

HEALTH AND WELLBEING BOARD

30 JUNE 2015

SAFEGUARDING VULNERABLE ADULTS ANNUAL REPORT

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Summary

This report summarises Medway Council's response to the new duties and requirements under the Care Act (2014) and our adult safeguarding activities for the period 2014/2015. During 2014/15, Medway had 604 adult safeguarding alerts which led to 244 safeguarding referrals, those concerns that led to a safeguarding enquiry. This represents a decrease of 17% from 2013/14. Whilst the figures reported identify a decrease this is primarily attributable to a change in reporting processes, rather than a reduction in safeguarding activity. The Kent & Medway Safeguarding Adults Board (SAB) is currently approving a 3-year strategy (2015-2017), which reflects the findings of the anticipated annual report due out in September and the requirements of the Care Act (2014) with a view to improving outcomes for those subject to a safeguarding enquiry. Medway Council is considering the establishment of the Medway Safeguarding Adult Board to strengthen its strategic forms for this criteria function in Medway.

1. Budget and Policy Framework

1.1 Safeguarding encompasses the following core elements:-

- Prevention of harm and abuse through provision of high quality care and services;
- Effective responses to allegations of harm and abuse, responses that are in line with local multi agency procedures;
- Use of the least restrictive options and compliance with the Human Rights Act (HRA) and the Mental Capacity Act (MCA) and
- Using learning to improve service to service users and patients.

1.2 Within health services, lessons from inquiries such as Mid Staffordshire NHS Foundation Trust have highlighted the need to make safeguarding integral to care. Prosecutions by the courts, enforcement measures by regulators and adverse media attention, all demonstrate the high cost to services, staff and patients, where there are failures in safeguarding patients.

1.3 The following safeguarding principles have been agreed by the Government within the Care Act (2014) as a foundation to achieving good outcomes for service users:-

- Principle 1 – Empowerment - Presumption of person led decisions and consent
- Principle 2 – Protection - Support and representation for those in greatest need
- Principle 3 – Prevention - Prevention of neglect, harm and abuse is a primary objective
- Principle 4 – Proportionality - Proportionate and least intrusive response to the risk presented
- Principle 5 – Partnerships - Local solutions through services working with their communities
- Principle 6 – Accountability - Accountability and transparency in delivering safeguarding

2. Care Act (2014) and Adult Safeguarding

2.1 Since 2000 and the publication of “No Secrets” the local authority has been required to take a leading coordination role with all relevant organisations on safeguarding adults in its area. The Care Act now places this in primary legislation for the first time. The Care Act sets out a clear legal framework for how local authorities and other parts of the care system should protect adults at risk of abuse or neglect.

2.2 The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

2.3 Adult safeguarding is not a substitute for:

- providers’ responsibilities to provide safe and high quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- the core duties of the police to prevent and detect crime and protect life and property.

2.4 Under the terms of the Care Act 2014, each local authority must set up a Safeguarding Adults Board, with core membership from the local authority, the Police and the NHS (specifically the Local Commissioning Group/s). The SAB has a strategic role, which is comprised of three core duties:

- 1) Must publish a strategic plan for each financial year setting out how it will meet its main objective. In developing the plan it must involve the community and it must consult the local Healthwatch Organisation;
- 2) Must publish an annual report detailing the activities of the SAB and
- 3) Must decide when a safeguarding adults review (SAR) is necessary, arrange for its conduct and if it so decides, implement the findings. SARs replace serious case reviews. The SARs are about learning lessons for the future.

They will make sure SABs get the full picture of what went wrong, so that all organisations involved can improve as a result.

- 2.5 The Local Authority remains the lead agency with responsibility for coordinating adult safeguarding arrangements, but all the members of the SAB should designate a lead officer. The SAB is a multi-agency group. Local SABs decide how they operate but they must ensure that their arrangements will be able to deliver the duties and functions under Schedule 2 of the Act.
- 2.6 The Local Authority which establishes the SAB must ensure that the members of the SAB, collectively, have sufficient skills and experience to perform their role.
- 2.7 The Local Authority should consider appointing an Independent Chair to the SAB, but this is not a requirement.
- 2.8 There is a new duty on relevant organisations to supply information to SABs on request (section 45). The Act is clear that if a SAB requests information from an organisation or individual who is likely to have information which is relevant to the SAB's functions, they must share what they know with the SAB.
- 2.9 The Local Authority has to arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or safeguarding adult review where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them.
- 2.10 The Overview & Scrutiny Committee and Health & Wellbeing Board must have sight of the SAB's strategy and annual reports and have an understanding in how to interpret and challenge them.
- 2.11 All council departments must make their staff aware of adult abuse and neglect, and where and how to report any concerns that they have.
- 2.12 Councillors should also be aware of their corporate role in preventing and reporting abuse. In April 2015, the LGA published a ['Must Know' guide](#) for Councillors and leaders which supports their understanding of their statutory and community leader responsibility for adult safeguarding, and helps to develop a good relationship with the chairs of the safeguarding adults and children's safeguarding boards.
- 2.13 The Director of Public Health must ensure that their service is working within a safeguarding context to prevent abuse.
- 2.14 The current arrangements are for a Safeguarding Board covering Kent and Medway known as the Kent and Medway Safeguarding Adults Board (KMSAB). The current Chair is Andrew Ireland, Corporate Director, Social Care, Health and Wellbeing Directorate, Kent County Council and the Co-Chair is Ian Sutherland, Deputy Director Children and Adults Directorate, Medway Council.

3. Kent and Medway SAB's Actions to Implement The Care Act Safeguarding Requirements

The following actions have been identified by the Kent and Medway Safeguarding Adults Board to implement:-

- The Kent and Medway SAB's joint strategy and annual plan is currently being written in liaison with Healthwatch and will be ready for publication in July 2015;
- The Kent and Medway SAB have revised and are extending its membership in line with the Care Act recommendations by including additional representation from local Healthwatch, Housing Providers, Children Safeguarding Boards, Designated Nurses from all Clinical Commissioning Groups (CCGs); NHS England; Advocacy providers, Care Quality Commission and Crown Prosecution Services/Witness Care Unit (Kent Police);
- in June 2015, the SAB have agreed to fund an Independent Chair for three years
- The Kent and Medway SAB Annual Report is currently being edited and will be published in September 2015;
- The [Multiagency Policy, Protocols and Guidance](#) have been completely revised to give staff clear guidelines on Section 42 enquiries. These were published in March 2015;
- The Kent & Medway SAB have revised and published their associated multiagency policies: Self Neglect Policy and the Joint Police, Social Services and Health Protocol for dealing with cases of domestic abuse where adults at risk are involved.
- The revised [Safeguarding Adult Review \(SAR\) procedures](#) have already been agreed by the Board in December 2014;
- Advocacy provision has been reviewed and is now provided in supporting people who 'have substantial difficulties' in engaging in the Section 42 process and those requiring support during a SAR;
- Work is progressing on the revision of the current multiagency self assessment framework and associated Dashboard to align it with the [Adult Safeguarding Improvement Tool](#).

This improvement tool is based on the Adult Safeguarding Standards and was refreshed in March 2015. It has been developed in partnership by:

- Association of Chief Police Officers (ACPO)
- Association of Directors of Adult Social Services (ADASS)
- Local Government Association (LGA)
- NHS Confederation
- NHS Clinical Commissioners.

The tool has been developed by the sector, with key areas of focus that have been used in numerous peer reviews and challenges and as a means of self-assessment. The characteristics of a well-performing and ambitious partnership are described within the tool, particularly in relation to the three key partners in safeguarding adults: the council, NHS and Police, and

4. Making Safeguarding Personal in Medway

- 4.1 The [Making Safeguarding Personal \(MSP\) program](#), led by ADASS and LGA, with funding from the Department of Health, has gained widespread momentum. It follows the principle of 'no decision about me without me' and means that the adult, their families and carers are working together with agencies to find the right solutions to keep people safe and support them in making informed choices.
- 4.2 Medway Council signed up to the programme in 2014 and is currently focusing on three areas with the project are being led by the Principal Officer for Safeguarding Adults:
- 1) providing information and laying out our commitments to people during an enquiry through the coproduction with service users and multiagency partners of a service user leaflet entitled 'Safeguarding and You', which will be published in August 2015;
 - 2) the development of processes to gather customer satisfaction and outcome measures following the closure of an adult safeguarding enquiry. We will incorporate our learning from our experience in 2014 when we participated in the Health and Social Care Information Centre's (HSCIC) Adult Safeguarding Survey pilot. The HSCIC proposed that there should be a national outcomes measure to be included in the Adult Social Care Outcomes Framework (ASCOF). The proposed definition of this measure is: The number of concluded referrals in a 12 month period where the individual reports 'I feel safer as a result of the safeguarding investigation' and
 - 3) a training and development programme that improves practitioners recording of the person's desired and realised outcomes, as a result of the safeguarding enquiry.

5. Medway Council's Safeguarding Activity – 2014/15

- 5.1 The following analysis is a brief summary of the activity of safeguarding alerts and referrals occurring in the period 2014/15. Full details of the activity will be published in the Kent & Medway Safeguarding Adults Board Report (2014/15) which will be due to be published in September 2015.
- 5.2 During 2014/15, Medway had 604 adult safeguarding alerts, which progressed to 244 number of safeguarding enquiries (referrals).
- 5.3 In 2013/14, when a safeguarding alert met the criteria for a safeguarding investigation these were recorded and counted as a 'safeguarding referral'. However, there was no recording mechanism for the numbers of alerts that did not meet the criteria for a referral. The ASCOF's Safeguarding Adult Return did not mandate us to record alerts and subsequently those cases then went onto to further investigation (referrals) were only submitted.
- 5.4 In 2014/15, with the introduction of Frameworki, every safeguarding concern notified to us is raised on the system as a safeguarding alert, hence why the number of alerts appears to be high this year but the number of safeguarding referrals, those that have progressed to a safeguarding enquiry, has decreased as a result.

However, due to the method and criteria for recording these are not comparative figures as with last year.

- 5.5 The majority of referrals have a primary category of physical disability including older people (35%) followed by people with a learning disability (15%). 13% of people required mental health support and 10% required support with memory or cognition.
- 5.6 The main categories of abuse recorded were neglect or omission of care (27%), physical abuse (24%), financial abuse (21%) and emotional abuse (18%).
- 5.7 The main location of alleged abuse and neglect was in peoples own home (41%), in a care home (38%) or in hospital (6.5%).
- 5.8 Following the safeguarding enquiry the risk was either removed or reduced in 60% and 24% of cases respectively.

6. Next Areas for Development

- 6.1 In light of the strengthened statutory footing in relation to adult safeguarding in the Care Act (2014), the Portfolio Holder for Health and Adults, Councillor Brake, and the Director of Children and Adults Services, Ms Barbara Peacock, have asked that a review is undertaken to consider whether Medway Council should now move to establish a “stand alone” Safeguarding Adults Board.
- 6.2 There could be significant benefits in establishing a SAB for Medway in terms of a clearer focus on the specific safeguarding needs of vulnerable adults in our area. There is also the potential benefit of closer collaboration with the Medway Safeguarding Children’s Board on shared areas of activity around areas such as domestic violence. As with the Children’s safeguarding arrangements, there would be close collaboration with KCC and the other statutory agencies so that there is a commonly agreed set of operational policies and procedures.
- 6.3 In order to establish a Safeguarding Adults Board for Medway it would be essential to achieve agreement with the statutory agencies which make a financial contribution to the funding of the Kent and Medway SAB, to transfer a proportionate financial resource to a new SAB for Medway. These are primarily police, probation, health, and fire and rescue services. Equally important would be their commitment to actively support a Medway Safeguarding Adult Board through the engagement of key staff.
- 6.4 Work has now commenced to establish an options appraisal and outline business case for the establishment of a Medway Safeguarding Adults Board.

7. Financial and legal implications

- 7.1 In June 2015, the SAB agreed a proportionate increase in partner’s financial contributions and as a result Medway Council’s financial contribution to the SAB for 2015/16 has been increased from £12,440 to £14,858.

7.2 The NHS Kent contribution of £64,456 is to be split between the eight Clinical Commissioning Groups and the six Acute and Community Health Trusts, across Kent and Medway.

8. Risk Management

8.1 There are no substantial risks associated with this report at this time.

9. Recommendations

9.1 The Board is asked to note contents of this report

9.2 The Board is asked to comment on the proposal to establish a Medway safeguarding adults board

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Background papers

None

Appendices

None