

## NORTH YORKSHIRE COUNTY COUNCIL

### CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

4 NOVEMBER 2010

#### NORTH YORKSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2009/10

##### **1.0 Purpose of Report**

- 1.1 To receive the Annual Statement of the North Yorkshire Safeguarding Adults Board.

##### **2.0 Introduction**

- 2.1 North Yorkshire County Council has a duty to safeguard adults, to ensure that all vulnerable people can live their lives free from violence and abuse. Under the 'No Secrets' guidance (2000), NYCC has the lead responsibility to co-ordinate a multi-agency response to safeguarding and this is achieved through the North Yorkshire Safeguarding Adults Board.

##### **3.0 Role of councillors in safeguarding adults**

- 3.1 All councillors share a responsibility in relation to safeguarding those adults whose circumstances make them vulnerable and the best practice guidance on the role of the Director of Adult Social Services states:

*“Local authorities are advised to ensure that the lead member has a focus on safeguarding vulnerable adults and promoting a high standard of services for adults with support needs across all agencies”*

- 3.2 In addition to the key role of the lead member for adult social care, overview and scrutiny committee members are critical to ensuring that vulnerable adults are safeguarded.

##### **4.0 Recommendations**

- a) Note the Annual Statement of the Safeguarding Adults Board;
- b) Agree to receive further ongoing reports of progress;
- c) Remain aware of national developments and best practice.

**HUGH WILLIAMSON**  
Head of Scrutiny & Corporate Performance

County Hall  
NORTHALLERTON

25 October 2010

Background Documents: Nil



**NORTH YORKSHIRE  
SAFEGUARDING ADULTS BOARD  
ANNUAL REPORT 2009/10**

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**FOREWORD**

I am delighted to introduce this annual report of the North Yorkshire Safeguarding Adults Board. Since the first meeting in November 2008, we have developed a very strong multi-agency approach to co-ordinating activity and holding individual agencies to account. The work of the Board is of vital importance in ensuring that all adults are safeguarded and can live independent and fulfilling lives in the community, with dignity and respect.

I have been impressed by the strength of our partnership and the high level commitment of all our partners. This year has seen the further strengthening of the governance of the Board through the development of the Board Implementation Group and active management of the performance framework.

Raising awareness of safeguarding is of critical importance to the Board, to ensure that people in the local community know what to do if they are concerned about adult abuse or neglect in the community. A significant achievement is that there has been an increase in the number of incidents of concern reported to the Safeguarding Adults Team within the council. Since last year alerts have almost trebled to 1062 for 2009/10, with nearly 300 from partner agencies; health, police, housing and the Care Quality Commission. This is due in no small part to the significant increase in training delivery, particularly among the independent sector. Over 4,000 people received training during the year, with more than 2,500 from the independent sector.

A particular highlight of the year was the county wide safeguarding conference, 'Making Safeguarding Real' organised by the Board which took place in April. Over 100 operational managers from partner organisations took part, with the Chief Executive of Action on Elder Abuse as the keynote speaker. This was an opportunity to spread the word and to encourage the best practice for staff in all our agencies.

It has been very heartening to see several agencies committing additional resources to safeguarding adults and this is reflected in the individual agency contributions to this report, where we see progress in individual agency procedures and training plans. The Safeguarding Team has played a very active role in raising awareness, and improving confidence in practice, since the full team was in place from June 2009.

We will keep our programme under review and ensure that it remains well resourced and fit for purpose in this fast changing world. I am confident given the membership of the Board, and the commitment across the partnership that we will respond positively to the challenges ahead in the future.

We await the publication of the revised No secrets Guidance late in 2010 and the expectation that Safeguarding Boards will be placed on a statutory footing.

Finally I would like to remind you all that Safeguarding is everybody's business. Whether it is children or adults at risk, we all have a responsibility to make sure we work together to keep vulnerable adults safe from abuse and mistreatment.

Derek Law, MBE  
Corporate Director – Adult and Community Services  
Chair – North Yorkshire Safeguarding Adults Board

## 2.0 National Developments in 2009 – 2010

Safeguarding Vulnerable Adults continues to increase in priority nationally and the annual report should be seen in the context of a number of national developments:

**Review of the “No Secrets”** (Department of Health) guidance first issued in 2000 which requires local authorities to take a lead in developing and implementing multi-agency policies and procedures. Although formal changes to the “No Secrets” guidance are still awaited, the response to the consultation included some key messages, which are that

- safeguarding requires - empowerment/the victim’s voice
- empowerment is everybody’s business but safeguarding decisions are not
- safeguarding adults is not like Child Protection
- the participation/representation of people who lack capacity is also important

**The Deprivation of Liberty Safeguards (DOLS)** under the Mental Capacity Act 2005 ensures protection for those vulnerable people who cannot make decisions for themselves

**The Independent Safeguarding Authority (ISA)** has been created to help prevent unsuitable people from working with children and vulnerable adults by working in partnership with the Criminal Records Bureau (CRB) and other delivery partners. The Secretary of State announced on 15 June 2010 that she has halted the start of voluntary registration with the new Vetting and Barring Scheme (VBS) which was due to begin on 26 July. The government has decided to maintain those aspects of the Scheme which are already in place, but not to introduce further elements. In the meantime it still remains a criminal offence for individuals barred by the ISA to work or apply to work with children or vulnerable adults in a wide range of posts – including most NHS jobs, Prison Service, Education and Childcare. Employers face criminal sanctions for knowingly employing barred individuals across a wider range of work areas.

**The Care Quality Commission (CQC)** has recently announced a reduction in the amount of areas that Councils will be required to submit to assessment each year as part of their performance judgement. However “Dignity and Respect” which includes safeguarding vulnerable adults will be one of the three remaining areas

There are a range of **key national and regional initiatives** that the SAB will keep under review in taking forward its work programme in 2010/11. They include:

- national training competencies
- the Association of Directors of Adult Social Services (ADASS) standards in safeguarding adults
- the ID&eA peer review findings
- CQC “learning the lessons” findings
- Department of Health Dignity in Care campaign
- NHS changes, including possible increased role of GPs
- ADASS regional developments e.g. quality framework and lessons from serious case reviews.

### **3.0 Local Developments in 2009 – 2010 and Planned Priorities for 2010/11**

#### **3.1 Safeguarding Adults Board**

##### **Achievements during 2009/10**

- Continued high level commitment by partners on Board.
- Introduction of a performance framework which includes targets representing outcomes in the Development and Improvement Plan. This includes targets on numbers of alerts, implementation of operational guidance and training plans, level of attendance at local groups.
- Strengthened governance and reporting arrangements through Board Implementation Group.
- Issues raised by Local Safeguarding Adults groups have been considered by the Board Implementation Group and priority actions progressed.
- Increased reporting of safeguarding with a greater proportion from health, police, housing and CQC.
- Formal Lessons Learned protocol adopted by Board April 2010 has been tested in practice.
- Enhanced links with other partners, with development work being done on domestic violence, links with children's safeguarding, MAPPA and PREVENT.

##### **Policy and Procedures (by policy and procedure sub group)**

- Operational guidance in place in most statutory agencies.
- Promotion of the multi- agency alert/referral form
- Development and promotion of third sector model policy/procedure

##### **Training (by training sub group)**

- More robust marketing of training provided by ACS has resulted in significant increase in take-up of training particularly for independent sector.
- Training materials have been shared widely between statutory agencies and there are training plans in place in half the statutory agencies.
- Level 2 responder training developed and rolled out.
- Levels of practitioner confidence are high at 80%, as tested through practitioner survey.
- Health partnership training group established for trainers.

##### **Communication (by Board Implementation Group)**

- Key messages from the Board issued after every meeting to the wider partnership.
- Active promotion of the safeguarding pages of the NYCC website. Improvements have been made to the website which now has clearer information for public and professionals on training and procedures.
- Communication plan included articles in press, adverts in local publications, plasma screens in libraries and local events for International Elder Abuse Day.
- Safeguarding Adults Board commissioned a media and promotion strategy.

**Local Safeguarding Adults Groups**

- Review of these groups resulted in stronger leadership and greater sign up and accountability of membership to the Board.
- Taken on a more practice focus with consideration of case studies and lessons from practice at each meeting.
- Multi - agency practitioner workshops established across the county covering issues such as domestic violence, telecare and pressure care.

**Planned priorities for 2010/11**

- Sustain high level of commitment to the Board and sub groups.
- Ensure that all the statutory partners have implemented safeguarding procedures and training plans.
- Ensure that the Board has evidence that all commissioned services have effective safeguarding policy/procedures in place.
- Develop appropriate process for communication of lessons from serious case reviews.
- Ensure that there is an effective community engagement and communication strategy for the Board.
- Introduce robust arrangements for user involvement in the work of the Board.

**Individual Partner Agencies Developments****3.2 North Yorkshire County Council - Adult and Community Services(ACS)****Achievements during 2009/10****Safeguarding Team**

- During 09/10 the safeguarding arrangements have been strengthened and improved with the Safeguarding Adults Manager taking up post in June 2009, to line manage the four Safeguarding Officers.
- Significant team building has taken place, with regular supervision and monitoring, including peer supervision; each Safeguarding Officer has adopted a practice portfolio with associated action plans.
- Safeguarding Team promoted process for reporting safeguarding in house and with partners, particularly health and police. Improved outcomes from improved consistency and practitioner confidence.

**Quality Assurance**

- Safeguarding group established to co-ordinate developments within ACS and to ensure links with the multi-agency arrangements. Group acted on advice from 'expert advisor' and results of case file audit.
- Closer working between contracting and safeguarding teams. Development of quality assurance framework and safeguarding self assessment tool for providers.
- Independent and external advisor (Sue Fiennes) involvement has been in place

and will continue to be used to ensure quality assurance and be a “critical friend”. Second case file audit showed significant progress since first audit in 2008.

**Recording and administration**

- Recording has been improved using dedicated safeguarding admin staff. A clear decision pathway and recording ensures appropriate response to service users.
- Routine completion of alert/referral forms by partners’ resulted in more occasions when safeguarding was considered. A safeguarding enquiry e-mail has been set up by the Safeguarding Team.

**Planned priorities for 2010/11****Community engagement and user involvement**

- Improve user involvement in the safeguarding process by improving accessible information and access to advocacy and taking full account of the views of people who receive support.
- Extend mechanisms for gathering feed back from people who have been subject to safeguarding.

**Continue to embed the safeguarding process and ensure linkage to in-house quality assurance framework.**

- Quality Assurance - ensure feedback is fully integrated into decision making
- Increase clarity and understanding around the interface between Mental Capacity Act, Deprivation of Liberty Safeguards, Guardianship and Safeguarding.

**3.3 North Yorkshire Police****Achievements during 2009/10**

The progression of Safeguarding Adults agenda largely relates to the formation of the Protection of Vulnerable Persons Units (PVPU). On 1<sup>st</sup> May 2009 4 units were formed across North Yorkshire which altered the structure and management of reported incidents and multi-agency management of cases.

Detective Inspectors are geographically placed across the county with teams that refer, investigate and offer specialist support to ensure the safeguarding of vulnerable adults by timely and effective intervention. The integrated units consist of officers that specialise in the management of Child Protection, Domestic Violence, MAPPA, Hate Crime, Honour Based Violence and Forced marriages. The cross section of vulnerabilities managed within one unit ensures that the specialist skills required for all aspects of safeguarding adults is concentrated and effectively managed. To support the corporate approach of the PVPU to any such investigations or support, North Yorkshire Police have formulated a Safeguarding Vulnerable Adults Policy. This provides guidance to all officers to ensure a consistent approach is undertaken. Additionally, North Yorkshire Police Chair and have additional representation on the Regional Police Safeguarding Forum which provides further support and sharing of best practice between forces which again further supports the Safeguarding Adults work.

**Planned priorities for 2010/11**



- Develop the **Training Action Plan** which is designed to aid the learning and development needs of staff and volunteers relating to safeguarding adults.
- Increase the **Investigative Standards** in order to enhance the level of specialist support to internal and external partners.

The training action plan follows the principles set out in the North Yorkshire and York Safeguarding Adults training strategy and covers the responsibilities set out in that strategy. The relevant staff and level of training required has been identified and integrated into the training calendar as a priority for staff, including mandatory and induction level training where appropriate.

The second priority will in part be achieved by the training action plan, and will be further supported by the focus of the teams and building up the expertise of supervision to manage complex investigations.

### 3.4 NHS North Yorkshire and York (Commissioning)

#### Achievements in 2009/2010

- The established Health Partnership Group for Safeguarding Adults continues to be a proactive group engaging all NHS provider organisations. Meetings are now scheduled two monthly with a longer time slot to ensure the meetings remain focussed on sharing experiences and working on development of consistent approach to this complex agenda across the NHS.
- Our incident reporting systems now ask for consideration of safeguarding in all incidents.
- Regional minimum standards have been developed and form part of our NHS commissioning policy on Safeguarding Adults and is part of our NHS contracts with providers.
- A competency framework on Adult Safeguarding has been developed and also signed up to in our contracts for our NHS providers to develop above the minimum standards over this next year and it assists in evidence gathering for pending inspections
- Quarterly contract meetings with NHS providers focus on Safeguarding to gain assurance and monitor action plans
- Quality measures are part of our NHS contact with regard to, pressure sores, infection rates and patient safety incidents. These collectively impact on patient safety and safeguarding in regard to institutional abuse and or neglect
- Training has been developed in an e-learning package for level one safeguarding requirements to improve compliance and collation of figures
- In partnership with local authority and North Yorkshire and York Community and Mental Health services colleagues, NHS Continuing Care team are active members for investigations in Nursing Homes.
- NHS Continuing Healthcare staff have been trained in Safeguarding Adult level 3 and, 4 staff have received part of their Level 4 training; this is to be completed during 2010.

**Planned priorities for 2010/2011**

- Continue to engage as active partners in the Adult Safeguarding agenda with our partners at local and regional levels.
- Continue to lead and work with NHS providers to ensure Adult Safeguarding remains a priority
- Work with our partners to develop a training package for board members and deliver during 2011
- Ensure monitoring of all incidents within our organisation and with providers to ensure lessons learnt are fully implemented
- Review policy and guidance when the 'No secrets guidance' is published
- Investment in the Continuing Care team to establish locality links for safeguarding adults for Nursing Homes
- Develop with the local authority a clear process for alerts, reporting and investigation of incidents in Nursing Homes
- Establish process to ensure safeguarding incidents are cross reference with the Local authorities to ensure correct data is submitted nationally that reflects a true picture for North Yorkshire and York.
- NHS Continuing Healthcare staff currently being trained to level 4 to complete this during 2010/2011

**3.5 NHS North Yorkshire and York - Community and Mental Health Services****Achievements during 2009/10**

The Associate Director for Mental Health (ADMH) is the SVA lead at senior manager level and a CMHS Board member. The ADMH has continued to represent CMHS at the North Yorkshire Safeguarding Adults Board and the Board Implementation Group. CMHS staff also attend the Training Sub Group, the Locality Safeguarding Adults Groups (LSAG) and the NY&Y SVA Health Partnerships Group.

CMHS resources have been invested to address Board targets. Safeguarding Adults Manager responsibilities have been incorporated within the role of a General Manager. A senior nurse has been redeployed into a full time SVA Lead Nurse role and a Social Worker has been seconded into a part time SVA training role.

A CMHS SVA Group has been established and is chaired by the ADMH. It operates to develop systems, review effectiveness, monitor and report on referrals, monitor compliance and raise the profile of SVA. SVA policy and procedures, linking to the multi agency policy and procedures, have been developed and available on the CMHS intranet.

Training needs analysis has been completed and an action plan implemented. All staff receive SVA awareness training via e-learning and in house classroom training for Alerter and Responder has been rolled out. CMHS staff have attended Investigator and Chair training.

An internal audit of SVA Readiness was completed in March 2010 and concluded that CMHS achieved Significant Assurance.

**Planned priorities for 2010/11**

- To continue to provide the level of SVA service as the previous year, improving wherever possible, against a background of serious financial challenge.
- Maintain input to partnership groups.
- Evaluate the training programme. Adapting and updating the content of training in response to feedback, national guidance and liaison with colleagues in NYCC and CMHS Workforce Development teams.
- Use staff to pass on information to service users in order to increase their self protection.
- Create a SVA information page on the CMHS intranet.
- Continue to encourage the identification and reporting of abuse.
- Monitor referral rates and quality in liaison with local authority colleagues.
- Analyse information about incidents of abuse, case reviews and implement lessons learned.
- Review and amend policy and procedures.
- Maintain the networking relationships already established and forge new links with other partners.

**3.6 North Yorkshire County Council - Trading Standards and Planning Services****Achievements during 2009/10**

Tackling doorstep crime and the resulting financial abuse of older adults remains a key priority for Trading Standards. Efforts are specifically focused on the most vulnerable victims, with intelligence showing the “typical victim” to be a single, white female aged 75 and over. In addition, evidence of repeat targeting of victims continues to give cause for concern, particularly those suffering with dementia or other mental health issues.

In 2009 /10, **321** complaints were received from members of the public or other agencies regarding the activities of doorstep offenders. This led to multiple investigations resulting in 15 successful prosecutions of offenders, who received a total of 8 years imprisonment, were ordered to pay £1,750 in fines, over £20,000 in compensation to victims, or to carry out 400hrs of unpaid community service. A number of other investigations and prosecutions are still ongoing.

As part of the Service’s commitment to protecting vulnerable consumers, officers carried out 40 rapid responses to incidents. In four cases, alerter referral forms were also submitted due to wider concerns about the welfare of victims.

The service has a target to prevent re-victimisation of doorstep crime victims and were successful in 2009 / 10 in preventing any victims from being re-targeted. To aid this process the service established a further 90 No Cold Call Zones, bringing the current total to 330 (including zones established to date in 2010/11).

In addition, numerous training programmes were provided to partner agencies and community groups, to increase awareness of doorstep crime, improve reporting levels and gain further support from partners in tackling this crime area. Disappointingly, reporting levels by victims and their friends and family currently remain at around 14%. This is a concern and further work will be done in an attempt

to improve reporting levels.

Intelligence analysis is now also a key factor in tackling doorstep crime and financial abuse of vulnerable adults and trading standards are focussing their efforts on doorstep crime “hotspots” within the county, where offending is most prevalent.

### **3.7 North Yorkshire Fire and Rescue Service**

#### **Achievements during 2009/10**

Over the last year North Yorkshire Fire & Rescue Service has embedded safeguarding adult procedures within standard working arrangements. This has required the adaptation of policy, procedures and systems relating to community fire safety activities. At the heart of these activities is our home fire risk check programme, which involves local fire crews and community safety officers visiting up to 8000 homes each year to advise on safety issues. Such work is targeted at the more vulnerable members of our community and as such enables safeguarding issues to be considered alongside general fire safety needs. Any issues that arise from such visits are then captured through our normal reporting systems, enabling our role as an alerting agency to be fulfilled as part of our normal working arrangements.

#### **Planned Priorities for 2010-2011**

Over the forthcoming year our focus from a safeguarding adults perspective amongst staff will be on staff training through which we will be embedding an understanding and awareness of the Fire and Rescue Service's responsibilities and the role we play within the overall safeguarding strategy. As part of our training programme we will review initial and refresher training course delivery needs and structure the training sessions to meet both basic and more advanced role related requirements. In total, the initial training needs assessment has identified that around 500 staff members will need to be accommodated within the training programme.

### **3.8 North Yorkshire Forum for Voluntary Organisations**

#### **Achievements during 2009/10**

Joint work with the third sector on training and procedures has increased awareness of safeguarding issues which enables identification of potential safeguarding concerns. Led by the Safeguarding Adults Board and using funds from LAA pump priming grant, the safeguarding team supported the launch of a model third sector policy/procedure and training pack at Voluntary and Community Services providers' event in January 2010. This was followed by the establishment of a dedicated safeguarding web page hosted by NYFVO for third sector organisations and e-mail distribution to provide ongoing awareness.

The promotion of the vetting and barring scheme with third sector organisations by NYFVO through events and training will lead to better recruitment practices ensuring the safety of service users and carers.

**Planned Priorities for 2010-2011**

- Continue to increase awareness and access to training for voluntary sector staff and volunteers.
- Review arrangements for voluntary and community sector representation on Local Safeguarding Adults Groups.

**3.9 North Yorkshire District Councils**

**Achievements during 2009/10**

The seven District Councils in North Yorkshire (Craven, Hambleton, Harrogate, Richmondshire, Ryedale Scarborough and Selby) have agreed a model Safeguarding Policy and Procedures that brings together their arrangements for Children and Vulnerable Adults.

This is being used as the basis for local policies and procedures to reflect the range of governance and operational structures within each Authority. Work has also begun on developing common training plans for the District Council workforces with the support of the Training Sub-group.

**Planned Priorities for 2010-2011**

- Finalise and deliver Training Plans in each of the District Councils
- Ensure full participation of District Councils in Local Safeguarding Adults Groups.

### 3.10 SAFEGUARDING IN PRACTICE: COLLECTIVE CARE SETTING

A number of alerts were raised about the level of support given to several residents in a care home.

Initial investigations revealed poor recording and a lack of awareness by staff of the needs of the people they were caring for. Further investigations found a higher level of concern with inadequate nursing care plans. This led to some retrospective alerts.

It was a detailed investigation which included reassessments of 45 residents, by Adult Social Care staff.

The overall conclusion was that the safeguarding concerns resulted from inadequate management support and training of staff, arising from the culture of the establishment, rather than individual staff acting inappropriately. As such, it was an example of institutional neglect/abuse in a collective care setting.

#### **Three issues considered during the investigation**

- Management competency within the home
- Lack of availability of nursing plans for residents in the nursing sections of the home
- Inadequate training of staff

#### **As a result of the investigation**

- There have been improvements to the management of the home and its training regime.
- There has been clarification in relationships and responsibilities, between agencies, namely Adult and Community Services assessment, contracts and quality assurance, NHS NYY commissioning and Care Quality Commission.
- The home now receives regular support from NHS NYY and NYCC and suspension from provider lists has been lifted.
- Multi-agency guidance for collective care settings has been developed, which builds on the lessons learned from the safeguarding investigation and clarifies the relative responsibilities of managers.
- A Lessons Learned meeting has been held, including all the agencies involved.

## **4.0 SAFEGUARDING ACTIVITY IN 2009 - 2010**

### **4.1 Introduction**

There has been a significant increase in safeguarding alerts. For the year 09/10 this is 1062, compared to 383 for 08/09, which is an increase of 177%. This demonstrates a much greater awareness of reporting processes amongst partners and the community. Alerts from MAPP partners have increased, particularly from health. This clearly demonstrates the success of the ongoing awareness programme promoted by the Safeguarding Adults Board.

### **4.2 Data Collection**

Data on safeguarding adults (SA) work is collected through two forms, introduced in March 2009: SA\_A, the multi-agency alert/referral form and SA\_E, the form through which outcomes are monitored. These were reviewed and re-issued in April 2010.

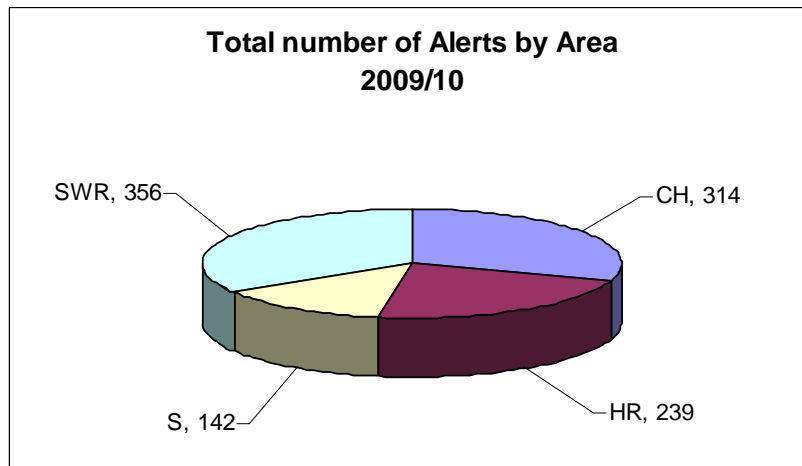
From October 2009, new national requirements in data collection were introduced to ensure that the process is consistent with the expectations set out in *Information and Guidance on the Abuse of Vulnerable Adults Collection (AVA)* (The Health and Social Care Information Centre March 2009). This guidance was introduced to improve the quality and consistency of data nationally.

Once the data results for 2009/10 are analysed on a national basis, the Board will carry out analysis to determine patterns and trends for North Yorkshire.

### **4.3 Number of alerts and referrals by area**

There has been a significant increase in the level of alleged abuse that has been reported across North Yorkshire, with 1062 alerts made during 2009/10 compared with 383 in 2008/9 and 298 in 2007/8.

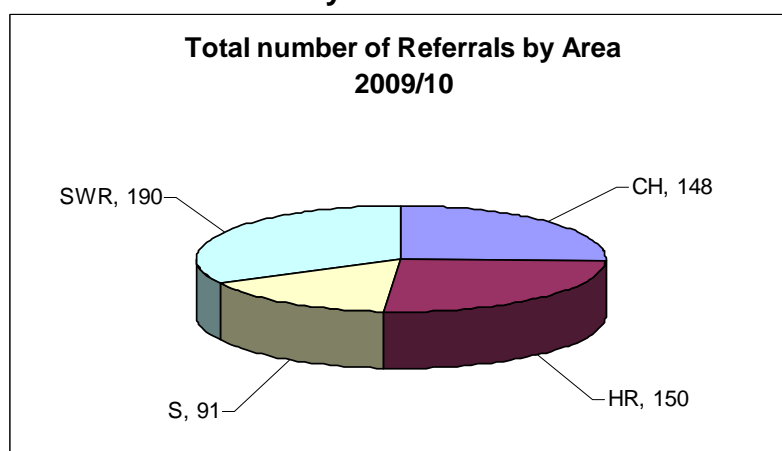
Of the 1062 alerts made, over half (579) progressed to a safeguarding referral when there was a strategy discussion or meeting. It was shown that 81% were completed during the year.

**Fig 1: Total number of alerts by Area**

The number of alerts varies across the county, from 142 in Selby (S), to 239 in Hambleton/Richmondshire (HR), 314 in Craven/Harrogate (CH) and 356 in Scarborough/Whitby/Ryedale (SWR).

If these figures are represented as no. per '000 population aged 18 and over – the alerts range from 1.90 in CH, 2.10 in SWR, 2.24 in HR and 2.36 in Selby.

#### 4.4 Number of referrals

**Fig 2: Total number of Referrals by Area**

The number of referrals also varies across the county, from 91 in Selby (S), to 148 in Craven/Harrogate (CH), 150 in Hambleton/Richmondshire (HR) and 190 in Scarborough/Whitby/Ryedale (SWR).

If these figures are represented as no. per '000 population aged 18 and over – the alerts range from 0.89 in CH, 1.12 in SWR, 1.40 in HR and 1.51 in Selby.

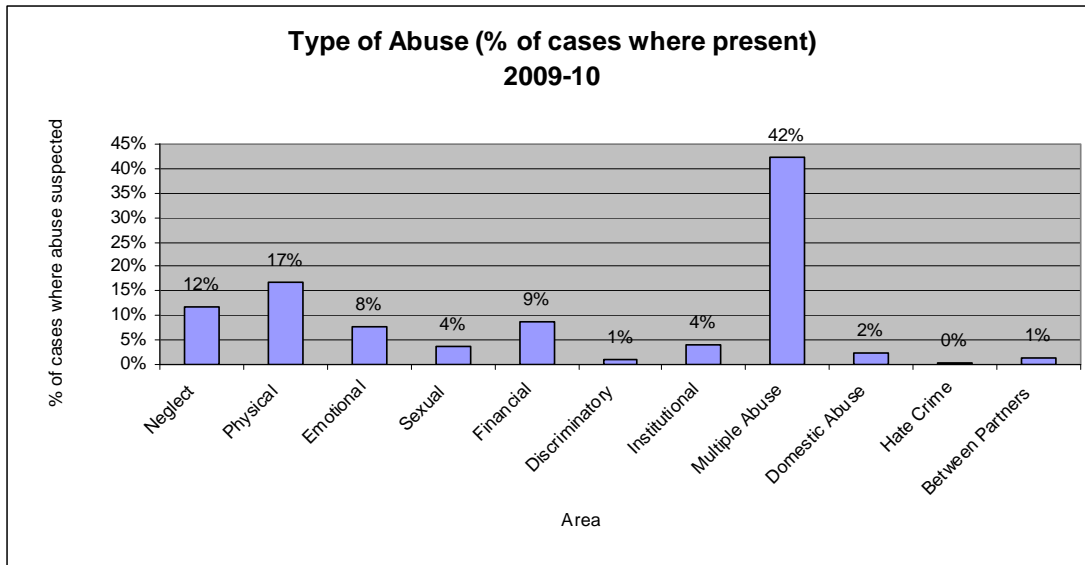
#### 4.5 Types of Abuse

Nearly half of all alerts involved allegations of multiple abuse (42%), with the highest single types being physical abuse (17%), neglect (12%) and financial



abuse (9%).

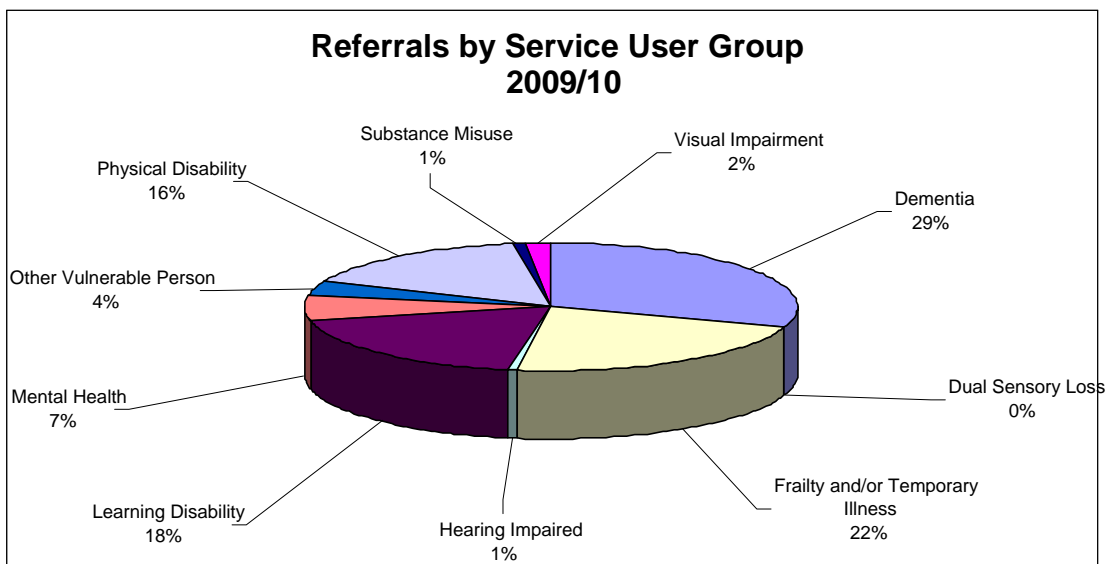
**Fig 3: Types of abuse**



**4.6 Referrals by Service User Group**

The majority of referrals (72%) involve older people (aged 65 and over), with 17% involving people with learning disabilities (aged 18 to 64) and 6% from people with physical and sensory disabilities.

**Fig 4: Referrals by Service User Group**



**Table 1: Referrals by Service User Group**

	Percentage
Older people (aged 65 and over)	72%
Learning disabilities (aged 18-64)	17%
Physical/sensory disability (aged 18-64)	6%
Adult mental health (aged 18-64)	4%
Other (aged 18-64)	1%

#### 4.7 Location of Alleged Incidents

The data for 2009-10 shows that nearly all referrals are for people living at home or in residential or nursing care. Referrals for people living at home accounted for 34% of all referrals, with 53% for people in residential or nursing care. Others include health settings (2%) and supported accommodation (2%). Together these account for over 90% of all referrals.

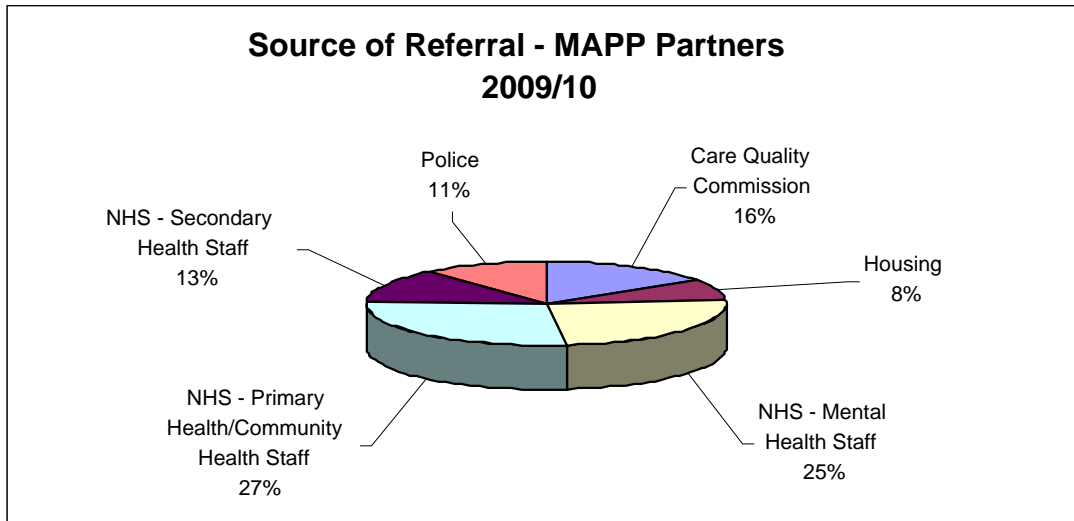
#### 4.8 Source of Referrals

The data shows that the majority of referrals are made by residential, domiciliary, day care or social care staff.

- Residential, domiciliary and day care staff (39%)
- Social care staff (22%).
- Safeguarding partners (MAPP) (23%),
- Family, neighbours and friends (5%)
- Vulnerable people (1%).

Referrals from MAPP partners have increased, particularly from health. The total number of referrals from partners for 09/10 was 278, of which 178 were from health. This compares to 101 for 08/09, of which 50 were from health.

**Fig 5: Source of Referral – MAPP partners**

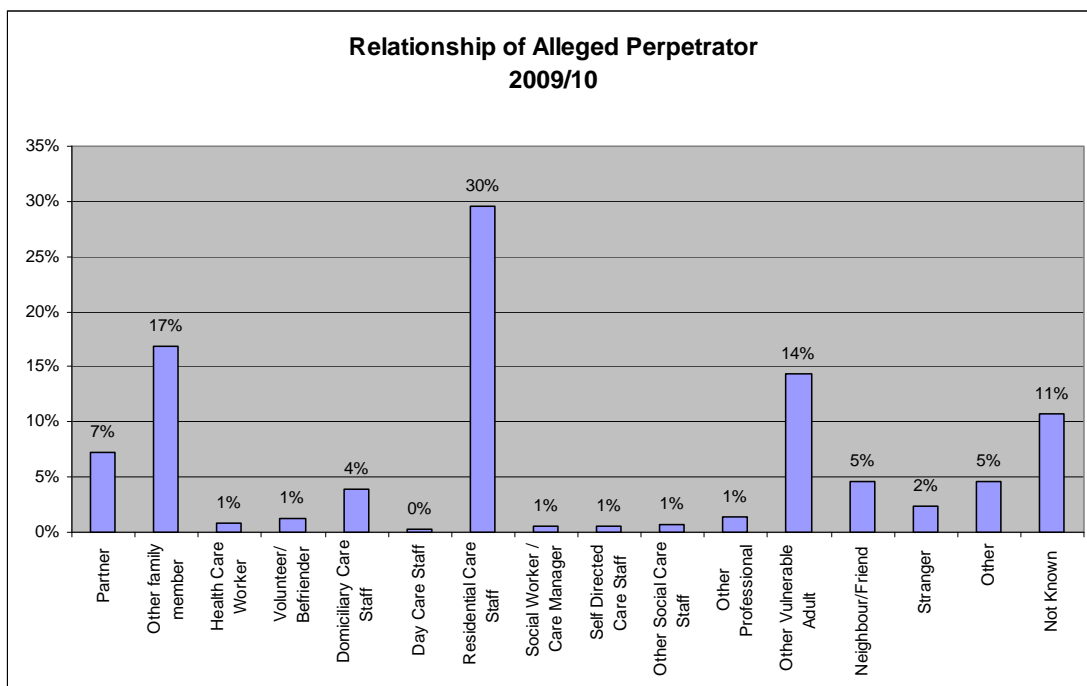


**4.9 The Form Of Relationship Between the Alleged Victim and Perpetrator**

The largest single group involves alleged abuse from residential care staff (30%). This reflects a number of referrals during the year in collective settings. Other staff (domiciliary, day care, social work, health care and other professional) made up another 7%.

Other substantial groups involve alleged abuse by partner (7%), other family members (17%) and other vulnerable adults (14%).

**Fig 6: Relationship of Alleged Perpetrator**



#### 4.10 Outcomes for completed referrals (Investigations)

- Form SA\_E seeks details on the outcomes of investigations in completed cases, for both the alleged victim (vulnerable adult) and the alleged perpetrator.
- In the majority of cases, outcomes relating to safeguarding will be in addition to a community care assessment to determine other support needs.

#### 4.11 Outcomes for the vulnerable adult

Whilst there will be a large range of possible outcomes, they fall broadly into three areas:

- Cases where no further action is judged necessary.
- Those where work is carried out to ensure a person's safety by supporting them to move to a different environment.
- Those where other action is taken to safeguard the individual, such as an increase in services or active monitoring of circumstances.

In almost a quarter of cases (22%), no further action was taken after investigation. Where action was taken, the most common activities were:

- Increased monitoring – 43%
- Supporting the person to move to a safer environment or restriction of access to alleged perpetrator – 6%.
- Arranging a community care assessment or some form of review – 12%.
- An increase in services/different care – 6%.
- Management of access to finances – 3%

**Table 2: Most common outcomes for vulnerable adult**

<b>Outcome</b>	<b>Proportion</b>
<b>No further action</b>	22%
<b>Monitoring</b>	43%
<b>Move to safer environment</b>	6%
<b>Increase in services/different care</b>	6%
<b>Community care assessment or some form of review</b>	12%
<b>Management of access to finances</b>	3%
<b>Other</b>	8%

#### 4.12 Outcomes for the alleged perpetrator

In almost a third of cases (33%), no further action was taken after investigation. Where action was taken, the most common activities were:

- Increased monitoring – 24%
- Disciplinary Action/ Referral to Registration Body/POVA list/ISA – 7%
- Removal from property or service – 6%
- Police action/criminal prosecution/formal caution - 6%
- Action by Care Quality Commission or Contract Compliance – 6%

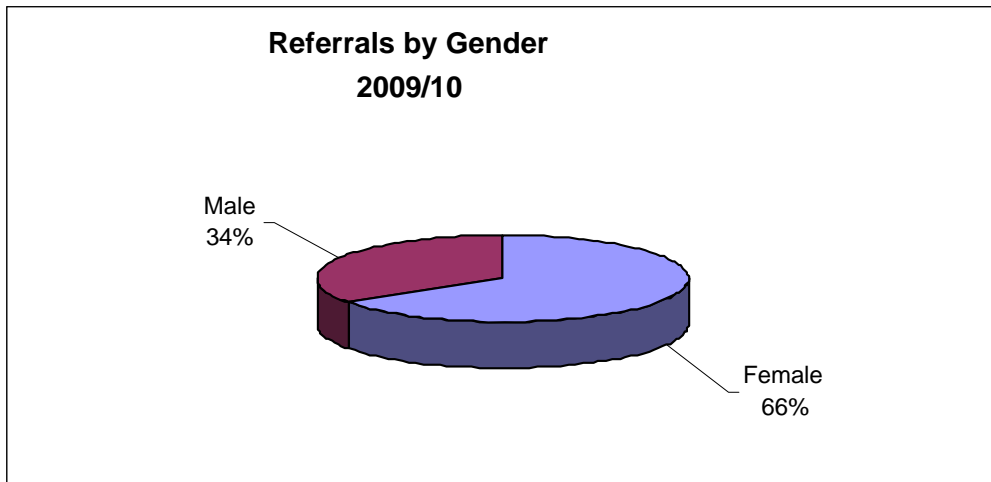
**Table 3: Most Common Outcomes for alleged perpetrator**

<b>Outcome</b>	<b>Proportion</b>
<b>No further action</b>	33%
<b>Monitoring</b>	24%
<b>Disciplinary Action/ Referral to Registration Body/POVA list/ISA</b>	7%
<b>Removal from property or service</b>	6%
<b>Action by Care Quality Commission or Contract Compliance</b>	6%
<b>Community care assessment</b>	4%
<b>Police action/criminal prosecution/formal caution</b>	6%
<b>Counselling/Training/Treatment</b>	4%
<b>Management of Access to vulnerable adult</b>	3%
<b>Exoneration</b>	1%
<b>Other (inc not known)</b>	6%

#### 4.13 Gender

The figure below shows the breakdown of referrals by gender. Consistent with the national picture, women are much more likely to be referred than men, with 66% of referrals concerning women.

Fig 7: Referrals by Gender



**4.14 Ethnicity**

The figures show that 98% referrals relate to people with White British and other white backgrounds, with the remaining 2% relating to other ethnic origin. This is a similar pattern to general referrals to Adult and Community Services.

**Table 4: Ethnic origin of vulnerable adult.**

Ethnic origin	
White	98.29%
Asian	0.19%
Black	0.19%
Chinese & other	0.38%
Not stated etc	0.95%

## **5.0 Safeguarding Learning and Development for 2009 - 10**

### **5.1 Introduction**

Training remains a key element in the development of robust safeguarding services. Locally, the provision of training has increased again. Training is all linked to the Safeguarding Competencies; in addition the Alerter training is linked to the Skills for Care Common Induction Standards and Health and Social Care NVQ standards. In this section information and data on training provision are provided, along with the key developments that are planned for 2010-2011.

### **5.2. The Multi-agency Training Sub Group**

The multi-agency training sub group, which is chaired by the Manager of the Workforce Development Unit (WDU), Adult and Community Services (ACS), brings together all the training managers from the Statutory Organisations, for example, Primary Care Trust (PCT), Fire and Rescue, Police and District Councils and also representation from the Private and Voluntary Sector.

Activity within this sub-group is closely aligned to the targets set by the Safeguarding Adults Board and the training subgroup has a key role to play to ensure these targets are monitored and achieved. The targets set are in relation to ensuring all statutory organisations having a robust training plan in place and all Statutory Organisations to achieve 95% of staff trained to Alerter level by March 2011.

These targets have given the group clear focus and commitment to the requirements.

In addition to these targets significant progress has been made with the development of this group, for example:

- Training materials have been shared widely between statutory organisations, for example sharing of Alerter and Responder/Referrer materials with Health, Police and Fire and Rescue.
- At the sub-group meetings each organisation is expected to report on their progress towards BIG targets, with a clear expectation progress is expected
- The PCT representatives have set up their own Health Partnerships training group which brings together all Acute Health settings to ensure the profile of Alerter training is raised within this forum
- Investigator and Chairing training commissioned by ACS has been accessed by Health partners
- More robust marketing of the training provided by ACS, with particular focus on making sure the Private and Voluntary Sector were aware of the training and how to access it, the figures within section 4 reflect the significant increase in up take of Alerter training from this sector.

### 5.3 Training Available

There is a variety of core safeguarding adults training:

**Basic awareness** - fundamentally delivered by the 4 Safeguarding Officers. These sessions focus on raising awareness of the Multi Agency Safeguarding Adults Policy to all organisations. Over 80 sessions have been delivered during 2009-10.

**Alerter** training can be accessed as either a half day course for those who have close and regular contact with vulnerable adults, or as an e-learning package for those who have limited and in-frequent contact with vulnerable adults. The e-learning package is also the refresher option for all staff.

**Alerter Champions course** (full day) - for organisations that have more than 50 staff that need Alerter half day training. The Alerter Champions are trained to be able to deliver the Alerter package and provided with all the training materials to do this. During 2009-10 a more robust system is was put in place to monitor the activity of these 'Champions' and this will be further developed during 2010-11.

In addition there is Referrer/Responder, Investigator and Charing training.

During 2009-10 the Responder/Referrer training materials were fully refreshed to enhance to content in line with the prevention of abuse agenda.

In addition to the core training other training available during 2009-10 was:

- 'Safeguarding Workshops' organised by Safeguarding Officers which are available to all partners, examples of topics being covered are: Domestic Abuse, Pressure Ulcer Management and links to Safeguarding, Doorstep crime. These are designed to enhance the core training and provide development opportunities for staff.
- A minute taking course was commissioned from an external organisation for ACS staff and delivered during June 2010. This course will then be developed and delivered internally to all staff who undertake safeguarding adults minute taking duties within their role.

### 5.4 Training Attendance

Figure 1 shows the attendance since 2007-08.

Figure 2 shows attendance during 2008-2009 divided by Statutory sector and Private/Voluntary sector.

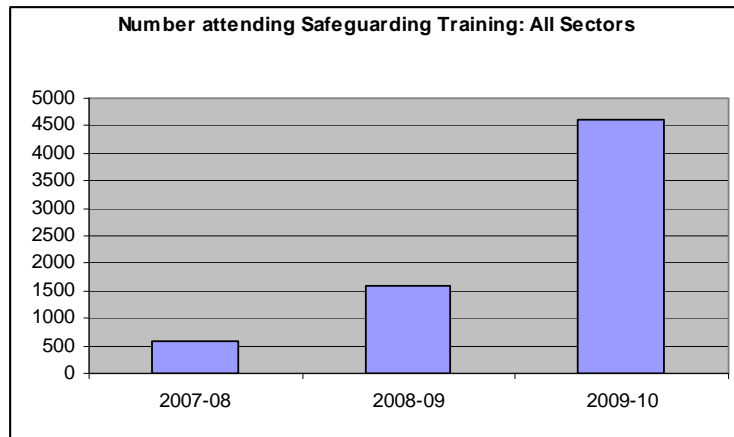
Figure 3 shows attendance during 2009-2010 divided by sector.

Each demonstrates a continued increase in training attendance; WDU have also taken significant steps during 2009-10 to improve their process in relation to the collection of the data to enable more details to be provided in relation to specific sectors attending training. This is demonstrated in figure 3.

A more robust system has been implemented during 2009-10 to account for the training delivered via Alerter Champions which has significantly contributed to the increase in 2009-10.

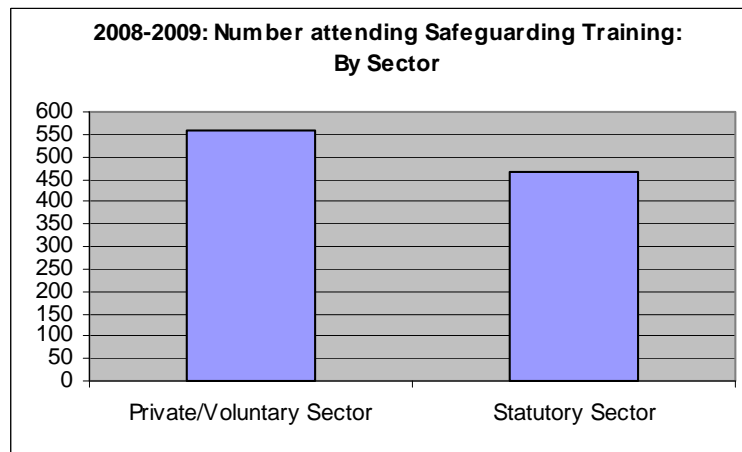


**Figure 1: Safeguarding Training Attendance over 3 years**



This shows that during 2009-10 the numbers of people trained increased by 190% on the previous years figure, this equates to nearly 3 times more people being trained during 2009-10.

**Figure 2: Safeguarding Training Attendance during 2008-09 by Sector**



**Figure 3: Safeguarding Training Attendance during 2009-10 by Sector**

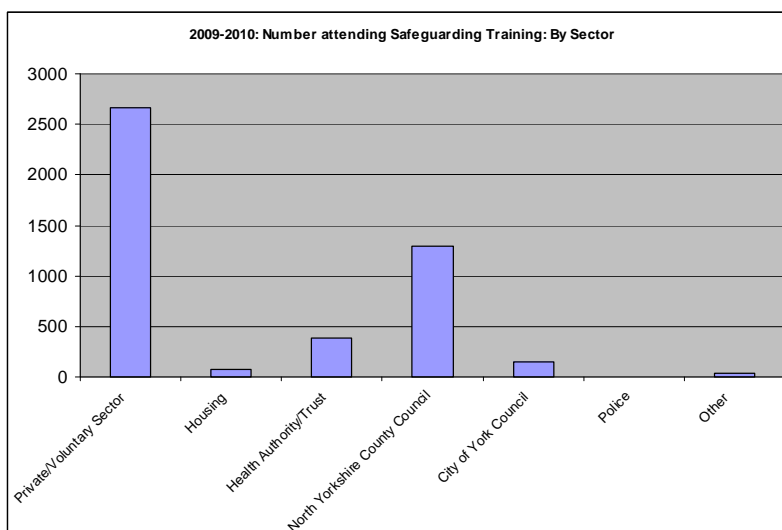


Figure 3 shows overall training attendance by organisation during 2009-10. The largest attendance is by staff from the independent sector, the marketing from ACS Workforce Development to the independent sector was particularly strengthened during 2009-10, as it was fully recognised attendance needed to increase from the 2008-09 period. Numbers of attendees from Health and Police are low as primarily these organisations deliver their own safeguarding training.

**Table 1: Attendance by Level of Training**

Level	2008/09	2009/10
Alerter	800	3905 (1232 of this figure were delivered by the Cascade trainers)
Alerter Champions	31	102
Responder/Referrer	87	489
Investigator	40	75
Chairing	17	32

This shows an increase in training in all areas during 2009-10.

## 5.5 Evaluation of Training

All course attendees complete an end of course level 1 'reaction' form, these are collected in by the trainer, screened at this point and any highlighted difficulties are addressed appropriately. These records are then stored within the WDU administration systems and used for more formal evaluation processes within the WDU quality assurance and evaluation framework.

All course attendees are reminded of the importance of completing the level 2 evaluation in discussion with their line manager. This area of evaluation focuses on the impact the training has had on their practice.

More formal evaluation of the training is going to take place during 2010/11, focusing on the Investigator course, followed by the Chairing course. Overall, evaluations of safeguarding training this year have been positive.

**Comments from delegates from level 1 evaluation forms:****Alerter**

"I enjoyed the course, it was excellent. Thank you. Lots of information  
Good use of everyday examples. Group was well motivated to participate in  
discussion"

**Responder/Referrer**

"It was very informative. I feel confident in following the procedure and developing a  
knowledge base and best practice"

"Very good course, excellent event leader made me feel valued as a person  
attending. Very relevant scenarios used."

"I have a clearer view of my responsibilities and feel more confident in implementing  
procedures"

**Investigator**

"Great course. It really helped clarify the role of the investigator. Trainer made  
opportunities for the group to suggest their own learning outcomes and to a certain  
degree own the course"

"Trainer was very informative and always approachable and has enabled me to  
reaffirm that some past decisions I have made have been right"

"Very well presented adaptable and flexible approach to involve group questions  
thoroughly informative practical and enjoyable"

**5.6 Plans for 2010-11**

<b>Training Module</b>	<b>No of courses scheduled</b>	<b>Number of delegate places</b>
Alerter	120	1800
Alerter Champions	12	180
Responder/Referrer	20	300
Investigator	4	64
Chairing	2	32

1800 places have been pre-scheduled for Alerter training; this leaves some additional capacity available to deliver in-house alerter courses to ensure we meet customer demands in a personalised way as much as possible.

300 places have been pre-scheduled for Responder/Referrer training with capacity available to deliver more to meet customer demands.

The training needs analysis undertaken for ACS identified that the majority of Professionally qualified staff had undertaken Investigator training as required for their role; therefore provision scheduled for 2010-11 for this course will provide

places 64 delegates.

Similarly the training needs analysis identified most of the staff who require chairing training have undertaken this, however 2 courses have been scheduled as potential delegates for this course are also from other organisations, for example health.

A survey has been carried in relation to Responder/Referrer confidence, the results of which have been presented to the Safeguarding Board and an action plan is being developed.

There is a Safeguarding Training Development Programme in place for 2010-11 which is in addition to the Safeguarding Action Plan. The former concentrates on the development of training materials, the latter focuses more on relationships with other organisations.

The key activities within the Training Development Programme have been agreed with the Head of Safeguarding, WDU are working closely with the Safeguarding Manager to ensure all development of training materials is closely aligned to safeguarding activity and expectations.

Examples of actions within this plan are:

- Refresh Alerter training materials, including developing a wider range of Case Studies to ensure examples embrace all agencies
- Undertake an evaluation of Investigator training module (this has now been completed)
- Develop an in-house Investigator programme (includes working with the Police to develop this)
- Undertake an evaluation of the Chairing training programme
- Develop a minute taking module for all safeguarding secretaries
- Further develop the competency framework into an assessment tool for managers to use post training

Examples of the key activities within the Safeguarding Action plan are:

- Develop a 'benchmarking process' for those organisations who are delivering their own Alerter training
- Arrange for the Safeguarding Officers to undertake the Preparing to Teach in Life Long Learning (PTLLS) certificate (this is now underway)
- Develop a 'pool of trainers' with Health partners for Responder/Referrer training

<b>6.0</b>	<b>Progress on 2009 – 2010 Improvement and Development Plan</b>
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**North Yorkshire Safeguarding Adults Board    Improvement and Development Plan 2009/2010**  
**KEEPING PEOPLE SAFE**

**Mission: Working together to keep vulnerable adults safe from abuse and mistreatment and to sustain independence in safe environments**

<b>Practice Leadership</b>				
<b>AIM</b>	<b>OUTCOMES</b>	<b>MEASURES</b>	<b>PI</b>	<b>PROGRESS/EVIDENCE</b>
Ensure operational guidance within organisations and across the partnership is fit for purpose	<b>Clarity of professional/practitioner roles/contribution. Confidence in process and help to keep people safe.</b>	Operational Guidance in place in agreed organisations- signed off at Executive/Board Level	<b>No. 1</b>	16 out of 22 have ops guidance in place. Draft model procedure rolled out to third sector commissioned services from January 2010.
		LAA target ASP17 - performance information	<b>No. 3</b>	Excellent progress against target for 2007-2010. Number of referrals at March 2010 = 1797(compared with target of 743)
		Practitioner Survey to wider sector practitioners	<b>No. 2</b>	Survey carried out June 2010 for Level 2 practitioners, with target of 70% confidence. Result = 80%.
Ensure that thresholds for concerns/responses and pathways are clear	<b>Clarity on focus of who is helped and how when a 'safeguarding concern' is raised</b>	Performance on information analysis/ Alerts not becoming referrals	<b>No.4 No.5</b>	PQA framework accepted by SAB Jan 10 and reported quarterly to Board from April '10. Ongoing analysis by ACS for national data monitoring return.

Practice Leadership				
AIM	OUTCOMES	MEASURES	PI	PROGRESS/EVIDENCE
		Quality Assurance from 'supervision' and audit		Responsibility sits with individual agencies. Link to ACS work plan on quality assurance. Case file audit carried out with 'expert adviser' Jan '10, showed significant improvements since first audit in 2009.
Ensure that the serious case review procedures give scope for reviewing significant case concerns	<b>Learning Lessons from Serious Concerns</b>	Revised procedure adopted by Board	<b>No.6</b>	Serious Case Review Protocol with associated paperwork adopted by SAB February 2009. Board considered lessons learned from Darlington SCR & disseminated lessons to LSAGs and sub groups May 2010. Lessons learned protocol reviewed by BIG and tested in practice July 2010.
Ensure clarity about pathway links in the operational guidance relation to clinical/health&safety/serious untoward incidents/rootcause analysis	<b>Clarity on roles/contribution in procedure</b>	Appears in operational guidance	<b>No.1</b>	16 out of 22 have ops guidance in place. Draft model procedure rolled out to third sector commissioned services from January 2010. DH issued guidance for health on clinical governance & safeguarding - to be implemented through Health Partnership Group.
Ensure that risk management in complex cases has a protocol for escalation agreed by the Board in case of dispute	<b>Clarity of Problem Solving and Resolution</b>	Protocol in place		Protocol for collective care settings approved by Board July 2010. Tools and thresholds for ACS decision-making in safeguarding process developed and implemented through care pathway training.

<b>PRACTICE LEADERSHIP</b>				
<b>Improved Governance</b>	<b>Good sound governance, including a clear focus on work and accountabilities and practitioner/integration arrangements at local level</b>			
a) Complete the agreed governance test for the Board and partnership		a) Key items on checklist in place and signed off at Executive/Board	<b>No. 7</b> Self assessment exercise carried out with results adopted by Board 30 April 09. Kept under review by policy and procedures sub group. BIG to consider further action/link with LCSB audit where possible.	
b) Complete review of local groups		bi) Revised criteria/TOR		TOR of local groups agreed by Board (Feb 09). Kept under active review by BIG.
		bii) Implementation targets	<b>No. 8</b>	Work plans/implementation targets for local groups proposed by BIG Oct 09. Adopted by LSAGs Nov 09.
c) Set up Board sub groups	c) Groups set up and priority work agreed		Board sub groups set up with agreed chairs and TOR. Board co-ordination to be carried out by Board Implementation Group. Work plans considered by BIG. Communication/media plan being developed.	
Develop a training and practice learning strategy on a multi-agency basis with focus/target groups and performance measures on quality	<b>Improving access to training and practitioner confidence in SA work</b>	Strategy in place to include:-	<b>No. 9</b> <b>No. 10</b> Training Strategy and Training Plan 09/10 agreed by Board April 09. Detailed agency TNA carried out - report to Board January '10. Multi-agency Safeguarding Event April '10. Workshops for practitioners delivered by Safeguarding Team (in 4 areas by July 2010). Training Plans being progressed by Training Group.	
		a) Target Groups		
		b) Evaluation methods		
		c) Practitioner Briefings - multi-agency		

		d)Routine arrangements for capturing sharing practice learning in place		
		LAA target ASP 17 - condition (ii)		Progress against target for 2007-2010 is excellent. Delivery of training places has more than met target of 3,600 places over three years, with at least 50% offered to independent sector.
Ensure robust arrangements for user involvement in the work of the Board	<b>User voice informing development of Safeguarding Adults work</b>	Collate views on how involvement should be achieved from user feedback a)From vulnerable people who have experience of the safeguarding pathway and b)From existing user groups/Partnership Boards	<b>No. 11</b>	Proposal approved by Board Jan '10. BIG also to consider as part of rollout of local groups a) Views of vulnerable people to be gathered through semi structured interviews with Safeguarding Adults Manager b) Contact made with user groups/partnership Boards. Implementation Plan adopted and being taken forward by community engagement sub group - established July 2010.
Ensure that the advocacy capacity of safeguarding arrangements is developed	<b>Ensure user voice on safeguarding plans and outcomes is clear and recorded</b>	a)Increase in IMCA referrals	<b>No. 12</b>	Information gathering ongoing. Also links to commissioning agenda. Included in performance framework.
		b) Increase referrals re safeguarding to existing advocacy organisations		Information gathering has begun. Also links to commissioning agenda.



<p>Review commissioning and contracting arrangements across the partnership to ensure that the wider safeguarding agenda is integrated</p>	<p><b>Safeguarding Adults policy is embedded in all arrangements</b></p>	<p>Review of material shows it is in place</p>		<p>Ongoing development of commissioning arrangements between ACS/PCT/Supporting People. Links made with P&amp;P work plan. ACS issued services guidance to contracted services. PCT considering similar approach. Supporting People reviewing contracts under revised QAF standards for safeguarding. PCT specifying safeguarding compliance in contracts. NYCC carried out safeguarding self audit and introducing QAF for commissioned services.</p>
<p>Ensure links between the Board and Safer Communities is evidenced</p>	<p><b>People feeling safe and keeping safe in communities</b></p>	<p>SAB reporting to Community Safety Partnership on performance and development (to inform business planning)</p>	<p><b>No. 13</b></p>	<p>Board issued key messages at each meeting; including messages for Safer Communities Partnership. Advised LSAGs to do same at local level. Agreed that SAB will report to ASP. SAB to give presentation to Safer Communities partnership. Safer Communities have created a standard item on their agenda for key messages for SAB.</p>

<b>7.0</b>	<b>Improvement and Development Plan for 2010 – 2011</b>
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**North Yorkshire Safeguarding Adults Board                      Improvement and Development Plan 2010/11**  
**KEEPING PEOPLE SAFE**

**Mission: Working together to keep vulnerable adults safe from abuse and mistreatment and to sustain independence in safe environments**

**Practice Leadership**

	<b>AIM</b>	<b>OUTCOMES</b>	<b>MEASURES</b>	<b>PI</b>	<b>TIME</b>	<b>LEAD</b>
<b>1</b>	Ensure operational guidance within organisations and across the partnership is fit for purpose	<b>Clarity of professional/practitioner roles/contribution. Confidence in process and help to keep people safe.</b>	Operational Guidance in place in agreed organisations- signed off at Executive/Board Level. <b>100% statutory agencies with operational guidance in place</b>	No. 1	Jul-10	Chair/Board
			LAA target ASP17 - performance information	No. 3	Routine	NYCC/NYSP
			<b>Increase in number of alerts from April 2010 to 2011 = 50%</b>	No. 3	Mar-11	
			Practitioner Survey to wider sector practitioners (Level 2). <b>Level of practitioner confidence as evidenced by survey = 70%</b>	No. 2	Sep-10	Policy and procedures Sub Group/Training Group
<b>2</b>	Ensure that thresholds for concerns/responses and pathways are clear	<b>Clarity on focus of who is helped and how when a 'safeguarding concern' is raised</b>	Performance on information analysis/ Alerts not becoming referrals. <b>Ratio of safeguarding alerts to safeguarding referrals.</b>	No. 5	Mar-11	Performance and QA workstream of BIG

			Increase in number of alerts from MAPP partners = 30%	No. 4	Mar-11	
			Quality Assurance from 'supervision' and audit		Routine	
			Case file audit process in place in LSAGs		Jan-11	LSAGs
3a	Ensure that the serious case review procedures give scope for reviewing significant case concerns	Learning Lessons from Serious Concerns	Lessons learned Protocol adopted by Board		Sep-10	Board Implementation Group
			Lessons learned from serious cases disseminated to Local Safeguarding Adults Groups and sub groups	No. 6	Ongoing	Board Implementation Group
3b	Ensure clarity about pathway links in the operational guidance relation to clinical/health&safety/serious untoward incidents/rootcause analysis	Clarity on roles/contribution in procedure	Appears in operational guidance	No. 1	Dec-10	P&P sub group/Health Partnership Group
4	Ensure that risk management in complex cases has a protocol for escalation agreed by the Board in case of dispute	Clarity of Problem Solving and Resolution	Collective Care Settings Protocol in place and implemented		Jul-10	NYCC/IS/BIG

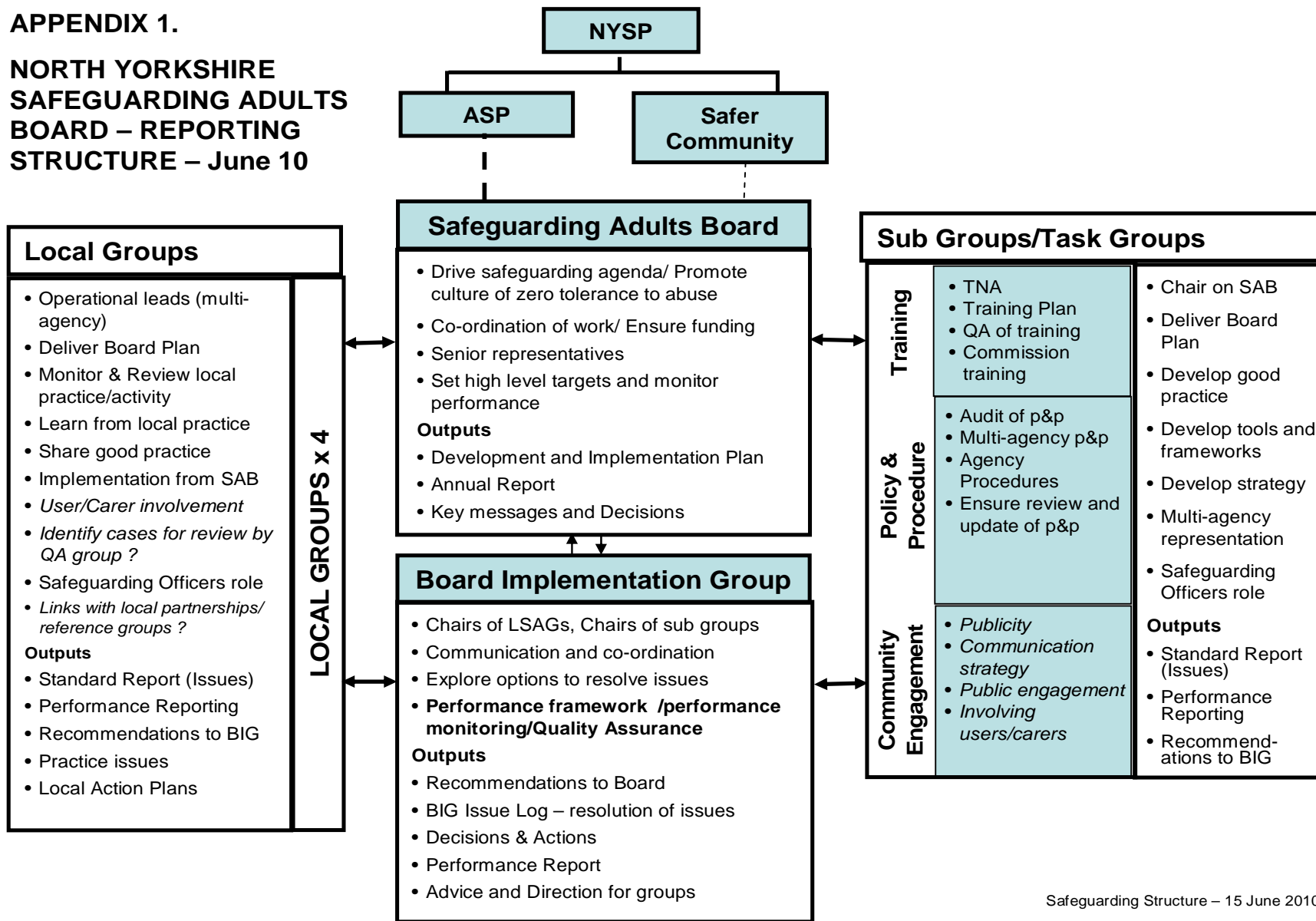
Strategic Leadership						
<b>1</b>	<b>Improved Governance</b>	<b>Good sound governance, including a clear focus on work and accountabilities and practitioner/integration arrangements at local level</b>				
<b>1a</b>	a) Review the agreed governance test for the Board and partnership		a) <b>Key items on checklist in place and signed off at Executive/Board = 50% in place</b>	No. 7	Dec-10	Chair/Board
<b>1b</b>	b) Accountability of local groups		b) <b>Level of attendance at LSAG meetings by agreed representatives = 75% bii) Work Plans of sub groups and LSAGs</b>	No. 8	Sep-10	Board Implementation Group
<b>1c</b>	c) Effectiveness of Board Implementation Group		c) Resolution of issues raised by LSAGs		Dec-10	Board Implementation Group
<b>2</b>	Develop a training and practice learning strategy on a multi-agency basis with focus/target groups and performance measures on quality	<b>Improving access to training and practitioner confidence in SA work</b>	Action Plan in place to include:-	No. 9 & 10	Mar-11	Training and Practice Learning Sub Group
			a) <b>% statutory agencies with a Safeguarding Training Plan in place = 100%</b>			
			b) <b>% statutory agencies where 95% of relevant staff are trained to at least Level 1 Alerter = 100%</b>			
			c) Practitioner Briefings - multi-agency			
			d) Routine arrangements in place for capturing/sharing practice learning			
			e) Review and evaluate training materials at all levels			

3	Ensure robust arrangements for user involvement in the work of the Board	<b>User voice informing development of Safeguarding Adults work</b>	Collate views on how involvement should be achieved from user feedback a) From vulnerable people who have experience of the safeguarding pathway and b) From existing user groups/Partnership Boards <b>Process in Place</b>	No. 11	Mar-11	SAM/ Comms engagement sub group
4	Ensure that the advocacy capacity of safeguarding arrangements is developed	<b>Ensure user voice on safeguarding plans and outcomes is clear and recorded</b>	a) <b>Increase in IMCA referrals = 20%</b>	No. 12	Mar-11	Safeguarding Adults Manager/ AML (NYCC)
			b) Increase referrals re safeguarding to existing advocacy organisations			
5	Review commissioning and contracting arrangements across the partnership to ensure that the wider safeguarding agenda is integrated	<b>Safeguarding Adults policy is embedded in all arrangements</b>	100% of commissioned services (by ACS and SP) have effective safeguarding policy and procedures in place as evidenced by the appropriate Quality Assurance Framework	New target	Mar-11	Chair of Board (involves Supporting People, PCT, ACS)

6	Ensure links between the Board and Safer Communities is evidenced	<b>People feeling safe and keeping safe in communities (free from discrimination and harassment)</b>	SAB reporting to Community Safety Partnership on performance and development (to inform business planning).	New target	Sep-10	NH/SAB
			Evidence of preventative work on disability harassment and hate crime			
			Evidence of preventative work on domestic abuse			
7	Ensure that there is an effective media and communication strategy	<b>People in the local community know what to do if they are concerned about adult abuse or neglect in the community</b>	<b>Level of citizen awareness as evidenced by public survey results = 70%</b>	No. 13	Sep-10	CE sub group

APPENDIX 1.

**NORTH YORKSHIRE SAFEGUARDING ADULTS BOARD – REPORTING STRUCTURE – June 10**



Safeguarding Structure – 15 June 2010

**APPENDIX 2: STANDARDS FOR SAFEGUARDING ADULTS WORK**

<b>Standard 1</b>	Each local authority has established a multi-agency partnership to lead 'Safeguarding Adults work.
<b>Standard 2</b>	Accountability for and ownership of 'Safeguarding Adults work is recognised by each partner organisation's executive body.
<b>Standard 3</b>	The 'Safeguarding Adults policy includes a clear statement of every person's right to live a life free from abuse and neglect, and this message is actively promoted to the public by the Local Strategic Partnership, the 'Safeguarding Adults partnership, and its member organisations.
<b>Standard 4</b>	Each partner agency has a clear, well-publicised policy of Zero-Tolerance of abuse within the organisation.
<b>Standard 5</b>	The 'Safeguarding Adults partnership oversees a multi-agency workforce development/training sub-group. The partnership has a workforce development/training strategy and ensures that it is appropriately resourced.
<b>Standard 6</b>	All citizens can access information about how to gain safety from abuse and violence, including information about the local 'Safeguarding Adults procedures.
<b>Standard 7</b>	There is a local multi-agency 'Safeguarding Adults policy and procedure describing the framework for responding to all adults " <i>who is or may be eligible for community care services</i> " <b>and</b> who may be at risk of abuse or neglect.
<b>Standard 8</b>	Each partner agency has a set of internal guidelines, consistent with the local multi-agency 'Safeguarding Adults policy and procedures, which set out the responsibilities of all workers to operate within it.
<b>Standard 9</b>	The multi-agency 'Safeguarding Adults procedures detail the following stages: Alert, Referral, Decision, Safeguarding assessment strategy, Safeguarding assessment, Safeguarding plan, Review, Recording and Monitoring.
<b>Standard 10</b>	The safeguarding procedures are accessible to all adults covered by the policy.
<b>Standard 11</b>	The partnership explicitly includes service users as key partners in all aspect of the work. This includes building service-user participation into it's: membership; monitoring, development and implementation of its work; training strategy; and planning and implementation of their individual safeguarding assessment and plans.

Association of Directors of Social Services (October 2005) *Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work*, London: Association of Directors of Social Services