



# Annual Report 2012

## **Chair's Foreword**

Welcome to the Annual Report of the City of York Safeguarding Adults Board. This Annual Report details national and local changes that will impact on the work of the Safeguarding Adults Board, what we have achieved during since the last report was published and our plans for the year ahead.

There is still some uncertainty about the future direction of adult safeguarding following the previous government's response to the "No Secrets" Consultation. Although the coalition government has indicated that it is still their intention to place the work of the boards on a statutory footing, a clear timetable has not yet been determined. In addition the work of the Law Commission on the legal framework for Adult Social Care Services may well have implications for the work of Safeguarding Adults Boards.

The board can only operate if it is supported by partner organisations, staff and service providers, service users and their families and the wider community. During the year since my appointment as Independent Chair I have observed how board members and partner agencies continue to demonstrate their commitment to working together to protect all adults at risk and are confident that we will be able to implement any future national developments.

This year has seen a number of national policy changes which now that they are beginning to shape locally will see some changes in organisational form and the governance arrangements for various partner organisations, particularly the public sector. It is therefore essential that the robust relationships created through the partnership working of the Board are maintained and further developed whilst these changes are implemented.

This report covers the period April 2011-December 2012 and provides information regarding the strategic priorities going forward into 2013.

Gill Collinson  
Independent Chair

## 1. Introduction

In a briefing statement published in May 2011, the government stated that the guidance laid out in “No Secrets” (DoH 2000) would remain until at least 2013 and that its intention following research undertaken by the Department of Health and the recommendations of the Law Commission review is to introduce legislation to make the role of Safeguarding Adults Boards (SABs) statutory. To date there is no timetable for these changes to be introduced, but many agencies including the Department of Health and Association of Directors of Adult Social Services (ADASS) have produced more extensive guidance to support health and social care commissioners, providers, managers and professionals in fulfilling their responsibilities and achieving good outcomes in regard to the safeguarding adults’ agenda.

### The Winterbourne Review

The interim report into the Winterbourne review was published in June 2012. This review was commissioned by the Department of Health, following the exposure of abusive practice by the BBC Panorama programme.

The interim report outlines 14 national actions to improve the care of very vulnerable people with autism or learning disabilities and states that “only local action can guarantee good practice, stop abuse and transform local services”.

It has been agreed by the City of York Safeguarding Adults Board that a specific piece of work be undertaken to review the local position regarding the 14 national actions and any learning that can be gained from the serious case review report published by the South Gloucestershire Safeguarding Adults Board.

Additionally a range of public sector reforms are being introduced across many agencies including:

- Health and Social Care reform

The reforms outlined in the Health and Social Care Bill (2012) are intended to improve quality and efficiency by reforming the way that the commissioning of health services is undertaken. At local level local authorities will have a much stronger role in shaping services, and will take over responsibility for local population health improvement.

The newly established Health and Wellbeing Boards will bring together local commissioners of health and social care, elected representatives and representatives of Healthwatch to agree an integrated way of improving local health and wellbeing. Members of the City of York SAB are closely involved with the development of the Health and Wellbeing Board in York and are regularly providing briefings to the Board.

Most NHS care will be commissioned by clinical commissioning groups, which will give GPs and other clinicians responsibility for securing high quality services. These, along with other changes to current structures, mean that the SAB will both support and monitor the transitional arrangements locally so that sufficient focus and attention to safeguarding vulnerable adults is maintained.

- Policing Reform

The Policing and Social Reform Act (2011) introduces a directly elected individual to be the Police and Crime Commissioner (PCC) for a policing area. The first election takes place on 15 November 2012 and will directly replace the North Yorkshire Police Authority later that month. The PCC's role will be greater than police governance and cover wider community safety issues. Consideration of the governance arrangements within the remit of the PCC and in particular how they will provide assurances to the SAB are currently being considered.

## **2. The Board's Work and its Philosophy**

Safeguarding Adults refers to:

*“All work that enables an adult who is, or may be, eligible for community care services to retain independence, wellbeing and choice and access support and services that enable them to live lives free from abuse and neglect or fear of this.”*

The Safeguarding Adults Board exists to serve the population of City of York's vulnerable adults. It is a multi-agency board whose role is to plan strategically and ensure the safety of vulnerable adults within the City of York Council's geographical area. It has been in existence since November 2008 and has a strong focus on partnership working, and through this partnership approach hopes to ensure that vulnerable adults are able to live their life free from violence, whilst maintaining their independence and wellbeing.

The Safeguarding Adults Board believes that safeguarding should be everybody's business.

A list of board members is attached in Annex 1.

### **3. Topics considered by the Safeguarding Adults Board during 2011 and 2012.**

During 2011 and 2012 the SAB has considered a diverse range of topics which have enabled all the partner agencies to contribute to wide-ranging discussions. A major piece of work in reviewing the context of the City of York was undertaken and the results are outlined in section 4. Other topics included:

- quality assurance mechanisms
- deprivation of liberties and the Mental Capacity Act
- the Winterbourne review
- health and wellbeing boards
- domestic homicide reviews
- targeted awareness raising amongst the elderly of distraction burglary
- safeguarding adults' training strategy

### **4. The Local Context of Safeguarding Vulnerable Adults – A Picture of York**

During 2011 and 2012 the SAB's partner agencies have provided a rich picture of information that describes the local context in which we seek to safeguard vulnerable adults within the City of York to support the board in:

- determining the strategic work plan of the board
- developing a locally sensitive assurance framework

This 'picture of York' is a resource that:

- provides a better understanding of those who are vulnerable and where they are likely to reside and
- acts as an initial resource and evidence base for safeguarding adults in York

- provides evidence for deciding the SABs strategic priorities and work plan

A vulnerable adult is:

A person "who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation" (*"No Secrets" 2000*).

### **3.1 Facts and figures**

An adult safeguarding alert can originate from a huge variety of sources. In order to better prevent and safeguard adults in the city, we need to understand which adults are more vulnerable to abuse and which settings they are most likely to be in.

In the City of York there are a total of 128 care services registered with and regulated by the Care Quality Commission. These cover the breadth of public, private and third sector provision. These can be further categorised as follows:

- 53 residential care homes, providing over 1800 bed spaces; of these, 18 (over 1,000 beds) provide nursing services
- 30 provide care in customers' homes and/or in specialist dwellings with support
- 22 hospitals or related services, including NHS Trusts, rehabilitation and urgent care locations
- nine private or voluntary sector providers
- five private doctors' surgeries
- four diagnostic and/or screening services
- three community health services
- one hospice
- one prison health service

### **3.2 Groups of particularly vulnerable adults**

In May 2011, The Social Care Institute for Excellence, publication "Prevention in adult safeguarding: A review of the literature"

(*Faulkner and Sweeney, May, 2011*) identified groups of people who were particularly vulnerable to abuse.

### People with a Learning Disability

According to the research, those with learning disabilities are consistently identified as being at risk of all types of abuse but there is a heightened risk with those who are also:

- deaf and blind
- are physically immobile
- have a history of aggression
- are young
- are non-verbally communicative
- are self-injurious or unsociable

The City of York Council currently has in excess of 500 customers who are receiving a service related to their learning disability. In total, there are 37 registered institutions in York catering for those with learning disabilities, including 13 residential care homes. There is provision for 172 supported living schemes for people with learning disabilities across 47 locations. There are a further 11 clients in two residential homes. The majority of supported living in York is for older customers with learning disabilities, who also have extensive physical support needs. Many are wheelchair users and/or past residents of old long-stay hospitals. Many are now too infirm to have challenging behaviour but there are some who as their needs change once again develop challenging behaviours, for example when a new agency or staff is used and people's routines are not respected.

### People with Mental Health Problems

There are particular groups of people with a psychiatric diagnosis that have been identified as being at greater risk of abuse. These tend to overlap with some of the other groups identified in this paper, particularly, older people and carers. There are:

- 35 registered mental health services in York
- seven care homes with mental health registrations
- three with nursing

- 13 mental health home care service providers

### Older People

Mid-year population estimates for 2010 show that there are over 33,000 older people (over 65) in York - 16.4 per cent of the total population:

- nearly 5,000 people are 85 years old or over, with two thirds of this total being female
- changing demographic patterns will see 11,000 more older people within the city by 2025, with 2,900 of those over 85 more likely to need support

The City of York has high a proportion of residents in care homes that self-fund and who require information to support their decisions in choosing a care home or provider of services.

There are particular complexities around specific groups of older people who may be more susceptible to abuse. Community Mental Health Teams for older people are likely to be in contact with around 1,600 older people, some of whom may have communication barriers, challenging behaviour or who are depressed or disorientated.

York has 35 registered services delivering care for dementia. Included in this total are 13 care homes, 8 of which provide nursing.

Older adults are also more likely to be abused if they are frail or highly dependent on care. York currently has around 700 customers receiving high-dependency homecare packages.

### Carers

Research has demonstrated that isolation ie less family support or social contacts, can lead to family carers becoming perpetrators of abuse. The York Strategy for Carers (2011-2015) is a multi-agency approach to providing services and support for the estimated 18,676 adult carers in the city.

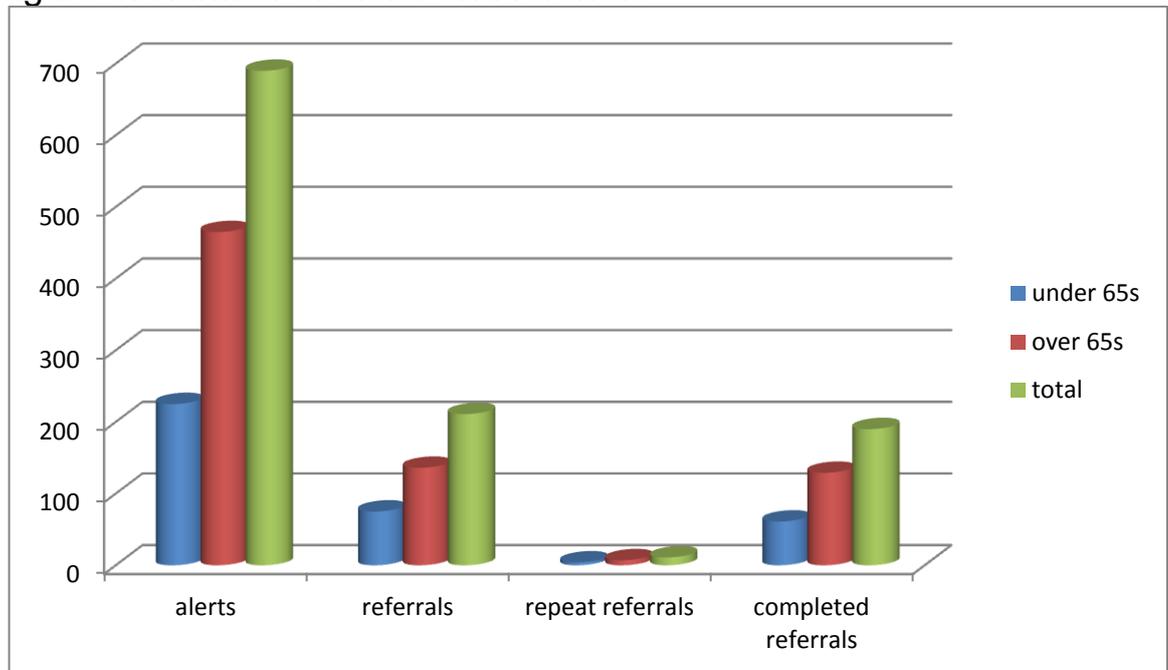
Substance abuse amongst family carers has also been found to be a risk factor in contributing to abuse rates. The Substance Misuse

Service (Community Addictions Team) works closely with voluntary sector agencies to provide services for people with complex drug and alcohol problems and for service users with co-existing mental health and substance misuse problems. Their typical caseload comprises in excess of 200 patients at any one time.

## 5. Responding to abuse or neglect

The number of alerts and referrals continue to increase, which is to be welcomed as public and professional awareness increases and we need to continue to ensure that our training and awareness programmes continue to increase understanding of safeguarding and the process to be taken where there are concerns.

Figure 1: Number of alerts and referrals



There has been a 61% increase in the number of alerts from 2010-11. Benchmarking data from the national information centre shows that our rate of alerts per 100,000 of population is comparable with the England average. The highest number of alerts and referrals continues to be received regarding people aged over 85 years. Of the 690 alerts received 242 (35%) concerned people over the age of 85 years.

Figure 2: Nature of abuse

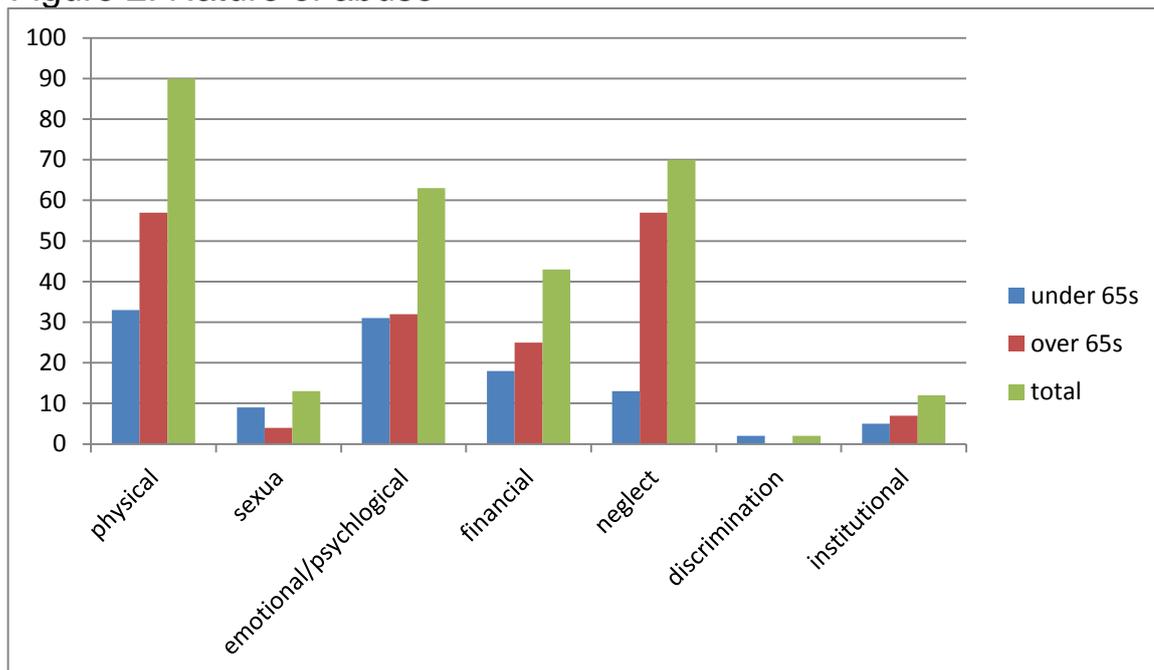


Table 1: Location of Abuse

	18-64 years	65-84 years	Over 85 years	TOTAL
Own home	31	42	26	99
Care Home - residential	6	11	15	32
Care home - nursing	1	13	18	32
Care home - temporary	0	3	3	6
Alleged perpetrators home	1	0	0	1
Mental health inpatient setting	1	0	1	2
Acute hospital	0	0	0	0
Other health setting	0	0	0	0
Supported Accommodation	20	0	0	20
Day Service	2	0	0	2
Public Place	7	0	0	7
Education/ Training/Work	1	0	0	1
Other/not known	5	0	0	5
<b>TOTAL</b>	<b>75</b>	<b>69</b>	<b>67</b>	<b>211</b>

The low number of referrals in health settings may reflect the previous procedural arrangements whereby each agency was required to respond to their own referrals. This has changed during 2012/13 as a new protocol has been implemented whereby all referrals are overseen initially by the council's new safeguarding team. Please note that the figures shown in this report relate to those collected by and submitted to the national information centre by the local authority as the statutory agency responsible for safeguarding. Other agencies collect data as required via their own governance systems.

#### **4.1 Relationship of alleged perpetrators to the victim**

Professionals accounted for 35% of the total alleged perpetrators, a slight increase on 2010/11. This is higher than the England and comparator authority averages of 28% and 26%. However, York is lower than the England and comparator authority averages in respect of the number of 'not known' alleged perpetrators ( 9% compared to 14% and 15%).

Alleged abuse within the family has decreased this year, but the number of other vulnerable people alleged to be the perpetrator has increased from 1% in 2010 -11 to 13% last year.

#### **4.2 Outcomes following safeguarding investigation**

There has been an increase in the number of cases reaching a conclusion to 90% of referrals.

105 cases were substantiated, 26 partially substantiated and 59 either not substantiated or inconclusive.

##### Outcomes for the abused person

A total of 55 referrals (28%) resulted in no further action being taken in 2011-12. This is a reduction from the previous year of 44%, but is in line with the number of unsubstantiated or inconclusive outcomes.

## Outcomes for alleged perpetrators

During 2011-12 the City of York Council took action against 63% of alleged perpetrators. This is similar to outcomes for 2010-11.

## Acceptance of a Protection Plan

Only 10% of protection plans were documented as accepted during 2011-12. This is recognised as area for improvement for the coming year to both understand the root cause and increase the number of plans accepted in 2012-13.

## **6. Training**

A key role of the SAB is to support the development of a training strategy and encourage all partner agencies to participate in the delivery of the training plan, thereby ensuring that staff across all sectors are aware of how to raise safeguarding concerns and are trained to the appropriate level required by their role.

The board has recently approved an updated and revised Training Strategy for 2012-2015. A training sub group of the SAB has been established to oversee the implementation of the strategy and support partner agencies in developing specific safeguarding competency profiles and organisational training plan (Standard 5).

The strategy identifies 5 levels of training to be developed and implemented:

- Level 1 – recognising and reporting
- Level 2 - responding
- Level 3 - investigating
- Level 4 - joint working and criminal investigations
- Level 5 - decision making and accountability

The strategy has identified key activities on which to focus on the next three years across eight areas:

- training needs
- training solutions
- accessibility

- funding
- provision
- quality assurance
- evaluation
- sustainability

The full strategy can be accessed on the website - [www.safeguardingadultsyork.org.uk](http://www.safeguardingadultsyork.org.uk)

## **7. Policies and Procedures**

The City of York Safeguarding Adults Board has a comprehensive suite of multi-agency policies and procedures regarding the safeguarding of vulnerable adults. During 2012 a review of the procedures for informing the City of York Council of alerts and referrals has been undertaken, resulting in changes that now ensure the local authority is informed of all alerts and referrals.

In addition due to the interdependencies between the safeguarding adults' agenda, implementation of the Deprivation of Liberties Safeguards and Mental Capacity Act, the Safeguarding Adults Board has agreed to consider issues and encourage and monitor good practice relating to these areas of policy.

All of the multi-agency policies and procedures can be accessed on the Safeguarding Adults York website.

During the period covered by this report there have been no cases or incidents which have required the instigation of a serious case review. However, the safeguarding adults team endeavours to seek feedback from those participating in safeguarding processes. The following anonymised case studies provide some insights into the experience of service users.

### Case Study 1

Mrs X approached City of York Council on three occasions for help over a nine month period. Initially she approached the housing department, alleging that her son was abusive to her, and that she feared for her life whilst living with him. When Mrs X became distressed, the housing options worker alerted the safeguarding

team. On the first two occasions, Mrs X did not feel ready to take action to change her situation, but it was important for her to know that she could approach the team in the future for support. On the third occasion, Mrs X was still apprehensive about progressing with support, because she was concerned about the effect it would have on her son. However, through careful and patient work by the safeguarding team, the police, and CYC housing, Mrs X made choices to change parts of her life, which would increase her safety. Mrs X reports that she had a positive experience, stating that *“they treated me like a human being...there was a personal touch that you don’t often get when you’re elderly”*. She also confirmed that the work of the team *“helped to keep me safe”*. In order to support Mrs X, it was essential that her son’s needs were also taken into consideration and in working with Mrs X we also went some way to help her son, whose behaviour towards his mum was in part due to his own difficulties. Mrs X reports that in us taking this approach *“It pleased me very much”*.

## Case 2

Mrs Y was referred to the CYC Adult Safeguarding Team by the warden where she lived, as she had reported three thefts within one week. *Mrs Y said that she “didn’t want to see or speak to anyone for three months... it’s an awful feeling when you can’t trust family, friends, neighbours or carers”*. Over time, Mrs Y accepted the support of the team and of the Police Protection of Vulnerable Persons Unit. She was engaged in the process and reported that she *“felt comfortable and included. It was a pleasure to be part of the real world as I once knew it”*. Working together, *“The locks were changed by warden call and the police. I had CCTV... They did absolutely everything they could have”*. Mrs Y reported that the team working with her *“were so helpful, they listened and made me feel human which was the biggest lift they could have given me”*.

## **8. Assurance**

Over the past 12 months the SAB has discussed and debated the appropriate levels of assurance that the board requires to ensure that partner agencies are fulfilling their individual responsibilities and how the board can demonstrate it is fulfilling its responsibilities to the population of York.

Following the publication of guidance by both the Department of Health and ADASS, health and social care commissioners and providers are increasingly required to demonstrate how they are fulfilling the key requirements via their own internal governance arrangements and to external regulators. It is not unusual for agencies to participate in a number of partnership boards and there has to be a balance between providing appropriate levels of assurance and creating numerous reporting mechanisms.

Therefore it has been agreed that the SAB will receive assurances from partner agency's that have previously be agreed by each agencies internal governance arrangements. In most cases this will be in the form of an annual report. Copies of partner agencies reports are available on the website.

In addition partner agencies will be monitored regarding their commitment to partnership working as members of the board and this will be undertaken by monitoring attendance at the quarterly SAB meetings. It has been agreed that members attend a minimum of two meetings a year and that deputies should not attend more than the substantive member of the board. An annual audit will be undertaken and published in the SABs annual report.

The City of York has further ongoing assurances of the partnership working between groups of organisations represented on the SAB. For example the Health Partnership Group meets regularly to share best practice across health commissioning and provider organisations. This group reports to the SAB on a quarterly basis and demonstrates a commitment to learning and sharing across a broad range of organisations.

In addition the independent sector mental health organisations within the City of York meet on a regular basis and provide peer support in undertaking investigations and responding to issues particularly relevant to this specialist group of provider organisations.

With the recent reforms to policing, health and social care, the need to review and refine assurance processes will be kept under constant review.

## **9. Strategic Priorities for 2013**

The priorities and actions for the coming year were agreed in June 2012, with regard to the following drivers which have been described in this report, namely:

- safeguarding context in York
- performance and activity
- new partnership relationships

The strategic objectives are therefore focussed on:

- prevention
- personalisation
- strategic links
- continuous improvements

The actions plan for these objectives can be found at Annex 2.

**York Safeguarding Adults Board Members 2011-12**

<b>Member agency</b>	<b>Representatives</b>
Independent Chair	Gill Collinson
City of York Council	Pete Dwyer, Director of Adults, Children and Education Kathy Clark, Assistant Director (Adult Assessment & Safeguarding) ACE Cllr Tracey Simpson-Laing, Cabinet Member for Health, Housing & Adult Social Care Michael Melvin - Group Manager Mike Hodgkiss - Safeguarding operations lead (invited guest) Trading Standards – Matthew Boxall to attend as required
North Yorkshire Police	ACC Iain Spittal
NHS North Yorkshire and York	Julie Bolus, Executive Director of Nursing
NHS North Yorkshire and York	Janis Bottomley, MCA/DOL Lead (& Interim Operational Safeguarding Adults Lead)
Leeds and York Partnership NHS Foundation Trust	Steve Wilcox, Lead Clinician for Safeguarding Adults
York Health NHS Foundation Trust	Lucy Connolly, Assistant Chief Nurse
Ambulance Trust	Through link with NHS NY&York
Care Quality Commission	Dianne Chaplin
Supporting People Board - York	Pete Dwyer to act as link
Independent Care Group (ICG)	Keren Wilson, Chief Executive Representing independent care providers
Department of Work and Pensions	Link to be made at operational/practice level
Crown Prosecution Service	Jonathan Heath
York & North Yorkshire Probation Service	Joanne Atkin
Fire Service	Ian Hill
Children's Services/Safeguarding Children	via Pete Dwyer
Care Home and Domiciliary Care providers	To action through existing provider forums.
Service users/patients organisations/individuals who have experienced the system/carers organisations	To action as part of user involvement/user views – through Links and PALS
Voluntary Sector	Vacant
The Retreat	Chris Dawson
Stockton Hall	David Heywood

City of York Safeguarding Adult Board

## **Strategic Objectives and Action Plan 2013-14**

### **Background**

**Priorities and actions for the coming year were agreed in June 2012, with regard to the following drivers:**

**Safeguarding context in York** The Safeguarding Board received reports in March 2012 which outlined specific risk areas for York with regards protection of adults at risk of abuse. This included the number of self funders receiving care and support in York, the presence of the two independent mental health hospital in York, and the growing numbers of older people particularly those over 85, and the numbers of people with learning disabilities and complex needs. The changing demographic profile in York also includes growing numbers of people from minority ethnic groups.

**Performance and activity** Reports over the last three years show that the highest proportion of alerts and referrals concern people in their own homes. But there are also significant numbers of referrals from care homes and supported living schemes, where improved quality of care could reduce the risks of abuse happening. There are growing numbers of incidents where the alleged abuser is also a vulnerable person.

SCIE guidance on safeguarding and care home commissioning recommends improving responses to falls pressure sores and challenging behaviour. In York work is already underway to improve responses to pressure sore and skin tissue management.

Key messages from analysis of our performance in 2011-12 was low on the number of protection plans signed and agreed by those at risk of abuse. We have a proportionately high number of referrals for People with a Learning Disability

**Policy and Practice changes;** Personalisation in both health and social care brings new challenges to keeping people safe, with a growing use of informal and community support as people exercise choice and control over the use of personal budgets. Residents in the City using Direct Payments need information, support and guidance on how to safeguard themselves particularly when they are engaging unregulated and informal support providers.

**New partnership arrangements:** Health and wellbeing Boards and new Police Commissioner arrangements will be developed over the coming year. Both will impact on the responsibilities and working relationships for the Adult Safeguarding Board.

**Strategic Objectives set by the Board for 2012-13 were therefore focussed on:**

- Prevention
- Personalisation
- Strategic Links
- Continuous improvement



	Continue to improve responses to pressure sores	Protocol on root cause analysis and referral for safeguarding	PCT/CCG/CSU	Health providers and CYC Safeguarding Team		
<p><b>Empower vulnerable people particularly self funders to keep themselves safe</b></p> <p><b><u>Prevention</u></b></p> <p><b><u>Personalisation</u></b></p>	Improve information for self funders to help them make choices that keep themselves safe.	<p>Information currently available on Safeguarding website to be linked to new my Life My Choice information website.</p> <p>Work with user led groups to improve the information and make it user friendly</p> <p>New information to be available through e- market place information site Connect to</p>	CYC	<p>York Independent Living Network</p> <p>Regional Shop4 Support programme</p>	<p>Website live Sep 12</p> <p>January 13</p> <p>March 13</p>	<p>Timescale dependent on regional programme which is</p>

		Support				funding the new site
<b>Update intelligence on York's safeguarding risks and activity</b>	Review performance and data on an annual basis	Analysis from partner agencies for March meeting	M Melvin	Lead Officers	March 13	
<b>Prevention</b>						
<b>Reduce risk to vulnerable people who use personal budgets</b>	Improve understanding of safeguarding issues for people using personal budgets	Research approval  Research undertaken	CYC	University of York	Sep – March 13	
<b><u>Personalisation</u></b>						
<b>Strong links to other strategic partnerships</b>	Improve the links between Safeguarding Adult Board and the new Health and Wellbeing Board.	Induction for new CCG lead on Safeguarding  Identify links in Health and Wellbeing Strategy and	Safeguarding Board Chair	Lead Officers from each agency	March 13  December 12	
<b><u>Strategic Links</u></b>						

		<p>Safeguarding priorities</p> <p>Develop links with voluntary sector including induction for VCS representative to Safeguarding Board</p>			December 12	
	Identify and agree any common areas of activity with Safer York Board, and any successor board emerging from new community safety arrangements.	Meet with Chair of Safer York Board Review Police Safeguarding Assurance arrangements under new Commissioner and governance structures	Safeguarding Board Chair	Lead officer Police	December 13	
<b>Continuous quality</b>	Increase number of	60% agreed and signed	M Hodgkiss		AVA: completion	

<b>improvement</b>  <b><u>Continuous improvement</u></b>	protection plans agreed by those at risk of abuse				of protection Plan	
	Workforce development	Adopt, implement and embed competency framework	M Melvin	Lead officers	December 12	
	Review of Multi Agency Procedures	Review impact of policy change, current protocols and prepare for proposed legislation	M Melvin	Lead officers	March 13	
	Winterbourne review implications	Establish Task and Finish Group, in partnership with Valuing People Board: Review of safeguards in place for people placed out of area and in independent	K Clark	Lead Officers, health provider reps. Reps form Valuing People Board ( people with a learning Disability and Carers)	Set up by December  Report by March 13	

	Use of intermediaries by Police	health care settings  Consider proposals by Police for advocate support through Criminal Justice process for people with severe mental health needs, or a learning disability	NY Police		March 13	
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