



North Somerset Safeguarding Adults Partnership

ANNUAL REPORT

2015 - 2016

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1. FOREWORD

Welcome to this, my first annual report of the North Somerset Safeguarding Adults Board [NSSAB], which highlights the work carried out by the Board and its sub groups for the period April 2015 to March 2016.

I took over the role of the Independent Chair of the Board half way through this reporting period and my aim was and remains to provide leadership, constructive challenge and to build on the excellent work previously completed by all Board partners and overseen by my predecessor.

Bringing together public, private and voluntary sector organisations with a common aim to safeguard vulnerable adults will always be challenging, particularly during a period of ever reducing budgets and increasing demands for services but my role is to encourage close partnership working and to ensure our statutory responsibilities placed upon us by the Care Act 2014 are met.

This annual report reflects the efforts, achievements and ongoing recognised risks which Board partners have achieved and are working towards achieving. It also comments on collaborative working with North Somerset Safeguarding Children Board where closer working between the 2 Boards offer safeguarding opportunities. This is a new and exciting developing area of the Boards business which I will report on in greater detail in our next report.

I am confident that this report reflects significant development in the area of adult safeguarding in North Somerset over the reporting period and I thank all involved for those efforts.

A handwritten signature in black ink, appearing to read 'Tony Oliver', with a horizontal line underneath it.

Tony Oliver
Independent Chair, North Somerset Safeguarding Adults Board
August 2016

2. INTRODUCTION

This Annual Report provides a summary of the work of the North Somerset Safeguarding Adults Board (1st April 2015 to 31st March 2016) to safeguard adults and prevent abuse.

The Care Act 2014 now places Safeguarding Adults Boards on a statutory footing with clear regulations and guidance on their role and function.

Terms of Reference of the Board are in Appendix A; a summary of member attendance is provided in Appendix C.

The strategic objectives of the Safeguarding Adult's Board are focussed on the six principles of adult safeguarding:

- Empowerment: Promoting person-led decisions and informed consent.
- Protection: Support and Protection for those in greatest need.
- Prevention: It's better to act before harm occurs.
- Proportionality: proportionate and least restrictive/intrusive.
- Partnership: Working together.
- Accountability: There is a multi-agency approach for people who need safeguarding support.

The Board is supported by 5 sub-groups which drive forward specific work as identified within the Strategic Plan (Appendix B). Each Sub Group is accountable to the Board and provides an update on a quarterly basis. These Sub Groups are shown in the diagram below.



3. SUMMARY OF ACTIVITY DURING 2015 – 2016

3.1 CARE ACT

We have continued to embed the changes in safeguarding responses dictated by the Care Act and subsequent revised Care and Support Guidance.

3.2 MAKING SAFEGUARDING PERSONAL

A review of our progress against the Making Safeguarding Personal agenda has been completed and actions agreed to take this forward.

3.3 SE/Missing Joint Strategy and sub-group

A sexual exploitation sub-group has been established jointly between Children's and Adult's boards. A joint sexual exploitation strategy has been developed and we are leading the way in terms of developing closer working with the Children's Board and improving responses for young people at risk who are on the threshold of adulthood.

We are grateful for the contribution of Bath & North East Somerset and their interest in this work and look forward to further joint development of a joint SE strategy with them on the understanding that sexual exploitation knows no geographical boundaries.

3.4 PREVENT Board

A 'PREVENT' board has been established and meets bi-monthly

3.5 MULTI AGENCY POLICY

The joint policy has been updated and published following the revised Care and Support Guidance (March 2016)

3.6 STRENGTHENING PARTNERSHIPS/SAFEGUARDING SURGERIES

Safeguarding surgeries have continued and promoted good safeguarding practice with our partners.

3.7 DOLS

The Deprivation of Liberty Safeguards office (DoLS) continues to deal with a significant level of demand following the Supreme Court ruling of March 2014, experiencing, as with most other local authorities, a tenfold increase in requests for authorisations.

DoLS is discussed in further detail under paragraphs 4.2 and 6.4

4. MONITORING AND QUALITY ASSURANCE ACTIVITY

Accountability for work to safeguard and prevent abuse of adults at risk in North Somerset lies with the North Somerset Safeguarding Adults Board. The Chair of each Sub Group is a member of the Board and provides a quarterly report for consideration by all Board members.

Other activity in relation to monitoring and quality assurance is considered through:

1. Scrutiny of data.
2. File Audits.
3. Analysis of the effectiveness of training delivered to partner agencies.

4.1. Scrutiny of Data

Throughout 2015 – 16 the North Somerset Safeguarding Adults Manager and the North Somerset Safeguarding Data Analyst have prepared detailed Quarterly Activity Reports for scrutiny by the Policy, Procedure and Standards Sub Group prior to a report being presented to the Board. This scrutiny established recommended actions for additional analysis or action.

A full report on the data is provided in Appendix E. The headlines from the data are as follows:

- **The percentage of cases that carry a duty to enquire under S.42 of the Care Act is lower than the percentage that previously met the threshold for safeguarding. 35% of concerns are currently leading to enquiries.**

The health and social care information centre recommend that comparisons are not made between pre and post Care Act figures because the criteria as set out in S.42 (Care Act 2014) is very different to the 'Threshold for safeguarding' as previously used. However we have interpreted a drop in conversion rates as being associated with a broader range of abuse now being covered by Care Act definitions.

- **60% of Concerns were about Females and 40% were about Males (same as reported nationally last year – Pre Care Act)**

This is reassuring data as it demonstrates equality with the national average.

- **Age group with the highest percentage of concerns was 18 to 64 at 43%. 65 to 74 has 13%, 75 to 84 had 19%, 85 + had 24% (same broad pattern as nationally for alerts last year – Pre Care Act)**

This is reassuring data as it demonstrates equality with the national average. It is also of note that the younger age range covers a much larger period.

The Safeguarding Adults Board have asked that data around the 18-25 year old age range is made explicit in order to monitor work with younger people such as care leavers and those in transition to adulthood.

- Recording of peoples ethnicity is currently inadequate

- Primary support reasons (top 4) – Physical at 44%, Mental Health 18%, Learning Disabilities 15%, Support with Memory 13% (National Phy 40%, MH 12%, LD 12%, Memory 9%)

Once again, we are broadly in line with the national average. However North Somerset has a higher than average older population which is likely to explain our higher figures in the categories of physical and memory categories.

- 2681 Concerns received from 1st April 2015 – 31st March 2016 about individuals resulting in: 873 Section 42 Enquiries and 77 Other Enquiries.

This figure shows us that in 77 cases over the year the local authority has considered it appropriate and proportionate to engage a (non-statutory) safeguarding adults response, despite not having a legal duty to do so under S.42 of the Care Act. As understanding of the legislation develops over time it is likely that this figure will drop as some data may have been submitted in error. For example 'other action' is recorded when no S.42 duty is established. This demonstrates that further actions are taken to safeguarding individuals outside of a formal safeguarding response. A non-statutory enquiry is recorded as 'other enquiry' which may have caused some confusion in the early stages of implementation of the Care Act.

- 761 enquiries were concluded with 47% being either fully or partially substantiated.

This is broadly consistent with pre Care Act figures and is reassuring that there is no wild differentiation.

- In 80% of cases the person themselves or their representative were asked what outcomes they wanted from the process.

This demonstrates success in embedding the basic principles of making safeguarding personal, however there is clearly work to do to achieve closer 100%. A perfect figure will be difficult to achieve when considering the brief nature of some proportionate enquiries.

- In 89% of those cases the outcomes were fully or partially achieved

This is evidence of a very high success rate in supporting adults to achieve their desired outcomes through a personalised safeguarding response.

- In 72% of Enquiries the person was offered an advocate, were supported by friends, family or already had one in place.

It is of concern that we cannot evidence consideration of advocacy in the remaining 28% of enquiries. However, amendments have been made to the safeguarding paperwork which will capture people who do not require advocacy due to them not having significant difficulties (As per the Care Act definition).

4.2 Mental Capacity Act and Deprivation of Liberty Safeguards

Due to continuing increased demand, and consequently growing waiting times, mitigating action is being taken. The DoLS service is undergoing a restructure with a clear and achievable plan which will increase turnover of assessments supported by an investment in administrative capacity.

A procedure for approaching the Court of Protection around deprivations of liberty in non-institutional community settings (Known as Re: X Applications) has been established and cases have successfully been brought before the court.

4.3 Case File Audit

Case audits have continued, with a focus on Section 42 Decisions and follow-up actions. 137 cases have been audited, with 91 being rated as 'good'. 12 cases warranted further action however there was evidence of improved performance over the year. This also links also to the effectiveness of safeguarding surgeries.

Outcomes from audit work are discussed via the Policy Procedure and Standards Sub Group. Changes are proposed to separate out Quality Assurance work from Policy and Procedures over the year 2016-2017.

4.4 Training

The Learning and Development Sub-Group report at item 6.2 of this report evidences all the activity in this area.

5. PARTNER REPORTS

5.1 Avon and Somerset Constabulary

Avon and Somerset Constabulary provides professional policing services, working with partner agencies, including services to and for Adults at Risk, in order to keep them safe from harm. This includes working to prevent Adults at Risk from becoming victims of crime, investigating crimes against them, bringing perpetrators to justice and managing offenders.

During 2015/16 Avon and Somerset Constabulary built upon previous significant improvements to the strategic and operational response to identifying and dealing with incidents involving Adults at Risk, putting into practice the One Team approach introduced in October 2014.

By way of context, the Constabulary identified 391 "Safeguarding Adult flagged Crimes" and 264 "Safeguarding Adult flagged Incidents" in North Somerset during 2015/16, increases of 59% and 5% respectively on the previous 12 months.

Amongst our achievements in 2015/16 we:

- refreshed our training for first responders and specialist interviewers around responses to sexual assault - both of these courses relate directly to Adults at Risk themes - and also delivered this to new police recruits and PCSOs, all of whom have safeguarding (for adults and children) woven into their initial training;
- secured funding to introduce a two year pilot Control Room Mental Health Triage Scheme. Mental Health nurses are based in the Police Control Room in Portishead, enabling the Constabulary to meet mental health needs at the first point of contact, ensuring that intervention takes place at the earliest possible moment. Access to both Police and Health information databases ensures that decisions made from that point onwards are fully informed and best placed to manage risk. The mental health professionals can advise officers on the appropriate course of action and importantly, provide timely access into services for people who need them;
- appointed a Multi-Agency Safeguarding Hub (MASH) Development Manager, enabling the Constabulary to work with partners to embed MASH structures and/or processes within each local authority area - enabling us together to provide the best safeguarding response;
- broadened the membership and scope of the Avon and Somerset Local Safeguarding Children Board Consortium to become a Safeguarding Consortium, comprised of all the chairs of both children's and adults safeguarding boards, providing a mechanism for improving the efficiency and effectiveness of partnership working to best meet the needs of children and Adults at Risk;
- conducted a Crime Data Integrity Audit which highlighted an issue in relation to our recording of some safeguarding crimes - this was purely an administration issue and, once rectified, the numbers of recorded crimes relating to safeguarding will increase;
- made effective use of our Continuous Improvement Boards to carry out assurance work in relation to our policing priorities - themes included Domestic Abuse, Mental Health and Adults at Risk;
- made effective use of our daily review meetings, which have a strong focus on vulnerability and managing risk - ensuring we direct our resources in the most appropriate way;
- developed a first class working relationship between Lighthouse, our Integrated Victim Care Service, and Gemini, the specialist domestic abuse service for North Somerset, with Gemini providing helpful and constructive feedback on a regular basis, and high quality domestic abuse support to some of our most vulnerable victims.

*Detective Superintendent Richard Kelvey, Investigations Head of Manager
Avon and Somerset Constabulary*

5.2 North Somerset Clinical Commissioning Group

Protecting the vulnerable is a major part of our approach to commissioning with a focus on quality and patient experience. NSCCG is committed to working with partner agencies to ensure the safety, health and wellbeing of the local people within North Somerset

The work of the CCG Safeguarding Team is included within the portfolio of accountabilities held by the Director of Nursing and Quality. This is supported by a Head of Safeguarding, (whose role includes the Designated portfolio) and a Safeguarding Adult lead. The team also includes a Designated Nurse for looked after Children and Special Educational Needs and Disabilities. There is also a Mental Capacity Act Lead who is co-commissioned with the local authority with a professional line through to the CCG Director of Nursing and Quality but who reports to line management within the Local Authority. The Designated Doctor and the Named Doctor for safeguarding children are contracted to work for the CCG on a sessional basis.

The CCG is a statutory partner on the North Somerset SCB and SAB. The Director of Nursing and Quality delegates representation on the board to the CCG Head of Safeguarding and Safeguarding Adult Lead. North Somerset Community Partnership (NSCP), Weston Area Health Trust (WAHT) and Avon and Wiltshire Partnership (AWP) are also represented on the boards.

The Safeguarding Boards undertake their functions via sub-groups which the CCG Safeguarding team attend and are the chair in some groups. One of the workstreams for the boards going forward is to link the subgroups across both adults and children this will start with the training subgroups, the sexual exploitation subgroup and the policies subgroups.

North Somerset Safeguarding Leads group

The Head of Safeguarding has commenced a North Somerset Safeguarding Leads group for Children's Safeguarding to facilitate the development of Safeguarding Children practice across North Somerset, through supportive discussion and focused learning. In 2016, this has been rolled out to include adults safeguarding leads and potentially this could form a health subgroup of both the adult and child safeguarding boards.

General Practice

Work on the adult safeguarding training matrix has commenced and NSCCG are awaiting the final publication of the intercollegiate guidance for safeguarding adults, this will steer the requirements for safeguarding adults lead GP's and a named GP for adult safeguarding. The draft document is currently with NHS England awaiting ratification.

Map of Medicine provides over 400 patient pathways, based on the most up to date research and clinical evidence. NSCCG has localised over 190 of the pathways so they include local information for GPs and information for patients and carers. The Head of Safeguarding and the Named Nurse have worked together to produce localised pathways for Safeguarding Adults, Children and Domestic abuse cases which ensure every practitioner in general practice has easy access to referral pathways and key contacts

Commissioned Health Services

North Somerset CCG has 6 safeguarding adult standards that are in place in the contracts for providers of healthcare in North Somerset. These are reported on quarterly via the Designated Adult Safeguarding manager. These standards are closely aligned with the requirements of the NHSE assurance framework and have been developed by the NSCCG Head of Safeguarding in conjunction with Bristol and South Gloucestershire.

The six core safeguarding adult standards are;

- 1 Empowerment – Presumption of person-led decisions and consent.
- 2 Protection, Support and representation for those in greatest need (e.g. DBS, management of allegations)
- 3 Prevention of harm or abuse is a primary goal (training and supervision)
- 4 Proportionality and least intrusive response appropriate to the risk presented (Mental Capacity Act and Deprivation of Liberty guidance, processes)
- 5 Partnerships – Local solutions through services working with their communities. (Attendance at LSAB, participation in serious adult reviews)
- 6 Accountability – Accountability and transparency in delivering safeguarding.

These standards are monitored via a KPI framework with either quarterly or annual reporting

*Sue Masters, Head of Safeguarding
North Somerset Clinical Commissioning Group*

5.3 Avon and Wiltshire Mental Health Partnership Trust

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) is a specialist mental health NHS provider delivering a wide range of primary and secondary services across the geographical areas of North Somerset, South Gloucestershire, Bristol, Bath and North East Somerset, Wiltshire, Swindon and tertiary services on a regional level.

The Trust has an executive director Safeguarding Lead (Director of Nursing and Quality) and a Head of Safeguarding, Mark Dean with corporate management responsibility for adult safeguarding. Within North Somerset the Clinical Director, Dr Eva Dietrich as the accountable senior manager holds responsibility for the delivery and development of safeguarding practice. There is also a senior operational manager, Paul Hughes, with a lead role for safeguarding who sits on the Safeguarding Adults Board. The Trust professional Head for Safeguarding, Fran McGarrigle, participates in the Policy, Procedure and Standards sub groups of the Board. Senior AWP Practitioners attend local MAPPA and MARAC operational meetings.

Safeguarding is a standing agenda item at the monthly locality Quality and Safety meeting with feedback from the board as required.

An annual safeguarding report from the Head of Safeguarding / Named professionals / Executive Lead is made to the Trust Board annually.

The number of safeguarding adult alerts to AWP in North Somerset has continued to increase year on year since 2009. This has placed a significant strain on local services and is the subject of ongoing discussions with North Somerset Council and North Somerset CCG.

Local governance arrangements

Monthly Quality and Standards Meetings chaired by the Director of Quality, Anita Hutson. Safeguarding is a standing item on the agenda.

Monthly Senior Management Meetings chaired by the Managing Director, Suzanne Howell considers the operational implications of safeguarding.

Any safeguarding issues or updates are shared with Senior Practitioners, Team Managers, Ward Managers and Service Managers at Operational Management meetings. In addition to these, any urgent information is disseminated for Team / Service Managers to discuss within their business meetings.

Safeguarding training of staff is monitored through a rolling quality improvement process which is shared within the organisation.

Quarterly meetings held between AWP and North Somerset Council senior managers review local safeguarding arrangements and agree action plans.

Achievements within 2015/16

Consolidation of work on the implementation of the Care Act 2014 and changes required in regard to safeguarding.

Establishment of quarterly operational safeguarding meetings with senior managers from AWP and North Somerset Council.

Continued participation in multi-agency and partnership operational liaison meetings with safeguarding partnership agencies to ensure good communication and information sharing is in place.

AWP managers continue to attend the regular Safeguarding Adults Good Practice Forum.

Development of safeguarding 'surgeries' held by North Somerset Adults Safeguarding Manager at key AWP services sites in order to support and advise AWP staff.

Safeguarding adults staff training

AWP provides training for Level 1 safeguarding through its learning and development unit by way of an e-learning module. AWP staff can also access Level 2 safeguarding training provided by North Somerset Council.

There are also e-learning modules available on PREVENT, Domestic Abuse Awareness and MAPPA (Multi Agency Public Protection Arrangements).

Safeguarding Adults training is included in the Trust's statutory / mandatory training matrix. Training rates for Level 1 and 2 training were 258 (93.4%) 2015/2016.

There is currently a review of safeguarding adult's e-learning modules to ensure the training is fully compliant with changes made by the Care Act 2014 as well as ensuring the training meets Department of Health standards.

Key plans or objectives for safeguarding adults in the coming year 2016/17

To streamline local process for triaging referrals on safeguarding adult concerns through establishment of dedicated post in SPA office at North Somerset Council. This post will work alongside existing SPA safeguarding adult's team to ensure effective partnership and multi-disciplinary working arrangements are in place.

Remodelling of the management structure within North Somerset AWP services is ongoing at year end (March 2016) with the aim to increase local authority presence at this level.

Plans are continuing to place experienced mental health staff at the front end of services in the SPA (Single Point of Access) office, as part of a multi-disciplinary triage service.

AWP is proposing to reconfigure corporate quality and governance arrangements to ensure better focus and support to localities in these areas. This includes Safeguarding arrangements with plans to increase the size and scope of the trust safeguarding adults and children team.

Quarterly safeguarding meetings with North Somerset CCG in order to achieving consistent compliance in relation to quality standards.

A review of safeguarding adults training to ensure greater practitioner focus on service user desired outcomes when carrying out investigations.

To discuss the operational implications of the increased demand for mental health safeguarding activity in North Somerset through partnership and commissioning frameworks.

*Paul Hughes, Service Manager for Adult Community Services
Avon and Wiltshire Mental Health Partnership*

6. SUB-GROUP REPORTS

6.1 Policy, Procedures and Standards

The PP&S Sub-Group has a productive year. Leading the ongoing development of an independent joint website for the Children's and Adult Safeguarding Boards. A, purpose, structure, branding and content has been agreed; the aim being for the site to go live by the end of 2016 and serve as a resource for public, professionals and partner agencies.

Performance data has been analysed and is used in Appendix E below.

The group has overseen the development of improved data capture mechanisms which have improved turnover and reduced the manual staffing demands around data entry.

Significant changes have been made to the way we record safeguarding outcomes which are now more able to capture personalised outcomes for individuals and focus on whether risks have been identified and addressed.

Priorities have been agreed for the forthcoming year in terms of improving ethnicity data and the use of advocacy.

The joint (BNSSSG) safeguarding adults' policy has been revised in light of the latest Care and Support Guidance (DoH March 2016) and is now published.

Measurable progress has been made in terms of improved joint working with the children's board with adult representation on the children's P&P Sub-group and vice versa. Beyond this, work is ongoing with agreeing a joint escalation policy and the Sexual Exploitation Strategy has been overseen by the group and is considered a real success in terms of improved joint working.

I look forward to the proposed executive board maturing and providing a greater focus on the strategic plan.

James Wright, Chair of Policy and Procedures sub-group

6.2 Learning and Development

The establishment of the new Learning and Development Service in 2015 brought together staff from across the council to provide a more coordinated and streamlined approach to learning and development activity. The team members bring a wealth of specialist knowledge and are working together to share that knowledge, provide a more effective learning and development offer to our customers and facilitate integrated working across both children's and adults social care training provision and workforce development. 2015 also saw the establishment of The Campus as our main training hub and we have been working hard to make this community facility an exceptional learning environment for all of our delegates.

From April 2015 to March 2016 the service provided 66 training events relating to safeguarding adults to 671 delegates from over 100 different organisations. Satisfaction with the quality of the training delivered is high with 85% of delegates stating they were very satisfied.

Our level one safeguarding adults' awareness and many other more specific sessions for care providers are now delivered by an independent company. A training matrix has been agreed offering a comprehensive menu of training. One benefit of this model of delivery is that the independent company is able to respond quickly to urgent training needs identified through CQC Inspections. This training is being delivered both in care homes and at The Campus. Commissioned providers are also given access to a web based assessment tool called SCILS which is designed to support the assessment of staff competency.

Information for the Skills for Care National Minimum data set is now collected by the newly formed Business Intelligence Team in North Somerset Council. This includes safeguarding adults training data.

We currently have 28 practising Best Interest Assessors with 19 of these assessors trained in 2015/16.

The Assessed and Supported Year in Employment (ASYE) for newly qualified social workers, has become much more integrated and career focussed for the individuals involved. As part of joint peer group mentoring social workers from adults and children's workforces are sharing skills, knowledge and experience; this supports the ethos of Think Family and The Care Act and also provides opportunities for social workers to explore opportunities across the whole workforce. Through Career Pathways we are hoping to better retain our qualified social workers by providing them a clear progression route.

50 licences were purchased for Adult Care staff from Community Care Inform, which is an online comprehensive data source that contains a wealth of expert-written, practice-related information, including guidance to key pieces of legislation, expert articles and practice guides. It provides access to reliable and up-to-date practice related information that helps professionals working with vulnerable people make and evidence decisions and assessments.

All of the actions from the Strategic Plan in Outcome 5 Training and Professional Development were achieved by the agreed deadlines. These include an audit of providers in November 2015 around their safer recruitment following the outcomes of recent CQC inspections.

Carolyn Hills, Chair, Learning and Development sub-group

6.3 Communications

During 2015-16 a number of work streams have been completed by the Communications Sub-Group to ensure the safeguarding message is prominent across partners.

Our core purpose is to be:

To be clear: To communicate factual information about adults and children and the safeguarding policies aligned to these audiences.

Highlight the facts: Promote and raise awareness of ongoing work in this area to tackle abuse and also to highlight good practice.

Raise awareness: Ensure we raise the profile of types of abuse, the signs of abuse and to encourage people to act on this in accordance with safeguarding adults and children's policy.

The following has been achieved over the last year:

- Support for new website has been provided: Advice given to group working on this project to redesign and improve content on both the adults and children's website. This will ensure synergy in messaging and design;
- Child injury awareness: As a result of admissions to hospitals the group formatted and designed a poster for use in North Somerset hospitals to raise awareness of child injury, how to prevent and steps to take should a child receive an injury;
- Numerous awareness articles have been published in North Somerset Life which is distributed to households across the region. These have addressed key Board issues including adult abuse, CSE, domestic violence, mental health awareness, suicide prevention and modern slavery;
- Numerous press releases issued around board priorities (as above) uploaded to websites and shared across digital platforms across all agencies;
- Staff magazine/publication articles published on above subject areas have also been completed – examples can be provided if required.

Communications forthcoming activity:

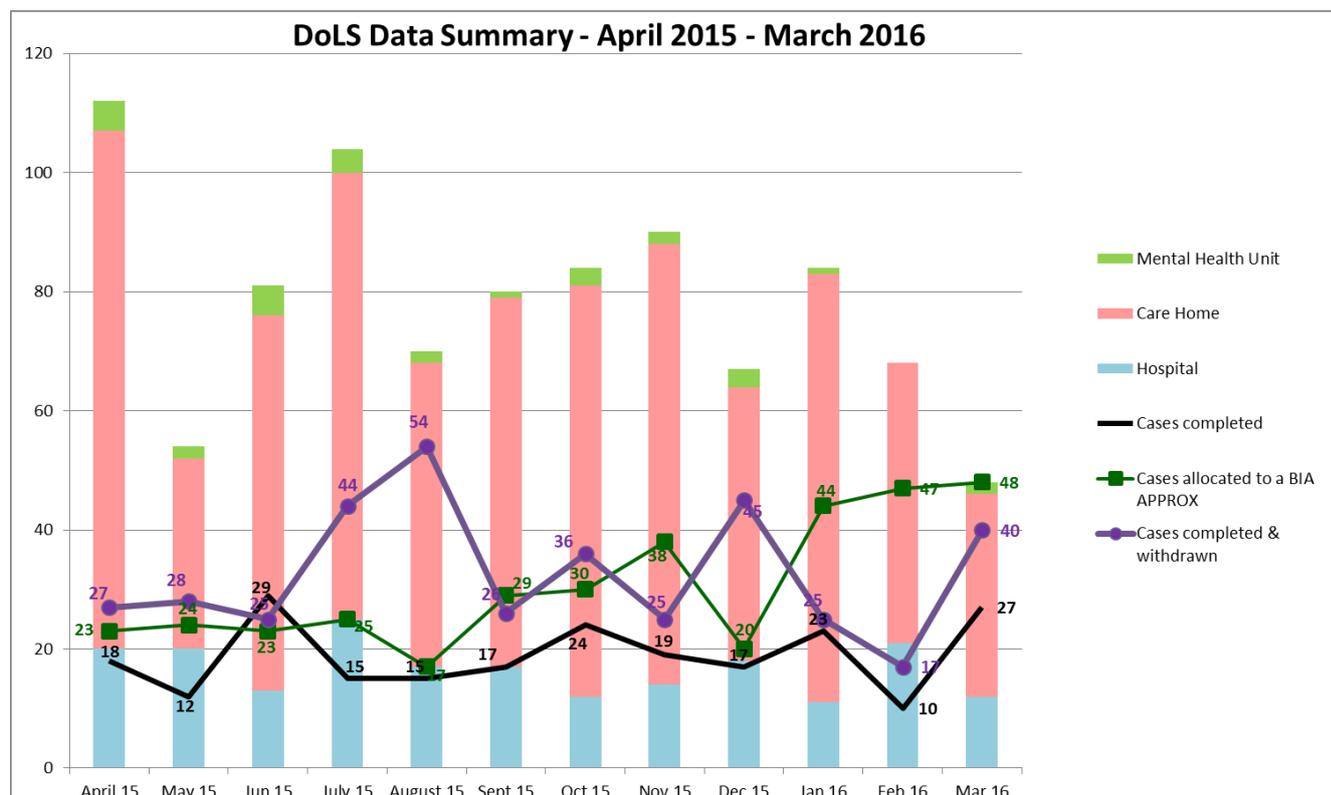
During 2016 the following areas have been a priority for the group:

- Domestic Violence
- Safer internet day and CSE
- Mental health awareness – to incorporate suicide, self-injury etc.
- Stop adult abuse week
- Anti-slavery day to include human trafficking (Unchosen now on board with group).

Claire Stanley, Chair, Comms sub-group

6.4 MCA/DoLS

1. DoLS Activity



In 2015/2016 North Somerset received 961 referrals (164 were carried over from 2014/2015). North Somerset is not meeting statutory timescales around assessment. This is expected within the context of the small increase in central government funding and the sub group/North Somerset Safeguarding Adults Board (NSSAPB) endorsing a 'risk based' approach (see point 3 below). The majority of our referrals continue to come from care homes. This has been a constant since the introduction of the DoLS provisions in 2009. Rates of sign off (black line) have been irregular and lower than we would wish. This is being dealt with through a request for additional resource detailed in point 3.

2. Law Commission DoLS Replacement Scheme

In November 2015 the sub group submitted a paper on behalf of partner agencies in the North Somerset area to the Law Commission. This was in relation to their consultation on the proposed DoLS (Deprivation of Liberty Safeguards) replacement scheme. Our document was formulated following discussion with members of the sub group and supplemented with discussion at the Best Interest Assessor forum. The main points raised by the group were as follows; a) support for the proposed BIA (Best Interests Assessor) replacement role, the AMCP (Approved Mental Capacity Professional) alongside a Mental Capacity Act (MCA) tribunal system, b) concerns that the proposed threshold for involvement was *lower* than the threshold causing problems presently, c) support for amendment of the Mental Health Act (MHA) to prevent eligibility disputes, and d) suggestion that the AMCP should have specific powers in relation to removing incapacitated individuals from their own home. The

Law Commission has subsequently published an interim statement and is due to publish its full response at the end of 2016.

3. DoLS Office Review

A risk based approach to the challenges generated by the March 2014 Supreme Court Judgement continues to be endorsed by both the sub group and NSSAPB. In summary this means that the cases most in need (e.g. presence of objection, restraint, or sedating medication) will be given priority. Despite further refinement of office systems during 2015/2016 (e.g. revision of triaging system) and an increase in pool assessors notable delays in the system were observed to develop. Further analysis of this through the sub group (and other forums) highlighted pressures exerted by the increase in Court of Protection work and 'bottlenecks' in respect of assessment sign off. As a result of this in Jan 2015 a proposal was formulated suggesting that additional resource be allocated to DoLS work. In addition to this a 'mixed model' of BIA provision was endorsed which gave increased emphasis to full time assessors based within the safeguarding team. This proposal was still being considered as of March 31st 2016 (but was endorsed shortly afterwards)

4. DoLS / Case management – joint working

Throughout 2015/2016 the issue of closer collaborative working between Best Interests Assessors and case managers was explored. It is stressed within BIA practice that they should not case manage and pass any ongoing work back to involved professionals. In practice local professionals have had problems with this in that; a) in certain cases there will be no case manager, b) case managers may lack the skills in relation to follow up MCA work. The sub group has been supportive of a more expansive interpretation of the BIA role. This enables BIA to continue supporting case managers after their judgement has been given. This approach was seen also seen to be closely aligned to the proposed AMCP role. A presentation on the issue was given to NSSAPB during the March 2016 Board meeting.

5. MCA development and training

The sub group helped develop and refine the GP workshops carried out up until the end of 2015. These were facilitated by the MCA/DoLS Manager and focused upon practical assessment skills. Further development of MCA knowledge in the wider health sector was facilitated through North Somerset Community Partnership (NSCP) and Weston Area Health Trust (WHAT) training programmes.

Alongside the above NHS England monies were utilised to train a number of health based BIA's. Although BIA training enables the provisions of the DoLS safeguards to be met it also develops specialist knowledge in relation to the MCA which has enhanced the skills and knowledge of health partners.

General mental capacity act training for local authority staff and providers continues to be facilitated by North Somerset Council (NSC) training department. In terms of training, during 2015 / 2016 two courses were offered, a half day introduction to MCA/DoLS and a more intensive 2 day course.

6. Court of Protection Work

Over 2015/2016 the sub group was a useful forum to discuss issues around application to the Court of Protection. Six applications were made during the year and these were initiated from both NSC and North Somerset Clinical Commissioning Group (NSCCG). Discussion at the sub group has enabled the exploration of key issues such as threshold for applications and consideration of responsible parties.

7. DoLS Office 2015 / 2016 Objectives

Objectives from below are reproduced from last year's report in standard type. Evaluations are listed below these in italics

a) Recruit further Best Interests Assessors within both NSC and health providers (utilising NHS England Monies).

North Somerset Council – 8 out of 9 BIA's successfully completed their BIA training in Aug 2015 and joined the BIA pool. 7 were practicing at year end. 3 staff began their BIA training in Sept 2015

Health Funded & external – 6 out of 8 BIA's successfully completed their BIA training in Aug 2015 and joined the BIA pool. 5 were practicing at year end. 3 staff began their BIA training in Sept 2015

From Jan 2015 a business case was put forward for; a) continuing funding in relation to BIA 'pool' workers and b) increasing capacity in relation to full time BIA's within the Safeguarding Team (see point 3 above)

b) Liaise with CQC regarding interpretation of Supreme Court judgement to ensure consistency of message given to providers.

Alison Stone (NSC Contracts & Compliance Manager) & Elizabeth Elgar (CQC Regulation Manager) discussed this issue during regular meetings in 2015. CQC have a number of processes and support around this area and are happy to discuss and review practice relating to MCA/DoLS on an on-going bases as part of these conversations.

c) Continue with GP MCA workshops throughout 2015.

GP workshops continued up to Dec 2015. 10 surgeries took part and 57 GP's attended the workshops in total. Feedback regarding the sessions was positive.

d) Jointly develop process for resolving disputes around Eligibility assessment with AHMP service.

Close working between the AHMP leads (Amanda Ralph, Ric Orson) and the DoLS Office meant that cases were successfully resolved without recourse to a formal arbitration process.

e) Further develop and refine ADASS triaging system in order to make more sensitive / useful to local need.

A locally revised triaging system was introduced in Aug 2015 (signed off by NSSAPB Dec 2015). This included the addition of an extra 'urgent' category to the pre-existing high, medium, & low. This has enabled more nuanced and useful triaging.

f) Completion of direct CoP applications (non DoLS settings) under the regular and RE:X streamlined procedure and handover of this work to the CTPLD.

During the financial year 2015 / 2016 4 applications were made to the Court of Protection in respect of 'domestic or community' deprivation of liberty applications (2 via the RE:X pathway, 2 via the standard pathway). CTPLD workers are now responsible for logging and managing these applications.

8. 2016 / 2017 work plan

The work of the sub group (& DoLS Office) in 2016 / 2017 will be linked to the relevant objectives of the 2016–2019 NSSAPB Strategic Plan. These are reproduced below

Key Objective	Actions required to address / meet the objective	Lead Responsibility
1.2 Ensure the quality and capacity of advocacy.	Review quality and accessibility of advocacy resources by carrying out an annual audit.	SAM (James Wright) MCA / DoLS Sub group
4.3 Ensure most effective use of BIA resources.	Quarterly audit of BIA work and triage decisions.	MCA / DoLS Sub group

Further priorities for action will be determined through discussion at the sub group.

Dameon Caddy, Chair, MCA/DoLs sub-group

7. FULL REVIEW OF BUSINESS PLAN 2015 - 2016

The actions achieved from the 2015 -16 Business Plan are listed below:

Outcome 1. Prevention & Early Intervention

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

Key actions achieved:

- On-going development of performance reporting alongside Regional and National changes to data collection.
 - Headline data presented to the June Board with full year end analysis at the September Board.
 - Continue to feedback and monitor North Somerset trends in comparison to national data to identify key issues.
- Completed audit on effectiveness of safer recruitment training
- Regular PREVENT board meetings in place.

Outcome 2. Responsibility & Accountability

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

Key actions achieved:

- Confirmed multi-agency membership of the Adult Safeguarding Board and its sub-groups in line with the requirements of the Care Act, including housing providers.
- Yearly review of the Board's terms of reference.
- Establishment of an Executive Group to increase output and the understanding of roles and responsibilities of the Board and its sub-group members.
- Joint (with 5 local authorities) Safeguarding Policy updated and disseminated.
- Agreed quoracy for a Safeguarding Adult Review (SAR) panel.
- Accountability arrangements audited within partner organisations.
- Refreshed strategic plan for 2016-2018 circulated and in use.
- Multi-agency good practice examples is an established agenda item for the Board.

Outcome 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.

Key actions achieved:

- On-going work in progress to establish a joint children's and adults' safeguarding website.
- Completed review of the impact of Making Safeguarding Personal. Changes are being implemented to training courses and working practices.

Outcome 4. Responding to Abuse & Neglect

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

Key actions achieved:

- Completed review on quality assuring pressure ulcer systems and responses. Training and procedures have been amended accordingly.
- Headline data on reviewing how responses to safeguarding concerns have changed in the light of the Care Act have been presented to the Board in June and year end data will be presented to the September Board.
- DoLs service has grown.
- Information has been shared appropriately from learning events.
- Initiated procedures around working with allegations against people in a position of trust.

Outcome 5. Training & Professional Development

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

Key actions achieved:

- Continued programme of focussed reviews through the Learning and Development sub-group particularly:
Providers
DoLs
- A continuous rolling programme of Level 1 Awareness and Level 2 Safeguarding Training across voluntary organisations and partner organisations.

8. PRIORITIES FOR THE COMING YEAR 2016 - 2017

The Priorities for the forthcoming year are identified in the Strategic Plan (see Appendix B).

Appendix A: North Somerset Safeguarding Adults Board Terms of Reference

ROLE

The North Somerset Safeguarding Adults Board (the Partnership) is a statutory body established by the Care Act 2014¹. Its main objective is to protect all adults in its area who have needs for care and support and who are experiencing, or at risk of, abuse or neglect against which they are unable to protect themselves because of their needs. It achieves this by co-ordinating the work of its member agencies to determine shared policy, facilitate joint training, raise public awareness and monitor and review the quality of services relating to safeguarding adults at risk in North Somerset.

PRINCIPLES

The Partnership will achieve its role by implementing the principles of adult safeguarding², which are shown below along with the impact their implementation should have for adults the Partnership seeks to protect.

Empowerment – People being supported and encouraged to make their own decisions and giving informed consent.

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

Prevention – It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

Proportionality – The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest, and will only get involved as much as needed.”

Protection – Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent that I want”.

Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

Accountability – Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

The work of the Partnership is also underpinned by other general sets of principles which will be applied in all its work:

- Nolan ‘seven principles of public life’

¹ Care Act 2014, Part 1, Sections 42 and 43

² Care and Support Statutory Guidance, *DH 2014*

- Caldicott Principles
- Data Protection Act 1998
- Equality Act 2010

TASKS

The Partnership will:

- Publish a strategic plan each financial year that sets out how it will meet its main objective and what its members will do to achieve this. The plan will be developed with local community involvement and in consultation with Healthwatch North Somerset.
- Publish an annual report detailing what the Partnership has done during the year, both collectively and through its members, to implement its strategic plan. The report will also detail the findings of any Safeguarding Adults Review completed during the year and any subsequent action. The report will be presented to the Executive Board of the Council, its equivalent in each member agency of the Partnership and the People and Communities Board.
- Conduct any Safeguarding Adults Review as required by Section 44 of the Care Act 2014³.
- Lead and promote the responsibility for safeguarding across all agencies and stakeholders, and ensure clear leadership and accountability are in place throughout all the organisations represented on the NSSAPB.
- Ensure that the multi-agency Safeguarding Adults Policy is based on current national policy, national and regional guidance and reflects developing best practice.
- Develop and update operational multi-agency procedures and protocols, including information sharing, to protect people at risk of harm.
- Establish quality assurance arrangements:
 - To collect and analyse relevant data to increase the Partnership's understanding of the prevalence of abuse and neglect in its area.
 - To monitor implementation of the policy and the quality of safeguarding services across North Somerset.
 - Identify and address resource shortfalls where these arise.
 - Use self-assessment, audit and peer review as appropriate.
- Develop preventative strategies that aim to reduce instances of abuse and neglect in North Somerset.
- Ensure a multi-agency training strategy is in place and commission an annual audit of training activity across partner agencies.
- Promote awareness of Safeguarding issues via a comprehensive communications strategy aimed at ensuring that abuse is recognised, reported and immediate action taken wherever it arises.
- Make arrangements to involve service users and carers in all safeguarding activities.

³ See Section 44 of www.legislation.gov.uk/ukpga/2014/23/contents/enacted

MEMBERSHIP

The Care Act 2014 provides for three core members of the Board - the Local Authority, the Police and the Clinical Commissioning Group – and for the local SAB to agree which organisations should also be members of the Board.

The membership of the NSSAPB shall consist of senior representatives with authority and responsibility for Safeguarding Adults from the partner agencies shown in Appendix A. The representative (and their deputy) must be able to:

- Make decisions on behalf of their organisation
- Hold their organisation to account
- Commit their organisation on policy and practice developments
- Commit resources in their organisation to support the work of the NSSAPB

Arrangements will be made for the views of service users and carers to be effectively represented in the Board's work, either by direct membership of the board and its sub-groups or by reference group or similar arrangements.

The Compliance Manager from the Care Quality Commission attends annually. The Board has reciprocal representation arrangements with the Safeguarding Children's Board.

Other organisational representatives or specialist leads may be invited for reports of specific interest to them.

The following will be in attendance to provide professional advice:

- North Somerset Council Safeguarding Adults Manager
- Safeguarding Lead Nurse, North Somerset Community Partnership

Chair

The Chair of the Partnership is an independent person appointed for a two year term by North Somerset Council with the involvement of Board members.

The Deputy Chair is appointed by the Board by nomination from its members, also for a two year term.

The independent chair will undertake a 360 feedback process as part of a performance review.

STRUCTURE, ACCOUNTABILITY AND NETWORKS

Meetings

The Partnership will meet four times a year.

- The quorum for meetings will be one third of the usual membership providing the Council, one of the other core members⁴ and one other partner organisation is represented.
- Board members are expected to attend two out of the four main meetings; substitutions are permissible, but should be by named, regular substitutes.

⁴ Core members prescribed by the Care Act 2014 are the Council, the CCG and the Police

Sub-groups

The Board has five standing sub-groups which are responsible to the Board and take forward the Strategic Plan priorities:

- Policy, Procedures and Standards
- Learning and Development
- Communications and Publicity – joint with the LSCB
- MCA and DoLS
- SE/Missing – joint with the LSCB

Task Groups

The Board may establish task and finish groups for specific, time-limited work.

It is part of the role and responsibility of all members of the Partnership to support the work of the sub-groups and task groups, which are crucial to the Board's effective operation.

Reporting

The Safeguarding Adults Board and the Safeguarding Children Board both have a reporting line to the North Somerset People and Communities Board, which includes the Health and Wellbeing board functions.

Networks

The Partnership will maintain links with other multi agency bodies as follows:

- People and Communities Board (Health and Wellbeing Board and Community Safety Partnership functions included)
- Community Safety Partnership
- Children's Safeguarding Board
- CCG Board
- Quality Surveillance Group
- Overview and Scrutiny Committee.

COMPLAINTS ABOUT SAFEGUARDING ADULTS WORK

1. Complaints about safeguarding case investigations should be addressed to North Somerset Council complaints.manager@n-somerset.gov.uk which will respond through the Council's complaints procedure.
2. Complaints about the decisions or actions of the NSSAPB should be addressed to the Chair, Tony Oliver who will work with the Council's complaints section to ensure a response is made through the Council's complaints procedure.
3. Complaints about the actions and decisions of individual NSSAPB members and their nominating organisations should be addressed to the relevant organisation which will respond through their own complaints procedure.
4. Complaints about the actions and decisions of the Independent Chair should be addressed to the Chief Executive of North Somerset Council.

NSSAPB Membership 2016

North Somerset Council	<ul style="list-style-type: none"> • Director of People and Communities • Executive Member • Assistant Director, Strategy, Commissioning and Quality Assurance • Assistant Director, Support and Safeguarding Adults • Service Leader, Strategic Safeguarding and Quality Assurance
Clinical Commissioning Group	<ul style="list-style-type: none"> • Director of Nursing and Quality • Head of Safeguarding
Avon and Somerset Police	<ul style="list-style-type: none"> • Detective Superintendent
NHS England	<ul style="list-style-type: none"> • Assistant Nurse Director - Quality and Safety
Avon and Wiltshire Mental Health Partnership NHS Trust	<ul style="list-style-type: none"> • Service Manager
Weston Area Health Trust	<ul style="list-style-type: none"> • Director of Nursing
North Somerset Community Partnership	<ul style="list-style-type: none"> • Chair (As deputy chair of Board 2012-14) • Assistant Director of Quality, Nursing and Therapies
Care home provider representative	<ul style="list-style-type: none"> • Director – Community Therapeutic Services
Domiciliary Care provider representative	<ul style="list-style-type: none"> • Registered Manager – Brunel Care
Housing Provider representatives: Alliance Curo Hanover (over 55 year olds)	<ul style="list-style-type: none"> • Operation Managers
South Western Ambulance Service	<ul style="list-style-type: none"> • Safeguarding Manager
National Probation Service	<ul style="list-style-type: none"> • Senior Probation Officer, North Somerset
Healthwatch North Somerset	<ul style="list-style-type: none"> • Chief Executive
Community Safety Partnership	<ul style="list-style-type: none"> • Manager, Safer and Stronger Communities
North Somerset Safeguarding Children's Board	<ul style="list-style-type: none"> • Assistant Director (Support and Safeguarding)
Chairs of sub-groups if they are not already Board members.	<ul style="list-style-type: none"> • Policy, Procedures and Standards • Communications and Publicity • Learning and Development • MCA and DoLS • SE/Missing
Avon Fire and Rescue (Correspondent members only)	<ul style="list-style-type: none"> • Head of Risk Reduction, Service Delivery

Appendix B: North Somerset Safeguarding Adults Board Strategic Plan 2016 – 2019

	Key Objective	Actions required to address / meet the objective	By When	Lead Responsibility	RAG (including direction of travel)
1. EMPOWERMENT: Promoting person-led decisions & informed consent.					
1.1	Making Safeguarding Personal (MSP).	<p>Pilot the use of Family Group conferences.</p> <p>Roll-out Family Group Conferencing training opportunities in order to develop the pool of skilled staff across adults and children's services.</p> <p>Level 2 training for coordinators to include the MSP toolkit.</p>	<p>Mar '17</p> <p>Dec '16</p> <p>Sep '16</p>	<p>Safeguarding Adults Manager (James Wright)/Service Leader (Jo Baker)</p> <p>SAM/L&D sub-group (Carolyn Hill)</p> <p>L&D sub-group (Carolyn Hills)</p>	<p>Roll-out Family Group Conferencing training opportunities in order to develop the pool of skilled staff across adults and children's services</p> <p>Level 2 training for coordinators to include the MSP toolkit</p>
1.2	Ensure the quality and capacity of advocacy.	<p>Review quality and accessibility of advocacy resources by carrying out an annual audit.</p>	<p>Dec '16</p>	<p>DoLs Manager (Dameon Caddy)</p>	<p>NSC Contracts and Commissioning are looking for better data in order to evaluate efficacy of the commissioned advocacy service. 1 in 4 reporting problems with data collection as national return has been 'down' for several months. Chair, IMCA Rep, & contracts rep to arrange meeting (prior to next sub group) to discuss local data returns that can be used to inform NSSAPB audit purposes and meet commissioners requirements.</p>

	Key Objective	Actions required to address / meet the objective	By When	Lead Responsibility	RAG (including direction of travel)
					Availability of advocacy continues to be an issue following the departure of 2 nd IMCA at the service. A new person has been appointed to the post but they are not qualified and will need to be trained 'in situ'. Advocacy in relation to Care Act responsibilities is also an issue. 1in4 are not commissioned for this so if required it must be sourced via a 'spot purchase' arrangement. Logging these arrangements and identifying unmet need will be discussed at the next sub group. Unable to discuss on this occasion as main representative who has experience in the area of spot purchasing (CTPLD rep) was not present.
1.3	Ensure comprehensive public information and advice about keeping safe and identifying abuse is available.	Launch the North Somerset Safeguarding Adult's Partnership website to provide information for public, vulnerable adults, provider and partner agencies, including how to complain. Also links to '3' prevention	Dec '16	P&P sub-group (James Wright)	Linked to 3.4
1.4	Improve engagement with hard to reach groups.	Safeguarding representation at the Your North Somerset Event.	Oct '16 Sep '16	Comms sub-group (Claire Stanley) Comms sub-group (Claire Stanley)	

	Key Objective	Actions required to address / meet the objective	By When	Lead Responsibility	RAG (including direction of travel)
		<p>Quarterly reporting on actions achieved in reference to engagement with hard to reach groups.</p> <p>Through joint working between Comms/L&D and SE sub-groups comprehensive advice and information will be available to public and professionals around modern slavery.</p> <p>Stop Adult Abuse Week to focus on modern slavery.</p> <p>Also links to '3' prevention</p>	<p>Dec '16</p> <p>June '16</p>	<p>Comms sub-group/L&D/SE Missing (Claire Stanley)</p> <p>Comms sub-group (Claire Stanley)</p>	
1.5	Provide clarity around Safeguarding Adults offer.	<p>Use partnership website to promote Care Act values and inform expectations of adults at risk.</p> <p>Also links to '3' prevention</p>	Dec '16	P&P sub-group.(James Wright)	Linked to 1.3
2. PROTECTION: Support and Protection for those in greatest need					
2.1	Ensure participation by all relevant partners in safeguarding meetings:	Assess effectiveness of Level 2 Provider Training.	Dec '16	L&D sub-group (Carolyn Hills)	Assess effectiveness of Level 2 Provider training
2.2	Ensure participation in other multi-agency Training:	<p>The partnership website used as a resource to promote training opportunities.</p> <p>Proactive communication to partners around training opportunities.</p>	<p>Dec '16</p> <p>Dec '16</p>	<p>SAM (James Wright)</p> <p>L&D sub-group (Carolyn Hills)</p>	Proactive communication to partners around training opportunities
		Bespoke briefing package delivered to Executive Members and Board Members.	Sep '16	SAM (James Wright)	

	Key Objective	Actions required to address / meet the objective	By When	Lead Responsibility	RAG (including direction of travel)
2.3	Meet the needs of young adults at risk of abuse:	Transparent and effective procedures in-place for transition between children's and adults' services.	Dec '16	Board/SAM (James Wright)/Service Leader (Jo Baker)	
		Effective adult safeguarding measures and responses in place for young people leaving care.	Dec '16	Board/SAM (James Wright) /Service Leader (Jo Baker)	
3. PREVENTION: It's better to act before harm occurs					
3.1	Ensure effective communication and coordination of organisational activity to monitor Provider safeguarding activity.	Organisational Abuse Protocol (previously called Whole Home Safeguarding Procedure) reviewed and communicated through distribution by email and briefing sessions. Monitor number of safeguarding concerns raised by members of the public and report to the Board to inform communication and publicity.	Sep '16 Dec '16	P&P sub-group (James Wright) P&P sub-group (James Wright)/Comms sub-group (Claire Stanley)	On course for December as planned.
3.2	Learn from Safeguarding Adults Review (SAR) findings and other relevant reviews.	Formalised mechanism for information sharing and development opportunities.	Mar '17	L&D sub-group (Carolyn Hills/Comms sub-group (Claire Stanley)/P&P sub-group (James Wright)	Formalised mechanism for information sharing and development opportunities.
3.3	Improve intelligence around low level concerns.	Adult MASH arrangements to be established.	Sep '16	SAM (James Wright)	

	Key Objective	Actions required to address / meet the objective	By When	Lead Responsibility	RAG (including direction of travel)
3.4	Advice and support available to adults at risk of abuse and communities	Increase presence of Adult Abuse on the North Somerset Website homepage	Dec '16	P&P sub-group (James Wright) Comms sub-group (Claire Stanley)	In action
		Information available on North Somerset Online directory – safeguarding needs to be easier to find – Worried about an adult or child button	Dec '16	P&P sub-group (James Wright)	
		Publication of the independent NSSAPB website	Mar '17	P&P sub-group (James Wright)	Slipping
		Develop website links with partner agencies		SAM James Wright P&P sub-group (James Wright)	
		Better engagement with community groups through partner agencies			
Development of use of communities to safeguard adults at risk					
		Development of advice and access to support around online safety and scams – Continue to develop links with trading standards			On course for detailed discussion at next sub-group
3.5	Increase publicity and marketing of safeguarding adults	Explore opportunities with partners for utilising internet and social media to promote Adult Safeguarding (i.e. Weston College Marketing/Media students)	Oct '16	Comms sub-group (Claire Stanley)/SAM James Wright	

	Key Objective	Actions required to address / meet the objective	By When	Lead Responsibility	RAG (including direction of travel)
3.6	Engage with the people and communities department 'Early intervention strategy'	Joint working with service leader and Planning, Policy and development manager	Mar '16	SAM James Wright	
3.7	Improve links with Drug and alcohol services	Advice and information sessions	Dec '16	SAM James Wright	
3.8	Publicity around standard of expectations for service users	Use of independent website	Mar '16	P&P sub-group (James Wright)	Linked to 3.4
3.9	Rolling programme of training and review of effectiveness/take up	Timetable of areas of focus over a 3 year period	Dec '16	L&D sub-group (Carolyn Hills)	
3.10	Increase publicity around training opportunities	Analysis of current promotional activity and consideration of further opportunities	Dec '16	L&D sub-group (Carolyn Hills)	
4. PROPORTIONALITY: proportionate and least restrictive/intrusive					
4.1	Ensure Single Point of Access (SPA) have timely access to appropriate information in order to inform decisions.	Review accessibility of information required in order to triangulate a safeguarding decision.	Dec '16	P&P sub-group (James Wright)	Yet to action.
4.2	Section 42 obligations – ensuring Social Workers are confident.	Through the Good Practice Forum promote concept of proportionality and seek feedback from managers. (Links to 1. Empowerment and MSP principles)	Dec '16	SAM (James Wright)	
4.3	Ensure most effective use of BIA resources.	Quarterly audit of BIA work and triage decisions.	Sept '16	DoLS Manager (Dameon Caddy)	The group discussed using the MCA / DoLS forum itself to carry out this work. Although it was agreed that the interdisciplinary,

	Key Objective	Actions required to address / meet the objective	By When	Lead Responsibility	RAG (including direction of travel)
					multi partner construction of the sub group could provide a useful 'distance' through which to carry out an independent audit there were problems in respect of confidentiality and the skill set required (many sub group attendee's are not qualified BIA's). Further discussion will take place via email & following this a formulation will be shared for approval at the next sub group.
5. PARTNERSHIP: Working Together					
5.1	Ensure the commitment of partners demonstrated through attendance at Boards and sub-groups and the interlinking of those sub-groups.	Six monthly review of attendance at the North Somerset Safeguarding Adults Partnership Board and its sub-groups.	Dec '16	Independent Chair (Tony Oliver)	
5.2	Annual Report	Annual event for Executive Members and Board Members.	Oct '16	SAM (James Wright)	
5.3	Provider Event	Annual event for Providers. To act on feedback and develop the event.	Feb '17 Oct '16	SAM (James Wright) SAM (James Wright)	
5.4	Develop links and explore further options for increased joint working with the Children's Board and its sub-groups.	Joint Sexual Exploitation Strategy agreed at Board.	June/ Sep '16	SAM (James Wright)/CSE Lead	Complete

	Key Objective	Actions required to address / meet the objective	By When	Lead Responsibility	RAG (including direction of travel)
5.5	Review Case Discussion Forum	Review arrangements for a multi-agency Case Discussion Forum	March '17	SAM (James Wright)	
5.6	Contain conflicts of interest amongst partners.	TO to liaise with counterparts in other local authorities to find out what they have in place.	Dec '16	Independent Chair (Tony Oliver)	
6. ACCOUNTABILITY: There is a multi-agency approach for people who need safeguarding support					
6.1	Ensure strategy/ies in place having been approved at Board:	Updated joint policy to Board in June for scrutiny. Updated multi-agency Safeguarding Adult Procedures.	June '16 Sept'16	P&P sub-group (James Wright) P&P sub-group (James Wright)	Complete
					Due for completion end of September 2016
6.2	Monitor overall impact of Care Act provisions:	Headline data for year-end delivered to Board. Post Care Act data benchmarked against comparator authorities and a narrative developed around the impact of legislation changes on Safeguarding. Full report delivered to Board.	June '16 Sep '16	SAM (James Wright) SAM (James Wright)	Complete
					September Board
6.3	Ensure regular and robust file audits, with appropriate reporting to Safeguarding Adults Board.	Feedback from adults deemed to be at risk informs our assessment of our performance and influences policy and procedures. (Also links to 1. Empowerment)	March '17	SAM (James Wright)	

	Key Objective	Actions required to address / meet the objective	By When	Lead Responsibility	RAG (including direction of travel)
6.4	Consider more focussed audit work around effectiveness of training.	L&D to report back to Board their views on the value of this work.	Sep '16	L&D sub-group (Carolyn Hills)	Audit of safer recruitment practices in provider organisations provided a good overview and similar audits are recommended.
		Act upon the outcome of audits and report quarterly to the Board.	June '16	L&D Sub-Group (Carolyn Hills)	Audit of safer recruitment practices in provider organisations provided a good overview and similar audits are recommended.
6.5	Promote the PREVENT agenda	Continued attendance at PREVENT Board and quarterly progress reports to Board.	Sep '16	SAM (James Wright)	
			Dec '16	L&D sub-group (Carolyn Hills)	Ensure quality of WRAP training, measure take-up and impact. (Link with NS Community Safety Drug Action Team (CSDAT))
6.6	To make public annual report, reviews, lessons learned.	(Links to 1.Empowerment)	Nov '16	SAM (James Wright)	
6.7	Ensure links between the Board's Strategic three year Plan, team plans and the Safeguarding Adults annual report.	Publication and promotion across adult social services, providers and partner agencies.	Nov '16	SAM (James Wright)	

	Key Objective	Actions required to address / meet the objective	By When	Lead Responsibility	RAG (including direction of travel)
6.8	Ensure safeguarding knowledge and skills are shared jointly across children's and adult services	Improve accessibility of relevant safeguarding training between Children's and Adults social care	March 2017	L&D sub-group (Carolyn Hills)	
	Explore opportunities for increased joint working with North Somerset's Children's Safeguarding Board and other regional Boards and sub-groups.				
	Adapt to the needs of an ageing population and continue to manage year on year increase in demand.				
	Replacing DOLs Legislation – ensuring smooth implementation.	Implementation of new legislation and implementation in late 2017/2018.			

Key to abbreviations:

NSSASB North Somerset Safeguarding Adults Board
WAHT Weston Area Health Trust
NSCP North Somerset Community Partnership
CCG Clinical Commissioning Group
NSC North Somerset Council

Key:

RAG matrix						
Progress	None					
	Initial steps complete but no further action					
	Measurable progress but behind schedule					
	All work on schedule					
	Complete					
	Insignificant	Minor	Major	Severe	Critical	

Impact for vulnerable people if task not completed

Movement of Risk Key
  

Version Control:

DATE:	June '16	Sep '16	Dec '16	Mar '17	June '17	Sep '17	Dec '17	Mar '18	June '18	Sep '18	Dec '18
	03.06.16	13.09.16									

APPENDIX C: Summary of Attendance at Board Meetings 2015-2016

Organisation	Board Member	JUNE 2015	SEPT 2015	DEC 2015	MARCH 2016
Independent Chair	M. Sheather Tony Oliver				
Deputy Chair	Delyth Lloyd Evans				
Executive Member Adult Social Services	Cllr Dawn Payne				
Avon & Somerset Police - HQ Level Representation	Carolyn Belafonte Richard Kelvey			Leanne Pook	Geoff Wessell
AWP	Paul Hughes				
Care Home Provider's Rep	Sharon Dyke David Bladon- Wing				
Domiciliary Care Provider's Rep	Tracey Ackland				
Healthwatch	Eileen Jacques				
Housing Provider Rep: Alliance	Andy Perry	Not on Board			
Housing Provider Rep: Curo	Andrew Snee Victoria Parker	Not on Board			
Housing Provider Rep: Hanover	Rowena Hindle Eddie Marsh	Not on Board			
National Probation Service	Liz Spencer Andy Harris				
N.S. Clinical Commissioning Group	Jacqui Chidgey- Clark	Carole Oriolo	Carole Oriolo	Carole Oriolo	Carole Oriolo
N.S. Community Partnership	Rob Nichols	Jos Grimwood	Jos Grimwood	Jos Grimwood	Jos Grimwood

SGAPB Communications (sub-group)	Claire Stanley				
SGAPB DOLS (sub-group)	Dameon Caddy				
NSAPB Learning & Development (sub-group)	Jill Croskell Carolyn Hills				
NSAPB Policy, Procedure & Quality Assurance (sub-group)	K. Needham James Wright				
NSAPB SE/Missing (sub-group)	Maggie Siviter	Not on Board		No representative	
NSC: People and Communities; Director	Sheila Smith				
NSC: People and Communities (Support and Safeguarding Adults)	Claire Leandro David Jones				
NSC: People and Communities (Strategy, Commissioning and Quality Assurance)	Gerald Hunt				
NSC: People and Communities (Support and Safeguarding Children & Young People)	Eifion Price				
NSC: CSDAT	Jo Mercer				
Weston Area Health Trust	Christine Perry Julia Stroud Helen Richardson		D. Parsons		D. Parsons
In attendance					
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Appendix D:



Safeguarding Adults Data Report

1st April 2015 to 31st March 2016

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Headlines:

- The percentage of cases that carry a duty to enquire under S.42 of the Care Act is lower than the percentage that previously met the threshold for safeguarding. 35% of concerns are currently leading to enquiries.
- 60% of Concerns were about Females and 40% were about Males (same as reported nationally last year – Pre Care Act)
- Age group with the highest percentage of concerns was 18 to 64 at 43%. 65 to 74 has 13%, 75 to 84 had 19%, 85 + had 24% (same broad pattern as nationally for alerts last year – Pre Care Act)
- Recording of peoples ethnicity is currently inadequate
- Primary support reasons (top 4) – Physical at 44%, Mental Health 18%, Learning Disabilities 15%, Support with Memory 13% (Nationally: Physical 40%, Mental Health 12%, Learning Disabilities 12%, Support with Memory 9%)
- 2681 Concerns received from 1st April 2015 – 31st March 2016 about individuals resulting in: 873 Section 42 Enquiries and 77 Other Enquiries.
- 761 enquiries were concluded with 47% being either fully or partially substantiated.
- In 80% of cases the person themselves or their representative were asked what outcomes they wanted from the process
- In 89% of those cases the outcomes were fully or partially achieved
- In 72% of Enquiries the person was offered an advocate, were supported by friends, family or already had one in place.

Introduction:

On 1st April 2015 the Care Act 2014 came in to force significantly changing safeguarding adults both operationally and in terms of data collection. This report covers the first year of safeguarding activity in North Somerset since the implementation of the Act.

Terminology:

Post Care Act:

The SAR (Safeguarding Adults Return) has been replaced by the SAC (Safeguarding Adults Collection).

The terms Alerts and Referrals are no longer used.

A sign of suspected abuse or neglect that is either identified by the council or reported to the council is called a **Safeguarding Concern**

Following the receipt of a safeguarding concern a **Safeguarding Enquiry** is then undertaken if necessary.

There are two types of enquiries:

Section 42 Safeguarding Enquiries: where the Council has a duty to enquire under Section 42 of the Care Act 2014

Or

Other Safeguarding Enquiries: where although the criteria under Section 42 are not met the council considers it necessary and proportionate to respond to the concern with an enquiry.

Not all concerns will need enquiries, some concerns very quickly turn out to be incorrect, or a duplicate of concerns already raised. In other cases the concern is *not* about an adult who has care and support needs, is not at risk / has *not* experienced abuse or neglect or who *is able* to protect themselves. In these cases some alternative action may be taken such as, action by Police or Care Provider, also the person may be supported by other services such as Housing or given appropriate advice by Social Services.

NHS Digital have made it very clear that Enquiries are not comparable to Referrals. This will mean that we are not able to compare levels from previous years. Benchmarking with national data, data for the south west and comparator councils will be made available by the NHS Digital later in the year, when this is done a further analytical report will be made available.

How the data will be presented in this report

We have separated this report into 2 types of concerns, those which affect **Individuals** and those regarding **Providers**.

An **Individual** concern is recorded where there are concerns that abuse or neglect has or may have happened to an individual or small group of people such a person in their own home or group of vulnerable neighbours targeted by a rogue trader, it will also include instances of poor abuse or neglect which happen in a care setting but where only one person is concerned.

A **Provider** concern is where the alleged abuse or neglect was perpetrated by an organisation and has or could have affected a larger number of people such as all residents in a care home or all patients on a ward in a mental health hospital. We have chosen to separate these out as it is easier for us to see patterns in types of abuse particularly geographically for people in their own homes.

The Government in the SAC ask us to report in several different ways about numbers of Enquiries commenced, concluded and also separate counts of individuals involved, recognising that a since Enquiry may involve a number of individuals, particularly as in the case where a care provider is concerned.

Part One – Safeguarding Concerns and Enquiries for Individuals

Number of Concerns Received for Individuals

There were 2681 Safeguarding Concerns Reported to Care Connect Between 1st April 2015 and 31st March 2016

We cannot make a direct comparison between Concerns received in 15/16 and Safeguarding Alerts received in previous years because the types of things classed as abuse or neglect has been expanded by the Care Act. For example cases of Self-Neglect, and Modern Slavery are specifically mentioned in the Act. However at a baseline level the number of Safeguarding Contacts to the council has increased, there were 2188 Alerts in 14/15.

What happens when a Safeguarding Concern is reported? What sort of things get reported and what happens if it doesn't meet the criteria for an Enquiry under Section 42 of the Care Act?

A safeguarding concern is when a sign of abuse or neglect has or may have happened and is reported to the council. This will include (but not exclusively) allegations of altercations between residents in a care home, medication errors, concerns that peoples care needs have been neglected, concerns that a person is seriously neglecting themselves, concerns that a person is being defrauded or has had property stolen, or that a person has been physically injured by a someone they know in a domestic situation, or by a member of care staff.

Concerns are reported to Care Connect on 01275 / 01934 888 801 where a member of the Contact Centre logs the details of the concern. An initial screening process then takes place to make sure that any immediate action needed is taken to safeguard and protect and individual from further harm and then depending on the urgency of the case and the views and wishes of the adult themselves a decision is made about what further action may be needed.

Case Study One: Ambulance Staff reported that Mr J was a high risk of self-neglect after being transferred home, there was no electricity or water and the flat was very

cold and there was hardly any food, Mr J had a history of self-neglecting and ambulance staff were concerned for his welfare.

Action Taken: Mr J was already allocated to a Social Worker who went out on a welfare check to visit Mr J after the Concern was raised (the same day). Social Worker has been working to establish a relationship with Mr J over a period of time and Mr J does have capacity to make his own decisions. The Social Worker was able to arrange for some shopping to be done and for community meals to be arranged for the next day. Support was arranged for daily personal care and further care to help with financial difficulties. A Safeguarding enquiry was not indicated as the Care management process was ongoing and every effort was already being made to engage Mr J, eventually over the coming months Mr J was supported to move to Extra Care Housing where his needs could more fully be met.

Case Study Two: A Care home called in with concerns over a residents finances, no care home fees had been paid by the resident's family and they were evasive when called.

Action Taken: Initial triage indicated that this matter would need further action under Section 42 of the Care Act as a Safeguarding Enquiry. The care home were informed of this outcome and the case was allocated to a Social Worker for an Enquiry. The Social Worker found that the resident had dementia and did not have capacity to understand the concern. An IMCA was appointed to provide Advocacy. The Police were contacted to conduct an investigation. The Social Worker arranged for the Local Authority to pay the fees until the finances were sorted out by the solicitor. The Court of Protection were appointed as Deputy so that the family no longer had control of the money. The resident was spoken with and expressed a desire to remain living in the current care home, the IMCA supported the process throughout. The Police investigation carried on outside of the Safeguarding Enquiry to take further action towards the family. This process took several months due to the complexity of the case, the immediate danger of losing placement at the care home was mitigated promptly and where possible due to limited capacity the resident's views were taken into consideration.

Area for future development

Are there any links between Safeguarding Concerns Received for individuals and areas of Social Deprivation?

We have mapped instances of safeguarding concerns using the same area boundaries as IMD (Indices of Multiple Deprivation – Central Government Department for Communities and Local Government) as can be seen below.

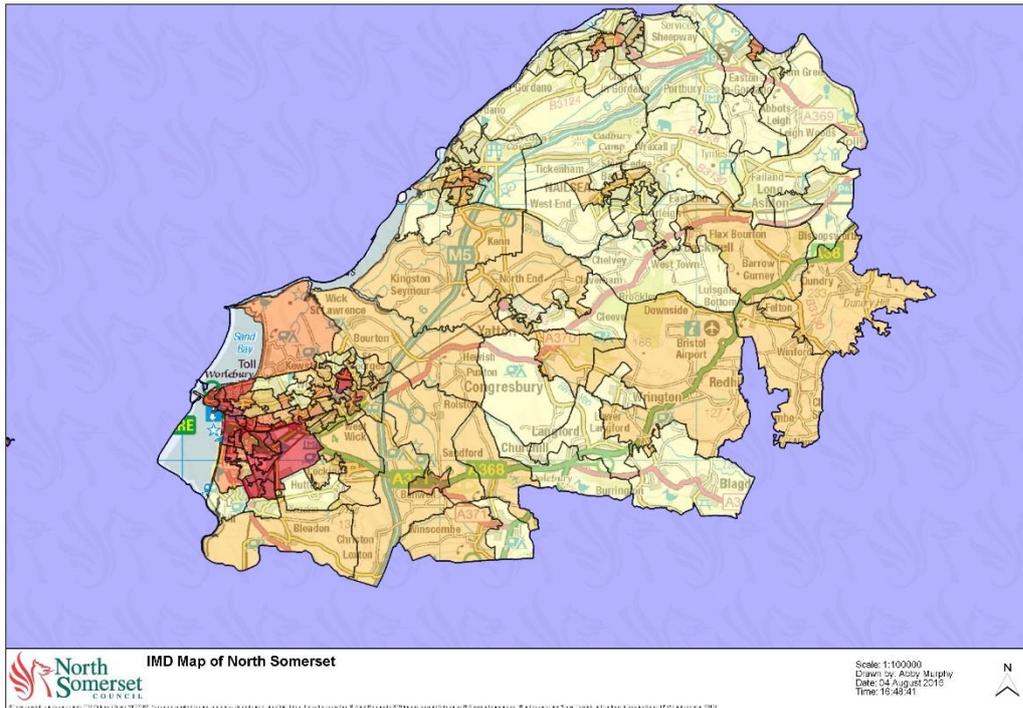


Fig 1 Map of North Somerset Showing Indices of Multiple Deprivation

The same areas can then be used to compare the concentration of safeguarding concerns as below.

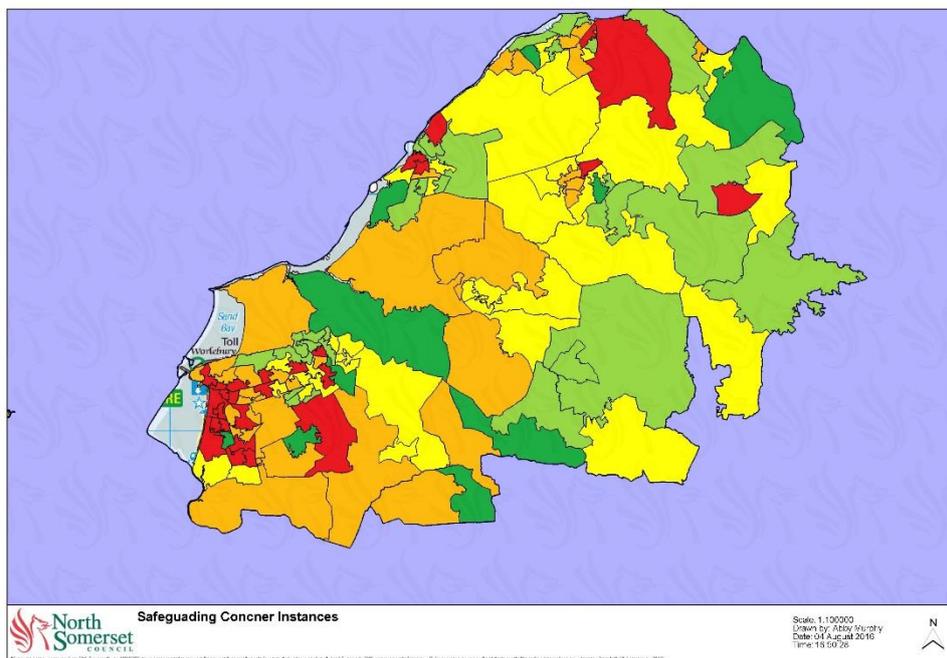


Fig 2 Map of North Somerset Showing Safeguarding Concern Instances in peoples own homes.

This is a new area of analysis which we hope to develop further over the coming year to inform and prevent.

Demographics of individuals with safeguarding concerns

NHS Digital ask Councils to collate data in wider age bands than are illustrated below. The 18-64 age group had the highest percentage of concerns at 43%, we have now reduced the age bands locally so that we can get a clearer picture of the concerns that are being received.

This also allows closer scrutiny of the 18-25 age group focusing on people who may be transitioning from Child to Adult Care. Later in this report we will look at age groups for Safeguarding Enquiries.

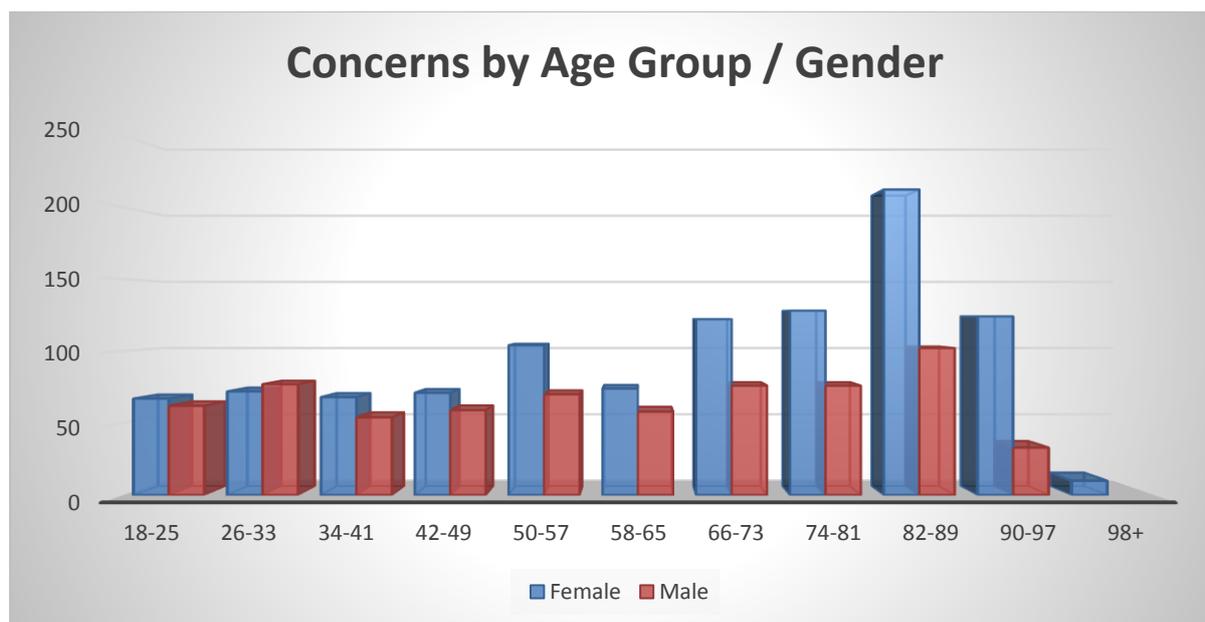


Fig 3 Safeguarding Concerns by Age Group and Gender

Fig 3 shows that the 82-89 age group had the largest number of concerns raised, particularly for females. The 82-89 age group represents 18% of the total concerns and yet make up only 5% of the 18+ North Somerset Population (based on Office National Statistics Mid-Year Estimates 2015). Females in that age group had 67% of the concerns and in the general population that make up 60% of that age group. This data is about concerns only and will be looked at again for Enquiries. 77% of concerns were about an individual whose ethnicity was white. This is far lower than we would expect and lower than the population, however 23% of ethnicities were not recorded. 1% of concerns were for people with black, mixed or other ethnic group compared to 2% in the population as a whole. Action has been taken to improve recording of ethnicity by raising awareness with practitioners and call handlers to be aware of the importance of this information and by improving the paperwork so that managers are aware when signing off forms if this data has been missed.

The highest proportion of concerns were for people who had physical support as their primary support reason at 44%, people with mental health support needs had 18% of concerns, learning disability support made up 15% of concerns and people who needed support due to memory needs made up 13%, the remainder had social

support reasons, no support reasons or it was not recorded. Although we cannot make direct comparisons this general pattern is similar to what we have seen for safeguarding alerts / referrals in previous years.

What proportion of Concerns become Section 42 Safeguarding Enquiries under Care Act 2014?

In order for an Enquiry to be undertaken Section 42 of the Care Act 2014 says that the following criteria should be met:

“(a) The adult has needs for care AND support (whether or not the authority is meeting any of those needs)

AND

(b) The adult is experiencing, or is at risk of, abuse or neglect

AND

(c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.”

(Guidance for Completing the Safeguarding Adults Collection (SAC) 2015-16 produced by Adult Social Care Statistics Team – Health and Social Care Information Centre (Now NHS Digital) Sept 2015)

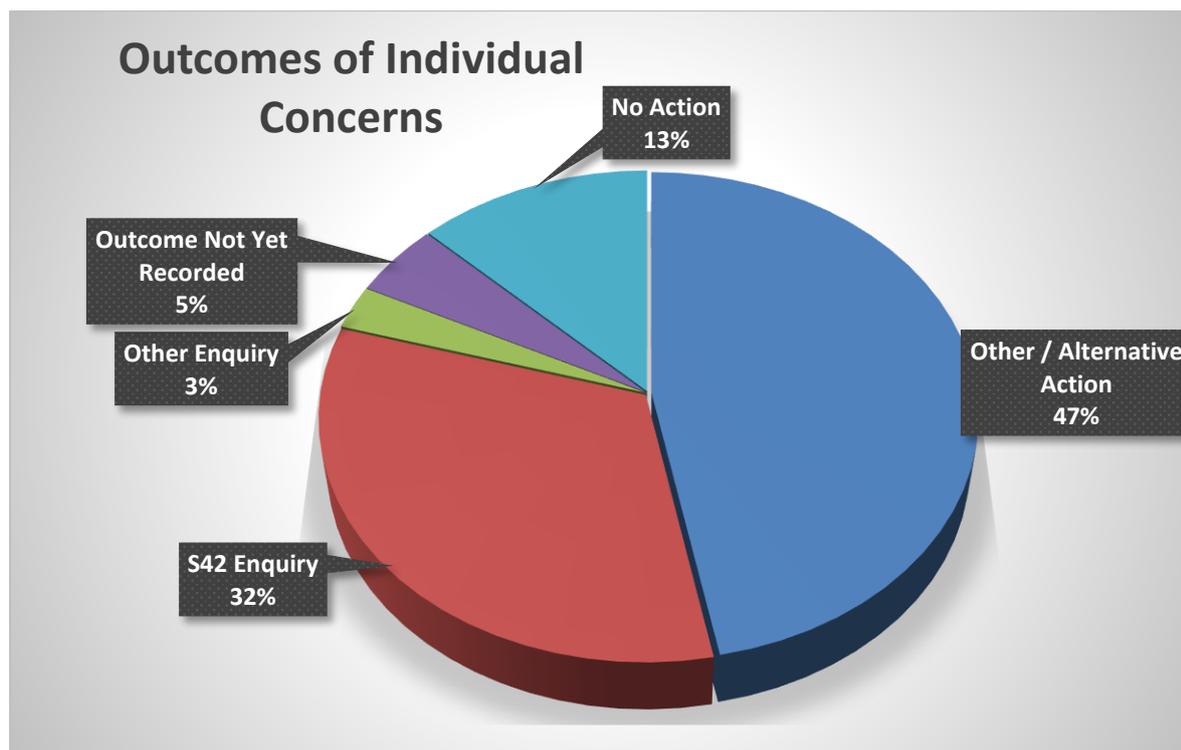


Fig 4 Outcomes of Safeguarding Concerns

As can be seen in Fig 4 32% of Concerns lead to Section 42 Enquiries and a further 3% became 'other Enquires' this is a total of 950 Enquires.

In addition to this some 'Referrals' were open at 1st April which made a grand total of 1012 Section 42 enquires and 78 other enquires for individuals that were open at some point during the year.

What happens if a concern doesn't become an enquiry?

As can be seen in Fig 4 60% of concerns did not need a safeguarding enquiry. In some cases the allegations were factually incorrect or very quickly found to have been not substantiated as abuse / neglect did not occur (448 instances)

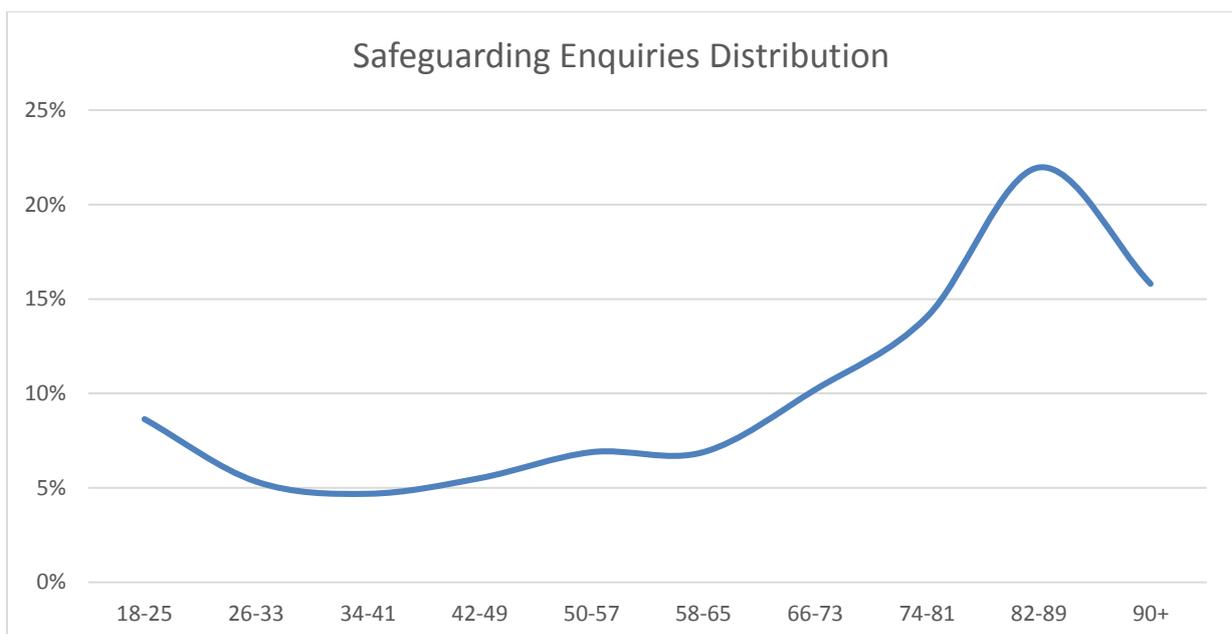
In some cases the adult concerned was did not have care and support needs, or as a result of this needs could still protect themselves. Action would still have been taken as required. (480 instances)

Sometimes the most appropriate course of action was involvement of a GP or medical professional (163 instances)

Other alternative interventions included action by Contracts / CQC (315 instances) who would follow up an allegations of poor practice under contract compliance; Police involvement (66 instances); Housing or Support workers or referrals to Social Workers for assessments, help and advice.

Themes for Enquiries in greater detail

The reason that we look for themes in our data is to have a wider vision of what is happening in the community as a whole. Using this data we can then think about any areas toward which we might be able to target preventative work. The kinds of things it can help us to do is target certain geographic areas where we might need to raise awareness of financial abuse in your own home. It might show us that there needs to be work done with certain types of care homes, or with a specific vulnerable group who may be susceptible to abuse.



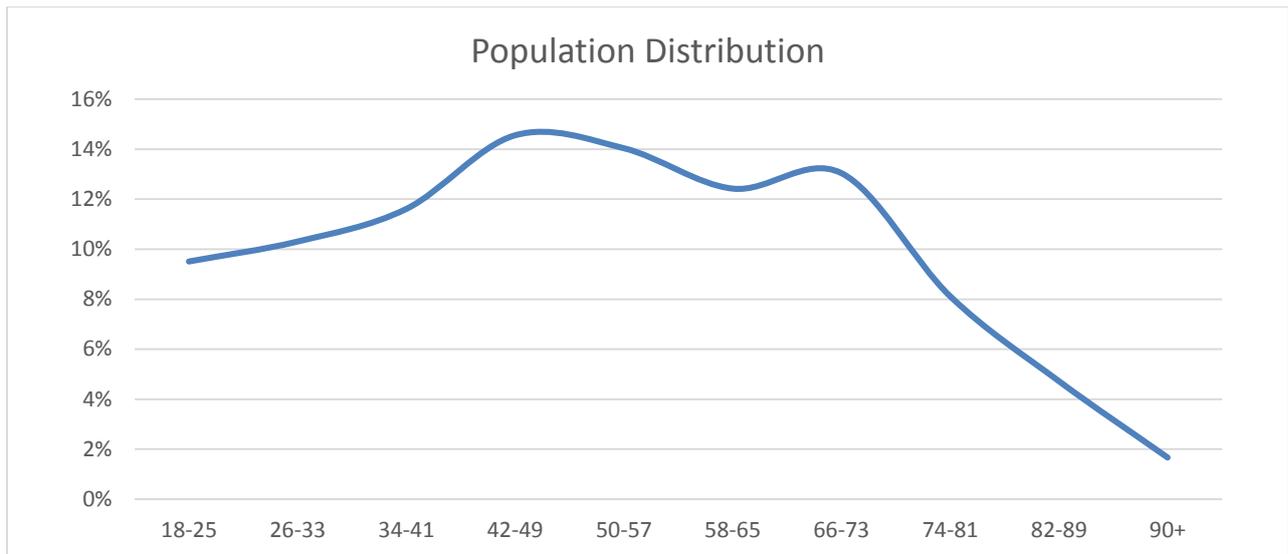


Fig 5 Age Groups for Enquiries and General Population Distribution

Note: Population data from ONS MYE 2015 as previously in this report.

The graphs in fig 5 show us that the distribution of safeguarding enquiries to the distribution of general population is very different. The age groups with the largest numbers of enquires are 82-89 age group and 90+ age group. Together these make up 38% of all enquires and yet make up only 7% of the population.

The over 65 age group has 62% of all safeguarding Enquiries and makes up 28% of the population. This means that per population the number of Enquires for people over 65 is greater than for people less than 65.

Amongst the younger age groups the 18-25 year old group has the largest proportion of enquiries at 9%, although this is less than the distribution of population which is at 10%. The primary support reasons for people in this age group were Learning Disabilities at 36% of Enquiries, Mental Health Support at 30% of enquiries, Physical support at 19% and Social / other / no support at 12% of Enquiries.

There were more enquiries for females than males with females having 59% of all enquires this is different to the population of North Somerset as a whole as females make up 52% of the 18+ population.

Females were higher for each of the types of support reasons apart from Learning Disability where males received 62% of the enquiries.

As with concerns a significant percentage of ethnicities (15%) were not recorded, this makes analysis of this data difficult as already mentioned with be a priority for recording over the next year.

Types of alleged abuse, locations of alleged abuse and alleged perpetrators

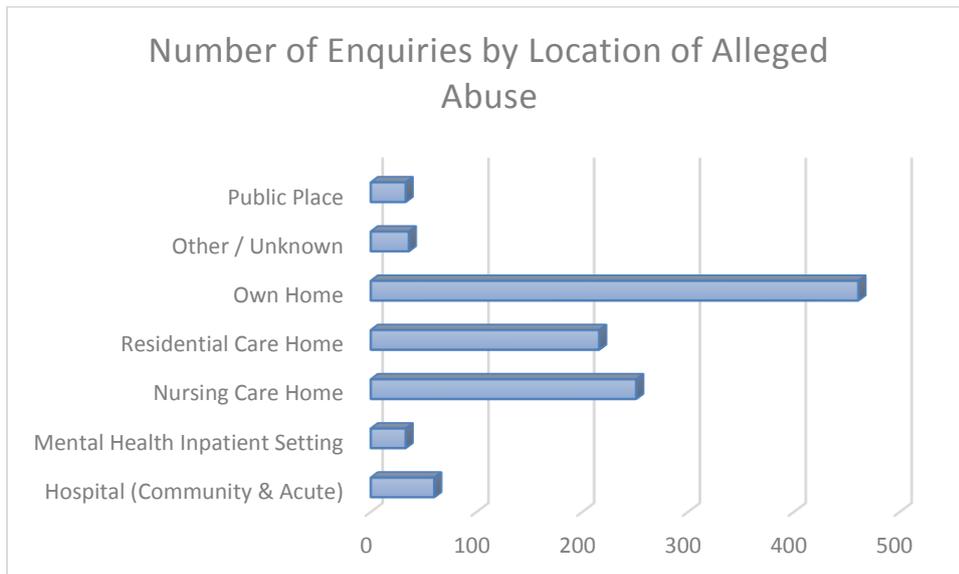


Fig 6 Numbers of Enquiries by Location of Alleged Abuse

Own home is the most common location of alleged abuse with 461 Enquiries. When added together Nursing and Residential Care Homes come in slightly higher at 467 Enquires. It will be interesting to note the national trends when this data is available later this year. For the purposes of this report Own Home includes, Sheltered, Supported and Extra Care. Hospital includes acute and community hospitals, other includes alleged perpetrators home, day care and educational establishment.

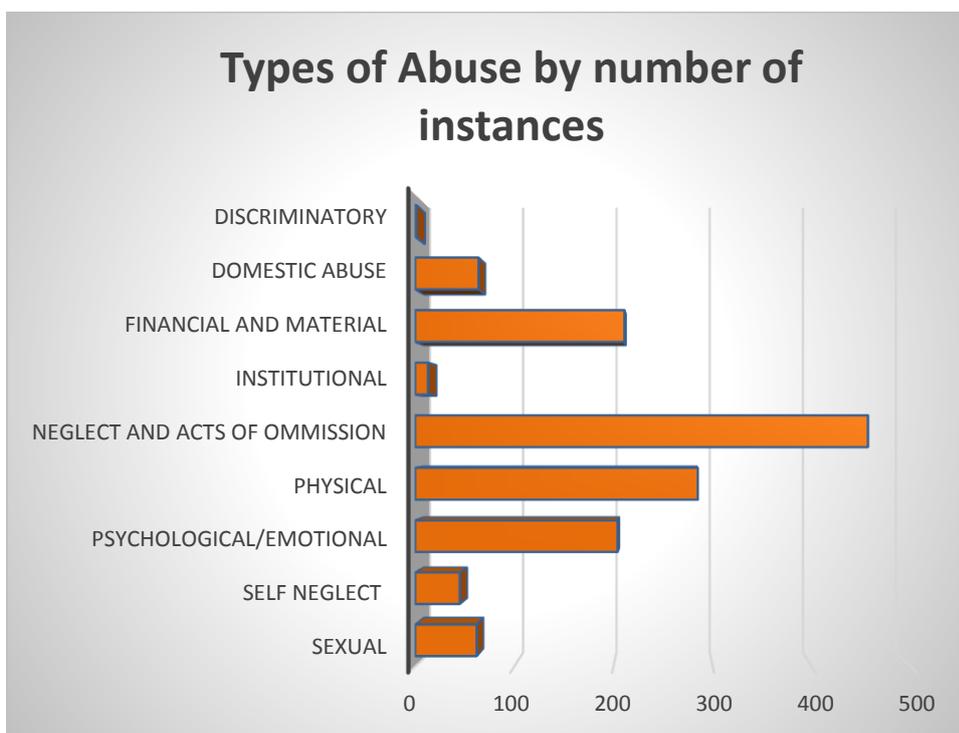


Fig 7: Types of abuse by number of instances

Note: Enquiries may be about more than one type of abuse therefore there are more 'instances' counted than there were enquiries raised. The number for institutional abuse is low as this is most often recorded for provider concerns which will be discussed later in this report.

The Care Act 2014 mentions Domestic Abuse, Self-Neglect, Modern Slavery and Sexual Exploitation as types of abuse which we have not previously explicitly recorded. This means that we cannot directly compare with previous years.

Neglect is the most common type of abuse comprising of 34% of all instances. Neglect covers medication errors, poor manual handling and pressure sores as well as general neglect and acts of omission. Extensive work continues with Community Health, Hospital and Care Homes to improve pressure care.

Local health services, led by the South West Commissioning Support Unit undertook a thematic review of pressure care during 2015/2016. Actions completed as result have included:

- Standardisation of pressure risk assessments across WAHT (Weston Area Health Trust) and NSCP (North Somerset Community Partnership)
- Establishment of a learning panel across Bristol, North Somerset and South Gloucestershire.
- Regular reporting of pressure ulcer prevalence from WHAT
- Improvement of quality and accessibility of public information
- Standardisation of elements of Root Cause Analyses across NSCP and WAHT
- Developed 'joined up thinking' in pressure ulcer prevention between North Somerset Council and North Somerset CCG through discussions between the training provider for NSC and safeguarding lead for NSCCG.
- Training has been provided around Kennedy Terminal Ulcers

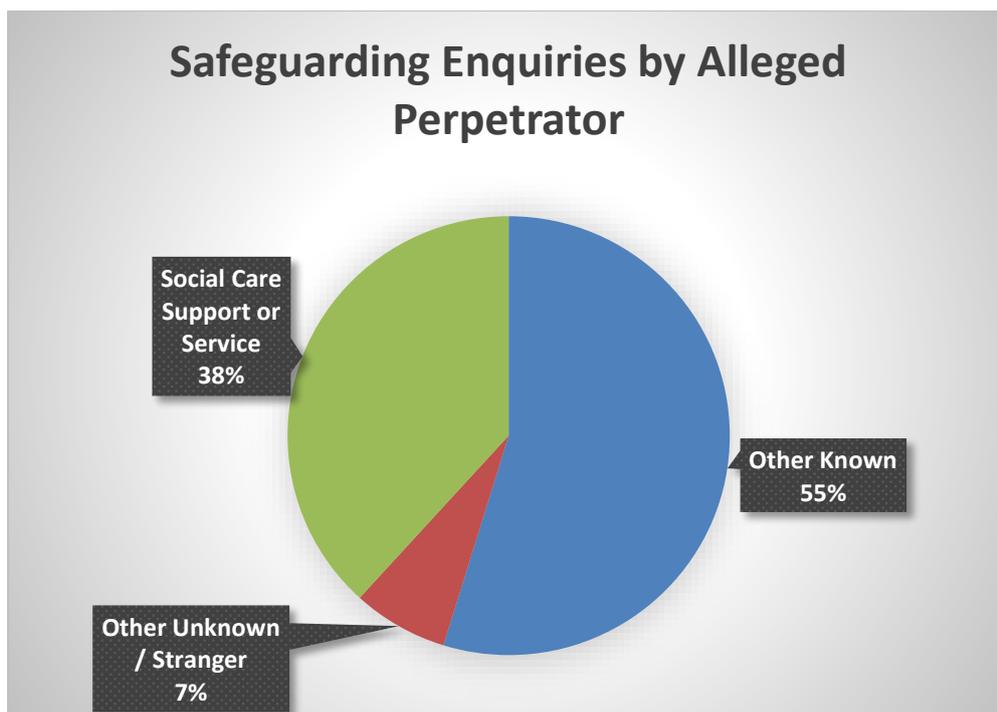


Fig 8: Safeguarding Enquiries by alleged perpetrator

Note: Enquiries may involve more than one alleged perpetrator therefore a greater number of perpetrators are recorded than there were enquiries.

Other Known: Family, other resident, neighbour, friend, nurse, self

Other Unknown: Stranger, internet fraud, bogus caller, not recorded

Social Care Support: Care home staff, home care staff, support worker

The most common perpetrator is a person known to the individual. This will include alleged abuse by family members, self-neglect, friends and incidents between residents in a care home as well as instances in a health setting.

Spotlight on Alleged abuse in a persons' own Home

There were 461 Enquiries where 'own home' was the location of the alleged abuse. This is the highest single location for abuse and includes sheltered accommodation, extra care housing and supported accommodation.

Own home is the most common location for domestic abuse, financial/material abuse, psychological/emotional abuse, and self-neglect.

Own home is also the most prevalent location for when the alleged perpetrator is a person known to the adult.

The policy, procedures and standards sub-group will continue to analyse this data. The increase may be indicative of safeguarding adults gaining a higher profile within communities.

Spotlight on alleged abuse in care homes – residential and nursing

The most common type of abuse in both residential and nursing homes was neglect where the alleged perpetrator was social care staff. Where this made up 61% of all Enquiries where the location was a nursing home and 46% of Enquiries where the location was a residential care home. It is worth noting that the most common person to raise a concern for these services were the care home themselves.

The second most common type of abuse was physical abuse where the alleged perpetrator was another resident in the care home this accounted for 10% of Enquiries where the location of the alleged abuse was a nursing care home and 14% of the enquiries where the alleged abuse was in a residential care home.

Care Homes may also be the location of alleged abuse where the Enquiry is about a matter not directly attributable to the care service such as financial abuse by a family member.

We continue to work closely with our contracts and commissioning colleagues, health commissioners and CQC. North Somerset Council provide high quality safeguarding training for care staff and senior staff within care homes. The care home provider forum is always attended by a representative from the safeguarding team and a care home provider representative has been appointed to NSSAPB.

Spotlight on alleged abuse in Hospitals

There were 60 Enquiries where the location of the alleged abuse was a hospital (either acute or community), of those 50 Enquiries were about neglect. This included Enquiries around medication errors, manual handling and pressure care.

There is good partnership working between North Somerset Safeguarding and our local hospital and wider health colleagues through representation at NSSAPB, joint policy development and regular local safeguarding leads meetings.

Concluded Enquiries

A safeguarding enquiry is considered closed when all the necessary information gathering has been completed and all of the actions have been agreed.

719 Enquiries were concluded during the year, this consisted of Enquiries that were opened during the year and those which had been open from the previous year. Of these 46% were either fully or partially substantiated. We will not be able to compare this measure nationally as the NHS DIGITAL have removed the requirement to report on the conclusion outcome. We will however continue to report this locally as it enables us to monitor the performance of our providers.

Where the location of alleged abuse was own home, 40% were fully or partially substantiated, where the location of alleged abuse was a nursing home 49% were fully or partially substantiated, where the location of alleged abuse was residential home it was 54% and in Hospitals it was 57%. It is worth noting that these are for all types of perpetrator not just care and hospital staff.

How long does an Enquiry take?

Under the Care Act 2014 Safeguarding takes a person centred approach with responses being proportionate. The mean average time that an Enquiry has taken from receipt of the Concern to Enquiry closure is 34 days. However this takes in to account some that required only a brief enquiry as a proportionate response and some that took several months. Most enquiries have taken less than 4 weeks from receipt of the concern to closure of the enquiry.

Councils across the country have sought ways to evidence that they have been taking a person centred approach to safeguarding adults' enquiries. In North Somerset we have looked at 3 main areas over the past year;

- Percentage of people / their representatives who have been asked what outcomes they wanted from the process. We recorded that this had happened for 83% of enquiries.
- Percentage of those outcomes that were partially or fully achieved. Where people chose to express an outcome these were achieved either fully or partially in 89% of cases.
- Percentage of enquiries where there is evidence that the person was offered an advocate or were supported by friends / family / already had support in place.

In addition to this we have also carried out regular case file audits, one to one supervisions to review cases and peer support through the Good Practice Forum.

Personalised outcomes for adults may include; risk assessments, care assessments, advice and information, ongoing care management, links with GP, DV MARAC and other professionals, police action, action by contract compliance and CQC, assisting the adult to move, change services or use the complaints procedure, staff training and supervision and support for carers.

Example of a Safeguarding Journey

A coordinated safeguarding adults response included children's services, several hospitals, health commissioning, community nursing colleagues and allied health professionals such as occupational therapy and physiotherapy. The wishes of the adult and their family were taken into account and worked towards as the focus of the safeguarding response. It enabled a successful and sustainable return home with concerns for both the safety of children and adults as family carers thoroughly identified, assessed and mitigated against.

Part Two – Provider Concerns

We have recorded a Provider concern where the alleged abuse or neglect was perpetrated by an organisation and has or could have affected a larger number of people such as all residents in a care home or all patients on a ward in a mental health hospital. From April 2015 – March 2016 there were:

- 42 Concerns were received about Nursing Care Homes
- 51 Concerns were received about Residential Care Homes
- 2 Concerns were received about Mental Health Inpatient Settings
- 22 Concerns were received about Home Support

Some of these concerns were linked to similar episodes which were considered together as part of an overarching concern for the same provider / service.

Safeguarding responses require close partnership working with relevant partners such as social care and health agencies, commissioners and regulatory bodies. A key relationship is joint response by North Somerset Council Safeguarding Team and the North Somerset Council Contracts and Commissioning Team who work closely to ensure that everyone with or accessing support is safeguarded and receiving an appropriate standard of care and support.

Should concerns arise that a service needs to make significant improvements to standards of care and support then action may be taken to restrict new placements so that resources in the service can be directed towards improving standards. This restriction is applied under the North Somerset Contract held between the Provider and the Council. Restrictions are applied for safeguarding or contractual reasons or a combination of both. Restrictions may take the form of either a full suspension or caution status.

During 2015/16 seven providers were given restrictions on new placements. North Somerset Council would then inform other commissioning bodies of this decision and the Provider was also asked not to take any new privately funded clients.

As a result of this action four showed improvements and restrictions were reduced or removed.

Two Services closed during the year and support was given to the service users and their families to find alternative care arrangements.

At the end of March 2016 two services remained with restrictions in place. The services were monitored regularly and when appropriate the service users themselves and their families were made aware of both the issues and steps being taken to improve the standards of care and support.

At the end of March 2016 two services had contracts formally suspended and no services had a place with caution status in place. Close work has continued with these services to make sure that improvements are made and sustained.