



Annual Report 2011-2012



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WELCOME AND INTRODUCTION

It gives me great pleasure to introduce this Nottinghamshire Safeguarding Adults Board Annual Report for 2011/2012.

During this year we have continued to face a number of challenges for all agencies involved in “Adult Safeguarding”. However, Board members have remained committed to fully contributing to our business and I believe we have moved from strength to strength in my aim for us to be a top performing board. This was evidenced following a “peer review” of the Board in November 2011 which was led by an independent consultant and which produced some very positive findings including strong leadership.

It is important we recognise and celebrate our achievements and I have included in this year’s report a brief section which summarises our strengths as they were identified by the review team. However, we remain far from complacent and the review also provided a number of actions for us to take forward to continue our progress.

In October 2011 the Board appointed a Board Manager, Bob Ross, who is well known to partners having a wealth of multi-agency experience. I believe that this appointment will further enhance our position.

During the coming year we will continue to address our strategic priorities in our aim “to safeguard vulnerable adults from harm and abuse by effectively working together”.

I would like to thank all of those who have worked with us in “Safeguarding Adults” and hope you will take the time to read this report.



Allan Breeton
Independent Chair – Nottinghamshire Safeguarding Adults Board

Nottinghamshire Safeguarding Adults Board (NSAB)

The Nottinghamshire Safeguarding Adults Board is the multi-agency group of senior managers from key organisations responsible for developing and implementing Nottinghamshire's strategy to safeguard vulnerable adults. Created in April 2008, the Board builds upon the seminal work undertaken by its predecessor, the Nottinghamshire Committee for the Protection of Vulnerable Adults (NCPVA).

Safeguarding adults is a phrase which means all work which enables an adult who is or may be in need of community care services to retain independence, well being and choice and to access their human right to live a life that is free from abuse and neglect.

Our vision for Nottinghamshire with regard to safeguarding adults is of a County where all adults can live a life free from any form of abuse or neglect.

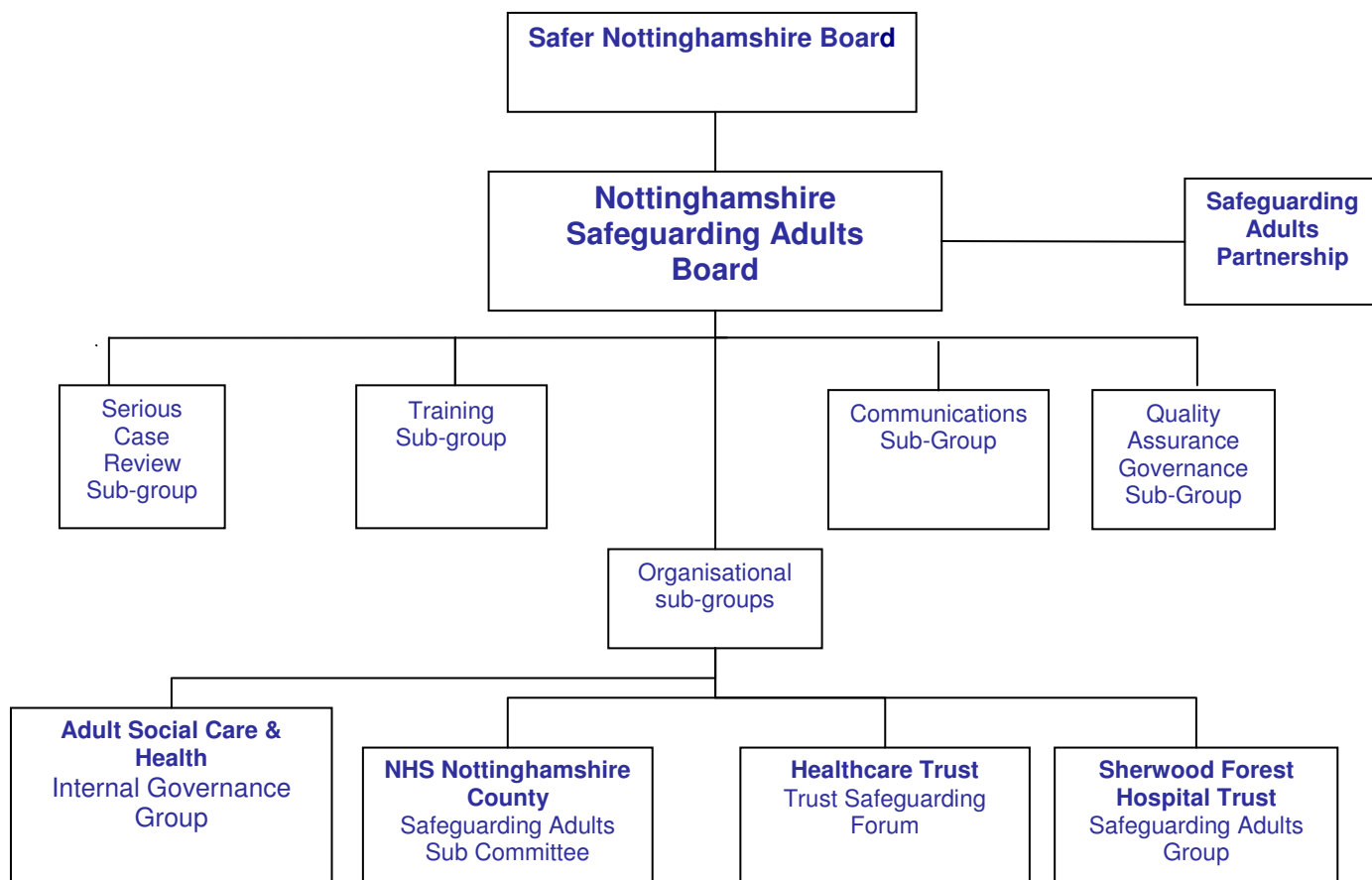
The aim of the Board is **“to safeguard vulnerable adults from harm and abuse by effectively working together”**. Full details of the terms of reference can be found at www.safeguardingadultsnotts.org.

NSAB has four standing sub-groups: Communications, Training, Quality Assurance and Serious Case 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 strategy and business plan.

In addition to the Board, a countywide safeguarding adults partnership has been established with over forty organisations who come together to advise the Board, participate in safeguarding developments, and act as a conduit for dissemination of information across the County.

The structure on the next page shows how NSAB connects to other groups.

NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD (NSAB)



MEMBERSHIP

The membership of the Nottinghamshire Safeguarding Adults Board during 2011/12 is shown below.

- ❖ **Independent Chair**
- ❖ **Director of Nursing and Integrated Governance**, NHS Nottinghamshire County (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 & Named Doctor for Adult Safeguarding**, Nottingham University Hospitals NHS Trust
- ❖ **Regional Lead for Learning Disability, Health and Adult Safeguarding**, NHS East Midlands
- ❖ **Service Director**, Joint Commissioning Quality and Business Change, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- ❖ **Associate Director Social Care**, Nottinghamshire Healthcare, NHS Trust
- ❖ **Group Manager**, Safeguarding Adults, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- ❖ **Partnerships Officer**, Nottinghamshire Fire and Rescue Service
- ❖ **Assistant Director of Nursing**, Doncaster and Bassetlaw Hospitals NHS Trust
- ❖ **Head of Governance**, NHS Bassetlaw
- ❖ **Commissioning & Planning Manager**, Safer Nottinghamshire Drug & Alcohol Action Team (DAAT)
- ❖ **Local Delivery Unit Director**, Nottinghamshire Probation Trust
- ❖ **Director of Nursing**, Sherwood Forest Hospital Trust
- ❖ **Clinical Quality Manager**, East Midlands Ambulance Service
- ❖ **Executive Board Member**, Nottinghamshire Association of Voluntary Organisations (NAVO)
- ❖ **Chief Executive Officer**, Ann Craft Trust (*associate member*)
- ❖ **Voiceability**, Advocacy Partners Speaking Up (*associate member*)
- ❖ **Crown Advocate**, Nottinghamshire Crown Prosecution Service (*associate member*)
- ❖ **Senior Solicitor**, Nottinghamshire County Council (*associate member*)
- ❖ **Compliance Manager**, Care Quality Commission (*associate member*)
- ❖ **Training Co-ordinator**, Safeguarding Adults Strategic Team, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- ❖ **Senior Audience and Communications Officer**, Nottinghamshire County Council
- ❖ **Board Manager, Safeguarding Adults Strategic Team**, Nottinghamshire County Council

PEER REVIEW

Listed below are some of the strengths of the Nottinghamshire Safeguarding Adults Board which were identified by the Peer Review team in November 2011:

- “We felt the framework electronic recording system was very good and has the potential to gather and record this information.
- We used Nottinghamshire’s file audit tool and felt it worked well.
- The file audit showed some very good practice and involvement of service users at all stages of the safeguarding process.
- The file audit also suggested that in most cases individuals were involved throughout the investigation and satisfied with the outcome.
- Deprivation of Liberty appears to be handled competently and used appropriately.
- The Council’s annual survey found that on the whole most people feel safe.
- The **Smile Stop Hate Crime** initiative started in 2011. This is an important multi-agency initiative (in partnership with MENCAP) for Nottinghamshire and closely links with tackling some of the risks associated with personalisation.
- The **keeping people safe group** works in conjunction with the Smile Stop Hate Crime initiative and is the workstream created as a direct result of the hate crime survey undertaken by the County Council, which asked disabled people to share their experiences of hate crime. The group aims to raise awareness of disability hate crime and improve responses from organisations when disability hate crime is reported.
- It is clear to us that there is strong leadership. The Board has its 3-year strategic plan and your Independent Chair has clear vision and expects commitment and participation from Board members as Safeguarding Champions.
- Our meeting with Elected Members showed clear and ongoing commitment to the extent that they wanted to discuss the merits of an Elected Member joining the Board.
- Leaders in partner organisation showed a high level of commitment and gave the impression that they engage with the Board as if it already has a statutory function.
- The Board has developed its 3-year Strategy.
- A Shadow Health and Wellbeing Board has been established and it is developing its terms of reference, and this includes the opportunity to provide governance for the Safeguarding Adults Board.
- In various ways commissioning and contracting is quality assured and there is recognition in the Local Authority and the NHS that this is an area that needs to continue to improve.
- Contracts do have a safeguarding focus.
- There are good multi-agency policy and procedures and awareness of these is high. The website is easily accessible and contains relevant and up to date information.

PEER REVIEW

- Whilst in this rapidly changing environment procedures inevitably need updating, they are thorough, easily available and supported by Framework.
- Nottinghamshire has a well-developed audit tool and this enables managers to assess performance on a regular basis.
- The file audit demonstrated knowledge, skill and effective partnership working.
- The Mental Capacity Act appears to be used appropriately.
- The Self Assessment Survey demonstrates strong commitment to keeping people safe and demonstrates strong partnership working.
- NSAB has a 3-year strategic plan and associated action plans for the Board and the sub-groups.
- All agencies are saying that they either are or intend to implement the competency framework and it has now been formally received and adopted by the Board.
- Nottinghamshire has commissioned and completed four serious case reviews and three were in the past two years. The recommendations relating to three of those are contained in a multi-agency action plan, thus enabling the Board to monitor progress.
- Utilising the File Audit Tool, Group Managers, on behalf of the Local Authority, undertake a small number of file audits and the results are collated in a quarterly report. This report identifies themes arising from the audits, and makes recommendations for the Board to consider.
- The post of Quality Assurance Manager for Adult Safeguarding is a highly valued resource.
- There is effective leadership for the Board and clear ambitions for the Board to make a difference.
- The Board clearly sees itself as having a scrutiny role.
- The Board carries out its work effectively and is supported by sub-groups, which develop their own work programmes.
- The Board has determined to develop the role of its members and development days are planned over the next few months.
- The Board has developed a strong culture of co-operation.
- Multi-agency training takes place under the auspices of the Board.”

THE SUB-GROUPS

Communications

Julie Cuthbert, Senior Audience and Communications Officer for Nottinghamshire County Council, is the Chair of the Communications Sub-Group.

“The Communications Sub-Group has two important roles. One is to raise awareness about safeguarding adults with front line staff such as social workers, police officers and healthcare workers so they understand how to recognise adult abuse, how to report concerns and what processes are involved.

We also have a duty to raise awareness with the general public so they know what adult abuse is, who might be affected and how they can report it.”

Quality Assurance

Caroline Baria, Service Director, Joint Commissioning, Quality and Business Change, is the Chair of the NSAB Quality Assurance Sub-Group.

“The Quality Assurance Sub-Group includes membership from NSAB and officers from partnership organisations. The aim of the sub-group continues to be:

- to provide NSAB with information on issues of quality, performance and audit;*
- to ensure service user/carer involvement and participation and feedback;*
- to assure the safeguarding adult process and practice across the county;*
- to assure the quality of the NSAB policy and procedures;*
- to monitor organisational action plans;*
- to audit the functions and process of the safeguarding board;*
- to assure Inter-organisational arrangements are effective;*
- to assure intra-organisational governance arrangements are in place;*
- to develop recommendations for future Quality Assurance systematic annual Board audit.”*

THE SUB-GROUPS

Serious Case Review

Amanda Sullivan, the Director of Nursing and Integrated Governance for NHS Nottinghamshire County, is the Chair of the Serious Case Review Sub-Group.

“The Serious Case Review Sub-Group ensures that cases of death or serious harm that involve abuse or neglect are thoroughly investigated. Our aim is find out why things went wrong and then to ensure that lessons are learned and shared across agencies.

We have representation from health, social care and the police. When we are alerted that a case may require a full multi-agency investigation, we find out the key facts of the case. If we think that a full investigation is required across all of the agencies involved, we recommend that a serious case review is undertaken. Ultimately, the NSAB Chair makes this decision.

Sometimes, when abuse or neglect has resulted in serious harm, we don't carry out a full multi-agency review, but we ask individual organisations to carry out an investigation and report back to us. Part of our role is to make sure that review recommendations are actually implemented across the partnership.”

Training

Tina Lowe, Multi-Agency Training Coordinator with the Safeguarding Adults Strategic Team, is the Chair of the Training Sub-Group.

The Training Sub-Group is made up of managers who hold key learning and development roles within their agencies.

“The sub-group exists to ensure that single and multi agency training is provided across the County at an acceptable standard and that this is accessible to statutory, Independent and Voluntary organisations.

Education and training are essential to ensure all staff and volunteers are fully equipped to fulfil their role in safeguarding.

The sub-group ensures that all safeguarding adults training that is delivered in Nottinghamshire is giving out the right messages, is delivered in a consistent way and is of the right quality.

The sub-group seeks to share best practice and incorporate the learning from serious case reviews into its training programme.”

WHAT HAVE WE DONE...AND HOW HAS IT MADE A DIFFERENCE?

What have we done...	...and how has it made a difference?
<p>We have provided a number of learning opportunities across a range of subjects for staff and volunteers throughout Nottinghamshire, including:</p> <ul style="list-style-type: none"> • 14 “referrer” training courses which have resulted in 232 Managers and Supervisors being able to act as referrers. • 45 people have been trained to undertake the role of investigating officer. • 4 “training for trainers” events resulted in 50 delegates being equipped with the knowledge to deliver Safeguarding training. • 2 “Safeguarding Manager” courses for 21 delegates who will manage safeguarding assessments. • individual agencies have been supported by the Board training co-ordinator in providing a range of safeguarding awareness training to front line staff. 	<p>✓ Provided staff with knowledge and awareness of how to act in relation to safeguarding concerns.</p>
<p>All partner agencies have training plans in place which have been quality assured.</p>	<p>✓ People who work for partner agencies who come into contact with vulnerable adults have received training and are equipped to carry out their duties in relation to safeguarding adults.</p>
<p>We have made sure that the relevant organisations and people are members of the training team.</p>	<p>✓ The multi-agency training team has extensive knowledge of safeguarding and members are specialist in their fields, enabling them to deliver training across a wide range of agencies and organisations.</p>
<p>In November we held a workshop for people who write “Individual Management Reviews”.</p>	<p>✓ Each agency has people who are skilled in carrying out reviews when we need to learn from our mistakes.</p>

WHAT HAVE WE DONE...AND HOW HAS IT MADE A DIFFERENCE?

<p>In January we held a multi-agency training workshop to raise awareness of Section 44 of the Mental Capacity Act, which creates a criminal offence of wilful neglect or ill treatment of an adult who lacks capacity.</p>	<p>✓ Workers are more familiar with this legislation, understand when it should be considered and the issues which need to be addressed in order to achieve a successful prosecution.</p>
<p>We continue to work with the Disability Independent Advisory Group (DIAG) to seek the views and opinions of service users.</p>	<p>✓ More people who use services are given the opportunity to help direct the work we are doing.</p>
<p>In November we had a “Peer Review” of our safeguarding arrangements which was led by an independent person with considerable experience of adult safeguarding.</p>	<p>✓ Our safeguarding practices have been thoroughly scrutinised and found to be generally “sound”. Recommendations for improvements have been made which have been implemented by the Safeguarding Board.</p>
<p>We have started work to introduce the “National Capability Framework” for safeguarding across partner agencies and organisations.</p>	<p>✓ This framework has been developed so that we know that our staff have the necessary skills to do the things that matter to make people safer.</p>
<p>We have begun the work required to strengthen the governance arrangements of the Board and links to the newly formed Health and Well-being Board.</p>	<p>✓ Our efforts to safeguard vulnerable adults will benefit from effective scrutiny arrangements.</p>
<p>We have joined forces with partner agencies and begun the work to develop a “Multi-Agency Safeguarding Hub” (MASH) which will bring together a number of agencies who will share information and act as a single point of contact for adult and child safeguarding referrals.</p>	<p>✓ Adults at risk of abuse will be identified more easily and receive a more consistent response from agencies.</p>
<p>We’ve made sure that the relevant organisations and people are members of the Board.</p>	<p>✓ A greater number of organisations and agencies are now working in the same way to safeguard vulnerable adults.</p>

WHAT HAVE WE DONE...AND HOW HAS IT MADE A DIFFERENCE?

<p>We have continued to audit how we have dealt with individual allegations of abuse and learnt lessons in order to improve our response.</p>	<p>✓ We are reassured that our staff work to high standards when safeguarding vulnerable adults.</p>
<p>We have developed our suite of performance data for Board members so that they are receiving relevant and up to date information about adult safeguarding.</p>	<p>✓ Board members are better informed and able to target their resources more effectively.</p>
<p>We have produced guidance around “referrals and pathways” to support our multi-agency procedures.</p>	<p>✓ This provides professionals with clear guidance and examples of when to make a safeguarding referral and when other options are more appropriate. This means we target our resources towards those at greatest risk.</p>
<p>We have done work to stop hate crime. We have led a group called the “keeping people safe” group which has coordinated a number of different work streams such as the “smile stop hate crime campaign”.</p>	<p>✓ More people know how to identify and report hate crime. Victims of hate crime receive more support and a better service.</p>
<p>Through our six monthly “Partnership Event” we have formed strong links with a range of agencies.</p>	<p>✓ The safeguarding message is delivered to a wide range of organisations which are able to help to keep vulnerable adults safe.</p>
<p>We raised awareness through communications channels including the media, websites, staff newsletters and intranets and displays for the public.</p>	<p>✓ Referrals from staff and the public increased from 2357 in 2010/11 to 2939 to 2011/12.</p>
<p>We have started a “Serious Case Review” following the death of a woman who had spina bifida.</p>	<p>✓ We will look to learn lessons to help us prevent something similar happening again.</p>
<p>We have considered the findings from serious case reviews carried out in other areas in an effort to learn from others.</p>	<p>✓ Agencies have reviewed their practices and procedures to take account of the lessons learnt.</p>

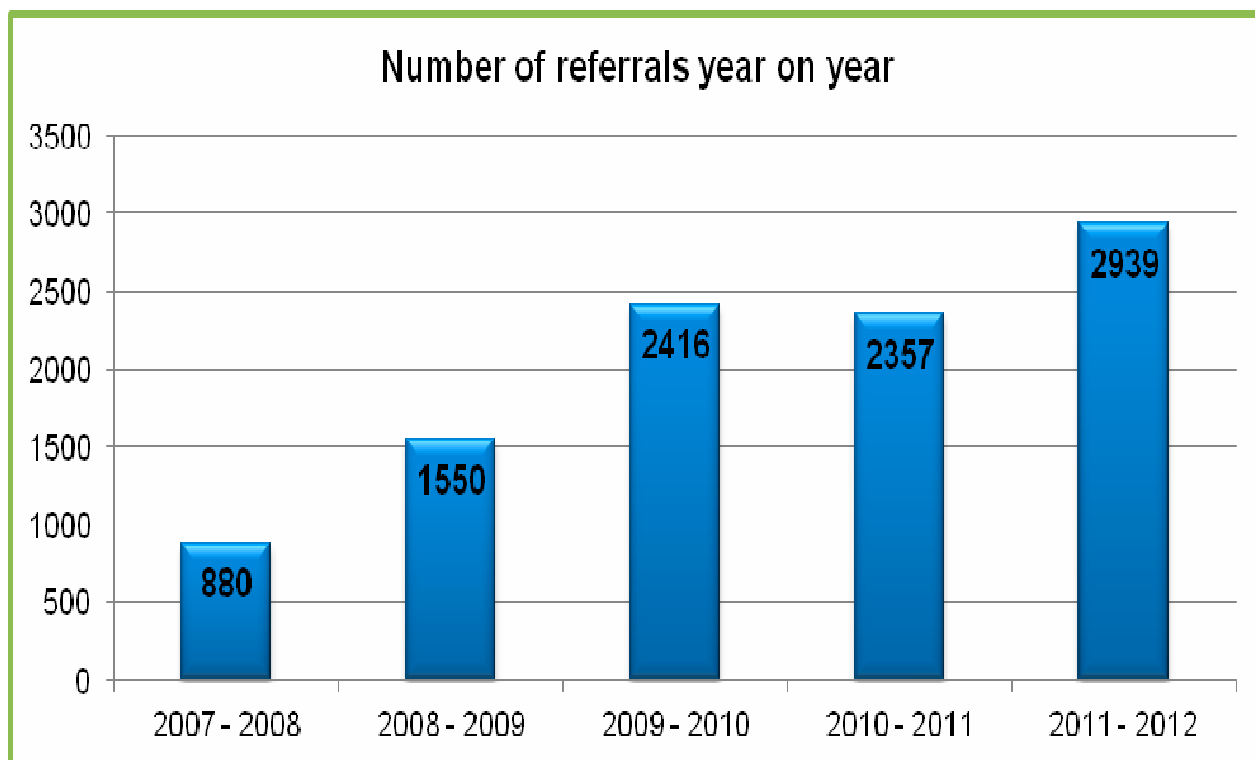
FACTS AND FIGURES

Introduction

Information gathering systems within Nottinghamshire are compatible with central government reporting requirements. The data complies with government guidelines, is in line with that provided by other Local Authorities, and allows comparison year on year.

1. Referrals

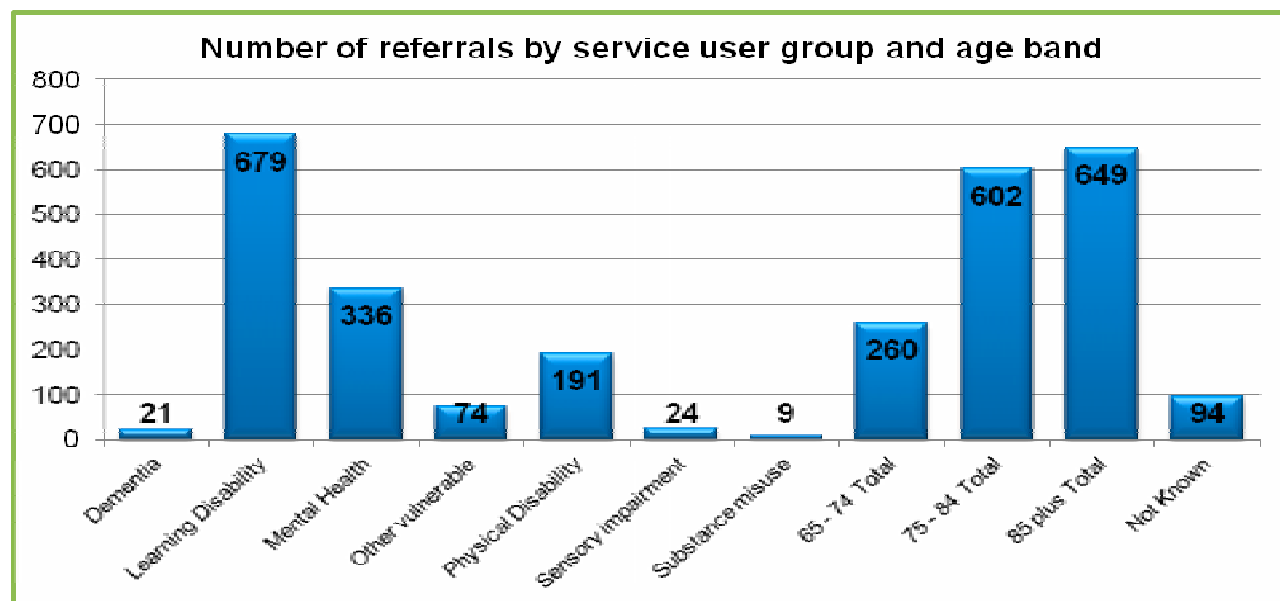
Graph 1.1



Graph 1.1 above shows the number of safeguarding referrals year on year. After a slight fall last year, this year has seen a resumption of the upward trend in safeguarding referrals made to Nottinghamshire County Council with a total of 2,939 referrals being received in 2011/12. This is likely to be the result of a combination of increased awareness of adult safeguarding due to effective local communication initiatives and greater national publicity following high profile “fly on the wall” documentaries.

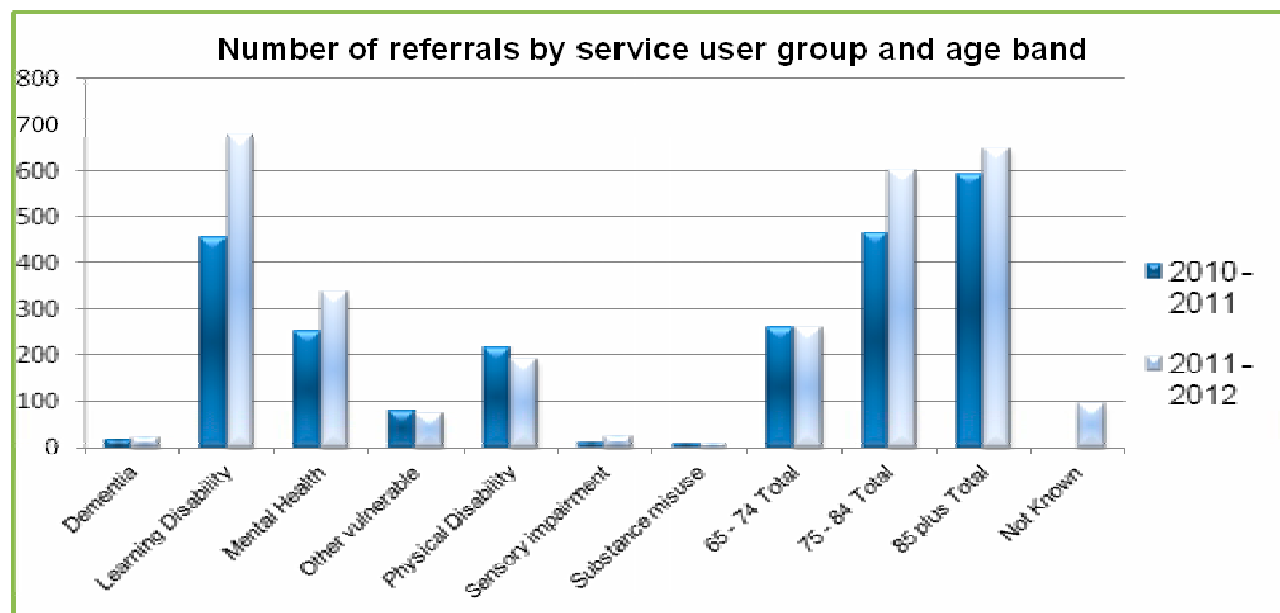
FACTS AND FIGURES

Graph 1.2



Graph 1.2 above shows the number of referrals by service user group and age band. As we might expect the figures show high numbers of referrals relating to the elderly with significant numbers in the 75-84 and 85+ categories. This data emphasizes the increased vulnerability of the oldest members of society and this is reflected in the disproportionate number of referrals which they attract. The other service user group with high numbers of referrals is Learning Disability.

Graph 1.3



Graph 1.3 above provides a comparison of the last 2 years' figures showing the number of referrals by service user group and age band. Of note is the significant increase in the

FACTS AND FIGURES

number of referrals in the Learning Disability (455 to 679) and Mental Health (253 to 336) categories. The increase in referrals in this category coincides with the “fly on the wall” documentary alluded to earlier. In May 2011 the BBC Panorama programme screened “Undercover Care: the Abuse Exposed” highlighting abuse at Winterbourne View, Bristol, an independent hospital which provided services for adults with Learning Disabilities. The programme led to some members of staff being convicted of criminal offences and the publicity generated by this, combined with the rigorous analysis of the issues in the subsequent serious case review, has led to a considerable amount of safeguarding activity involving a number of agencies including the Care Quality Commission, commissioners of services and the independent sector. This is likely to account for some of the increase in referrals in this category.

2. Referrals which led to Assessment

The statistical returns provided to central government concentrate on those referrals which were accepted by the safeguarding manager and which led to a safeguarding assessment. In Nottinghamshire, 1,137 of the 2,939 referrals received in 2011/12 went on to assessment. NSAB has responded to concerns that a significant proportion of referrals fail to go on to require a full assessment. Guidance has been produced in terms of a “Thresholds and Pathways” document which compliments the multi-agency procedures and provides practical examples of circumstances which require a safeguarding referral. It is anticipated that once this guidance is embedded into practice we will see a reduction in the percentage of referrals which don’t subsequently go on to require a full safeguarding assessment.

Type of Abuse

Table 2.1 numbers of assessments by type of abuse and service user group

	Physical Disability and sensory impairment	Mental Health	Learning Disability	Substance misuse	Other vulnerable	65 - 74 Total	75 - 84 Total	85 plus Total	Grand Total*
Physical	38	46	123	2	17	35	79	75	415
Sexual	10	20	26	2	2	5	9	17	91
Emotional / psychological	19	36	67	0	4	22	30	44	222
Financial	31	29	28	3	5	26	58	71	251
Neglect	20	14	63	3	3	34	86	101	324
Discriminatory	0	6	12	0	0	1	1	3	23
Institutional	8	10	41	0	2	15	38	51	165
Grand Total*	126	161	360	10	33	138	301	362	1491

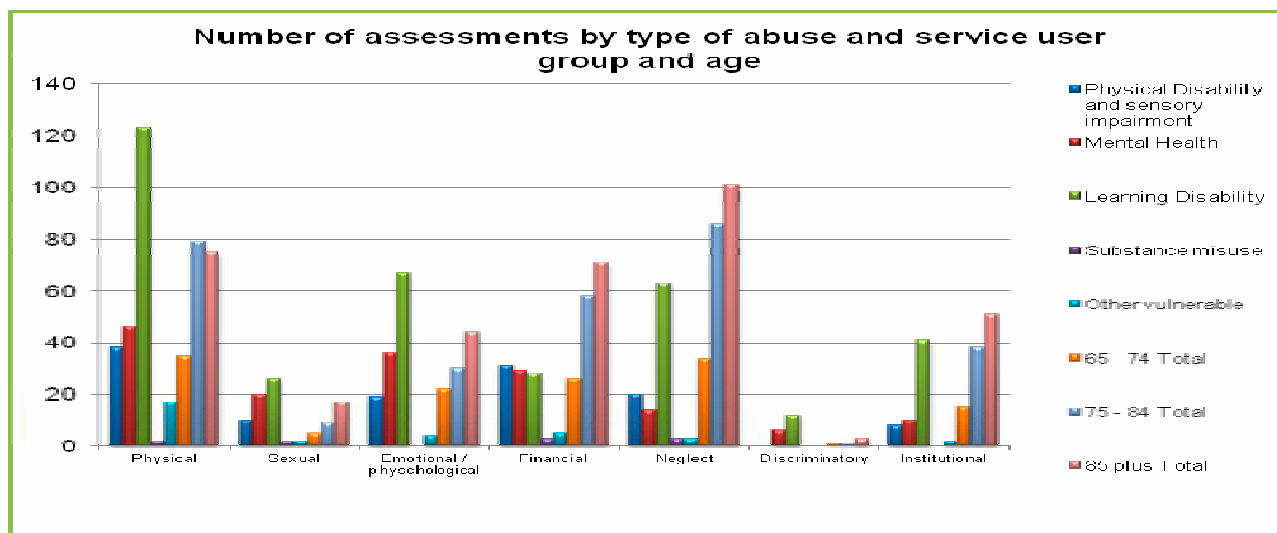
*Please note this includes multiple types of abuse

The data shown in Table 2.1 above is consistent with the data for all referrals, in that it shows the largest numbers of referrals which went on to a safeguarding assessment are within the “85 and over” category (362). This category is followed closely by Learning Disability with 360 referrals going on to assessment. The type of abuse which attracts the largest numbers of referrals which go on to assessment is physical abuse (415).

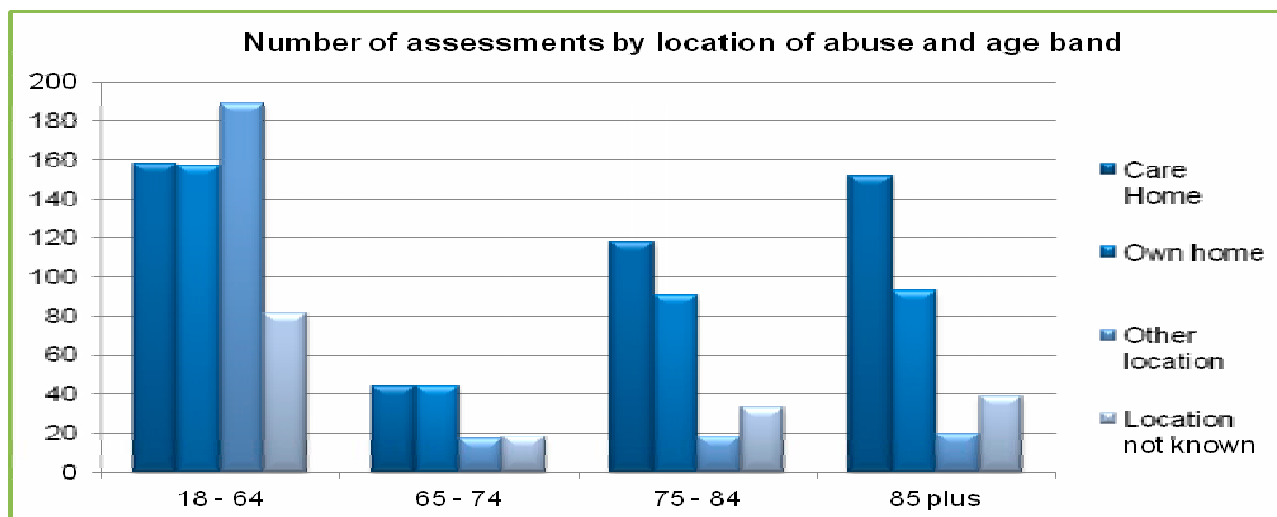
FACTS AND FIGURES

Graph 2.1 below gives a visual representation of the table. The graph shows that the highest number of assessments carried out in the category of physical abuse were for people with learning difficulties. The second highest category of abuse is neglect with the 75-84 and 85+ groups having the highest numbers of assessments.

Graph 2.1



Graph 2.2



Graph 2.2 above shows the number of safeguarding assessments by location of abuse and age band. Amongst the oldest age groups, 75-84 and 85+, the highest number of referrals which went on to assessment relate to service users within “care homes” closely followed by their “own homes”. Whilst the high numbers of assessments for people residing in care homes is a concern, it is important to note that this may be an indication of the high level of safeguarding awareness amongst staff working within care homes and a willingness for them to come forward and report concerns. The figures may also be a reflection of significant underreporting of abuse within the home which is much more likely to pass by “unseen” or “unchallenged”.

FACTS AND FIGURES

3. Outcomes

Some comparisons with previous years are possible here.

Table 3.1 Outcome of safeguarding assessment

Outcome of Safeguarding Assessment	2011 - 2012		2010 - 2011 Percentage	2009 - 2010 Percentage	2008 - 2009 Percentage
	Number	Percentage			
Substantiated	478	48%	52%	43%	35%
Not Substantiated	239	24%	22%	27%	30%
Not Determined / Inconclusive	281	28%	26%	30%	35%

The total number of completed assessments in the year was 998

Table 3.1 above provides information on the outcome of the safeguarding assessment. Of the 1,137 safeguarding assessments undertaken a total of 998 were recorded as completed by the end of the reporting period. The proportion of cases where a definitive outcome is reached remains fairly constant with only 28% of cases where it was not possible to determine the outcome one way or another. Almost half (48%) of all safeguarding assessments undertaken in 2011/12 resulted in a “substantiated” outcome.

Table 3.2 Support provided to vulnerable adults

Support provided to Vulnerable Adults	2011 - 2012		2010 - 2011 percentage	2009 - 2010 percentage	2008 - 2009 percentage
	Number	Percentage			
Action under the Mental Health Act	12	1%	1%	<0.5%	0.50%
Advocacy	20	2%	1.50%	1.50%	1.50%
Application to change appointeeship	14	1%	<0.5%	0.50%	0%
Civil action	3	0%	0%	<0.5%	<0.5%
Community care assessment and services	137	11%	12.50%	13%	17%
Counselling / support	78	6%	6.50%	6%	12%
Court of Protection	15	1%	1.50%	1%	1%
Increased monitoring	327	25%	29%	28%	42%
Management of access to alleged perpetrator	84	6%	6.50%	9%	12%
Management of access to finances	51	4%	3.50%	4.50%	5.50%
Moved to increased / different care	93	7%	7.50%	2.50%	0%
Other	203	16%	13%	12%	20.50%
Vulnerable Adult removed from property or service	40	3%	2.50%	5%	9.50%
Referred to MARAC	8	1%	0.50%	<0.5%	0%
Review of Self-Directed Support	26	2%	0.50%	-	-
No Further Action	187	14%	13.50%	-	-

Please note this includes multiple outcomes

FACTS AND FIGURES

Table 3.2 above details the wide range of support options provided for adults who are the subject of abuse and receive a safeguarding assessment.

Table 3.3 Outcomes for perpetrators

Outcomes for Perpetrators	2011 - 2012		2010 - 2011 percentage	2009 - 2010 percentage	2008 - 2009 percentage
	Number	Percentage			
Action by Care Quality Commission	32	3%	1%	4%	7%
Action under Mental Health Act	7	1%	<0.5%	1%	1%
Community care assessment and services	62	5%	5.50%	7%	6%
Continued monitoring	183	15%	25%	11%	0%
Counselling / support	130	11%	9%	5%	4%
Criminal prosecution	13	1%	1.50%	1%	<0.5%
Disciplinary action	84	7%	6%	7.50%	7.50%
Exoneration	5	0%	<0.5%	<0.5%	0%
Management of access to vulnerable adult	82	7%	7.50%	15%	7.50%
No further action	302	25%	21%	29%	31%
Police action	70	6%	7%	9%	9%
Referral to ISA (formally POVA)	33	3%	2%	3%	0%
Removed from property / service	74	6%	7%	<0.5%	7.50%
Referral to MAPPA	2	0%	0%	0	0.00%
Not Known	113	9%	6%	-	-

Whilst it is acknowledged that numbers remain low we are seeing a year on year increase in the number of criminal prosecutions as an outcome for perpetrators. This is in line with the Board's objective to improve equality of access to the criminal justice system for vulnerable adults.

DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

Introduction

The Mental Capacity Act (2005) (MCA) came into force in October 2007. It provides a statutory framework to enable people to make decisions for themselves and, where they cannot, to enable others to make decisions on their behalf.

The Act was amended in 2009 and introduced the Deprivation of Liberty Safeguards (DoLS) to protect those people in hospitals and care homes who may not be able to make decisions for themselves about their care and treatment.

Managers of care homes or hospitals must ask for permission from a supervisory body to provide care or treatment in a way that deprives the resident or patient of their liberty. The supervisory bodies (currently the Local Authorities and PCTs) must then arrange for an assessment. Local Authorities are responsible for undertaking assessments in care homes and PCTs are responsible for assessments in hospitals.

The Safeguarding Adults Practice Team within Nottinghamshire County Council acts as the administrative centre to receive and process all DoLS referrals on behalf of the three Nottinghamshire Supervisory Bodies: Nottinghamshire County Council, NHS Nottinghamshire County PCT and NHS Bassetlaw PCT. Staff (social workers and nurses) who undertake the assessments are called Best Interests Assessors and are specially trained and qualified in this work.

For more information regarding the Deprivation of Liberty Safeguards please visit the Department of Health website at:

www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/MentalCapacity/MentalCapacityActDeprivationofLibertysafeguards/index.htm

How many applications were made for DoLS?

There are two types of authorisation:

- An urgent authorisation is where a managing authority determines that they need to deprive someone of their liberty immediately, for their own safety, before the standard authorisation process can be completed, and gives the supervisory body seven days to carry out the assessments.
- A standard application is where a managing authority determines that they may need to deprive someone of their liberty in the near future and gives the supervisory body 21 days to carry out the assessments.

Type of application	No. Requested 2011/12	No. Requested 2010/11	No. Requested 2009/10
Urgent authorisation	112	115	148
Standard authorisation	71	71	39
Total	183	186	187

The table above shows the total number of DoLS applications and breaks them down into “urgent” and “standard” authorisations.

DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

The total numbers of applications were similar to previous years' and the proportion of urgent to standard applications remains fairly constant compared with 2010/11.

Nationally the number of people subject to a standard authorisation has increased each quarter since the safeguards were introduced, to the end of December 2011. However, between the end of December 2011 and March 2012 the numbers decreased nationally by 16 per cent, the first fall in numbers seen. Some supervisory bodies have taken a while to build up their referral rates and a handful have very low, or even no, referrals.

The East Midlands region still has the highest numbers of DoLS applications and within the region Nottinghamshire is the third highest. This indicates a good awareness and use of the legislation within Nottinghamshire.

By Supervisory Body	Urgent 2011/12	Standard 2011/12	Total 2011/12	Urgent 2010/11	Standard 2010/11	Total 2010/11	Urgent 2009/10	Standard 2009/10	Total 2009/10
Nottinghamshire County Council	83	58	141	95	61	156	116	37	153
NHS Bassetlaw	7	0	7	1	0	1	3	0	3
NHS Nottinghamshire County	18	9	27	19	10	29	25	2	27
Other Supervisory body	4	4	8	5	3	8	4	0	4

A supervisory body is the primary care trust, local authority or local health board that is responsible for considering, commissioning assessments and authorising deprivation of liberty requests. A managing authority is the person or body with management responsibility for the hospital or care home in which a person is, or may become, deprived of their liberty.

The table above shows the number of DoLS applications by “supervisory body”

On occasion, Nottinghamshire is asked to carry out DoLS assessments on behalf of other supervisory bodies whose residents/patients are placed in Nottinghamshire care homes or hospitals. Last year 8 such assessments were completed.

How many requests resulted in authorisation of Deprivation of Liberty?

Outcome of DoL Assessments	2011/12	2011/12 %	2010/11	2010/11 %	2009/10	2009/10 %
Authorised Deprivation of Liberty	93	53.59%	98	52.69%	74	39.5%
Deprivation of Liberty not granted	77	43.79%	84	43.16%	110	59.0%
Unauthorised Deprivation of Liberty	5	2.61%	4	4.15%	3	1.5%

Not all applications result in an authorisation. The table above shows the results of completed assessments, but not those (8) undertaken on behalf of other supervisory bodies.

The overall trend in Nottinghamshire is similar to the national picture, with the Local Authority undertaking 77% of the assessments and 54% of the total number of applications being authorised. The year on year increase in percentage of authorised applications may be indicative of a better understanding and more appropriate use of the legislation in care homes and hospitals.

FINANCE

DoL Safeguards and Mental Capacity Act

Item	Cost £	Total £
Employee Costs	149,484.50	149,484.50
Premises	6,497.27	6,497.27
Transport	1,248.19	1,248.19
Supplies and Services		
Office equipment	143.93	
Printing, stationary	1,124.00	
Services	3,800.60	
Communications	1,343.05	
Expenses	20.00	
Grants and Subscriptions	-518.00	
		5,913.58
Third Party Payments	15,782.06	15,782.06
TOTAL EXPENDITURE		178,925.60
Income		
Nottinghamshire County Council	-157,268.00	
Nottinghamshire County PCT	-14,438.40	
NHS Bassetlaw	-7,219.20	
TOTAL INCOME		178,925.60

FINANCE

Safeguarding Board (NSAB)

Item	Cost £	Total £
Employee Costs	243,479.88	243,479.88
Premises	15,821.35	15,821.35
Transport	3,060.91	3,060.91
Supplies and Services		
Office equipment	1,086.74	
Printing, stationary	2,024.07	
Services	18,207.35	
Communications	3,037.76	
Expenses	1,017.40	
Grants and Subscriptions	514.00	
Miscellaneous	752.00	
		26,909.32
TOTAL EXPENDITURE		289,271.46
Income		
Nottinghamshire County Council	-170,436.69	
Nottinghamshire County PCT	-81,482.00	
NHS Bassetlaw	-12,000.00	
Nottinghamshire Healthcare Trust	-12,000.00	
Nottinghamshire Police	-12,000.00	
Nottinghamshire Probation Trust	-1,000.00	
Sundry Income	-352.77	
TOTAL INCOME		289,271.46

