Annual Report 2014-15

Contents

Foreword by WSAB Chair

I have been struck throughout my first year as Independent Chair of your Safeguarding Adults Board by the commitment of members and all those who engage with our sub-committees to meet the challenges of understanding the risk of abuse and of providing an effective and timely response to those in need. There is an established culture of collaborative endeavour coupled with constructive challenge which results in a strong inter-agency approach to safeguarding. All this has provided the Warwickshire Safeguarding Adults Board with a sound base to analyse the changes required by the Care Act which was implemented on 1st April 2015 and to define the work needed to deliver these. One result has been a revision of membership of the Board and the production of a constitution defining our function and our structure. I took opportunity to write to all Members, both those going and those remaining, to thanks them for all their hard work and contribution to safeguarding adults in the County.

The SAB now has to produce a Strategic Plan outlining how we will meet our main objective of being to help and protect adults in our area by co-ordinating and ensuring the effectiveness of what each of our Members does. We have drafted a three year plan which gives us the basis for our work year on year and will be reviewed and published annually. In future our Annual Report will increasingly reflect our performance against this Strategic Plan.

This prime focus for our work means understanding how to support and empower people at risk of harm and anti-social behaviour to resolve the circumstances which caused this and be in control of decisions in their lives. This is reflected in the construct of Making Safeguarding Personal which is referenced in the Care Act and to which we are fully committed. The task for the Board is to ensure that policy and practice across all the member agencies delivers the required outcomes of Making Safeguarding Personal and that we can test performance and report on it. Part of this is the need for us to raise the understanding of abuse and risk with a view to making safeguarding everyone's business. The investment in communication through published material and our website will continue in support of this.

I have greatly valued the engagement and support of the members of the Board and of their agencies. It is essential that our work has senior management and political endorsement both for the considerable time and effort which staff apply and for the profile of adult safeguarding work. I wish to acknowledge the readiness of all concerned to work with us.

Mike Taylor, Independent Chair, Warwickshire Safeguarding Adults Board

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. Its 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.

The Care Act Guidance 2014 describes care and support as "The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations."

Defining abuse or neglect is complex and rests on many factors. The term "abuse" can be subject to wide interpretation. It may be physical, verbal or psychological, it may be an act of neglect, or occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot consent.

Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Exploitation can be a common theme in the experience of abuse or neglect. Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act Guidance identifies the following types of abuse or neglect:

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions;
- Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence;
- Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting;
- Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks;
- Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;
- Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment;

- Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion;
- Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation;
- Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating;
- Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

The Care Act states "the SAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect. These will include the safety of patients in its local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services". It further states the three core duties of the SAB, which are set out in sections 43 and 44 and Schedule 2 (Care Act 2014) and Chapter 14 of the Statutory Guidance:

- It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan;
- It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action;
- It must conduct any Safeguarding Adults Review in accordance with Section 44 of the Act.

More specifically in relation to SAB Annual Reports:

The Care Act 2014 requires all Safeguarding Adults Boards (SABs) to publish an annual report and to specifically include:

- What it has achieved during the previous financial year;
- What it has achieved during that year to implement its strategy;
- What each member has done during that year to implement its strategy;

- The findings of any Safeguarding Adults Reviews (SAR's) completed during the year;
- Details of any SAR's ongoing at the end of that year;
- What it has done during that year to implement the findings of SAR's and the reasons for deciding not to implement the findings of any SAR.

The WSAB agreed an operating budget for 2014-15 with contributions from Warwickshire County Council, Police, Clinical Commissioning Groups (3), District and Borough Councils and Probation. This budget was sound and sufficient and is monitored and overseen by the Governance Group (appendix 2) and adjustments recommended as required.

There have not been any Safeguarding Adult Reviews (SAR's) during this report period and there are none currently in progress.

This report covers the period 2014-15 and is to be viewed as transitional in nature as it overlaps the period pre and post Care Act Guidance being issued in October 2014. It therefore will serve as a conduit between non statutory and statutory changes being implemented, leading to a fully Care Act compliant report in 2015-16.

NB: Since this Report was drafted, the Department of Health has removed the requirement for members of the SAB to have a Designated Adult Safeguarding Manager (DASM).   The tasks allocated to this role still need to be fulfilled and the Board will monitor this. References to the DASM in this Report need to be considered in this revised context.

Constitution

A new WSAB Constitution was written and implemented during 2014-15 to be fully compliant with Care Act requirements being introduced in April 2015. This states: 'The Warwickshire Safeguarding Adults Board ['WSAB' or 'the Board'] is established by Warwickshire County Council ('the Council') under section 43 of the Care Act 2014 and the Care and Support Statutory Guidance (October 2014)' ['the Statutory Guidance'].

During 2014-15 WSAB conducted a review of membership and governance arrangements. The new WSAB membership (appendix 1) is now more reflective of the broader scope that adult safeguarding needs to embed and further develop, and alongside the WSAB Sub Committee restructure places the Board in a strong position moving forwards to make meaningful and evidenced progress against the evolving local and national adult safeguarding agenda. The new governance structure (appendix 2) reduces the original 7 sub committees to 5 and converts the Chairs Group to a Governance Group, with refreshed membership and terms of reference. The membership comprises of:

- WSAB Independent Chair;
- DASS or nominated senior manager;
- CCG representative;
- Police representative;
- WSAB Sub Committee Chairs;
- Others as deemed relevant by the SAB Chair to the business of the Governance Sub Committee.

The WSAB Sub Committees comprise:

- Safeguarding Adults Review (SAR);
- Performance, Monitoring and Evaluation;
- Workforce Development;
- Procedures and Guidelines;
- District and Borough Councils.

WSAB Strategic Plan 2015-18

The WSAB Strategic Plan 2015-18 sets the shared multi-agency tone and purpose for the coming three years. It is not a fixed document and will be reviewed and developed annually, but gives definition to what is important for adult safeguarding in Warwickshire and how the Safeguarding Adults Board will work, to ensure that everything is being done to prevent abuse and that a timely and proportionate response is made when it occurs. It is important to acknowledge that some of the priorities outlined will present some challenges and need to be viewed as 'work in progress.' This has particular relevance when meaningfully progressing issues of community engagement/involvement and setting multi-agency priorities in the context and reality of reduced budgets and inconsistent Government guidance in the field of adult safeguarding.

The Strategic Plan also identifies the required links with other strategic partnerships:

- CCG Board(s);
- Children's Safeguarding Board;
- Community Safety Partnership;
- Overview and Scrutiny Committee;
- Health and Wellbeing Board;
- Quality Surveillance Groups.

It is also of particular note that it has been identified within the governance arrangements for WSAB to have a reporting relationship with both the Warwickshire County Council Health and Wellbeing Board and Warwickshire Healthwatch.

The Strategic Plan includes a Business Plan for 2015-16 (appendix 3) that has been formulated to provide a clear focus to ensure the most effective use of resources. The Plan is a 'living' document and as such is expected to evolve over time to allow refinements and further developments to be made.

Activity and Performance Measurement

Safeguarding Adults Return (SAR) First Submission Summary

The Safeguarding Adults Return (SAR) replaced the Abuse of Vulnerable Adults (AVA) return and was first reported in 2014. The 2014/15 return (Appendix 4) is the second submission of this return and will be the first to be validated against last year. There are a number of minor changes from the previous year, which will be identified throughout this summary. This dataset combines Safeguarding referrals received by both Warwickshire County Council and Coventry & Warwickshire Partnership Trust, under the section 75 agreement.

Referrals Received

The first section of the return provides a demographic breakdown of the number of referrals received across four tables (SG1a-d). Overall 685 unique referrals were received, relating to 599 unique individuals. This is a reduction from the last year's figure of 697. Quarterly reporting has shown an ongoing slight reduction in the number of referrals received from the previous year, possibly as the alerts form has become fully embedded in the safeguarding process. Prior to the introduction of the alerts form 'marginal' cases may have been recorded as a referral for want of a more appropriate methodology. Although the alerts form was introduced in October 2012 it is possible that the impact was still being felt in 2013/14, and that the 2014/15 data is a more accurate baseline. In addition the CWPT have revised their definitions and reclassified some referrals as alerts, which will also have contributed to the slight reduction.

The greatest proportion of alleged victims was aged between 18-64 (243) with 85-94 year olds making up the second greatest at 148. 369 alleged victims were female with 230 males – consistent with the 60% female/40% male ratio reported throughout the year. Similarly the ethnic breakdown remains consistent with quarterly reporting as 495 victims were white, and assuming the majority of the 82 people for whom no ethnicity was recorded were also white, suggests that just under 4% referrals related to non-white people – closely reflecting Warwickshire's demographics and suggesting that non-white people are not disproportionately likely to be the victim of a safeguarding referral.

One of the more significant differences between the 2013/14 SAR and the current collection is the replacement of the 'current client group' classification with the 'primary support reason'. Previously the 'current client group' would reflect the person's 'main' need. However, it is possible that they received services for a different reason, unrelated to their 'main' need – for example, a person may have a learning disability but the services they receive relate to sensory support. The primary support reason reflects the main reason they receive services, which may be different from other significant needs they have. Overall the greatest proportion of referrals related to people with physical support needs (168 people) with support for memory and cognition (78 people), Learning disability support (73) and mental health support (77 – mainly from CWPT data) making up the other significant totals. In addition, it is possible that a primary support reason may not be recorded, either

because that data is not available of because the person does not receive a WCC-commissioned service. 161 people fell into this category.

To complement the introduction of the primary support reason, the 2014/15 SAR also collects information on the reported health conditions of the people to receive a referral. Only the fields relating to autism and Asperger's are mandatory for this collection but we have populated all available fields. There were 18 recorded instances of people with autism or Asperger's health conditions receiving a referral, and significant numbers with dementia (65) and learning disabilities (49) as well as 'other long term health conditions' (132). These fields are not mutually exclusive, as a person may have multiple health conditions recorded. However, a significant proportion (273 people) did not have any relevant health conditions recorded – either because they do not have any such conditions or because, as this is a new classification, the data has not yet been recorded.

Referrals Completed

Section SG3 relates to the number of referrals concluded in the period, regardless of when they started. All tables are broken down by the source of risk, which was previously known as the 'alleged perpetrator' in the AVA. The three sources of risk are social care staff, other people who are known to the individual and other people who are not known to the individual. In many cases a referral will have multiple sources of risk – in these cases, if the sources of risk all relate to the same area (i.e. a family member and a friend – both of which would be classified as 'other – known to individual') the referral would be counted once in that column. However, if the sources of risk spanned two categories (for instance a social worker and a family member) that referral would be counted twice. 382 referrals related to individuals known to the victim (mostly friends and family members), 181 to social care staff, and 33 to strangers or unknown people.

Table SG3a breaks down the number of referrals closed by the source of risk and the type of alleged abuse. Those breakdowns remain remarkably consistent with the previous year – since multiple entries are permitted on both the source and type of risk it is more helpful to look at the proportions than actual numbers. Financial and material abuse makes up the largest proportion of referrals (29.2% in 2014/15, down slightly from 32.6% last year) with physical abuse alleged in 26.1% referrals this year compared to 27.6% in 2013/14. There has been a slight increase in the prevalence of emotional and psychological abuse, up from 17.4% in 2013/14 to 22.3% this year.

Table SG3b provides a breakdown of the location of alleged abuse by source of risk. As with the previous table, the proportions remain remarkably consistent to the previous year with the majority (55.9% in 2014/15 and 54.9% in 2013/14) of allegations relating to abuse which occurred at least partly in the victim's own home. The other significant location remained care homes, which saw 24.6% allegations in 2014/15, increasing slightly from 22.9% last year.

Table SG3c shows the action taken at the conclusion of a referral. 35.5% referrals saw no further action taken under safeguarding in 2014/15, increasing from 27.5% in 2013/14. Of those referrals which did see action taken, there was a slight reduction in the proportion which saw the risk remain (often because the victim has chosen

that option) from 6.9% last year to 5.5% this year. The proportion of referrals where the risk was reduced decreased slightly from 42.5% to 38.3% year on year, with referrals where the risk was removed decreasing from 23.1% in 2013/14 to 20.7% in 2014/15.

Table SG3d shows the conclusion of referrals, identifying whether the allegation was substantiated or not. 28.8% referrals were fully substantiated (26% in 2013/14) with 14.7% partly substantiated (18.8% previously). 14.7% referrals were inconclusive (rising slightly from 13.1% last year) but a broadly similar proportion (34.9% in 2014/15, 39.5% last year) was not substantiated. There was a marked increase in the number of referrals where the individual concerned refused the process – 6.9% this year compared to 2.6% last, which equates to roughly double the number of referrals with this outcome recorded.

Mental Capacity

The SAR introduced a new table showing the number of referrals completed by the recorded mental capacity of the alleged victim. Of those referrals where the victim lacked mental capacity, the table records the number to receive support from an independent advocate, friend or family member.

The proportion of people who lacked mental capacity fell from 26.8% in 2013/14 to 22.7%. The proportion confirmed as having mental capacity remained static (50.3% last year, 50.4% in 2014/15). In 2014/15 a new option to report that mental capacity was 'not recorded' was added, which differs from 'not known'. In 2013/14 both of these options would have been recorded under 'don't know' with 22.9% referrals falling into this category last year, rising to 26.9% this year. Only 19 referrals did not have any mental capacity recorded, with the remainder or that 26.9% being specifically recorded as 'don't know' on Carefirst.

Serious Case Reviews

Table SG7 in Appendix 4 shows the number of serious case reviews, but none were recorded in 2014/15.

Sub Committee Annual Reports

Performance, Monitoring and Evaluation Sub-Committee

The work of the Performance, Monitoring and Evaluation Sub-Committee has as its primary focus, the development and implementation of assurances processes to ensure that the Board is effective in meetings its statutory responsibilities to safeguard vulnerable adults.

During 2014-15, the Performance, Monitoring and Evaluation Sub-Committee has made a number of key safeguarding achievements.

The sub-committee was responsible for managing the "section 11" audit process and its findings which sought assurance from member agencies that they were fulfilling their responsibilities to safeguard vulnerable adults. This provided a valuable opportunity for agencies to undertake a self-assessment and identify areas of good practice and areas for improvement and enabled the Board to have oversight of member agencies activities. These findings have also helped to develop the key strategic areas of the Board.

The sub-committee has also maintained responsibility for the development of the dataset for the Board, which has been revised to reflect changes to statutory reporting requirements. This has enabled the Board to provide a greater focus upon multi-agency practice.

The sub-committee has also provided effective scrutiny and challenge to specific areas of practice, through audit which has included MCA and DoLS.

The introduction of the Designated Adult Safeguarding Manager (DASM) in the Care Act 2014 led to the sub-committee to provide the Board with advice on the implementation of the role and an assurance of its implementation within the core statutory agencies.

During 2015-16, the new governance arrangements for WSAB have led to the responsibility for the oversight of the production of the Annual Report and the management of the budget for the Board being transferred to the Governance Group. This has provided the opportunity for the sub-committee to strengthen its functions in accordance with the requirements of the Care Act 2014. This will include:

- Revising the dataset to provide assurance in relation to the effectiveness of the safeguarding system during the customer journey and ensuring that the principles of Making Safeguarding Personal are incorporated;
- The development of an audit schedule to provide effective scrutiny on a range of practice areas;
- The development of a "risk register" for WSAB to ensure that the Board is meeting its responsibilities.

The Performance, Monitoring and Evaluation Sub-Committee action plan for 2015-16 is included as appendix 5.

Health Sub-Committee (Operational until December 2014)

One of the key safeguarding achievements from the Health Sub-Committee's 2014-15 work programme was in respect of MCA/DoLS. The sub-committee ensured appropriate provider adherence of the MCA/DoLS requirements by reviewing the NHS Standard Contract and ensuring all providers had policies and procedures in place. MCA/DoLS compliance is included in the Key Performance Indicators for providers and assurance is provided to the CCGs with regard to both Codes of Practice.

The most notable multi-agency success relating to the Health Sub-Committee was in respect of the Care Act; specifically, Health and Social Care working together to support the implementation of the Act, where the LA provided awareness regarding the implications for Health and both parties worked together to ensure the new structure of the WSAB was in place to meet the requirements of the Care Act.

Strategy, Information and Communications Sub-Committee

In 2014/15 the Strategy, Communication and Information Sub-Committee looked at a number of key areas of activity including the appropriateness of the WSAB web-site, the need for a prevention strategy, the delivery of a communication protocol and the working up of initial views on Adults in Need Conferences and a Safer Recruitment and Employment Policy for the Board.

Work on the Communications Protocol was completed prior to the dissolution of the Committee as part of the wider governance changes, the other activities will be carried forward by the Board or its sub-committees.

Safeguarding Adults Review Sub Committee

The work of the Safeguarding Adults Review Sub-Committee has as its primary focus, the management and oversight of Safeguarding Adult Reviews.
During 2014-15, the Safeguarding Adults Review Sub-Committee has made a number of key safeguarding achievements.

The implementation of the Care Act 2014 provided the opportunity to strengthen the focus of the sub-committee upon developing shared learning from safeguarding adults reviews, and other statutory and local reviews both locally and nationally, in order to improve local practice and service delivery.

This led to the revision of the Terms of Reference and membership, to ensure that the sub-committee is able to maximise the learning from SARs and other relevant reviews and is able to draw upon a range of resources and expertise across the safeguarding partnership.

During 2015-16 the sub-committee will be focusing on the following areas:
- To develop a mechanism to ensure that cases which would benefit from a local review are identified, in order to share learning and improve practice and outcomes for customers;

- To make recommendations to WSAB on any cases where the mandatory criteria for a SAR is understood to be met;
- To oversee and manage any SARs;
- To ensure that relevant learning from Domestic Homicide Reviews and Serious Case Reviews is shared with WSAB;
- To provide an interface with the Performance, Monitoring and Evaluation Sub-Committee where assurance activities are required following a formal review.

Policy, Procedures and Guidance Sub-Committee

The sub-committee was reconvened in June 2015. It has revised its terms of reference to focus on supporting customers and their carers to achieve their desired outcomes. Effective interagency policy, procedures and guidance on safeguarding consistent with principles of Making Safeguarding Personal will help to achieve this. The most significant achievement in relation to the sub committee's area of responsibility during 2014-15 was WCC's lead role to produce the West Midlands Safeguarding Adults Policy and Procedures (WMPP). The existing WMPP were subject to considerable revision to ensure Care Act compliance. The WSAB Governance Group was notified in March 2015 that externally commissioned work had failed to produce a satisfactory WMPP. Subsequent work was led by Edward Williams (Safeguarding Adults Short Term Team Operations manager) resulting in a Care Act compliant draft WMPP adopted by all West Midlands SABs by 1st April. The final version of the WMPP should be on the WSAB agenda in January 2016.
The 3 key elements in the 2015-16 work programme are:

- Embed the WMPP in practice across the partners in the WSAB through training, communication and performance management. There is a challenge for partners to provide evidence that they have implemented the WMPP in their organisations. There is a link with the training and performance sub committees;
- Collating evidence to assure the WSAB that the WMPP are used and achieve positive outcomes for people. There is a challenge to obtain the views of people regarding the outcomes they achieved. There is a link with the performance sub-committee;
- Establishing a consistent referral pathway and process from hospitals to the Safeguarding Adults Short Term Team. Pathways currently vary between hospitals and there is an opportunity for this to be consistent. The challenge will be to agree a single pathway between WCC and three different hospitals.

Sub-committee action plan for 2015-16 (appendix 6).

Workforce Development Sub Committee

A key achievement from the 2014-15 sub-committee work is the development of an Interagency Learning & Development Strategy which will be signed up to by all agencies. This strategy will form an appendix of the main WSAB strategy. The Sub-committee will then report into WSAB on a quarterly basis on the activity against the strategy, specifically in terms of single and multi-agency delivery and evaluation information about the quality of training delivery which will ensure WSAB can gain assurance that the workforce are being adequately trained across all partner

agencies. In 2014-15 we also revised the content of the Learning and Development Programmes to ensure compliance in line with the Care Act.

Key elements of the Work Programme for 2015-16 (appendix 7) focus on the development of an eLearning programme at an Awareness Level for all staff. This will be used as an induction programme for staff in partner agencies where relevant. Some Agencies have their own Safeguarding Adults induction programme already, but the content will be mirrored to ensure consistency where possible. Barriers to this are the delayed agreement of the Pan West Midlands procedures as the group are waiting for these to be finalised before fully developing the programme. We are currently at a stage of scoping existing materials for fit.

New Training on Self Neglect will be developed in line with the changes that have come into force as a result of the Care Act and increasing and maximising attendance on multi agency learning and development programmes is a key aim for 2015-16.

A further priority piece of work is outreach to third sector agencies in order to improve communication about learning and development offerings and encourage awareness and completion of recommended training. There is likely to be some barriers with regard to funding although the sub-committee will aim to mitigate against these by reviewing the charging policy and ensuring low cost access to training opportunities wherever possible.

The group will also review the Making Safeguarding Personal Toolkit and Materials to ensure the content of the training always promotes this ethos and the cultural shift required to mainstream MSP, looking at the Workforce as a whole and how to support them as they continue to progress, review and enhance their practice.

District and Borough Councils Sub-Committee

Introduction

The Districts Sub-Committee has been established since 2012 and meets around 6 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) and develop and deliver an Action Plan that builds awareness of the Safeguarding Adults' agenda and embeds this at district level.

At 31st March 2015 the group was also represented at the Workforce Development and Governance Sub-Committees.

The strategic objective of the group is "to ensure the safeguarding adult agenda is fully embedded in district and borough councils across Warwickshire."
Topics covered in the sub-committee include the revised DoLS arrangements, SCIE best practice guidance for housing staff, evaluation of benefits of merger of adults and children's districts sub-groups and review of data relating to district/borough referrals.

In addition, members of the sub-committee have been working to deliver the Action Plan for the 2014/15 period. Of the 55 individual actions, 35 have been completed, 12 remain incomplete and 8 were unknown.

Incomplete actions that remain relevant have been carried forward to the new District Council Sub Committee: Action Plan 2015/16 (appendix 8) with the group focused on embedding the importance of adult safeguarding across districts and boroughs and ensuring achievement of the action plan.

Principal Achievements 2014/15

Throughout 2014/15 the group has worked towards achieving its objective with significant achievements including:

- Evaluation of all districts and boroughs safeguarding policies and the agreement to work towards a single approach across Warwickshire, including a single multi-authority policy document;
- Completion of the protocol clarifying liaison and advice arrangements for district and borough councils with Warwickshire County Council. The document provides a named person to raise potential case concerns and issues with, and, where the internal named person requires specialist advice, it details a single point of contact within the County Council Safeguarding Adults team;
- Engagement with the county council Care Act workshops and sign up by all districts and boroughs to the Safe Places initiative.

Principal Aspirations 2015/16

The District Council Sub Committee: Action Plan 2015/16, an evolution of the previous plan maintains the focus on the delivery of the strategic objective of the group. The aim is to complete the work on the cross authority policy, develop the training 'offer' and improve understanding of safeguarding adults at district and borough level.

Summary

The sub-committee aspires to ensure the adult safeguarding agenda is understood and embedded in district and borough councils. All forthcoming work will focus on achieving this and the adoption of the single cross authority policy will be a significant milestone in this aspiration.

WSAB Membership Annual Reports

Warwickshire County Council

In 2014, Warwickshire County Council (WCC) introduced the One Organisational Plan, which brings together the organisational planning for 2014-18 and aligns it to the budget over that period. Two of the core outcomes of the One Organisational Plan support the promotion of safeguarding:

- "Our communities and individuals are safe and protected from harm, and are able to remain independent for longer";

- "The health and well-being of all in Warwickshire is protected".

Underpinned by the core outcome of "resources and services are targeted effectively and efficiently whether delivered by the local authority, commissioned or in partnership".

The most significant achievement during 2014-15 was WCC's lead role to produce the West Midlands Safeguarding Adults Policy and Procedures (WMPP). The existing WMPP were subject to considerable revision to ensure Care Act compliance. The WSAB Governance Group was notified in March 2015 that externally commissioned work had failed to produce a satisfactory WMPP. Subsequent work was led by Edward Williams (Safeguarding Adults Short Term Team Operations manager) resulting in a Care Act compliant draft WMPP adopted by all West Midlands SABs by 1st April.

Other significant achievements include:

- Tackling Violence Against Women and Girls (2015-18): In 2014/15, Warwickshire partners agreed a new strategy to bring together existing work to tackle domestic abuse and sexual violence with a new, broader approach that addresses all forms of violence against women and girls including forced marriage, stalking, female genital mutilation, sexual exploitation, trafficking and crimes in the name of honour. The strategy aims to ensure a more integrated and effective partnership response across four key objectives: prevention, provision, protection and partnership. In 2015/16, the focus will be on prevention: challenging the attitudes and behaviours which foster violence and intervening early where possible to prevent. A key project already underway is the implementation of the IRIS service across Warwickshire (a domestic violence training, support and referral programme for primary care staff);
- Tackling Hate Crime: In 2014/15, WCC commissioned a needs assessment by Warwick University on the prevalence of hate crime in Warwickshire. It found that only half of all hate crimes were reported to the police. A multi-agency event was held in March 2015 to refresh the Hate Crime Action Plan for 2015/16;
- Effective delivery of Domestic Homicide Reviews: 7 Domestic Homicide Reviews (DHRs) have been coordinated on behalf of the four Warwickshire Community Safety Partnerships since the legislation came into effect in 2011.

2014/15 was a key year in that a shared funding agreement was secured with partners to fund the work and appoint a dedicated DHR Officer; a successful DHR learning event was held; Sue Ingram was appointed to work with the children's and adults safeguarding boards in respect of DHRs; and the first DHR was completed;

- Implementation of ECINS: ECINS is a system which enables information sharing and more effective case management across partner agencies. During 2014-15, the system was successfully piloted and implemented countywide to manage Anti-Social Behaviour (ASB) cases, Priority Families and information sharing for DHRs;

- Trading Standards: Partnership working with three national banking groups to provide "early alert" to financial abuse of vulnerable adults to alert WCC when unusually large cash withdrawals are made. Significant amounts of money have been saved as a result. For example, an elderly female was prevented from paying £32,000 for guttering work (valued by our expert at £2,750). Over 20 Truecall devices to screen nuisance and scam calls for vulnerable Warwickshire residents. For one resident this device is blocking up to 200 nuisance calls per month. The device also provides valuable information on who makes the calls, enabling action to be taken. Repeat victims of scam mail are being are being identified and visited to warn them of the dangers of responding to scams. One 92 year old lady had lost over £24,000 on Australian lotteries; we ensured that her bank card was cancelled and her post was monitored by the local PCSO. The No Rogue Trader Zone project is a partnership between Trading Standards, Warwickshire Police and key stakeholders within local communities who share intelligence to protect vulnerable and older residents from becoming victims of rogue traders and bogus callers. Feedback from recent zones in Whitnash and Binley Woods shows 89% of respondents feel that their No Rogue Trader Zones is a success.

All Adult Social Care and Support (SCS) safeguarding procedures and practice guidance were reviewed to ensure Care Act compliance. A staff briefing on Making Safeguarding Personal (MSP) was communicated across the People Group. WCC completed the Local Government Association (LGA) MSP impact survey. An LGA consultant was engaged to present on MSP to WSAB members in February 2015. A new SCS case file audit tool was implemented in May 2015 including a detailed safeguarding audit compliant with MSP.

Person-centred safeguarding practice has been at the heart of operational and service development, particularly over the last 5 years. The dedicated adult safeguarding team was established in 2010 has since seen a gradual expansion of role and function. A key operating principle of the team is "to work alongside service users & carers, including those people who direct their own support or who fund their own care, to promote empowerment and wellbeing, enable positive risk taking, and enable people to develop resilience and strategies to keep themselves safe and prevent risk of abuse or neglect." The team directly undertook 79% of all screening assessments of adult safeguarding concerns in 2014-15, and 68% of all adult safeguarding Enquiries in 2014-15. The remaining adult safeguarding work was undertaken by other social work teams with the adult safeguarding team providing case management oversight.

The MSP sector outcomes measure for safeguarding adults is:

- The number and percentage of people experiencing adult safeguarding enquiries who define the outcomes they want; and
- The number and percentage of people whose expressed outcomes are fully or partly met.

WCC Adult Social Care has piloted very similar outcome measures recording since 2010. Local outcomes pilot results based on 135 adults in 2014-15 are:

- It was possible to gain the desired outcomes of 111 (82%) of these adults at the start or later in the adult safeguarding process;
- Of these 111 adults, it was possible to review whether the adult had been supported to achieve these outcomes in 94 cases – 70% of the total;
- Of these 94 adults, 79 (84%) felt they had been supported to fully achieve the outcomes they expressed, and 15 (16%) partly achieved the outcomes they expressed. No-one felt their outcomes had not been achieved;
- Of these 94 adults, 61 (65%) felt safer than before the enquiry, 26 (28%) felt partly safer, and 7 (7%) of people did not feel any safer.

The Community Safety and Substance Misuse Team undertook a Care Act impact assessment to ensure that prevention and the principle of wellbeing underpins its activity and commissioned services. Over the coming months, commissioners will undertake work with services to ensure compliance with the Act as well as other safeguarding policies and procedures.

MSP will be embedded through safeguarding adults training, practice guidance including more communication to staff on MSP. This will build on progress to further embed outcome focussed and person centred adult safeguarding practice within all adult social care social work teams. WCC will mainstream personalised outcomes recording and reporting measures within new adult safeguarding recording frameworks in Mosaic database implementation - in preparation for mandatory reporting in 2015-16. WCC will benchmark performance and seek to develop PIs. WCC will continue to work with the SAB on the MSP agenda, and engage with partners to see how MSP approaches can be embedded in practice. This includes participation in developing a Multi-Agency Safeguarding Hub in a two stage approach with children being the initial focus.

The draft WMPP will be developed into a final version by autumn 2015 to coincide with the release of version 2 of the Care Act statutory guidance.

Warwickshire Fire and Rescue Service (WFRS) are committed in supporting the safeguarding of both vulnerable adults and children and are in the process of or have delivered the following points within the Service during this year:

- WFRS have created a robust policy, supported WCC and WSCB, endorsed by senior officers, (CFO, DCFO, ACO) that details the Service's intention, policy and procedures in being committed in protecting the adults and young people in Warwickshire;

- WFRS have designated both a lead and deputy Safeguarding officers, both who will have received WSAB 'Newly Appointed Safeguarding Lead' training by the end of the year 2015, one course in June, one course in September;
- WFRS have started on a programme of educating all staff, starting with front line fire fighters, undergoing training from an external trainer with an approved WSCB course, we currently have 5 sessions left out of the 22 sessions that were programmed in;
- A further date of 10th September will start Phase 2, which is to educate all support staff within the service;
- WFRS have identified 3 key staff who will have the authority to arrange the DBS checks on current staff that under take further duties in engaging with both young people and adult's, BIKE team, ASBIT, SFU.

The emerging Care Act requirements are currently being looked at with a view to how best WFRS can support and best deliver services and help the most vulnerable in our communities, by the services we provide to the new partnerships that we can develop. Once the areas are identified, an action plan will be devised to assist in the delivery of these throughout the Service.

Over the next year WFRS will work with HR to ensure that both child protection and adult safeguarding responsibilities are identified and recorded in all job descriptions and are also spoken about and referred to in the induction of all new staff members into the service.

Further work will be carried out with WFRS Training Department to ensure safeguarding is one of the many key attributes of a fire fighter by creating a CBT (Computer Based Training) to further support the policy and procedure over the next year, to refresh fire fighters on their responsibilities.

Warwickshire NHS Clinical Commissioning Groups (CCGs)
(South Warwickshire NHS CCG, North Warwickshire NHS CCG, Coventry and Rugby NHS CCG)

During 2014/15 the three CCGs received funding from NHSE to support awareness raising/training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguard (DoLS) requirements. A work plan was subsequently devised by the CCGs to take this agenda forward across Health providers. During 2014/15 training was delivered to GP practices across Warwickshire and guidance to support the MCA has been developed to aid practitioners within Health more generally. An audit tool has been developed to measure compliance with MCA/DoLS within the acute providers and a working group has been established to share best practice. Themed reviews are carried out by the CCGs to gain assurance that MCA/DoLS is being appropriately implemented.

The PREVENT agenda was also taken forward and each CCG has an identified PREVENT Lead who attends regional and local forums. All CCG staff have received PREVENT awareness training and this has been added to the statutory and mandatory training programme.

In preparation for implementing the Care Act the CCGs have identified a Designated Adult Safeguarding Manager (DASM) to ensure agencies work more closely together and share information. The CCGs ensure providers meet their responsibilities through commissioning arrangements. Compliance with the Care Act is now within the NHS Standard Contract and included in the Key Performance Indicators (KPIs).

Given the changes to the WSAB as a result of the Care Act, representation at the Board and at sub-committees has been reviewed, and CCG input is provided to the Governance Group, as well as a number of sub-committees: - Safeguarding Adult Review (Tracy Redgate is Vice Chair); Workforce Development; Performance, Monitoring and Evaluation; Policy and Procedures.

NHS England has revised their Serious Incident framework. This places a greater responsibility on commissioners to assure themselves that all incidents are appropriately reviewed and serious incidents are appropriately identified and reported for root cause analysis. The changes in definitions for safeguarding criteria may result in serious incidents being identified for investigation under the new NHS Serious Incident Framework. Work is required with the Local Authority to ensure multi-agency systems and processes appropriately support this.

The CCG Lead Nurse for safeguarding adults has been part of the Making Safeguarding Personal agenda and has attended workshops alongside LA colleagues. As commissioners of care, CCGs are already taking action to support Making Safeguarding Personal. Individuals assessed and cared for by Health are assessed holistically, and clinicians work with the individual and their carers to provide positive interventions. Individuals are involved in decision making and are supported by advocacy services, if appropriate. When decisions regarding care are being made MCA principles are applied and decisions are made in the best interest of the individual. Increasingly, individuals are being given the opportunity to be in control of their care and support via Personal Heath Budgets and assurance about safeguarding is a critical part of the process of determining the appropriateness of a PHB or nature of the care to be provided.

For 2015/16 the focus on this area will be strengthened with an increasing focus on Personal Health Budgets for a wider range of individuals. Themes reviews to providers will also increasingly consider the extent to which Making Safeguarding Personal is embedded in clinical practice.

Coventry and Warwickshire Partnership Trust

Coventry and Warwickshire Partnership NHS Trust was formed in 1996 with the merging of the Mental Health and Learning Disability aspects of Coventry, North Warwickshire and South Warwickshire PCT's. The portfolio of services was further expanded to include physical health community services in Coventry 2011.

Spanning a wide geographical area the Trust is an active participant of the Local Safeguarding Boards for both Children and Adults across Coventry, Warwickshire and Solihull and is engaged with relevant associated sub groups.

Over the last year the Trust has been an active member of the Coventry MASH and Domestic Violence Screening process. Our clinicians, clinical leadership team and the safeguarding team have all taken significant learning from our involvement in this recent national development placing us in an improved position to support the development of the Warwickshire MASH.

In response to the increased concerns locally and nationally the Trust has developed our Safeguarding training offer to include training on Child Sexual Exploitation. A further area of development has been to raise staff awareness of the Serious Case Reviews process and importantly how to take the learning from these reviews and apply them to practice.

The Trust continues to build skills in staff in performing their roles and has significantly improved its Child Protection Supervision process. The Trust has updated its policy and recently recruited additional staff to support an increase access to Child Protection Supervision. This will support both adult and children's practitioners alike as we embed the message associated with 'think family'.

During 2014/15 Coventry and Warwickshire Partnership NHS Trust aimed to maintain the current performance of safeguarding whilst further developing the safeguarding practices and activities within the Trust. The implementation of the new Care Act (2014) and embedding the West Midland Policy and Procedures for Safeguarding into all services remains a key priority.

South Warwickshire NHS Foundation Trust

South Warwickshire NHS Foundation Trust is a high performing integrated Trust. The Trust was originally established in November 1992 and integrated with the community in 2011. It incorporates hospitals in Warwick, Stratford-upon-Avon, Shipston-upon-Stour and Royal Leamington Spa, providing acute services for the geographical area of South Warwickshire, a population of approximately 270,000. Our community services operate out of a number of clinics, and provide services to a population of 550,000 stretching cross the whole of Warwickshire.

The financial year 2014-15 has seen the Trust complete a Gap Analysis by mapping CQC, WMQRS and WSAB standards, this piece of work identified several areas where the Trust needed to develop policies to meet the standards and develop further training for staff in Safeguarding Adults. All Policies that were identified as missing have been created and approved by the Trusts internal procedures. The Trust has seen a significant rise in DoLS applications (67%) in the past 12 months following the Cheshire West case. Changes following the case have given rise to extra education changes.

The Care Act (2014) has seen the Trust develop its safeguarding training to include making safeguarding personal, the aim of including this in the training was to develop staff to ensure that safeguarding arrangements are in place throughout the Trust. Everyone has the right to live their lives free from violence and abuse. The Trust as part of the Policy and Procedures sub group is developing a generic referral form with partner agencies in the hope of standardising the information that the Local Authority receives.

Warwickshire and West Mercia Community Rehabilitation Company

The past year has been one of considerable change for probation with the separation of the service into two from 1st June 2014 so creating the Warwickshire and West Mercia Community Rehabilitation Company (CRC), and the local Midlands division of the National Probation Service. Within the CRC the focus continues to be on recognising, responding, and reporting on adults at risk of abuse. Through the supervision of offenders we may encounter individuals who may be considered to be 'adults at risk'. Offender managers within the CRC, both through the assessment processes and through ongoing offender supervision, routinely check for any concerns in relation to the potential vulnerabilities of offenders under their supervision, or in relation to offenders as perpetrators. A revision of Safeguarding Adults policy and procedures has taken place in recognition of the need to establish consistency across the newly formed CRC.

With the introduction of the Care Act the CRC is not identified as being a core member of Safeguarding Adults Board but within Warwickshire the CRC will continue to be represented as a relevant body. The Care Act has also clarified the arrangements for social care assessments for those held in custody which is of particular relevance to the CRC as it has responsibility for the new Through the Gate services at HMP Hewell and HMP Featherstone. It is anticipated that the majority of offenders being released from custody back to Warwickshire will be released from these two institutions. The establishment of these arrangements should provide a good basis for the exchange of information and good practice in relation to the safeguarding of adults.
There have been limited developments to date with regard to Making Safeguarding Personal within the CRC but it is anticipated that increased understanding of this approach will be incorporated within the organisation in the coming year.

Warwickshire Police

Warwickshire Police is committed to reviewing and developing working practices across the organisation to ensure the principles and objectives of the Care Act are met. This has resulted in the publication of the Adult Safeguarding Action Plan led by a Detective Chief Inspector from the specialist Protective Services Department. The plan clearly details the activity to improve adult safeguarding across both Warwickshire and West Mercia Police areas. Work has already commenced on progressing the Action Plan for example by ensuring a more consistent approach to the management of adult safeguarding with the introduction of a universal referral form and electronic risk assessments. This has resulted in improving the consistency and identification of risk levels.

Warwickshire Police have conducted a review of training provided to future and current staff in relation to adult safeguarding. This has resulted in the implementation of the 13 Strands of Public Protection which is being incorporated into all 'new to post' courses from June 2015 onwards. The training has been devised by the College of Policing and incorporates a number of aspects of adult safeguarding. The training is included in Initial Police Training, Detective Training and Serious Crime Management. For current staff a 'Vulnerability and Professional Curiosity' training

package is being devised in conjunction with the University of Worcester. The training package will be launched in September 2015 and will be informed by the Care Act 2014. This investment in staff will ensure increased awareness and appropriate intervention in safeguarding matters by Warwickshire Police.

There are already a number of systems in place within Warwickshire Police which support 'Making Safeguarding Personal'. The Victim's Code is adhered to for all those who report crime, as such a vulnerable person reporting crime is entitled to updates as to the progress of the investigation, has explained to them the opportunity to provide a victim personal statement that describes the impact of the crime on them, and can report complaints or compliments to the police online, by phone or in person at the police station. Victims, relatives and carers also have access to information on-line which allows them to determine how they may wish to proceed with a safeguarding issue. The recently re-launched Warwickshire Police website provides information about agencies who can support victims of crime. There is also information covering 'On line' crime advice for adults, adult safety, domestic violence and abuse, and rape and sexual crimes. Information on protecting adults includes the Mental Health Crisis Care Concordat and Dementia Friends. This information empowers people to make informed decisions about how they wish to address a safeguarding issue either via the Police or other support agencies.

Age UK Warwickshire

Safeguarding Adults - The Care Act
Making Safeguarding Personal

The focus of Age UK Warwickshire's approach to Safeguarding Adults has always had the individual at the very centre of the process. This person-centred approach focuses on the premise that involvement and an improvement in their circumstances can be the ultimate aim, rather than just investigation and conclusion. We have established procedures which ensure that counselling and/or emotional support is offered and we continue to work with individuals, long after the formal process.

It is now essential that as in the guidelines "Making Safeguarding Personal" (Local Government Associations January 2015) we follow the prescribed outcomes in order to more effectively evidence the results of interventions/outcomes:

- Numbers of individuals and percentage referred to service who define the outcomes they want achieved; and
- The number and percentage of individuals where the outcomes are fully or partly met.

Training

Within Age UK Warwickshire's Safeguarding Adults mandatory training programme, (annually updated for front line staff), staff and volunteers are trained to recognise abused, neglected or exploited individuals whether actual or potential, and to fully understand their responsibility to report concerns immediately as defined in Age UK Warwickshire Safeguarding Adults policy and procedures.

Staff and volunteers are made aware of the importance of their own roles in securing positive outcomes for the individual, and of the consequences that may arise should they fail to act.

Competence in Age UK Warwickshire's training programme with evaluation and feedback ensures that all staff and volunteers understand exactly what safeguarding is, their individual roles in the safeguarding procedures, recognise when an adult is potentially in need of safeguarding and to understand the process of making an alert. Dignity and respect for the individual at what is an extremely difficult time is essential as well as a calm, knowledgeable and understanding approach.

Our Chief Executive takes ultimate responsibility of ensuring that Age UK Warwickshire is, at every level fully committed to safeguarding adults and that Age UK Warwickshire has in place appropriate systems and resources to support this work as part of an inter-agency agreement as laid down by Warwickshire County Council Safeguarding Adults policies.

University Hospitals Coventry and Warwickshire NHS Trust

The hospitals most significant step towards better safeguarding adults in hospital this year has been the initiation of the plan to introduce the Enhanced Care Team. This is a team of enhanced care workers who will work within the Safeguarding team to care for vulnerable patients with enhanced care needs. These will be the patients from groups who can experience difficulties and distress in hospital, patients with dementia, learning difficulties, communication problems and/or complex conditions.

These patients required enhanced care with an emphasis on knowing the person as an individual, learning about their preference and supporting them in their choices, while offering support and reassurance for as long as they require it. The enhanced care workers will also get to know the patients families/supporters to forge partnerships and better communication and better discharge planning.

The Care Act 2015 has had an impact on the organisation with the different requirements such as the identification of Designated Adult Safeguarding Managers (DASM's) and the need to ensure all documentation is Care Act compliant and scrutiny around this continues.

However, other requirements such as making the process a person-centred approach compliments the way health care as well as social care should be moving. Particularly around the treatment and care while in hospital being based on risk assessment not risk avoidance, which emphasises an individual's preferences, circumstances, and lifestyles and a move towards supporting people with risky choices. Also recognising the wellbeing of carers as well as patients and taking their needs into account.

Making Safeguarding Personal (MSP) within the hospital fits well with the ethos of person-centred care which is emphasised in every recent government document around treatment and care. It is an easy concept to talk about but not so easy to do. In the hospital setting it is about really getting to know the person from the outset by

talking and particularly listening to the person and their supporters. Taking time to carefully exchange information with the person to find the best outcome for them and if they are not able to make their own decision to be informed by their life story to understand what they would choose if they could. To support the person with risky options if preferred, but offer flexible safety nets.

This work will continue with the introduction of the previously mentioned Enhanced Care Team, who should be in post from October of this year. The team will be able to support the most vulnerable of patients and support them and their families through the difficult hospital journey. Each patient will have a blue pillow case, a getting to know me form, a personalised activity plan and an enhanced care worker who knows them and cares for them.

Appendix 1

8. Membership

8.1 Schedule 2 of the Care Act 2014 defines which agencies must be members of the Board. In addition, the Board may include such other persons as the Council considers appropriate having consulted its partners from the Police and the clinical commissioning groups.

8.2 The members of WSAB are:

- The Independent Chair;
- Warwickshire County Council;
- Warwickshire Police;
- The National Probation Service;
- The Warwickshire and West Mercia Community Rehabilitation Company;
- Warwickshire Fire and Rescue Service;
- Warwickshire District and Borough Councils;
- Warwickshire North, South Warwickshire and Coventry and Rugby Clinical Commissioning Groups (3) (Commissioning);
- The Care Quality Commission;
- NHS England (Commissioning);
- Coventry and Warwickshire NHS Partnership Trust (Provider);
- South Warwickshire NHS Foundation Trust (Provider);
- University Hospitals Coventry and Warwickshire NHS Trust (Provider);
- George Eliot Hospital NHS Trust (Provider);
- Age UK Warwickshire;
- West Midlands Ambulance Service;
- Healthwatch.

The Council will have 7 representatives – currently:

- Director of Adult Social Services;
- Head of Social Care and Support;
- Head of Safeguarding;
- Head of Strategic Commissioning'
- Head of Service for Localities and Community Safety;
- Director of Public Health;
- The Lead Cabinet Member for Social Care.

Each other member will have one representative.

Unless present as a member representative, the Chairs of the WSAB Sub-Committees will be members of the SAB.

The WSAB will be chaired by an Independent Chair and a designated Vice-Chair will be confirmed by the local authority Chief Executive on the recommendation of the Chair.

The WSAB Business Manager will attend all meetings to provide professional advice to the Board.

The Lead Nurse, Safeguarding Adults Warwickshire will receive agenda and papers and attend as required to provide professional advice to the Board.

The Legal Advisor to the Board will consider Agenda papers and attend as required to provide professional advice to the Board.

8.3 Each Board member must appoint a person to represent it on the Board. This should be a named person in a senior strategic lead position within the organisation to ensure consistency and continuity.

8.4 Representatives will need to be people with a strategic role in relation to safeguarding and promoting the welfare of adults within their organisation. They should be able to:

- Speak for their organisation with authority;
- Commit their organisation on policy and practice matters;
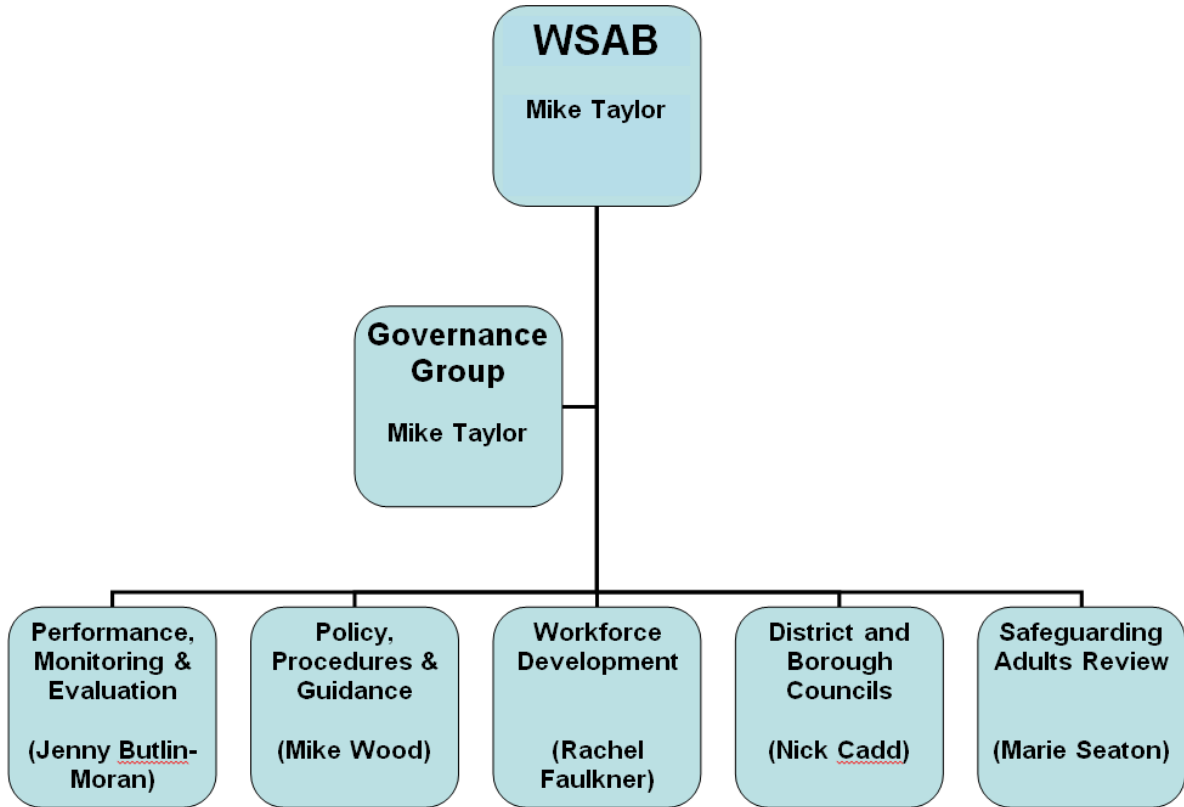- Hold their organisation to account.

8.5 In the event that their representative is unable to attend meetings, Board members are required to nominate a suitable alternative representative who has the authority to commit their organisation to decisions.

8.6 At the discretion of the Chair of the Board, observers can attend Board meetings. Observers are interested individuals who have been invited to attend Board meetings. At the discretion of the Chair of the Board observers can address the meeting, but they are not members of the Board and cannot vote.

Appendix 2

WSAB Governance/Structure

Warwickshire Safeguarding Adults Board Structure (April 2015)

WSAB

Mike Taylor

Governance Group

Mike Taylor

| Performance, Monitoring & Evaluation (Jenny Butlin-Moran) | Policy, Procedures & Guidance (Mike Wood) | Workforce Development (Rachel Faulkner) | District and Borough Councils (Nick Cadd) | Safeguarding Adults Review (Marie Seaton) |

Appendix 3

WSAB Business Plan 2015-16

No	Priority	Action Owner	Timescales	Success Measure
1	Updated Adult Safeguarding Policies and Procedures are in place to enable staff in all agencies to work to an appropriate and consistent policy context	Policies, Procedures and Guidance Sub-Committee	April 2015	Policies and Procedures are approved and adopted by WSAB
2	Produce a Workforce Development Strategy and associated multi-agency training programmes	Workforce Development Sub-Committee	April – July 2015	Workforce Development Strategy and training and development programmes approved by WSAB and implemented
3	Produce a Communications Strategy	Governance Group	April – July 2015	Communications Strategy approved by WSAB
4	Review and update the WSAB website	Governance Group	2015	WSAB website is delivered and operational during 2015
5	Review the audit and performance programme	Performance, Monitoring and Evaluation Sub-Committee	April – July 2015	Refined audit and performance programme adopted by WSAB
6	Improve community involvement in reviewing the WSAB Strategic Plan for 2016 and beyond	Governance Group	2015-16	Evidenced engagement with the community informing future WSAB strategic plans

7	WSAB to oversee the implementation of the principles embedded in 'Making Safeguarding' Personal	Governance Group	2015-16	Partners submit action plans and progress reports to WSAB that reflect how agencies are embedding the principles of Making Safeguarding Personal within their organisation
8	Develop a WSAB Prevention Strategy	Governance Group	2015	People at risk are identified at an early stage and offered appropriate advice and support before a crisis develops
9	Further develop reporting systems to increase WSAB understanding of the statistical data collected	Performance, Monitoring and Evaluation Sub-Committee	2015	More refined and targeted statistical data reported at WSAB
10	Review national published Safeguarding Adult reviews (SAR's) and emerging case law and implications for practice, and advise WSAB	Safeguarding Adults Review Sub-Committee	2015-16	Lessons learned from SAR's shared at WSAB and used to inform developing practice and workforce development training programmes

Appendix 4

Safeguarding Adults Return (SAR) First Submission Summary

<u>Safeguarding Adults Return 2014/15</u>
<u>For the collection period 1st April 2014 to 31st March 2015</u>

<u>SG1: Demographics - Count of individuals at risk for referrals opened during the reporting period</u>

These tables count the number of individuals split out by each of the below categories
SG1a - By age
SG1b - By gender
SG1c - By ethnicity
SG1d - By primary support reason
SG1e - By reported health conditions

<u>Notes</u>
Individuals should only be included once in each of the tables SG1a, SG1b, SG1c, SG1d

Individuals can be included more than once in table SG1e
Only two categories in table SG1e are mandatory for 14-15. These are highlighted in yellow.

	18-64	65-74	75-84	85-94	95+	Age Unknown
Table SG1a			Number of individuals by age			
Classification	**18-64**	**65-74**	**75-84**	**85-94**	**95+**	**Age Unknown**
Already known to CASSR	128	48	75	112	13	0
Previously unknown to CASSR	115	26	36	36	3	7

	M	F	
Table SG1b	Number of Individuals by gender		
Classification	**Male**	**Female**	**Gender Unknown**
Already known to CASSR	150	226	0
Previously unknown to CASSR	80	143	0

Table SG1c	Number of individuals by ethnicity					
Classification	**White**	**Mixed / Multiple**	**Asian / Asian British**	**Black / African / Caribbean / Black British**	**Other Ethnic Group**	**No Data**
Already known to CASSR	338	1	8	3	1	25
Previously unknown to CASSR	157	0	6	2	1	57

Table SG1d	Number of individuals by primary support reason						
Classification	**Physical Support**	**Sensory Support**	**Support with Memory & Cognition**	**Learning Disability Support**	**Mental Health Support**	**Social Support**	**No Support Reason**
Already known to CASSR	151	5	72	72	24	26	26
Previously unknown to CASSR	17	0	6	1	53	11	135

Already known   Not known

Table SG1e	Number of individuals by reported health conditions		
Classification	**Sub-Class**	**Already known to CASSR**	**Previously unknown to CASSR**
Long Term Health condition - Physical	**Chronic Obstructive Pulmonary Disease**	9	0
Long Term Health condition - Physical	**Cancer**	5	1
Long Term Health condition - Physical	**Acquired Physical Injury**	10	1
Long Term Health condition - Physical	**HIV / AIDS**	0	0
Long Term Health condition - Physical	**Other**	113	19
Long Term Health condition - Neurological	**Stroke**	13	2
Long Term Health condition - Neurological	**Parkinson's**	9	0
Long Term Health condition - Neurological	**Motor Neurone Disease**	0	0
Long Term Health condition - Neurological	**Acquired Brain Injury**	2	1
Long Term Health condition - Neurological	**Other**	18	4
Sensory Impairment	**Visually impaired**	8	1
Sensory Impairment	**Hearing impaired**	5	3
Sensory Impairment	**Other**	0	1
Learning, Developmental or Intellectual Disability	**Learning Disability**	45	4
Learning, Developmental or Intellectual Disability	**Autism (excluding Asperger's Syndrome / High Functioning Autism)**	12	1
Learning, Developmental or Intellectual Disability	**Asperger's Syndrome/ High Functioning Autism**	4	1
Learning, Developmental or Intellectual Disability	**Other**	3	1
Mental Health Condition	**Dementia**	54	11
Mental Health Condition	**Other**	18	8
No Relevant Long-Term Health Conditions	**None**	0	0

SG3: Case details - Count of referrals that concluded during the reporting period

These tables count the number of concluded referrals that involved each of the below categories

SG3a - By type of risk
SG3b - By location of risk
SG3c - By action and result
SG3d - By conclusion

Notes
More than one entry per concluded referral can be entered into these tables

Social   Known   Stranger

Table SG3a	Source of risk		
Type of risk	**Social Care Support**	**Other - Known to Individual**	**Other - Unknown to Individual**
Physical	52	135	7
Sexual	5	29	6
Psychological and Emotional	34	128	4
Financial and Material	44	154	19
Neglect and Omission	68	36	1
Discriminatory	3	2	1
Institutional	8	7	1

Table SG3b	Source of risk		
Location of risk	**Social Care Support**	**Other - Known to Individual**	**Other - Unknown to Individual**
Care Home	105	46	3
Hospital	1	15	7
Own Home	66	263	17
Community Service	6	14	1
Other	12	56	7

Table SG3c Action and Result	Source of risk Social Care Support	Other - Known to Individual	Other - Unknown to Individual
No Action Taken	69	133	10
Action taken and risk remains	1	30	2
Action taken and risk reduced	60	149	20
Action taken and risk removed	55	68	1

Table SG3d Conclusion	Source of risk Social Care Support	Other - Known to Individual	Other - Unknown to Individual
Fully Substantiated	50	111	11
Partially Substantiated	26	60	2
Inconclusive	25	55	8
Not Substantiated	80	118	11
Investigation Ceased	4	36	1

SG6: Mental capacity - Count of referrals that concluded during the reporting period

This table counts the number of concluded referrals split out by age of the individual at risk and by their mental capacity

Notes

If your council opens separate referrals for each individual at risk, there should be one entry per concluded referral in this table.
If your council has referrals which relate to more than one individual at risk, there should be multiple entries per concluded referral in this table.

Table SG6	Number of concluded referrals					
Was the individual lacking capacity?	**18-64**	**65-74**	**75-84**	**85-94**	**95+**	**Age Unknown**
Yes	31	15	33	48	7	0
No	134	47	52	55	9	1
Don't know	68	14	23	27	7	1
Not recorded	9	5	4	1	0	0
Of the concluded referrals recorded as yes in row 1, in how many of these cases was support provided?	29	13	31	43	7	0

SG7: Serious case reviews

These tables show details of serious case reviews (SCRs) and indicate whether any individuals died as a result of the abuse that had been investigated

SG7a - Count of serious case reviews

SG7b - Count of individuals at risk involved in serious case reviews

Table SG7a	Number of SCRs
Type	
Where one or more individual died	0
Other	0

Table SG7b	Number of individuals involved in serious case reviews by age					
Type	**18-64**	**65-74**	**75-84**	**85-94**	**95+**	**Age Unknown**
Who died	0	0	0	0	0	0
Other	0	0	0	0	0	0

Appendix 5

WSAB Performance Monitoring and Evaluation Workplan –July 2015

Objectives	Measurable Objectives	Action Plan	Person Responsible	Completion Date
Key Task 1: 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	New draft outline of Safeguarding Adults dataset to be presented to WSAB in July 2015
Key Task 2: Undertake multi-agency audit activity on areas identified by WSAB	Outcomes from audits undertaken	• To formulate a schedule of audits to be presented at Sub-Committee meetings • To share the key issues with WSAB as appropriate	Chair and members of Sub-Committee	Schedule to be devised in July 2015 Updates to be provided in update at WSAB meetings
Key task 3 Produce a risk assessment framework for SAB		• Risk assessment framework identified • Risk assessment framework agreed by WSAB • Risk assessment framework applied and updated	Chair and members of Sub-Committee	To be presented to WSAB in July 2015

Appendix 6

WSAB Policy, Procedures and Guidance Sub-Committee

ID	Priority	Milestones	Date	Lead	Status	Success Measure
1.0	WSAB Strategic Plan Priority: Updated Adult Safeguarding Policies and Procedures are in place to enable staff in all agencies to work to an appropriate and consistent policy context	Policies and Procedures are approved and adopted by WSAB	April 2015	Sub-Committee	Completed	Policies and Procedures are approved and adopted by WSAB
1.1	Review implications of refreshed Care Act Guidance	Changes in guidance and their implications for the WMPP are identified	November 2015	Sub-Committee		Work to update the WMPP can start
1.2	Final Version West Midlands Adult Safeguarding Policies and Procedures (WMPP) are in place to enable staff in all agencies to work to an appropriate and consistent policy context	Final Version WMPP are approved and adopted by WSAB	January 2016	Sub-Committee		Final Version WMPP are approved and adopted by WSAB
1.3	Embed WMPP in: Policies, procedures and practice guidance	Checklist Agreed	September 2015	Mike J Wood		WSAB agrees that partners have evidence that the

ID	Priority	Milestones	Date	Lead	Status	Success Measure
	Training Communications Practice	Checklist completed by partners	December 2015	Mike J Wood		WMPP is embedded in their organisations
		Evidence received from Workforce Development Sub Committee regarding embedding WMPP in training	December 2015	Rachel Faulkner (Training Sub-Committee)		Safeguarding Adults training takes full account of WMPP
1.4	Assurance that WMPP are used and achieving positive outcomes	Evidence that WMPP are used and achieving positive outcomes in practice received from Performance, Monitoring and Evaluation Sub-Committee	December 2015	Jenny Butlin-Moran		Evidence approved by WSAB
2.0	Alerter's Guide	Final version completed	30 July 2015	Edward Williams		Alerter's Guide is approved and adopted by WSAB
3.0	WSAB Escalation process	Updated version agreed	November 2015	Stephen James		Escalation process is approved and adopted by WSAB

ID	Priority	Milestones	Date	Lead	Status	Success Measure
4.0	Referral pathway and process from hospitals	Draft pathway and process completed	September 2015	Edward Williams		Pathway and process is approved and adopted by WSAB
		Final pathway and process agreed	December 2015	Edward Williams		

Appendix 7

Warwickshire Safeguarding Adults Board Workforce Development Sub Committee Action Plan 2015-16

Development of an Interagency Learning & Development Strategy	• Write Strategy • Circulate to Partners • Gain ratification from WSAB • Monitor Agency Sign up and Activity in line with Strategy • Report to Board as required	• Draft strategy completed • Final review by subgroups with feedback received by 1st week in September, final draft to Governance Group on 24th September • Published version to go out in w/b 5th October with a view to getting the agency commitment signed off • The Strategy would then be revised on a frequency aligned to the Board's Strategy a 3 year profile with an 'update' on an annual basis	RF/LG	October 2015		Amber
Interagency Learning & Development Plan	• Scope Learning needs across partner agencies to develop a L&D plan for delivery for 2015-16	• Google form sent out to partner agencies, limited response received	LG	Middle of March	Mar 2015	Green

		• L&D plan developed at Sub Group Meeting				(green)
	• Commission required Learning & Development Interventions and manage and monitor allocated budget	• Levels 1-3 commissioned • Some delay on commissioning eLearning - Awaiting PAN WM procedures • Currently scoping existing eLearning offerings • New programme on Self Neglect to be scoped	LG	December 2015		Amber
	• Agree Charging Policy for events to non-contributory partners	• Agree charges for non-contributory agencies	RF/LG	October 2015		
Engage with Third Sector Agencies to offer learning and development opportunities	• Analyse 3rd sector agencies whom do not routinely access Safeguarding Learning & Development due to the potential levels of risk in this area	• 08.10.14 List drafted of third sector agencies • Further work required to expand list of agencies and contacts - MN and RF to meet • Flyer to be drafted and sent to agencies	RF/MN	February 2016		Amber

Evaluation and Quality Assurance of Learning & Development Plan	• Ensure Learning & Development Interventions are Quality Assured • Ensure Learning & Development Interventions are well evaluated - Conduct Level Three Evaluation • Maximise attendance at multi agency events	• Quality Assurance - attend multi-agency training to observe - inbuilt into WCC QA procedure, continuous improvement and development in line with changes to policy and strategy • Level One Evaluations reviewed and acted upon where necessary on an ongoing basis • Level Three Evaluation to be conducted	LG	February 2016		Amber
Making Safeguarding Personal	• Review learning and development to ensure that MSP is intrinsic and supports the cultural change needed to embed MSP • Review the workforce requirements of MSP and how the subgroup can support required organisational and change	• Work to be scoped at next meeting, October 2015	RF/LG	March 2016		

Thematic Approach (to monitor emerging themes)	• Sub Group Members to timetable regular thematic and service updates to bring to the group any key areas of activity/research findings/actions within their Agency in order for the Group to agree whether there is any interagency Learning and Development Implications	• Ongoing	All	April 2016		Amber
Attendance of Adults WFD Sub Group	• Attendance at the sub group to be maximised and monitored to ensure all Partner Agencies are represented	• Monitoring form devised • Annual Submission to Steve James for feedback to WSAB	TJ	October 2015		Amber
Reporting to WSAB	• Activity Data - Completions of Single and Multi-Agency Training and Evaluation Information to be reported to WSAB quarterly	• Work to be scoped at next meeting, October 2015	LG	October 2015		

Appendix 8

District Council Sub-Committee: Action Plan 2015/16

Objective	Measurable Outcomes	Action Required	Responsibility	Target Completion Date
Key Task 1: Launch of Multi Agency Protocol For Joint Risk Assessing and Sharing Information About Vulnerable Tenants and Applicants	• Protocol launch date • Delivery of training to all relevant teams • Number of cases referred under the Protocol	• Joint training delivered by housing and adult teams supported by WACB • Protocol implemented operationally • Training on Mental Capacity Act for frontline teams	District Subgroup Chair of Safeguarding Adults Board and DC & BC Board District Subgroup and Adult Services District Subgroup and Adult Services (do we need to specify a tier of management?)	Completion of training – End of December 2015 Protocol go-live date - End of March 2016 Compete training by end December 2015
Key Task 2: Ensure each DC/BC has a	• Statements Care Act compliant • Practices are flexible and readily updated in	• Review all District Safeguarding Adults Policies to ensure compliance with Care Act • Consider value of single DC/BC	District Subgroup	Completion of review by June 2015

Objective	Measurable Outcomes	Action Required	Responsibility	Target Completion Date
policy statement relating to adult safeguarding	response to new legislation • Consistent approach across County	Safeguarding Policy Statement • Rewrite Policy Statements as appropriate		Evaluate by June 2015 Rewrite and approve by August 2015
Key Task 4: Maintain fit for purpose training plans within each DC/BC	• Training Plans in place in each district council	• Introduce recruitment checklists to identify which posts will require training when new staff appointed using competencies framework	District Subgroup leads	Complete by end April 2015
Key Task 5: Update and maintain robust safeguarding information on each DC/BC website	• Agreed minimum standard of information to be held • Annual reassessment of standard • Annual audit of website information	• Complete audit of existing website information • Ensure website contains information on policy statement (see Key Task 2)	District Subgroup	Annual to be completed by end of April 2016 All to be adopted/published - end December 2016
Key Task 7: Create	• Hold meetings in each DC & BC with Registered Providers introducing them	• Achieve greater understanding of local strategic and operational approach to partner Registered	District Subgroup	June 2015

Objective	Measurable Outcomes	Action Required	Responsibility	Target Completion Date
effective links with local Registered Providers	to local arrangements	Providers		
Key Task 8: Reduce inappropriate referrals to Safeguarding Adults Team	• Increase the proportion of referrals where an safeguarding full assessment is carried out	• Evaluate success of previously developed consistent pathway/process across Warwickshire DC and BCs	District Subgroup Edward Williams	October 2015
Key Task 9: Inform senior officers and members of Safeguarding Adults	• Greater recognition of the importance of Safeguarding Adults amongst senior officers and members	• Circulate WSAB Annual Report to senior DC and BC officers and members	District Subgroup	December 2014
Key Task 10: Develop front line staff understanding of importance of	• More trained staff at DC and BC level	• Roll out Safer Places initiate to principle DC and BC customer access areas • Provide appropriate training/refresher training to all relevant DC and BC staff • Provide appropriate	District Subgroup Hardip Johal WCC	March 2015 March 2015 March 2016 December 2015

Objective	Measurable Outcomes	Action Required	Responsibility	Target Completion Date
Safeguarding Adults		training/refresher training to all relevant Housing Association staff • Ensure that Safeguarding Adults is a component of all DC and BC induction plans		
Key Task 11: Provide refuge to those experiencing abuse	• Safe Places established in each DC/BC customer fronting areas	• Roll out Safer Places initiate to principle Dc and BC customer access areas	District Subgroup Hardip Johal WCC	March 2016
Key Task 12: Contribute to the development and activity contained within the Prevention Strategy	• Improved levels of prevention in respect of Adult Safeguarding	• Contribute to the development of the Countywide Prevention Strategy • Where appropriate align actions of DC Sub-group with relevant Prevention Strategy workstreams	District Subgroup WSAB Prevention workstream participants	December 2016 March 2016