



The Staffordshire and Stoke-on-Trent  
**Adult Safeguarding Partnership**  
Abuse must stop

# Annual Report 2013 - 2014



[www.stopabuse.info](http://www.stopabuse.info)

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## **If you suspect abuse**

**•Phone 0845 604 2719 if the vulnerable adult lives in  
Staffordshire**

**or**

**•Phone 0800 5610015 if the vulnerable adult lives in Stoke-on-  
Trent**

**[www.stopabuse.info](http://www.stopabuse.info)**

## 1: Foreword by Jackie Carnell, Independent Chair SSASPB

For the Adult Safeguarding Board Partnership, 2013/14 has been a year of significant change. Following on from our externally facilitated work shop on 19<sup>th</sup> April 2013, we made the decision to halt the work of the Board and form a multi-agency task group to reconstitute its structure and governance. This would be influenced by the Care Bill (which in Summer 2013 was going through its committee stage), so that when it finally becomes fully enacted in April 2015 the Board will be ready to fulfill the functions it identifies. It seems a brave decision now but we could do so with the confidence that the work of Safeguarding Adults would continue across the two local authorities and that the work would prepare the Partnership Board for its future within the new statutory framework.

I chaired the Task Group which met every two weeks. It was represented by members from all Health Organisations, the Police and both Local Authorities. They were asked to consult on all proposals along the way and to send a deputy if they could not attend themselves. It was one of the best groups I have worked with and their commitment, energy and expertise produced our current structure and Governance framework which can be accessed by going to the Board website [www.stopabuse.info](http://www.stopabuse.info) The members of the March workshop were recalled in early September 2013, the proposals were agreed and the inaugural Board meeting was held on October 17<sup>th</sup> 2013.

Another extremely positive action for the Board was to appoint our Business Manager, Detective Chief Inspector Helen Jones and we are grateful to Staffordshire Police for encouraging her application and agreeing to her secondment. We have also been able to appoint Stephanie Kincaid-Banks as our Board Administrator and we welcome her to the team. We have only been able to appoint both on a one year fixed term contract but I am confident that, with the continued contributions from our Partners, these will become permanent posts. In my experience as the Chair of the two Staffordshire and Stoke-on-Trent Safeguarding Children Boards, an Independent Partnership can only develop and be effective if it is driven forward by a strong Business Manager, a placement that is funded by Partners.

A major priority for next year is to consolidate the working of the newly constituted Board, secure funding for the future and to start demonstrating our core function of challenging service providers over the quality of safeguarding practices and to seek assurance that Vulnerable Adults are being safeguarded effectively. I have been impressed with the enthusiasm and commitment of Partners and I am confident that our Board will go from strength to strength in the coming year.

I would like to give particular thanks to Partners who have volunteered to Chair our subgroups and Executive Group. These colleagues will be key to us delivering our Business Plan for 2014/15 and I am confident that our next Annual Report will be an account of a positive and productive year.

April 2013



Jackie Carnell



## 2: Welcome to the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB)

### i. Purpose

The Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) was jointly established by Staffordshire County Council and Stoke-on-Trent City Council. The Board is a broad partnership of statutory, voluntary and independent sector organisations, who work effectively together to prevent the abuse of vulnerable adults.

The newly formed SSASPB has an agreed Constitution which is reviewed annually to ensure that it is fit for purpose. Within that document the objectives, roles, functions, scope and governance arrangements of the SSASPB are clearly defined.

The core functions of the SSASPB; The Board will:

- Play a strategic role in holding organisations to account where practice leads to abuse;
- Ensure policies and procedures promote engagement with vulnerable adults throughout the investigation process (led by Policies and Procedures Sub-group);
- Ensure staff are competent in working with people and have the authority, skills and knowledge to use the full range of interventions/legal powers (led by Learning & Development Sub-group);
- Collect hard data (statistics), qualitative data (audits) and the views of service users, carers and family members' to inform commissioners of service requirements and to improve practice (led by Performance Monitoring and Evaluation Sub-group);
- Conduct multi agency Safeguarding Adult Reviews (led by Safeguarding Adult Review Sub-group) where:-
  - An adult with needs for care and support in the area covered by the Board (whether or not the local authority was meeting any of these needs) was, or the Board suspects, that the adult was, experiencing abuse or neglect;

#### **And**

- the adult dies or there is reasonable cause for concern about how the Board, a member of it, or some other person involved in the adult's case acted;
- Ensure lessons are learnt to improve practice;
- Be accountable to the public by publishing an Annual Report on its achievements, members' activity and the findings from any Safeguarding Adult Reviews;
- Communicate the importance of adult safeguarding widely to communities and all those delivering services with guidance on how to seek help and support.

## ii. Local Context

The SSASPB has partnership relationships with our two Local Authorities, Staffordshire County Council and Stoke-on-Trent City Council, Staffordshire Police and the 6 NHS Clinical Commissioning Groups (CCGs). It is expected, once the Care Act is fully enacted, that the organisations above will have mandated membership on the Board. The relationships and partnerships are much wider than those mandated organisations and the membership of the SSASPB is comprehensive (page 32).

The two Local Authorities have a total population of 1,097,700 (848,700 living in Staffordshire and 249,000 living in Stoke-on-Trent; ref Census 2011) with Staffordshire Police and health organisations providing services across both Authorities.

The projections for population growth estimate that by 2021 our population will have increased to 896,300 in Staffordshire and 261,000 in Stoke-on-Trent (ref The Staffordshire and Stoke-on-Trent Story; An insight into our County 2013/14 produced by Insight, Planning and Performance Team, Staffordshire County Council).

The largest growth will be in the over 65s age group with a projected increase of 28.4% (Staffordshire) and 17.1% (Stoke-on-Trent) with one of our Borough Councils (Tamworth) projected increase estimated at 40.4%. The national average over this time frame is estimated at 23.6% (ref The Staffordshire and Stoke-on-Trent Story; An insight into our County 2013/14 produced by Insight, Planning and Performance Team, Staffordshire County Council).

This increase in our ageing population will inevitably result in an increased demand for health and social care services and will have a considerable impact and implications for public services and other care providers. The predicted increase in the 85 years and over age group is 46% in Staffordshire.

There will be an increased incidence of age related conditions such as dementia with a predicted increase of a third in cases between 2012 and 2020. The organisations will require a workforce with the necessary skills and training.

Health and social care organisations are key to this with health currently employing around 67, 000 people. Further growth in these sectors is to be expected to enable the organisations to meet the demand for services and funding for care is a serious concern for future demands (ref The Staffordshire and Stoke-on-Trent Story; An insight into our County 2013/14 produced by Insight, Planning and Performance Team, Staffordshire County Council).

### iii. Core Objectives and Strategic Priorities

#### Core Objectives of the Board

	Objective	Lead Sub-Committee
1	To develop a performance framework with multi-agency contributions from which to monitor the effectiveness of safeguarding services and with emphasis upon outcomes.	Performance, Monitoring and Evaluation Sub-group
2	To review the Inter-Agency Adult Protection Procedures and, once complete, ensure that they are readily accessible for anyone to us.	Policies and Procedures Sub-group
3	To deliver quality assured Adult Protection training to SSASPB partners, including care providers.	Learning and Development Sub-group
4	To develop a Safeguarding Adult Review procedure which will meet the requirements of the Care Bill and maximises the opportunities for all partners to learn from the process.	Safeguarding Adult Review Sub-group
5	To engage with District Councils to raise awareness and recognition of Adult Protection processes with their workforce.	District Council Sub-group

#### Strategic Priorities of the Board

	Objective	Lead Sub-Committee
1	To embed the revised structure, constitution and governance of the SSASPB, through establishing strong partner relationships, clear accountability and transparency of operation and purpose.	Executive Sub-group
2	To prepare the SSASPB for a smooth transition into the anticipated statutory footing created by the Care Bill 2013/14.	Executive Sub-group
3	To consider and monitor the SSASPB response to National Publications and Reviews.	Executive Sub-group
4	To ensure that the prevention of adult abuse is evident within the work plans of the SSASPB Sub-groups.	All SSASPB Sub-groups
5	To develop and deliver an SSASPB Communication Plan	Executive Sub-group

### **3. Work achieved and progressed between 1<sup>st</sup> April 2013 and 31<sup>st</sup> March 2014**

#### **i. Review of the SSASPB**

Early in 2013 the progress of the Care Bill (now Act) gathered momentum and it became clear that it was timely for the SSASPB to take a critical look at its response to the challenges that the Act was likely to pose.

As a result; on Friday 19th April 2013 the SSASPB held a well attended development event and the Board were delighted that Gary Fitzgerald, Chief Executive of Action on Elder Abuse (AEA), agreed to facilitate a full day programme. The task for the day was to critically evaluate the current structure, governance and constitution of the Board and to enable reflection and challenge, resulting in a proposition for change.

The group work and discussions led the Independent Chair, Jackie Carnell, to make what has since been described as a brave decision to suspend the work of the Board so that there could be a work programme undertaken by a Task and Finish group. This group were charged with completely reviewing the Constitution of the Board, including its structure, and a refresh of the Terms of Reference for the proposed Sub-groups.

The work undertaken by the attendees at the development day highlighted the need for a SSASPB Manager who would perform a role similar to that of the two Local Safeguarding Children Boards Managers. It was agreed that the recruitment to a temporary post would begin as soon as possible so that the future post holder could support the proposed changes in the constitution and structure of the Board.

Between 12th June and 11th September 2013 seven task and finish meetings were held. The meetings had a consistent membership which reflected the Partnership and much hard work went into the production of a proposal with which to take the SSASPB forward. The drivers for change included the need to meet the legislative demands for a statutory Safeguarding Adult Board as a result of the Care Act, and also the aspiration to change the structure of the SSASPB to more closely mirror that of the two Local Safeguarding Children Boards. Fundamentally, this entailed the formation of an Executive Sub-group to the Board which would drive delivery of the Business Plan and make the Board itself much more strategic in nature.

During the period of review of the Board it must be noted that the Policies and Procedures Sub-group continued to meet so that an operational review of practice could be maintained.

The proposal was taken to the SSASPB Meeting held on 17th October 2013 and those present approved the changes being made with immediate effect.

An interim SSASP Board Manager was appointed on 9th September 2014 and a part time administrative post holder was appointed on 21st October 2014.

## ii. Sub-group progress

As previously mentioned, other than the Policies and Procedures Sub-group, the work of the SSASPB was suspended in June 2013 allowing for a period of intense work through the Task and Finish group between June and September 2013. The proposals were accepted and immediately adopted following the Board meeting held on 17<sup>th</sup> October 2013. The newly appointed chairs then approached members of the Board for them to nominate appropriate staff to sit on the Sub-groups so that they may contribute to the formulation and delivery of their individual Business Plans. These Business Plans were delivered to and approved by the SSASPB on Thursday 3<sup>rd</sup> April 2014. The Business Plans can be accessed on the website at [www.stopabuse.info](http://www.stopabuse.info).

In next year's Annual Report (2014/15) progress towards these plans will be reported upon in detail, but for now a synopsis of activity between October 2013 and 3<sup>rd</sup> April 2014 is included in this report.

### **Executive Sub-group:**

This Sub-group calls the others to account through monitoring of their progress towards their individual business plans. It also has its own work-streams, which includes 'internal' communication (between SSASPB partner organisations) and external communication to the wider public.

Some examples of the work driven by this Sub-group includes:-

- Review of the summary of recommendations from both the Cavendish and Francis Reports. This resulted in the Board requesting key partner agencies to present upon work undertaken to meet the requirements of both reviews. At the July 2014 Board Meeting the member for the Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP) will be presenting their progress against key questions.
- Review of the recommendations that came from the Winterbourne Review; which led to a presentation by the Learning Disabilities Commissioner for Staffordshire County Council to the Executive Sub-group members in January 2014.
- Review of the action plan that was a result of the Stoke-on-Trent City Council Adult Safeguarding Peer Review; undertaken by Dudley Metropolitan Borough Council in February 2014. Progress against the action plan by Stoke-on-Trent City Council will continue to be monitored by the Executive Sub-group and Board; and it will drive those actions specifically given to the SSASPB.

### **The District Council Sub-group:**

This Sub-group reports to both the SSASPB and the Staffordshire Safeguarding Children Board (SSCB). Its members represent the eight District or Borough Councils of Staffordshire.

With reference to the adult Safeguarding element of its work; it has started to roll out a training programme to be accessed by relevant District/Borough Council employees. It has identified that the District/Borough Councils have a role to play in the prevention of harm to Vulnerable Adults through hoarding; links are to be made with Housing providers to raise awareness of this risk and how to refer people for assessment.



## **Learning and Development Sub-group**

This was previously known as the Training Sub-group. A Task and Finish group was set up and has reviewed the current training material provided throughout the partnership. This has been done to ensure that the content is standardised and quality assured.

Approval was sought and given by the Board in April 2014 for 500 e-learning licences, each of which could be used 4 times. Licences are available to the private sector, but have also been used to good effect with General Practitioners (GPs) and the Fire Service.

## **Performance Monitoring and Evaluation Sub-group**

This Sub-group has focussed its energies on the production of a performance framework, and a hierarchy of audit processes and tools.

The performance framework is a particularly exciting piece of work and the Board is looking forward to making good use of it throughout the year.

Four audit tiers have been recognised:-

1. Audit of the Board itself
2. Audit of partner's engagement
3. Multi-agency case file audits
4. Single agency audits

All work streams are ongoing and will feature strongly in next year's Annual report.

## **Policies and Procedures Sub-group**

The Policies and Procedures Sub-group was the only group to continue throughout the suspension of Board activity. In this reporting period it has reviewed the Large Scale Investigation (LSI) content within the Staffordshire and Stoke-on-Trent Inter-Agency Procedures and set up two task to finish groups. One of the groups is producing financial abuse guidance and the second self-neglect guidance for use by front line staff and supervisors/managers. Both groups were set up following concerns raised by members of the Partnership and the end products will form appendices to the Inter-Agency Procedures.

## **Safeguarding Adult Reviews Sub-group**

This Sub-group is completely new and one of its earliest priorities for the SSASPB was the formulation of a revised Safeguarding Adult Review process. It was clear that the Care Act would make such a process statutory and it was important that the Board was prepared to meet the challenges this posed. The Safeguarding Adult Review (SAR) Sub-group developed a Safeguarding Adult Review Protocol which, at the end of this reporting period, was still in draft and ready for consultation and feedback.

The Sub-group identified that stronger links needed to be made with both Coroners who have jurisdiction in Staffordshire and Stoke-on-Trent. This was to facilitate improved communication during any Safeguarding Adult Reviews and to offer support to the Coroners with responses to their Prevent Future Deaths reports (previously Rule 43 notices). The Independent Chair met with the South Staffordshire Coroner on 11<sup>th</sup> May 2014 and the North Staffordshire Coroner on 11<sup>th</sup> June 2014.

Through their individual business plan the Sub-group undertook to learn from the experience of other Safeguarding Adult Boards and, following the production of a document by the Hull Safeguarding Adult Board Manager, three Serious Case Reviews (now called Safeguarding Adult Reviews or SARs) were selected from a list of fifty national SARs for a task and finish group to review and match against local policies and procedures. This work is ongoing and any actions resulting from the review will be reported upon in next year's Annual Report.

### iii. Safeguarding Adult Reviews (SAR)

Three cases were forwarded for consideration by the Safeguarding Adult Review Sub-group. It was agreed that the new process would be used even though it was in draft as it mirrored the process used by both Local Safeguarding Children Boards. Regional and national networking revealed that other Safeguarding Adult Boards were also following the general principles of Children's Serious Case Review processes.

By 31<sup>st</sup> March 2014 none of the cases had been concluded. One case has not been scoped yet due to an ongoing police investigation; one case was commenced and then suspended to allow the police investigation to take place without compromise. A third case went to scoping after the 31<sup>st</sup> March 2014 and therefore an update will be provided in the SSASPB Annual Report 2014/15; together with a synopsis of any learning resulting from the reviews.

NB. Examples of good multi-agency working appear throughout this document such as the one below;

**A Social Worker within the Staffordshire and Stoke on Trent Partnership Trust (SSOTP) received a call from a bailiff who had been asked to evict Jean, an occupant from a privately rented house, for non-payment of rent. He advised that Jean who was in her 80s was very confused and distressed; therefore, the eviction order had not been followed through but he planned to go back the following day to complete the eviction if alternative accommodation could not be accessed.**

**The Social Worker located Jean's daughter and, when it became clear that there was nothing in place to ensure that her elderly mother was going to be looked after, she was asked to take her mother to the Council Offices and present as homeless following eviction. The Social Worker then met with Jean, her daughter and a Local Authority housing representative to explore the options. In absence of any suitable available accommodation the Social Services provided a residential placement at a care home in the interim.**

**Following the meeting with the daughter and the social workers it became apparent that there was potential financial abuse by her daughter which needed investigating further. A joint investigation was commenced which was led by the police in close partnership with social services and other family members. There was a successful conviction of the daughter on all four counts of theft totalling £100,000.**

#### iv. Multi-Agency Safeguarding Hub (MASH)

This period in scope was April 2013 to March 2014; the second full year that MASH was operating. However some agencies that participate within the MASH, specifically in relation to Adult Protection have not been present for the full year.

Information sharing is undertaken by Staffordshire County Council, Stoke-on-Trent City Council, Staffordshire and Stoke-on-Trent NHS Partnership Trust, North Staffordshire Combined Mental Health Trust, South Staffordshire & Shropshire NHS Foundation Trust, Staffordshire Police and Staffordshire and West Midlands Probation Trust.

During this year added value has been seen with the inclusion of the mental health services as well as the temporary inclusion of a tissue viability nurse within the County Council investigation team. This latter addition of a clinical professional has ensured that cases are assessed in a different way meaning that many cases are not directed towards investigations from the outset. Providing guidance and assessment at this early stage has been very helpful in cases where clinical knowledge is required. The County Council is working with Health colleagues to see if the post can be made permanent.

The Adult Protection area makes up 14% of overall information sharing demand. MASH undertook approximately 13,500 formal sharing activities in the year covered with most demand arising from domestic violence.

Adult Protection information sharing (formally recorded) amounted to 1868 events. In addition to this statistic there are clear benefits derived from working in a multi-agency setting, also noted by the Chief Inspector of Social Care from CQC in a recent visit where he favourably supported this approach.

**Mabel, an elderly woman appeared in her local health centre in a dishevelled state saying that she had run away from her son's house where she was mistreated. She was being made to do all domestic tasks, share her bed with the dogs and give her money to her son and his family. She was frightened to return, saying she had also experienced some physical abuse. She was not known to or in receipt of any services and had the mental capacity to make decisions regarding her care, treatment and housing.**

**The case was referred into the Multi-Agency Safeguarding Hub (MASH) and, following full information sharing Police and social workers met with Mabel at the health centre. She was supported to return to her own home, her belongings and money were collected from her son's house and her care needs were assessed. She did not wish for criminal action to be taken against family members but Police have monitored her home and some care support has been offered.**

**The MASH greatly facilitated an early joint assessment of the risks to Mabel through information sharing and a prompt multi-agency response.**

## v. Deprivation of Liberty Safeguards (DoLS)/ Mental Capacity Act (MCA)

Following the enactment of the Health and Social Care Act 2012 Primary Care Trusts (PCTs) were abolished and duties previously held by them under DoLS were transferred to local authorities.

From April 1<sup>st</sup> 2013 Staffordshire County Council and Stoke-on-Trent City Council became the only Supervisory Bodies authorising Deprivations of Liberty outside the Court of Protection. The local authority is also the sole body appointing and commissioning the necessary statutory assessments.

Across the year both authorities have seen an increase in applications. Recent Case Law has resulted in significant increases which are expected to continue to rise during this coming year.

### Supreme Court

On March 19<sup>th</sup> 2014 the Supreme Court issued a long awaited Judgment in the cases of P v Cheshire West and Chester Council and another; P and Q v Surrey County Council;

The outcome being that the threshold for what is considered a Deprivation of Liberty has been significantly lowered. The test for a Deprivation of Liberty is now been referred to as the “acid test”. The judge in the Supreme Court said:

*“Looked at overall, is the person (who lacks capacity to consent) under the complete supervision and control of those caring for him/her and not free to leave the place where they live? It is no longer relevant whether the person is compliant with the care arrangements or whether there is a lack of objection. If the person lacks capacity to consent, it cannot be regarded as acceptance, no matter how good the care is. The focus is not on the person’s ability to express a desire to leave, but on what those with control over their care arrangements would do if they sought to leave. The purpose or the quality of the placement (care arrangements) is not relevant. It is the constraints imposed on a person that matter”.*

The test is an objective one and as the Supreme Court puts it “a gilded cage is still a cage”.

What does this mean? It is clear already that there will be significantly more applications for DoLS authorisations and that Local Authorities as identified by the Department of Health (DoH) and ADASS will need to reconsider the resources allocated to DoLS. Secondly the decision is clear that the setting of the deprivation is not relevant and that local authorities will need to review individuals and consider making significant numbers of applications to the Court of Protection (CoP) for individuals in adult placement, foster care and supported living as these settings do not have the protection of the DoLS statutory process.

## Local developments

Staffordshire notes: Staffordshire County Council increased the number of Best Interests Assessors (BIA) available to the BIA rota over the year based on previously estimated increased demand.

Staffordshire County Council has taken an active role with the west midlands regional DoLS Leads group. This has led to a mandatory annual training session for all BIA's and Mental Health Assessors and cross region bespoke training events to support and develop good practice. A peer review of assessments was completed across the region and the feedback for Staffordshire gave an overall good rating.

A national review of MCA and DoLS legislation took place during 2013/2014 with several recommendations made to the government in March 2014. During this year the SSASPB will be seeking assurance from all partners that recommendations arising from the review are being considered. A key area for the SSASPB to focus on this year is developing ways to secure a change in attitudes and practice across health and social care ensuring improved implementation of the Act. This will be achieved through a series of short term task groups and working with the four sub groups to monitor and audit progress. A short term pilot project has also commenced across the health economy aimed at improving access to appropriate assessment for people who lack capacity to make some decisions.

## Deprivation of Liberty Safeguards (DoLS) Data

### Staffordshire

<b>1 April 2013 – 31 March 2014</b>			
	<b>Number of applications</b> (% of total)	<b>Authorisation granted</b> (% of total)	<b>Authorisation not granted</b> (% of total)
<b>Care homes</b>	233 (81%)	136 (58%)	97 (42%)
<b>Hospital</b>	56 (19%)	30 (54%)	26 (46%)
<b>Total</b>	289	166 (57%)	123 (43%)

<b>1 April 2012 – 31 March 2013</b>			
	<b>Number of applications</b> (% of total)	<b>Authorisation granted</b> (% of total)	<b>Authorisation not granted</b> (% of total)
<b>Care homes</b>	172 (83%)	93 (54%)	79 (46%)
<b>Hospitals</b>	36 (17%)	18 (50%)	18 (50%)
<b>Total</b>	208	111 (53%)	97 (47%)

	<b>Number of applications</b>	<b>Authorisation granted</b>
<b>Care Home</b>	(+) 51 (30%)	(+) 43 increase of 4% from 54-58%
<b>Hospital</b>	(+) 20 (56%)	(+) 12 increase of 4% from 50-54%
<b>TOTALS</b>	(+) 71 (34%)	(+) 55 increase of 4% from 53-57%

## Stoke-on-Trent Notes and Trends:

- Minimal impact of Cheshire judgement in the period 2013-2014 as the judgement was not published until March 2014
- 29% reduction in the overall number of applications year-on-year
- 12% increase in the number of authorised DoLS year-on-year; authorised DoLS involves significantly greater level of administration as compared to unauthorised DoLS
- Number of applications from hospitals has fallen significantly (both actual numbers and percentage terms)
- Of the 6 hospital referrals in 2013/2014, 3 were from University Hospital of North Staffordshire (UHNS) while 2 were from Longton Cottage Hospital
- A significant minority of DoLS relate to the same individuals, i.e.: these individuals have been subject to consecutive referrals made during the year, and therefore the total number of individuals subject to DoLS applications is lower than the total number of DoLS applications made
- The lowest number of applications in a month occurred in May 2013, in which 1 DoLS application was received. Conversely, the highest number of applications - 8 - was received in November 2013.
- The longest period authorised DoLS – based on a single assessment - was 6 months; the shortest period was 3 weeks.

## Deprivation of Liberty Safeguards (DoLS) Data

### Stoke-on-Trent

<b>1 April 2013 – 31 March 2014</b>			
	<b>Number of applications</b>	<b>Authorisation granted</b>	<b>Authorisation not granted</b>
<b>Care Homes</b>	51 (89%)	31 (54%)	20 (35%)
<b>Hospitals</b>	6 (11%)	2 (4%)	4 (7%)
<b>Total</b>	57	33 (58%)	24 (42%)

<b>1 April 2012 – 31 March 2013</b>			
	<b>Number of applications</b>	<b>Authorisation granted</b>	<b>Authorisation not granted</b>
<b>Care Homes</b>	66 (83%)	29 (36%)	37 (46%)
<b>Hospitals</b>	14 (17%)	8 (10%)	6 (8%)
<b>Total</b>	80	37 (46%)	43 (54%)

<b>Change between 2012/2013 and 2013/2014 (expressed as percentage)</b>			
	<b>Number of applications</b>	<b>Authorisation granted</b>	<b>Authorisation not granted</b>
<b>Care Homes</b>	(+) 6%	(+) 18%	(-) 11%
<b>Hospitals</b>	(-) 6%	(-) 6%	(-) 1%
<b>Total</b>	(-) 29%	(+) 12%	(-) 12%

## vi. Stoke-on-Trent Peer Review

The Peer Challenge approach has replaced the traditional, more formal inspections of Adult Social Care. A programme of peer challenges has been commenced within the West Midlands Region.

The Director of People in Stoke-on-Trent City Council, Tony Oakman, identified adult protection as the area for review in Stoke. This constituted a four day review conducted by the *Peer Challenge Team* from Dudley Metropolitan Borough Council.

### ***Positive Findings***

- A strong Safeguarding Adults Board (SAB) with very effective leadership from the independent chair
- Positive contributions from partners
- The partnerships and relationships were strong and healthy across all agencies
- The Multi Agency Safeguarding Hub (MASH) impressed with excellent information sharing across organisations
- The adult safeguarding structures and processes are robust, clearly understood, and applied well by practitioners with strong support from Practice Leads and the Safeguarding Team

### ***Further areas of work***

- The wider safeguarding agenda, e.g. forced marriage and hate crime, could be owned and promoted further by the Board
- The promotion and profile of adult safeguarding, and the function of the Board, needs greater emphasis from the Board to all stakeholders
- There should be a greater focus on and monitoring of outcomes from safeguarding
- Stoke's adult safeguarding profile in the region has grown and should be sustained
- The SSASPB should take a greater oversight of the action plans for Francis and Winterbourne View
- The role of adult safeguarding across the Health and Wellbeing Board, Health Overview and Scrutiny could be clarified further
- Mental Capacity Act (MCA)/Deprivation of Liberty Safeguards (DoLS)/Best Interest Assessment (BIA) activity to be reviewed

Many of the items included in the feedback were present in the business plans and had already been placed on the agenda for the SSASPB meeting which took place on 3<sup>rd</sup> April 2014.

## vii. Prevention of Adult Abuse

Partners attended a Prevention of Adult Abuse Seminar on Friday 31<sup>st</sup> January 2014. As a result of this event, work has begun on the development of a Prevention of Abuse Commissioner Plan to focus our attention on preventing the abuse of vulnerable adults occurring. Areas of work include reducing repeat referrals, particularly for 85+ women in care and adult males with learning disability under 45. All partners are being engaged.

## viii. Hate Crime

A multi-agency Hate Crime 'Think tank' session was held on Friday 14<sup>th</sup> February 2014. This was to explore what we already knew about hate crime both locally and nationally and to identify opportunities to work together better and to build upon and develop shared knowledge and expertise.

Work has begun on the development of a Hate Crime Commissioner Plan to focus attention on raising awareness about hate crime and responding effectively to it. The Hate Crime Partnership is helping to develop this work along with other partners. The focus will be on increasing reporting, reducing repeat referrals, engaging with people with disabilities and/or their representatives, engaging with schools and sexual orientation hate crime.

**Emma, a vulnerable adult with complex mental and physical health needs, lived alone and socially isolated. She depended on her neighbour for help with practical and financial matters, including withdrawal of her benefits from her bank account. Emma could not get to the shops without support and needed help to clean her home. Concern was raised by her care team that the neighbour/carer was potentially exploiting this situation by 'charging' Emma for completing certain tasks around the home, some of which were potentially unnecessary. The neighbour was paid £5 each time she collected the benefits and £10 for weekly cleaning. She also 'offered' to do other jobs such as moving furniture for an amount of money. Emma was unaware of how much money she was entitled to and therefore unclear whether she received all of this from her neighbour.**

**Following an Adult Protection Referral, multi-agency information sharing took place in the MASH and the risk was heightened as a result.**

**Later that day a Police Community Support Officer (PCSO) and a social worker visited Emma at home and the financial situation clarified. It was agreed with her that the PCSO would check in on her during their patrols of the area. It was felt that this joint working approach to the situation would promote Emma's feelings of safety and reduce the risk of potential abuse.**



### ix. Training Activity

Course Title	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Induction and other signposting presentations	5,616	103	46	682						2140			250	187
Adult Protection awareness	94	121	150	678	393	39	1719	486	178	1092				13
Learning from AP* & MCA* cases		N/A	N/A					2	17					
Investigating Adult Abuse		5	41			33			18					
Multi agency investigation & video interview cases			2			33								
Adult Protection and the Law		N/A						3	6	1			3	
Chairing AP* Meetings			16						2					
Minute taking in AP* Meetings		1	8						8					
Court Skills		N/A							15					
MCA* Awareness	214	61	28	229	342		485	279	114	74	525			
DoLS* Awareness	214	61	28	229	342		485	279	114	74	476			
Assessing Capacity and making Best Interest Decisions		N/A						82	25					
Implementing DoLS*		76	49			33		69	29					
Abuse Awareness & Prevention		N/A				367					632	406	2105	
Safeguarding Vulnerable Adults for Providers and Registered Managers		N/A						35	3				3	
Safer Recruitment and Selection		N/A	8										3	
<b>TOTALS</b>														

1. UNIVERSITY HOSPITAL of NORTH STAFFORDSHIRE

2. PIV STOKE\*

3. STOKE ON TRENT CITY COUNCIL

4. BURTON HOSPITALS NHS FOUNDATION TRUST

5. SOUTH STAFFORDSHIRE & SHROPSHIRE FOUNDATION TRUST

6. STAFFORDSHIRE POLICE

7. STAFFORDSHIRE & SoT PARTNERSHIP NHS TRUST

8. STAFFORDSHIRE PIV\*

9. STAFFORDSHIRE COUNTY COUNCIL

10. MID STAFFORDSHIRE NHS FOUNDATION TRUST

11. NORTH STAFFORDSHIRE COMBINED HEALTHCARE TRUST

12. STAFFORDSHIRE FIRE AND RESCUE SERVICE

13. WEST MIDLANDS AMBULANCE SERVICE

14. DISTRICT COUNCILS

\*

AP\*; Adult Protection

MCA\*; Mental Capacity Act

DoLS\*; Deprivation of Liberty Safeguards

PIV\*; training delivered to Private, Independent and Voluntary Sector attendees

## 4: Performance Data

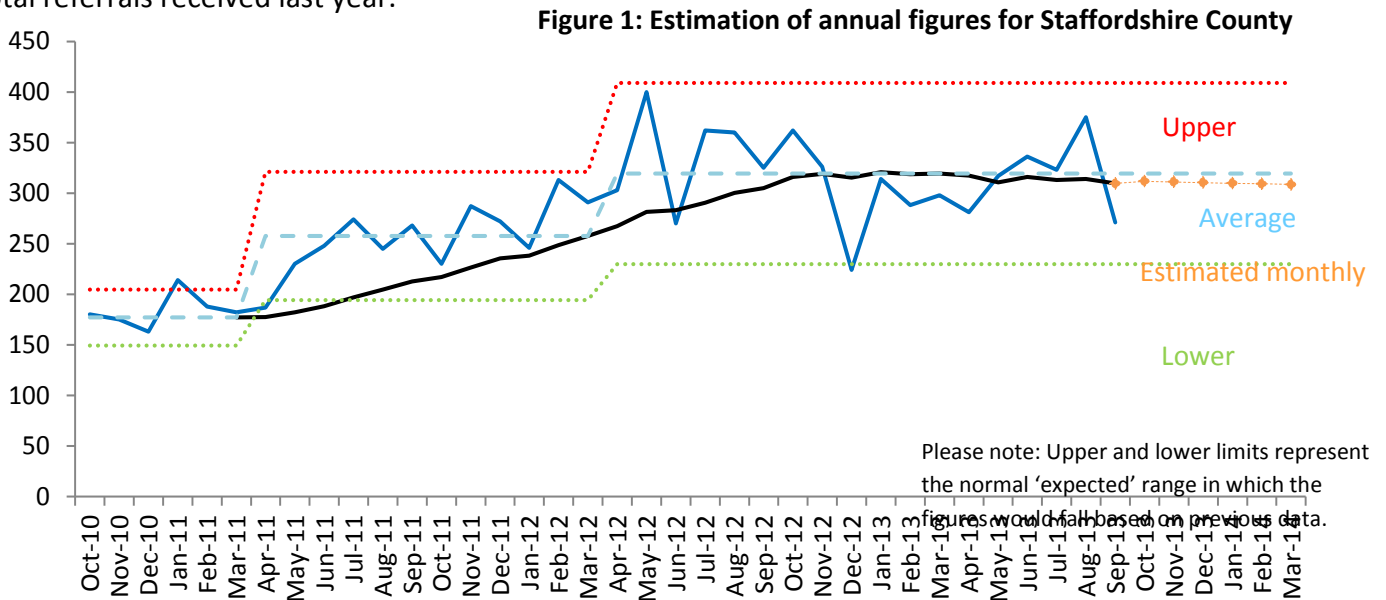
### ADULT PROTECTION REFERRALS

This section of analysis provides a summary of the activity in the services and the service users seen during 2013/14 across Staffordshire and Stoke-on-Trent as well as drawing comparisons with figures from the last three or four years and highlighting any trends or areas of exception.

#### Staffordshire County

Due to the introduction of new case management system part way through the year and the consequential teething problems, at the point of production of this report, validated data was only available for 6 months. When looking at overall referral figures and taking into consideration seasonal and annual trends it will be possible to provide an estimation of what the full year figure could be but for the purpose of the rest of the report the analysis will be based on the 6 month data (April - September 2013).

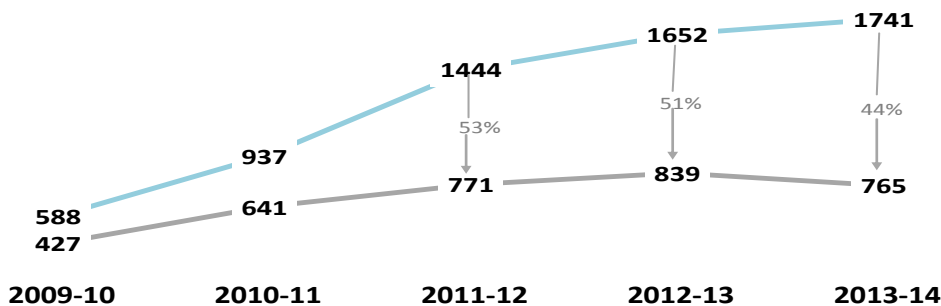
Figure 1 below indicates an estimated monthly figure for referrals for the remaining 6 months of 2013-4 which has been based on a 12-month rolling average using actual monthly figures from October 2010 onwards. Using these estimated monthly totals would give an annual figure of 3741 which would be a slight reduction on the total referrals received last year.



#### Stoke-on-Trent

In Stoke, referrals to the adult protection system have continued to increase although, at 5%, the increase is more marginal than has been seen in previous years. While the numbers of referrals are increasing, the proportion of those which meet the threshold for investigation continues to reduce. Figure 2 shows how the gap between the number of referrals received and the number investigated is widening quite dramatically.

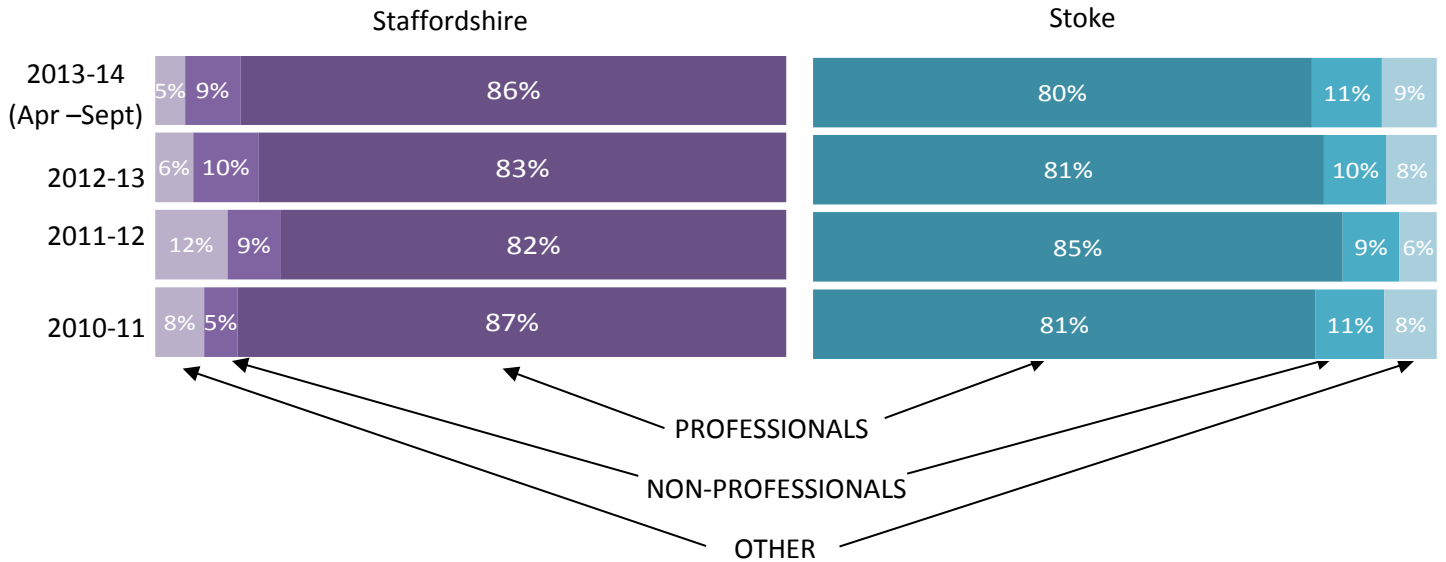
**Figure 2: Referrals to adult protection services in Stoke which hit threshold for investigation**



**Referral Source**

Referrals across both Staffordshire and Stoke have continued to come predominantly from professionals, as illustrated in figure 3. Looking at the figures for Staffordshire, there has been a small increase in the proportion of referrals from professionals but since we are comparing 6 months' worth of data against previous full-year data, this may well change when the full year data set becomes available.

**Figure 3: Source of referral over last 4 years**

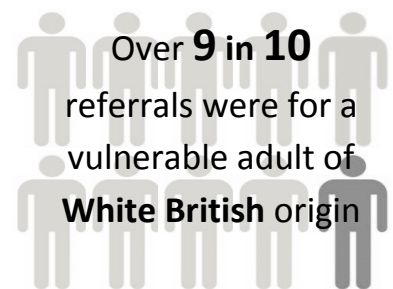


Looking further into the detail of who has made the referrals, in Stoke there have been a third less referrals from residential care staff and half as many from mental health staff. However, 2013-14 has seen referrals recorded from voluntary organisations for the first time which could indicate increased knowledge across all sectors of the issues of adult protection and the services that are available out there. There has also been an increase in the number of referrals from non-professionals for the third year in a row.

In Staffordshire, despite the slight increase in proportion of referrals from professionals, the breakdown figures to date do not show any significant increases from one particular source and across the board there are similar proportions to those that were seen at the end of last year.

**Ethnicity**

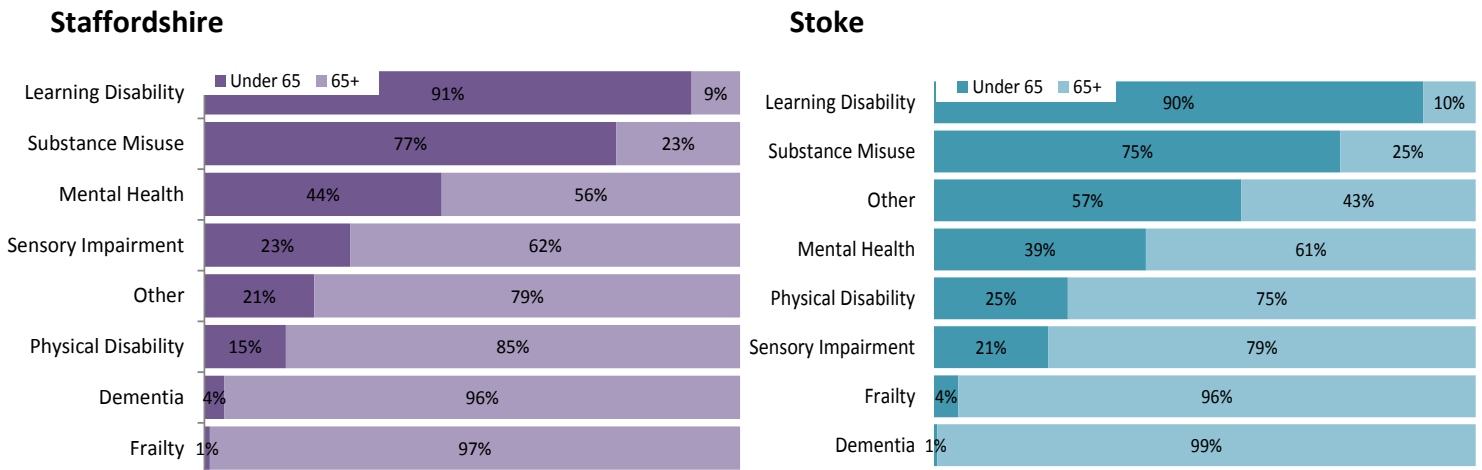
In both Stoke and Staffordshire, more than 9 in 10 referrals were for vulnerable adults of White British ethnic origin with percentages of 94% and 97% respectively (where ethnicity had been stated). While still only very small in numbers, Stoke has seen an increase in referrals for vulnerable adults of Pakistani origin and numbers were double those recorded in 2012-13.



## Service User Type

The number of referrals for vulnerable adults with a physical disability continued to rise across Stoke accounting for 35% of all referrals. Contrary to this, the number of referrals for vulnerable adults with dementia saw further reductions and now account for a fifth of all referrals compared to almost a third two years ago. Looking at the proportions half way through the year in Staffordshire the picture looks very similar with vulnerable adults with a physical disability accounting for 48% of all referrals (compared with a figure of 34% for 2012-13) and vulnerable adults with dementia accounting for 14% (compared with 18% for 2012-13)

**Figure 4: Source of referral over last 4 years**



Around two thirds of the service users referred into adult protection services are 65 and over, a proportion which is consistent across both areas and has been over the last few years,

However, when breaking the group down by age, specifically under 65 and over 65, there are some clear differences and this is demonstrated in figure 4.

Predominantly, the under 65 group are vulnerable adults with learning disabilities or issue with substance misuse, while the older group tend to be those with a physical disability as well as issues such as frailty and dementia which are more common within this age group.

Type of abuse

Figure 5: Type of alleged abuse; changes over the last 4 years

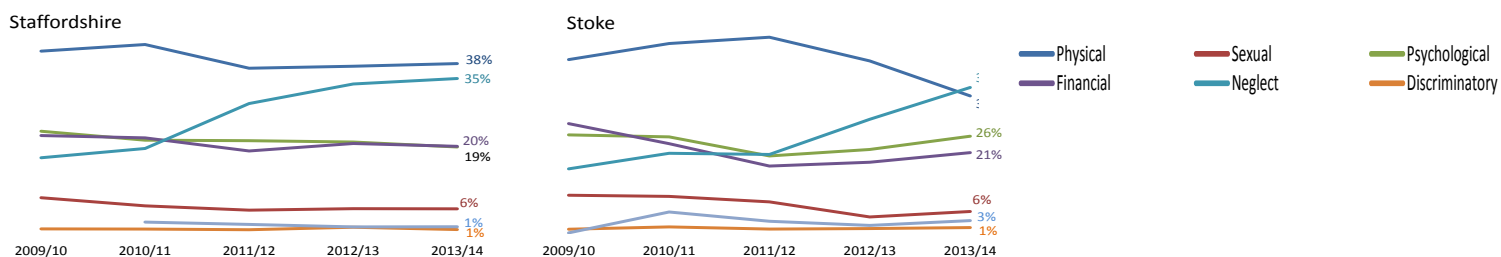


Figure 5 above shows how the proportion of referrals for alleged abuse by each type has changed over the last four years in Staffordshire and Stoke.

Allegations of physical abuse and neglect have remained the two most common reasons for referrals in both areas however there have been some changes in Stoke which have not been echoed in Staffordshire. Stoke has seen a continued reduction in referrals for physical abuse alongside an increase in referrals for neglect over the last couple of years which has now resulted in alleged cases of neglect being the most common reason for referral in 2013-14. Increases have also been recorded in cases of alleged psychological, financial and sexual abuse.

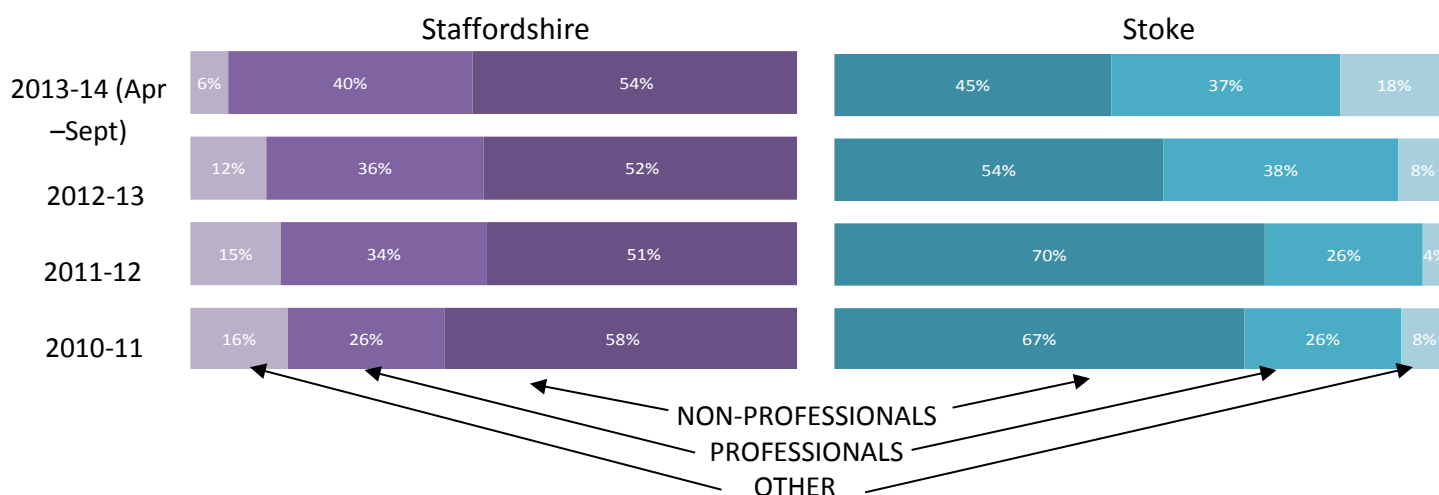
In Staffordshire, the proportion of cases of alleged psychological abuse have seen a slight reduction from last year but again it must be reiterated that this is the position half way through the year and therefore could be subject to change once the full year data is available.

Alleged perpetrator

Figure 6 below illustrates the proportions of alleged perpetrators of abuse who are categorised as professional, non-professional and other. Although non-professionals have remained the most common alleged perpetrator across both areas over the last four years, there has been a real change in the proportions of cases of abuse perpetrated by each category in Stoke. This does not necessarily indicate that the characteristics of the alleged perpetrators have changed dramatically within this time as it could simply be as a result of raised awareness and the increase in referrals. However it must be noted that in 2013-14 there has been a considerable reduction in the number of referrals for alleged abuse perpetrated by another vulnerable adult, in fact the figure has halved from that of 2012-13. Stoke has also seen a slight increase in cases against a family member and domiciliary care staff and cases where the alleged perpetrator is recorded as "other" has also seen an increase.

In Staffordshire, the proportions of referrals remained very similar to those of 2012-13.

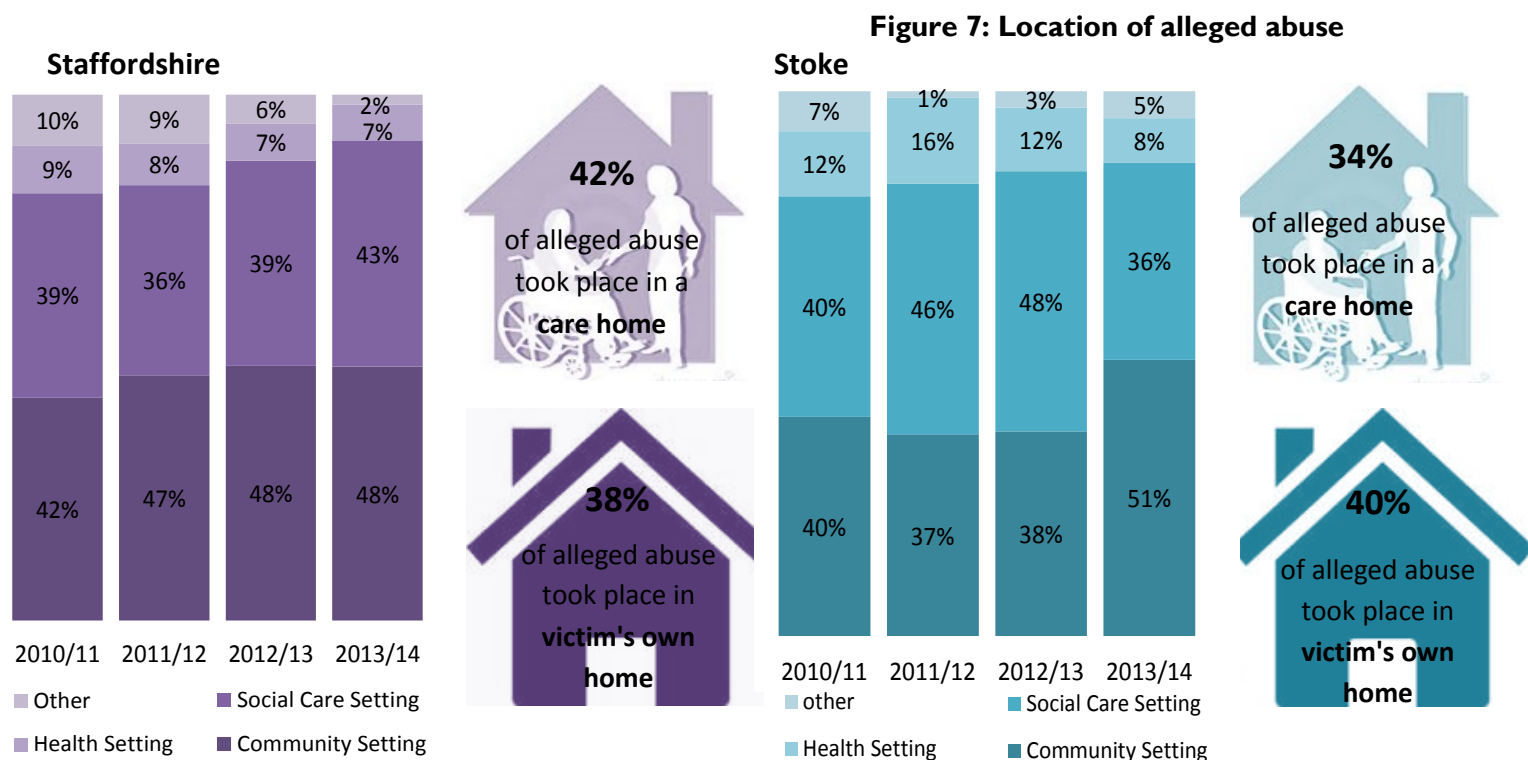
Figure 6: Alleged perpetrator over last 4 years



## Location of alleged abuse

Figure 7 below shows the proportions of referrals of alleged abuse by setting over the last four years and split by area. In 2013-14, Stoke has seen a considerable increase in the number of cases of alleged abuse occurring within a community setting, more specifically this relates to an increase in cases within the victim's own home. There have also been notable reductions in the number cases of alleged abuse within a social care and a health setting. All these changes relate closely to the changes seen within the group of alleged perpetrators discussed in the previous section.

In Staffordshire, proportions have remained relatively similar to those seen at the end of 2012-13, although it must be noted that there has been an increase in cases referring to alleged abuse within a social care setting which relates specifically to incidents in care homes.

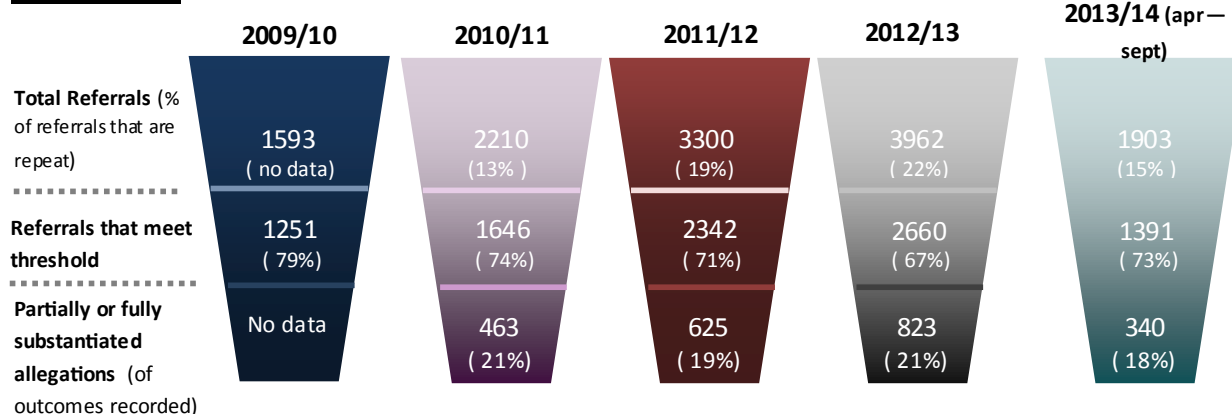


## INVESTIGATION CONCLUSIONS AND OUTCOMES

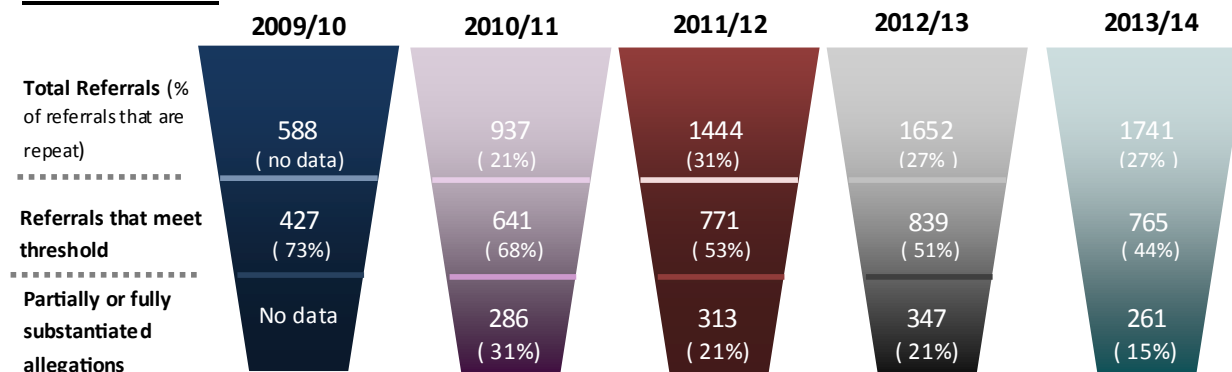
Only a proportion of referrals reach the threshold for investigation and only a small proportion of those are ultimately substantiated (either partially or fully). Figure 8 overleaf illustrates these proportions and how they have changed over the last four years in each area. During 2012-13, Stoke received a higher volume of referrals yet a smaller percentage than in previous years hit the threshold and consequently were found to be substantiated (where an outcome had been recorded). Based on the latest figures available Staffordshire's repeat referrals for 2012-13 were 22% and Stoke-on-Trent are 27% for 2013-14. We are awaiting national benchmarking data for 2013-14 to identify whether these proportions are outside normal working range, in 2012-13 the national average was 18%. In the interim the first case file audits to be reviewed by the Performance Monitoring and Evaluation sub-group will focus on understanding repeat referrals. There will be some variation between Staffordshire and Stoke due to differences in how referrals are allocated. However just looking at the proportions in the rest of the data, the numbers of referrals that have met threshold have remained high and at that point of the year were higher than seen in 2012-13. The proportion of referrals which were subsequently found to be substantiated claims of abuse is slightly lower than last year but once again, this could well be subject to change once the full year's data is available.

**Figure 8: Alleged perpetrator over last 4 years**

Staffordshire



Stoke-on-Trent



While there are notable improvements over the last few years, capturing outcome data continues to remain an area to work on, as inconsistent and inaccurate recording and interpretation impacts on the quality of the data captured. The outcomes discussed in the following section do not relate solely to substantiated allegations as on occasion outcomes are recorded against referrals which are not found to be substantiated. As a result of this, it is difficult to be anything other than descriptive when looking at these figures, it is difficult to establish any trends or draw any conclusions without the certainty that the outcomes are attributed solely to substantiated cases. Equally without the full year dataset from Staffordshire it is difficult to make comment since the cases being investigated might not all have reached a conclusion and consequential outcomes.

The three main outcomes recorded for the vulnerable adults across both Staffordshire and Stoke are increased monitoring, no further action and Community Care Assessment and Services, although there are slight differences in proportions. Further details of the outcomes for alleged vulnerable adults can be found in the appendix.

Looking at the breakdown of outcomes for the alleged perpetrator for 2013/14; around a third of cases across Stoke and Staffordshire led to no further action being taken against the alleged perpetrator while there continues to be a higher proportion of cases where the perpetrator is exonerated in Stoke compared to Staffordshire. The Board undertakes to further review the consistently low number of prosecutions. Further details of the outcomes for alleged perpetrators can also be found in the appendix data tables on page 28.

## APPENDIX: DATA TABLES

### Referrals

	2009/10		2010/11		2011/12		2012/13		2013/14	
	Staffordshire	Stoke	Staffordshire	Stoke	Staffordshire	Stoke	Staffordshire	Stoke	Staffordshire	Stoke
Total referrals	1593	588	2210	937	3300	1444	3962	1652	1903	1741
Individuals affected			1929	739	2675	997		1213	1612	1272
No. meeting threshold	1251	427	1646	641	2342	771	2660	839	1391	765
% meeting threshold	79%	73%	74%	68%	71%	53%	67%	51%	73%	44%

### Outcomes

	2010/11				2011/12				2012/13				2013/14			
	Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke	
Substantiated	322	20%	185	29%	454	19%	239	34%	635	24%	263	35%	259	10%	188	25%
Partly Substantiated	141	9%	101	16%	171	7%	74	11%	188	7%	84	11%	81	3%	73	10%
Not Determined/Inconclusive	191	12%	176	28%	299	13%	173	25%	419	16%	169	23%	171	6%	132	18%
Not Substantiated	295	18%	167	26%	522	22%	216	31%	691	26%	228	31%	372	14%	207	28%
Not recorded	697	42%	7	1%	896	38%	0		727	18%	0	0%		0%	165	22%
<b>Totals</b>	<b>1646</b>		<b>636</b>		<b>2342</b>		<b>702</b>		<b>2660</b>		<b>744</b>		<b>883</b>		<b>765</b>	

### Referral Source

	2010/11				2011/12				2012/13				2013/14			
	Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke	
Ambulance Service															19	1%
Care Quality Commission	15	1%	4	0%	45	1%	4	0%	68	2%	44	3%	53	3%	26	1%
Education/Training/Work	28	1%	7	1%	20	1%	15	1%	19	0%	15	1%	5	0%	40	2%
Health - Mental Health Staff	209	9%	84	9%	257	8%	126	9%	266	7%	113	7%	108	6%	55	3%
Health - Primary/Community Staff	163	7%	72	8%	217	7%	109	8%	225	6%	143	9%	146	8%	169	10%
Health - Secondary Health Staff	123	6%	64	7%	288	9%	90	6%	291	7%	51	3%	124	7%	65	4%
Housing	86	4%	25	3%	94	3%	27	2%	151	4%	32	2%	45	2%	37	2%
Police	83	4%	36	4%	163	5%	52	4%	237	6%	59	4%	99	5%	62	4%
Probation Criminal Justice														0%	2	0%
Social Care - Day Care Staff	95	4%	45	5%	102	3%	72	5%	124	3%	60	4%	41	2%	67	4%
Social Care - Domiciliary Staff	193	9%	52	6%	373	11%	71	5%	489	12%	114	7%	261	14%	210	12%
Social Care - Other Staff	41	2%	20	2%	36	1%	69	5%	44	1%	5	0%	24	1%	108	6%
Social Care - Residential Care Staff	609	28%	263	28%	784	24%	523	36%	978	25%	523	32%	513	27%	367	21%
Social Care - Self Directed Care Staff	2	0%	2	0%	1	0%	4	0%	1	0%	14	1%		0%	2	0%
Social Care - Social Worker/Care Manager	274	12%	81	9%	335	10%	62	4%	406	10%	173	10%	226	12%	132	8%
Voluntary organisation														0%	31	2%
<b>Referrals from professionals</b>	<b>1921</b>	<b>87%</b>	<b>755</b>	<b>81%</b>	<b>2715</b>	<b>82%</b>	<b>1224</b>	<b>85%</b>	<b>3299</b>	<b>83%</b>	<b>1346</b>	<b>81%</b>	<b>1645</b>	<b>86%</b>	<b>1392</b>	<b>80%</b>
Family Member	81	4%	71	8%	216	7%	95	7%	330	8%	140	8%	137	7%	151	9%
Friend or Neighbour	23	1%	4	0%	38	1%	6	0%	45	1%	15	1%	25	1%	17	1%
Other service user	0			0%	0	0%	0	0%	1	0%	0	0%		0%	2	0%
Self Referral	13	1%	28	3%	32	1%	30	2%	34	1%	22	1%	5	0%	26	1%
<b>Referrals from non-professionals</b>	<b>117</b>	<b>5%</b>	<b>103</b>	<b>11%</b>	<b>286</b>	<b>9%</b>	<b>131</b>	<b>9%</b>	<b>410</b>	<b>10%</b>	<b>117</b>	<b>10%</b>	<b>167</b>	<b>9%</b>	<b>196</b>	<b>11%</b>
Other	47	2%	78	8%	90	3%	89	6%	123	3%	129	8%	90	5%	109	6%
Not Recorded	125	6%	1	0%	299	9%			130	3%	0	0%	1	0%	44	3%
<b>Other/Not recorded</b>	<b>172</b>	<b>8%</b>	<b>79</b>	<b>8%</b>	<b>389</b>	<b>12%</b>	<b>89</b>	<b>6%</b>	<b>253</b>	<b>6%</b>	<b>129</b>	<b>8%</b>	<b>91</b>	<b>5%</b>	<b>153</b>	<b>9%</b>
<b>Totals</b>	<b>2210</b>		<b>937</b>		<b>3300</b>		<b>1444</b>		<b>3962</b>		<b>1652</b>		<b>1903</b>		<b>1741</b>	



## Service User Group

Staffordshire	2010/11						2011/12						2012/13						2013/14					
	Under 65		Over 65		Total		Under 65		Over 65		Total		Under 65		Over 65		Total		Under 65		Over 65		Total	
Dementia	5	2%	218	97%	225	10%	17	4%	443	96%	460	14%	20	2%	705	28%	726	18%	10	2%	257	20%	268	14%
Frailty	0	0%	34	92%	37	2%	22	8%	247	92%	269	8%	8	1%	274	11%	283	7%	1	0%	99	8%	102	5%
Learning Disability	484	88%	61	11%	548	25%	604	91%	62	9%	666	20%	766	59%	70	3%	837	21%	341	58%	34	3%	375	20%
Mental Health	126	56%	97	43%	227	10%	212	48%	226	52%	438	13%	189	15%	224	9%	414	10%	70	12%	88	7%	158	8%
Physical Disability	150	15%	821	84%	972	44%	194	18%	897	82%	1091	33%	226	17%	1117	44%	1346	34%	140	24%	781	60%	922	48%
Sensory Impairment	4	44%	5	56%	9	0%	24	50%	24	50%	48	1%	9	1%	38	2%	47	1%	3	1%	8	1%	13	1%
Substance Misuse	11	85%	1	8%	13	1%	23	82%	5	18%	28	1%	29	2%	7	0%	36	1%	20	3%	6	0%	26	1%
Other	18	41%	25	57%	44	2%	44	40%	66	60%	110	3%	46	4%	93	4%	143	4%	8	1%	31	2%	39	2%
Not recorded	4	3%	7	5%	135	6%					190	6%					130	3%						0%
<b>Totals</b>	<b>802</b>		<b>1269</b>		<b>2210</b>						<b>3300</b>		<b>1293</b>		<b>2528</b>		<b>3962</b>		<b>593</b>		<b>1304</b>		<b>1903</b>	

## Stoke

	2010/11						2011/12						2012/13						2012/14					
	Under 65		Over 65		Total		Under 65		Over 65		Total		Under 65		Over 65		Total		Under 66		Over 66		Total	
Dementia	7	3%	219	97%	226	24%	7	2%	445	98%	452	31%	11	2%	365	33%	376	23%	2	0%	342	31%	344	20%
Frailty	4	21%	15	79%	19	2%	8	16%	43	84%	51	4%	4	1%	83	7%	87	5%	5	1%	107	10%	112	6%
Learning Disability	188	88%	25	12%	213	23%	334	92%	30	8%	364	25%	318	59%	39	4%	357	22%	326	52%	35	3%	361	21%
Mental Health	30	27%	83	73%	113	12%	48	28%	122	72%	170	12%	71	13%	161	15%	232	14%	72	12%	112	10%	184	11%
Physical Disability	67	21%	247	79%	314	34%	87	25%	259	75%	346	24%	109	20%	414	37%	523	32%	151	24%	461	41%	612	35%
Sensory Impairment	2	20%	8	80%	10	1%	1	5%	21	95%	22	2%	2	0%	27	2%	29	2%	4	1%	15	1%	19	1%
Substance Misuse	2	67%	1	33%	3	0%	1	25%	3	75%	4	0%	7	1%	1	0%	8	0%	6	1%	2	0%	8	0%
Other	14	37%	24	63%	38	4%	17	49%	18	51%	35	2%	20	4%	20	2%	40	2%	38	6%	29	3%	67	4%
Not recorded	0	0%	0	0%	1	0%													17	3%	17	2%	34	2%
<b>Totals</b>	<b>314</b>		<b>622</b>		<b>937</b>		<b>503</b>		<b>941</b>		<b>1444</b>		<b>542</b>		<b>1110</b>		<b>1652</b>		<b>621</b>		<b>1120</b>		<b>1741</b>	

## Ethnicity

	2010/11				2011/12				2012/13				2013/14												
	Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke										
		% where ethnicity is recorded		% where ethnicity is recorded		% where ethnicity is recorded		% where ethnicity is recorded		% where ethnicity is recorded		% where ethnicity is recorded		% where ethnicity is recorded		% where ethnicity is recorded									
Bangladeshi		0%	0%		0%		n/a		0%		0%		0%		0%		0%		0%		0%		0%		0%
Black African		0%	0%		0%		n/a		0%		0%		0%		0%		0%		0%		0%		0%		0%
Black Caribbean	4	0%	0%	2	0%	n/a		7	0%	n/a	0	0%	n/a	12	0%	0%	8	0%	0%	9	0%	0%	6	0%	0%
Chinese		0%	0%		0%		n/a	4	0%	n/a	0	0%	n/a	2	0%	0%		0%	0%	1	0%	0%		0%	0%
Gypsy/Roma		0%	0%		0%		n/a	1	0%	n/a	0	0%	n/a	1	0%	0%		0%	0%		0%	0%	1	0%	0%
Indian	4	0%	0%	0	0%	n/a		6	0%	n/a	1	0%	n/a	9	0%	0%	4	0%	0%	6	0%	0%	3	0%	0%
Not Stated	134	6%	6%	37	4%	n/a		160	5%	n/a	14	1%	n/a	78	2%	2%	4	0%	0%	48	3%	3%	33	2%	2%
Other Asian Background	2	0%	0%	0	0%	n/a		2	0%	n/a	2	0%	n/a	10	0%	0%	2	0%	0%	2	0%	0%	2	0%	0%
Other Black Background	1	0%	0%	0	0%	n/a		2	0%	n/a	0	0%	n/a	3	0%	0%	2	0%	0%		0%	0%	1	0%	0%
Other Ethnic Group	2	0%	0%	7	1%	n/a		8	0%	n/a	5	0%	n/a	10	0%	0%	1	0%	0%	5	0%	0%		0%	0%
Other Mixed Background		0%	0%		0%		n/a	1	0%	n/a	0	0%	n/a	2	0%	0%	0	0%	0%		0%	0%		0%	0%
Pakistani	5	0%	0%	11	1%	n/a		7	0%	n/a	11	1%	n/a	14	0%	0%	7	0%	0%	5	0%	0%	12	1%	1%
Refused		0%	0%		0%		n/a		0%		0%		n/a	2	0%	0%		0%	0%		0%	0%	6	0%	0%
Traveller Irish Heritage		0%	0%		0%		n/a		0%		0%		n/a	1	0%	0%		0%	0%		0%	0%		0%	0%
White and Asian	2	0%	0%	0	0%	n/a		2	0%	n/a	3	0%	n/a	3	0%	0%		0%	0%	2	0%	0%		0%	0%
White and Black African		0%	0%		0%		n/a	1	0%	n/a	0	0%	n/a	2	0%	0%	1	0%	0%	2	0%	0%		0%	0%
White and Black Caribbean	4	0%	0%	1	0%	n/a		7	0%	n/a	3	0%	n/a	13	0%	0%	0	0%	0%	5	0%	0%	2	0%	0%
White British	1895	86%	91%	865	92%	n/a		2825	92%	n/a	1367	95%	n/a	3613	91%	94%	1551	94%	96%	1795	94%	97%	1603	92%	94%
White Irish	8	0%	0%	4	0%	n/a		18	1%	n/a	11	1%	n/a	20	1%	1%	15	1%	1%	11	1%	1%	11	1%	1%
White Other	17	1%	1%	10	1%	n/a		25	1%	n/a	27	2%	n/a	32	1%	1%	19	1%	1%	10	1%	1%	16	1%	1%
Not recorded	132	6%		0	0%	n/a								130	3%		38	2%			0%	0%	42	2%	2%
<b>Total</b>	<b>2210</b>			<b>937</b>				<b>3082</b>			<b>1444</b>			<b>3962</b>			<b>1652</b>			<b>1903</b>			<b>1741</b>		

## Alleged Abuse

	2009/10		2010/11				2011/12				2012/13				2013/14			
	Staffordshire	Stoke	Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke	
Physical	41%	46%	939	42%	471	50%	1226	37%	750	52%	1441	38%	754	46%	727	38%	633	36%
Sexual	8%	10%	137	6%	91	10%	172	5%	119	8%	213	6%	70	4%	105	6%	99	6%
Psychological	23%	26%	463	21%	239	26%	688	21%	295	20%	787	21%	366	22%	370	19%	447	26%
Financial	22%	29%	475	21%	222	24%	612	19%	256	18%	775	20%	310	19%	373	20%	371	21%
Neglect	17%	17%	422	19%	198	21%	964	29%	301	21%	1288	34%	498	30%	663	35%	672	39%
Discriminatory	1%	1%	21	1%	15	2%	27	1%	15	1%	52	1%	19	1%	16	1%	25	1%
Institutional	N/A	N/A	56	3%	52	6%	66	2%	45	3%	55	1%	33	2%	28	1%	57	3%
Other	2%	0%	40	2%			50	2%	0	0%	48	1%	0		0%			
Self neglect															8	0%		
Not Recorded	0%	0%	0%	0%			209	6%	0	0%		0	0		7	0%		
<b>Totals</b>	<b>116%</b>	<b>129%</b>	<b>2553</b>		<b>1288</b>		<b>4014</b>		<b>1781</b>		<b>4659</b>		<b>2050</b>		<b>2297</b>		<b>2304</b>	
			2210		937		3300		1444		3832		1652		1903		1741	
No. of cases that included more than one type of abuse			399	18%	260	28%	598	18%	280	19%	701	18%	332	20%	394	10%	563	34%

## Alleged Perpetrator

	2010/11				2011/12				2012/13				2013/14			
	Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke	
Health Care Worker	83	4%	32	3%	146	4%	61	4%	136	3%	102	6%	85	4%	84	5%
Social Care - Day Care Staff	15	1%	8	1%	14	0%	18	1%	9	0%	15	1%	7	0%	7	0%
Social Care - Domiciliary Staff	110	5%	44	5%	333	10%	65	5%	466	12%	165	10%	217	11%	210	12%
Social Care - Other	7	0%	2	0%	1	0%	4	0%	7	0%	6	0%	4	0%	8	0%
Social Care - Residential Staff	312	14%	126	13%	589	18%	177	12%	752	19%	296	18%	427	22%	292	17%
Social Care - Self Directed Care Staff	15	1%	3	0%	5	0%	5	0%	9	0%	5	0%	10	1%	1	0%
Social Care – Worker/Manager	0	0%	8	1%	6	0%	0	0%	9	0%	4	0%	2	0%	2	0%
Other Professional	20	1%	16	2%	17	1%	36	2%	11	0%	38	2%	8	0%	42	2%
Volunteer / Befriender	6	0%	1	0%	4	0%	6	0%	12	0%	1	0%	2	0%	4	0%
<b>Professionals</b>	<b>568</b>	<b>26%</b>	<b>240</b>	<b>26%</b>	<b>1115</b>	<b>34%</b>	<b>372</b>	<b>26%</b>	<b>1411</b>	<b>36%</b>	<b>632</b>	<b>38%</b>	<b>762</b>	<b>40%</b>	<b>650</b>	<b>37%</b>
																0%
Neighbour/Friend	141	6%	69	7%	204	6%	115	8%	255	6%	70	4%	99	5%	81	5%
Other Family Member	364	16%	168	18%	533	16%	191	13%	631	16%	209	13%	311	16%	306	18%
Other Vulnerable Adult	545	25%	303	32%	583	18%	587	41%	746	19%	507	31%	391	21%	284	16%
Partner	181	8%	62	7%	289	9%	67	5%	327	8%	65	4%	176	9%	94	5%
Stranger	58	3%	24	3%	87	3%	53	4%	99	2%	35	2%	46	2%	21	1%
<b>Non-professionals</b>	<b>1289</b>	<b>58%</b>	<b>626</b>	<b>67%</b>	<b>1696</b>	<b>51%</b>	<b>1013</b>	<b>70%</b>	<b>2058</b>	<b>52%</b>	<b>886</b>	<b>54%</b>	<b>1023</b>	<b>54%</b>	<b>786</b>	<b>45%</b>
																0%
Not recorded	198	9%	0	0%	209	6%	0	0%	143	4%	0	0%	13	1%	1	0%
Not Know n	126	6%	64	7%	187	6%	41	3%	246	6%	126	8%	102	5%	149	9%
Other	29	1%	7	1%	43	1%	18	1%	69	2%	8	0%	3	0%	155	9%
					50	2%			35	1%						0%
	<b>353</b>	<b>16%</b>	<b>71</b>	<b>8%</b>	<b>489</b>	<b>15%</b>	<b>59</b>	<b>4%</b>	<b>493</b>	<b>12%</b>	<b>134</b>	<b>8%</b>	<b>118</b>	<b>6%</b>	<b>305</b>	<b>18%</b>
<b>Totals</b>	<b>2210</b>		<b>937</b>		<b>3300</b>		<b>1444</b>		<b>3962</b>		<b>1652</b>		<b>1903</b>		<b>1741</b>	

## Location of Alleged Abuse

	2010/11				2011/12				2012/13				2013/14			
	Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke	
Own Home	785	36%	304	32%	1282	39%	380	26%	1614	41%	495	30%	723	38%	692	40%
Relative's home															33	2%
Alleged Perpetrator's Home	28	1%	13	1%	37	1%	44	3%	54	1%	20	1%	27	1%	25	1%
Education/Training/Work	7	0%	5	1%	10	0%	22	2%	11	0%	12	1%	3	0%	20	1%
Public Place	40	2%	13	1%	43	1%	45	3%	38	1%	42	3%	31	2%	59	3%
Supported Accommodation	76	3%	42	4%	166	5%	44	3%	201	5%	51	3%	135	7%	54	3%
<b>Community Setting</b>	<b>936</b>	<b>42%</b>	<b>377</b>	<b>40%</b>	<b>1538</b>	<b>47%</b>	<b>535</b>	<b>37%</b>	<b>1918</b>	<b>48%</b>	<b>620</b>	<b>38%</b>	<b>919</b>	<b>48%</b>	<b>883</b>	<b>51%</b>
Mental Health Inpatient Setting	134	6%	59	6%	155	5%	119	8%	178	4%	76	5%	68	4%	34	2%
Acute Hospital	34	2%	21	2%	89	3%	49	3%	79	2%	75	5%	45	2%	84	5%
Community Hospital	29	1%	8	1%	17	1%	22	2%	21	1%	26	2%	16	1%	16	1%
Other Health Setting	2	0%	24	3%	1	0%	37	3%	2	0%	16	1%	3	0%	8	0%
<b>Health Setting</b>	<b>199</b>	<b>9%</b>	<b>112</b>	<b>12%</b>	<b>262</b>	<b>8%</b>	<b>227</b>	<b>16%</b>	<b>280</b>	<b>7%</b>	<b>193</b>	<b>12%</b>	<b>132</b>	<b>7%</b>	<b>142</b>	<b>8%</b>
Care Home	814	37%	361	39%	1154	35%	631	44%	1496	38%	764	46%	800	42%	591	34%
Day Centre/Service	45	2%	18	2%	39	1%	33	2%	50	1%	25	2%	16	1%	39	2%
<b>Social Care Setting</b>	<b>859</b>	<b>39%</b>	<b>379</b>	<b>40%</b>	<b>1193</b>	<b>36%</b>	<b>664</b>	<b>46%</b>	<b>1546</b>	<b>39%</b>	<b>789</b>	<b>48%</b>	<b>816</b>	<b>43%</b>	<b>630</b>	<b>36%</b>
Not Known	43	2%	13	1%	36	1%	11	1%	32	1%	20	1%	20	1%	35	2%
Not Provided	6	0%	0	0%	1	0%	0	0%	4	0%	0	0%	0	0%	0	0%
Other	23	1%	56	6%	11	0%	7	0%	4	0%	30	2%	11	1%	50	3%
Recorded as 'no abuse'	20	1%	N/A		50	2%	0	0%			0	0%				0%
Not Recorded	124	6%	0	0%	209	6%	0	0%	48	1%	0	0%	5	0%	1	0%
	<b>216</b>	<b>10%</b>	<b>69</b>	<b>7%</b>	<b>307</b>	<b>9%</b>	<b>18</b>	<b>1%</b>	<b>218</b>	<b>6%</b>	<b>50</b>	<b>3%</b>	<b>36</b>	<b>2%</b>	<b>86</b>	<b>5%</b>
<b>Totals</b>	<b>2210</b>		<b>937</b>		<b>3300</b>		<b>1444</b>		<b>3962</b>		<b>1652</b>		<b>1903</b>		<b>1741</b>	

## Outcome for Vulnerable Adult

	2010/11				2011/12				2012/13				2013/14			
	Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke	
Action Refused	44	3%	0	0%	58	2%	0	0%	82	4%	0	0%	38	4%		0%
Application to Change Appointeeship	10	1%	9	1%	8	0%	12	1%	12	1%	18	1%	2	0%	9	1%
Application to Court of Protection	12	1%	15	1%	12	0%	14	1%	7	0%	13	1%	8	1%	3	0%
Civil Action	1	0%	4	0%	3	0%	3	0%	3	0%	3	0%	1	0%	3	0%
Community Care Assessment and Services	186	11%	127	12%	282	10%	183	16%	349	15%	187	15%	142	15%	140	14%
Guardianship/use of Mental Health Act	4	0%	1	0%	9	0%	3	0%	4	0%	7	1%	1	0%	2	0%
Increased Monitoring	404	25%	275	27%	616	22%	254	22%	664	29%	233	19%	302	31%	199	20%
Management of Person's Finances	35	2%	37	4%	29	1%	36	3%	48	2%	52	4%	16	2%	19	2%
Mental Capacity Act/Deprivation of Liberty Safeguard Authorisation	5	0%	1	0%	9	0%	0	0%	12	1%	0	0%	6	1%	4	0%
No Further Action	256	16%	218	21%	384	14%	315	27%	551	24%	363	30%	259	27%	308	31%
Other	98	6%	148	14%	142	5%	136	12%	209	9%	104	9%	90	9%	107	11%
Referral to Advocacy Scheme	20	1%	20	2%	28	1%	0	0%	17	1%	23	2%	11	1%	4	0%
Referral to Counselling/Training	15	1%	0	0%	23	1%	17	1%	18	1%	16	1%	11	1%	15	2%
Referral to Increased/Different Care	81	5%	41	4%	101	4%	55	5%	113	5%	60	5%			54	5%
Referral to MARAC	2	0%	48	5%	14	0%	2	0%	3	0%	6	0%	3	0%	14	1%
Restriction/Management of access to alleged perpetrator	134	8%	36	4%	87	3%	109	9%	79	3%	89	7%	30	3%	79	8%
Review of Self Directed Support	8	0%	4	0%	17	1%	2	0%	18	1%	2	0%	6	1%		0%
Person Removed from Property or Service	33	2%	40	4%	0	0%	27	2%	86	4%	35	3%	42	4%	35	4%
Not recorded	621	38%	0	0%	983	35%	0	0%			0	0%				0%
<b>Totals</b>	<b>1646</b>		<b>1024</b>		<b>2805</b>		<b>1168</b>		<b>2275</b>		<b>1211</b>		<b>968</b>		<b>995</b>	

## Outcome for Perpetrator

	2010/11				2011/12				2012/13				2013/14			
	Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke	
Action by Contracting and Commissioning Officers	7	0%	20	2%	58	2%	17	1%	66	3%	75	5%	26	3%		0%
Action by Care Quality Commission	11	1%	19	2%	42	2%	17	1%	54	3%	32	2%	32	4%	44	4%
Action under the Mental Health Act	2	0%	14	1%	11	0%	8	1%	12	1%	4	0%	5	1%	1	0%
Community Care Assessment and Services for Perpetrator	51	3%	52	4%	105	4%	40	3%	114	6%	31	2%	47	5%	17	2%
Continued Monitoring of Alleged Perpetrator	193	11%	218	19%	198	7%	158	13%	251	12%	162	12%	119	13%	126	12%
Counselling/Training / Treatment	51	3%	106	9%	107	4%	84	7%	129	6%	119	9%	75	8%	82	8%
Criminal Prosecution / Formal Caution	10	1%	22	2%	15	1%	22	2%	24	1%	18	1%	13	1%	11	1%
Disciplinary Action	62	4%	57	5%	99	4%	81	6%	101	5%	117	8%	36	4%	65	6%
Exoneration	35	2%	116	10%	108	4%	186	15%	113	6%	176	13%	63	7%	163	16%
Management of Access to Person	94	5%	112	10%	108	4%	87	7%	88	4%	85	6%	40	4%	64	6%
No Further Action	380	22%	266	23%	564	21%	344	28%	861	42%	349	25%	354	39%	325	32%
Not Known	44	3%	0	0%	46	2%	4	0%	51	3%	8	1%	21	2%		0%
Police Action	48	3%	54	5%	50	2%	52	4%	46	2%	48	3%	14	2%	40	4%
Removal of Alleged Perpetrator from property or service	69	4%	72	6%	100	4%	83	7%	80	4%	75	5%	34	4%	47	5%
Referral to Court Mandated Treatment	0	0%	1	0%	0	0%	0	0%	1	0%	1	0%	0	0%		0%
Referral to Multi Agency Public Protection Arrangements	3	0%	2	0%	2	0%	1	0%	0	0%	1	0%	0	0%		0%
Referral to PoVA List / ISA	20	1%	11	1%	29	1%	42	3%	12	1%	43	3%	6	1%	21	2%
Referral to Registration Body	13	1%	21	2%	24	1%	22	2%	26	1%	41	3%	15	2%	20	2%
Not recorded	661	38%	0	0%	1061	39%	45	4%		0%	0	0%		0%		0%
<b>Totals</b>	<b>1754</b>		<b>1163</b>		<b>2727</b>		<b>1248</b>		<b>2029</b>		<b>1385</b>		<b>900</b>		<b>1026</b>	

## 5: Governance

### i. New Structure

One of the key changes in structure was the creation of an Executive Sub-group. This is made up of the Chairs of the Sub-groups together with two officers of the Board. This Sub-group is the 'engine' of the Board, where Sub-group Chairs report upon progress towards their Business Plans. To support the SSASPB there are six Sub-groups (including the Executive Sub-group), with membership drawn from the partner agencies. Each Sub-group will use its Business Plan to deliver the Strategic Priorities and Core Objectives of the Board which are outlined on page 6.

The revised Sub-groups are;

Executive Sub-group

District Council Sub-group

Learning and Development Sub-group

Performance, Monitoring and Evaluation Sub-group

Policy and Procedures Sub-group

Safeguarding Adult Review Sub-group

The review resulted in the dissolution of the following Sub-groups:-

Prevention Sub-Group,

Commissioning Sub-group

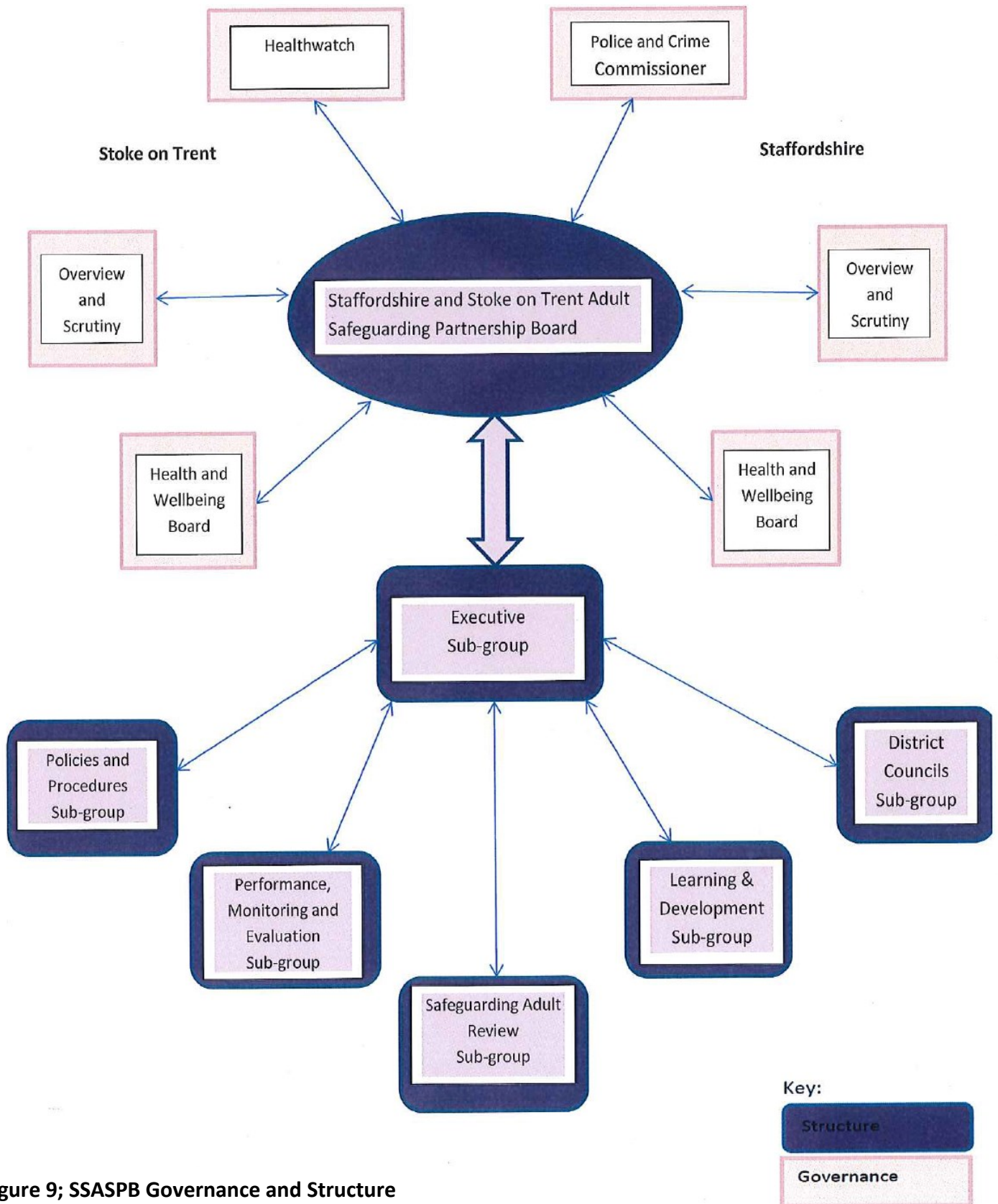
Mental Capacity Act (Deprivation of Liberty Safeguards) Sub-group

This was agreed as the work of the task to finish group proposed that the work of these Sub-groups could be threaded through the work streams of those that remained. Publicity and Communication matters form part of the Executive Sub-group business plan.

The Sub-groups are formally constituted arms of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board and the structure and Governance arrangements are presented in Figure 9 on the following page. The full details of the Constitution and the Terms of Reference for each of the six Sub-groups may be found on the SSASPB web pages at [www.stopabuse.info](http://www.stopabuse.info), where you can also find the 2013-2014 Business Plans for the Board and its Sub-Groups that were signed off at the Board meeting held on 3rd April 2014.

**Staffordshire and Stoke on Trent Adult Safeguarding Partnership Board**

**Governance and Structure**



**Figure 9; SSASPB Governance and Structure**

<b>SSASP BOARD</b> <b>Chair; Jackie Carnell</b>
Thursday 23 <sup>rd</sup> January
Thursday 3 <sup>rd</sup> April
Thursday 10 <sup>th</sup> July
Thursday 9 <sup>th</sup> October

<b>Learning and Development</b> <b>Sub-Group</b> <b>Chair; Shirley Heath</b>
Tuesday 4 <sup>th</sup> February
Tuesday 8 <sup>th</sup> April
Tuesday 3 <sup>rd</sup> June
Tuesday 5 <sup>th</sup> August
Tuesday 14 <sup>th</sup> October
Tuesday 2 <sup>nd</sup> December

<b>Staffordshire District</b> <b>Sub-Group</b> <b>Chair; Stephanie Ivey</b>
Thursday 13 <sup>th</sup> February
Thursday 15 <sup>th</sup> May
Tuesday 14 <sup>th</sup> October
Thursday 13 <sup>th</sup> November

## ii. Cycle of Meetings

<b>EXECUTIVE Sub-Group</b> <b>Chair; Kim Gunn</b>
Tuesday 14 <sup>th</sup> January
Wednesday 26 <sup>th</sup> February
Wednesday 26 <sup>th</sup> March
Wednesday 21 <sup>st</sup> May
Wednesday 18 <sup>th</sup> June
Wednesday 20 <sup>th</sup> August
Wednesday 24 <sup>th</sup> September
Wednesday 5 <sup>th</sup> November
Wednesday 10 <sup>th</sup> December

<b>Safeguarding Adult Review (SAR) Sub-Group</b> <b>Chair; Mark Dean</b>
Monday 6 <sup>th</sup> January
Monday 31 <sup>st</sup> March
Monday 19 <sup>th</sup> May
Monday 14 <sup>th</sup> July
Monday 15 <sup>th</sup> September
Monday 17 <sup>th</sup> November

<b>Performance Monitoring &amp; Evaluation Sub-Group</b> <b>Chair; Karen Capewell</b>
Wednesday 19 <sup>th</sup> February
Wednesday 12 <sup>th</sup> March
Wednesday 7 <sup>th</sup> May
Wednesday 17 <sup>th</sup> June
Wednesday 6 <sup>th</sup> August
Wednesday 10 <sup>th</sup> September
Wednesday 22 <sup>nd</sup> October
Wednesday 26 <sup>th</sup> November

<b>Policies and Procedures Sub-Group</b> <b>Chair; Steve Dale</b>
Tuesday 28 <sup>th</sup> January
Task & Finish Group
Tuesday 11 <sup>th</sup> February
Tuesday 22 <sup>nd</sup> April
Tuesday 17 <sup>th</sup> June
Tuesday 19 <sup>th</sup> August
Tuesday 21 <sup>st</sup> October
Tuesday 16 <sup>th</sup> December

### iii. Membership and Attendance

<b>INDEPENDENT CHAIR PERSON</b>		
<b>NAME</b>	<b>TITLE</b>	<b>BOARD MEETING DESIGNATION</b>
Jackie Carnell	SSASPB Independent Chairperson	Staffordshire & Stoke- on-Trent Adult Safeguarding Partnership (SSASPB)
<b>BOARD MEMBERS</b>		
Alan White	Cabinet Member for Care	Staffordshire County Council Councillor
Andrew Proctor	Safeguarding Manager	West Midlands Ambulance Service (WMAS)
Andrew Reece	Interim Modernisation Lead	Independent Futures (IF)
Angela Staplehurst	Head of Stoke-on-Trent Probation	Stoke-on-Trent Probation Delivery Unit
Brendan Brown	Director of Nursing	Burton Hospitals NHS Foundation Trust
Carole Preston	Stoke-on-Trent Safeguarding Children Board Manager	Stoke-on-Trent Children Safeguarding Board
Carrie Wain	Staffordshire Safeguarding Children Board Manager	Staffordshire Safeguarding Children Board (SSCB)
Christine Whitehead	Assistant Director of Adult Social Care & Protection	Stoke-on-Trent City Council
Dale Harrison	Strategic Partnership Officer	Staffordshire Fire & Rescue Service (SFARS)
David Benge	Strategic Liaison	VAST
Eric Robinson	Director for People and Deputy Chief Executive	Staffordshire County Council
Gwen Hassall	Cabinet Member for Social Care	Stoke-on-Trent City Council Councillor
Heather Johnstone	Chief Nurse	East Staffordshire CCG and South East Staffordshire & Seisdon Peninsula CCG & on behalf of Cannock Chase and Stafford Surrounds CCG
Helen Inwood	Deputy Chief Nurse	University Hospital of North Staffordshire (UHNS)
Helen Jones	SSASP Board Manager	Staffordshire & Stoke- on-Trent Adult Safeguarding Partnership (SSASPB)
Jan Sensier	Chief Executive	Healthwatch (Staffordshire)
Julie Griffin	Strategic Manager Landlord Services Stoke-on-Trent	Housing
Karen Wilson	Executive Director of Nursing & Quality	North Staffs Combined Healthcare NHS Trust (NSCHT)
Kim Gunn	Lead Nurse Adult Safeguarding	North Staffordshire and Stoke-on-Trent CCGs



Mandy Lee	Safeguarding Consultant Practitioner	South Staffordshire & Shropshire NHS Foundation Trust (SSSFT)
Mark Dean	Detective Superintendent/ Head of Protecting Vulnerable People Department	Staffordshire Police
Melanie Dunn	Strategic Manager/ Commissioner	Stoke-on-Trent City Council Commissioning Team
Mick Harrison	Commissioner for Community Safety	Staffordshire County Council Commissioning Team
Robbie Marshall	Cabinet Member for Health & Wellbeing	Staffordshire County Council Councillor
Siobhan Heafield	Director of Nursing and Quality	Staffordshire & Stoke-on-Trent Partnership NHS Trust (SSOTP)
Stephanie Ivey	Safeguarding Children & Families Officer Tamworth District Council	District Councils
Suzanne Banks	Director of Nursing	Mid Staffordshire Hospital NHS Trust
Tracey Shewan	Assistant Director of Nursing	Shropshire and Staffs Area Team NHS England
Val Lewis	Healthwatch Manager	Healthwatch (Stoke-on-Trent)

<b>OFFICERS/ADVISORS TO THE BOARD</b>		
<b>NAME</b>	<b>TITLE</b>	<b>BOARD MEETING DESIGNATION</b>
Jo Corbett	Lead Nurse safeguarding Adults	East Staffordshire CCG and South East Staffordshire & Seisdon Peninsula CCG & on behalf of Cannock Chase and Stafford Surrounds CCG
Karen Capewell	Safeguarding Adult Board Manager	Stoke-on-Trent City Council
Kim Gunn	Lead Nurse Adult Safeguarding	North Staffordshire and Stoke-on-Trent CCGs
Sarah Hollinshead-Bland	County Commissioner Safeguarding	Staffordshire County Council

## Attendance Register April 2013 – March 2014

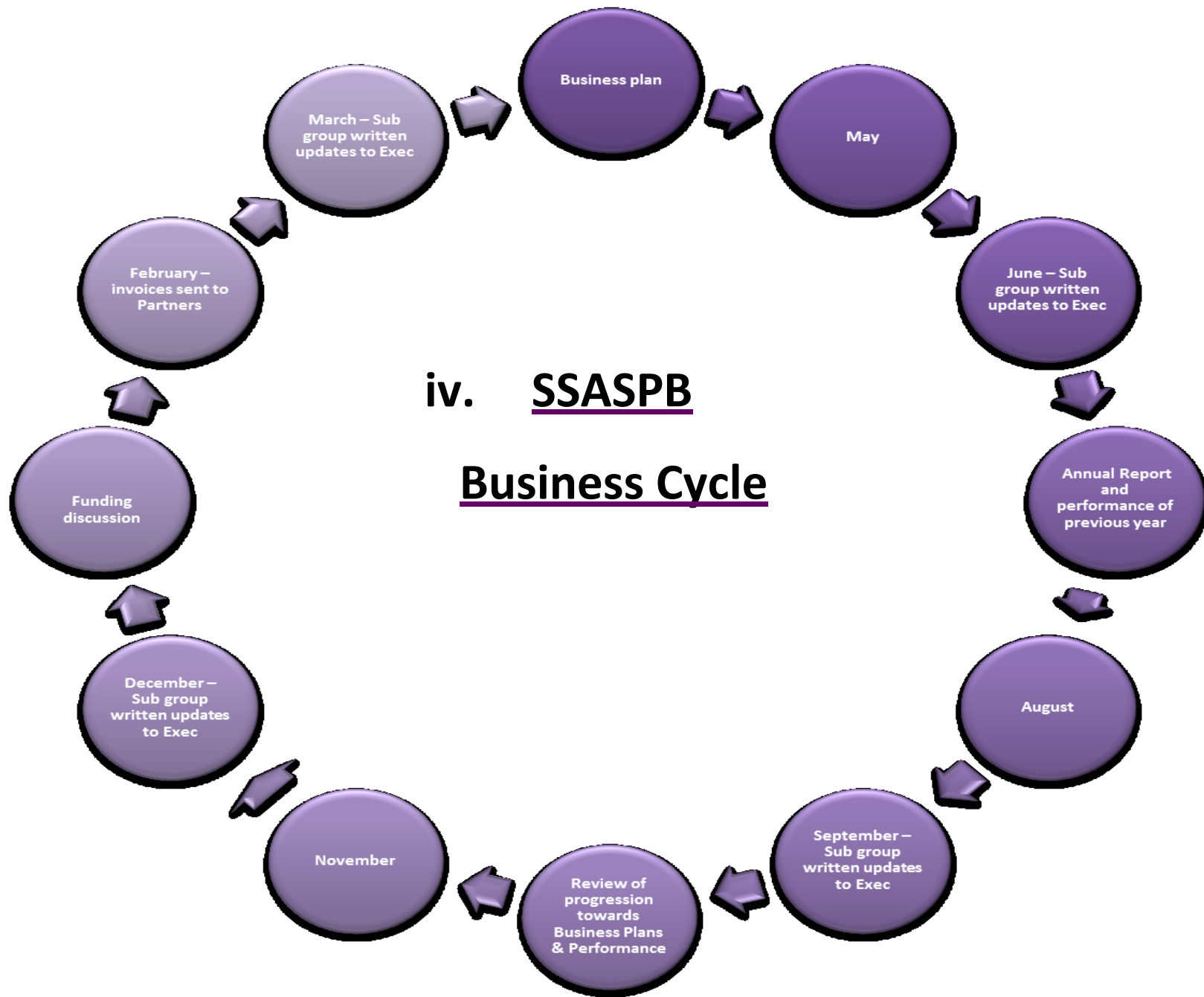
Organisation	Board	Executive	Learning and Development	Performance Monitoring & Evaluation	Policies and Procedures	Safeguarding Adult Reviews
Staffordshire & Stoke-on-Trent Adult Safeguarding Partnership Independent Chair	2/2	3/4 1 Apology				
Staffordshire & Stoke- on-Trent Adult Safeguarding Partnership Board Manager	1/2 1 Apology	3/4 1 Apology	1/1	1/2 1 Apology	2/2	2/2
Staffordshire Police	2/2	4/4	1/1	1/2 1 Apology	0/2 2x Apology	2/2
North Staffordshire and Stoke-on-Trent CCGs	2/2	3/4 1 Apology	1/1	2/2	2/2	2/2
South East Staffordshire & Seisdon Peninsula CCG	2/2	4/4	1/1	1/2	2/2	2/2
Staffordshire County Council	2/2	2/4 2x Apology	1/1		2/2	2/2
Stoke-on-Trent City Council	1/2	2/4 2x Apology	1/1	2/2	2/2	1/2
University Hospital of North Staffordshire	2/2		1/1	1/2 1 Apology	1/2 1 Apology	2/2
North Staffs Combined Healthcare NHS Trust	1/2 1 Apology		0/1 1 Apology	1/2 1 Apology	1/2 1 Apology	1/2 1 Apology
South Staffordshire & Shropshire NHS Foundation Trust	2/2		0/1	2/2	1/2	1/2 1 Apology
Burton Hospitals NHS Foundation Trust	2/2		0/1 1 Apology	0/2 2x Apology	1/2 1 Apology	0/2 2x Apology
Mid Staffordshire Hospital NHS Trust	1/2 1 Apology		1/1	1/1**	0/2 2x Apology	2/2
Staffordshire & Stoke-on-Trent Partnership NHS Trust	2/2	4/4	1/1	0/2	1/2 1 Apology	1/2
Districts		4/4				
Staffordshire Fire and Rescue Service	2/2		1 Apology	1/2 1 Apology	0/2 2x Apology	1/2 1 Apology

West Midlands Ambulance Service	2/2		0/1	0/2 1 Apology		1/2
Shropshire and Staffs Area Team NHS England	2/2					
Staffordshire Children's Safeguarding Board	1/2 1 Apology					
Stoke-on-Trent Children's Safeguarding Board	1/2					
Probation Delivery Unit	2/2				0/2 1 Apology	
Staffordshire Councillor	**					
Stoke-on-Trent Councillor	0/1** 1 Apology					
Commissioners	1/1**					
Housing						
Independent Futures	**			**		
Healthwatch	**					
VAST	1/1**					
SARCP			1/1		1/1**	

### Key

	Non members
**	Organisation joined as members after one or more meetings had occurred

NB: District Sub-group members consist of representatives of each district rather than Partner organisations so cannot be recorded in this format. Good attendance and engagement is acknowledged within the District meetings.



## **v. Links with other Fora**

The membership of the SSASPB is widely networked with relevant strategic and operational fora within Staffordshire and Stoke-on-Trent.

The Independent Chair, Jackie Carnell, attends the Safer Staffordshire Group which is chaired by the Staffordshire Police and Crime Commissioner. She has regular meetings with both Directors of People in the Local Authorities, and has an open invite to the Clinical Commissioning Group's Safeguarding Groups. Jackie is also a member of the West Midlands Regional Safeguarding Adult Board Chairs group meets with the Council members' portfolio leads and is invited to both Health and Well Being Boards. She chairs both Local Safeguarding Children's Boards (LSCBs) and ensures that there is synergy between them wherever possible.

The SSASP Board Manager deputises for the Independent Chair at any meetings that she is unable to attend and is a member of both LSCBs and Domestic Abuse Fora.

Local Authority Adult Protection Managers are well represented at the Multi-Agency Public Protection Arrangements (MAPPA) meetings and are able to report upon any issues relevant to the work of the SSASPB through the Executive Sub-group.

The chair of the Stoke-on-Trent Deprivation of Liberty Safeguards Board (attended by a Staffordshire DoLS manager) has presented to the SSASPB and are agendered to do so again at the October 2014 Board meeting.

The Staffordshire County Commissioner for Adult Safeguarding chairs a multi-agency strategic information sharing meeting about providers of Social Care with health partners where trends can be discussed and brought for the information to the SSASPB if required.

## **vi. End of Year Financial Report**

The Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board maintain a pooled budget made up from contributions by all key partners.

The Core Team, funded by the partners, have clearly identified roles within the Partnership and undertake tasks that facilitate the work of the Board and sub-committees. The responsibility however remains with Board members to deliver the Business Plan so that ownership is retained at formal governance level.

<b>Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board Team</b>	
Jackie Carnell	Independent Chair
Helen Jones	Board Manager
Stephanie Kincaid-Banks	Board Administrator

### **INCOME**

#### **Actual Income for SSASPB 2013/2014**

<b>Contributor</b>	<b>Amount (£)</b>
Burton Hospital NHS Trust	10,000
Mid Staffordshire NHS Foundation Trust	10,000
North Staffordshire Combined Healthcare Trust	10,000
North Staffordshire CCGs	13,334
South Staffordshire CCGs	10,000
Stoke-on-Trent CCGs	13,334
Staffordshire Police	10,000
South Staffordshire & Shropshire NHS Foundation Trust	10,000
University Hospital of North Staffordshire	10,000
<b>TOTAL</b>	<b>£96,668</b>

#### **Other Income to SSASPB 2013/2014**

<b>Contributor</b>	<b>Amount (£)</b>
Staffordshire County Council	51,766*
Stoke-on-Trent City Council	17,727*

(\*) The two local authorities contribute through the provision of training to Partner agencies and it was the agreement of the Board that this remain the case for 2014/15. This arrangement will be reviewed at the January 2015 Board Meeting.

Other agencies make further contribution to the Board through access to resources free of charge such as meeting venues and hospitality. The majority of meeting are held at Local Authority venues but particular thanks goes to the additional support in resources from Staffordshire Fire & Rescue Service, SSOTP and Keele University throughout 2013/14.

## EXPENDITURE

### Actual Expenditure for SSASPB 2013/2014

Expenditure	Amount (£)
Employee Costs (Sept 2013 – March 2014)	29,475
Independent Chair	14,000
Professional Fees	1,911
Staffordshire County Council reclaim for Administrative/Chair duties between April 2013 and October 2013	5,184
Printing and Publications	10,475
I.T	19
<b>Gross Expenditure Total</b>	<b>£61,064</b>

SSASPB BUDGETS AT 31 <sup>st</sup> March 2014		
	Planned	Actual
Contributions	£96,668.00	£96,668
Income		£96,668
Expenditure		£61,064
<b>Total C/Fwd 2013/14</b>		<b>£35,604</b>
C/Fwd 2012/13		£174,539
<b>Total with C/Fwd</b>		<b>£210,143</b>

### 2014/15 Projected Expenditure

Expenditure	Projected Cost (£)
Employee Costs	£79,600
Independent Chair	£14,000
Events	£ 250
Development Days	£ 2,500
Safeguarding Adult Reviews	£15,000 (min)
Printing and Publication Materials	£ 5,000
Website	£ 5,000
Publication of new Multi-Agency Procedures	£ 5,000
E-learning licences	£ 2,250
<b>Total</b>	<b>£129.600</b>

## **Large Scale Investigations – examples of good multi-agency working**

**A number of large scale investigations (LSIs) have been held in the Stoke-on-Trent and Staffordshire area during the reporting period.**

**One such investigation was undertaken in a medium sized, privately run residential home where most residents were privately funded but others were funded by the Local Authority.**

**In early 2013 it became apparent that there was a rapid deterioration with CQC Standards compliance. There were also four adult protection referrals raised about the home and a complaint received regarding a health and safety issue. Given the various investigations and concerns a Large Scale Investigation (LSI) Strategy Discussion was held.**

**Initially, discussions were held with the local authority safeguarding team, local authority commissioners/contract monitoring staff and social work practitioners. At this point the threshold was not met but it was agreed that a number of sample reviews would be undertaken within homes and the data reviewed upon completion.**

**A second strategy discussion was held and District Nurses invited. Information from the reviews, added to the information from the District Nurses and additional adult safeguarding referrals meant that the threshold for LSI was now met.**

**As the investigation unfolded professional input was drawn from the local Clinical Commissioning Group (CCG), a Local Authority Environmental Health Team, a Local Authority Contracting Team, Staffordshire and Stoke-on-Trent Partnership Trust (SSOTPT) Infection Prevention and Control Nurses, Tissue Viability Nurses, District Nurses, the Care Quality Commission (CQC) and Staffordshire Police. The NHS England Local Area Team were also invited. The CCG provided pharmacy technical support to assist with medicines management in the Home.**

**The focus of the LSI was around assistance and support. The proprietor commissioned an independent consultant who was fully engaged with the process. The multi-disciplinary team worked with the home to formulate and monitor the implementation of a service improvement action plan.**

**Through the intervention the picture at the home is a vastly improving one with the majority of the issues being addressed in whole or in part and as a consequence, the risks in the home are believed to be greatly reduced. The situation will continue to be monitored and the action plan reviewed at regular intervals until everyone is satisfied that all the concerns have been addressed and the action plan is complete.**

**This was an excellent example of Multi-Agency working. All of the professionals worked closely with the home to provide guidance and support to bring about the improvements required. This “assist and support” approach resulted in significant improvements in the quality of care which is sustained even though the professionals are steadily withdrawing.**



## 6: Contact details

### Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB)

C/O SSASPB Administration Team  
Staffordshire County Council  
Adult Protection Team  
Staffordshire County Council  
Wedgwood Building  
Tipping Street  
Stafford  
ST16 2DH

Independent Chair: Jackie Carnell  
SSASP Board Manager: Helen Jones  
SSASP Board administrator: Stephanie Kincaid-Banks

All may be contacted via email at [SSASP.admin@staffordshire.gov.uk](mailto:SSASP.admin@staffordshire.gov.uk)

Are you concerned about  
an adult being harmed or abused?

Recognise it,  
report it, stop it!



The Staffordshire and Stoke-on-Trent  
Adult Safeguarding Partnership  
Abuse must stop

For more information about the SSASPB please visit [www.stopabuse.info](http://www.stopabuse.info)



The Staffordshire and Stoke-on-Trent  
**Adult Safeguarding Partnership**

**Abuse must stop**

**0845 604 2719**

if you live in Staffordshire

**0800 5610015**

if you live in Stoke-on-Trent

70957/13

**[www.stopabuse.info](http://www.stopabuse.info)**

*This Annual Report was compiled on behalf of the SSASPB by Helen Jones, Stephanie Kincaid-Banks and Jackie Carnell. It was endorsed by all Board Members on 10<sup>th</sup> July 2014 as a true reflection of the work undertaken by the Partnership.*

