

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

12 NOVEMBER 2012

NORTH YORKSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2011/12

1.0 Purpose of Report

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

2.0 Background

- 2.1 Under the 'No Secrets' guidance (2000), NYCC has the lead responsibility to co-ordinate a multi-agency response to safeguarding. This is achieved through the North Yorkshire Safeguarding Adults Board (NYSAB) which was established in November 2008 following the disaggregation from the joint Board with City of York Council. Membership of the Board includes North Yorkshire County Council, District Councils, PCT, NHS Trusts, police, probation, independent and voluntary sector. The Board is supported by four Local Safeguarding Adults Groups and sub groups for training/practice development. Co-ordinating groups for Health Providers and District Councils are in place, in addition to a Mental Capacity Act/DoLS Forum.
- 2.2 Nationally, safeguarding adults remains a high priority with government guidance published in 2011 (1) and the draft Care and Support Bill published this summer (July 2012) (2). The Board will respond to this guidance as different elements come on stream and ensure that the multi-agency policy and procedure is fit for purpose.
- 2.3 The Local Area Agreement (2007-10) target for safeguarding adults was successfully met resulting in an increased level of reporting of safeguarding due to targeted training, better awareness and support to the voluntary sector. This has led to performance reward grants to deliver training on the Mental Capacity Act, provide additional administrative capacity in safeguarding and improve communication further.
- 2.4 We are awaiting the outcome of a serious case review into the death of a homeless man which will have implications for agencies across North Yorkshire. This will be published later this year

3.0 Progress during 2011/12

- 3.1 The NYSAB Annual Report 2011/12 is due to be published in November 2012 and includes the following highlights:
- Commitment from partners on the Board is good, evidenced in the statements from each partner within the Annual Report. An Independent chair, Jonathan Phillips, appointed to the Safeguarding

Adults Board in April 2012 intends to increase the level of challenge and scrutiny to the Board.

- Reported safeguarding remains at a high level; increasing by 11% on the 2010/11 with the proportion from health, police, housing and CQC partners remaining high (32%). For a third of these (32%) there is further action under safeguarding procedures which brings North Yorkshire more in line with national trends.
- Training remains a high priority with training plans in place for all the statutory partners and 70% of the statutory agencies delivering training targets in line with three year action plans, with the remaining third having a plan to deliver the target. Positive work on training for volunteers has been promoted across the whole partnership. A programme of awareness training about the Mental Capacity Act has been promoted alongside safeguarding training.
- Initial evidence (from questionnaires issued to vulnerable adults, their families and carers) indicates that where people are involved in the safeguarding process they are satisfied with the process and that they are treated with respect during the investigations. This is an ongoing process.
- Evidence from the North Yorkshire County Council Citizens' Panel (Summer 2011) indicates that community awareness of safeguarding is positive with over two-thirds of respondents stating that that if they suspected or were worried about abuse of a vulnerable person they would be able to contact both NYCC and/or 'the police'.

4.0 Priorities for 2012/13 include:

- Ensuring that the governance arrangements of the Board respond to the NHS changes and that effective working relationships are established with new health partners. This includes receiving assurances from the Clinical Commissioning Groups about mitigating identified risks.
- Improving the way we understand and respond to quality and performance issues with an increased emphasis on outcomes
- Acting on the findings of the local Serious Case Review, Winterbourne View and Mid Staffordshire Inquiry reports by promoting practice development and learning and publishing action plans in the Annual Report.
- A safeguarding conference for staff in November to promote the importance of dignity and wellbeing in safeguarding, with workshops on the multi agency support available for vulnerable adults (including community safety/safer neighbourhoods, Trading Standards, food, nutrition and dignity, telecare, dementia and dignity).
- Launching the North Yorkshire Safeguarding Adults Awareness Campaign, including posters, leaflets and a guide to safeguarding. Results from the North Yorkshire County Council Citizens' Panel will be used to help target this campaign.
- Ensuring that connections and links are in place to maximise the multi-agency impact of safeguarding, including strengthening the

accountability and integration arrangements at a countywide level through the Health and Wellbeing Board and at a local level through the Local Safeguarding Adults Groups.

5.0 Recommendations

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

6.0 Appendices

6.1 Annual Report 2011/12

6.2 References

(1) Government policy statement on Adult Safeguarding (May 2011)
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_126770.pdf

(2) Draft Care and Support Bill – Draft Bill/Consultation
<http://www.dh.gov.uk/health/files/2012/07/Care-and-Support-Bill-Factsheet-6-Protecting-adults-from-abuse-and-neglect.pdf>



**NORTH YORKSHIRE
SAFEGUARDING ADULTS BOARD**

ANNUAL REPORT 2011/12

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FOREWORD BY CHAIRS OF SAFEGUARDING ADULTS BOARD

FOREWORD BY CHAIR OF SAFEGUARDING ADULTS BOARD – HELEN TAYLOR



I am very pleased to introduce this Annual Report and welcome the progress that has been made this year.

I arrived in October 2011 to a Safeguarding Adults Board in good shape, one that understood the challenges it needed to face. My first decision was to endorse the Board's plan to recruit an independent chair and I am satisfied that, in Jonathan Phillips, I am handing over to a successor with extensive knowledge and experience of safeguarding adults who can take the Board forward in these challenging times. As vice chair, I will continue to make sure that North Yorkshire County Council exercises its responsibilities to ensure a multi-agency approach to safeguarding.

Particularly challenging this year have been the changes to the NHS, and we are just beginning to fully appreciate how complex that will be. North Yorkshire has five foundation trusts and three mental health providers, which will be joined by six Clinical Commissioning Groups, each with separate governing bodies and responsibilities for safeguarding vulnerable adults. A welcome development this year has been the Health Partnership Group which has delivered agreement from the foundation trusts on a self assessment process around safeguarding and assurances through contract monitoring for the future.

I welcome the government's intention to finally put the important area of safeguarding adults onto a statutory footing. With the publication in July of the Care and Support Bill and response to Law Commission recommendations there is a clear commitment to safeguarding expressed in the statement **'I know that the person giving me care and support will treat me with dignity and respect'** which we have also taken as the title of our conference in November.

Ensuring that the people we support are at the heart of safeguarding has remained a high priority this year and our audit against best practice from the Social Care Institute of Excellence shows that we have some good building blocks for the year ahead. With the development of the Health and Wellbeing Board we will have greater opportunities to achieve a louder voice for people who use services to inform development of safeguarding adults work.

Finally, I am confident that the Board will take forward lessons from its first Serious Case Review and ensure that action is taken and that learning is taken seriously by all the agencies represented.

**Helen Taylor, Corporate Director – Health and Adult Services
Chair – North Yorkshire Safeguarding Adults Board (October 2011- April 12)**

FOREWORD BY CHAIR OF SAFEGUARDING ADULTS BOARD – JONATHAN PHILLIPS



I am very excited about taking on the role of independent chair and setting out a programme for the coming year in this Annual Report. I believe that effective safeguarding means having zero tolerance of abuse by those who are paid to care, working with people who may be at risk from families and friends to help them keep safe, supporting carers who may be under stress and supporting people who need social care in taking the risks they need to live their lives to the full.

I arrive at a time when the Board is entering the final year of a three year programme and the targets will be reviewed during the coming year in the light of an enhanced understanding of how people are safeguarded in North Yorkshire and in the context of national developments set out in the Care and Support White Paper and draft legislation.

I intend to make sure that the Board responds to the many national challenges; these are laid out in a summary which can be found at [\(link to summary on website to be added\)](#).

In particular we will be responding to reviews and inquiries on support for people with learning disabilities, such as the Winterbourne View report, and reviews of hospital services such as the Mid Staffordshire Trust Inquiry.

I am pleased that we have started the important task of ensuring that the governance of the Board responds to the NHS changes; this will include receiving assurances from the Clinical Commissioning Groups about mitigating identified risks. During the coming year, the Board aims to make those relationships even more meaningful by engaging with the shadow Health and Wellbeing Board and GP Clinical Commissioning Groups for North Yorkshire.

I am particularly looking forward to meeting the wider safeguarding partnership at the Board's Conference in November. This will be an excellent opportunity to promote the Board and an understanding of the role that partners play in keeping people safe in North Yorkshire. I am reassured that this report gives a good account of the contribution made by all the partners on the Board. I am pleased to see that Dr David Sheard has agreed to speak on the important topic of 'Mattering in Dementia Care: Culture change is required'

Jonathan Phillips

Independent Chair – North Yorkshire Safeguarding Adults Board (From April 2012)

1.0 LOCAL DEVELOPMENTS IN 2011/12 AND PLANNED PRIORITIES FOR 2012/13

1.1 Outcome One: Practice Leadership:

Aiming for high practitioner competence in safeguarding processes

Achievements for 2011/12

- Reported safeguarding alerts remained at a high level; increasing by 11% on 2010/11 with the proportion from health, police, housing and CQC partners remaining high (32%). For a third of these (32%) there is further action under safeguarding procedures which brings North Yorkshire more in line with national trends.
- Training remained a high priority with training plans in place for all the statutory partners and 70% of the statutory agencies delivering training targets in line with three year action plans, with the remaining third having a plan to deliver the target. Positive work on training for volunteers has been promoted across the whole partnership. A programme of free awareness training about the Mental Capacity Act has been promoted alongside safeguarding training.
- Core multi-agency safeguarding training was sustained, with a good range of courses available for alerters, responders, investigators, minute takers and designated safeguarding managers, with overall attendance being maintained at a high level.
- The Board received assurances from health providers who had received Dignity and Nutrition Inspections and Care Quality Commission inspections during the year.

Priorities for 2012/13

- A safeguarding conference for staff will be held in November to promote the importance of dignity and wellbeing in safeguarding, with workshops on the multi agency support available for vulnerable adults (including community safety/safer neighbourhoods, Trading Standards, food, nutrition and dignity, telecare, dementia and dignity).
- Continue to maintain the knowledge and skills of a growing number of Alerter Champions by delivering a refresher session, which will be available to all Champions. Add a small section around Hate crime and Domestic Abuse to Alerter training in response to the Practice sub group's work on the Gemma Hayter Serious Case Review.
- Refresh the Level 2 Responder/Referrer training content to strengthen links to CQC Essential Standards and the line management and supervision of staff within this role.
- Using evidence from practice audits and other quality assurance processes to improve our understanding of practitioner competence, as part of an overall approach to quality and performance issues.

1.2 Outcome 2: Practice Leadership

Lessons from cases used to assist in informing good practice

Achievements for 2011/12

- The Practice sub group for the Board, established in June 2011, began its work to promote practice development and learning from safeguarding cases. The group considered lessons from the Warwickshire Serious Case Review (Gemma Hayter) and made recommendations for action about multi-agency risk management for vulnerable people.
- The Board started a Serious Case Review (SCR) following the death of a homeless man to see if there are any changes needed in the way organisations work with vulnerable adults in the future, to make sure that they are protected. Moira Wilson, recently Director of Adult Social Services in Bradford, was appointed to chair the review panel and co-ordinate the process.

Priorities for 2012/13

- Acting on the findings of the local Serious Case Review, Winterbourne View and Mid Staffordshire Inquiry reports by promoting practice development and learning and publishing action plans in the Annual Report.

1.3 Outcome Three: Strategic Leadership

Aiming for good sound governance

Achievements for 2011/12

- An Independent chair, Jonathan Phillips, was appointed to the Safeguarding Adults Board in April 2012. Jonathan was previously Director of Adult Services at Calderdale Council and has also held senior management roles in Social Services Inspectorate and Commission for Social Care Inspection.
- Attendance at the Board and Local Safeguarding Adults Groups remained steady, despite changing organisational arrangements, with an average attendance of 69% and 70%. Issues raised by the groups in case discussions were included in the work plan of the Board. These issues included pressure care protocols, awareness of the Mental Capacity Act, feedback to alerters, promotion of safeguarding and work around vulnerable adults.
- The Board considered governance arrangements in the context of changes to NHS organisations and this will continue to be critical up to April 2013 when the Clinical Commissioning Groups are fully operational.

Priorities for 2012/13

- Ensuring that the governance arrangements of the Board respond to the NHS changes and that effective working relationships are established with new health partners. This includes receiving assurances from the Clinical Commissioning Groups about mitigating identified risks.
- Improving the way we understand and respond to quality and performance issues with an increased emphasis on outcomes
- Ensuring that connections and links are in place to maximise the multi-agency impact of safeguarding, including strengthening the accountability and integration arrangements at a countywide level through the Health and Wellbeing Board and at a local level through the Local Safeguarding Adults Groups.
- Ensuring that the scope and delivery of Local Safeguarding Adults Groups remain

critical to ensuring accountabilities and practitioner/integration arrangements at a local level.

1.4 Outcome Four: Strategic Leadership

Aiming for a louder voice for people who use services to inform development of safeguarding adults work

Achievements for 2011/12

- Initial evidence (from questionnaires issued to vulnerable adults, their families and carers) indicates that where people are involved in the safeguarding process they are satisfied with the process and that they are treated with respect during safeguarding investigations. This is an ongoing process.
- Using guidance from the Social Care Institute for Excellence as best practice, the Safeguarding Adults Board identified the building blocks already in place on involving vulnerable adults in safeguarding and developed a firmer action plan.
- From October 2011, in-house training for designated safeguarding managers included a strong emphasis on involving people at risk of harm or abuse in their own safeguarding process.
- A briefing note was issued to all the Local Safeguarding Adults Groups reminding them of the importance of involving people at all stages of safeguarding.

An example of where people have been involved in training is that two people with a learning disability in Supported Employment attended safeguarding alert training as delegates and gave their feedback to the trainer afterwards.

- Advocates are routinely involved in supporting people with safeguarding, including the use of Independent Mental Capacity Advocates where people lack capacity to make decisions about keeping themselves safe. During 2011/12 there were 35 IMCA referrals for adult protection. This compares with 48 in 2010/11 and 13 in 2009/10.

Priorities for 2012/13

- Promote the guide to safeguarding with vulnerable adults to encourage their understanding and involvement. Produce an easy read version of the guide.
- Continue to seek views from people about their experience of safeguarding and how they want to be involved and evidence their influence on safeguarding policy and practice. Promote user influence in safeguarding through all the partnership connections, particularly the Partnership Boards and Health and Wellbeing Board.
- Incorporate more user stories and experiences into communication and training delivery.

1.5 Outcome Five : Strategic Leadership

Aiming for all people in the community knowing what to do if they are concerned about adult abuse or neglect in the community

Achievements for 2011/12

- Evidence from the North Yorkshire County Council Citizens' Panel (Summer 2011) indicates that community awareness of safeguarding is positive with over two-thirds of respondents stating that if they suspected or were worried about abuse of a vulnerable person they would be able to contact both NYCC and/or 'the police'.
- A Communication and media plan was adopted, using the findings from the citizens survey (below), with support from key communication leads in each partner agency. This includes a bank of information, stories and key statistics which used in a variety of promotions and press releases.

Priorities for 2012/13

- Launching the North Yorkshire Safeguarding Adults Awareness Campaign, including posters, leaflets and a guide to safeguarding. Results from the North Yorkshire County Council Citizens' Panel will be used to help target this campaign, including using GP surgeries as a key place for communication.

North Yorkshire County Council Citizens' Panel: Summer Survey

In June 2011 all Panel members (2,124) were sent a copy of the Summer survey questionnaire with a response rate of 65%. 'Weightings' were applied so as to make the achieved sample more representative of the County.

The composition of the weighted sample was as follows;

- Just over half (54%) were female, and 46% were male.
- Just under one-in-five (18%) were aged 18 to 34 years, whilst 49% were 35 to 59 years, 20% were 60 to 74 years, and 13% were aged 75 years and over.
- The majority (97%) of the weighted sample were of 'White' ethnic backgrounds with 3% (23 respondents) were from 'visible ethnic minority' groups.
- Just over a fifth (21%) indicated that they themselves have a 'long-standing illness, disability or infirmity', and just under a quarter (24%) had children under the age of 18 years in the household.

In summary the results were as follows;

- Overall, 57% of respondents stated that they have had some form of contact with vulnerable adults. 30% had 'family/friends' who they considered to be vulnerable.
- Over two-thirds of respondents thought that if they suspected or were worried about abuse of a vulnerable person they would be able to contact both 'NYCC/Social Services' (70%) and/or 'the police' (67%). Fewer respondents would contact 'a GP or other health professional' (39%), 'talk to family/friend' (24%), 'contact a charity/volunteer organisation' (16%) or 'report it at the library' (1%).
- When asked what would stop respondents from reporting abuse, two-thirds of respondents (65%) said 'nothing – I would report abuse'. 23% were worried that they 'might be wrong', 17% said that they would be worried that they might 'make things worse' and 15% said that they were 'worried that person might think I was interfering'. Smaller numbers said that they were 'worried about what might happen to me or my family/friend' (8%), 'not sure who to contact' (7%), 'worried that nothing could be done about it' (7%), 'not sure if it is my responsibility' (5%), and 3% didn't 'know what would constitute abuse'. 5% were 'not sure' or failed to provide a response.

- In terms of methods for communicating information about adult abuse with respondents, the most popular of these were 'leaflets' (46%), 'local newspapers' (42%), 'TV (adverts/news items)' (34%), 'talking to a GP/health worker' (23%), 'posters' (21%), 'local radio' (19%) and 'talking to a social care worker' (18%).
- In terms of locations for communicating information about adult abuse with respondents, the most popular of these were 'GP surgery' (70%), 'public place' (39%), 'police station' (27%), 'Post Office' (27%), 'hospital/clinic' (22%) and 'Council office/customer service centre' (22%).

1.6 Local Safeguarding Adults Groups

The Local Safeguarding Adults Groups meet four times a year and aim to :

- Deliver the North Yorkshire Safeguarding Adults Board (NYSAB) Development Plan at a local level
- Promote and maintain effective inter-agency working and co-operation for safeguarding adults at a local level;
- Promote and co-ordinate good practice with relation to Safeguarding Adults at a local level.
- Monitor and quality assure local safeguarding adults practice
- Contribute to the development of policies and procedures of the NYSAB

During 2011/12 each of the groups worked to

- Promote implementation of training plans in statutory agencies.
- Identify issues for resolution by Board Implementation Group.
- Encourage reporting of alerts from partner agencies.
- Receive reports from partner agencies to encourage closer partnership working.
- Encourage a greater understanding of safeguarding practice through case examples and feedback from the Safeguarding Officers.
- Promote increased awareness of safeguarding in voluntary sector and housing
- Promote attendance from the key agencies according to guidance from the Board.

Attendance at Local Safeguarding Adults Groups

		% Target	Number Target	Number – Actual	% Actual
	Level of attendance at LSAG meetings	75%	204	180	66%
	Hambleton/Richmondshire		48	41	64%
	Harrogate/Craven		60	56	70%
	Scarborough/Whitby/Ryedale		51	52	76%
	Selby		45	31	52%

Attendance. The Board set an indicative target of 75% for attendance at the four LSAG meetings. Although the target wasn't met, the level of attendance was good at an average of 66%, considering all the organisational changes that took place during the year. Attendance at the Selby group was an outlier at 52%. It is believed that appointing to the vacancy for a dedicated Safeguarding Officer will benefit the group. Consideration will be

given as to whether to combine Selby with Hambleton /Richmondshire to reflect the Health and Adult Services management structure.

Key issues raised by LSAGs during 2011/12

These issues were raised following case discussions and practice discussions at meetings and in the practitioner workshops.

- Pressure ulcer and safeguarding protocol – now being taken forward by a task group of the Health Partnership Group
- Involving advocacy in the safeguarding process
- Awareness of the Mental Capacity Act remains a key priority for all agencies.
- Local practitioner workshops – clarity and development of models.
- Feedback given to alerters/referrers on the alert made – changes to the Alert Form
- Impact on the LSAGs of organisational restructure
- Promotion and awareness of safeguarding
- User Involvement in Safeguarding (Audit of SCIE guidance No 47)
- Approaches for multi-agency working where vulnerable adults do not meet the ‘No Secrets’ definition for safeguarding procedures.
- Local responses to the Practice sub group recommendations on the Gemma Hayter Serious Case Review

Priorities 2012/13

The Local Safeguarding Adults Groups will continue to deliver priorities of the North Yorkshire Safeguarding Adults Board (NYSAB) at a local level. This will include

- Implementing changes to practice and working relationships particularly in relation to Clinical Commissioning Groups, and how these changes fit in with safeguarding adults. Membership will be reviewed in the light of organisational changes.
- Developing a greater understanding of the interface between safeguarding and other processes, e.g. MARAC and MAPPA and sharing of information between agencies.
- Gaining a better understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Promoting practice development and learning at a local level, following from recommendations of the Board.

2.0 INDIVIDUAL PARTNER AGENCIES

2.1 North Yorkshire County Council – Health and Adult Services Achievements 2011/12

- Positive work with care providers to promote dignity and safeguarding. The Collective Care protocol has been well used to identify and respond to poor practice. This is guidance for commissioning staff to use when concerns are raised following individual or multiple safeguarding investigations, or following contract compliance visits about systemic issues within collective care settings that may amount to institutional abuse.
- Dignity Charter put in place telling people how they can be expected to be treated. Dignity Action Day in February emphasised the positive work being done to re-inforce dignity in care.
- Increased training schedules for Investigators and Designated Safeguarding Managers to meet the demands of an in-house restructure, with a rewrite of the course.
- Hosted the multi-agency Mental Capacity Act (MCA)/Deprivation of Liberty Safeguards (DoLS) Forum to encourage a greater professional awareness of key issues. Recent meetings have covered training, case law, safeguarding/DoLS triggers and an audit exercise on capacity and best interest assessments.
- Developed protocols for the Safeguarding team on the MAPPA and MARAC processes.
- Maintained the co-ordination and support of the Board, through the Safeguarding Team and the Safeguarding Adults Policy Officer. Resource levels for safeguarding have been sustained, including safeguarding officers, minute taking and funding of the Board.

Priorities 2012/13

- Respond to the Government's consultation and engagement process for the Care and Support White Paper and help our local communities to understand these national changes.
- Revise the Responder training programme course; the main changes being: strengthening Duty of Care, Whistleblowing and management responsibilities in relation to staff supervision. Introduce a new classroom session for HAS assessment team staff, 'Assisting with a Safeguarding Adults Investigation', from July 2012.
- Continue progress of the Mental Capacity Act Forum. Upcoming issues include transition planning and use of the court of protection, case law around DoLS in schools and home settings, health care decisions, and overlap between child and adult safeguarding. Take on the DOLS Administration function for the PCT from July 2012, and the DOLS Supervisory Body role from April 2013.
- The Safeguarding Team will continue to promote best practice in safeguarding within HAS and across the partnership, including the involvement of people in their own safeguarding and good decision making. A refresh of the operational guidance for staff will be completed.
- Work with North Yorkshire Police to develop closer co-ordination of decision-making following referrals about vulnerable people.
- Support the Independent Chair and provide the vice chair role to the Board.
- Respond to the government guidance on reporting for safeguarding activity from April 2013.

2.2 North Yorkshire County Council – Trading Standards and Planning Services Achievements 2011/12

A further survey of North Yorkshire residents in relation to Doorstep Crime was carried out in November 2011 through the Citizen's Panel. Historically, reporting levels for Doorstep Crime have always been very low, with only 14% of incidents being reported to either trading standards or the police. The Citizen's Panel results from November 2011 show that we have now managed to raise reporting rates to 28%. This is a major achievement, as there are many reasons why victims are unable or reluctant to report.

Improved investigational capabilities in trading standards have also had an impact on workloads in doorstep crime cases. For example, financial investigation tools under the Proceeds of Crime Act 2002 have given investigators the ability to identify further victims who have been targeted by offenders and by paid cheque. Other tools provide investigators with the ability to monitor real time activities of defendants. These tools enable a full picture of the defendant's offending to be presented to the courts, resulting in stronger cases, better convictions and longer sentences.

In addition to this, efforts by trading standards over the past three years have been shown to have successfully reduced the number of doorstep crimes in North Yorkshire by 14% in 2011/12 from the figures in 2006/07 – 2008/09.

Examples of successful prosecutions completed in the past year are as follows:

- **Operation Violet, July 2011** – prosecution of seven members of a gang who targeted elderly and vulnerable consumers for roofing and gardening work. Many repeat victims had been targeted over a number of months and paid out tens of thousands of pounds. The gang pleaded guilty to conspiracy to defraud and money laundering offences and were sentenced to a total of 25 years. They had targeted hundreds of victims in Thirsk, Northallerton, Harrogate and Knaresborough, all over the Yorkshire and Humber Region, in the East Midlands Region and elsewhere. A Proceeds of Crime Act case is ongoing to recover assets.
- **Terrence Burnside, July 2011** – prosecuted for fraud and trading standards offences and received a 12 month suspended prison sentence. He targeted elderly victims in Thirsk and Northallerton for roofing work. Again, a Proceeds of Crime Act case is ongoing to recover assets.
- **Julian Donoher, January 2012** – prosecuted for multiple fraud and money laundering offences. Received 3 years imprisonment for targeting the elderly for drainage work. Victims were found in Harrogate, Knaresborough, Selby, Skipton and throughout the Yorkshire and Humber and East Midlands regions. Again, a Proceeds of Crime Act case is ongoing to recover assets.
- **George Knowles, June 2012** – sentenced to 13 months imprisonment at Bradford Crown Court after cold-calling an elderly resident in the Skipton area and carrying out gardening work to trees at his property. last February. Knowles demanded immediate payment in cash and drove the elderly man to the bank. The next day Knowles returned to the property and demanded the remainder of the monies withdrawn. It became apparent during the investigation that Knowles had been sentenced to 15 months imprisonment for similar offending at Bradford Crown Court in September

2011. Having been released from prison on licence in December 2011, he remained on licence at the time of this offending in February 2012. As a result of being charged with these additional offences in March, Knowles was recalled to prison by the probation service, to serve the remainder of his original 15 month sentence. Knowles was also ordered to repay £600 by way of a confiscation order under the Proceeds of Crime Act to the victim.

- **Lee Boswell, May 2012** – A rogue roofer who preyed on an elderly man received a nine month suspended prison sentence was ordered to do 250 hours of community work and was ordered to pay £2,000 compensation to the victim by way of a Proceeds of Crime Act confiscation case. Boswell had cold-called a 78-year-old man in Pickering and carried out roofing work. A chartered surveyor who subsequently examined the roof stated that none of the work was necessary. Boswell, who demanded a total of £6,000 in payment for the work, refused to accept payment by cheque. As a result, the complainant had to visit his bank on three separate occasions in order to obtain the cash.
- **Robert Macintyre, July 2012** – successfully prosecuted his approach to a vulnerable resident in the Skipton area, attempting to undertake roofing work at her home. The victim in the case was elderly (76) and lived alone in an old terraced cottage after her husband's recent death. She was emotionally vulnerable and trusted MacIntyre's lies when he told her that he had previously undertaken work at her home. She was persuaded to contract for unnecessary roofing work at a cost of £2,800. The intervention of trading standards prevented the victim from losing this money. He received a fine of £1000.

The service has also now established over 400 No Cold Call Zones in the county, to try and prevent doorstep offenders from entering those areas.

Residents in zones have stated they feel more confident about turning away cold callers, that they feel safer and that the zones have reduced the number of cold callers that they receive. A new set of doorstep stickers introduced in May 2012 also creates potential offences for doorstep callers to call at addresses displaying the stickers repeatedly or to refuse to leave the property.

In addition, trading standards have pledged their support for the Yorkshire and Humber Regional Dementia Action Alliance, a group of stakeholders committed to improving the lives of people with dementia and their carers.

During Dementia Awareness Week, trading standards officers worked with the Alzheimer's Society in North Yorkshire, attending events organised for people with dementia and their carers, to raise awareness about the dangers of dealing with doorstep callers.

To help the work of the Alliance, trading standards have also donated £1,000 from monies recovered by them from convicted criminals, using powers under the Proceeds of Crime Act 2002.

2.3 Health Partnership Group Achievements 2011/12

During the year the Health Partnership Group (HPG) has:

- continued to maintain good representation from health provider services to share information, discuss and agree actions and developments in health organisations in order to promote the welfare of vulnerable adults in North Yorkshire & York.
- progressed the development of a commissioning policy that will be included in provider contracts in order that NHS Commissioning may satisfy itself, and give assurances to the Strategic Health Authority that adequate safeguarding adults processes are in place. The Policy will be monitored and reviewed via contract management meetings with providers of services who will provide annual reports, six monthly updates and exceptional reporting.
- considered and acted on Care Quality Commission Dignity and Nutrition Inspections, with an opportunity to use/develop a checklist to take a reactive response to potential problems regarding quality and risk.
- highlighted the expectation, regardless of resource implications and changes, that the Strategic Health Authority expects organisations to drive the agenda forward in relation to learning disabilities. This is following significant interest nationally in the support that Health and Social Care give to people with learning disabilities.
- shared good practice and highlighted training available, e.g., sharing of supervision policies for staff in Acute Wards, sharing dignity and nutrition check list, and promotion of the North Yorkshire County Council on-line and face-to-face learning.

Planned Priorities for 2012/13

- The production of guidelines in order to address the increase in inappropriate safeguarding alerts in relation to pressure ulcers.
- Ensure the Commissioning Policy is embedded in Provider contracts and monitoring carried out as agreed.
- Decision as to how the HPG will function within the new Clinical Commissioning Group (CCG) structures
- Maintain impetus for continued promotion of the welfare of vulnerable adults in North Yorkshire & York.
- Ensure a clear multi-agency approach to safeguarding is in place so that all commissioners and providers across health and social care within a locality understand how to respond to any safeguarding concerns that have been identified. (recommendation from the Winterbourne Review)

2.4 North Yorkshire Police

North Yorkshire Police (NYP) is committed to providing first class standards of service delivery to all individuals including other professionals, victims, witnesses and suspects when safeguarding vulnerable adults from abuse.

NYP recognises that key to the safeguarding of vulnerable adults is a partnership approach involving the police, local council, health services and voluntary organizations which all work together to ensure vulnerable people receive the support they need.

The priorities of NYP in responding to vulnerable adult abuse are as follows:

- to take positive action to protect vulnerable adults from abuse
- to work with partnership agencies to prevent, identify and investigate the treatment of abuse of vulnerable adults
- to take the lead in all criminal investigations involving the abuse of vulnerable adults
- to contribute to the safeguarding of vulnerable adults by timely and effective intervention
- to ensure equality of service provision and police response to all vulnerable adults within the remit of this procedure regardless of their race, gender, class, culture, disability, sexuality, age, or religion / belief

In the 2011/12 financial year NYP progress has included;

- Retaining “Protecting Vulnerable People” as a strategic priority. North Yorkshire Police is committed towards protecting those most vulnerable in society is a priority and as such appropriate focus in areas such as protecting individuals who do not have capacity to make decisions for themselves is highlighted and acted upon. This includes working with partners to ensure appropriate reporting channels exist and also that internal training and guidance is provided to all staff so as to recognise and address issues.
- Developing and rolling out the Vulnerability Risk Assessment (VRA). This assessment will ensure the appropriate resources are identified and mobilised to address vulnerability of individuals in a timely fashion and to offer them a quality service. This will include addressing ASB and Hate Crime incidents on a personal level and also to address “Hot Spot” areas.
- Improving data quality in respect of warning markers and flags. North Yorkshire Police recognises that there are those individuals who are either vulnerable by definition or those alternatively that offend against the vulnerable such as those that commit bogus official crimes. By the use of appropriate markers on police systems, individuals whether they are victims or offenders can be “tagged” so that when that person comes to the attention of the police or subsequently our partners, resources dispatched to deal with the incident can be made aware of the vulnerability that person poses or suffers.
- Delivering Problem Profiles on Missing Persons and Domestic Abuse allows the police and partners to focus adequate resources appropriately to tackle a problem rather than scrutinising what eventually was the outcome. Such focussed activity provides a quality service, provides appropriate protection of individuals and allows a multi agency approach to tackling and solving issues. The MARAC process is a good example of this process.
- Developed DVDs with self advocates to promote a better understanding with the police around hate crime. In recognition of the relatively low levels of reported Hate Crime incidents in North Yorkshire and York, the Force has agreed to support MENCAP by commitment to ‘Stand By Me’ campaign and an action plan is in place to progress ‘Stand By Me’ and EHRC recommendations.

NYP will continue its dedicated work with partners in the coming year and in particular prioritise efforts on

- Working together to problem solve those identified via the Vulnerability Risk Assessment (VRA) as requiring multi-agency support – as above, the most vulnerable in society require assistance to ensure that they have a good quality of life and as such a multi-agency approach is required with certain people to assure this is achieved. The sharing of agency information regarding vulnerable adults is key to ensuring the appropriate response is delivered to alleviate the problem encountered which in turn leads to customer satisfaction.
- Developing the Troubled Families agenda – it is recognised that many families are known to multi-agencies whether that be as problem causers or those that require assistance so as to improve their quality of life. Having a multi-agency response to these families' issues, with clear agency priorities that are held to account by a chair who provides the necessary scrutiny is key.
- Information sharing to enhance the scope of future Problem Profiles. Intelligence is the life blood of any agency but it is recognised that to have a full clear picture of events that can be meaningfully evaluated, that information has to be shared between agencies so that a cohesive plan can be implemented to eradicate the problem encountered.

2.5 York and North Yorkshire Probation Trust

York and North Yorkshire Probation Trust (YNYPT) has been represented on the NYSAB since 2009 and has made significant improvements to safeguarding policy, process and practice since that time.

- Since 2010, all staff in YNYPT have had access to an electronic process map for safeguarding adults, which links directly to relevant guidance on both the York and the North Yorkshire Safeguarding Boards' websites. This process map is now underpinned by a YNYPT Safeguarding Adults Policy, which is informed by the multi-agency policy and procedures of our local safeguarding boards and was agreed by our Board in December 2011.
- All operational staff have been required to complete an e-learning training package on Safeguarding Adults and figures indicate that more than 90% staff have now been trained.
- In January 2012 we introduced a new code, to be used on our electronic case records, whenever a referral to Adult Social Care is made. This will enable us to gather accurate information about the volume and nature of adult safeguarding concerns in our caseload.
- The Public Protection and MAPPA unit have undertaken workshop/briefing events in 2011/12 to staff from Adult Social Care. We have continued to strengthen our MAPPA relationships with Adult Services during 2011/12, to improve our focus in relation to risk and vulnerable adults. Representatives from safeguarding adults have been invited to the joint MAPPA Unit Business Meetings.

Priorities for York & North Yorkshire Probation Trust

- Safeguarding remains a key priority for YNYPT and our managers in terms of our potential to support, contribute to, and influence, this important agenda, and the Trust will ensure that this continues to be a key focus of strategic planning and resource allocation.

- We wish to ensure that our safeguarding policy, process and practice have been fully embedded and are consistently applied by all staff. To support this, we have agreed with the North Yorkshire Safeguarding Adults Board that reciprocal training will be delivered to managers this year, on MAPPA for the safeguarding teams and on safeguarding awareness for YNYPT managers.
- Safeguarding is integral to our Quality Management Framework and an annual audit is undertaken to monitor and review practice and performance. In the coming year this will relate to safeguarding adults as well as children.

2.6 North Yorkshire District Councils

During 2011/2012 the District Council Safeguarding Liaison Group has:

- Provided a networking opportunity for District Council safeguarding leads focusing on the role and responsibilities of District Councils with regard to Safeguarding of Children and Vulnerable Adults.
- Covered topics on adult safeguarding relevant to District Councils including
 - Training - the District Council representative on the Training sub group helped to develop more appropriate case studies for alerter training and increase awareness about the need for training of leisure staff.
 - Taxi licensing/training for licensees
 - Welfare Reform
 - Data security
 - Links with community safety

District Councils have

- adopted policies and procedures that complement the multi-agency safeguarding adults policy and procedure.
- adopted training plans in relation to adult safeguarding to increase awareness around safeguarding adults and worked towards ensuring that training targets are met.
- provided a District Council and Community Safety perspective on Local Safeguarding Adults Groups.

Priorities for 2012/13 - The District Council Safeguarding Liaison Group will

- Develop Terms of Reference for the group to include developing the function of the group to include providing a mechanism for influencing and supporting the delivery of North Yorkshire Adult and Childrens Safeguarding Boards' strategies, policies and procedures in relation to Safeguarding.
- Provide a District Council perspective to the practice sub group work on the Gemma Hayter Serious Case Review and Self Neglect.
- Ensure that the Safeguarding Adults Board considers the risks for safeguarding from the changes to Welfare Reform

District Councils will

- Continue to deliver appropriate training and keep their staff informed of changes and developments in relation to safeguarding
- Lead a workshop session at the Safeguarding Adults Conference looking at District Council issues in relation to safeguarding adults.
- Respond to any relevant recommendations from the North Yorkshire Safeguarding Adults Serious Case Review

2.7 North Yorkshire Fire and Rescue Service

During 2011/2012

- A safeguarding team has been established who deliver a range of referral schemes for young and vulnerable members of the community, ensuring they are aware of information about the risk of fire and make recommendations if needed to ensure safety
- Training has been developed for all members of staff in relation to children and adult safeguarding to increase awareness
- Staff resources have been developed for those who deal with vulnerable adults
- Awareness of Safeguarding at North Yorkshire Fire and Rescue Service has been developed and is on-going
- A single point of contact referral scheme has been developed and is being rolled out across the county for referrals into the fire service

Priorities for 2012/13, the NYFRS will

- Continue to support vulnerable persons across the county
- Ensure our policies and procedure are consistent and accessible to all
- Ensure we are in line with changing legislation in relation to safeguarding
- Develop our training in respect of the prevention agenda
- Continue to keep our staff informed of changes and develops in relation to safeguarding

2.8 Independent Care Group

The Independent Care Group (ICG) attends the Safeguarding Board and raises issues on behalf of members.

During 2011/12 the ICG has

- Promoted the free safeguarding training run by the County Council and free e-learning training available on-line, and is a member of the North Yorkshire and York Safeguarding Training Group.
- Worked with the Safeguarding Adults Board to monitor activity and encourage providers to make sure their staff are trained to the appropriate level. ICG recommends managers to attend Training the Safeguarding L1 Alerter Champions courses run by the Council
- Held a training event on Defensible Documentation which was very well attended also a workshop on this at our Conference
- Kept members up to date with changes from vetting and barring to disclosure
- Let providers know about the North Yorkshire Multi Agency Policy and Procedures
- Sent out Trading Standards alerts which concern vulnerable people.

During 2012/2013 the ICG will

- Work with the Council on its Safeguarding Conference planned for November.
- Disseminate information on the new definition of regulated activity, the repeal of controlled activity, and the repeal of registration and continuous monitoring which will go live in September.

2.9 North Yorkshire and York Forum (NYF)

During 2011/12

- Joint work to promote awareness of safeguarding issues within the voluntary, community and social enterprise sector has continued.
- Safeguarding training has been promoted through North Yorkshire and York Forum's email networks, Forum Focus magazine and training programme information, backed up by website information on safeguarding during the year. This includes the opportunity to download the model safeguarding policy and procedures for voluntary and community sector organisations.
- A workshop in Malton was held during the year to support voluntary organizations to adopt the model policy and procedures. This was co-ordinated by the Forum in conjunction with the Safeguarding Team. 20 organisations attended the meeting.
- North Yorkshire and York Forum provides monthly training sessions on use of its Disclosure Service, which includes discussion of safeguarding issues and is a requirement for new organizations accessing the Disclosure Service. Those who register with the service have access to training and information to ensure that they keep up to date with developments and good practice. 8 training courses were delivered to 39 new authorised signatories from 29 organisations, 12 of which were new organisations.
- The Service provided up to date information regarding legislative requirements, the role of the Independent Safeguarding Authority, the review and re-model of the Vetting and Barring Scheme and interim arrangements.

Planned Priorities for 2012/13

- Review the recording and monitoring of training provision for safeguarding in not for profit organisations
- Develop a virtual group of safeguarding champions
- Review voluntary sector representation on Local Safeguarding Adults Groups
- Develop a standard for organisations for safeguarding for both adult and children safeguarding
- Hold workshops to inform organisations of the changes to CRB processes and the impact of the Freedoms Act
- Develop safeguarding training in respect of the prevent agenda for prevention of grooming for terrorism.
- Provision of route 2 checking service for CRB checks.

3.0 Safeguarding in Practice: Dorothy's story

Dorothy is 70 and lives in a residential care home. Dorothy has agreed for her daughter to manage her finances on her behalf and to bring money in each week for her personal expenses. Dorothy has fluctuating mental capacity regarding managing her finances.

The manager noticed that Dorothy's daughter stopped bringing in money so that Dorothy could no longer buy personal items or get her hair cut. The daughter was noticed driving a new car and heard telling a resident that she was getting new carpets.

A safeguarding alert was made to NYCC about possible financial abuse. A strategy meeting was then held with the manager of the home, an independent mental capacity advocate (IMCA) to represent Dorothy, social care, police, community mental health team and a safeguarding officer.

The police started a criminal investigation when it was discovered that £10,000 had been taken from Dorothy's bank account. Dorothy agreed that the Local Authority could act as Appointee for her benefits to be received. With Dorothy's consent her bank account was closed and a new one opened without a cash card.

Dorothy still wanted to see her daughter so a new support plan was agreed with the home, to make sure that there was enough support when her daughter visited.

The criminal investigation could not be taken further because there was insufficient evidence.

4.0 SAFEGUARDING ACTIVITY IN 2011/12 – Headlines

(for further detail refer to Appendix Two)

What does the data tell us about safeguarding in North Yorkshire?

The level of safeguarding addressed under the safeguarding procedures remains at a high level; with safeguarding alerts increasing by only 11% since 2010/11 with the proportion from key partners (health, police, housing and CQC) remaining high (32%).

- NASCIS(1) comments that “a significant percentage of referrals from police/housing and from health staff may indicate good partnership working”
- This clearly demonstrates the success of the ongoing training and awareness programme promoted by the Safeguarding Adults Board since 2008 and evidenced in partner agencies procedures and training plans (Ref 2.0), particularly for registered care providers.
- Trends: In common with a number of other local authorities, alerts have increased year on year although the rate now beginning to stabilise, which may indicate that preventative safeguarding is now becoming more effective.
- In nearly a third of alerts (32%) a decision was made to progress to further action under safeguarding procedures. This is a change from 48% in 2010/11 and brings North Yorkshire more in line with national/regional trends.
- NASCIS comments that ‘A large difference between the number of alerts and referrals may indicate a good awareness of safeguarding procedures but it may also indicate issues with safeguarding thresholds’.

The pattern of safeguarding activity in North Yorkshire continues to reflect the profile of vulnerable people who receive health and social care support, that is a larger proportion of older people living at home or in residential or nursing settings, increasingly people aged 85 and over (Ref JSNA). These show in the following

- Most alerts still come from residential staff with very few from self, family, neighbours and friends.
- Nearly all referrals continue to relate to incidents in residential or nursing care which account for 49%, with 38% relating to incidents in a person’s own home.
- Most alerts continue to be for older people, with a third for people aged 85 and over. This is higher than the England average and reflects the higher than average population aged 85 and over in North Yorkshire. This is matched by a lower than average level for people aged 18 to 64. (Ref 4:14).

In many ways, the pattern of safeguarding activity in North Yorkshire shows similarities to the England average .(Ref: 4:14)

- The rate of referrals per 10,000 people aged 18 and over was 21 (England 23).
- Most referrals continue to involve allegations of physical abuse (23%) or neglect (22%).

- Referrals for younger people (18-64) are mainly for people with Learning Disability.
- A high proportion of completed referrals (80%). This is positive as a comparatively low level may indicate that there are difficulties in decision making or hold-ups in the process to complete referrals.
- In over a third of referrals, abuse is found to be substantiated.
- For the alleged victims the most common outcomes are no further action under safeguarding (35%) or continued monitoring (34%)
- For the alleged perpetrator the most common outcome is no further action (35%) or continued monitoring (16%). In 12% of cases there was disciplinary action, referral to a registration body or to the ISA.

Where North Yorkshire data is shown to differ markedly from the England average for 2010/11 (and 2011/12 when published), the Board will carry out further analysis, with a view to determining whether the differences are significant and exploring possible reasons for the differences. These are;

- Fewer referrals for younger adults and more referrals for people aged 85 and over.
- Fewer referrals for people with physical disability and more for people with mental health problems.
- More repeat referrals. Repeat referrals is an in-year count of repeats about the same vulnerable adult during the current collection period. NASCI comment that A high figure may indicate that safeguarding measures previously put in place are not working. However this has not proved to be a very robust indicator nationally as there are such wide variations and will not be collected from April 2013.
- Fewer referrals from self, family and friends. This may be an indication that safeguarding awareness could be better in the community and that routes for reporting concerns are not known.
- More cases where the alleged perpetrator was from social care or health staff (Includes residential and nursing)

Actions for improvement

1. Continue to encourage alerting, while at the same time working with providers and decision makers to determine whether appropriate alerts are being made and whether alerts are progressing appropriately into safeguarding procedures.
2. Encourage more alerts from self, family, friends, and neighbours – this will be a key driver for the media campaign.
3. Improve understanding of variations in trends and explore potential for more preventative work.

Ref: ¹ Data available at <https://nascis.ic.nhs.uk>. See also Abuse of Vulnerable Adults in England 2010-11: Experimental Statistics Final Report. Available at <http://www.ic.nhs.uk>

5.0 SAFEGUARDING LEARNING AND DEVELOPMENT FOR 2011-12

5.1 Training Delivery

Training delivered by HAS Workforce Development Unit

Course Title	Courses delivered	Max no. Places	Actual Attendance 2011/12			2011/12 % Capacity	2010/11 figures
			External	NYCC	Total		
Alerter Level 1	110	1760	904	283	1187	67%	1320
Alerter Champions	7	112	70	0	70	63%	91
Responder Level 2	24	372	175	64	239	64%	347
Investigator Level 3	8	96	14	75	89	93%	69
Chairing Level 4	6	72	5	48	53	74%	28
Minute Taking	3	36	0	32	32	89%	39
Champions Cascade Alerter	n/a	n/a	1513	n/a	1741	n/a	1421
Level 2 Cascade	n/a	n/a	32	n/a	32	n/a	62

Summary

Total trained to Alerter Level 2011/12	2928	equivalent period 10/11	2741
Total trained for all courses 2011/12	3416	equivalent period 10/11	3356
Overall % attendance on courses 2011/12	75%		
Total Alerter elearning 2011/12	2396	equivalent period 10/11	2370

Overall attendance on Safeguarding Alerter training has been maintained, there is a reduction on the number of delegates attending the alerter classroom training, however the amount of training delivered via the Alerter Cascade method has increased. There is also a small increase in alerter elearning. The Alerter training programme was formally evaluated during 2011/12 and was found to meet the safeguarding competencies and course objectives.

Responder training figures are reducing; this could be due to a smaller turnover of managers in the sector. The Responder training programme was formally evaluated during 2011/12 and was found to meet the safeguarding competencies and course objectives. This course is being revised for 12/13, the main changes being: strengthening Duty of Care, Whistleblowing and management responsibilities in relation to staff supervision.

Performance targets

Target for 2011/12	Outcome
All statutory agencies to have a training plan in place	All of the 22 agencies had a plan in place (100%)
All statutory organisations to train 95% of relevant staff to at least Level 1: Alerter by 2013 (year 3 of 3)	At June 2012, seven agencies reported that they had fully achieved this target (32%)
All statutory organisations to train 64% of relevant staff to at least Level 1: Alerter by 2013. (year 2 of 3)	At June 2012, a total of 14 agencies reported that they had reached this target (70%) and are on track to reach the 95% target in year 3. Others have basic awareness training in place.

5.2 The Multi-agency Training Sub Group: Achievements for 2011/12

This is chaired by the Health and Adult Services Workforce Development Unit, and brings together all the training managers from the statutory organisations, for example, Health representatives, Fire and Rescue, Police and District Councils and also representation from the Private and Voluntary Sector.

During the year, the group has

- Reconfigured the terms of reference during 2011 and now meets twice per year with City of York Council, with an additional two meetings per annum being NYCC and partners only.
- Ensured delivery of the Safeguarding Adults Board Implementation Group (BIG) performance targets (see above). In addition the NYCC-only meeting contributed to feedback to the multi-agency alerter form and had development inputs from the Safeguarding team to ensure those delivering the training are fully conversant with best practice.
- Agreed to promote the Mental Capacity Act and Deprivation of Liberty Safeguard training strategy and monitor statutory organisation progress towards the training of staff to relevant competencies. A full multi agency training programme is in place for MCA Basic Awareness, Deprivation of Liberty Safeguards for Managing Authorities, MCA Complex decision making workshops, and Best Interest Assessor training.
- Hosted an Independent Safeguarding Authority workshop in December 2011, with 60 different organisations attending this session. A further conference, with Dignity and Respect being the overarching theme, is planned for November 2012.
- Developed a basic awareness checklist, for managers of volunteers, in conjunction with the voluntary sector representative to be used alongside the Keeping People Safe booklet as a basic introduction to safeguarding adults. This is available via the NYCC Safeguarding Adults website.

5.3 Training Available

The Investigator training schedule was increased for 2011/12 to accommodate a restructure within Health and Adult Services. This course continues to be co-delivered by HAS Workforce Development Unit trainer and the Police, delegate feedback from this course is very positive.

Similarly the Chairing and the Role of the Designated Safeguarding Manager schedule was increased to meet the demands of an in-house restructure. This course was completely rewritten during 2011/12 and is now a 2-day session.

Investigator and 'Chairing' training is available to Health partners when capacity permits. HAS Workforce Development Unit has also delivered a small number of Responder/Referrer training to health partners on request.

Safeguarding Minute taking training is now business as usual and sufficient courses are scheduled to meet organisational turnover.

In summary, there is a variety of core safeguarding adults training programmes available:

- Basic awareness (delivered by the Safeguarding Officers)
- Alerter – face to face
- Alerter – e- learning using a KWANGO package
- Alerter Champions – 'Train the Trainer' Alerter course
- Referrer/Responder
- Assisting with a Safeguarding Adults Investigation – new for 2012/13
- Investigator
- Chairing and the Role of the Designated Safeguarding Manager
- Minute taking

5.4 Priorities for 2012 – 13

- Introduction of a new classroom session for HAS assessment team staff, 'Assisting with a Safeguarding Adults Investigation', commencing in July 2012.
- Revisiting the Level 2 Responder/Referrer training content to strengthen links to CQC Essential Standards and the line management and supervision of staff within this role.
- Delivery of alerter refresher sessions for all HAS in-house regulated provider staff, Alerter Plus, which will focus on Whistleblowing, Duty of Care and recap on definitions and signs and symptoms of abuse.
- Incorporating a small section around Hate crime and Domestic Abuse within Alerter training in response to the Gemma Hayter serious case review.
- Continue to maintain the knowledge and skills of a growing number of Alerter Champions by delivering a refresher session, which will be available to all Champions.
- Contribute to the Safeguarding Board Practice Sub Group User Involvement action plan by incorporating more user stories and experiences into training delivery.

APPENDIX 1

NORTH YORKSHIRE SAFEGUARDING ADULTS BOARD
MEMBERSHIP & ATTENDANCE 2011/12

Organisation	Designation	July 2011	October 2011	January 2012	April 2012	Attendance by nominated representative (with deputy)
	KEY: ✓ = Present D = Deputy attended A = Absent					
North Yorkshire County Council, Health and Adult Services *Executive Member (NYCC) is regularly briefed and attends meetings when commitments allow.	Corporate Director *	✓	✓	D	✓	75% (100%)
	Assistant Director Operations	✓	✓	✓	✓	100%
	Workforce Development Advisor	A	✓	✓	✓	75%
	Safeguarding Adults Policy Officer	✓	✓	✓	✓	100%
	Safeguarding Adults Manager	✓	✓	✓	A	75%
North Yorkshire County Council, Trading Standards	Head of Fraud and Financial Investigations Unit	D	✓	✓	✓	75% (100%)
North Yorkshire County Council, Children's Social Care	Head of Safeguarding	D	A	A	✓	25% (50%)
North Yorkshire Safeguarding Children Board	Safeguarding Children Board Manager	A	✓	✓	A	50%
North Yorkshire Police	Assistant Chief Constable & DCI Protection of Vulnerable Persons Unit	A	D	✓	D	25 % (75%)
NHS North Yorkshire and York (also represents the Yorkshire Ambulance Service under a MOA)	Director of Nursing and MCA/DOL Lead & Interim Operational Safeguarding Adults Lead , Vulnerable People Commissioning Team	✓	✓	✓	✓	100%
NHS North Yorkshire and York Community and Mental Health Services	Associate Director Mental Health (Community Services transferred to the Foundation Trusts from 1 April 2011. Mental Health Services for Hambleton and Richmondshire transferred to TEWV from June 2011, and for Selby, York, Easingwold and Tadcaster to Leeds and York Partnership NHS FT from 1 Feb 2012)	D	D	A	N/A	0% (67%)
Tees Esk and Wear Valleys NHS Foundation Trust (TEWV)	Director of Operations (North Yorkshire)	D	A	✓	D	25 % (75%)
South Tees Hospitals NHS	Assistant Director of Nursing	✓	A	✓	✓	75%

Organisation	Designation	July 2011	October 2011	January 2012	April 2012	Attendance by nominated representative (with deputy)
	KEY: ✓ = Present D = Deputy attended A = Absent					
Foundation Trust						
Harrogate District Foundation Trust	Chief Nurse	D	D	D	D	0% (100%)
York Teaching Hospital NHS Foundation Trust	Assistant Chief Nurse and Lead for Safeguarding, MCA and DOLS (represents Scarborough and North East Yorkshire Healthcare NHS Trust)	✓	✓	✓	A	75%
Bradford District Care Trust	Director of Operations and Nursing	A	A	A	D	0% (25%)
Airedale NHS Foundation Trust	Assistant Director of Patient Safety	A	✓	✓	✓	75%
District Councils/ Housing	Head of Housing, Harrogate Borough Council (represents 7 District Councils)	A	✓	✓	✓	75%
North Yorkshire Fire and Rescue	Group Manager/Equality and Safeguarding Officer	D	A	✓	✓	50% (75%)
Supporting People	Strategic Commissioning Manager, Supporting People	A	A	A	A	0%
Independent Care Group	Chief Executive and Chair	A	✓	✓	✓	75%
North Yorkshire and York Forum	Chief Officer	A	A	A	D	0% (25%)
Overall Board		32% (59%)	55% (68%)	68% (77%)	57% (81%)	
Crown Prosecution Service		These organisations receive papers and contribute on relevant items.				
Yorkshire Ambulance Service						
Strategic Health Authority						

APPENDIX 2

SAFEGUARDING ACTIVITY IN 2011/12

4.1 Introduction

There has been a slight increase in the rate of alerts compared to 2010/11, with alerts going up by 11% overall and alerts from partners going up by 32%. (AVA national data for 2010/11 for comparator authorities indicates that NY is in the top quartile for alerts among comparator authorities). The rate of referrals per 10,000 people aged 18 and over was 21 (compared to 23 for England – Ref 4.14).

Trends: In common with a number of other local authorities, alerts have increased year on year indicating increased awareness, although the rate now beginning to stabilise, which may indicate that preventative safeguarding is becoming more effective.

	Number of alerts	% increase
2008/9	383	
2009/10	1062	177%
2010/11	2065	94%
2011/12	2285	11%

There has been a significant change in pattern of the proportion of safeguarding alerts that progress to referrals from 2010/11 at 32% (compared to 48%). This brings North Yorkshire more in line with national and regional trends. (AVA national data for 2010/11 for comparator authorities indicates a median of approximately 30%).

- NASCIS (1) comments that ‘A large difference between the number of alerts and referrals may indicate a good awareness of safeguarding procedures but it may also indicate issues with safeguarding thresholds’.

This clearly demonstrates the success of the ongoing awareness programme promoted by the Safeguarding Adults Board, particularly with partner agencies of health, housing and the police.

Performance targets

Target for 2011/12	Outcome
Maintain the current level in number of safeguarding alerts (+ or – 10%)	This target was met with an increase of 11%.
Maintain the current level in number of alerts from MAPP partners (Health, Care Quality Commission, Criminal Justice and Housing) (+ or – 10%)	This target was exceeded with an increase of 32%. This represents a positive trend towards greater partnership awareness of the importance of raising safeguarding alerts.

Thresholds. 30% to 40% of alerts progress to referral (that is action taken under the safeguarding procedures) (range taken from Benchmarking done against comparator authorities in the AVA national data collection (10/11))	32% alerts progressed to referral (this is within the target range).
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4.2 Data Collection

Data on safeguarding adults 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.

Since October 2009, national requirements in data collection have been in place 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.

From April 2013 it has been announced that new requirements will be in force following the Zero Based Review carried out by the Information Centre on behalf of the government.

The general trend is towards a decrease in the amount of data that needs to be submitted nationally, there is still scope for each Safeguarding Adults Board to determine local arrangements. There is an increased emphasis on outcomes and satisfaction reporting which will necessitate the introduction of new systems.

ALERTS

4.3 Number of alerts

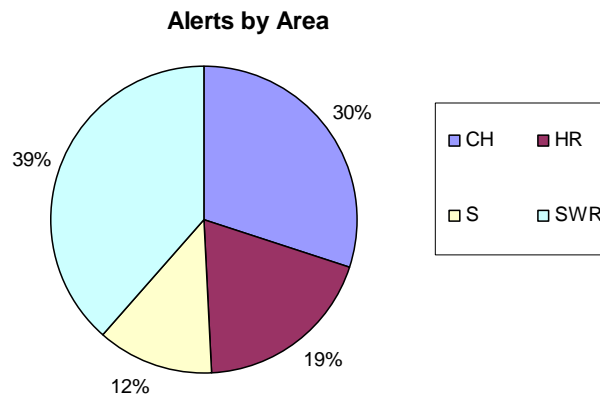
There has been a slight increase in the rate of alerts compared to 2010/11, with alerts going up by 11% overall. (AVA national data for 2010/11 for comparator authorities indicates that NY is in the top quartile for alerts among comparator authorities) with 2285 alerts reported during 2011/12 compared with 2065 alerts reported during 2010/11, 1062 in 2009/10, 383 in 2008/9 and 298 in 2007/8.

There has been a change in pattern of the proportion of safeguarding alerts that progress to referrals from 2010/11 at 32% (compared to 48% in 2010/11). (AVA national data for 2010/11 for comparator authorities indicates a median of approximately 30%).

Of the 2285 alerts made, just under third (730) that is 32% progressed to a safeguarding referral when there was a strategy discussion or meeting.

The number of alerts varies across the county, from 243 in Selby (S), to 549 in Hambleton/Richmondshire (HR), 674 in Craven/Harrogate (CH) and 812 in Scarborough/Whitby/Ryedale (SWR). However, this does not represent a significant variation.

Fig 1: Total number of alerts by Area



4.4 Alerts by Service User Group

The majority of alerts involve people who have dementia (28%) who are frail or have temporary illness (20%) learning disability (19%) or physical disability (12%). This is a very similar pattern of distribution to previous years.

The majority are older people aged 65 and over (67%) with a large proportion of people aged 75 and over (55%) and 85 and over (32%).

For younger adults (aged 18 to 64) the majority of alerts concern people with learning disability) (18%) with very few relating to people with physical or sensory impairment (6%) or Adult Mental Health (5%).

Fig 2: Alerts by Service User Group

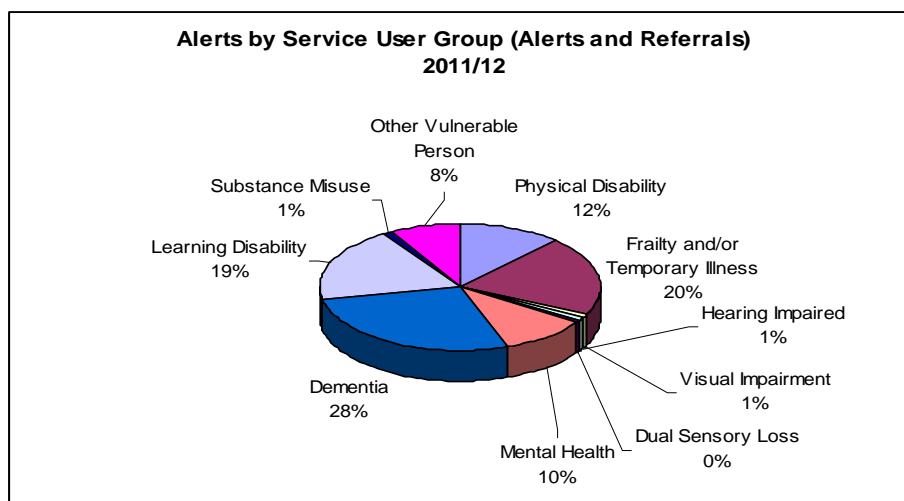


Table 1: Alerts by Service User Group

	Percentage
Older people (aged 65 to 74)	12%
Older people (aged 75 to 84)	24%
Older people (aged 85 and over)	31%
Learning disabilities (aged 18-64)	18%
Physical/sensory disability (aged 18-64)	6%
Adult mental health (aged 18-64)	5%
Other (aged 18-64)	4%

4.5 Gender and Ethnicity

Consistent with the national picture, there are many more referrals for women than for men, with 65% of referrals concerning women.

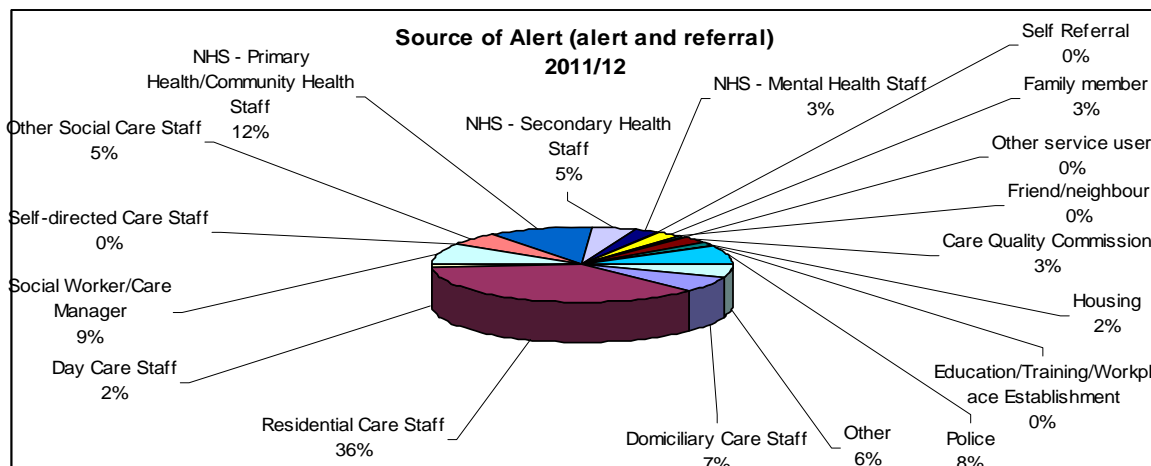
The figures show that 98% referrals relate to people with White British and other white backgrounds, with the remaining 2% relating to other ethnic origin. This is a similar pattern to general referrals to Health and Adult Services (NYCC).

4.6 Source of Alerts

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

- Residential care staff (36%), domiciliary care staff (7%) and day care staff (2%)
- Social care staff (14%).
- Safeguarding partners (MAPP) (32%),
- Family, neighbours and friends (3%)

Fig 3: Source of Alert (alerts & referrals)

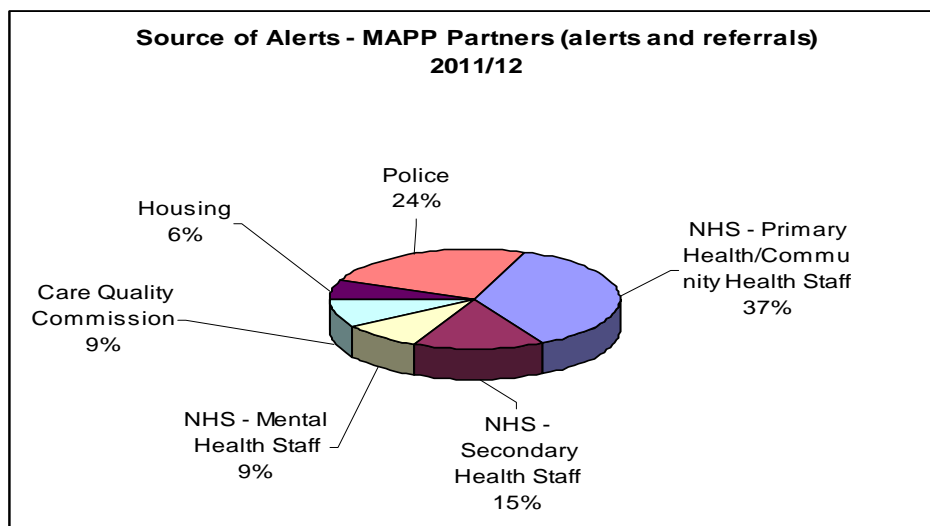


Alerts from MAPP partners have increased by 27% since 10/11 – from 563 to 716 and represent 32% of all alerts. Of these, the majority are from NHS (59%) and police (24%).

This represents a positive trend towards greater awareness of the importance of raising safeguarding alerts from within the police and the NHS.

- NASCIS(1) comments that “a significant percentage of referrals from police/housing and from health staff may indicate good partnership working”

Fig 4: Source of Alerts – MAPP Partners (alerts & referrals)

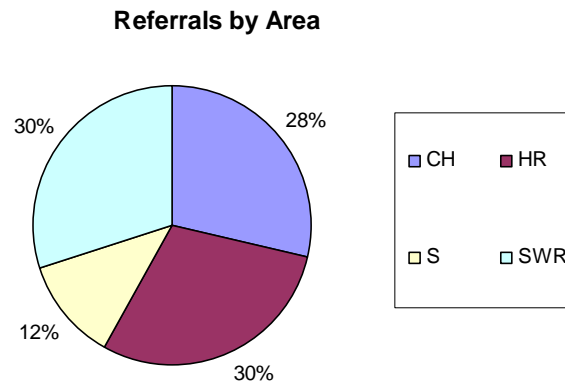


REFERRALS

4.7 Number of referrals

The number of referrals varies across the county, from 86 in Selby (S), to 208 in Craven/Harrogate (CH), 220 in Scarborough/Whitby/Ryedale (SWR) and 216 in Hambleton/Richmondshire (HR). This variation is explained by the difference in the % of alerts that progress to referral, from 34% in Selby (S), to 31% in Craven/Harrogate (CH), 27% in Scarborough/Whitby/Ryedale (SWR) and 40% in Hambleton/Richmondshire (HR).

Fig 5: Total number of Referrals by Area

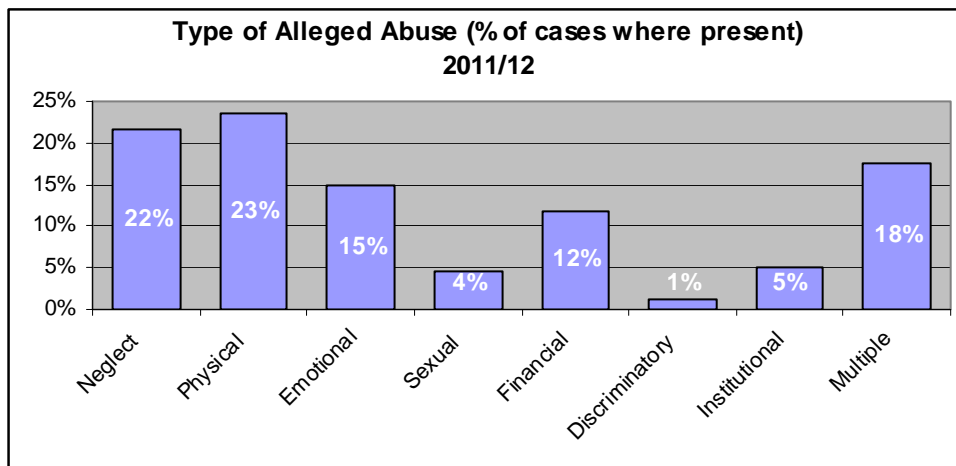


4.8 Types of Abuse

Of all the referrals, the majority involve allegations of physical abuse (23%) or neglect (22%) and financial abuse (12%). A high proportion involves allegations of more than one type of abuse (18%).

This is very similar to the pattern for England and has remained stable for North Yorkshire since 2009/10.

Fig 6: Types of abuse



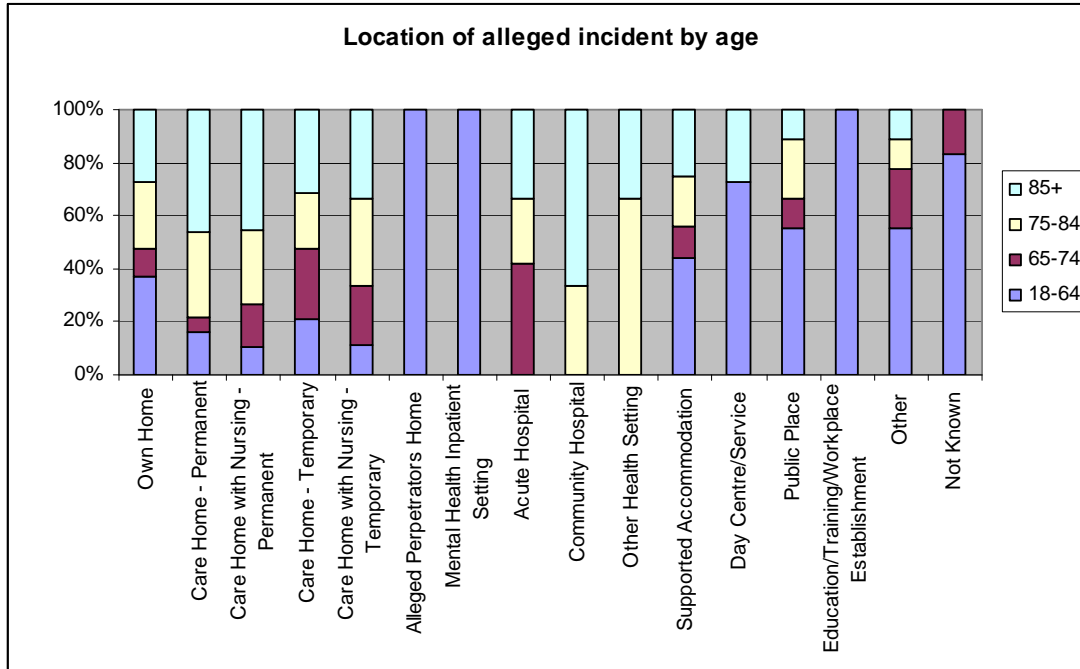
4.9 Location of Alleged Incidents

Nearly all referrals in 2011/12 were related to incidents at home or in residential or nursing care. Incidents in a person’s own home accounted for 38% of all referrals, with 49% in residential or nursing care. Others include health settings (3%) and supported accommodation (2%). Together these account for over 90% of all referrals.

Fig 7 shows the location of alleged incident by age and indicates that the majority of concerns in acute hospitals, care homes and community hospitals involve older people, particularly those aged 85 and over. All the concerns in alleged perpetrators own home, mental health inpatient settings and education, training and workplace involve younger

adults (aged 18 to 64). Locations where there is a more even distribution of younger and older adults include public places, own home and supported accommodation.

Fig 7: Location of alleged incident by age



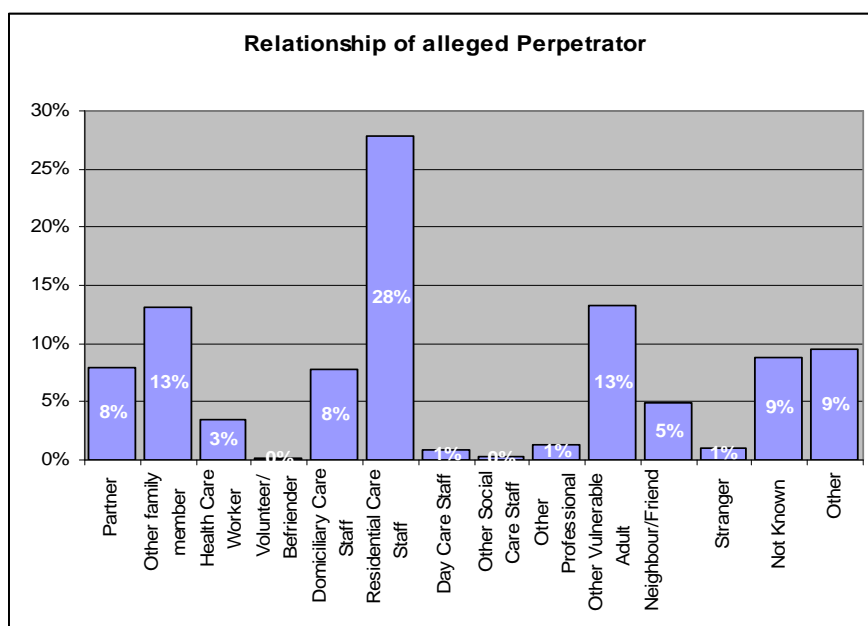
4.10 The Form Of Relationship Between the Alleged Victim and Perpetrator

The largest single group involves alleged abuse from residential care staff (28%). This reflects a number of referrals during the year in collective settings. Other staff make up another 13%. (Domiciliary (8%), day care (1%), health care (3%) and other professional (1%))

Other substantial groups involve alleged abuse by other family members (13%), other vulnerable adults (13%) partner (8%) and stranger (1%).

Nearly a fifth of referrals involve situations where the alleged perpetrator is ‘not known’ or ‘other’ (18%). These will include situations where there is risk to the vulnerable adult but no specified perpetrator.

Fig 8: Relationship of Alleged Perpetrator



COMPLETED REFERRALS

4.11 Outcomes for completed referrals (Investigations)

- In the majority of cases, outcomes relating to safeguarding will be in addition to a community care assessment to determine other support needs.
- Of the total number of referrals during 2011/12 – 81% were completed during the year.
- Of the total number of completed referrals during 2011/12 – 38% were substantiated or partly substantiated, while 43% were not substantiated and 19% were not determined or inconclusive.

4.12 Outcomes for the vulnerable adult

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

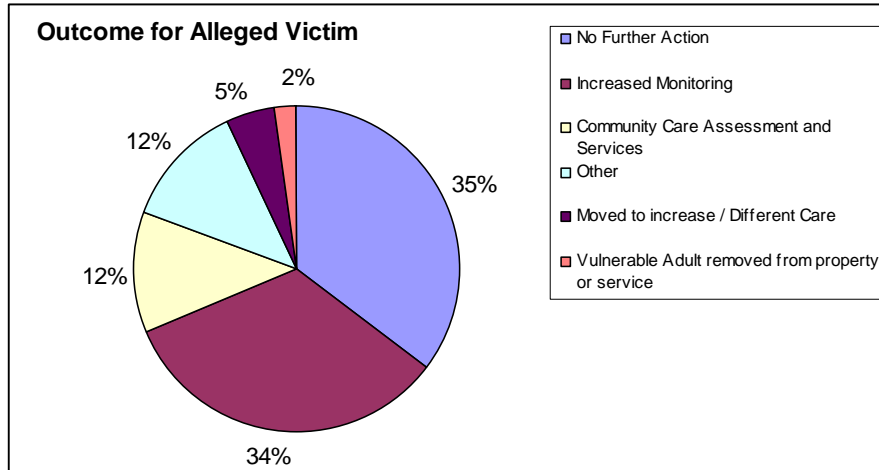
- Cases where no further action is judged necessary.
- Those where work is carried out to ensure a person's safety by supporting them to move to a different environment.
- Those where other action is taken to safeguard the individual, such as an increase in services or active monitoring of circumstances.

In a third of cases (35%), no further action was taken after investigation. Where action was taken, the most common activities were:

- Increased monitoring – 34%
- Arranging a community care assessment or some form of review – 12%.
- An increase in services/different care – 5%.
- Vulnerable adult removed from property or service – 2%

- Restriction or management of access to alleged perpetrator – 1%

Fig 9: Outcome for alleged victim (completed referrals)

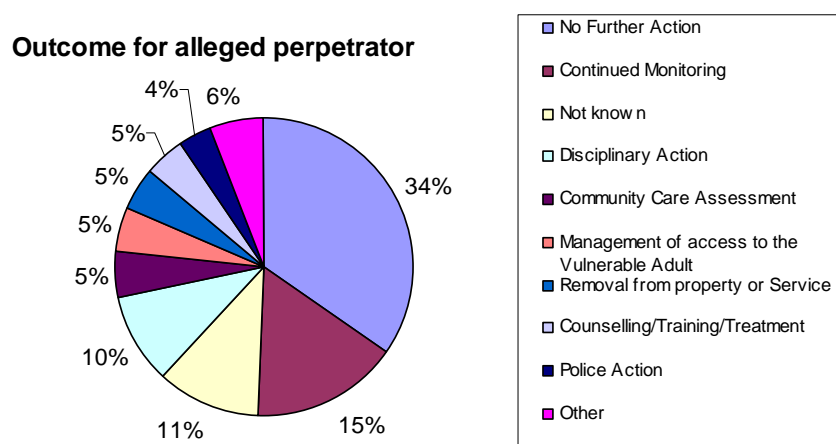


4.13 Outcomes for the alleged perpetrator

In over a third of cases (35%), no further action was taken after investigation. Where action was taken, the most common activities were:

- Continued monitoring – 15%
- Disciplinary Action/ Referral to Registration Body/POVA list/ISA – 10%
- Police action/criminal prosecution/formal caution - 4%
- Removal from property or service –5%
- Community Care assessment – 5%
- Counselling/Training/Treatment – 5%
- Management of access to vulnerable adult – 5%

Fig 10: Outcome for alleged perpetrator (completed referrals)



4.14 National comparisons

The following information is from referrals reported by Councils with Adult Social Services Responsibilities (CASSRs) about vulnerable adults where their age, gender and client group were known. These are the values for North Yorkshire. Corresponding values for England are shown in brackets.¹

The Board will carry out further analysis of this data in 2012/13 with a view to exploring possible reasons in those areas where there are significant differences North Yorkshire and England and between North Yorkshire and other comparator authorities.

- The rate of referrals per 10,000 people aged 18 and over was 21 (23).
- In North Yorkshire 28% of the referrals related to vulnerable adults in the 18 to 64 age group compared to 39% for England. **Note:** This may be linked to the similarly low proportion of people aged 18-64 receiving social care services in North Yorkshire, given that a high proportion of safeguarding alerts relate to people already receiving social care services.
- 10% (12%) in the 65 to 74 age group, 24% (23%) per cent in the 75 to 84 age group and 38% (26%) per cent in the 85 and over age group. **Note:** The high level of referrals for North Yorkshire in the 85 and over age group may be linked to the age of the population in North Yorkshire, where there is a higher than average population of older people particularly those aged 85 and over.
- 38% (49%) were related to vulnerable adults who were classified as client type 'physical disability', 39% (23%) were for adults classified as client type 'mental health', 17% (21%) were for adults classified as client type 'learning disability' and the remaining 6% (7%) of referrals reported were for client types of 'substance

¹ Data available at <https://nascis.ic.nhs.uk>. See also Abuse of Vulnerable Adults in England 2010-11: Experimental Statistics Provisional Report. Available at <http://www.ic.nhs.uk>

misusers' or 'other vulnerable adults'. **Note:** Further work will be done to determine whether the differences between North Yorkshire and England shown here are significant.

- In North Yorkshire 28% referrals were recorded as repeat referrals, compared to 15% for England. This is where one or more separate referrals about the same vulnerable adult were received within the same reporting period as the initial one. **Note:** A higher rate of repeat referrals may indicate that safeguarding interventions are not as effective as they could be. However this has not proved to be a very robust indicator nationally as there are such wide variations across the country and will not be collected in the national return from April 2013.
- The main sources of referrals were social care 65% (44%) or health care staff 19% (21%). A family member was the source in 4% (8%) of referrals. **Note:** The high level of referrals from social care staff may be a recording issue where social care staff will make referrals on behalf of the initial alerter. This would seem to be reflected in a lower than average level of referrals from family members. Further work will be done to determine whether the differences between North Yorkshire and England shown here are significant and whether this represents an area for action.
- Physical abuse was the most common type of abuse reported in 28% (30%) of referrals. This was followed by neglect 25% (23%) of the referrals, financial abuse 18% (20%) and emotional or psychological abuse 17% (16%). Sexual, institutional and discriminatory abuse made up the remaining 12% (11%) per cent.
- In 44% (29%) of the referrals, social care or health care staff were recorded as the alleged perpetrator. A family member (including the vulnerable adult's partner) was recorded in 24% (25%) of the allegations and 15% (13%) of the allegations had Other Vulnerable Adult recorded as the alleged perpetrator. A further 9% (12%) of the referrals were about either a neighbour, friend, volunteer, other professional or a stranger. In 9% (14%) of the referrals the relationship between the vulnerable adult and alleged perpetrator was recorded as unknown. (For 8% of the referrals nationally the alleged perpetrator was recorded as 'Other'). **Note:** Further work will be done to determine whether the differences between North Yorkshire and England shown here are significant, whether this is an issue of recording and whether this represents an area for action.

Safeguarding Adults National Developments in 2011 – 12

Safeguarding adults remains a high priority nationally and the annual report (insert link from website) should be viewed in the context of a number of national developments. There are a number of key national and regional developments that have had a profound effect on the shape of safeguarding adults during 2011/12 and will continue to have ramifications into 2012/13.

Legal framework for safeguarding adults

The government published its response to the Law Commission recommendations on the law surrounding adult safeguarding alongside the draft Care and Support Bill on 11 July 2012. This also gave an update from the government on implementing the Dilnot recommendations on financial support for care and gave the overall direction for social care and personalisation.

The Care and Support Bill requires the local authority to establish a Safeguarding Adults Board (SAB) in their area and to develop shared strategies for safeguarding and report to their local communities on their progress.

The provisions in the draft Bill set out the SAB's core membership which should include the local authority, the NHS and the police. The SAB's obligations will be set out in guidance. The Board must publish a strategic safeguarding plan and report annually on its progress, to ensure that agencies activities are effectively co-ordinated.

The proposed legislation will require local authorities to make enquiries, or to ask others to make enquiries, where they reasonable suspect that an adult in their area with care and support needs is at risk of abuse or neglect. The government is holding a separate consultation exercise to look at whether a specific power of entry is required alongside the duty to make enquiries.

Safeguarding Adults Boards will have to arrange for a safeguarding adults review to take place in certain circumstances, where an adult dies or there is concern about how one of the members of the SAB conducted itself in the case.

Care and Support Bill - links to relevant documents relating to adult safeguarding.

Fact sheet which summarises the main points.

<http://www.dh.gov.uk/health/files/2012/07/Care-and-Support-Bill-Factsheet-6-Protecting-adults-from-abuse-and-neglect.pdf>

<http://www.dh.gov.uk/health/2012/07/careandsupportbill/>

Response to the Law Commission Review. (pages 34 to 41)

http://www.dh.gov.uk/health/files/2012/07/2900021-Reforming-the-Law-for-Adult-Care_ACCESSIBLE.pdf

Consultation on new safeguarding power

<http://www.dh.gov.uk/health/files/2012/07/Consultation-on-New-Safeguarding-Power.pdf>

Review of Winterbourne View

This review was commissioned by Department of Health following the exposure of abusive practice by BBC Panorama.

On 25 June 2012, The Department of Health published an interim report as part of a review of events at Winterbourne View private hospital and a wider investigation into how the health and care system supports vulnerable people with learning disabilities and autism. The review was set up by former Care Services Minister Paul Burstow following the BBC Panorama programme, broadcast on 31 May 2011, showing abuse of patients at Winterbourne View.

The interim report sets out 14 national actions to improve the care and support of very vulnerable people with learning disabilities or autism. The report is based on the findings of the Care Quality Commission (CQC) following inspections carried out at similar units to Winterbourne View at the request of Paul Burstow last year. It also draws on the experiences and views of people with learning disability, autism, and challenging behaviour and their families, and the expertise of doctors, social workers and other care professionals.

The CQC's report, Learning Disability Services Inspection Programme: national overview (June 2012), was published detailing its 145 inspections. It concludes that while no abuse on the scale of Winterbourne View was found, half of the hospitals inspected failed to meet CQC standards of care.

The CQC's findings reinforce the need for action, and demonstrate the importance of the 14 national actions identified in the interim report to address the serious issue of bad care and possible abuse.

Winterbourne View – links to relevant documents

Letter from David Nicholson and David Behan introducing the report.

http://www.dh.gov.uk/health/files/2012/07/DCL_DH-review-Winterbourne-View-Interim-Report1.pdf

The Full report can be found at this link

<http://www.dh.gov.uk/health/files/2012/06/Department-of-Health-Review-Winterbourne-View-Hospital-Interim-Report1.pdf>

The Serious Case Review has also been published by South Gloucestershire Safeguarding Adults Board. <http://hosted.southglos.gov.uk/wv/report.pdf>

Health Changes and Implications for Safeguarding

Changes to health are covered in the Health and Social Care Bill (Royal Assent April 2012), including the establishment of Clinical Commissioning Groups and Health and Wellbeing Boards.

Local health commissioning is moving from the responsibility of the primary care trusts (PCTs) to clinical commissioning groups (CCGs) from April 2013. The CCG governing bodies (made up of GPs, other health professionals and lay members) will be responsible for making decisions on priorities for commissioning local health services. They will have staff working for them who

will commission services on behalf of the CCG. In addition there will be the NHS Commissioning Board (NHSCB) which will provide a single operating model for the NHS for commissioning.

There are 6 new CCG teams commissioning most healthcare in the North Yorkshire and York Boundary; 4 of these fully within the previous boundary (Vale of York, Scarborough and Ryedale, Harrogate and rural district, Hambleton, Whitby and Richmondshire), Craven area will be incorporated within Airedale and Craven CCG and the High Bentham practice will join the South Lakes CCG.

Other functions will be directly managed by the NHSCB; Local Authorities will take over the public health function previously managed by the PCT with some public health work directly managed by the establishment of a body to be known as Public Health England (PHE).

Four regions have now been established to support the NHSCB; the one for North Yorkshire is the North of England. They will be supported by a number of outreach bodies known as local area teams (LAT).

Commissioning support services for the CCGs will come from a small number of directly employed staff but much will be purchased from Commissioning Support Service teams (CSS). It is expected that CSS will sit outside of the NHS by no later than 2015 and that they will support multiple CCGs and will also support some of the NCB functions.

The CCGs will have Governing Bodies on which there will be 2 lay members and 2 other members (a nurse member and a secondary care doctor). These 4 members will provide the governance model for the CCGs.

Clinical Commissioning Groups (CCGs) are expected to have appropriate systems in place for safeguarding adults, systems for training staff, a clear line of accountability to the Safeguarding Adults Board and expertise in safeguarding with a lead for safeguarding adults and Mental Capacity Act.

Local authorities will be responsible for public health commissioning from April 2013 with new Directors of Public Health (DsPH) appointed. Local authorities will also be responsible for providing some public health services in conjunction with Public Health England.

From 2013 local authorities will have responsibility for leading a Health and Wellbeing Board (HWB) which will provide the overall strategic direction for improving health and wellbeing in their area. North Yorkshire has set up their board in shadow form, which had its first meeting in February 2012. HWBs will have the key responsibilities of developing a Joint Strategic Needs Assessment (JSNA) and a joint health and wellbeing strategy for each local authority area. These will determine local health priorities and develop a plan to deliver improvements in those priorities.

Further details about the changes to the NHS can be found at this link

<http://www.commissioningboard.nhs.uk/>

Dignity and Nutrition

This report was produced by the Care Quality Commission (CQC) following a limited national review of dignity and nutrition (March to June 2011) that looked at whether older people in NHS hospitals were treated with respect and whether they received food and drink that meets their needs.

Nationally the CQC found that, of the 100 hospitals it inspected:

- 45 hospitals met both standards (they were 'fully compliant').
- 35 met both standards but needed to improve in one or both (they were 'fully compliant, with improvements suggested').
- 20 hospitals did not meet one or both standards (they were 'non-compliant, with improvements required').

Where CQC did find problems, some of the important issues were:

- Patients' privacy not being respected – for example, curtains and screens not being closed properly.
- Call bells being put out of patients' reach, or not answered soon enough.
- Staff speaking to patients in a dismissive or disrespectful way.
- Patients not being given the help they needed to eat.
- Patients being interrupted during meals and having to leave their food unfinished.

Link to the report:

<http://www.cqc.org.uk/public/reports-surveys-and-reviews/themes-inspections/dignity-and-nutrition-older-people>.

This year's review programme includes inspections of care homes (both nursing and residential), mental health trusts and acute trusts.

The inspections, which are taking place over the summer of 2012, will look at whether the dignity of older people is respected and if their nutritional and hydration needs are met.

The inspections are carried out by CQC inspectors supported by practising professionals and 'experts by experience' – people with experience of caring or receiving care.

Once the inspections are finished, CQC will publish two national reports summarising their findings.

Protection of Freedoms Act 2012

Changes to the criminal records and barring systems are included in the Protection of Freedoms Act 2012, which received Royal Assent on 1 May 2012. Some of the changes will come into effect on 10 September 2012. Until then, the systems carry on as before.

Some areas are not changing. Appropriate referrals must be made to the Independent Safeguarding Authority. • Someone known to be barred by the ISA cannot be engaged in regulated activity. • Everybody within the pre-September definition of regulated activity will remain eligible for enhanced CRB checks, whether or not they fall within the post-September definition of regulated activity.

Major changes from September 2012 include • New definition of regulated activity. • Repeal of controlled activity. • Repeal of registration and continuous monitoring. • Repeal of additional

information. • Minimum age (16) at which someone can apply for a CRB check. • More rigorous 'relevancy' test for when the police release information held locally on an enhanced CRB check.

There are a range of key national and regional initiatives, reports and key documents that the Board will keep under review in taking forward its work programme in 2012/13. they include

Equality and Human Rights Commission Reports

The EHRC will share the findings from these widely and work with government, local government and key regulators to turn the recommendations into realities.

- **Close to home: older people and human rights in home care** – The report into the inquiry (November 2011) revealed disturbing evidence that the poor treatment of many older people is breaching their human rights and too many are struggling to voice their concerns about their care or be listened to about what kind of support they want. The report said that hundreds of thousands of older people lack protection under the Human Rights Act and called for this legal loophole to be closed. It questioned commissioning practices that focus on a rigid list of tasks, rather than what older people actually want, and that give more weight to cost than to an acceptable quality of care. The Care Quality Commission is now carrying out a themed inspection of the sector and is inviting comments to the end of August 2012.

<http://www.equalityhumanrights.com/legal-and-policy/inquiries-and-assessments/inquiry-into-home-care-of-older-people/close-to-home-report/>

- **Hidden in Plain Sight – Inquiry into disability-related harassment** - The report uncovers that harassment is a commonplace experience for disabled people, but a culture of disbelief and systemic institutional failures are preventing it from being tackled effectively. As well as reporting on the extent of harassment the report also includes case studies and makes recommendations to public authorities to help them deal with the problems uncovered.

<http://www.equalityhumanrights.com/wales/projects/hidden-in-plain-sight/index.html>

Munro Review

The Government published its response to the Munro review of child protection. This document sets out the government's response to Professor Eileen Munro's recommendations to reform the child protection system. It outlines the government's intention to work with professionals in order to build a system focused on the needs, views and experiences of vulnerable children. Consultation on revised safeguarding statutory guidance (Working Together) was published on 12 June 2012 with a response date of 4 September 2012.

http://www.trixonline.co.uk/website/news/pdf/policy_briefing_No-64.pdf

ADASS (Association of Directors of Adult Social Services)

Throughout the year ADASS published a range of policy guidance on safeguarding adults.

- Cross boundary protocols
- Prisoners and safeguarding
- Performance and Standards/Local Accounts
- Carers and Safeguarding Adults – Working Together to Improve Outcomes

http://www.adass.org.uk/index.php?option=com_content&view=article&id=522&Itemid=406

Social Care Institute for Excellence (SCIE)

Throughout the year SCIE published a range of guides and reports bringing together a substantial body of work around safeguarding adults.

<http://www.scie.org.uk/adults/safeguarding/index.asp>

SCIE - At a Glance 43: The Deprivation of Liberty Safeguards, Protecting Adults at Risk

SCIE Guide 45 - Safeguarding and quality in commissioning care homes -

SCIE Report 46: Self-neglect and adult safeguarding: findings from research

SCIE Guide 46: Common safeguarding challenges

SCIE Report 47: User involvement in adult safeguarding

SCIE Report 50: Safeguarding adults at risk of harm: A legal guide for practitioners

Other key documents published this year.

Death by indifference: 74 deaths and counting (Feb 2012)

<http://www.mencap.org.uk/74deaths>

“Challenge it, Report it, Stop it” – The Government’s Plan to Tackle Hate Crime (March 2012)

<http://www.homeoffice.gov.uk/publications/crime/hate-crime-action-plan/action-plan>

Serious Case Review: the tragic death of Gemma Hayter –

Report Warwickshire Safeguarding Adults Partnership Board 63 pages (14 Nov 11)

Source: www.warwickshire.gov.uk/seriouscasereview

Safeguarding vulnerable adults- a tool kit for general practitioners, British Medical

Association Source: <http://bma.org.uk/->

[/media/Files/PDFs/Practical%20advice%20at%20work/Ethics/safeguardingvulnerableadults.pdf](http://media/Files/PDFs/Practical%20advice%20at%20work/Ethics/safeguardingvulnerableadults.pdf)

Domestic Violence, Crime and Victims Act 2012 (date?) - Justice Secretary Kenneth Clarke introduced changes to the Domestic Violence, Crime and Victims Act 2012 which he said close “a terrible loophole which has, until now allowed people accused of seriously harming a child or vulnerable adult to escape unpunished”.

<http://www.justice.gov.uk/downloads/legislation/bills-acts/circulars/moj/circular-03-12-dvcv-act.pdf>

This summary has been compiled by Sally Anderson (Safeguarding Adults Policy Officer) to sit alongside the North Yorkshire Safeguarding Adults Annual Report 2011/12. For further details contact Sally on 01609 532438 sally.anderson@northyorks.gov.uk