

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



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

**Abuse must stop**

## SSASPB 2014/15 Annual Report



# Contents



**If you suspect abuse**

**Phone 0845 604 2719**

**if the adult lives in  
Staffordshire**

**or**

**Phone 0800 5610015**

**if the adult lives in  
Stoke-on-Trent**

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

	Page
■ Foreword by Jackie Carnell, Independent Chair Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB)	3
■ Board Manager's Overview	4
■ Welcome to the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB)	6
- The purpose of the Board	
- Our Partners	
- Governance and Structure Changes during 2014-15	
■ Key achievements of the SSASPB Sub-groups	11
- Messages to Commissioners	
- Performance against 2014/15 Core Objectives & Strategic Priorities	
- Safeguarding Adult Reviews (SAR); Processes and Learning	
- Other areas of progression	
■ Mental Capacity Act (MCA)/ Deprivation of Liberty Safeguards(DoLS)	27
■ Performance Data	31
■ Membership and Attendance	41
■ Training Activity 2014/2015	42
■ Communication	43
■ Links with Key Stakeholders	44
■ End of Year Financial Report	47
■ Looking Ahead	49
- Making Safeguarding Personal (MSP)	
- Independent Chair blog	
- Agreed objectives for 2015/16	
■ Glossary of Terms and References	52
■ Contacts	55



## Foreword: SSASPB Independent Chair; Jackie Carnell



2014/15 has been a year of consolidation and preparation for the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board. We have reviewed the constitution (Appendix 1) of the Board and the business plans of the Executive and other sub-groups and feel that the Board is fit for purpose as we move on towards our new statutory status following implementation of the Care Act 2014 on April 1st 2015.

One really important aspect of this year was the agreement of the permanent appointment of Helen Jones, our excellent Board Manager and Stephanie Kincaid-Banks who supports us all so ably in taking our work forward. I thank them both for their hard work and dedication to the Board. It is with more than a little sadness that this will be my last foreword to your annual report before my retirement on 31st March 2015. I am taking this opportunity to remind you all of the importance of our partnership and to say some very sincere thank yous.

The only way that adults can be better protected is through a strong partnership approach to everything we do. The added value of having an adult safeguarding board is to have a strong, cohesive and honest partnership from the perspective of front line practice, senior leaders and everything in between. Products developed by the Board have been consulted and agreed upon by all partners, including our revised Inter-Agency Policies and Procedures, training programs, Escalation Procedure, Communication Plan, Financial Abuse Guidance and audits. This way of working together with the assurance and challenge between partners convinces me that the Partnership Board truly does have a positive impact on improving the way we work.

Chairing our sub-groups and Executive is a huge time commitment for staff from a range of our partner organisations. As it is my last year, I shall mention the Chairs all by name. Superintendent Mark Dean; Head of Public Protection within Staffordshire Police, is the chair of the Safeguarding Adult Review (SAR) sub-group. He has had an amazingly busy year producing a Safeguarding Adult Review Protocol (Appendix 2), undertaking a Multi-Agency Learning Review and processing a number of SAR referrals. The work of the sub-groups has been very professional and much learning has been driven out to all partners. Shirley Heath; Head of Adult Safeguarding within Staffordshire and Stoke-on-Trent NHS Partnership Trust has led the Learning and Development sub-group and has successfully addressed issues outlined in their business plan. Karen Capewell; Strategic Lead for Adult Safeguarding Services within Stoke-on-Trent City Council, with the help of Karl Robinson; Information Officer, have led the development of the performance and audit frameworks for the Board, no easy task, which will bring increasing knowledge of how services and the Board are performing. Steve Dale; Adult Safeguarding Co-ordinator within Staffordshire County Council has brought his immense knowledge of adult safeguarding to the production of new inter-agency policies and procedures. Sharon Conlon; Safeguarding lead within Shropshire and Staffordshire Mental Health Foundation Trust, is developing the work of the newly formed Mental Capacity Act sub-group following the Cheshire West Supreme Court Judgement. Stephanie Ivey; Safeguarding Officer within Tamworth District Council, chairs the District sub-group and has really helped to promote the work of the Board and develop the District Council workforce by raising awareness of their role in the prevention of adult abuse. Last but by no means least, Kim Gunn; Adult Safeguarding Lead within North Clinical Commissioning Groups, accepted the role of Deputy Chair of the Board which meant that she also chairs the Executive sub-group, the group that drives forward and monitors our progress against business plans. Each Chair undertakes their role in addition to extremely demanding jobs and I thank them sincerely for their hard work and commitment to the Partnership.

*J. E. Carnell*

## Board Manager's Overview

Thank you for reading the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board's Annual Report which covers the period of 1st April 2014 to 31st March 2015. This overview includes some of the key developments and achievements of the Board and is our first Annual Report with statutory status, following full adoption of the Care Act on 1st April 2015. More detail can be found later in the report and I have indicated the relevant page number to assist in navigation.

Much of the previous Annual Report (2013/14) contained information about the full review of the SSASPB, including the process by which it was undertaken, and introduced a revised Constitution and structure which can be viewed on pages 3 and 4 at <http://www.staffordshirecares.info/pages/my-safety/adult-safeguarding/documents/Staffordshire-and-Stoke-on-Trent-Adult-Safeguarding-Partnership-Board-SSASPB-Annual-Report-2013-14.pdf>. This year has seen the maturing of the Board and the sub-groups that were created and significant progress towards the delivery of their individual business plans (Appendix 3).

At the October 2014 meeting the Board agreed to increase the number of sub-groups to seven by adding a Mental Capacity Act sub-group. This decision was not taken lightly as we are all aware of the demands that commitment to meetings and work towards the business plans make upon our partner organisations. The proposal was put forward following reviews of circumstances which had led to Safeguarding Adult Review referrals in which it had been identified that knowledge of the use of the Mental Capacity Act 2005 needed improvement. The proposal was met with unanimous support, with agreement that the work of the sub-group will be reviewed in January 2016 when a further decision will be made as to whether or not the group continues to add value.

Throughout the reporting period much work has been undertaken in order to assist the Board and its partners in their preparation for the implementation of the Care Act 2014. The Executive sub-group drove the preparation plan to ensure that the SSASPB can meet its responsibilities and maintained oversight of the revised Inter-Agency Policies and Procedures by the Policies and Procedures sub-group. On behalf of the Board I wish to acknowledge the work undertaken by Stephen Dale (Staffordshire Adult Safeguarding Co-ordinator) for steering and leading this work and to thank him for his determination to meet a very tight deadline, resulting in a high quality and practical document. Sarah Hollinshead-Bland (County Commissioner for Safeguarding, Staffordshire) chaired a joint local authority and statutory partner work-group which ensured that the challenges brought about by changes in the safeguarding elements of the Care Act Statutory Guidance (October 2014) were identified and sought assurance that any necessary changes in practice and procedure were made. This group continues to meet to enable a prompt response to those areas that have required further explanation and interpretation of the guidance.

The Care Act details the roles and responsibilities of a new position described as the Designated Adult Safeguarding Manager (DASM). This has created much debate and whilst all statutory partners of the SSASPB have provided details of their individual DASMs there is still much to understand regarding what this position may mean in different organisations.

## Board Manager's Overview

An exciting prospect is the eagerly awaited dedicated SSASPB website. Both Staffordshire and Stoke-on-Trent Local Authorities provided financial support to set up a dedicated website, and the SSASPB will fund the ongoing costs. The website will support the Board's Communication Plan in maximising opportunities to promote the work of the Board. It will provide specific information to adults who are or may be at risk of abuse or neglect, carers and professionals, as well as more broadly raising the profile of the SSASPB and its work in our local communities and beyond.

Communication is a key element of the business plan for the Executive Sub-group and a Communication Plan was approved at the April 2015 Board (Appendix 4). Included within the plan is a desire to utilise social media as a communication tool and in February 2014 the SSASPB joined Twitter as [@SSASPBBoard](#)

Development opportunities have been made available to Board members, including an excellent half day seminar delivered by the well-respected Belinda Schwehr who provided the legal context to the changes brought about by the Care Act and a three day Social Care Institute for Excellence (SCIE) 'Learning Together' programme for six Executive sub-group members which will enable them to support learning review processes.

Over and above the multi-agency training programme; the Board has provided development opportunities for frontline staff and supervisors through a full day event for housing providers (co-hosted by the Staffordshire Safeguarding Children Board) and a half day event with those responsible for licensing in the District Councils to consider Sexual Exploitation of Children and Adults at Risk. More about the SSASPB training programme can be found on pages 42 and 47.

The Multi Agency Safeguarding Hub (MASH) continues to mature and now has seven organisations co-located and sharing information to better understand risk to adults and children. Staffordshire and Stoke-on-Trent were one of the first MASHs nationally to have both children and adult cohorts; further information can be found in the MASH update on pages 45- 46).

As highlighted above the SSASPB has delivered its business plans but the true reflection of cohesive inter-agency safeguarding is also evidenced in the examples of multi-agency practice detailed throughout this report.

Finally, I must make mention of Jackie Carnell who retired from our Independent Chair post on 31st March 2015. In April 2013, shortly after taking on the role, she very bravely halted the work of the Board and lead a programme of reflection and restructure which resulted in our current constitution and structure. All partners will join me in thanking Jackie for her contribution to the SSASPB and wishing her a very long and healthy retirement. We look forward to working with our newly appointed Independent Chair, John Wood, who introduces himself on page 50.

*Helen Jones*

SSASPB Manager

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

The SSASPB became a statutory partnership with the adoption of the Care Act in April 2015. The main objective of the SSASPB is to assure itself that its partners and local safeguarding arrangements act to help and protect adults in the Staffordshire and Stoke-on-Trent area.

The Care Act 2014 states that the '*objective of a SAB (Safeguarding Adult Board) is to help and protect adults in its area by co-ordinating and ensuring the effectiveness of what each of its members does*'.

### The Core Duties of the SSASPB

The Care Act 2014 states that the Board must:

- Publish a strategic plan for each financial year that sets out how it will meet its main objective and what its members will do to achieve this. The plan must be developed with local community involvement, and the SSASPB must consult the local Healthwatch organisations. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan;
- Publish an annual report detailing what the SSASPB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adult Reviews and subsequent action;
- Conduct any Safeguarding Adult Reviews in accordance with Section 44 of the Care Act 2014.

### Other key SSASPB duties are to:

- Play a strategic role in holding organisations to account where practice leads to abuse;
- Ensure policies and procedures promote engagement with adults throughout the enquiry process (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 (Learning and Development sub-group);
- Ensure lessons are learnt to improve practice (Executive & Learning and Development sub-group);
- Communicate the importance of adult safeguarding widely to communities and all those delivering services with guidance on how to seek help and support (Executive 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 (Performance, Monitoring and Evaluation sub-group).

The Board must be seen as independent and all members will have equal power to challenge each other as required and to seek assurance that all services are being delivered and co-ordinated effectively.

Board members are made aware of their duty to challenge partners to explain, demonstrate or review any aspect of safeguarding adults at risk that needs explanation, requires a transparent response or lacks clarity or substance. Examples of this include the Independent chair's challenge to partners to report upon their response to the Francis Report and the Winterbourne View action plan. These both resulted in a series of detailed presentations being delivered to the Board by partners during the reporting period.

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

The Board agrees its strategic priorities and objectives in consideration of the six safeguarding principles as outlined in the 'Statement of government policy on adult safeguarding' produced by the Department of Health which can be found at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215591/dh\\_126770.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215591/dh_126770.pdf).

The six safeguarding principles are:

- Empowerment** People being supported and encouraged to make their own decisions and informed consent;
- Prevention** It is better to take action before harm occurs;
- Proportionality** The least intrusive response appropriate to the risk presented;
- Protection** Support and representation for those in greatest need;
- Partnership** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse;
- Accountability** Accountability and transparency in safeguarding practice.

### Multi-agency working example

A is a 35 year old man who is an only child and has a diagnosis of moderate to severe learning disability, Microcephalus and Epilepsy as well as Autistic tendencies. He has limited verbal communication and needs 24 hour care and support with all aspects of daily living to ensure his safety and well-being. In 2011 it was established that A was married and his wife was living in Pakistan. It was the wish of his parents that his wife came to the UK to become A's full time carer. A's parents also had aspirations for A to have children.

Several capacity assessments were completed which deemed A to lack capacity to be married and have a wife. During this time family have been persistent and proceeded with their wish of A's wife entering the UK, by submitting a Visa application followed by an appeal. Both of these have been refused. The judge raised concerns in relation to the level of deceit undertaken by A's parents within the Visa applications.

A multi-agency investigation commenced which involved adult social care, health, police, immigration and the Forced marriage Unit. This identified that A had undergone an intrusive procedure, paid for privately, to ascertain if he had erectile capability.

It became apparent that the family were planning to visit Pakistan and it was established that A had been taken out of the day service he attends by his parents to access the GP's for immunisations to travel abroad. Due to concerns that family may arrange for A to consummate his marriage or families plans to leave the UK, social care made an application to the High Court and a Forced Marriage Protection Order was granted and A's passport was seized and social care given possession of it.

A's parents contested the FMPO without success. Procedures have been put into place for the family to make a request to social care should they wish to take A out of the UK, which is at social cares discretion.

# Our Partners

## Local Authorities

- Staffordshire County Council
- Stoke-on-Trent City Council

## NHS

- Midlands and East (North Midlands) NHS England
- Stoke-on-Trent Clinical Commissioning Group
- North Staffordshire Clinical Commissioning Group
- South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
- East Staffordshire Clinical Commissioning Group
- Cannock Chase Clinical Commissioning Group
- Stafford and Surrounds Clinical Commissioning Group
- \*University Hospital of North Midlands (UHNM)
- Burton Hospital NHS Foundation Trust (BHFT)
- Staffordshire and Stoke on Trent Partnership NHS Trust (SSOTP)
- North Staffordshire Combined Healthcare NHS Trust (NSCHT)
- South Staffordshire and Shropshire NHS Foundation Trust (SSSFT)



## Staffordshire Police

**National Probation Service (NPS) (Staffordshire and Stoke-on-Trent)**

**Community Rehabilitation Company (CRCs) (Staffordshire and Stoke-on-Trent)**

**West Midlands Ambulance Service (WMAS)**

**Staffordshire Fire and Rescue Service (SFARS)**

**Stoke-on-Trent City Council Housing**

**Independent Futures (IF)**

**Healthwatch (Staffordshire and Stoke-on-Trent)**

**VAST (Voluntary Sector Representation)**

**Staffordshire Association of Registered Care Providers (SARCP)**

**Domestic Abuse Fora**

**Hate Crime Fora**

**Staffordshire District Councils Safeguarding Sub-group**

**Department of Work and Pensions (DWP) Job Centre Plus**

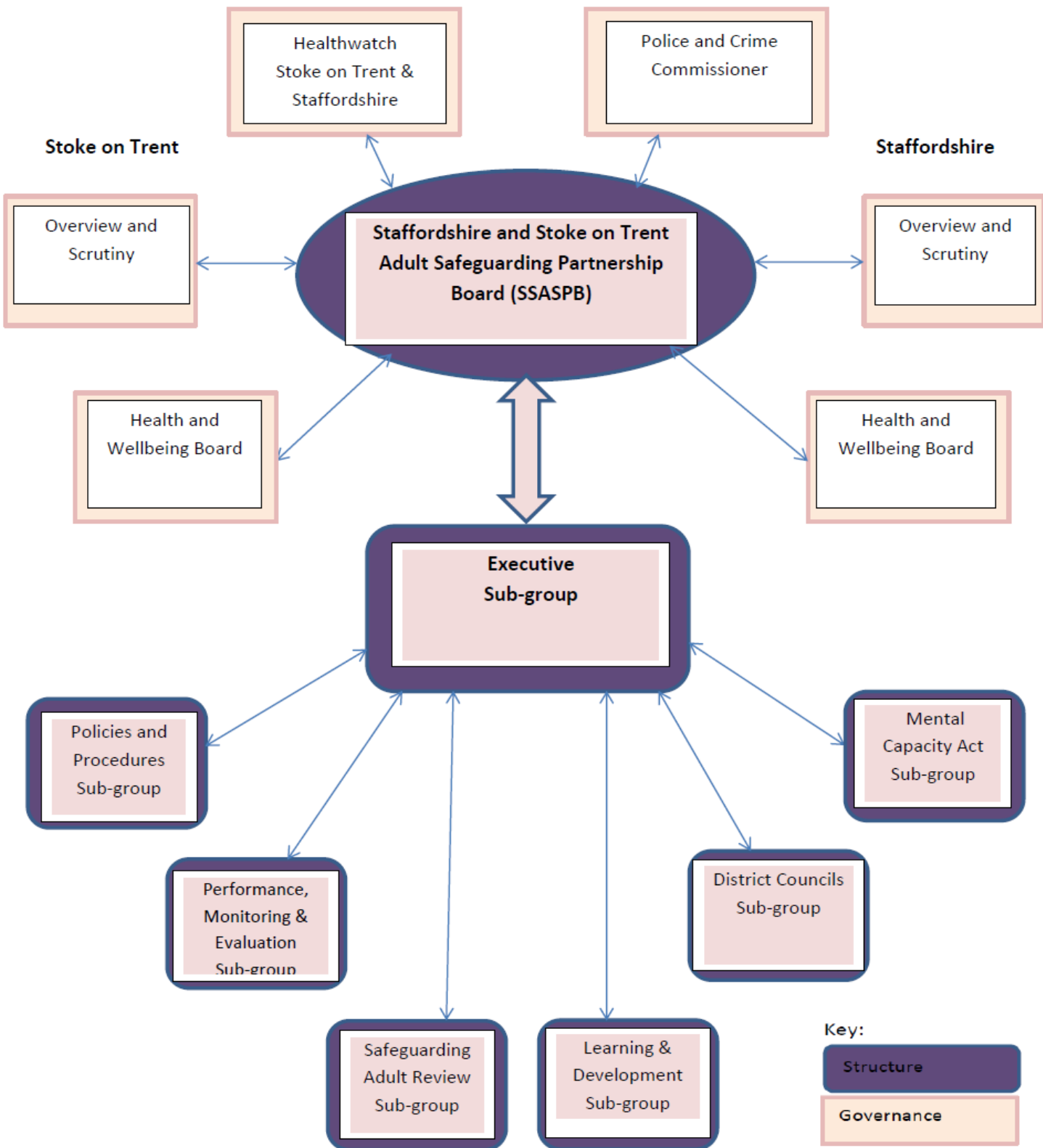
**Her Majesty's Prison Service (HMPS)**

**Trading Standards (Staffordshire and Stoke-on-Trent)**

\*Previously University Hospital of North Staffordshire \*UHNS) and Mid-Staffordshire NHS Foundation Trust



# SSASPB Governance and Structure



## Structure Changes and Accountability during 2014/15

On 1st November 2014 the services previously managed by Mid-Staffordshire NHS Foundation Trust were transferred to the management of University Hospital of North Staffordshire (UHNS) and The Royal Wolverhampton NHS Trust. The new combined organisation for North Staffordshire is now known as University Hospital of North Midlands (UHNM). This has impacted upon the SSASPB in that it has lost a funding partner; resulting in a loss of £12,500 income to support the Board.

As mentioned on page 4 of this Annual Report, a decision was made in October 2014 to increase the number of sub-groups from six to seven with the formation of the Mental Capacity Act sub-group. It is intended that this will be a temporary measure as it has a very specific business plan. A review will take place in January 2016.

The SSASPB Annual Report is submitted each year for independent scrutiny to a number of stakeholder groups. In recent years the SSASPB has presented its Annual Report to the relevant Overview and Scrutiny committees and Health and Wellbeing Boards within both Local Authorities.

Going forward, the Care Act 2014 states that every Safeguarding Adult Board must send a copy of its report to:

- the Chief Executive and leader of the local authority;
- the Police and Crime Commissioner and the Chief Constable;
- the local Healthwatch; and
- the Chair of the Health and Wellbeing Board

### Multi-agency working example

“Staffordshire Fire and Rescue Service (SFARS) continues to work hard to safeguard the wellbeing of the most vulnerable members of the community within Staffordshire. Supported by their Older Persons Strategy and Home Safety and Community Strategy, SFARS are working in partnership with public, private, voluntary and faith sector organisations as a member of the local 'Staffordshire and Stoke-on-Trent Dementia Action Alliance'.

The Alliance, supported by the Alzheimer's Society, has recently achieved and been awarded the official status of 'Working to become a dementia-friendly community'; one of the main areas of focus set out in the Prime Minister's pledge on dementia in 2012 through which organisations work together to build communities in which people living with dementia are better understood, have their needs met, and are able to live safe, happy and fulfilling lives.

To support previous Adult Safeguarding training, and recent Children Safeguarding training for its staff, the Service is now committed to training all Fire Service Prevent Teams within the Service to become 'Dementia Friends'. It has close links with both North Staffordshire and South Staffordshire Local Pharmacy Committees and is jointly running a prevention initiative to encourage people with dementia to book a Home Fire Risk Check, using pharmacies to target this group of people by offering them information and a leaflet to either themselves or their carers when they attend to collect their prescriptions.

## Key Achievements of the SSASPB Sub-groups

### ◆ Executive sub-group

Chair: Kim Gunn

Deputy Chair: Mark Dean

The Executive sub-group has responsibility for monitoring the progress of all of the other sub-groups' business plans as well as its own work streams which include the development of a Communication Plan and Information Sharing Guidance for practitioners. It ensures that the core functions identified in the Board's Constitution are carried out and that the overarching strategic objectives of the Board and the sub-group business plans are delivered. The membership is made up from the Chairs of the six sub-groups, Officers to the Board, the Board Manager and the Board Independent Chair.

2014/15 strategic objectives for the Board and work streams of the Executive Sub-group included:

- the preparation of the Board for transition into the statutory requirements of the Care Act 2014

The 2013/14 restructure of the Board and its new Constitution are now well embedded, much work has been undertaken in preparation for the enactment of the Care Act 2014 including the development of a Board compliance self-assessment tool. The self-assessment will be undertaken and monitored through this Sub-group;

- to consider and monitor the Board response to national publications and reviews

The learning from national Serious Adult Reviews (SARs), previously known as Serious Case Reviews (SCRs), is an important element of the Board's work in ensuring that learning is shared in order to improve safeguarding practice. Some review work was undertaken during this annual reporting period although our local work with regard to SARs rapidly gained momentum and took over our focus as is reflected in this 2014/15 report;

- to ensure that the prevention of adult abuse is evident in the work plans of the sub-groups

The activity of the sub-groups is monitored by the Executive with written exception reports presented to the Board. Prevention is a theme embedded throughout each sub-group business plan and in addition public facing campaigns and professional learning events focus on prevention and raising awareness in relation to safeguarding and harm and neglect;

- to develop and deliver a Board Communication Plan

A Board Communication Plan has been developed and approved by the Board. The implementation of this plan will be monitored in the current reporting period (2015/16). Key elements of the Communication Plan are the development of the eagerly awaited dedicated SSASPB website and the Board's use of Twitter from February 2015 as a means of communicating with the wider public.

## Key Achievements of the SSASPB Sub-groups

### ◆ Safeguarding Adult Review (SAR) sub-group

Chair: Mark Dean

Deputy Chair: Sarah Hollinshead-Bland

The Safeguarding Adult Review Sub-group (SAR) had produced a SAR Protocol early in 2014. The 2013/14 SSASPB Annual Report stated that the Protocol was out for consultation and awaiting feedback before its distribution and publishing on the [www.stopabuse.info](http://www.stopabuse.info) web pages. That work was concluded and then in late October 2014; following the publishing of the Care Act Statutory Guidance, the protocol was further reviewed and amended to ensure compliance.

The SAR sub-group identified the importance of having members of the partnership whose agency were not involved in a case for review to act as 'critical friends'. Their role is not only to ensure compliance with the SAR Protocol but to critically appraise organisational practice, and to provide a degree of independence to the review. It works especially well when the critical friend has little or no knowledge about the policies, procedures and processes of the agencies involved.

The importance of strong links with our two local Coroners was identified and Jackie Carnell, the Independent Chair, met with both Coroners; Mr. Haigh (South Staffordshire) and Mr. Smith (North Staffordshire). This was arranged to facilitate a better understanding of how the SSASPB and Coroners can effectively work together, particularly through any SAR review where there has been a death.



The sub-group identified the possibility of learning from other Safeguarding Adult Boards' Safeguarding Adult Reviews and chose two to scrutinise through task to finish work group. Two findings (one in each review) resonated with more local findings and assisted the Board with its decision to have 'Leadership in care homes' and 'Transition' as two of its strategic priorities.

## Key Achievements of the SSASPB Sub-groups

### ◆ Policies and Procedures (P&P) sub-group

Chair: Stephen Dale

Deputy Chair: Dale Harrison/Alan Snell

The Policy and Procedures sub-group has been focussed on preparation for the implementation of the Care Act 2014 and the requirement to ensure that our local policy and procedures are able to reflect the new legislation.



Concurrently, the group has been tracking the progress of the pan West Midlands Policy and Procedures with a view to ensuring appropriate consistency in approach. As of the 31<sup>st</sup> March 2015 the sub-group has endorsed the local working draft of the procedures and these will be refined and consulted on during 2015/16. A consultation event has been scheduled in 2015 to involve stakeholders in discussion of the processes and issues.

The local guidance has included key aspects from the regional document and has also provided the basis for some sections in the regional procedures. It is likely that there will be alignment with the regional policy will be adopted when finalised.

Earlier in the year the sub-group identified the need for self-neglect guidance. A multi-agency task to finish group produced the guidance which has been incorporated into the revised safeguarding enquiry procedures.

An Escalation Procedure was written to support frontline staff and managers in working through professional differences of opinion. This will be placed on our dedicated web pages and cascaded throughout partner agencies. It aims to resolve differences at the earliest opportunity but allows for escalation up to the Independent Chair if necessary.

The sub-group has also produced a document providing guidance on managing people's finances and financial abuse. This document was considered necessary, as many staff seem unclear regarding the range of financial powers that exist and the complexity of financial arrangements.

## Key Achievements of the SSASPB Sub-groups

### ◆ Performance, Monitoring and Evaluation (PM&E) sub-group

Chair: Karen Capewell

Deputy Chair: Karl Robinson

The Performance, Monitoring and Evaluation Sub-group meets eight times a year compared to the six bi-monthly meetings held by the other sub-groups. This is in acknowledgement of the diversity of its business plan which includes both a performance and audit aspect.

It has been a very challenging year for the sub-group, in part as a result of the implementation of the Care Act 2014 which has prompted the need for a revision of the performance indicators needed to support the assurance of functionality and success of safeguarding activity and also Staffordshire County Council's transition over to a new case management system which created some challenges for data collection.

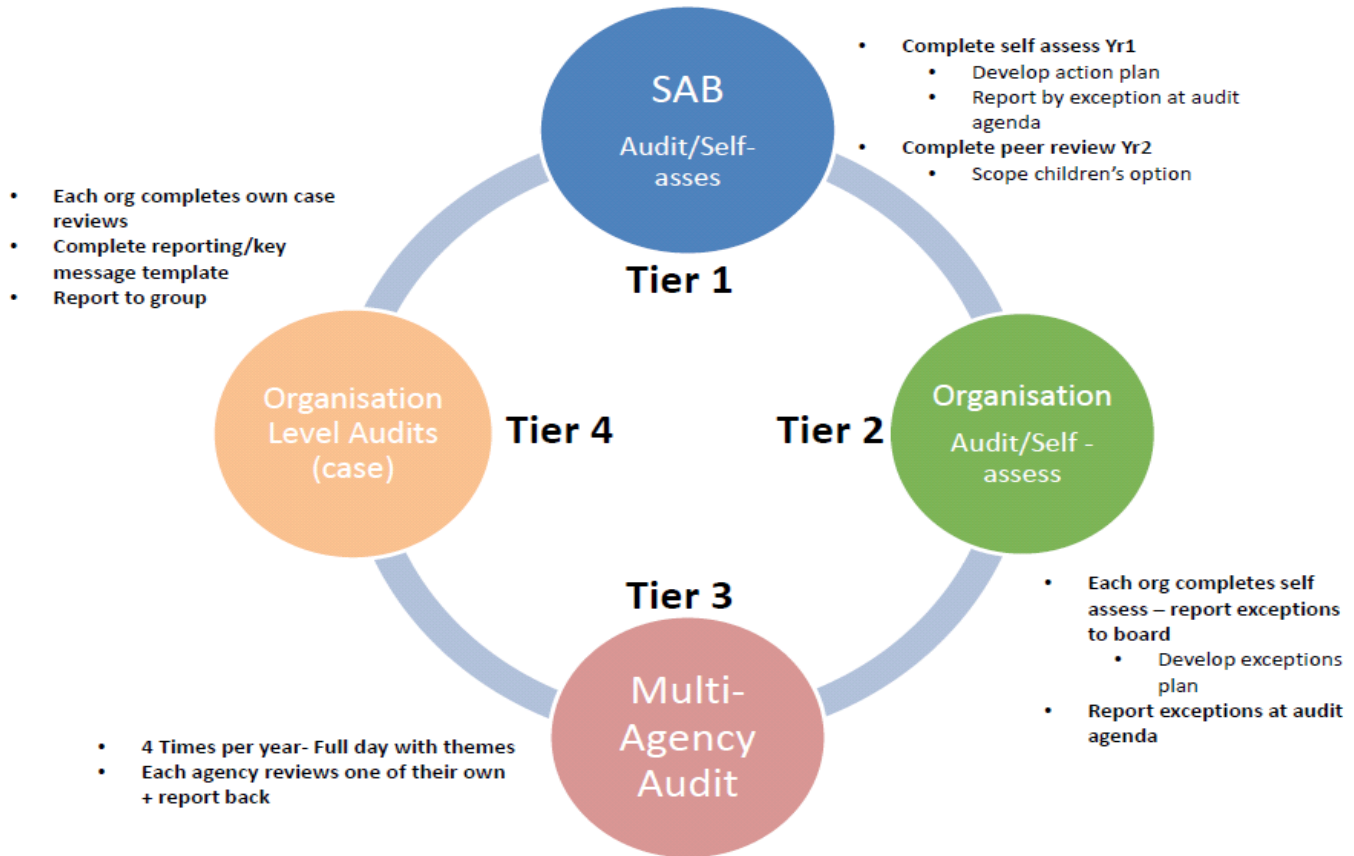
The performance dashboard continues to be developed and will be a significant feature in this year's workstreams. The Audit framework consists of four tiers as follows:

- Tier 1 - The Board's self assessment
- Tier 2 - Individual Agency self assessment
- Tier 3 - Multi Agency audit process
- Tier 4 - Single Agency audit process



# Key Achievements of the SSASPB Sub-groups

## Audit Framework



**Tier 1** The sub-group has produced a self audit tool which was used to undertake a self assessment by members of the Executive sub-group in April 2015. This is to be reviewed against progress in September 2015, an update presented at the October 2015 SSASPB meeting and will continue to be reviewed on an annual basis.

**Tier 2** is being developed. The sub-group is currently considering the potential use of the joint Association of Chief Police Officers (ACPO), Association of Directors of Adult Social Services (ADASS), Local Government Association (LGA), NHS Clinical Commissioners and NHS Confederation Adult Safeguarding Improvement tool.

**Tier 3** The sub-group has already met twice to focus on repeat referrals with findings reported to the Board in April 2015. The sub-group has agreed to meet on four further occasions in 2015/16 to audit cases for Care Act compliance, Neglect, Care Act (further review) and Repeat Referrals.

**Tier 4** requires review following the impact of implementation of the Care Act 2014 and forms part of the 2015/16 business plan.

## Key Achievements of the SSASPB Sub-groups

### ◆ District Council sub-group

Chair: Stephanie Ivey      Deputy Chair: Jackie Hodgkinson

The District Councils sub-group is a joint sub-group of both the SSASPB and the Staffordshire Safeguarding Children Board (SSCB). Its representatives are made up from Staffordshire District and Borough Councils, however Stoke-on-Trent is not represented owing to its unitary authority status. There are eight District or Borough Councils as follows: - Cannock Chase District Council, East Staffordshire Borough Council, Lichfield District Council, Newcastle Borough Council, Stafford Borough Council, Staffordshire Moorlands District Council, South Staffordshire Council, Tamworth Borough Council.

The sub-group Business Plan has both Children and Adult specific elements, but only those that are relevant to the Adult Safeguarding agenda are included in this Annual Report. (See Appendix 3).

District Councils are statutory partners of the Local Children Safeguarding Boards, but they were not included in the Care Act 2014 as a statutory partner for Safeguarding Adult Boards. Nevertheless, the District Council sub-group has been a very well attended, enthusiastic and committed sub-group.

Our key achievements during the reporting period include:-

- Sharing individual safeguarding policies and procedures ensuring that there is consistency amongst them; yet retaining individuality to reflect local structures and needs;
- Sharing good safeguarding practice, thereby striving to achieve a consistent and coordinated approach to adult safeguarding across the eight districts;
- The joint delivery of training in order to raise awareness of adult safeguarding;
- Engagement with housing providers through a workshop; continuing the focus on raising safeguarding awareness with housing providers following adoption of the Care Act 2014. Excellent feedback was received as a result of this well attended event which was hosted jointly with the Staffordshire Children Safeguarding Board;
- Providing information on issues and trends within the local communities to the Board;
- Highlighting the need for raising awareness of the circumstances in which hoarding may become a safeguarding concern;
- Raising awareness of Child and Adult Sexual Exploitation by hosting a workshop for district council licensing officers (together with SSCB).



## Key Achievements of the SSASPB Sub-groups

### ◆ Learning and Development (L&D) sub-group

Chair: Shirley Heath

Deputy Chair: Stephen Forsyth

The sub-group's key achievements include:-

- Ratification of the adult protection awareness level 1 training package; to help to ensure that all understand how they can identify, prevent and report potential abuse or neglect of adults at risk;
- Ratification of a combined Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training package;
- Development of a quality assurance and cascade trainer process for educational delivery;
- Development of an E-Learning package to support training delivery;
- Provision of adult safeguarding prompt card for partners via SSASPB funding;
- Information on adult safeguarding has been included in Staffordshire Healthwatch Health and Social Care Support Directories, a Staffordshire wide publication to help promote safeguarding to the general public, adults at risk and carers;
- Production of a Prada Willi Syndrome briefing for practitioners; to support the work of the Safeguarding Adult Review and to raise awareness of the impact upon a person having been diagnosed with this complex condition;
- Provision of information on a number of advertised educational opportunities to all adult safeguarding partners.

### ◆ Mental Capacity Act (MCA) sub-group

Chair: Sharon Conlon

Deputy Chair: Peter Hampton

The MCA sub-group was formed towards the later part of 2014 at the request of Executive members; the group was formed to address some specific questions in relation to the application of the MCA and to assure the Board that this was consistent across partner agencies. The MCA sub-group has been tasked with raising awareness of the MCA across the partnership and measuring the effectiveness of its application. The group consists of a range of partners who are accountable for implementation and monitoring of the MCA in their respective organisations, therefore the membership of the group is adequately able to identify and address the gaps in MCA awareness and application across the partnership.

One of the group's first challenges is to scope what information is already available to frontline practitioners across the partnership and Identify any gaps in accessibility to information and awareness raising.



## Messages to Commissioners

Throughout the year sub-group Chairs have been asked to identify messages to take to Commissioners which have been identified through their sub-group activity and the following were forwarded for inclusion in the Annual Report;

### Messages from the Performance, Monitoring and Evaluation sub-group

- Commissioners of health and social care packages should have an understanding of the issues regarding regular review of service user needs in accordance with national guidance, any backlog issues and the capacity within the teams undertaking this work to address any backlog;
- In light of the Care Act 2014 and its focus upon advocacy and advocacy service provision, Commissioners should reflect on whether advocacy services commissioned are adequate in terms of the likely increased demand;
- Quality monitoring in the independent care home sector is a powerful proxy in terms of safeguarding surveillance, harm reduction and prevention. Poor quality care has a substantial impact upon safeguarding practice. Commissioners of health and social care packages should ensure that adequate quality monitoring systems are in place to assist this.

### Messages from the Safeguarding Adult Review sub-group

- The cost implications of the Board undertaking Safeguarding Adult Reviews (which is a statutory requirement of the Care Act 2014) can be substantial, commonly between £15-25,000 in terms of finance and resource intensive in terms of professional input. Commissioners and Partners need to consider how to address the financial implications and risk in resources to complete Safeguarding Adult Reviews.

### Multi-agency working example

The Staffordshire and Stoke on Trent Partnership NHS Trust is the major provider of community health services to people of all ages in Staffordshire and Stoke-on-Trent. As a key partner in supporting adults at risk of abuse or neglect the Trust has had significant involvement in a number of residential and nursing homes under large scale investigation where serious concerns have been raised in relation to supporting residents with nutrition, hydration, pressure area care and receiving medications.

Specialist nurses in tissue viability, infection, prevention and control, district nurses and continence nurses, have supported the staff in the homes and have enabled improvement plans to be progressed and practice to be supported and monitored. They have also provided nursing advice to support the investigations of the police and local authority and provided reports to the CQC and the quality monitoring teams. Trust social workers part of our integrated locality care teams have also provided reviews to tight deadlines liaised with service users and their families to provide individual care and support plans. This has made a major contribution to the LSI process and ensured in many cases the ongoing safety and quality of care provision to adults at risk of neglect and abuse.

Interagency working has ensured the home has received prompt and timely interventions and support, which ultimately improves the outcomes for the residents in the homes. Improvements have enabled the service quality and safety to be improved and ensured that residents can remain in their home of choice.

## **Performance against 2014/15 Strategic Priorities**

### 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.

Throughout the year the Board has continued to reflect upon its membership, welcoming new members to meet the requirements of the Care Act and local needs in the latter part of the year. Every new member has an induction package which includes the SSASPB Constitution, latest Annual Report and sub-group terms of reference and business plans. New members also have the opportunity to meet with the Board Manager to discuss any queries.

The Independent Chair and Board Manager attend the relevant Overview and Scrutiny panels of both local authorities by invitation so that members are fully aware of the progress towards the agreed core aims and strategic priorities in order to provide challenge or support.

The Board has also challenged partner agencies to demonstrate their commitment to adult safeguarding which has included presentations on progress towards the Francis Report and Winterbourne View findings. More locally the Board asked for reassurance that adult safeguarding was being considered when Probation Services separated and the new Community Rehabilitation Company was formed. Both Local Authorities have been asked to keep the Board updated with progress towards reducing the backlog of Deprivation of Liberty Safeguards authorisations and this is a regular agenda item at Executive sub-group and Board meetings.

### 2. To prepare the SSASPB for transition into the anticipated statutory footing created by the Care Act 2014.

In October 2014 the SSASP Board Manager produced a 'Care Act : Chapter 14 - Safeguarding' Safeguarding Board action plan which was owned and driven by the Executive sub-group between October 2014 and full adoption of the Care Act in April 2015. Excellent progress has been made towards completion.

Sarah Hollinshead-Bland chaired a multi-agency dual local authority task group which looked at the broader Safeguarding element of the Care Act and its Statutory Guidance. This group produced a work plan which is being monitored through monthly meetings. The SSASP Board action plan was an integral part of the agenda for this meeting and workstream to minimise duplication.

### 3. To consider and monitor the SSASPB response to National Publications and Reviews.

Once the Care Act Statutory Guidance was published in mid-October 2014 the Sub-group drove the changes required by the Board to meet its statutory responsibilities. In advance of the guidance being available a Safeguarding Adult Reviews (SAR) Protocol had been developed through the SAR sub-group. By using the Care Act legislation as its guide this Protocol was very quickly fit for purpose and has been used on a number of occasions during the reporting period. The SSASP Board has looked at a neighbouring County's Safeguarding Adult Reviews which, together with more local post review findings, resulted in the 'Transition' objective for 2015/16.

## Performance against 2014/15 Strategic Priorities

### 4. To ensure that the prevention of adult abuse is evident within the work plans of the SSASPB Sub-groups.

All sub-groups have business plans to guide their work which ensure that prevention is a key theme within their individual work-streams. Some of the examples of the Board's response to preventing abuse are as follows:-

- The new working draft procedures (which were produced by the Policies and Procedures sub-group) emphasise the need to make enquiries not only where abuse is occurring but also where there is a risk of abuse. The sub-group also developed guidance on financial abuse, giving clarity on how to support people with managing their finances.
- The SAR sub-group frequently tasks out to the others, where they can, actions based on findings from Multi-agency reviews or Safeguarding Adult Reviews that minimise risk of abuse or neglect. One example is the development and distribution of a briefing note by the Learning and Development sub-group on the potential safeguarding concerns for someone diagnosed with Prader-Willi Syndrome.

### 5. To develop and deliver an SSASPB Communication Plan.

A Communication plan was signed off at the SSASPB meeting held on 22nd January 2015 (Appendix4). The Executive Sub-group will periodically review progress towards delivery of the plan.

## Performance against Core Objectives

### 1. To develop a performance framework with multi-agency contributions from which to monitor the effectiveness of safeguarding services and with emphasis upon outcomes.

The SSASPB are extremely grateful for the support of Karl Robinson; Information Officer with Stoke-on-Trent City Council for his work towards meeting this objective. A suite of key performance indicators have been agreed, however the implementation of the Care Act 2014 has necessitated significant modification. This piece of work is being driven through the 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 use.

The Statutory Guidance for the Care Act 2014 was published in mid-October 2014. This gave a relatively short time period for the development of the revised Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry Procedures. The SSASP Board acknowledges the size of this task which was lead and driven by Steve Dale (Staffordshire Adult Safeguarding Co-ordinator). A draft policy and procedures document was produced by the beginning of April 2015 in time for the implementation of the Care Act 2014, but are a working draft (in line with many other Safeguarding Adult Board procedures) and continue to be extensively consulted upon to ensure that they are fit for purpose.

## Performance against 2014/15 Core Objectives

### 3. To deliver quality assured adult protection training to SSASPB partners, including care providers.

The Learning and Development Sub-group reviewed the training packages below which were approved by Board members:-

- Level 1 Awareness
- Combined Mental Capacity Act and Deprivation of Liberty Safeguards

These packages will need further review to ensure that the impact of the Care Act is incorporated and will be a major element of the Learning and Development sub-group workstream for 2015/16.

Attendees who access training delivered on behalf of the Board are invited to complete an evaluation at the conclusion of the delivery to ensure that needs are met and influence change. The attendance at training events delivered on behalf of the SSASPB is tabled by agency on page 43. Care providers make up a significant percentage of attendees and all training is currently free of charge to Board partner staff whether or not the attendee comes from a funding partner.

### 4. To develop a Safeguarding Adult Review procedure which will meet the requirements of the Care Act 2014 and maximises the opportunities for all partners to learn from the process.

The Safeguarding Adult Review (SAR) Sub-group developed a SAR Protocol which was reviewed and amended following the publication of the Care Act 2014 Statutory Guidance. The Protocol has been used on a number of occasions to scope referrals and progress reviews where SAR threshold was met; further information can be seen on page 22.

### 5. To engage with District Councils to raise awareness and recognition of adult protection processes with their workforce.

The Training Officer from Staffordshire County Council Adult Safeguarding Team has delivered the adult safeguarding awareness package to representatives from all eight district councils.

The District Council sub-group has put on two focussed workshops; one was attended by licensing officers from all eight District Councils to raise the awareness of the sexual exploitation of children and adults at risk of abuse or neglect and another aimed at housing providers to raise awareness of adult safeguarding and to reinforce their specific contribution and responsibilities in relation to adult safeguarding following adoption of the Care Act 2014.

The Board Manager delivered an overview of the SSASPB (function, structure and governance) to South Staffs District Council members following a request from their Safeguarding Lead.

## **Safeguarding Adult Reviews undertaken between April 2014 and March 2015**

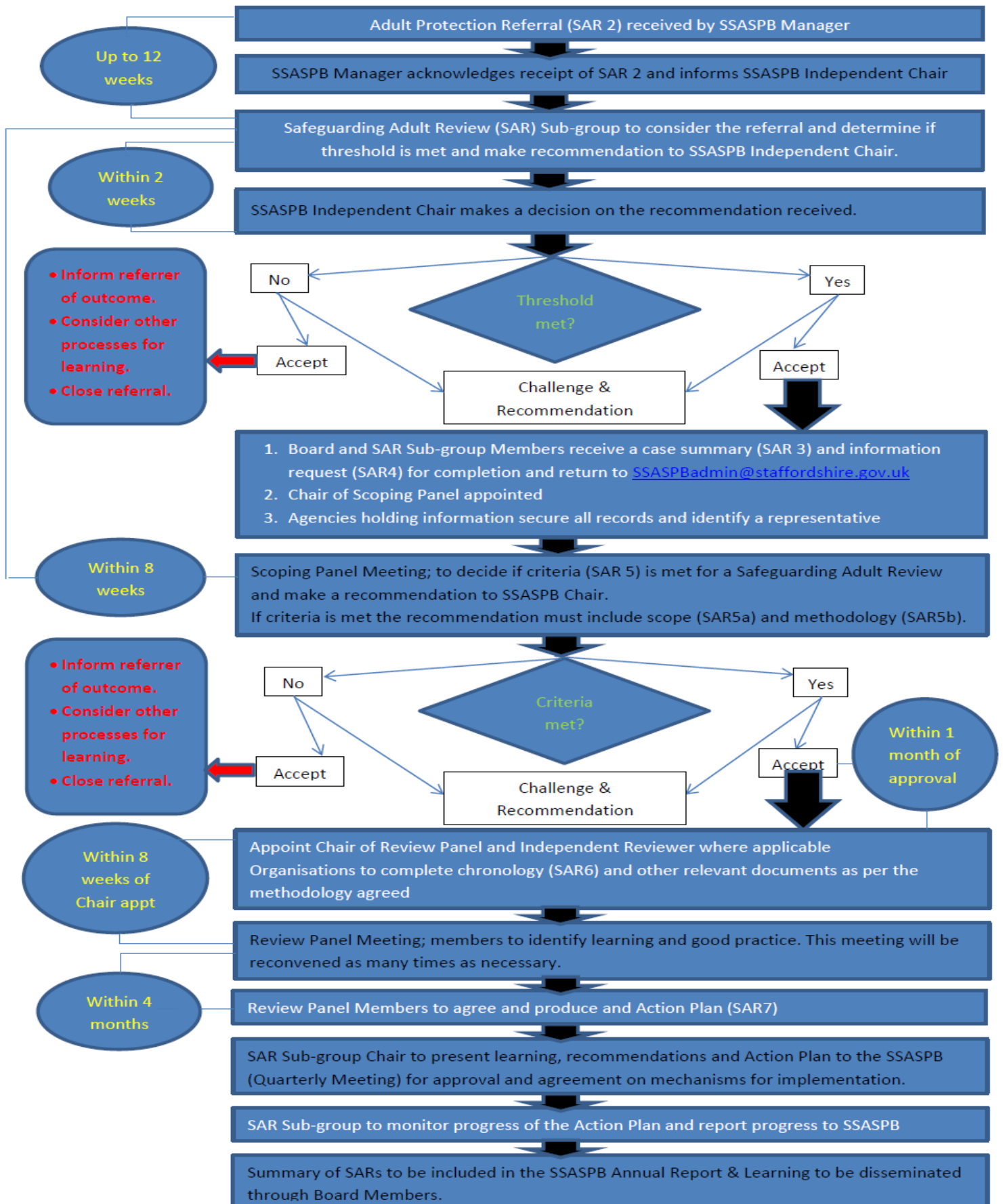
Between 1st April 2014 and 31st March 2015 one Safeguarding Adult Review was finalised following utilisation of the SAR Protocol. The case had been referred into the SSASPB in 2013 before the sub-group was established and the current protocol had been written. There was an ongoing criminal investigation which, in line with current advice on running parallel processes, resulted in the SAR being pended whilst awaiting the outcomes of the criminal investigation. Once the investigation was complete a scoping panel was arranged and attended by senior managers from those agencies involved in the circumstances leading up to the death of the adult; the Panel also included critical friends.

The panel had available to them a Root Cause Analysis (RCA) undertaken by the organisation who cared for the woman at the time of her death, this review had been supported by another relevant agency. The panel agreed that the RCA was both comprehensive and robust the recommendations it had identified were relevant. The SSASPB Independent Chair; Jackie Carnell, agreed with the recommendation from the Scoping Panel; that the SAR threshold had been met and that a review of the RCA recommendations be progressed with support from a critical friend, and monitored by the SAR sub-group on behalf of the SSASPB. The SAR sub-group Chair wrote to Directors of both agencies to advise them of the decision of the Independent Chair. This work is yet to be delivered (at the time of writing) and findings will be reported upon in the Annual Report in 2015/16.

Initial findings, recommendations and lessons learned include:-

- To raise awareness of the use of Mental Health Act 2007 and Mental Capacity Act 2005;
- To review the service level agreement between the two agencies involved;
- To review the policy, training and escalation process relating to adult safeguarding, especially in the context of Mental Capacity Act and Mental Health Act;
- To improve staff knowledge of Serious Incident reporting and investigation.

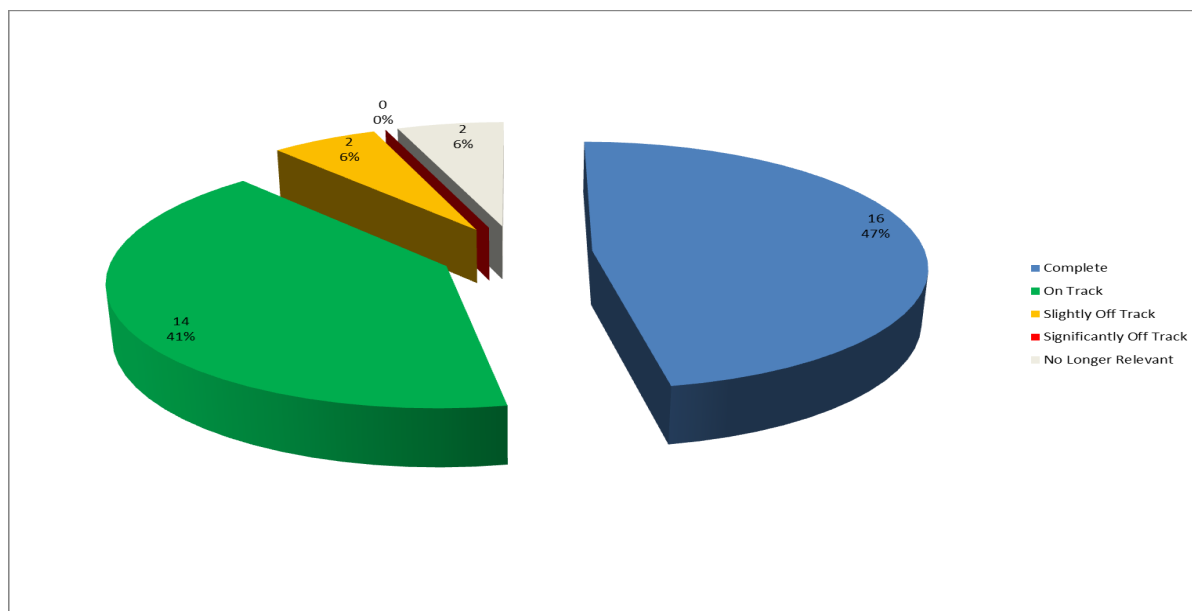
# Safeguarding Adult Review Process



## Progress of other workstreams

### Update on Stoke-on-Trent peer review

In early 2014 Stoke-on-Trent City Council underwent an Association of Directors of Adult Social Services (ADASS) peer review of Adult Social Care Services. Based on the local authorities self-assessment, it was decided the area of focus would be on safeguarding practice and processes. As a result of the peer review Stoke developed an action plan, in conjunction with Dudley Metropolitan Borough Council, which had 34 actions. The Board maintained an overview as Stoke continued to deliver against this plan over a 15 month period and acknowledge that Stoke are now in a position where almost 90% of actions are either complete or on track. The chart below shows the status as at 31 March 2015:



There are only 2 actions to be reported by exception:

**Action 1.1 – an outcomes approach to safeguarding:** Policy and procedures have been reviewed and updated in line with Care Act. There is a working draft agreed by the Board. On completion and sign off of the policy and procedures, work will commence on delivering outcome based commissioning.

**Action 3.1 –** one of the peer review recommendations was to strengthen and increase the resources within the safeguarding support function. Current financial and budgetary restrictions within the City Council have not made this possible however existing resources are being prioritised as effectively as possible.

The two actions labelled as “no longer relevant” referred to the Multi-Agency Safeguarding Hub (MASH—see page 45-46) and were as follows:

**Action 2.1 – channel all threshold decisions through MASH:** with the implementation of the Care Act and the City Councils new Community Wellbeing Service, all concerns are routed through the First Contact Team which includes social work staff and any new cases referred to MASH.

**Action 2.2 – review social care capacity at MASH:** No longer relevant in line with the action above. Despite this change in approach Stoke have still proceeded to source some cover and support to have a contingency in place for the lead and will continue to review the demand into the service and resource required to meet it.



## Progress of other workstreams

### Prevention of adult abuse

The prevention of adult abuse is critical for a number of reasons:

- \* It stops people from being harmed
- \* It helps us to develop a culture of protecting ourselves and caring for each other
- \* In time where resources are reducing, we need to influence demand

Prevention is a theme throughout all sub-group business plans and an Officer to Board has taken the lead locally with the possibility of a prevention group being formed in the future. A priority for the Board has been to review and use of advocates through the Performance, Monitoring and Evaluation sub-group to tackle and reduce abuse.

As reported in 2013/14, Staffordshire County Council intends to develop a Prevention of Adult Abuse Commissioner Plan. Although this work is not yet complete Staffordshire County Council have been actively working on this important area of work.

### Nutrition in care homes



A multi-agency group of professionals have been meeting to scope their understanding of this work. Members include Staffordshire and Stoke-on-Trent NHS Partnership Trust (SSOTP), Clinical Commissioning Groups (including Medicines Management), Quality Monitoring Team, Workforce Development Team and Public Health. Key areas of interest to the group are:

- \*Identifying hotspots for nutritional supplement prescribing
- \*The role of Quality Monitoring in assessing nutritional practice
- \*Rolling out nutritional guidelines for the health and social care sector
- \*Incorporating nutritional training into local authority safeguarding programmes.

### Repeat Referrals

Through the Performance, Monitoring and Evaluation sub-group Partners have participated in a review of repeat referrals to identify recurring themes. The findings were that no particular themes were evident.

Monthly Information Sharing meetings chaired by Staffordshire County Council examine amongst other things the prevalence of safeguarding referrals in provider services. This helps to identify at an early stage, any developing problems in a service so that action can be taken before a situation gets worse.

All safeguarding referrals in Staffordshire go the Contact Centre and then to Staffordshire Adult Safeguarding Team (SAST) who are based at the Multi-Agency Safeguarding Hub (MASH). Through Staffordshire's new information system it is now easy to identify people subject to repeat referrals. Historical referrals are assessed by SAST and specialist advice is then provided. These situations often trigger police action due to the ongoing nature of the abuse.

The role of the Adult Safeguarding Enquiry Team (ASET) has been reviewed to include handling cases with medium risk and repeat referrals, particularly if the person is identified as having learning disability.

## Progress of other workstreams

### Staffordshire Hate Crime Partnerships

There are three Hate Crime Partnerships in Staffordshire; Challenge North Staffs (CNS), Chase Against Crimes of Hate (CACH) and Partners Against Crimes of Hate (PACH). This forum of agencies are represented at Board level through a rota of membership. Each of the partnerships receive a nominal amount of funding from Staffordshire County Council to provide a reporting point for hate incidents when people do not wish to report the police. They provide support to victims and have a programme of awareness raising activities within their communities.

The strategic responsibility for this area has moved to the safety portfolio under the County Commissioner Safeguarding. This has resulted in the development of a Hate Crime Commissioner Plan and locally developed implementation plans for each partnership. The Hate Crime Commissioner Plan has been co-produced with each partnership including Staffordshire Police. The vision is “to make Staffordshire a safer place to live for people who experience hate crime”.

Using the information provided in the document “Trend Analysis of Hate Crime 2008/09 – 2012/13, Dec 2013”, the following priority areas have been identified for each of the partnerships:

- \* Increase reporting and tackle disability hate crime and promote positive images of people with disability;
- \* Increase reporting and address sexual orientation hate crime;
- \* Increase reporting and address transgender hate crime;
- \* Work with community groups to challenge prejudice;
- \* Undertake communication campaigns to improve awareness of hate crime and its impact;
- \* Engage and encourage schools, other educational establishments, students and parents to take action to prevent hate crime and report it when it does happen;
- \* Provide a place to report incidents.



Monitoring progress; Quarterly meetings have now been established with each of the partnerships to monitor their implementation plans and discuss the impact their work is having with Officer to the Board providing updates to Executive sub-group. Examples of the activities they have been involved in include development of a hate crime presentation for people with a learning disability, individual victims work and (CACH); at least 250 students have attended awareness sessions. Most sessions require advice and support with individuals after the session has ended.

### Case example from Partners Against Crimes of Hate (PACH)

An adult with a learning disability alleged he was subjected to harassment, intimidation and threats. He was fearful of the outcomes and believed the police were not taking the matter seriously. He lived with his mother who had also reported it to the police. The alleged perpetrator was asking him to go to the bank to withdraw large amounts of money and pay him. He believed this person had visited his home and had recently been knocking on his door again.

The local police commander was contacted and assigned an inspector to visit the adult at risk to look into the allegations. A visit was arranged where the officer consulted the mother and sister. It was established that international fraudsters had targeted him and were asking him to transfer funds to a given account. The officer checked phone record and spoke to the neighbours. There was no trace of anyone visiting the property. It was agreed that the police will keep a close watch and make further enquiries to identify the alleged fraudsters. Both the adult and his family were pleased with police response and agreed outcome.

## Deprivation of Liberty Safeguards (DoLS)

### Mental Capacity Act

During the year 2014/2015 the SSASPB sought assurance from all partners that recommendations arising from the House of Lords Select Committee on the Mental Capacity Act 2005 report (February 2014) were being considered. A key area for the SSASPB to focus on is developing ways to secure a change in attitudes and practice across health and social care ensuring improved implementation of the Act. This is being considered through a newly created SSASPB Mental Capacity Act Sub-group.

### Deprivation of Liberty Safeguards (DoLS)

Across the year 2014/2015 both local authorities have seen an exponential increase in applications for Deprivation of Liberty Safeguards (DoLS). Staffordshire have seen applications rise from 289 to 2205, an increase of **663%** and Stoke-on-Trent City Councils applications have risen from 58 to 735, an increase of **1167%**. As stated in last years annual report, recent case law, in particular the Supreme Court Judgment in the case of P v Cheshire West and Chester Council and case; P and Q v Surrey County Council (March 2014), has lowered the threshold of what is considered a deprivation of liberty resulting in extraordinary increases in requests for DoLS authorisation and are expected to continue during this coming year.

The increase in applications applies nationally in which local authorities have seen deprivation of liberty safeguards (DoLS) applications rise more than ten-fold in the year 2014/2015. Data submitted to the Health and Social Care Information Centre from 116 of 152 local authorities in England showed that 113,300 DoLS applications were received in 2014-15, more than ten times the 10,900 applications in 2013-14. Nationally the majority of applications in 2014-15 had not yet been assessed (54%) or had been withdrawn. The previous year just 3% of cases had not been assessed or were withdrawn.

In Staffordshire the number of applications not yet assessed or withdrawn was 1251(57%). In Stoke-on-Trent the number of applications not yet assessed or withdrawn number was 321 (44%). Staffordshire County Council has produced an action plan to address the increases in applications in which it is identified that significant increases in resources are required. Stoke City Council have agreed to invest a significant amount (£636,572 per year) of increased resource into this area of work to ensure that the Council can meet its statutory obligations. Included within this is a substantial increase in funding to North Staffordshire Combined Healthcare NHS Trust (NSCHT) to address the significant backlog in applications and subsequent assessments, training and support costs, additional back office support to process the authorisations, increased advocacy support and two additional lawyers to process Court of Protection applications.

### Community DoLS

The definition for what constitutes a deprivation of liberty is an objective one; as Baroness Hale stated in the Supreme Court judgement “a gilded cage is still a cage”. The ruling has made clear that the setting of the deprivation is not relevant and that local authorities should review individuals in accommodation settings outside of hospitals and care homes (which the DoLS procedure covered historically) and consider making significant numbers of applications to the Court of Protection (CoP) for these individuals in adult placement,

## Deprivation of Liberty Safeguards (DoLS)

foster care and supported living accommodation as these settings did not previously have the protection of the DoLS statutory process.

Both Local Authorities have scoped the potential numbers of individuals to which this may apply and Stoke City Council has commissioned NSCHT to address this area of work.

Both local authorities have increased the number of Best Interests Assessors (BIA) available over the year following the significant increase in applications; BIAs are professional who act on behalf of people who lack mental capacity, are unable to represent themselves or do not have someone else to make decisions on their behalf.

Staffordshire County Council and Stoke City Council have taken an active role with the West Midlands Regional DoLS Leads Group. This includes mandatory annual training sessions for all Best Interest Assessors (BIA's) and Mental Health Assessors (MHA's) as well as cross region bespoke training events to support and develop good practice. A peer review of mental capacity assessments has been completed across the region.

A national review of DoLS legislation is currently ongoing through the Law Commission who are expected to produce a consultation document regarding potential changes in law in June 2015. However any amended legislation is not expected until 2019.

<b>Staffordshire County Council Deprivation of Liberty Safeguards (DoLS)</b>				
1 April 2014 – 31 March 2015				
	<b>Number of applications</b> (% of total)	<b>Authorisation granted</b> (% of total)	<b>Authorisation not granted</b> (% of total)	<b>Applications not assessed</b> (% of total)
<b>Care homes</b>	1870 (85%)	756 (41%) *(90%)	80 (4%) *(10%)	1034 (55%)
<b>Hospital</b>	335 (15%)	84 (25%) *(71%)	34 (10%) *(29%)	217 (65%)
<b>Total</b>	2205	840 (38%) *(88%)	114 (5%) *(12%)	1251 (57%)

\* % of number of applications assessed in 2014/15

<b>Breakdown of Applications not assessed</b>		
<b>Care homes</b>		
Not yet assessed	846	(45%)
Deceased	110	(6%)
Moved	64	(3%)
Withdrawn	14	(1%)

<b>Hospitals</b>	
Not yet assessed	41 (12%)
Deceased	17 (5%)
Moved	146 (44%)
Withdrawn	13 (4%)

## Deprivation of Liberty Safeguards (DoLS)

<b>Staffordshire Deprivation of Liberty Safeguards (DoLS)</b>			
1 April 2013 – 31 March 2014			
	Number of applications (% of total)	Authorisation granted (% of total)	Authorisation not granted (% 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%)

	Number of applications	Authorisation granted
<b>Care home</b>	(+ 1637 (703%))	(+ 620 increase of 32% from 58-90% on applications assessed
<b>Hospital</b>	(+ 279 (498%))	(+ 54 increase of 17% from 54-71% on applications assessed
<b>Total</b>	(+ 1916 (663%))	(+ 674 increase of 31% from 57-88% on applications assessed

### Multi-agency working example

Alex (anonymised) was well known to mental health services, and had a history of self-harm and taking overdoses. Alex disclosed that they had been taking trips in a taxi using the same taxi driver, and from what was said there were concerns that the driver's actions constituted financial abuse. Alex also disclosed that during journeys they have taken with the driver they have held hands, had a cuddle and on one occasion they had consensual sex. The taxi driver was married and told Alex not to say anything to anybody. Alex also had a partner and was fearful that they would find out especially as the taxi driver would often drive past their home address. The investigation revealed that Alex felt intimidated by the taxi driver and no longer wanted contact with them.

The police interviewed the taxi driver who agreed that their actions were irresponsible, and then returned money to Alex. The driver agreed to stop all contact with Alex who was pleased with this outcome.

Alex was offered participation in therapeutic groups and chose to attend ones which provided relationship and self-esteem support. This demonstrated a co-ordinated and proportionate investigation between South Staffordshire and Shropshire NHS Foundation Trust (SSSFT) and Staffordshire Police which led to Alex feeling safe at home and no longer subject to financial loss or harassment by the individual concerned.

## Deprivation of Liberty Safeguards (DoLS)

<b>Stoke-on-Trent City Council Deprivation of Liberty Safeguards (DoLS)</b>				
1 April 2014 – 31 March 2015				
	Number of applications (% of total)	Authorisation granted (% of total)	Authorisation not granted (% of total)	Applications not assessed (% of total)
<b>Care homes</b>	674 (92%)	296 (44%) *(80%)	72 (11%) *(20%)	306 (45%)
<b>Hospital</b>	61 (8%)	16 (26%) *(35%)	30 (49%) *(65%)	15 (25%)
<b>Total</b>	735	312 (42%) *(75%)	102(14%) *(25%)	321(44%)

\* % of number of applications assessed in 2014/15

### Breakdown of Applications not assessed

#### Care homes

Not yet assessed	264 (39%)
Deceased	42 (6%)
Moved	(0%)*not recorded
Withdrawn	(0%)*not recorded

#### Hospitals

Not yet assessed	11 (18%)
Deceased	4 (7%)
Moved	(0%)* not recorded
Withdrawn	(0%)* not recorded

<b>Stoke-on-Trent City Council Deprivation of Liberty Safeguards (DoLS)</b>			
1 April 2013 – 31 March 2014			
	Number of applications (% of total)	Authorisation granted (% of total)	Authorisation not granted (% of total)
<b>Care homes</b>	53 (91.4%)	30 (56.6%)	23 (43.4%)
<b>Hospital</b>	5 (8.6%)	2 (40%)	3 (60%)
<b>Total</b>	58	32 (55.2%)	26 (44.8%)

	Number of applications	Authorisation granted
<b>Care home</b>	(+ 621 (1172%))	(+ 266 increase of 23% from 57-80% on applications assessed
<b>Hospital</b>	(+ 56 (1120%))	(+ 144 decrease of 5% from 40-35% on applications assessed
<b>Total</b>	(+ 677 (1167%))	(+ 280 increase of 18% from 57-75% on applications assessed

# Performance Data

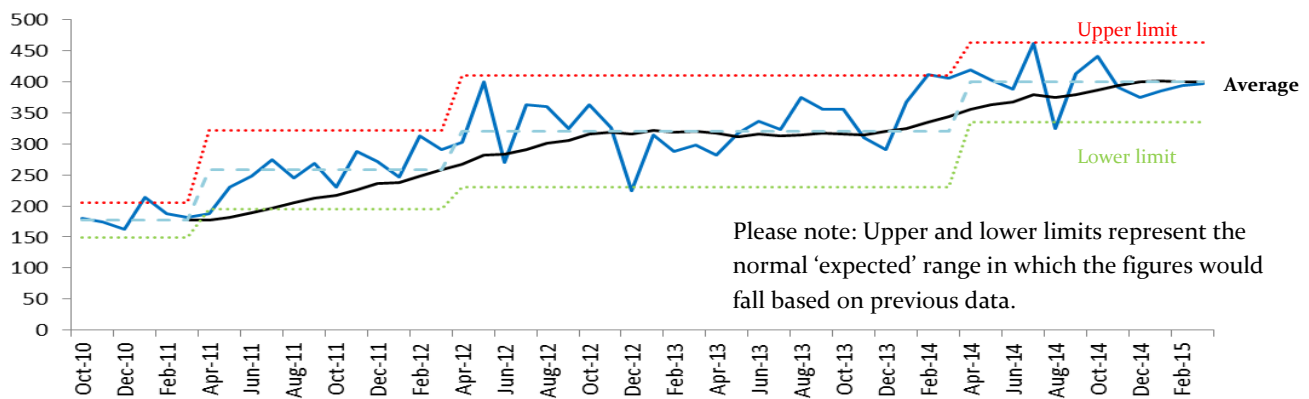
## ADULT PROTECTION REFERRALS

This section of analysis provides a summary of the activity in the services and the service users seen during 2014/15 across Staffordshire and Stoke-on-Trent as well as drawing comparisons with figures from the last five years and highlighting any trends or areas of exception.

### Staffordshire County

Figure 1 below shows that the number of safeguarding referrals can fluctuate month by month, but if we take into the consideration the average number of referrals (indicated by the black line) we can see that the number of referrals plateaued in 2013/14 but has risen in 2014/15. The large fluctuation in the referrals per month can be explained either via seasonal trends or when there are Large Scale Investigations (LSIs) where each person affected is recorded as a safeguarding referral.

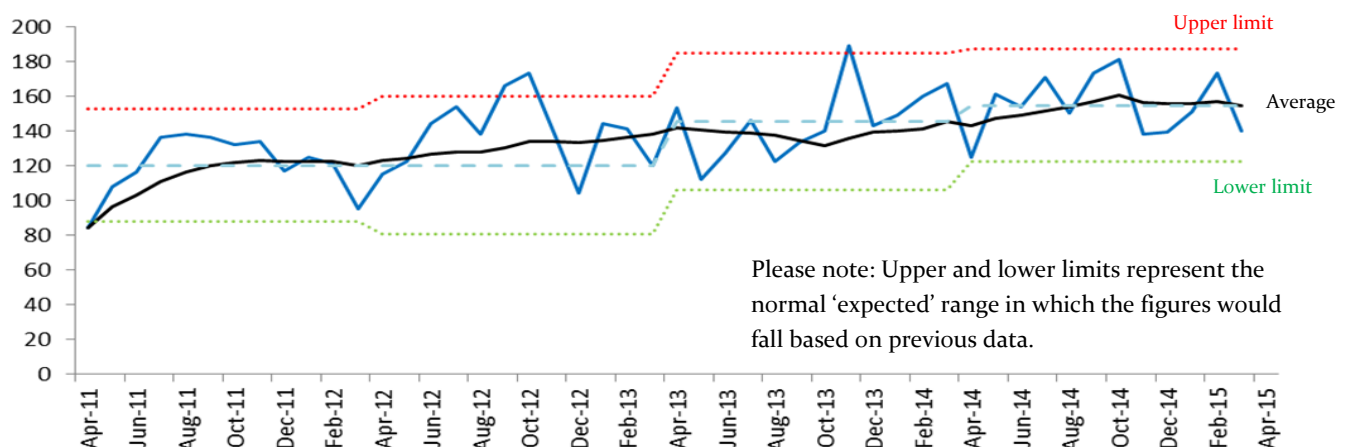
**Figure 1: Number of Safeguarding Referrals by month – Staffordshire**



### Stoke-on-Trent

Figure 2 below shows that number of safeguarding referrals for Stoke-on-Trent has followed a similar trend to Staffordshire County and has seen a rise in the number of referrals during 2014/15. Similarly we see that upper and lower limits for 2014/15 are also narrower as the variation in referrals has stabilised.

**Figure 2: Number of Safeguarding Referrals by month – Stoke-on-Trent**



## Performance Data

### Numbers of Safeguarding referrals meeting the threshold for investigation

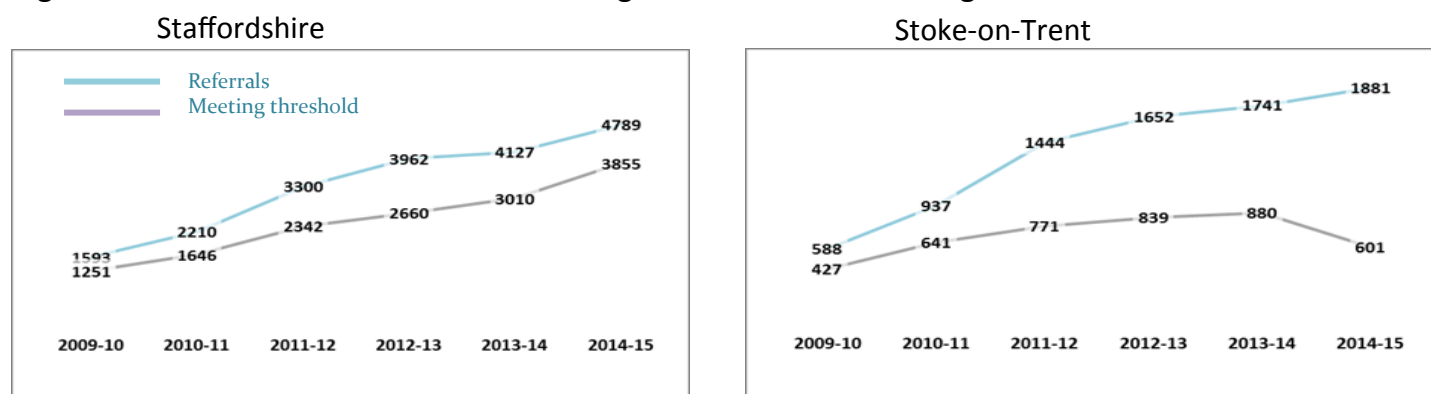
#### Staffordshire County

The number of referrals meeting the threshold has been steadily increasing since 2009/10 and is in proportion with the number of referrals, currently in 2014/15 the numbers of referrals meeting the threshold is 80%.

#### Stoke-on-Trent

Referrals to the adult protection teams have continued to increase in 2014/15 with Stoke-on-Trent experiencing a 7% increase in the number of referrals compared to the previous year. Since 2009/10 the numbers of referrals meeting the threshold for investigation has been decreasing and in 2014/15 only one in three referrals met the threshold. It must be noted that the process for measuring threshold differs between the Staffordshire County and Stoke-on-Trent. In Staffordshire there is an additional stage of pre-social work involvement where contacts are triaged, whereas, within Stoke-on-Trent all safeguarding calls are logged as referrals and passed on to a social worker for a threshold decision. Figure 3 reflects this change in the referrals meeting the threshold.

**Fig 3 Number of referral and numbers meeting the threshold for investigation**



### SERVICE USER GROUP PROFILE

#### Ethnicity

In both local authority areas, more than 9 in 10 referrals were for vulnerable adults of White British ethnic origin with percentages of 94% and 92% respectively (where ethnicity had been stated). While still only very small in numbers, Stoke-on-Trent has seen an increase in referrals for vulnerable adults of Pakistani origin over the last three years, however at this stage it is too early to say that it is statistically significant as this could potentially be explained through multiple referrals for one or two individuals. An increase would not be surprising in view of the general demography of the area but at this stage any wider conclusions would be premature.

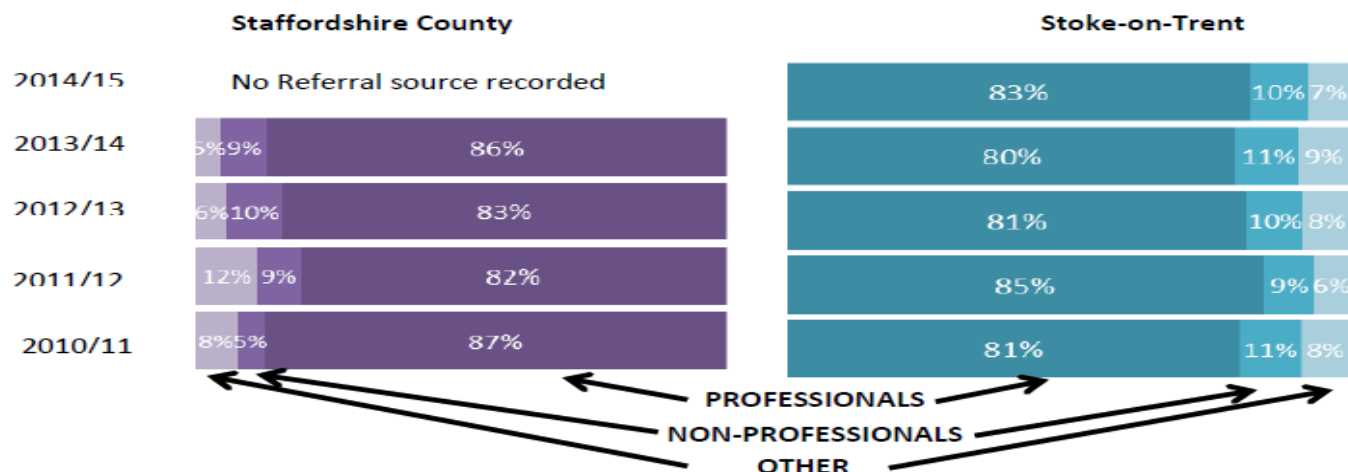
#### Referral Source

Referrals across both Staffordshire and Stoke-on-Trent over previous years continued to come predominantly from professionals, as illustrated in figure 4 on the following page. Unfortunately due to the limitations of the Staffordshire County Council adult social care case management system the referral source cannot be identified for individual safeguarding referrals.



# Performance Data

Figure 4. Source of referral over the past 5 years



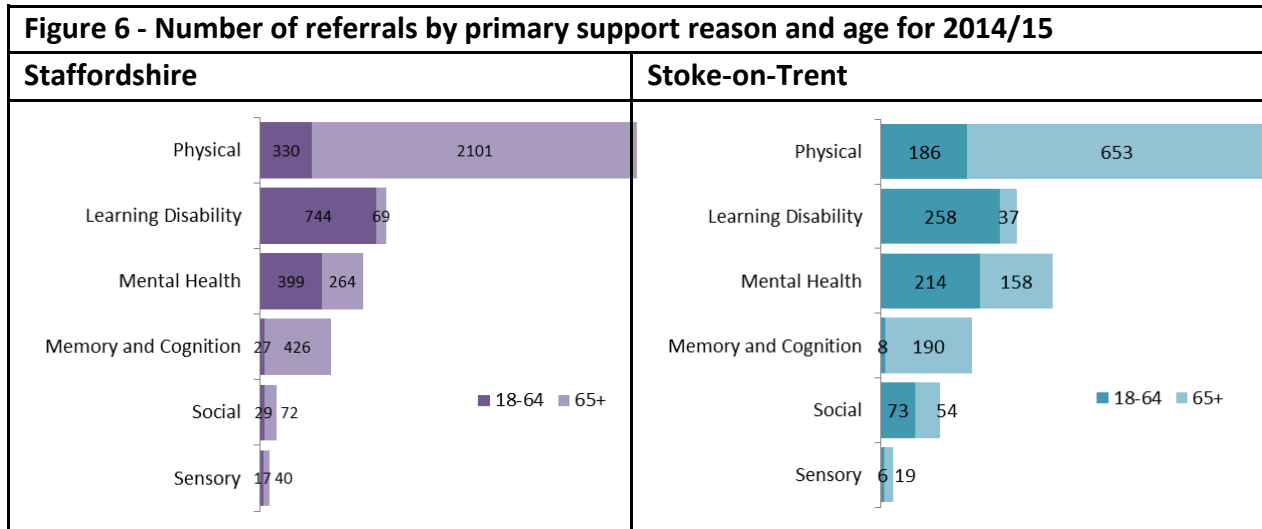
Further detail of who has made the referrals can be seen in Figure 5. Below; Data Table; Referral Source), in Stoke-on-Trent the majority of the referrals are from Health and Social Care professionals mainly based in the community. 2013/14 saw referrals recorded from voluntary organisations for the first time and in 2014/15 the number of referrals has increased by about quarter from the previous years, from 31 to 43 referrals, which could indicate increased knowledge across all sectors of the issues of adult protection and the services that are available.

REFERRAL SOURCE	2010/11		2011/12		2012/13		2013/14		2014/15											
	Staffordshire	Stoke	Staffordshire	Stoke	Staffordshire	Stoke	Staffordshire	Stoke	Staffordshire	Stoke										
Ambulance Service								19	1%	-	-	29	2%							
Care Quality Commission	15	1%	4	0%	45	1%	4	0%	68	2%	44	3%	53	3%	26	1%	-	-	65	4%
Education/Training/Work	28	1%	7	1%	20	1%	15	1%	19	0%	15	1%	5	0%	40	2%	-	-	18	1%
Health - Mental Health Staff	209	9%	84	9%	257	8%	126	9%	266	7%	113	7%	108	6%	55	3%	-	-	151	8%
Health - Primary/Community Staff	163	7%	72	8%	217	7%	109	8%	225	6%	143	9%	146	8%	169	10%	-	-	239	13%
Health - Secondary Health Staff	123	6%	64	7%	288	9%	90	6%	291	7%	51	3%	124	7%	65	4%	-	-	49	3%
Housing	86	4%	25	3%	94	3%	27	2%	151	4%	32	2%	45	2%	37	2%	-	-	46	2%
Police	83	4%	36	4%	163	5%	52	4%	237	6%	59	4%	99	5%	62	4%	-	-	92	5%
Probation Criminal Justice													0%	2	0%	-	-	4	0%	
Social Care - Day Care Staff	95	4%	45	5%	102	3%	72	5%	124	3%	60	4%	41	2%	67	4%	-	-	31	2%
Social Care - Domiciliary Staff	193	9%	52	6%	373	11%	71	5%	489	12%	114	7%	261	14%	210	12%	-	-	223	12%
Social Care - Other Staff	41	2%	20	2%	36	1%	69	5%	44	1%	5	0%	24	1%	108	6%	-	-	20	1%
Social Care - Residential Care Staff	609	28%	263	28%	784	24%	523	36%	978	25%	523	32%	513	27%	367	21%	-	-	320	17%
Social Care - Self Directed Care Staff	2	0%	2	0%	1	0%	4	0%	1	0%	14	1%		0%	2	0%	-	-	7	0%
Social Care - Social Worker/Care Manager	274	12%	81	9%	335	10%	62	4%	406	10%	173	10%	226	12%	132	8%	-	-	199	11%
Voluntary organisation													0%	31	2%	-	-	43	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>	-	-	<b>1536</b>	<b>83%</b>
Family Member	81	4%	71	8%	216	7%	95	7%	330	8%	140	8%	137	7%	151	9%	-	-	127	7%
Friend or Neighbour	23	1%	4	0%	38	1%	6	0%	45	1%	15	1%	25	1%	17	1%	-	-	17	1%
Other service user	0			0%	0	0%	0	0%	1	0%	0	0%		0%	2	0%	-	-	2	0%
Self Referral	13	1%	28	3%	32	1%	30	2%	34	1%	22	1%	5	0%	26	1%	-	-	46	2%
<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>	-	-	<b>192</b>	<b>10%</b>
Other	47	2%	78	8%	90	3%	89	6%	123	3%	129	8%	90	5%	109	6%	-	-	97	5%
Not Recorded	125	6%	1	0%	299	9%			130	3%	0	0%	1	0%	44	3%	-	-	31	2%
<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>128</b>	<b>7%</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>		-	-	<b>1856</b>	

# Performance Data

## Service User Type

Figure 6 below shows for 2014/15 all referrals by age group and Primary Support Reason (PSR). The percentage of referrals by age group is very similar between Staffordshire and Stoke-on-Trent. Figure 6 as expected, shows the majority of incidents reported involving adults aged 16 – 64 have a learning disability as their primary need and incidents involving those aged 65 and above have a primary need for physical support.



The data table below (Figure 7. Primary Support Reason) indicates that around half of all referrals are clients with a PSR of physical support, with 54% of referrals in Staffordshire and 45% in Stoke-on-Trent, whereas 15% of referrals in Staffordshire are for those clients with a PSR of mental health, whilst it is slightly higher in Stoke-on-Trent at 20%.

**Figure 7. DATA TABLE – Primary Support Reason**

Primary Support Reason	Staffordshire 2014/15			Stoke-on-Trent 2014/15		
	18-64	65+	% of referrals	18-64	65+	% of referrals
Physical	330	2101	54%	186	653	45%
Sensory	17	40	1%	6	19	1%
Memory and Cognition	27	426	10%	8	190	11%
Learning Disability Support	744	69	18%	258	37	16%
Mental Health	399	264	15%	214	158	20%
Social	29	72	2%	73	54	7%
	<b>1546</b>	<b>2972</b>		<b>745</b>	<b>1111</b>	

# Performance Data

## ALLEGED ABUSE

### Type of abuse

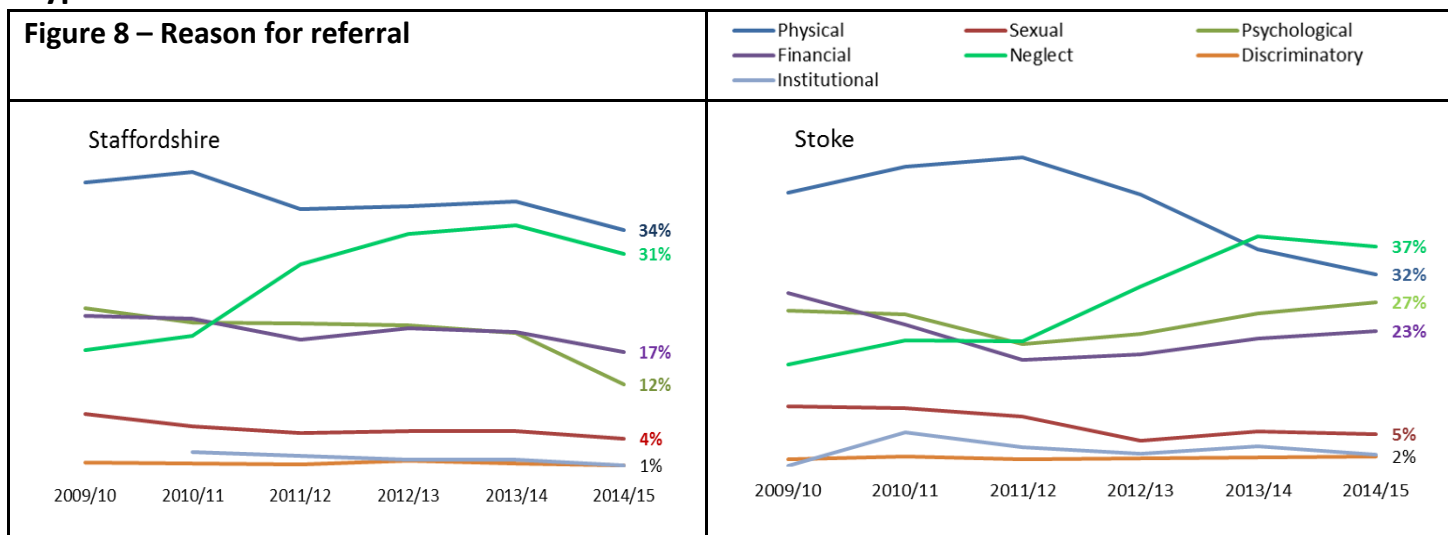


Figure 8 above shows how the proportion of referrals for each alleged type of abuse has changed over the last five years in Staffordshire and Stoke-on-Trent.

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-on-Trent which have not been echoed in Staffordshire. Stoke-on-Trent 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 2014-15. Increases have also been recorded in cases of alleged psychological and financial abuse.

The key trend continues to be the increase in the proportion of concerns that are raised in relation to neglect and this is directly connected to the numbers of allegations involving paid staff. The raised awareness of the need to challenge poor and unsafe care is partly responsible for this continued trend as is the perception of neglect as being something that goes beyond sub-standard care and the failure to meet regulatory standards.

Caution should be exercised in over-interpreting the types of abuse, as these are subjectively defined and most abusive incidents involve more than one form of abuse.

The data is mostly derived from that which is required for national statistics and this is essentially quantitative in nature and focuses on activity rather than outcomes; it is also heavily dependent on the client record systems for the local authorities and these can have an effect on the presenting amalgamated data when this is placed beside that of other authorities. This does lead to inconsistencies, even in neighbouring council areas and this is also reflected regionally and across the country. The drive to a more personalised response to abuse may lead to even greater difficulties in interpretation in the medium term as the SAB and the councils seek to clarify the key indicators and performance measures.

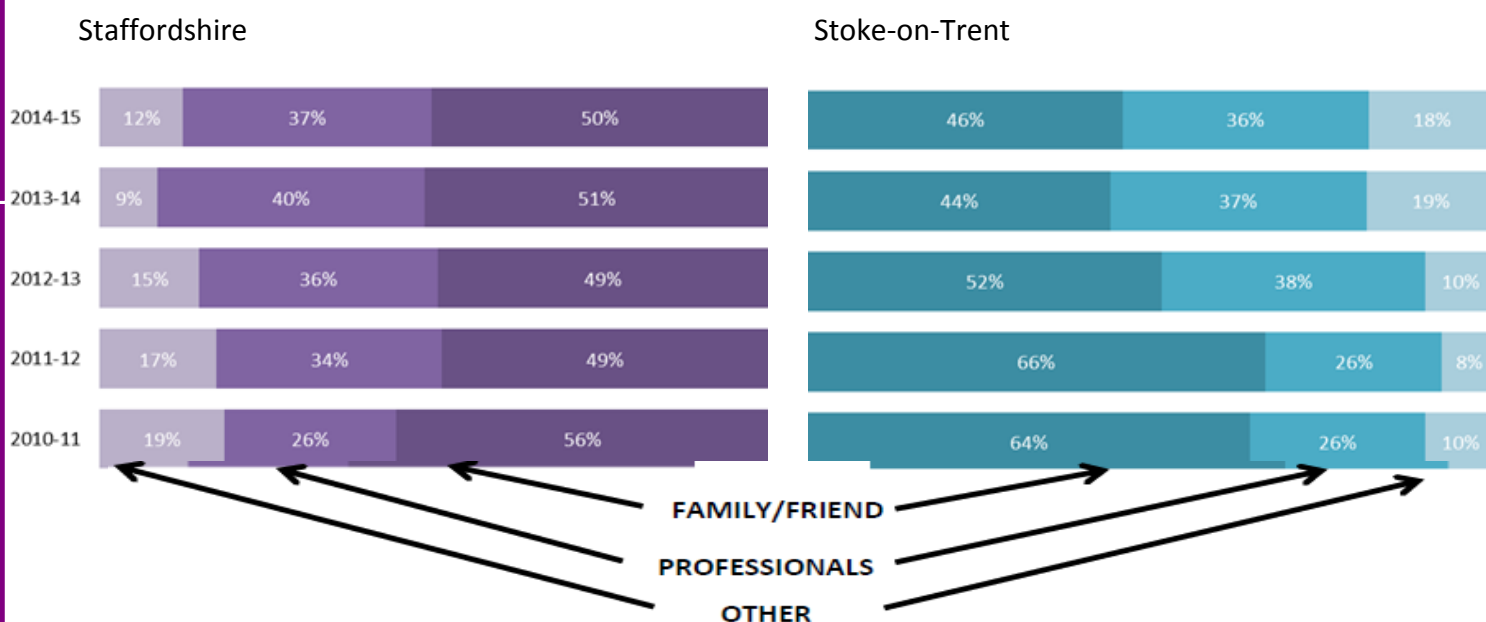
# Performance Data

## Alleged perpetrator

Figure 9 below illustrates the proportion of alleged perpetrators of abuse, and they are categorised into three groups. *Professionals* e.g. Health care or social care workers for both local authority and the private, independent and voluntary sector, *Family /Friends* and *Other* (typically *Other* could be where the individual is not known or a stranger). Family or friends has remained the most common alleged perpetrator category across both areas over the last five years, although there is trend that the proportion of referrals where a professional person is the alleged perpetrator is on the increase.

Staffordshire typically has a higher percentage of perpetrators who either are a family member or a friend. The Figure 12 Data table; Association of alleged abuser has a further breakdown for Stoke-on-Trent of the alleged perpetrator. The Staffordshire adult social care case management system does not currently record the relationship between the alleged abuser and the service user.

**Figure 9 - Alleged perpetrator by category over the past 5 years**



## Location of alleged abuse

Figures 10 and 11 show data for referrals of alleged abuse by setting over the last five years and split by area. Since 2013/14 Stoke-on-Trent has seen an increase in the number of cases 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 of cases within social care and health settings.

In Staffordshire, proportions have remained relatively similar to those seen at the end of 2012/13, although it must be noted that the increase in cases within a social care setting, which relate specifically to incidents in care homes, have reduced back to normal levels in 2014/15.

# Performance Data

Figure 10 - Location of abuse

Staffordshire

Stoke-on-Trent

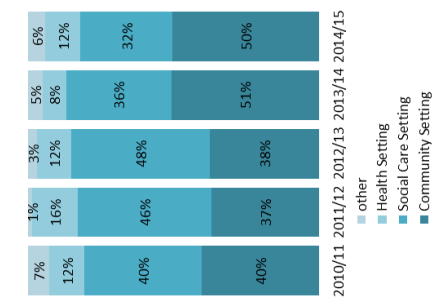
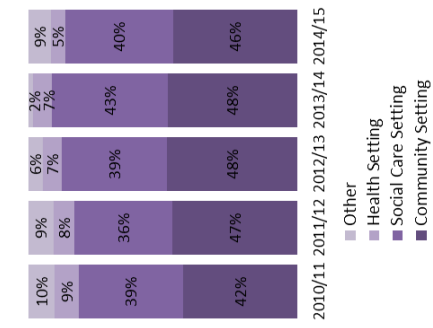


Figure 11. DATA TABLE – Location of abuse

Location of abuse	2010/11				2011/12				2012/13				2013/14				2014/15			
	Staffords hire	Stoke	Staffords hire	Stoke	Staffords hire	Stoke	Staffords hire	Stoke	Staffords hire	Stoke	Staffords hire	Stoke	Staffords hire	Stoke	Staffords hire	Stoke	Staffords hire	Stoke		
Ow n Home	785	36%	304	32%	1282	39%	380	26%	1614	41%	495	30%	692	40%	1793	37%	751	43%		
Relative's home																				
Alleged Perpetrator's Home	28	1%	13	1%	37	1%	44	3%	54	1%	20	1%	33	2%	46	3%	24	1%		
Education/Training/Work	7	0%	5	1%	10	0%	22	2%	11	0%	12	1%	25	1%	21	0%	11	1%		
Public Place	40	2%	13	1%	43	1%	45	3%	38	1%	42	3%	59	3%	53	0%	53	3%		
Supported Accommodation	76	3%	42	4%	166	5%	44	3%	201	5%	51	3%	54	3%	49	0%	49	3%		
Other															431	9%	934	50%		
<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>883</b>	<b>51%</b>	<b>2224</b>	<b>46%</b>	<b>934</b>	<b>50%</b>		
Mental Health Inpatient Setting																				
Acute Hospital	134	6%	59	6%	155	5%	119	8%	178	4%	76	5%	34	2%	51	0%	51	3%		
Community Hospital	34	2%	21	2%	89	3%	49	3%	79	2%	75	5%	84	5%	129	0%	129	7%		
Other Health Setting	29	1%	8	1%	17	1%	22	2%	21	1%	16	1%	16	1%	24	0%	24	1%		
<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>142</b>	<b>8%</b>	<b>250</b>	<b>5%</b>	<b>225</b>	<b>12%</b>		
Care Home	814	37%	361	39%	1154	35%	631	44%	1496	38%	764	46%	800	42%	1927	40%	573	33%		
Day Centre/Service	45	2%	18	2%	39	1%	33	2%	50	1%	25	2%	16	1%	15	0%	15	1%		
<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>1927</b>	<b>40%</b>	<b>588</b>	<b>32%</b>		
Not Know n	43	2%	13	1%	36	1%	11	1%	32	1%	20	1%	20	1%	32	0%	32	2%		
Not Provided	6	0%	0	0%	1	0%	0	0%	4	0%	0	0%	0	0%	0	0%	0	0%		
Other	23	1%	56	6%	11	0%	7	0%	4	0%	30	2%	11	1%	413	9%	77	4%		
Recorded as 'no abuse'	20	1%	N/A		50	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
Not Recorded	124	6%	0	0%	209	6%	0	0%	48	1%	0	0%	5	0%	0	0%	0	0%		
<b>Totals</b>	<b>2210</b>		<b>937</b>		<b>3300</b>		<b>1444</b>		<b>3962</b>		<b>1652</b>		<b>1741</b>		<b>4814</b>		<b>1856</b>			

# Performance Data

Figure 12. DATA TABLE – Association of alleged abuser with alleged victim

	2010/11				2011/12				2012/13				2013/14				2014/15		
	Staffordshire		Stoke-on-Trent		Staffordshire		Stoke-on-Trent		Staffordshire		Stoke-on-Trent		Staffordshire		Stoke-on-Trent		Staffordshire	Stoke-on-Trent	
		%		%		%		%		%		%		%		%		%	
Health Care Worker	83	4%	32	3%	146	4%	61	4%	136	3%	102	6%	85	4%	84	5%	199	131	
Social Care - Day Care Staff	15	1%	8	1%	14	0%	18	1%	9	0%	15	1%	7	0%	7	0%	-	35	
Social Care - Domiciliary Staff	110	5%	44	5%	333	10%	65	5%	466	12%	165	10%	217	11%	210	12%	-	154	
Social Care - Other	7	0%	2	0%	1	0%	4	0%	7	0%	6	0%	4	0%	8	0%	-	0	
Social Care - Residential Staff	312	14%	12	13%	589	18%	177	12%	752	19%	296	18%	427	22%	292	17%	-	182	
Social Care - Self Directed Care Staff	15	1%	3	0%	5	0%	5	0%	9	0%	5	0%	10	1%	1	0%	-	2	
Social Care – Worker/Manager	0	0%	8	1%	6	0%	0	0%	9	0%	4	0%	2	0%	2	0%	-	5	
Other Professional	20	1%	16	2%	17	1%	36	2%	11	0%	38	2%	8	0%	42	2%	1371	156	
Volunteer / Befriender	6	0%	1	0%	4	0%	6	0%	12	0%	1	0%	2	0%	4	0%	1	2	
<b>Professionals</b>	<b>568</b>	<b>26%</b>	<b>24</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>	<b>1571</b>	<b>37%</b>	<b>665</b>
Neighbour/Friend	141	6%	69	7%	204	6%	115	8%	255	6%	70	4%	99	5%	81	5%	2125	120	
Other Family Member	364	16%	16	18%	533	16%	191	13%	631	16%	209	13%	311	16%	306	18%	-	339	
Other Vulnerable Adult	545	25%	30	32%	583	18%	587	41%	746	19%	507	31%	391	21%	284	16%	-	241	
Partner	181	8%	62	7%	289	9%	67	5%	327	8%	65	4%	176	9%	94	5%	-	148	
Stranger	58	3%	24	3%	87	3%	53	4%	99	2%	35	2%	46	2%	21	1%	-	37	
<b>Non-professionals</b>	<b>1289</b>	<b>58%</b>	<b>62</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>	<b>2125</b>	<b>50%</b>	<b>885</b>
Not recorded	198	9%	0	0%	209	6%	0	0%	143	4%	0	0%	13	1%	1	0%	-	6	
Not Known	126	6%	64	7%	187	6%	41	3%	246	6%	126	8%	102	5%	149	9%	-	159	
Other	29	1%	7	1%	43	1%	18	1%	69	2%	8	0%	3	0%	155	9%	526	139	
					50	2%			35	1%						0%			
Totals	353	16%	71	8%	489	15%	59	4%	493	12%	134	8%	118	6%	305	18%	526	12%	304
	2210		93	7	3300		1444		3962		1652		1903		1741		4222		1854

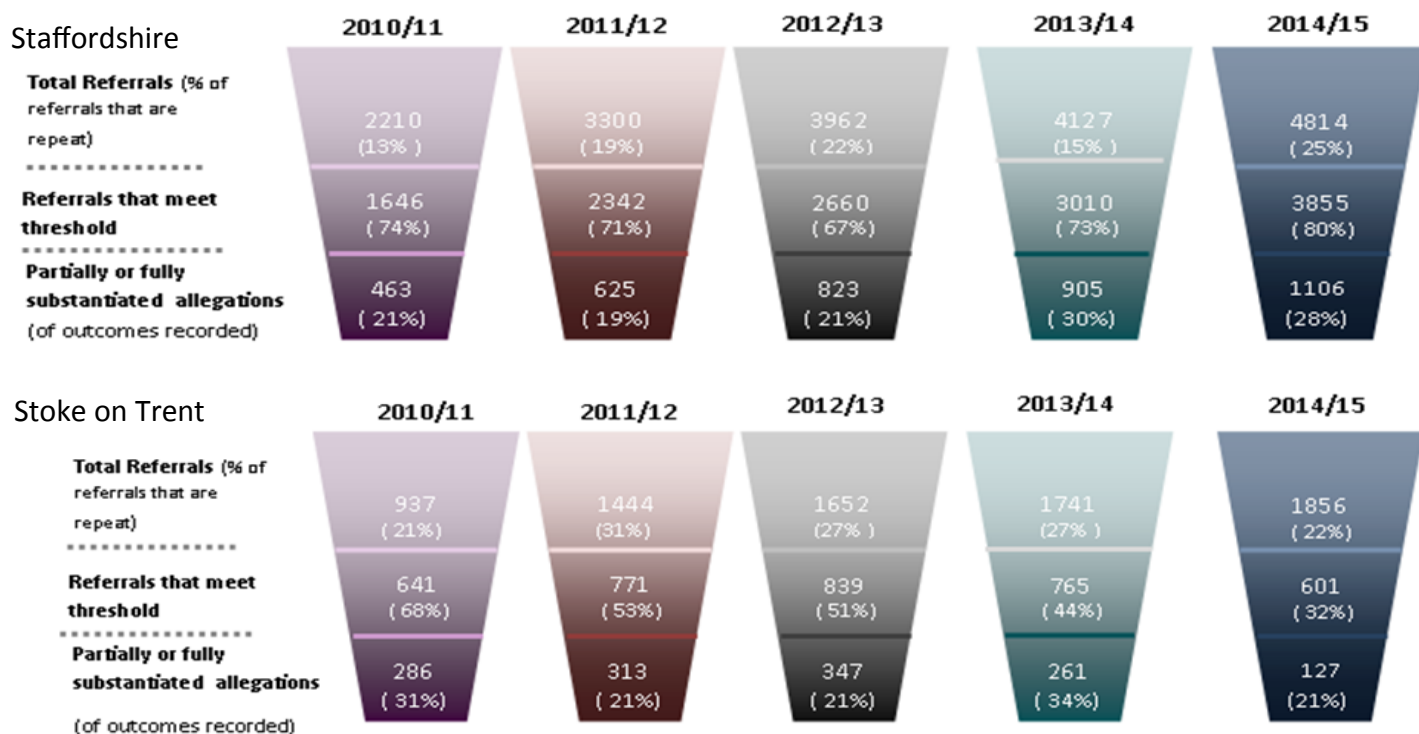
## Performance Data

### 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 13 below illustrates these proportions and how they have changed over the last five years in Stoke-on-Trent and Staffordshire. During 2014/15 Stoke-on-Trent received a higher volume of referrals yet a smaller percentage than in previous years hit the threshold for investigation. Of those that met the threshold, a higher percentage was found to be substantiated (21%) i.e. where an outcome had been recorded.

Fig 13 –



Staffordshire also follows a similar pattern as the number of allegations that are substantiated remains higher than years prior to 2013/14. The lower threshold in Stoke-on-Trent can be explained as the process for measuring threshold differs from Staffordshire County. In Staffordshire there is an additional stage where contacts are triaged prior to social work involvement, whereas within Stoke-on-Trent all safeguarding calls are logged as referrals and passed on to a social worker for a threshold decision. We anticipate that as a result of the Care Act 2014 there will be a greater parity with data from Stoke-on-Trent and Staffordshire.

Further details about investigation outcomes can also be found in Figure 14; Outcomes of investigation. Capturing outcome data has previously been an issue for Staffordshire County Council but has improved through careful monitoring of data quality. This issue is being continuously reviewed by the information technology and performance teams. Both local authorities provide a suite of data to the Performance, Monitoring and Evaluation sub-group of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board for scrutiny to identify risks, trends and identify relevant action for partners.

## Performance Data

**Figure 14 – Outcome of Investigation**

	2010/11		2011/12		2012/13		2013/14		2014/15	
	Staffordshire	Stoke	Staffordshire	Stoke	Staffordshire	Stoke	Staffordshire	Stoke	Staffordshire	Stoke
Substantiated	322	185	454	239	635	263	725	188	858	94
Partly Substantiated	141	101	171	74	188	84	180	73	248	33
Not Determined/Inconclusive	191	176	299	173	419	169	490	132	569	95
Not Substantiated	295	167	522	216	691	228	915	207	1281	193
Not recorded	697	7	896	0	727	0		165	0	0
<b>Totals</b>	<b>1646</b>	<b>638</b>	<b>2342</b>	<b>702</b>	<b>2660</b>	<b>744</b>	<b>2310</b>	<b>765</b>	<b>2956</b>	<b>415</b>



## SSASPB Membership and Board Meeting Attendance

Organisation	03/04/ 2014	10/07/ 2014	09/10/ 2014	22/01 /2015
Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board	✓	✓	✓	✓
North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups	✓	✓	✓	✓
Staffordshire Police	✓	✓	✓	✓
District Safeguarding Sub-group	Apol	✓	✓	✓
Staffordshire County Council (SCC)	✓	✓	✓	✓
Stoke-on-Trent City Council	✓	✓	✓	✓
South Staffordshire & Seisdon Peninsula Clinical Commissioning Groups	✓	Apol	✓	✓
University Hospital of North Midlands (UHNM)	✓	Apol	Apol	✓
North Staffordshire Combined Healthcare NHS Trust (NSCHT)	✓	✓	Apol	✓
South Staffordshire & Shropshire NHS Foundation Trust (SSSFT)	✓	✓	✓	✓
Burton Hospitals NHS Foundation Trust (BHFT)	✓	✓	✓	✓
Staffordshire & Stoke-on-Trent Partnership NHS Trust (SSOTP)	✓	✓	Apol	✓
Shropshire and Staffordshire Area Team NHS England	✓	✓	✓	✓
Councillor (Staffordshire) Cabinet Support Member for Social and Health Care	✓	x	✓	Apol
Councillor (Stoke-on-Trent) Cabinet Member for Social Care	✓	Apol	✓	Apol
Commissioner for Safety (Staffordshire) - with effect from July 2014		✓	✓	✓
Strategic Manager; Age Well Commissioning Stoke-on-Trent with effect from July 2014		✓	Apol	Apol
Housing Providers (Stoke-on-Trent)	Apol	✓	Apol	X
West Midlands Ambulance Service (WMAS)	Apol	✓	Apol	X
Staffordshire Fire and Rescue Service (SFARS)	✓	✓	✓	✓
West Midlands Her Majesty's Prison Service (HMPS) - with effect from January 2015				✓
National Probation Service (NPS) - Staffordshire and Stoke-on-Trent	x	✓	Apol	Apol
Community Rehabilitation Company (CRCs) - Staffordshire and Stoke-on-Trent - with effect from October 2014			✓	✓
Domestic Abuse Providers Network (Stoke-on-Trent) - with effect from October 2014			✓	✓
Domestic Abuse Providers Network (Staffordshire) - with effect from October 2014			Apol	✓
Hate Crime Forum - with effect from October 2014			✓	✓
Independent Futures (IF)	Apol	✓	✓	Apol
Healthwatch (Staffordshire) - with effect from October 2014			✓	✓
Healthwatch (Stoke-on-Trent)	✓	✓	✓	Apol
VAST - with effect from July 2014		Apol	✓	✓
Department of Work and Pensions (DWP) - with effect from October 2014			✓	Apol
Staffordshire Association of Registered Care Providers - with effect from October 2014			✓	Apol

## Partner Training

	Qtr.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	E-Learning
Adult Protection Awareness Level 1	1	188	122	85	463	67	18	799	283	54	37	2	*	**	21			***	82
	2	305	81	30	371	32	18		261	42	0	9			21				38
	3	309	60	99	421	16	55	457	108	761	20	300			9				14
	4	359	92	107	56	62	92			774	22	135			25	625	123		35
	<b>Total</b>	<b>1161</b>	<b>355</b>	<b>321</b>	<b>1311</b>	<b>177</b>	<b>183</b>	<b>1256</b>	<b>652</b>	<b>1631</b>	<b>79</b>	<b>446</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>76</b>	<b>625</b>	<b>123</b>	
Combined Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Awareness	1	131	131	33	37			799	93	73%		29							
	2	14		18	55			0	54	73%		72							
	3	27		57	42			0	81	78%		313							
	4	33		46	24			0		83%		176							
	<b>Total</b>	<b>205</b>	<b>131</b>	<b>154</b>	<b>158</b>	<b>0</b>	<b>0</b>	<b>799</b>	<b>228</b>	<b>****</b>	<b>0</b>	<b>590</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Mental Capacity Act (MCA) Awareness	1					150	5								10				
	2					50	5								10				
	3					16	106								14				
	4					0	5								4				
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>216</b>	<b>121</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>38</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Deprivation of Liberty Safeguards (DoLS) Awareness	1						20								15				
	2						20								15				
	3						21								10				
	4						13				71				7				
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>74</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>71</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>47</b>	<b>0</b>	<b>0</b>	

- BURTON HOSPITALS NHS FOUNDATION TRUST
- NORTH STAFFORDSHIRE COMBINED HEALTHCARE TRUST
- STAFFORDSHIRE COUNTY COUNCIL
- STAFFORDSHIRE & SoT PARTNERSHIP NHS TRUST
- STAFFORDSHIRE POLICE
- STOKE-ON-TRENT CITY COUNCIL
- KEELE UNIVERSITY
- MID STAFFORDSHIRE NHS FOUNDATION TRUST
- SOUTH STAFFORDSHIRE & SHROPSHIRE FOUNDATION TRUST
- UNIVERSITY OF STAFFORDSHIRE
- UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE
- STAFFORDSHIRE FIRE AND RESCUE SERVICE
- WEST MIDLANDS AMBULANCE SERVICE
- SoT PRIVATE, INDEPENDENT & VOLUNTARY SECTOR
- SCC PRIVATE, INDEPENDENT & VOLUNTARY SECTOR
- DISTRICT BOROUGH COUNCILS
- CLINICAL COMMISSIONING GROUPS

\* Unable to report for 2014/15

\*\* 1548 staff accessed Safeguarding Level 2 Domestic Abuse

\*\*\* Accessed through e-learning and local authority delivered training

\*\*\*\* % Compliance rate for agency staff requiring this training

On 31st October 2014 University Hospital of North Staffordshire (UHNS) and Mid-Staffordshire NHS Foundation Trust combined as University Hospital of North Midlands (UHNMM); therefore the two agencies reported separately for quarter 1-3 and provided a joint figure for quarter 4.

This training is available internally to Staffordshire County Council (SCC) staff. In addition to the figure show 61 SCC staff completed this training internally.

# Communication

## SSASPB Communication Plan

On 22nd January 2015 SSASPB Members approved the Board's Communication Plan which delivered one of the Board's 2014/2015 strategic aims (Appendix 4). The plan is driven and its progress monitored by the Executive sub-group.

## SSASPB Online Profile

The development of a dedicated SSASPB website is fundamental to the impact of the Communication Plan. Staffordshire County Council and Stoke-on-Trent City Council provided funding for the initial set up and development of the website; the year on year costs will be borne by the SSASPB. The website is currently being populated with content and will be available later this summer.



The website will have a number of areas including one dedicated to service users and carers; providing information to meet their needs which are to be identified through public engagement. We intend this engagement to be delivered through both Staffordshire and Stoke-on-Trent Healthwatch and are in the early stages of commissioning their services.

In May 2015 the SSASPB set up its Twitter account [@SSASPBBoard](https://twitter.com/SSASPBBoard). It is still early days but we look forward to being creative and delivering key messages through this means of communication.

Throughout the reporting period a number of initiatives have been undertaken to promote awareness of the SSASPB and its work.



The extremely popular prompt cards were reviewed and reprinted; 5,000 were distributed throughout the partnership to front line staff. The response to these cards has been very positive and Keele University asked to buy some to provide to their Social Care students. This generated a small income for the Board.

Awareness rising information was made available to partners in the form of posters, leaflets, wallet cards and bookmarks. Costs related to the production of Board information can be seen on page 49 in the budget report.

## Links with Key Stakeholders

The membership of the SSASPB is widely networked with relevant strategic and operational fora within Staffordshire and Stoke-on-Trent. This Annual report covers the engagement of the SSASPB Independent Chair; Jackie Carnell.

Jackie Carnell attended the Safer Staffordshire Group which is chaired by the Staffordshire Police and Crime Commissioner. She had regular meetings with both Directors of People in the Local Authorities, and had an open invite to the Clinical Commissioning Groups Safeguarding Groups. Jackie was a member of both the West Midlands Regional and National Safeguarding Adult Board Chairs groups and met with the Council members' portfolio leads for both Staffordshire County Council and Stoke-on-Trent City Council. The new Independent Chair; John Wood will continue to engage in relevant meetings.

### Health and Wellbeing Board/ Children Safeguarding Boards

Jackie Carnell was invited to both Health and Well-being Boards and chaired both Staffordshire and Stoke-on-Trent Local Safeguarding Children's Boards (LSCBs) ensuring that there is synergy between them wherever possible, including holding a joint Safeguarding Board meeting in September 2014.

This year Jackie was invited to assist with a peer review of a southwestern Safeguarding Adult Board which facilitated the sharing of good practice.

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 strategic meetings in both Local Authorities.

### Multi-agency working example

A good example of partnership working was the rapid joint response to the allegation of ongoing domestic violence perpetrated by a son towards his elderly mother. In addition the son was refusing a community nurse access to his mother and hence raising serious concerns for her current and future welfare.

An officer and social worker from ASET attended together, within an hour of the report, and after careful negotiation with the son they were able to gain entry and speak to the mother. The mother appeared to be uninjured and did not make any complaint of violence therefore no further criminal action was required but the success was in securing regular access by community nurses and social workers who could then not only provide her with the care she needed but would be in a position to report any safeguarding concerns they may witness going forward. As a consequence of this joint work safeguarding controls were put in place far quicker than if agencies had reacted as individuals.

## Links with Key Stakeholders

### Adult Safeguarding Enquiry Team (ASET)

The Staffordshire Police Adult Safeguarding Enquiry Team (ASET) commenced its role on 12<sup>th</sup> January 2015 and consists of 1 x Detective Inspector, 1 x Detective Sergeant and 6 x Detective Constables. The team is located at Staffordshire Police Headquarters and is co-located with social workers from Staffordshire County Council.

The primary functions of this team are to investigate allegations of crime (high risk and complex) committed against an adult at risk, by a person in a position of trust or someone with a responsibility of care and to carry out safeguarding activities with partner agencies.

Between the 12<sup>th</sup> January 2015 and 31<sup>st</sup> May 2015 the team conducted 99 investigations into offences that involved wilful neglect/ill-treatment, assaults, fraud and theft. This also included several investigations on behalf of the Coroner where people had died in circumstances where the level of care has was a possible factor in their death. Although no offenders have as yet appeared before court yet charges have been authorised on two cases and two others are pending a decision from the Criminal Prosecution Service (CPS).

### Multi-Agency Safeguarding Hub (MASH)

This is the second full year report to the SSASPB and the end of this period marks the introduction of the Care Act 2014. The MASH structure remains the same with seven agencies participating in information sharing across the defined cohorts of business. The MASH continues to host representative from both the Staffordshire and Stoke-on-Trent Adult Safeguarding Teams who have developed new working practice alongside colleagues from the North and South Mental Health Trusts to improve outcomes for Adults experiencing or at risk of abuse or neglect.

The Staffordshire Team has transformed following the departure of the Specialist Adult Protection Investigation Team (SAPIT) and is now known as the Staffordshire Adult Safeguarding Team (SAST). It will in the next year integrate with the Children's First Response Team to form a people referral unit for the County Council but the details of that are not yet finalised.

Demand in the MASH for information sharing continues to rise with 17,218 information sharing events in the last year compared with the previous period where we shared on 13,195; this represents a 30% increase without any change to the resource across agencies. During this period, in terms of the above demand, the MASH Adults Teams collectively owned 19.5% of the sharing events whilst in the previous year that was 14%. Individually the Staffordshire Team handled 13% of that work and the Stoke Team 6.5% but it should be recognised that the teams resourcing model is very different as is the process so no direct comparison should be drawn from the data.



## Links with Key Stakeholders

The teams have contributed to the creation of the Midlands Regional MASH Forum and attended joint conferences to share best practice; both are fully committed to the MASH project looking at a new model of operation seeking greater capacity from similar resource models. Overall the teams have significantly contributed to making our residents of Staffordshire & Stoke-on-Trent safer.

### Multi-Agency Public Protection Arrangements (MAPPA)

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.

### Domestic Homicide Review Groups

The reporting period has seen closer engagement with Domestic Homicide reviews (DHR) and various members of the Board together with the Board manager have actively participated in DHR meetings where there has been an adult at risk element. Any actions allocated to the SSASPB are driven and monitored by the Safeguarding Adult Review and Executive sub-groups.

### Multi-agency working example

A large independent care provider began to experience difficulties during 2013 and as concerns heightened it became clear to the Local Authority that the threshold which triggers the Large Scale Investigation (LSI) process had been reached. This Home was in the LSI process from the end of 2013 until the beginning of 2014. The investigation, whilst being a formal and serious process, also has an assist and support element whereby we can initiate a multi-agency partnership approach to assist the Home in returning to compliance with standards and providing safe high quality care.

Many adult protection referrals were raised and investigated, with about one third of the allegations found to be substantiated.

During the process there had been 11 quality monitoring inspections undertaken by the Local Authority Contract and Quality Monitoring Team (mostly unannounced) and 2 Care Quality Commission (CQC) inspections.

Many agencies were involved in supporting both the LSI process and the care provider, these included:

- ◆ Stoke-on-Trent City Council Safeguarding Team and Contract and Quality Monitoring Team (led in the process)
- ◆ Stoke-on-Trent & North Staffordshire Clinical Commissioning Groups (CCGs) Safeguarding Lead and Continuing Healthcare Safeguarding Nurse and Review Nurses
- ◆ Care Quality Commission Inspection Officers
- ◆ University Hospitals North Midlands (UHNM) Respiratory Specialist Nurse
- ◆ Staffordshire & Stoke-on-Trent Partnership Trust (Infection Prevention and Tissue Viability Nurses)
- ◆ Health & Safety Executive
- ◆ Stoke-on-Trent Consumer Protection (Environmental Health Officers)
- ◆ Staffordshire Police

The multi-agency partnership worked cohesively resulting in excellent outcomes which included bringing the provider service back into compliance and delivering safe high quality care and the receipt of positive feedback from the provider regarding the orchestration of the LSI process.

## 2014/15 End of Year Financial Report

Board resource includes a dedicated core team who support and facilitate the work of the Board and sub-groups; however the responsibility remains with Board members to deliver the strategic priorities, objectives and sub-group business plans so that ownership is retained at formal governance level.

This team and business workstreams were funded in 2014/15 through contributions from statutory partners as detailed in the financial report below. The Board Administrator and Manager roles became permanent during this year on 4th November 2014 and 2nd January 2015 respectively.

<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

### **Actual Income 2014/15**

#### Contributions from Partners

<b>Organisation</b>	<b>Amount</b>
Burton Hospital NHS Trust	£12,500
Mid Staffordshire NHS Foundation Trust	£ 7,292*
North Staffordshire Clinical Commissioning Groups	£ 9,375
North Staffordshire Combined Healthcare Trust	£12,500
South Staffordshire Clinical Commissioning Groups	£18,750
South Staffordshire & Shropshire NHS Foundation Trust	£12,500
Staffordshire and Stoke on Trent Partnership NHS Trust	£12,500
Staffordshire Police	£12,500
Stoke-on-Trent Clinical Commissioning Groups	£ 9,375
University Hospital of North Staffordshire	£12,500
<b>TOTAL</b>	<b>£119,792</b>

\*Mid-Staffordshire NHS Foundation Trust ceased to be an organisation on 31st October 2014 therefore only a partial contribution of the agreed £12,500 was received.

#### Other income

The Board previously agreed that the 2014/15 contributions from Staffordshire County Council and Stoke-on-Trent City Council would be provided through delivery of a training programme accessible to all partner agencies. The programme includes a range of level 3 training around assessing capacity and making best interest decisions, the chairing and minuting safeguarding meetings, completing and managing investigations and more.

## 2014/15 End of Year Financial Report

The Board also thanks the following agencies for their further 'in kind' contributions during 2014/15 through the following;

The Board is very grateful to Staffordshire Fire and Rescue Service for providing facilities for SAR scoping panels and Board meetings throughout the year. Other agencies providing meeting facilities without charge include Staffordshire Police, Staffordshire County Council, Stoke-on-Trent City Council, Staffordshire and Stoke-on-Trent NHS Partnership Trust and Stoke-on-Trent Clinical Commissioning Group.

Stoke-on-Trent City Council very kindly gave the Board access to the time of one of their performance analysts; Karl Robinson, who so ably and enthusiastically supported the work of the Performance, Monitoring and Evaluation Sub-group.

Between April 2014 and 30<sup>th</sup> November 2014 Staffordshire Police supported the secondment of the Board Manager from her police role and funded the difference between the partnership funded salary of Board Manager and the police employment costs along with a proportion of the on-costs associated with the role.

### Actual Expenditure 2014/15

Expenditure	Amount
Employee Costs (Sept 2014 – March 2015)	£57, 553.03
Independent Chair	£14, 000.00
Professional Fees	£ 36.66
Event Costs	£ 432.00
Safeguarding Adult Review	£15, 000.00
Recruitment of Independent Chair	£ 2,082.20
Printing and Publication Costs	£ 5,964.43
E-learning Licenses	£ 2,250.00
<b>Gross Expenditure Total</b>	<b>£97,318.32</b>

### SSASPB BUDGETS AT 31<sup>st</sup> March 2015

	Actual
Total C/Fwd. 2013/14	£210,143.00
Partner Contributions 2014/15	£119,792.00
Other Income 2014/15	£ 1,275.00
Expenditure 2014/15	£ 97,318.32
<b>Final Balance</b>	<b>£233,891.68</b>

Whilst the final balance looks a considerable amount there is spend commitment as follows; Consultation Event for revised procedure followed by community engagement and printing costs, Development Day for the Board in Autumn 2015, revised promotional literature and money set aside with which to deliver the core objectives. It is impossible to predict the yearly financial demand created by Safeguarding Adult Reviews and a reserve to meet these costs is desirable.



## Looking Ahead

In 2009 the Local Government Association (LGA) and Association of the Directors of Adult Social Services (ADASS) began the Making Safeguarding Personal project. This aimed to move the focus of adult safeguarding work away from process and procedures - to give people using safeguarding services more engagement and control in the resolution of their circumstances.

### **Making Safeguarding Personal (MSP)**

#### ***Stoke-on-Trent City Council***

As part of developing the city councils Community Wellbeing Service, we have been looking at more robust and reflective customer feedback and outcomes models. In line with broader Care Act requirements around personalised services and support we introduced a “What Matters” process for all social care assessments. We



ask each person what outcomes they wish to achieve in their own terms and monitor progress in fully meeting the outcome. This provides us with clear direction when supporting a person and ensures their views and needs are taken into account. Furthermore, it allows us to fully understand what works best for which client groups to inform smarter commissioning. We are rolling this method out across all teams and social work practice, starting in May 2015. This will include people who are going through the safeguarding process and will

ensure that we put their outcomes at the centre of the process and any subsequent action taken. This mechanism will be tested throughout quarter 2 of 2015/16 and will be reviewed through the Performance Monitoring and Evaluation Sub-group.

#### ***Staffordshire County Council***

Staffordshire County Council has linked the MSP agenda to the implementation of the new duties under the Care Act 2014 and, in doing so, has sought to personalise the process. The newly drafted Safeguarding Procedures go even further to promote the involvement of the adult at all stages and highlight the need to promote choice and involve advocates wherever the adult has substantial difficulty in understanding any aspect of the process. Documentation has also been amended to prompt workers to adopt a person-centred and outcome focussed approach. Discussions are



under way to clarify how this aspect can be incorporated into the training for workers who will undertake adult safeguarding enquiries, this will include prompts regarding the range of safeguarding options that can be offered and will promote therapeutic and preventative resolutions as well as more formal interventions. Risk assessment and management is being promoted in line with the principles outlined in *Signs of Safety*. Work has yet to begin on identifying how the qualitative aspects can be audited but this is planned and will also seek to move beyond process measures and identify genuine outcomes and positive change related to the intervention and the involvement of the adult.

## Independent Chair Blog

### John Wood

By way of background I was born in Stoke-on-Trent and having lived and worked in Staffordshire and Stoke-on-Trent all my life I have an insight into the social, political and economic environments.

I was formerly a police officer with Staffordshire Police retiring after 30 years as acting Assistant Chief Constable. I worked for many years as the Divisional Police Commander for Stoke-on-Trent where I was an active member of many of the key strategic partnerships in North Staffordshire. Working with the Executive steering group formed by the Stoke-on-Trent Local Strategic Partnership of which I was a Board member I took responsibility as the Block lead for Safer Stronger Communities and for 4 years, played a leading role in the development of the Local Area Agreement and aligning and driving the activity to deliver improved community focused outcomes. The Safer Stronger Block comprised of a number of partnership groups that I was actively involved in including Community Safety (as Chair), Drug and Alcohol Action Team (as Chair) and Partnership Against Racism in North Staffordshire. During this time I was also a member of the board of the Single Regeneration Budget (SRB5) Realising the Potential of Young People.

Since leaving Staffordshire Police I have been actively engaged in co-ordinating the work of the Staffordshire Criminal Justice Board making links to the wider network of community safety and public protection partnerships. In addition I have developed my understanding and support of the Third Sector through my involvement as a Board member with Brighter Futures.

I am delighted to have been appointed as Independent Chair building on the excellent work of Jackie Carnell, and am very much looking forward to working with the wider safeguarding partnership to help ensure that the adults at risk in our communities are safeguarded effectively.

John



# Board Approved Strategic Priorities for 2015/16

## Leadership in the Independent Care home Sector

To improve leadership skills in the independent care home sector by:

- Ascertaining the regulators (CQC) requirements for leadership skills and knowledge for Registered Care Managers and/or Nominated Person. (Executive sub-group)
- Benchmark against CQC requirements (If no clear CQC requirements agree a set of standard questions and measure against them to give a view on what will be necessary to bridge any identified gap) (PME sub-group)
- Scope our ability to offer bespoke training specific to leadership skills to Registered Care Managers, Nominated Persons and Senior Clinical Leads. (L&D sub-group or guide commissioning of same).

## Transition to adult care and support

To undertake a strategic scope and gap analysis of the current systems in respect of the eligibility criteria and transition processes for vulnerable children into adulthood. This will be in accordance with Sections 58 to 66 of the Care Act, the Care and Support (Children's Carers) Regulations 2014 and statutory guidance. It will also be undertaken to include best national practice and recommendations from local learning reviews.

- Working closely with both the Staffordshire and Stoke-on-Trent respective Local Children's Boards to develop an improvement plan with both commissioners and provider services based on the evidence gained from the strategic scope and gap analysis. (Executive and SAR sub-groups)
- For the three strategic Boards to endorse the agreed improvement plan
- To drive progress against the transition action plan recommendations
- Ascertain assurance of Board compliance (Executive sub-group)
- Ascertain assurance of partner organisational compliance and establish a process for monitoring the impact of operational practice in providing improved transition arrangements and outcomes for vulnerable children and young adults (PM&E sub-group)
- Develop bespoke training slides to add to the training programmes offered (L&D sub-group)

## Care Act Compliance and embedding a sustainable change

To ensure compliance with the Care Act and maintain sustainable change:

- Consultation and agreement of the revised Policy and Procedures and re-launch (P&P and All sub-groups in terms of prevention strand of this)
- Embedding of the new areas for safeguarding practice e.g. self-neglect (all sub-groups)
- Embedding of the training packages to reflect the revised Policy and Procedures (L&D sub-group)
- Focus on communication and engagement with professionals and the wider public (Executive Communications strand all sub-groups)
- Ensure realignment of the PM&E data set to reflect the changes (PM&E)

## Glossary of Terms

**Abuse** includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and institutional abuse.

**ACPO (Association of Chief Police Officers)** an organisation that leads the development of police policy in England, Wales and Northern Ireland.

**ADASS (Association of Directors of Adult Social Services)** the national leadership association for directors of local authority adult social care services.

**Advocacy** taking action to help people say what they want, secure their rights, represent their interests and obtain the services they need.

**Capacity** the ability to make a decision about a particular matter at the time the decision needs to be made.

**Care services** includes health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone's own home by an organisation or paid employee for a person by means of a personal budget (PB), direct payment or funded by the person themselves.

**Carer** refers to unpaid carers for example, relatives or friends of the adult at risk. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'.

**Consent** the voluntary and continuing permission of the person to the intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.

**CPS (Crown Prosecution Service)** the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.

**CQC (Care Quality Commission)** responsible for the registration and regulation of health and social care in England.

**DoH (Department of Health)** the government strategic leadership for public health, the NHS and social care in England.

**DHR (domestic homicide review)** a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by (a) a person to whom she or he was related or with whom she or he was or had been in an intimate personal relationship, or (b) a member of the same household as herself or himself. A DHR is held with a view to identifying the lessons to be learned from the death.

**DoLS (Deprivation of Liberty Safeguards)** measures to protect people who lack the mental capacity to make specific decisions at specific times. The Safeguards came into effect in April 2009 using the principles of the Mental Capacity Act (MCA) 2005, and apply to people in care homes or hospitals where they may be deprived of their liberty.

**Domestic Abuse/Violence** is any incident or pattern of incidents of controlling, coercive, threatening behavior, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, emotional.

## Glossary of Terms

**DWP (Department for Work and Pensions)** government department responsible for welfare and employment issues.

**GP (general practitioner)** A general practitioner is a doctor who is responsible for diagnosing and treating a variety of injuries and diseases that fall under the general practice category. General practitioners (GPs) work in primary care. They are usually commissioned by primary care organisations, such as primary care trusts or clinical commissioning groups to deliver services.

**Health and Wellbeing Board (HWB)** The [Health and Social care Act 2012](#) establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

**Healthwatch** is the independent consumer champion for health and social care.

**HSCA (Health and Social Care Act 2012)** is an Act of the Parliament of the United Kingdom. It provides for the most extensive reorganisation of the structure of the National Health Service in England to date.

**Investigation/assessment** a process to gather evidence to determine whether abuse has taken place and/or whether there is ongoing risk of harm to the adult at risk. In some local authorities this may be referred to as an 'inquiry'.

**Large Scale Investigation (LSI)** a multi-agency response to circumstances where there may be two or more adults at risk of harm: within a managed care setting (this includes residential care, day care, home based care or a healthcare setting).

**MAPPA (multi-agency public protection arrangements)** statutory arrangements for managing sexual and violent offenders.

**Mental capacity** refers to whether someone has the mental capacity to make a decision or not.

**MCA (Mental Capacity Act 2005)** The Mental Capacity Act 2005 provides a statutory framework to empower and protect people aged 16 and over who lack, or may lack, capacity to make certain decisions for themselves because of illness, a learning disability, or mental health problems. The act was fully implemented in October 2007 and applies in England and Wales.

**MHA (Mental Health Act 2007)** amends the Mental Health Act 1983 (the 1983 Act), the Mental Capacity Act 2005 (MCA) and the Domestic Violence, Crime and Victims Act 2004. This includes changing the way the 1983 Act defines mental disorder, so that a single definition applies throughout the Act, and abolishes references to categories of disorder.

**National Health Service (NHS)** the publicly funded health care system in the UK.

**PoT (Position of trust)** someone in a position of trust who works with or cares for adults with care and support needs in a paid or voluntary capacity. This includes 'shared lives' carers (previously known as adult foster carers).

**Police** the generic term used in this document covering the following forces: Staffordshire Police

**Practitioner** professional or manager in the organisation

**SAB (Safeguarding Adults Board)** the SAB represents various organisations in a local authority who are involved in Safeguarding Adults.

## Glossary of Terms and References

**SAR (Safeguarding Adults Review)** a review of the practice of agencies involved in a safeguarding matter. An SAR is commissioned by the Safeguarding Adults Board (SAB) when a serious incident(s) of adult abuse takes place or is suspected. The aim is for agencies and individuals to learn lessons to improve the way they work.

**Staff** paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'. Volunteers are also classed as staff. See also *carer*.

**Wellbeing** The Care Act 2014 states "Wellbeing" is a broad concept, and it is described as relating to the following areas in particular: personal dignity (including treatment of the individual with respect); physical and mental health and emotional wellbeing; protection from abuse and neglect; control by the individual over day-to-day life (including over care and support provided and the way it is provided); participation in work, education, training or recreation; social and economic wellbeing; domestic, family and personal relationships; suitability of living accommodation and the individual's contribution to society.

**Wilful neglect** an intentional or deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves. Section 44 of the Mental Capacity Act (MCA) makes it a specific criminal offence to wilfully ill treat or neglect a person who lacks capacity.

### References:

1. *Care Act 2014*; Department of Health (DoH), Published 15<sup>th</sup> May 2014.
2. *Care and Support Statutory Guidance; Issued under the Care Act 2014*, Department of Health, Published 23rd October 2014.
3. *The Signs of Safety; Comprehensive Briefing Paper*; Dr. Andrew Turnell, Published April 2012

### Appendices:

- 1: SSASPB Constitution: <http://www.staffordshirecares.info/pages/my-safety/adult-safeguarding/documents/SSASPB-Constitution.pdf>
- 2: Safeguarding Adult Review Protocol: <http://www.staffordshirecares.info/pages/my-safety/adult-safeguarding/Staffordshire-and-Stoke-on-Trent-Adult-Safeguarding-Enquiry-Procedures.pdf>
- 3: SSASPB 2014-2015 Sub-group Business Plans: <http://www.staffordshirecares.info/pages/my-safety/adult-safeguarding/documents/SSASPB-Sub-Group-Business-Plans-2014-15-.pdf>
- 4: SSASPB Communication Plan: <http://www.staffordshirecares.info/pages/my-safety/adult-safeguarding/documents/SSASPB-Communication-Plan-July2015-FINAL-APPROVED-V1.pdf>

## Contacts



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

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

SSASPB Manager; Helen Jones

SSASP Board Administrator; Stephanie Kincaid-Banks

SSASPB Team

Wedgwood Building (Floor 3)

Tipping Street

Stafford

ST16 2DH

01785 854071

[SSASPB.admin@staffordshire.gov.uk](mailto:SSASPB.admin@staffordshire.gov.uk)

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





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

**Abuse must stop**

**If you suspect abuse**

**Phone 0845 604 2719**

**if the adult lives in Staffordshire**

**or**

**Phone 0800 5610015**

**if the adult lives in Stoke-on-Trent**

*This Annual Report was compiled on behalf of the SSASPB by Helen Jones and Stephanie Kincaid-Banks. It was endorsed by all Board Members on 16th July 2015 as a true reflection of the work undertaken by the Partnership between 1st April 2014 and 31st March 2015.*

