

Health, Adult Social Care, Communities and Citizenship Scrutiny Sub- Committee

Wednesday 6 March 2013

7.00 pm

Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1
2QH

Supplemental Agenda

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Date: 1 March 2013



HEALTH, ADULT SOCIAL CARE, COMMUNITIES AND CITIZENSHIP SCRUTINY SUB-COMMITTEE

MINUTES of the Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee held on Thursday 31 January 2013 at 7.00 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

- PRESENT:** Councillor Mark Williams (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Denise Capstick
Councillor Rebecca Lury
Councillor The Right Revd Emmanuel Oyewole
Councillor Neil Coyle
Councillor Jonathan Mitchell
- OTHER MEMBERS PRESENT:** Councillor Catherine McDonald, cabinet member for health and adult social care.
- OFFICER SUPPORT:** Sarah Feasey, Legal Services
Romi Bowen, Strategic Director Children's and Adults' Services
Sarah McClinton, Director Adult Social Care
Adrian Ward, Adult Social Care
Shelley Burke, Scrutiny Team

1. APOLOGIES

- 1.1 Apologies for absence were received from Councillors Norma Gibbes and Eliza Mann

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

- 2.1 There were none

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

- 3.1 Councillor Jonathan Mitchell declared that he is a former chair of the Keep Dulwich Hospital Campaign

4. MINUTES

The minutes of 18 September and 5 December 2012 were agreed as correct records, subject to a spelling correction

5. REVIEW - MATERNAL HEALTH & EARLY YEARS: GYPSIES AND TRAVELLERS

The chair briefly introduced the draft report and invited Archie Utley to comment on behalf of the Southwark Travellers Action Group (STAG). Mr Utley thanked the committee for carrying out the work and endorsed the recommendations. He pointed out that STAG receives no financial support from the council and that this limits their ability to carry out the type of work discussed in the report.

RESOLVED

The committee was keen to support the proposals from STAG on improving employment support and having named workers in public services who are understanding of travellers, and agreed to include both of these points in the recommendations. A further recommendation that the council should support STAG in seeking funding opportunities was also agreed.

6. CABINET MEMBER INTERVIEW

The committee welcomed Councillor Catherine McDonald, cabinet member for health and adult social care. She introduced the department's overarching vision, which is to develop social care services so that they focus more on personalisation and giving people control over their lives. There had been great progress in the rollout of personal budgets and reablement so that people's dependency can be reduced. The health element of her portfolio is more focussed on liaising with other partners in the sector and holding them to account. The council was also busy gearing up for its public health duty, and keen to use every policy lever to assist its fulfilment of the duty, for example the housing warm, dry and safe programme. All the work was set in the context of a very difficult financial environment which meant difficult decisions and reductions. Front line services were being protected as far as possible and this was achieved partly through a big reorganisation in the social care service

which introduced more personalisation.

Public health

Cllr McDonald confirmed that Southwark has been allocated £21M for public health for the coming year. It is difficult to assess the adequacy of this level of funding as there are still some debates about the exact duties that will be transferred to local authorities in respect of public health. She explained further that some services are demand led, for example sexual health, and it would be necessary to monitor spending closely and revert to government if necessary. No mechanisms had been announced for making in-year requests for additional funding.

Councillor Noakes referred to his letter to the council leader suggesting that sexual health and illegal drug use be considered as priorities for the Health & Wellbeing Board (H&WB). He reiterated that HIV services in Southwark are currently costing £21M and this figure continues to increase, and that illegal drug use costs services considerable amounts as well as inflicting an array of problems on individuals and their families and neighbours. He wondered whether the Health and Wellbeing Board would consider prioritising these issues. The cabinet member responded that there is a lot of work taking place on the priorities that had already been set out by the H&WB (alcohol misuse, mental health and resilience, early intervention, healthy weight) and it was too soon to say when these might be reconsidered. There was also a health and wellbeing strategy under development. The council was in the process of appointing a director of public health shared with Lambeth, which also has a high rate of HIV, so there would be opportunities for best practice and learning. The Joint Strategic Needs Assessment was currently being produced and this would provide a blueprint for the shared service.

Councillor Williams reminded the committee that there was a piece of development work to do around the relationship between the H&WB, Healthwatch and health scrutiny – working out their respective roles to maximum effectiveness. Cllr McDonald agreed that it was very useful for scrutiny to highlight issues that do not show through clearly at a partnership level.

She responded to further questions that it is not yet clear where responsibility will lie for pan-London public health work; and that the Southwark H&WB now has voluntary sector representation as the chief executive of Community Action Southwark has recently been co-opted. She undertook to check and report back as to whether he has voting rights.

Trust Special Administrator's Report

Councillor McDonald summarised the council's principal concerns about the TSA recommendations – ie the impact on the capacity of other hospitals in SE London, the untested assumption that there is a sufficient level of community-based provision already in place, and whether there is

enough funding available to the other NHS organisations affected by the reorganisation.

The Secretary of State had today announced that he was not officially closing Lewisham Emergency Department but his announcement left many unanswered questions. A full closure would have increased attendance at Kings ED by 50% - there had been no indication of the modelling that informs today's announcement and this left similar uncertainty about maternity services. She would be pressing for disclosure of the DoH analysis.

Kings Health Partners

Councillor McDonald set out the council's position – that the KHP merger sounds enticing but the council needs to understand what it means for Southwark residents. What will be the balance between local patients and those from other areas in a future merged model? The council seeks assurance that local people will see the benefits and will look to the full business case for that assurance.

Councillor Jonathan Mitchell said he had no difficulty with the idea of KHP as a centre of excellence which might bring in additional money to the local NHS but he agreed there was a balance to be struck regarding the impact on residents. He thought devolution of some services to Dulwich Community Hospital could fit into this – for example some outpatient services. Councillor McDonald acknowledged that it is welcome for acute trusts to move appropriate services closer to local people but it was important for the NHS to remain national and well funded by government.

Personalisation

Councillor Noakes asked the cabinet member how she thought the council could maximise the value of its work on personalisation to ensure it is more than a tick box exercise. He thought there was still much work to be done to build up a local market of alternative services.

Councillor McDonald explained that a person with a personal budget has a tailored support plan which must meet their assessed level of need and that is distinct from the question of how their plan is controlled. She said that personalisation takes many forms to enable people to live their life as they wish. She cited the examples of Cool2Care, an organisation who help people to recruit their own personal assistants, and the case of a personal assistant who had helped the disabled person to find a mentor to help them move on with choices around employment and hobbies. She agreed that it was a developing market and pointed out that the council had put an innovation fund in to help organisations develop alternatives models. Cool2Care had made use of this funding route. In response to questions, Councillor McDonald acknowledged that the move to a personal budget can be daunting. Individuals and their carers may be accustomed to arrangements that have been in place for a long time and might need a team effort with their social worker and carers to craft a plan. She agreed there continues to be a need to promote the positive aspects

of personalisation. The department has organised provider fairs and this has included some service users talking about how the process has worked for them. It was important not to treat people as a homogenous group but to provide for the range of experience from those who have been used to attending day centres through to young disabled people now approaching adulthood.

The Director of Adult Social Care added that each individual has an annual review and there are safeguarding arrangements in place in terms of the potential for financial abuse, as well as regular monitoring of how the funds are spent. She reminded the committee that a report is due to the next committee which will contain more detail.

Older People's Day Centres

Councillor Noakes asked the cabinet member for an update on the Centre of Excellence, and an assurance that the other day centres will not close before the new one opens. Councillor McDonald explained that a steering group is helping to shape the proposal and that the plan is for a recommendation on the location to come forward in the next few months regarding Cator Street or another site. If the decision is Cator Street, there would be no break in service. The whole project is driven by the understanding that we have increasing numbers of people reaching very old age and developing complex needs and the Centre of Excellence should have sufficient capacity for all those who require these complex services.

Local Account

Councillor Williams asked the cabinet member how confident she is that the commitment to reduce the price of meals on wheels will be achieved. Councillor McDonald pointed out that the Local Account contains data for 2011 /12 – since then there had been a drop in the price in the 2013/14 budget and another incremental drop is planned for 2014/15. The price was now among the lowest in London, in contrast to some boroughs who have withdrawn their meals on wheels services. The council had just entered into a joint contract with Lambeth and Lewisham to drive down costs. Councillor Noakes asked why the number of people receiving meals on wheels is going down, given that the price has reduced, and how the new contract will balance cost against quality. Councillor McDonald pointed out that the takeup has been reducing for 6-7 years, and the Director of Adult Social Care added that the new contract will not change the quality/price threshold. She was happy to keep the committee updated on the procurement.

Councillor McDonald highlighted the progress that had been made on reducing the use of residential care for people with learning disabilities. Care home registrations were being reviewed with the aim of switching

them to supported models wherever possible with people being more independent. She agreed to provide more information on the availability of advocacy services.

Committee members suggested that in future the Local Account could contain annual trend data and comparisons with other local authorities.

Councillor Lury asked about progress on outcome 3: “ensuring that people have a positive experience of care and support”. Councillor McDonald responded that the department is keen to increase sources of rich feedback and look to do this wherever possible. In terms of signposting, the My Support Choices guide is available on the web and a telephone service is due to be launched in the next few weeks – a single number to get straight through to an expert. The council was also funding some organisations to assist with signposting.

Councillor Capstick asked about the adequacy of respite care services. Councillor McDonald agreed that it is crucial to support carers properly and that the department was currently working up a carers strategy and introducing personal budgets for carers. The Centre of Excellence will include services for carers. She said that the committee was welcome to contribute to the carers strategy.

7. HEALTH SERVICES IN THE DULWICH AREA – CONSULTATION PLAN

Malcolm Hines, Chief Financial Officer, briefly presented the history of the

Primary Care Trust's wish to develop and improve the Dulwich Hospital site, and introduced Rebecca Scott, Programme Director for Dulwich for the Clinical Commissioning Group (CCG). Ms Scott explained the background work the project has undertaken in order to arrive at the two main options. These would then be subject to a 13 week consultation starting in late February and covering Dulwich, South Camberwell, and the southern edges of Peckham and Nunhead.

Councillor Jonathan Mitchell said that he was pleased to see the envisaged use of the Dulwich Hospital site – it was ambitious but capable of being achieved.

Councillor Noakes asked whether the proposed model is unique to Dulwich, whether it is affected by the Secretary of State's response to the TSA and whether people can make wider comments about potential use of the site and building. Andrew Bland, Managing Director of the CCG, responded that the CCG will deliver consistent high standards across the borough but acknowledges that different solutions are required for different locations. He did not so far see much impact from the TSA recommendations but would keep this under review. On the consultation point, he explained that the CCG is consulting in respect of its health commissioning responsibility, i.e. on future health services. Malcolm Hines explained that the NHS property services company will take ownership of the site. The CCG will be required to put forward a business case in the light of the consultation findings, and unused areas of the site will be offered out in the first instance to public sector organisations. The CCG was working on the assumption that the new hub will be on the Dulwich Hospital site.

The committee made a number of suggestions around the EQIA and asked the officers to ensure they included Cooltan Arts, STAG and the full range of faith communities. The chair asked how the CCG's conflict of interest policy applies to this project and at what point the Dulwich GPs would have become aware of this project.

RESOLVED

The CCG officers agreed to send the consultation documents and schedule to committee members when it formally launches and to report back on the point re GPs' interests.

8. TRUST SPECIAL ADMINISTRATOR'S (TSA) REPORT AND RESPONSES

The committee welcomed Professor John Moxham, Director of Clinical Strategy at Kings Health Partners and Michael Marrinan, Medical Director at Kings College Hospital (KCH) and invited them to comment on the Secretary of State's (SoS) announcement in respect of the Trust Special Administrator's report. Mr Marrinan explained that subject to approval by Monitor and the KCH Board, it was likely that KCH would take over responsibility for the Princess Royal Hospital in Bromley. In terms of Lewisham Hospital, the closure of the obstetrician-led maternity unit would have an immediate impact on surrounding trusts. It was not clear how the new reduced emergency department would work at this stage and therefore its implications are not understood. It would be likely to result in an increased level of patient transfers between the sites, and KCH would continue to raise this issue. The SoS had announced that Lewisham would be retained as a working Emergency Department treating 75% of its current patients – Mr Marrinan was not aware of this model being in place anywhere else and it was therefore difficult to comment on how it might work. He thought the responsibility would come to the ambulance service to redirect patients to other EDs.

Councillor Williams asked how much the TSA process links with KHP's plans. Professor Moxham's view was that there is not an enormous link. KHP would continue its collaboration process and will work on the full business case between March and October. He was keen to emphasize that improving the care, health and wellbeing of local people lay at the heart of this process.

RESOLVED

The committee agreed to continue to track the KHP merger and to come back to it when there are opportunities to influence developments.

9. WORK PLAN

The committee agreed amendments to its workplan – set out in the agenda

Meeting ended at 10.05 pm

Report on Safeguarding Adults and Risk of Financial Abuse for people in receipt of Personal Budgets

Background

Southwark Council wants people to live independent and fulfilling lives, having a support system that is right for them. Southwark want care and support services to be more effective and focused on individuals so that they can be independent and be connected to their local communities. In line with the central government’s agenda for transforming Social Care Southwark is committed to offering all people personal budgets. A number of people have elected to take their budget in the form of cash to enable them to purchase services to meet their needs flexibly and in a way that best suits them.

Where people elect to take cash budgets the assessment process takes account of what support needs to be in place to assist in the management of the cash budget. If there is deemed to be a significant risk of financial exploitation to a person wanting to receive a cash budget those risks are mitigated by putting in place safeguarding and monitoring arrangements.

For all people receiving personal budgets an annual review takes place to measure whether or not the eligible needs have changed, and to review how the support in place is meeting the agreed outcomes. Where people that have taken a cash budget this will also include a review of how the money has been spent to ensure that it has been used to purchase support.

By giving people cash personal budgets there has been a concern that there is a risk that the money will not be spent for the appropriate purpose and that there may be an increased risk of financial abuse. The purpose of this report is to examine whether these views are borne out by abuse allegations investigated in recent months in Southwark.

Analysis of Allegations of Abuse in Southwark April 2012 – February 2013

Table 1 below indicates that the majority of people in Southwark now have in place Personal Budgets (currently 72.6%). The data shows that people are less likely to have a safeguarding referral made if they are in receipt of a personal budget with 10.5% of people with personal budgets having a safeguarding referral made compared to 15.9% of people without Personal Budgets having a referral made. People are less likely to have a referral made in respect of suspected financial abuse if they are in receipt of a Personal Budget with 3.8% of people with Personal Budgets having this type of referral made in respect of them compared to 6.6% of people without Personal Budgets having this type of referral made.

Table 1. Southwark Service Users (Feb 2013)¹

	Number of Service Users	% of Service Users	Number of SA Referrals	%of Su's with SA Referrals (prevalence)	Number of Financial Abuse Referrals	% of SU with Financial Abuse Referrals
Non-PB Services	1018	27.4	162	15.9	68	6.6
PB Services	2694	72.6	282	10.5	103	3.8
Total	3712	100	444	NA	171	NA

¹ Data correct as of 15th February 2013

Table 2 breaks down the 2694 people with personal budgets into the type of budgets they receive and again looks at the numbers and prevalence of safeguarding referrals that are made in respect of these groups. This table shows that people that have elected to take a cash budget (self managed) have a 5.5% chance of having a safeguarding referral made about their circumstances. Of the 433 people that have elected to take the cash there is only 1 person that has had a financial safeguarding referral made, and there is a lower prevalence of these type of referrals when compared to other personal budget types.

Table 2 Prevalence of Financial Abuse in Services Managed by Personal Budgets²

	Total Number of Service Users	Number of Safeguarding referrals	% of SU with SA Referrals	Total number of SA Financial Abuse Referrals	% of SU with SA Financial Abuse Referrals
Council Managed	1685	204	12%	65	3.8%
Self Managed	433	24	5.5%	1	0.23%
3rd Party managed	576	54	9.3%	37	6.4%
Total	2694	100	NA	103	

PB = Personal Budget
SA = Safeguarding Adults
SU = Service User

Conclusion

The concern that the personal budget model of service management and delivery would make service users more vulnerable to abuse is not borne out by the evidence collated thus far in Southwark. On data available in this reporting year there is a lower safeguarding referral rate for people in receipt of a personal budgets with the lowest rate occurring where people have elected to take the cash budget. When looking at financial abuse referrals there has to date been only one referral this year that involved a person with a cash personal budget. The prevalence of financial abuse referrals for people in receipt of cash budgets is very low when compared to other budget types with just 0.23% of cases having a referral made.

The causality for the reduced rate of safeguarding referrals for people in receipt of personal budgets needs to be explored further in light of this evidence. With most non-Personal Budget service users being in residential type care, one hypothesis to be tested is that people not in receipt of personal budgets are rendered more vulnerable due to their lower functioning and being in residential care.

The circumstances for the one person that has been in receipt of a personal budget and had a financial abuse referral raised have been reviewed. This was a case of a

² Data correct as of 15th February 2013

48 year old women with physical disabilities having her finances mismanaged and misappropriated by her ex-partner. The abuse extended beyond the personal budget to include her income and her savings. The person has been made safe, with her daughter now assisting in managing her finances and the circumstances of the abuse referred to the police. From the known facts of the case It does not appear that the presence of a personal budget was a significant factor in the financial abuse occurring in this case. Expressed another way it is likely the abuse would have occurred if the service user had been in receipt of any other type of personal budget.

In delivering personal budgets to service users Southwark is working collaboratively with a number of organisations to deliver money management solutions that assist people to manage their budgets and deliver auditable accounts of how the money is being spent. Southwark also has future plans to develop an e-market place offer that will enable people to have many of the choice and control benefits of a cash budget without the need to receive the cash. The Safeguarding Adults Partnership Board will continue to monitor safeguarding alerts to ensure that any indications that personal budgets are exposing service users to increased risk are identified and remedial action is taken.



Southwark Safeguarding Adults Partnership Board

Annual Report 2011-12



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Foreword by the Chair of the Southwark Safeguarding Adults Partnership Board

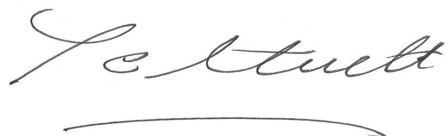
In 2011 – 2012 the pace of change in the public sector has accelerated with major restructuring underway in the NHS and further financial constraint throughout the sector. With regard to safeguarding adults in particular the forthcoming Care and Support Act is likely to place a statutory requirement on local authorities to respond to allegations of abuse of adults at risk and to place the Safeguarding Adults Board on a similar statutory footing to the Safeguarding Children's Board. During such periods of change it is the responsibility of the Adult Safeguarding Board to provide leadership and direction.

The following report details the increasing safeguarding demand in Southwark and the work being undertaken in response. We have included some anonymised case examples to illustrate and explain the safeguarding process but most importantly the impact on individuals. The report also details how the council, the NHS and other partners are responding both individually and collectively.

As you will see in the following pages the number of allegations of abuse made by adults at risk continues to rise year on year and this places considerable demand on the workforce. A major task of the Board in 2012 – 2013 will be to develop thresholds to define what constitutes a safeguarding alert as opposed to issues of management and quality.

I hope you find this report both informative and encouraging.

Yours sincerely,

A handwritten signature in cursive script, appearing to read 'Terry Hutt', with a horizontal line underneath it.

Terry Hutt

Chair of Southwark Safeguarding Adults Partnership Board

Safeguarding Adults: The National and Local Context

The local authority and wider partnership responsibilities in relation to safeguarding adults at risk from abuse has been the subject of review by central government for several years, initially as part of the review of 'No Secrets' the current DH guidance to local authorities and its partners on safeguarding responsibilities and practice and latterly, as part of the Law Commission's review of adult social care law. The review's recommendations were published in May 2011 and with regard to safeguarding adults recommended that statutory agencies should have a duty to appoint representatives to safeguarding adults partnership boards and a duty to co-operate in safeguarding investigations and activities. They also proposed a legal duty for local authorities to investigate suspected instances of adult abuse when a vulnerable adult is at risk of harm. The review stopped short of recommending powers of entry for social workers to homes where it is suspected vulnerable adults are being abused. More generally, the review recommended that there should be a national framework for eligibility for services that should stipulate national minimum entitlements to services.

Although unspecific in detailed proposals the draft Care and Support Bill (England) announced in the Queen's speech to parliament in May 2012 did state that social care law will be modernised to 'support the vision of reforms to be set out in a forthcoming white paper on care and support'. It is widely assumed that in relation to safeguarding adults the Law Commission recommendations will be accepted and enacted. In relation to entitlement and service delivery the announcement of the draft bill contained slightly more concrete proposals in that it was stated that the Bill will set out what support people can expect from the state, and local authorities will be required to fit their services around service users' needs rather than expecting service users to fit in with what is locally available. The aim being to put 'people in control of their care and give them greater choice, building on progress with personal budgets'.

Whilst there are no full details yet of proposed legislation any requirement for partnership working to be placed on a statutory footing would be welcomed by the Southwark Safeguarding Adults Partnership Board. However, in practice, this will make only procedural differences to the Board's activities as there is already a firm commitment from statutory partners to the work of the Board and a great deal of joint working and responses to the abuse of adults at risk already takes place.

In the past year the Safeguarding Adults Partnership Board has been monitoring whether there is any evidence to support the often expressed fears that the expansion of personal budgets places people at greater risk of financial abuse as this is a particular problem in Southwark. At present there is no clear data to support this fear. In 2011-2012 there were only 37 allegations of abuse made by or on behalf of people holding personal budgets from a total of 2600 personal budget holders and of these only 2 involved people holding and managing their own budget the remainder were allegations involving personal budgets being managed by the council (17) or third parties (18). The Safeguarding Adults Partnership Board will continue to

monitor safeguarding allegations in relation to personal budget holders to ensure that provision of this mode of service delivery is not creating greater risk for service users.

However, encouraging greater independence leads to greater community presence for adults at risk and whilst this is generally an overwhelmingly positive experience for most people, some people become victims of discriminatory, financial and other forms of abuse as a result of being more visible in the community. The Southwark Partnership Board for People with Learning Disabilities is particularly concerned that much abuse against people with learning disabilities goes unreported due to lack of information and knowledge on the part of people with learning disabilities about how to report abuse and also a lack of confidence in this group that anything can be done. Having said that between 2010-11 and 2011-12 there has been a 47% rise in reported allegations of abuse against people with learning disabilities from 74 to 105 alerts and many of these were self-reported which is a positive step forward.

However, Southwark is committed to tackling all forms of hate crime and the Safer Southwark Partnership (SSP) published the four year hate crime strategy for the borough in 2011. The strategy is available on the Southwark Council website: <http://www.southwark.gov.uk/hatecrime>.

The delivery of the hate crime strategy and its supporting delivery and communications plans are overseen by the multi-agency Southwark Hate Crime Network (SHCN). The network is co-ordinated and administered by a Community Safety Officer who supports and maintains an oversight of the hate crime work across the borough. The officer works closely with the co-chairs of the network to ensure the delivery plan remains up to date, that members of the SHCN are accountable for delivering the agreed actions and current priorities around tackling hate crime.

To increase reporting of disability hate crime, the council in partnership with the SHCN developed the first 'easy read' hate crime document. The document aims to explain the nature of what hate crime is in an easy to understand format and provide details of what to do if you are a victim or indeed witness of hate crime. The easy read document has been distributed and publicised at various community safety events and is available for download on the Southwark Council website: <http://www.southwark.gov.uk/hatecrime>

The Community Safety Partnership Service (CSPS) is currently liaising with the Fast Forward project in Peckham, a borough-wide project for young adults (11-25) with learning difficulties and disabilities. Through this work, CSPS aims to scope how young people are being affected by hate crime in Southwark, distribute appropriate information and materials to encourage reporting and deliver awareness training sessions where appropriate.

In common with the majority of local authorities Southwark is required by the Coalition Government to achieve major spending reductions over a three year

period from 2011 to 2013. Southwark's spending reduction target is £84.3 million of which £25 million is required to be found from Adult Social Care. This target is mainly being achieved through service redesign and transformation a model of which is the Southwark Circle project. However, Southwark has also made a pledge in its Charter of Rights for People Who Need Social Care Support that they will be safeguarded from abuse. To this end an expansion of the Safeguarding Adults Team has been agreed which will represent a substantial increase in expenditure on safeguarding adults services in the borough.

Key Achievements 2011-12

Key achievements in the past year include:

- The development of a comprehensive business plan 2012 -2014 which is based on ADASS standards for excellence in safeguarding adults and highlights priority work areas for the next two years (See Appendix One).
- The development of a training competences framework for the Southwark Safeguarding Adults Partnership and a training policy endorsed by all partners (See Appendix Two) In the coming year the plan is to develop a comprehensive training strategy for the Partnership.
- The development of a practice audit strategy which the results of which show greater partnership between agencies in the investigation of safeguarding adults issues and increased emphasis on seeking service users views about how the process has worked for them and whether they feel safer. In the coming year the Partnership will run a minimum of one service user survey to gain an in-depth understanding of what does and does not work in the safeguarding process for them. In addition we propose to develop a standard practice audit form for use across all partnership agencies.
- Increased emphasis has been placed on working with the voluntary sector to ensure there is greater awareness of the importance of safeguarding adults at risk. During 2011-12, Community Action Southwark (the umbrella group for the voluntary and community sector) as a member of the Safeguarding Adults Partnership Board has actively worked with Southwark Council to ensure member organisations understand their organisational and individual member responsibilities to safeguard vulnerable adults.
- For the past several years dignity in care has been a theme used to draw attention to, and improve care for vulnerable adults in health settings. Both Guys and St Thomas's NHS Foundation Trust (GSTT) and King's College Hospital NHS Foundation Trust (KCH) have

launched projects in the last year to ensure the rights and dignity of vulnerable patients are safeguarded.

GSTT has launched its “Forget-me-not” initiative to ensure that the needs of elderly people in hospital who also suffer from dementia and may not be able to communicate straightforwardly, or at all, are not overlooked. This is achieved by the simple, but effective method of giving such patients a blue forget-me-not coloured wrist band and notes folder. The scheme has proven so effective in ensuring such patients receive appropriate care and treatment and is so popular with patients and their relatives that GSTT are now considering introducing it into their community based services.

KCH has employed a specialist learning disabilities nurse in its safeguarding adults team who monitors the patient journey from admission to discharge for people with learning disabilities and advises medical and nursing staff on caring for such patients. The case study below illustrates the benefits of this scheme in ensuring patient’s with high levels of dependency receive appropriate care.

Case study of a 33 year old woman with severe learning disabilities, cerebral palsy and dependency for all activities of daily living. This is as an example of how the LD co-ordinator role facilitated medical and nursing teams to give the best care to this patient.

This patient came to King’s as emergency admission as mother was very concerned about her daughter experiencing severe abdominal pain. The patient had been in hospital approximately 8 months before with same problem. No cause was found for her pain on that occasion.

During this admission, routine tests were done to rule out most common causes of pain but all were negative. A plan to discharge was suggested to her mother who was very concerned at the lack of diagnosis. A member of Southwark team for Adults with LD, who was working with patient, passed on mother’s concerns to the LD co-ordinator at King’s.

Her mother was supported to discuss her concerns in a ward round and more diagnostic tests were agreed. These led to a diagnosis of chronic pancreatitis, a very painful condition. The treatment plan continued with further tests and input from the pain team to tailor her pain relief to her condition.

During the admission, her mother also asked for assistance to improve the nursing management of her daughter’s pain and distress when she was unable to be at the hospital. The nursing team was supported by the LD co-ordinator to care plan using mother’s expert knowledge. This included improving understanding of the patient’s non-verbal communication and when reassurance could be used in place of strong pain killers. This allowed both the patient and her mother to feel more relaxed when they were not together.

The treatment plan was finalised with input from the Southwark team for Adults with LD to ensure appropriate follow-up. Additionally, as the patient would need some convalescence at home, the Social Work team for Adults with LD were involved to

agree a phased return to her day service with extra home support in the meantime.

- Partnership working between Health and Adult Social Care Commissioning has been strengthened with the formation of the Senior Managers Quality and Safeguarding Meeting (SMQSM) as a sub group of the Safeguarding Adults Partnership Board. The meeting is held on a monthly basis and has membership of senior managers and commissioners from Southwark Business Support Unit, and Southwark Adult Social Care. The meeting provides the strategic leadership and overview of adult safeguarding across Southwark and provides updates and briefing to the Senior Management Teams in both Adult Social care and Southwark Business Support Unit on serious incidents and themes in adult safeguarding. Through the work of this group we have been able to activity engage with key local providers of residential and nursing care with a consequent improvement in standards to enable us to move from a position where 3 out of 4 in-borough homes were under embargo to having lifted embargos on 3 of the 4 homes whilst improvement work is ongoing with the remaining home under embargo.

- In February 2012 over 100 delegates from all sectors of the health and social care community, including service users, attended the annual Safeguarding Adults Partnership Board Stakeholders' Conference. The theme on this occasion was Safeguarding and Personalisation with the aim of informing attendees about what is happening in Southwark around the personalisation of services and to generate discussion about how the SAPB and its member agencies is responding to the personalisation and dignity agendas

- Delegates heard from local professionals about initiatives in social care and health and feedback from delegates was extremely positive, many commenting that a "local" agenda was more engaging and meaningful to them.

Allegations of Abuse against Adults at Risk 2011-12

In 2011-12 there were 500 alerts of abuse against adults at risk. This is an increase of 72 or a 17% on alerts received in 2010-11 when a total of 429 safeguarding alerts were received. This continues the trend of year on year increases since data was first collected in 2006-7. Whilst the number of alerts against elderly people has risen to from 223 to 242 or approximately 9% the number of alerts involving people with learning disabilities has risen from 74 in 2010-11 to 109 in 2011-12 an increase of 35 or 47%. As stated earlier this may be because people with learning disabilities are becoming more aware of how to recognise and report abuse.

In year, 26 alerts did not proceed to a full investigation whilst 107 alerts were substantiated or partially substantiated, 147 alerts were not substantiated and it was not possible to reach a conclusion in 49 cases.

71% of alerts raised involved people from a white UK background, however, as 53% of alerts involved people aged 65 and over this reflects the demographic of older people in the borough. 50% of alerts concerned allegations of abuse in the person's own home whilst 23% of alerts concerned care homes.

(For a fuller breakdown of statistics please see Appendix Three)

SAPB Priorities 2012 - 2013

- To more effectively combat the prevalence of financial abuse of adults at risk in Southwark the SAPB will create a Multi-Agency Financial Fraud Panel to advise operational teams on the investigation of financial abuse and develop proactive strategies for reducing the level of this type of abuse in the borough.
- The SAPB will continue to improve the quality of residential nursing care provision in the borough through the implementation of high quality standards framework monitored by commissioning services and individual service user reviews together with rigorous investigation of safeguarding allegations.
- To further improve safeguarding practice in the borough the SAPB will develop a Comprehensive Multi-Agency Safeguarding Adults Training Strategy including at levels 4-6 which may involve work with national agencies and other boroughs.
- To reassure the SAPB that safeguarding practice in the borough is meeting the needs of service users a service user survey will be

undertaken to determine customer satisfaction with the safeguarding process

- To reassure the SAPB that safeguarding practice is following policy and procedures the Practice, Audit, Quality and Performance sub-group will further develop the existing audit tool for use on a multi-agency basis.
- To ensure that the safeguarding system for protecting adults at risk from abuse does not become bogged down in the investigation of inappropriate cases the Safeguarding Adults Partnership Board will develop thresholds to clarify what constitutes a safeguarding alert.
- To actively encourage higher quality staff recruitment by provider agencies the SAPB will through the Joint Safeguarding HR Sub-Group and Southwark Commissioning will distribute to providers the revised Safer Recruitment and Training Audit Tool.
- To provide improved data quality and analysis the Southwark Safeguarding Adults Team will develop with the Southwark CareFirst Team a comprehensive electronic data collection and monitoring system.
- To meet the increased level of demand and complexity of safeguarding adults at risk and Deprivation of Liberty Safeguards work in Southwark, the Safeguarding Adults Team will be expanded and restructured.

Detailed priorities are outlined in the attached business plan (Appendix One)



Directors of
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ADASS Standards for Adult Safeguarding

The Standards are grouped into four main themes, which are further divided into sub themes:
It is important to consider them in the context of ALL of the partners in safeguarding, not just Adult Social Care, or even the council.

Themes	Outcomes for and the experiences of people who use services	Leadership, Strategy and Commissioning	Service Delivery, Effective Practice and Performance and Resource Management	Working together
Elements	<p>1. Outcomes</p> <p>2. People's experiences of safeguarding</p> <p>This theme looks at what difference to outcomes for people there has been in relation to Adult Safeguarding and the quality of experience of people who have used the services provided</p>	<p>3. Leadership</p> <p>4. Strategy and</p> <p>5. Commissioning</p> <p>This theme looks at the overall vision for Adult Safeguarding, the strategy that is used to achieve that vision and how this is led and commissioned</p>	<p>6. Service Delivery and effective practice</p> <p>7. Performance and resource management</p> <p>This theme looks service delivery, the effectiveness of practice and how the performance and resources of the service, including its people, are managed</p>	<p>8. Local Safeguarding Board</p> <p>This theme looks at the role and performance of the Local Safeguarding Board and how all partners work together to ensure high quality services and outcomes</p>



This Operational Action Plan is owned by the Southwark Safeguarding Adults Partnership Board (SAPB)
It will be implemented by The London Borough of Southwark working with local NHS and other key partners

Safeguarding Adults Operational Action Plan 2012-2014				
TASKS and ACTIONS REQUIRED	COMPLETION TARGET DATE	OWNER	DESIRED OUTCOMES and OUTCOME MEASURES	ACHIEVED?
Performance and Resource Management (ADASS Standard 7)		John Emery/ Organisational Development	A strategic approach to Learning and Development for safeguarding adults is established.	
a) Tender for the new L&D Programme	January – June 2012	Organisational Development/Partners		ONGOING
TASKS and ACTIONS REQUIRED	COMPLETION TARGET DATE	OWNER	DESIRED OUTCOMES and MEASURES	ACHIEVED?
Delivery and Effective Practice (ADASS Standard 6)				
d) Improve our awareness and options for response to the issue of financial abuse	Sept 2012	Practice/Commissioning		ONGOING

TASKS and ACTIONS REQUIRED	COMPLETION TARGET DATE	OWNER	DESIRED OUTCOMES and MEASURES	ACHIEVED?
Delivery and Effective Practice (ADASS Standard 6)		John Emery	The new Policy and Procedures are used consistently and confidently by all Adult Social Care and partner agency staff.	
a) Carry out joint training with NHS staff across all locations to raise awareness of joint approach to safeguarding	Sept 2012	John Emery/Mala Karusu		ONGOING
b) Ensure local procedures are kept up to date by reviewing	By 31 st March 2013	John Emery		ONGOING
c) Improve understanding and awareness of mental capacity and DoLS across partners	By April 2013	John Emery		ONGOING
d) We will actively arrange voluntary and independent sector participation	Ongoing	Terry Huff/ John Emery		ONGOING
e) Ensure the SAPB and partners discharge responsibilities under Section 11 of the Children Act 2004	Ongoing	Terry Huff/ John Emery		ONGOING

Southwark Safeguarding Adults Partnership				
TASKS and ACTIONS REQUIRED	COMPLETION TARGET DATE	OWNER	DESIRED OUTCOMES and MEASURES	ACHIEVED?
<p>Delivery and Effective Practice/ Local Safeguarding Board (ADASS Standards 6 & 8)</p> <p>1. Redesign the Safeguarding, DoLS and MCA service by:</p> <ul style="list-style-type: none"> ▪ Analysing staffing needs and available budget ▪ Developing and seeking agreement for the new staffing structure ▪ Recruiting to posts ▪ Setting some performance targets for the three parts of the team 	<p>Completion of tasks i. to iv. by 30th June 2012</p> <p>Ongoing</p>	<p>John Emery</p>	<p>For a): The team is redesigned, and posts are fully staffed. The team is working to and achieving set targets to demonstrate maximum budget and operational efficiency.</p> <p>Each of the three parts of the team are meeting performance targets.</p>	ONGOING

TASKS and ACTIONS REQUIRED	COMPLETION TARGET DATE	OWNER	DESIRED OUTCOMES and MEASURES	ACHIEVED?
Delivery and Effective Practice/ Local Safeguarding Board (ADASS Standards 6 & 8)		John Emery	<i>The five sub-groups are helping the SAPB to implement its strategic priorities. Each one:</i>	
a) Re-launch two sub-groups: 1. Learning and Development 2. NHS Partners b) Set up three new sub-groups: 1. Stakeholders (service users, carers, 3rd sector staff and others) 2. Practice Quality Assurance 3. Financial/Fraud Panel	By 31st July 2012		1. is fully operational by the target dates 2. holds regular multi-agency meetings 3. develops and work to SMART improvement plans, congruent with the SA Board's strategic plans 4. has its progress checked by the Board at regular intervals	ONGOING
b) Improve our awareness and options for response to the issue of physical abuse	Sept 2012	Practical Commissioning		ONGOING

Southwark Safeguarding Adults Partnership					
TASKS and ACTIONS REQUIRED	COMPLETION TARGET DATE	OWNER	DESIRED OUTCOMES and OUTCOME MEASURES	ACHIEVED?	
Performance and Resource Management (ADASS Standard 7)		John Emery	A strategic approach to Learning and Development for safeguarding adults is established.		
a) Draft a SAPB Safeguarding Adults Learning and Development Strategy with competencies to guide operational action	Sep-11	working with the Learning and Development sub-group	The 2011/13 L&D Programme is based on desired competencies and on national and regional policy. Experienced trainers are commissioned for each course well in advance.	ONGOING	
b) Revise the L&D Programme for 2011/13 to reflect desired competencies.	January – March 2011	All Partners		ONGOING	
c) Senior Practitioners' Development Group (with members from all teams) to meet monthly	Ongoing			ONGOING	

<p>Outcomes/ People's Experiences of Safeguarding (ADASS Standards 1 & 2)</p>			<p>The Safeguarding Adults quality measures in the Southwark Quality Assurance Framework are fully implemented to ensure systems and processes are leading to safer outcomes for adults at risk.</p>	
<p>a) Learning from adults at risk</p> <p>Develop and conduct a user-experience survey to assist in:</p> <ul style="list-style-type: none"> ▪ ensuring service users are put at the heart of our processes ▪ learning from their feedback <p>Also see Stakeholders' sub-group at Task 3. b) i. above</p>	<p>March 2013</p>		<p>Case audits and user-experience surveys take place by the target date. Results from these are reported to the SAPB and any necessary improvement action is added to this plan.</p>	<p>ONGOING</p>
<p>b) Routine assurance of case practice and recording</p> <p>Ensure local practice matches local procedure and that there is SA case practice discussion and quality monitoring within:</p> <ul style="list-style-type: none"> ▪ every individual supervision session, with discussion and decisions noted on each case record; ▪ Monthly group supervision sessions, to be minuted on the template provided. 	<p>Ongoing</p>	<p>SA Team</p>		<p>ONGOING</p>

Southwark Safeguarding Adults Partnership				ACHIEVED?
TASKS and ACTIONS REQUIRED	COMPLETION TARGET DATE	OWNER	DESIRED OUTCOMES and OUTCOME MEASURES	ACHIEVED?
<p>Performance and Resource Management (ADASS Standard 7)</p> <p>c) Audit of case practice and recording The following three audit methods will examine the quality of practice and adherence to the SA Policy and Procedures:</p> <p>i) Senior Practitioners to audit two safeguarding cases monthly, and then forwarded to the Safeguarding Adults Team for scrutiny and data capture.</p> <p>ii) The Safeguarding Adults Team to audit two cases (practice and recording) per team quarterly</p> <p>iii) Deputy Director to audit two targeted cases every six month</p> <p>iv) Heads of service to audit 1 'non-target' audit per month from alternate team</p> <p>v) Commission and implement annual quality assurance audit.</p> <p>vi) All audits to be forwarded to the safeguarding team for scrutiny.</p> <p>vii) Safeguarding team to report findings to Practice Quality Assurance sub group and Safeguarding Adults Partnership Board</p> <p>viii) Use audit findings to develop practice improvement plan</p>	<p>Every month</p> <p>Every quarter</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Annual</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Alex Laidler/Ray Boyce</p> <p>Senior Management</p> <p>Senior Management</p> <p>John Emery</p> <p>John Emery</p> <p>John Emery</p>	<p>The Safeguarding Adults quality measures in the Southwark Quality Assurance Framework are fully implemented to ensure systems and processes are leading to safer outcomes for adults at risk.</p>	<p>ONGOING</p>
				ONGOING

TASKS and ACTIONS REQUIRED	COMPLETION TARGET DATE	OWNER	DESIRED OUTCOMES and OUTCOME MEASURES	ACHIEVED?
Publicity and communications (ADASS Standard 3)		John Emery/ Comms Team/ James McConnell	Southwark's residents and professionals are kept informed about current safeguarding issues and how to prevent the abuse of vulnerable adults.	
a) update the SA Website ensuring it is easy for people to report abuse	2012 ongoing		Spot checks in person re distribution of publicity materials are held every six months.	ONGOING
b) Update communications materials to reflect the new Pan-London policy and procedures	2012 ongoing			ONGOING
c) Ensure updated publicity material is distributed across Southwark	2012 ongoing		The Stakeholders Events are held and it can be demonstrated that any key points of feedback are changing service delivery.	ONGOING
d) Target publicity towards under represented community group - meet with Community Action Southwark	2012 Ongoing			ONGOING

TASKS and ACTIONS REQUIRED	COMPLETION TARGET DATE	OWNER	DESIRED OUTCOMES and MEASURES	ACHIEVED?
Enabling positive and safer risk-enablement when increasing service user choice and control (ADASS Standards 1, 2 & 5)			Measures are in place to minimise the potential for greater risk of harm to vulnerable adults posed by increased user choice and control.	
a) Ensure safeguarding adults arrangements are integrated into the Personalisation and Customer Journey processes by: Safeguarding Adults Team contributing to colleagues' work- stream meetings Safeguarding Adults statements and advice being added to all Personalisation plans and publicity literature Further integration through discussion and dissemination at: SSMG SPDG	Ongoing Ongoing Ongoing		Case record audits show that staff know how to promote user choice, control and risk-enablement.	ONGOING

TASKS and ACTIONS REQUIRED	COMPLETION TARGET DATE	OWNER	DESIRED OUTCOMES and MEASURES	ACHIEVED?
Review Safeguarding Adults data management systems	31st October 2012		Data systems are rationalised and new ones implemented. Safeguarding adults data is captured effectively.	
a) Map and transfer all Safeguarding Adults data from all systems in use across ASC on to CareFirst version 6.9	January 2013			ONGOING
b) Amend AP/SA electronic forms to ensure compliance with Pan-London policy and procedures and DH dataset requirements	2012 and ongoing		The data presented quarterly to the SAPB is accurate and comprehensive.	ONGOING
TASKS and ACTIONS REQUIRED	COMPLETION TARGET DATE	OWNER	DESIRED OUTCOMES and MEASURES	ACHIEVED?
Commissioning (ADASS Standard 5)				
a) check that all contracts and specifications have strong safeguarding adults and preventative elements, and monitor for compliance	Ongoing	Jonathan Lillistone	Contract specifications have been revised with providers, and give commissioners' clear expectations as regards safeguarding adults.	ONGOING
b) monitor uptake of learning and development by provider agencies	Six monthly	Jonathan Lillistone		ONGOING
c) Effective monitoring of provider services	Ongoing	Jonathan Lillistone		ONGOING
d) Personalisation: Monitoring the impact of personalisation regarding safeguarding and develop commissioning strategy	2012 and ongoing	Jonathan Lillistone/ John Emery		ONGOING

TASKS and ACTIONS REQUIRED	COMPLETION TARGET DATE	OWNER	DESIRED OUTCOMES and MEASURES	ACHIEVED?
Delivery and effective practice/ Local Safeguarding Board (ADASS Standards 6 & 8)		John Emery	The new Policy and Procedures are used consistently and confidently by all Adult Social Care and partner agency staff.	
a) Brief operational staff in all agencies and ensure procedures are being consistently used.	April – June 2011	John Emery		COMPLETED
b) Contribute to the development of the Pan-London policy and procedures/attend regional and national networks	During 2010	John Emery	Monthly, quarterly and annual case audits show full compliance from alert to closure.	COMPLETED
c) Modify the policy and procedures to meet Southwark's specific needs.	31st January 2011	John Emery		COMPLETED
d) Launch the (locally modified) policy and procedures across Southwark's agencies	April – June 2011	John Emery		COMPLETED
e) Quantify and secure budget for printing and publicity re Pan-London procedures	31st December 2010	John Emery		COMPLETED
f) Provide administrative support to the SAPB and its sub-groups (agendas, minutes, documents, venue booking)			For b): The SA Partnership Board (SAPB) and its sub-groups are helped to operate efficiently at all meetings. A set of administrative documents can be shown for each meeting.	COMPLETED

Southwark Safeguarding Adults Partnership					
TASKS and ACTIONS REQUIRED	COMPLETION TARGET DATE	OWNER	DESIRED OUTCOMES and OUTCOME MEASURES	ACHIEVED?	
Performance and Resource Management (ADASS Standard 7)		John Emery	A strategic approach to Learning and Development for safeguarding adults is established.		
a) Within the SA L&D Strategy, agree levels of safeguarding competencies across the Southwark Safeguarding Adults Partnership	January – March 2011	All Partners		COMPLETED	
b) Training for newer elected Members	January – March 2011	John Emery		COMPLETED	
c) Establish the Practice Quality Assurance sub-group of the SAPB	By March 31 st 2011			COMPLETED	
TASKS and ACTIONS REQUIRED	COMPLETION TARGET DATE	OWNER	DESIRED OUTCOMES and OUTCOME MEASURES	ACHIEVED?	
Publicity and communications		John Emery	Southwark's residents and professionals are kept informed about current safeguarding issues and how to prevent the abuse of vulnerable adults.		
d) Organise one stakeholders events (theme: Personalisation and Safeguarding Adults) to widen awareness and ensure inclusion	Event to be held in November 2010			COMPLETED	

TASKS and ACTIONS REQUIRED	COMPLETION TARGET DATE	OWNER	DESIRED OUTCOMES and MEASURES	ACHIEVED?
Enabling positive and safer risk-enablement when increasing service user choice and control				
a) Provide specific briefings and /or training for first-line staff and managers about how to balance risk-taking with prevention from harm.	June 2011			COMPLETED
b) Hold two Stakeholder events with a Personalisation and Safeguarding Adults theme as at 6. d) above	In November 2010 and March 2011	John Emery		COMPLETED

TASKS and ACTIONS REQUIRED	COMPLETION TARGET DATE	OWNER	DESIRED OUTCOMES and MEASURES	ACHIEVED?
Review Safeguarding Adults data management systems	Jun-11		Data systems are rationalised and new ones implemented. Safeguarding adults data is captured effectively.	
c) Performance indicators built into Carefirst workflow to ensure good data capture		Completed		COMPLETED

TASKS and ACTIONS REQUIRED	COMPLETION TARGET DATE	OWNER	DESIRED OUTCOMES and MEASURES	ACHIEVED?
Commissioning (ADASS Standard 5)				
a) Implement the Joint Adults and Children HR Safer Recruitment protocol	Completed & ongoing	John Emery/Susan Shah	Protocols for Safer Recruitment are launched	COMPLETED

Performance framework for Safeguarding Adults

Transforming Southwark for a fairer future for all



Introduction

This framework has been designed to provide a baseline for standards of competence that individuals can expect to receive from those professionals and organisations that are tasked with Safeguarding Adults. It also provides employees and their managers with a benchmark for the minimum standard of competence required of those who work to Safeguard Adults across a range of sectors.

This framework provides a guide to establish consistency in approach to Safeguarding Adults. The framework includes a combination of the skills, knowledge and experience that individuals should have to carry out their appropriate role within a safeguarding context.

Staff should be assessed as competent against the competencies that are relevant to their role. Whatever their role, all staff should know when, and how to report any concern about abuse of an adult.

A quick guide to using the framework

(1) Plan	Plan performance against the competency framework
(2) Do	Carry out responsibilities as detailed in the framework.
(3) Review	As part of on-going supervision review performance against the standards in the framework.
(4) Reflect	Reflect on performance during one to one supervision and identify any development opportunities which will enhance skills and performance.

SAFEGUARDING ADULTS: COMPETENCIES IN WORKING WITH PEOPLE AND DELIVERING SAFEGUARDING SERVICE

<p><u>Level 1</u> Employees, workers, volunteers and Councillors who have contact with vulnerable adults</p> <p>Included but not limited to:</p> <ul style="list-style-type: none"> • HR staff • Clerical and admin staff • Domestic and ancillary staff • Elected members • Volunteer Befrienders • Charity trustees 	<p><u>Level 2</u> Employees, workers and volunteers who work regularly with vulnerable adults</p> <p>Included but not limited to:</p> <ul style="list-style-type: none"> • All support staff in health and social care settings • Drivers, other transport staff • Day service staff
<p><u>Level 3</u> Employees and workers involved in the assessment and protection of vulnerable adults.</p> <p>Included but not limited to:</p> <ul style="list-style-type: none"> • Social workers • NHS clinical and professional staff • Senior Practitioners • Team Managers • Service Managers • Health and Social Care Provider Managers • CPA Care Co-ordinators 	<p><u>Level 4</u> Managers of staff working with vulnerable adults.</p> <p>Included but not limited to:</p> <ul style="list-style-type: none"> • Heads of service • Head of provider service • NHS managerial and supervisory staff
<p><u>Level 5</u> Those with strategic responsibility – senior managers, Safeguarding Board Members, lead Councillor for Adult Services, Non- Executive Director.</p> <p>Included but not limited to:</p> <ul style="list-style-type: none"> • Safeguarding Leads, MCA Leads, Safeguarding team members, Director Adult Social Care, Lead Councillors responsible for safeguarding adults and Independent Chairs of Safeguarding adults 	

LEVEL 1**Employees, workers, volunteers and Councillors who have contact with vulnerable adults****Who this level is for:**

All staff who have direct or indirect contact with adults at risk including but not limited to:

- **HR staff**
- **Clerical and admin staff**
- **Domestic and ancillary staff**
- **Elected members**
- **Volunteer Befrienders**
- **Charity trustees**

Competency**Critical Performance**

Understand what Safeguarding is and their role in Safeguarding Adults

- Show clear understanding of their role in identifying and reporting concerns regarding adult abuse
- Show understanding of their organisations policy and procedures
- Show understanding of local authority role: duty to protect
- Treat reports seriously
- Understand limits to confidentiality

LEVEL 2**Employees, workers and volunteers who work regularly with vulnerable adults****Who this level is for:**

All staff who have direct or indirect contact with adults at risk including but not limited to:

- **All support staff in health and social care settings**
- **Drivers, other transport staff**
- **Day service staff**

Competency**Critical Performance**

<p>Recognise an adult potentially in need of Safeguarding and take action as appropriate to role:</p>	<ul style="list-style-type: none"> • Shows clear understanding of the meaning of 'vulnerable adult' or 'adult at risk' as defined in relevant policy guidance e.g. 'No Secrets' (2000) Pan London Protecting Adults at Risk Policy (2011) • Shows understanding of what constitutes 'abuse' • Know the different forms of abuse and how to recognise their signs/indicators • Demonstrate an understanding of the factors that might increase risk of abuse • Report concerns appropriately • Contact emergency services to summon assistance if the individual is in immediate danger
<p>Understanding the procedures for making a 'Safeguarding Alert'</p>	<ul style="list-style-type: none"> • Show understanding of the Local Authority/ own agency's Safeguarding Adults policy and procedures • Know how to ensure the individual is safe when the risk of abuse is high • Know who they should contact • Know how to make a referral • Know what to do if adult at risk is in immediate danger
<p>Understand dignity and respect when working with individuals</p>	<ul style="list-style-type: none"> • Value individuality and be non-judgemental • Recognise the individuals rights to exercise freedom of choice • Recognise the individuals right to live in an abuse free environment • Be aware of how your values and attitude influence your understanding of the situation • Listen to individuals and allow individuals time to communicate any preferences and wishes
<p>Have knowledge of policy, procedures and legislation that supports Safeguarding Adults activity</p>	<ul style="list-style-type: none"> • Demonstrates awareness of national and local policies/legislation that support Safeguarding activity e.g. Mental Capacity Act; Deprivation of Liberty Safeguards; No Secrets; Human Rights Act; • Understand how to 'whistle blow' using related policies and procedures

LEVEL 3

Employees and workers involved in the assessment and protection of vulnerable adults

Who this level is for:

- **Social workers**
- **NHS clinical and professional staff**
- **Senior Practitioners**
- **Team Managers**

<ul style="list-style-type: none"> • Service Managers • Health and Social Care Provider Managers • CPA Care Co-ordinators 	
Competency	Critical Performance
Demonstrates skills and knowledge to contribute effectively to the Safeguarding process	<ul style="list-style-type: none"> • Practices in line with local authority and Pan London guidance in Safeguarding • Responds to alerts/referrals in a timely manner • Identify and reduce potential and actual risks after disclosure or an allegation has been made • Practice effective multi-agency partnership working • Adhere to timescales • Attend and contribute to investigations/meetings/information sharing • Develop protective strategies for those that decline services • Has awareness of and confidence to use 'whistle blowing' policy and procedures when required
Awareness and application of a range of local and national policy and procedural frameworks when undertaking Safeguarding activity	<ul style="list-style-type: none"> • Demonstrate understanding on the levels, thresholds or pathways of investigating in response to a 'safeguarding referral' and the requirements of gathering initial information • Describe the purpose of a strategy meeting/discussion and how to contribute to this and any subsequent investigation plan • Describe the purpose of a Safeguarding case conference, and how to contribute to this and any subsequent protection plan • Know how to make a safeguarding referral to the Southwark Adult Social Work Service • Know what legislation / policy informed a specific piece of work and why • Use of alternative policy and legislation to support preventative strategies e.g. carer support, pathway for dementia care etc • Be aware and challenge if necessary organisational cultures that may lead to poor practice in Safeguarding
Ensure service users / carers are supported appropriately to understand Safeguarding issues to maximise their decision making	<ul style="list-style-type: none"> • Work with service users to ensure they are fully aware of all options available to them and also of the preventative measures that they may be able to put in place to protect themselves from abuse i.e. lasting powers of attorney (Mental Capacity Act) and/or police involvement • Recognise service users' rights to freedom of choice • Show understanding of how abuse may affect individuals' decision making processes e.g. domestic violence • Provide information on local and national groups that may be able to provide support e.g. victim support, IMCA service and/or local carers group/advocacy service • Provide written and verbal information on local

	<p>Safeguarding Adult processes and how they can be accessed by service users and carers</p> <ul style="list-style-type: none"> • Have knowledge of resilience factors and how these might interact with Safeguarding • Understand how policy / legislation can have the potential to be used oppressively e.g. Mental Capacity Act, Best Interest Decisions may conflict with Human Rights (Article 3/5) • Describe the potential impact of abuse on vulnerable adults, the staff or individuals who are alleged to have committed abuse and the informal carer who may have raised the alarm • Recognise perpetrators of abuse may be vulnerable themselves and require support • Actively engage with individuals who decline services and/or engage support of others to achieve this
Understand how best evidence is achieved	<ul style="list-style-type: none"> • Show a comprehensive and detailed knowledge of gathering, evaluating and preserving evidence • Describe why it is important to preserve evidence
Understand when to use emergency systems to Safeguard adults	<ul style="list-style-type: none"> • Know how to contact out of hours service • Use emergency services when necessary e.g. police or LAS intervention • Describe when emergency protection plans may be required. • Use legislation where immediate action may be required e.g. the Mental Health Act 1983 or urgent authorisation under DOLS
Maintain accurate, complete and up-to-date records	<ul style="list-style-type: none"> • Understand the issues of confidentiality and data protection when writing reports/email communication and sharing information with partner agencies • Understand risk assessment in safeguarding and service user protection included as part of the overall care plan • Ensure that all safeguarding alerts are properly documented • Ensure that minutes of meetings and discussions are accurately documented in agency/service records • Ensure that protection plans are properly documented and recorded
Demonstrate required level of skills and knowledge to participate in a Safeguarding Adults investigation	<ul style="list-style-type: none"> • Show thorough knowledge and application of purpose, duties, tasks involved in Safeguarding investigations • Support and implement any agreed strategy to protect an adult from any further abuse during their stay in hospital • Understand the different roles and responsibilities of the different agencies involved in investigating allegations of abuse

LEVEL 4

Managers of staff working with vulnerable adults	
<p>Who this level is for:</p> <p>Including but not limited to:</p> <ul style="list-style-type: none"> • Heads of service • Head of provider service • NHS managerial and supervisory staff 	
Competency	Critical Performance
Actively engage in supporting a multi-agency approach to safeguarding adults	<ul style="list-style-type: none"> • Demonstrate an understanding of the different roles and responsibilities of all agencies involved in investigations and ensure these are met • Have a good understanding of the Pan-London Protecting Adults at Risk Policy and Procedures and its local implementation process • Demonstrate application of learning from CQC inspections and Serious Case Reviews in service development • Demonstrate how multi-agency prevention strategies are being used in practice • Challenge poor practice at an intra and inter-agency level
Support the development of robust internal systems to provide consistent, high quality safeguarding adults service	<ul style="list-style-type: none"> • Carry out effective monitoring and auditing • Contribute to the commissioning of appropriate training to support on-going development of safeguarding services • Ensure supervision is carried out regularly to support safeguarding activity • Ensure supervisors are suitably trained to carry out the safeguarding role • Support 'whistle blowing' policy and procedures • Monitor safeguarding systems • Ensure workforce has necessary skills and knowledge to work effectively • Ensure effective, training, policy and procedures are in place to support effective risk and decision making in practice
Demonstrate required level of skills and knowledge to participate in a Safeguarding Adults investigation	<ul style="list-style-type: none"> • Show thorough knowledge and application of purpose, duties, tasks involved in Safeguarding investigations • Support and implement any agreed strategy to protect an adult from any further abuse during their stay in hospital • Understand the different roles and responsibilities of the different agencies involved in investigating allegations of abuse

LEVEL 5

Those with strategic responsibility – senior managers, Safeguarding Board Members, lead Councillor for Adult Services, Non- Executive Director

Who this level is for:

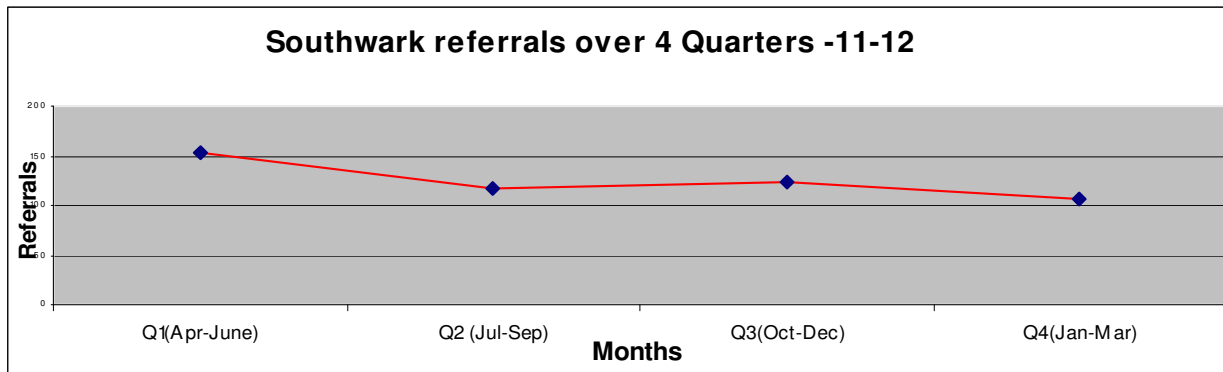
- **Safeguarding Leads**
- **MCA Leads**
- **Safeguarding team members**
- **Director Adult Social Care**
- **Lead Councillors responsible for safeguarding adults**
- **Independent Chairs of Safeguarding adults**

Competency	Critical Performance
Lead the development of effective policy and procedures for Safeguarding Adult services in your organisation	<ul style="list-style-type: none"> • Work with partner agencies to develop a consistent intra and inter agency approach to • Safeguarding Adults • Have strategic understanding of the scope of Safeguarding services across the whole • organisation • Work in partnership with a range of agencies to promote Safeguarding adult services • Provide leadership for the workforce stating clear aims and objectives in Safeguarding Adults • Ensure contractual arrangements with service providers adhere to Safeguarding Adults policy • and procedures • Can effectively communicate a proactive approach to Safeguarding Adults within your • organisation • Be able to account for your organisations practice • Ensure 'whistleblowing' systems are in place
Ensure plans and targets for 'Safeguarding Adults' are embedded at a strategic level across your organisation	<ul style="list-style-type: none"> • Ensure internal audit systems are robust • Actively engage in and have comprehensive knowledge of CQC inspections and findings and how these will be implemented to support service development in your organisation • Be aware of the findings from Serious Case Reviews and any implication for service delivery in respect of Safeguarding adults within the organisation
Promote awareness of Safeguarding adults systems within your organisation and outside of your	<ul style="list-style-type: none"> • Publicise and promote Safeguarding policy and procedures • Can identify systems and structures in place used to raise awareness of Safeguarding Adults at a local and national level

organisation	
Develop and maintain systems to ensure the involvement of those who use your services in the evaluation and development of your Safeguarding Adults services	<ul style="list-style-type: none"> • Ensure service users, patients, carers and customers are supported and involved in all aspects of activity, and that their feedback impacts upon service plans, locality action plans and the delivery of Safeguarding • Provide evidence of how patients, service users, carers and customers are involved in Safeguarding activity
Chair Safeguarding Adults Meetings or Discussions	<ul style="list-style-type: none"> • In line with the Pan London Protecting Adults at Risk Policy and Procedures chair strategy meetings
Ensure record systems are robust and fit for purpose	<ul style="list-style-type: none"> • Implement audit regimes • Ensure records (including electronic systems) are maintained to a high standard • Ensure appropriate record keeping of safeguarding adults meetings e.g. minutes, reports, attendance records

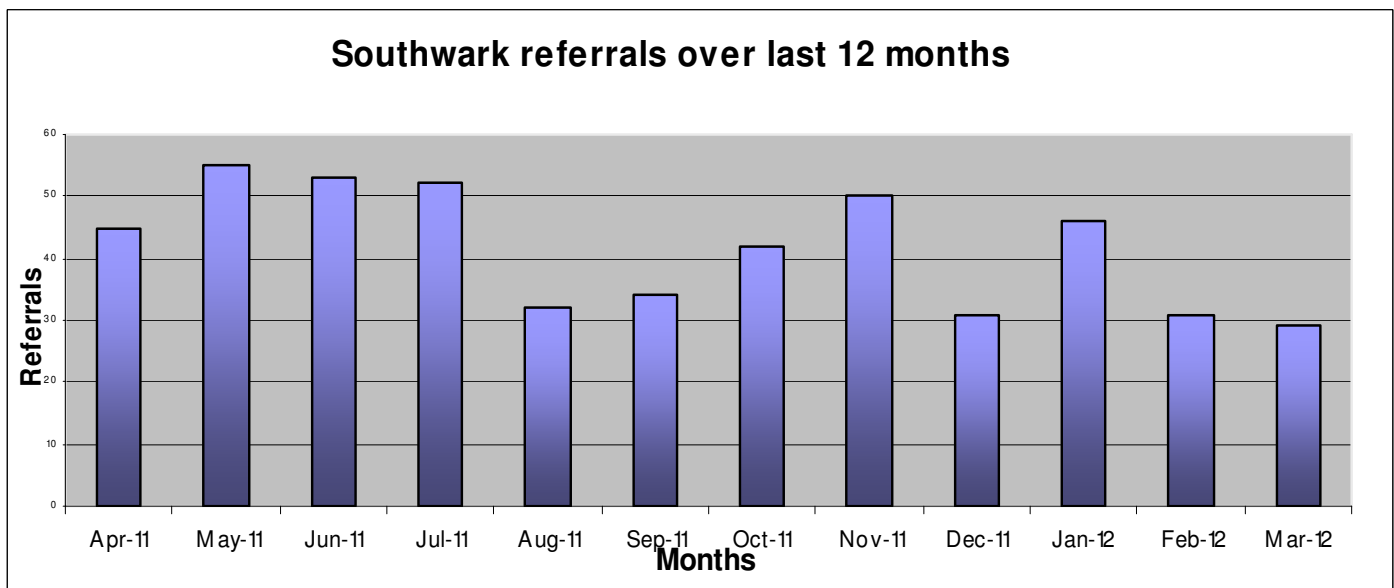
Safeguarding Adults Annual Statistics

Safeguarding Alerts



Quarterly Alerts

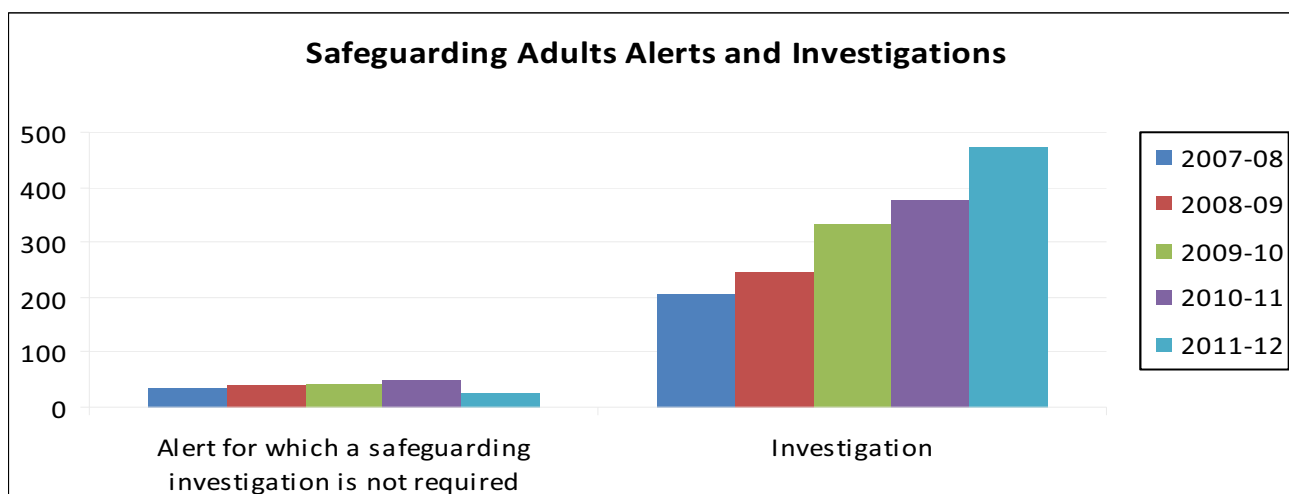
Q1(Apr-June)	Q2 (Jul-Sep)	Q3(Oct-Dec)	Q4(Jan-Mar)	Total
153	118	123	106	500



Referrals April 2011 -March 2012

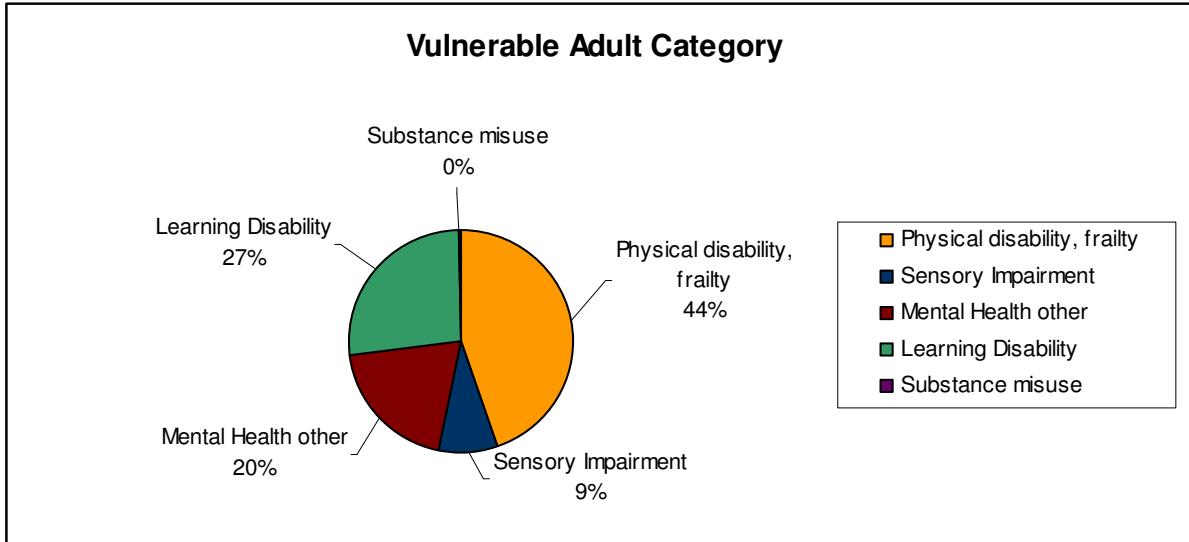
Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Total
45	55	53	52	32	34	42	50	31	46	31	29	500

Safeguarding Alerts and Investigations by Year



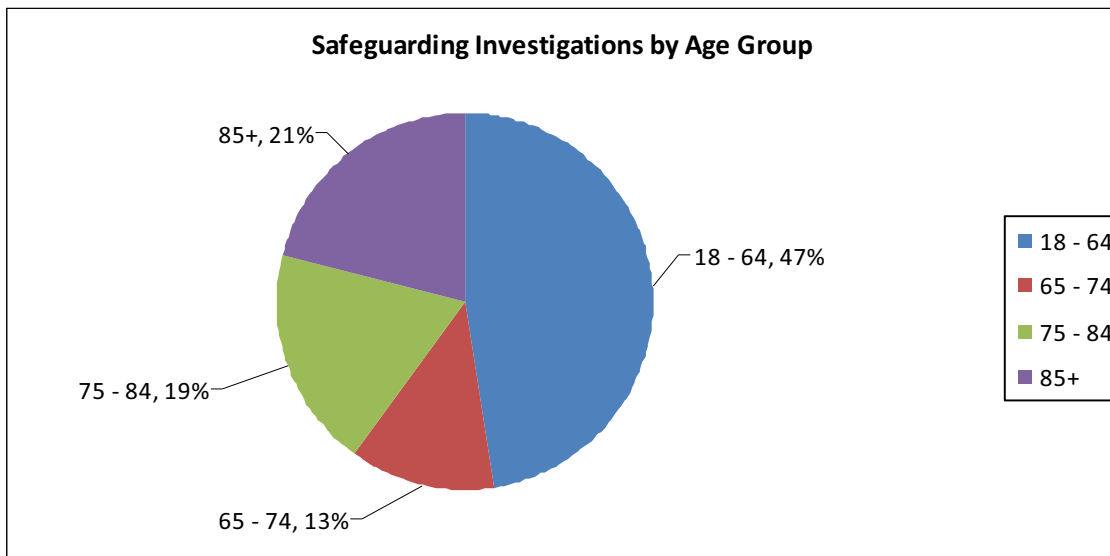
Safeguarding Alert and Investigation Totals					
	2007-08	2008-09	2009-10	2010-11	2011-12
Alert for which a safeguarding investigation is not required	36	40	45	51	26
Investigation	208	248	332	378	474

Safeguarding Alerts by Vulnerable Adult Category



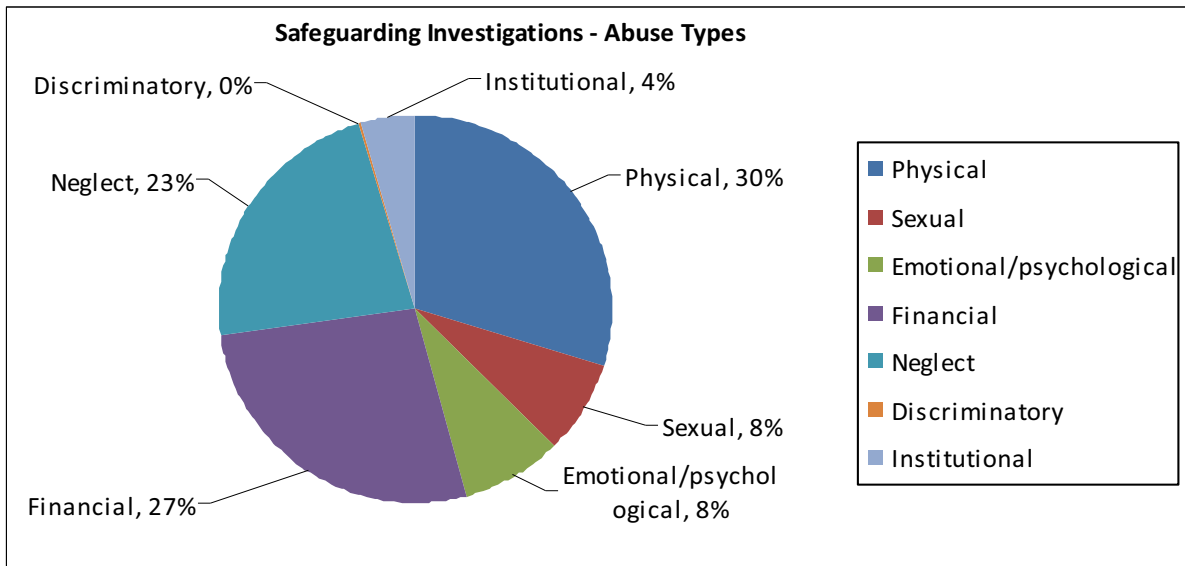
Vulnerable Adult Category	Total	%
Physical disability, frailty	224	8%
Sensory Impairment	43	9%
Mental Health other	98	20%
Learning Disability	133	27%
Substance misuse	2	0%
Grand Total	500	

Safeguarding Investigations by Age Group



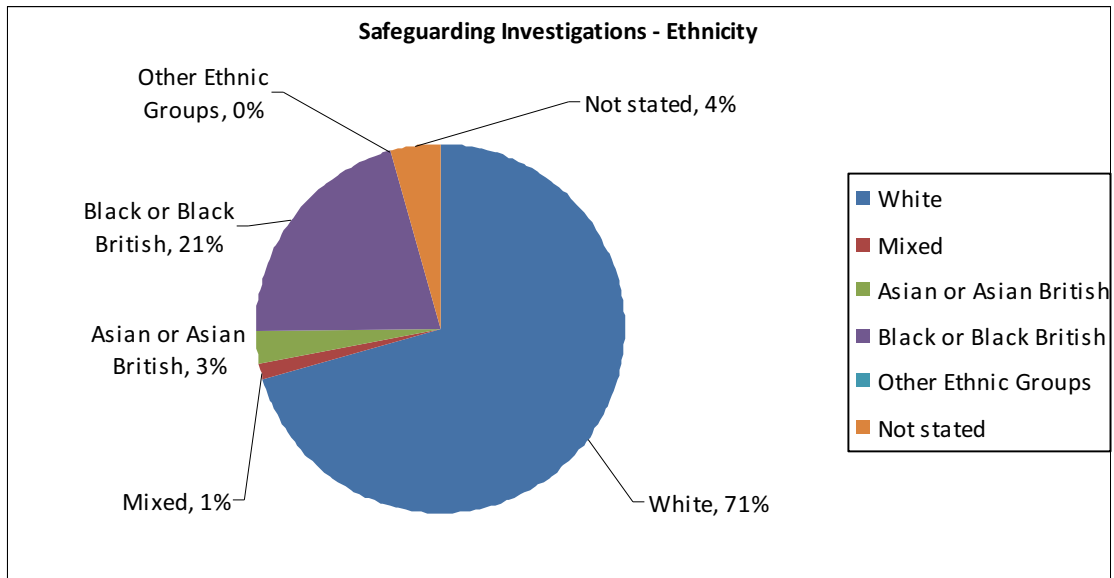
Safeguarding Investigations by Age Groups	Total	%
18 - 64	237	47%
65 - 74	63	13%
75 - 84	94	19%
85+	106	21%
	500	

Safeguarding Investigations by Abuse Type



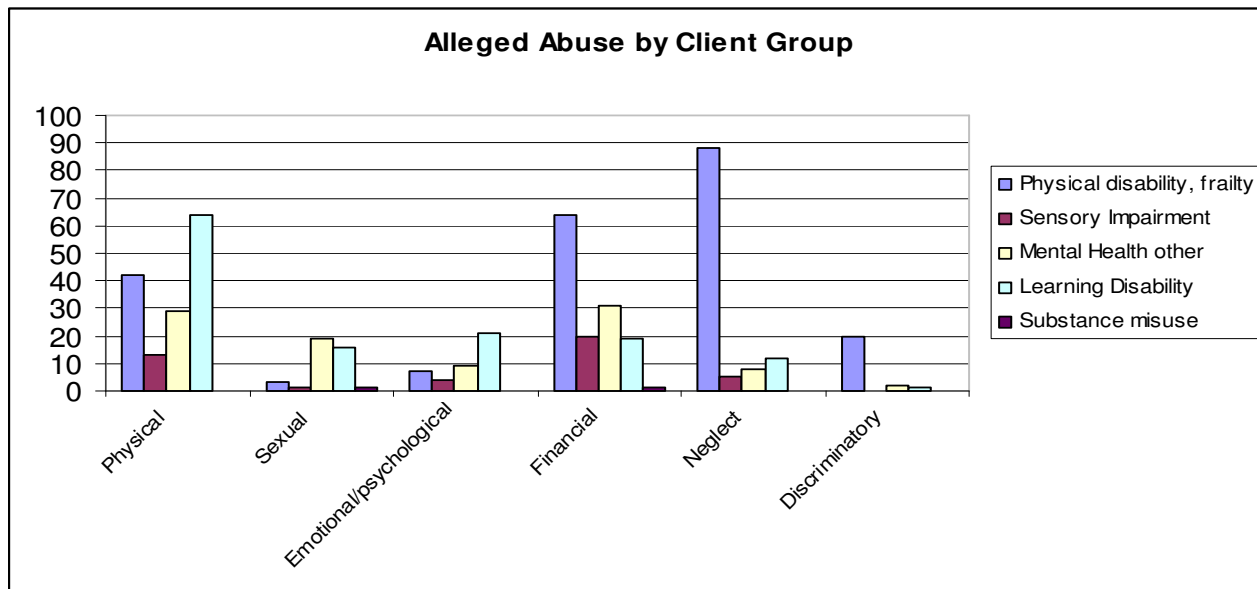
Nature of alleged abuse:	Total	%
Physical	148	30%
Sexual	40	8%
Emotional/psychological	41	8%
Financial	135	27%
Neglect	113	23%
Discriminatory	1	0%
Institutional	22	4%
Total	500	

Safeguarding Investigations by Ethnicity



Ethnicity	Total	%
White	353	71%
Mixed	7	1%
Asian or Asian British	13	3%
Black or Black British	105	21%
Other Ethnic Groups	0	0%
Not stated	22	4%
Total	500	

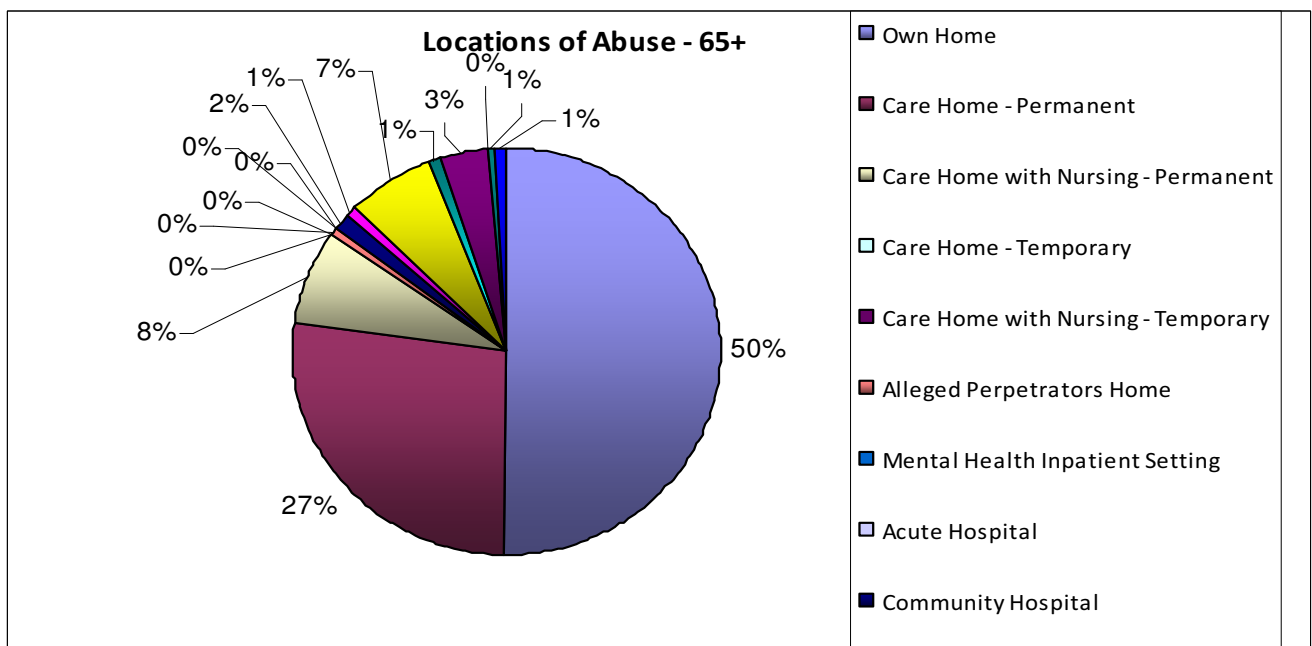
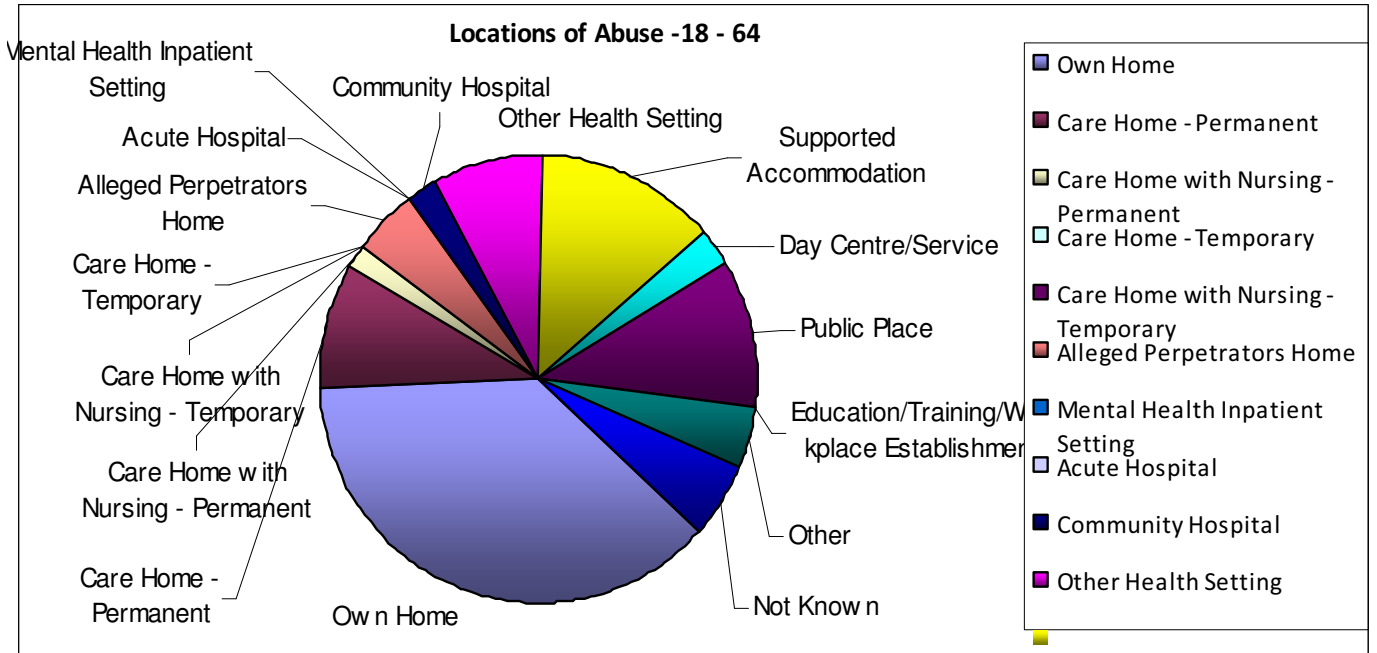
Alleged Abuse by Client group



AVA Abuse Type	Physical disability, frailty	Sensory Impairment	Mental Health other
Physical	42	13	29
Sexual	3	1	19
Emotional/psychological	7	4	9
Financial	64	20	31
Neglect	88	5	8
Discriminatory	20	0	2
Grand Total	224	43	98

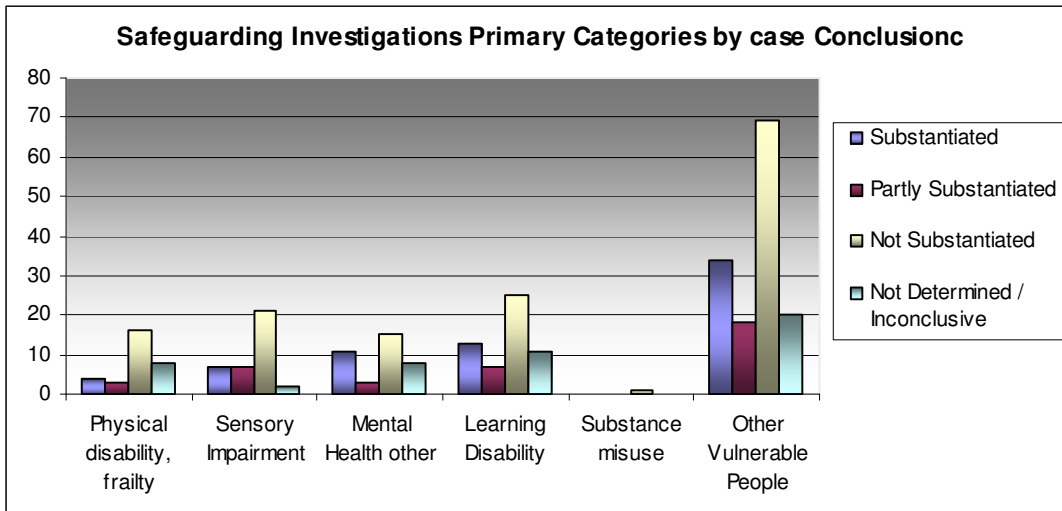
AVA Abuse Type	Learning Disability	Substance misuse	Grand Total
Physical	64	0	148
Sexual	16	1	40
Emotional/psychological	21	0	41
Financial	19	1	135
Neglect	12	0	113
Discriminatory	1	0	23
Grand Total	133	2	500

Locations of Abuse by Age Group

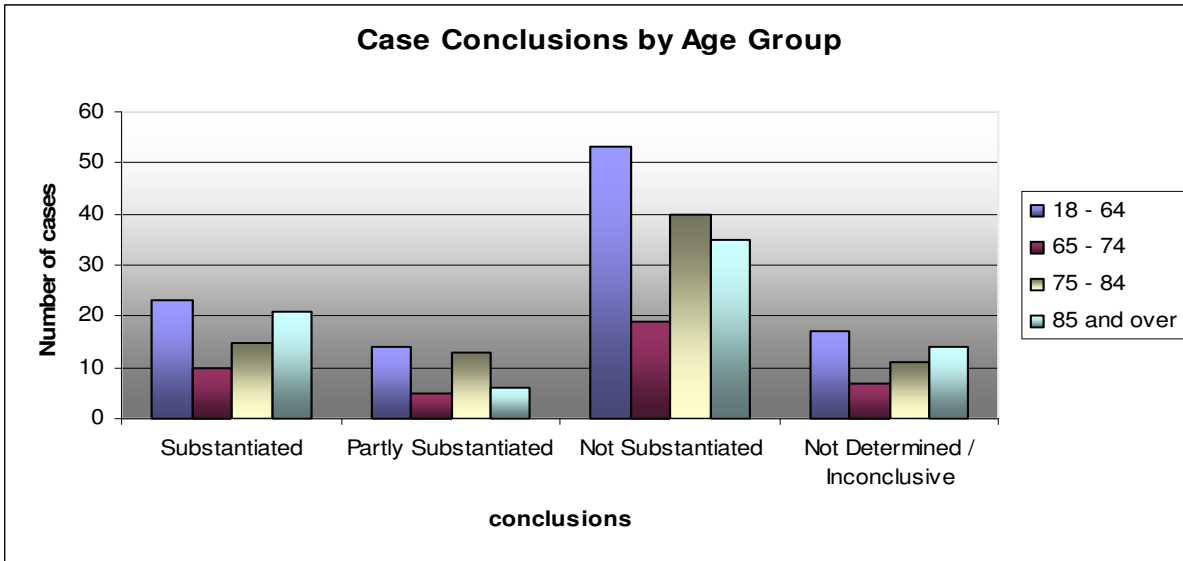


	18 - 64	65 - 74	75 - 84	85 and over	Total
Own Home	89	35	48	49	221
Care Home - Permanent	21	13	22	36	92
Care Home with Nursing - Permanent	4	1	7	12	24
Care Home - Temporary	0	0	0	0	12
Care Home with Nursing - Temporary	0	0	0	0	
Alleged Perpetrators Home	12	0	1	0	
Mental Health Inpatient Setting	0	0	0	0	
Acute Hospital	0	0	0	0	9
Community Hospital	5	1	2	1	
Other Health Setting	19	1	0	1	50
Supported Accommodation	32	6	7	5	
Day Centre/Service	6	0	1	1	
Public Place	25	3	5	1	
Education/Training/Workplace Establishment	0	0	0	0	
Other	11	2	0	0	13
Not Known	13	1	1	0	
Total	237	63	94	106	500

Safeguarding Investigation Conclusions

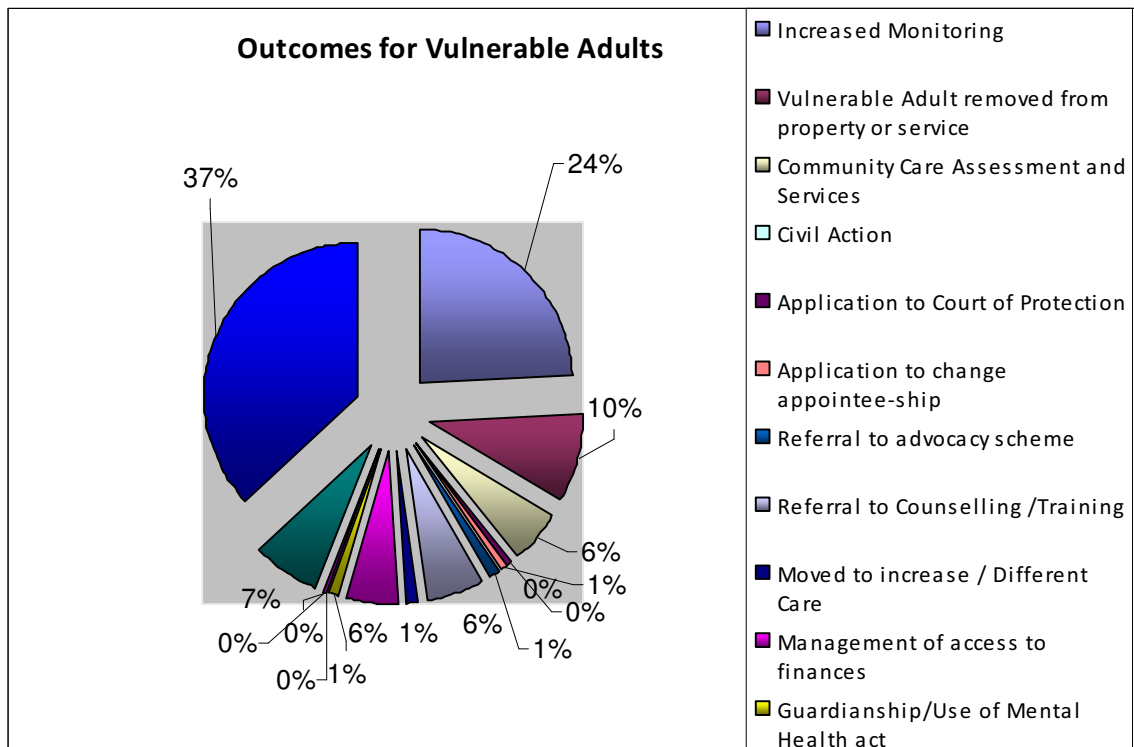


By Category	Substantiated	Partly Substantiated	Not Substantiated	Not Determined / Inconclusive	Grand Total
Physical disability, frailty	4	3	16	8	31
Sensory Impairment	7	7	21	2	37
Mental Health other	11	3	15	8	37
Learning Disability	13	7	25	11	56
Substance misuse	0	0	1	0	1
Other Vulnerable People	34	18	69	20	141
	69	38	147	49	303

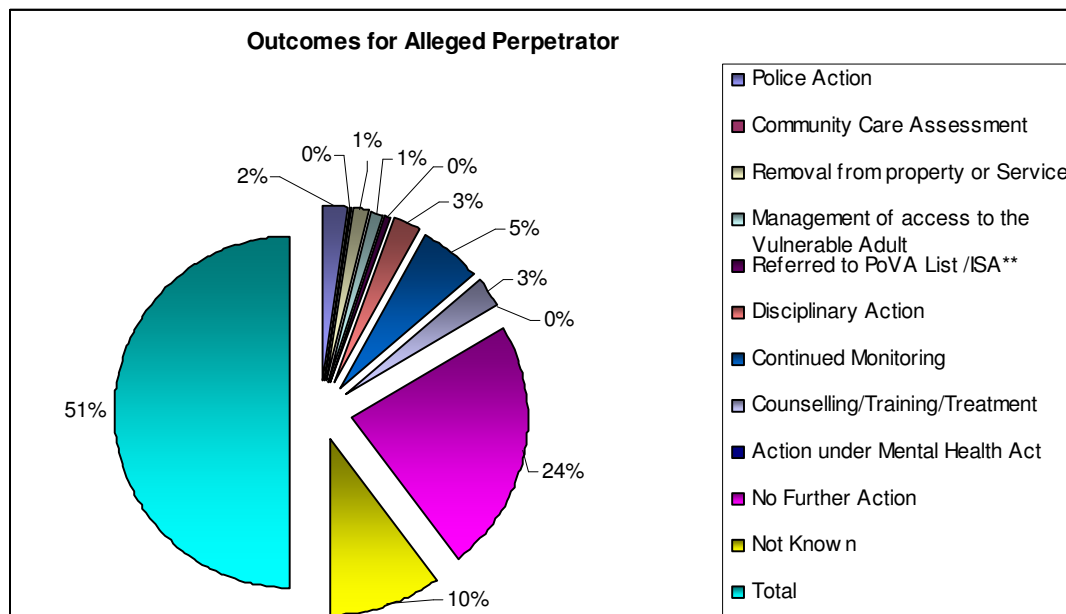


Age Group	Substantiated	Partly Substantiated	Not Substantiated	Not Determined / Inconclusive	Grand Total
18 - 64	23	14	53	17	107
65 - 74	10	5	19	7	41
75 - 84	15	13	40	11	79
85 and over	21	6	35	14	76
Grand Total	69	38	147	49	303

Outcomes of Investigations



Outcome of Completed Referral:VA	TOTAL
Increased Monitoring	73
Vulnerable Adult removed from property or service	29
Community Care Assessment and Services	17
Civil Action	0
Application to Court of Protection	1
Application to change appointee-ship	3
Referral to advocacy scheme	3
Referral to Counselling /Training	19
Moved to increase / Different Care	3
Management of access to finances	17
Guardianship/Use of Mental Health act	3
Review of Self-Directed Support (IB)	0
Restriction/management of access to alleged perpetrator	1
Referral to MARAC	0
Other	22
No Further Action	112
Total	303



Outcome for Alleged Perpetrator / Organisation/Service:	TOTAL
Police Action	13
Community Care Assessment	2
Removal from property or Service	9
Management of access to the Vulnerable Adult	7
Referred to PoVA List /ISA**	2
Disciplinary Action	16
Continued Monitoring	33
Counselling/Training/Treatment	17
Action under Mental Health Act	1
No Further Action	140
Not Known	63
Total	303

Southwark Safeguarding Adults Board Membership

Terry Hutt: Independent Chair

Cllr. Catherine MacDonald: Lead Member for Health and Adult Social Care

Romi Bowen: Southwark Adults and Children's Services

Sarah McClinton: Southwark Adults and Children's Services

Jon Lillistone: Southwark Adults and Children's Services

Paul Willmette: Southwark Adult's and Children's Services

John Emery: Southwark Adult's and Children's Services

Simon Rayner: Southwark Adult's and Children's Services

John Howard: Southwark Organisational Development

Dave Yarranton: Metropolitan Police

Andy Snazell: London Fire Brigade

Tanya Barrow: Community Safety

Hayley Marle: Care Quality Commission

Kate Moriarty-Baker NHS Business Support Unit

Deborah Parker: Guy's and St Thomas' NHS Foundation Trust

Mala Karasu: Guy's and St Thomas' NHS Foundation Trust

Lindsay Batty-Smith: King's College Hospital NHS Foundation Trust

Andy Boaden: Community Action Southwark

Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee
2012/13

Work Programme

31 January 2013
Review: Public Health - Gypsy' and Travellers' maternal health and early years (with the support of the Centre for Public Scrutiny). <ul style="list-style-type: none"> • Report completed
Cabinet member interview : Cabinet Member for Health and Adult Social Care, Councillor Catherine McDonald
Trust Special Administrator (TSA) recommendations for South London Healthcare NHS Trust and the wider South East London healthcare system.
Dulwich Hospital
6 March 2013
Mental Health Older Adults - update
Personalisation, safeguarding and the associated risks - report
Annual adult safeguarding report and interview with the Independent chair
Review : King's Health Partner merger –Kings Fund report circulated.
25 March 2013
Review : King's Health Partner merger
Review : Public Health BME mental health : prevalence and access to services. Evidence requested from : SLaM , Public Health, CCG and LINK / Healthwatch
Trust Special Administrator (TSA) recommendations for South London Healthcare NHS Trust and the wider South East London healthcare system.
Local Accounts of the two Acute Trusts and SLaM - supported by a commentary on the Serious Incident Summary Report - with a focus on pressure ulcers & complaints received by hospitals / PALs /Community settings / GPs
Southwark Clinical Commissioning Group transition to full delegation and implementation of our recommendations - update
Dulwich Hospital
1 May 2013
Review : King's Health Partner merger
Review : Public Health

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**HEALTH, ADULT SOCIAL CARE, COMMUNITIES & CITIZENSHIP
SCRUTINY SUB-COMMITTEE**

MUNICIPAL YEAR 2012-13

AGENDA DISTRIBUTION LIST (OPEN)

NOTE: Original held by Scrutiny Team; all amendments/queries to Julie Timbrell Tel: 020 7525 0514

Name	No of copies	Name	No of copies
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Councillor David Noakes (Vice-Chair)	1	Andrew Bland, MD, Southwark Business Support Unit	1
Councillor Denise Capstick	1	Malcolm Hines Southwark Business Support Unit	1
Councillor Norma Gibbes	1	Rosemary Watts, Head of Communication & Engagement	1
Councillor Rebecca Lury	1	Sarah McClinton, Director, Adult Social Care	1
Councillor Eliza Mann	1	Adrian Ward, Head of Performance, Adult Social Care	1
Councillor Right Rev Emmanuel Oyewole	1	Shelley Burke, Head of Overview & Scrutiny	1
Reserves		Sarah Feasey, Legal	1
Councillor Sunil Chopra	1	Chris Page, Principal Cabinet Assistant	1
Councillor Neil Coyle	1	William Summers, Liberal Democrat Political Assistant	1
Councillor Rowenna Davis	1	Julie Timbrell, Scrutiny Team SPARES	10
Councillor Paul Kyriacou	1	External	
Councillor Jonathan Mitchell	1	Rick Henderson, Independent Advocacy Service	1
Other Members		Tom White, Southwark Pensioners' Action Group	1
Councillor Peter John [Leader of the Council]	1	Southwark LINK	1
Councillor Ian Wingfield [Deputy Leader]	1		
Councillor Catherine McDonald [Health & Adult Social Care]	1		
Councillor Catherine Bowman [Chair, OSC]	1		
Health Partners			
Stuart Bell, CE, SLaM NHS Trust	1		
Patrick Gillespie, Service Director, SLaM	1		
Jo Kent, SLAM, Locality Manager, SLaM	1		
Marian Ridley, Guy's & St Thomas' NHS FT	1		
Professor Sir George Alberti, Chair, KCH Hospital NHS Trust	1		
Jacob West, Strategy Director KCH	1		
Julie Gifford, Prog. Manager External Partnerships, GSTT	1		
Geraldine Malone, Guy's & St Thomas's	1		
		Total:	47
		Dated: February 2013	