



Peterborough Safeguarding Adults Board

Annual Report 2012—2013

Working together to stop abuse

The Peterborough Safeguarding Adults Board Annual Report 2012-13

Contents

Introduction	3
Background	4
Members	4
Attendance at Meetings.....	5
How The Board Operates.....	5
Priority Area 1 – Effective Safeguarding Policies, Procedures and Governance.....	7
Multi Agency Safeguarding Adults Policy and Procedures	7
Deprivation of Liberty Safeguards	7
PSAB Sub Groups.....	8
Quality and Performance Sub Group.....	8
Training Sub Group	9
Serious Case Review (SCR) Sub Group	9
Priority Area 2 – Improve response to safeguarding concerns.	11
Safeguarding Adults Activity 2012-13.....	11
Priority Area 3 – Increased access and involvement.....	20
Winterbourne Review	21

Introduction

It is my pleasure to introduce the Peterborough Safeguarding Adults Board's 2012-13 Annual report. The aim of the report is to capture the difference we made in 2012/13, set against the priorities we had identified in our business plan, together with the challenges we still face.

Once again, our work over the year took place in an environment of organisational change and resource constraint across the whole partnership. Nevertheless, I think that we have made considerable progress and that the Board is now more confident about the important role it plays in overseeing adult safeguarding work across Peterborough. This is especially important now that the Government has confirmed that Safeguarding Adults Boards will become statutory bodies with the implementation of its long awaited Care Bill.

We have also maintained close links with both the Peterborough Safeguarding Children Board and the Cambridgeshire Safeguarding Adults Board in recognition of those organisations that deliver services to both children and adults and across council boundaries.

I should like to thank all those colleagues who have worked so hard to promote and improve our approach to safeguarding over the last year

Felicity Schofield
Independent Chair
September 2013

Background

Adult Safeguarding is governed by the statutory guidance “No Secrets” issued by the Department of Health in 2000, which gave Social Services lead responsibility to co-ordinate the development of the local multi agency framework, policies and procedures. Every statutory agency is expected to work in partnership with all agencies involved in the public, voluntary and private sectors to safeguard adults at risk of abuse from abuse. Additional legislation, for example the Mental Capacity Act 2005 and the Safeguarding Vulnerable Groups Act 2006, have addressed different aspects of adult abuse. These have recognised that abuse occurs in a range of settings, is perpetrated by a range of people and that it must be made clear that this is not acceptable.

The Role of the Peterborough Safeguarding Adults Board:

- To ensure the safeguarding of adults at risk in Peterborough, to prevent abuse and neglect happening within the community and in service settings.
- To provide independent governance and audit of safeguarding practices and to promote the safeguarding interests of vulnerable adults to enable their wellbeing and safety.
- To promote, inform and support the work to safeguard adults in Peterborough across all the partnership agencies.
- To develop Peterborough’s strategic safeguarding policies, and ensure the inclusion of these policies in all agencies strategy documents and plans.

Members

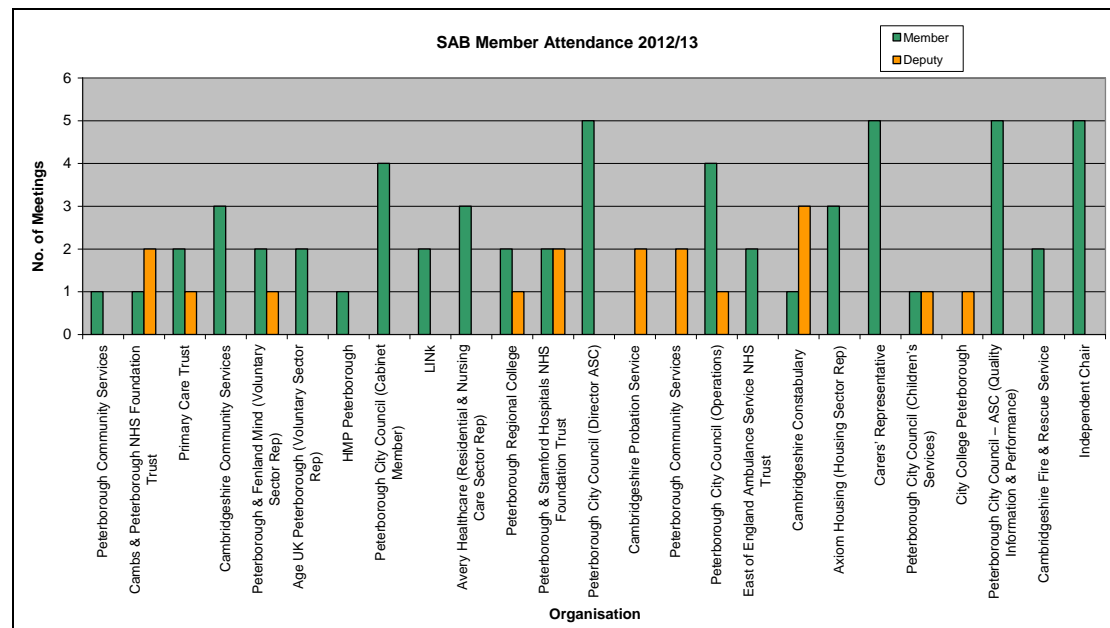
The Board has representation from the following organisations:

- Cambridgeshire and Peterborough NHS Foundation Trust
- Cambridgeshire Community Services
- Cambridgeshire Constabulary
- Cambridgeshire Fire and Rescue Service
- Carers Partnership Board
- East of England Ambulance Service NHS Trust
- Independent Providers
- NHS Cambridgeshire and Peterborough Clinical Commissioning Group
- HMP Peterborough
- Link
- Peterborough and Stamford Hospitals NHS Foundation Trust
- Peterborough City Council (representation from Adult Social Care, Community Safety, Children’s Services and including the lead member for adult services)
- Peterborough City College
- Peterborough Regional College
- Peterborough Voluntary Sector representatives (including Age UK and Mind)
- Probation Service

For further information about the work undertaken by member organisations across the partnership in 2012/13, please refer to the “Peterborough Safeguarding Adults Board Members Commentary” document.

Attendance at Meetings

Detailed below is a chart which shows board members attendance over the year 2012-13



How the Board Operates

The Peterborough Safeguarding Adults Board is well established and provides the strategic leadership for safeguarding adults work locally. The Board's approach to safeguarding is based on promoting dignity and respect, helping all people to feel safe and making sure safeguarding is everyone's business

In 2012-13 Adult Social Care continued to restructure as its responsibilities transferred back to the Local Authority from Peterborough Community Services and the Primary Care Trust. There was continued health reorganisation during 2012-13 and considerable work was undertaken to prepare for April 2013, when the Primary Care Trusts were replaced by GP led Clinical Commissioning Groups (CCG's), together with a Local Commissioning Group (LCG). Against this backdrop the Safeguarding Adults Board continued to provide the strategic leadership for the adult safeguarding agenda.

The Board is supported by three sub-groups:

- Quality and Performance Sub-Group
- Training Sub-Group
- Serious Case review Sub-Group

The Board monitored its progress for 2012/13 against the three priorities identified in its business plan:

- Priority Area 1 - Effective safeguarding policies procedures and governance
- Priority Area 2 – Improved response to safeguarding concerns
- Priority Area 3 – Increased access and involvement.

Having identified significant failings in safeguarding performance during 2011-12 the Board had a particular focus during 2012-13 on setting up the systems and structures to ensure that system wide improvements could be made and tracked. This report reflects the work undertaken which will allow significant performance improvement to be achieved across the system during 2013-14.



Priority Area 1 – Effective Safeguarding Policies, Procedures and Governance.

Multi Agency Safeguarding Adults Policy and Procedures

In April 2012 the Safeguarding Adults Board developed an interim set of Multi Agency Safeguarding Policy and Procedures which were formally adopted by the Safeguarding Adults Board in March 2013. These were based on the pan London procedures which are recognised as the 'gold standard' in terms of safeguarding policy and procedures.

In November 2012 the regional Directors of Adult Social Services (ADASS) commissioned a review of the Adult Safeguarding policy and procedures currently in use across the region. The review identified that Peterborough's interim policy and procedures are detailed and thorough, providing good information on supporting the adult at risk of abuse, risk assessment and the role of the NHS in safeguarding.

In March 2013 the Safeguarding Adults Board made a decision to end the interim status and formally adopt its Safeguarding Adults Safeguarding Policy and Procedures.

The Board is still committed to ensuring that where possible, future policy and procedural developments are undertaken in conjunction with Cambridgeshire County Council and the decision to have joint Multi-Agency Safeguarding Policy and Procedures will be best made after implementation of the new Care and Support Bill.

In October the Safeguarding Adults Board approved a joint protocol for Investigating Serious Incidents and safeguarding adult cases. This protocol provides guidance for health partners about their responsibilities and role in cases where there is an overlap between a Serious Incident and safeguarding investigation.

Deprivation of Liberty Safeguards

In the period 1 April 2012 to 31 March 2013, Peterborough City Council's Deprivation of Liberty Safeguards (DOLS) team received 17 requests for DOLS authorisation, relating to 13 cases. 14 of these were submitted following the granting of urgent authorisation by the managing authority, with only 3 being standard requests. All three cases of standard requests were follow-on requests after the expiry of an existing one initiated via the urgent authorisation process.

12 requests came from hospital settings (either acute or psychiatric inpatient wards) compared to 5 from care homes.

It was identified that in comparison to the national average and our comparator authorities the number of Deprivation of Liberty Safeguard referrals in Peterborough was low. Of particular concern was the low number of referral requests received from the Peterborough care home providers. One of the key challenges for the year ahead is looking at improving awareness and application of the Mental Capacity Act and Deprivation of Liberty Safeguards across the care sector in Peterborough, particularly in relation to care home settings.

Addressing this has commenced with a day-long MCA and DOLS conference in March 2013 for all managing authorities and relevant practitioners. Further work will take place during 2013-14 supported by the recruitment of a dedicated MCA and DOLS lead with the Council's Adult Social Care function.

PSAB Sub Groups

Quality and Performance Sub Group

April 2012 saw the creation of the Safeguarding Adults Quality and Performance Sub Group. Membership of the group is open to all organisations who are represented on the Peterborough Safeguarding Adults Board. The purpose of The Quality and Performance Sub-group can be categorised as:

- To assure adult safeguarding processes in Peterborough are safe, effective and provide a positive customer experience.
- To commission specific quality and performance analysis work and to report findings and make recommendations to the SAB



ASC recruited to the posts of Safeguarding Adults Strategic Manager and Quality Assurance Manager in 2012

Highlight achievements

- The sub-group had oversight of and was a driving factor in the development of a safeguarding adults case file audit
- The sub-group began work on the development of a Safeguarding Performance Management framework
- Undertook a review of the cases in relation to the safeguarding adults best practice timescales

Training Sub Group

The purpose of the Training Sub Group is to oversee and commission training which further strengthens the awareness of safeguarding. To ensure that those who respond to and investigate safeguarding concerns are always well trained.

Highlight Achievements

- The Training sub group identified an issue whereby a high percentage of attendees on safeguarding training were unable to achieve a pass mark due to language difficulties. Work was undertaken by the Council's Contract team to investigate recruitment practices and measures to improve practice
- Developed a Training Strategy for 2013-14
- Established a Practice Guidance Task and Finish Group
- Undertook an audit of the independent provider safeguarding training evaluate training against the Association of Directors for Adult Social Services (ADASS) training standards

Serious Case Review (SCR) Sub Group

The purpose of the Sub Group is to consider referrals made to the group which either meet the criteria for a serious case review or which might result in lessons learned for partnership working if examined in detail.

The Serious Case Review subgroup is chaired by the independent chair of the Safeguarding Adults Board and comprises of senior managers from all the statutory agencies.

For the year 2012-13 no Serious Case Reviews were undertaken. Following receipt of a referral in June 2012 however, the Peterborough Safeguarding Adults Board Serious Case Review subgroup commissioned a multi agency review into a case where an elderly man had sadly died from sepsis due to pressure sores.

The sub group considered that whilst the criteria for a serious case review appeared to be met, it would be more appropriate to commission a multi-agency review which focused primarily on what has changed and what still needs to change.

The reason for this approach was due to the length of time which had elapsed since the death of the adult at risk together with the degree of organisational change that had taken place during that time.

The review was still ongoing at the end of March 2013 and will be reported in the next financial year. The review will result in an action plan which will need to be agreed by the Peterborough Safeguarding Adults Board.

The review is expected to highlight areas of improvement for partnership working, including development of practice guidance around pressure sores

and a process for recording and communicating concerns about care providers.

Effective Safeguarding Policies, Procedures and Governance - Our priorities for next year

- Review Safeguarding Procedures and develop a framework for Serious Case and other Multi-Agency Reviews
- Review and agree funding arrangements for the Safeguarding Adults Board
- Develop a Performance Management Framework
- Develop quality assurance of safeguarding adults work
- Improve awareness of MCA and DOL's in care home settings

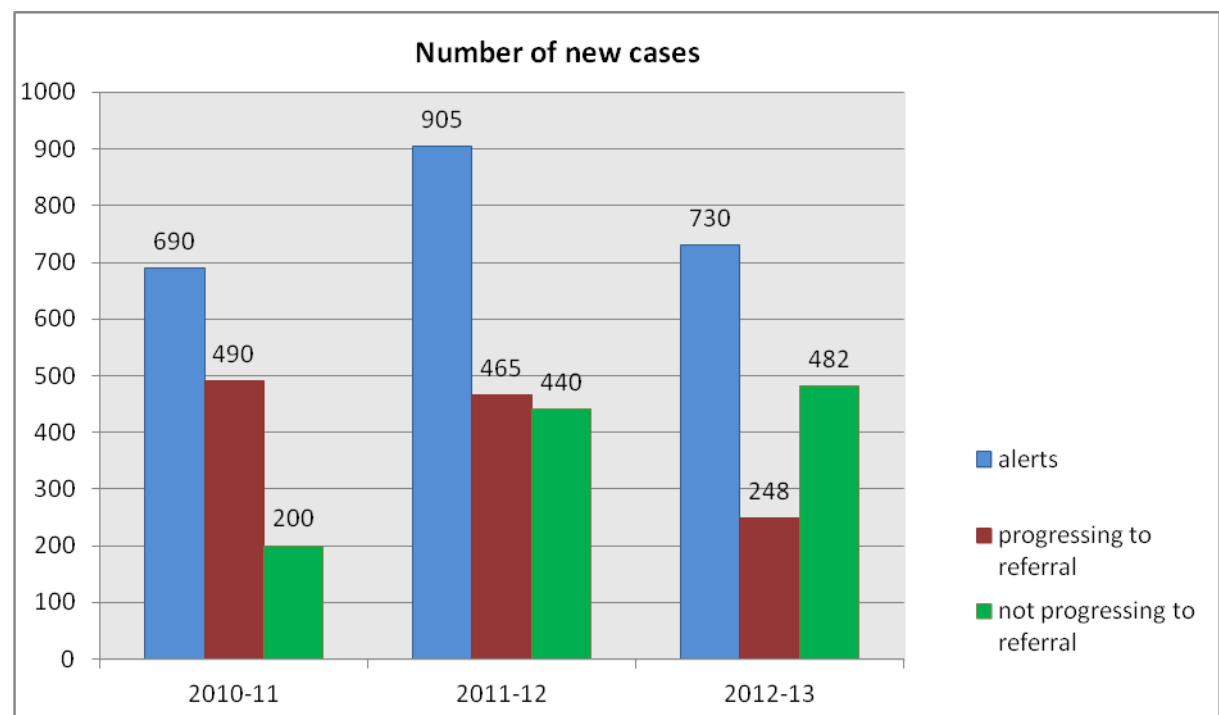


Priority Area 2 – Improve response to safeguarding concerns.

Safeguarding Adults Activity 2012-13

In order to ensure responsiveness to safeguarding concerns we need to ensure that there is awareness amongst all agencies and that appropriate alerts are raised. Too many alerts can be evidence of a lack of understanding of what constitutes a safeguarding concern, too few alerts can be evidence of a lack of awareness of adults at risk. The conversion rate of alerts to referrals should give an indication of the appropriateness of the alerts received.

Figure 1: Number of New Cases



For 2012-13 there has been a 19% decrease in the number of safeguarding alerts compared to the previous year. More significantly there has been a 47% decrease in the number of alerts which met the safeguarding adult's criteria and progressed to investigation when compared to the previous year. It is felt that this could be due to how performance information was being captured and threshold decisions applied prior to Adult Social Care returning to the Local Authority.

CPFT have increased the numbers of staff who have been trained to coordinate safeguarding adult investigations

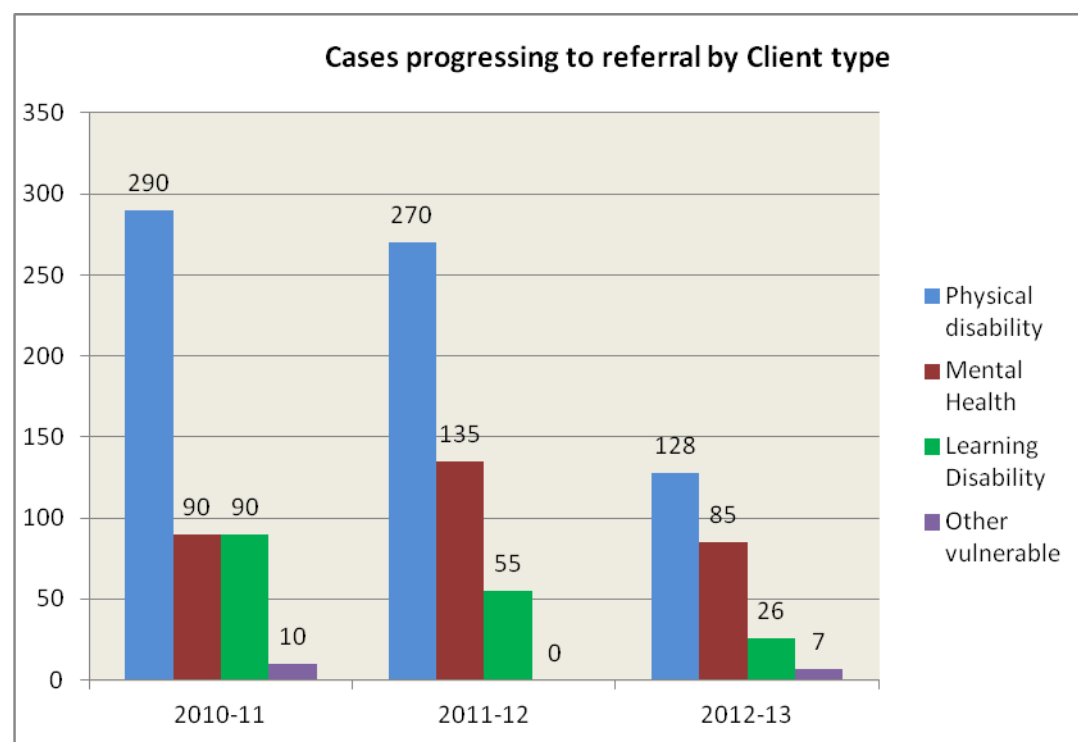
Whilst awareness of safeguarding adults has improved significantly the fact that so many alerts do not progress indicates that further work is required around improving knowledge and understanding within the locality around safeguarding adult's criteria and thresholds.

This is an area of work that the Safeguarding Adults Board will try to progress next year and echoes the Association of Directors for Adult Social Services briefing note (March 2013) in advocating for the implementation of safeguarding adult thresholds

	Alerts per 100,000 of the population	Referrals per 100,000 of the population
Peterborough	460	190
CIPFA Comparators	460	210
England	430	230

When we compare Peterborough with other similar Councils we can see that our alert rate is similar but our referral rate is lower. During 2013/14 we must make it a priority to monitor both our referral rates and decision making around progressing alerts to referrals, so that we can better understand the reasons for the lower referral rate.

Figure 2: Cases Progressing to Referral by Service User Group



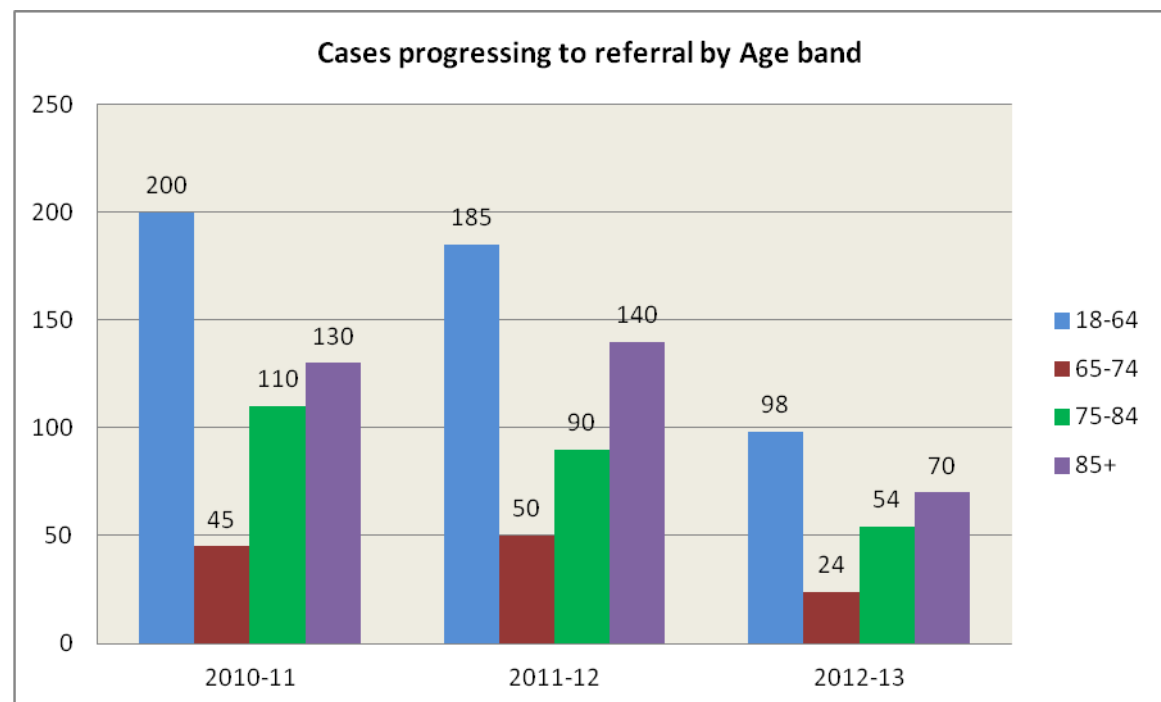
In 2012 PSHFT won a regional award for patient involvement based on work undertaken with people with learning disabilities.

The above graph shows that the majority of cases that are investigated under the safeguarding procedures relate to the physical disability client group. This category includes people with a sensory disability and also older people (65 years and over). Adults with mental health problems are the second highest primary group and account for 34% of all

safeguarding referrals whilst people who have a learning disability account for only 10%.

Peterborough is showing as having approximately 10% more safeguarding cases for people with mental health problems and approximately 10% less Learning Disability cases when compared to our CIPFA comparators and the average for England. Referral and investigation processes in relation to Learning Disability should be a focus for overview in 2013/14 to understand the reasons for the lower rates.

Figure 3: Cases progressing to referral by Age band



People aged 65 years or over account for combined 66% of all safeguarding referrals. Peterborough's data in terms of distribution of referrals by age is reasonably consistent when compared with CIPFA comparators and the rest of England as a whole.

The data indicates that as someone increases in age then they are more likely to be at risk of experiencing abuse. People who are aged 85+ appear to be at most risk of abuse. This client group only represents 2%* of Peterborough's total population yet over the last three years they have accounted for a significant proportion of all safeguarding adult referrals dealt with. Referrals are broadly in line with demography in relation to ethnicity.

*Based on the 2011 ONS mid year population estimates for Peterborough.

Figure 4: Source of referral

Referrals by source			
	2010-11	2011-12	2012-13
Social care Staff	43%	36%	30%
Health	22%	29%	35%
Self referral	1%	2%	4%
Family member	6%	8%	8%
Friend/neighbour	1%	2%	2%
Other client	0%	0%	0%
CQC	0%	1%	0%
Housing	3%	3%	3%
Education/workplace	0%	0%	0%
Police	5%	5%	4%
Other	19%	13%	14%
totals	100%	100%	100%

The CCG have a safeguarding team to offer expert clinical advice and guidance on all matters relating to safeguarding adults

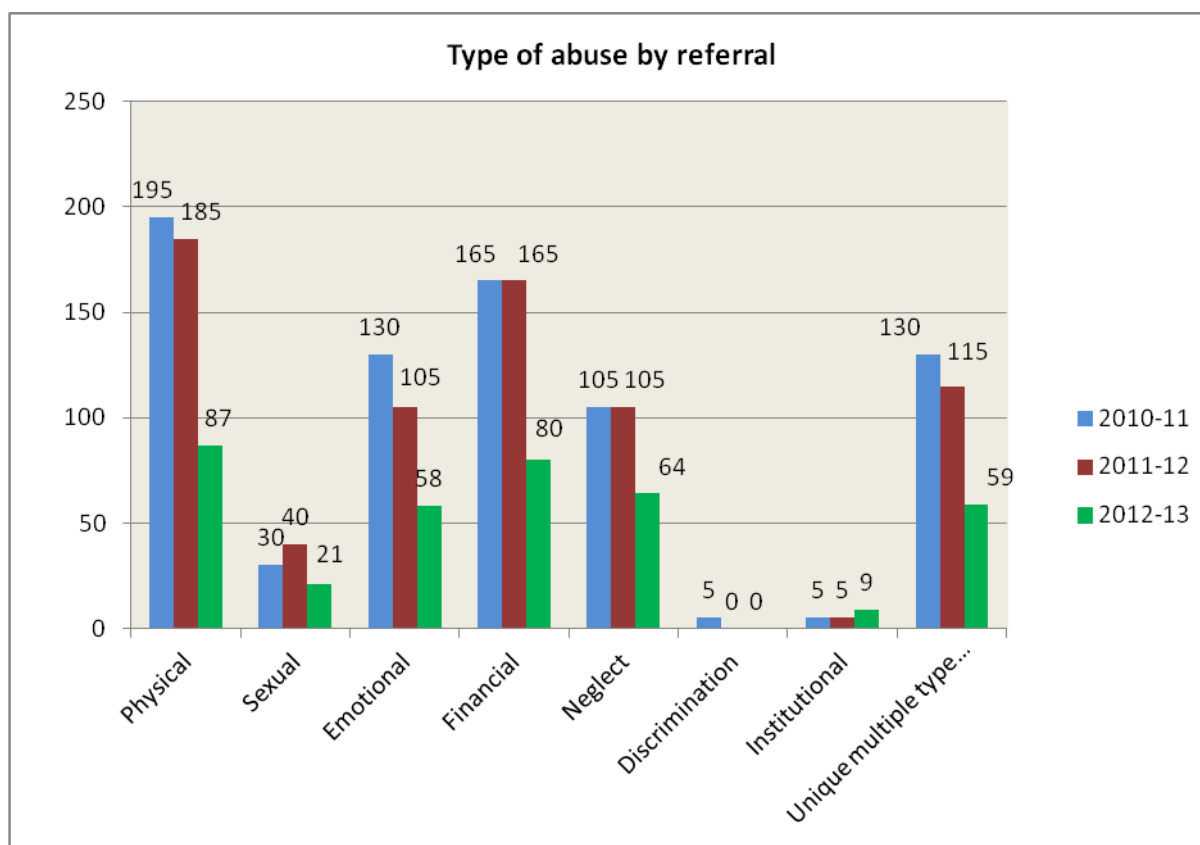
There has been a significant increase (6%) in the percentage of safeguarding referrals received from health staff and a 6% reduction in referrals from social care staff for the year 2012-13. Previously social care staff have accounted for the majority of referral sources, however this change could indicate that there has been improved awareness within our health care partners and indicates good partnership working.

There continues to be an increase year on year in the number of self referrals received. The percentage of referrals received from family members has remained constant at 8%. This is re-assuring as it indicates that there is a good level of awareness within the community and suggests that there has been an improvement in service user's knowledge about how to make a safeguarding referral.

*The source of referral described as Social Care includes referrals received from social care workers, all social care providers including domiciliary and residential care.

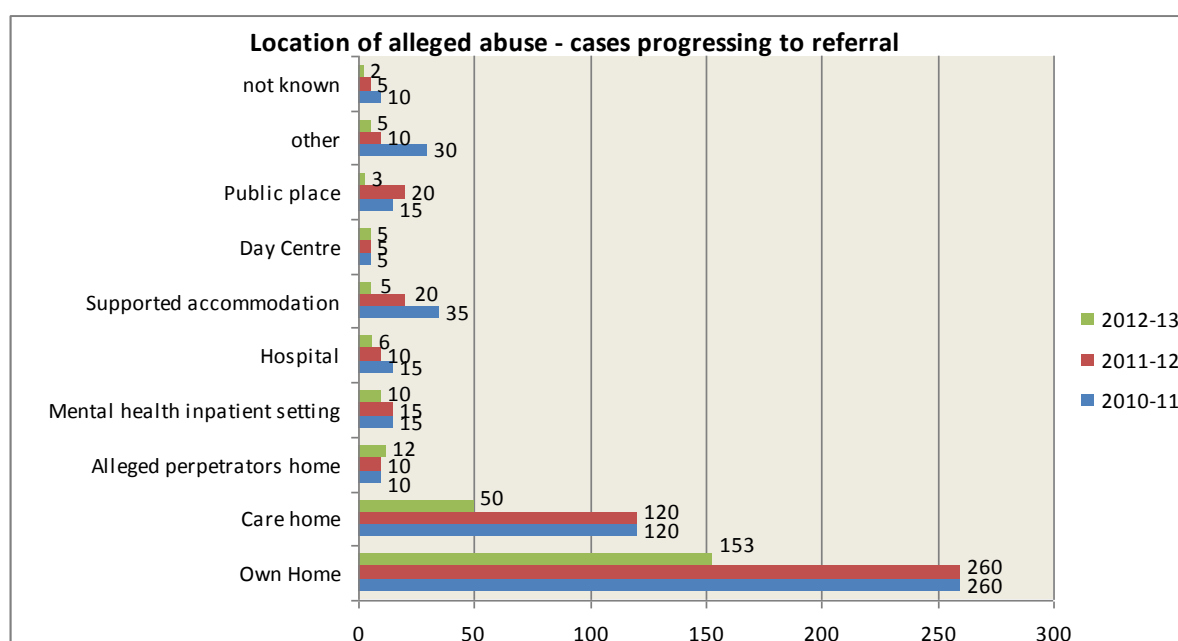
*The source of referral described as Health care staff include all people employed by health and includes hospital staff, mental health and learning disability services, GP's and the ambulance service.

Figure 5: Abuse Type



There has been some change in the type of abuse being reported. Physical and financial abuse continues to be the most common, but referrals for neglect are now the third largest group. This is likely to be due to the awareness raising locally and nationally around pressure sores and institutional neglect.

Figure 6: Location of alleged abuse



Cambridgeshire Police have set up a group with partner agencies to look at the response to allegations of abuse in people's own homes

The most common locations for alleged abuse are the victims own home (61%) or a care home setting (20%). There are relatively few from mental health inpatient or hospital settings, although the Peterborough and Stamford Hospitals Foundation Trust report the number of internal investigations investigated by them to be at 25 which is higher than those recorded above.

Figure 7: Outcome of completed referrals for alleged perpetrator

Outcome of completed referral for alleged perpetrator			
	2010-11	2011-12	2012-13
Criminal prosecution	0	5	6
Police action	10	25	23
community care assessment	5	10	8
Removal from property or service	5	10	12
Management of access to vulnerable adult	5	10	6
Referred to PoVa list	0	5	4
Referral to registration body	0	0	4
Disciplinary action	5	10	7
Action by CQC	5	5	3
Continued monitoring	45	110	103
Counselling/training	5	10	6
Referral to MAPPA	0	0	1
Action under mental health act	0	0	1
Action by contract compliance	0	5	3
Exoneration	5	20	11
No further action	75	120	94
Not known	285	5	9
Totals	450	350	301

The above chart details the outcome of referrals with regards to the person allegedly causing the harm. As detailed the most common outcome prevalent is that of Continued Monitoring which featured in 103 of the cases that were investigated. This accounts for 41% of the total safeguarding cases.

The next highest outcome is that where it is recorded that the safeguarding investigation ended in No Further Action (94 cases) which accounts for 38% of safeguarding referrals received. A high number of safeguarding cases ending with No Further Action may indicate that improvements may need to be made in our safeguarding responses.

Cambridgeshire Police have a designated Safeguarding Adults Coordinator within their central referral unit

The Association of Directors for Adult Social Services briefing guidance (March 2013) highlights the need for Safeguarding Adult Boards to improve outcomes for Service Users. As such, a key piece of work for the Board is to have greater reassurance over safeguarding outcomes in particular those ending with No Further Action or Increased Monitoring recorded as the only outcome.

Figure 8: Outcome of completed referral for the adult at risk

Outcome of completed referral for the adult at risk			
	2010-11	2011-12	2012-13
Increased monitoring	70	150	135
Vulnerable adult removed from property	5	5	6
Community care assessment & services	15	25	30
Civil action	0	0	1
Application to change appointeeship	0	5	3
Referral to counselling/training	0	5	3
Moved increased/different care	5	15	9
Management access to finances	10	5	7
Guardianship/use mental health act	0	0	1
Restriction access to alleged perpetrator	5	20	16
Referral to MARAC	0	0	3
Other	25	15	22
No further action	310	100	44
totals	445	345	280

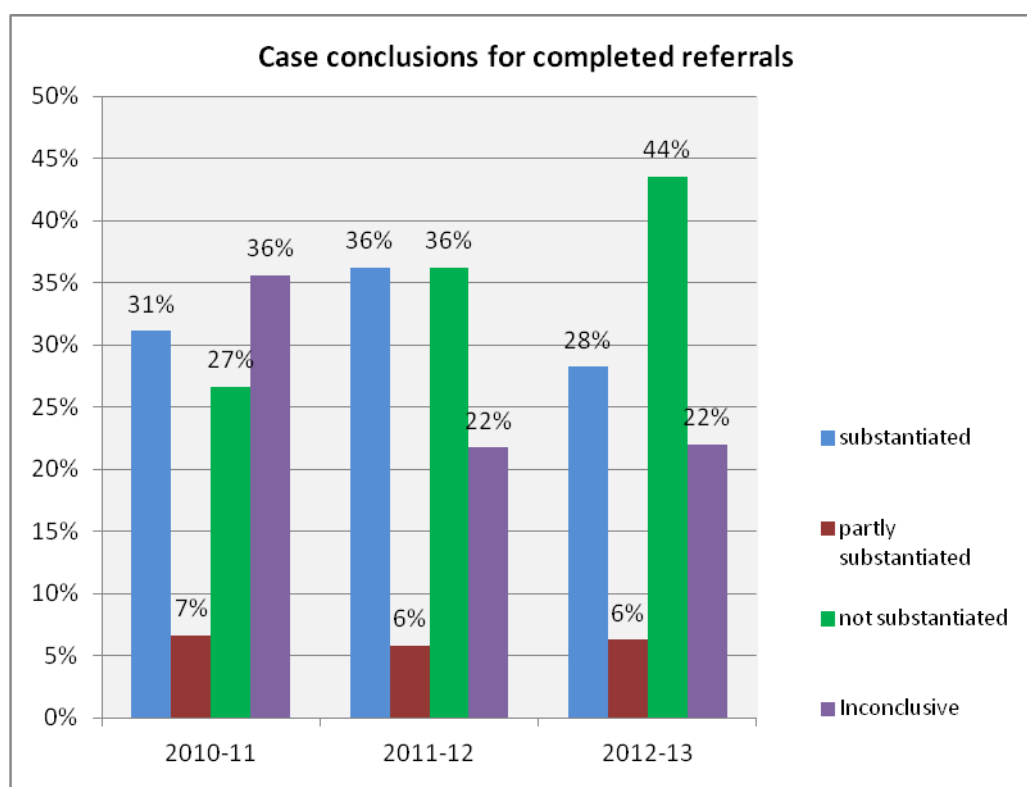
The above table details the outcome of the safeguarding process for the Adult at Risk of Abuse.

The table shows that in the vast majority of cases the most prevalent outcome was that of Increased Monitoring which was a recorded outcome in 54% of referrals. The outcome of No Further Action was recorded against 18% of safeguarding cases whilst in 13% of cases the Service Users needs were re-assessed as a result of the safeguarding investigation.

With the advent of an e-learning programme CPFT could evidence that 96% of staff have completed adult safeguarding training.

The high number of cases resulting in Increased Monitoring and No Further Action may be due to the number of cases where the allegation was concluded as being Not Substantiated. As detailed previously it is important that outcomes improve for Service Users and the Safeguarding Adults Board is committed to continuously improving the safeguarding response and outcomes for individuals.

Figure 9: Case conclusion



The above chart details the end conclusion of safeguarding referrals received for the year 2012-13.

Cases which were concluded as Not Substantiated account for a 44% of all safeguarding adult cases. This is an 8% increase on the previous year. The increase in cases which were concluded as Not Substantiated again may indicate that there are issues with safeguarding adult thresholds and the decision to implement the procedures at the point of referral. Peterborough has 10% more cases concluded as Not Substantiated compared to our CIPFA comparators and 8% more cases compared to England as a whole.

There has been an 8% drop in the number of cases which were Substantiated. This is possibly due to the delays in investigations at the early part of the year, when the backlog in investigations was identified and cleared. Investigations in a timely manner are more likely to result in improved evidence gathering.

There is still a significant percentage of cases (22%) which ended as Inconclusive. Further work is needed to establish why these cases could not be determined as substantiated or not substantiated and may indicate that there are issues regarding the robustness of the safeguarding investigation.

ASC created two Safeguarding Adult Lead Practitioners posts to enhance safeguarding expertise and support to frontline staff

Safeguarding Adults Training Report April 2012 – March 2013

Identification and response to safeguarding concerns are dependent upon knowledge, understanding and awareness of all agencies. The Safeguarding Adults Board has an agreed training plan to enhance this.

During 2012-13 Peterborough City Councils Workforce Development Team delivered its multi-agency training programme, to support the safeguarding agenda across partner agencies. The main focus of the training programme for 2012-13 was ensuring that staff were confident in using the new Peterborough Safeguarding Adults Board Multi-Agency Policy and Procedures.

Detailed below is a summary of the training provided and numbers of places available and numbers of attendance. There were a large number of places on the Basic Awareness Enhanced training courses that remained unfilled. Poor awareness around definitions of abuse and the safeguarding adults' criteria may offer some explanation why only 44% of alerts received go onto investigation.

Course	Places	Allocated	Unfilled
Mental Capacity Act Awareness	340	301	39
Safeguarding Adults Basic Awareness	610	494	116
Safeguarding Adults Enhanced	180	93	87
Deprivation of Liberty Awareness	210	142	68
Leading Safeguarding investigations	72	26	46
Case Conference & Protection Plans	72	53	19

Take up of DOLS training remains poor and so does take up of Leading Investigations training. There were also a significant number of unfilled places on the Case Conference and Protection Plan training.

Peterborough and Stamford Hospital Foundation Trust provide all of their own mandatory training for their staff. Work needs to be undertaken by the Board to ensure that providers and other agencies are ensuring that their staff receive adequate safeguarding adults and MCA/DOLS training.

Improve Response to Safeguarding Concerns – Our Priorities for next year

- Ensure thresholds for safeguarding referrals are better understood.
- Strengthen response to referrers of safeguarding concerns.
- Provide training for all managers to enhance their skills in leading investigations
- Improve outcomes for service users
- Ensure an increase in take up of training provided

Priority Area 3 – Increased access and involvement.

In 2012-13 work began in looking at how to improve involvement from service users and their families in the safeguarding process. The Quality and Performance Sub group began work on looking at capturing service user feedback on the safeguarding process. Service user and family involvement was also considered as part of the Safeguarding Adults case file audit which will allow assessment of how well service users are being involved in the safeguarding process.

The Carers Partnership Board have made sure that safeguarding adults is central to their strategy in relation to both the carer and the cared for. There are plans in place to look at raising awareness and developing safeguarding services for carers, including ensuring that those they care for are kept safe, and that carers can carry out their role without anxiety about their personal safety.



The Carers Partnership arranged delivery of safeguarding training to 45 carers at the carers Bi-annual event 2012

In early 2013 work was undertaken on the Adult Social Care Safeguarding Adults website to ensure that information was up to date and relevant. Updating of the website will continue into the following year.

Alongside developing the website work also began on reviewing the Safeguarding Board's publications and a new safeguarding leaflet and poster are being updated and redesigned. When completed these will be made public providing people with accessible information on how to recognise and report abuse.

In June Adult Social Care workforce development team delivered a talk to the Pensioners Association. The presentation included information on the definitions of who is an adult at risk, identifying abuse and neglect and how to raise a safeguarding concern. A similar session was also held for the Peterborough Neighbourhood Champions in October.

Winterbourne Review

The Board received reports on the progress of implementing the learning from Winterbourne View. The Winterbourne review recognises that choice and empowerment is needed to prevent institutional abuse, and that secure hospital settings are not the correct settings to foster this. In Peterborough Work is underway in reviewing, planning person centred support and the subsequent resettlement of people identified in secure setting placements outside Peterborough

Increased Access and Involvement – Our Priorities for next year

- Continue to develop the Safeguarding Adults website.
- Continue to review our safeguarding publications and launch our new 'Stop Abuse' poster and leaflet.
- Ensure that contract management processes are reviewed ensuring service users are safeguarded.
- Establish a system for sharing concerns about care providers.
- Continue Progress to ensure the Government's action plan on Winterbourne View is implemented.



East of England Ambulance Service

NHS Trust



Cambridgeshire Community Services



NHS Trust

PETERBOROUGH



CITY COUNCIL



CAMBRIDGESHIRE
FIRE & RESCUE SERVICE
The City of Peterborough and surrounding areas

Cambridgeshire and Peterborough Clinical Commissioning Group

Peterborough and Stamford Hospitals

NHS Foundation Trust



If you require any further information please contact:

Andrew MacTaggart, Strategic Lead

Safeguarding Adults

Peterborough City Council

Email: Andrew.mactaggart@peterborough.gov.uk

Telephone: 01733 452434

Or visit our website: www.peterborough.gov.uk/safeguardingadults



Creating a safer
Cambridgeshire



Peterborough
and Fenland



ageUK



Peterborough
Regional College



City College
Peterborough

Working together, learning together



Cambridgeshire
& Peterborough
Probation Trust

