

## CABINET ITEM COVERING SHEET PROFORMA

**AGENDA ITEM**

**REPORT TO CABINET**

**15 JANUARY 2015**

**REPORT OF  
CORPORATE  
MANAGEMENT TEAM**

### **CABINET DECISION**

**Adult Services and Health - Lead Cabinet Member- Councillor Cllr. Jim Beall**

#### **STOCKTON SAFEGUARDING VULNERABLE ADULTS UPDATE 2013-2014**

1. Summary

The Annual Report of the Tees Safeguarding Adults Board 2013-14 is attached as Appendix 1. The Action Plan following the LGA Peer Review of Adult Safeguarding is attached as Appendix 2. This action plan will be monitored through the Local Executive Group: Safeguarding Adults (previously the Safeguarding Vulnerable Adults Committee). A Cabinet Report was presented in April 2014 relating to the review and a summary of the review methodology is included in this report.

2. Recommendations

That Cabinet notes the content of the Annual Report of the Tees Safeguarding Adults Board 2013-14 and the Action Plan following the LGA Peer Review of Adult Safeguarding.

3. Reasons for the Recommendations/Decision(s)

To keep Cabinet informed of adult safeguarding activity and issues relating to the implementation of the Mental Capacity Act requirements.

4. Members' Interests

Members (including co-opted Members) should consider whether they have a personal interest in any item, as defined in **paragraphs 9 and 11** of the Council's code of conduct and, if so, declare the existence and nature of that interest in accordance with and/or taking account of **paragraphs 12 - 17** of the code.

Where a Member regards him/herself as having a personal interest, as described in **paragraph 16** of the code, in any business of the Council he/she must then, **in accordance with paragraph 18** of the code, consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest and the business:-

- affects the members financial position or the financial position of a person or body described in **paragraph 17** of the code, or
- relates to the determining of any approval, consent, licence, permission or registration in relation to the member or any person or body described in **paragraph 17** of the code.

A Member with a personal interest, as described in **paragraph 18** of the code, may attend the meeting but must not take part in the consideration and voting upon the relevant item of business. However, a member with such an interest may make representations, answer questions or give evidence relating to that business before the business is considered or voted on, provided the public are also allowed to attend the meeting for the same purpose whether under a statutory right or otherwise (**paragraph 19** of the code)

Members may participate in any discussion and vote on a matter in which they have an interest, as described in **paragraph 18** of the code, where that interest relates to functions of the Council detailed in **paragraph 20** of the code.

### **Disclosable Pecuniary Interests**

It is a criminal offence for a member to participate in any discussion or vote on a matter in which he/she has a disclosable pecuniary interest (and where an appropriate dispensation has not been granted) **paragraph 21** of the code.

Members are required to comply with any procedural rule adopted by the Council which requires a member to leave the meeting room whilst the meeting is discussing a matter in which that member has a disclosable pecuniary interest (**paragraph 22** of the code)

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**CABINET DECISION**

**STOCKTON SAFEGUARDING VULNERABLE ADULTS UPDATE 2012-2013**

**SUMMARY**

1. The Annual Report of the Tees Safeguarding Adults Board 2013-14 is attached as Appendix 1. The Action Plan following the LGA Peer Review of Adult Safeguarding is attached as Appendix 2. This action plan will be monitored through the Local Executive Group: Safeguarding Adults (previously the Safeguarding Vulnerable Adults Committee).

**RECOMMENDATIONS**

2. That Cabinet notes the content of the Annual Report of the Tees Safeguarding Adults Board 2013-14 and the Action Plan following the LGA Peer Review of Adult Safeguarding.

**DETAIL**

**Tees Safeguarding Adults Board Annual Report**

3. A Tees-wide Safeguarding Adults Board (TSAB) is in place, with an independent Chair. The Tees-wide Board will be the Statutory Safeguarding Adults Board in line with the Care Act 2014 (schedule 2), which will be implemented from April 2015. Local Executive Groups (Safeguarding Adults) are in place in each Local Authority area.
4. A Tees Safeguarding Adults Board Business Unit is currently being recruited to, which will support the TSAB and is jointly funded by the four Local Authorities, the NHS and Police.
5. The report provides information about the partner agencies and safeguarding activity. Activity information is also included in relation to the Mental Capacity Act Deprivation of Liberty Safeguards.

**The Action Plan following the LGA Peer Review of Adult Safeguarding**

6. A Cabinet paper presented in April 2014 provided a summary of the review methodology as follows:

- The Review was undertaken over four days and focused on the outcome of people's experience of safeguarding.
- The Review incorporated interviews with strategic partners, but due to the current work to develop a Tees-wide Statutory Safeguarding Adults Board, the strategic adult safeguarding arrangements and structures were not a major focus of the review.
- Prior to the review taking place, a self-assessment document, with supporting evidence, was provided to the Peer Review Team.
  
- The Peer Review Team was made up of the following members :
  - Martin Farran, Director of Adults & Communities, Barnsley Council;
  - Councillor Alan Kerr, Deputy Leader of South Tyneside Metropolitan Borough;
  - Ian Winter CBE, Associate LGA;
  - Ruth Allen, Director of Social Work, South West London & St George's Mental Health NHS Trust;
  - Maria Gray, Detective Constable, Protection of Vulnerable Adults, Metropolitan Police;
  - Marcus Coulson, Challenge Manager, Local Government Association.
  
- The team was on site from 3-6 February 2014 and met and spoke to a number of internal and external stakeholders including :
  - carrying out interviews and discussions with Councillors, Officers and Partners;
  - Conducting Focus Groups with Managers, Practitioners, Frontline Staff and people using Services and Carers;
  
- Twenty-seven case files were subject to audit by the team and feedback from the Reviewer was positive, including additional notes that he provided to us after the review.
  
- An overview of the key findings of the review was provided in a presentation to the Council on the last day of the Review (6.2.14).
  
- 7. The Action Plan incorporates the Peer Review recommendations and provides an update on progress against the related actions. The majority of the recommendations do not relate specifically to adult safeguarding. Progress against the Action Plan will be monitored through the Local Executive Committee (Safeguarding Adults) Health & Wellbeing structures and the Adult Board as relevant.

## **FINANCIAL IMPLICATIONS**

8. None

## **LEGAL IMPLICATIONS**

9. Responsibilities in line with the Mental Capacity Act 2007, NHS and Community Care Act 1990 and Human Rights Act 1998 will continue to underpin adult safeguarding work. Ongoing work will incorporate the requirements of the Care Act 2014.

### **RISK ASSESSMENT**

10. The report is categorised as low risk.

### **SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS**

11. Safer Communities: Interagency and partnership working will continue to support the development of safer communities.

### **EQUALITIES IMPACT ASSESSMENT**

12. This report is not subject to an Equality Impact Assessment as it does not involve a new policy, strategy or change in delivery of a service.

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Education related? No

Background Papers

**Appendix 1: Annual Report of the Tees Safeguarding Adults Board**  
**Appendix 2: Action Plan following the LGA Peer Review of Adult Safeguarding**

Ward(s) and Ward Councillors: Not ward specific

Property (<http://sbcintranet/library/64521/RES/Capital.doc?view=Display>)



AGENDA ITEM 6			
<b>Meeting / committee:</b>	Teeswide Safeguarding Adults Board	<b>Meeting date:</b>	11 <sup>th</sup> November 2014

<b>Title:</b>	Teeswide Safeguarding Adults Board Annual Report 2013/14
<b>Purpose:</b>	To present the final draft of the Teeswide Safeguarding Adults Board Annual Report 2013/14

<b>Key issues / items for consideration in the report:</b>	The final draft of the Annual Report 2013/14 has been prepared in the light of the direction given by the Board. The aim has been to produce a brief, easy to read report that is a public-facing document.
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<b>Prepared by:</b>		<b>Presented by:</b>	Ann Baxter Independent Chair
<b>Recommendation/s:</b>	To confirm the content of the final draft of the Teeswide Safeguarding Adults Board Annual Report 2013/14, decide the preferred layout of the report and agree a timetable for completion.		

<b>Implications (please mark an X)</b>	Legal	Financial	Safety & Quality	Strategic x	Risk & Assurance
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## Teeswide Safeguarding Adults Board Annual Report 2013-14

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## **Foreword**

I am very pleased to introduce the 2013/14 Annual Report of the Teeswide Safeguarding Adults Board in my first year as Independent Chair.

There is a history of working jointly across Tees and the decision that the Board should take on the statutory responsibilities as outlined in the Care Act 2014 was a bold one. I am encouraged by the commitment of all the partners to make these innovative arrangements work and there has been significant investment of resources in the Board, reflecting the priority given to safeguarding across Tees. The Board will build on the excellent work of the four local safeguarding adults committees in Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton-on-Tees, and they will continue to have a key role as strong local operational partnerships.

At a time of major organisational and legislative change the safeguarding adults agenda has never been more important. Nationally there has been a focus on the quality of services, particularly for those adults who rely on others to help them in their day to day lives. Protecting adults at risk will always be the main priority, but the Board will also concentrate on developing ways of raising awareness and preventing harm. In this report you will find information about safeguarding trends, contributions from partner agencies and it shows how the Board has been instrumental in enabling organisations to work together on wider projects to help safeguard adults at risk across the Tees area.

The Board has an ambitious work plan for the year ahead, and is preparing to respond to the challenges of implementing the Care Act 2014. I am confident that the Board will deliver on this and respond to the many national challenges ahead, making a difference to the lives of vulnerable people.

Ann Baxter  
Independent Chair



## **Safeguarding Adults Arrangements across Tees – a new approach**

There is a history of working jointly across Tees to prevent harm, reduce risk and respond effectively when harm or abuse occurs. The Care Bill, which became law in May 2014, created a legal framework for adult safeguarding with the aim that this will enable key organisations and individuals to agree how they will work together to keep adults at risk safe.

Local authorities must establish a Safeguarding Adults Board in their area, to develop shared strategies for safeguarding and to report to their local communities on progress. Instead of having four separate Boards there was consensus across Tees that this statutory responsibility should rest with the Teeswide Safeguarding Adults Board (TSAB), working closely with four Local Executive Groups (LEGs) which have operational responsibility for adult safeguarding at area level.

In making this commitment Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton-on-Tees Councils agreed, in conjunction with the funding partners (North and South Clinical Commissioning Groups, Cleveland Police and NHS England) to fund the development of a centralised Business Unit to support and advise the TSAB in the exercise of its statutory functions and the LEGs in the exercise of their operational functions.

One of the first tasks of the new TSAB was to appoint an Independent Chair and the role from the outset has provided objectivity and clarity in terms of the future direction of the Board.

### **Teeswide Safeguarding Adults Board**

The following organisations were represented on the Board in 2013-14:

- Hartlepool Borough Council
- Middlesbrough Council
- Redcar & Cleveland Council
- Stockton-on-Tees Council
- Hartlepool and Stockton-on-Tees & South Tees Clinical Commissioning Groups
- NHS England
- South Tees Hospitals NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- Cleveland Police
- Fire Service
- Durham Tees Valley Probation Trust

- Victim Support
- Healthwatch

## **National Context**

As the Care Bill worked its way through Parliament during the year other national developments have had an impact on the work of the Board. The Government issued a Statement on Adult Safeguarding in May 2013 which included a statement of principles for Local Authority Social Services and housing, health, the police and other agencies to use, for both developing and assessing the effectiveness of their local safeguarding arrangements:

- Empowerment – person led decisions and informed consent
- Prevention – take action before harm occurs
- Proportionality – proportionate response to the risk presented
- Protection – support and representation for those in greatest need
- Partnership – local solutions through services working with their communities
- Accountability – accountability and transparency in delivering safeguarding

At a national level the NHS produced a new accountability and assurance framework for the future NHS and the Care Quality Commission produced a strategy for 2013-16 with the aim of making sure that health and social care services provide people with safe, effective and high quality services. The TSAB will have the capacity to provide a co-ordinated, strategic response to national, regional and local policy developments and this will support partners in their ability to meet the challenges of the safeguarding agenda.

## **Multi-agency achievements**

It has been a year of transition for the TSAB. The Board finalised the governance and funding arrangements and extended its Business Plan for a further year. Its priorities were:

- Ensure safeguarding across the Teeswide area is personalised and supportive
- Increase prosecution rates for perpetrators who commit offences against vulnerable adults
- Ensure a consistent approach is developed across the Teeswide area to tackle Hate Crime
- Ensure that commissioned services provide and deliver high quality and safe care for vulnerable adults both in and out of area

In addition to changing the governance arrangements and making a commitment to future funding arrangements, key achievements included:

- Implementation of Witness Support Preparation and Profiling Protocol and successful outcome to the first case using a trained profiler at Crown Court
- Development of an Integrated Case Review process to prevent duplication, improve timescales and the sharing of lessons learned
- Launch of the Tees Safe Place scheme across the Cleveland Police area for people with learning disabilities
- Implementation of Serious Concerns Protocol with partners to ensure a timely, proportionate and effective response in cases where several adults are at risk of harm in the same service
- Evaluation of the Expert by Experience project in Hartlepool which enabled people to express their views about the local safeguarding process and their involvement
- Review of Teeswide Safeguarding Adults Inter-Agency Policy
- Performance framework developed in Redcar & Cleveland with the aim of adopting this Teeswide

## **Partner agencies on the Teeswide Safeguarding Adults Board**

### **Teeswide Local Authorities**

Hartlepool Council, Middlesbrough Council, Redcar & Cleveland Council and Stockton-on-Tees Council have continued to develop and deliver effective safeguarding systems, co-ordinate the work of statutory and voluntary partners through the local safeguarding adults committees and contribute to the wider goal of improving the independence and wellbeing of adults at risk.

Safeguarding practice across Tees was strengthened by:

- Protecting vulnerable adults through Cleveland Fire Brigade's Winter Warmth Initiative
- Ensuring that specialist safeguarding resources were targeted at the more serious cases of risk to vulnerable adults by promoting use of the Tees Threshold Guide
- Improving the engagement of the adult at risk, their relatives and advocates in the safeguarding process
- Raising awareness through participation in the North East Radio/Poster campaign
- Promoting and monitoring the delivery of better quality care services
- Raising awareness to encourage reporting of Disability Hate Crime
- Analysing the training needs of staff and reviewing the training programme. Individual local authorities commissioned the following courses which were taken up across Tees: Intermediate Training; Safeguarding Planning &

Investigating; Chairing Safeguarding meetings; Court Skills; Safeguarding & the Mental Capacity Act and, for the first time, training on Financial Abuse

## **Cleveland Police**

Protecting vulnerable people is a key priority for the force, with the Chief Constable and the Police and Crime Commissioner (PCC) committed to improving policing services to victims and witnesses.

- During 2013/14 a new force structure was unveiled, which changed and improved the way officers respond to incidents and information. This includes twice daily 'pacesetter' meetings to respond dynamically to current crime and antisocial behaviour problems and intelligence. During these meetings, officers across the force come together to consider the threat, risk and harm to the community and will address issues concerning the protection of vulnerable people as a high priority.
- The new structure also sees a new Crime and Justice Command, which includes specialist crime teams. One of these teams is dedicated to dealing with issues concerning vulnerable adults and consists of a detective sergeant and four detective constables. Despite the reduction in police officer numbers overall, Cleveland Police has increased its commitment to protecting vulnerable people by allocating an additional detective to the team during 2014. Detectives in the vulnerable adults team look at crime trends and improve their training in line with changing crime types in the local area. More recently they have had additional training in dealing with financial investigations, due to the increased number of financial abuse cases being referred to them.
- Cleveland Police has given a further commitment to addressing hate crime and in particular, raising awareness and increasing the reporting of crimes against people with disabilities. Part of this commitment includes ongoing work with staff and officers to help them understand the impact of disability hate crime and how it should be dealt with. The Force has secured additional funding to employ a dedicated hate crime coordinator to improve the response and understanding in this area and enhance multi-agency work. Cleveland Police officers continue to work widely with statutory and voluntary agencies at all levels and contribute to various forums, including strategic boards and local community meetings.
- The nationally acclaimed Street Triage Project, in which mental health professionals work alongside police colleagues, has reduced significantly the number of vulnerable people being arrested under the Mental Health Act. By working together, those with mental health issues can be identified and given

the appropriate support they need. Cleveland Police is also involved in a programme of dementia training where local policing teams receive information to enable them to understand the signs of dementia and the support services available in the community. Members of the wider community are also assisting vulnerable people through the Safe Place Scheme. This scheme ensures that staff in identified public places, such as shops and community centres, are aware of vulnerability issues and can help someone they come into contact with who is concerned or who needs support.

***The Chief Constable says that “Protecting Vulnerable People will always be a high priority for Cleveland Police. We will continue to work with statutory partners, voluntary agencies and the community to protect individuals who are vulnerable. We will take robust action against those who exploit other’s vulnerabilities.”***

### **Durham Tees Valley Probation Trust**

Durham Tees Valley Probation Trust was replaced on 1st June 2014 by the creation of a new National Probation Service (NPS) and the Durham Tees Valley Community Rehabilitation Company Limited (DTVCR).

The NPS is now responsible for all initial offender assessments, provision of advice and information to Sentencers and the direct supervision of high risk of harm offenders. The CRC retains responsibility for managing low and medium risk of harm cases, provision of accredited programmes and the resettlement of prisoners.

The NPS and CRC will continue to work collaboratively with all community partners to ensure that the diverse needs of offenders are properly met. Both organisations are aware of the vulnerability of some of their service users and the potential for harm. During the past year the Trust provided opportunities for staff to increase their awareness of vulnerability issues and training was taken up by a good proportion of staff. The NPS and CRC will continue to maintain this commitment to raising awareness and increasing the ability of staff to better manage vulnerable adults under their supervision.

### **NHS England**

- Membership of Teeswide Safeguarding Adults Board
- Contributed to Serious Case Review working collaboratively with the Clinical Commissioning Group

- Hosted regional Prevent Co-coordinator post and supported local providers in training; funded and facilitated Mental Capacity Act training

### **NHS Hartlepool and Stockton-On-Tees Clinical Commissioning Group and NHS South Tees Clinical Commissioning Group**

The NHS reforms have resulted in the establishment of new organisations with different roles, responsibilities and expectations. In April 2013, Clinical Commissioning Groups (CCGs), led by GPs and other clinicians, took over responsibility from Primary Care Trusts (PCTs) for the commissioning of most local healthcare services. As statutory organisations CCGs are responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards vulnerable adults.

- NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group and NHS South Tees Clinical Commissioning Group are two separate and distinct organisations who are supported by a single Executive Nurse, and Head of Quality and Safeguarding (Adults) with responsibility for ensuring the CCGs fulfil their statutory safeguarding adults duties and responsibilities on Teesside. The CCGs are assisted in the delivery of their commissioning responsibilities and statutory functions by the North of England Commissioning Support Service (NECS).
- As newly established commissioning organisations the CCGs have fortified their safeguarding assurance processes internally and with regards to commissioned services, strengthened their reporting arrangements, and are monitoring more focused and meaningful adult safeguarding quality metrics through contract and quality review CCG governance processes.
- As core members of the Teeswide Safeguarding Vulnerable Adults Board both NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group and NHS South Tees Clinical Commissioning Group have contributed to the work of the Board, assisting in shaping its development and led on the revision of the local policy and several health as well as multidisciplinary protocols. The Board has also been informed of the implications of Francis and Winterbourne contextualised in relation to safeguarding in the NHS noting the actions being taken by NHS Commissioners and Providers.

The CCGs remain committed to working with all partners to safeguard adults at risk of abuse and neglect during 2014/15 underpinned and endorsed by the new legal framework.

## **North Tees and Hartlepool NHS Foundation Trust**

The Trust has implemented a number of improvements to further embed adult safeguarding across the organisation including greater investment in clinically based resources to support practice.

- North Tees and Hartlepool NHS Foundation Trust continues to work to enhance and develop standards for safeguarding adults across the hospitals and community.
- During 2012-2013 the trust invested in a specialist nurse learning disabilities post in order to strengthen leadership and deliver improvements in care of people with learning disabilities and strengthen safeguards.
- The specialist nurse portfolio includes responsibility for adult protection and incorporates the wider aspects of safeguarding vulnerable adults.
- Provision of specialist advice relating to implementation of the Mental Capacity Act, Deprivation of Liberty Safeguards and the Human Rights Act provides added assurance that the Trust remains compliant with legislation.
- Provision of a programme of training to staff at all levels which meets the needs of individual roles.

## **South Tees Hospitals NHS Foundation Trust**

- South Tees Hospitals NHS Foundation Trust has continued to push forward the safeguarding adults agenda within financially straitened times.
- Additional resource has been allocated in the short term to support the safeguarding adults agenda.
- Both Safeguarding adults and Mental Capacity act training are mandatory for all clinical staff.
- The trust has robust governance arrangements around the safeguarding adults agenda and produces a quarterly activity report and an annual report to the Board of Directors.
- Safeguarding adults has been identified as one of only four areas of practice for clinical matrons throughout the trust, the others being infection prevention and control, pressure area care and patient experience.

- A project plan is being developed to more firmly embed safeguarding adults practice within the day to day practice of each of the trusts clinical centres.

## **Tees, Esk and Wear Valleys NHS Foundation Trust**

Tees, Esk and Wear Valleys NHS Foundation Trust strives to continually develop and improve the services we provide to patients, their families and carers.

Our aim is to deliver the perfect patient experience, each and every time. This is not only about the effectiveness of our staff and the services they work in, but crucially is also about the way we work with each person who is referred to our services and, where appropriate their family and carers.

Our purpose is to improve lives by minimising the impact of mental ill health or a learning disability, and to help people lead a healthy, self-determined life. We have continued to prioritise safeguarding as one of the Trust's strategic objectives in order to safeguard and promote the welfare of all adults who come into contact with our services and monitor its effectiveness through the Trust's governance arrangements; we remain fully committed to the safeguarding adult partnership.

There has been an increase in dedicated resources to support the safeguarding agenda. The Trust safeguarding adult team provides ongoing support, advice and training in response to the safeguarding portfolio that includes Multi Agency Public Protection Arrangements (MAPPA), Prevent and the Domestic Abuse agenda (including Multi-Agency Risk Assessment Conference) and it also supports the Trust to monitor the quality of services and outcomes for patients that access services.

The Trust has responded to key recommendations from inquiries such as Winterbourne and Francis and is looking at how to share the lessons learnt and is supporting a Lessons Learnt project to demonstrate improvements and improve learning and sharing across the Trust.

Providing the staff with the appropriate level of knowledge remains a key priority in order to support the multi-agency procedures and ensure all staff have the level of safeguarding training identified in order to carry out their role, and both Alerter and Intermediate level training is available internally to facilitate this.



## **Case Studies**

Two case studies contrast the different nature of cases dealt with through safeguarding and highlight the importance of focusing on effective outcomes for the individuals involved – one an individual with autism and asperger's syndrome at risk both from a family member and from others in the community, the other a group of residents in a care home at risk from poor practice and inadequate management.

### **Case Study 1**

Mr A, an individual with autism and asperger's syndrome, was homeless and had been physically and sexually assaulted. He was denied access to his money by a family member. The immediate response to the safeguarding alert was to talk to Mr A and take steps to help him find somewhere to live. He was able to stay with a friend on a temporary basis and an urgent application for housing was made. Mr A agreed to be referred to a Clinical Psychologist so that a formal diagnosis could be made and the Learning Disability Team subsequently became involved and offered specialist support.

An Independent Mental Capacity Advocate worked with Mr A throughout the safeguarding adults process and with their support he was able to attend most meetings and express his views. Mr A's benefits were frozen so as to prevent the family member denying him access to his money, and the Council's Property and Finance Team supported Mr A in managing his finances. Discussions with the police led to a Community Support Officer engaging with Mr A and his failure to attend court for an offence he had committed was resolved through the input of the Probation Service.

Mr A was found accommodation in an area where he was accepted and where he could be close to people who were able to offer him support. Assistance was given to help Mr A furnish his new home and a referral was made to Harbour (a voluntary organisation delivering a range of services to improve the quality of life for families and individuals experiencing domestic abuse). Harbour worked with Mr A to develop strategies to help keep himself safe. At the final meeting Mr A presented as a very happy and excited man who had been given the opportunity to get his life back on track.

### **Case Study 2**

A high volume of referrals were received about a care home providing nursing and residential care for older people and the concerns raised were in relation to poor quality care, poor nutrition, inadequate management, low staffing levels and an over reliance on agency and bank nurses. The Serious Concerns Protocol provided the framework for all the agencies involved and the provider to work together to deliver improvements in care for all the residents.

The police considered a potential charge of corporate neglect, the Clinical Commissioning Group had a role in addressing the quality of nursing care, Tees, Esk and Wear Valleys NHS Foundation Trust worked with the home to support the needs of residents with mental health needs and Environmental Health were involved to

ensure standards were met. The Local Authority co-ordinated the multi-agency process and the Safeguarding Adults team, Social Work teams and the Contracts Compliance team all worked closely with the Regional Managers, Manager and staff of the home to bring about the necessary changes. Given the serious nature of the concerns and the number of agencies involved clear communication with residents and family members was a vital part of the process.

It took time before the provider became fully engaged with the process and it was only when a new manager was appointed that an action plan was confirmed that would deliver improvements in care for all the residents. The process was very challenging for all parties involved but did demonstrate some excellent partnership working and resulted in a positive outcome for the residents of that establishment, their families and for the staff working there. The good working relationships established have continued to be beneficial, and have been helpful in responding effectively to a more recent concern raised by a relative.

### **Safeguarding Activity**

The TSAB received reports on the data collected through the Local Authority Abuse of Vulnerable Adults return and its replacement, the national Safeguarding Adults Return. The TSAB used the analysis of the data to identify trends across Tees. There is commitment to collecting and presenting data from a range of agencies with a role in safeguarding adults, and the Board recognises the need to improve the quality of its activity and performance reports. This is a priority for the coming year.

The detailed data is recorded in Appendix 1 of the report and the key points to highlight are:

- A total of 3,400 alerts were recorded, exactly the same number as the previous year.
- Over a third of alerts were accepted as referrals. Stockton-on-Tees had the lowest conversion rate at 29%, whereas Redcar & Cleveland had the highest rate at 48%. The difference in conversion rates was more marked last year (from 28% to 73%), and this suggests that the threshold guide developed to support the screening process has been applied more consistently across Tees.
- Middlesbrough and Stockton-on-Tees reported an increase in referrals whereas Hartlepool and Redcar & Cleveland reported a drop in referrals; overall the rate of referrals as a proportion of the adult population remains relatively low compared to benchmark group data.
- Allegations of neglect and physical abuse continue to be the most commonly reported types of abuse, reflecting the nature of concerns raised about residents in care homes.

- Allegations of sexual abuse remain extremely low (43 referrals, 3% of the total) which compares to a national and north east rate of 5%.
- More cases of institutional abuse were recorded this year (50 compared to 10 in 2012/13), although Stockton-on-Tees did not report any cases in this category. This increase might be due in part to the fact that the Serious Concerns Protocol provides a rationale for making this judgement and therefore Local Authorities will be more confident about recording this type of abuse.
- The majority of referrals continue to relate to incidents in care homes. Compared to Hartlepool and Middlesbrough, Redcar & Cleveland and Stockton-on-Tees report proportionally more referrals in which 'own home' is recorded as the location of abuse. This might suggest that there is greater awareness of potential safeguarding issues in those communities.
- On average 52% of case conclusions were in the categories 'substantiated' and 'partly substantiated'. This is higher than the national rate of 43.9% in 2012/13. There is greater consistency across Tees in terms of cases 'not substantiated' as each area recorded that conclusion in just under a third of cases. Although this is slightly above the national rate of 29.3% in 2012/13 it is not at a level that indicates inappropriate referrals are being accepted.
- Outcomes for individuals are now recorded in terms of risk, and the most common outcome in Hartlepool and Stockton-on-Tees was that risk was reduced (49% and 42% of cases respectively), whereas in Middlesbrough and Redcar & Cleveland the most common outcome was no further action under safeguarding (46% and 52% of cases respectively), followed by risk reduced (38% and 44% of cases respectively).

Information about Mental Capacity Act Deprivation of Liberty Safeguards activity is recorded in Appendix 2. During 2014 a number of high profile cases have progressed through the English and European Courts establishing new interpretations of the Mental Capacity Act 2005 and regulations. The impact of these changes has been significant and the changes to the Deprivation of Liberty Safeguards threshold have resulted in greatly increased activity.

### **Looking ahead – the priorities**

The TSAB will develop a strategic plan and detailed action plan for the period up to March 2016. One of the main priorities of the Board is to improve its understanding of people's experiences of safeguarding across the Board partnership. Its key strategic aims are:

- Be assured that communities know what safeguarding means and what they can do to protect themselves.
- Be assured of the experience of service users in safeguarding across the Board partnership.
- Be assured that systems are in place for the commissioning of safe services and that processes are in place to escalate risks and concerns.
- Ensure that the Board is led and governed effectively, partners are accountable and that reporting arrangements with other partnerships are in place.
- Develop, monitor and review the implementation and effectiveness of Teeswide policies and procedures.
- Implement a Learning & Improvement Framework and use the feedback to increase understanding and improve practice across the Board partnership

**Safeguarding Adults – data from the Tees Local Authorities 2013 - 14**

**Number of individuals about whom a safeguarding referral has been made, per annum, whether previously known or unknown to the Local Authority, by age**

<b>LA</b>	<b>18-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85-94</b>	<b>95+</b>	<b>Total</b>
Hartlepool	47	19	42	35	5	<b>148</b>
Middlesbrough	107	61	87	76	7	<b>338</b>
Redcar & Cleveland	129	50	113	119	14	<b>425</b>
Stockton-on-Tees	109	32	79	78	8	<b>306</b>
<b>Tees Total</b>	<b>392</b>	<b>162</b>	<b>321</b>	<b>308</b>	<b>34</b>	<b>1217</b>
<b>Tees Total %</b>	<b>32.2%</b>	<b>13.3%</b>	<b>26.4%</b>	<b>25.3%</b>	<b>2.8%</b>	<b>100%</b>

**Number of individuals from whom a safeguarding referral has been made, per annum, whether previously known or unknown to the Local Authority, by gender**

<b>LA</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Hartlepool	49	99	148
Middlesbrough	137	201	338
Redcar & Cleveland	141	284	425
Stockton-on-Tees	112	194	306
<b>Tees Total</b>	<b>439</b>	<b>778</b>	<b>1217</b>
<b>Tees total %</b>	<b>36.1%</b>	<b>63.9%</b>	<b>100%</b>

**Number of individuals for whom a safeguarding referral has been made, per annum, whether previously known or unknown to the Local Authority, by ethnicity**

LA	White	Mixed Multiple	Asian Asian British	Black African Caribbean Black British	Other Ethnic Group	Refused	Undeclared Not Known	Total
Hartlepool	147	0	0	0	0	0	1	148
Middlesbrough	314	0	11	0	2	0	11	338
Redcar & Cleveland	420	3	1	0	0	0	1	425
Stockton-on-Tees	280	0	4	0	0	0	22	306
<b>Tees Total</b>	<b>1161</b>	<b>3</b>	<b>16</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>35</b>	<b>1217</b>
<b>Tees total %</b>	<b>95.4%</b>	<b>0.2%</b>	<b>1.3%</b>	<b>0.0%</b>	<b>0.2%</b>	<b>0.0%</b>	<b>2.9%</b>	<b>100%</b>

**Numbers of individuals for whom a safeguarding referral has been made, per annum, whether previously know or unknown to the council by (d) Primary Client**

LA	Physical disability, frailty and sensory impairment	of which; Sensory impairment	Mental Health	of which; Dementia	Learning Disability	Substance misuse	Other Vulnerable people	Total
Hartlepool	62	1	35	19	35	1	15	<b>148</b>
Middlesbrough	188	14	87	41	63	0	0	<b>338</b>
Redcar & Cleveland	265	0	87	0	71	0	2	<b>425</b>
Stockton-on-Tees	156	7	62	0	51	0	37	<b>306</b>
<b>Tees Total</b>	<b>671</b>	<b>22</b>	<b>271</b>	<b>60</b>	<b>220</b>	<b>1</b>	<b>54</b>	<b>1217</b>
<b>Tees total %</b>	<b>55.1%</b>	<b>-</b>	<b>22.3%</b>	<b>-</b>	<b>18.1%</b>	<b>0.1%</b>	<b>4.4%</b>	<b>100%</b>

**Numbers of concluded referrals in a 12 month period by organisation or Individual(s) believed to be the source of risk by (a) the type of abuse or risk**

LA	Physical	Sexual	Psychological/ emotional	Financial and Material	Neglect and acts of omission	Discriminatory	Institutional	Total
Hartlepool	38	7	11	17	86	3	18	<b>180</b>
Middlesbrough	73	15	32	32	145	2	12	<b>311</b>
Redcar & Cleveland	162	15	98	117	191	117	20	<b>720</b>
Stockton-on-Tees	107	6	38	72	108	2	0	<b>333</b>
<b>Tees Total</b>	<b>380</b>	<b>43</b>	<b>179</b>	<b>238</b>	<b>530</b>	<b>124</b>	<b>50</b>	<b>1544</b>
<b>Tees total %</b>	<b>24.6%</b>	<b>2.8%</b>	<b>11.6%</b>	<b>15.4%</b>	<b>34.3%</b>	<b>8.0%</b>	<b>3.2%</b>	<b>100%</b>

**Numbers of concluded referrals in a 12 month period by organisation or Individual(s) believed to be the source of risk by (b) the location or setting of the risk**

LA	Care Home	Hospital	Own Home	Service within the community	Other	Total
Hartlepool	85	4	41	9	18	<b>157</b>
Middlesbrough	154	49	47	6	13	<b>269</b>
Redcar & Cleveland	192	7	212	7	44	<b>462</b>
Stockton-on-Tees	145	18	153	7	10	<b>333</b>
<b>Tees Total</b>	<b>576</b>	<b>78</b>	<b>453</b>	<b>29</b>	<b>85</b>	<b>1221</b>
<b>Tees total %</b>	<b>47.2%</b>	<b>6.4%</b>	<b>37.1%</b>	<b>2.4%</b>	<b>7.0%</b>	<b>100%</b>

Numbers of concluded referrals in a 12 month period by organisation or Individual(s) believed to be the source of risk by (c) the action and outcome of the action as a result of the referral

LA	Where 'no further action under safeguarding'	Where 'action under safeguarding' Risk Remains	Where 'action under safeguarding' Risk Reduced	Where 'action under safeguarding' Risk Removed	Total
Hartlepool	65	0	77	15	157
Middlesbrough	123	4	103	39	269
Redcar & Cleveland	241	18	203	0	462
Stockton-on-Tees	83	6	139	105	333
<b>Tees Total</b>	<b>512</b>	<b>28</b>	<b>522</b>	<b>159</b>	<b>1221</b>
<b>Tees total %</b>	<b>41.9%</b>	<b>2.3%</b>	<b>42.8%</b>	<b>13.0%</b>	<b>100.0%</b>

Numbers of concluded referrals in a 12 month period by organisation or Individual(s) believed to be the source of risk by (d) the status of the at the conclusion of the referral

LA	Substantiated Fully	Substantiated Partially	Inconclusive	Not Substantiated	Investigation ceased at individual's request	Total
Hartlepool	63	10	35	49	..	157
Middlesbrough	109	37	37	81	5	269
Redcar & Cleveland	166	57	96	143	0	462
Stockton-on-Tees	183	15	29	102	4	333
<b>Tees Total</b>	<b>521</b>	<b>119</b>	<b>197</b>	<b>375</b>	<b>9</b>	<b>1221</b>
<b>Tees total %</b>	<b>42.7%</b>	<b>9.7%</b>	<b>16.1%</b>	<b>30.7%</b>	<b>0.7%</b>	<b>100%</b>



## Mental Capacity Act Deprivation of Liberty Safeguards Activity

### Activity Summary

#### Hartlepool

	Number of applications received		Applications granted		Applications not granted		Withdrawn
	LA	NHS	LA	NHS	LA	NHS	
2013/14	46	3	23	2	16	1	7
2012/13	30	10	13	3	14	5	5

#### Middlesbrough

	Number of applications received		Applications granted		Applications not granted		Withdrawn
	LA	NHS	LA	NHS	LA	NHS	
2013/14	52	3	33	1	19	0	2
2012/13	48	10	28	4	16	6	4

#### Redcar and Cleveland

	Number of applications received		Applications granted		Applications not granted		Withdrawn
	LA	NHS	LA	NHS	LA	NHS	
2013/14	71	1	46	1	22	0	3
2012/13	53	11	36	7	17	4	0

#### Stockton-on-Tees

	Number of applications received		Applications granted		Applications not granted		Withdrawn
	LA	NHS	LA	NHS	LA	NHS	
2013/14	58	3	18	0	25	3	15
2012/13	23	7	9	3	14	4	N/A

**Teeswide total**

	Number of applications received		Applications granted		Applications not granted		Withdrawn
	LA	NHS	LA	NHS	LA	NHS	
2013/14	227	10	120	4	82	4	27
2012/13	154	38	86	17	61	19	9

PEER REVIEW – AREAS IDENTIFIED FOR POSSIBLE DEVELOPMENT BY THEME

Focus of the Review

Outcomes for Individuals

People’s Experience of Safeguarding

**Vision Strategy and Leadership:**

1. Collaborative working : These recommendations will be addressed through the governance structure and Partnership Boards as part of ongoing Workstreams :

- Adult Board
- Health and Wellbeing Partnership
- Health and Wellbeing Commissioning Group

<b>a.</b>	Keep a weather eye on the future funding challenges and the potential need to solve these through adoption of a more radical approach.
<b>b.</b>	Create a shared risk sharing/ assessment process around finances with the Clinical Commissioning Group (CCG) and Hospitals.
<b>c.</b>	Consider further how the Stockton pound is used and benefits all.
<b>d.</b>	There is an opportunity to provide further leadership to develop regional capacity.
<b>e.</b>	Reflect on local practice on how to develop partnerships

2.	As you recognise, service users and carers should be more effectively involved in setting their own outcomes and involved in all areas of the safeguarding process.	Adult Safeguarding Team	Participation in national user experience survey	December 2014	Service Manager (Adult Safeguarding)
3.	Ensure that the Safeguarding Vulnerable Adults Committee (NB: now the Local Executive Group Safeguarding Adults) has an effective quality assurance role including analysis of outcomes	Stockton-on-Tees Local Executive Group (LEG) Safeguarding Adults	Already in operation through the Local Executive Safeguarding Adults Work Programme	March 2015	LEG Chair
4.	Safeguarding meetings: seek to be more precise about recording the key actions that need to take place, by whom and when: this will enable improved understanding when reviewing.	Adult Safeguarding Team	Noted and addressed. To be monitored through the case file audit process.	February 2014	Service Manager (Adult Safeguarding)

	AREA FOR CONSIDERATION	ACTION FOR WHO	WHAT ACTION	WHEN	RESPONSIBLE MANAGER
5.	Work with CPS to consider how to address :  • Non-acceptance of non-	Stockton-on-Tees Local Executive Group	• Draft process is in place to	August 2014	Service

	<p>psychiatrist assessors for mental capacity</p> <ul style="list-style-type: none"> <li>Attitude to those with a Learning Disability as witnesses</li> </ul>		<p>ensure most appropriate professional completes the assessment.</p> <ul style="list-style-type: none"> <li>Witness profiling support in place.</li> </ul>		Manager (Adult Safeguarding)
6.	Review the use of terms 'substantiated' and 'unsubstantiated' in screening process	Adult Safeguarding Team/First contact	Noted and addressed. To be monitored through the case file audit process.	February 2014; Ongoing	Service Manager (Adult Safeguarding)
7.	Build on the engagement of individuals; it would be helpful if staff were supported to be less risk averse in giving information and encouraging engagement	Adult Safeguarding Team	The effectiveness of the user engagement processes will continue to be monitored	National user survey project outcomes to be reviewed December 2014	Service Manager (Adult Safeguarding)

### Service Delivery and Effective Practice

8.	<p>Liaising with other agencies to undertake assessment/arrange services:</p> <ul style="list-style-type: none"> <li>District Nursing Services</li> <li>Independent Mental Capacity Advocate (IMCA) Service</li> </ul>	Operational teams	<ul style="list-style-type: none"> <li>Liaise appropriately and hold partners to account as relevant.</li> <li>Review contractual capacity</li> <li>Review referral forms to IMCA Service</li> </ul>	<p>Part of working practice</p> <p>September 2014</p>	<p>Service Managers</p> <p>Service Managers (Adult Safeguarding; Commissioning)</p>
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AREA FOR CONSIDERATION	ACTION FOR WHO	WHAT ACTION	WHEN	RESPONSIBLE MANAGER
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9.	Safe Place initiative needs expanding	Safer Stockton Partnership / Stockton-on-Tees Local Executive Group	Implementation plan in progress	November 2014	Service Manager (Adult Safeguarding)
10.	Possibly rotate staff from / to Safeguarding Team to ensure development	Adult Services	Opportunities to be considered as they arise	February 14	Service Manager (Adult Safeguarding)
11.	Training evaluation form should focus on outcomes and impact	SBC Staff Development Unit	<ul style="list-style-type: none"> <li>Form to be reviewed</li> <li>Outcomes are monitored through the professional development process</li> </ul>	<ul style="list-style-type: none"> <li>December 2014</li> <li>Ongoing</li> </ul>	Training Manager
12.	Information exchange with health (faxing)	First Contact; Adult Safeguarding Team	Secure email accounts are in place, but fax remains an appropriate method of communication for client identifiable information	February 2014	Completed
13.	Develop alternatives to hospital admissions, including Mental Health	Health & Social Care	To be addressed through Adult Board Workstreams where relevant	February 14	Adult Services Lead
14.	Ensure Corporate plans, such as the Disability Action Plan, are inclusive of all groups	Policy, Improvement & Engagement (PIE) Team	Current plans to be reviewed in this context	December 2014	PIE Team
15.	Police Website could reflect current safeguarding signposting information	Cleveland Police	The Police and Crime Commissioner has been made aware of this recommendation	February 2014	Completed

AREA FOR CONSIDERATION		ACTION FOR WHO	WHAT ACTION	WHEN	RESPONSIBLE MANAGER
<b>Working Together, Partnerships</b>					
16.	Safer Stockton Partnership could consider 'vulnerable people' as a priority	Safer Stockton Partnership	The Head of Community Safety is now a member of the LEG. There is evidence of specific projects targeting vulnerable adults.	Ongoing	Head of Housing and Community Safety
17.	Build on existing strong partnership arrangements to support inclusion of GPs, Ambulance and CPS	Tees Safeguarding Adults Board/ Stockton-on-Tees Local Executive Group	The Ambulance service and CCG are represented on the LEG; CPS is represented on the TSAB	Ongoing	LEG Chair
18.	Build on awareness amongst partners of the difference between 'keeping people safe' and 'safeguarding' and how to identify and respond	Tees Safeguarding Adults Board/ Stockton-on-Tees Local Executive Group	To be embedded in the work programmes of the TSAB and LEG	December 14	LEG chair
19.	The LEG (previously SVAC) should promote approaches to strengthen links between domestic abuse and safeguarding adults and then monitor delivery	Stockton-on-Tees Local Executive Group	To be embedded in the work programme of the LEG	December 14	LEG chair
20.	Healthwatch engagement	Stockton-on-Tees	Close working will continue with	December 2014	LEG chair

		Local Executive Group / Healthwatch	PIE lead to continue to engage with Healthwatch		
21.	Ensure multi-agency safeguarding information sharing arrangements are effective	Stockton-on-Tees Local Executive Group	To be monitored through LEG	December 14	LEG chair

AREA FOR CONSIDERATION		ACTION FOR WHO	WHAT ACTION	WHEN	RESPONSIBLE MANAGER
<b>Commissioning</b>					
22.	Personal Budgets in social care, Personal health budgets :  Inward investment, Maximise the Stockton £, Prevent duplication, Deliver national target	Adult Board / Health & Wellbeing Commissioning Group	Only available as Personal Budget or Personal Health Budget at present : possible developments to be considered through the Health and Well Being Commissioning Group	October 2014	Adult Services Lead
23.	Direct Payments :  • Have realistic target, Action Plan to support development	Adult Services	Signed up to Making it Real and published Action Plan. Monitored through QEC framework	Part of core business	Service Manager (Personalisation)
<b>The following recommendations are incorporated into the Adult Board Enabling Workstream</b>					
24.	Market Management/Development  • Consider the impact of over capacity, low occupancy, sustainability, inward migration				
25.	Quantify future pressures/challenges e.g. transitions				
26.	Opportunities for 3 <sup>rd</sup> sector development				



27.

Universal information and advice

- Join up approach, public engagement and understanding: