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### Foreword from Lesley Jeavons, Chair, County Durham Safeguarding Adults Board

It has been an interesting and eventful year in terms of safeguarding and I've taken great pleasure in continuing in my role as chair of the Multi Agency Safeguarding Board.

We have continued to see the safeguarding function strengthen across all agencies; this includes the raising of the profile of vulnerable people and the familiarity of safeguarding processes and procedures for staff working within the sector. The Dignity in Care initiative has been a real highlight for us and evidences our commitment to commissioning and providing high quality services.

I am pleased to report that performance has improved in a number of key areas. This is despite safeguarding referrals increasing by 49% for the third year running. Whilst such activity indicates that vulnerability is becoming a concern of wider communities the resultant effect on capacity for agencies to manage the increased volume of work poses challenges for the partnership. This is very relevant given the current financial climate which will see significant reductions in public expenditure in the short and medium term.

A challenge for the partnership will be to effectively manage increasing demand associated with safeguarding with fewer resources. Already, structural changes are being made within the Council to better support the vulnerability agenda and to provide alternative resources for front line staff.

A key activity for us will be to continually review how we perform and to learn lessons from good practice and case reviews where concerns have been identified.

I look forward to another year of improved safeguarding activity and as Chair of the Board I will continue to encourage the partnership to promote and achieve best practice within their organisations.

Lesley Jeavons, Head of Adult Social Care

# Introduction

This annual report covers the key achievements and developments that have taken place during 2009/10

The Safeguarding Adults Board has fully embraced the principles of the 'No Secrets' guidance and the ADSS standards to produce a robust response to protecting 'adults at risk'. The Board has continued to be represented by senior members of the partner organisations and has looked to expanding its membership in the voluntary and independent sectors. The four subgroups are now well established and make a valuable contribution to safeguarding in County Durham. The main aims of the board are:-

- To safeguard and promote the welfare of Adults as risk in County Durham through inter-agency collaboration.
- To co-ordinate the safeguarding activity undertaken by each organisation represented on the board.
- To ensure the effectiveness of what is done by each organisation for that purpose.
- To promote public confidence in safeguarding systems within County Durham and ensuring human rights are balanced with protecting the public from harm.
- To understand the nature of adult abuse and foster strategies that reduce incidence and effect.
- To give strategic direction to partner agencies and organisations across County Durham in relation to safeguarding activity.

(SAB Terms of Reference)

An indication of how the profile of adult safeguarding has risen in County Durham can be demonstrated by the 49 % rise in referrals of suspected abuse during the period 2009/10 which can be directly correlated to the increased provision of multi agency safeguarding training provided by the Board.

The increased demands and how the profile of adult aafeguarding has grown, has lead to the introduction of a Senior Development Officer to support the development of policies and practices, serious case reviews and the processes of the safeguarding adult arrangements. In addition to this the Safeguarding and Practice Development Team, which received a Service Improvement Award in early 2010, saw the introduction of an Occupational Therapist to the team to address issues regarding manual handling, restraint, activities and equipment provision.

### Strategic Overview of Safeguarding Adults Activity

The 'No Secrets' guidance directed that all responsible agencies should work together within a coherent policy with a view to providing a consistent response to incidence that give rise to concerns, formal complaints or expressions of anxiety. There should be a single formal process for alerts, referrals, strategy meetings, investigations and case conferences that should be followed for all types of incidents and all types of harm. This has been embraced in County Durham where there are well developed safeguarding adults policies and procedures, which as part of the regular review process, were updated in January 2010 and now include new, more coordinated reporting procedures for social care direct and the reporting procedures for the Independent Safeguarding Authority.

The levels of multi-agency, classroom based training has increased considerably over the last year with an increased focus on awareness training to the voluntary and independent sector. In addition, there has been a roll out of distance learning packages, in the form of e-learning, workbook and CD ROM formats which have proved very popular with all types of care providers. Two further training packages have been rolled out during the past year 'Investigative Training' and 'Managing the Process' both of which have been well received.

In January 2010 the safeguarding adults website went live and has proved to be a good source of Safeguarding information for both professionals and members of the public. From it's inception in January 2010 to the end for the financial year the site was visited 1,288 times.

It is recognised that at both a local and national level that more bespoke arrangements need to be put in place to deal with specific problems such as sex offenders and domestic abuse. The MAPPA process has been well developed for a number of years and the Potentially Dangerous Person protocol is now becoming more established throughout the County. The MARAC arrangements that were set up in the Easington area in 2008 have been rolled out across the south of the County and will be in place in North West Durham from July 2010.

# Safeguarding Adults in County Durham

Durham County Council has responded to the government's challenge of delivering personalised services - the main thrust of the Putting People First concordat of 2007 - by changing the way Adults, Wellbeing & Health assess and meet the needs of those members of society who are vulnerable and in need of social care support within their community. An extensive amount of preparatory work, regarding the systems and processes that needed to be put in place, has been carried out prior to the introduction of Self Directed Support across adult services on 6<sup>th</sup> April 2010. We have developed a Self Directed Support Questionnaire for all service users to use in order to identify their own level of need at the point of assessment, which is then ratified by a social worker or care co-ordinator. A Resource Allocation System which will calculate the amount of Personal Budget will be made available to each service user living in the community. Service users also have the opportunity to develop their own Care & Support Plan: determine what services they feel will meet their agreed outcomes; and choose how their Personal Budget is managed. New procedures have been introduced within care management and working practices within social work and care co-ordination are changing as a result. Durham County Council now offers a variety of options to its service users to help them take more responsibility for managing their Personal Budget – including Direct Payments; Virtual Budgets; and Individual Service Fund. Service users choosing to take their Personal Budget via a Direct Payment have the greatest control over managing their own resources and care and support arrangements. The implications of increasing numbers of Direct Payments to service users upon safeguarding adults activity are recognised and continue to be explored.

Increased awareness-raising has commenced with Vulnerability Unit staff within Durham Constabulary, and further exploration of these issues within the Safeguarding Adults Boards is planned.

Further learning and development is planned for social care staff to improve and develop practice within risk management – particularly where service users choose more risky service provisions/ activities.

The Dignity in Care Action Plan was agreed by Adult Care Management Team in March 2010. The action plan outlines: raising awareness of dignity in care with Adults Wellbeing and Health staff; raising awareness of dignity in care in care homes; improving outcomes in adult care; maintaining person centred approaches and promotion of dignity in care management and care co-ordination. The Dignity Newsletter began in July 2009 and is published quarterly. The newsletter is available on the safeguarding adults website and the Durham Employers Care and Health Alliance (DECHA) website.

The Dignity in Care Conference took place in March 2010 as a good practice event for staff from Adults Wellbeing and Health. The conference was attended by over one hundred staff. At the end of March staff were encouraged to register with the DH Care Network as Dignity Champions. Staff who registered as Dignity Champions have since been included on a network of Dignity Champions in Durham.

#### **Deprivation of Liberty**

Deprivation of Liberty Safeguards came into effect on 1<sup>st</sup> of April 2009. This is a measure to protect the human rights of vulnerable adults either living in care homes or in hospital. This has expanded the protection given to people under the Mental Capacity Act 2005 which ensures that people are supported in making their own decisions wherever possible and where they lack the ability to do so, any decisions made must be in their best interests.

Adults Wellbeing and Health has worked pro-actively with independent care-providers to raise awareness of the principles and to understand the procedures. Ninety three applications were made, from April 09 to March 10, to protect adults using these regulations by ensuring that where care is very restricted, amounting to a deprivation of liberty, this is only approved when it is necessary and there is no less restrictive alternative which would prevent the person suffering from serious harm. Independent Mental Capacity Advocates have been instructed in 20 cases, over the same period, which has provided an additional level of support for service users and ensured their own wishes, views and feelings have been considered.

The Deprivation of Liberty team has good links with the safeguarding team and share information about standards and any potential concerns in care homes. This results in raising standards across the sector.

## National Developments

### The review of 'No Secrets'

July 2009 saw the publication of the Report on the Consultation on the Review of "No Secrets". The consultation process involved 12,000 participants, 3,000 of which were members of the public, many of whom were service users or their carers, as well as numerous professionals who work in the safeguarding adults arena. It involved four government departments: the Department of Health, the Home Office, the Ministry of Justice and the Attorney General's Office and there were a number of issues uncovered by the consultation. There were four Key Messages from those who were potential service users. Namely:-

- Safeguarding requires empowerment / the 'victim's' voice needs to be heard.
- Empowerment is everybody's business, but safeguarding decisions are not.
- Safeguarding adults is not like Child Protection.
- The participation/representation of people who lack capacity is also important. There was considerable support for the introduction of legislation in a general sense and in particular to place adult safeguarding on a statutory footing and to introduce a duty to cooperate on safeguarding issues. It was felt that legislation was needed to encourage the main partner agencies of social care, NHS and the Police Service to work more efficiently and give a higher priority to adult Safeguarding work. It was also felt that the creation of a Safeguarding Adults Board would help ensure adequate funding and consistence of delivery.

#### Law Commission consultation paper

The law Commission has a statutory obligation to review the law from time to time in order to ensure that it is up to date and fit for purpose. There is currently a review taking place into the law relating to Adult Social Care, the aim of which is to 'achieve a coherent, effective and modern legal framework for adult social care. Our preliminary view is that this would be best achieved by consolidating and reforming the existing provisions in adult social care law into a unified adult social care statute'

They are proposing a three tier structure of Primary Legislation, Statutory Instruments and guidance which may be in the form of a statutory 'Code of Practice' for Adult Social Care.

Within the proposals for safeguarding there is a focus on 'Adults at Risk' and work from the predisposition that an adult at risk 'should be based on a person's social care needs, rather than having eligible needs, being in receipt of services or diagnosed with a particular condition or disability. They suggest that an adult at risk should be defined as 'anyone with social care needs who is, or may be, at risk of significant harm'.

The proposals for safeguarding would place a statutory duty on all local authorities to create Adult Safeguarding Boards specifying the functions and the membership of the board and putting arrangements in place for information sharing and conducting Serious Case reviews.

# The Safeguarding Adults Board and Sub Group Objectives

The Safeguarding Adults Board has the following key objectives:

- To establish and maintain an effective, accountable County-wide Safeguarding Adults Board.
- To establish robust governance and accountability arrangements.
- To make strategic decisions concerning the development of key processes and systems.
- To create a sub group structure to support the Board's activity and agree resources and sub groups.
- To agree business planning and reporting mechanisms.

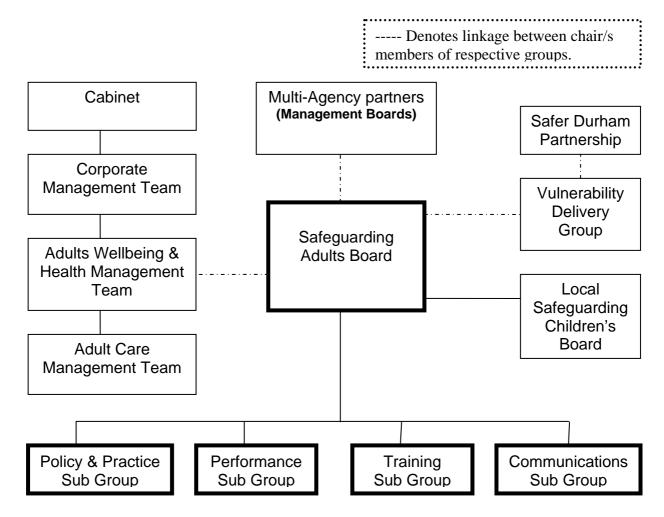
The Board is made up of senior representatives from the following Agencies:

Durham County Council, Adults, Wellbeing & Health Durham County Council, Children & Young People's Services County Durham and Darlington Community Health services NHS County Durham and Darlington Tees, Esk & Wear Valley Foundation NHS Trust County Durham & Darlington NHS Foundation Trust Durham Constabulary Prison Service National Probation Service Care Quality Commission Age Concern Victim Support

The four Sub Groups of the Safeguarding Adults Board meet 4 times per year. They carry out much of the development work on behalf of the Board and aim to achieve the following key objectives:-

- 1. **Performance -** Regular reviews of performance volume, trends and compliance to prioritise preventative work and inform practice learning and resource allocation.
- 2. **Policy and Practice -** Improvements to quality of Lead Officer recording focused on compliance to procedures, effective decision making and risk management, user centred and proportionate intervention.
- 3. Training Increase training audience to include service users and local colleges.
- 4. **Communications -** Establish methods of engaging public views about our 'safeguarding service'.

### **Reporting and Interface Arrangements**



The Board and its Sub Groups have undertaken a significant amount of work in the past year with progress being made across all functional areas.

### Working with the Local Safeguarding Children Board (LSCB)

There has continued to be strong links and opportunities for learning between the Safeguarding Adults Board and the LSCB. The chair of the SAB represents the Board at the LSCB board meeting and vice versa. Regular meetings and joint working continues between adult and children's services. The key achievements over the last year have focused on the redevelopment of Social Care Direct and the publication of the Working Together Protocol.

### Links to the Vulnerability Thematic Group

The Vulnerability Group is a thematic sub group of the Safe Durham Partnership. The group meets on a bi-monthly basis and is chaired by the Chair of the Safeguarding Adults Board. The remit of the group is to consider safeguarding issues, in the broadest terms, for those more vulnerable to serious harm, crime, disorder and anti social behaviour. Examples of areas of work strategy development include potentially dangerous persons, fire death, sexual violence, hate crime and seriously vulnerable individuals.

#### Key Milestones Achieved: April 2009 – March 2010

The following represents the key milestones achieved by the Board's thematic sub groups:

#### Performance

- Apr 09 Safeguarding adults performance monitoring embedded into general performance management processes.
- Procedures developed to ensure appropriate interface between an Jan 10 unauthorised Deprivation of Liberty and safeguarding adults procedures.
- Jan 10 Improved performance response times from referral to strategy (5 days) & completion of investigation (28 days).
- Performance monitoring and collection systems modified to respond to Mar 10 changing requirements.
- Mar 10 Quarterly Performance Reports and target key areas for improvement and development produced.

#### **Policy and Practice**

April 09	Commissioning Strategies now refer to safeguarding and its importance in the delivery of quality services.
Apr 09	Provider responsibilities that are consistent with safeguarding procedures incorporated into service level contracts.
Jun 09	Review completed and Working Together Protocol updated.
Jul 09	Seriously Vulnerable Persons Protocol, Potentially Dangerous Persons Protocol and Honour Based Violence Policy developed and operational.
Sept 09	Actions implemented in respect of safeguarding audit.
Sept 09	Action plan completed in respect of the key learning to emerge from the Baby P joint review where parallel issues existed for adult safeguarding in Durham.
Dec 09	Second audit of safeguarding records actioned to ensure compliance with policies and procedures and the quality of recording.
Jan 10	Policy and Procedural guidance reviewed.
Mar 10	Preparation continues for forthcoming CQC inspection by learning from inspection reports concerning other Local Authorities.

- Mar 10 Multi-agency action plan developed in respect of the CSCI document 'Rights, Risk and Restraint'.
- Mar 10 Operational capacity associated with the increasing volume of safeguarding adults cases reviewed.

### Training

- Apr 09 Implementation of new administrative systems to support the multiagency training programme.
- Jul 09 Levels 1 and 2 safeguarding adults training to the widest possible audience delivered.
- Jul 09 Voluntary and independent sector targeted and provision of training to this staff group increased.
- Jan 10 Managing the Process training (level 4) to safeguarding lead officers delivered.
- Feb 10 Investigation training (level 3) developed in conjunction with Durham Constabulary.
- Mar 10 Promotional material/activities in respect of safeguarding adults training developed.
- Mar 10 Further training developments explored in line with emerging needs.

#### Communications

- Aug 09 Safeguarding briefing note system implemented to provide regular feedback to lead officers practitioners on practice requirements linked to key developments and learning from experience.
- Nov 09 'Dignity' a new quarterly newsletter aimed at health and social care professionals promoting good practice in respect of safeguarding and Dignity in Care launched.
- Dec 09 New Safeguarding Adults Board logo developed and adopted by partnership.
- Jan 10 Safeguarding Adults Board website launched.
- Jan 10 'Safeguarding Brand' developed so extending the imagery used in new literature.
- Mar 10 Communication methods with service users developed to ensure their perspective is heard and considered.

# Key Actions: April 2010 - March 2011

The following provides a summary of the key actions planned for development in 2010/11. These actions reflect the core business of the Safeguarding Adults Boards thematic Sub Groups previously described on page 7. The Board provides governance in overseeing the progress of the subgroups and in making key decisions and providing strategic direction. Our business plan describes these key actions in more detail. A copy of this plan can be made available on request by contacting the Safeguarding and Practice Development Manager. Please see contact details at the back of this document.

### Performance

- Modify performance framework in response to changing requirements
- Improve performance and practice in respect of completing investigations within timescales
- Establish methods of determining user satisfaction
- Action Plan to implement key recommendations from annual case file audit
- User of performance information from partner agencies such as the Police
- Regular review of performance volume, trends and compliance
- Use of data to prioritise preventative work with care home providers
- Continue to use trend information to inform practice learning and resource allocation

### **Policy and Practice**

- Prepare for forthcoming CQC inspection by learning from practice
- Annual review of Policy and Procedures (incorporating any lessons learned from investigations)
- Continue to review capacity associated with the increasing volume and improving practice/ recording standards
- Incorporate effective safeguarding measures in the development of self directed care and individual budgets
- Improvements to quality of Lead Officer recording focused on compliance to procedures, effective decision making and risk management, user centred and proportionate intervention
- Improvements to case worker interventions linked to assessment and protection planning
- Develop contracts with the voluntary sector to provide better support to victims of abuse
- Develop inter-agency agreement in respect of interface arrangements between safeguarding adults procedures and management reviews following death and serious injury to an 'adult at risk'
- Strategic planning on how newly acquired resources should be deployed to assist front line staff
- Review administrative and procedural processes in relation to Executive Planning Meetings.

# Training

- Continue significant increase in training role out to IVS providers
- Increase training audience to include service users and local colleges.
- Consider training for administrative staff on recording / minuting of Executive Planning Meetings.
- Web based learning materials to be developed on how to keep safe and how to make a complaint about abuse. This is to include specific material for those receiving self directed support
- Establish additional investment to a dedicated training budget
- Revise and market e-learning (level 1) to compliment classroom sessions and increase license to include all Safeguarding Adults Board partners
- Market newly developed alerter workbook
- Develop bespoke workshop style sessions to focus on key areas such as financial protection, self directed support and criminal law
- Explore development of an accreditation service to approve and monitor training delivered by IVS
- Continue the delivery of training as identified in the training plan and monitor the uptake
- All training session plans are updated to evidence where equality and diversity issues are integrated into courses
- Review of National Occupational Standards in training strategy to ensure that these are being met for all target audiences in training

# **Communication and Engagement**

- Develop communication methods to engage the service user perspective
- Consider additional investment to a dedicated communications budget
- Review and improve access to site from learning following go live date
- Develop an easy read public leaflet to engage LD and other groups
- Develop literature to inform victims and their supporters what to expect from the safeguarding/strategy process
- Enhance remit of the group to become focused on 'communication and engagement'

#### Perspectives of Key Partners

The following represents a brief summary of the developments that have taken place within the key safeguarding adults partnership organisations.

#### Durham County Council, Adults, Wellbeing and Health -

There have been a number of developments over the preceding year that has enhanced the services provided to vulnerable persons within County Durham. A Seriously Vulnerable Individual's policy has been introduced to deal with cases where vulnerable adults who are currently not open cases and who do not want, or are deemed not to require an assessment of need, but who are at risk of serious or significant harm, often because of their behaviour or lifestyle choices. There has been a greater focus on providing alerter and managing the alert training to the voluntary and independent sector, with a significant increase in that provision which in some part is responsible for the continued rise in the referral rate. A considerable amount of preparatory work was undertaken in preparation for the introduction of Self Directed support in April 2010. A resource allocation system was developed to calculate the amount of personal budget that would be allocated to each service user. There are now several options available to service users who wish to manage their own budgets and they now have the opportunity to develop their own care and support plan.

During the course of 2009 the Deprivation of Liberty Safeguards came into effect and a Deprivation of Liberty team was put into place to assist its introduction. The team worked closely with the Safeguarding team with a view to raising standards and addressing potential problems in care homes.

There has been a reconfiguration of Social Care Direct which has resulted in the creation of a dedicated team of staff to take adult safeguarding referrals and ensure that they are given the most appropriate response. This has provided a more timely and efficient service for anyone, whether it be a member of the public or a professional, wishing to report suspected abuse.

A multi agency information sharing group involving Adults Wellbeing and Health, the Care Quality Commission and NHS County Durham and Darlington is now well established and meets regularly to share information in respect of safeguarding and general practice standards in respect of care providers.

#### **Durham Constabulary**

Durham Constabulary has seen a number of changes over the last financial year such as the introduction of a new integrated IT system (SLUETH), with a specific Protecting Vulnerable Persons (PVP) Module that is focused on recording and managing cases involving vulnerable adults such as adults at risk. There has been a continuation of the professional development program for specialist vulnerability officers which includes the use of focus days where specific guest speakers talk on subjects relevant to the role. There has been a reorganisation of the Headquarters Investigation Team, which has seen the introduction of an additional Detective Inspector who will have responsibility for the computer crime unit, line management for the Public Protection Unit (PPU) staff and will provide some resilience for the

Detective Chief Inspector role. The creation of the new Safeguarding Team (DC and Sleuth Administrator) will play a vital role in the new Disclosure Scheme. They will work closely with the Force Disclosure Unit and will carry out the home visits and liaison with partner agencies/PPU. As from the 20<sup>th</sup> July 2010 the whole of County Durham will be covered by MARAC arrangements when the first meeting cover North West Durham takes place at Chester-le-Street Civic Centre

#### Tees, Esk & Wear Valley Foundation NHS

Tees, Esk and Wear Valleys NHS Foundation Trust is committed to driving forward and working in partnership with Durham, as the Trust recognises it has a key role as a partner agency in delivering the national safeguarding agenda. This has been demonstrated by ongoing Senior Nurse Representation from Tees, Esk and Wear Valley NHS Foundation Trust at both the Safeguarding Adults Board and Sub groups to deliver on key performance indicators and priorities to meet national and local targets.

Internally we have strengthened the safeguarding process by reviewing the safeguarding adults protocol to reflect the roles and responsibilities of staff and have agreed through the workforce development for alerter / level 1 training to become mandatory for all staff providing clinical care.

We have strengthened the links between existing work streams within the trust to ensure we adopt a zero tolerance to abuse. This has been achieved through training key staff within the patient experience services such as the PALS and Complaints Team, and involvement in the SUI / RCA process when abuse has contributed to the SUI.

Training provided to key personnel within the HR team has improved the recognition of abuse within the disciplinary / grievance process and systems have been arranged to ensure no cases slip through the net. The recognition of abuse is key to learning lessons to ensure all patients are safe from harm.

Further work is required to enhance arrangements to ensure that adult safeguarding becomes fully integrated into NHS systems as sited within the DOH Clinical Governance and Adult Safeguarding 'An Integrated Process' February 2010.

### **County Durham & Darlington Foundation Trust**

The Trust has a Safeguarding Adults Committee that looks at incidents relating to adult protection, seeks assurance that policies and protocols are being followed, monitors training requirements and achievement, and follow up action plans arising from incidents to ensure learning across the Trust.

The Deputy Director of Nursing is the Trust lead with a lead physician designated and a matron leading for each acute site. The vulnerable adult policy has been reviewed and revised during the year to ensure it takes account of guidance and learning. safeguarding adults updates continue to be provided on mandatory training sessions for all staff, an e-learning package has been purchased and Training and Development deliver multi-agency training through the lifelong learning portfolio

#### **County Durham and Darlington Community Health Service**

In response to the developing safeguarding agenda, a dedicated Safeguarding Lead was appointed in October 2009. Their role is to work alongside all of the agencies committed to keeping patients at risk safe from harm and abuse. The lead for safeguarding offers highly specialised advice and guidance to ensure standards of excellence in safeguarding adults practice is maintained across the organisation.

The Safeguarding Lead has produced a Safeguarding Adults at Risk of Abuse policy which has recently been approved by the Patients Safety Committee. The policy sets out CDDCHS's approach to provide a summary of standards and guidance for all CDDCHS staff regarding the safeguarding of adults at risk. This is a specific CDDCHS policy which summarises and compliments the more comprehensive standards and guidance contained within the agreed County Durham Inter-agency Policies for Safeguarding Adults at Risk of Abuse.

There continues to be a network of local safeguarding adult representatives within each service area who make up the CDDCHS Safeguarding Adults Steering Group. The purpose of the group is to oversee the organisation-wide coordination, prioritisation and development of safeguarding adult activity.

The Trust continues to be committed to delivering multi-agency training through the dedicated Safeguarding Adults Trainer and lead for safeguarding. Safeguarding adults is covered within the corporate induction programme for all new employees and 'alerter' training is included in the mandatory training schedule for all clinical staff.

### **NHS County Durham & Darlington**

NHS County Durham & Darlington has an Integrated Business Board, which approved the internal 'safeguarding adults' procedural guidelines, which are consistent with the multi-agency policy and procedure. The guidelines clearly describe the responsibilities of all commissioned providers, including independent contractor services such as GPs and dentists, in safeguarding vulnerable adults The guidelines describe the process from raising concerns and making a referral to attending strategy meetings or Executive Strategy Meetings to scope the range of investigation, development of action plans and ongoing monitoring.

NHS County Durham and Darlington jointly fund Safeguarding Adults Practice Officers who have joint accountability to both health and social care organisations through the Head of Adult Care and Director of Nursing and Clinical Quality. Regular information sharing meetings have been established between the Director of Nursing, the Safeguarding and Practice Development Team Manager and the Practice Officers. These meetings aim to influence the commissioning of provider organisations to ensure they have strong safeguarding practices and procedures through the sharing of information which links clinical governance and safeguarding activity.

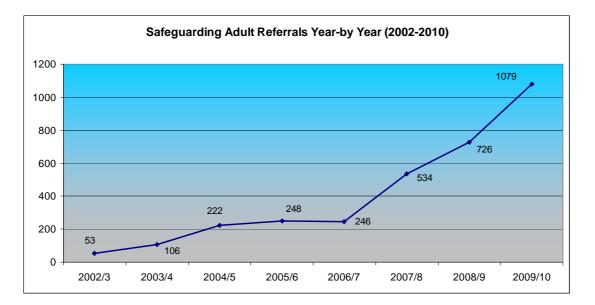
A schedule of those providers who are currently under executive strategy is kept and updated by the Practice Officers when working with service providers. This schedule is shared with the Safeguarding Adults Board and the Safeguarding Adults Lead for NHS County Durham & Darlington who regularly provides the NHS County Durham and Darlington Integrated Business Board with updates on the number of Safeguarding executive strategies that are currently in progress. An annual report on Safeguarding Vulnerable Adults provides the County Durham and Darlington PCT Integrated Business Board with assurance that safeguarding vulnerable adults is a priority within services specifications and contract monitoring of commissioned NHS services

# Safeguarding Activity in Durham

The SSID safeguarding module has become well established since its launch in July 2008 and is the source of all the safeguarding performance data. Records have been audited in order to ensure that information is recorded correctly and there has been compliance with policies and procedures.

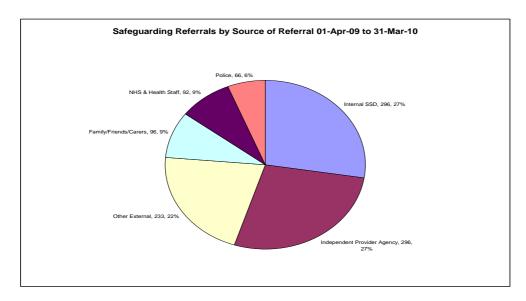
# Table 1 (Referral Rates)

The steep rise in referrals that was first encountered in 2006/07 has continued with referral rates increasing by 49% to 1079 during the period 2009/10. Much of this can be attributed to the better provision of alerter training especially to the voluntary and independent sector, which is now being provided using work books, CD ROMs and elearning as well as the usual classroom based tuition.



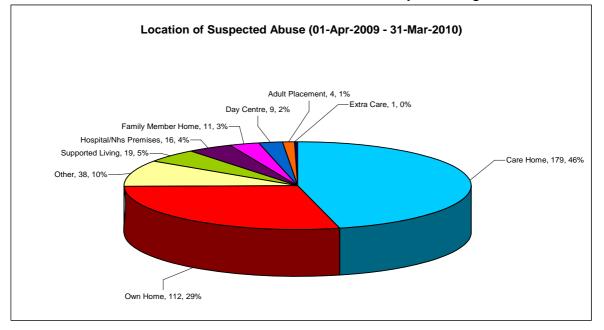
# Table 2 (Referral Source)

The majority of referrals (52%) continue to emanate from independent providers and internal referral sources. The number of those referrals has remained at approximately the same level as the previous year; however there has been a general increase in the other sources of referral.



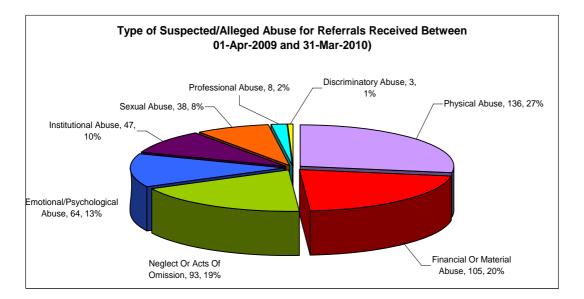
# Table 3 (Location of Abuse)

The majority of referrals refer to incidents that have occurred in Care Homes and at the service user's home address. They have also shown the largest rise in referrals of 53 and 23 respectively on the previous year. This is entirely expected as they represent the care status of the two largest service user types. It is also indicative of the increased levels of alerter training that has been provided especially to care home staff. The levels for all other locations have remained relatively unchanged.



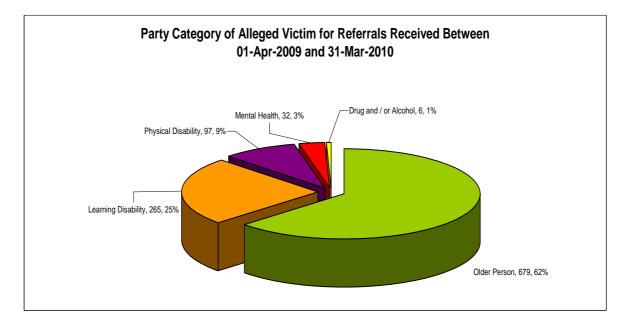
# Table 4 (Type of Abuse)

Physical and financial abuse remain the most common forms of abuse although physical abuse has dropped from 33% to 27% of all referrals in respect of the previous year. All other types of abuse have remained at the same levels other than neglect which has risen from 14% to 19% of all referrals. This represents a rise in all types of reported abuse when viewed in the light of an overall rise in referrals of 49%.



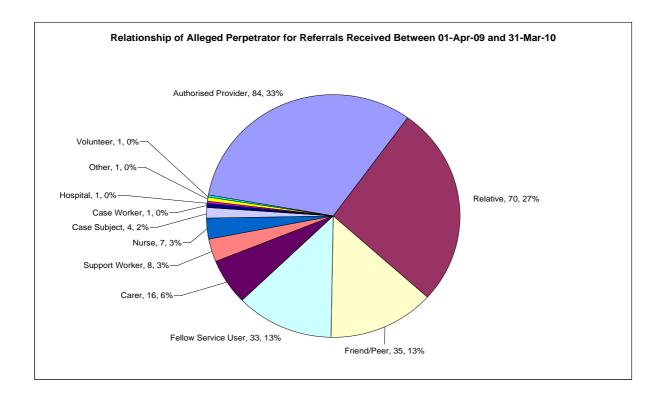
# Table 5 (Victim Category)

There has been no marked percentage change in the levels of the types of alleged victims from the previous year. Older persons remain the largest category of referral however this is expected as they represent the largest client type.



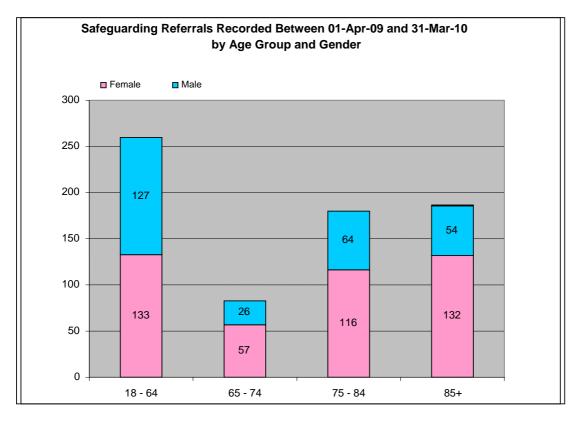
# Table 6 (Perpetrator Category)

There is no marked change in the types of alleged abuser from the previous year. It is the persons that are in closest contact with the service users, friends, relatives and authorised providers that attract the majority of allegations.



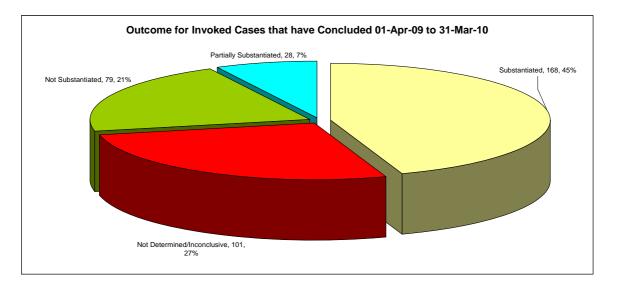
# Table 7 (Gender)

The overall percentage of alleged male and female victims remains constant at 38% and 62% respectively. In the age range 18 - 64 the number of referrals is evenly split, however, in the 65 and above category this changes considerably with a 68% female and a 32% male referral rate. This would be entirely expected due to the longevity of women in this age group and their greater need for services.



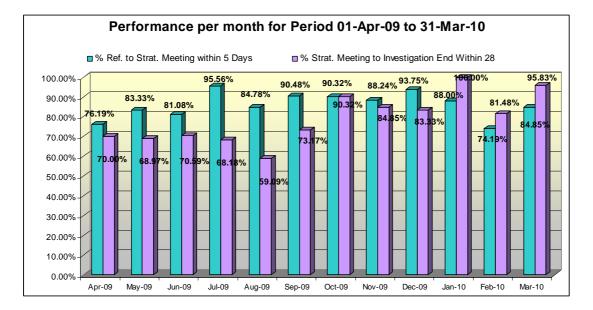
# Tables 8 (Outcomes)

During the course of the year a new outcome of 'Partially Substantiated' has been introduced for occasions when there are multiple allegations where they are not all substantiated. This has accounted for 7% of the outcomes since it was introduced in November 2009. There has been a 5% drop in the level of those finalised as 'Not Substantiated'.



# Table 9 (Local Performance)

The number of referrals that progress to strategy meeting stage within 5 days ranged between 74% and 96% within an overall average of 86% this is below the current target level of 90%. The overall percentage of investigations that are completed within the 28 day deadline is 79% which is above the current target level of 75%. There has been a marked improvement since new guidance on closing investigations was circulated in September 2009. Two additional subgroups of data, percentage of service users who are 'made safe' and did they use the Risk support Tool to assess risk are being collected to ensure the most important risk issues are addressed to better protect service users. Overall, in the context of managing an increased volume of safeguarding referral, performance has been maintained at a high level. This has continued to be the case in 2010 / 11.



### **Conclusion from the Safeguarding and Practice Development Manager**

This year's Annual Report presents the achievements and key developments within safeguarding adults in 2009-2010. It is pleasing to see an overall improvement in performance connected to the management of cases, as can be seen in table 9 on page 22. This has been achieved despite a 49 percent increase in safeguarding adults referrals.

Both the improvements in practice and the increase in workloads can be attributed to the continuing roll-out of training and communications to key professionals who work with vulnerable adults, as well as the development of literature and media aimed at increasing the awareness of the general public.

A significant amount of work has been undertaken to learn from practice and to continue to develop our safeguarding functions. Evidence of this includes the implementation of a safeguarding briefing note system for lead officers and key professionals, and reporting key learning to the Safeguarding Adults Board from Care Quality Commission inspections of other local authorities.

The roll-out of training represents another key area of development over the last year. All core areas of training have been developed and roll out has commenced. This programme has included the delivery of training to the independent and voluntary sector in respect of basic awareness and in making decisions about when to raise a safeguarding adults referral. Training sessions have also been delivered to lead officers on 'managing the safeguarding process', and to key staff in respect of carrying out investigations.

Safeguarding adults remains a key priority for Durham County Council, Adults Wellbeing and Health, and increasingly for our partner organisations. This is reflected by a strong partnership approach and regular engagement from key stakeholders at the Safeguarding Adults Board.

We face many challenges in 2010- 2011. Not least, we will closely monitor our capacity associated with managing an increasing volume of safeguarding adults work, allied with continuing to improve practice. This report identifies the key actions on page 12 that will form much of our core business. We will also consider the need for service redesign in order to best meet the growing demands and expectations associated with the safeguarding adults agenda.

Lee Alexander

## Abbreviations / Glossary of Terms

ADASS - Association of Directors of Adult Social Services (formerly ADSS)

- CQC Care Quality Commission (Formerly CSCI)
- CRB Criminal Records Bureau
- CSCI Commission for Social Care Inspection
- CYPS Children and Young People's Service
- **DOL -** Deprivation of Liberty
- **ISA Independent Safeguarding Authority**
- LSCB Local Safeguarding Children Board
- MARAC Multi-Agency Risk Assessment Conference
- **POVA -** Protection of Vulnerable Adults
- SAB Safeguarding Adults Board

# **Contact Details**

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