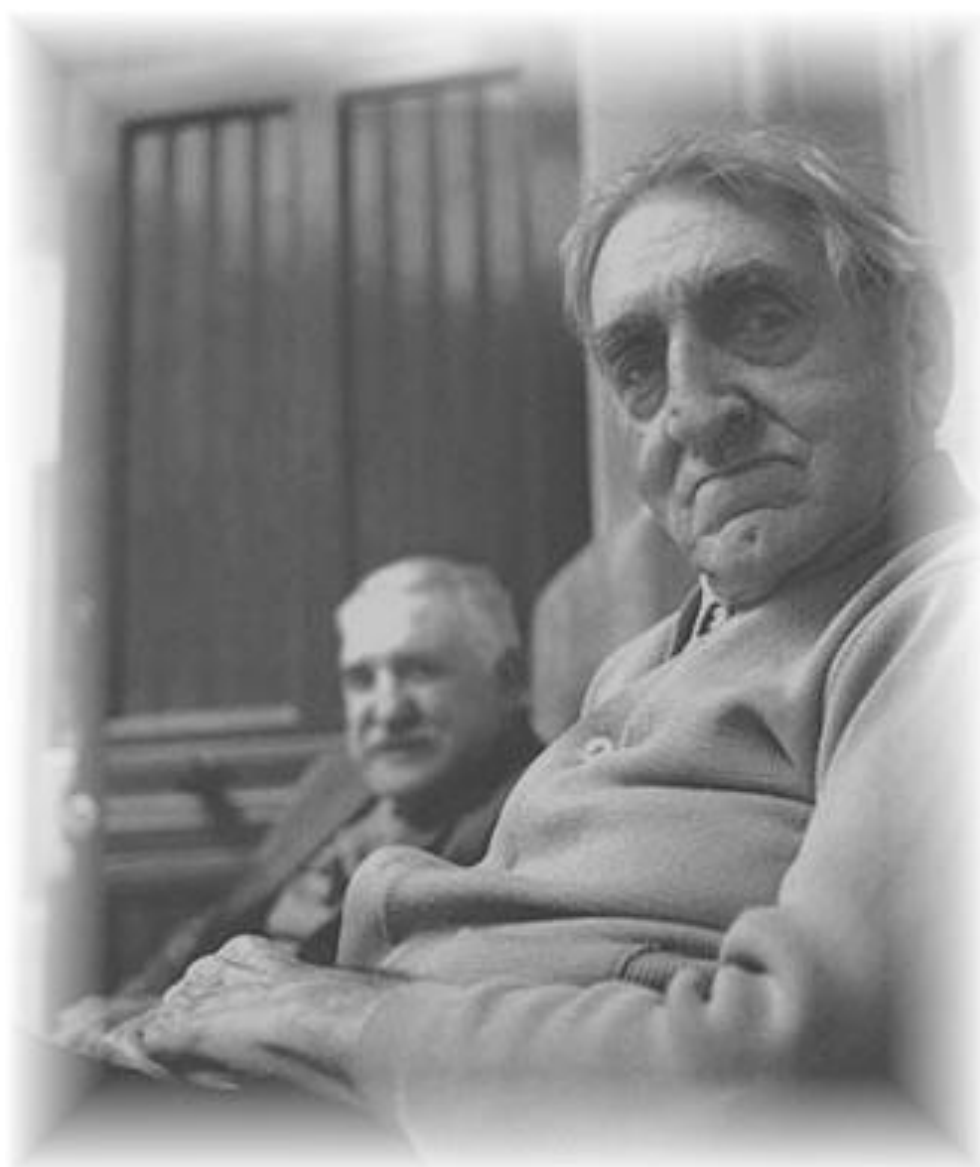




# Barnsley Safeguarding Adults Board 8<sup>th</sup> ANNUAL REPORT 2014-2015



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## FOREWORD BY THE CHAIR

As Chair of the Barnsley Safeguarding Adults Board, I am delighted to commend this, the eighth annual report to you. The report outlines the progress made in 2014-2015 to safeguard and promote the welfare of vulnerable adults in Barnsley.

The Board exists to hold all agencies to account for the work they do to safeguard vulnerable adults in Barnsley. Safeguarding is a partnership activity which requires staff at all levels in all agencies, volunteers, members of the public, families to work together to ensure that adults regardless of their residence are protected from abuse.

The Care Act comes into force in April 2015. This legislation will put safeguarding adult's boards on a strong statutory basis, better placed both to prevent abuse and to respond to abuse when it occurs. Some of our board partners have faced continued change over the last year, and resources remain a challenge in all agencies. However, all partners have continued to remain committed to the safeguarding adult's agenda and partnership working.

The South Yorkshire Safeguarding Adults Consortium consisting of Barnsley, Doncaster, Rotherham and Sheffield, commissioned the re-write of the Safeguarding Adults Procedures for South Yorkshire. The consortium has continued to work on the production of the Procedures and we are expecting a draft for consultation in May 2015.

The Board has continued to work closely with a number of key statutory organisations such as the Clinical Commissioning Group (CCG), the Police, NHS England, Healthwatch and the Care Quality Commission (CQC). This year the safeguarding service has received a total of 951 safeguarding alerts and of these, 361 alerts progressed to safeguarding referral. This contrasts with the

previous year when the service received 700 alerts of which, 367 progressed to referrals.

Of the 361 referrals processed this year, 135 were with respect to male victims and 226 were in respect of female victims.

The Care Act (2014) will place the Safeguarding Adults Board on a statutory footing and the legislation recommends the appointment of an Independent Board Chair. 2013 – 2014 was to be my last year as Chair of the Barnsley Safeguarding Adults Board. I continued to support the Board as Chair until an Independent Chair had been appointed.

I would also like to welcome Bob Dyson, the newly appointed Independent Chair of the Safeguarding Adults Board.

I would like to take this opportunity to thank my deputy chair Councillor Morgan for her continued commitment to Safeguarding and everyone who works within safeguarding adults for their hard work and support throughout my time as Chair.



Councillor Jenny Platts  
Chair of the Safeguarding Adults Board

## **INTRODUCTION BY THE EXECUTIVE DIRECTOR PEOPLE**

The Annual Report for Barnsley Safeguarding Adults Board (SAB) for the period April 2014 to March 2015 outlines progress made against the objectives and plan, providing details of the key achievements, plus looks forward and sets out the challenges and actions planned for the forthcoming year.

and appreciation of the hard work and commitment of the outgoing Chair, Councillor Jenny Platts.

Rachel Dickinson  
Executive Director People

With the introduction of the Care Act 2014, to be implemented in April 2015, partnership working is subject to a number of legislative changes. The Care Act will place the safeguarding of vulnerable adults on a statutory footing. New guidance and the re-writing of the Safeguarding Adults Procedures for South Yorkshire, working together with multi-agency partners and in the context of Making Safeguarding Personal (MSP) is more important than ever in ensuring that risk is managed across the sector and that the resources we have are put to best use.

The annual development day, held in conjunction with the Barnsley Safeguarding Children's Board, has again been highly successful as it was well attended by a broad range of stakeholders. Continuing to reinforce and develop more integrated working between Adult and Children's services, to promote the safety and wellbeing of all those who may be vulnerable across the borough, all sectors and agencies. Next year we will see a further integration with Safeguarding Adults and Safeguarding Children operating within a single Business Unit.

The recent appointment of an Independent Chair for the Safeguarding Adults Board will help in underlining the independence of the Board and promote an additional focus to the demands enshrined in the legislative requirements of the Care Act. However, on behalf of Board and all the partner agency members I would like to extend my thanks

## 1 Developments in Safeguarding Adults Work

Developments over the year 2014-2015 in work related to the safeguarding of vulnerable adults are outlined in this section. First, developments at a National level are reported followed by developments at both a regional level and local level are discussed.

### The Care Act 2014

The Care Bill became an Act of Parliament after receiving Royal Assent on 14 May 2014. The Care Act 2014 modernises and consolidates the law on adult care in England into one statute and has been described as the biggest change to the law in 60 years. The Act comes into force on 1 April 2015 and sets out how local authorities protect adults at risk of abuse or neglect. Local authorities have new safeguarding duties. The local authority must:

- *Make enquiries*, or cause others to do so, if it believes an adult is experiencing, or is at risk of abuse or neglect. An *enquiry* should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.
- *Co-operate* with each of its relevant partners in order to protect the adult. In their turn each relevant partner must also *co-operate* with the local authority.
- *Co-operate* with such other agencies or bodies as it considers appropriate in the exercise of its adult safeguarding functions. These might include general practitioners, dentists, pharmacists, NHS hospitals, housing, health and social care providers.

The Care Act also requires that the safeguarding processes are person-centred, concentrating on an outcomes approach and at

all times involving the person in decision-making and helping the person to manage risk. This is known as 'Making Safeguarding Personal' (MSP).

The Act places a duty on the local authority to ensure they establish a Safeguarding Adults Board. It specifies a core membership for the Board and it requires an annual report to be produced which describes the Board's achievements and it also requires that a Strategic Plan is produced for each financial year.

### Care Quality Commission (CQC)

The Care Quality Commission (CQC) inspects all health and social care services including hospitals, care homes and dentists. The CQC maintains registers of people eligible to work in care settings as well as care organisations that provide 'regulated services'. In June 2014 the CQC closed its consultation with the public and its partners on a proposed 'new approach' to monitoring and inspection. As a result of the consultation in October 2014 the CQC published a number of 'provider' handbooks which explain how the monitoring and inspection of services will operate.

The main changes to the processes carried out by the CQC were:

- Introducing new ways to inspect services, with Chief Inspectors and more specialist teams that include members of the public.
- Using a new system of intelligent monitoring to help the CQC decide when, where and what to inspect.
- Listening to people's experiences of care and using the best information across the CQC's monitoring system.

## **Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS)**

The Mental Capacity Act 2005 (MCA) continues to provide a legal framework for acting and making decisions on behalf of an individual (adults aged over 16 years) who lack the mental capacity to make a particular decision for themselves. Everyone working with or caring for an adult who may lack capacity to make decisions must comply with this Act.

The Deprivation of Liberty Safeguards (MCA/DoLS) was introduced into the Mental Capacity Act 2005 by the Mental Health Act 2007. Full implementation of the safeguards came into effect on 1 April 2009 providing protection for vulnerable adults who lack capacity.

From April 2013 the Local Authority has held full responsibility for the administration and implementation of the Deprivation of Liberty Safeguards.

The main issue regarding DoLS, is that on 19 March 2014, a landmark judgment was made in the Court of Protection which has had an immense impact on this area.

Previously the factors that rendered someone deprived of their liberty in a care home or hospital were many and complex, there was no simple answer to the question of whether any individual was deprived or not. This case, 'Cheshire West' changed everything, in that there is now a straightforward 'acid test' as to whether or not a person is deprived.

The case also broadened the category of those deemed deprived of their liberty, so that whereas in previous years the local authority received around 100 assessments each year, between April 2014 and March 2015 we have received over 750 requests and for the first time have a backlog of referrals, which poses a considerable legal risk. To try to mitigate this,

we have extended the DoLS pilot, whereby we have a dedicated team of Best Interest Assessors working full-time on DoLS assessments.

Nationally the picture is similar, and there appears to be no area that has been able to summon the resources to deal with this unprecedented pressure on local authorities. Given that every assessment takes around 10 hours to complete, this continues to be an ongoing problem, with little sign that central government are prepared to address the resource problems.

There is also increased activity in terms of applications to the Court of Protection, for situations in which an individual may be deprived of their liberty, but is not in a CQC-registered resource. This may include young adults in residential schools after the age of 18, Shared Lives or Supported Living.

We have developed a Mental Capacity Act/DoLS strategy and action plan, which is reviewed on a monthly basis. Regular training on the MCA is being provided across all sectors.

DoLS applications, including reviews for the past four years, are shown:

- 2010-11 there were 105 applications
- 2011-12 there were 77 applications
- 2012-13 there were 80 applications
- 2013-14 there were 92 applications

The total number of requests received from various managing authorities for DoLS assessments this year (2014 to 2015) was 750.

As of 1 April 2015 Barnsley has 25 active Best Interest Assessors. Additional statistics in respect of DoLS applications are shown:-

- No. of authorisations granted – 400
- No. of authorisations not granted – 46
- No. of referrals withdrawn – 89

- No. of DoLS referrals resulting in a referral to safeguarding -1
- No. of stacked cases – 185
- No. of cases undertaken for other local authorities – 2
- No. of referrals in progress as at 31 March 2015 – 28

## **Chief Coroner's Guidance (DoLS)**

In December 2014 the Chief Coroner published guidance referring to the question of whether an inquest into a person's death should be held if that person was subject to a Deprivation of Liberty. The Chief Coroner's view was that any person subject to a DoL is 'in state detention' for the purposes of the Coroners and Justice Act 2009. Therefore the death of such a person should be reported to the coroner and the coroner should commence an investigation under section 1 of the 2009 Act.

## **Domestic Abuse and Domestic Homicide Reviews**

A new Home Office definition of domestic abuse was endorsed by the Association of Chief Police Officers in March 2013 and was effective in England and Wales from that date. The definition is inclusive for male and females. It states that;

"any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Revised multi-agency statutory guidance published by the Home Office in June 2013 states that the local authority must hold a

domestic homicide review (DHR) when the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person who was related to or had been in an intimate personal relationship with the deceased or who is a member of the same household as the deceased".

The purpose of a DHR is to establish what lessons are to be learned regarding the way in which local professionals and organisations work individually and together to safeguard victims and to identify what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result.

There have been no new Domestic Homicide Reviews undertaken for the period 2014-2015.

## **Health and Social Care Information Centre:- The Safeguarding Adults Return (SAR)**

This year has seen the first full reporting of the Safeguarding Adults Return (SAR) data. Implemented by the Health and Social Care Information Centre (HSCIC) in April 2013, the SAR records information about safeguarding referrals and the Deprivation of Liberty Safeguards (DoLS) reported to it nationally by local authorities.

The SAR data collection is designed to support local authorities to identify areas for improvement.

The SAR data collection for this year (1 April 2014 – 31 March 2015), together with other data related to the performance of the safeguarding service is reported in the annual Performance Management and Quality Assurance Report at Chapter 4 of this report.

## **Making Safeguarding Personal (MSP)**

In March 2014 the Local Government Association (LGA) in conjunction with the Association of Directors of Adults Social Services (ADASS) published the findings of a study into the effect of focussing safeguarding adults work on person-centred, outcome-based principles.

Since that time work has taken place within a number of local authorities, Barnsley included, implementing the principles of MSP.

This approach to the safeguarding of vulnerable people has been further endorsed, and has become a statutory requirement through the implementation of the Care Act 2014.

## **The *Prevent* Strategy and *Channel***

In October 2012 the government published guidance on how local partnerships should deliver *Channel* projects designed to combat violent extremism and radicalisation. *Channel* is a key element of the Government's *Prevent* Strategy which purposes to stop people becoming terrorists or supporting terrorism. *Channel* is a multi-agency approach to protect people at risk from radicalisation. It relies on coordinated activity at a local level and uses existing collaboration between local authorities, the police, statutory partners (such as education and health sectors and social services) and the local community.

The Counter-Terrorism and Security Act 2015, which received Royal Assent on 12 February 2015 brought into force the requirement that local authorities must put in place a multi-agency panel of members with the function of developing an appropriate support package to safeguard those at risk of being drawn into terrorism based upon an assessment of their vulnerability. The panel is responsible for managing the safeguarding risk

which is in line with other multi-agency panels where risk is managed, such as Adult Safeguarding panels and Multi-Agency Public Protection Arrangements (MAPPA).

It is also a requirement of the Act that the local authority chair the multi-agency panel which will consist of representatives of the local authority, a chief officer of police and other statutory partners as the local authority deems appropriate.

## **Multi-Agency Public Protection Arrangements (MAPPA) & Multi-Agency Risk Assessment Conferences (MARAC)**

The South Yorkshire Consortium consisting of Barnsley, Doncaster, Sheffield and Rotherham continue to hold monthly multi-agency public protection arrangements (MAPPA) meetings led by the police, to discuss individual cases where persons are deemed to present as a high risk.

The Multi-Agency Risk Assessment Conferences (MARAC) continues to meet twice monthly. The Barnsley Safeguarding Adults Board is represented on MARAC by the Safeguarding Adults Service Manager. The group make decisions regarding cases involving domestic violence.

Partnership working means individuals and organisations working together for a common purpose. Working together brings many benefits including pooling valuable resources and providing more co-ordinated services. Applied to domestic violence, effective partnership working increases safety and minimises risk. In Barnsley the Strategic Domestic Abuse and Sexual Violence Partnership oversees a multi-agency approach to reducing domestic violence in Barnsley.



## **2 The Safeguarding Adults Board Operational Management Group**

### The Operational Management Group (OMG)

The Safeguarding Adults Board Operational Management Group (OMG) exists to operationally oversee the work of the Safeguarding Adults Board (SAB) Sub-groups and feeds back progress on each group's action plan and any areas for concern to the Strategic Board (the SAB). The OMG has concentrated its efforts on care homes and nursing homes. The reporting of Low Level Concerns was developed into a pilot taking place throughout the year. The pilot was reviewed with Commissioners and Providers and the system updated following the review. Professionals going into care homes and nursing homes will be alert to identify areas of good practice in the homes as well as identifying areas that need development. Professionals identifying issues will give feedback to the care home manager and the same information will be provided to the Commissioning Team monitoring the contracts. Early feedback suggests that the process is much improved and that there is learning for providers to share.

Other priorities have been focused on Assurance processes. The Safeguarding Adults Board (SAB) last completed a full audit of the Board and its functions in 2009 and on completion of the resulting action plan, the Barnsley Safeguarding Adults Board compared favourably with its regional comparators. Since that time the SAB has undertaken various audits the most recent being the Safer Recruitment Audit currently in progress and due to report in Spring 2015. This will enable recommendations to be included in the Safeguarding Board Action plan 2015 -16.

The OMG reviewed an Assurance/Audit tool that had been developed by the Department of

Health and draws on existing standards & inspection frameworks including the Care Quality Commission (CQC) Essential Standards for Quality & Safety, the Association of Directors of Adults Social Services (ADASS) Standards for Adult Protection & the NHS Outcomes Framework. The tool aims to ensure that there is a common purpose to safeguard adults whose circumstances place them at risk and to protect them from avoidable harm across the different sectors in Barnsley, which includes health, the police and local authorities.

### Safeguarding MCA/DoLS Training Sub Group

The SAB MCA/DoLS (Mental Capacity Act/Deprivation of Liberty Safeguards) Training Sub Group meets bi-monthly to identify, develop and maintain safeguarding training processes for statutory, independent and voluntary sectors. The Training Sub Group considers a training strategy which meets the needs of all partner agencies working collaboratively across South Yorkshire. In March 2014 bespoke MCA Compliant Record Keeping training was developed for all providers, this incorporates the Principles of the Care Act 2014. An evaluation audit will be developed to record the effectiveness of the training in practice. The Sub Group reports training attendance figures to the Safeguarding Adults Board quarterly and annually.

### **3 Reports from Local and Regional Partners**

#### **Berneslai Homes**

Berneslai Homes' primary contribution to Safeguarding is via our established Vulnerability Strategy: 'Something Doesn't Look Right'. Through this approach, we provide practical support and interventions to address identified issues which, without our contribution could escalate to other services for example social care or the police. Our strategy aims to ensure the early intervention of risks during routine visits to thousands of homes within the Borough, at the start of tenancies and at various times throughout them. For example, we are able to provide practical support, make referrals to other appropriate support providers and carry out housing application assessments as part of our response to the early identification and intervention with our tenants in need.

Berneslai Homes continue to undertake proactive visits to Council properties specifically to identify any support or vulnerability issues early. During the last year we carried out 5000 support visits, 1000 of which resulted in supportive interventions. This includes over 300 for families, 12 of which there were concerns around the safety of children. During the year we have carried out over 1500 visits to vulnerable individuals affected by the advent of Universal Credit and continued to support those affected by welfare reform.

Berneslai Homes Family Intervention Service (FIS) provides cross tenure intensive family support to families with multiple and complex needs. The FIS continues to make significant progress in achieving positive outcomes for families under the Troubled Families Programme; supporting over 200 families with multiple and complex needs during the last

year. The primary aim is to secure and sustain clear behavioural change, thus reducing the effect of a family on the surrounding community. Positive changes are evidenced through reduced antisocial behaviour and criminality, addressing worklessness and improving progress to work, and improved opportunities for children through better school attendance. Families are allocated dedicated keyworkers, delivering an evidence based approach of early intervention/prevention, non-negotiable support and enforcement in order to provide families with a positive incentive to change.

#### **Public Health (BMBC)**

Following Royal Assent of The Health and Social Care Act (2012) Public Health responsibilities and functions returned to Local Authorities from the NHS. Throughout this transition period Public Health have continued to commission and work with partners on a broad spectrum of programmes which impact on the health, wellbeing and safeguarding of the population across the life course. The diverse programmes of work which make up the Public Health contribution to the prevention of people becoming susceptible to vulnerability include:

- Commissioning of 0-19 years Healthy Child Programme
- Administration and chairing of the Child Death Overview Panel
- Emergency preparedness and resilience
- Health Checks
- Health Protection
- Oral Health Promotion
- Safeguarding
- Commissioning integrated sexual health services

BMBC Public Health will focus on physical activity public health initiatives which contribute to the welfare of our population, demonstrating a wider community approach to reducing the number of vulnerable adults within our Borough.

During 2014/15 Barnsley played host to part of the world famous Tour de France which was a great influence on raising physical activity levels across our population, this has been recognised as a key tool to tackle a range of challenges facing individuals across the Borough. Leading a physically active lifestyle offers the potential to improve both physical and mental health and improve life expectancy (Chief Medical Officer 2011). Public Health BMBC has provided expertise and guidance on a number of agendas to improve and increase opportunities for people to lead active lifestyles. Outlined below are some key pieces of work which demonstrate Public Health outcomes on reducing health inequalities which impact on the most vulnerable people in our community.

### **Tour de France (TdF) Legacy Group**



Over the last 12 months through our TdF legacy group we have delivered a wide variety of cycling related, events, training and infrastructural improvements – below are some headline outcomes:

- Made 345 local cycling opportunities available for local people to take part in.
- Provided 280 adult cycle training courses - 496 adults took part.
- 182 residents and employees loan a bike through Barnsley's Cycleboost scheme.

- Installed 128 Sheffield Cycle Stands in business across the Borough.
- Installed 2 community bike pumps.
- Made 16 adaptive bikes more accessible by organising the transfer of these bikes from Barnsley FC to Cycle Penistone.
- Delivered 20 Sky Ride Local Rides – attracting 123 participants with a campaign reach of 1800.
- Over 30 volunteers have been involved in the project - donating over 10,000 hours of time.

We have delivered 2 major cycling events:

- The Tour de France 2014 – 60,000 spectators line the route through Barnsley Borough.
- Town Centre Criterium Race in 2014 – attracted 160 participants and over 2000 spectators.

In order to deliver services, Public Health work in synergy with a wide range of partners both internal and external to the council, these include:

- Barnsley Clinical Commissioning Group
- South West Yorkshire Partnership Foundation Trust
- Team Activ
- Active Barnsley
- Health Trainer Service
- Cycle Yorkshire
- Barnsley Premier Leisure
- Barnsley Football Club
- Barnsley College
- South Yorkshire Sport
- Shaw Lane Community Sports Centre
- BMBC – Education, Children and Young People, highways, transport
- Barnsley Health and Wellbeing Board
- Racescene
- Planet X

The commitment from partner organisations demonstrates the extent to which value is

placed on the health, wellbeing and reducing the number of vulnerable people within our population.

### **Inspiring Volunteering**

As well as the volunteers who played a vital part in the success of the 'Barnsley leg' of the TdF, Public Health BMBC have been working alongside Voluntary Action Barnsley to develop a model to reduce social isolation in older adults using volunteers. Workshops have been planned to scope out how a model would work in practice and to develop pathways to support delivery. The forward plan is to identify the 'pinch points' when our residents are more likely to feel socially isolated and vulnerable, such as discharge from secondary care and following bereavement.

### **Physical Activity Care Pathways (PACP)**

For our population who may find it difficult to take part in conventional exercise, the PACP delivers an array of physical activity sessions across Barnsley for people with long term conditions such as diabetes, cancer, arthritis and many more. It runs over 25 sessions a week, totalling over a 1000 sessions since the launch of the programme in April 2014. We have had 330 referrals from a range of health professionals such as nurses, GPs, physiotherapists and dieticians. The activities on offer range from community walking groups, tai chi classes and even gym based activity to help patients improve their health and help with self-management of their conditions. Service users over 65 years of age are also referred to postural stability classes which contribute to protecting against falls.

Raising participation in physical activity across the Borough is one part of the wide and varied portfolio of work which falls under the Public Health scope of responsibilities. This demonstrates that safeguarding requires a multi-faceted approach and that the acquisition of social capital, taking part in team activities

and volunteering to help others helps to build self-esteem and personal resilience.

## **Healthwatch Barnsley**

During the past 24 months Healthwatch Barnsley has engaged with 8,800 individuals including Children and Young People and through this activity have gathered over 4000 comments about their experiences of health and social care services.

Healthwatch Barnsley is supported in its outreach and engagement activity by a team of volunteers called Healthwatch Champions. Each of our champions is at different levels of involvement and development, due to the date they joined with us.

The training they are able to access includes:

- Enter and View.
- Adult Safeguarding.
- Children's Safeguarding.
- Mental Capacity Act and Deprivation of Liberty Safeguards.
- Equality and Diversity.

We also look for training that will support member's awareness of a range of subjects for example:

- Sensory Awareness Training.
- Dementia Awareness Training.

When doing outreach and engagement activity Healthwatch Champions support us in collating comments from members of the public.

Each comment received by the Healthwatch team will be checked and analysed for concerns affecting a person's:

- Dignity
- Discrimination

- Safety
- Neglect

This helps us to identify when a comment, experience, concern or issue requires escalation, to the service provider, commissioners, safeguarding, regulatory bodies, and the police.

### **Feeding In Your Views**

Healthwatch Barnsley has a number of ways in which we can feed in your views.

Firstly if you wish to submit a complaint we can provide you with the information you need to do this directly with the provider or we can signpost you to a local organisation with whom we work closely.

DIAL holds the NHS and Social Care Complaints Advocacy Service here in Barnsley, and will support you to navigate NHS and Social Care complaints systems.

Healthwatch Barnsley collates information and signposts but does not support with individual complaints.

Healthwatch gathers information and detail to form trends, and meets on a regular basis with the quality leads from health and social care organisations. At these meetings we are able to find out what is happening with providers and commissioners as well as feed in your views and any trends being identified to encourage change.

Healthwatch Barnsley have a seat on the Local Adult Safeguarding Board, Health and Social Care Intelligence Sharing Meetings and on the Regional Quality Surveillance Group for South Yorkshire and Bassetlaw, meaning that we have an in depth view of what is happening to maintain safety and quality at a local and regional level and have opportunity to feed patient view into these processes.

Not forgetting that Healthwatch Barnsley is part of a network of 152 local Healthwatch organisations, supported by a national organisation called Healthwatch England. Healthwatch England analyses the information we collate and escalates issues at a national level to identify national trends and inform government policy.

### **BARNSELY Clinical Commissioning Group (CCG)**

Since becoming formally responsible for buying and developing health services for local people, Barnsley Clinical Commissioning Group (CCG) has continued to develop its role in Safeguarding Adults within Barnsley. The Chief Nurse at the CCG continues to take the lead for Safeguarding Adults for the CCG, providing statutory representation at the Safeguarding Adult Board. The Chief Nurse also sits on the CCG Governing Body; ensuring safeguarding is represented at the executive level of the CCG. The Named General Practitioner for Adult Safeguarding is employed by the CCG and attends the Safeguarding Adult Board.

In September 2014 the CCG restructured its Quality Team, creating a senior safeguarding and patient experience Designated Nurse post to enable dedicated strategic oversight of Adult Safeguarding going forward. This new post will enable the CCG to provide strengthened leadership to the Adult Safeguarding Operational Management Sub group in order to support the Board in the delivery of its work streams.

The CCG is responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards adults at risk of abuse or neglect. The assurance required from organisations is gained using a variety of methods, including assurance visits, contract monitoring and Key Performance Indicators. Any concerns are addressed through contract review meetings.

The CCG becomes involved in safeguarding process where it is perceived that there is a need for oversight in relation to health care issues. This involvement and clinical leadership provides assurance to both adults at risk and healthcare providers that the process is supportive, effective robust and impartial. The future challenge is to ensure that the CCGs skills and knowledge are used effectively to support change and improvement where it is required.

The CCG maintain effective oversight of safeguarding issues in Continuing Health Care placements. The Continuing Health Care Team performs 'safe and well checks' when concerns are raised in relation to the quality of care provided for people with a primary health need.

A review audit has been completed in respect of the CCG's adult safeguarding systems and processes. The review examined the effectiveness of the controls in place and was undertaken in accordance with the Public Sector Internal Audit Standards. The CCG demonstrated that it has appropriate systems for discharging responsibilities in respect of safeguarding. The findings highlighted no concerns and a workshop was held to define and drive forward areas for development such as the CCG's role in ensuring safeguarding is an integral part of the commissioning cycle.

The CCG hosts intelligence sharing meetings with Healthwatch about commissioned providers, the intelligence is utilised to triangulate all available information and to note any developing lines of enquiry that need to be pursued. Where appropriate this is also shared at the wider intelligence sharing meeting held by the Local Authority and also attended by the Care Quality Commission. The CCG Adult Safeguarding Designated Nurse attends the safeguarding steering groups of the two main commissioned providers (Barnsley Hospital NHS Foundation Trust and South West Yorkshire Partnership NHS Foundation Trust).

This enables the CCG to drive forward the adult safeguarding agenda, discuss and escalate any concerns.

The CCG networks on a regional level through attendance at forums and meetings enabling a sharing of learning, experience and best practice with both providers and other CCGs across Yorkshire and the Humber.

In conjunction with NHS England the CCG has a role in supporting the development of safeguarding in Primary Care. Over the past year the CCG provided Adult Safeguarding training to 104 GPs and this work will continue going forward. 100% of CCG staff received level one adult safeguarding training this year, together with bespoke training for the Governing Body members.

The CCG have been instrumental in writing a strategy to support the implementation of the Deprivation of Liberty Authorisation work and has provided training to staff on the Mental Capacity Act and Deprivation of Liberty Safeguards.

The CCG's key responsibility for safeguarding adults can be summarised as assurance, leadership and partnership. These areas mean that safeguarding adults and the prevention of harm to vulnerable adults and the intelligent use of the Mental Capacity Act continue to be a priority for the CCG.

## Barnsley Hospital NHS Foundation Trust (BHNFT)



Barnsley Hospital NHS Foundation trust (BHNFT) continues to be committed to safeguarding vulnerable adults and has made significant improvements to systems and processes that enable the Trust to identify vulnerabilities in adults who access the Trust services.

The Trust is committed to the Making Safeguarding Personal initiative and engagement with prevention, early recognition of vulnerabilities and learning from Safeguarding Adult enquiries arising from concerns raised.

Supporting this approach is the commitment to increase safeguarding adult awareness and knowledge in all Trust staff by delivery of Safeguarding Adult mandatory training and additional learning approaches to meet the diverse needs of clinical areas and staff profiles.

### Developments

- The appointment of a Safeguarding Adults Professional Lead to lead on the development of the Safeguarding Adults service which includes the Prevent initiative, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards scheme, and the performance of the Mental Health Act 1983.
- The notification of internal Safeguarding Adults cause for concerns onto the Trust Datix system which is open to audit by the Risk Management Team.

- Engagement with the Making Safeguarding Personal initiative and the implementation of the Care Act 2014 with particular reference with the Chapter 14 requirements of the Care and Support Statutory Guidance.
- Realignment of the Trust Safeguarding Adults and Safeguarding Children Steering Groups into one integrated Safeguarding Steering Group which sits within the corporate nursing team under the direct leadership of the Director of Nursing and Quality and the Deputy Director of Nursing.
- The Safeguarding Steering Group now reports directly into the Quality and Governance Committee which is a sub-committee of the Trust Board which is chaired by a Non-Executive Director and has Executive representation.

### Safeguarding Assurance

- The Trust is developing its process for performance monitoring and quality assurance on Safeguarding Adults activity and the learning from safeguarding enquiries.
- The Trust has evidenced its compliance with quality assurance through the submission in June 2014 of the CQC Provider Compliance Assessment Exception Report in accordance with Outcome 7, Regulation 11 – Safeguarding people who use services from abuse.
- The Trust is working closely with the Performance & Quality Assurance sub-group of the Barnsley Safeguarding Adults Board to improve quality on assurance reporting and inter-agency strength.

## Safeguarding Partnership Working

The Director of Nursing and Quality is the Trust executive lead for Safeguarding Adults.

The Deputy Director of Nursing is the Trust strategic lead for Safeguarding Adults and represents the Trust on the Barnsley Safeguarding Adults Board.

The operational lead within the Trust is the Lead Professional Safeguarding Adults and the post-holder represents the Trust on the sub-groups of the Board.

The Lead Professional Safeguarding Adults is supported by the Learning Disability Liaison Nurse whose primary responsibility is to deliver a learning disability service across all areas of the Trust.

## Safeguarding Adults Activity

During 2014-2015 there were 1,210 formal and informal safeguarding alerts. Of this total 351 met the threshold for formal investigation with 262 referrals being made to district teams via the Barnsley Safeguarding Adults Office and 89 referrals leading to internal investigations.

## Mental Capacity Act 2005 & Deprivation of Liberty Safeguards scheme Activity

During the year 2014-2015, 71 Urgent Authorisations were awarded under the DoLS scheme. In addition there were 40 DoLS related queries which did not warrant use of the DoLS scheme. There were 26 Best Interests Decision Meetings facilitated.

The year has also evidenced a marked increase in requests for advice and guidance relating to issues of consent to treatment, the assessment of mental capacity regarding decision making, the formulation of best interest's decision making, and the use of positive and proactive care requiring the use of restraint and restriction.

The Trust is fully compliant with the Care Quality Commission (Registration) Regulations 2009: Regulation 18(2) Notification about an application to deprive a person of their liberty.

<b>Deprivation of Liberty Safeguards</b>	<b>2013–2014</b>	<b>2014–2015</b>
<b>Urgent Authorisations awarded (Data does not include extensions and Standard Authorisations)</b> The numbers of DoLS applications have steadily continued to rise following the Cheshire West judgment in March 2014, across the country. In Barnsley we have undertaken extensive training in both healthcare and residential settings. This has resulted in agencies being made more aware of their legal obligations and hence the no. of urgent DoLS has significantly increased. We are now averaging around 80 DoLS referrals per month- prior to Cheshire West we carried out just over 100 assessments per year. Barnsley's situation is not out of the ordinary.	<b>19</b>	<b>71</b>
<b>DoLS queries (Not necessarily leading to an Authorisation being awarded)</b>	<b>N/A</b>	<b>40</b>
<b>Best Interests Decision Meetings facilitated</b>	<b>N/A</b>	<b>26</b>



## **Mental Health Act 1983 Activity**

During the year 2014-2015 the Trust has developed its role within the Service Level Agreement developed with the South West Yorkshire Partnership Trust, Barnsley Business Delivery Unit, to provide performance of the Act within the hospital.

The Trust was subject to a themed mental health crisis care pathway CQC inspection in February 2015.

## **Prevent Activity**

During 2014-2015 the Trust has fully engaged with the Prevent initiative and has assimilated the statutory requirements of the Counter-Terrorism and Security Act 2015.

The Trust has reported its activity to the Prevent Regional Coordinator on a monthly basis as required and is an active participant of the Regional Prevent Group.

## **Learning Disability Activity and Training**

During the year 2014-2015 the Learning Disability Liaison Nurse (LDLN) has continued to develop close working relationships with the Community Learning Disability Services and has led on behalf of the Trust on the Learning Disability Commissioning for Quality and Innovation (CQIN) payment. Progress in these areas is reported to the Safeguarding Steering Group. Key drivers include:

- Compliance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards scheme.
- Compliance with the Equality Act 2010.
- The making of reasonable adjustments.
- Reduction in the length of stay for patients with learning disabilities and improving the patient experience.

- Coding and identification of patients with learning disabilities through the use of alerts on the Lorenzo system.
- Improving the care pathway of patients with learning disabilities.
- Development of the 'All About Me' patient document.
- Delivery of mandatory, induction, and speciality training.

## **Current and Projected Developments for 2015-2016:**

### **Safeguarding Adults**

- Delivery on the Chapter 14 provisions of the Care Act 2014.
- Consolidate the Making Safeguarding Personal initiative into practice.
- Incorporation of the Prevent strategy is embedded into Safeguarding Adults processes.
- Ensure the Trust Safeguarding Adults Policy reflects the provisions of the Care Act 2014, Making Safeguarding Personal, and the revised Safeguarding Adults Procedures for South Yorkshire.
- Audit of the 89 formal Safeguarding Adults referrals investigated within the Trust to learn the lessons and report these back to the CBUs and professionals affected.
- Development of the Trust internet and intranet sites to provide a platform of guidance and support across Safeguarding Adults, Mental Capacity Act and the Deprivation of Liberty Safeguards scheme.
- Development of 'Fingertip Fact' sheets to support safe, sound and informed

practice across Safeguarding Adults, Mental Capacity Act and the Deprivation of Liberty Safeguards scheme.

- Strengthening the links between Safeguarding Adults and complaints and incident investigations.
- Build on developments to the Datix system and systemised methods of capturing data on safeguarding adults activity.
- Support for the sub-groups of the Safeguarding Adults Board.
- Support to the MAPPA, MARAC and Channel multi-agency working groups.

## **South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)**

Last year a review of the group's function took place resulting in a Safeguarding Adult Board report and discussion regarding the group's future direction. It was agreed to link the practice learning element with the existing Safeguarding Adult Peer Support Network, currently led by SWYFT, and develop a new multi-agency group which will focus on communication issues and public awareness of adult safeguarding.

The resulting group will be developed to look at

- National and local cases for Safeguarding and MCA/DOLS, strengthening the link to learning from DOLS cases.
- Discuss policy and procedure issues.
- Learning from audit recommendations.

Due to unforeseen circumstances there was a delay in fully launching this group. A new chair was recently appointed and the group will

re launch in May 2015.

Safeguarding of adults at risk from abuse or neglect remains a priority throughout South West Yorkshire Partnership (NHS) Trust. The Trust has a variety of training available for staff and volunteers which includes abuse awareness, prevention of radicalisation, and awareness of domestic abuse. All staff attend the Safeguarding of Adults at Risk from Harm training on induction to the Trust and it is mandatory for staff to access the right level of training for their post. All staff attend refresher training on a three yearly basis. This year the percentage of staff up to date with safeguarding training is in excess of 80%.

Trust staff and partners have had access to workshops around complex issues such as Human Trafficking, presented by Hope for Justice and the prevention of radicalisation presented by West Yorkshire Police.

Trust policies have been refreshed in light of the Care Act and lessons learnt via adult case reviews and domestic homicide reviews. Staff work within the multi-agency Safeguarding Policy and Procedures and easy access to Policies and safeguarding information is available through the Trust intranet. The Trust expects staff to complete an internal risk assessment each time a member of staff identifies and reports abuse. This year 276 alerts were made Trust wide.

Safeguarding team activity has been reviewed by an independent author and the staff compliment has been extended to include a safeguarding adults adviser.

Priorities for next year include continuing to deliver support to services around the whole Trust agenda ensuring that adults at risk remain the priority. The Safeguarding Adults and Children's team will be working to promote the Prevent agenda and ensure staff are well informed in relation to Female Genital Mutilation.

## NHS England

### The overall responsibilities of NHS England in relation to safeguarding

NHS England was established on 1 April 2013 and has an assurance role for local health systems and directly commissions some services. NHS England has worked with Clinical Commissioning Groups (CCGs) to ensure their commissioned providers take all reasonable steps to reduce serious incidents. NHS England provides assurance that the local health system, including (CCGs) and designated professionals, are working effectively to safeguard and promote the welfare of children and adults at risk. (*Safeguarding Vulnerable People Accountability and Assurance Framework, NHS England 2013*). This role includes ensuring that CCGs are working with their directly commissioned providers to improve services as a result of learning from safeguarding incidents. These services include acute, community, mental health and ambulance care.

### NHS England responsibilities in relation to direct commissioned services

NHS England is responsible for driving up the quality of safeguarding in its directly commissioned services and for holding these providers to account for their responses to serious safeguarding incidents, ensuring that safeguarding practice and processes are optimal within these services. In Yorkshire and Humber, this includes all GP practices, dental practices, pharmacies, optometrists, health and justice services and the following public health services:-

- National immunisation programmes.
- National screening programmes.
- Public health services for offenders in custody.
- Sexual Assault Referral Centres.

- Public health services for children aged 0-5 years (including health visiting, family nurse partnerships and much of the healthy child programme).
- Child health information systems.

From April 2015 onwards, NHS England will commence a programme of transferring responsibility for GP practices (and eventually all other primary care providers) to CCGs with delegated powers of co-commissioning.

NHS England has worked in partnership with local Safeguarding Boards to ensure that the NHS contribution is fit for purpose and that there is no unnecessary duplication of requests for safeguarding reviews to be undertaken. NHS England also has its own assurance processes in place concerning NHS safeguarding reviews, learning and improvements.

### Sharing learning from safeguarding reports

In order to continuously improve local health services, NHS England has responsibility for sharing learning from safeguarding serious incidents across Yorkshire and the Humber and more widely, making sure that improvements are made across the local NHS, not just within the services where the incident occurred. The NHS England South Yorkshire and Bassetlaw Safeguarding Forum have met on a bi-monthly basis throughout 2014-15 to facilitate this. Learning has also been shared across GP practices via the Clinical Commissioning Groups. A thematic report of lessons learned is provided on a quarterly basis to the Quality Surveillance Group.

### Training programme for general practice

Designated safeguarding professionals are jointly accountable to Clinical Commissioning Groups and NHS England. They have overseen the provision of level 3 training for primary care medical services. Training sessions have been provided on a locality

basis rather than to individual practices. The main source of training for other primary care independent contractors has been via E-learning training packages.

### **Key Performance Indicators**

On behalf of the NHS England South Yorkshire and Bassetlaw Safeguarding Forum, the Adult Safeguarding Nurses across South Yorkshire and Bassetlaw have developed a set of Key Performance Indicators (KPIs) that have been incorporated into all the acute and secondary care provider contracts for 2014/15.

### **MCA/DOLS**

NHS England South Yorkshire and Bassetlaw have provided funding for the Clinical Commissioning Groups (CCGs) to commission the local acute and mental health hospital Trust providers to undertake a self-assessment against the “MCA a guide for CCGs and other commissioners of healthcare services on commissioning for compliance” (April 2014). The providers have been asked to produce an action plan to address gaps identified and a plan as to how they will provide future assurance to their CCGs in 2015/16.

NHS England South Yorkshire and Bassetlaw have also provided the CCGs with funding to hold MCA/DOLS awareness raising workshops with Primary Care staff (GPs, nurses, Practice Managers & reception staff).

### **Child Sexual Exploitation**

The Designated Nurses supported by NHS England, South Yorkshire and Bassetlaw hosted a national learning event on 18 September 2014 in Sheffield - ‘Exploring Exploitation and Sexual Abuse’. The conference was aimed at providing level 4 and 5 training for safeguarding leads to enable them to provide specialist advice to practitioners and colleagues within provision or commissioning. The object of the day was to

have increased understanding of the potential, personal impact when working with victims of sexual exploitation and sexual abuse, to understand the mind-set of perpetrators and work more effectively with safeguarding partners to plan, design and deliver local training on sexual exploitation.

## **South Yorkshire Police**



South Yorkshire Police actively contributes to the governance of Barnsley’s Adult Safeguarding partnership. The overall strategic lead is provided by Chief Superintendent, the Barnsley Local Poling Unit Commander who is a member of the Adult Safeguarding Board. The operational groups are supported by other police managers and practitioners where appropriate.

Within the period of 2013 to this current year South Yorkshire Police has seen an increased investment in the staffing and resources of their Public Protection Units (PPU), linked to one of their three strategic objectives namely Protecting Vulnerable People. Barnsley PPU, based at Wombwell Police Station has seen additional staff provided in the form of a dedicated Safeguarding Adults Officer and additional staff to support adult safeguarding investigations and domestic violence. The South Yorkshire Police PPU structure has moved to become a centrally managed and locally delivered system with central management providing policy guidance,

strategic direction and specialist advice. However local delivery of service is maintained through daily partnership work with Barnsley Safeguarding Partnerships and Social Care.

South Yorkshire Police continue to support the Adult Safeguarding Partnership and play a key role in Domestic Homicide Reviews when carried out, these lead to increased learning and the development of policies and processes to ensure vulnerable adults are protected. This work also builds on the good work carried out around Domestic Violence, MARAC and MAPPA processes.

Summer 2015 - a dedicated Safeguarding Adults Team will be established at Barnsley that will incorporate Adult Safeguarding Investigators. This unit will be part of Barnsley PPU but will focus on Adult Safeguarding including vulnerable adults and domestic violence. This unit will be managed by an additional Detective Inspector.

Headquarters PPU and Crime Training provide training on adult safeguarding on a force-wide basis. South Yorkshire Police have delivered training to all front line staff around Adult Protection, Mental Health Issues and the Mental Capacity Act via the Street Skills Training Programme. Internal policies and guidance documents have been amended/developed to reflect new legislation and emerging best practice providing continuous guidance to staff. The College of Policing who are responsible for all aspects of continuing police training and development are in the process of developing Authorised Professional Practice for all areas of Public Protection, Adult Protection being such an area of business. Once this training has been provided to all forces it will be rolled out to all relevant staff.



A dedicated Mental Health section has been created and is available to all staff via the forces Intranet site, providing guidance and advice together with contact details for specialist support. Additionally the force has established dedicated posts both at a force level and also local levels to address and promote the Adult Protection and Mental Health Agenda. A Force Lead has been identified together with a dedicated Force Mental Health and Integrated Offender Manager at Inspector level and a Force Mental Health Coordinator, Police Constable, linking into District Mental Health Single Point of Contact (SPOC's) to manage and drive forward work around Adult Protection and Mental Health.



Barnsley Police and South West Yorkshire Partnership Foundation Trust (SWYPFT) are currently piloting a mental health triage response vehicle to respond to calls for help to the police from individuals suffering a mental health crisis. The mental health triage response utilises a dedicated police officer and mental

health nurse, working together to respond to incidents and assess the needs of the individual in crisis. They can provide immediate support, advice, signposting and if needed a full mental health assessment. This has been successful in reducing the unnecessary use of section 136 Mental Health Detentions, reduced the use of A&E, police custody and ambulances for people suffering mental health issues. The main benefit is that the person in crisis receives the best possible care from a health care professional as soon as possible.

## **South Yorkshire Fire & Rescue**

[Note: The South Yorkshire Fire and Rescue's (SYFR) report necessarily refers to all localities, Barnsley, Doncaster, Rotherham and Sheffield].

### **Strategy**

The SYFR 2013 – 2014 Prevention & Protection Strategy included cross cutting themes related to inclusion, partnerships, safeguarding and education. The focus is on developing best practice in targeting the most vulnerable to reduce the numbers of fire related deaths and injuries.

### **Policy**

The Safeguarding Guidance & Procedures have been reviewed and rewritten in a format that will make it easier for the reader to follow.

In response to the increasing number of cases where a high risk of fire is identified a new guidance document has been drafted to provide an agreed process for the "Management and Coordination of High Fire Risk Home Safety Checks". This will require a multi-agency approach and joint ownership with relevant partners to manage the risk to the individual and particularly where there is a risk to others.

### **Fire Safety**

A total of 21,544 Home Safety Checks were carried out across South Yorkshire, 17,384 were for those considered to be most vulnerable e.g. households where the occupants are very young or elderly, are disabled, have mobility problems and/or lifestyle increases the risk of fire. 4,182 referrals for the latter came from our partners and our Vulnerable Persons Advocate continues to deliver Fire Safety talks and presentations to professionals and service user groups e.g. Falls Prevention Group.

### **Fire Fatalities**

SYFR has now established an internal process for responding to and learning lessons following a Fire Death or Serious Injury. A number of cases over the last 2 years have been subject to a Serious Case Review and recommendations from Internal Management Reviews have led to significant improvement in the way our fire risk assessments are carried out.

### **Adult Safeguarding Alerts & Referrals**

Our annual total for April 2014 – March 2015 for all Adult Safeguarding Alerts across South Yorkshire was 94, a considerable increase from 54 cases in April 2013 – March 2014. The majority of these were as a result of a Home Fire Safety check, but some were from fire incidents. Many cases were linked to self-neglect and/or hoarding and for some of those in Sheffield the Vulnerable Adults Risk Management Meeting (VARMM) process was initiated. In 6 cases a perpetrator was identified and a Safeguarding Alert/Referral processed (e.g. theft). Some of the remaining cases were related to: -

- Alcohol intoxication
- Physical disability/mobility problems
- Mental Capacity/ Dementia
- Learning Disability

For these, support from other services was requested



## **Safeguarding Training**

In 2014 – 2015 SYFR staff received Safeguarding Training as follows: -

- Induction = 42 (plus 30 Volunteers)
- Introductory = 22
- Refresher = 71

A programme of Safeguarding Update & Refresher training has been piloted with Community Safety staff and is currently being rolled out to Operational Fire Fighters throughout 2015 – 2016.

## **Northern College**

**(August 2013 to July 2014 – Educational Year)**

### **Safeguarding Arrangements in Northern College**

Northern College have a designated person responsible for safeguarding at the college. The college also has a designated Safeguarding Children's Officer to link with transitions to Adult Services.

A safeguarding group, comprising the designated people, the Personnel Manager, Head of Library, Learning Technologies and Student Support, Student Services Coordinator, two members of the teaching staff and a student representative, meets termly.

### **Summary of Safeguarding Training**

All staff have been directed to undertake safeguarding training via LSIS (the Learning and Skills Improvement Service). All staff have been asked to undertake introductory modules on safeguarding and in addition staff involved in staff and student recruitment have been asked to undertake modules on safeguarding and safer recruitment. The training is carried out through online modules or in facilitated sessions on campus. After three years staff are required to undertake refresher training via the online modules.

In the period August 2013 to July 2014 a total of 72 staff have undertaken this training, including 23 sessional tutors. All full and part-time staff are up to date with their training.

### **Single Central Record of Recruitment and Vetting Checks**

The single central record was inspected by Ofsted as part of the college's June inspection. The record was found to be up to date and compliant with requirements. The inspection report stated that:

"The college meets its statutory requirements for safeguarding students. Safeguarding is promoted well to students, staff and visitors through posters and quick reference guides attached to identity badges. Students feel safe on college premises."

### **Number of incidents recorded**

In the period ending 31 July 2014 a total of nine potential safeguarding incidents were referred to a designated person. This compares with five in the previous year. Of the nine referrals two involved seeking the advice of external agencies. In all of these cases the College liaised closely with the relevant social services assessment team or the police as appropriate.

### **Carer Involvement with the Safeguarding Adults Board**

Margaret B, who has been a carer for many years, has continued in her role of Carers Representative on the Safeguarding Adults Board (SAB). Margaret has always recognised that the safeguarding of vulnerable adults is not just a reactive service but its main focus is on the prevention of abuse.

Margaret continues to work above and beyond her considerable caring duties showing a real dedication to representing Barnsley carers on the Barnsley Safeguarding Adults Board.



# **Barnsley Safeguarding Adults**

Performance Management & Quality Assurance Sub-group

Annual Performance Report: April – March



**2014/15**



## **Introduction**

The safeguarding information contained within sections 1 to 4 of this report relate to new safeguarding incidents that have been reported to the appropriate safeguarding partners during the period 1st April 2014 to 31st March 2015 . Section 5 of this report relates to safeguarding referrals that were concluded within the period 1st April 2014 to 31st March 2015 and may include referrals that were initiated in the previous year. Section 6 contains information related to Deprivation of Liberty (DoL) cases during the reporting period.

The data used to compile the charts and tables in sections 1 – 5 was extracted from the Barnsley MBC Adult Social Care information ERICA on the 20th January 2015 at 11:24. Any entry of data relating to reporting period covered by this report but entered after this point in time will not be included within this report but will be included in subsequent future reports. A consequence of late data entry to the ERICA system may mean that individual quarter data and cumulative totals may not balance back to earlier reports, similar variances can also be caused by correcting data entry errors in different quarterly periods.

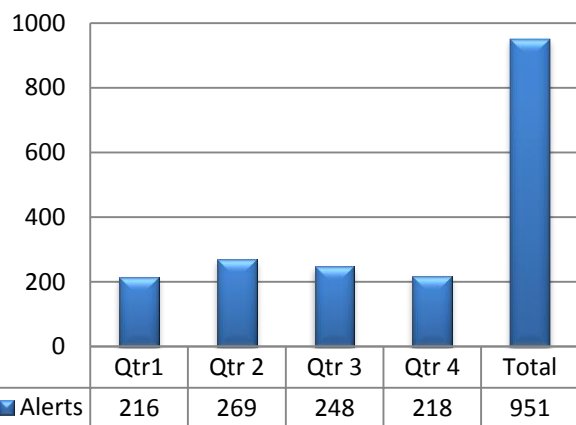
Data relating to Deprivation of Liberty cases has been provided by the Barnsley MBC DoLs Team.

Previously when a safeguarding alert progressed to a safeguarding referral the count of alerts was reduced by one and the count of referrals increased by one so the total number of safeguarding incidents was represented by the [alerts] + [referrals]. Following advice from the Health and Social Care Information Centre (HSCIC) when alert progresses to referral the count of alerts should not be reduced so that it can be clearly seen how many incidents progress to referral.

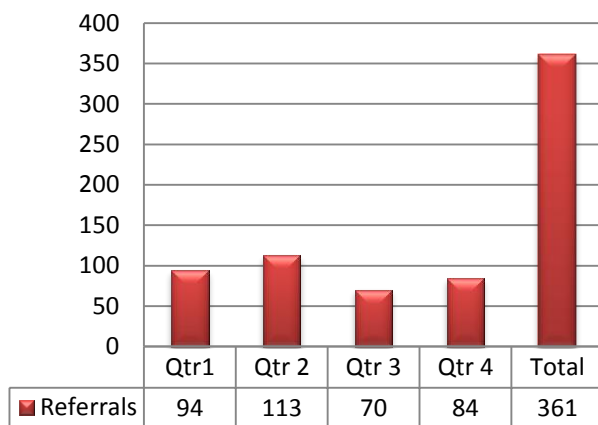
## Section 1: Alerts and Referrals

Of which progressed to referral

**Alerts**

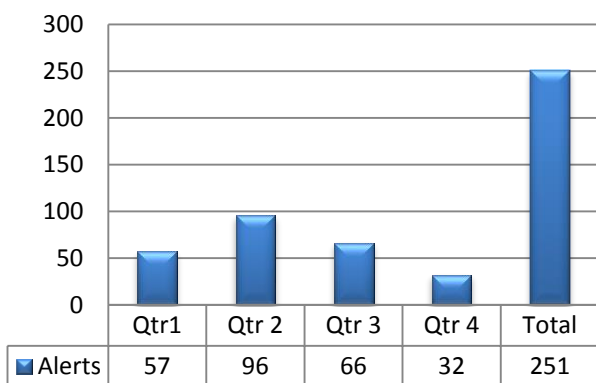


**Referrals**



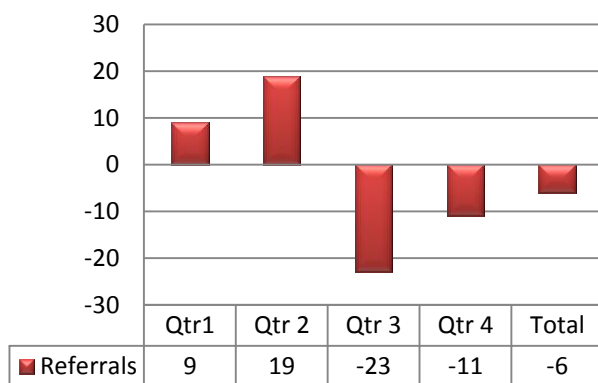
**Alerts**

- variance from previous year



**Referrals**

- variance from previous year

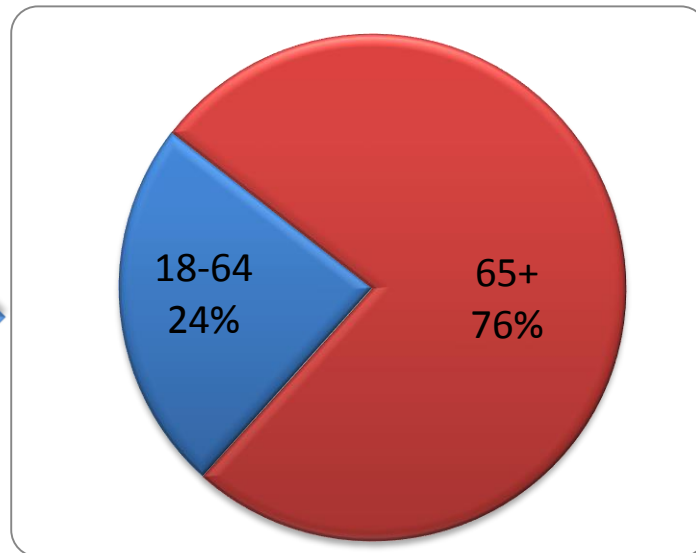
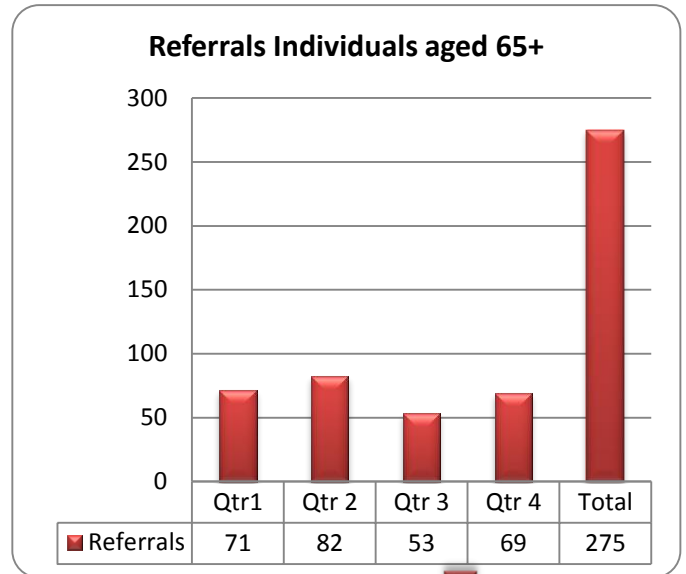
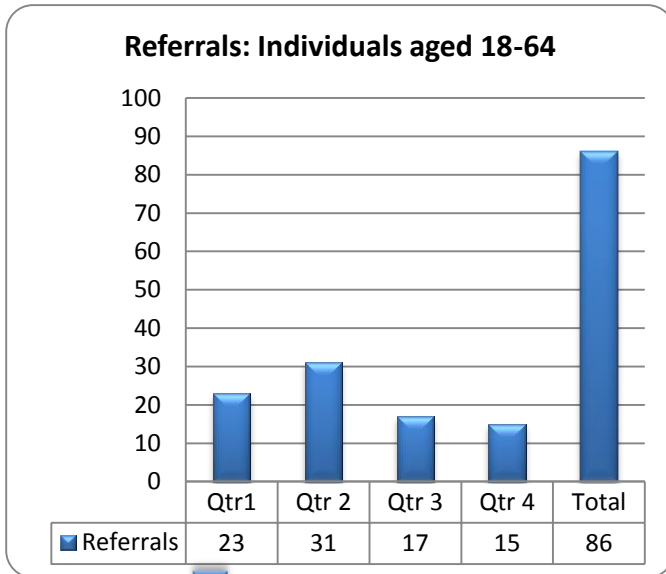


## **Section 2: Referral Demographics**

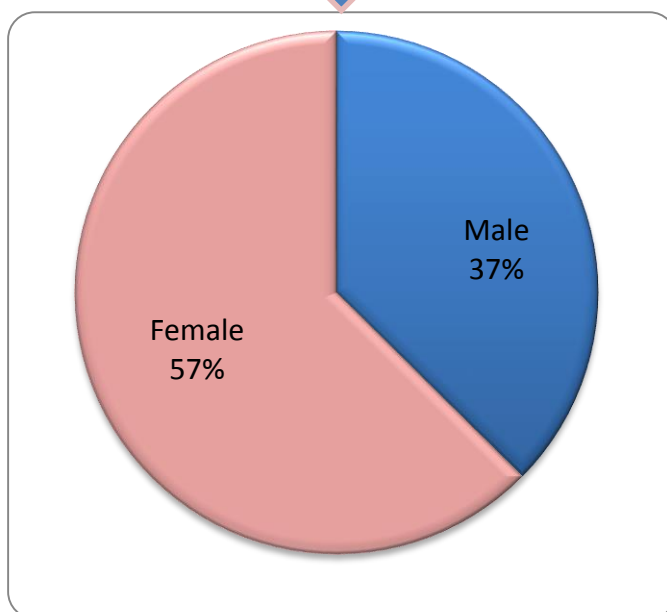
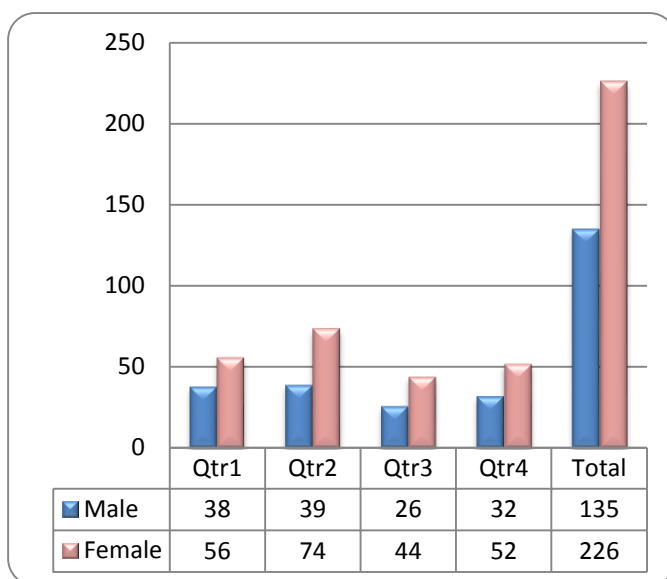
The following section details alerts that have progressed to referral broken down into the following categories:-

- 2.1 Age:
  - o 18-64
  - o 65 and over
- 2.2 Gender:
  - o Male
  - o Female
- 2.3 Client category:
  - o Physical Disability (included within this category are individuals that are physically frail or have a sensory impairment)
  - o Mental Health
  - o Learning Disability
  - o Substance Misuse
  - o Other Vulnerable People
- 2.4 Ethnicity:
  - o White (includes White British, White Irish, Traveller of Irish Heritage, Gypsy/Roma, Any other white background).
  - o Mixed (includes White and Black Caribbean, White and Black African, White and Asian, Any other mixed background).
  - o Asian or Asian British (includes Indian, Pakistani, Bangladeshi, Any other Asian background).
  - o Black or British Black (includes Caribbean, African, Any other Black background).
  - o Other Ethnicity (includes Chinese, Any other ethnic group).
- 2.5 Geographic:
  - o Shows how the cumulative referrals for this stage of the reporting year are distributed across the 6 Area Council regions.

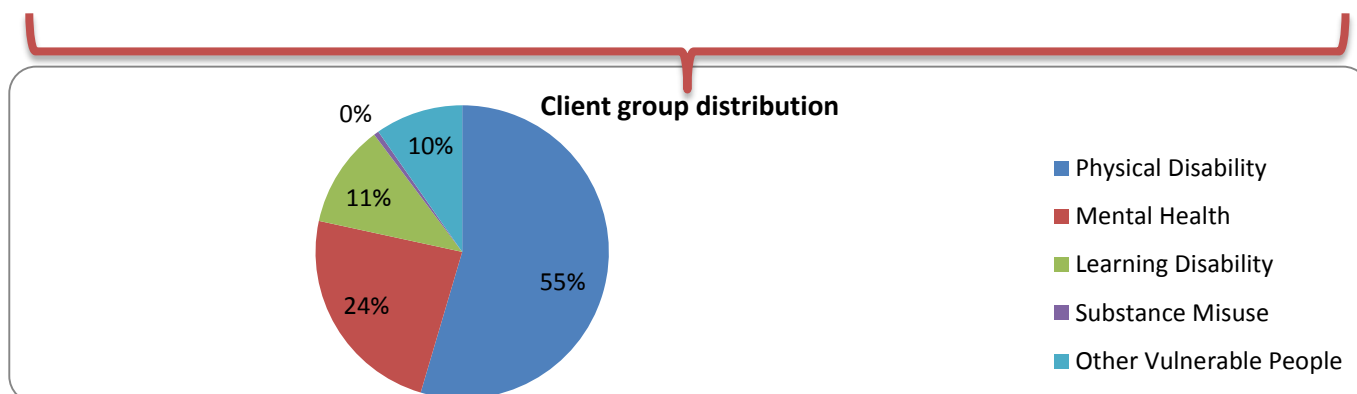
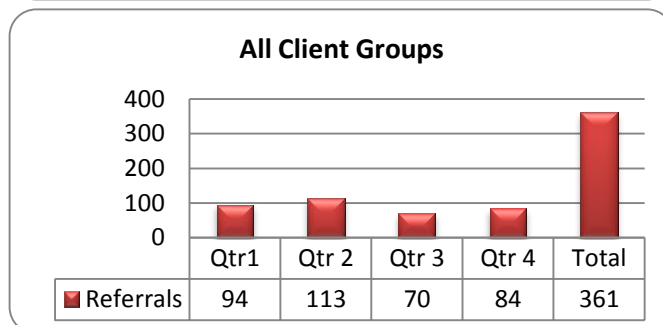
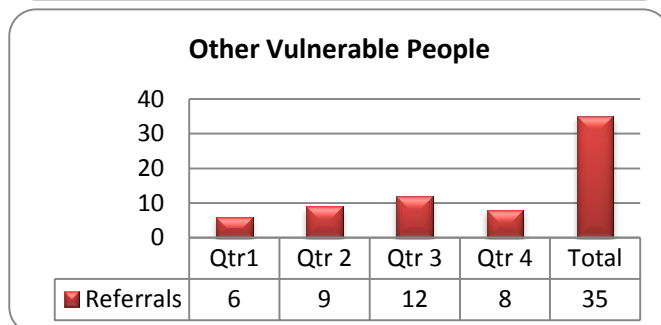
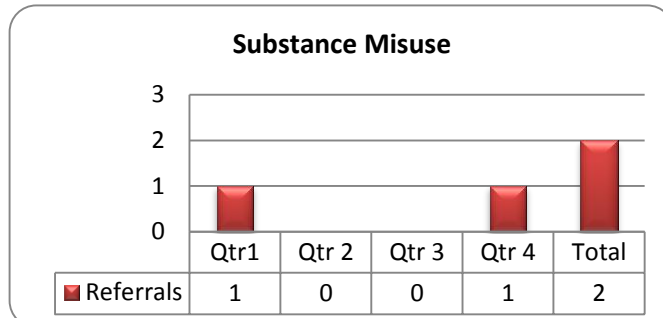
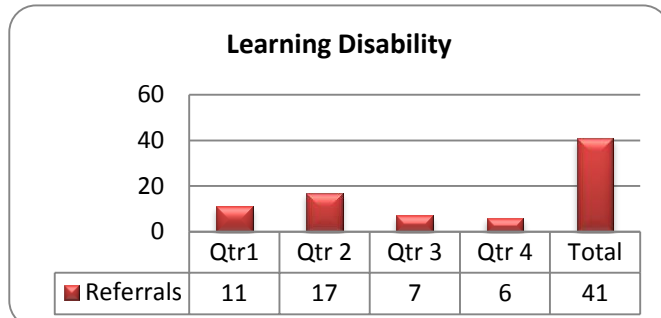
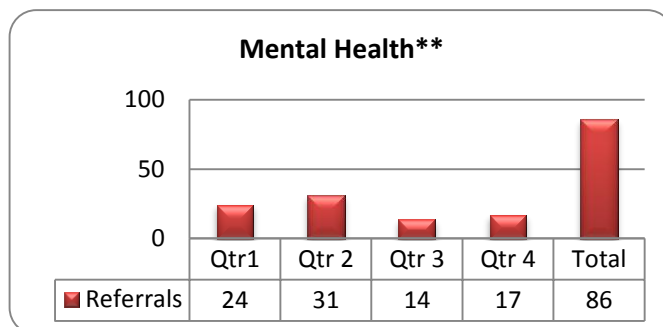
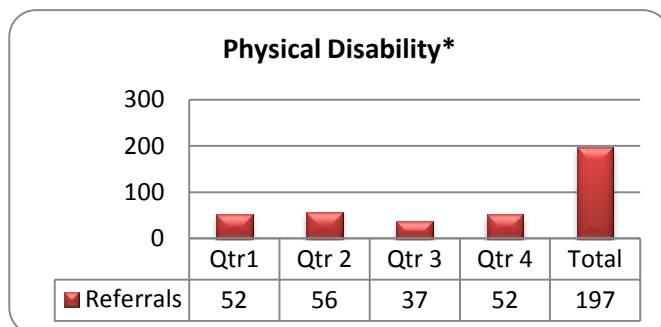
## 2.1 Age distribution of safeguarding referrals



## 2.2 Gender distribution of safeguarding referrals



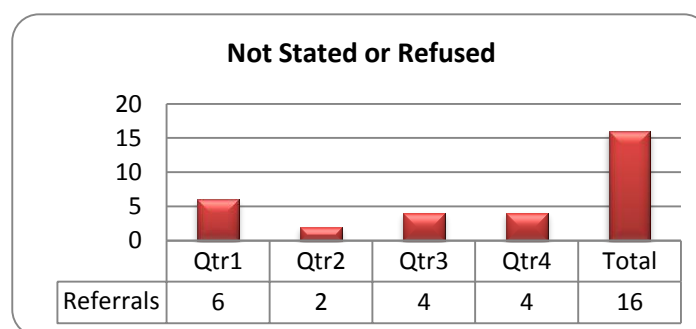
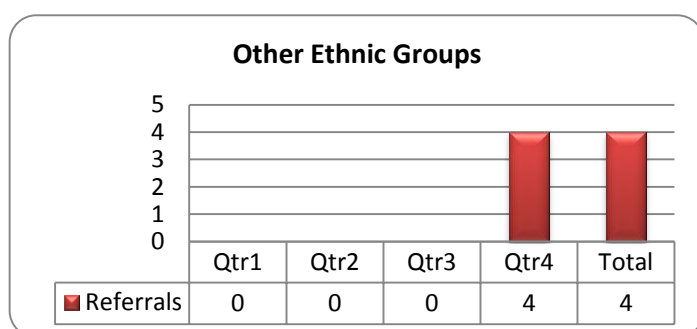
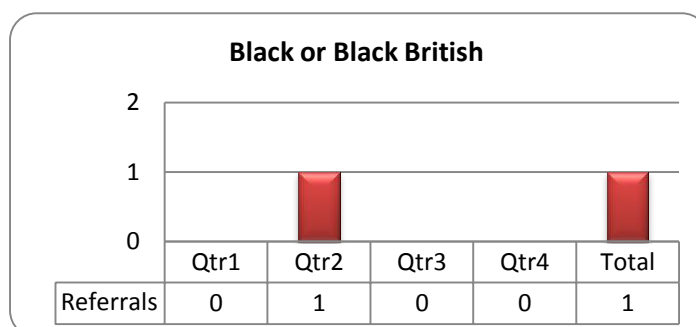
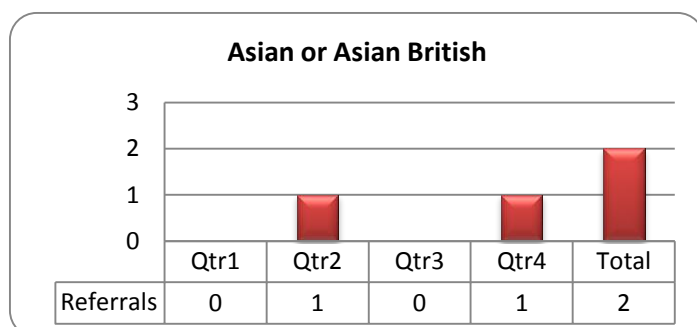
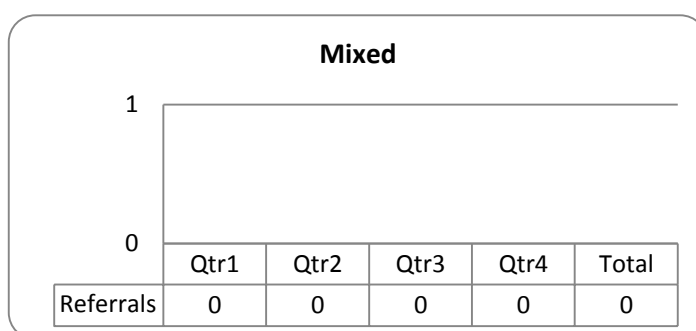
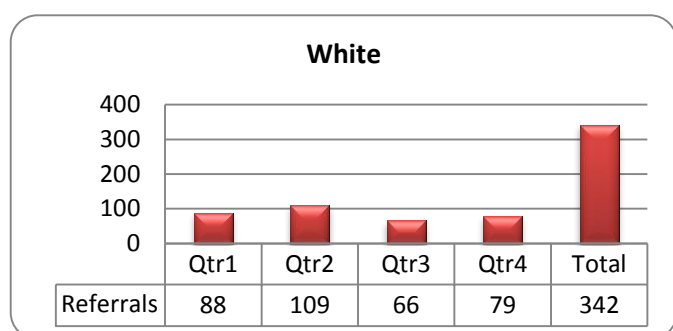
## 2.3 Client category distribution of safeguarding referrals



\*Physical Disability includes sensory impairment and physically frail/temporarily ill clients

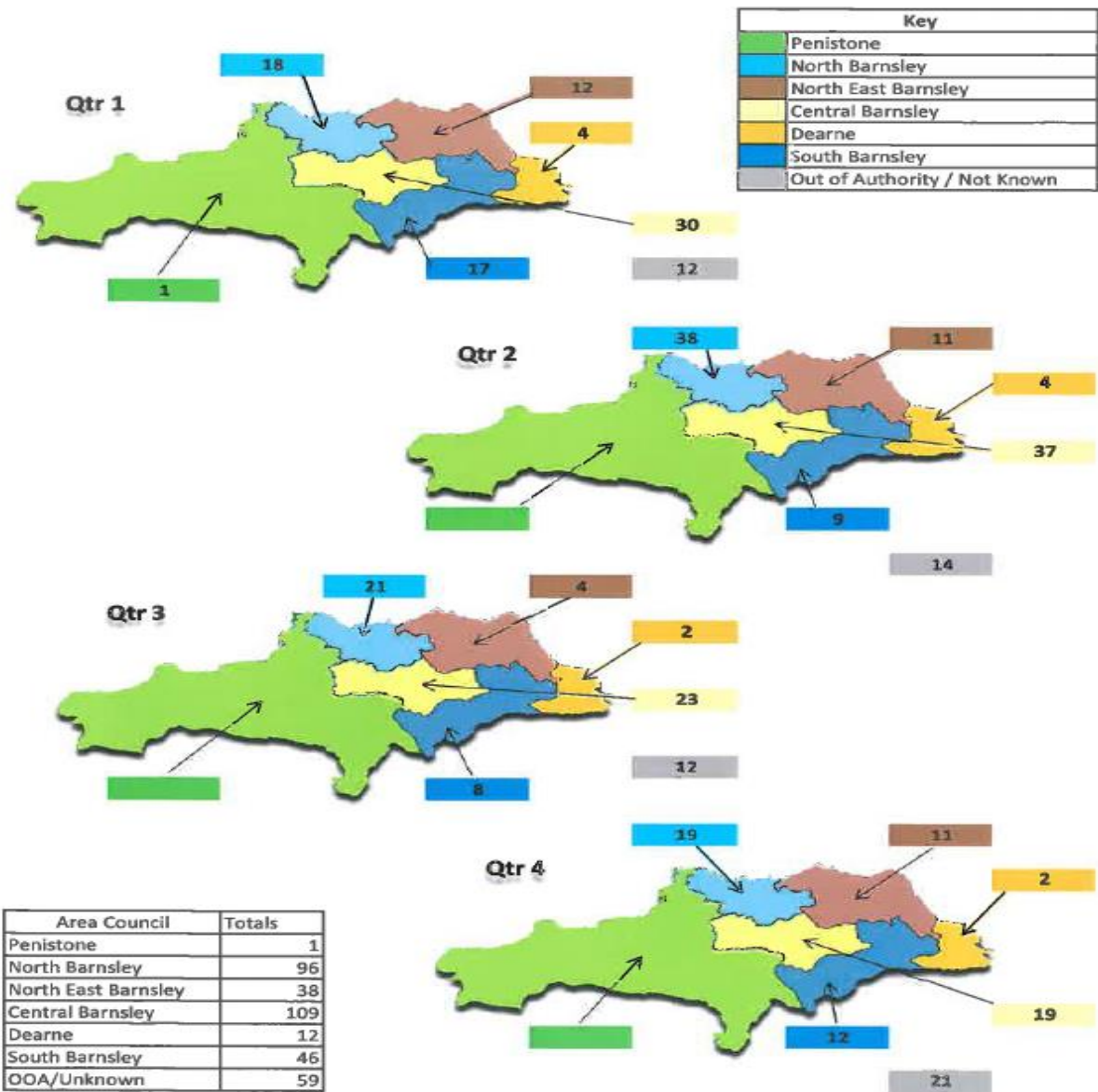
\*\* Mental Health includes dementia.

## 2.4 Ethnicity distribution of safeguarding referrals



Ethnic Group	Qtr1	Qtr2	Qtr3	Qtr4	Total		Ethnic Distribution 2011 Census
White	93.6%	96.5%	94.3%	89.8%	93.7%		97.9%
Mixed	0.0%	0.0%	0.0%	0.0%	0.0%		0.7%
Asian or Asian British	0.0%	0.9%	0.0%	1.1%	0.5%		0.7%
Black or Black British	0.0%	0.9%	0.0%	0.0%	0.3%		0.5%
Other Ethnic Group	0.0%	0.0%	0.0%	4.5%	1.1%		0.2%
Not Stated	6.4%	1.8%	5.7%	4.5%	4.4%		
Total	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%

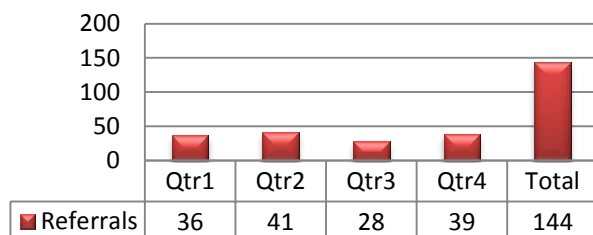
## 2.5 Geographic distribution of safeguarding referrals



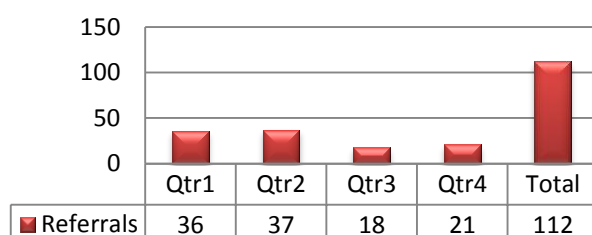


### Section 3: Referral Source (who notified safeguarding manager of incident)

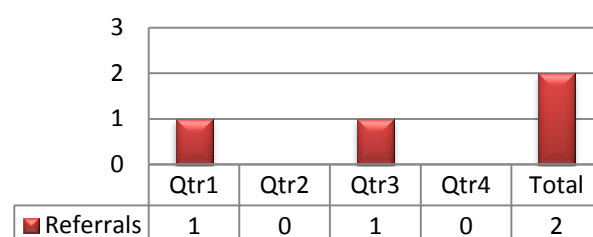
**Health Staff**



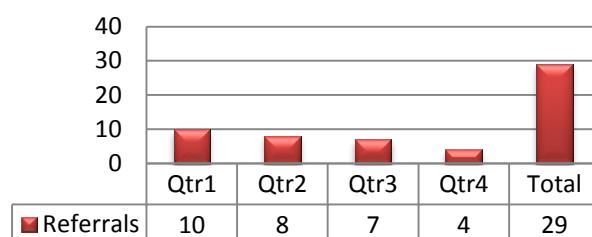
**Social Care Staff**



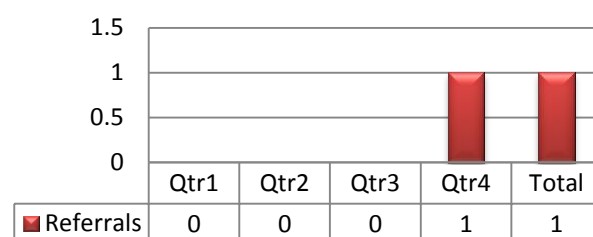
**Self Referrals**



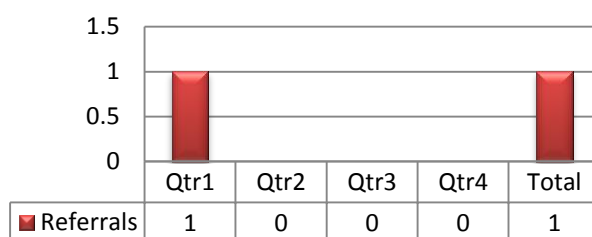
**Family Member**



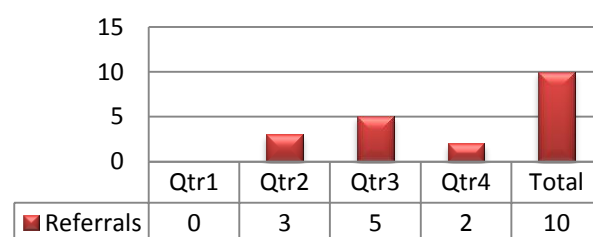
**Friend / neighbour**



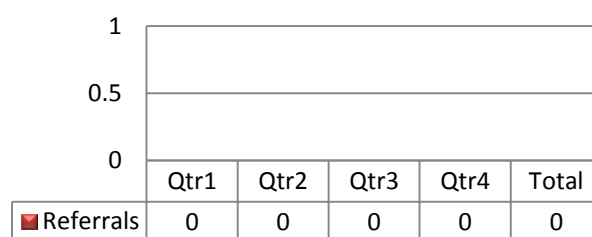
**Other service user**



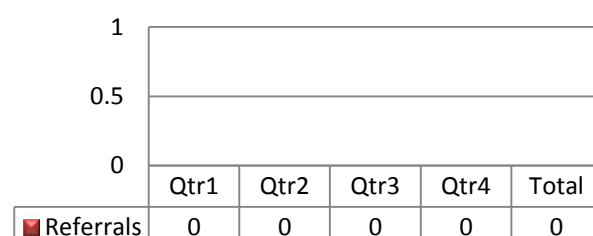
**Care Quality Commission**



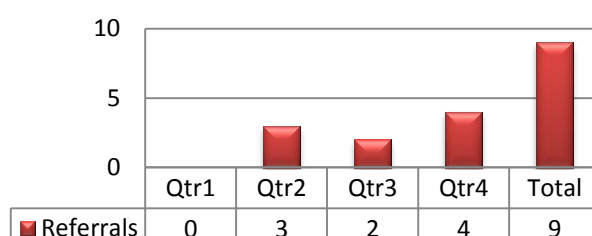
**Housing**



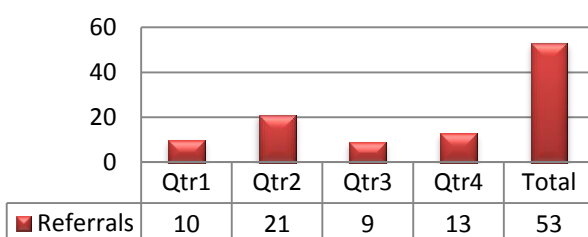
**Education/Training/Workplace**



**Police**



**Other**

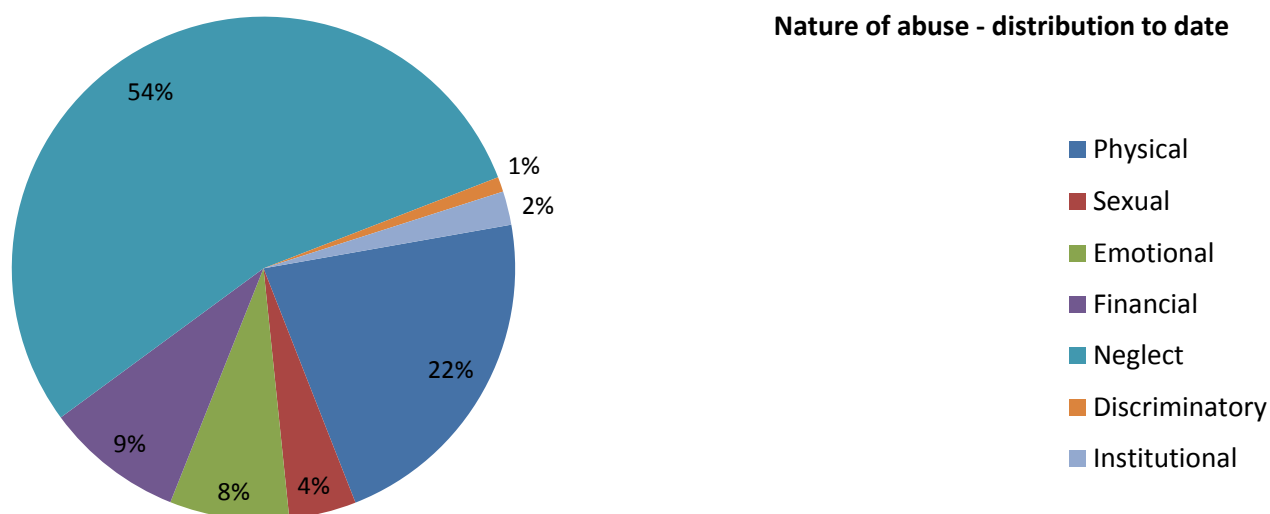


#### **Section 4: Nature of abuse for safeguarding referrals**

The data within this section relates to new safeguarding referrals received during the reporting period.

- Alleged abuse physical
- Alleged abuse sexual
- Alleged abuse emotional/psychological
- Alleged abuse financial
- Alleged abuse neglect
- Alleged abuse discriminatory
- Alleged abuse institutional

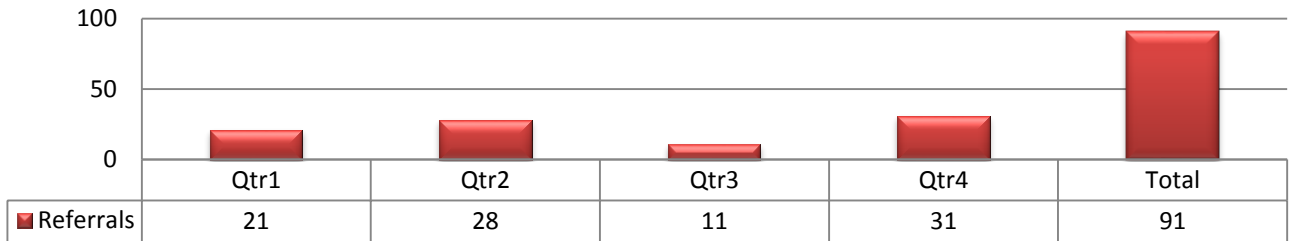
**Nature of abuse - distribution to date**



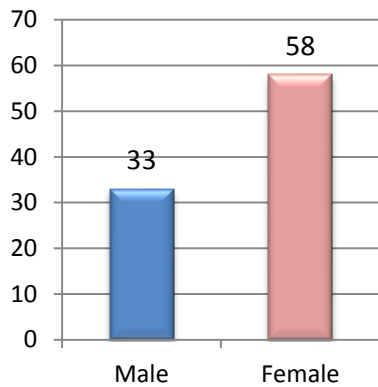
Each abuse category is then further cross referenced against

- Referral outcome
- Location of alleged abuse
- Relation of perpetrator to victim
- Gender
- Age

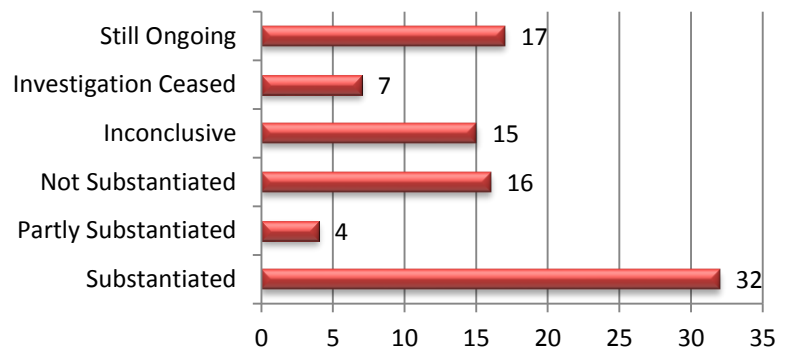
## Alleged Abuse: Physical



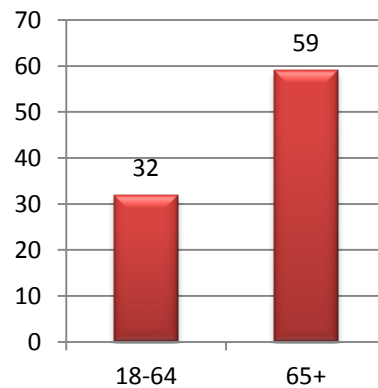
### Gender



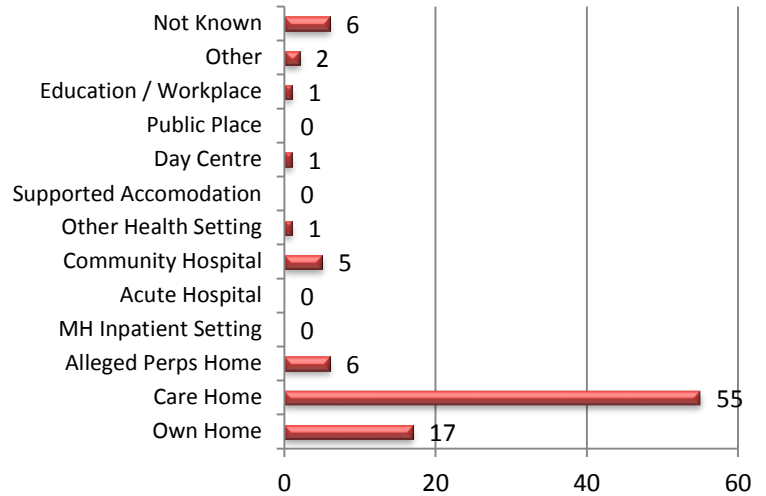
### Referral Outcome



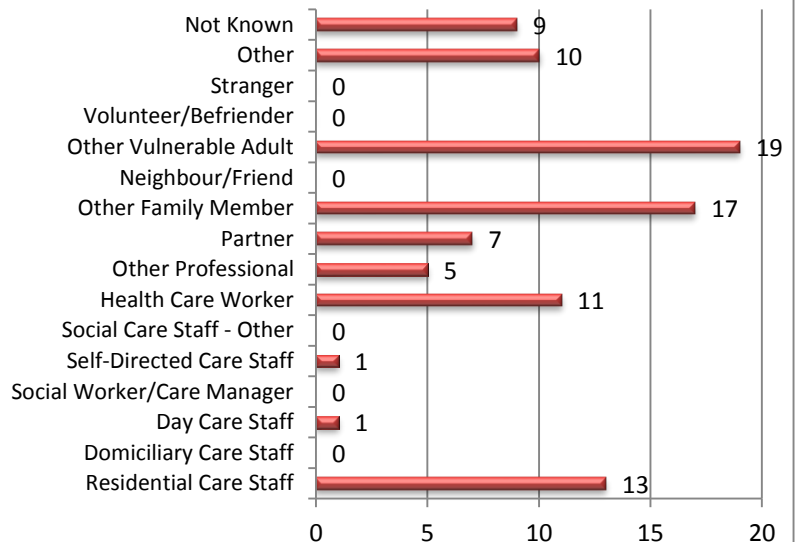
### Age



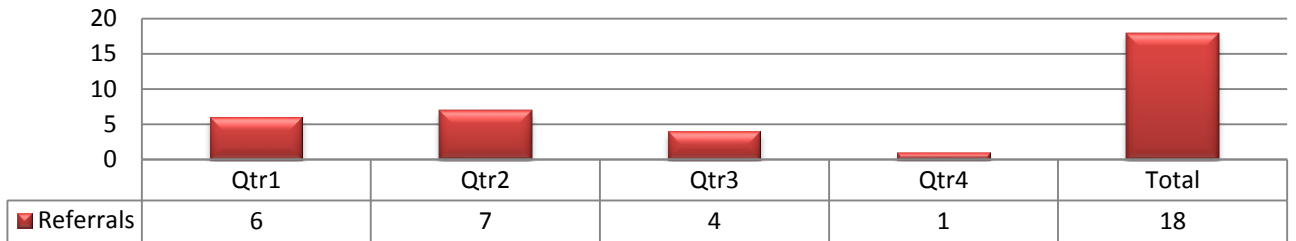
### Location of alleged abuse



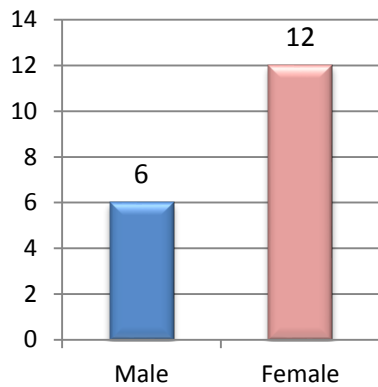
### Alleged Perpetrator Type



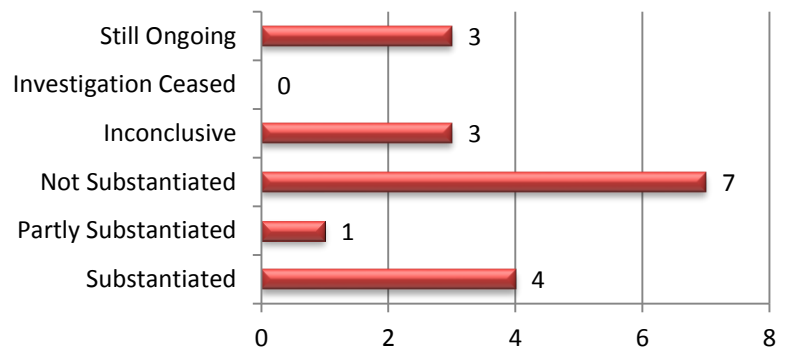
## Alleged Abuse: Sexual



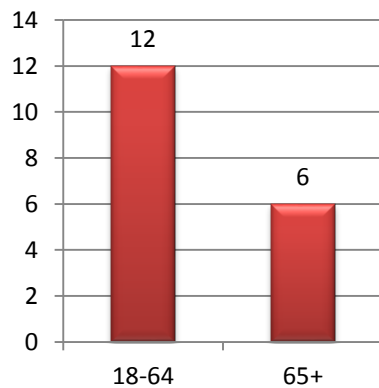
## Gender



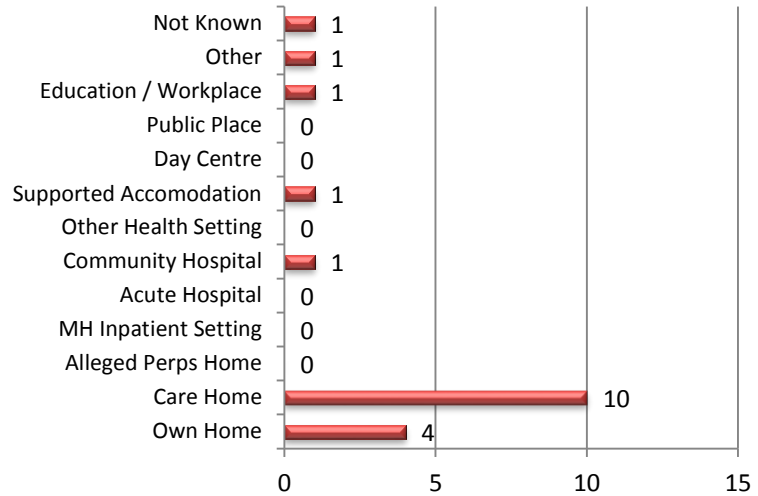
## Referral Outcome



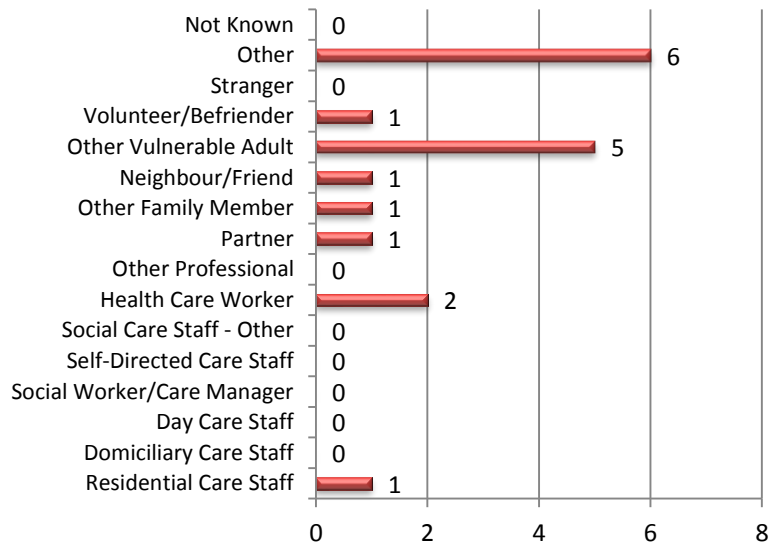
## Age



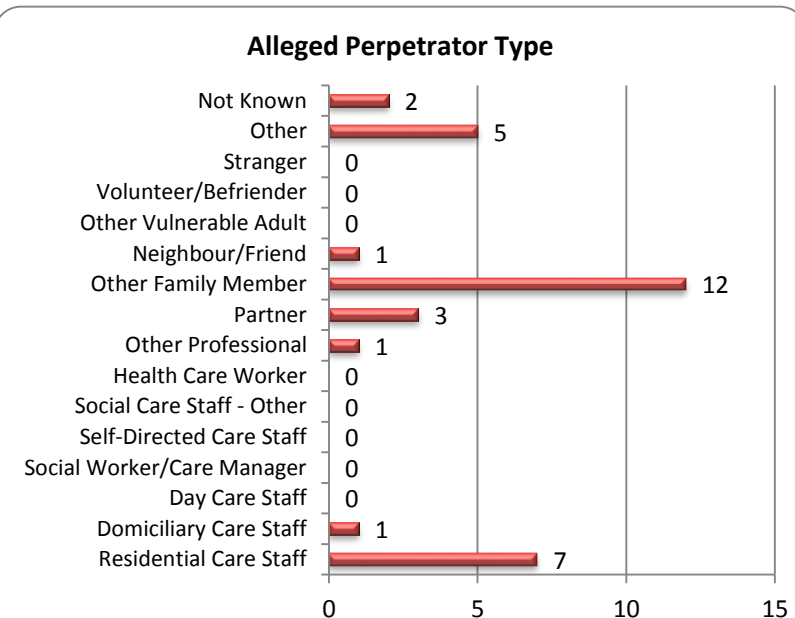
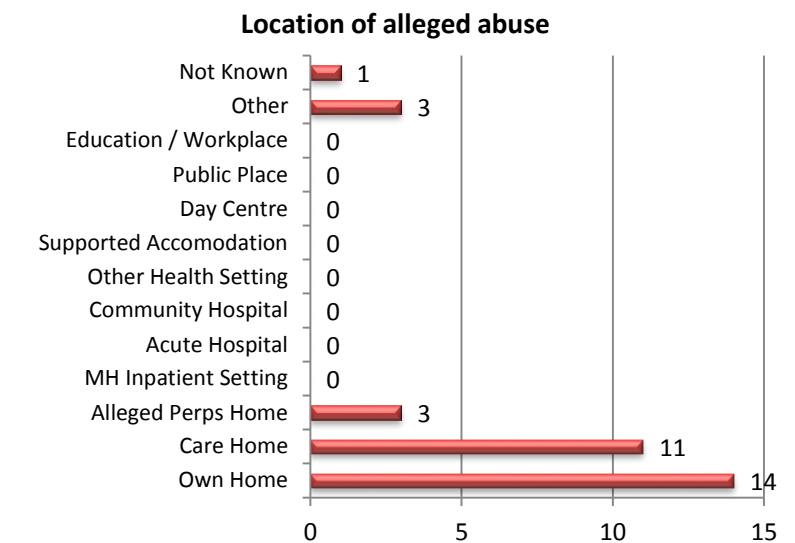
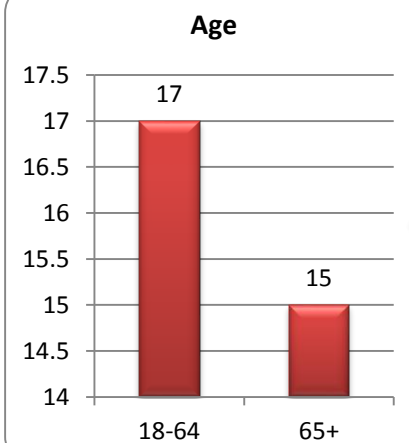
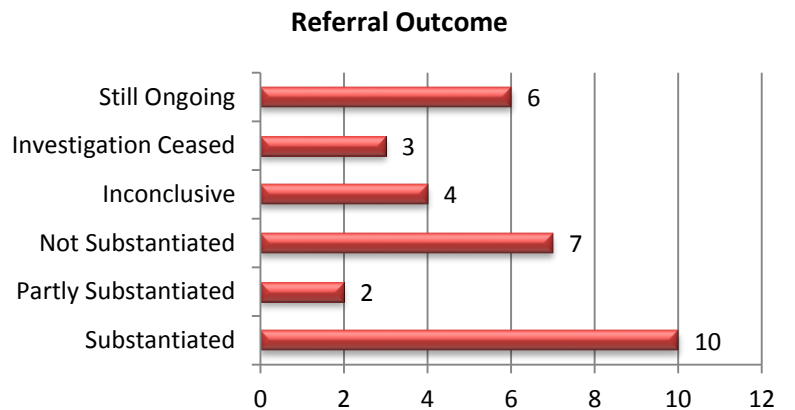
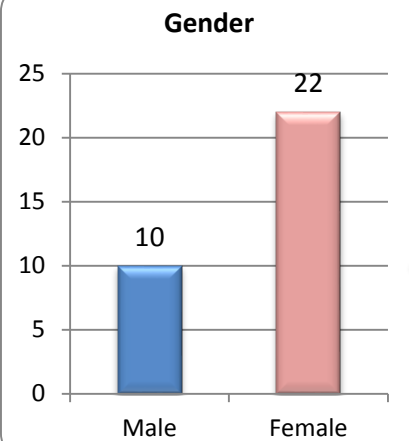
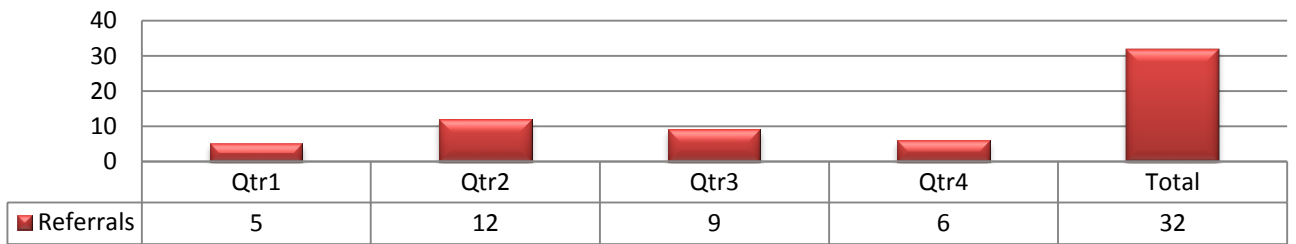
## Location of alleged abuse



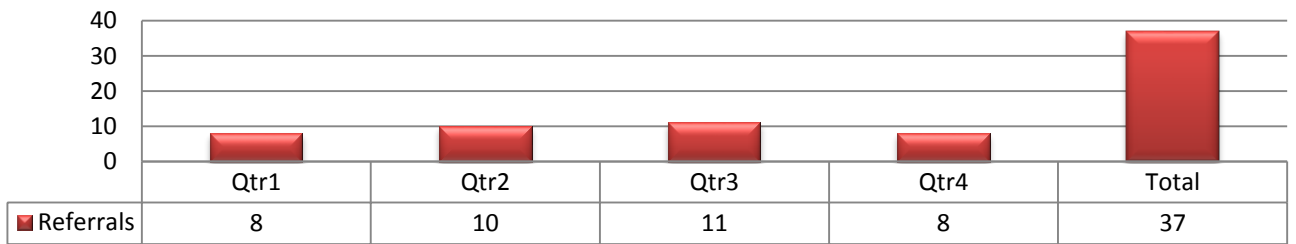
## Alleged Perpetrator Type



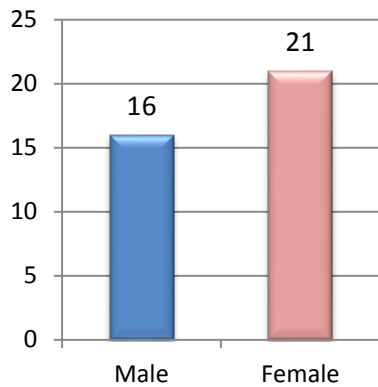
## Alleged Abuse: Emotional / Psychological



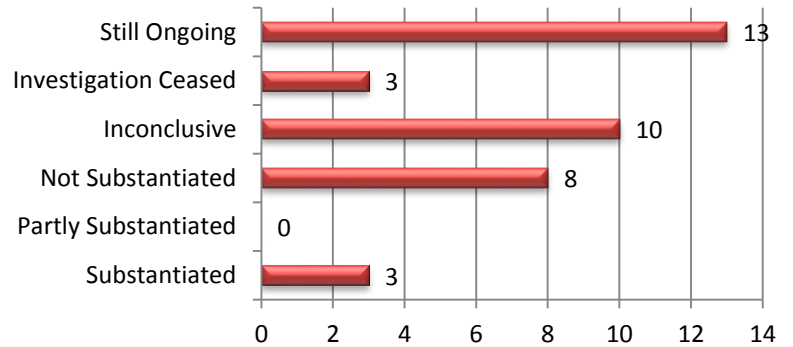
### Alleged Abuse: Financial



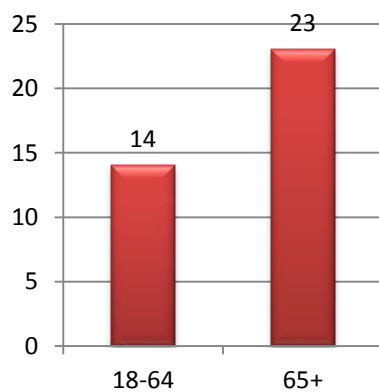
### Gender



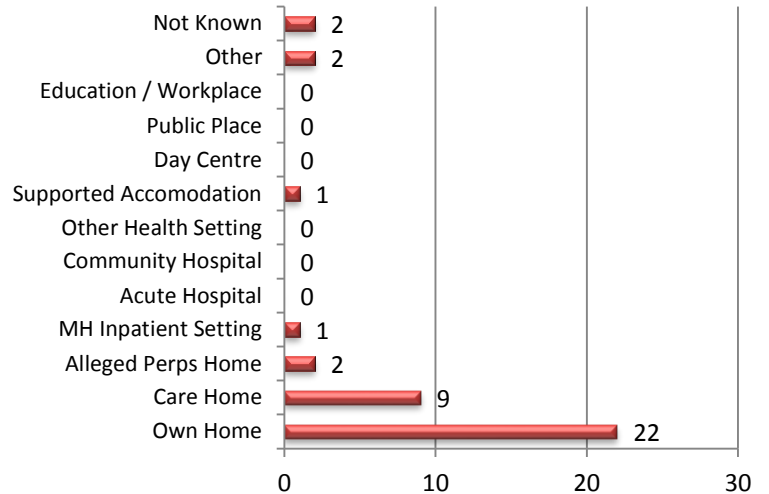
### Referral Outcome



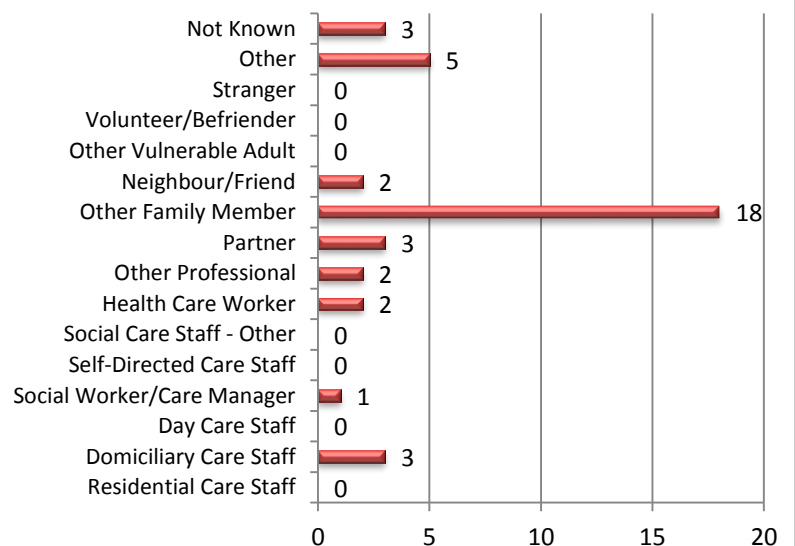
### Age



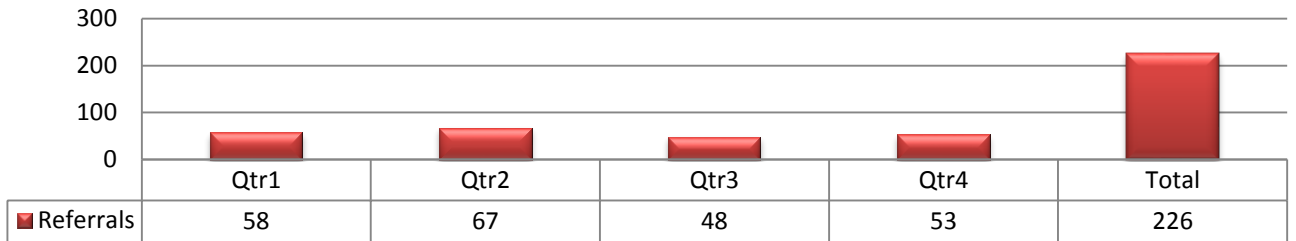
### Location of alleged abuse



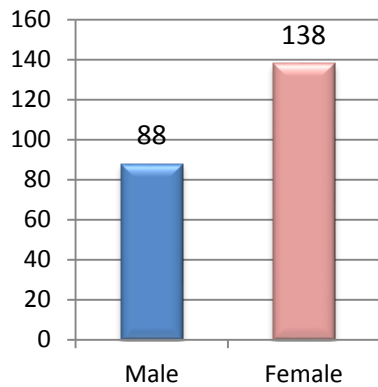
### Alleged Perpetrator Type



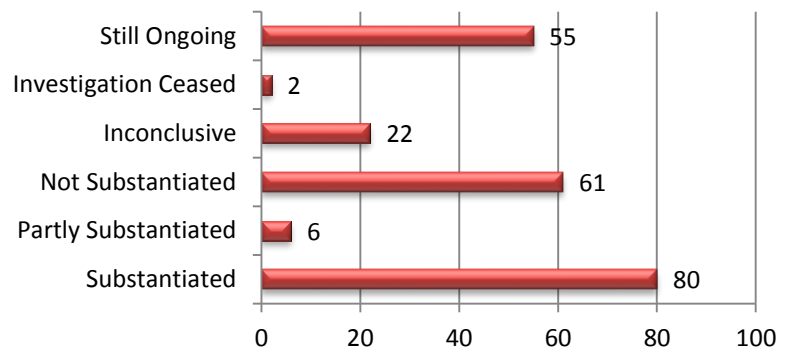
## Alleged Abuse: Neglect



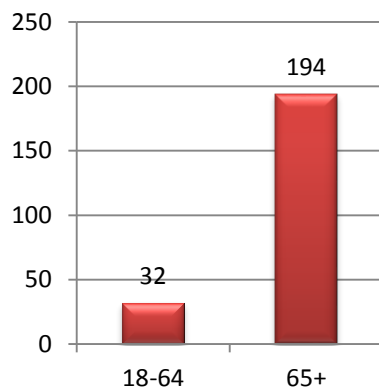
### Gender



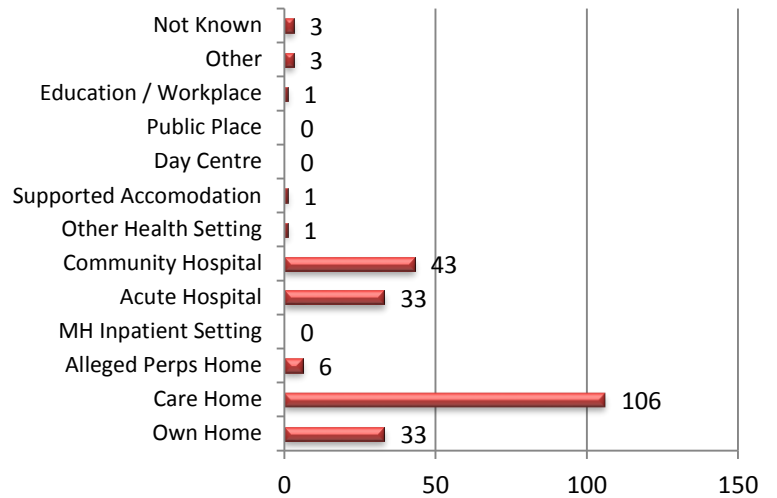
### Referral Outcome



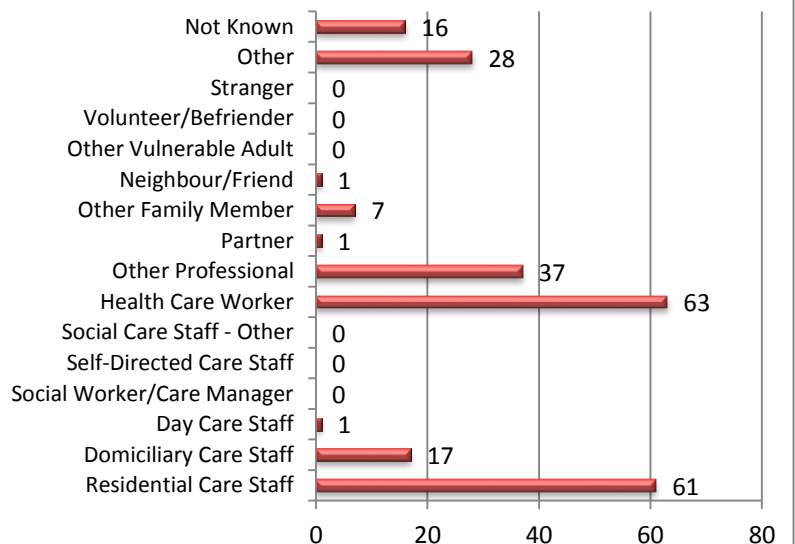
### Age



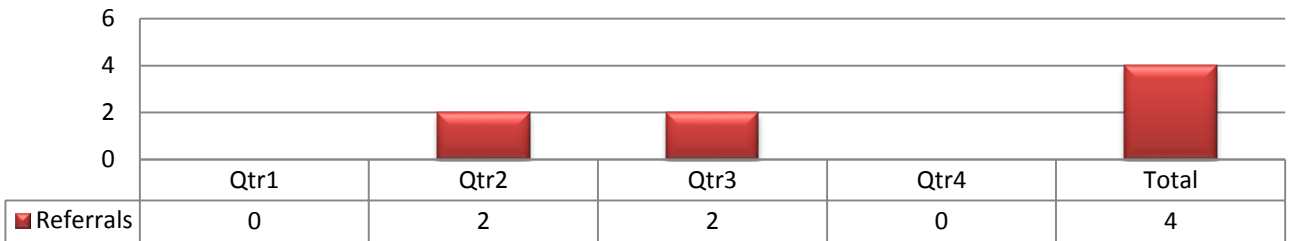
### Location of alleged abuse



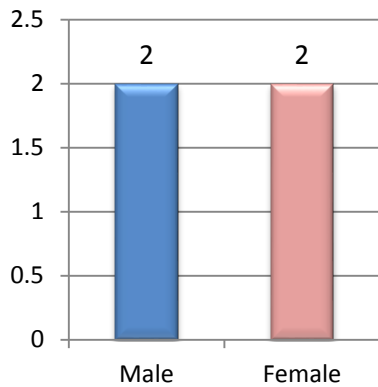
### Alleged Perpetrator Type



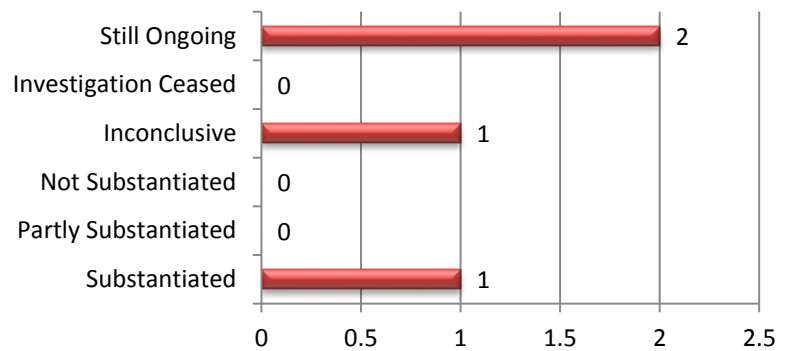
### Alleged Abuse: Discriminatory



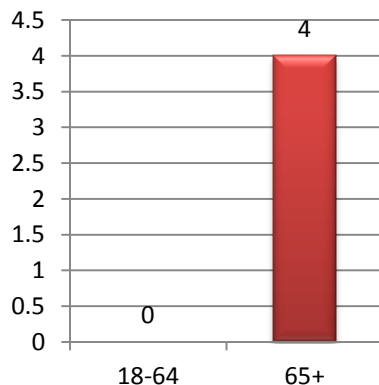
### Gender



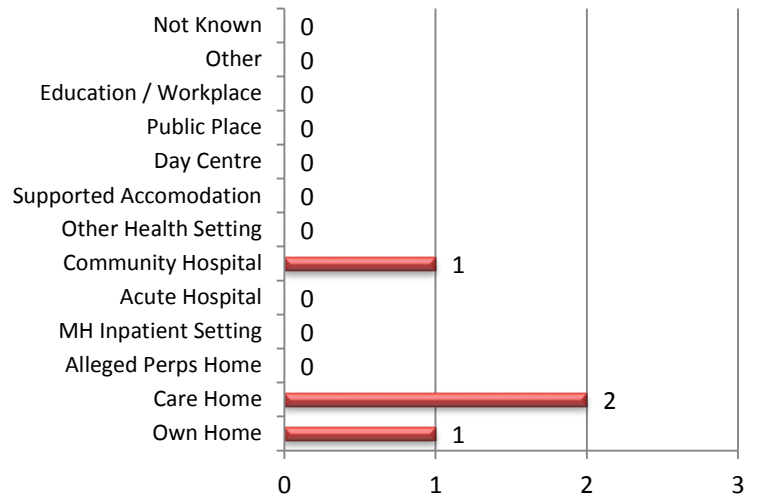
### Referral Outcome



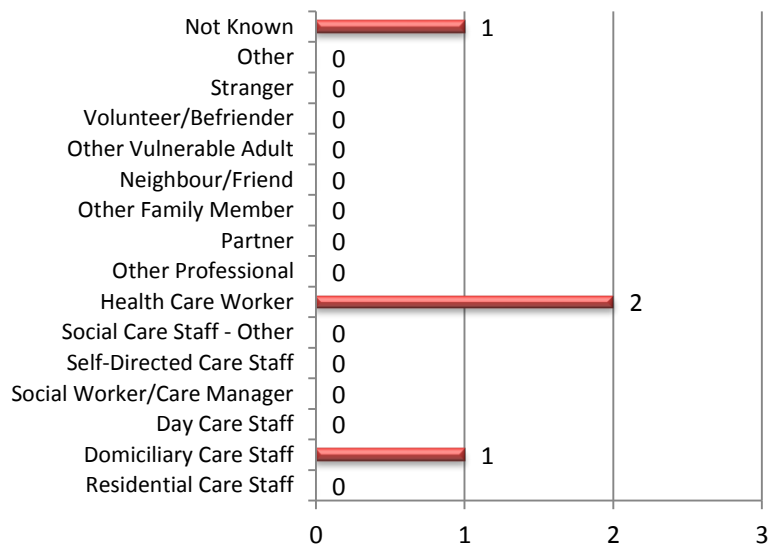
### Age



### Location of alleged abuse

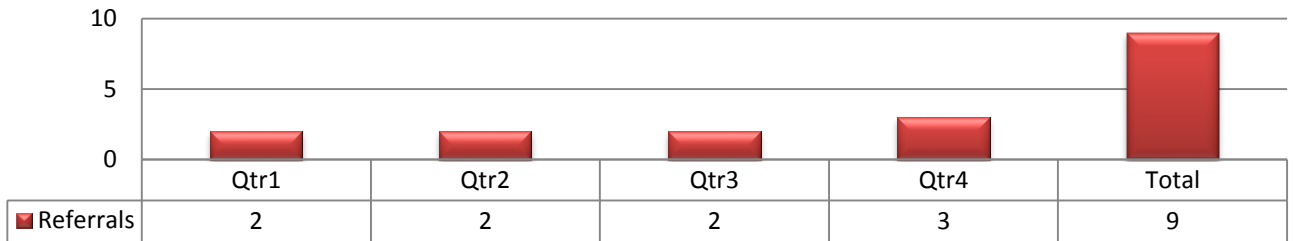


### Alleged Perpetrator Type

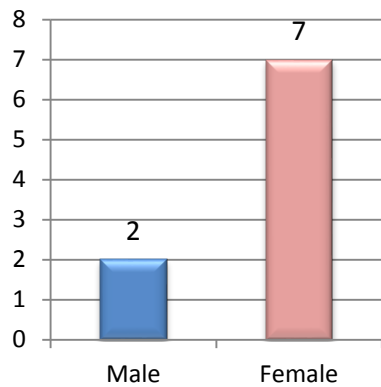




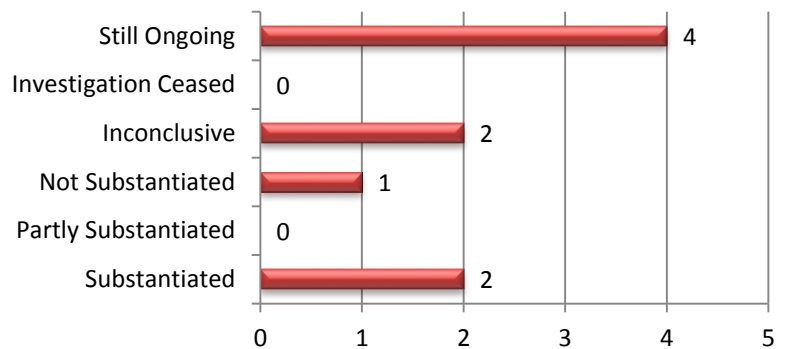
## Alleged Abuse: Institutional



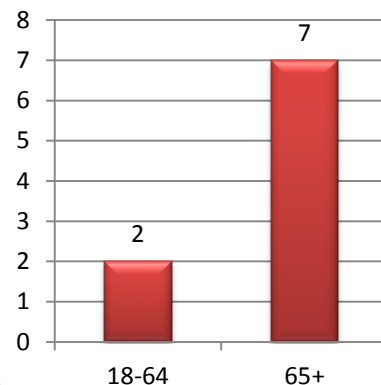
### Gender



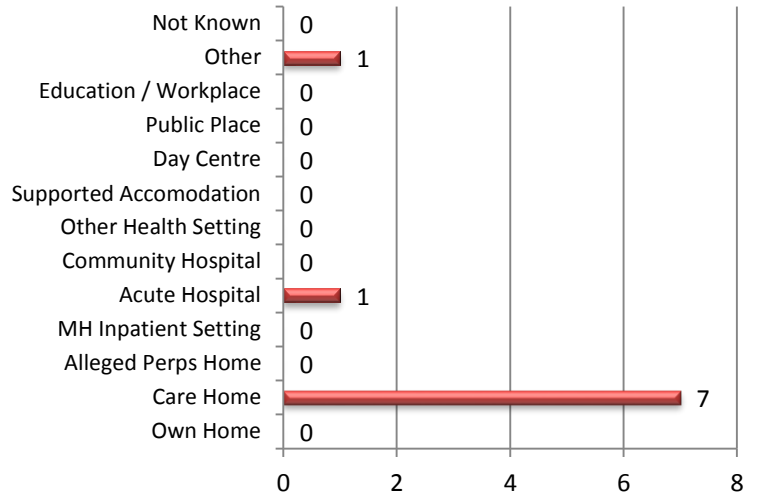
### Referral Outcome



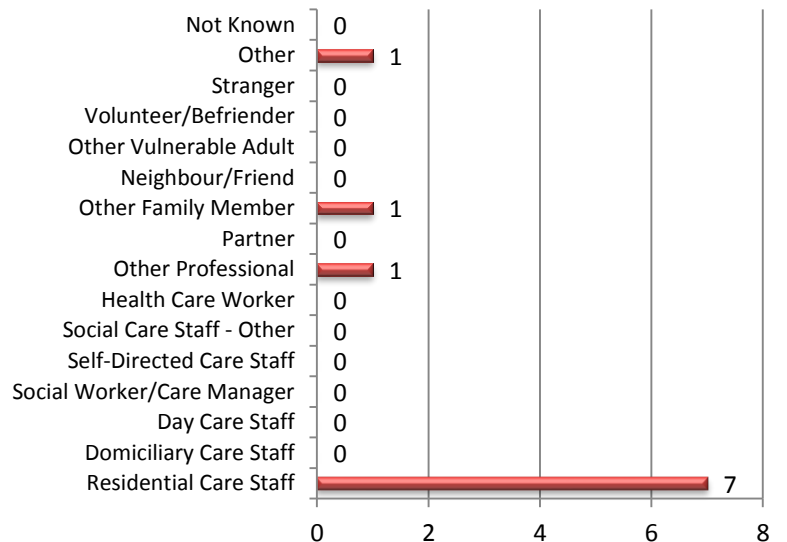
### Age



### Location of alleged abuse



### Alleged Perpetrator Type



## **Section 5: Completed referral outcomes**

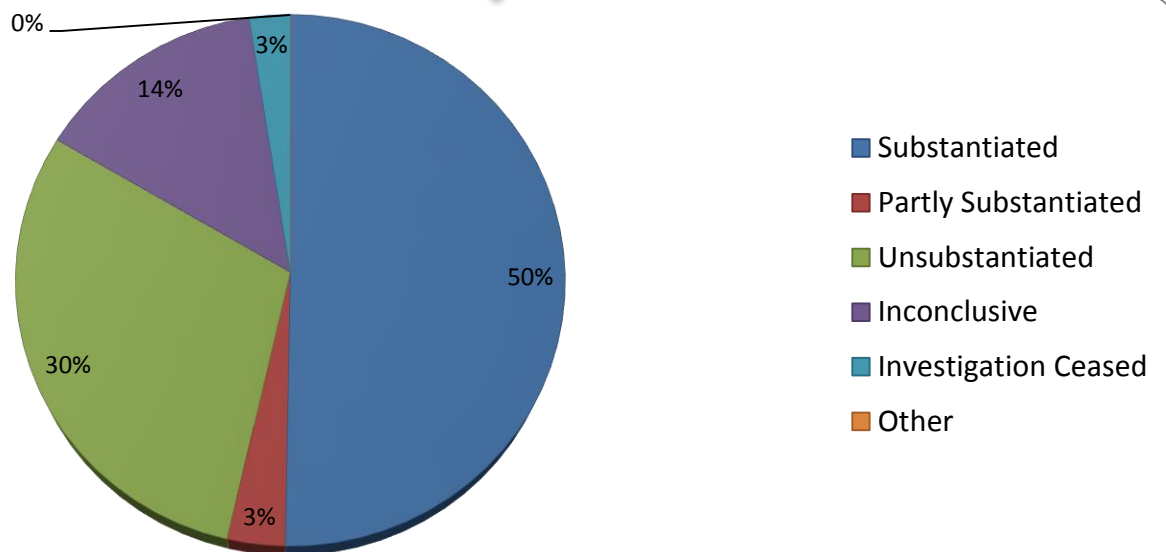
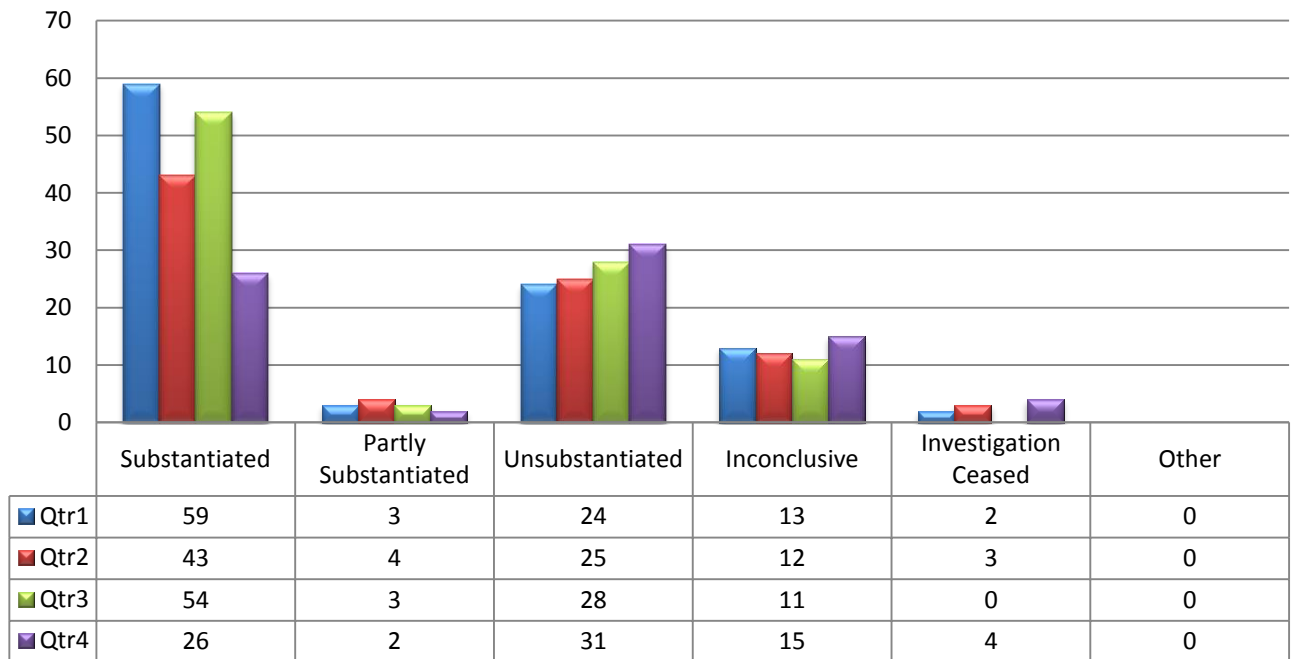
The data within this section relates to safeguarding referrals that were completed within the scope of the reporting period and as such can include safeguarding referrals that were initiated in the previous year.

Referral outcomes have been broken down by case conclusion:

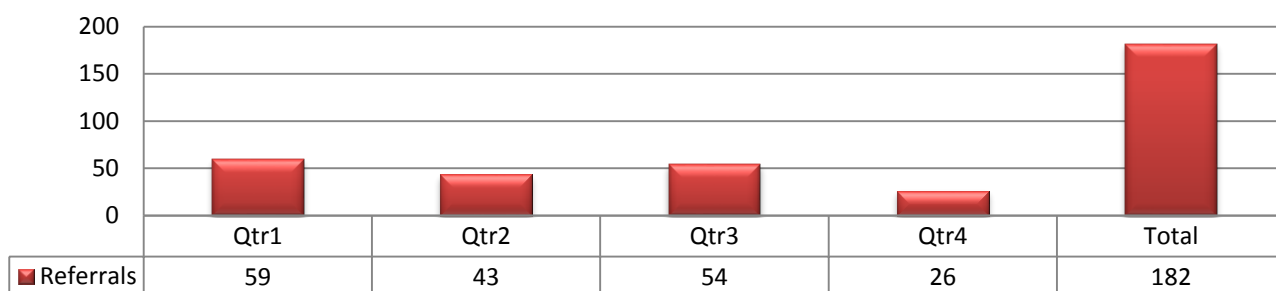
- Substantiated
- Partly Substantiated
- Not Substantiated
- Inconclusive
- Investigation ceased at individuals request

Each case conclusion is sub categorised by outcome for the victim and by outcome for the perpetrator.

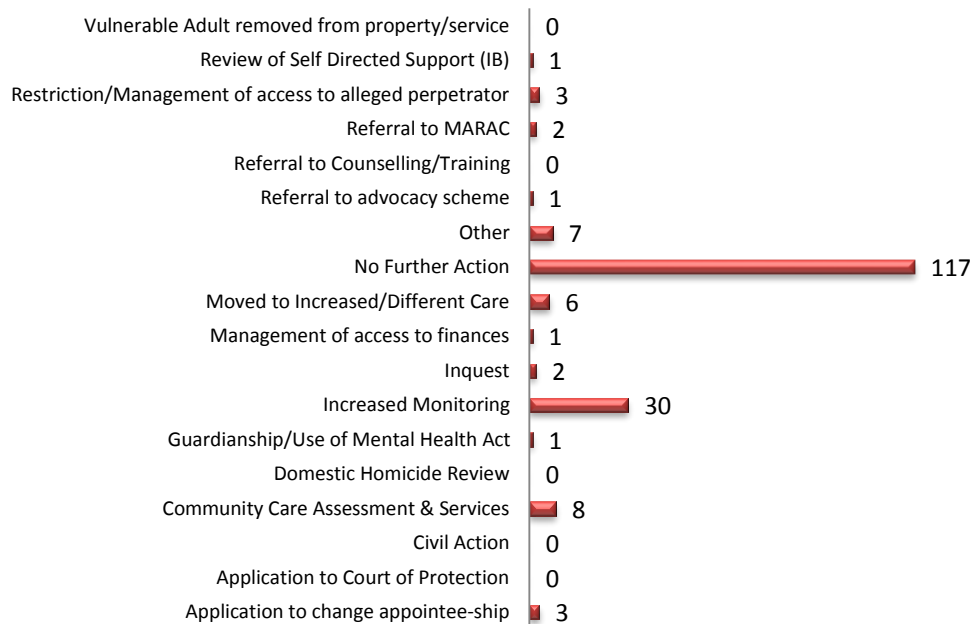
### Referral Outcome



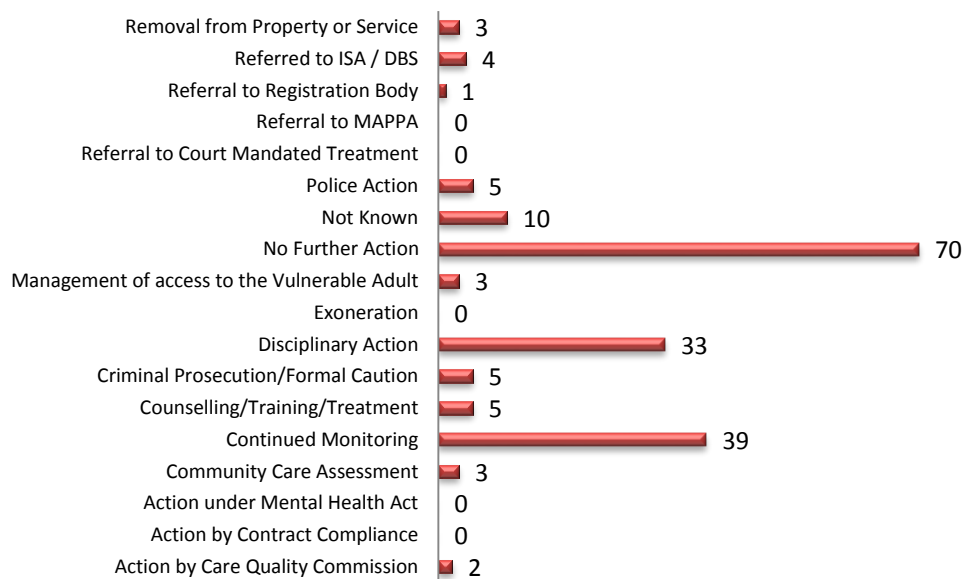
### Substantiated



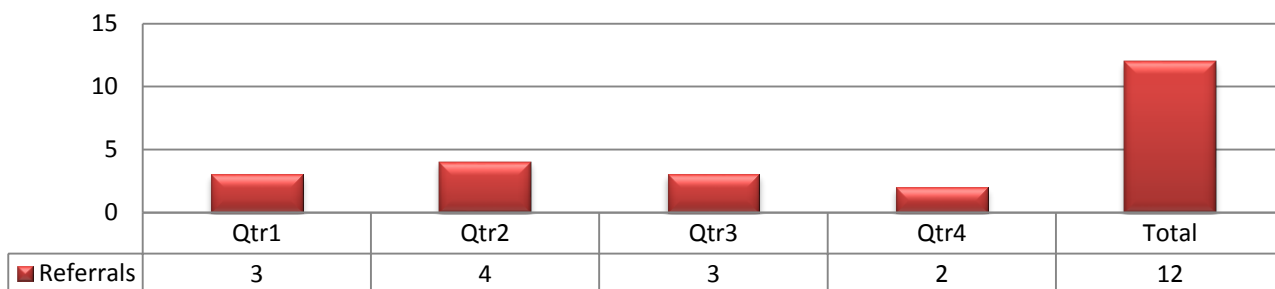
### Victim Outcome



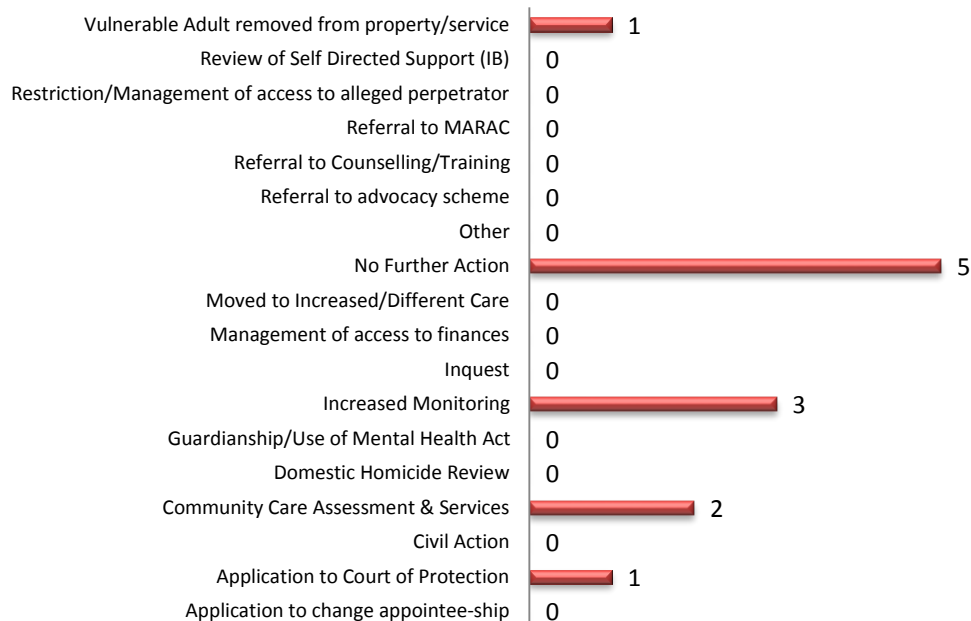
### Perpetrator Outcome



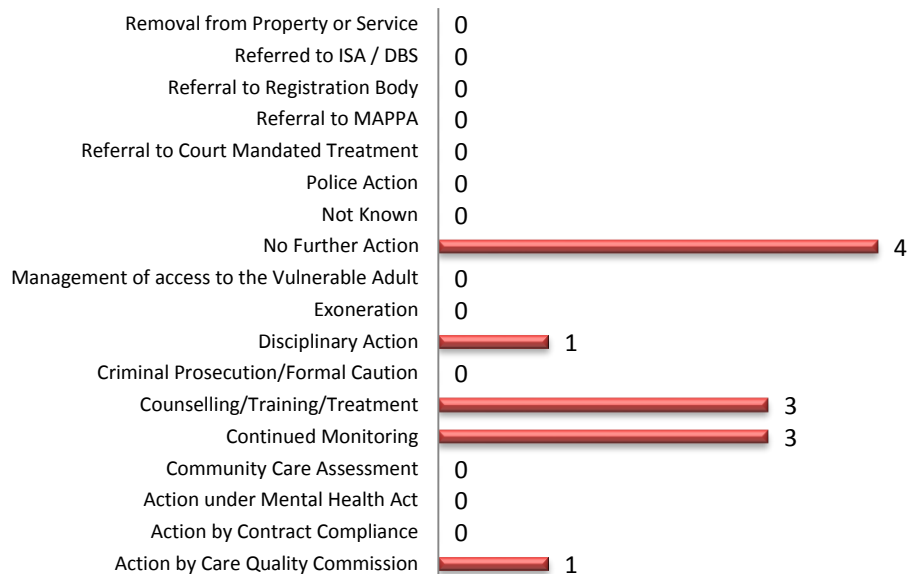
### Partly Substantiated



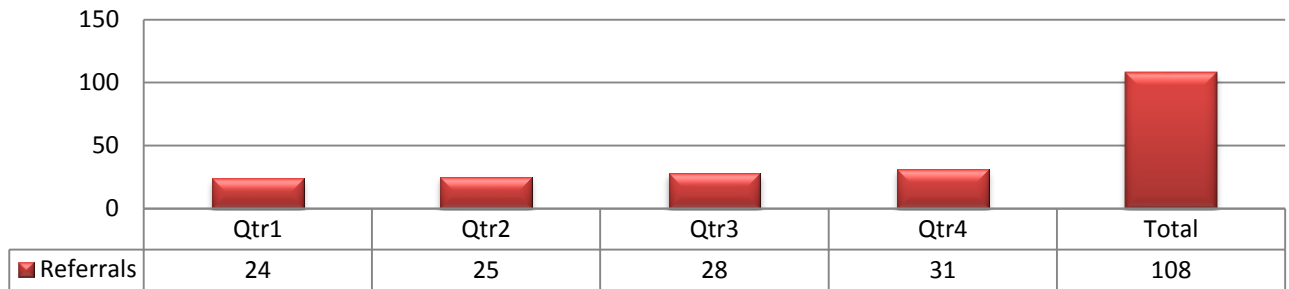
### Victim Outcome



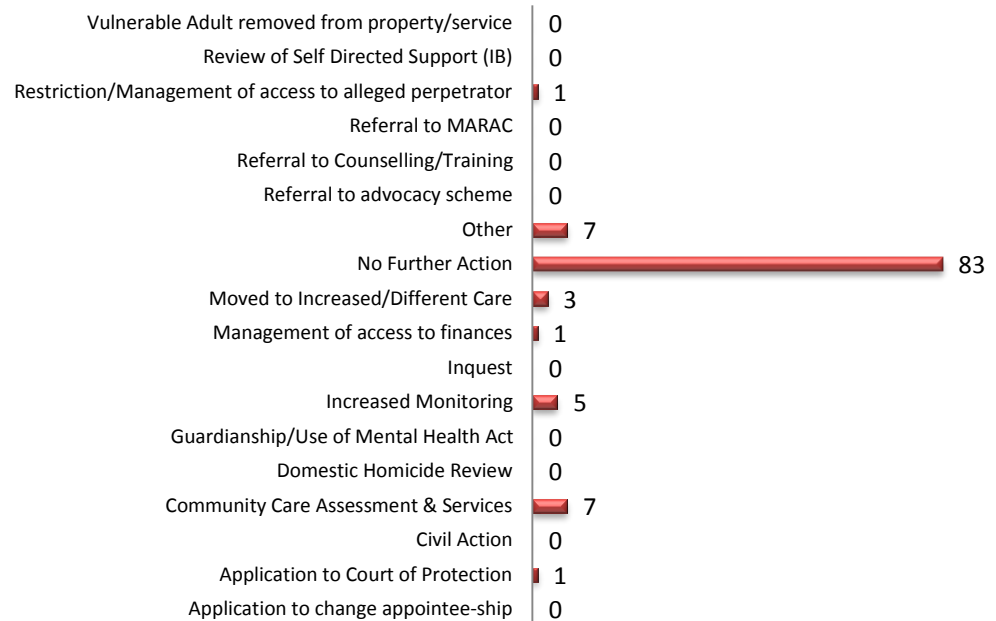
### Perpetrator Outcome



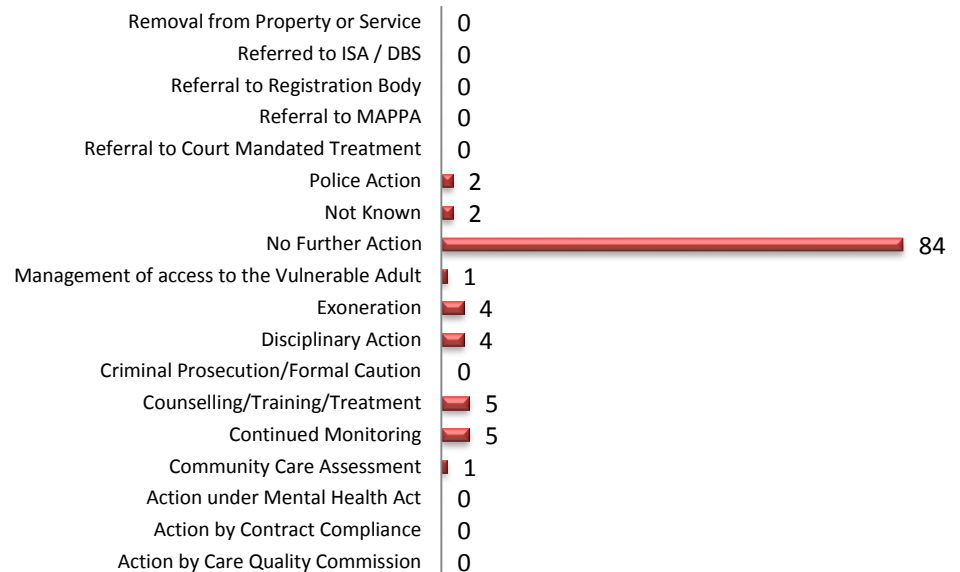
### Unsubstantiated



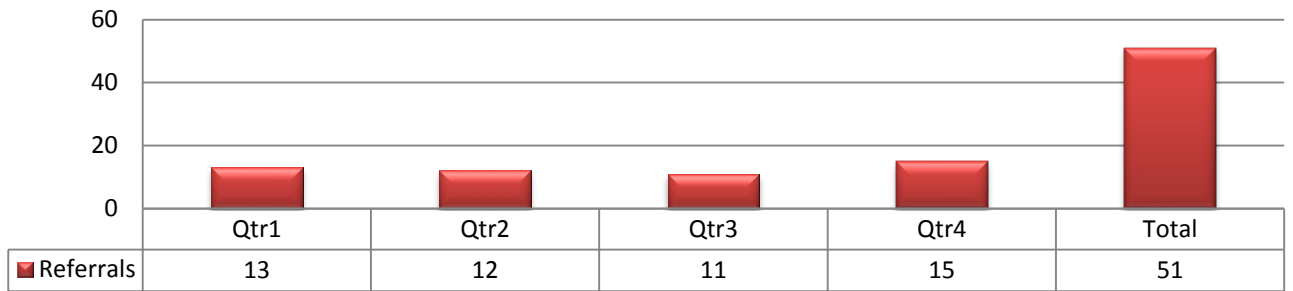
### Victim Outcome



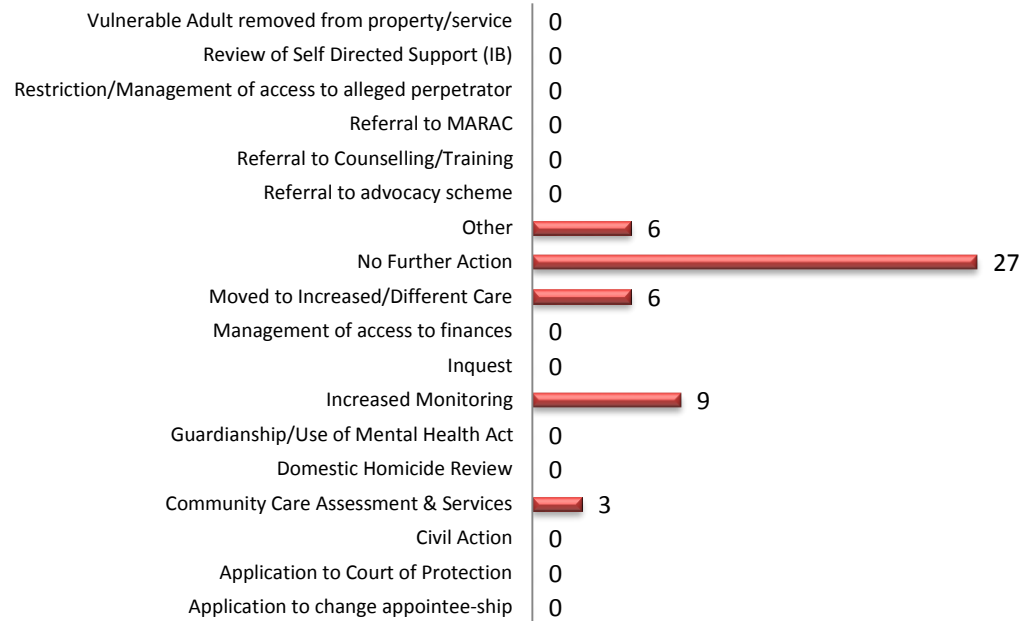
### Perpetrator Outcome



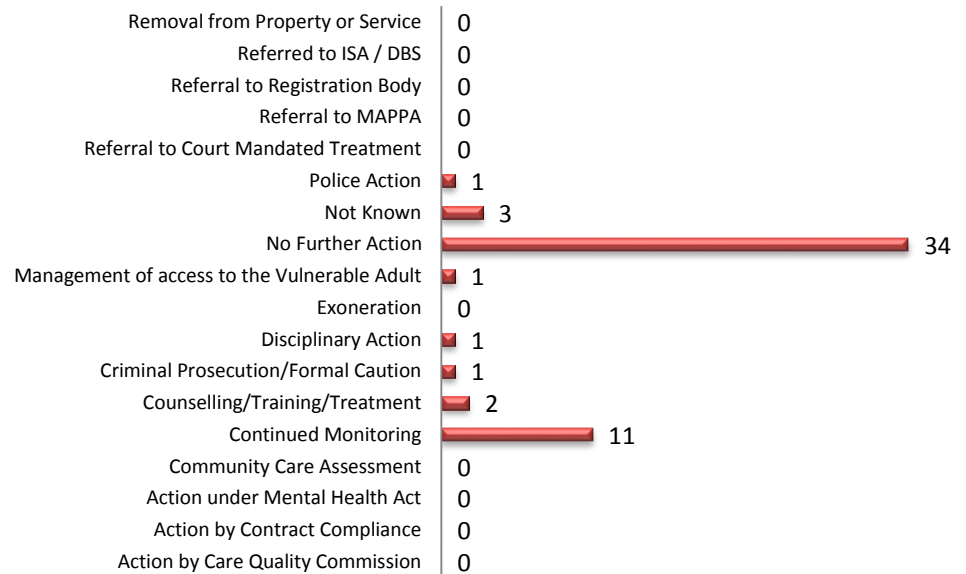
### Inconclusive



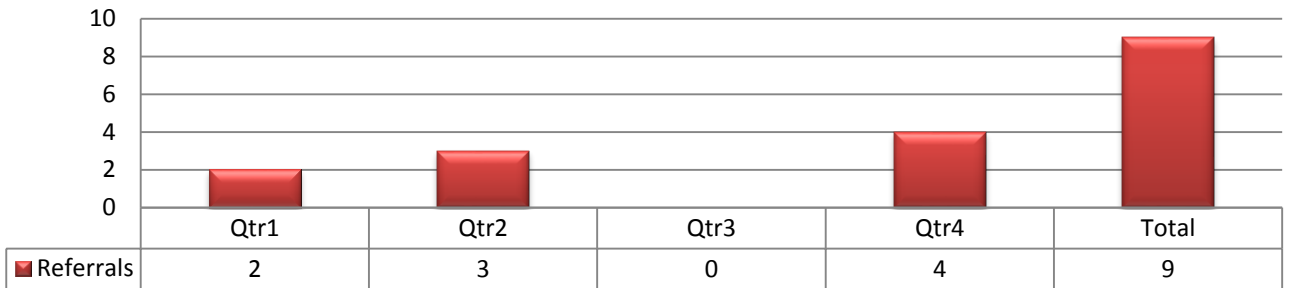
### Victim Outcome



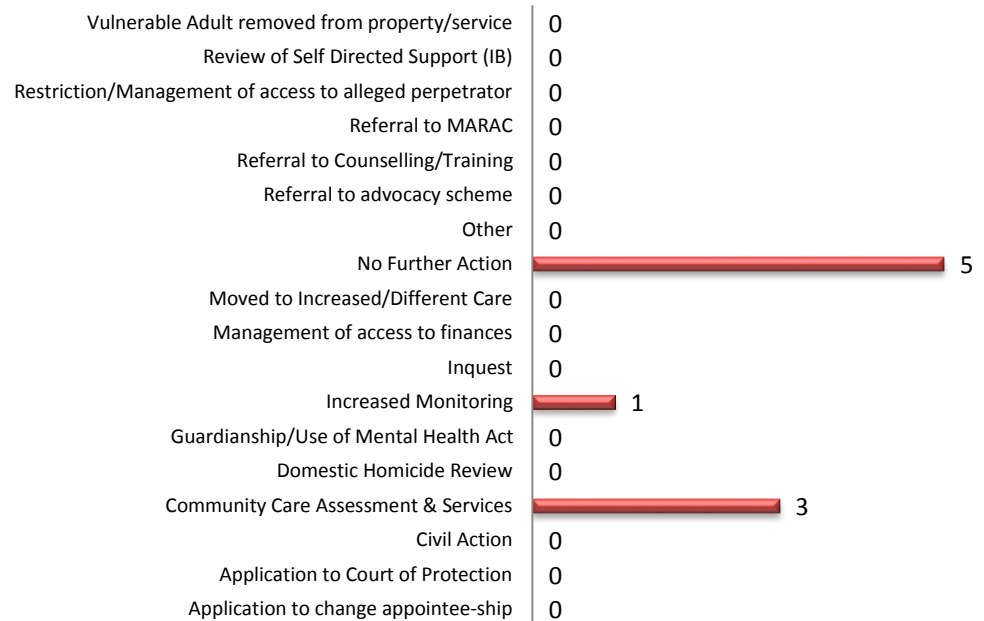
### Perpetrator Outcome



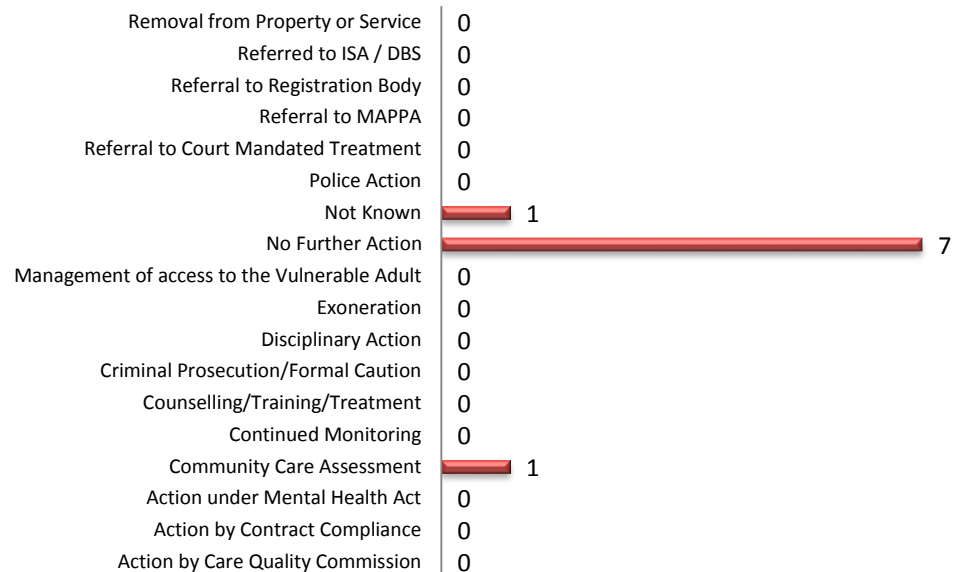
### Investigation ceased at individual's request



### Victim Outcome



### Perpetrator Outcome





## **Section 6: Deprivation of Liberty statistics**

	In Qtr Figures			Cumulative Figures		
	<b>Total Applications</b>	<b>Granted</b>	<b>Not Granted</b>	<b>Applications</b>	<b>Granted</b>	<b>Not Granted</b>
<b>Qtr1</b>	149	116	10	149	116	10
<b>Qtr2</b>	172	131	20	321	247	30
<b>Qtr3</b>	208	56	8	529	303	38
<b>Qtr4</b>						

The official statistics from the Health and Social Care Information Centre (HSCIC) paint a clear picture of the very significant increase in Deprivation of Liberty Safeguard (DoLS) applications since the 19 March 2014 Supreme Court judgment. There have been over 55,000 applications in the six months following the judgment and if this trend continues it points to a more than 8 fold-plus increase on 2013-14 figures (13,000 applications).

In addition to seeing a significant increase in the number of applications, the Supreme Court judgement handed down an "acid test"; where an individual lacks capacity and there is no valid consent, there will be no deprivation of liberty unless the test is met:

- Are they "free to leave"? Just because they are physically unable to leave of their own accord does not mean they are not free to leave for the purpose of the test – they may for example be able to leave with family assistance.

- Are they under "continuous control and supervision"? If the individual is in a private room and checked only every few hours then they may not necessarily be under continuous control and supervision.

This has simplified the assessment process and has seen the number of applications granted for the first six months of the year rise to 77% compared with 43% for applications received in 2013-14

NOTE : Total number of DoLS applications does not equate to the total number of DoLS applications granted and not granted, as some applications were not yet signed off by the Supervisory Body at the time of data submission or were withdrawn

## 5. Safeguarding Adults and Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Training Sub-group Report.

<b>SAFEGUARDING ADULTS AND MCA/DoLS TRAINING ATTENDANCE ANALYSIS</b>						
<b>(April 14 - March 15)</b>						
<b>Safeguarding Adults</b>	<b>Courses delivered by ACWDU(***)</b>				<b>Courses delivered by Partner Organisations</b>	
<b>Course</b>	<b>BMBC</b>	<b>Indep Sec (*)</b>	<b>Health Orgs</b>	<b>Other (**)</b>	<b>BHNFT</b>	<b>SWYPFT</b>
Safeguarding Adults Awareness	15	462	2	1	701	434
E-Learning (Completions)	46	70			662	661
Safeguarding Minute Taking	10		9			
Safeguarding Champions		18				
Safeguarding Investigators	4		4			
Working Together to Safeguard Adults	4		1	14		
MAPPA Awareness		9				
Migration and Disabled/Vulnerable People	20					
CHANNEL Awareness (E-Learning)	9					
<b>TOTALS</b>	108	559	16		1363	1095
<b>GRAND TOTAL</b>	<b>3156</b>					
<b>NOTE: E-learning package currently being revamped for both MCA/DoLS and Safeguarding Adults.</b>						
<b>** Higher Education Institutes', Police, Probation * includes Personal Assistant's.</b>						
<b>*** ACWDU= Adults and Communities Workforce Development Unit.</b>						

<b>(April 14 - March 15)</b>						
<b>MENTAL CAPACITY ACT/DoLS</b>	<b>Courses Delivered by ACWDU</b>				<b>Courses Delivered by Partner Organisations</b>	
<b>Course</b>	<b>BMBC</b>	<b>Indep Sec(*)</b>	<b>Health Orgs</b>	<b>Other**</b>	<b>BHNFT</b>	<b>SWYPFT</b>
MCA/DoLS Advanced Decisions Awareness	32	197	160	0	516	45
E-Learning (Completions)	0	0	0	0	60	31
Keeping the Record Straight	7	60	3	0	0	0
Bespoke MCA Sessions	119	52	0	0	0	0
New DoLS Case Law	10	71	2	1	0	0
<b>TOTALS</b>	168	380	165	1	576	76
<b>GRAND TOTAL</b>	<b>1366</b>					
<b>NOTE: E-learning package currently being revamped for both MCA/DoLS and Safeguarding Adults</b>						
<b>** Higher Education Institutes', Police, Probation * includes Personal Assistant's.</b>						

## **6 Safeguarding Adults Board Targets for 2015-2016**

- The Safeguarding Adults Board (SAB) to maintain a clear vision of the outcomes it wants to achieve during 2015 – 2016 through its Safeguarding Adults Strategic Plan.
- To continue effective joint working between the Safeguarding Adults Board (SAB), the Safeguarding Children Board (SCB) and local strategic partners.
- To ensure partner agencies understand their leadership roles, responsibilities and their contributions towards the Safeguarding Adults Board's Strategic plan.
- To ensure full implementation of the requirements of the Care Act 2014 in relation to Making Safeguarding Personal (MSP).
- To ensure full implementation of the requirements of the Care Act 2014 in relation to the production of an Annual Report and a Strategic Plan for each financial year.
- Ensuring the Communication Strategy and the Safeguarding Adults Board Action plan are reviewed and updated in light of the Care Act 2014.
- Ensuring Safeguarding Adults Procedures for South Yorkshire are being implemented across all partner agencies in order to ensure the safety and protection of vulnerable adults.
- To maintain liaison with regional partners to maintain networks in order to share and disseminate good practice across South Yorkshire.
- To ensure that systems are in place, including a clear strategy that incorporates service user and carer involvement in the safeguarding of vulnerable adults.
- To highlight areas of concern through sub group analysis and produce learning outcomes for additional training sessions as required.
- Continue to participate fully in the PREVENT agenda for those who are vulnerable to messages of violent extremism. The Counter-Terrorism and Security Act 2015 requires that all front-line workers are trained to recognise when a person might be susceptible to the messages of violent extremism and radicalisation.
- Encourage multi-agency participation in Domestic Homicide Reviews (DHRs) and Serious Case Reviews (SCRs), now known as Safeguarding Adults Reviews (SARs) and to provide appropriate levels of training to the multi-agency workforce that become involved with DHRs and SARs.
- To ensure the Safeguarding Adults Board uses the experiences of those using safeguarding services to drive improvements in services and to provide for quality

assurance through the use of regular audits of safeguarding activity and the quality of the work undertaken.

- To ensure the Safeguarding Adults Board drives quality assurance forward through its Performance Management and Quality Assurance Sub-group and ensure there is appropriate evidence that this leads to service improvement.
- Ensure the Safeguarding Adults Board has effective arrangements to identify and secure financial resources to deliver its vision and strategy.
- The Safeguarding Adults Board continues to ensure that a training strategy is in place to include all levels of safeguarding training from basic awareness to the chairing of complex safeguarding adults cases.

## 7 Current Membership of the Safeguarding Adults Board

NHS Barnsley and the Safeguarding Adults Board continue to report to the Health and Wellbeing Partnership.

### Membership of the Safeguarding Adults Board 2014-2015

Cabinet Spokesperson for Adults & Communities - CHAIR	BMBC
Deputy Cabinet Spokesperson for Adults & Communities – DEPUTY CHAIR	BMBC
Executive Director of Adults & Communities	BMBC
Assistant Executive Director of Vulnerable Adults & Chair of Operational Management Group	BMBC
Assistant Executive Director, Disability & Provider Services & Chair of Training Sub Group	BMBC
Assistant Director of Nursing, Clinical Governance and Safety (Portfolio Lead Safeguarding Adults and Children), SWYPFT & Chair of Performance Management and Quality Assurance Sub Group	SWYPFT
Specialist Nurse, Safeguarding & Chair of the Practice Learning Sub Group	Barnsley CCG
Safeguarding Adults Service Manager	BMBC
Chief Nurse	Barnsley CCG
Deputy Chief Nurse	BHNHSFT
Acting Director, Public Health	BMBC
Head of Safeguarding and Welfare, Children Young People and Families	BMBC
Assistant Director, Community Safety Partnership	BMBC
Business Planning and Performance Manager, Adults and Communities	BMBC
District Crime Manager, Barnsley	SY Police
Safeguarding Officer	SY Fire & Rescue
Service User / Carer Representative	

Director of Housing Management	Berneslai Homes
Affordable Housing Enabling Officer, Strategy, Growth and Regeneration	BMBC
Assistant Executive Director, Joint Commissioning Unit	BMBC
Vice Principal Students	Barnsley College
Vice Principal (Residential and Administrative Services)	Northern College

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Author:

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With contributions from Safeguarding Adults Board partners.

## **Appendix A**

### **Meetings and Frequency**

The Safeguarding Adults Board meets on a three-monthly basis. Extraordinary SAB meetings are convened as required.

## **Appendix B**

### **Safeguarding Adults Board Sub Groups**

- Operational Management Group
  - Convened bi-monthly
- Safeguarding and MCA/DoLS Training Sub Group
  - Convened bi-monthly
- Performance Management and Quality Assurance Sub Group
  - Convened bi-monthly
- Communication/Engagement Sub Group
  - Convened bi-monthly
- Specific Time-Limited Sub Group
  - Convened as required.

The roles and functions of the Safeguarding Adults Operational Management group and Sub Groups are to inform the strategic direction and implement the SAB Action plan set out by the Barnsley Safeguarding Adults Board.

Extra-ordinary meetings of the Operational Management Group and Sub Groups can be convened as required.



