



Halton's Safeguarding Adults Board
Annual Report 2013/14

DRAFT



CONTENTS

Section	Title	Page
1	Forward	3
2	The Safeguarding Adults Board - Partnerships and Principles	4
3	National Activity	4
4	Local Activity and Key Developments	5
5	Integrating Adults Safeguarding Unit	7
6	Outcomes - Case Histories from Service Users and Carers	7
7	Adult Safeguarding Data (trends over past 3 years)	9
8	Training and Development	9
9	Publicity and Communication	10
10	Future Priorities (2013-14)	11
Appendix 1	Safeguarding Adults Board - Structure & Reporting framework	12

1. Foreword

Halton's Safeguarding Adults Board believes that the safeguarding of vulnerable people is everybody's business with communities playing a part in preventing, detecting and reporting neglect and abuse. Although safeguarding adults is a complex and challenging area of work, effective measures are in place locally to protect those least able to protect themselves. As Chair of the multi-agency Board, I am pleased to present this Annual Report, which describes how organisations and individuals across all sectors, are working together to safeguard vulnerable people.

As well as reporting on its work over the past year, the Board's annual report explains the national context in which we all operate and lists our priorities for the coming year. When the Care and Support Bill is enacted in 2015, it will profoundly influence the role of Local Safeguarding Adults boards. The Francis Report (2013) into Mid-Staffordshire NHS Trust highlighted the importance of taking seriously people's escalation of concerns and stressed that service users should be placed at the centre of what organisations. Lessons from Winterborne View (DH, 2012) have also been at the forefront of the Board's attention, with provision for individuals with learning or mental health needs, in line with government guidance for good practice. Lessons to be learned include the need for sound complaints and whistle blowing procedures along with the effective monitoring and inspection of service provision. These benchmarks of quality will continue to govern how the Board holds its statutory partners and the wider partnership network of domiciliary and residential care service providers to account.

The last twelve months have been very productive with a number of developments introduced to help ensure Halton is still performing excellently in respect of safeguarding adults. Halton services throughout the year dealt with 822 alerts of which 540 became referrals of alleged abuse, investigated those concerns, putting safeguarding arrangements in place and supporting people who found themselves in abusive situations.

We have continued to make important linkages to the Halton Domestic Abuse Forum and Halton's Safeguarding children's Board. We have also maintained our communication and scrutiny of what we do through the Local Strategic Partnership.

I want to assure local people and partner agencies of our continuing commitment to this work, which is essential to the quality of life and experience of people whose circumstances make them vulnerable and take the opportunity to thank all those involved for their vital contribution to this essential area of activity. I am grateful to all those managers and practitioners who seek to ensure that adults at risk are safeguarded and who uphold the highest standards of care and support. I hope that you find the Annual Report informative and reassuring, even though the practice surrounding the safeguarding of adults at risk is always complex and frequently challenging.



Dwayne Johnson

Chair of Halton's Safeguarding Adults Board
Strategic Director – Communities
Halton Borough Council

2. The Safeguarding Adults Board - Partnerships and Principles

This report sets out national and local developments on safeguarding vulnerable adults. It includes principles used by Local Authority Social Services, housing, health, the police and other agencies to develop and assess the effectiveness of local safeguarding arrangements. It also describes in broad terms, adult safeguarding outcomes for both individuals and agencies and outlines Halton's priorities for the future.

Membership of Halton's Safeguarding Adults Board (SAB) includes senior representatives from all partner agencies, including directors, lead clinicians and lead officers responsible for safeguarding adults in Halton. It has a zero-tolerance approach to abuse. Every person has the right to live a life free from abuse and neglect. It is everyone's business to ensure that we work together as a community to support and safeguard all adults who are most at risk in society.

To achieve this the Board continues to develop and establish strong partnerships to ensure that the most vulnerable in society are safeguarded and are free from fear, harm, neglect and abuse. There is recognition that this cannot be achieved in isolation. Instead, local solutions are required by working collaboratively with partner agencies and others in the local community who will have a key part to play in preventing, detecting and reporting neglect and abuse.

All Partners are expected to share the following values which underpin their work:

- Everybody within our society deserves, and is entitled to, good quality care and support to meet their needs;
- Some people have difficulty expressing their needs and require careful consideration of their individual circumstances;
- Everybody has a right to live in a safe and secure environment without fear of abuse, harassment or injury;
- Everybody has a right to live as independently as they are able;
- Everybody has a right to make choices and decisions about their lifestyle, which can involve risk-taking.

Everybody should have access to relevant services for addressing issues of abuse and neglect.

This includes the civil and criminal justice system and victim support services. The structure and reporting framework for the Board is shown in **Appendix 1**.

3. National Activity

In the past year there have been a significant number of publications focusing nationally on various aspects of safeguarding. Some of these are described below:

3.1 Draft Care and Support Bill - This proposes a number of changes to safeguarding adults at risk and will lead to changes in practice over the coming two years. These are:

- Within the overall unifying principles of the Bill:
 - The well-being of the individual is paramount
 - Local authorities must promote the individual's well-being in all decisions made with and about them
 - Well-being is the outcome that individuals seek for themselves
- A duty to make enquiries where the local authority has reasonable cause to suspect abuse or neglect of an adult at risk (Clause 41).
- A duty to share information about a person for safeguarding purposes (Clause 44)
- Safeguarding Boards will be placed on a statutory footing with a minimum core membership of the local authority (which retains the lead for adult safeguarding); the police, and the clinical commissioning group (Clause 42).
- Safeguarding Adults Reviews will be statutory and will replace serious case reviews (Clause 43)

- Section 47 of the National Assistance Act 1948 (which gives a local authority power to remove a person in need of care from home) will cease to apply to persons in England

3.2 Local Government Association, Association of Directors of Adult Social Services and Care Quality Commission - Making Safeguarding Personal (March 2013) - This final project report, draws together the findings of various pilot studies of person-centred, outcome focused responses to safeguarding adults. It focuses on process, outcomes, impact on practice and cost effectiveness.

3.3 Statement of Government Policy on Adult Safeguarding (May 2013) - This describes, in broad terms, the outcomes of adult safeguarding, for both individuals and organisations and reinforces the importance of the government's six principles for safeguarding: **Empowerment; Prevention; Proportionality; Protection; Partnership and Accountability.**

3.4 The Francis Report, February 2013 into the Mid Staffordshire NHS Foundation Trust Public Inquiry. This has had major implications for the NHS and social care, in terms of improving dignity and quality of care for individuals. The report ends with the message to focus on what is truly important and which requires:

- Readily accessible fundamental standards and means of compliance;
- No tolerance of non-compliance and the rigorous policing of fundamental standards;
- Openness, transparency and candour in all the system's business.

3.5 Health & Social care Information centre (hscic): Measures from the Adult Social care Outcomes framework (July 2013); Abuse of Vulnerable Adults in England (September 2013) – These include information about the volume of safeguarding activity, the characteristics of adults who are at risk and the location of where abuse is most commonly taking place.

3.6 Local Government Association (LGA) and the Directors of Adult Social Services (ADASS) - Making Safeguarding Personal (March, 2013). This is based on workshops, test bed sites, practitioner involvement and reports from a number of councils and partners including the Restorative Justice Council. Results strongly suggested that people need to feel more in control and involved in any decisions made about them. Hence, adult safeguarding needs to be more person centred and person driven with less emphasis on processes. It has to emphasise outcomes which are closely linked to individual social networks and personal experience.

4. Key Developments and Local Activity

4.1 Halton's Safeguarding Adults Board (SAB) contributes to the objectives of the Health and Wellbeing Board's Joint Health and Wellbeing Strategy and Halton's Strategic Partnership's Sustainable Community Strategy. During 2012-13 the Board focussed on 4 key priorities:

1. Promote awareness of abuse and the right to a safe and dignified life - particularly among the 'vulnerable' and 'at risk,' but also among staff, volunteers and the wider community.
2. Increase the contribution from service users and carers, ensuring their views and experience inform the Board's work and service developments. Provide individualised services that keep people safe, but permit informed decisions about risk.
3. Ensure there is a strong multi-agency approach to the safety, wellbeing and dignity of all vulnerable adults.
4. Equip employees with the necessary tools and training to safeguard vulnerable adults and ensure their dignity is respected.

4.2 Actions under each priority carried out in 2012-13 were mapped against the '*Standards for Adult Safeguarding*' and Halton's Clinical Commissioning Group's '*Safeguarding Assurance Framework*' (Safeguarding Adults – A national Framework of Standards for good practice

and outcomes in adult protection work (Association of Directors of Adult Social Services [ADASS October 2005]; Safeguarding Advice and Guidance to Directors of Adult Social Services, March 2013; Standards for Adult Safeguarding: <http://www.idea.gov.uk/idk/aloi/29270716>).

Priority 1 (Promote awareness...):

- The marketing strategy has been reviewed and developed to engage more effectively with adults at risk and the wider community as a means of raising awareness (ADASS std. 3, 6; CCG std. 9).
- Information is now widely distributed in a variety of suitable formats (ADASS std. 3, 6; CCG std. 5).
- Halton's Prevention and Early Intervention Strategy has been reviewed and updated (ADASS std. 1; CCG std. 3).
- All Safeguarding related policy, procedure and practice guidance takes appropriate account of Safeguarding and dignity standards in terms of both prevention and response - restrictive Physical Interventions, Exclusion, Nutrition and Hydration, Recruitment and selection, Whistleblowing, Supervision (ADASS std. 4; CCG std. 6).
- Reasonable systems have been put in place to safeguard individuals directing their own support and ensure their dignity (ADASS std. 4; CCG std. 6).

Priority 2 (Increase SU and carer...contributions):

- Systems have been put in place so that service users, carers and wider community involvement are able to inform the work of the SAB. This involves the use of available resources to acquire feedback from stakeholder events, User led organisations, LINKs, PALS, Local Area Forums, community groups, Halton 2000 Survey, partner agencies' and intelligence (ADASS std. 7; CCG std 8).
- Have implemented the recommendations from the Service User and Carer Survey carried out during August – November 2011 (ADASS std. 7; CCG std. 8).

Priority 3 (Strong multi-agency involvement...):

- Structure, reporting arrangements and current activity has been reviewed to improve effectiveness, impact on outcomes and better use of resources (ADASS std. 1, 5; CCG Std.5, 7).
- In the past year there has been a concerted effort to forge much closer alignments with other strategic partnerships and related services such as: domestic abuse; dignity, mental capacity, personalisation and self-directed support; safeguarding children, customer care; community safety and hate crime (ADASS std. 1; CCG std. 5). In addition, customer feedback is now an important aspect of our work and informs all future strategy and practice (ADASS std. 2; CCG std. 9).

Priority 4 (Training employees...):

- Robust policies, procedures, practice guidance and protocols have been developed, reviewed, communicated and implemented (ADASS std. 4, 7; CCG std. 2).
- There have been a number of training events to develop practice and support cascade learning with feedback given to practitioners and managers. These involved the implementation of: the safeguarding Adults Learning, Development and Training Strategy; and the roll out of Safeguarding Adults Safer Recruitment training. Events, workshops and learning experiences and opportunities have helped to ensure good practice is fully embedded (ADASS std. 3, 6, 7; CCG std. 6, 8).

- There has been a significant improvement in the way available learning and outcomes are recorded, shared, inform and drive service developments from the experience of individuals using safeguarding services, carers and from events such as Serious Case reviews and Serious Untoward Incidents. This has led to an improvement in patient experience and hospital admission and discharge arrangements regarding Safeguarding and Dignity. (ADASS std. 1, 2, 7; CCG Std. 9).
- Revised vetting and barring and CRB requirements have been adopted (ADASS std. 1; CCG std. 6)

5. Integrated Adults Safeguarding Unit

Safeguarding is everyone's business. Keeping people safe and ensuring they are treated with dignity and respect continues to be a high priority for the council and its partners. In recognition of this commitment, the Council have set up a joint Integrated Adults Safeguarding Unit with the NHS Halton Clinical Commissioning Group. The unit undertakes the most complex cases which include multi-agency police investigations and multiple abuse allegations within nursing and residential homes. Establishment of the unit has the support provided to Halton's safeguarding Adult Board, the Local Authority and other agencies operating within Halton. **Appendix 1** illustrates the structure and accountability of the Safeguarding Adults Board.

6. Outcomes – Case Histories from Service Users and Carers

Two Recent examples of prompt action and improved levels of protection:

A woman with mental health issues and who was known to Social Services was experiencing harassment from her neighbours. Following a Vulnerable Adult Safeguarding investigation, extra support and strategies (including the use of the Community Support Officer) to reduce any risk to the woman were put in place. Following a review of her situation, involving a range of professionals and partners, the support package was adjusted. This ensured that the approach adopted continued to meet the woman's needs, enabling her to live safely and independently within the community.

Mr. G is a young gentleman who had been granted a Personal Health Budget to enable him to employ personal assistants to support him on a daily basis with his health and social care needs. This was a significant event in Mr. G's life as it provided him with increased autonomy, empowering him to take control of his life and make his own choices.

Mr. G had identified a group of carers whom he wished to employ in this role; he had developed good relationships with carers when he had been supported by a provider care agency. These relationships and more importantly their knowledge of his specific needs were paramount to Mr. G. Shortly before Mr. G's Personal Budget was to commence he decided to celebrate with his carers, one of whom was on duty and the other who had completed their shift. As a result of this celebration and decisions made under the influence of alcohol Mr. G was left in a risky situation by both carers.

The then care provider agency was contacted by emergency services and following an investigation both carers were referred to the Disclosure and Barring Service (DBS). Mr. G accepted that it was reasonable that the carer who was on duty should be dismissed and referred to DBS. However, he felt that as the second carer was not officially on duty

and he had invited both of them to celebrate with him, they should not be dismissed. Staff explained to Mr. G that there was a code of conduct for carers around personal boundaries and furthermore, the carer's responsibility towards him and their professional accountability does not end when they finish their shift.

Mr. G presents as a very pleasant, intelligent and articulate young man. He acknowledged how the actions of the carers could be perceived by others as neglectful, nevertheless he maintained that it was extremely important that he be allowed to continue his employment of the second carer.

A 'network meeting' was proposed with Mr. G and his wider network partners. The facilitator of the meeting met with Mr. G prior to the network meeting to explain what the meeting would entail. The aim being to reduce any anxieties that this process would potentially raise, to gain consent to go ahead with the meeting and to discuss what he wanted to achieve from the meeting.

At the meeting Mr. G conducted himself admirably, belying his young age and lack of experience in such a forum. He also acknowledged that there had been significant learning for himself. However, at the end of the day he was a young man who had made a poor decision and sadly because of his personal circumstances this had very different consequences for him.

At this stage Mr. G had already taken significant action to better protect both himself and his employees in the future. He had conducted his own research on the internet and with the help of his advocate had produced his own employer/ employee agreements.

The outcome of the network meeting was that Mr. G could continue to employ the carer. However, he was made aware that should the Disclosure and Barring Service take action to bar this carer then Mr .G would be legally bound to dismiss the person from his employment.

Although Mr. G's anxieties were raised at the beginning of the safeguarding process, the subsequent opportunity for Mr. G to lead his own network meeting enabled him to feel more in control and eventually achieve his initial outcome. This resulted in a partnership that allowed an adult at risk to increase his safety balanced with his need for independence and control.

7. Adult Safeguarding data (trends over the past 3 years)

Abuse of Vulnerable Adults – a national comparison

Total Alerts Age-Group
(April 2010 – April 2013)

Data Year	Age-Group	Halton Total Alerts	Estimated Average Alerts for 152 English Councils
2010-11	18 - 64	232	National Data (final column) for 2011/12 and 2012/13 is taken from Health & Social Care Information Centre Abuse of Vulnerable Adults in England 2012-13, final report 6/2/14.
	65 - 74	92	
	75 - 84	248	
	85+	220	
	All ages Total	792	
2011-12	18 - 64	317	Between 2010/11 and 2011/12 there was a significant increase in the number Vulnerable adults within all age groups in Halton.
	65 - 74	126	
	75 - 84	335	
	85+	312	
	All ages Total	1090	
2012-13	18 - 64	245	In the past year however (2011/12 and 2012/13) there has been a significant improvement (decrease) across all age groups. Comparing All ages Totals with National data for England over the same period shows that in Halton Total Alerts decreased by 25% (1090 to 822), whereas nationally they increased by 19% (1097 to 1303). This bucking the national trend is thought to be due to improved training and better public awareness.
	65 - 74	103	
	75 - 84	207	
	85+	267	
	All ages Total	822	

8. Training and Development

During 2012/13, work has continued to support the implementation of the 3-year Multi-Agency Safeguarding Adults Learning and Development Strategy, which was introduced in 2010/11.

It is designed to ensure that staff and volunteers across all organisations who are providing support to vulnerable people in Halton have an understanding about the various factors that can indicate a vulnerable person is, or may be, being abused and know how to fulfil their responsibilities when abuse is indicated and how to prevent abuse wherever possible. By making the training available to all partners, the outcome will be improved safeguarding practices for Halton's most vulnerable adults.

As part of the strategy, a Safeguarding Adults E-learning course was developed and is available via the HBC Internet website. **499** employees undertook the e-Learning (Basic Awareness) during 2012/13. Further E-learning modules have been developed to provide training on Dignity in Halton, Safer Recruitment, and Children Safeguarding Basic Awareness. Such training has the potential to prevent abuse, promote safe practice, reduces the time away from the workplace and can be completed at a convenient time to the individual.

In addition, Seven Elected Members have attended 'Safeguarding Adults/ Children's Alerter' training and further dedicated training is planned for 2013/14.

Safeguarding courses for 2012-13 were advertised widely to a variety of local organisations and representative contacts across all sectors. As an example, dedicated advertising was included in e-newsletters issued by: Halton & St Helens Voluntary & Community Action, Bridgewater Healthcare and the 5 Boroughs Partnership. Courses made available included the following:

- Investigators course (for Halton Borough Council and NHS staff)
- Alerter Training
- Safeguarding Children – E-learning module

- Safer Recruitment – E-learning module
- Domestic Abuse – E-learning module
- Safeguarding Adults Induction Workbook

Four multi-agency Joint (Safeguarding Adults and Children) 'Alerter' training events took place during 2012-13. These events all received very positive feedback from delegates who attended, and were delivered by a drama group facilitated by HBC & HSCB officers who were present to deal with any queries arising that related to local issues.

At the latter end of 2012, a joint Adults and Children Training Needs Analysis (TNA) was undertaken. This provided an overview of Safeguarding Vulnerable Adults and Children training requirements and provision for individual agencies across Halton. The following priorities for the 2013-14 training period were produced:

- ❖ Continue to identify effective networks and links to engage the Voluntary Community and Faith (VCF) sector to ensure a higher level of involvement in next year's TNA.
- ❖ Awareness-raising by individual agencies with their staff to highlight the requirement to undertake relevant training for Safeguarding Vulnerable Adults and Children, to ensure staff are able to work effectively across all safeguarding issues.
- ❖ A Strategic Level Safeguarding Course is developed to raise awareness and understanding at a senior management level of safeguarding responsibilities.
- ❖ Joint 'Alerter Workshops' to continue twice a year with consideration as to whether or not a further 3rd day of delivery is required should demand reach the indicated levels of need indicated by the TNA.
- ❖ A revised TNA matrix is developed for September 2013. This is to support further clarification of the Safeguarding Adult groups and staff allocation.
- ❖ The revised electronic Joint Safeguarding Adults and Children TNA process is repeated in September 2013.
- ❖ A review of the current Domestic Abuse courses available is undertaken and a revised package is made available to address the reported lack of relevance by agencies.

9. Publicity and Communication

In the past 12 months the **Publicity & Communications Sub-Group** has focused on communicating the safeguarding agenda within our communities and among our key partners. Membership of Halton Safeguarding Adults Board (HSAB) includes: the health service, police, fire service and registered landlords. A quarterly newsletter was launched and distributed electronically to all members of the Board as a means of keeping them informed of key developments. The newsletter contains a national and local perspective as well as key pieces of work that highlight best practice. Board Members are encouraged to share news from their respective organisations, highlight good practice and provide details of key contacts. This helps to maintain awareness of the most recent developments in the safeguarding arena.

In the past year the Publicity and Communications Sub-Group have produced and distributed two editions of the newsletter and made available a summary of the Annual Report for (2011-12) outlining key achievements. The Board must continue to ensure agencies and partners are fully informed of the most recent developments. However, it is equally important that we continue to promote safeguarding within our communities to ensure those most at risk are afforded the greatest protection.

There has been a reduction in the number of safeguarding issues reported during 2012-13. For this year 2013/14 need to consider how we might further strengthen our communication activity. Further achievements and developments in 2012-13 included the Launch of a quarterly E-bulletin to members of Halton Safeguarding Adults Board and the production of a summary version of Halton Safeguarding Adults Board Annual Report.

10. Future Priorities 2013-14

The overarching principles set out in Government policy for safeguarding vulnerable adults (DH, May 2011) are fully supported by the Halton Safeguarding Adults Board. These principles provide the direction for future safeguarding priorities in Halton. These are summarised as:

Empowerment

Individuals will be asked what they want as the outcomes from the safeguarding process and these outcomes will directly inform what happens wherever possible. Halton will continue working towards supporting people to manage risk in their own lives, with professionals supporting their decision making at each stage of their safeguarding adult's procedures. There will be an emphasis on reducing focus on process and increasing the focus on the individual. We also ensure that there is a greater public awareness of safeguarding adults, whilst also managing expectations.

Protection

Individuals will get help and support to report abuse and neglect and be assisted to take part in the safeguarding process. We will continue working towards ensuring safeguarding adults procedures serve to respond to abuse or neglect and that decisions are made in line with the Mental Capacity Act.

Proportionality

Individuals will be confident that professionals will work for their best interests and that professionals will only get involved when needed. Halton will continue working towards ensuring that safeguarding adult's policies, procedures and guidance are used in appropriate circumstances to inform a proportional response to the concerns being raised. This will be achieved by ensuring safeguarding adults policies, procedures and guidance are clear and explicit about the definitions and thresholds for intervention and what the potential alternatives are if these thresholds are not met. The Board will also ensure that thresholds are consistently applied by all partner agencies.

Prevention

Individuals will be clearly informed about what abuse and neglect is, how to recognise the signs and what they can do to seek help and support. We will continue working towards gaining assurance from all partner agencies that prevention is a core element in the delivery, commissioning and development of services. This includes providing appropriate information and training to their respective workforces on how to recognise and respond to abuse and neglect. This will be achieved by ensuring the right people are recruited through safe recruitment mechanisms, that all staff receive appropriate training and that there are specialist safeguarding adults' staff from whom they can obtain advice and support. Maintenance of levels of safeguarding awareness and understanding delivered through training and communication strategies is essential in the current changing environment.

Partnership

Individuals will be confident that professionals will work together to get the best outcomes for them. They will also be confident that all staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. Halton will continue working towards developing joint working practices between and across organisations that promote coordinated, timely and effective responses for the individual at risk. The partnership aims to foster an

approach that places the welfare of individuals before the “needs” of the system. This will be achieved by ensuring the working relationships of partner agencies are sustained and developed at a strategic and operational level and links to wider networks or Boards are embedded.

Accountability

Individuals will receive timely help they need from the person or agency best placed to provide it. We will continue working towards ensuring that the roles of all agencies and staff (and their lines of accountability) are clear and explicit. Agencies across the partnership will recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements. Halton will improve the performance management information available on safeguarding adults and this will include feedback from individuals who have been subject to safeguarding adults procedures.

These priorities will be achieved by ensuring that there is a full range of policies, procedures and guidance in place that provide a framework within which partner organisations can work together effectively to respond to abuse and neglect. These policies, procedures and guidance will reflect emerging developments in national guidance and legislation as well as national, regional and local learning, and new approaches to safeguarding practice.



STRUCTURE AND REPORTING FRAMEWORK

