
Meeting: Overview and Scrutiny Committee
Date: 21st October 2013
Subject: Safeguarding Adults Board Annual Report 2012-13
Report of: Cllr Hegley , Executive Member for Adult Social Care Health and Housing
Summary: The report summarises the Annual Report of the Safeguarding Adults Board

Advising Officer: Julie Ogley, Chair of Bedford Borough and Central Bedfordshire Safeguarding Adults Board and Director of Adult Social Care Health and Housing
Contact Officer: Stuart Mitchelmore, Assistant Director of Adult Social Care
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

1. This report contributes to the achievement of the Council priority: Promote health and wellbeing and protecting the vulnerable.

Financial:

2. A specialist safeguarding team operates within available resources and by prioritising this area of work over other Adult Social care demands.

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Legal:

4. 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 range of legislation, guidance and ad hoc court interventions and the government is still considering the case for specific adult protection legislation.

Risk Management:

5. 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 the council to address the areas of concern outlined in this report. The council's duty is to safeguard the 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.

Staffing (including Trades Unions):

6. Not Applicable.

Equalities/Human Rights:

7. Abuse is a violation of an individual's human and civil rights by another person or persons. The council's duty is to the safeguarding of all vulnerable citizens from all forms of abuse.
8. All Local Authorities are required to implement a range of equality legislation which requires the Council to:
- a) Understand issues relating to disability, gender, gender reassignment, race, religion or belief, age, and sexual orientation.
 - b) Engage with service users, local communities, staff, stakeholders and contractors to identify and implement improvements
9. Abuse of vulnerable adults can include discriminatory abuse, including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

Public Health

10. The work of the Safeguarding Board contributes to the public health agenda through prevention and raising awareness on keeping safe.
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Community Safety:

11. The Council's duty is to safeguard its most vulnerable citizens from all forms of abuse which may include anti social behaviour, hate crime and other forms of criminal activity. Failure to do so would leave these people at risk of discrimination, neglect, physical, sexual, psychological or institutional harm.

Sustainability:

12. Not Applicable.

Procurement:

13. Not applicable.

RECOMMENDATION(S):

The Committee is asked to:-

1. Receive the Annual Report of Bedford and Central Bedfordshire Adult Safeguarding Board as attached in appendix A
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Executive Summary

14. This annual report covers the fourth year of operations as two unitary councils for Bedford Borough and Central Bedfordshire. It outlines the progress made during the year from April 2012 to March 2013 and is provided to inform individuals, their families and carers, who use social care and health services, elected members, those who work in social and health care, all partner agencies, and residents of Bedford Borough and Central Bedfordshire
15. During the past 12 months, all agencies signed up as members of the Board continued their improvement programmes based on the previous years annual report and other learning from practice and audits undertaken throughout the year. Robust strategic leadership and operational arrangements have been implemented providing a basis for more effective safeguarding but we recognise that achieving excellence in this area requires sustained improvement on the part of all partner agencies
16. During the past 12 months we focussed on
 - a) Improvements in safeguarding practice and recording required as a result of an independent audit and peer review.
 - b) Reviewing the high volume of alerts that do not require a formal safeguarding investigation
 - c) Improving the sharing of learning with other organisations and Councils
 - d) Safeguarding and the role of informal carers, the vulnerability of people with disabilities to abuse and harassment, and quality of services for people with learning disabilities.
17. Over the coming 12 months we will be focussing on
 - a) Hate crime, discrimination and harassment of people with disabilities
 - b) Mental Capacity Assessments and Deprivation of Liberty Safeguards including the use of Independent Mental Capacity Advocates to raise awareness and improve practice within these areas
 - c) Respond to national focus on care quality by continuing to work in partnership with key agencies and commissioners to improve quality in health services, learning disability services and with adult social care providers.

The Developing Context for Safeguarding

18. There have been a number of key legislative and policy developments during 2012-13. These include: The Care Bill, which will put Safeguarding Adults Boards on a statutory footing; the Statement of Government Policy on adult safeguarding which provides an update on existing policy; and the Association of Directors of Adult Social Services advice note which is intended to bring together the effects of recent changes in order to give Directors a common approach to safeguarding adults.

19. Key developments within the NHS include:
- a) the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry in February 2013 which continues to have profound implications for the NHS and social care system in terms of improving dignity and quality of care
 - b) the Department of Health report *Transforming care: A national response to Winterbourne View Hospital Department of Health Review: Final Report* in December 2012 is an in-depth review, set up in the immediate aftermath of the Panorama programme in May 2011. This sets out a range of 63 national actions which the Department of Health and its partners will deliver to lead a redesign in care and support for people with learning disabilities or autism and mental health conditions or behaviours viewed as challenging
 - c) The NHS Commissioning Board *Safeguarding Vulnerable People in the Reformed NHS - Accountability and Assurance Framework* March 2013 aims to promote partnership working and clarify roles and responsibilities within the health service.

The work of the Adult Safeguarding Board in Bedford Borough and Central Bedfordshire

20. Prevention and raising awareness
- a) Safeguarding alerts continue to steadily increase as a result of ongoing and extensive publicity campaigns.
 - b) The Council has continued to build effective links with the community safety teams, children's services and adult social care commissioning teams through a variety of strategic, monitoring and operational groups. Safeguarding information is shared with these teams and has resulted in improved joint working arrangements
21. Workforce development and accountability
- a) Weekly practice surgeries with front line social work teams continue. Feedback from these sessions is collated and informs practice development. These have been welcomed by social workers and their team managers in assisting with the improvement of practice
 - b) Developing the role of the safeguarding support workers, who are working with all care homes within Central Bedfordshire to raise awareness of safeguarding and provide a liaison role to improve understanding and reporting of safeguarding

22. Partnership working
- a) The pan-Bedfordshire safeguarding sub groups continue to run on a quarterly basis. This has established stronger links with the Luton Safeguarding Adults Board and has streamlined the work for the benefit of partners who work across Bedfordshire. This sub group continues to look at training and development, quality and activity, policies and procedures and the implementation of the Mental Capacity Act 2005. The sub group has been successful in developing one safeguarding alert form across the three local authorities in the county to the benefit of all partners.
 - b) The safeguarding team attends forums and regular partnership working groups to promote effective partnership working in safeguarding. Examples of these include: the prison service, prevention of pressure ulcers, harm free care in the health service, community safety, domestic abuse and clinical governance forums.
23. Quality Assurance and protection
- a) The safeguarding team continues to undertake quarterly audits of case files from all front line teams including SEPT and has commissioned one independent external audit during the year. The results of these audits are fed back to managers and staff, and used to inform practice development work and action planning.
 - b) Alerting patterns are regularly reviewed which has prompted the development of a robust risk assessment process which prioritises urgent and high risk cases
24. Involving people and empowerment
- a) The Council has developed a new safeguarding information leaflet in consultation with user groups and the learning disability partnership board. It is designed to be accessible to a range of people who may have sight or cognitive impairments.
 - b) The involvement of service users and advocacy services has been the focus of practice development work, best interests audits and case file audit. While further work is required in this area, the Independent Mental Capacity Advocacy service (IMCA) and advocacy services providers continue to report an increase in referrals to their services. Advocacy services have introduced safeguarding as a regular topic in their "Voices" groups

25. Outcomes, improving people's experience and proportionality
- a) The Council operates a risk enablement forum, chaired by the safeguarding manager, to examine issues where people appear to be making unwise decisions with regard to their support planning. The forum examines ways in which decisions can be supported and provides a link between personalised support planning and preventing safeguarding incidents.
 - b) The Council has reviewed the way we gather information about safeguarding and has developed a new process of evaluation that is built into the work completed by the social workers.
 - c) Comments arising from visits to people who have been through safeguarding have included: "The social worker was pretty good to me, and she wouldn't do enough for me."; "The advocate kept me informed throughout the process, I thought that they were going to pull the advocate out and not visit me again but I feel at ease as they still gave me advocacy support."

Safeguarding Activity April 2012 – March 2013

26. The Council received 1400 alerts during the year, a small increase of 52 from the previous year. There has been an increase in alerts year on year over the last three years, but the increase this year is much smaller. 524 alerts progressed to investigation, 37% of the total alerts. This is a similar percentage of alert to referrals as last year (38% 2011-12), and could be indicative of a plateau in volume of alerts and referrals following a period of increase.
27. The majority of safeguarding referrals relating to older people come from residential and nursing homes (20%) and health services (17%). The person causing harm is a family member, friend or neighbour in 24% of cases, and a professional or paid carer in 40% of cases. Neglect is most likely to be reported in relation to older people.
28. The majority of alerts relating to people under the age of 65 come from mental health services (22%) and residential and nursing homes (16%). A significant proportion (44%) of referrals in relation to people under the age of 65 relate to incidents where the person causing harm is a family member, friend or neighbour. Physical abuse is most likely to be reported in relation to people under the age of 65.

Mental Capacity Act (2005) and Deprivation of Liberty Safeguards

29. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home or hospital only deprives someone of their liberty in a safe and correct way, that this is only done when it is in the best interests of the person and there is no other way to look after them. In 2012-2013 the Council received 23 Deprivation of Liberty applications; 10 of these were granted.

30. From 1st April 2013, any Deprivation of Liberty Safeguard queries for health related institutions are referred to the Local Authority, and the Council is already experiencing a significant increase in applications as a result of this change. Ahead of these changes, to ensure the Council has a robust service in place, the Council's Mental Capacity Act Coordinator completed a review of responsibilities under the Mental Capacity Act and Deprivation of Liberty Safeguards. Eight themes were identified from this review which have populated the current action plan.

Conclusion and Next Steps

31. The annual report 2012-13 has highlighted a number of learning outcomes which will populate the ongoing action plan for the year ahead:
32. Ensure safeguarding paperwork and documentation is shared with individuals, families, and relevant agencies in a timely way and ensure transparency and timeliness of information sharing with care providers around safeguarding concerns where staff are involved.
33. Continually review the types of alerts that are being raised for quality of information and appropriateness and feed back to alerters where necessary. Continually review responses to alerts within the safeguarding teams to ensure prioritisation and consistency in the face of increasing volume.
34. Run awareness raising campaigns and link into existing public forums and local campaigns.
35. Work completed in the previous year on hate crime and disability related harassment has been shared with the Council's Community Safety Partnerships and work will continue in this area in 2013-14.
36. Continue to provide additional support for complex cases in the form of data analysis and practice development.
37. Continue to develop the role of the Mental Capacity and Deprivation of Liberty Coordinators to link in with services to raise awareness and increase the profile of the IMCA service.
38. Continue to monitor and analyse trends and patterns and continue to share information with contracts teams. Data is used to trigger a serious concerns process or individual and service reviews where patterns are noted.

Appendices:

Appendix A – Annual Report of the Bedford Borough and Central Bedfordshire Adult Safeguarding Board

Background papers and their location: None