



Annual Report 2015 - 2016



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1. Welcome and Introduction

Welcome to this Nottinghamshire Safeguarding Adults Board (NSAB) Annual Report for 2015/2016.

This is the first annual report written in line with the Care Act (2014) requirements and the past year has seen partners work together to ensure that Nottinghamshire's safeguarding arrangements are compliant with this important new legislation. I have been heartened by the collaboration and commitment shown to ensure that safeguarding adults at risk has been maintained as a priority as we aim for our vision of "a county where all adults can live a life free from abuse or neglect..."

The NSAB has, in consultation with its wider partnership; service users and their carers; the Safer Nottinghamshire Board and Healthwatch, developed and published a three-year strategic plan with the following three priorities:

- Prevention - NSAB will develop preventative strategies that aim to reduce instances of abuse and neglect within Nottinghamshire.*
- Assurance - NSAB will assure itself that all partners have appropriate arrangements in place to safeguard those adults most at risk in Nottinghamshire.*
- Making Safeguarding Personal (MSP) - NSAB will develop and embed an approach to its work that is person-led and outcome-focused. We will engage the adult (or their representative) in a conversation about how best to respond to the safeguarding concern.*

In line with Care Act requirements to demonstrate what the Board and its members have done "to carry out and deliver the objectives and other content of its strategic plan", the annual report takes on a slightly different look this year. I hope you agree that this is helpful, and provides some really good evidence of the commitment shown by members to work both in partnership and individually in their organisations across Nottinghamshire.



Allan Breeton
Independent Chair – Nottinghamshire Safeguarding
Adults Board

2. Nottinghamshire Safeguarding Adults Board (NSAB)

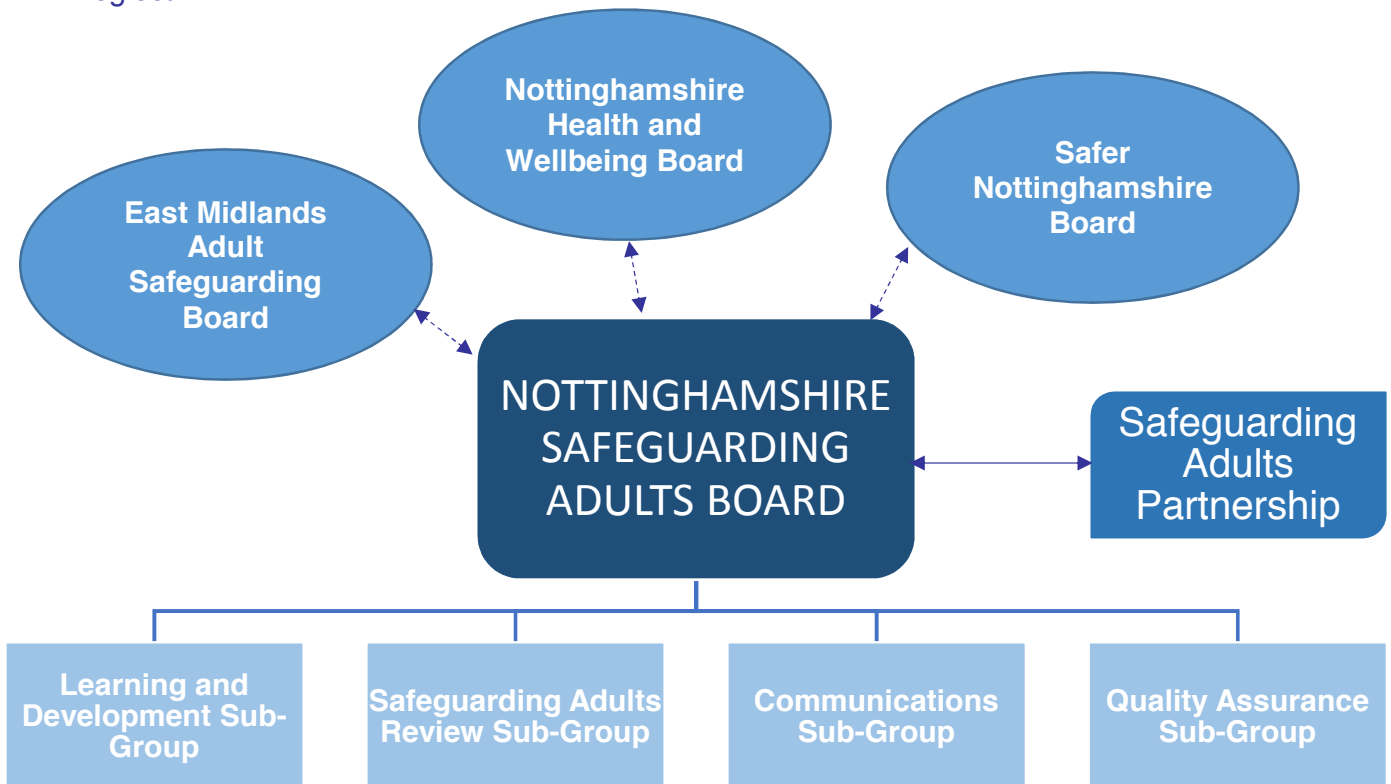
The Nottinghamshire Safeguarding Adults Board (NSAB) is statutory under the Care Act and is responsible for leading adult safeguarding across the county. Its main aim is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who are at risk of abuse and neglect, as well as working to prevent people from being abused.

During 2015-16, NSAB had four standing sub-groups: Communications, Learning and Development, Quality Assurance and Safeguarding Adults Review. It is through these sub-groups that the work of the Board is delivered. Each of these groups has specific aims and objectives which contribute to the overall NSAB strategic plan.

In addition to the Board, there is a countywide Safeguarding Adults Partnership which is coordinated by Nottinghamshire Fire and Rescue Service. The Partnership has over thirty organisations, service users and carers who come together to advise the Board, participate in safeguarding developments, and act as a conduit for dissemination of information across the county. Partnership Events are held every six months and during the reporting period focused on the new multi-agency Hoarding Protocol, Modern Slavery and safeguarding in prisons.

NSAB is also represented at the East Midlands Adult Safeguarding Board which seeks, through partnership working with all agencies involved in safeguarding adults at risk, to inform quality improvements and efficiencies for local services through combining the resources and knowledge in the region.

The structure below demonstrates the linkages between the Board's structure and other boards, both locally and regionally, which have a role in safeguarding adults from abuse and neglect:



3. Membership

The membership of the Nottinghamshire Safeguarding Adults Board during 2015/16:

MEMBERS:

Independent Chair

Chief Operating Officer

NHS Newark and Sherwood Clinical Commissioning Group (Vice Chair)

Corporate Director

Adult Social Care, Health and Public Protection, Nottinghamshire County Council

Superintendent, Head of Public Protection

Nottinghamshire Police

Pathway Lead Clinician for Older People and Named Doctor for Adult Safeguarding

Nottingham University Hospitals NHS Trust

Assistant Director of Nursing: Patient Experience

NHS England

Service Director, Joint Commissioning Quality and Business Change

Adult Social Care, Health and Public Protection, Nottinghamshire County Council

Associate Director for Safeguarding and Social Care

Nottinghamshire Healthcare NHS Trust

Group Manager, Access and Safeguarding

Adult Social Care, Health and Public Protection, Nottinghamshire County Council

Service Director, Children's Social Care

Children, Families and Cultural Services, Nottinghamshire County Council

Engagements and Partnerships Manager

Nottinghamshire Fire and Rescue Service

Director of Nursing, Midwifery and Quality

Doncaster and Bassetlaw Hospitals NHS Trust

Head of Assurance / Deputy Nurse

NHS Bassetlaw Clinical Commissioning Group

Chief Executive Officer

Broxtowe Borough Council

Head

National Probation Service, Nottinghamshire

Medical Director

Sherwood Forest Hospitals NHS Trust

Locality Quality Manager

East Midlands Ambulance Service

Senior Communications Business Partner

Nottinghamshire County Council

ASSOCIATE MEMBERS:

Chief Executive Officer

Ann Craft Trust

Local Service Manager

POhWER Advocacy Service

Crown Advocate

Nottinghamshire Crown Prosecution Service

Advanced Legal Practitioner

Nottinghamshire County Council

Compliance Manager

Care Quality Commission

Chief Executive



Healthwatch

4. Achievements Against Strategic Plan Objectives





Strategic Plan 2015 – 18

The Care Act requires the NSAB to report what the Board and its members have done to carry out and deliver the objectives and other content of its strategic plan. The NSAB's Strategic Plan is a three-year plan (2015-2018) with the following objectives:

- Prevention**
 NSAB will develop preventative strategies that aim to reduce instances of abuse and neglect within Nottinghamshire.
- Assurance**
 NSAB will assure itself that all partners have appropriate arrangements in place to safeguard those adults most at risk in Nottinghamshire.
- Making Safeguarding Personal (MSP)**
 NSAB will develop and embed an approach to its work that is person led and outcome-focused. We will engage the adult (or their representative) in a conversation about how best to respond to the safeguarding concern.

What we said we would do	What NSAB did to achieve it	Complete
<p>We will ensure that NSAB is compliant with the Care Act (2014) by reviewing governance arrangements</p>	<p>During 2015-16, NSAB reviewed its governance arrangements and assured itself that the core statutory partners were represented appropriately on the Board.</p> <p>It also reviewed its sub-group structure and made changes to reflect the requirements of the Care Act. This included changing the name of the 'Training Sub-Group' to the 'Learning and Development Sub-Group' as well as agreeing that relevant 'task and finish' groups would be created when required, to undertake discreet pieces of communication work to deliver the key messages from the other sub-groups.</p> <p>The Board has also created a risk register enabling it to monitor key risks which could affect its ability to comply with the requirements of the Care Act and keep people safe.</p>	
<p>We will expect and seek assurance from the Board's partner agencies that they are compliant with the Care Act (2014)</p>	<p>NSAB undertook a 'Care Act Compliance Survey' across all Board members to seek assurance that members were compliant with the Care Act.</p> <p>The Board has worked with members who were not able to evidence compliance and by the end of the year under review all members across Nottinghamshire were able to demonstrate compliance.</p>	

4. Achievements Against Strategic Plan Objectives

What we said we would do	What NSAB did to achieve it	Complete
<p>We will develop an Adult Safeguarding Communication Strategy that meets the requirements detailed within the Board's Strategic Plan</p>	<p>The Communication Sub-Group has developed a Communication Strategy based on the Board's Strategic Plan. This strategy continues to be implemented, led by the Senior Communications Business Partner within the Local Authority, and supported by the Safeguarding Adults Strategic Team.</p> <p>The plan aims to increase the level of understanding among the general public and staff about the areas agreed within the Strategic Plan.</p>	
<p>We will identify those most at risk of abuse and neglect by developing and analysing a suite of management information, using data from across partner agencies</p>	<p>The Quality Assurance Sub-Group has developed a suite of management information based on measures from the Strategic Plan, which the Board has agreed. A process has been developed to analyse the information and identify areas of risk by looking at prevalence and mitigating actions.</p>	
<p>We will continue to implement the Board's multi-agency Procedures and Guidance</p>	<p>The Learning and Development Sub-Group has developed a 'live' Learning Pathway and Competency Framework based on the agreed National Capability Framework, identifying learning opportunities for staff across all agencies in relation to adult safeguarding.</p> <p>During 2015-16 the previous 'referrer' training course was reviewed and updated in line with the Care Act and MSP. A number of courses were delivered, entitled 'Making Safeguarding Personal – Making Effective Referrals'. This course helped learners to consider the earliest point that they can begin the conversation with the adult as part of the referral process and make appropriate referrals.</p> <p>The Board has agreed measures within its three-year Strategic Plan which aim to demonstrate the effectiveness of making safeguarding personal.</p>	
<p>We will improve the transition of young adults with care and support needs from Children's Services to Adult Services.</p>	<p>Work continued to revise the Transitions Pathway across social care and health. Once this goes live in 2016, it will help improve transition arrangements for young adults with care and support needs.</p>	

5. Partners' Contributions and Effective Collaborations

In addition to their input into the work of the NSAB's sub-groups, members have contributed tremendously to the implementation of both the Board's three-year priorities and Strategic Plan. The following section gives examples of how members have contributed to the Board's objectives both individually and in collaboration with each other.



Bassetlaw CCG has updated its Safeguarding Policy to bring it in line with the Care Act. It has embedded a Pressure Ulcer Prevention Model across all of its care and nursing homes, and has continued to implement the Quality Initiative Framework across the nursing home sector, which includes the completion of monthly quality nursing audit tools, and advancing infection and prevention requirements.

Bassetlaw CCG has developed and delivered presentations from a safeguarding perspective at two key regional events: the Pressure Ulcer Summit; and Challenges for Modern Day Safeguarding Practice – Primary Care Think Family Model.

Bassetlaw CCG has delivered a variety of Safeguarding, Mental Capacity Act, Deprivation of Liberty Safeguards, and Medicine Management training to staff, nursing and care homes and other health services across its region, and issues an annual safeguarding newsletter to all staff and GPs regarding information sharing.



East Midlands Ambulance Service NHS Trust (EMAS) continues to promote a “think family” perspective towards safeguarding providing integrated training and bulletins to its staff. EMAS staff are engaged with the safeguarding training with high scores and positive responses being attained on feedback forms.

EMAS and Nottinghamshire Fire and Rescue Service now have a referral pathway to highlight individuals at high risk and enable the Fire Service to support them with a fire safety check.

5. Partners' Contributions and Effective Collaborations



Mansfield
District Council



**NEWARK &
SHERWOOD**
DISTRICT COUNCIL



Rushcliffe
Borough Council

The District and Borough Councils in Nottinghamshire are represented on the NSAB by the Broxtowe Borough Council Chief Executive, who cascades safeguarding information from the NSAB to safeguarding representatives in the other Nottinghamshire Districts.

Broxtowe Borough Council has pioneered technological assistive living solutions to enable individuals at risk of abuse or neglect to remain independent, and plans are being developed to provide medical monitors with data transmitted through wireless networks or mobile phones to reduce the need to visit GPs or hospitals. It is also pioneering the building of specialist accommodation for adults living with dementia, with two specialist bungalows complete and a further four under construction.

The adoption of a corporate vision on supporting people living with dementia in the community has resulted in employees and Members, as well as other local businesses, receiving related training.

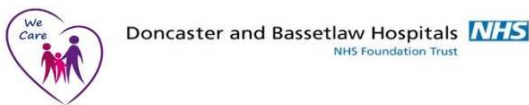
Broxtowe's Local Strategic Partnership has an Older Person's Task Group, which aims to support older people to live independently; prevent slips, trips and falls; and introduce and support approaches to tackle loneliness. Older Persons' Information Days raise awareness about issues of harm and neglect; how to report concerns; and where to get help and support. Retirement Living Officers also provide over 200,000 visits each year to older people in both council and privately owned accommodation.

Across all districts, cases which warrant action to reduce the risk of harm and neglect to individuals are discussed at multi-agency Persons At Risk or Vulnerable Persons Panels, meaning the Borough and District Councils have effective multi-agency links to address safeguarding issues with each other; the County Council; the Police; and the Health sector.

5. Partners' Contributions and Effective Collaborations

The Director of Nursing, Midwifery and Quality is the Trust Executive Lead for safeguarding and chairs the Trust's Strategic Safeguarding People Board (SSPB) which has representation from each care group and oversees the safeguarding arrangements in the Trust.

A priority in 2015-16 was to strengthen relationships within health and with partner agencies. The Corporate Safeguarding Team and the Trust's safeguarding professionals provide input to a range of safeguarding meetings and forums, including the NSAB's sub-groups, task and finish groups and specific work streams.



A key priority for the Corporate Safeguarding Team was the delivery of the Trust's training programme and a demonstration of improvements in practice. Training from February 2015 has been updated in line with government recommendations and legislation. As a supplement to the training offered, the Trust's Safeguarding Team produces a quarterly newsletter that is distributed trust-wide; holds drop in sessions for staff within its Emergency Departments; and has undertaken targeted work as part of its preceptorship programme.

The National Probation Service (NPS) Nottinghamshire is committed to ensuring that safeguarding is promoted across all grades of staff and that everyone has a responsibility and role in safeguarding adults.



All grades of staff are required to complete mandatory training which is available locally via e-learning. NPS training and local authority safeguarding training is promoted throughout the service. The NPS is monitoring employees' training in relation to all safeguarding and identifying where individuals need to attend or complete refresher training.

The NPS works collaboratively with other agencies to manage risk and safeguarding by way of attending multi-agency meetings and sharing information in relation to risk of serious harm.

5. Partners' Contributions and Effective Collaborations



***Mansfield and Ashfield
Clinical Commissioning Group***



***Newark and Sherwood
Clinical Commissioning Group***



***Nottingham North and East
Clinical Commissioning Group***



***Nottingham West
Clinical Commissioning Group***



***Rushcliffe
Clinical Commissioning Group***

Following the implementation of the Care Act 2014, the Nottinghamshire CCGs have invested in a new post of Head of Quality and Adult Safeguarding who takes a strategic lead on Adult Safeguarding and the Mental Capacity Act 2005.

The Nottinghamshire CCGs have developed and continue to monitor robust quality schedules, including detailed sections on safeguarding, with key providers to ensure evidence of compliance. A Care Home Quality Dashboard, together with systems and processes, has also been established to capture intelligence around providers. Governance arrangements for safeguarding are through the Safeguarding Committee which meets bi-monthly and monitors progress on national and local guidance and strategic priorities.

The CCG websites include information on Adult Safeguarding and the route for referrals, with contact numbers for raising concerns being shared with CCG lay members. Residents' and relatives' views are sought as part of quality visits undertaken at Care Homes, and where required residents' and relatives' meetings are held in conjunction with providers and the Local Authority. Patient stories, feedback and complaints are captured via the Patient Experience Team.

The CCGs participate in six-weekly joint Care Home Quality Meetings together with the Nottinghamshire County Council and the Care Quality Commission. These meetings review intelligence and agree appropriate responses regarding providers.

The development of additional 'Workshop to Raise Awareness of Prevent' (WRAP) facilitators has increased the capacity for training, and the CCGs have delivered Safeguarding Adults, Making Safeguarding Personal, Mental Capacity Act and Prevent training to staff across the region. Compliance continues to be monitored by the CCGs' governance teams. Learning from Domestic Homicide Reviews and Safeguarding Adult Reviews is disseminated through bulletins or learning events.

5. Partners' Contributions and Effective Collaborations

Nottinghamshire Healthcare NHS Foundation Trust's Board and the safeguarding teams continue to work closely with their workforce and partner agencies, both strategically and operationally, to raise awareness of the importance of safeguarding.



Nottinghamshire Healthcare
NHS Foundation Trust



The Trust held a series of Think Family roadshows and events across the Trust to highlight the importance of adult safeguarding to children's practitioners and vice versa.

All of Nottinghamshire Healthcare NHS Foundation Trust's staff achieve level 2 Think Family training within the first month of commencing employment. There is then a mandatory requirement for this to be updated three-yearly as a minimum.

There is an extensive training programme which is currently under review. This provides appropriate training to clinical and non-clinical staff and will be supported by a suite of e-learning packages. It ensures employees are aware that "Safeguarding is everyone's business" and that staff are aware of their roles and responsibilities within this.

Sherwood Forest Hospital Trust (SFHT) uses the intranet for Adult Safeguarding to promote up-to-date policies, partnership arrangements and referral information for all staff to access. It has a Safeguarding Adults work plan that identifies strategies to prevent abuse and neglect and is monitored through the Trust's Adult Safeguarding Board.

Sherwood Forest Hospitals
NHS Foundation Trust



SFHT has delivered a robust training strategy across the staff teams. This included the delivery of Mental Capacity Act / Deprivation of Liberty Safeguards training, and compliance is delivered through the Trust's audit process. All Safeguarding Adults training is revised to include any learning from enquiries and reviews.

Doctors' awareness training days are delivered with multi-agency input and the Trust is looking to work closely with the NSAB to deliver multi-agency training supported by SFHT staff and with the use of SFHT premises going forward.

5. Partners' Contributions and Effective Collaborations

Protecting vulnerable people remains a high priority for Nottinghamshire Police and is reinforced by senior leaders and the Police and Crime Commissioner. Nottinghamshire Police five-year Policing Plan (2013-2018) includes objectives directly linked to safeguarding adults. To support this and in order to achieve safer communities the force is committed to working in partnership with other agencies. For example, the force has provided training and presentations to the Adult Safeguarding Board, sub-committees and partner agencies including on the statutory obligations now placed upon public authorities under the 2015 Modern Slavery Act.



NOTTINGHAMSHIRE
POLICE
PROUD TO SERVE

Nottinghamshire Police has launched its Safeguarding Adults Procedures and refreshed its dedicated public protection webpages, which is available to everyone within the force. All front-line officers have previously undertaken a full day's classroom based training event specifically around dealing with vulnerability. These training sessions acted as a refresher for officers in terms of the actual identification of vulnerability. However, they also served to introduce to many officers a series of tiers of risk, based on outcomes.

The Force also went live with a new integrated electronic system called NICHE during 2015/16. This links extremely well to the Board's prevention priority as it has enabled real-time sharing of information and reduced risks by saving officers having to search multiple systems.

During 2015/16 Nottinghamshire Police's Public Protection developed a new team entitled 'Triage and Safeguarding' to support the existing investigative units and promote the requirement to apply the correct disposal outcomes to the benefit of the victim. This is linked to National Crime Recording Rules which have changed the way the Police record information received by professionals within other agencies with the emphasis on achieving successful outcomes rather than simply detecting crimes.

5. Partners' Contributions and Effective Collaborations



NOTTINGHAMSHIRE
Fire & Rescue Service
Creating Safer Communities

Nottinghamshire Fire and Rescue Service (NFRS) is currently developing a new 'Safe and Well' check which was designed to ensure that every contact with those vulnerable to fire counts by also incorporating checks around health, wellbeing and home security. It is also currently piloting new ways of working with the East Midlands Ambulance Trust. The two organisations have developed a referral pathway to highlight individuals at high risk and enable the Fire and Rescue Service to support them with a Safe and Well check.

NFRS delivered safeguarding training to Community Safety staff and its operational Supervisory and Middle Managers during the period. The training was well received and, as a result, the number of appropriate adult safeguarding concerns identified by NFRS has increased. A new safeguarding training package is being developed for all employees of NFRS.

Nottingham University Hospitals NHS Trust (NUH) meets its statutory requirements in relation to adult safeguarding. There is a named Executive Lead for Safeguarding, a Named Doctor and a well-established Safeguarding Team led by a senior nurse. NUH has a Safeguarding Adults Committee that meets bi-monthly and has representation from all Divisions. The Trust Board and Quality Assurance Committee receive six-monthly safeguarding reports.

Nottingham University Hospitals 
NHS Trust

There are 70 safeguarding champions across NUH, including community services, who give advice and support around mental capacity, safeguarding adults and safeguarding children and young people to staff in their respective specialities. They also assist with embedding the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) (2009) and drive forward the awareness of domestic and sexual abuse and the implementation of the use of the domestic violence, stalking and harassment risk assessment tool.

NUH reviewed the mandatory training delivered to all clinical staff in 2015/16 and included Making Safeguarding Personal, DoLS and Prevent training. Mandatory safeguarding adults training at NUH was at 85% at year end.

5. Partners' Contributions and Effective Collaborations

Nottinghamshire County Council continues to act as the lead agency for safeguarding adults, supporting NSAB and its partners.

A key focus of this is Making Safeguarding Personal (MSP), and the Council has contributed to the development of the MSP agenda nationally. Locally, it has supported this approach to safeguarding by creating and organising learning events for its 'Making Safeguarding Personal' Champions network. The Council also monitors practice and has targets set for a number of key performance indicators around MSP which are monitored by senior managers with regular feedback to front-line staff.



Training, open to a range of social care staff, has been delivered on self-neglect and the multi-agency Hoarding Framework. Joint sessions with the Police and Crime Commissioner were also held on awareness of domestic abuse.

The Council also revised its Prevention and Early Intervention Offer in line with the Care Act, based on evidence of what reduces the need for social care.

To further support citizens to remain at home longer wherever possible, the Council provides a good range of services to support carers. An example of this is 6.5 full-time Compass Workers who support carers of people with moderate to severe dementia, commissioned in partnership with Nottinghamshire Healthcare NHS Foundation Trust. Further joint working has seen a social worker post established in the Community Safety Team to support vulnerable persons' panels and enhance integration with district councils and local partners.

A key area that the Council has developed is its website which provides advice about adult abuse and neglect. A useful aspect of this is the development of the Nottinghamshire Help Yourself website, which signposts people to adult social care services and alternative pathways, enabling people to get the right service for their needs more quickly.

6. Making Safeguarding Personal

As part of a person-centred approach to care, one of the six principles of the Care Act is 'Empowerment', whereby people are supported and encouraged to make their own decisions and are asked what they want as outcomes from the safeguarding process. This directly informs what happens to an individual.

Empowerment - support for individuals to make their own decisions.

Proportionality - the least intrusive or restrictive intervention appropriate to the risks presented.

Partnership - working across services and communities to prevent, detect and report neglect and abuse.

Prevention - taking action before harm occurs or risk escalates.

Protection - supporting those in need as a result of abuse or neglect.

Accountability - enabling service users and leaders to challenge agencies for their responses to those at risk of harm.

Another principle is 'Protection'. This provides support and representation for those in greatest need so that they can get help and support to report abuse and neglect and take part in the safeguarding process as fully as possible. Where necessary they are represented by an advocate, family member or friend who speaks on their behalf.

Making Safeguarding Personal

Making Safeguarding Personal (MSP) should be person-led and outcome-focused. It engages the person, or their representative where they lack capacity, in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

Partners have mainly embedded MSP through their learning and development, and some have included monitoring on how MSP is embedded into practice in the quality schedule for providers. Others have used the changes to policies and procedures as an opportunity to emphasise and clarify the MSP approach.

It has been the first year that outcome and satisfaction data has been collected on a consistent basis, and the NSAB decided to monitor a range of data related to MSP, including the percentage of adults who were asked about their desired outcome and, of these adults at risk, whether their outcomes have been achieved and whether they were satisfied with the outcome.

The NSAB has also been monitoring whether risk has been removed or reduced and the proportion of adults who have been subjected to more than one safeguarding enquiry (Section 42 enquiry) in a twelve-month period.

6. Making Safeguarding Personal

A summary of performance against these MSP measures is as follows:

Table 6.1



The NSAB Quality Assurance Sub-Group undertook audits and analysis against a number of MSP performance indicators. The findings of these were raised with Adult Social Care managers, and both staff and providers were supported to improve performance levels.

The percentage of adults who have been subject to two or more enquiries in a twelve-month period is 14.75%, and these repeat referrals have been investigated to identify and address trends in specific care homes and independent hospitals.

Work, for example, was undertaken to support an independent hospital which resulted in a reduction of referrals from 161 in the last financial year to 46 in 2015/16, and reduced the number of service users who were the subject of more than one Section 42 enquiry in a twelve-month period.

With the first year's MSP data providing a benchmark, targets have been set to increase the proportion of those asked about their desired outcomes from 60.9% in the next financial year to 75%, and to reduce those subjected to more than one Section 42 enquiry in a twelve-month period from 14.8% to 14% in 2016/17.

6. Making Safeguarding Personal

MSP in Practice – Case Studies

L's Story

I have multiple sclerosis and epilepsy. I grew up with abusive parents and met my future husband through them when I was 16. He was 9 years older than me. He first hit me when I was 16 years old, and due to the way I had been brought up I thought that violence was normal. We were married for 18 years, and together for 24 years in total. He was very controlling from the off, didn't like me having friends, and was always uncomfortable around them. I wasn't allowed to see my own family, but I always had to go and visit his family with him. I had a cleaning job once, and he kept all the money I earned from that. Over the years I endured many episodes of physical, emotional and sexual abuse. He would listen in on the upstairs phone extension if I got a phone call and stand over my shoulder listening if I was on my mobile. I had a special code when talking to my Nan – if she heard the click that meant he had started listening in she would straight away start to talk about farming so I knew he was listening to us.

I had tried to speak with my GP, the Hospital Crisis Team and the Police, but whenever I did, he would always tell them that I had mental health problems and would manage to convince them that I had made it all up. I felt like nobody would listen to me, or believe me. Eventually his mother would assault me as well, pushing me. I also had a cat and a dog and one time he picked up a foldable table and hit my dog with it, and this was the final straw for me – I thought that he would end up killing him and I couldn't have that.

I self-referred to the MASH, and a lady took all my details on the phone. I said that I wanted to leave him. When they called back he was standing over my shoulder while I was on the phone. I was convinced that he could hear everything, but the lady said to pretend it's a PPI call. They set up a secret meeting at my GP surgery. I didn't know at the time, but they had set it up so that if he came in with me then the GP would see me, but he didn't come in with me this time, even though he had in the past.

I received a phone call from the Surgery Manager to tell me of the appointment, and then was sat in the waiting room while he waited in the car outside. My social worker let the surgery know I was there by giving them a note, so my name was never called out. I was then taken into the GP's office where I properly met the social workers, Helen and Paula, for the first time. When I walked into the room I thought "Here we go again" – telling people things that they wouldn't believe, but I sat in the doctor's big leather chair, and told Helen and Paula, and it was the first time that I had felt listened to. I was nervous, and I had never spoken so fast in my entire life! I told them how I had wanted to leave, how he had treated me for all these years and that I thought it was my own fault. They reassured me that it wasn't. I asked them to liaise with my mum (not my actual mum, but a good friend who has been like a mum to me) as they could make safe phone calls with her, and mum was able to tell them what he was like as well.

Over the next few days, arrangements were made via my mum and coded telephone calls. Places were found for my cat and dog to stay, while I was going to a women's refuge. I had an overwhelming fear of what was going to happen, I had all sorts of emotions going through my head, but pretended as if everything was normal.

6. Making Safeguarding Personal

On the day of the move, I got up as normal, and stalled as he was expecting me to go before he left. Eventually he left and said he was going to the petrol station first. I was nervous in case he came home again before going to work, but he didn't. The police had been on standby in case they were needed, but they weren't.



Once the coast was clear, it seemed that everything happened in a blur of military precision: first my dog was collected to go to the kennels; and then my cat was picked up. My heart was pounding with all that was happening. Then the van arrived, and because I hadn't been able to pack as it would arouse his suspicions, we just grabbed some bin bags and threw as many clothes and belongings in the bag as I could. Just before we left, I got a chicken out of the freezer to defrost for that night's dinner, so he wouldn't suspect anything.

As I was sat in Helen's car, on the way to the women's refuge, I felt safe. For the first time ever in my life, I was safe.

A few days later, at the women's refuge, I received a call from the Police as he had reported me missing. Before the officer had much chance to speak I said "Suicidal, depressed, wants to kill herself, mental health problems?" which the officer said was exactly what he had been told!

A lady from the refuge took me to a local authority to register for housing, and within a fairly short space of time I had a couple of offers of housing. I bid on a property and got the one I wanted. It felt like home, it felt safe, and it was the first time living on my own. I sat and thought "What just happened?"

I was supported to settle into my new home, and got support with budgeting skills and settling into my new community, as it was all new to me – having control over my own life. As I have settled in more and become more comfortable I have thought "Why did I stick that for 24 years?" But it was all I had ever known as a child and then a grown up, until I made that call to the MASH and said that I wanted to leave him.

The biggest thing for me was actually being believed, the team arranging the meeting at the GP surgery when it was clear that phone calls were out, and the speed – all this happened so quickly!

6. Making Safeguarding Personal

MSP in Practice – Case Studies

B's Story

I moved from a local long-term foster placement. I had wanted a flat on my own, but I needed an on-call facility with 24 hour support due to my ADHD and autism. I had wanted to move to a particular area, but there were no vacancies available at the time, and me and my foster carers were very focused on my moving out when I was 21, so I accepted a place close to where I wanted to be.

I have ADHD and autism, and experience high levels of anxiety for the majority of the day. I require support with making appointments and with some household tasks, as I can struggle to concentrate on things.

I live in a supported living facility owned by a housing association, which also provides support. I do live independently, with 1:1 support sessions with a named support worker. I'm also able to call for support at other times if I need it.

I recently came out as LGBT and get support around this also.

*During a 1:1 support session with my worker where we were cooking I was washing the pots and he was trying to show me how to do something – I can't remember what now. The worker then said to me "I'll f*****g cut your balls off". I was quiet after this and didn't say anything until the end of the session, when I said "We've finished thank you very much, and you can leave now", which is how I usually end my time with support workers.*

I reported this to the manager of the project and said that I wanted the worker to make sure he understands that he needs to apologise to me, and I don't want that worker to support me again.

I am happy because I was listened to during this time, and was kept up-to-date with the safeguarding process, but I found some of the housing association's internal forms to be too in-depth and not accessible enough for me. I am happy that what I wanted as an outcome was part of the focus of the enquiry, which is really important, and making safeguarding personal is how it should be – putting the person first and listening to what they want. I wanted to share my story because I want to be able to make it better for others.

**** As a result of this referral, the employers were caused to make their own enquiries, which led to further outcomes other than those identified by B. The worker was suspended from working with service users by the housing association pending an internal investigation, during which it was noted that this kind of speech was part of a pattern of behaviour from this particular worker in relation to service users, and the decision was made to terminate his employment and refer to the Care Quality Commission and Disclosure and Barring Service. ****

7. Safeguarding Adults Reviews

Safeguarding Adult Review Sub-Group

Amanda Sullivan, Chief Operating Officer for NHS Newark and Sherwood CCG, chairs the Safeguarding Adults Review (SAR) Sub-Group. This Sub-Group ensures that a review takes place when an adult at risk dies or has experienced serious harm as a result of abuse or neglect and there is concern that partner agencies could have worked more effectively to protect the adult. The aim is to identify lessons that can be applied to future cases.

The Sub-Group has representation from Health, Social Care and the Police. When alerted that a case may meet the criteria for a Safeguarding Adults Review, the Sub-Group finds out the key facts of the case in order to make a decision on whether or not to recommend that the case meets the criteria for a SAR. The NSAB Chair makes a final decision on whether the criteria have been met and whether a SAR should be commissioned.

Details of the SARs undertaken and commissioned in 2015/16



Mr and Mrs G were an older married couple who died within a relatively short period of time of each other. They had an array of complex needs and received a significant amount of support from Health and Social Care agencies to enable them to continue living together at home. Mrs G was diabetic and her death was the result of an overdose of insulin. The final overdose was the third she had taken within the previous twelve months and she had informed District Nursing staff of her

intention to take an overdose of insulin that she had stockpiled in the house. She was aged 61 at the time of her death. Her husband, Mr G, had a diagnosis of Alzheimer Dementia and also suffered from other health problems. He died five weeks after Mrs G's death as the result of an aortic aneurysm. He was a few months away from his 80th birthday when he died.

A review was undertaken using the Significant Incident Learning Process (SILP). The key principle of a SILP is the engagement of front-line staff and first-line managers as active participants to promote greater learning and sharing of lessons learnt.

In summary, the author of the report found that:

- The care provided to Mr and Mrs G was appropriate to their needs, given that it was constrained by what they found acceptable. There is ample evidence that workers from Adult Social Care and Health endeavoured to provide appropriate services. When measured against the requirements of the Care Act 2014 and the Care and Support Statutory Guidance (both of which came into force after the period of this review), the standard of care provided was compliant with that expected under the legislation.
- There were no significant problems with the delivery of services. However, improvements in some key areas would strengthen services and support workers who work with families who have complex needs.

7. Safeguarding Adults Reviews

The identified improvements helped to create the following recommendations for the NSAB to act upon:

1. Review guidance for adult safeguarding referrals to consider whether the number of referrals received within a set period of time as well as the seriousness of an incident should be sufficient to trigger a Section 42 enquiry.
2. Ensure that there is a consistent system in place for recording safeguarding referrals to enable the MASH to identify patterns of concern and multiple referrals for the same address and / or person.
3. Consider whether multi-agency risk assessment meetings are fully effective across Nottinghamshire and consider adopting the PRISM (Profiling Risk Integrated Care and Self-Management) model from mid-Nottinghamshire to ensure that there is consistent case co-ordination.
4. Seek assurance that partner agencies are aware of their duties under the Mental Capacity Act and that they undertake assessments in accordance with the Code of Practice.
5. Seek assurance that all agencies understand their role and the expectations of participation in Safeguarding Adults Reviews under the Care Act.
6. Ensure that guidance for families and carers regarding Mental Capacity Assessments is readily available. This guidance could helpfully include:
 - The limitations of professional power and authority.
 - Information regarding Deprivation of Liberty Safeguards.
 - The two-stage assessment process.
 - Decision making.

What NSAB has done to act on these findings?

This Safeguarding Adults Review was published on 1st March 2016 and an action plan is in the process of being developed, which will be monitored by the NSAB's SAR Sub-Group.

Ongoing SARs

The NSAB has one ongoing SAR, which has been jointly commissioned with the Nottingham City Safeguarding Adults Board. This review relates to a case of modern day slavery and we expect to report on this SAR during 2016/17.

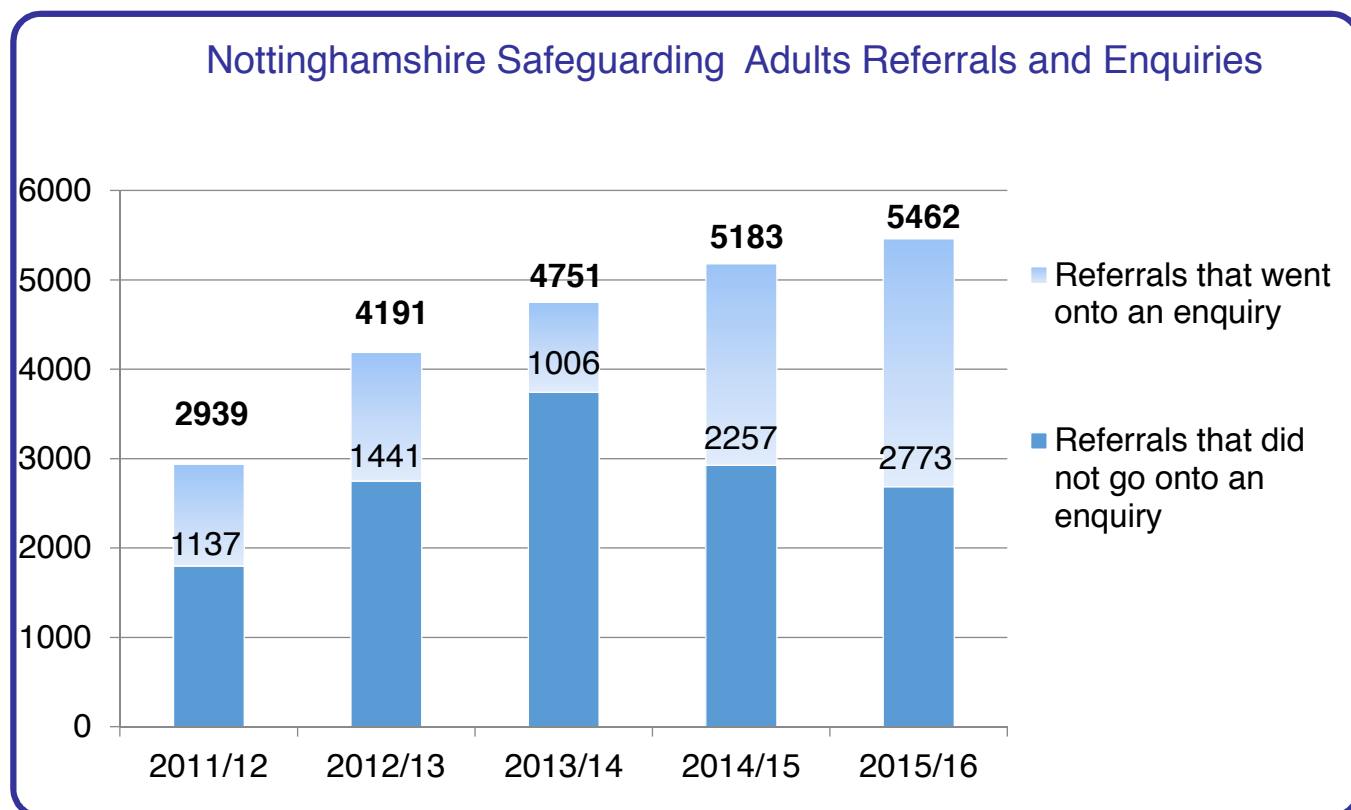
8. Facts and Figures

Introduction

This section looks at the data relating to safeguarding referrals and those that resulted in Section 42 enquiries. It also reports on data regarding 'Deprivation of Liberty Safeguards' applications and authorisations.

Referrals and enquiries

Graph 8.1



Graph 8.1 above shows the trend for the number of safeguarding referrals and enquiries year on year in Nottinghamshire. The upward trend in safeguarding referrals continued during 2015/16 with a total of 5,462 referrals being received. The increase of 279 referrals is 5.4% higher than 2014/15, but the rate of growth was lower than in the previous three years.

The proportion of referrals that led to Section 42 enquiries (50.8%) was 6.3% higher than in 2014/15. This, together with the growth in referrals, meant that there were 516 more enquiries which represents a 22.8% increase from the previous financial year. Improvements in guidance and training delivered across partnership organisations, and work undertaken to provide support to referrer organisations with high numbers, has helped to reduce the proportion of referrals that do not lead to an enquiry.

Repeat Enquiries

Table 8.2

Adults with 2 or more safeguarding enquiries in 12 months	2	3	4	5	6	7	8	9	Total
Number	257	54	15	7	1	4	0	1	339
Percentage (%)	75.8	15.9	4.4	2.1	0.3	1.2	0.0	0.3	100

8. Facts and Figures

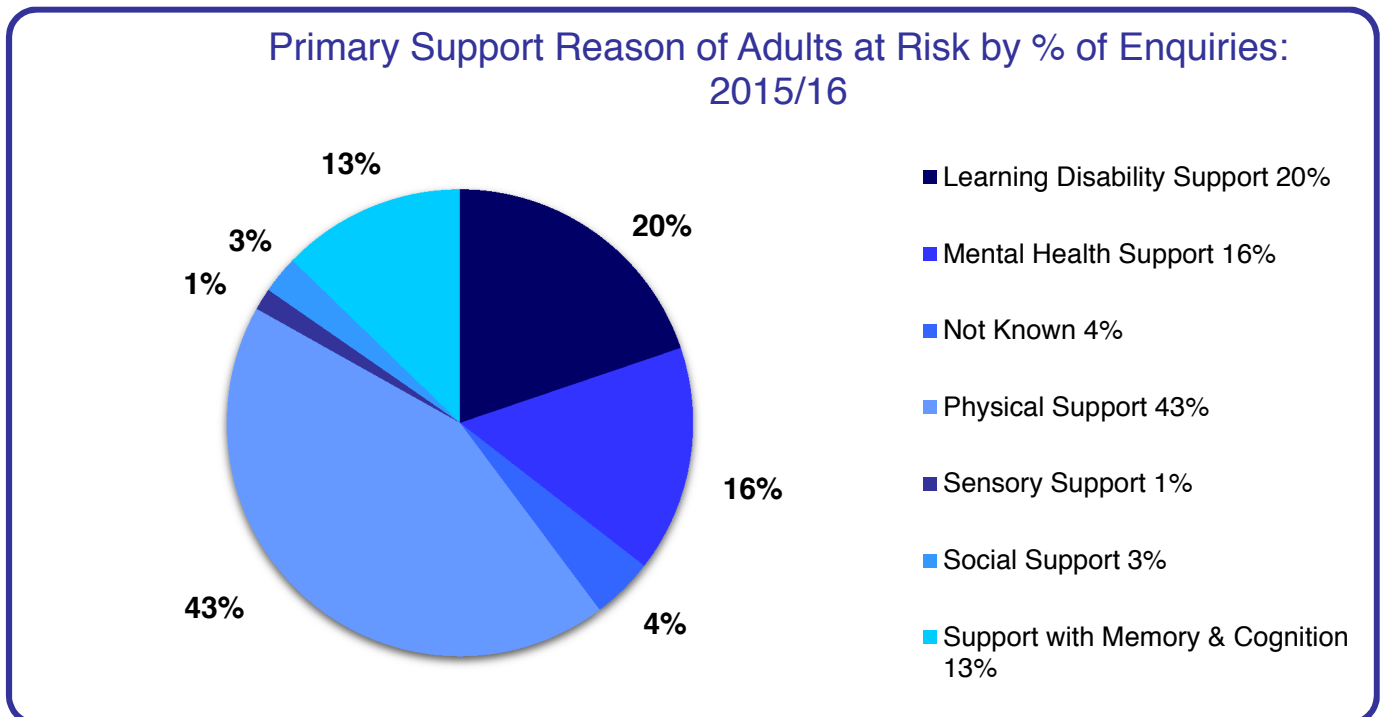
Some 2,298 adults were the subject of the 2,773 Section 42 enquiries that were undertaken in the year. The percentage of adults who have been subject to two or more enquiries in a twelve-month period stands at 14.8%.

Table 8.3

Age	18-64	65-74	75-84	85+	Gender	Female	Male	Ethnicity	Asian	Black	Mixed	Other	White
Number of individual referrals	1528	446	843	1088		3008	2415		49	73	57	31	5130
%	39.1	11.4	21.6	27.9	%	55.5	45.5	%	0.9	1.4	1.1	0.6	96.0
Number of individual enquiries	1143	307	608	715		1590	1167		27	32	27	13	2615
%	41.2	11.1	21.9	25.9	%	57.7	42.3	%	1.0	1.2	1.0	0.5	96.4

Referrals, when broken down by gender, age and ethnicity, were similar to previous years, with women being significantly more likely to be the subject of a referral and an enquiry. Almost half of referrals involved those aged 75 and over, and some 3.6% of the Nottinghamshire population for the over 85 age group have been the subject of Section 42 enquiries.

Graph 8.4



Overall those requiring physical support represent the biggest proportion (43%) of those who are subject to a safeguarding enquiry.

The biggest proportions of those aged 18-64, who are subject to safeguarding enquiries, were receiving support for learning disability and mental health, whilst those aged over 65 were mainly receiving physical and memory and cognition support.

8. Facts and Figures

Abuse

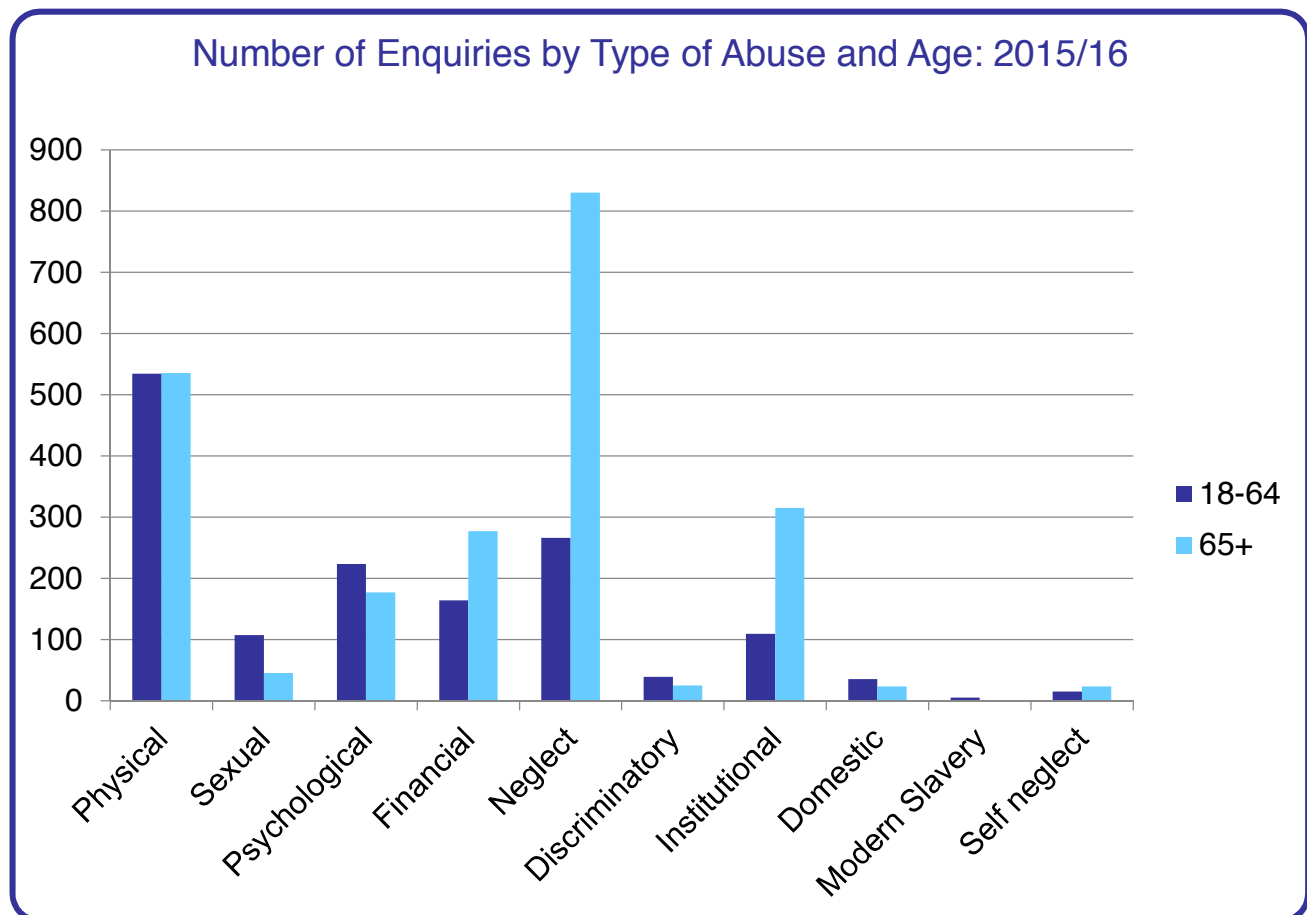
Table 8.5

Type of abuse	Physical	Sexual	Psychological	Financial	Neglect	Discriminatory	Institutional	Domestic	Modern Slavery	Self-neglect
% of all enquiries	38.6%	5.5%	14.4%	15.9%	39.5%	2.3%	15.3%	2.1%	0.2%	1.4%

The two biggest categories of abuse in all safeguarding enquiries in 2015/16 were neglect at 39.5% and physical abuse at 38.6%.

Graph 8.6 shows, however, that the numbers for neglect for those over the age of 65 are significantly higher than for those aged 18 to 64.

Graph 8.6



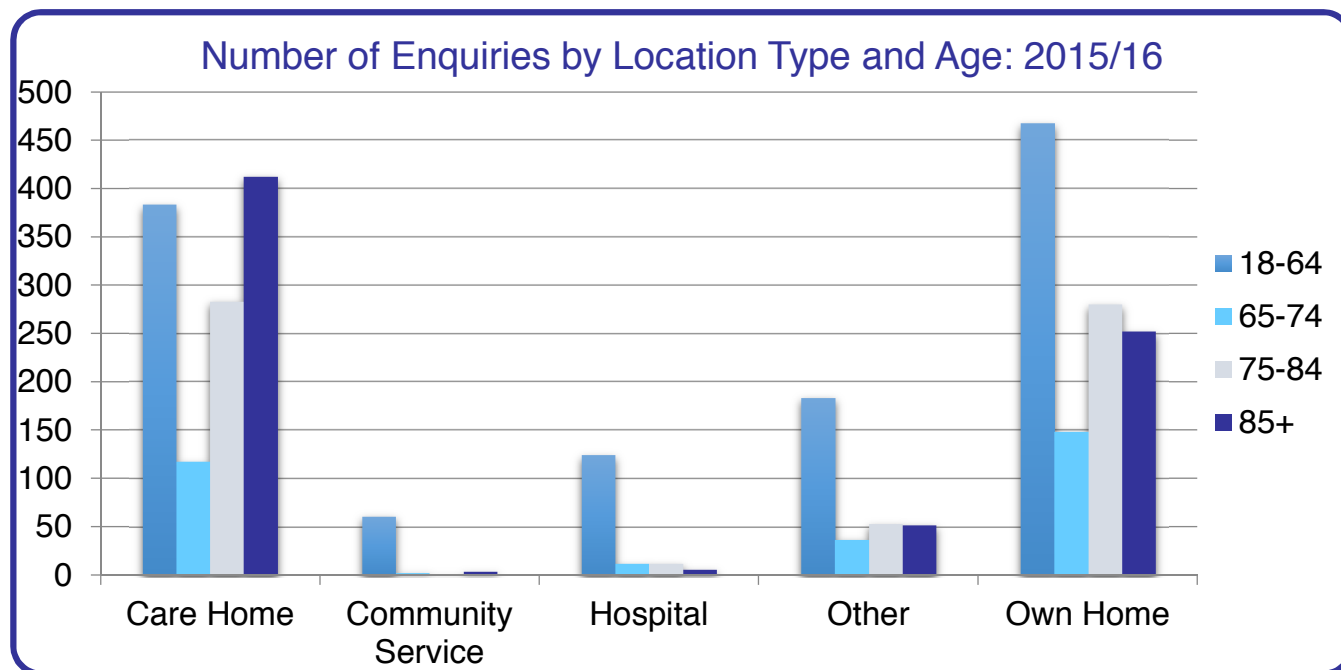
An analysis of those with physical support needs shows that they are more likely to be the subject of a safeguarding enquiry regarding either neglect, or physical, institutional or psychological abuse. Those with learning disabilities are more likely to be subjected to neglect, physical or psychological abuse.

8. Facts and Figures

Location of abuse

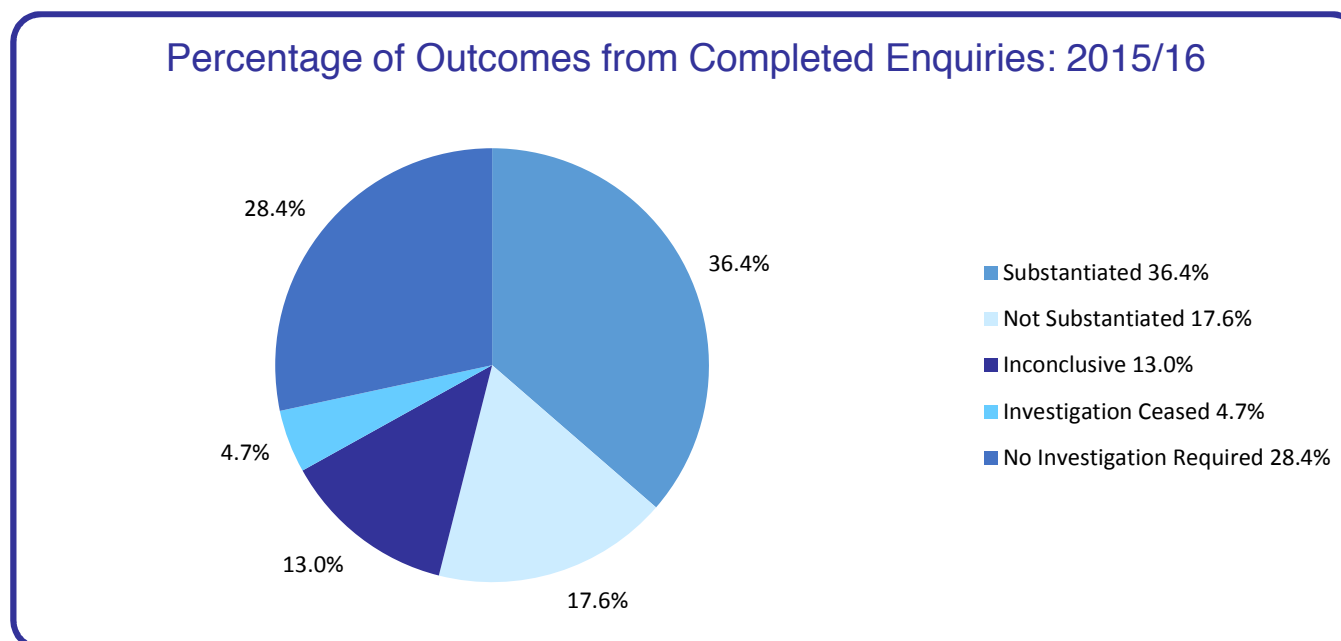
Over 80% of safeguarding enquiries involve the alleged abuse taking place either in a care home or the adult's own home. Graph 8.7 shows the breakdown by age bands.

Graph 8.7



Substantiated enquiries

Graph 8.8

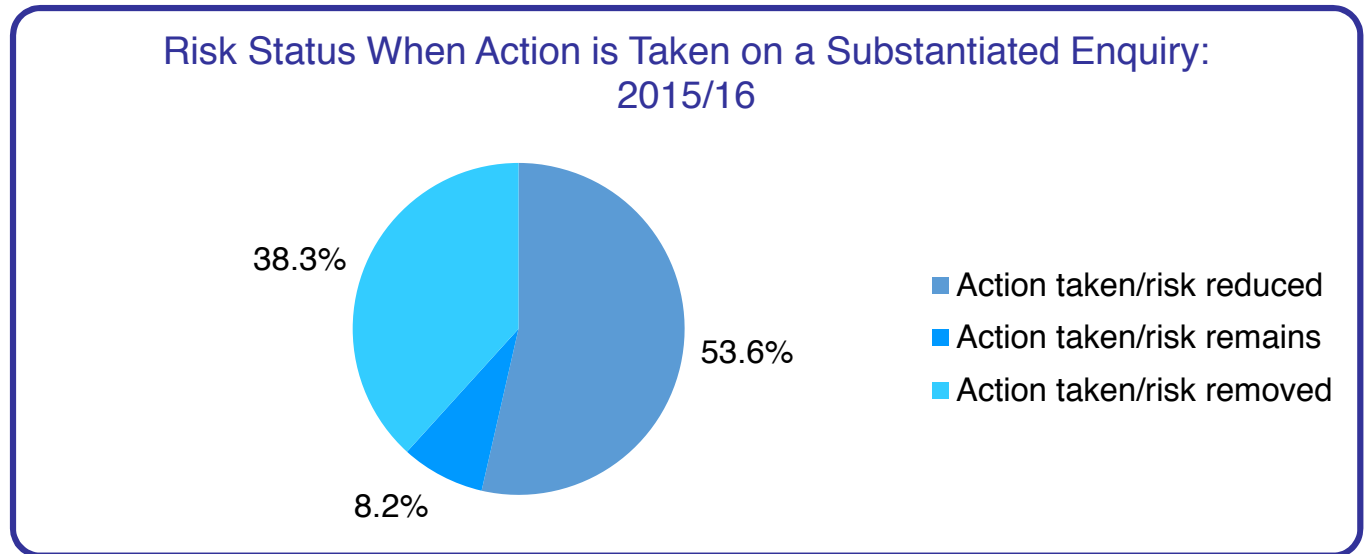


It was not possible to determine conclusively whether or not abuse or neglect had occurred in 13% of the completed enquiries. However 36.4% of all the completed safeguarding enquiries resulted in a “substantiated” outcome.

8. Facts and Figures

Impact on Risk

Graph 8.9



As a result of the change in culture to making safeguarding personal, there is a focus on trying to achieve the adult's preferred outcome wherever possible, which partially explains why no action was taken in 28.7% of substantiated enquiries. However, where action was taken the risk to the adult was either reduced or removed in 91.8% of the cases.

Deprivation of Liberty Safeguards (DoLS)

Introduction

The Mental Capacity Act (2005) provides a statutory framework to enable people to make decisions themselves or, where they cannot, to enable others to make decisions on their behalf. In 2009 it was amended and introduced 'Deprivation of Liberty Safeguards' (DoLS) to protect those people, in hospitals and care homes, who may not be able to make decisions about their care and treatment themselves.

Managers of care homes or hospitals must ask for permission from the "supervisory body" to provide care or treatment in a way that deprives a resident or patient of their liberty. The supervisory body must then arrange for an assessment.

Nottinghamshire County Council acts as the supervisory body, receiving and processing all DoLS referrals. Best Interests Assessors who are specially trained and qualified social workers undertake the assessments.

8. Facts and Figures

How many applications were made and granted for DoLS?

Table 8.10

2015/16	Number of DoLS Applications	Number of Active Authorisations
Total	2825	
Number Granted	695	450
Proportion of Applications Granted	51.0%	
Number Signed Off	1375	

Table 8.10 shows the total number of DoLS applications in Nottinghamshire and the number and proportion of applications that were granted in 2015/16.

A Supreme Court 'Cheshire West Judgement' on 14th March 2014 threw out previous judgements that had defined deprivation of liberty more restrictively. This meant that many people may have been deprived of their liberty without safeguards in settings including care homes and supported living placements. As a result, DoLS applications have increased substantially in Nottinghamshire and nationally.

Just over half of all applications resulted in an authorisation, and there are 450 active authorisations.

9. Finance

Nottinghamshire Safeguarding Adults Board Finances 2015/16

Item	Cost £	Total £
Expenditure:		
• Employee Costs	203,312.61	203,312.61
• Premises / Room Hire	2,474.75	2,474.75
• Transport	2,149.66	2,149.66
• Supplies and Services:		
Printing & Stationery	845.39	
Consultancy (including Independent Chair)	27,831.90	
Communications	3,763.07	
Expenses	184.00	
Catering	31.54	
Miscellaneous	903.96	33,559.86
<u>TOTAL EXPENDITURE</u>		<u>£241,496.88</u>
Income:		
• Nottinghamshire County Council	126,355.68	
• Nottinghamshire County CCGs	90,981.40	
• NHS Bassetlaw CCG	12,000.00	
• Nottinghamshire Police	12,000.00	
• Sundry Income	181.77	
<u>TOTAL INCOME</u>		<u>£241,496.88</u>



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