

Health and Wellbeing Board

21 January 2016



Safeguarding Adults Board Annual Report 2014/15

Report of Jane Geraghty, Independent Chair, County Durham Safeguarding Adults Board

Purpose of Report

- 1 The purpose of this report is to present the Annual Safeguarding Adults Report (attached at Appendix 2) to Health and Wellbeing Board and in doing so provide information on the current position of the County Durham Safeguarding Adults Board (SAB) and outline achievements during the year 2014/15.

Background

- 2 There are a number of specific areas covered by the Annual Report which are as follows:
 - Safeguarding in its current context.
 - Achievements during the year 2014 /15 from the Board's subgroups.
 - The Strategic Plan for 2015/18.
 - Perspectives of the partners.
 - Key data on safeguarding activity in County Durham.

Safeguarding in its Current Context

- 3 Much of the work of the Board in 2014/15 has focussed on preparing for the implementation of the Care Act in April 2015. The Act places adult safeguarding on a statutory footing and implements changes to the way in which safeguarding enquiries are managed. If not already in place, the local authority **must** also set up a Safeguarding Adults Board to provide assurance that local safeguarding partnership arrangements act effectively to protect adults in its area.
- 4 The Care Act requires the SAB to fulfil three core duties;
 - It **must** publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.
 - It **must** publish an annual report detailing what the SAB 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.

- It **must** conduct any Safeguarding Adults Review in accordance with Section 44 of the Act.
- 5 In addition to these legislative changes, the work described in this year's annual report has continued to take place against a backdrop of austerity. As in the previous year, our public services have continued to rise to the challenge and the SAB partners have continued in their commitment to prioritising safeguarding activity. This is reflected by the achievements outlined in the annual report which remain significant.
 - 6 While not a primary responsibility of SAB, Deprivation of Liberty Safeguards (DoLS) has received much attention over the period of this Annual Report. A ruling by the Supreme Court in March 2014 significantly lowered the threshold to what constitutes a deprivation of someone's liberty. Under DoLS local authorities must assess whether people who lack capacity to consent to their care arrangements are being deprived of their liberty in care homes or hospitals and, if so, whether this is in their best interests and necessary to protect them from harm. The DoLS are designed to provide independent scrutiny, by social workers and health professionals, of these care arrangements. There were a total of 1416 such applications in 2014/15. This represents an 8 fold increase from the previous year, with the figure set to rise to approximately 2500 applications in 2015/16.

Key Achievements from the Annual Report 2014/15

- 7 All reported safeguarding concerns have risen from 2153 in 2013/14, to 2502 in 2014/15. This continues to demonstrate the effective promotion of safeguarding adult's issues across the health and social care economy resulting in low thresholds for reporting concerns to the local authority.
- 8 The overall number of multi-agency investigations has reduced from 502 to 375 over the same period. This reflects successful changes to procedures and operating practices. A more thorough risk assessment of reported concerns is undertaken early in the process, resulting in a more proportionate response. Full multi agency investigations are reserved for the high risk cases.
- 9 The SAB website and all of the associated leaflets, publicity materials, procedures and guidance have been revised to ensure they are Care Act compliant. The website usage has had a 50% increase in page views when compared to the previous year.
- 10 The appointment of Jane Geraghty, an independent chair to both the Adult and Children Board was complete in October 2014. Jane took over the chair of SAB from Lesley Jeavons, head of Adult Care in January 2015. SAB appointed Susan Harrison, a lay member at the same time. Together, these two roles provide an enhanced level of independent scrutiny of the work of the Board and its partners.

- 11 In February 2015, the SAB commenced development work with the support of two Local Government Association consultants to transform its business planning and performance management processes. This has resulted in the formation of a 'Plan on a Page' and a new outcome focussed performance framework.

The Strategic Plan 2015-18 (Plan on a Page)

- 12 This plan is shaped by the following vision:

“We will support adults at risk of harm to prevent abuse happening; when it does occur, we will act swiftly to achieve good outcomes.”

- 13 The plan will shape the strategic priorities of the SAB for at least the next 3 years. The priorities focus on the following seven areas;

- Performance
- Legislative Compliance
- Prevention
- User/Carer Voice
- Awareness
- Partnership Engagement
- Learning Lessons and Improvement

- 14 Each of these priorities will be aligned to a sub group of the SAB. The sub group will then oversee the development of associated practice and service delivery. To strengthen our governance arrangements a new performance framework has been devised to focus on the same priority areas. The development of these key documents will focus much of the work of SAB in strengthening its multi-agency collaboration from 2015/16 onward. It is envisaged that a self/ peer audit tool will be devised covering the same strategic priorities; again to bring greater cohesion to the development of this vital partnership arrangement.

Perspectives of the Key Partners

- 15 In addition to the local authority, the annual report features update summaries from Durham Constabulary, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups, Tees, Esk and Wear Valleys NHS Foundation Trust and County Durham and Darlington NHS Foundation Trust. These summaries bare testimony to the ongoing commitment of these key partners in prioritising training and development work to further the development of safeguarding standards across County Durham.

Key Data on Safeguarding Activity in County Durham

- 16 In addition to the performance information featured earlier in this report under key successes; the Annual Report continues to feature data on trends pertaining to safeguarding adults investigations. It is reassuring to note that the vast majority of this data remains consistent with previous years. This perhaps illustrates a maturity in our reporting processes and provides some scope to predict the nature and prevalence of safeguarding concerns when developing our future plans.

Recommendations

17 The Health and Wellbeing Board is recommended to:

- Note the contents of this report
- Recognise the continued progress of the Safeguarding Adults Board as highlighted in the annual report.

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Appendix 1: Implications

Finance – Ongoing pressure on public service finance will challenge all agencies to consider how best to respond to the safeguarding agenda.

Staffing – The sustaining of adult safeguarding activities requires continued priority to staffing to ensure adequate resources are maintained. The continued contribution to staffing from partner agencies determines the sustainability of dedicated safeguarding adults posts/ functions.

Risk – The risks associated with not appropriately managing responses to safeguarding are extremely high and include risks of ongoing abuse and neglect and the risk of serious organisational damage to statutory and non-statutory agencies in County Durham.

The Safeguarding Adults Board puts considerable effort into training and awareness-raising to ensure that abuse and neglect recognised and reported. All reports of concerns are screened and directed so they receive the most appropriate response.

Equality and Diversity – Adult safeguarding is intrinsically linked and this is covered in the SAB policies and procedures.

Accommodation – N/A

Crime and disorder - Adult safeguarding is intrinsically linked and this is covered in the SAB policies and procedures.

Human rights - Adult safeguarding is intrinsically linked and this is covered in the SAB policies and procedures.

Consultation – Report available for all partner agencies.

Procurement – The adoption of safeguarding principles in the procurement of health and social care services is essential.

Disability issues – Safeguarding Adults procedures apply to ‘adults at risk’ who are adults that are deemed eligible for social care services.

Legal implications – While there is no legal requirement for an Annual Report at present, however there will be a statutory requirement to produce an annual report from 2015 when the Care Act 2014 comes into force.



Annual Report 2014/2015

Working with The Safe Durham Partnership *Altogether safer*

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**Foreword from Jane Geraghty, Chair,
County Durham Safeguarding Adults Board**

I am delighted to present the County Durham Safeguarding Adults Board Annual Report 2014/15.

I was appointed as Independent Chair of both the Children and Adult Board in October and have begun to develop positive and constructive relationships with all the partners represented on the Board. We all have a shared objective to make County Durham a place where adults at risk are protected from abuse and supported in making decisions about their own safety.

This annual report illustrates how the Safeguarding Adults Board (SAB) has continued to make a significant contribution towards making vulnerable adult's safe and protecting them from harm. This is all the more impressive when viewed in the light of the austerity measures the public sector continue to operate within. The local authority continues to operate within a difficult financial environment with significant reductions to its settlement, the Police have made a significant reduction of some 600 officers in recent times and health partners have had to realign many of the services that they provide.

Much of the work of the Board has involved preparing for the implementation of the Care Act. The publication of the Care Act guidance has provided a statutory framework prescribing how the SAB operates. This includes a focus on three additional areas of abuse, those of Domestic Abuse, Modern Slavery and self-neglect which will all provide challenges in their right.

The main partner organisations of the board have an obligation to co-operate in order to protect the adult from harm. The local authority must now make enquiries or cause others to do so if it believes that there has been abuse and neglect.

The Act provided an opportunity for the Board to take time out to re confirm its priorities and agree its performance framework that ensures all partners can demonstrate their commitment to safeguarding both within their own organisations and working collaboratively with partners.

The Board is concerned to ensure that its work makes a real difference to the most vulnerable. A key priority is to hear and respond to the voice of the user and care.

I would like to put on record my thanks to all Board members and all members of the business unit for their hard work, enthusiasm and commitment to ensure County Durham is a safe place.

Jane Geraghty
Independent Chair
Safeguarding Adults Board

Introduction

The Safeguarding Adults Board (SAB) in County Durham is a well-established multi-agency arrangement that has been developed over a number of years based on the 'No Secrets' guidance and the Association of Director of Adult Social Services (ADASS) National Framework of Standards.

The introduction of the Care Act 2014 places adult safeguarding on a statutory footing. This means if not already in place, the local authority **must** set up a Safeguarding Adults Board and its main objective is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area

The SAB has three core duties;

- It **must** publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.
- It **must** publish an annual report detailing what the SAB 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.
- It **must** conduct any Safeguarding Adults Review in accordance with Section 44 of the Act.

Strategically the SAB should be viewed as 'greater than the sum of the operational duties of its core partners' and will have an oversight on safeguarding in the area. It will be seen as an important source of advice and will have a particular interest in preventing abuse and neglect.

The Care Act states that we should not limit our view of what constitutes abuse and it has highlighted three additional categories that should be considered, namely domestic abuse, modern slavery and self-neglect. It has placed an emphasis on identifying exploitation and patterns of serial offending. Much of the work carried out by the SAB over the period of this annual report has been preparatory work to ensure that adult safeguarding will be Care Act compliant.

This annual report highlights some of the initiatives that the SAB has developed during 2014/15 through the Performance & Quality, Policy & Practice and Communications & Training/ Engagement Sub Groups which are the operational mechanism of the SAB. (Learning and Improvement)

Each of the main partner agencies has highlighted some of their organisational contributions to support the development of safeguarding. There is also data contained toward the back of this report that helps to provide an understanding of the extent and nature of safeguarding activity in County Durham.

Strategic Overview of Safeguarding Adults

The Safeguarding Adults Board (SAB) has been through a year of transition in preparation for the introduction of the Care Act 2014.

There have been some new appointments to the Board. Jane Geraghty has been appointed as the new Independent Chair, and Susan Harrison as the first Lay Member. The Police lead is now Chief Inspector Stephen Chapman, who has taken over as Force Lead from Paul Goundry who will focus on child protection.

The new Adult Safeguarding Chair is also the Chair of the Local Safeguarding Children's Board and it is expected that this will further enhance the good working relationship we have between the two Boards.

The SAB Policies and Procedures and much of the SAB literature have undergone a full review in order to ensure that they are Care Act compliant. The SAB website has continued to be used as a key source of information, with a 50% increase in use on the previous year.

The reporting of safeguarding concerns has increased by 349 to a level of 2502 which is the first significant rise in four years whilst repeat referrals have remained on a gradually downward trend.

The Board has continued to build on the success of the previous radio campaigns by leading on the fourth regional awareness campaign which incorporated promotional events in high footfall areas within Durham and other local authority areas. This was followed by a further Durham based, four week campaign, early in 2015 which was supported by a number of articles in local authority publications.

SAB has engaged with the 'Making Safeguarding Personal' initiative which is a national initiative focused on making the victims of abuse and neglect more central to the safeguarding process. The main partners of the SAB have undergone a self-assessment process; the results of which were very positive as they have demonstrated a strong commitment to promoting the safeguarding arrangements and working collaboratively to recognise and address concerns associated with abuse and neglect.

There has been widespread recognition across the partnership to refocus our approach to monitoring performance which has predominantly concentrated on local authority qualitative data taken from safeguarding adults investigations. 2015/16 will see the introduction of a greater emphasis.

The Performance and Quality Sub Group has reviewed its practices and the information that it reviews. There is now a general shift from quantitative data to a more qualitative analysis on qualitative analysis taken from a range of SAB partners.

Regional Perspective

The Safeguarding Adults Board has continued to fully participate in regional safeguarding activities in connection with ADASS.

The current ADASS Safeguarding North East Network work plan encompasses the following areas:-

- Adult engagement and participation
- Care Act 2014 audit of implementation
- Communications strategy
- Quality assurance models
- Good practice presentations and links to strategic safeguarding
- Peer Review Feedback
- Safeguarding Adults Reviews (SAR) models

As mentioned above the Durham SAB has been instrumental in securing funding and leading on the regional awareness campaign. On behalf of the region, it has also commissioned training regarding the Social Care Institute for Excellence (SCIE) 'Learning Together Model' (methodology for safeguarding adult reviews), Legal Literacy and Sexual Exploitation (eLearning).

Durham SAB has also been responsible for re-establishing and chairing the Regional Training group which again shares information and good practice across the 11 local authority areas that cover the North East.

Safeguarding Operations

The total number of safeguarding concerns have risen for the first time in four years; the number of referrals (the portion of reported concerns that require further scrutiny under our safeguarding procedures has remained stable at around 1000). However, this has coincided with a reduction in the number of safeguarding investigations where procedures are invoked. This downward trend is entirely due to lead officers and team managers making informed decisions regarding the most appropriate response since the change in procedures which increased the decision making period from one to up to five days.

It has been a challenging year for the Safeguarding Lead Officer team which has expected higher than average levels of staff turnover and vacancy during the 2014/15 period. This in turn has made it difficult to meet the organisational targets for completing investigations. On a positive note the team is now up to full strength and the staffing levels have been increased to provide more resilience and to cope with the extra demands that will be created by engaging with the 'Making Safeguarding Personal' initiative.

Deprivation of Liberty Safeguards (DoLS)

Following a ruling in March 2014 by the Supreme Court which clarified the definition of a Deprivation of Liberty, there has been a substantial increase in DoLS applications in County Durham. Prior to the Supreme Court judgement there was an

average of 14 applications per month. The applications were assessed by Best Interest Assessors (BIA) who were based in social work teams and worked on a rota basis. However, following the judgement, the number of applications rose considerably. From April 2014 to March 2015 there were a total of 1416 applications. To manage the increased number of applications in the short term, three full time Best Interest Assessors were appointed in addition to those working on a rota basis.

The significant rise in applications which has also been seen within other Local Authorities across the country has continued in 2015, reflecting the increased awareness of care homes and hospitals regarding their responsibilities within DoLS.

Transformational Change and Prevention

The Care Act 2014 was implemented in April 2015. The new legislation identifies the aim of “care and support” as helping people achieve the outcomes that matter to them in their life. It emphasises the principles of well-being and prevention as underpinning the Local Authority’s role when carrying out any of their care and support functions and introduced new national minimum eligibility criteria for service users and carers. Carers are given the same rights as those they care for; this includes the right to an assessment, a care and support plan and a Personal Budget.

The new legislation consolidates best practice around personalisation and reinforces the objectives of transformational change. Durham County Council Adult Care Services have made significant progress towards meeting these objectives over the past year. This has been supported by a comprehensive programme of staff training workshops and publication of the monthly bulletin “New Beginnings” to inform staff of the coming changes.

Working with partner agencies, the council successfully bid for funding from the Better Care Fund. This will be used to enhance the local integration of health and social care services. A pooled budget has been established and the fund has been committed to key themes which include:

- Intermediate Care Plus (IC+)
- Equipment and adaptations for independence
- Supporting independent living
- Supporting carers
- Combating social isolation

Community Chest Grants have been used throughout 2014-2015 to support the development of voluntary and community sector resources to support people who have social care needs. During the year the Community Chest supported **77** projects delivered by **73** organisations across County Durham with grants of between £500 and £10,000.

“Locate” www.durhamlocate.org.uk went live in April 2015. This new website provides information about care and support available across all sectors in County Durham. Members of the public, partner agencies and local authority staff are

encouraged to access Locate when considering care and support needs. This will promote the use of community resources rather than formal social care provision.

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, the Safe Durham Partnership and the Health and Wellbeing Board.

See Appendix 1 for a diagram of the multi-agency interface arrangements.

In addition to these arrangements a Chief Officer Group has been established which includes the councils Chief Executive alongside Chief Officers from the Police and NHS. The group is concerned with assessing quality and effective interventions across all statutory agencies.

Working with the Local Safeguarding Children Board (LSCB)

Strong links continue to be maintained between SAB and the LSCB. The Independent Chair of the SAB is also the Independent Chair of the LSCB several members from partners including the Corporate Director of Children and Adults Services, also attend both Boards. Training opportunities are well established for both safeguarding boards and training leads have begun exploring areas of joint interest with a view to developing a more co-ordinated approach to training delivery.

Links to Domestic Abuse

A countywide specialist service for domestic abuse is now in place across County Durham. Harbour Support Services provide support to victims and programmes for perpetrators. Harbour are about to commence a programme of training to Adult Care staff in relation to domestic abuse following the introduction of The Care Act 2014 which highlights domestic abuse as a specific safeguarding issue.

The governance for domestic abuse continues to come from the Domestic Abuse and Sexual Violence Executive Group (DASVEG), which is a thematic group of the Safe Durham Partnership Board (SDPB) and provides the linkage to Adult Safeguarding. There is also adult safeguarding representation on a number of domestic abuse operational groups. A single agreed multi-agency referral pathway is also now in place to support frontline practitioners. This pathway will strengthen the links between adult safeguarding and support services.

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 (CCG)
- National Health Service England (NHS England)
- Tees, Esk & Wear Valleys NHS Foundation Trust
- County Durham & Darlington NHS Foundation Trust
- Durham Constabulary
- Her Majesty's Prison Service
- National Probation Service
- Care Quality Commission
- Age UK County Durham
- Victim Support
- Lay Membership

Key Objectives for 2014/15

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** – Ensure compliance following the implementation of the Care Act 2014
- **Performance & Quality** – Closely monitor increase in referral rates for DOLS and associated impact on resources
- **Communication and Training/Engagement** – Develop awareness material for vulnerable adults regarding protecting themselves from sexual abuse.

Key Milestones Achieved: April 2014 – March 2015

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

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.

- January 2015 A witness support, preparation and profiling scheme (WSPP) which gives vulnerable adults better access to the Criminal Justice System has been further developed and the first witness has been supported through the system. The scheme is now ready to be launched and the policy document is ready for sign off.
- March 2015 Safeguarding policies and procedures have been updated and are now Care Act compliant. The SAB website information and leaflets have also been reviewed and updated to ensure service users have the most up to date information regarding the safeguarding process.
- March 2015 Safeguarding Adults Review / Learning and Improvement subgroup has been established to learn the lessons from Safeguarding Adult Reviews (SAR) and the executive strategy process with a view to improving performance and processes.
- A service user survey is sent on a monthly basis to all service users where safeguarding procedures are invoked. The survey and interview process has been reviewed and revised.

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.

- May 2014 Dedicated training session has been delivered to matrons in County Durham and Darlington Foundation Trust (CDDFT) with additional sessions to follow.
- January 2015 Leaflets, information and policies and procedures have been updated to be Care Act compliant and are available on the SAB website.
- January 2015 Two radio awareness campaigns were commissioned. Funding of £18,000 was secured for a Durham lead 12 week regional campaign from July – September 2014 and second campaign

March 2015	which was a Durham based project ran in January 2015, incorporating articles in a number of local authority publications.
Ongoing	The percentage of invoked safeguarding referrals that were classified as occurring in the service users own home has increased. Page views on website have been monitored and have increased by 50% from the previous year.
	<u>Protection</u>
June 2014	That all partners have systematic processes in place to recognise, report and manage adults at risk or allegations of abuse.
January 2015	Local authority reporting processes are compliant with SAB policies and procedures through Social Care Direct and the social services IT system (SSID) updated to give better identification of source of health referrals.
February 2015	Safeguarding Adults policy for Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES) and North Durham Clinical Commissioning Group (NDCCG) practices now in place. Annual audit was conducted on 100 safeguarding referrals chaired by the local authority and TEWV Lead Officers. Self-assessments were carried out by the local authority, health and police partners.
Ongoing	Incidents of repeat abuse are reported quarterly and scrutinised by the Performance and Quality Sub Group and team managers. A draft Partnership Agreement is to be presented to the October SAB meeting.
Ongoing	Policies and procedures have been reviewed and are now Care Act compliant and are available on the SAB website.
Ongoing	Strategic Plan has been reviewed and redesigned.
	<u>Proportionality</u>
	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.
February 2015	New IT monitoring systems are now in place for DoLS. Additional staff recruitment has been approved to deal with the increase in demand and the referral levels will continue to be

monitored.

The CCG is working with the local coroner around specific guidance for GPs in relation to their role as a result of death of a patient subject to a DoLS.

March 2015 Policies and procedures are being updated in line with the Care Act to ensure that responses to safeguarding concerns are proportionate and appropriate.

March 2015 There will now be a distinction between safeguarding and adult protection, which will be triggered when there is a need for multi-agency investigation.

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.

January 2015 Safeguarding and local authority marketing staff have updated materials and are now Care Act compliant. This will be reviewed annually.

February 2015 Regional Training Group explored ways in which good practice and resources could be shared across the North East region with three training packages developed. Further developments expected once Training and Development Officer is in post.

February 2015 Funding sourced for SCIE Learning Together training designed to support safeguarding adults reviews with course dates set.

March 2015 Safeguarding Adults Review/Learning and Improvement Subgroup established.

Accountability

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

January 2015 Independent chair and a Lay Member appointed.

March 2015 Partner agencies preparing presentations to the SAB outlining organisational achievements for 2014/15 and their proposed initiatives for 2015/16.

APPENDIX 2

- March 2015 A briefing note was issued to staff at the end of March 2015 and a briefing for managers was arranged in April 2015 on the Care Act which includes safeguarding.
- March 2015 Further Care Act training is arranged in respect of safeguarding and will begin once Training Officer in post.

Strategic Plan 2015 – 2018

The following provides an overview of the SABs Strategic Plan to support delivery of our key priorities over the next 3 years.

Our Vision

We will support adults at risk of harm to prevent abuse happening; when it does occur, we will act swiftly to achieve good outcomes.

Performance Framework (Performance and Quality Sub Group)

Establish a performance framework that prescribes targets that are then met across the strategic priority areas of this plan and meet national performance requirements.

Care Act/ Legislative Compliance (Policy and Practice Sub Group)

Ensure our adult protection processes comply with legislative requirements and are person centred and outcome focussed.

Prevention (Policy and Practice Sub Group)

Support people to identify and report signs of abuse and suspected criminal offences. This will involve training staff and considering how we make our local community safer in all our work. When abuse occurs, we will provide support aimed at removing or reducing risks or reoccurrence.

User/Carer Voice (Performance and Quality Sub Group)

Ensure the user's voice is heard throughout the adult protection process and user feedback is used to inform future practice. Where an individual lacks capacity, we will act in their best interests.

Awareness (Training and Communication Sub Group)

Establish and maintain a wide range of awareness raising initiatives across partner agencies that provide individuals with the right information about how to recognise abuse and how to keep themselves safe.

Partnership Engagement (Training and Communication Sub Group)

Ensure that partners are fully engaged and fulfilling their resources in achieving the objectives of SAB. In doing so, foster a 'one team' approach that places the welfare of individuals before the 'needs' of the system.

Learning Lessons and Improvement (Learning and Improvement Sub Group)

Ensure learning from serious concerns investigations, including domestic homicide reviews influences practice development across all partner agencies.

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 dedicated Safeguarding Adult Teams staffed by qualified and experienced detectives.

The service is committed to working closely with partners to reduce the demand created by repeat victims/perpetrators. Good practice includes a designated Detective Superintendent to drive forward this partnership working which includes increased focus on mental health. This is already paying dividends with mental health practitioners working out of our custody suites and improved pathways into local health services. The introduction of the Care Act has also given increased focus towards the needs/expectations of vulnerable adults and the Constabulary will continue to work hard to meet these requirements. A designated Detective Chief Inspector now focuses on these issues, recently introducing front line training around the Care Act.

In addition the force is managing Operation 'Seabrook' an historic investigation into physical and sexual abuse by staff on the inmates of former Medomsley Detention Centre from the 1960,s to 1987. The investigation has brought over 1200 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 300 victims now accessing counselling services. There has also been increased demand on the police adult protection staff as a result Operation Yew Tree which has encouraged many people to report incidents of historic sexual abuse.

Tees, Esk & Wear Valleys NHS Foundation Trust

We continue 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 and we remain fully committed to the safeguarding adult's partnership through the Safeguarding Adult Board and associated subgroups.

The Trust Board remains fully committed to on-going developments to enhance safeguarding arrangements and throughout 14/15 has continued to meet quarterly with our Local Authority colleagues through the Trust's multi agency Safeguarding

Adult steering group and internal operational group to oversee Safeguarding activity within the Trust, share information, monitor action plans in response to serious case reviews, domestic homicide reviews, inspections and audit.

Ensuring clinical staff has the necessary knowledge and skills to manage safeguarding effectively has been a key priority for 14/15 and has seen a significant increase in qualified staff trained at Level 2 with the added resources to support its delivery. As part of our commitment to the safeguarding agenda the level 2 training includes the Department of Health 'Workshop to Raise Awareness about Prevent' (WRAP) 3 session.

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 the NHS services are legally obliged to take account of. Quality is defined as providing care that is effective and safe which results in a positive patient experience.

Some patients may be unable to uphold their rights and protect themselves from harm or abuse. They may have the greatest dependency and yet be unable to hold the service to account for the quality of care they receive. The NHS has particular responsibilities to ensure that those patients receive high-quality care and that their rights are upheld, including their right to be safe.

County Durham and Darlington NHS Foundation Trust continues to be fully committed to the Safeguarding Adults Board. The Associate Director of Nursing (Patient Experience and Safeguarding) is a member of the SAB and the Safeguarding Adult Lead deputises. The Safeguarding Adults Lead is also an active member of the Board's Sub Group arrangements and is fully committed to ongoing developments to enhance safeguarding arrangements.

During 2014/15 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 audits, the group also reviews safeguarding policies, processes and procedures. The 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 receives safeguarding adults awareness training as part of their mandatory training. At 31st March 2015, 92.7% of staff employed by the Trust had 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 safeguarding training sessions and Level 3 safeguarding training sessions were delivered to matrons and

managers with a lead responsibility for safeguarding. Mental Capacity Act 2005 and DoLS awareness has been raised through the essential training programme; this also includes key messages from the governments PREVENT strategy.

North Durham and Durham Dales, Easington and Sedgfield Clinical Commissioning Groups (ND, DDES CCG)

CCG's 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 CCG's continue to be committed to the safeguarding agenda and work closely with provider organisations to ensure that robust systems and processes are in place. The CCG, through the contractual clinical quality review process and commissioner assurance visits, looks for assurance that providers are meeting their contractual requirements. Safeguarding referrals are being received and acted upon and those without capacity are being cared for in their best interest. Failure to comply with such standards is identified and acted upon through the quality requirements of the NHS contract schedule.

Regular monitoring of associated activity takes place on a bi-monthly basis through the clinical quality review groups for key provider organisations.

Both of the CCG's are committed to the Durham Safeguarding Adults Board with CCG board level membership and the Safeguarding Adults Manager in attendance. The Safeguarding Adults Manager attends SAB Sub-Groups and chairs a newly formed Learning and Improvement Sub-Group looking at lessons learned and improvements to practice arising from Safeguarding Adult Reviews and serious incidents.

Key developments for 2014/2015 have included; the placing of lead GPs in all practices, awareness sessions to outline and support the lead GP role were delivered in October and January. A nurses/senior carer clinical forum for staff within care home settings has been set up on a bi-monthly basis to offer peer support/share best practice. It also provides clinical supervision, revision of the MAPPA process, policies for domestic violence and embeds safeguarding adults across primary care. A named GP in both areas continue to contribute to key pieces of work in relation to primary care and offer support and advice to practices as required.

Both CCGs are committed to training with a requirement that all staff undertake mandatory eLearning training in relation to adult safeguarding. Regular performance reports are received regarding compliance with any gaps addressed.

Safeguarding adults Mental Capacity Act (MCA) training events have been delivered through Protected Learning Time events in November for Derwentside, December for DDES and March for Durham and Chester le Street. All events were well attended.

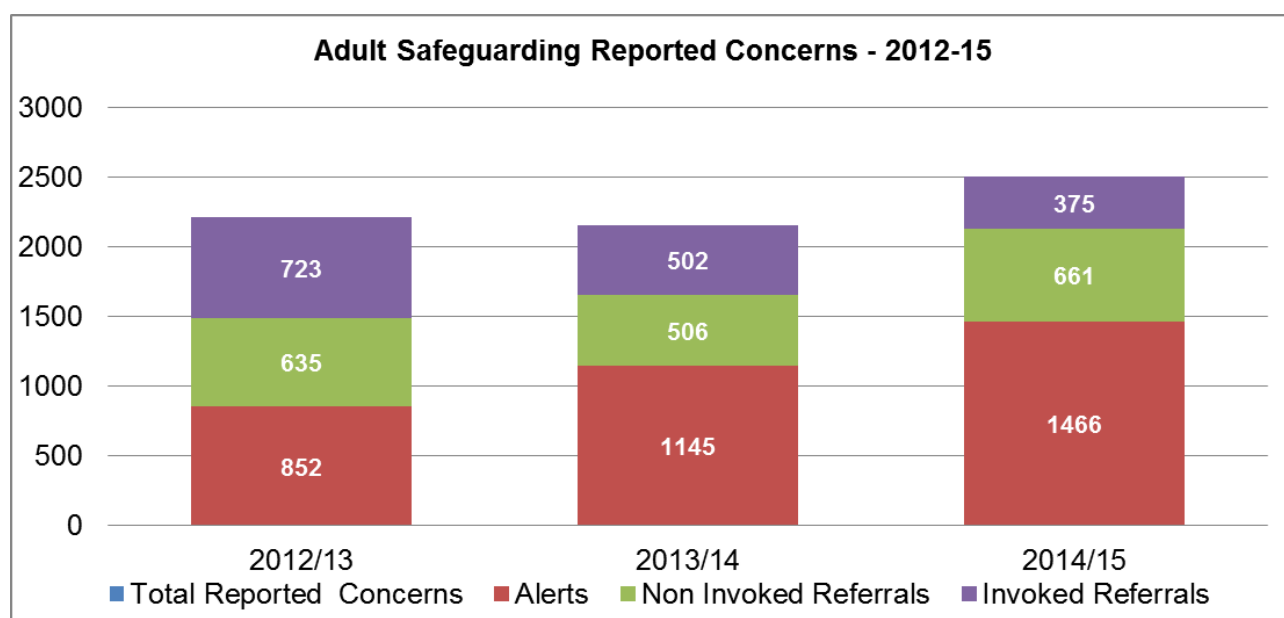
The Safeguarding Adults Manager and Named GPs have met with the Care Quality Commission (CQC) Inspection Manager for Primary Medical Services to further

develop an understanding of the safeguarding requirements for primary care. Initial feedback has been given to safeguarding leads at their initial training sessions.

During the year NHS England allocated monies to CCGs to raise awareness of the MCA/DoLS amongst a wide range of health staff including primary care. The programme of work developed has benefited primary care, secondary care, specialist mental health and learning disabilities, as well as independent sector providers (including care homes). Joint MCA events have been held across all three CCGs served by the safeguarding team with a total of 687 staff receiving awareness/training sessions, thereby offering assurance that a wide range of health staff have received MCA/DoLS awareness.

Safeguarding Activity in Durham

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



	All Reported Concerns	Referrals	Invoked	% Referred Invoked
2012/13	2210	1358	723	53%
2013/14	2153	1008	502	50%
2014/15	2502	1036	375	36%

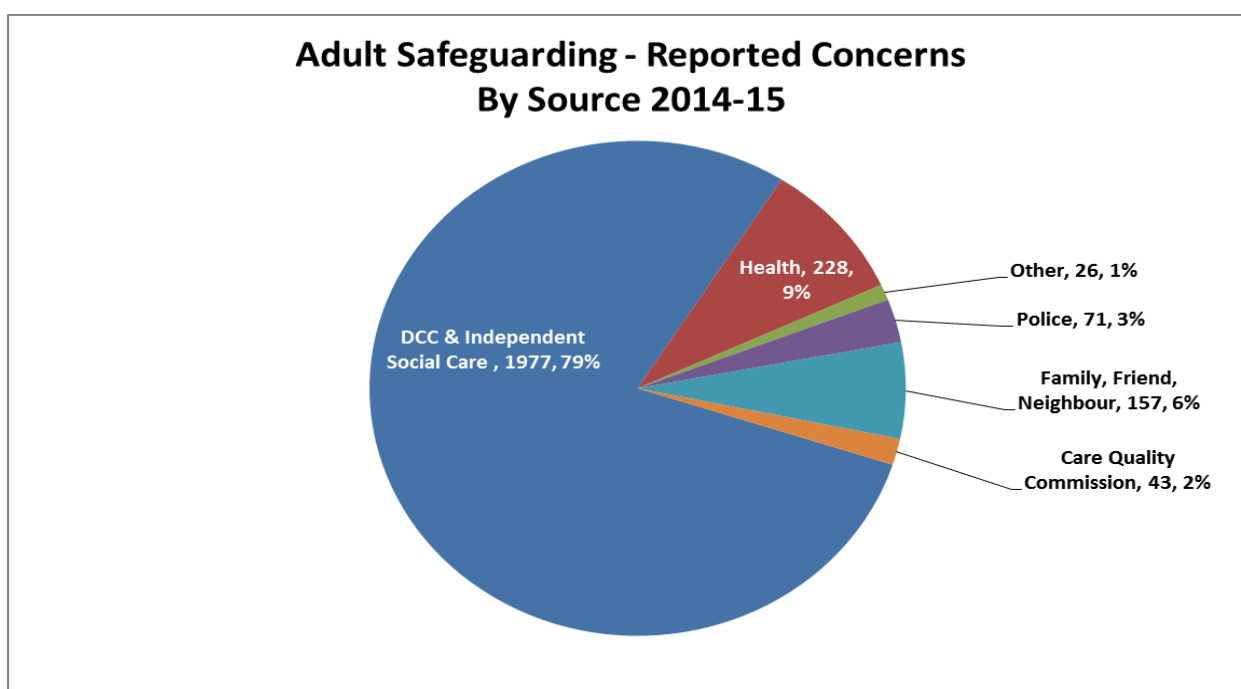
For a number of years the Safeguarding Adults Board has invested a significant amount of time and effort providing training and awareness campaigns to help people recognise abuse and neglect and this has coincided with a progressive rise in the rate of reported concerns. Table 1a and 1b demonstrates an increase in 2014/15 of 349 from the previous year's producing a total of 2502 reported concerns.

APPENDIX 2

Each reported concern is assessed around the risks and complexity of the case and is addressed with the most appropriated response. There are many ways that concerns can be addressed such as care management or care coordination, where a social worker may address the problem or issue in hand. Typically, it is the more serious or complex cases that require the safeguarding adults multi-agency procedures to be invoked. Of the 2502 reported concerns in 2014/15 there were 375 cases where safeguarding procedures were invoked and were dealt with using a multi-agency approach.

Table 7a and 7b also show a gradual decline in the number of cases where procedures are invoked. This is largely as a result of changes to procedures and operating practices that collect and advise information and resulting in more informed decision making and risk management.

Tables 2a & 2b Concern Source – (where identified)



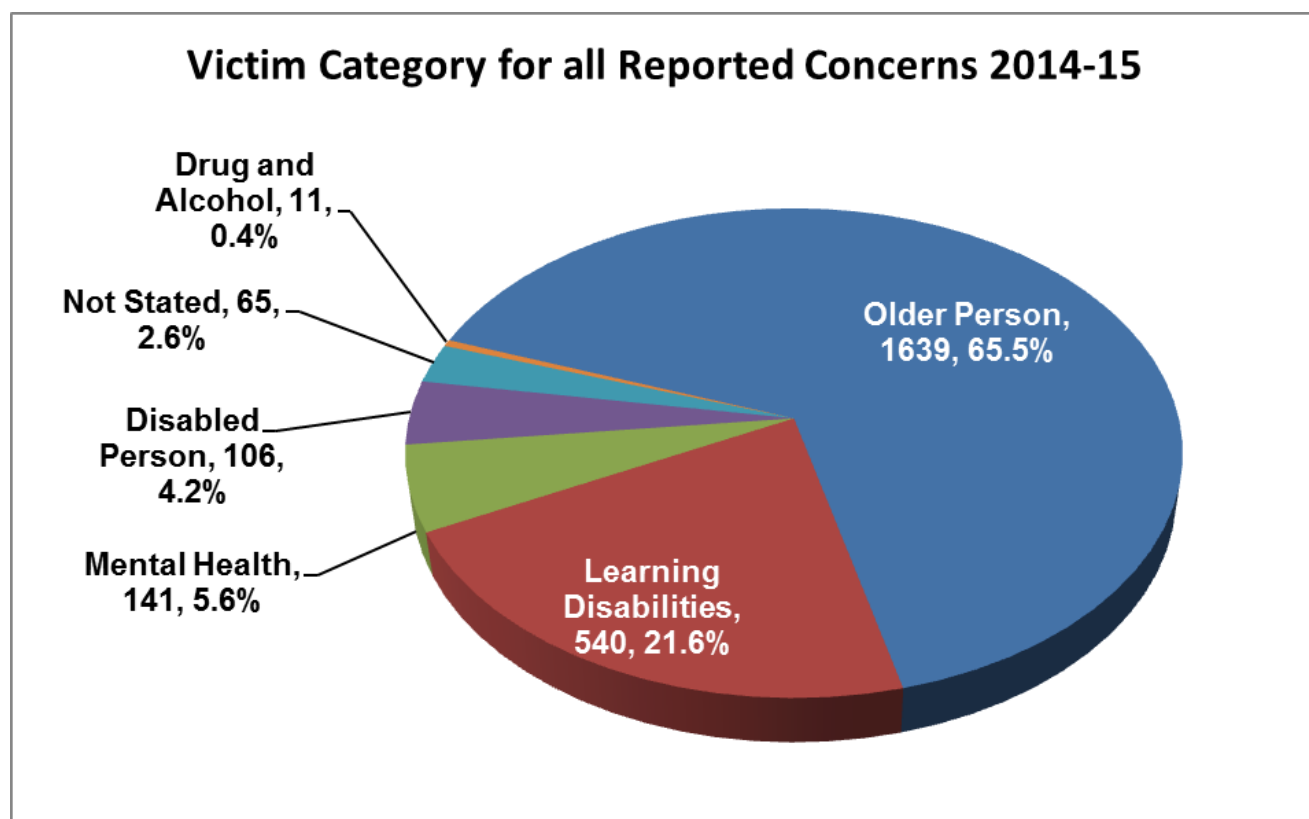
All Reported Concerns			
Source of Referral	2012-13	2013-14	2014-15
DCC & Independent Social Care	72.5%	80.2%	79.0%
Health	10.2%	6.2%	9.1%
Other	1.7%	1.4%	1.0%
Police	5.9%	4.2%	2.8%
Family, Friend, Neighbour	9.7%	8.0%	6.3%
Care Quality Commission	0.0%	0.0%	1.7%

Table 2a and 2b highlight that the largest source of reported concerns is from the local authority and the care provider sector which is consistent with previous years. This sector has had a strong focus on training and awareness in recent years and

staff working in this sector have regular close contact over long periods with service users.

Reported concerns originating from health (NHS) have risen close to the levels of 2012-13. This has coincided with development work carried by SAB and its NHS partners to improved reporting thresholds and mechanisms by NHS staff.

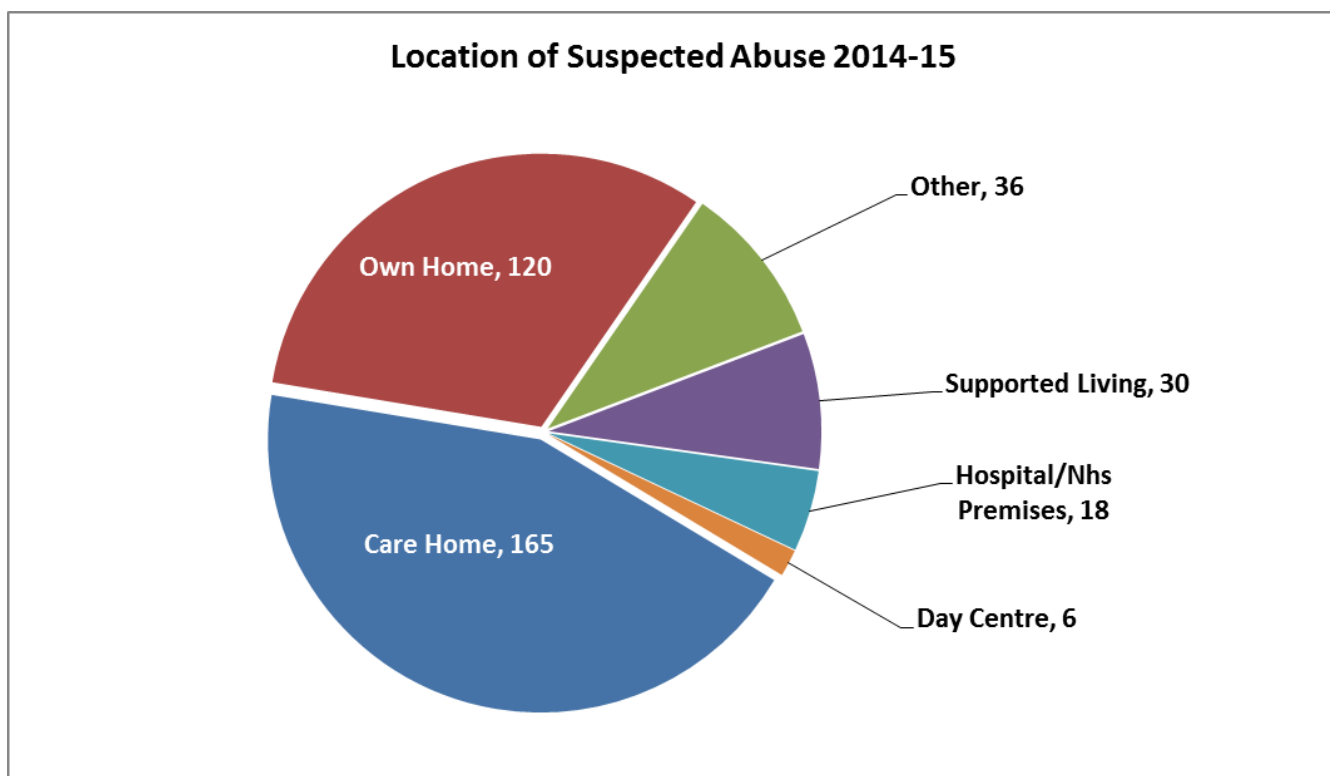
Table 3a & 3b (Victim Category - All Reported Concerns)



Party Category	2012-13		2013-14		2014-15	
	Total	%	Total	%	Total	%
Older Person	1397	63.2%	1345	62.5%	1639	65.5%
Learning Disabilities	458	20.7%	444	20.6%	540	21.6%
Mental Health	154	7.0%	209	9.7%	141	5.6%
Disabled Person	136	6.2%	116	5.4%	106	4.2%
Not Stated (Alerts)	41	1.9%	24	1.1%	65	2.6%
Drug and Alcohol	24	1.1%	8	0.4%	11	0.4%
Grand Total	2210		2153		2502	

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 seen a 4% drop. The categories of older person and learning disability continue to be the most prevalent. This is broadly in line with the prevalence of individuals in receipt of adult social care from these groups.

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



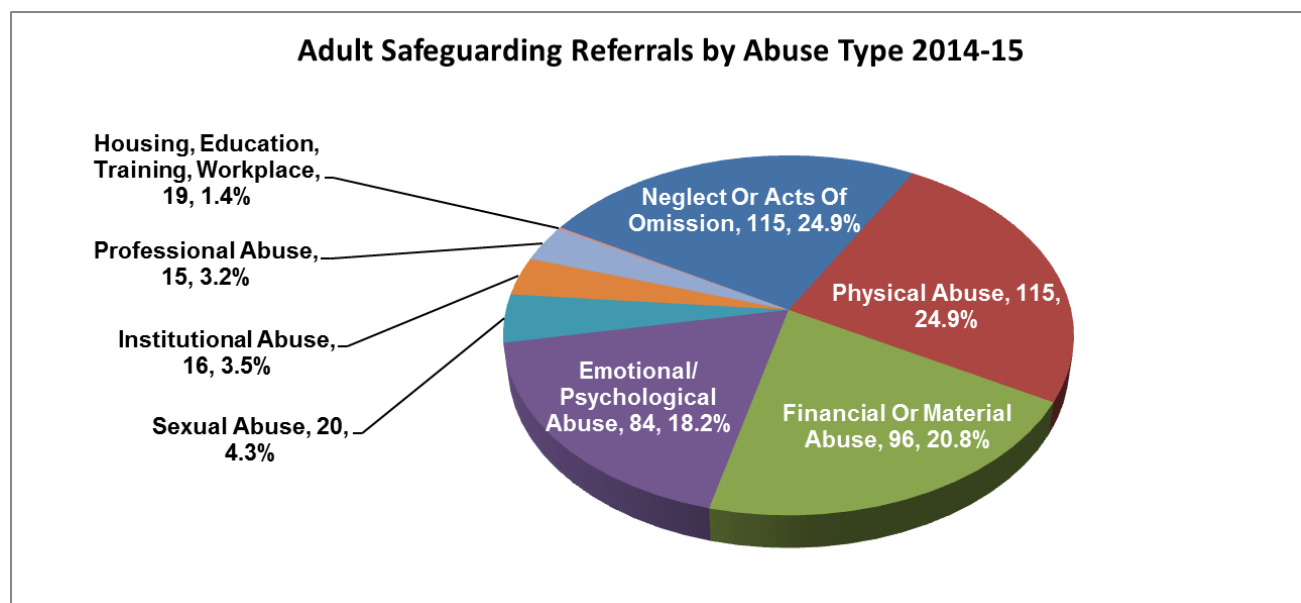
Location	2012-13		2013-14		2014-15	
	Total	%	Total	%	Total	%
Care Home	381	52.70%	250	49.80%	165	44.00%
Own Home	212	29.30%	175	34.90%	120	32.00%
Supported Living	51	7.10%	34	6.80%	30	8.00%
Hospital/NHS Premises	23	3.20%	21	4.20%	18	4.80%
Other	51	7.10%	17	3.40%	36	9.60%
Day Centre	5	0.70%	5	1.00%	6	1.60%
Total	723		502		375	

Table 4a and 4b highlight that the most prevalent location of reported abuse comes from the care home sector followed by own home which is consistent with previous years and the national picture.

The overall number of invoked referrals has reduced but this is in line with the overall drop in those cases where the multi-agency procedures are invoked.

The Safeguarding Adults Board continues to raise awareness and standards linked to reporting safeguarding incidents in both the community and care settings.

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

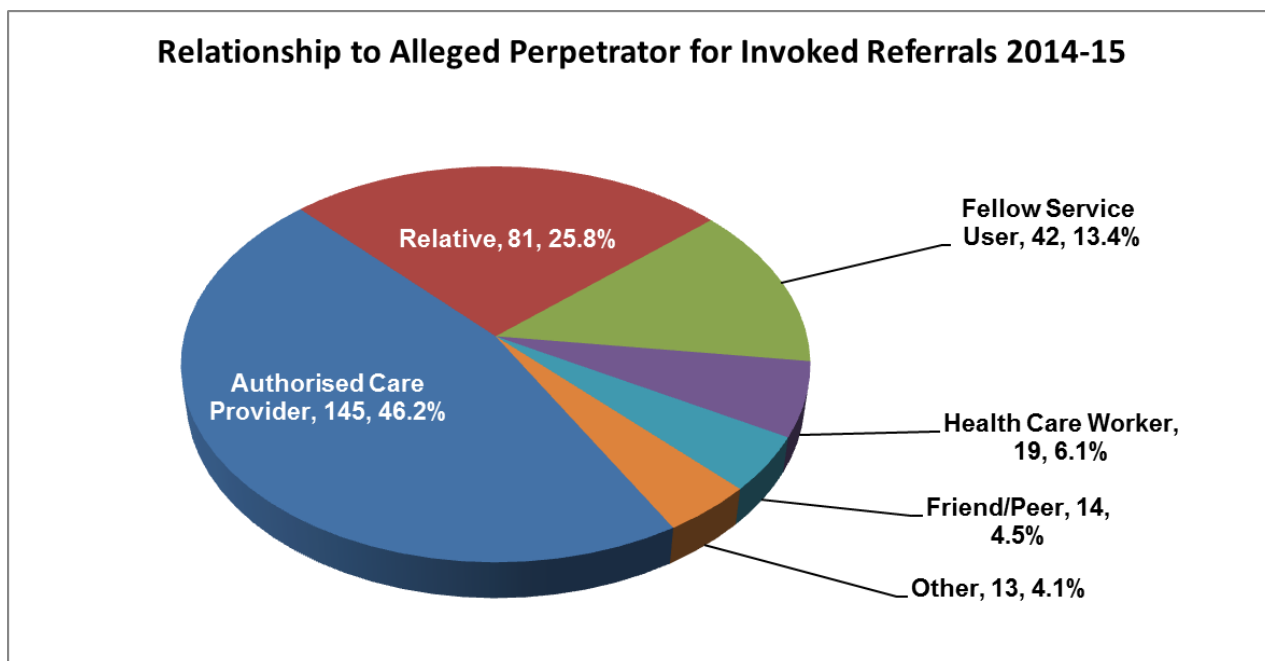


Type of Abuse	2012-13		2013-14		2014-15	
	Total	%	Total	%	Total	%
Discriminatory Abuse	4	0.50%	3	0.50%	1	0.20%
Emotional/ Psychological Abuse	128	14.80%	95	15.10%	84	18.20%
Financial Or Material Abuse	165	19.10%	126	20.00%	96	20.80%
Institutional Abuse	13	1.50%	22	3.50%	16	3.50%
Neglect Or Acts Of Omission	236	27.30%	167	26.60%	115	24.90%
Physical Abuse	262	30.30%	158	25.10%	115	24.90%
Professional Abuse	18	2.10%	9	1.40%	15	3.20%
Sexual Abuse	38	4.40%	49	7.80%	20	4.30%
Grand Total	864		629		462	
N.B. There may be more than one abuse type per referral.						

Neglect or acts of omission and physical abuse represent the most commonly reported forms of abuse. This is closely followed by financial/material abuse and emotional/psychological abuse. Not only does this reflect the pattern of the previous 2 years in Durham, it is broadly consistent with both national and regional figures.

Of the 375 invoked referrals, a total of 462 types of abuse have been referred. This is because an individual can be identified as a victim of more than one form of abuse.

Tables 6a & 6b (Perpetrator Category)

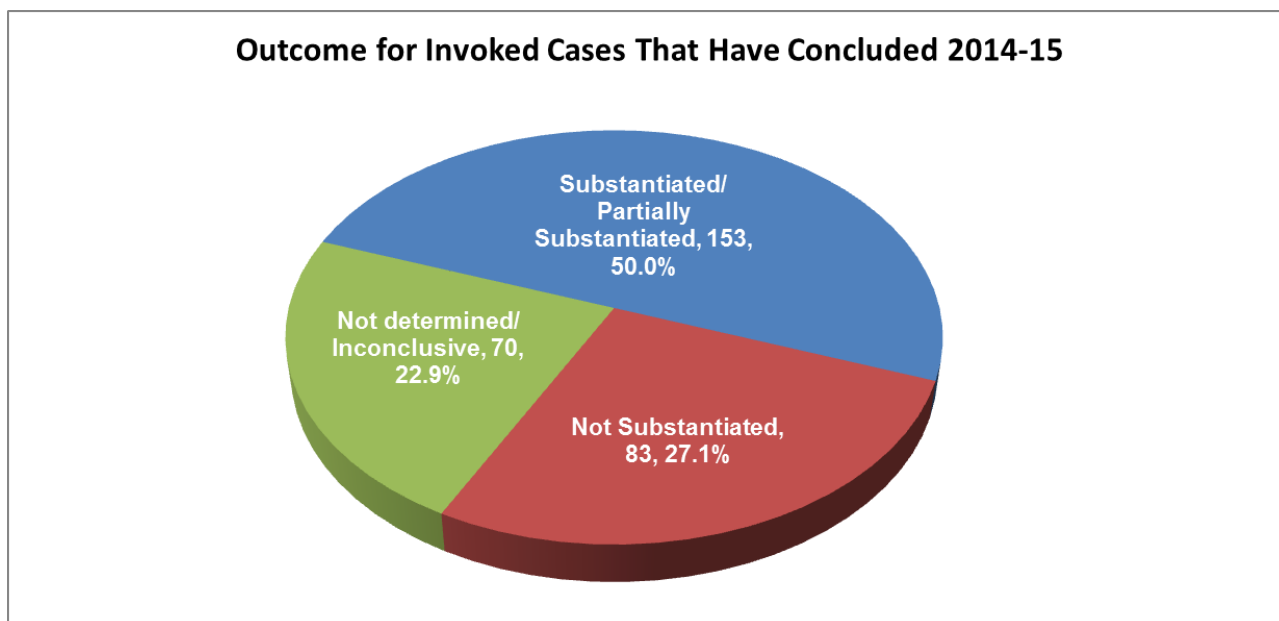


Relationship Type	2012-13		2013-14		2014-15	
	Total	%	Total	%	Total	%
Authorised Care Provider	175	33.2%	204	45.9%	145	46.2%
Relative	139	25.5%	85	19.1%	81	25.8%
Fellow Service User	99	18.3%	63	14.2%	42	13.4%
Health Care Worker	15	3.1%	22	5.0%	19	6.1%
Friend/Peer	11	2.0%	5	1.1%	14	4.5%
Other	97	18%	65	14.6%	13	4.1%
Grand Total	545		444		314	

There is relative year on year consistency in the levels of each perpetrator category type. 'Health Care Worker' has seen a gradual percentage increase and fellow service user has seen a general percentage decrease. The category of 'Other' has seen a marked decrease signifying better recording practice

The close contact that care providers and relatives have with service users means that they generally attract more allegations than other relationship types.

Tables 7a & 7b (Outcomes of Invoked Referrals)



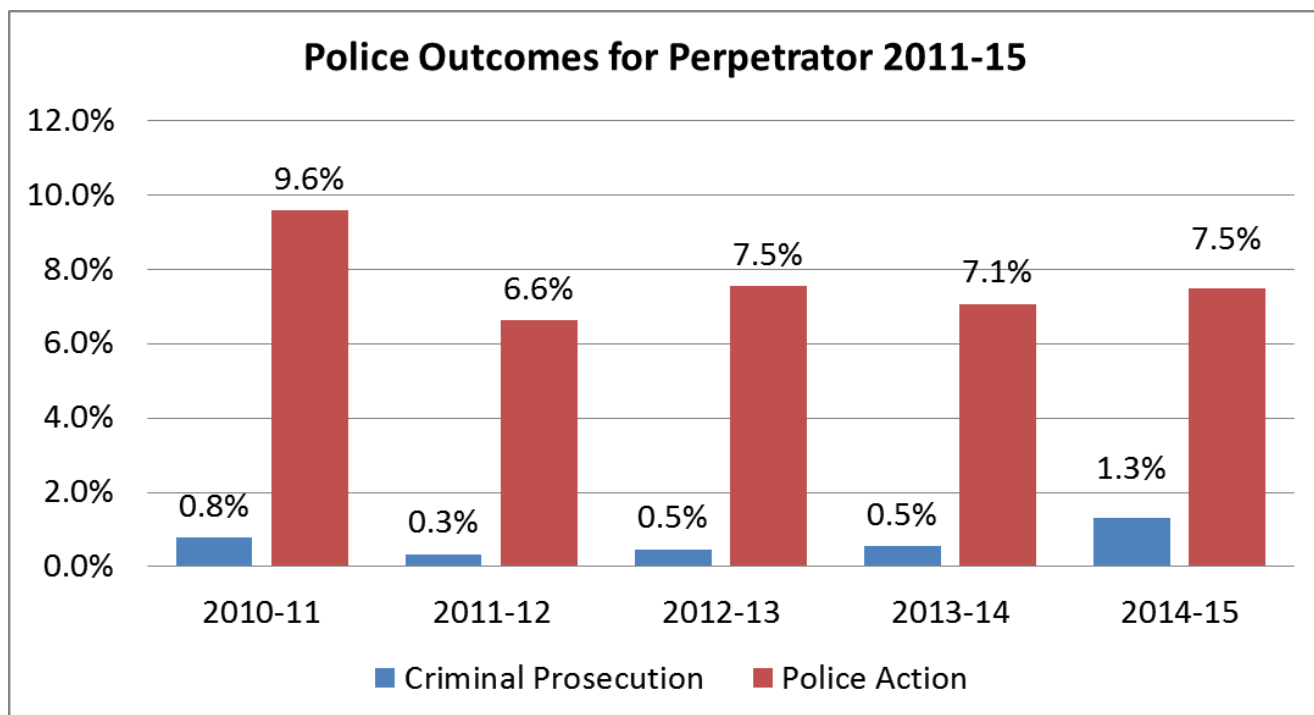
Outcome	2012-13		2013-14		2014-15	
	Total	%	Total	%	Total	%
Substantiated/ Partially Substantiated	361	51.1%	221	49.3%	153	50.0%
Not Substantiated	170	24.1%	123	27.5%	83	27.1%
Not determined/ Inconclusive	175	24.8%	104	23.2%	70	22.9%
Grand Total	706		448		306	

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

There are many reasons why the remaining cases (50%) are determined as not substantiated or inconclusive, which include malicious/false allegations and insufficient evidence following completion of an investigation. Where it is required, ongoing support is provided to those people who need it.

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

Tables 8a & 8b (Police Outcomes for Perpetrator)



Outcome for Perpetrator	2012-13		2013-14		2014-15	
	Total	%	Total	%	Total	%
Criminal Prosecution	4	0.5%	4	0.5%	6	1.3%
Police Action	65	7.5%	52	7.1%	35	7.5%
All Outcomes	861		736		468	

The police action and prosecution rates are consistent with previous years and remain low although there is a small increase in prosecutions on previous years.

There are a number of inherent difficulties mounting prosecutions involving vulnerable victims/witnesses such as communication and mental capacity issues of the victims.

In Durham, we have recently introduced a Vulnerable Victim/Witness Support Service. This service aims to support such individuals in being able to give evidence and participate in the criminal justice process. In future years, it is hoped this will help to support a further increase in the number of criminal prosecutions.

Conclusion from the Safeguarding and Practice Development Manager

2014/15 has been both a challenging and exciting time to work within the field of safeguarding adults. Despite years of austerity significantly reducing public sector funding, efficiencies have continued to be made that protect frontline services that serve the most vulnerable in society. Dedicated safeguarding adults personnel working across the local authority, police and NHS services have been retained and additional resources have been found for an additional Safeguarding Lead Officer role in the local authority to increase capacity and resilience in coordinating investigations. Temporary monies have also been approved by the CCGs that will initially enable the SAB to create a 2 year Business Manager post. This post will be created in 2015/16 to bring a much needed resource to SAB and enable it to strengthen collaboration across the partnership and to fulfil its strategic priorities following the implementation of the Care Act.

Much of our effort this year has focussed on the implementation of the Care Act in April 2014. This provides a statutory platform to SABs and requires the local authority, CCGs and the Police to be represented. In Durham, an implementation plan was produced then was overseen by an inter-agency task and finish group made up of key SAB partners. This has resulted in a coordinated implementation process covering the key requirements of this new legislation.

Looking ahead, the introduction of 'Adult Protection' as a new concept following the introduction of the Care Act will perhaps be the most significant change to our inter-agency procedures. In essence, the Care Act guidance recognises the term 'safeguarding adults' to be wide reaching. Self-neglect is introduced as a new category of abuse together with modern slavery and domestic abuse. As with other categories of abuse, each of these new categories typically presents with a different set of issues that may require very different responses depending on the risks and the vulnerability of the victim. The term 'adult protection' will be used to define those cases that require the consideration of a full inter agency investigation. In addition, over the forthcoming year further work will be undertaken to strengthen processes so ensuring that, in cases of Child Sexual Exploitation (CSE), when children transition to adulthood they are captured within adult care services framework.

Finally, the development of new strategic planning and performance monitoring processes will be the focus of much of the SAB's business during 2015/16. Our priorities will include placing greater emphasis on partnership engagement, learning lessons and improvement and improving the user/carer voice.

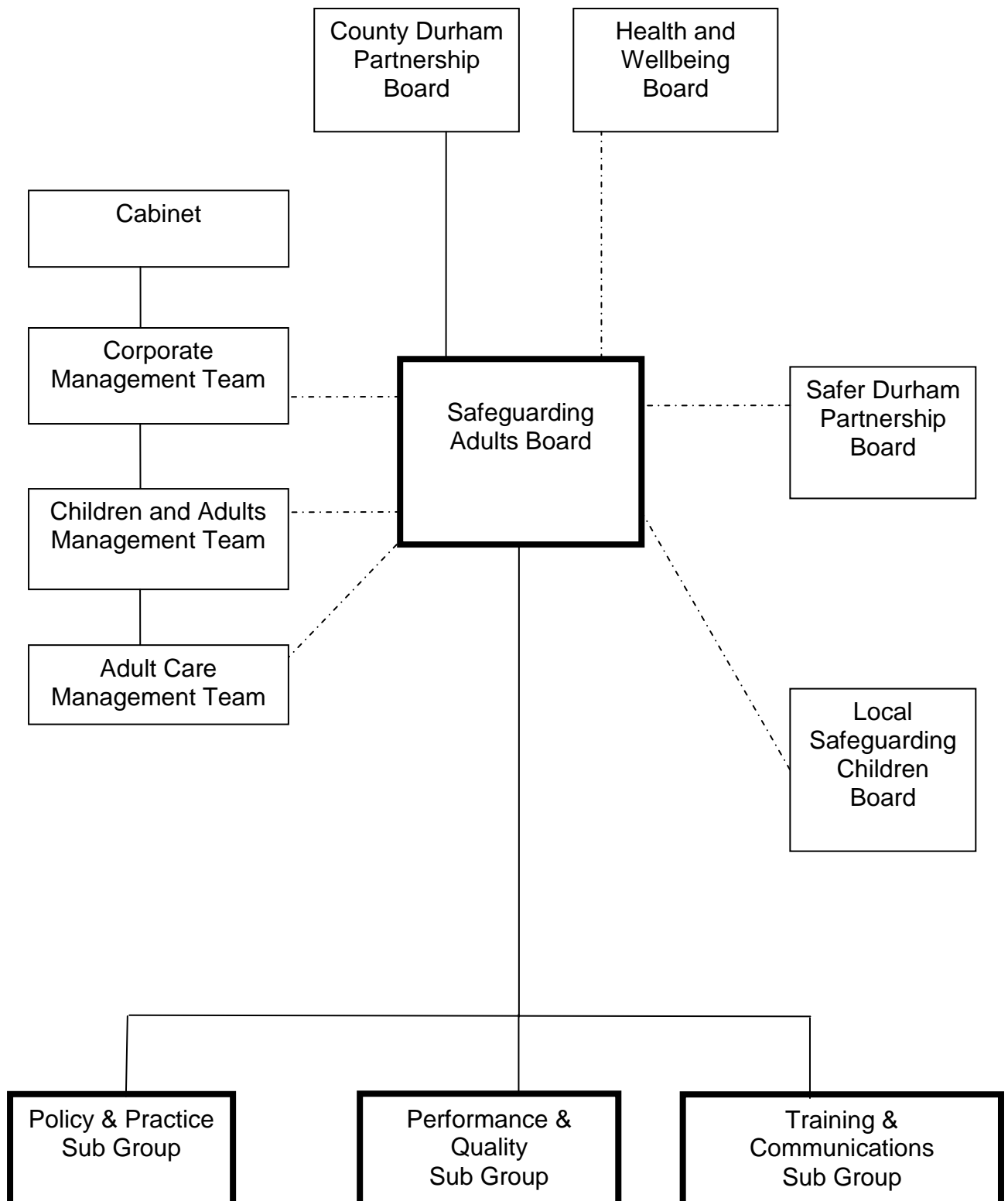


Lee Alexander
Safeguarding and Practice Development Manager

Appendix 1

Reporting and Interface Arrangements

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



Appendix 2

Abbreviations / Glossary of Terms

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

BIA - Best Interest Assessor

CCG - Clinical Commissioning Group

SDPB – Safe Durham Partnership Board

CAS – Children and Adults Services

CDDFT - County Durham & Darlington NHS Foundation Trust

CQC - Care Quality Commission

CRU - Central Referral Unit (Police)

DASVEG – Domestic Abuse and Violence Executive Group

DBS – Disclosure & Barring Service

DOH - Department of Health

DoLS - Deprivation of Liberty Safeguards

GP – General Practitioner

HMPS – Her Majesty's Prison Service

IC+ - Intermediate Care Plus

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 - National Health Service

NHS CDD - NHS County Durham & Darlington

APPENDIX 2

NHSE – National Health Service England

NPS – National Probation Service

SAB - Safeguarding Adults Board

SAR – Safeguarding Adults Review

SCIE – Social Care Institute of Excellence

SLO - Safeguarding Lead Officer

SSID - Social Services Information Database

TEWV - Tees, Esk and Wear Valleys

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