Appendix 1

Annual Report of the Stockton Safeguarding Vulnerable Adults Committee

2012 -13

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Contents

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1. Introduction

This report provides an account of the activity of the Stockton Adult Safeguarding Team and the issues considered by the Stockton Safeguarding Vulnerable Adults Committee (SVAC) in the year 2012/13. Partner Agencies have been invited to contribute to the content of this report.

This is the first complete year reported upon since Stockton Borough Council's (SBC's) Adult Safeguarding arrangements were restructured.

Safeguarding generally falls into two areas, client specific, traditionally referred to as "Adult Abuse" and the broader area of community safety e.g. crime prevention, fire safety and health and safety.

SVAC has considered a wide range of issues over the last year, covering the full spectrum of Safeguarding.

2. Stockton Multi-Agency Vulnerable Adults Committee Activity

The Committee met throughout 2012/13 and considered a range of relevant issues to help to deliver the aims and objectives of the Tees Strategic Adult Safeguarding Board and its own local priorities identified in the 2012/13 plan.

It aimed to:

- Improve Outcomes for Vulnerable People in Stockton
- Ensure our staff have the skills and knowledge to protect vulnerable people
- Have better engagement with victims as well as efficient multi agency processes
- Ensure that vulnerable or incapacitated people have equal access to justice
- Monitor the performance of organisations working with Vulnerable People

It has focused on:

- Raising public awareness : via Safeguarding Vulnerable Adults Radio campaign and NHS targeted information to General Practitioners (GPs), Opticians and other health professionals.
- the governance of the multi agency adult safeguarding processes in light of NHS and local Government changes.
- Disability Hate Crime : via workshops and presentations
- Cleveland Fire Brigade Winter Warmth Initiative year 2
- Serious case review recommendations, and any lessons learnt for Stockton
- Quality Standards Framework for care homes to deliver better quality of care
- MENCAP "Stand By Me" campaign

- Vulnerable Witness Support Preparation and profiling to increase prosecutions
- Cleveland Police's Stockton Vulnerable Adult Pilot
- Keep Safe Event consultation for people with learning disabilities
- Stockton Borough Council Community safety teams vulnerable victim service
- Victim Support local services to vulnerable people
- Home Oxygen fire risks to vulnerable people
- Financial abuse prevention training for people with learning disability by Stockton District Advice and Information Service.
- Lessons learnt workshops following theft convictions of people working in positions of trust with vulnerable adults.
- Promoting the threshold guidance to be used to target scarce resources at the most serious cases of risk to vulnerable adults.
- Developing Integrated safeguarding processes for serious case reviews
- Invoking a large enquiry protocol for multiple victims/ cases
- Commissioning mental capacity assessments early in the adult safeguarding process to assist successful prosecutions
- Winterbourne view reports for local implications and lessons to be learnt
- Training needs analysis of partner agencies
- The activity of the new local authority Adult Safeguarding team
- The views of vulnerable people who had been through the process of multi agency adult safeguarding meetings and investigations.

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3. Safeguarding Team Activity 2012/13

The objectives of the Safeguarding Team for 2012 – 2013 were:

- Maintenance of responsive and effective safeguarding processes and procedures
- Client / family involvement in safeguarding meetings when possible and appropriate
- Advocacy considered in 100% of safeguarding interventions
- All mentally capacitated people to receive a safeguarding questionnaire with subsequent analysis of responses
- People to feel safer following safeguarding intervention
- More perpetrators to be prosecuted
- Robust data and analysis to be available
- Promotion of quality standards and compliance with procedures

The Safeguarding Team is now well established and the processes and procedures are in place. They are reviewed and further developed as a continuous process in response to client and professional experience.

Client and, where appropriate, family involvement is positively encouraged at every step of the way: we are currently developing public information for participants to explain the processes before attending, to assist understanding and participation.

The question of advocacy is considered in all cases including the referral to the Independent Mental Capacity Advocate Service.

The client / carer questionnaire has been gradually rolled out over the last 6 months of the year which includes information as to whether people feel safer following the Safeguarding intervention. We have had 65 questionnaires completed in the year to 31/3/13. In general, these reflect a high level of satisfaction with the Safeguarding process and procedures, although, we are anticipating that there will be a significant level of dissatisfaction registered in relation to the outcomes into financial abuse that occurred in respect of a particular care home in Stockton. This matter involved a staff member allegedly stealing from resident's allowances and involved 12 people. The clients largely lacked the capacity to understand what had happened but a number of their relatives were understandably upset that the staff member concerned was not prosecuted. A meeting is scheduled with the Police, Safeguarding Staff and Commissioners to examine what lessons can be learned from this situation.

Detailed analysis of 2012/13 Questionnaire responses will be presented at a future Safeguarding Vulnerable Adults Committee (SVAC) meeting.

The aspiration for more perpetrators to be prosecuted remains. In the year there were 9 successful prosecutions (2 for neglect, 4 physical assaults, 2 sexual offences and 1 case of financial abuse). In addition there are still 9 further investigations running with potential prosecutions to follow.
An initiative to assist in securing prosecutions has been a commitment to participate in "Witness Profiling". This is to provide information to the court that will help in securing testimony in court and supports the person through the process. All members of the Safeguarding Team have received training to deliver this. In reality it is not anticipated that large numbers will be involved.

Robust data collection remains a priority. We have continued to maintain a manual database until systems within Care Director are fully developed and operational procedures in place. This work is well under way but the manual database will continue to run until there is total confidence that the information needed can be sourced from Care Director.

Promotion of quality standards and compliance with procedures in Safeguarding have been monitored through targeted record audits within the year, through the Comments, Commendations and Complaints system and from the comments made through the completed questionnaires.

The data reported in Appendix 1 is that reported in the Annual Vulnerable Adults (AVA) return and submitted in May of this year. As reported in Appendix 1, activity levels in Safeguarding have increased, in that we have received 977 Safeguarding alerts within the year, which have converted into 308 referrals. 14 of the 308 are still in progress, hence the outcome analysis is on the 294 that are concluded. The increase in alerts of 46% compared to the previous year is a significant increase. Possible reasons are the awareness raising that has taken place and media coverage of issues such as Winterbourne View. The number of referrals did not increase by a corresponding number (only 11.6%), which indicates that a significant number of the concerns did not meet the threshold to become a Safeguarding matter. This can be viewed positively as we would seek to encourage people to raise concerns and then determine whether the issues are safeguarding concerns or not.

The number of completed referrals within the year is marginally higher compared to the previous year from 284 to 294 (up 3.5%).

In relation to the category of abuse, the notable differences are the increases in financial abuse (up from 60 to 69;15% more) and Neglect (up from 69 to 107; 55% more). Both these increases are most likely to be largely attributable to specific provider issues addressed in the year. It is also noteworthy that there was a reduction from 21 to 12 (42% decrease) in the category of sexual abuse.

With regard to outcomes recorded for both victim and perpetrator, a higher proportion in 12/13 are categorised as No Further Action (NFA). Early thoughts on this are that it may be a recording issue, in that a number of these relating to the outcome for the victim may previously have been given an outcome of increased monitoring, which is much higher in previous years. Likewise for outcomes for the perpetrator "Counselling/Training/Treatment" was recorded as much higher in previous years.

Of particular note is the change in recording activity, transferring from a manual database to Care Director. In implementing Care Director, priority was appropriately given to ensuring our core systems, that process the majority of activity across Social Care, where in place and functioning. The Safeguarding component, though important, was not developed until later and continues to be tested and refined, though is now being fully utilised. It is anticipated that looking forward Care Director will improve accuracy, accessibility and opportunity for analysis of Safeguarding data for SBC.

4. Plans for 2013/14

- Develop organisational arrangements to re-configure the Tees Board in response to the anticipated enactment of the Care and Support Bill, placing Adult Safeguarding on a statutory footing.
- Scrutiny of the result of the Audit of Adult Safeguarding Team procedures and practice by internal audit.
- Safeguarding Team to produce Public Information for people attending Safeguarding Meetings.
- Review findings of the Quality Standards Framework activity via Safeguarding Vulnerable Adults Committee (SVAC)
- Receive a report on the review of Fire Safety information sharing arrangements via SVAC
- Scrutiny of quarterly Safeguarding Team activity data via SVAC.
- Safeguarding Questionnaire and information collection process to be reviewed by the Safeguarding Team
- Scrutiny of quarterly analysis of responses to the Safeguarding Questionnaire
- Respond to issues arising from published Serious Case Reviews.
- Awareness and consideration, where appropriate, of any new national guidance and policy.
- Facilitate public awareness of the Safe Place Scheme.

- Arrange an external peer review of the outcomes achieved for clients involved in the safeguarding process

5. Workforce Development & Training 2012/13

Over the course of 2012/13, Stockton Borough Council and its partner agencies have continued to provide and commission a wide range of training in the practice area of safeguarding adults. This is in line with the Tees-wide Vulnerable Adults Board's training strategy and partner organisations' own workforce development needs analysis. These are based on an agreed national set of staff competencies.

Awareness training has been provided in-house by the Council by experienced trainers and is also available via an e-learning training course for those who find this method of delivery more convenient. The different types of basic awareness training provided by the authority supplements the induction training and mandatory in-house training increasingly carried out by registered care providers, housing providers and NHS partners. The range of different training available for staff allows organisations to use a different method for the regular updates and refreshers for staff which we would expect to be carried out every 3 years. Safeguarding Adults awareness training is also offered as part of the 6-day accredited induction programme which is aimed at workers who are new to the social care sector. This level of training is available free of charge to Stockton Borough Council workers and to those working in the independent and voluntary sectors, including personal assistants.

Intermediate Training was jointly commissioned from the Tees Valley Alliance, a 2-day Intermediate Safeguarding Adults Course runs regularly throughout the year. This course is commissioned and partly delivered by 6 local authorities in the Tees Valley and Durham, in partnership with the Alliance and Teesside University, NHS Tees, Tees Esk and Wear valley NHS trust, Cleveland Police, North Tees and Hartlepool NHS trust and South Tees NHS Trust.

It ran 7 times in the past year and was targeted at NHS staff, Social Care staff, Managers and Deputies of Independent and Voluntary Service providers and is a multi agency course to mirror the adult safeguarding process.

Advanced training courses have been commissioned for social workers and other social care managers working for Councils as the lead agency for adult safeguarding by the 4 local authorities on the Tees Board. These included, Recording in Safeguarding, Interviewing Skills, Court Skills. Additionally training was commissioned for administrative staff in Minute Taking for Safeguarding Adults Meetings. Several training sessions were also provided on the subject of Forced Marriages and Honour Based Violence. Planning and Conducting Investigations, Chairing and Convening Adult Protection Conferences training was also attended by key staff of the Borough Council.

In addition, the University of Teesside offers an Advanced Adult Safeguarding course, which is offered mainly to staff undergoing Post Qualification accredited training in social work.

Detailed analysis of attendance at training is provided in Appendix 3.

6. Mental Capacity Act / DOLS Activity

Analysis of the figures in relation to Deprivation of Liberty Safeguards is provided in Appendix 4. Whilst numbers are less than the previous year, the proportion of those granted as appropriate has increased, indicating a more mature understanding by staff in hospitals and care homes of the Deprivation of Liberty Safeguards under the Mental Capacity Act, in the past year.

During 2012/13 a number of high profile legal cases have been moving through the English Courts and European Courts establishing new interpretations of the original Act and regulations, which may also have an effect on comparing activity from year to year.

7. Use of Independent Mental Capacity Advocates IMCA) in Stockton 2012/13

There are 5 main situations when the consideration to appoint an Independent Mental Capacity Advocate (IMCA) is required to protect the rights of vulnerable adults.

These are when the vulnerable adult has impaired capacity, is unsupported and:

- An Adult safeguarding investigation is initiated
- Changes to accommodation are being considered
- Serious medical treatment is being considered
- Their care is considered to be restricting their liberty and freedom
- Their care plan is being reviewed.

Nationally in the last year of reporting, the use of IMCAs has increased by an average 9% with a wide range of between a 34% increase in use in care reviews and a 2% decrease in use in adult safeguarding. *The fifth year of the Independent Mental Capacity Advocacy service 2011-2012" DOH Feb 2013*

IMCA Referrals Stockton 2012/13

April/May/ June	14
July /August/September	23
October/ November/December	13
Total	**50**

This compares to a total of 24 over 3 quarters in 2011/12

National Trends

Nationally in England in 2011- 12 there were over 130,000 **adult safeguarding** referrals recorded by the NHS Information Centre, with only 1500 IMCA cases recorded (just over 1%) where they had been instructed by local authorities to

represent people who lack capacity and are unsupported in decisions about risk of abuse.

During the same period in Stockton over 2% of our safeguarding cases had an IMCA to represent incapacitated adults who were not supported by family.

Authority	Serious Medical Treatment	Change of Accom.	Adult Safeguarding	Care Review	DOL	Multiple reasons	total
Stockton	4	4	6	2	5	3	24
Redcar	2	12	7	0	4	7	32
Middlesbrough	12	17	4	2	5	1	41
Hartlepool	3	9	4	5	3	1	25
Darlington	3	18	14	5	5	1	46
Sth. Tyneside	8	9	12	9	13	2	53
Nth. Tyneside	4	30	5	2	3	0	44

IMCA referrals by local authorities April 2011-March 2012
The fifth year of the IMCA Service" (DOH march 2013)

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8. Adult Safeguarding Committee Vulnerable Adults consultation 2012/13

KEEP SAFE

The organisations on the committee, along with the Safer Stockton crime reduction Partnership Board and the Multi Agency Learning Disability Partnership Board, continued the work with residents in the Borough with a learning disability, their carers and those providing specialist support services to promote independent living with safety in Stockton on Tees.

This year we carried out extensive consultation with people with a learning disability about ways to prevent becoming victims of crime and anti social behaviour using self advocates, Stockton Helps All, Shaw Trust, Community Safety Team, Cleveland Police and Inclusion North.

In May 2012, 100+ people gathered together for a day of consultation around their experience of crime, anti-social behaviour and safeguarding issues along with local authority, voluntary sector support staff and statutory crime reduction agencies.

The day was intended to give people with a learning disability the opportunity to 'have their say' by discussing their experiences of living independently with support in Stockton with each other and voicing their concerns and ideas of ways to **"**Keep Safe".

Structured table discussions gave individuals the chance to discuss the household crime and disorder questionnaire that had been circulated by the Safer Stockton Partnership Board. It allowed the fear of doorstep crime, street crime and various "scams" to be explored and various keep safe strategies to be shared by the participants in a similar way to the older persons consultation the previous year.

Various organisations including the community safety team, Neighbourhood Police and Victim Support were able to give information on the services available to vulnerable residents.

Our local learning disability drama group "Full Circle" were very well received in a short drama that they had written and prepared about the practical ways to use mobile phones safely

The concept of Disability Hate Crime and anti social behaviour was introduced to vulnerable residents which was then further developed by another workshop event facilitated by Inclusion North and Cleveland Police to examine the lack of reporting this type of hate crime in the Borough and across Tees.

The work following this consultation is still ongoing on an individual basis with people in their daily support services promoting independence and safety.

Agencies in Stockton are still involved in ongoing Cleveland Police force wide developments to support both vulnerable people and identify easier reporting routes for various types of Hate Crime and types of anti social behaviour, especially those victims with disabilities.

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9. Contributions from other Committee Members

Stockton on Tees Borough Council Housing Options

The Housing Service fulfils the Council's strategic function: duties under homeless legislation; housing vulnerable clients; delivers the Housing Benefits Service and the Private Sector Housing Service. Housing also lead on a number of Housing regeneration projects in partnership with Registered Housing Providers.

By virtue of its business, Housing plays a key role in safeguarding vulnerable adults and by listening, responding to and recording the views of our customers, their family, carers and staff we have been able to deliver a service to our customers that is appropriate, timely and responsive. This has also enabled us to share information appropriately and effectively and effect quality safeguarding referrals as and when needed.

'Housing' is a proactive member of the Safeguarding Vulnerable Adults Committee, with representation on the Multi Agency Public Protection Arrangements (MAPPA) Strategic Management Board. Representation across wider partnerships also ensures effective communication and information sharing.

All our staff are capable and able to identify and respond appropriately to safeguarding issues and have undertaken the Council's mandatory e learning Safeguarding training.

We have recently introduced a form that is completed and signed by officers every time they have contact with a customer and prompts officers to consider safeguarding issues.

Our contribution to the support and protection provided to vulnerable adults has helped to minimise the negative impact of those at risk of homelessness; those decanted due to stock regeneration; those living in poor and sub standard housing conditions; those needing financial assistance via Housing Benefit to live independently in affordable accommodation or needing adaptations to their home to improve their quality of life. The health and well being of our customers is key in how we deliver our services.

Hartlepool and Stockton Clinical Commissioning Group.

In 2012/13 at the then Tees PCT, all staff were required to undertake adult safeguarding training (level 1 , foundation) as it was mandatory .

In relation to primary care services:

- Dentists as of 1.4.12 need to comply with Care Quality Commission (CQC) requirements
- GP practices as of 1.4.13 need to comply with CQC requirements.

- The PCT raised awareness with all primary care services regarding compliance with Adult safeguarding policy and procedures and awareness training.
- As of 1.4.13 primary care is the NHS Area Team's responsibility regarding services contracts (not the CCG.)

Victim Support

Adult safeguarding training:

- New starters to Victim Support, volunteers and staff, receive initial Safeguarding training as part of the induction and training process.
- They then complete distance learning about safeguarding Children, Young people and Adults.
- Just being introduced is an updated 1 day Safeguarding training, which all staff and volunteers must attend.
- Victim Support has designated Safeguarding officers and on call out of hours officers to deal immediately with any concerns raised in line with Victim Support's Safeguarding policy. .
- Disability and Mental Health awareness days are compulsory.

Staff and volunteers attended and participated in recent events held for those with learning disabilities, their carers and significant others.

Cleveland Fire Brigade

The Advocates are a team of multi-disciplined specialists whose main aim is to keep individuals, families, groups and the wider community safe from the risk of fire. The team works with a wide variety of partners on a daily basis to ensure that the most vulnerable members of the community are safe, whilst attempting to relieve and prevent hardship and suffering. They work with, on behalf of, or in the interest of individuals to enable them to deal with personal and social difficulties and obtain essential resources and services.

Total number of referrals received into the Advocate Team and Home Fire safety Team

Source	2011/2012	2012/2013	%
Internal sources (stations, control, other departments)	807	1038	+29%
External sources (agencies and family members directly)	1291	3258	+152%
Total	2098	4296	+105%

1797 onwards referrals were offered to clients in 2012/13 with 1308 accepted. The main referral agencies are to Five Lamps, Social services, Warm front and Welfare rights/Pensions.

Referrals by District	**2011/12**	**2012/2013**	**%**
Stockton	405	1515	+275%

35% of all referrals received were in the Stockton District. 467 piece of Risk reduction equipment were given to Stockton residents this is a 58% increase on the previous year. This includes equipment given through the Brigades Stay Safe and Warm Campaign. There were over 5500 Home Fire Safety Visits carried out in the Stockton District an increase of 4% on the previous year. Over 1390 requests for service were received by Stockton Social Services, 1235 required a HFSV.

Cleveland Police

Cleveland Police are fully committed to working with our partners to safeguard vulnerable adults. The Force puts 'protecting the vulnerable' as its number one priority.

Cleveland Police set up 'Vulnerability Units' 4 years ago. These are now well established teams of detectives who specialise in the fields of adult protection, child abuse investigation and domestic abuse.

As part of the safeguarding process, police received 183 vulnerable adult referrals within Stockton on Tees during 2012-2013. Of these, 36 progressed to full criminal investigations.

There were 9 successful prosecutions (2 for neglect, 4 physical assaults, 2 sexual offences and 1 case of financial abuse). In addition there are still 9 further investigations running with potential prosecutions to follow.

The prosecutions include a care worker assaulting a resident of a care home, the rape of a young woman with learning difficulties by her ex partner and a case of neglect where care home records were falsified.

Detective Inspector Mike Cane (Force lead on vulnerable adults) said "These are sensitive and complex enquiries but the police message is clear: we will work with agencies, families and victims to gather evidence and prosecute those who breach their position of trust whenever possible"

Tees Esk and Wear Valley NHS Foundation Trust

Staff receive safeguarding adult awareness training and the trust has developed a "responding to an alert training" which will be rolled out to senior staff this year.

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APPENDIX 1

Annual Vulnerable Adults Return Statistics 2012-13

Safeguarding Element		2010/11	2011/12	2012/13	Direction of Travel
Number of Alerts		674	669	977	↑
Number of Alerts that progress to referrals (including re-referrals)		268	276	308	↑
Conversion rate (Alerts to Referrals)		40%	41%	32%	↓
Number of Repeat Referrals within the financial year		12	25	25	↔
Number of Completed Referrals within the Financial Year		186	284	294	↑
Number of Completed Referrals with an outcome of Substantiated / Partially Substantiated within the Financial Year		110	169	170	↑
Conversion rate (Referrals to completed referrals with an outcome of substantiated / partially substantiated)		59%	60%	58%	↓
Number of Referrals by Primary Client Group	Physical Disability	135	109	146	↑
	Mental Health	79	81	114	↑
	Learning Disability	42	54	46	↓
	Substance Misuse	0	0	2	↑
	Other Vulnerable Adult	0	0	0	↔
	Not Recorded	0	0	0	↔
Sub Total		268	276	308	
Number of Vulnerable Adults referred by age	18-64	79	109	103	↓
	65+	189	167	205	↑
Sub Total		268	276	308	
Number of Vulnerable Adults referred by Category of Abuse	Physical	87	87	85	↓
	Sexual	17	21	12	↓
	Emotional / Psychological	33	38	35	↓
	Financial	54	60	69	↑
	Neglect	77	69	107	↑
	Discriminatory	0	0	0	↔
	Institutional	0	1	0	↓
	Not Recorded	0	0	0	↔

Sub Total		268	276	308	
Relationship of Perpetrator to Vulnerable Adult	Partner / Spouse	20	26	20	↓
	Other Family Member	49	42	51	↑
	Health Care Worker	18	14	23	↓
	Volunteer/Befriender	0	0	0	↔
	Social Care Staff	94	99	130	↓
	Other Professional	13	11	7	↓
	Other Vulnerable Adult	37	25	34	↑
	Neighbour/Friend	10	22	15	↓
	Stranger	4	9	10	↑
	Not Known	15	11	10	↓
	Other	8	17	8	↓
	Not Recorded	0	0	0	↔
Sub Total		268	276	308	
Outcome - Victim	Increased Monitoring	80	152	68	↓
	Vulnerable Adult Removed from Property or Service	7	20	8	↓
	Community Care Assessment and Services	42	31	40	↑
	Civil Action	0	0	1	↑
	Application to Court of Protection	0	0	3	↑
	Application to change appointee-ship	0	0	1	↑
	Referral to advocacy scheme	0	0	2	↑
	Referral to Counselling / Training	0	0	2	↑
	Moved to Increase/Different Care	6	1	15	↑
	Management of Access to Finances	1	3	4	↑
	Guardianship/Use of Mental Health Act	2	1	1	↔
	Review of Self Directed Support (PB)	0	0	2	↑
	Restriction / Management of access to alleged perpetrator	14	8	18	↑
	Referral to MARAC	0	0	0	↔
	Other	4	9	12	↑
	NFA	30	40	117	↑

	Not Recorded	0	19	0	↓
Sub Total		186	284	294	
Outcome - Alleged Perpetrator	Criminal Prosecution/Formal Caution	1	8	9	↑
	Police action	6	19	13	↓
	Community Care Assessment	19	13	7	↓
	Removal from Property or Service	5	10	24	↑
	Management of Access to Vulnerable Adult	22	17	12	↓
	Referred to PoVA List / ISA	0	0	3	↑
	Referral to Registration Body	1	4	0	↓
	Disciplinary Action	17	15	22	↑
	Action by CQC	0	0	3	↑
	Continued Monitoring	10	24	18	↓
	Counselling/Training/Treatment	25	41	11	↓
	Referrral to Court/mandated treatment	…	…	0	↔
	referral to MAPPA	…	…	0	↔
	Action under Mental Health Act	0	0	1	↑
	Action by Contract Compliance	11	15	13	↓
	Exoneration	0	1	0	↓
	NFA	54	76	132	↑
	Other	0	4	0	↓
	Not Known	15	18	26	↑
Sub Total		186	284	294	

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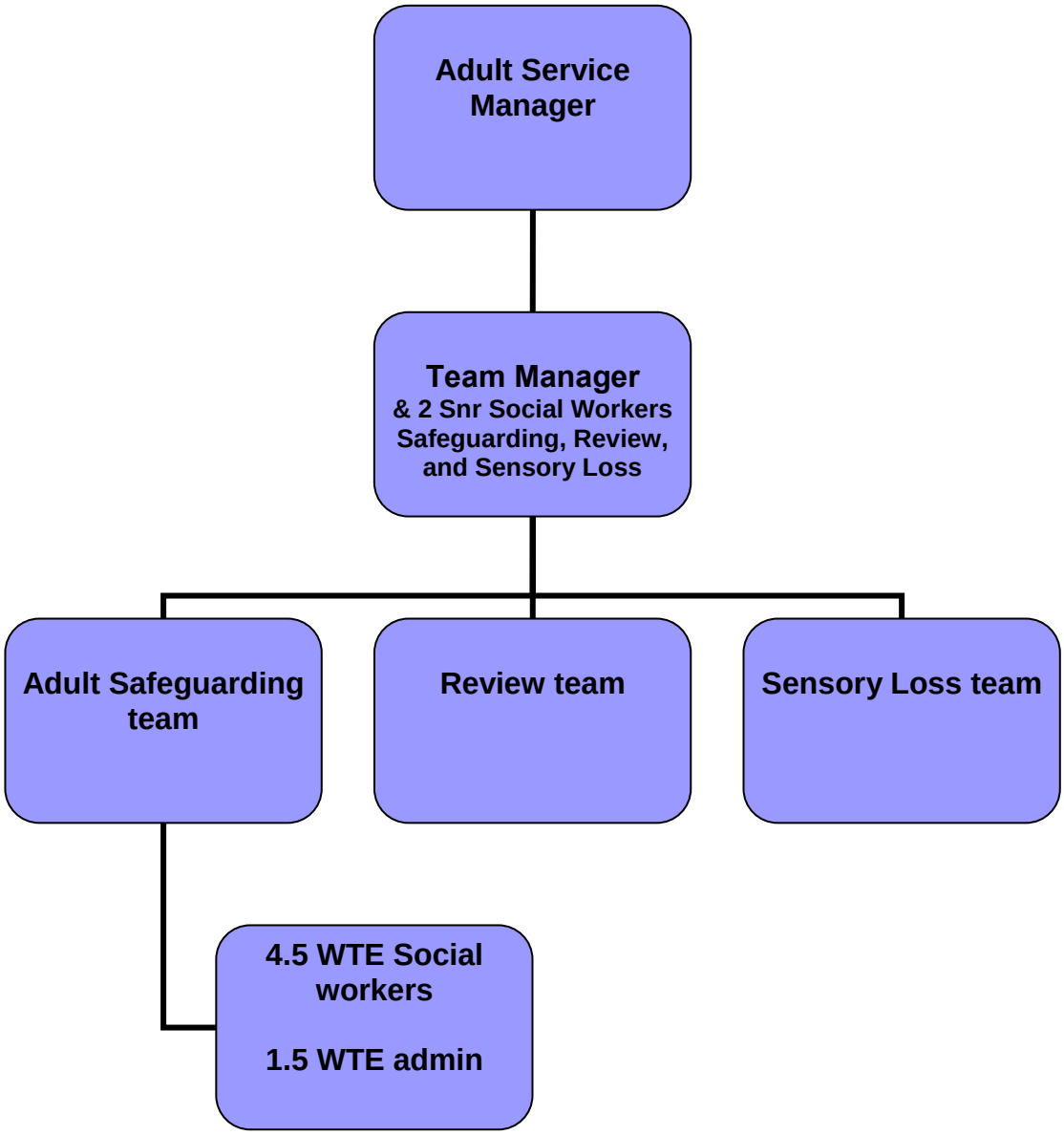
APPENDIX 2

Safeguarding Team Budget and Staffing

	Salary Costs
0.6 WTE of the Team Manager post is allocated to Adult Safeguarding activity within the team	£30,592
1WTE of the Senior Social workers posts are allocated to Adult Safeguarding activity within the team.	£44,217
4.5 WTE of the Social Worker posts are allocated to Adult Safeguarding activity within the team	£183,947
1.5 WTE of the Admin Support officers is allocated to the adult safeguarding activity within the team.	£28,253
0.5 WTE of the Adult Strategy lead for MCA and Adult Safeguarding	£22,109
0.5 WTE of the Admin Support for Adult Strategy Team	£10,915
Staffing budget for adult safeguarding in Stockton on tees	**£320,033**
25% of the Tees Board Business Manager	£15,752
Total	**£335,785**
Contributions from Partner Agencies:	
Cleveland Police	£7,969
NHS Tees	£30,000
SBC Net Contribution to Adult Safeguarding 2011/12	**£ 373,754**

Safeguarding Team Structure



In addition to these resources in adult safeguarding in Adult Services, the First Contact team deal with all initial contacts (alerts) to the Council about vulnerable adults and work closely with the specialist adult safeguarding team, statutory partner agencies and the public to ensure the Council provides the most appropriate response to a concern about a vulnerable adult in the Borough.

Strategic developments in adult safeguarding, regional and sub-regional joint initiatives in adult safeguarding are supported by the adult strategy team via a 0.5 WTE Strategic Lead for and Adult Safeguarding and Mental Capacity Act and the Adult Strategy Manager.

The adult strategy team take the lead on the multi agency partnership boards, including the Stockton Safeguarding Vulnerable Adults Committee and the Tees-wide Safeguarding Vulnerable Adults Board. The team also provides the adult safeguarding input into the Safer Stockton Partnership Board, Learning Disability Partnership and the Executive Board.

Stockton Borough Council is a member of the Tees Strategic Adult Safeguarding Board and provided the Chair of the Board for 2012/13 (Director of Children Education and Social Care). It also contributes 25% of the funding of the Tees Board Business Manager post who takes the lead on Tees-wide adult safeguarding initiatives for the Board and its members.

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APPENDIX 3

Safeguarding Adults Training Statistics 2012/13

Course Title	Target Groups	Numbers trained
Basic Adult and Child Safeguarding (DVD)	All SBC staff to complete by March 13 other than those who have already undertaken safeguarding training appropriate to their role	Corporate directors to report back to Jane Humphreys
Safeguarding Awareness e-learning	Anyone who comes into contact with vulnerable adults – CESC, wider SBC, PVI sector, partner agencies	183 teams/ establishments/ partners now have login details
Safeguarding Awareness ½ day course	As above	183 SBC 103 PVI 8 other (57% increase on previous year)
Induction for social care workers – 5 day (accredited) – includes Safeguarding Adults Awareness	Care workers CESC and PVI, personal assistants new to the social care sector	12 SBC 18 PVI (66% increase on previous year)
Safeguarding 2-day Intermediate (accredited)	Team managers, senior social workers, social workers, assistant care co-ordinators, review officers, Ots, managers of services and their deputies (both CESC and contracted), partner agencies, training personnel	20 SBC 8 PVI (64% increase on previous year)
Safeguarding 2-day Advanced – Practice in Safeguarding Adults (accredited)	Team managers, senior social workers, social workers, partner agencies	6 SBC
Chairing Adult Safeguarding Meetings	Those who chair strategy meetings	0*
Planning and Conducting Investigations	Adult Protection Team, senior social workers and managers, registered managers and deputies	1 SBC

Minute taking for Safeguarding Adults	Adult protection team, Administrative Staff	11 SBC
Forced Marriages and Honour Based Violence	Children's and adults services	7 SBC 11 PVI 1 other
Duty to Refer (Independent Safeguarding Authority)	Staff involved in safeguarding adults, residential managers, schools, nurseries	112 across children's and adults services
MCA Awareness	Adult social care staff	28 SBC 25 PVI 1 other
Training for Stockton deputies	Identified SBC staff	16 SBC
MCA awareness	Team managers, senior social workers, social workers, assistant care co-ordinators, review officers	49 SBC
QCF Level 3 unit Support the use of medication in social care settings	Care staff responsible for the administration of medication	14 SBC 22 PVI
Level 4 Introduction to the Management and Administration of Medicines	Care/nursing home/domiciliary deputy managers, medication champions	1 SBC 7 PVI
Level 5 Managing Medication Systems	Mangers responsible for medication systems	8 SBC 12 PVI
Medication Refresher	Care staff responsible for the administration of medication who already hold Level 3	65 SBC 13 PVI

** As 17 members of staff undertook this training in the second half of the financial year 2011/12, no further staff members were identified as requiring this training in 2012/13.*

Places available on courses 2013/14

Course Title	Target Groups	Numbers trained
Basic Adult and Child Safeguarding (DVD)	All SBC staff to complete on induction other than those who are required to undertake safeguarding training appropriate to their role	
Safeguarding Awareness ½ day	As above	280

Course Title	Target Groups	Numbers trained
course		
Induction for social care workers – 6-day (accredited) – includes Safeguarding Adults Awareness	Care workers CESC and PVI, personal assistants new to the social care sector	Funding available on request
Safeguarding 1-day Intermediate (new specification)	Team managers, senior social workers, social workers, assistant care co-ordinators, review officers, Ots, managers of services and their deputies (both CESC and contracted), partner agencies, training personnel	10
Practice in Safeguarding Adults (accredited)	Safeguarding Adults Team, social workers on PQ programme	As required
Planning and Conducting Investigations	Safeguarding Adults Team, team managers, senior social workers, registered managers and deputies 2013/14 – to include all social workers	20
Advanced Chairing Skills	Those who may chair adult safeguarding meetings	As required
Minute taking for Safeguarding Adults	Administrative staff	As required
Court Skills for Adult Social Workers	Social workers, team managers	20
Forced Marriages and Honour Based Violence	Children's and adults services	75
MCA Awareness	Adult social care staff	60
DOLS Awareness	Residential managers and senior staff, social workers	15
MCA – best interest decision making in practice	Social workers, team managers, review officers, assistant care co-ordinators, Ots and OTAs	100

Course Title	Target Groups	Numbers trained
QCF Level 3 unit Support the use of medication in social care settings	Care staff responsible for the administration of medication	30
Level 4 Introduction to the Management and Administration of Medicines	Care/nursing home/domiciliary deputy managers, medication champions	10
Level 5 Managing Medication Systems	Mangers responsible for medication systems	10
Medication Refresher	Care staff responsible for the administration of medication who already hold Level 3	60

Appendix 1

Stockton-on-Tees BOROUGH COUNCIL

APPENDIX 4

DoLS Activity Summary April 2012 to March 2013

Month	Number of Applications Received		Applications Granted		Applications Not Granted		Reasons Not Granted	
	LA	PCT	LA	PCT	LA	PCT	LA	PCT
April 2012	4	0	2	0	2	0	2 x Best Interest Requirement Not Met	
May 2012	3	1	2	1	1	0	Best Interest Requirement Not Met	
June 2012	0	0	0	0	0	0		
TOTAL Q 1	**7**	**1**	**4**	**1**	**3**	**0**		
July 2012	4	1	1	0	3	1	2 x Best Interest Requirement Not Met 1 x Mental Capacity Requirement Not Met	Best Interest Requirement Not Met
August 2012	2	0	0	0	2	0	2 x Best Interest Requirement Not Met	
September 2012	1	1	1	0	0	1		Best Interest Requirement Not Met
TOTAL Q 2	**7**	**2**	**2**	**0**	**5**	**2**		
October 2012	1	1	0	0	1	1	Best Interest Requirement Not Met	Best Interest Requirement Not Met
November 2012	3	2	1	1	2	1	2 x Best Interest Requirement Not Met	Best Interest Requirement Not Met

December 2012	0	1	0	1	0	0		
TOTAL Q3	**4**	**4**	**1**	**2**	**3**	**2**		
January 2013	0	0	0	0	0	0		
February 2013	2	0	0	0	2	0	2 x Best Interest Requirement Not Met	
March 2013	3	0	2	0	1	0	Best Interest Requirement Not Met	
TOTAL Q4	**5**	**0**	**2**	**0**	**3**	**0**		
TOTAL 2012/2013	**23**	**7**	**9**	**3**	**14**	**4**		
TOTAL 2011/2012	**35**	**6**	**13**	**1**	**22**	**5**		

APPENDIX 5

SAFEGUARDING CASE STUDY

In February ’12 we received anonymous information that clients in a Stockton nursing home for people with dementia were being handled ‘roughly’ by a staff member. In response to this, action was taken jointly by SBC and the Primary Care Trust (PCT) to investigate.

The initial investigation confirmed the allegation, resulting in referrals concerning three individuals allegedly having been subject to physical abuse. A voluntary suspension of placements into the home was agreed whilst further investigation and actions took place.

A new manager was brought into the home and their scrutiny of processes and procedures brought anomalies to light relating to the management of client finances. This resulted in a further 12 alerts raised by the home itself relating to residents thought to have been financially abused. As a consequence, the suspension of placements was changed from voluntary to mandatory by our commissioning team.

As investigations regarding the allegations above were explored, further issues were discovered and new issues arose. Concerns were such that, in addition to the safeguarding activity with individual clients, it was considered appropriate to initiate action through the *Protocol for Responding to Serious Concerns about a Service provided for Vulnerable Adults*. A series of meetings took place throughout the episode of concerns, to monitor exactly what was happening and review the action required to safeguard all the residents of this home. Participants in the meetings were: PCT commissioners and providers, Safeguarding Team staff, SBC Commissioners, Police, CQC and representatives of the nursing home and its parent company.
In the period between February and November 2012, there were 50 alerts raised in respect of residents in this home regarding allegations of neglect, physical abuse, financial abuse and sexual abuse.

Actions taken

- PCT/SBC carried out joint reassessment and review of each resident
- An action plan was drawn up and actions required of the home were monitored weekly; unannounced visits by commissioners were also undertaken.
- Investigation of individual client safeguarding issues was undertaken
- Staff implicated in abuse were dealt with through disciplinary procedures
- The staffing and management arrangements were strengthened
- Changes to practice and procedures to improve quality of care and protect residents were implemented
- Training of staff and competency checks were undertaken

- A communication plan for residents and their relatives was implemented
- Meetings with clients / relatives to inform them of concerns and related issues were held
- Police investigation was completed, leading to arrests and court proceedings
- The Care Quality Commission was kept informed of developments

Despite the additional resources put into the home by the provider and the support provided by the PCT and SBC, a decision was taken by the company to close the home. This was effected and the last residents transferred out on 22/2/13.

Our experience of this situation provided reassurance that our Safeguarding arrangements were such that the issues did come to our attention and were responded to robustly and appropriately.

Areas of concern and learning related to:

- Determination of the Mental Capacity of victims: In criminal proceedings the courts are likely to require a psychiatrist to determine mental capacity rather than a social worker or nurse and this determination should be made as near to the time of the alleged abuse as possible. Arrangements to facilitate this are now in place.

- The standards of documentation and record keeping within the home were very poor. This had not been highlighted previously in inspections by the regulator (CQC) or commissioners and led to problems in evidence gathering for the police. This is now a significant part of the Quality Standards Framework (QSF) work undertaken with care homes in the Stockton area by Commissioning and operational staff.

- The home did not have adequate procedures documented and available to staff relating to the handling of clients' money and purchasing items on their behalf. This resulted in the Crown Prosecution Service deciding it could not proceed with prosecutions in relation to what amounted to thefts from residents. The company did restore the amounts stolen and QSF work will ensure a more robust monitoring of these systems, complementing the CQC's processes.