



**County Durham**  
**SAFEGUARDING ADULTS**  
**INTER-AGENCY PARTNERSHIP**

Annual Report **2012/13**

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

Welcome to the fifth annual multi agency safeguarding report.

Once again as I reflect upon our activities as a partnership over the last 12 months I am pleased to note that despite diminishing resources and increased demand across public services, we have continued to achieve our performance targets and development milestones, so evidencing that safeguarding remains a priority for us all.

One of my recent observations of the Board is that it has grown in confidence and maturity with a high level of commitment that is evident from Board representatives on behalf of their organisations. This has been further strengthened by the presence of senior NHS representatives from both of the newly formed clinical commissioning groups and NHS England's - Local Area Team. This reinforces the key role that the NHS plays in preventing and responding to abuse and also places the Board in a strong position to respond to Government policy and guidance.

The financial climate that exists both nationally and locally will continue to present a challenge to the partnership as demand for service from the public increases and pressures on partner agencies combine. I have no doubt that the County Durham Safeguarding Adults Board will continue to strive to improve safeguarding arrangements against this difficult background.

We know that more substantial change is needed to secure the sustainability of the health and social care system over time in the context of increasing demand for care and the growing complexity of needs.

The Government's White Paper *Caring for our future: reforming care and support* (July 2012), set out a long-term programme to reform care and support. At the centre of the White Paper was a vision for a modern system that promotes people's well-being by enabling them to prevent and postpone the need for care and support, and puts them in control of their lives so that they can pursue opportunities including education and employment, to realise their potential. The forthcoming Care Bill, placed before Parliament in May 2013 is a crucial step in delivering that vision. The implementation of the Bill will have far reaching consequences for all agencies that support and care for vulnerable adults, particularly in relation to care standards and the first ever statutory framework for adult safeguarding.

This will require us to focus much more on prevention and early intervention in the context of safeguarding. As a multi-agency partnership we will need assurance of the following:-

- That people are informed of their rights to be free from abuse and supported to exercise these rights, including access to advocacy.
- There exists a well trained workforce operating in a culture of zero tolerance of abuse.
- That good universal services, such as community safety services are available.
- Needs and positive risk assessment processes are evident that inform people's choices.
- Services are available that prioritise both safeguarding and independence.
- A range of options for support are available to keep people safe from abuse.
- The profile of safeguarding encourages public awareness of the issue.

As always, I am reassured that the partnership will continue to work hard to deliver these changes and to make safeguarding systems as responsive and effective as they can be.

Finally I would like to thank the many professionals and volunteers who work across a wide section of organisations who, on a daily basis, make a positive contribution to the safeguarding of vulnerable adults in County Durham. I am confident that safeguarding arrangements in County Durham continue to move in the right direction whilst not underestimating the size and complexity of the challenges ahead.

A handwritten signature in black ink, appearing to read 'L. Jeavons'.

Lesley Jeavons  
Head of Adult Care  
Chair of County Durham Safeguarding Adults Board

## **Introduction**

This annual report covers the key achievements and developments that have taken place during 2012/13

There are well established multi-agency safeguarding arrangements in County Durham that were developed in response to the 'No Secrets' guidance in 2000 and the Association of Directors of Adult Social Services ADASS National Framework of Standards.

There is a commitment from Durham County Council 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 (SAB) governs how safeguarding is delivered. It's work is based on the annual Business Plan and it is supported in that role by three sub groups that focus on specific areas of business, namely, Policy and Practice, Performance and Quality, Communications, 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 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 delivered by each organisation for that purpose.
- To promote public confidence in safeguarding systems 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 County Durham in relation to safeguarding activity.

(Taken from the SAB Terms of Reference)

## **Strategic Overview of Safeguarding Adults**

The Safeguarding Adults Board has continued to make improvements throughout the year. There has been a major reformatting of the Policy and Procedures with a view to making it more 'user friendly' and easier to navigate.

The new Risk Threshold Tool has been embedded into practice. Links have been forged with the Prison Service with a view to introducing more formal safeguarding processes for Prison establishments and there has been a great deal of effort in engaging with the two CCGs for the area.

The Safeguarding Adults Board has built on the success of the two previous regional radio campaigns by running a County Durham based campaign over a ten week period. We are now finding that reference is being made to the campaign when people are making referrals to Social Care Direct.

We now have our first volunteer who will assist in awareness events and obtain survey information from service users and carers. The Communication and Engagement Sub Group has also been successful in securing representation from the People's Parliament, which will bring some much needed insight to the Sub Group regarding service users' perspectives.

The Communications & Engagement and Training Sub Groups have merged functions to become the newly formed Communications & Engagement/Training Sub Group.

For the second year running the attendance at SAB training events has been in excess of 5,000 participants and there has been greater engagement from all organisations in its delivery.

We have continued to monitor key milestones in the safeguarding process maintaining percentage targets for initial strategies and investigations. In addition to this there has been a focus on 'Repeat Referrals' with a view to identifying root cause and improving safeguarding responses.

Significant improvements have been made in obtaining user/carer feedback. Two pilot surveys have been introduced, one in collaboration with a local authority exit survey and the other as a stand-alone survey asking specific questions regarding the safeguarding process, both have produced some positive results. Both surveys will be subject to continuous improvement and refinement.

## **Regional Perspective**

The SAB has continued with its commitment to support regional improvement through the sharing of good practice as part of its work with the Regional ADASS network group.

The group has reformed with new terms of reference and has devised a work plan focusing on six main areas.

These are;

Partnership & accountability, user engagement and participation, prevention interface with community safety, performance data, quality and learning lessons from Winterbourne View.

## **Safeguarding Adults in County Durham**

In order to fully appreciate the on-going priority that is given to safeguarding adults consideration should be given to the context of economic challenges faced by public sector organisations. Durham County Council Adult Services are facing a £60 million reduction in funding over the period 2011 to 2015, and this has resulted in services needing to undergo major transitional change. Staffing levels in Durham Constabulary have dropped by 300 posts recently and with further cuts in government grants it is expected that staffing levels will drop further. Despite the difficult operating environment faced by public services partners of the SAB have maintained their dedicated safeguarding adults personnel. The NHS has seen the introduction of Clinical Commissioning Groups, which has resulted in major changes in the way that services are delivered. The above are just some of the challenges that partner agencies are facing whilst still providing services that are fit for purpose and continue to meet public demand.

### **Safeguarding Operations**

Safeguarding referrals have stabilised (see Table 1) following an 88% rise the previous year in line with national trends. The introduction of the new alert classification has meant that a sizeable number of those referrals that do not require a safeguarding response and are now addressed in a more direct manner by care co-ordination and social work as part of routine case work. The annual safeguarding audit has again revealed a continued steady improvement in recording practices.

The Safeguarding Lead Officer team (SLO) has taken on the additional responsibility of referrals for all hospitals including mental health units and learning disabilities establishments.

### **Deprivation of Liberty Safeguards (DOLS)**

The Deprivation of Liberty Safeguards (DOLS) came into force in April 2009. Since then Durham County Council has received year on year an increasing number of applications from care homes. Initially there were 83 applications, and this has risen to 166 in the year 2012-13.

Since 1<sup>st</sup> April 2013 the duties in respect of DOLS which were formerly the PCT's were transferred to Local Authorities who are now responsible for completing DOLS assessments and issuing authorisations in hospitals as well as care homes. In County Durham interim arrangements were in place from October 2012 to support this transition. We are working with County Durham & Darlington Foundation Trust's (CDDFT's) Mental Capacity Act and DOLS lead to ensure compliance with the Mental Capacity Act within County Durham.

There are currently 19 qualified best interest assessors (BIAs) to carry out these assessments who have completed the necessary training and refresher training.

### **Transformational Change**

Durham County Council Adult Care services have recognised the need to reflect on operational activity in light of the changing landscape of demand and resource management

in public services. As a consequence the service is embarking upon a major cultural change project. This will involve;

- working with partner agencies to focus on the preventative agenda.
- supporting the development of voluntary and community sector resources to support people who have social care needs.
- promoting use of community resources rather than formal social care provision
- supporting carers and informal care networks.
- making better use of rehabilitation, reablement and recovery models to prevent long-term dependence on formal services.

In the future, adult services' resources will be targeted at those most in need once the above options have been explored.

A planned programme of transformational change is underway with Adult Services staff to change working culture, and a co-ordinated marketing plan is being rolled out to include members of the public, partners and other key stakeholders.

### **Clinical Commissioning Groups**

Clinical Commissioning Groups (CCGs), led by local GPs and other health professionals, have assumed NHS management responsibilities from Primary Care Trusts for the planning and purchasing (commissioning) of local health services for local populations. The creation of clinical commissioning groups is one of the changes to the NHS in the Health and Social Care Bill 2012. It gives local GPs greater opportunity to use their knowledge about services and patients to make changes and to develop services that meet patient need.

There are two Clinical Commissioning Groups that operate in County Durham, which assumed responsibility for the commissioning of health services from 1st April 2013; the North Durham CCG, which has responsibility for Derwentside, Durham and Chester-le-Street, and which is comprised of thirty one GP practices; and the Durham Dales, Easington and Sedgefield (DDES) CCG, which is made up of forty one member GP practices. They have responsibility for maintaining and improving local health services for a population of approximately 530,000 people and have a combined budget of some £720 million. Both CCGs have set priorities for the coming year and have formed strong links with the Health and Wellbeing Board and the County Council. As part of their annual planning for 2013/14 they will consult with Durham County Council to review and identify areas of joint commissioning that support and align to the final health and wellbeing strategy. The CCGs have formed strong links with the Safeguarding Adults Board and have reciprocal Board representation.



## **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, Children & Adults Services
- Clinical Commissioning Groups
- NHS England
- Tees, Esk & Wear Valleys NHS Foundation Trust
- County Durham & Darlington NHS Foundation Trust
- Durham Constabulary
- Prison Service
- National Probation Service
- Care Quality Commission
- Age UK County Durham
- Victim Support

The four Sub Groups of the Safeguarding Adults Board meet four times per year. They carry out much of the development work on behalf of the Board and during the past year have achieved the following key objectives;

- **Policy and Practice** – Established a Safeguarding Operations framework for Clinical Commissioning Groups.
- **Performance & Quality** – Maintained performance compliance levels of referral to strategy timescales and the completion of investigation timescales.
- **Communications & Engagement** – Updated safeguarding communications materials in respect of feedback received from service users and carer.
- **Training** – Created an infrastructure to support accredited training.

## **Reporting and Interface Arrangements**

The Board has interface arrangements with a number of organisational 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 Children Board and the Safe 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 being a member of the LSCB and the Head of Children's Care services sitting on the SAB. The appointment of a Corporate Director of Children and Adults Services, who also attends both Boards, has further strengthened these links. Training opportunities are well established for both safeguarding boards and in 2012 training leads began exploring areas of joint interest with a view to developing a more co-ordinated approach to training delivery.

### **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 purpose of the group is to improve public confidence, improve the safety of vulnerable people and reduce incidents of the most serious harm.

### **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. This partnership consists of the County Council, Police, Fire and Rescue, Probation and NHS who all work together to tackle crime, disorder and other anti-social behaviour. As well as ensuring support is available to both victims and perpetrators; the Partnership also has statutory responsibility for carrying out Domestic Homicide Reviews.

## **Key Milestones Achieved: April 2012 – March 2013**

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

### **Performance and Quality**

- October 2012      Continuous monitoring of the impact of implementing revised threshold through the quarterly analysis of referrals and alerts to ensure that concerns are dealt with in the most appropriate way.
- December 2012    The Local Adult Social Care Survey was adapted from April 2012 to benchmark the views of victims against those of general service users.
- Safeguarding survey piloted and agreed for assuring customer satisfaction in relation to the safeguarding investigation process.
- March 2013        Performance compliance levels in respect of referral to strategy timescales (90%) and completion of investigation timescales (75% compliance) received quarterly scrutiny and were maintained above compliance levels.
- A reduction of incidents of repeat safeguarding adults referrals has been achieved by monitoring victim data and adopting early intervention principles.
- Quarterly reviews of performance volume, trends and compliance for scrutiny and discussion carried out at each performance subgroup meeting.

### **Policy and Practice**

- July 2012            Interface agreements reached with the Probation Service.
- The Prison Service engaged with the SAB to look at practical ways for the prison service to introduce stand-alone safeguarding processes within each of their establishments.
- August 2012        A Safeguarding Operations framework for CCGs produced and endorsed by the CCG.
- September 2012    A review of the remit of the dedicated Lead Officer team and their criteria for intervention undertaken resulting in the remit of the team being extended to include those in hospital and those receiving continuous health care funding.
- October 2012        Revised threshold tool introduced in April 2012 was fully evaluated and rolled out across all agencies.
- A medication audit on all contracted domiciliary care providers was conducted resulting in an action plan that has been embedded into the contract monitoring process.
- March 2013         Established strategic links between SAB and CCGs.

## **Communications and Engagement**

- September 2012 Safeguarding communications materials were updated as a result of feedback received from service users and carers.
- November 2012 A number of briefing sessions were undertaken to promote safeguarding in the CCGs and GP surgeries.
- December 2012 Safeguarding Practice Officers engaged with care homes to raise awareness of financial abuse and have issued reminders regarding their obligations to act promptly when fees not paid.

## **Engagement**

- August 2012 Engagement took place with carers' services to increase awareness in relation to harm reduction.
- December 2012 Collaborative work with People's Parliament and older persons' groups regarding the scrutiny of safeguarding literature. Representation achieved from the People's Parliament at sub group meetings.
- December 2012 Community Safety representation established on the subgroup.

## **Training**

- July 2012 Infrastructure established to support accredited training. Formal arrangements with partner agencies put in place and the Local Authority Learning and Development section to agree to assist with delivery and administration of the modules.
- October 2012 Local Authority staff targeted by the Learning and Development department with a view to completing levels 1 and 2 safeguarding training in a 3 year time span.
- December 2012 Safeguarding workbook made available on the New College Durham Network to all students and lecturers. Workbooks made available to other colleges in the region.
- March 2013 Promotional materials developed and approved to promote safeguarding training for CCGs at development days.
- March 2013 Accredited training made available to regional LAs at both undergraduate and degree level (levels 4 & 6) and training information shared with the North East Regional ADASS group.

## **Key Actions: April 2013 - March 2014**

The following is a summary of the key actions planned for the partnership in 2013/14. These actions reflect the core business of the Safeguarding Adults Board's thematic sub groups. 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 actions in more detail. A copy of the Business Plan 2013/14 can be made available on request by contacting the Safeguarding and Practice Development Manager. Please see contact details at the back of this document.

### **Policy and Practice**

- Ensure compliance of Governance arrangements following the implementation of the Care & Support Bill.
- Develop a tripartite agreement with Local Authority, police and the Crown Prosecutions Service to provide a witness support, preparation and profiling protocol.
- Conduct a review of all CCG policies relating to adult safeguarding and ensure that they are embedded into practice.
- Further develop the use of the NHS Safeguard Incident Reporting and Management System (SIRMS) and establish a clear interface with local multi-agency adult safeguarding procedures.
- Ensure all NHS provider contracts have robust safeguarding and safe recruitment clauses.
- Implement the key lessons learned from Winterbourne View and mid Staffordshire NHS Trust reviews.
- Work with the Prison Service to develop adults' safeguarding procedures for Prison establishments in County Durham.
- Complete a health check on safeguarding in County Durham based on 'ADASS advice and guidance (March 2013)' report.
- Undertake medication audit on all Supported Living providers in conjunction with the CCG Safeguarding Unit and the Council Commissioning Service.
- Carry out consultation and perform a final review of the draft policy and procedures prior to publication on the internet.
- Examine lessons learned identified by safeguarding investigations with a view to reviewing and developing standards accordingly.

### **Performance and Quality**

- Review and modify the SAB performance framework in response to new operational reporting requirements.
- Ensure compliance in respect of performance targets for referral to strategy timescales, completion of investigation timescales and repeat safeguarding adults referrals.
- Further develop bi annual confidential user survey regarding their safeguarding experiences.
- Explore the possibility of sharing and developing performance information on a regional basis.
- CCGs to develop a Performance Management Framework for commissioned service providers.
- Monitor the use of the intermediary scheme.

- Fully establish the newly created SAB annual performance data set across Statutory Partners.
- Ensure adult safeguarding processes are embedded across the health economy during quality monitoring visits.
- Undertake a review of CDDFT incident reports to compare against low level of reporting of Safeguarding concerns to Social Care Direct.

## **Communications & Engagement**

- Update safeguarding communications materials in respect of the feedback received from service user and carer consultation
- Promote Adult Safeguarding in the community.
- Review and update safeguarding communications materials in April each year.
- Further promote adult safeguarding in Clinical Commissioning Groups and GP practices.

## **Training**

- Further develop promotional materials to promote Adult Safeguarding training for the CCGs.
- Work with LSCB to promote awareness of sexual abuse and exploitation.
- Work with local universities to ensure student nurses have experience of working with the CCG safeguarding team.
- Develop awareness sessions for the CCG Governing Body to identify corporate responsibilities in relation to adult and children's safeguarding.
- Develop a training package to support the introduction of witness support, preparation and profiling for vulnerable witnesses.
- Develop greater involvement from partner agencies in the core delivery of training.

## **Perspectives of Key Partners**

The perspective of Durham County Council is reflected throughout this document as the lead agency. The following represents a brief summary of the developments that have taken place within the other key safeguarding adults partnership organisations.

### **Durham Constabulary**

Durham Constabulary continues to be one of the few in the country that has a dedicated Adult Abuse Investigation Team staffed by detectives who carry out investigation into all offences committed against vulnerable adults by persons in a position of trust. The officers within the team work closely with Integrated Team Managers, dedicated Lead Officers and other partners to investigate allegations of abuse and have built up considerable expertise in adult protection.

The force focus for the coming year in respect of vulnerable adults is for all officers and staff to have a raised awareness and understanding of mental ill health. This work is on-going with the local Mental Health Trust (TEWV) and by the end of 2013 every officer will have completed an award winning on-line mental health training package.

In addition, TEWV and Adult Services have joined the Multi-Agency Team (Central Referral Unit) based at Headquarters which considers every referral from front line uniform staff regarding vulnerable persons. This ensures a holistic approach by the agencies based on sharing information to identify the best response.

### **Tees, Esk & Wear Valleys NHS Foundation Trust**

Tees Esk and Wear Valleys NHS Foundation Trust remains committed to the Safeguarding Adults Board and sub group arrangements and throughout 2012/2013 has continued to support the Board in achieving its key business planning priorities.

Safeguarding Adults is identified as one of the Trust's strategic objectives and the Trust's Safeguarding Adults Steering Group meets quarterly to ensure that systems and processes are in place to safeguard and promote the welfare of all adults within our service. This contributes to the achievement of the Trust objectives of safety and quality of our services and supports the implementation of multi-agency safeguarding adults arrangements. The group is chaired by the Nursing & Governance Director responsible for safeguarding and reports to the Trust Quality Assurance Group.

Key priority areas for 2012/2013 have included the development of safeguarding audit tools to provide assurances of compliance in relation to safeguarding policy and procedures; the development of internal intermediate level training to support the multi-agency arrangements to ensure staff have the appropriate safeguarding knowledge and skills to support multi-agency procedures. All staff now have their safeguarding responsibilities clearly identified within their job descriptions.

### **County Durham and Darlington NHS Foundation Trust**

The NHS is accountable to patients for their safety and wellbeing through delivering high-quality care. This duty is underpinned by the NHS constitution that all providers of the NHS services are legally obliged to take account of.

County Durham and Darlington NHS Foundation Trust (CDDFT) continue to be fully committed to the Safeguarding Adults Partnership. The Associate Director of Nursing (Patient Experience and Safeguarding) is a member of the Safeguarding Adult Board and the Safeguarding Adult Lead deputises. The Safeguarding Adults Lead is also an active member of the Partnership Board's sub group arrangements.

During 2012/13 the Trust's internal Safeguarding group has continued to meet bi-monthly and is chaired by the Associate Director of Nursing (Patient Experience and Safeguarding); members include representation from all care groups, safeguarding adults lead, safeguarding children's lead, looked after children team, training, named and designated professionals. The group oversees safeguarding activity within the Trust, shares information, monitors action plans in response to serious case reviews, domestic homicide reviews, inspections and audit, the group also reviews safeguarding policies, processes and procedures. Terms of Reference and minutes of the meetings are received by the Quality and Healthcare Governance Committee which is a sub-committee of the Trust Board.

Since April 2012 all staff receive safeguarding adults awareness raising as part of their mandatory training. At 31<sup>st</sup> March 2013 90.84% of staff employed by the Trust has received some form of safeguarding adults training. The Trust continues to support the delivery of multi-agency safeguarding adults training and the Trust's dedicated Safeguarding Adults Trainer has recently facilitated level 2 training sessions.

The final report of the public enquiry into the care provided by Mid Staffordshire NHS Foundation Trust was published on the 6<sup>th</sup> of February 2013. The Inquiry Chairman, Robert Francis QC, concluded that patients were routinely neglected by a Trust that was preoccupied with cost cutting, targets and processes and which lost sight of its fundamental responsibility to provide safe care to its patients. CDDFT have held a series of listening events across the Trust to discuss the recommendations set out within the Francis Report. The Trust is developing the next stage of its strategic direction, with a focus on quality, with more feedback and 'listening events' planned. The Executive Directors of Nursing and Medicine have developed a Clinical Quality Strategy which is at the consultation phase with staff. This will form the foundation of the Trusts intentions relating to safety, experience and effectiveness. Strong proposals for more feedback from patients and their friends and families have been made by Francis and the Trust is rolling out the Friends and Family Test to all service areas. The Trust has also introduced a Quality Impact Assessment process for all clinical cost reduction proposals.

## **NHS County Durham and Darlington**

As commissioners, NHS County Durham and Darlington (NHS CDD) have oversight of the local health economy. NHS CDD seek assurances that providers of NHS care contribute to the safeguarding adults agenda and that they keep vulnerable adults safe.

The key achievements in relation to multi-agency working are in the support to Primary Care on national and local issues which include; Implementation of 'Deciding Right', Support to Primary and Secondary Care for Deprivation of Liberty Safeguards (DOLS) and support to Serious Case Reviews.

The NHS has been represented and has provided practical support on high profile cases, which include the concerns arising from the abuse at Winterbourne View and the transfer of care from Southern Cross to other providers. Support has been provided on a range of medicines management matters to Adult Care and individual establishments with practical

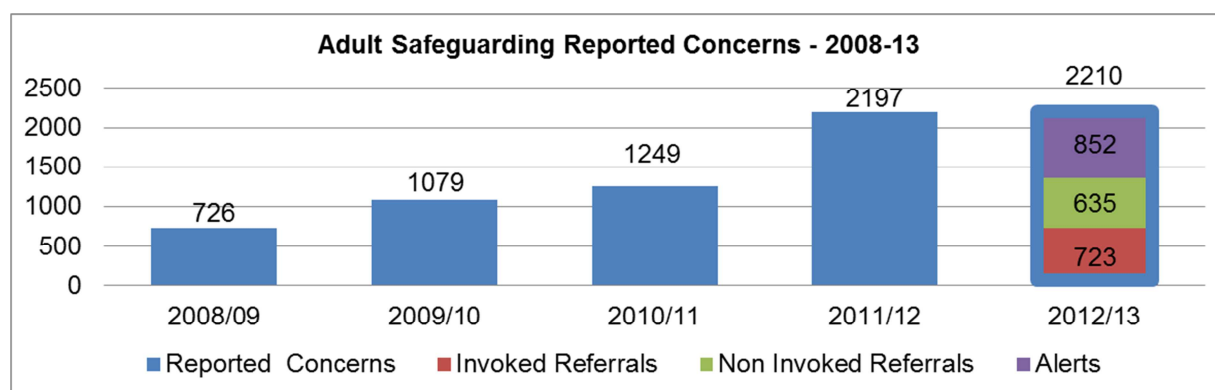


advice being offered at multi-agency executive strategy meetings. The service also liaises with primary, secondary and strategic health authorities to ensure that any actions and/or notices are implemented within primary and community services.

The Safeguarding Operating Framework that is currently being developed will describe the new arrangements for managing safeguarding in light of changes within CCGs.

## Safeguarding Activity in County Durham

**Table 1**



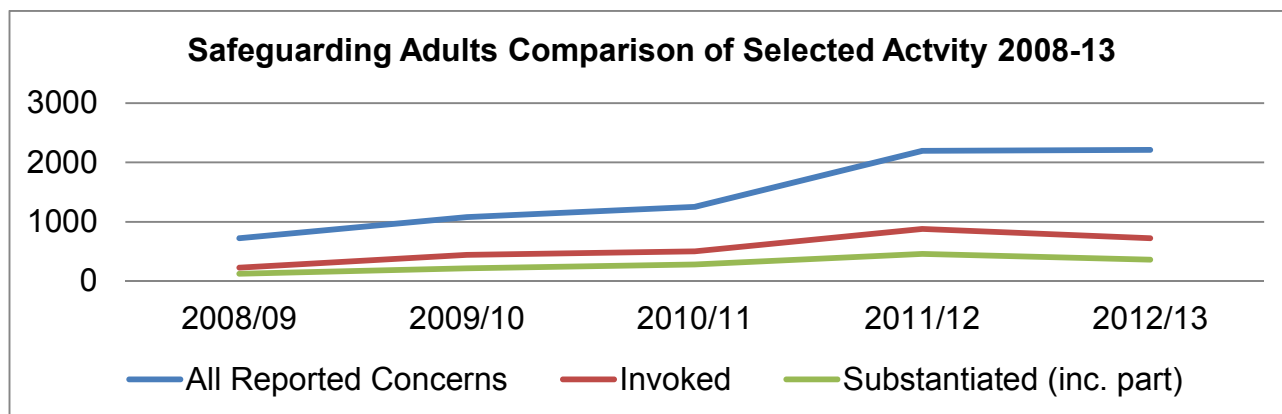
	2008/09	2009/10	2010/11	2011/12	2012/13
<b>Reported Concerns</b>	726	1079	1249	2197	2210

Table 1 demonstrates that there has been a steady increase in the reporting of safeguarding concerns between 2008/9 and 2011/12.

Much of this can be attributed to an increase in awareness in the voluntary and independent sectors. This has been influenced by a comprehensive training package being provided by the County Durham Safeguarding Adults Board and a number of high profile cases such as Winterbourne View and the Mid-Staffordshire NHS Foundation Trust inquiry. The referral rate appears to have stabilised during 2012/13 and it is hoped that this will be more representative of safeguarding activity.

In April 2012 a new Alert Threshold enabled organisations to identify lower level concerns which can be addressed by a single agency response such as care co-ordination. This does not require a multi-agency response and avoids the need to invoke safeguarding procedures. This may account, in part, for the reduction in the rate of referrals.

**Table 2 (Reported Concerns Activity - All, Invoked and Substantiated)**



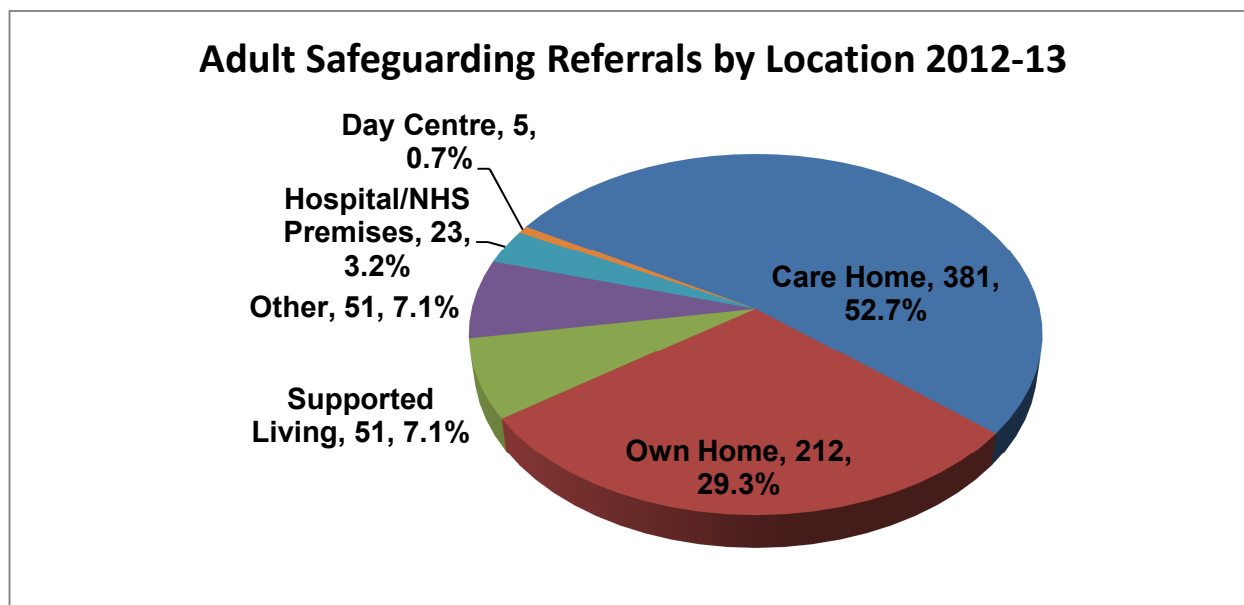
	All Reported Concerns	Invoked	Substantiated (inc. part)	% Invoked	% Invoked Substantiated
<b>2008/09</b>	726	227	125	31%	55%
<b>2009/10</b>	1079	441	215	41%	49%
<b>2010/11</b>	1250	502	283	40%	56%
<b>2011/12</b>	2197	879	461	40%	52%
<b>2012/13</b>	2210	723	361	33%	50%

The percentage of referrals in which safeguarding procedures are invoked (those that require multi-disciplinary investigations) has dropped by 7% to 33% and of those some 50% were substantiated, which is comparable with previous years.

Of the 67% not invoked some follow-up action was typically pursued by social workers, care co-ordinators and care providers.

Of all invoked cases 80% resulted in follow up action for the victim including; reassessment, increased monitoring, applications to the court of protection and referral to advocacy or counselling and 78% of alleged perpetrators required further intervention, including disciplinary action, criminal prosecution, action by CQC or counselling or training.

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

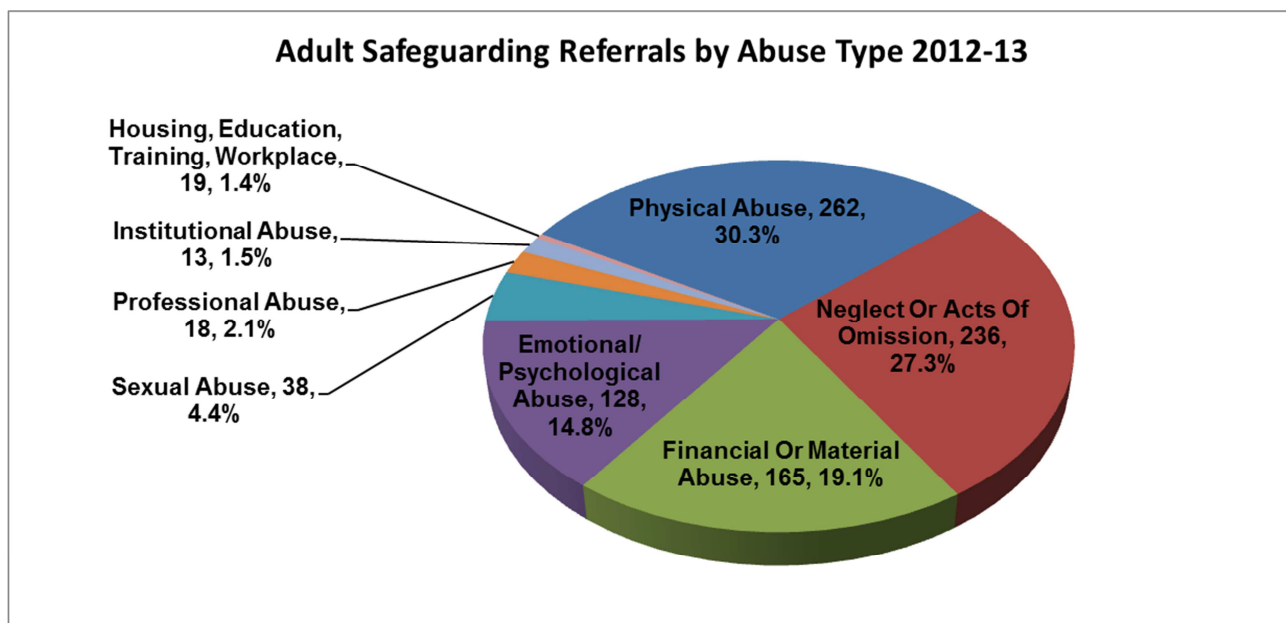


Location	2008-9		2009-10		2010-11		2011-12		2012-13	
	Num	%	Num	%	Num	%	Num	%	Num	%
Care Home	100	43.9%	189	46.3%	253	50.4%	488	55.5%	381	52.7%
Own Home	69	30.3%	118	28.9%	155	30.9%	212	24.1%	212	29.3%
Supported Living	14	6.1%	20	4.9%	18	3.6%	90	10.2%	51	7.1%
Other	32	13.2%	54	13.2%	53	10.4%	52	5.5%	51	7.1%
Hospital/NHS Premises	9	3.9%	17	4.2%	21	4.2%	26	3.0%	23	3.2%
Day Centre	4	1.8%	10	2.5%	2	0.4%	11	1.3%	5	0.7%
<b>Total</b>	<b>228</b>		<b>408</b>		<b>502</b>		<b>879</b>		<b>723</b>	

The higher level of referrals from care homes and supported living services reflects the efforts made by Durham County Council to raise awareness and standards linked to reporting safeguarding incidents. Consequently the majority of safeguarding referrals continue to pertain to care homes and typically are referred by personnel working in the care services themselves. This is a positive trend and it is on the increase as indicated by table 3 above.

Notwithstanding those efforts the Safeguarding Adults Board has been involved in a number of awareness campaigns in order to improve public awareness of abuse and how to respond once it has been identified.

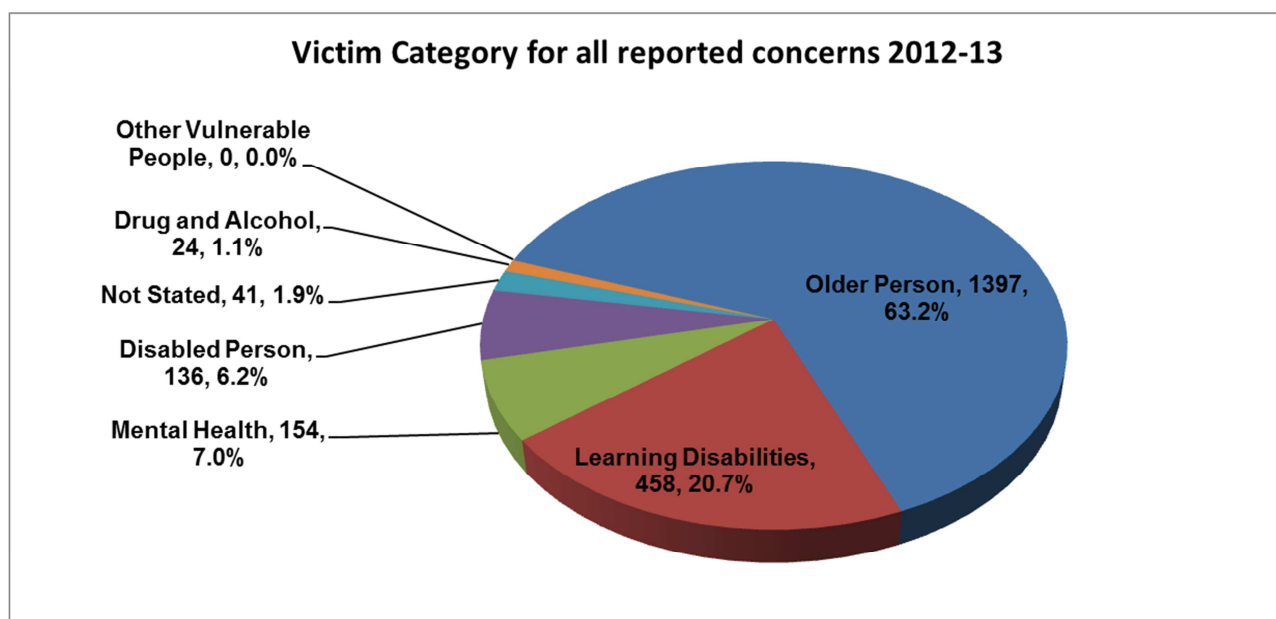
**Table 4 (Type of Abuse - Where procedures were invoked)**



Type of Abuse	2008-9		2009-10		2010-11		2011-12		2012-13	
	Num	%	Num	%	Num	%	Num	%	Num	%
<b>Discriminatory Abuse</b>	1	0.4%	3	0.6%	8	1.3%	10	0.9%	4	0.5%
<b>Emotional/ Psychological Abuse</b>	24	9.9%	64	13.0%	78	12.5%	132	11.6%	128	14.8%
<b>Financial Or Material Abuse</b>	47	19.3%	105	21.3%	145	23.3%	198	17.4%	165	19.1%
<b>Institutional Abuse</b>	30	12.3%	47	9.5%	46	7.4%	46	4.0%	13	1.5%
<b>Neglect Or Acts Of Omission</b>	44	18.1%	93	18.8%	140	22.5%	288	25.2%	236	27.3%
<b>Physical Abuse</b>	70	28.8%	136	27.5%	135	21.7%	320	28.0%	262	30.3%
<b>Professional Abuse</b>	0	0.0%	8	1.6%	18	2.9%	61	5.3%	18	2.1%
<b>Sexual Abuse</b>	27	11.1%	38	7.7%	52	8.4%	86	7.5%	38	4.4%
<b>N.B. There may be more than one abuse type per invoked referral.</b>										

Financial/ material abuse continues to be the most commonly reported form of abuse. This is closely followed by neglect or acts of omission, then physical abuse and emotional/ psychological abuse. Not only does this reflect the pattern of the previous four years in Durham, it also reflects the order of prevalence shown in both national and regional data published in 2012.

**Table 5 (Victim Category - of all reported concerns)**

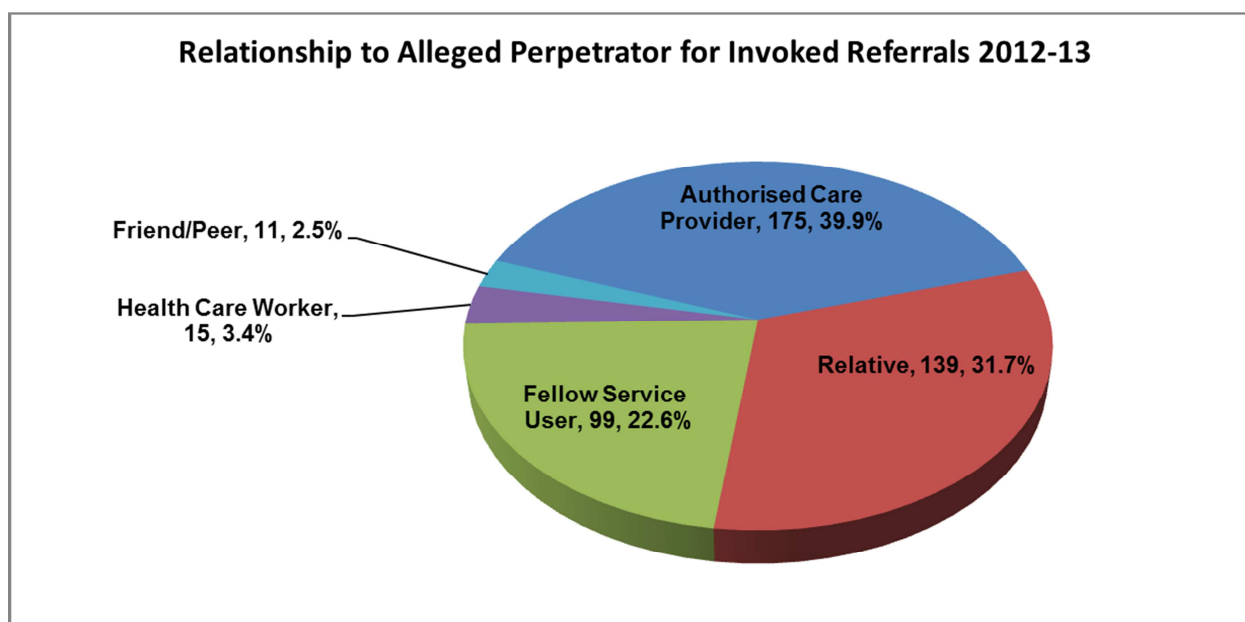


Party Category	2008-9		2009-10		2010-11		2011-12		2012-13	
	Num	%	Num	%	Num	%	Num	%	Num	%
<b>Older Person</b>	455	62.7%	675	62.6%	792	63.4%	1342	61.1%	1397	63.2%
<b>Learning Disabilities</b>	169	23.3%	267	24.7%	275	22.0%	542	24.7%	458	20.7%
<b>Mental Health</b>	29	4.0%	32	3.0%	79	6.3%	136	6.2%	154	7.0%
<b>Disabled Person</b>	70	9.6%	99	9.2%	100	8.0%	143	6.5%	136	6.2%
<b>Not Stated (Alerts)</b>	0	0.0%	0	0.0%	0	0.0%	0	0.0%	41	1.9%
<b>Drug and Alcohol</b>	3	0.4%	6	0.6%	3	0.2%	34	1.5%	24	1.1%
<b>Grand Total</b>	<b>726</b>		<b>1079</b>		<b>1249</b>		<b>2197</b>		<b>2210</b>	

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

The only marked variance from the previous year is in Learning Disabilities where there is a 4% drop in referrals which translates into 84 fewer referrals; however this is not seen as significant.

**Table 6 (Perpetrator Category)**



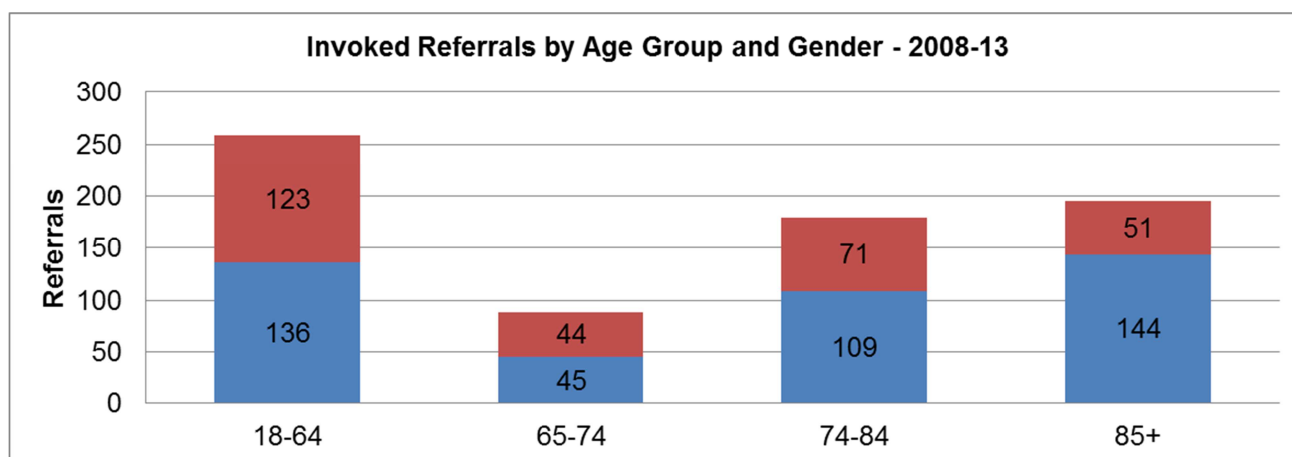
Relationship Type	2008-9		2009-10		2010-11		2011-12		2012-13	
	Num	%	Num	%	Num	%	Num	%	Num	%
Authorised Care Provider	52	44.1%	109	42.7%	152	45.9%	271	46.4%	175	39.9%
Relative	21	17.8%	70	27.5%	93	28.1%	119	20.4%	139	31.7%
Fellow Service User	20	16.9%	33	12.9%	42	12.7%	142	24.3%	99	22.6%
Health Care Worker	11	9.3%	8	3.1%	18	5.4%	10	1.7%	15	3.4%
Friend/Peer	14	11.9%	35	13.7%	26	7.9%	42	7.2%	11	2.5%
<b>Grand Total</b>	<b>118</b>		<b>255</b>		<b>331</b>		<b>584</b>		<b>439</b>	

‘Authorised care provider’ remains the most prevalent relationship type of alleged perpetrator. This is closely followed by ‘Relative’, which has seen an 11.3% increase in 2012/13.

The fact remains that the persons who are in the closest contact with service users are the most likely to have allegations made against them.

‘Authorised Care Provider’ has also seen the largest reduction in allegations. This may be reflective of the on-going development work that is undertaken with care providers in County Durham.

**Table 7 (Age and Gender)**



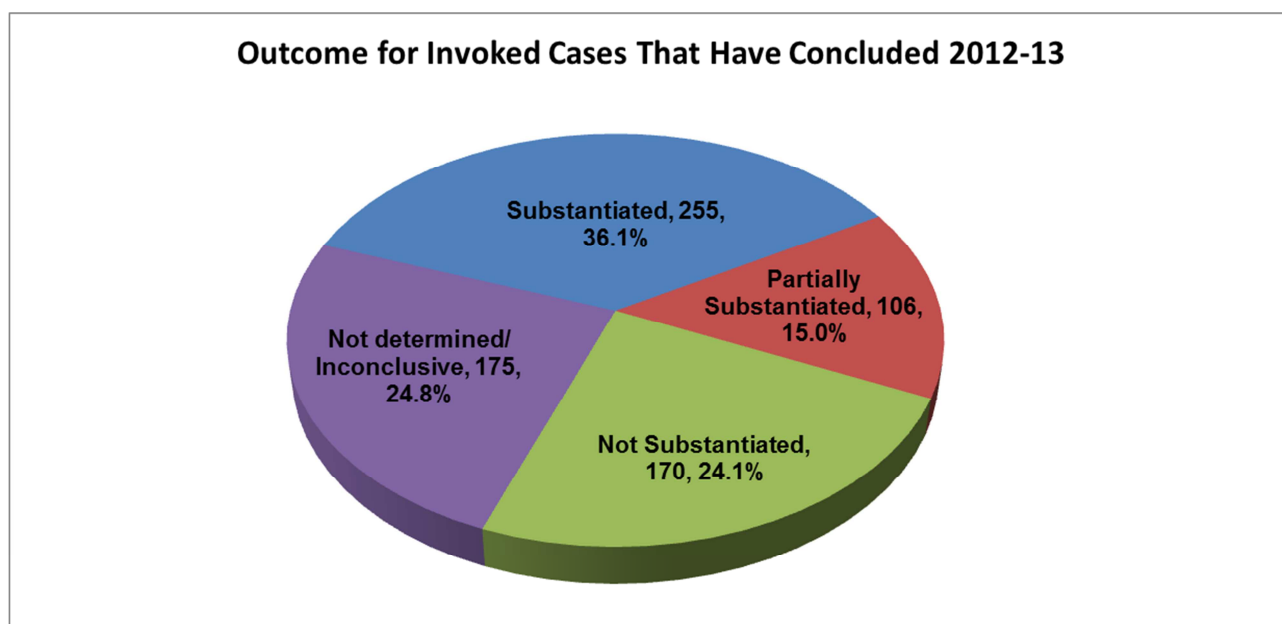
Age Group	2008-09		2009-10		2010-11		2011-12		2012-13	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
<b>18-64</b>	49	49	97	88	107	77	171	196	136	123
<b>65-74</b>	21	10	36	24	32	30	43	41	45	44
<b>75-84</b>	32	25	67	39	67	39	131	71	109	71
<b>85+</b>	33	8	74	16	111	39	176	50	144	51
<b>Total</b>	<b>135</b>	<b>92</b>	<b>274</b>	<b>167</b>	<b>317</b>	<b>185</b>	<b>521</b>	<b>358</b>	<b>434</b>	<b>289</b>

The overall percentage of alleged male and female victims remains similar to previous years, with a 40% and 60% split, respectively. In the age range 18 – 74 the percentage of referrals is evenly split. Although in the age range 18 - 64 there has been an overall reduction of 30%. In part, this relates to the reduction in the number of reported concerns received relating to learning disability service users.

A higher percentage of female clients continue to dominate the 75 – 85+ age group. This is unsurprising as older people have a higher prevalence of dependency and women tend to live longer than men.



**Table 8 (Outcomes of Invoked Referrals)**

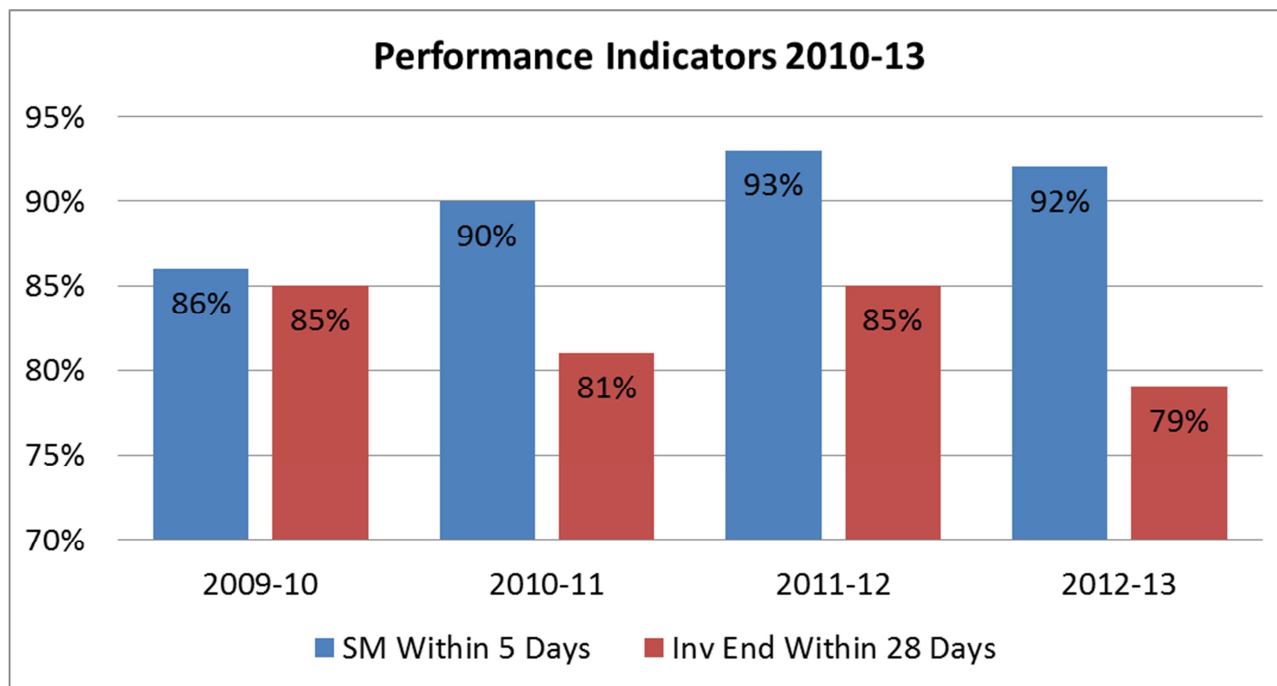


Outcome	2009-10		2010-11		2011-12		2012-13	
	Num	%	Num	%	Num	%	Num	%
Substantiated	184	44.8%	194	38.6%	293	34.3%	255	36.1%
Partially Substantiated	31	7.5%	89	17.7%	168	19.7%	106	15.0%
Not Substantiated	86	20.9%	114	22.7%	237	27.8%	170	24.1%
Not determined/ Inconclusive	110	26.8%	105	20.9%	155	18.2%	175	24.8%
<b>Grand Total</b>	<b>411</b>		<b>502</b>		<b>853</b>		<b>706</b>	

51% of invoked cases were substantiated or partially substantiated, which represents a slight decrease from the previous year. In these cases there are a variety of interventions that can and do take place to protect individuals including on-going professional support, revisions to care/protection plans, advocacy and counselling interventions.

There are many reasons why the remaining cases (49%) are determined as not substantiated or inconclusive, which include malicious/false allegations and insufficient evidence following completion of an investigation. Where it is required, on-going support is provided to those people who need it.

**Table 9 (Performance Indicators)**

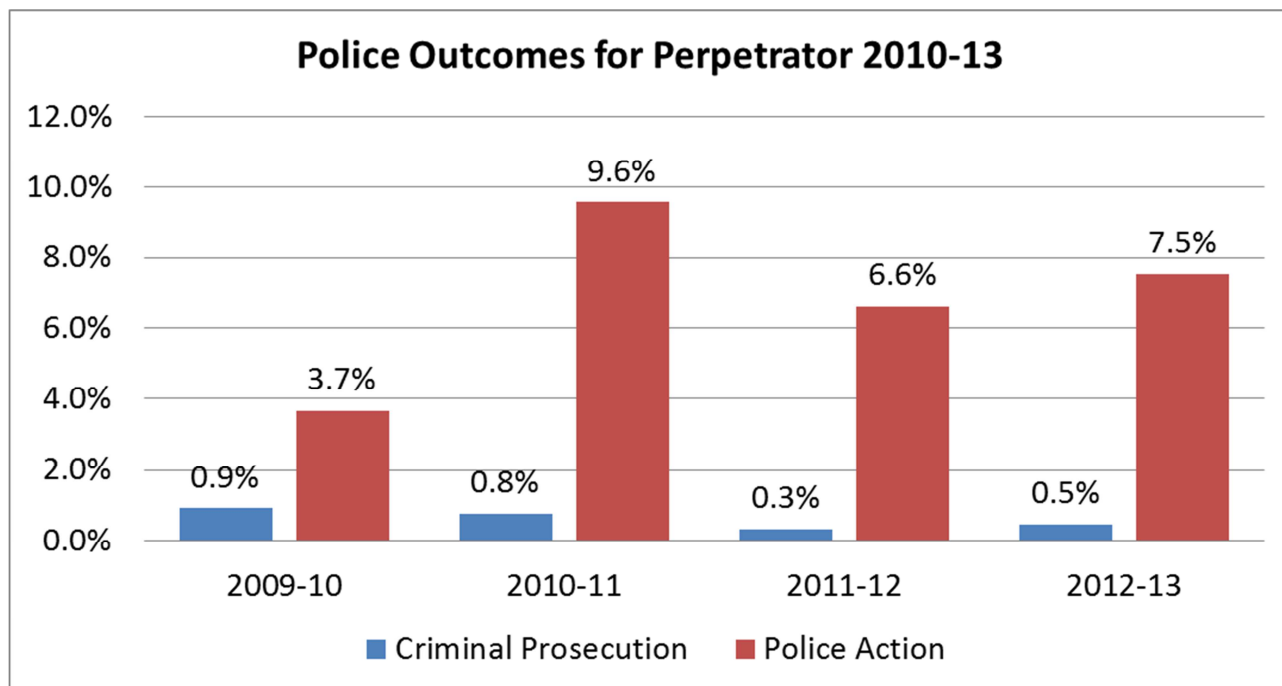


	2009-10	2010-11	2011-12	2012-13
<b>SM Within 5 Days</b>	86%	90%	93%	92%
<b>Inv. End Within 28 Days</b>	85%	81%	85%	79%

The 2012/13 period has seen the 5 day and 28 day safeguarding targets have being met. The number of referrals that progressed to strategy meeting stage within 5 days being above the target of 90% at 92%.

The investigation end target of 75% of investigations being completed within 28 days has been achieved in 79% of cases. Sustaining this response rate represents an exceptionally high standard of response to referrals, particularly when the rate of referral increase over recent years is taken into consideration.

**Table 10 (Police Outcomes for Perpetrator)**



Outcome for Perpetrator	2009-10		2010-11		2011-12		2012-13	
	Num	%	Num	%	Num	%	Num	%
<b>Criminal Prosecution</b>	1	0.9%	5	0.8%	4	0.3%	4	0.5%
<b>Police Action</b>	4	3.7%	62	9.6%	80	6.6%	65	7.5%
<b>Grand Total</b>	<b>109</b>		<b>647</b>		<b>1206</b>		<b>861</b>	

The number of criminal prosecutions recorded by Lead Officers has remained low over the four years shown. However, police action has been instigated in a higher number of cases and includes police led investigation, interviewing processes and the deployment of other evidence gathering techniques such as surveillance. Unfortunately, successful prosecutions are often problematic due to the vulnerability and associated credibility of victims in the criminal justice system. This is an area of work that requires further development. The SAB is working to introduce a witness support, preparation and profiling programme that should improve the quality of evidence that some vulnerable victims as well as witnesses can give.

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

The Safeguarding Adults Inter-Agency Partnership continues to demonstrate its commitment to the safeguarding agenda despite the very challenging and uncertain financial landscape we find ourselves working in.

Much of the operational work undertaken this year has focused on embedding in practice a revised risk threshold together with the introduction of an alert process for concerns that present with a lower level of risk.

As can be seen in the Safeguarding Activity in Durham for the period, there have been 852 alerts out of a total of 2210 reported concerns. This represents nearly 39% of all reported concerns.

Audit work has been undertaken this year to ensure the right decisions are taken following the receipt of a reported concern and to understand the impact these changes have on personnel who undertake investigations. The outcome of this work showed positive results as it has alleviated workloads by significantly reducing the number of cases requiring formal safeguarding decisions at a management or lead officer level. Additionally, following an audit of 100 alerts, it was evident that 89% did not in fact require more formal referral. In those cases that did, appropriate follow-up was usually undertaken.

In summary, this has resulted in a more efficient and effective service as managers/lead officers have more time to focus on the most serious concerns and allegations.

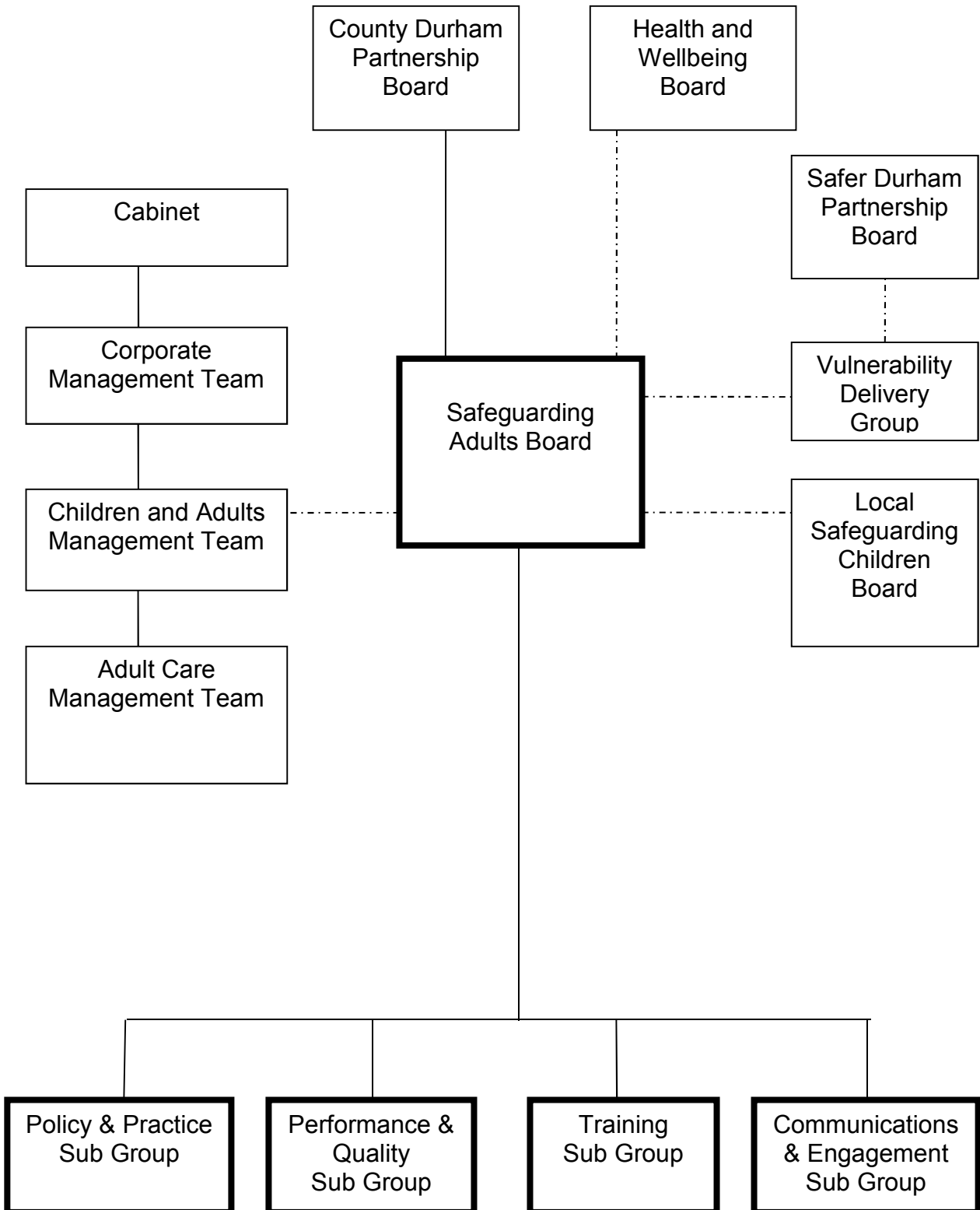
Looking ahead, we will continue to develop our safeguarding practices. This will be supported by a revised set of procedures that are more user friendly and accessible via our website. We will also be actively encouraging individuals who have experienced our safeguarding adults processes to share their experiences so we can learn from them and continue to improve.



**Lee Alexander**

Reporting and Interface Arrangements

---- Denotes linkage between chair/s members of respective groups.



## Abbreviations / Glossary of Terms

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

**BIA** - Best Interest Assessor

**CCG** - Clinical Commissioning Group

**CDC&S** - County Durham Care & Support

**CDDFT** - County Durham & Darlington NHS Foundation Trust

**CQC** - Care Quality Commission

**CRB** - Criminal Records Bureau

**CRU** - Central Referral Unit (Police)

**CYPS** - Children and Young People's Service

**DOH** - Department of Health

**DOLS** - Deprivation of Liberty Safeguards

**NHS** - National Health Service

**ISA** - Independent Safeguarding Authority

**LA** - Local Authority

**LSCB** - Local Safeguarding Children Board

**MAPPA** - Multi-Agency Public Protection Arrangements

**MARAC** - Multi-Agency Risk Assessment Conference

**MCA** - Mental Capacity Act

**NHS CDD** - NHS County Durham & Darlington

**PCT** - Primary Care Trust

**SAB** - Safeguarding Adults Board

**SLO** - Safeguarding Lead Officer

**TEWV** - Tees, Esk and Wear Valley

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