

**Bath and North East Somerset**

**Safeguarding Adults  
Inter-Agency Partnership**

**Annual  
Report**

**2008 – 2009**

Safeguarding Adults Inter-Agency Partnership

## Logos of Statutory Agencies of the Safeguarding Adults Inter-Agency Partnership Board

**Bath & North East  
Somerset Council**

**NHS**  
*Bath and  
North East Somerset*

Working together for health & wellbeing



**Avon and Wiltshire** **NHS**  
Mental Health Partnership NHS Trust

**Royal United Hospital Bath** **NHS**  
NHS Trust

Royal National Hospital **NHS**  
for Rheumatic Diseases  
NHS Foundation Trust

### Logos of two of our partner Agencies, all partners listed in Appendix 1



## Chair's Forward

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This past year has seen demonstrable improvement in Bath and North East Somerset's (B&NES) safeguarding adult's multi-agency arrangements delivered by the Safeguarding Adults Inter-Agency Partnership. I would like to thank and acknowledge the work of Jane Ashman (former Director of Adults, Social Care, Housing and Health Services in B&NES) in this area. Jane has successfully Chaired and provided leadership to the Partnership throughout 08/09 and her vision and commitment to multi-agency working has made a significant impact on the safeguarding arrangements in B&NES.

During the year the Partnership has strengthened its governance arrangements by reviewing the Terms of Reference and formalising links with the Local Children's Safeguarding Board. In addition to this key agency partners have demonstrated positive commitment at both a strategic and operational level with the establishment of several work streams focussing on Policy and Practice; Training and Individual Budgets. There has also been an improved procedure for contacting the police through the Police Protection Unit which is now embedded in practice.

The annual report highlights both achievements and lessons learnt during 08/09. The lessons learnt will not be forgotten and will be picked up in the Partnership Action Plan for 09/10 to ensure the improvements in safeguarding arrangements in Bath and North East Somerset for its citizens continues.

Rhona MacDonald  
Chief Executive  
Health and Wellbeing Partnership

and

Chair  
Safeguarding Adults Inter-Agency Partnership

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1. **Overview of National Context for Safeguarding Adults 08/09**
- 1.1 The Commission of Social Care Inspection (CSCI) (now Care Quality Commission) launched the Independence, Wellbeing and Choice Inspections in 2007. One of the key themes for the inspections is Safeguarding Adults; the areas the inspectors are scrutinising are outlined below:
  - a) Vulnerable adults are safeguarded against abuse
  - b) Workers are competent in identifying situations where adults who are at risk may be abused and know how to respond to any concerns. The council makes sure that all managers are aware of how to manage safeguarding issues
  - c) Workers are aware of and routinely use a range of preventative support services and this has led to an increase in the reporting of incidents of abuse. There is satisfactory closure in all cases
  - d) Robust quality assurance processes are in place and working effectively.
  - e) Adult Protection Committees, or similar arrangements, are in place; they work effectively and according to POVA requirements
  - f) People who use social care services are assured of privacy and confidentiality through the consistent application of appropriate policies and procedures
- 1.2 The profile of Safeguarding Adults has been significantly raised throughout 08/09 due to abuse and neglect cases reported in the media. In addition to this there has been a national campaign by Action on Elder Abuse ([www.elderabuse.org.uk](http://www.elderabuse.org.uk)) which has also raised the public profile of abuse and safeguarding adults.
- 1.3 In the spring of 2008 Ivan Lewis, then Minister for Care Services announced that the joint guidance on adult protection 'No Secrets' (DoH 2000) was to be reviewed and that revised guidance would be published in the summer of 2009. The consultation looked at how society enables adults to be safe from abuse or harm. The focus of the review was how we keep people safe with three sets of wider Government policy goals in mind, these goals were:
  - (i) independence, choice and control for users of services;
  - (ii) access to meaningful community empowerment and safer housing in wider society;
  - (iii) access to criminal justice for all
- 1.4 On the 26<sup>th</sup> November 2008 the Law Commission published its scoping paper stating the areas of adult social care law it considered needed reforming and consolidating. The legal framework for safeguarding adults is an important aspect to the review. The Department of Health has agreed that the law reform work will proceed and that a consultation paper will be produced in January 2010.
- 1.5 CSCI published a report in November 2008 'Safeguarding Adults: a study of the effectiveness of arrangements to safeguard adults from abuse.' This report highlights the variability in the quality of support provided to individuals who experience abuse across Council areas.
- 1.6 In October 2008 Association of Directors of Adult Social Services (ADASS) published the paper 'Personalisation and Safeguarding'. This document promotes a 'framework for adult social care services which helps local authorities ensure that vulnerable people are safeguarded. Safeguarding will be necessary as people begin to have wider choice, and take greater control over, their care services, as outlined in *Putting*

*People First*. This Government document published in December 2007 specifically encourages greater personalisation, individualised budgets and an increased use of personal assistants by those people eligible for local authority social care'<sup>1</sup>. ADASS recommend seven actions to be taken by Councils:

- Powers to enter domestic properties in circumstances of extreme risk
- A Duty to share information between statutory agencies and regulators
- A Duty to co-operate
- Clarification of the futures and powers of other local authority departments and health agencies across geographical and organisation boundaries
- A Duty to act to investigate complaints
- A Duty to be laid upon regulatory bodies to work in partnership with local authorities in identifying and responding to instances of potential abuse and neglect including institutional abuse and neglect
- Clarification of terminology - currently there is a range of expressions to define abuse and inconsistency in language.<sup>2</sup>

1.7 Safeguarding Vulnerable Groups Act 2006 brought in the Independent Safeguarding Authority (ISA) Vetting and Barring Scheme which introduces new arrangements requiring those who wish to work with children and vulnerable adults to be registered. The new arrangements are being implemented in phases and the ISA have taken responsibility for barring decisions since January 09. From July 2010 all new employees, those moving jobs and volunteers who want to work with children and vulnerable adults can register with the ISA, and from November 2010 they must register. Registration for existing employees will be phased in during the next five years.

## 2. **B&NES Safeguarding Adults Inter- Agency Partnership**

2.1 The Safeguarding Adults Inter-Agency Partnership in Bath and North East Somerset is a multi agency group that meet on a quarterly basis, it aims to achieve effective and consistent inter- agency working to ensure that Safeguarding Adults work is effective, responsive and co-ordinated.

2.2 The Partnership works together to the following principles:

- Everyone has the right to live their life free from violence, fear and abuse
- All adults have the right to be protected from harm and exploitation
- All adults have the right to independence that involves a degree of risk

2.3 During 08/09 the Partnership was chaired by Jane Ashman Strategic Director for Adult Social Services and Housing, B&NES Council.

2.4 Partnership members are from the statutory, independent and voluntary sector at a senior level and representation is from:

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<sup>1</sup> Page 1.

<sup>2</sup> Page 6 – 'Since its publication, ADASS has received widespread support from within the profession, although there have been a number of misgivings about the powers to enter domestic properties' (page 6)

- Adult Social Care Services commissioning, which now forms part of the Adult Health, Social Care & Housing , within the integrated Health & Wellbeing Partnership.
- NHS Bath and North East Somerset (PCT), Community Health Service (PCT delivery) and Adult Social Care, which now form Community, Health & Social Care Services – the delivery arm of the Health and Wellbeing Partnership
- Hospital Trusts
- Police
- Council for Social Care Inspection (CSCI) now known as Care Quality Commission
- Local nursing and residential homes
- Voluntary organisations including Advocacy Services
- AWP (Avon and Wilts Partnership for Mental Health)

A membership list with contact details and attendance for 08/09 is attached in Appendix 1.

2.5 Terms of Reference for the Partnership are attached in Appendix 2.

## 2.6 **The Work of the Partnership during 08/09**

The Partnership have focussed on the following areas of work during 08/09:

- Improving practice
- Increasing the profile of adult safeguarding
- Review Safeguarding Adults training
- Strategic developments
- Improvements in performance management and monitoring
- Improving working relationships and links

## 2.7 **The Outcome of the Partnership Work During 08/09**

### 2.7.1 **Improving practice**

- A Policy and Practice sub group chaired by Mark Dean (AWP) has been established and oversees the development of safeguarding policy for the Partnership.
- More robust safeguarding procedures implemented in April 08.
- Procedures for contacting the Police through the Public Protection Unit have been formalised and good working relationships have developed.
- A Protocol has been developed with Bath Mind for the use of Independent Mental Capacity Advocates in Safeguarding.

### 2.7.2 **Increasing the profile of adult safeguarding**

- 10,000 leaflets on Safeguarding Adults have been printed and widely distributed.

### 2.7.3 **Review Safeguarding Adults training**

- A Training sub group chaired by Jane Ashman (B&NES Council) has been established and training courses reviewed and revised.
- A new one day training workshop was developed and ran every three months for Managers and experienced practitioners, who chair strategy meetings, coordinate and undertake Safeguarding Adult's investigations.
- A pocket sized laminated card for front line staff has been developed for all staff attending Alerters Training.

#### 2.7.4 Strategic developments

- A sub group has been working specifically on issues raised regarding safeguarding with the introduction of the Individual Budgets programme and personalisation agenda in B&NES. This is in light of the potential additional risks for those service users employing their own staff and managing their own social care services. The sub group has engaged with service users to identify six methods of improving support mechanisms and reducing safeguarding risks.

#### 2.7.5 Improvements in performance management and monitoring

- A Quality Monitoring Audit tool has been established whereby case files are randomly audited on a monthly basis by Group Managers in B&NES Council and AWP.
- A spreadsheet collating all referrals and outcomes has been established and an Audit of Safeguarding Referrals has been completed.
- Information about Safeguarding Adults is collected by Contract Officers when reviewing care homes and domiciliary care agencies.

#### 2.7.6 Improving working relationships and links

- The Safeguarding Adults Co-ordinator has made links with, and regularly attends the following meetings:
  - MARAC (Multi Agency Risk Assessment Conference) Domestic Violence
  - Partnership Against Hate Crime
  - Doorstep Crime forum
  - Providers Forum (Residential Care Homes and Domiciliary Care Agencies)
- The following Partner agencies now have nominated operational leads for Safeguarding Adults:
  - Police
  - Social Services
  - Primary Care Trust
  - Avon and Wiltshire Mental Health Partnership
  - Royal United Hospital
  - Royal National Hospital for Rheumatic Diseases (MIN)

### 3. Summary of Safeguarding Referrals and Outcomes made during 08-09

- 3.1 2008 – 2009 saw a significant rise in the number of referrals for Safeguarding Adults from 113 referrals in 07/08 to 165 referrals in 08/09. This is a rise of 46%.

The likely explanation for such a significant increase is as follows:

- The profile of safeguarding adults has been raised. Social care staff are implementing a more robust safeguarding adults procedure from April 2008.
- Ongoing training in Safeguarding Adults is available for front line staff and a new course was commissioned for Managers and experienced Practitioners in Co-ordinating Safeguarding Adults investigations as mentioned above.
- All safeguarding referral and outcome data has been collated on Carefirst (the electronic service user database) during 08/09. This has led to an improvement in data collection and accuracy as previously data was collected on several systems and this led to difficulty with the actual collation of information.
- Increased awareness raising has taken place across Partnership agencies due to the more effective working of the Partnership.

- Increased profile of adult safeguarding issues as adult abuse continues to have national coverage.

The CSCI report 'Safeguarding Adults: A Study of the Effectiveness of Arrangements to Safeguard Adults from Abuse' published November 08 states 'On average, councils have reported increases in safeguarding referrals of 36% from last year, indicating that there is some success in raising the profile of Safeguarding Adults' (page 25). This finding supports the rise in safeguarding reporting in B&NES for 08/09.

### 3.2 Table 1: Breakdown of referrals by gender, age and ethnicity

No. of referrals by Gender		No. of referrals by Age	
		18 - 64	65+
Male	65 (39.4%)	34 (20.6%)	31 (18.7%)
Female	100 (60.6%)	23 (13.9%)	77 (46.6%)
<b>Total</b>	<b>165</b>	<b>57 (34.5%)</b>	<b>108 (65.5%)</b>

No. of referrals by Ethnicity	
White British	143 (87%)
White Irish	2 (1%)
White other	5 (3%)
Mix White / Asian	1 (<1%)
Asian / Brit-Indian	1 (<1%)
Black / Brit-Caribbean	1 (<1%)
Info not yet obtained	12 (7%)
<b>Total</b>	<b>165</b>

The above figures reflect the national data<sup>3</sup> that more women than men (21.2% higher) are likely to be abused and it is more likely that older people will be abused than those under 65 years (30.8% higher).

### 3.3 Details of Referral to Outcome by Service User Groups

Table 2: Data by Service User Group from Referral to Outcome, details safeguarding cases that occurred during 08/09. A glossary of terms is set out in Appendix 3 – ensuring a shared understanding of is provided of the definition of terms used in the table.

<sup>3</sup> Research evidence to support this is available from Action on Elder Abuse (2006 monitoring report).

**Table 2: Data by Service User Group from Referral to Outcome of Safeguarding Adult Cases for 08/09**  
Percentages are rounded to the nearest whole number so may not add up to 100% exactly

Service User Group	No. of SA referrals	No. of Referrals that were not progressed	No. of continuing referrals	No. of strategy meetings held	% of referrals that continued once strategy meeting held (per service user group)
Adults with Dementia	9 (5%)	0	9	6	67%
Adults with Learning Difficulties	22 (13%)	6	16	8	50%
Adults with Mental Health problems	22 (13%)	6	16	6	38%
Other Vulnerable People	2 (1%)	2	0	0	0%
Physical Disability including frail older people	106 (64%)	20	86	46	53%
Adults with substance misuse problems	4 (2%)	1	3	2	67%
<b>Total</b>	<b>165</b>	<b>35 (21%)</b>	<b>130 (79%)</b>	<b>68 (50%)</b>	

3.3.1 Analysis of the above information tells us:

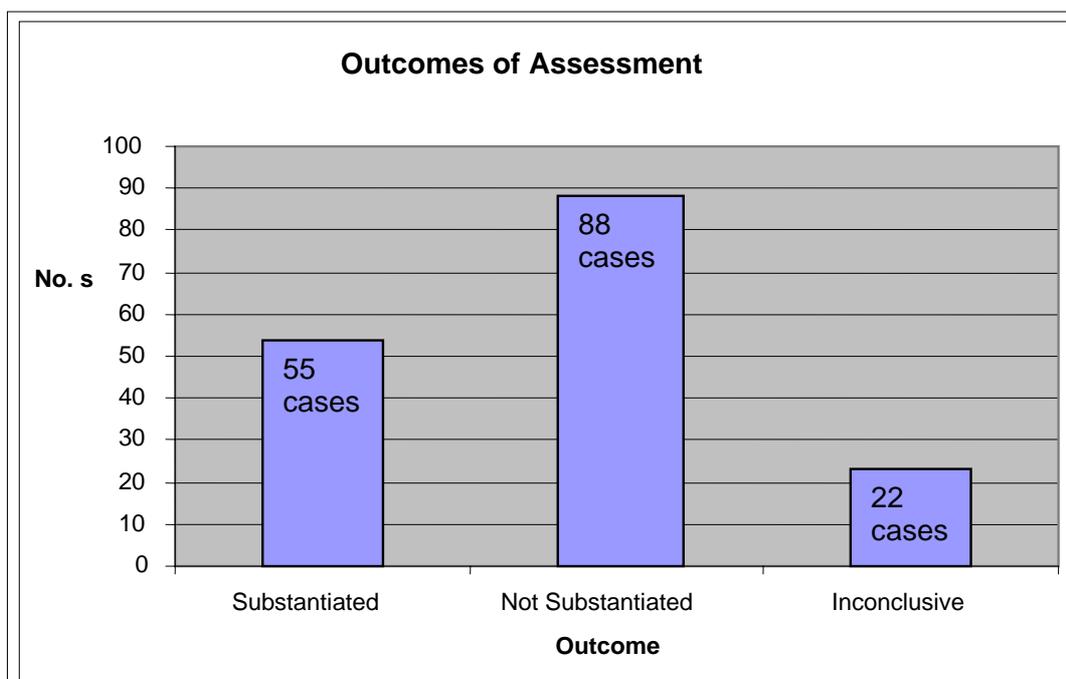
3.3.2 64% of safeguarding referrals were in the category of physical disability including frail older people. This category needs to be broken down differently for useful analysis; for example the age of the disabled people. This is highlighted as a learning point in section 5.

3.3.3 79% of referrals were progressed and further investigation work undertaken. However 21% of referrals made were not progressed as safeguarding was not felt to be an issue in these particular cases. Clearly the profile of safeguarding has been raised, this is positive as we see a significant increase in referrals made, however we need to analyse why the referrals were not progressed to increase our understanding in this area.

3.3.4 50% of the referrals that were progressed and investigated further resulted in a strategy meeting/ discussion being held. For the other 50% no formal strategy meeting or discussion was held. Possible likely explanations for a case not being pursued to strategy meeting / discussion stage are as follows:

- Police investigations started immediately as a crime may have been committed and it was clear from the outset that the Police should take the lead in the investigation.
- The strategy meeting was not recorded as a separate meeting to the ICPA (Integrated Care Programme Approach) meetings or Community Care Assessment or review meeting that was undertaken following the allegation of abuse or neglect.

3.4 Chart 1: Outcome of Assessments from Referral for 08/09



- 3.4.1 The number of referrals made that were not substantiated are significant at 53% (88 out of the 165 referrals). Although we do not have anything to benchmark this against we assume this figure is high, that said, it is important that service users, families, paid staff and members of the public make a referral when they have a Safeguarding Adults concerns. It is also important to note that in some instances although the alleged abuse was not substantiated, advice and assistance was given including packages of care and support for carers and families.
- 3.4.2 In addition to the 53% a further 13% of referrals (22 out of the 165) were recorded with an outcome of inconclusive.
- 3.5 The Police were involved with 36% (59 of the 165) of referrals. This is an increase on last year when the Police were involved with 31% (35 out of 113). The increase in the level of police involvement has taken place since June 08 as Safeguarding Adults has been part of the Police Public Protection Unit and closer working relationships have developed. This has worked well and has led to joint working on a number of cases and the Police attending more strategy meetings than previous years. The feedback from the teams involved in working with the Police has been positive.
- 3.6 In 08/09, 9 service users were referred more than once over the year for safeguarding investigations.
- 3.7 Table 3 below details the number of referrals, the abuser and the outcome (whether substantiated etc)

<b>Abuser Type</b>	<b>Abuse Substantiated</b>	<b>Abuse Not Substantiated</b>	<b>Inconclusive</b>	<b>Total</b>
Paid Care Staff	21	29	5	<b>55 (33%)</b>
Family	19	19	7	<b>45 (27%)</b>
Friend/ neighbour	2	5	3	<b>10 (6%)</b>
Missing	1	4	1	<b>6 (3%)</b>
Other	5	10	4	<b>19 (12%)</b>
Self	5	21	2	<b>28 (17%)</b>
Stranger	2	0	0	<b>2 (1%)</b>
<b>Total</b>	<b>55</b>	<b>88</b>	<b>22</b>	<b>165</b>

❖ Note all percentages are rounded to the nearest whole number

- 3.7.1 Paid Care Staff were the highest group of alleged abusers (33%), this figure has decreased in comparison to last year where 49% (55 of the 113 referrals) of care staff were alleged abusers. 53% of the referrals made where care staff are the alleged abuser were not substantiated and a further 9% (5 out of 55) were inconclusive. Throughout 08/09 the Safeguarding Adult Co-ordinator regularly attended meetings and forums with the independent providers, where Safeguarding Adults is a standing item on the agenda. This demonstrates the level of priority paid care staff in the independent sector are giving to safeguarding however further analysis of this information needs to be done.

3.7.2 Family members were also a significant group of alleged abusers (27%) and proportionately more of the referrals where it was alleged that a family member was the abuser were substantiated (42%) than any other group.

3.8 Table 4 details the number of referrals, the type of abuse and outcomes.

Type of Abuse	Substantiated	Not substantiated	Inconclusive	Total
Financial	17 (46%)	14	6	<b>37 (22%)</b>
Missing	0	3	0	<b>3 (2%)</b>
Multiple	1 (33%)	0	2	<b>3 (2%)</b>
Neglect/ negligence	7 (25%)	20	1	<b>28 (17%)</b>
Physical Abuse	8 (42%)	9	2	<b>19 (12%)</b>
Psychological / emotional	13 (30%)	23	7	<b>43 (26%)</b>
Self Neglect	2 (10%)	16	2	<b>20 (12%)</b>
Sexual	7 (58%)	3	2	<b>12 (7%)</b>
<b>Total</b>	<b>55</b>	<b>88</b>	<b>22</b>	<b>165</b>

❖ Note all percentages are rounded to the nearest whole number

3.8.1 The findings prove that the highest number of referrals were made regarding psychological / emotional abuse (26%) however approximately one third of these referrals were substantiated. The type of abuse which had the highest percentage of substantiated abuse was sexual abuse followed by financial and physical abuse. Financial abuse has increased in reporting from 07/08.

3.9 Appendix 4 sets out more detailed information on the Safeguarding Adults Cases by Service User Groups.

#### 4. Safeguarding Adults Training During 08/09

4.1 Safeguarding Adults training is commissioned by the joint Training Department for the Health and Wellbeing Partnership from an accredited training provider for all agencies in Bath and North East Somerset. This training is provided free of charge.

4.2 Details of the numbers of staff attending Safeguarding Adults training in 2008 to 2009 from the various agencies in Bath and North East Somerset is detailed below in Table 5. Figures in brackets are for 2007 – 2008.

## 4.3 Table 5: Training Uptake by Course and Sector for 08/09

Agencies	Safeguarding Adults Courses			
	Alerters ½ day	Investigators 1 day	Co-ordinating Investigations 1 day	Health and safety with Safeguarding Adults update ½ day
Health	90	5	5	114
Social Services	194	27	35	8
Vol / Ind / other	164	33	12	9
<b>Total</b>	<b>448 (211)</b>	<b>65 (53)</b>	<b>52 (new 08/09)</b>	<b>131</b>

- 4.4 Figures indicated in the table above demonstrate an increased take up of training courses. We have seen a 112% increase in the number of people attending Alerters courses and a 23% increase in those attending investigators courses.
- 4.5 The marketing of courses locally is well known and embedded in the LA's Training Programme, which is issued every 6 months. The programme is disseminated widely to health and social care organisations and is available on the Bath and North East Somerset website.
- 4.6 Participant evaluations of purchased training courses above were overwhelmingly positive about the content and trainers and a training gaps need analysis is currently being undertaken by the Training Subgroup with the statutory agencies in order to plan the future Safeguarding Adults training.
- 4.7 Further update training has been provided by the Safeguarding Adults Co-ordinator, attending team meetings in the partner agencies.
- 4.8 Many of the independent and voluntary agencies provide their own training to staff on Safeguarding Adults. Independent trainers, e-learning, DVD's and workbooks are used as well as discussion in team meetings and supervision. Regulated agencies have to keep training records of each employee and this would include training in Safeguarding adults.

## 5. Learning Points from Safeguarding Adults Work During 08/09

- 5.1 **Learning Point 1:** More detailed information is required to enable better analysis of data. The break down should enable the analysis of the following areas, however should not be restricted to these:
- Information that will enable the analysis of whether a correlation exists between appropriateness of referral and referral agency. This should be able to be cross referenced by service user group to enable targeted work in this area to progress if needed.
  - Breakdown of the category of 'paid care staff' to enable more detailed understanding of the type of agencies that alleged abusers are reported to be employed in. This information will enable more focused work with these agencies.

- Information that will enable the correlation of abuse type with abuser and whether substantiated or not, so that more focussed and targeted work can take place.
- Additional information is required on the service user group and outcome. For 08/09 this information is available for the following 4 groups: Physical disability (including frail and elderly), Mental Health, Learning Difficulties and Substance Misuse and is not broken down according to the categories set out in table 2. This is a recording issue and can be rectified. However further work needs doing to break down the categories in Table 2 further.

5.2 **Learning Point 2:** Continue to raise the profile of safeguarding during 09/10 and increase awareness and training of safeguarding issues.

5.3 **Learning Point 3:** Improved record keeping enabling the following:

- Enhance the tracking system tool to include details of action taken at each stage of the Safeguarding Adults process.
- Have a clear understanding and record of those cases when a decision has been made not to hold a strategy meeting. Understand why the decision not to pursue the case was made, who authorised this and what action was taken.
- For those referrals where outcomes are reported to be inconclusive ensure a greater understanding of this is achieved and that the actions taken as a result of this are reported and recorded. Ensure appropriate monitoring, follow up and checking systems are in place.

5.4 **Learning Point 4:** Review the safeguarding training courses available across B&NES and increase the take up of the Investigator training course.

5.5 **Learning Point 5:** Include a definition of each outcome on the Safeguarding Adults Investigation Form and ensure all social care staff understand what the definitions mean and how the outcomes differ. Ensure the additional outcome of Partially Substantiated abuse is used and understood.

5.6 **Learning Point 6:** With the strategic shift to personalisation and the increase in the number of people moving through the self directed support process, continued focus needs to be given to risk assessments and management.

## 6. **Safeguarding Adults Strategic Plan for 2009 to 2011**

6.1 The Safeguarding Adults Inter-Agency Partnership are currently contributing to the development of the Partnership's Safeguarding Adults Strategy for 2009-11. The strategy will set the direction of travel the Partnership will take with safeguarding arrangements in B&NES.

6.2 Attached to the Strategy will be the Partnership's action plan which outlines the focus of the work that the Partnership will commit to undertake for 09/10 and 10/11. four themes have already began to emerge that will run through the Strategy and Action plan. The themes are as follows:

1. Governance, Leadership and Delivery Arrangements
2. Awareness, Engagement and Communications
3. Quality Assurance, Audit and Performance Management

#### 4. Training and Development

The Learning Points identified above will be incorporated into the Action Plan at either Partnership or Agency level or both.

- 6.3 The Strategy and Action Plan are due to be signed off by the Partnership in September 09.
- 6.4 Priority will also be given to the issue of Personalisation and Safeguarding, and it is envisaged that the work stream on Individual Budget and Safeguarding which started in 08/09 will continue.
- 6.5 The Partnership will also consider capacity and resources to enable the development of the Safeguarding Adults work in B&NES. The Health and Wellbeing Partnership have prioritised safeguarding and have committed additional finances to increase staff capacity from 09/10. A strategic lead for safeguarding has been recruited in the commissioning arm and a social work professional lead is to be recruited in the provider arm.

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Chief Executive Officer  
Health and Wellbeing Partnership

August 2009

## Appendix 1

## Members of Safeguarding Adults Inter- Agency Partnership, contact details and attendance during 08/09

Name	Agency	Job Title	Contact Email	Attendance			
				2 <sup>nd</sup> Sept 2008	2 <sup>nd</sup> Dec 2008	3 <sup>rd</sup> Mar 2009	2 <sup>nd</sup> June 2009
Rhona MacDonald <i>(took over Chair of this meeting from June 09)</i>	NHS B&NES	Chief Executive of B&NES PCT and Head of Adult Health, Social Care & Housing Partnership	<a href="mailto:Rhona.macdonald@banes-pct.nhs.uk">Rhona.macdonald@banes-pct.nhs.uk</a>	N/A	N/A	Yes	Yes
Jo Gray	Adult Health, Social Care & Housing Partnership (AHSC&HP)	Managing Director of Community Health & Social Care Services	<a href="mailto:Jo.gray@banes-pct.nhs">Jo.gray@banes-pct.nhs</a>	Yes	Yes	Yes	Yes
Chris East	As above AHSC&HP	Joint Manager LDs (PCT & B&NES)	<a href="mailto:Chris_East@bathnes.gov.uk">Chris_East@bathnes.gov.uk</a>	Yes	Yes	Yes	Yes
Shirley Ward	As above AHSC&HP	B&NES Safeguarding Adults Co-ordinator	<a href="mailto:Shirley_Ward@bathnes.gov.uk">Shirley_Ward@bathnes.gov.uk</a>	Yes	Yes	Yes	Yes
Lesley Hutchinson	As above AHSC&HP	Commissioning Manager for Social Care Transformation	<a href="mailto:Lesley_Hutchinson@bathnes.gov.uk">Lesley_Hutchinson@bathnes.gov.uk</a>	N/A	N/A	N/A	Yes
Mary Lewis	B&NES PCT	Executive Lead Nurse & Asst Director of Clinical Effectiveness	<a href="mailto:Mary.lewis@banes-pct.nhs.uk">Mary.lewis@banes-pct.nhs.uk</a>	Yes	Yes	Yes	No
Lyn Davis	Care Quality Commission	CQC Regulatory Inspector	<a href="mailto:Lyn.Davis@cqc.org.uk">Lyn.Davis@cqc.org.uk</a>	Yes	Yes	No	Yes
Mike Williams	Avon & Somerset Constabulary	Det. Inspector B&NES PPU (Public Protection Unit)	<a href="mailto:Mike.Williams@avonandsomerset.police.uk">Mike.Williams@avonandsomerset.police.uk</a>	Yes	Yes	Yes	Yes
Amanda Pacey	RNHRD NHS Trust	Acting Director of Clinical Practice and Professional Nursing Adviser	<a href="mailto:Amanda.pacey@rnhrd.nhs.uk">Amanda.pacey@rnhrd.nhs.uk</a>	Yes (sent subst)	Yes (Chris Fokke attended)	Yes	No

Francesca Thompson	RUH NHS Trust	Director of Nursing	<a href="mailto:Francesca.thompson@ruh.nhs.uk">Francesca.thompson@ruh.nhs.uk</a>	Yes	Yes	Yes	No
Mark Dean	Avon & Wilts Mental Health Partnership	Head of Public Protection & Safeguarding	<a href="mailto:Mark.dean@awp.nhs.uk">Mark.dean@awp.nhs.uk</a>	Yes	Yes	Yes	Yes
Hugh Jupp	Avon & Wilts Mental Health Partnership	Public Protection & Safeguarding Manager	<a href="mailto:Hugh.jupp@awp.nhs.uk">Hugh.jupp@awp.nhs.uk</a>	No (Mark Dean attended)	No (Mark Dean attended)	No (Mark Dean attended)	Yes
Fran Ashby	Leonard Cheshire Disability		<a href="mailto:Fran.Ashby@LCDisability.org.uk">Fran.Ashby@LCDisability.org.uk</a>	No	No	No	No
Meri Rizk	B&NES People First	Manager B&NES People First	<a href="mailto:meri@bathpeoplefirst.org.uk">meri@bathpeoplefirst.org.uk</a>	No	Yes	Yes	Yes
Chris Lester	Freeways Trust	Executive Director	<a href="mailto:chrislester@freeways-trust.co.uk">chrislester@freeways-trust.co.uk</a>	No	No	Yes	No
Janet Dabbs	Age Concern Bath & North East Somerset	Chief Officer	<a href="mailto:j.dabbs@acbanes.co.uk">j.dabbs@acbanes.co.uk</a>	No	No	No	Yes
Alison Hillis (as from 2009)	The Care Network	Acting CEO	<a href="mailto:carerssupport@thecarenetwork.co.uk">carerssupport@thecarenetwork.co.uk</a>	Yes (Allan Trinder attended)	No	No	No
Minal Desai	Cedar Homes	Proprietor	<a href="mailto:minal@cedarcarehomes.com">minal@cedarcarehomes.com</a>	Yes	No	No	No
Shirley Arayan (as from Mar 09)	Norton/Radstock College	Principal	<a href="mailto:Shirley.Arayan@nortcoll.ac.uk">Shirley.Arayan@nortcoll.ac.uk</a>	N/A	N/A	Yes	No

**Note: Bath MIND in attendance up until March 2009, but unable to continue due to work pressures.**

## Appendix 2

### Safeguarding Adults Inter-Agency Partnership Terms of Reference

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#### Purpose

**The Bath and North East Somerset Inter-Agency Partnership is committed to ensuring that all agencies work together to minimize the risk of abuse or neglect to Vulnerable adults and to safeguard effectively where abuse or neglect have or may have occurred.**

The Safeguarding Inter-Agency Partnership in Bath and North East Somerset work together to the following principles:

- Everyone has the right to live their life free from violence, fear and abuse
- All adults have the right to be protected from harm and exploitation
- All adults have the right to independence that involves a degree of risk

#### Accountability

The Partnership is chaired by the Strategic Director of Adult Social Services and Housing (DASS) and meets four times a year. The Partnership reports to the Health and Wellbeing Board. The Health and Wellbeing Board report to the Local Strategic Partnership.

#### Membership

Membership of the Partnership is at a senior level from the Statutory, Independent and Voluntary Sector. Representation of the Partnership is from:

- Adult Care Social Services
- Primary Care Trust
- Hospital Trusts
- Police
- AWP (Avon and Wilts Partnership for Mental Health)
- CSCI (Commission of Social Care Inspection)
- Local Nursing and Residential Homes
- Voluntary organisations including Advocacy Services

## Functions

The Safeguarding Inter-Agency Partnership has the responsibility for ensuring:

- The inter agency policy and procedures on Safeguarding Adults are used effectively across the full range of statutory, voluntary and independent sector agencies throughout Bath and North East Somerset.
- There is a consistent and effective response to any concerns, allegations or disclosure of abuse and neglect.
- Staff have a knowledge and understanding of safeguarding. Abuse and neglect are recognised, reported and appropriate action taken. Staff are supported in reporting and investigating incidents of abuse.
- Policy and procedures are regularly reviewed and updated in light of new research and guidance.
- The promotion of professional and public awareness of adult abuse through publicity, information and training strategies.
- The promotion of good practice in the workforce through leadership and training in order to prevent abuse and neglect occurring.
- Promotion of citizens self awareness of the right to live free from abuse and neglect to all people in Bath and North East Somerset.
- Regular reports are received from Sub groups and advice and guidance is offered.
- An annual report is produced with a forward work plan
- A 3 year strategy is developed and published
- An Assurance Framework to be used on a regular basis in order to target future work and intervention.

Reviewed November 2008

## Appendix 3

### Glossary of Safeguarding Adult Terms

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Term	Definition
SA	Safeguarding Adults (shortened for ease of use on Tables in the body of the report)
Safeguarding Adult referral	Referral where it is alleged by the referrer that a vulnerable person has been abused or neglected.
Strategy Meeting	A multi agency meeting to share information; consider the issues and risks and make an action plan. If a Safeguarding Adults Investigation is to be undertaken then a decisions are made about who will do this and timescales.
Substantiated	All the allegations of abuse are substantiated on the balance of probabilities
Non substantiated	All the allegations of abuse are substantiated on the balance of probabilities
Inconclusive	Suspicious remain but there is no clear evidence
Other Vulnerable People	This includes people who were seen as vulnerable by the referrer but they did appear to be in one of the recorded service user groups.

## Appendix 4

## Safeguarding Adults Cases Detailed by Service User Groups

Type of Abuse by Service User Group								
Physical Disability (inc frail and elderly), Age and Type of Abuse								
	Sexual	Physical	Multiple	Psychological/ emotional	Financial	Neglect	Self Neglect	No data
18-64	2	0	1	12	2	0	1	0
65+	4	13	0	18	28	16	9	0
Learning Difficulties								
	1	4	2	6	2	3	3	1
Mental Health								
18-64	1	0	0	0	0	4	4	1
65+	3	2	0	5	4	5	2	0
Substance Misuse								
	0	0	0	1	0	0	2	0

Alleged Abuser by Service User Group							
Physical Disability and Age							
Age	Other	Social Care Staff	Family	No Data	Stranger	Friend/ neighbour	Self
18-64	2	1	12	1	0	0	2
65+	6	36	23	2	2	7	12
Learning Difficulties							
	3	10	5	1	0	0	3
Mental Health							
18-64	3	0	1	1	0	1	4
65+	5	8	3	0	0	1	4
Substance Misuse							
	0	0	0	0	0	0	3

## Appendix 5

### Safeguarding Reports from Partner Agencies

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#### **Police – Public Protection Unit**

According to PPU stats between 01/04/2008 and 31/03/2009 the police received 66 Safeguarding Adults referrals.

The Public Protection Unit located at Keynsham Police Station continues to take the lead responsibility for Safeguarding Adults referrals to the Police within Bath and North East Somerset. The Public Protection Unit is lead by a Detective Inspector who supervises two Detective Sergeants and a number of Police Officers and Police staff who are responsible for investigations relating to Child Abuse; Domestic Violence, Vulnerable Adults and managing Dangerous Offenders in the community.

The Police have continued to give professional advice as part of the inter agency protocol, have attended strategy meetings and have where appropriate formally investigated criminal offences that have been disclosed.

From 1<sup>st</sup> June 2008 a dedicated Duty Desk Referral system was introduced in order to provide a more professional response to referrals from other agencies similar to procedures relating to Child Abuse Investigations. This has resulted in a more timely sharing of information between the professional agencies.

It is hoped that during the next twelve months this procedure will be enhanced and improved further with more statistical information surrounding the outcomes from the referrals.

The Public Protection unit has also looked to provide training, guidance and support to all Police Officers and Police Staff working within Bath and North East Somerset to highlight Vulnerable Adults issues and a number of CID Supervisors have attended joint agency training relating to managing and co-ordinating investigations.

Mike Williams Detective Inspector (Public Protection Unit)

#### **Royal United Hospital Bath**

##### **Key Achievements 2008/09**

1. A well established multi agency operational group that met regularly throughout 2008/09
2. Incorporated safeguarding adults training into core skills training and induction for all staff throughout the year
3. Designed a flowchart and body map form to facilitate an accessible referral system which has facilitated a marked increase in staff awareness and subsequent number of referrals.

### **Key Objectives 2009/10**

1. A database for referrals with administrative support
2. Mandatory training for junior sisters across the trust
3. Measuring the outcomes in safeguarding adult cases

Francesca Thompson: Director of Nursing RUH

### **Avon and Wiltshire Mental Health Partnership NHS Trust**

Avon Wiltshire Partnership Mental Health Trust commissioned a Public Protection Safeguarding Team from June 2008, with a dedicated Safeguarding manager for the Bath & North East Somerset area. The team provides public protection and safeguarding policy and advice to trust employees, works with strategic safeguarding partnerships working and ensures safeguarding is given a raised profile within teams by working directly with AWP on safeguarding issues. The team also covers Domestic abuse and Violence, Multi-agency Public Protection Safeguarding Arrangements and safeguarding Children.

The trust is also working to develop and launch adequate reporting and performance management data gathering in line with partnership requirements, to bridge the previous gap in effective monitoring and management of reporting, analysis and performance management.

An updated training and induction strategy has been developed including clear processes, systems, roles and responsibilities for all teams, and includes annual update core training, e-learning for all professional staff, and the development of safeguarding training plans for multi agency in each team.

The team has worked with the multi agency safeguarding adult partnership to raise the profile and understanding of safeguarding adults and to assist the development of the partnership in Bath & North East Somerset.

Further actions to develop and improve safeguarding adult practice are identified and embedded in the 2009/2012 AWP Public Protection and Safeguarding action plan to meet the commitment to continue to improve practice and outcomes in safeguarding adults in Bath & North East Somerset.

Mark Dean (Head of Public Protection and Safeguarding)

### **Royal National Hospital for Rheumatic Diseases**

The RNHRD remains committed to, and involved in, the Local SGA Inter agency partnership as recommended in the Department of Health Common assessment framework for adults document of 2009. The Director of Clinical practice (or deputy) will attend the meetings for engagement in local area policies and initiatives. The training Coordinator attends the training sub group and the wound care lead attends the pressure ulcer sub group.

The RNHRD Safeguarding Adults policy has been revised in June 2009. It meets relevant criteria for both NHS regulatory bodies and the local area (BANES) SGA partnership. The process for staff to follow has been made clearer in regards to how report incidents and suspected incidents to both the RNHRD and BANES data collection systems. This will ensure that all incidents will be detected and dealt with in a sensitive and comprehensive manner, involving all relevant parties and stakeholders.

All staff at the RNHRD have to attend the SGA Alerters course as stated in the RNHRD training guide and training needs analysis. Senior staff are required to attend the SGA investigators course as run by the local partnership.

Training activity is monitored via the Trusts educational executive and operated through the Operational education group.

The RNHRD has 4 coordinators/investigators in the trust, their training completed in June. The Trust is coordinating staff to attend the Alerters course.

The two matrons will be attending the next convenient investigators course

The matrons, SGA lead and one of the service managers have attended the SGA coordinators day June 09.

The Clinical education coordinator is investigating e learning packages for all staff to maintain knowledge of safeguarding adults.

A report is produced yearly detailing all RNHRD training.

Data regarding Safeguarding Adults incidents is collected by the RNHRD and communicated to the local partnership.

The process is audited internally at the RNHRD to ensure staff awareness and compliance with local area guidelines. The data is analysed through the Clinical Effectiveness and Audit Committee, with any action plans and recommendations monitored there.

Amanda Pacey (Acting Director of Clinical Practice and Professional Nursing Adviser)

### **Bath People First**

Bath and North East Somerset People First is an independent organisation set up and run by adults with learning difficulties. Through Peer and Self Advocacy members work with other organisations to have a stronger, collective voice for the rights of disabled people.

We run Peer Advocacy training to build confidence and support people towards better health, housing, employment and Individual Budgets.

We also run a Travel Buddy Scheme to train people with learning difficulties to use public transport. This scheme employs people with learning difficulties.

B&NES People First have been leading an Independent Living Project (funded by the Dept of Health) to work with other user led organisations including the Race Equality Council, Disability Equality Forum and Care Network. The aim is to establish a Centre for Independent Living in B&NES. This would offer information and resources to disabled people to have more choice and control in their lives.

Meri Rizk

Manager BANES People First