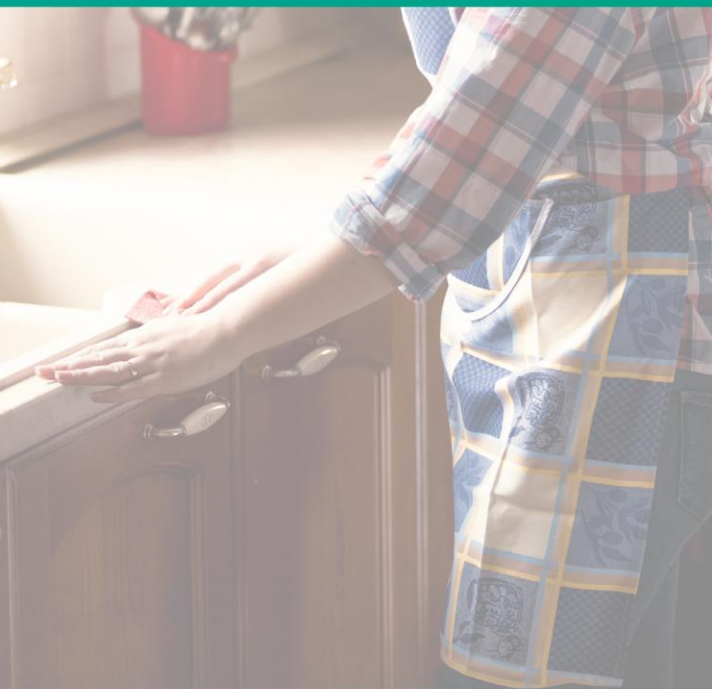


Safeguarding Adults Annual Report 2016/17



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Executive Summary

2016/17 has been a busy year for the Safeguarding Adult service. It has managed an increase in numbers of S42 enquiries initiated and completed and a significant increase in the number of DoLS applications received and processed.

Despite this increase in activity the service has raised awareness of safeguarding across West Berkshire by developing and engaging with a Safeguarding Service User Group, delivering awareness sessions and hosting stands at events in the local community, participated in a peer review in which our partners, providers and staff played a key role and actively supported training opportunities provided by the West of Berkshire Safeguarding Adults Board.

The Safeguarding Adults Forum developed an action plan based on the priorities of the Safeguarding Adults Board.

1. Raising awareness of safeguarding adults, the work of the SAB and improving engagement with a wide range of stakeholders
2. Making Safeguarding Personal
3. Ensuring effective learning from good and bad practice is shared
4. Developing an oversight of safeguarding activity

The Forum has progressively worked through the action plan during this reporting year and has developed plans for 2016/17. The partnership working developed through this forum was recognised in the peer review carried out by ADASS into the safeguarding function. This forum continues to develop its role as the operational arm of the Safeguarding Adults Board for West Berkshire.

The Making Safeguarding Personal initiative continues to be promoted and embedded in practice through training and monitoring, with local data indicating improvements are being made.

Performance data analysis is carried out on a regular basis. Rigorous interrogation ensures there continues to be a grasp of both current and emerging issues. The impact of a proactive approach by the Care Quality team with local providers appears to be having a positive impact on the types of safeguarding enquiries and source of risk.

The service continues to strike a balance between daily operations dealing with incoming safeguarding concerns and applications for Deprivation of Liberty Safeguards authorisations with raising awareness of safeguarding.

Introduction

Safeguarding Adults is a strategic priority for West Berkshire Council and a core activity of Adult Social Care. It is now, as a result of the enactment of the Care Act 2014, a statutory responsibility for Local Authorities as well as the assessment and authorisation of Deprivation of Liberty Safeguards.

This annual report evidences the key quarterly measures and trends used to monitor activity for Safeguarding Adults in West Berkshire to ensure risks are being identified and managed appropriately. Utilising the set of indicators and statutory reporting requirements for 2016/ 17, analysis of performance has developed comprehensively across the year to produce this report.

This report also focuses on the activities of the safeguarding network in West Berkshire during the reporting year.

Networks, Boards and Forums

The Care Act 2014 required all Local Authorities to form a Safeguarding Adults Board (SAB) to provide the strategic overview and direction of safeguarding, provide governance and quality assurance to the process. This includes the commissioning of Safeguarding Adults Reviews when a person has died or been significantly harmed and the SAB knows, or suspects, that the death resulted from abuse or neglect. West Berkshire Council is a member of the West of Berkshire Safeguarding Adults Board; a tri borough Board in partnership with Reading Borough Council and Wokingham Borough Council alongside other key stakeholders including, but not exclusively, Thames Valley Police, Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital Foundation Trust and the local Clinical Commissioning Group. The SAB has produced its own annual report which can be viewed on its website www.sabberkshirewest.co.uk

The West Berkshire Safeguarding Adults Forum is the local operational arm of the SAB and consists of local partners signed up to address safeguarding matters specifically in West Berkshire. The forum produces an action plan annually drawn from the priorities set by the SAB. For 2016/17 those priorities were:

Priority 1 - We have oversight of the quality of safeguarding performance.

Priority 2 - We listen to service users, raise awareness of safeguarding adults and help people engage.

Priority 3 - We learn from experience and have a skilled and knowledgeable workforce.

Priority 4 – We work together effectively to support people at risk.

In order to achieve those priorities a number of objectives were developed into an action plan and delivered by forum members.

The Service User Safeguarding Forum was formed in 2015/16, the development of which was a key objective of the Safeguarding Adults Forum action plan. This group, made up of service users with an interest in safeguarding, meet quarterly.

Volumes and Performance

Safeguarding activity

Concerns and S42 Enquiries

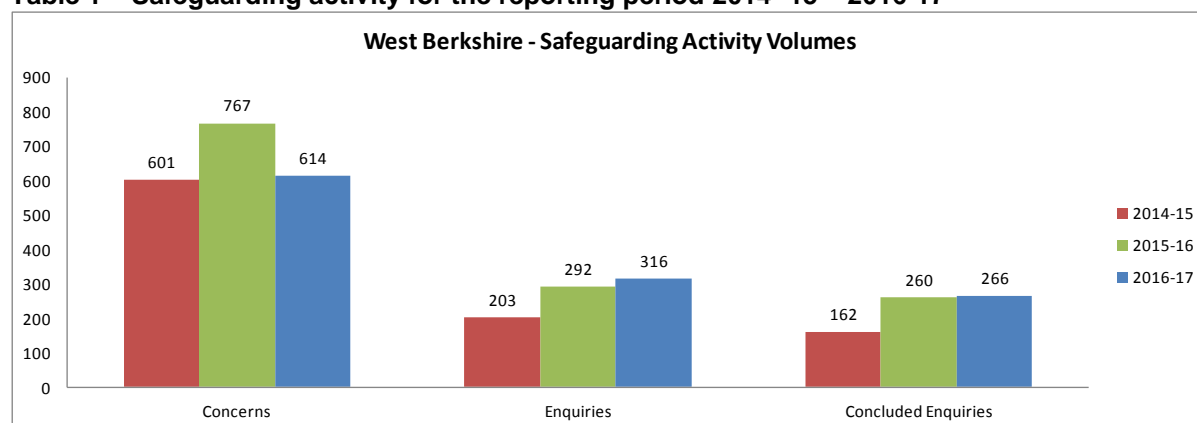
There were 614 safeguarding concerns received in 2016/17 that met the threshold for a response within the safeguarding framework. The number of concerns has decreased since 2015/16 and we believe this is as a result of working closely with providers, in particular Thames Valley Police (TVP) and Southern Central Ambulance Service (SCAS), to ensure referrals made are appropriate for safeguarding and reducing in appropriate referrals. As we continue to work closely with partners to review the process for raising safeguarding concerns we expect this to reduce further. In this context, we have seen the conversion rate of concerns that require a Section 42 enquiry will increase, we expect this trend to continue in 17/18.

However, regardless of this streamlined process, all non safeguarding welfare concerns from providers are referred onto the relevant Adult Social Care or mental health teams to ensure they are reviewed by the appropriate service.

Source – Safeguarding Adults Collection (SAC) statutory return SG1f tables and SG2 tables detail concluded enquiries

	Concerns	Enquiries	Concluded Enquiries	Conversion rate of concern to S42 Enquiry Rate
2014-15	601	203	162	34%
2015-16	767	292	260	38%
2016-17	614	316	266	51%

Table 1 – Safeguarding activity for the reporting period 2014- 15 – 2016-17



Wherever possible, we seek to understand whether a concern requires a Section 42 Enquiry within 24 hours of receiving the concern. In order to make this decision, it is essential that we have all the necessary information from the referrer. In some cases, where this information from the referrer is delayed, it may take us 48 hours to make this decision – in these situations we give careful thought to the welfare of the adult who is the subject of the concern, whilst we seek the information we need to make a decision. Noting those concerns that require no further action enable the Local Authority to spot trends and monitor patterns across the District. Section 42 of the Care Act determines that where a Local Authority receives a concern and has reason to believe a person within its area who has care and support needs and is experiencing or is at risk of abuse or neglect and by virtue of their care and support needs cannot protect themselves against that abuse or neglect, the Local Authority is required to make, or cause to be made, enquiries into that concern. These are known as, and reported as, S42 Enquiries

We monitor the % of concerns that subsequently require a S42 enquiry. This is known as a conversion. During 2016/17 316 s42 enquiries were opened, with a conversion rate from concern to s42 enquiry of 51%.

Whilst the number of concerns is lower by 19% than those recorded during 2015/16, the conversion rate at 51%, is 13% higher than the previous reporting year, suggesting that concerns coming through were more appropriate and relevant to be processed through the safeguarding framework. Further analysis of contacts and enquiries is planned for the 17/18 period, to ensure that our arrangements are robust.

Individuals with safeguarding enquiries

Age group and gender

Tables 2 and 3 display the breakdown by age group and gender for individuals who had a safeguarding enquiry in the last three years.

- The majority of enquiries continue to relate to older people - the 65 and over age group accounted for 63 % of enquiries in 2016/17.
- The majority of enquiries were related to female clients, 62 %, a continuation of a trend seen in the last 3 years.

Table 2 – Age group of individuals with safeguarding enquiries opened , 2014- 15 – 2016-17

Table SG1a	Number of individuals by age			
	18-64	65-74	75-84	85+
2014/15	29%	12%	25%	34%
2015/16	34%	15%	23%	28%
2016/17	37%	11%	19%	33%

Table 3 – Gender of individuals with safeguarding enquiries opened, 2014- 15 – 2016-17

Table SG1b	Number of Individuals by gender		
	Male	Female	Total
2014/15	38%	62%	100%
2015/16	43%	57%	100%
2016/17	38%	62%	100%

Primary support reason

Table 4 shows a breakdown of individuals who had a safeguarding enquiry by Primary Support Reason (PSR).

The majority of individuals had a PSR of Physical Support, 36 %, which is consistent with the previous year. There remains an increase in enquires where the individual has a PSR of Mental Health Support.

Table 4 – Primary support reason for individuals with a safeguarding enquiry opened (SG1c)

Classification	Physical Support	Sensory Support	Support with Memory & Cognition	Learning Disability Support	Mental Health Support	Social Support	No Support Reason	Not Known
2014/15	44%	2%	27%	17%	6%	4%	0%	
2015/16	37%	1%	29%	17%	11%	3%	0%	
2016 /17	36%	3%	27%	17%	12%	4%	0%	2%

Case details for concluded enquiries

Type of alleged abuse

Table 5 shows enquiries by type of alleged abuse in the last three years for concluded enquiries. Additional categories were added with the implementation of the Care Act 2014. Those additional categories were domestic abuse, modern slavery, self neglect and sexual exploitation (a derivative of sexual abuse/modern slavery and/or domestic abuse). It should be noted that more than one category of abuse can be attributed to any single concern as often incidents are complex and comprise of various elements.

The most common types of abuse for 2016 - 17 were neglect and acts of omission 25%, psychological abuse 21% and physical abuse 19 %.

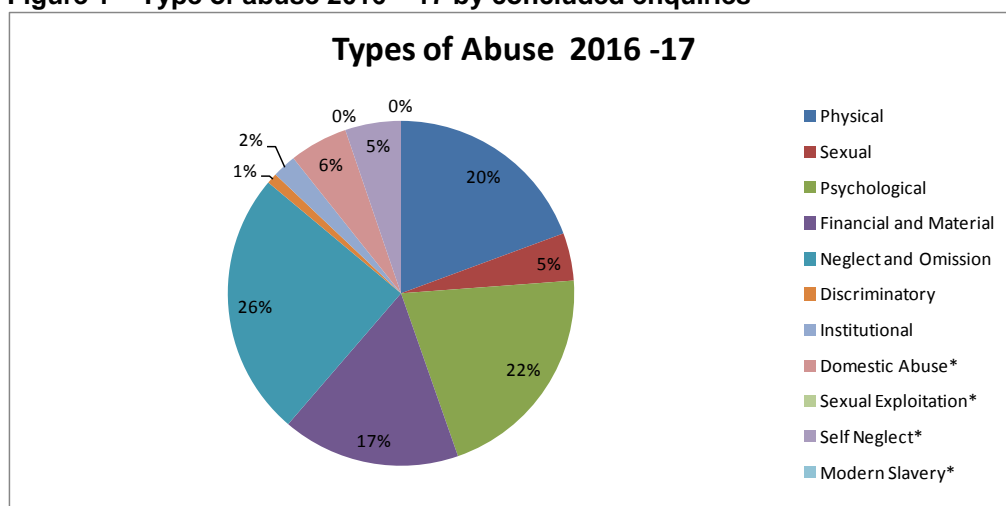
Neglect and act of omission cases are attributed to the provision of care given either by a paid or unpaid carer. The category of physical abuse also includes incidents where there has been a physical altercation between two or more residents in a domestic, care home or hospital setting.

Table 5 – Concluded enquiries by type of abuse

Type of Abuse	2014/15	2015/16	2016/17
Physical	51	74	78
Sexual	12	20	18
Psychological	44	66	84
Financial and Material	40	62	67
Neglect and Omission	72	86	100
Discriminatory	1	0	4

Organisational	10	7	9
Domestic Abuse*	0	28	22
Sexual Exploitation*	0	1	0
Self Neglect*	0	45	21
Modern Slavery*	0	0	0
Total	230	389	403

Figure 1 – Type of abuse 2016 – 17 by concluded enquiries



Location of alleged abuse

As with previous years the most common locations where the alleged abuse took place were a person's own home, 68 %, and a care home, 15 %.

A person's own home consistently remains the place in which an abusive incident is more likely to occur. This demonstrates the continual need to raise awareness of safeguarding amongst all sectors of society and improving mechanisms to report those incidents.

Table 6 – Location of abuse by concluded enquiries

Location of risk	2014/15	2015/16	2016/17
Care Home	38	45	40
Hospital	3	14	11
Own Home	96	172	181
Community Service	11	6	13
Other	14	23	21
Total	162	260	266

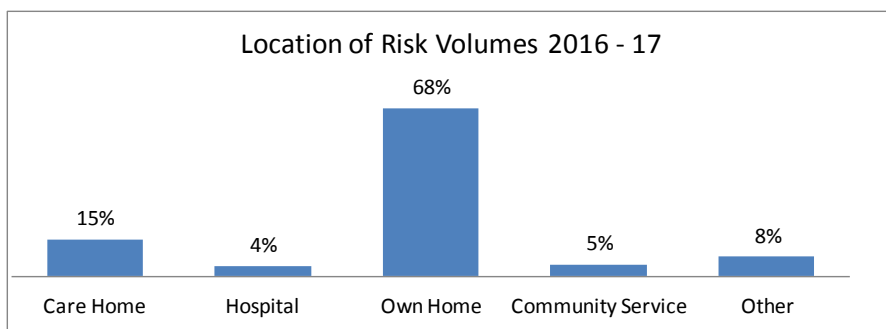
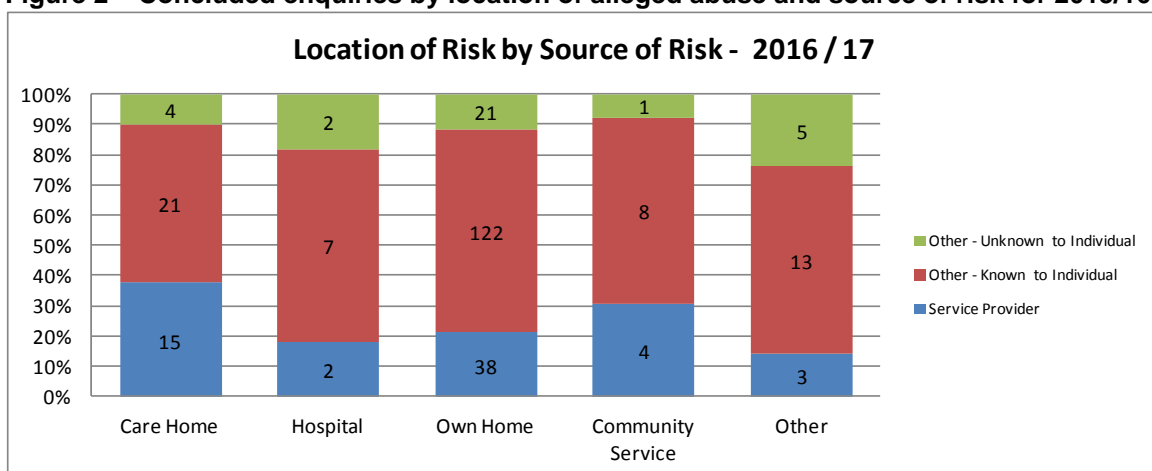


Figure 2 shows the breakdown of location of alleged abuse by source of risk.

Where the alleged abuse took place in the persons own home, for the majority of cases, 67 %, the source of risk was an individual known to the adult at risk.

Figure 2 – Concluded enquiries by location of alleged abuse and source of risk for 2015/16

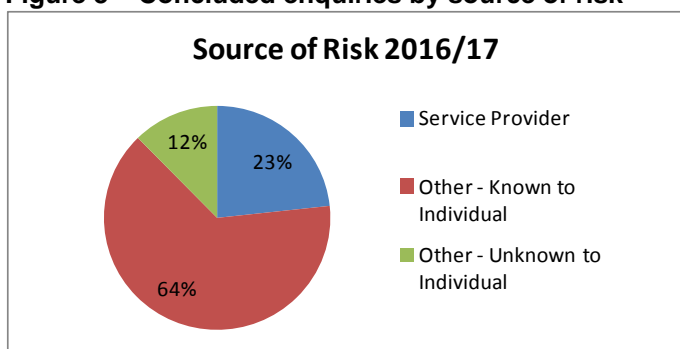


Source of risk

The majority of concluded enquiries involved a source of risk known to the individual. The service provider support category refers to any individual or organisation paid, contracted or commissioned to provide social care. Figure 3 demonstrates those sources of risk captured.

Whilst 23% of source of risk attributed to the provision of social care support remains of concern the pro active provision of support from West Berkshire’s Care Quality team gives some assurance that issues which could result in a safeguarding enquiry in such settings are being addressed at an early stage.

Figure 3 – Concluded enquiries by source of risk



Risk Assessment Outcomes, Action taken and result

The manner in which management of risk is statutorily reported and recorded altered during 2016 -17 so there is no comparable data.

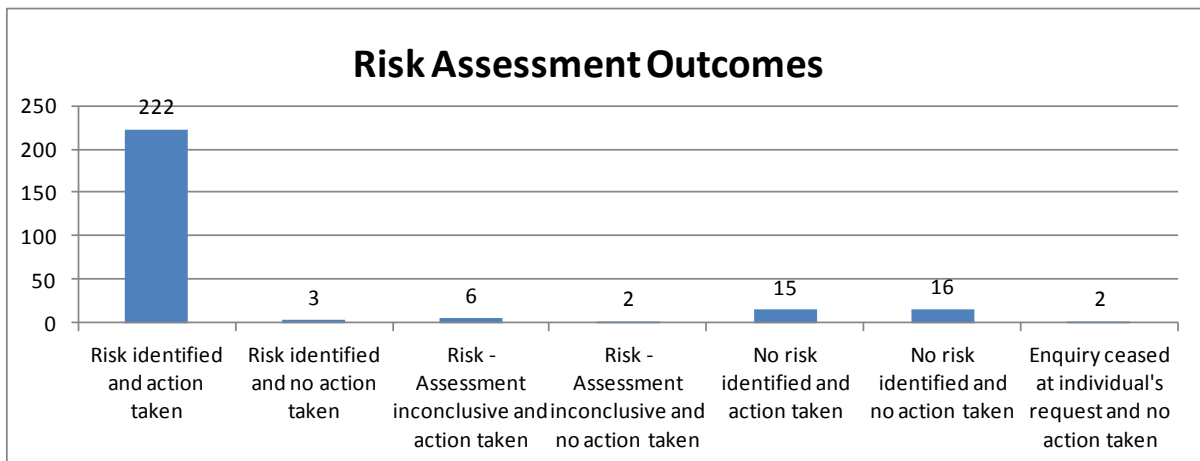
Risk Assessment Outcomes

The graph below shows concluded enquiries by reported risk assessment and action taken.

Risk identified and action taken in the majority, 83%, of cases.

Where risk was identified, no action was taken in just 3 cases – 1%.

For the remaining cases, the risk assessment was inconclusive, there was no risk identified or the enquiry ceased.



Outcome of concluded case where a risk was identified

Figure 4 shows where a risk was identified the final outcome.

Risk was removed for 28% of cases and reduced for a further 64% of cases.

Risk remains for 8% of cases.

Figure 4 – Concluded enquiries by result, 2016 17

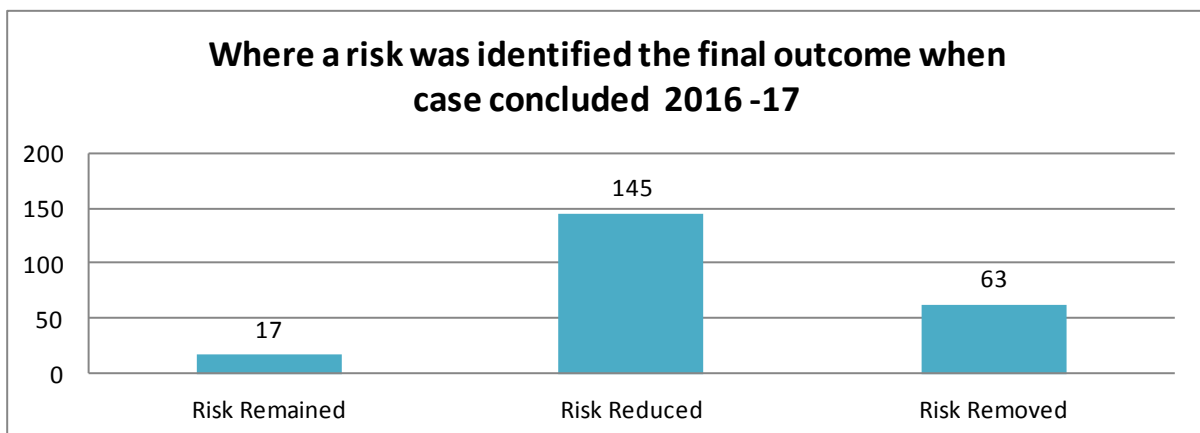
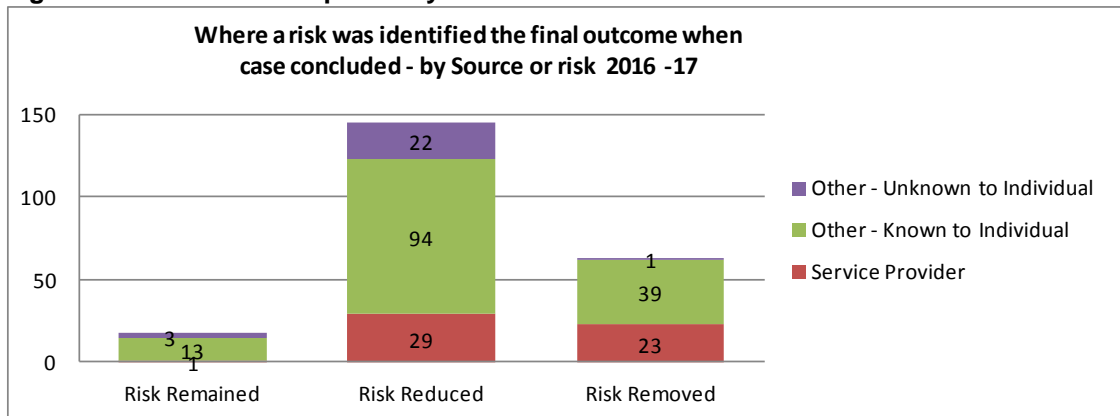


Figure 5 shows a breakdown of the final outcome for concluded enquiries by source of risk for 2015/16.

Figure 5 – Concluded enquiries by result of action taken and source of risk



Mental Capacity

In order to achieve good outcomes for individuals subject to a concern or enquiry, it is important to hear their voice. There is a statutory requirement to offer the services of an advocate to a person subject to a safeguarding intervention or review, where that person meets certain requirements if there is no other person suitable person able to advocate (for example a close family member or friend).

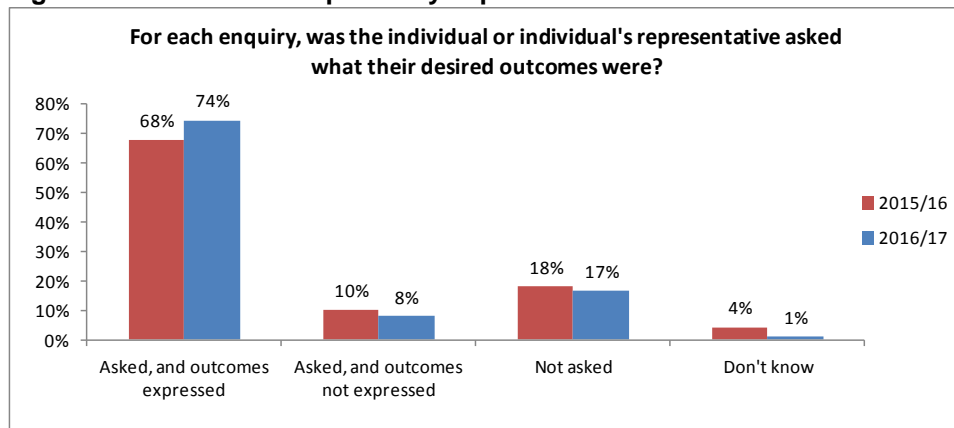
In 2016 -17, where the individual lacked mental capacity 87% were supported by an advocate, family or friend. It should be noted the national average for providing advocates in England, recorded for 2015/16, was 62%. We will seek to sustain and potentially build on this practice in 17/18. Analysis of our records suggests that we can continue to grow our understanding of how to assess mental capacity and we will focus some of our work on this area in 17/18.

Making Safeguarding Personal

Making Safeguarding Personal (MSP) is designed to improve the experiences and outcomes for adults involved in a safeguarding enquiry.

This initiative was adopted by the Government and enshrined in the Care Act 2014. Local Authorities are not currently statutorily required to report on MSP. West Berkshire Council has chosen to monitor performance in this area is as follows:

Figure 6 – Concluded enquiries by expression of outcome



By definition, a personal response to a safeguarding incident will mean different things to different people. Therefore obtaining baseline data for outcomes has presented challenges, Figure 6 demonstrates the outcome of this challenge.

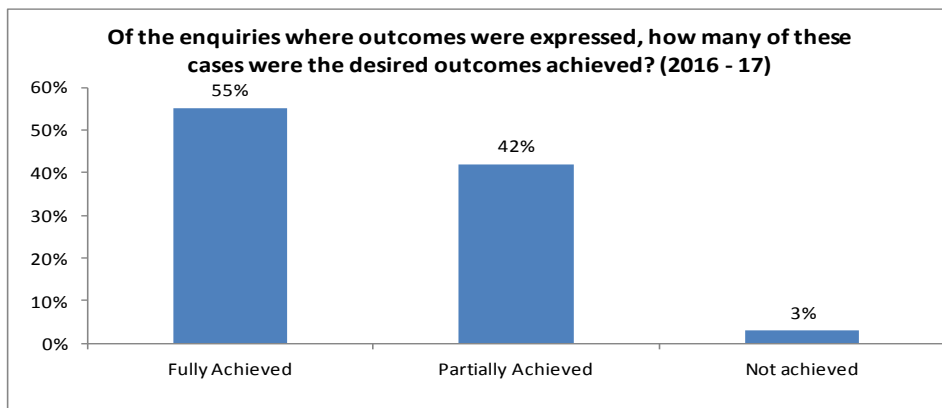
As at year end, 74% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through an advocate), this is an improvement from 2015 -16.

In order to benchmark usefully, options for outcomes were included as a guide, with an additional box for free text to capture those desired outcomes and wishes that were not reflected in the options provided. Clients can choose as many outcomes as

they wish and so multiple choices are normal. The option 'to be and to feel safe' was most frequently selected.

Of those asked, 8% did not express an outcome. Whilst this is positive, there remains 18% who did not engage in this process. These cases have been subject to further scrutiny to establish the reason engagement was not achieved and where necessary lessons learned going forward.

Figure 7 – Concluded enquiries by expressed outcomes achieved.



Of those who were asked and expressed a desired outcome, 55% were able to achieve those outcomes fully, with a further 42% partially achieved.

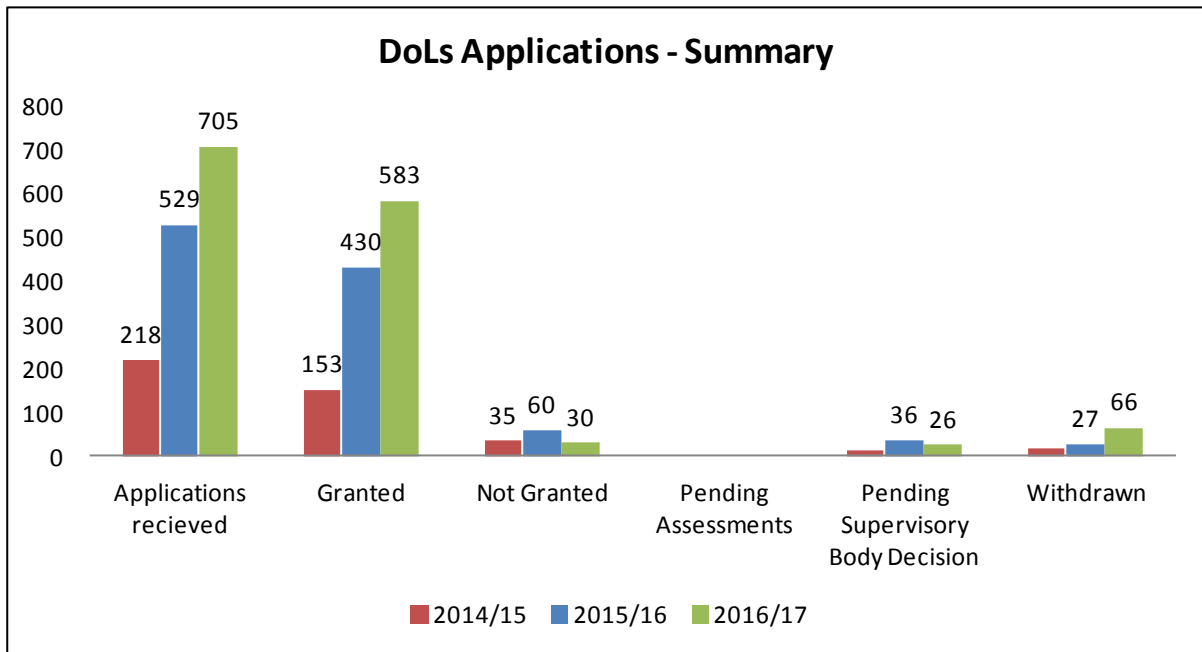
Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) is an amendment to the Mental Capacity Act 2005 and applies in England and Wales only. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests.

Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

DoLS authorisations must be applied for by care homes, nursing homes or hospitals (The Managing Authority) where they believe a person is living in circumstances that amount to a deprivation of liberty and that person lacks the capacity to consent to their care, treatment and accommodation, in order to prevent them from coming to harm. They apply to the Local Authority (The Supervisory Body) whose role is to arrange for the person's circumstances to be assessed in order to determine whether to grant or refuse an authorisation for those circumstances. Those living in other settings must have their deprivation considered by the Court of Protection.

Figure 8 – Total number of DoLS applications received by outcome



DoLS applications continues to rise and remains an increasing pressure.

As at the end of 2015/16 there were 529 DoLS applications in total. In 2016 -17 this increased to 705, of which 583 of those authorised, 30 not authorised (for example a person is assessed as having capacity), 66 withdrawn (for example an application from a hospital where the patient is discharged before the assessment process is completed) and 26 pending a decision as at year end.

The figure of 705 represents a 33% increase of applications received in 2015/16, in response to this increase the structure and sufficiency of the services who support DoLS will be reviewed in 17/18.

Activities

A Safeguarding Service User Group was set up In West Berkshire to provide a setting in which service users across the spectrum of adult social care needs could engage with the safeguarding team direct, share information, solve problems and increase awareness through a cascade process.

The group was consulted on a Safeguarding Adults publicity campaign in 2016/17. They were integral to the development of the publicity material including posters and leaflets, commenting on language, visuals and accessibility. In addition the group developed a safeguarding alert card for people to carry with them when they are in the community. The card has been designed to support a person to ask for help from the community if they feel unsafe.

A series of talks and events were attended by members of the safeguarding team in order to increase awareness of safeguarding across a range of settings including an evening talk to the Newbury Neighbourhood Watch scheme, delivery of an interactive session on safeguarding for service users of a supported living scheme locally and a hosting a stall at the Parish Councillors Conference.

A peer review of the safeguarding adults function was conducted by the Association of Directors of Adult Social Services (ADASS). The peer review was conducted over three days in December 2015 and included consultation with staff, external partners and providers. Feedback from the review was positive. An action plan was developed as a result of the recommendations made and the actions were carried out during the 2016/17 period.

This included:

- A new publicity campaign to raise awareness of our shared responsibility for adult safeguarding within West Berkshire's community
- The co-design with service users of a new system to enable individuals to describe their experience of safeguarding

The service supported a joint conference for adult and children's social care staff organised by the West of Berkshire Safeguarding Adult Partnership Board and the 3 Local Safeguarding Children's Boards in the Berkshire West area. The 16/17 conference theme focused on working with local residents who experienced disability, to continue to develop the skills and sensitivity of our workforce.

The Future

Plans for 2017/18 include:

- embedding quality assurance systems and processes, to continually review the quality of our practice in safeguarding. That helps to share good practice and identify where we still might improve

- implementing a new way of working together differently and more effectively where an individuals' situation or circumstances increase the level of risk they are exposed to (RAMP)
- implementing a new ICS system Care Director, which will help to support improved recording and support increased management oversight of the timeliness of Section 42 assessments
- improving communication with partners where low level concerns about the quality of care could impact on the safeguarding of individuals who receive care
- reviewing if we have the right people in the right places with the right skills to effectively support our responsibilities around Deprivation of Liberty (DoLs) particularly
- increasing support to our workers with undertaking mental capacity assessments
- increasing support to our managers with consistently chairing strategy meetings
- reviewing our policies and procedures for Adult Safeguarding and DoLs in light of national standards and good practice; and making these policies and procedures available online.

There are also plans to develop an effective feedback process for those who have experienced a safeguarding episode. It is intended the Service User Group will be instrumental in designing the tools that may be used to capture the feedback

A new action plan for 2017/18 developed by the Safeguarding Adults Forum develops on previous learning. This includes partnership working with our colleagues in Trading Standards to tackle scams; doorstep and online scams and to support them in raising awareness with banks and building societies of coercive tactics to get vulnerable adults to withdraw large sums.

The recommendations of the ADASS peer review have been drawn into an action plan that will continue to be carried out supporting the service to improve the safeguarding experience for people through the continued development of Making Safeguarding Personal across the Council and its partners.