



## INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

**Subject Heading:**

**Safeguarding Adults Report**

**CMT Lead:**

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**Policy context:**

**Update on Adults Safeguarding**

### SUMMARY

This report provides information about the position of Safeguarding Adults in the London Borough of Havering (LBH) and highlights some of the main challenges and achievements of 2012.

### RECOMMENDATIONS

The Committee note the content of the Report.

### REPORT DETAIL

#### **Background**

The London Borough of Havering Safeguarding Adults Board is a partnership constituted under the Department of Health guidance: 'No Secrets' (March 2000). It is tasked with the co-ordination of a borough-wide partnership to ensure that adults at risk are protected from abuse and associated harm. The partnership includes representation from a broad range of organisations including the Council, Police, Probation Service, National Health Service bodies and the voluntary sector. Input is also available from the Care Quality Commission (CQC).

In order to promote effective governance arrangements and to support the delivery and development of Board business, the Board has three sub groups:

- Performance,
- Training, and
- Audit and Serious Case Review .

The sub-groups aim to meet between six and eight times a year.

The Board works to hold individual agencies to account and ensure effective multi-agency working through the multi-agency safeguarding adult procedures and operational oversight of the work of the sub groups.

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### **Safeguarding Adults Board – Governance**

The Board is currently Chaired by the Councils Group Director for Social Care and Health, whose prime duty is to ensure that the main statutory agencies work together to safeguard adults at risk of harm. The Board meets six times a year.

The membership of the Board has been strengthened in 2012 to include senior representatives of partner agencies. This helps ensure that actions are taken forward and implemented within organisations and will also stand the Board in good stead as it prepares to address the challenges of statutory status. NHS Commissioners are represented on the Board, as are community and hospital-based NHS providers.

### **Safeguarding Adults Team**

LBH have a small dedicated Safeguarding Adults Team that discharges the following range of functions:

- Provides a central route for all safeguarding adult alerts in the Borough
- Screens all referrals and determines whether a Safeguarding intervention is required.
- The team leads on Safeguarding Adult investigations within care homes where the adult at risk is not allocated to a community team or has been placed by another Local Authority.
- The team lead on the coordination of very complex cases
- The team provides operational advice and guidance in relation to safeguarding issues for internal staff, external partners and service providers.
- The team develops policy and procedures for the Borough.
- The team coordinates Deprivation of Liberty Safeguards authorisations in accordance with the Mental Capacity Act 2005

The team consists of two Senior Practitioners, two Business Support Officers and reports to the Service Manager, Safeguarding Adults and Quality Assurance. The team have faced several challenges during 2012, including vacancies within the team. Team capacity has been stretched to meet the increasing demand (see Activity section) and rising expectations associated with the increasing national and local profile of safeguarding adults work.

### **National Context**

There were a number of national developments in relation to safeguarding adults at risk in 2011/2012.

### **Government Policy**

The Statement of Government Policy on Adult Safeguarding issued in May 2011 identifies its objective as, *'to prevent and reduce the risk of significant harm to adults at risk, from abuse or other types of exploitation whilst supporting the individual in maintaining control over their lives and in making informed decisions without coercion'*. It also highlighted the Governments six guiding principles that must underpin local safeguarding arrangements:

- empowerment – supporting people to make decisions and have a say in their care
- protection – support and representation for those in greatest need
- prevention – it is better to take action before harm occurs
- proportionality – safeguarding must be built on proportionality and a consideration of people's human rights
- partnership – local solutions through services working with their communities
- accountability – safeguarding practice and arrangements should be accountable and transparent

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### **Draft Care & Support Bill**

The Law Commission report of May 2011, made a number of suggestions in respect of safeguarding processes. Many have been accepted by the government and are incorporated in the recent Draft Care and Support Bill which was published in July 2012.

The main clauses in respect of safeguarding include:

- Local Authorities to be lead agency in safeguarding adults
- Enhanced duty between board members to co-operate and work together to keep people safe
- Commitment to undertake safeguarding adults reviews in circumstances of concern
- Statutory basis for Adult Safeguarding Boards
- Statutory requirement to publish annual reports

ASC are currently considering the possible implications of the shift to statutory Safeguarding Adults Board status. ASC will work with partners to fully understand the affect that statutory status may have on Board business and governance issues.

### **Safeguarding and the NHS**

The CQC has undertaken a number of unannounced and planned inspections of Barking Havering & Redbridge Hospitals (BHRUT), including Queens Hospital. The results of its autumn 2011 inspections were published in compliance reports. CQC highlighted significant areas of improvement which included outcome 7: *'Safeguarding People from Abuse'*. The Safeguarding Adults Board has monitored BHRUT's progress towards improvements closely and has provided appropriate challenge when required. The concerns regarding the quality of care provided in Queens Hospital have generated increased activity for ASC. Where possible, ASC has been supportive of BHRUT's efforts to improve the quality of their care provision and this will continue throughout 2013.

The Health and Social Care Act 2008 will be implemented in April 2013. This legislation will see the transfer of health care commissioning responsibilities from Primary Care Trusts (PCTs) to Clinical Commissioning Groups (CCGs). The CCG authorisation process has been ongoing in 2012 and has included issues relating to Safeguarding Adults. The CCG now has representation on the Safeguarding Adults Board and the Board looks forward to further developing relationships in 2013.

### **Safeguarding Adults Self Assessment Assurance Framework (SAAF)**

The SAAF was introduced in 2011 to enable NHS commissioners and providers to review and benchmark their safeguarding adults' systems. The SAAF process for 2012 required NHS provider organisations to complete a self assessment and provide evidence which was validated in partnership with the local Safeguarding Adults' Boards and used to set actions with the providers to address gaps through improvement planning. The SAAF has several standards which relate to measures that support good safeguarding practice, including strategy, systems, workforce and partnerships.

A validation event was held in November 2012. Representatives from the four outer London authorities the CCGs, Links, the four outer London SAB chairs and the Directors of Adult Services attended the meeting and formed a panel acting in the role of 'critical friend'. Submissions were considered from three main providers Barts University Hospital HealthTrust, North East London Foundation Trust and Barking Havering and Redbridge hospitals which included Queens and King George hospitals. At the event panel members listened to the SAAF submissions and provided feedback and appropriate challenge to support providers to target future improvement areas.

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LBH ASC have fully supported and engaged with the SAAF validation process and will continue to work with and support NHS partners to address highlighted improvement areas for the benefit of Havering residents.

### **Winterbourne View Hospital**

In July 2011, the BBC aired a documentary which exposed the appalling abuse of patients within a private learning disability hospital in Gloucestershire. The Care Quality Commission and Department of Health undertook separate reviews of the issues and Gloucestershire Council undertook a Serious Case Review published in August 2012. The final Department of Health report was published in December 2012.

Adult Social Care has been fully supportive of the Council's role in developing multi agency understanding and engagement with the emerging issues relating to Winterbourne View Hospital. For example, ASC presented a report to the Safeguarding Adults Board that placed the key issues in context and made recommendations for future action.

### **A summary of the ASC response to Winterbourne View Concerns**

As an immediate response to the issues emerging from the Winterbourne View enquiries, ASC established a multi disciplinary group, which included local NHS commissioning representation. This group provided an early opportunity to track developments and to consider risks specific to Havering and learning disability services. It is important to note that, all the individual CQC reports that relate to providers and placements made in Havering have been reviewed.

ASC has provided support to the Safeguarding Adults Board and Learning Disability Partnership Board to consider the learning issues that have emerged from the Winterbourne View enquiries. There is acknowledgement that more needs to be done and future challenges exist with regards to leadership, accountability, partnerships and direction. ASC will work closely with partners to develop and arrange a Winterbourne View Conference. The event is currently being planned in order to make sure that its focus is meaningful and helps practitioners and partners to understand how they can contribute to a zero tolerance of abuse in learning disability settings.

### **Quality and Suspension Meeting**

The Quality and Suspension meeting, takes place on a 3 weekly basis, has a broad membership which includes safeguarding adults, commissioning, complaints, and Adult Social Care operational managers. External partners are also invited to the meeting and communication links are made with neighbouring Borough Councils, local NHS and CQC. This meeting focuses on emerging quality issues in relation to all external providers operating in Havering. This includes residential and nursing homes, domiciliary care providers, day opportunity providers and providers of supported living schemes.

The meeting enables multi disciplinary discussion, decision making and action in relation to provider risk and quality issues to take place. It also ensures, where required, joint approaches to quality improvement are taken. At this meeting decisions are made as to whether actions need to be taken to support a provider to improve quality standards and/or address safeguarding issues. Available actions include: an increase in monitoring activity, a formal meeting with the provider, the application of place with caution status, a suspension of new placements.

### **The embedding of Pan London procedures and guidelines.**

Following the launch and implementation of the pan London policy and procedures "*Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse*", work has continued with partners to embed the policy. The policy and procedures guide different

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agencies and disciplines, including managers, professionals, volunteers and staff working in public, voluntary and private sector organisations. The emphasis is to work collaboratively to prevent and protect adults at risk from abuse. The focus is to empower and support people to make their own choices and to participate throughout the process and to be supported through investigations of actual or suspected abuse, neglect and exploitation.

The procedures aim to make sure that: the needs and interests of adults at risk are always respected and upheld; the human rights of adults at risk are respected and upheld; a proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse' and that all decisions and actions are taken in line with the Mental Capacity Act 2005.

### **Workforce Development – working to Safeguard Adults at Risk**

*'All staff, in whatever setting and role, are in the front line in preventing harm or abuse occurring and in taking action where concerns arise.'* In order to support the above policy statement Workforce Development have commissioned a varied programme, with 44 courses specifically relating to raising awareness of Safeguarding Adults and the associated legislation. In addition to these programmes Safeguarding is a thread that runs through all of the programmes that are on offer. Since April 2012 a total of 211 courses have been delivered to over 2000 individuals.

The Workforce Development programme is not just open to LBH staff but relevant courses have been opened up to the Private, Voluntary and Independent Sector (PV&I) and our Partner organisations. In September 2012 we launched our ASC E-Learning zone and since then 274 candidates from the PV&I sector have enrolled and to date 124 courses have been completed. The catalogue of E-learning modules continues to grow and a suite of Safeguarding modules will go live in March.

The plan for 2013/14 is to develop a Safeguarding Competency Framework and to provide programmes ranging from basic awareness, raising the alert through to managing the investigation and identified risks.

2013 will see more advice and programmes being offered to the community and relevant programmes will be available not only to our staff, commissioned services but also looking at supporting Service Users and Carers. This will commence with a Safer Recruitment programme for Service Users engaging Personal Assistants, followed by an Employment Law course.

### **Implementation of the Mental Capacity Act (MCA 2005) and Deprivation of Liberty Safeguards.**

The Deprivation of Liberty Safeguards legislation was enacted on 1st April 2009. In LBH the Safeguarding Adults Team coordinates all Deprivation of Liberty (DoLs) cases. There are currently 22 trained Best Interest Assessors who carry out this work. The Safeguarding Adults Team, Quality Assurance Team and Workforce Development Team work together to raise awareness and promote the use of MCA in care homes and service settings. We have delivered training for both providers and adult social care staff to enable workers to better understand this complex legislation. More work is needed in 2013 to ensure that MCA/DoLs is fully utilised within social care practice.

### **Greater partnership working with Safeguarding Children Board**

We have cross board representation, with both respective safeguarding leads supporting the business of each Board. This has included sub group support and support of specific projects. Further opportunities for the Boards to work more closely together will be explored in 2013.

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### **Service User involvement in Safeguarding Adults Practice**

We are conscious that this is a theme that should run central to all aspects of safeguarding. Our current practice supports the involvement of service users, carers and perpetrators, who are often vulnerable themselves, within the safeguarding process. The aim is to ensure that experience of service users is as positive as possible and that they are treated as full partners within the safeguarding process. We continue to use Independent Mental Capacity Advocates (IMCA) to ensure that the rights and voice of adults at risk are fully heard. People First are represented on the Safeguarding Adults Board and are engaged in Board business. Board minutes are produced in 'easy read' format. It is recognised that service user involvement and engagement continues to be an area for further development within the borough both strategically and in the implementation of the safeguarding processes.

### **Activity**

Activity with regards to Safeguarding Adults has continued to increase in 2012. This is likely to be associated with an increase in the awareness of safeguarding issues.

### **Safeguarding Alerts**

There were 44% more alerts recorded in 2011-12 than in 2010-11.

The majority of alerts were raised by ASC and Health Care staff. In the first quarter of 2012-13, ASC received 137 alerts, which is 10.4% more than the same period in 2011-12. A disproportionate number of alerts in 2011-12 (40%) relate to clients with a Physical Disability (PD).

		Period						Total % 11-12
		Year End 10-11	Q1 11-12	Q2 11-12	Q3 11-12	Q4 11-12	Total 11-12	
Client Category	PD	195	43	79	92	76	290	39.9%
	MH	121	24	41	65	27	157	21.6%
	LD	82	26	41	30	27	124	17.0%
	Other Vulnerable	107	31	33	41	51	156	21.5%
	Not Recorded	0	0	0	0	0	0	0.0%
	<b>Total</b>	<b>505</b>	<b>124</b>	<b>194</b>	<b>228</b>	<b>181</b>	<b>727</b>	<b>100.0%</b>

		Period						Total % 11-12
		Year End 10-11	Q1 11-12	Q2 11-12	Q3 11-12	Q4 11-12	Total 11-12	
Age Group	18-64	169	48	69	72	56	245	33.7%
	65-74	64	12	16	25	21	74	10.2%
	75-84	120	29	47	60	48	184	25.3%
	85+	151	35	58	71	56	220	30.3%
	Not Recorded	1	0	4	0	0	4	0.5%
<b>Total</b>	<b>505</b>	<b>124</b>	<b>194</b>	<b>228</b>	<b>181</b>	<b>727</b>	<b>100.0%</b>	

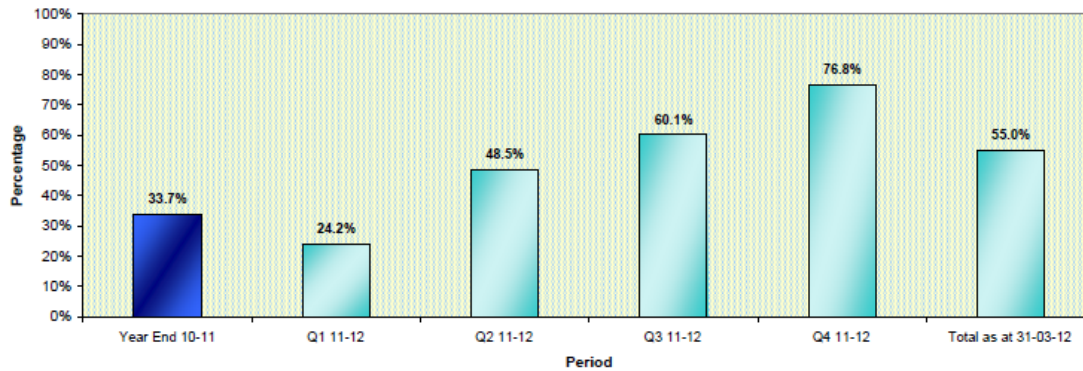
Physical Disability (PD) service users account for 10.6% of all ASC service users, but 39.9% of all alerts in 2011-12. This is consistent with 10-11 figures and also with Apr-Jun12, with 47% of alerts relating to PD Service Users.

The majority of alerts relate to service users aged 65+, with 30.3% for service users aged over 85. This is a disproportionate number of alerts for the size of that cohort of ASC service users. As with service user group, alerts broken down by age group are consistent with 10-11 figures and also with Apr-Jun12, in which 32% of alerts relating to service users aged over 85.

### **Investigations and outcomes**

55% of alerts in 2011-12 proceeded to investigation, vs. 33.7% in 2010/11. 50% proceeded to investigation in Apr-Jun12. It is not possible to state with certainty that this means that reported safeguarding incidents are becoming more serious and there may still be a need to ensure that colleagues across sectors understand thresholds clearly.

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It is notable that the percentages of alerts which proceeded to investigation increased in each subsequent quarter. This can be at least partly attributed to improved awareness of thresholds.

	Year end 2010-11	Q1 11-12	Q2 11-12	Q3 11-12	Q4 11-12	11-12 Total
No. of alerts which proceeded to investigation in the period	170	30	94	137	139	400
Number of investigations that were completed in the period	162	22	65	110	124	321

49.5% (159) of investigations in 2011-12 were substantiated in full or part, with just over 1/3rd not substantiated. In Apr-Jun12, 46% of investigations found allegations to be substantiated in full or part, with 28% unsubstantiated.

Of those investigations where allegations were substantiated in full or part, the relationship of perpetrator to victim is set out below:

	Period						Total % 11-12
	Year End 10-11	Q1 11-12	Q2 11-12	Q3 11-12	Q4 11-12	Total 11-12	
Partner	7	2	2	2	1	7	4.4%
Family Member	20	1	3	5	5	14	8.8%
Health Care Worker	1	1	2	0	3	6	3.8%
Social Care Staff	21	3	7	18	16	44	27.7%
Other Vulnerable Adult	16	4	9	14	10	37	23.3%
Neighbour/Friend	4	0	0	0	2	2	1.2%
Other Professional	0	0	0	0	2	2	1.2%
Self	5	3	4	0	1	8	5.1%
Not Known	9	2	6	14	13	35	22.0%
Other	0	1	0	2	1	4	2.5%
<b>Total</b>	<b>83</b>	<b>17</b>	<b>33</b>	<b>55</b>	<b>54</b>	<b>159</b>	<b>100.0%</b>

## Conclusion

The ASC Safeguarding Adults Team and LBH Safeguarding Adults Board have continued to develop in 2012 and have worked hard, in partnership with others, to ensure that adults at risk are protected from abuse. 2013 is likely to be a challenging year as the profile of Safeguarding Adults issues and expectations on statutory organisations continues to grow. ASC will continue to promote best practice, while further developing partnership working at all levels.

**IMPLICATIONS AND RISKS**

**Financial implications and risks:** This report is largely for information. All activity detailed is met from within existing ASC resources. Should new requirements fall to the Local Authority (for example as a result of new legislation) these will be considered in the context of available funding. There are no current financial implications arising from the report.

**Legal implications and risks:** This report is largely for information. There are no legal implications arising from the report.

**Human Resources implications and risks:** This report is largely for information. There are no HR implications arising from the report.

**Equalities implications and risks:** This report is largely for information. There are no equalities implications or risks arising from the report.