ANNUAL REPORT - 2014 / 2015

Safeguarding is everyone's responsibility"

REPORT FROM INDEPENDENT CHAIR - David Cooper

It has been an extremely busy year for Portsmouth Safeguarding Adults Board, and its partner agencies, as they prepared for the implementation of the Care Act 2014, during a period when safeguarding has dominated the news as never before. It is a compliment to all these agencies and their frontline staff that this report is able to demonstrate significant progress.

This years report is being presented in a rather different format than before, which we hope you will find both more informative and more accessible. Any comments you have on the new format would be most appreciated.

This will be my last report as Chair, as I will be stepping down from this role at the end of August. When I was appointed in 2013 I was asked to ensure the board was prepared to meet the requirements of the Care Act, which was coming into effect in April 2015, and I believe we have achieved this.

However, before looking at some of the key developments over the past year, I want to look at the national and local context in which safeguarding operates.

In June 2014 the safeguarding service in Portsmouth City Council and the multi agency joint working arrangements (including the Safeguarding Adults Board) were the subject of an external Peer Review, which found examples of good practice, a strong commitment to safeguarding, and good informal working arrangements amongst partner agencies.

As indicated above safeguarding work is becoming ever more complex, and the environment in which it is being delivered more challenging, and yet the board received some examples of some excellent work by front line staff, including colleagues in the Police who have worked hard to engage partner agencies in improved joint working to prevent the radicalisation of vulnerable adults, while NHS colleagues have given a heightened focus around the issue of female genital mutilation and the board received some examples of excellent person centred practice from social workers in Portsmouth City Council.

Following the Peer Review and the emergence of guidance around the Care Act, the board held a very successful Development Day, and agreed a new set of working arrangements and membership, reflecting its new statutory status. These have been implemented in a phased manner over the past year, and the 'new board' is now in place, and meeting.

Fragility of the care market - while there are some excellent providers, as national data published by Care Quality Commission (CQC) in April 2015 found, there remain large variations in the quality of care services with 1% rated as outstanding, 59% as good, but 31.9% as requiring improvement and 8.7% as inadequate. This picture is consistent with the Institute of Public Care's report for CQC into the state of the care market published last year. As we know that many of these care providers are facing real financial difficulties, and the planned introduction of the national minimum wage, though welcomed, will only add to these financial pressures.

Impact of financial austerity on adult social care - a budget survey by the Association of Directors of Adult Social Services in June 2015 highlighted the continued financial pressure on Adult Social Care, with central government cuts in budgets of £4.6 billion since 2010, and further cuts of £1.1 billion planned for 2015/16, which has resulted in fewer people receiving social care services; despite the efforts of local politicians to protect social care budgets. In Portsmouth this has resulted in an on-going financial squeeze on social care budgets, with further cuts planned.

Impact of continued organisational change - one response to managing the financial pressures faced by partner agencies, is through improved productivity ie 'doing more for less'. Which in turn has resulted in considerable organisational change in Portsmouth City Council, Hampshire Police, Probation and NHS, and this places real pressure on frontline staff working in public and voluntary services, as evidenced in a national survey undertaken by the Guardian newspaper, published on the 10 June, with 93% of respondents stating they were stressed at work all or part of the time. Yet these are many of the same staff working with the most vulnerable members of society.

Complexity of safeguarding - I have worked in the area of safeguarding for over 30 years, and it is difficult to recall a period when safeguarding was more in the news. The scenarios in which it operates is also becoming more complex, including human trafficking, heightened awareness of domestic abuse, cases of historic sexual abuse emerging post the Jimmy Saville revelations, and radicalisation which saw 6 young men from Portsmouth lured to fight in Syria. While the CQC, following a freedom of information request from the Observer newspaper (published on the 9 August 2015) revealed that regulators were notified of 30,000 allegations of abuse involving people using social care services in the first six months of this year; while the rate of allegations made in 2015 is double that of 2011. In Portsmouth while the number of allegations may not have increased, the number that were taken forward as investigations went up by a third. All of these factors create a very challenging context for safeguarding.

Achievements of the Board over the past year - the main focus of the boards work over the past year has been in preparing, and implementing the Care Act , which came into effect in April 2015 and placed the Safeguarding Board onto a statutory footing for the first time. This has involved working with the 3 other local safeguarding boards (Southampton, Hampshire and Isle of Wight) in reviewing all our local procedures; providing training in the new working arrangements; generally raising awareness amongst staff and the public etc.

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Challenges facing the Board - But of course the Peer Review, the Safeguarding Adult Review inquiries, and the work of the board over the past year has also evidenced that there is much more which needs to be done to strengthen the joint working arrangements;

- Partner agencies need to work together to ensure that the board has access to more robust quality and performance information, to support improved safeguarding monitoring arrangements.
- Further work needs to be done to communicate and widen the governance of safeguarding across PCC, and there needs to be increased Council Member engagement in safeguarding at board level and across the wider system.
- More consideration needs to be given to 'making safeguarding personal' as a way of ensuring better outcomes and involvement of people experiencing safeguarding concerns.
- The new board will need to take a more strategic approach, taking into account the impact of the Care Act, the wider remit of safeguarding, and this in-turn requires enhanced financial and other support for the board (which has been much lacking) to manage both the pending changes in personnel over the next few months, and to respond in the long term to the demands facing safeguarding in future years.
- Finally I would like to take this opportunity to thank the board support staff, all board members, other colleagues, and members of the public for their support in my role as chairperson over the past 18 months or so. The board has agreed to appoint a new independent chair, and I would also like to offer them my best wishes for the future.

David Cooper
Independent Chair

THE CARE ACT 2014

The Act came into force in April 2015.

Clauses 42-48 of the Care Act provides the statutory framework for protecting adults from abuse and neglect from April 2015. Provisions include:

- Make or cause to be made, enquiries if it believes an adult is experiencing or at risk of experiencing abuse or neglect
- Arrange for independent advocacy to be available for those who may have difficulty in participating in any enquiries.
- Establish a Safeguarding Adults Board (SAB) to coordinate efforts across all partner agencies to safeguard adults with care and support needs.
- Ensure the SAB produces an annual report detailing it's achievements for the year alongside a strategic plan outlining it's main objectives and how they will be met.
- Conduct Safeguarding Adult Reviews in accordance with S44 of the Act, where someone who is experiencing abuse or neglect dies or there is concern about how authorities acted, to ensure lessons are learned.
- New ability for Safeguarding Adults Boards to require information sharing from other partners to support reviews or other functions.
- Abolition of the existing power (under section 47 of the National Assistance Act 1948) for local authorities to remove people from their homes.
- Provide information about services available in the area that can prevent abuse and support people to safeguard themselves.

Care Act 2014

ACHIEVEMENTS OF THE PSAB IN RELATION TO THE CARE ACT

- Portsmouth Safeguarding Adult Boards are implementing changes required under the Care Act.
- Partners agencies have been requested to audit how they are implementing the Care Act locally
- A Safeguarding Adults Board has formed including review and revision of previous Board arrangements and the appointment of an Independent Chair.
- We have worked in partnership with neighbouring local authorities (4LSAB)to update the Pan Hampshire Multi Agency Safeguarding Policy and Procedures in light of the Care Act .
- A Designated Adult Safeguarding Manager (DASM) responsible for the management and oversight of individual complex cases has been ap-

Chapter 1– Local Demographics

Local Demographics

Portsmouth is a port city located in Hampshire on the south coast of England. It is the most densely populated area in the UK outside of London with an estimated population of 205,100, of which approximately 79.3% are over 18 years of age. Portsmouth has a predominantly White British ethnic population; 84% . Of the 16% Black and Minority Ethnic population the ethnicities with the highest representation are Bangladeshi, Indian, Chinese, Black African, Mixed White and Asian and Other White.

Portsmouth is ranked 76th most deprived out of 326 local authorities in England (Indices of Multiple Deprivation 2010), with 15% of the city's population experiencing income deprivation.

Vulnerable Groups

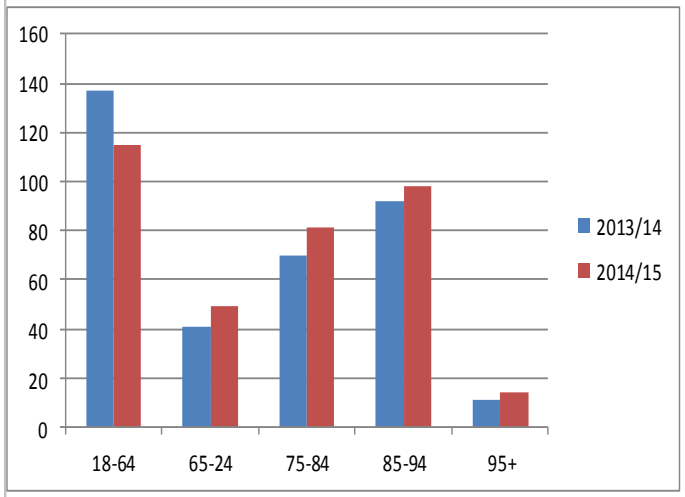
It is impossible to offer a complete picture of adults at risk in Portsmouth because, despite the best efforts of local services to identify, engage with, and support adults who are being harmed or are at risk of being harmed, some abuse or neglect may be hidden. What we do know is that we need the support of all services and the local community to raise awareness of what constitutes a safeguarding concern.

Abuse of vulnerable adults can take many forms, including financial, physical, emotional or linked to households where there is domestic abuse, substance misuse and mental health issues.

This annual report starts by looking at the categories of adults at risk in Portsmouth who have been identified by the local authority and other agencies as in need of protection as a result of their vulnerability.

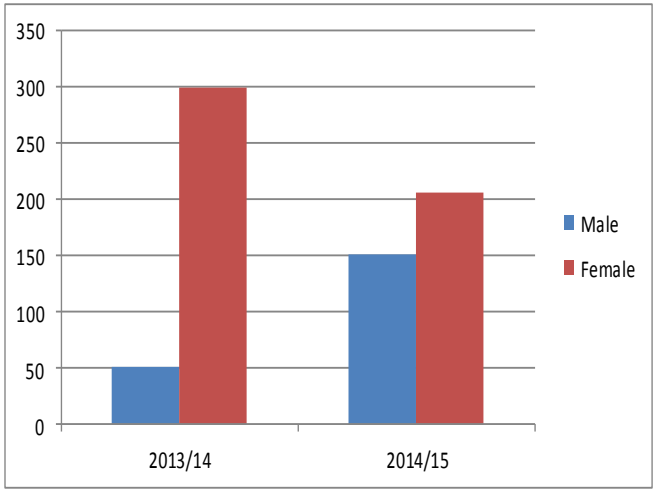
Statistical Analysis– Referral Breakdown

Referrals by Age 2013/14 and 2014/15



The graph above shows the number of referrals received in 2013/14 and 2014/15, that were considered under the Pan Hants Multi-Agency Safeguarding Procedures. The number of alerts raised over the last two years has remained steady at 1300 per annum. However the number of concerns requiring a safeguarding response under the Pan Hants Multi-Agency Procedures has from 239 in 2013/14 to 357 in 2014/15 indicating that there is increased awareness of what constitutes a safeguarding concern within the city.

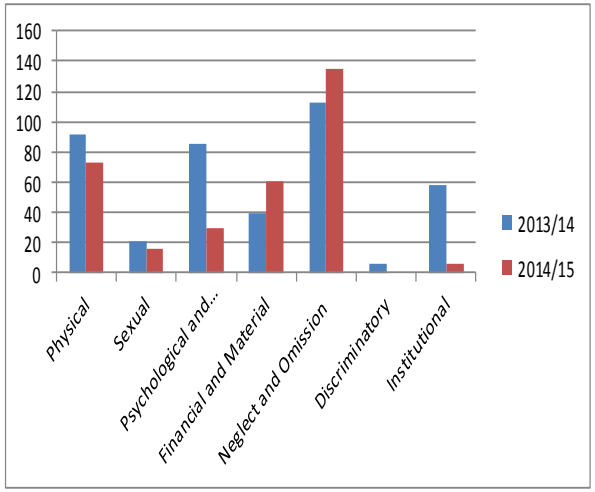
Referrals by Gender



The graph above shows the contrast of referrals by gender received in 2013/14 and 2014/15.

More concerns are raised about women than men in Portsmouth, this is in line with the national picture.

Referrals by Risk Type 2013/14 and 2014/15



The graph above is a comparison of the risk types that are referred. Although there is an upward trend in the year 2014/15 for Neglect and Acts of Omission, this could be due to a raised awareness in this area of Safeguarding work .

The statistics suggest a reduction in Institutional abuse but this is likely to be a result of changes to recording practice. Some safeguarding concerns occurring in care home settings are being recorded as Neglect or Omission, where previously they may have been recorded as institutional abuse.

National developments and local response

The Francis Report investigated the failings at the Mid Staffordshire Foundation Trust was published in February 2013. Since then, issues of patient safety, quality of care and a culture of collective leadership have been in the public eye more than ever. This was shortly followed by the Government publishing its response to address poor quality care in NHS services.

In February 2013, the Home Office introduced a new definition of 'domestic abuse' which has been extended to include incidents of controlling, coercive or 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.

In April 2013, Health and Wellbeing Boards were established and became a statutory requirement. The PSAB has established links with the Portsmouth Health and Wellbeing Board and has developed a joint working protocol.

In April 2015 the Care Act became law. This Act places safeguarding adults on a statutory footing, providing a much welcomed legislative framework to support the work of the local authority and partner agencies. The Act re-affirmed the importance of embedding the six principles of safeguarding into the practice of all partner members of the safeguarding adults boards

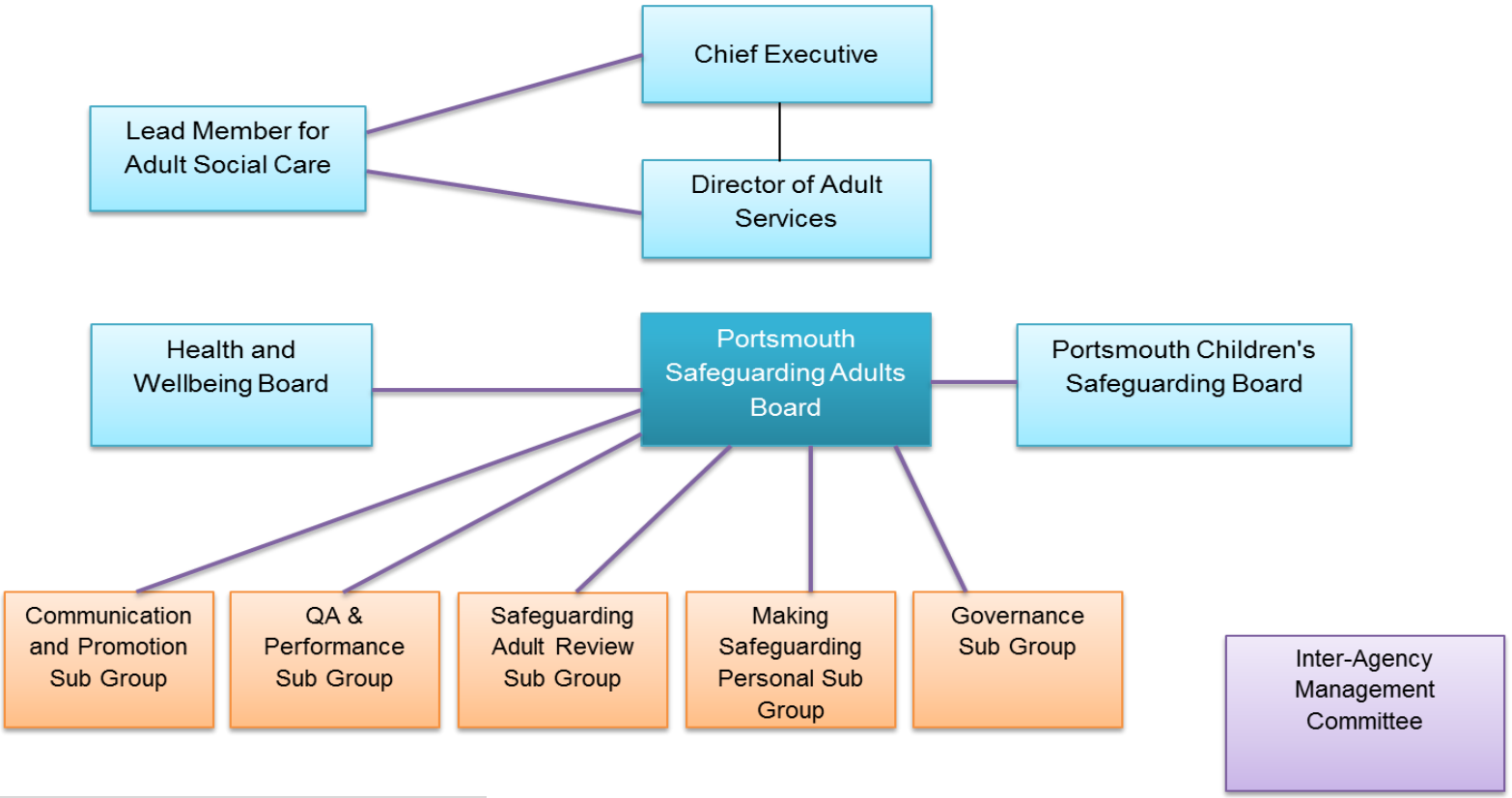
Six principles of Safeguarding

- **Empowerment**
  People being supported and encouraged to make their own decisions and informed consent.
- **Prevention**
  It is better to take action before harm occurs.
- **Proportionality**
  The least intrusive response appropriate to the risk presented.
- **Protection**
  Support and representation for those in greatest need.
- **Partnership**
  Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability**
  Accountability and transparency in safeguarding practice.

CHAPTER 2

What is the Portsmouth Safeguarding Adults Board?

The Portsmouth Safeguarding Adults Board (PSAB) aims to promote awareness and understanding of abuse and neglect. Its work is to generate community interest and engagement in safeguarding issues to ensure "Safeguarding is Everyone's Business". The well-being and safety of local people is our main concern and we adopt a zero tolerance stance on the abuse, neglect or discrimination of any person, including people at risk or in vulnerable situations in any setting. Our aim is to ensure there is effective partnership working at the local level, whenever concerns are raised, so that agencies work in a co-ordinated way. We work proactively with care providers to address any concerns raised about their service to ensure that local people have access to good quality and safe care when they need it.



The role and duties of Safeguarding Adults Boards (SABs) Director of Adult Services

The Director of Adult Services has specific responsibilities under statutory guidance issued by the Department of Health. These include:

- Maintain a clear organisational and operational focus on safeguarding adults.
- Make sure relevant statutory requirements and other national standards are met.
- Make sure Disclosure and Barring Service (DBS) standards are met.

The Director is also responsible, through the appointment of an effective Independent Chair, for ensuring :-

- That the SAB continues to develop an independent, objective and authoritative identity.
- The SAB will have clear independent leadership and strategic vision.
- That partners work effectively together to safeguard adults at risk in their area.
- To ensure adult safeguarding maintains a high profile across all agencies, organisations and communities in the city.
- The SAB will evaluate its effectiveness in scrutinising safeguarding work across all partner agencies.
- The SAB will work collaboratively with the other SAB's locally to reduce repetition and share the same working documents / strategies etc., particularly where organisations work across more than one Board.

The Purpose of a Safeguarding Adults Board

The overarching purpose of a SAB is to:

- Assure itself that local safeguarding arrangements are in place as defined by the Care Act
- Prevent abuse and neglect where possible
- Provide a timely and proportionate responses when abuse or neglect has occurred.

The SAB must take the lead for adult safeguarding across its locality and oversee and co-ordinate the effectiveness of the safeguarding work of its member and partner agencies. It must also concern itself with a range of matters which can contribute to the prevention of abuse and neglect such as the:

- Safety of patients in local health services
- Quality of local care and support services
- Effectiveness of prisons in safeguarding offenders

Core duties: -

SABs have three core duties. They must:

- Develop and publish an Annual Strategic Plan setting out how they will meet their strategic objectives and how their member and partner agencies will contribute.
- Publish an annual report detailing how effective their work has been.
- Arrange Safeguarding Adult Reviews for any cases which meet the criteria for such enquiries.

Portsmouth Safeguarding Adults Board and its Sub-groups

SAB (Safeguarding Adults Board): The strategic multi-agency steering group with statutory responsibility for the oversight and co-ordination of safeguarding activity across Portsmouth.

QA (The Quality and Performance Subgroup): Responsible for the production of effective management information and governance to the PSAB.

SAR (The Safeguarding Adult Review Subgroup): Responsible for the commissioning of and learning from Safeguarding Adult Reviews.

MSP (Making Safeguarding Personal): This sub group will help develop a culture within safeguarding services that ensures that the way we respond in safeguarding situations enhances the involvement, choice and control of adults at risk, alongside improving their quality of life , wellbeing and safety.

Fire Safety Development Group: Responsible for co-ordinating the learning and review of fire deaths and serious injury from a fire. (note this a 4 LSAB group).

Communication and Promotion of Safeguarding: Responsible for ensuring effective communication from the SAB as well as between partners and members of the board.

Governance: The Governance Subgroup is responsible for the review and development of multi-agency safeguarding policy and process that impacts upon all members of the SAB in terms of workforce and service users.

Training (The Training and Development Subgroup): Responsible for co-ordinating the development of multi-agency learning across the 4 LSAB and in Portsmouth we will be developing a training sub group to address the specific training needs of staff working across the city .

SABs primarily achieve their goals indirectly, through their agency members and through their partnerships with other boards and agencies. However, SABs may wish to commission some work themselves and secure funding to enable them to do so. This may, for example, be to test out an approach or to promote some research.

Quality Assurance and Performance Sub-Group

Aims:

- Consistent and robust outcomes for vulnerable adults.
- The monitoring of performance against the PSAB work plan.
- The sharing and application of learning and experience from practice in Portsmouth and across the UK, including from safeguarding adult reviews and audits.
- Audit the effectiveness of safeguarding arrangements across local partner agencies.
  Monitoring of the consistency of threshold decisions.
- The group will monitor performance of safeguarding, and provide a quarterly report to the PSAB, and annual summary report as part of the PSAB annual report.

Achievements during 2014/15 have been:

- Building on Data sets developed by 4 LSAB.
- Regular meetings with multi agency partners

Safeguarding Adult Review Sub-Group

Aims:

- To act as a subgroup of the Portsmouth Safeguarding Adults Board (PSAB) to ensure the responsibilities of the Board are carried out in respect of safeguarding adult reviews and other forms of learning reviews activities.
- To ensure there is a clear process for commissioning and carrying out of safeguarding adult reviews and other forms of learning review activities within Portsmouth

Achievements during 2014/15 have been

- Bi– Monthly meetings with good representation across partner agencies .
- PSAB commissioned a serious case review (before the Care Act 2014 legislation) in May 2014 and the full report was published on the website in September 2015. Learning from this review was disseminated to agencies via the Board and actions are being monitored by the subgroup.
- A further SAR has been commissioned into another case and its findings are likely to be published in the 2016.

Making Safeguarding Personal

Aims:

- To promote Making Safeguarding Personal through all its work streams.
- Oversee the rewrite of relevant documentation to ensure that documents are person centred in relation to safeguarding.
- To compile an audit tool, carry out audits and report findings to the QA and performance sub group and then to the PSAB.
- To facilitate effective ensure that Making Safeguarding Personal is embedded in practice.

Achievements during 2014/15 have been:

- Developing an outcome focused feedback form.
- Involvement in developing person led literature.
- Developed an audit tool to measure practice against the key principles embedded in making safeguarding personal.

Communication and Promotion of Safeguarding

Aims:

- To raise awareness of safeguarding and communicate that safeguarding matters to everyone.
- To launch/communicate to the public the PSCB and PSAB websites and Adults' single assessment framework during Safeguarding Week 22-28 June.

Achievements during 2014/15 have been:

- Activity has included editorial promotion and interviews with key stakeholders. Safeguarding messages disseminated during Safeguarding Week at a multi-agency event in Guildhall Square.
  Internal communications, videos and social media also used to spread the word.
- Editorial coverage for Safeguarding week equivalent to £1800 advertising spend.
- 212 page hits / 139 unique views / hits to PSCB site.
- 227 page hits / 111 unique views / hits to PSAB site.
- Increased referrals and leads during the week and one alert as a direct result of the event.

CHAPTER 3

Local Safeguarding Representatives

NHS
Portsmouth
Clinical Commissioning Group

Key Developments/Achievements:

- Appointment of a CCG Quality Assurance Nurse for care homes and domiciliary care across the City.
- CCG safeguarding week in August 2014, including training to the executive board.
- Increased integration and information sharing across the CCG safeguarding and quality teams.
- Strong attendance, facilitation and participation at the PSAB and associated sub-groups.
- Safeguarding element of the quality schedule for health providers revised and strengthened in preparation for 2015-2016 contracts.
- Funding made available for MCA and DoLS across health and social care which included conferences across both statutory and independent providers and funding further Best Interests Assessors.

Roles and Responsibilities

CCG's are the major commissioners of local health services and need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place.

Safeguarding is embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence thinking and practice.

The Designated Nurse acts as a clinical expert and strategic leader to offer advice and support for other health professionals in provider organisations or to the Board.

Actions in Relation to the Care Act 2014

Basic awareness training presentation revised to include the Care Act, making safeguarding personal, domestic abuse, modern slavery and self-neglect.

CCG staff, GP's and primary care have received a Care Act briefing.

Care Act has been part of the safeguarding adult report to the CCG Quality and Safety Executive Group, which reports to the clinical executive committee.

Care Act is part of the quality schedule for major health providers.

Designated Nurse for Safeguarding Adults has been appointed as the Designated Adult Safeguarding Manager (DASM)

Designated Nurse is part of the Serious Incident Requiring Investigation (SIRI) panel and critically analyses quality issues relating to safeguarding and MCA within healthcare. This is replicated for complaints.

Queen Alexandra Hospital (QAH)

Within the hospital the year covered by this report has been a busy one, the main concerns have been raised in relation to visitors of patients and not necessarily from concerns raised within the hospital and of hospital staff. There has been a 30 % increase in alerts, however, a large proportion of these alerts were not substantiated. There has been improvement and an increase in staff within the hospital, Anne Taylor is the lead nurse and the DASM. There are also Service Area Lead Nurses for each clinical service areas who have an enhanced level of safeguarding training . Monthly reports are gathered and reported to Governance and Assurance groups .

Themes of alerts

* Poor care (6 substantiated)
* Allegation of neglect or actors of omission .

Achievements

* QAH had a full CQC inspection—evidence of strength within safeguarding.
* Fully involved in PSAB and some sub groups.
* Involvement in Safeguarding Awareness Week.
* QAH specific safeguarding week in October 2014 – variety of training delivered particularly in relation to DOLs/ MCA/ Domestic Violence.

Domestic Violence

Specific DV and Violence policy introduced and there was a pledge in relation to a Public Health responsibility. A media release supported this in 2014. Some challenges in the hospital around the impact of increases in DOLs referrals - QAH are undertaking a consultation, with partner agencies, in relation to DOLs .

Year ahead

Increasing support in team (admin), preparation for the Care Act , audits to re focus, safeguarding activity.

Integrated Commissioning Unit (ICU)

The unit jointly commissions services on behalf of the CCG, social care and public health .

They are also responsible for contract monitoring of services and as such can play a crucial role for the board and safeguarding The ICU can ensure that within contracts there are some specific contractual obligations in regard to safeguarding for providers . This can include requirements linked to the training of staff to recognise and act on safeguarding concerns.

Within ASC for Portsmouth there is direct liaison with the Safeguarding Team ensuring a seamless approach to preventative work for Adults at Risk .

How the ICU have actively supported the PSAB in the year 2014 :-

* Membership of the PSAB
* Contributing towards the Quality Assurance and Performance sub group
* Contributing to Safeguarding Adult Reviews and SAR action plans

All ICU staff will receive training in basic awareness of Safeguarding.

NHS England

In relation to safeguarding adults, NHS England is able to provide an overview on its achievements over the past 12 months:

- A training audit conducted in Primary Care GP practices across Hampshire, Southampton, Portsmouth and IOW had 73 responses of which 9 were from Portsmouth. Results were shared with the 4LSAB Safeguarding Workforce Development Sub-Group early in November 2014 and has informed a targeted approach in training GP practice safeguarding leads in Hampshire including Portsmouth.
- Two NHS Wessex Safeguarding events which included updates on FGM, Human Trafficking, Prevent, MCA/DoLS were held for designated nurses and named GPs across Wessex.
- The Wessex Safeguarding Forum was set up in 2013 to enable:-
  - Underpinning system accountability through peer review-based assurance and other sources of intelligence to identify local improvement priorities.
  - Identification and sharing of best practice across the local health system.
  - Leading and driving of improvement in safeguarding practice across the local NHS system, working closely with the LSCB/SAB as appropriate.
  - Membership includes designated nurses, named GPs and LAC nurses.
- SCIE Training - Local Safeguarding Boards are required to maintain a local learning and improvement framework that supports the regular conduct of reviews and audits beyond those meeting the statutory Serious Case Review (SCR) criteria. To this end SCIE training was funded by NHS England and offered to Board members across Wessex including Portsmouth. In 2013/14 a total to 106 members were trained.Joint work with Wessex Local Medical Committee (LMC) was undertake in preparing a number of learning videos focused on safeguarding adults / MCA and DOLs
- Joint work with Wessex Local Medical Committee (LMC) was undertake in preparing a number of learning videos focused on safeguarding adults / MCA and DOLs
- A Wessex-wide Primary Care Safeguarding Newsletter has been developed, raising awareness of training courses and sharing lessons - positive feedback received from primary care clinicians
- An internal process has been agreed with health partners for managing level 3 safeguarding alerts: The procedures have been designed to explain simply and clearly how NHS England (Wessex) should manage Level 3 multi-agency safeguarding investigations and work together with internal and external partners to protect people at risk and establish whether there are lessons to be learned from the incident. Furthermore, this protocol provided guidance on how lessons are identified, how they will be acted upon and what is expected to change within a given timescale; and as a result to improve practice. This is being updated in line with the Care Act 2014 and guidance related to Sec 42 enquiries.

This year NHS England has responded to a total of five alerts and contributed to two adult reviews in Portsmouth.

Healthwatch Portsmouth is an independent service provided for all people of all ages and circumstances in Portsmouth. We gather views and experiences of local people on the way health and social care services are provided so they are given a chance to speak up about services across the city. We collect local information through community engagement events and one-to-one advocacy to ensure people who plan, run and check services listen to people who use these services.

At the heart of Healthwatch are 8 statutory functions which include supporting the involvement of people in commissioning and scrutiny of local services, making reports and recommendations about how services could or ought to be improved, providing advice and information about access to these services, making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews, along with making recommendations to Healthwatch England to publish reports about particular issues.

With reference to safeguarding responsibilities, any concerns that are highlighted through the team's contact with people, whether at community events or through one-to-one advocacy and support around complaints, will be raised with the local safeguarding team to consider and follow up as necessary.

Healthwatch Portsmouth would welcome the development of the strategic which should consider as priorities some of the following :

Care Act and MSP – hearing the persons voice at all times

* Information and promoting awareness – annual event etc.
* Agreeing assurance data – what and how we plan to use
* Learning from SAR's

Until the Care Act 2014 came into force on 1 April 2015, there was no English law that dealt specifically with safeguarding adults who might be at risk of abuse or neglect.

Age UK Portsmouth is a local Voluntary Sector organisation which supports Portsmouth City Council and its Emergency Services by working in partnership to ensure safeguarding support for the most vulnerable older people in our Portsmouth and South East Hampshire community.

Various Local Safeguarding Adult Board Sub-Group meetings in the City are attended by the Charity's Chief Executive Officer to ensure continuity and consistency of purpose across all services offered by Age UK Portsmouth.

'Safeguarding is everybody's business' refers to the importance of everyone being alert to possible signs of abuse or neglect and acting on their concerns.

We consciously promote best communication between all of our own service teams, which is essential to recognising the links between domestic abuse, Adult abuse and abuse of vulnerable adults. Age UK Portsmouth engages holistically with, and signposts victims to, appropriate support networks in order to reduce risk to both vulnerable adults, and their carer's.

As with many services in Portsmouth, the Charity has had to evolve dramatically and rapidly to enable it to meet the challenges of its own donation and legacy income reduction whilst supporting more older person need than it has ever faced in its entire 75 year history.

Incorporating a clear understanding of what a safeguarding issue might look like, we ensure awareness is built into everything we do, with a goal to not only appropriately support recognition of safeguarding concerns but better yet, to develop interventions that encourage prevention.

'Safeguarding is personal', is intended to emphasise the importance of adults at risk being as involved as possible in any safeguarding process.

Throughout 2015, Age UK Portsmouth has consciously developed staff understanding of what a safeguarding issue might look or even sound like which gives them a heightened awareness of options that our Information and Advice (I&A Team can offer, support or report whilst working with the person directly throughout the safeguarding process.

Our I&A Team has doubled its number of dedicated staff and volunteers during the last year, and within the first quarter of 2015 the Team has outstripped and met the projected dramatic increase in demand on its actions from 2014. The Team is led by our Safeguarding Officer who understands that safeguarding issues can arise from housing deprivation, financial distress; within family disputes and neighbourhood differences. The I&A Team often face these emotional and distressful situations on a daily basis in order to assist and support a way out of, or through, each older person's safeguarding dilemma.

Safeguarding training is also supported for our I&A Team by our national brand partner organisation Age UK, and that provision with respect to vulnerable adults now includes the Care Act, which has been incorporated into I&A training sessions.

In some cases older people choose not to report their abuse, perhaps because they are afraid that it will damage a relationship that is very important to them. It can be so hard to know what to do. Sometimes it will still be right to override their wishes if, for instance, the perpetrator may be placing other persons at risk too. In this situation they may want to seek advice without initially disclosing the identity of the person they are worried about. They can do this by contacting the I&A Team at Age UK Portsmouth.

Hampshire Constabulary is a key stakeholder in the partnership response to safeguarding the most vulnerable in our community throughout Hampshire. Over the last 12 months, despite financial restraints, the Constabulary has continued to prioritise safeguarding.

The Constabulary structure has had to change to enable it to meet the challenges of a reducing budget and still deliver a quality service. One of the changes to safeguarding is the Safeguarding and Offender Management Teams (OMT) being incorporated into the Neighbourhoods and Prevention strand. The senior officers leading Safeguarding, Offender management and Neighbourhood policing all report back to a single Chief Superintendent, to ensure a coordinated approach. Also, the various Local Safeguarding Adult Board sub group meetings now have selected police attendees, to ensure continuity and consistency across the Hampshire 4LSAB structure. Incorporating Safeguarding and the OMT into the Neighbourhood and Prevent strand has combined the experience of these teams with the Neighbourhood Policing Teams (NPT - aka Beat Officers and PCSOs) to ensure a truly community focused service. This has encouraged better communication between the teams, which is crucial, having regard to the recognised links between domestic abuse, adult abuse and abuse of vulnerable adults. NPT has taken ownership for medium risk domestic abuse victims by engaging and signposting victims to support networks, thus reducing the risk to both adults and their children

In the second half of 2014/15, and coinciding with the Force structure change, Hampshire Constabulary has instigated a wide-reaching Safeguarding training programme for staff throughout the Force. This input is provided for staff managing first contact, through to the outcome stage and gives them a better understanding of risk indicators as well as options that put victims at the heart of the police response. This is an on-going training programme.

Specific training in respect to vulnerable adults includes the Care Act, which has been incorporated into Investigator and NPT training sessions. The Investigator training schedule is almost complete and the NPT schedule has commenced, with completion predicted around October 2015. NPT officers now have rotational 3 month attachments to the Safeguarding Teams to hone their skills in 'live' cases and attend Adult Safeguarding Conferences.

The national implementation of Clare’s Law (DVDS - Domestic Violence Disclosure Scheme) and Sara’s Law (CSOD - Adult Sexual Offences Disclosure) has contributed to the safeguarding of both adults and children by the disclosure of the risks an identified person poses to potential victims. It is estimated that there will be over 400 disclosure considerations in the year 2015/16, which will allow a person to make informed decisions around the risk to themselves and their children in respect to their intimate (ex)partners.

What did we do? How well did we do it?

Management of Fire Risk in a Social Care Provision - Training

Throughout 2014-2015, Hampshire Fire and Rescue Service have continued to support the Local Authorities and partner agencies of PSAB in providing training in the management of fire risks within a social or domiciliary care provision. This training package is delivered by HFRS Community Safety Officers and is available free of charge to the partner agencies (including their commissioned service providers) of the PSAB

Multi Agency Fire Risk Conference

Hampshire Fire and Rescue Service remains fully committed to delivering a multi agency approach towards the continuous monitoring and management of fire risks for adults identified as being at high risk of serious injury or death due to fire.

Home Safety Referral Pathway and High Risk Home Safety Visit

During 2014-2015, as an outcome of the Hampshire Fire and Rescue Service Home Safety Project, the Service developed a comprehensive risk assessment tool. This self assessment tool provides a mechanism for partner agencies to ensure a person presenting safeguarding concerns can be identified at the earliest opportunity and through submitting this information to HFRS, will ensure an appropriate level of intervention can be provided. A high risk Home Safety visit will be conducted by a local HFRS Community Safety Officer within 72 hours .Operational Response risk information will be gathered to ensure HFRS respond effectively to any reported incidents involving the 'adult at risk', with pre planned arrangements (enhanced attendance, flagging of address with Fire Control etc. Where necessary, Multi Agency action planning (Fire Risk Conferences) and support in devising Care Plan actions for the continuous monitoring and review of the risks being presented.

Appointment of HFRS Lead Safeguarding Officer

In December 2014 Hampshire Fire and Rescue Service appointed a full time Lead Safeguarding Officer. The Lead Safeguarding Officer undertakes the Designated Safeguarding Adults Manager (DSAM) responsibilities on behalf of the Service, as per the duties detailed within the Care Act 2014. The Lead Safeguarding Officer is primarily responsible for embedding fire vulnerability within the Safeguarding environment and ensuring HFRS are discharging their safeguarding responsibilities appropriately with Local Authorities and partner agencies. Other responsibilities include the following:

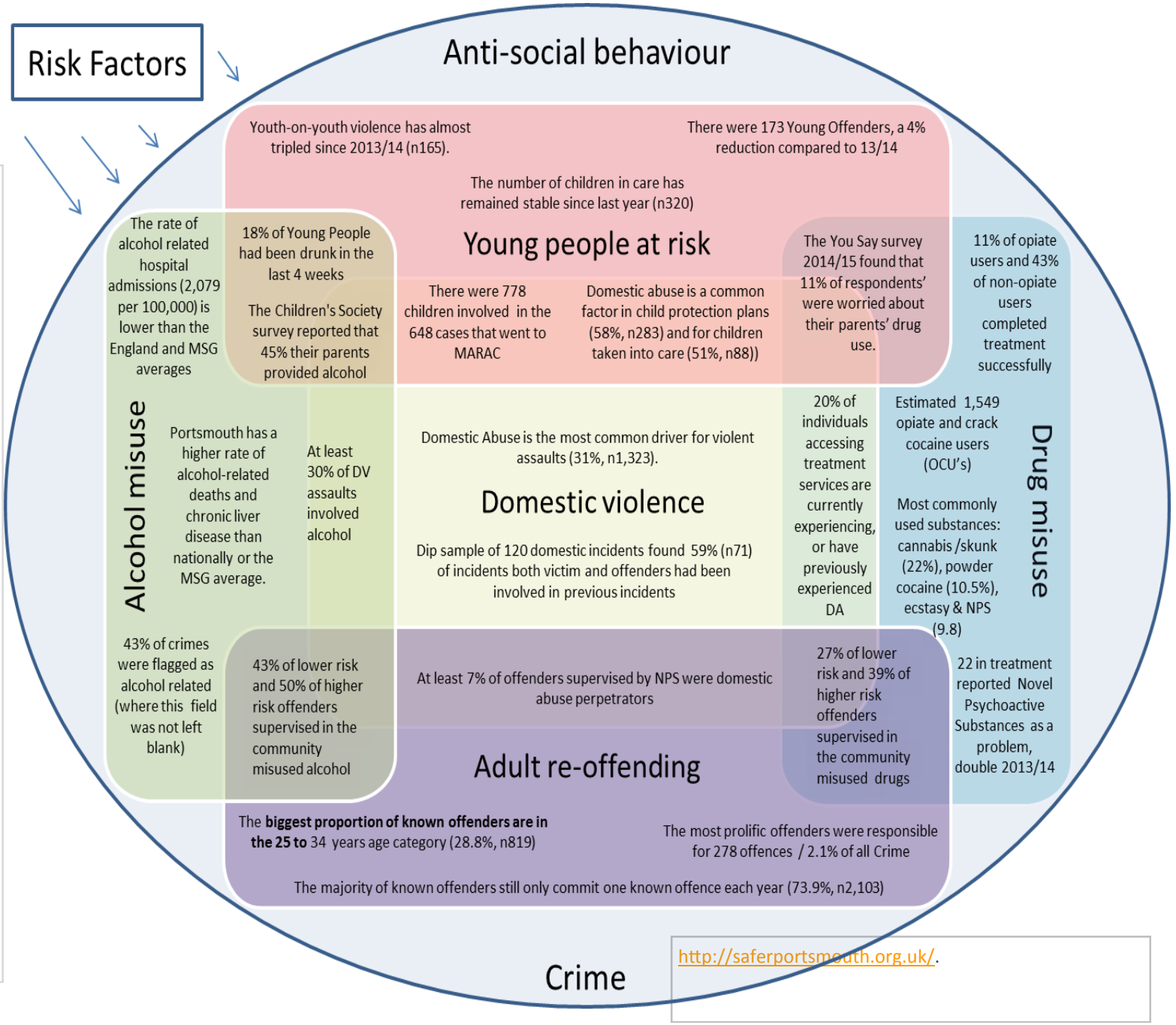
- Internal and external auditing of all HFRS Safeguarding activities.
- Managing the Safeguarding policies procedures (ensuring they are reflective of the Hampshire Safeguarding Multi Agency Policy and Procedures).
- Managing the Safeguarding training packages of HFRS.
- Referring fire deaths and serious injuries for Multi Agency reviews as per the HSAB Learning and Review Framework.

safer portsmouth partnership
reducing crime and substance misuse

Portsmouth Partnership (SPP) is responsible for reducing crime and substance misuse in Portsmouth, making the city a safe place to live, visit and work.

Our Priorities are t reduce:

- **Anti-social behaviour**
- **Alcohol Misuse**
- **Drug Misuse**
- **Violence and Abuse**
- **Young People at risk**
- **Offending**



http://saferportsmouth.org.uk/.

Solent Healthcare

Comparison of the Number of Alerts - and Number of contacts to the Safeguarding team for advice during: 2013/14 and 2014/5.

Solent Safeguarding Team records a range of all safeguarding information to support It in delivering the service. Over the last year the team has continued to make improvements to the type of information the team would like to collect.

In the later part of 2014/15 the team has started to be supported by Solent's Business Change Manager and Solent HQ. The team look forward to working on this new development.

There is a significant reduction in the numbers of Alerts sent to the Local Authority between 2013/14 and 2014/15. This is linked to the Solent Safeguarding Team's training, over the last two years, on when and what to alert.

In the past, alerts were sent linked to concerns that could and should be simply managed by the Alerter themselves and at times via the virtual wards or in a multi agency meeting. The multi-agency safeguarding process should be carried out in direct response to individuals experiencing abuse or neglect and where other approaches have not been able to resolve the preventing risks.

In this context, multi-agency safeguarding arrangements are the exception rather than the norm and are used to respond to the critical few cases that cannot be resolved by other means, or where the risks are very high.

In contrast to this there is a marked increase in contacts to the Solent Safeguarding Team for advice regarding staff concerns.

Priorities and Challenges for 2015/2016

The impact of the Care Act 2014, on adult safeguarding practice cannot be over estimated and the lack of capacity in the Team will compromise effective joint working with our partners and within Solent. Training, Advice to Staff and Supervision however remains a high priority for the team.

2015/16 will proof to be a challenging year

- **Key work stream that will take priority in 2015/16 is work to ensure compliance with the 'Care Act 2014'.**
- **Developing Solent's Designated Adult Safeguarding (DASM) role and Framework**
- **The development of Solent's Safeguarding Policy and procedures in line with Multi-Agency Policy Guidance and Toolkit.**
- **Roll out a programme of roadshows on 'safeguarding and the New Act'' to each service area.**

CHAPTER 4

ACHIEVEMENTS 2013/2014

Update on Annual Report from 2013/2014

Priority Areas and Action update on priorities 2014/2015

The PSAB has an agreed vision, objectives and terms of reference, with 4 subgroups and 3 regional and inter-Board work streams taking forward its agreed priorities. It has formally agreed to work to Pan Hampshire's multi agency policies and procedures to safeguard adults from harm. The table below summarises the priority areas and gives an update on these areas for this year to date.

	SUMMARY OF PRIORITY AREAS	PROGRESS TO DATE	RAG
1	Develop effective governance arrangements for the PSAB	• Constitution - awaiting sign off • Comprehensive procedures on PSAB Website	
2	Communication and Promotion of Safeguarding	• Activity has included editorial promotion and interviews with key stakeholders. • Safeguarding messages disseminated during Safeguarding Week at a multi-agency event in Guildhall Square. • Internal communications, videos and social media also used to inform. • 227 page hits / 111 unique views / hits to PSAB website. • Increased referrals and leads during the week and one alert as a direct result of the event. • Comprehensive Communication strategy developed. • Links with PSCB to ensure that messages delivered are holistic.	

CHAPTER 4

ACHIEVEMENTS 2013/2014

	SUMMARY OF PRIORITY AREAS	PROGRESS TO DATE	RAG
3	Personalisation (Making Safe-guarding Personal)	• Developed Audit tools for MSP • Set up MSP sub group • Developed TOR • Service users representative on subgroup • Feedback form developed.	
4	Quality Assurance	• Developed a Sub group and TOR • Ensure a wide multi agency involvement • Developing data sets that are consistent with other LSABs	
6	Training Development and Learn-ing	• Worked with other LSABs in developing Learning and Development Strategy • Ensured that there are learning opportunities on the PSAB website • PSAB held 2 Self Neglect workshops. • Agreed to develop Portsmouth training group for this year	
8	Develop and deliver Safeguarding Adult Reviews, ensure clear pro-cess for managing reviews and disseminating learning (learn from other cases that do not meet the threshold of SAR to ensure con-tinued learning)	• Learning and Review Framework embedded • SAR completed • Ensured learning from SAR cascaded	

Glossary

This glossary is not an exhaustive list, but explains some of the key words or terms that have been used in this report.

4LSAB Four Local Safeguarding Adults Boards covering Hampshire, Portsmouth, Southampton and the Isle of Wight.

Abuse includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and institutional abuse.

ACPO (Association of Chief Police Officers), an organisation that leads the development of police policy in England, Wales and Northern Ireland.

ADASS (Association of Directors of Adult Social Services) is the national leadership association for directors of local authority adult social care services.

Adult Services arrange social care and support for adults who need extra support. This includes older people, people with learning disabilities, physically disabled people, people with mental health problems, drug and alcohol misusers and carers. Adult social care services include the provision by local authorities and others of care homes, day centres, equipment and adaptations, meals and home care Adult social care also includes services that are provided to carers.

Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.

Alert is a concern that a person at risk is or may be a victim of abuse, neglect or exploitation. An alert may be a result of a disclosure, an incident, or other signs or indicators.

Central Referral Unit is where all adult safeguarding referrals to the police are received, risk assessed, graded and allocated for action by the most appropriate police team and/or partner agency.

CCGs (Clinical Commissioning Groups) were formally established on 1 April 2013 to replace Primary Care Trusts and are responsible for the planning and commissioning of local health services for the local population.

Clinical Governance is the framework through which the National Health Service (NHS) improves the quality of its services and ensures high standards of care.

Community Safety Partnerships bring agencies and communities together to tackle crime within their communities. Community Safety Partnerships (CSPs) are made up of representatives from the responsible authorities, these are Police, police authorities, local authorities, Fire and Rescue authorities, Clinical Commissioning Groups and Probation

CPS (Crown Prosecution Service) is the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.

CQC (Care Quality Commission) is responsible for the registration and regulation of health and social care in England.

DASH (Domestic Abuse, Stalking and Harassment and 'Honour'- Based Violence) risk identification checklist (RIC) is a tool used to help front-line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.

Disclosure and Barring Service (DBS) was established in 2012 through the Protection of Freedoms Act and merges two former organisations, the Criminal Records Bureau and the Independent Safeguarding Authority. The DBS is designed to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults. The DBS search police records and barring lists of prospective employees and issue DBS certificates. They also manage central barred lists of people who are known to have caused harm to vulnerable adults.

DOLS (Deprivation of Liberty Safeguards) are measures to protect people who lack the mental capacity to make certain decisions for themselves. They came into effect in April 2009 using the principles of the *Mental Capacity Act 2005*, and apply to people in care homes or hospitals where they may be deprived of their liberty.

Domestic Homicide Reviews are commissioned by local Safer Communities Partnerships in response to deaths caused through domestic violence. They are subject to the guidance issued by the Home Office in 2006 under the *Domestic Violence Crime and Victims Act 2004*. The basis for the domestic homicide review (DHR) process is to ensure agencies are responding appropriately to victims of domestic abuse offering and/or putting in place suitable support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and violence.

Family Group Conferences (FGC) are used to try and empower people to work out solutions to their own problems. A trained FGC coordinator can support the person at risk and their family or wider support network to reach an agreement about why the harm occurred, what needs to be done to repair the harm and what needs to be put into place to prevent it from happening again.

HealthWatch is the new independent consumer champion created to gather and represent the views of the public. It exists in two distinct forms - local Healthwatch and Healthwatch England at a national level. The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. Local Healthwatch has taken on the work of the Local Involvement Networks (LINks).

Health and Well-being Board a statutory, multi-organisation committee of NHS and local authority commissioners, co-ordinated

by the local authority which gives strategic leadership across Hampshire regarding the commissioning of health and social care services.

MAPPA (Multi-agency Public Protection Arrangements) are statutory arrangements for managing sexual and violent offenders.

MARAC (Multi-agency Risk Assessment Conference) is the multi-agency forum of organisations that manage high risk cases of domestic abuse, stalking and 'honour'-based violence.

MASH (Multi Agency Safeguarding Hub) is a joint service made up of Police, Adult Services and the NHS. Information from different agencies is collated and used to decide what action to take. This means the agencies will be able to act quickly in a co-ordinated and consistent way, ensuring that the person at risk is kept safe.

Mate Crime occurs when a person is harmed or taken advantage of by someone they thought was their friend. There is limited information on the prevalence of Mate Crime nationally, however there has been an increase in the number of safeguarding alerts that involve Mate Crime across Hampshire in recent years.

Mental Capacity refers to whether someone has the mental capacity to make a decision or not. The Mental Capacity Act 2005 and the code of practice outlines how agencies should support someone who lacks the capacity to make a decision.

NHS (National Health Service) is the publicly funded health care system in the UK.

OPG (Office of the Public Guardian), established in October 2007, supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and supervising Court of Protection appointed deputies.

PALS (Patient Advice and Liaison Service) is an NHS service created to provide advice and support to NHS patients and their relatives and carers.

Safer Neighbourhood Teams are local police working with local people and partner agencies to identify and tackle issues of concern in their area to make neighbourhoods safer.

SAR (Safeguarding Adult Review) undertaken by a Safeguarding Adults Board when a serious case of adult abuse takes place. The aim is for agencies and individuals to learn lessons to improve the way in which they work.

SIRI (Serious Incident Requiring Investigation) is a term used for serious incidents in the NHS requiring investigation. It is defined as an incident that occurred in relation to NHS-funded services resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

Wilful Neglect or Ill Treatment is an intentional or deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves. *Section 44* of the *Mental Capacity Act 2005* makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity .

APPENDIX

Membership of PSAB

David Cooper	Independent Chair
Robert Watt	Director of Adult Services , PCC
Angela Dryer	Assistant Head, Adult Services , PCC
Tracy Keats	Designated Safeguarding Nurse, Clinical Commissioning Group
Preeti Sheth	Director , Integrated Commissioning Unit
Rachel Loveridge	Operations Manager, Probation
Nicky Priest	Assistant Director Nursing, NHS England
Janet Maxwell	Director , Public Health , PCC
Rachael Roberts	Senior Manager, Adult Social Care, PCC
Lorraine Burton	Safeguarding Board Manager, PCC
Steve Foye	Area Manager , Community Safety, Hants Fire Service
Steve Apter	Assistant Chief Officer, Community Safety and Service Transformation, Hants Fire Service
Fran Williams	Head of Safeguarding , Solent NHS Trust

Carol Elliott	Healthwatch Board Advisor
Bruce Marr	Hidden Violence and young People's Service Manager , PCC
Maria Middleton	Senior Partnership Manager, DWP
Mandy Rayani	Chief Nurse, Solent NHS Trust
Liz Donegan	Action Hants
Debbie Corti-Young	Hampshire Care Association
David Powell	Chief Superintendent , Hants Constabulary
Cathy Stone	Director of Nursing PHT
Adrian Dunsterville	Inspection Manager, CQC
Owen Buckwell	Director of Housing and Property, PCC
Dapo Alalade	GP Executive Lead, Clinical Commissioning Group
Natalie Beckett	Safeguarding Board Administrator