

intimidation, **neglect**, leaving on own  
withholding food and drink, name calling, ignoring needs  
**emotional abuse**, sexual abuse, bullying  
pushing, coercion, stealing money or benefits  
**blaming**, isolating, misusing medication

# Solihull Safeguarding Adults Annual Report 2012-13



***Working Together***  
*to safeguard adults*

**in Solihull**

# Contents

1. Introduction/Welcome	2
2. The National Picture	3
3. Key Achievements	4
4. The Safeguarding Adults Board	6
5. Safeguarding Adults Activity and Regulated Services	15
6. Partnership Working	26
7. Training and Development	30
8. Complaints	33
9. Serious Case Reviews	34
10. Board Members Reports	35
11. Solihull Safeguarding Adults Budget	49
12. Priorities and Work Plans for 2013-14	50
14. Appendices	
Appendix 1 Board Membership	52
Appendix 2 Operational Sub Committee Membership	53
Appendix 3 Prevention Sub Committee Membership	54
Appendix 4 Quality & Audit Sub Committee Membership	55
Appendix 5 Training and Workforce Development Sub Committee Membership (Adults & Children's)	56
Appendix 6 MCA & DoLS Local Implementation Steering Group Membership	57
Appendix 7 Board Business Plan	58

# Solihull Safeguarding Adults Annual Report 2012-13

## 1. Introduction/Welcome

This Annual Report is published on behalf of the Solihull's multi agency Safeguarding Adults Board and provides the Board and agencies with the opportunity to reflect on its achievements in 2012-13 and plan for the year ahead. It contains contributions from a range of agencies who are members of the Board. The achievements this year have been substantial which reflects the quality of relationships and the strength of commitment across the partnership, organisations and individuals.

Solihull Safeguarding Adults Board oversees the effectiveness of the arrangements made by individual agencies and the wider partnership to safeguard adults from abuse. The remit of the Board is not operational but one of co-ordination, planning and commissioning and contributes to the wider goals of improving the well-being of adults.

During 2012-13 the Board has strengthened its business arrangements with an Independent Chair and has been involved regionally and nationally through the Independent Chairs, ADASS and the Regional Safeguarding Adults Leads Network.

Safeguarding Adults referrals have increased slightly, but referral numbers appear to be levelling out over the last 2-3 years indicating that people know how to make a referral and staff accepting them are using a consistent threshold. The number of Protection Plans has increased significantly – the reason for such an increase suggests further exploration is required (see section 6).

Partnership working has resulted in increased numbers of referrals to the Council's Public Protection unit for support and help with hoarders, people self neglecting and with properties generally unsafe for adults at risk (see section 7.1.3). The success of the Harm Reduction and Vulnerable Victims Forum (see section 7.1.1) is also an indication of multi agency partnership working.

A small project to ascertain individuals experiences of the Safeguarding Adults procedures was particularly positive and will enable future developments to be shaped by their personal experiences (see section 4.4).

Significant work and training have been completed to ensure Solihull was ready to implement the Safeguarding Adults: multi agency policy and procedures for the West Midlands from 1st April 2013.

Solihull's Safeguarding Adults Board welcomes the draft Care and Support Bill which sets out for the first time a statutory framework for Safeguarding Adults and identifies local authority responsibilities and those of the local partners. The overwhelming view from Solihull Safeguarding Adults Board on a new safeguarding power was that it must not place adults at risk in further danger and neither should it take away individuals rights and choices.

The seriousness of all Safeguarding Adults issues means that despite our achievements, we must never be complacent. Our partnership working and developments strengthen our ability to safeguard the rights and safety of those in need of our support.

We recognise that we must continue to raise the profile of these issues with members of the public, so that we are alerted to all those who need help to protect themselves.

We hope you find this Annual Report useful, either by raising awareness or identifying issues you can take forward in your own organisation as it is important that this is a "working document" and we welcome feedback.



*Dave Martin  
Independent Chair  
Solihull Safeguarding  
Adults Board*

## 2. The National Picture

Safeguarding Adults continues to be one of the highest priorities for Councils, Health Services, the Police, the Care Quality Commission and providers.

During 2012-13 there have been a number of consultations, changes, reports or national scandals in the wider world of safeguarding adult that have influenced, and will continue to influence, how Solihull Safeguarding Adults Board protects adults at risk in Solihull from harm and abuse, including:

- The **Law Commission's** Review of Adult Social Care legislation, White Paper and draft **Care and Support Bill** published and Consultation on possible **new safeguarding powers**

These will:

- create a new statutory framework for adult safeguarding, to clarify the roles and responsibilities of local authorities and other organisations;
  - legislate to create Safeguarding Adults Boards in every local authority area, as the vehicle for co-ordinating partners' activity on safeguarding; and
  - consult on whether to introduce new powers for local authorities to support their ability to make safeguarding enquiries.
- **Winterbourne View** Serious Case Review which was undertaken following reports of patient abuse at the Private Hospital made a number of recommendations including a call for greater investment in community-based care, outcome-based commissioning for hospitals detaining people with learning disabilities and the use of 't-supine restraint' to be discontinued at such units. The report also calls for better coordination and information sharing to allow for earlier identification of potential problems and earlier action to be taken.
  - **Mid Staffordshire** NHS Foundation Trust Public Inquiry – Francis Report which calls for a "fundamental change" in culture whereby patients are put first and makes 290 recommendations covering a broad range of issues relating to patient care and safety in the NHS.
  - **NHS reorganisation** - during 2012-13, considerable work was undertaken to prepare for April 2013, when Primary Care Trusts were replaced by more than 200 GP-led organisations called Clinical Commissioning Groups (CCGs) which are responsible for almost 60% of the NHS budget. Every GP practice has to belong to a CCG.
  - **Healthwatch**, which is the new consumer champion for both health and social care. It is an independent organisation, able to employ their own staff and involve volunteers, who should become the influential and effective voice of the public.
  - **Police and Crime Commissioners** – who will ensure an efficient and effective police force in our area. They set the priorities for the Force, decide the budget, and hold the Chief Constable to account.
  - **Care Quality Commission** - Not just a number - Home care inspection programme – National overview. Starting in April 2012 CQC undertook a review which ran alongside their regular programme of inspections. It looked at whether people receiving care at home are treated with dignity and respect, are supported by skilled staff, have choice about their care and benefit from processes that are meant to keep them safe. They found late or missed calls, lack of care worker continuity and inadequate support for staff leading to poor care in the minority of providers, but the regulator found most are performing well.

### 3. Key Achievements

2012-13 was another busy year for Solihull Safeguarding Adults and there continues to be many achievements to celebrate. The Board, Sub Committees and partner agencies have worked together to ensure awareness of Safeguarding Adults is a priority and partnership working is effective.

The following are the top ten achievements of 2012-13:

1. Solihull was a significant contributor to the development of Safeguarding Adults: multi agency policy and procedures for the West Midlands which was undertaken with support from Social Care Institute for Excellence (SCIE). They represent the commitment of the West Midlands region and organisations to work together to prevent abuse, protect adults at risk of abuse and make efficient and effective use of precious resources.



2. During October and November a small project was carried out to ascertain people's experience of the Safeguarding Adults procedures. The "My Safeguarding Experience project" was very positive - if we do not seek people's experiences of Safeguarding, we will not know if what we are doing is appropriate for victims/survivors.



3. Two Conferences on Self Neglect were attended by over 120 people from a wide variety of agencies including, social care, health, police, private and voluntary sector providers, fire services etc. The conference gave practitioners and professionals the opportunity to consider the often difficult and complex issues they face with people who self neglect or hoard. This national issue has been a prominent area affecting Safeguarding Adults nationally.

4. Solihull underwent a Local Government Peer Challenge in December 2012 and the peer challenge team looked at how well Solihull safeguards adults at risk from harm and abuse. They found examples of good engagement; the Board to be visible and responsive; knowledge of Safeguarding Adults well embedded with staff and providers; and good multi-agency commitment to Safeguarding Adults.

5. With support the Prevention Sub Committee produced posters and "Is someone treating you badly?" leaflets in the 5 most used languages in the borough – French, Polish, Farsi, Kurdish and Pashto – all of which are available on our website.



6. In response to the Stephen Hoskins and Fiona Pilkington Serious Case Reviews, Solihull Community Safety Partnership, Solihull Community Housing and West Midlands Police set up a Harm Reduction and Vulnerable Victim Forum. This Forum was set up to effectively case manage and provide a multi agency response to vulnerable individuals who may be victims of hate crime, anti social behaviour and repeat callers to emergency services and partner agencies.

7. In October the first edition of the Solihull Safeguarding Adults Newsletter was produced which keeps people up to date on a quarterly basis with local and national developments in relation to safeguarding adults.



8. During 2012-13 a Safeguarding Adults Self Assessment audit of strategic and organisational arrangements to safeguard and promote the wellbeing of adults at risk was developed and completed by partner agencies. This tool provides organisations in the Borough with a consistent framework to assess, monitor and improve their Safeguarding Adults arrangements.

9. To assess whether the links between safeguarding and domestic abuse are being made in practice, a survey was undertaken with professionals and practitioners across all agencies. 155 people took the time to complete the survey and provide us with valuable data to inform future training and policy development.

10. Each year we hold a “We Trust You To Care” – Provider Conference. This year’s key note speakers included David Sheard and Sally Knocker (Dementia Care Matters) and focused on best practice within dementia care services and to provide a positive environment to prevent safeguarding situations occurring. Managers and staff from care homes, nursing homes, hospitals and domiciliary agencies attended.



David Sheard

## 4. The Safeguarding Adults Board

### 4.1 Safeguarding Adults Board

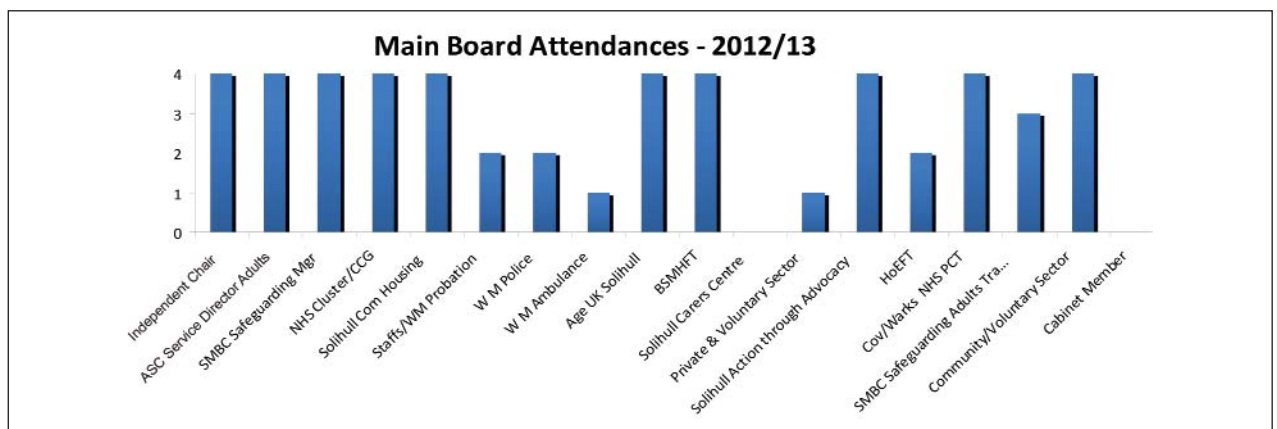
The Safeguarding Adults Board is now well established and provides the strategic leadership for safeguarding work. The approach to safeguarding is based on promoting dignity and respect, helping all people to feel safe and making sure safeguarding is everyone's business. Solihull is committed to partnership working across Health, Social Care and all organisations in Solihull.

At the end of 2012-13 the Board had been operational for almost 5 years and 14 agencies are represented on the Board – see Appendix 1 for Board membership details. This year the Board has been chaired by an Independent Chair providing consistency and direction.

The Board has four routine business meetings per financial year and two development events, which are strategically timed to enhance annual planning.

Attendance at routine Board meetings has been variable.

- The Carers Centre and Cabinet Member have not been able to attend any meeting this year, but a commitment to attending meetings in 2013-14 has been given.
- West Midlands Ambulance Service have acknowledged their attendance this year has been less than they would wish and have committed to improving their contribution to the Board in 2013-14.
- The representative from the Private and Voluntary Sector has only been able to attend one routine Board meeting this year but made arrangements for the Community and Voluntary Sector Representative to represent them and provide feedback.
- West Midlands Police, Heart of England Foundation Trust and Staffordshire and West Midlands Probation Trust have attended two of the four routine business meetings this year.
- This pattern is not untypical nationally given pressure on time and resources but is a priority to challenge and address.
- The Fire Service is to join the Board and has a lot to offer.



There are five Sub Committees reporting to the Board and all produce an annual workplan. The Board receives regular updates from each of the Sub Committees on the progress of their agreed workplans. Other areas the Board has considered or received presentations on includes:

- Self assessment
- Quality Indicators
- Board priorities – Personalisation, Domestic abuse and Service User involvement
- Domestic Homicide Review procedure
- Single Homeless People – 18 to 25 yrs
- Consultation on New Safeguarding Powers
- Winterbourne View Serious Case Review.
- Annual CQC feedback and update.

During 2012-13 the Board set 11 Quality Indicators to monitor; they were:

1. **Number of Safeguarding Adults referrals into Solihull Council** – Monitoring referral rates helps us to evaluate if our local arrangements for Safeguarding Adults are robust, accessible and responsive. See section 6.1 for analysis of referral data.
2. **Prevalence of repeat referrals into Solihull Council** – Monitoring the prevalence of repeat referrals enables organisations/agencies and the Board to evaluate the effectiveness of the procedures and the protection of adults at risk. See section 6.1 for analysis of repeat referral data.
3. **Number of Protection Plans open at month end** – Monitoring the number of adults at risk whose protection needs are being met through a protection plan enables the Board to be assured that thresholds are consistent and that action is being taken to protect people and monitor the impact of the intervention. See section 6.10 for analysis of Protection Plan data.
4. **Percentage of staff that have substantial and unsupervised contact with adults at risk completing Safeguarding Adults awareness training.** – Monitoring the percentage of staff in all organisations and agencies that have attended Safeguarding Adults awareness training provides assurances that Safeguarding Adults is a priority. In 2012-13 all partner agencies have sustained good levels of training or increased the percentage of staff completing safeguarding adults awareness training.
5. **Percentage of staff who have contact with adults at risk with appropriate and up to date CRB (Criminal Records Bureau, now Disclosure and Barring Service, DBS) checks in line with the law.** Ensuring a safe workforce to work with adults at risk is an important aspect of securing their safety. Monitoring that the workforce in Solihull who have contact with adults at risk have appropriate and up to date CRB (now DBS) checks will assure the Board that safe recruitment practices prevail in Solihull. In 2012-13 most partner agencies are reporting 100% compliance - the health services continue to roll out systems that ensure every member of staff updates their CRB (now DBS) every 3-years.
6. **Deprivation of liberty safeguard activity** – Monitoring numbers of DoLS referrals and authorisations will enable the Board to ensure Solihull is meeting the requirements of the Mental Capacity Act 2005/Deprivation of Liberty Safeguards 2007. See section 6.12 for analysis of Deprivation of Liberty Safeguards activity.
7. **Arden Vale Recommendations** – 2012-13 Solihull Adult Social Care led a Large Scale Investigation under the multi-agency Solihull Safeguarding Adults Procedures



into the Arden Vale Independent Hospital. Following this Large Scale Investigation the Board commissioned an independent facilitator to convene a de-briefing event so that all lessons relating to both good and poor practice could be learnt and disseminated across the Borough. Following this event 13 recommendations were made and an action plan developed to ensure the recommendations were actioned. 10 of the 13 recommendations have been completed. The three remaining recommendations are progressing well with multi agency involvement.

8. **Achievement of Board Annual Priorities.** It is important to measure achievement of the priorities set each year. Significant work was undertaken on the Board Priorities for 2012-13 – Personalisation, Domestic Abuse and Service User Involvement.
9. **Number of people referred to the appropriate registration bodies and barred lists (e.g. NMC, HCPC and DBS)** – Monitoring the number of referrals agencies make to the appropriate registration bodies and barred lists should provide the Board with assurances that statutory agencies follow safe recruitment practices which protect the community as a whole. In 2012-13 the number of staff referred to the barred list is very small – 8 in total across the partnership.
10. **Number of police investigations resulting from a safeguarding referral and the outcomes.** This indicator provides the Board with assurances that adults at risk have equal access to the justice system. Since October 2012 the police systems show 40 vulnerable adult alerts, some of which are safeguarding concerns and others are criminal offences. Investigations are held by a variety of departments including Public Protection Unit, Fraud, Local Investigation Team and the Coroner's office. Due to the nature of the majority of alerts, ie neglect, mental health, there are few criminal investigations and hence only a few charges brought.
11. **Number services decommissioned, closed or with significant quality issues.** This indicator provides the Board with some assurance on the quality and safety of services within the Borough. The data is provided by Solihull Council Commissioning and CQC. See section 5.13 for information.

## 4.2 Sub Committees

There are 5 sub committees that report to the Safeguarding Adults Board. Each of the sub committees have a different remit however a consistent theme for all sub committees is understanding and achieving better outcomes for adults at risk.

## 4.2.1 Operational Sub Committee

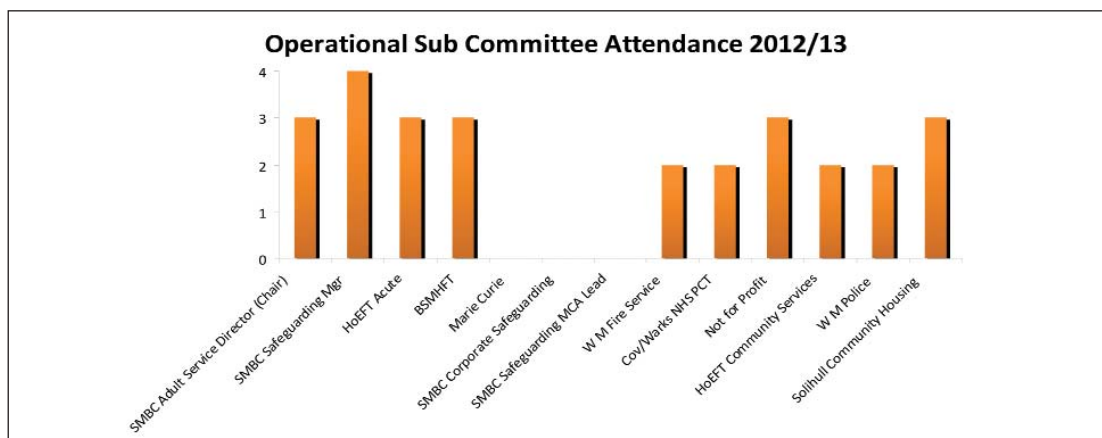
The purpose of the Operational Sub Committee is to:

- Development policy, procedures, protocols and guidance for the partnership.
- Ensure the Multi Agency procedures are current and reflect best practice.
- Consider practice issues and identify issues for practice, policy and procedures.

This sub committee operates as a scrutiny, monitoring and signing off group and meets quarterly. The chair of this sub committee has been consistent. Attendance at this sub committee has deteriorated. SMBC Corporate Safeguarding lead is no longer in post, the Safeguarding Adults, MCA and DoLS lead has reduced her hours and Marie Curie representative is no longer a member. For membership details see Appendix 2.

In 2012-13 the following key documents have been developed or are in development, by this sub committee:

- Service user to service user incidents Practice Guidance
- Harm Reduction and Vulnerable Adults Forum Terms of Reference
- Person in a Position of Trust guidance
- Emergency Home Closure procedure
- Protection Plans Practice Guidance
- Thresholds Practice Guidance
- West Midlands Policy and Procedures

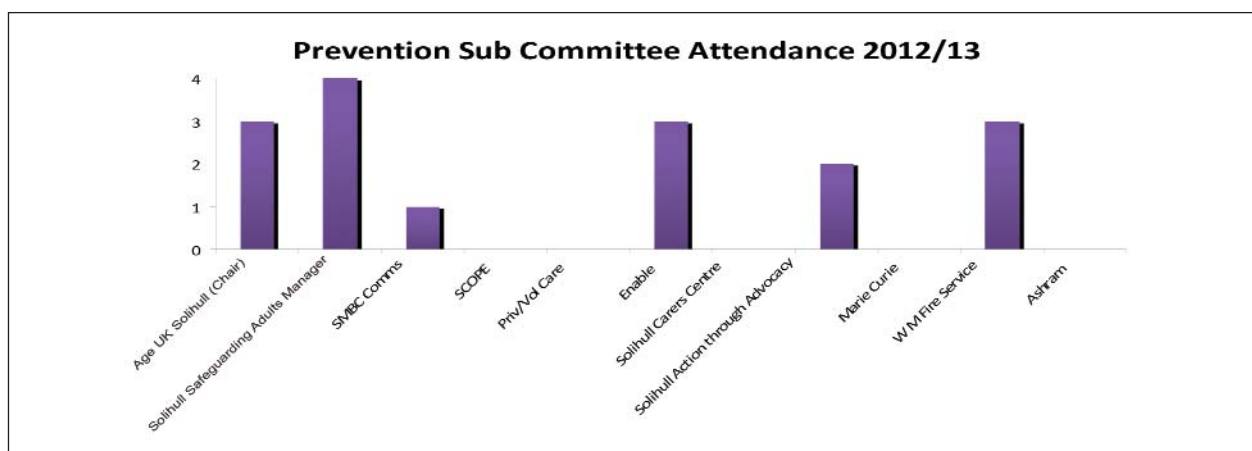


## 4.2.2 Prevention Sub Committee

The purpose of the Prevention Sub Committee is to:

- Promote greater awareness of Safeguarding Adults with people who use services, the public and with organisations who work with adults at risk of harm.
- Ensure adult abuse is prevented or at least minimised and that everyone living and working in Solihull know what adult abuse is, that it is unacceptable and how to alert the Council to incidents or possible incidents. Ignorance and being unaware is not acceptable.

This Sub Committee meets quarterly. Attendance at these meetings has declined. Due to declining attendance at the end of 2012-13 this sub committee agreed to a small core group who would invite other partners and specialists as appropriate to support with specific areas and projects. The core group will be Age UK, Solihull Action through Advocacy, Enable, MIND and West Midlands Fire Service. For membership details see Appendix 3.



In 2012-13 the following key pieces of work have been completed by this sub committee:

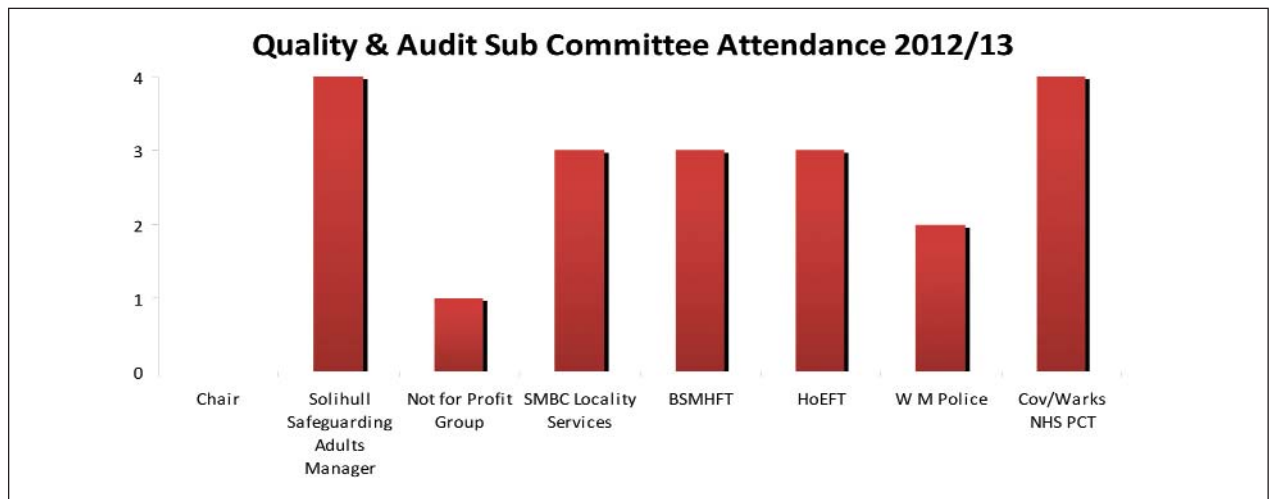
- WEAAD 2012
- Newsletter
- Reviewed and updated Be Money Smart leaflet
- Service User Awareness Event
- Safeguarding Adults Posters and “Is someone treating you badly?” leaflet produced in the 5 most used languages to language line
- Audit of effectiveness of prevention work

## 4.2.3 Quality and Audit Sub Committee

The purpose of the Quality and Audit Sub Committee is:

- Monitor Safeguarding Adults activity in accordance with the multi agency procedures.
- To ensure people’s feedback on their experience of Safeguarding Adults is sought and used to inform practices and procedures.
- To develop a multi agency approach to performance and assurance.
- Manage the Serious Case Review process.

This Sub Committee meets quarterly. During 2012-13 this sub committee has operated without a specific Chair. A chair for 2013-14 has been agreed – West Midlands Police. Attendance at these meetings has improved. For membership details see Appendix 4.



In 2012-13 this Sub Committee has:

- Scrutinised the Safeguarding Adults Data.
- Completed an Audit of Competency Framework used by SMBC
- Completed My Safeguarding Experience project – see outcome below.
- Partner Agencies Self Assessment Tool
- Domestic Abuse Survey – see section 7.3 for further information
- Board Reporting in and out Flowchart.
- Review of Quarterly Indicators

The “**My Safeguarding Experience**” project was a very positive project. It took place in October and November 2012 when 11 adults who have been through the safeguarding adults procedures were visited. They were asked if they feel empowered throughout the process, fully informed of what was happening, supported and helped to understand what was happening and why and as a result did they feeling safer, more or less independent and were they now closer or not to the people who matter to them.

The 11 adults visited felt that:

- At the end of the safeguarding process they were in a safer position than before it was instigated.
- Listened to and helped to work through what had happened to them.
- They were informed of the outcome of safeguarding adults investigations.

The learning from this project was that:

- People need to be involved as early as possible about the process and what might happen. Individual’s desired outcomes need to be identified and people should be kept up to date with the progress of investigations – e.g. weekly contact.
- Consideration should be given to how people who have experienced abuse can be supported to debrief/recover.
- We should learn from the feedback given in relation to a financial abuse situation.

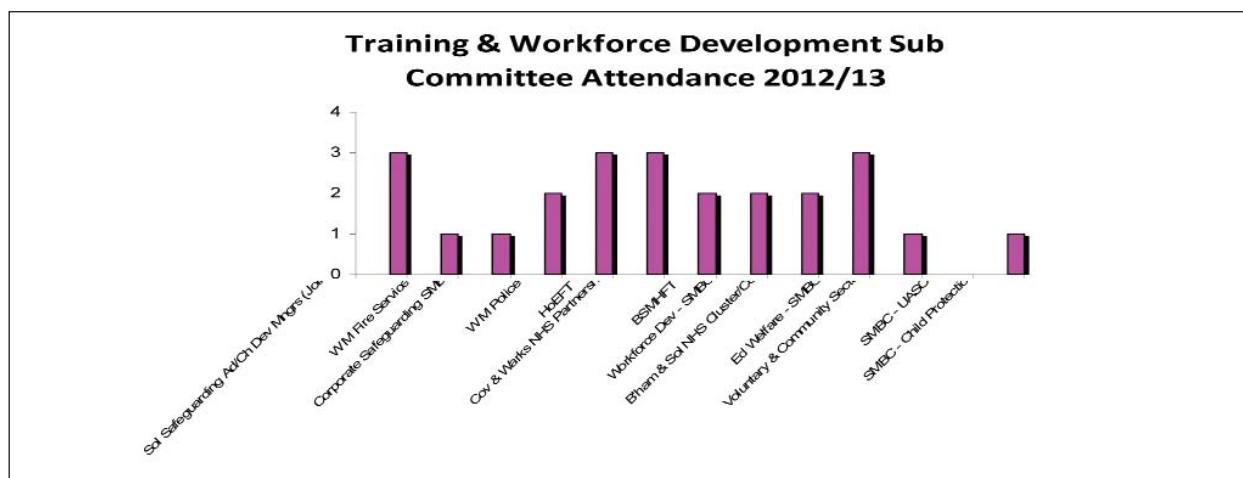
## 4.2.4 Training and Workforce Development Sub Committee

The joint (adults/children's) Training and Education Development Sub Committee met on a quarterly basis and it's membership includes key partner agencies.

The purpose of the Training and Education Development Sub Committee is to:

- Work within Solihull Safeguarding Boards business plans and related safeguarding strategies.
- Develop, implement and review the joint safeguarding workforce development strategy.
- Establish and maintain systems, tools and processes to enable monitoring, reporting and quality assurance of training.
- Promote and utilise a shared competency framework which meets the learning outcomes agreed by both safeguarding boards.
- Take responsibility for the promotion, planning, implementation, commissioning and evaluation of the multi-agency training programme. This will take into account:
  - Each aspect of the training cycle
  - The need to ensure that resources are deployed efficiently and effectively
  - Ensuring that training is having a positive impact on practice and outcomes for individuals and families in Solihull.
- Support agencies in their provision of single agency safeguarding training and ensure that there is an overview of the quality, quantity, methods and gaps in such training.
- Ensure that all its work is informed by the principles stated in the joint safeguarding workforce development strategy and within this document.
- Consider how the views and experiences of service users will contribute meaningfully to the training function, including design and delivery.
- Ensure that each member maintains a link with their own agency and the joint training sub-group.
- Report regularly to the Local Safeguarding Children's Board (LSCB)/Solihull Safeguarding Adults Board (SSAB) and maintain links with other LSCB/SSAB sub-groups.
- Contribute to the Boards annual report.

In 2012-13 just three meetings took place. Attendance at these meetings has been mixed. For membership details see Appendix 5.



For 2013-14 a new Chair is to be agreed and membership reviewed to ensure one representative from key agencies attends and represents Children's and Adult Safeguarding.

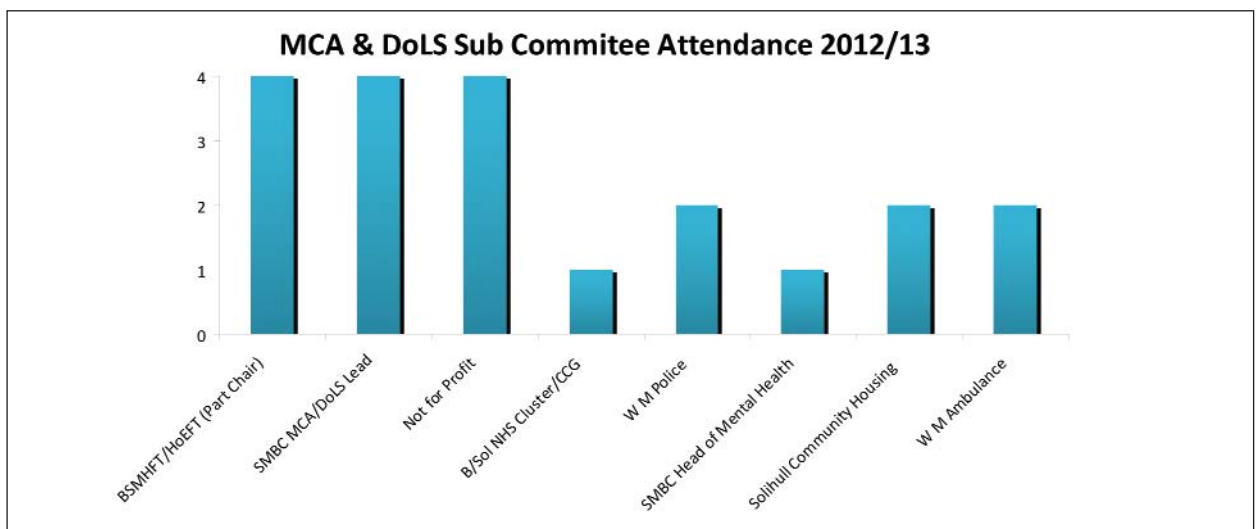
## 4.2.5 Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Local Steering Group

Each Local Authority is required to have a Mental Health Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Local Steering Group (LISG). Solihull's LISG has reported to the Safeguarding Adults Board since 2011.

The purpose of the MCA and DoLS Local Implementation Steering Group is:

- To organise and arrange appropriate numbers and training for Best Interest Assessor(s) (BIAs) and managing authorities.
- To consider case law and how it affects MCA and DoLS and how best to cascade that information to partner agencies.
- To be responsible for maintaining appropriate data and figures of applications and authorisations so as to ensure compliance with Department of Health regulations.
- To consider case studies and BIA work to ensure a consistency of approach and quality of service.
- To devise appropriate policies and procedures that can be implemented across the partner agencies.

This Sub Committee meets quarterly. Attendance at these meetings has been variable. For membership details see Appendix 6.



In 2012-13 this Sub Committee has:

- Considered case law and reviewed procedures in light of judgments
- Changed the Chair from Birmingham and Solihull Mental Health Foundation Trust to Heart of England Foundation Trust.
- Considered DoLS data.

## 4.3 Safeguarding Adults Team

The Safeguarding Adults Team works with the partnership to ensure adults at risk are protected from harm and abuse. The team currently: provides operational support and advice to professionals and practitioners in relation to safeguarding, Mental Capacity and Deprivation of Liberty: commissions and delivers multi agency training; develops multi agency policies, procedures, guidance and raises awareness with adults at risk, carers, the public, professionals and practitioners.

The Safeguarding Adults Team consists of:

Safeguarding Adults Manager

Safeguarding Adults PA

Safeguarding Adults Training and Development Manager

Safeguarding Adults Administrator and

Safeguarding Adults MCA and DoLS Operational Coordinator.

The **Safeguarding Adults Manager** takes the lead responsibility for the strategic development and delivery of effective, efficient Safeguarding Adults services within Solihull.

The **Safeguarding Adults PA** provides administrative support to the Safeguarding Adults Board, Sub Committees and Safeguarding Adults Manager.

The **Development Manager for Safeguarding Adults** commissions the multi agency training and education programme to ensure those working with vulnerable adults have the skills and abilities to protect vulnerable adults from harm and abuse.

The **Safeguarding Adults Administrator** manages the Deprivation of Liberty Safeguards, Safeguarding Adults training systems, website and provides administrative support to the Safeguarding Adults team.

The **Safeguarding Adults, MCA and DoLS Operational Coordinator** provides operational support and guidance predominately to Solihull Adult Social Care and takes the lead in relation to the Deprivation of Liberty Safeguards providing professional support to the Best Interest Assessors.

In 2013-14 the safeguarding team will be reviewed and the role and function of the team is likely to change due to the redesign of adult social care which will see the development of a specific team to lead the safeguarding adults operational work for the local authority. Thus enabling the current team to focus on multi agency development and governance.

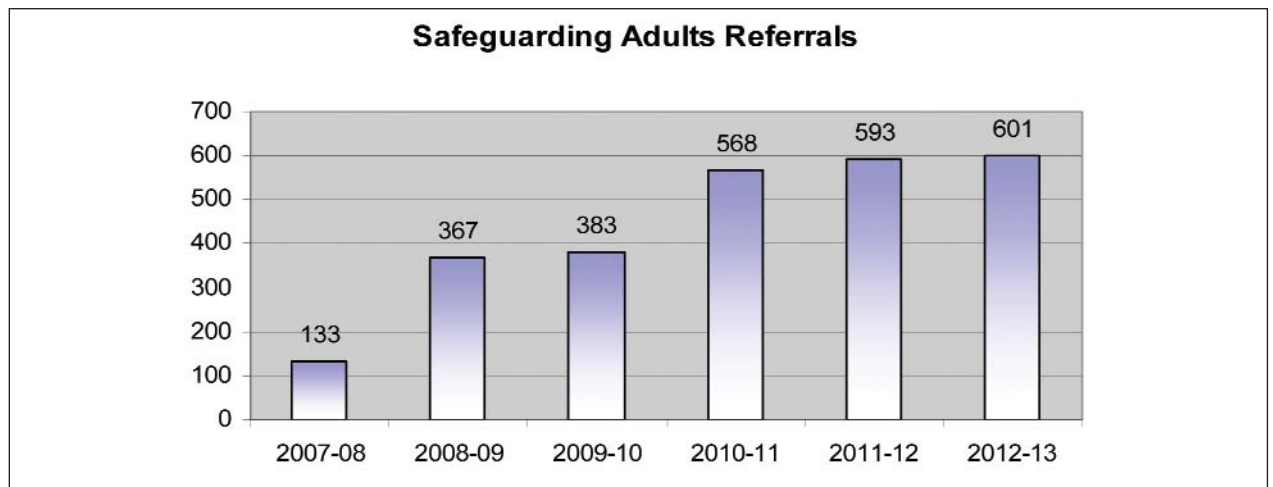


## 5. Safeguarding Adults Activity and Regulated Services

A wide range of Safeguarding Adults data has been collected, analysed and used to inform prevention work and reviews of guidance and policy. Solihull data collection meets all the requirements of the NHS Information Centre for Health and Social Care National Data Collection 2013-14.

### 5.1 Safeguarding referrals

This graph illustrates the last six years referral data.



The number of referrals recorded for 2012-13 has increased by just 1%.

Since 2007 when safeguarding data was first collected the average number of referrals has risen each year, but the rise is slowing down:

In 2007-08 the average number of referrals a month was **11**

In 2008-09 the average was **30**

In 2009-10 the average was **33**

In 2010-11 the average was **47**

In 2011-12 the average was **49**

And in 2012-13 the average was **50**.

In 2012-13 there have been **202 repeat referrals** received. This data is based on the previous referral being completed in it's entirety. It DOES NOT check if the allegation is the same. Of the 202 repeat referrals 117 were repeat referrals where the previous referral was within 12 months. Again it does not look at whether the allegation is the same.

Adult Social Care staff routinely identify if the alleged victim has had any previous referrals and take this information into account when deciding their next steps.

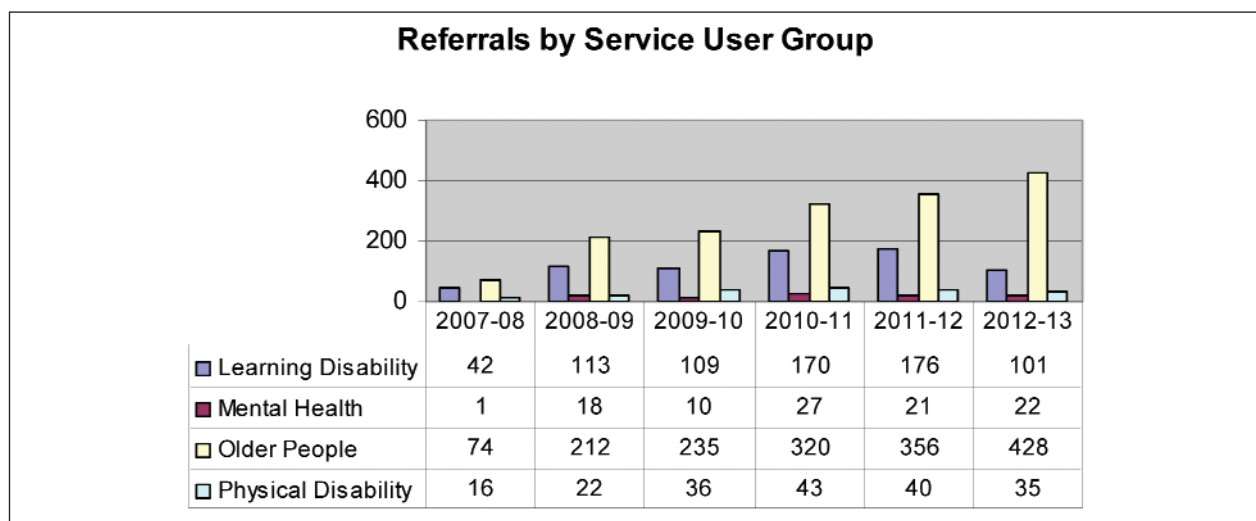
Last year, by a significant margin, adults with a learning disability were the highest group to experience repeat incidents referred as safeguarding adults incidents which was influenced by the Large Scale Investigation at Arden Vale Independent Hospital. This year the data is showing older people in the north and south of the borough have recorded increased repeat incidents in the last 12 months.



**Action for 2013-14.** Adult Social Care are to review this data and identify reasons for the increase in repeat referrals recorded by the south and north older people's teams to identify what preventative and proactive measures need to be taken.

## 5.2 Referrals by Service User Group

This graph shows referrals by the four main service user groups for the last 6 years.



Our referrals identify older people remain the primary group experiencing abuse and this is in line with national data from Action on Elder Abuse which reports that if you are aged over 70 years of age you are more likely than any other group to be abused. It also reflects Solihull's demographics.

Adults with a learning disability are our second highest primary group.

Gender, Age and Ethnicity of Alleged Victims

**65%** of all recorded alleged victims were female.

**35% male.** This is in line with national data.

**29%** of all recorded alleged victims were **aged 18 – 64** years of age.

**71%** were aged **over 65** years of age.

**5%** of all recorded alleged victims were from **BAME (Black Minority Ethnic)** communities.

**9.4%** of residents in the Borough are from **BAME** communities.

## 5.3 Referrals by Abuse Type

For each referral the abuse category is identified and recorded. The data is showing us:

**Physical** abuse remains the highest reported abuse with **173** referrals reporting it as the primary type of abuse.

**Neglect** is the second highest reported abuse with **167** referrals reporting it as the primary type of abuse.

**Financial** abuse is our third type of reported abuse with **132** referrals reporting it as the primary type of abuse.

**Emotional** abuse is the fourth type of reported abuse with **77** referrals reporting it as the primary type of abuse.

**Sexual** abuse is the fifth type of reported abuse with **39** referrals reporting it as the primary type of abuse.

**Institutional** abuse was identified as the abuse type in **12** referrals.

**Discriminatory** abuse is identified as an abuse type in **1** referral.

## 5.4 Source of referrals

Referrals continue to be received from across a wide spectrum reflecting continued work with health and social care professionals, independent providers and the general public.

Source of Referral	Number of referrals
Other	99
Soc Care Staff - Residential	88
Soc Care Staff - Domiciliary	65
Family Member	64
NHS Staff - Primary Health/Community Health	54
Soc Care Staff - Social Worker/Care Manager	53
NHS Staff - Secondary Health	37
Soc Care Staff - Other	29
NHS Staff - Mental Health	23
Housing	18
Friend/Neighbour	17
Police	16
Self Referral	14
Soc Care Staff - Day Care	14
Regulators - CQC	6
Education/Training/Workplace	2
Member of the Public	1
Other Service User	1
<b>Total</b>	<b>601</b>

The top five sources of referrals for 2012-13 were:

- “Other” with 99 referrals
- Social Care Staff – Residential with 88 referrals.
- Domiciliary Care with 65 referrals.
- Family member with 64 referrals
- NHS Staff – Primary Health/Community Health with 54 referrals

“Other” is picked when referrals are anonymous or when the person making the referral will not share their relationship to the adult at risk. It is also picked when referrals are received from SMBC public protection officers, Advocacy services or staff and volunteers from Voluntary organisations. It is also picked when referrals are received from private providers as the list is not clear how else to categorise them. Further guidance will be provided in 2013-14.

The number of referrals from family members, friends, neighbours and self referrals is reassuring as this suggests people know how to make a referral.

Referrals from Care Quality Commission have increased this year.

## 5.5 Alleged Person to have Caused Harm Type (abuser/perpetrator)

The top five alleged person to have caused harm type (perpetrators) for 2012-13 were:

- **Family member** (partner, son, daughter etc), which is in line with national data. This group represents **22%** of all referrals.
- With **15%** of referrals the alleged person to have caused the harm was **Not Known** at the time the referrals was taken or never identified throughout the process.
- Social Care - **Residential Care Staff** accounted for **14%**
- **Other Service User = 10%** and
- Social Care - **Domiciliary Care Staff = 9%**

Just 2 referrals identified the alleged person to have caused harm (perpetrator) as Self Directed Care Staff.

Interestingly this year 9 cases of self neglect have been recorded. This is due to the Conferences held in April and September on Self Neglect which has resulted in some really positive multi agency working with SMBC Public Protection Officers.

## 5.6 Location of Abuse

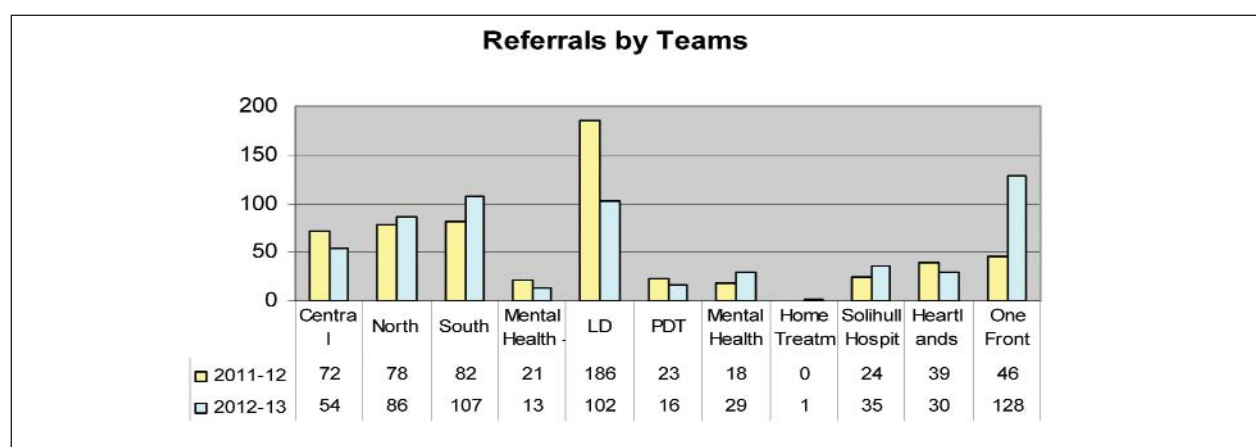
The location of the abuse was identified as follows:

- **285** referrals identified the location of the abuse as being the **client's own home**. This is in line with national trends.
- **126** referrals identified a **residential care home** and **85** referrals identified a **nursing home** as the location of the abuse. The number in nursing homes has increases significantly from 33 recorded last year.
- Just **21** referrals identified Acute Hospital as the location of the abuse which appears low given the size of the two hospitals, which Solihull uses.

**Action for 2013-14.** SMBC Commissioners and Care Quality Staff will be working with Safeguarding Adults, CCG and nurses in Community Services in HEFT to understand the increase in referrals relating to nursing care homes to identify what preventative and proactive measures need to be taken.

## 5.7 Referrals by Teams

This graph below illustrates referrals received by Adult Social Care Teams for the last two years.



## Adults Social Care Activity Data

### 5.8 Investigations

Solihull Multi Agency Safeguarding Adults Procedures identifies the purpose of the investigation is to gather evidence to establish if abuse has taken place, the extent of the harm and to inform any further decision making.

In 2012-13, **233 investigations** were recorded. This equates to **39% of referrals to investigation**. The number of investigations/percentage of referrals that progress to investigation recorded this year is consistent with the number recorded in 2011-12.

The percentage of referrals/investigations per team is less consistent ranging from 28% of referrals progressing to an investigation to 58%. The following table details the number and percentage of referrals and investigations recorded by each team.

The table below identifies the outliers to be the two Hospital Teams with the lowest percentage of referrals – investigations and the Mental Health Working Age Team with highest percentage of referrals to investigations.

	Referrals	Investigations	Percentage of Investigations to referrals
Central	79	26	33%
Heartlands Hospital	32	9	28%
LD	118	46	40%
Mental Health	31	18	58%
Mental Health - Older People	19	8	42%
North	109	44	40%
PDT	27	9	33%
Solihull Hospital	43	12	28%
South	142	61	43%

At the end of 2012-13 there had been **149** investigations with a conclusion as follows:

**64** were recorded as allegation **substantiated**

**19** were recorded as **partly substantiated**

**37** were recorded as **not determined/inconclusive** and

**29** were recorded as **not substantiated**

The number of investigations with a conclusions recorded has decreased notably this

**Action for 2013-14.** Adult Social Care to consider why there has been a decrease in the number of investigations with a recorded conclusion.

## 5.9 Case Conferences

Solihull Multi Agency Safeguarding Adults Procedures identify that MOST investigations should proceed to a case conference. Where the adult at risk has been judged by relevant agencies as continuing to suffer, or be at risk of suffering abuse, a case conference must be convened. However it may also be appropriate to convene a case conference when agencies conclude there is no continued risk or when the allegation is not substantiated. The purpose of the case conference will be to share information and close the Safeguarding procedures.

**156** case conferences were recorded during 2012-13. This is almost double the amount recorded in 2011-12. This increase in case conferences is positive, in line with procedures but does illustrate an increase volume of work.

The table below identifies the outliers to be Solihull Hospital and Mental Health Working Age Teams with the lowest percentage of investigations to case conference and the Learning Disabilities Team who have recorded more case conferences than investigations. Such case conferences may relate to investigations started in 2011-12.

	Referrals	Investigations	case conferences	Percentage of investigations to case conference
Central	79	26	11	42%
Heartlands Hospital	32	9	9	100%
LD	118	46	69	150%
Mental Health	31	18	6	33%
Mental Health - Older People	19	8	4	50%
North	109	44	19	43%
PDT	27	9	4	44%
Solihull Hospital	43	12	4	33%
South	142	61	28	46%

## 5.10 Protection Plans

Solihull Safeguarding Adults Multi Agency Procedures identifies a protection plan as a multi-agency plan that is made to:

- stop the abuse or neglect that has occurred or
- to keep the risk of abuse or neglect at a level that is acceptable to the person being abused or neglected or
- to support the individual continue in the risky situation if this is their choice and they have the capacity to make that decision.
- It is also a plan to support anyone who has been abused or neglected to recover from that experience.

In 2012-13 **171 protection plans** had been developed. This is a significant increase compared to last year (2011-12) when 84 protection plans were developed and 34 the year before than (2010-11). Further work is required to fully understand if this increase is appropriate or if staff are being risk averse.

At the end of 2012-13 **58 protection plans remained in place.**

**Action for 2013-14.** The Safeguarding Adults Quality and Audit Sub Committee is to audit Protection Plans in 2013-14 to evaluate the threshold and the duration of plans.

## 5.11 Large Scale Investigations

Large Scale Investigations are carried out if there are multiple victims, multiple persons causing harm, institutional abuse or if there are a number of ongoing serious concerns.

During 2012-13 there have been **14** large-scale investigations recorded compared with 22 recorded in 2011-12. The reduction in Large Scale Investigations is largely due to the work undertaken by Solihull Council Commissioning to clarify the threshold and process of monitoring and managing poor quality from providers that in previous years would have been referred as safeguarding concerns due to lack of a robust commissioning and contract monitoring process.

## 5.12 Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act 2005, which provides a statutory framework for acting and making decisions on behalf of individuals who lack capacity, came fully into force in October 2007.

The Deprivation of Liberty Safeguards were added to the Mental Capacity Act to provide safeguards for some of the most vulnerable people in our society, those who for their own safety and in their best interests, need to be accommodated under care and treatment regimes that may be depriving them of their liberty but who lack the capacity to consent.

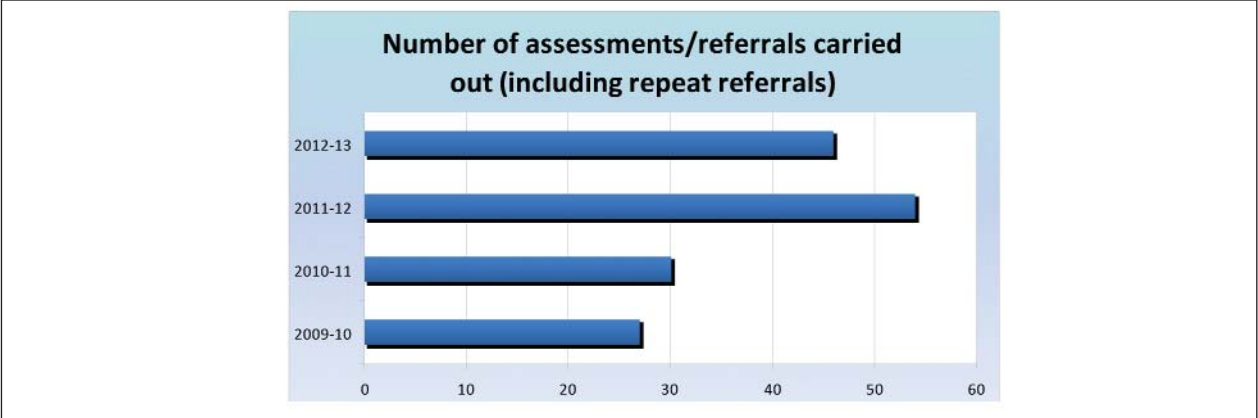
The Deprivation of Liberty Safeguards were implemented on 1st April 2009 to ensure that any decision to deprive someone of their liberty is made following defined processes and in consultation with specific authorities.

Solihull Council is responsible for organising Best Interest Assessments and signing off any requests for authorisations for anyone in hospital or residential and nursing care homes.

Solihull currently has 14 Best Interest Assessors employed by the Council and 4 Best Interest assessors who are Authorisers. We are also currently training a further 4 BIA's who will be on the rota from early September.

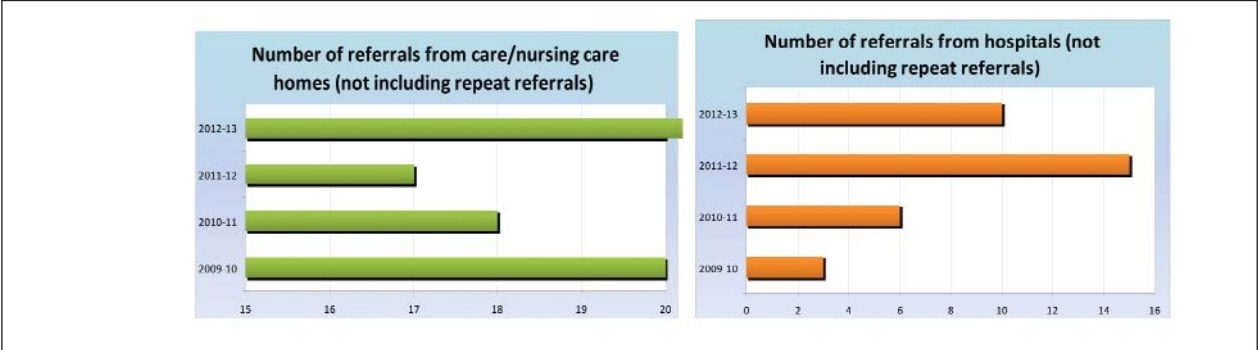
Overall the number of Deprivation of Liberty Safeguard referrals received and assessments carried out during this year has decreased in line with the National trends and in part due to the Cheshire West and Chester Council v. P (2011) EWCA Cv. 1257 (known as the Cheshire West case) and subsequent appeal. However since the Austin European Commission for Human Rights case, the referrals are once more on the increase again which is the National trend. (see information on case law below).

This graph details the number of referrals for the last four years.



These referrals and assessments relate to residential and nursing care homes and hospitals.

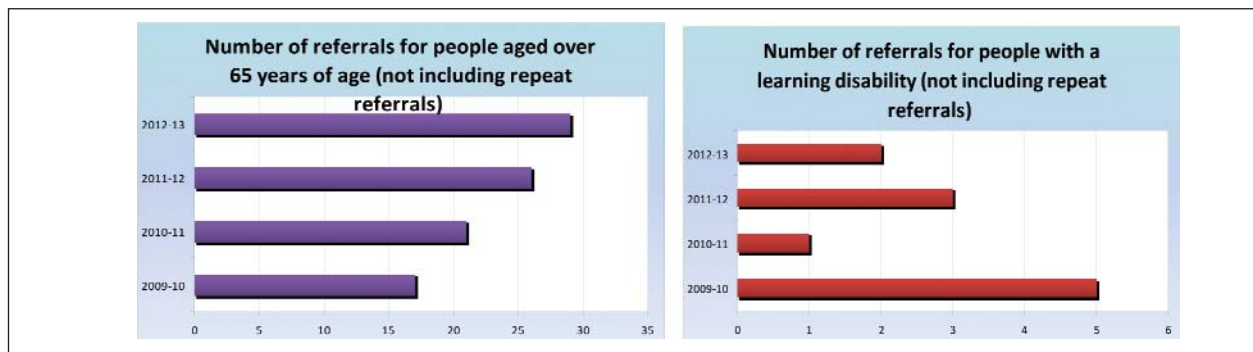
The following two graphs show the referrals for the last four years in relation to care homes and hospitals separately.



Prior to the Deprivation of Liberty Safeguards implemented on 1st April 2009, the government predicted that 80% of applications would be from care homes and 20% from hospitals.

- In 2009-10 this was not the case in Solihull – just 10% of referrals were from hospitals.
- However in 2010-11 hospital referrals amounted to the government’s prediction of 20%
- In 2011-12 the percentage of referrals from hospitals exceeded the government’s prediction of 20% and amounted to 32% of all referrals received.
- And in 2012-13 the percentage of referrals from hospitals was 31% of all referrals received.

The trend for referrals in people aged 65 plus has increased. This is due to our continued raising awareness of the need to use DoLS in order to lawfully detain this age group in care homes etc. The Learning Disability referral rate has decreased. This is again due to the Cheshire West case and its particular implications for this client group.



## Cheshire West and Chester Council v. P (2011) Cv 1257 case

During this year 2012/13 Justice Mumby made an interesting judgement called the Cheshire West case.

The Cheshire West case is the case of an Adult with Learning Difficulties who is restrained in a suit that keeps his arms and legs in a set position so he is not able put bits of his incontinence pad into his mouth. He is in this suit for most of the day. Cheshire West Local Authority granted this Deprivation of Liberty as a restraint but it was appealed by the Persons Representative to the Court of Protection.

At court Justice Mumby stated it wasn't a Deprivation of Liberty and that this was because it was necessary restraint for the health and safety of the client. He further argued that this was because the client had learning difficulties and what was normal for him was different to the average person on a "London omnibus".

This judgement has caused a massive debate and Managing Authorities felt they could now use restraint as long as they could justify it under health and safety without asking for a Deprivation of Liberty Safeguards authorisation. Therefore the number of DoLS authorisations has decreased significantly.

In September an appeal was lodged with the Supreme Court to overturn this judgment as both the Official Solicitor and Justice Mumby accepted that the English law was contravening the Court of Human Rights. This appeal will not be heard until October 2013 however Managing Authorities are aware this judgement is likely to be overturned and are adapting their practices. This was because the European Commission for Human Rights had made a ruling on a case called Austin that is therefore again more relevant than Cheshire West. Because of this locally and regionally here has been an increased in the numbers of DoLS.

### 5.13 Regulated Services in Solihull

From April 2010, all health and adult social care providers who provide regulated activities, provided by the NHS, local authorities or voluntary organisations, were required by law to be registered with the Care Quality Commission. To do so, providers must show they are meeting new essential standards of quality and safety across all of the regulated activities they provide. The regulations are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 and the Care Quality Commission (Registration) Regulations 2009.

The Care Quality Commission regulates Residential, Nursing Care Homes and Domiciliary Care agencies that provide personal care for persons living in their own homes, NHS services such as hospitals, community nurses, dentists and were registering General Practitioners by 31st March 2013.



## **Solihull Council Commissioning Quality Monitoring**

A quality monitoring process is in place and ensures that provision is monitored consistently. Care Quality Monitoring Officers use a Quality Assessment Framework (QAF) to assess and monitor the quality of care provision within Solihull. This is based on the Care Quality Commission's (CQC) 'Essential Standards of Quality and Safety', the service specification, contractual obligations and good practice.

When complete, the QAF calculates a percentage score, providing an overview of the quality of the provision. Areas for improvement are clearly identified, along with evidence for the decision. If a provider achieves below 70%, an action plan addressing the areas for improvement will be requested. This will then be monitored regularly until all areas have been resolved and SMBC are satisfied with the quality.

Between April 2012 and March 2013, approximately 25% of Solihull providers scored under 70% with the rest scoring over 70%. During the same period, there were 3 providers with temporary suspensions on placements, 2 for a period of 3 months, and 1 for a period of 6 months. In all cases, the main cause was poor management and leadership, with all three appointing new managers prior to the suspension being lifted.

In addition to QAF visits, CQMOs carry out on-going monitoring visits depending on the standard of care, and will visit in response to issues that are raised. This could be in response to;

- A safeguarding concern
- A whistle blow, including anonymous information
- Provider information activity (from social workers)
- Poor CQC inspection report
- Informal or formal complaints
- If a provider requests support

The team regularly liaises with CQC, health, other authorities and other partners. A workshop is being planned to bring all stakeholders together to consider how partners can share information and improve quality across the borough.

A new Quality Concerns Framework has recently been developed to ensure that quality concerns are dealt with consistently and this includes the following;

- Quality concerns meetings guidelines
- Suspensions procedure
- Emergency closures of Domiciliary care checklist
- Emergency closures of care homes (being developed)
- Termination of contracts (being developed)

### **Care Quality Commission**

All regulated services in the Borough have been inspected at least once by the Care Quality Commission. During 2012-13 one care home was served a warning notice. No action has been taken in Solihull to cancel any services registration.



## 6. Partnership Working

The following partnership working is progressing in Solihull to ensure that adult residents, who may be vulnerable to abuse or neglect because of their circumstances or because of the behaviour of others, are safeguarded and protected.

### 6.1 Community Safety

#### 6.1.1 Harm Reduction and Vulnerable Victims Forum

In response to the Stephen Hoskins and Fiona Pilkington Serious Case Reviews, Solihull has been progressing work with Solihull Community Safety Partnership, Solihull Community Housing and West Midlands Police on ASB (Anti Social Behaviour) and developing a Harm Reduction and Vulnerable Victim Forum.

This Forum is based on work from Coventry and has been set up on behalf of the Safer Solihull Community Safety Partnership and Solihull Safeguarding Adults Board to effectively case manage and provide a multi agency response to vulnerable individuals who may be victims of hate crime, anti social behaviour and repeat callers to emergency services and partner agencies.

The purpose of the Forum is to coordinate services in response to the identified needs of individuals in order to prevent, protect and address behaviour affecting the individuals and/or to address their needs by:

- Appointing a lead agency to manage and coordinate each case.
- Promoting positive action to support people and if necessary deal with any persons causing harm.
- Actively promote community based solutions to develop social cohesion.
- Making full use of all available interventions including:
  - Preventative measures
  - Enforcement
  - Referrals onto appropriate services
  - Referrals into Safeguarding Adults and Safeguarding Children's procedures as appropriate
  - The use of technical support equipment.
- Identifying areas of good practice and develop more effective ways of joint working.
- Identifying barriers to progress and seek to resolve these issues or to raise them with Safer Solihull Community Safety Partnership and/or Solihull Safeguarding Adults Board.

The forum had its first 'operational' meeting in July 2012 and have been meeting every month since then.

To date 25 people who have come through the Forum and the views of the agencies who make up the Forum, is that it has improved multi-agency working with the individuals that are being referred to it. The Forum has been able to successfully close a number of cases because the behaviour of the individual has either changed or the agencies have become more adept at dealing with the challenging behaviour because of inter-agency support.

However, the number of cases being referred has dropped with only 2 cases referred to the last meeting in March 2013 and attendance from some partners has started to wane with a couple of organisations withdrawing from the Forum. However, the Police, West Midlands Fire Service, Solihull Community Housing and the Council all still regularly attend and actively contribute.

### **6.1.2 Housing, Health and Safety**

A Senior Environmental Protection Officer from Solihull Council has been working with Adult Social Care and Voluntary Organisations to ensure any residential property in the Borough provides a safe and healthy environment for any potential occupier or visitor. This has included supporting Adult Social Care and Voluntary Organisations who are working with people who hoard, self neglect or are living in properties which are filthy and/or verminous.

Solihull's Senior Environmental Protection Officer actively supported and contributed to two conferences this year raising awareness of their work with a variety of agencies across the Borough.

In 2012-13 there have been a significant increase in the referrals (78 referrals) to the Council Public Protection Unit for support and help with hoarders, people self neglecting or with properties generally unsafe for adult at risk.

#### **Case Study 1 – Mr A**

Mr A was admitted to hospital after a serious fall at his home, he is approximately 80 years old.

Mr A's discharge was delayed due to the occupational therapist having concerns at the state of his property. Therefore a referral was made to Public Protection Division (PP) by Mr A's social worker so that a housing standards expert could provide their professional opinion as to the safety of the property.

PP visited the site and was able to serve notice on Mr A's property, which allowed them to get a professional cleaning company in to cleanse the property, to make it more hygienic. This allowed the hospital to discharge Mr A.

During this period, PP used its new links with Age UK's "Linking People" team. Age UK were able to develop a good relationship with Mr A and, with the advice from PP officers, were able to support Mr A to make improvements to his property. In addition, Age UK conducted financial assessments to ensure that he was claiming all that he was entitled to. Age UK also supplied Mr A with a toaster and kettle as his old ones were disposed of in the clean up.

During this period Social Services worked with various partners, including Age UK, to help Mr A with his mobility, eye sight and hearing aids.

This case shows how the partnership work, that has been built up through training has started to improve. The use of PP's powers alongside social services' and Age UK's advocacy and support meant that Mr A didn't return to a dangerous property.

## 6.2 Advocacy Services

Solihull commissions the following organisations to provide general and Safeguarding Advocacy services:

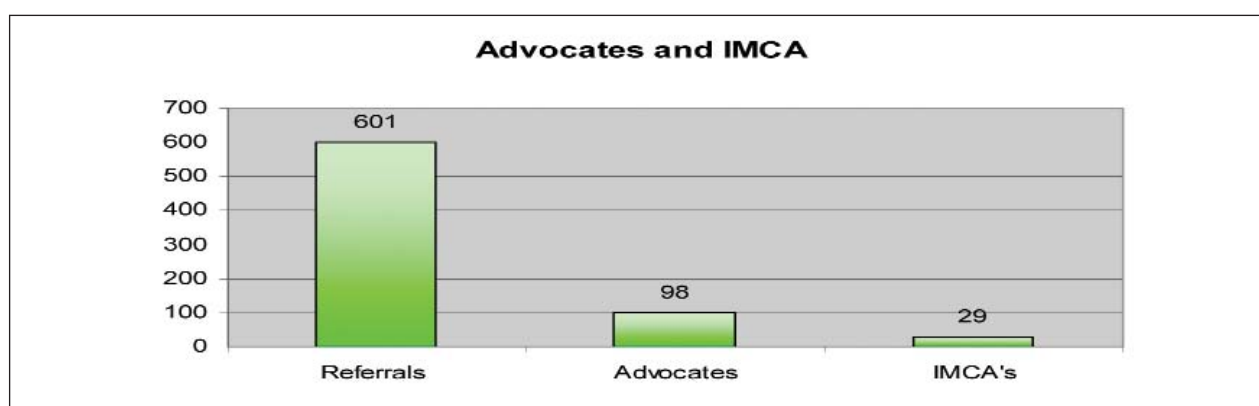
- Age UK Solihull for people aged over 50 years of age
- Solihull Action Through Advocacy for adults with learning disabilities
- Alzheimer's Society for adults with dementia
- MIND for adults with mental health illness and
- POhWER to provide our IMCA (Independent Mental Capacity Advocate) service.

Advocacy services for adults with physical disabilities needs increasing.

In 2012-13 **all** adult social care teams accessed an **advocate** for **98** adults at risk. 98 advocates equates to **16%** which is less than 2011-12 and appears low.

Most teams have instructed an **IMCA** for **29** adults at risk, which is a less than 2011-12.

Central Older Peoples Team and Physical Disabilities team did not instruct an IMCA during 2012-13 for safeguarding adults procedures.



Social Care Institute for Excellence and the Local Government Association have carried out research into Prevention in Safeguarding, User Involvement in Adult Safeguarding and Making Safeguarding Personal: A toolkit for responses. In each of these pieces of research – the use of Advocacy to support, advice and empower adults at risk have been identified as best practice.

**Action for 2013-14.** SMBC Commissioning within the current review of all Advocacy contracts and development of an Advocacy Framework consider the following:

- LGA report "Making safeguarding personal; A toolkit for responses" suggests - Local Authorities have strategies to develop Advocacy for Safeguarding Adults.
- Not all service user groups have good access to advocacy services to support them through the safeguarding adults process – there is a particular gap for adults with physical disabilities.
- How advocacy can support SMBC to ascertain feedback from services users on their experience of Solihull's Safeguarding Adults processes.
- How people who have experienced abuse can be supported to recover. LGA report "Making safeguarding personal; A toolkit for responses" identifies as best practice Therapeutic and Counselling Support for people who have experienced abuse.

### 6.3 Domestic Abuse

It is really important to identify domestic abuse situations so that the risk assessment can reflect these very difficult and sometimes dangerous situations.

When receiving a Safeguarding Adults referral, Adult Social Care Teams are required to identify if the abuse is also Domestic Abuse. During 2012-13 Adult Social Care staff identified **9%** of safeguarding adults referrals were Domestic Abuse. However the data collected in relation to who the alleged abuser was, identified **28%** of alleged abusers were family members or partners. It is therefore clear that not all domestic abuse situations are being identified as such.

During 2012-13 Adult Social Care made one referral to MARAC (Multi Agency Risk Assessment Conference) which is police led specifically for domestic abuse high risk cases.

In November and December 2012 the Quality and Audit Sub Committee undertook a survey of professionals and practitioners to ascertain peoples understanding and knowledge of the links between safeguarding and domestic abuse.

- 155 people completed the survey.
- 66.5% felt they were clear about when a safeguarding adults incident is also domestic abuse.
- 73% felt confident in knowing when to share information in respect of domestic abuse situations related to adults at risk.
- 70.5% rated their knowledge about issues related to domestic abuse and people who have physical disabilities as adequate or higher.
- 74% rated their knowledge about issues related to domestic abuse and older people as adequate or higher.
- 79% rated their knowledge about issues related to domestic abuse and people who have learning disabilities as adequate or higher.

However

- Only 27% stated they knew how to risk assess domestic abuse situations and make a referral to MARAC (Multi Agency Risk Assessment Conference) if required.

**Action for 2013-14.** Training on Domestic Abuse and specifically the MARAC (Multi Agency Risk Assessment Conference) process will be prioritised.

## 7. Training and Development

The Association for Directors of Adult Social Services in its Safeguarding Adults Advice and Guidance issued in March 2013 identified “Safeguarding managers need to be confident and competent leaders, able to put policy into practice, supervise and support their staff to achieve positive outcomes for citizens and carers. Social workers need to be able to assess, analyse, manage and mitigate negative risks with citizens and carers, alongside enabling positive risk taking”.

During 2012-13 Solihull’s Safeguarding Adults Board delivered its fifth successful multi-agency training programme, to support the safeguarding agenda across partner agencies. Towards the end of 2012-13 we focused our efforts on ensuring that multi-agency staff are confident with the new West Midlands Safeguarding Adults Procedures. A number of multi-agency briefings were held before and following the launch of the procedures.

### 7.1 2012/13 Training Achievements

A comprehensive Safeguarding Adults Multi Agency Training Programme was provided to 2,500 people from the statutory, voluntary and private sector during 2012-13. Training events included:

- Two ‘self neglect’ conferences

**“It was fantastic to discuss neglect with other agencies”  
(BSMHFT)**

- A provider conference which focused on safeguarding and dementia care.

**“I have learned more about best practice in dementia care at this conference than any other course I have attended”**

**“I have really enjoyed today’s training and realise now which agencies are here to help me”**

- ‘Keeping safe’ workshops for service users and carer’s.
- Domestic Abuse and substance abuse.
- Hate Crime
- The launch of a Mental Capacity Act on-line learning package.

During 2012-13 a number of agencies have accessed or attended multi agency training. However the predominant agency is Solihull Council.

<b>Attendance by Agency: April 2012 - March 2013</b>					
<b>Agency</b>	<b>Attended</b>				
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>We Trust You To Care</b>	<b>Total</b>
<b>Solihull Schools</b>	<b>7</b>				<b>7</b>
<b>Solihull Community Housing</b>	<b>234</b>	<b>5</b>			<b>239</b>
<b>Solihull Council</b>	<b>290</b>	<b>168</b>	<b>34</b>	<b>15</b>	<b>507</b>
<b>Birmingham and Solihull Mental Health Foundation Trust</b>	<b>3</b>	<b>5</b>			<b>8</b>
<b>Care/Nursing Homes</b>	<b>110</b>	<b>11</b>	<b>9</b>	<b>20</b>	<b>150</b>
<b>Domiciliary Care Agencies</b>	<b>30</b>	<b>7</b>	<b>7</b>	<b>11</b>	<b>55</b>
<b>Voluntary, Private and Independent Sector</b>	<b>42</b>	<b>30</b>	<b>4</b>	<b>8</b>	<b>84</b>
<b>Heart of England Foundation Trust</b>	<b>34</b>	<b>15</b>		<b>2</b>	<b>51</b>
<b>Solihull PCT/CCG</b>		<b>6</b>			<b>6</b>
<b>Coventry and Warwickshire Partnership Trust</b>	<b>15</b>	<b>7</b>			<b>22</b>
<b>Other i.e. dentist</b>	<b>1</b>				<b>1</b>
<b>West Midlands and Staffordshire Probation Service</b>	<b>2</b>				<b>2</b>
<b>West Midlands Police</b>	<b>2</b>		<b>2</b>		<b>4</b>
<b>TOTAL</b>	<b>770</b>	<b>254</b>	<b>56</b>	<b>56</b>	<b>1136</b>



## 7.2 2013-14 Training Plan

The 2013-14 training programme will continue to respond to local and national safeguarding events and enquiries.

Our plans include:

- Launching a financial abuse online learning programme
- The development of a capability framework for safeguarding practice across organisations.
- Level 2 Core Training - a two day core training course for multi-agency leads and practitioners involved in the investigation process.
- Level 2 Topic based training to meet the needs of multi-agency leads and practitioners.
- The delivery of joint children/adults Train the Trainer courses to increase to pool of accredited trainers.



## 8. Complaints

The management of Adult Social Care Complaints and Compliments is the responsibility of the Business and Quality Team and in particular the Customer Relations Manager.

Solihull Council aims to provide the best possible service and the highest quality of social care for the people of Solihull. Complaints and compliments form part of the overall customer feedback process. Solihull Council welcome complaints and compliments as an opportunity to improve services, recognising what's gone well and when things have not gone as well as they would have wanted.

**Solihull Council receives complaints and compliments concerning the provision of adult social care services as well as complaints and compliments about services that are provided by third party providers who are delivering services on behalf of SMBC. All complaints are monitored and investigated in line with the statutory requirements of "Making Experiences Count".**

The corrected figures for 2011-12 are that Adult Social Care Services received 72 Complaints and 63 Compliments. In comparison 56 complaints and 79 compliments about services provided by Adult Social Care or contracted by Adult Social Care were received in 2012-13.

This shows a 22% reduction of complaints and a 25% increase in compliments on 2011-12. The reduction in the number of complaints between 2011-12 and 2012-13 can be attributed to a reduction in the number of complaints relating to the Fairer Contributions Policy which was introduced in October 2011. The increase in compliments is down to an improvement in requesting information from teams and the reporting function of the Business and Quality Team.

All complaints are assessed to identify if there are any Safeguarding Adults concerns before a complaint investigation is initiated. If there are Safeguarding Adults concerns the Safeguarding Adults Multi Agency Procedures are implemented.

## **9. Serious Case Reviews**

### **9.1 Safeguarding Adults SCR Procedure**

Solihull has a comprehensive Serious Case Review procedure within its Multi Agency Procedures and Training has been provided.

### **9.2 Serious Case Reviews**

No Serious Case Reviews were requested or undertaken during 2012-13.

### **9.3 Arden Vale 2012-13 Action Plan**

2012-13 Solihull Adult Social Care led a Large Scale Investigation under the multi-agency Solihull Safeguarding Adults Procedures into the Arden Vale Independent Hospital. Arden Vale was owned and managed by Castlebeck – the company that also owned and ran Winerbourne View. Following this Large Scale Investigation the Board commissioned an independent facilitator to convene a de-briefing event so that all lessons relating to both good and poor practice could be learnt and disseminated across the Borough.

Following this event 13 recommendations were made and an action plan developed to ensure the recommendations were actioned.

The Safeguarding Adults Board has monitored the action plan. 10 of the 13 recommendations have been completed. The three remaining recommendations are progressing well with multi agency involvement.

# 10 Board Members Reports

## 10.1 Age UK Solihull

### **Safeguarding Board and Prevention Committee**

Age UK Solihull has continued to be committed members of the Solihull Adult Safeguarding Board during 2012-2013. We believe that any form of abuse is unacceptable no matter what justification or reason may be given for it, and we feel that we have a very specific role to ensure that older people are aware of this and they know what help is available. We understand and accept our responsibility to have a clear understanding of, and commitment to safeguarding to enhance the wellbeing of all older people in Solihull.

The Solihull Adult Safeguarding Prevention Sub-Committee which we chair is responsible for raising awareness amongst the general public about the need to be alert to safeguarding issues amongst the growing numbers of adults at risk in our borough. Age UK Solihull is proud to support this work, as we believe that prevention should be the foundation of safeguarding and we must all strive to do more to effectively prevent abuse rather than respond to instances which have already occurred. The key to this is communication and the spreading of good practice amongst our colleagues.

### **Training**

From 01st April 2012 – 31st March 2013, our staff and volunteers have been able to take advantage of a wide range of training to help and support them in their roles to meet their safeguarding responsibilities. 18 of our staff and 8 volunteers have undertaken Safeguarding Awareness training through our Safeguarding Champion. 3 members of staff have had specific training on Financial Abuse and 2 members of staff have undertaken training with regard to mental capacity. In addition we have undertaken training in the new Pan West Midlands Regional Safeguarding Procedures. This forms part of our planned programme to ensure that all our staff and volunteers complete at least basic safeguarding training, as we recognise that any of our staff and volunteers could identify abuse of older people in the normal course of their work and should therefore be adequately prepared to deal with that situation.

During the last year, Age UK Solihull undertook an audit of our strategic and organisational arrangements to safeguard and promote the wellbeing of adults at risk. This has been very useful in helping us make a judgement about how well we are achieving our aims in relation to adult safeguarding and this now forms a part of our operational plans going forward.

### **The role of Advocacy in supporting victims of abuse and perpetrators of abuse**

If a person experiencing abuse feels that they require independent support to help them through the process, our Advocacy service is there to support them. This may be very empowering for the older person as they know that the advocate is on their side and will work with them to ensure their wishes are listened to and are always taken into consideration. In this way advocacy can enable older people to take more responsibility and control for the decisions which affect their lives.

During the last year, 29 contacts were logged on our Charity Log database in relation to potential safeguarding issues. Of these 10 were unspecified, 1 physical, 10 financial, 1 sexual, 2 psychological, 3 neglect and 2 domestic violence. 17 referrals were subsequently made to Adult Safeguarding.

## 10.2 Birmingham and Solihull Mental Health NHS Foundation Trust

### Achievements against work programme 2012/13

#### • Reconfiguration of Safeguarding Team

Following retirement of two individuals, recent recruitment and the development of existing team members the Safeguarding Team now consists of

- Head of Safeguarding	1.0 wte
- Safeguarding Lead for Children and Young People	1.0 wte
- Safeguarding Lead for Vulnerable Adults	1.0 wte
- Named Doctor	0.3 wte

#### • Training

Following a recent safeguarding planning day to review training the following will be rolled out from April 2013 the following has been achieved:

- redesign of induction training
- development of Safeguarding Vulnerable Adults Level 1 e-learning for non clinical staff
- development of Safeguarding Adults enhanced Level 1/2 day training for all clinical staff

The following is still to be actioned due a lack of staff capacity through sickness absence.

- Development of 'master class' training to meet need following Serious Case Reviews; changes of legislation etc.
- Health wrap training

#### • Prevent

The establishment of multidisciplinary Steering Group has been achieved.

### Actions to resolve outstanding work

#### • Training

Mental Capacity Act and Deprivation of Liberty Safeguards awareness raising has been programmed into the enhanced Safeguarding Adults Training, however specific MCA and DoLs training will be rolled out following support from the legal department, and a clinical director with expertise in this area. An Initial event is to be held in June 2013 at Uffculme with a national speaker. An e-learning package is being sourced also to support this.

#### • Prevent

The DH recommendations regarding the radicalisation of vulnerable people, requires all staff to complete Health WRAP training once. A standardised training package of 90 minutes is to be delivered by approved trainers. The safeguarding team have two approved trainers but currently do not have capacity to roll out the training across the Trust. The Learning and Development team have now had a member of their staff trained and so health Wrap will be included in the BSMHFT induction programme. A pathway for internal and external referral re Prevent has been drafted and is due to go to the steering group in May.

## Data collection and reporting

These systems are currently being reviewed for improvement specifically for Safeguarding.

### 10.3 Coventry and Warwickshire NHS Partnership Trust

Coventry and Warwickshire Partnership NHS Trust considers the Safeguarding of Adults at Risk is '**everyone's business**' and is a key priority within the Trust.

The Trust continues to have a robust structure for Safeguarding, which includes representation at SSAB and the Sub Committee's. The Trust safeguarding is integrated across all its services and is lead by the Trusts Safeguarding Committee, which meets quarterly and reports routinely to the Trust Board through the Safety and Quality Assurance Committee and annually in the form of an Annual Report.

This committee monitors referral data, training data, ensures compliance with procedures and produces an annual newsletter.

#### Training:

All staff undertake safeguarding adults awareness training at the Trust corporate induction and this is further supplemented through a rolling programme of the Trust safeguarding adults training across the Trust, including capacity for on-line training.

#### Referrals

The table below outlines the referrals from CWPT services within Solihull in relation to safeguarding,

Year	Total of Safeguarding Referrals made
1st April 2011 to 31st March 2012	128
1st April 2012 to 31st March 2013	96

#### Achievements over the year 2012/13:

Coventry and Warwickshire Partnership NHS Trust has reviewed and developed the following;

- Development of a bespoke Trust electronic referral form for the Trust.
- Safeguarding training matrix and analysis,
- Development of a Safeguarding Adults booklet guidance for Staff,
- Lead Nurse for Safeguarding the PREVENT lead.
- New Operational Safeguarding Committee.

- Development of new or revision of Trust safeguarding policies;
  - Safeguarding Adults Policy
  - Safeguarding Children’s Policy
  - Section 75 Safeguarding Operational (for Coventry and Warwickshire Services)
  - Sexual safety in Inpatient Settings,
  - Clinical Domestic Abuse Policy
  - Domestic Abuse Policy for Staff
  - Did Not Attend appointment Policy.
  - Allegation Against Staff Policy
  - PREVENT agenda contained within all relevant CWPT Policies

**New Actions/Proposals for the coming year (2013/14):**

- To continue to further strengthen its collaborative work with SSAB and its sub committees and embrace the multi agency ‘pan’s west midlands’ - multi agency policy and procedures.
- Improve service user involvement
- Ensure the further embedment of safeguarding supervision into provider services CWPT services
- Ensure embedment of ‘Lessons Learnt’ pertaining to Serious Case and Domestic Homicide reviews from both a National or Local perspective.

## **10.4 Heart of England NHS Foundation Trust**

### **Training**

The training needs analysis has been reviewed to incorporate both children’s and adults safeguarding, and aligns the levels of training between adults and children which provide better clarity to different staff groups about the appropriateness of training.

### **Numbers trained to date**

**Level 1** - Since June 2012 newly appointed non-clinical staff have received the 35mins DVD. Total Staff – Headcount 10310 of which 9845 staff (95%) received a taught level 1 safeguarding session.

**Level 2** – a total of 2467 staff have been trained and deemed competent at level 2 to date. This represents 48% of all staff in the targeted areas of acute medicine, elderly medicine, accident and emergency and trauma and orthopaedic directorates.

Clinical staff are monitored via site, work area and job role for compliance and Head’s of service, clinical educators and line managers are notified of their untrained staff. Further sessions are planned for 2013-14 providing places for untrained safeguarding level 2 staff. All clinical areas have improved their percentage of trained staff.

The end of year report will be completed as above in April 2013 and untrained staff will be contacted. The VITAL programme complements Level 1 and Level 2 training.

**Level 3** – Training is accessible via the local safeguarding adult boards and 119 staff have received level 3 training.

### Future developments include:

- A Moodle question bank has been developed in preparation for the level 2 update during 2013-14. This will be delivered through Moodle e-learning to ensure compliance in level 2 knowledge and understanding is maintained for staff who have attended a taught session.
- A survey monkey evaluation is being developed to capture understanding of information sharing, confidence in completing a referral form and knowing who to contact for advice and support if a safeguarding concern arises.
- The development of a safeguarding adults level 3 training package for identified staff to enable the Trust to deliver in-house.

### Safeguarding Incidents and Audits

- There were 735 adult safeguarding concerns raised at HEFT from April 2012 – 2013 (Q1 = 183, Q2 = 188, Q3 = 186, Q4 = 178). This is an increase of 143, as 592 were reported for the previous year. 280 actual, 212 potential and 243 not safeguarding.
- Reporting from sites; Solihull = 109, Heartlands = 378, Good Hope = 248.
- 23 Deprivation of Liberty Safeguards applications have been raised to date.
- A Serious Case Review A2 initiated by BSAB was completed and resulted in a number of recommendations and an action plan has been developed
- Safeguarding adult scorecard developed

Robust audit programme developed and being implemented including environmental, observational, staff awareness, compliance to policies.

An audit of staff awareness of the Safeguarding adult policy and procedure has been undertaken by the matron for safeguarding adults during quarter two, which helps to evaluate the staff training and any gaps. A structured questionnaire was developed and a random selection of nursing staff are chosen from all 3 sites to complete it.

### Audit results

When all the results were analysed the overall percentage of correct answers were:

Q2 Good Hope hospital = 90% (Trained 98% HCA's 78%);

Heartlands Hospital = 93% (Trained 98% HCA's 78%) and

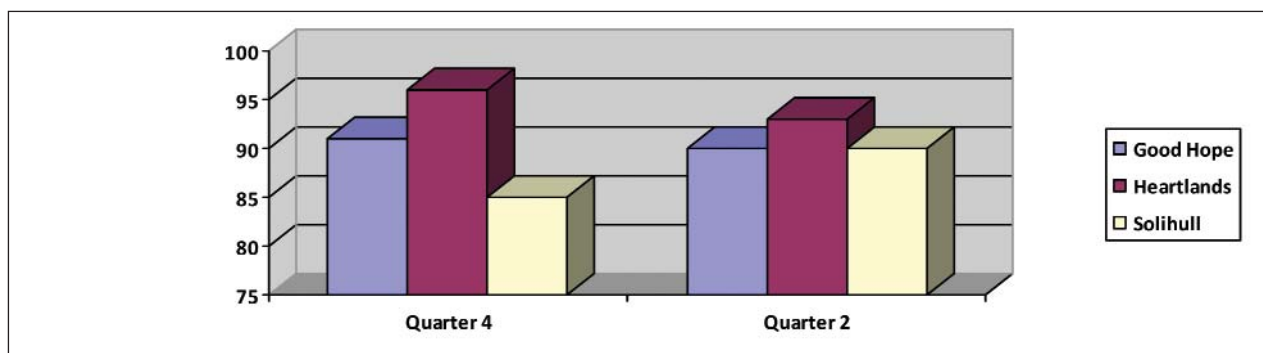
Solihull hospital = 90% (Trained 98% HCA's 78%)

comparison of Q4 Good Hope Hospital = 91% (Trained 97% HCA's 83%);

Heartlands Hospital = 96% (Trained 100% HCA's 89%) and

Solihull Hospital = 85% (Trained 86% HCA's 83%).

30 of the 35 trained answered all 10 questions correctly and 5 of the 25 HCA's.





## **Mental Capacity Act Audit**

A Trust wide survey was undertaken in November 2012 which was designed to assess existing staff knowledge and understanding of the Mental Capacity Act and how the principles can be applied in practice.

### **Key findings**

- 194 responses – sample size not reflective of our large organisation
- BHH site had the highest response rate 93 staff (48%) followed by SHH (60 staff) and GHH (41 staff)
- Response from AHP/other 29%, then consultants/staff Grade (23%) and HCA's (14%)
- Majority are aware of the MCA but gaps in naming the main Trust Policy, 5 principles and use of the capacity assessment forms with 54 staff not aware of them and 108 not using them
- Majority understood the 2 stage test of capacity and aware of who should undertake the assessment but gap in staff understanding that capacity is decision specific.
- Training – Over half have not had any MCA training within the last 2 years and it is unclear from their responses as to who else is delivering the training. Majority agree that a Moodle package would be of benefit

### **Recommendations**

- Continue Trust Wide MCA training
- Share results with the Safeguarding Adult Steering group, Challenging Behaviours operational group, Head Nurses and Lead Nurses
- Communications re 5 principles, assessment forms and the relevant policies
- Develop Moodle Package
- Repeat survey will be undertaken in June 2013 but aimed specifically at the Medical and Nursing workforce

### **Policies and procedures**

HEFT has an up to date safeguarding adult policy and procedure in place which is aligned to the CQC regulatory standards and the SSAB and BSAB policies. The policy is available on the intranet site and the procedure has been uploaded on to the safeguarding adult web page

New guidelines and policies that have been developed during the past year are:

- Clinical Holding Policy (including restraint)
- Missing Person Policy
  - Flagging of Electronic Records where Adult Safeguarding concerns are Identified policy
- Domestic Abuse guidance for staff

### **Key objectives and plans for next year**

- Continue raising staff knowledge and understanding of MCA and DOLS
- Develop Domestic abuse policy and DASH tool/risk assessment

- Increase staff awareness of PREVENT
- Develop the safeguarding adult scorecard to reflect the 6 principles from DOH
- Continue to work collaboratively with local safeguarding boards and sub groups
- Develop joint children and adult safeguarding unit
- Link HEFT safeguarding adult policy to the Pan West Midlands policy and local Safeguarding Adults boards

## 10.5 Private and Voluntary Sector Care Homes

Representatives from the private and voluntary sector Residential and Nursing Care homes are active members on the Board and all Sub Committees.

During this year they have contributed to the review of the Pressure Ulcer Guidance, development of the Person in Position of Trust and Protection Plan guidance.

Staff from Residential and Nursing Care Homes and Domiciliary care agencies frequently access Safeguarding Training.

## 10.6 Solihull Action through Advocacy

During 2012-2013, Solihull Action through Advocacy (SaTA) continued to be active members of Solihull Adult Safeguarding Board and Prevention sub committee. Safeguarding of vulnerable adults continued to be a high priority for SaTA with the Advocacy Manager and Senior Advocate taking responsibility for leading this work. We have been involved in discussions around the most appropriate ways of gaining service user feedback for the Board and hope to see this taken forward over 2013-2014.

All of our staff whether operational or not have undertaken level 1 safeguarding training with hands-on advocacy staff updating their safeguarding skills to level 2, 3 or 4 wherever appropriate.

The previous year's press coverage around poor practice in private hospitals and residential homes has continued to have an impact on our work making safeguarding adults with learning disabilities an increasing area of concern.

We have also received a number of referrals around service user peer bullying both as perpetrators and victims as well as financial abuse from staff and families.

Not only do we receive a significant number of referrals from people going through the official safeguarding process but increasingly we are seeing referrals to us from people experiencing bullying and harassment in their local area. This creates a climate of mistrust and fear and leads to further exclusion of vulnerable people.

Our community project highlighted harassment and bullying as an area of concern and it's drama group began work on a production to highlight this to be shown later in 2013. SaTA also started a new project 'Living safely in my community' which has seen adults with a learning disability have access to workshops around keeping safe with plans for a community event to find volunteers to become 'safety buddies'. This project will continue until the end of 2013.

We continue to believe that the presence of independent advocacy for adults with learning disabilities is, in itself, a valuable safeguard against abuse and remain dedicated to supporting people to be meaningfully involved in the safeguarding process and to make choices about their own safety.

## 10.7 Solihull Carers Centre

Solihull Carers Centre has not been able to attend any Board or sub committees this year. However the Centre has now reorganised and relocated and have given a commitment for 2013-14.

## 10.8 Solihull Clinical Commissioning Group

Solihull Clinical Commissioning Group (SCCG) were authorised on 1st April 2013. In order to become authorised we had to demonstrate compliance with a number of authorisation criteria including safeguarding. Solihull CCG places significant focus on safeguarding and has directly employed a designated nurse for safeguarding (adults and children). The Chief Nurse is the Governing Body lead for safeguarding and is a member of Solihull Council safeguarding adults board.

Prior to formal authorisation during the commissioning cycle Solihull CCG identified a number of quality metrics for inclusion into the contracting round and included a suite of safeguarding metrics to ensure that the health services commissioned by the CCG. We continue to review these through our contractual processes to monitor the safety of our commissioned services.

We are continuing to build on earlier safeguarding policies and procedures now that we have secured the expertise of a designated nurse and, whilst we are awaiting systems and processes to be aligned in relation to primary care we are continuing with a rolling programme of training to our member practices. We look forward to being active members of the safeguarding adults board and contributing to the safeguarding agenda across Solihull.

## 10.9 Solihull Community Housing

Solihull Community Housing (SCH) delivers landlord services on behalf of the Council under a management agreement.

SCH is governed by a Board of 12 members, a third of whom are Council nominees, one-third tenants and one-third independent representatives. The Board and Senior Management Team are committed to the safeguarding approach, with the Director of Housing representing SCH on the Solihull Safeguarding Adults Board.

We regularly collect personal profiling data on our customers to help us tailor our services to meet specific needs and to plan longer-term service improvements.

We deliver a range of services for tenants and the wider population of Solihull (on behalf of, or in partnership with, the Council and other agencies) that may specifically benefit adults at risk. These include:

- Safe and Sound (a floating support and alarm call service for older and vulnerable customers)
- Delivering adaptations through the Solihull Independent Living service
- Operation of the 'Rough Sleepers' protocol
- Homelessness services
- ASB services for Council tenants and the private sector
- Allocating social housing tenancies to meet housing need

During 2012-13, significant progress was made in broadening safeguarding adults awareness training across the organisation through the e-learning package and scheduled briefing sessions.

Over the last year, the Solihull Independent Living service has been the subject of a review and we will be making changes to the way the team delivers a wide range of adaptations to make it even more responsive to identified needs.

Over the last two years, we have reviewed and re-shaped the Safe and Sound service. This has primarily given us the capacity to introduce a range of service levels that better match the needs of individuals and be more flexible as these needs change. Confirmation of supporting people funding for 2013/14 and 2014/15 means that this valuable service can continue.

SCH's five-year Business Plan (2013 to 2018) recognises the challenging times ahead for Council tenants and other Solihull residents. A key theme of the plan is our role in supporting the Council and this will encompass a continuing commitment to fulfil our safeguarding responsibilities.

## **10.10 Solihull Metropolitan Borough Council**

Solihull Council has the lead role in coordinating Safeguarding Adults procedures. All Safeguarding Adults referrals are received by Solihull Adult Social Care who then decides in consultation with other agencies as appropriate if an investigation is required.

During 2012-13 Adult Social Care and the Council has made significant progress in relation to Safeguarding Adults. In particular it has:

- Maintained and increased it's Investment in relation to additional staff to oversee and guide operational staff in the Learning Disability team and Older Peoples team.
- Senior Leadership Team has monitored a number of performance indicators in relation to safeguarding adults.
- Assessment and Care Management Teams have implemented a Competency Framework in relation to Safeguarding Adults.
- The Council and partner agencies have worked together to improve community safety. We have worked with Trading Standards to raise awareness of Doorstep Crime, progressed work to set up a Harm Reduction and Vulnerable Victims Forum and carried out a number of "Keeping Safe" workshops with adults who have learning disabilities and physical disabilities to raise awareness of Hate Crime.
- We have prioritised training.
- We have completed a number of audits which compliment the routine file audits completed by managers, thus seeking to develop a culture of performance management and quality assurance.
- We have secured permanent effective Legal advice, where necessary.
- We have started a redesign of Adult Social Care and to ensure success have considered models of best practice in relation to Safeguarding Adults from other Local Authorities.
- We have been subject to a Peer Challenge. The peer challenge team looked at Adult Social Care and how well Solihull safeguards adults at risk from harm and abuse. The process involved the team scrutinising some safeguarding case records, meetings with operational staff, partners and senior officers.
- Commissioning and Care Quality Monitoring have developed a Quality Framework to ensure that quality concerns in commissioned services are dealt with consistently and proportionately.

## Case study

Mrs B lives with her husband. She has a diagnosis of dementia which is in its early stages. Prior to this referral she had already had one admission to hospital with a fractured hip. Mrs B was admitted to hospital for the second time with a fractured hip. The social worker who had dealt with her on the first admission passed her husband on the ward and Mr B told him that Mrs B had done it again and that they needed help this time. They had previously declined support. Later Mr B told the ward sister that he had pushed his wife and that she had fallen and broken her hip.

Due to the nature of this disclosure the Safeguarding procedures were instigated and the police were informed. The police led the investigation.

The aim of the Safeguarding investigation was to establish the facts of the matter, ascertain whether or not any police action would result and also support Mrs B so that she could remain at home with support. We also needed to look at Mr B's needs as a carer to avoid a build-up of stress which could add to risk. Mrs B had capacity to decide what she wanted to happen and was clearly very attached to her husband.

Mrs B told the police officer that she fell over in the garden, whereas Mr B admitted the he and his wife had been in the conservatory and she went to lash out at him, as he pushed her away from him she fell and broke her hip. He advised the police that he had been struggling to come to terms with his wife's diagnosis for some time and that since her last hospital admission she had become very uncooperative, particularly in regard to taking medication. This, in turn led to a worsening of her mood and condition causing further difficulties. The police decided not to take any further action but did attend the case conference.

Mr and Mrs B were at the case conference and although, Mrs B does have memory difficulties she was able to understand what was happening and take part in the conversation. Mr B was appreciative of the support that had been offered and felt that the police had been very helpful and sensitive.

It was identified that taking medication had always been an issue for Mrs B, she advised that she had never liked taking tablets. Mr B's view was that his wife would take a tablet for people such as nurses and care assistants but that if he asked she would refuse. It was agreed that pharmacist would be asked whether the anti-dementia medication could be crushed for ease of swallowing and the outcome came back that it could be. Mrs B also agreed to have some support in the form of a care package, she had previously refused this. Mr and Mrs B were advised that this support would be called a Protection Plan as the aim was to avoid a situation where both parties became fraught with each other again.

Support was provided by the Occupational Therapist – equipment and advice regarding movement around the home and activities of daily living.

Pharmacist – advice given on medication and which tablets could be crushed etc.

Following the discharge from hospital the Protection Plan was monitored and good progress was made. Mr B started to attend and support group and Mrs B was offered a befriender so that the couple could have some time apart. Mrs B's level of need decreased as time went on and the support provided from Reablement was reduced. The carers visiting the home reported that all was well and that there appeared to be no tension between the couple.

## 10.11 Staffordshire and West Midlands Probation Trust

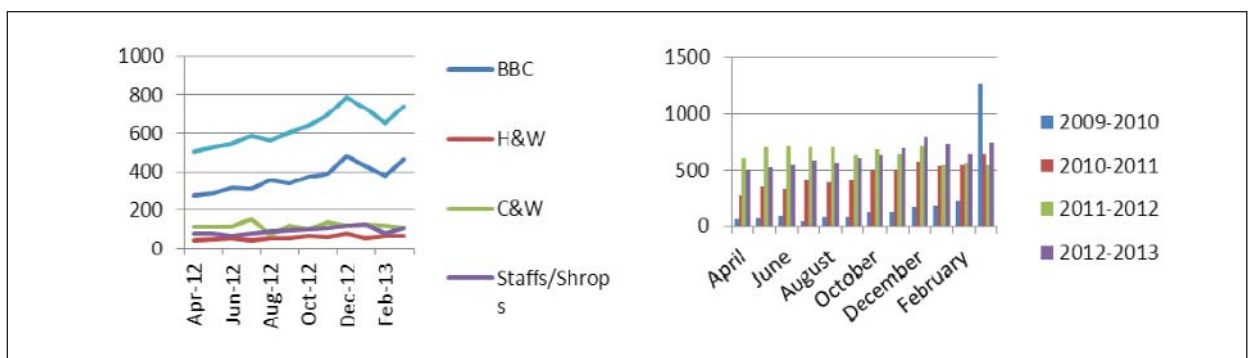
Staffordshire and West Midlands Probation Trust as an organisation oversee statutory offenders convicted of offences and sentenced to custody or community based supervision. The Trust divide its operations into nine Local Delivery Units (LDU's) each co-terminus with the nine local authority borders across Staffordshire and West Midlands. Solihull LDU has a Head of Probation at Assistant Chief Executive grade who has responsibility for Safeguarding Adults at Solihull partnership level and for overseeing the managers, staff, offenders and budgets for the LDU. Solihull LDU operate out of two sites, one in Kitts Green (Centenary House) and one in Solihull Homer Road (also covers Solihull Magistrates' Court). Some of our operations are centralised, including a Head of Public Protection and Deputy Head of Public Protection, who assume Trustwide responsibility for all public protection and safeguarding issues - policy etc.

Paul Levy was appointed as the new Solihull LDU Head of Probation in September 2012, taking over from Jane Connelly, and sits on the Safeguarding Adults Board, as well as the LSCB, Safer Executive Board and the Governing Board. The Trust have updated and about to issue its Domestic Abuse Strategy, which incorporates many of the issues that affect Safeguarding Adults for our organisation.

One area where we now have a better understanding of what is required to develop our workforce is Safeguarding Adults Training. A Training Needs analysis has been completed and Joan McHugh from the Board also came out to deliver some awareness training in October 2012. We are currently in the process of ensuring all relevant staff members access, attend and implement training dependant upon their role.

Probation are due to undergo some important and wide-ranging changes as part of the Transforming Rehabilitation government agenda, much of which will become clearer during the coming months. We remain committed to fully engaging and supporting safeguarding adults work as a core part of how we manage risk and protect the public.

## 10.12 West Midlands Ambulance Service NHS Trust



West Midlands Ambulance Service NHS Foundation Trust (WMASFT) has continued to ensure the safeguarding of vulnerable persons remains a focal point within the organisation and the Trust is committed to ensuring ALL persons within the region are protected at ALL times.

West Midlands Ambulance Service NHS Foundation Trust serves a population of 5.36 million people covering an area of more than 5,000 square miles made up of Shropshire, Herefordshire, Worcestershire, Warwickshire, Staffordshire and the Birmingham, Solihull and Black Country.

*For the year 2012/2013, **7562** safeguarding adult referrals were made. This has decreased from **7754** referrals in 2011/2012.*

The primary justification for the reduction in the numbers of adult referrals is attributed to the situation regarding Care Concern calls. A Care Concern call surrounds an individual whom is not subject to harm being caused by a another individual/organisation (safeguarding) but more commonly as a result of one's own inability to cope with their current situation e.g. an elderly male self-neglecting. WMASFT until the start of 2012 always accepted Care Concern calls being passed via the safeguarding referral route. The Trust received an immense amount of pressure to cease this practice from partner agencies.. WMASFT did cease this practice, however, following advice from the experts both within and external to the organisation, the practice of receiving Care Concerns recommenced in September 2012. Clinical Notice was issued to inform the staff of the change. If the patient does not have capacity then a referral will be made under best interests. This is being constantly reviewed to ensure WMASFT are acting in accordance with the law.

The Safeguarding Team (together with the Education and Training Department) have delivered extensive education (Educare, Clinical Notices, VLE, Clinical Times and Weekly Briefing articles, direct training, mandatory workbook and University engagement). This has led to the quality of referrals being substantially increased and can be evidenced by a reduction in the level of concerns from partner organisation's in regard to our referrals.

The introduction of the Directory of Services has seen an improvement in the amount of direct referrals to partner agencies (Care Concern) and these are now as a result, not being required to be passed via the Safeguarding line.

The success of the High Volume Service User scheme has resulted in many patients who would have previously been subject to multiple referrals (often several a week) now being successfully managed by the safeguarding team and the operational leads, resulting in a reduced number of referrals as there no longer is a need to make a call.

The safeguarding Team have conducted an in-depth call audit and have established that over a one month period the call abandonment rate for the safeguarding line was 29%. We are unable to establish what percentages of these calls were never re-presented. The assumption is that it would be very low however we are unable to evidence that. We will be introducing a final question into the question set to establish the number of attempts to pass the call as a further level of assurance in the next audit.

## Action Plan – 2013/14 - WMASFT

Action	Responsible	Timescales	Tasks
<b>Audit</b> 1. <i>Call audit</i> 2. <i>Spot Check</i> 3. <i>Direct referral</i>	Safeguarding team	<b>Quarterly</b>	Selecting 20 calls - listening and mark against audit template Attendance at station and using pre-determined questions to spot check knowledge of safeguarding.
<b>Re- Design of referral process</b>	Julie Ashby-Ellis	<b>December 2013</b>	Explore alternative methods of receiving and making referrals After consultation implement new system.
<b>CQUIN-HVSU</b>	Robert Cole/ Kelly Starkey	<b>On-going</b>	Identification of HVSU work in partnership with internal and external agencies to reduce number of calls and meet HVSU needs
<b>Child Death Statistics</b>	Safeguarding team	<b>On-going</b>	Collate review and map themes
<b>On-going training</b>	Safeguarding team	<b>On-going</b>	Working in partnership with Education and Training team to ensure that all safeguarding training is relevant and up to date and reflects new initiatives and themes

### 10.13 West Midlands Police

#### Key Achievements 2012/2013

- Police safeguarding teams established within the Public Protection Unit in September 2011 are now very well embedded into the police structure and take safeguarding referrals in relation to vulnerable adults. They work closely with investigation colleagues in the public protection department to ensure that cases of crimes of adult abuse are thoroughly investigated.
- The safeguarding team working with partners in Solihull has lead to consistency of approach in relation to thresholds for referral and standardisation of working arrangements. As a result West Midlands Police have seen a period of 12 months where the numbers of VA referrals to police have remained relatively stable.
- Partnership working with agencies is crucial to the safeguarding of our vulnerable adults and Solihull Police have an excellent joint working relationship. This can be seen by the regular attendance at safeguarding alert meetings by the Safeguarding Detective Sergeant.

#### Governance

- Assistant Chief Constable (ACC) from West Midlands Police is the national Association of Chief Police Officers (ACPO) lead for Vulnerable adults
- Vulnerable Adult abuse is a key responsibility of the Public Protection Unit headed by a Detective Chief Superintendent although much of the signposting where there are no crimes involved is now done by front line officers.
- A Detective Chief Inspector from within the Public Protection department is the thematic lead, assists the national lead and has responsibility for the ongoing development of the police & partnership approach to responding to Vulnerable Adult Abuse across the whole of West Midlands Police.



- Detective Chief Inspector within the Public Protection Unit sits on the SAB.
- Vulnerable Adult abuse is a feature on the Public Protection Unit Tasking and Co-ordination Group. Where relevant risks are highlighted through this process to Local Policing Unit (LPU) colleagues when their assistance is required in relation to investigations or safeguarding front line response.
- **Priorities for 2013/14**
  - Thematic lead to continue to work with partners with reference to the Pan West-Midlands Procedures to ensure consistency of application of thresholds for police safeguarding referrals with all 7 Local Authorities across the West Midlands.
  - Thematic Lead to working with the 7 local authorities to further develop this collaborative approach in relation West Midlands Police engagement with SABs and consistency of approach in relation to engagement with SAB sub-groups.
  - Creating a specific control plan & tactical menu of options within the National Intelligence Model framework for police response to Vulnerable Adult Abuse.
- **Future Priorities/Challenges for 2013-14**  
Creation of a VA referral and investigation safeguarding Hub Pan- West Midlands to further standardise the response and engagement with partner agencies in relation to tackling Vulnerable Adult Abuse. The hub is already in place on the Western side of the force and a scoping exercise is ongoing to identify how Birmingham could be incorporated into this model.

## **Training**

- A national police training programme for Public Protection Units now incorporates specific learning in relation to Adults at Risk. This has been developed by the College of Policing.
- Level 1 of the Public Protection Learning and Development Programme structure is in the form of an e-learning package for completion by all officers. This module will go live shortly.
- Specialist PPU officers will then be provided with additional training at levels 2 and 3 in relation to safeguarding and investigating offences against adults at risk.

## **Operational Issues and developments**

- The College of Policing published national Guidance on Safeguarding and the Investigation of Vulnerable Adults and this has been adopted by West Midlands Police and shared with partner agencies

## **Other relevant Achievements**

- PPU supervising officers of all ranks conduct satisfaction surveys with two victims of crime each month who have been subjected to adult abuse crimes or safeguarding interventions – a proportion of these relate to vulnerable adult enquiries. The purpose of the surveys is to monitor the level of service provided, learn lessons where satisfaction levels could be improved and intervene if areas of improvement are identified (the timing of the surveys mean the enquiries are ongoing when the victims are contacted). Current satisfactions rates show that 86.7% of victims report good service, 13.3% report average levels of service and no victims report poor levels of service.

# 11 Solihull Safeguarding Adults Budget

The 2012-13 Solihull Safeguarding Adults multi agency budget covers:

- The salaries and expenses for the Safeguarding Adults Manager, Workforce Development Manager, Safeguarding Adults, MCA and DoLS operational Coordinator, PA and administrator.
- The expenses for the various multi agency group meetings, Serious Case Reviews
- Contribution to the funding of the Independent Chair
- The printing of leaflets and posters etc
- Deprivation of Liberty Safeguards activity such as BIA assessments and Doctors assessments and
- The costs of multi agency training during 2012-13

The safeguarding adults core budget is made up of four areas:

i. Staff pay costs (5 staff members)	£211,320
ii. Non pay budget	£11,700
iii. MCA/DoLS	£6,000
iv. Training (Safeguarding and MCA and DoLS)	£35,000
v. Income to contribute to Independent Chair	£5,000

To ensure the budget was not overspent at the end of 2012-13 a number of mitigating actions were agreed by the Board:

- The cost of any Serious Case Reviews would need to be met by Board Partners if required.
- Prevention work included awareness raising training with adults at risk, greater emphasis on website and less on printing
- Safeguarding Adults Awareness training was to be the responsibility of each agency. However Train the Trainer programme, support and materials would be provided to support organisations and agencies.
- External venues if possible would not be used.
- Course material would be emailed to attendees before training events to avoid printing and copying.
- E-learning packages for MCA awareness and Safeguarding Adult available.

## 12 Priorities and Work Plans for 2013-14

2012-13 saw consistency and leadership with the appointment of an Independent Chair for the Board.

From 1st April 2013 the Safeguarding Adults Multi Agency Policy and Procedure for the West Midlands will be implemented in Solihull.

During 2013-14 the Council will be implementing a new adult social care pathway based on examples of good practice from other Local Authorities which will include a single point of contact and a dedicated team to lead and coordinate Safeguarding Adults.

The Board has identified four priority areas for 2013-14 and has two routine areas for business – see appendix 7 – Board Business Plan.

### 2013-14 priorities are:

#### • **Service User Involvement and Personalised Outcomes**

People involved in adult safeguarding processes can sometimes feel: they have little control; that they are rushed to make decisions; are not involved in discussions about them; and have little say over outcomes. There is a need for everyone to develop effective means of empowering people, including people who may be being coerced by the person or people who are harming or abusing them, to work through what can be very difficult decisions about their lives. There is also a view that adults at risk have insufficient access to criminal or restorative justice.

The Board, Sub Committees and partner agencies will in 2013 -14:

- Measure service users outcomes
- Consider how service users can be involved with the Board

Improve service user feedback and support.

#### • **Transitions**

Adults at risk can experience a number of transitions and if they are not managed appropriately can place people at risk of harm and abuse. Key transitions are: from children's services to adult services, hospital discharges, emergency service changes etc.

The Board, Sub Committees and partner agencies will in 2013 -14:

Consider the two key transitions, children service to adult services and hospital discharges and ensure the safeguarding adults issues are identified and addressed.

#### • **Domestic Abuse**

Domestic abuse is a priority for Solihull Partnership Governing Board and the LSCB. Nationally and locally there is substantial information on the prevalence of domestic abuse and it's effect on children. There is much less information on the prevalence of domestic abuse of older people or adults with physical disabilities and nothing of any note on the prevalence of domestic abuse of adults with learning disabilities. It is important to identify if a safeguarding adults alert is also domestic abuse as early as possible so that appropriate support, investigation and services can be considered or accessed.

The Board, Sub Committees and partner agencies will in 2013 -14:

- Consider the work that is required to improve knowledge, skills and practices.

- **Prevention**

The safeguarding agenda is now much broader than just protecting adults at risk after they have experienced abuse. Instead it is about allowing adults to live their lives and make decisions, whilst taking reasonable measures to ensure that risks of harm are minimised, particularly in light of the personalisation agenda.

How can we empower and protect adults at risk in our community? What strategies and services can we put in place that will mean fewer people in Solihull will experience harm and abuse and will result in more people being kept safe whilst living their life and making their own decisions?

Safeguarding is everybody's business so what can we individually and collectively do to make Solihull a safer place to live for adults at risk.

The Board, Sub Committees and partner agencies will in 2013 -14:

- Identify what early intervention and prevention work is required within their areas

**2013-14 routine business areas are:**

- Monitoring the sub committee work plans
- Key Performance Indicators.

**Sub committee work plans**

Each sub committee has developed a work plan for 2013-14 and each work plan will be monitored by the Board.

# Appendix 1

## Board Membership

Dave Martin (Chair)	Interim Director of Adult Social Services Solihull Council – independent from June 2012
Sharon Bailey	Solihull Council
Sue Walton	Solihull Council
Anne Hastings	Age UK Solihull
Dave Newnham	Birmingham and Solihull Mental Health NHS Foundation Trust
/ Kate Larard	
David Williams	Private and Voluntary Care Sector Representative
Fiona Burton (Vice)	Heart of England NHS Foundation Trust
Joan McHugh	Solihull Council
DCI Dean Young	West Midlands Police
Paul Levy	Staffordshire and West Midlands Probation Trust
Kelly Starkey	West Midlands Ambulance Service
John King	Solihull Community Housing
Sue Shahmiri/Ben Yates	Solihull Carers Centre
Mike Scorer	Solihull Action Through Advocacy
Lisa Cummins	Coventry and Warwick NHS Partnership Trust
Sue Nicholls	Solihull CCG (Clinical Commissioning Group)
Rosie Luce	Solihull CCG (Clinical Commissioning Group)
David Mattocks	Private and Voluntary Sector Representative
Councillor Bob Sleigh	Cabinet Member – Solihull Council
Lyn Skipp (minutes)	Solihull Council
<i>Irregular or virtual members</i>	
Liz Murphy	LSCB
Alison Frost	Solihull Council – Legal

## Appendix 2

### Operational Sub Committee Membership

Sharon Bailey (Chair)	Solihull Council
Sue Walton	Solihull Council
Lyn Andrews	Solihull Council
Christine Warburton	Coventry and Warwickshire NHS PT
Dave Newnham/ Lynne Johnson	Birmingham and Solihull Mental Health NHS Foundation Trust
Paula Brown	Solihull Council
Heidi Daniel	West Midlands Police
Dave Williams	Private and Voluntary Sector Representative
Lorraine Longstaff	Heart of England NHS Foundation Trust
Jackie Jones	West Midlands Fire Service
Sally Caren	Heart of England NHS Foundation Trust – Community Services
Adrian Thomas	Solihull Community Housing
Maxine Clarke	Marie Curie
Lyn Skipp (minutes)	Solihull Council

## Appendix 3

### Prevention Sub Committee Membership

Anne Hastings (Chair)	Age UK Solihull
Sue Walton	Solihull Council
Jasvinder Kainth	ASHRAM
Jackie O'Kelly	SCOPE
Kay Donaghy	Enable Solihull
Mike Scorer	Solihull Action Through Advocacy
Jackie Jones	West Midlands Ambulance Service
Zoë Collis	Not for Profit Group
Sue Shahmiri	Solihull Carers Centre
Maxine Clarke	Marie Curie
Dave Musson	Solihull Council
Lyn Skipp (minutes)	Solihull Council

## Appendix 4

### Quality and Audit Sub Committee Membership

(Chair) Vacant

Sue Walton	Solihull Council
Dave Newnham	Birmingham and Solihull Mental Health NHS Foundation Trust
Lyndon Green	Not for Profit Group
DI Heidi Daniel	West Midlands Police
Jayne Hibbard	Head of Locality Services, Solihull MBC
Jon Hanley/ Penny Greenaway	Coventry and Warwick NHS Partnership Trust
Lorraine Longstaff	Heart of England NHS Foundation Trust
Lyn Skipp (minutes)	Solihull Council



## Appendix 5

### Training and Workforce Development Sub Committee Membership (Adults and Children's)

Sally Andrews – Joint Chair	LSCB Training and Development Officer
Joan McHugh – Joint Chair	Safeguarding Adults Training Manager
Jon Hanley	Coventry and Warwickshire Partnership Trust
Maxine Nichols	Coventry and Warwickshire Partnership Trust
Maria Kilcoyne	Heart of England Foundation Trust
Jayne Fleming	Heart of England Foundation Trust
Jacqueline Jones	West Midlands Fire Service
Steve Martin	Chief Education Welfare Officer
Deborah Hadwin	Solihull Council
Rosie Luce	NHS Birmingham and Solihull Cluster
Lorraine Lord	Solihull Council
Fiona Lawrence	Heart of England Foundation Trust
Dave Newnham	Birmingham and Solihull Mental Health NHS Foundation Trust
Catherine Evans	Birmingham and Solihull Mental Health NHS Foundation Trust
DI Heidi Daniel	West Midlands Police
Paula Brown	Solihull Council
Bernice Lingard	Solihull Council
Ben Gorman (Minutes)	Solihull Council

## Appendix 6

### MCA and DoLS Local Steering Group Membership

Lorraine Longstaff (Chair)	Heart of England Foundation Trust
Dave Newnham (Chair)	Birmingham and Solihull Mental Health Foundation Trust
Dave Williams	Not for Profit Group
Carole Davies	Heart of England Foundation Trust
Kelly Starkey	West Midlands Ambulance Service
Jeremy Patton	Solihull Metropolitan Borough Council
Tracey Moorby	Solihull Community Housing
DI Heidi Daniel	West Midlands Police
Joe Martin	Birmingham and Solihull NHS Cluster (PCT)
Lyn Andrews	Safeguarding MCA/DoLS Operational Co-ordinator, Solihull Metropolitan Borough Council
Ben Gorman (Minutes)	Solihull Council



## SOLIHULL SAFEGUARDING ADULTS BOARD BUSINESS PLAN 2012/13

WHAT	LEAD/S	TIMESCALE	RAG	COMMENTS
<b>1. Monitoring the work plans of the sub committees</b>				
Operational sub committee	Sharon Bailey	Quarterly		
Prevention sub committee	Anne Hastings	Quarterly		
Quality and Audit sub committee	Heidi Daniel	Quarterly		
Training and Workforce Development sub committee	Vacant	Quarterly		
Mental Capacity Act Local Implementation Steering Group	Lorraine Longstaff	Quarterly		

Please see Safeguarding Adults 2013-14 Sub-Committee Workplans document (separate to this report).

WHAT	LEAD/S	TIMESCALE	RAG	COMMENTS
<b>2. Key Performance Indicators</b>				
<ol style="list-style-type: none"> <li>1. Number of Safeguarding Adults referrals into SMBC</li> <li>2. Prevalence of repeat referrals into SMBC</li> <li>3. Number of referrals resulting in a protection plan</li> <li>4. Percentage of staff who have substantial and unsupervised contact with vulnerable adults completing Safeguarding Adults awareness training</li> <li>5. Percentage of staff that have contact with vulnerable adults with appropriate and up to date CRM checks/vetting in line with the law.</li> <li>6. Achievement of Board Annual Priorities</li> <li>7. Deprivation of liberty safeguard activity</li> <li>8. Number of people referred to the barred list.</li> <li>9. Number of police investigations and outcomes.</li> <li>10. Number services decommissioned, closed or with significant quality issues</li> </ol>				
Quarterly collection of data / information / update	Quarterly and Audit Sub Committee	Quarterly		
Take action as required.				
Quarterly reporting to the board	Sue Walton	June 2012 September 2012 December 2012 March 2013		

WHAT	LEAD/S	TIMESCALE	RAG	COMMENTS
<b>3. Service User Involvement and Personalised Outcomes – Board Priority 2012-13</b>				
Within individual safeguarding activity individuals outcomes are identified and reviewed.	Sharon Bailey SMBC	March 2014		
Service user involvements and engagement in the work of the board, sub committees, training, policies, procedures and strategies.	Anne Hastings and Mike Scorer	Quarterly		

WHAT	LEAD/S	TIMESCALE	RAG	COMMENTS
<b>4. Transitions – Board Priority 2012-13</b>				
Hospital Discharge	Fiona Burton HEFT	TBD		
Children to Adult Services	Rosie Luce CCG	TBD		

WHAT	LEAD/S	TIMESCALE	RAG	COMMENTS
<b>5. Domestic Abuse</b>				
Domestic abuse	Heidi Daniel WM Police	TBD		

WHAT	LEAD/S	TIMESCALE	RAG	COMMENTS
<b>6. Prevention – Board Priority 2012-13</b>				
Prevention	Prevention Sub Committee	Quarterly via Prevention Sub Committee feedback		

## Contact details and links

If you require any further information, please contact the Solihull Safeguarding Adults Board Business Team:-

**Safeguarding Adults Board Business Team**

**Solihull Metropolitan Borough Council**

**The Bluebell Centre, West Mall**

**Chelmsley Wood**

**Solihull**

**B37 5TN**

Tel: 0121 788 4392

Fax: 0121 788 4414

Email: [ssab@solihull.gov.uk](mailto:ssab@solihull.gov.uk)

[www.solihull.nhs.uk/adultabuse](http://www.solihull.nhs.uk/adultabuse)