

Central Bedfordshire Health and Wellbeing Board

Contains Confidential or Exempt Information No

Title of Report Safeguarding Adults Board Annual Report 2013-14

Meeting Date: 9 January 2014

Responsible Officer(s) Julie Ogley, Director of Adult Social Care Health and Housing, Chair of Bedford Borough and Central Bedfordshire Safeguarding Adults Board

Presented by: Julie Ogley, Director of Adult Social Care Health and Housing, Chair of Bedford Borough and Central Bedfordshire Safeguarding Adults Board

Action Required:

1. For the Health and Well Being Board to receive the fourth Safeguarding Adults Board Annual Report.

Executive Summary

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| 1. | 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. |
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Background

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| 2. | The annual report focuses on the developing context for safeguarding, the work of the Adult Safeguarding Board in Bedford Borough and Central Bedfordshire, safeguarding activity April 2012 – March 2013, and the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. |
| 3. | 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 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 the Board recognises that achieving excellence in this area requires sustained improvement on the part of all partner agencies |

4.	<p>During the past 12 months the Board focussed on</p> <ul style="list-style-type: none"> 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.
5.	<p>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.</p>
6.	<p>Key developments within the NHS include:</p> <ul style="list-style-type: none"> 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 <i>Transforming care: A national response to Winterbourne View Hospital Department of Health Review: Final Report</i> 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 <i>Safeguarding Vulnerable People in the Reformed NHS - Accountability and Assurance Framework</i> March 2013 aims to promote partnership working and clarify roles and responsibilities within the health service.
7.	<p>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.</p>
8.	<p>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.</p>

9.	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.
10.	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.
11.	From 1 st 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.
12.	Over the coming 12 months the Board will be focussed on <ul style="list-style-type: none"> a) Hate crime, discrimination and harassment of people with disabilities a) 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 b) Responding to the 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.

Detailed Recommendation

13.	For the Health and Well Being Board to note the contents of this report.
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Issues

Strategy Implications

14.	The Health and Well Being Strategy Priority 2: Safeguarding and Quality of Care outlines the importance of safety as fundamental to the wellbeing and independence of people using health and social care.
15.	This priority is linked to the Community Safety Partnership strategic plan which includes the domestic and sexual abuse strategies.

Governance & Delivery	
16.	Delivery and progress will be reported through the Safeguarding Board on a quarterly basis, as well as HCOP and the Health and Wellbeing Board.
Management Responsibility	
17.	Responsibility for the delivery of outcomes rests with Director for Adult Social Care, Health and Housing and Chair of Bedford Borough and Central Bedfordshire Safeguarding Adults Board. This responsibility is delegated for day to day operational delivery through the Assistant Director for Adult Social Care and Safeguarding Manager.
Public Sector Equality Duty (PSED)	
18.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
	Are there any risks issues relating Public Sector Equality Duty No
	No Yes <i>Please describe in risk analysis</i>

Risk Analysis

Briefly analyse the major risks associated with the proposal and explain how these risks will be managed. This information may be presented in the following table.

Identified Risk	Likelihood	Impact	Actions to Manage Risk
None			

Source Documents	Location (including url where possible)

Presented by Julie Ogle, Director of Adult Social Care Health and Housing,
Chair of Bedford Borough and Central Bedfordshire Safeguarding Adults
Board