Item No 8

Adult Social Care and Health O&S Committee

07 December 2011

Progress in Adult Safeguarding Report

Recommendation

It is recommended that Members consider and comment on the information presented on performance in safeguarding vulnerable adults in Warwickshire over the last 12 months, and future plans for continual improvement.

1. Background

1.1 A "Vulnerable Adult" is defined as a person aged 18 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 unable to protect him or herself against significant harm".

(*No Secrets*, DoH 2000)

1.2 Warwickshire Safeguarding Adults Board (WSAB) brings together the agencies accountable for safeguarding vulnerable people to agree how they will work together, and to assess how effective they are in safeguarding vulnerable people.

1.3 WCC is accountable for safeguarding people, and leads the Board, provides the single point of contact, co-ordinates investigations and case work and produces reports of activity.

2. Activity

2.1 Serious case reviews

The purpose of a serious case review is to establish whether lessons can be learnt from the circumstances of a case that may improve practice, or the way in which agencies and professionals work together to safeguard vulnerable adults. It is not to re investigate or apportion blame. The SCR is commissioned from an independent chair, and makes recommendations based on lessons learnt. The WSAB receiving the report then creates an action plan, and monitors progress until completion of all agreed improvements Over the last 12 months the WSAB has commissioned 2 serious case reviews (SCR), Mrs L who died in hospital and GH (young woman with learning disabilities who was murdered in August 2010). The SCR relating to Mrs L has been largely completed, but the Board is awaiting

confirmation from SWFT that priority actions have been completed. The SCR relating to GH was agreed on 19th October and published on 14th November to much media interest. An action plan is being developed based on achieving all of the recommendations, subject of a separate report to Scrutiny

2.2 **Performance report**

Appendix A covers the latest performance report. A key finding is that despite the fourfold increase in safeguarding referrals over the last 2 years, Warwickshire is still slightly under the national average volume of referrals. While this may be related to areas of multiple deprivation, there are other indicators that suggest we may still see further increases in demand. In particular WSAB has expressed serious concern that the central point for collating referrals (WCC Safeguarding team) has received no referrals from GP's in this financial year, and 8 (of 862) in the previous financial year. This is now a priority action for the board to deliver training to each practice, to attend the CCG plenary session, and to work with PCT colleagues to embed safeguarding in the operational contracts.

2.3 Elizabeth Phillips, Chief Executive of Age UK in Warwickshire has convened and set up an additional sub group this year to focus on communications and conveying to the public that safeguarding vulnerable adults is *'Everybody's business'.* A conference has been arranged for January 2012 to pursue this objective.

3. Future plans

3.1 **Impact of the People Group and sharing expertise**

The launch of the People Group of services has brought expertise from Safeguarding children to the WSAB. Phil Sawbridge has now assumed managerial responsibility for the WSAB strategy, framework and procedures and will be bringing these in line with the children's work, which has had significantly more attention over the past decades. The subgroups will also be aligned, bringing greater focus from district councils, maintaining a Health sub group, performance and quality, training for all staff.

3.2 **National implications – likelihood of statutory status**

In the Adult Social Care White Paper now anticipated to be published in April 2012, we are expecting that there will be proposals to establish Adult Safeguarding Boards on a statutory footing, matching those for children's safeguarding. This would include something like the Children's Act section 11 duty to co operate.

3.3 **Issues**

Most professionals have welcomed and applaud the Mental Capacity Act and its requirement to assess mental capacity to recognise an adults right to determine their own life choices. However, where an individual is not FACs eligible, and has mental capacity to make decisions for themselves, yet is still

seen as a vulnerable adult and is making risky decisions, we are faced with extremely difficult problems. This is a national issue, but has sharp resonance through a recent SCR.

Looking forward, our systems need to be simple and easy to follow, yet comprehensive, rigorous and robust. Staff are asked to focus and target resources, but also to collate low level concerns to be able to quickly identify when multiple concerns should attract the attention of agencies.

	Name	**Contact Information**
Report Author	Wendy Fabbro	01926 742967
Head of Service	N/A	N/A
Strategic Director	Wendy Fabbro	01926 742967
Portfolio Holder	Cllr Mrs Izzi Seccombe	01295 680668

Safeguarding Adults

Report to Safeguarding Adults Board

November 2011

Data for the period 1 April 2010 – 30 September 2011

Contents

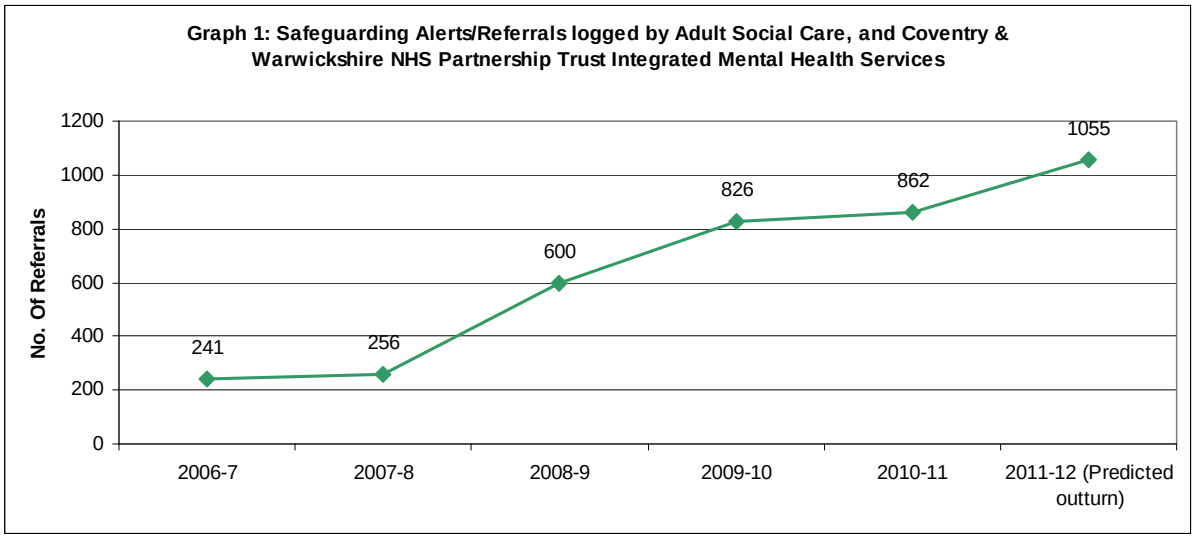
1.1 Annual Referrals
1.2 Referrals Received YTD
1.3 Referral Source
1.4 Victims of alleged abuse
1.5 Type of alleged abuse
1.6 Alleged perpetrator
1.7 Location of alleged abuse
1.8 Location of abuse by conclusion
1.9 Conclusion and outcome of referrals
1.10 Deprivation of Liberty Safeguards

For further information please contact the Business Intelligence Team

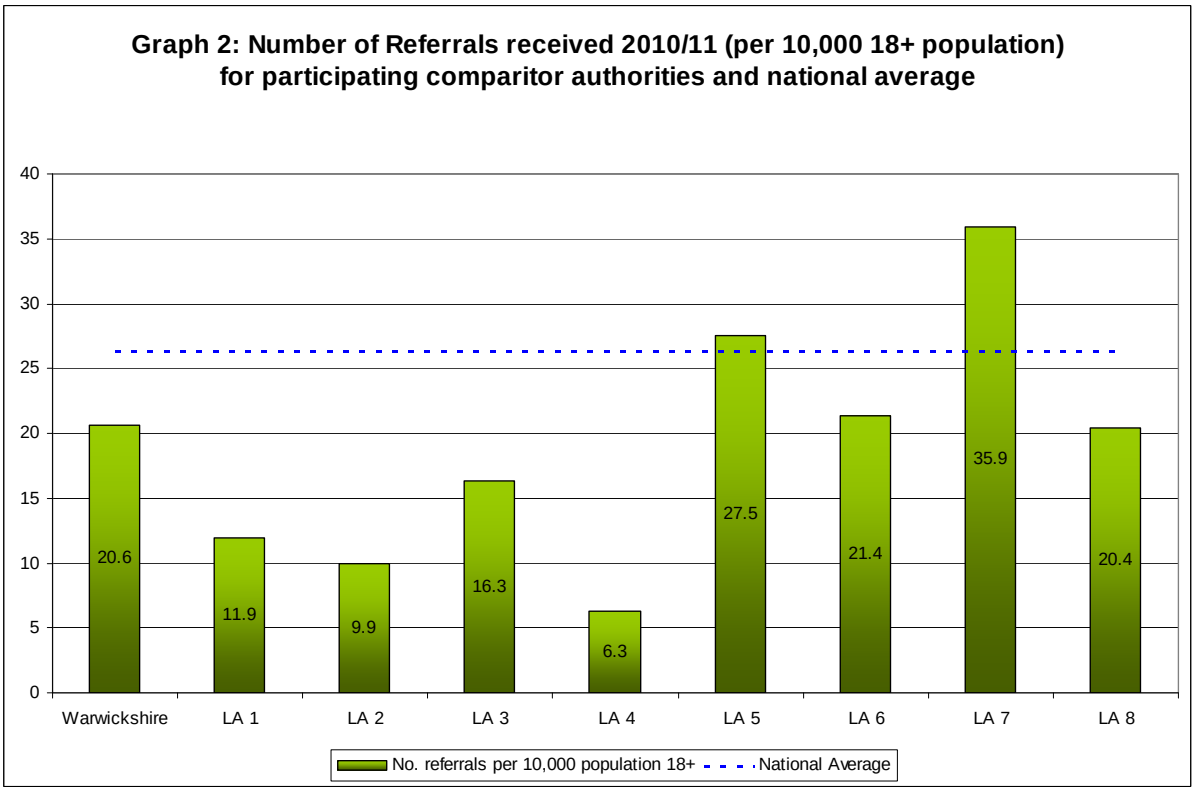
01926 74 2172

businessintelligence@warwickshire.gov.uk

1.1 Annual Safeguarding Referrals Received since 2006

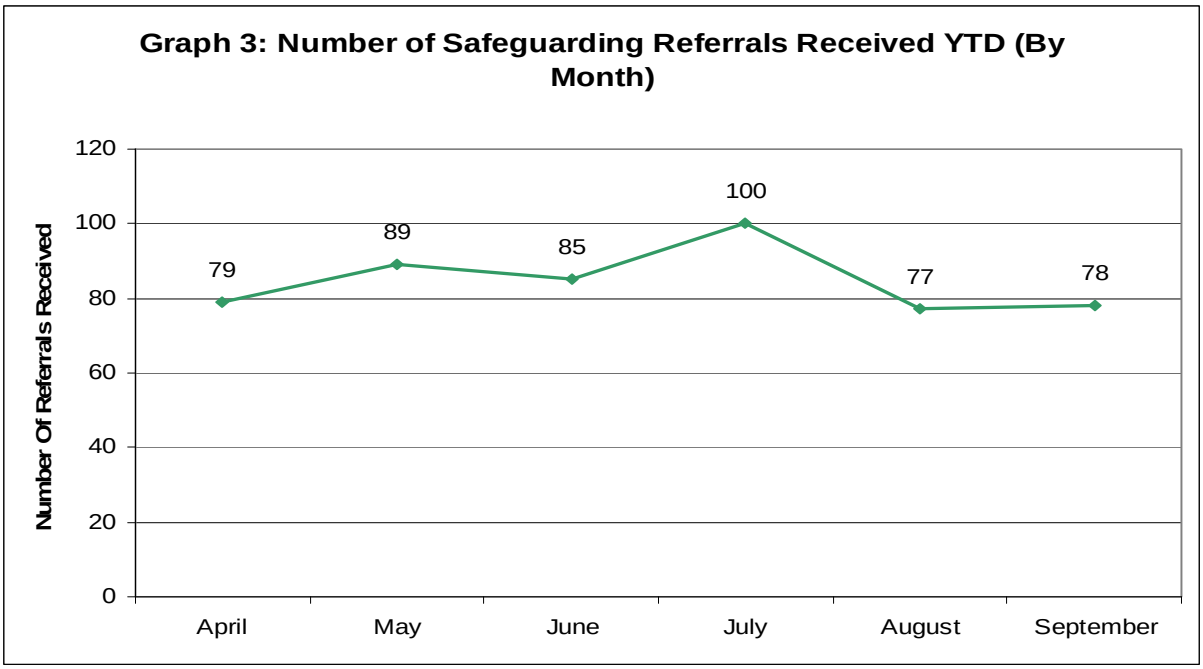


As reporting processes have been refined and improved the number of safeguarding referrals received continues to rise. With the introduction of a more robust reporting process in 2011 it is anticipated that the annual referrals will show a more consistent year on year trend than has previously been evident.



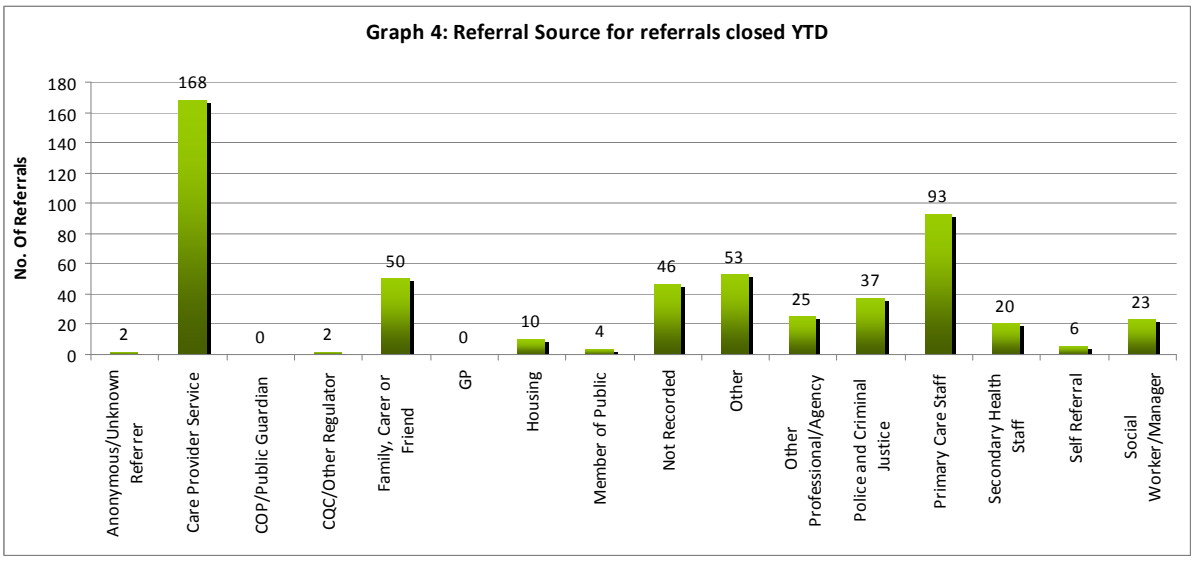
Graph 2 (data from voluntary benchmarking group) shows the number of referrals received in 2010/11 for Warwickshire, nationally and for other Shire Counties who participated. Under the terms of the agreement these counties have been anonymised. Warwickshire is roughly in the middle of the pack, but received fewer referrals per 10,000 than the national average of 26.3.

1.2 Number of referrals received Year To Date



The number of referrals received by month so far in 2011/12 remains steady, with 510 referrals received and 502 closed since 1 April. If this trend continues the total number received during the financial year will exceed 2010/11's total of 862, reaching 1037 in 2011/12. The number of closures will also exceed 2010/11 (946) but by a smaller margin than the referrals received, estimated to be 1019 by the March 2012.

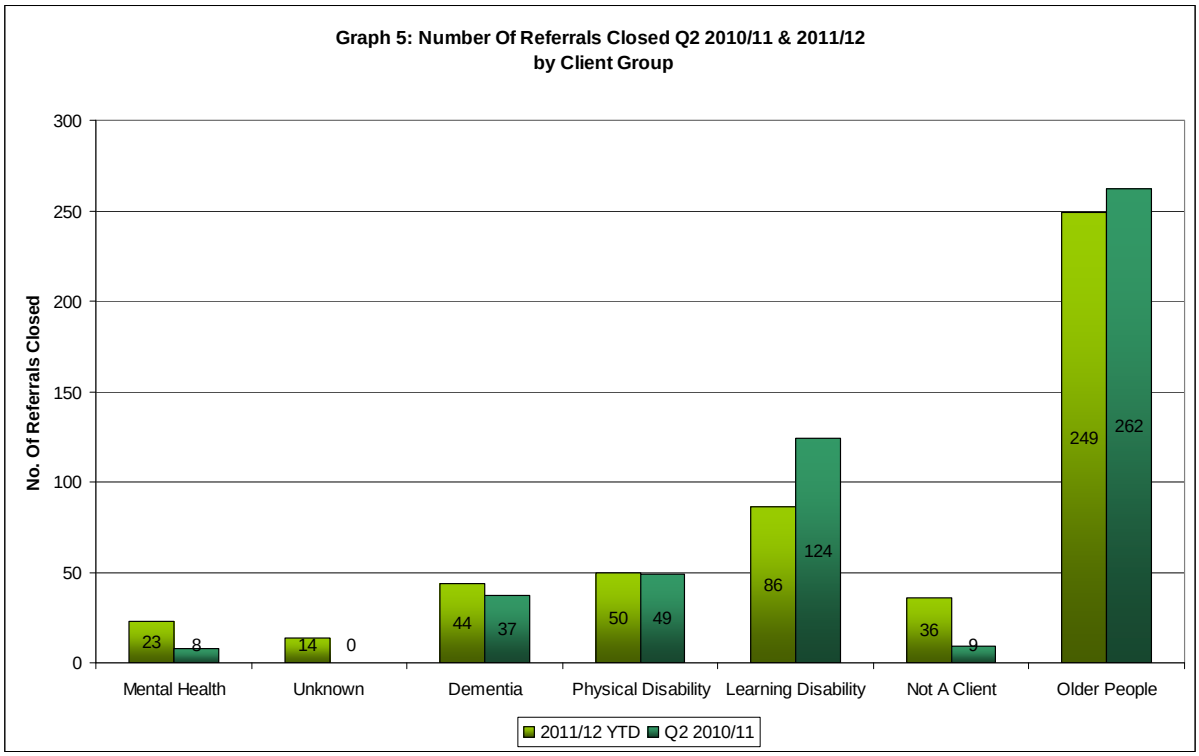
1.3 Referral Source



NB – Referrals may have more than one referral source (e.g. concerns referred by both a family member and a GP would be counted twice in this graph, under each referral source heading).

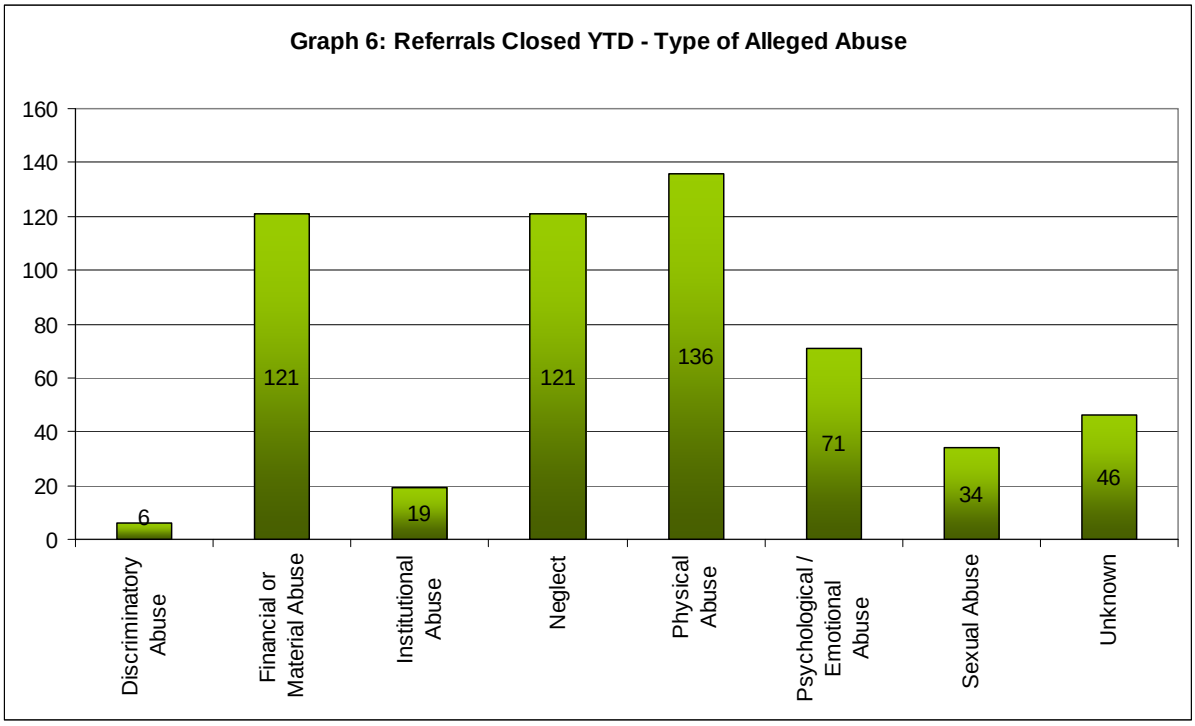
Care provider services made up the majority of referral sources closed YTD. Primary Health Care staff, Friends and Family and other sources providing the bulk of the remainder.

1.4 Victims of alleged abuse



Service users with a client group of older people are most likely to be the subject of a safeguarding referral, making up 50% of the referrals closed YTD. Service users with a Learning Disability form the next highest group, with a comparatively similiar distribution between the remaining client groups. At the same point in 2010/11 the proportion of older people and service users with a physical disability (18-64) were very similar, but substantially fewer referrals were received for service users with Learning Disabilities. There was an overall increase in the number of referrals received at this point in the year (489 by the end of Q2 in 2010/11, 502 at the same point in 2011/12), with service users with client groups of Mental Health and Dementia also seeing increases on the previous year. The number of 'unknown' client groups is higher in 2011/12 as 2010/11 data has been through the annual tidy up process, whereas the 2011/12 has not. There has also been an increase in the number of service users who did not have a package prior to their safeguarding referral ('Not a client').

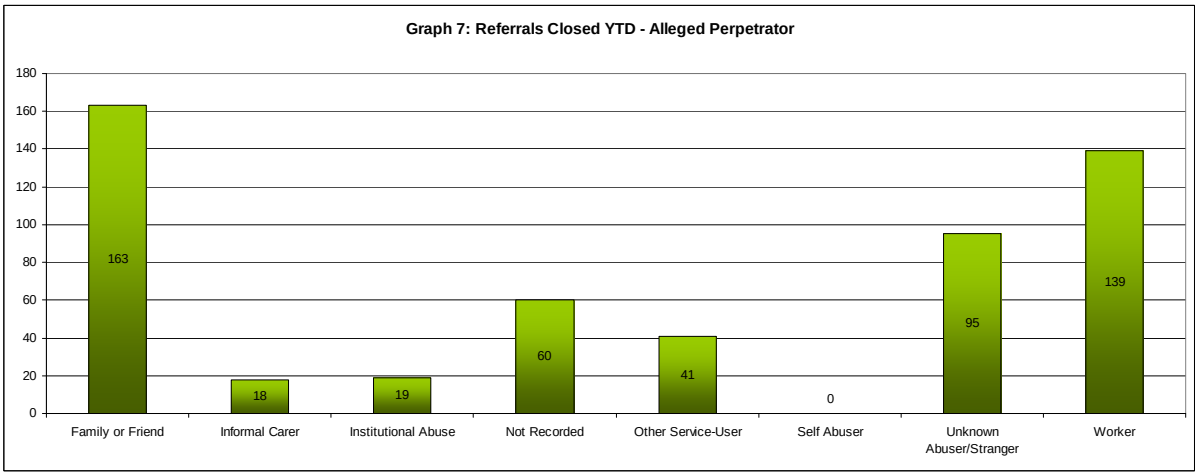
1.5 Type of alleged abuse



NB – Service users may be victim to more than one type of alleged abuse

Physical abuse, financial abuse and neglect provide the bulk of referral types for closed cases year to date. This follows the trend of referrals in 2010/11, with the same three categories forming the majority of referral categorisations.

1.6 Alleged Perpetrator

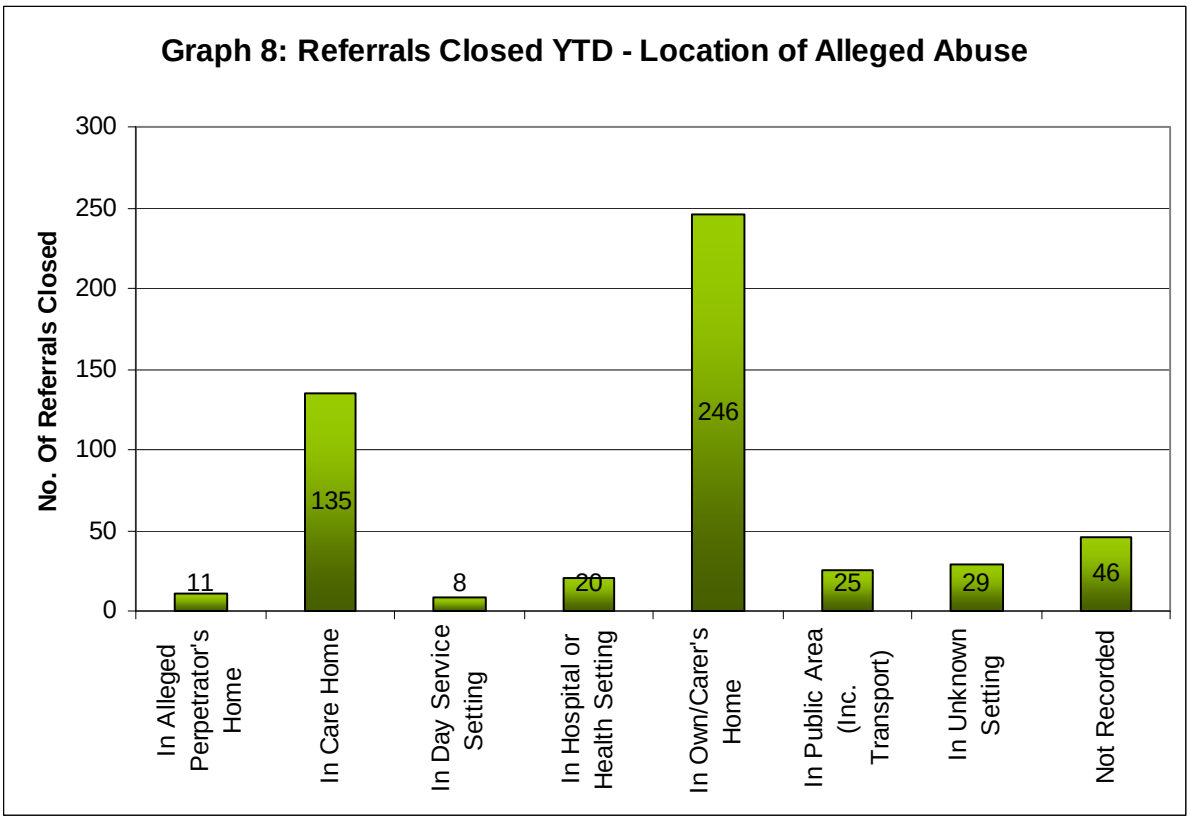


NB – A service user may suffer abuse from multiple perpetrators

Family and Friends continues to make up the greatest number of alleged perpetrators, followed by care workers. The number of referrals in which a care worker is named as an alleged perpetrator may appear high, but referrals may have multiple alleged perpetrators and allegations involving workers may appear to be double counted if more than one worker of a different type (eg a Home

carer and a Daycare center worker) is accused, in accordance with the guidelines for the completion of the AVA submission.

1.7 Location of Alleged Abuse



NB – Service users may be the victim of alleged abuse in more than one location.

A service user's own home is the most common location of abuse, followed by care homes. However, tables 1 and 2 below show the conclusion of referrals by their location and shows the majority of allegations in care homes were unsubstantiated. Despite this, the greatest percentages of substantiated allegations took place in care homes of the victim's (or their carer's) own home.

1.8 Location of Abuse by Conclusion of Referral

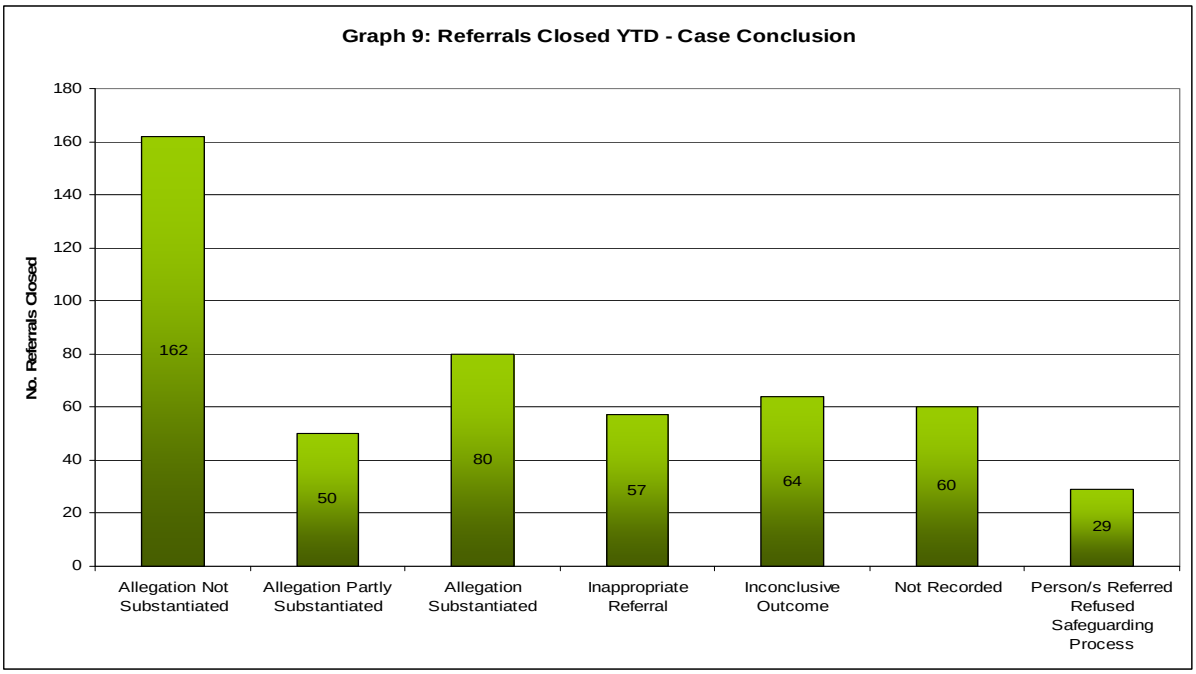
Table 1 & 2: Referrals closed YTD but conclusion and referral, by proportion of both locations and conclusions

Referrals Closed YTD by Location and Conclusion of Referral (by % referrals by conclusion)	Allegation Not Substantiated (%)	Allegation Partly Substantiated(%)	Allegation Substantiated (%)	Inappropriate Referral (%)	Inconclusive Outcome (%)	Not Recorded (%)	Person/s Referred Refused Safeguarding Process (%)
In Alleged Perpetrator's Home	2.3	3.7	0.0	1.8	4.4	1.7	3.2
In Care Home	32.0	22.2	52.9	19.3	14.7	13.6	0.0
In Day Service Setting	1.1	0.0	2.3	1.8	5.9	0.0	0.0
In Hospital or Health Setting	2.3	5.6	3.4	7.0	0.0	6.8	6.5
In Own/Carer's Home	53.7	59.3	33.3	50.9	51.5	11.9	80.6
In Public Area (Inc. Transport)	2.9	0.0	3.4	5.3	13.2	1.7	3.2
In Unknown Setting	4.0	5.6	3.4	12.3	7.4	1.7	6.5
Not Recorded	1.7	3.7	1.1	1.8	2.9	62.7	0.0
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

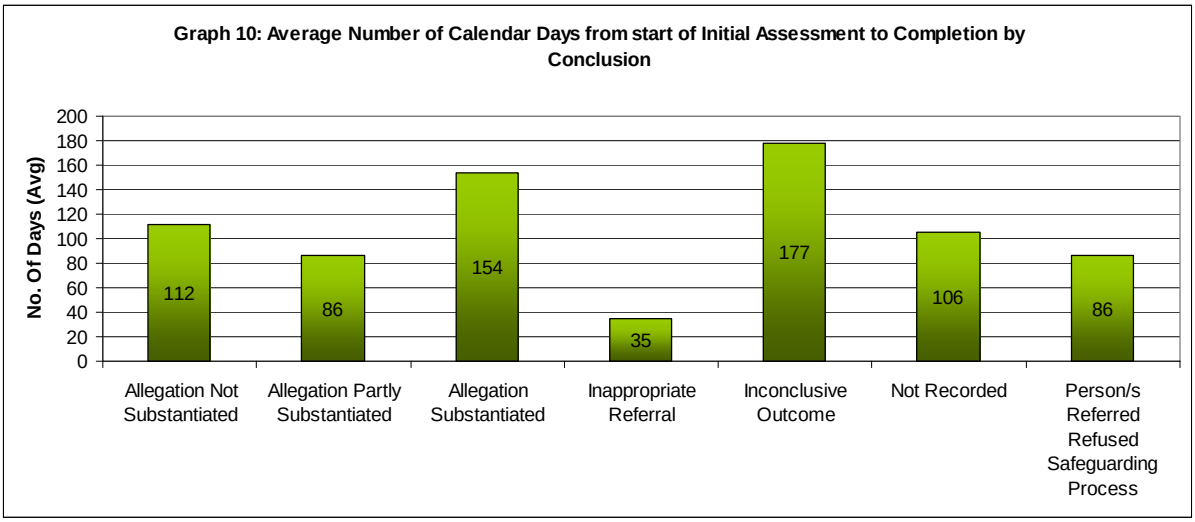
Referrals Closed YTD by Location and Conclusion of Referral (by % referrals by location)	Allegation Not Substantiated	Allegation Partly Substantiated	Allegation Substantiated	Inappropriate Referral	Inconclusive Outcome	Not Recorded	Person/s Referred Refused Safeguarding Process	Total (%)
In Alleged Perpetrator's Home (%)	33.3	16.7	0.0	8.3	25.0	8.3	8.3	**100.0**
In Care Home (%)	39.2	8.4	32.2	7.7	7.0	5.6	0.0	**100.0**
In Day Service Setting (%)	22.2	0.0	22.2	11.1	44.4	0.0	0.0	**100.0**
In Hospital or Health Setting (%)	20.0	15.0	15.0	20.0	0.0	20.0	10.0	**100.0**
In Own/Carer's Home (%)	37.5	12.7	11.6	11.6	13.9	2.8	10.0	**100.0**
In Public Area (Inc. Transport) (%)	22.7	0.0	13.6	13.6	40.9	4.5	4.5	**100.0**
In Unknown Setting (%)	25.0	10.7	10.7	25.0	17.9	3.6	7.1	**100.0**
Not Recorded (%)	6.5	4.3	2.2	2.2	4.3	80.4	0.0	**100.0**

Table 1 shows that substantiated allegations are most likely to occur in a care home or in the victim or their carer's own home, however, the greatest proportion of allegations received about abuse in the victim or their carer's own home are likely to be unsubstantiated. In care homes an almost equal number of allegations were fully or partly substantiated as those which were not substantiated, suggesting a greater prevelance of genuine cases in care homes over any other location. The distribution of conclusions amongst other locations was generally consistent, with 'inconclusive outcome' the most likely conclusion to an allegation located in a public area, where investigating allegations may be more difficult.

1.9 Conclusion and Outcome of Referrals



The greatest proportion of referrals closed were not substantiated (162 referrals - 33%), with 25% referrals (130) being either fully or partially substantiated.



Graph 10 shows that, as might be expected, referrals with an inconclusive outcome take the longest from start to conclusion. As shown in graph 10, referrals with an inconclusive outcome made up 13% of referrals closed YTD. Substantiated allegations took an average of 154 days but inappropriate referrals were identified and closed within an average of 35 days.

1.10 Deprivation of Liberty Safeguards (DOLS)

Referrals 1st April 2011 – 30th September 2011

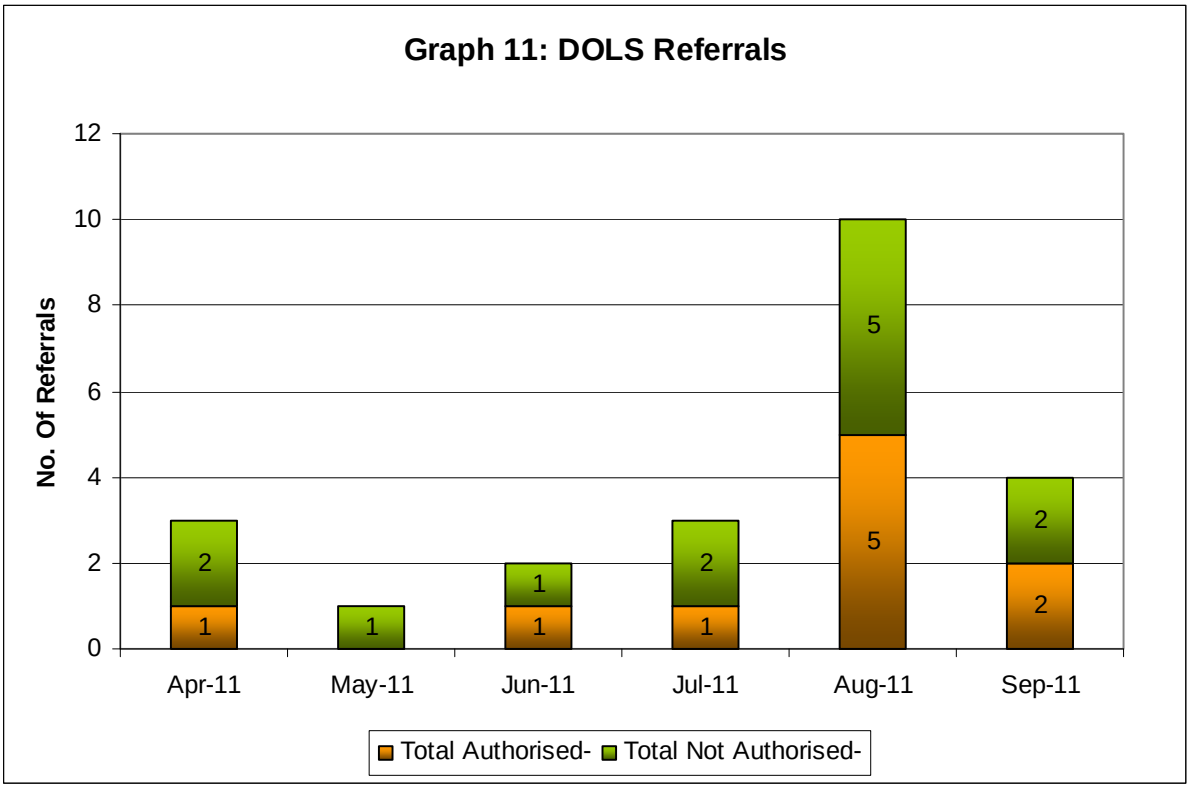
The report gives headline information regarding DOLS operational activity. This information is taken from the details DOLS dataset that is reported to the DoH on a quarterly basis.

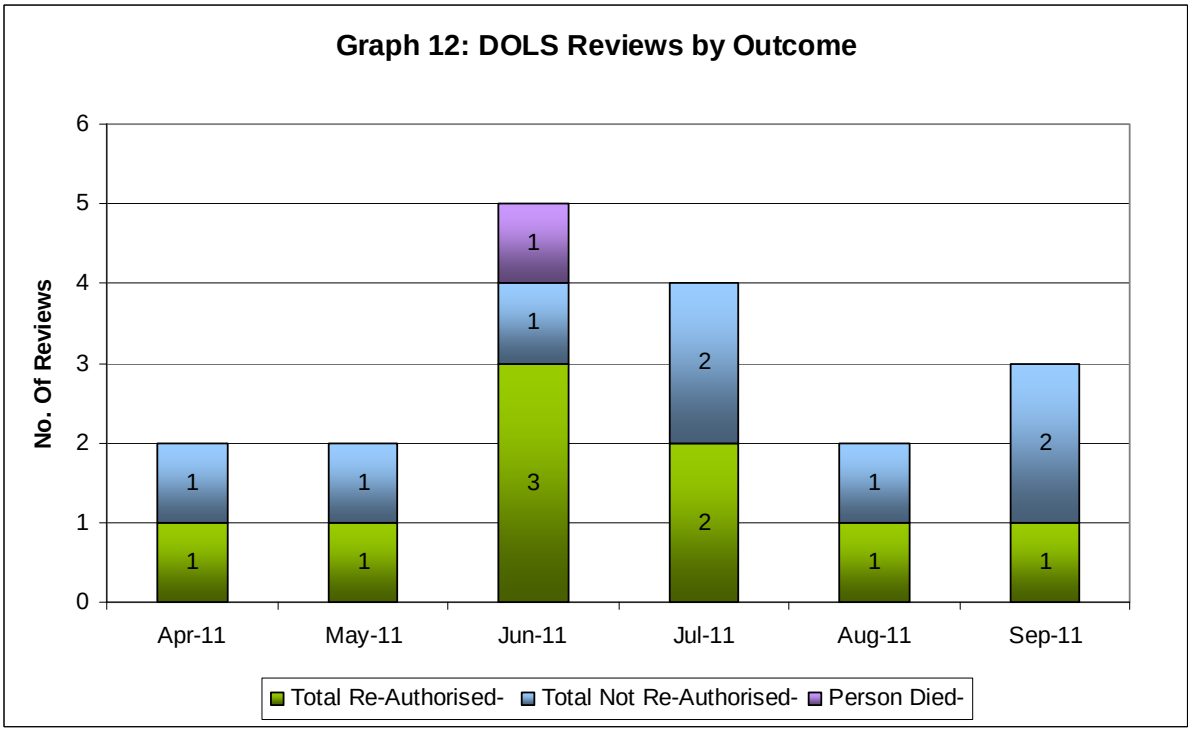
When DOLS cases are referred to the team they are either Authorised for DOLS monitoring or not and are agreed for a set length of time. The maximum monitoring period is 365 days, at the end of which the service user will be reviewed. Graph X shows the number of new referrals to the team YTD, with graph X showing the number reaching the review stage YTD by outcome. Those re-authorised begin the process again, those not re-authorised leave the DOLS monitoring process. There are currently 10 referrals authorised for DOLS monitoring.

Total Referrals 1st April 2011 – 30th September 2011: 23

Outcomes: - Referrals Authorised for DOLS 10

- Referrals Not Authorised for DOLS 13





Graph 11 shows August saw the greatest number of new referrals in the year with 10 new referrals received, half of which were authorised for the DOLS monitoring process. September saw a return to a more consistent number of new referrals with 4 received. Throughout the year there has been an overall 50/50 split between the number of new referrals authorised for DOLS and those not authorised. That trend is generally reflected in the number of cases (graph 12) reauthorized after review, with a roughly equal split each month.