



Annual Report 2014 - 2015



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1. WELCOME AND INTRODUCTION

Welcome to this Nottinghamshire Safeguarding Adults Board (NSAB) Annual Report for 2014/2015.

The past year has seen some difficult challenges for all partners in terms of human and financial pressures however I have witnessed a real sense of “pulling together” to ensure that the safeguarding of adults at risk has been maintained as a priority.

During the year we have been preparing for the introduction of the Care Act in April 2015. We have revised our policies and procedures to ensure that they are compliant with the new legislation. We have also used training and other learning opportunities to embed a culture of making safeguarding personal where the desired outcomes of service users are at the centre of decision making and satisfied wherever practical.

The Care Act also gives the Board statutory status and provides guidance as to how we carry out our work. I am also personally delighted that the role of Safeguarding Adults Boards has been strengthened and I am really looking forward to leading the Board in its continued aim “to safeguard vulnerable adults from harm and abuse by working effectively together”.

This coming year sets us further challenges with the widening scope of safeguarding to include domestic violence, modern day slavery, self-neglect and the ‘Prevent’ agenda within the Care Act.

I am confident, even in the light of significant challenges, that partners will confront them in a positive and professional way to ensure that adults at risk in Nottinghamshire are kept free from harm.

Allan Breeton

Independent Chair – Nottinghamshire Safeguarding Adults Board



2. NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD (NSAB)

Nottinghamshire Safeguarding Adults Board (NSAB)

The Nottinghamshire Safeguarding Adults Board is the multi-agency group of senior managers from key organisations responsible for developing and implementing Nottinghamshire's strategy to safeguard vulnerable adults. Together, we are committed to preventing and reducing the incidence of abuse and neglect of people in need of care and support. We are committed to improving the outcomes for people when abuse or neglect has occurred. We are committed to the government's principles for safeguarding.

Safeguarding adults is a phrase which means all work which enables an adult who is or may be in need of community care services to retain independence, well-being and choice and to access their human right to live a life that is free from abuse and neglect.

Any adult at risk of abuse or neglect should be able to access public organisations for appropriate interventions which enable them to live a life free from violence and abuse.

We are committed to achieving good outcomes for people, and encourage work which focuses on improving their safety and well-being and the realisation of the outcomes they want.

Our vision for Nottinghamshire with regard to safeguarding adults is of a county where all adults can live a life free from any form of abuse or neglect. The aim of the Board is **“to safeguard adults from harm and abuse by effectively working together”**. Full details of the terms of reference can be found at www.safeguardingadultsnotts.org.

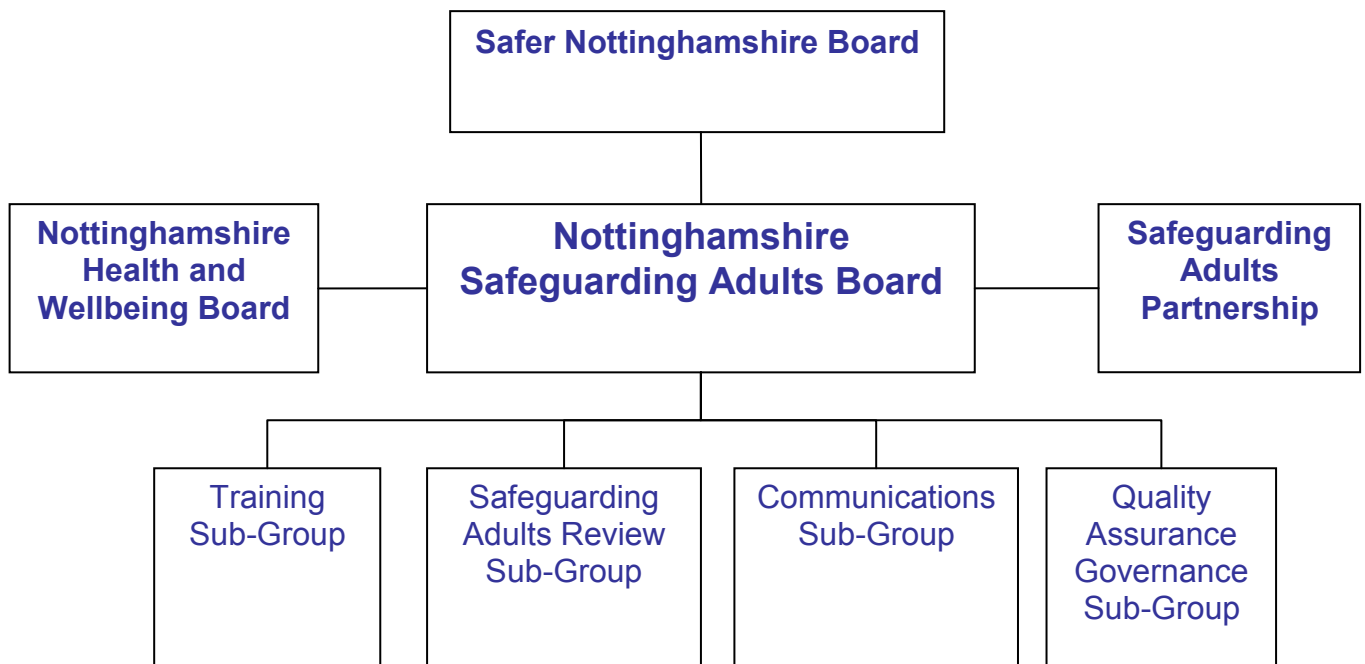
NSAB has four standing sub-groups: Communications, Training, Quality Assurance and the Safeguarding Adults Review Sub-Group (SAR) which was changed from the Serious Case Review Sub-Group (SCR) to reflect the changes in the Care Act. As the NSAB is keen to embed these changes, SCRs are referred to as SARs in the rest of the report. It is through these sub-groups that the work of the Board is delivered. Each of these groups has specific aims and objectives which contribute to the overall NSAB strategy and business plan.

In addition to the Board, there is a countywide Safeguarding Adult Partnership which is coordinated by Nottinghamshire Fire and Rescue Service. The Partnership has over forty organisations, service users and carers who come together to advise the Board, participate in safeguarding developments, and act as a conduit for dissemination of information across the County. Partnership events are held every 6 months and during the reporting period focused on the Multi-Agency Safeguarding Hub and the implications of the Care Act.

NSAB is represented at the East Midlands Adult Safeguarding Board which seeks, through partnership working with all agencies involved in the protection of adults at risk, to inform quality improvements and efficiencies for local services through combining the resources and knowledge in the region

The structure on the following page shows how NSAB connects to other groups.

2. NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD (NSAB)



3. MEMBERSHIP

The membership of the Nottinghamshire Safeguarding Adults Board during 2014/15 is shown below.

- ❖ **Independent Chair**
- ❖ **Chief Operating Officer**, NHS Newark and Sherwood CCG (Vice Chair)
- ❖ **Corporate Director**, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- ❖ **Superintendent, Head of Public Protection**, Nottinghamshire Police
- ❖ **Pathway Lead Clinician for Older People and Named Doctor for Adult Safeguarding**, Nottingham University Hospitals NHS Trust
- ❖ **Assistant Director of Nursing: Patient Experience**, NHS England
- ❖ **Service Director**, Joint Commissioning Quality and Business Change, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- ❖ **Associate Director for Safeguarding and Social Care**, Nottinghamshire Healthcare, NHS Trust
- ❖ **Group Manager**, Access and Safeguarding, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- ❖ **Engagements and Partnerships Manager**, Nottinghamshire Fire and Rescue Service
- ❖ **Director of Nursing, Midwifery and Quality**, Doncaster and Bassetlaw Hospitals NHS Trust
- ❖ **Head of Assurance/Deputy Nurse**, NHS Bassetlaw CCG
- ❖ **Chief Executive Officer**, Broxtowe Borough Council
- ❖ **Head of Nottinghamshire**, National Probation Service
- ❖ **Medical Director**, Sherwood Forest Hospital Trust
- ❖ **Locality Quality Manager**, East Midlands Ambulance Service
- ❖ **Voluntary Sector Support Manager**, Nottinghamshire Association of Voluntary Organisations (NAVO)
- ❖ **Training Co-ordinator**, Safeguarding Adults Strategic Team, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- ❖ **Senior Communications Business Partner**, Nottinghamshire County Council
- ❖ **Board Manager**, Safeguarding Adults Strategic Team, Nottinghamshire County Council
- ❖ **Chief Executive Officer**, Ann Craft Trust (*associate member*)
- ❖ **Local Service Manager**, POhWER, Advocacy Service (*associate member*)
- ❖ **Crown Advocate**, Nottinghamshire Crown Prosecution Service (*associate member*)
- ❖ **Advanced Legal Practitioner**, Nottinghamshire County Council (*associate member*)
- ❖ **Compliance Manager**, Care Quality Commission (*associate member*)
- ❖ **Chief Executive**, Healthwatch (*associate member*)

4. THE SUB GROUPS

Communications

Julie Cuthbert Senior Communications Business Partner for Nottinghamshire County Council chaired the Communications Sub-Group.

“The Communications Sub-Group has two important roles. One is to raise awareness about safeguarding adults with front line staff such as social workers, police officers and healthcare workers so they understand how to recognise adult abuse, how to report concerns and what processes are involved.

We also have a duty to raise awareness with the general public so they know what adult abuse is, who might be affected and how they can report it.”

Quality Assurance

Claire Bearder, Group Manager, Access and Safeguarding, chaired the NSAB Quality Assurance (QA) Sub-Group.

“The purpose of the QA Sub-Group is to provide NSAB with the assurance that safeguarding arrangement processes and practices are effective, person centred and that risks are identified and escalated when they cannot be mitigated.

There are three main strands to the work of the Sub-Group:

1. Risk Management

We ensure that any identified safeguarding themes, trends and lessons learned are explained and, where possible, risks are mitigated or escalated.

2. Organisational Assurance

We oversee a quality assurance process to ensure Board member organisations each have effective safeguarding arrangements in place.

3. Policy, Procedures and Practice

We ensure that there are effective multi-agency policies and procedures in place, which are followed by practitioners and person centred.”

4. THE SUB GROUPS

Safeguarding Adults Review

Amanda Sullivan, Chief Operating Officer for NHS Newark and Sherwood CCG, chaired the Safeguarding Adults Review Sub-Group.

“The Safeguarding Adults Review Sub-Group ensures that cases of death or serious harm that involve abuse or neglect are thoroughly investigated. Our aim is find out why things went wrong and then to ensure that lessons are learned and shared across agencies.

We have representation from health, social care and the police. When we are alerted that a case may require a full multi-agency investigation, we find out the key facts of the case. If we think that a full investigation is required across all of the agencies involved, we recommend that a safeguarding adults’ review is undertaken. Ultimately, the NSAB Chair makes this decision.

Sometimes, when abuse or neglect has resulted in serious harm, we don’t carry out a full multi-agency review, but we ask individual organisations to carry out an investigation and report back to us. Part of our role is to make sure that review recommendations are actually implemented across the partnership.”

Training

Tina Lowe, Multi-Agency Training Coordinator with the Safeguarding Adults Strategic Team, chaired the Training Sub-Group.

“The Training Sub-Group is made up of managers who hold key learning and development roles within their agencies.

The Sub-Group exists to ensure that single and multi-agency training is provided across the County at an acceptable standard and that this is accessible to Statutory, Independent and Voluntary organisations.

Education and training are essential to ensure all staff and volunteers are fully equipped to fulfil their role in safeguarding.

The Sub-Group ensures that all safeguarding adults’ training that is delivered in Nottinghamshire is giving out the right messages, is delivered in a consistent way and is of the right quality.

The Sub-Group seeks to share best practice and incorporate the learning from Safeguarding Adults Reviews into its training programme.”

5. WHAT HAVE WE DONE ... HOW HAS IT MADE A DIFFERENCE?

What have we done...	...and how has it made a difference?
<p>Building on earlier 'Train the Trainer' work, partners developed training plans which facilitated/provided over 27,000 safeguarding adults training/learning opportunities.</p> <p>E-learning was used as a key way to deliver training on the Care Act and training courses reflected its 'Making Safeguarding Personal' focused approach.</p> <p>These also tailored appropriate training/learning to meet three different levels of staff and also included safeguarding awareness for all new members of staff as part of their induction training.</p>	<ul style="list-style-type: none"> ✓ Helped to embed a person centred approach in accordance with the provisions of the Care Act. ✓ Raised awareness of adult safeguarding and the need to ask service users what their preferred outcomes were and focusing on trying to achieve these wherever possible. ✓ Staff in all partner organisations received training that is appropriate to their jobs in relation to protecting adults.
<p>Multi-Agency Safeguarding Adults at Risk Guidance for referrals was updated to comply with the requirements of the Care Act. This provided checklists to ensure that all partners' policies were compliant</p>	<ul style="list-style-type: none"> ✓ Professionals have clear information as to what to do if they have a concern that an adult is at risk of abuse and partners' organisational policies are compliant with the requirements of the Care Act.
<p>Consulted with service users, carers and their representatives on a variety of topics such as training and the review of safeguarding procedures.</p>	<ul style="list-style-type: none"> ✓ The views of those who have used safeguarding services have been embedded into learning and services have become more responsive, increasing user confidence in the processes and improving their quality and effectiveness. ✓ Service users, carers and their representatives have shaped and influenced the work of NSAB.
<p>Carried out a safeguarding adults' awareness survey to benchmark the public's knowledge of adult safeguarding.</p>	<ul style="list-style-type: none"> ✓ Responses we received led to changes to the communication strategy to reflect views about formats and locations for information.
<p>Monitored the progress of the adult part of the Multi-Agency Safeguarding Hub (MASH) which brought together a number of agencies who share information and act as a single point of contact for Adult Safeguarding and Children's Social Care referrals.</p>	<ul style="list-style-type: none"> ✓ Adults at risk of abuse receive a consistent response from professionals who are fully informed with information from a number of agencies.

5. WHAT HAVE WE DONE ... HOW HAS IT MADE A DIFFERENCE?

<p>Monitored the completion of recommendations following our Safeguarding Adults Review which looked at the death of a woman with mental health issues and received presentations from service heads as to how their service had improved as a result.</p>	<p>✓ Learning has been shared to try to prevent something similar happening again.</p>
<p>Carried out an audit of Board member organisations' safeguarding arrangements in preparation for the introduction of the Care Act.</p>	<p>✓ We were provided with information which assured us that organisations have the necessary internal arrangements in place to safeguard adults at risk.</p>
<p>Continued to participate in a national 'Making Safeguarding Personal' pilot project.</p>	<p>✓ We are developing ways to be sure that safeguarding meets the needs of individuals.</p>
<p>Held 6-monthly "Partnership Events" which focused on important topics such as the Multi-agency Safeguarding Hub (MASH) and the forthcoming Care Act.</p>	<p>✓ The safeguarding message is delivered to a wide range of organisations which are able to help to keep vulnerable adults safe.</p>
<p>Worked closely with the Learning Disabilities Partnership Board and involved service users in designing and delivering training.</p>	<p>✓ Staff will take account of the views of service users when working to safeguard adults at risk.</p>
<p>Identified and analysed a significant increase in referrals in Newark and Sherwood which led to an investigation of an independent health provider which resulted in the implementation of an action plan to resolve the issues.</p>	<p>✓ Improvements were implemented to independent health provision in Newark and Sherwood to ensure that this was fit for purpose and safe for patients.</p>

5. WHAT HAVE WE DONE ... HOW HAS IT MADE A DIFFERENCE?



What does making safeguarding personal really mean? Case Study – John

John is 59 and lives with his mother who also provides his daily care. He has a physical disability and also suffers from arthritis and diabetes, so receives regular telephone calls from a long term conditions nurse.

As part of a telephone assessment, John told the nurse he was worried about his home and his mother. Both were afraid to leave the house as they have been subject to continued verbal and physical abuse from neighbours which included insults and throwing objects at the house, resulting in a broken window. As well as being worried about his mum, John was very worried about his mobility car as it is his only way of getting about.

He also disclosed to the nurse that he had been in hospital the previous night after telling police he was going to take an overdose as a result of the constant abuse - the police officer decided the risk was very real and so took John to hospital where he was admitted.

The MASH was told and decided that this concern met the threshold for a safeguarding assessment so passed it to the team in the district to undertake the relevant work. The social work team worked closely with partner agencies from across the Police, housing and health. However, throughout all the multi-agency work, the outcomes that were important to John and his mum were at the centre of the work.

John and his mum had originally wished to stay where they were and to work through their problems with the neighbours and this is the approach that was initially taken. However, as the case continued, the outcomes that were important to John and his mum changed and they were subsequently supported to move into new accommodation. This has resulted in John and his mum leading better lives without fear for their safety.

John said: “Our lives are 100% better now we are away from our old house – it is like living in a new world and me and Mum are much happier. It got so bad I thought about taking an overdose and the stress of the abuse made my medical problems even worse. Now I can go out and not worry about my mum and I’m sharing my experiences with social workers at the County Council so they can respond to similar cases in the future.”

This case shows how important it is to take a person centred approach to safeguarding, with agencies working towards outcomes that are important to John. It also shows that by involving John throughout and talking to him, the social worker and the other agencies involved knew when John’s outcomes changed and were able to change the approach they took to managing the risks.

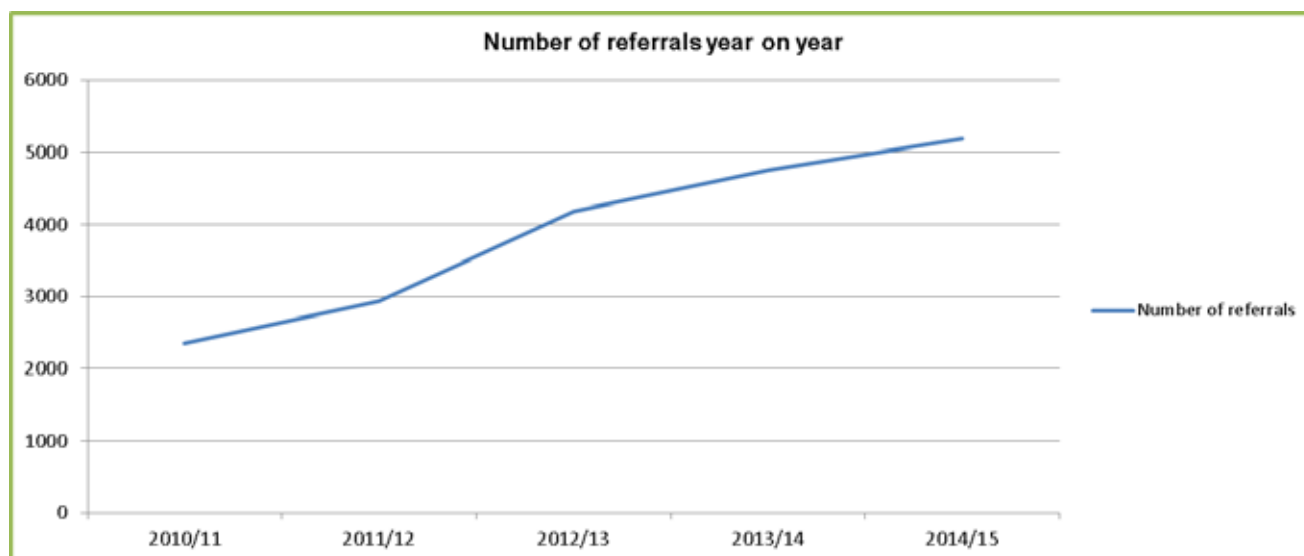
6. FACTS AND FIGURES

Introduction

This section looks at data relating to safeguarding referrals and those that met the threshold for assessments as well as the outcomes of these assessments. The Care Act refers to assessments as 'enquiries' and, as the NSAB is keen to embed the Care Act culture, this is the term used in the rest of the report. The section also reports on data regarding 'Deprivation of Liberty Safeguards' applications and authorisations.

1. Referrals

Graph 1.1



Graph 1.1 above shows the trend for the number of safeguarding referrals year on year.

The upward trend in Nottinghamshire safeguarding referrals continued in 2014/15 with a total of 5,183 referrals being received. The increase of 432 referrals is 9% higher than 2013/14 but the percentage rate of growth was lower than in the previous three years. This may reflect a reduction in the number of referrals that did not meet the threshold for an enquiry which is one of the Board's objectives. This is monitored and referrer organisations with high numbers of referrals that do not lead to an enquiry are supported to enable them to take appropriate action.

Table 1.2

Age	18-64	65-74	75-84	85+	Sex	Female	Male	Ethnicity	Asian	Black	Mixed	No Data	Other	White
Number of referrals	2330	586	958	1309		3012	2133		46	66	37	23	160	4851
%	45.0%	11.3%	18.5%	25.3%		58.1%	41.2%		0.9%	1.3%	0.7%	0.4%	3.1%	93.6%

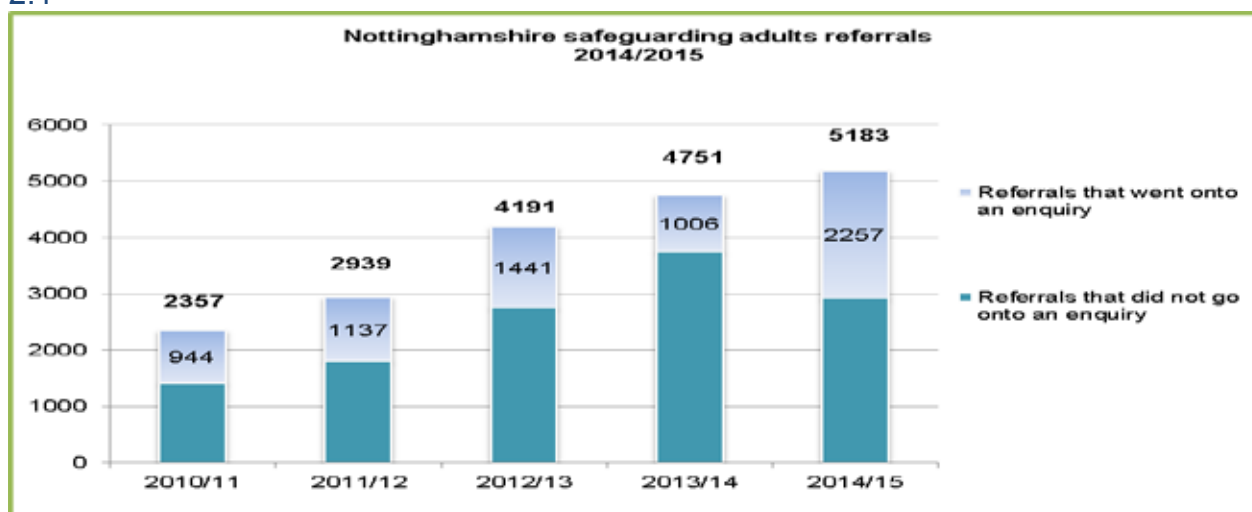
The referrals, when broken down by gender, age and ethnicity, were similar to previous years with women being significantly more likely to be the subject of a referral. The over 85's represented the biggest number (6614) of referrals per 100,000 of the Nottinghamshire population for the age group.

6. FACTS AND FIGURES

2. Referrals Which Led to an Enquiry

The statistical returns provided to central government concentrate on those referrals which meet the threshold for a safeguarding enquiry.

Graph
2.1



The number of referrals meeting the threshold for an enquiry more than doubled in 2014/15 in comparison to 2013/14, with the percentage of referrals leading to an enquiry being higher than any of the previous 4 years.

However a significant factor driving this increase has been that during 2014/15 in preparation for the introduction of the Care Act, there was a change in recording. This meant that referrals which used to be allocated to districts would not necessarily have been recorded as having a full safeguarding enquiry.

The percentage of referrals leading to an enquiry (43.5%) is at its highest level in the last 5 years which is positive and could reflect improvements in training undertaken across partnership organisations. However the percentage of adults who have been subject to 2 or more enquiries in a 12 month period stands at 19%. This will be investigated to see what can be done to reduce the number of people that are subjected to repeated enquiries.

Table 2.2

	Total	18-64	65-74	75-84	85+	Female	Male	Asian	Black	Mixed	No Data	Other	White
Number of enquiries	2257	1019	226	415	597	1310	936	15	39	18	5	65	2115
% of referrals that led to an enquiry	43.5%	43.7%	38.6%	43.3%	45.6%	43.5%	43.9%	32.6%	59.1%	48.6%	21.7%	40.6%	43.6%

The majority of enquiries (55%) were for individuals aged 65 and over. When analysing the number of enquiries per 100,000 of the population after the age of 65 there is a consistent increase of enquiries for each of the age bands. Referrals for those aged 85+ are more likely to lead to an enquiry whilst those for 65-74 year olds are the least likely.

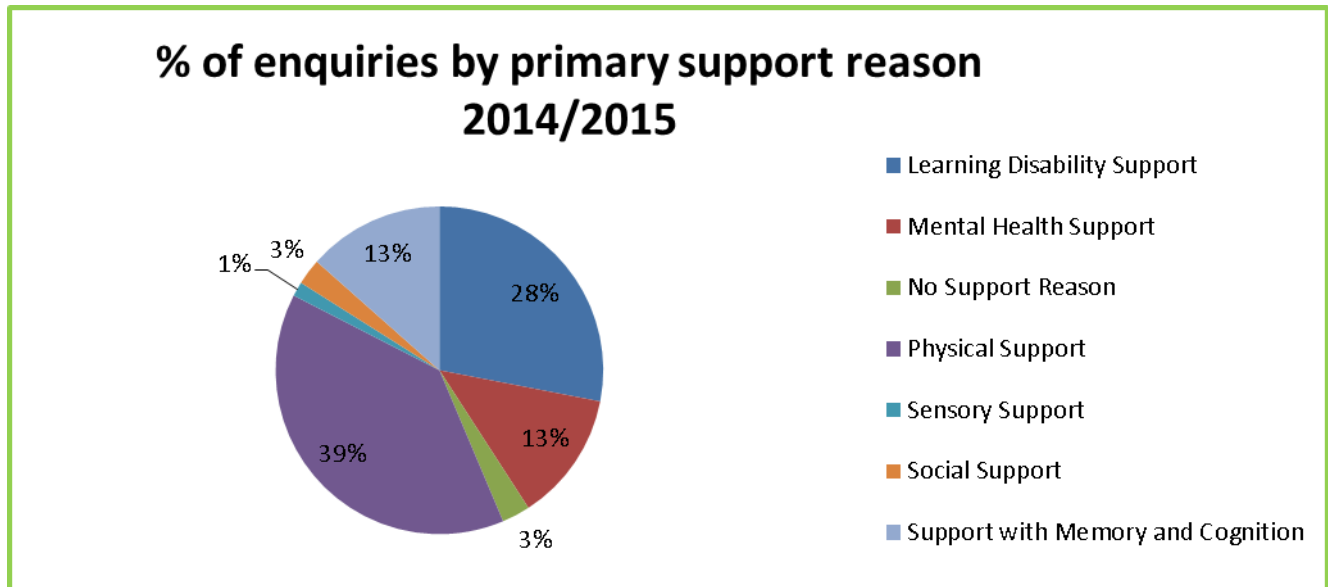
Analysis of the numbers of referrals and the percentage that lead to enquiries enables the Board's Quality Assurance Sub-group to undertake in-depth analyses where there are significant statistical anomalies.

6. FACTS AND FIGURES

3 Enquiries by Service User Group and Age Band

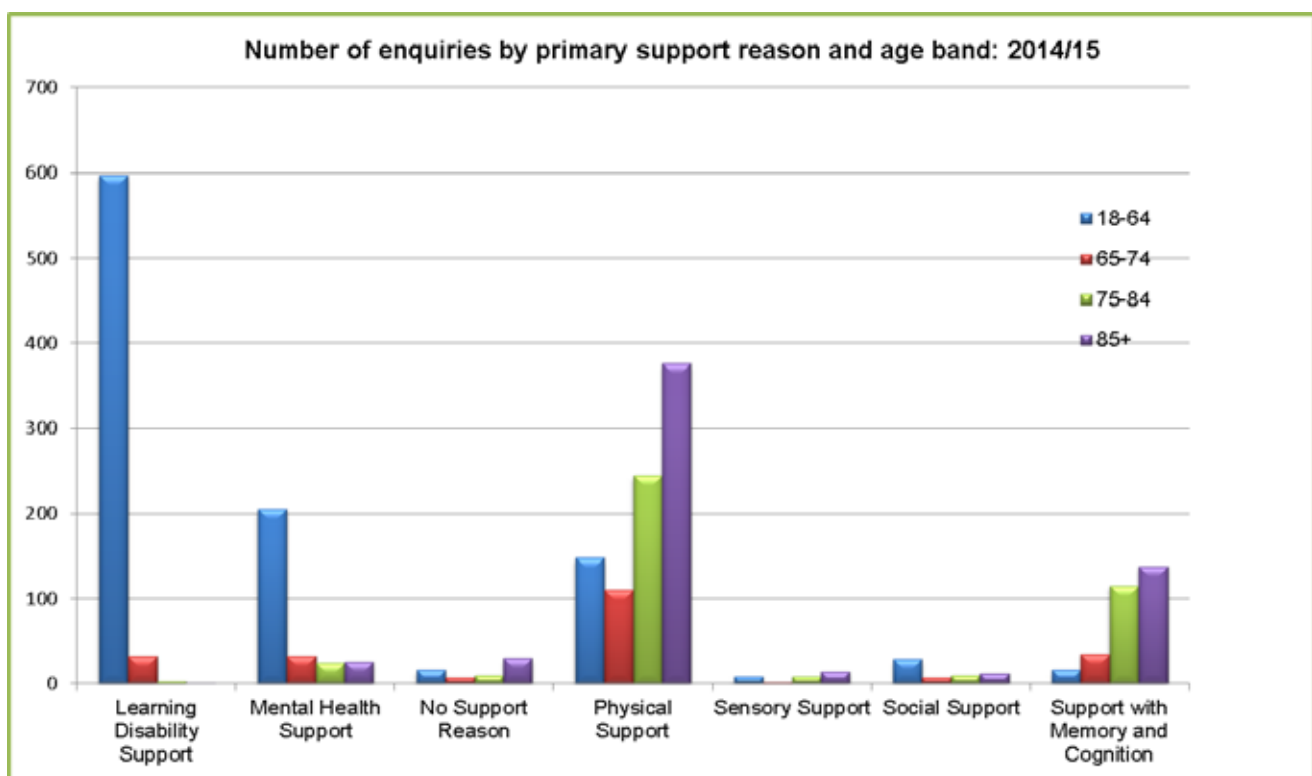
The most common primary support reason (PSR) associated with referrals that led to an enquiry in 2014/15 was physical support (39%) followed by learning disability support (28%)

Graph 3.1



As can be seen in Graph 3.2, there were significant differences in the numbers of enquiries for those aged 18-64 where the biggest PSRs are learning disability support (58.6%); mental health support (20.1%) and physical support (14.5%). For those aged over 65 the biggest PSRs are physical support (59%) and support for memory and cognition (23.3%).

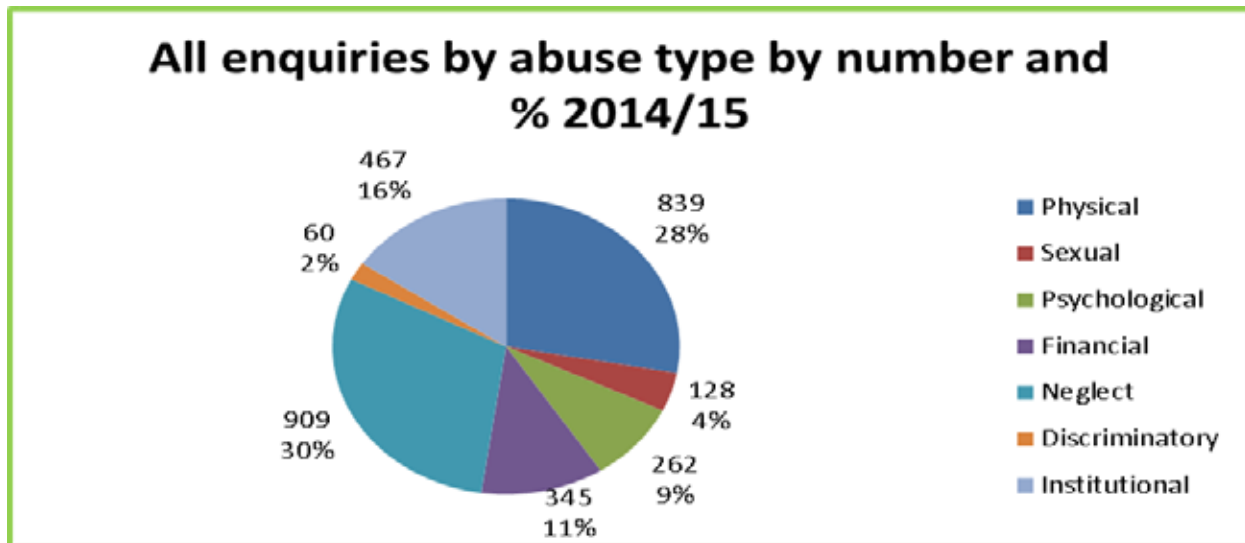
Graph 3.2



6. FACTS AND FIGURES

4. Enquiries by Type of Abuse and Service User Group

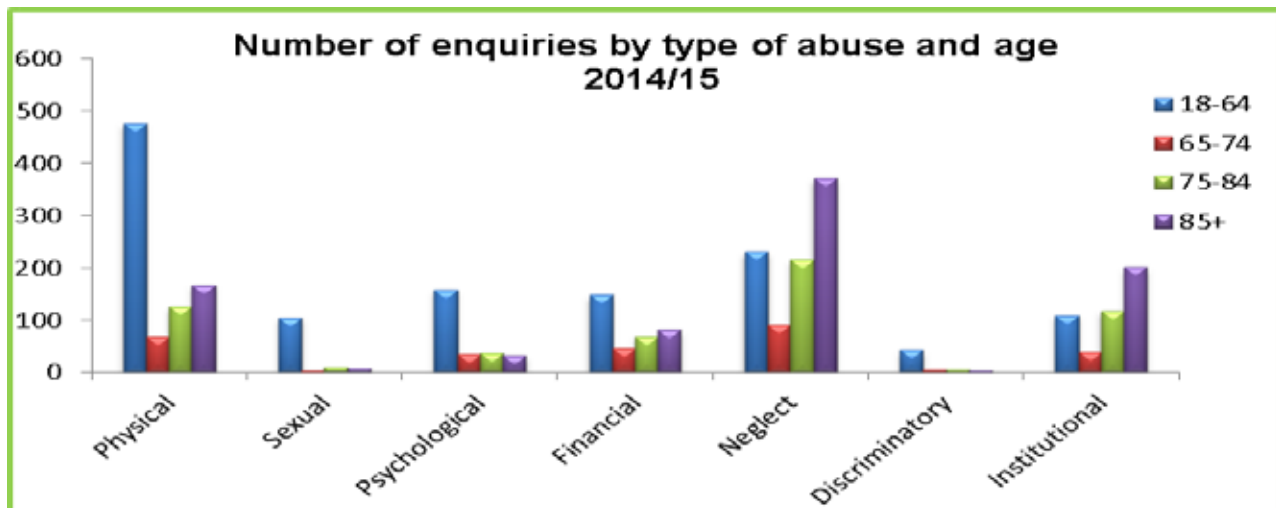
Graph 4.1



The figures include those adults who were subject to more than one type of abuse therefore the overall figure for enquiries of 3010 is higher than the 2257 shown in Graph 2.1.

The type of abuse which leads to the largest numbers of enquiries continues to be neglect (909). This is followed by physical abuse (839) and institutional abuse (467).

Graph 4.2

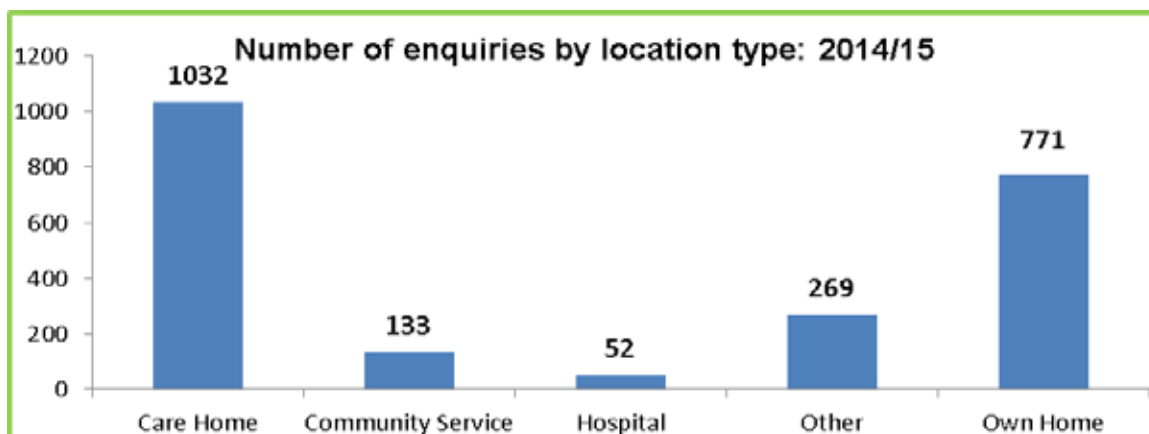


Graph 4.2 shows the number of enquiries by type of abuse by each age group. The bulk of enquiries regarding physical, sexual, psychological and discriminatory abuse relate to adults aged 18 -64 whilst the bulk of the neglect and institutional abuse enquiries related to adults over 75. This is likely to be a reflection of the higher numbers of adults within this age band living in care homes.

6. FACTS AND FIGURES

5. Enquiries by Location of Abuse

Graph 5.1

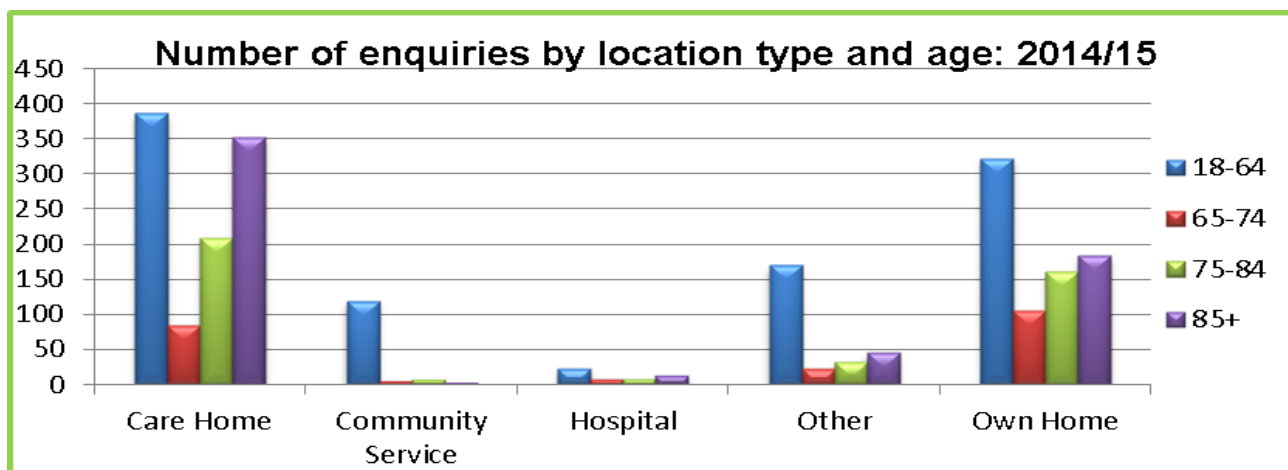


This graph shows that the biggest number of completed safeguarding enquiries related to adults located in care homes -1032 (45.7%). This was followed by own home -771 (34.2%).

More than half of the enquiries regarding those adults in the 85+ and 75-84 age groups are associated with care homes. Almost one half of the enquiries for 65-74 year olds refer to alleged abuse taking place at their homes and this age group was also the subject of the biggest percentage enquiries associated with hospitals.

Adults aged 18-64 and those receiving mental health and learning disability support were the top three groups by percentage enquiries in both the other and community service locations.

Graph 5.2



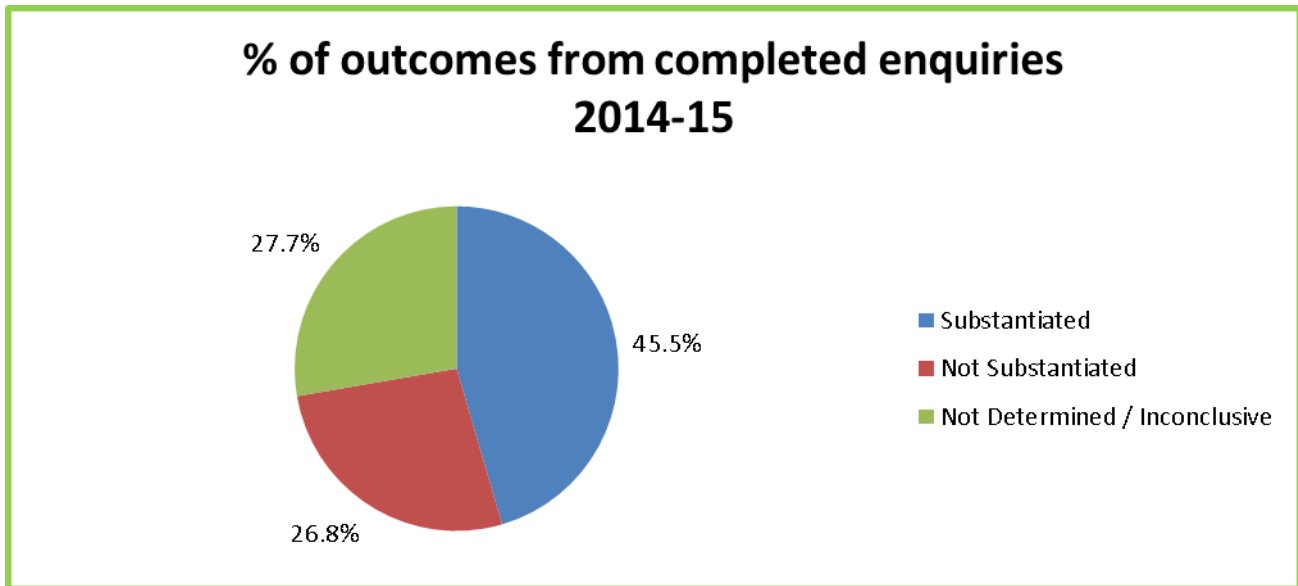
In Graph 5.2 perhaps surprisingly, within the 'care home' location, 18-64 was the age group with the highest number of safeguarding enquiries. This is because the bulk of these enquiries (75.4%) were in respect of adults in this age group receiving learning disability support.

Adults aged 18-64 age band had the highest number of enquiries resulting from alleged abuse taking place within their own homes. This is likely to be a reflection of the higher numbers of vulnerable adults within this age band living independently.

6. FACTS AND FIGURES

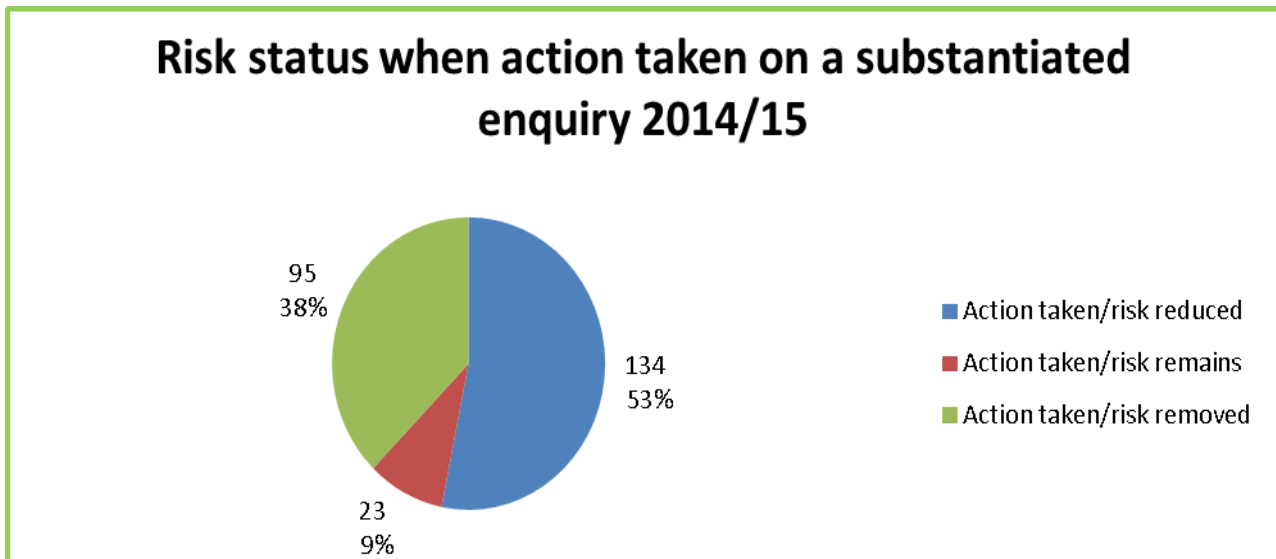
6. Outcomes from Completed Enquiries

Graph 6.1



Of the 2257 safeguarding referrals leading to an enquiry, a total of 1003 were completed by the end of the reporting period. Of these completed enquiries there were only 27.7% of the cases where it was not possible to determine conclusively whether or not abuse or neglect had occurred and 45.5% of all of the completed safeguarding enquiries resulted in a “substantiated” outcome.

Graph 6.2



In 44.7% of substantiated enquiries and almost 75% of all completed enquiries no action was taken. Where action was taken, however, the risk to the adult was either reduced or removed in around 90% of the cases. These statistics will have been affected by the change in culture to making safeguarding personal as there is a focus on trying to achieve the adults preferred outcome wherever possible.

6. FACTS AND FIGURES

7 Deprivation of Liberty Safeguards (DoLS)

Introduction

The Mental Capacity Act (2005), which came into force in October 2007, provides a statutory framework to enable people to make decisions themselves or, where they cannot, to enable others to make decisions on their behalf. Amended in 2009, it introduced 'Deprivation of Liberty Safeguards' to protect those people, in hospitals and care homes, who may not be able to make decisions about their care and treatment themselves.

Managers of care homes or hospitals must ask for permission from the "supervisory body" to provide care or treatment in a way that deprives the resident or patient of their liberty. The supervisory body must then arrange for an assessment. As a result of the Health and Social Care Act, on 1st April 2013 the supervisory responsibility for DoLS transferred entirely to the Local Authority, when the Primary Care Trusts were replaced by Clinical Commissioning Groups. Under the new arrangements, Local Authorities are now responsible for undertaking assessments in both care homes and hospitals.

In 2014/15 the DoLS Team within Nottinghamshire County Council acted as the county's administrative centre to receive and process all DoLS referrals. Best Interests Assessors who are specially trained and qualified social workers undertake the assessments.

How many applications were made and granted for DoLS?

Table 7.1

	Number of DOLs applications	%	Number of individuals	Number of active authorisations	Number of individuals with active authorisations
Total	1495		1215		
Number granted	220	14.7%	165	210	155
Number not granted	140	9.4%	130		
Number not signed off	845	56.5%	775		
Number withdrawn	295	19.7%	265		

Table 7.1 shows the total number of DoLS applications in Nottinghamshire; those granted; those not granted; the number not signed off and the number withdrawn. The applications refer to 1215 individuals.

A Supreme Court 'Cheshire West judgement' on 14th March 2014 threw out previous judgements that had defined deprivation of liberty more restrictively. This meant that many people may have been deprived of their liberty without safeguards in settings including care homes and supported living placements. As a result DoLS applications have increased substantially in Nottinghamshire and nationally.

Not all applications result in an authorisation and there are 210 active authorisations relating to 155 individuals.

7. FINANCE

Safeguarding Board (NSAB) budget 2014/15

Item	Cost £	Total £
Employee Costs	241,938.82	241,938.82
Premises/Room Hire	1,512.20	1,512.20
Transport	4,226.20	4,226.20
Supplies and Services		
Office equipment	42.18	
Printing, stationary	2,126.94	
Services	26,073.70	
Communications	3,549.14	
Expenses	14.5	
Catering	376.13	
Miscellaneous	4,821.45	37004.04
TOTAL EXPENDITURE		284,681.26
Income		
Nottinghamshire County Council	160,365.51	
Nottinghamshire County CCG's	93,484.00	
NHS Bassetlaw CCG	12,000.00	
Nottinghamshire Police	12,000.00	
Nottinghamshire Probation Trust	1,000.00	
Sundry Income	5,831.75	
TOTAL INCOME		284,681.26



www.safeguardingadultsnotts.org