**Thurrock Coalition**

**Mental Health Service User & Carer Forum
26th January 2015
2.00pm to 4.00pm, The Beehive**

**Present:** David Rundell, Ian Evans (Thurrock Coalition), Sheila Auger (Carer), Anthony Auger, Alison Pettit (Together for Mental Health), Suzie Nankivell (Together for Mental Health), Graham Carey (Adult Safeguarding Lead), Martin Howard, Stuart Rouse (Mind), Michael Cadette (MECS – Mind), Toni Saliba, Harpal Kang, Lynne Evans (Mind)

1. **Welcome & Introductions**

Ian Evans welcomed everyone to the meeting

1. **Minutes & Matters arising from the previous Forum Meeting on PHBs (October 2014)**

Sheila Auger – requested reminders for Forum to be sent out in good time.

1. **Presentation & Discussion on Adult Safeguarding & Mental Health**

Graham Carey gave a presentation and led a discussion on Adult Safeguarding and Mental Health. Graham was a Police Officer for 35 years and has also chaired the Community Safety Partnership

Graham now Co-Chairs the Thurrock Safeguarding Adults Board as an Independent Safeguarding Champion.

Thurrock used to get 50 safeguarding referrals per annum, now awareness has increased and around 500 referrals are now received per year.

There are new provisions relating to Adult Safeguarding contained within the Care Act 2014

Care Act 2014 establishes the Safeguarding Adults Board (SAB) on April 1 2015. It comprises of representatives from the Local Authority, CCG, Essex Police (Chief Constable) Health providers - Nelft, SEPT, Basildon Hospital, TLS, Thurrock Coalition, other providers, such as probation, fire, ambulance services and Housing.

The Board has the power to ask for information from providers and make enquiries into deaths and Serious Case Reviews. The aim of the SAB is to make it less likely that Vulnerable Adults will get harmed or die.

There is also new Guidance around referrals and confidentiality that is “victim focussed” – i.e. “I want it to stop”

In terms of suicide prevention strategies, there is apparently nothing in Thurrock at the moment.

**Recent Safeguarding Examples:**

* Winterbourne view
* Mid-staffs Hospitals
* Care Homes
* Examples where organisations - realising what they were doing was abuse – normalised / acceptable
* Abuse is not always obvious

The Thurrock Adult Safeguarding Team is led by Jill Morman who is the Manager and the lead representative for support with safeguarding issues, both reacting and acting.

**Where does abuse happen?**

1. Physical abuse – home / carers / staff / streets 50% mostly in home
2. Older people – Dementia – carer “fatigue”
3. Some of it amounts to a crime – the police – must record crime – they could arrest, give a warning, or a caution
4. Can’t override unless in public interest / CPS / AG – resolutions
5. Some incidents are not crimes, this can depend upon what the person wants – e.g. family
6. Some transport situations e.g. on Buses, with instances of people with learning difficulties being bullied.
7. It might happen in instances where someone with Mental Health issues decides to come off their medication and begins to act differently, safeguarding teams could become involved
8. Police awareness, knowledge and understanding is vital (for example the Fiona Pilkington Case – repeated low level anti-social-behaviour, taken in the whole, amounts to Hate Crime.

**Types of Abuse:**

* Financial abuse –equates to around 30% of Safeguarding work
* Pressure selling
* Picking on vulnerable people
* Recognising the importance of “Lasting Power of Attorney”
* Sexual abuse – LD
* Training can increase awareness on issues of behaviour and boundaries
* Bullying / harassment – If left unchecked – builds up – PCSOs are on the frontline often to recognise patterns of behaviour
* Housing now on Safeguarding Board
* Could amount to a crime, and specifically – Disability Hate Crime (See Pilkington Case above)
* Adult Safeguarding relates to individual adults of 18 or over
* All under 17 are children – and therefore all must be safeguarded – they have no capacity to make a decision about risk
* There is no clear definition of “Vulnerable Adult” – free to decide to take risk
* In terms of Advocacy support – Mind experienced a funding reduction in relation to advocacy and the Borough’s commissioned provider is now Pohwer
* Safeguarding duties relate to Adults and children but there is no equivalent responsibility for elderly parents
* Somebody with a learning difficulty would be considered as a Vulnerable Adult
* People in hospital would constitute a Vulnerable Adult (due to the setting) as is relative to dependence
* Individuals within care settings will constitute Vulnerable Adults
* In such situations the State could step in and assist when alerted

**Safeguarding Alerts could arise:**

* House repairs garden/state of disrepair
* Physical abuse
* Closed curtains, change of routine/behaviour – LD – ASB Adult Safeguarding Board
* Pressure sores example – not safeguarding unless systemic
* The Police & Crime Commissioner (PCC) provides an Anonymous reporting line
* 140 serious case reviews – reasoning – learning - resulting in changes in the law
* SET SAF form is the standard form to complete to make a Safeguarding referral.
1. **Q & A and Discussion**

**Main Concerns/issues raised:**
a) Bullying

b) Medicine management – vital

c) Domiciliary care providers – medicine training
- Highlighted – off medication – people notice change(s) in behaviour(s)

d) Suicide prevention – public health
Phone call – police – always go in to save life e.g. suicide alert

e) Substance misuse - Drugs, alcohol, Probation duties, Safeguarding in prison

1. **Discussion and agreement for future meeting topics. E.g. Community Safety, Essex Police, PHB Update**
* IAPT and Recovery – New providers – commissioners – SU Service User on panel (May)
* Public Health – suicide preventions (Q and A) what’s needed at the time?
* Essex Police – MH Mental Health nurse/Triage approach
* Job Centre staff
* Drug / alcohol – dual diagnosis
* Gambling awareness and Mental Health

**Next Meeting: April 2015, The Beehive – Date/Time TBD.**