

Norfolk Safeguarding Adults Board

Biennial Report

2013

Safeguarding Adults Throughout Norfolk

September 2013

Contents	Page
Forward by Martin Wright, Independent Chair, Norfolk Safeguarding Adults Board	3
Introduction	4
Norfolk Adults Safeguarding Board Structure	6
Board Members	7
Partner Contributions	
• Norfolk & Norwich University Hospital	8
• Norfolk & Suffolk Foundation Trust	9
• Queen Elizabeth Hospital	11
• Norfolk Community Health and Care	13
• James Paget University Hospital	15
• East Coast Community Healthcare	18
• Norfolk Constabulary	19
• Norfolk County Council, Adult Community Services	22
Locality Safeguarding Adults Partnerships	28
Sub- Groups	
• Health	29
• Management Group	30
• Strategic Training and Policy	31
• Risk & Performance	32
Joint Policy Signatories	33
Care Quality Commission	39
Draft Care Bill	41
Who is a Vulnerable Adult?	44
What is Abuse?	44
What can you do?	44
Case Study	45
“Day in the life of a Safeguarding Practice Consultant”	48
How Many Cases have been reported in Norfolk?	50
Safeguarding Adults Reviews	58
Milestones	59

Forward by Martin Wright, Independent Chair, Norfolk Safeguarding Adults Board

During the years of 2011/2013, the Adult Safeguarding Board has continued to make substantial progress toward the recommendations of a review undertaken in 2008 (Haddingham). It is particularly gratifying to see this reflected in the strong multi-agency partnerships both on the Board and the associated sub-groups.

It is 2 years since the Board made the decision to produce a biennial report instead of an annual one, this will now be reviewed in light of the Draft Care Bill and it is likely that Norfolk will again produce an annual report beginning in 2015.

The last 2 years has seen considerable change in the safeguarding arena both on a national and local level. During this period there has been a number of High profile safeguarding cases in other parts of the country, which have contributed to national changes in government and partner Agencies approach to Adults safeguarding.

On a local basis, partners in Norfolk have worked very closely to raise safeguarding awareness with the public and within agencies. This has resulted in a significant increase in safeguarding referrals during this period which has to be regarded as a great success story evidencing the awareness and vigilance of health and social care staff, family members and other citizens of Norfolk.

In April of 2013 key local partners incorporated Adult safeguarding into the MASH [multi agency safeguarding hub] providing a more speedy and efficient early response and assessment to safeguarding referrals. This approach will ensure that there is a timely, proportionate approach to all safeguarding concerns and builds on the co-operation between statutory partners. A fuller explanation of this initiative is given later in this report.

The national and local financial climate has continued to be very challenging over the past 2 years and has resulted in inevitable challenges for all partner agencies. The Safeguarding Adults Board will continue to work to ensure that effective and efficient protocols are in place to continue with preventing and investigating all safeguarding concerns.

The Norfolk Safeguarding Adults Board continues to co-operate and share experiences and learning with the Local Safeguarding Children's Board. Whilst there are issues and themes common to both Boards, there are also many differences which justify maintaining separate Boards with their own identity.

Once again I would like to pay tribute to the commitment and energy of the professionals and volunteers across many local agencies and organisations to promote and progress the safeguarding of vulnerable adults in Norfolk. The challenges ahead are significant however I am confident that The Norfolk Safeguarding Adults Board and Local Partners will work with energy, enthusiasm and professionalism to make Norfolk a safe place for Vulnerable Adults.



September 2013

Introduction

The role of the Norfolk Safeguarding Adults Board is to promote the underlying principles of safeguarding stated by the government as **Empowerment; Prevention; Partnership; Protection; Proportionality & Accountability** (DH2011). The work that the board leads is strongly influenced by national and local initiatives and events and works to ensure that there are practical interfaces between organisations to maximise effectiveness in preventing and responding to abuse.

The Winterbourne View Serious Case Review was closely examined by the statutory agencies and partners in Norfolk. The Review identified that fundamental changes are needed in how the care of vulnerable adults is commissioned and monitored. An Action plan to address the recommendations from the report has been collated and its progress is reported to the Mental Health and Learning Disabilities Commissioning Board. All service users in Learning Disability in-patient services have been reviewed. A Steering group, chaired by the Director of Adult Community Services will meet monthly, the first meeting is on 20 September 2013, and will work to bring all people in in-patient environments, where it is appropriate, into community settings by June 2014. The Norfolk Health and Wellbeing Board receive regular updates.

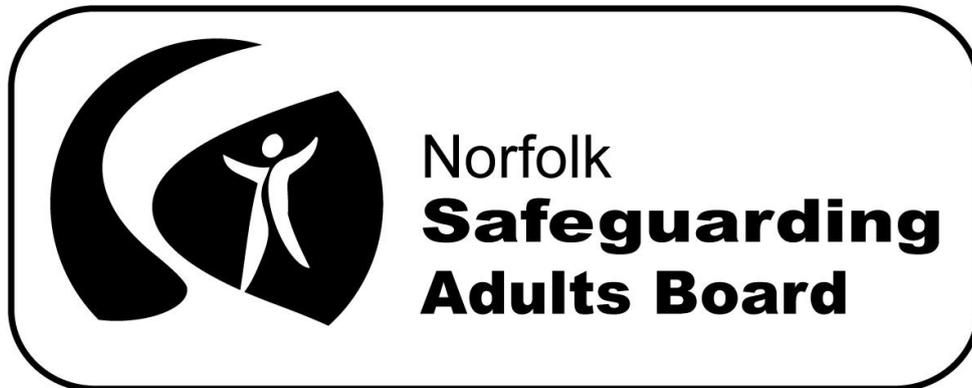
A draft Care Bill published in July 2012 will put Safeguarding Adults' Boards on a statutory footing if it passes assent and an item later in this report details the significant changes for adult safeguarding.

In April 2013 the responsibility for commissioning healthcare was passed from Primary Care Trusts to the Clinical Commissioning Groups (CCG's) which are led by GP's and other clinicians. An agreement has been made between all five CCG's in Norfolk, that the Northern group will take the lead in adult safeguarding and safeguarding activity and the response will be lead by a lead nurse working closely with the local authority, undertaking joint clinical investigations and advising on practice issues within health providers.

In the coming months, Norfolk practitioners will participate in a National project to consider how we may better involve vulnerable service users in determining the outcomes they want for themselves in safeguarding investigations. This will put the safeguarding principles into practice, ensuring that the service user's voice is heard and the outcome improves their lives. We continually strive for service user representation at all levels of the Board's activity and would welcome the interest and participation of service user's who can assist in the prevention of adult abuse.

This biennial report of the Norfolk Adult Safeguarding Board contains contributions from many agencies represented on the Board with a detailed contribution from Health colleagues to reflect the well publicised concerns Nationally within Health provider services.

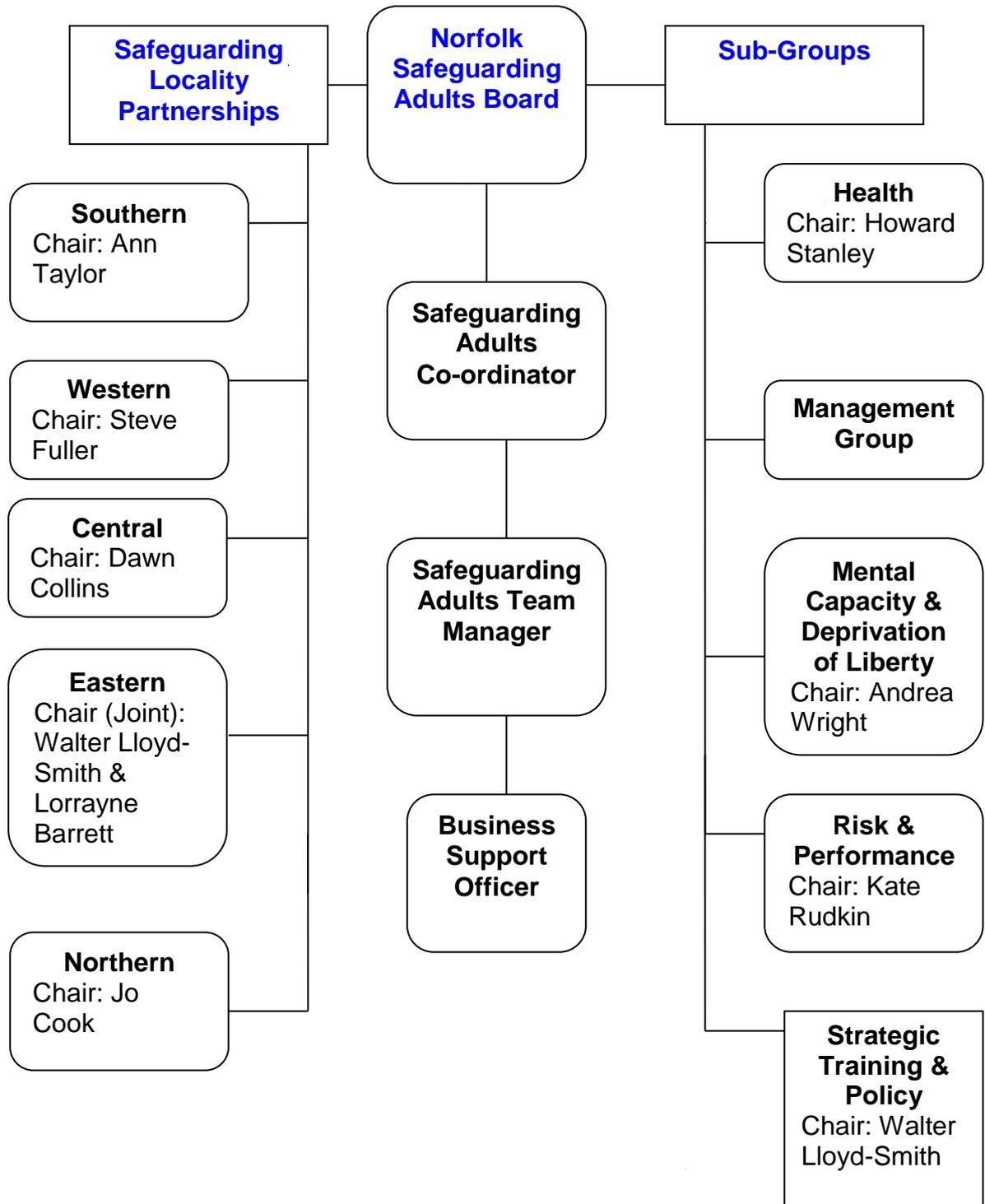
NEW LOGO



Over recent years the face of Safeguarding Adults has developed. At a recent Board meeting, members unanimously adopted a new logo reflecting the need to move forward, challenge practice and take robust steps to engage with citizens of Norfolk. We hope the new logo reflecting current times becomes widely recognised across Norfolk. It will be introduced incrementally so that existing stock of partner safeguarding material can continue to be used.

The Board extends their thanks to our Police colleague for his valuable contribution to its design.

Norfolk Safeguarding Adults Board Structure



Board Members

Nigel Andrews, Tenancy Support Manager, Norwich City Council

Lorrayne Barrett, Head of Social Care (East), portfolio lead for Safeguarding Adults, Norfolk County Council, Adult Social Care
Deborah Beresford, Head of Safeguarding Adults & Transfer of Care, Norwich community health and Care, NHS Trust
Roz Brooks, Director of Nursing, Quality & Patient Safety, Norfolk & Suffolk NHS Foundation Trust
Pip Coker, Chief Executive Officer, Julian Housing
Dawn Collins, Assistant Director of Nursing, Norfolk & Norwich University Hospital
Jo Cook, Head of Social Care (Northern), Adult Social Care
Steve Fuller, Manager, Forwards & Futures
Mark Harrison, Manager, Coalition of Disabled People
Anneliese Hilyer-Thake, Named Professional for Safeguarding Adults & Children, East of England Ambulance Service NHS Trust
James Kearns, Chief Executive Officer, BUILD Norwich
Peter McGuinness, Service Manger, Red Cross
Walter Lloyd-Smith, Safeguarding Adults Lead, NHS Great Yarmouth & Waveney Community Services
Julie Meikle, Compliance Inspector, Care Quality Commission
Donna Monk, MAPPA Co-ordinator, Norfolk Constabulary, Vulnerable Person Directorate
Anna Morgan, Director of Service Pathways, Norfolk Community Health & Care
Roger Morgan, Quality Assurance Manger, Adult Social Care
Debbie Olley, Assistant Director - Integrated Services, Adult Social Care
Gregory Preston, Manager Norfolk Fire Service
Kate Rudkin, Head of Development and Operations, Age UK (Norfolk)
Jackie Schneider, Head of Patient Safety, North Norfolk CCG
Jo Shiner, Chief Superintendent, Norfolk Constabulary
Howard Stanley, Senior Nurse, Safeguarding Adults Lead, Care Commissioning Groups
Mark Talbot, Vice-Chair, ARMC
Ann Taylor, Head of Social Care (Southern), Adult Social Care
Sarah Wardley, Director of Public Protection, Norfolk & Suffolk Probation Trust
Andrea Wright, Head of Service, Mental Health Partnership, Adult Social Care
Martin Wright, Independent Chair

Partnership Contributions to Report

Norfolk & Norwich University Hospital

The Norfolk & Norwich University Hospital employ 6500 staff and have a rolling Basic Adult Safeguarding Awareness training programme delivered by the Assistant Director of Nursing for Nurse Development and Education, Dawn Collins, that reached 80% of all staff in 2012/2013.

In addition external contractor SERCO who employ 636 staff on site have all received Basic Awareness training. This robust approach ensures that all staff are alert to the signs and symptoms of Adult abuse and report their concerns appropriately.

During 2012/2013, 107 Safeguarding referrals were raised by the Trust to be investigated by a multi-disciplinary team.

Staff in the Learning Disabilities Teams within the Norfolk & Norwich University Hospital have attended four study days focusing on all aspects of care including the safeguarding of this vulnerable group of patients.

To ensure that all areas of the hospital continue to strive for excellence we conduct unannounced Quality Assurance Audits on all wards and departments. The foundations of these audits are routed in the standards set by the Care Quality Commission, including Outcome 7 which specifically relates to safeguarding vulnerable adults.

Each audit team has three to four members, one of whom is always an external auditor. Our external auditors are sourced from many voluntary sector organisations, as well as the Local Authority which includes senior social workers from the Safeguarding Adults Team.

Most wards are audited once a month so that we can reassure ourselves that our training and awareness is put into practice. Where standards are deemed not to be met the compliant standard in the quality assurance improvement actions are agreed, monitored and re-audited as a priority.

The Central Locality Safeguarding Partnership is hosted at the Norfolk and Norwich NHS Foundation Trust and currently chaired by the Assistant Director of Nursing. This meeting brings together a wide range of professionals who have an interest and responsibility for safeguarding adults.

Norfolk & Suffolk Foundation Trust

Following on from the successful Safeguarding Children Conference in Norwich in July 2012, a follow-up conference on Safeguarding Vulnerable Adults was held at Trinity Park in Ipswich on 17th January 2013, in

partnership with Suffolk County Council and Suffolk Safeguarding Adult Board. This conference was well attended by multiple statutory and non statutory agencies from both Norfolk and Suffolk. Topics discussed included:

- The Winterbourne View Private Hospital Serious Case Review
- Honour based abuse
- Self neglect
- Elder abuse
- Tackling prostitution in Suffolk: from the 2006 murders to now

The conference was extremely well-received by all participants, and the Trust has received positive feedback.

The Trust endeavours to include service users and carer's in the implementation of safeguarding processes, and helping us to inform on improvements that could be made to the response, outcomes and the experience of being safeguarded. To this end service users and carer's have been pro-actively consulted in relation to the Trust's Safeguarding Vulnerable Groups Strategy to be launched later this year and safeguarding policies. There is a current audit of service users experience the results of which will go further to ensure we are responding in a proportionate and meaningful way to the needs of service users.

The Trust is committed in its response to both the Winterbourne View Hospital Action Plan (DOH 2012), Seville enquires and the Francis Report recommendations 2013. With this in mind the Trust is in the process of reviewing our own assurance and compliance in all areas and has devised local action plans to address these areas.

The Trust has recently responded to the increasing safeguarding agenda by increasing the safeguarding team resource and recruiting two new practitioners across Norfolk and Suffolk. The team are available to offer to Trust staff:

- consultation on cases and case related safeguarding supervision
- telephone advice around process, including escalation of concerns if needed
- signposting
- targeted workshops (i.e. professional boundaries, PREVENT, Fabricated Illness)
- attend local team meetings to discuss cases, processes or concerns
- involvement in local service governance meetings
- assist in risk planning around vulnerable service users or those who present a safeguarding risk to others
- advice around professional issues such as staff abuse of service users, or operational concerns impacting on service users
- to work alongside partner agencies to provide effective safeguarding processes

- to provide assurance to the Trust Board, commissioners and statutory bodies
- attend investigation panels
- named professional for allegations against staff
- involvement in Serious Case Review's and high level investigations
- to advocate and ensure that statutory duties to safeguard all vulnerable groups are adhered to

Between the 1 April 2012 and 1 April 2013 there has been an increase in the referrals to Norfolk County Council Safeguarding Team. 52 referrals were generated within Norfolk & Suffolk Foundation Trust for investigation by the Norfolk Multi-Agency Team.

The Trust has also appointed two Non Executive Directors to provide an objective overview of both Safeguarding and Public Disclosure issues. The Non Executives work closely with the Safeguarding Team to ensure that safeguarding is consistently held at a high level within the Trust Boards agenda.

Queen Elizabeth Hospital

The Safeguarding Adults Lead Nurse is Jerry Green, who has held the full time Safeguarding Lead Nurse post since April 2013.

The safeguarding teams share an office, comprising safeguarding adults and children Lead Nurses, a Leeway worker on domestic violence and two Midwives for Vulnerable women. In addition there is a Safeguarding Adults webpage on the Trust Intranet, which staff can access for relevant advice, guidance, flowcharts and links to Norfolk and Cambridgeshire County Council Safeguarding Adults websites.

The Queen Elizabeth Hospital had 82 alerts for Safeguarding Adults issues resulting in 29 formal Safeguarding Referrals to the Multi-Agency Safeguarding Team.

Staff Training

All staff including registered and non-registered nurses, junior medical staff, senior medical staff and Consultants, physiotherapists and occupational therapists, volunteers and non-clinical staff are in receipt of safeguarding adults training on their initial staff induction and have minimum refresher every three years. There are 87 safeguarding adults teaching sessions available for staff every year. 3007 staff have been trained in the past year (97.69% of all staff).

Safeguarding Events

In April 2013 we held a Safeguarding Launch Day at the Queen Elizabeth Hospital, open to all Trust staff; with information stands by safeguarding adults, children, Leeway Domestic Violence and Midwives for Vulnerable Women. Lots of handouts, leaflets, safeguarding business cards and teaching material were available.

Two teaching sessions were delivered during the day, with all safeguarding groups giving a synopsis of their work and role, and emphasising the important role of Trust staff in raising an alert about possible abuse.

This day also asked staff to volunteer to become "*Safeguarding Champions*" for their work area, to be a resource and source of knowledge about safeguarding matters. A training session for these staff is planned for later this year.

Cooperation with other Services

- **Social Services Safeguarding Leads-** I have monthly meetings with the Senior Social workers at the QEH, focussing on safeguarding adults issues; to discuss problematic cases, training or referral concerns and get mutual support
- **Local Safeguarding Adults Partnership (LSAP)** - quarterly meetings which is an opportunity to meet with many organisations including care home managers, Social Services, Police, Citizens Advice and more to discuss safeguarding issues and plan local initiatives.
- **Care Home Managers-** I am attending a meeting in August with the care home managers to foster greater communication between the Queen Elizabeth Hospital and local providers.
- **Safeguarding Adults Practice Consultants** - I have a strong and positive relationship with the Safeguarding Practice Consultant for Western area and assist in clinical investigations.
- **Safeguarding Adults Committee** – quarterly meeting Chaired by the Deputy Director of Patient Experience began in 2012 and have a wide range of Trust staff attending, with Social Services, safeguarding practice consultant, mental health liaison, learning disability, mandatory training lead, ward sisters and Safeguarding Adults lead.

Plans for 2014

We plan to repeat our Safeguarding Day in 2014, but make it a more formal study day with a series of talks by a varied group of safeguarding speakers, open to all Trust staff.

Norfolk Community Health and Care (NCH&C)

Norfolk Community Health and Care is a key provider organisation whose services deliver health care to people in their own homes and their community. We work together with GP partners, Commissioners and Social Service colleagues to ensure a seamless service is delivered to our patients and their families.

NCH&C has a dedicated Safeguarding Lead Debbie Beresford, who works alongside the Multiagency Safeguarding team to support safeguarding investigations and interventions when health related safeguarding concerns have been raised.

The NCH&C Safeguarding lead ensures staff are supported when involved in safeguarding issues. Regular meetings are held in The Trust to share best practice and discuss multiagency processes and procedures. Staff are encouraged to support the Local Safeguarding Adults Partnership Groups ensuring that they are able to build links with other colleagues in their localities and learn from positive and negative practice.

In the past 12 months approximately 300 safeguarding concerns have been raised with the safeguarding lead, 36 of which have met the safeguarding referral threshold.

Events

An internal Safeguarding Conference was held by NCH&C in relation to Safer Staffing. A National Speaker presented research and best practice in recruitment and employment. This was followed by workshop sessions to benchmark best practice against organisational standards. The learning has been embedded in the management essential training for all recruiting managers within the Trust.

Staff Training

NCH&C safeguarding leads meet all new staff on induction, contact numbers for internal lead and Norfolk County Council safeguarding leaflet and number are provided. Full safeguarding basic awareness training is provided as part of the week induction training, before staff commence work.

There are 2750 staff employed by NCH&C 85% of whom have received basic awareness training. Whilst the Trust aims for 100% compliance, variations occur through long term sickness, expiry of training and booking available courses. The use of on line training is being reviewed as an option to further improve figures.

Training for health staff within NCH&C meets the 20 Key standards recommended by the Safeguarding Board, and work is in progress to look at other training options such as e-learning.

The Safeguarding lead works closely within the senior management structure of The Trust to ensure safeguarding Guidance and best practice is embedded from front line services up to the Board and lessons shared at all levels.

James Paget University Hospital (JPUH)

The Trust has a responsibility as a health care provider to safeguard all patients but to provide additional measures for patients who are less able to protect themselves from harm or abuse. This brief report provides the Safeguarding Adults Board with the information to be assured we have systems in place to protect the adults in our care.

Safeguarding Adults Training

- Induction basic awareness training for all Trust staff = 98%
- Identified number of staff requiring 3 yearly updates = 3,042

In 2012 the Trust undertook a review of the content of the Mandatory Training provision within the Trust. Since April 2013, Dementia awareness, Mental Capacity Act, Deprivation of Liberty and Learning Disabilities have been added to corporate training as mandatory subjects for all clinical staff. Bespoke staff training is also provided for all other non clinical groups of staff.

The Trust has two accredited WRAP trainers to deliver PREVENT Training. This has been directed at A&E and HR staff.

The Trust sits on the border between Norfolk and Suffolk. From April 2012 to April 2013 staff made 45 referrals in total. 21 of the referrals were for Norfolk residents. It is interesting to note that there has been an increase in referrals from April 2013 and have so far generated 15 referrals for Multi-Agency investigation.

The Deputy Director of Nursing, Julia Hunt, is the Safeguarding Adults Lead within the Trust. She works very closely with the Safeguarding Practitioners within Norfolk County Council, Adult Social Services. She is able to assist the Practitioners with information relating to specific patients but additionally she is available to provide an expert opinion in general health related Safeguarding cases.

Dementia Care

The Trust appointed a Dementia Care Project Manager in February 2013. This post is a new position established to integrate the dementia work taking place at the JPUH and ensuring it is linked closely with national and local strategy. A work structure has been agreed to ensure effective co-ordination. Strong links have been forged with the new Dementia Intensive Support Team (DIST), Social Services, dietetics, physiotherapy and occupational therapy in order to ensure there is specialist support in dementia to staff and patients/carers.

The needs of the patient and carer are key to the development of good dementia services and this will be increasingly reflected in the training provided. The Dementia Champions will be developed and supported to run sessions on the wards demonstrating patient centred care. New information will be developed in partnership with the patient and carers.

Current Highlights

- Environmental Group: progress being made to improve SSMU discharge bay; initial sketches and costing being produced by estates and planning.
- Dementia CQUIN Group: carers audit from 1 May 2013. A co-ordinated approach is being undertaken locally, led by the Dementia Alliance. The questionnaire has been designed by the UEA who will analyse the data gathered and produce reports for Trust.
- Training Group: Training plan has been submitted to the commissioners as part of the national CQUIN requirements. Work is currently underway with the Independent Mental Capacity Advocates (IMCA) to provide awareness sessions for professional groups and locally adapted information resources.

Learning Disabilities/Autism

There has been a great deal of work undertaken by each acute hospital in the east of England over the last two years to improve the delivery of services to people with a learning disability and/or autism. This has been supported by NHS Midlands and East, including the facilitation of the regional of acute hospital learning disability liaison nurses network. The JPUH Learning Disability Liaison Nurse is an active member of this group.

The Managed Clinical Network (Mental Health and Learning Disability) has published *Guidance on undertaking audits of reasonable adjustments made for adults with a learning disability / autism using acute hospital services*. This Guidance was one of the recommendations of the SHA led review of the acute hospital self assessments and improvement plans published in September 2012. It is worthy of note that in both of these documents the JPUH is acknowledged as an example of good practice to other acute Trusts.

The LD liaison nurse has successfully introduced a flagging system for patients using JPUH services. This information is used by the LD Liaison nurse to identify potential areas for concern. The Winterbourne Review identified that repeated attendances to the local A&E department of the abused residents were not identified as a concern. The flagging system within the JPUH A&E department enables the early identification and intervention in cases of concern. It also supports the intervention of the LD nurse in cases of patients who DNA appointments because reasonable adjustments are not made. This intervention reduces the risk of unreported safeguarding concerns, improved patient/carers outcomes and the reduction of 'lost' clinic or theatre time.

The Trust has made great strides in ensuring reasonable adjustments are made for patients with LD. In June a patient with severe behavioural problems was anaesthetised at home, transported to hospital for surgery and returned home whilst still anaesthetised. He recovered safely and quite unremarkably at home supported by his carers. This was achieved by the staff in the acute Trust working in close collaboration with all agencies to deliver person centred care.

The Trust is committed to ensuring that it does safeguard all vulnerable adults and is actively embracing the recommendations within the Francis, Cavendish, Berwick and Winterbourne reports into its everyday business.

East Coast Community Healthcare (ECCH)

East Coast Community Healthcare CIC (ECCH) has continued to support its front line staff with awareness-raising training at both induction and mandatory training sessions, supporting them to raise concerns about vulnerable patients and providing guidance on making safeguarding adult referrals. The greater number of referrals made by ECCH staff is seen as a positive indication that they are more confident to raise concerns and are actively building strong interagency working to protect vulnerable adults.

Due to significant operational pressures on both community health and police teams, it has not been possible to maintain the regular preventative joint visits (district nurse / Police Community Support Officer (PCSO) from Norfolk Constabulary) to vulnerable patients across the borough area during 2012-13. However, the positive working relationship established between community health and police has proved invaluable in providing a joint response in specific cases of concern. 32 referrals resulted in multi agency investigations.

306 ECCH staff received safeguarding adults training between 1 July 2012 and 31 July 2013. This represents 158 staff given face to face training and 148 using eLearning. ECCH's safeguarding classroom based training is a joint programme covering both children and vulnerable adults in one session (training staff to level 2 for safeguarding children and basic awareness for adults). Data prior July 2012 is not available due to change of data collection system

In addition, key staff groups have been provided with PREVENT training. During the year a review was completed of ECCH's safeguarding strategy and Operational Policy for community health staff, to ensure it is in line with Norfolk Safeguarding Adults Board's work plan. The safeguarding lead provided briefings to ECCH's board and Executive Team on the required actions from national developments, for example Winterbourne View and the Francis Report into Mid Staffordshire Hospital. ECCH made a submission to the Department of Health consultation on Power of Entry.

ECCH has also focused on working more closely with residential care homes to reduce the incidence of pressure ulcers among their residents. The safeguarding lead has also been working with a partner organisation to deliver enhanced safeguarding training to the senior clinical staff.

Looking forward, ECCH will be responding to the requirements set out in the Francis Report (2013) and the new *Accountability and Assurance Framework* from the NHS Commissioning Board and the clinical commissioning group. In particular, ECCH will be improving its internal data collection on safeguarding and continuing to work with care homes to reduce the incidence of avoidable pressure ulcers.

Norfolk Constabulary



Detective Superintendent Julie Wvendth

Norfolk Constabulary delivers policing services for the county of Norfolk. The department overseeing safeguarding arrangements and liaising with the Safeguarding Adults Board is the Vulnerability and Partnership Command (V&P), previously known as the Vulnerable People Directorate (VPD). The Command is led by Detective Superintendent Julie Wvendth and forms part of the overarching Vulnerability, Partnerships and Contact and Control Room Directorate. The V&P Command leads for the Constabulary on issues affecting vulnerable adults in Norfolk on a national, regional and local level.

Officers and staff from this Command work with colleagues from other agencies in the Norfolk MASH (Multi Agency Safeguarding Hub) where referrals for child and adult safeguarding, missing children, Child Sexual Exploitation, domestic abuse and Honour Based Abuse are managed. Further members of the command work within the Adult Abuse Investigation Unit, investigating offences relating to vulnerable adults who have been subjected to familial abuse or abuse by people in a position of trust. Both teams work on a daily basis with colleagues from Adult Social Care and associated health professionals and are experts in this field of work.

Norfolk Constabulary have continued their ongoing commitment to supporting vulnerable adults across the county. Both their Adult Abuse Investigation Unit and resources in the Multi Agency Safeguarding Hub are dedicated to the safeguarding of vulnerable adults and continue to work in partnership with other agencies to improve responses. Further resources within the Constabulary are available to assist with other vulnerable adults in the community. These resources are based within the Operational Partnership Teams (OPTs) and have been established in each of the seven Local Authority areas. The teams are co-located or work collaboratively with staff from the local council and other partner agencies such as Children's Services, Adult Social Services, and housing providers. A recent development has seen the Norfolk Family Focus Practitioners also based within the OPTs.

Each OPT has responsibility for assessing information, risk and priority of:

- Vulnerable people including repeat callers, victims and offenders – anti social behaviour and crime
- Neighbourhood problems and issues
- Geographical hotspot locations.

They hold a monthly multi-agency case conference which provides a platform for high risk families and individuals to be discussed and a package of tailored support and interventions to be agreed and delivered. In each district Norfolk Constabulary has dedicated an Inspector lead, a Sergeant for day to day business and specialist officers including crime reduction, architectural liaison and anti social behaviour (ASB) reduction. These staff work alongside colleagues from the local council and partner agencies.

From a police perspective in the MASH, we have seen a notable rise in the number of referrals being made in respect of vulnerable adults. In 2010/11 there were 1409 referrals. This rose to 1539 in 2011/12 and the current year's figure sits at 1971 (these figures cover 12 month periods July-July). Obviously, not all of these referrals result in a police investigation, however in every case there is a multi-agency discussion between relevant partners where appropriate safeguarding intervention opportunities are identified and implemented. The benefits of the co-located services in the MASH are easily seen in such circumstances – the speed of service delivery to any vulnerable adult is improved and clear roles for each agency can be defined at the earliest opportunity.

One of the key success stories from a multi-agency perspective over recent months has been the introduction and roll out of the 'Herbert Protocol'. This protocol was created to manage the relationships between care homes and the police when dealing with residents who go missing. It was initially set up to ensure effective communications between the two agencies and professionalise the response to incidents with a view to improving the service delivered. In the majority of cases any reported incidents are managed locally by the Operational Partnership Teams and regular visits to the care home are arranged and conducted by a member of the OPT staff.

The results from the introduction of this protocol have been impressive. From October 2012 there has been a 31% reduction in the number of missing people in participating residential care homes. One care home for residents with mental health issues saw a decrease in the number of high or medium risk missing people from 12 to nil in the twelve month period after signing up to the protocol.

There are currently 147 Herbert Protocols in place across the County and it is currently in place in all Norfolk and Suffolk NHS Foundation Trust establishments. It is supported by the CQC, Norfolk and Suffolk Dementia Alliance, Age UK Norwich and the Alzheimer's Association and an open invitation to attend a briefing on the benefits of the protocol was held at Police Headquarters in winter 2012 to encourage wider participation across the county. The further roll out of this protocol will certainly feature in the coming months.

Norfolk County Council, Adult Community Services

Local Authority Adult Social Care Services have lead responsibility under “*No Secrets 2000*” to co-ordinate the response of partner agencies to all safeguarding concerns and develop local policies and practices for the protection of vulnerable adults from abuse. As part of our continuing development Adult Social Care Services joined our multi agency colleagues in the MASH on level 5 Vantage House, on 8 April 2013. Adult Social Services have already seen the benefits of Adult Social Care's location in the MASH. We are able to bring an adult social care perspective to MASH and advise on social care practice and processes, which has helped to smooth out some issues around safeguarding referrals.

Norfolk County Council has undertaken a corporate review of safeguarding understanding within its entire employee group and that of its contractors. We have worked to ensure that any representative of Norfolk County Council is alert to the signs and symptoms of adult abuse and knows their responsibility in taking action. This has been achieved by different media approaches including a DVD.

Norfolk’s Multi Agency Safeguarding Hub (MASH)

Co-location in MASH has meant we can quickly access information from our Police colleagues and they can access social care information quickly too. For cases that can be managed remotely by the Adult Care Safeguarding Team, we can have very timely strategy discussions and we can advise Police colleagues on allocated workers/phone numbers which has speeded up some of our safeguarding processes. Our attendance at the daily multiagency meetings has facilitated a better understanding of multiagency processes and practices and a triangulation of information to put together the whole picture in safeguarding situations, tying up whole family issues from a multiagency perspective.

Agencies now represented in MASH are:

- Norfolk Constabulary’s Vulnerable People’s Directorate incorporating the Child, Adult and Domestic Abuse Investigation Unit referral desks (who then refer out to operational teams for investigation as required).
- Children’s Services – the MASH has become the ‘front door’ for any enquiry about a child.
- Adult Care Services – Safeguarding Adults enquiries on all unallocated cases are routed from the County Council front door; a decision is made if a safeguarding response is required then allocation is made from the MASH to the most appropriate team/worker to complete the safeguarding response.

- Child Health representatives – full time representation at Health Visitor level.
- Probation (part time)
- The Multiagency Risk Assessment Conference (MARAC) and the lead members of the Independent Domestic Violence (IDVA) team.
- The Multiagency Public Protection Arrangements (MAPPA) team will be joining the MASH in the coming months.
- Adult Health representatives hope to have a part time presence in MASH in the coming months and are already virtually well linked with Adult Care MASH-based colleagues to give a health perspective on referrals.
- Norfolk and Suffolk Foundation Trust are ‘virtual’ members of MASH, regularly discussing mental health cases with Adult Care and Police colleagues.

From Monday to Friday the multiagency team meets at 09:00 to share information about key cases and agree priorities for the day.

We also have close and supportive working relationships with our colleagues from the Social Care Centre of Expertise (SCCE) who provide the support of an Assistant Practitioner on rotation, who is responsible for gathering information about new safeguarding referrals, adding referrals to the social care database CareFirst, discussing the referral with the MASH Duty Manager when decisions are made about levels of risk and complexity, and then emailing the referrals securely to the Police.

Safeguarding Adults Practice Consultants based in the locality teams are mirroring the MASH processes in the community, triaging safeguarding referrals arising on allocated cases, giving advice and guidance to practitioners and managers, joint working with locality practitioners and managing the most complex safeguarding cases.

Since joining MASH, Adult Care Services has dealt with over 1,000 safeguarding referrals - significantly more referrals than received during the same period last year.

Training Learning and Development Review 2011- 2013

2011- 2013 saw a number of developments and initiatives;

- Our extensive programme of safeguarding adult training which covers basic awareness training and advanced level courses has been re tendered and the contract awarded to Impact Health and Social Care training.

- We are pleased to have trained 3,469 staff at basic level across the county over the two years. The training has been attended by staff and volunteers from a wide range of voluntary, independent, private and statutory providers all of who should now be able to recognise a safeguarding concern and know what to do next.
- Our higher level courses; Advanced Skills, Management Responsibilities and Safeguarding Know How For Provider Managers were attended by 435 staff.
- The basic awareness course has been updated to incorporate information on hate crime, the Disclosure and Barring Service, and the also takes account of the Mental Capacity Act.
- Staff continue to attend our Advanced Skills and Management Responsibilities training and a number of adult care social workers have successfully passed the Achieving Best Evidence course which enables them to interview with Police colleagues vulnerable adults against whom a crime has been committed or is suspected.
- A training audit tool has been developed and an audit programme implemented to ensure that the training is delivered to a consistently high standard.
- One of our challenges is to reduce the number of attendee absences on the training programmes and ensure that efficiency and effectiveness is maximised.
- One particularly exciting development has been the production of a Norfolk safeguarding training film and accompanying learning materials. The learning and development team worked with managers and service users to design and create the film which features our staff and volunteers observing a safeguarding concern and discussing with their manager what to do next. The message is 'Safeguarding is everybody's responsibility' and 'If in doubt shout it out'. The film replaces the e-learning and is as a more engaging experience which directly relates to the Norfolk context and procedures.
- Just as exciting is the launch in October of 'What's Safeguarding?' our innovative course for service users and PAs. This is designed to enable service users to understand their rights to be safeguarded and to recognise and speak out about issues that concern them. PAs will gain an understanding of safeguarding and their role. We have carefully chosen a highly skilled trainer for this sensitive and potentially complex training initiative.
- The autumn sees the launch of a number of 'Duty to Refer' (Disclosure and Barring Service) training sessions.

Norfolk County Council Safeguarding Adults Stand at The Royal Norfolk Show



Promoting Safeguarding Vulnerable Adults work has required some creative thinking when attending a family focused event.

With the assistance from our colleagues in NPS Graphics we produced a basic board game that generated interest and conversation on a subject that most people never have contact with.



“If in Doubt Shout it Out”
Telephone: 0344 800 8020

Our stand was visited by all generations; many children taking a key fob for their grandparents or someone they thought may want one. Our royal visitor, Prince Michael of Kent, was very aware of the issue and commented on the need for Adults to have a choice on what happened as an outcome. This is important for Norfolk Social Services and will be strengthened by our participation in a national project 'Making Safeguarding Personal'.

Locality Safeguarding Adults Partnerships

Norfolk has five localities Safeguarding Adults Partnerships (LSAP) based in Western, Southern, Northern, Eastern and Norwich districts. The purpose of LSAP's is to deliver and communicate key objectives at a local level from the Norfolk Safeguarding Adults Board. These meetings are held quarterly. The Chair of each LSAP attends Norfolk Safeguarding Adults Board meetings which are held four times a year. The membership of each LSAP needs to reflect multi-agency interests that will develop a collaborative approach to local Safeguarding issues. It is suggested that some or all of the following be invited to attend:

- Adult Social Services
- District & Borough Councils
- Community Safety
- Housing organisations and trusts
- Carers Representative
- Specialist Adult Protection Worker
- Police
- Care Commissioning Groups Representative
- Mental Health NHS Trusts
- Norfolk Learning Difficulty Service
- Voluntary & Independent Sector
- Trading Standards
- East Anglian Ambulance Trust
- Fire Service

Terms of Reference:

- Implementation of the multi-agency policy and procedures, by delivering and communicating the Safeguarding Adults Board key objectives at a local level. This will be by consultation and communication on safeguarding adults with local provider organisations, service user groups, carer groups and voluntary organisations
- To report to and receive advice from Safeguarding Adults Board on matters of policy and professional practice
- Monitoring and evaluation of practice issues
- To ensure the provision of professional advice to those involved in safeguarding adults
- To contribute to the revision of policy and procedures.
- To identify local training needs and feed back to the Safeguarding Adults Board
- Identify local priorities and areas in need of development.
- Dissemination of information
- Local publicity/community awareness raising
- Contributing to preventative strategies

LSAPs are a great opportunity to discuss good practice issues along with areas of concern that need addressing. Some LSAP's use part of the meeting to debate a case study. They will look at how effective or not a multi-agency response was delivered and what may have improved the outcome for the service user. An example of locality partnership activity is given below.

The Eastern Locality Safeguarding Adults Partnership (ELSAP) works under the direction of the Board to deliver its work in the locality. I am pleased to report that for the time covered by this annual report ELSAP meetings have been well supported by a range of organisations from the locality. ELSAP's aim is to act as a forum for discussion of safeguarding adults activity but also provide a hub through which the partnership can raise the profile for safeguarding adults in the locality. To this end ELSAP has hosted three seminars on topics of interest including self neglect and safeguarding and financial abuse attracting considerable and strong interest with 220 plus attendances.

The locality group have lively debates around all matters safeguarding and have sparked initiatives such as Operation Comfort (where PCSO's and operational staff undertook joint visits to vulnerable individuals).

The group has developed a work plan for the year.

During 2012 ELSAP undertook a piece of work to strengthen its links with the 42 residential care homes (RCH) in its locality. While partnership members have completed a number of introductory visits to RCHs the feedback from these noted how difficult it was to engage RCH in this way because of the perception from the RCHs that the visit was in response to a safeguarding concern being raised and they were under investigation. In this context care home staff were found to be at times defensive. Given these difficulties it was agreed to cease this exercise and consider alternative way to engage with the RCHs. This is work which is being now taken forward. An on-going piece of work for will be how and what ways the partnership can look for ways to involve service users/carers in safeguarding adults work.

The Chair of the LSAP has an automatic place at the Norfolk Safeguarding Adults Board and uses this as an opportunity to feedback local issues.

Sub-Groups

Health

The Health Sub group was formed back in 2009 and since then has continued to provide a “voice” for health within the Norfolk Adult Safeguarding Framework. As a result of changes in the way health care is commissioned, which came in to effect in April 2013, the membership of the Group has changed. The current group is made up of the designated leads for adult safeguarding from the main providers of healthcare services in Norfolk, these being;

- Norfolk and Norwich University Hospital
- James Paget University Hospital
- Queen Elizabeth Hospital
- Norfolk and Suffolk Foundation Trust (Mental Health)
- East Coast Community Healthcare
- Norfolk Community Health and Care

In addition, the membership includes the Heads /Directors of Clinical Quality and patients safety for the five Clinical Commissioning Groups (CCG’S) for West Norfolk, North Norfolk, South Norfolk, Central Norfolk and Great Yarmouth and Waveney (Health East). In addition, the CCG’s are supported by a Senior Nurse for Adult Safeguarding, a post which is hosted by North Norfolk CCG but provides support to the CCG Cluster.

In December 2012 the Health Sub Group identified the need for representation from those providing healthcare within our local prisons. As a result, there is now full engagement from Serco Prison Healthcare, who provide the Healthcare Service in Prisons within Norfolk. This organisation has committed to on-going representation at the Health Sub Group.

One of the main functions of the group is to continue to be an area where the providers and commissioners can share elements of best practice and facilitate shared learning in relation to Adult Safeguarding. Each lead has clear links and input into their “Locals Safeguarding Adults Partnership meetings”. The group continues to be committed to sharing and supporting implementation of recommendations made following the Winterbourne View Report, Francis Report and Saville Enquiry.

Presently the Health Sub Group are considering how the Norfolk Health Community can formalise its involvement in the Multi Agency Safeguarding Hub (MASH), looking to provide relevant and useful clinical support to colleagues from Norfolk Police and Norfolk County Council.

At this current time the Sub Group are looking at how pressure ulcer reporting, within existing structures for health, can best be tied in with the Adult Safeguarding, to minimise duplication and to maximise the outcomes.

The PREVENT agenda continues to be taken forward by the membership of the Health Sub Group, with each of the main NHS Partners continuing with a robust training programme for appropriately identified staff groups. The CCG's, along with the MASH, are also ensuring relevant and appropriate information is shared with and by health colleagues, in line with the PREVENT strategy and associated legislation.

The commitment from both commissioning and provider organisations, within the health community, in relation to the stable membership of the Health Sub Group indicates that the Adult Safeguarding Agenda has been embraced by these organisations, as we move forward to statutory status through the Draft Care Bill.

We are developing a separate "Safeguarding Support/Supervision group" for all the leads to attend, away from the formal health sub group meeting. This will enable to focus on individual events and devote a greater proportion of their time in sharing practice experiences.

Management Group

The Management Sub-group of the Safeguarding Adults Board is a new development for the Board and was unanimously agreed to be adopted as a sub-group on 25 April 2013.

The membership of the group consists of the lead member from each of the statutory organisations, the Independent Chair and the Safeguarding Adults Co-ordinator. The purpose of the group is to look at national guidance and legislation that is directed at each of the partner organisations and ensure that all partners are aware of emerging duties and responsibilities and how these practices can be disseminated across Norfolk. The group identify the priorities for the Safeguarding Adults Co-ordinator and give support with particular areas.

The sub-group usually agree the themed topic for each Safeguarding Board meeting and the members are used as the communication channel for more urgent issues and form the virtual Serious Case panel.

Strategic Training and Policy (ST&P)

The Strategic Training & Policy (ST&P) Sub-Group has two key functions to perform

- 1) to ensure Norfolk-wide joint policy and procedure is compliant with current legislation and future developments

and

- 2) oversee the development of Training & Development Strategy for Safeguarding Adults, including awareness raising, joint investigation training and training for managers. The strategy was delivered to the Norfolk Safeguarding Adults Board in January 2012 and has been used to steer on-going work.

In particular the ST&P Sub-Group has continued to pursue a number of areas of work to support the delivery of the Board's work. The first of these has been a review and update of the Policy and Procedure in response to a number of local and regional developments, including the implementation of the Multi Agency Safeguarding Hub – MASH and the East of England Regional Leads report on Safeguarding Adult Procedures. This updated document has now been agreed by the Board.

The second significant area of work has been the conceptual development of a validation framework which can be used to validate a training provider's delivery of safeguarding basic awareness training. A validated course provides assurance to the Board that the course has been assessed to have met an agreed standard for its content. I am pleased to report this is now nearing completion and the pilot testing is planned for November 2013.

The aspiration is to positively support all training providers delivering basic awareness training in Norfolk through this process. Sub group members have recently started a series of audit visits of trainers currently working delivering safeguarding training for Norfolk County Council. I am pleased to report that the Strategic Training & Policy Sub-Group membership has further strengthened with new colleagues from the University of East Anglia and Norfolk Police.

Risk and Performance

The Risk Sub Group continued to meet on a regular basis throughout the year. Membership remained constant but further members were sought to increase the diversity of the group.

Work was carried out to identify how the group could best support the Safeguarding Adults Board through the management and monitoring of risk. The group has committed membership from all statutory agencies as well as a nationally recognised independent service provider.

New terms of reference have been developed to reflect the combined areas of Risk & Performance following the amalgamation of the groups in 2011. The responsibilities for the group now encompass:

- To monitor the quality outcomes (performance of the Norfolk Safeguarding Adults Board
- We monitor performance of partner agencies in relation to safeguarding adults, escalating concerns where identified
- Use of the risk register to manage identified risks and report to the Norfolk Safeguarding Adults Board
- Quarterly reporting to the Safeguarding Adults Board
- Cascading and disseminating information to/from the locality Safeguarding Adults Partnerships, sub groups and other key groups
- Monitoring of Serious Case Review (SCR) and Multi Agency Review (MAR) action plans, in relation to review report recommendations

The Risk Group has achieved a strategic Risk Register that is fed from locality partnerships and other sub groups of the Board. This document will remain a *LIVE* tool to enhance and measure the activities of the Board and its partner organisations.

Joint Policy Signatories

The list of signatories has expanded significantly since the publication of the last Annual report, now over 200. This is largely due to the sterling work of Norfolk County Council Quality Assurance and Contract Teams and front line practitioners, who specifically bring to the attention of providers the importance of Safeguarding vulnerable adults, their duties in respect of reporting concerns that occur in the provider settings and in people's own homes, and their vigilance in considering prevention of potential abuse. Signatories receive occasional direct emails advising them about events they may wish to attend, accessing provider information on the safeguarding web pages and a quiz that has proved a popular way of revisiting safeguarding awareness that has promoted some competitiveness amongst some staff groups. We always welcome feedback on how useful our materials are for signatories and are happy to discuss any issue relating to the Multi-Agency Safeguarding Policy and Procedures.

The current signatory list has been reviewed and confirmed in compliance with data protection regulations.

A 4D Baby
Abbotts Wood Lodge Ltd
Able Community Care
About with Friends
Acle Voluntary Aid
Action for Blind People
Adrian Lodge, Community Care Support Homes
Adult Day Care Ltd
Affinity Trust
Age UK Norfolk
Age UK North Norfolk

Age UK Norwich
All Hallows Healthcare Trust
Allicare
Allied Health Care Group (Beccles)
Allied Health Care Group (Kings Lynn)
Allied Health Care Group (Norwich)
Anglia Case Management Ltd
Appleton Lodge Residential Home
APS Care Ltd
Aspires
Assist Trust

Atarrah Project Ltd (Milestones Hospital)
Attleborough Day Centre
Autism Anglia
Axis (mid Suffolk)
Aylsham Care Trust
B B Healthcare
Barchester Health Care
Barford Heating Ltd
Barley Court (NCC)
Bay Tree House
Beeches (The)
Benchmark Corporation Ltd
Beyond the Wall
Bigod Care Agency
Black Swan International Ltd
Bluebird Care
BMI Healthcare Limited - The Sandringham Hospital
Bowthorpe Community Trust
Brambles Care Farm
Branching Out
Briston Day Centre

Broadland Meridian
Brunswick Care Home Limited
Build (Charity Ltd)
Capricorn Cottage Limited
Care Management Group Limited (CMG)
Care UK
Carewatch Central Norfolk
Carewatch West Suffolk
Caring in Care Limited
Church Farm Residential Home
Clarence House
Clark James Norwich Ltd
Clinks Care Farm Ltd
Coach (The) House/SBDPI Ltd
Community Action Norwich
Community Service Volunteers
Crossroads Care, East Anglia
Crown Care & Support Limited
Daybreak
Delph House
Dereham Meeting POINT

Dimensions
Dormie House
Dorrington House
Downham Market & District Orbit Club
East Coast Community Healthcare Community Interest Company
East of England Ambulance Trust
Edith Cavell Day Care
Extra Hands of Heacham Limited
Faldonside Lodge
Feltwell Lodge
Fenners Limited
First Focus Fakenham
Fitzroy (Elizabeth) Support
Fitzroy (Elizabeth) Support
Flagship Housing Group
Focus 12
Forward Day Centre Limited
Freebridge Community Housing
Furze Hill Day Care Centre (The Salvation Army)
Gemini Daycare Services Limited
Genesis Housing Association

Great Hospital (The)
Great Yarmouth & Waveney Community Services (NHS)
Great Yarmouth & Waveney NHS
Great Yarmouth Borough Council
Gressinghall Farm & Workhouse
Griffon Area Partnership (Voyager Wednesday Club & North Walsham Friday Club)
Halsey House (The Royal British Legion)
Hamlet Centre Trust (The)
Headway Norfolk & Waveney
Health Care Homes Group
Heath Farm Day Care
Hebron Trust
Heritage House
Highfield Residential Care Home
Hill Grove Care Home
Holmwood
Home Instead Senior Care
Hopton Dental Surgery
Horseways
Iceni Care Limited
Incatern Limited
Independence with Care

Indigo Foundation (Norfolk)
James Paget University Hospital, NHS Foundation Trust
JDT Music Academy
Jeesal Cawston Park
Jeesal DC Limited
Jessopp Road Luncheon Club
John Chapman Day Centre (Flagship Housing)
Julian Housing Support Trust
Julian Support
Kings Lynn Support and Enablement Service
Kingsley Health Care
Lams Day Group
Leeway Domestic Violence & Abuse Services
Leonard Cheshire Disability Gloucestershire House
Long Stratton Day Centre
Lowestoft & Oulton Broad Aid and Assist Project (The)
Magdalene Group (The)
Manor Court Day Care
Manorcourt Care (Norfolk) Ltd
Martham Parish Council
Mears Care Ltd

Melton House
Mencap (West Norfolk)
Mencap Society (Royal)
MIND (Great Yarmouth & Waveney)
MIND (Norwich & Central Norfolk)
MIND (West Norfolk)
Minster General Housing Association Limited
N R Care Ltd
New Beginnings (Wisbech) Ltd
New Boundaries
New Thresholds
Nightingale Centre
Norfolk & Suffolk NHS Foundation Trust
Norfolk and Norwich University Hospital NHS Trust
Norfolk and Waveney Mental Health NHS Foundation Trust
Norfolk Coalition of Disabled People
Norfolk Constabulary
Norfolk County Council
Norfolk Eating Disorders Association
North Norfolk District Council
Norwich City Council
Nunnery (The)

Oak Farm Clinic
Oasis Day Centre
Oliver Court
OMNIA - Norwich & District MIND
One to One Home Care
Orbit Housing Association
Orwell Housing Association Limited
OWL
Papworth Trust
Phobbies, Kings Lynn
Phoenix + Norcas
Prestige Nursing Limited
Queen Elizabeth Hospital (The)
R Sons (Homes) Ltd
Red House Residential Home
Regal Healthcare Properties Limited (Kingsley Care Homes)
Regate House Care Home
Reminiscence Care Homes Limited
Rethink Mental Illness
Rethink Norwich
Riverside English Churches Housing Group
Riverside Exchange
Rowan Humberstone
S & M Healthcare Ltd

Saffron Housing Trust Limited
SENSE
Sheltered Horticultural Employment Scheme
South Norfolk Council
Special Needs Enterprises Norfolk Limited
Sprowston Day Centre
St Johns Housing Trust
St Martin's Housing Trust
St Mary's House (Care Home)
Station House Dental Practice
Stonham (Home Group Ltd)
Street Forge Workshops
Studio Landia Limited
Sunset Barn Care Farm
Sunshine Homecare
Swaffham & District Mental Health Association
Taverham District Day Centre
Thalia Theatre Company
Tony Boothman Day Centre
U.K. Gas
University of East Anglia, Faculty of Medicine and Health Sciences
Voluntary Norfolk
Walsham Grange

Wells Community Hospital
West Norfolk Befriending
Westminster Homecare
Westward Healthcare
Whitehaven Residential Care Home
William Booth Day Centre (Salvation Army)
Woodside House
Workwise
Worstead Day Care Centre

Wymondham Day Care Centre
Wymondham Dementia Support Group
Wymondham Youth Bus
YMCA Norfolk
YMCA Training

Background

The Care Quality Commission is the single, integrated regulator for health and adult social care in England to ensure care services are meeting government standards. This includes services provided by the NHS, local authorities, private provider companies and voluntary organisations – whether in hospitals, care homes or in people’s own homes. Part of CQC’s remit is also to protect the interests of people whose rights have been restricted under the Mental Health Act.

CQC Improvement Activities 2012-13

Over the last 12 months we have continued to improve our systems and process in response to lessons learnt from high profile cases. Significant development work has continued across CQC’s safeguarding systems and processes. This work includes;

- Revising and publishing our safeguarding protocol
- Development and implementation of safeguarding quality assurance systems
- Development of tools that allow us to improve the interrogation of safeguarding information
- Completed all the safeguarding recommendations arising from the CQC Individual Management Review (IMR) arising from the preparation for the Serious Case Review into the events at Winterbourne View

Partnership Working

In our revised safeguarding protocol we have strengthened our commitment to develop working relationships with local safeguarding partnerships. We are committed to attend appropriate safeguarding strategy meetings and local safeguarding boards at least once a year to share regulatory information, promote the role of CQC in safeguarding or discuss a local or regional safeguarding matter. CQC meets with the safeguarding leads from the Association of Directors of Adult Social Services on a quarterly basis to share information and discuss regional and national safeguarding issues.

Winterbourne View

CQC has completed all the safeguarding recommendations arising from the CQC Individual Management Review arising from the preparation for the Serious Case Review into the events at Winterbourne View. We have already made significant changes to various areas of our work that includes ensuring that we are better placed to respond to concerns of whistleblowers in order to protect vulnerable people. Other changes relate to the way we follow-up on action plans when services aren’t meeting national standards, build new ways to work with local safeguarding teams and develop the way we analyse safeguarding information so we can spot trends in care.

CQC is also contributor to the Department of Health Concordat – Programme of Action devised in response to Winterbourne View. The concordat commits a range of agencies and public bodies to a programme for change to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges to ensure better care outcomes for them.

Findings from Inspections

Our inspections of safeguarding (Outcome 7) in 2011/12 found that 90% of NHS hospital-based services and 89% of community services met the standard. We found that information-sharing in respect of safeguarding needs improvement in NHS services – there can sometimes be a lack of clarity about responsibilities and procedures, so that some cases are not referred to local authority safeguarding teams where it would have been appropriate to do so. NHS mental health, learning disability and substance misuse services performed less well than other NHS services.

Some independent healthcare services performed fairly well in 2011/12 in respect of safeguarding people from abuse – of those CQC inspected, 90% of independent hospitals and community services met the standard in the year. However, this was not replicated in independent mental health, learning disability and substance misuse services – here 73% of the services inspected met the standard.

There were less positive findings in relation to safeguarding in nursing homes and residential care homes. Of the locations inspected, 83% of nursing homes and 88% of care homes met the standards in 2011/12.

In the first dental care inspections 93% of dental services inspected met the standards on safeguarding and safety. Overall inspectors found good awareness of child protection issues but providers understanding of safeguarding vulnerable adults were patchy.

CQC is discussing with partners (such as ADASS) how they will work with the local SAB in the future given the likelihood of the Care Bill becoming law in 2015.

Draft Care Bill

'The existing legal framework for adult protection is neither systematic nor co-ordinated, reflecting sporadic development of safeguarding policy over the last 25 years' (Commission for Social Care Inspection)

The draft Bill proposes a single modern law for adult care and support that replaces existing outdated and complex legislation.

Part 1 Sec. 41-46 specifically relates to 'Safeguarding adults at risk of abuse or neglect'.

- Sec. 41-Enquiry by local authority
- Sec.42-Safeguarding Adults Boards
- Sec.43-Safeguarding adults reviews
- Sec.44-Supply of information
- Sec.45- Abolition of local authority's powers to remove persons in need of care
- Sec.46-Protecting property of adults being cared for away from home

How prepared is Norfolk to meet these new statutory duties?

Since the publication of No Secrets in 2000, Norfolk Social Services have taken a proactive approach to safeguarding vulnerable adults. Norfolk was one of the first local authorities to co-locate specialist social workers with police officers, who undertook joint visits to individuals and establishments where one of the original six categories of abuse was suspected. This transparent approach ensured that both victims and alleged perpetrators were aware of the seriousness of the reported events and the collaborative approach ensured that vulnerable service users were supported through any ongoing safeguarding investigation.

The profile of adult safeguarding was raised by successive adult safeguarding co-ordinators and the safeguarding team, as well as colleagues in health services through awareness raising materials, locality safeguarding partnerships, county conferences and training materials.

Norfolk Community Care Services commission Basic Awareness training sessions which are delivered free to individuals and voluntary organisations while being subsidised to Independent providers. Annually 2200 places are available for Basic and Refresher training with an additional 720 places for more advanced courses for front line practitioners, managers and providers.

The referral rates in Norfolk have climbed year on year from 512 referrals in 2008/09 to 2044 referrals in 2012/13. We believe that this is a direct result of the extensive training and associated events to professionals in all organisations which have led to widespread vigilance and early reporting.

In regard to **enquiry by local authority (Sec. 41)** Norfolk has an existing protocol and robust response in place which has been further enhanced by the MASH (Multi-Agency Safeguarding Hub) and data sharing arrangements.

In 2008 Norfolk reviewed the terms of reference and membership of its existing **Safeguarding Adults Board (Sec. 42)**. The membership changed from front line practice professionals who came to share experiences to one of strategic planning and multi-agency co-operation. The membership has representation from all statutory agencies, Police, Health, acute trusts and CCG's, Probation, Fire & Rescue; Trading Standards; Ambulance Trust; Housing; National and local independent providers; voluntary and charitable organisations as well as MAPPA and Community safety.

The Board has five sub groups:

- Core Management
- Health
- Strategic Policy and Training
- Mental Capacity & Deprivation of Liberty
- Risk & Performance

In addition each of Norfolk's five localities has a Locality Safeguarding Adult Partnership. All groups meet quarterly with some additional task and finish groups when required.

Collaboration with Children's Board in some areas has been explored and links with Suffolk have been made.

The Norfolk Adults Safeguarding Board recognised the value of transparency and scrutiny and agreed for the statutory partners to fund an Independent Chair of the Board. The Chair's role is to act as a 'critical friend', challenging policy and practice within all partner organisations, commissioning serious case reviews and prompting actions that will build robust monitoring systems.

Safeguarding adults reviews (Sec.43) is to replace the Serious Case Review process that was adopted by the Norfolk Board in 2009. An existing protocol is with Norfolk's legal team who are due to respond shortly.

Norfolk has undertaken one Serious Case Review and two management reviews but not all parties were signed up to the protocol, preventing wide distribution. However the learning points from these reports were incorporated into practice and were shared with the agencies involved.

The new duty to supply information to the Board (**Sec.44**) where there is a need to gain such information for the purpose of enabling or assisting the SAB to exercise its functions, may bring about some changes in process to an investigation. This section will require some collaboration between all organisations and may be accommodated in an updated mandate clarifying expectations.

The **Abolition of local authority's powers to remove persons in need of care (Se.45)** has already been superseded by environmental health legislation and the application of Mental Capacity Act 2005 where the Deprivation of Liberty Safeguards and Best Interests decisions ensure that professionals are not risk adverse and advocates can support vulnerable service users. The National Assistance Act 1948 Sec.47 was rarely used and this cessation of legislative power has been widely applauded. Protection of property protocols (**Sec. 46**) already exist in Operational Instruction 905 protection of property. This will need some minor amendments to ensure compliance with the new Bill.

Who is a vulnerable adult?

When people think about adult abuse, many people think of frail older people. Older people may sometimes be vulnerable, but a vulnerable adult can be anyone over the age of 18 who has a physical or sensory disability, or a learning difficulty or a mental health problem, and who may be unable to protect themselves from abuse or harm.

What is abuse?

Abuse is any behaviour towards a person that causes him or her harm, endangers life or violates their rights. It can happen to both men and women.

What can you do?

If you feel that you are being abused or know a person you believe is at risk then it is important to tell someone. You can contact Social Care Centre of Expertise (SCCE) on Tel: **0344 800 8020** who will direct you to **MASH** (Multi Agency Safeguarding Hub) who take your concerns seriously and will work with you or others to make sure everyone is safe.

Looking after a vulnerable adult can be difficult. Carers can feel isolated and stressed. If you are worried that you might harm the person you are caring for it is important that you talk to someone. Staff members who work with vulnerable adults may be worried about the consequences of reporting abuse. It is important that you tell someone what is happening. The person concerned may not be able to report the abuse themselves and may rely upon you to voice your concerns. You will be offered advice and support by individual agencies as appropriate.

- Do not confront the person you think is responsible for the abuse
- Do not destroy the evidence
- Do not start to investigate the situation

The advice and information produced by the Board is continually revised. For update information you may like to visit the safeguarding webpage which is hosted by Norfolk County Council.

http://www.norfolk.gov.uk/Adult_care/Keeping_safe/Safeguarding_adults/index.htm

Case Study

The types of investigations that the Safeguarding Adults Team have responded to, have included all forms of abuse.

- **Physical**
- **Sexual**
- **Psychological/Emotional**
- **Financial**
- **Neglect**
- **Discriminatory**
- **Domestic Abuse**
- **Professional Abuse**
- **Institutional Abuse**

The following scenario illustrates the Team's activity in Safeguarding, Protection and Prevention.

Mrs X an 89 year old lady living in a property in an isolated position on the edge of a town. Well known to local services, lived there all her life. Over the years the property has deteriorated, as has her health and mobility, and she now lives (and sleeps) in one ground floor room. She has very regular support from community nursing team, safer neighbourhood team, church, friends etc. and has formal care provision daily.

Concerns were raised that an informal carer (A) was taking advantage of her financially. Initial checks identified this person as having power of attorney. Solicitor had noticed large sums of money going out of accounts without clear explanation. This carer visits daily in addition to the other support in place.

Safeguarding Adults Practice Consultant (SAPC) was allocated and visited Mrs X with police colleague. They established that she had no impairment to her mental capacity, was aware to some extent of the sums involved, and she did not wish to make any formal complaint. No further safeguarding action was therefore taken. Solicitor and Mrs X agreed that POA should be removed from the individual going forward.

Repeat concern was raised a few months later around finances and also possible coercion. Also an indication that the person originally became involved with Mrs X some years before in a professional role working for a health organisation. No indication that Mrs X's capacity had diminished.

SAPC visited Mrs X, and again established that she had full mental capacity, able to make her own decisions. After explicit discussion of the concerns, Mrs X again did not wish to take the matter any further, stating that it was her money and she felt the care she received was worth it. Therefore police were unable to become involved.

SAPC did establish that A had first met Mrs X in the course of her work as a professional support worker; she was a neighbour and then began to visit as a friend. Although Mrs X said she did not know if she was now being paid, she gave permission to speak to another friend (B) to find this out. SAPC did advise Mrs X that, as A was employed to provide care elsewhere to potentially vulnerable adults, that her employer would need to be advised of the situation.

B revealed A was being paid for the care provided. Also that A was attending in her professional uniform before and after she went to work. B expressed frustration at local authority not appearing to be taking action – advised that where individual's have capacity it is always their decision, and that we were unable to intervene.

SAPC discussed situation with A's employer. Wide ranging discussion centred on what action could be taken, particularly in terms of safeguarding where the individual concerned does not feel unsafe and has the capacity to decide that they do not want formal intervention. Care provided to Mrs X was a private arrangement. A was not going in as an employee of any organisation. Police could not be involved because Mrs X was not making a complaint to them, and has capacity.

Confirmation of safeguards and protective factors already in place with any monies protected:

- *A had no easy access to funds*
- *Some indication that property items may have been taken, but again no formal complaint*
- *Strong local network throughout the day to support*
- *PCSO visited daily*
- *CCTV and alarms already in situ due to isolated position*

Employer agreed that issues of how Mrs X and A met and wearing of uniform for informal visits constituted sufficient grounds to suspend for further investigation. This was to ensure no wider concerns around other vulnerable adults A may be going in to on a professional basis.

Although A was suspended, this does not prevent their informal care role, or being paid for this. SAPC discussions with friend and colleagues have considered the difference between what may be considered morally and ethically wrong, versus criminality, and the subsequent limitations within the safeguarding process, where individuals have the capacity to make their own decisions, and to have their autonomy upheld.

Some concern over possible repercussions to Mrs X, but have proven to be unfounded. Support network continues to monitor.

Day in the Life of a Safeguarding Practice Consultant

“My name is Dee Blakey. I am a Safeguarding Adult Practice Consultant in the Norfolk County Council Safeguarding Adult Team. I am one of six Safeguarding Adults Practice Consultants who work across Norfolk.

I cover the Central (Norwich) area and I am based at County Hall. Both the Norwich Learning Difficulty team and Community Care team are also based at County Hall which means that I am easily accessible to both teams for face to face consultations, advice and support.

My day starts at about 8:15am when I access my computer and mobile phone for messages, referrals and updates on ongoing cases. My days are usually planned with meetings and visits etc but we need to be flexible and be able to respond immediately to high risk safeguarding incidents that can happen throughout the day or have happened ‘Out of Hours’ during the evening and night. This often means that I may have to change things very quickly and the day I had planned ends up being very different to the day I actually have!

Today starts with a meeting with the manager of the Learning Disabilities team. We spend a productive hour going through the new safeguarding adult processes and discuss the progress of a couple of ongoing safeguarding cases.

Back at my desk and I have several phone messages and emails from care providers and social workers asking for advice, a couple of workers approach me for a face to face consultation. I priorities and respond to as many as I can before I go out to a residential care home where I give a talk to care staff about the Adult Safeguarding process in Norfolk. This is a piece of work that we undertake with care providers as a follow up action where there has been a safeguarding issue in the care home or with the care agency. Feedback from care providers has shown that this is highly valued by them as it contributes towards an overall improvement in Safeguarding Adult practices.

Later in the day I meet with one of my Police colleagues from the Adult Abuse Investigation Unit. We visit an eighty year old lady, who is currently in respite care. Safeguarding concerns had been raised by staff regarding a family member’s behaviour towards her whilst visiting her. After having a long discussion with her about the incident she decides she does not wish to make any formal complaint to the Police. As she has the mental capacity to make this decision, no further police action will be taken. My role is to ensure that she has a protection plan in place and I discuss support options with her. I make sure she has the contact details for emergency services and knows what to do if she feels unsafe in any way. The lady also attends day services at the same resource and I agree with her and the manager that she will let the manager know if she has any concerns in the future.

I return to the office where I respond to the messages I was not able to do so earlier on and pick up new ones, I catch up with the workers who wanted to talk to me earlier on and update my case notes. My day usually finishes at about 5pm but at times it can be a lot later if a serious incident has occurred. This is not the case today so I leave just after 5pm.”

How Many Cases have been reported in Norfolk?

Referral Rates for Safeguarding Adults 2008 to 2013

Year	Number of Referrals
2008	420
2008/2009	512
2009/2010	903
2010/2011	1364
2011/2012	1568
2012/2013	2044

2012/13 Abuse of Vulnerable Adults Return

Safeguarding referrals and assessments summary

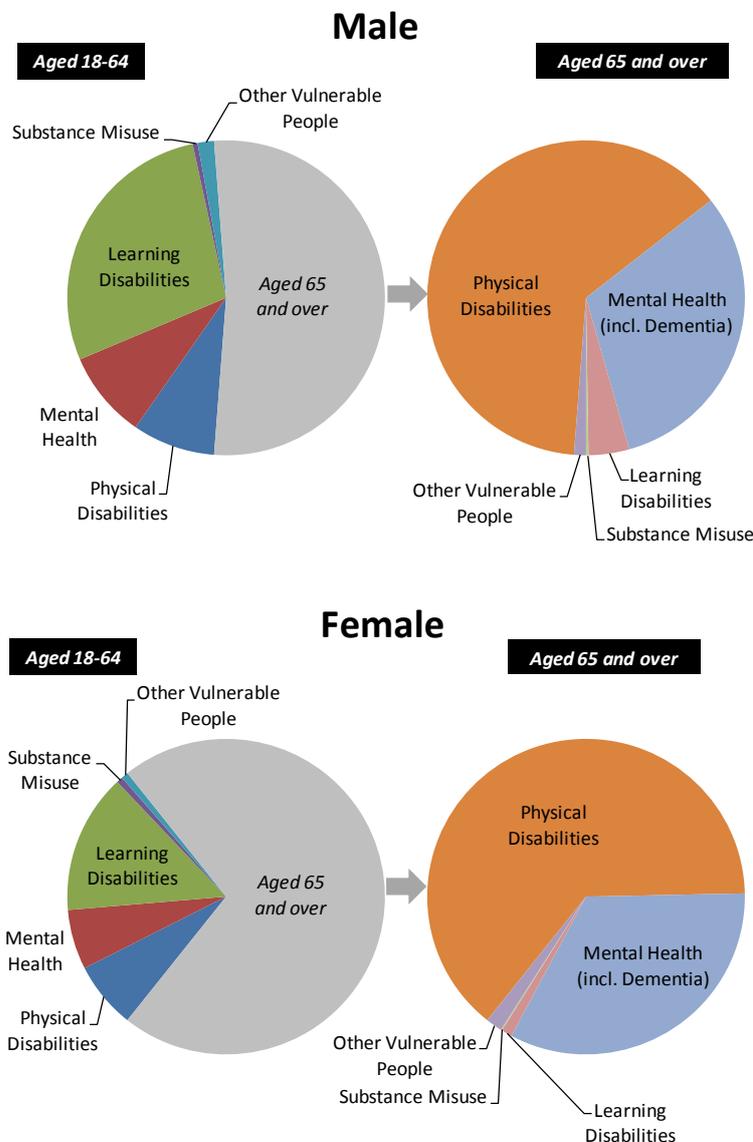
This summarises the number of safeguarding cases in 2012/13. A safeguarding referral is recorded when a concern or allegation of possible abuse is reported. Repeat referrals mean that more than one safeguarding referral concerning the same person was received during the year. If the concern raised satisfies the criteria for further safeguarding investigation, an assessment is started. Assessments are completed when it can be determined whether or not the allegation was substantiated. Completed assessments may have been started in the previous year.

Age of Alleged Victim	Referrals			Repeat Referrals			Assessments Started			Completed Assessments		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
18-64	372	360	732	3	4	7	75	95	170	75	102	177
65-74	90	118	208	1	8	9	24	50	74	24	49	73
75-84	162	303	465	4	9	13	52	94	146	52	95	147
85 and over	158	476	634	1	12	13	46	157	203	46	161	207
Total aged 18-64	372	360	732	3	4	7	75	95	170	75	102	177
Total aged 65 and over	410	897	1307	6	29	35	122	301	423	122	305	427
All ages	782	1257	2039	9	33	42	197	396	593	197	407	604

Source: Abuse of Vulnerable Adults return

Age and primary need of alleged victims of abuse

Just over half of men about whom a safeguarding concern was raised were aged 65 or over. More than a quarter have a learning disability. Almost three quarters of the women were aged 65 and over.

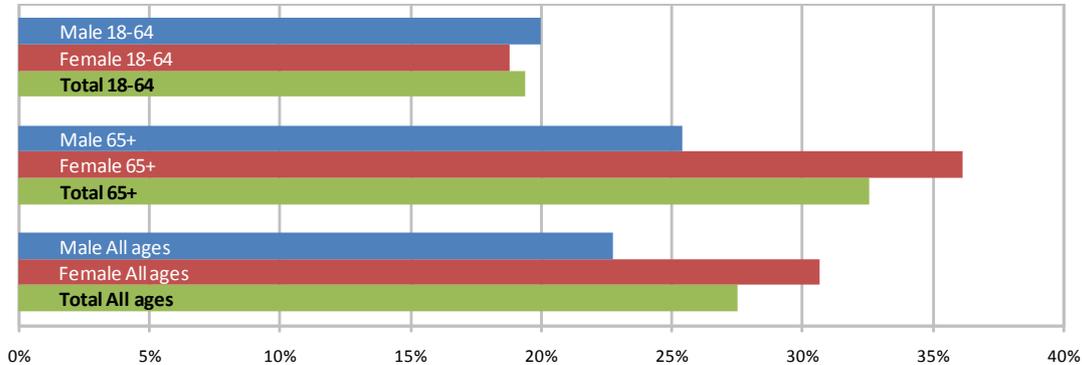


Increase in safeguarding referrals

Safeguarding referrals increased by 28% this year. There was a greater increase in referrals relating to women than to men. The biggest increase concerned women aged 65 and over, with 238 more referrals received than last year. Within the 18-64 age group, the most significant increases were among men with a physical disability and women with a learning disability.

Age	Primary Client Group	Male			Female			Total		
		2011/12	2012/13	% Change	2011/12	2012/13	% Change	2011/12	2012/13	% Change
18-64	Physical Disabilities	42	66	57%	83	86	4%	125	152	22%
	Mental Health	64	70	9%	71	77	8%	135	147	9%
	Learning Disabilities	194	219	13%	143	180	26%	337	399	18%
	Other	10	17	70%	6	17	183%	16	34	113%
65+		327	410	25%	659	897	36%	986	1307	33%
All ages		637	782	23%	962	1257	31%	1599	2039	28%

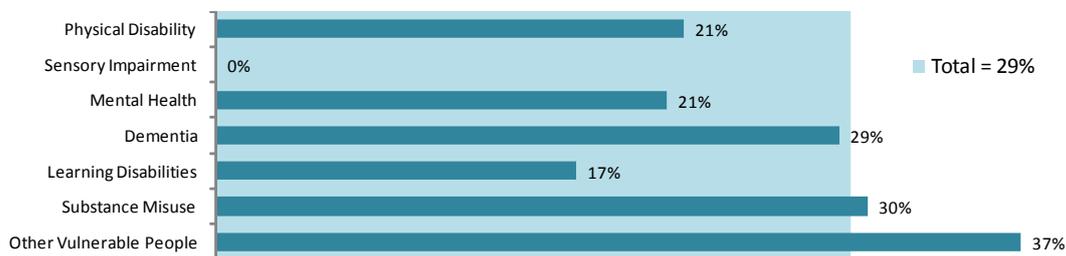
Source: Abuse of Vulnerable Adults return



Source: Abuse of Vulnerable Adults return

Proportion of referrals which led to safeguarding assessment

This shows the proportion of safeguarding concerns reported for adults of all ages which met the safeguarding criteria and led to a safeguarding assessment. Less than a third of all safeguarding concerns led to an investigation this year, compared with 44% last year.



Source: Abuse of Vulnerable Adults return

Ethnicity of alleged victim

More than expected alleged victims aged 18 to 64 were from a 'White British' background and fewer than expected were from a 'White Other' background when compared to the ethnicity of all Norfolk residents from the 2011 census. The reverse is true for people aged 65 and over.

Ethnicity of Alleged Victim	Aged 18 - 64			Aged 65 and over		
	Referrals	Assessments	Norfolk population	Referrals	Assessments	Norfolk population
White British	94.0%	95.1%	91.6%	95.9%	95.6%	97.7%
Other white background	2.2%	0.6%	4.9%	3.4%	3.4%	1.7%
Mixed background	1.3%	2.5%	0.8%	0.2%	0.2%	0.2%
Asian or Asian British	0.6%	0.0%	1.4%	0.1%	0.2%	0.2%
Black or Black British	0.3%	0.6%	0.6%	0.1%	0.0%	0.1%
Any other ethnic group	1.6%	1.2%	0.6%	0.3%	0.5%	0.1%

Source: Abuse of Vulnerable Adults return

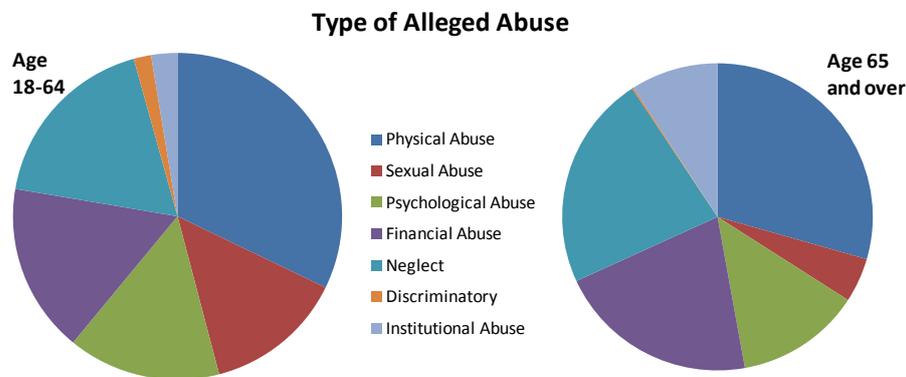
Safeguarding assessments: nature of alleged abuse

This summarises safeguarding assessments by age, gender and nature of abuse. Where there was more than one type of abuse the assessment is counted in each relevant category.

Category of Alleged Abuse	Age 18-64			Age 65 and over			All ages		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Physical Abuse	36	39	75	46	125	171	82	164	246
Sexual Abuse	11	21	32	1	26	27	12	47	59
Psychological Abuse	17	18	35	18	58	76	35	76	111
Financial Abuse	16	23	39	35	87	122	51	110	161
Neglect	17	25	42	43	88	131	60	113	173
Discriminatory	3	1	4	1	0	1	4	1	5
Institutional Abuse	3	3	6	15	38	53	18	41	59
Total	103	130	233	159	422	581	262	552	814

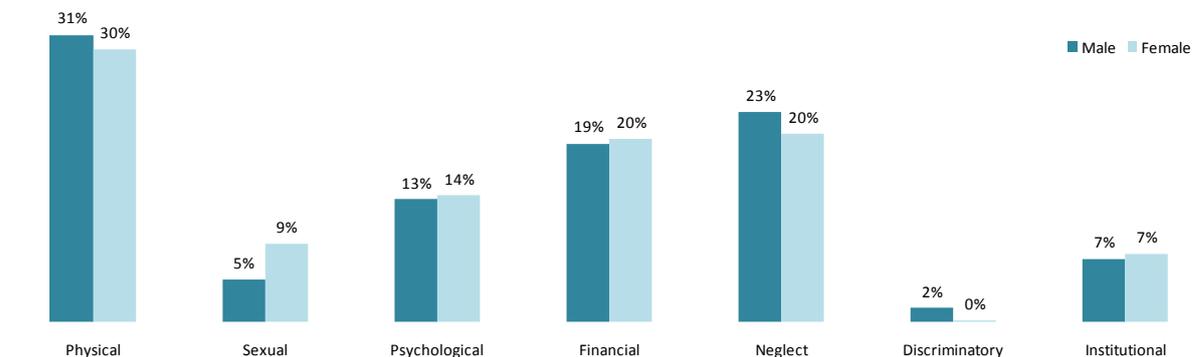
Source: Abuse of Vulnerable Adults return

A higher proportion of referrals relating to people aged 18 to 64 alleged physical or sexual abuse than for older people. A higher proportion of referrals relating to people aged 65 and over alleged neglect or institutional abuse than for younger people.



Source: Abuse of Vulnerable Adults return

With the exception of allegations of sexual abuse which affected more women than men, and neglect which affected more men than women, the proportions of assessments were roughly equal for men and women in the remaining categories.



Source: Abuse of Vulnerable Adults return

This shows the breakdown of assessments by alleged nature of abuse for each primary client group.

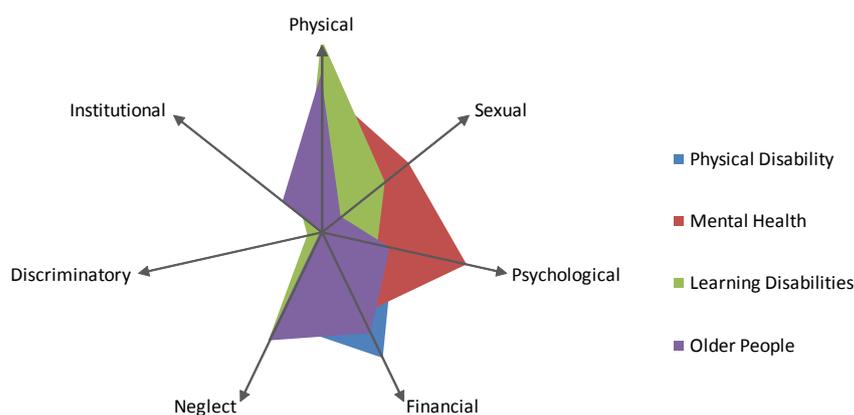
Category of Alleged Abuse	Physical Disability	Mental Health	Learning Disabilities	Other Vulnerable People	Older People	Total
Physical	25	8	41	1	171	246
Sexual	7	6	17	2	27	59
Psychological	11	8	12	4	76	111
Financial	21	5	10	3	122	161
Neglect	15	2	25	0	131	173
Discriminatory	0	0	3	1	1	5
Institutional	1	0	5	0	53	59
Total	80	29	113	11	581	814

Source: Abuse of Vulnerable Adults return

People with a learning disability were much more likely to suffer physical abuse than any other category of abuse. Adults with a physical disability had the highest proportion of referrals for alleged financial abuse of any other primary client group. The highest proportion of referrals for alleged sexual or psychological abuse related to adults with mental health needs.

Category of Alleged Abuse	Physical Disability	Mental Health	Learning Disabilities	Older People	Total
Physical	31%	28%	36%	29%	30%
Sexual	9%	21%	15%	5%	7%
Psychological	14%	28%	11%	13%	14%
Financial	26%	17%	9%	21%	20%
Neglect	19%	7%	22%	23%	21%
Discriminatory	0%	0%	3%	0%	1%
Institutional	1%	0%	4%	9%	7%

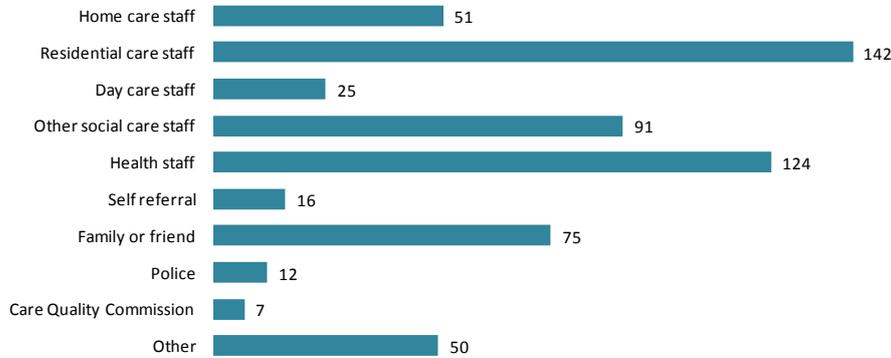
Source: Abuse of Vulnerable Adults return



Source: Abuse of Vulnerable Adults return

Safeguarding assessments: referral source

This shows who made the safeguarding referral. 24% of all safeguarding assessments undertaken were referred by staff at residential or nursing homes. 73% of all safeguarding assessments undertaken were referred by health or social care staff. Only 13% of safeguarding assessments were undertaken following concerns raised by family or friends of the alleged victim.



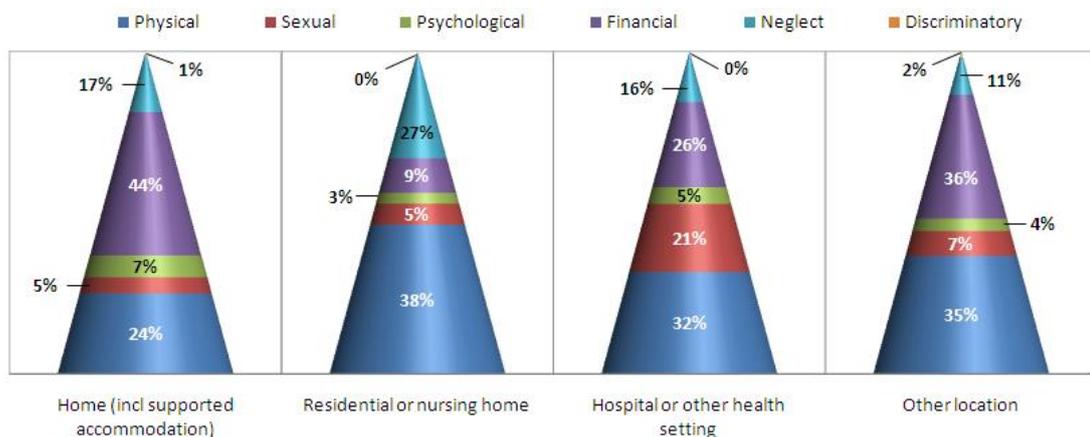
Source: Abuse of Vulnerable Adults return

Safeguarding assessments: location of alleged abuse

This shows the type of alleged abuse which took place at each location. The greatest proportion of abuse in the person's own home or supported accommodation was financial. The greatest proportion of abuse in a residential or health setting was physical.

Location alleged abuse took place	Physical	Sexual	Psychological	Financial	Neglect	Discriminatory	Institutional
Home (incl supported accommodation)	70	14	19	125	50	3	6
Residential or nursing home	99	14	7	23	70	1	47
Hospital or other health setting	6	4	1	5	3	0	0
Other location	19	4	2	20	6	1	3
Total	194	36	29	173	129	5	56

Source: Abuse of Vulnerable Adults return



Source: Abuse of Vulnerable Adults return

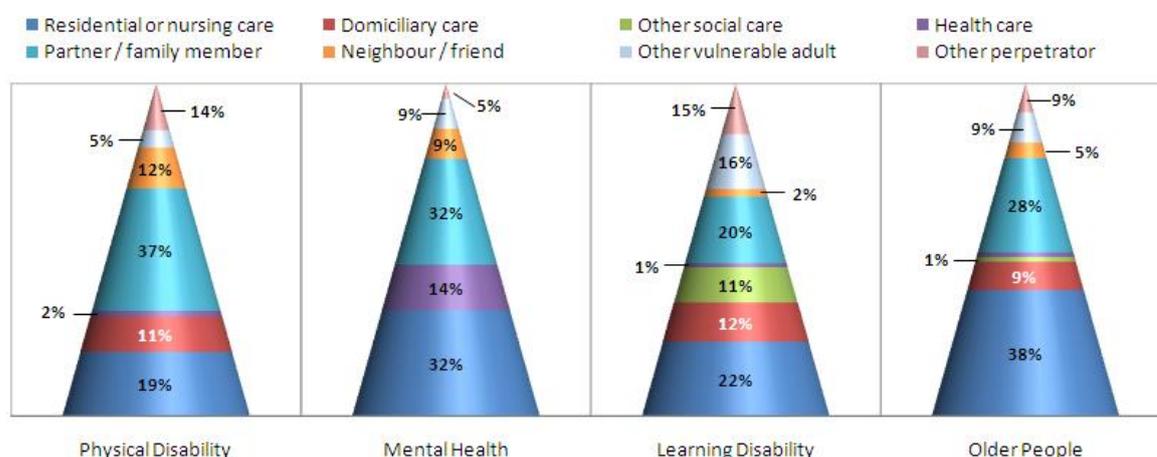
Safeguarding assessments: relationship of alleged perpetrator

This shows the relationship of the alleged perpetrator to the victim for each primary client group.

Relationship of alleged perpetrator	Physical Disability	Mental Health	Learning Disability	Other Vulnerable People	Older People	Total
Home care provider	6	0	10	0	36	52
Residential provider	11	7	19	0	160	197
Day care provider	0	0	4	0	1	5
Other social work staff	0	0	5	0	5	10
Health care worker	1	3	1	0	6	11
Other professional	2	0	0	0	1	3
Partner / family member	21	7	17	2	120	167
Neighbour / friend	7	2	2	0	20	31
Other vulnerable adult	3	2	14	0	38	57
Other	6	1	7	1	12	27
Not Known	0	0	6	3	24	33
Total	57	22	85	6	423	593

Source: Abuse of Vulnerable Adults return

The alleged perpetrator in almost half of cases relating to people with a physical disability was the person's partner, family member or friend.



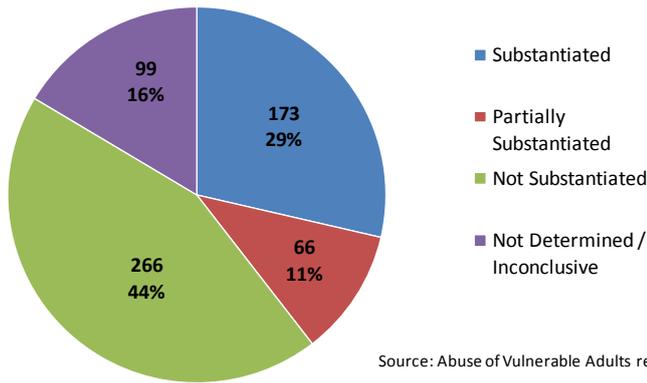
Source: Abuse of Vulnerable Adults return

Safeguarding assessments: case conclusion

This shows whether or not the safeguarding allegation was substantiated. Fewer than half of completed assessments were either fully or partially substantiated.

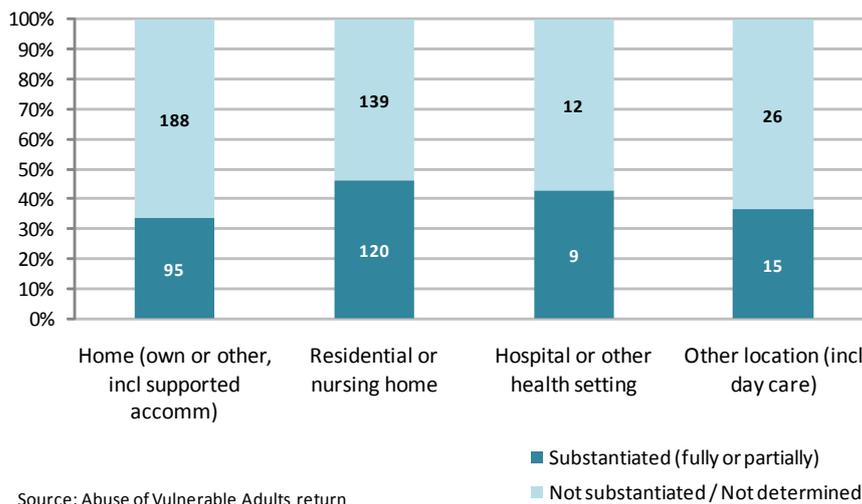
Primary Client Group	Substantiated	Partially Substantiated	Not Substantiated	Not Determined / Inconclusive	Total
Physical Disability	19	10	18	9	56
Mental Health	8	2	7	5	22
Learning Disability	28	10	34	21	93
Other Vulnerable People	1	0	4	1	6
Older People	117	44	203	63	427
Total	173	66	266	99	604

Source: Abuse of Vulnerable Adults return



Completed safeguarding assessments: outcome per location of abuse

This shows how many assessments were substantiated in each location where the abuse was alleged to have occurred. Allegations of abuse in the alleged victim’s home were less likely to be substantiated.



Safeguarding Adults Review

Norfolk Adults Safeguarding Board has developed a Serious Case Review process and will commission a review when circumstances meet the eligibility thresholds. Serious Case Reviews are opportunities to learn lessons in prevention when abuse or neglect is suspected to be a factor in the death or serious harm of a vulnerable adult.

Serious Case Reviews require all agencies to examine their organisations ways of working co-operatively with other local professionals and organisations to investigate, intervene and prevent abuse or neglect.

The Norfolk Safeguarding Adults Board will review this process when further National guidance is issued.

Norfolk has previously trialled a Management Review which was undertaken by a manager from another authority. This had the advantage of gaining an independent perspective and sharing any learning and recommendations with another authority.

This Management Review process is to examine cases that do not meet the criteria for a Serious Case Review but where it is recognised that partners may benefit from examining the past practices and outcomes for service users where abuse has been an integral element of organisations interventions. We will scope the merits of having an arrangement with other local authorities and consider a more formal 'peer' arrangement when the Care Bill receives assent and the Act is implemented. It is stated in the draft Bill that the name of the process is changed from Serious Case Review to Safeguarding Adults Review and this will be reflected in future documentation.

Milestones for Safeguarding Adults 2011 - 2013

- No Secrets Review Advice Note(April 2011)
- First Multi-Agency Development Day (Nov 2011)
- Winterbourne View Serious Case Review (July 2012)
- Adult Safeguarding First represented at the Norfolk Show (June 2012)
- Draft Care & Support Bill (July 2012)
- Provider Information Folder launched on Website (2012)
- Disclosure & Barring Service replaces Independent Safeguarding Authority (2012)
- Safeguarding Adults DVD Commissioned (Sept 2012)
- Protection of Freedoms Act 2012
- Safeguarding Training Programme delivered by Practice Consultants to all Front Line Practitioners (Oct 2012)
- Multi-Agency Safeguarding Board Development Day (Nov 2012)
- Harwood Care & Support Charter (Feb 2013)
- Francis Report (Feb 2013)
- Adult Team Multi Agency Safeguarding Hub (MASH) is launched (April 2013)
- Care Bill published (June 2013)
- Royal Norfolk Show Adult Safeguarding Launch new materials (June 2013)

- Official Launch of Key Fob



In March 2011, Adults Social services, NHS Norfolk and Norfolk Constabulary were able to joint fund the design by NPS Graphics, and production by an independent supplier, of a 'Key fob' which was initially promoted at The Royal Norfolk Show. This low tech item that requires the holder to put their own 'emergency telephone number' onto a strip so that if they required assistance from friends or family the number would be readily available for a 'helper' to call.

The Key fob was an immediate success with one couple at the show when a gentleman with limited memory became separated from his wife, the police were asked to assist in finding him, but fortunately the couple were able to reunite themselves. A visit to our stand a few minutes later was greeted with enthusiasm as they both felt a little more confident in continuing with their day out, knowing that they would be able to contact each other should the incident reoccur.

Key fobs will be available on request via Police Community Operational Partnership Teams, Adult Community Services via Jan Cant (01263 835200) and Safeguarding Leads in Health Trusts. Numbers are limited so please use them prudently.

We are always looking for ways to improve our service. If you would like to be involved in strengthening our safeguarding work then please contact: the Safeguarding Adults Co-ordinator on 01263 835200 or write to:

**The Norfolk Safeguarding Adults Care Co-ordinator
c/o Jan Cant
Adult Community Services
West Wing
Blickling Hall
Blickling
Norfolk
NR11 6NF**

To contact the Safeguarding Adults Team Tel: 0344 800 8020

