Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee

Report of: **Director of Business Strategy - Communities Portfolio**

Subject: **Safeguarding Adults Annual Report 2011/12**

Author of Report: **Head of Quality and Safeguarding Communities Portfolio**

Summary:

The report provides selected analysis and summarises the main issues in relation to Adult Safeguarding activity across Sheffield in 2011/12. The information is drawn from the Safeguarding Adults report. These Annual reports are presented to Scrutiny.

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 work undertaken under Adult Safeguarding, as set out in the Annual Report for 2011/2012, and note the current priorities for action.

Background Papers:
Protecting Vulnerable Adults in Sheffield
Safeguarding Adult Safeguarding Partnership Annual Report 2011-2012

Category of Report: OPEN/~~CLOSED~~

Report of the Director of Business Strategy Communities Portfolio

Safeguarding Adults Annual Report 2011/12

1. Introduction

This is the annual report to Scrutiny of activity related to Adult Safeguarding during the year 2011/12. It contains information on the level of Safeguarding Alerts and Referrals, including trend comparisons with the preceding year. The report also looks at sources of Safeguarding reports and the locations where abuse or neglect may have occurred. Other issues covered include ethnic breakdown of Safeguarding cases, audit work to quality assure the Safeguarding process and the outcomes for those at risk and perpetrators.

An update is also provided on Deprivation of Liberty Standards and other mechanisms for supporting vulnerable adults including the Vulnerable Adults Risk Management Model, the Vulnerable Adults Panel, and 'Safe in Sheffield', all multi agency initiatives. Measures to raise awareness of Safeguarding including training and development are also covered. The report concludes with a summary of current priorities

Appendix 1 - Explains the Safeguarding process and roles.
Appendix 2 - Provides brief information on the Mental Capacity Act
Appendix 3 - Sets out the governance structure for Adult Safeguarding

A copy of the full annual report is also included, providing more detailed information and analysis, including individual contributions from all the agencies in the Adult Safeguarding Partnership

2. Issues

2.1 In 2011/12 there has been an increase in the number of Safeguarding Alerts and subsequent Referrals into Safeguarding.

This increase is attributable to a higher level of awareness of Adult Safeguarding following a high profile awareness raising campaign during the year. Whilst there is no evidence that the level of abuse itself is increasing Adult Safeguarding continues to provide an essential mechanism for identifying and effectively managing abuse where it occurs.

2.2 Instances of potential and actual neglect abuse in care settings remains an issue. The Quality in Care Homes Board was established to provide a more strategic focus in tackling underlying issues in care homes. Adult Safeguarding Board has direct oversight of this work and receives regular reports from the Quality in Care Homes Board. An improved performance and risk management framework has been introduced to more effectively monitor care home performance and identify triggers for early intervention.

2.3 Adult Safeguarding is a multi-agency partnership. In addition to the Council partners include NHS Sheffield, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust South Yorkshire Police Fire Service, South Yorkshire Probation Board, Yorkshire Ambulance Service NHS Trust, Sheffield Homes, Voluntary, community and faith sector representatives, the independent sector, and representatives of users of our services

The Safeguarding Adults Office continues to promote Safeguarding best practice through extensive training and awareness raising across these sectors.

2.4 There is a continued emphasis on making sure that where a Deprivation of Liberty Assessment is appropriate that this is recognised and actioned by practioners across the Partnership.

3. Safeguarding Adults

3.1 Safeguarding Alerts

The level of safeguarding alerts has continued to increase, up from 1586 in 2010/11 to 2069 in 2011/12. Of these alerts 709 were accepted into Safeguarding. We interpret this as a positive trend as it reflects an increased awareness of Safeguarding across the city. Of the alerts screened into Safeguarding just over 58% are older adults. Learning disabilities accounts for almost 20%, physical disability and sensory impairment fewer than 12%, and mental health over 7%.

Sheffield is broadly in line with national trends. There are some regional variations in relations to number of alerts generated and the proportion taken into Safeguarding. Consistency of practice in relation to what constitutes an alert and what gets accepted into Safeguarding is an on-going issue that we are addressing through the dissemination of best practice and use of audits to check impact. Progress will be reported to the Safeguarding Adults Partnership Board.

3.2 Safeguarding Referrals

Referrals are made from a number of sources. Major referring agencies include Primary and Secondary health care, and residential and nursing care. Individuals have also begun to self- refer as do family and friends. It is encouraging that Primary care referrals are increasing. There continues to be a targeted focus on raising awareness amongst GPs and nursing teams. The increase in referrals reflects the success of this approach. Referrals from the residential and nursing care sectors are also increasing. It is important we create an environment in which agencies feel comfortable in making referrals and not just view Safeguarding as a punitive process.

Overall the increase in alerts is a positive trend. A priority for 2011/12 was to raise awareness across the city. We ran an extensive publicity campaign

utilising public advertising space to get the message across to the public and those who are potentially at risk. We anticipate that this approach will continue to prompt further self- referrals.

3.3 Type and location of abuse

Multiple Abuse has risen by from 129 cases to 179 cases through 2011/12. A concern is the proportion of neglect cases relating to individuals in care settings. Although discriminatory abuse remains at what we consider an artificially low level the increase in reporting is welcome. Further work is underway to increase reporting through the Hate Crime Action Plan and within measures tackling Anti-Social Behaviour.

It is a concern that reported instances of neglect have risen by almost 66%. Reported instances of institutional neglect have also increased across a variety care settings. This does not necessarily mean instances of neglect or abuse are increasing. Of cases referred into Safeguarding approximately 2/3rds are not substantiated. It also reinforces the point about an increased willingness of institutions to report potential Safeguarding issues. However it is crucial that we make use of all available levers, including contracting, to get providers, across all sectors, to improve practices and prevent Safeguarding concerns arising.

Reports of Financial Abuse have risen by 7% in 12 months to 221. This is a modest growth but we might anticipate a further increase in the current 12 month period and beyond given the depressed economic position.

Neglect and abuse take place across a variety of locations; the largest single category is in the home, a total of 307 instances, up from 180 last year. In 123 cases the alleged perpetrator lived with the vulnerable adult. In 72 cases they were the main carer. Here issues relate to the motivation and state of mind of carers and whether the right level of support is provided to them.

Care settings have seen an increase, prompting the need for a still better understanding of adults care needs and how best these are met. In response to this issue the Adult Safeguarding Board has set up the Quality in Care Homes Board to address strategic issues in the quality of care provision throughout the city. A performance framework is in place to monitor and assess the performance and quality of care home providers. A suite of Key Performance Indicators is used to assess individual providers and inform continuous risk assessments aimed at identify those providers where intervention is required.

3.4 Safeguarding and ethnicity

There has been a 50% increase in the number of individuals from Black and Minority Ethnic [BME] groups brought into Safeguarding. The number of alerts screened into Safeguarding is the same proportion as for non BME individuals. Further work is required to understand an appropriate demographic profile is for Safeguarding. When assessed against the city profile it is apparent that BME are ‘under represented’. We can infer from this

that more work is required to make sure Safeguarding awareness levels are raised for BME communities and individuals from those communities and those who work with them. The availability of information and advice in community languages, accessed through the web site, will help individuals to access help and support. This remains a high priority for the Adult Safeguarding Board

3.5 Safeguarding Audits
Approximately 1/3rd of alerts are taken into Safeguarding as Referrals. This proportion has remained consistent year on year. To assure quality and consistency of practice across agencies a series of audits have been commissioned to test the quality of decision making at the Alert and Referral stage to ensure best practice is evidenced.

3.6 Outcomes
There has been an 8% increase in the number of cases where the outcome is alternative actions being taken. Actions range from increased monitoring, to a new assessment of needs and in a number of cases changes to care arrangements. Reviews of Self Directed Support packages will continue to grow as a result of policy changes in how care and support is accessed.

There has been a significant increase in defined outcomes for perpetrators. Outcomes here would include prosecutions and other police action, disciplinary action, referral onto specialist support, provision of counselling, treatment or training.

Where no further action is taken this is due, in most cases, to the effectiveness of the protection planning at earlier stages of the safeguarding process rendering additional action unnecessary. However these cases are at a higher level than comparable Local Authorities. The appointment of independent conference chairs provides greater scrutiny of outcomes.

4. Deprivation of Liberty Standards [DoLs]

One of the principles of the Mental Capacity Act (MCA) is that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do this in the person's best interests.

The Deprivation of Liberty procedure aims to 'safeguard' the liberty of the incapacitate individual by ensuring that a rigorous and transparent procedure is followed prior to any deprivation of liberty. The aim is to ensure that those caring for, or involved with, incapacitate individuals are able to engage with decision-making involving questions about their liberty. DoLs is also aimed at ensuring that such decision-making is conducted carefully, and is subject to independent scrutiny.

Decision making on whether someone without capacity is moved into or out of home, care or hospital will generally have to demonstrate that best interests have been determined.

In care homes assessments have remained constant for 2011/12 compared with 2010/11, at 58 and 57 respectively. Of these the proportion authorised has declined from 34 to 28. In the health sector there has been an increase in number of assessments from 46 in preceding year to 61 in 2011/12. The number authorised has remained constant at 35, 1 more than in 2010/11. A greater proportion of cases are not being authorised.

When reassessments and reviews are included this year has seen a 25% increase in DoLs activity, across care homes and health settings combined, up from 175 to 235

There is a continued emphasis on making sure that where a Deprivation of Liberty Assessment is appropriate that this is recognised and actioned by practioners across the Partnership

5. Managing risk and collaborative working

5.1 Vulnerable Adults Risk Management Model [VARMM]

Practioners across the safeguarding partnership operate this model of working with adults who have capacity and actively self-neglect and/or decline services and support. The model facilitates an effective multi agency approach to managing risks associated with the behaviour of these individuals. It enables risk to be identified, accurately quantified and appropriately escalated, as well as delivering practical solutions tailored to an individual. Although successful there is evidence the model is under used. Currently only 25-30 VARMM cases are identified annually. To address this we are establishing a central register of VARMM cases to track activity and monitor progress. Where there is evidence of underuse we will address this directly with practioners through case studies, directed learning events and training.

5.2 Vulnerable Adults Panel

This is now established and running effectively**.** The Panel is jointly chaired by the Service Heads of Community Safety and Safeguarding and meets quarterly. The remit is to bring about practical collaboration between agencies to co-ordinate intervention for individuals at risk. Members include Health, Police, Social Care and Housing. The Panel is has developed a performance evaluation framework. This includes an assessment of cost savings as many of the cases considered by the panel consume significant level of resource often across agency boundaries.

5.3 Safe in Sheffield Scheme

Although this scheme initially focuses on adults with learning disabilities it is planned to extend it, subject to funding, to cover older adults with brain injuries cognitive and / or mental health issues. The scheme has been well received by those at risk and the number of agencies across all sectors signing up to the scheme has been excellent.

6. Awareness Raising Training and Development

The Safeguarding Adults Office delivers a core programme of multi- agency training. Developments in the year included new partnerships with Colleges and Universities, and training for GP's and their practice staff. The Safeguarding Partnership jointly developed and delivered Training for Trainers programme delivered into independent, private and voluntary sectors. This enables agencies to be more self-sufficient in identifying and meeting their training needs.

7. Current Priorities

The Safeguarding Adults Partnership Board has agreed the following priorities:

- Continue our relationship building with GPs, including the lead Adult Safeguarding GP and shadow Clinical Commissioning Group.
- Develop the Safeguarding Adults Board Policy and Practice in relation to financial abuse.
- Develop a Quality Assurance Programme across SASP to include standards, dignity and harm reduction, and links to the Quality Care in Care Homes Board.
- Develop a personalised outcome based approach to Safeguarding, including obtaining views on whether risk has reduced, to be integrated into the safeguarding pathway.
- Consider the under reporting areas, including Police, Criminal Justice and diversity characteristics, and develop best practice responses to the gaps following an assessment.
- Continue the service improvement in relation to transitions (progressions) for young people and Safeguarding and Mental Capacity Act

8. Recommendation

The Committee is asked to review the work undertaken under Adult Safeguarding as set out in the Annual Report for 2011/2012 and note the current priorities for action.

Appendix 1

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
- The relevant 'Council officer with Social Services responsibilities'
- The 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 whether abuse had taken place on the balance of probability. 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 Bournewood 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 currently the responsible body (Supervisory Body) for assessments in Care Homes and the PCT are the responsible body (Supervisory Body) for assessments in Hospitals.

Appendix 3
Safeguarding Adults structure