Corporate Resources Directorate ICT Services **Project Initiation Document**		East Sussex County Council
Project Title:	Safeguarding Vulnerable Adults Service – Adult Protection	
Assyst Reference:		
Sponsor:	Mark Stainton	
Customer:		
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1 Purpose of Document

1.1 The purpose of this document is to raise awareness of the present increase in the level of adult protection (Safeguarding Adults) work in Adult Social Care. It also aims to propose a project to identify ways of meeting the increased need and improvements in the quality of response for the public as well as ensuring best value.

2 Background

2.1 Since the publication of No Secrets 2000 it is the legal responsibility of the authority to prevent investigate and take action where a vulnerable adult is alleged as being abused, physically, psychologically, financially, sexually, discriminatorily, institutionally or by neglect. This legislation has been further underpinned by Safeguarding Adults (standards ADSS/ACPO/DoH) in October 2005 and the Mental Capacity Act 2005 identifies a new offence of "ill treatment" or "wilful neglect". Over the last four years the number of referrals for investigations has significantly increased:

Year	No. of referrals
2002/03	99
2003/04	264
2004/05	645
2005/06	965
2006/07	924 (forecast)

East Sussex has the second highest rate of activity amongst the local authorities in the South East Region based on the number of referrals per capita of the population. For a more detailed comparison of activity levels between East Sussex and those within the South East Regional Network, please see Appendix A.

The level of response framework developed in East Sussex has proved to be very popular by our neighbouring authorities and a similar system has been adopted in Kent.

2.2 Of the 693 referrals received in the first three quarters for 2006/07:

Service area	No. of referrals	Percentage
Older People	202	29%
Learning Disability Services	317	47%
Mental Health	90	13%
Other vulnerable group	84	11%

2.3 From the investigations carried out in the first three quarters of 2006/07:

- 48% of allegations were substantiated;

- 20% are defined as inconclusive due to lack of evidence and conflicting information;

- 21% are found to be unsubstantiated;

- 11% were not categorised.

2.4 At present, levels of activity over 500 residents of East Sussex are found to be the subject of serious abuse each year mostly from formal carers or their family and this is considered to be the tip of the iceberg. A large percentage of this abuse is criminal but very few people are prosecuted due to the vulnerability of the victims as witnesses. More financial abuse and abuse in the home has been noted recently.

2.5 The work requires managers to co-ordinate a multi-agency investigation, practitioners to investigate allegations and administrators to convene and note meetings and agreements. In neighbouring authorities research shows that each case takes on average 25 working hours. In order to ensure the reconciling of policy and resources and appropriate levels of intervention a proportional response system has been adopted in East Sussex, e.g.:

- Level 1 allegations are determined as such and then investigated by the service provider and outcomes reported back to Adult Social Care.

- Level 2 investigations lead to social care assessments/reviews of the service user and/or alleged perpetrator due to previous incidents or concerns raised. Service provision may be altered.

- Level 3 is where serious abuse has occurred and a full multi agency investigation takes place.

- Level 4 are referrals where a number of adults have been abused.

2.6 A local performance indicator exists to ensure prompt investigation of allegations. The target is 75% of decisions to hold multi-agency strategy meetings within five days of referral. Performance results for 2006/07 show all are on target:

Quarter	Decisions made within 5 days of referral
Q1	81.3%
Q2	78%
Q3	77.05%.

3 Objectives

3.1 To identify whether there is a consistent approach in applying the level of investigation of Safeguarding Adults allegations across all service groups and localities.

3.2 Explore how greater consistency and quality can be achieved.

3.3 To establish whether Safeguarding Adults activity is leading to greater protection for the public, e.g. reduction in risk.

3.4 To compare links with external agencies when investigating allegations and establish ways of improving joint working.

3.5 To identify if staff are adequately trained to undertake this work and if policies and procedures are adhered to appropriately.

3.6 To validate that purchasing decisions fully take account of the quality of service experienced in Safeguarding Adults work from residential care and home care providers, e.g. we purchase from services where there have not been concerns?

3.7 Establish how many Safeguarding Adults investigations lead to a need for increased service provision, higher levels of review and service monitoring or any savings that may be achieved by early intervention (e.g. financial abuse investigations may result in public funding occurring at a later stage if at all).

3.8 Consider ways of increasing efficiency in safeguarding work and militate against deteriorating performance in other indicators, e.g. timescales for PAF indicator D55 for waiting times for assessment.

3.9 To obtain qualitative data from service users, carers and providers to help engage with all relevant parties more effectively.

3.10 To identify the number of qualified social workers available to contribute to adult protection related prosecutions and whether this is sufficient as highlighted by the CSCI Inspection of Older People's Services July 2006.

3.11 To consider ways of increasing participation and contributions from partner agencies relating to safeguarding activity.

4 Scope and exclusions

4.1 The project must include sampling and audit of Safeguarding Adults service practice taking place in assessment teams in mental health, learning disability and assessment and care management.

4.2 Analysis of time taken in investigation work.

4.3 Abuse may take place in health settings (hospital wards, day centres and residential units), residential and nursing care, day care and the person's own home. Adult Social Care is responsible to coordinate investigations in all these settings and any audit should take samples from all service areas.

4.4 Service User feedback on the experience of the service should be built into the project.

5 Risks

5.1 The risks are that the study becomes too widespread; work needs to be clearly focused. Consultation with the Project Board will monitor this. Should timescales slip, a review of the volume of work should be undertaken and parameters redesigned to ensure the audit finishes on time.

5.2 Project costs must be tightly controlled and the sample studies contained to manageable proportions. Budgets will be closely monitored.

5.3 The Project Manager might go sick or need extended leave and another member of staff may need to be identified.

5.4 Duplication of work may occur with a study of the application of proportional decisions within the Learning Disability Service. The Project Manager should identify this research and make comparisons to other service groups.

6 Responsibilities

6.1 A Project Manager with administrative support will be required to undertake this work.

6.2 The Project Manager must be regularly supervised and findings must be reported to the East Sussex Multi-Agency Safeguarding Vulnerable Adults Board at their quarterly meetings.

7 Project Organisation

7.1 The Project Board should include Head of Service - Safeguarding Adults, Training & Development Consultant, representatives from assessment services for mental health, learning disability and care management and assessment for older people.

7.2 Project Manager and identified administrative support.

7.3 Reporting to the Independent Care Group, Primary Care Trusts, East Sussex Hospitals Trust, Sussex Partnership Trust, Safeguarding Vulnerable Adults Board, Sussex Police and the Learning Disability Partnership Board must be undertaken at the inception and closure of the project.

8 Resource Requirements

8.1 Project Manager (LMG 1 – equivalent to a Practice Manager Level) for a period of six months.

8.2 Administrative support (APT 3) for 18.5hrs per week for six months.

8.3 Access to computer.

8.4 Office accommodation and telephone.

9 Required Time Scales

9.1 The Project should commence on 1st April 2007 and should take six months to complete.

10 Project Approach

10.1 Phase 1: Completion of a detailed Gantt chart describing the approach for the project. Teams and localities identified for the study totalling at least six. Number of case examples to be analysed: approximately 50 in all.

10.2 Phase 2: Data Gathering - a recording tool should be developed detailing the information to be gathered. Timescales, staff involved (internal and external), intervention record, services delivered, outcomes for service user, savings for public funds.

10.3 Phase 3: Collation of data.

10.4 Report of analysis of findings and recommendations for a future structure of the service.

11 Activities

11.1 Analysis of 50 sample case records, electronic and manual.

11.2 Structured interviews with 5 Investigating Managers, 5 Practitioners (Investigating Officers) and 3 Operational Managers; one each for mental health, learning disability & assessment and care management services.

11.3 Service User feedback by telephone or in person through structured interviews.

12 Project Costs & Funding

12.1 Salary for Project Manager at £23,197 over six months (including on costs) and administrative support (half post equivalent) at £10,000 including on costs for six months.

12.2 Travel allowance of £500 for manager.

12.3 Access to computer.

12.4 Office accommodation and telephone at £5,000.

13 Project Benefits

13.1 Model developed to monitor future Safeguarding Adults investigation work to ensure consistency and economy of effort. An efficient service fit for purpose where Investigating Managers and Practitioners are aware of their responsibilities and how to make accurate judgements relating to the level of investigation and care planning.

13.2 Manpower costs to be kept to a minimum, financial contributions to the costs of care maximised and service users maintained safely and independently in the community for as long as possible.

14 Deliverables

14.1 Clear picture of current activity.

14.2 To maintain a balance between staff time and resources in relation to the increase in referrals predicted.

14.3 A blueprint for the operational management and policy development of Safeguarding Adults work within the Adult Social Care Department.

15 Project Controls

15.1 Prince 2.

15.2 Project Board to meet every six weeks in order to monitor progress and define work to be undertaken.

16 Project Quality Plan

16.1 The Head of Service - Safeguarding Adults will supervise the Project Manager monthly and receive a progress report and agree any revisions to the project plan.

17 Project Communications Plan

17.1 Define reporting mechanisms, nominating recipients and frequency.

17.2 The Project Manager will prepare a Highlight Report to the Project Board every six weeks, or at a frequency to be agreed with the Board. This will include a brief progress report with a budget monitoring statement, issues to be addressed, and an updated Risk Log.

17.3 A Project Status report will be published every two weeks via the "Project Register" on the Intranet, including a Red/Amber/Green flag for Cost, Time and Quality criteria.

18 Exception Process

18.1 The Project Manager will monitor timescales and costs at regular intervals. If s/he forecasts that the tolerances for time and cost will be exceeded, s/he will prepare an exception plan and present this to an urgent meeting of the Project Board.

19 Change Control

19.1 Any requests to change the definition of the project as set down in this document must first be assessed by the Project Manager. S/he will give his/her assessment of the impact of the change to a subsequent meeting of the Project Board who will decide whether to accept the request.

20 Risk Management

20.1 The Project Manager will maintain a log of risks to the project. S/he will take risks into account in drawing up plans, and propose mitigations. The Risk Log will be reviewed by the Project Board at each meeting.

21 Project Closure

21.1 Following the project completion, a formal Project Completion meeting will take place with all parties involved in the project. From this meeting the Project Review and Lessons Learnt document will be written.

21.2 When the project has been completed, the Project Manager will present 3 documents to the Project Board:

- A Project Cost Summary, subject to subsequent reconciliation with SAP.

- A Post Project Review, which will identify to what extent the project objectives have been met, and whether the project was completed to cost, time and quality constraints.

- A Lessons Learned report, highlighting what was done badly or well, and identifying any problems to address.

21.3 The project will then be formally signed off by the Project Board via the Customer Acceptance form.

22 Customer Acceptance

22.1 Obtain OMT approval for this audit of current safeguarding activity.

22.2 Obtain DMT approval for this audit of current safeguarding activity.

22.3 Scrutiny Committee support to undertake this project in order to identify a way forward in meeting the increased demand for Safeguarding Adults investigations.

| Customer Acceptance of PID |
| --- |
| Name: |
| Signature: |
| Date: |

Filing

South East Region Adult Protection Network

Number of Adult Protection Alerts 2005

Please note: Some figures relate to the 2005 calendar year and some to the 2004/05 financial year, but all cover 12 months.

Authority	Number of Alerts	Population	Alerts per 1000 of population
Kent	1300	1.3m	1.00
Croydon	210	340,200	0.61
Merton	80	190,000	0.42
Hampshire	413	1.2m	0.34
Milton Keynes	105	217,000	0.48
Surrey	330	1m	0.33
West Sussex	490	759,000	0.63
Southampton	140	210,000	0.66
Isle of Wight	780	175,000	4.4
Portsmouth	129	190,800	0.67
Buckinghamshire	460	1m	0.46
Wokingham	102	150,000	0.68
East Sussex	909	500,000	1.82
Brighton & Hove	443	250,000	0.56

Alerts per head of population
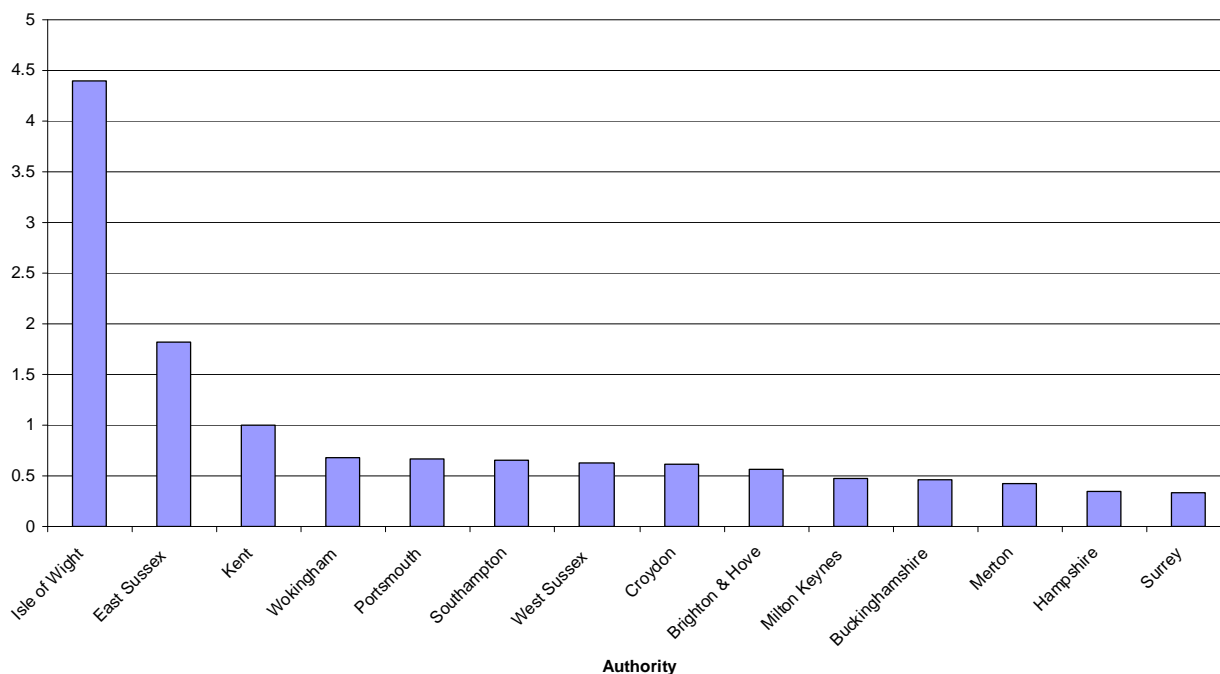
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