



Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee 15th January 2014

Report of: Director of Business Strategy Communities Portfolio

Subject: Safeguarding Adults Annual Report 2012/2013

Author of Report: Head of Quality and Adult Safeguarding

Summary:

The Annual Report provides an overview of Adult Safeguarding activity and information on the contribution individual partners have made towards Adult Safeguarding in Sheffield. On its production each Annual Reports is considered annually by Scrutiny.

Safeguarding Adults directly contributes to 2 Council outcomes

- Better Health and Wellbeing
- Safe and Secure communities

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	x
Other	

The Scrutiny Committee is being asked to:

Review the Annual Report and provide comments and reflections on the work related to Safeguarding Adults.

Background Papers:

Safeguarding Adult Safeguarding Partnership Annual Report 2012-2013

Category of Report: OPEN/CLOSED (please specify)

Report of the Director of Business Strategy in Communities Portfolio

Title of report – Safeguarding Adults Annual Report 2012-2013

1. Introduction/Context

Safeguarding Adults is a national requirement. It comprises a series of measures and processes designed to protect people at risk of abuse and or neglect. Across Sheffield Safeguarding is the responsibility of the Safeguarding Adults Partnership. Sheffield City Council is responsible for the effectiveness of Safeguarding. To achieve this the Council works in conjunction with partners including health services, the criminal justice system and housing providers. Safeguarding applies across all sectors and care settings, including independent care providers and in people's homes. Safeguarding Adults directly contributes to 2 council outcomes

- Better Health and Wellbeing
- Safe and Secure communities

The Annual Report provides an overview of Adult Safeguarding activity across the city. It contains information on the contribution individual partners have made towards Safeguarding in Sheffield.

2. Commentary and Issues

2.1 Commentary

2.1.1 Alerts of concern have increased from 2069 to 2633, an increase of 27%. We attribute this to increased awareness across the Partnership. This heightened awareness means more potential instances of abuse or neglect are identified and reported. A mapping exercise to demonstrate the incidence of abuse across the city has been agreed and will support more targeted interventions in future years.

2.1.2 Of those able to express a view 92% of those helped through safeguarding felt safer as a result whilst 85% were satisfied with the process itself.

2.1.3 There is a suggestion that a national increase in awareness of abuse and neglect as an issue is being driven partially by high profile cases including Winterbourne View and Mid Staffordshire Hospitals.

2.1.4 Referrals into Safeguarding continue to be drawn from a wide variety of sources including residential care, primary and secondary health care, and family and friends. Self-referrals continue to increase but still remain at a low level, continued work with the Customer Forum will help engagement with families, carers and people who are in receipt of services to make their own alerts. Most statutory partners have shown an increase in the number of referrals demonstrating a growing knowledge and confidence in Safeguarding processes and the relationship with the Safeguarding Sheffield Adult Safeguarding Partnership. Targeted work in primary care has resulted in GP

referrals continuing to increase and they are now the second largest referral source.

2.1.5 Decreases in Mental Health referrals into Safeguarding are potentially linked to the use of alternative ways of managing risks specifically the 'Care Programme Approach'. We are currently reviewing the position with mental health service providers to ensure that, where appropriate, referrals are made into the Safeguarding process. An improved performance management system will assist in this. We are also working with domiciliary care providers to ensure they are fully aware of Safeguarding and the requirements to consider Safeguarding where possible abuse or neglect may have occurred.

2.1.6 In terms of types of abuse Financial [248 instances] and Physical [235 instances] are the 2 largest single categories of abuse. Both have increased marginally during the year. Financial abuse continues to be perpetrated in the main by family or friends. Instances of neglect have risen from 239 to 292 compared with 2010/2011.

2.1.7 Psychological abuse [157 instances] has also increased, although only in proportion to the overall increase. Sexual abuse accounts for less than 5% of abuse cases. Institutional abuse has increase to 78 instances. This could be as readily attributable to increased awareness and self-disclosure as to an overall deterioration in practice. Comparisons with regional Safeguarding Partnerships indicate that the pattern and numbers of alerts and referrals for Safeguarding in Sheffield are broadly in line with activity levels elsewhere.

2.1.8 There is a significant gender differential with more women [61%] than men [39%] being considered under Safeguarding, explained by longer lifespan of women compared to men and the reluctance of a lot of men to accept services.

2.1.9 We continue to see trend of increasing use of Safeguarding for people from Black and Minority Ethnic backgrounds with a 50% increase in alerts to 146. Further work is in progress to promote awareness of Safeguarding across diverse communities

2.1.10 Age continues to be a significant factor characterising those people at risk with 1464 of alerts being identified as older adults aged over 65. 592 of these people were over 85 years old. These are often the most vulnerable adults in the City.

2.1.11 Other significant categories of people at risk in include Learning Disabilities [519], Mental Health [318] Physical Disabilities/Sensory Impairment [256] and Substance Misuse [55]

2.1.12 The Safe Places scheme is jointly funded by Safeguarding Adults Partnership and Safer and Sustainable Communities; the funding employs a part time coordinator based at Heeley City Farm who works with a dedicated group of service users to advertise and embed the scheme. Seventy 'Safe Places' now exist in all areas of the city and staff and volunteers have been given education and support to provide vulnerable adults with the confidence to engage with the local and wider communities. The safe places provide a "refuge" to vulnerable people who are feeling afraid or are lost or unwell. Over 600 people have enrolled on the scheme, the safe places report that they feel

more confident to respond to the needs of all of Sheffield's citizens and have been able to report both safeguarding and hate incidents/crimes as a direct result of this initiative. The scheme hopes to expand to offer adults with dementia and other cognitive impairments and adults with mental health issues.

2.1.13 Although instances of abuse in Supported Accommodation have increased this is proportionate to the increase of this type of housing within the city.

2.1.14 For perpetrators outcomes there has been a drop off in convictions following significant changes to the Sheffield's Polices' Public Protection Unit. Improved training and support provided through the Police is resulting in an increase in capacity to utilise the Criminal Justice system to full effect. Disciplinary action taken by employers continues to be a positive outcome as it can take less time than other outcome routes.

2.2 Summary of Issues

2.2.1 As yet we do not have a complete sense of the extent to which abuse and neglect are prevalent across the city. A priority in 2013/14 is to establish the potential extent of abuse and neglect by starting to map this across the city. Useful primarily as a mechanism for identifying circumstances in which potential abuse / neglect may occur enabling us to have a stronger focus on prevention.

2.2.2 Inconsistencies as to what constitutes an alert and a referral remain an issue. We continue to address this through a comprehensive accessible training programme. 2314 frontline staff across partner agencies were trained in the 12 months. An improved performance management and best practice framework will be operational from April 2014 supplementing existing and quality assurance audits, our case advice line and targeted surgeries across agencies.

2.2.3 The Safeguarding Adults Partnership continues to oversee multi-agency work to help people at risk. Throughout 2013 the Vulnerable Adults Risk Management Model [VARMM] and Vulnerable Adults Panel [VAP] have continued to protect those most at risk. The former is a multi - agency shared approach to identifying and managing risk with people who self- abuse or put themselves at risk through their behaviour and lifestyle. The Vulnerable Adults Panel brings together senior representatives from a range of agencies to jointly manage risks for those individuals who have complex issues. The behaviour of these people towards specific services requires wider engagement and co-ordination of interventions to manage risks of harm.

2.2.4 Although there has been an increase in the number Discriminatory Abuse cases this is again from a low level. Further intensive targeted work is being undertaken with the Police and other agencies with a public safety / law enforcement remit to make sure all instances of potentially Discriminatory Abuse and Hate Crime is being recorded and appropriately actioned.

2.2.5 Patterns of multiple abuse are emerging where neglect and financial abuse combine often when people are supported by family or friends in the community. There is the potential for this to increase and become a major

priority. Further work is needed with carers, who are often under acute pressure themselves, where there is a risk of this pattern occurring.

2.2.6 The vast majority of abuse takes place in an individual's own home often with family and friends, as perpetrators. Often this is the main carer, a trend that is increasing. A person's home is inevitably the least regulated environment. There has also been an increase in the number of social care staff identified as perpetrators. This is attributable to increased monitoring resulting in more alerts, possible financial pressures on poorly paid care staff, identification of cases where numbers of staff have been implicated in poor institutional practices or behaviour and deficiencies in staff training programmes.

2.2.7 The recording of outcomes for Safeguarding cases is being overhauled as some of the data is incomplete with cases being incorrectly classified as not requiring further action. We estimate no further action was an outcome in only 85 cases for the victim compared to the figure recorded

3 What does this mean for the people of Sheffield?

3.1 Safeguarding Adults directly contributes to the achievement of 2 council outcomes.

- Better Health and Wellbeing
- Safe and secure communities

How effectively the Safeguarding Partnership manages Adult Safeguarding is a reflection of how we deal with abuse and neglect across the city as a whole.

3.2 Safeguarding Adults is a partnership bringing together key agencies including primary and secondary health care providers and commissioners, social care providers across sectors, criminal justice agencies and housing providers as well as Sheffield city council. Effective cross agency working means delivery of better outcomes and value for the people of the city.

3.3 Safeguarding is about protecting those most at risk and dealing with those who harm them. Given the potential number of people at risk across the city Safeguarding has a significant direct role in protection and the reduction of avoidable harm. Achieving these aims is a major challenge.

3.4 Focusing on Safeguarding raises general awareness amongst people across the city of the risks of abuse and the circumstances that can give rise to it. Safeguarding provides a way for people to raise concerns, and assurance that those reports are taken seriously and acted upon.

3.5 Safeguarding is a mechanism for driving up standards and monitoring quality of care across sectors. As well as being a means to hold providers to account through a focus on identifying and promoting best practice it can deliver support and encourage self-awareness and improvement amongst providers.

3.6 Through our Customer Forum service users are able to represent and articulate the views of those Safeguarding is designed to help. The customer

Forum and other service user groups and the feedback from individuals supported by Safeguarding have all had opportunity to directly influence the way in which Safeguarding operates. Consultation with service user groups will be completed in advance of the introduction of revised Safeguarding procedures planned for April 2014.

4. Recommendation

The Committee is asked to review the annual report and provide comments and reflections on the work related to safeguarding Adults described in the Annual Report

Simon Richards
Head of Adult Safeguarding
03/01/14

Appendix 1

The Safeguarding Process

- **Alert** – Anyone who has contact with vulnerable adults, who has abuse disclosed to them, sees an incident, or has concerns about potential abuse or neglect, has a duty to pass the information on appropriately. The alerter may be a volunteer or worker but could also be a service user or a member of the public.
- **Referral** – The process by which the alert is formally reported to:
 - A Safeguarding Manager
 - Relevant 'Council officer with Social Services responsibilities'
 - Police

A Safeguarding Manager is a named person usually in a statutory agency that is responsible for overseeing the Safeguarding Assessment and its outcome. In most cases this will be a team manager in social care but may on occasions be a designated manager in the health service.

The person who makes this report is the referrer.

The Safeguarding Manager must make a decision within 24 hours to investigate or not.

Strategy Meeting – The Strategy meeting should be undertaken within 10 working days from the decision to investigate under safeguarding procedures. It's a multi-agency meeting where the safeguarding investigation is planned. Also an interim protection plan is confirmed.

Investigation – Safeguarding investigation undertaken.

Case Conference – Multi agency meeting where decisions are made, on the balance of probability, as to whether abuse had taken place. Also a Protection Plan is confirmed.

Case Conference Review – Review of the effectiveness of the Protection Plan.

Appendix 2

Mental Capacity Act and Deprivation of Liberty Standards Process

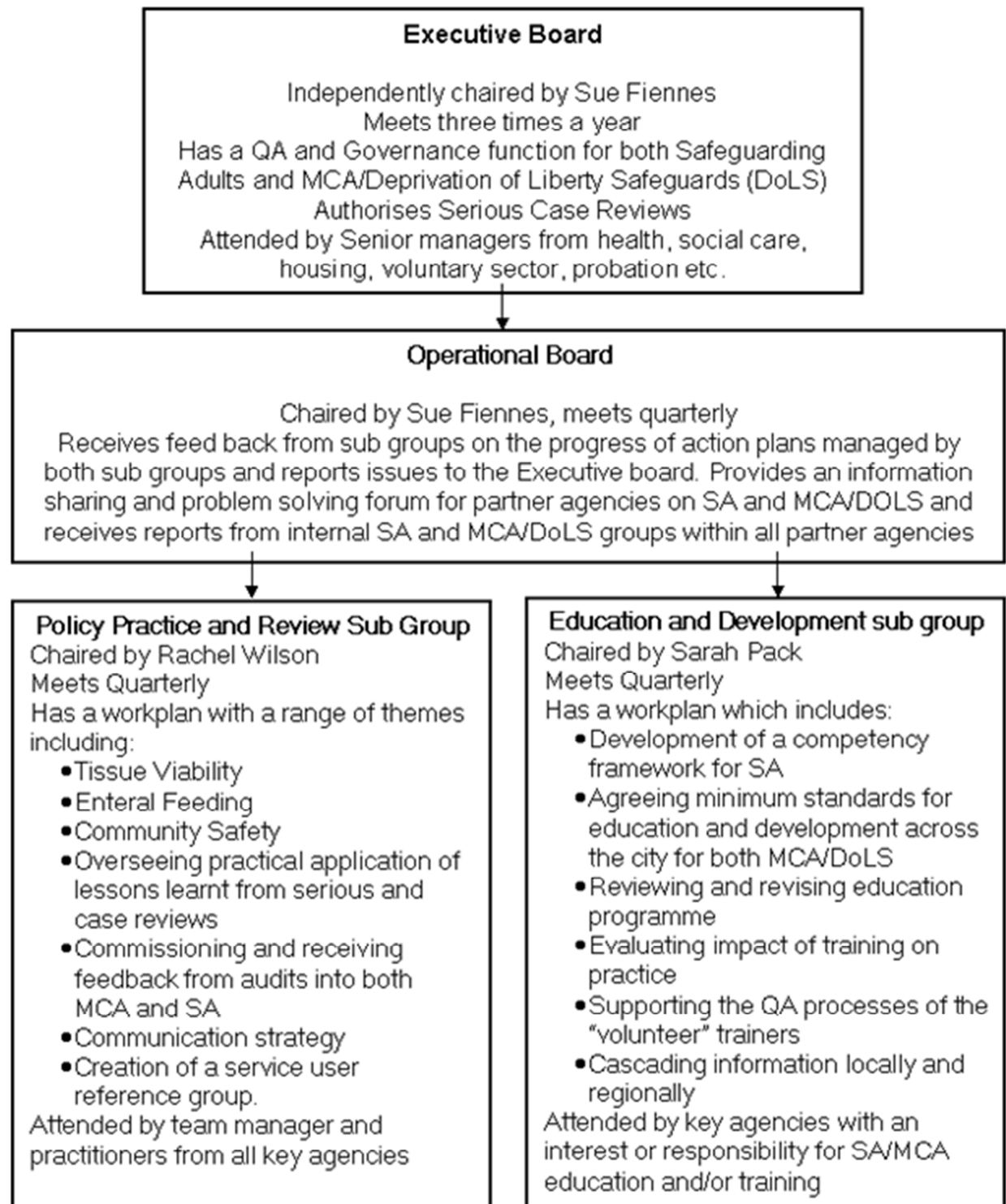
The European Court of Human Rights (ECtHR) in its October 2004 judgement in the Bournemouth case (HL v UK) highlighted that additional safeguards were needed for people who lack capacity and who might be deprived of their liberty in their best interests. As a result the Government amended the Mental Capacity Act 2005 and introduced the Deprivation of Liberty Safeguards.

These safeguards consist of a series of assessments which may lead to the authorisation of a deprivation of liberty where it is in the best interests of a person. This process strengthens the protection of a very vulnerable group of people. The Local Authority is the responsible body (Supervisory Body) for assessments in Care Homes and Hospitals.

Appendix 3

Safeguarding Adults Governance

Safeguarding Adults Structure



This page is intentionally left blank