

# Adult Safeguarding

March 2010

Report of the Topic Group

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Appendix 1 Scoping Document

## **1.0 Purpose of Report**

- 1.1 This is the report of the Adult Safeguarding Topic Group. The focus was to follow up changes implemented since the CSCI Inspection (November 2008).
- 1.2 The scoping document can be seen at Appendix 1. The papers issued to Members prior to the meeting can be found at:  
  
[http://www.hertsdirect.org/yrccouncil/civic\\_calendar/](http://www.hertsdirect.org/yrccouncil/civic_calendar/)
- 1.3 The aim of the scrutiny was to take an overview of the safeguarding governance arrangements and it was not intended to look at specific services in detail.

## **2.0 Recommendations**

- 2.1 That adult safeguarding reporting lines and governance mirrors that for child protection. (6.8)
- 2.2 That the Safeguarding Board work with partners to identify lone vulnerable people within the community (residential homes and living independently). (5.3, 6.1)
- 2.3 Measures are put in place that reassure partners and members of the public that in making a referral it will be dealt with sensitively. (4.2, 6.2)
- 2.4 That the Safeguarding Board investigate potential flexibility around CRB and progress this with partners. (6.9)
- 2.5 That the Safeguarding Board further progresses awareness raising among the public and seek ways of involving members. (6.1, 6.2)
- 2.6 That OSC considers scrutiny of the safeguarding issues for people with autism and information sharing.

## **3.0 Background**

- 3.1 The definition of a vulnerable adult is: *someone aged 18 or over, who is, or may be, in need of community services by reason of mental or other disability, age or illness and who is, or may be, unable to protect him or herself from significant harm or serious exploitation.*
- 3.2 Think Family is a government initiative that seeks to transform services and systems for vulnerable children, young people and adults. This is to ensure that these services work together to meet the full range of needs within each family for both adult and child. Think Family identifies and promotes best practice in supporting families. Its approach is centred on encouraging and empowering frontline staff to innovate services and responses to meet whole-family situations.

3.3 In November 2008 the Commission for Social Care Inspection (CSCI)<sup>1</sup> reviewed Hertfordshire's adult safeguarding practice and policies. A number of issues were raised in its report. Following its recommendations the Hertfordshire Safeguarding Committee became a more formal and strategic Board. Hertfordshire County Council now commissions quarterly independent audits to assess how well the Hertfordshire Inter Agency Procedure for the Protection of Vulnerable Adults is being implemented.

#### **4.0 Question 1 - What is safeguarding in Hertfordshire?**

4.1 Whilst Hertfordshire County Council (HCC) has the lead responsibility for ensuring effective arrangements for safeguarding of adults across the county, it is recognised that effective safeguarding against abuse can only be done in partnership with other agencies and organisations in the county.

4.2 In response to a recommendation made by the CSCI Inspection Report (November 2008) the Hertfordshire Safeguarding Adults Board was formed in September 2009. The scope of the Board's role includes safeguarding and promoting the welfare of adults in three broad areas of activity:

- Preventative activity affecting all adults, aiming to identify and prevent abuse, whilst promoting independence.
- Proactive work that aims to target particular groups of vulnerable adults, including, for example, those 'vulnerable' older adults, adults in care, in hospital, in custody, and adults with disabilities.
- Responsive work to protect adults who are at risk of suffering from, are suffering from, or have suffered from abuse.

4.3 Hertfordshire also has a well established and well regarded multi-agency procedure to protect vulnerable adults from abuse.

#### **5.0 Question 2 - What formal structures are in place to ensure effective safeguarding?**

5.1 Each member of the Hertfordshire Safeguarding Adults Board is responsible for ensuring that effective safeguarding arrangements are in place within their organisations. Board membership consists of agencies and individuals that are key to realising effective safeguarding of adults across the county and comprises representatives from health, the Constabulary, HCC, advocacy, Care Quality Commission (CQC) and Probation. A Memorandum of Understanding has been drawn up and signed by all Safeguarding Board members. This ensures that Board members have the authority to make decisions on behalf of their organisation.

5.2 It was confirmed that the NHS has a robust reporting structure: a Clinical Governance Committee reports directly to the Chief Executive and Directors on safeguarding matters. Health care teams assess

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<sup>1</sup> CSCI has now become part of the Care Quality Commission (CQC)

service users and draw up and review care plans. NHS officers work closely with GPs. In general GPs contribute well when working with other professionals and they share information as far as possible; however there are confidentiality issues to be addressed.

- 5.3 The Group were interested to learn that the Constabulary are using intelligence combined with technology to inform policing strategies. Of particular relevance to safeguarding is the:
- detailed information on areas in the county where people may be at greater risk of anti-social behaviour;
  - mapped crime 'hot spots' and areas of deprivation.
- Members were assured that the Constabulary are alert to the risk of physical and sexual abuse of vulnerable people and work to provide a multi-agency response.
- 5.4 An outcome of the November 2008 CSCI inspection is that HCC now commissions quarterly independent audits to assess how well the Hertfordshire Inter Agency Procedure for the Protection of Vulnerable Adults is being implemented operationally. The ongoing audit cycle facilitates the monitoring of the improvements being embedded into day to day practice. This enables good practice to be shared and to support other teams in the development of their practice.

### **6.0 Question 3 - What challenges regarding safeguarding do we face in Hertfordshire?**

- 6.1 Public understanding of adult safeguarding (what constitutes safeguarding, how to report etc) is limited. Whilst raising public awareness is a priority for the Board it is clear that to reach all groups requires a variety of approaches and media.
- 6.2 The Group heard proposals to ensure that hard to reach groups and isolated people are not missed. Activities include, for example, encouraging Members, officers, carers or volunteers to act as 'Safeguarding Champions'. Board members have also set up an awareness-raising sub-group and other focus groups to progress this work. There was discussion on awareness raising and the need for the public to be informed on how to access help and how to report concerns on behalf of vulnerable people, especially lone individuals with no family or friends.
- 6.3 Members endorsed the approaches and would like to see these areas progressed speedily.
- 6.4 As noted earlier in paragraph 5.2 information sharing between partner agencies is a national issue and this was identified as a challenge in Hertfordshire by witnesses at the scrutiny. The Group heard from the Herts Partnership Foundation Trust (HPFT). HPFT outlined the safeguarding governance of the Trust and provided information on the work that it does to safeguard working age people, older people, and those with mental health or drug and alcohol problems. Like Adult Care

Services (ASC), the Trust worked closely with other agencies and with the voluntary sector.

- 6.5 The Group were assured that officers and witnesses acknowledged that professionals do work collaboratively and share information as far as possible. There was concern that data protection legislation and rules on client confidentiality may be a barrier to information sharing that could hinder efforts to safeguard adults, especially as different agencies have different IT systems (for example, for recording care plan details) and these are not able to share or exchange data.
- 6.6 Members agreed that developing ways to share information was a key priority. This was discussed in terms of the different IT systems being used and whether it would be possible for essential information in clients' health and care records to be made more accessible to professionals. It was acknowledged that this went beyond the scope of this one-day scrutiny, but could be the subject of further scrutiny in future.
- 6.7 However, all partners believe that a local solution can be developed. The Constabulary see this as opportunity for partners to assess current arrangements with the potential to transforming how the work is conducted e.g. co-location, joint teams.
- 6.8 The ill-treatment of children and young people is frequently discussed and reported in the media; however issues affecting adults are less frequently heard. Creating links between safeguarding of adults and children is an important part of the Board's work. All the witnesses regard the need for greater parity across adult and children's safeguarding as a priority.
- 6.9 There are tensions between self-directed support and the Vetting & Barring Scheme. Self-directed support offers service users the opportunity to take control of and to personalise their support. Users can choose to employ someone to care for them as a personal assistant; however, under current legislation they are not required to have this person security vetted. This poses a dilemma for HCC (and all other social care authorities) as the authority responsible for administering personal budgets. ACS are currently working together with the Safer Staffing Team in the authority to resolve this issue and a new scheme has been developed which will give users the opportunity to check the status of an individual (with their consent) if they wish to do so.

## **7.0 Conclusions**

- 7.1 The Group wanted to express how impressed they were with the efforts made by ACS and all the partners to develop robust governance arrangements to safeguard adults. Members felt that the quality of the partnership working was commendable.
- 7.2 The Group agreed that developing ways to share information was a key priority. This is in relation to different IT systems being used and whether

it is possible for essential information covering clients' health and care to be made more accessible to professionals. Members acknowledged that this went beyond the scope of this one-day scrutiny, but could be the subject of further scrutiny in future.

- 7.3 The Group heard proposals to ensure that hard to reach groups and isolated people are not missed. There was discussion on awareness raising and the need for the public to be informed on how to access help and how to report concerns on behalf of vulnerable people, especially lone individuals with no family or friends.
- 7.4 The ill-treatment of children and young people is frequently discussed and reported in the media; however issues affecting adults are less frequently heard. Creating links between safeguarding of adults and children is an important part of the Board's work. All the witnesses regard the need for greater parity across adult and children's safeguarding as a priority.
- 7.5 That OSC considers scrutiny of the safeguarding issues for people with autism

## **9 Members and Witnesses**

### Members

David Andrews  
Maxine Crawley  
Chris Mitchell, Chairman  
Ron Tindall, Vice Chairman  
John Usher

### Other Members in attendance

Richard Smith, Executive Member for Adult Care Services

### Officers

S Darker, Assistant Director, Learning Disability and Mental Health  
E Gibson, Democratic Services Officer  
S Haili, Hertfordshire Safeguarding Adults Board Manager  
T Orme, Head of Care Practice  
N Rotherham, Scrutiny Officer

### Witnesses

J Burnage, Herts Partnership Foundation Trust  
J Chapman, Hertfordshire Constabulary  
T Cooper, Safeguarding Adult Lead, NHS East and North and NHS West  
Herts  
A Hadwin, Principal Officer, Adult Protection  
J Hiscutt, Sage Care UK

## Appendix 1 SCRUTINY REMIT: Safeguarding Adults

### OBJECTIVE:

To follow up changes made since the November 2008 CSCI inspection of Adult Care Services safeguarding vulnerable adults' arrangements.

### QUESTIONS TO BE ADDRESSED:

1. What is safeguarding in Hertfordshire?
2. What formal structures are in place to ensure effective safeguarding?
3. What challenges regarding safeguarding do we face in Hertfordshire?

### OUTCOMES:

- That members are satisfied with the governance arrangements in place to ensure vulnerable adults are kept safe
- Areas for future scrutiny are identified

### CONSTRAINTS:

- This scrutiny aims to take an overview of the safeguarding governance and is not intended to look at specific services in any detail.

### EVIDENCE & WITNESSES

HCC officers (ACS, CSF)

Districts

Users and carers (including Carers in Herts, Age Concern, Action on Elder Abuse)

Care providers (carers, home care providers, residential homes)

Police

Probation

Voluntary organisations (including Help the Aged/Age Concern, Action on Elder Abuse)

Health (including PCTs, acute trusts, Herts Partnership Foundation Trust)

CPS

LInk

**METHOD:** Topic Group

**DATE:** 18 March 2010

**MEMBERS:** David Andrews, Maxine Crawley, Chris Mitchell (Chairman), John Usher, Ron Tindall (VC)

**Lead officers:** Sue Darker, Patricia Orme, Alan Hadwin

### SUPPORT:

**Scrutiny Officer:** Natalie Rotherham

**Lead Officers:** Sue Darker, Patricia Orme, Alan Hadwin

**Democratic Services Officer:** Elaine Gibson

**HCC Priorities for Action:- how this item helps deliver the Priorities**

1. Support economic well being

2. **Maximise independent living**
3. **Ensure a positive childhood**
4. **Secure a good education for all**
5. **Reduce carbon emissions**
6. **Promote safe neighbourhoods**
7. **Be a leading council**

**CfPS (Centre for Public Scrutiny) OBJECTIVES**

- a. Provides a critical friend challenge to executive policy makers and decision makers
- b. Enables the voice and concerns of the public to be heard
- c. Is carried out by independent governors who lead and own the scrutiny role
- d. Drives improvement in public services