



# North Somerset Safeguarding Adults Partnership

## ANNUAL REPORT

2010-11

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## 1. INTRODUCTION

It has been a year of continued development and improvement in Safeguarding in North Somerset. This has been strengthened with the introduction of the South West ADASS 'SWADASS' Quality and Performance Framework which will be fully implemented by April 2012. The Business Plan in Appendix 1 sets out the range of work that has been completed and also the work that is being undertaken in the remainder of 2011-12.

This year has seen an increase in the numbers of safeguarding adults referrals from 332 in 2009-10 to 409. This is in part due to the fact that improved data collection has meant referrals for people living in care homes are collected more accurately, but also the increased awareness and commitment of partners to report abuse when it occurs.

In April 2010 a new process was introduced to ensure compliance with a requirement from the inspection undertaken by the Care Quality Commission in 2009. This was designed to speed up the identification of safeguarding referrals through better information collection, and to ensure that they were allocated appropriately for the correct response i.e. safeguarding; community care assessment etc. The file audits that have been undertaken to date have reflected that this has had the desired effect.

2010-11 was the first year in which there was a compulsory collection of safeguarding data under the 'Abuse of Vulnerable Adults Collection' as required by the NHS Information Centre. This collection is the first national dataset which has been required to be submitted by all local authorities. This entailed a considerable amount of work both in setting up the system for collection, and completing the return itself. The final return was submitted in July 2011 and a national report is awaited.

The improved data collection has also resulted in improved reporting on a quarterly basis to the Safeguarding Adults Board 'Board'. The introduction of a new post of Safeguarding Adults Systems Administrator has enabled the Board to focus on developing and improving its collection, and to monitor activity more regularly.

The Board has also approved a Safeguarding Adults Workforce Development Strategy which has been implemented and has led to improvements in the delivery and content of safeguarding adults training. In addition, a system has now been established to monitor the uptake of this training by both the statutory and independent and voluntary sectors, and has ensured that sectors that have been under represented at training are addressed.

A Communications Strategy for the Board has been completed and is now being implemented. A poster campaign has also been undertaken in which 1,000 posters were

distributed across a range of organisations and public buildings i.e. libraries, GP surgeries etc. These posters encouraged people to report concerns regarding adults at risk of abuse and how to report them. In addition representatives from the communications teams of the statutory partners have been assisting in producing a range of articles on different types of abuse and placing these in North Somerset Life, and with local media organisations.

The Board has also overseen the continued implementation of the action plan from the Serious Case Review which was commenced in March 2010. This has led to improvements in liaison between learning disability services, the Council and the local NHS organisations, as well as the introduction of a protocol for sharing information regarding care providers across local authority boundaries. Although the latter was initially focused on four local authorities, this has now been adopted by all safeguarding Boards in the South West.

The membership and level of representation on the Board has remained consistent and attendance has remained very good. An Independent Chair was recruited and started in post on 1<sup>st</sup> April. North Somerset has been active in the SWADASS Improvement Programme for safeguarding and improving engagement of informal carers and service users has been a priority with a series of regional events.

The Board has continued its focus in improving the engagement of adults at risk of abuse and informal carers. It has produced safeguarding guidance relating informal carers for use by Teams to assist them in enabling informal carers to be involved in the safeguarding process and to ensure their views are taken into account. This has been alongside continued work through the Good Practice Forum to encourage and enable adults at risk of abuse to attend safeguarding meetings. This is being monitored and this element of practice has been improving for both groups as the year has progressed.

During 2011-12 the priorities will include: -

- Examining and following through on the ADASS Advice Note issued as a result of the exposure of the systemic abuse at Winterbourne View. This sets out the actions each authority should consider to audit, and where necessary improve, its arrangements for reviewing and monitoring people placed in hospitals and care homes. The Board has begun to undertake this work.
- The Board will need to consider the impact of the proposed changes to the structure of Adult Care and its relationships with its partners in both the statutory and independent sectors as a result of the Government's vision for the commissioning of services and the increase in financial pressures that they face.
- A revision of the Safeguarding Policy and Procedures is required, and will be examined following the Government's publication of its paper on Adult Safeguarding, and the recommendations of the Law Commission's Review of Social Care legislation.
- Work will be undertaken to further improve the involvement of service users and informal carers in safeguarding investigations, and also enabling service users and informal carers to contribute and influence more effectively the work of the Board.

I would also like to pay tribute to Chris Lester who sadly died in January 2011. Chris worked for Freeways and was an enthusiastic and dedicated member, of not only our Board, but also a number of other safeguarding Boards in the Avon and Somerset area. Chris's energy and

interest in safeguarding adults was always impressive and his contribution to our work in North Somerset will not be forgotten.

I have been Chair of the Board since 2008 and have valued working together with partners to progress the commitment to safeguarding and the significant improvement in quality we have delivered together. As I handover the role to our new Independent Chair I would like to thank the Board members and partners across North Somerset for their continued commitment and engagement to the safeguarding agenda.

**Jane Smith**

**Chair of North Somerset Safeguarding Adults Partnership Board**

## **2. THE NORTH SOMERSET SAFEGUARDING ADULTS PARTNERSHIP BOARD ('NSSAPB')**

The NSSAPB is an interagency group developed in response to the Department of Health's "No Secrets" adult protection guidance. Core membership of the committee includes representatives from the following:

- North Somerset Adult Social Services and Housing
- Care Quality Commission 'CQC'
- Avon & Wiltshire Mental Health Partnership Trust 'AWP'
- Avon and Somerset Police
- Weston Area Health Trust 'WAHT'
- NHS North Somerset
- Informal Carers
- Home Care Agencies
- Registered Care Homes
- Community Safety Partnership
- Voluntary organisations
- North Somerset Council Staff Training and Development Service
- Lead Officer for Safeguarding Adults in North Somerset
- North Somerset Council's Adult Social Services and Housing Scrutiny Panel
- Avon Fire and Rescue Service

In addition, invited parties may include Solicitors, Probation, Crown Prosecution Service and the Benefits Agency.

The main purpose of the board is to promote inter-agency cooperation at all levels of safeguarding work. To protect vulnerable people from abuse it is essential that all partners and stakeholders work closely together to develop policies and processes that result in timely and robust inter-agency responses. The NSSAPB oversees this partnership working and considers strategies to improve existing practice.

All NSSAPB representatives have a responsibility to ensure that information and practice developments are fully disseminated throughout their respective organisations.

The structure for the sub-groups of the NSSAPB has been well established. In addition to this during 2010-11 an additional sub-group has been put in place. This is the Mental Capacity/Deprivation of Liberty Safeguards Sub-Group which oversees the ongoing implementation of the Deprivation of Liberty Safeguards and develops the policies and guidance required for this and the to ensure requirements under the Mental Capacity Act 2005 continue to be met. The Work Plan in relation to Mental Capacity and DoLs is contained in Appendix 2.

## 3. THE NATIONAL AND LOCAL PERSPECTIVE

### Government Policy

- 3.1 With the introduction of the Government's "No Secrets" guidance in 2000, a key aim of the safeguarding agenda has been to prevent the abuse of vulnerable adults by raising professional and public awareness of what constitutes abuse through education and training, publicity (via websites and factsheets), and events. Partly as a result of promoting and raising awareness of Safeguarding issues, North Somerset has seen a rise in the number of referrals over several years from 82 in the early 2000's to 409 this year.
- 3.2 In 2008 the Government began a review of the "No Secrets" guidance and in January 2010 a formal Ministerial Response to the consultation was published setting out the Government's intentions.
- 3.3 In May 2010 The Coalition Government came to power and in November 2010 it published 'A vision for adult social care: Capable communities and active citizens'. This set out a new direction for adult social care and places its emphasis on personalised services and outcomes for the service user.
- 3.4 Going forward in May 2011 the Coalition Government published its Policy on Adult Safeguarding. This sets out its role as providing vision, direction and a clear legal framework, whilst enabling local authorities and safeguarding boards to provide leadership locally and to develop local solutions to safeguarding according to the needs of the communities in their local area.
- 3.5 The Policy on Adult Safeguarding also sets out the key principles for safeguarding adults from abuse. These are empowerment of adults at risk of abuse; protection; prevention; proportionality; partnership; and accountability. In addition, and in accordance with the ethos of the new Coalition Government it stressed the need for safeguarding to focus on outcomes for individuals.
- 3.6 The Coalition Government's Policy on Adult Safeguarding can be found at [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_126770.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_126770.pdf)
- 3.7 During 2010-11 the Department of Health and other statutory agencies have provided a range of guidance for NHS bodies. This includes 'The National Framework for Reporting and Learning from Serious Incidents Requiring Investigation' (March 2010, National Patient Safety Agency); 'Clinical Governance and Adult Safeguarding' (February 2010, Dh); and 'Safeguarding Adults: The Role of Health Service Practitioners' (March 2011, Dh). This has assisted the NHS to clarify their roles and responsibilities and develop their contribution in adult safeguarding.

### Adult Social Care Law and Adult Safeguarding

- 3.8 In 2008 the Government announced that the Law Commission was to undertake a review of adult social care law. In February 2010 the Law Commission published a consultation document and in May 2011 it published its final Report and recommendations a Summary and the full Report can be viewed at

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_119398](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119398). The main recommendations in relation to adult safeguarding are: -

- (i) Local Authorities would retain the lead responsibility for the role co-ordinating safeguarding.
- (ii) A duty would be placed on local authorities to investigate or to request other agencies to investigate on its behalf;
- (iii) A new definition of 'harm';
- (iv) A duty to establish an adult safeguarding board and a requirement of local authorities, the NHS and the Police to each nominate a member (this is currently not a statutory duty).

3.9 The Coalition Government has announced its intention to introduce legislation in 2012 to implement the recommendations it accepts from the full report.

### **Safeguarding and Personalisation**

- 3.10 In 2007 the Government launched a vision to the transformation of adult social care and established a commitment to introduce personalisation of care services. The intention of Personalisation is that every person who receives support, whether funded by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings.
- 3.11 This new vision presented significant challenges for safeguarding adults from abuse. There is a balance to be achieved between empowerment and protection and between the right to self-determination and the duty to ensure people are safe.
- 3.12 A Safeguarding and Personalisation Action Plan has been developed in North Somerset and is being implemented.

### **The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS)**

- 3.14 The full provisions of the MCA came into force in 2007 and had significant implications for the safeguarding agenda.
- 3.15 Some of the most vulnerable people in our society are those who lack capacity to make decisions for themselves. The MCA provides a framework both for assessing a person's capacity to make decisions, and when they are assessed as not having capacity, for deciding what is in their 'best interests'. The MCA also established two criminal offences in relation to people who lack capacity: one of wilful neglect and one of ill-treatment.
- 3.16 The Deprivation of Liberty Safeguards 'DoLS' provisions were enacted as an amendment to the Mental Capacity Act 2005. They came into effect on 1 April 2009 and apply to people living in a care home or staying in a hospital who lack capacity and who have significant restrictions placed upon them in relation to their care. The DoLS process ensures a person is deprived of their liberty lawfully.
- 3.17 The Deprivation of Liberty Safeguards were successfully implemented on 1 April 2009 in North Somerset. In 2010-11 there were 34 applications for a Deprivation of Liberty of which eleven were for people funded by another local authority. This was an increase of twelve on 2009-10. This reflects an extensive amount of work undertaken

by the Mental Capacity Act facilitator to raise awareness in care homes and hospitals, as well as the continued roll out of training. A full Annual Report of the activity in this area and a work plan is attached in Appendix 4.

- 3.18 More information in relation to the Deprivation of Liberty safeguards can be found at [http://www.dh.gov.uk/en/SocialCare/DeliveringSocialCare/MentalCapacity/MentalCapacityActDeprivationofLibertySafeguards/DH\\_082420](http://www.dh.gov.uk/en/SocialCare/DeliveringSocialCare/MentalCapacity/MentalCapacityActDeprivationofLibertySafeguards/DH_082420)

### **The Independent Safeguarding Authority**

- 3.19 The Safeguarding Vulnerable Groups Act ('the Act') 2006 was introduced in response to the Bichard Inquiry Report in 2005. The Act established the Independent Safeguarding Authority ('the ISA') which assumed full responsibility for decisions on who should be barred from working with children and vulnerable adults in October 2009.
- 3.20 In addition to this from October 2009 a new criminal offence took effect whereby it is now an offence for a barred individual to seek or undertake work with children or vulnerable adults and for employers to knowingly take them on.
- 3.21 The Act also introduced a requirement for all people working with children and vulnerable adults to be registered with the ISA which was due to come into effect in June 2010. However, on 15<sup>th</sup> June 2010 the Secretary of State announced this would be halted pending a review of the scheme and of the criminal records regime.
- 3.22 On 1<sup>st</sup> February 2011 the Coalition Government published the findings of its Review. The Report can be read at [www.homeoffice.gov.uk/crime/vetting-barring-scheme/](http://www.homeoffice.gov.uk/crime/vetting-barring-scheme/)
- 3.23 The key recommendations from the Review include:
- the merging of the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) to form a streamlined new body providing a proportionate barring and criminal records checking service;
  - a large reduction of the number of positions requiring checks to just those working most closely and regularly with children and vulnerable adults;
  - the portability of criminal records checks between jobs;
  - an end to a requirement for those working or volunteering with vulnerable groups to register with the VBS; and
  - stopping employers who knowingly request criminal records checks on individuals who are not entitled to them.
- 3.24 The Coalition Government has confirmed that until all the appropriate legislation has been introduced and the new arrangements are established, the existing responsibilities of employers and the ISA will remain. There will be a phased introduction of the recommendations and this is currently expected to be completed in full by 2013.

- 3.25 The Council, and its partners on the Board, have responsibility to implement these changes and the Board has ensured that it is kept abreast of the changes and the timelines for implementation.

### **The Care Quality Commission**

- 3.26 On 1 April 2009 the Care Quality Commission ('CQC') came into existence. It brought together three inspection agencies: the Commission for Social Care Inspection, the Healthcare Commission and the Mental Health Act Commission.
- 3.27 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 set out the essential standards of quality and safety that people who use health and social care services have a right to expect. Guidance was issued for people working in health and adult social care that need to be registered with them.
- 3.28 In its first year of existence the inspection requirements for each remained almost unchanged, but significant changes took place during 2009-10 to establish its new structures, and its new inspection regimes.
- 3.29 The CQC plays a significant role in safeguarding adults work, particularly in relation to its regulatory inspection of care providers, and this will continue. It published its revised Safeguarding Protocol in July 2010 which sets out their core functions and roles for all parts of their service.
- 3.30 The Council maintains a strong relationship with CQC. In 2010-11 it has established a bi-monthly meeting with representatives from CQC, North Somerset Council and NHS North Somerset to share information in relation to care services in North Somerset. In addition, a representative now attends the Care Providers Forum which occurs quarterly.

### **South West ADASS Improvement Programme 2010-11**

- 3.31 The Improvement Programme has continued to be implemented during 2010-11 and has led to improved guidance and direction for local authorities in the South West. The work has included the completion of: -
- The development of a Quality Assurance Framework against which Safeguarding Boards can measure their progress and identify areas for improvement. This will enable greater consistency and better standards in safeguarding, and enable the sharing of best practice across local authority areas.
  - The introduction of guidance on thresholds of 'significant harm'. This will also assist in improving the consistency of decision making across local authority areas.
  - A southwest protocol for the management of information on poorly performing care providers across the South West to ensure a joined up approach to safeguarding when this is necessary.
  - In 2010 a Safeguarding and Personalisation Framework was launched by the South West Safeguarding Adults Project Group with funding and leadership from the Association of Directors of Adult Social Services 'ADASS'. This Framework introduced guidance and a proposed Action Plan for adoption by Safeguarding Adult Partnership Boards in the South West.

- Events have taken place in the South West to share best practice in relation to service user engagement, particularly in contributing and influencing the work of Boards.
- 3.32 The Board has also been instrumental in the development of a cross-boundary protocol for Safeguarding Boards in the South-West. This protocol enables local authorities to share information about concerns in care services in their area in which another local authority has people placed. This ensures that placing authorities can undertake reviews to ensure those people are well and still appropriately placed, and that the relevant local authorities can work together to safeguard people living in settings or using services where there are safeguarding adults concerns.
- 3.33 On 31st May 2011 the BBC screened a programme in which undercover footage showed the serious abuse of people with a learning disability living in Winterbourne View, a private hospital in South Gloucestershire. Following this programme the Government has required local authorities and other commissioning bodies to review their arrangements for monitoring and supporting people living in care home. A Serious Case Review is being undertaken but this will take some time to complete. However, in lieu of this, and following the CQC Compliance Review published in July 2011, the South West Regional Association of Directors of Adult Social Services has issued an Advice Note to its Safeguarding Boards, which recommends a number of actions. These are designed to ensure that each area reviews its arrangements for people living in care homes. This work is informing the Board's work in 2011-12.
- 3.34 In 2008-09 the Care Quality Commission (formerly the Commission for Social Care Inspection) embarked on a national programme of inspections entitled 'Independence, Well-being and Choice'. These inspections included a focus on Safeguarding Adults.
- 3.35 The Council and partner agencies were inspected under this programme in February 2009. The judgement reached was that Safeguarding services were "adequate" and the capacity for improvement "promising". A multi-agency action plan implemented immediately, and in 2010 CQC undertook a review of performance of the Council which included a review of the progress on this plan. It stated that the Council and its partners had made improvements in its safeguarding arrangements, and on the outcome of 'Maintaining personal dignity and respect', under which safeguarding falls, classed it as 'performing 'Well'.

## 4. PARTNER AGENCY REPORTS FOR 2010-11

### 4.1 Weston Area Health Trust

#### Inter-Agency Working

Weston Area Health Trust continues to work closely with the North Somerset Safeguarding Adults Partnership Board to ensure that vulnerable adults are protected from abuse.

The Director of Nursing is the Executive Lead for safeguarding and the Trust has a Safeguarding Lead in post who is a member of 2 sub-groups of the NSSAPB and also the Good Practice Forum. This ensures that WAHT is able to share and develop good practice, enhance inter-agency working and develop knowledge in safeguarding.

All safeguarding concerns are raised through the Local Authority's Single Point of Access and the Safeguarding Lead follows up any alerts that are made through the Trust's own internal reporting system.

#### Training

The Trust's Clinical Trainers deliver safeguarding adults training to all new staff at induction and as part of the two yearly mandatory training. This incorporates training on the Mental Capacity Act and Deprivation of Liberty Safeguards. The current compliance across the Trust is 85.5%, up from 60% at the same period last year. This demonstrates the commitment to raising awareness of adults at risk of abuse. Joint teaching sessions have been provided both in the community and the hospital involving the Tissue Viability Nurse Specialists from both areas and the Safeguarding Lead.

#### Management of safeguarding

The Dignity in Care Working Group continues to ensure that high dignity in care standards are maintained and Dignity Champions promote dignity across the Trust.

The Trust took part in National Elder Abuse Day 2011 by having a display board in the main foyer.

#### Learning Disability

The care of patients with Learning Disability continues to be a high priority for the Trust. Close working relationships have been established with the Community Learning Disability Team and are working well. This ensures that the specific needs of individual patients with a learning disability are not compromised.

Recent audits show that all patients with learning disability who are admitted to the hospital are referred to the lead matron within 24hours and are seen within 48hours.

Elizabeth Fletcher  
Safeguarding Lead Nurse – Adults and Children  
Weston Area Health Trust

## 4.2 Avon and Wiltshire Mental Health Partnership Trust

2010/2011 has seen further development work as AWP continues to seek to meet its duties to safeguard adults

As an organisation working with adults and older people with mental illness, many of which are very vulnerable, AWP has implemented major changes this year, including:

- Continued development of Trust wide documents, templates and intranet based information to ensure effective management of safeguarding adult alerts
- Maintaining trust wide data collection and performance reporting of safeguarding adult activity, both internally and to local safeguarding adult Boards.
- Improvements to rates of staff training to increase understanding and practice in safeguarding adults
- Developing monitoring to ensure that our workforce is checked and monitored on an ongoing basis to ensure that they are safe to work with vulnerable adults
- Updating the Trust Policies to Safeguard Adults to reflect local and national policy and guidance changes, and regulatory requirements

These changes have raised the profile of adult safeguarding in the trust, and this has been supported by the continued work of a dedicated safeguarding team, working to support and advise practitioners in their safeguarding practice in North Somerset

AWP has taken an active role in the North Somerset Safeguarding Adults Board and its work, including relevant reviews of practice and performance.

In 2011/2012, AWP looks forward to playing a continuing role in working with the North Somerset Safeguarding Adult Board to improve the performance management and assurance of the effective safeguarding of vulnerable people with mental illness from abuse, and to responding to the challenges and opportunities presented by the proposed new national guidance and legislation to safeguard adults.

Mark Dean  
Assistant Director and Head of Safeguarding  
Avon and Wiltshire Mental Health Partnership NHS Trust

### 4.3 Avon and Somerset Police

North Somerset Police has continued to resource the safeguarding adults process in the past year. Detective Sergeant Maurice Flay and a Detective Constable Lisa Finch both from the Public Protection Unit, have the responsibility for coordinating police input, with other officers engaged on a case by case basis.

The Police run a diary system, with support from the Safeguarding Adults team, and commit to attending Safeguarding Adult Strategy meetings on a weekly basis and will also attend such meetings at short notice when a more urgent response is required. This has assisted all agencies in ensuring there is a swift response to allegations of a potential criminal nature.

Detective Sergeant Flay is the Chair of the Policy and Procedures sub-group and he and Detective Constable Finch also share the attendance at other subgroups which confirms the commitment of Avon and Somerset Police to safeguarding work in North Somerset.

There is ongoing awareness training for Police Officers working in North Somerset highlighting Vulnerable Adult issues including such areas as Mental Health, Mental Capacity and Learning Difficulties. With improved knowledge in the Police teams there is expected to be a continued increase in referrals into the Safeguarding Process.

North Somerset Police has also recently set up an Anti-Social Behaviour Multi- Agency Risk Assessment Conference process that includes cases where vulnerable adults are victims of Anti-Social Behaviour, this new service is chaired by Sergeant Deborah Yeates, the process is administered by ASB Support Officer Emma Grant, this is an additional protective factor for vulnerable adults living in our community.

In the challenging times ahead that are affecting all public services North Somerset Police will continue to be committed to maintaining an active role in protecting the more vulnerable persons in our community.

Maurice Flay  
Detective Sergeant  
Public Protection Unit and Safeguarding Lead  
Avon and Somerset Police



**North Somerset**

Community Services

## 4.4 NHS North Somerset

### NHS North Somerset Community Services 2010-2011

NHS North Somerset Community Services has continued to work closely with the safeguarding partnership throughout the year. They continue to build on supporting and developing the arrangements and guidance set out in the “No Secrets”, Safe guarding adult’s policy

2010-2011 has been a time of great national change for the NHS and local community services. NHS North Somerset has moved into a commissioning cluster alongside Bristol and South Gloucestershire as the Commissioning structure re-forms. The Cluster recognises the importance of safeguarding adults at this time of change. As a result, there has been a reconfiguration of the safeguarding responsibilities and a BNSSG wide PCT group has been developed to overview services across the region and provide assurance that there are appropriate and effective arrangements in place and implemented across the health system.

#### Social Enterprise

Following the NHS reforms and developments required under Transforming Community Services, North Somerset Community Services will become a Social Enterprise on October 1<sup>st</sup> 2011. Services will continue to be delivered on behalf of the NHS, and will maintain registration with CQC. North Somerset Community Partnership are committed to the continuation of safe care for all its patients including those most vulnerable. This is through delivery of care by staff that are trained and competent in meeting individual care needs.

#### Community Wards

Over the last twelve months, community nursing and therapy services have been restructured to deliver a more clinically effective service. The model is focused around 7 Community Teams each of which is linked to GP practices within a defined geographical location. The model can deliver intensive intervention when required through a virtual ward system. The implementation of the model has been progressing throughout 2010/2011 with the final two wards rolling out in September 2011.

The effect of the model is to provide multidisciplinary services to patients in their own home environment, supporting them to remain within the location of their choice, preventing unnecessary admissions to acute services. In order to maintain the safety of vulnerable adults, the staff within the Teams are trained and monitored to ensure they maintain the required level of competence. They receive regular group supervision on a quarterly basis and 1-1 support where risks and incidents have been highlighted. There is also the opportunity for the Team coordinators to be able to liaise and share learning and outcomes through the monthly peer support meeting.

## **NHS North Somerset**

NHS North Somerset has provided expert guidance and support to the safeguarding process. This has involved reviewing several areas of practice delivery following recommendations set out in action plans and lessons learned. The main developmental areas highlighted through audit of incidents and reviews of safeguarding referrals have been identified below: -

- Training and development
- Discharge and transfer
- Self neglect guidance
- Safeguarding Adults threshold guidance
- Prevent Strategy
- Managing care provision from the health sector in partnership with other care providers

The actions implemented are outlined in the following section.

## **Training and development**

A training programme for NHS community services staff is in place to educate staff on key areas that were highlighted as requiring further support. Areas focused on include: -

- Documentation – training has been delivered by the Safeguarding Lead to all Community Teams and Services on the importance of clear and effective documentation in records. This has been linked to the requirements of documentation laid out by the Professional Bodies
- Record keeping and use of electronic patient records (RiO) – community services have introduced the use of electronic records across all areas. Following the implementation, a review highlighted a requirement to deliver further training to staff on the recording of areas of concern about patient safety in the most effective format, supporting the sharing of knowledge with staff directly linked to the care of the individual. This will allow services to maintain a shared understanding and an equitable approach, reducing risks to the patient and staff.
- Capacity and best interests assessments – following supervision sessions with staff through 2010, a learning gap was identified in the assessment of capacity and implementation of services to deliver in the best interest of the person. This training has been implemented through 2011, with all teams having undertaken training. During 2011/2012, the Safeguarding Lead will be ensuring there is evidence of competency in teams through supervision and review of cases.
- Following a review of discharge processes at Weston Area Health Trust, there was a need to deliver joint training for staff within the hospital to be fully aware of the services available in the community and the referral criteria. The aim is to ensure safe and smooth transfer of care across the organisational boundaries, with clear and effective communication supporting the patient pathway. Community Services contribution to the training programme has comprised of: -
  1. Ensuring the Community Team model is presented and the outcomes expected to be achieved are clear and transparent.
  2. Information and processes that are required to facilitate the safe transition from acute trust to community teams are shared and communicated effectively.
  3. Review of incident reports relating to the transfer of care are highlighted and the actions highlighted as a result are shared and discussed and actions jointly implemented.

This work is still being undertaken as part of an ongoing review process. The results from the shared intervention will be evaluated during 2011/2012 to indicate if there is a reduction of incidents relating to patient safety during transfer of care between Weston and Community Services.

### **Discharge and Transfer**

- Training has highlighted the need to develop a discharge/transfer process that is transferable between community, hospital and care home. North Somerset Community Services are an integral partner in the working group looking at the development of generic paper work and processes. The aim of the working party is to establish a clear structure that will reduce the risk to the person during all transfers of care between organisations. The North Somerset representatives have been developing local guidelines and a directory of services to support the process, which is due to deliver outcomes early in 2012.

### **Self Neglect Guidance**

- Guidance has been drafted and for health staff in the community. The integrated Safeguarding service has been reviewing the documentation with a view to developing a local document that meets the requirements outlined. Training will be undertaken in 2011/12 to support implementation.

### **Thresholds Guidance**

- The guidance has been drafted for community and acute NHS staff. This is being reviewed to ensure proper fit with the new organisational form with a view to early implementation supported by training throughout services.

### **Prevent strategy CONTEST (UK's counter terrorism strategy)**

- The Government have required health service providers to have designated qualified trainers to deliver training on the PREVENT agenda. This is to enable staff to identify, support and protect potential patients that may be susceptible to radicalisation. The delivery of training has to follow a process outlined by the Government, following a script and delivering key information in a structured model.
- The safeguarding adults lead nurses in Community Services and WAHT have undertaken the training and have developed a training programme that is managed through the Learning Environment. In view of the significance of the subject, North Somerset has committed to ensuring all relevant staff undertake training over the next 12 months and will monitor through audits of uptake.

### **Supervision programme**

- A programme has been developed for the Community Services teams to ensure support for the Safeguarding process. This has been implemented throughout 2010 and will continue as a model of access to training to staff already. The supervision is for groups and individual supervision is provided where there are current cases.
- The appointment of a permanent, full time Safeguarding Lead nurse for the staff that deliver community services, has added continuity and support for the numerous service areas in the community partnership. The development of this post has also benefited the many partners that work closely together to promote safeguarding of vulnerable adults in North Somerset.

**Diana Low, Safeguarding Adults Lead Nurse**

## 5. SUMMARY OF BOARD ACHIEVEMENTS

5.1 The Board has achieved the following in 2010-11: -

5.1.1 Embedding of the new process for the management of safeguarding Alerts and referrals. This has resulted in safeguarding Alerts being assessed and allocated more quickly.

5.1.3 Recruitment by the Council of a Safeguarding Adults Administrator to assist in the ongoing development of data collection. This has also assisted in providing improved quarterly reports to the Board and in complying with the compulsory need to submit data to the NHS Information Centre in July.

5.1.3 Delivery of regular Data Activity Reports to the Board.

5.1.4 Implementation and progression of the Action Plan arising from the Serious Case Review which completed in January 2010.

5.1.5 The completion and implementation of a Pressure Area Protocol in North Somerset which gives guidance to health practitioners on the identification and reporting of concerns on poor pressure area care.

5.1.6 Recruitment of an Independent Chair.

5.1.7 Establishment of an MCA/DoLs sub-group

5.1.8 Completion and implementation of the Deprivation of Liberty Safeguarding Protocol.

5.1.9 Implementation of the Safeguarding Adults Workforce Development Strategy.

5.1.10 Completion of Audit tool for monitoring uptake of safeguarding training in North Somerset.

5.1.11 Implementation of the Safeguarding and Personalisation Action Plan

5.1.12 Completion and implementation of informal Carers Guidance for staff to encourage the engagement of carers in the safeguarding process.

5.1.13 Implementation of the Safeguarding Adults Communications Strategy.

5.1.14 Completion of South West Assessment of Quality and Performance self-assessment Framework.

Hence it can be seen that the Partnership Board has worked effectively to continue to put in place not only strategic improvements to safeguarding in North Somerset but also qualitative and practice improvements which focus on service user and carer experience and safety.

## 6. DEMOGRAPHIC INFORMATION FOR NORTH SOMERSET

- 6.1 This demographic data has been provided at the request of the North Somerset Safeguarding Adults Partnership Board in order to put the annual statistics on safeguarding referrals in context.
- 6.2 North Somerset has a total population of 212,194 (Office for National Statistics ('ONS') resident population estimates mid-2010, published June 2011) with 43,505 are over 65. This is an increase of 5,375 on the ONS data for 2008 which was used in the Annual Report for 2009-10.
- 6.3 The population of North Somerset is expected to rise to around 268,400 by the year 2026 and 289,900 by 2033. (ONS population projections published May 2010).
- 6.4 There are a higher percentage of adults over working age, (over 60 for women and over 65 for men), than is found nationally. In North Somerset this is 25.73% of the adult population compared with 20.98% nationally (ONS resident population estimates mid 2010 published June 2011).
- 6.5 In North Somerset, 42% of people over 65 describe themselves as having a limiting long-term illness, in comparison with 47% of the population nationally. (Department of Health Projecting Older People Population Information System 'POPPI').
- 6.6 There are 642 people aged 18 or over known to the North Somerset Community Team for People with Learning Disabilities. (North Somerset Council SWIFT database September 2011). 489 people with a learning disability currently receive funding from North Somerset Council and of these thirty-seven (8%) were referred under the safeguarding procedures.
- 6.7 In 2010-11 514 people received funding for Continuing Health Care ('CHC') in North Somerset and of these thirty-five (5%) were referred under the safeguarding adults procedures (NHS North Somerset). These people have very significant health needs. It will be helpful to examine the data from the new National Health Information Centre national report, 'Data Collection for the Abuse of Vulnerable Adults 'AVA' when published, to establish how North Somerset compares to authorities of a similar size.
- 6.8 North Somerset Council currently support 1309 people (North Somerset Council SWIFT database September 2011) with mental health problems. Data held on whether people have a diagnosis of dementia is still being updated. AWP hold a separate database which is in the process of being cross referenced with data held by the Council. Of these fifty-three (4%) were referred under the safeguarding procedures.
- 6.9 The percentage of North Somerset residents who have an ethnicity other than White British is 6.5% (ONS 2007). The total percentage for individuals who have an ethnicity other than White British and have received a safeguarding referral in North Somerset is 3.47%. Again this is a calculation based on individuals rather than referrals so that an accurate comparison can be made.
- 6.10 The percentage of people with an ethnicity other than White British who are funded by North Somerset Council is 3.64% (NSC AIS/SWIFT database). The comparative number of individuals receiving a safeguarding referral is 3.23%.

- 6.11 The following figures reflect the fact that North Somerset has more beds per 1000 of population than is the average for England (Data from Local Area Market Analyser 2009/10 and ONS MYE 2010 Published June 2011).

<b>Number of Beds in Care Homes Per Head of Population</b>		
<b>Beds per 1000 population (based on ONS MYE 2010)</b>	<b>England</b>	<b>North Somerset</b>
<b>Nursing Home Beds Younger Adults per 1000 population 18-64</b>	<b>0.5</b>	<b>1</b>
<b>Nursing Home Beds Older Adults per 1000 65+ population</b>	<b>21</b>	<b>34</b>
<b>Residential Beds Younger Adults per 1000 population 18-64</b>	<b>2</b>	<b>4</b>
<b>Residential Beds Older Adults per 1000 65+ population</b>	<b>22</b>	<b>30</b>

- 6.12 There are approximately 1825 residential care home beds in North Somerset (Guide to Care Homes in your Local Area 2010). The percentage of individuals who were living in a residential home and for whom a safeguarding referral was made was 4%.
- 6.13 There are approximately 1593 nursing home beds in North Somerset (Guide to Care Homes in your Local Area 2010). The percentage of individuals who were living in a nursing home and for whom a safeguarding referral was made was 6%.
- 6.14 There are three mental health inpatient settings in North Somerset with a total capacity of 112 beds. The total number people for whom there was a safeguarding referral as a proportion of beds the percentage of individuals who were living in a mental health inpatient setting and for whom a safeguarding referral was made was 10%.

## 7. SAFEGUARDING ADULTS ACTIVITY 2010-11

### 7.1 Table to show total number of referrals by outcome of initial contact.

- 7.1.1 The table in Fig 1 shows the total number of 'potential abuse' contacts taken by Care Connect and their eventual outcome. This dataset is a new requirement introduced in 2010-11.
- 7.1.2 The process that is in place for reporting concerns regarding the abuse of an adult at risk states that Care Connect must be informed. If, on receipt of a concern the staff at Care Connect believe it may concern the abuse of an adult at risk, they will mark that record as 'Potential Abuse'.
- 7.1.3 The information is then passed immediately to the Single Point of Access ('SPA') Team who assess the information in accordance with set criteria. If the information they gather means the criteria for a safeguarding referral is met they record it as a safeguarding referral and pass it to the relevant Team. Those that do not require safeguarding procedures are redirected to the appropriate service.

Referrals by Outcome of 'Potential Abuse' Alert					
Outcome:	Q1	Q2	Q3	Q4	Total
Total 'Potential Abuse' Contacts	193	223	186	132	734
Of which: Contacts Referred to Team	134	126	74	75	409
Of which: Contacts Redirected by SPA or Team Manager	59	97	112	57	325

Fig. 1

- 7.1.4 The table in Fig 1 shows that SPA have dealt with 734 contacts which were initially labelled as 'Potential Abuse'. However, following their analysis of the information they decided that 325 of them did not meet the criteria\* for a referral. Of these contacts 191 (59%) were passed to a Team for action in relation to community care; seventy-seven (24%) were provided with advice and guidance; and ten (3%) were referred to a GP. This reflects that the introduction of this stage and has been very effective in ensuring that people are directed to the most relevant service and receive the right support at the outset. It has also ensured the Adult Care Teams are able to focus their time and effort on cases in which there is a high level of concern about abuse.
- 7.1.5 To ensure that there is consistency in the decision-making for redirecting referrals that do not meet the safeguarding criteria, sample audits were undertaken during 2010-11 which identified that in all the cases examined the decision by SPA that the Alert did not meet the criteria for a referral were appropriate. In addition, a monthly audit is now undertaken of a sample of contacts which are redirected to ensure this consistency is maintained.

\* Criteria - The person is a 'Vulnerable Adult' (over 18) and has needs which may require a community care service; and that abuse has occurred (there is a Victim and a Perpetrator and harm has or could occur).

## 7.2 Table to show total number of referrals received by Team

Referrals by Team / Primary Client Category											
Team:	Primary Client Category					Q1 Total	Q2 Total	Q3 Total	Q4 Total	Cumulative total	%
	Physical Disability / Sensory Impairment	Learning Disability	Mental Health	Substance Misuse	Other Vulnerable Person						
Clevedon ACLT	37	2	7	1	2	19	14	13	3	49	12%
Nailsea ACLT	38	0	0	0	0	17	11	4	6	38	9%
Weston Court ACLT	30	2	7	2	0	9	16	6	10	41	10%
Worle ACLT	37	1	4	1	1	9	13	14	8	44	11%
Learning Disability	1	51	1	0	0	17	19	5	12	53	13%
Safeguarding Team	42	19	55	9	1	44	42	22	18	126	31%
CMHT North	0	0	7	0	0	2	2	0	3	7	2%
CMHT North OA	2	0	15	0	0	7	3	2	5	17	4%
CMHT South	0	0	11	0	0	3	3	0	5	11	3%
CMHT South OA	0	0	22	0	1	7	3	8	5	23	6%
<b>Total</b>	<b>187</b>	<b>75</b>	<b>129</b>	<b>13</b>	<b>5</b>	<b>134</b>	<b>126</b>	<b>74</b>	<b>75</b>	<b>409</b>	<b>100%</b>
<b>Contacts Redirected by SPA or Team Manager</b>						<b>59</b>	<b>97</b>	<b>112</b>	<b>57</b>	<b>325</b>	
<b>Total 'Potential Abuse' Contacts</b>						<b>193</b>	<b>223</b>	<b>186</b>	<b>132</b>	<b>734</b>	

Fig. 2

- 7.2.1 The table in Fig. 2 shows the contacts that SPA decide meet the criteria for a safeguarding adults referral and require further investigation. These are broken down by the Team to which they were sent.
- 7.2.2 The spread of referrals in percentage terms across the period remains fairly even for the Adult Care Locality Teams, and the Community Team for People with Learning Disabilities. The number of referrals passed to the individual Community Mental Health Teams is lower than the adult care teams.
- 7.2.3 The number of referrals passed to the Safeguarding Adults team is double that of the highest percentage of the other Teams. The Safeguarding Adults Team manages safeguarding referrals for Out of County placements, Continuing Healthcare and investigations into providers.

### 7.3 Total Number of Referrals

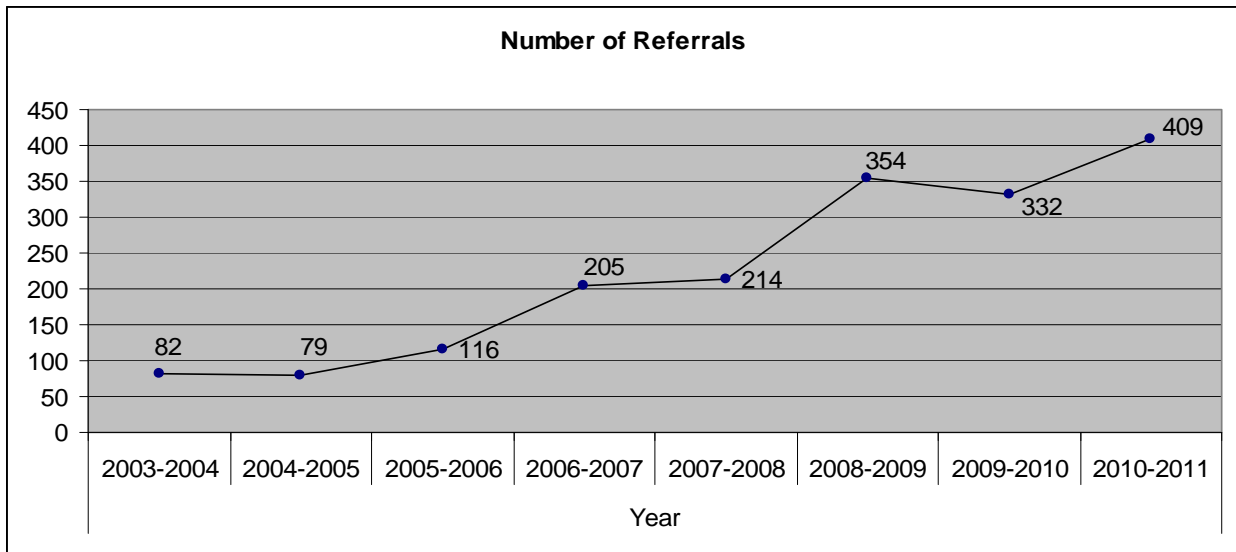


Fig. 3

7.3.1 The graph in Fig. 3 shows the total number of referrals for each reporting year from 2003-04.

7.3.2 The total number of Safeguarding referrals received in North Somerset in 2010-11 was 409 which is a 23% increase on 2009-10. This reflects the growing awareness across North Somerset of the need to report abuse, the continued work to raise awareness and the commitment of the partners to ensure their staff are aware of what abuse is and how to respond to it.

### 7.4 Multiple Referrals\*

\* A multiple referral is a “safeguarding referral where the vulnerable adult about whom the referral has been made, has previously been the subject of a separate safeguarding referral during the same reporting period”. (‘Information and Guidance for the Abuse of Vulnerable Adults Collection (AVA) 1010-11’ - NHS Information Centre).

	2008-2009	2009-2010	2010-2011
<b>Total Referrals</b>	<b>354</b>	<b>332</b>	<b>409</b>
<b>Total Multiple Referrals</b>	<b>31</b>	<b>11</b>	<b>34</b>
<b>% of Total that were Multiple Referrals</b>	<b>9%</b>	<b>3%</b>	<b>8%</b>

Fig. 4

NB. The figures in the row titled ‘Total Multiple referrals’ refers to the referrals, not people.

7.4.1 The table in Fig. 4 shows the total number of multiple referrals\* for the periods between 2008-09 and 2010-11 (the periods in which this data was collected).

7.4.2 This table shows a fluctuation in each of the last three years of the number of multiple referrals that were received.

7.4.3 It is clearly concern when more than one referral is made for the same person. An examination of the thirty-one people for whom this occurred has revealed different reasons for this to be the case including: -

- Following an allegation of financial abuse the person’s safeguarding measures were put in place to help protect their finances. However the person, who had capacity to make decisions regarding their finances changed their mind and enabled the alleged perpetrator to assist them again with their finances. Further Safeguarding measures were offered including an independent advocate to reduce the risk, but these were declined.
- A number of referrals were received from a care home in which a high number of medication errors had occurred, in some cases affecting more then one person. Whilst each error in itself did not amount to ‘significant harm’ there was a concern about the high number of errors and the potential for more serious errors to occur. As a result a whole provider investigation was also undertaken and action was taken to improve the administration of medication in the home and minimise the risk of errors re-occurring.
- There were a number of cases in different care settings in which the adult at risk of abuse was initially harmed by another resident or vulnerable person, and then later in the year harmed by another resident or through the omission of a member of staff.

Multiple Referrals by Location of Alleged Abuse / Primary Client Category						
Location of alleged abuse	Primary Client Category					Total
	Physical Disability / Sensory Impairment	Learning Disability	Mental Health	Substance Misuse	Other Vulnerable Person	
Own Home	4	1	0	0	0	5
Supported Accommodation	0	1	0	0	0	1
Residential Care Home	0	4	2	0	0	6
Nursing Care Home	2	0	7	0	0	9
Mental Health Inpatient Setting	0	0	6	0	0	6
Public Place	0	1	0	0	0	1
Multiple Locations	2	1	0	0	0	3
<b>Total</b>	<b>8</b>	<b>8</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>31</b>

Fig 5

NB. The number 31 in the ‘Total’ column refers to the number of people

7.4.4 The table in Fig.5 shows multiple referrals by location. This reflects a range of locations, although the majority were in care establishments. Those in the nursing home relate mainly to the medication error example given above. In all the cases in these settings the care provider reported the concerns and sought to take action to reduce the risk immediately. Further consideration of the reasons for multiple referrals

in these settings may be useful in producing guidance on how to reduce these risks across the sector.

- 7.4.5 Those that occurred in the home of an adult at risk of abuse were cases in which the adult at risk of abuse had capacity to decide to remain in an abusive relationship, although support was offered and in some cases taken to a limited extent, which did have the effect of reducing the risk to some degree.

## 7.5 Source of Care Funding

<b>Referrals by Source of Funding / Year</b>			
<b>Source of Funding:</b>	<b>2008 -2009</b>	<b>2009-2010</b>	<b>2010-2011</b>
<b>Own Council</b>	233	179	198
<b>Out of County Funded</b>	11	11	55
<b>Self Funded</b>	27	15	73
<b>CHC</b>	N/A	N/A	35
<b>No Funded Service</b>	83	127	48
<b>Total</b>	<b>354</b>	<b>332</b>	<b>409</b>

Fig. 6

NB. 'No Funded Service' means the vulnerable adult was not receiving funding from the statutory sector prior to the Referral being made. If the person is paying for care privately, they are recorded as self-funded.

- 7.5.1 With the introduction of the new datasets in 2010-11 and a post to assist in gathering this data, there is more confidence in the accuracy of these figures.
- 7.5.2 There were fifty-five referrals dealt with by North Somerset for people who were funded by a local authority other than North Somerset Council. It will be interesting to review this figure against authorities of a similar size when the results of the national data collection are published later this year. This will assist us in understanding whether this is because North Somerset has a higher proportion of care homes for its size of population and as a result is undertaking more work for people in this category than in other areas.
- 7.5.3 There were seventy-three referrals for people in the category of 'Self Funded' in 2010-11. This is very positive in that it reflects the fact the people who are self-funded are treated equally under the safeguarding adults procedures and that awareness of the need to ensure safeguarding applies to self-funders is improving.
- 7.5.4 In 2010-11 514 people received funding through Continuing Health Care ('CHC') in North Somerset and of these thirty-five (5%) were referred under the safeguarding adults procedures. This data for this category has not previously been collected, but these people often have very significant health needs and vulnerability.

Referrals by Source of Funding / Primary Client Category						
Source of Funding:	Primary Client Category					Total
	Physical Disability / Sensory Impairment	Learning Disability	Mental Health	Substance Misuse	Other Vulnerable Person	
Own Council	98	41	56	3	0	198
Out of County Funded	9	22	15	8	1	55
Self Funded	42	0	30	1	0	73
CHC	10	2	23	0	0	35
No Statutory Funded Service	28	10	5	1	4	48
<b>Total</b>	<b>187</b>	<b>75</b>	<b>129</b>	<b>13</b>	<b>5</b>	<b>409</b>

Fig. 7

7.5.5 The table in Fig. 7 shows that in the category of 'Out of County Funded', which means funded by another local authority but living in North Somerset, twenty-two people had a learning disability. Most of these people will have been placed in a care home and suggests North Somerset has a high proportion of people placed by other local authorities in this type of setting. Further work is being undertaken in 2011-12 to try and establish the demographic information in relation to people who are placed in North Somerset by other local authorities. In addition following Winterbourne View work will be undertaken to improve the oversight of safeguarding referrals for people that North Somerset funds in placements out of its area.

Own Council Funded Receiving Safeguarding Referrals			
Client Category	Total North Somerset Council Funded	Total Safeguarding Referrals	% Safeguarding of Total
Physical Disability / Sensory Impairment	4054	93	2.3%
Learning Disability	489	37	7.6%
Mental Health	1309	53	4.0%
Substance Misuse	79	3	3.8%
Other Vulnerable Person	12	0	0.0%
<b>Total</b>	<b>5943</b>	<b>186</b>	<b>3.1%</b>

Fig. 8

NB. The figure of 186 referrals is less than the total number of referrals (198) because it excludes multiple referrals. This table records individuals rather than number of referrals.

7.5.6 The table in Fig. 8 shows the total number of people who are funded by North Somerset Council for either services in the community or care in a care home and for whom a safeguarding referral was received. It is not possible to compare the data in this table to previous years, but this will now be a basis for comparison in the future.

7.5.7 The percentage of referrals in the category of learning disability is higher than those for the other primary client categories. Work has commenced in 2011-12 to develop an education programme for people with a learning disability entitled 'Keep Yourself

Safe'. This is being developed and run by people with a learning disability. The programme will also be adapted for other client categories.

## 7.6 Breakdown of Referrals by month

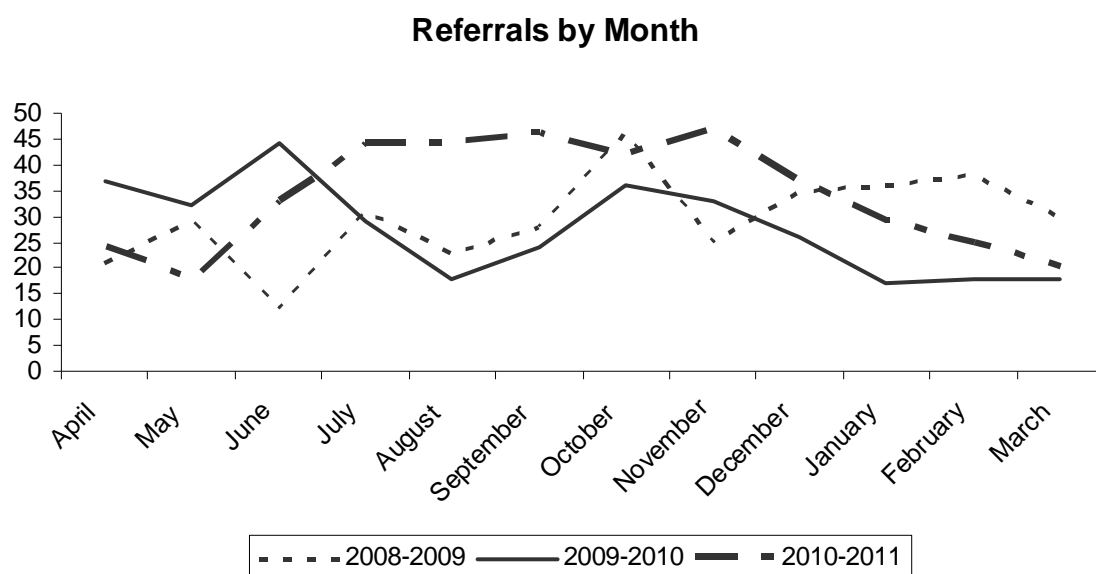


Fig. 9

7.6.1 The line graph in Fig. 9 shows that in comparison with the previous two years there does not appear to be a pattern to referrals historically by month.

7.6.2 In 2010-11 the referrals were also examined to establish whether there was an increase in referrals from family members around the Christmas period. There is sometimes an increase in requests for other social care support such as community care assessments or occupational therapy during this period, as people visit their relatives and become concerned. However this has not been the case in relation to Safeguarding referrals.

## 7.7 Source of Referral

Referrals by Source		
Referral Source:	2009-2010	2010-2011
Domiciliary Care Staff	42	35
Residential Care Staff	25	69
Nursing Home Staff	43	92
Day Care Staff	0	3
Social Worker/Care Manager	50	49
Other Social Care Staff	5	4
<b>Total Social Care Staff</b>	<b>165</b>	<b>252</b>
<b>GP</b>	4	1
<b>Community Nurse</b>	26	9
<b>Community Physiotherapist</b>		2
<b>Community Occupational Therapist</b>		2
<b>Rapid Response Staff</b>		6

Continuing Health Care	0	1
Wheelchair Centre	0	1
Great Western Ambulance	4	10
University Hospital Bristol	0	1
Southmead Hospital Bristol	0	1
Bristol Royal Infirmary	30	4
Weston General Hospital		17
Mental Health CPN	8	2
Mental Health Social Worker		9
<b>Total Health Staff</b>	<b>72</b>	<b>66</b>
Self Referral	17	6
Family Member	31	24
Friend/Neighbour	3	5
Care Quality Commission	4	2
Charitable / Voluntary Agencies	4	3
Housing Staff	12	17
Other Council Department	0	1
Police	21	28
Other	3	4
Anonymous	0	1
<b>Total Other</b>	<b>95</b>	<b>91</b>
<b>Grand Total</b>	<b>332</b>	<b>409</b>

Fig. 10

NB. This table records the source of the referral only. Therefore a Residential Care worker may call to report an incident that happened elsewhere for example in a hospital.

- 7.7.1 The number of referrals from staff in care homes has increased significantly compared to 2009-10. This reflects the awareness raising taking place within this sector, attendance at training and a commitment from that sector to report harm or potential harm in relation to adults at risk of abuse. In comparison to 2009-10 the number of referrals from the Police (28) has increased by seven and from Housing (17) which has increased by 5.
- 7.7.2 The number of referrals from GPs has decreased from 2009-10 by three. However, NHS North Somerset commenced a joint training programme with the Council in 2011 aimed specifically at GP surgeries. It is also relevant to note the increase the numbers of referrals by Community Nurses and Primary and Secondary Health staff, as they often work closely with GPs and may be the primary source of referrals from surgeries rather than the individual GP themselves. This information is important because with the move towards GP Commissioning Consortia GPs are likely to play an increasingly prominent role in safeguarding, particularly on the Safeguarding Adults Board.
- 7.7.3 The number of referrals from a family member (24) remains at a similar level to 2009-10 (31), but the number of self-referrals has dropped significantly from seventeen to six in 2010-11. This may reflect the way in which referrals are recorded in that if an adult at risk informs someone that they are being or have been harmed it is the person who rings Care Connect who is recorded as the referrer. This reflects the AVA guidance issued by the NHS Information Centre to all Safeguarding Adults Boards in England.

7.7.4 The highest proportion of referrals (49%) came from provider services with 42% being from care homes. Although this suggests there is a high proportion of abuse in these settings it is positive that referrals are being made. Care Homes are obligated, as part of their care standards, to report incidents of abuse both to the Care Quality Commission and to the local authority in which the person resides.

Referrals from Residential and Nursing Home Staff by Location of Abuse and Alleged Perpetrator									
Location of Abuse	Alleged Perpetrator Relationship to Alleged Victim								Total
	Social Care Staff	Health Care Staff	Partner	Other Family Member	Friend / Neighbour	Other Vulnerable Adult	Stranger	Other	
Acute Hospital	0	2	0	0	0	1	0	0	3
Alleged Perpetrators Home	0	0	0	2	0	0	0	0	2
Residential Care Home	20	0	0	4	4	24	1	2	55
Nursing Care Home	36	0	2	3	0	31	0	1	73
Mental Health Inpatient Setting	4	0	0	0	0	13	0	0	17
Day Centre/Service	0	0	0	0	0	2	0	0	2
Supported Accommodation	1	0	0	0	3	2	0	0	6
Public Place	1	0	0	0	0	0	0	1	2
Other	1	0	0	0	0	0	0	0	1
<b>Total</b>	<b>63</b>	<b>2</b>	<b>2</b>	<b>9</b>	<b>7</b>	<b>73</b>	<b>1</b>	<b>4</b>	<b>161</b>

Fig. 11

7.7.5 The table in Fig. 11 shows that of the 161 referrals received from nursing and residential care staff 73 (43%) were instances within the care home where the alleged perpetrator was another vulnerable adult. This reflects a need, wherever possible, for improved risk assessments and care planning to reduce the risk of harm being caused between residents.

7.7.6 The table also shows that 63 (37%) referrals were cases in which the alleged perpetrator was social care staff working for a care provider. It is very positive that both these referrals and those in relation to 'Other Vulnerable Adults' came from the care homes themselves, but does emphasise the need to ensure that there is continued focus on improving recruitment practice and training staff effectively to deliver good care.

Referrals from Family Members by Location of Abuse and Alleged Perpetrator									
Location of Abuse	Alleged Perpetrator Relationship to Alleged Victim								Total
	Social Care Staff	Health Care Staff	Partner	Other Family Member	Friend / Neighbour	Other Vulnerable Adult	Stranger	Other	
Residential Care Home	1	0	0	0	0	0	0	0	1
Nursing Care Home	6	0	0	0	0	0	0	0	6
Own Home	2	0	5	4	2	0	0	2	15
Supported Accommodation	0	0	0	0	1	0	0	0	1
Public Place	1	0	0	0	0	0	0	0	1
<b>Total</b>	<b>10</b>	<b>0</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>24</b>

Fig. 12

7.7.7 It is notable from the table in Fig. 12 that once a person has moved into a care home, it appears that referrals are made by the homes/staff themselves.

## 7.8 Victim by primary client group, age and gender.

Referrals by Age Group and Gender / Primary Client Category							
Age Group:	Gender:	Primary Client Category					Total
		Physical Disability / Sensory Impairment	Learning Disability	Mental Health	Substance Misuse	Other Vulnerable Person	
18-64	Female	24	37	19	3	2	85
	Male	15	32	10	8	1	66
	<b>Total</b>	39	69	29	11	3	151
65-74	Female	11	3	10	0	0	24
	Male	13	3	9	2	0	27
	<b>Total</b>	24	6	19	2	0	51
75-84	Female	36	0	23	0	2	61
	Male	17	0	12	0	0	29
	<b>Total</b>	53	0	35	0	2	90
85+	Female	50	0	33	0	0	83
	Male	21	0	13	0	0	34
	<b>Total</b>	71	0	46	0	0	117
<b>Female Total</b>		121	40	85	3	4	253
<b>Male Total</b>		66	35	44	10	1	156
<b>Grand Total</b>		187	75	129	13	5	409

Fig. 13

- 7.8.1 The highest number of referrals (151) was in the category of people aged between 18-64. Of these 69 (46%) were for people with a learning disability and 39 (26%) were for people with a Physical or Sensory Impairment. The second highest number of referrals (117) was in the category of people aged over 85. This may suggest that people in these categories are more at risk of abuse than in other age categories.
- 7.8.2 This information may assist the Board in deciding how it might effectively raise awareness of abuse to people in these categories, and work with them and their families and people who provide their support to enable them to keep safe. In addition, the work being undertaken with people with a learning disability on 'Keeping Yourself Safe' may be adapted for people who are over 85.
- 7.8.3 It is interesting to note that the only category in which there was a higher proportion of referrals for men was in the category of 65-74. It is too early to say whether there is any significance to this, but will be monitored in 2011-12.
- 7.8.4 The proportion of referrals between the genders in 2010-11 (Female 64% / Male 36%) is broadly similar to that in 2009-10 (Female 59% / Male 41%).

Referrals by Primary Client Category / Gender - Comparison with 2008-09 and 2009-10									
Client Group	2008-2009			2009-2010			2010 - 2011		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Learning Disability	35	31	66	29	20	49	40	35	75
Mental Health	59	22	81	51	31	82	85	44	129
Physical Disability / Sensory Impairment	132	75	207	133	68	201	121	66	187
Substance Misuse							3	10	13
Other Vulnerable Person							4	1	5
<b>Total</b>	<b>226</b>	<b>128</b>	<b>354</b>	<b>213</b>	<b>119</b>	<b>332</b>	<b>253</b>	<b>156</b>	<b>409</b>

Fig. 14

7.8.5 The table in Fig. 14 shows that over the last three years there has been an increase in referrals from adults at risk in the client categories of Mental Health and Learning Disability, whilst referrals from other sources have remained relatively static. This may suggest that awareness of abuse and how to report it in these sectors has increased and this has led to an increase in referrals.

Referrals for people with a Learning Disability in which the Alleged Perpetrator is 'Other Vulnerable Adult' showing 'Nature' and 'Location' of abuse						
Location of Abuse:	Nature of Abuse					Total
	Physical	Sexual	Emotional / Psychological	Financial	Neglect	
Residential Care Home	16	1	1	0	1	19
Nursing Care Home	2	0	0	0	0	2
Day Centre/Service	0	2	0	1	0	3
Own Home	0	0	0	1	0	1
Public Place	1	0	0	0	0	1
Supported Accommodation	3	0	0	0	0	3
<b>Total</b>	<b>22</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>29</b>

Fig. 15

7.8.6 The information shows that most people with a learning disability in the age range 18-64 were allegedly abused by another vulnerable adult. The table in Fig. 15 shows that of these cases physical abuse was the most regular type of abuse and the most common setting was in a care home.

7.8.7 The education programme 'Keeping Yourself Safe' is for people with a learning disability from all settings, and as well as discussing methods by which people can keep themselves safe, the programme will also provide people with information on how to report harm and to whom. The programme will commence in September 2011.

Referrals Where Alleged Victim is 85+ by Location of Abuse and Nature of Abuse								
Location of Alleged Abuse	Nature of Abuse							Total
	Physical	Sexual	Emotional / Psychological	Financial	Neglect	Discriminatory	Institutional	
Own Home	2	0	7	25	4	0	0	38
Residential Care Home	6	1	3	4	7	0	4	25
Nursing Home	17	2	2	1	28	0	36	86
Mental Health Inpatient Setting	1	0	0	0	1	0	2	4
Hospital	0	0	1	0	5	0	2	8
Supported Accommodation	0	0	1	1	0	0	0	2
Total Other	26	3	14	31	45	0	44	163

Fig. 16

7.8.8 The table in Fig.16 shows there are a high proportion of referrals for people over 85 for neglect, physical and institutional abuse in Nursing Care homes.

7.8.9 In all the cases in which alleged institutional abuse took place (44), a whole provider investigation was undertaken. This includes the institutional abuse alleged to have occurred in the hospital. The Council's Contracts team now undertakes unannounced contract compliance visits in care homes where concerns are identified as well as undertaking annual contract compliance visits in all care homes across North Somerset. The Council also has close links with the Care Quality Commission and meets regularly to share information regarding care providers and to agree on joint action when necessary.

Referrals Where Alleged Victim is 85+ & Alleged Financial Abuse in Own Home by Alleged Perpetrator and Case Conclusion						
Alleged Perpetrator's Relationship to Alleged Victim	Case Conclusion					Total
	Substantiated	Partly Substantiated	Not Substantiated	Not Determined / Inconclusive	Ongoing	
Domiciliary Care Staff	1	1	0	1	0	3
Self-Directed Care Staff	1	1	1	0	0	3
Other Family Member	2	1	4	2	1	10
Friend Neighbour	0	0	0	1	1	2
Stranger	0	0	2	1	0	3
Other	1	0	1	0	0	2
Not Known	0	0	2	0	0	2
Total Other	5	3	10	5	2	25

Fig. 17

7.8.10 The tables in Fig 16 and 17 shows that the second highest number of referrals for alleged abuse in this age group was in the category of financial abuse in people's own homes. Fig. 17 demonstrates that this can be difficult to prove.

7.8.11 In addition there are cases in which alleged financial abuse by a family member has initially been reported by a victim, but despite options being offered to reduce the risk, the victim has decided to withdraw their complaint and maintain their contact with the alleged perpetrator. A review of the financial abuse cases in 2010-11 was undertaken as part of the 2010-12 Business Plan. It concluded that better recording of the initial information was required, and that awareness raising of this type of abuse across the local community would be helpful. On the former recommendation this has taken place via the introduction of the Single Point of Access who gather information on safeguarding alerts, and the Communications and Publicity sub-group have undertaken awareness raising work with local media and other resources.

### 7.9 Ethnicity Origin by primary client category

Referrals by Ethnicity / Primary Client Category								
Ethnicity:	Primary Client Category					Total	% Proportion of total 2010/11	% Proportion of total 2009/10
	Physical Disability / Sensory Impairment	Learning Disability	Mental Health	Substance Misuse	Other Vulnerable Person			
White British	181	70	125	13	5	394	96.3%	93.7%
White Irish	2	0	0	0	0	2	0.5%	0.3%
White Other	4	0	3	0	0	7	1.7%	1.5%
Mixed White & Black African	0	2	0	0	0	2	0.5%	0.0%
Mixed Other	0	1	0	0	0	1	0.2%	0.0%
Black/Black British Caribbean	0	1	1	0	0	2	0.5%	0.0%
Any Other Ethnic Group	0	1	0	0	0	1	0.2%	1.2%
Information Not Yet Obtained	0	0	0	0	0	0	0.0%	3.3%
<b>Total</b>	<b>187</b>	<b>75</b>	<b>129</b>	<b>13</b>	<b>5</b>	<b>409</b>	<b>100%</b>	<b>100%</b>

Fig. 18

7.9.1 The table in Fig 18 shows that the level of referrals for people from a category other than 'White British' have remained at a fairly similar level to 2009-10. Work will continue to develop relationships with people from these communities and this will continue in 2011-12.

## 7.10 Referrals by Nature of Abuse and Primary Client Category.

Referrals by Nature of Abuse / Primary Client Category						
Nature of Abuse:	Primary Client Category					Total
	Physical Disability / Sensory Impairment	Learning Disability	Mental Health	Substance Misuse	Other Vulnerable Person	
Physical	43	41	57	4	2	147
Sexual	5	8	13	1	0	27
Emotional/Psychological	29	6	9	0	2	46
Financial	50	8	16	3	1	78
Neglect	65	12	34	5	0	116
Discriminatory	0	1	0	0	0	1
Institutional	40	4	55	0	0	99
of which includes Multiple Abuse	45	5	55	0	0	105
<b>Total</b>	<b>277</b>	<b>85</b>	<b>239</b>	<b>13</b>	<b>5</b>	<b>619</b>

Fig. 19

NB. A single referral may include several types of abuse and therefore the total is greater than the number of referrals. There were 105 cases during 2010-2011 which recorded multiple categories of abuse.

- 7.10.1 The table in Fig. 19 shows that most referrals received were for people in the category of 'Physical Disability/Sensory Impairment' and that the most significant allegation of abuse in this category was 'Neglect'. In the other client categories the most significant number of referrals was for 'Physical' abuse.
- 7.10.2 In the client category of 'Learning Disability' most referrals were for allegations of 'Physical' abuse. In over half of these cases the alleged perpetrator was another vulnerable adult. This is a concern and shows the importance of the planned programme of work with people in this category in relation to 'Keeping Yourself Safe' which has recently been commenced.
- 7.10.3 The proportion of referrals in each category of abuse has remained broadly similar over the last three years.

## **7.11 Referrals by location of abuse and primary client category**

- 7.11.1 The 2010-11 data shows that as a proportion of total the total number of referrals the proportion of incidents occurring in an adult at risk's own home have reduced.
- 7.11.2 The number of referrals for incidents in supported accommodation has increased in each of the last three years and this will need further monitoring.

## **7.12 Referrals by Case Conclusion and Primary Client Category**

- 7.12.1 The data shows that 243 (60%) of referrals were either 'Substantiated' or Partly Substantiated'. This may reflect an increased confidence on the part of Chairs and care professionals in gathering evidence from which to draw a conclusion.
- 7.12.2 The AVA collection has increased the number of 'Case Conclusions' with the addition of 'Partly Substantiated' which may account for the reduction in the numbers of cases for 'Unsubstantiated' cases.

## **7.13 Victim Intervention and Primary Client Category**

- 7.13.1 The most used intervention was 'Increased monitoring' which may include an increase in a person's care package, a different focus to the support the adult at risk receives, or more observation of their whereabouts in order to try and reduce further risk.
- 7.13.2 It is positive the range of interventions that are being used, including the use of advocacy to support adults at risk, and Counselling/Training. There are a large number of outcomes recorded as 'No Further Action' this may be in part due to the way in which information is recorded.
- 7.13.3 It is also worth noting that there were seventy-two cases in which the intervention was 'Community Care Assessment and Services'. This reflects the increasing amount of work required by Adult Care Teams across the sectors in supporting adults at risk and to reduce the risk to them.
- 7.13.4 The data shows that in over half of the cases in which the intervention 'No Further Action' was used, the case conclusion was 'Not Substantiated'. This suggests that the use of this intervention was appropriate. Work will continue to ensure that outcomes and interventions are accurately recorded.
- 7.13.5 The data shows that there has been an increase in the use of 'Increased Monitoring', 'Advocacy' and 'Restriction/Management of Access to Alleged Perpetrator'.

## **7.14 Interventions for Perpetrators by Primary Client Category and Intervention**

- 7.14.1 There are a breadth of interventions and powers that are available and that are being utilised by Team Managers and other agencies involved in the process.
- 7.14.2 It is positive to note that many of the interventions in relation to action by the various partners on the Safeguarding Adults Partnership Board including the Police; the Contracts team, employers (independent care providers in the main) and the Care Quality Commission. This reflects the strong partnership working in North Somerset and the partner's commitment to safeguarding adults at risk from abuse.

7.14.3 Similar to the interventions for Victims, there was also a concern about the high number of cases in which the intervention was 'No Further Action'. However, the data demonstrates that in over half of the cases in which this was used, the case conclusion was 'Not Substantiated'. This suggests that the use of this intervention was appropriate.

7.14.4 There was a concern during 2010-11 that this category was not being used appropriately and work took place to more accurately identify interventions that had been used in these cases. In addition, guidance is being produced to assist Chairs to more accurately use and record the interventions available to them.

## **7.15 Care Provider Investigations**

7.15.1 In 2010-11 there were ten whole provider investigations in relation to care homes, and none in relation to domiciliary care providers. Of the ten investigations into care homes three commenced prior to April 2010.

7.15.2 Of the three investigations that commenced prior to April 2010 one of those homes has now closed because following extensive work by the local authorities who funded people living in it in partnership with the provider and the Care Quality Commission, the local authorities decided that insufficient progress had been made to improve it. It was agreed with the provider that the home would close, and plans were put in place to move the residents to alternative settings. These plans were put into place with the close involvement of the residents and their families, and the home closed on 31st July 2010.

7.15.3 Another of the three care homes which overlapped into 2010 had made significant improvements in the care they provided, but in the first six months of this year thirty-five referrals were received in relation to individuals living in the home. These were under the category of neglect and the majority related to medication errors. Whilst individually they did not cause 'significant harm' this is a very high number of errors. It should be noted that the provider did report these errors of their own accord, and some related to agency staff whom they employed. These errors have all been investigated and action taken in relation to the individual staff concerned, and also in relation to the systems the provider had in place to manage and administer medication. The actions in relation to the management systems continue to be monitored.

7.15.4 Of the three care homes that commenced prior to April 2010, one has now closed and the residents moved; one is no longer subject to safeguarding; and one remains open although significant improvements have been made and the sustainability of those improvements is now being monitored.

7.15.5 Of the seven care homes that became subject to safeguarding in 2010-11, all were immediately made subject to a Caution\* on placements by North Somerset Council and two were the subject of a suspension\*\* on placements for a short period. Of these care homes, the position at the end of March 2011 was that four were no longer subject to safeguarding concerns and three remained open to safeguarding.

\*Caution – This means that the local authority will still make placements, but there are safeguarding concerns in relation to the care home. The expectation is that consideration will be given to those concerns and that they will be discussed, as far as they are relevant, with the service user and/or their

relatives before proceeding with a placement. The Council is satisfied that the provider has made sufficient progress in improving the service in those areas which were of concern. The decision to place a caution on the care home is shared with the provider, NHS North Somerset and the Avon and Wiltshire Mental Health Partnership Trust, as well as any external local authorities who have people placed in the care home.

**\*\*Suspension on placements –** This means that the local authority and in most cases, the Care Quality Commission, have significant concerns about the service provided at the home and the local authority will not make placements until it is satisfied that all actions to improve the service have been completed to a satisfactory degree. The decision to suspend placements at the care home is shared with the provider, NHS North Somerset and the Avon and Wiltshire Mental Health Partnership Trust, as well as any external local authorities who have placed people in the care home.

## **7.16 Training in Adult Safeguarding**

7.16.1 Following the Inspection by the Care Quality Commission in February 2009 the Council were asked to establish the number of people in North Somerset who required training and then develop a system for monitoring the numbers of people who attend and from which organisations.

7.16.2 The Training Department has undertaken extensive work to establish this system, which included a scoping exercise and a subsequent audit of organisations to establish the numbers of their staff who have attended training between 2008 and 2011. The Training Report in Appendix 3.

## **7.17 Complaints relating to Safeguarding**

7.17.1 In 2010-11 there were two complaints about the safeguarding process. One was related to concerns about disclosure of information relating to a service user. However, the information required was not within the remit of the Council to disclose and the complainant was referred to the Acute Trust and CQC. The second related to a carer who had not been informed that the safeguarding procedures had been instigated in relation to concerns about her. The Complaints Manager helped her to take this matter to the Ombudsman who ruled that the complaint was not upheld. However, the concerns she raised have resulted in the production of guidance for Team managers on addressing issues of this type with carers



# North Somerset Safeguarding Adults Partnership Board

## Business Plan 2011 - 2013

## **Aims and Objectives of the North Somerset Safeguarding Adults Partnership Board**

The main purpose of the North Somerset Safeguarding Adults Partnership Board (NSSAPB) is to promote inter-agency cooperation at all levels of safeguarding adults work.

In order to protect vulnerable people from abuse it is essential that all partners and stakeholders work closely together to develop policies and processes that result in timely and robust inter-agency responses. The NSSAPB oversees this partnership approach by working strategically to consider, direct, assure and monitor actions and initiatives which enhance and improve practice across all partner agencies. The work programme for Safeguarding Adults Partnership Board is supported by three sub-groups as follows:

- Policy and Procedures
- Learning and Standards
- Communication and Publicity

The methods by which the NSSAPB aim to achieve their objectives are set out within their agreed terms of reference which are:

- The Partnership will define and regularly review the multi-agency Safeguarding Adults Policy ('No Secrets in North Somerset') based on the recommendations of "No Secrets" (2000) and "Safeguarding Adults" - a national framework of standards for good practice and outcomes in adult protection work' (2005) and other best practice guidelines.
- The Partnership will develop and update operational multi-agency procedures and protocols.
- The Partnership will monitor implementation of the policy and the quality of safeguarding services across North Somerset and identify resource shortfalls where these arise.
- The Partnership will ensure a multi agency training strategy is in place and commission an annual audit of training activity across partner agencies.
- The Partnership will be responsible for commissioning serious case reviews where needed and maintaining the serious case review policy.
- The Partnership will promote awareness of Safeguarding issues via an internal and public information strategy aimed at ensuring that abuse is recognised, reported and immediate action taken wherever it arises.
- The Partnership will publish an Annual Report based on an audit of the Partnership's activity. This will be reported to the Executive Board or its equivalent in each member agency of the Partnership.
- The Partnership will ensure that the views of service users and carers are reflected in all its activities.

## **NORTH SOMERSET SAFEGUARDING ADULTS PARTNERSHIP**

### **Role**

The North Somerset Safeguarding Adults Partnership ('the Partnership') will determine policy, co-ordinate safeguarding activity between agencies, facilitate joint training, raise public awareness and monitor and review the quality of services relating to safeguarding vulnerable adults in North Somerset..

### **Terms of Reference**

- The Partnership will define and regularly review the multi-agency Safeguarding Adults Policy ('No Secrets in North Somerset') based on the recommendations of "No Secrets" (2000) and "'Safeguarding Adults" - a national framework of standards for good practice and outcomes in adult protection work' (2005) and other best practice guidelines.
- The Partnership will develop and update operational multi-agency procedures and protocols.
- The Partnership will monitor implementation of the policy and the quality of safeguarding services across North Somerset and identify resource shortfalls where these arise.
- The Partnership will ensure a multi agency training strategy is in place and commission an annual audit of training activity across partner agencies.
- The Partnership will be responsible for commissioning serious case reviews where needed and maintaining the serious case review policy.
- The Partnership will promote awareness of Safeguarding issues via an internal and public information strategy aimed at ensuring that abuse is recognised, reported and immediate action taken wherever it arises.
- The Partnership will publish an Annual Report based on an audit of the Partnership's activity. This will be reported to the Executive Board or its equivalent in each member agency of the Partnership.
- The Partnership will ensure that the views of service users and carers are reflected in all its activities.

### **Membership**

The membership shall consist of lead officers for Safeguarding Adults from the following agencies:

- North Somerset Council
- Commission for Social Care Inspection
- Avon and Wiltshire Mental Health Partnership Trust
- North Somerset Integrated Learning Disabilities Service
- Avon and Somerset Police
- Weston Area Health Trust
- NHS North Somerset (now part of Bristol, North Somerset, South Gloucestershire PCT (BNSSG))
- North Somerset Community Partnership

- Representative for Domiciliary Care Agencies and Independent Care and Support Providers
- Avon Fire Service
- Community Safety Partnership

And

- Representative of voluntary organisations and carers
- Representatives of service users
- A representative from North Somerset Council's Training and Development Service
- The North Somerset Council Safeguarding Adults Manager

In addition other parties e.g. Probation, Crown Prosecution Service and the Benefits Agency, may be invited to attend as required.

### **Lead Officers**

These are Senior Officers or Managers identified by each agency to take a lead role with regard to the development of the Safeguarding Adults Policy and any resultant changes in practice and protocols. They should be able to issue operational guidance to their organisation, make recommendations to their senior managers, and have the seniority in their agency to make strategic resource decisions. They should also understand the organisational framework within which colleagues in different agencies work.

### **Meetings**

The Partnership will meet four times a year minimum.  
The quorum for meetings will be one third of the usual membership.  
Substitutions are permissible.

### **Chair**

The Chair of the Partnership will be determined by the membership of the Partnership. A Deputy Chair will also be appointed by the Board.

### **Working Parties**

The Partnership will establish sub-groups to work on specific remits in order to further the work of the Partnership.

### **Reporting**

The Partnership will report to the Executive Board, Chief Executive or their equivalents in each agency.

Included in the Annual Report will be: -

- A general report of the Partnership's work
- A policy and service audit
- A statement of the priorities and outcomes for the year
- A statement of the priorities for the next year

- A service development plan
- A Training Report
- A statistical return of the activity of the year
- Serious Case Reviews

These Terms of Reference will be reviewed at the same time as the North Somerset No Secrets Policy and Procedures.

**Business Planning:** The purpose of this business plan is to illustrate the vision that has been agreed, and to demonstrate how all relevant stakeholders will participate in achieving the goals required to make the vision a reality.

The business plan will assist the NSSAPB to support, monitor and review what partner agencies do individually and collectively to fulfil their safeguarding duties.

In order to assure good oversight and continuity of working, the NSSAPB have identified actions in line with the five domains and associated outcome measures within the South West Self Assessment Quality & Performance Framework for Adult Safeguarding. The framework has been developed in partnership with the Strategic Health Authority and approved by the South West ADASS Safeguarding Adults Advisory Group which has health, social care, CQC and police representation.

The Quality & Performance Framework Domains and Outcome Measures are:

**1. Prevention & Early Intervention**

Outcome: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.

**2. Responsibility & Accountability**

Outcome: There is a multi-agency approach for people who need safeguarding support

**3. Access & Involvement**

Outcome; People are aware of what to do if they suspect or experience abuse

Outcome: Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process

**4. Responding to Abuse & Neglect**

Outcome: People in need of safeguarding support feel safer and further harm is prevented

**5. Training & Professional Development**

Outcome: Staff are aware of policies & procedures, their practice safeguards adults and promotes understanding of harm

The SAB have agreed the appropriate actions within these domains which best address local needs and priorities. The priority areas for the coming year/s are:

A review of the role and function of the NSSAPB and its sub-groups in the light of changes within many of the Partners represented on the Board to ensure it is fit for purpose and can achieve its purpose and objectives

A review of the North Somerset Safeguarding Adults Policy and Procedures.

The continuation of the work to improvement the engagement of service users and carers in Safeguarding investigations.

## Section 1 – Actions, Timescales and Lead Responsibility

<b>Outcome 1. Prevention &amp; Early Intervention</b>			
Outcome: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.			
<b>Key Objective</b>	<b>Actions required to address / meet the objective</b>	<b>By When</b>	<b>Lead Responsibility</b>
<b>1.1 Safeguarding is integrated into all contractual processes with clear expectations and reporting requirements to prevent harm, neglect and abuse</b>	Undertake an audit of Commissioning arrangements and specifications to ensure clear references are made to the Provider's responsibilities and expectations in relation to safeguarding adults, the Mental Capacity Act and Deprivation of Liberty safeguards.	December 2012	Learning and Standards sub-group
<b>1.2 Performance Management systems record and indicate the potential for vulnerability and intervention</b>	Develop a suite of regular management information reports with identified recipients.	September 2012	Learning and Standards sub-group Systems Administrator – Safeguarding Adults
	Ensure the data collected across and between agencies is comprehensive and linked to the development of safeguarding policies, procedures and promotional work across the partner agencies.	Ongoing	All sub-groups
	Use the data to undertake more comprehensive analysis of issues and areas of concern.	June 2012	Learning and Standards sub-group
	Undertake regular file audits to assess compliance with safeguarding policy and procedures	Ongoing	Safeguarding Adults Manager

	Develop processes and mechanisms to ensure there are feedback loops to the NSSAPB, Managers and Operational Staff.	June 2012	Systems Administrator – Safeguarding Adults
<b>1.3 Policies and procedures are in place to prevent unsuitable people from working with vulnerable adults</b>	Develop and implement guidance following the final outcome of the Government’s Review into the Vetting and Barring measures within the Act	June 2012 (tbc)	Policy and Procedures sub-group
<b>1.4 Steps are taken to prevent or reduce risk of abuse within service settings</b>	<p>To develop a Positive Risk Taking policy to assist staff in supporting adults at risk</p> <p>The NSSAPB has a separate Action Plan in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. This action plan is attached to this document as Appendix 1.</p> <p>Conduct a mapping process to ensure they have an overview of all joint funded placements both within and outside of their geographical area.</p> <p>Have systems in place to monitor all alerts raised in provider services to ensure repeated concerns are detected and responded to appropriately.</p> <p>Ensure that all partners have Whistle Blowing policies and procedures which are suitable and fit for purpose, and that consideration is given to how reports from whistle blowers will be received and how the whistle blower will be supported.</p>	<p>June 2012</p> <p>See MCA/DoLs Action plan</p> <p>January 2012</p> <p>January 2012</p> <p>December 2012</p>	<p>Policy and Procedures sub-group</p> <p>MCA/DoLs sub-group</p> <p>North Somerset Council</p> <p>North Somerset Council</p> <p>Safeguarding Adults Board</p>

## Outcome 2. Responsibility & Accountability

Outcome: There is a multi-agency approach for people who need safeguarding support

Key Objective	Actions required to address / meet the objective	By When	Lead Responsibility
<b>2.1 There is a multi-agency Safeguarding Adults Board (SAB) of senior level officers who provide strategic leadership and address</b> - prevention of abuse and neglect - promotion of wellbeing and safety - effective response to instances of abuse & neglect when they occur	Undertake a review of the Board in the context of changes to the organisational frameworks of the public bodies, as well as the impact on other sectors with which it works. This is to ensure that its functions are clear and fit for purpose.	September 2012	Chair Board Members
	Undertake a review of the membership of the NSSAPB and include consideration of the participation and inclusion of 'Experts by Experience'.	September 2012	Chair Board Members
	Undertake a review of the Terms of Reference with particular emphasis on the expectations of the role and level of role on Board i.e. decision-maker for organisation, advisory capacity etc.	September 2012	Chair Board Members
	Review membership and attendance of the NSSAPB sub-groups.	December 2012	Chair Board Members
	To implement a protocol setting out the roles, responsibilities and reporting requirements of Avon and Wiltshire Mental Health Partnership Trust in relation to their safeguarding activity.	June 2012	Learning and Standards sub-group
<b>2.2 There are robust and current Local Multi-Agency Policies &amp; Procedures for safeguarding adults that are in accordance with statutory requirements</b>	Undertake a review of the Safeguarding Adults policy and procedures following receipt of the proposed SWADASS regional framework informed by national best practice.	June 2012 (tbc)	Policy and Procedures sub-group
	Following the above Review, produce updated internal guidance for all partner agency professionals.	December 2012	Policy and Procedures sub-group
	To undertake a review of the Serious Case Review Protocol.	March 2013	Policy and Procedures sub-group

	<p>Develop a policy to review cases which do not meet the criteria for a Serious Case Review but require an investigation to establish lessons learned and ensure they are implemented.</p> <p>Develop and implement a protocol for the management of investigations of independent and voluntary sector providers.</p> <p>Develop clear guidance, subject to the completion of the above, for staff regarding the involvement and role of care providers when they are involved in investigations.</p> <p>Implement an information sharing protocol for safeguarding adults.</p>	<p>March 2013</p> <p>September 2012</p> <p>January 2013</p> <p>December 2012</p>	<p>Policy and Procedures sub-group</p> <p>Policy and Procedures sub-group</p> <p>Policy and Procedures sub-group</p> <p>Policy and Procedures sub-group</p>
<p><b>2.3 Clear leadership and accountability structures are in place and visible throughout the organisation</b></p>	<p>Require annual feedback from the partner agencies to the Board on how safeguarding adults is integrated into their work, the way in which it has been implemented and the progress made.</p> <p>Direct and monitor the progress of the work of the NSSAPB sub-groups.</p> <p>Scrutinise management information reports on a regular basis to include reports from Avon and Wiltshire Mental Health Partnership Trust on their safeguarding activity.</p> <p>Monitor implementation of the NSSAPB Workforce Development Strategy.</p> <p>Undertake an audit of the implementation of guidance in the independent and voluntary sectors.</p>	<p>September 2012</p> <p>Ongoing half-yearly</p> <p>Ongoing quarterly</p> <p>Ongoing quarterly</p> <p>September 2012</p>	<p>Board members</p> <p>Chair Chairs of sub-groups</p> <p>Learning and Standards sub-group</p> <p>Learning and Standards sub-group</p> <p>Learning and Standards sub-group</p>

<b>2.4 Professionals who in the course of their work come into contact with vulnerable adults and their carers are aware of their safeguarding responsibilities</b>	To develop Guidance on the disclosure of Safeguarding Adults documentation.	September 2012	Policy and Procedures sub-group
	Develop guidance for Team Managers and Senior Practitioners on making judgments on the 'balance of probabilities' following safeguarding investigations.	March 2013	Policy and Procedures sub-group
	To develop a Positive Risk Taking policy to assist staff in supporting adults at risk	June 2012	Policy and Procedures sub-group
	To audit the implementation of the guidance on involving informal carers who are alleged perpetrators and act upon any recommendations on how this work can be improved.	December 2012	Learning and Standards

<b>Outcome 3. Access &amp; Involvement</b>			
Outcome: People are aware of what to do if they suspect or experience abuse			
Outcome: Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process			
<b>Key Objective</b>	<b>Actions required to address / meet the objective</b>	<b>By When</b>	<b>Lead Responsibility</b>
<b>3.1 There is a comprehensive accessible public information and advice about keeping safe and what constitutes abuse of vulnerable adults</b>	Undertake a publicity and awareness raising campaigns.	December 2012	Communications and Publicity sub-group
<b>3.2 The involvement and feedback from patients, people using services and their carers is an integral part of the design, commissioning and delivery of safe services</b>	Strengthen the identification of adults at risk of abuse who are victims of hate crime or who make decisions which leave them at risk of significant harm	June 2012	Learning and Standards sub-group
	Conduct a needs analysis to identify minority groups classed as 'hard to reach' targeting and tailoring awareness raising to better engage those who may be vulnerable within these groups or communities.	December 2012	Communications and Publicity sub-group
	Continue to develop links with Black and Minority Ethnic groups in North Somerset. A specific requirement for assistance from Somerset Racial Equality Council is included in Service Level Agreement for 2010/11.	Ongoing	Communications and Publicity sub-group
	Explore methods to raise awareness of adult safeguarding within the Drug & Alcohol Services.	June 2012	Communications and Publicity sub-group

**Outcome 4. Responding to Abuse & Neglect**

Outcome: People in need of safeguarding support feel safer and further harm is prevented

Key Objective	Actions required to address / meet the objective	By When	Lead Responsibility
<b>4.1 Prompt action is taken and appropriate support is provided in response to concerns raised by staff, clients, patients, carers or members of the public</b>	<p>Develop a protocol for monitoring safeguarding referrals for care home and inpatient placements funded by North Somerset Council and NHS North Somerset in other local authority areas.</p> <p>Improve performance management and quality assurance systems for safeguarding adult's processes, to ensure adherence to set Policy and Procedures and review content of reports to SAPB following implementation of national data set for vulnerable adults.</p>	<p>March 2012</p> <p>September 2012</p>	<p>Policy and Procedures sub-group</p> <p>Learning and Standards sub-group</p>
<b>4.2 If the mental capacity to make a specific decision relating to the safeguarding process cannot be assumed a Mental Capacity Assessment is undertaken as required by the Mental Capacity Act (MCA) 2005</b>	The NSSAPB has a separate Action Plan in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. This action plan is attached to this document as Appendix 1.	See MCA/DoLs Action Plan	MCA/DoLs sub-group
<b>4.3 The subject of the alleged abuse is the main focus of all actions and</b>	Implement agreed audit tools and processes for regular case file audits and sampling across all partner agencies.	Ongoing	Learning and Standards sub-group

<b>Outcome 4. Responding to Abuse &amp; Neglect</b>			
Outcome: People in need of safeguarding support feel safer and further harm is prevented			
<b>Key Objective</b>	<b>Actions required to address / meet the objective</b>	<b>By When</b>	<b>Lead Responsibility</b>
<b>proceedings that arise during the course of any enquiries and/or investigations.</b>	Review the use of Advocacy services in North Somerset in relation to safeguarding and act upon any recommendations to improve.	December 2012	Communications and Publicity sub-group
	Review the methods used to collect and evaluate the experiences of people who are the subject of safeguarding adult's investigations.	March 2013	Learning and Standards sub-group
	Ensure systems are in place to incorporate expert experience and feedback in the development of policy and practice.	March 2013	Learning and Standards sub-group
<b>4.4 Adult Safeguarding Investigations are appropriately resourced and supported</b>	When undertaking the review of the Safeguarding Adults Policy and procedures (2.2 above) ensure that the process takes into account the changes to the provision of health and social care in North Somerset, particularly in light of changes to the way in which those services are delivered i.e. workforce remodelling by the Council, changes to the delivery of healthcare in North Somerset, future changes within other organisations etc	June 2012 (tbc)	Policy and Procedures sub-group

## Outcome 5. Training & Professional Development

Outcome: Staff are aware of policies & procedures, their practice safeguards adults and promotes understanding of harm

Key Objective	Actions required to address / meet the objective	By When	Lead Responsibility
<b>5.1 All staff and volunteers working with vulnerable adults have been appropriately trained according to their role</b>	Undertake a regular review of the content of the current training.	Ongoing quarterly	Learning and Standards sub-group
	Continue development of Good Practice Forum for Agency Leads, Team Managers and Senior Practitioners.	Ongoing quarterly	Learning and Standards sub-group
	Enable Team Managers and Senior Practitioners to feel confident in managing the disclosure of allegations or concerns to alleged perpetrators.	Ongoing	Learning and Standards sub-group
	To review and maintain the engagement of multi-agency partners in the delivery of the training.	June 2012	Learning and Standards sub-group
<b>5.2. All staff and volunteers have the appropriate knowledge and competencies in relation to safeguarding adults</b>	Complete an Equality Impact Assessment for Safeguarding Adults	December 2011	Safeguarding Adults Manager
<b>5.3 Staff use routine processes to enable people to acknowledge when they might be at risk and signpost them to effective support</b>	Undertake a review of the use of safeguarding factsheets and information to service users and carers	September 2012	Communications and Publicity Sub-Group

## APPENDIX 2 – Mental Capacity Act and Deprivation of Liberty Safeguards 2011 / 2012 Work Plan

Objectives	How will these be achieved?	By When	Lead Responsible
<p>1) To increase the rate of referrals to 22* per 100 000 people &amp; ensure that 'out of area' service users receive input from the office. * national average for 2010 / 2011</p>	<p>Awareness raising sessions to continue in 2011 / 2012 in the following areas: <i>[The letter 'P' marks areas where main focus of work will occur]</i></p> <p>Older person residential &amp; nursing settings ( P ) Services responsible for the monitoring or commissioning of care ( P ) Psychiatric Wards ( P ) Local acute hospital wards Local learning disability provision</p> <p>Other areas / settings will be considered individually or on request.</p>	Ongoing	Mental Capacity Act Facilitator
	<p>Review content, structure, &amp; delivery of awareness training to ensure that it is fit for purpose.</p>	Dec 2011	Mental Capacity Act Facilitator
	<p>Through discussion at MCA / DOLS subgroup and with NSC corporate services explore other awareness raising methods. E.g. Web presence, DOLS office contribution to "The Knowledge"</p>	March 2012	Mental Capacity Act Facilitator
<p>2) Ensure that time available for completion of Statutory Assessments is maximised within the specified time periods set by the DoLS legislation.</p>	<p>Check availability with individual Best Interest Assessors &amp; ensure that this is reflected in the honorarium payments</p>	Completed	Mental Capacity Act Facilitator
	<p>Review numbers required for local 'pool' of Best Interests Assessors for coming year</p>	Dec 2011	Mental Capacity Act Facilitator
	<p>Clarify expectations and responsibilities with all parties involved in conducting the DoLS Assessments. This will</p>	March 2012	Mental Capacity Act

	<p>involve drafting agreements between the DOLS office, BIA's, and their individual managers</p> <p>Explore use of new technology for the transfer of secure electronic data. Integrate the collection of information into the council's database</p>	<p>March 2012</p>	<p>Facilitator</p> <p>Mental Capacity Act Facilitator</p>
<p>3) Ensure that local services are provided with the appropriate support around the implementation of the Mental Capacity Act.</p>	<p>Continue with individual consultative work around MCA implementation.</p> <p>Conduct awareness raising sessions / workshops with a MCA rather than DoLS focus with the new community ward teams. The Learning Disability input described above will be supplemented with an increased MCA component with the movement in this sector away from residential care into supported living.</p> <p>Review NSC policy / guidance pertaining to MCA / DoLS</p> <p>Consider within sub group the value of conducting an audit into the implementation of the MCA</p>	<p>Ongoing</p> <p>Ongoing</p> <p>March 2012</p> <p>March 2012</p>	<p>Mental Capacity Act Facilitator</p> <p>Mental Capacity Act Facilitator</p> <p>Mental Capacity Act Facilitator</p> <p>Mental Capacity Act Facilitator</p>
<p>4) Ensure that training in relation to MCA / DoLS is 'fit for purpose'. This relates to training with the provider, commissioners, &amp; those monitoring care. It also applies to training required by assessors within the DoLS team</p>	<p>Gather information as to the extent of MCA training provided so far by the Housing &amp; Social Services Department.</p> <p>Review the Continuing Professional Development format for BIA's working within the team.</p>	<p>Dec 2011</p> <p>March 2012</p>	<p>Learning &amp; Development Officer</p> <p>Mental Capacity Act Facilitator</p>

## **APPENDIX 3 - Glossary of Definitions**

### **Vulnerable Adult**

A Vulnerable Adult is a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation in any care setting. This includes individuals in receipt of social care services, those in receipt of other services such as health care, and those who may not be in receipt of services.

There is a danger that some Vulnerable Adults who are at risk but do not fit easily into the aforementioned categories may be overlooked, for this reason they are outlined below.

- Adults with low level mental health problems/borderline personality disorder
- Older people living independently within the community
- Adults with low level learning disabilities
- Adults with substance misuse problems
- Adults self-directing their care

It is recognised that the use of categories to describe different types of abuse has its limitations, for instance all abuse will have a psychological and emotional impact, or on occasions a person can be abused in different ways i.e. physically and sexually. However, nationally, Safeguarding Adults Partnership Policies and Procedures work to the same accepted categories. These are:

### **Discriminatory abuse**

The principles of discriminatory abuse are embodied in legislation including the Race Relations Act 1976 (Amendments) Regulations 2003, Disability Discrimination Act 1995 and the Human Rights Act 1998. Discriminatory abuse links into all other forms of abuse.

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals.

It is the exploitation of a person's vulnerability, resulting in repeated or pervasive treatment of an individual, which excludes them from opportunities in society, for example, education, health, justice, civic status and protection.

It includes discrimination on the basis of race, gender, age, sexuality, disability or religion.

Examples of this type of behaviour include unequal treatment, verbal abuse, inappropriate use of language, slurs, harassment, or deliberate exclusion.

### **Physical abuse**

The non-accidental infliction of physical force that results in bodily injury, pain or impairment. (Stein, 1991, quoted in McCreadie 1994)

Examples of this type of behaviour include: hitting, pushing, slapping, scalding, shaking, pushing, kicking, pinching, hair pulling, the inappropriate application of techniques or treatments, involuntary isolation or confinement, misuse of medication.

Note: inadvertent physical abuse may also arise from poor practice e.g. poor manual handling techniques. (See also neglect).

## **Sexual abuse**

Direct or indirect involvement in sexual activity without valid consent. Consent to a particular activity may not be given because:

- a person has capacity and does not want to give consent
- a person lacks capacity and is therefore unable to give consent
- a person feels coerced into activity because the other person is in a position of trust, power or authority.

## **Psychological abuse**

Examples of this type of behaviour include: the use of threats, humiliation, bullying, swearing and other verbal conduct, or any other form of mental cruelty, that results in mental or physical distress. It includes the denial of basic human and civil rights, such as choice, self-expression, privacy and dignity.

NB: This is a specific type of abuse, rather than something that results from one of the above. The difference is that this type of abuse is directed specifically at an individual by a person who is trying to wield or assert power over them.

## **Financial abuse**

“The unauthorised and improper use of funds, property or any resources belonging to an individual”. (Stein, 1991, quoted in McCreadie, 1994)

Those who financially abuse may be people who hold a position of trust, power, authority or have the confidence of the vulnerable adult.

Where a vulnerable adult needs someone to manage their financial affairs and is not able to undertake this themselves, Local Authorities have in place Appointee and Receivership procedures which enable them to act as Corporate Appointee and/or Corporate Receiver. Solicitors may also be appointed to provide this service.

Appointee and Receivership procedures ensure that:

- the correct state pension and benefits are in payment.
- any private pensions or other investments are correctly paid.
- care fees are paid.
- personal allowances are made, and
- other bills are paid (e.g. utilities and rates).
- Monies held on behalf of the client are correctly banked and where appropriate excess funds are invested.

## **Neglect and acts of omission**

The repeated deprivation of assistance that the vulnerable adult needs for important activities of daily living. For example, a failure to intervene in behaviour which is dangerous to the vulnerable adult or to others, or poor manual handling techniques.

Note: under the Mental Capacity Act 2005 wilful neglect and ill-treatment are now a criminal offence.

Self-neglect on the part of a vulnerable adult will not usually lead to the initiation of adult protection procedures unless the situation involves a significant act of commission or omission by someone else with established responsibility for an adult's care. Other assessment and review procedures, including risk assessment procedures, may prove a more appropriate intervention in situations of self-neglect.