# Safeguarding Adults in Stockport

## Safeguarding Adults Board

## Annual Report

## Year Ending 31 March 2014

STOCKPORT METROPOLITAN BOROUGH COUNCIL

NHS Stockport

## Section1- Contents

## Section 2 - Independent Chairs Foreword

The purpose of this annual report is to record the work of the Stockport Safeguarding Adults Board (SSAB) during the financial year 2013-14, to enable the Board to be held to account for what it has achieved or not achieved and to raise awareness of the safeguarding adult's agenda amongst the wider community.

The safeguarding adult's board is the key local forum which brings together partner agencies to ensure that arrangements for safeguarding adults are well co-ordinated and effective. In particular that robust multi-agency policies are in place, supported by multi-agency training so that staff have the necessary skills and confidence.

Current membership of the Board is shown at Appendix 1. Membership has been widened during the year to include a greater range of providers and Healthwatch has agreed to join the Board.

Solid progress has been made in a number of key areas over the past year. The multi-agency safeguarding adults' policy has been fully revised and was published in October 2013. It is concerning however that one key adult safeguarding partner – Pennine Care – was unable to sign up to the policy. This lack of sign up creates risk and uncertainty and it is vital that discussions aimed at resolving this matter are successfully concluded as quickly as possible.

Additionally the Board has established a Quality Assurance and Performance Management Sub Group which will provide the Board with timely performance information and ultimately develop a capacity to audit cases so that the Board is able to obtain assurance that colleagues across all partner agencies and sectors are working consistently and effectively together to safeguard vulnerable adults.

Key areas of work for the year ahead are to oversee the implementation of the "making safeguarding personal" agenda which aims to ensure that safeguarding is done with - and not to – people and that the Communications Sub Group of the Board is fully functional and adequately resources so that we are better able to enhance awareness of the need to safeguard adults at risk.

As in previous years national developments have been extremely influential. The Care Act 2014 worked its way through Parliament during the year and represents a significant reform of care and support. It will place a number of important statutory duties on the Safeguarding Adults Board. As this financial year drew to a close, the Supreme Court made a far reaching judgement which altered the criteria for assessing whether a person without mental capacity is "deprived of their liberty" in a care home, hospital or other 24 hour care setting. (This annual report contains a case study which illustrates how "deprivation of liberty" decisions are made.)

The Supreme Court judgement has had the effect of greatly enlarging the number of people who will require formal authorisation under the Deprivation of Liberty safeguards. Addressing this issue will undoubtedly consume substantial resources at a time when budgets are under greater pressure than ever.

This is the third annual report published since I became independent chair of the Safeguarding Adults Board. In the two previous years I observed that the Safeguarding Adults Board appeared to be the “poor relation” of strategic partnership boards in the borough. I am compelled to repeat the point this year. The Board lacks the resources to fulfil its responsibilities. This will become an even more pressing issue once the Board is put on a statutory basis as a result of the implementation of the Care Act 2014 on 1st April 2015. The good news is that Stockport NHS Clinical Commissioning Group and the NHS Foundation Trust (Stepping Hill) have agreed in principle to join Stockport Council in funding the work of the Board. I hope other partner agencies will follow suit.

Last year I drew attention to the lack of governance arrangements for the Board. At that time no body held the Safeguarding Adults Board to account. Again progress has been made over the past year with the relevant Scrutiny Committee of Stockport Council receiving a progress report from the Board and links being made with Stockport’s Health and Wellbeing Board. It is important that these oversight arrangements continue to be strengthened.

However it continues to be a privilege to serve as independent chair of Stockport Safeguarding Adults Board and I would like to pay tribute to the many colleagues working in both the public and private, voluntary and independent sectors for their commitment to the mission of ensuring that all people in the Borough are able to live a life free from harm.

David Mellor
Independent Chair

## Section 3- Introduction

3.1 Safeguarding vulnerable adults is a responsibility placed on health and social care through the 'No Secrets' guidance (Department of Health 2000) which is issued under Section 7 of the Local Authority and Social Services Act 1970.

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

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

3.4 A vulnerable adult as defined in the 'No Secrets' guidance and the Stockport Safeguarding Adults multi agency policy and operational procedures is:

- a person aged 18 or over
- who is or may be in need of community care services by reason of mental or other disability, age or illness; and
- who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation

3.5 Abuse is a violation of an individual's human or civil rights by any other person or persons (No Secrets 2000). Abuse can happen anywhere - in someone's own home, on a bus, in a care home, in community care or in a hospital. It may be behaviour that is intended, or caused by a lack of training and/or ignorance.

3.6 Abusers (perpetrators) are often already known by the vulnerable adult/ adult at risk. Abusers can be people such as a professional worker, another service user, a relative, a friend, a group or an organisation.

3.7 This annual report seeks to demonstrate how the Stockport Safeguarding Adults Board (SSAB) is working to improve the lives of people who need our support most.

3.8 This Annual Report comprises of an update on both national and local developments; describing the local activity carried out by the partnership organisations that form the Stockport Safeguarding Adults Board (SSAB).

## Section 4 - The Stockport Safeguarding Adults Board

4.1 2013/14 saw the SSAB membership grow in strength with regards representation from the Private, Voluntary and Independent sector (PVI) however there is still further recruitment to do with regard to this sector.

4.2 The SSAB now has representation from Greater Manchester Fire and Rescue Service and NHS England now represented. Throughout 2014/15 the SSAB will look to recruit membership from Healthwatch.

4.3 Stockport Safeguarding Adults Board Membership.

4.4 The membership list for 2013/14 can be found at Appendix 1

4.5 % of SSAB Attendance and Graphical representation of SSAB at Appendix 2

4.6 Attendance 2013/14 2013/14 can be found at Appendix 2

4.7 Membership of SSAB Implementation group- see Appendix 4

4.8 Attendance at SSAB.

4.9 Regular and consistent attendance is essential for a functioning productive board. Attendance at meetings is monitored throughout the year. The SSAB expects members to commit to attending the four meetings per year.

4.10 Representation is expected at no less than 50% for all other organisations who are represented at the board in an advisory capacity.

4.11 SSAB met 4 times during 2013/14. Analysis of the attendance data for 2013/14 indicates an attendance rate of 62.5%.The chair remains committed to meet with agency who struggles to meet their commitment to attend the SSAB? Check that David doses this?

4.12 SSAB Board Sub Groups/Implementation Group.

4.13 Attendance of individual reps at sub groups of the board and implementation group of the board is variable and has been affected by competing demands and priorities pulling on attendee times. Budget cuts and service reviews as part of the austerity measures have had a significant impact on partner agency attendance.

4.14 Effectiveness of the Board (chairing, governance & accountability)

4.15 The Board has continued to show commitment to the priorities as set out within its terms of reference, with each member taking

responsibility for their role in achieving these essential standards for Safeguarding adults in Stockport.

4.16 The Independent Chair of the SSAB David Mellor has been in place since September 2011. His role is to provide oversight, accountability and challenge to the work of the SSAB. David attends the Council Scrutiny Committee meeting in relation to adult and children safeguarding arrangements.

4.17 In response to lack of governance arrangements for the SSAB, from December 2013 all SSAB annual report will be sent to local councillors (currently) Cllr Pantall and Cllr Holloway safeguarding adult leads) who intern will present the report to the Health and Wellbeing Scrutiny Committee.

4.18 In addition to the Councillor Scrutiny, Corporate Accountability Arrangements have now been put in place whereby Elected Members and Senior Officers will meet twice a year to review the Safeguarding of Adults within the Borough.

## Section 5 - National Developments

5.1 The Care Act

5.2 At the end of March 2014, the Care Bill was close to finalising its passage through Parliament, and it was clear that Safeguarding Adult Boards are to be placed on a statutory footing. All local authority areas will have a duty to have a multi-agency Safeguarding Adult Board with Clinical Commissioning Groups, Local Authorities and Police expected to be statutory members.

5.3 Safeguarding adults from abuse and neglect has been incorporated into the general assessment and service provisions of the Bill by the 'Wellbeing Principle' which places a general duty on local authorities (who are exercising their responsibilities in relation to an individual) to **promote the wellbeing** of individuals; this includes **protection from abuse and neglect** [i]

5.4 Proposals to afford local authorities the power to enter people's houses under a warrant in order to assess people with mental capacity at risk of abuse or neglect (but where access is denied) have been rejected.

5.5 Drafts of the Guidance and Regulations relating to the Safeguarding Adults provisions were subsequently published in June 2014.

5.6 The SSAB will ensure that the Strategic Plan for 2014/15 encompasses the duties imposed by the Act.

5.7 Response to Winterbourne View

5.8 In 2012 we reported on responses to the disclosure by Panorama of systematic mistreatment of residents at Winterbourne View, a private hospital providing services for people with learning disabilities and autism near Bristol. The situation stimulated a comprehensive national review of the ways in which support is provided to people with a learning disability or autism who behave in a way which challenges community services.

5.9 There is now a clear national expectation that specialist hospital assessment and treatment units, whether NHS-run or, like Winterbourne View, run by private companies, should cease to be the main means of responding to situations where community services struggle to cope with users' behaviour.

5.10 The national timetable was set out with the aim of finding appropriate solutions for these residents and redesigning community services to avoid future use of these services by June 2014.

5.11 On a national level, the Department of Health and an improvement programme jointly run by the Local Government Association and NHS England are monitoring progress which has been less rapid nationally than originally expected.

5.12 In Stockport, a joint action plan was developed locally, by the Learning Disability Joint Commissioning Group (LDJCG) The LDJCG is made up of a range of Stakeholders from the Local Authority, CCG and Third Sector. The LDJCG have responsibility for delivery of the action plan. 46 people were identified as living Outside of Borough. 5 people were identified to return to Stockport; 2 had already been returned to Stockport at the time of writing this report, 1 of those people having been residing out of Borough for 12 years.

5.13 Locally, the SSAB has offered overview and governance to the work being undertaken in response to the Winterbourne programme. Regular updates have been provided to the board and assurance that the work is being progressed effectively. Evidence to date suggests that progress is Stockport in positive and on track.

5.14 The SSAB will continue to provide overview and scrutiny to the action plan and will continues to receive routine updates as to the progress being made throughout 2014/15.

5.15 <u>The Francis Report</u>

5.16 On 9 June 2010 the Secretary of State for Health, Andrew Lansley MP, announced a full public inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust. The Inquiry built on the work of an earlier independent inquiry into the care provided by Mid Staffordshire NHS Foundation Trust between January 2005 and March 2009.

5.17 The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry was published on Wednesday 6 February 2013. It concluded that patients were routinely neglected by "*a Trust that was preoccupied with cost cutting, targets and processes and which lost sight of its fundamental responsibility to provide safe care*"[ii].Pages 85 to 115 of the executive summary detail the 290 recommendations made by the inquiry team.

5.18 The evidence gathered by the Inquiry demonstrated that for many patients the most basic elements of care were neglected and this was due to staff shortages, low morale, failure to respond to complaints, and an overall culture of bullying and cost cutting.

5.19 Throughout 2013/14 SSAB have sought assurances from key health partners with regards the actions they have taken in response to the Francis Report. This assurance will continue to be sought against the report recommendations throughout 2014/15.

5.20 Cheshire West Supreme Court Decision in respect of Deprivation of Liberty Safeguards (See Section 7)

5.21 On 19th March 2014, a Supreme Court Judgement changed the criteria for assessing whether a person without mental capacity is being "deprived of their liberty" in a care home, hospital or other 24-hour care setting.

5.22 The judgement will lead to a significant increase in the number of people with cognitive impairments who require formal authorisation under the Deprivation of Liberty safeguards either under:

a) the Deprivation of Liberty Safeguards (DoLS) (for hospital patients and care home residents)

b) through the Court of Protection (for people in supported living schemes and some other community-based arrangements)

5.23 This judgment sort to clarify the definition of a Deprivation of Liberty for adults who lack capacity to make decisions about their accommodation in the following places:

- Hospitals
- Hospices
- Residential Care Homes
- Nursing Care Homes
- Respite placements

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In summary the test to determine whether a person is being deprived of their liberty is judged to be where;

(i) The patient or resident lacks mental capacity to consent to their care and treatment in the care setting they are in.

(ii) They are not free to leave

(iii) They are subject to continuous supervision and control.

(All three elements must be met for the person to be deemed deprived of their liberty and the State is involved)

5.24 If the answer to the questions at 5.23 is yes, then they would now be considered to be deprived of their liberty and in need of the protection of an appropriate legislative framework.

5.25 This means that many, many more people in care homes, hospitals, independent supported living schemes, mental health hospitals and institutions will need to be assessed to consider whether they are being "deprived of liberty" and whether this is in their best interests.

5.26 <u>Making Safeguarding Personal (MSP)</u>

5.27 Making Safeguarding Personal (MSP) is a key component of the work being led by Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) to improve adult safeguarding practice, including a more personalised service, better involvement of people and better service options and responses.

5.28 Making safeguarding personal is about engaging with people about the outcomes they want at the beginning and middle of working with them, and

then ascertaining the extent to which those outcomes were realised at the end. This should result in safeguarding being done with, and not to, people.

5.29 It is about understanding the range of legal and social work interventions that may be used, depending on people's wishes and circumstances. There are some challenges about how many social workers have the skills, confidence (and feel they have the permission) to use a range of methods to work with and resolve those circumstances

5.30 MSP is about a shift from a process supported by conversations to a series of conversations supported by a process. Ensuring an emphasis in those conversations about what would improve an individual's quality of life as well as their safety. Talking through with people the options they have and what they want to do about their situation.

5.31 Councils are invited to engage in work on Making Safeguarding Personal at one or more of three levels:

**Bronze**: working with people (and their advocates or representatives if they lacked capacity) as soon as concerns are raised about them to identify the outcomes they wanted and then looking at the end of safeguarding at the extent to which they were realised.

**Silver**: the above, plus developing one or more types of responses and or recording and aggregating information about outcomes

**Gold:** the above, plus independent evaluation by a research organisation.

5.32 At the time of writing this report Stockport Council was considering engaging in the 2014/15 programme, commencing at Bronze level.

## Section 6 - Local Work Achievements 2013/14

6.1 The overarching principals as set out in the Government policy for safeguarding vulnerable adults May 2011 are full supported and adopted by the SSAB, as such they form the foundations of the current two year business plan. The two year plan is structure by the following themes and the subsequent sections progress to evidence the work undertaken around each of these principals.

- **Empowerment** – Presumption of person led decisions and informed consent. Individuals in Stockport have the relevant information to recognise abuse and know the choices available to ensure their safety.

- **Protection & Prevention** – It is better to take action before harm occurs. All organisations in Stockport have robust and effective mechanisms and service delivery that makes safeguarding everybody's business

- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented. In all circumstances, services response to allegations of harm or abuse are proportionate to the risk of harm identified, take into account the wishes of the individual and use appropriate professional judgement in the response and management of the risk.

- **Partnership** – Local solutions through services, working with their communities have a part to play in preventing, detecting and reporting neglect and abuse. The SSAB fosters a one team approach to safeguarding adults which places the welfare of individuals above organisational boundaries.

- **Leadership, Accountability & Governance** – Accountability and transparency in safeguarding. The SSAB has open and transparent governance arrangements, ensures that roles of all agencies are clear and holds to account partners for safeguarding adults.

SSAB have made the following progress on the business plan throughout 2013/14 in relation to the key principles.

### 6.2 Empowerment

During 2013/14 the SSAB created a dedicated communications sub group to develop a communication strategy. This work remains in its infancy and will be priority area for 2014/15 with the sub group working to confirm budget to support communication initiatives such as lunching a SSAB logo.

6.3 SAMCAS continued to promote the use and raise profile of the Safeguarding Service User Evaluation questionnaire in Adult Social Care throughout 2013/14. Despite this usage and engagement by operational teams has remained poor. Eight questionnaires were sent out in 2012/13 with one response received and nine questionnaires were sent out in 2013/14 with no responses. It is anticipated that that the work undertaken with Making Safeguarding Personal throughout 2014/15 will address the issue of poor uptake and also provide an opportunity for the SSAB Implementation group to scope out what systems partners have in place for their services.

6.4 October 2013 saw launch of the third edition of the Multi Agency Policy for Safeguarding Adults at Risk and Multi Agency Operational Procedures for Responding to an investigating Abuse. At the time of writing this report there remained ongoing discussions between the Safeguarding Adults Service and the local Mental Health Trust in regard to the implementation of certain aspects of the procedure.

6.5 Some of the key differences within the third edition of the policy are:

- Adoption of the term “Adult at Risk” as a replacement for “vulnerable adult”. This places the emphasis on the risk to the individual as a result of the actions of others rather than some inherent vulnerability of the person themselves.
- Placing the victim at the centre of the investigation and ensuring they are supported to retain control.
- Clearer differentiation between the responsibility of all organisations to develop their services in ways which build appropriate measures to safeguard the welfare of their client and the specific operational adult protection investigations procedures that are to be instigated when it is believed that an adult is being harmed or at risk of harm.
- The policy and procedures will be web based for professionals and public allowing for easier access of the specific information required as well as enabling on-going updating as circumstances and expectations change.

**6.6 Protection & Prevention**

6.7 A key element of the SSAB business plan is Stockport Safeguarding adults training strategy. The SSAB receives an annual training report and the detailed data is available upon request. Throughout 2013/14 the following training was offered:

***All training courses are advertised on the Staff Development website www.staffdev/training/safeguardingadults. There is a facility to nominate electronically.***

(i) *Alerter Training* **-** Alerter training, which also incorporates basic information on the Mental Capacity Act, is available to all front line staff from provider services who deliver care in the Stockport borough. It is 3.5 hour training, delivered by members from the multi-agency training

pool. Four sessions of this training are now delivered per month for groups of up to 30 staff.

(ii) *Alterer Refresher Training* – It is recommended that participants attend a refresher every 2 years. This condensed training recaps the essential learning from the Alterter session and then builds on this explore current issues in more depth with an update on local and national developments. The Alerter training was revised and updated following the update to the Safeguarding Adults Policy and Procedures to ensure it was fully up to date and linked to the revised policy.

(iii) *Train the trainer's* - Is now offered to support organisations to deliver Alerter training in house using the same training materials that meet the requirements of the competency framework. Staff Development can offer some ongoing support to organisations after the one day training. This training was successfully revised to reflect the updated Policy and Procedures and has been delivered twice this year to support our provider services to deliver in house Alerter training that meets the Stockport Safeguarding Adults Competency Framework agreed by the SSAB.

(iv) *Workbook available for managers to use with their Alerter staff in supervision sessions* - A workbook is available to consolidate and integrate learning into practice. This is an optional tool for managers to use if they feel it would be helpful to support learning in practice.

(v) *Safeguarding Adults for Referrers* - This is one day training available to all staff who supervises Alerters. It is a multi-agency training that addresses the responsibilities of the referrer under Stockport's Safeguarding Adults Policy and Procedures. The Referrer's training was revised and updated following the update to the Safeguarding Adults Policy and Procedures. Additionally, the training was reviewed in light of attendance and evaluations, and the refresher training was integrated into the main referrer training to better meet the training needs of provider managers attending the training, by enabling them to only require one day of face to face training (the other training competencies can now be delivered through E Learning or face to face).

(vi) *Referrer Refresher training* - It is recommended that staff attend a refresher every two years.

*(vii) Dignity in Care Day February 2014* - Stockport put on yearly workshops in February to coincide with Dignity in Care Day.

(viii) *Inquiry Officer Training* - This three day training is for all staff that may carry out the designated role of the Inquiry Officer as outlined in the Policy (SWs, CPNs and Community Learning Disability nurses). The training consists of an initial two day course delivered in house. There

is an additional third day of training which is specifically about interviewing techniques.

(ix) *Inquiry Officer Refresher* - This training has been has been rolled out via onsite training with adult social care teams, with exception of teams located within Pennine Mental Health Trust. Teams located within the management structure of Pennine Heath care trust will be the focus of 2014/15 for this training and update. Following the update to the Policy and Procedures, Inquiry Officer Refresher training has been delivered to all social work practitioners who carry out the Inquiry Officer role

(x) *Practitioner Forum (Safeguarding Adults & Mental Capacity Act)* – The forum meets quarterly for 2 hours and is open to all Inquiry officers and their managers. It provides a means to discuss practice and policy issues, encourage reflection on practice and build on practitioner confidence.

(xi) *Best Interest Assessor (BIA) training & Practitioner's Forum – The* Stockport Supervisory Body continues to support and send new staff on BIA training at Manchester University on the 5 day course. BIA's are currently recruited to the BIA pool on a yearly basis in September as required. There is a quarterly BIA forum to support the BIA's in carrying out their role. Each forum is dedicated to discussing best practice and unpicking relevant case law.

(xii) *Safeguarding Adults for Responsible Managers* - Training for responsible managers is offered as required to those who supervise investigations.

(xiii) *Training for Admin Staff on minute taking for safeguarding meetings.* This course is currently under review and it is anticipated that a revised training will be rolled out to all minute takers later in 2013.

(xiv) *Service User/Carer Training* - Stockport's `Keeping yourself safe' DVD is available from Staff Development free of charge and is aimed at raising awareness amongst service users of safeguarding issues particularly for those with a disability. Safeguarding training for informal carers is also now available as part of our program for informal carers

**6.8 Additional Key Training & Staff Development Achievements 2013/14**

*(i) Development of a joint Safeguarding Adults and Safeguarding Children's training* - A new joint safeguarding Adults and Safeguarding Children's training was developed and piloted to offer a joint training to those who work across under and over 18's. The pilot received very positive feedback and the training is going to be reviewed and further developed as necessary to meet this training need.

*(ii) Responsible Manager Training* - An update on the changes to practice introduced with the revised Policy and Procedures was delivered to

Responsible Managers to ensure that they understand the changes to the various roles under the Policy and Procedures.

*(iii) Mental Capacity Act training for providers aimed at supervisor/manager level that are responsible for making Best Interest decisions. -*
The Care Quality Commission have highlighted that there is a training need amongst providers and practitioners in relation to applying the MCA correctly in practice. This year quarterly sessions have been offered to managers and supervisors in provider services regarding complying with the MCA and specifically considering best practice in more complex cases. Additionally, two bespoke secessions of training on the compliance of MCA were commissioned to meet the needs of two social work assessment teams.

*Raising awareness amongst people with a learning disability in Stockport* -The 'A Team' is a group of service users who are supported to raise awareness of safeguarding issues in a range of settings in Stockport. The group delivered a range of sessions in Stockport this year to a variety of groups covering topics such as Hate Crime and Autism Awareness.

**6.9 NHS Foundation Trust Training**

(i) The Trust has 5902 employees, of which 3412 have been identified as requiring adult safeguarding Level two (L2) and MCA DoLS training.

(ii) Throughout 2013/14 L2 safeguarding training was delivered to 71% and it is projected that 85% will receive training in both Safeguarding and MCA DoLS by 31/03/2015.

(iii) With regards to supervising staff there are 349 of which 317 have completed the relevant training (91%)

(iv) *Mapping the training needs of contracted providers* - This year Staff Development and the Adult Social Care Quality Team have commenced work to map and record providers services training needs. This work initially commenced via the completion of surveys by the providers however due to a low return rate, from 07/02/14 the Quality Team have now incorporated this work into the annual review work and will continue through 2014/15 to build the data picture to inform future training areas for provider services.

(v) *Multi-agency Adults at Risk System –MAARS* - The Multi-agency Adults at Risk System has been operational for over nearly two years and has responded to a range of complex and challenging needs of individuals who present with chaotic and risky lifestyles. To date there have been nearly 80 cases that have presented to MAARS and have been referred primarily through the Housing Hub collaboration.

There are currently at the time of writing 50 active cases that are being addressed with a range of professionals contributing to the process of planning and risk assessment. However, this has been through mobilising existing resources and capacity to address their needs. The process of referrals and information sharing is underpinned by an IT infrastructure that serves as the primary mechanism as an entry point into the system. component.

A key programme priority will be the links with the IIS work stream on preventative commissioning that will encompass the 'Supporting People' funded services and has specifically identified vulnerable adults as a specific area that will benefit from a re-focused service specification and opportunity for re-commissioning the existing services and attracting new entrants into the market.

Work is underway to better integrate approaches between MAARS and the Multi-agency Safeguarding Hub, (MASH). This will be developed in part by creating a more systemic approach to information sharing and risk management. At the time of writing a bid to the Police Innovation Fund has been made and if successful will provide a deployable resource that will underpin the management of some of the more complex cases and ensure efficient interactions between both systems.

**6.10 Training Statistical data is available separately**

**6.11 Proportionality**

*Pilot system for safeguarding adult's referrals* - 2013/14 saw the extension of the threshold pilot project. The purpose of the pilot is to assist in determining a proportionate response for the management of service user related incidents occurring within the Service and to identify the best use of resources for both the Service and the Council in the management of said service user related incidents.

Additionally it is hoped the pilot will provide reassurance to all concerned regarding that the decisions made by the Service not to invoke the multi-agency safeguarding procedures are subjected to external scrutiny.

N.B The pilot does not in any way replace or alter the responsibility of the Service to make a referral to Adult Social care where it is believed that vulnerable adult has been harmed or placed at risk of harm.

Following on from the pilot work this year work has commenced on a Thresholds Guidance document in respect of Safeguarding referrals under the all agency policy and operational procedures. A working group from the implementation group are working to develop an effective mechanism for screening and determining response levels, it is intended the guidance will cover determining level and type of intervention for a Single/Multi agency response.

Additionally the group are working to incorporate effective recording systems to enable previous allegations to be referred to as part of the safeguarding process to enable clear lines of accountability for decision making by professionals.

It is anticipated that the guidance will be drafted throughout 2013/14 with a view to a go live date in 2014/15.

**6.12 Partnership - Annual statements from Board Members**

**6.13 Stockport Council Adult Social Care**

*National & Local Developments for Stockport Council in respect to Safeguarding adults.*

6.14 During the course of the year Stockport Council has been contributing to a range of strategic initiatives including:

- The Care Act- Stockport has contributed to the various consultations which has also included the proposals around adult safeguarding being put onto a statutory footing
- Deprivation of Liberty Safeguards (DOLS) – In March 2014 the Supreme Court ruling lowering the threshold around deprivation assessments and the application of the `acid test', has had a significant impact on operations. A strategy has been put in place to ensure that the Council as Supervisory Body is able to respond to the anticipated 10 fold increase in referrals The Council is currently evaluating the costs and to secure funding to ensure it can respond to this legal ruling. 16 Social Workers located on locality and service specific teams are now trained as Best Interest Assessors and work on a rota.
- As part of the ASC reorganisation and anticipating the requirements of the Care Act, a locality based service will be developed. The impact for adult safeguarding has been considered and models of improving the approach are being developed.
- Principal Social Worker Role - The Councils two Principal Social Workers ( Heads of Service) have been working with other Greater Manchester PSW`s to evaluate the role of Social Workers in the future. Safeguarding work will form an important part of the role.
- Learning Disability Self-Assessment Framework – A range of stakeholders have been involved in looking at how the inequalities faced by people with a Learning Disability can be removed. Stockport has submitted its data and an outcome is expected in the early Summer.
- Children & Families Act- This Act is due to come into effect in September 2014 and ASC representatives have been working with Children's Services, Education, Health services and Parents in Partnership to work out ways to more effectively support young people aged 0-25. Transition has been a key area of activity.

- All managers have attended training on the new 3rd Edition policy and the aim has been to ensure we endeavour to involve people in proportionate responses.

*6.15* *Developments post Winter Bourne View. A* range of stakeholders developed the WBV Action Plan and its implementation is monitored via the Learning Disability Joint Commissioning Groups and Safeguarding Adults Board quarterly.

In terms of Out of Borough Placements, it was agreed that the service should progress plans to develop an intensive housing support service. SMBC has worked in partnership with the CCG and Equity Housing with a view to developing Heys Court, an apartment block that will consist of 24 self-contained flats with onsite 24 hour support. All those people with a learning disability living out of borough will receive a review and where possible will be supported to return to Stockport. The service should also serve to reduce the potential for making inappropriate out of borough placements post June 2015.

Linked to this is the completion of the LD Self-Assessment framework where key stakeholders completed a whole system` health check' with the purpose of identifying health inequalities. A number of area scored red and these areas have been considered by both CCG and ASC management Boards. An Action Plan to look at these areas will be jointly developed.

*6.16* *Care Act 2014 - S*MBC has contributed to the various stages of the Care Bill which received royal assent in May2014. This legislation represents the most significant reform of adult care last in 60 years. The bill (and now Act) introduces numerous change. In relation safeguarding, the Care bill will do the following:

- Make safeguarding adults boards statutory;
- Make safeguarding enquiries a corporate duty for councils;
- Make serious case reviews mandatory when certain triggering situations have occurred and the parties believe that safeguarding failures have had a part to play;
- Place duties to co-operate over the supply of information on relevant agencies;
- Place a duty on councils to fund advocacy for assessment and safeguarding for people who do not have anyone else to speak up for them;
- Abolish, on human rights grounds, councils' power to remove people from insanitary conditions under section 47 of the National Assistance Act, albeit with recourse to the Public Health Act still possible for nearly the same outcome;
- Re-enact existing duties to protect people's property when in residential care or hospital;
- Place a duty of candour on providers about failings in hospital and care settings, and create a new offence for providers of supplying false or misleading information, in the case of information they are legally obliged to provide

In addition the Bill proposed:

- putting personal budgets on legal footing
- placing a duty on councils to provide preventive services to support people's health.
- the legislation also introduces a national minimum eligibility threshold for council funded social care and
- a limit on the amount people will have to pay towards their own care costs.
- Other measures include:
- a duty on council to consider the physical, mental and emotional wellbeing of individuals in need of care:
- a requirement for council to offer deferred payment scheme so that individuals do not have to sell their homes to pay for residential care in their lifetime.

A Customer Journey Board has been formed which will review all the councils operations to ensure it is compliant with the new requirements which will start to come into effect in April 2015.

*6.17 The Adult Safeguarding focus for Stockport Council throughout 2013/14.*

A key function of ASC is to lead on conducting safeguarding inquiries into allegations of abuse.

6.18 Activity continues to rise and ASC Social Workers and managers have led on ensuring the 3rd Edition multi-agency policy is fully implemented.

6.19 Stockport Councils locality and service teams take the lead coordinating role for the majority of safeguarding vulnerable adults at risk from harm.

6.20 The SMBC SAMCAS continues to provide specialist advice. This role is both in relation to multi-agency strategic development of adult safeguarding as well as involvement into individual cases of abuse where requested by Service Managers. The Service also supports the SSAB arrangements; involves in a range of multi-agency activities including MARAC and oversees the multi-agency training programme

6.21 In 2013/14 as with the previous year, the SAMCAS had a work programme which supported the overall objectives and priorities in the SSAB Business Plan. The work of the service and any outcomes, including the numbers of referrals handled are covered in the body of this report.

6.22 The Community Safety Unit and ASC continue to jointly work together to consider the risks faced by adults at risk who are vulnerable through lifestyle and circumstance. A pathway has now been developed through the council's contact centre for these individuals. The aim is to endeavour to support this group and reduce demand in the system. A pilot Multi Agency Adults at Risk programme (MAARS) is currently running and has considered the risks presented by over 40 vulnerable adults who may not be eligible for services, but are vulnerable through circumstances or situation.

6.23 *The progress Stockport Council has made in respect of Safeguarding Adults throughout 2013/14* - The introduction of the 3rd Edition policy has seen a continued commitment from SMBC ASC to ensuring that alerts are dealt with promptly and those victims and their families are involved in inquiries.

ASC is looking at a number of models to most effectively deploy its resources.

6.24 It is noted half the inquiries dealt with are located within provider environments. A more specialised response that can proactively work with providers to prevent abuse through reducing poor practice is also being progressed and evaluated.

6.25 *Stockport Council organisational achievements in respect of safeguarding adults.*- Safeguarding remains at the core of ASC operations and work is on-going to ensure ASC is able to meet the College of Social Work Employer Standards.

The employee Supervision Policy is being reviewed and the aim will be to ensure practitioners are able to debrief on investigations and discuss any individual practice and learning issues.

6.26 *Stockport Council key areas of challenge you see as an organisation going forward for 2014/15* - The 2014/15 financial year will bring again significant challenge particularly around the increase in the number of Deprivation of Liberty cases.

In addition a tightening financial envelope will mean that the Local Authority will need to evaluate more effective and efficient ways to prevent abuse and where that fails respond proportionately.

Stockport will look to take part in the Making Safeguarding Personal programme and also review how its Quality Team and SAMCAS service can improve response.

6.27 *Stockport organisational achievements in respect of safeguarding adults* - ASC dealt with 1461 alerts indicating possible safeguarding issues.

This progressed to 610 people in Stockport being the subject of a safeguarding inquiry. In terms of ASC activity this accounted for 601 Strategy Meetings. ASC continues to coordinate safeguarding activity which also includes a range of training courses which can be accessed free of charge.

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## 6.28 Stockport NHS Foundation Trust

*6.29 National & Local Developments for Stockport NHS Foundation Trust in respect to Safeguarding adults have been:*

- Local developments focusing on revision of training strategy
- Increased uptake of adults Level 2
- Implementation of Dementia best practice including F.A.I.R process
- Appointment of Dementia Matron
- Dementia training days established for health care assistants

Streamlining of Safeguarding processes across Stockport, Tameside and Glossop (acute and community)

6.30 Developments post Frances report - NHS Foundation Trust has held CEO led listening events.

6.31 Developments post Winter Bourne - NHS Foundation Trust has held Joint discussions to inform Learning Disability CQUIN for 14/15.

6.32 The Adult Safeguarding focus of the NHS Foundation Trust throughout 2013/14 - Training has been a key focus during 2013/14 regarding Adults L2 and Adults L3.

6.33 NHS Foundation Trust has made progress in respect of Safeguarding Adults throughout 2013/14 with - Training compliance, which has increased to 75% from below 50% for adults L2.

6.34 NHS foundation Trust's achievements in respect of safeguarding adults - The implementation of Domestic abuse policy and guidance for managers of staff experiencing domestic abuse implemented.

6.35 NHS foundation Trust's internal governance and quality arrangements for safeguarding over 2013/14:

- Monthly 1-1 with Deputy Director of Nursing and Midwifery
- Quarterly assurance meetings with Designated CCG Nurses
- Ad hoc meetings with designated CCG nurses
- Annual report to Quality Governance meeting
- Safeguarding to Board of Directors from Executive Lead

6.36 Key areas of challenge for NHS Foundation Trust going forward for 2014/15:

- Supreme Court ruling 19.03.14 – implications for increased DoLs applications, and roll out of embedded awareness amongst staff
- Maintenance of improved compliance with Adults Safeguarding L2 training
- Dementia training and compliance with F.A.I.R assessments
- Access to supervision for both acute and community staff
- Prevent – roll out and access to training
- Potential statutory framework for Adult Safeguarding

- Domestic abuse – raising awareness and ensuring compliance with NICE public health guidelines

**6.37 Greater Manchester Police**

6.38 *National & Local Developments for GMP in respect to Safeguarding adults* – A focus upon Vulnerability of Victims' Families and Perpetrators in particular linked to Domestic abuse / violence and CSE/ children in care.

6.39 The Adult Safeguarding focus of GMP throughout 2013/14 has been on Safeguarding and Vulnerability Adult victims and their children particularly linked to DA.

6.40 The progress GMP has made in respect of Safeguarding Adults throughout 2013/14 has included all officers having received enhanced training on Risk Assessment at scenes of domestic abuse and better governance of Domestic Abuse reporting by officers.

6.41 GMP internal governance and quality arrangements for safeguarding have ensured all Domestic Abuse incidents are reviewed by a governance group to ensure safeguarding is at centre of all we do.

6.42 GMP key areas of challenge include increased demand with shrinking resource and more historic complaints as public confidence in reporting increases.

**6.43 NHS England (Greater Manchester)**

*6.44 Who are we* - NHS England Safeguarding People in the Reformed NHS guidance outlines the area team's responsibilities to safeguarding children. Significant changes to the structure of the NHS came into effect on 1 April 2013. New organisations were created and others such as primary care trusts (PCTs) and Strategic Health Authorities (SHAs) were abolished. NHS England is a new national organisation with a local area team covering Greater Manchester. Its main role is to ensure that the overall system of planning and buying NHS services works well and that the NHS delivers better outcomes for patients. NHS England oversees the operation of CCGs making sure they successfully plan and buy services for their local population. It also looks at how well CCGs operate their budgets, engage with their local populations, and deliver the pledges, rights and values in the NHS Constitution. NHS England also plans and buys health services at a national level. These include:

- Specialised services (such as those for rare diseases) including Tier 4 CAMHS
- Prison health services
- Some services for members of the armed forces.
- Primary Care e.g. GP services, dentists, pharmacy and optometry.

6.45 Our responsibilities for safeguarding children - NHS England 'Safeguarding people in the Reformed NHS' guidance outlines the Area Teams

responsibilities to safeguard both Children and Adults who are vulnerable. Our responsibilities are managed through the Greater Manchester Strategic Safeguarding Collaborative which is hosted by the Area Team.

Safeguarding Work that we have delivered in Greater Manchester in 2013/14 includes the implementation of Safeguarding Incident Operating Framework and Log - Greater Manchester Safeguarding Incident Operating Framework and Log is intended to improve the reporting of safeguarding incidents that occur within commissioned health care settings and assist with identifying themes and trends where care may be sub-optimal or patients are at increased risk. The themes and trends will support the development of lessons learnt in relation to safeguarding incidents which inform the Greater Manchester Safeguarding Business Plan. There has been a significant increase in the reporting of safeguarding incidents in Greater Manchester which does not mean that there are more safeguarding incidents occurring but that we are better at reporting. The area team have facilitated two serious safeguarding incident workshops and plan to continue this work in 2014/15.

**6.46 Other developments –**

Greater Manchester Heat map -
Due to the size of Greater Manchester it has been agreed there is a need to focus resource on specific areas where support is required. In order to do this a heat map has been developed which will assist in providing a Greater Manchester picture of issues/concern. The heat map is designed to look at the Greater Manchester Safeguarding Health Economy as a whole and therefore includes Area Team, Specialist Commissioning, Health Visiting, Independent Section and Primary Care as well as CCG/Providers. It is vital to note the heat map is not a performance monitoring tool but a supportive document to allow focussed work.

The heat map will continue to be developed in 2014/15.

Named Professional Service for Primary Care - Greater Manchester is currently not meeting its trajectory for named GP sessions whereby some Clinical Commissioning Groups are employing named GP and others are considering alternative models in collaboration with the Area Team. Greater Manchester is committed to achieving the trajectory of Named GP sessions across the economy in 2014/15.

Events and Conferences - *Greater Manchester Safeguarding Conference 2013* - The first GM Safeguarding Annual Conference was held in November 2013. The purpose of this was to provide a national as well as local update on Safeguarding. The conference was well attended with a mix of Health, Local Authority and Voluntary Sector Colleagues.

*Well Women's Event 2014* - Greater Manchester Area Team felt that it was opportune to link screening and immunisation and safeguarding the event to highlight the role of Practice Nurses in primary care. The focus of the day was 'Making Every Contact Count' and that when women attending for screening appointments it could be a valuable opportunity to consider safeguarding. This was based on recommendations from DHRs and SCRs. Practice Nurses are

a workforce who often know their patients, are a familiar face to their patients and are in a trusted position. It is important that Practice Nurses are equipped to understand the signs of abuse and know when and how to act. The event includes presentations on FGM, Domestic Abuse, and CSE.

6.48 Primary Care information sharing for Domestic Homicide Reviews -
It was brought to the attention of NHS England (Greater Manchester Area Team) that a number of general practices had declined requests for information or to provide access to records of victims and/or family members and/or the perpetrator for the purposes of conducting a Domestic Homicide Review or Serious Case Reviews on the grounds of patient confidentiality. NHS England has clarified the position and has written to all GPs. In summary Practices are reminded that if informed consent is not feasible confidential information can nevertheless be disclosed to support the detection, investigation and punishment of serious crime and/or prevent abuse or serious harm to others and may disclose confidential information if there is an overwhelming public interest in disclosing the information which outweighs both the obligation of confidentiality owed to the individual and the public good of protecting trust in a confidential service. Establishing what lessons can be learned from a domestic homicide is in the public interest as it serves the interests of society as a whole to prevent future domestic homicides.

6.49 What our priorities are for 2014/15 - Greater Manchester Area Team in partnership with Clinical Commissioning Groups will continue to, embed and sustain the work which was delivered in 2013/14. Learning from Serious Case Reviews, Domestic Homicide Reviews, Themes/trends of serious safeguarding incident and recent CQC Reviews of Health services for Children Looked After and Safeguarding in Greater Manchester tells us that a focused effort is required to ensure that services are working together and communicating effectively in relation to children and adults who are vulnerable.

We commit to ensuring in 2014/15 we deliver:

- A primary care tool kit for safeguarding which will act as a ‘one stop’ guide for all professionals working within General Practice, Optometry, Pharmacy, and dental practices. The toolkit will include links to LCSBs and LCABs, Greater Manchester Safeguarding polices and practice guidance. The toolkit will also encompass a set of core safeguarding standards which all primary care contractors would be expected to be compliant against.
- Review pathways to ensure that there is effective two way information sharing between General Practice and services i.e. Midwifery, Health Visiting.
- Training and Development Strategy for Primary Care Contractors in collaboration with Clinical Commissioning Groups.
- Ensure senior level attendance at all Greater Manchester LSCBS. Board Attendance has been challenging in 2013/14 due to the number of LSCBs in Greater Manchester. A recent review of Board attendance has been undertaken and the Boards have been

redistributed between Senior Managers within the Area Team, Board Representatives will be expected to active members of both the LSCB and SAB for their respective locality in Greater Manchester.

- Develop joint standards for inclusion in NHS Trust Contracts and agree an associated audit monitoring tool via the Strategic Safeguarding Collaborative to ensure a common approach across Greater Manchester.
- Continue to provide regular safeguarding updates to the Greater Manchester Quality Surveillance Group and escalate potential regional or national issues as appropriate.

**6.50 Leadership, Accountability & Governance**

6.51 During 2013/14 the SSAB and IG TOR have been reviewed and approved.

6.52 Please see appendix 6 for copy of SSAB Terms of reference.

6.53 Please see appendix 7 for copy of Implementation Group Terms of reference.

6.54 In a move to provide a higher level of scrutiny of the boards functioning, the Independent chair will now attend council scrutiny committee meetings in relation adult and children's safeguarding arrangements. All annual reports will now be sent to the executive of the health and wellbeing board in line with memorandum of understanding for scrutiny by Health & Well-being board.

**6.55 Independent Homecare (Independent Home representative)**

6.56 The Independent Sector has faced many challenges over the years but the past several years have been some of the most challenging. To provide a high quality of service and safety, appropriate staffing is essential. The right people to provide that service with sensitivity and respect is another essential. Recruiting these people has been the biggest challenge as there are many employers who require shift workers to work blocks of flexible hours in one work setting. Domiciliary Care requires the worker to have their own transport, mobile phone and to work for short periods of time in many and various locations, in whatever weather conditions are prevailing, day or night. Recruitment of an appropriate workforce is essential to the safeguarding of vulnerable people.

6.57 Our work is challenging and often with frailest and most vulnerable people within our society who have very complex needs. Our Care Workers are dealing with many types of impairments – hearing, sight, verbal, physical – often several of these in one person. High levels of skill, training and support are required to enable Care Workers to provide appropriate and person centred care. Again these factors contribute to the safeguarding of vulnerable people.

6.58 Although “cuts” are often spoken of in the context of Public and Health Services, it is little recognised that the Independent Sector has suffered in this context. In Domiciliary Care, the hourly rate of pay per hour has been reduced twice in the last 3 years. We understand that we cannot be exempt from the effects of austerity but colleagues and our professional organisation, the UKHCA, believe that our funding is dangerously low. We will continue to explain and justify why we need to be paid realistically to remain in existence in order to provide our services which are essential for the wellbeing and safeguarding of the people we care for and support.

6.59 The Adult Safeguarding Board have discussed these matters throughout the year and regularly consider the impact austerity is having on Service Users and services and raises these issues with relevant bodies where appropriate.

**6.60 Age UK Stockport**

6.61 Age UK Stockport is the largest independent charity in Stockport representing, working for and working with older people including carers. The Community Development Manager is a member of the Safeguarding Board. Age UK Stockport deliver a flexible response to people’s needs. To ensure safeguarding is a core part of the work we do, all front line workers receive Safeguarding training via Stockport Metropolitan Council and specific internal organisational sessions. This ensures all workers are aware of Safeguarding issues and reporting mechanisms. Two senior staff members have been nominated to lead on safeguarding for the organisation.

6.62.1 Safeguarding Numbers for April 2013 – March 2014 (inclusive) are as follows:

- Safeguarding Awareness Raising and Prevention contacts total 3,943
- Identified Safeguarding issues through the above contacts totalled 13 people. Each person was provided with support from the organisation in relation to safeguarding and all received ongoing practical and emotional support.
- Category of abuse:

| | |
|---|---|
| Financial Other | 6 |
| Physical | 1 |
| Psychological | 1 |
| Self-Neglect | 4 |
| Sexual | 1 |

- Of the 13 supported, 9 were female and 4 male, the age range was:

| | |
|---|---|
| U60 | 1 |
| 60-69 | 1 |
| 70-79 | 3 |
| 80-89 | 3 |
| 90+ | 3 |
| Unknown | 2 |

- Geographically people were from across the Borough.

**6.63 NHS Stockport Clinical Commissioning Group (NHS SCCG)**

6.64 The responsibility for coordinating adult safeguarding arrangement lies with Stockport Metropolitan Borough Council (SMBC), but Stockport Clinical Commissioning Group (SCCG) is accountable for ensuring it has its own safeguarding structures and processes which is key thread that runs throughout the SCCG quality and safety agenda.

NHS England local area team is formalising local safeguarding networks to include CCG executive leads and designated professionals to further support safeguarding across the NHS and to ensure a standardised approach to safeguarding is achieved.

6.65 Deprivation of Liberty Safeguards (DOLS) – In March 2014 the Supreme Court ruling lowering the threshold around deprivation assessments and the application of the `acid test', has had a significant impact on operations. SCCG continues to support SMBC with the implementation of the changes and has updated all relevant members of the Stockport Safeguarding Adults Governance Group and SCCG staff. Adults: MCA and DoLS will continue to be a work stream for SCCG in 2015-2016 planning.

6.66 The findings from the Frances report continue to be a golden thread of SCCG Business Plans and Strategic Vision. SCCG provides regular assurance to SSAB.

6.67 NHS SCCG Joint Commissioning Lead has developed a Winterbourne View action plan with a number of stakeholders and this is monitored closely by the Joint Commissioning Lead at SCCG via SCCG Quality and Provider Management Committee (QPMC), Learning Disability Joint Commissioning Groups and Safeguarding Adults Board quarterly.

6.68 It remains SCCG's responsibility to monitor the out of area placements of individuals with learning disabilities following the Winterbourne report. SCCG and SMBC are committed to developing and improving services for Learning Disabilities and are working together with a number of agencies to ensure that the health of individuals concerned is monitored and the quality of care is maintained. Out of borough placements are monitored SCCG and they are committed to reviewing the quality and suitability of the out of area placements.

6.69 The role of the Designated Nurse Adult Safeguarding has enabled SCCG to engage in partnership working with SMBC, CQC and other providers and all working together towards a shared vision for adult safeguarding. By attending strategy meetings, Adult Safeguarding Board (statutory responsibility 3) and Quality and Contract meetings this has provided a clear insight into what the expectations are from SCCG.

SCCG provides a direct point of contact within health to support queries raised by health colleagues when they are confronted with a safeguarding concern.

SCCG completed a safeguarding adult engagement survey using the SCCG website and hand held devices, to ascertain professional and public understanding of adult safeguarding.

The Designated Nurse represents SCCG at a number of multi-agency forums which monitor and drive service improvement for adults at risk.

The Designated Nurse is part of the Pressure Ulcer Task and Finish group which is looking at reducing pressure ulcers across the Stockport economy.

Increased networking with independent and third sector providers to ensure they have a senior point of contact and that they are following the same reporting process as NHS colleagues.

Supporting quality team and SCCG to drive quality and safeguarding throughout all commissioned services.

6.70 Assurance continues to be a key focus for adult safeguarding. The embedding of the safeguarding policy, safeguarding standards and the requirement to complete a self-assessment in all contracts has been progressed and will continue to be embedded and monitored in all contracts for 2015-2016.

This year has seen an increase in the number of providers being asked to provide assurance particularly care homes with nursing, any qualified provider and third sector providers. The safeguarding assurance tool was sent to all providers for them to self-assess which assures the SCGG in relation to policies, procedures, training, safety and risk.

6.71 The Safeguarding Lead provides a monthly report to SCCG QPMC on level of assurance received from providers.

The Designated Nurse monitors the provider action plans in respect to compliance with safeguarding standards.

The Designated Nurse reviews incident reports and investigation reports when there has been an untoward incident and advises re safeguarding issues.

6.72 NHS Stockport CCG continues to monitor provider organisations via the safeguarding self-assessment tool, Commissioning for Quality and Innovation Scheme (CQUINS) and Key Performance Indicators (KPI).

6.73 The focus this year has been particular in driving up awareness in MCA and DoLS. The CCG received some funding for MCA and DOLS at the end of the last financial year which was used to train two staff members in MCA and DoLS train the trainer. The Continuing Healthcare Team have had face to

face training in MCA and DoLS. The remaining money was used to purchase training materials and develop prompt cards for the Stockport Economy.

6.74 SCCG has Level 1 mandatory training in safeguarding for all staff. All staff by the end of March will have completed Prevent training.

6.75 April 2013 saw a number of changes to commissioning arrangements, the most notable for safeguarding adults being for GP's, Optometrist, Pharmacist and Dentists– to NHS England. NHS England is now responsible for monitoring safeguarding compliance and providing training for these professionals. SCCG currently do not get any training data from NHS England and this has been escalated via the GM Safeguarding Collaborative.

**6.76 Pennine Care NHS Foundation Trust**

6.77 Key Developments during 2013/14:

- New Safeguarding delivery model embedded within the 6 different boroughs across mental health and community services.
- Appointment of Specialist Practitioners for Adult Safeguarding across the footprint of the Trust.
- E-learning Dementia training package.

6.78 Internal Governance and Quality Arrangements:

- Implementation of the Trusts Integrated Safeguarding Strategy Group.
- Quarterly assurance meetings with Designated Nurses within the 6 CCGs.
- Safeguarding incident reporting – monthly reports presented to the Quality Governance Assurance Group and Board.
- Monthly 1:1 with acting Executive Director of Nursing and Healthcare Professionals.
- Bi-monthly meetings with Divisional Directors and Named Nurse for Safeguarding.
- Bi-monthly Trust Safeguarding Adults Group.

6.79 Challenges for 2014/15:

- Supreme Court ruling (19.3.14) – impact of increased DoLs applications, and roll out of awareness amongst staff.
- Maintenance of improved compliance with Adult Safeguarding.
- Dementia training.
- Maintenance of access to supervision.
- WRAP3/PREVENT training.
- Impact of statutory framework for Adult Safeguarding.

## Section 7 – Deprivation of Liberty Safeguards (DoLS)

7.1 The DoLS provide protection to adults in hospitals and care homes that do not have the capacity to consent to their care and treatment and the manner in which it is provided. Care Homes and hospitals must make requests to the Supervisory Body for authorisation to legally deprive someone of their liberty if they believe it is in their best interests. The safeguards also provide a legal process of challenge by the deprived person or their representative similar to that within mental health statute.

7.2 As the Supervisory Body (SB) for the Local Authority and NHS Services in Stockport, the SAMCAS receives requests to commission the required series of six assessments when a Managing Authority (MA) (hospital or care home) believes it may be depriving somebody of their liberty.

7.3 The request may be preceded by the MA issuing itself with an Urgent Authorisation, where deprivation is believed to already be occurring, or it may be for a Standard Authorisation where the MA expects to be receiving an individual into its care and that this may amount to a deprivation of liberty.

7.4 The number of applications for authorisations received between April 2013 and March 2014 have increased slightly from the same period the previous year. In addition to the **36** DoLS assessments detailed below the SAMCAS provided. Informal advice in **30** other cases relating to both DoLS and MCA issues during 2013/14. The average length of days an authorisation was authorised for was 115 for the 21 authorisations granted.

7.5 On 19 March 2014 the Supreme Court handed down its judgement on Cheshire West and Chester Council. The judgement revised the criteria for those who might be considered to be deprived of their liberty. This has resulted in an increase in applications following the judgement.

7.6 It should be noted that Stockport has, until this point only progressed an average of 35 new DOLS applications each year, and as such has historically been at the low end of the activity spectrum when compared to other LA`s in this regard. Therefore Stockport was already lower in its activity area before the Judgment. As a consequence the impact of the judgment is likely to be greater for Stockport, than for other areas.

7.7 The implications of the judgement are significant for all concerned In Stockport , the Local Authority assessed 37 applications during 2013/14 for possible authorisation under the deprivation of Liberty Safeguards framework, and as such has historically been at the low end of the activity spectrum when compared to other LA`s in this regard. In contrast, over a 12 month period, Wigan dealt with approximately 240 applications and Liverpool dealt with 300. Therefore Stockport was already lower in its activity area before the Judgment. As a consequence the impact of the judgment is likely to be greater for Stockport, than for other areas for authorisations in hospitals and care homes, as well as a significant proportion of which may have to be referred to the Court of Protection, because they are not covered by the

normal legal framework for authorising deprivation of liberty in care homes and hospitals.

7.8 This clearly has significant financial and operational implications, and it will be important to guard against the risk that the requirement to seek approval for the care arrangements of a much larger number of people could dilute the focus on situations where there is a particular risk that services may be seeking to control a person's life when they should not be doing so.

7.9 The SSAB in it governance role for Mental Capacity Act and Deprivation of Liberty Safeguards will receive regular performance reports in relation to DoLS, and offer governance to the Supervisory Role of the Local Authority.

**5.19 MIND Report-Mental Health Crisis Care: Physical Restraint in Crisis**

7.10 In June 2013, MIND published their report "Mental Health Crisis Care: Physical Restraint in Crisis" which looked at the use of restraint in hospital settings across England. Shortly after the end of the period covered by this report, the Department of Health published new guidance about the use of restraint.

7.11 SSAB were assured by Pennine Care NHS Foundation Trust the higher levels of restraint recorded in comparison to the rest of England was such because Pennine Care NHS Foundation Trust have a culture of logging all instances of restraint which are reviewed internally. The Trust were preparing at the point of writing this report to undertake an exercise to look at the quality of the reporting and the relevance of the data.

7.12 The SSAB chair also accepted Pennine Care NHS Foundation Trust's offer to attend a training session in restraint methods. Which he found *"extremely interesting and reassuring that the Trust was so committed to getting restraint right".*

Further information regarding the judgement can be found at:

http://www.stockport.gov.uk/services/socialcarehealth/adultsocialcare/mentalcapacityactdols/deprivationoflibertysafeguards/

http://www.cqc.org.uk/sites/default/files/20140416_supreme_court_judgment_on_deprivation_of_liberty_briefing_v2.pdf

7.13 DoLS Data Table

| **1. Number of Requests** | | |
|---|---|---|
| Number of Urgent Requests | 37 | |
| Number of Standard Requests | 0 | |
| **Total** | **37** | |
| | | |
| **2. Client Group** | | |
| Learning Disability | 1 | |
| Mental Health Condition | 32 | |
| Physical disability | 4 | |
| **Total** | **37** | |
| **3. Age Group – Authorisation Granted** | | |
| | **Male** | **Female** |
| Under 65 | 1 | 0 |
| 65-74 | 2 | 2 |
| 75-84 | 5 | 4 |
| 85-94 | 1 | 3 |
| 95+ | 0 | 3 |
| **Subtotal** | **9** | **12** |
| **4. Age Group – Authorisation Not Granted** | | |
| | **Male** | **Female** |
| Under 65 | 4 | 1 |
| 65-74 | 0 | 1 |
| 75-84 | 2 | 3 |
| 85-94 | 1 | 4 |
| 95+ | 0 | 0 |
| Subtotal | 7 | 9 |
| **Combined granted and not granted Total =** | | **37** |
| **5. Location** | | |
| Care Home | **32** | |
| Hospital | 5 | |

| | | |
|---|---|---|
| **Total** | | |
| Out of Borough | 11 | |
| Stockport | 26 | |
| **Total** | | **37** |

7.14 DoLS in Practice Case Study

Mrs K is an 86 year old woman with moderately advanced dementia. She was admitted to hospital under the MHA (mental health act) following a deterioration in her mental health. Her 89 year old husband was experiencing stress managing her at home and it was viewed not to be in either of their interests for Mrs. K to return home. Mrs. K was discharged from the hospital to an EMI Nursing Home on a section 117 after care and a DOLS.

During her hospital stay Mrs. K made several attempts to abscond either by the door or through windows. So determined were her attempts to get out, the door to the ward had to remain permanently locked (not usual). Mrs. Ks determination was fuelled by two delusional beliefs i) she had to get home to look after her sick mother and ii) she had to pick her children up from school.

Physically Mrs. K was fit for her age and very mobile, so staff checked on her whereabouts every 30 minutes. The windows in the care home only opened at the bottom and staff would regularly find Mrs. K sitting on the window ledge with both legs out the window. Mrs. K would kick the door and bang on windows shouting "*help I'm a prisoner I can't get out*" to passers-by. Clearly the deprivation was having an impact on her.

## Section 8 - Stockport Statistical Comparator Analysis/Performance Information

8.1 Executive Summary

Stockport has a much higher referral rate than its Local Authority comparator average, in terms of overall volumes of annual referrals into safeguarding. In terms of age groups, this higher activity is particularly marked in the over 75 age group.

8.2 There is significant variance in terms of referrals between those people that are known to Social Care commissioned or provider services, and those people not known to them. This could indicate that internal systems in place to refer are very good, but where we rely on external agencies or processes, these are not as successful as they could be, and further work may need to be done to establish what, if any, the problems are.

8.3 In terms of demographics behind the referrals stats, women are over-represented in Stockport's referrals when compared to its comparator authority profile. Also, there may be an issue around people at the front door collecting ethnicity information on clients not known to Social Care. Finally, Stockport has a higher proportion of people that have a physical disability, or have a mental health issue, with associated dementia, which could also indicate good practice, in responding to safeguarding adults issue for these client groups.

8.4 In terms of Referral conclusion, Stockport again has a higher rate of conclusion than its comparator average, which is what could be anticipated given the higher referral rate. Stockport mirrors the profile of categories of abuse of all Local Authority`s, that being the highest categories under which referrals are made is for Neglect, Physical, Emotional and Financial. There are some areas amongst those people that our services don't work with in terms of under-reporting, which are laid out below.

8.5 For judgements that Social Workers are making around capacity, the data demonstrates that Stockport appear to be doing well around making positive judgements which allow people to play an active part in their referral, and also in terms of facilitating family/friends/advocates to support the subject through the safeguarding process.

8.6 Report Methodology

8.7 Previous annual reports have presented data for Stockport in isolation, and whilst this provides an overview of activity in Stockport the lack of comparator information failed to provide the reader of the annual report with a picture of Stockport's Safeguarding Adults performance in relation to its comparator/nearest neighbours.

8.8 In attempt to present the data in a more informative way the following report presents data taken from the Safeguarding Adults Return (SAR) the data is presented per 10,000 population to enable comparison with comparator Local Authorities.

8.9 It should be noted that the SAR collects total activity, not proportions or percentages. As such, the figures have been calculated manually on a per 10,000 basis, using the SAR national statistical report, and using population statistics from the mid-year population estimates 2013 (the most recently available), provided by the Office for National Statistics.

8.10 By calculating on a per 10,000 basis, we can create a universal measure by which we can compare rates between authorities. The 'LA Average' figure referred to in all of the data has been calculated using the mean calculation, and is a non-weighted, simple average. This is a standard method for evaluating data.

8.11 Interpreting the Information, when looking at the graphs, the viewer should understand that what they are looking at is a representation of total volume of activity on a per 10,000 population basis, compared with LA's average of total volume of activity.

8.12 The minimum and maximum have been put onto the graphs so the viewer can see the context of Stockport's figures when looked at within the three variable of minimum, maximum and average.

8.13 Finally, note that the tables do not flow numerically, as Tables 2, 4 and 5 were dropped out of the statistic request just before the year started. This means the tables order is Table 1, Table 3, table 6 and finally table 7. Table 7 has not been reported in this summary as it reports on Serious Case Review data, and neither Stockport nor any of its comparators had serious case review activity in the relevant year.

8.14 <u>The New Adult Safeguarding data return</u>

8.15 The Safeguarding Adults Return (SAR) is a new mandatory collection which records information about individuals (also referred to as adults at risk) for whom safeguarding referrals were opened during the reporting period and case details (also referred to as allegations) for safeguarding referrals which concluded during the reporting period. The SAR is as a successor to the Abuse of Vulnerable Adults (AVA) Return. Data is collected from all 154 Local Authorities in England, and published on the Health and Social Care Information Centre online statistics website (NASCIS).

8.16 This summary provides the key findings from the Safeguarding Adults Return (SAR) data collection for the period 1 April 2013 to 31 March 2014. The data provides a base line figure for the number of individuals subject to safeguarding procedures during the period and the comparator data from the 16 comparator local authorities; inclusive of the maximum and minimum. It is hoped that this data will help stakeholders of the SSAB to identify areas of

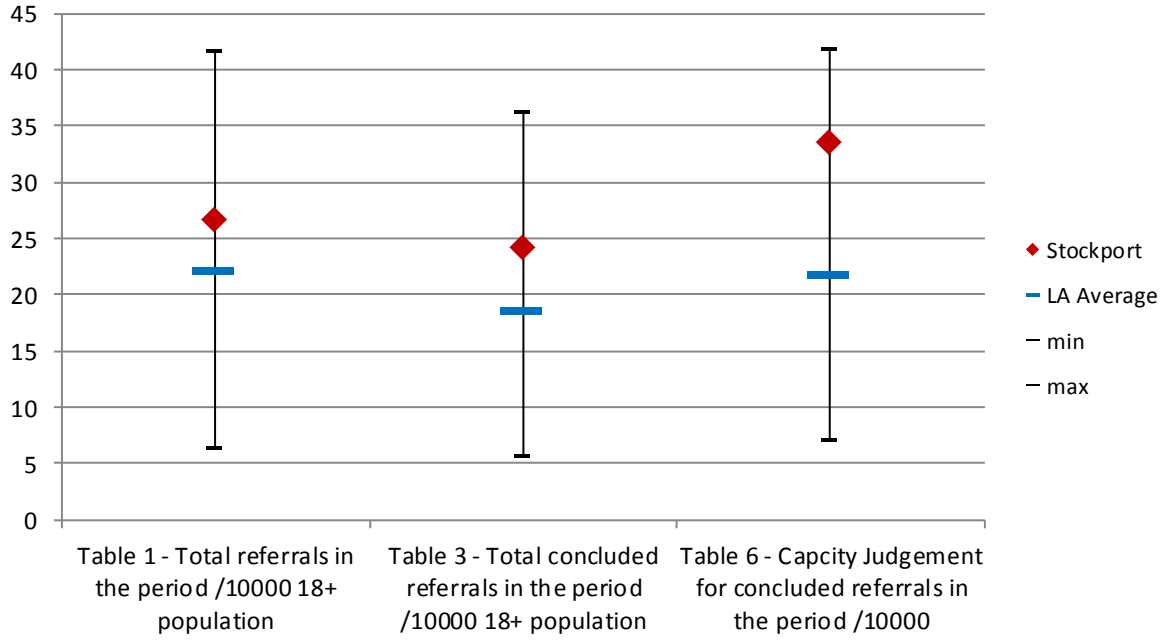
concern and understand why abuse is occurring; which in turn will lead to improved services for individuals affected by abuse.

8.17 As this is the first year of the data collection in the new format there is no provision for historical analysis in this year's report between 2012/13 and 2013/14. However as the data collection builds, historical analysis will be considered in future reports.

8.18 Appendix 4 provides a full contextual analysis of adult safeguarding activity in the borough when compared to other Local Authority averages. And the tables at 8.20 present a summarised position before reporting on the local performance data.

8.19 ***SUMMARY TABLES***

| | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Table 1 - Total referrals in the period /10000 18+ population | 26.6 | 22.0 | 6.4 | 41.7 |
| Table 3 - Total concluded referrals in the period /10000 18+ population | 24.1 | 18.5 | 5.6 | 36.1 |
| Table 3 - Capacity Judgement for concluded referrals in the period /10000 | 33.5 | 21.68 | 6.9 | 41.8 |




8.20 This Totals charts sets the context for the remainder of the report. The chart looks at the 3 tables collected, and at the total activities under each of the 3 relevant tables.

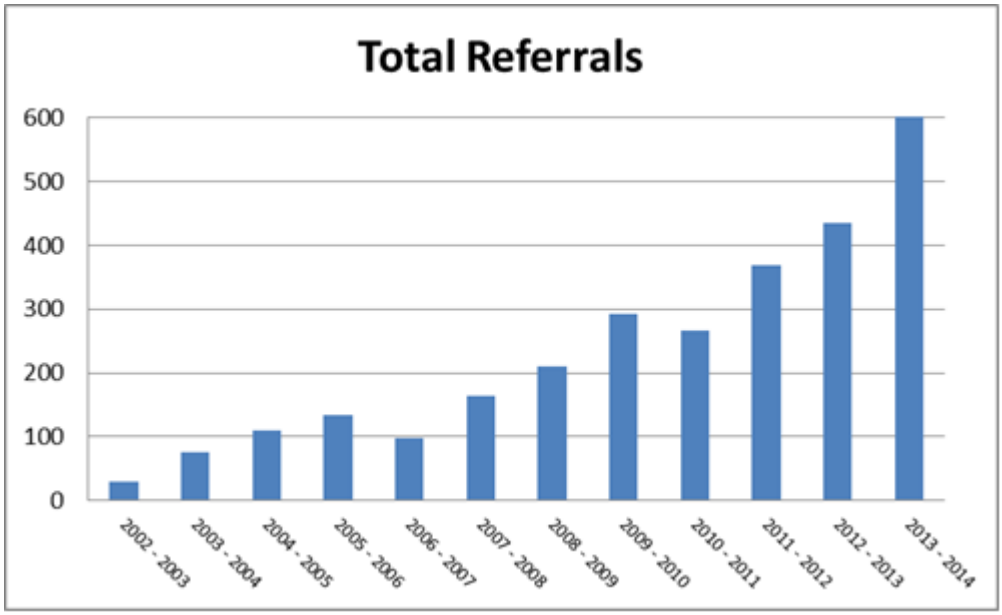
8.21 The first line graph reports on table 1, total referrals, and shows that Stockport has **higher referrals / 10,000 18+ population** than its comparator authorities, **but is quite close to the comparator average**.

8.22 The second line in the graph reports on the numbers of referrals that were concluded (closed down) during the year. As you would expect, in the context of higher volumes in the year, subsequently this line shows that Stockport has **higher numbers of concluded referrals / 10,000 18+ population** during the year also, but again, is only **slightly higher than the comparator average**.

8.23 Finally, the total number of capacity judgements made in the year shows that Stockport **has a higher volume of capacity judgments made than its comparator authorities, on a per 10,000 18+ population basis.** From the graph, we can draw the conclusion that **Stockport is significantly higher than its Local Authority comparators** in this area**.** These headline findings will be discussed in the following sections of the report.

8.24 Local Statistical Data & Commentary

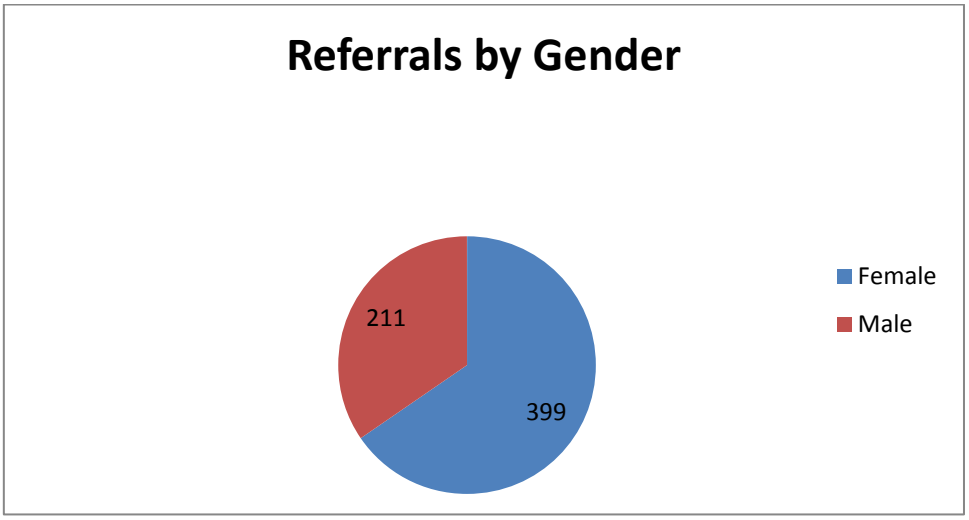
8.25 Total referrals




The figure of 610 referrals is the total number of new cases opened during 2013/14 and represents an increase of 40% over the previous year. Not all 610 referrals have been concluded at this time, as some investigations remain on-going at the time of writing this report and as such will be reported in the completed figures for 2014/15.

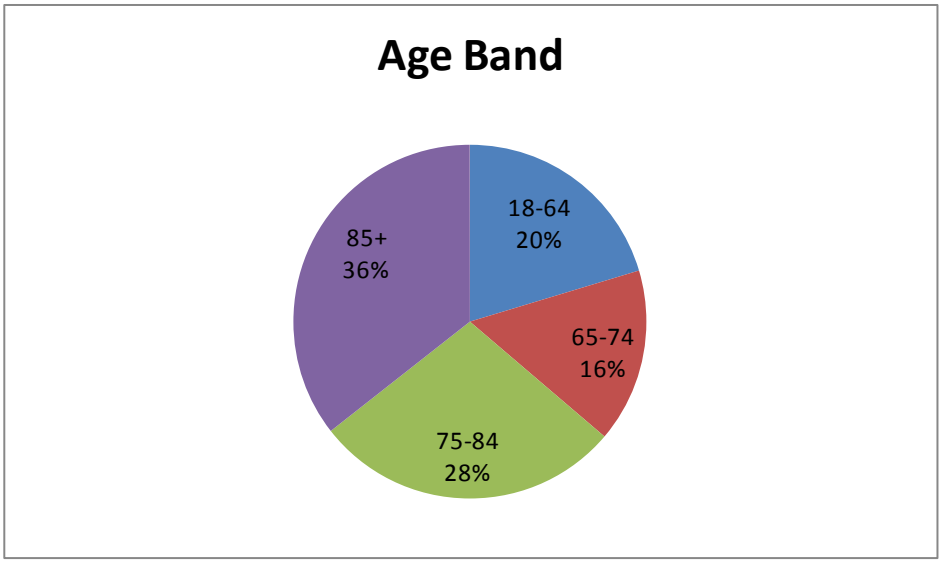
The 40% increase in referrals can be attributed to training and awareness of adult protection issues in light of increased media coverage such as Winterbourne View ad Mid Staffordshire NHS Foundation trust.

8.27 Referrals by Gender



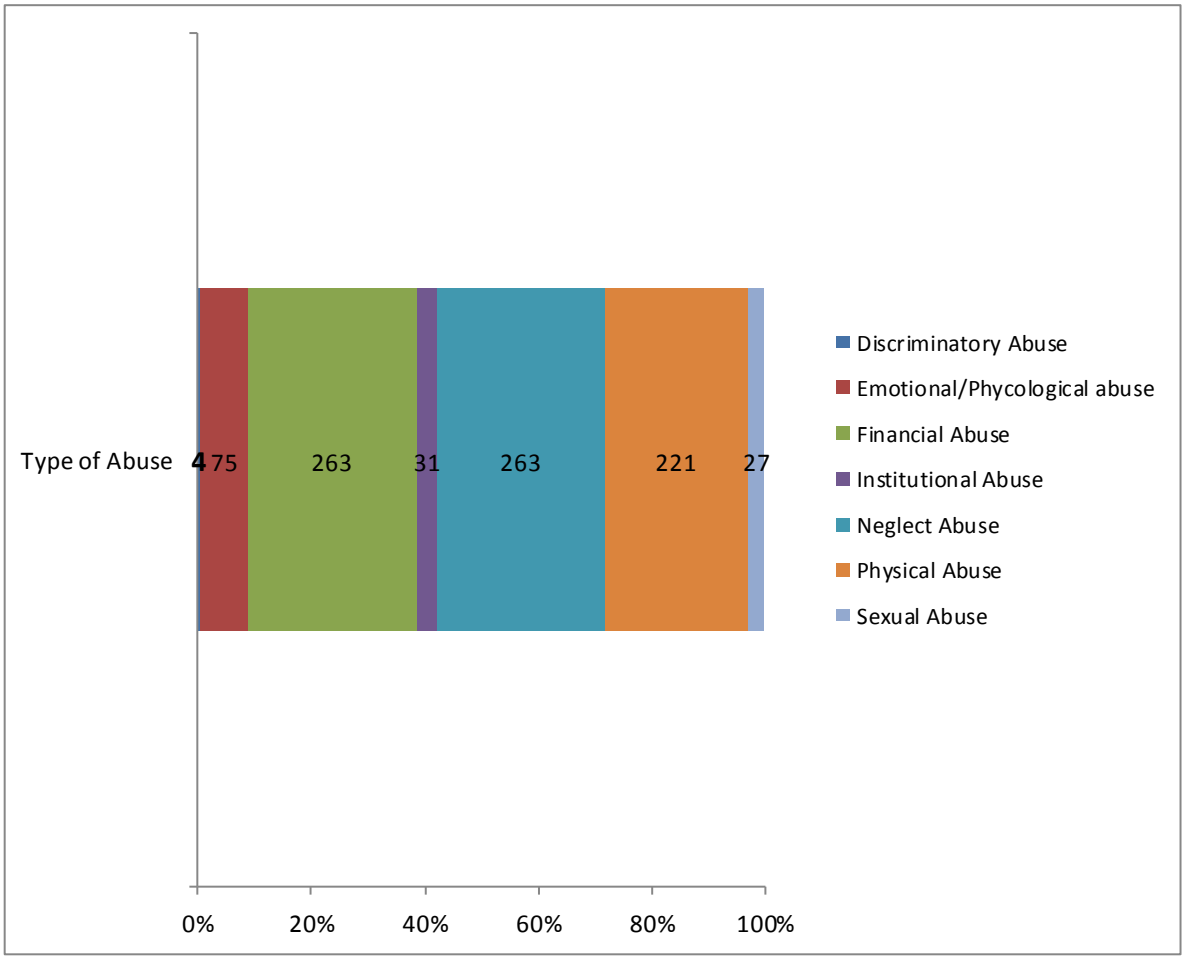

The split between male and females remains roughly one third/two thirds.

8.28 Age




The current proportion is under 65yrs =20%, 65yrs-74yrs = 16%, 75yrs-84yrs= 28%, 85yrs+= 36%.

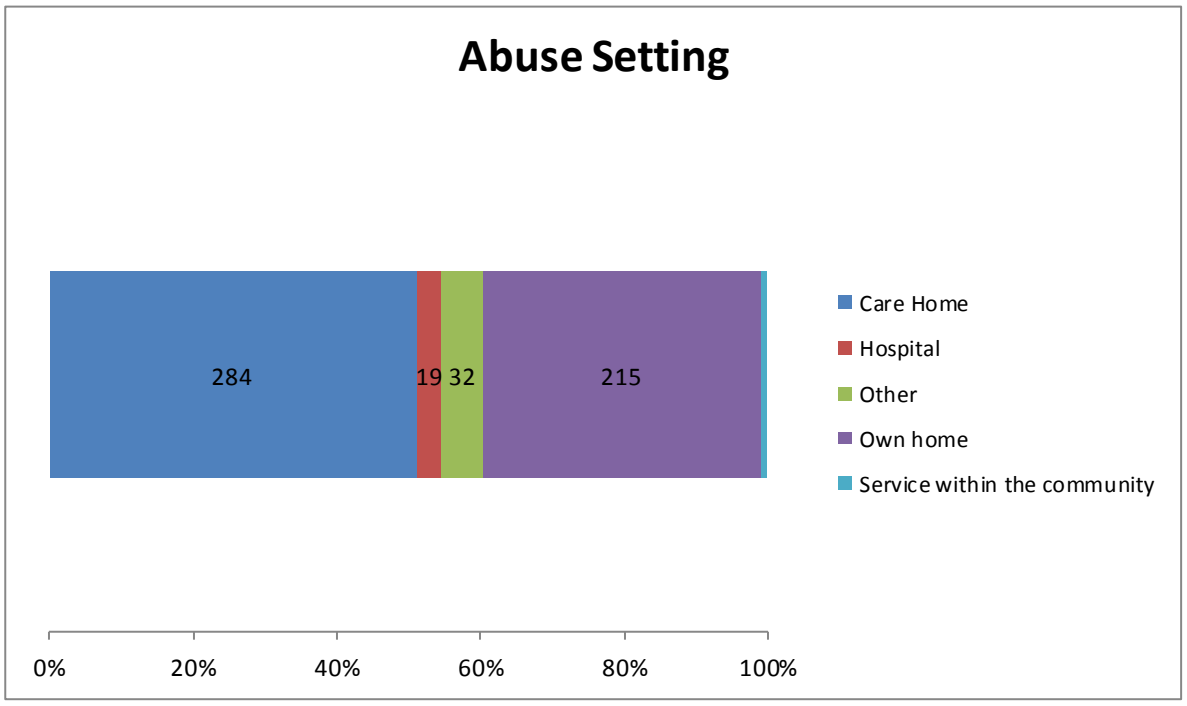
8.29 Type of abuse




Financial Abuse 30%, Neglect/Act of Omission 30% and Physical Abuse 25% remain the top three categories with the greatest numbers of alleged abuse.

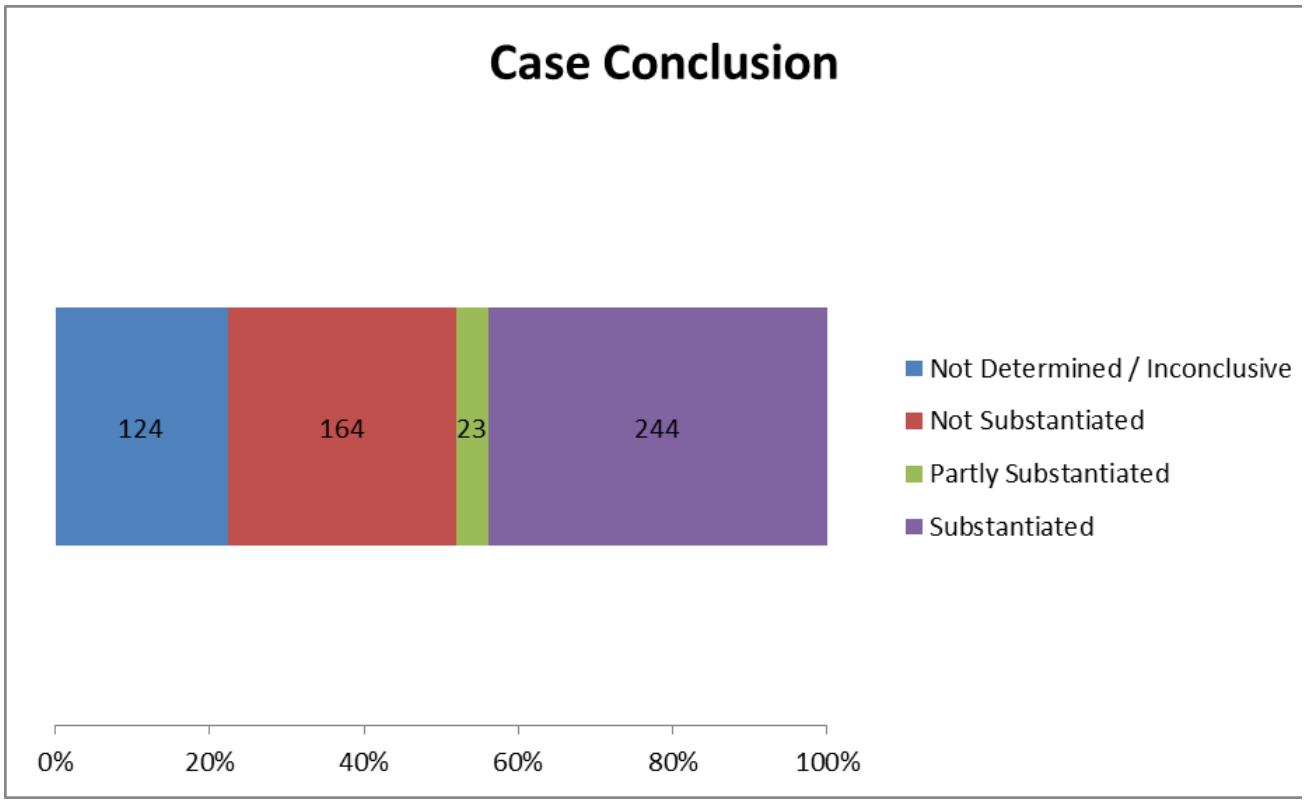
There has been a 35% decrease in the reporting of institutional abuse.

8.30 Abuse Setting




Off the total number of referrals, 51% occurred within a care home setting.

8.31 - Outcomes

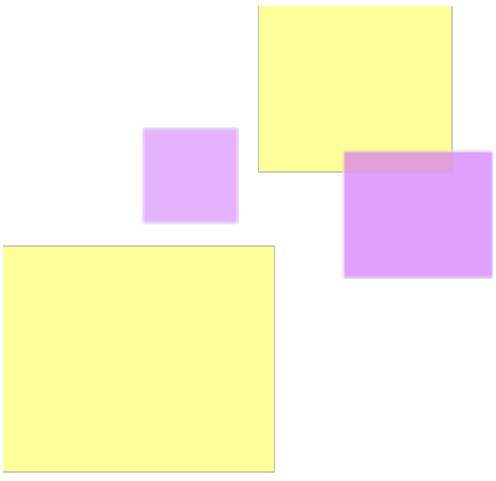


The conclusion ‘partly substantiated’ refers to cases involving multiple categories of abuse where at least one, but not all categories were substantiated.

The category of ‘not determined/inconclusive’ at 22% is a continuation of a reduction in its use over the past 3 years, further evidence that greater confidence on the part of case conference decision makers in assessing the information and reaching a firm conclusion.

## Section 9 - Going forward Key Priorities for 2014/15

**Please appendix 5 for copy of 2014/14 SSAB Board business plan.**



[i] **Clause 1(2)(b)**
[ii] Source http://www.midstaffsinquiry.com/pressrelease.html

## Section 10 – Appendices

Appendix 1- Stockport Safeguarding Adults Board (SSAB) Membership 2013/14.

Appendix 2 - SSAB Record of Attendance & Graph.

Appendix 3 - Implementation Membership 2013/14

Appendix 4 - Local Statistical Analysis & Commentary

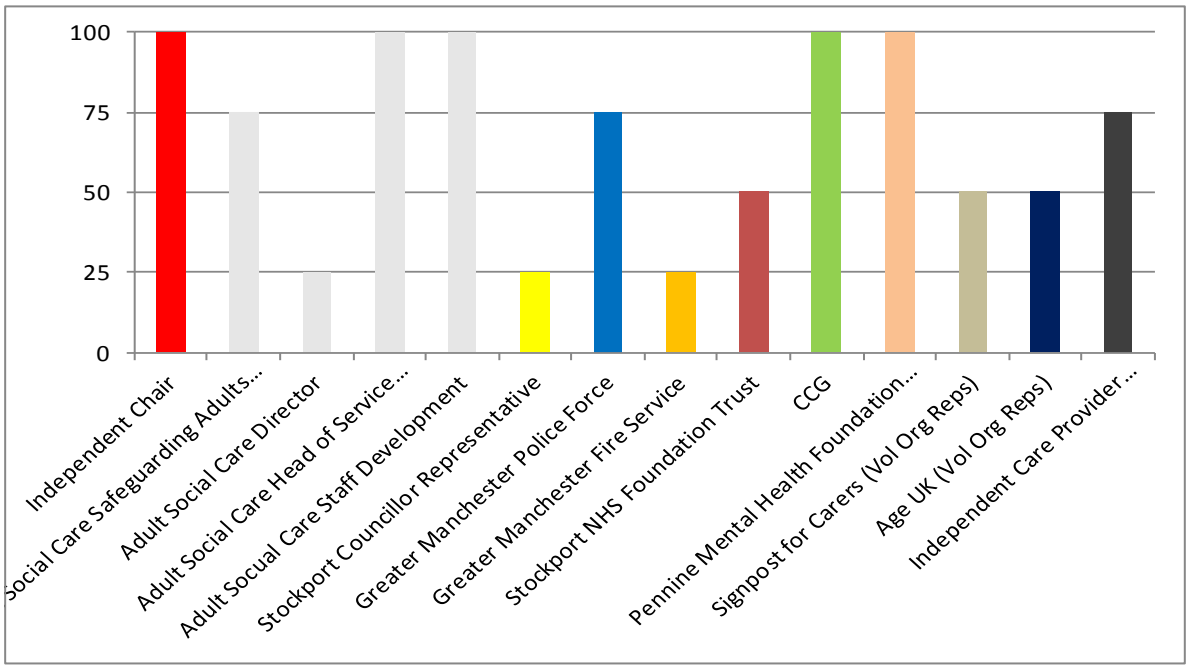
Appendix 5 - SSAB 2014/15 Business Plan.

## Appendix 1- SSAB Membership 2013/14

| | | |
|---|---|---|
| Clare Mullins,<br>Age UK<br>Stockport | David Mellor<br>Independent Chair<br>Stockport Safeguarding Adults Board | Anne Buckley<br>Owner<br>Independent Care Agency |
| Steve Brown<br>Manager<br>Community Safety Unit | Nicola Firth<br>Deputy Director of Nursing<br>Stockport NHS Foundation Trust | Mandy Fieldhouse<br>Adult Safeguarding Operational lead<br>Pennine Care NHS Foundation Trust |
| Mark Warren<br>Head of Disability Services<br>Stockport Council Adult Social Care | Ann Brooking<br>Staff Development<br>Stockport Adults and Communities | Terry Dafter<br>Service Director<br>Stockport Council Adult Social Care |
| Andrew Armstrong<br>Safeguarding Adults and Mental Capacity Act Service<br>Stockport Adult Social Care | Andria Walton<br>Designated Nurse for Adult Safeguarding<br>NHS Stockport Clinical Commissioning Group | Mendie De Vos<br>Director<br>Signpost Stockport for Carers |
| John Berry<br>Greater Manchester Police<br>Stockport Division | Jax Effiong<br>Community safety Manager (Stockport and Tameside)<br>Greater Manchester Fire and Rescue Service | Christine McPartland<br>Independent Options on behalf of the Stockport Independent Learning Disability Providers Forum |

## Appendix 2 –SSAB Record of attendance & Graph

| | | |
|---|---|---|
| Independent Chair | 4 | 100 |
| Adult Social Care Safeguarding Adults and Mental Capacity Service | 3 | 75 |
| Adult Social Care Director | 1 | 25 |
| Adult Social Care Head of Service OPS/LD | 4 | 100 |
| Adult Social Care Staff Development | 4 | 100 |
| Greater Manchester Police Force | 3 | 75 |
| Greater Manchester Fire Service | 1 | 25 |
| Stockport NHS Foundation Trust | 2 | 50 |
| CCG | 4 | 100 |
| Pennine Mental Health Foundation Trust | 4 | 100 |
| Signpost for Carers (Vol Org Reps) | 2 | 50 |
| Age UK (Vol Org Reps) | 2 | 50 |
| Independent Care Provider Representative | 3 | 75 |



## Appendix 3 – Implementation Group Membership 2013/14

| | | |
|---|---|---|
| Stella Clare<br>Quality Team Manager<br>Adult Social Care | David Mellor<br>Independent Chair of the Stockport Safeguarding Adults Board<br>(Chair) | Andrew Armstrong<br>Safeguarding Adults Manager<br>Adult Social Care |
| Mike Cross<br>Police Constable<br>Greater Manchester Police | Ann Brooking<br>Staff Development Officer<br>Adult Social Care | Martin Corran<br>Service Manager<br>Pennine Mental Health Foundation Trust |
| Joanne Macey<br>Facilitating Independent Life and Lifestyles<br>Age Concern<br>Stockport | Vacancy<br>Disability Services<br>Adult Social Care | Christine Morris<br>Team Manager<br>REaCH<br>Adult Social Care |
| Pat Odell<br>Team Manager<br>Adult Social Care<br>Older People Service | Cheryl Madeley<br>Safeguarding Adults Advisor<br>Community Health Stockport | Wendy Stewart<br>Safeguarding Lead Nurse<br>Stockport NHS Foundation Trust |
| Susie Meehan<br>Safeguarding Adults Coordinator<br>Adult Social Care | Sam Dwyer<br>Learning Disability Partnership | Adele Summers<br>Safeguarding Adults Coordinator<br>Adult Social Care |

## Appendix 4- Safeguarding referrals – Detailed contextual analysis

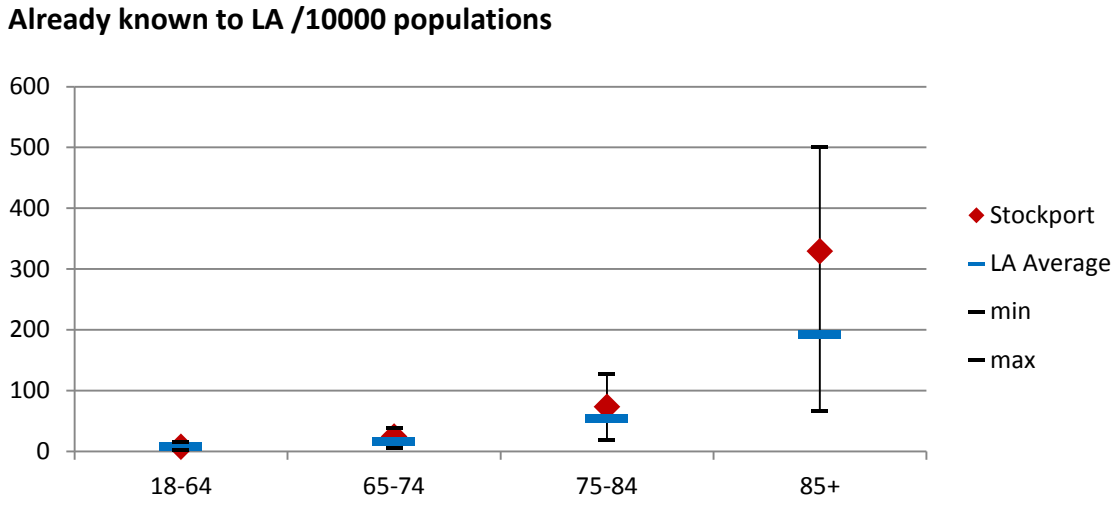
### TABLE ONE – REFERRALS IN THE PERIOD

**Table 1a**

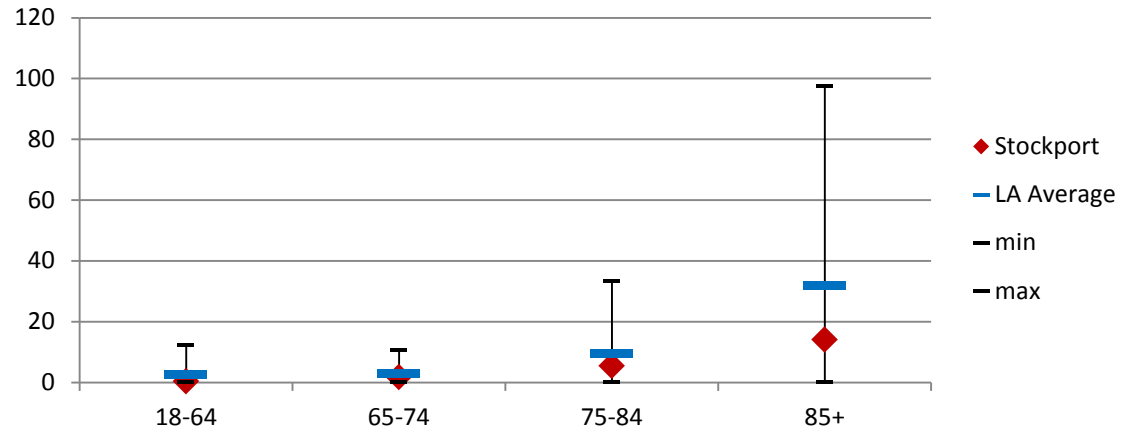
**Individuals for whom a referral was opened in the reporting period by age band**

| Already known to LA /10000 populations | Stockport | LA Average | min | max |
|---|---|---|---|---|
| 18-64 | 7.4 | 8.0 | 2.1 | 15.5 |
| 65-74 | 24.2 | 17.1 | 5.1 | 38.0 |
| 75-84 | 73.3 | 54.1 | 18.8 | 127.2 |
| 85+ | 329.1 | 192.6 | 66.5 | 499.8 |

| Previously unknown to LA /10000 populations | Stockport | LA Average | min | max |
|---|---|---|---|---|
| 18-64 | 0.3 | 2.5 | 0.0 | 12.3 |
| 65-74 | 1.7 | 2.9 | 0.0 | 10.5 |
| 75-84 | 5.4 | 9.5 | 0.0 | 33.3 |
| 85+ | 14.0 | 31.8 | 0.0 | 97.6 |



**Previously unknown to LA /10000 populations**




8.23 The purpose of these tables is to provide a headcount figure on number of affected individuals who have been subject to a referral during the 12 month period, providing an overall headcount figure, regardless of whether or not it has been concluded. This does not include any cases where the source of risk or abuse is classed as self-neglect or self-harm.

8.24 A **referral** is defined as a 'report of risk of potential abuse, harm or neglect which leads to investigation under the safeguarding processes.

8.25 The definition of **'Already known to LA'** refers to those assessed as having a support need under the current eligibility criteria, having been in receipt of services, including professional support, reablement or equipment, in the LA area where the potential abuse, harm or neglect took place, or awaiting assessment. This includes carers and people in receipt of services, and it also includes people that have gone through our Social Care system but are no longer active on our books.

8.26 When an individual who has multiple referrals throughout the reporting period, they are recorded as 'Already known to LA' as after the initial referral the client is known for all subsequent referrals.

8.27 The definition of **'Previously unknown to LA'** is used where this is the first contact we have had at the Local Authority with the subject of the referral.

8.28 It is clear from the comparator data Stockport has a **higher than average numbers of referrals for the those in the age group 85+ who are known to the LA**. We would speculate that the higher rate can be explained in terms of the disproportionate amount of care homes located in the Stockport area, and may well be indicative of good safeguarding referral practice for provider services; where the person is known to the Local authority.

8.29 However the data picture is concerning for referrals related to **those individuals who are not known to the local authority, as this is lower than the average for comparator local authorities for the age groups 75-84 and 85+**. This could indicate that the mechanisms we are supporting for referral into safeguarding which are sitting outside of the Local Authority are not working properly. The low rate could be indicative of a poor understanding regarding the referral process for individuals outside of the Local Authority (i.e. agencies such as the Police, Hospitals and providers to self-funders).

**Table 1b**

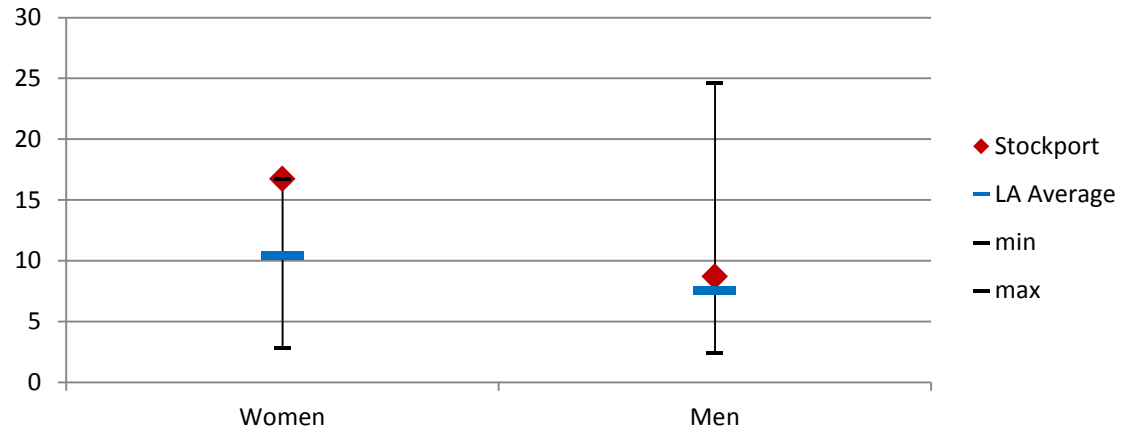
**Individuals for whom a referral was opened in the reporting period by gender**

**by gender**

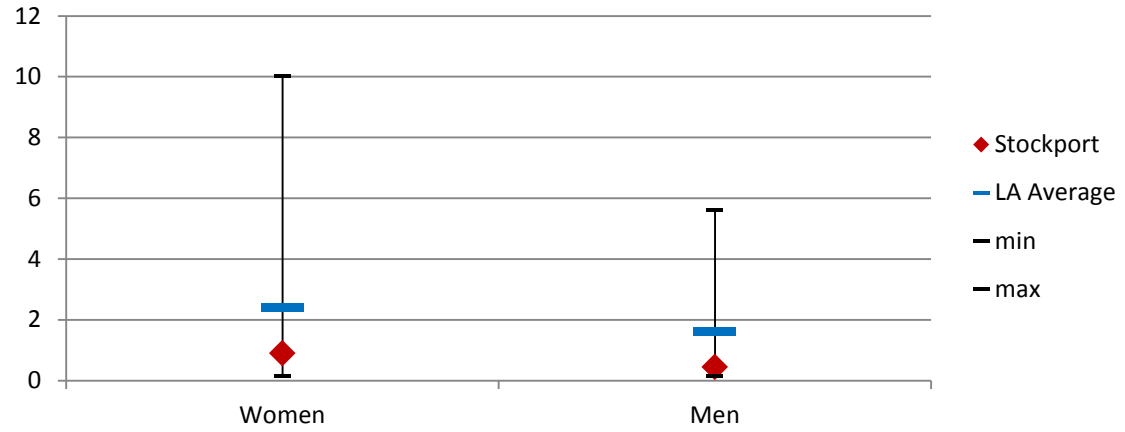
| Already known to LA /10000 all 18+ population | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Women | 16.7 | 10.4 | 2.8 | 16.7 |
| Men | 8.7 | 7.6 | 2.4 | 24.6 |

| Previously unknown to LA - /10000 all 18+ population | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Women | 0.9 | 2.4 | 0.2 | 10.0 |
| Men | 0.4 | 1.6 | 0.2 | 5.6 |

**Already known to LA /10000 all 18+ population**




**Previously unknown to LA - /10000 all 18+ population**




8.30 Table 1b shows the distribution of individuals with referrals broken down by gender for those known to the local authority. **Stockport has the highest rate of referrals for women compared with the comparator Local Authorities.** T

8.31 The higher rate can be attributed to the high than average overall referral rate for Adult Safeguarding in Stockport and that nationally there is a higher proportion of women in the age group 85yrs +. Gender inequalities may also be attributed to the historical inequalities in the caring role with more women being placed in residential care.

8.32 Again for those **individuals not known to the local authority in Stockport, the gender split is below the comparator average** and an area that will require further scrutiny throughout 2014/15 by SSAB.

**Table 1c**

**Individuals for whom a referral was opened in the reporting period by ethnicity**

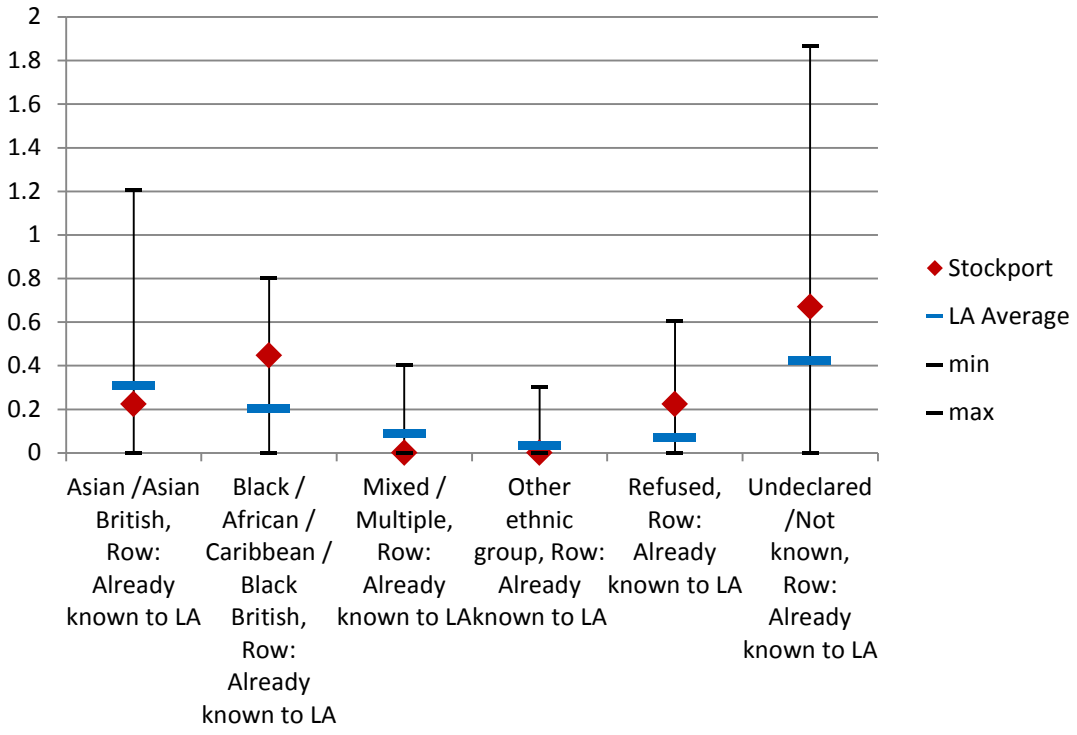
**by ethnicity**

| Already known to LA - /10000 all 18+ population | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Asian /Asian British, Row: Already known to LA | 0.2 | 0.3 | 0.0 | 1.2 |
| Black / African / Caribbean / Black British, Row: Already known to LA | 0.4 | 0.2 | 0.0 | 0.8 |
| Mixed / Multiple, Row: Already known to LA | 0.0 | 0.1 | 0.0 | 0.4 |
| Other ethnic group, Row: Already known to LA | 0.0 | 0.0 | 0.0 | 0.3 |
| Refused, Row: Already known to LA | 0.2 | 0.1 | 0.0 | 0.6 |
| Undeclared /Not known, Row: Already known to LA | 0.7 | 0.4 | 0.0 | 1.9 |
| White, Row: Already known to LA | 23.9 | 16.7 | 5.1 | 36.7 |

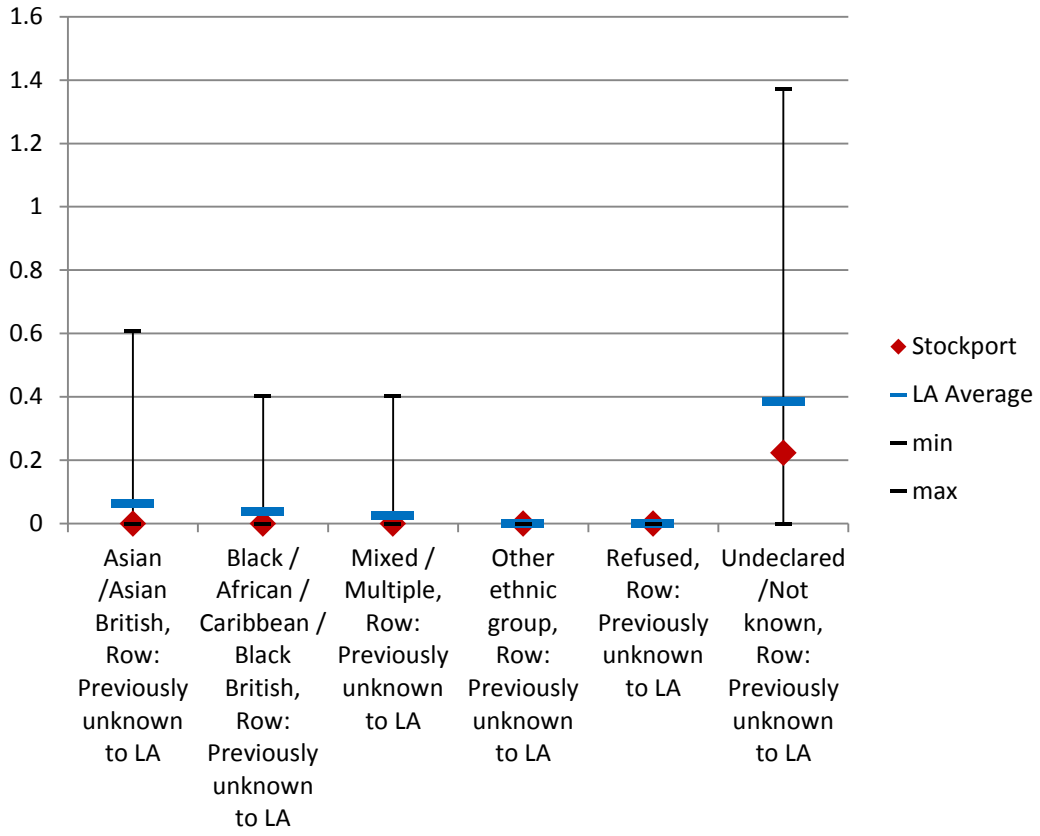
| Previously unknown to LA - /10000 all 18+ population | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Asian /Asian British, Row: Previously unknown to LA | 0.00 | 0.1 | 0.0 | 0.6 |

| | | | | |
|---|---|---|---|---|
| Black / African / Caribbean / Black British, Row: Previously unknown to LA | 0.00 | 0.0 | 0.0 | 0.4 |
| Mixed / Multiple, Row: Previously unknown to LA | 0.00 | 0.0 | 0.0 | 0.4 |
| Other ethnic group, Row: Previously unknown to LA | 0.00 | 0.0 | 0.0 | 0.0 |
| Refused, Row: Previously unknown to LA | 0.00 | 0.0 | 0.0 | 0.0 |
| Undeclared /Not known, Row: Previously unknown to LA | 0.22 | 0.4 | 0.0 | 1.4 |
| White, Row: Previously unknown to LA | 0.89 | 3.4 | 0.3 | 14.4 |

**Already known to LA - /10000 all 18+ population - excluding White ethnicity**



**Previously unknown to LA - /10000 all 18+ population excluding Whit Ethnicity**




8.83 As always with Stockport, it is very difficult to place any significant interpretation on the Ethnicity Splits for referrals in Stockport. The Ethnic Minority element of Stockport's population is very small, currently less than 10%, and this makes it difficult for any analysis to be signed off as statistically valid, given the very low numbers that come through the safeguarding process. Small fluctuations in the rate of people from ethnic minority backgrounds coming through can lead to large variations in activity.

8.34 One thing of note from the data is that for those people coming through that we are aware of, we are higher than average for the' unknown ethnicity category, which may indicate we aren't capturing all relevant information on a person at the beginning of a referral.

**Table 1d**

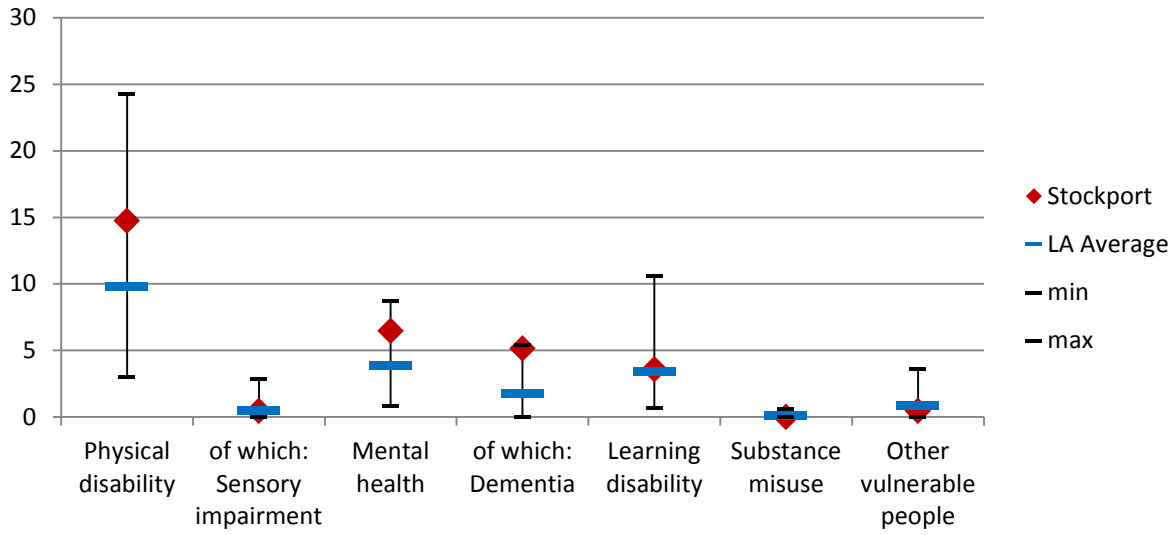
**Individuals for whom a referral was opened in the reporting period by client group**

**Analysis**

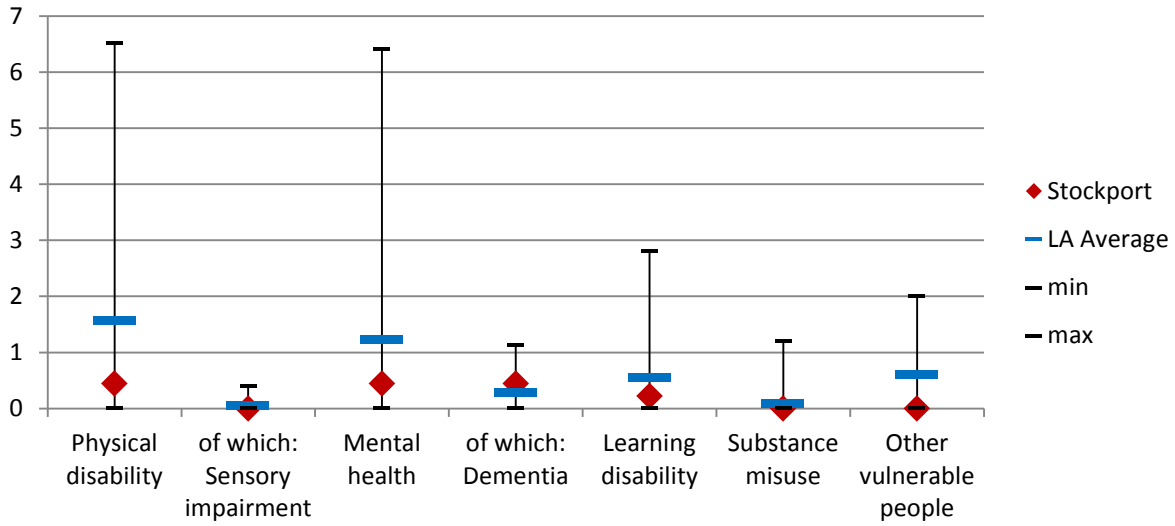
| Already known to LA - /10000 all 18+ population | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Physical disability | 14.73 | 9.8 | 3.0 | 24.3 |
| of which: Sensory impairment | 0.45 | 0.5 | 0.0 | 2.8 |
| Mental health | 6.47 | 3.8 | 0.8 | 8.7 |
| of which: Dementia | 5.13 | 1.8 | 0.0 | 5.4 |
| Learning disability | 3.57 | 3.4 | 0.7 | 10.6 |
| Substance misuse | 0.00 | 0.1 | 0.0 | 0.6 |
| Other vulnerable people | 0.45 | 0.9 | 0.0 | 3.6 |

| Previously unknown to LA - /10000 all 18+ population | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Physical disability | 0.45 | 1.6 | 0.0 | 6.5 |
| of which: Sensory impairment | 0.00 | 0.1 | 0.0 | 0.4 |
| Mental health | 0.45 | 1.2 | 0.0 | 6.4 |
| of which: Dementia | 0.45 | 0.3 | 0.0 | 1.1 |
| Learning disability | 0.22 | 0.6 | 0.0 | 2.8 |
| Substance misuse | 0.00 | 0.1 | 0.0 | 1.2 |
| Other vulnerable people | 0.00 | 0.6 | 0.0 | 2.0 |

**Already known to LA - /10000 all 18+ population**




**Previously unknown to LA - /10000 all 18+ population**




8.35 In terms of the data for client group, physical disability at first view is seen as significantly higher than the LA average, however it must be remembered that this group covers all referrals form 18+ and is inclusive of over 65yrs referrals. Over 65 referrals will be very biased towards the Physical Disability/Frailty client group, and this pattern is also reflected in the LA average for this recording.

8.36 It would be a more useful method for the tables to split out client group by age, i.e. 18-64 categories and 65+ categories, which would give a much clearer view

for the younger adult's element of this. Unfortunately the table is not reported in this way and so we cannot compare between age splits.

8.37 With a **higher than average referral rate for Mental Health and associated Dementia** the data could be interpreted for **Stockport in a positive light** and deemed indicative of effective safeguarding referral systems for these two groups.

8.39 However again for **those individuals not know to the Local Authority the picture is not so positive** and again highlights the need for further work.

## TABLE 3 – CONCLUDED REFERRALS IN THE PERIOD

8.40 As we would expect, concluded referrals in Stockport overall are at a higher volume than those of our Comparator Authorities. This is most likely directly related to the fact that we have a higher number of referrals that start in each year (as per table 1 above). However, the pattern we noted in the section on Table 1 continues through into this sections, as the data demonstrates that there are significantly different levels of activity going on, between those people that Social Care are of, and the wider community.

8.41 The tables are split by the person's relationship, or lack of, with the institution or person that is the alleged abuser. 'Social care support or service paid, contracted or commissioned' is the category recorded where a service itself is the alleged abuser. 'Other, known to the individual' is for all non-care service related people that are alleged to have abused the person, and this can include family, friends and other non-service related persons. Finally, 'Other, not known to the individual' are for all other people alleged of abusing.

**Table 3a**

**Allegations for referrals which concluded in the reporting period by type of abuse**

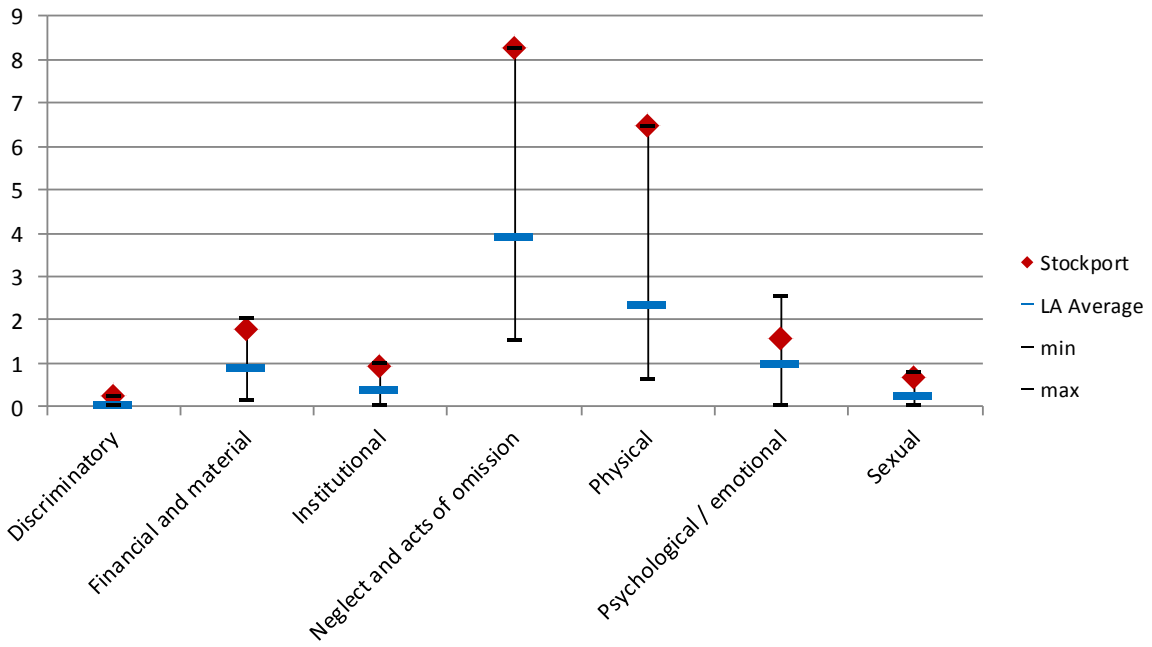
**Analysis**

| Social care support or service paid, contracted or commissioned /10000 all 18+ population | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Discriminatory | 0.22 | 0.0 | 0.0 | 0.2 |
| Financial and material | 1.79 | 0.9 | 0.2 | 2.0 |
| Institutional | 0.89 | 0.4 | 0.0 | 1.0 |
| Neglect and acts of omission | 8.26 | 3.9 | 1.5 | 8.3 |
| Physical | 6.47 | 2.3 | 0.6 | 6.5 |
| Psychological / emotional | 1.56 | 1.0 | 0.0 | 2.5 |
| Sexual | 0.67 | 0.2 | 0.0 | 0.8 |

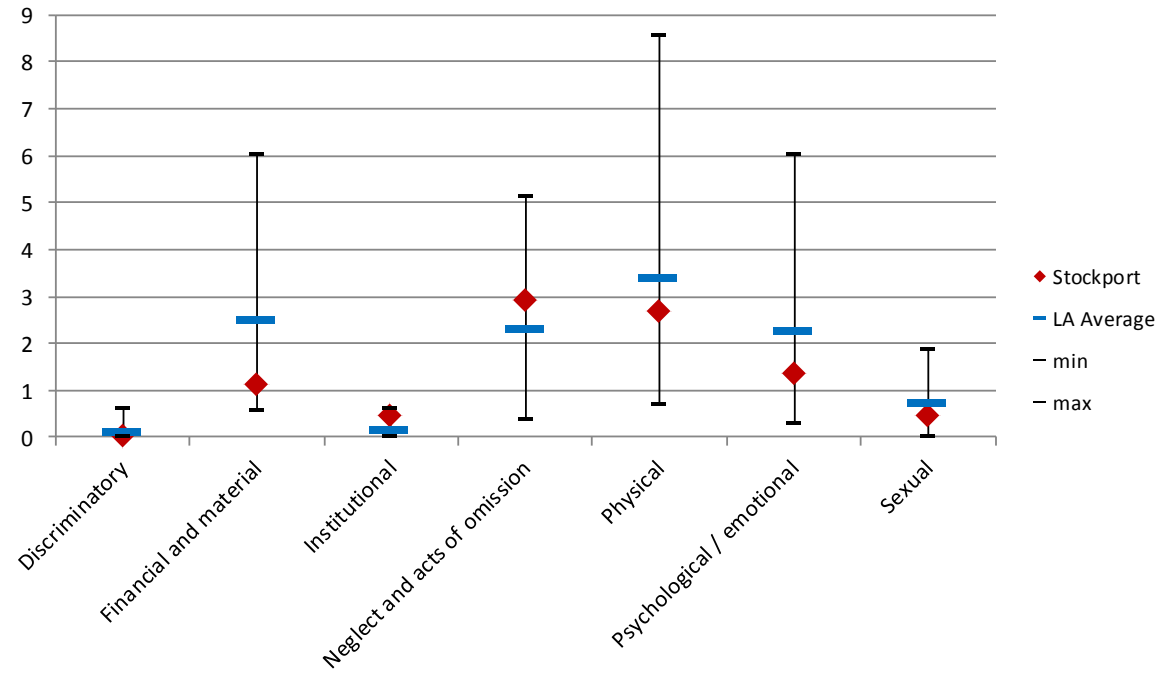
| Other: Known to individual /10000 all 18+ population | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Discriminatory | 0.00 | 0.1 | 0.0 | 0.6 |
| Financial and material | 1.12 | 2.5 | 0.6 | 6.0 |
| Institutional | 0.45 | 0.1 | 0.0 | 0.6 |
| Neglect and acts of omission | 2.90 | 2.3 | 0.3 | 5.1 |
| Physical | 2.68 | 3.4 | 0.7 | 8.6 |
| Psychological / emotional | 1.34 | 2.3 | 0.3 | 6.0 |
| Sexual | 0.45 | 0.7 | 0.0 | 1.8 |

| Other: Unknown / stranger /10000 all 18+ population | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Discriminatory | 0.00 | 0.0 | 0.0 | 0.0 |
| Financial and material | 0.22 | 0.5 | 0.0 | 1.2 |
| Institutional | 0.00 | 0.0 | 0.0 | 0.4 |
| Neglect and acts of omission | 0.00 | 0.9 | 0.0 | 6.0 |
| Physical | 0.22 | 0.7 | 0.0 | 2.1 |
| Psychological / emotional | 0.00 | 0.3 | 0.0 | 1.6 |
| Sexual | 0.00 | 0.2 | 0.0 | 0.7 |

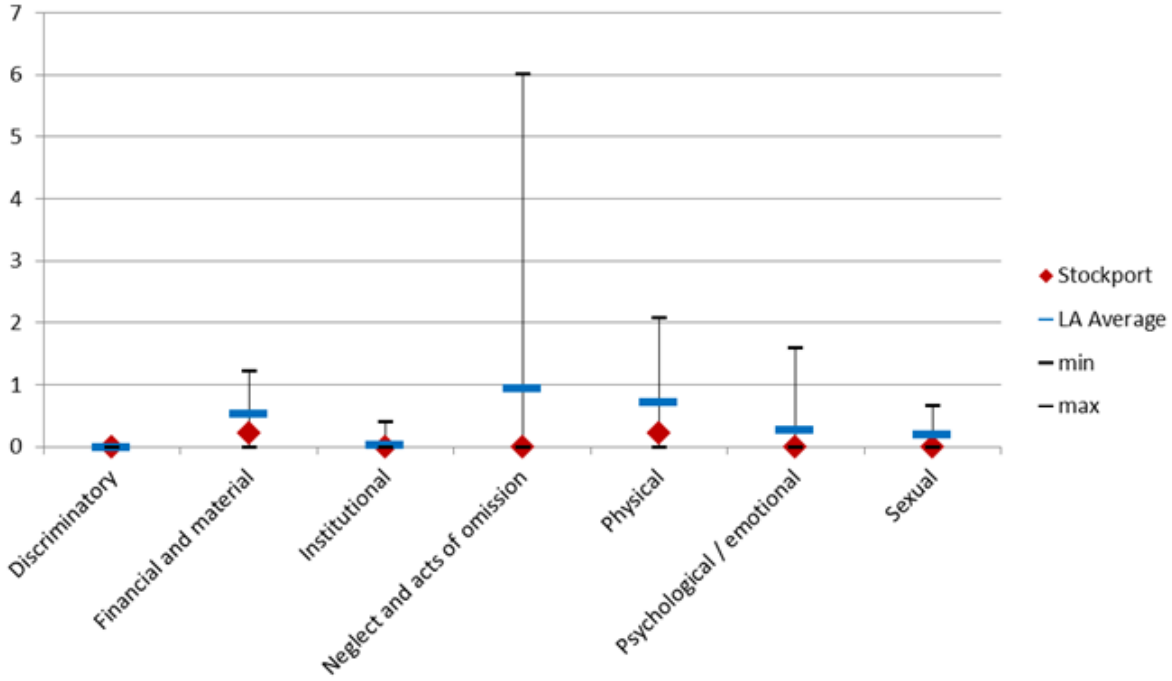
**Social care support or service paid, contracted or commissioned /10000 all 18+ population**




**Other: Known to individual /10000 all 18+ population**




**Other: Unknown / stranger /10000 all 18+ population**



8.42 There is significant variance between those clients know to Social Care, and those who are not. For those known to Social Care, our volume of concluded referrals is significantly higher, and in terms of the splits by category of abuse, of the 7 possible categories of abuse, Stockport has the highest volumes in three of the categories, those being Discriminatory, Neglect/Omission and Physical Abuse. This could point towards a system that is working well and has good systems in place for establishing areas of concern for people under safeguarding.

8.43 For those people that are referred where they are not receiving a service commissioned by or provided directly by Adult Social Care (and therefore less likely to be people we are working with), both tables show lower than average activity. Indeed, for those where the alleged abuser category is 'Other, Unknown / Stranger', of the 7 categories, Stockport has no recorded activity in the year for 4 of the categories, those being Discriminatory, Institutional, Psychological and sexual. This may be connected to the issues encountered in Table one, where there was less activity around those not known to the council.

**Table 3b**

**Allegations for referrals which concluded in the reporting period by location of alleged abuse**

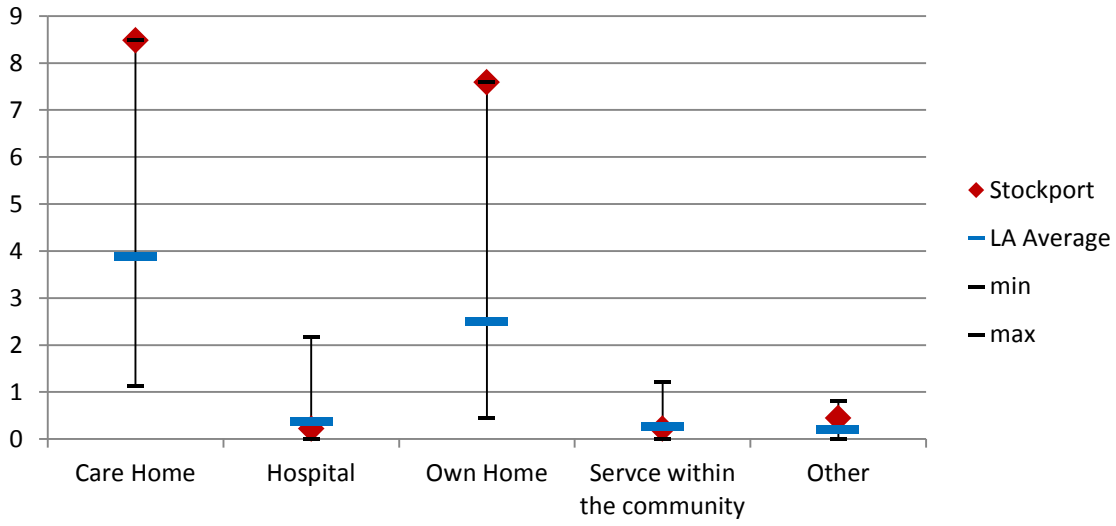
**Analysis**

| Social care support or service paid, contracted or commissioned /10000 all 18+ population | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Care Home | 8.48 | 3.9 | 1.1 | 8.5 |
| Hospital | 0.22 | 0.4 | 0.0 | 2.2 |
| Own Home | 7.59 | 2.5 | 0.5 | 7.6 |
| Service within the community | 0.22 | 0.3 | 0.0 | 1.2 |
| Other | 0.45 | 0.2 | 0.0 | 0.8 |

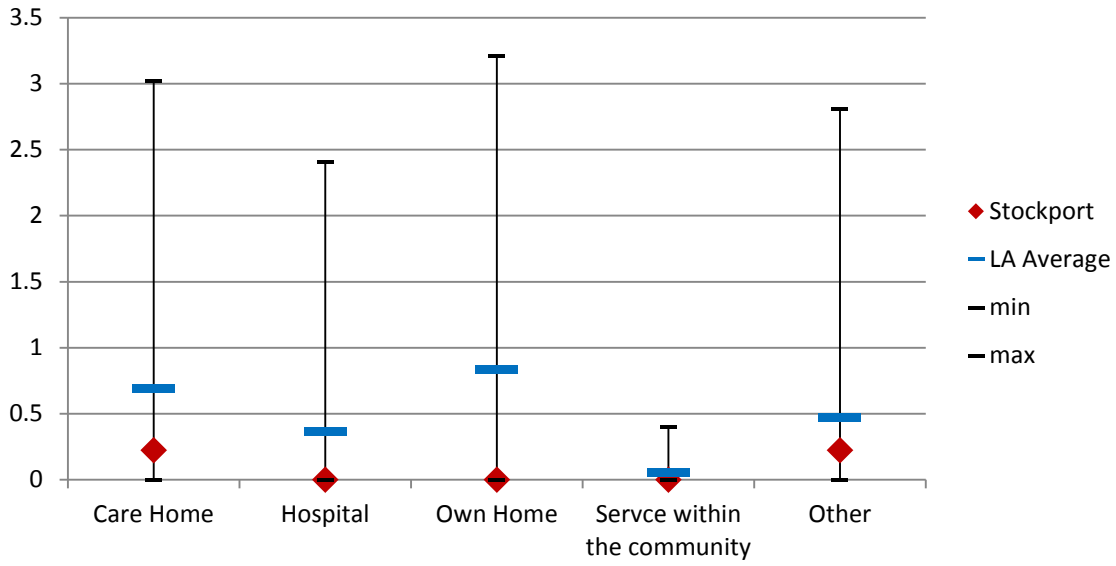
| Other: Known to individual /10000 all 18+ population | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Care Home | 3.79 | 2.1 | 0.3 | 6.9 |
| Hospital | 0.67 | 0.8 | 0.0 | 4.2 |
| Own Home | 1.79 | 4.4 | 1.1 | 11.4 |
| Service within the community | 0.00 | 0.2 | 0.0 | 0.8 |
| Other | 0.67 | 1.4 | 0.0 | 3.4 |

| Other: Unknown / stranger /10000 all 18+ population | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Care Home | 0.22 | 0.7 | 0.0 | 3.0 |
| Hospital | 0.00 | 0.4 | 0.0 | 2.4 |
| Own Home | 0.00 | 0.8 | 0.0 | 3.2 |
| Service within the community | 0.00 | 0.1 | 0.0 | 0.4 |
| Other | 0.22 | 0.5 | 0.0 | 2.8 |

**Social care support or service paid, contracted or commissioned /10000 all 18+ population**



**Other: Unknown / stranger /10000 all 18+ population**




8.44 Bearing in mind the point made above for table 3A, the report will not keep repeating the issue around the different levels of activity based on our knowledge of the client, or lack of, that issue affects all subsequent tables in section 3 and so it can be assumed.

8.45 Aside from this, table 3b looks at concluded referrals by location of abuse. One thing that stands out is that we look to have an atypical level of referrals where the location of abuse was Hospital, where the person is receiving a service from Social Care. Whereas all other categories we are reporting much higher, for hospital we are lower. There are also no referrals from Hospital in the 2 other tables. This may be something the Board wish to look at further, in terms of do we have low levels because the hospital are good providers, or are there issues with the routes into referral and evidencing abuse when that referral comes in.

**Table 3c**

**Allegations for referrals which concluded in the reporting period by result**

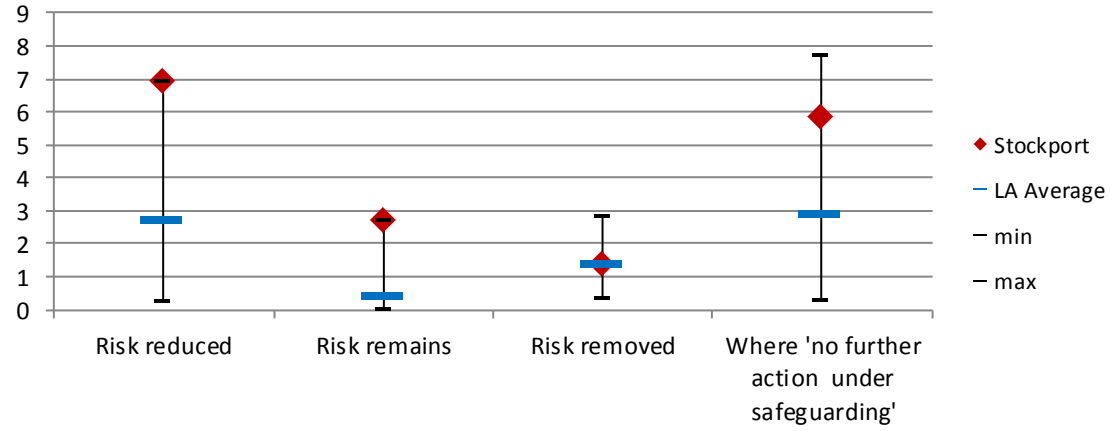
**Analysis**

| Social care support or service paid, contracted or commissioned /10000 all 18+ population | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Risk reduced | 6.92 | 2.7 | 0.2 | 6.9 |
| Risk remains | 2.68 | 0.4 | 0.0 | 2.7 |
| Risk removed | 1.34 | 1.3 | 0.3 | 2.8 |
| Where 'no further action under safeguarding' | 5.80 | 2.9 | 0.3 | 7.7 |

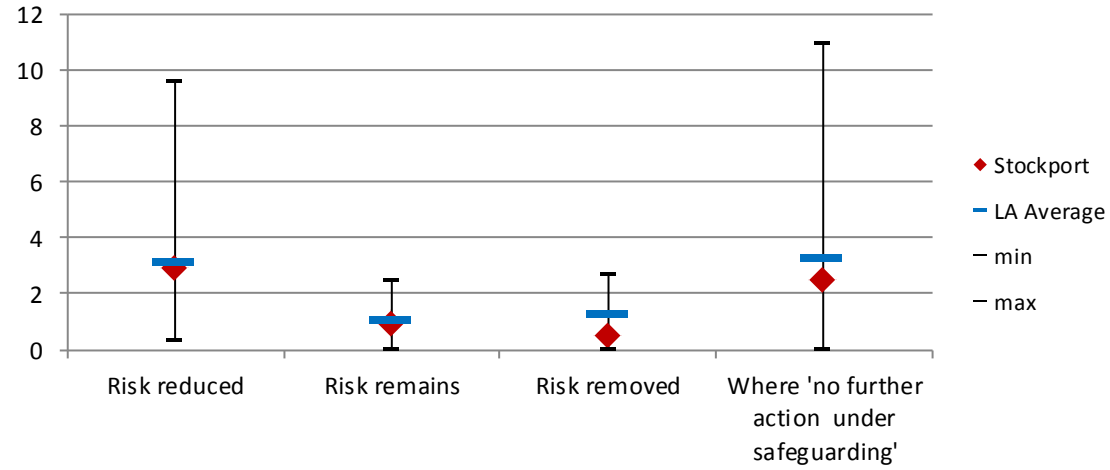
| Other: Known to individual /10000 all 18+ population | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Risk reduced | 2.90 | 3.1 | 0.3 | 9.6 |
| Risk remains | 0.89 | 1.0 | 0.0 | 2.4 |
| Risk removed | 0.45 | 1.3 | 0.0 | 2.7 |
| Where 'no further action under safeguarding' | 2.46 | 3.3 | 0.0 | 10.9 |

| Other: Unknown / stranger /10000 all 18+ population | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Risk reduced | 0.22 | 0.9 | 0.0 | 4.0 |
| Risk remains | 0.00 | 0.2 | 0.0 | 0.8 |
| Risk removed | 0.00 | 0.4 | 0.0 | 1.5 |
| Where 'no further action under safeguarding' | 0.22 | 1.2 | 0.0 | 5.2 |

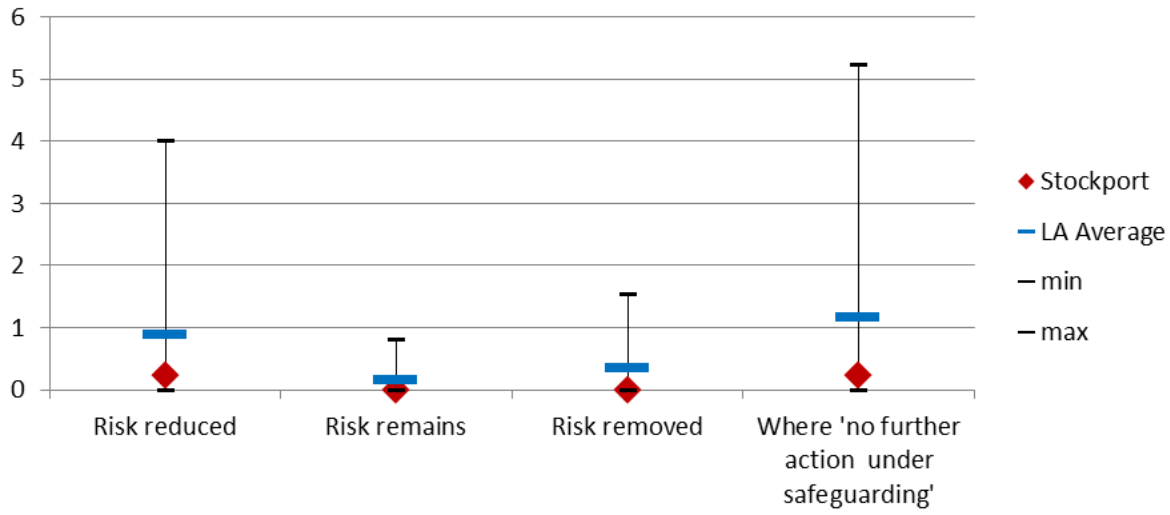
**Social care support or service paid, contracted or commissioned /10000 all 18+ population**




**Other: Known to individual /10000 all 18+ population**



**Other: Unknown / stranger /10000 all 18+ population**




8.46 Where a person is known to the Local Authority and is in paid/contracted setting, given the high outcome/conclusion rate, (see above), one would expect to see the same profile pattern reflected for risk reduction/removal.

8.47 Stockport has an above average rate at which risk is reduced and one would expect the profile to remain above the average in respect of risk removed in paid /contracted setting however the level for Stockport is below average and requires further exploration.

**Table 3d**

**Allegations for referrals which concluded in the reporting period by conclusion**

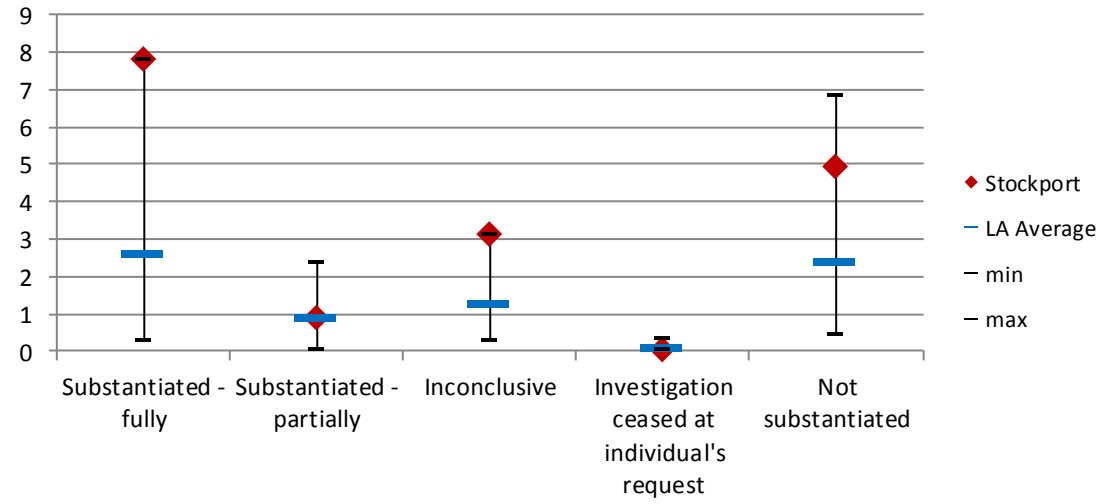
**Analysis**

| Social care support or service paid, contracted or commissioned /10000 all 18+ population | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Substantiated – fully | 7.81 | 2.6 | 0.3 | 7.8 |
| Substantiated – partially | 0.89 | 0.9 | 0.0 | 2.4 |
| Inconclusive | 3.12 | 1.3 | 0.3 | 3.1 |
| Investigation ceased at individual's request | 0.00 | 0.0 | 0.0 | 0.3 |
| Not substantiated | 4.91 | 2.4 | 0.5 | 6.8 |

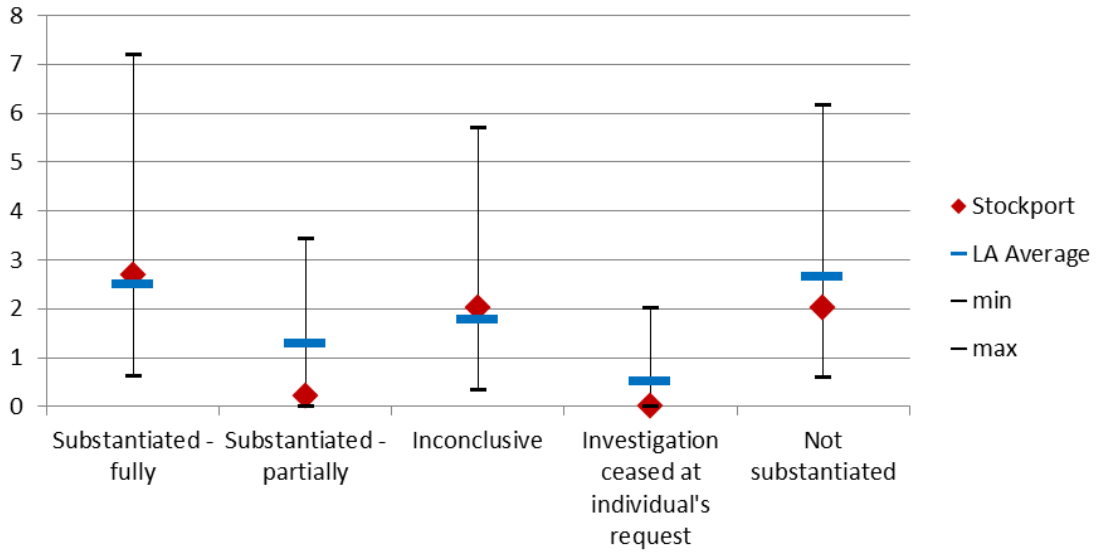
| Other: Known to individual /10000 all 18+ population | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Substantiated – fully | 2.68 | 2.5 | 0.6 | 7.2 |
| Substantiated – partially | 0.22 | 1.3 | 0.0 | 3.4 |
| Inconclusive | 2.01 | 1.8 | 0.3 | 5.7 |
| Investigation ceased at individual's request | 0.00 | 0.5 | 0.0 | 2.0 |
| Not substantiated | 2.01 | 2.7 | 0.6 | 6.2 |

| Other: Unknown / stranger /10000 all 18+ population | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Substantiated – fully | 0.22 | 0.8 | 0.0 | 4.4 |
| Substantiated – partially | 0.00 | 0.3 | 0.0 | 1.2 |
| Inconclusive | 0.00 | 0.5 | 0.0 | 2.0 |
| Investigation ceased at individual's request | 0.00 | 0.1 | 0.0 | 0.4 |
| Not substantiated | 0.22 | 0.9 | 0.0 | 4.8 |

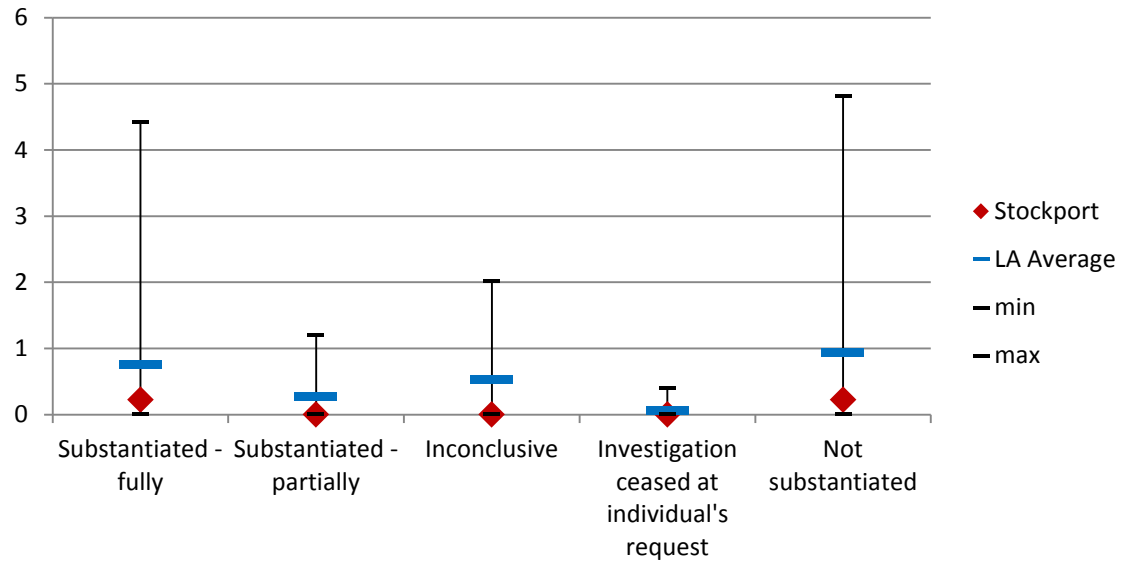
**Social care support or service paid, contracted or commissioned /10000 all 18+ population**




**Other: Known to individual /10000 all 18+ population**



**Unknown / stranger /10000 all 18+ population**




8.48 Stockport has a good rate for people it knows about in terms of substantiating fully allegations. This indicates a system that works well to investigate and establish the facts of a referral, to ensure people are kept safe. This good performance is not repeated in those people it doesn't provide services to, where it is split between average, and below average.

8.49 Further exploration is also required around of the why there is relatively high numbers of outcomes for those people we know about and where the investigation has been outcomed as Inconclusive.

**Table 6**

**Allegations for referrals which concluded in the reporting period by conclusion - Numbers of Individuals Assessed As Lacking Capacity**

**Analysis**

| 18-64 | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Yes | 5.6 | 2.4 | 0.0 | 5.6 |
| No | 0.6 | 4.1 | 0.6 | 9.4 |
| Don't know | 0.0 | 2.1 | 0.0 | 8.7 |
| How many were supported by an advocate, family member or friend? | 2.1 | 1.5 | 0.0 | 4.0 |

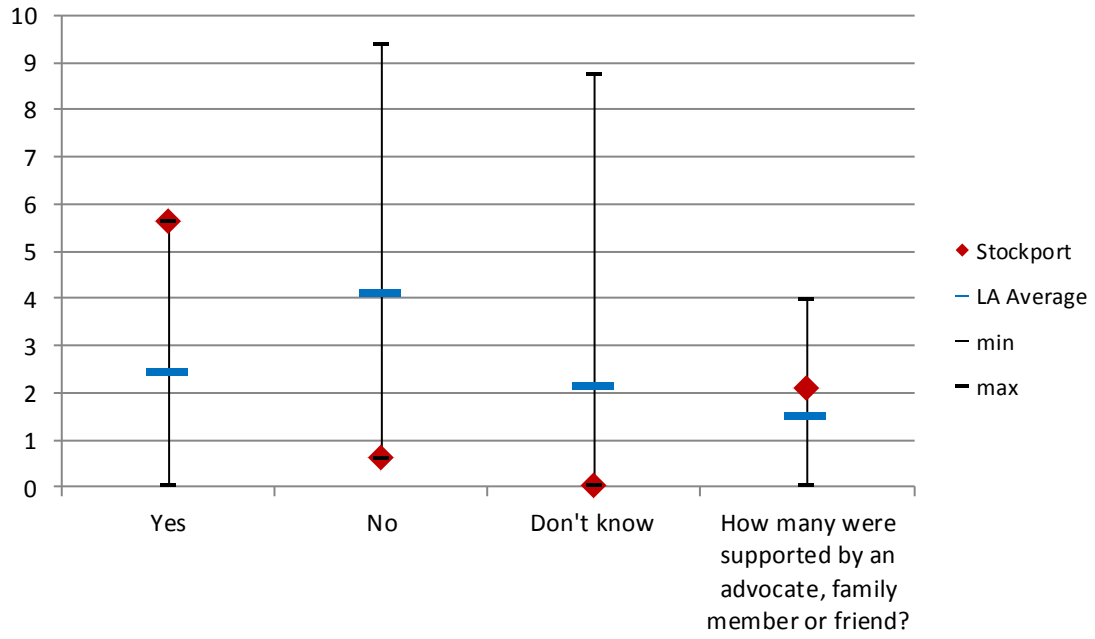
| 65-74 | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Yes | 19.0 | 5.0 | 0.0 | 19.0 |
| No | 1.7 | 6.3 | 0.0 | 16.5 |
| Don't know | 0.0 | 4.0 | 0.0 | 14.0 |
| How many were supported by an advocate, family member or friend? | 8.6 | 2.8 | 0.0 | 8.6 |

| 75-84 | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Yes | 70.6 | 19.2 | 4.9 | 70.6 |
| No | 10.9 | 20.5 | 3.6 | 57.8 |
| Don't know | 0.0 | 12.6 | 0.0 | 35.9 |
| How many were supported by an advocate, family member or friend? | 35.3 | 12.2 | 0.0 | 35.3 |

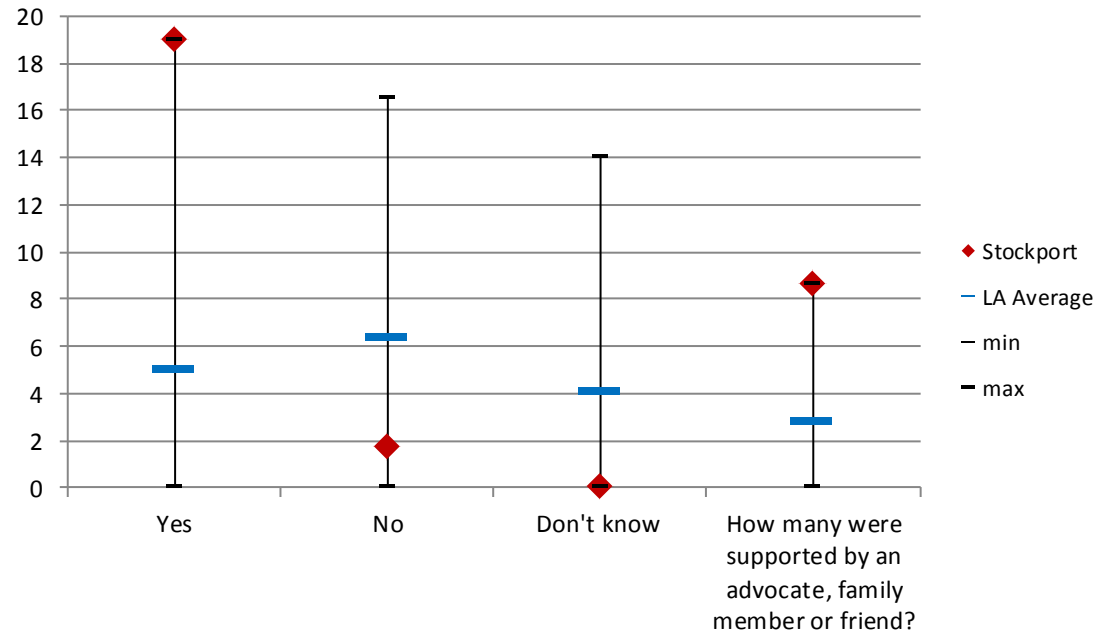
| 85+ | Stockport | LA Average | min | max |
|---|---|---|---|---|
| Yes | 266.1 | 70.1 | 13.3 | 266.1 |
| No | 49.0 | 68.3 | 0.0 | 183.1 |

| | | | | |
|---|---|---|---|---|
| Don't know | 0.0 | 44.8 | 0.0 | 149.7 |
| How many were supported by an advocate, family member or friend? | 119.0 | 40.6 | 0.0 | 119.0 |

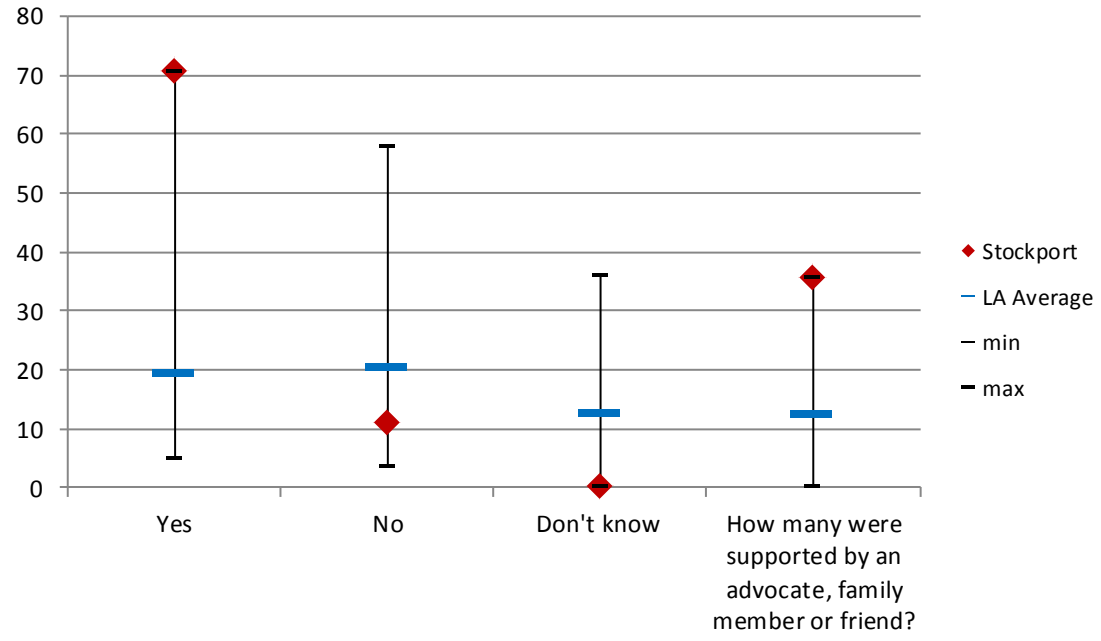
**Numbers of Individuals Assessed As Lacking Capacity - 18-64**



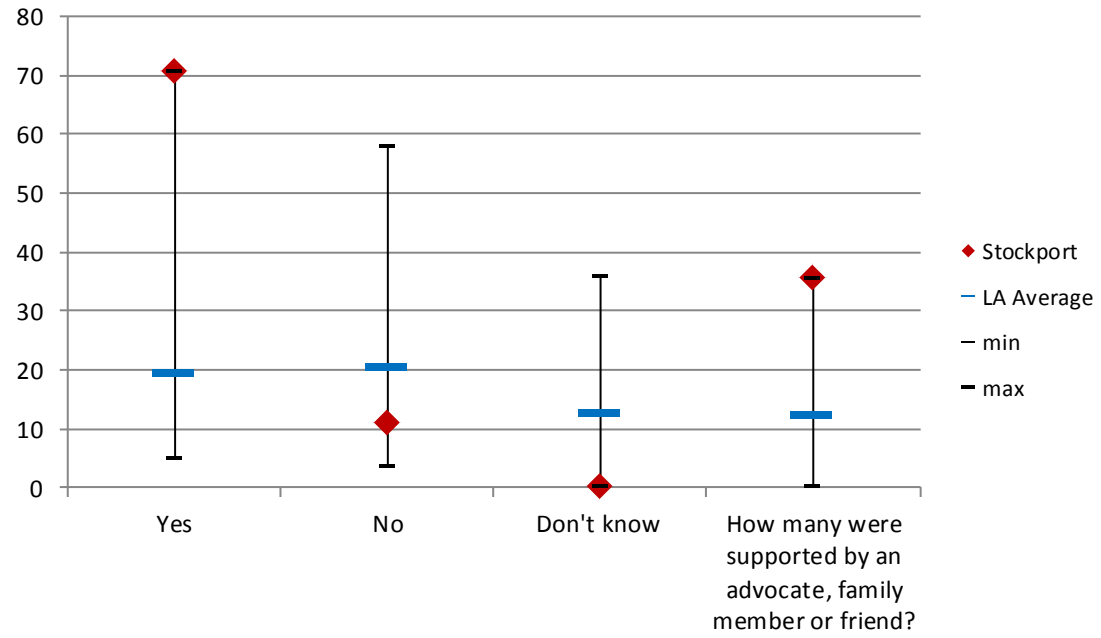
**Numbers of Individuals Assessed As Lacking Capacity - 65-74**




**Numbers of Individuals Assessed As Lacking Capacity - 75-84**



**Numbers of Individuals Assessed As Lacking Capacity - 75-84**




8.50 The information in section 6 looks at the mental capacity of the person that is the subject of the safeguarding referral. Social Workers are expected to act in line with the Mental Capacity Act and assess mental capacity; make a judgement. The judgement can be 'Yes' the person has capacity and will fully participate in the investigation, 'No', whereby an alternative plan for investigation is formulated in the persons best interest, 'Don't know', where it is difficult to judge the persons capacity. Capacity is an important judgement to make as part of the referral, as it has been evidenced that those people without capacity can often be targeted specifically as a result of this. Also, it is of real benefit to both the organisation and the person if the investigation and conclusion can be done in partnership with themselves or their family/friends/advocates.

8.51 Overall, Stockport is making positive judgements about people capacity to be part of their referral and investigation, and a much higher proportion of its referrals than its comparator local authorities are judged as having capacity. It's also consistently below average for judging the person does not have capacity. The other positive element of Stockport's data is that it is consistently the highest authority in facilitating the involvement of an advocate, friend or family member to support the person through the safeguarding process.

8.52 Finally, if the 'Don't know' category is seen as a sign of being risk adverse Stockport is also doing well, as it has made no judgements about capacity under this category in the entire reporting year.

## Appendix 5 - 2014/15 SSAB Business Plan Priorities

| Number | Priority Area |
|---|---|
| 1 | SSAB partners commit to ensuring that the Board is supported by dedicated resources by 31st March 2015. |
| 2 | SSAB partners commit to ensuring that adequate governance arrangements are in place in respect of the Board by 31st March 2015 and that the SSAB has in place all the requirements of the Care Act 2015. |
| 3 | The SSAB will continue to develop performance monitoring and audit capability by establishing and supporting a Quality Assurance and Performance Management Sub Group. |
| 4 | The SSAB will closely scrutinise the application of the Mental Capacity Act and the Deprivation of Liberty Safeguards. In particular the SSAB will monitor the action plan adopted by Stockport Council to address the implications of the Supreme Court judgement. |
| 5 | The SSAB will ensure that there is a robust system in place for notifying all cases to the Board which may meet the criteria for conducting an Adult Case Review. The SSAB will ensure that there is a process for deciding whether or not to conduct an SCR or other form of case review.<br><br>System put in place. SCR protocol updated. Cases are referred and decisions taken. |
| 6 | The SSAB will ensure that all partners sign up to and comply with the Stockport All-Agency Safeguarding Adults Policy. |
| 7 | The SSAB will prioritise the work of the Communications sub group -raising awareness of the safeguarding adults agenda remains a high priority. |
| 8 | The SSAB will monitor the implementation of the Winterbourne View action plan to ensure that safeguarding is at the heart of the new arrangements for the care of people with learning disabilities. |
| 9 | The SSAB will monitor progress following sign up to the “Making Safeguarding Personal” Programme which aims to achieve a shift from a professionally led, process driven approach to a person-centred, outcome focused approach. |

| | |
|---|---|
| 10 | The SSAB will monitor the impact of personalisation on safeguarding by scrutinising a report annually. |
| 11 | The SSAB will support the continued development of the Multi-Agency Adults at Risk System (MAARS) and will monitor the outcomes achieved. |
| 12 | The SSAB will work closely with Stockport Safeguarding Children Board (SSCB) on issues of mutual concern. |
| 13 | SSAB to monitor implementation of training strategy. |