Partnerships and Place Overview and Scrutiny Committee

Phil Porter
Acting Director Adult Social Care

21 January 2014

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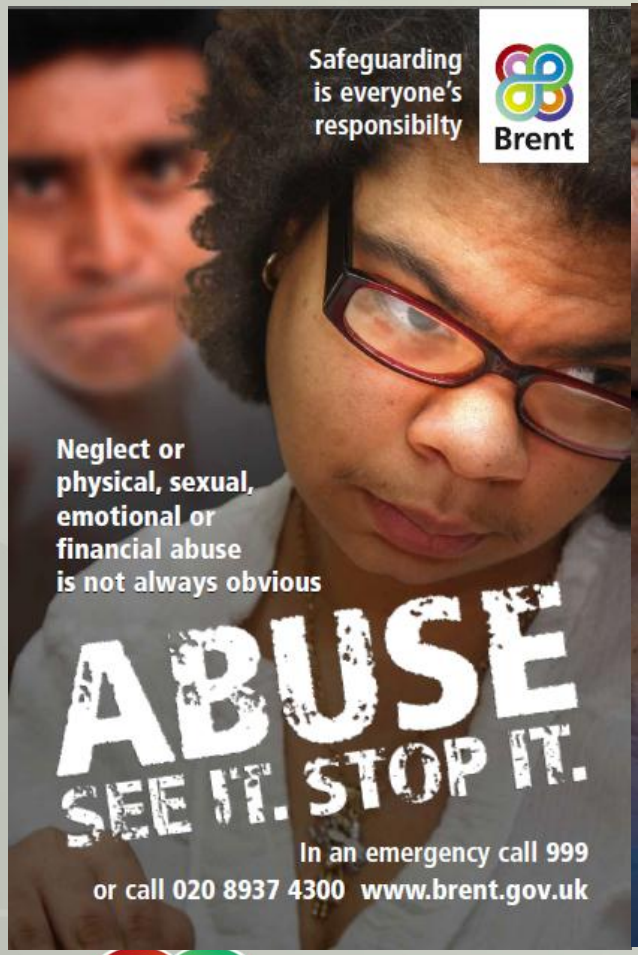
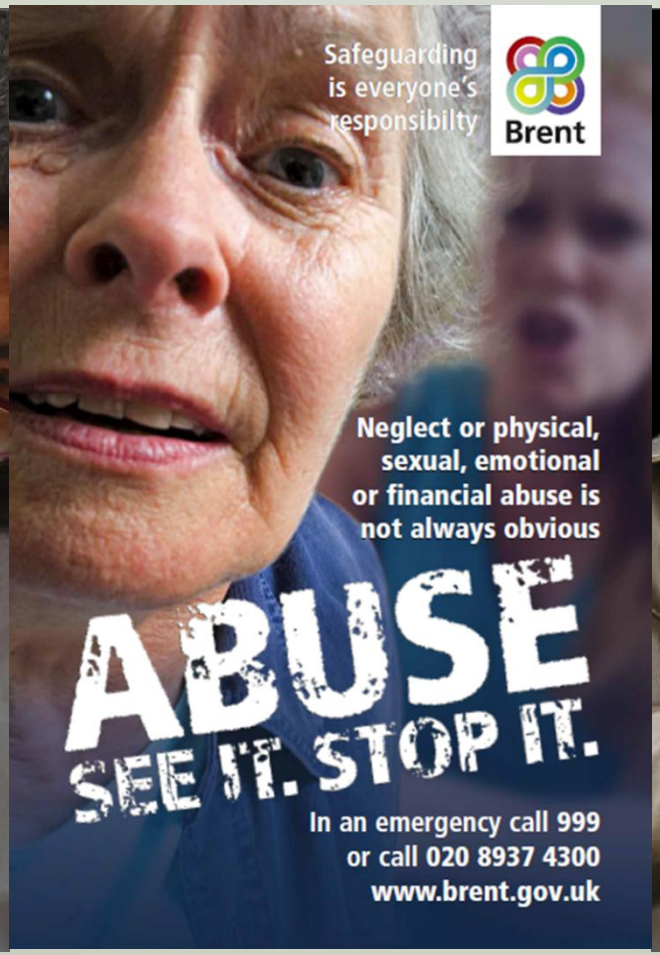
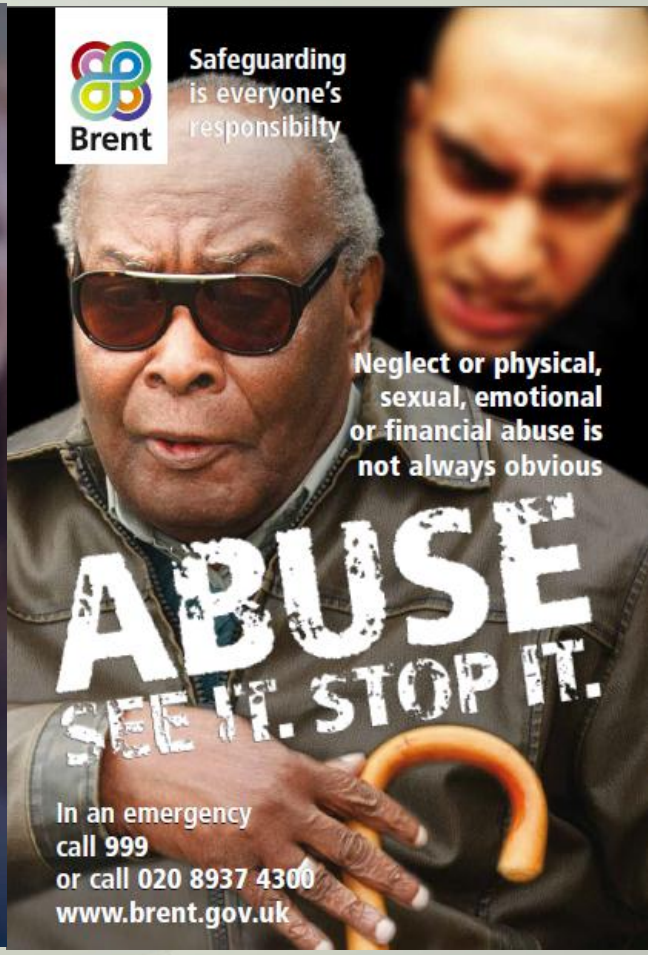
Abuse. See it. Stop it. 2013







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Agenda

- An overview of Safeguarding Adults in Brent
  - Brent Safeguarding Adults Board
  - SGA Operations
- SGA performance
- Brent Safeguarding Adults Annual Report
  - Overview of 2012/13
  - Priorities for 2014

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Brent Safeguarding Adults Board (1)

Purpose and objectives

The Brent Safeguarding Adults Board (BSAB) is the partnership which leads and monitors safeguarding practice in Brent.

BSAB's primary objective is to ensure the protection of 'adults at risk' of significant harm:

- to work together to promote safer communities to prevent harm and abuse, and
- to identify, investigate and respond effectively to allegations of abuse.

In order to achieve this it must ensure that safeguarding adults is everyone's responsibility.

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Brent Safeguarding Adults Board (2)

Board members

Current Chair – Acting Director of Adult Social Care, Brent Council

Brent Council – housing

Brent Clinical Commissioning Group

Brent Mencap

North West London Hospital Trust

Ealing and Harrow Hospital Trust

Central and North West London Foundation Trust

Brent Council – Community Safety

Metropolitan Police

Probation

London Fire brigade

Brent Council – legal team

Healthwatch

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Brent Safeguarding Adults Board (3)

Meeting cycle

The Board:

- Meets 6 times a year
- Has two sub groups:
  - Prevention and Communication
  - Performance and Audit sub group
- Annual review process which this year included:
  - Business planning event in September
  - Brent SGA conference in November
- Underpinned by multi-agency audits (see next slide)

Brent Safeguarding Adults Board (4)

Multi-agency audits – focus on outcomes

Important to keep the focus on individual outcomes and the difference the Board can make to operational practice .

Keep it simple:

- Background of the person
- Nature of the allegation
- SGA actions and timescales
- **Outcomes (investigation/quality of life).**

Benefits of this approach:

- Puts outcomes for individuals at the heart of what the Board does
- Puts learning and improvement at the heart of the Board's work
- Creates a culture of constructive challenge
- Engages a wide range of stakeholders.

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SGA Operations (1)

Eligibility

Safeguarding Adults is about ensuring people who cannot access justice themselves get justice.

Therefore, the alleged victim must be considered to be *" an adult at risk"* of *"significant harm".*

What does this mean?

1. The adult must be 18 years old or over,
2. Who is or may be in need of community care services by reason of mental or other disability, age or illness; **and**
3. Who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

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Pan London SGA:
http://www.scie.org.uk/publications/reports/report39.pdf

Brent SGA – Operations (2)

Pan London Safeguarding Procedures

1. Raising an alert	• The responsibility of everyone • Act to protect the adult at risk, report to line manager
2. Making a referral	• Report to Brent Safeguarding Adults referral point: 0208 937 4300 • Safeguarding Adults Manager (SAM) assigned to lead on the process
3. Strategy discussion/meeting	• SAM leads setting up the meeting/discussion • Evaluate the risk, interim protection plan and decide whether investigation
4.Investigation	• Co-ordinated by the SAM involving relevant organisations • Re-evaluate risks, collate evidence, substantiate or not allegations
5. Case conference	• Chaired by SAM, involves agencies, adult at risk and circle of support • Agrees the outcome, the protection plan if necessary and review period
6. Review the protection plan	• Co-ordinated by SAM, involves agencies, adult at risk and circle of support • Evaluate the success of the plan and any ongoing risks within 3 months
7. Closing the process	• Signed off by the SAM • Decide if Serious Case Review is required, disseminate learning

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Brent SGA – Operations (3)

Types of Safeguarding Adults investigations

1. **Health – Serious Incidents** – SI graded incidents are investigated by health staff through established health methodology

2. **Police matters** – Police investigation and they investigate

3. **Office of the Public Guardian matters** - where the vulnerable adult already has something in place to manage their finances, but allegedly this has been abused

4. **Individual allegations against a member of provider staff** – the majority of investigative actions are undertaken by the provider.

5. **Allegations against a provider** - where the evidence suggests there is systemic problem – establishment concern. These investigations are led by the Contract Management team in Brent ASC

6. **Individual allegations against someone who is not employed to provide services to the victim and it is not a crime.** The SGA team investigate.

For all cases the SGA team provide quality assurance and challenge for investigations

Brent SGA – Operations (4)

Brent Adult Social Care – SGA team

Brent Council Safeguarding Adults team:

- Screen all SGA alerts
- Decision making and challenge
- Co-ordinate the response to all SGA referrals
- Communication
- Investigating specific cases
- Quality assuring all investigations.

Why?

- Clearer accountability
- Specialisation
- Consistency
- Focal point for SGA in Brent.

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Brent SGA – Operations (5)

Safeguarding is everyone's responsibility

Alert → Referral → Strategy Meeting → Investigation → Case Conference → Protection plan review → Case conclusion

Different types of investigations

1. Health – Serious Incidents
2. Police matters
3. Office of Public Guardian matters
4. Individual allegations against a member of provider staff
5. Allegations against a provider
6. Individual allegations against someone who is not employed to provide services to the victim and it is not a crime.

Different people involved

Some things are common, everybody should:

- Think about preventative action to avoid abuse
- Alert their manager or the SGA team if there is an allegation of abuse
- Take responsibility for ensuring the person is safe.

Some things change according to the role:

- Social care - assessment and care management staff
- Care providers manager / community nurse manager
- Home/residential carer /community nurse
- GPs
- Care Quality Commission
- Housing officers
- Police

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SGA Performance (1)

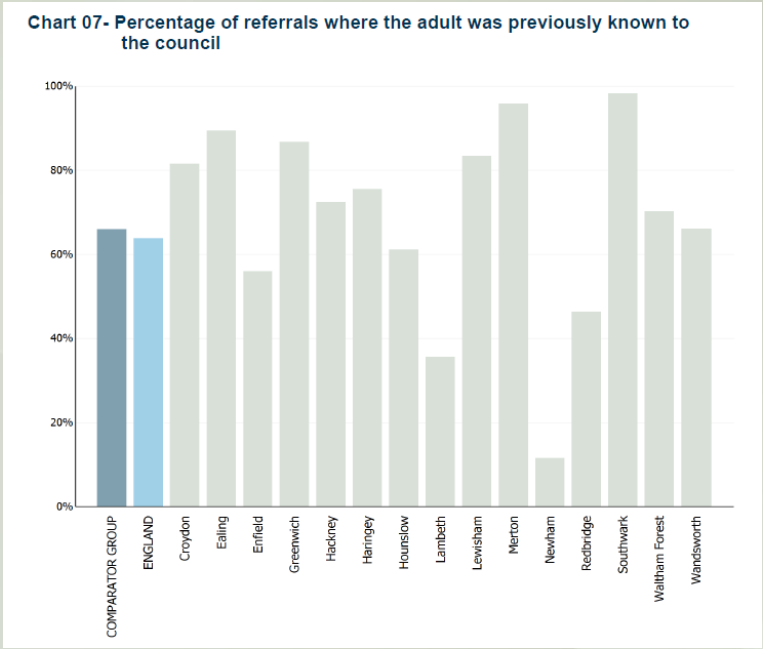
Overview

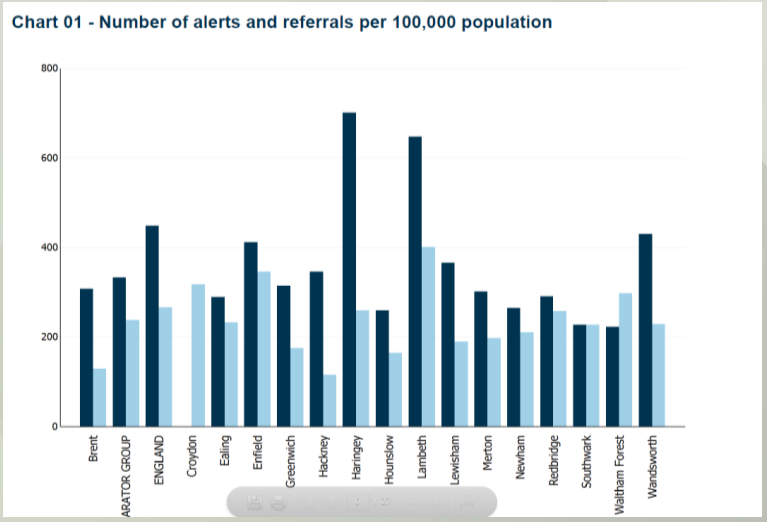
In the past performance data has focused on national 'Abuse of Vulnerable Adults' dataset:

- Numbers of alerts and referrals
- Source of referrals
- Type and location of abuse
- Outcome of completed referral
- All analysed by age, client group and ethnicity

In other words, core activity data. Therefore, in most respects it is not possible to benchmark, only compare activity trends and use this information to inform practice.

A couple of examples from the full comparison report (available at: https://nascis.hscic.gov.uk) are included on this slide.





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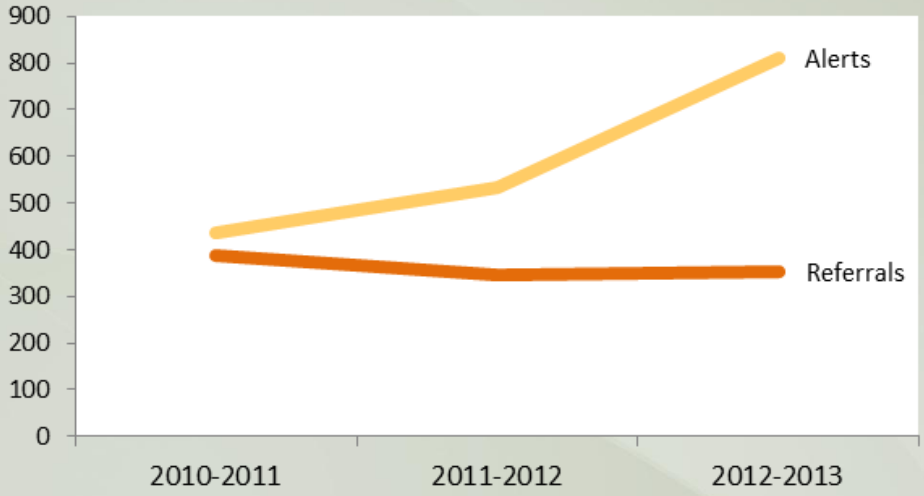
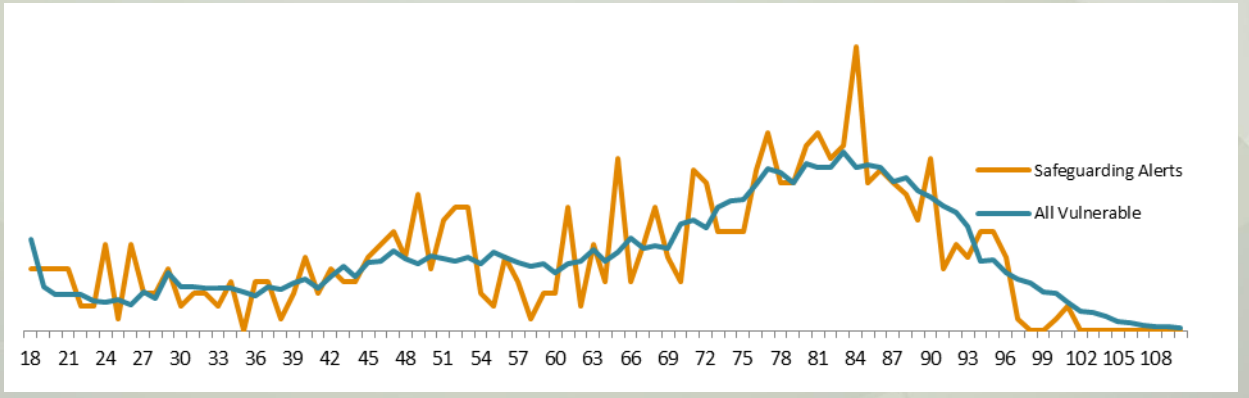
SGA Performance (2)

Alerts and referrals

Alerts and Referrals



Age against number of alerts



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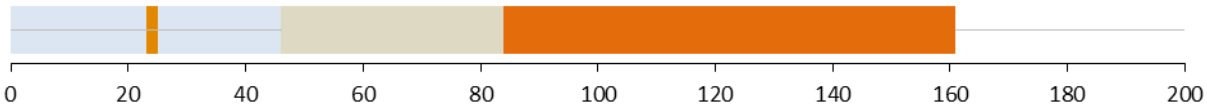
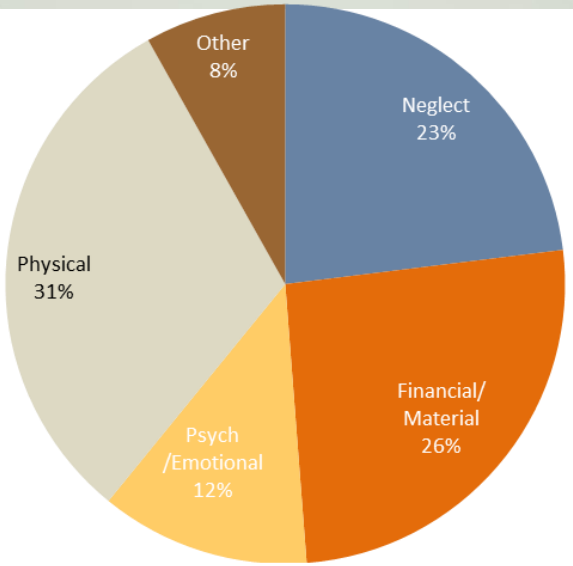
SGA Performance (3)

Timescales and types of abuse

Timescale for completion of referrals



Types of abuse



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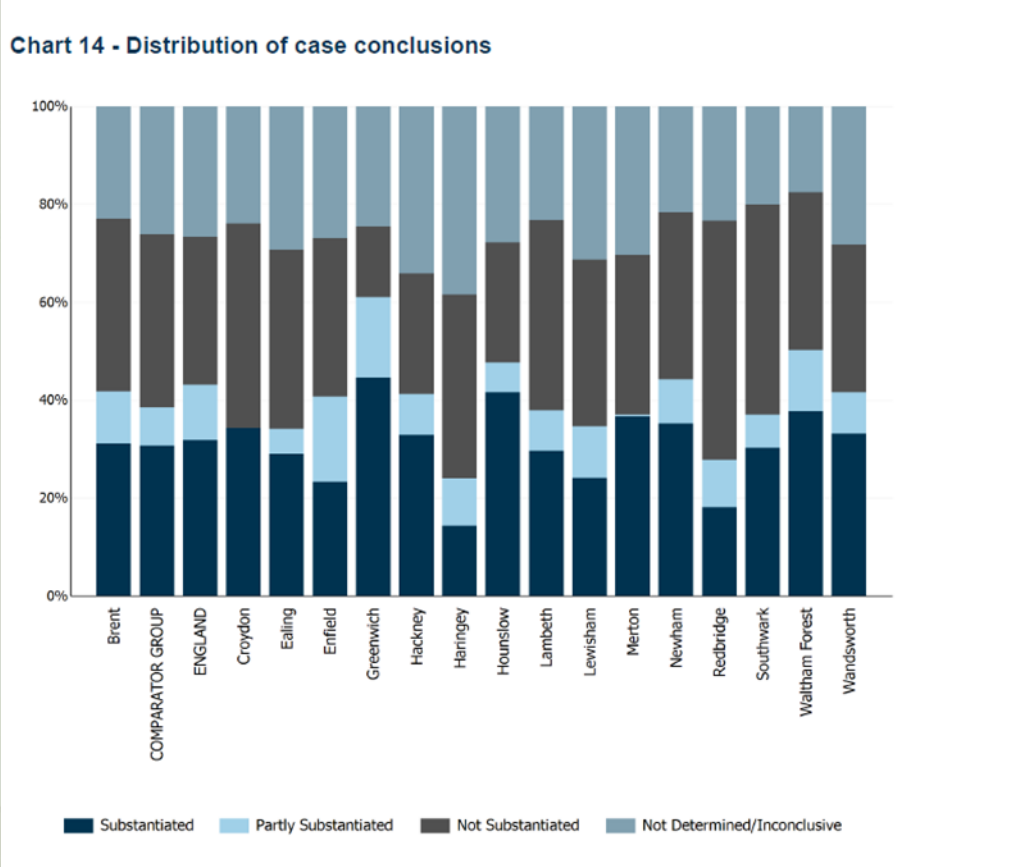
SGA Performance (4)

Outcomes

One area where it is possible to benchmark is outcomes.

The graph to the right shows that Brent is achieving 20% of all cases being 'Not determined/Inconclusive'.

This is a significant improvement on 2011/12 (33%), it is comparatively good performance across the boroughs , but we still have a priority to improve performance.



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SGA Performance (5)

Perceptions of safety

Which of the following statements best describes how safe you feel?		2012-2013		2011-2012	
		Number	Percentage	Number	Percentage
1	I feel as safe as I want	125	57.1	119.00	52.4
2	Generally I feel adequately safe, but not as safe as I would like	70	32.0	83.00	36.6
3	I feel less than adequately safe	18	8.2	18.00	7.9
4	I don't feel at all safe	6	2.7	7.00	3.1
	Total respondents	219	100.0	227.00	100.0

Thinking about your personal safety, which of the statements best describes your present situation?	2010-2011		2012-2013	
	Number	Percentage	Number	Percentage
I have no worries about my personal safety	98	61%	159	73%
I have some worries about my personal safety	56	35%	47	22%
I am extremely worried about my personal safety	6	4%	11	5%
Total respondents	160	100%	217	100%

Brent SGA Annual Report

Overview of 2012/13 (1)

1. Effective Implementation of Pan London procedures

- All Board members have implemented - training and operational processes aligned
- Screening improved (2011/12: 34% to 2012/13: 50%)
- Investigations improved (Inconclusive - 11/12: 33% to 12/13: 20%)
- Multi-agency audits highlighted good compliance
- Team restructured to deliver further improvements

2. Excellent case recording and communication

- When people speak to the SGA team, they give positive feedback
- BUT SGA team needs to provide feedback to all 'alerters' and more quickly
- Alignment of Safeguarding Adults and Health Serious Incident procedures to improve case recording

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Brent SGA Annual Report

Overview of 2012/13 (2)

3. Improved multi-agency working

- Multi-agency audits continue to drive the Board and Quality Assurance
- SGA team established as the hub for multi-agency working
- Flexibility of approach (e.g. taking meetings out GP surgeries, hospitals)
- Good working relationships focused on 'issue, evidence, solution', e.g. Police alerts

4. Core practice standards that prevent abuse

- Pressure ulcers – changes in A&E / CCG project on nursing homes
- Further work required on pressure ulcers and financial abuse
- Organisations to provide assurance to the Board on core practice

Brent SGA Annual Report

Overview of 2012/13 (3)

5. Commissioning for quality

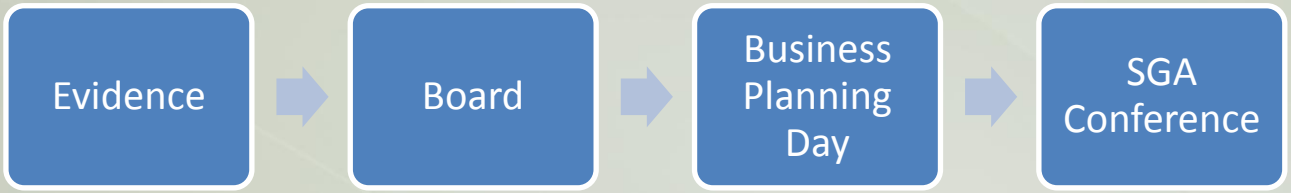
- Shared agenda for quality based on quarterly meetings between health and social care commissioners and CQC
- ASC commissioning restructure to focus resources more clearly on contract monitoring and quality
- 'Winterbourne View Collaborative' – clear accountability for a high risk area

6. Cultural change

- Awareness raising campaign – buses and bill boards – led to an increase in alerts
- Out reach training to – for example, all GP localities, provider investigation training
- Need to build on this keep raising awareness: target the message (financial abuse) and groups of people (e.g. housing)

Brent SGA Annual Report

Priorities for 2014 (1) – Overview



Brent SAB's primary objective is to:

- Work together to promote safer communities to prevent harm and abuse, and
- Identify, investigate and respond effectively to allegations of abuse.

2014 priorities:

1. Reducing financial abuse and ensuring a more effective multi-agency response
2. Reducing avoidable pressure ulcer incidents

3. Improving processes and procedures to embed high quality standards
4. Improving multi-agency working, including Board effectiveness
5. Changing culture - commissioning for quality

Brent SGA Annual Report

Priorities for 2014 (2) – Focus on prevalence

1. Reducing financial abuse and ensuring a more effective multi-agency response
   - Raise awareness – increase in the number of alerts
   - Improve prevention
     - Audits show that Mental Capacity has been considered and appropriate actions have been taken
     - Increased referrals for appointeeship and deputyship
   - Improve response
     - Achieving best evidence – working more closely with Police. This is the focus for January 2014 audit / February 2014 Board and standards will be set as a result, and can be audited
     - Further reduction in inconclusive outcomes.

2. Reducing avoidable pressure ulcer incidents
   - Preventative strategy
     - Start to collate numbers of grade 2 pressure sores to enable work to be targeted there
     - Increase referrals to Nursing and tissue viability
   - Improving processes and procedures to embed high quality standards
     - Good quality of root cause analysis from all sources, particularly nursing homes
   - Reduction in the number of grade 3 and above pressure sores (by source)

Brent SGA Annual Report

Priorities for 2014 (3) – Cross cutting objectives

1. Improving processes and procedures to embed high quality standards
   - New ASC team structure delivered (crucial to delivering wider improvements)
   - Focus on timescales as well as quality (changes required to Frameworki):
     - All alerts screened within 24 hours
     - All cases to be concluded within 25 days – SAM to explain if not
   - Agree outcomes with the 'adult at risk' at the start of the process and record whether we achieve them
   - Mandatory feedback to all key stakeholders within defined time periods after key stages of the process. Standards to be agreed by board in February

2. Improving multi-agency working, including Board effectiveness
   - Continue focus on multi-agency audits and evidence from action plan
   - Develop and implement a multi-agency dataset reported to BSAB to drive service improvements – e.g. pressure ulcers
   - Design and implement a single multi-agency training programme
   - Expand multi-agency working to tackle prevention as well as responses to allegations of abuse.

3. Changing culture - commissioning for quality
   - Using feedback to shape safeguarding practice – SLOs to call people once the case is closed
   - Build on commissioner/regulator communication – quarterly reports to the Board
   - Increase establishments plans put in place where there are establishment concerns
   - New awareness raising campaign – financial abuse - how to avoid financial.