULT

Tendring and Colchester in the north of the County has the greatest number of adults affected and safeguarding referrals raised.

Location	Number of safeguarding referrals	Number of adults	% adults affected in location
Tendring	3,102	1,799	15%
Colchester	2,665	1,596	13%
Basildon	2,178	1,325	11%
Braintree	1,946	1,192	10%
Chelmsford	1,836	1,190	10%
Epping Forest	1,573	1,016	9%
Harlow	1,076	685	6%
Castle Point	950	609	5%
Uttlesford	880	550	5%
Brentwood	845	535	5%
Maldon	724	477	4%
Rochford	674	449	4%
(blank)	245	212	2%
Concerns forwarded to unitary authorities after being received by Essex.	220	180	2%

NUMBER OF ADULTS AFFECTED BY QUADRANT



Number of adults affected by safeguarding referrals within each of the ECC Adult Social Care Quadrants.

DEMOGRAPHICS

Females are more likely to have a safeguarding concern raised than males. Further adjustments to ECC Adult Social Care demographic dataset took place in March 2024, to enable recording of gender identification.

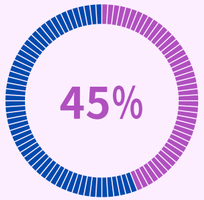
In the 2021 census, the number of people over the age of 18 in Essex was 1,190,251 (not inclusive of Southend and Thurrock residents).

Gender	Number of safeguard referrals
Female	11,099
Male	8,231
Indeterminate	8
Unknown	40
Not recorded	2
Total	19,380

APPENDIX TWO

COMPLETED ENQUIRIES 2023/24

These are the statistics relating to completed enquiries in 2023/24. There are always a number of open enquiries during the year, but as outcomes are not yet recorded these are not included in this data.

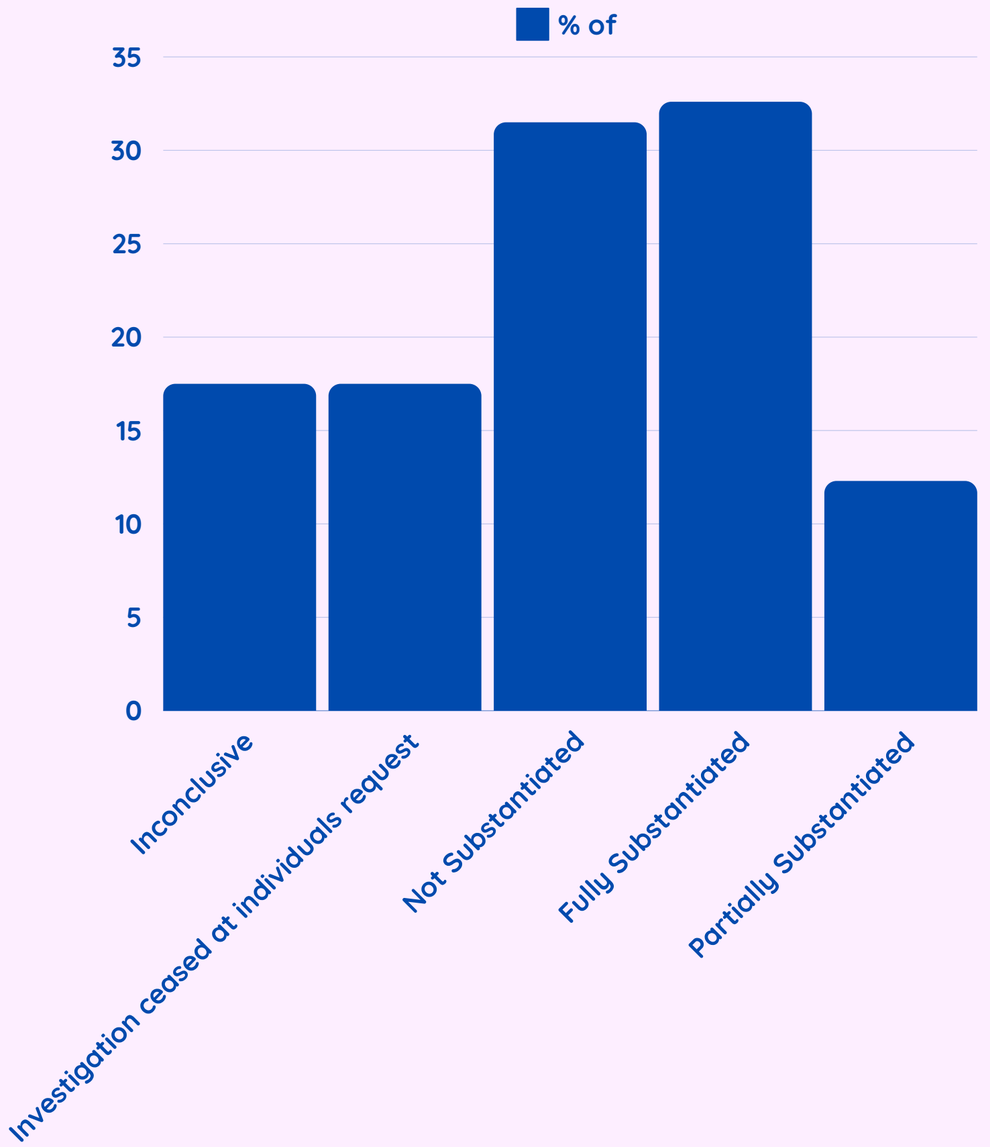


of all completed enquiries have been substantiated, either in full or partially.

40% **of our completed enquiries came from care providers.**

1/3 **Almost a third of completed enquries came from health partners.**

57% **of completed enquiries are completed within 90 days.**

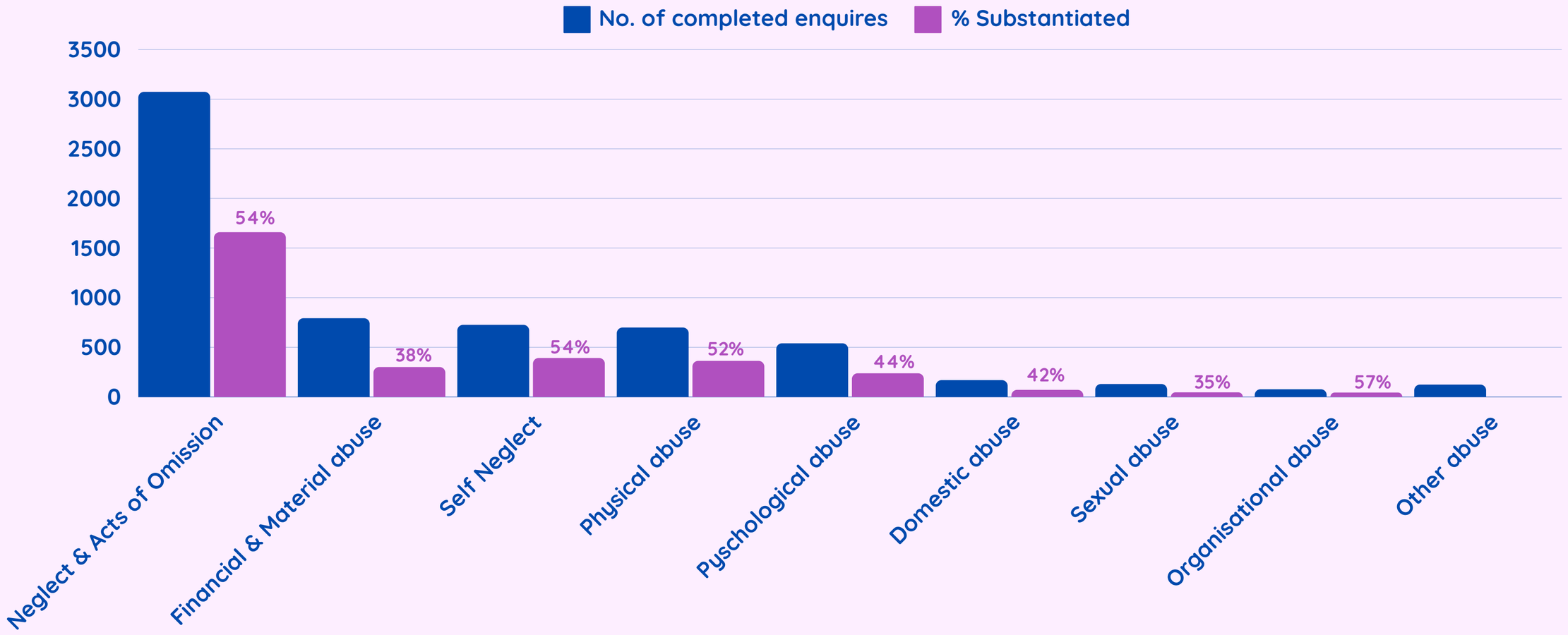


APPENDIX TWO

COMPLETED ENQUIRIES BY ABUSE TYPE

Almost half of the recorded abuse types refers to neglect and or acts of omission. This area is vast; covering medication errors, missed or late visits, falls, pressure sores, personal care needs etc. This percentage also reflects in the number and type of SAR referrals we have received in the reporting year. As a result, Essex, along with Southend and Thurrock, developed early learning in relation to the Self-Neglect Guidance, adding to the current range of publications.

A lower percentage are substantiated if the referral is related to financial or material abuse or sexual abuse, however this year, we have seen a rise in the percentage affected by financial or material abuse.



APPENDIX TWO

MENTAL CAPACITY ACT (MCA) AND DEPRIATION OF LIBERTY SAFEGUARDS (DoLS)

51%

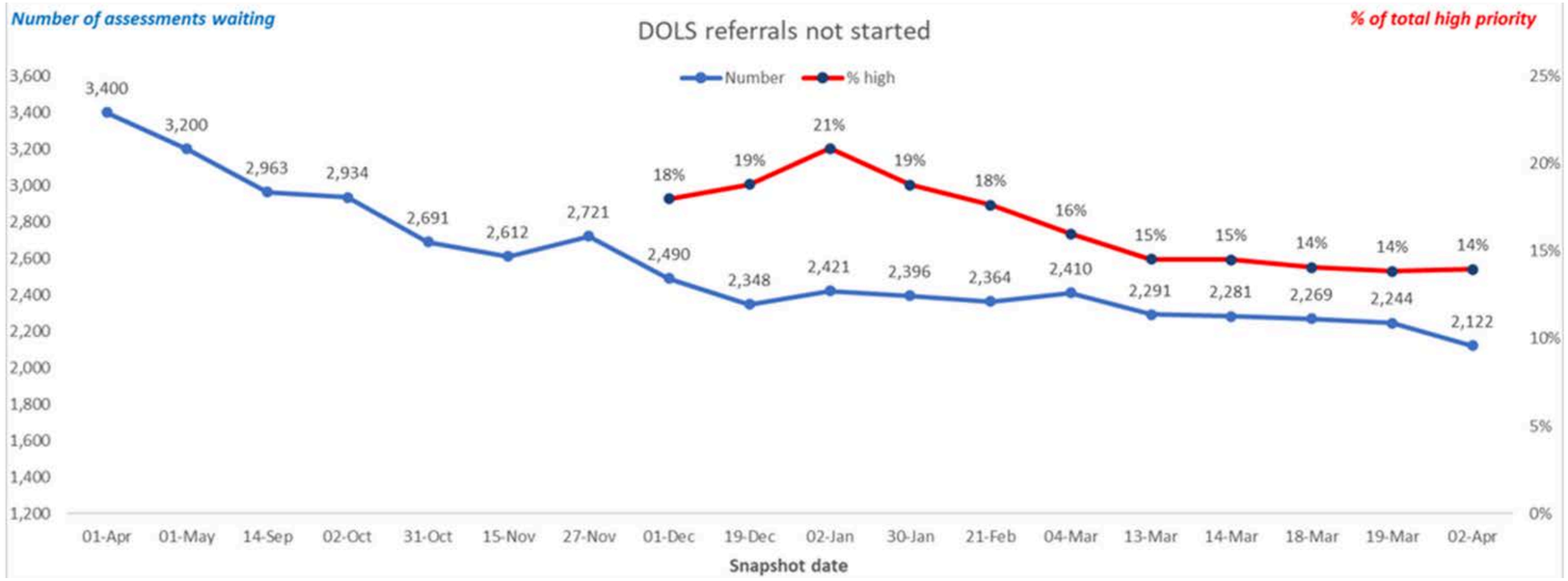
51% increase in DoLS requests attributed to a CQC inspection at a hospital trust. Due to the transient nature of patients in and out of hospital and the statutory responsibility to raise DoLS this can often lead to a high referral rate. The DoLS applications received were not processed due to the quick turnaround of patients.

38%

A 38% reduction in people waiting for DoLS assessment in the last year, if the current trajectory continues there should be no backlog by March 2026.

BACKLOG REDUCTION

Two external organisations were appointed by ECC Adult Social Care to reduce the backlog.



APPENDIX TWO

FOR MORE INFORMATION ABOUT ESAB PLEASE VISIT OUR WEBSITE.

www.essexsab.org.uk

Essex Safeguarding Adults Board