Northamptonshire

Safeguarding Vulnerable Adults Board

Annual Report

April 2010 – March 2011

The Northamptonshire Safeguarding Vulnerable Adults Board is a partnership between:

East Midlands Ambulance Service NHS Trust
Kettering General Hospital NHS Foundation Trust
NHS Northamptonshire Commissioning
NHS Northamptonshire Provider Services
Northampton General Hospital NHS Trust
Northamptonshire Association of Registered Care Homes
Northamptonshire County Council
Northamptonshire Fire and Rescue
Northamptonshire Healthcare NHS Foundation Trust
Northamptonshire Local Involvement Network
Northamptonshire Police
Northamptonshire Probation Trust (MAPPA)
St Andrew"s Healthcare
University of Northampton
Users and carers (through Northamptonshire Local Involvement Network and an Expert by Experience)

Northamptonshire Safeguarding Vulnerable Adults Board promotes the right of every individual to be free from abuse, exploitation, intimidation and violence.

A vulnerable adult is a person aged 18 years or over "who is or may be in need of community care services by reason of mental or other disability, age or illness

and

who is or may be unable to take care of him or herself, or is unable to protect him or herself against significant harm or exploitation."

„No Secrets" 2000

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Message from the Independent Chair of the Board

This Annual Report covers a busy and productive year for the Northamptonshire Safeguarding Vulnerable Adults Board (SOVA). In September 2010 an inspection by the Care Quality Commission judged Northamptonshire to be performing "adequately" in safeguarding adults, with the capacity to improve "promising". This reinforced the continued hard work that has been carried out in all partners" agencies by senior managers, frontline staff and the Safeguarding Adults team to further improve and learn from inspection and Serious Case Reviews. These have informed the work programme for the coming year.

The Board has faced a number of significant challenges over the year: budget reductions in response to the Comprehensive Spending Review 2010; major policy reforms that impact on the future shape of welfare provision; radical restructuring of public services to achieve more personalised support and greater efficiencies and nationally deaths of "vulnerable adults" due to abuse and neglect have had high profile media coverage and a consequent increase in referrals. This shows that around the country services still need to learn how to work better together to support people to live safely in the community. To respond to these challenges locally, the Board has strong, committed membership with active partners spanning the statutory, voluntary and independent sectors, including service users and carers. A full list of Board members for 2010/11 can be found in Appendix 1.

We can only deliver the safeguarding agenda by working in partnership and the sections of this report written by partner agencies show how far we have come in aligning work across the county at all levels, from strategic decision-making to operational practice. It is this spirit of co-operation which makes a big difference to the challenging workloads of everyone involved in the production of this report.

At a national level the Law Commission has recently recommended that Adult Safeguarding Boards are placed on a statutory footing and the government has indicated support for this development (May 2011). We wait to hear the timetable for further development in this area.

This report highlights what we have achieved and priorities for 2011/12. A lot of progress has been made to safeguard adults, but much more remains to be done. The constant requirement to raise public awareness, the need to highlight the issue

of safeguarding and not just protection and the pressure of working with very complex and sensitive situations continue to be major challenges. However, I believe we are well placed to make progress on these over the next year and beyond.

It has been a year of a number of changes on the Board, with some individuals moving on and new members taking their place. Those concerned made a significant contribution to safeguarding adult work across the county and new members are maintaining this high level of commitment.

I would like to thank all of you who have taken part in safeguarding adult work this year. Some of you have been promoting awareness of the issues and how to report abuse. Some of you have been providing high quality services and supporting people to feel confident to live in the community. This is the work that underpins the prevention of abuse and neglect.

Safeguarding adults is difficult and distressing work, which means we need to constantly ask ourselves whether we are doing it as well as we can, and whether there are opportunities to do it better. This report explains some of the improvements we have made over the past year and describes a continuing programme of work to strengthen the capacity of all agencies, and the wider community, to prevent, identify and address abuse and ill-treatment.

Our goal continues to be that all people living in Northamptonshire who experience abuse know how to seek help, feel safer and empowered as a result of the responses they receive through the choices and support offered to them. We will continue to build evidence of the improvements we have made to the safety and well-being of Northamptonshire‟s most vulnerable residents, particularly using their own testimony, as expert partners in safeguarding adults.

Marie Seaton

Independent Chair
Northamptonshire Safeguarding Vulnerable Adults Board

1 INTRODUCTION

1.1 Northamptonshire County Council (NCC) is the lead agency for safeguarding vulnerable adults within the county. However, all agencies share responsibilities to ensure the promotion of safety and welfare. The inter-agency Northamptonshire Safeguarding Vulnerable Adults (SOVA) Board shares responsibility for the strategic direction of local safeguarding arrangements and the translation into practice of safeguarding best practice, following local procedures.

1.2 The Annual Report is produced to inform individuals who use health and social care services, their families and carers, elected members, those who work in social and health care, all partner agencies and residents of Northamptonshire. It outlines the progress made during the year April 2010 – March 2011 and how local and national developments have influenced this. The safeguarding data provided in Section 8 confirms more than a one third further increase in safeguarding referrals and workload compared to last year, rising from an annual total of 1749 in 2009/10 to a total of 2403 for 2010/11.

2 NATIONAL CONTEXT

2.1 Appendix 3 outlines the legislative context and related guidance for adult safeguarding. There have, however, been a number of national developments during the past 12 months which have already impacted upon or will influence the safeguarding agenda in Northamptonshire for the near future.

2.2 Review of "No Secrets"

The „No Secrets" guidance was originally published by the Department of Health (DH) in 2000 to ensure that vulnerable adults, who are at risk of abuse, receive protection and support through the development and implementation of multi-agency policies and procedures. In October 2008 the Care Services Minister launched a review of „No Secrets", seeking views from the public, the National Health Service (NHS), Social Care and the Criminal Justice System. The Report on the Consultation was published in July 2009.

The key review messages from the participation of older people, adults with learning or other disabilities and people with mental health needs included:

- Safeguarding must be built on empowerment – or listening to the victim"s voice. Without this, safeguarding is experienced as safety at the expense of other qualities of life, such as self determination and the right to family life.

- Everyone must help to empower individuals but safeguarding decisions should be taken by the individual concerned. People wanted help with options, information and support, but wanted to retain control and make their own choices.

- Safeguarding adults is not like child protection. Adults do not want to be treated like children and do not want a system that was designed for children.

- The participation/representation of people who lack capacity is also important.

In addition, professionals, statutory and non-statutory stakeholders also supported the establishment of:

- Improved leadership, nationally and locally, across all organisations, with strong support for making Safeguarding Adults Boards statutory.

- More preventative work.

- The appropriate balance between safeguarding and personalisation in order to determine the relationship between choice and risk.

- Greater ownership of the concept of safeguarding within the NHS.

- Greater involvement and leadership from the housing sector.

The Department of Health responded to this Review in January 2010 by outlining an intention to introduce new legislation to strengthen the local governance of safeguarding by establishing Safeguarding Boards on a legal footing. However, the incoming government of May 2010 did not immediately introduce legislation to place Safeguarding Boards in statute during 2010/11. This outcome is still anticipated and the Law Commission"s recommendations, followed by a Ministerial Statement, were imminent as at 31 March 2011. However, whilst reaffirming the government"s commitment to safeguarding vulnerable adults, in particular for those who lack mental capacity, the DH has already issued a number of sets of guidance to the NHS and adult social care during the period covered by this report, around aspects arising from the Consultation Review.

These include: Vision for Adult Social Care – Capable Communities and Active Citizens (Nov 2010); Practical Approaches to Safeguarding and Personalisation (Nov 2010); Care & Compassion? – Report of the Heath

Service Ombudsman on 10 investigations into NHS care of older people (Feb 2011); Safeguarding Adults – the Role of Health Service Practitioners (Mar 2011); Safeguarding Adults – the Role of Health Service Managers and their Boards (Mar 2011); Safeguarding Adults – The Role of NHS Commissioners (Mar 2011); Safeguarding Adults – Self Assessment and Assurance Framework for Health Care Services (Mar 2011) (see Appendix 3).

All of the above set a clear direction for the future of safeguarding practice within the NHS and adult social care. This agenda is around early detection and prevention, risk management and protection.

2.3 Vetting and Barring Scheme

The Vetting and Barring Scheme was introduced in October 2009, bringing in criminal sanctions to prevent barred persons from volunteering or working with vulnerable groups.

Also in October 2009, the right to ask for an enhanced Criminal Records Bureau (CRB) disclosure was extended to all those who employ or use volunteers in types of activity called „Regulated Activity". This right remains so that appropriate pre-recruitment checks, including CRB checks where appropriate or required by law, will continue to be carried out.

Work has continued during 2010/11 with Human Resource advice to ensure safe recruitment practices are in place.

As part of the Safeguarding Vulnerable Groups Act 2006, the Independent Safeguarding Authority (ISA) was established as an independent body with responsibility for making decisions about inclusion on the appropriate list where evidence suggests that an individual presents a risk of harm to children or vulnerable adults.

Initial registrations with the Independent Safeguarding Authority were due to commence in July 2010 but implementation of this part of the scheme was halted to allow a review by the incoming government.

The review into the Vetting and Barring Scheme (VSB) was published in February 2011. Key recommendations include:

- The merging of the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) to form a streamlined new body, providing a proportionate barring and criminal records checking service.
- A large reduction in the number of positions requiring checks to just those working most closely and regularly with children and vulnerable adults

- Portability of criminal records checks between jobs to cut down on needless bureaucracy
- An end to a requirement for those working or volunteering with vulnerable groups to register with the VBS; and
- Stopping employers who knowingly request criminal records checks on individuals who are not entitled to them.

The Coalition Government has confirmed that, until all the appropriate legislation has been introduced (Protection of Freedoms Bill) and the new arrangements are established by 2013, the existing responsibilities of employers and the ISA will remain in force as introduced in October 2009. These include:

- A person who is barred from working with children or vulnerable adults will be breaking the law if they work or volunteer, or try to work or volunteer, with those groups.
- An organisation which knowingly employs someone who is barred from working with those groups will also be breaking the law.
- Any organisation working with children or vulnerable adults which dismisses a member of staff or a volunteer because they have harmed a child or vulnerable adult, or would have done so if they had not left, must tell the Independent Safeguarding Authority.

2.4 Safeguarding adults in the NHS

Towards the end of 2009/10, in February 2010, the Department of Health published „Clinical Governance and Adult Safeguarding - An Integrated Process", which aims to encourage NHS organisations to develop local robust arrangements which will streamline systems to ensure that clinical governance and adult safeguarding are fully integrated.

Work continued to address and implement the guidance during 2010/11and will be further developed during 2011/12 following additional DH publications produced in March 2011. These are targeted at health service practitioners, managers, boards and commissioners in order to achieve good outcomes for patients (see Appendix 3).

2.5 Safeguarding adults in health and adult social care

In November 2010 the DH published „ Vision for Adult Social Care: Capable Communities and Active Citizens" which set out the overarching principles for adult social care and the context of future reform within the framework of the

„Big Society" approach. It states that a modern social care system needs to balance freedom and choice with risk and protection. Essential components of this are the coherent leadership, vision and strategic responsibilities provided by Safeguarding Adults Boards. It also states that safeguarding is central to enabling people to live the lives they choose (personalisation).

On the same day, the DH published a briefing paper „Practical approaches to safeguarding and personalisation" which sets out how personalisation can contribute to more effective safeguarding through stronger, whole community approaches (Big Society) and well-designed self-directed support processes. These will focus on prevention and reducing the risk of harm and abuse through effective and proportionate risk management involving individuals and communities.

However, personalisation will not replace the need for adult safeguarding systems and procedures for people who are unable to keep themselves safe because of their situation or circumstances.

2.6 Progress Report on "Six Lives – the provision of public services to people with learning disabilities"

An original report from the Local Government Ombudsman in March 2009 called for the urgent review of health and social care for people with learning disability in response to complaints from MENCAP, the learning disability charity, following the deaths of six people in NHS and social care between 2003 and 2005. All NHS and social care organisations in England were required to review their service capacity and capability to understand and meet the full range of needs of people with learning disabilities in their local area. They were required to report back within their own governance structure within 12 months of publication of the Six Lives report.

The national Six Lives Progress Report (October 2010) recognised that, whilst much work had been done in some organisations to improve health care for people with learning disabilities, and progress had been made, that good work was not embedded everywhere and serious concerns remain. The concerns particularly centre on how far the law is being followed in terms of:

- making „reasonable adjustments" in line with the Disability Discrimination Act 2005 and now the Equality Act 2010.
- assessing capacity, gaining consent and best interest decision making inline with the Mental Capacity Act 2005.

In Northamptonshire, an update on local progress against the recommendations of the national Six Lives Report was presented to the

Health and Adult Social Services Scrutiny Committee in September 2010. In summary, whilst there was evidence that services for people with learning disabilities were starting to take action and showing signs of improvement, there was still along way to go. There was confirmation that „reasonable adjustments‟ were being made but that good practice was still patchy. There was clear acknowledgement that having information about people with learning disabilities is vital and that systems must deliver as well as individuals. It was considered that champions, training and behaviour changes are more important that resources in delivering the Better Healthcare Plan.

2.7 Deprivation of Liberty Safeguards

Deprivation of Liberty Safeguards (DoLS) was introduced in 2007 as part of the Mental Capacity Act. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty when this is in their best interests. They also prevent arbitrary deprivation and give people the right to challenge a decision. The legislation set out a procedure for care homes and hospitals to obtain authorisation to deprive an individual of their liberty with effect from April 2009.

Following conclusion of the second full year of DOLS legislation, Northamptonshire has shown a steady referral rate and the DOLS Service continues to promote and support use of the legislation for adults who lack capacity and who receive care or treatment in either residential/nursing care or in a hospital setting. The interface with the Mental Capacity Act and use of the Mental Health Act as an appropriate alternative continues to develop alongside useful case law which serves to inform professional practice.

2.8 Independent Mental Capacity Advocate (IMCA)

The Mental Capacity Act 2005 came fully into force in October 2007, providing a legal framework for acting and making best interest decisions on behalf of people aged 16 and over who lack capacity and may not be able to make decisions for themselves. The Act is supported by a Code of Practice. The Act created an additional role of Independent Mental Capacity Advocate (IMCA), who is someone appointed to support a person who lacks capacity to make decisions and has no one to speak for them.

The aim of the IMCA service is to provide independent safeguards for people who lack capacity to make certain important decisions and, at the time such decisions need to be made, have no one else (other than paid staff) to support or represent them or be consulted.

An IMCA must be instructed and then consulted for people as described above, whenever:

- an NHS body is proposing to provide serious medical treatment
- an NHS body or a local authority is proposing to arrange accommodation(or a change of accommodation) in hospital or a care home
- the person will stay in hospital for longer than 28 days
- they will stay in the care home for more than eight weeks

An IMCA may be instructed to support someone who lacks capacity to make decisions in respect of adult protection cases, whether or not family, friends or others are involved. Advocacy Partners Speaking Up, in partnership with Advocacy Alliance, are contracted to provide generic and statutory advocacy services across Northamptonshire. They are known as „Total Voice".

3 LOCAL CONTEXT

3.1 In November 2008 and 2009 Northamptonshire County Council asked the Improvement and Development Agency for Local Government (I&DeA) to conduct an initial and a follow-up peer review of our safeguarding arrangements. Whilst highlighting some areas of strength, the review also led to a number of recommendations for action. The recommendations were translated into action plans for 2008/09 and 2009/10, virtually all of which were achieved before the current strategic plan for 2010/12 was endorsed by the Board.

In September 2010 the Care Quality Commission (CQC) carried out an inspection as independent regulator of health and adult social care services. Its role was to find out how well the council was delivering social care. In addition to Leadership and Commissioning, the Inspection Team focussed on how well Northamptonshire was:

- Safeguarding adults whose circumstances made them vulnerable.
- Increasing choice and control for older people.

In the area of safeguarding, CQC thought the Council was doing well by:

- Providing a wide range of good quality safeguarding training which was free to the private, voluntary and independent sector

- Operating an effective system with well trained staff to enable people to get in touch with adult care services
- Inviting the I&DeA to carry out a peer review of its safeguarding practice and implementing the recommendations.
- Finding ways to increase staff available to respond to increased numbers of safeguarding referrals.
- Linking Commissioning staff into the safeguarding system so that patterns of concern could be recognised and acted on.
- Inspiring staff confidence in its leadership and management support.

CQC made a number of recommendations for improving safeguarding customer outcomes. It recommended that the council and its partners should:

- Ensure greater publicity for community safety initiatives
- Establish systems for monitoring training need and uptake in all sectors and introduce a requirement for refresher training.
- increase the number of formal protection plans and assessments of mental capacity recorded on customer records
- Develop a robust framework which identifies both when it will be appropriate for a provider to investigate a safeguarding referral and how to quality assure this activity.
- Develop the SOVA Board‟s use of detailed data about safeguarding activity and trends for the purposed of strategic planning.
- Support the Board to develop a higher profile amongst operational staff as the body which sets and assures standards.

CQC concluded that, overall, Northamptonshire was performing adequately in safeguarding adults and adequately in supporting increased choice and control for older adults. It also concluded, on the basis of what it had seen, heard and looked at from partners, staff, customers and carers, that Northamptonshire‟s capacity to improve its performance was promising.

4 THE NORTHAMPTONSHIRE SAFEGUARDING VULNERABLE ADULTS BOARD

4.1 Purpose and membership

The Northamptonshire Safeguarding Vulnerable Adults (SOVA) Board exists to provide strategic leadership for effective local safeguarding arrangements. With senior representation from many partner organisations, the inter-agency Board offers a robust mechanism to discuss, develop and action the clinical and practice changes required for high quality safeguarding service delivery. The forum ensures that policies, procedures, protocols and guidelines reflect national policy and expected best practice. Whilst, as yet, the housing sector is not represented on the Board, GP engagement is being actively pursued.

The Board appointed an Independent Chair in June 2009 to bring additional objectivity and stronger governance; an independent Vice Chair was nominated in January 2010.

The need for professional business support to the Board was also recognised and a permanent appointment was made in October 2010, making a positive contribution to the professional running of the Board and its business. In February 2011 a piece of work with NCC Children and Young People‟s Services began to look at the possible longer term integration of business support to the Local Safeguarding Children Board for Northamptonshire (LSCBN), Children and Young Peoples Trust and the SOVA Board. This has been in recognition of the significant crossover of the responsibilities of the three boards and the potential for efficiencies. This exercise will be concluded in October 2011.

Greater links began to be established between the adult and children‟s safeguarding boards during 2010/11. The Chair of SOVA Board has met with the new Chair of LSCBN and each has attended the other Board. There will be increasing opportunities to develop joint protocols with the Local Children‟s Safeguarding Board around the „Think Family‟ agenda and „safeguarding across the generations‟.

Members of the Board and their nominated deputies include those who work at a strategic level and others with a more operational, front-line focus. Membership is drawn from health providers and commissioners across the health sectors, Police, Probation Trust (for multi-agency public protection arrangements - MAPPA), Fire and Rescue Service, University of Northampton, and branches within the County Council. A representative from the Northamptonshire Association of Registered Care Homes (NORARCH) attends on behalf of a section of the independent care home sector. Some SOVA Board members are also members of LSCBN. Whilst the housing

sector is not yet represented on the Board, GP engagement is being actively pursued.

Public engagement is an essential element for adult safeguarding and users and carers are represented on the Board and are members of the User and Carer sub-group. A representative from Northamptonshire Local Involvement Network (LINk) is a member and the continuing input from an Expert by Experience is greatly valued. The Care Quality Commission, as regulator for both the NHS and adult social care, has observer status on the Board, attending on an annual basis or by invitation at other times.

All members of the Board are required to report to the respective Boards or management groups within their own agencies on the work of the SOVA Board and a mechanism has been agreed to ensure that policies and procedures are signed off by individual partner agencies as required.

The following sub-groups support the Board's work:

- Training
- Professional Practice and Procedures
- Quality Assurance and Performance
- Users and Carers
- Serious Case Review

From February 2011 the Serious Case Review sub-group became more formalised in order to respond to issues arising from the two Serious Case Reviews which commenced in 2009/10 but which were concluded during 2010/11.

All five have a regular meeting cycle and are chaired by members of the Board, with other members drawn from across partner agencies. Task and finish groups, involving wider groups of staff across agencies, are convened as required for specific matters.

4.2 The Training Sub-group

The Training sub-group is well established and has a key role to play in ensuring that staff are trained to recognise and report abuse. The sub-group fulfils this role by producing and overseeing the delivery of single and multi-agency training and comprises of representatives across the local authority, health, police and other relevant partners.

The training sub-group has made considerable progress during the last year and achievements include:

- The launch of the multi-agency workforce development strategy, which sets out a competence framework for all agencies. The strategy sets out the range of activities to develop the appropriate level of skill and competence for all staff involved in safeguarding adults.
- The roll-out of a multi-agency Level three training programme that has consistently received very positive feedback about the content and delivery
- Training matrix implemented across all agencies to ensure that a robust reporting mechanism is in place to demonstrate progress made of the workforce trained in safeguarding adults.
- Early engagement with GP‟s and Dentists, who have received basic awareness training.

In terms of planning for 2011/12, we are moving into a challenging period, as the sub-group recognise the complexity of building and maintaining a training programme which can deliver and bring about real changes in attitudes and behaviours, yet have limited resources available across agencies. It will be vital to plan how appropriate levels of funding to invest in training can be sustained and the success of the future work plan will rely on open multi-agency collaboration. The main objectives for 2011/2012 include:

- The sensitive process of involving service user and carers in training.
- The introduction of a customised e-learning package that supports Northamptonshire‟s policy and procedures and helps to send out the key safeguarding messages to a large and diverse target audience.
- Quarterly progress reports that will include statistics of the current workforce trained per organisation.
- A dedicated training page on the Northamptonshire website to include the training strategy, dates of training and links to relevant electronic resources.

In addition, multi-agency training is provided on Deprivation of Liberty Safeguards and the Mental Capacity Act, both of which are under review. Associated training is also available e.g. Dignity in Care, pressure care, manual handling, medication management.

Information on inter-agency safeguarding training is currently available through the NCC internet via the Safeguarding Vulnerable Adults page: http://www3.northamptonshire.gov.uk/councilservices/adult-social-care/safeguarding/Pages/default.aspx

4.3 The Professional Practice and Procedures Sub-group

The core function of the professional practice and procedures sub-group is to ensure that the inter-agency procedures and other related policies are continually up-dated to reflect national and local developments and lessons learnt. The group is responsible for ensuring that this guidance is disseminated widely across all agencies to support staff in their day to day practice and to ensure that the principles of adult safeguarding are adhered to in order to aid good understanding and consistency. During 2010/11 operational requirements dictated the need to develop shared documentation and refresh guidance. Considerable progress has been made on these and all the documentation is accessible on the NCC safeguarding web page.

- Refresh of the Inter-agencies procedures
- Safeguarding Toolkit and practice guidance
- Standardised paperwork and other related documentation
- Implementation of the Thresholds paper
- Information Sharing Protocol
- Mechanisms in place to collect and report data

As the awareness and reporting of adult safeguarding rises year on year, the challenge for everyone will be how to respond and manage the demand in a safe, timely and proportionate way. In order to achieve this, the key objective for the group in 2011/12 will be to identify and develop best practice tools in the screening and risk management of all referrals. In addition, the work plan will include identifying mechanisms to respond to whole service concerns and institutional abuse plus the development of practice guidance to underpin the inter-agency procedures which are available on :
http://www3.northamptonshire.gov.uk/councilservices/adult-social-care/safeguarding/Pages/safeguarding-adults-forms.aspx

4.4 The Quality Assurance and Performance Sub-group

The sub-group"s work-plan during the first six months of 2010/11 was affected by lack of continuity in membership and additional workload arising from the SCRs. Membership of the group was reviewed by the Board in September 2010 in order to ensure it was more fully representative of the whole partnership, empowered on behalf of their organisation to progress the work. In recognition of its huge remit, the work was also refocused on a much narrower and clearer remit, based around data quality and performance information. Assurance and governance arrangements for SCRs are to be transferred to the SCR sub-group. Revised Terms of Reference were approved in February 2011.

Attendance is now consistent and the group has made progress around the production of data requirements to inform the work of the group and the Board. Data capture and reporting is in place through the development of a monthly Safeguarding Insight Pack with specialist support from the NCC Performance and Information Manager. Future challenges remain in respect of capturing institutional trends and concerns as well as refining the data sets and narratives to improve use and reliability, ensuring these match data and perceptions about data in other agencies.

4.5 The Users and Carers Sub-group

The Users and Carers sub-group has become more firmly established with an increased membership being recruited during 2010/11. All the core members have personal experience of a safeguarding event. Terms of reference and a work plan are in place. The group has already reviewed and given constructive feedback on certain NCC policies, procedures and agreements. It is also involved in a research project with the University of Northampton to produce a DVD, illustrating the personal safeguarding experiences of local people, in order to raise the profile and voice of service users and their carers. The DVD would be used to inform and influence professional practice in the East Midlands region. The Chair of the sub-group has liaised with the Chair of the Local Safeguarding Children Board for Northamptonshire in relation to having an equivalent sub-group for vulnerable children and their carers.

4.6 SCR SUB GROUP

A standing Serious Case Review (SCR) sub-group has been established which is at an early stage of development. Terms of Reference have been set and membership is drawn from the Board or their nominated deputies.

The role of the sub-group is to decide whether an SCR should be commissioned. It will ensure that an SCR is completed to a high standard and within agreed timescales, according to guidance and best practice. It will ensure that recommendations and action plans are implemented by the Board and partner agencies as well as identify and disseminate learning from SCRs.

4.7 Additional sub-groups

Two additional sub-groups are convened on an ad-hoc basis. The Communications & Public Engagement and Legal sub-groups are joint groups with colleagues from children‟s safeguarding and enable collaborative work in these areas. The legal department at the County Council continues to provide support to the Board as required; external legal support would be sought in the event of a potential conflict of interest.

5 REVIEW OF ACHIEVEMENTS IN 2010/11

5.1 Charter and Strategic Plan

Adult safeguarding work now has a much wider remit than adult protection, sitting alongside wider community safety (hate crime/hate incidents; multi-agency risk assessment conference – MARAC; interpersonal/domestic violence) and the PREVENT (anti-terrorism) agenda (see Appendix 3). The Board‟s policies were reviewed and a Charter and Strategic Plan approved in April 2010. These define the principles which underpin best practice in safeguarding, highlight how the Board will develop its approach and set a direction for three years, with an action plan. The aim is to deliver safeguarding to standards that are regarded as best practice with a focus on positive outcomes for individuals. Most of the actions outlined in the plan have already been achieved ahead of anticipated timescales. Planning for the future 2011/14 work plan will form part of the Board‟s development day later in the year.

The Board is acutely aware of the immediate and serious financial pressures being experienced by all public services which are likely to last for a number of years. In response, Northamptonshire County Council and Health Providers have been going through radical restructures within their organisations. It will be a major challenge for partners to maintain the required resources (staff and services) and expertise to prevent vulnerable adults from „falling through the gaps‟ in the face of demographic and financial pressures. It will require sustained commitment and innovation on the part of all agencies represented at Board to continue to work together to mitigate the impact of such severe cuts.

5.2 Procedures and Practice Guidance

Serious Case Reviews: A review of the detailed guidance for undertaking serious case reviews was commissioned and ratified by the Board in 2009. This amended guidance was used for two serious case reviews which were commissioned in January 2010. Following this, it was considered necessary to further review the guidance as additional areas for improvement were identified. The Board has since decided to defer any more work on the guidance due to the direct benefit Northamptonshire will acquire when it becomes a pilot area for the new East Midlands Serious Case Review Project. This will examine alternative models to Serious Case Reviews and when a SCR is most appropriate. This is expected to take place in early 2011/12.

Safeguarding Notification (referral) and outcome (conclusion) forms have been further updated during the year in order to achieve more specific data capture as well as the customer‟s view of the outcome. This will enable improved reporting against the local safeguarding performance indicators and the identification of potential safeguarding trends. However, the full effect of this will not be seen until the end-of-year data for 2011/12 is produced. The forms have been shared and circulated widely across public, voluntary and independent sector and partner agencies. Together with the procedures, they are accessible to everyone, including the public, via the NCC Safeguarding web pages.

The *Toolkit* which was developed to provide immediate operational guidance for frontline staff last year was amended in 2010/11 to reflect the recommendations arising out of the CQC Inspection of September 2010. The amendments include making protection plans mandatory and evidencing that mental capacity has been appropriately considered and recorded.

Thresholds: The safeguarding thresholds paper, developed last year by an inter-agency task and finish group and endorsed by CQC and DH, was initially piloted by the NCC Safeguarding Adults Team early in 2010. The framework came into routine use from last summer and has now begun to be embedded across the sector. It has had a very positive impact within the initial screening and risk assessment process in ensuring that only appropriate referrals are picked up by the Safeguarding Adults Team and the safeguarding response is appropriate and proportionate to the concern. This enables investigation under the safeguarding process to be appropriately reserved for vulnerable adults at highest risk. In addition, it has had an extremely beneficial effect on reducing the average number of days for completing a safeguarding investigation to well under the 28 day timescale for all but complex or exceptional situations.

The Northamptonshire Inter-agency Safeguarding Procedures for responding to allegations of abuse and/or neglect of vulnerable adults were re-launched in November 2010. The intention was to refresh and update the original 2007 version in order to clarify the principles of good practice, strengthen local arrangements and ensure coherent practice across all organisations and sectors. The updated version has been well received by all agencies.

Pressure ulceration: the reporting process for patients with pressure ulceration was updated in December 2010. Its purpose is to help operational staff report what mitigating actions are being taken to address skin care concerns. It becomes a safeguarding concern when skin care concerns are not being addressed i.e. where no mitigating action is being taken or where appropriate help is not available, as this may potentially highlight poor or possibly abusive practice. Reporting also provides information as to where occurrences of skin care concerns are being identified more frequently and therefore, where intervention may be most needed.

5.3 Partnership working

Positive partnership working is evident on a daily basis between frontline workers in response to safeguarding concerns – in consultations, in strategy meetings, protection planning and monitoring. It is reflected in regular information sharing meetings with operational safeguarding leads as well as in Board sub-groups. In addition, it is demonstrated in regular strategic meetings with the regulator, CQC. The joint service model for the statutory DoLS service is ongoing between NCC and NHS Northamptonshire.

Whilst the Care Home Escalation Policy has not been formally invoked during 2010/11, the framework is constantly used in the course of information sharing meetings and informs commissioning colleagues and operational staff in their response to, and management of, large-scale and complex institutional concerns.

There have been examples of local criminal prosecutions against safeguarding offenders which has involved partnership working with Northamptonshire Police. The three month „vulnerable adult" pilot also evidenced close working with the Police and many other agencies e.g. drug and alcohol services, housing and mental health services.

The local inter-agency Dignity in Care group continued to meet during 2010/11, despite the abrupt end of the national support network following the General Election. It now meets quarterly to plan events and to review progress. The most significant progress was made between Kettering General Hospital, Northampton General Hospital and NCC, who had well developed work streams to ensure dignity in care remained a high priority.

Unfortunately the staff who co-ordinated much of the activity around dignity in care left NCC at the end of 2010 but it is hoped the network will continue to thrive. A Dignity in Care Conference was held in May 2010, being shaped by the input from users and carers. Partnerships with users and carers continued with a further forum held to discuss complaints and representations. Dignity in Care training remains available and has been refreshed.

5.4 Publicity and Information

The effect of stories in the national press and local safeguarding cases have had an ongoing impact on safeguarding activity in Northamptonshire, with further higher levels of referrals received during 2010/11 - an increase of 37%. Specific safeguarding leaflets are being revised and generic information leaflets will also include a safeguarding section. In addition the NCC safeguarding web pages have been expanded.

5.5 East Midlands Regional Safeguarding Group

NCC is a member of this group which is made up of Local Authority (LA) safeguarding managers/ leads within the East Midlands region. The group meets quarterly to share information and learning around best practice in the delivery of adult protection. The group is affiliated to the East Midlands (EM) Adult Social Care Joint Improvement Partnership and Dignity Programme Board which seeks to support LAs In promoting programmes to work collaboratively via audit and practice experience in order to improve the safeguarding of vulnerable adults. In 2010/11 the group agreed to form a task and finish group which focussed on the application of thresholds, eligibility and vulnerability across the region using five key outcomes.

Outcome 1 - to identify and establish an agreed understanding of 'safeguarding'

Outcome 2 - to research and reach a common understanding and recognition of vulnerability not only of the individual (adult or child) but of the situation or environment they find themselves in and to ensure that the communication of and sharing of that information, both intra and interagency, is robust

Outcome 3 - to map how thresholds are used regionally and to identify areas of consistency or otherwise along with the rationale behind threshold decisions in order to inform local, regional and the national debate and to share the findings across the region

Outcome 4 - to develop regional consistency and regional agreement regarding outcomes

Outcome 5 - to identify the services provided to people who do not meet the threshold.

A report on the initial findings was presented to the EM Board in September 2010. The Board has agreed to continue to support this work stream in developing regional agreement and consistency. It has appointed a new regional coordinator for 2011/12.

5.6 East Midlands Regional Deprivation of Liberty Safeguards Forum

The Northamptonshire DoLS service is a member of this forum which carries on despite the withdrawal of central government funding for staff to manage it. The DoLS leads within the region have moved to a self-governing model, continuing to provide informal support, analysis of regional/national trends and links with the national DOLS „Communities of Practice" website. The forum offers an opportunity to query case law, practice and approaches to DOLS case work as well as a chance to debate the challenges and frustrations around embedding DoLS and mental capacity considerations and assessments into frontline practice. It is also an excellent forum for identifying possible routes to relevant training for Best Interests Assessors and Section 12 Approved Doctors.

6 SERIOUS CASE REVIEWS – LESSONS LEARNT

6.1 A serious case review is undertaken when a vulnerable adult dies (including death by suicide) **and** where **substantial** abuse or neglect is known or suspected to be a factor in their death. SCRs are not enquiries or reinvestigations into cases, nor is their purpose to apportion blame. The purpose of a serious case review is to establish whether there are lessons to be learnt from a particular case about the way in which local professionals and organisations work together to safeguard and promote the welfare of vulnerable adults. Northamptonshire SOVA Board supports serious case reviews as an essential part of service development which can lead to important changes to policy and practice to improve safeguarding arrangements in the future. The SOVA Board owns lessons learnt.

6.2 Two serious case reviews were commissioned in December 2009 and January 2010 which were both concluded after April 2010. The first concerned the deaths of an elderly couple. The second case concerned a nursing home. A separate independent author was appointed to consider each case. Two SCR panels were established and the SOVA Board agreed the findings of each review, to be published via an Executive Summary. These were published in August and October 2010 respectively.

6.3 SCR1 (elderly couple) – lessons learnt

The key themes of lessons learnt were in respect of:

- Improving staff understanding of mental capacity (ref. Mental Capacity Act 2005) and recommending the routine recording of mental capacity and consent in the context of a customer, considered to be vulnerable but with capacity, who refuses services against professional advice.
- Acknowledging the need for support to staff in the face of a customer choosing to make perceived unwise or risky decisions.
- Improving inter-agency referrals, provision of current information about available services and keeping front-line staff abreast of this information.
- Improving understanding across all agencies and staff groups of the service entitlements of people who fund their own care.
- Confirming that the Single Assessment Process is in use across all agencies represented at SOVA Board
- Clarifying expectations and processes for referral feedback, including to members of the public, and the use of language to describe understandings of priority, risk and vulnerability.

6.4 SCR2 (nursing home) – lessons learnt

The key themes of lessons learnt were in respect of:

- Needing a system to bring together information from all relevant placing agencies and CQC as part of the Inspection and Contract Monitoring process. This information also to be available to CQC to assist their monitoring of care homes.

- Ensuring and recording robust, effective and timely reviews and reassessments against service provider specifications, conducted by a professional with a minimum of Level 2 safeguarding training.

- Improving communication between and within services through a clear policy and procedural frame which includes information sharing protocols, terms of reference and fixed points for meetings as well as accountabilities.

- Developing an integrated information base within NCC which may be extended to other agencies to include placements made under Continuing Healthcare (CHC) and Residential Nursing Care Contribution (RNCC) funding.

- Information-sharing and communication protocols should include how "unsubstantiated concerns" should be reported and how they should be responded to.

- Reviewing and updating the Northamptonshire Inter-Agency Safeguarding Procedures (2007) and incorporating lessons learnt from SCRs.

- Developing a multi-agency, holistic approach to all reviews in care homes, regardless of funding source, using common paperwork and through joint training.

- Strengthening the NCC contract monitoring process to include the user and carer perspective.

- Taking account of and demonstrating user and carer views in multi-agency reviews.

- Ensuring and maintaining the dignity of service users at all times throughout the safeguarding process.

- Holding a meeting with the Coroner to consider whether any form of agreement or protocol is required for future situations.

- Agreeing safeguarding training standards for all staff who work with vulnerable adults, the frequency for updates and the receiving of regular reports on take-up.

6.5 Individual organisations have been required to provide assurance to the Board on an ongoing basis of progress against lessons learnt until the Board has been satisfied that full implementation of each action plan has occurred.

6.6 No Serious Case Reviews have been commissioned during 2010/11.

6.7 There is no comprehensive framework for the management and process of adult SCRs either nationally or locally. In July 2010 the East Midlands Joint Improvement Partnership (EMJIP) commissioned a review of all SCRs in the region. This was followed by a multi-agency conference in Feb 2011 and then by a number of regional training events. The project, hosted by Leicestershire County Council, introduces a new four stage approach which is more cost effective, less time consuming, ensuring learning is disseminated and acted upon in a timely manner. Northamptonshire has agreed to be the second pilot site and plans will begin shortly to identify key outcomes for this work stream.

7 PARTNERSHIP CONTRIBUTIONS TO ADULT SAFEGUARDING IN 2010/11

7.1 This section highlights the developments and achievements in adult safeguarding identified by partner agencies during 2010/11.

7.2 Northamptonshire County Council (NCC)

Improvements in safeguarding continued to be an ongoing focus for NCC in 2010/11 and safeguarding was part of the Care Quality Commission Inspection of adult social care services in September 2010.

Across the Council, safeguarding has continued to have a high profile in relation to all staff e.g. induction days and large Council events. There is a high level commitment from the Portfolio Holder for Adult Social Care.

It has been another demanding year for the Safeguarding Adults Team with a 37% further rise in the number of notifications (referrals) received. This demonstrates the continued effectiveness of training, awareness-raising and the confidence of staff in recognising and reporting safeguarding concerns.

The introduction of the thresholds framework has had a very positive effect in addressing and improving the management of the volume of incoming work. This has achieved the desired effect of ensuring that only the most complex and high risk safeguarding situations appropriately remain with the Safeguarding Team. This has allowed the team"s expertise and capacity to be focused where it is needed most and enabling appropriate diversion of some safeguarding activity to other internal and external teams or commissioners. Nevertheless, the Safeguarding Team continues to investigate the majority of all safeguarding referrals made (approx. 75%). The

threshold framework has also had a highly beneficial effect on the achievement of reduced timescales for investigation which, overall, is currently well within 28 days.

The Safeguarding Team continues to provide advice, support and consultation directly to internal and external investigators and colleagues or via the NCC Safeguarding Champions and external Safeguarding Leads.

Good progress has been made in the requirement to capture accurate data on safeguarding activity. During 2010/11 five safeguarding performance indicators were proposed and adopted. First monthly reporting began in September, delivered through the development of the Data Insight Pack. This presents data more clearly, giving a much improved picture and enabling better understanding, based on more accurate evidence. Quarterly reporting is made to the SOVA Board and the Quality Assurance and Performance sub-group. The indicators are as follows:

- SAT1 - number of referrals received per month by type and source.
- SAT2 - number of referrals closed per month per outcome.
- SAT3 - % split of on-hand (open) referrals between safeguarding team and other NCC teams (by locality).
- SAT4 - average time to complete a safeguarding related investigation.
- SAT5 - training provision - % completed, scheduled and outstanding against

Level 1, Level 2 and Level 3 (2 options).

Any requirement for more detail and depth of reporting would, however, require the issue of resources to be addressed.

Safeguarding training has continued to be delivered to increasing numbers of staff, including in the private, voluntary and independent sector. E-learning via Kwango and Level 1 training are available to anyone. Training opportunities are ongoing and will be further extended to provider services in 2011/12, albeit at a charge.

Customer or advocate views on the outcome of a safeguarding event for the individual can now be recorded on the outcome form (SA6). In addition, the first safeguarding customer consultation exercise was carried out in July/August 2010. It gathered feedback from an initial group of 100 customers and their carers who had undergone a safeguarding experience since April 2010. The purpose was to find out their views on the quality of the service and the support they had received during this experience. Questions

were asked from a range of customers of all ages and with a range of disabilities about the information available to them and the process. In addition their views were sought on whether their experience had resulted in a positive outcome for them and what might have worked better. For the majority, it had resulted in positive outcomes. A recommendation was made for the improved availability of information and where to get it. A second recommendation was made for an information leaflet explaining „next steps" once a safeguarding investigation was underway.

A three month pilot ran from October – December 2010 responding to referrals on adults, considered vulnerable for a wide range of reasons, who had been referred because there were concerns they may be at risk or in crisis but were not known to services. A dedicated worker, located with the Safeguarding Team, contacted 87 people over this period to try to engage with and carry out assessments of risk and mental capacity on these often „hard-to-reach" people. The aim was to establish whether the safeguarding process was appropriate and/or whether they needed assistance to access other services. Approximately one third had no need of or declined referral to other services, some were signposted elsewhere and a very small number agreed to be referred for a community care assessment. In order to take forward the learning from the pilot means that further work needs to be done with partner agencies. This is to meet the challenge of how it may be most appropriate to respond to this group of people within future financial constraints, most of whom are not eligible for many services but who present in time of crisis.

7.3 <u>All NHS organisations</u>

The local health economy is well represented on the SOVA Board with senior officers from all NHS organisations in the county as active members of the Board. All NHS organisations have their own executive leads for safeguarding and adult safeguarding committee structures to enable safeguarding to be cascaded through their organisation and embedded in clinical practice. Each organisation has prepared its own safeguarding report which details specific safeguarding activities, achievements and future actions.

7.4 NHS Northamptonshire - Commissioning (NHSNC)

Safeguarding accountabilities are clear across NHS Northamptonshire with well defined processes in place. The leads are highly committed to ensuring that safeguarding is everyone"s business and remains an integral part of world class commissioning under the NHS reforms.

This report for 2010/2011 demonstrates that good progress has been made in ensuring that safeguarding adult policy and practice are implemented across commissioning and provider functions with clear accountability and governance arrangements in place to support this.

The attainments for 2010/2011 include:

- NHS Northamptonshire continues to be a highly committed proactive partner within the Northamptonshire Safeguarding Adults Board and their sub-groups. The Training and Serious Case Review sub-groups are facilitated by the Associate Director of Safeguarding and the Professional Lead attends both the Quality Assurance and the Professional Practice sub-groups.

- External assurance is obtained from the four main providers through the submission of the Markers of Good Practice for both safeguarding and the Mental Capacity Act 2005. Positive achievements during the last year include audit of clinical notes to ensure that the Mental Capacity Act 2005 is embedded into clinical practice and staff awareness of safeguarding practice and procedures, policies and procedures being revised to ensure that good practice for vulnerable adults is considered. Areas that require to be strengthened are the inclusiveness and feedback from service users and carers about the safeguarding process and the training of all the appropriate workforce by the safeguarding leads. The self-assessment assurance framework from the Department of Health will replace the markers of good practice. The tool has been endorsed by the SHA and encompasses six key areas relating to systems, processes and outcomes for safeguarding adults. Patient involvement is a focus across each key area and helps services to review and benchmark their safeguarding arrangements, including compliance with the Essential Standards of Quality and Safety and the Equalities Act.

- NHS Northamptonshire launched its three year Safeguarding Strategy, which was formed in partnership with health providers and other agencies. This important strategy outlines the Trust"s approach to ensuring the safety of all vulnerable adults, children and young people.

- Engagement with GPs, dentists and primary care on safeguarding adults has continued over the year. Since September 2009, 365 primary care staff (including 172 GPs) and 204 dental staff (including 56 dentists) have received level one basic safeguarding adults awareness training from NHS Northamptonshire. Mental Capacity Act 2005 training has been delivered to 68 primary care staff (including 39) GPs). Collaborative work with Nene Commissioning has ensured that information and the appropriate forms associated with safeguarding adults and the Mental Capacity Act 2005 is available on Pathfinder and is not only for GP"s but for primary care staff as well.

- Continuing healthcare have and continue to receive training on safeguarding adults, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to ensure that their workforce is up-to-date with current policy and legislation which directly impacts on their clinical practice.

- Health Providers Forums have been attended on a quarterly basis and facilitated by the Professional Lead. Extraordinary meetings with the Local Authority have taken place due to issues raised within the health economy around thresholds for safeguarding investigations. The objective is to ensure that safeguarding adults resources are targeted to those with greatest need and notifications are screened, risk assessed and managed appropriately. A dispute arrangement is now in place to ensure a second opinion is sought when they arise.

- A peer support group has now been created for the safeguarding leads that meets every six to eight weeks to critically examine a safeguarding case in more detail. This also acts as a supervisory and reflective practice function.

- There have been two serious case reviews that have been published which NHS Northamptonshire have participated in during the financial year April 2010 – March 2011 – Parkside House and Mr and Mrs Randall. Continuing Healthcare and the Quality Monitoring Team have completed the majority of tasks within the associated action plans attributable to them.

- End of year statistics reveal that there have been ten referrals to the Deprivation of Liberty Safeguards (DoLs) service from hospitals, which is the same as reported in 2009/2010. Out of these ten referrals, seven were authorised. The DoLs service will continue to operate from a joint commissioned model as agreed at the Joint Commissioning Board in

2010. Within the „Liberating the NHS" proposals, the role of the supervisory body in respect of hospitals will move from PCTs to local authorities, although no date is finalised as yet.

Priorities for 2011/2012 are:

- To maintain robust assurance processes to ensure vulnerable adults are safeguarded during a period of substantial structural change and economic challenge.
- To manage the safe transition of safeguarding adults work into new commissioning structures under the NHS reforms, building clinical and wider partnership engagement at operational and strategic levels
- Continue to deliver on the safeguarding strategy with a particular focus on:

  i) Working with providers to identify and respond to safeguarding trends and support the Local Authority to improve their reporting systems.
  ii) Work with the Local Authority and other partners to capture qualitative and quantitative data regarding service user and carer experience of the safeguarding process.

7.5 NHS Northamptonshire - Provider Services (NHSNPS)

A Named Nurse lead role for Safeguarding Vulnerable Adults was recruited in 2010. This role has seen an increased knowledge and awareness of Safeguarding across the Trust. As a consequence there has been a marked increase in concerns that has resulted in notifications being raised to the lead Authority. Provider Services raised 37 Safeguarding notifications in 2009-2010. In the year 2010-2011 they raised 109 safeguarding notifications; a 34% increase in their rate of referral and 92% of those referrals went onto an investigation process.

The links with related services to Safeguarding have also improved and inter-agency working is now enhanced.

The Markers for Good Practice for Safeguarding Vulnerable Adults and the Mental Capacity Act compliance continue to undergo review.

7.6 East Midlands Ambulance Service NHS Trust (EMAS)

During 2010 a new safeguarding team was appointed comprising the Adult Safeguarding Lead in June followed by the Lead for Safeguarding Children and Young People in July and a Safeguarding Administrator in November.

The new team has reviewed and developed the existing safeguarding policies, systems, structures and education programme in the light of the latest legislation and best practice guidance. The increase in resources has facilitated engagement and awareness of safeguarding across the Trust and enabled participation in a wide range of external forums.

A new safeguarding database has facilitated the collation of trends across the East Midlands region and identification of practice issues including for example repeat referrals, categories of abuse, documentation of capacity and consent and involvement of the patient.

Safeguarding referrals have continued to increase, reflecting the ongoing safeguarding awareness campaign through a variety of different communication media, increased uptake of safeguarding training, observed practice audits and the introduction of clinical supervision. A new 24 hour safeguarding referral line was also introduced in December 2010.

The development of safeguarding systems and provision of data which has been regularly shared internally and externally has led to EMAS being identified as an example of best practice for assurance by the Department of Health in March 2011. EMAS was also found to be fully compliant with Safeguarding in November 2010. EMAS was invited by the Strategic Health Authority (SHA) to present the achievements made with regard to safeguarding, learning disability and the EMAS Six Lives Action plan and dementia to regional conferences.

The education programme and materials produced to support EMAS staff in the work of safeguarding by our Organisational Learning Department have been commended by a wide range of external partners, many of whom have asked for access to them. EMAS was also identified by the Department of Health in the Six Lives: Progress Report as a good practice example with regard to the learning disability education programme for staff. In addition a dementia education package has been developed.

Finally, the EMAS Dignity in Care campaign began in June 2010. There are now Dignity Champions across the organisation and numerous projects which reflect the values of the Dignity Challenge which has also become integral to safeguarding education and other core clinical courses.

7.7 Northamptonshire Police

20010/11 continued to see increased knowledge and awareness of safeguarding vulnerable adults growing within Northamptonshire Police. Training on Protecting Vulnerable People was successfully delivered to all frontline staff and the inter-agency protocol and referral process have been widely promoted and adopted across the Force. New procedures are being written to provide clear guidance in relation to investigations of deaths in care homes. The re-structure of our Referral Unit is underway with the emphasis being on incorporating safeguarding of vulnerable adults. The longer term aim of the new Safeguarding Referral Unit is to adopt a more robust and interlinked approach to safeguarding within a Multi-Agency Safeguarding Hub (MASH), a system which has been successfully implemented in other counties with Police, Social Services and Health all coming together to work as one unit.

7.8 Kettering General Hospital NHS Foundation Trust (KGH)

KGH has continued to strengthen its work with partner agencies to promote and protect the well-being of vulnerable adults. There has been a significant increase in the number of staff undertaking both Safeguarding Adults and Mental Capacity Act (MCA) awareness training. Training remains a high priority. The number of safeguarding notifications raised by staff at KGH has risen sharply. This reflects improved knowledge of safeguarding adult concerns and of the reporting procedures. KGH fully participates in quarterly monitoring reviews „Markers of Good Practice" for MCA and Safeguarding Adults which are undertaken by NHS Northamptonshire and steady progress has been achieved in each.

7.9 Northampton General Hospital NHS Trust (NGH)

Northampton General Hospital NHS Trust (the Trust) is committed to protecting the welfare of vulnerable adults and responding promptly when abuse is suspected. The Trust is committed to promoting a culture where abuse of any kind will not be tolerated and is dealt with promptly if it does occur. In addition to setting its own internal policy commitment, arrangements for promotion of good practice and training arrangements, the Trust is fully committed to partnership working in order to protect and promote the interests of vulnerable people. Therefore the Trust fully endorses and follows the "Procedures for Interagency Approach for Protecting Vulnerable Adults from Abuse" (2010) as published by the Northamptonshire Safeguarding Vulnerable Adults Board. The Trust is represented on the multi-agency

Safeguarding Adults Board by the Director of Nursing, Midwifery & Patient Services.

Key Achievements for Safeguarding Adults at Northampton General Hospital Trust

2010/11

Effective leadership: The Trust has established a Safeguarding of Vulnerable Adults Steering Group, chaired by the Director of Nursing, which provides leadership to the Trust on all matters relating to the strategic and operational delivery of safeguarding adults. The Trust also has a Safeguarding Vulnerable Adult Lead in post who has significantly raised awareness of all safeguarding issues through education and support for all Trust staff.

Partnership working: The Trust has participated in NHS Northamptonshire‟s quarterly reviews during 2010/11 which have demonstrated that NGH has consistently met all its requirements.

SOVA Training: This training is mandatory for all staff. During 2010/2011 95% of all staff undertook Level 1 awareness training.

Activity Data 2010 / 2011: The Trust has a responsibility to protect vulnerable adults from abuse and to report it if it occurs. 60 alerts were raised by our staff regarding patients admitted into NGH care, 47 required full investigations. The remaining 13 alerts were withdrawn or unfounded and therefore did not require full investigation or the safeguarding incident was regarded as a self neglect. There has been an increase of approximately 30% in referrals by Trust staff regarding safeguarding matters.

Lessons learnt from SOVA's: The Trust strives to ensure that lessons are learnt from safeguarding referrals and the SOVA steering group ensure this happens. The main areas for improvement are multi-agency communication and discharge planning.

Priorities 2011/2012

The Trust is addressing the following priorities within 2011/2012:

- Develop better integration of children/adults safeguarding
- Further develop NGH‟s SOVA Training Plan and ensure that it is integrated within all directorates. The implementation of E Learning as a training tool
- Further integrate safeguarding processes within all operational procedures

7.10 Northamptonshire Healthcare NHS Foundation Trust (NHFT)

Safeguarding is operating within an ever-changing environment. NHFT has recently undergone a major service redesign within its mental health services and the forthcoming transfer of services from NHS Northamptonshire Provider Services is likely to result in service redesign in other services. In preparation for Northants Provider Service (NHSPS) merging with the Trust, a due diligence exercise was put into action during 2010/2011 including a „confirm and challenge" event. Once the two organisations merge it is planned that there will be a review of the safeguarding teams and a structure developed to ensure that the safety needs of service users, families, local community and the Trust are met.

The safeguarding function of the organisation is directed and monitored by the Trust Safeguarding Group. This group now meets monthly and is chaired by the Deputy Director of Nursing.

In addition to the annual report, quarterly reports on safeguarding are provided for the Trust Governance Committee (in accordance with Trust governance arrangements). The minutes of the Trust Safeguarding Group meetings are also sent each month to the Governance Committee for scrutiny and comment.

An audit of staff awareness and understanding in respect of safeguarding adults and children continues to demonstrate that staff have a good understanding of safeguarding. Changes to the Trust Supervision Policy have been implemented as a result of the audit to incorporate a question by the supervisor about any safeguarding issues the member of staff may encounter in their role.

Safeguarding work carried out by Trust staff is now being captured on the ePEX clinical record system. Staff are expected to record any referral that is made regarding a concern of abuse about a child or an adult. They should also record any other safeguarding activity, for example attending a meeting or telephone contact for advice. The safeguarding lead nurse also records activity in relation to patient contacts, giving advice and attending safeguarding meetings.

In the past year Trust staff have completed a total of 40 child protection referrals; this is similar to last year"s total of 39 referrals. The majority of referrals are made by staff from Child and Adult Mental Health Services.

Within the Trust, activity in respect of safeguarding adult concerns is increasing year on year. In all, 111 referrals were made in the year 2010 to 2011 in respect of NHFT service users. The previous year the total was 49; this represents a 54% increase. The increase in safeguarding adult activity

compares well with our partner organisations in health and is also in line with the increase of reported referrals received by NCC Safeguarding Adult Team.

Safeguarding training is available within NHFT in a variety of formats including face-face, e-learning, DVD and an information leaflet. Child protection training is provided for all staff in compliance with statutory requirements. Safeguarding adults training is mandatory for all staff working at Band five or above. All staff receive safeguarding training at Level 2 on induction to the Trust.

7.11 Northamptonshire Association of Registered Care Homes (NORARCH)

NORARCH were invited to join the Board during 2009/10 to represent a section of the independent care home sector. They have found membership of the Board to be constructive and have found some of the presentations made during the year to be very useful from a wide range of perspectives. However, given that the residents of care homes are potentially among the most vulnerable in society, NORARCH would welcome more analysis of the underlying reasons why safeguarding issues arise within these settings as well as assistance for the sector to have a better understanding of the application of the threshold framework.

7.12 Northamptonshire Fire and Rescue Service (NFRS)

The Fire and Rescue Service is represented on the SOVA Board by the Head of Service Delivery. The Fire and Rescue Service have continued to contribute to the safeguarding agenda through the three major strands of its strategic plan, prevention, protection and response. Over the last twelve months the fire service has continued to strengthen its partnership work with both the statutory and voluntary sectors. This has resulted in around 1500 referrals for their home fire safety check service being received from partners such as Age Concern, Care and Repair, Northamptonshire Police, NHS Mental Health Services, and the NCC Adult Care Team. In total the service has delivered over 10,000 Home Fire Safety Checks across the county, targeted at those most at risk from fire, many of whom would be classified as vulnerable adults. There have also been around 300 referrals made from the Fire Service to partners such as Borough Councils, Countysafe and the Sensory Equipment and Rehab Team, which have further helped vulnerable adults to become safer in their homes and improve their quality of life.

In addition NFRS are forming partnerships and training a range of partner organisation to deliver Home Fire Safety Checks on their behalf. This will ensure that a wider range of vulnerable adults will have access to this potentially life saving service.

NFRS are also refreshing their safeguarding policies and training in order to ensure the workforce is both aware of their safeguarding responsibilities and are aware of the processes and procedures for reporting and referring cases.

7.13 Multi Agency Public Protection Arrangements (MAPPA)

MAPPA (Multi Agency Public Protection Arrangements) are represented as a substantive member of the Northamptonshire SOVA Board. Throughout the year there has been an increased and productive working relationship between the partners. Key managers from Adult Social Care and Health now routinely sit on the Northamptonshire MAPPA level 3 panels. The terms of reference of this panel are to discuss and manage the critical few Public Protection cases on behalf of the responsible authority and duty to co-operate agencies.

Key representatives from Adult Social Care and Health act as single points of contact for level 2 MAPPA cases. MAPPA level 2 cases are discussed on a weekly basis and will often require input to inform the risk management planning from key partners involved in adult safeguarding.

In practical terms this requires liaison with services that support vulnerable adults. These services may be directed at the reintegration and rehabilitation of adults who have been or are subject to oversight from the criminal justice agencies. Equally the circumstances and identified risks to vulnerable adults are incorporated into the decision making process in the management of individuals who are subject to MAPPA arrangements at level 2 or 3, This can often influence the suitability of accommodation and support services when risk management planning is considered.

An important development throughout the business year has been the increased and widespread involvement of agencies and organisations in the multi agency county-wide MAPPA training which has taken place on six occasions during the year. This has proved to be hugely beneficial with a continued cycle of training planned for the forthcoming business year. This training has already paid dividends in the participation of Individuals in the MAPPA decision making processes.

7.14 Common Themes and Local Priorities for 2011/12 for agencies

Common work themes and local priority areas for further attention during the coming year and at the Board development day will be around:

- Ongoing public and professional awareness-raising in respect of safeguarding
- Further engagement with GPs and other partners e.g. housing, to secure commitment.
- Building on the work of Dignity in Care to improve the quality of services provided.
- Further development of the performance framework in order to manage rising demand, conduct screening, carry out risk assessment activity and apply proportionate response.
- Continuous development of the sub-groups and their respective work plans.
- Developing the involvement and influence of users and carers in all aspects of safeguarding work, including training and practice.
- Exploring risk assessment and risk management strategies in the context of service user choice and control and financial constraints.
- Response to vulnerable adults with capacity who present in crisis
- Integration of Adult and Children"s safeguarding.
- Response to the anticipated statutory footing for adult safeguarding.
- Response to the PREVENT agenda

The absence of a published Board work plan for 2011/12 will be addressed alongside the above themes and the key learning points from the safeguarding activity summary (section 8.3) as part of the Board Development Day in October, when the current Board timetable will be reviewed and an appropriate work plan developed.

8 SAFEGUARDING ACTIVITY DATA 2010/11

8.1 Safeguarding referral rates have risen sharply over the last 4 years: 436 (07/08); 638 (08/09); 1749 (09/10) and to 2403 from 1 April 2010 to 31 March 2011. The ongoing impact of local and national coverage of high profile cases as well as improved recognition and reporting of safeguarding situations through more staff being trained has led to even greater awareness and confidence to refer.

8.2 Safeguarding Adults activity April 2010 to March 2011

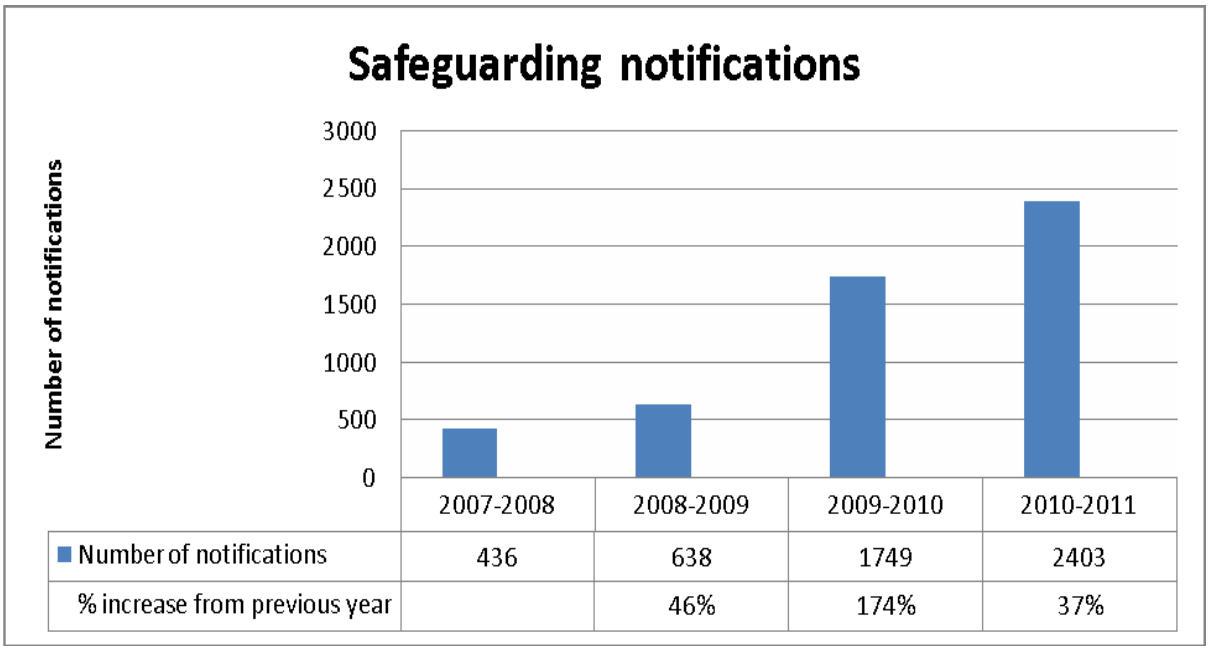
During the year April 2010 to March 2011 there were a total of **2403** notifications (referrals) into the Safeguarding Adults Team.

The average number of notifications received in **2010/11 per month was 200.** This is an annual increase of 37 **%** from last year where the average monthly notifications received were 145.75. The table below shows the breakdown by month in 2010/11.

Average number of notifications received by month in 2010/11:

Month	Number of Notifications
April 2010	123
May 2010	129
June 2010	140
July 2010	139
August 2010	152
September 2010	206
October 2010	249
November 2010	264
December 2010	207
January 2011	239
February 2011	268
March 2011	287
Total	**2403**

The table below demonstrates the increase in notifications over the past four years:



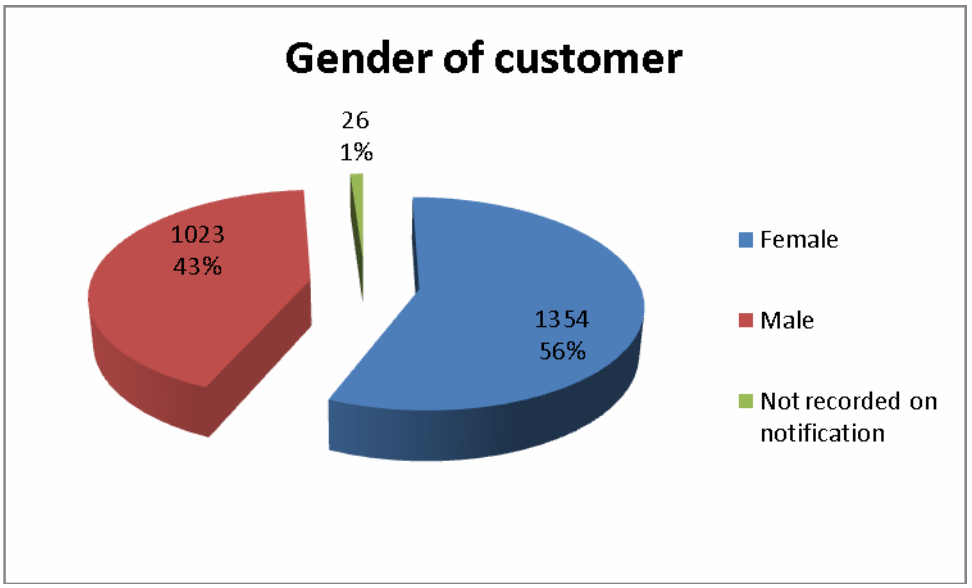
	2007-2008	2008-2009	2009-2010	2010-2011
Number of notifications	436	638	1749	2403
% increase from previous year		46%	174%	37%

As expected, 2010/11 saw a further rise in referrals about actual or suspected adult abuse or neglect. The increase can continue to be attributed to:

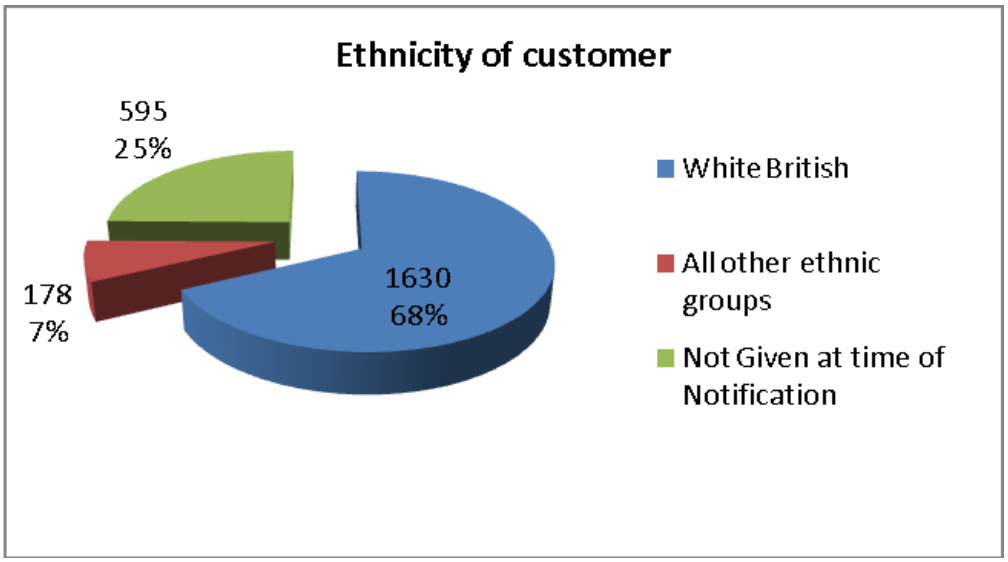
- Continuous awareness-raising among people in all walks of life.
- Ongoing training opportunities
- Continuing impact of local and national high-profile safeguarding cases.

All agencies have raised their response levels and introduced mechanisms to meet the ongoing challenge of identifying and responding to the need to safeguard vulnerable adults from abuse and neglect.

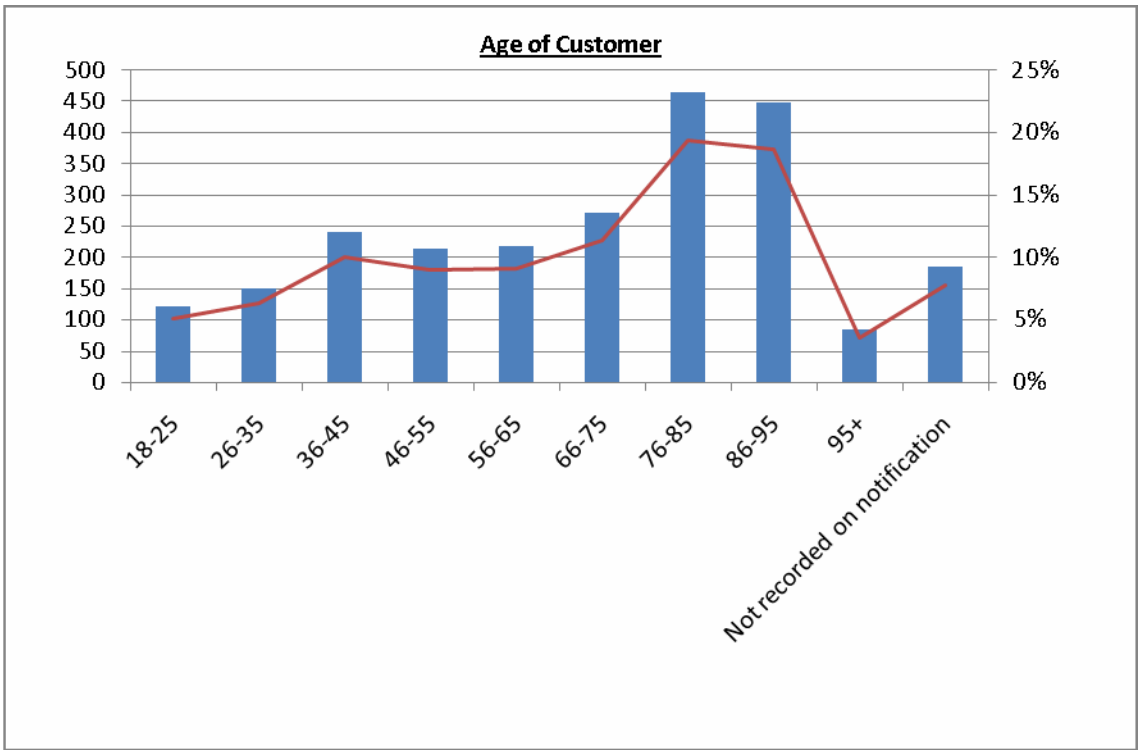
The Alleged Victim



The split percentage of notifications by gender has remained virtually unchanged from last year. Referrals on females are down by just 1% but overall notifications have increased by 296 compared to 2009/10. Notifications on males have risen by 2% which is an increase of 348. Overall, the numbers of victims reported reflect the split of males and females in receipt of community care services. The majority are from residential care settings and relate to females over 65.

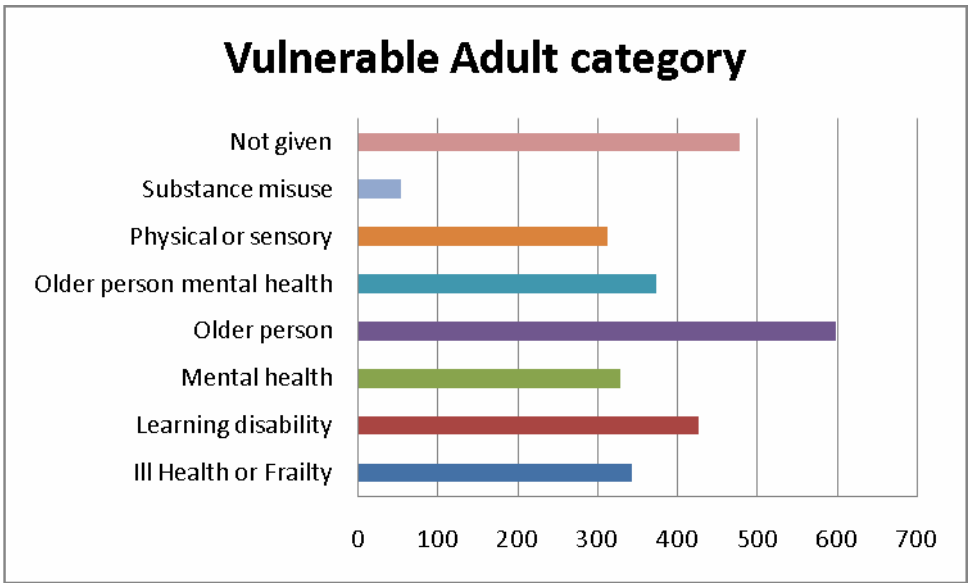


The above chart demonstrates a decrease of 7% in the number of reported victims with a White British ethnicity (68%) but with an overall increase of 278 notifications in the past year. The reporting of all other ethnic groups has increased by 3% to 7%, with a total of 178 notifications being received this year. However, it must be acknowledged that there is no data to demonstrate that black and ethnic minority groups are being better reached and therefore demand may remain hidden. 25% of all the notifications had no recorded ethnicity which impacts on accurate analysis.



Age Range	Number	Percentage
18-25	122	5%
26-35	150	6%
36-45	241	10%
46-55	215	9%
56-65	219	9%
66-75	272	11%
76-85	466	19%
86-95	448	19%
95+	84	4%
Not recorded on notification	186	8%
Total	**2403**	**100%**

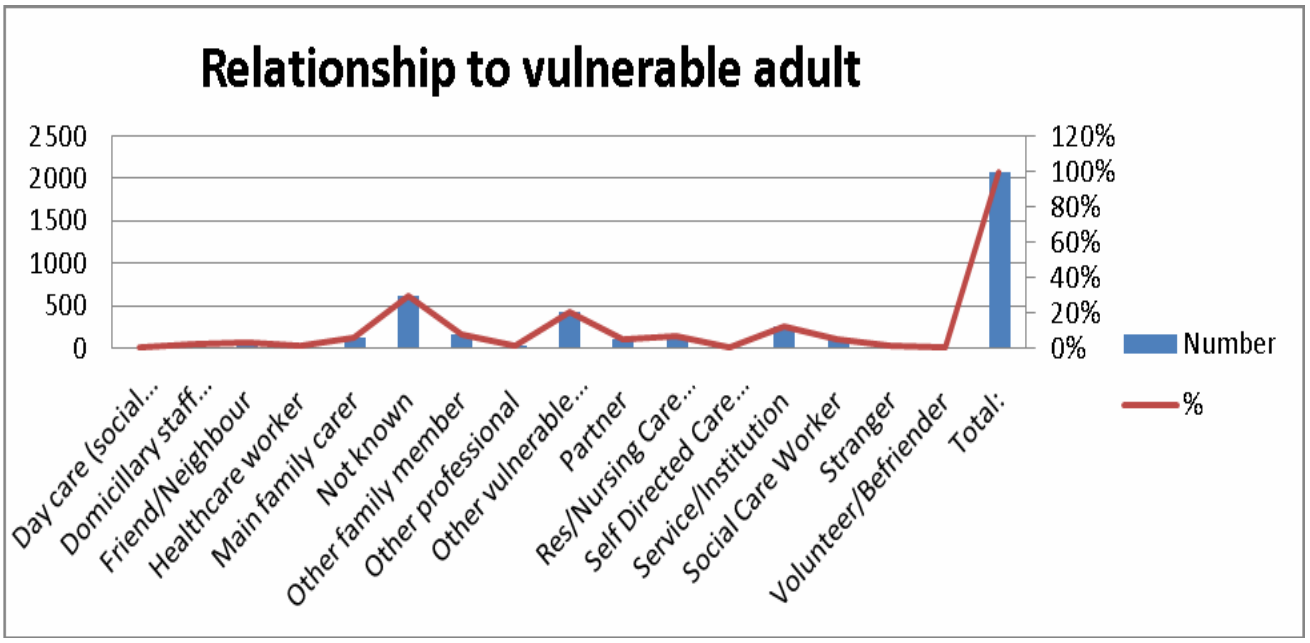
This year"s figures indicate a much more even spread in the age range of alleged victims reported. 39% of victims are within the 18 – 65 age range and this reflects the increase in the number of community referrals of people living in their own homes, people with a learning disability and reported incidents "of resident on resident " who live in challenging environments. The largest percentage of 54% is for all those over the age of 65 which equates to 998 notifications. 8% of ages were not recorded on the notification form which is an improvement of 1.5% compared to 2009/10.



Vulnerable Adult Category	Number	%
Ill Health or Frailty	342	12%
Learning disability	427	15%
Mental health	328	11%
Older person	598	21%
Older person mental health	374	13%
Physical or sensory	312	8%
Substance misuse	54	2%
Not given	477	16%
Total	2,912	100%

During 2010/11 there has been a significant decrease in the numbers of alleged victims reported with ill health or frailty from 29% (645) to 12% (342). Generally speaking, this category is usually linked to older people which has remained consistent at 21%. However, there is a significant rise in the older people mental health group which is up by 9% from last year. Older people with mental health issues are clearly a very vulnerable group and feature in many of the large scale, complex or institutional safeguarding investigations conducted throughout the past year. We have also seen a 30% rise in notifications of vulnerable adults who are under 65 with either a learning disability or mental health problems. The numbers referred to above include alleged victims who fall into more than one vulnerable adult category. It is a concern that the numbers of vulnerable adults referred for whom no vulnerable adult category was provided on referral has risen by approximately 3% this year.

The Alleged Perpetrator



Relationship to Vulnerable Adult	Number	%
Day care (social care workers)	7	0%
Domicillary staff (social care workers)	37	2%
Friend/Neighbour	57	3%
Healthcare worker	31	1%
Main family carer	121	6%
Not known	620	30%
Other family member	159	8%
Other professional	24	1%
Other vulnerable adult	417	20%
Partner	101	5%
Res/Nursing Care Staff (Social Care Worker)	129	6%
Self Directed Care Staff (Social Care Worker)	4	0%
Service/Institution	251	12%
Social Care Worker	96	5%
Stranger	17	1%
Volunteer/Befriender	10	0%
Total:	2081	100%

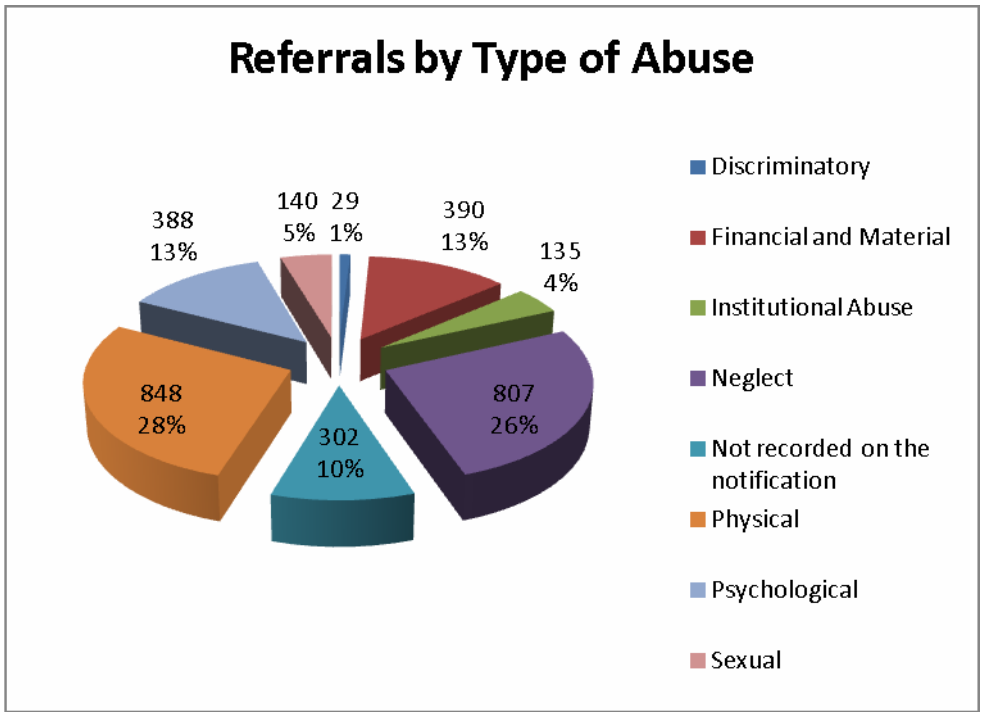
There is comparatively little change in this category over the last year. People placed in a position of trust as a "paid carer " remain the highest percentage of alleged perpetrators at 31%.

22% of the total involves partners, main family carer, relatives, family friend and neighbours. This is a rise of 4% and reflects the increase in allegations of abuse concerning people living in their own homes.

The third highest reported figure of 20% relates to alleged perpetrators who are also deemed to be "vulnerable adults" and under the age of 65 with often challenging and/or complex needs, the majority living in a residential care setting.

It must be acknowledged as a matter of concern that in 30% of cases the relationship of the alleged perpetrator to the vulnerable adult was unknown, not specified or not identifiable at the point of referral. This is an area of data provision and capture which requires improvement.

The Abuse

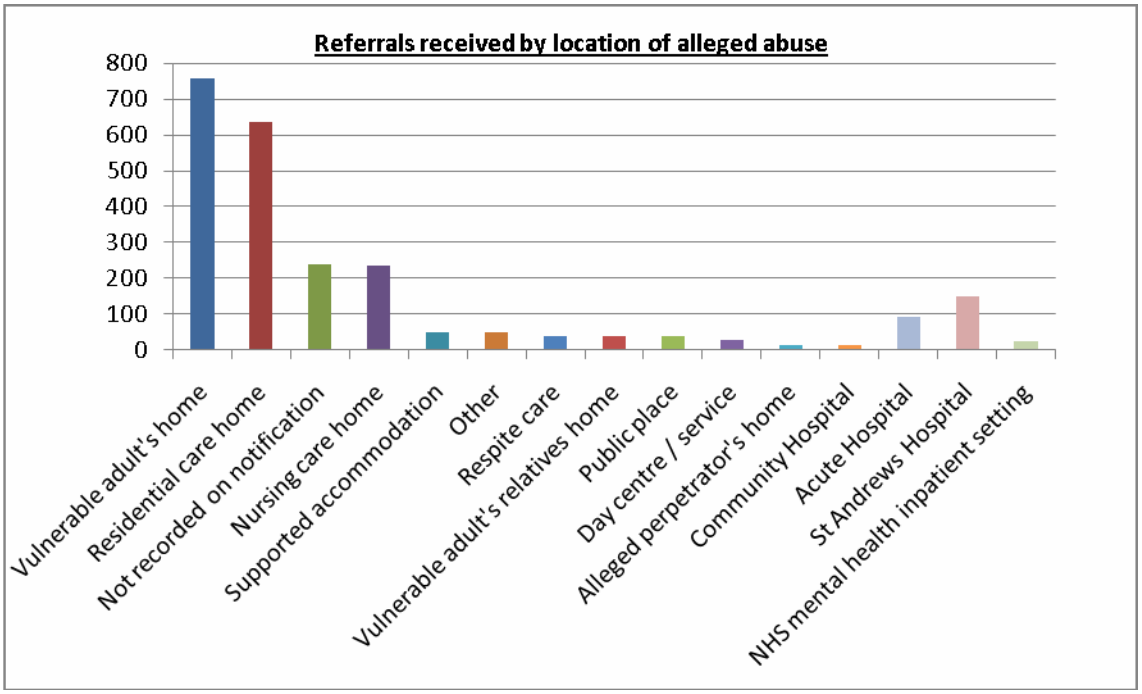


Type of Abuse	Number	%
Discriminatory	29	1%
Financial and Material	390	13%
Institutional Abuse	135	4%
Neglect	807	27%
Not recorded on the notification	302	10%
Physical	848	28%
Psychological	388	13%
Sexual	140	5%
Total:	3,039	100%

At 28%, physical abuse remains the most common form of abuse reported with an increase in referrals from 537 to 848. It is closely followed by neglect and acts of omission with an increase in referrals by 400 compared to last year now at 27%, almost twice the previous year‟s reporting. These safeguarding concerns include for example, skin integrity, pressure ulcer care, nutrition and medication management.

Whilst this figure gives cause for concern, many of the referrals come directly from Independent Providers which indicates that they are aware of the safeguarding process and the requirement to report safeguarding events and concerns. It also demonstrates that the ongoing assessment of risk and the management of care plans remains a challenge.

The Location

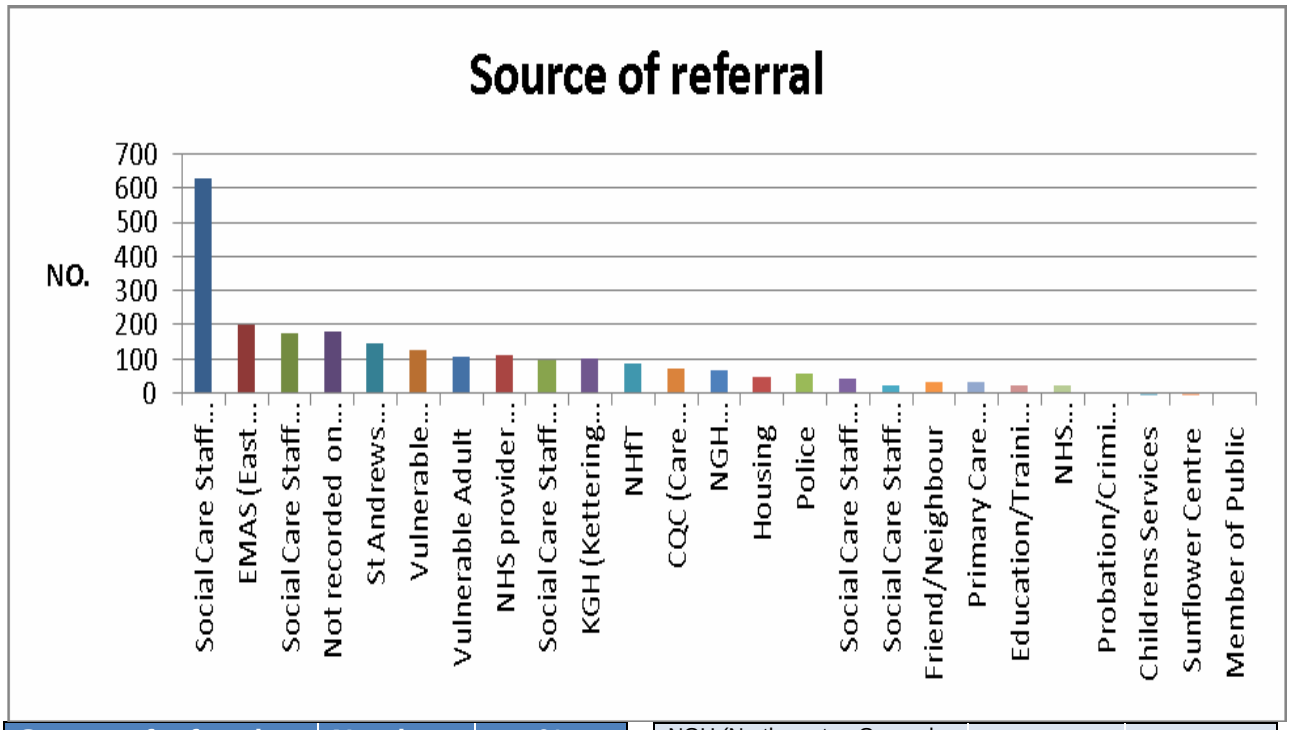


Location of Alleged Abuse	Numbers	%
Vulnerable adult's home	757	31.5%
Residential care home	636	26.5%
Not recorded on notification	238	9.9%
Nursing care home	235	9.8%
Supported accommodation	51	2.1%
Other	49	2.0%
Respite care	40	1.7%
Vulnerable adult's relatives home	40	1.7%
Public place	37	1.5%
Day centre / service	29	1.2%
Alleged perpetrator's home	15	0.6%
Community Hospital	12	0.5%
Acute Hospital	93	3.9%
St Andrews Hospital	148	6.2%
NHS mental health inpatient setting	23	1.0%
Total:	**2403**	**100%**

Whilst the largest number of notifications continues to come from residential and nursing care settings, the overall percentage has reduced from 49% to 36% for 2010/11. Key themes that emerge from these investigations point to poor leadership and/or inadequate management as well as the lack of training for staff.

The numbers of notifications relating to people in their own homes has increased significantly with referrals rising from 395 to 757 this year. This can be attributed to greater awareness during review activity and reporting mechanisms being in place, such as within EMAS and domiciliary care services. Although there remains continuous need to increase the awareness of the public about adult safeguarding it is now not unusual to receive notifications from employees of high-street Banks and utility services.

The Process



Source of referral	Number	%
Social Care Staff - res/nursing care staff	631	26%
EMAS (East Midlands Ambulance Service)	200	8%
Social Care Staff - social worker/Care Manager	174	7%
Not recorded on the notification (inc anon)	182	8%
St Andrews Hospital	148	6%
Vulnerable Adults's Family	127	5%
Vulnerable Adult	109	5%
NHS provider service	111	5%
Social Care Staff - domicillary staff	97	4%
KGH (Kettering General Hospital)	100	4%
NHfT	87	4%
CQC (Care Quality Commission)	73	3%
NGH (Northampton General Hospital)	69	3%
Housing	47	2%
Police	57	2%
Social Care Staff - day care staff	43	2%
Social Care Staff - Self Directed Care Staff	24	1%
Friend/Neighbour	35	1%
Primary Care (including GP)	35	1%
Education/Training/Workplace Establishment	21	1%
NHS Commissioning Service	24	1%
Probation/Criminal Justice/MAPPA	5	0%
Childrens Services	1	0%
Sunflower Centre	1	0%
Member of Public	2	0%
	2403	100%

The main sources of referral remain largely unchanged from last year with the highest number of notifications being received from registered and provider services. EMAS referrals have been reported as a separate category for the first time this year and are shown to be a significant referral source. Many of their referrals are not ultimately shown to be concerns about adult abuse and do not fit the safeguarding criteria but rather relate to vulnerable people in crisis who have either been unable or unwilling to contact the appropriate support services and have dialled 999. It should also be noted that, unlike many other areas, Northamptonshire has a large private mental health provider i.e. St Andrews Healthcare, which caters for individuals with complex and challenging needs, which may skew the data profile for the county.

Outcome of investigation

Outcomes	Numbers	%
Substantiated	413	17.18%
Partially Substantiated	103	4.29%
Not determined / inconclusive	242	10.07%
Not substantiated	273	11.36%
Pre threshold introduction - NFAs*	276	11.49%
Screening - post threshold - NFAs		
NFA Commissioning Monitoring	56	2.33%
NFA inappropriate referral	51	2.12%
NFA insufficient information available	18	0.75%
NFA level 2 case **	73	3.04%
NFA Not safeguarding issue	401	16.69%
NFA Vulnerable Adult	87	3.62%
Resolved Subtotal	**1993**	**82.94%**
Open investigations		
Open to Safeguarding Team	215	8.95%
Open to external teams (Incl. Commissioning)	124	5.16%
Open to NCC locality teams	71	2.95%
Open Subtotal	410	17.06%
Total:	2403	100.00%

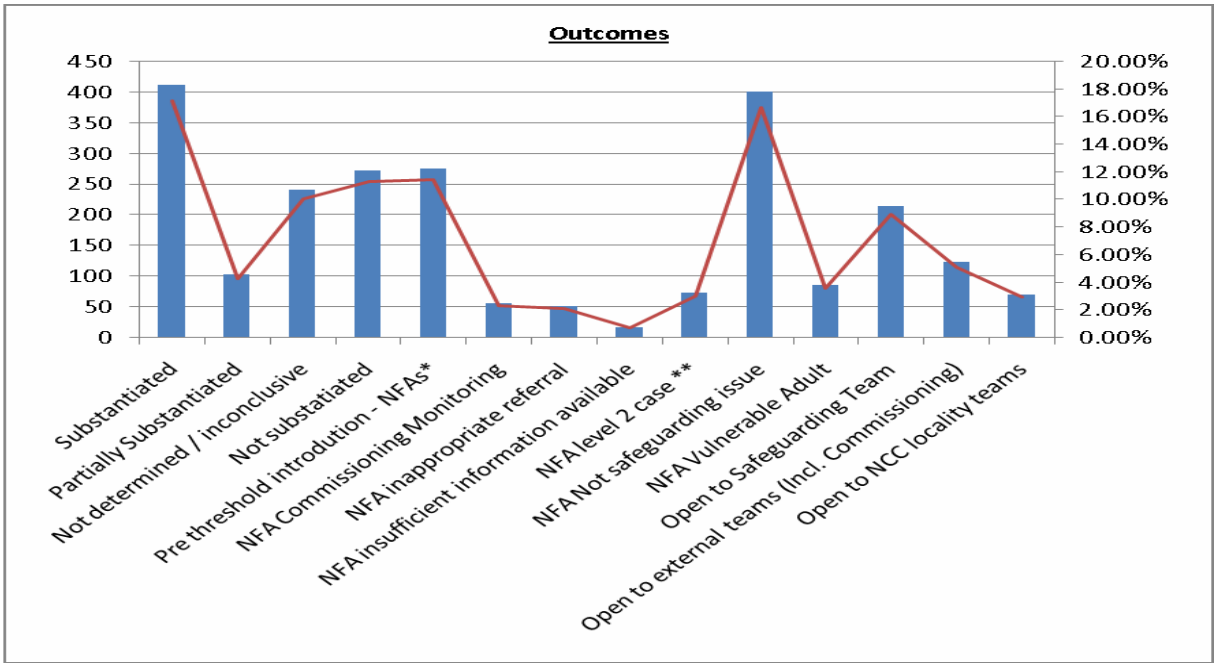
* NFA means no further action is required by the Safeguarding Team but may be required by another service or agency.

** Level 2 case means that this is a safeguarding concern but one which does not require further investigation under the inter-agency procedures. This is because, at initial screening, it is deemed to be a low level safeguarding concern, with minimal risk or an isolated incident of low harm which can be or has already been appropriately addressed by a single agency approach. Therefore it is for no further action by the Safeguarding Team.

The information on this table and graph (below) refers to the outcomes of the investigations into the 2403 safeguarding notifications received by the Safeguarding Adults Team in 2010/11. It should be noted that some of these were for situations presented as “institutional” concerns and others were for recurring notifications about the same person.

Outcomes were concluded on 1993 notifications (approx. 83%). Approximately 17% of safeguarding referrals made up to 31 March 2011 are yet to be concluded. This is consistent with the likely timing of those notifications which may have been made towards the end of the year or where more lengthy and complex situations have yet to be concluded. Just under 21.5% of all safeguarding investigations were concluded as substantiated or partially substantiated.

Just over 40% of all referrals have required no further action by the Safeguarding Team but in the majority of cases have been referred on to other appropriate teams, services or agencies for input, action or monitoring e.g. Commissioning monitoring, complaint investigation, review, community care assessment. This has gone a long way to ensure that the stretched resources of the Safeguarding Adults Team is reserved for the most serious and complex situations and that the response is proportionate. In 2010/11 the "no further actions" have been collated into the broad NFA categories above which will be further developed in 2011/12 to capture additional detailed underlying information. The SOVA Board receives quarterly summaries of safeguarding data which is also overseen by the Quality Assurance and Performance sub-group.



8.3 Summary of Safeguarding Activity

Process and data collection

In the context of the further increase in the reporting of safegurding concerns during this year , the processes for investigating notifications have become more robust. All notifications are now screened by the end of the next working day, thus bringing the completion of assessments to well within the timescale set by the local Performance Indicator i.e. within 28 days (except for complex, large-scale or institutional investigations). The current average is 23 days. This has been positively influenced by the firm establishment of the threshold framework from last summer, following the pilot earlier in 2010.

Further work is required on business processes and to improve data collection and data entry. Lack of data provision and capture features throughout all of the safeguarding data activity reporting sections and is an important message which needs to go out to everyone in the process.

We have yet to achieve the transfer to a single, reliable database which meets the expectations and reporting requirements of all agencies. Two databases remain in use which increases the potential for loss, duplication and inaccuracy. The continuous, changing and increasing requirements for the range and depth of detail will demand a significant investment of resources at a time when the availability of financial and human resources are reducing. In addition, mechanisms need to be developed to collect „low level" concerns which can be mapped.

Threshold criteria

The threshold framework has allowed a clearer and more consistent approach to managing the rising referral rate and ensures the response is proportionate to the presenting concern.

The threshold framework (December 2009) will benefit from review and further refinement during 2011/12 in order to improve the assessment and management of risk to enable people to achieve positive risk-taking and increased choice and control. This is in anticipation of managing further demand on safeguarding services in the coming year and being mindful of reduced resources and capacity across all agencies. New opportunities for training for the private, voluntary and independent sector will be necessary to support them with safeguarding investigations and appropriate risk management.

Mental Capacity Act

There is some evidence that MCA is being applied but not consistently or at the earliest possible stage, with potentially serious consequences for very

vulnerable people. Recognition of this could support individuals to make positive risk-taking decisions and avoid safeguarding processes being required in future. Therefore we need to continue to promote and train all staff in the benefits of and application of the legislation to protect the rights of individuals.

Safeguarding Awareness

Whilst the safeguarding data paints a positive picture of an increase in referrals on people living in their own homes and hard-to-reach groups, the source of referrals tells us that most continue to come from professional and care service providers. More work needs to be done to raise public awareness within the wider community to enable citizens to feel confident to question and report suspected safeguarding concerns. This message needs to be linked to the broader prevention agenda through other community partners who are well known and trusted by the local population.

Vulnerable Adults

In the last twelve months a picture is emerging of growing numbers of vulnerable adults being referred who do not meet safeguarding criteria and who present in crisis but who are not in contact with support services. The increasingly difficult economic climate is likely to generate a rise in such referrals, requiring short-tem intervention or diversion to avoid serious harm. The East Midlands Regional group plans to carry out further work in this area in 2011/12 to agree a common definition and framework for a local multi-agency response.

8.4 Deprivation of Liberty Safeguards

74 referrals were received in 2010/11 compared to 77 in 2009/10. As last year, the majority of referrals were from care homes for people with dementia; those from within hospital settings mainly related to people with head injury and dementia, with authorisations being in place for shorter periods i.e. up to one month.

Actual referrals received by Northamptonshire DoLS	**74**
of which LA responsibility	61 (82.43%)
of which PCT responsibility	13 (17.57%)
Total Referrals authorised	**52**
% all referrals authorised	70.27%
% referrals authorised - LA	73.77%
% referrals authorised - PCT	53.84%

It is evident therefore, whilst referrals are a little lower than last year, that we continue to authorise a relatively high percentage. This may indicate that Managing Authorities are identifying correctly where deprivation is occurring. Additionally, in Northamptonshire, it is our practice to use the whole 12 month period for authorisation **only** in cases where it is clear that little or no change is expected. Hence, customers who do receive authorisation will usually be assessed more than once within a financial year.

8.5 Independent Mental Capacity Advocate (IMCA) Service

Here are the summary findings of IMCA activity for 2010/11 and in comparison with the years since introduction.

Table 1 - this table represents yearly comparisons of IMCA referral activity since the introduction of the Mental Capacity Act (2005) in October 2007.

Referral Statistics - yearly comparison

Table 1	2007_2008	2008_2009	2009_2010	2010_2011
Total referrals per year	**74**	**120**	**103**	**134**
Year Date Range	2nd April to 26th March	1st April to 23rd March	16th April to 31st March	6th April to 29th March 2011
Year Length in days	360	357	350	329
Most referrals in month	11	44	18	23
Average number of referrals in month	6	10	9	13
Least referrals in month	3	3	2	9
Peak month	June	May	Jan and Oct	Nov
Quietest month	Jan and Nov	Jan and Nov	Apr	December

Comment

The data shows an increasing rise of referrals to IMCA which indicates greater awareness of the role of an advocate and of the Mental Capacity Act (MCA) itself.

Table 2. During 2010/11 there have been concerns around the lack of referrals for IMCA involvement in accommodation reviews i.e. where, after the initial placement, planned reviews or unplanned reviews/reassessments should also require an IMCA to be involved. In addition, an IMCA is likely to be needed when a move to different accommodation is planned to meet individual‟s needs.

Care/Treatment Decision Requiring an IMCA Referral - yearly comparison

Table 2	2007_2008	2008_2009	2009_2010	2010_2011
Accomm	39	74	53	8
Accomm/SOVA	0	0	0	1
Care Rev	6	11	14	4
Dols	0	0	6	2
n/a	7	0	0	0
no decision	2	0	0	0
POVA	10	17	0	0
SMT	10	17	13	0
SOVA	0	0	17	1
(blank)	0	1	0	0
Total cases per year	74	120	103	16

Comment

During 2010/11 there have been concerns around the lack of referrals for IMCA involvement in accommodation reviews i.e. where, after the initial placement, planned reviews or unplanned reviews/reassessments should also require IMCA involvement. In addition, an IMCA is also likely to be needed when a move to different accommodation is planned to meet individual‟s needs.

Given the vulnerability of customers in residential/nursing home placements who more frequently lack capacity to take part in reviews, IMCA representation is likely to

be a statutory requirement. This is particularly so if an IMCA was deemed to be required when the customer was placed in the home.

Despite awareness raising activity among potential referrers there is little change in the referral trend.

9 CONCLUSIONS

9.1 The Northamptonshire SOVA Board continues to develop and the ongoing commitment shown to safeguarding vulnerable adults through effective partnership working remains very high in the face of the difficult financial climate.

9.2 2010/11 has been another challenging year for all agencies who work to safeguard vulnerable adults. This is not exceptional to Northamptonshire but reflects the position across the whole country. The Board had to address the outcomes of high profile safeguarding situations related to the deaths and neglect of vulnerable adults. The Board has shown commitment to further strengthening existing processes so that more robust measures will be in place to minimise such reoccurrences in the future. The Board is determined that lessons learnt must continue to be on both an individual and collective basis with action plans in place for the future.

9.3 We have continued to see a further rise in safeguarding referrals over and above last year‟s unprecedented levels. This is due to the continuous rise in awareness-raising as a result of publicity and by training even more staff, as well as through the continued impact of high profile individual and institutional cases, nationally and locally.

9.4 A strategic plan is in place for the future. Partner agencies continue to collaborate on joint work to improve policies, practice and procedures.

9.5 Despite the fact that legislation is not quite yet in place to put adult safeguarding on a legal footing, the partners on the Northamptonshire SOVA Board remain committed to ensuring that safeguarding vulnerable adults remains everyone‟s business and that all individuals are free from abuse, exploitation, intimidation and violence. There are clear examples of the shared safeguarding agenda for both adults and children in the context of „Think Family‟ and inter-generational safeguarding issues.

10 ACKNOWLEDGEMENTS

10.1 The Care Quality Commission Inspection of adult social care which included Safeguarding Services has been very useful in examining safeguarding practice within the county. Key areas have been highlighted which will help us improve services for our local population.

10.2 We would like to acknowledge the commitment and financial support provided by partner agencies to support the work of the Northamptonshire SOVA Board.

10.3 We would like to acknowledge the continued hard work and commitment of all staff at operational levels who play an extremely vital part in safeguarding vulnerable adults in Northamptonshire.

APPENDIX 1

Board Member Representatives / Organisations

Title	Organisation
Independent Chair	Independent
Independent Deputy Chair	University of Northampton
Head of Public Protection Crime and Justice Command	Northamptonshire Police
Multi-Agency Public Protection Arrangements (MAPPA) Manager	Department of Public Protection Northamptonshire Probation Trust
Third Sector	Northamptonshire Local Involvement Network (LINk)
Independent Sector Provider	Northamptonshire Association of Registered Care Homes (NORARCH)
Expert by Experience	Carer
Associate Director Healthcare Directorate / Head of Social Work & Patient Protection	St Andrews Healthcare
Director of Nursing and Quality	Kettering General Hospital NHS Foundation Trust
Director of Nursing, Midwifery and Patient Services	Northampton General Hospital NHS Foundation Trust
Director of Operations Executive Nurse	Northamptonshire Healthcare NHS Foundation Trust
Director of Quality and Safeguarding	NHS Northamptonshire (Commissioning)
Head of Professional Practice & Development	NHS Northamptonshire (Provider Services)
Clinical Quality Manager, Northamptonshire Division	East Midlands Ambulance Service NHS Trust

Head of Service Delivery	Northamptonshire Fire and Rescue
Head of Service Planning and Commissioning	Northamptonshire County Council
Service Manager Safeguarding	Northamptonshire County Council
Safer Communities Manager	Northamptonshire County Council
Corporate Director of Adult and Children"s Services	Northamptonshire County Council
Head of Service for Personalisation	Northamptonshire County Council
Legal Representative	Northamptonshire County Council

Appendix 2

Northamptonshire Safeguarding Vulnerable Adults (SOVA) Board Operating Costs

Initial discussions took place in March 2011 regarding the increasing operating costs of the Board and the resulting financial pressure on Northamptonshire County Council to meet these costs year on year in the absence of a pooled budget.

The total operating costs for 2010/11 were just under £223K (see breakdown below). This figure does not include the costs of key NCC staff which support the work of the Board as well as the central Safeguarding Team or the commissioning and administration of level 1, 2 and 3 safeguarding training. Limited contributions from partners have totalled £15k in 2008/09, none in 2009/10 and £10k in 2010/11.

The lack of a statutory framework for Adult Safeguarding Boards means there is no guidance or suggested formulae for determining the contribution by partner agencies to support its role and function. Local arrangements vary enormously across the country.

Safeguarding Board Costs for Financial Year 2010/11

Description	*Amount*	
SOVA Board Independent Chair	£29,846	
Admin support for SOVA	£15,500	
Venues & Refreshments	£1,684	Board meetings x 12
Travel	£140	
Consultants / Interim costs	£156,463	For SCRs, other Independent Reviews and CQC Inspection.
Board training / conference attendance costs	£2,100	
Serious Case Review research project	£10,000	
Stationery / publicity (print & design)	£6,930	E.g. posters, leaflets etc.
Total	**£222,664**	

APPENDIX 3

Legislative background and guidance relating to safeguarding adults

2000 - 'No Secrets'

The Government published a national framework, „No Secrets", so that councils with social care responsibilities, NHS bodies, police forces and other partners could develop multi –agency codes of practice, policies and procedures to help prevent and tackle adult abuse. It set out requirements for Adult Social Care to provide a strategic lead in the development and implementation of „No Secrets". Multi-agency management committees are required to monitor and evaluate the effectiveness of these arrangements and are expected to report annually on progress to the agency"s executive management body.

2004 - POVA Scheme and POVA list

These set out a workforce ban on those deemed unsuitable to work with vulnerable adults.

2005- 'A National Framework of Standards for Good Practice and Outcomes in Adult Protection Work'

This Framework was published by the Association of Directors of Adult Social Services (ADASS) and sets out 11 standards for safeguarding adults.

2005- The Mental Capacity Act

The Act came into force during 2007 and provides a legal framework underpinning work with people who may lack capacity to make decisions for themselves. It makes it clear who can take decisions in which situations and how they should go about this. It also allows people to plan ahead for a time when they may lack capacity. The assessment of an individual"s mental capacity is central to the adult safeguarding process. It is therefore vital that any worker carrying out an assessment of capacity is aware of the Act and its associated Code of Practice.

2006 – 'Our health, our care, our say: a direction for communities' [1]

This White Paper set out a vision to provide people with good quality health and social care services in the communities where they live. It placed a strong focus on the importance of choice, control, empowerment, dignity, respect and the right to freedom from abuse, harm or exploitation. This will be replaced by the Care and Support White Paper to be published later in 2011 which will focus on creating more personalised, preventative services in order to deliver the best outcomes for customers.

2006 - Safeguarding Vulnerable Groups Act

The Bichard Inquiry[2] called for a registration scheme, preventing those who are deemed to be unsuitable from gaining access to children or vulnerable adults through their work. The Safeguarding Vulnerable Groups Act aimed to significantly strengthen safeguarding by developing a central Vetting and Barring Scheme built on the Criminal Records Bureau (CRB), with a new Independent Safeguarding Authority (ISA) (October 2009) which would take decisions on including someone on the barred list where evidence suggests that they present a risk of harm to children or vulnerable adults.

Initial registrations with the ISA were due to commence in July 2010 but implementation of this part of the scheme was halted to allow a review by the incoming government. The review into the Vetting and Barring Scheme and the proposed changes were published in February 2011. The existing responsibilities of employers and ISA will remain in force as introduced in October 2009 until the Protection of Freedoms Bill is introduced and the changed arrangements are established by 2013.

2007 – Prevent Strategy

The Prevent Strategy is the preventative strand of the government‟s counter-terrorism strategy, CONTEST. The strategy is under review, some parts will change but others will remain, including targeted, local work to support people who are most vulnerable to radicalisation and being drawn into terrorism.

[1] „Our health, Our Care, Our Say: a direction for communities‟ Department of Health January 2006
[2] Bichard Inquiry

2008 - Review of 'No Secrets 2000'

In spring 2008 the Care Services Minister commissioned a consultation to review the „No Secrets" guidance. The report on the Consultation was published in July 2009. The key messages from the participation of older people, adults with learning or other disabilities and people with mental health needs included:

a) Safeguarding must be built on empowerment – or listening to the victim"s voice. Without this, safeguarding is experienced as safety at the expense of other qualities of life, such as self determination and the right to family life.

b) Everyone must help to empower individuals but safeguarding decisions should be taken by the individual concerned. People wanted help with options, information and support. However, they wanted to retain control and make their own choices.

c) Safeguarding adults is not like child protection. Adults do not want to be treated like children and do not want a system that was designed for children.

d) The participation/representation of people who lack capacity is also important.

The Department of Health responded to this review in January 2010 by setting plans to introduce new legislation to strengthen the local governance of safeguarding by establishing Safeguarding Boards in statute. The incoming government has not yet taken this plan forward, however, it has introduced a number of sets of guidance to the NHS and Adult Social Care during 2010/11.

2008 - 'Safeguarding Adults: A Study of the Effectiveness of Arrangements to Safeguard Adults from Abuse'

This study by the former Commission for Social Care Inspection (now Care Quality Commission - CQC) reported on arrangements in place in England to help prevent the abuse of adults and to support those who experience abuse. The study shows:

- "Uneven progress in the development of effective arrangements by councils and care services to safeguard people;
- Variability in the quality of support provided to individuals who experience abuse;
- More needs to be done to ensure people who direct their own support on a daily basis are also able to benefit from appropriate and individually tailored safeguards;

- Actions to help prevent abuse and support better outcomes for people in the long term who have experienced abuse are variable within and across council areas and within individual care services."

2009 - Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) was introduced in 2007 as part of the Mental Capacity Act. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty within the meaning of Article 5 of the European Court of Human Rights (ECHR) in a hospital, care home or nursing home and who are not otherwise protected or safeguarded through use of the Mental Health Act 1983 or the Court of Protection powers.

Having mental capacity means being able to understand and retain information and being able to make a decision based on that information. When someone lacks mental capacity to consent to care or treatment, it is sometimes necessary to deprive them of their liberty in their best interest in order to protect them from harm.

The safeguards are intended to protect people who lack mental capacity from being deprived of their liberty when this is not in their best interests, to prevent arbitrary deprivation and to give people the right to challenge a decision. The legislation sets out a procedure for care homes and hospitals to obtain authorisation to deprive someone of their liberty. Without that authorisation the deprivation of liberty will be unlawful. These safeguards are intended to protect individuals from being deprived of their liberty unless it is in their best interests to protect them from harm and there is no other less restrictive alternative.

2010 – Clinical Governance in Adult Safeguarding – An Integrated Process (Feb) which aims to encourage NHS organisations to develop local robust arrangements which will streamline systems to ensure that clinical governance and adult safeguarding are fully integrated.

2010 – Six Lives Progress Report (Oct) recognises that much work has been done in some organisations to improve health care for people with learning disabilities and progress has been made but good work is not embedded everywhere and serious concerns remain around „reasonable adjustments" and assessing mental capacity.

2010 – Practical Approaches to Safeguarding and Personalisation (Nov).

Personalisation (enabling people to lead lives they choose) and Safeguarding (keeping people safe from harm) should go hand in hand, balancing choice and control with risk management, to lead the lives they choose, free from harm.

2010 - Vision for Adult Social Care - Capable Communities and Active Citizens (Nov). This policy document states the Coalition Government‟s commitment to safeguarding adults within its future vision for social care.

2011 – Care & Compassion? – Report of the Health Service Ombudsman on 10 investigations into NHS care of older people (Feb) outlines investigations into the standard of care provided to older people by the NHS.

2011 – Safeguarding Adults – The Role of Health Service Practitioners (Mar). This document reminds health service practitioners of their statutory duties to safeguard adults. It aims to assist practitioners in preventing and responding to neglect, harm and abuse to patients in the most vulnerable situations, providing principles and practice examples that can achieve good outcomes for patients.

2011 – Safeguarding Adults – The Role of Health Service Managers and their Boards (Mar). This document reminds health service managers and their boards of their statutory duties to safeguard adults. It aims to assist managers in preventing and responding to neglect, harm and abuse to patients in the most vulnerable situations, providing principles and practice examples that can achieve good outcomes for patients.

2011 – Safeguarding Adults – The role of NHS Commissioners (Mar). This document reminds NHS commissioners of their statutory duties to safeguard adults. It aims to assist commissioners in preventing and responding to neglect, harm and abuse to patients in the most vulnerable situations, providing principles and practice examples that can achieve good outcomes for patients.