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PLYMOUTH SAFEGUARDING ADULTS BOARD

Friday 1 February 2013
1pm
Windsor House

Members:
Jim Gould, Chair

Roslynn Azzam, Carole Burgoyne, Liz Cooney, Mike French, Karen Grimshaw, Ian Lacey, Pam Marsden, Councillor Sue McDonald, Nicky Nendick, Paul Northcott, Paul O'Sullivan, Stuart Palmer, Phil Smale, Gaynor Southerton, Sarah Thompson, LynnTubbs, Lucy Van-Waterschoot, Lisa Webb and Jenny Winslade

Members are invited to attend the above meeting to consider the items of business overleaf.

Tracey Lee
Chief Executive

PLYMOUTH SAFEGUARDING ADULTS BOARD

1. APOLOGIES

2. MINUTES

3. DECLARATIONS OF INTEREST

4. BUSINESS PLAN – TO FOLLOW

5. PARTNERSHIPS

5.1. HEALTH

5.2. SAFEGUARDING APPOINTMENT UPDATE

5.3. CHILDREN'S SAFEGUARDING UPDATE

5.4. OFSTED INSPECTION

5.5. CORPORATE RISK PLAN

5.6. SOCIAL CARE

5.7. DASHBOARD DEMO

5.8. POLICE

5.9. SERIOUS CASE REVIEW

5.10. REFERRAL RATES

6. PERFORMANCE

6.1. AVA **(Pages 1 - 6)**

6.2. SAFEGUARDING AUDIT

7. VOLUNTARY SECTOR PARTNERSHIPS

8. WORKFORCE DEVELOPMENT

8.1. TRAINING **(Pages 7 - 12)**

8.2. HOUSING UPDATE

9. PUSH UPDATE

10. CONFIRMATION OF FUTURE MEETINGS

11. EXEMPT BUSINESS

To consider passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve the likely disclosure of exempt information as defined in paragraph(s) **...** of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

PART II (PRIVATE MEETING)

AGENDA

MEMBERS OF THE PUBLIC TO NOTE
that under the law, the Panel is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

NIL.

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AVA RETURN 2011/12

Abuse of Vulnerable Adults Comparator Report

EXECUTIVE SUMMARY

There was a significant increase in alerts received in 2011/12 compared to previous years. This is higher than the average number of alerts per population across England and within our comparator group. A high number of alerts can be seen as a positive indication because it indicates good awareness of adult abuse and the process for making alerts in the city. The majority of this increase was due to alerts made by professionals.

There is a possible discrepancy in the definition of alerts and referrals reported by Plymouth. The lower number of referrals reported has affected how Plymouth compares to other areas in the region and comparator areas especially in relation to the number of referrals about people who had already been subject to safeguarding during the year.

Alerts were mostly about people under 65 with learning disabilities and people over 85 with physical disabilities. It is not clear whether people of minority ethnic backgrounds are proportionately represented in safeguarding investigations. The numbers do reflect that safeguarding procedures are reaching vulnerable people who are not already receiving a service from adult social care and those who are self-funding.

The most common types of referrals investigated were about physical abuse, neglect and emotional abuse. The proportions of referrals in each category are broadly similar to the national data. The highest numbers of alleged abuse occurred within a care home setting with the second highest occurring within the clients own home, between them these two settings make up 81% of abuse investigated. The majority of alerts investigated were about allegations of abuse by people known to the vulnerable adult as a carer, relative or paid professional as opposed to abuse by a stranger. This is consistent with figures from last year and with the other comparator areas.

Sixty per cent of referrals investigated were either substantiated or partially substantiated. It is a positive sign that a high proportion of referrals investigated are substantiated. It shows that the screening and information gathering processes are effective in avoiding unnecessary investigations. Police action was recorded as an outcome for alleged perpetrators in Plymouth more than any other outcome and higher than any authority in the region. This is evidence of excellent joint working between adult social care and dedicated safeguarding investigating officers from Devon and Cornwall Police to protect vulnerable adults in the city.

INTRODUCTION

In June 2012, Plymouth City Council submitted the AVA (Abuse of Vulnerable Adults) return to the NHS Information Centre covering adult protection activity for the period of April 2011 to March 2012. This report highlights some of the figures sent as part of the return and the recently published national and regional comparisons.

Comparator councils are based on the "Statistical Nearest Neighbours" model and do not reflect a specific comparison to vulnerable populations, older populations, or number of care home places. Our nearest neighbours are defined as Blackpool, Bristol, Calderdale, Coventry, Darlington, Derby, Dudley, Gateshead, NE Lincolnshire, North Tyneside, Redcar and Cleveland, Sefton, Southampton, Sunderland and Wirral. Regional comparisons are across the southwest.

ALERTS AND REFERRALS

There were 1157 adult alerts in Plymouth during the period of April 2011 to March 2012. This is an increase from 711 for the previous financial year. This is higher than the average number of alerts per population across England and within our comparator group. It is similar to the number of alerts reported by Sefton and lower than only four other comparator areas.

A high number of alerts can be seen as a positive indication because it indicates good awareness of adult abuse and the process for making alerts in the city. It is likely that in all areas the actual instance of abuse of adults is underreported due to lack of awareness and societal attitudes.

The national definition of alert for the purpose of data collection is:

a feeling of anxiety or worry that a vulnerable adult may have been, is or might be, a victim of abuse. This would be the first contact between the source of the referral and the CASSR safeguarding team about the alleged abuse. An alert may arise as a result of a disclosure, an incident or other signs or indicators.

There is a distinction between this and a referral, which is defined below.
A referral is recorded when a report of alleged abuse leads to an adult protection investigation/assessment relating to the concerns reported. For a referral to be recorded, it does not necessarily have to have been preceded by an alert.

Across the country, there is a wide variation in the proportion of alerts that lead to referrals. There is acknowledgement that local practice around counting alerts and referrals varies. There is guidance in the national return that if the local system starts at the referral stage, then a zero return should be recorded for alerts.

In Plymouth, when an alert is received, it is screened to ensure that it is appropriate. For example, a report of a concern about a medication error in a care home, if it is a one off error and no harm was caused, will not usually be taken as a safeguarding alert. There is no record of the number of alerts screened out at this early stage. Therefore, the number of alerts reported, and therefore the evidence of good awareness in the city, could have been much higher.

After screening, 1157 alerts were considered appropriate to move on in the adult protection process for further information to be gathered. This could be reported as the number of referrals as they were *reports of alleged abuse that lead to an adult protection investigation/ assessment relating to the concerns.*

Instead, we reported only 419 referrals. This number was reached by counting the number of alerts that proceeded to a full investigation after information gathering. Arguably, information gathering is part of an adult protection investigation/assessment. This is important because the majority of data comparisons in local and national reports are made on the basis of the number of referrals, not alerts. The lower number of referrals reported has affected how Plymouth compares to other areas in the region and comparator areas.

REPEAT REFERRALS

The AVA return includes a report of the number of referrals where there person has already had a referral within the same year. In the regional and national comparison, Plymouth is conspicuous because it reported that nearly 50% of all referrals were about people who had already been subject of an investigation that year. This is considerably higher than any other area. The National comparator report suggests that a high percentage might indicate that safeguarding measures put in place are not effective in protecting vulnerable adults. It now appears that the figure submitted for Plymouth was not correct. An error was made in submitting the number of repeat alerts and referrals instead of only the number of repeat referrals as was suggested. The proportion of repeat alerts was 17%. The proportion of repeat referrals was 16%. This is in line with the national comparator groups and the England average.

CHARACTERISTICS OF PEOPLE SUBJECT OF ALERTS

The largest number of alerts in Plymouth were about people in the following groups:

- age 18-64 with Learning disability
- age over 85 with Physical disability/Frailty

National and regional comparisons of these characteristics are based on referrals, not alerts.

It is not clear whether people of minority ethnic backgrounds are proportionately represented in safeguarding investigations. Only 5 alerts were about individuals whose ethnicity was not recorded as white. This is .4% of all alerts. According to reported figures 94% of the adult population of Plymouth are white. This would indicate that black and minority ethnic people may be under-represented. This has been highlighted in previous reports analysing local safeguarding data.

The numbers do reflect that safeguarding procedures are reaching vulnerable people who are not already receiving a service from adult social care and those who are self-funding. Fifteen per cent of referrals were about people self-funding their care. This is the second-highest in the southwest. 60% of the referrals were about people not known to adult social care at the time of the referral. This includes any client who has not been assessed or reviewed or received a service in the financial year. National comparison of this figure is difficult as many areas reported 100% of referrals were known to adult social care. This could be due to a misinterpretation of the reporting requirements or anomalies in recording.

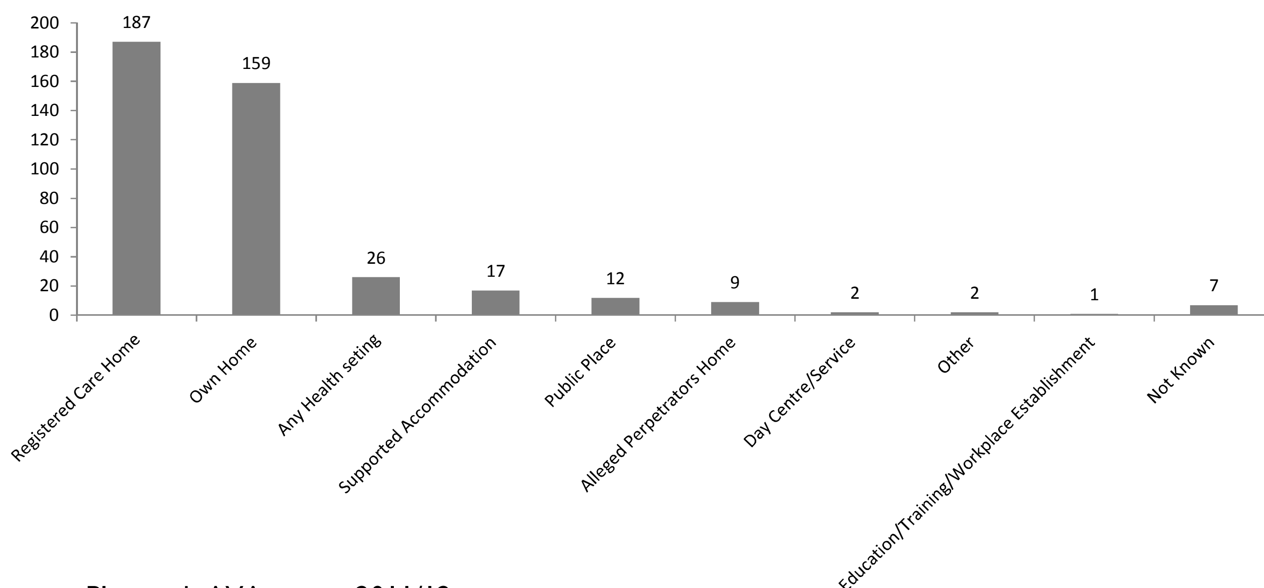
TYPE OF ABUSE (Of Reported Referrals)

Total figures in this table exceed the total number of referral due to 104 instances where one referral includes multiple types of abuse. The proportions of referrals in each category are broadly similar to the national data.

Type of Abuse	Referrals 2011/12	% of Referrals Plymouth	% of Referrals National
Physical	145	27%	30%
Neglect	135	25%	26%
Emotional	115	21%	16%
Financial	96	17%	19%
Institutional	32	6%	4%
Sexual	24	4%	5%
Discrimination	2	.3%	.7%

LOCATION OF ABUSE AND ALLEGED PERPETRATORS

Of referrals, the majority of alleged abuse took place in the clients own home (187). This figure includes long stay residents as well as people in care homes temporarily. The next most common location of alerts investigated was the person's own home (159). Combining these two categories and including the 17 alerts investigated about people in supported living reveals that 86% of alerts investigated were regarding alleged abuse of a vulnerable adult in their own place of residence as opposed to day centres or in public. The figure below provides a breakdown of abuse by location.



Source: Plymouth AVA return 2011/12

The majority of alerts investigated were about allegations of abuse by people known to the vulnerable adult as a carer, relative or paid professional as opposed to abuse by a stranger. This is consistent with figures from last year and consistent with the other comparator areas.

SOURCE OF ALERTS

The table blow indicates that the number of alerts from non-professionals has increased. This is positive because it indicates increased awareness among the public of reporting abuse. However, an increase in alerts from professionals accounted for more of the overall increase this year.

Source	**2011/12**	**%**	**2010/11**	**%**
Professional	1060	92%	631	89%
Non professional	97	8%	80	11%

CASE CONCLUSION

The AVA return requires information about the conclusion of completed investigations. At the point of submitting the return 408 investigations had a recorded conclusion. Of these, 60% were either substantiated or partly substantiated. 5% were discounted completely and 35% of investigations were inconclusive. It is a positive sign that a high proportion of referrals investigated are substantiated. It shows that the screening and information gathering processes are effective in avoiding unnecessary investigations. As pointed out in the National comparator report, a high proportion of inconclusive or not substantiated conclusions may indicate issues with investigation and decision-making. The category of partly substantiated was not yet in regular use with practitioners in Plymouth.

Case Conclusion	2011/12	%	2010/11	%
Substantiated	240	59%	163	49%
Partly substantiated	5	1%	0	0%
Not substantiated	19	5%	13	4%
Not determined/inconclusive	144	35%	158	47%

OUTCOMES FOR ALLEGED PERPETRATORS

More than one outcome can be recorded per referral for each alleged perpetrator. There were 625 perpetrator outcomes recorded. The top 5 are recorded below. Police action was recorded as an outcome in Plymouth far more than any other authority in the region. There has been excellent joint working between adult social care and dedicated safeguarding investigating officers from Devon and Cornwall Police. Cornwall has also reported a high number (11.3%). It would be useful to monitor whether this good practice continues in 2012/13.

Outcome for alleged perpetrator	2011/12	%	Regional variance
Police Action*	205	33%	4.5% - 11.3%
Continued Monitoring	112	17.9%	2% - 30.8%
Counselling/training/treatment	66	10.6%	.5% – 15.8%
Management of Access to the vulnerable adult	42	6.7%	1.8% - 12.8%
Criminal prosecution	22	3.5%	.2% - 1.9%

*Police Action – This includes all action taken by the police following a referral. It may include but not be limited to monitoring of situation/offender, interviewing alleged perpetrator and advice on crime prevention

SAFEGUARDING ADULTS

Update on Training Strategy

TRAINING STRATEGY 2012

In January 2012, a safeguarding adults multi-agency training strategy was submitted to the board based on the National Competence Framework for Safeguarding Adults. The framework is intended to provide consistency and standardisation across practice settings in measuring competence. It included a recommendation that all newly appointed staff should be assessed as competent against their relevant competencies by their line manager within the first six months of entering their post. Although this was adopted by the board, this particular recommendation was not implemented within the council. The Framework identified four staff groups requiring differing level of knowledge and competence. It was proposed that competencies for groups A & B broadly equated to the different levels of Safeguarding Adults Training offered in Plymouth.

DRAFT

Group A (members of this group have a responsibility to contribute to safeguarding adults, but do not have specific organisational responsibility or statutory authority to intervene)

Level 1: Alerters Training (full day face to face training to be completed by all staff coming in contact with vulnerable adults in the city) this is in addition to agency induction

Note: This is also attended by staff in Group B prior to attending level 2 or Level 3 training

Group B (this group have considerable professional and organisational responsibility for safeguarding adults. They have to be able to act on concerns.)

Level 2: Investigators (2 day face to face training to be completed by all social workers and selected multi-agency professionals responsible for investigating alleged abuse)

OR

Level 3: Staff who manage alerters/registered managers (1 day face to face training which had been aimed at all managers of care homes but was to be expanded to managers of day centres or anyone within health who was responsible for safeguarding within their organisation)

Level 4: Responsible managers (training previously given to adult social care team leaders who line manage investigators and have a specific responsible role for investigations with procedures)

The competencies for this were not identified as the group sits between Group B and C

Note: This training has not taken place in the new structure and may need to be revised. According to current policy it is to be repeated annually.

Group C and D (These groups include heads of assessment, service managers, heads of support services, and heads of directly provided services. They are responsible for strategic management and leadership)

Note: Staff Groups C and D are assigned competencies within the national framework, but do not currently attend a structured safeguarding adults training in Plymouth.

CURRENT DELIVERY OF SAFEGUARDING ADULTS TRAINING

LEVEL 1 : Alerters

Around 950 people attended alerters training last year, but courses were over-subscribed, demand is consistently growing and demand continues to exceed supply.

Cost: Free to Any paid or unpaid staff with contact with vulnerable adults

Delivery: Currently delivered by a pool of 4 trainers who are experts in their field including 2 former child safeguarding managers and 2 current safeguarding adults specialist police officers

LEVEL 1 : Alerters 3 yearly Refresher (half day face to face training)

Approximately 350 people attended refresher sessions last year. There has been inconsistency with update of this training. Plymouth Community health require about 50 places per month.

GROUPS ATTENDING

Adult Social Care staff

Domiciliary Care/Supported living/ ASC Reablement

Residential Care

Derriford staff identified by Derriford managers as requiring this level of training (350 needed)

Charitable organisations

Plymouth Community Health (20-30 new staff per month)

A4E personal assistants

Devon and Cornwall Police officers as identified by the force

Naval Families Social workers

Harbour Drug and Alcohol Services

Plymouth University Students on relevant courses

Ambulance Service

Private hospitals

Community Equipment services

Higher Education staff

Groups who have requested on-site training rather than multi-agency alerters

Probation

General Practitioners

Dental Practices and Peninsula Dental School

St Lukes Hospice

Some organisations already access the training through private providers including some care homes and supporting living providers and notably Plymouth Community Homes.

LEVEL 2: Investigators – (previously 2 day training, to be revised to 1 day)

Delivery: Currently delivered by safeguarding worker from commissioning and a safeguarding police investigator who has been released for a set number of hours per year for this training.

It is not clear at this time whether this training will continue to be multi-agency or if only adult social care staff will be carrying out investigations in the future. It may be beneficial for health staff working closely together with social care investigators also took up the training; however this will need to be negotiated with Plymouth Community Health to target the correct group.

It is currently recommended that all professional undertaking single or joint agency investigations should attend refresher training once per year. Refresher sessions have been offered twice yearly.

Level 3: Manager of Alerters/Registered managers

Delivery: This has been delivered up to four times per year by an independent safeguarding trainer. The frequency of the training will need to be reviewed if the audience is to expand.

The usefulness of this training for health employees also requires review.

According to current policy, this training should be repeated every 3 years.

Mental Capacity Act and Deprivation of Liberty Safeguards Training

This training has been delivered by the Deprivation of Liberty Lead Officer. It is not being offered at present; however there is a continued need and demand across all organisations.

Training for Providers

Introduction to MCA for home care and supported living

Introduction to MCA with DoLS awareness for care homes and hospital staff

Deprivation of Liberty for hospital and care home managers

Training for Social workers, support planners, care co-ordinators and other health staff reviewing support plans such as community nurses or CHC assessors

Introduction to MCA

Introduction to DoLS

Best Interest Decision-making

Assessing Mental Capacity

Chairing Best Interest Meetings

Specialist Mandatory Deprivation of Liberty Safeguards Training

Annual Refresher training for Mental Health Assessors Refresher

Annual Refresher training for Best Interest Assessors

ISSUES AND CONCERNS

- The Training Strategy agreed in January 2012 requires some revision and further work toward complete implementation including:
- Consideration of whether new staff should be measured against competencies within 6 months
- Clarification of the role of responsible manager and associated training (level 4)
- Consideration of whether structured training should be arranged for staff Groups C and D
- Consideration of need for investigators training for health staff
- Clarification of the target audience and need for Manager of Alerters/Registered manager
- Multi-agency review of need for and commitment to Mental Capacity/DoLS training
- Plymouth Safeguarding has been highlighted nationally for the success of its training and awareness-raising sessions delivered directly to vulnerable adults. This training is not currently being offered by the council. There have been some discussions of it being offered by providers

- **Cost of Full-day Alerters Training**

Full day alerters training as currently delivered by safeguarding experts acting as independent trainers consistently receives positive feedback for the usefulness of its content and multi-agency delivery; however, demand continues to grow and demand continues to exceed supply creating a risk for organisations whose staff are waiting several months before attending training. There are also organisations who fail to come forward for training despite contractual obligations. Systematically addressing this would further increase demand. A minority of staff who do attend the training find that a full day exceeds the requirements of their role. Other groups would prefer to have bespoke safeguarding adults training delivered to their staff onsite.

OPTIONS FOR FURTHER CONSIDERATION

1/ Continue to deliver training as above & increase frequency of alerters training

Estimated cost for 2013/14 around £64000* not including cost of venues (currently making use of safeguarding children's board and Plymouth community health training rooms at Mount Gould)

*This figure does not include the cost of adult social care/police staff time to deliver training.

This will require additional financial contribution from multi-agency partners.

The annual cost is likely to continue to rise as demand for alerters training increases.

2/ Reduce the length of alerters training to reduce staff time and cost

The alerters training could be re-focussed and condensed to be delivered in half-day sessions in line with the length of the current refresher session. This would have the advantage of preserving the multi-agency face to face training delivered by experts in safeguarding as well as reducing costs associated with staff time being released to attend the training. There was a trial of 3-hour alerters training in March 2012 and it did receive positive feedback, though some of the richness, group participation and time for reflection were inevitably compromised.

3/ Make use of E-learning to develop a more blended training offer

Plymouth could review its training needs analysis and consider whether the training needs of some groups could be met through a bespoke e-learning tool. To date, there has been little local enthusiasm for use of e-learning however it does form part of the training strategy in the majority of local authorities including Devon and Cornwall Councils.

4/ Charging for Training

Continuing to make use of free venues and asking candidates to fund their own refreshments, the approximate cost per candidate for a full day of training with current independent expert trainers is approximately £30. The cost half day of training is approximately £10.

Concern: Providers such as care homes and domiciliary care agencies are likely to pass on the cost of the training to individuals who are recognised as a staff group on very low pay.

5/ Support some organisations to deliver their own alerters training by agreement

Plymouth Community Health training department are willing to deliver alerters training for their own staff and are willing to jointly develop quality assurance arrangements. This would reduce demand; however would have the disadvantage of being a single-agency in-house training. Other provider agencies have expressed interest in delivering training in-house; however this has been discouraged due to additional risk especially relating to failing to recognise institutional abuse.

6/ Train the Trainer

Plymouth could completely re-organise training so that senior staff and training officers within provider organisations are trained, equipped and enabled to deliver their own safeguarding awareness training internally. This would also require quality assurance arrangements.

7/ Develop Kitemark for external Training Providers

Plymouth could develop a kitemark to indicate quality safeguarding awareness training and require providers to purchase training privately from approved providers.

RECOMMENDATIONS

- Plymouth Safeguarding Adults Board agree that the current safeguarding training strategy and delivery mechanisms within Plymouth need to be reviewed.
- Safeguarding Alerters training continue to be delivered in its current form as frequently as allowed within council budgetary constraints until an alternative delivery mechanism is agreed.
- Agencies represented on the Board to consider the development of a pooled budget to support ongoing multi-agency safeguarding training to commence in April 2013.
- A Task and Finish group is convened representing statutory agencies and representatives from the private sector to bring forward more detailed recommendations and risk benefit analysis of above options for future delivery of safeguarding adults training. The group to report to the June Safeguarding Adults Board with multi-agency recommendations.

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