
Meeting: Social Care Health and Housing Overview & Scrutiny Committee

Date: 15th October 2009

Subject: Safeguarding of Vulnerable Adults Annual Report 2008/09

Report of: Director of Social Care, Health & Housing

Summary: This reports proposes that the Executive endorse the annual report (2008/09) of the Adult Safeguarding Board for Bedfordshire covering the last twelve months of the County Council's operation and the period leading up to creation of two new unitary local authorities.

Contact Officer: Ed Thompson Assistant Director Adult Social Care

Public/Exempt: Public

Wards Affected: All

Function of: Council

RECOMMENDATION(S):

- 1. that the Executive is requested to consider the report and:**
 - (a) note the contents of the report**
 - (b) agree the priorities and improvement plan that have been put in place (on pages 14-16 of the report)**
 - (c) endorse elected member commitment to safeguarding including attendance at the safeguarding training programme**

Reason for Recommendation(s): In May 2008, the Commission for Social Care Inspection judged safeguarding services in Bedfordshire to be adequate with uncertain prospects for improvement. Having scrutinised the arrangements the Council inherited, officers believe this to have been a generous judgement and the Council should not underestimate the scale of the task in improving the safeguarding arrangements from the current position to one of excellence. It is important, therefore that the Safeguarding Adults Partnership Board is supported with its improvement plan which will ensure that the Council meets its statutory duty to safeguard vulnerable adults and older people.

Background

1. The Bedford and Central Bedfordshire Safeguarding Adults Partnership Board is the strategic group overseeing the local authority's duty to safeguard vulnerable people from abuse through a multi agency partnership. Much of the guidance on its responsibilities and how the Board operates is drawn from "No Secrets", published by the Department of Health in 2000.
2. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Forms of Abuse

3.
 - **physical abuse**, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions;
 - **sexual abuse**, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting;
 - **psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;
 - **financial or material abuse**, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;
 - **neglect and acts of omission**, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating; and
 - **discriminatory abuse**, including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
4. Neglect and poor professional practice also need to be taken into account. This may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as institutional abuse.
5. Abuse can happen anywhere including in care homes, hospitals, day centres, sheltered housing, public places and in people's own homes.

6. The seriousness or extent of abuse is often not clear when anxiety is first expressed. It is important, therefore, when considering the appropriateness of intervention, to approach reports of incidents or allegations with an open mind. In making any assessment of seriousness the following factors need to be considered:
 - the **vulnerability** of the individual;
 - the **nature and extent** of the abuse;
 - the **length of time** it has been occurring;
 -
 - the **impact** on the individual; and
 - the risk of **repeated or increasingly serious** acts involving this or other vulnerable adults.
7. Safeguarding is “all work which enables an adult who is or may be eligible for community care services to retain independence, well being and choice and to access their human right to live a life that is free from abuse and neglect.”
8. Safeguarding is everybody’s business and effective protection from abuse requires strong leadership at a political and senior managerial level.
9. The statutory responsibility for Safeguarding rests with the Director of Social Care, Health and Housing. The Director is the Vice-chair of the Bedford and Central Bedfordshire Safeguarding Adults Partnership Board. Boards are required to produce an annual report and this report is consistent with guidance from the Association of Directors of Social Services.

The Annual Report

10. The annual report considers
 - the key issues in safeguarding in Bedfordshire during 2008/09;
 - the findings of the safeguarding inspection (May 2008);
 - the level and nature of safeguarding activity during the year; and
 - priorities for the partnership in the next twelve months and beyond
11. Since April, steps have been taken to deliver the required improvements by:
 - securing senior level (political and managerial) participation in the new Safeguarding Adults Partnership Board and developing a formal link to the Local Strategic Partnership both from within the Council and stakeholders, such as, the Police and NHS Bedfordshire
 - creating sub-groups to ensure that progress is made in policy, practice, training and performance and that providers are fully engaged

- strengthening our training programmes and preparing training to guide the safeguarding board and elected members in their roles and responsibilities
 - creating a new safeguarding team alongside locally based operational staff
 - making significant improvements to recording and monitoring practices for cases of alleged abuse (clearing a backlog of cases where outcomes were unknown) commencing a review of safeguarding policies and procedures, putting additional protocols in place for work with mental health services and adopting procedures for Serious Case Reviews (relating to individuals) and for investigating Serious Concerns about Services
 - implementing the Deprivation of Liberty Safeguards (DoLS) – new arrangements to safeguard people without mental capacity (such as those with dementia) whose freedom is restricted for their own safety
 - introducing a new safeguarding leaflet with clearer advice about reporting suspected abuse
 - introduced the new national data set for safeguarding
12. Implementation of the improvement plan is on track and the Safeguarding Adults Partnership Board will be monitoring progress and reporting to the Council and the Local Strategic Partnership annually and more frequently where appropriate.
13. Members will wish to note the headline conclusions from safeguarding activity in 2008/09:
- Reporting of safeguarding alerts has risen significantly following awareness raising campaigns and is higher in Bedfordshire than comparable and neighbouring authorities. However, this appears to represent over-reporting, especially of matters more appropriately resolved as contract compliance or performance issues.
 - The highest volume of reports come from learning disability (LD) services and from older people services.
 - The most common incidents are of physical abuse which include incidents of aggression between residents and concerns arising from falls or pressure care
 - There is an increasing incidence of reported financial abuse (consistent with the national picture) and in response to this additional emphasis is given to this in the training programmes
 - Reporting of abuse among BME groups is low and this remains a priority in our awareness raising and focused work.
 - The majority of reports of abuse were in formal care settings, although 2008/09 saw an increase in the incidence of reports relating to people living in their own homes.
 - The alleged perpetrator is a paid carer in almost half of all allegations.

- Police engagement is active and there are 7 staff in the Public Protection Unit, but the required high threshold of evidence limits successful prosecutions. The local picture is consistent with national experience.

Summary of Consultations and Outcomes

The draft report has been subject to consideration by the Safeguarding Adults Partnership Board and the content has been agreed after widespread contributions from senior and specialist staff in partner agencies, including Central Bedfordshire Council, NHS Bedfordshire, Bedfordshire and Luton Mental Health Trust, Bedfordshire Police, Bedford Hospital Acute Trust and the Care Quality Commission. The report is currently being presented to the senior executive forums of each partner organisation.

CORPORATE IMPLICATIONS

Council Priorities:

This report contributes to the achievement of the Council priorities:

- To support and care for an ageing population
- To create safer communities, and
- To promote healthier lifestyles

Financial:

A specialist safeguarding team has been created within the core Adult Services staffing structure to manage the identification, investigation and prevention of abuse in all its forms. This investment represents a significant increase in resources which was achieved in unitary budget development by prioritising this area of work over other Adult Social care demands.

Legal:

The statutory basis for the provision of Adult Services by a Local Authority is enshrined in Section 6 of the Local Authority Social Services Act 1970 (as amended) and subsequent guidance documents concerning the role of the Director of Adult Social Services in England issued in May 2006. The law regulating the protection of vulnerable adults from abuse derives from a complex mishmash of legislation, guidance and ad hoc court interventions and the government is still considering the case for specific adult protection legislation.

Risk Management:

The Council's overall reputation and performance assessment is at risk if it is not aware of the challenges presented by the performance of its safeguarding responsibilities and the actions taken by senior officers to address the areas of concern outlined in this report. Our duty is to safeguard our most vulnerable citizens from all forms of abuse. Failure to do so would leave these people at risk of discrimination, neglect, physical, sexual, psychological or institutional harm. The recovery plan addresses the identified priorities for managing these risks at an operational and strategic level and ensuring the protection of vulnerable adults. These risks will be managed through monthly meetings of the Recovery Programme Board chaired by the Chief Executive of the Council and attended by the Director of Corporate Resources, Director of Business Transformation, Director of Social Care, Health and Housing and her senior management team. In addition progress of the improvement plan will be monitored by the Bedford and Central Bedfordshire Safeguarding Partnership Board. As well as by the Care Quality Commission and Government Office who are meeting with us six-weekly.

Staffing (including Trades Unions):

A specialist safeguarding team is funded within the core Adult Care Services staffing budget.

Equalities/Human Rights:

Abuse is a violation of an individual's human and civil rights by another person or persons. Our duty is to the safeguarding of all vulnerable citizens from all forms of abuse.

Community Safety:

The Council's duty is to safeguard its most vulnerable citizens from all forms of abuse. Failure to do so would leave these people at risk of discrimination, neglect, physical, sexual, psychological or institutional harm.

Sustainability:

None

Appendices:

Appendix A – The Annual Safeguarding Adults Annual Report

Background Papers:

No Secrets – Department of Health March 2000

Location of papers: Priory House, Chicksands