



Safeguarding Adults in Stockport

Safeguarding Adults Board

ANNUAL REPORT

Year Ending 31st March 2011



STOCKPORT
METROPOLITAN BOROUGH COUNCIL



Stockport **NHS**
NHS Foundation Trust

Stockport **NHS**
Primary Care Trust

Pennine Care **NHS**
NHS Foundation Trust

NHS
Community Health Stockport
Your Partner in Health

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1. Opening Remarks by Board Chair

Last year brought us a new government and the start of a significant challenge as we strive to achieve the required cuts in public spending. This, of course, applies to varying degrees to all the partnership in relation to their individual responsibilities but is particularly sharply focussed in our continued joint arrangements to work to support and protect the most vulnerable members of our communities.

From February 2011, the responsibilities for implementing the Mental Capacity Act including the Deprivation of Liberty Safeguards, transferred from a joint health and social care funded post into the newly expanded Safeguarding Adults Service. The Safeguarding Manager describes the relationship between these activities and the Safeguarding agenda and sets out the implications for this for the Board in the Local Developments section.

Throughout the year we continued to fulfil our commitment to offering and delivering training at all levels and across all agencies. The training report and statistics for 2010/11 can be found on pages 7 to 9.

From April 2010, the NHS Information Centre introduced a new national set of mandatory reporting requirements and these are used for the first time to provide the year's performance information on pages 10 to 14

On pages 14 to 29 you will find specific contributions from partner agencies which describe the activity within the own organisations which supports the joint agenda and I am confident you will find this report as interesting, and informative as that of previous years. As usual the report will be made available on both the Council's intranet site and the public website.



Terry Dafter
Director, Adult Social Care
Chair of the Safeguarding Adults Board

2. National and Local Developments

2.1 The Law Commission Consultation and Analysis

Running from 24th February 2010 to 1st July 2010, the Law Commission held a consultation on reforming adult social care law. The consultation document was a lengthy and complex document. Part 12 asked a series of 9 questions with regard to adult protection and safeguarding e.g. changing the definition of a “vulnerable adults” to “adults at risk”, establishing a duty to investigate, repeal section 47 of the National Assistance Act 1948, protection of property, creation of a statutory function etc.

The consultation response analysis was published in March 2011 and was based on 231 formal responses, as well as gathering views directly from stakeholders at 72 specially staged events across England and Wales. The individuals and organisations who responded include disabled people, carers, lobby groups, local councils, social workers and the Government.

We now await the government’s response to the suggestions contained in the analysis which is likely to be in the Spring 2010.

2.2 The Independent Safeguarding Authority

Following her announcement in June, the Home Secretary, Theresa May, issued the following statement to the House of Commons on October 22nd 2010:

“I announced on 15 June that further implementation of the Vetting and Barring Scheme would be halted pending a review of the scheme. Together with my Right Hon Friends the Secretaries of State for Education and Health, I am today announcing the terms of reference for this review which we have collectively agreed.

The Review will be thorough and consider afresh the principles and objectives of the scheme and recommend what, if any, scheme is now needed. The Review will be developed by officials working jointly across our three departments and recommendations are expected early in the New Year. The protection of children and vulnerable adults must be paramount. But we must also ensure that arrangements are proportionate and support a trusting, caring society where well meaning people are encouraged rather than deterred.”

The legislation for amending the scheme is included in the Freedom Bill 2011, which was introduced in February and if passed will see significant changes made to the definitions of controlled activity and the monitoring aspects of the scheme.

2.3 Serious Case Review

A report on the Board's first Serious Case Review was expected to be included in this year's annual report. As the Review is yet to be concluded it would be inappropriate to provide a summary at this time.

2.4 The Care Quality Commissions Safeguarding Protocol

In July 2010, the Care Quality Commission (CQC) published its new Safeguarding Protocol, which replaces the old Commission for Social Care Inspection (CSCI) version. The protocol sets out the policy background for both safeguarding children and adults and includes sections on the CQC's core functions and its future role in local safeguarding procedures. It is this document that has seen the end of direct participation in both the Safeguarding Board and Implementation Group by CQC personnel and the Board and Group members would like to thank in particular Tracey Devine and Jacqueline Kelly for their contributions over the years.

2.5 Independent Board Chair

Interviews were held in 28th January 2011, but unfortunately the panel was not able to appoint. There has been further Board discussion and at the time of writing consideration is being given to a range of options to address this matter.

Addendum

The Safeguarding Board is delighted to be able to include this addendum to announce that David Mellor, Independent Chair of the Stockport Local Safeguarding Children's Board is in the process of taking up the appointment of the Independent Chair of the Safeguarding Adults Board. This is particularly exciting in that it supports both national and local agendas for closer working arrangements between the two service areas and offers opportunities for learning and development based on existing and future practice.

2.6 Appointment of Safeguarding Adult Coordinators

Last year we reported that two new appointments were being made to the Council's Safeguarding Adults Service.

In April 2010, Adele Summers joined the team and in June 2010, Susie Meehan. Both are qualified Social Workers.

Adele has post a qualification background in generic social work, followed by disability services (learning and physical disabilities) and more recently has worked as a Contracts Manager for Stockport. This gives her a unique insight into the relationship between social care providers and social care commissioners which will be invaluable in promoting joint working to protect and prevent.

Susie has a background in nursing and after qualifying as a social worker joined Stockport from Manchester. Her most recent position was as a Social Work Team Manager within Older People's Services. She has significant experience in adult protection having chaired a large number of strategy meetings and case conferences as a Responsible Team Manager.

The report makes reference to some of the developments that have been progressed as a result of this additional investment in the team.

2.7 The Mental Capacity Act (2005) and the Deprivation of Liberty safeguards (DoLs)

Prior to February 2011, the implementation of the Mental Capacity Act and Deprivation of Liberty Safeguards was the responsibility of a specifically appointed coordinator, funded by health and social care. She reported to a Local Implementation Network which had been set up some years previously. In anticipation of her retirement it was agreed that the responsibilities for this would transfer to the newly extended Safeguarding Adult Service and that the governance of this would be incorporated into the functions of the Safeguarding Adults Board. It is still very early days and a fuller report on this will be included in next year's annual report.

3. Training Report and Statistics

3.1 Training Report

Key Achievements in 2010 – 2011

- A training questionnaire was sent out to all Inquiry Officers and team managers to gauge skill and competency levels and find out how practitioners felt they could best be kept informed of changes in safeguarding and keep their skills up to date. As a result of this questionnaire the following trainings have been introduced:
 - quarterly newsletter
 - quarterly workshops for Inquiry Officers.
- Training for responsible managers has been introduced to clarify the role of the responsible manager.
- A questionnaire was sent to all provider services to ascertain how they are training their front line staff. As a result of this, Train the Trainers days have been set up to train managers to deliver Alerter training on site using our training pack and materials. Ongoing support is being offered as well.
- Positive risk assessment training has been devised and will be rolled out in this coming year for all social workers in line with our risk assessment documentation and the personalisation agenda.
- A bespoke training course has been introduced for informal carers.
- A group of service users with a learning disability have been supported to set up peer safeguarding training – ‘The A Team’.
- Two new leaflets were designed; an easy read leaflet, and a leaflet for service users going through the safeguarding process has been designed.
- Age UK, Stockport held a big safeguarding event in the town centre to raise awareness and inform people – the event was very successful.
- There was a multidisciplinary review of the training for referrers which has been updated.

- Safeguarding Adults Competencies for each role under Stockport’s policy and procedures were written and adopted by the board which link to our different trainings.
- Alerter training sessions were revised so that up to 25 participants can be trained together and fewer sessions are required each month to meet demand.
- Alerter refresher training was introduced – this is a shorter session which uses a DVD and Case scenarios to recap on the key themes. A member from the SASS team also gives an update on local and national developments in Safeguarding Adults.
- All Safeguarding Adults trainings were delivered as per training programme.

3.2 Training Statistics

3.2.1 Alerters – last year, this year and cumulative total

In total we offered 1738 places of which 1190 were taken up giving an attendance rate of 68%, up from 60% last year.

The total trained up to 31st March 2009 was 3208.

SERVICE AREA	April 09 – March 10	April 10 - March 11	TOTAL
Domiciliary Care	170	100	
Care Homes	220	389	
Voluntary Sector	111	157	
Supported Housing Services	81	23	
Supporting People Services	188	122	
NHS Community Health Stockport	191	163	
Stepping NHS Foundation Trust	70	71	
Pennine Care Mental Health FT	26	38	
Other	87	127	
TOTALS	1114	1190	5512

3.2.2 Referrers – this year, last year and cumulative totals

The title of this training was changed from Provider Manager to Referrer to reflect the expanding responsibility for service providers to respond to disclosures within their own organisations beyond that of just the Manager.

The total trained up to 31st March 2009 was 310.

SERVICE AREA	April 09 – March 10	April 10 - March 11	TOTAL
Domiciliary Care	4	5	
Care Homes	11	16	
Voluntary Sector	3	7	
Supported Housing Services	15	6	
Supporting People Services	21	12	
NHS Community Health Stockport	2	8	
Stockport NHS Foundation Trust	1	0	
Pennine Care Mental Health FT	2	2	
Other	1	5	
TOTALS	60	61	431

3.2.3 Inquiry Officer Training

This course is offered to all designated Inquiry Officers irrespective of any previously completed training. The designated posts are qualified social workers, community psychiatric nurses and community nurse in the Learning Disability Partnership.

The course was delivered once in 2010/110 and was attended by 14 designated staff. This training has been completed by 186 designated staff.

4. Safeguarding Performance Information

The NHS Information Centre is England's central, authoritative source of health and social care information for frontline decision makers.

Following a pilot in 2008 involving 31 councils, a voluntary collection period was introduced by the NHSIC for the six month period from 1st October 2009 to 31st March 2010. Stockport was one of 128 councils who submitted information.

From 1st April 2010 all 152 councils are required to supply the information in the agreed format. This has led to some changes in our collection methods which reflect in the annual report.

Tables 1 and 3 relate to referrals received in the year. Tables 2, 5 and 8 relate to cases completed during the same period and include completed cases which commenced in the previous year. Tables 4, 6 and 7 have multiple entries.

Table 1 - Referrals/Investigations Completed - 2002 to 2011	
YEAR	Referrals received in 2010/11 and referrals completed at 31st March
2002 - 2003	29 (half year)
2003 - 2004	76
2004 - 2005	109
2005 - 2006	135
2006 - 2007	98
2007 - 2008	164/115
2008 - 2009	210/167
2009 - 2010	293
2010 - 2011	266/255

Table 2 - Completed Investigations by Gender (%)		
Year	Male	Female
2004-2005	36%	64%
2005-2006	39%	61%
2006-2007	41%	59%
2007-2008	37%	63%
2008-2009	46%	54%
2009-2010	39%	61%
2010-2011	29%	71%

Comment: The year on year variations are difficult to explain but there continues to be a significantly greater number of referrals from female service users. Given that the Over 65 group is the single biggest source of referrals this resonates with the gender demographics in the older population.

Table 3 – Referrals received by Age and Client Group					
Client Group	Age Band				Total
	18 to 64	65 to 74	75 to 84	85 +	
Physical Disability, Frailty and temporary illness inc. sensory loss	5	21	66	94	186
Mental Health (inc. dementia)	13	8	15	18	54
Learning Disability	22	2	1	0	25
Substance misuse	1	0	0	0	1
Other vulnerable adults	0	0	0	0	0

Comment: As advised in last year’s annual report, we no longer collect “older people” as a separate client group. Although we still collate by age bands this is related to the individual’s primary presenting condition.

Table 4 – Completed Investigations by Type of Abuse	
Physical	131
Psychological/Emotional	83
Sexual	18
Neglect or Acts of Omission	93
Financial	63
Institutional	24
Discriminatory	2
Total Incidents	397
Incidents of Multiple Abuse	133

Comment: The number of reported incidents of institutional abuse has increased from 0% in 2009-10 to 9% in this year and evidences a clearer understanding of the relationship between specific types of abuse and the way in which practices and regimes within service settings can contribute to these.

Table 5 – Completed Investigations by Source of Referral	
Social Care Staff (Council & Independent Services) of which:	115
Domiciliary Care Staff	16
Residential Care Staff	70
Day Care Staff	2
Social Worker/Care Manager	25
Self-Directed Care Staff	2
Health Staff of which:	51
Primary/Community Health Staff	29
Secondary Health Staff	13
Mental Health Staff	9
Self referral	5
Family member/friend/neighbour	25
Care Quality Commission	2
Housing	3
Education/training/workplace	3
Other	51

Comment: The number of referrals generated by clients, family members, friends and neighbours represents only 11% of the total and indicates a need to focus more specifically on greater awareness amongst the general public.

Table 6 – Completed Investigation by Location of Abuse	
Own Home	87
Care Home	73
Care Home with Nursing	97
Alleged Perpetrators Home	2
Acute Hospital	5
Community Hospital	1
Public Place	6
Supported Accommodation	8
Education/training/workplace	4
Other	13

Comment: Multiple entries are included where the abuse is alleged to have occurred in more than one location. Not all alleged abuse incidents within care homes are allegations against the service. Some involved family members, visitors and other service users.

Table 7 – Completed Investigations by Perpetrator	
Partner	24
Other Family Member	39
Health Care Worker	10
Domiciliary Care Staff	38
Residential Care Staff	70
Day Care Staff	1
Other Professional	4
Other Vulnerable Adult	40
Neighbour/Friend	5
Stranger	5
Not Known	17
Other	51

Comment: As with Table 6, multiple entries are permitted. In 72 cases the alleged perpetrator lived with the victim and in 29 cases the alleged perpetrator is described and the main family carer. Given the nature of the relationship they would also meet the definition for categorising as domestic abuse.

Table 8 – Completed Investigations by Case Conclusion	
Substantiated	91
Not substantiated	79
Partly Substantiated	21
Not Determined/Inconclusive	64

Comment: The conclusion “partly substantiated” refers to cases of multiple categories of abuse where at least one, but not all categories were substantiated.

The category of “not determined/inconclusive” at 25% of the total is the lowest it has been and suggests a greater confidence on the part of Case Conference decision makers in assessing the information and reaching a firm conclusion.

As always a further source of statistical information on safeguarding activity derives from the database maintained by the Safeguarding Adults Service which forms a record of all the instances whereby advice has been sought from the team members. The advice may have led to the making of a formal referral, resulted in signposting to another agency or the interpretation of the procedures in a particular case. Advice was given in a total of 238 instances during 2010-11.

5. Board Members Reports

5.1 Stockport Community Safety Unit

Key achievements between Adult Safeguarding & Community Safety

Performance – 2010-11

- All key crime targets were met in 2010-11.
- All crime continues to fall with a 6% decrease this year.
- All crime has fallen each year over last 7 years with 11,000 less victims over this time period.
- NI 15 – Serious Violent Crime – 19% reduction.
- NI 16 – Serious Acquisitive Crime (Burglary, Robbery Car Crime) – 9% reduction.
- There has been a significant decrease in bogus / distraction burglary from 83 to 36 in last year a 57% reduction.
- Hate Crime as also seen a decrease in of 8%.
- Anti-Social Behaviour has seen a reduction of 24% of reported incidents.
- 50% reduction in re-offending of Prolific and Priority Offenders.

Neighbourhood Policing Teams (NPTs)

- Improvements to NPTs and more resources going to NPTs, but with increased responsibilities through new policing model PMIT.
- Confidence Plans for each NPT developed with a number of 'Confidence Weeks' delivered in 2011 to improve confidence in how Police and Council deal with issues that matter to public.

Police Public Protection and Investigation Unit

- Police systems have been improved to risk assess vulnerable victims and any actions for partner agencies can be quickly passed on.
- Single Points of Contact (SPOCs) have been established with Social Workers and Mental Health staff which has greatly improved information sharing between agencies.
- Information on vulnerable adult incidents over 3 years:

2010-11 = 4245
2009-10 = 5164
2008- 09 = 4721

SIPS

- 4 Stockport Intensive Partnership Sweeps (SIPS) delivered across all Priority 1 Areas.
- Participatory Budget (PB) events in priority areas will be delivered in 4 areas in 2011-12.

Substance Misuse

- Drug treatment continues to be effective with the partnership exceeding its local target on getting people into treatment.
- The Drug Action Team was successful in bidding for a national pilot of Payment by Results (PbRs).
- Integration of alcohol and drugs continued in 2010-11.

All Our Tomorrows (AOT)

- Strategic Manager on AOT Implementation & Development Group.
- Action Plan on 'Safer' on Strategy.
- Joint events / consultation with older people – Community Safety Unit (CSU) involvement in these events.

Doorstep Crime / Bogus Callers

- Joint work between Age UK, CSU and Adult Social Care on doorstep crime action plan refreshed 2010-11.
- Evaluation of No Cold Calling Zones (NCCZs) completed and a further two areas has been identified in Offerton. There currently 7 NCCZs that cover 1300 properties across Stockport.
- Nearly 600 properties in Stockport have improved security through our 'Target Hardening Scheme' with Victim Support Services (VSS). Effective joint work between VSS and Age UK through the Handy Man Service has been helpful in tackling work on bogus callers and burglary.

Hate Crime

- New Police Policy on Hate Crime was implemented by Greater Manchester Police, more focus on disability hate crime and how to deal with it.
- Briefing sessions rolled out with key stakeholders, including adult social care, on how to report hate crime.
- New leaflet developed under the Corporate / CSU joint 'Safer Campaign' in winter 2010.

- A new interactive 'Keeping Yourself Safe' DVD has been developed to help vulnerable people, particularly those that might suffer hate crime, cope with difficult situations

Domestic Abuse

- MARAC (Multi Agency Risk Assessment Conferencing) continues to go from strength to strength with more partners involved in the process of managing high risk cases.
- New DASH (Domestic Abuse Stalking and Harassment) risk assessment rolled out by police in June 2011.
- Some excellent media work rolled out through a number of Communication Campaigns.
- Domestic Violence Homicide Reviews have become a statutory function for the SSP from April 2011.

Targeting the vulnerable / ASB (Anti-Social Behaviour)

- ASB Minimum Standards were rolled out in 2010 – this now focuses on victims and vulnerability, this is particularly relevant to social care services.
- Through the vulnerable victim matrix there were 16 red cases identified from January 2011- June 2011.
- Improvement in communication between ASBAT and NPTs via use of new Neighbourhood Management System (GMP data system) is working very well.

Priority 1 Areas / Neighbourhood Management

- All Priority 1 Areas now have a Neighbourhood Management Board in place with 'Safer' Theme Leads to manage community safety work in each area. Each area has a 'Safer' Action Plan.
- There has been 9 Participatory Budget Events (You Say, We Pay) with £230,000 distributed to 150 community groups in our Priority Areas.

Improving links to Adult Social Care (ASC)

- Briefing to Neighbourhood Policing Teams (NPTs) on vulnerability and Adult Social Care responsibilities delivered in December 2010.
- Social Care Forum briefed about work of NPTs / Disability Hate Crime in March 2011.
- On-going dialogue between CSU and ASC to capitalise on opportunities for joint work and raising awareness through information and advice mechanisms and one off events.

5.2 Stockport NHS Foundation Trust

Annual Report for Safeguarding Adults Board Stockport NHS Foundation Trust - Year Ending 31 March 2011.

The Trust has merged the Safeguarding Committee with the Mental Capacity Act Steering Group in order to reduce duplication and improve integrated working with partner agencies. The group continues to be chaired by the Deputy Director of Nursing and Midwifery and is attended by the Transformation Manager for Stockport Safeguarding Adults and Mental Capacity Act Service. The aim of the group is to provide the strategic direction to ensure that the safeguarding requirements for adults and children are achieved within the Trust. Representatives of the Trust continue to attend the Safeguarding Adults Board, Implementation Group and Training Subgroup.

The Senior Nurse for Safeguarding attended the recent Safeguarding Board and Implementation Group away day where there was useful work undertaken regarding the role and function of the Stockport Safeguarding Adults Board and from which a Stockport Safeguarding Adults Board business plan will be developed.

An IMR Report was completed as part of the Serious Case Review currently being undertaken by Stockport Safeguarding Adults Board. No immediate action was identified but this will be reviewed on completion of the Serious Case Review.

Department of Health funding was secured to complete an audit to determine the level of compliance with the MCA and consent within the Trust. This has now been completed, actions identified and an action plan is being drawn up to ensure identified actions are completed.

Adult safeguarding awareness training continues to be delivered on Trust Induction and Mandatory training. This provides a general overview of Adult Safeguarding and the Mental Capacity Act and signposts staff to further training and access to information relating to Adult Safeguarding, the Mental Capacity Act and Deprivation of Liberty Safeguards via the Adult Safeguarding and Training and Development Microsites. A total of 2109 staff have completed this training during the year. Laminated copies of the 'What to do if you're worried an adult is being abused' flow chart have been disseminated across the Trust and the flow chart is also accessible on the Adult Safeguarding microsite.

Adult Alerter Training for Trust staff is provided through the Multi-Agency training programme or via the Trust Training Department. Although some recent in house courses have not taken place recently

due to poor uptake, the course is currently being updated with the aim of ensuring it addresses the training needs of staff working in an Acute Hospital Trust, whilst meeting the training requirements of the All Agency Safeguarding Adults Policy. This issue is being addressed in collaboration with the SMBC Training co-ordinator. Plans to provide a further managers course are under discussion within the Training Subgroup.

Carole Moore
Senior Nurse Safeguarding, Stockport NHS Foundation Trust

5.3 NHS Stockport Commissioners – Position statement

Safeguarding adults is a core responsibility in NHS Commissioning – *Safeguarding Adults: The role of NHS Commissioners, DH 2011.*

Safeguarding encompasses:

- Prevention of harm and abuse through provision of high quality care.
- Effective responses to allegations of harm and abuse, responses that are in line with local multi-agency procedures.
- Using learning to improve service to patients.

Why is safeguarding adults relevant to Commissioners?

Safeguarding adults is integral to:

1. NHS Outcomes Framework domains 4 and 5 relating to patient experience and protecting people from avoidable harm.
2. Regulations – fundamental requirement for registration and complying with the CQC, *Essential Standards for Quality and Safety*.
3. Legislation – Commissioners duty to comply with other legislation including the Human Rights Act, Mental Capacity Act, Equalities Act and Safeguarding Vulnerable Groups Act.
4. Cost effectiveness, quality innovation, productivity and prevention – harm, neglect and abuse cost the NHS millions each year in avoidable admissions and care.
5. Lessons from inquiries such as Staffordshire FT have highlighted the need to make safeguarding integral to care.
6. The NHS reforms bring new challenges in assuring the safety of patients especially the plurality of Providers and the range of settings in which care is provided.

Future Requirements – DH guidance

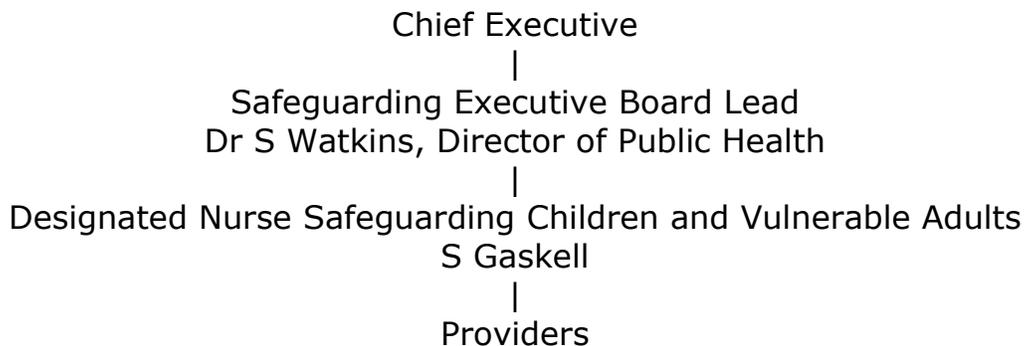
Safeguarding Adults: The Role of NHS Commissioners, DH 2011 suggests there are six basic measures that will help Commissioners comply with legislation and achieve good outcomes in how they safeguard adults.

1. Use the safeguarding principles to shape strategic and operational safeguarding arrangements.
2. Set safeguarding adults as a strategic objective in commissioning health care.
3. Use integrated governance systems and processes for assurance to act on safeguarding concerns in services.
4. Work with the Local Safeguarding Adults Board, patients and community partners to create safeguards for patients.
5. Provide leadership to safeguard adults across the health economy.
6. Ensure accountability and use learning with the service and the partnership to bring about improvement.

The DH states that: Commissioners will need to ensure that responsibilities to safeguard adults are safely managed and maintained through the transitions to new Commissioning arrangements. It also states the role of the CQC complements that of Commissioners in relation to safeguarding but does not replace it; therefore monitoring Providers remains a key function for NHS Stockport.

Adult Safeguarding Agenda – NHS Stockport

Accountability within NHS Stockport:



Historical Context

Prior to April 2011 NHS Stockport had no strategic lead in respect to the adult safeguarding agenda. The Board were aware of this and accepted the risk.

An opportunity to address this risk was identified following an amendment to the statutory guidance – *Working Together to Safeguard Children, 2010*, which indicated the Designated Nurse for Safeguarding Children's post should sit within the commissioning arm of the PCT. The role of the Designated Nurse includes:

- Providing advice to ensure the range of services commissioned by the PCT take account of the need to safeguard and promote the welfare of children.
- Provide advice on the monitoring of the safeguarding aspects of PCT contracts
- Provide leadership for the safeguarding agenda across the health economy
- Provide professional advice and PCT representation at the Safeguarding adult and children boards

It was proposed that the Designated Nurse could replicate this role in respect of the adult agenda when the post was transferred from CHS to NHS Stockport.

Current Position within NHS Stockport PCT

- April 2011 Board Lead and Designated Nurse resumed responsibility for adult safeguarding agenda.
- Designated Nurse will now represent NHS Stockport on the multi-agency Stockport Safeguarding Adult Board
- Safeguarding Adult Policy and Audit Tool has been included in CHS and Stockport NHS FT contract schedules for 2011-12.

Conclusion

NHS Stockport has started to embrace the adult safeguarding agenda by providing leadership to safeguard adults across the health economy, working with the Safeguarding Adults Board and starting to introduce safeguarding into its commissioning arrangements.

S Gaskell

Designated Nurse Safeguarding Children and Vulnerable Adults

5.4 NHS Community Health Stockport (Provider)

Safeguarding Adults Annual Report 2010 -11

Historical Context

'No Secrets' (DH 2000) issued guidance to local agencies who have a responsibility to investigate and take action when a vulnerable adult is believed to be suffering abuse. The document proposed a structure and content for the development of local inter-agency policies, procedures and joint protocols, intended to protect vulnerable adults.

'No Secrets' identified local authority social services departments as having the responsibility to lead in this area. It is guidance and not statute and therefore does not carry the same weight and enforcement as Safeguarding Children. None the less it is stipulated that the guidance should be complied with 'unless local circumstances indicate exceptional reasons which justify variation' Although 'No Secrets' stipulated that local authorities should be lead agencies there is a clear expectation that all agencies involved in delivering care to vulnerable adults should have a lead officer and a local Safeguarding Adults Implementation Policy. A review of the implementation of 'No Secrets' was undertaken by the government in 2008.

A key finding of the review was an absence of adult safeguarding systems within the NHS. A lack of health related safeguarding adults governance systems indicated that healthcare incidents that raise safeguarding concerns were not considered in the wider safeguarding arena.

In a subsequent DH document '*Clinical Governance and Adult Safeguarding - An Integrated Approach*' (2010) it was noted that:

'NHS Clinical Governance systems do not yet formally recognise the need to work in collaboration with Local Authorities when adult safeguarding concerns arise during healthcare delivery.' (DH 2010)

The DH document provided guidance to health organisations to encourage them to develop local robust arrangements to ensure that adult safeguarding becomes fully integrated into NHS systems. It is anticipated that this will lead to openness and transparency and, in turn, improved working relationships between key agencies. The document lays down a challenge to health organisations to raise their game in relation to safeguarding.

In March 2011, the Department of Health published a suite of documents which assist NHS commissioners, health service managers and practitioners in preventing and responding to neglect and abuse, focusing on patients in the most vulnerable situations. These documents provide advice, support, frameworks and tools for benchmarking and assurance for all those involved in commissioning care for or providing care to vulnerable adults.

Current Position within Community Health Stockport

Community Health Stockport has a named Safeguarding Adults Lead who sits on the Local Adults Safeguarding Board. A Stockport All Agency Adult Safeguarding Policy is in place, as is a local implementation policy.

The local position mirrored the national position in that Community Health Stockport had no governance arrangements in situ specific to safeguarding vulnerable adults and there had been no requirement to report to Board. Similarly it is the case that safeguarding elements of critical incidents had not been identified at the point of the incident apart from those cases in which an overt safeguarding issue has occurred. Incidents have been reported as Tissue Viability Incidents and safeguarding elements have come to light later when a Root Cause Analysis has been completed. This suggests that staff are not considering safeguarding at the time of a critical incident.

In 2010, safeguarding systems within Community Health Stockport were subject to a review by Internal Audit. The report concluded that 'significant' levels of assurance were given. Some weaknesses were identified and these included; the need for a safeguarding vulnerable adults commissioning lead and the need for reporting to the Board on vulnerable adults.

Accountability within CHS



Reporting Structures within CHS



Actions taken

A series of steps have been taken in response to the various Department of Health documents, Care Quality Commission Outcome 7 and the Internal Audit Report. These developments will improve governance arrangements in relation to safeguarding and enhance the implementation of the local safeguarding policy. These steps include;

- Review of Community Health Stockport Safeguarding Adults Implementation Policy.
- Amendment of internal on-line reporting system to include facility to report safeguarding issues.
- Introduction of the role of Safeguarding Adults Advisor.
- Awareness raising programme amongst Community Health Stockport staff.
- Learning from Experience' Workshops for frontline Community Health Stockport staff, focussing on safeguarding issues.
- Implementation of quarterly reports regarding safeguarding adults to be presented to both Patient Safety and Experience Governance Committee and Community Health Stockport Committee, with twice yearly reports to Board.

Safeguarding incidents within Community Health Stockport

Prior to the introduction of the revised reporting and governance systems and the role Safeguarding Advisor there was no requirement for frontline services to formally report their involvement with safeguarding investigations, neither were staff required to report safeguarding concerns internally. There is therefore no data identifying the level of safeguarding issues or safeguarding investigations that Community Health Stockport staff have been involved with. This will not be the case

henceforth as the reporting process is now robust and will allow for reports of this nature.

The role of the Safeguarding Advisor was introduced in early 2011. The purpose of this role is to offer staff advice and support when they encounter situations of a safeguarding nature. Since the introduction of the role the advisor has been contacted on a number of occasions. A brief outline of the nature of some the queries and outcomes is detailed in the following table.

Case	Key issues	Advice given	Safeguarding referral
1	District nurses encountering difficulties with a patient refusing personal care and putting herself at risk of pressure ulceration. Patient had been assessed as lacking capacity in relation to the decision to refuse personal care. A best interest decision had been made allowing for personal care to be given by health and social carers. The patient was distressed by this and became verbally and physically aggressive to staff.	Joint visit completed with district nursing team leader. Advised regarding proportionate restraint to deliver care and level of input.	Yes and Multi Agency Best Interests Meeting
2	Carer restricting access to patient. Patient developed pressure ulcer, refused health care intervention.	Capacity assessment required.	Yes Initial multi-agency fact finding meeting called.
3	Patient experienced extensive pressure ulceration whilst resident in a care home and on the district nursing caseload.	Advised to make safeguarding referral	Yes
4	Service concerned about a patient who is refusing healthcare intervention and appears to be neglecting themselves. Concerns mounting as the patient appeared to be losing motivation and spending extensive periods in bed.	Capacity assessment required. Advised that GP and practitioner should work together to make the assessment.	No

Community Health Stockport has been involved in the first ever Adult Serious Case Review which was commissioned by the Stockport Safeguarding Adults Board in 2010/11 and which involved a young adult who was an ex- Looked After Child. The outcome of the serious case review will report in early 2011/12.

Training

All staff employed by Community Health Stockport who are patient facing are required to attend Vulnerable Adults Alert Training. Training is also provided for managers who are required to support staff in decision making relating to possible safeguarding incidents. The manager's training is currently known as 'Referrers' training. This training is currently under review following feedback that it was not meeting the requirements of health staff. Community Health Stockport contributes £20,000 per annum to the Local Authority to provide training for frontline staff and managers.

In light of the changes made to the Community Health Stockport Safeguarding Vulnerable Adults Policy and process, a series of awareness raising initiatives have been undertaken. These include;

- Features in Team Brief
- Bespoke presentations for individual services
- 'Learning from Experience' workshops

At the time of this report 118 staff have accessed at least one of the awareness raising sessions.

NHS North West Safeguarding Standards Monitoring Tool

This audit tool has been discussed with NHS Stockport's Designated Nurse for Safeguarding Children and Vulnerable Adults and used to establish a baseline which demonstrates levels of compliance with safeguarding standards. As a result of this baseline assessment an action plan has been formulated. The audit tool will be formally completed and submitted to Commissioner's, in November 2011, in line with Community Health Stockport's arrangements for contractual monitoring.

Next Steps

The foundation for the safeguarding agenda within Community Health Stockport has been established. Further actions are required to ensure that the governance arrangements are robust in order to provide assurance to Board and to ensure that the policy is fully implemented on the frontline in order to safeguard vulnerable adults. The next steps are detailed below.

Information sharing

The amendments to the on-line reporting system within Community Health Stockport will allow for the production of reports detailing any trends in safeguarding related incidents. This function will enable identification of possible 'hot spots' where several incidents with a safeguarding element have occurred within the same location (care home, nursing home etc) or by the same provider (care agency, nursing team etc). A cluster of 'lower level' incidents or concerns may be indicators of potential problems developing. These reports will not be patient specific and can therefore be shared with Local Authority partners, thereby enabling Community Health Stockport to meet the requirements of '*Clinical Governance and adults safeguarding: and integrated approach*' (DH 2010). These reports will be available from July 2011.

Safeguarding adults information database

As the role of the Safeguarding Adults Advisor is developing it is necessary to have a system for recording advice given to frontline staff and managers. This system must be in concordance with Medical Confidentiality and data Protection Guidelines (NHS Stockport, GEN 31). This system will be established by July 2011.

Training

Review of all Safeguarding Adults training in light of Department of Health documents issued in March 2011. It is accepted that health workers have a key role in identifying abuse and it is increasingly anticipated that health workers will have a role in leading in early stages of investigations. Staff will need training which is health oriented and which equips them to move into new roles and expectations.

First level investigations and action planning

Community Health Stockport Staff are familiar with developing action plans with providers in the event of care falling below acceptable standards, for instance in a care home setting. These action plans are rarely shared within Community Health Stockport or with partner agencies. The governance and accountability arrangements for these local action plans therefore need improving. A system for managing and monitoring these action plans will be developed along with a system to share the information contained in the action plans with partner agencies.

Early identification and supervision

Safeguarding vulnerable adults is largely a reactive process at the moment within Community Health Stockport. It would be best practice to move to a position where at risk patients, whether groups of patients in a care home or individual patients in any setting are identified and monitored. The process used within Children's Safeguarding, 'Child Additional Support System', in which at risk children are identified early and staff offered support in managing the cases is worthy of exploration. Elements of this system may be transferable to the adult safeguarding system.

Elaine Watson - Quality and Governance Lead

5.5 Age UK Stockport - Annual Statement

Age UK Stockport is the largest independent charity in Stockport representing, working for and working with older people including carers. The Chief Executive is a member of the Safeguarding Board and there continues to be a strategic member of staff on the Safeguarding Adults Implementation Group and Training Strategy Sub-group. Both act as a representative for Age UK Stockport and also as a representative for the wider voluntary sector.

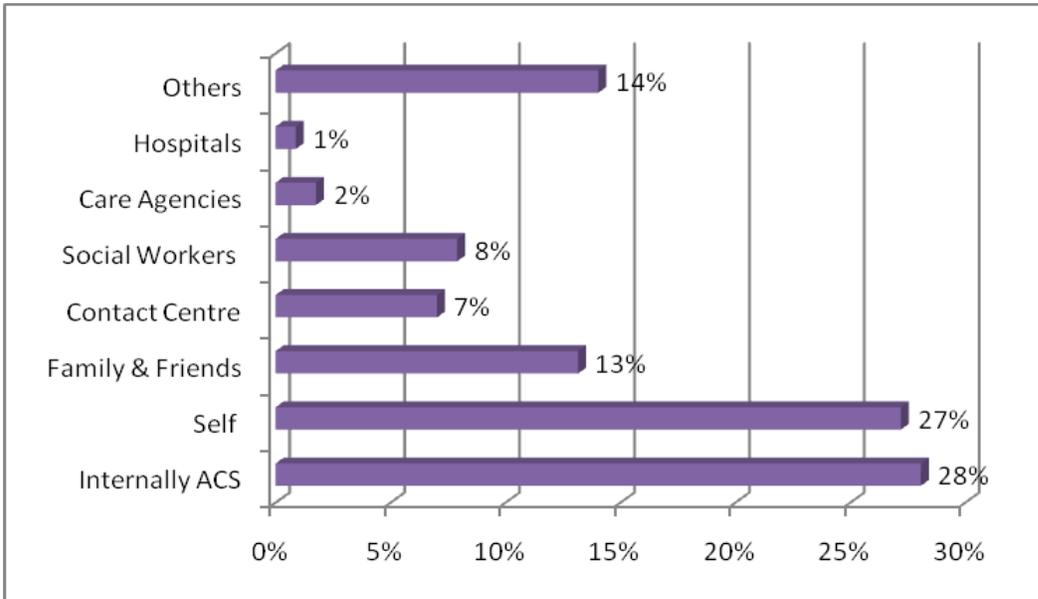
Throughout 2010/11 AUKS continued to deliver the dedicated Safeguarding Older Adults Project (SOAP), which was formally funded by Comic Relief and then by Stockport Council until March 2011. The project had three main strands, prevention, support and recovery. Unfortunately, due to the financial climate this funding has ceased and the project ended.

The future will see Age UK Stockport utilising its learning and experience with the SOAP project to robustly embed safeguarding into all of its service, ensuring older people of Stockport are protected from abuse.

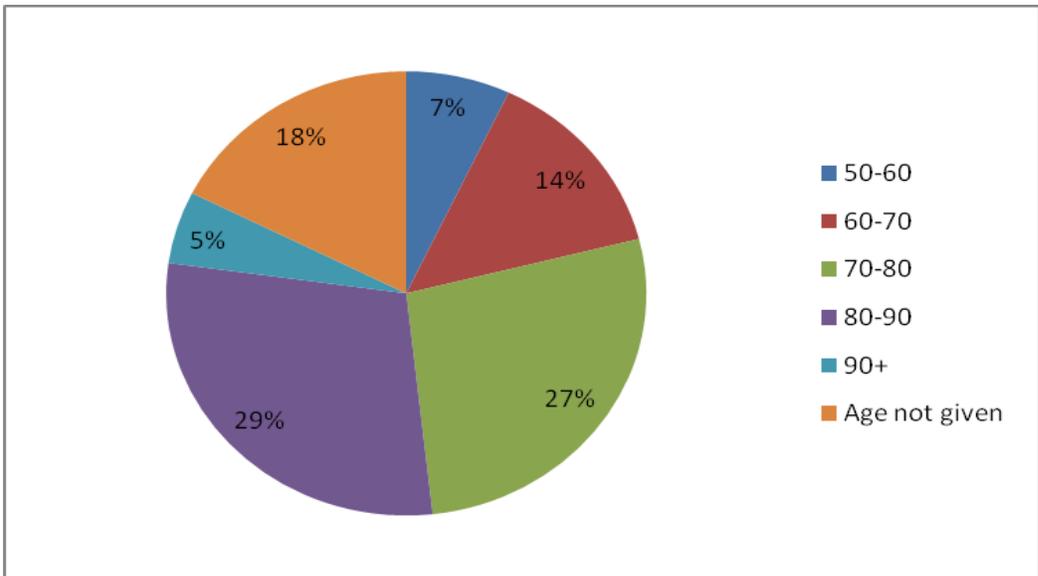
Analysis of SOAP project

In total 114 people received one to one support from the project. Approximately 3,440 people have been made aware of abuse, its many forms and the impact it can have upon victims through community events, presentations and engagement activities throughout the borough.

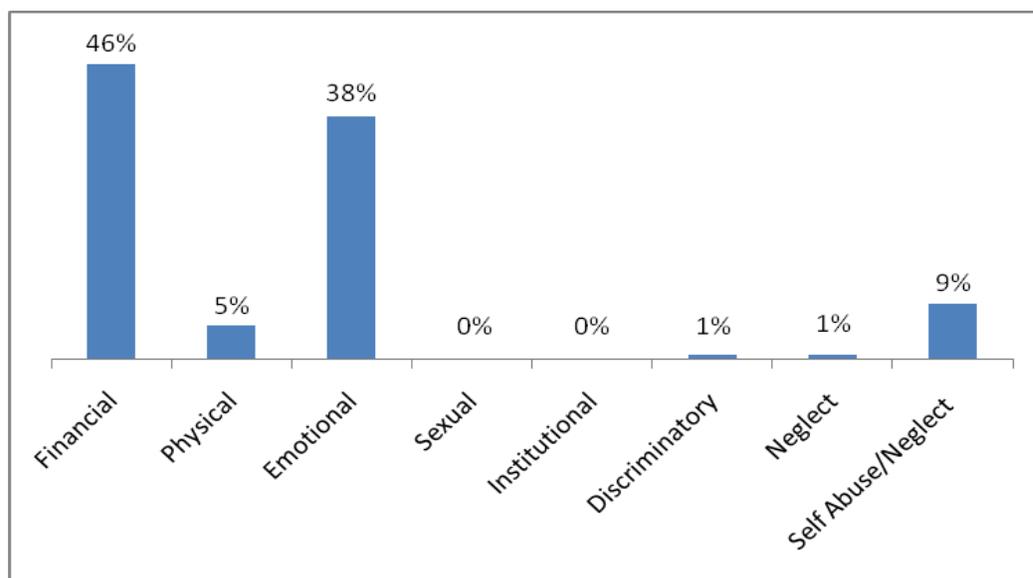
Sources of Referrals:



Age of people referred and supported:



Types of abuse recorded:



Summary

Throughout 2010/11 the majority of referrals were received internally from project within Age UK Stockport (formally Age Concern Stockport) demonstrating the invaluable position the project had within the organisation, therefore being in the position to identify abusive situations.

However, large percentages were self referrals, potentially indicating a result from the awareness raising work the project undertook. Over half of referrals were aged over 70 years of age with the majority falling within the 80-90 years age bracket highlighting the issue affecting people in older age. In relation to the type of abuse recorded nearly half related to financial abuse with emotional abuse being the second highest percentage. Considering this it is important to acknowledge the potential risk that personalised budgets may bring to older people, by having more income at their disposal and the potential for this being taken advantage of may increase.

Data not analysed for area or ethnicity.

Summary collated by Catherine Morris, FILL Manager, May 2011.

6. Implementation Group Report

6.1 Achievements for 2010-11

- Public Information leaflet revised.
- Easy Read leaflet produced for use in Learning Disability Services.
- The production of a new leaflet which is given to the alleged victim and describes in detail the process of a safeguarding investigation. It also allows for feedback from the victim at any time during the process.
- Evaluation of electronic safeguarding module completed. Changes identified for implementation in 2011/12.
- Production of guidance and toolkit for Conference Chairs and Admin Service minute takers.
- Service Level Agreement completed with Age Concern Stockport to develop and deliver support system for victims both during and after investigations. This includes opportunity for face to face feedback.

7. Business Plan for 2011-13

The Board and Implementation Group have set aside a day in June 2011 to review past activity, identify outcomes for future activity based on current national safeguarding agendas, agree strategic direction and create business plans for next two years.

**APPENDIX 1
BOARD MEMBERSHIP
AS AT 31ST MARCH 2011**

Margaret Brade Chief Executive, Age UK Stockport	Mendie De Vos Director Signpost Stockport for Carers	Jane Ankrett Associate Director NHS Community Health Stockport
Janet Beer Head of Service, Disability Services Stockport Adult Social Care	Nicola Firth Deputy Director of Nursing Stockport NHS Foundation Trust	Karen Maneely Locality Manager Pennine Care NHS Foundation Trust
Joan Beresford Head of Service, Older People's Services Stockport Adult Social Care	Ann Brooking Staff Development Stockport Adult Social Care	Mike Halsall Litigation Services Manager Stockport Legal Services
Andrew Armstrong Safeguarding Adults Manager Stockport Adult Social Care	Alison Fletcher Superintendent Greater Manchester Police	Terry Dafter Director Stockport Adult Social Care (Chair)
Steve Brown Manager Stockport Community Safety Unit	Tina Thompson Operations Manager Southern Cross	Bridie Meehan Owner Quality Care of Cheadle
Caron Ratcliffe Manager Apex Nursing Care	Sue Gaskell Designated Nurse for Safeguarding NHS Stockport	Gethin Curzon Greater Manchester Fire and Rescue

**APPENDIX 2
IMPLEMENTATION GROUP MEMBERSHIP
AS AT 31ST MARCH 2011**

Stella Clare Commissioning and Contracts Manager Stockport Adult Social Care	Andrew Armstrong Safeguarding Adults Manager Stockport Adult Social Care (Chair)	Dorothy Frith Assistant Manager CareCall Stockport Homes
Mike Cross Police Constable Greater Manchester Police	Ann Brooking Staff Development Officer Stockport Adult Social Care	John Abbott Team Manager Pennine Care NHS Foundation Trust
Catherine Morris Manager, Facilitating Independent Life and Lifestyles Age UK Stockport	Trisha Wood Service Manager Disability Services Stockport Adult Social Care	Carol Moore Safeguarding Lead Nurse Stockport NHS Foundation Trust
Sarah Statham Supporting People Service Stockport Adult Social Care	Pat Odell Team Manager Older People's Services Stockport Adult Social Care	Debbie Jones Team Manager Individual Solutions SK
Susie Meehan Safeguarding Adults/DoLs Coordinator Stockport Adult Social Care	Sam Dwyer Accommodation Manager Stockport Learning Disability Partnership	Adele Summers Safeguarding Adults/DoLs Coordinator Stockport Adult Social Care