

Thurrock Safeguarding Adults Board

Annual Report 2017/18





"To work in partnership, preventing abuse and ensuring excellent practice and timely responses to the safety and protection of individuals or groups within our communities"

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FOREWORD

This is the 10th and last annual report for Thurrock's Safeguarding Adult Board (SAB) to which I have contributed. There will be a new chair midway through 2018/19 and it is healthy and right to bring fresh eyes and ideas to the work of the board. I wish the new Chair well.

We have a very good track record on adult safeguarding in Thurrock of which we should be proud. That doesn't happen by accident and considerable credit should be given to providers, adult social care, commissioners of services and to those who monitor contracts, for the work that they have undertaken. Good communication, strong relationships and effective partnerships have all helped to maintain that record.

Detailed and comparative analysis of the 2017/18 data is complicated by the fact that the national data set for adult safeguarding is not made available until November each year.

This last year there were 712 safeguarding adult concerns reported to the local authority, of which 177 (25%) were considered to merit a safeguarding enquiry. That is roughly in line with the previous year but, as with other SABs in the region, we still experience over reporting by East of England Ambulance Service which distorts the figures and pushed the conversion rate down. Recent conversations may resolve that issue in the year ahead in the same way as conversations with Essex Police resolved their over reporting in 16/17. If we can reduce obvious inappropriate reporting of concerns I would expect to see a rise in our conversion rate to well above 25%.

The Safeguarding Board met four times during the year and sought assurances and information on such matters as domestic abuse involving elder people, adult safeguarding training, suicide prevention, the homecare market, self-neglect and the LeDeR programme which reviews deaths of people with learning disabilities. We continue to support the Lasting Power of Attorney project and have promoted the use of GPS monitoring devices for people with Alzheimer's/dementia who have a tendency to get lost. Thurrock Lifestyle Solutions held a training session for adults around sexual awareness and boundaries and we continue to consider and learn from Serious Adult Reviews published elsewhere. I was particularly pleased that in the autumn board members joined social workers to conduct unannounced out of hours visits to all our care homes in the Borough, something which was welcomed by providers. Board members also took part in joint training with members of both the Essex and Southend SAB.

For those of you who have the difficult job of making and agreeing policy in Thurrock in these times of austerity, especially policy that impacts on the provision of health and social care, I ask again why there is not a safeguarding impact assessment provided with policy papers set before decision makers. If new policies or reductions in spending have no significant safeguarding implications for children or adults then a senior official should say so and provide the assurances that the Safeguarding Adult Board should rightly be seeking. If there are safeguarding implications then the risks should be identified, acknowledged, owned and mitigated wherever possible.

This last year saw the arrival of Liana Kotze as safeguarding manager at the council and the departures of Jim Nicholson (CSP) and Elaine Paige (SEPT) from the SAB. I wish Liana well in her new role and on behalf of the SAB I thank Jim Nicholson and Elaine Taylor for almost 10 years' service on our SAB.

I also need to thank the local authority, the CCG and the OPCC for their continued support and funding of the SAB.

Graham Carey

Independent Chair

INTRODUCTION

The local authority has lead responsibility for safeguarding adults. The local authority has a responsibility to record all adult safeguarding concerns that come to its attention, as they all should. They are responsible for considering all concerns raised regarding adults at risk, making a decision as to whether it meets the criteria for safeguarding concern. Some concerns are dealt swiftly by routine good professional social work and need no further action, others are more complicated or more serious and may merit an enquiry in line with section 42 (S42) of the Care Act 2014.

OVERVIEW

An **adult at risk**:

(a) has needs for care and support (whether or not the authority is meeting any of those needs) **and**

(b) is experiencing, or is at risk of, abuse or neglect **and**

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

A **Safeguarding concern** is usually raised to the local authority, when someone is concerned that an adult may be experiencing abuse or neglect. Safeguarding concerns include domestic abuse, sexual exploitation, modern day slavery and self-neglect. All safeguarding concerns are recorded on form SET SAF 1.

From the table below you can see that 628 concerns were raised to the local authority during the past year. This is a slight increase from the year before.

A **Safeguarding enquiry** is the action taken by the local authority in response to a safeguarding concern. The local authority always retains responsibility for activity or enquiries undertaken under Section 42 of the Care Act irrespective of whether or not it carries out the enquiry or activity itself or asks another organisation to undertake the enquiry or activity on its behalf. A Safeguarding Enquiry in accordance with the Care Act is quite different than a Safeguarding Investigation as previously managed under the Community Care Act. A Safeguarding Investigation would seek to conclude on whether abuse was substantiated or not whereas the new focus of a Safeguarding Enquiry is about supporting the adult at risk to be safer. All authorities need to provide feedback on how they are Making Safeguarding Personal, by ensuring service users are given choice over their safety measures and desired outcomes of these processes. This allows people to have control over how safeguarding enquiries run, or whether they are terminated at the individual's request.

Every English Local Authority is obliged to maintain a data set for safeguarding adults in accordance with national guidance. All authorities submit their data at the year end and this is then published in the autumn.

SUMMARY OF LOCAL AUTHORITY ACTIONS

The local authority recorded 712 adult safeguarding concerns during 2017 – 2018. Of these 177 (25%) were deemed to require further action and a Safeguarding Enquiry was launched to consider what outcomes would help to make the adult at risk of abuse, safer. The conversion rate seen by Thurrock Council is comparable with most other authorities across England.

Which agency raised the concern?	Number of concerns reported 2016/17	As % of total concerns	Number of Enquiries accepted	As % of total Enquiries	Conversion Rate
CARIADS	1	0.1%	1	1%	100%
Central Government Agency	6	0.8%	2	1%	33%
Family, Friend, Neighbour	46	6.4%	19	11%	41%
Independent Provider Agency	103	14.3%	36	20%	35%
Internal SSD	53	7.4%	21	12%	40%
LA Housing or Housing Association	7	1.0%	2	1%	29%
Legal agency - police, court, probation	68	9.4%	13	7%	19%
Not Known	2	0.3%	2	1%	100%
Other Agency i.e. Voluntary agency	19	2.6%	3	2%	16%
Other Individual	93	12.9%	17	10%	18%
Other LA or Other TBC Department	59	8.2%	19	11%	32%
Primary Health i.e. GP etc.	32	4.4%	4	2%	13%
School, Education	3	0.4%		0%	0%
Secondary Health i.e. Hospital etc.	213	29.5%	32	18%	15%
Self-Referral	16	2.2%	7	4%	44%

Table 1 gives information of source of concerns and it is noticeable that most concerns were raised by Secondary Health Providers, which include Ambulance Services. In August 2017 we worked with the Ambulance Services in Thurrock and agreed that where a safeguarding concern was not clearly evident from the information, this would be passed to Thurrock First, our joint health and social care contact centre. Whilst referrals from this source have decreased we are still seeing only 18% conversion to an enquiry, so more work may be required in this area. This would prevent unnecessary enquiries and forward the referral to other social care services.

Categories of abuse

Collecti on Year	Physic al Abuse	Sexu al Abuse	Psychologi cal Abuse	Financi al or Materi al Abuse	Discriminat ory Abuse	Organisatio nal Abuse	Neglect and Acts of Omissi on	Domest ic Abuse	Sexual Exploitati on	Mode rn Slavery	Self- Neglect
2017- 18	18%	3%	14%	18%	0%	7%	32%	4%	1%	0%*	5%

It is evident from the information in Table 2 that the most concerns relate to Neglect and Acts of Omission. Higher prevalence in this category of abuse can also be explained by home care agencies experiencing difficulties in care provision throughout the precarious care market. Physical Abuse is high and often not recorded accurately as Domestic Abuse. To improve practice we recently set up a Safeguarding Adults Practitioners Forum to drive best practice and ensure education to social workers to support better recording practice. Financial abuse is the third most prevalent type of abuse and in keeping with previous years of high levels of concern in this area of abuse.

This year Thurrock had a case of Modern Day Slavery (MDS), which was managed as part of a special operation led by Essex Police. The person was referred to the National Referral Mechanism and supported by the Salvation Army.

The safeguarding team also took part in a local police operation that supported 3 other victims of MDS to access the NRM. Owing to nature of operation and the Police leading these were not in the first instance directly referred to the safeguarding team, so not captured in our data.

Enquiries by age and gender

Age	18-64	65-74	75-84	85-94	95+	Not Known
2017-18	42%	14%	19%	21%	4%	0%

Gender	Male	Female	Not Known
2017-18	40%	60%	0%

Safeguarding concerns by age and gender breakdown is similar to most other English authorities, as seen in Table 3 and 4. Females remain the highest gender. In Thurrock majority of Enquiries are concerning people over 65, with 36 being 85 or over, reflective of our aging population.

Ethnicity

Most people who had concerns raised about their safety to the Adult Safeguarding Team in Thurrock described themselves as British. This is shown in Table 5

TABLE 5								
Counts of Individuals by Ethnicity	White	Mixed / Multiple	Asian / Asian British	Black / African / Caribbean / Black British	Other Ethnic Group	Refused	Undeclared / Not Known	Total
Concerns	370	5	6	22	7	4	27	441
Enquiries	158	1	3	9	4	2	10	187
Total	528	6	9	31	11	6	37	628

Counts of Individuals by Ethnicity	White	Mixed / Multiple	Asian / Asian British	Black / African / Caribbean / Black British	Other Ethnic Group	Refused	Undeclared / Not Known	Total
Concerns	58.9%	0.8%	1.0%	3.5%	1.1%	0.6%	4.3%	70.2 %
Enquiries	25.2%	0.2%	0.5%	1.4%	0.6%	0.3%	1.6%	29.8 %
Total	84.1%	1.0%	1.4%	4.9%	1.8%	1.0%	5.9%	100.0%

Health and Social Care Need

TABLE 6 Concerns and referrals by health or social care need		As a % of all concerns
Physical Disability		56%
Learning Disability		14%
Mental Health		9%
Other Vulnerable Person		9%
(blank)		4%
Dementia		4%
Substance misuse		3%
Sensory Impairment		0%
Carer		0%
Grand Total		100%

Table 6 shows that most adults at risk of abuse have a physical disability. The majority are over 65 as shown in table 3 so relates to older people. This provides insight into the categories of abuse listed as high, given that this correlates with people's care needs. People with a learning disability and mental health are the second highest category. Those recorded as 'blank' are where this was not completed. Training is underway via the Safeguarding Forum to address issues of recording.

Outcomes

Work has been completed nationally and locally in updating recording practices for capturing outcomes.

In future the report will capture the following outcomes:

- Outcomes fully achieved
- Outcome partially achieved
- Outcomes not achieved
- Investigation ceased at individual's request or
- Not applicable.

This is therefore the last year we report on outcomes for cases either substantiated, unsubstantiated or something between. Although this is what is currently collected, be assured that all adults are asked about their choices and desired outcomes in terms of their safeguarding. See Table 7 below.

TABLE 7 Outcome question	Total	%
Outcome Substantiated	52	37.56%
Outcome Unsubstantiated	27	23.16%
Outcome Inconclusive	22	15.08%
Investigation ceased at individuals request	17	12.95%
Outcome Partially Substantiated	17	11.24%
Grand Total	135	100.00%

MAKING SAFEGUARDING PERSONAL (MSP)

In line with good practice and the government agenda we have been making safeguarding personal in Thurrock, by giving people the opportunity to tell us what they want in safeguarding processes and how they may contribute to their own safety. Most service users have been supported by their family or friends and have not opted for paid advocates to support them. A number of people have opted for the safeguarding enquiry to be ceased, when a concern has been raised to the local authority and then discussed with them.

Some patterns of financial abuse were identified with a few people living in the Aveley or South Ockendon area of the local authority. The Safeguarding Adults Service made use of the Community Hub to have a survivor's discussion meeting with the adults at risk. They were able

to share their stories with one another and offered continuous support for one another to prevent any exploitation from happening again. They knew that the staff members at the hub were trusted individuals and that they could raise any further concerns with trusted individuals as well as the local authority.

The local authority has set up a Safeguarding Adults Practitioners Forum in the past year to drive practice changes forward and ensure MSP is embedded with social workers especially.

MENTAL CAPACITY

Southend, Essex and Thurrock (SET) updated their Mental Capacity Assessment Forms and related Policy and Procedure in February 2018. More information can be found on the TSAB Website.

Mental Capacity and Safeguarding Adults

Most adults at risk that become known to Thurrock Council have full mental capacity to make decisions about their own safety. Whether people have or lack mental capacity the Safeguarding Adults Service always discusses with individuals what their options may be in terms of making themselves safer. We have seen a number of cases of domestic abuse and people are often given opportunities about how to address matters, whether they would prefer to go to a place of safety, whether they would like anyone to support them, for example an Independent Domestic Violent Advocate (IDVA) or voluntary services such as Changing Pathways, Thurrock Inclusions, or even South Essex Rape and Incest Centre (SERRIC). Most people request that the Safeguarding Concern or Safeguarding Enquiry stops, as they are often not ready or prepared to engage with Adult Social Care at that point in time, because of fear that the intervention may increase the risks to their safety or may influence their housing or finances. It is important that professionals recognise these difficulties that adults at risk encounter.

This year **54** GPs and Health Professionals attended a seminar on this subject which included the wider safeguarding agenda. This was delivered in partnership with CCG.

Where people lack mental capacity their family or friends or Independent Mental Capacity Advocates (IMCA's) are appointed and consulted on the person's behalf to support people's safety where their wellbeing may be at risk. Safeguarding Enquiries are often managed around such an individual when they cannot express their views. The safeguarding service regularly liaises with the Care Quality Commission (CQC) and visits are made to our external providers. These providers are then asked to put safety plans in place and update risk assessments to ensure the vulnerable adults safety.

Case studies in Safeguarding Adults

Please note that names, locations, and data identifying service users have been changed in the examples:

A. Dementia and Safeguarding, concerns which did not progress to a Safeguarding Enquiry:

Biff is in her 80s, has arthritis and lives with her daughter. Biff visited the police station stating that someone had broken into her home and redecorated the ceilings from magnolia to white. The ceilings in the bedrooms and kitchen had been altered. The police officer contacted her daughter who stated that she works night shift. She explained that she had been home all day and no one has been in the house to alter the decoration. The daughter mentioned that Biff is awaiting results for dementia, from her GP. This case was not progressed to a Safeguarding Enquiry (S42 SE), because there is no adult at risk of abuse with care and support needs who is unable to protect themselves from harm. Thus the case progressed to the early intervention and prevention team to explore her presenting needs and ensure appropriate social work support. Therefore no action was taken from a Safeguarding Adults perspective.

B. Alcohol Misuse, Mental Capacity issues and safeguarding, concerns which progressed to a Section 42 Safeguarding Enquiry:

Mrs Green was in hospital due to a brain injury as a result of a fall caused by alcohol misuse. She was subject to a Deprivation of Liberty Safeguards whilst in hospital, to help keep her safe. She lacks mental capacity to make decisions regarding her care and treatment needs. A number of neuro-rehabilitation placements came to assess her in hospital and turned her down. Mrs Green eventually agreed to be moved into a care home temporarily, but she became agitated, as she did not want to be in the care home anymore. She forced her way out of the care home after a visit from her family. The police were called as Mrs Green made her way to the bus stop and then made her way home as she refused to return to the care home. Her husband was concerned for her welfare and contacted the care home and the care home sent some carers to escort her back to the care home where she was again supported by means of a Deprivation of Liberty Safeguard and more regular checks to keep her safe. She is currently abstaining from alcohol use and her memory has improved somewhat. Her husband comes to visit her every other day.

C. Learning disability and safeguarding, the concern did not progress to a Section 42 Safeguarding Enquiry:

Bill is a young man with a learning disability and he lives in a housing with care scheme. He was knocked over by another resident who was using an electric wheelchair. Bill fell on his knees using his hands to brace the fall and as a result he sustained a broken wrist. This referral did not progress to a section 42 Safeguarding Enquiry because the risk had been addressed under care and risk management processes. The housing scheme arranged with the other resident to adjust the speed of their wheelchair and

make it move slower to safeguard others better. Bill's father also provided some ongoing monitoring of the situation by regularly explaining why his wheelchair needed to be kept at a particular speed for the safety of others.

D. Financial and Psychological abuse case where safeguarding progressed to a Section 42 Safeguarding enquiry:

Mr White is in his late 70s, he has advanced dementia and lives alone in his own property. His property had been broken into on few occasions where money and belongings were taken. The alleged perpetrator of the crime was posing as his son, but it turned out it was a stranger who is a heroin addict. The police were informed and it was suggested that the locks to his property was changed. Mr White went to stay with his son in the meantime. Mr White wanted to return home, but could not because it was unsafe to do so. The anti-social behaviour service were involved. They installed new doors, which was a security measure. The safeguarding team informed the housing team to see if Mr White can be placed in an alternative accommodation, but this offer was turned down by him and his family. The police carried on with their investigation into the alleged crime of burglary and theft. The family installed CCTV and consented to it being used on social media. Some months later the perpetrator of the crime was arrested and sentenced. The outcomes were also captured as part of the Section 42 Safeguarding Enquiry.

DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

Thurrock Council and all local Authorities experienced a ten-fold increase in Deprivation of Liberty Safeguards following case law developed in the Supreme Court, on 27 March 2014 in the area of the Deprivation of Liberty Safeguards (DoLS). This legislation supports people who lack mental capacity in care homes and hospitals where they need these safeguards to support their care and treatment and it helps to prevent harm to them. For every such case that meets the criteria for the Safeguard, six assessments have to be completed and a citizen can be deprived of their liberty for up to 12 months.

The law commission was asked to review the law, as the House of Lords found that DoLS was 'not fit for purpose'. Recommendations were made to the Government in March 2017 and the Government have responded to their proposals on 14 March 2018 and have agreed in principle for a new **Liberty Protection Safeguards (LPS)** to be developed.

The Government has said that it will legislate on this issue in due course and will first carefully consider the details of the proposals to ensure the new design fits with the future direction of health and social care. Thus no timescale for changes have been communicated and we need to continue to work within the DoLS scheme for now.

DoLS Assessments

There are two types of Assessors; Best Interest Assessors (BIAs) and Mental Health Assessors. A Best Interest Assessor is often a social worker or nurse with additional training in this area of social work.

There are only 6 Best Interest Assessors that work directly for Thurrock Council. We use external BIA's for the majority of our work which is practice across Essex.

Prevalence of Deprivation of Liberty Safeguards in Thurrock

In the year 2017 – 2018 there has been 779 DoLS Applications made to Thurrock Council. This is an increase from the previous year, where Thurrock Council had 773 DoLS Application.

TABLE 8		
Request Status	Count	%
Not Granted	7	1%
Granted	499	64%
Request Withdrawn	169	22%
Not signed off yet	104	13%
Total	779	100.00%

In table 8 above it shows that of the 779 DoLS Applications made to Thurrock, 75% of these resulted in a DoLS being issued to help support people's safety in either a care home or a hospital setting.

DoLS and Case Law

The biggest change in case law in the past few years was that a judge prompted for special considerations on DoLS to support people who have medication to manage their behaviours. For example where a person who lacks mental capacity about their care arrangement is receiving anti-psychotic as part of their treatment plan the care home must prompt the prescriber to regularly review the person's medication as part of their care. Therefore this is rigorously checked by Thurrock DoLS Service to ensure service users are supported with good primary care and kept safe in this way.

Legal Intervention

Thurrock Council has also requested the input from the Court of Protection in a number of cases where the person is not within the remit of the current DoLS Scheme, because of their age and or community deprivation of liberty. The CCG is also progressing some cases in this manner. It is expected that when the LPS is launched these cases will fall within the remit where the local authority could authorise most cases.

FINANCE

Income for 2017/18 is set out below, it includes a separate fund to provide resource for a Safeguarding Adult Review, should the need arise.

During 2017/18 the underspend grew, this was due to the board being under staffed, which led to a delay in achieving some of the board's aims specifically around holding a conference during 2017 and developing publicity materials. The TSAB has developed a Funding Process which organisations can apply to for relatively small projects that contribute to the delivery of the board's objectives and overall adult safeguarding agenda.

INCOME 2017/18	£
Thurrock Borough Council	37,500
Thurrock Clinical Commissioning Group	18,750
Office of the Police, Fire & Crime Commissioner	18,750
SAR Fund: EPUT & NELFT	10,000
2016/17 underspend	38,790
TOTAL	123,790

	Subjective Detail		
SF709 - Safeguarding Adults Board	0001 - Salary	43,507	
	0016 - Overtime	22	
	0060 - National Insurance	3,784	
	0065 - Superannuation	4,352	
	0066 - Super Reversal of employer pensions conts	0	
	0072 - Current Service Costs (Retirement Benefits)	0	
	0300 - Staff Advertising	80	
	0360 - Seminars And Courses	70	
	0593 - Gas	0	
	0630 - Rent Payable	0	
	1250 - Reimbursement Of Fares	0	
	1300 - Car Allowances	508	
	1400 - Equipment Purchase	0	
	1422 - Materials Purchase	0	
	1750 - Professional Fees	2,500	
	1753 - Consultant Fees	0	
	1906 - IT Project Related Expenditure	4,998	
	2047 - Joint Finance	1,087	
	2104 - Project Work	2,000	
	2600 - Private Contractors	2,500	
	2625 - Accommodation Payments	96	
	2779 - Additional Expenditure	0	
	4272 - Contributions From Other Bodies	(47,500)	
Grand Total		65,504	(58,296)

WHAT WE ACHIEVED AS A BOARD IN 2017/18

Strategic Objective 1:	
By 31 st March 2019 this Board will have published a Communication Strategy and two related local actions plans for Communication and Awareness Raising with particular emphasis on providers, carers, families and individuals and communities at risk.	<p>During 2017/18 the board developed an action plan setting out the actions it will take to raise awareness and improve stakeholder engagement; implementation has begun and is on-going. The board has created and launched a stand-alone website which is a multiagency central resource hub for all matters relating to adult safeguarding and can be found at www.thurrocksab.org.uk.</p> <p>During 2018/19 the board will develop and roll-out the hard copy and social media based campaign, initially, the top three cause of concerns will be targeted, namely financial and physical abuse and neglect/acts of omission; posters to raise and maintain awareness amongst professionals and improve communication with Providers.</p>
Strategic Objective 2:	
By 31 st March 2019 this Board will have produced its strategy and associated action plan for the Prevention of Harm and Abuse to Adults at Risk.	<p>During 2017 the board hosted a multi-agency workshop to scope the parameters and objectives of an effective Prevention Strategy which led to the development of an action plan. The action plan will be delivered during 2018/19 to consolidate existing preventative initiatives and incorporate aspirations for future preventative schemes to increase community empowerment and reduce incidence of adult abuse and neglect.</p>
Strategic Objective 3:	
By 31 st March 2018 this Board will have worked with SET partners to consider and publish good practice in dealing with domestic abuse in older people and care settings.	<p>The TSAB had benefited from the work developed by the Southend, Essex and Thurrock Domestic Abuse Board, the board has supported the 50+ Domestic Abuse media campaign, disseminated learning from the Safe Later Lives report and encouraged use of the Working with older people who experience domestic abuse toolkit. From findings within the reports <i>Safe Later Lives (Safer Lives, 2017)</i> and <i>Adult Safeguarding and domestic abuse (LGA, ADASS, 2017)</i> it is clear that many adults require safeguarding because they are victims of domestic abuse. The board recognises that there is further work to be done locally to make better connections between adult safeguarding and domestic violence, ensuring the recognition of domestic abuse within safeguarding is essential to being able to offer appropriate intervention and reduce risk.</p> <p>During 2018/19 the board will explore training opportunities to improve recognition, will develop a strand of its communications campaign to target domestic violence and will embed use of the toolkit for working with older victims of domestic violence and domestic abuse.</p>
Strategic Objective 4 and 5:	

<p>By 31st March 2020, this Board will have conducted a review of the level of sexual exploitation of adults in Thurrock and made recommendations for further action if appropriate.</p> <p>By 31st March 2020 this Board will have reviewed and made recommendations for change if appropriate regarding the safeguarding gaps for at risk young people in transition to adulthood.</p>	<p>During 2017/18 the board hosted a multi-agency workshop, attended by the Community Safety Partnership and Children's Services, from this a Sexual Exploitation task and finish group was created and an action plan developed. There are challenges that have slowed down the progress, despite this there is great momentum and aspiration from partners to deliver during 2018/19 an effective multi agency strategy, toolkit and pathway influenced by the outcome of specialist voluntary organisation victim engagement. To support implementation of the strategy the board will also explore training and continued.</p>
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Residential Provider visits

Safeguarding Adult Board members undertook visits to all residential establishments in Thurrock during September 2018. This was to ensure that we were confident that good care and support is provided for our most vulnerable residents in Thurrock. The visits were not inspections or formal auditing of any kind, but more a check to see what the home felt like, and would members of the Board be happy to have one of their family members staying there. The outcome of the visits was very positive. There were no safeguarding concerns raised during the visits, with the majority of provision reported to be providing very good care.

Hoarding and Self-Neglect Panel

After carrying out a local review in light of the 'Carol' Safeguarding Adult Review published by Teeswide SAB, the Safeguarding Board supported Thurrock Council in setting up a Hoarding and Self-Neglect Panel. This Panel is made up of all relevant agencies and chaired by the Principal Social Worker. Agencies can refer any case for discussion where risks are high, and options to intervene positively have been exhausted. The aim of the Panel is to provide a safety net around these individuals with a multi-agency approach to reduce the risk of them coming to harm.

Lasting Power of Attorney (LPA) Champions Project

TSAB funded Thurrock Centre for Independent Living to provide a service that supported or assisted Thurrock residents with the completion of a 169 LPA applications (including all applications, alterations and amendments). There have been 68 applications for LPAs for individuals and 18 applications made by couples in 2017, saving residents of Thurrock an estimated £227,800.

Stay Safe Project

Stay safe is a long running programme, run at least once a year to support approx. Adults with a Learning Disability have the opportunity to attend a one-day event involving training and support from the Police, Fire-Brigade, First Aiders, Trading Standards and other Community Safety partners. It addresses everything from keeping strangers out of your

house, basic first aid to money lenders and Cuckooing. It is funded by Thurrock's Community safety partnership, the TSAB part funded the project during 2017/18.

LOOKING FORWARD TO 2018/19

The TSAB has a three year Strategic Plan which runs from 2017 to 2020, this year Strategic Objective 3, described in the table on page x was discharged as it was felt that this had been achieved. The following objectives will continue to be a focus for the TSAB during 2018/19.

SO 1: By 31st March 2019 this Board will have published a Communication Strategy and two related local actions plans for Communication and Awareness Raising with particular emphasis on providers, carers, families and individuals and communities at risk.

SO 2: By 31st March 2019 this Board will have produced its strategy and associated action plan for the Prevention of Harm and Abuse to Adults at Risk.

SO 3: By 31st March 2020, this Board will have conducted a review of the level of sexual exploitation of adults in Thurrock and made recommendations for further action if appropriate.

SO 4: By 31st March 2020 this Board will have reviewed and made recommendations for change if appropriate regarding the safeguarding gaps for at risk young people in transition to adulthood.

APPENDIX 1

SAB Membership and attendance record

Role	Organisation	15.05.17	14.08.17	13.11.17	19.02.18
TSAB Independent Chair	Independent	Y	Y	Y	Y
TSAB Manager	Independent	Y	Y	Y	Y
TSAB Administrator	Independent	Y	Y	N	N
Chief Nurse	NHS Thurrock CCG	Y	R	Y	R
Assistant Director Adult Social Care	Thurrock Council	Y	Y	Y	Y
Detective Superintendent	Essex Police	N	R	R	Y
Principal Social Worker & Strategic Lead	Thurrock Council	Y	Y	Y	N
Safeguarding Adults Team Manager	Thurrock Council	N	Y	Y	Y
Strategic Lead: Commissioning	Thurrock Council	N	N	N	N
Assistant Director Housing	Thurrock Council	Y	N	N	Y
Public Health consultant	Thurrock Council	Y	N	N	N
Legal Advisor	On behalf of Thurrock Council	N	N	N	Y
Portfolio Holder	Thurrock Council	N	N	N	Y
Shadow Portfolio Holder	Thurrock Council	N	N	N	N
Head of Children's Services	Thurrock Council	N	N	N	N
Head of Youth Offending Service	Thurrock Council	Y	N	N	N
Thurrock District Commander	Essex Police	N	N	R	N
Deputy Director of Nursing	NHS England	N	N	N	N
Assistant Director	Office of the Police and Crime Commissioner	Y	Y	N	N
GP -CCG Board Member	Thurrock Clinical Commissioning Group	N	N	N	N
Safeguarding Lead	East of England Ambulance NHS Trust	N	N	N	N
Assistant Chief Fire Officer	Essex County Fire and Rescue Service	N	N	N	N
Assistant Director	Essex Partnership University NHS Foundation Trust	N	Y	Y	Y
Integrated Care Director	North East London NHS Foundation Trust	Y	Y	Y	Y
Deputy Director of Nursing	Basildon and Thurrock University Hospitals NHS Foundation Trust	Y	N	Y	Y
Director	Community Rehabilitation Company	Y	Y	Y	R
Head of South Essex LDU Cluster	National Probation Service	N	Y	Y	R
Manager	Manor Court Care Home	N	N	N	Y
Manager	Runwood Homes	N	N	N	N
Principal	Thurrock Adult Community College	Y	N	Y	Y
CSP Manager	Community Safety Partnership (CSP)				
Chief Operating Officer	Healthwatch	N	N	Y	Y
Chief Executive	Thurrock Lifestyle Solutions	Y	N	Y	Y
Chief Executive	Thurrock Coalition	N	Y	N	N

“To work in partnership, preventing abuse and ensuring excellent practice and timely responses to the safety and protection of individuals or groups within our communities”