



HILLINGDON

LONDON

**L. B. Hillingdon Safeguarding Adults
Partnership Board**

Annual Report 2008/2009.

Foreword by Jeff Maslen, Chair of the Safeguarding Adults Partnership Board

It is with pleasure that I present to you the Safeguarding Annual Report for 2008/2009. In Hillingdon, safeguarding vulnerable adults from harm is a local priority and at the core of our services in both health and social care. The vision statement of our business plan states we want to achieve;

“A borough where people are safeguarded, feel safe and are free from abuse or neglect.”

Over the last year there have been many positive achievements, not least the complete revision of the Safeguarding Adults Partnership Board to provide strategic and operational leadership in safeguarding. A clear set of priorities and key objectives have been set out in our business plan. These objectives have been completed within the timescales we set ourselves.

Safeguarding vulnerable adults activity in Hillingdon is, I believe, now far more robust, with greater Council scrutiny and accountability. There is better co-ordination of multi-agency practice. We have been able to demonstrate improved procedural compliance and monitoring of practice, and we have established a good quality assurance framework to begin to measure positive outcomes for our service users. Independent audit of cases has confirmed the improvement. It is anticipated that our regulators will recognise that we have made considerable progress over the last year.

For the next year, we need to consolidate our improvements and set ourselves new challenges, so we can demonstrate that we have embedded good practice in safeguarding, right across the partnership and in the public's awareness. We are set to take on the new challenges of a changing social care agenda and to evidence that we are making a difference to people's lives in protecting them, and promoting their well-being and independence.

Jeff Maslen
1.10.09.

**Hillingdon Safeguarding Adults Partnership Board
Annual Report April 2008 – March 2009**

1. Introduction.

1.1 This paper presents to the Policy and Overview Committee (POC) and to the Safeguarding Adult Partnership Board (SAPB) the 2008-2009 performance and developments, based on the agreed reporting framework.

2. Recommendations.

2.1 The POC and SAPB are asked to note the performance and activity for safeguarding adults at risk.

3. National Developments

Consultation on the “No Secrets” Guidance 2000

3.1 The POC and SAPB are aware that the national consultation on the review of the “No Secrets” guidance closed on the 31st of January 2009. Hillingdon SAPB submitted a detailed response to the consultation questions. The consultation recognised that whilst the “No Secrets” guidance had been successful in raising awareness it had not led to a strong and effective universal system for preventing, recognising and responding to adult safeguarding issues. There are questions of achieving greater integration of services in safeguarding, and how to develop a framework of safeguarding that is responsive to the new social care agenda of personalisation and self – directed care. There is consultation on the definitions of an adult at risk and whether specific legislation should be enacted on safeguarding, placing SAPB on a statutory footing.

3.2 The Department of Health (DH) issued on the 17th July a summary analysis of the responses received on the consultation. According to the DH 12,000 individuals participated in consultation events and 500 written responses were received including 108 detailed responses from SAPBs.

3.3 Some key messages from the participation of older people and others is that safeguarding must be built on empowerment and listening to the victim’s voice. Everyone must help to empower and support individuals to retain control and make their own choices wherever possible. This includes the participation and representation of people who lack capacity.

3.4 Key messages from professional and voluntary organisations were that safeguarding adult’s partnership boards should be placed on a statutory footing and there should be specific safeguarding legislation. There was great interest in establishing the right balance of risk between safeguarding and choice of the individual, given the personalisation

agenda. Organisations also wanted better leadership from central government and the key statutory agencies. NHS professionals reported that the NHS was struggling to 'own' the concept of safeguarding although there were pockets of good practice.

Mental Capacity Act 2005 and Deprivation of Liberty.

3.4 The POC and SAPB were advised in the annual report of 2007/2008 of the Mental Capacity Act which set out a framework for decision making for people without capacity and put in protections to ensure any decisions made were in the best interests of the individual and with their involvement. In 2008/2009 there has been further changes with the introduction of legislation and guidance on deprivation of liberty. This sets out the legal framework and safeguards for those people without capacity who need to be prevented from leaving a registered Care Home or Hospital (excluding Psychiatric Hospitals) in order to protect them from harm. The framework ensures this restriction is only applied in their best interests and that any on going requirement for depriving a person of their liberty is regularly reviewed and the individual's rights protected.

3.5 The deprivation of liberty legislation and guidance has required Local Authorities and Primary Care Trusts to appoint Best Interests Assessors and to implement the legislative framework by the 1st of April 2009. LB Hillingdon and Hillingdon PCT have complied with this implementation and have in place a single administrative process for receiving and considering any deprivation of liberty application. In partnership with West London colleagues, an existing advocacy service has been extended to provide advocacy for those people who come under deprivation of liberty legislation and who do not have an existing person to act for them. To date, 25 applications for deprivation of liberty have been received. All applications arising with Hillingdon are co-ordinated within the Safeguarding Adult Service.

Independent Safeguarding Authority.

3.6 The POC and SAPB were advised in the 2007/2008 report of appointment of an independent safeguarding authority (ISA) to bring together under one organisation the process of vetting and barring people who are unsuitable to work with vulnerable adults or children. The ISA formally began work in January 2009 and by the 1st of October 2009 will have in place a national listing for employers to consult.

4. Local Developments in Hillingdon and London.

Pan - London Safeguarding Network

4.1 The London Boroughs Social Services leads for safeguarding adults form a network to develop consistent good practice across London. The group is developing a pan - London set of safeguarding guidance. A first draft has been completed but requires further work. It is anticipated the

guidance will be completed in 2009/2010. With an increase in cross border working in safeguarding, this initiative will help resolve some of the differing practices and expectations around safeguarding investigations and protection.

Safeguarding Adults Improvement Plan 2008/2009.

4.2 In March 2008 the then Commission for Social Care Inspection (CSCI) carried out an inspection of Hillingdon under the themes of independence, well being and choice. This included reviewing how well vulnerable adults were safeguarded. In summary, the inspection identified weaknesses in our safeguarding, but said that our capacity to improve was promising. The inspection identified a number of key areas for improvement consisting of the following;

- Rigorous formalised Council scrutiny
- Effective leadership and co-ordination of multi-agency safeguarding practice.
- Procedural compliance and operational practice monitoring.
- Comprehensive data collection and performance analysis.
- Outcome measurement.

4.3 An in depth and comprehensive improvement plan was developed which formed the basis of the Safeguarding Adults Service's work, and the work of partner agencies, in 2008/2009. There was a complete revamping of the Safeguarding Adult Partnership Board to provide better strategic leadership and accountability. There was a re-structure of the Safeguarding Adult Service in LB Hillingdon, first into a dedicated Pilot Safeguarding Adult Service and then, as part of a broader re-structuring of Adult Social Care, a new Safeguarding Adult Service was formed and became operational in June 2009. A robust performance and quality assurance framework was introduced, backed by better recording on a safeguarding module constructed for the CareFirst information system (IS). This has been further improved with the change to Protocol IS. Service users and carers are more engaged, with investigations being more explicit about their outcome wishes. Partner agencies supported these changes, with greater commitment and dedicated resources of their own.

4.4 Work on the improvement plan has been completed and a copy of this is attached as appendix one. The work that is on going has been carried forward into the SAPB strategic plan, sub-groups and other operational actions have been integrated into the Safeguarding Adults Service plan. Significant progress has been made and the service is well placed to consolidate the improvements and achieve 'excellence'.

Social Services, Health and Housing Policy and Overview Committee

4.6 The POC identified vulnerable adults should be their next subject for review, prior to the CSCI inspection in March 2008. The outcome of the inspection, and the POC's work, have dovetailed together to enable a high profile and constructive approach towards safeguarding adults. The POC report identified a number of recommendations for implementation. These are summarised in appendix 2, with the actions taken to complete this work.

5. Safeguarding Activity 2008/2009

5.1 The number of safeguarding referrals to Adult Social Care for 2008/2009 is shown below. The total of 300 represents an increase of 50 over the 2007/2008 figure of 250.

Count of contacts by month	
Month	Total
April 2008	9
May	10
June	19
July	32
August	45
September	34
October	26
November	19
December	30
January	30
February	17
March 2009	29
Grand Total	300

This number has been broken down into age groups, showing that 77% of referrals are related to people over 65 years. The figure for 2007/2008 was not recorded in the same way but the percentage for the client category 'older people' in 2007/2008 was 58% of the total.

Contacts by Age Group	
Age Group	Total
18 - 64	69
65 +	231
Grand Total	300

Gender differences, illustrated in the table below, are more marked in the 65 years plus age group with 66% of referrals relating to woman. The overall referral rate across all age groups shows a slightly less pronounced difference with 62% woman and 38% men. This reflects the more even balance in the younger age group. Figures for 2007/2008 were not collected.

Contacts by Gender	Gender		
Age Group	Female	Male	Grand Total
18 - 64	32	37	69
65 +	152	79	231
Grand Total	184	116	300

The ethnicity of alleged victims of abuse are predominantly white, with 79% recording their ethnic origin as 'White British'. People of black British Caribbean, Asian or other Black or Asian background make up 10% of referrals.

5.2 The type of abuse breakdown, set out below, shows the largest group to be people allegedly abused by neglect (43%). The next two types of abuse most prominent are financial abuse (20%) and physical abuse (20%). This shows a change from 2007/2008 where physical abuse was the largest type, although this may represent a change in perceptions of definition. Financial abuse has risen from 13% of the total in 2007/2008 to 20% in 2008/2009.

Contacts by Presenting Issue	Gender		
Presenting Issue	Female	Male	Grand Total
Abuse / neglect	2	4	6
Basic Service	2		2
Financial Abuse	37	23	60
Institutional Abuse	3	3	6
Neglect	74	55	129
Physical Abuse	39	21	60
Professional Abuse	1		1
Psychological Abuse	19	6	25
Sexual Abuse	6	3	9
Vulnerability	1	1	2
Grand Total	184	116	300

Using our CareFirst information system (IS), it has not been possible to record the location of the abuse. This has been corrected in 'Protocol' the new IS. However, the referral contact type is recorded in CareFirst does give a good indication of where the referral arose. The largest group is independent care provider agencies, who form 35% of referrals. This number does need to be treated with some caution as the providers are regulated services, required to inform us of any untoward event, that may not turn out to be abuse.

Contact By	Total
Care Manager	29
Care Worker	29
Councillor, MP	2
Friend/Neighbour	10
Independent provider agency	105
Internal Hill. SSD.	15
LA Housing or Housing Assc	2
Legal, Police, Court, Prob, Immigr	8
Not Known / Anonymous	1
Other agcy NSPCC, Age Conc, Travelcare	7

Other Department of local Authority	13
Other individual, e.g.Clergy	2
Other Local Authority	3
Partner/Spouse	5
Primary health (GP, DN etc	26
Relative	18
Secondary health, Hospital/ Hospice	14
Self referral	11
Grand Total	300

5.3 Of the 300 safeguarding referrals received in 2008/2009, 168 (56%) could be closed down either at the initial contact stage or after strategy discussion. These were referrals where there was not a requirement to proceed to safeguarding investigation. Typically they would be cases where a minor incident had occurred at a Care Home for which there was a reasonable, non-safeguarding, explanation and agreed changes to a person's care plan would correct the matter. Of the 132 referrals that required safeguarding investigation 56% were unsubstantiated, and 44% were either substantiated or partly substantiated. Therefore of the 300 total referrals alleging abuse, it was either substantiated, or partly substantiated in 19% of cases.

5.4 The table below shows the main category of alleged victims of abuse. 78% fall within the frail and / or physically disabled, reflecting the age profile of most referrals. Mental Health referrals remain fairly low and this will be subject of further work to increase awareness across the mental health services.

Contacts by Client Group	Total
PCG	
Drug and Alcohol	2
Frailty / Physical Disability	234
Learning Disability	45
Mental Health	19
Grand Total	300

5.5 Comparison of Hillingdon safeguarding activity with other London Boroughs has not been possible as Annual Report information is collated in slightly different ways across the Boroughs and the majority of published reports available on Council websites cover 2007/2008 activity. For the Annual Report 2009/2010 there will be better opportunities for comparison as a new, more detailed, national data set is being introduced with effect from October 2009. This will include, for

example, information on alleged perpetrators, information not previously collected.

6. Staff Development.

6.1 218 staff have attended the basic safeguarding awareness training provided by LB Hillingdon. Partners, for example the PCT and Hospital Trust, have also provided training to their own staff. Collating information on safeguarding training provided across the social and health care sectors, as well as the voluntary sector, is difficult. However, measuring the impact of this training, by surveying staff awareness of safeguarding, is being undertaken in 2009.

Course	Numbers Attended
Chairing Conferences	9
Contract Compliance	6
Interview & Investigation Skills	40
Record Keeping	69
Achieving Best Evidence (ABE)	37
Safeguarding Awareness	218

6.2 The core elements of the training programme are a basic awareness of safeguarding course, interviewing and investigation skills for safeguarding, record keeping, achieving best evidence in investigations, and specific courses for chairing and a course aimed at commissioning and contracting staff. The training programme has been reviewed by the SAPB training and development sub-group and a new strategy for partners' training is now in progress, based around core competencies required for staff in safeguarding, tailoring this to their roles and responsibilities. It is planned that a consistent, standardised package of training will be delivered across partners, based on the new training strategy.

7. Priorities for 2009/2010.

7.1 The over arching key priorities for the SAPB include:

- Raising awareness and understanding about abuse and what to do to keep vulnerable adults safe from harm.
- Improve access to the safeguarding adults services
- Ensuring effective governance of safeguarding adults activity across Hillingdon partners.
- Monitoring safeguarding concerns and ensuring that these are responded to appropriately.
- Ensuring effective safeguarding practice in the recruitment and development of staff.
- Embedding best practice.

These will be carried forward through the SAPB business plan and action plan for the year.

Nick Ellender
Service manager, Safeguarding Adult Service
1.10.09.