



*LONDON BOROUGH OF
RICHMOND UPON THAMES*

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UPON THAMES**

**SAFEGUARDING ADULTS AT RISK
PARTNERSHIP BOARD**

**ANNUAL REPORT
APRIL 2010 TO MARCH 2011**

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1. FOREWORD

A Joint Introductory Message from Dawn Warwick (Incoming Partnership Chair, Safeguarding Adults Partnership Board), and Cathy Kerr (Director of Adults and Community Services, London Borough of Richmond-upon-Thames)

It is our pleasure to introduce the 2010/11 London Borough of Richmond-upon-Thames Annual Report for Safeguarding Adults at Risk. This is the 4th annual report of the Board's work. Safeguarding adults is such a critical part of our collaborative work, not only in the statutory sector but through partnerships and in the roles we hold as members of the community. Only recently have we again seen deplorable standards of care exposed through the media in Bristol, highlighting that even in 2011 abuse is happening and needs to be robustly addressed.

This report provides a summary of work undertaken over the past year, detailing improved performance, the start of Richmond's safeguarding team and better partnership working across the borough. The challenges we face in safely supporting vulnerable people in our communities still remain, and with the additional financial challenges being faced in public services, it has never been more important for us to retain a strong focus on prevention and support to people should they be the subject of abuse. With heightened national interest in safeguarding adults from the Coalition government, the introduction of new Pan London Policy & Procedures, and an increase in people arranging their own support, our existing models of safeguarding will be challenged along with our management of and approach to risk.

Our strategic priorities for the next year are:

- Accountability and leadership across and within the community
- Prevention and improving awareness and engagement so that the wider community has a better understanding of the issues
- Partnership working and the role of statutory and voluntary sector partners in collaboratively supporting vulnerable people
- Balancing empowerment, safeguarding and risk management where people arrange their own support
- Involving service users and their carers
- Workforce development within and across partner organisations.

It is these priorities that must galvanise all partners in supporting local adults at risk and working to keep them safe. Innovation is key, which is why we are looking to trial and build strong working partnerships between and across adjacent London boroughs, particularly where we have common partner agencies, as well as learn and share from one another. As Directors of Adult Services in our respective London Boroughs of Wandsworth and Richmond upon Thames, we will act as Partnership Chairs through a reciprocal arrangement with our neighbouring borough.

We both look forward to working with you in the year ahead and building a safer and stronger partnership to support adults at risk in our local communities.

2. INTRODUCTION

Department of Health guidance in 2000¹ placed a duty on local authorities to take a lead in co-ordinating work to protect adults at risk². It stated that statutory agencies should work in partnership to ensure that effective systems, policies and procedures were established to support and progress this work. Key recommendations included setting up Adult Protection Committees (now called Safeguarding Boards) to over see the strategic leadership of the protection of vulnerable adults and that these committees should produce an annual report:

“..it is recommended that lead officers from each agency should submit annual progress reports to their agency’s executive management body or group to ensure that adult protection policy requirements are part of the organisation’s overall approach to service provision and service development (DH 2000, Section 3.13)

In the London Borough of Richmond upon Thames this role is undertaken by the Safeguarding Adults Partnership Board (SAPB), and its work is built upon a national framework of standards produced in 2005 by the Association of Directors of Adult Social Services (ADASS).

In November 2010 the Department of Health issued ‘A Vision for Adult Care: Capable Communities and Active Citizens’, followed by a statement in May 2011 outlining the principles that statutory agencies and community groups should embrace when dealing with adults at risk. The main principles are to prevent and reduce instances of abuse, to enable individuals to maintain control over their own lives, to recognise that safeguarding is everybody’s business, and to ensure safeguarding is an integral part of care support.

The Government’s view is that the role of statutory agencies is to provide vision and direction, and to ensure that the legal framework is clear and proportionate; a task that will be even clearer after the Law Commission proposals³ are enacted in the future. The statutory agencies are also charged with moving towards a less risk-averse culture, and implementing local solutions in conjunction with the local community, whilst never forgetting that at the centre is the individual who may be at risk. By empowering that individual through providing the information he/she needs to make an informed choice, assistance to plan and manage risk, and support when things go wrong, agencies will be in a better position to ensure safer outcomes for those to whom they are responsible and also accountable.

Within the framework of the new Pan London Policy & Procedures⁴, these principles and the priorities already outlined will shape the Board’s work in the months and years to come.

¹ No Secrets (DH 2000): No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse

² Adults at risk is the description now given to people previously described as Vulnerable Adults

³ The Law Commission (Law Com 326) Adult Social Care (May 2011)

⁴ Pan London Procedures

3. STATEMENT OF COMMITMENT

Partner members of the SAPB are committed to working collectively in supporting adults at risk, aiming to prevent abuse and respond accordingly should it happen.

All partners take responsibility for addressing safeguarding issues within their own organisations, reporting concerns to Adult Services and for ensuring that staff they engage to support vulnerable people are suitably equipped, knowledgeable and trained so as to identify issues of concern and act accordingly committed to safeguarding adults. Individual Board Members have made specific commitments in their proposed actions (see from page 25).

4. ABOUT THE BOARD

4.1 What does the SAPB do?

The London Borough of Richmond-upon-Thames Safeguarding Adults Board is a multi-agency partnership which promotes the welfare of adults at risk and their protection from the actions of others which are considered abusive in any form. It provides strategic leadership for agencies providing services to those adults, and seeks to ensure there is a consistently high standard of professional response to situations of abuse. The Board has five main areas of operation, which together provide an effective means of decreasing the risk of abuse. These are:

- Promoting the message of awareness amongst staff and public to increase their knowledge and confidence in reporting concerns
- Ensuring staff are fully trained and understand their roles and responsibilities in recognising, reporting and investigating abusive practice
- Developing policy and standards of best practice for staff and care providers to follow
- Screening out and preventing potential abusers coming into contact with adults at risk through robust employment practices
- Auditing work on a regular basis to ensure that effective systems are in place.

The Board has ensured appropriate representation at a strategic level from those who commission services and have statutory duties to adults at risk, and at the operational level from those who provide services. This representation has changed over the last year from a large, combined operational and strategic group to one that provides more clarity and focus, but that still encompasses the statutory and independent sector and calls on the skills and knowledge evident in both. This also reflects the fact that abuse of adults at risk is everybody's responsibility, thus requiring everybody to be part of the solution.

4.2 How are we governed?

The Board currently reports directly to the Local Strategic Partnership and provides reports to the Community Safety Partnership Board, and London Borough of Richmond upon Thames Council's Health, Housing and Adult Services Overview & Scrutiny

Committee. In future years it will also extend links with the developing Health and Wellbeing Board. In addition each of the statutory partners will have their own internal reporting mechanisms, including the submission of annual progress reports such as this.

An additional aspect of governance (and independence) is provided by the Board's decision to have an external chair, Dawn Warwick (Director of Adult Social Services) from the neighbouring borough of Wandsworth. The Board meets quarterly and has two sub-groups responsible for (a) training, learning, development, and (b) performance, and quality. In addition, another group meets to co-ordinate and learn from serious incidents involving any adult living within the Borough.

5. CONTACT POINTS

For specific information on Safeguarding in the Borough please look at the London Borough of Richmond-upon Thames website at:

http://www.richmond.gov.uk/adult_protection

There are various contact points and as part of our developments in the year ahead these will be streamlined. Until they are, the following table provides contact information should you wish to raise a safeguarding alert.

Remember that in an emergency, you should always call the Police on 999

5.1 CONTACT INFORMATION FOR REPORTING SAFEGUARDING CONCERNS

PURPOSE	NAME	AREA OF COVERAGE	CONTACT NUMBER INFORMATION
To report a general safeguarding concern or raise a safeguarding alert with Adult Services	Adults Integrated Health & Social Care Teams (via the Access Team):	Borough wide	0208 891 7971
To report a general safeguarding concern or raise a safeguarding alert with Adult Services	Community Mental Health Services (18-65 years of age)	CMHT Twickenham	0208 977 3156
		CMHT Teddington/ Hampton	0208 977 3156
		CMHT Richmond	0208 513 3200
To report a general safeguarding concern or raise a safeguarding alert with Adult Services	Community Teams for People with a Learning Disability:	Borough wide	0208 487 5315
To report a general safeguarding concern or raise a safeguarding alert with Adult Services	Adults Safeguarding Team	Borough wide	0208 487 5444
To register or report a Deprivation of Liberty Safeguarding Issue	Mental Capacity Act & Deprivation of Liberty Safeguards	Borough wide	0208 487 5443 Fax: 0800 014 8629
To report an issue of hate crime, domestic violence or community safety issue that is NOT an emergency	Community Safety Partnership & Domestic Abuse	Borough wide	0208 891 7777 community.safety@richmond.gov.uk
To report any safeguarding issues, concern	Police	Borough wide	101 or 999 in an emergency
To any of the above issues report an issue outside of office hours	Adults Emergency Duty Team	Borough wide	0208 744 2442

6. TERMINOLOGY – WHO AND WHAT ARE WE TALKING ABOUT?

This section provides a simple analysis of what safeguarding is about and illustrates different aspects by way of case examples in which Adult Social Services and partner agencies have been involved over the past year

6.1 What is safeguarding?

‘Safeguarding Adults’ is the term given to the inter-agency systems that protect adults at risk from abuse, harm and/or exploitation.

Case Example: Financial Abuse

The Police made a safeguarding alert regarding financial abuse to LBRuT Adult Social Services. Mrs C’s bank had contacted the Police after a family member had tried to cash a large cheque from Mrs C’s account. The bank had previously been informed by adult social services that Mrs C was vulnerable to the possibility of financial abuse, and were asked to report any concerns that they might have. After Police involvement the family member no longer visits Mrs C. The bank continues to remain alert, and the council staff are applying for Appointeeship to protect Mrs C further.

6.2 Who is an adult at risk?

An ‘adult at risk’ is aged 18 or over and is defined as *‘[a person who] is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation’*.⁵ This can include people with a learning disability, a mental health problem, older people or those with a physical or sensory disability. It may also include a person who may be vulnerable as a consequence of their particular personal situation such as experiencing domestic abuse, chronic illness, drug or alcohol problems, social or emotional problems, poverty or homelessness.

Case Example: Neglect

A safeguarding alert was received concerning an 86 year old resident who had been living in a care home for some years, but who had developed a grade 4 pressure-sore whilst in the home’s care. The resident’s family had always been delighted with care provided by the home; however the resident began spending most of the day in bed which led to the development of the sore. The safeguarding investigation looked at care plans and risk assessments at the home, how the resident’s fluid intake was being monitored, pressure care and available equipment. The outcome saw the home making changes in the way that they monitored and recorded pressure care on a daily basis, accessing specialist support from the tissue viability nurses, and arranging better specialist equipment to help them manage. As a result of the multi-agency intervention the resident fully recovered and the care home practices have improved and continue to be monitored.

⁵ No Secrets: No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse

Case Example: Poor Quality Services leading to neglect

Mrs A has Parkinson's related Dementia and lives alone. She receives 3 calls a day from a home care agency. She only has a friend who helps with shopping and relatives that live a distant away.

A Safeguarding Alert was raised as Mrs A had fallen and this had not been reported by the home care agency. Upon initial investigation it was identified that there had also been number of missed calls by the agency reported, particularly at weekends, resulting in Mrs A not regularly having her medication and on occasions her meals. Through the safeguarding process it emerged that Mrs A was often resistant to care, so carers would call but then leave without providing the care. As a result of multi-agency processes the Community Mental Health Team were involved in helping the carers to understand the way to approach Mrs A, referrals were made to specialist health services regarding communication and assistance with her diet and nutrition and the Councils' Quality Assurance Team oversaw the work of the agency to ensure it delivered the care it was engaged to provide in a quality and supportive way. Mrs A remains under close monitoring and review by the local social work team

6.3 When does abuse happen?

It is everybody's right to live in a safe environment free from being threatened, intimidated or abused. The feeling of being unsafe can occur in different ways and in different circumstances. Most people would consider abuse as being either physical or sexual in nature, but it can also be financial or psychological, happen as a result of neglect or discrimination; it may be deliberate but it may also happen as a result of poor care practice, a lack of knowledge in how to support someone or ignorance. An adult at risk may be subject to abuse when they are neglected, persuaded to agree to something against their will, or be taken advantage of because they do not fully understand the consequences of their choices or actions. It can be a single act or repeated over time. Abuse can occur in any relationship, most frequently by people who the adult at risk knows.

Case Example: Physical Abuse

An allegation of physical abuse was raised by a resident in a care home against a staff member. Following consultation with the Council's Safeguarding Team, the member of staff was suspended whilst an investigation was carried out. Safeguarding processes were instigated, along with an investigation. The staff member was eventually disciplined through the home's disciplinary process. A detailed action plan for the staff member's return to work was drawn up with input from Adult Social Services, health services and the care home. The staff member undertook further training on communication skills and delivering personal care, received additional supervision and 'shadowed' a more experienced member of staff for a two-week period. The care home reviewed and updated the resident's care plan, and the home's practice development nurse regularly monitors the resident's care.

6.4 What should you do?

If you suspect that an adult is at risk of or suffering abuse and the person is in serious and immediate danger then you should call the police. If the danger is not immediate, you can discuss your worries with trained staff (numbers are at section 5.1 above). You should never assume that someone else will recognise what you have heard or seen, and **never** be concerned to voice your concern.

Case Example: Positive Multi-agency working

There had been ongoing concerns regarding AB who lived at home with his carers. There were concerns in difficulties in being able to see AB and to appropriately undertake health and social care assessments looking at the possible inappropriate use of medication. Concerns were confirmed after a safeguarding alert was received by London Ambulance Service. As a consequence AB has received hospital care to address the concerns identified and is now living in a residential service, pending the involvement of the Court of Protection. This example highlighted the excellent partnership working with health service colleagues and how mainstream health services (London Ambulance Service) awareness of safeguarding has led to an improvement in AB's health and wellbeing

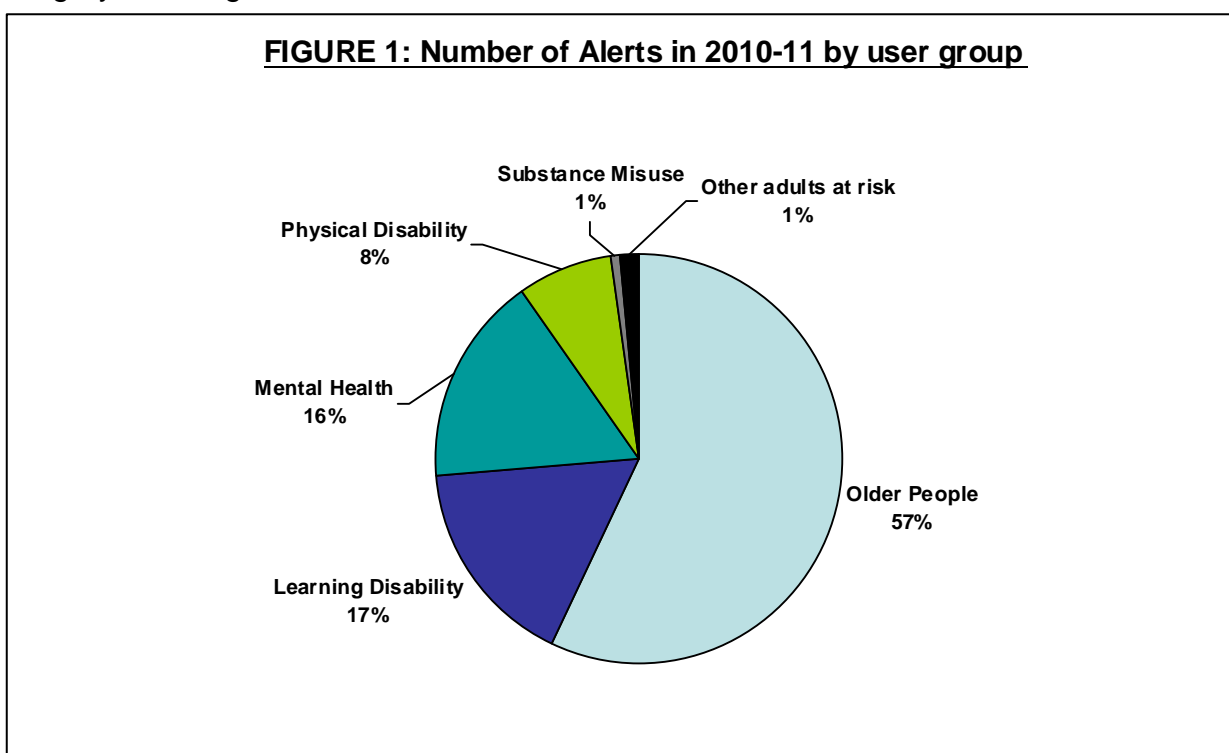
7. SAFEGUARDING ACTIVITY

This section of the report provides information on key safeguarding activity during 2010 - 11 and covers the following key themes:

- Information relating to alerts⁶ and referrals⁷
- Type of relationship between the individual and alleged perpetrator(s)
- Outcomes for the individual and alleged perpetrator

7.1 Number of alerts/referrals

There were 438 alerts received in 2010-11, averaging 37 alerts per month. Figure 1 shows alerts categorised into service user's vulnerability with the other adults at risk category referring to service users from other councils.



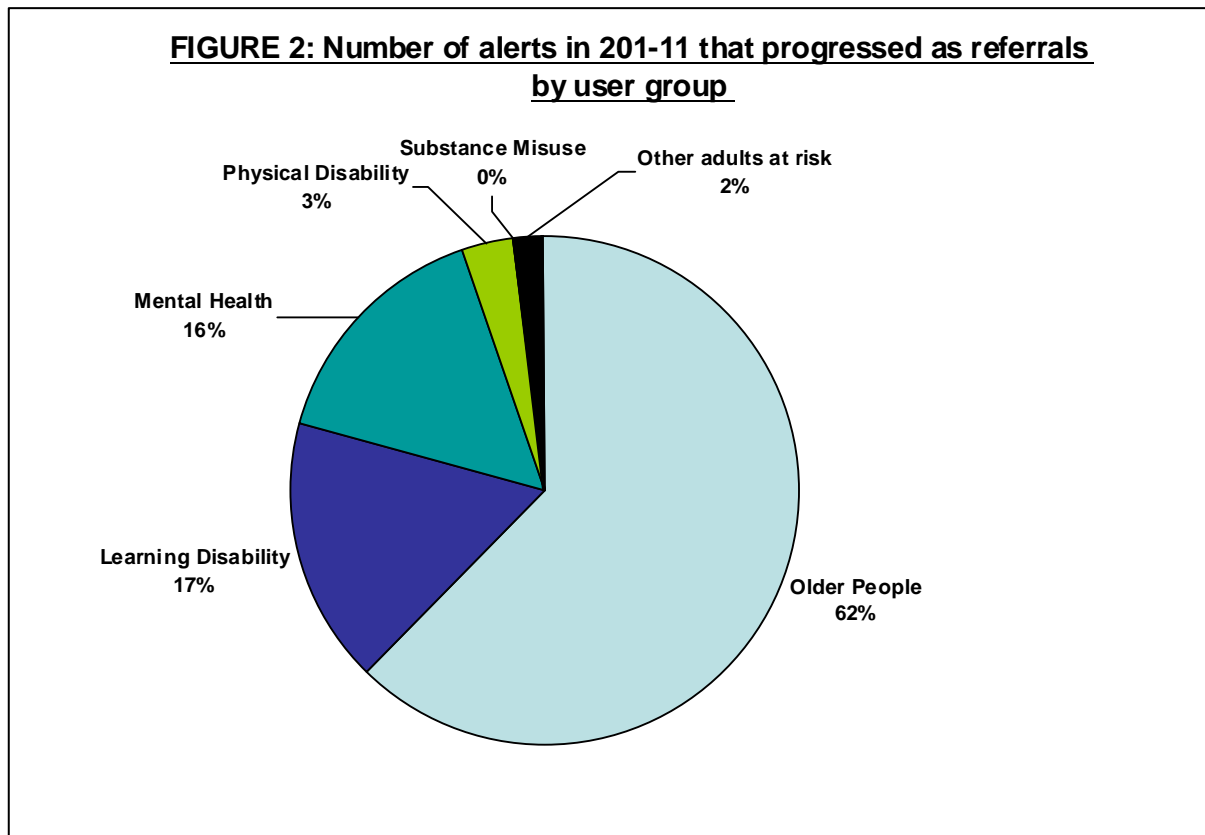
During 2010-11 66 people were the subject of more than one alert, with 41 dealt with at the alert stage, and 25 people that had a second alert that progressed to a referral.

It is difficult to compare like with like information on successive years, as previously all alerts proceeded as referrals (there was no initial assessment of the situation). The current arrangement reflects better practice as safeguarding interventions are now targeted at the most appropriate issues. Comparing alerts in 2010-11 to the number of referrals in 2009-10 (the nearest comparison) there was a higher proportion of alerts for older people (10/11 - 57%: 09/10 - 45%), and a lower proportion for people with a learning disability (10/11 -17%: 09/10: 23%).

⁶ An **ALERT** is when any safeguarding issue is first raised with Adult Social Care Services from any source

⁷ After an alert is initially received it is reviewed, considered and risk assessed. The matter will either be dealt with through another route (as it is not considered to be a safeguarding matter) or it will advance to the next stage of the safeguarding process for fuller investigation and formal intervention. This is called a **REFERRAL**

Of these 438 alerts, 154 (35%) progressed to referral; an average of approx 12 per month. Of the issues that progressed to referral 13 were for people receiving direct payments, and 15 were for people who fund their own care. Figure 2 shows the percentage of referrals by service user group.



A higher proportion of alerts for older people progressed to referral. A low proportion of alerts for younger people with physical disabilities progressed to referral with none of the 4 substance misuse alerts progressing to referral.

7.2 Demography of Referrals

Gender, age and ethnicity provide key information about our safeguarding work. The following provides a breakdown plus highlights key issues of note

Gender: A higher proportion of cases managed at the referral stage were female (64%) which does match national profile but is higher than the ratio of female to male in the total local population

GENDER	REFERRALS	
	Number	%
Male	56	36%
Female	98	64%
Total	154	

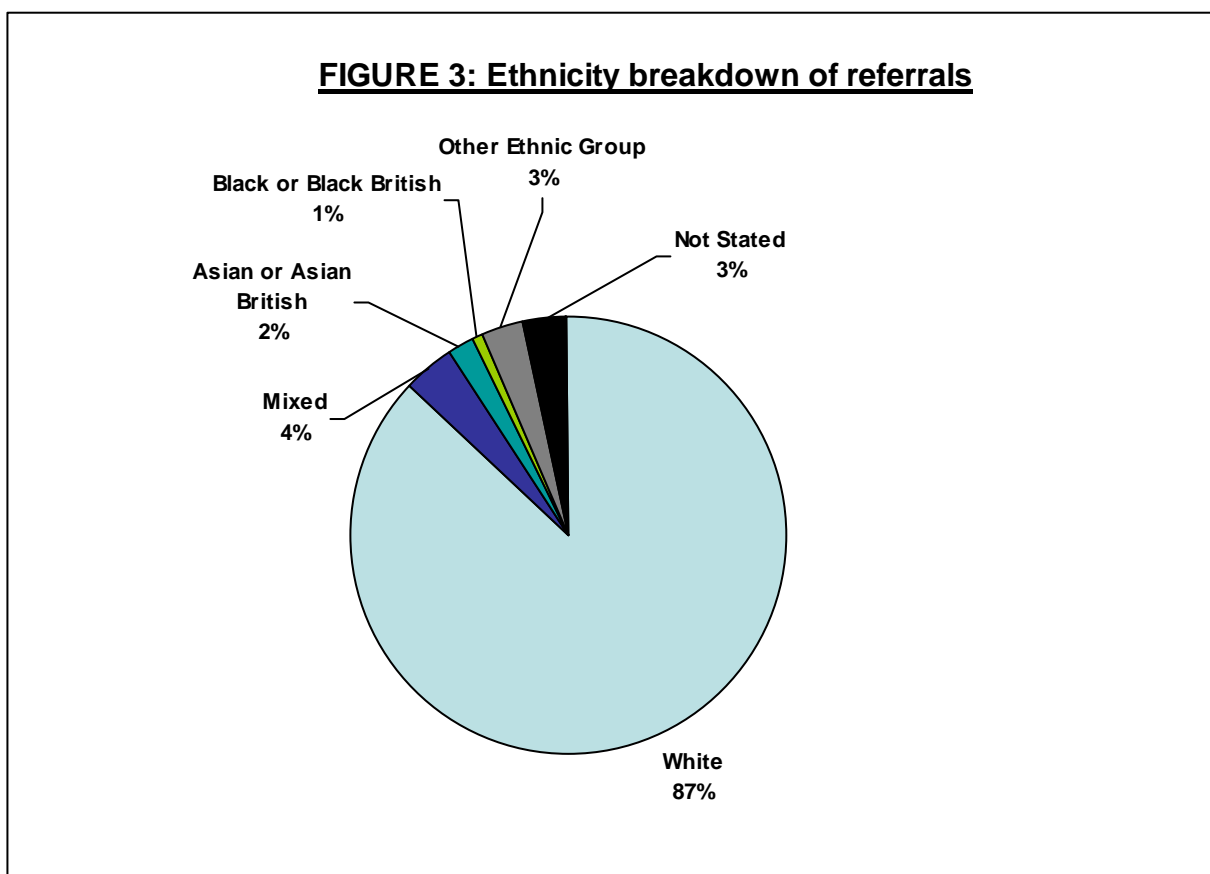
TABLE 1: Gender of referrals

Age: A higher proportion of people age 85 and over had a safeguarding referral

AGE BAND	REFERRALS	
	Number	%
18-64	58	38%
65-74	10	6%
75-84	29	19%
85+	57	37%
Total	154	

TABLE 2: Age band of referrals

Ethnicity: Most referrals were for people with a white ethnicity (87%).

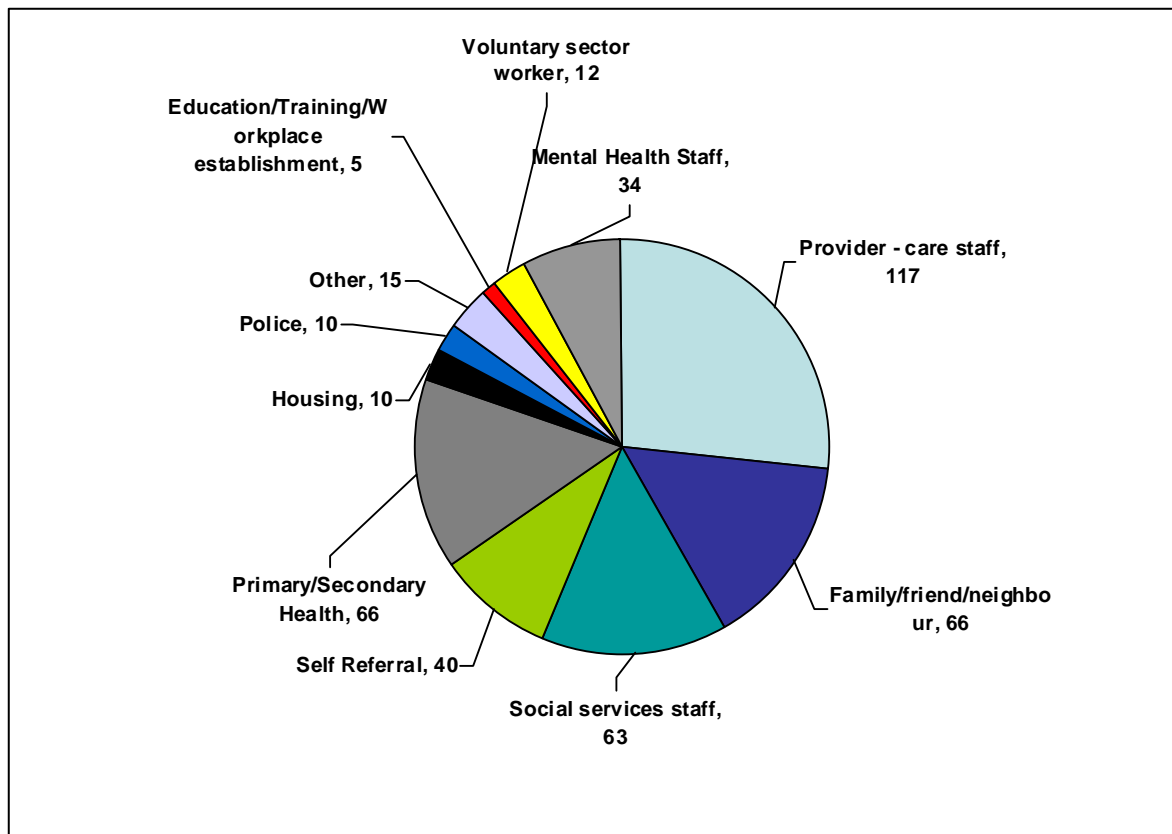


7.3 Source of Alerts

Over a quarter of alerts (117 - 28%) are raised by care staff working in care homes or providing home care services. Whilst the proportion of alerts from the Police is low (10 - 2%), it is encouraging that a relatively high proportion of alerts (66 -15%) are from NHS staff. This could in part be due to our joint working in integrated teams in older people and disability services where safeguarding of adults at risk is highly profiled amongst staff. There will be challenges moving forward as more people arrange their own support, and there will be less reliance upon professional paid support, so it will be necessary to review our communication strategy so people at risk and their informal and family networks can be aware of abuse and raise safeguarding issues should they arise.

Additionally there will be a need to review our safeguarding awareness training with partners and Council staff given the low reporting from some areas of our professional partnership given the reliance there will be on people other than direct care staff to highlight issues as supporting personalised care moves forward.

FIGURE 4: Sources of alerts



7.4 Nature of abuse for safeguarding referrals

Some referrals have more than one allegation and more than one type of abuse, so the number of types of abuse is higher than the number of referrals. The number of allegations for the 154 referrals in 2010-11 was 219 and the percentage breakdown by service user group as follows:

- 62% - older people
- 16% - learning disability
- 16% - mental health
- 4% - physical disability
- 2% - adults from other councils

7.4.1 Nature of alleged abuse for older people

Over a third (34%) of older people's alleged abuse was for neglect, with 23% financial, 21% physical and 14% emotional/psychological abuse. Smaller proportions were for institutional abuse (7%) and sexual abuse (1%), with no reported discriminatory abuse.

7.4.2 Nature of alleged abuse for people with a learning disability

The highest proportion of abuse was neglect (31%) with financial abuse (31%). 19% of abuse related to physical abuse, and 6% emotional/psychological. There were higher proportions of discriminatory (8%) and sexual (6%) abuse amongst this group, with no institutional abuse reported.

7.4.3 Nature of alleged abuse for people with mental health problems

Emotional/psychological abuse was the most common (39%), followed by physical abuse (31%), and financial abuse (11%). Neglect was less common (6%) with smaller proportions being sexual (6%), institutional (6%) and discriminatory (3%) abuse reported.

7.4.4 Nature of alleged abuse for people with a physical disability

Eight people experienced 8 forms of abuse so patterns are hard to determine. 4 were for neglect, 2 physical abuse with emotional/psychological abuse (1) and financial (1).

7.5 Location of abuse for referrals

The most common location of abuse was where a person lived with care home being the most prevalent (44%) followed by a person's own home (42%). A small proportion of alleged abuse took place in hospital settings (6%)⁸.

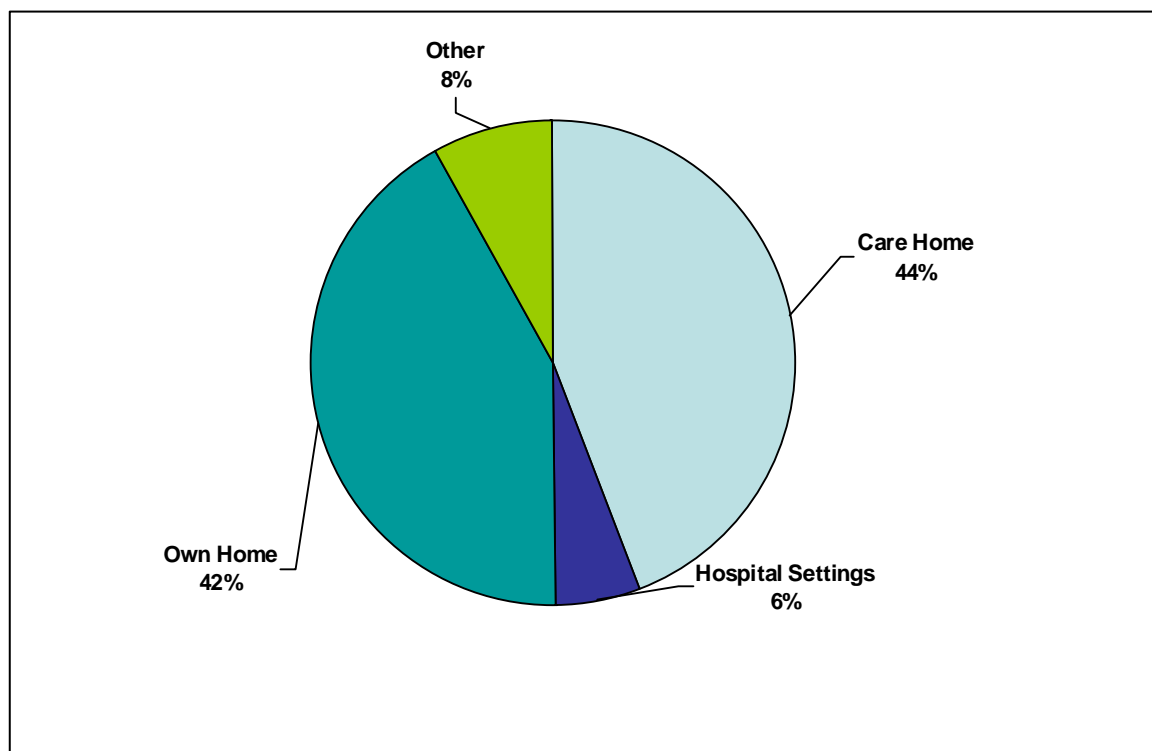


FIGURE 5: Location of abuse (referrals)

NB: * 8 referrals had two locations of abuse; 1 referral had three locations of abuse **1 referral had no location of abuse

7.6 Relationship of alleged perpetrator

As with national prevalence studies⁹¹⁰ the majority of alleged perpetrators are those who are in a position of supporting and caring for an adult at risk. This could be paid carers, family members, neighbours or friends. Our data concurs with this. In 2010-11 alleged perpetrators were domiciliary care workers (18%), residential care workers (14%), other family members (14%), and other adults at risk (10%) with strangers being only 2%. The number of paid alleged perpetrators is proportional to the number of unpaid perpetrators (family members/partners, neighbours, friends, strangers and other adults at risk), with 62 paid perpetrators and 64 unpaid.

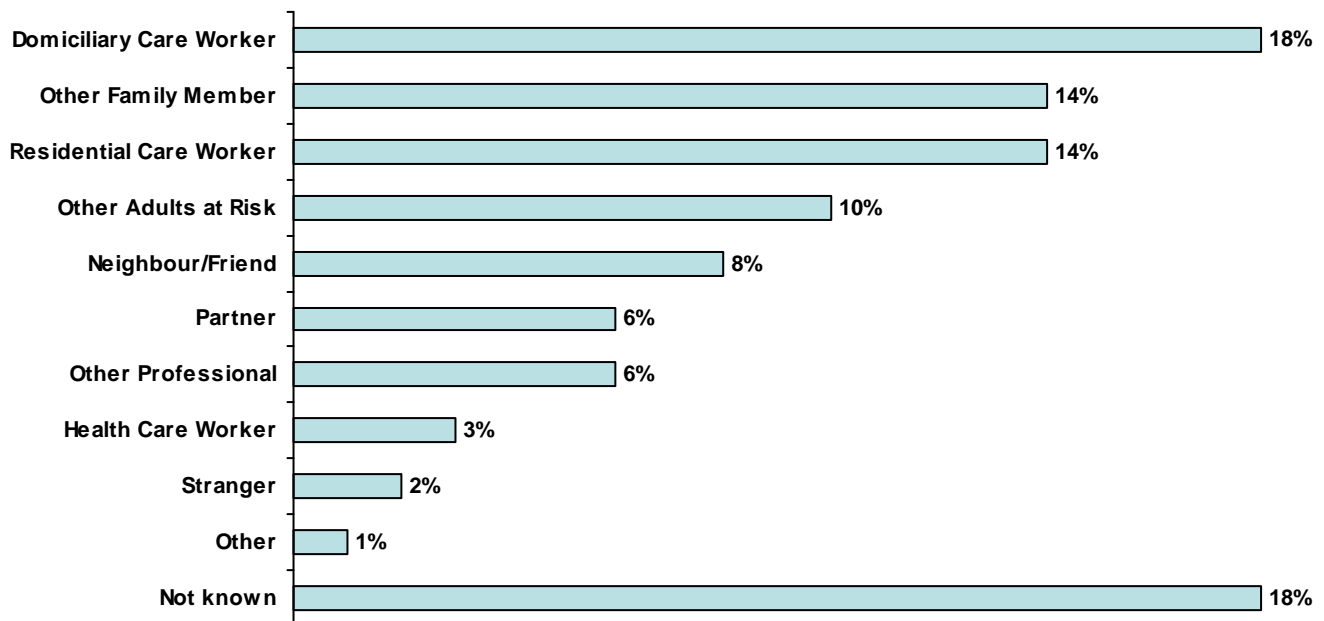


FIGURE 6: Relationship of alleged perpetrator to victim (referrals)

7.7 Outcomes

Conclusions in respect of allegations are agreed at the safeguarding protection meeting. It may not however be possible to reach a conclusion on all allegations at that time. 'Overall Case Conclusions' are reported to the Department of Health using the following criteria:

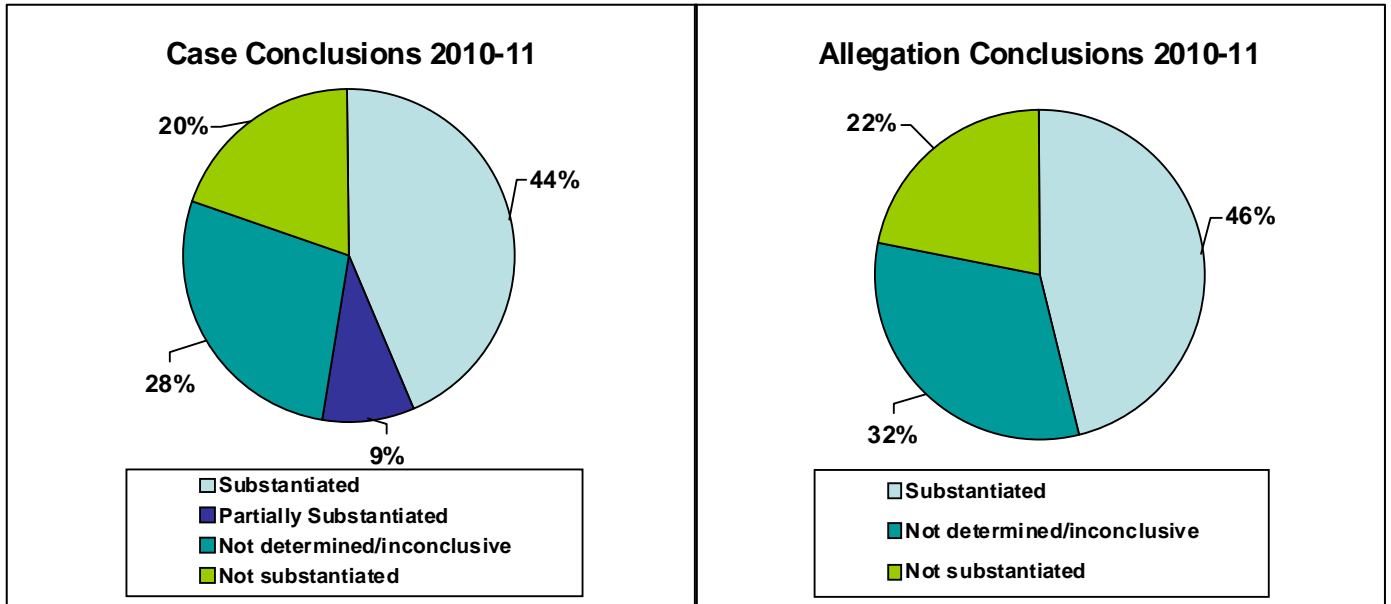
- Where a referral has one allegation the overall case conclusion would be the same as the allegation conclusion
- Where there is more than one allegation and each allegation conclusion is the same (e.g. both allegations are substantiated) the overall case conclusion would be substantiated
- Where allegation conclusions differ on the same referral (e.g. one allegation is substantiated and one is not determined or is inconclusive) the overall case conclusion would be 'partially substantiated'
- Where allegations have not been conclusive the overall case conclusion would be 'not determined or inconclusive'.

⁹ UK Study of Abuse and Neglect of Older People (National Centre for Social Research 2007) <http://www.kcl.ac.uk/content/1/c6/02/96/45/Natcenresearchfindings.pdf>

¹⁰ Adult Safeguarding Scrutiny Guide (Improvement & Development Agency, 2010) <http://www.idea.gov.uk/idk/aio/19170842>

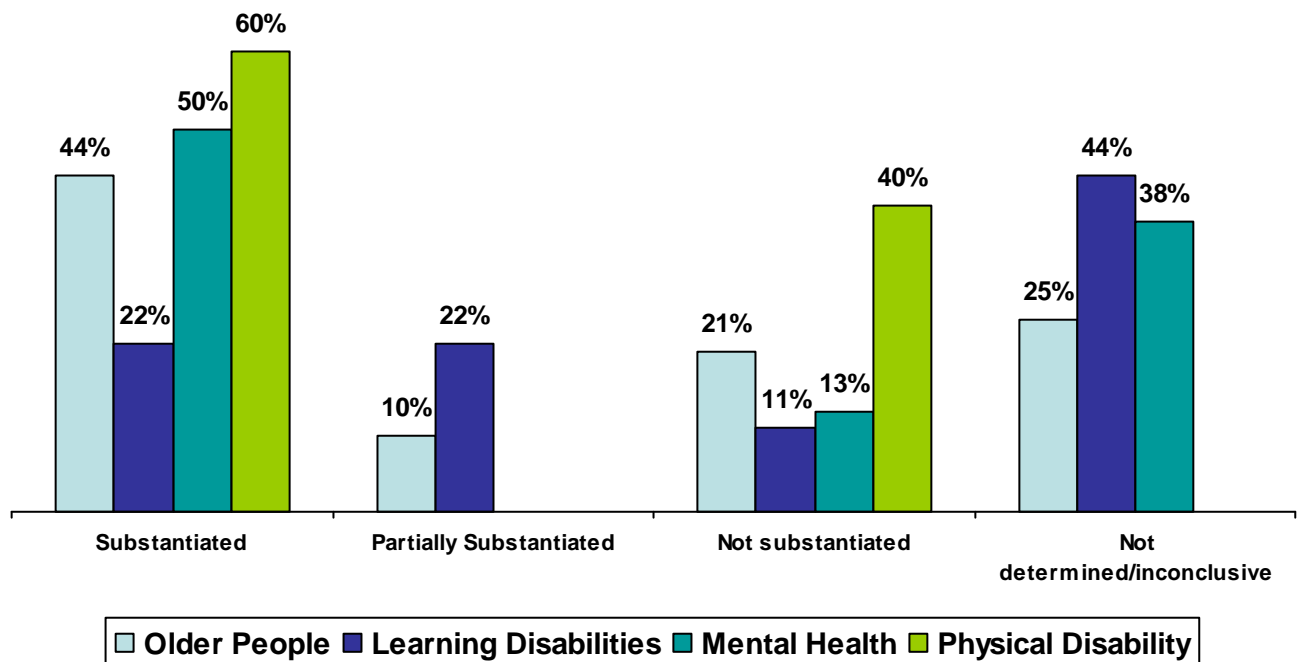
Throughout 2010-11 there were 112 concluded cases (including some referrals received prior to April 2010) with 134 allegations being concluded. Of these 46% were substantiated, 22% were not substantiated, and 32% were not determined or inconclusive.

Figure 7: Case and allegation outcomes of concluded referrals



7.7.1 Case conclusions by Service User Group

Numbers are low when separating out case conclusions by service user group. However, trends show that a lower proportion of victims with learning disabilities had their cases substantiated than other service user groups. Cases of those with learning disabilities were more likely to be 'not determined/inconclusive' or 'partly substantiated'.



7.7.2 Outcome of concluded referral – adult at risk

The 112 cases concluded in 2010-11 resulted in 175 outcomes for the victim. The breakdown below is based on case conclusions and therefore percentages do not add up to 100% due to a high number of concluded cases having more than one adult at risk outcome:

- 42% of cases resulted in no further action
- 37% of cases resulted in increased monitoring
- 15% resulted in movement to increased or different care
- 13% resulted in a review of self-directed support
- 13% resulted in a community care assessment and services
- 10% resulted in restriction/management of access to alleged perpetrator
- 9% resulted in management of access to finances
- 7% resulted in a referral to counselling/training
- 4% resulted in the adult at risk being removed from property or service
- 3% resulted in an application to the court of protection

There were also a number of outcomes that one case (1%) resulted in, which were:

- Civil action
- Application to change appointeeship
- Referral to advocacy scheme
- Guardianship/use of mental health act
- Referral to MARAC

In 2010-11 there were 49 cases that were substantiated and which had the following perpetrators:

- 17 (35%) were domiciliary care workers
- 8 (16%) was another family member
- 7 (14%) had a not known alleged perpetrator
- 4 (8%) was a neighbour/friend
- 4 (8%) was another adult at risk
- 4 (8%) were partners
- 3 (6%) was a health care worker
- 1 (2%) were residential care workers
- 1 (2%) was a stranger.

7.7.2 Outcome of concluded referral – alleged perpetrator

The 112 concluded cases resulted in 174 perpetrator outcomes as follows:

- 42% of cases resulted in no further action
- 36% resulted in continued monitoring
- 13% resulted in police action
- 12% resulted in disciplinary action
- 10% had an 'unknown' perpetrator outcome
- 9% resulted in counselling/training/ treatment
- 8% resulted in removal from property or service
- 7% resulted in management of access to the adult at risk
- 5% resulted in action by contract compliance
- 4% resulted in action under the Mental Health Act
- 3% resulted in Criminal prosecution/formal caution
- 3% resulted in Community Care Assessment
- 3% resulted in Referral to POVA/ISA
- 1% resulted in Action by the Care Quality Commission
- 1% resulted in Referral to court mandated treatment
- 1% resulted in Exoneration

7.8 Wait between referral and protection meeting

A key measure of performance is the time taken to respond to an initial alert and making a decision as to whether to proceed to a formal safeguarding referral. Current procedures require that this should be no more than 2 working days. This is the first opportunity for critical scrutiny of the presenting concern by a professional experienced member of staff. It is this decision that will ensure appropriate risk assessment is taken, and where necessary actions are taken to safeguard any adult at risk. It is also the time when issues that would be better dealt with elsewhere are moved to be managed outside the safeguarding process (e.g. case review, quality audit team etc,)

Waiting times between safeguarding issues that progress to the referral stage and the end of the protection meeting were monitored against the 31 working day time standard and a target of 75% to be completed within this timeframe. Although there was an improvement in performance during 10/11 the target was not fully achieved. This in the main is due a few cases which were complex. Examples include where multiple service user issues relate to a single provider and need to be investigated, and/or involved other agency processes (e.g. awaiting decision about whether there would be criminal investigation). This does not mean people were unsafe as protection plans would have been in place, but it does show an area where better interagency and interagency work is necessary. Both the 2 working day and 31 working timescales will be changed in

2011/12 in accordance with Pan London Safeguarding arrangements. These issues will be managed by the Head of Safeguarding and the Safeguarding Team

	Q1	Q2	Q3	Q4
% of case completed within timeframe	60%	59%	74%	71%

TABLE 3: Wait between referral and protection meeting

8. REVIEW OF ACHIEVEMENTS 2010/11

A. Safeguarding Board

The Board has:

- Improved its governance arrangements by creating separate strategic and operational groups
- Improved and clearly delegated responsibilities to its two main sub-groups
- Further promoted safe empowerment of personal choice in line with the personalisation programme
- Ensured the sub-groups have delivered on critical issues such as service user involvement and improved access to training
- Revised the Serious Case Review protocols and procedures, with a group meeting to establish the managing of the protocol
- Agreed and implemented reciprocal chairing arrangements with the London Borough of Wandsworth, and started discussions with not only Wandsworth but other South West London boroughs about collaborative working at an operational level
- Actively participated in the development of the Pan London Policy & Procedures
- Embraced Deprivation of Liberty Safeguards
- Worked to raise awareness in the community through liaison with the Inter Faith Forum
- Started to develop collaborative approaches to safeguarding with the Local Safeguarding Children Board.

B. Learning & Development Sub-Group

Over the last year the group has:

- Quality assured and reviewed the learning and development programme to reflect the requirements of the National Competency Framework, prior to a new programme being developed for 2011-2012 and which better represents future competency development needs
- Enabled a total of 683 people to complete safeguarding training through LBRuT (although many more will have received training and attended safeguarding briefings within individual agencies)
- Commissioned an E-learning programme to allow greater numbers who work (or care for someone) in Richmond to undertake training in their own home or workplace
- Reviewed and updated the SAPB Learning and Development Strategy (originally developed in 2008).

C. Policy & Performance Sub-Group

The group was formed in the autumn of 2010, combining the former Performance and Policy with the Procedure Sub-Groups and has established a work programme that reflects the SAPB priorities. The following targets were the highest priority over the last year:

- To increase service user input into improving safeguarding practice, establishing a sub-group with service users/carer involvement. A process for user feedback is being developed.
- Working towards implementation of the Pan London Policy & Procedures, including the production of a local protocol and guidance
- Increasing the amount of accessible information on safeguarding - currently a range of best practice information is being gathered and distributed to partners
- An audit of partner policies and procedures to ensure that they are best placed to manage safeguarding efficiently. Using best practice guidelines a questionnaire has been sent to partners asking for data on the number of referrals, referral outcomes, and their policies and procedures.

D. Individual Partners

Voluntary Sector

Through the CVS as the strategic oversight group, there has been significant progress in raising awareness of safeguarding adults within the sector. For example:

- The dissemination of information and the running of workshops (e.g. hate crime awareness)
- Safeguarding is now a standing item at the Action for Carers Network meeting and the Carers Forum, and two carer organisations participate in the operational SAPB sub-groups
- Membership of the Policy & Performance sub-group has allowed organisations such as Richmond Users Independent Living Service to represent service user views in policy development
- In their capacity as representative organisation for older people's groups, Age Concern have disseminated information, and offered support to organisations which needed help with both understanding how to report suspected abuse, and how to access relevant training.

South West London & St George's Mental Health Trust (SWLSTG)

Significant improvements have been made through:

- Designating the Director of Social work as implementation lead for safeguarding adults, responsible to the director of nursing

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- A regular review of safeguarding through a bi-monthly steering group
 - The inclusion of safeguarding perspectives into relevant serious incident investigations and subsequent learning
 - Commissioning in-house training tailored to particular service areas, and completion of a safeguarding annual report

LBRuT: Safeguarding & Community Teams

Improving the quality of adult safeguarding investigations continues to be a priority, and a recent external audit has recognised last year's achievements:

- Examples of 'excellent' casework, which the external auditor had not found in any other authority
- The development of safeguarding minute taking standards
- Evidence of good managerial oversight, skilled chairing of protection meetings and clear and comprehensive protection plans
- Skilled and sensitive social work practice was evident with the adult at risk being empowered and treated with respect
- Alerts were responded to quickly with evidence of a multi-agency approach which achieved improved outcomes
- Supervision had promoted reflective practice and learning

LBRuT: Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DoLS)

Over the last year the service has:

- Seen the Deprivation of Liberty Safeguards embraced by the Safeguarding Adults Team and SAPB
- Managed the increase in DoLS requests for authorisations from two in Quarter 1 to fourteen in the same period for 2010/2011(which represents a disproportionately high number compared with equivalent London boroughs)
- Put a comprehensive training plan in place for staff in the local authority, partner and provider agencies
- Incorporated DoLS into the existing safeguarding best practice group
- Undertaken cross borough training with London Borough of Hounslow
- Commissioned an external audit to objectively identify improvement needs, with an improvement plan to be implemented in 2011-2012.

LBRuT: Community Safety Partnership (CSP)

Over the last year the partnership has:

- Tendered the domestic abuse service

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- ‘Rolled out’ a new three year Community Safety Plan with the aim of becoming London’s safest borough; for both last year and the coming 12 months, domestic abuse and anti-social behaviour (including hate crime) remain a priority
 - Further developed the Multi-Agency Risk Assessment Conference (MARAC), and improved the CSP training programme with increased publicity
 - Undergone restructuring of the service, although that has not prevented progress being made in a number of areas e.g. in the identification of repeat callers.

The Police

Over the last year the Police:

- Have been full members of the Board with representation on all the sub-groups and in formulating the Serious Case Review Protocol
- Investigated all allegations relating to adults at risk through the Community Safety Unit (CSU) based at Teddington Police Station
- Established a specific liaison officer post within the unit who is responsible for the vast majority of adult abuse criminal investigations

Hounslow and Richmond Community Healthcare NHS Trust (HRCH)

Over the last year the Trust:

- Developed robust internal safeguarding adult governance arrangements and reported regularly to the HRCH Safeguarding Committee and to the HRCH Board
- Ensured that all staff received safeguarding adults training as part of the Trust induction, with further awareness training targeted at specific community roles, such as district nurses.
- Developed the intranet for its staff, with clear guidance on how to raise a safeguarding adult alert, including a direct link to Richmond Borough’s safeguarding adult web-page.

NHS SW London, Richmond Borough Team (Formerly NHS Richmond)

Over the last year the Trust:

- Has contributed financially to the costs of the SAPB Independent Chair
- Has a Section 75 agreement regarding the Deprivation of Liberty Safeguards to provide best interests assessors and covering the cost of assessments
- Developed a data set of indicators relating to safeguarding adults as part of a Clinical Quality Commissioning Framework; this was included in the Richmond Community Provider Contract (known as Hounslow and Richmond Community Alliance) and regularly monitored.

9. PRIORITIES 2011/12

A Safeguarding Board

The Board will, in line with the strategic priorities outlined in the foreword to this report, focus on seven key targets with the overall aim of improving outcomes for at risk adults:

Key Target 1: Ensure the implementation of the Pan London Policy & Procedures by all the partners, along with the development of local protocols by 30th September 2011

Key Target 2: Undertake a review of the Board's effectiveness as a team, in particular by ensuring that all plans reflect one or more of the strategic priorities and key targets, and in addition that the Board's work is properly scrutinised in order to guarantee accountability

Key Target 3: Carry out a programme of audits to benchmark Richmond's performance against the outcomes identified in the Government's May 2011 statement, followed by a programme of work to improve, where necessary, on those outcomes

Key Target 4: Agree, resource and implement a revised communications strategy to aid in raising awareness and consequently improved protection and prevention

Key Target 5: Ensure that all partners have suitable risk management strategies in the light of increased take-up of direct payments and personalised budgets, including the appointment of staff

Key Target 6: Implement a series of strategies to engage service users in Board activities

Key Target 7: Ensure that staff in every sector are suitably trained and developed to work in this changing environment.

B. Learning & Development Sub-Group

The group will act on behalf of the SAPB by:

- Having leadership of an overarching safeguarding training strategy for the community of Richmond and the people who work to support vulnerable adults
- Promoting the take up of the e-learning programme (Key Target 7)
- Working with partners to further develop the modular approach to safeguarding learning (Key Target 7)
- Responding to legislative and policy changes (particularly the Pan London Policy & Procedures) to embed any new learning (Key Target 1).

C. Policy & Performance Sub-Group

The group will act on behalf of the SAPB by:

- Ensuring the introduction of the Pan London Policy & Procedures (Key Target 1)
- Ensuring effective service user involvement in developing safeguarding practice and processes (Key Target 6)
- Improving the quality of information being distributed, and target it appropriately (Key Target 4)
- Ensuring that organisations are structured /organised to effectively manage safeguarding (Key Targets 1, 3, 5, 6 & 7).

D. Individual Partners

The Voluntary Sector

- Age Concern will ensure that in relation to older people the relevant organisations know how to report abuse and increase awareness (Key Targets 4 & 5)
- All voluntary groups will ensure that their policies reflect the changes proposed in the Pan London Policy & Procedures (Key Target 1)
- Age Concern will review staff training requirements and organise refresher training for staff that have not been trained recently, using the new on-line training facility (Key Target 7).

LBRuT: Safeguarding & Community Teams

The service will continue to focus on improving outcomes by:

- Establishing the safeguarding champions network across all the agencies (Key Targets 3, 4 & 5)
- Disseminating information to all practitioners in a timely manner and enabling targeted consultation on any new initiatives (Key Target 7)
- Producing a toolkit for safeguarding practitioners in the context of the Pan London Policy and Procedures: a step-by-step guide for those registering an alert, taking referrals, investigators, managers, chairs and adults at risk (Key Targets 1, 3 & 5)
- Collecting feedback from adults at risk and their families / friends (Key Targets 3, 4, 5 & 6)
- Implementing procedures for vetting voluntary sector staff in supervised and non-supervised settings (Key Target 5).

In relation to Mental Capacity Issues and Deprivation of Liberty safeguards, the service will:

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- Integrate MCA & DoLS principles within other core training e.g. safeguarding and personalisation, and facilitate across-borough training (Key Target 7)
 - Keep up to date with case law and share this knowledge with partners (Key Targets 4, 5 & 7)
 - Be integral to the new champions network (Key Targets 4 & 5)
 - Ensure three additional BIA staff are trained resulting in a presence in all community teams, thus ensuring MCA/ DoLS best practice (Key Targets 3 & 5)
 - Review and update DoLS policy and procedures (Key Target 1)
 - In the expectation of increased demand, produce a workforce development plan (Key Target 7).

LBRuT: Community Safety Partnership

The partnership will:

- Reduce repeat victimisation through the MARAC process (Key Target 3)
- Reduce attrition through work with the CPS around cracked and ineffective trials (Key Target 3)
- Increase the effectiveness of MARAC through tender service and data (Key Target 3)
- Increase awareness through training, white ribbon and the website (Key Target 7)
- Develop benefit measures (Key Target 3)
- Appoint a new full time worker to lead on ASB and introduce ASB mapping (Key Target 3)
- Adopt a risk matrix approach with at risk adults as the focus (Key Target 5)
- Merge ASB and hate crime into one process, based on vulnerability and risk (Key Target 3 & 5).

LBRuT Housing and Richmond Housing Partnership:

- Remain committed to safeguarding adults at risk
- Will make the most of e-learning opportunities to refresh and learn new skills,
- Will work closely to make the best use of resources and legal powers to protect victims, and hold perpetrators to account.

NHS organisations working within the Borough

Safeguarding Adults is a high priority for the **NHS Community**; all NHS organisations are committed to working together with the Safeguarding Adult Partnership Board, providers of services and partner agencies to continuously improve safeguarding, to protect adults who live within the London Borough of Richmond upon Thames, and when needed those adults who live outside the borough.

South West London & St George's Mental Health Trust

The Trust will:

- Meet more safeguarding timeframes (Key Target 3)
- Implement the Pan London Policy & Procedures (Key Target 1)
- Achieve better alignment between serious incident investigations and safeguarding (Key Target 3)
- Establish a training database for all health and social care staff (Key Target 7)
- Promote safeguarding awareness to staff and partners through e-learning (Key Target 7)
- Review human resource protocols relating to the management of allegations against staff within adult at risk investigations, and offer human resource staff more training (Key Target 7)
- Improve delivery and uptake of safeguarding training for carers (Key Target 7)
- Establish a full-time SVA lead/coordinator post to work Trust-wide on improving practice, performance reporting and analysis (Key Target 3).

Hounslow and Richmond Community Healthcare NHS Trust

The Trust will:

- Complete a self- assessment against the Department of Health Standards on adult safeguarding (Key Target 3)
- Identify a separate safeguarding adults operational lead for Richmond (Key Target 3)
- Review its training programme and internal safeguarding procedures (Key Target 7)

NHS SW London, Richmond Borough Team

The Trust will:

- Recruit a Named Nurse Primary Care-Safeguarding Adults and Children
- Develop a process of raising awareness/training in response to the Government's Prevent strategy which is aimed at deterring adults at risk being involved in supporting violent extremism
- Ensure that in the need to find efficiencies and improved outcomes, and in the context of the Government's proposed changes to the commissioning of services and organisational arrangements as envisaged in The Health and Social Care Bill, the Trust will continue its commitment to improving health outcomes for adults at risk.

10. CONCLUSION

Progress continues to be made in ensuring that Richmond upon Thames is as safe as it can be for adults that are at risk. Whilst the challenges ahead are significant, the statements of commitment from the partners highlighted at the beginning of this report are a sign that the message 'safeguarding is everybody's business' has not been lost on those commissioning and providing services within the Borough. The Board will strive to turn those commitments into better outcomes for those adults in the Borough who remain at risk.

If you would like further information about this Annual Report, please contact:

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11. APPENDICES

Glossary & Abbreviations

LBRuT	London Borough of Richmond upon Thames
ADASS	Association of Directors of Adult Social Services
MCA	Mental Capacity Act 2005
DoLS	Deprivation of Liberty Safeguards (Code of Practice to supplement the MCA 2005)
MARAC	Multi-Agency Risk Assessment Conference (responsible for reducing the risk of domestic violence)
MAPPA	Multi-Agency Public Protection Arrangements (responsible for protecting the public from offenders)
BIA	Best Interest Assessors
ASC	Adult Social Care
CPS	Crown Prosecution Service
ASB	Anti-Social Behaviour
CVS	Council for Voluntary Service
SAPB	Safeguarding Adults Partnership Board

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