

Safeguarding Adults Board (SAB) Annual Report 2015/16 (including details on work with the University of Cambridge and Collaborations for Leadership in Applied Health Research and Care)

To: Health and Wellbeing Board

Date: 15th September 2016

From: Claire Bruin, Service Director, Adult Social Care

1.0 PURPOSE

- 1.1 Presentation of the Safeguarding Adults Board Annual Report for 2015/16 and an update on the work carried out with the University of Cambridge and Collaborations for Leadership in Applied Health Research and Care (CLARHC) on the implementation of Making Safeguarding Personal.

2.0 BACKGROUND

- 2.1 The Care Act 2014 (enacted in April 2015) introduced the statutory duty on Local Authorities, Clinical Commissioning Groups and the Constabulary to operate a Safeguarding Adults Board (SAB) to promote and oversee the protection of adults with care and support needs from abuse and/or neglect.
- 2.2 Cambridgeshire already had a well established SAB with strong commitment from the Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) and Police and other key partners and we have been able to build on this foundation during 2015/16.
- 2.3 The Draft Annual Report (Appendix A) provides a background to adult safeguarding work in Cambridgeshire and a summary of the work undertaken by the Safeguarding Adults Board (SAB), Adult Safeguarding Team and partners. N.B. The Draft Annual Report will be presented to the SAB for approval on 8 September 2016. Confirmation of that approval will be provided verbally at the HWB Board meeting on 15 September 2016.

3.0 PROGRESS ON PRIORITIES IN 2015/16 INCLUDING INFORMATION ON THE RESEARCH WITH THE UNIVERSITY OF CAMBRIDGE AND CLARHC

- 3.1 The report to the Health and Wellbeing Board in September 2015 identified a number of priority areas of work for the SAB in 2015/16. An update on each of these priorities is provided below.
- 3.2 *A training strategy for safeguarding and mental capacity work which meets the needs of the social care and health workforce, enabling a better understanding of the decision making process in safeguarding whilst taking*

into account the legal requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

A programme of standard training complemented by bespoke training has been developed and rolled out across social care and health organisations, including provider organisations. In the period of 2015-16 we have had a considerable increase of 28% in attendees including GP's for all courses, especially those that now relate directly to the core principle of Making Safeguarding Personal. Our roll out of training in adult safeguarding and MCA/DoLS has been a real success in this period with a 190% increase in Making Safeguarding Personal and MCA/DoLS an increase of 227%.

3.3 *Introduce changes to practice, procedures and training to support the implementation of the Making Safeguarding Personal approach*

Making Safeguarding Personal (MSP) is a national initiative that is embedded in the Care Act 2014 guidance from Department of Health. It places the person at the centre of any safeguarding action or intervention and sets the expectation that the outcomes that the person wants will inform how the situation is responded to and reinforces the importance of supporting people to recover following abuse.

The MSP approach is now central to all safeguarding training and is reinforced through safeguarding leads who meet regularly to discuss practice issues relating to the safeguarding of adults. Through the training, the MSP approach is being introduced across all health and social care organisations but needs to be reinforced within each organisation to ensure that it is embedded in practice.

3.4 *Working with colleagues from the University of Cambridge and CLARHC (Collaborations for Leadership in applied Health Research and Care [East of England]) to evaluate how Making Safeguarding Personal is embedded within our day to day safeguarding work*

CLAHRC East of England funded a research assistant for nine months from April 2015 to January 2016 for a research project investigating and supporting the work being undertaken to change practice to support MSP. The final report has not yet been presented to the SAB but there has been ongoing feedback during the nine months research.

The work focused on safeguarding within a care home setting, where it is more difficult to maintain a personalised approach because the situations that trigger a safeguarding response often raise concerns about general practice rather than actions specifically focused on individuals.

The researcher identified two distinct elements:

- (i) The role of the care home: care provided by staff that should be a person centered activity and

- (ii) Undertaking a safeguarding enquiry: a LA's scrutiny of practice in a home (is it good or is bad?) and making recommendations that should ensure good practice while minimizing risks.

Although the safeguarding concern may have been triggered in relation to one individual, the concerns for the population of residents (rather than the individual) leads to a more generalised approach when the Local Authority views the practice in the home, and recommendations and action plans reflect this.

Interviews with the Care Home Managers highlighted that the safeguarding process drove a dictatorial rather than a collaborative approach with managers. They demonstrated their commitment to delivering good quality personalised care and their willingness to explore a more collaborative approach to investigating safeguarding concerns that could assist in keeping the process more focused on individual residents and support them in improving practice.

The Local Authority has started to develop some alternative approaches to focus the safeguarding investigation more specifically on the individual situation(s) that have caused concern. In this way it will be possible to engage with the individual resident(s) and gain a better understanding of what has happened and whether there are patterns of poor practice that are specific to particular care staff or are more systemic. Work will continue to develop these approaches.

Learning from this active research was shared at a conference run by the Local Government Association and Research into Practice for Adults (RiPfA) in April. This has resulted in further interest from Local Authorities across the country because tackling the challenge of how to introduce MSP in a care home context is quite unique.

3.5 *Developing understanding about how to respond to people who self-neglect*

The Care Act 2014 guidance was rewritten during 2015/16 and despite some speculation that it would be removed, self-neglect is still included within the safeguarding section. However, it does recognise that not all self-neglect constitutes a safeguarding issue, but reinforces the personalised approach, supported by multi-agency collaboration, that is required to support people who self-neglect. Self-neglect covers a wide range of behaviours including neglecting to care for personal hygiene, health or surroundings, including hoarding, and can be linked to a complex range of issues that are impacting on the person.

Working with the Association of Adult Social Services Regional Safeguarding Network, we have been involved in a number of workshops to explore how to respond to people who self-neglect and have been able to build this learning into our local training.

- 3.6 *Closer collaboration with the LSCB with regard to:*
- o Safer recruitment*
 - o Working collaboratively to support young people who may need to be safeguarded as they reach 18.*

Best practice in safer employment has been reinforced across all services and issues relating to safeguarding are being considered as part of the transition planning for young people moving from children to adult services, where this is relevant.

4.0 SAFEGUARDING ACTIVITY IN 2015/16

- 4.1 The Annual Report provides the detailed information on activity during the last financial year, which is summarised below:
- 4.2 The number of incidents referred to the Council has increased this year from 1355 in 2014/15 to 1499.
- 4.3 The most commonly reported type of abuse continues to be physical abuse (42%) although this has reduced from 48% of referrals in 2014/15.
- 4.4 Neglect, which has been given greater prominence through the Care Act 2014 has increased slightly from 22% in 2014/15 to 24%.
- 4.5 The location of incidents continues to follow the same pattern as previous years with the highest number being in care homes, followed by the person's own home and hospitals.
- 4.6 The alleged perpetrator also continues to follow the same pattern with other vulnerable adult being the most prevalent, reflecting the incidents between residents in care homes that cater for people who present behaviours that can challenge, specifically people with dementia, mental health issues and learning disabilities. Although there are questions about whether all these incidents meet the criteria for safeguarding, it is important that providers continue to report and respond to these situations and that commissioners are aware and can follow up as necessary with the providers. For this reason, these situations will continue to be captured through the safeguarding reporting process.
- 4.7 The Care Act 2014 has changed the reporting regarding the outcome of safeguarding enquiries, so rather than collect whether a safeguarding allegation has been substantiated or not, we now record whether the actions taken in response to the allegation has led to the following:
- Risk reduced
 - Risk remains
 - Risk removed
 - No action taken under safeguarding

In the majority of cases, the risk was reduced, with a small number where the risk was removed or where the risk still remains. This emphasises the importance of working with the person to agree the personal outcome that

they want from the safeguarding intervention and the follow up that will be required to minimise the impact of remaining or reduced risks.

- 4.8 During 2015/16 agreement has been reached with Peterborough City Council to combine SAB subgroups that focus on training, procedures and performance. This collaboration will support agencies that work across Peterborough and Cambridgeshire who have been asking for more alignment to support their staff in fully their responsibilities around safeguarding in an efficient and effective manner.

5.0 MULTI-AGENCY SAFEGUARDING HUB (MASH)

- 5.1 During 2015/16 work has been undertaken to develop the adult presence in the MASH. The MASH brings together Cambridgeshire children's social care, the Police, Probation, the Fire Service, NHS organisations, key voluntary sector organisations, Peterborough City Council and currently one representative from the Council's adult social care services in a collaborative working arrangement, where information can be quickly and easily shared (subject to information sharing agreements) and decisions made on how best to approach specific safeguarding situations and which agency should take the lead. It enhances timely, effective and comprehensive communication between the partners through co-location or integration and greater partnership working.
- 5.2 In addition to the benefits of closer partnership working, the developments in the MASH will mean that inappropriate safeguarding referrals can be diverted away from the Adult Social Care Teams. Where there is a safeguarding issue, the staff in the MASH will gather information on a multi-agency basis to inform the response. This will ensure that different agencies work together to prevent abuse and neglect and stop it quickly when it happens.
- 5.3 Staff in the MASH have been seconded from existing staff who are experienced in leading safeguarding investigations. They are seconded initially for 12 months with the potential to extend this to 24 months. The use of time limited secondments will ensure that the staff in the MASH will have had recent operational experience and will support ongoing professional development.
- 5.4 The MASH Manager, the four MASH Safeguarding leads and the administrator took up their posts by the middle of March. From the 1st April, all safeguarding concerns have been referred to the MASH team for triage and to initiate immediate action if required. Situations that require a safeguarding enquiry are passed on to the Safeguarding Lead of the relevant service. Early indications are that the triage function is identifying situations that are not safeguarding and the MASH team are signposting people to appropriate services. Responses to safeguarding issues are being dealt with either in the MASH or are being passed to the relevant locality team, where this is appropriate.

6.0 Priorities for 2016/17

- 6.1 The following priorities have been identified for 2016/17.
- 6.2 Embedding the practice of MSP across all organisations involved in safeguarding. Use feedback from a “Temperature Check” commissioned by ADASS and due out in the Autumn to focus further development of MSP practice.
- 6.3 Embedding the MASH arrangements and understanding the impact on numbers of safeguarding referrals being passed to locality teams. Explore why cases that are not safeguarding are passed to the MASH and provide guidance as necessary to other organisations.
- 6.4 Confirm the appointment of an independent chair for the SAB. Review the operation of the SAB with the new chair.
- 6.5 Develop the joint working arrangements across SAB subgroups with Peterborough colleagues, including agreement on joint procedures.
- 6.6 Review dataset of information that allows effective monitoring of safeguarding activity and outcomes, doing in depth data and trend analysis.

7.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

- 7.1 The work on safeguarding adults from abuse and neglect supports the implementation of the following priorities in the Cambridgeshire Health and Wellbeing Strategy:
 - Priority 2: Support older people to be independent, safe and well.
 - Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people’s personal choices.
 - Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
 - Priority 6: Work together effectively.

8.0 RECOMMENDATION/DECISION REQUIRED

Members of the Board are invited to:

- (i) Comment on the content of the covering report and the Cambridgeshire Safeguarding Adults Board Annual Report 2015/16
- (ii) Ask officers to present the next Annual Report (for 2016/17) at a future Health and Wellbeing Board meeting in 2017.

Source Documents	Location
Terms of reference and annual reports for Cambridgeshire Safeguarding Adults Board	http://www.cambridgeshire.gov.uk/downloads/download/147/cambridgeshire_safeguarding_adults_board

