



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

Annual Report **2013/14**

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

Welcome to the County Durham Safeguarding Adults Board Annual Report 13/14.

Throughout the past year the Board and its multi-agency partners have continued to work together with the shared vision of making County Durham a place where adults at risk are protected from abuse, and the rights of people who are unable to make decisions for themselves are promoted and safeguarded.

This Annual Report provides an overview of the Board, its member organisations, its work-streams and achievements over the last 12 months and the plans we have for further developing service responses in the near future.

The work described in this year's report has taken place against a backdrop of intensive change in all partner agencies, particularly in NHS bodies where the re-configured NHS has thrown up new challenges and opportunities.

Health colleagues have been well represented on the Board and for the first year meaningful engagement with Primary Care, particularly GPs, has been observed.

Whilst the financial backdrop in public services continues to challenge, all agencies have continued to prioritise safeguarding activity and as you will see our achievements have been significant.

At a national level we have been mindful of tragedies and poor practice arising out of ineffective systems and governance and have continued to learn lessons from national inquiries including the Francis report and the serious case review into Winterbourne View private hospital.

At a local level the Care Act requirements are engaging us in meaningful activity and preparations for its implementation are continuing. We are hopeful that this legislation will put safeguarding adults on a strong statutory footing ensuring we are better equipped both to prevent abuse and to respond when it occurs.

As referenced last year the shift to an approach to safeguarding aligned to prevention and early intervention will continue as will the need to consider management and administrative arrangements for the Board.

Later this year we will be moving to the appointment of an independent chair person, shared with our local safeguarding children's board. This represents an important step for us in moving to a greater degree of objectivity and challenge and as retiring Chair, I welcome that approach.

I would like to record my personal wishes to all my colleagues on the Board; to thank them for their hard work and dedication and to say how much I have enjoyed working with and learning alongside them. I know that vulnerable adults in County Durham will continue to be supported as a result of their efforts.

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

## Introduction

This SAB has well established multi-agency safeguarding arrangements for County Durham that are developed against 'No Secrets 2000' guidance, 'Safeguarding Adults' 2005 and the anticipated changes to be implemented by the Care Act 2014.

There is a commitment from Durham County Council as the lead agency and its partner organisations to protect adults at risk of 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 Care Act 2014 was passed by parliament in May 2014 and guidance / consultation produced in June 2014. Adult Safeguarding guidance identified that each local authority must set up a Safeguarding Adults Board (SAB). The guidance identifies that a Safeguarding Adults Board has three key functions:

- It must publish a strategic plan for each financial year that sets out how it will meet its main objective and what the members will do to achieve these objectives.
- The plan must be developed with local community involvement.
- The SAB must consult the Local Healthwatch organisation.

The Care Act guidance for safeguarding adults also states that the SAB must publish an annual report detailing what the partnership has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews or any on-going reviews.

Each Safeguarding Adults Board should:

- identify the role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults at risk of abuse or neglect;
- establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements;
- determine its arrangements for peer review and self-audit;
- establish mechanisms for developing policies and strategies for protecting adults at risk of abuse and neglect which should be formulated, not only in collaboration and consultation with all relevant agencies, but also take account of the views of people who use care and support, families and carer representatives;
- develop procedures for identifying circumstances giving grounds for concern and directing referrals to a central point;
- formulate guidance about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional and administrative malpractice;
- develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect;
- balance the requirements of confidentiality with the consideration that, to protect adults at risk of abuse or neglect, it may be necessary to share information on a 'need-to-know basis';
- identify mechanisms for monitoring and reviewing the implementation and impact of policy;
- carry out safeguarding adult reviews;
- produce an Annual Report and an Annual Business Plan; and,
- promote multi-agency training.

## **Strategic Overview of Safeguarding Adults**

The Safeguarding Adults Board (SAB) has made significant improvements to the delivery of safeguarding across the County.

Following the SAB away day the SAB has now adopted new terms of reference in line with the Department of Health (DH) statement of government policy on adult safeguarding principles of Empowerment, Protection, Prevention, Proportionality, Partnership and Accountability. That focus has now been introduced into the format of the SAB business plan.

There has been development of a Witness Support, Preparation and Profiling scheme to support vulnerable adults through the criminal justice process, which has been widely received and is awaiting sign-off by the main organisations within the criminal justice system. Work is continuing with a view to introducing a bespoke safeguarding process for prison establishments and SAB documentation and leaflets have undergone an annual review to ensure that they are still fit for purpose.

Attendance at SAB training events has exceeded the 5000 mark for the third successive year and accredited training has been delivered to the first cohort of assistant social workers. Safeguarding training is now very much a multi-agency effort with a number of key partners delivering a substantial amount of training.

The Board has again lead on a regional radio campaign, securing £18,000, from regional ADASS funds, for its radio ads, update of its regional website and street events in each of the 12 local authority areas.

The User Survey has which again been redesigned to bring it into line with the DH safeguarding principles identified above. There is now also an opportunity for a face to face interview if service users or carers so desire. This survey is being sent to all service users who have undergone a safeguarding investigation. In addition Durham Constabulary are now collecting data regarding safeguarding investigations that enter the criminal justice system and the SAB is now in a position to complete the safeguarding picture from strategy start to finish.

## **Regional Perspective**

The County Durham SAB has continued to play an active part in the North East Regional Safeguarding Adult Network Meeting. Within the network action plan, Durham leads on the regional safeguarding adults radio campaign and collecting good practice example surrounding the 'project' agenda which is part of the national anti-terrorism strategy.

We received offers of support from Northumberland, Gateshead, Newcastle and Stockton regarding the Making Safeguarding Personal programme, collecting qualitative service user data and promoting service user engagement and we were able to offer support to other local authorities regarding risk management, prison protocols, escalation of investigations, accredited training and links between Children's and Adult safeguarding. Durham has also been instrumental in reinstating and chairing the Regional Training Group.

## **Safeguarding Operations**

The Safeguarding Lead Officer (SLO) team has undergone significant change over the past year with three of its four staff being replaced. The new staff are now established and have performed admirably. The change in procedures that allow up to five days to make the initial decision to invoke multi-agency safeguarding has had a significant impact resulting in referrals receiving a more appropriate response and freeing lead officers and team managers to focus on more challenging incidents. This, together with the introduction of Alerts, has had a significant influence on the volume and the type of referrals the SLOs deal with as can be seen from Table 1a.

## **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 about 200 in the year 2012-13.

DOLS has suffered from an absence of a definition of a deprivation of liberty within primary legislation. This had led to inconsistencies across the country in interpretation of law and huge variations in practice and numbers of applications received. In March 2014 the Supreme Court handed down a long-awaited decision in two key cases, which has had a very significant impact upon volumes of work for local authorities and care homes and hospitals.

The Supreme Court judgment has provided a basic working definition of what constitutes a deprivation of liberty, which has had the effect of increasing the numbers of people who may be thought of as being deprived of their liberty. This is likely to see a huge increase in numbers of DOLS applications that are needed and also applications to the Court of Protection in those cases where a deprivation of liberty is identified but DOLS regulations cannot be used. This will include settings such as Independent Living Settings, Shared Lives, Extra Care and people's own homes and it introduces statutory oversight into homely settings not previously considered as being sites of deprivation of liberty.

Estimates and scoping exercises suggest possibly a five to tenfold increase in activity within DOLS and applications to the Court of Protection will increase significantly. In order to address this, increased training for qualified Best Interest Assessor has been arranged with Northumbria University and the availability of Independent Mental Capacity Advocates and Mental Health Assessors is being monitored. Durham County Council has also seconded two full time 'Best Interest Assessors' to support the management of additional work.

## **Transformational Change**

Durham County Council Adult Care services have recognised the need to reflect on operational activity in light of challenging austerity measures facing local government alongside with the increasing demand for adult social services. As a consequence the service is embarking upon a major cultural change project. This involves;

- 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 practice culture, and a co-ordinated communications plan is being rolled out to include members of the public, partners and other key stakeholders.

### **The Safeguarding Adults Board Membership**

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

### **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 Corporate Director of Children and Adults Services, also attends both Boards. Training opportunities are well established for both safeguarding boards and training leads are 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 Board (SDPB). 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

A joint commissioning strategy for Domestic Abuse Services was developed in 2013 to establish a countywide outreach service to support victims of domestic abuse in Durham. The governance for Domestic Abuse comes from the Domestic Abuse Forum Executive Group (DAFEG), which is a thematic group of the SDPB and which provides the linkage to Adult Safeguarding. There is also adult safeguarding representation on a number of domestic abuse operational groups. The outreach contract was awarded in August 2013 to Harbour Support Services, this meant that instead of geographically focused fragmented services there was one single point of contact for outreach services in Durham. As part of the service implementation it became clear that there was no single agreed multi-agency referral pathway in place to support frontline practitioners. Further work has been undertaken since January 2014 to review domestic abuse referral pathways and a single process has been developed that strengthens the link between the domestic abuse and safeguarding adult's agendas. This has been endorsed by the Safe Durham Partnership and will form part of the conference programme for the SDP "Embedding the Lessons from Durham Domestic Homicide Reviews Conference", which will take place during 2014/15.

## Key Objectives for 2013/14

The three 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** – Consult and review draft policies and procedures prior to publication on the internet
- **Performance & Quality** – Maintained performance compliance levels of referral to strategy timescales and the completion of investigation timescales
- **Training and Communications** - Develop awareness sessions for the CCG Governing Body to identify corporate responsibilities in relation to adult and children's safeguarding



## **Key Milestones Achieved: April 2013 – March 2014**

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

### **Policy and Practice**

September 2013	The Safeguarding Adults Policy and Procedures have been renewed, updated, reviewed and published on the SAB website.
October 2013	There have been a number of initiatives and events in CDDFT, TEVV and the CCGs to promote recommendations and lessons learnt from the Response to Winterbourne View Hospital and the Francis Report.
January 2014	A Medication Audit has been conducted by CCG Safeguarding nurses on providers of Supported Living in conjunction with the Quality Band process. Assurances were given regarding provider compliance and results were shared with the Durham County Council Commissioning service.
March 2014	<p>A number of development sessions have taken place to promote awareness of there is compliance with the Care Act.</p> <p>There has been an initial review of CCG Policies and Procedures conducted by the North of England Commissioning Support Unit to ensure they are fit for purpose.</p> <p>All NHS Provider contracts now have robust Safeguarding and Safe Recruitment clauses.</p>
March 2014	Processes and documentation have been developed for care homes to ensure that there is clear communication between GPs and care home staff regarding Medication and service user care.

### **Performance & Quality**

November 2013	Durham Constabulary has introduced data collection to monitor vulnerable adults in the Criminal Justice System and provide a 'start to finish' picture of adult safeguarding.
December 2013	A qualitative survey has been developed in order to obtain service users' views on their 'Safeguarding Adults' experiences in tune with the 'Making Safeguarding Personal' agenda to ensure that the safeguarding process is personalised and outcome focused.
January 2014	The CCGs have introduced a 'Commissioner Visits' programme to ensure that 'quality of service' is evaluated. Visits have been made to a number of key providers who have had to respond to key questions regarding safeguarding and how the service is delivered.
March 2014	All partner agencies carried out an annual ADASS based Health Check for Safeguarding Adults.
March 2014	The CCGs have developed a Performance Management Framework to ensure that commissioned service providers are dealing with Safeguarding referrals that are being received and acted upon and those without capacity are being cared for in their best interests.

## Training/Communication

July 2013	<p>The SAB have initiated an annual review of all safeguarding material to ensure it is up-to-date and fit for purpose.</p> <p>Work has been undertaken with local universities to ensure that student nurses have experience of working with the CCG Safeguarding Team to ensure that students gain a better ground of adult safeguarding at an early stage in their careers.</p>
December 2013	<p>Development sessions have been delivered to the CCG governing bodies to promote the identification of corporate responsibilities in relation to adult safeguarding.</p>
January 2014	<p>A Durham chaired Regional Training Group has been created to encourage collaborative and consistent training across the region.</p>
March 2014	<p>The County Durham SAB has again lead on a regional radio campaign with a view to obtaining greater community engagement. £18000 of regional ADASS funding has been secured to fund a twelve week radio campaign and a month of community engagement events across the region.</p>
March 2014	<p>Service users' views obtained from Safeguarding surveys are now being used to inform changes to policy and procedures and promote a more person centred service.</p>

## **Key Actions: April 2014 - March 2015**

The following is a summary of the key actions to be undertaken by partner organisations of the Safeguarding Adults Board (SAB) during 2014 /15. They are categorised under the newly adopted SAB Terms of Reference and are based on the Department for Health 'Principles of Adult Safeguarding' referenced as principles for practice within the Care Act 2014. These principles will be supported by and embedded in the work of the sub groups.

The SAB Business Plan describes the actions in more detail and will provide quarterly updates on progress made.

### **Empowerment**

**To develop and maintain a structured approach to supporting and involving Adults at Risk to ensure that decisions are made in their best interests.**

To ensure that service users are central to safeguarding, that their views are sought to achieve their desired outcomes and enable investigations to be carried out in a timely manner.

To better enable adults at risk to seek redress through the criminal justice system

### **Prevention**

**To have communities and a workforce that are able to recognise, report signs of abuse and neglect and take action to support the adult at risk.**

To increase training and awareness of safeguarding adults at risk in health related settings such as acute hospitals, clinical commissioning groups, mental health hospitals.

To use mass media campaigns in order that safeguarding adults is promoted within communities. This action is being undertaken within the Local Authority and in conjunction with regional Local Authorities.

To communicate with people in the community and implement awareness raising materials about of adults at risk of abuse and neglect.

### **Protection**

**That all partners have systematic processes in place to recognise, report and manage adults at risk or allegations of risk.**

To ensure the continued timely response to allegations of abuse and neglect in tune with the targets established by the Local Authority.

To prevent repeat abuse of adults at risk by monitoring occasions of repeat referrals, establishing patterns of repeat abuse and resolving these matters with permanent solutions.

Ensure that the SAB and relevant policies and procedures across partnerships are compliant with the Care Act 2014 by reviewing governance arrangements and updating procedures appropriately. To promote early identification of vulnerable people, potentially being radicalised for terrorism or exploited for a specific cause (PREVENT agenda), by development of training and communications to raise awareness.

To continue work with the prison service, to develop safeguarding adults procedures for prison establishments in County Durham.

### **Proportionality**

**To undertake good quality, timely risk assessments that are responsive to the needs of the individual and the least intrusive course of action central to the persons wishes, values and feelings.**

To review and revise Deprivation of Liberty Safeguard (DoLs) procedures in response to the supreme court judgement P v Chester West and Chester Council and another / P and Q v Surrey County Council.

To identify and recognise domestic abuse within safeguarding situations and take proportionate, timely decisions to ensure there is access to appropriate services.

### **Partnership**

**The Board fosters a one team approach to safeguarding adults at risk, which places the health and wellbeing of the individual above organisational boundaries.**

To ensure that all partner agencies adopt common policies and procedures to provide seamless and consistent adult safeguarding practice both across County Durham and the region.

To develop regional training packages to provide consistent messages across the region regarding safeguarding adult practice and ensure that support is seamless across regional boundaries.

To respond to service user and carer safeguarding adult feedback to develop and improve services.

### **Accountability**

**The Safeguarding Adults Board has open and transparent governance arrangements, ensures that roles of all agencies are clear and holds to account partners for safeguarding adults**

To appoint an independent Chair for the SAB, to promote independent challenge and accountability.

To enhance accountability of partners by seeking production of annual presentations that demonstrate the depth and breadth of safeguarding work undertaken by individual organisations.

To recruit a lay member to the SAB for an independent and non-biased view of the way safeguarding is delivered.

## **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 meet a growing demand in the safeguarding arena through its dedicated Safeguarding Adult Teams staffed by qualified and experienced detectives.

The force is committed to work more closely with partners to reduce the demand created by repeat victims/perpetrators that suffer mental health issues and have appointed a Detective Superintendent to drive forward this partnership work. This is already paying dividends with mental health practitioners working out of our custody suites and improved pathways into local health services.

In addition the force is managing Operation 'Seabrook' an historic investigation into physical and sexual abuse by staff on the inmates of Medomsley Detention Centre from the 1960,s to 1987. The investigation has brought over 800 victims forward, making it one of the largest enquiries of its kind and it has been praised nationally for its victim care strategy that has resulted in over 150 victims now accessing counselling services.

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

Tees, Esk and Wear Valleys NHS Foundation Trust strives to continually develop and improve the services we provide to patients, their families and carers.

We have continued to prioritise safeguarding as one of the Trust's strategic objectives in order to safeguard and promote the welfare of all adults who come into contact with our services and monitor its effectiveness through the Trust's governance arrangements; we remain fully committed to the safeguarding adults partnership.

There has been an increase in dedicated resources to support the safeguarding agenda. The Trust safeguarding adults team provides ongoing support, advice and training in response to the safeguarding portfolio that includes MAPPA, Prevent and the Domestic Abuse agenda (including MARAC) and it also supports the Trust to monitor the quality of services and outcomes for patients that access services.

The Trust has responded to key recommendations from inquiries such as Winterbourne and Francis and is looking at how to share the lessons learnt and is supporting a Lessons Learnt project to demonstrate improvements and improve learning and sharing across the Trust.

Providing the staff with the appropriate level of knowledge remains a key priority in order to support the multi-agency procedures and all staff have the level of safeguarding training identified in order to carry out their role, and both Alerter and Intermediate level training is available internally to facilitate this.

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

County Durham and Darlington NHS Foundation Trust is accountable to patients for their safety and wellbeing through delivering high quality care in a range of settings. This duty is underpinned

by the NHS constitution that all providers of NHS services are legally obliged to take account of. The Foundation Trust published its strategic direction “with you, all the way”. “With you, all the way” means putting patients at the centre of everything we do.

In our three areas of business:

- Health and wellbeing - Making every patient contact count as an opportunity to improve their health
- Care closer to home - Streamlining services to provide effective and timely pathways of care by integrating hospital and community services
- Quality hospital care – with the University Hospital of North Durham as a major provider of acute and emergency care, and Bishop Auckland as a centre for planned care. What we want to achieve:
  - Best outcomes – the highest standards of care and improved results for patients
  - Best experience – because better outcomes are linked to a better patient experience.
  - Best efficiency – reducing our costs means we can invest for the future
  - Best employer – because motivated staff provide the best patient care.

County Durham and Darlington NHS Foundation Trust continues to be fully committed to the Safeguarding Adults partnership. The Associate Director of Nursing (Patient Experience and Safeguarding) is a member of the Safeguarding Adults Board and the Safeguarding Adults Lead deputises. The Safeguarding Adults Lead is also an active member of the Partnership Board’s sub group arrangements and is fully committed to on-going developments to enhance safeguarding arrangements.

During 2013/14 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 adult lead, safeguarding children 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 training as part of their mandatory training. At 31<sup>st</sup> March 2014, 94.58% of staff employed by the Trust have 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 facilitated level 2 training sessions. Mental Capacity Act 2005 and Deprivation of Liberty Safeguards awareness has been raised through the essential training programme. County Durham and Darlington NHS Foundation Trust has developed a comprehensive action plan in response to the Supreme Court ruling on the Cheshire West case.

### **North Durham and Durham Dales, Easington and Sedgfield Clinical Commissioning Groups (ND, DDES CCGs)**

CCGs are statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards adults at risk of abuse or neglect. ND and DDES CCGs continue to be committed to the safeguarding agenda and work closely with provider organisations to ensure that robust systems and processes are in place. Regular monitoring of associated activity takes place on a bi-monthly basis through the clinical quality review groups for key provider organisations.

ND and DDES CCG are committed to the Durham Safeguarding Adults Board, of which both board nurses and the Adult Safeguarding Senior Manager are members. The Safeguarding Adults team are also members of the associated sub-groups.

Key developments for 2013/2014 have included; a professional contact sheet for use within care home settings; care home training programme; safeguarding adults policy for primary care; primary care training plan; raising awareness of the PREVENT agenda; amalgamation of the care home providers forum with Durham County Council; raising awareness of the Violent Patients Register; involvement and revision of the MAPPA process and involvement in the sexual violence and domestic abuse training strategy.

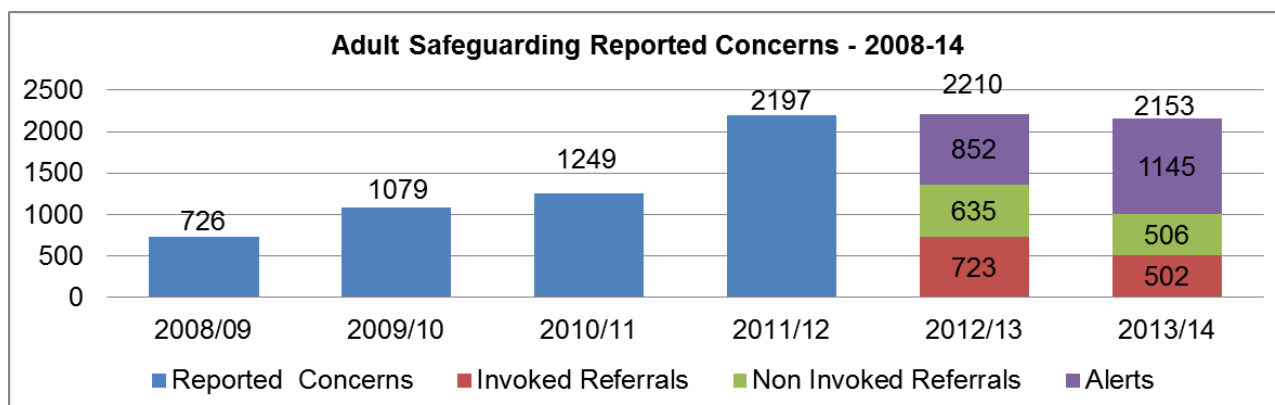
The CCG safeguarding team have also been involved in monitoring Mental Capacity Act (MCA) activity amongst key providers and has developed an audit tool to address compliance. Money has also recently been received from NHS England to improve MCA awareness and activity amongst health staff and is being used to deliver training sessions for staff within primary care.

Both CCGs are committed to training with a requirement that all staff undertake mandatory online e-learning in relation to adult safeguarding.

Named GPs are now in post for both CCGs and have a good awareness of the safeguarding agenda and have contributed to key pieces of work in relation to primary care.

## Safeguarding Activity in Durham

**Table 1a & b (Reported Concern Rates - All Safeguarding Adults Referrals)**



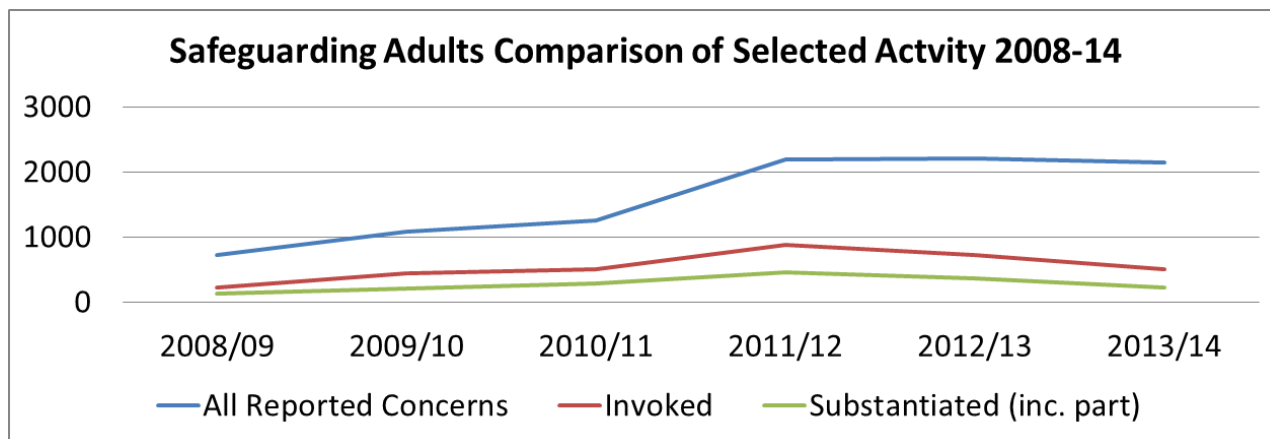
	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
<b>Reported Concerns</b>	726	1079	1249	2197	2210	2153

The number of reported concerns has remained constant for the past three years; however, the introduction of alerts has changed how many of those are dealt with as referrals. In addition to this we have increased the period to invoke procedures from 2 to 5 days. There has been an increase in the number of concerns that have been categorised as alerts, reducing those dealt with as referrals to 502. This has resulted in fewer invoked referrals as lower to moderate risk cases are typically resolved in the first 5 days.

N.B. Much of the following performance information is extracted from invoked referrals. This is due to such information only being collected once safeguarding procedures are invoked.



**Tables 2a & b (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%
<b>2013/14</b>	2153	502	221	23%	49%

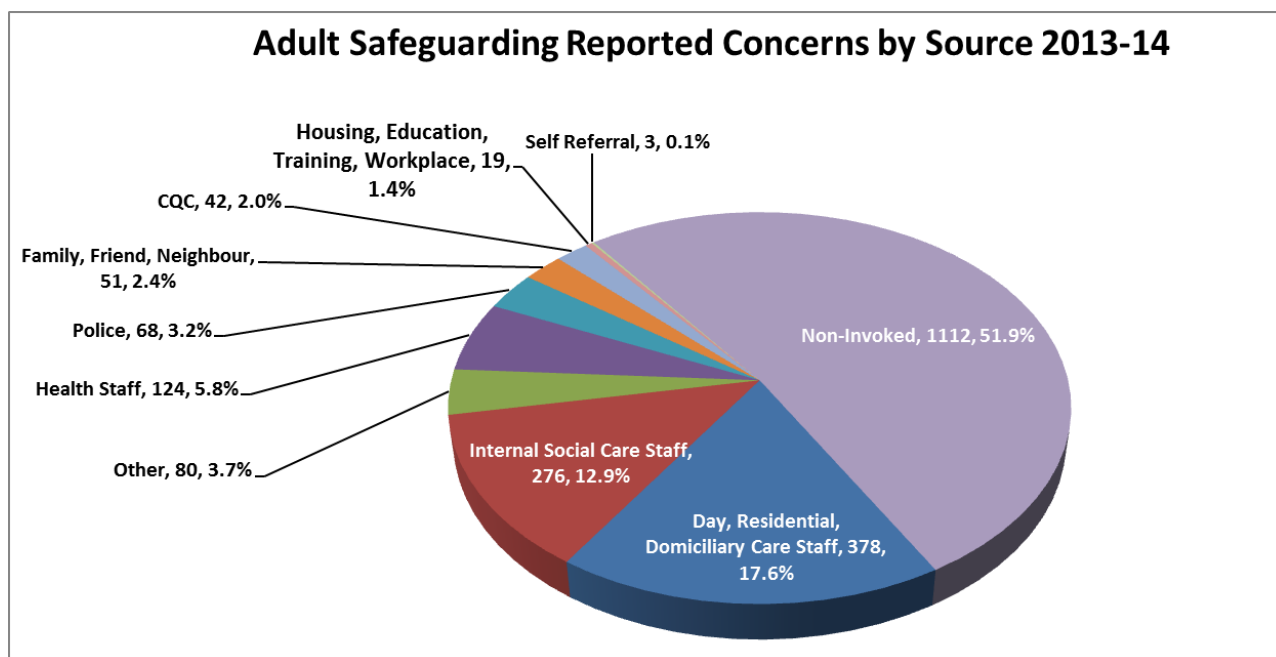
The percentage of cases in which the procedures are invoked (those cases that require a multi-disciplinary investigation) have dropped by 10% to 23%. However, of those cases, 49% were substantiated, which is comparable with previous years.

The reduction in the proportion of cases that are invoked as full interagency investigations represents a deliberate police shift. A more proportionate response is now provided based on the level of risk presented in each case and assessed against a risk threshold tool.

Of the 77% of cases that were not invoked, follow-up action was undertaken, typically by social workers, care co-ordinators and care providers.

Further analysis of the invoked cases shows, 87% resulted in follow-up action for the victim such as re-assessment, increased monitoring, a move to more suitable/appropriate accommodation and referral to advocacy or counselling services and 86% of Alleged Perpetrators required further intervention including disciplinary action, criminal proceedings, action by CQC or counselling or training.

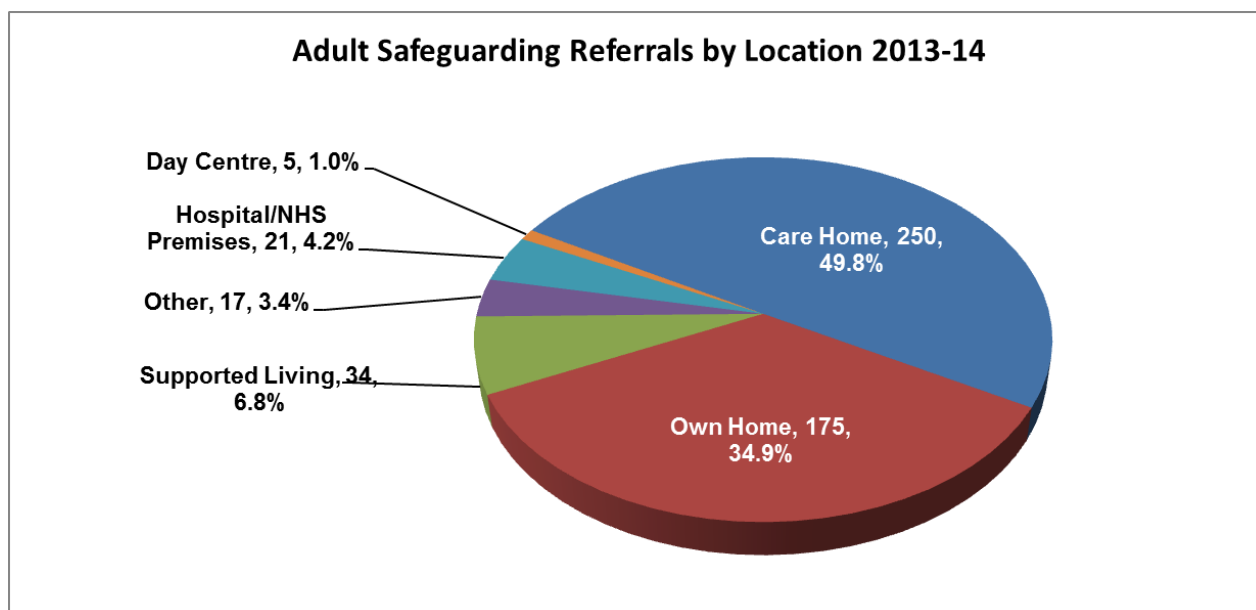
Tables 3a & b Concern Source – (Where identified)



Source of Referral	2008-9		2009-10		2010-11		2011-12		2012-13		2013-14	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
Day, Residential, Domiciliary Care Staff	335	46%	503	47%	601	48%	1178	54%	477	22%	378	18%
Internal Social Care Staff	246	34%	296	27%	305	24%	497	23%	325	15%	276	13%
Other	15	2%	22	2%	107	9%	172	8%	175	8%	80	4%
Health Staff	39	5%	92	9%	128	10%	127	6%	151	7%	124	6%
Police	34	5%	66	6%	47	4%	107	5%	115	5%	68	3%
Family, Friend, Neighbour	51	7%	96	9%	39	3%	51	2%	71	3%	51	2%
CQC	0	0%	0	0%	8	1%	40	2%	37	2%	42	2%
Housing, Education, Training, Workplace	6	1%	4	0%	10	1%	15	1%	19	1%	9	0.4%
Self Referral	0	0%	0	0%	5	0%	10	0%	3	0%	3	0.1%
Non-Invoked (alerts)	0	0%	0	0%	0	0%	0	0%	837	38%	1112	52%
<b>Total</b>	<b>726</b>		<b>1079</b>		<b>1250</b>		<b>2197</b>		<b>2210</b>		<b>2143</b>	

The number of reported concerns from each of the source categories has dropped following the introduction of 'alerts' for lower level incidents in 2012. This has had a significant impact on referrals received from day, residential and domiciliary care staff. Analysis of a sample of these (low risk) alerts has shown that the majority continue to come from these service areas. This reflects a high degree of transparency in this sector in recognising and reporting incidents for external scrutiny and follow up.

Tables 4a & b (Location of Abuse – Where procedures were invoked)



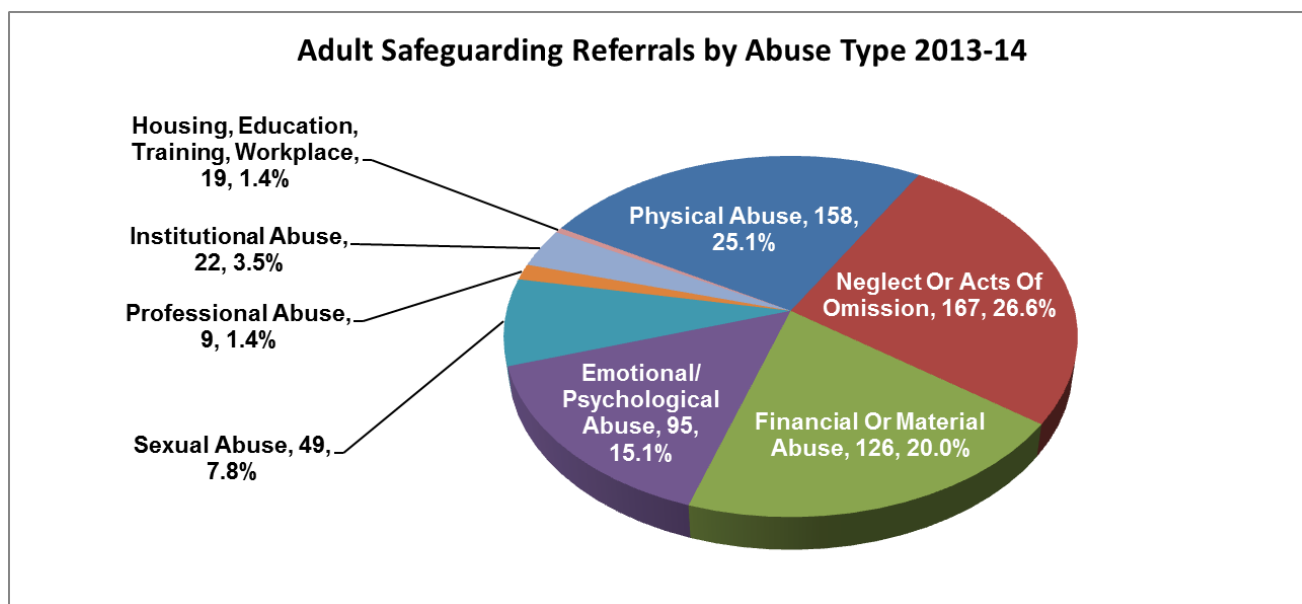
Location	2008-9		2009-10		2010-11		2011-12		2012-13		2013-14	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
Care Home	100	43.9%	189	46.3%	253	50.4%	488	55.5%	381	52.7%	250	49.8%
Own Home	69	30.3%	118	28.9%	155	30.9%	212	24.1%	212	29.3%	175	34.9%
Supported Living	14	6.1%	20	4.9%	18	3.6%	90	10.2%	51	7.1%	34	6.8%
Other	32	13.2%	54	13.2%	53	10.4%	52	5.5%	51	7.1%	17	3.4%
Hospital/NHS Premises	9	3.9%	17	4.2%	21	4.2%	26	3.0%	23	3.2%	21	4.2%
Day Centre	4	1.8%	10	2.5%	2	0.4%	11	1.3%	5	0.7%	5	1.0%
<b>Total</b>	<b>228</b>		<b>408</b>		<b>502</b>		<b>879</b>		<b>723</b>		<b>502</b>	

Whilst there has been a rise in the overall percentage of invoked cases pertaining to people who are resident in the own homes, the overall pattern is broadly similar to previous years. The higher level of referrals where the location of abuse is own home and care homes reflects the picture nationally.

Reports relating to incidents in a hospital/NHS premises setting remain reasonably constant; however, efforts are being made to gain a greater understanding why this level of reporting is lower than the national average.

The Safeguarding Adults Board continues to raise awareness and standards linked to reporting safeguarding incidents across both the community and the work place.

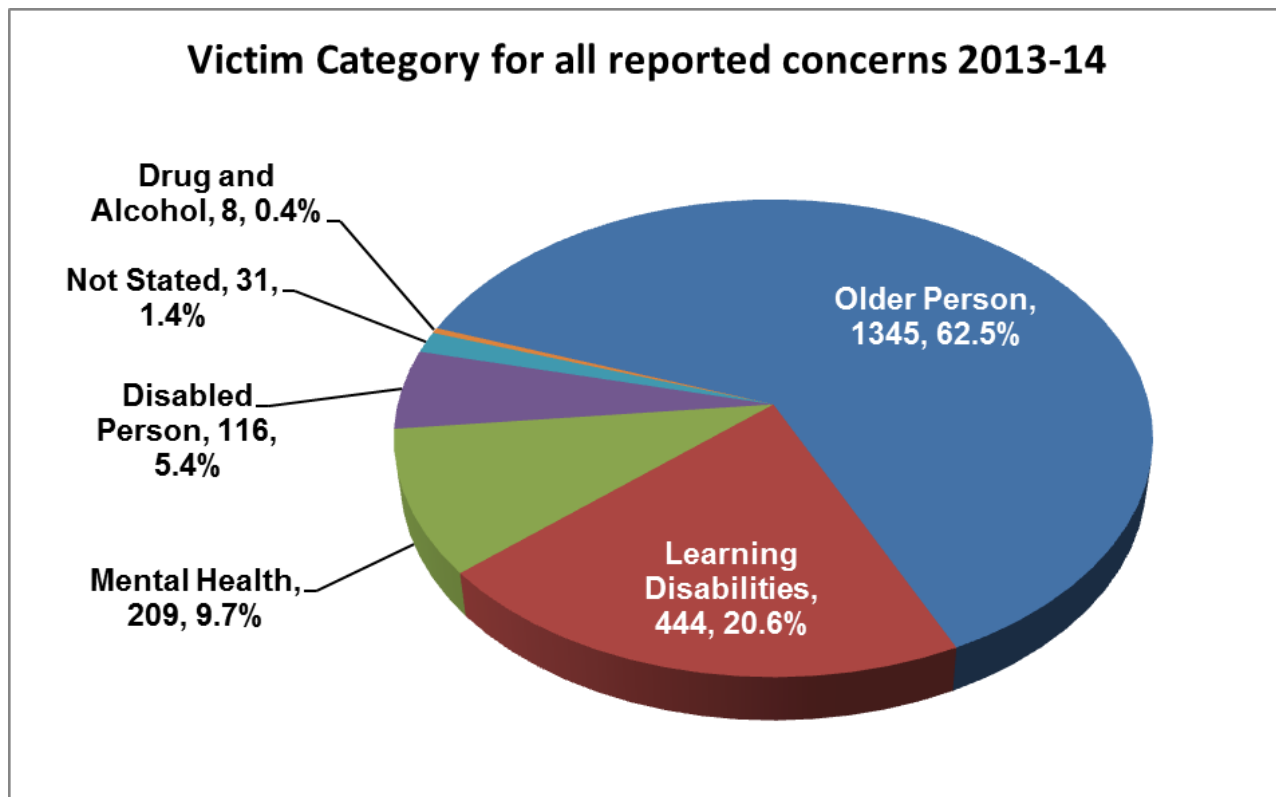
Tables 5a & b (Type of Abuse - Where procedures were invoked)



Type of Abuse	2008-9		2009-10		2010-11		2011-12		2012-13		2013-14	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
<b>Discriminatory Abuse</b>	1	0.4%	3	0.6%	8	1.3%	10	0.9%	4	0.5%	3	0.5%
<b>Emotional/ Psychological Abuse</b>	24	9.9%	64	13.0%	78	12.5%	132	11.6%	128	14.8%	95	15.1%
<b>Financial Or Material Abuse</b>	47	19.3%	105	21.3%	145	23.3%	198	17.4%	165	19.1%	126	20.0%
<b>Institutional Abuse</b>	30	12.3%	47	9.5%	46	7.4%	46	4.0%	13	1.5%	22	3.5%
<b>Neglect Or Acts Of Omission</b>	44	18.1%	93	18.8%	140	22.5%	288	25.2%	236	27.3%	167	26.6%
<b>Physical Abuse</b>	70	28.8%	136	27.5%	135	21.7%	320	28.0%	262	30.3%	158	25.1%
<b>Professional Abuse</b>	0	0.0%	8	1.6%	18	2.9%	61	5.3%	18	2.1%	9	1.4%
<b>Sexual Abuse</b>	27	11.1%	38	7.7%	52	8.4%	86	7.5%	38	4.4%	49	7.8%
<b>N.B. There may be more than one abuse type per referral.</b>												

Neglect or acts of omission continues to be the most commonly reported form of abuse. This is closely followed by physical abuse then financial/material abuse and emotional/ psychological abuse. Not only does this reflect the pattern of the previous four years in Durham, it is broadly consistent with both national and regional figures. The most common forms of abuse reported in the North East are neglect (27%) and physical abuse (25%), nationally physical abuse is the most common (28%), followed by neglect, financial and emotional (all 19%). A total of 629 types of abuse have been referred from the 502 invoked referrals. This is because an individual can be a victim of more than one form of abuse.

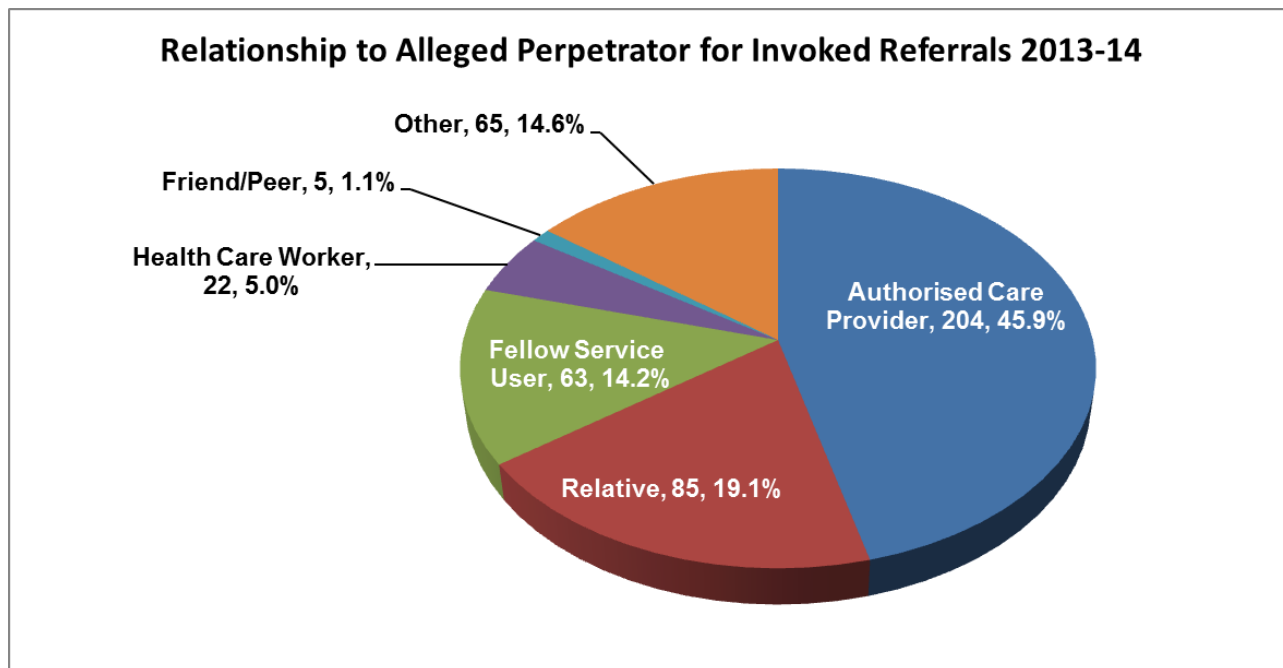
Table 6a & b (Victim Category - of all reported concerns)



Party Category	2008-9		2009-10		2010-11		2011-12		2012-13		2013-14	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
Older Person	455	62.7%	675	62.6%	792	63.4%	1342	61.1%	1397	63.2%	1345	62.5%
Learning Disabilities	169	23.3%	267	24.7%	275	22.0%	542	24.7%	458	20.7%	444	20.6%
Mental Health	29	4.0%	32	3.0%	79	6.3%	136	6.2%	154	7.0%	209	9.7%
Disabled Person	70	9.6%	99	9.2%	100	8.0%	143	6.5%	136	6.2%	116	5.4%
Not Stated (Alerts)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	41	1.9%	31	1.4%
Drug and Alcohol	3	0.4%	6	0.6%	3	0.2%	34	1.5%	24	1.1%	8	0.4%
<b>Grand Total</b>	<b>726</b>		<b>1079</b>		<b>1249</b>		<b>2197</b>		<b>2210</b>		<b>2153</b>	

There has been no marked percentage change in the types of alleged victims when compared to previous years other than that of mental health, which has risen from 32 in 2009–10 to 209 in 2012-13. This can be attributed to a number of factors such as increased numbers of Tees, Esk and Wear Valleys NHS Foundation Trust staff receiving SAB training, a rapid process improvement workshop, which was completed in 2012, and the dedicated safeguarding adults lead officer team taking over responsibility for mental health and continuing health care investigations from 2013.

**Tables 7a & b (Perpetrator Category)**



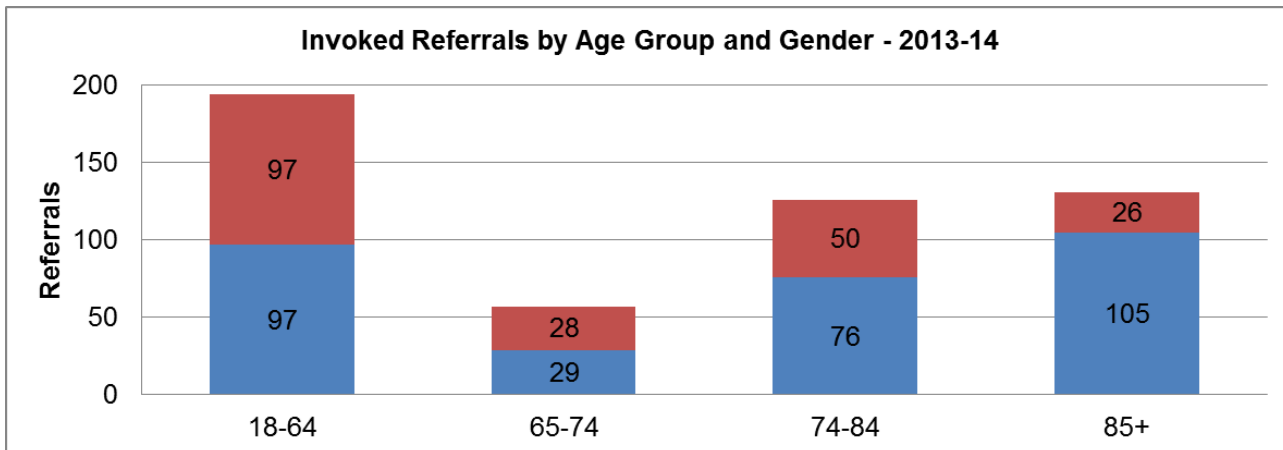
Relationship Type	2008-9		2009-10		2010-11		2011-12		2012-13		2013-14	
	Num	%	Num	%	Num	%	Num	%	Num	%	Num	%
<b>Authorised Care Provider</b>	52	44.1%	109	42.7%	152	45.9%	271	61.0%	181	40.8%	204	45.9%
<b>Relative</b>	21	17.8%	70	27.5%	93	28.1%	121	27.3%	139	31.3%	85	19.1%
<b>Fellow Service User</b>	20	16.9%	33	12.9%	42	12.7%	143	32.2%	100	22.5%	63	14.2%
<b>Health Care Worker</b>	11	9.3%	8	3.1%	18	5.4%	10	2.3%	17	3.8%	22	5.0%
<b>Friend/Peer</b>	14	11.9%	35	13.7%	26	7.9%	42	9.5%	11	2.5%	5	1.1%
<b>Other</b>	-	-	-	-	-	-	109	25%	97	22%	65	14.6%
<b>Grand Total</b>	<b>118</b>		<b>255</b>		<b>331</b>		<b>584</b>		<b>439</b>		<b>444</b>	

‘Authorised care provider’ remains the most prevalent relationship type of alleged perpetrator followed by ‘Relative’, which has seen a significant drop to 19.1% from 31.3 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.

The category of friend/peer has seen a general reduction over recent years with an unusually low level of 5 reported incidents.

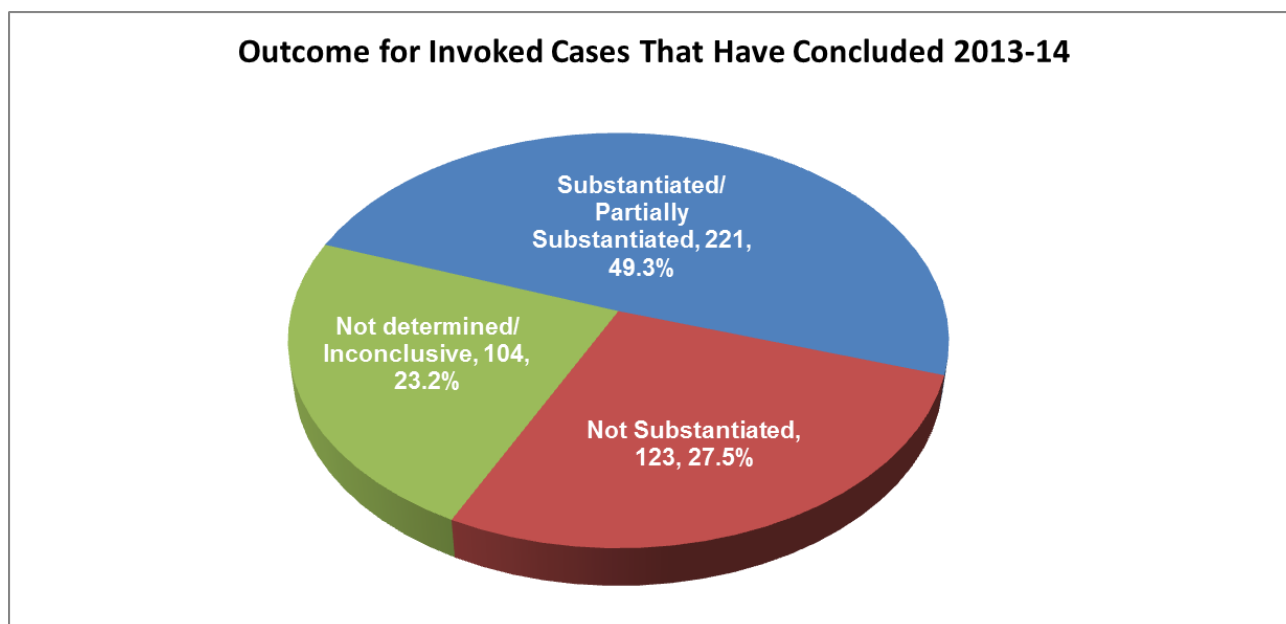
**Tables 8a & b (Age and Gender)**



Age Group	2008-09		2009-10		2010-11		2011-12		2012-13		2013-14	
	F	M	F	M	F	M	F	M	F	M	F	M
<b>18-64</b>	49	49	97	88	107	77	171	196	136	123	97	97
<b>65-74</b>	21	10	36	24	32	30	43	41	45	44	29	28
<b>75-84</b>	32	25	67	39	67	39	131	71	109	71	76	50
<b>85+</b>	33	8	74	16	111	39	176	50	144	51	105	26
<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>	<b>307</b>	<b>201</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. 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.

**Tables 9a & b (Outcomes of Invoked Referrals)**



Outcome	2009-10		2010-11		2011-12		2012-13		2013-14	
	Num	%	Num	%	Num	%	Num	%	Num	%
<b>Substantiated/ Partially Substantiated</b>	215	52.3%	283	56.4%	461	54.0%	361	51.1%	221	49.3%
<b>Not Substantiated</b>	86	20.9%	114	22.7%	237	27.8%	170	24.1%	123	27.5%
<b>Not determined/ Inconclusive</b>	110	26.8%	105	20.9%	155	18.2%	175	24.8%	104	23.2%
<b>Grand Total</b>	<b>411</b>		<b>502</b>		<b>853</b>		<b>706</b>		<b>448</b>	

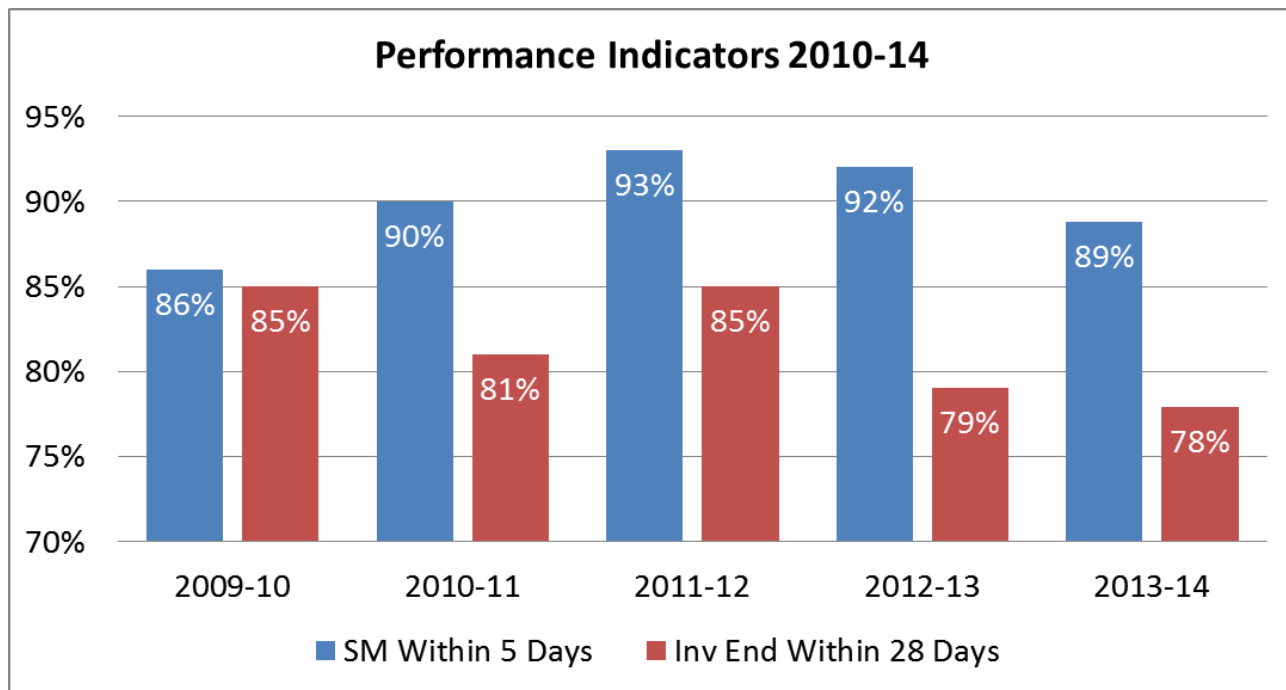
Forty nine percent of invoked cases were substantiated or partially substantiated, which represents a slight decrease from the previous year. In these cases there are a variety of interventions that can and do take place to protect individuals including on-going professional support, revisions to care/protection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

There are many reasons why the remaining cases (51%) 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.

In general terms, there remains a high degree of consistency year on year.



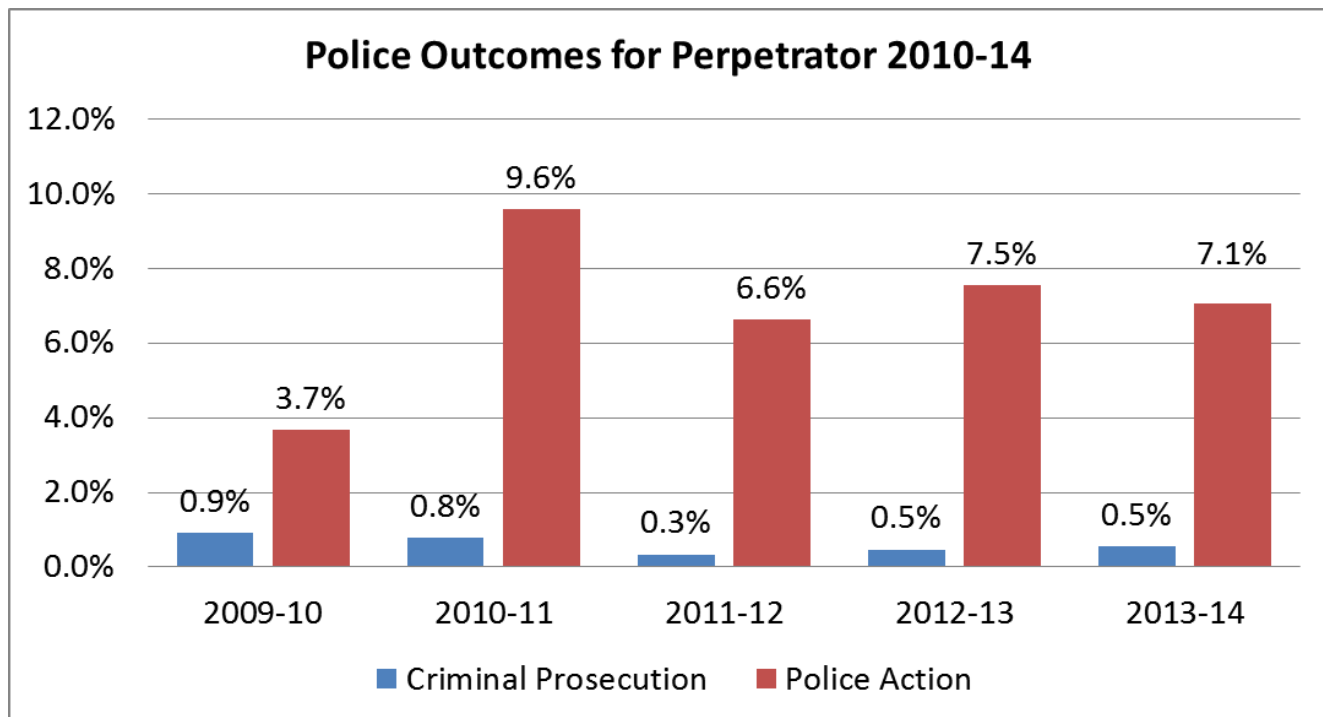
**Tables 10a & b (Performance Indicators)**



	2009-10	2010-11	2011-12	2012-13	2013-14
<b>SM Within 5 Days</b>	86%	90%	93%	92%	89%
<b>Investigation End Within 28 Days</b>	85%	81%	85%	79%	78%

The 2013-14 period has seen the 75% locally set target for having the initial strategy meeting within five days achieved, which has been the case for the four previous years. Unfortunately the 90% target for the completion of safeguarding investigations was not met, with 89% of investigations being concluded within 28 days. A greater focus on the quality of interventions together with the turnover of dedicated safeguarding lead officer staff is thought to be attributable to this. A number of changes to operating processes have been made, which should mitigate against further dips in performance. Following the implementation in the Care Act in April 2015, there is expected to be a move away from the performance management of timescales as service user outcomes increasingly take prominence in how the effectiveness of safeguarding is measured.

Tables 11a & b (Police Outcomes for Perpetrator)



Outcome for Perpetrator	2009-10		2010-11		2011-12		2012-13		2013-14	
	Num	%	Num	%	Num	%	Num	%	Num	%
<b>Criminal Prosecution</b>	1	0.9%	5	0.8%	4	0.3%	4	0.5%	4	0.5%
<b>Police Action</b>	4	3.7%	62	9.6%	80	6.6%	65	7.5%	52	7.1%
<b>Grand Total</b>	<b>109</b>		<b>647</b>		<b>1206</b>		<b>861</b>		<b>736</b>	

The criminal prosecution rate remains low with a total of 4 persons being charged or summonsed for an offence during the year, which is comparable with the preceding years. There are a number of inherent difficulties mounting prosecutions involving vulnerable witnesses, not least communication and mental capacity issues. It is hoped that initiatives such as the Witness Support, Preparation and Profiling scheme will contribute to addressing this situation.

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

The last 12 months have seen a progressive move towards a more outcome focused approach to safeguarding. This has been matched by the development of a more proportionate range of responses based upon the level of risk identified following an incident. It is really encouraging to note that these approaches are mirrored by the draft guidance in the Care Act 2014. This reflects the proactive approach taken to practice development in Safeguarding Adults in County Durham. Evidence of this can be found throughout this Annual Report.

Looking at the year ahead, much of our effort will focus on the implementation of the Care Act in April 2015. While much work has already been undertaken in preparation for this major piece of legislation, a full review of our business planning processes will take place early in 2015 to ensure they remain fit for purpose.

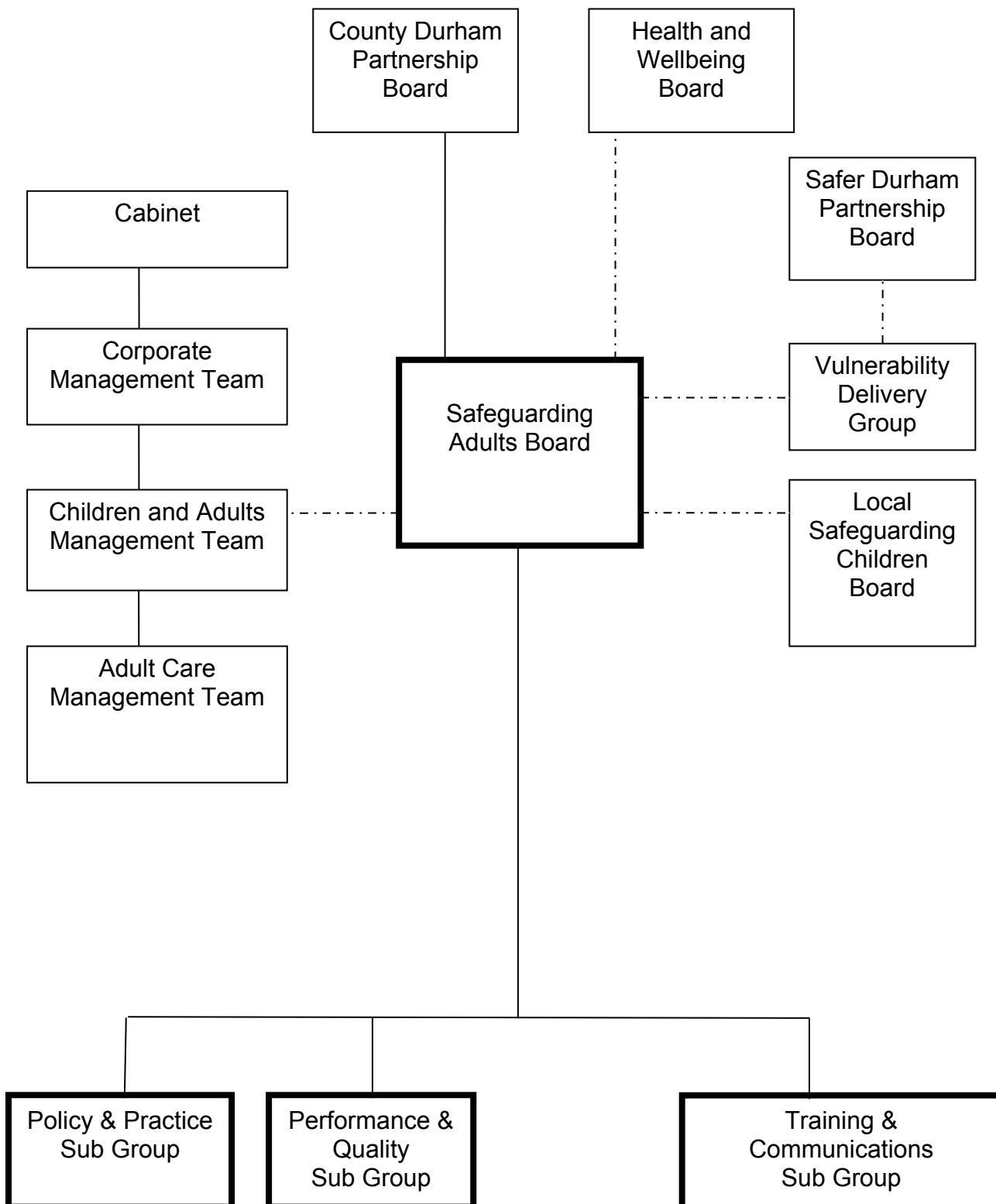
Another major challenge for us is how we comply with the recent legal judgement on Deprivation of Liberty Safeguards. This judgement is already having significant impact on our resources, at a time when services face considerable pressure to make savings. This will be kept under review and performance reports will be produced to measure our compliance against our legal requirements.



**Lee Alexander**  
**Safeguarding and Practice Development Manager**

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

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

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

**DBS** – Disclosure & Barring Service

**DOH** - Department of Health

**DOLS** - Deprivation of Liberty Safeguards

**NHS** - National Health Service

**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

**SAB** - Safeguarding Adults Board

**SLO** - Safeguarding Lead Officer

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

## Contact Details

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## To report a safeguarding alert please contact:

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