Annual Report

2013 - 14

FOREWORD

Looking back, 13/14 was a rather difficult year in which we all responded to huge challenges (not least me!), but our Partnership has held firm to our commitment to safeguard vulnerable adults and ended the year in a stronger position to support and challenge each other to achieve our goals. We can now celebrate the distance we have travelled, and the sound foundations on which our new Independent Chair can build a new statutory remit. As such the Annual report describes the clear and robust framework for partnership and the range of activities from our sub groups that contribute to delivering our strategic objectives. You will read about the Business Plan, Strategy, aligning our policy and process to make it easier to alert professionals to manage risk, better monitoring and reporting- in short the critical elements for a safe system. But lets focus on why we do all of this.

A number of particular themes are worthy of mention

During the year we added a new category of 'Making Safeguarding Personal' to the Business Plan. It will deliver outcomes in 14/15, but has its roots in the comment from Lord Justice Munby:-

The emphasis must be on sensible risk appraisal, not striving to avoid all risk, whatever the price, but instead seeking a proper balance and being willing to tolerate manageable or acceptable risks as the price appropriately to be paid in order to achieve some other good – in particular to achieve the vital good of the elderly or vulnerable person's happiness. What good is it making someone safer if it merely makes them miserable?

The initiative will ask partners to take a fresh look at their systems and the way in which they work with those people we want to safeguard so that we enhance quality of life. Understanding the experience of vulnerable people is essential to achieving this aim, and in 13/14 we completed the process of implementing learning from the tragic case of Gemma Hayter whose life amply illustrates the importance of choice, control and the search for happiness.

We must not underestimate the challenges in the year to come including achieving the statutory status, financial restrictions, new organisational demands; but the SAB members are committed to the partnership to recognise the needs of Warwickshire people to be safe and protected from harm.

Thank you for all of your support and encouragement in my term as Chair, it was a privilege to lead the Board of committed professionals. I look forward to Mike Taylor's leadership building on what has been achieved to continue to safeguard Warwickshire people.

Wendy Fabbro, Chair, Warwickshire Safeguarding Adults Partnership Board

CONTENT

1. Introduction

The Warwickshire Safeguarding Adults Board (WSAB) is a partnership arrangement that includes Warwickshire County Council, Warwickshire Police, the NHS services in Warwickshire, the District and Borough Councils and the local voluntary sector. It's objective is to help and protect adults with care and support needs in the County, who are experiencing, or at risk of abuse or neglect through the 'No Secrets' guidance (Department of Health 2000) which is issued under Section 7 of the Local Authority and Social Services Act 1970.

Through this mandatory guidance, statutory health and social care organisations have a duty of partnership, to work together to put in place services which act to prevent abuse of vulnerable adults, provide assessment and investigation of abuse and ensure people are given an opportunity to access justice.

The 'No Secrets' guidance gives the Local Authority (Warwickshire County Council) a leadership and co-ordinating role to ensure that all those who provide services for local people work together to address the safeguarding agenda in the borough.

A vulnerable adult as defined in the 'No Secrets' guidance is:

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 or exploitation.

Abuse is a violation of an individual's human or civil rights by any other person or persons (No Secrets 2000).

Categories of abuse include;

• Physical

• Sexual

• Psychological

• Financial or material

• Neglect & acts of omission

• Discriminatory

• Institutional

Abuse can happen anywhere - in someone's own home, on a bus, in a care home, in community care or in a hospital. It may be behaviour that is intended, or caused by a lack of training and/or ignorance.
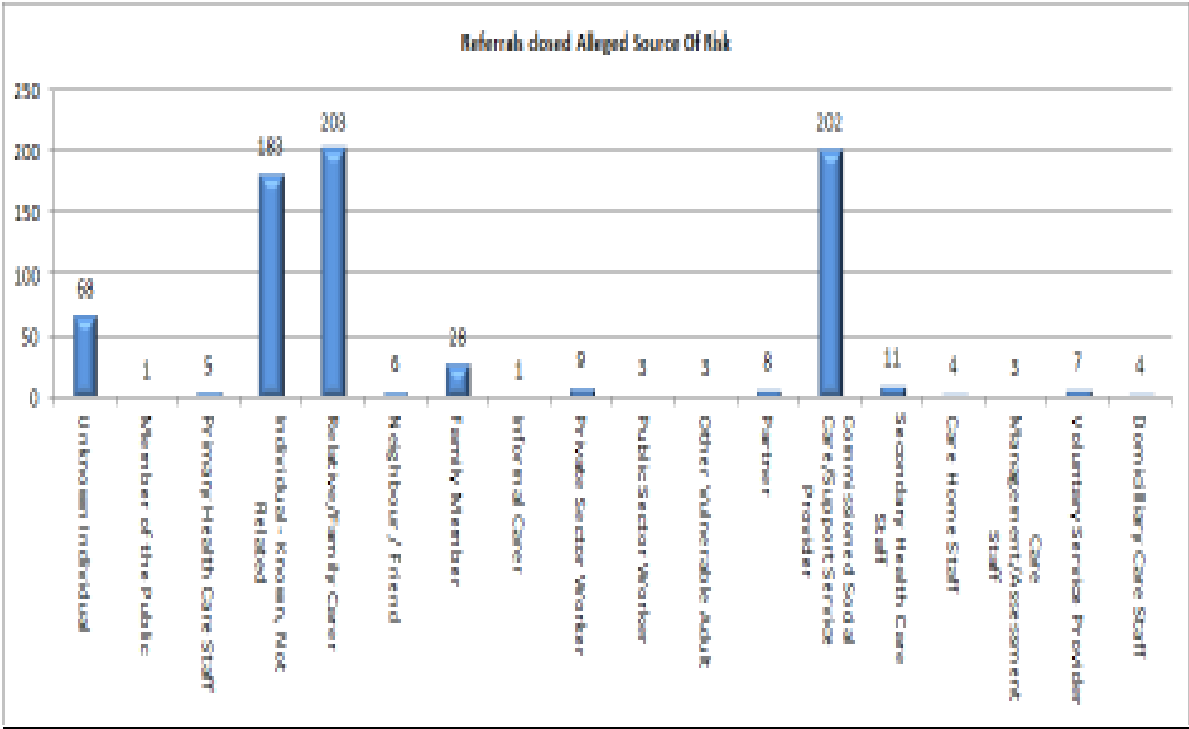
Abusers (perpetrators) are often already known by the vulnerable adult. Abusers can be people such as a professional worker, another service user, a relative, a friend, a group or an organisation.

Research and analysis of statistical data submitted by all local authorities annually to The NHS Information Centre has informed us that contrary to media reporting and popular public perception, most adult abuse occurs within the home, and most commonly perpetrated by family members and those in positions of trust. This is reflected in our local data:- (Taken from Appendix 1 – Safeguarding Adults Data)

Table 5: Location of alleged abuse

Table WCC004	18-64	65-74	75-84	85-94	95+	Total
Care Home	45	13	52	54	12	176
Hospital	20	0	1	4	1	26
Own home	156	66	101	89	11	423
Service within community	26	3	6	2	1	38
Other	69	10	11	14	3	107
Not Recorded	0	0	0	0	0	0
Total	316	92	171	163	28	770

**<u>Graph 4: Alleged Source of Risk</u>**

This Annual Report describes all the activity carried out by the partnership organisations that form the Warwickshire Safeguarding Adults Board (WSAB) to support the safeguarding of vulnerable adults during 2013/2014. In the appendices to the Report are covered the analysis of volume of referrals, the work of the Sub-Committees and the reports from partnership agencies. Together, these give a picture of the extent of work in safeguarding adults being undertaken but we do need to make this more comprehensive both by capturing the engagement of the voluntary sector in this area of work and developing the means of understanding the engagement of people with our safeguarding services and testing whether the desired outcomes are achieved.

2. Structure

The Board previously adopted a strategy and business plan for 2012-15 with clearly stated local priorities set against the six national priorities for adult safeguarding (empowerment, protection, prevention, proportionality, accountability and partnership). To deliver on these priorities there is now an agreed structure with a number of sub-committees who are responsible for the following areas of work:

- Performance, Monitoring and Evaluation

- Systems, Policy and Guidelines

- Health

- Strategy, Communication and Information

- Workforce Development

- District and Borough Councils

- Special Cases

WSAB Structure Chart – March 2014
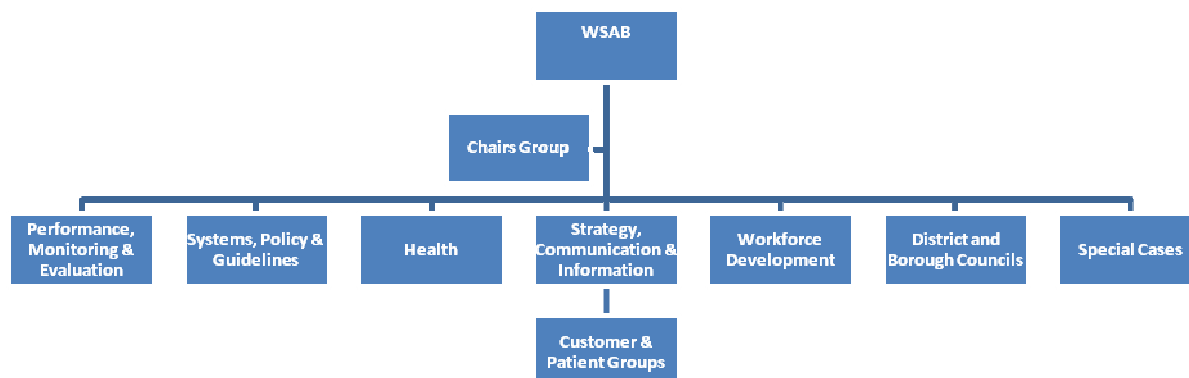
Each sub-committee is chaired by a relevant manager from the partnership, and reports to the main Board at each quarterly meeting, so that progress can be monitored. The reports of the sub-committees are in Appendix 2.

Warwickshire Safeguarding Adults Board membership 2013-14

Age Concern Warwickshire

Coventry & Rugby Clinical Commissioning Group

Coventry & Warwickshire Partnership Trust

George Eliot Hospital NHS Trust

North Warwickshire Borough Council

Nuneaton & Bedworth Borough Council

South Warwickshire Clinical Commissioning Group

South Warwickshire NHS Foundation Trust

Stratford District Council

University Hospitals Coventry & Warwickshire NHS Trust

North Warwickshire Clinical Commissioning Group

Warwick District Council

Warwickshire County Council

Warwickshire Police

Warwickshire Probation Service

West Mercia Police

West Midlands Ambulance Service NHS Foundation Trust

3. Business Plan

During 2012 WSAB developed a three year strategic business plan (2012-15) to be able to deliver on the government statement of policy and principles of adult safeguarding that was published in May 2011. Progress against these objectives is listed below. It is now also evident that a range of further work will be required to ensure that the WSAB is fully compliant with the introduction of The Care Act in April 2015, and the new statutory duties relating to safeguarding adults boards. This programme of work will help to shape and inform the refreshed WSAB Strategic Business Plan from 2015 onwards.

Empowerment (Presumption of person-led decisions and informed consent)

- To establish arrangements to ensure that individuals are consulted about their preferred safeguarding outcomes. Where individuals lack capacity, safeguarding plans must be able to demonstrate that decisions were best interests compliant

- Develop feedback arrangements from customers/patients about their experience of safeguarding

- Devise and implement arrangements for engaging users of services and carers in the work of the Board

Actions completed

- Warwickshire County Council Social Care & Support have developed and piloted a process to gather and report user experience & outcomes. This has been in place since May 2013. The first six months data was reported to Social Care and Support Management Team and onwards to WSAB last year

Actions to be completed and Action Owners

- Review of WSAB membership, sub-committee structure and terms of reference (Chairs Group)
- Revise local agency procedures to reflect outcomes based approach (Performance, Monitoring and Evaluation Sub-Committee)
- Develop virtual exemplar practice group and learning resource (Workforce Development Sub-Committee)
- Apply Making Safeguarding Personal (Local Government Association/ Association of Directors of Adult Social Services Guide) principles and practice to safeguarding activity by Board members.

Protection (Support and representation for those in greatest need)

Implement Pan West Midlands Multi-Agency Policy and Procedures (PWMMAPP)

Actions completed

- Initial Pan West Midlands Multi-Agency Policy and Procedures signed up to by WSAB – this position was reviewed by the Board on advice from the Systems, Policy and Guidelines Sub-Committee

Actions to be completed

- WSAB involvement in the required updating of the PWMMAPP (Systems, Procedures and Guidelines Sub-Committee)
- Training needs to be identified (Workforce Development Sub-Committee)

Prevention (It is better to take action before harm occurs)

Develop and implement a Prevention and Empowerment Strategy to include hate/mate crime, financial abuse and safeguarding standards in commissioning and personalisation services

Actions completed

- Initial scoping of a draft WSAB Prevention Strategy completed by the Strategy, Communications and Information Sub Committee.
- Audit of multi-agency safeguarding practice completed by Performance, Monitoring and Evaluation Sub Committee

Actions to be completed

- Task and Finish Group of WSAB to complete further work to develop a WSAB Prevention Strategy in the context of the Board's Strategic Plan 2015 and the requirements of the Care Act

Proportionality (Proportionate and least intrusive response appropriate to the risk presented)

Develop a best practice statement on proportionality based upon risk enablement

Actions completed

- Warwickshire County Council Social Care & Support have commissioned a piece of work to produce a Risk Assessment Framework that is based on a positive risk enablement model

Actions to be completed

- Revise local agency procedures to include best practice statement (Systems, Procedures and Guidelines Sub-Committee)

Accountability (Accountability and transparency in delivering safeguarding)

Establish optimal membership arrangements for the Board and sub committees with terms of reference and work plans for each sub committee.

Produce a three year business plan with annual review and reporting. These reports to be tabled at executive board level in member statutory agencies.

Actions completed

- Membership of WSAB reviewed and updated
- Terms of reference and work plans agreed and in place for sub committees
- Three year WSAB business plan created

Actions to be completed

- Further review of WSAB membership to meet Care Act requirements (Chairs Group)
- Review and update sub committee terms of reference and work plans (Chairs Group)
- Refresh three year WSAB Strategic Business Plan from 2015 (Chairs Group) to meet the requirements of the Care Act and Guidance including consultation with the local Healthwatch and involving the community in our area
- Revise the format of the Annual Report and ensure its required distribution and effective promotion.

Partnership (Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse)

Actions completed

- Membership of WSAB (Chairs) reviewed and updated
- Sustainable funding arrangements for the Board now proposed and being implemented
- WSAB Business Planning structure implemented

Actions to be completed

- Review and update Terms of Reference of Board (Chairs Group) including the requirement that members are sufficiently senior and have the authority to commit resources and make strategic decisions.
- Review and update Serious Case Review policy and procedure (Special Cases Sub Committee) *Now Safeguarding Adults Review – Care Act 2014*
- Multi-Agency Safeguarding Hub (MASH) development. Recognising that this is a local authority/police led initiative with priority to safeguarding children, the Board needs to monitor the potential benefits of this development and ensure the adult safeguarding component is integral to the service plans.

Conclusion

Throughout this section, reference has been made to the Care Act and the consequent Guidance, which is currently being issued. This will result in revisions to the statutory accountability of the Safeguarding Adults Board and consequently its membership and its reporting requirements. Detailed work has already been undertaken and there is a comprehensive monitoring schedule in place to ensure that the Board can properly report to the Local Authority that it will meet requirements in the designated timescale.

The assessment of 'risk' and the actions required to mitigate this places an onerous responsibility on the local authority and its partners. Striking the proper balance between independence and intervention can only be achieved by detailed assessment of individual needs and test of capacity to meet these safely. The Board will continue to support all concerned in this and will look to a development of performance measures – more outcome focussed and relating to user experience – to help in this. Identifying and endorsing good practice and supporting effective multi-agency working is as significant a remit for the Board as is its responsibility to initiate a Safeguarding Adults Review where there is a suggestion of shortcomings in service and the potential for lessons to be learned.

Appendix 1

Warwickshire Safeguarding Adults Data

Introduction

The Abuse Of Vulnerable Adults (AVA) report was replaced from 2013/14 by the Safeguarding Adults (SAR) return. This return significantly changed the data which is required, and those changes have been reflected in this draft version of the quarterly board report. However, in some cases the Safeguarding Adults return groups information in such a manner that, if used to make operational decisions, may be misleading. In these cases, where possible, Warwickshire's internal reporting has been amended to provide more specific data.

Warwickshire County Council (WCC) and the Coventry and Warwickshire Partnership Trust (CWPT) have been working to improve the data transfer process and a new method has been implemented to provide service user level data, which will allow the core datasets from both WCC and CWPT to be mixed at the earliest stage of analysis and therefore allow detailed and regular analysis. As part of this procedure it has been agreed that three separate reports will be comissioned initially, one covering the WCC and CWPT data respectively with one covering both datasets together. This report is based on combined WCC and CWPT data.

Safeguarding Referrals and Alerts received

Table 1: Number of referrals and alerts received by month (2013/14)

| Month	April	May	June	July	August	September	October	November	December	January	February	March	Total
No. Referrals Received	56	55	47	88	59	68	63	54	50	65	55	37	697
Repeat Referrals	8	6	5	14	10	5	11	7	3	14	3	3	89
% Repeat Referrals	14.29%	10.91%	10.64%	15.91%	16.95%	7.35%	17.46%	12.96%	6.00%	21.54%	5.45%	8.11%	12.77%
No. Alerts Received	204	175	195	202	176	198	218	165	170	187	216	201	2307
Alerts/Referral Proportion	27.45%	31.43%	24.10%	43.56%	33.52%	34.34%	28.90%	32.73%	29.41%	34.76%	25.46%	18.41%	30.21%

A safeguarding alert is a contact to the council where concern is expressed that a vulnerable adult may be the victim of abuse. Multiple alerts may be received about the same person or the same allegation in the period. A safeguarding referral is an adult protection investigation or assessment into concerns reported, and may or may not directly follow the receipt of an alert.

Graph 1: Number of Safeguarding alerts and referrals received

Safeguarding Alerts and Referrals received
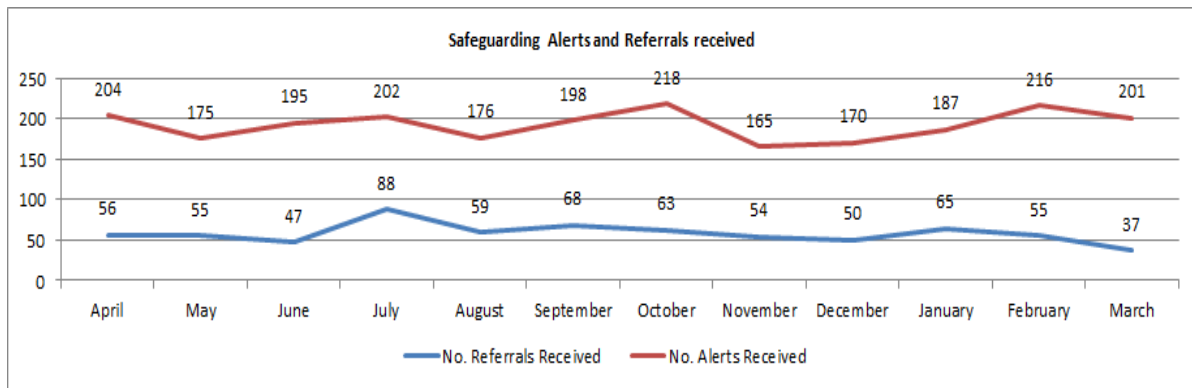
Repeat referrals are defined as any referral received where the same service user was the subject of another referral within a rolling 12 month period. The table shows the number of referrals received in the month, the number of referrals received in that month which were repeats, the percentage of referrals received which were repeat referrals and the number of unique service users who received a referral in the month.

Graph 2: Monthly porportion of repeat referrals and conversion rate

Proportion of referrals which are repeats and monthly conversion rate
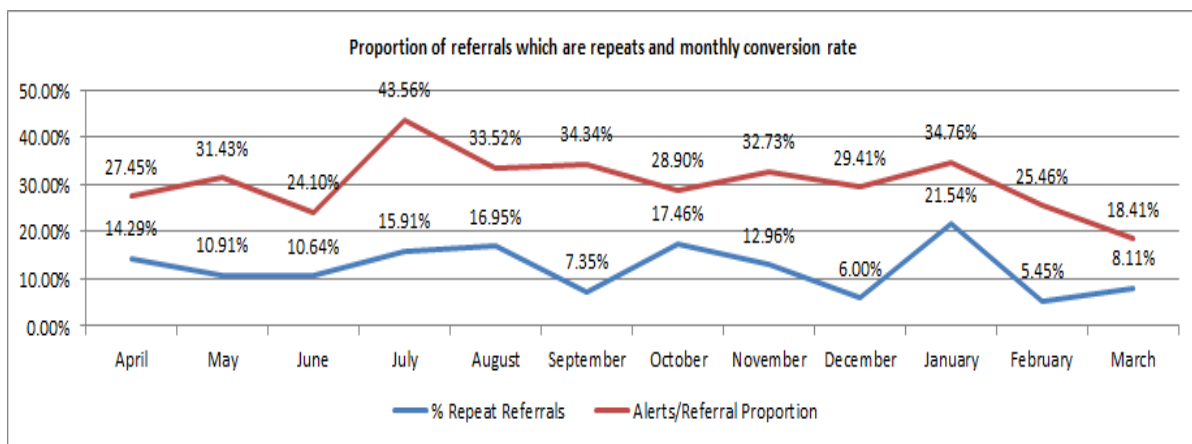
The number of referrals received monthly as a percentage of alerts received (loosely termed the conversion rate, although this doesn't specifically measure alerts which preceed referrals) has seen considerable variance across 2013/14, generally showing around 30% per month. A recent benchmarking exercise conducted across the West Midlands showed a substantial varience in conversion rates (from 26% to 83%) Warwickshire's 2013/14 rate of 32% was comparable to other authorities in the sub-region.

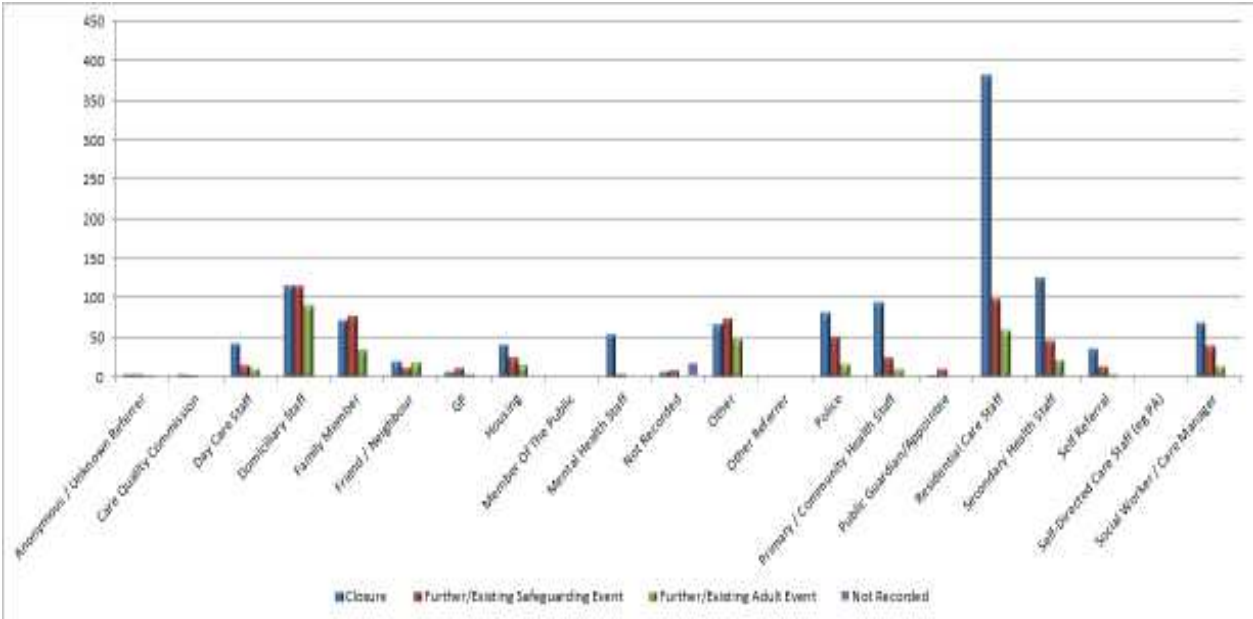**Chart 1: Alerts received YTD by Outcome and Referral Source**

Chart 1 shows the outcome, by referral source, of alerts received in the period. The greatest proprtion of alerts are referred by residential care staff, with the majority of those alerts being closed immediately. However, alerts with a referral source of domicilliary care staff and Secondary Health care staff have raised over the year. Overall Domicilliary care staff make up the second greatest proportion of alert referral sources, and the greatest number of alerts which lead on to further or existing safeguarding events. In most cases, regardless of the source, the most likely outcome of an alert was immediate closure with the exception of self referrals and referrals by family members, which were likely to either become a new safeguarding event or relate to an existing safeguarding event.

Victims of alleged abuse

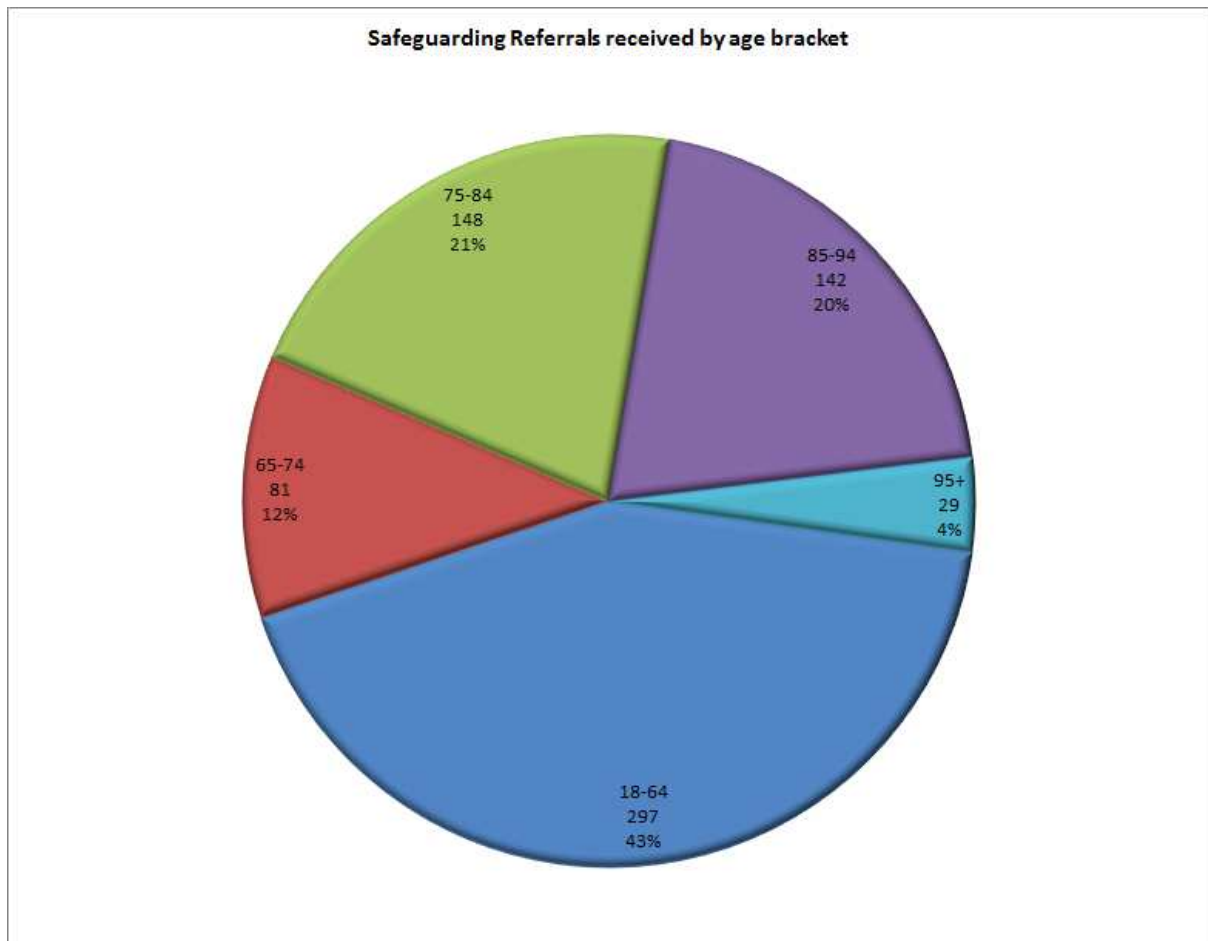**Chart 2: Safeguarding referrals received by age bracket of victim of alleged abuse**

Safeguarding Referrals received by age bracket

- 75-84 148 21%
- 85-94 142 20%
- 65-74 81 12%
- 95+ 29 4%
- 18-64 297 43%

Chart 3: Safeguarding referrals received by gender

Safeguarding referrals received by gender

Male
281
40%

Female
416
60%
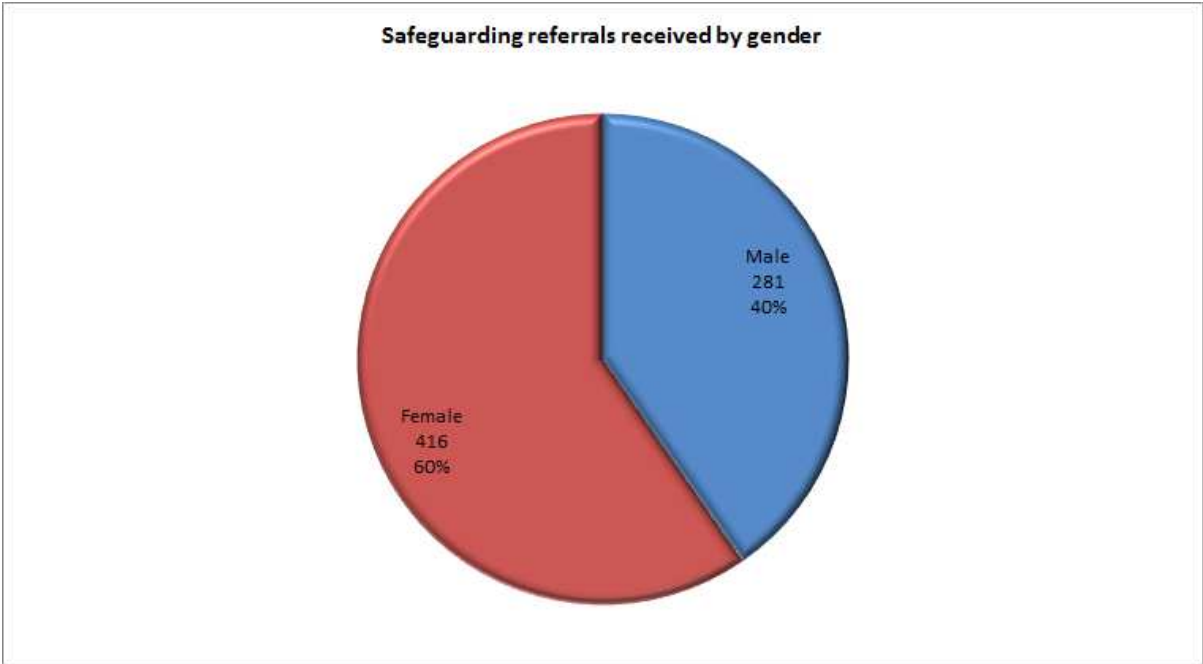
Table 2: Number of safeguarding referrals made by age group of victim

Numbers of individuals for whom a safeguarding referral has been made	18-64	65-74	75-84	85-94	95+	Total
Total	297	81	148	142	29	697

Chart 4: Number of referrals received by ethnicity of the victim of alleged abuse

Mixed / Multiple ethnic groups, 7, 1%

Asian / Asian British, 10, 2%

Black / African / Caribbean / Black British, 7, 1%

Other ethnic group, 3, 0%

Undeclared/ Not Known, 76, 11%

Other, 54, 8%

Not Stated, 27, 4%

White, 567, 81%

Chart 5: Client Group of the victim of alleged abuse

The new Short and Long Term Care (SALT) return, which replaces the Referrals, Assessments and Packages (RAP) return, introduces two new classifications, primary support reason and health 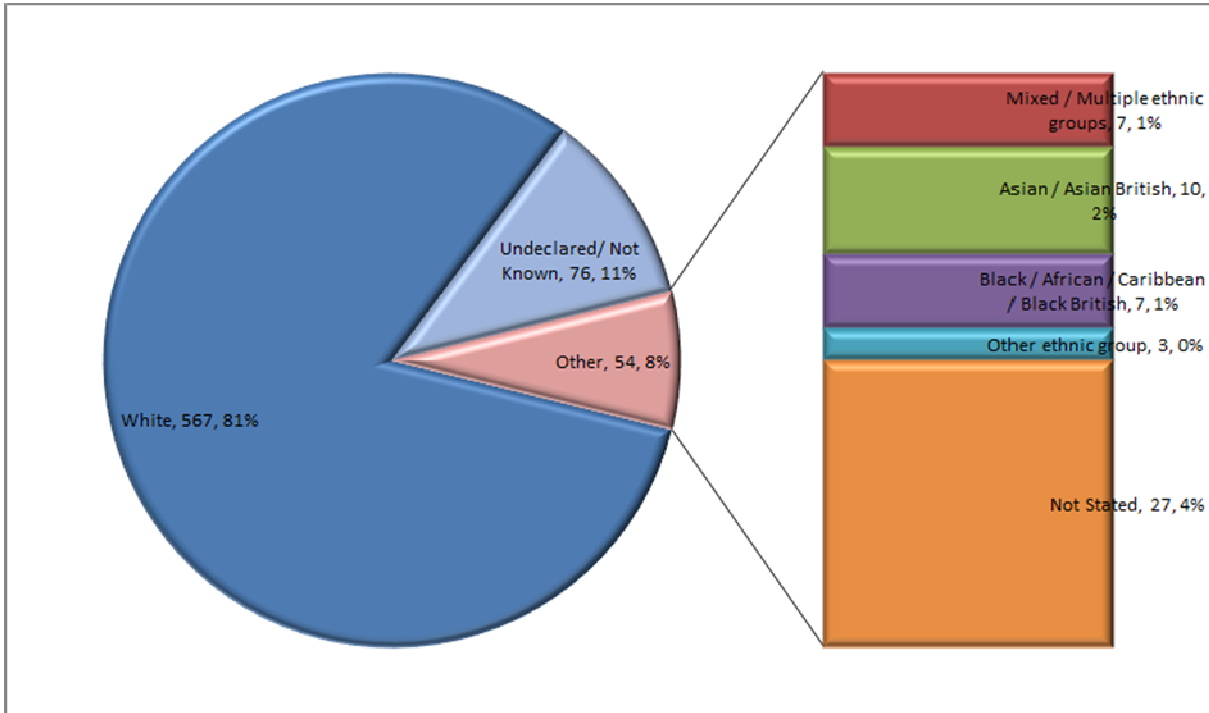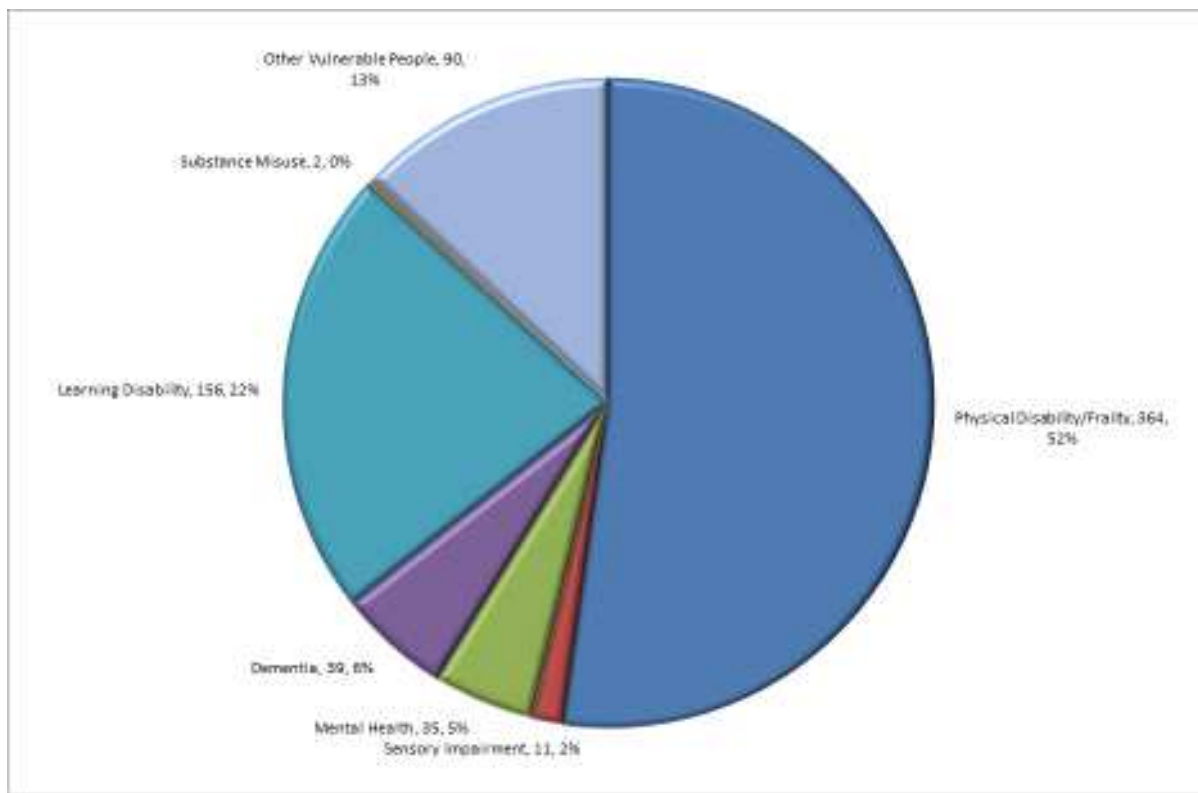condition, to replace the old Client Group classification. However, the SAR still classifies service users against a client group so for consistency the new classifications have been mapped back to client groups.

Type of alleged abuse

Table 3: Referrals closed by type of alleged abuse

Table WCC003	18-64	65-74	75-84	85-94	95+	Total
Physical	109	30	53	49	5	246
Sexual	36	3	8	5	1	53
Psychological/Emotional	72	20	31	27	5	155
Financial and Material	108	39	64	65	14	290
Neglect and Acts of Omission	35	16	33	31	5	120
Discriminatory	7	0	1	0	0	8
Institutional	7	2	3	5	1	18
Not Recorded	0	0	0	0	0	0
Total	374	110	193	182	31	890

A referral may involve more than one type of abuse.

Chart 6: Referrals closed by type of alleged abuse
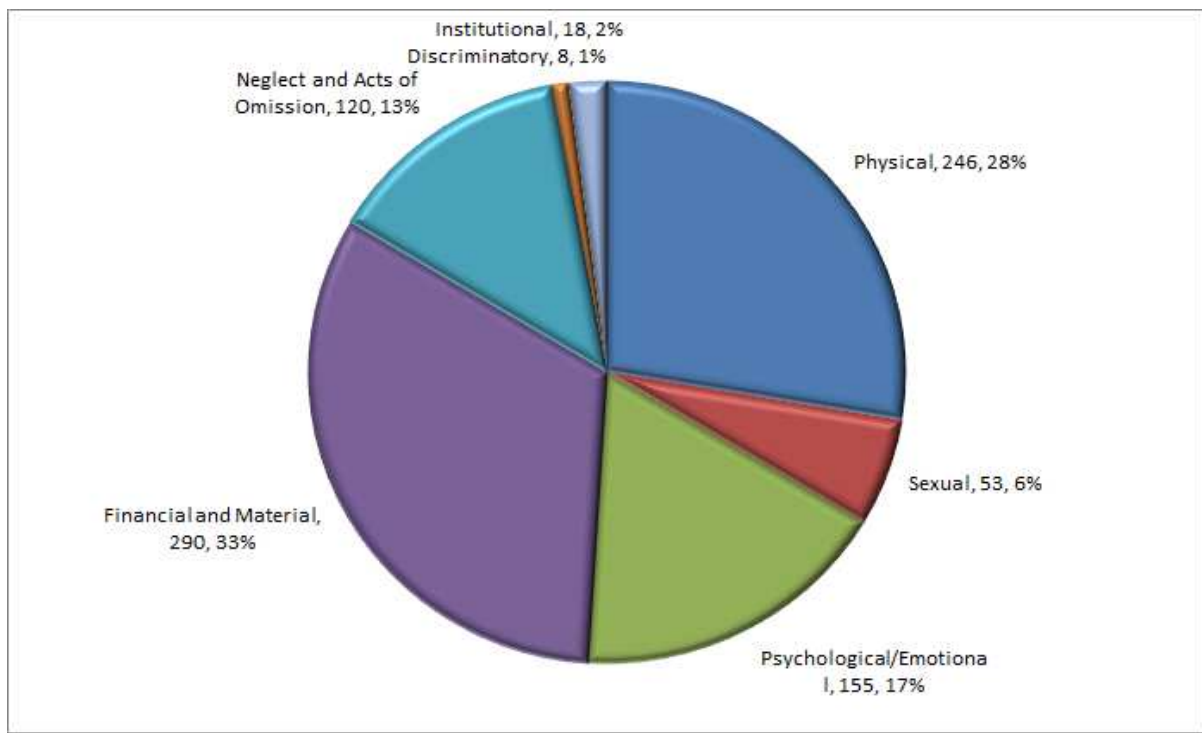
A referral may involve multiple types of alleged abuse so the above table does not represent the total number of referrals closed in the period, but shows the total number of referrals in which each type of abuse was alleged.

Source of referral

Graph 3: Referrals received by source

Table 4: Referrals received by source

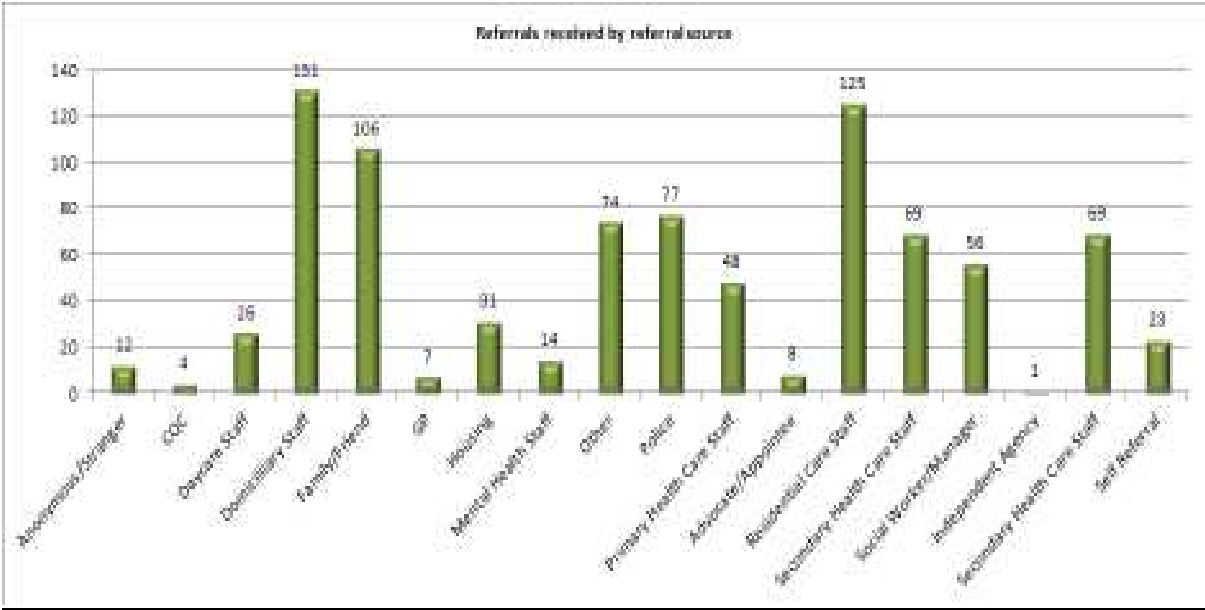| Table WCC001	18-64	65-74	75-84	85-94	95+	Total
Anonymous/Stranger	7	1	2	2	0	12
CQC	1	0	1	2	0	4
Daycare Staff	24	1	1	0	0	26
Domicilliary Staff	59	14	21	33	4	131
Family/Friend	19	16	33	35	3	106
GP	1	3	1	1	1	7
Housing	15	5	6	5	0	31
Mental Health Staff	9	1	2	2	0	14
Other	50	6	8	6	4	74
Police	40	9	11	13	4	77
Primary Health Care Staff	18	7	14	7	2	48
Advocate/Appointee	3	1	2	2	0	8
Residential Care Staff	37	12	36	33	7	125
Secondary Health Care Staff	30	6	9	20	4	69
Social Worker/Manager	21	4	19	8	4	56
Independent Agency	1	0	0	0	0	1
Secondary Health Care Staff	30	6	9	20	4	69
Self Referral	15	2	6	0	0	23
Total	380	94	181	189	37	881

Given that a referral can have multiple referral sources the totals are shown purely for context and will not match the total number of referrals received.

Location of Alleged Abuse

A referral may involve multiple locations, so the information provided below shows the total number of referrals where at each location, and will be higher than the total number of referrals received overall.

Chart 7: Location of alleged abuse

Table 5: Location of alleged abuse

Table WCC004	18-64	65-74	75-84	85-94	95+	Total
Care Home	45	13	52	54	12	176
Hospital	20	0	1	4	1	26
Own home	156	66	101	89	11	423
Service within community	26	3	6	2	1	38
Other	69	10	11	14	3	107
Not Recorded	0	0	0	0	0	0
Total	316	92	171	163	28	770

Graph 4: Alleged Source of Risk

Referrals closed Alleged Source Of Risk

The new safeguarding return only differentiates the alleged source of risk (now known as 'source of risk') by three categories (social care staff, known, unknown) so it is difficult to break these criteria down into more specific sources of risk in some cases. Graph 4 shows that these three new categories, as well as the old 'Relative/Family Carer' classification provide the vast majority of alleged sources of risk, with very few referrals remaining on the other old, more specific classifications.

Conclusion and Outcome of Referrals

Chart 8: Outcome of referrals closed
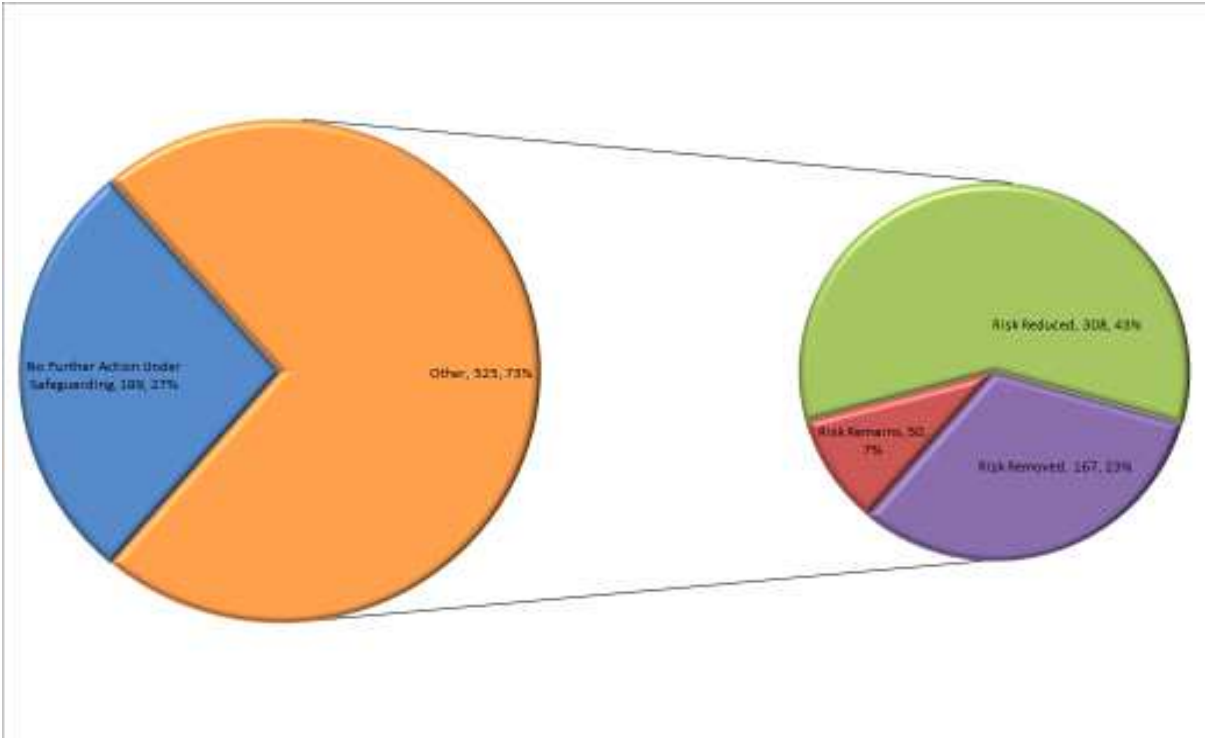
Table 6: Outcome of referrals closed

Table WCC005	18-64	65-74	75-84	85-94	95+	Total
No Further Action Under Safeguarding	73	25	49	43	9	199
Where 'Action Under Safeguarding':						
Risk Remains	19	8	14	9	0	50
Risk Reduced	130	44	61	61	12	308
Risk Removed	69	10	40	42	6	167
Not Recorded	0	0	0	0	0	0

Table 7: Conclusion of referrals closed

Table WCC006	18-64	65-74	75-84	85-94	95+	Total
Substantiated - Fully	79	26	40	38	5	188
Substantiated - Partly	55	22	24	32	3	136
Inconclusive	31	13	24	25	2	95
Not substantiated	119	20	72	58	17	286
Inappropriate Referral	7	6	4	2	0	19
Not Recorded	0	0	0	0	0	0
Investigation Ceased at Individual's Request	0	0	0	0	0	0
Total	291	87	164	155	27	724

Graph 5: Safeguarding referrals by conclusion
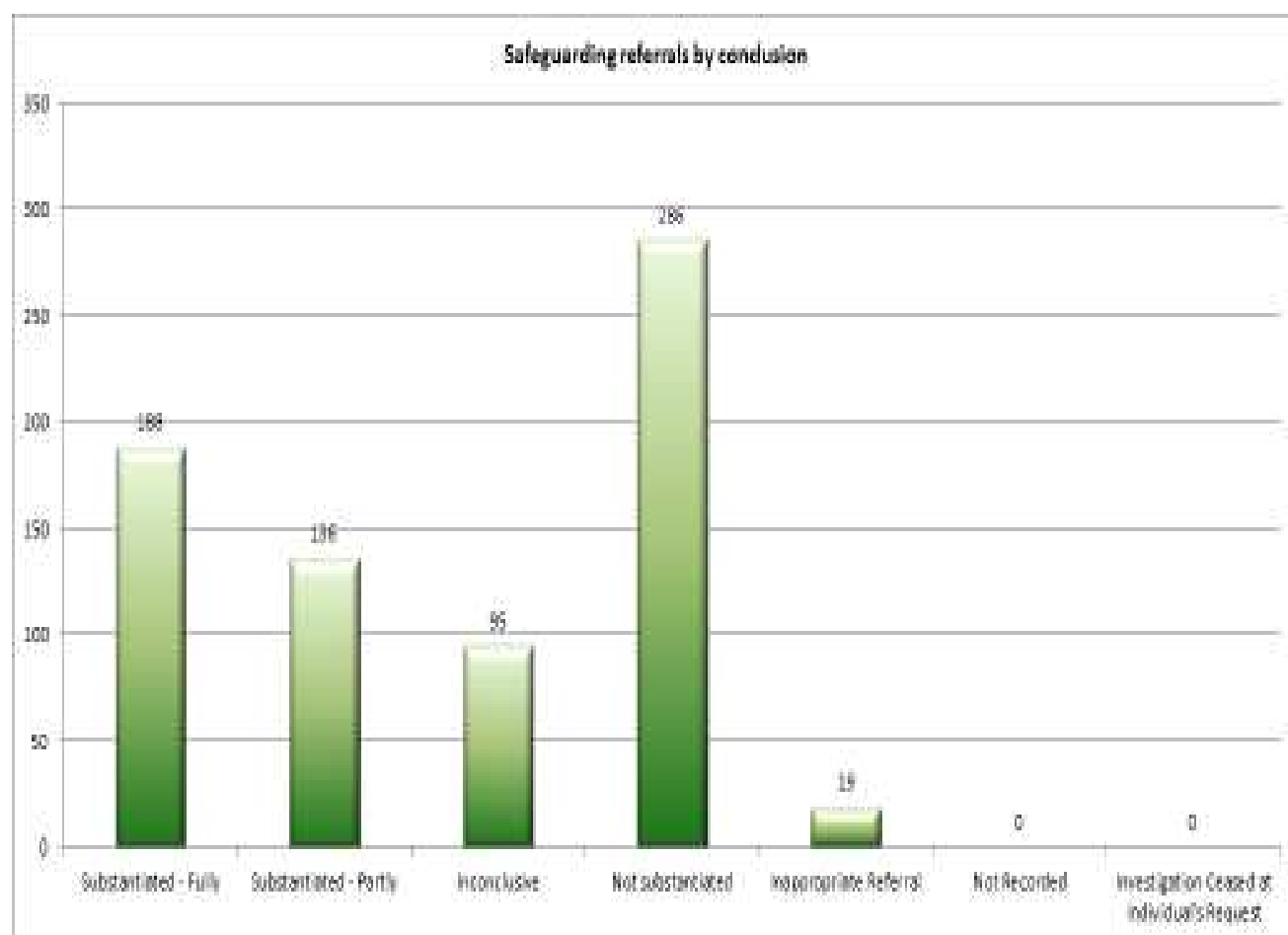
Appendix 2.

Sub-committee Annual Reports

Performance, Monitoring and Evaluation Sub Committee

Strategic Objective:

To ensure that the Safeguarding Board has in place sound mechanisms for monitoring, evaluating and auditing safeguarding activity by partner agencies, and ensuring that improvements are made to deliver better outcomes for vulnerable adults.

Terms of Reference:

To develop and manage the performance management function of WSAB.
To conduct interagency audit activities which promote this function.
To coordinate the production of the WSAB Annual Report
To manage the WSAB dataset.
To ensure that the budget is established and its expenditure reported to WSAB at regular intervals.

The sub-committee has overseen the undertaking of the assurance process with agencies in their discharge of safeguarding adults responsibilities. This was a new process for the Board and the key learning is currently being identified and will be reported to WSAB.
Another key activity is the development of the dataset for the Board which provides data on key aspects of adult safeguarding. Due to changes made by the Department of Health, the data is now based upon the Safeguarding Adults return and is based upon a composite of data held by Warwickshire County Council and Coventry and Warwickshire Partnership Trust in accordance with the section 75 arrangements. The dataset is presented at each Board meeting and provides an opportunity for scrutiny of safeguarding activity.
The Performance Monitoring and Evaluation Sub-committee also lead the independent review of the progress of the action plan following the serious case review into the death of Gemma Hayter. This provided scrutiny of the implementation of the action plan and provided assurance to the Board that actions had been completed.
The sub-committee has developed the budget process in order to support the effective functioning of the Board, including management of the board, inter-agency training and development activities . This involved detailed work in researching the arrangements that exist for other Safeguarding Adults Boards, regionally and nationally and devising a process to support the proportionate contribution from member agencies.
During 2014-15, the sub-committee will take a stronger focus upon multi-agency audits in order to provide assurance about specific areas of activity, identified by the Board and in accordance with the requirements of the Care Act 2014.

In summary, the sub-committee has broadened its focus to provide improved evaluation of the effectiveness of the Board in ensuring that agencies are

appropriately safeguarding adults. Going forward, an increased focus upon multi-agency audit activity during 2014-15 will strengthen the Board's role.

WSAB Performance Monitoring and Evaluation Workplan –April 2014

Objectives	Measurable Objectives	Action Plan	Person Responsible	Progress	Completion Date
Key Task 1: Produce the 2014 Annual Report of WSAB	Annual Report for 2014 produced.	§ Annual Report compiled including an assessment of the effectiveness of local safeguarding arrangements § Report presented to WSAB for approval.	WSAB Development Manager assisted as appropriate by members of the subcommittee and members of WSAB.	Sub-Committee considered the format of the report and data. WSAB need to consider a review of the Business Plan objectives	October 2014
Key Task 2: Complete new multi-agency audit of compliance of safeguarding adults.	"Section 11" audit completed and findings shared with WSAB.	§ Template developed and circulated to partner agencies for completion. § Findings collated and reported to Board. § Appropriate action plans developed and implemented. § Voluntary and Independent Sectors incorporated into the exercise.	WSAB Development Manager and partner agencies	Further email sent to agencies who have not yet responded to encourage completion.	July 2014
Key Task 3: Develop and maintain a budgetary position for WSAB	Further exploration of the Board's financial position and proposals tabled.	§ Funding proposals to be brought to the Board for approval. § Continue to develop a strategy for the long term financial stability of WSAB. § Review immediate position on	Chair of Subcommittee and Development Manager	Email sent to WSAB members to confirm budget and proposed expenditure	Completed. .

Objectives	Measurable Objectives	Action Plan	Person Responsible	Progress	Completion Date
		close of financial year 2014-2015.			
Key Task 4: Develop a dataset for WSAB which provides a measure of the activity and effectiveness of the safeguarding arrangements.	§ Development of an agreed dataset.	§ Dataset to be formulated and to be presented to Board for approval. § Dataset to be reported to each meeting of WSAB. § Dataset to be included in Annual Report	Chair and members of Sub-committee	Dataset established whish shows combined WCC and CWPT data	New Safeguarding Adults dataset to be presented to WSAB in April 2014
Key Task 5: Undertake multi-agency audit activity on areas identified by WSAB	§ Outcomes from audits undertaken	§ To present the findings of the audit undertaken re section 75 arrangements § To share the key issues with WSAB as appropriate.	Sub-committee	To be considered at next sub-committee meeting	Completed.
Key Task 6: To undertake an independent review of the progress of the action plan following the serious case review into the death of Gemma Hayter.	§ Completion of the review.	§ Review undertaken which examines each of the areas identified for improvement from the SCR § Report on outcome to WSAB	Chair of sub-committee to be responsible for identifying independent person to chair the review	Review completed and press statement issued.	Completed
Key task 7: Consideration of process for defining a SUI	§ Clear understanding of the definition of a SUI	§ Consideration by sub-committee	Chair of Sub-committee	Meeting confirmed that a SUI is undertaken within NHS settings and is based on DoH guidance 2012.Safeguarding issues are dealt with separately.	WSAB meeting of April 2014
Key task 8: Consideration of a SAB risk management process	§ Response brought to the Board	§ Scoping with other SABs	WSAB Development Manager	Initial discussion held at sub-committee and will be further considered at next meeting following scoping with other SABs	To be brought to WSAB meeting of July 2014

Systems, Policy and Guidelines Sub-committee Report

Terms of reference

Purpose :

This subcommittee is responsible to the WSAB for the discharge of its remit on the development, delivery, oversight and review of multi and single agency policies, protocols and procedures for the protection of vulnerable adults in Warwickshire.

Remit :

- Further develop interagency procedures consistent with principles of alert, referral, decision making, safeguarding strategy, assessment, planning, review, recording and monitoring as and when needed, in line with national guidance, legislation and local best practice.
- Disseminate information on policy, procedures and best practice
- Provide advice to the WSAB as requested on issues pertaining to systems, policy and procedures

Review of last 12 months

This sub-committee spent much of the last 12 months reviewing and dealing with the issue of the Pan West Midlands Policy and Procedures. Initially it seemed that all the local policies and procedures would need to be rewritten to take account of the direction of the Pan West Midlands Policy and the various procedures which seemed to be developed as a result. However, through the year it became clear that the governance and reporting arrangements of that group were unclear, so therefore the authority of those policies and procedures was also unclear. It also became increasingly evident as the Care Bill debate continued as the Care Act 2014 was developed, that the Pan West Midlands Policy and Procedures were not in keeping with either the spirit or the letter of the legislation pending, and were becoming increasingly out of date.

Warwickshire Safeguarding Adults Board was apprised of this at the meeting in July 2014, and the Board decided that the current Warwickshire approach was fit for purpose but would need reviewing and rewriting when the statutory and practice guidance for the Act were promulgated. Warwickshire took the opportunity to influence both guidance documents with direct representation in the DH task and finish groups.

As a result of continuing the dialogue with West Midlands colleagues, it was agreed that the Pan West Midlands Policy and Procedures required a complete re-write and Warwickshire will be participating fully in this piece of work with The Network.

Looking forward :

As the statutory and practice guidance emerges from the Care Act this sub-committee will need to commission and agree the rewritten local policy and procedures for WCC. WSAB will need to consider how to progress the work for the inter-agency policies and procedures for the Board to sign off. Consideration of a short life multi-agency task and finish group is being recommended to the SAB

Health Sub Committee Annual Report

Introduction

The Health sub-committee was re-constituted early in 2013/14 to reflect changes in the commissioning architecture of the NHS England, specifically, the demise of primary care trusts and the introduction of clinical commissioning groups and NHS England.
The Health sub-committee is chaired by Alison Walshe, Director of Quality and Performance at NHS South Warwickshire Clinical Commissioning group. Its strategic objective is to deliver, in an appropriate and timely manner, the safeguarding adults agenda across the Warwickshire Health Economy, ensuring that all training, audit and specific work around safeguarding is facilitated, implemented, monitored, evaluated and integrated in the on-going work of all health professionals.

Terms of reference:

- Ensure that safeguarding information and developments are shared and disseminated across the health economy, and between the Safeguarding Adults Board and Health sub-committee;
- Receive, consider and implement national guidance as appropriate, and in conjunction with the Procedures and Guidelines sub-committee, develop procedures, guidance and protocols for health staff across the health economy;
- Ensure that safeguarding adults training for health professionals is available regularly for all staff, and reports are available to the Health and Training sub-committees;
- Ensure that a programme of work is developed, implemented and evaluated and reported on to appropriate provider and commissioner committees;
- Receive assurance from individual organisations in respect of progressing the agreed programme of work;
- Undertaken and facilitate safeguarding work as required by the WASB e.g. recommendations from Serious Case Reviews.

Membership

Representatives of a range of organisations:

- Coventry and Rugby CCG (Designated Nurse Safeguarding and Executive Nurse)
- South Warwickshire CCG
- Warwickshire North CCG
- George Eliot Hospital Trust
- South Warwickshire Foundation Trust
- University Hospitals Coventry and Warwickshire Trust
- Coventry and Warwickshire Partnership Trust
- NHS England Area Team
- West Midlands Ambulance Service
- Nuffield Health hospitals
- Mary Ann Evans Hospice
- Shakespeare Hospice
- Myton Hospice
- Warwickshire County Council (Deprivation of Liberty Safeguards, and Safeguarding Development Manager)

2013/14 Work Plan

The 2013/14 work plan was delivered as follows:

Key Tasks	Measurable Objectives	Action Plan	Person Responsible	Completion Date
Zero tolerance on avoidable pressure ulcers in all sectors	Sustained reduction in avoidable pressure ulcers between 1.4.13 and 31.3.14	Provider organisations to keep up the momentum of the ambition to eliminate avoidable pressure ulcers	All	Ongoing
		Ensure robust programme of reporting multiple level 3 and 4 pressure ulcers via SI processes	All	Ongoing – report produced for 2013/14
		Deliver education programmes into care homes – prevention and treatment and SI reporting	All	March 2014 – support into care homes from Care Home support team
		Develop a programme of work to ensure systematic and timely reporting of Serious Incidents in Care Homes	CCGs/Arden CSU	Training undertaken. Care homes supported to report SIs.

		Agree tools to enable consistency of risk assessments across providers and consistency of grading	CCGs and providers	Unable to dictate tools to providers.
Ensure the multi-agency training programme effectively meets the needs of different healthcare organisations and takes account of the evolving Care Bill throughout the delivery of the 3 year training strategy	All Health Organisation staff are adequately trained in safeguarding	Each organisation to contribute to the development of the training programme through the completion of organisational needs template within appropriate timescales (as requested by Workforce Development Group)

Each organisation to capture feedback from staff on the effectiveness of the training programme

Each organisation to produce a formal report giving feedback on the quality and effectiveness of training received on safeguarding | All | Tracy Redgate and providers linked in. Awaiting new training programme from the Workforce Development Group.

February 2014 - outstanding

March 2014 - outstanding |
| Review systems and processes for the management of serious and safeguarding incidents, ensuring effective and timely actions | CCG Quality Reports accurately reflect safeguarding incidents and the actions that have been taken to address these and prevent future similar incidents | Commissioners to clarify definitions – serious incidents and safeguarding for local use.

CCGs to clarify process of categorising safeguarding incidents from SIs incidents.

Commissioners to review (as part of quality management systems) incident reporting processes within providers. | CCGs

CCGs

CCGs | Completed – report sent to WSAB in January 2014. |
| Develop a | CCG Quality Reports | CSU to produce clear | CCGs/CSU | Completed. |

		action plan, including training, for care homes to ensure they understand their responsibilities to commissioners of reporting serious incidents		
programme of work to ensure systematic and timely reporting of serious incidents in care homes	reflect, on a timely basis, safeguarding incidents and the actions that have been taken to address these and prevent future similar incidents			
		CSU to produce timely SI reports covering care home incidents in detail	CSU	To commence in 2014/15.

2014/15 Work Plan

The 2014/15 work plan was agreed by the sub-committee at its meeting on 6th June 2014. It builds on the work plan of 2013/14, where on-going activity is required, but also identifies a number of new areas for focus during 2014/15, specifically:

	Key Tasks	Measurable Objectives	Action Plan	Person Responsible	Completion Date
1	Self-Assessment Framework	All commissioners and providers to have self-assessed against the national self-assessment framework and developed action plans to address any gaps	CCGs and Providers to complete the national self-assessment framework	CCGs Providers	tbc
2	Zero tolerance on avoidable pressure ulcers in all sectors	Sustained reduction in avoidable pressure ulcers during 2014/15	Continue focus within providers through 6-monthly review of pressure ulcers	All	On-going Initial review in autumn 2014
3	Training	Ensure the provision of appropriate and accessible safeguarding training for all healthcare professionals	Monitor safeguarding training rates through contract quality dashboards with NHS providers. NHSE to monitor safeguarding training for primary care contractors.	CCGs NHSE	Quarterly report – first report in autumn 2014
4	Quality Monitoring in Care Homes	Develop and confirm approach to care home quality	CCGs to develop in collaboration with WCC.	CCGs	Autumn 2014

		improvement between Health and Social Care			
5	Care Act	Identify specific requirements of Health in response to the new Care Act to be addressed from 2015 onwards	Presentation on content of Care Act to identify any Health specific requirements Action plan to address any Health specific requirements	Stephen James	Autumn 2014
6	PREVENT	Ensure appropriate Health response to addressing the requirements of the PREVENT agenda	CCGs to identify training lead for PREVENT agenda (Healthwrap 3) and ensure all staff are trained by the end of 2014/15	Tracey Redgate	Autumn 2014
7	Deprivation of Liberty Safeguards (DOLS) and Mental Capacity Act (MCA)	Ensure appropriate provider adherence to the Mental Capacity Act and Deprivation of Liberty Safeguards, including access to DOLS assessors, when required	Review content of NHS standard contract. Discuss with CQC how compliance is measured during visits	Tracey Redgate	Autumn 2014
8	West Midlands Policy Re-write	Contribute to the re-write of the West Midlands Policy for Adult Safeguarding	Health representative to be identified and to contribute to the WM policy re-write	tbc	tbc
9.	Implement agreed recommendations from Domestic Homicide Reviews	Agreed recommendations are implemented	CCGs to monitor implementation of DHR recommendations through their Clinical Governance committees NHSE to monitor implementation of DHR recommendations in primary care. CCGs to monitor provider implementation of DHR	CCGs NHSE CCGs/providers	On-going

			recommendations through Clinical Quality Review meetings		

Training/Workforce Development

Health professionals have contributed to the Education and Development sub-group in order to ensure that Adults Safeguarding training meets the needs of the range of NHS provider and commissioning staff. Training uptake rates within NHS provider organisations are monitored through Clinical Quality Review meetings on an on-going basis. As at the end of March training uptake rates at the four main NHS providers covering Warwickshire were as follows:

Provider	**Percentage Uptake of Adults Safeguarding training**
George Eliot Hospital NHS Trust	97%
University Hospitals Coventry and Warwickshire NHS Trust	79%
South Warwickshire NHS Foundation Trust	90%
Coventry and Warwickshire Partnership Trust	88%

NHS England took over responsibility for safeguarding training for primary care contractors (General Practitioners, Dentists, Optometrists and Pharmacists) in 2013/14 from predecessor CCGs. Training uptake rates are available for GP practices only at the current time, as detailed below:

General Practitioners	SWCCG 31 practices out of 36 WNCCG 22 practices out of 28 Rugby 12 practices out of 12
Dentists	Data not available
Optometrists	Data not available
Pharmacists	Data not available

Summary

- The Health sub-committee was successfully re-established in 2013/14 following changes in the commissioning architecture of the NHS in England.
- The 2013/14 work plan was delivered, with high priority areas carrying forward into 2014/15.
- The 2014/15 work plan has been agreed. New areas of focus include: understanding the implications of the Care Act; the PREVENT agenda; Deprivation of Liberty Safeguards (DOLS) and Mental Capacity Act (MCA).
- The group will continue to meet on a bi-monthly basis to progress the work.

Strategy, Communication and Information Sub Committee

The Sub Committee has spent time reviewing its Terms of Reference and subsequently are seeking to reflect upon and apply focus to three areas where real value can be added by its work. The three areas identified are:

Communications Strategy
Seeking to make sure that the WSAB is well equipped to ensure that its vitally important message about the Board's role in seeking to protect vulnerable adults from abuse and neglect, and ensure that their safety and well-being is assured and promoted. The draft strategy sets out objectives around communications including enhancement of a 'web presence' and also seeks to align to the communications strategy of the Children's Safeguarding Board. This will be progressed in line with the Guidance on the Care Act.

Prevention Strategy
The Sub-Committee undertook some initial work on setting out a draft Prevention Strategy which will seek to reduce the potential for harm. Further work will be undertaken particularly to reflect the increasing role of the Safeguarding Board as reflected in the Care Act 2014 and the resourcing of prevention activity. This work will be taken forward by a task and finish group of the main Board.

Vulnerable Adults Conferences
Again initial work has been undertaken as to what and how Vulnerable Adults Conferences may 'look like' within Warwickshire. This work continues and will need to dove-tail with the work around a Warwickshire MASH.

Workforce Development Sub Committee

Safeguarding Adults Workforce Development Sub-Committee (formerly the Training Sub-Committee)

<u>Introduction</u>

The Warwickshire Safeguarding Adults Board (WSAB) Workforce Development Sub Committee is a multi-agency sub-group responsible for planning, implementing and evaluating the learning and developmental needs of health staff, social care staff and staff in other sectors who work with vulnerable adults. The subgroup is steered by and reports to the Warwickshire WSAB.

There have been a number of changes during the past twelve months within the Workforce Development Sub-Committee. These came about with the change of the Chair and change in the arrangements to service and support the group, providing a timely opportunity to:

- change of name to reflect the remit of the group
- reconvene and revitalise the group
- review and refresh the documentation, including the Interagency Learning and Development Strategy.

Some of the key activities, identified by the Sub-Committee such as the revision of the Interagency Learning and Development Strategy are not yet complete. Once they are they will impact on other documentation for example the Terms of Reference which will then be amended to reflect this. This update to the Annual Report endeavours to reflect this without confusion.

Terms of Reference - (to be revised as part of the future Action Plan)

Prior to revision the current Terms of Reference reflect the following:

That the sub committee shall operate within the guiding principles and in accordance with the definitions laid out in "No Secrets" Department of Health and Home Office- issued under Section 7 Guidance, Local Authority Social Services Act 1970)

Multi Agency Learning and Development

One of the key aims of the sub-group is to promote multiagency training. The tables below indicate the training completed by agency that has been commissioned by Warwickshire County Council for the 13/14 financial year.

Agency	Safeguarding Adults Level One Awareness Training	Safeguarding Adults Level Two Policy & Procedures	Safeguarding Adults Level Three Managing Services	MCA/DOLs Awareness
WCC People Group Social Care & Support	99	207	33	144
WCC People Group Strategic Commissioning	3	3	N/a	1
WCC People Group Safeguarding	2	4	N/a	2
WCC People Group Complex needs Service	70			
WCC Resources Group Customer Service Centre	6	7	N/a	3
WCC Resources Group Other	2	1	N/a	N/a
WCC Early Help Reablement Service	161	42		15
WCC Communities Group	13		N/a	N/a
WCC Schools	1	2	N/a	N/a
Coventry and Warwickshire Partnership Trust		6	2	5
Private, Voluntary and Independent Sector Agencies	68	23	5 N/a	17
Rugby Borough	42		N/a	N/a

Council				
Stratford District Council	**10**	**2**	**N/a**	**N/a**
Nuneaton & Bedworth Borough Council		**14**	**N/a**	**N/a**
North Warwickshire Borough Council	**16**		**N/a**	**N/a**

Activity

The action plan below identifies the key activities of the Workforce Development Sub-Committee and the current status. There has been some slippage due to sickness absence, and a poor response to data gathering identified the need for the matrix of roles and responsibilities to be reviewed and in doing so impacted on the Strategy and our approach as a whole.

Action Plan 2013-2014

Activity	Update	RO	Date raised	Date complete	
Update from WASB re Pan West Midlands	This statement is being reviewed and will be clarified by the Adult Safeguarding Board. To inform the Sub-group of future activities	RF	Mar-13	Jul-13	Complete
TOR to be reviewed by this group	Addendum written detailing agreed amendments (shown in red)	CL	Sep-13	Sep-13	Complete
Warwickshire Police to align with West Mercia	RF arranging a meeting to discuss police training across the two aligned forces, Nigel Jones to replace Gill Naylor from October as Warwickshire Police Operations Lead for Safeguarding Adults The Police to join the meeting on 8th July 2014	RF	Mar-14	Jul-14	Complete
Full representation of the Sub-group by partner agencies to be pursued	WREP and Police have defined representation	RF, LG	Oct-13	Jul-14	Complete
Warwickshire Inter Agency Safeguarding Vulnerable Adults Learning and Development Strategy to be	A statement will be produced to outline the levels of training being delivered, based on data supplied by the group. 09.04.2014 A different approach to the strategy in order for it to be more	ALL, LG	May-14	Sept-14	AMBER

reviewed	simplistic and less prescriptive was agreed. Will be written as a vision with context that agencies can sign up to. The principles and ambitions will be set out.				AMBER
Matrix listing all roles and responsibilities, within the Strategy to be reviewed.	The current strategy identifies 5 levels of Safeguarding Adults programmes. This is being reviewed in relation to the current levels organisations are delivering to.	ALL, LG	May-14		AMBER
Collation of data from across agencies showing the Safeguarding Adults programmes delivered, to what level and to which roles.	This activity highlighted the fact that the current strategy needs to be reviewed to be less prescriptive,	ALL, LG	Oct-13		AMBER
Adult Safeguarding L & OD Resources to be identified Task and finish group to be set up.	Draft of Safeguarding Adults Workbook to be revisited. A workbook needs to be manager led, and have a completion recording system **09.04.14** Safeguarding Adults eLearning to be identified. Existing modules available to be circulated to the group Evaluation of impact on practice to be sought re: Bournemouth Uni module. A meeting was planned but had to be cancelled. This information is being collated virtually	SJ, KW, RF, RC, EW, AC, LG	Apr-14		AMBER
L & D Strategy Equality Impact Assessment to be created	Guidance received from Minakshee Patel, Equality & Diversity Team Leader (Acting). A new EIA is being written by LG, RF	RF, LG	Nov-13		RED

Updates from Partners

Coventry and Warwickshire Partnership Trust

Coventry and Warwickshire Partnership NHS Trust have a safeguarding training needs analysis and training trajectory which incorporates a 3 year training programme for both children and adults. The training programmes consist of; Corporate Induction training, Level 1, Level 2 and Level 3 training . The Trust safeguarding training programme complements the Local Safeguarding Boards competencies and incorporates the competences identified in the Bournemouth Health Intercollegiate safeguarding training for adults and safeguarding children health intercollegiate training programme (2014). At level 3 the Trust deliver domestic abuse training, asking the question about abuse and link group training to both their health colleagues and social care staff.

District and Borough Councils

The District and Borough Councils in Warwickshire are committed to training, developing and informing their staff to understand how to act and meet our responsibilities in ensuring all adults are properly safeguarded within Warwickshire. This includes ensuring that each Council maintains a fit for purpose training plan which support the aims of the Learning and Development Inter Agency Strategy and that we routinely audit requirements of our staff. Learning and development needs are met through engagement with interagency training, awareness raising in team meetings and at induction and through coaching and guidance. Each District has committed funding to support the delivery of the Learning and Development Strategy.

South Warwickshire Foundation Trust

Safeguarding Adults training continues to be mandatory for all staff. This is delivered in house on our clinical Mandatory training day, induction of junior medical staff and student nurses. Two E-Learning packages were developed and launched this year. One for all non-clinical staff and one as an alternative for clinical staff. All of our training was updated at the start of the year to include the NMC' s campaign on safeguarding adults. We review our training annually and this year our training will include Warwickshire Safeguarding Adults Boards Strategy on Violence against Women and Children and learning from recent Domestic Homicide Reviews.

We are proud of the achievements we have made in training our staff in safeguarding adults with this year seeing 100% of clinical staff attending safeguarding training and 90% of non-clinical staff

Warwickshire Adult Services

Warwickshire County Council Social Care and Support Services have been ensuring that all staff within the Business Unit receive the required mandatory training. They have introduced a data monitoring system and reporting requirement which ensures Senior Managers are kept regularly updated as to the current levels of training compliance within the Service.

They have reviewed the refresher requirements for training within Safeguarding Adults and have introduced a new competency check form that managers can use to check their staff knowledge in the area and then select the appropriate path for refresher learning. The suite of Adult Safeguarding programmes are all being revised in readiness for the Care Bill.

A Prevent eLearning Module has been developed in collaboration with the Warwickshire and West Mercia Police, and the providers of WILMa, Learning Pool and has recently been launched across Warwickshire

Warwickshire Probation Trust

In Probation, during 2013/14, we built on previous General Awareness and Mental Capacity Training in 2012/13. Our recent focus has been Disability Hate Crime with events in Feb 2014 utilising Brendan McGovern from the Police and Minakshee Patel from the County Council Equality and Diversity Team as trainers. Practitioners heard about local Police initiatives re tackling hate crime as well as developing specific understanding about Disability Hate Crime and considering appropriate skills/intervention with such cases. Use of a DVD case study helped promote interactive learning at this event.

Warwickshire Police and West Mercia Police

West Mercia and Warwickshire Police deliver training to new staff which includes frontline officers, PCSO's and Special Constables in relation to public protection matters. Part of the training relates to vulnerable adults and multi-agency practices, safeguarding, mental health and investigative strategies.
We also deliver the same public protection training to CID investigative staff across the Alliance when they are new to role. As an organisation we are in the process of deciding how to best capture all existing staff for this awareness training.

The College of Policing are in the realms of writing an online training package specifically pertaining to vulnerable adults which may enable us to achieve the above requirements for the pool of existing staff.

We also deliver 5 day interview training to staff who would be required to interview formally a victim or witness who is a vulnerable adult.

Key Activity for the Workforce Development Sub-group 2014-15

The Sub-group will continue to work on the tasks set out in the current Action Plan and it is our ambition that the Interagency Learning and Development Strategy will be signed off by the Board in Sept 2014.

Looking to the future the overarching vision of the Workforce Development Sub-group, identified in the Care Act – Care and Support Statutory Guidance (2014) is that:

"Vulnerable adults are safeguarded and protected from harm using a person centred approach, across all health and care settings by the knowledgeable, skilled, and capable workforce".

A further six key principles underpin all adult safeguarding learning and development activity that the WSAB Workforce Development Subgroup will commission as identified in the *Care*

Act - Care & Support Statutory Guidance (2014)

- **Empowerment –** Personalisation and the presumption of person-led decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

Learning and Development provision will be delivered in line with the Safeguarding Adults Competency Framework 2010 and the Care Act/Bill 2014. The workforce has been categorised into 4 main groups and each group attributed with a set of associated competencies. .

Ongoing activities

- Develop our understanding of the implications of the Care Act
- Gather the Learning and Development data in accordance with an agreed data set
- Scope resources available across partners, quality assure and make accessible to others where possibly
- Identify opportunities for multi-agency development and where we can make efficiencies

Under the umbrella of Safeguarding some multi-professional learning and development provides supplementary, essential knowledge which can enhance skills and competence in adult safeguarding and include:

- The Mental Capacity Act and Deprivation of Liberty Safeguards
- Domestic Abuse
- The DASH Assessment/MARAC awareness
- PREVENT
- Safer Places

The Sub-group have extended the standard agenda to incorporate these themes whereby providing an opportunity to exchange information and update the group.

District Councils Sub Committee

Introduction

The Districts Sub-Committee has been established for nearly two years and now meets around six times a year. The focus of the group's work has been to encourage a clear line of communication between District and Borough Councils and the Warwickshire Safeguarding Adults Board (WSAB), develop and deliver an Action Plan that builds awareness of the Safeguarding Adults' agenda, embeds this at District and Borough level and communicates the views of Districts and Boroughs on safeguarding issues to the WSAB.

The group is also represented at the Training and Chair's sub-groups.

Terms of Reference

Strategic objective:

"To ensure the safeguarding adult agenda is fully embedded in district and borough councils across Warwickshire."

Terms of reference:

To ensure proper channels of engagement and communication exist between the subcommittee, the full Safeguarding Board and its other subcommittees, capable of promoting a shared approach when this is required;
To ensure that district councils meet their responsibilities in ensuring all adults are properly safeguarded within Warwickshire;
To raise awareness in partner agencies of the contribution that district councils make to safeguarding adults and promoting their welfare;
To establish a shared understanding of safeguarding issues in district councils, and develop common approaches across the five district councils towards discharging their responsibilities;
To disseminate good practice and ensure that sound and up-to-date safeguarding policies and procedures are in place in each council;
To assist all service divisions in district councils in linking in with other agencies and services as appropriate.

District Council Sub-Committee: Action Plan 2013/14

The members of the Sub-Committee have been working to deliver the Action Plan for the 2013/14 period. Of the twenty two distinct actions, fourteen have been completed by all five Districts and Boroughs, five partially completed and three remained uncompleted at the end of the Action Plan period.

Incomplete actions that remain relevant have been carried forward to the new District Council Sub Committee: Action Plan 2014/15.

Principal Achievements 2013/14

Throughout 2013/14 the group has focussed on several topics of particular relevance to Districts and Boroughs. These include the ongoing discussions around the Multi-Agency Safeguarding Hub (MASH) proposals, the development of a consistent pathway into the Adult Safeguarding alert/referral arrangements and an increased understanding of the contribution Districts and Boroughs can make. Significant achievements include the rollout of training on adult safeguarding, S.11 Audit work, serious case review work, involvement in consultation on the shape of the MASH and development of safeguarding adults policies across all Districts and Boroughs.

Principal Aspirations 2014/15

The District Council Sub Committee: Action Plan 2014/15 is under development and includes work on the following priorities:

- Continued work to train relevant teams on the operation Protocol For Joint Risk Assessing and Sharing Information;
- Raised awareness of the importance of Safeguarding Adults amongst local Members, Senior Officers and Housing Association partners. This will include a review of all District and Borough Safeguarding Adults Policy Statements;
- Continued work to ensure relevant staff understand the importance of safeguarding and the widening of the award of the 'Safe Places' badge to District and Borough offices across the County.
- Make a contribution to the WSAB Prevention Strategy both in terms of the development of it and the activity of preventing abuse to vulnerable adults.

Summary

The sub-group has established itself and delivered the majority of its commitments in the District Council Sub Committee: Action Plan 2013/14. The group contributes to the wider development of safeguarding arrangements by regular attendance of the WSAB and sub-groups.

Future work will result in raised awareness of the importance of safeguarding adults through the 'Safe Places' initiative plus staff development tools and training programmes and improved outcomes locally through enhanced partnership working with colleagues across the sector.

Special Cases Sub Committee

Overview

- The majority of work associated with the Sub-Committee during the period, was associated with a major Serious Case Review. The Sub-Committee was responsible for co-ordinating the work associated with delivering the Gemma Hayter Serious Case Review recommendations and actions.
- The Gemma Hayter Serious Case Review was independently chaired and authored by Kathy McAteer, a senior social care consultant and former director of adult services. The Serious Case Review report was published on 14 November 2011 by the Safeguarding Adults Partnership Board. The Sub-Committee developed an implementation plan to address the recommendations. Work progressed through to completion and progress was reviewed by Interim Strategic Director of the People Group in the latter part of 2013. WSAB accepted the final SCR report and closure of the Serious Case Review process in January 2014. A statement was subsequently released in April 2014 which had been agreed by all agency representatives of the Safeguarding Board. This summarised the key improvements and changes delivered.
- This sub-committee does not meet regularly, unless there is work required as a result of a serious case review, or the development of associated policy or practice.
- There were no other Serious Case Reviews initiated in the year.

Work Plan for the Sub-Committee for 2014-15:

- The Terms of Reference and associated guidance relating to Special Cases will be reviewed and updated in the light of the developing national picture and the requirements of the Care Act 2014, with a view to implementation in April 2015 when the new Care Act responsibilities are to start.
- Where required, there would be a response to any further potential or actual Special Cases.

Terms of Reference for Special Cases Sub-Committee

Purpose
The Special Cases Sub Committee will discharge serious case review functions on behalf of the Warwickshire Safeguarding Adults Board.

Remit

- Define "serious cases" and further develop the serious case review protocol.

- Consider and determine the need for serious case reviews.

- Allocate responsibility for chairing and undertaking serious case reviews.

- Receive and consider reports on serious case reviews.

- Identify learning points from serious case reviews.

- Make arrangements to provide feedback and debriefing to staff, family members and media as appropriate.

- Ensure action is taken in response and clarify to whom the report [in whole or in part] should be made available with special reference to:

  - Any matters of concern affecting the safety and well-being of vulnerable adults in the area of the authority;

  - Any general public health, safety or well-being arising from the death of a vulnerable adult;

  - Any need to review policy, practice or procedures;

  - Dissemination to other local authorities;

  - Identification and integration of learning points from serious case reviews from other areas or research and best practice guidance.

  - Provide a copy of the overview report, action plan and individual management reports to the Care Quality Commission.

  - Maintain a forward plan of work, and set time aside each year to:

    - Review achievements
    - Assess effectiveness
    - Consider future requirements

Appendix 3.

Partnership Agency Reports

Coventry and Warwickshire Partnership Trust

During 2013-14 Coventry and Warwickshire Partnership NHS Trust sought to maintain, review and further develop the safeguarding practices and actives within the Trust to ensure the Safeguarding of Adults at Risk is **'everyone's business'** and thus remains a key priority within the Trust.

The Trust focused upon the completion of its Safeguarding Work Plan for 2013 - 2014, ensuring that the Trust continues to enhance its robust structure for Safeguarding, which includes representation at Warwickshire Safeguarding Adults Board and the Sub Committee's and safeguarding groups, enabling safeguarding to be integrated across all its services. The Trust Safeguarding Group leads safeguarding activities within the organisation and meets quarterly to review and monitor referral data, training data, and compliance with procedures. The Group routinely reports to the to the Trust Board through the Safety and Quality Committee and produces and submits a Safeguarding Annual report.

Achievements regarding safeguarding adults:

Coventry and Warwickshire Partnership NHS Trust has completed its work plan for 2013 - 2014 and the deliverables are summarised below.

§ Reviewed and further developed the Trust bespoke electronic safeguarding alert and referral form for the Trust.
§ Completed Safeguarding training and developed safeguarding Competence learning logs,
§ Completed its annual audit plan
§ Reviewed and further developed a Safeguarding Adults booklet guidance for staff within the organisation,
§ Reviewed and further development Safeguarding Training to include Domestic Abuse Stalking and Harassment, (DASH), at level 2 safeguard training.
§ Achieved 87% of PREVENT Health WRAP training to Trust staff
§ Developed a New Safeguarding Link Group for operational staff,
§ Completed the relevant local safeguarding boards Section 11 audits,
§ Produced an Annual Safeguarding Newsletter
§ Reviewed and refreshed/amended the following Trust safeguarding polices;
   o Safeguarding Adults Policy
   o Safeguarding Children's Policy

- o Section 75 Safeguarding Operational (for Coventry and Warwickshire Services)
- o Sexual Safety in Inpatient Settings,
- o Clinical Domestic Abuse Policy,
- o Child Protection Supervision Policy,
- o Missing Persons Policy.

What are the priorities going forward?

The 2014-15 work plan includes the following objectives

- o Review and update Safeguarding Polices,

- o Produce 2014 Annual Report to Board,

- o To Comply with any recommendations and lessons learnt from Serious Case Reviews (SCR) and Domestic Homicide Reviews (DHR) pertinent to the Trust,

- o To complete the relevant local safeguarding boards Section 11 audits,

- o Complete the Trust audit plan for 2014 -2015

- o Complete safeguarding training programme for 2014 -2015,

- o Produce Safeguarding News Letter for 2014 -2015.

Service User experience:

The Trust service users have access to the following information sources pertaining to the safeguarding process and giving feedback

- o Safeguarding Internet site,

- o Personalised safeguarding plans,

- o Safeguarding leaflets and information posters

- o Support from the Trust PAL's service,

- Advocacy Service,

- Complaints and Complements Service,

- Service User Forums

**University Hospitals Coventry and Warwickshire NHS Trust
Safeguarding Adults and Children Annual Report 2013/14**

The Safeguarding Adult and Children team have actively participated in the delivery of the 2013/14 priorities alongside all the partner agencies. The co-location, and the implementation of the UHCW joint adult and children safeguarding team in April 2014, has strengthened the ability of the individual team members to deliver a quality service throughout 2013/14. This has been a challenging year for the health and social care economy locally in relation to the high profile Serious Case Reviews, however, the team have responded very positively to these events and have supported their colleagues and partner agencies throughout the process.

UHCW Priorities for 2014/15

- To actively participate and support the delivery of the Warwickshire Safeguarding Adult Board Priorities for 2014/15, which includes maximising the opportunities to improve information sharing across all the partner agencies.
- To meet the 90% training compliance target by September 2014.
- To ensure that safeguarding team is developed to meet the future service demands.

UHCW Team Achievements for 2013/14

The Safeguarding Adult and Children team has been co located and operational now for a year, which has provided significant benefits in terms of both operational functionality and individual team support. The team now includes a support midwife and additional administration support is now available for the team. This additional input has allowed the team to incrementally improve the training compliance figures month on month throughout 2013/14. This additional team support will also help

achieve and sustain the delivery of the 90% compliance target figure by September 2014.

The e alert system has resulted in the team being able to respond promptly to the needs of at risk individuals who attend UHCW. This has had a positive impact for all involved:

- The service user gets rapid protection
- The staff supporting the case are aware of the risk factors and can get immediate support and advice from the Safeguarding team
- There is corporate assurance that at risk individuals attending UHCW receive, timely needs assessed protection.

South Warwickshire NHS Foundation Trust

Achievements & Developments

Safeguarding Adults remains a priority for the Trust, this is demonstrated by bi-monthly operational meetings, attendance at the WSAB meetings and subgroups and quarterly reports to the Clinical Governance Committee. The role of the Safeguarding Operational Group is to ensure the Trust is kept up to date with national and local changes and developments.

The operational group review all safeguarding incidents, the purpose of this review is to identify and analyse them so gaps and learning can be identified and best practice can be shared across the Trust.

A mapping exercise was undertaken that aimed to investigate where the Trust benchmarked against CQC, WMQRS standards and the WSAB strategy. The gaps identified have been developed into an action plan for the Trust.

NICE guidance on Domestic Abuse was released In February 2014, the Trust has partial compliance with the guidance, this was identified as there are gaps within our training and education provision, to ensure this gap is closed the recommendations have been drafted into the new presentation that will be delivered on the clinical mandatory training. Once the presentation has been launched amendments will be made to the E-Learning packages.

Learning Disability provision in the acute service was audited in 2014 by our external auditors, following this audit an action plan was developed and I am pleased to report all of our actions have been completed. The Acute Liaison Nurse for Learning Disabilities presented the work at a recent Clinical Quality Review Meeting within the Trust.

Warwickshire Safeguarding Adult Board – Workforce Development Team have launched an interactive E-Learning Site for Safeguarding Adults. Warwickshire Interactive Learning Management Environment (WILMa) is free for all staff who shares partnership on the WSAB. A link to WILMa has been added to the Trusts intranet site.

For the purposed of internally auditing the Trusts Safeguarding Adults Policy and Procedure a Safeguarding Adults 'Care Bundle' has been developed. The care bundle outlines the procedure to follow to make a successful referral.

George Eliot Hospital NHS Trust

Introduction

The background against which protecting adults at risk of harm and abuse is continuously evolving and there is evermore increasing public and organisational scrutiny to ensure that individuals who access health services are protected from harm and neglect and receive high standards of care delivered with dignity, respect and compassion.

Since the publication of the Francis Report (2013) and subsequent major health reviews which have identify failures in the care system, public confidence has been seriously affected. This has resulted in even greater emphasis being placed on rigor and candour and developing organisational cultures where employees are proactively encouraged to raise concerns. The Trust continues to build on its reputation of openness and transparency and improvements in quality and performance made over the past 3 years, one of its strategic objectives is to constantly deliver high quality care in a safe environment.

The Care Act (2014) now provides a clearer legislative framework for the protection of adults at risk of harm and abuse. The Trust is a committed partner organisation of Warwickshire Safeguarding Adults Board (WSAB) and welcomes the strengthening of statutory duties to protect individuals at risk and awaits developments in terms of the Warwickshire's response to ensuring that the requirements of the act are fully integrated into policy and procedures.

This report is intended to provide an update of activities associated with adult safeguarding since the last report of 2013.


1. **Safeguarding referrals**

At the time of the last report in 2014 there had been a 1% increase in the concerns raised by staff based on figures from the previous year however, there doesn't appear to have been a significant increase in the number of concerns raised.

2. **Analysis of referrals**

Trust staff continue to identify people admitted who are vulnerable because of their increasing frailty and declining physical and mental health problems which, result in difficulties in their ability to maintain health and well being without support. The majority of cases require complex case management and discharge planning support. In most instances where reports of carer neglect are identified investigation normally reveals situations where neglect is not intentional but is a result of lack of information and knowledge about when and how to ask for help.

69% of referrals concerned women at risk of harm or abuse which is a 9% increase on the previous year.

Concerns by Age Group June 2013 – May 2014
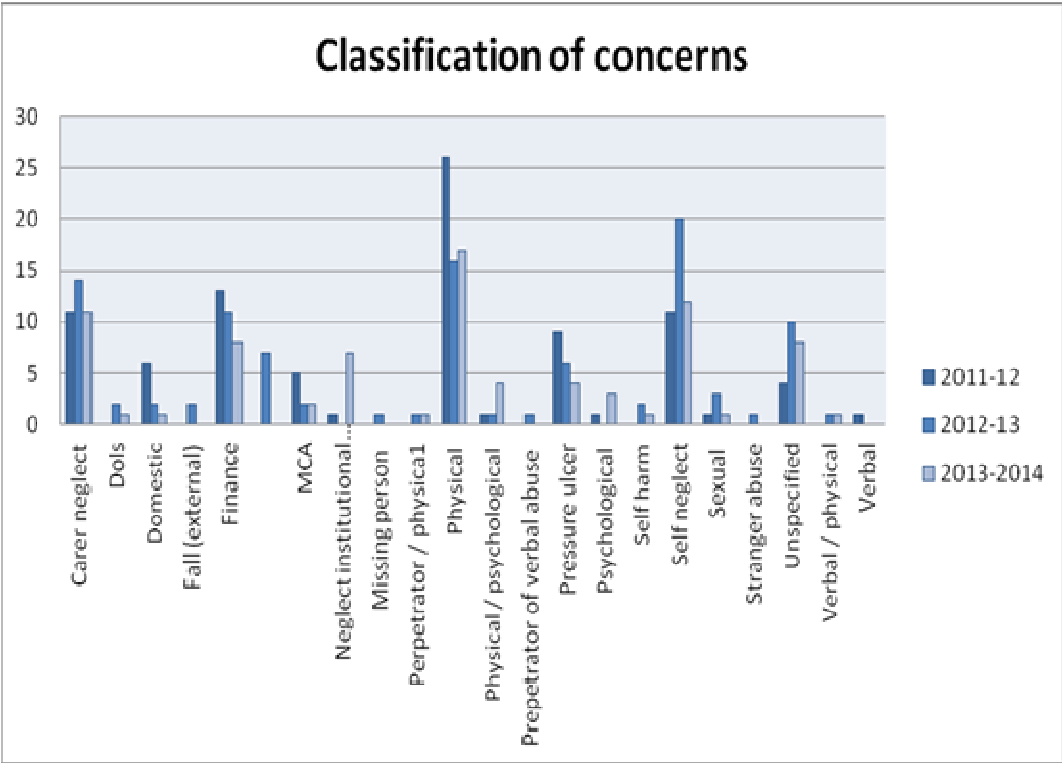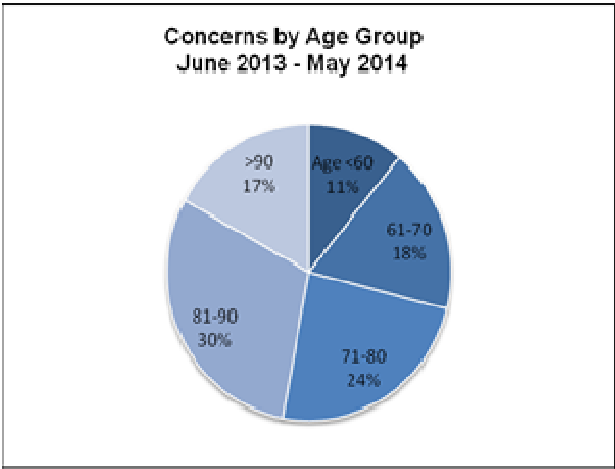
By far the highest number of concerns raised are associated with people who have a diagnsosis of dementia. The National Dementia Strategy and the Trusts composite approach towards improving the care of people with dementia in an acute hospital are designed to raise dementia awareness with staff and help then with understanding the particular care needs of this very vulnerable group of individuals and the needs of their carers.

**Adults at Risk
Concerns by Condition
June 2013 - May 2014**
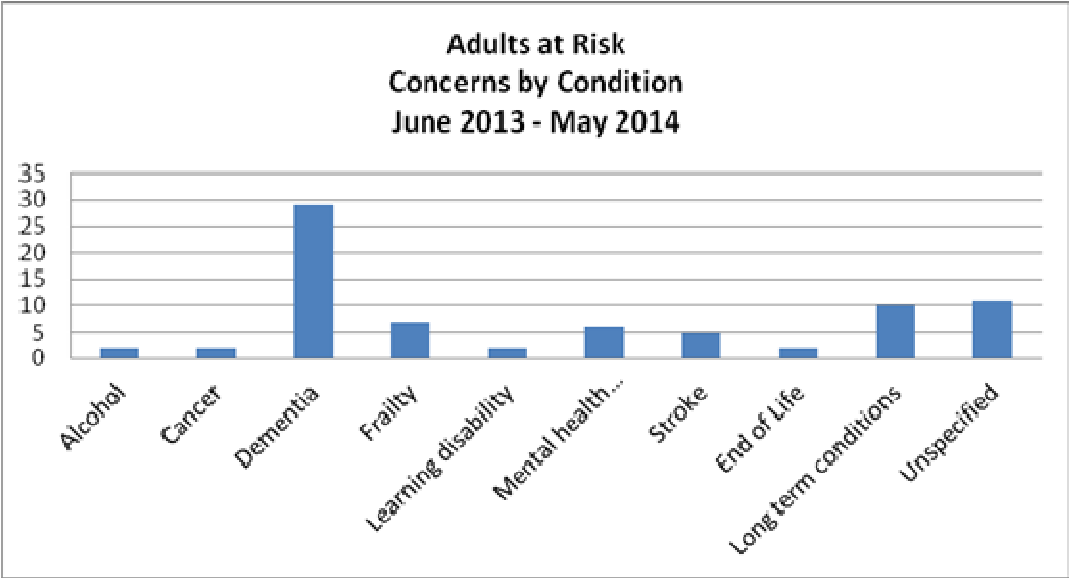
Good examples of how the principles of adult safeguarding policies and procedures are implemented and by working in true partnership positive outcomes are experienced by people who are identified as being most at risk.

Patient story

Mr D was a 50 year old man was admitted as an emergency from a local hostel with significant medical problems. His story describes a series of tragic events beginning with the death of a child, marital breakdown, loss of business and livelihood and homelessness leading to acute mental health problems and alcohol dependence.

During the early part of the Mr D's stay he confided concerns about his experience at the hostel to EMU staff who immediately recognising that there were adult protection issues reported the concerns.

There were a number of issues relating to the way the hostel was run including residents being deprived of control over finances and accessing medical care. Mr D's risks of harm were considerable in terms of his physical and psychological well being, mental health, financial and institutional abuse. Because of his mental health problems he was unable to take the necessary steps to address the situation he had found himself in.

Support for Mr D during his stay and for sometime after his discharge was provided by the Hospital Chaplaincy.

The Lead Practitioner for Adult Safeguarding (Hospitals) co-ordinated safeguarding activities involving the police, local authority housing, hospital, GP, alcohol dependency team and benefits agency. The outcomes for Mr D were positive in that:

- his personal property and bank cards were retrieved from the hostel,
- housing was secured in this area for him even though he had formerly been a resident in another area ,
- the benefit check enabled him to access additional financial support
- spiritual support was identified
- help with alcohol dependency was initiated
- Mr D's sense of worth and wellbeing was promoted

This story illustrates how training has improved staff awareness and understanding of how to respond to alerts and also how partnership working promotes the best outcomes for those at risk.

3. Training

The compliance level for Adult safeguarding training is 96% of all staff having received basic training and the Trust has a current compliance rate of 98%.

At the beginning of the year following mandatory training evaluation lead trainers reviewed the format of all in-house safeguarding training.

Monthly Compliance Reporting	March 2014	Apri1 2014	May 2014
Statutory & Mandatory Training - Mandatory - Rolling average	91%	91%	91%
Safeguarding Vulnerable Children and Young People- L1 - Rolling average	100%	99%	100%
Safeguarding Vulnerable Children and Young People- L2 - Rolling average	80%	82%	85%
Safeguarding Vulnerable Children and Young People-L3 - Rolling average*	90%	88%	96%
Safeguarding Vulnerable Adults	98%	97%	98%
Dementia awareness	98%	96%	98%

4. Work plan

A standing item on the agenda of the Safeguarding Adults Trust Group concerns identification of key priorities and the review all activities designed to deliver the identified objectives.

Priority	Objective	Actions
Self Assessment Framework	Continuous improvement against the national self assessment framework and develop action plans to address areas for improvement	• To continue to carry out an organisational self assessment and develop action plans to address areas for improvement • Reporting mechanism via existing governance structures beginning with the Trust Safeguarding Adults Group
Training	To ensure that the Trust has a workforce that can identify forms of abuse and take the necessary actions to support the individual and report concerns. To identify learning and development activities that address the fundamental requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards which underpins practice for everyone involved in the care, support and treatment of vulnerable adults.	• Review existing training needs analysis • Agree target compliance levels • Monitor and report training compliance on a monthly basis
PREVENT	Respond to the national counter terrorism strategy in terms of recognizing when people are being exploited for terrorist related activities	• Monthly training sessions • Monthly monitoring and reporting to regional PREVENT lead • Information leaflets
Mental Capacity Act	Ensure adherence to the Mental Capacity Act and Deprivation of Liberty Safeguards.	• Randomised case note audit to review record keeping in line with the assessment of mental

Deprivation of Liberty Safeguards		capacity, exploring the policy practice gap • Review DNAR records for compliance with sections relating to mental capacity and DNAR decisions • Increase staff training for all staff groups • Report findings and monitor progress as part of the work of the Trust Safeguarding Adults Group • Repeat audits after 6 months
Quality agenda	Zero tolerance on avoidable pressure ulcers. Improving nutrition and hydration in hospital Reducing patient harms Improving the experience of patients with dementia within the acute hospital setting Improving incident reporting Empowering patients and carers	• Use of quality monitoring and reporting tools i.e. Nurse sensitive indicators, safety thermometer, dementia care bundle etc. • Identification of senior nursing responsible for development and implementation of actions associated with quality improvement work plans. Close monitoring of all specific quality related work plans e.g. dementia. falls prevention, nutrition, tissue viability, infection prevention etc. • Agreed reporting mechanisms both internally and externally • Staff engagement and involvement in the incident reporting process, investigation of incidents and arrangements for providing
Policy review	To ensure that local policies reflect the requirements embodied in national policy particularly in light of the Care Act 2014 and recent case law.	• Support engagement with WSAB sub groups in terms of policy development and implementation • Review all local polices associated with the protection of adults at risk of harm and abuse
Domestic abuse	To implement lessons learnt from incidents	• Confirmation of Domestic Abuse Lead

	and Domestic Homicide Reviews in order to improve awareness of what constitutes domestic abuse and for staff to be aware of options for referral and to take positive action	• Co-ordinate a DA policy alongside policies for safeguarding vulnerable adults and children • Arrange appropriate awareness and training sessions • Create a DA intranet page with information on DA and referral pathways and support options • Ensure that alerts are placed on Lorenzo in cases where DA is known or suspected • Foster the addressing of the question of DA in all patients in key areas as above and providing opportunities to disclose in all other cases.
and violence		

5. Developments

As a consequence of participating in the National Safeguarding Adults Leadership Programme and as a result of the lessons learnt following the serious safeguarding incident concerning a member of staff the adult safeguarding lead and executive safeguarding lead identified an opportunity to explore whether there was a system for the early detection of problem behaviours of staff where there are escalating catalogues of incidents or deteriorating trends of behaviour which are managed in isolation until a crisis event occurs.

The Safeguarding in the Workplace Report (McKenna et al 2012) resulted from research commissioned by the Independent Safeguarding Authority (ISA) which examined the lessons learnt from cases referred to the ISA specifically in terms of the behaviours exhibited, the circumstances i.e. relationships, culture and policy which led to actions being taken by their employers.

The project looked at examples of potentially problem behaviours and grouped them into four main categories and a system devised to enable managers identify levels of risk according to the seriousness or frequency of concerns and then respond to the problem in a structured way.

Characteristic / Category	Examples
Behaviour	Changes in body language and demeanour Over familiarity with patients and members of the public

	Lack of engagement with colleagues
	Difficulty in forming relationships with others
	Language – use of offensive language, swearing , inappropriate suggestions
Compliance	Problems with timekeeping
	Unexpected or unexplained absence
	Non-compliance to change
	Misuse of internet sites whilst on duty
	Disregard for policy and procedures
	Misuse of social media to make work related comments
	Misuse to phones to take and broadcast photographs taken on duty
Attitude	Displays of insensitivity and abruptness
	Required to attend management sessions
	Negative or poor attitudes towards patients, relatives, visitors, members of the public
	Poor customer care responses
	Bullying
Safety	Involved in a 'harm' event
	Involved in a complaint
	Involved in more than 1 case in either of the above

Initial testing of the system was carried out with retrospective reviews of conduct and capability cases to gauge whether the system was practical and the scoring threshold reasonable. At this stage the tool was launched as a developmental project with ward managers and training sessions were carried out after which managers were encouraged to test the tool for themselves using scenario situations.

Typically in the cases reviewed issues with behaviour and maintaining professional relationships within teams was commonplace and individuals were either named in complaints directly or investigation identified them as being involved in the complaint. The individuals concerned failed to provide care with compassion and respect. In the cases where those members of staff had been more closely supervised and managed conduct and behaviour improved.

The project is by no means complete and gaps in the process are yet to be completed as a result of initial testing. The tool has initially been named the Wardell-Draper Wellbeing Tool and the emphasis on developing the work is associated with a concept of staff well being rather than a pure management tool or safeguarding tool. The effectiveness of the tool will be measured by whether or not the theory behind its development translates into effective actions and a useful approach to the promotion of safety and harm free care.

6. Recommendations

- To continue to support the partnership arrangements of Warwickshire Safeguarding Adults Board
- To enhance leadership competencies of staff
- To continue with the development of the Wardell – Draper Wellbeing project

Warwickshire County Council: Social Care and Support

The Social Care and Support Business Unit within Warwickshire County Council provides services for adults living in Warwickshire including support for people who care for others, older people with long term health conditions, people with learning disabilities, people with physical or sensory difficulties, those with mental health needs, drug or alcohol problems and those with HIV/AIDS. The primary functions of the Social Care and Support Business Unit are associated with delivery of the council's adult social care duties and responsibilities. We assess the needs of people who ask for help and, where appropriate, make arrangements for a personal budget to be allocated for eligible people to devise a support plan to meet those needs.

Adult Safeguarding- Operational response

In relation to Safeguarding of Adults, Social Care and Support leads the operational response to all referrals received by the Council relating to vulnerable adults who may have needs related to age, physical or learning disability or ill health, and who may be at risk of abuse and neglect.

Social Care & Support Safeguarding Adults activity:

Safeguarding Alerts / Enquiries managed by WCC Social Care & Support
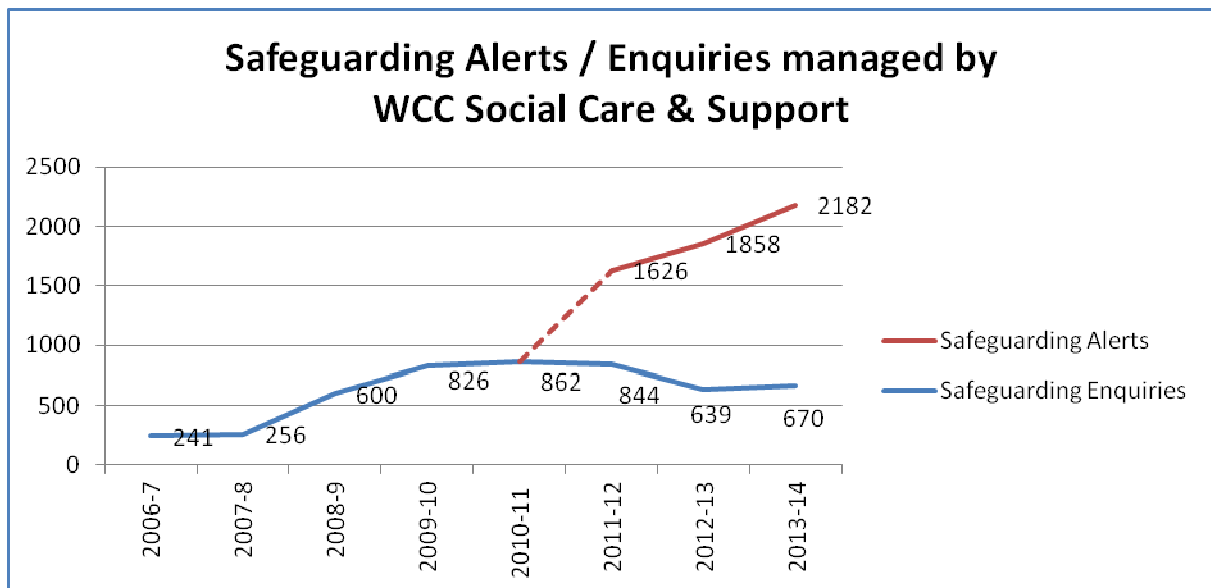
2013-14 saw a continued rise in Safeguarding Adults Alerts with 2182 Alerts received by the Council compared to 1858 Alerts in the previous year 2012-13, a significant overall rise of 17%. The continued year on year increase in referral rates witnessed since 2007 has led Social Care & Support to develop its Safeguarding Adults Short-term (SAST) Team. The purpose of which is to:

- Provide a single front door to deal with all Safeguarding Adults Alerts received by the Council, and deliver consistent responses within this model.

- Provide a service that can target response on immediate and authoritative action at the outset, addressing immediate safety risks, providing expert advice and support to referring agencies & individuals, and to triage the case to determine if the Alert requires response under the Safeguarding Adults process or other processes.

- Support all Social Care & Support teams to demonstrate good quality adult safeguarding practice through the provision of frontline management case oversight/support to other teams and practitioners who are addressing adult safeguarding concerns in their own casework.

This service model has been subject to formal operational review in 2013-14, which confirmed that the operating model continues to deliver authoritative, timely and informed interventions for vulnerable adults. The review evidenced that the SAST team manages 85% of all Safeguarding Adults alert activity within Social Care & Support, and 72% of all Safeguarding Adults Assessment activity. Quality of practice at alert screening stage has been audited, with cases audited being judged to have applied Safeguarding Adults thresholds appropriately and correct screening decisions made. Safe practice was demonstrated in all cases.

Focus for 2014-15:

One of the key outcomes for Social Care & Support is that *People are safe from abuse*. To deliver this outcome, Social Care & Support will:

- Fully support the functions of the Warwickshire Safeguarding Adults Board.

- Determine Adult Safeguarding activity trends, alerts, referral, response and demand.

- Develop and Maintain effective and responsive Multi-Agency Safeguarding Vulnerable Adults policies and procedures.

- Develop and maintain an effective and responsive Safeguarding Vulnerable Adults service, able to deliver timely and proportionate safeguarding interventions.

- Lead and support timely and effective multi-agency responses to Adult and Children's Safeguarding.

- Commission Learning and Organisational Development opportunities that ensure best practice in Adult and Children's Safeguarding.

(Social Care & Support Business Unit Plan 2014-18)

The Care Act 2014 places specific duties on Local Authorities in relation to the Safeguarding of people with care & support needs. The focus for Social Care & Support in preparation for the implementation of these duties in April 2015 will be reviewed in light with our operational processes and ensure that they are fit for purpose to deliver the new Care Act.

The experience of vulnerable adults who are at risk of abuse:

Delivering personalised services is a key driver for Social Care & Support, with frontline practice reflecting an approach which supports individuals to take as much control as they are able to, promotes improved outcomes, and balances safety and protection with enablement and self-determination.

To understand user experience through the adult safeguarding process, the SAST team has been gathering information on whether people are happy with the support they have received and whether people feel safer as a result. The information collected indicates that overall, the satisfaction and experience people supported through the safeguarding adults process is positive. Of the people where it was possible to gather the information, 94% of people were happy or partly happy with the outcomes they had achieved, and 85% of people stated they felt safer or partly safer than before the Safeguarding Adults intervention and process. People were also asked for their views and comments about the support they had received and the outcomes they had achieved. Some examples are included below:

Views and comments expressed by vulnerable adults supported by Social Care & Support-

Anna* [Social Worker] is the only person who has ever treated me like an adult and has ever been proud of me. Anna has helped me move on in life and never tried to tell me what to do we just talked about stuff and solved problems.

I'm happy that I have more help and that people are looking out for me when my husband is in Hospital. I am happy my flat is being monitored by the police as I feel a bit safer, but I will not let Janet* into my flat.

I am so grateful you helped me go to the doctors and get my medication sorted so I can sleep better which then means I do not have to have contact with John*. I am happy that you helped me work through the situation and how you built up my confidence to rebuild my life.

I am happier now I have more help, I feel safer now that I know Peter* will not hurt me anymore and that people are looking after me. I want to stop here and this means I can now with your help.

I am happy now as I do not have to worry about money. Now that I have changed I see my family more and this is because I no longer drink alcohol, and I realise I want to see my kids more than I want to drink.

* Real names not used.

Warwickshire Police

Warwickshire Police undertakes activity to safeguard vulnerable adults at both a strategic and operational level. In doing so it works closely in partnership with other statutory and voluntary agencies. At the strategic level, duties and responsibilities are exercised through active membership of Warwickshire Safeguarding Adults Board and through the development of Police policy and standard operating procedures that take cognisance of national strategy and research, as well as local need.

At the operational level, Warwickshire Police work closely in partnership on a day-to-day basis to undertake activity to safeguard vulnerable adults, taking primacy for the investigation of cases where it is believed a criminal offence may have taken place. This activity is done in compliance with the *'Warwickshire Inter-Agency Safeguarding Vulnerable Adults (Adult Protection) Policy & Procedure'*, and in line with operational guidance issued by the Association of Chief Constables (ACPO) and the College of Policing. This includes working closely with agencies at a local level when delivering neighbourhood-policing services, as well as the provision of specialist 'Protective Services' resources.

A particular focus of Warwickshire Police over the last 12 months has been the continuing development of policing services in alliance with neighbouring West Mercia Police. The two forces now deliver all services together within a single policing framework across Warwickshire, Herefordshire, Worcestershire, Shropshire and Telford & Wrekin. This includes a single 'Protecting Vulnerable People' (PVP) department with responsibility for child protection and abuse investigation, safeguarding vulnerable adults, domestic abuse, missing persons, and the management of registered sexual offenders and violent offenders

A Detective Superintendent heads the overall PVP department for Warwickshire Police and West Mercia Police, with a Detective Chief Inspector leading PVP within each of three geographical areas: Warwickshire, Herefordshire/Worcestershire and Shropshire/Telford & Wrekin. Operational responsibility for overseeing adult safeguarding within each area is led by a PVP Detective Inspector, who has specialist investigative resources at their disposal.

A 'Harm Assessment Unit' within Warwickshire PVP manages and coordinates all referral activity into and out of the Warwickshire Policing area and acts as the gateway to adult safeguarding and mental health pathways. Over recent years an investment has been made in providing better training for staff on recognising vulnerable adult issues that may need a safeguarding intervention and this increased awareness has resulted in an increase in referrals from the Police. This in turn improves the opportunities for a multi-agency approach to identify vulnerable people within the community and provide the support they require.

Warwickshire Police referral/notification activity for this period was as follows :

Warwickshire Police PVP HAU External Referrals 2012-2014* (DOMESTIC ABUSE)

	Children's Social Care			Children's Social Care (2+ criteria)			Adult Social care			Mental Health			GP/Other NHS			DA Support Services (first review only)			Alcohol/Drugs Services			Total		
	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-
April	337	187	-45%	36	119	231%	19	7	-63%	106	121	14%	225	158	-30%	145	128	-12%	5	6	20%	873	726	-17%
May	288	202	-30%	72	144	100%	20	12	-40%	87	147	69%	216	192	-11%	144	134	-7%	17	3	-82%	844	834	-1%
June	255	195	-24%	49	158	222%	11	12	9%	80	109	36%	180	203	13%	128	122	-5%	19	6	-68%	722	805	11%
July	365	279	-24%	38	175	361%	19	11	-42%	116	165	42%	263	252	-4%	151	182	21%	17	6	-65%	969	1070	10%
August	365	176	-52%	20	162	710%	18	11	-39%	104	135	30%	244	182	-25%	144	122	-15%	21	3	-86%	916	791	-14%
September	299	178	-40%	2	191	9450%	10	12	20%	81	131	62%	198	182	-8%	105	149	42%	11	3	-73%	706	846	20%
October	368	181	-51%	28	187	568%	7	9	29%	94	135	44%	226	176	-22%	134	118	-12%	11	3	-73%	868	809	-7%
November	296	144	-51%	31	177	471%	10	6	-40%	111	115	4%	185	172	-7%	134	113	-16%	5	4	-20%	772	731	-5%
December	326	168	-48%	36	174	383%	10	11	10%	91	99	9%	194	168	-13%	117	148	26%	6	5	-17%	780	773	-1%
January	266	204	-23%	63	153	143%	9	15	67%	85	109	28%	176	185	5%	108	153	42%	2	0	-100%	709	819	16%
February	222	129	-42%	70	185	164%	13	16	23%	102	89	-13%	172	170	-1%	98	128	31%	3	1	-67%	680	718	6%
March	204	138	-32%	80	185	131%	21	12	-43%	124	93	-25%	164	181	10%	101	123	22%	5	3	-40%	699	735	5%
	3591	2181	-39%	525	2010	283%	167	134	-20%	1181	1448	23%	2443	2221	-9%	1509	1620	7%	122	43	-65%	9538	9657	1%

*Does not include referrals to MARAC

Warwickshire Police PVP HAU External Referrals 2012-1014 (OTHER INCIDENTS)

	Children's Social Care			Children's Social Care (2+ criteria)			Adult Social care			Mental Health			GP/Other NHS			CAMHS			Alcohol/Drugs Services			Total		
	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-
April	34	83	144%	0	1		17	49	188%	9	32	256%	5	0		1	1		2	1		68	167	146%
May	51	62	22%	0	0		28	57	104%	6	33	450%	2	0		0	0		0	1		87	153	76%
June	55	51	-7%	0	1		42	44	5%	24	26	8%	0	0		1	1		1	1		123	124	1%
July	66	68	3%	0	1		48	31	-35%	30	36	20%	0	0		0	0		0	1		144	137	-5%
August	72	71	-1%	0	0		37	45	22%	26	38	46%	0	0		1	0		1	2		137	156	14%
September	50	53	6%	0	0		48	40	-17%	34	39	15%	0	0		0	0		2	1		134	133	-1%
October	54	70	30%	2	0		37	40	8%	19	36	89%	1	0		0	0		1	1		114	147	29%
November	42	58	38%	0	0		32	27	-16%	27	18	-33%	0	0		0	0		0	0		101	103	2%
December	55	53	-4%	0	0		50	37	-26%	27	22	-19%	0	0		0	0		2	0		134	112	-16%
January	55	45	-18%	1	0		47	45	-4%	29	36	24%	0	0		1	0		1	0		134	126	-6%
February	67	78	16%	0	0		36	33	-8%	40	33	-18%	2	1		2	0		1	0		148	145	-2%
March	52	65	25%	2	0		31	30	-3%	20	27	35%	0	0		0	0		0	1		105	123	17%
	653	757	16%	5	3		453	478	6%	291	376	29%	10	1		6	2		11	9		1429	1626	14%