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Cambridgeshire Safeguarding Adults Board

making a difference together

Annual Report

April 2014 – March 2015

Contents

Members of the Cambridgeshire Safeguarding Adults Board

Chairperson: Executive Director - Children, Families and Adults Services Cambridgeshire County Council (CCC)

Representatives from:

Addenbrookes Hospital, Cambridge University Hospital NHS Foundation Trust
Adult Safeguarding Team, CCC
Adult Social Care, CCC
Age UK Cambridgeshire
Anglia Ruskin University
Cambridge Regional College
Cambridgeshire and Peterborough NHS Foundation Trust
Cambridgeshire Community Services NHS Trust
Cambridgeshire Constabulary
Cambridgeshire Fire Service
Cambridgeshire Healthwatch
Cambridgeshire Learning Disability Partnership, CCC
Care Quality Commission
Children Safeguarding and Standards Unit, CCC
County Councillor, CCC
Drug and Alcohol Action Team (DAAT), CCC
East of England Ambulance NHS Trust
Hinchingbrooke Health Care NHS Trust
NHS Cambridgeshire and Peterborough Clinical Commissioning Group
NHS England
Papworth Hospital NHS Foundation Trust
Papworth Trust
Procurement (Social Care), CCC
South Cambridgeshire District Council representing District Councils across Cambridgeshire

Welcome from the Chair

As Chair of the Cambridgeshire Safeguarding Adults Board I am delighted to commend this annual report to you. The Board has continued to be productive with a focus this year on preparing for the Care Act and ensuring the Board is well placed to meet its new duties.

In the coming year there will be significant changes that will have an effect on all Safeguarding Boards across the Country. Cambridgeshire's Safeguarding Adults Board is proactive and forward thinking in its approach on understanding the changes and promoting the Board's transformation. Through strong partnership working and transparency the Board is committed to having the processes and systems to ensure that our remit and function match the requirements set out in the new legislation.

With this purpose in mind the Board has reviewed its current working arrangements and identified the need to consider having an Independent Chair as this would ensure that the Board is well placed both to hold each partner to account for its own safeguarding arrangements and ensure partners are working together to promote the wellbeing of those adults at risk of abuse and neglect.

Through the Board's strategic vision and planned development the changes that need to be made locally will allow the Board to adapt and to build on this year's work by:

- continuing to work closely with relevant Boards e.g. Local Safeguarding Children's Board, the Health and Wellbeing Board and partners including the Cambridgeshire and Peterborough Clinical Commissioning Group and Cambridgeshire and Peterborough Constabulary who now also have a statutory role in safeguarding adults
- strengthening communications around safeguarding

This report also highlights the achievements made by our partners represented on the Board.

For example:

Healthwatch Cambridgeshire has worked closely with the Safeguarding Adults Board to devise ways in which service users and the wider general public can have a voice in safeguarding and how the processes work, but much more importantly, about how we can understand and learn from people's experiences and what helps them stay safe.

The Fire Service has identified people who have hoarding tendencies and are at risk of being injured or dying as a result of fire and is working closely with the Safeguarding Adults Board and housing partners to produce a Multi-agency Hoarding Protocol.

Whilst the Board is not complacent about the need to continue the development of our approach and responses to safeguarding adult issues, this report evidences the commitment and strength of the partnership working in Cambridgeshire.

I hope you find this 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". We would also welcome any feedback on how we can improve the presentation of this information in the future.

Finally I would like to thank staff across all agencies for their commitment to safeguarding adults in Cambridgeshire.

Adrian Loades
Executive Director
Children, Families and Adults Services

Executive Summary

This report highlights the work of the Cambridgeshire Safeguarding Adults Board (CSAB) and its partners. The Board has spent much of the year working towards the implementation of the Care Act 2014.

The Department of Health guidance developed to support Local Authorities and partners to deliver the requirements of the Care Act reinforces the importance of the Making Safeguarding Personal approach to safeguarding adults. Work started on identifying how the approach in Cambridgeshire could be redesigned to respond in a more personalised way and this is being used to inform a revision of practice, procedures and training.

This report shows that there has been a very slight decrease in the number of safeguarding referrals made this year as compared to 2013-14. The upward trend of the previous three years has not been reflected in 2014-15. This will need to be monitored in 2015-16 and the focus on raising awareness will need to continue.

The highest number of alleged perpetrators continues to be "other vulnerable adults" and informed by discussions with Regional colleagues, alternative approaches to responding to these situations will be introduced when the Multi-Agency Safeguarding Hub is established in 2015-16.

Cambridgeshire County Council has seen a significant increase in the number of Deprivation of Liberty Safeguards (DoLS) applications, which has been due to the landmark Supreme Court ruling regarding what constitutes a Deprivation of Liberty.

At the end of 2014-15 the Board had been operational for almost twelve years and currently 29 partners are represented.

The Board meets on a quarterly basis and had two development events strategically timed to enhance annual planning.

Safeguarding Nationally

2014 was a significant year for safeguarding adults. The Care Bill received royal assent in May 2014 placing safeguarding adults on a statutory framework under the Care Act 2014 from 1 April 2015.

The Care Act 2014 set out a clear legal framework for how local authorities and other statutory agencies should protect adults with care and support needs, at risk of abuse or neglect.

The new duties include:

- The Local Authority's duty to make enquiries or cause them to be made.
- Establish a Safeguarding Adults Board (SAB), with the local authority, Clinical Commissioning Groups and the Constabulary as statutory partners.
- Undertaking Safeguarding Adults Reviews (SARs) where someone dies or the SAB knows or suspects that they have experienced serious abuse or neglect and there is a concern about how relevant organisations acted, so that lessons can be learnt.
- Publish an annual report and strategic plan.

All these initiatives are designed to ensure greater multi-agency collaboration as a means of transforming adult social care.

The Care Act has also extended the Local Authority's safeguarding responsibilities to all people with care and support needs where those needs mean that they cannot protect themselves, not just those who have needs that meet the eligibility for access to social care support. It has also explicitly included neglect alongside abuse under the safeguarding responsibilities. The guidance has also extended the list of types of abuse and neglect to cover:
Physical abuse
Domestic violence
Sexual abuse
Psychological abuse
Financial or material abuse
\modern slavery
Discriminatory abuse
Organisational abuse
Neglects and acts of omission
Self-neglect.

During 2014-15 the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) Making Safeguarding Personal programme continued with significantly more Local Authorities adopting the approach. This approach focuses on the wishes of the person who is being safeguarded rather than the processes. It sets the expectation that the outcome that the person wants will be clarified and that a flexible approach will be taken to safeguarding enquiries that keep the person and their wishes at the centre of the process. This expectation has been included within the guidance supporting the implementation of the Care Act 2014.

At the start of 2014 the Department of Health, following consultation, published "Positive and Proactive Care: reducing the need for restrictive interventions" - Guidance for all those working in health and social care settings: commissioners of services, executive directors, frontline staff and all those who care for and support people.

This guidance was developed as concerns about the inappropriate use of restrictive interventions across health and care settings were identified by Winterbourne View Hospital (DH 2012), Mental Health Crisis Care: Physical Restraint in Crisis in June 2013 by MIND, and a recent inspection of inpatient learning disability services by the Care Quality Commission (CQC). The guidance provides a framework within which adult health and social care services can develop a culture where restrictive interventions are only ever used as a last resort and only then for the shortest possible time.

The Supreme Court Judgement at the end of 2013-14 in relation to Deprivation of Liberty Safeguards (DoLS) widened and clarified the definition of deprivation of liberty. This has resulted in a significant increase in DoLS cases from hospitals and care homes nationally and locally. The judgement also widened the scope of DoLS to include adults living in the community requiring such cases to be put to the Court of Protection.

In October 2014 the Care Quality Commission (CQC) announced their new regulatory model that has people right at its heart. They will ask the questions that matter most to people who use services, listen to their views, take action to protect them and provide them with clear, reliable and accessible information about the quality of their services.

Andrea Sutcliffe, CQC's Chief Inspector of Adult Social Care, introduced the "Mums Test" which requires inspections and inspection teams to consider whether the service is one that they would be happy for someone they love and care for to use.

Following each inspection, each service will be rated: Outstanding, Good, Requires Improvement or Inadequate.

What this means in practice for Cambridgeshire

The Cambridgeshire Safeguarding Adults Board has been in place since 2003 so is well placed to make this transition and has considered some of the wider implications for Board Members and their organisations for example the Board has already reviewed its membership and consolidated its links with the Clinical Commissioning Group and the Constabulary.

The Board has agreed its guidance for multi agency safeguarding adult's review of serious cases (SARs). The aim of a review is to ensure that lessons are learnt from cases and to improve future practice and partnership working, thus minimising the possibility of it happening again.

Guidance has also been agreed on the new role of Designated Adult Safeguarding Manager (DASM) a role required of the Local Authority, Clinical Commissioning Group and Constabulary to oversee safeguarding processes in accordance with the Care Act guidance. Other partners from the SAB have also agreed to identify a lead to fulfil the DASM role within their organisation.

Partnership effectiveness

The Cambridgeshire Safeguarding Adults Board Business Plan 2014/17 is linked directly to both the Standards for Adult Safeguarding (produced jointly by the Local Government Association, Association of Directors of Adult Social Services, NHS Confederation and Social Care Institute for Excellence) and the six principles included within the Government Statement on Adult Safeguarding, May 2013.

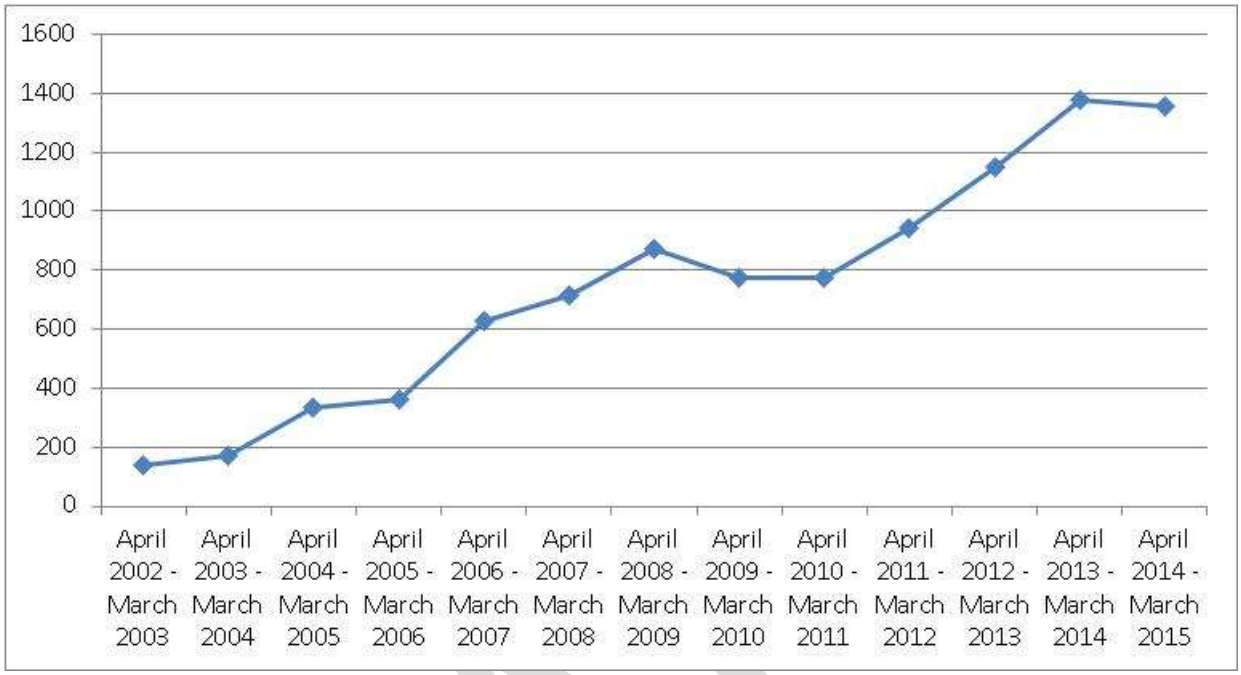
Standards for Adult Safeguarding	Government Statement on Adult Safeguarding
Outcomes	Empowerment
People's experiences of safeguarding	Protection
Leadership, strategy and commissioning	Prevention
Service delivery and effective practice	Proportionality
Performance and resource management	Partnership
Local safeguarding board	Accountability

Partners share organisational changes or risks which may impact upon safeguarding adult's arrangements at the Cambridgeshire Safeguarding Adults Board.

The Cambridgeshire Safeguarding Adults Board has an up to date Information Sharing and Partnership Agreement in place to ensure robust governance.

Analysis of Adult Safeguarding Referrals

Number of incidents received per year



The above chart shows the number of safeguarding referrals made each year in Cambridgeshire since 2002 (139). The number of referrals has increased year on year although in 2014/15 there has been a very slight reduction (1.6%) from 1377 to 1355.

Referrals are monitored by the Board on a regular basis to determine what areas the Board will need to prioritise. The chart above shows that there have been two periods of increasing referrals (2005-6 to 2008-9 and 2010-11 to 2013-14) with slight reductions in the intervening years. This needs further investigation to better understand if there is a common reason for this pattern.

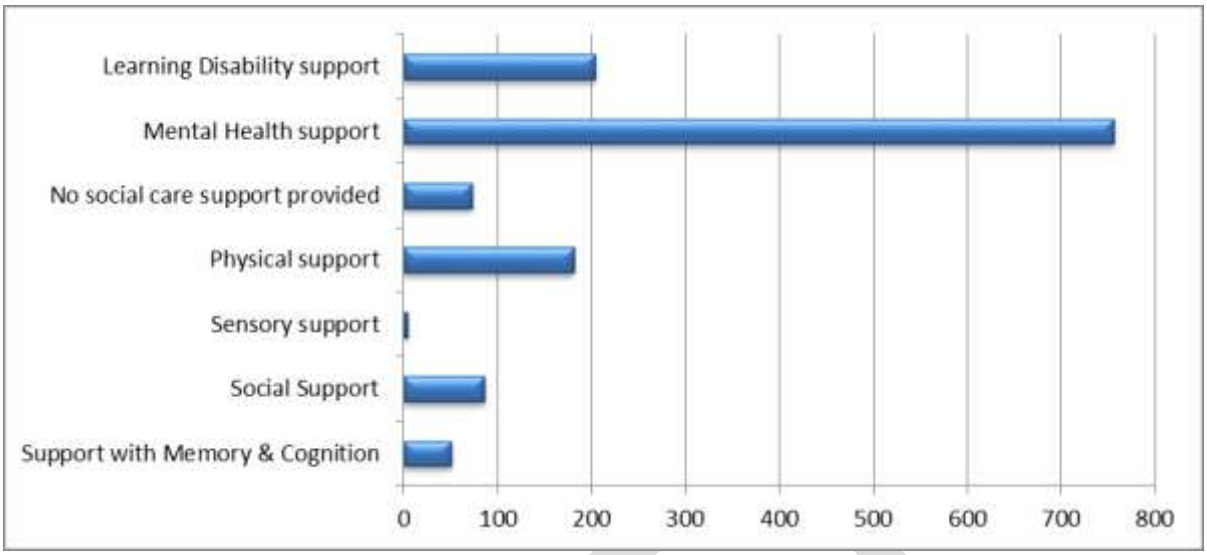
The interplay between compliance against contract standards, poor practice and safeguarding adults at risk of abuse will be addressed in the revision of the local safeguarding procedures and the development of the Multi Agency Safeguarding Hub (MASH). This will ensure that issues of contract compliance and poor practice are addressed through appropriate interventions such as contract monitoring and quality improvement mechanisms rather than safeguarding. The impact of these changes on the number of incidents of safeguarding reported in 2015/16 will need to be monitored.

Types of Abuse

	2012-2013	2013-2014	2014-2015	Trend
Discriminatory abuse	0%	1%	0%	⇩
Emotional/Psychological abuse	11%	11%	13%	⇧
Financial abuse	11%	10%	9%	⇩
Institutional abuse	4%	2%	2%	⇔
Neglect and/or acts of omission	21%	22%	22%	⇔
Physical abuse	46%	49%	48%	⇩
Sexual abuse	7%	5%	6%	⇧

The most commonly reported type of abuse continues to be physical abuse (48%) which has been consistently high over the past three years. This is one of the easiest forms of abuse to identify and is commonly the type of abuse in situations where one service user has hit out at another service user. Information set out in the tables below and information from operational staff, reinforces the links between physical abuse and some groups of service users. The second most commonly reported type of abuse has been neglect and acts of omission accounting for 22%.

Client category

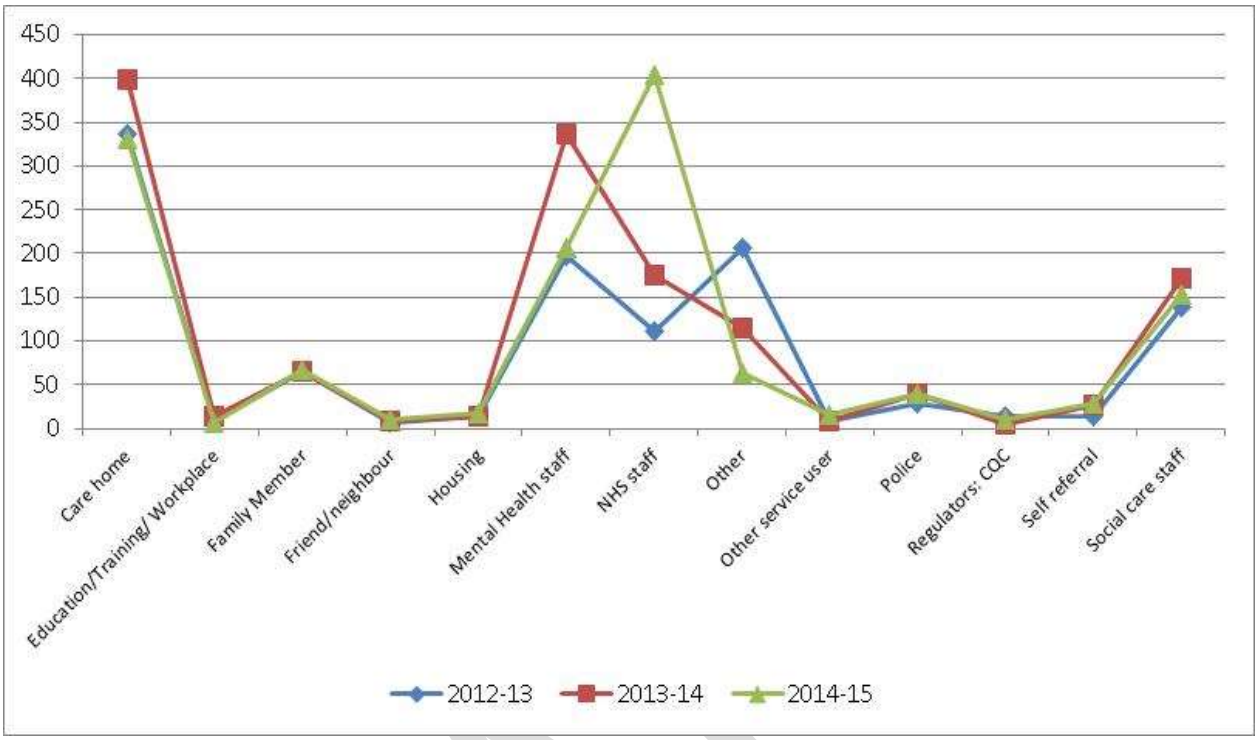


Due to a change in the way that safeguarding information has been collected in the client category this year we are only able to show one years' worth of data. However it is noticeable that Mental Health support has the highest number of alleged cases at (750), followed by Learning Disabilities (201). This includes the number of situations where a service user hits out at another service user and links to the incidence of physical abuse in the Table on page 10.

The revision of the local procedures will clarify how the incidents of alleged abuse between service users are dealt with in the future, ensuring that these situations are recognised and followed up, but only undertaking a safeguarding enquiry when the situation is abusive.

The SAB has also highlighted the areas where reporting is low. Training for service users and carers highlighting how to recognise abuse and make a safeguarding referral is high on the agenda.

Source of referral



This table shows us who made the safeguarding referrals. In 2012/13 the highest number of referrals made was by care home staff. With the overall increase in the number of referrals in 2013/14 the pattern of referrals is very similar, with the care home sector (399) and mental health staff (337) making the most referrals. This again reflects the number of incidents involving service users with dementia, mental health issues and learning disabilities within the overall figures.

For 2014/15 we have seen a real increase in the number of referral's from NHS staff from (176) in 2013/14 to (404) reflecting increased awareness. In 2014/15, the other notable area is a reduction in the "other" category from (114) to (63) which may suggest that people reporting abuse are more accurately recording their role, particularly those in the NHS.

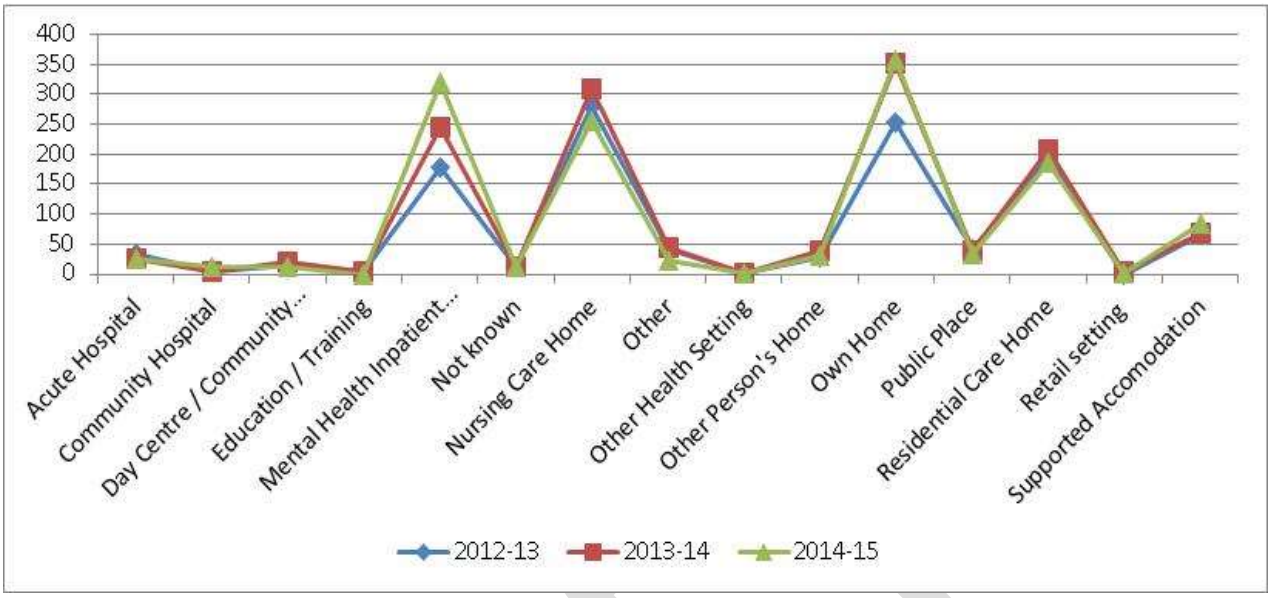
The Board will continue to monitor these figures as we develop the new guidance and establish the MASH that will triage referrals. Different approaches to referrals will have the potential to impact on the balance of different people reporting abuse or neglect.

A new Training and Development Manager has recently joined us and she is developing new training courses to meet the requirements of the Care Act and Making Safeguarding Personal. The team is working closely with the Network Group (representatives for service users, carers and the wider public) to raise awareness with the general public to recognise when an adult is at risk of abuse or neglect and how a referral can be made.

It is recognised that this approach needs to take into account the information needs of those who do not have English as a first language and those who cannot access

information from a website or may have visual impairments or be unable to read or comprehend information in a written form.

Number of incidents at each location



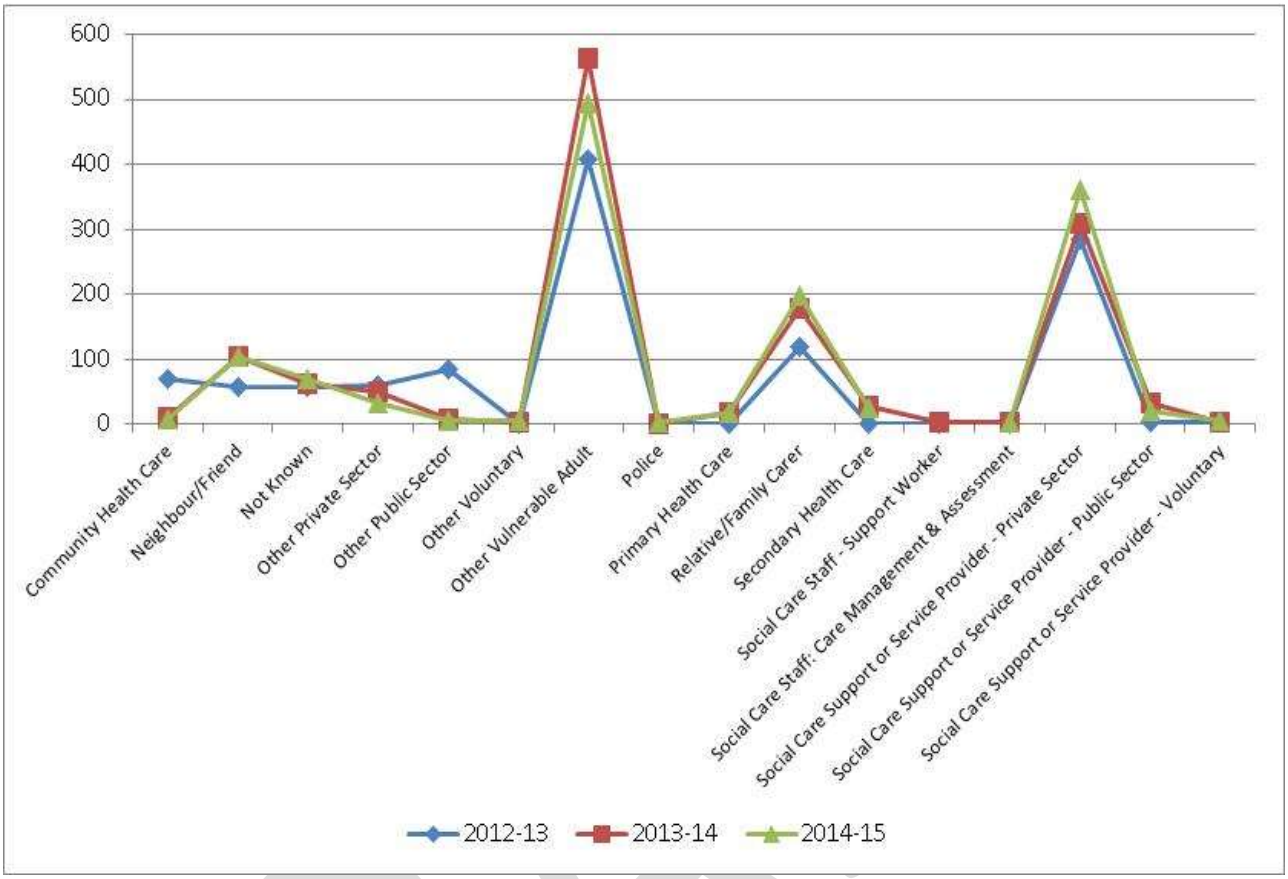
The most common location of reported abuse or neglect was the alleged victim's own home (357 of all referrals) closely followed by mental health inpatient settings (320) and nursing care homes (256 referrals).

The number of incidents reported in nursing care homes and inpatient mental health services reflects the number of incidents involving service users in both service groups, but this needs to be considered along with the information in the Table on page 12, Alleged Perpetrators.

The number of incidents in people's own homes represents potentially the greatest challenge to Safeguarding Adults at Risk of Abuse. It can be harder for statutory agencies to pick up concerns especially in situations where relatives or family members are the alleged perpetrator. This year has seen a focus on raising awareness of safeguarding and the Mental Capacity Act with GPs and Healthcare Professionals across Cambridgeshire and Peterborough. There has been a very good take up of this training which will help staff pick up signs of abuse when they see an adult at risk either in their surgery, clinic or in the person's own home. The requirement for training for home care agency staff has continued to be reinforced at providers meetings and through contract monitoring.

The SAB continues to raise awareness of the signs of potential abuse in the wider community by providing training to service users and service user groups within the community. The Network Group (representatives for service users, carers and the wider public) have been very supportive in helping with this area of work and it remains a key priority as we work to embed Making Safeguarding Personal.

Alleged perpetrators



This year the pattern of alleged perpetrators remains very similar with the number of referrals where other vulnerable adults are recorded as the alleged perpetrator being the highest (495). This again reinforces that incidents initiated by a service user against another service user are the highest single type of incident that is reported through the safeguarding process.

The next highest category is Social Care Support or Service Provider - Private Sector (362), followed by relative and family carer (197). The link between the alleged perpetrator being a relative or family carer and incidents reported as being in the person's own home is referred to on page 14.

There is a clear need to continue to find ways to address abuse where the alleged perpetrator is a member of staff particularly in the private sector. In Cambridgeshire the majority of the direct care provided in residential/nursing homes and by home care agencies is provided by the independent sector i.e. the private sector and the voluntary sector, with the private sector provision being significantly larger than the voluntary sector provision.

Where concerns are raised about poor performance against contract requirements or poor practice these are shared at a Bi-Monthly Information Sharing Meeting attended by the Council, the Care Quality Commission (CQC), Cambridgeshire Community Services NHS Trust, Cambridgeshire and Peterborough Clinical commissioning Group (CCG) and Cambridgeshire and Peterborough NHS

Foundation Trust. Information about concerns is shared and a multi-agency response agreed on how to address the concerns with the provider. The concerns may be raised through whistle blowing, or information gathered by any of the agencies attending the meeting through their visits to residential/nursing homes or appointments with people living in their own homes.

In a small number of cases (and where there are serious concerns), a Risk Summit has been held that includes all of the agencies previously mentioned along with representatives from the Police, Ambulance, Fire, Health and Safety and Environmental Health, if required. This allows the agencies to plan the best approach to ensuring compliance with all of the requirements (including legislative requirements) applicable in a care home or other care service.

Work to address the potential abuse of adults with care and support needs living in residential/nursing homes and receiving support in their own homes continues to be a high priority for the SAB and the training team will deliver tailored training courses for organisations following safeguarding concerns. The work to raise awareness within the wider community, described earlier, is an important part of this work – safeguarding adults is “everybody’s business” in the way that child protection has been promoted with the public.

The Health Sub Group which is Chaired by a representative from the CCG continues to focus on improving standards in nursing homes. This work is being informed by the issues that have been raised through the information sharing meetings.

Case conclusions

	2012-2013	2013-2014	2014-15	Trend
Investigation ceased at individual's request	-	2%	3%	⇧
Not determined/ inconclusive	16%	16%	17%	⇧
Not substantiated	20%	19%	21%	⇧
Partly substantiated	16%	14%	10%	⇩
Substantiated	48%	49%	49%	⇔

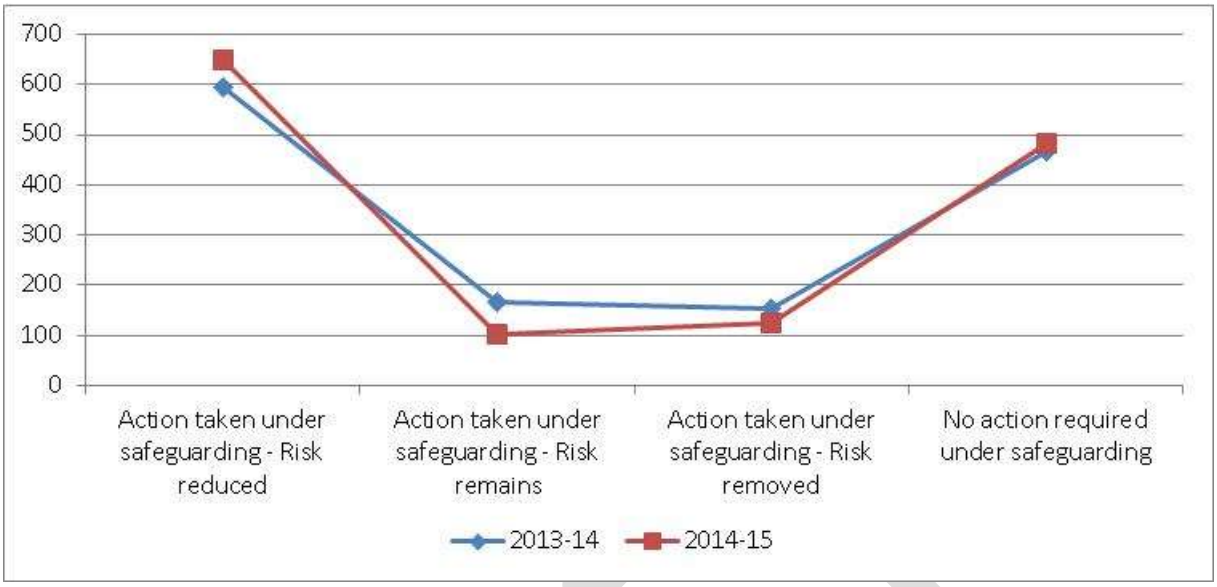
This table shows what the findings were at the end of the safeguarding process with a total of 59% being “substantiated” or “partly substantiated”. The safeguarding process uses decisions based on the balance of probabilities as opposed to beyond reasonable doubt as used by the Police.

The percentage of cases that were “not determined/inconclusive” has risen slightly for 2014/15. It can be difficult to prove an allegation of abuse one way or another, especially if the incident is un-witnessed and these cases would be described as “not determined/inconclusive”.

The percentage of “not substantiated” cases where the available evidence demonstrates that there was no abuse has increased, with partly substantiated having fallen which does reflect the difficulty when making decisions based on insufficient information.

The overall picture of case conclusions suggests that some of the referrals may have been better addressed through other interventions. Where the safeguarding approach is appropriate, changes to be introduced in the second half of 2015-16 will lead to more focused enquiries that will hopefully provide clearer evidence of what has happened in some situations, particularly in residential and nursing homes.

Outcomes for victims



This chart shows the recorded outcomes for victims of abuse, in terms of risk, for 2013-14 and 2014-15 as a result of the actions taken to respond to the safeguarding referral.

Where risks remain or are reduced rather than removed there will be a plan to monitor and review the situation, often with multi- agency input and information being shared to ensure that action can be taken quickly if there are further concerns.

Risks may remain, or be reduced rather than removed, where the person lives in their own home and does not want to move or be separated from a relative or family carer who may be the alleged perpetrator. Also, risk may not be removed where people continue to live in residential/nursing homes where other service users are instigating the aggression and it is not considered appropriate to move people to alternative services. This reinforces the importance of working with the providers of these homes to ensure that they have the skills and experience to manage behaviours that may be challenging.

It is important to note that there has been an increase in the number of cases where the risk has been reduced and a similar number of cases with no action required under safeguarding. The situations where no action was required under safeguarding reflect the types of situations that could be better addressed by other interventions as described earlier in the report.

The Making Safeguarding Personal approach will focus on the outcomes that people want from the response to the alleged abuse or neglect that they have suffered. A new approach to capturing the outcomes and the extent to which these are achieved will be developed during 2015-16.

Measuring the quality of the safeguarding process

A priority for the Board during the coming years will be to ensure that Making Safeguarding Personal is embedded into the work of safeguarding adults as outlined within the Care Act.

Work will continue to:

- Introduce changes to practice, procedures and training to support the implementation of the Making Safeguarding Personal approach
- Develop a way to capture the desired outcomes of people who have been abused or neglected and are involved in the safeguarding process
- Improve the outcomes for people who have been involved with the safeguarding process
- Ensure Safeguarding Adults Reviews (SARs) provide effective opportunities to learn and improve collaborative working
- Using the Network Group (representatives for service users, carers and the wider public) to ensure safeguarding is embedded within the community
- Stronger links with Peterborough Adult Safeguarding colleagues

Quarterly reports are produced for the SAB in relation to the safeguarding activity. Ensuring that the Board learns from individual experiences of the safeguarding process and guaranteeing that standards are maintained will be an ongoing priority and area of development for the coming years.

How have we worked together to safeguard adults from abuse?

Making Safeguarding Personal in practice is to ensure that the service user is consulted throughout the process as to what outcomes they want to achieve, in essence, to remain person centred and not to be process driven.

Case Study

A telephone call was made by neighbours to the police who were concerned about a group of people gathered in a garden of a derelict looking property in their street. They were concerned as there was a lot of noise and other anti-social behaviour.

The police attended and whilst they moved the people on they checked the property and found that someone was inside. As the property was in a derelict state they were concerned that someone was living in such conditions and made a safeguarding referral to Adult Social Care as they were concerned about self neglect of the individual.

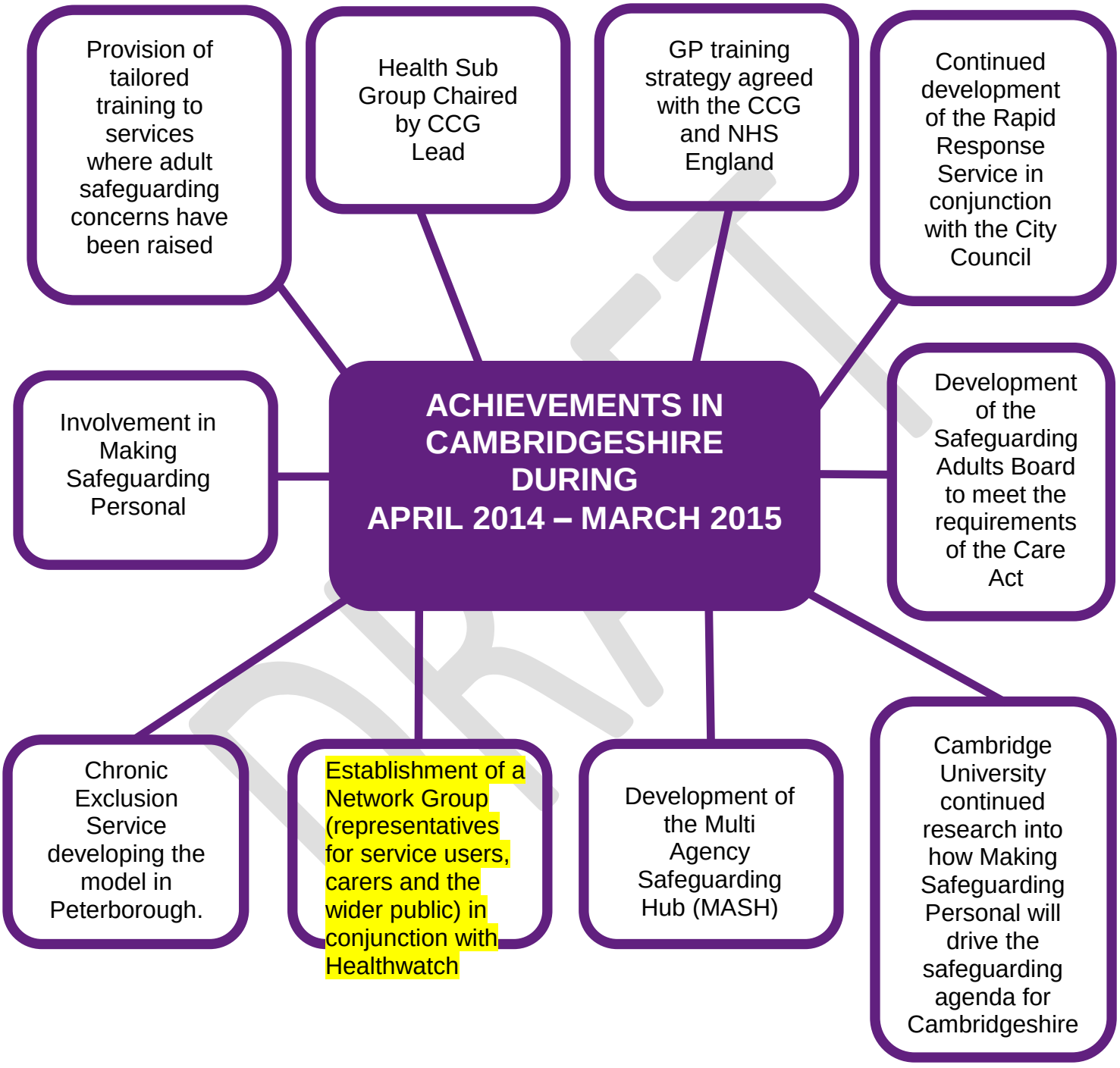
A joint visit with a Police Community Support Officer (PCSO) and a Social Worker was arranged and they discovered that Charmaine was living in the property and was locked in by her sister. Charmaine was in her 60's and said she was waiting for her sister to return as usual that day. She was not able to unlock the door as her sister had the key. Charmaine spoke through the door and explained that her sister visited her every day and brought food for her. The concerns were now about neglectful behaviour of her sister to her.

From the initial discussion with Charmaine there were concerns that she may not be making decisions about how she wanted to live and her sister was imposing this way of life on her. There was a concern that she may have a learning disability. A plan was made for the PCSO and the Social Worker to work on building a trusting relationship with Charmaine and keeping her at the centre of all decisions and establishing what she wanted to change in her life, if anything. This was achieved over a period of several weeks until she felt able to give contact details of her sister. Access was eventually gained and the living conditions of Charmaine were very poor. She was thin and had no means of cooking or washing. She was poorly clothed and not appropriately for the weather and was not able to keep herself warm. The condition of the property meant there were environmental concerns. The Social Worker was able to work with Charmaine to support her to make decisions about her life and worked at her pace to make positive changes she wanted to make. She still wanted a relationship with her sister and this was supported. She was also supported to move to another property which she settled into well.

The feedback from her has been positive and the outcomes she identified have been achieved.

A multi-agency approach supported Charmaine and the outcomes she achieved were those identified by her over time. She now lives amongst new friends she has made and reports she has been given a new life.

What have we achieved?



Safeguarding Adults Team Training and Development

Introduction

The County Council's Safeguarding Adults Training Team offers training to our statutory partners and independent, private, voluntary and charitable organisations across Cambridgeshire.

A commitment towards improving the lives of adults at risk remains central to the work of the team, which is reflected in the changes to be made to the training in the coming year, in light of the Care Act 2014.

Staffing

The Safeguarding Adults specialist training team is made up of three part-time trainers and a manager, supported by 1.5 administrators.

In April and May 2015, a Training Organiser and Training and Development Manager were recruited and further recruitment is taking place to maintain the team with three part time trainers.

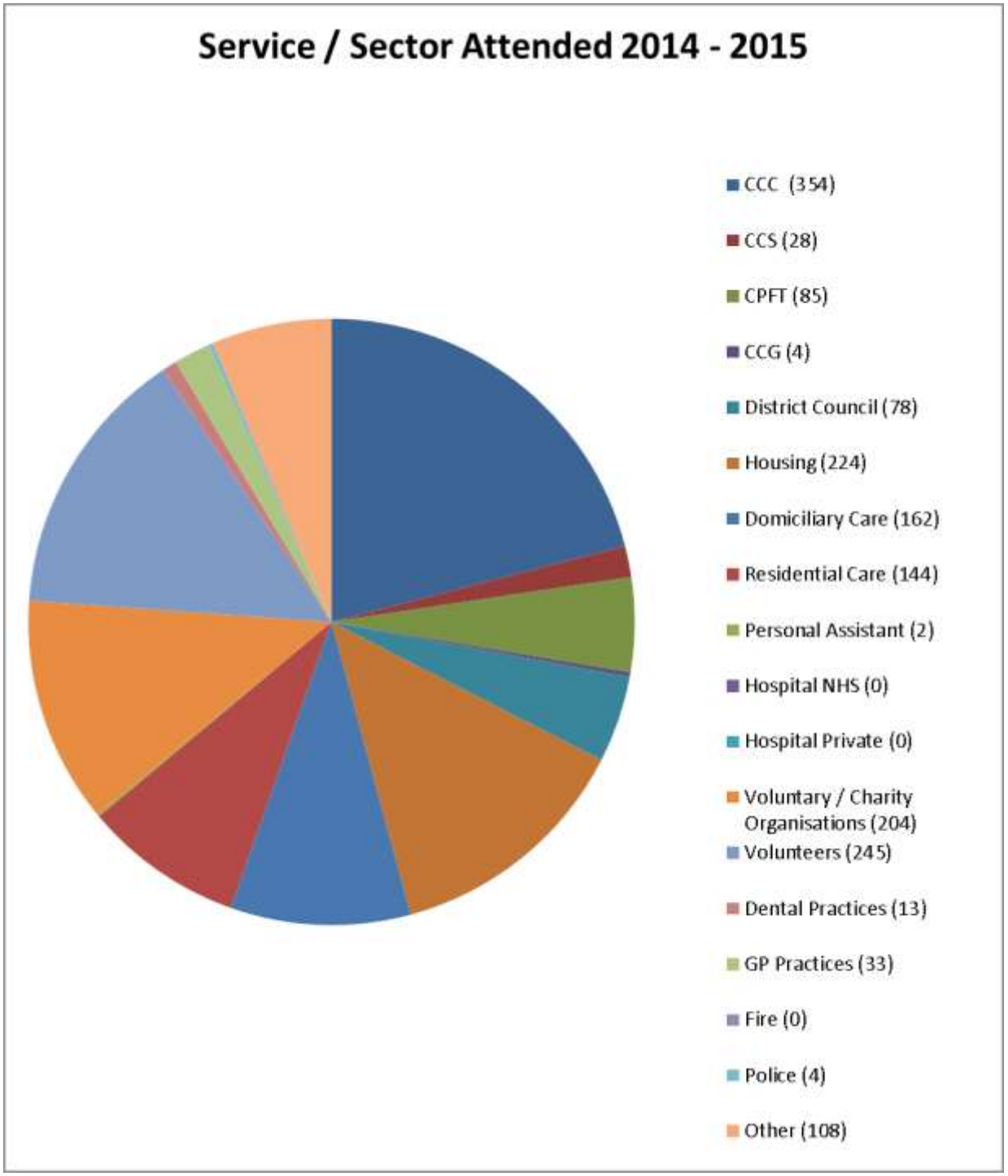
There is a wealth of knowledge within the new team structure, with experience and knowledge of safeguarding adults and professional further educational experience; with the result that we are able to ensure that training sessions are structured for the maximum learning benefit of the attendees.

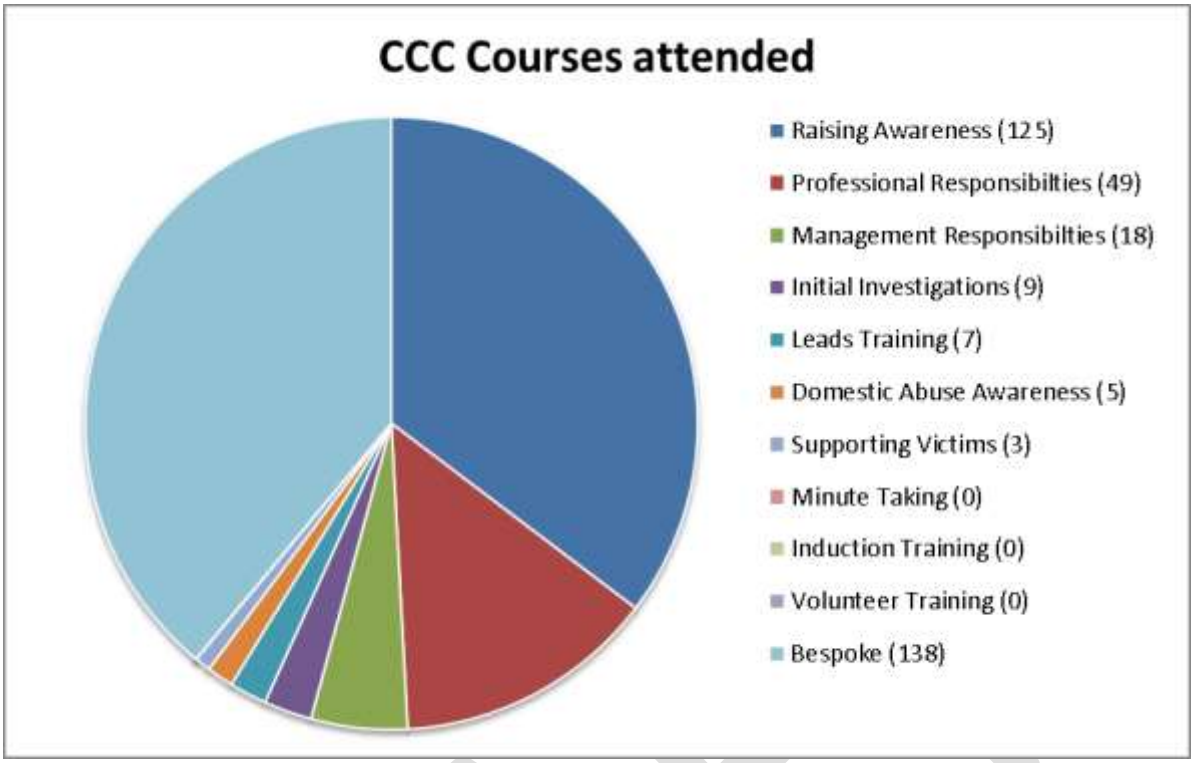
Training Figures

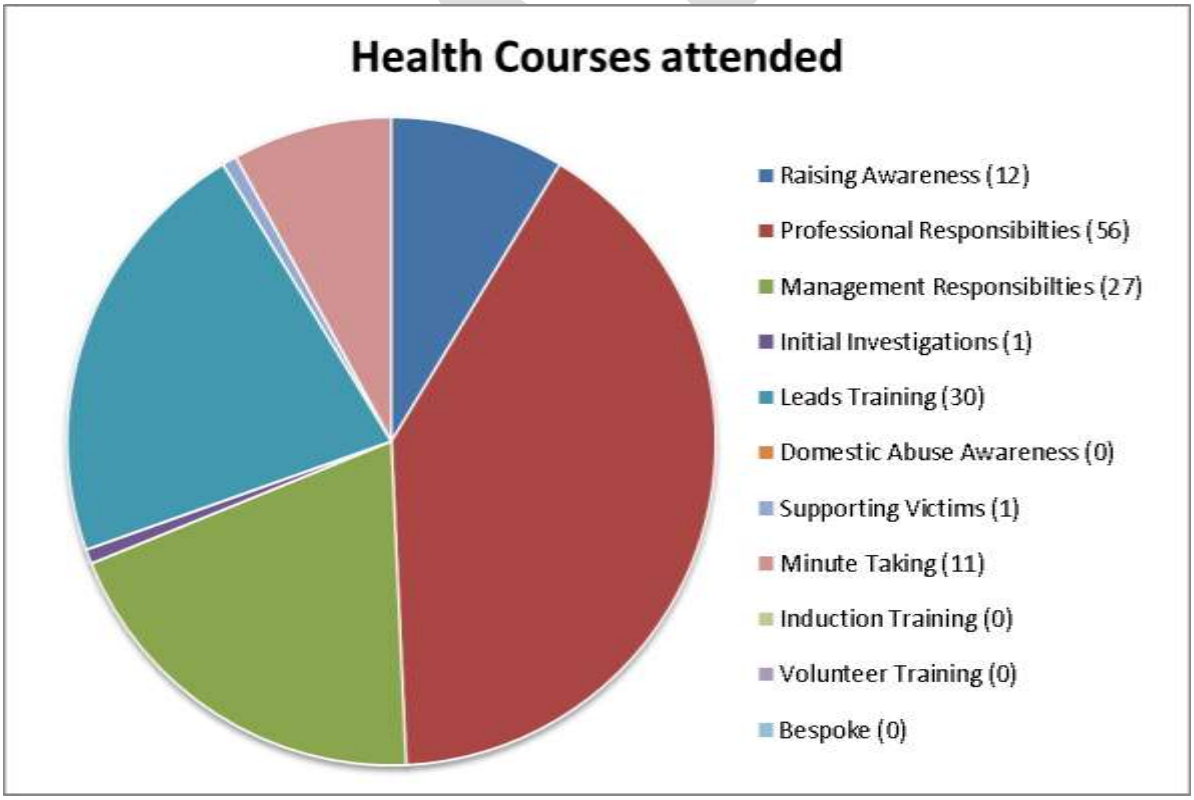
- We have noticed a decrease of attendees at courses of 11% from the previous year 2013-2014 – a substantial factor that relates to this figure is that the majority of courses were cancelled in February and March 2015, due to the forthcoming changes in national guidance and pre-empting the changes required to be made to the Council's Safeguarding Adults Procedures.
- 12 different set courses were provided – these range from basic awareness courses to more in-depth training for safeguarding leads. Awareness raising courses were the most to be provided, with other courses delivered based on the learning needs of attendees and the depth of information required, such as training on the responsibilities of provider managers. These courses do not include the many in-service (bespoke) courses we provide, or e-learning.
- There was a 10% cancellation rate by attendees.
- 20% of CCC staff failed to turn up to booked courses, compared to a 15% non-attendance of PVI sector attendees. Costs are incurred for failure of attendance and charges are made to recoup costs.
- There was an increase of numbers allowed on courses for more capacity.
- 15 provider agencies (care homes and domiciliary care agencies) have received bespoke (in-service) training.
- In total, there were 126 sessions provided during the year, with 1688 attendees.

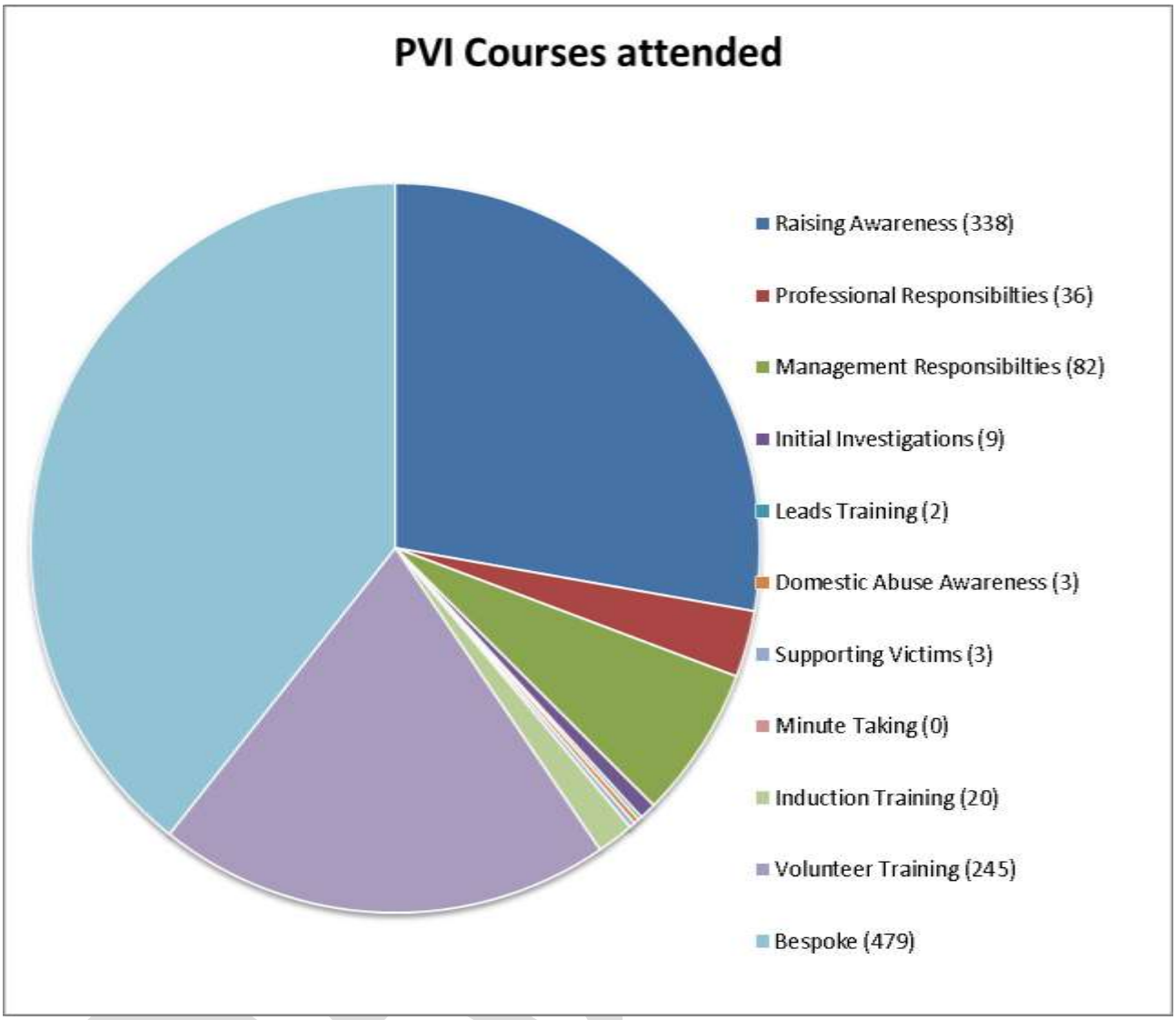
The team administrators also support the Mental Capacity Act and Deprivation of Liberty Safeguards Team with their training programme. These figures are not included in these statistics.

People trained




CCC Courses attended
Raising Awareness (125)
Professional Responsibilties (49)
Management Responsibilties (18)
Initial Investigations (9)
Leads Training (7)
Domestic Abuse Awareness (5)
Supporting Victims (3)
Minute Taking (0)
Induction Training (0)
Volunteer Training (0)
Bespoke (138)


Health Courses attended
Raising Awareness (12)
Professional Responsibilties (56)
Management Responsibilties (27)
Initial Investigations (1)
Leads Training (30)
Domestic Abuse Awareness (0)
Supporting Victims (1)
Minute Taking (11)
Induction Training (0)
Volunteer Training (0)
Bespoke (0)



The private, voluntary and independent sector continues to represent the largest percentage of overall course attendees with people attending our Raising Awareness course and in-service (bespoke) training being arranged for providers.

Course and Resource Development during 2014 to 2015

Many changes were planned in light of the Care Act, which was outlined in a Training Team Care Act Action Plan, which considered reviewing the content and structure of courses, linking to national guidance and the new Safeguarding Adults Policy and Procedures.

An Adult Safeguarding and Mental Capacity Act Training Strategy for GP Practices was written in consultation with the CCG and Peterborough City Council. Bespoke training sessions have begun and will run throughout 2015/2016.

A joint training programme between the Safeguarding Adults Team and the Education Child Protection Service continues to be developed, in light of the changes from the Care Act.

An effective working relationship has continued with the Diocesan of Ely Safeguarding Officer to review their training and contribute towards updating knowledge of internal trainers on adult safeguarding.

The e-learning package has been replaced to reflect the implementation of the Care Act 2014, with a huge increase in people accessing it – these figures will show in next year's report. E-learning continues to be a free resource and available to all organisations and members of the public, including informal carers and people who use services.

Future work plan

The Adult Safeguarding Training Team and the Adult Safeguarding Training & Development Sub Group, will work towards the objectives laid out in the Safeguarding Adults Board's Business Plan for the next year – Priority Area Three - updated to reflect the changes required by the Care Act.

Core objectives for the team for the next year include targets set in the Training Teams Care Act Action Plan. The Action Plan was updated in June this year (2015) to now have a clear definition of tasks required and SMART targets, which include a complete review of all courses and redesign of the range of courses and content of those courses, to ensure they are Care Act and Cambridgeshire County Council Safeguarding Procedure compliant. A central theme for the proposed courses will be Making Safeguarding Personal, with outcomes of courses aimed at meeting the learning needs of course attendees and ultimately adults who may be at risk. The Action Plan will be taken to the Safeguarding Adults Training & Development Sub Group.

To be able to take a systematic approach to updating courses, as identified in the Action Plan, a framework, with SMART targets, is being developed by the team, whereby, every course will be scrutinised and either radically updated, or broken down, with relevant information used, where appropriate, in future training. Main drivers for training courses in the future will be to meet the requirements of the Care Act, provide practical guidance relating to the different types of abuse (including domestic abuse, self-neglect and modern slavery) and guidance on how to respond to concerns and how to evidence decisions made – with a central theme of making safeguarding personal – the adult at risk should be central and involved in any safeguarding activity or decision made.

Cambridgeshire Chronically Excluded Adults (CEA) Service

Cambridgeshire County Council is partnered with other statutory and social sector organisations and is the lead organisation for this service for specific individuals with severe and complex, multiple needs often leading chaotic lifestyles. The success of the service lies in achieving strategic buy-in and bringing the right people and agencies to the table. It also provides a single point of contact for service users to help them navigate access to services, co-ordinate provision and follow and support them through the journey to increased stability and safety with the goal of providing the space to rebuild their lives.

The CEA service has been in operation since 2011 and has worked with 60 complex needs clients over the period primarily to achieve an increase in client well-being, a reduction in costs to public services through reduced arrests and court appearances, planned treatment interventions rather than emergency responses and improved engagement with existing services.

2014/15 Update

The CEA Team has worked hard in 2014/15 to continue to ensure that the co-ordinated approach is supported by relevant services. The Operational Group that oversees the work has expanded to include regular attendance from Probation, Adult Social Care and the IDVA service, reflecting the nature of the complex needs client group. The group also welcomes representation from Huntingdonshire and East Cambridgeshire District Councils to add to its knowledge and experience base, therefore providing a better service to clients in those parts of the county.

In November 2014, the district authorities were successful in a bid for extra funding from the Department of Communities and Local Government. Some of this funding was allocated to enable Cambridgeshire County Council to team up with Peterborough City Council to develop the CEA approach in Peterborough. Peterborough is keen to embed the CEA approach to address the issues facing their complex needs population and the CEA team have been working with the colleagues in Peterborough since the funding was allocated. 2015/16 promises to be an exciting venture in this partnership.

Voices from the frontline

The CEA Team and service users have taken part in the Voices from the Frontline Project hosted by the MEAM Team. One of our service users took part in the project aimed at giving service users a wider voice when influencing policy at a National level. Paul (front, second left) and CEA Co-ordinator Marie (rear, far right) met with other service users and stakeholders in Nottingham.

Paul and Marie were invited to sit on a panel of expert contributors at the project launch in November at Westminster. The panel, Chaired by Baroness Tyler, set out the vision for the project to a large and varied audience of interested participants. The Solutions from the Frontline Report was published in June. A link to the full report can be found below

http://meam.org.uk/wp-content/uploads/2013/04/Solutions-from-the-Frontline-WEB.pdf

The CEA Approach

Since 2011, the CEA Team has used the MEAM methodology to drive its work. The team have spent time this year producing information on the approach locally to demonstrate why the Cambridgeshire service has been one of the most successful in the country. This has become particularly relevant this year following the publishing of the MEAM year two analysis of the work (link below), in February 2014.

http://meam.org.uk/wp-content/uploads/2014/02/MEAM-evaluation-FTI-update-17-Feb-2014.pdf

The analysis showed that the Cambridgeshire service saved an average of £958 per client per month. This once again drew national attention and during 2014/15, the CEA Team have been invited to seminars and workshops to share good and innovative practice in Norfolk, Newcastle, London and Blackburn. CEA also hosted services from across the country who came to see the work and what they could learn.

Trans-Atlantic Practice Exchange

Early in 2014, Homelesslink, the body that represents over 500 organisations working with the Homeless client group, approached the CEA Team to host a visit from the United States to exchange good practice. In June 2014, Aubrey Patiño from Avalon Housing in Ann Arbor, Michigan touched down in the UK. Aubrey spent two weeks with the CEA Team, meeting some of our partners and service users. Some of the cultural differences in the approach between the US and UK were stark and we all drew massively from the experiences. Aubrey's report of her experience can be found on page 44 of the paper below.

http://www.homeless.org.uk/sites/default/files/site-attachments/Homeless%20Link%20-%20Transatlantic%20Practice%20Exchange%202014.pdf

Rapid Response Service

The Rapid Response Service (RRS) has operated since October 2013 as part of the Single Homeless Service (SHS). The service comprises two full-time Rapid Response Workers (RRW) that sit within the Adult Safeguarding Team at Cambridgeshire County Council.

The SHS aims to reduce homelessness by providing a swift route in to appropriate accommodation for clients with low support needs. The primary issue for these clients is their housing difficulty and inability to find a route out of homelessness. They are clients where there is no statutory obligation to support but who may end up accessing supported accommodation schemes which they do not need other than to provide shelter. Both RRWs hold a caseload of clients and provide support, information and guidance to navigate individuals out of their homelessness. As well as supporting Housing Officers to provide a thorough assessment of each applicant's eligibility for the service, RRWs can offer support for up to 12 weeks after clients access accommodation during which time any longer term needs can be identified and a referral to appropriate services made.

Origins
In Cambridgeshire, the SHS was created using a sub-regional grant as part of the national governments' 'No Second Night Out' initiative. It had been raised at a number of partnerships meetings in Cambridgeshire, that accessing support and guidance was crucial at the set up stage of any new accommodation to give it the best chance of success. Given that the target group for the SHS was low needs homeless clients, an early, short, targeted intervention to enable this was felt to be crucial. The RRWs could also work with applicants to identify underlying issues which may have led to them becoming homeless and provide support or signposting to agencies that could help address these issues.

Methodology
The SHS is open to referrals from any of the Housing Advice departments within the Cambridgeshire sub-region. A client will present at their local authority and be assessed by a housing adviser. If they meet the initial criteria, an assessment form and information disclosure document is completed by the client and passed back to the housing adviser. The advisor creates an Inform page for the client allowing easy access to relevant information for supporting services. The advisor also creates a separate SHS page, linked to the client's main Inform record. This generates an automatic e-mail to the RRWs.

On receiving a referral email, the duty RRW will allocate the case and send the information disclosure document to the police for a background check. This is to adhere to the lone working policy. The RRWs contact the client to arrange a more in-depth assessment. As a service we aim to contact the client within two working days. This contact however, is normally made on the same day as receiving the referral. The RRWs arrange to meet the client at a time and place which is convenient for them. First appointments are typically at the local authority offices. This can be flexible to meet the need of the client. As a service we aim to see client within five working days.

The RRWs carry out a further in depth assessment using the information provided by the housing advisor as a starting point. If the client is eligible and accepted onto the service, the RRWs look at options available to them. This may be placing them on our waiting list for our Town Hall Lettings properties, looking into private rented accommodation or making referrals to youth or adult services. If, after assessment, the client is ineligible the RRW would signpost to relevant services or refer back to the Housing Adviser.

Referrals and Outcomes

- There were 183 referrals to the SHS in the first year 1/11/13 – 31/10/14. These clients were all assessed by the RRS.
- 91% of referrals were seen by a RRW within seven working days of the referral. Initial contact with all clients was attempted within two working days, a majority of times on the same day. RRWs were able to set up appointments with all clients who were able to respond.
- Referral quality and quantity increased in the third and fourth quarters as the service smoothed out teething problems with the method and understanding of the process.
- The RRS has supported 72 clients into accommodation in the first year of operation.
- 22 clients have found their own accommodation after initial support from the RRS.
- Following assessment by a RRW, 24 clients were found to be ineligible for the scheme, their support needs being too high.

Budget

The RRWs have access to a solutions budget that can make the difference in successfully taking someone from homelessness to independent accommodation. The budget does not replace existing funding streams and is only used where no alternative can be found.

The use of the budget has been entirely within the year 2014/15 which coincides with the majority of private rented accommodation sourced by Town Hall Lettings. Approximately 90% of the budget is spent providing the client with furnishings or appliances to make unfurnished properties habitable. Funds have also been used to support clients with food or households goods in the first stages of set up when moving costs have proved prohibitive and with transport to enable clients to access appointments, work or training until they have been paid.

Case Study

The positive impact that the RRS can have on lives is best demonstrated with a case study.

<u>Amir</u>

Amir approached our service in January 2014. He is now living in self-contained accommodation in Cambridge.

“I moved to England 15 years ago as a refugee, fleeing Iran. I’ve lived in Cambridge for the majority of this time, living in shared houses and spare rooms whilst my immigration status was sorted out. I’m now able to look for work.

I did have a settled place to live through a lettings agency. However, with average rent prices rising, the landlord decided that he was not making enough money from the property. He re-let the whole house to students and I was served notice to leave.

At this point, I didn't know where to go. I had no job, was relying on benefits and I couldn't find another place. In desperation, I slept on the floor of the letting agency office (I had obtained a key) until they found out.

I then spent two years living in a garage of a friend's house. The garage had no heating or light. It was so cold – I can still feel the cold to this day. My health deteriorated – my heart condition worsened, my back pain increased, my eyesight was damaged from the low light, my ear canal was damaged from the effect of the wind and now I have problems with balance and dizziness. I showered at the local mosque; I used the customer toilets at the local supermarkets. I kept praying for a way out of my situation as I just couldn't cope. Eventually, a friend recommended I contact the Council.

My housing adviser helped me obtain a bed space at Jimmy's and from there I obtained a room at The Springs. My support worker helped me with bidding and after a few months I was offered my own place. I just couldn't believe it – I just cried. Things are looking up for me. I'm applying for a passport, which will enable me to see my family, who I haven't seen in nearly 20 years. I'm looking to get work – I'm a trained welder and gas engineer.

I'm still scarred though. The effects of homelessness – the physical pain, the painful memories – will be with me forever. But at least I can start looking to the future."

Future Planning

The Rapid Response Service as part of The Single Homeless Service has proved to add an additional support mechanism that allows Housing Advisers an option for low needs clients that did not previously exist. The service currently receives on average between one and two referrals per day, demonstrating that a need for this option is required.

Anecdotal information suggests that there are also a reduced number of low support needs clients using supported accommodation options, freeing up space for those who need this type of housing. The effectiveness and need for this type of service to not only provide an option for low needs homelessness but also to free up resource for higher need clients is tangible.

The Rapid Response Service is currently reviewing its procedures and processes using learning gained from the first year of the project and also feedback gained from clients. By doing this, we hope to consolidate the good work achieved to date and improve the service that we offer. The service also will seek to be part of a wider project group to explore the longevity of this essential service and capitalise on innovative collaboration between voluntary sector and local government within a two tier authority.

Local Authority Responsibilities under the Counter Terrorism and Security Bill

The Counter Terrorism and Security Bill ("the Bill") was introduced into the Commons on 26 November 2014.

The Government asked Parliament to fast track the Bill because of the increased threat posed by terrorists, in particular as the result of the involvement of Britons in the Islamic State of Iraq and the Levant (ISIL) Insurgency In Syria. The Bill received Royal Assent in March 2015.

Chapter 1 – Preventing people being drawn into terrorism

This part of the Bill is intended to put the existing Prevent programme on a statutory footing. The Notes say that this programme relies on the co-operation of many organisations to be effective and that currently such cooperation is not consistent across the country.

Clause 21

This clause imposes a duty on specified authorities in the exercise of their functions to have due regard to the need to prevent people being drawn into terrorism.

The authorities are those specified in Schedule 3. The list includes local authorities, educational institutions, penal institutions, health bodies such as NHS trusts and police forces.

The list of educational institutions includes: higher education institutions eligible for public funding and universities with the power to award UK degrees, regardless of whether they are publicly funded; further education institutions funded by the Secretary of State (this would include sixth form colleges funded by the EFA) or by the SFA (i.e. further education colleges); state maintained and independent schools and academies; institutions preparing more than 250 students for qualifications regulated by Ofqual. This will cover most privately funded schools and colleges**.**

Clause 25

This gives the Secretary of State power to issue directions to a specified authority that she is satisfied has failed to discharge the cl.21 duty. Such a direction can be enforced by an application to the courts for a mandatory order.

Chapter 2 – Support for people vulnerable to being drawn into terrorism

This will be of concern to local authorities and other specified authorities who are treated as the partners of the panels already established. This part of the Bill is intended to put the existing voluntary Channel Programme on a statutory footing. The aim is to underpin the Programme and improve co-operation between authorities.

Clause 28

This requires local authorities to establish panels of persons to assess the extent to which identified individuals are vulnerable to being drawn into terrorism. "Identified individual" means an individual who is referred to the panel, on reasonable grounds, by a chief police officer, for an assessment of their vulnerability. Once an individual is identified as so vulnerable, the panel's functions are to prepare a plan to support them to reduce their vulnerability, arrange that support, review the plan and revise support, or withdraw support.

Clause 30

This clause requires that the partners of a panel must, so far as appropriate and reasonably practicable, co-operate with the panel and the police in the carrying out of their respective functions.

Co-operation includes the giving of information, but not if disclosure would contravene the Data Protection Act or result in the disclosure of information about or obtained through or held by the intelligence services.

Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) have been subject to considerable criticism ever since their introduction in 2009. However in March 2014, two events inflicted further damage to its already tarnished reputation. First, we have the House of Lords' post legislative scrutiny committee on the Mental Capacity Act publishing a report that concluded the DoLS were not "fit for purpose" and proposed their complete replacement. A few days later, a Supreme Court judgment not only widened the definition of the deprivation of liberty through the "acid test" but also the settings where it could occur to include supported, shared lives accommodations and even people living in their own homes if the state is found to be imputable. The fact that the living arrangements were comfortable and made life enjoyable, made no difference as according to Lady Hale – "a gilded cage is still a cage".

The "acid test" as revealed basically determines whether the person concerned was under continuous supervision and control, and not free to leave. Both conditions must be satisfied in order to amount to a deprivation of liberty. Whilst the "acid test" has clarified the factors in determining what constitutes a deprivation of liberty, it also meant that anyone meeting this definition would be deemed to be deprived of their liberty. Hence, potentially it will affect thousands of people across England and Wales that do not have the mental capacity to give valid consent to their placements in hospitals or care homes. This will include many older people with dementia or people with severe learning disabilities or acquired brain injuries.

Since March 2014, we have seen a significant increase in the number of applications for DoLS' authorisations from care home providers and hospitals across the County. For example, for the whole of 2013/14 we have had only 62 applications but for the same period in 2014/15, applications have gone up tenfold to 614 in keeping with national trends.

The Department of Health has accepted that there are difficulties with the DoLS and has asked the Law Commission to consider re-writing the legislation as to how deprivation of liberty should be authorised and supervised in settings other than hospital and care homes where it is possible that Article 5 and Article 8 rights would otherwise be infringed. The Law Commission has now published their consultation document on the proposals for law reform of the DOLS and we will be submitting our responses and views before the close of the consultation period in early November.

The financial implications of implementing the judgment and putting in place the necessary safeguards to protect a greater number of vulnerable adults are significant. Under the DoLS' procedure, these costs include:

- fees payable to section 12 Doctors who assesses a person's mental health
- independently employed Best interest assessors
- Court and legal fees for cases that need to go to the Court of Protection for authorisation.
- general administrative costs

It is a real possibility that significant financial and human resources may have to be diverted from elsewhere in order to meet our legal responsibilities under the MCA DoLS' regime.

In psychiatric inpatient settings, clinical staff will need to review the situation of all their informal patients who are incapable of giving their valid consent to their admissions and consider whether they are being deprived of their liberty. If so, they must then decide whether to use the Mental Health Act or the MCA DoLS to protect the person's rights. Potentially, this may result in more people being detained under Section 3 of the Mental Health Act and in turn, will have financial implications on the S117 aftercare budget. (S117 relates to some people who have been detained in hospital under the Mental Health Act 1983) i.e. "sectioned people" are entitled to free aftercare when they are discharged from hospital.

Children's services and especially the Fostering and Transition teams will also be affected by these changes as there are some young people who are unable to give valid consent to their placements. The MCA principles apply to people over the age of 16, hence issues relating to lack of capacity (as it would be in regards to DoL) must be addressed accordingly.

What we already know from case law is that those with parental responsibility cannot consent to their child's deprivation of liberty. This judgment is significant for Section 20 placements in general. In this regard, authorisation for a deprivation of liberty can only be obtained from the Courts, be it the Family Court or the Court of Protection.

In response to the ADASS' advice note, we have formulated an action plan to address the implications of the judgment and this will be taken forward through our MCA Management and Practice Group.

The Council has raised these issues at national and local level with colleagues to advocate for a central government response to acknowledge the challenging legal position that each local authority is facing. In particular, the scale of increased resources that may be needed to comply with the law and also to provide practical suggestions on how to meet the challenges to protect this vulnerable group of people as a consequence of the ruling.

A word from some of our Partners

Addenbrookes Hospital, Cambridge University Hospital NHS Foundation Trust

Cambridge University Hospital NHS Foundation Trust is a large teaching and academic health science centre providing services for the local community alongside a significant volume of regional and national work for specific conditions. The adult series are delivered within Addenbrookes Hospital; women's and maternity services are delivered within the Rosie Hospital.

Governance and Accountability

The Chief Nurse is the Executive Director with Board responsibility for Safeguarding across CUHFT. Safeguarding matters are reported through the Trust's quarterly Combined Adult and Children's Safeguarding Committee, which is chaired by the Chief Nurse. Information is taken forward to a sub-committee of the Board, the Quality Committee. The Trust Board receives biannual reports on safeguarding via the quarterly Quality Committee.

Attendance at the Adult Safeguarding Board meetings is prioritised. The Adult Safeguarding Lead attends those meetings of SAB Sub Groups concerning Health, MCA/DoLS and Practice and Training.

The Trust's presence at the NHS England regional adult safeguarding forum also ensures access to current information delivered by expert practitioners along with the benefit of discussion and collaboration with peer safeguarding leads across the local health economy.

These platforms provide timely access to new developments and contribute to an equity of approach across the region in this dynamic and evolving area of practice.

Reorganisation of local services has resulted in the supervisory body, Cambridgeshire County Council, taking the lead role in adult safeguarding enquiries, or causing enquiries to be made at CUHFT in cases where criminal action does not feature. The Adult Safeguarding Lead at the Trust continues to provide clinical reports and to take responsibility for the progression of enquiries so that they may fit appropriately within the delivery of acute clinical services.

2014-15 Achievements

- The Adult Safeguarding Steering group meets quarterly, attended by senior staff members from across the Trust. The group reports to the Joint Safeguarding Committee and then into a sub-committee of the Board. A Safeguarding Board report is submitted annually.
- The implementation of an electronic patient record system across the Trust was achieved in October 2014.
- Delivery of our safeguarding training plan continues. A clinically developed e-learning package providing adult safeguarding information is being installed to augment the basic awareness of adult safeguarding currently provided at the Trust's corporate induction sessions. The more in-depth face-to-face training to newly employed clinical staff, nursing students, overseas nurses and specialist teams such as the emergency department continues, with focus on MCA/DoLS and information regarding PREVENT.
- Materials including posters and booklets containing safeguarding information continue to be distributed across the Trust. Awareness and interest is further encouraged via the safeguarding forum, a Trust-wide group of 'link professionals' who meet quarterly for discussion and to hear presentations from subject matter experts. Recent talks from the

Local Authority Designated Officer, Multi Agency Risk Assessment Conference and from the operational adult safeguarding lead at CCC were well attended and received.

2015-16 Action Focus

- Consolidation of planned integration of the three strands of safeguarding across the Trust, and co-location of wider team – to include added services such as Learning Disability/Mental Health and Dementia.
- Further liaison and cooperation on cases with partner agencies, using newly implemented internal ASG policy.
- Continue to pursue better and timelier feedback on case enquiries raised for patients within the Trust.
- In light of newly implemented Care Act 2014 and the Making Safeguarding Personal agenda, to update our processes and policies in line with those of our supervisory body CCC once those guidelines are fully available.
- Continued emphasis on training, particularly for MCA/DoLS and the associated duties such as Best Interests process and engagement of advocates.

Age UK Cambridgeshire

Age UK Cambridgeshire is a local, independent organisation, often the first point of contact for older people or others concerned for the well-being of an older person, who may be suffering abuse. Worried friends and neighbours also turn to us at times when an older friend may not be caring for themselves as well as in the past. Our skilled staff offer information, advice, advocacy and support to older people and their carers and friends.

All Age UK Cambridgeshire staff and volunteers undertake specific safeguarding training, the Senior Operations Manager is the safeguarding lead and the Chief Executive is a member of the Safeguarding Adults Board. Reports on safeguarding matters are made regularly to our board of directors.

An important part of our role is to bring the views and opinions of local people to the Safeguarding Board so as to inform practice and policy development.

We work closely with our colleagues at Age UK Peterborough – with whom we are discussing the potential to merge our organisations – and this closer working will allow us to share information and intelligence across the wider Cambridgeshire & Peterborough area.

Cambridgeshire Community Services NHS Trust

The Trust has a full time Named Nurse for Adult Safeguarding in Luton, showing its commitment to the safeguarding agenda.

Senior Trust representatives are members of the multi-agency Safeguarding Adult Boards in Cambridgeshire, Peterborough and Luton and as such are integral decision makers in the development and implementation of the local safeguarding agendas. The Trust is also well represented on a number of Partnership Safeguarding Adult Board sub-groups; including Mental Capacity Act/Deprivation of Liberty Safeguards and Training and Development, Policy, protocols and procedures, Communication and Community Engagement and Audit, Information Sharing Provider CQC meetings and Best Practice Groups.

The Named Nurse for Adult Safeguarding is also a representative at the East Anglia and Essex Adult Safeguarding Forum, which meet quarterly and have recently published Adult Safeguarding Best Practice Guidance for NHS Services in East Anglia, which should be used alongside CCS Adult Safeguarding Policies.

The Trust has an established Adult Safeguarding Group, which maintains responsibility for the strategic overview of adult safeguarding within the Trust with attendance by local council safeguarding leads to enable information sharing across the partners.

The Named Nurse is a member of the Integrated Patient Safety Group and Harm Free Care meetings.

The Named Nurse in Luton works with Partner Agencies on Tackling Serious Youth Crime, MARAC and Chanel Panel groups and is the Lead Nurse for local PREVENT, attending the CCS PREVENT forum.

The Trust's incident reporting database Datix has been re-modelled to provide data on Adult Safeguarding concerns, ranging from potential and suspected abuse, to confirmed and reported episodes of abuse that are escalated to full investigation by the local adult safeguarding teams. The data provides an overview of clusters and trends with both internal and external providers of care that can be shared with local council leads. An improved process has been introduced to alert our hospital partners of incidents that may have resulted in poor or failed discharges.

The Trust's safeguarding adult policy supports local Safeguarding Adult Board Multi-Agency policies, is currently under review in light of the Care Act 2014. Once it is complete it will be available to all staff on the Trust intranet.

All recommendations identified from the Clinical Commissioning Group Deep Dive review of Adult Safeguarding within the Trust have now been actioned and implemented.

The Care Act 2014

The Care Act 2014 has made a number of changes to Adult Safeguarding:

- Sets out a clear legal framework for the first time as to how Local Authorities and other parts of the Health and Social care system should protect adults at risk of abuse or neglect.
- Changed the term vulnerable adult to adult at risk of abuse or neglect.
- Included new categories of abuse including, self-neglect, modern slavery and trafficking and domestic violence.

- The Care Act places a duty on Local Authorities to make safeguarding enquiries or to ask others to make those enquiries. This will include health agencies.
- The Care Act requires Local Authorities to set up Safeguarding Adult Boards; these are currently well established within Luton, Cambridgeshire and Peterborough and are attended by senior Trust members.
- The Care Act requires that Safeguarding Adult Reviews are held to ensure that lessons are learnt to improve future practice.

The Named Nurse for Adult Safeguarding is currently working with their local authority partners to develop policies in line with the current guidance. These are to be implemented in April 2015. Changes will be reflected in all Adult Safeguarding teaching sessions.

Mental Capacity Act
In April 2014 NHS England published A Guide for Clinical Commissioning Groups and other commissioners of health care services on Commissioning for Compliance. This document ensures compliance with the Mental Capacity Act 2005 and sets out the duties that providers have in ensuring that the rights of those receiving care and treatment who lack capacity are made based on the 5 Principles of the Act.

CCS Named Nurse for Adult Safeguarding is currently working collaboratively with HPFT Named Nurse Adult Safeguarding to develop a template for recording mental capacity assessments on SystmOne.

Deprivation of Liberty Safeguards (DoLS)
Following the publication of the Supreme Court Judgement P v Cheshire West and Chester Council in March 2014, changes have been made to the Deprivation of Liberty Safeguards. There has been a large increase in the referrals to Local Safeguarding teams within local authorities for DoLS assessments.

Adult Safeguarding Training
The target for compliance for staff attending adult safeguarding training is 95%. Performance against this target is outlined below.

Cambs City & South	87%
Huntingdon	92%
Ely and Fens	92%
Corporate Services	93%
Peterborough	82%
Luton	96%
Luton Specialist Services Children's	95%
Cambs City & South Section 75	N/A
Overall Children and Young People	88%
Overall Specialist Services	93%
Luton Children and Young People	89%
Luton Specialist Services	100%
Overall Summary CCSNHST wide (figures in brackets are 2012/13 data)	92% (84%)

** Available by specialty only

E- learning packages are available on the intranet for Adult Safeguarding, MCA and DoLS.

Safeguarding Champions
A small cohort of staff within Luton attended a University of Bedfordshire run course sponsored by Luton CCG and Luton and Dunstable Hospital.

Champions attended one day of learning per month for seven months. Topics covered included domestic abuse, mental capacity, record keeping and deprivation of liberty safeguards. We now have 4 safeguarding champions within adult services in Luton, with a keen interest and increased knowledge of safeguarding issues. It is hoped that a further course will run over 2015 in order to increase Champions at operational level.

Lessons Learned
A programme is underway for all clinical staff to attend workshops to understand the governance process, discuss lessons learned and identify better ways of working. The scenarios were adopted from serious incidents, complaints and safeguarding investigations that have occurred over the previous year. The focus is on local issues, learning from other's experiences and translating learning into best practice in a supportive environment. Over a hundred staff have attended this quarter so far. The hope is to enable staff to attend one session per quarter on an on-going basis.

Adult safeguarding - key actions for 2015-16:

- Increased number of staff to complete higher levels of adult safeguarding training to provide a more in-depth knowledge of safeguarding and to support the investigation process.
- Safeguarding adult competencies are currently being reviewed in light of the Care Act 2014. The new competency framework will be rolled out to all staff once review is complete.
- Audit and review of safeguarding systems and processes, to ensure accurate collection of safeguarding information across the whole organisation.
- Ultimately, no reported cases of adult neglect attributed to CCS.
- Identify further staff to 'champion' safeguarding within CCS operational services.

- Engagement with regional Learning Disability work streams and enlist in-service champions.
- Multi-agency partnership work to focus on reporting mechanisms and thresholds.
- Integration of Care Act 2014 recommendations regarding adult safeguarding into both policy and practice within the Trust as soon as guidance has been completed.
- Ensure that all staff are updated with the new DoLS guidance.
- Increased awareness for staff in relation to emerging trends e.g. domestic abuse, sexual exploitation and modern slavery.
- Enable staff to attend a local lessons learned workshop.
- PREVENT is part of the government's anti-terrorism strategy CONTEST, that aims is to stop people being drawn into or supporting terrorism. The Trust has a cohort approved Workshop to Raise Awareness of Prevent (WRAP) Trainers who are rolling out a prioritised programme of awareness training to staff based on the NHS England guidelines published in January 2015 and will meet the stated requirement of 85% compliance with WRAP training within 3 years. We are also actively engaged with local and regional CONTEST meetings.

Training Delivery

- PREVENT Basic Awareness is delivered to all staff; as part of a proactive initiative, this has been delivered to staff as part of the Corporate Induction programme since August 2014.
- Basic Awareness training for staff that joined before August 2014 can be provided through local service based workshops.
- Knowledge, skills and compliance are reviewed annually as part of an individual's appraisal.
- WRAP3 training has been delivered in a number of ways:
    - Through in-house sessions delivered 8 weekly at various CCS NHS Trust venues with a maximum of 40 participants at each session.
    - Through external agencies who can deliver appropriate training; including Cambridgeshire & Bedfordshire Police and Luton Council. Both inter-agency and multi-agency training can be utilised for WRAP delivery.

WRAP3 Training Trajectory

- The Trust has 616 current members of staff that require WRAP3 training.
- The in-house training programme provides 240 places per year; this combined with the estimated 60 external training places per year will allow the Trust to become 85% compliant in fewer than 2 years.
- Currently the Trust has 17.9% of those requiring training trained.

Cambridgeshire Constabulary

A criminal investigation is but one outcome of effective safeguarding activity and the Constabulary is committed to delivering safeguarding primarily through a countywide Multi-Agency Safeguarding Hub which increases the opportunity for agencies to share information quickly and speedily. This enhances the opportunities for partnerships to ensure risk is identified and responded to in the most effective manner, leading to better outcomes for vulnerable people. A safeguarding approach is now embedded across the organisation from the moment of first call, with resources being prioritised based on an assessment of threat, risk and harm.

Cambridgeshire Constabulary is committed to working with partners to safeguard vulnerable adults and has a specialist Adult Abuse Investigation and Safeguarding Unit (AAISU) within the Public Protection Department. The unit works closely with the Multi-Agency Referral Unit with an established referral pathway, referring on to the AAISU where necessary.

Cambridgeshire County Council Drug and Alcohol Action Team (DAAT)

The drug & alcohol recovery service has appointed 5 Safeguarding Leads in all localities with expert support provided through 3 designated social workers.
The lead social worker and 2 service managers have also attended training to incorporate the new Care Act into the assessment process.

A recent survey of DAAT commissioned services SOVA training has highlighted all frontline staff in the drug and alcohol, offender accommodation and hostel services possessing current SOVA level 1 with this being a mandated training requirement for all new entrants.

Cambridgeshire Safer Communities Partnership team (CSCPT) is further committed to the development and deployment of safeguarding through attendance at the Adult Safeguarding Training Sub Group by a designated officer.

Domestic Abuse Update

A Domestic Abuse and Safeguarding of Vulnerable Adults Action Plan was implemented in 2013 and updated in early 2015 to capture work that overlaps or links the two areas. The actions continue to be delivered.

The number of adult safeguarding cases with a domestic abuse element in 2014-15 was 79, this is slightly less than the 84 recorded in 2013-14.

The Care Act came into force in April 2015, setting out for the first time legislation around adult safeguarding. Domestic abuse is now a national category of abuse for adults at risk from harm (the new term for vulnerable adults).

The Partnership have undertaken some work with VoiceAbility, a support and advocacy organisation for adults with learning disabilities, to raise awareness of domestic abuse amongst this client group. The Speak Out Council of service users at VoiceAbility approached the Partnership as a result of personal experience where a domestic abuse survivor with learning disabilities found it hard to find accessible information and support. The Partnership Officer worked with the Speak Out Council to develop accessible versions of posters which were distributed to specialist organisations throughout the county. VoiceAbility were also commissioned to create an Easy Read version of the Opening Closed Doors leaflet which they did in collaboration with the Speak Out Council. The resulting booklet was distributed both locally and nationally and received positive feedback from

professionals in learning disability services across the UK. This work was nominated and finalised under the Breaking Down Barriers category at the National Learning Disability and Autism Awards 2015.

Cambridgeshire Fire and Rescue Service

Cambridgeshire Fire and Rescue Services vision of a safe community where there are no preventable deaths or injuries in fires or other emergencies continues to be its ethos.

We have instigated multi-agency de-briefs should a fire death occur. Agencies involved with the individual work in partnership to ascertain if together we could have intervened to prevent this fire from occurring, as well as identifying any similarities in individuals' life style choices with incidents of a similar nature.

One finding identified residents that have hoarding tendencies are at a high risk of being injured or dying as a result of fire. CFRS has responded to emergency calls of this nature which has resulted in four fire fatalities in recent years. National research ratifies that people with this disorder fit the profile of having a fatal fire.

As a result of these findings CFRS has instigated hoarding awareness raising and guidance for front line staff to follow.

This includes:

- Home Fire Safety Check guidance for homes where hoarding is present
- Fitting specialist smoke alarms
- Providing carbon monoxide alarms
- How to identify and access the level of hoarding using the Clutter Image Rating scale (CIR)
- What actions to take following identification of hoarding
- How, when and where to record this information

The service is up skilling its front line staff to recognise these risks, enabling the resident to be sign posted to agencies that can offer support and guidance to be safe and stay in their own homes.

CFRS has recognised by tackling the issues that make individuals a high risk of fire we can reduce their risk of dying as a result of fire.

Safeguarding training has also been identified as high priority and to support this we have instigated on line learning for front line staff that can be monitored and reported on and in 2014/15 around 100 referrals were made into the MASH. To also support this work Human Resources have also received safe recruitment training.

Cambridgeshire and Peterborough NHS Foundation Trust

Statement of purpose
Cambridgeshire and Peterborough NHS Foundation Trust is committed to working with partner agencies to ensure the safeguarding of adults at risk of abuse or neglect.

Governance and Accountability
Safeguarding matters are reported to the Board via the Quality Safety and Governance Committee. The Director of Nursing is the Executive Director with Board responsibility for Safeguarding Adults, The Head of Adult Safeguarding is the lead officer for adult safeguarding with responsibility for developing processes and procedures within the Trust.

2014-15 Achievements

- **Health care services**

Following the successful tender for provision of integrated services for older people, CPFT now has from 1 April 2015 taken on responsibilities relating to community health care services.

- **CQC registration**

In 2014-15**,** CPFT declared compliance with CQC Outcome 7, safeguarding. A further CQC inspection was carried out during May 2015 and the report is due in August.

- **Activity**

Safeguarding activity continues to increase and there was a 5% increase in safeguarding referrals over the previous year.

- **Training**

Training in adult safeguarding reached 97% compliance at March 2015.

- **Partnership working**

Work has proceeded to develop a Multi Agency Safeguarding Hub (MASH) as a single point for referrals and triage of all adult safeguarding matters. It is anticipated that CPFT will be fully integrated into this partnership by autumn 2015.

- **Care Act 2014**

CPFT has worked closely with partner agencies to implement the requirements of the Care Act 2014 and Making Safeguarding Personal.

- **Deprivation of Liberty Safeguards**

The number of DoLS applications has increased substantially following the Supreme Court ruling in the Cheshire West case[1]. Amended guidance has been produced to reflect the changes.

[1] "P v Cheshire West and Chester Council and another" and "P and Q v Surrey County Council" Supreme Court Judgment 19 March 2014

- **Policy and Procedures**

The CPFT adult safeguarding policy has been updated to reflect the Care Act changes.

Priorities for the Coming Year

- Ensure all staff receive appropriate training and are able to identify and respond to safeguarding issues and that the target of 95% for staff training continues to be met.
- Ensure compliance with attendance at Mandatory PREVENT training.
- Develop a model for adult safeguarding appropriate to the Older Peoples Integrated Care and Neighbourhood teams.
- Ensure that each ward and community team in the adult services has a sufficient number of trained SOVA leads.
- Work with partners (including Local Authorities & Police to implement the Multi-Agency Safeguarding Hub (MASH).

Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care in England.

Our purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve. We will develop our approach to inspection so we can respond to new models of care and new models of service which will develop over the next few years. We are clear that regulation will not act as a barrier to innovation.

Our role is to monitor, inspect and regulate services to ensure they meet fundamental standards of quality and safety and to publish what we find, including performance ratings to help people choose care.

CQC's underpinning priorities are to:

- focus on quality and act swiftly to eliminate poor quality care, and
- to make sure that care is centred on people's needs and protects their rights

Care that fails to meet the expected national standards of quality and safety against which we regulate will not be tolerated. We will use our enforcement powers necessary to stamp out poor practice wherever we find it. Any form of abuse, harm or neglect is unacceptable and should not be tolerated by the provider, its staff, the regulators or by members of the public who become aware of such incidents. Safeguarding is everybody's business and CQC is aware of the role it can play in striving to reduce the risk of abuse from occurring.

Safeguarding is a key priority that reflects both our focus on human rights and the requirement within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to have regard to the need to protect and promote the rights of people who use health and social care services.

As the regulator of health and adult social care services, our primary role is to make sure that providers have appropriate systems in place to safeguard people who use the service and that those systems are implemented and followed in practice to ensure good outcomes for people who use the service. We will monitor how these roles are fulfilled through our regulatory processes by assessing their compliance with the national standards of quality and safety.

The CQC consists of three main inspection directorates of Hospitals, Adult Social Care (ASC) and Primary Medical Services (PMS). We now consider our inspection findings to answer five key questions which we will always ask: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

We will continue to implement and improve the new approach to regulation. 2015/16 will be the first year that we will inspect using the new regulations approved by Parliament as a result of the Government's response to Sir Robert Francis QC's Report into Mid Staffordshire NHS Foundation Trust. The Care Act 2014 Guidance Chapter 14 replaces the https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care 'No secrets' guidance.

Healthwatch Cambridgeshire

Safeguarding is a key priority for Healthwatch Cambridgeshire and we are delighted to have become fully involved in the Cambridgeshire Safeguarding Adults Board during the past year. We have worked closely with the County Council to devise ways in which service users and the wider general public can have a voice in safeguarding; how the processes work, but much more importantly, about how we can understand and learn from people's experiences and what helps them stay safe.

Three people have come forward to act as representatives for service users, carers and the wider public to help us develop meaningful ways of talking to people and gathering their views. The three representatives attend all Board meetings together with the CEO of Healthwatch Cambridgeshire. Ann Robinson, the service user representative for mental health services, said 'I am impressed that the Safeguarding Adults Board understands the benefits of listening to people's voices and I look forward to helping make a difference'. In due course and with support from the County Council, we aim to develop a network of voices that will widen our listening.

Healthwatch Cambridgeshire continues to work closely with the Care Quality Commission and the County Council to ensure that there is a robust system for reporting safeguarding concerns. All Healthwatch Cambridgeshire staff and volunteers undertake safeguarding training, the CEO is the Safeguarding Lead and there is also a Safeguarding Adults Champion to make sure that safeguarding policies and procedures are current, practical and effective.

NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

The CCG is committed to safeguarding adults and attends multiagency meetings in order to achieve partnership working. There has been regular attendance at the Cambridgeshire Safeguarding Adults Board meeting and its sub groups.

Health Executive Safeguarding Board

The Health Executive Safeguarding Board is a sub group of the SAB and takes a strategic view of health issues within safeguarding adults across the health economy working collaboratively with members of Cambridgeshire and Peterborough Local Authority Safeguarding Adults Teams.

Safeguarding Adults Health Sub Group

The Safeguarding Adults Health Sub Group is a multi-agency forum, including representation from both Cambridgeshire and Peterborough safeguarding adults teams, reviewing operational issues which reports to the Health Executive Safeguarding Board and had a collective work plan of:

- Raising awareness of MCA/DoLS
- Monitoring of quality of care in care homes
- Developing a risk framework for referrals
- Sharing of information

The publication of the Care Act 2014 and the supporting guidance in October 2014 resulted in a review of procedures and training across agencies which is still ongoing.

Monitoring compliance of Commissioned providers of care with safeguarding adults requirements

The monitoring of Providers compliance with the safeguarding adults requirements in the quality schedule of the NHS contract was undertaken by the CCG on a quarterly basis as part of the Clinical Quality Review meetings (CQRs) held with providers using the quality dashboard with metrics and RAG rated thresholds.

There were issues with compliance with the training requirements particularly in relation to MCA/DoLS. Additional funding has been received from NHS England to facilitate this.

Work plan for 2015 - 2016

- Revise the CCG safeguarding adults policy and procedures.
- Revise CCG PREVENT policy.
- Agree the training needs analysis for types and levels of training for CCG staff and provide basic awareness training in safeguarding adults and PREVENT for all CCG staff.
- Revisit the commissioned Providers and review their safeguarding adults arrangements in light of the new Care Act requirements and the changing landscape within the NHS.
- Develop a plan for utilisation of NHS England monies for MCA/DOLS training for 2015/16.
- Monitor compliance with the quality standards in the NHS Care Home contracts.

NHS England: Midlands and East, East Locality

NHS England is committed to safeguarding and promoting the welfare of children and vulnerable adults. Engagement with the local safeguarding boards and building stronger partnership working arrangements has continued during 2014/15. One of the successes have been the Quality Surveillance Group meetings which continue to bring together a range of partners to address quality and safety issues at a strategic level across the health and social care arena.

Another success is the hosting and facilitation of the safeguarding forums which bring together adult safeguarding leads from health organisations and commissioning parties across both East Anglia and Essex. As part of the group, continuous professional development occurs with recent topics including Domestic Abuse and The Daisy Project in Essex. The forum also shares learning from Serious Case Reviews, Domestic Homicide Reviews and Serious Incidents (extending beyond the Cambridgeshire locality). Finally the forum provides a means of clinical supervision and support (supervision training commissioned from NSPCC).

Finally, in working with the CCG national funding has been utilised to enable a variety of training events covering MCA and DoLS.

Priorities for 2015/16:

- To complete and ensure distribution of the Best Practice Guidance developed by the forum.
- Continued close working arrangements with our CCG colleagues to improve adult safeguarding awareness, skills and expertise in our directly commissioned services specifically with regards to primary care services. This is not without difficulties as some national contracts (for example GP contracts) do not mandate adult safeguarding training.
- To continue to work at a strategic level to ensure that adult safeguarding issues are addressed within the health and social care arena. Specific areas include focussing on the Transforming Care agenda and concordant, addressing the quality of care in nursing and residential homes as well as private hospital care and raising quality and safety standards for vulnerable adults in acute hospitals.
- To remain aware and implement where necessary the requirements of the Care Bill and developments in DoLS legislation.

Work continues:

	Forecast completion
On the delivery of a comprehensive and bespoke Mental Capacity Act (MCA, 2005) learning and development programme for GPs and healthcare professionals across Cambridgeshire and Peterborough.	2015/16
To ensure that the local authority has in place a workforce that is aware and knowledgeable and have due regard to the need to prevent people being drawn into terrorism.	2015/16
With the network group (representatives for service users, carers and the wider public) in the development of Making Safeguarding Personal and the links to the revised guidance.	Ongoing
On the training strategy for safeguarding and MCA which meet the needs of the social care and health workforce, to enable 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.	2015 ongoing
To achieve a go live date in September/October for the Multi Agency Safeguarding Hub (MASH).	2015
With Cambridgeshire County Council's involvement at a regional and national level to influence national policy in relation to adult safeguarding.	Ongoing
To ensure the links to the Domestic Abuse and Sexual Violence Strategy meets the requirements of the Care Act.	Ongoing
With colleagues from Cambridge University to evaluate how Making Safeguarding Personal is embedded within our day to day safeguarding practice.	Ongoing

Further information

You can find out more information about safeguarding adults in Cambridgeshire on our website: www.cambridgeshire.gov.uk/safeguardingmca

On the webpage you will find additional information on Adult Safeguarding/Mental Capacity Act and the Deprivation of Liberty Safeguards.

If you are worried about a vulnerable adult who is being abused or who is at risk of abuse you should contact the following numbers:

Customer services

For reporting adult safeguarding or urgent contacts between
8am and 6pm Monday to Friday and between 9am and 1pm on Saturday

Telephone: 0345 045 5202
Fax: 01480 498066
Email: referral.centre-adults@cambridgeshire.gov.uk
Minicom: 01480 376743
Text: 07765 898732

If you urgently need to make contact outside of the above hours **01733 234724**

Cambridgeshire Constabulary

Non-Emergency Contact Centre **101**

Cambridgeshire and Peterborough NHS Foundation Trust

Huntingdon and Fenland **01480 415177**
Cambridge and Ely **01223 218695**

Action on Elder Abuse Response Line **0808 808 8141**

Age UK Cambridgeshire **0300 666 9860**

For further information contact:

Ivan Molyneux, Adult Safeguarding Manager by email
ivan.molyneux@cambridgeshire.gov.uk

For copies of this annual report or if you would like a copy of this annual report on audio cassette, CD, DVD or in Braille, large print or other languages, please call 0345 045 5202. Or write to Cambridgeshire County Council, Box No. SH1211, Shire Hall, Cambridge, CB3 0AP

We would like to thank everyone who has contributed to this annual report.