



County Durham
SAFEGUARDING ADULTS
INTER-AGENCY PARTNERSHIP

Annual Report **2010/11**

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**Foreword from Lesley Jeavons, Chair,
County Durham Safeguarding Adults Board.**

Welcome to the third annual multi agency safeguarding report. My role as Chair of the Board has continued during the last twelve months in what, as predicted, has been a challenging period given the significant reductions in public expenditure across our partnership.

Despite this and the rise in activity linked to safeguarding I am pleased to report that practice and performance has continued to improve, with evidence of the safeguarding adults profile being raised which has in turn resulted in an increase in referrals. It is positive to note that targets linked to effectiveness and responsiveness continue to be achieved despite this increased pressure on resources.

Essentially this evidences that our systems and processes are working well and that our multi agency approach is delivering positive outcomes for users.

As the partnership looks forward to the next 12 months all agencies must continue with our commitment to continuous improvement. There are several opportunities available to us, given recent structural changes, particularly in relation to the National Health Service to work even more collaboratively. This will ensure that the whole system works better to achieve safeguarding outcomes, already in County Durham, we are beginning to see the benefit of new safeguarding links being forged particularly in relation to primary care.

Finally I would like to take this opportunity to thank all staff who often deal with challenging and distressing situations in the course of their safeguarding work, their tenacity and commitment in continuing to protect vulnerable people is much appreciated and has resulted in the elevation of County Durham's position as being a leading multi-agency partnership in the area of safeguarding.

Lesley Jeavons, Head of Adult Care
11.07.11

Introduction

This annual report covers the key achievements and developments that have taken place during 2010/11

There are well established multi-agency Safeguarding arrangements in County Durham that were put in place in response to the No Secrets guidance in 2000 and the ADASS National Framework of Standards.

There is a commitment from Adults, Wellbeing and Health as the lead agency and its partner organisations to protect adults at risk from abuse and neglect, whether it is in their own home, in the community or whilst in receipt of services such as in care homes or hospitals.

The Safeguarding Adults Board govern how safeguarding is delivered, based on the annual Business Plan and it is supported in that role by four sub groups that focus on specific areas of business, namely, Policy and Practice, Performance and Quality, Communications and Engagement and Training.

Main Aims of the Board

The main aims of the board are:-

- To safeguard and promote the welfare of Adults at Risk in Co 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 Co Durham and ensuring human rights are balanced with protecting the public from harm.
- To understand the nature of adult abuse and foster strategies that reduces incidence and effect.
- To give strategic direction to partner agencies and organisations across Co Durham in relation to safeguarding activity.

(Taken from the SAB Terms of Reference)

Key members of the County Durham Safeguarding Adults Board

Chair of the Safeguarding Adults Board – Lesley Jeavons

Lesley Jeavons is the chair of County Durham's multi-agency Safeguarding Adults Board. A nurse by profession, qualifying 26 years ago, she has significant experience of working across public service both in health and social care settings.

Lesley joined the County Council in 1994 and has held a variety of posts within the organisation across front line practice, organisational development, training and project management. She moved into Senior Management in 2002 and since 2007 has been Head of Adult Care within the Adults Wellbeing and Health service area. Lesley is currently responsible for operational activity which includes the Adult Care Management function (all adult specialisms), in-house provider services and the safeguarding and practice development function.

Lesley has a special interest in safeguarding and End of Life Care, she is particularly committed to maintaining high standards of practice across adult social care and health services.

She is a member of the Safe Durham Partnership Board and is the Council's Lead on vulnerability and safeguarding.

Chair of the Policy and Practice Sub Group – Lee Alexander

Lee has worked for Durham County Council in Adult Care since 1992. The posts he has worked in include administration, social work, development work and management.

Following six years managing and developing carers' services on behalf of the Council, Lee took up his current post of Safeguarding & Practice Development Manager in December 2007.

Lee is a senior Manager employed to drive forward the business of the Safeguarding Adults Board (SAB) as well as oversee a diverse range of work connected with developing social care practice.

The Safeguarding Adults Board aims to improve practice at all levels within organisations to safeguard adults at risk of abuse and neglect. Through education, training and partnership working we can progressively break down barriers and increase awareness and understanding to develop best practice in adult safeguarding.

Chair of the Performance & Quality Sub Group – Paul Goundry

Paul Goundry joined Durham Constabulary in 1981 and have performed a number of roles throughout the County before taking up my current role, in 2007, of Detective Chief Inspector and Organisational Lead for Safeguarding, which involves overseeing issues connected to Adult & Child Protection, Domestic Abuse, Honour Based Violence & Forced Marriage and Rape. As one of the forces Senior Investigating Officers for Homicide and Serious Crime Paul often has to investigate offences against the most vulnerable in society. As well as chairing the Performance & Quality Sub Group his is also the police representative on the Safeguarding Adults Board. Paul is passionate in regard to the multi-agency preventative strategies that can allow

vulnerable people to live safely in our communities and he is proud to contribute to the Durham Safeguarding Adults Board arrangements.

Chair of the Communications and Engagement Sub Group – Eric Malkin

Eric Malkin took up his current post as the Senior Development Officer for Safeguarding with Durham County Council in November 2009, having retired from Durham Constabulary after serving as a Police Officer for over 25 years.

Whilst serving with the Police Eric performed a number of roles both as a uniformed officer and in the Criminal Investigation Department. His final role was as the Detective Inspector for the North Area Vulnerability Unit, managing investigations into Child Protection, Domestic Abuse and Safeguarding Adults.

In his current role Eric is responsible for maintaining the inter-agency policies and procedures as well as managing a team of Lead Officers who co-ordinate investigations into allegations of abuse and neglect in Care Homes, Adult Placements and Supported Living. He chairs the Communications and Engagement Sub Group and attends the meetings of the Safeguarding Adults Board and all of its Sub Groups.

Chair of the Training Subgroup – Mike Egan

Mike Egan began his working life as a mental health nurse in the early 1980s before diversifying to work with people with a learning disability. He worked for a number of years within various local authorities in a number of roles and was fortunate at this time to be supported to complete his social work training. Mike's nursing and social work background has enabled him to have a comprehensive understanding of the health and social care needs of the people he has worked with.

Mike has worked in a number of senior roles as a Safeguarding Adults Nurse for the past four years within a variety of health trusts covering mental health and learning disabilities, community and acute.

Previously he undertook a role as a staff development officer which has led him to have a keen interest in training and workforce development.

Safeguarding Adults Training and Communications Officer – Deb Barnett

Deb Barnett's professional background is in Social Work as well as Lecturing in Health and Social Care / Social Work. She has worked within Safeguarding Adults for the last 3 years as both a manager and a trainer, commencing her current employment with Durham County Council in May 2010.

Deb has responsibility for developing and delivering training on behalf of the Safeguarding Adults Board, in line with local and national policies, procedures, legislation and recognised good practice. She is working closely with Teesside University to develop safeguarding training into a Post Graduate Award in Safeguarding Adults, which she believes will be the first formal qualification at this level in the country for Safeguarding Adults. At the heart of the Government's desire for individuals to be empowered to make decisions is the need to recognise, identify and balance risk. By developing quality training that is accredited and assessed, Deb hopes that will ensure staff have appropriate skills to support people to make

decisions for themselves, protect themselves from abuse and prevent further abuse from occurring.

Clerical Support Officer for Safeguarding - Janet Surtees

Janet Surtees has worked for Durham County Council for thirteen years. Initially she was appointed as a Clerical Officer, providing administrative support for the Service Development Team.

She took up her current role in 2008, providing administrative and clerical support to the Safeguarding & Practice Development Manager and also supporting the work of the Integrated Safeguarding Adults Board.

Janet's role involves co-ordinating and facilitating meetings of the Safeguarding Adults Board and Sub Groups, including preparing agendas and taking minutes. Her post is important to the efficient operation of the Safeguarding Adults Board and enables staff involved with associated work to carry out their roles effectively.

Strategic Overview of Safeguarding Adults

The Safeguarding Adults Policy and Procedures underpin how safeguarding is delivered in County Durham. The three documents; Statement of Commitment, Procedural Framework and Flowcharts and Supplementary Guidance, have now been reformatted and combined into one document and published on the Safeguarding Adults website. The new format will make it more user friendly and easier to navigate on the internet.

Performance Management of Safeguarding Procedures has been refined and new thresholds have been established for the completion of various stages of the safeguarding process. There has also been a greater focus on collecting service user/carer feedback to obtain a better understanding of the qualitative aspects of Safeguarding.

The website has been reviewed and new sections for Policy and Procedures and Training have been created. A number of posters, leaflets and easy-read booklets are available and can be printed for use with service users and carers.

The training provided by the Safeguarding Adults Board has seen a considerable development during 2010 – 11. Accreditation is currently being sought from Teesside University for 18 Safeguarding Modules which are intended to provide qualifications at foundation, undergraduate and post graduate levels. We will still provide non accredited training to partner agencies and the independent and voluntary sector free of charge. The accredited versions of the training will require payment of a fee and will therefore provide revenue to the Safeguarding Adults Board which can be reinvested in training or other board activities.

Regional Perspective

The Safeguarding Adults Board is fully committed to working with other local authorities by participating in the North East Regional ADASS Group.

There was full engagement in the “Improving the Safeguarding of Vulnerable Adults in the North East” Project that was commissioned by the North East Improvement and Efficiency Partnership (RIEP), which examined the delivery of Safeguarding through the region and highlighted a number of County Durham’s processes as good practice.

A number of recommendations from the Project have been incorporated into the SAB Business Plan. We have also contributed to three thematic groups that have been formed to look at Training and Workforce Development, Thresholds and Service User Engagement.

The County Durham Safeguarding Adults Board also led a RIEP funded two-week Radio campaign delivered by Real Radio, designed to raise awareness of Safeguarding and how to report abuse. It was supported by a poster campaign using posters designed and produced by the County Durham Communications and Engagement subgroup to which the other local authorities could apply their own branding.

Safeguarding Adults in County Durham

Safeguarding Operations

There has been a significant rise in the referral rate for safeguarding adults within County Durham with an increase in the referrals from 246 in 2006/7 to 1250 in 2010/11. This rise is as a consequence of a strategic shift towards a 'zero tolerance' policy. Practices that were once accepted as simply overlooked have gradually been recognised as inappropriate and may in fact constitute abuse or neglect. The work undertaken to develop recognition, reporting and investigation processes has been strategically managed by senior personnel in Adults, Wellbeing and Health together with the Safeguarding Adults Board Inter-Agency Partnership.

The progressive increase in referrals that has resulted from this work has placed a considerable strain on safeguarding services and has led to the introduction of a specific 'Safeguarding Lead Officer' team, which focuses on referrals relating to Care Homes, Supported Living and Adult Placements for learning disabilities with a view to reducing the workload on the Integrated Team Managers. This team was established in February 2011 and became fully operational in March, providing a county-wide service.

It should be noted that despite the increase in activity performance targets continue to be maintained.

The progressive rise in referrals is, therefore, unsurprising. Rather than being an indication that there are increasing numbers of people who are victims of abuse, the rise signifies the progressive and maturing agenda that places upon agencies the requirement to recognise and report inappropriate practices and behaviours that result in adults at risk being subject to harm.

Personalisation

Durham County Council introduced Self Directed Support for adults in need of social care services in April 2010. Under this system, people in need of services now have much more control over their assessment and care planning, and have greater choice and control over the services they receive to meet their assessed needs. All eligible service users are now advised of the value of the services likely to meet their assessed needs and can choose to manage this money themselves as a Direct Payment (arranging their own care and taking responsibility for paying the provider from their Personal Budget), or can ask Adults, Wellbeing & Health to commission providers & manage their Personal Budget for them. Since the launch of Self Directed Support in County Durham, Adults, Wellbeing & Health have worked hard to refine and amend the processes in order to improve the experience for service users and to mainstream Self Directed Support as the core model for supporting adults within the county.

A National Government target for all Local Authorities to have at least 30% of eligible service users in receipt of a Personal Budget by March 2011. Durham County Council exceeded this target and continues to build on this success.

Within Self Directed Support, service users are offered the opportunity to develop their own person-centred support plan. Adults, Wellbeing & Health staff support service users to consider risks within this support plan – including any risk associated with

their choice of provider/ service. Service users are also supported to consider contingency planning.

By offering service users more choice and control over their care planning and service provision, an increase in the numbers of people choosing to manage their own Personal Budget via a Direct Payment is anticipated. Adults, Wellbeing & Health has therefore recently reviewed its procedures relating to Direct Payments, and has bolstered the financial audit element of the Direct Payments service to monitor more closely these cases.

Dignity

The Dignity in Care Action Plan was reviewed in October 2010 and ratified by Adult Care Management Team, with a request that a further action plan be submitted in April 2011. The Action Plan identified completed actions including: numbers of staff from Adults Wellbeing and Health and partner agencies attending safeguarding training and numbers of residential care home staff receiving safeguarding alert with dignity training.

The Dignity Newsletter continues to be published quarterly and has included articles from staff from Adults, Wellbeing and Health, NHS County Durham and Darlington and other partners. End of Life Care Guidance was produced for Adults Wellbeing and Health staff in October 2010. The guidance includes dignity and respect for the person and their family.

Policy Developments

The following Policy Developments are important within the safeguarding arena and will impact on service delivery in the future.

The government is planning to make radical changes in the structure of the Health Service and how health care is delivered with plans such as abolishing Primary Care Trusts and introducing GP consortia.

Equity and excellence: Liberating the NHS

The White Paper, 'Equity and excellence: Liberating the NHS' [online], published earlier this year, set out this Government's ambition to achieve healthcare outcomes that are among the best in the world. It set out proposals for a new approach that puts people in the driving seat, putting them in charge of making decisions about their health and care. It also set out a number of commitments around giving people more information and control and greater choice about their care.

The Government's long-term vision for the future of the NHS builds on the core values and principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how we will:

- *put patients at the heart of everything the NHS does;*
- *focus on continuously improving those things that really matter to patients - the outcome of their healthcare; and*

- *empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services*

D.o.H. *Equity and excellence: Liberating the NHS* Published: 12 July 2010

<http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/index.htm>

Accessed 29/06/11.

A vision for adult social care: Capable communities and active citizens

During November 2010 the government launched a new initiative "A vision for adult social care: Capable communities and active citizens". The Vision sets out how the Government wishes to see services delivered for people; a new direction for adult social care, putting personalised services and outcomes centre stage.

The Vision for a modern system of social care is built on seven principles:

- **Personalisation:** *individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.*
- **Partnership:** *care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils - including wider support services, such as housing.*
- **Plurality:** *the variety of people's needs is matched by diverse service provision, with a broad market of high quality service providers.*
- **Protection:** *there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.*
- **Productivity:** *greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on publishing information about agreed quality outcomes will support transparency and accountability.*
- **People:** *we can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so. We need the whole workforce, including care workers, nurses, occupational therapists, physiotherapists and social workers, alongside carers and the people who use services, to lead the changes set out here.*

D.o.H. *A vision for adult social care: Capable communities and active citizens*

Published: 16 November 2010

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508 Accessed 30/6/2011

Think Local, Act Personal

The Association of Directors of Adult Social Services, the Local Government Association and the Department of Health have produced a partnership agreement 'Think Local, Act Personal', which is a sector-wide statement of intent that makes the link between the government's new vision for social care and Putting People First and provides the way forward for personalisation and community-based support.

It asserts that councils, health bodies and providers need to work more collaboratively to personalise and integrate service delivery across health and adult social care; and make vital public funding go further. It also recognises the contribution that individuals, families, carers and communities make in providing care and support - both to those who are publicly funded and those who either pay for themselves or rely on family carers.

Adult Social Care Law Reform - Law Commission

The Law Commission's review of adult social care law began in 2008, resulting in a consultation paper published February 2010, and final report published May 2011. The government are currently considering the report with the intention of introducing legislation some time in 2012.

In summary the Law Commission is recommending:

- A single statute for adult social care.
- 3 Level Structure: statute, regulations, code of practice.
- Government allowed to set the eligibility criteria.
- Duty on LA to produce a care and support plan for eligible service users, carers and self funders.
- Increased ability for joint or delegated assessments under the control of the LA.
- Carer's assessment mandatory. No requirement for a carer to request an assessment or to provide substantial and regular care.
- A duty to investigate in adult protection cases.
- Statutory Safeguarding Adults Boards with statutory duties for LAs.
- Legal framework for personal budgets.
- Introduction of direct payments for residential care.
- Enhanced duties under ordinary residence rules.

Law Commission (Law Com No 326) Adult Social Care

http://www.justice.gov.uk/lawcommission/docs/lc326_adult_social_care.pdf

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 comprised 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 & Quality** - Quarterly review of performance volume, trends and compliance.
2. **Policy and Practice** - Dedicated Lead Officers to establish a high standard of recording to act as a model to improve recording standards across the wider service
3. **Communications & Engagement** - Explore alternative methods of communication to promote the SAB services and obtaining service user feedback.
4. **Training** – Develop and implement a full package of Training Modules as identified in the Training Schedule

Reporting and Interface Arrangements

The Board has interface arrangements with a number of Local Authorities, management teams across the council and partner agencies. There are also connections to a number of multi agency partnership groups such as the Local Safeguarding Childrens Board and the Safer Durham Partnership

For a Diagram of the multi Agency interface arrangements (see appendix 1).

Working with the Local Safeguarding Children Board (LSCB)

Strong links continue to be maintained between SAB and the LSCB with the chair of the SAB sitting on the LSCB and visa versa. Training opportunities are well established for both safeguarding boards and in 2011 Adult services will be specialist auditing the implementation and adherence to the Working Together Protocol which exists between Adults and Childrens' safeguarding services.

Links to the Vulnerability Thematic Group

The Chair of the Safeguarding Adults Board continues to chair the Vulnerability Group, the thematic sub group of the Safe Durham Partnership. The remit of this group is to consider safeguarding in the broadest terms, for those most vulnerable to harm, crime and disorder and anti social behaviour. In the last year there has been a particular focus on developing a hate crime action plan and work related to sexual violence. This has included bringing the governance arrangements of the Sexual Abuse referral centre under the auspices of the Safe Durham Partnership and developing a Sexual Violence Strategy which was launched in August 2011.

Links to Domestic Abuse

Domestic abuse continues to be a significant issue in County Durham and structural arrangements are in place to deal with this issue through the Safe Durham Partnership. As well as ensuring support is available to both victims and perpetrators, the MARAC process is now in place across the County to share information and ensure plans are in place to deal with high and very high risk victims. Working together arrangements have been further strengthened with domestic abuse service providers contributing to the agenda of the local Child Resource Groups.

Key Milestones Achieved: April 2010 – March 2011

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

Performance & Quality

- Apr 10 Sustained performance and practice improvement in respect of completing investigations within timescales.
- Apr 10 Methods of determining user satisfaction established.
- Apr 10 Performance framework modified in response to changing requirements.
- Jun 10 Data used to prioritise preventative work with care home providers.
- Jun 10 Continued use of trend information to inform practice learning and resource allocation.
- Aug 10 Implementation of key recommendations from annual case file audit.
- Mar 11 Performance information used from partner agencies such as the police.
- Mar 11 Performance reviewed regularly – volume, trends and compliance

Policy and Practice

- Jun 10 Learning shared from Care Quality Commission Safeguarding inspection findings
- Jun 10 Development of a skin damage protocol.
- Sep 10 Effective safeguarding measures incorporated in the development of self directed care and individual budgets.
- Jan 11 Inter-agency agreement developed in respect of interface arrangements between 'Safeguarding Adults' procedures and management reviews following death and serious injury to an 'adult at risk'.
- Jan 11 Established four dedicated Lead Officer Posts :- in response to the review operational capacity associated with increased volume.
- Mar 11 Policy and Procedures reviewed.
- Mar 11 Improvements made to case worker interventions linked to assessment and protection planning.
- Mar 11 Dedicated team of Safeguarding Adults Lead Officers fully established
- Mar 11 Reviewed administrative and procedural processes in relation to Executive Strategy Meetings.

Communications and Engagement

- Mar 10 Established methods of engaging public views about our 'safeguarding service'.
- Jun 10 Enhanced remit of the group to become focused on 'communication and engagement'.
- Sep 10 Reviewed and improved access to website.
- Oct 10 Developed an easy read public leaflet to engage Learning Disabled and other groups.
- Oct 10 Developed literature to inform victims and their supporters about what to expect from the safeguarding/strategy process.
- Mar 11 Development of a Regional Radio Campaign undertaken to raise awareness of the Safeguarding Adults agenda.

Training

- May 10 Newly developed alerter workbook marketed.
- Jun 10 Revised and marketed e-learning (level 1) to complement classroom sessions and increase license to include all Safeguarding Adults Board partners.
- Nov 10 Established additional investment to a dedicated training budget.
- Dec 10 Web based learning materials developed on how to keep safe and how to make a complaint about abuse. This includes specific material for those receiving self directed support.
- Jan 11 Increased training audience including service users and local colleges.
- Feb 11 Continued significant increase in training roll-out to Independent and Volunteer Sector providers.
- Mar 11 Training developed for administrative staff on recording/minute taking of Executive Strategy Meetings.
- Mar 11 Bespoke workshop style sessions developed to focus on key areas such as financial protection, self directed support and criminal law.
- Mar 11 Development of an accreditation service to approve and monitor training delivered by the Independent and Voluntary Sector explored.
- Mar 11 All training session plans revised to evidence where equality and diversity issues are integrated into courses.
- Mar 11 Reviewed National occupational standards in training strategy to ensure that these are being met for all target audiences in training.

Key Actions: April 2011 - March 2012

The following provides a summary of the key actions planned for development in 2011/12. These actions reflect the core business of the Safeguarding Adults Board's thematic Sub Groups previously described on page 7. The Board provides governance in overseeing the progress of the sub groups and in making key decisions and providing strategic direction. Our Business Plan describes these key actions in more detail. The actions marked (*ADASS) fall out of work undertaken on behalf of the regional Association of Directors of Adult Social Services. A copy of the Business Plan 2011/12 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 & Quality

- Modify performance framework in response to changing requirements.
- Maintain performance compliance levels in respect of: i) referral to strategy. timescales (90%). ii) completion of investigation timescales (75% compliance)
- Reduction in incidents of repeat safeguarding adults referrals pertaining to individual victims.
- Further develop user feedback methodologies in conjunction with dedicated Lead Officer post holders with a view to improving the quality of service delivery
- Quarterly review of performance volume, trends and compliance.
- Develop performance compliance to improve standard of data entry in respect of mental health cases.
- Establish some common Performance Indicators for safeguarding with NHS partners.

Policy and Practice

- Establishment of clear and robust processes to underpin the practice of four new dedicated Lead Officer posts.
- Dedicated Lead Officers to establish a high standard of recording to act as a model to improve recording standards across the wider service.
- Revise procedures to improve focus on Executive Strategies, Domestic Abuse and Substance Misuse, then implement.
- Change the process for reviewing policy & procedures to 6 monthly as required To update individual sections as updates become necessary.
- Use findings from Safeguarding Case File Audit to effectively communicate practice compliance issues.
- Strengthen relationships between Domestic Abuse and Safeguarding Adults processes and service delivery.
- Development of contracts with Voluntary Sector aimed at promoting the delivery of support to victims of abuse.
- Establish strategic links between the Safeguarding Adults Board and Clinical Commissioning Groups (*ADASS)
- Support colleagues to include safeguarding adults within strategic commissioning plans.PCT service specification and contracts to include standards for safeguarding including specialist commissioning arrangements

- Contribute to and respond to regional development work concerning the development of thresholds (*ADASS)
- Ensure Safeguarding Adults principles are appropriately referenced in Self Directed Support procedures & associated developments (*ADASS)
- Develop a strategy for Safeguarding Adults for NHS Co Durham and Darlington aligned to the Patient Safety & Quality Strategy

Training

- Develop training events for service users and carers and communicate roll out.
- Encourage all service providers to use County Durham Safeguarding Training packages.
- Make training (accredited) available to regional Local Authorities.
- Target all local authority staff in the delivery of 'Safeguarding Alerter' and 'Managing the Alert' training (level 1 and 2).
- Develop and implement a full package of Training Modules as identified in the Training Schedule.
- Secure accreditation for foundation, undergraduate and postgraduate as well as individual modules.
- Provide links on College Network so students can use workbook together with lecturing staff. (Lecturing staff at East Durham Community College to receive tuition).
- Develop greater involvement from partner agencies in the delivery of core training.
- Develop systems to support the roll out of accredited training.
- Explore possible avenues for safeguarding materials recognised to be included in all relevant partnership training events.
- Disseminate practice improvement themes from safeguarding reviews into the delivery of training and the commissioning of services .

Communications & Engagement

- Develop a range of awareness raising communication materials (including training communications) for partner agencies to use when delivering presentations.
- Explore alternative methods of Communication to promote the SAB services and obtaining service user feedback.
- Support the development of a regional information sharing protocol.
- Implement engagement with service users and carers who have been involved in the Safeguarding process via dedicated lead officer posts to ascertain feedback on the service they received.
- Make links with other strategic representative groups with a view to fostering collaborative work. (e.g. Partnership Board for Older Adults)
- Form links with Specialist Services to engage in collaborative work and raise the profile of Safeguarding. (e.g. Trading Standards, Community Safety)
- NHS County Durham & Darlington to regularly report on performance and include as part of their annual review.

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

Personalisation processes have been implemented across the County and Adult Care staff are now familiar with them. Staff have been provided with core Self Directed Support training and additional support sessions and this year, the Training & Communications Officer for Safeguarding has developed specific training around financial abuse. This highlights the links between service users managing their own personal budgets and vulnerability to financial abuse. In March 2011, a one-day Good Practice Conference for approximately 100 staff was held highlighting the links between safeguarding adults and personalised adult care. The Direct Payments Team provided a number of workshops throughout the day further exploring the issues. The multi-agency Professional Practice Group for Personalisation continues to meet regularly and is attended by strategic and operational managers from Adult Care, Tees Esk & Wear Valley Trust, and the Primary Care Trust. This group steers developments within Self Directed Support and has, where appropriate, directed issues to the Safeguarding Adults Board for further consideration.

A new lead officer team has been introduced to help deal with the continued increase of referrals. By focusing on referrals from care homes, supported living and adult placements it is anticipated that they will deal with over 50% of all referrals and by doing so will support the work of the Integrated Team Managers.

The Re-ablement service has been introduced to assist people to accommodate their illness or disability by learning or relearning the skills necessary for daily living and to re-skill service users to be as independent as possible before any long-term home care packages are provided.

Durham Constabulary

Durham Constabulary has now trained 80 uniform officers from across their front line in order to have 'Safeguarding Champions' on each team. Their development is an ongoing process and is intended to drive up awareness and improve the police response when dealing with vulnerable people. This initiative is already proving worthwhile with a 50% increase in Adult Protection referrals over the past year and a marked improvement in information submitted.

Durham Constabulary continues to be one of the few in the country that has a dedicated 'Adult Abuse Investigation Team' staffed by detectives who consider every referral from its uniform colleagues to ensure an appropriate response. They work closely with Integrated Team Managers and other partners to investigate allegations of abuse and have built up an expertise second to none in Adult Protection.

Tees, Esk & Wear Valleys NHS Foundation Trust

Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV) remains firmly committed to the Safeguarding agenda and working fully with our partners in Durham.

The new comprehensive, multi-agency guidance published in March 2011 from the Department of Health sets out clearly the roles and responsibilities for Health Service Managers, their Boards and Health Service Practitioners.

Work has commenced within the organisation to map safeguarding activity against the quality assurance Safeguarding Adult Self Assessment Framework.

TEWV has been actively involved in the Local Safeguarding Adults Board sub groups.

TEWV's Safeguarding Adults protocol that runs parallel to the multi-agency policy and procedures is in the process of being reviewed to clearly reflect and reinforce staff roles and responsibilities.

TEWV has been involved in the Serious Case Review process lead by the Local Authority safeguarding team to establish whether there are lessons to be learnt from cases about the way in which local professionals and agencies work together to safeguard vulnerable adults and identify clearly what those lessons are, how they will be acted upon, what is expected to change, and as a result, improve inter-agency working and better safeguard vulnerable adults.

Safeguarding Adults will be integral to TEWV's new electronic data gathering system called Datix. This system will greatly enhance information relating to Safeguarding Adults but also ensure when incidents occur, that staff consider making a safeguarding alert.

The level of activity across the Safeguarding agenda, including the number of contacts to TEWV's Safeguarding team, has continued to rise significantly. In response TEWV is appointing another member of staff to the role of Safeguarding Advisor.

TEWV continues to develop the role of the Safeguarding Adults Link Professional Network across the organisation, to act as a designated nominated person for areas regarding Safeguarding Adults 'alerters', signposting staff to the appropriate help and expertise.

County Durham and Darlington NHS Foundation Trust

The dedicated Safeguarding Adults Lead for County Durham and Darlington NHS Foundation Trust (CDDFT) has continued to work alongside all of the agencies committed to keeping patients at risk safe from harm and abuse.

Following the national consultation on the review of 'No Secrets' the Department of Health commissioned further work to be undertaken regionally within each Strategic Health Authority to address the main issues arising from the consultation. CDDFT Safeguarding Adults Lead engaged with the Strategic Health Authority in identifying the present networks, systems and processes to support the Safeguarding Adults functions of the Trust.

The Safeguarding Adults Lead reported to the Patient Safety Committee on a monthly basis all aspects of Safeguarding Adults activity. This was summarised with the production of an Annual Report, which was presented to the Committee in October

2010. The report outlined future developments around the areas of training, communication, performance and policy and practice which are coterminous with the sub groups of the Safeguarding Adults Board.

The Trust continues to be committed to delivering multi-agency training using the resources of a dedicated Safeguarding Adults Trainer and Safeguarding Lead. 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. The Safeguarding Adults trainer has developed training programmes covering the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Safeguarding Activity in Durham

The electronic safeguarding module of the County Council's client record system has become well established since its launch in July 2008. This collects and stores all the safeguarding performance data. Records have been audited in order to ensure that information is recorded correctly and there is compliance with policies and procedures.

Table 1 (Referral Rates – All Safeguarding Adults Referrals)

The referral rate has continued to rise across the 9 year period shown, with an increase of 171 referrals in 2010/11 from the previous year. However, the rate of growth has reduced in this period to a 16 % increase from 2009/10 (1079 -1250 referrals). This compares to a 49% increase in referrals between 2008/09 and 2009/10 (726 -1079 referrals). There are numerous factors that have contributed to the overall growth rate. These include the continuing adoption of a zero tolerance policy, improved awareness of safeguarding through the delivery of comprehensive training and communication strategies, national drivers and media attention linked to the care services industry. Invoked referrals (referrals resulting in inter-agency investigations) have risen in line with the increase in the overall referral rate over the last 3 years.

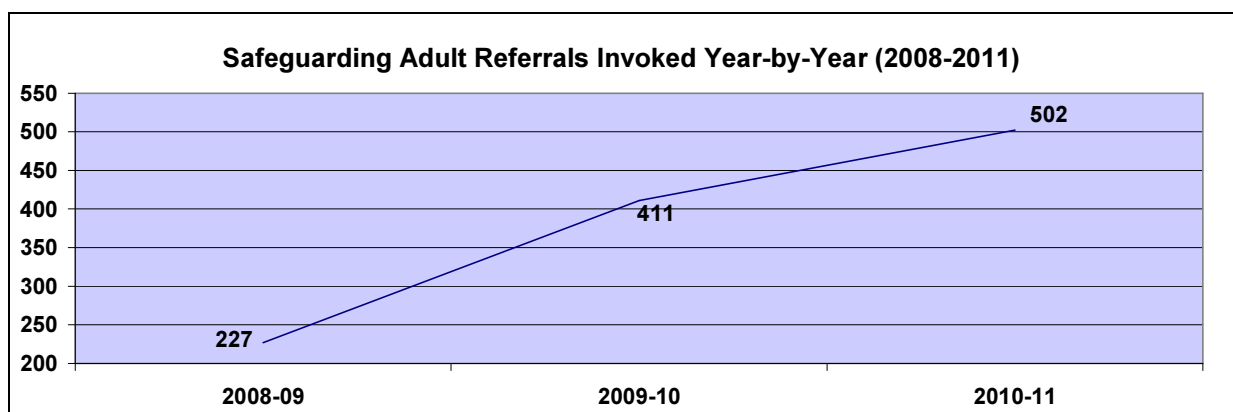
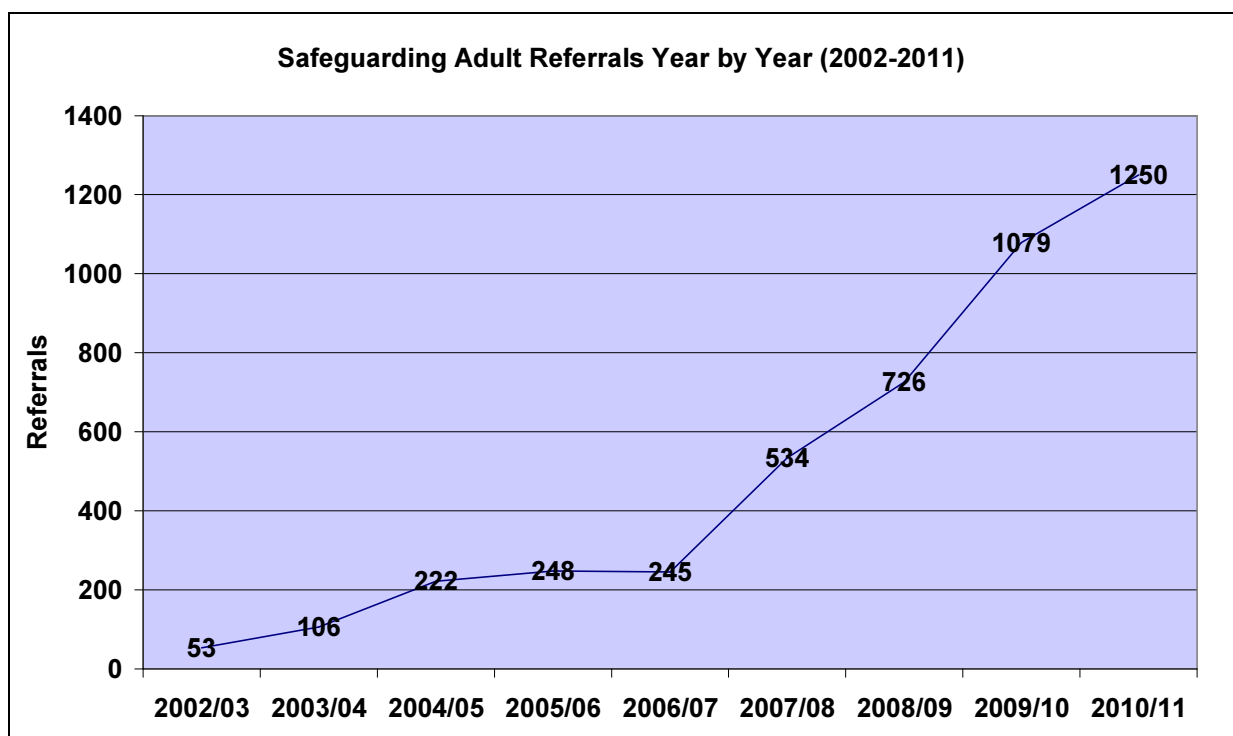


Table 2a (Referral Source – Where identified)

The majority of Safeguarding referrals are sourced from Day Care/Residential Care/Domiciliary Care staff (48%) and from internal Social Care staff (24%). The number of those referrals has remained at approximately the same level as the previous year. The growing number of referrals originating from care staff over a three year period is of note. Again this is reflective of increasing awareness of staff to report all incidents of concern, including those of a minor nature.

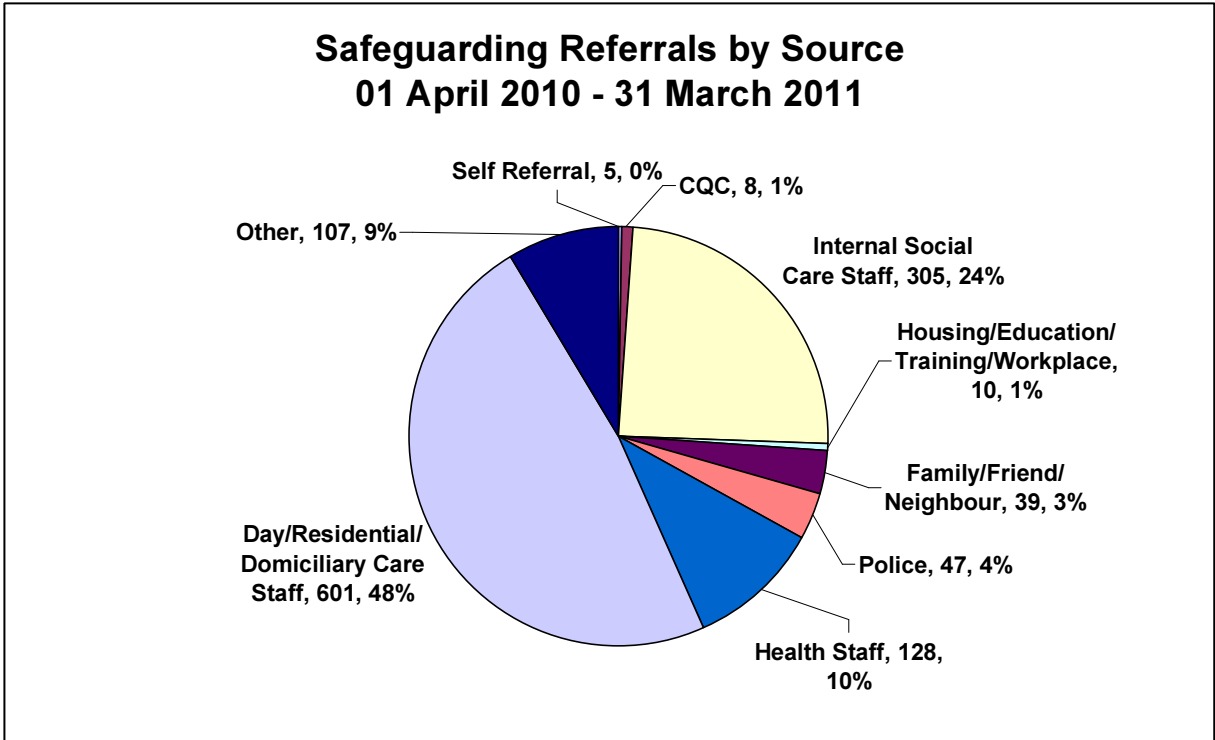


Table 2b (Referral Source 2008/9 to 2010/11)

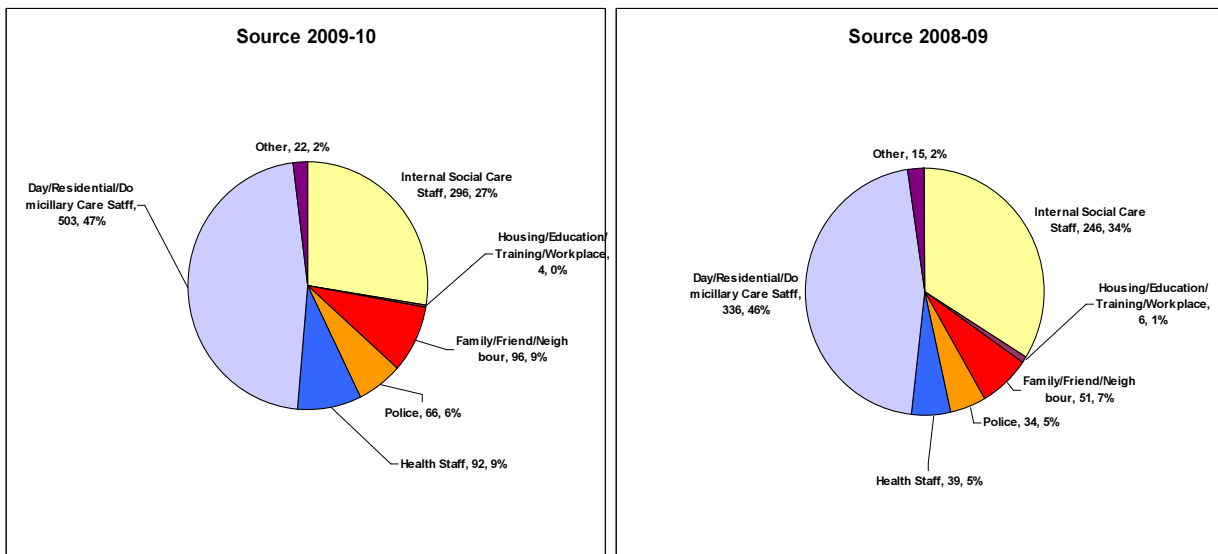


Table 3a (Location of Abuse – Where procedures were invoked)

The majority of safeguarding referrals received relate to incidents that have occurred in care homes and at the service user’s home address. This is unsurprising given that the majority of service users receive care and support within these environments.

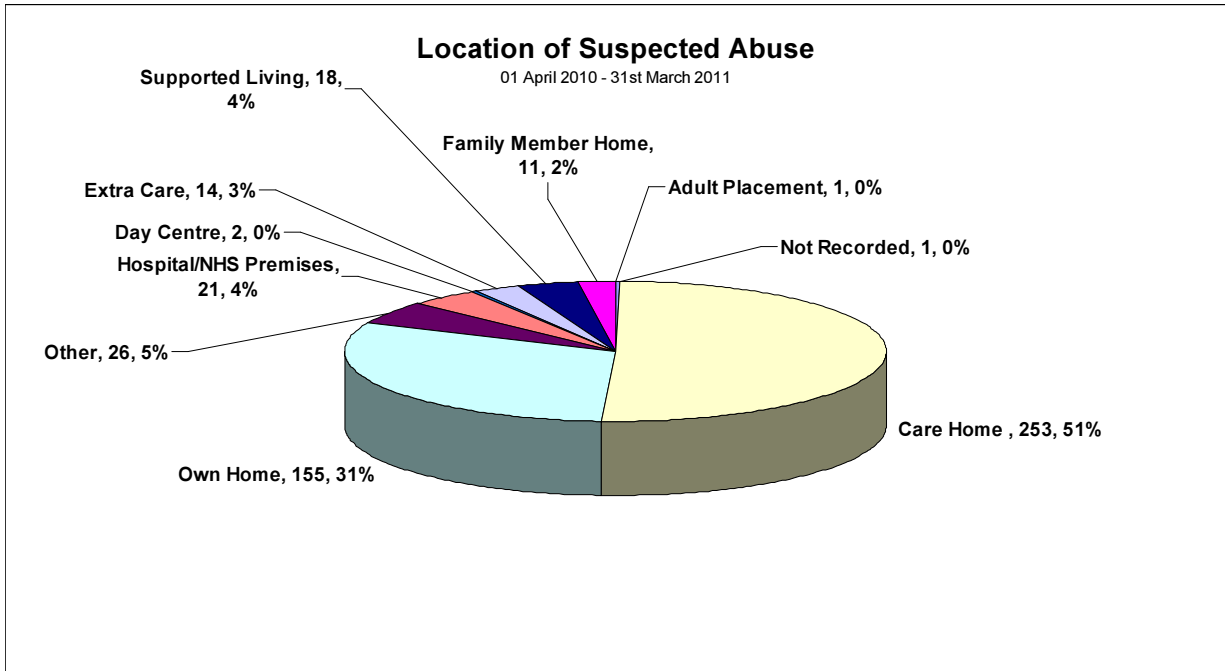


Table 3b (Location of Abuse 2008/9 to 2010/11)

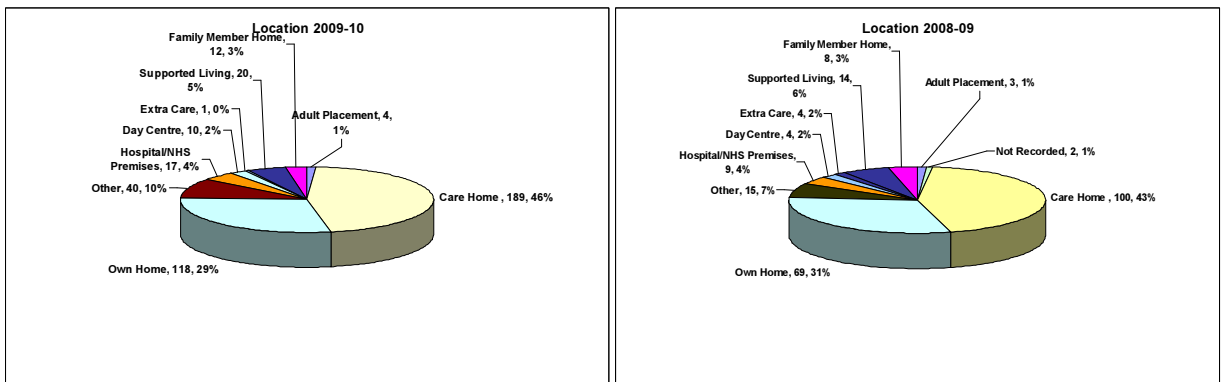


Table 4a (Type of Abuse - Where procedures were invoked)

Financial or Material Abuse, Neglect or Acts of Omission and Physical Abuse continue to account for the majority of types of recorded abuse. Reports of Physical Abuse have dropped from 27% to 22% of all referrals in respect of the previous year. Neglect or Acts of Omission have increased when comparing with the previous year, from 19% to 23%, as has Financial or Material Abuse, from 20% to 23%. All other types of abuse for referrals have remained at similar levels to the previous year.

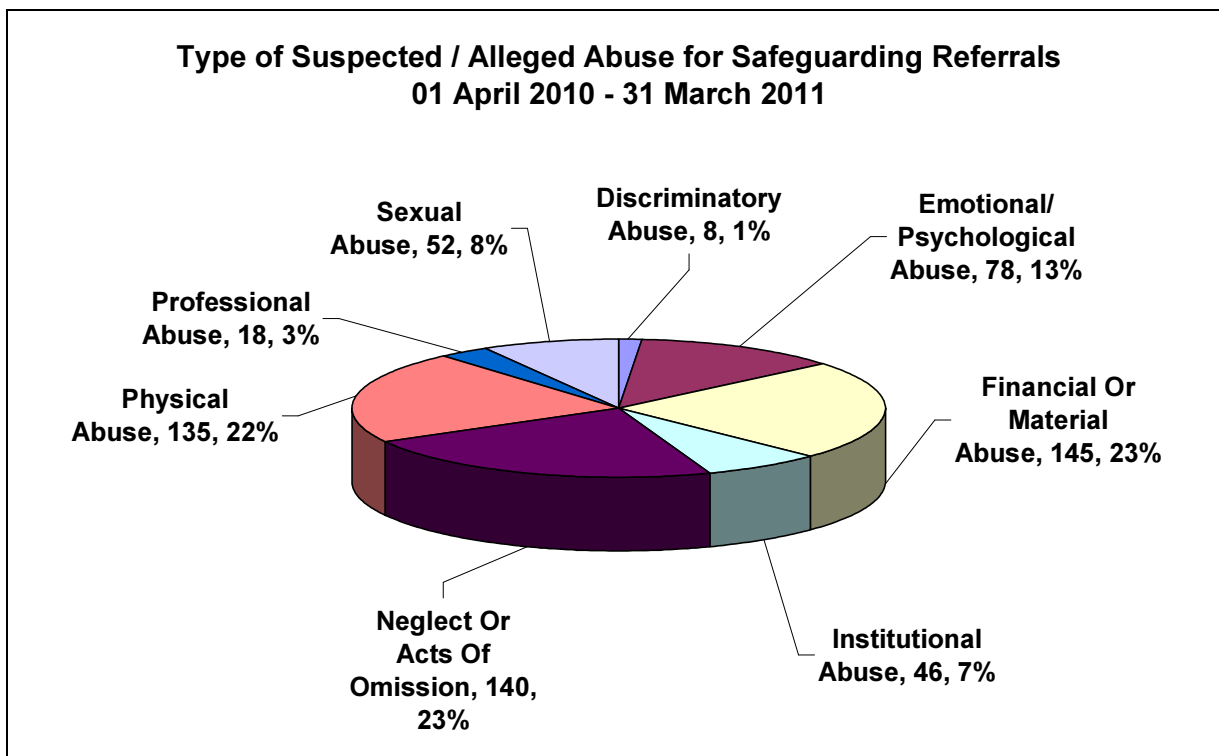


Table 4b (Type of Abuse - Procedures invoked 2008/9 to 2010/11)

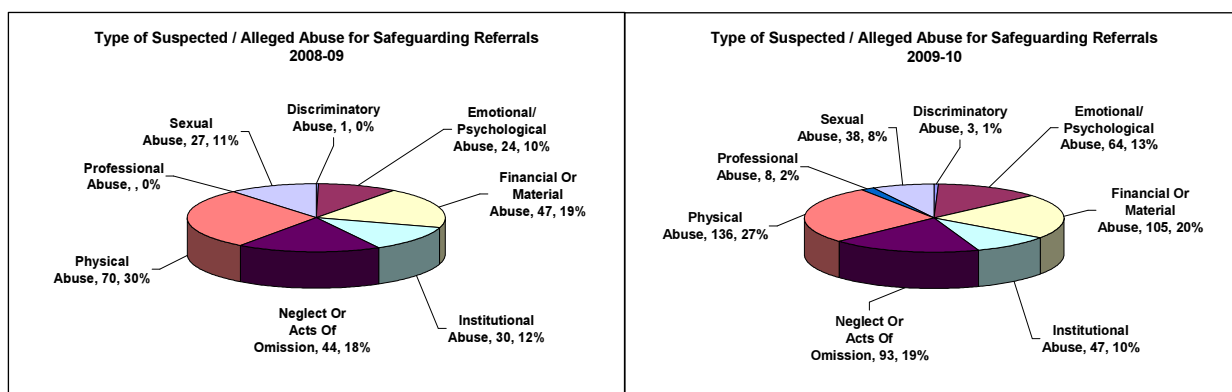


Table 5a (Victim Category - of all referrals)

There has been no marked percentage change in the types of alleged victims when compared with the previous year. Older persons remain the largest category of referral; however this is expected as they represent the largest social care client group.

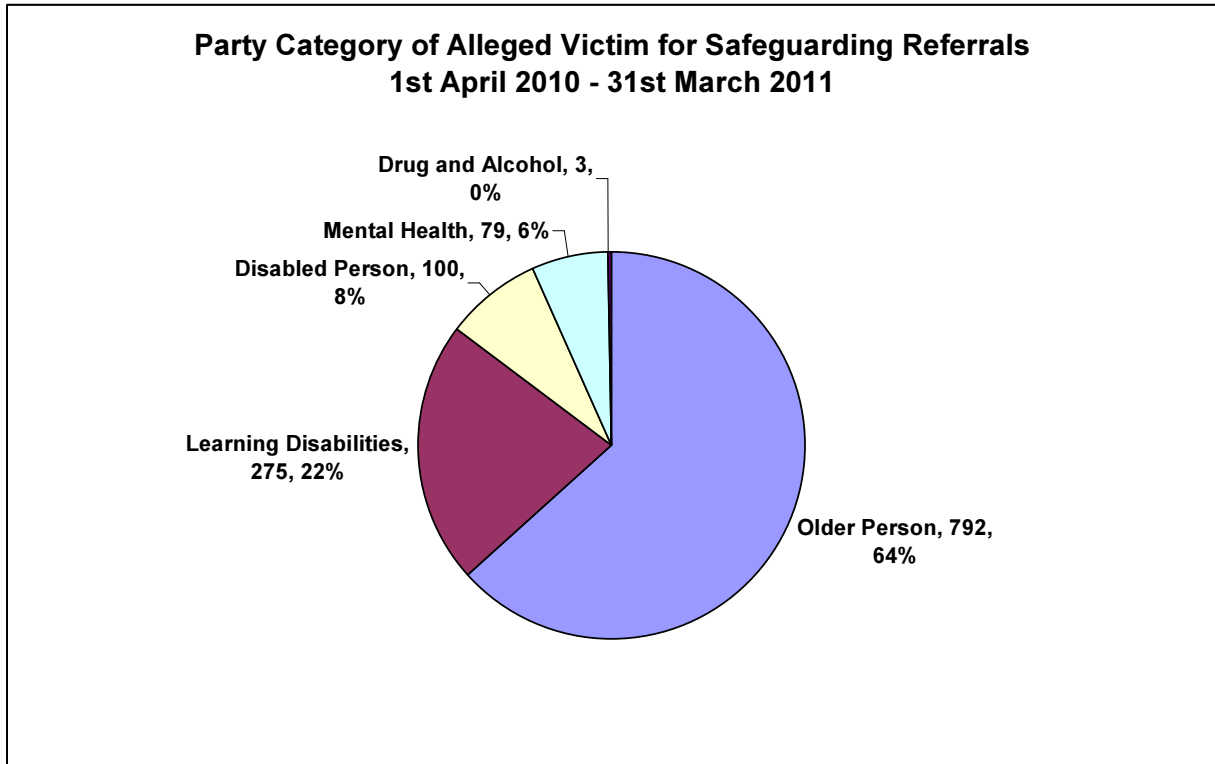


Table 5b (Victim Category - of all referrals 2008/9 to 2010/11)

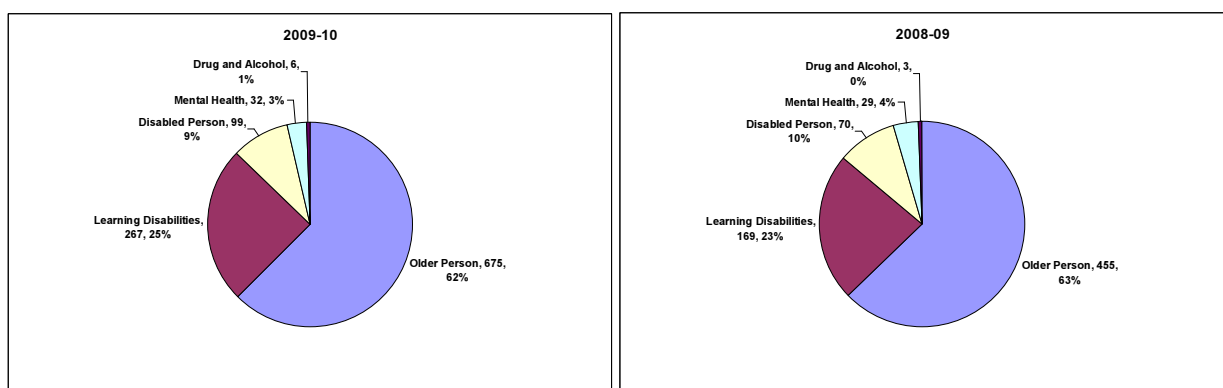


Table 6a (Perpetrator Category)

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 user e.g. friends, relatives and authorised providers that attract the majority of allegations. The overall volume of referrals, from care providers continues to rise and this is due to a better awareness of abuse, increased publicity and a zero tolerance approach which has been adopted by all partner agencies.

NB Category names have changed since 2009/10 to conform with Department of Health return definitions 2010/11. For example, the term 'carer' may have previously been used to define paid care workers and unpaid carers. Reducing and simplifying the available categories has provided improved clarity and consistency in this area.

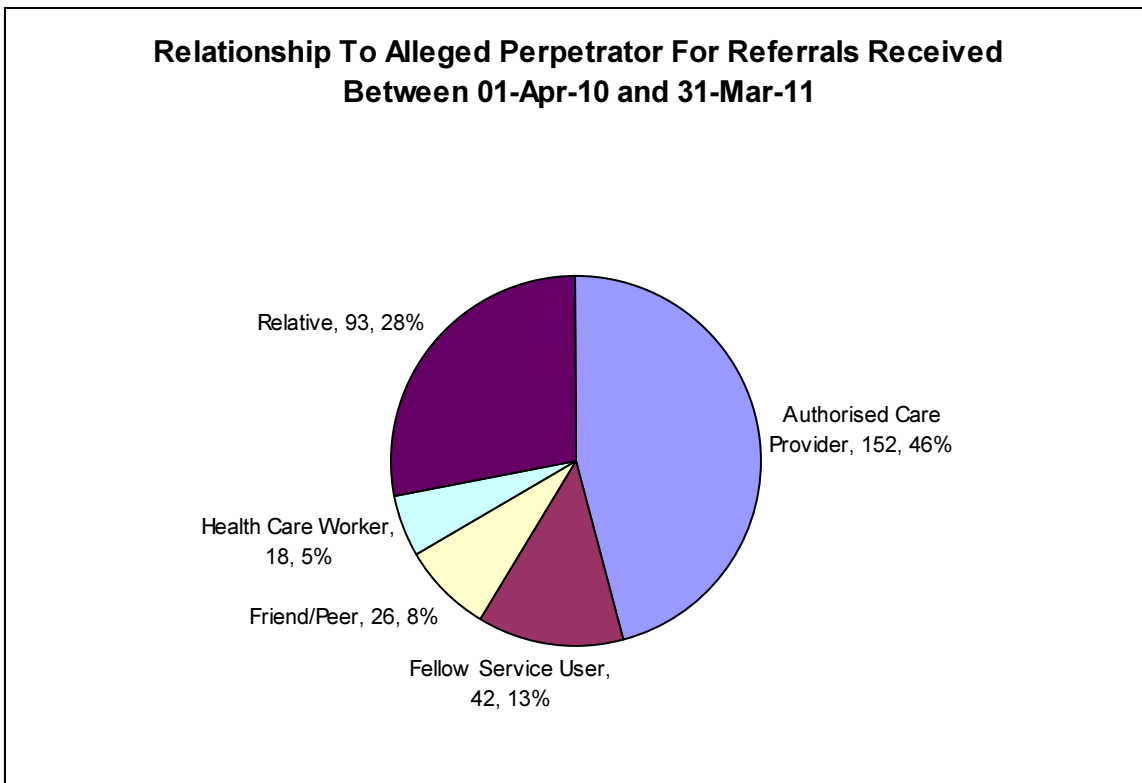


Table 6b (Perpetrator Category 2008/9 to 2010/11)

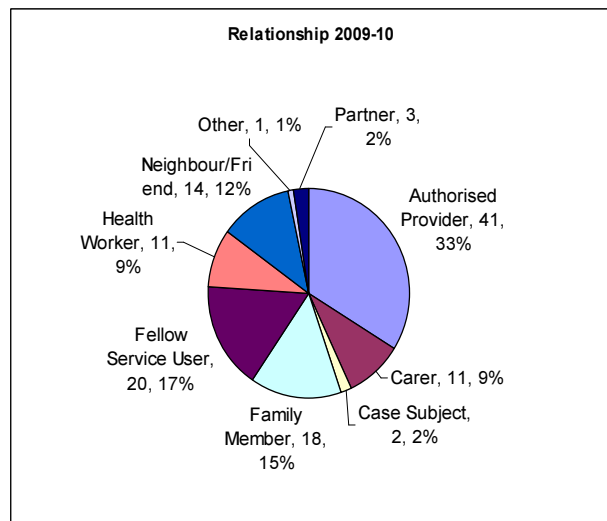
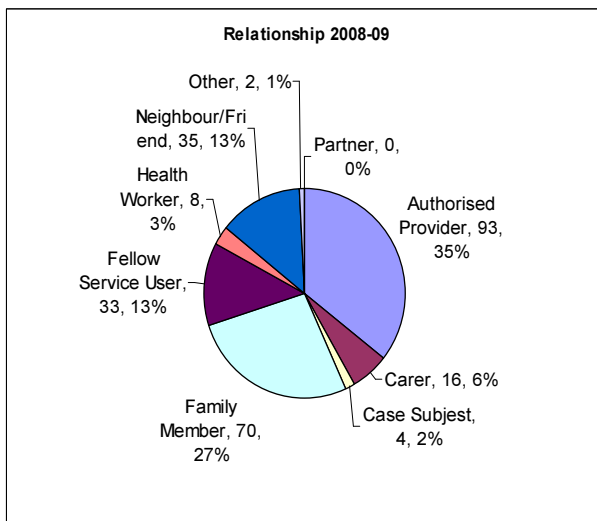


Table 7a (Age and Gender)

The overall percentage of alleged male and female victims remains similar to previous years, with a 39% and 61% split, respectively. In the age range 65 – 84 the percentage of referrals is evenly split. However, in the 18 - 64 category this changes considerably with a higher percentage of male clients dominating this age group and a higher percentage of female clients accounting for the 85+ age group. The life expectancy of women combined with their higher dependency levels in later life offers some explanation of the gender split of victims.

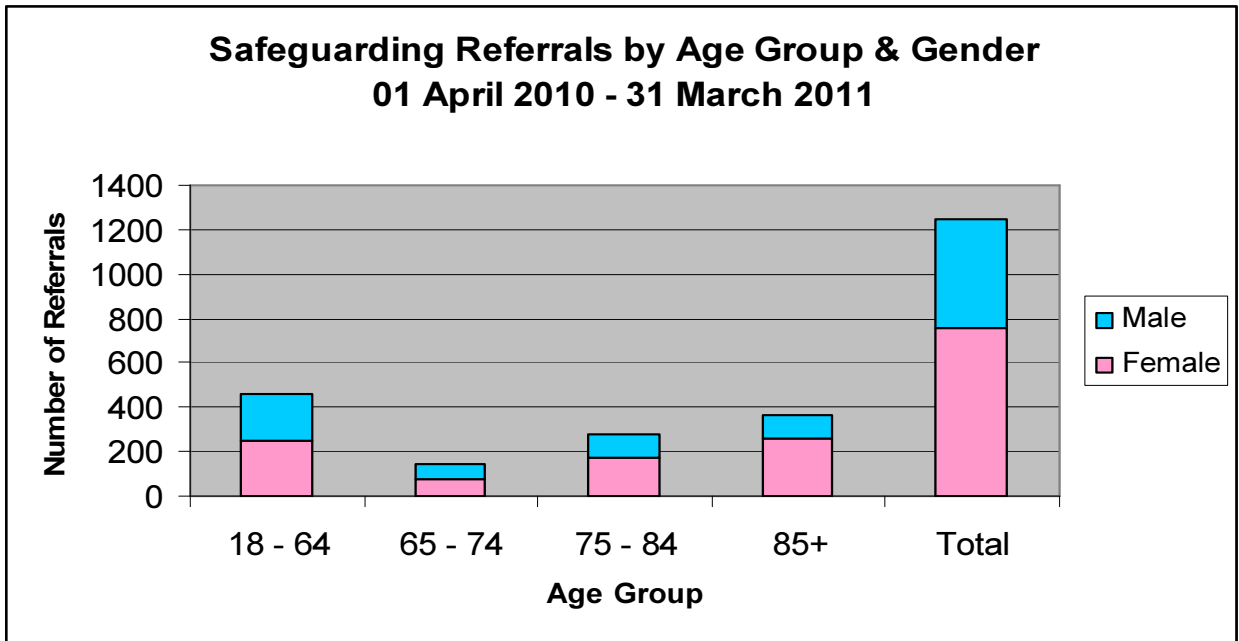
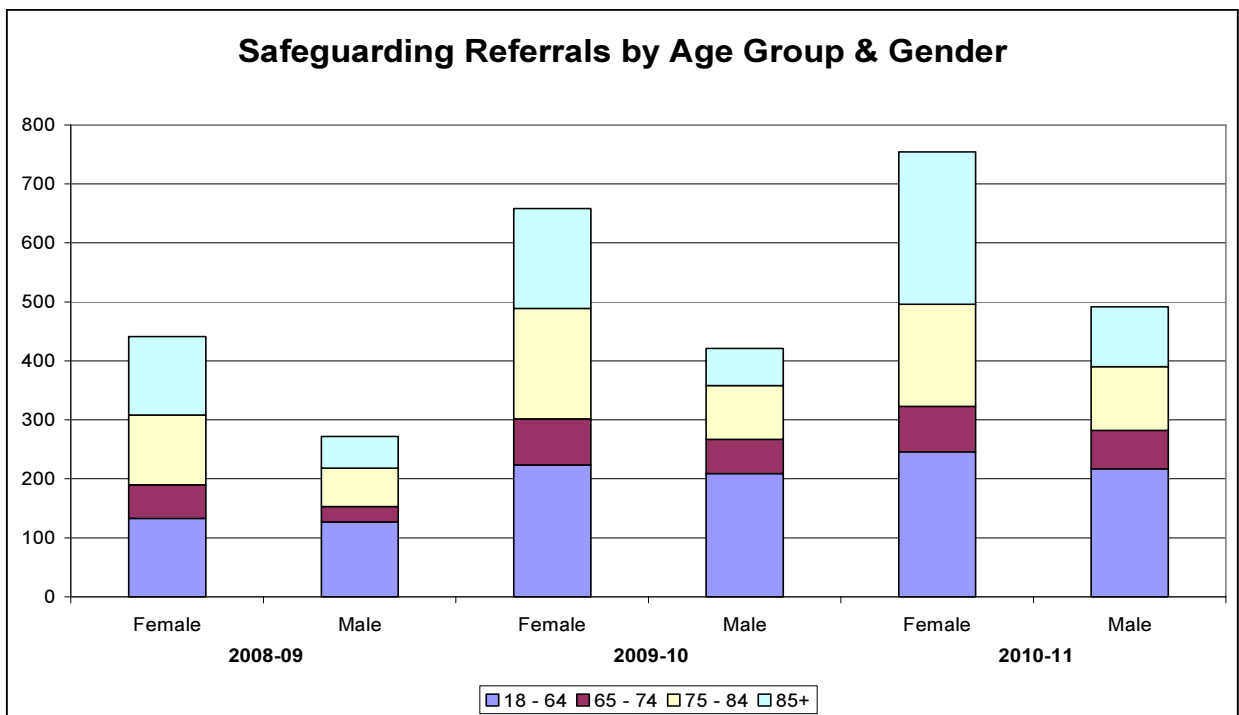


Table 7b (Age and Gender 2008/9 to 2010/11)

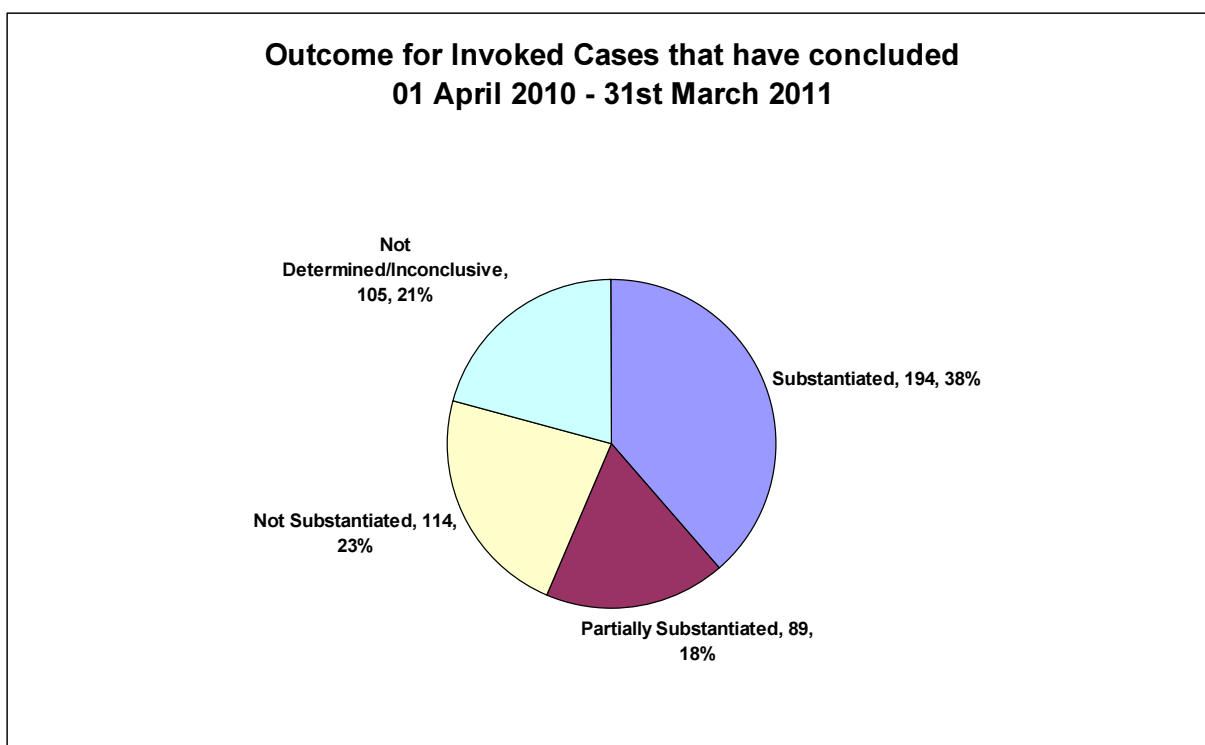


Tables 8a (Outcomes)

56% of cases were substantiated or partially substantiated which represents a slight increase from the previous year.

There are reasons why the remaining cases (44%) are determined as not substantiated or inconclusive which include malicious/ false allegations and insufficient evidence following completion of an investigation. However, in these cases there are a variety of interventions that can and do take place to protect individuals including ongoing professional support, revisions to care/protection plans, advocacy and counselling interventions.

NB The category of 'partially substantiated' was not available until 2009/10.



Tables 8b (Outcomes)

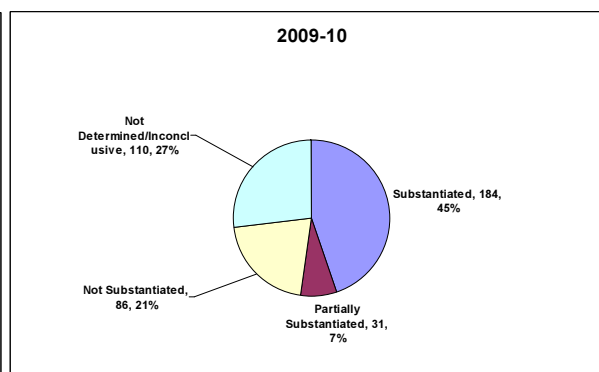
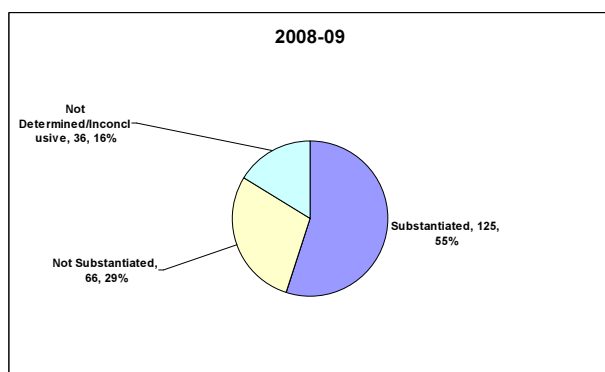
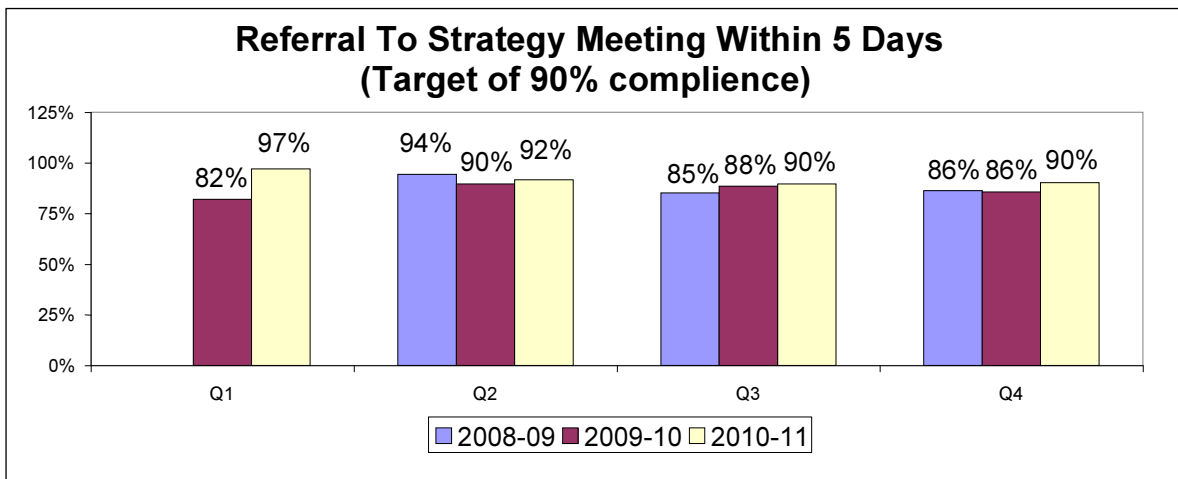
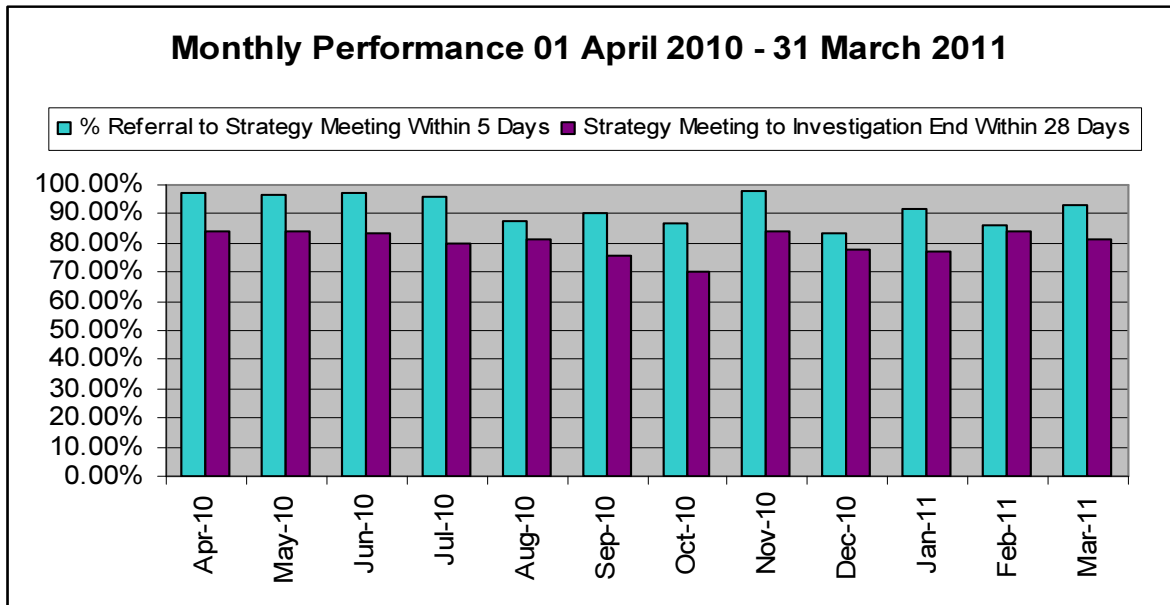
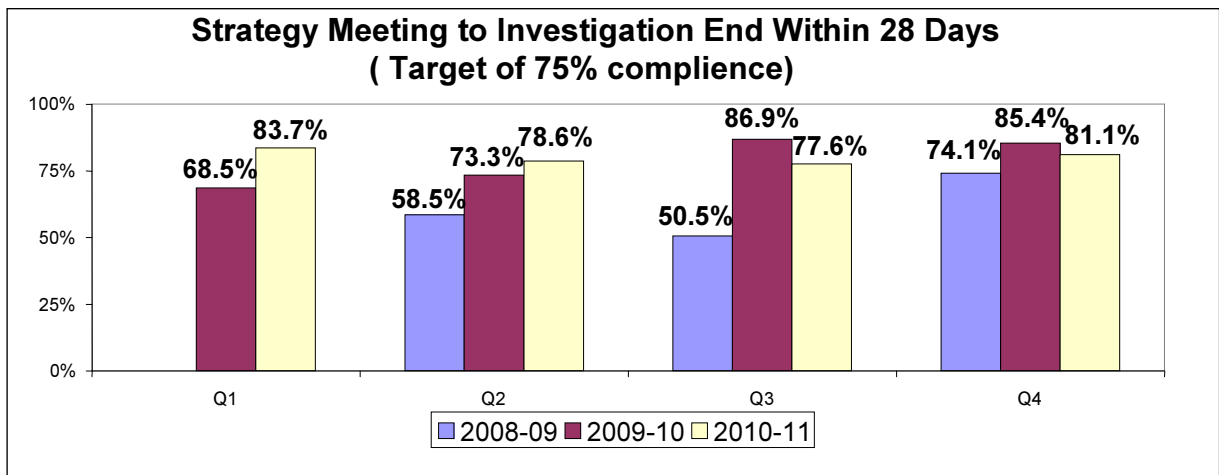


Table 9 (Local Performance)

During 2010/11 the number of referrals that progressed to strategy meeting stage within 5 days ranged between 83% and 98% with an overall average of 92% - this is above 2010/11's target level of 90%. Cases where investigations ended within 28 days of the strategy meeting taking place ranged from 70% to 84%, giving an overall average of 80% - again this performance is above the current target level of 75%. Considering the continuing increase in Safeguarding Adults referrals this represents notable performance in managing the progression of cases.





Conclusion from the Safeguarding and Practice Development Manager

2010 - 2011 has been another eventful year with key developments achieved across a range of areas, not least in the areas of training and communications. Much of this work has focused on embedding key principles associated with recognising the context of abuse and responding appropriately to safeguarding concerns.

The continuing rise in Safeguarding Adults referrals is reflective of the maintenance of a 'zero tolerance' approach allied with progressive educative and communication strategies. This has led to a growing sensitivity and appreciation of safeguarding issues across the broad range of health, law enforcement and social care services and members of the public.

In Durham, a significant amount of safeguarding development work continues to focus on 24 hour care provision, namely, care home and supported living services. This is reflective of the vulnerabilities and associated risks to individuals in such settings who typically have complex care needs. A consequence of this work is a better educated local workforce, together with a more proactive range of service provisions. This has resulted in better professional understanding and including an increased reporting of potentially harmful situations that exist for service users. This progressive change in understanding has led to improved reciprocal relationships between lead professionals with responsibilities for safeguarding adults and care providers responsible for the day to day service delivery.

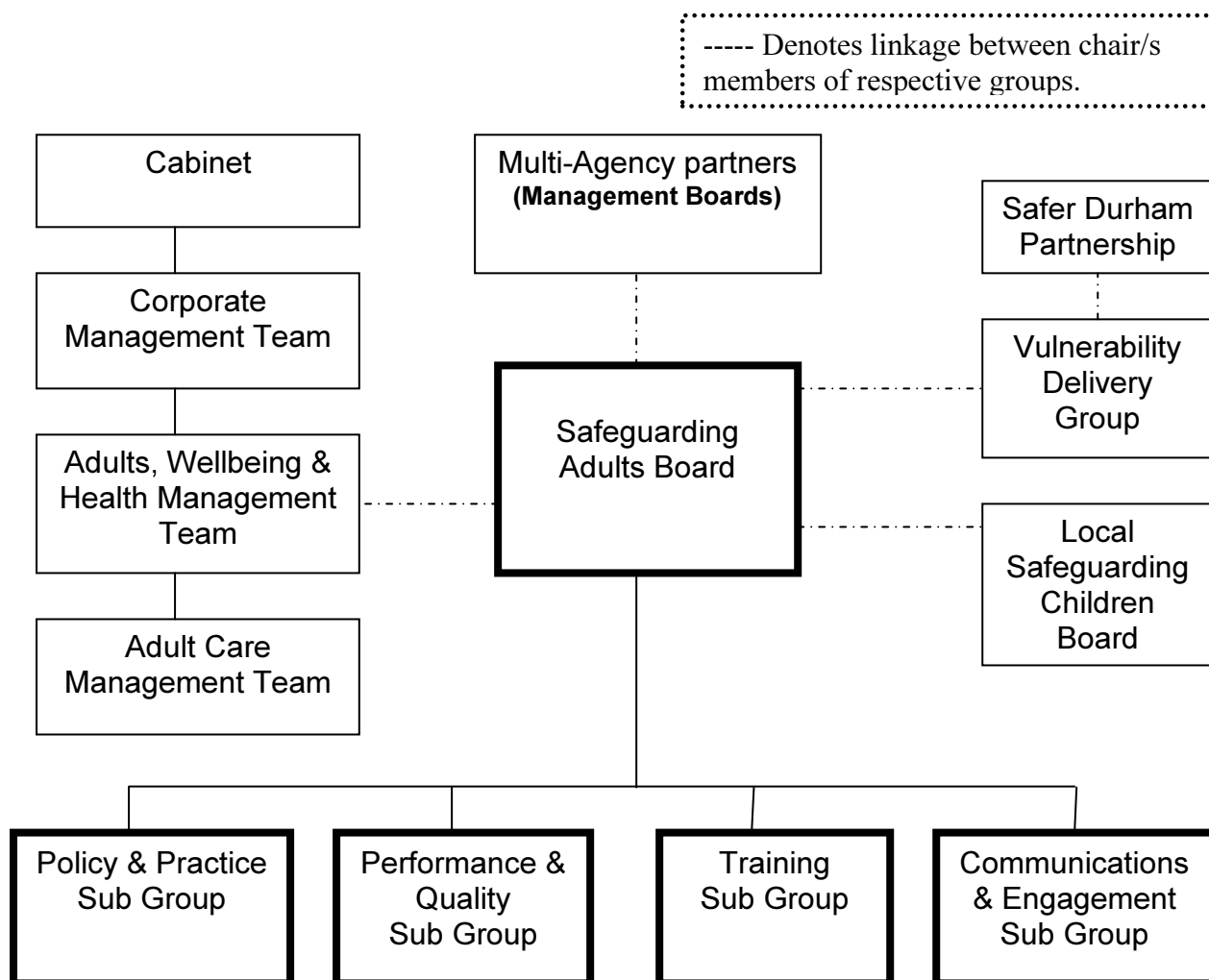
An inevitable consequence of the work undertaken is a rise in safeguarding adults referrals. While it is right that we continue to promote such an important agenda, growing pressure on our services has resulted from this increase in activity. As 'Safeguarding Adults' is a key priority for Durham County Council Adults, Wellbeing and Health, we have restructured our resources to enable us to better meet pressures associated with this growing demand.

In March 2011 a new dedicated group of Safeguarding Adults Lead Officers became fully operational. Their role involves co-ordinating all safeguarding cases that pertain to care homes and supported living provisions. This accounts for approximately 60 percent of all Safeguarding Adults cases and involves determining the level and scope of intervention following the receipt of referrals. Lead Officers chair strategy meetings and co-ordinate investigative actions. These posts form part of a wider integrated service model that incorporates the proactive monitoring of care practices and standards by health and social care professionals within the Adults, Wellbeing and Health Safeguarding and Practice Development Team.

Looking ahead, we await the outcome of the Law Commission's final recommendations to the Government on their review of adult social care law. As anticipated, I very much hope that 'Safeguarding Adults' will be finally placed on a statutory footing and Safeguarding Adults Boards assume a similar level of influence as Local Safeguarding Children Boards currently hold. We will then see Safeguarding business become an even more integral part of inter-agency working aimed at the protection of adults who are at risk of harm.

Lee Alexander

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.

Abbreviations / Glossary of Terms

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

CQC - Care Quality Commission (Formerly CSCI)

CRB - Criminal Records Bureau

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

SAB - Safeguarding Adults Board

NHS – National Health Service

TEWV – Tees, Esk and Wear Valley

RIEP – Regional Improvement and Efficiency Partnership

DOH – Department of Health

LA – Local Authority

PCT – Primary Care Trust

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