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| *Please note this Action Plan has been developed during the COVID-19 pandemic and therefore some flexibility should be given to the timeframes* | | | | | |  | |  |
| No. | **Recommendation** | **Action** | **Who** | **Time frame** | **RAG Rating** | | **Update** | |
| 1 | The Local authority guidance on Hoarding should be reviewed to consider if in some cases this may be a family wide issue. | Hoarding Policy to be reviewed and amended to include issues being considered in relation the wider family network as well as management oversight being sought in these cases. | Local Authority -Head of Adult Safeguarding | March 2022 |  | | *SAB has engaged in the Kings college project on Self neglect and Hoarding which will result in some findings and guidance in relation to Self-neglect and hoarding.*    *Self-neglect and hoarding policy and guidance created and circulated. Self-Neglect conference held in November 2022.* | |
| 2 | There is a need to disseminate simple guidance for families looking after a relative on what to do if they become unwell and lack insight into their needs such dissemination can be delivered by health and social care services. | Safeguarding Adults Board (SAB) Website to be updated with appropriate support links. SAB to disseminate information to SAB members including Voluntary organisation.  SAB Manager to link with Carers Centre to ensure links to support information are shared with local carers. | Local Authority – SAB Manager/ Safeguarding Advisor | November 2021 |  | | *The carers centre has a process of support and advice available to carers, including links to appropriate websites, more tailored information through the Greenwich Community directory and Dementia hub, as well as individual support with a carers centre support officer.*  *An article to share the learning has been included in the Carers centre newsletter as well as shared with the Voluntary sector newsletter and SAB website updated.* | |
| 3 | All health care services should promote the use of carer’s assessments and keep records where these are refused including prompts to reoffer these. As part of the assessment, a record should be made which identifies how many people a carer is looking after. | CCG to remind GPs about the right to a carers assessment and promote referrals to the Local Authority. | CCG- Designated nurse for adult safeguarding | January 2021 |  | | *Disseminated via GP newsletter February 2021* | |
| Carers assessment to be offered routinely and reviewed annually even if refused. | Local Authority | Complete |  | | *Once a carer is identified a carers assessment is offered even if services are not being provided. The carers assessment is reviewed annually as part of the service users review. A carer will be provided with relevant support advise and information as part of this assessment.* | |
| Carers assessment forms to be amended to include whether a person has multiple caring roles. | Local Authority Safeguarding Advisor/ Principal Social Worker | April 2021 |  | | *The carers assessments on Mosaic now has the capacity to enter multiple caring roles*. | |
| To ensure carers assessments are recorded and support networks identified as part if the persons care | Oxleas NHS Trust | Complete |  | | *Oxleas record the number of carers registered on RiO, and whether they have been offered an assessment or not.  This data is recorded in the Trust PEG report which is produced every 2 months.*  *Oxleas have implemented a Support network strategy document.  The "support network tool" is completed for nearly all patients which captures any support involved in a person’s care (except children under 16).*  *In addition, service users are asked as part of patient experience feedback, if they wanted someone from their support network involved in their care.  If they say they did want someone involved, they are asked a follow up question about whether that in fact did occur.* | |
| 4 | As part of their existing systems to audit compliance with NICE Guidance, mental health trusts and GP practices should pay particular attention to the requirements of guidance on the requirement for annual physical health checks. For NHS organisations they should consider capturing this within their quality accounts and for GP practices the information could form part of the evidence for their assessment of “Effectiveness” for CQC review as well as reporting for the quality and outcomes framework. | Gps in Greenwich to continue developing SMI (Severe Mental Illness) and ensuring that NICE clinical guideline on psychosis and schizophrenia in adults is followed, in respect of monitoring the physical health of patients with SMI and ensuring patients with SMI have at least one physical health review annually. | CCG- Designated nurse for adult safeguarding | Ongoing |  | | *CCG Primary Care commissioners have an action plan in place to improve GP compliance with SMI annual health checks. As of November 2021, 13% of people on the SMI register have had a health check against a target of 60%* | |
| Oxleas NHS Foundation Trust to ensure that Physical health monitoring is captured in line with national best practice and trust targets reported on in the organisations quality accounts for patients on Care Programme Approach | Oxleas Foundation Trust | Completed |  | | *Physical health monitoring was recorded as a quality priority for 21-22 and reported in the quality report 20-21* | |
| 5 | All services should consider their oversight of patient and carer cancelled appointments. Whilst it would be impractical and inappropriate to review every individual appointment and it should be possible to flag multiple cancellations and for this to lead to review if a threshold is reached. Such an approach might prompt further scrutiny and increased clinical curiosity | Oxleas - to replicate the system for DNAs for cancelled appointments, where the service user or family member cancels an appointment twice in a row. This will be flagged up to the consultant to decide on further action. | Oxleas NHS Foundation Trust | Complete |  | | *A system to flag concerns is in place for when appointment am is cancelled and follows the same protocol as the “Do Not attend” (DNA) procedure in that a telephone call is always made to the patient by the Clinician and the patient is discussed in MDT for their potential risks.* | |
| 6 | Consideration should be given to developing specific guidance for health and social care professionals in cases such as this where there is apparent engagement from a family but where there may be disguised compliance – this could also include advice on the issues of lack of access to a home, cancellation of appointments or repeated cancellation of appointments. | Learning and Development Sub-group to ensure training is developed across the Safeguarding Adults Board partnership | Local Authority- Learning and Development Sub-group | Ongoing |  | | *Safeguarding Adults Multi-Agency Self-neglect and hoarding policy created which gives guidance around non-engagement and supporting people who self-neglect.* | |