# Sheffield Adult Safeguarding Partnership

## Annual Report 2012 - 2013

SheffieldAdult SafeguardingPartnership

# Contents


| Introduction by the Independent Chair | | |
|---|---|---|
| Glossary | | |
| **Page number** | **Section** | **Content** |
| 5 - 14 | Section 1 | Safeguarding Adults Data |
| 15 - 23 | Section 2 | Safeguarding Adults Safeguarding Partnership |
| 24 - 36 | Section 3 | Partner Agencies Activity |
| 37 - 38 | Section 4 | Deprivation of Liberty Activity |

# Independent Chair commentary

Sue Fiennes Independent Chair

Sheffield Adult Safeguarding Partnership

Dear Colleagues

This annual report comes at a time of very stretched finances even so, partners have been determined to continue to support the Safeguarding Adults Partnership at the same level which has enabled developments to continue.

The safeguarding pathway has become more robust and alerts have increased from ethnic minorities. This shows both more confidence to raise concerns and improved data quality.

The Safe in Sheffield scheme has been very successful and plans for the scheme to cover South Yorkshire are being discussed.

The Partnership has a Customer Forum which is increasingly involved in assisting with data on how safe people feel.

The voice of the Forum is valued and supported.

This year has also seen the Safeguarding Adults Board reviewing the governance of the safeguarding arrangements to ensure they are fit for purpose going forward. This review is now complete and the results will be shared early in 2014.

As part of this review an additional post has been supported to enable the Board to be assured on the health/NHS perspective in both the safeguarding pathway and the development of quality practice in this area of work.

It must be said that the quality of practice in safeguarding adults is going to be an important priority for the Board.

It is worthy of note that the practice in relation to self-neglect in Sheffield is well regarded nationally and soon research will be published in which will show the Sheffield contribution.

I would wish to thank all practitioners and partners for their commitments over 2011/12.

Sue Fiennes

# Glossary

- **SASP –** Sheffield Adult Safeguarding Partnership Board
- **SAO –** Safeguarding Adults Office
- **Communities –** Sheffield City Council Portfolio that has responsibility for responding to Safeguarding Concerns
- **CQC -** Care Quality Commission, regulates and inspects all adult health and social care providers
- **DOLS –** Deprivation of Liberty Safeguards
- **Housing Solutions –** Sheffield City Council department in Communities that responds to the needs of adults with housing issues
- **MCA –** Mental Capacity Act
- **CCG -**Clinical Commissioning Group **–** Commissioner of health services in Sheffield, manages GP contracts, oversees quality of health providers.
- **SHSCFT** – Sheffield Health and Social Care Foundation Trust - provides a wide range of services across the city across all age ranges for Mental well-being, Learning disabilities, and neurological assessment and rehabilitation. SHSC provides a number of specialist Older Adults services and supports the Clover group of GP practices. SHSC have lead responsibility for providing Safeguarding services to vulnerable adults under the age of 65 who are experiencing mental ill health and adults with substance misuse issues.
- **STHFT** – Sheffield Teaching Hospitals Foundation Trust – provider of secondary medical services from the following hospitals – Royal Hallamshire Hospital, Weston Park Hospital, Northern General Hospital, Jessop Wing and Charles Clifford. As a result of the Transforming Health Care legislation the **Community** services have now merged with the Trust to deliver quality health services within the community
- **SYFR** – South Yorkshire Fire and Rescue
- **SYP** – South Yorkshire Police
- **YAS** – Yorkshire Ambulance Service
- **Alert –** concern raised by any person about the safety of a vulnerable adult
- **Referral –** Concern passed to Communities or Sheffield Health and Social Care for a decision for admission into safeguarding processes
- **Protection Plan** – plan agreed to maximise the safety and well-being of an adult who is named as the alleged victim in a safeguarding cases
- **Case conference -** meeting to discuss the findings of the investigation and reach a “balance of probabilities” decision as to whether or not abuse has occurred and create a protection plan if required
- **VAP –** Vulnerable Adults Panel – a strategic meeting responding to the high risk cases involving vulnerable adults who misuse services attended by senior managers.
- **VARMM –** vulnerable adults risk management model – used when people have capacity and their choices are leaving them at risk of significant injury/death

# Safeguarding people of Sheffield – what have we been doing?

## Case Advice

The Safeguarding Adults office provides case advice on:

- Safeguarding Adults processes
- Mental Capacity and Deprivation of Liberty
- VARMM
- Vulnerable Adult Panel
- Local and Regional links for safeguarding and MCA

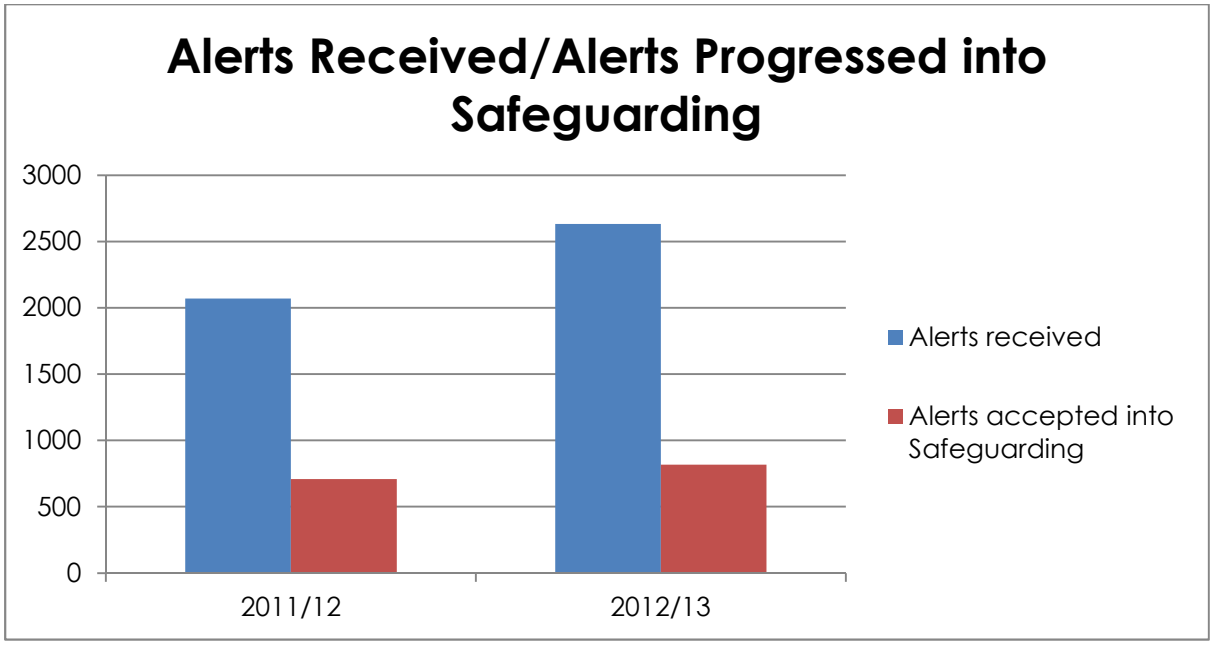
The office has a service standard of responding to case advice within three hours, in the year this was achieved in **98.5%** of requests.
General Practitioners contact with the office doubled in the year as a direct result of delivering a Protected Learning Initiative (specialist training session) jointly with the CCG.
Safeguarding Leads within health provide a useful alternative for health staff to discuss safeguarding concerns and is highly valued.

## Alerts and Referrals by Service Area

### Alerts

This is the stage at which concerns are raised about the safety of an adult, believed to be vulnerable; alerts can be raised by anyone and are received by the following individuals/organisations:

- Adults Access (24 hour phone line)
- Named worker – health, social care, mental health etc.
- CQC – regulator of health and social care
- Complaints departments - who transfer to safeguarding, as appropriate.




The increase in numbers of alerts is comparable with the rest of the Yorkshire and Humber region.

1606 women were referred into safeguarding compared with 1027 men
The table below indicates the number of alerts/referrals by Ethnicity, progress continues to be made in supporting communities to refer into safeguarding but this requires additional work to reflect the demographics of Sheffield. (Further information on this work can be found in section Two).

**Alerts and Referrals by Ethnicity (2011/12 data shown in brackets)**

| Ethnicity | Number of Alerts | Number of referrals |
|---|---|---|
| White British and White Irish | 2297 | 733 |
| Asian | 60 (54) | 21 (18) |
| Mixed race | 23 (12) | 11 (8) |
| Black | 60 (46) | 17 (11) |
| Chinese | 3 | 1 |
| Other | 14 (8) | 7 (8) |
| Refused or not obtained | 146 (72) | 12 (14) |

Alerts/Referrals by Service Area and Age

| Vulnerability | Age band | Number of alerts in 2012/13 | Number accepted into safeguarding | |
|---|---|---|---|---|
| | | | 2011/12 | 2012/13 |
| Learning disabilities | 18 - 64 | 519 | 137 | 248 |
| Mental health | 18 - 64 | 318 | 52 | 27 |
| Physical disabilities (sensory impairment) | 18 - 64 | 256 | 80 | 77 |
| Substance misuse | 18 - 64 | 55 | 19 | 5 |
| Older adults | 65 + | 1464 | 124 | 453 |
| Total | | 2612 | 412 | 453 |

The numbers of cases screened into safeguarding is comparable with other Local Authority areas (about 33%), however the number of cases screened into safeguarding processes by Mental Health and substance misuse does not follow the local/regional trends.

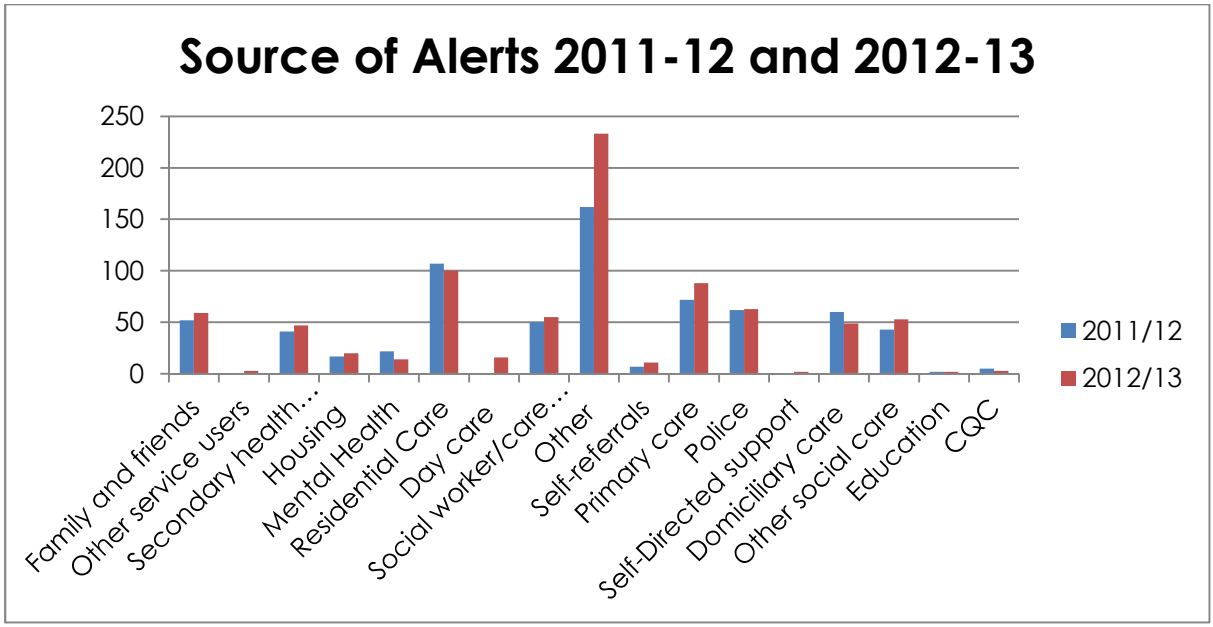
Mental Health receive a large number of alerts that relate to adults who are not eligible for safeguarding as there is no “alleged perpetrator” where concerns exist about their mental health and/or living circumstances. Nationally the numbers of individuals with mental ill health within safeguarding remain low which may be partly explained by use of the Care Programme Approach (CPA) instead of safeguarding. Work is underway to ensure that adults are being supported to stay safe through the use of the CPA processes.

The large increase in the number of cases screened into safeguarding by learning disabilities is related to the increase in the number of alerts suggesting the “risk appetite” has decreased in light of the national scrutiny on these services.

The following are considered by Safeguarding Managers within Sheffield City Council and Sheffield Health and Social Care Mental Health Services to determine if Safeguarding is appropriate:

- Vulnerability of the client
- Significance of the harm
- Risk to this adult
- Risk to other vulnerable adults
- Views of the adult and their ability/willingness to protect themselves
- Context of the concern/alert

Training is available to assist practitioners to improve the consistency of this screening process; however numbers of cases screened in by services remains inconsistent across the city. Inconsistencies continue to be addressed across the partnership.

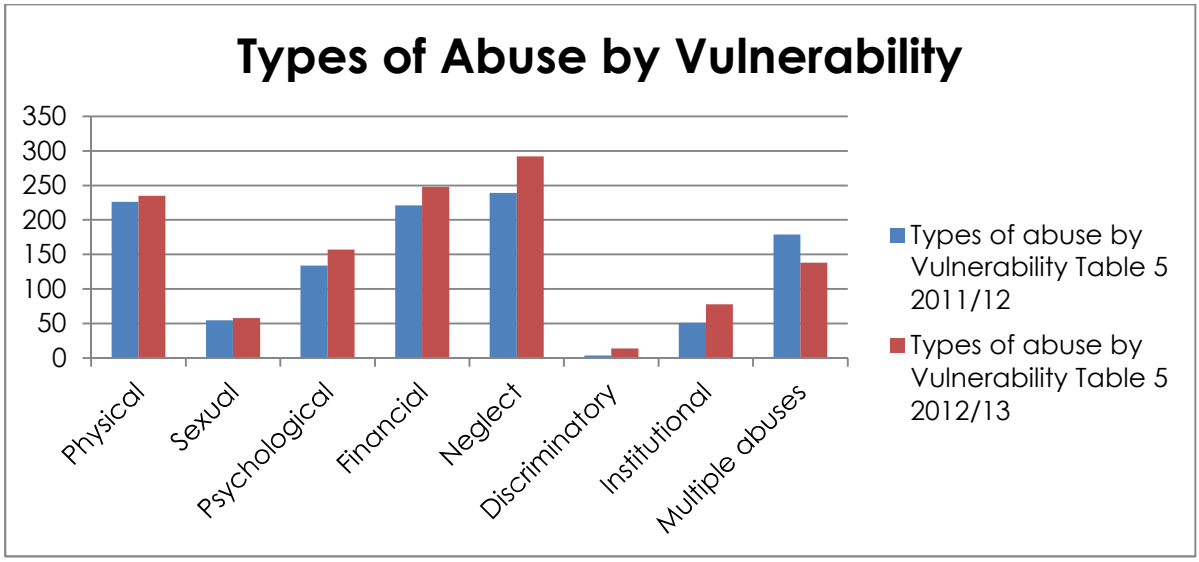



We are very encouraged by the continued increase in the number of referrals from family, friends, other service users and self-referrals. These numbers remain low but do suggest that the work with the customer forum and the Safe in Sheffield scheme is providing reassurance to these groups to access safeguarding.

The continued year on year growth from primary care is encouraging and indicates that the joint work with NHS Sheffield/CCG to engage GP practices in Safeguarding and VARMM by delivering specific training events is delivering positive results.

It is unclear why the number of referrals from Day Care has increased, this is not linked to specific training or learning from case reviews/serious case reviews however it is a positive change and one that we will monitor in future years.

The decrease in referrals from mental health may be linked to the use of alternative processes. The decrease in the number of referrals from domiciliary care may indicate that they are more confident in not making alerts when concerns are unlikely to meet the safeguarding threshold. This links directly to an increase in representatives from these sectors attending the Referrers' Training provided by the Safeguarding Adults Office. Alternatively it may be an indication that some providers are not raising alerts. Concerns are being addressed as safeguarding and contracts work closely together. The remainder of the referral rates have remained consistent and are reviewed annually.




Analysis of this data illustrates the majority of the physical abuse in the under 65 category is experienced by adults with learning disabilities (80 cases); adults over 85 accounted for 45 of the 111 reported cases.

Adults with learning disabilities are the most likely to be involved in sexual abuse (39 of the 50 cases) in the 18 – 64 age category. Six adults over 85 are included in the eight cases in the over 65 age category.

Psychological abuse was experienced by 50 adults with learning disabilities, under 65 years of age, and of the 73 cases involving adults over 65, fifty two cases involved adults over aged over 75. A number of these cases are linked to health and social care settings.

Financial abuse continues to escalate, in line with national trends, in the majority of cases the alleged perpetrator is a family member or friend. Some significant examples involving workers have been highlighted but are relatively rare. In line with the other abuse types; adults with learning disabilities (under 65) are most likely to experience this abuse (53 of the 97 reported cases). Adults with mental health issues are also significantly represented in this category with 10 adults aged under 65 affected. The majority of the cases involve older adults, of which the majority were adults over the age of 85 (61 cases). This raises challenges in ensuring that if adults are deemed to lack mental capacity to manage their finances that adequate risk assessments and monitoring are completed to avoid giving control to families who may not manage the money in their best interests.

Neglect cases numbers continue to rise, in line with the region, this is partly due to the level of scrutiny residential and nursing providers experience and the sharing of intelligence and data across both health and social care. Adults with Learning Disabilities are often in receipt of services compared with adults with physical disabilities etc.; which reflects in the 83 cases reported. Adults aged over 75 are more likely to be in receipt of services and this reflects in the 164 cases investigated under safeguarding. Similar factors impact on the number of institutional cases, particularly in social care, a small number of cases have been proven in Health settings but these remain low, in line with regional data.

It is encouraging to see the steady increase in the number of cases of Discriminatory abuse. Adults with learning disabilities account for 8 of the 14 cases. Many of these additional reports are directly linked to the Safe in Sheffield scheme, which has also reflected in a sharp increase in the number of reports of hate incidents and hate crimes involving vulnerable adults.

Adults who are in receipt of services are more likely to experience multiple abuse. A pattern of multiple abuses (financial and neglect) is starting to emerge for adults who are supported by family and friends in the community. Additional work will be required to support families to provide high quality care to vulnerable adults to minimise the risk of continued escalation of this trend.

The majority of abuse continues to be experienced in an adults' own home, often perpetrated by family members and friends as this is likely to be the least regulated and monitored environment. Sadly, for many adults who require care and support to maintain their independence, the one environment it would be reasonable to expect to be safe, is often the most likely to result in abuse.

Location of Abuse by Age and Comparison with 2011/12 (ages shown for 12/13 only)

| Location | 2011/12 | 2012/13 | *Under 65* | *65 - 74* | *74 - 84* | *85 plus* |
|---|---|---|---|---|---|---|
| *Own home* | 307 | 361 | *166* | *49* | *71* | *75* |
| *Permanent care home* | 130 | 130 | *34* | *12* | *27* | *57* |
| *Permanent nursing care* | 73 | 85 | *16* | *7* | *19* | *43* |
| *Temporary care home* | 9 | 22 | *2* | *3* | *1* | *4* |
| *Alleged perpetrators home* | 45 | 37 | *22* | *5* | *4* | *6* |
| *Mental health setting* | 4 | 3 | *0* | *0* | *2* | *1* |
| *Acute Hospital* | 16 | 20 | *2* | *4* | *9* | *5* |
| *Community hospital* | 3 | 0 | *1* | *0* | *0* | *0* |
| *Other health setting* | 1 | 5 | *2* | *0* | *1* | *2* |
| *Supported accommodation* | 32 | 44 | *30* | *6* | *5* | *3* |
| *Day centre/service* | 13 | 26 | *24* | *0* | *2* | *0* |
| *Public place* | 12 | 44 | *36* | *3* | *4* | *1* |
| *Other* | 22 | 36 | *36* | *3* | *4* | *1* |
| *Not known* | 17 | 21 | *14* | *1* | *3* | *3* |
| **Totals** | **684** | **850** | **387** | **96** | **156** | **211** |

The majority of abuse experienced by adults under 65 in their own home is directly linked to their relationship with the perpetrator, (shown in table below); for those adults whose home is a permanent care setting the majority of the adults under 65 have learning disabilities and in the over 65 age groups these adults are likely to have cognitive impairments linked to dementia etc.

The rise in the number of cases reported in supported accommodation is directly linked to the growth of supported accommodation provision in the City. The significant increase in the number of incidents in public places is a positive outcome of work with a range of agencies to provide "safe places". This trend will require monitoring to ensure that this increase is linked to these agencies and not an increase in opportunistic attacks on vulnerable adults.

The table below outlines the relationship with the alleged perpetrator, the rise in number of social care staff identified as perpetrators is significant and is attributed to:

- Increased monitoring resulting in more alerts being raised
- Financial pressures faced by workers increasing the risk of financial abuse of adults, especially those with cognitive impairments
- A number of institutional cases identified individual workers responsible for abuse and neglect
- A trend to suggest that the quality of training may not be robust enough to promote safe practice (e.g. medication training) evidenced at case conferences and from case analysis

| Relationship between Vulnerable Adult and Perpetrator (by age) | | | | |
|---|---|---|---|---|
| **Relationship** | ***2011/12*** | ***2012/13*** | *2012/13 (under 65)* | *2012/13 (over 65)* |
| Partner | *47* | ***48*** | *22* | *26* |
| Other family member | *123* | ***120*** | *43* | *77* |
| Other vulnerable adults | *34* | ***33*** | *17* | *16* |
| Neighbour /friend | *66* | ***64*** | *37* | *27* |
| Stranger | *6* | ***9*** | *7* | *2* |
| Volunteer | *2* | ***1*** | *1* | *0* |
| Health worker | *14* | ***21*** | *6* | *15* |
| Social care staff – breakdown shown in italics. | *93* | ***228*** | *88* | *140* |
| *Domiciliary care staff* | | ***70*** | *31* | *39* |
| *Residential and nursing care* | | ***131*** | *35* | *96* |
| *Day care staff* | | ***6*** | *6* | *0* |
| *Social worker/care manager* | | ***0*** | *0* | *0* |
| Self-directed care | | ***0*** | *0* | *0* |
| Other | | ***21*** | *16* | *5* |
| Not know | *256* | ***239*** | *103* | *136* |
| Other | *57* | ***46*** | *35* | *11* |
| The alleged perpetrator lives with the vulnerable adult | *123* | ***125*** | *65* | *60* |
| *The alleged perpetrator is the main family carer* | *72* | ***89*** | *39* | *50* |

The increase in the number of cases involving the main carer as the perpetrator is a worrying trend. Closer scrutiny is required across all agencies as there is an increasing emphasis on families providing care in response to financial pressures. The numbers of "not known" cases relate to adults who have multiple people/agencies involved in their care and it is difficult to identify who might have been involved in the abuse concerns.

## Outcomes for safeguarding activity (including case conferences)

The table below details the outcomes for the victim and perpetrator with comparator data for 2011/12; social care staff have been completing the no Further Action field based on the action at the point of exit. The DOH return guidance indicates it is a summary of action taken to protect the adult. An analysis of the data indicates the number of NFA cases is approximately 85 for the victim and 50 for the perpetrator. The Care First system is being amended to prevent recurrence.

| Outcome for Victim | | |
|---|---|---|
| **Outcome** | **2011/12** | **2012/13** |
| Increased monitoring | *115* | 117 |
| Vulnerable adult moved from property/service | *9* | 11 |
| Community care assessment/service | *38* | 59 |
| Civil Action | *1* | 0 |
| Court of Protection | *1* | 1 |
| Appointee ship changed | *2* | 6 |
| Advocacy scheme | *6* | 6 |
| Counselling/training | *1* | 4 |
| Different or increased care | *2* | 6 |
| Management of finances | *14* | 13 |
| Guardianship or use of MH Act | *0* | 0 |
| Review of SDS | *13* | 12 |
| Restricted access to perpetrator | *7* | 12 |
| Referral to MARAC | *3* | 0 |
| Other | *35* | 38 |
| No Further action | *337* | 498 (85- adjusted figure) |

## Outcomes for the victim of safeguarding

182 protection plans were agreed, of which 66 adults agreed with the plan, 115 adults were unable to give consent and a best interest decision was reached to implement the plan to reduce the risk of on-going harm and only 1 individual refused the plan but was subject to increase monitoring.

Of those adults able to express a view about whether or not they felt safer as a result of the safeguarding intervention overall 92% indicated they did feel safer, the level of satisfaction with the process was only 85%(based on a smaller cohort of individuals prepared to discuss with staff from the safeguarding office).

## Outcomes for the alleged perpetrator

The decrease in the number of criminal cases is a reversal of previous trends and may have been affected by the significant changes experienced by our local Public Protection Unit. We anticipate that planned training and clarification of structures in 2013/14 will increase our ability to maximise use of the criminal justice system

The number of cases concluded by disciplinary is a positive outcome for both the victim and perpetrator as it reduces the number of interviews and in most cases reduces the time taken to conclude the safeguarding concern. For employers this reduces their overheads associated with paying a member of staff whilst suspended, often on full pay. The large number of NFA's are due to data collection issues as previously described.

Outcomes for the Alleged Perpetrator

| Outcome | 2011/12 | 2012/13 |
|---|---|---|
| Criminal prosecution or caution | *10* | 3 |
| Police action | *27* | 14 |
| Community care assessment | *11* | 11 |
| Removal from property or service | *7* | 12 |
| Managed access to vulnerable adult | *9* | 9 |
| Referral to ISA/DBS | *2* | 0 |
| Referral to registration body | *2* | 0 |
| Disciplinary | *28* | 45 |
| Action by CQC | *0* | 0 |
| Continued monitoring | *111* | 115 |
| Counselling/training | *17* | 17 |
| Action by contracts | *6* | 1 |
| Exoneration | *7* | 10 |
| No Further Action | *257* | 325 (50 – adjusted figure) |

## Case Conference Activity

113 initial case conferences and 127 virtual case conferences were administered by the Safeguarding adults' office during the year.

# Section 2 – Sheffield Adult Safeguarding Partnership Activity


| Pages | Content |
|---|---|
| 15 – 17 | Report on Business Plan and other activities |
| 18 – 22 | Report on the work of the Sub Boards of SASP |
| 23 | Priorities for 2013/14 |

## Business plan

In addition to business as usual activity SASP set 6 key objectives for the year, summarised below:

| Outcome | Achievements | Challenges |
|---|---|---|
| Build on SASP's relationship with GPs and the lead Safeguarding GP and Shadow Clinical Commissioning Group | • Well attended and evaluated protected learning event for over 250 GPs and practice staff.<br>• Independent chair engaged with CCG and completed a 360 degree assessment related to safeguarding for adults and children<br>• Chief nurse to sit on the SASP board<br>• Increase in the number of requests for case advice from GPs | • Maintaining GP interest in the coming year. |
| Develop SASP policy and practice in relation to financial abuse | • Sheffield SCC completed an internal audit of SDS and financial abuse risks which reported to SASP<br>• A joint workshop with Children and Young People's services was held to evaluate risks and opportunities associated with the Welfare Reforms<br>• Links were made with the relationship managers from the DWP<br>• DWP clarified their approach and involvement in safeguarding<br>• Police to include safeguarding training in Street Skills, for all officers | • DWP response (nationally) is to discourage active involvement in Safeguarding and focus on direct management of benefits. This has resulted in some positive local relationships being revised. |
| Develop a quality assurance programme across SASP to include standards, dignity and harm reduction and establish links to the executive quality in care homes board | • Head of Quality and Safeguarding is represented at the Executive Care Homes Board<br>• Updates are provided by Chair of the group to SASP at least annually<br>• Robust frameworks for risk management and escalation implemented by SCC contracts have been shared and endorsed by SASP<br>• VAP panel is jointly chaired by Head of Quality and Safeguarding and the police and an evaluation process to identify "savings" have been | None at this time |

| | | |
|---|---|---|
| | implemented | |
| Outcome | Achievements | Challenges |
| Examine areas of under-reporting and develop best practice responses | • An equalities workshop was held to examine all protected characteristics and an action plan developed<br>• Safe in Sheffield project has provided a springboard for the creation of third party reporting centres for hate incidents and hate crime which has increased in this year.<br>• Head of Service and the Safeguarding office are actively involved in the hate crime forums and discussions across the city. | Resource to carry forward the action plan has been "frozen" as part of SCC budget savings |
| Continue service improvement around the transitions agenda for young people for both safeguarding and MCA/DOLS (deprivation of liberty safeguards) | • Joint action plan has been agreed by both Safeguarding boards and is being jointly monitored by the service managers from Children and Adults Safeguarding<br>• Wider agenda around restructuring services for 14 to 25 year olds. (programme board) | Progressions Programme Board stalled due to changes in senior members of staff. |

## Serious Case Review – Adult B

SASP commissioned and signed off a SCR. An action plan was put in place response to the death of an older adult in a house fire. The adult was in receipt of both health and social care services, despite this and the treatment for burns linked to her smoking and limited mobility an adequate fire assessment had not been completed.

The learning from this case has been included in training provided by the Safeguarding Adults Office and has been written up in the bi- monthly newsletter

## Serious Case Review - regional learning event

Sheffield and Doncaster Safeguarding collaborated to host joint learning events in Sheffield and Doncaster, focussing on the learning from a case involving an adult with learning disabilities and a self-neglect case that resulted in the death of a young woman with physical disabilities. The learning has been cascaded throughout health and social care organisations in the region, informing best practice.

## Safe in Sheffield

SASP funded a project to establish a network of Safe Places across the City, initially focussed on adults with learning disabilities but with a longer term plan to extend to offer support to adults with cognitive impairments and mental ill health.

The scheme is project managed on behalf of SASP by the Safeguarding Adults Office, South Yorkshire Police, Safer and Sustainable communities, First Point and Heeley City Farm (who manage the part – time worker on a day to day basis).

Achievements in the first year include:

- Setting up over 60 safe spaces across the city, providing disability awareness training to staff and managers to assist them to respond to the needs of adults with learning disabilities
- Establishing and supporting a group of adults to deliver information sessions to organisations who may have clients who would benefit from the scheme
- Agreeing and distributing safe places cards to assist the adult and safe place venue to maximise the positive impact of the contact
- Sharing the learning regionally to cascade a best practice example
- Work with the police to explore the possibility of the Safe Spaces being used as third party hate crime reporting centres.

SASP has agreed a 50% funding of the scheme into 2013/201, the other 50% has been secured from Safer and Sustainable Communities.

## Governance review

In 2013 SASP completed a governance review in response to significant changes across partner agencies. The review was led by the Executive Board and has focused on:

- A shared purpose for all partner agencies
- Developing the Executive role in leading the partnership
- More clarity on roles and responsibilities
- Stronger linkages and coherence across the partnership
- Building better working relationships.

# Report from Sub Boards

## SASED – Sheffield Adult Safeguarding Education and Training

### Key Achievements

- **Competency Framework**

Building on the work completed by Bournemouth University on Safeguarding Competencies, Sheffield has been an active member of a regional group exploring the development and implementation of a competency framework for all workers. An on- line tool has been developed to record workers competencies and to support management scrutiny of individual and team progress. Further work is planned for 2013/14 to agree how the competencies will be rolled out.

- **Street Skills**

A regional venture, led by Sheffield has resulted in agreement that all South Yorkshire police will attend a safeguarding session during 2013/2014. The first session ran early in March 2013 and evaluated well. These sessions will be delivered by Barnsley, Doncaster and Sheffield.

- **Re- accreditation of the Safeguarding Adults Training for Trainers course**

Following restructure of education and changes in personnel the course, which is nationally recognised, needed to be re-accredited. This work was initially progressed with Rotherham and then Sheffield colleges and is due to be completed mid 2013.

- **Consultation with the customer forum**

Active engagement with the forum to evaluate the training materials to ensure that the messages delivered to practitioners were in line with the views of the customer forum, within the confines of the current procedures. Training has been provided to the training forum to support their role within the wider SASP.

- **Supported the Protected Learning Initiative for GPs**

SASED supported the involvement of the Safeguarding Office to deliver a number of workshops at this event, in collaboration with health partners. These included Safeguarding, Mental Capacity and Vulnerable Adults Risk Management Model.

- ## Maintenance and support of the Training Pool members

In the current climate many of the volunteer trainers have found it difficult to maintain their involvement in the training pool as their own employment has been under threat. Thanks to the on-going support from the Development and Training manager we continue to have a really committed group of individuals, to whom we owe a debt of gratitude. We hope that their commitment will be mirrored by support from their organisation to continue their involvement in delivering essential training in the coming year.

## Challenges

### Membership and strategic direction

The group has struggled to maintain effective membership to ensure that safeguarding is embedded within all agencies; the Independent Chair has been involved in reviewing membership. Without appropriate membership it is difficult to agree a strategic direction for safeguarding and MCA/DOLS training to provide the necessary assurance to SASP.  This remains an on-going issue which will be resolved via the governance review work in 2013/14.

## Policy and Practice Sub Board

### Key Achievements

- **Review of Enteral Feeding Pathway**

A multi-agency task and finish group resulted in the creation of a paper circulated for adoption in all agencies. The main focus of the group was to examine compliance with the Mental Capacity Act and the Best Interest principles and practice.

- **Evaluate the involvement/experience of the service user in the safeguarding process**

Data from service users in relation to their experience of safeguarding and whether they felt safer as a result of safeguarding was reviewed and confirmed as valuable. Additional questions to be added to the main social care records to support future analysis. Initial meetings held with service users to establish a customer forum.

- **Improve community safety by engaging community safety, trading standards and police**

All agencies engaged in setting up the Safe in Sheffield Scheme and reviewed their internal responses to safeguarding in light of this. This has led to an increase in referrals from these sectors and an increase in the number of hate incidents and crimes being reported.

- **Reviewed communications**

A multi-agency group, including customers, reviewed and amended existing communications – leaflets, posters for both Safeguarding and Mental Capacity/Deprivation of Liberty Safeguards. Work to revise the web site was not progressed due to budget constraints. The poster campaign resulted in an increase in safeguarding alerts made by the public.

- **Commissioned and received information from a series of audits**

The group commissioned a series of audits in both health and social care to evaluate the quality of alerts, use of the Mental Capacity Act and a review of the forms. The data resulting from these was used to inform changes to forms, practice guides and practice development sessions.

- **Managed Case reviews**

The group managed the action plans for the case reviews. It was agreed later in the year that this work would be taken over by the operational board due to the volume of work on the sub board's action plan.

- **Use of advocates**

A mapping exercise was completed to explore the availability of advocates in the city; specific guidance was issued to practitioners to illustrate when an IMCA should be engaged.

- **Pressure relieving equipment responsibility pathway established**

Concerns about delays in essential equipment not following the individual in a timely manner as they move between services resulted in a multi-agency task group being established that resulted in a pathway being agreed between Sheffield City Council and Health partners.

- **Development of a root cause analysis into tissue viability concerns**

A number of alerts had been raised about tissue viability concerns that were not founded on investigation, a root cause analysis tool and pathway was agreed to support appropriate screening of these concerns to avoid unnecessary and time consuming investigations.

## Challenges

Clarity about the relationship between the PPR and the wider SASP structures created some tensions about how work would be managed/commissioned; this was largely resolved by a review of the terms of reference. A future review of the group and its relationship with other city wide forums including medication management forums etc. will require future scrutiny.

## Customer Forum

### Key Achievements

- **Terms of reference agreed**

Terms of reference and membership of the group agreed and its relationship with the wider SASP structures explored, including joint meetings with the chair of the Policy and Practice Review and SASED sub boards.

- **Involvement in re-write of safeguarding leaflets and posters**

Members of the group contributed to the design and content of the leaflets and posters.

- **Established relationships with relevant forums**

The chair and vice chair established relationships with relevant city forums including the Learning Disability Parliament, Safe in Sheffield to promote effective communication and learning.

- **Reviewed and contributed to the Winterbourne learning**

The group actively reviewed the learning and documents from the Winterbourne review and sought assurances that appropriate preventative actions were in place in Sheffield.

- **Commissioned and supported members of the group to develop their knowledge of both Safeguarding and Mental Capacity.**

The chair commissioned the safeguarding adults office to deliver a series of learning events for members of the customer forum to increase their knowledge and confidence which is hoped will support them to be more active members.

## Challenges

Maintaining effective communication between members of the group who are volunteers and supporting them to be active members. The group would like to acknowledge the support from the Safeguarding Adults office and Communities directorate in supporting them to develop into an effective forum

Decision making and delegated powers will require further scrutiny in the coming year.

## Sheffield Adults Safeguarding Adults Partnership Priorities for 2013/2014

- Implement outcomes from the 2013 Safeguarding Adults Board (SAB) Governance Review
- Respond to improvement drivers (local and national) ensuring learning is embedded in practice, strengthening of risk mitigation and to ensure partnership working is effective
- Produce a Safeguarding Adults Performance Management Framework, focusing on delivering outcomes that make a positive difference to people at risk
- Strengthen relationships with stakeholders across Sheffield by developing linkages with relevant bodies and forums actively promoting a culture of candour combined with appropriate levels of professional challenge
- Establish a baseline understanding of the nature and extent of abuse and neglect across the city and use this information to inform strategic planning, priority setting and performance targets.

# Section 3 – Partner Agency's Contributions to Safeguarding

## South Yorkshire Probation Trust (Sheffield)

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|---|---|
| | **How did you contribute to delivering the SASP 2012-13 Business Plan?** |
| We participate and engage in operational and executive board business.<br>Strong leadership within Sheffield Probation in terms of dissemination of key safeguarding messages and communication between operational delivery and strategic planning. | |
| | **How did you perform over and above the SASP 2012-13 Business Plan within your organisation to make people feel safer, and describe evidence to support this** |
| SYPT s central aim is to accurately assess and effectively manage on a continual basis the risks posed by offenders in order to reduce future harm.<br>We proactively work and cooperate with other agencies to safeguard individuals and promote their well-being.<br>The trusts supervision policy states that all team managers will review high risk cases on a 6 weekly basis - the high risk assessment includes risk of harm to self.<br>Any training /development needs identified would be reflected in annual appraisal.<br>Our " continuous improvement programme " reads random case files on a monthly basis and offers offender managers feedback which is followed up in supervision.<br>Single point of contact (SPOC) who is a manager for staff to talk to about any concerns re adult safeguarding. SPOC will advise next steps. | |
| | **We accept there is no single system that allows us to easily report and analyse concerns across the partnership that do not meet the Safeguarding threshold for referral into Social Care and consequently the outcomes and view of the service user.**<br>**Reflecting back over the past 12 months, please share your local intelligence to describe activity, themes and trends relating to the concerns and alerts you received** |
| Very few alerts over last 12 months – however, those cases that cause us most concern are mental health related and in terms of lack of support for individuals. | |
| | **Looking ahead, please share your local intelligence to help predict emerging areas of risk and opportunity, relating to Safeguarding Adults, VARMM and MCA detailing any potential threats and opportunities** |
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| Our biggest gap in resources is mental health provision, closely followed by homelessness.<br>Training on MCA is an opportunity for staff to familiarise themselves with the pathway.<br>A threat over next 12 months is the “transforming rehabilitation programme “as we are not sure how the service to offenders is going to look after March 14. |

## South Yorkshire Police

| | |
|---|---|
| | **How did you contribute to delivering the SASP 2012-13 Business Plan?** |
| SYP have made strong progress in training and development, having continued to participate in the “Working Together” initiative and deploying training packages on Adult Safeguarding to all front-line Police officers through the Street Skills force-wide training programme.<br><br>SYP have also continued their involvement in Serious Case Reviews to maintain the momentum of organisational learning. | |
| | **How did you perform over and above the SASP 2012-13 Business Plan within your organisation to make people feel safer, and describe evidence to support this** |
| Initiatives in relation to criminality affecting vulnerable people, especially in their homes (such as distraction burglaries and rogue trader activity) were implemented across the city under the “Operation Liberal” protocols.<br><br>The experience of vulnerable people on the issue of Anti-Social Behaviour (ASB) continues to be monitored and local plans to support vulnerable ASB victims continue to be generated and deployed. The levels of reporting of ASB remain in line with previous trends. | |
| | **We accept there is no single system that allows us to easily report and analyse concerns across the partnership that do not meet the Safeguarding threshold for referral into Social Care and consequently the outcomes and view of the service user.<br>Reflecting back over the past 12 months, please share your local intelligence to describe activity, themes and trends relating to the concerns and alerts you received** |
| Themes and trends remain in line with previous years, increasing involvement in mental health crisis in homes and the community (as below). | |
| | **Looking ahead, please share your local intelligence to help predict emerging areas of risk and opportunity, relating to Safeguarding Adults, VARMM and MCA detailing any potential threats and opportunities** |
| The last 12 months has revealed an increasing trend in the involvement of police officers in dealing with mental health crisis in the home and within communities, often necessitating the use of police powers of detention in order to create a safe situation in which the needs of vulnerable people can be assessed and dealt with. | |

There is a growing recognition that more work is required across the partnership to ensure that staff with the most appropriate resources, skills and abilities are available for deployment to ensure that the most effective and least intrusive interventions are made in every case. Early work with partners suggests that good progress is possible and the trial of a mobile "Triage Team" to attend incidents and advise front-line staff on initial actions is being organised over coming months.

Furthermore general police training on issues around the MCA will be undertaken to continue to develop front-line staff.

## Sheffield Health and Social Care Foundation Trust

| | How did you contribute to delivering the SASP 2012-13 Business Plan? |
|---|---|

Sheffield Health and Social Care NHS Foundation Trust remain committed and involved in all of the Safeguarding Board meetings and sub groups and have been involved in the delivery of many of the objectives set within the business plan. Executive leadership has supported the delivery of the Trusts own work streams in support of the overarching business pan including the development of training, contribution to the establishment and development of the Vulnerable Adults Panel, commencement of the development of service user feedback within the Adult Mental Health service and contribution to the Equalities Workshop

| | How did you perform over and above the SASP 2012-13 Business Plan within your organisation to make people feel safer, and describe evidence to support this |
|---|---|

- The implementation of electronic alerts being received by secure email and cascaded to appropriate teams within integrated mental health teams.
- Access to the Local Authority recording system to enable the Trust Safeguarding Team to complete timely multi record searches
- The development of the Trust's Safeguarding intranet site
- Development of a completely electronic safeguarding alert section within the Trust's Electronic Patient Record system (Insight).
- Internal Audit (undertaken by Independent auditors not employed by SHSC) which has demonstrated that the trust has a 'significant level' of assurance in relation to how it safeguards people.

| | We accept there is no single system that allows us to easily report and analyse concerns across the partnership that do not meet the Safeguarding threshold for referral into Social Care and consequently the outcomes and view of the service user. Reflecting back over the past 12 months, please share your local intelligence to describe activity, themes and trends relating to the concerns and alerts you received |
|---|---|

The Trust has identified a concern around the threshold for entry into safeguarding and the question has been raised as to 'when does individual poor practice become institutional or organisation poor practice and failures to keep people safe.

In the last 12 months:

- Activity - has increased, including requests for advice, support and training.

- Themes – there appears to be an increase in multiple types of abuse.
- Trends – an increase in 'notifications of concern' from South Yorkshire Police which do not meet the threshold for Safeguarding Adults as there is no perpetrator.

| | Looking ahead, please share your local intelligence to help predict emerging areas of risk and opportunity, relating to Safeguarding Adults, VARMM and MCA detailing any potential threats and opportunities |
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Clarity is required about when and how to log and alert into safeguarding, concerns relating to patient to patient and patient to staff incidents of aggression or violence.
VARMM needs to be made explicit in that it is a process only for people with capacity who refuse to engage with protection services/plans and appropriate health and social care interventions and treatment.

## South Yorkshire Fire and Rescue

| | Annual Policy & Procedure Review & Update Feb 2013 |
|---|---|

The document's now include more detailed information on the Mental Capacity Act, Serious Case Reviews and Domestic Homicide Reviews.

| | Number of Alerts & Referrals |
|---|---|

The numbers for internal safeguarding alerts for adults have been increasing for SYFR across South Yorkshire. In 2010/11 there were 42, 2011/12 there were 49 and 2012/13 there were 54. The majority were related to fire risks linked to Self-Neglect and resulted in referral for services or management in VARMM (in Sheffield) rather than Safeguarding procedures.

| | Training Needs Review & Gap Analysis |
|---|---|

Our (single agency) Introductory Basic Awareness programme (Stage 1) is now almost complete. Additional multi agency training for Advocates and an annual update for Group Managers is ongoing and a 3yrly Update & Refresh Programme is being developed. There will be an initial assessment using the online Common Induction Standards in Safeguarding Module (Stage 2) which will inform the 3rd stage which will be delivered through Case Study workshops to embed safeguarding into practice.

| | SYFR Information Sharing Protocol |
|---|---|

A missed opportunity for SYFR to share information, where there are significant fire safety issues within a Care Home has been identified and arrangements have now been made to address this gap.

Technical Fire Safety when serving enforcement notices will also inform (from March 2013) the Local Authority Safeguarding/Contracts and CQC where, an Enforcement Notice is served, on a Care Home. A further alert will follow if the responsible owner/manager does not take action to comply with the corrective measures. SYFR will continue to pursue through the legislative process, but Safeguarding/Contracts are able to factor in any fire safety risks into their own audit and risk assessment process.

| | Home Safety Check Risk Assessments |
|---|---|

In response to recommendations from an IMR conducted as part of a Serious Case Review, linked to a Fire Fatality and increasing complex risk factors, SYFR has developed a more detailed and effective risk assessment tool for Home Safety Checks. In line with this change the policy has been rewritten and all frontline staff received training. The changes are

focused on identifying specific vulnerabilities and related risks together with direction toward the most appropriate actions required to address the risks. A raft of observations and questions direct the assessor to identify those that are at increased risk of having a fire or unable to respond and evacuate in the event of a fire. From this referrals are made into the Community Safety Team who then liaise with the most appropriate agency.

**Dementia Pledge**

SYFR has signed up to both the National and the Yorkshire & Humberside Regional Dementia Pledge. One of the activities on the Action Plan is to raise awareness for frontline staff and training is to be piloted with our Community Safety teams this summer.

## Sheffield Teaching Hospitals NHS Foundation Trust

How did you contribute to delivering the SASP 2012-13 Business Plan?

**Key Outcome 1: Continue our relationship building with GPs, including the lead Adult Safeguarding GP and shadow Clinical Commissioning Group**

STHFT Named Nurse contributed to Protected Learning Initiative by delivering workshops relating to the Vulnerable Adults Risk Management plan. In addition bespoke safeguarding adults training delivered to GP practices on request.

**Key Outcome 3: Develop a Quality Assurance Programme across SASP to include standards, dignity and harm reduction, and links to the Quality Care in Care Homes Board**

3.1 STHFT named Nurse attended Care Home KPI meetings to share appropriate information and to follow up any actions relating to STHFT staff working in Residential care homes.

How did you perform over and above the SASP 2012-13 Business Plan within your organisation to make people feel safer, and describe evidence to support this.

There has been significant further progress made during the year on embedding the safeguarding structure and awareness into the organisation, evidence that this is happening is shown by the year on year rise in referrals and alerts and contacts with the STHFT Adult Safeguarding Team for advice.

The full integration of the Primary and Community Care Directorate has increased the level of activity for the STHFT Adult Safeguarding Team both in providing support and advice to community staff in the recognition and reporting of safeguarding concerns and in the provision of safeguarding training. It has however also brought some valuable resource, knowledge and expertise into the Trust .

The addition of the MCA Practice Development Facilitator post has strengthened the team's skills and knowledge base with regard to MCA/ best interest and has provided much needed training in this area of practice.

However, the work of the STHFT Adult Safeguarding team continues to grow with significant work streams having been added in the last two years i.e. PREVENT and the

Domestic Homicide Review (DHR) /Serious Incident process.

Prevent is about protecting people and is therefore fundamental to our duty of care. The emphasis is on supporting vulnerable individuals whether patients or staff.

Health care staff are well placed to recognise those who may be vulnerable and therefore susceptible to radicalisation and recruitment into terrorist organisations with the process akin to the Safeguarding Model, which protects vulnerable adults.

The Lead Nurse for Older People/ Vulnerable Adults is the Prevent link for STHFT and represents the Trust at the city wide and regional Prevent meetings.

The Lead Nurse is also the only active accredited Prevent WRAP trainer for the Trust and delivers the Health WRAP training to targeted staff groups on a monthly basis.

**STHFT Involvement in the DHR process**

Since June 2011 STHFT has participated in three full DHRs and two SI Lessons Learned Reviews. Unfortunately there was a further domestic homicide in June 2013 for which the SSCP is currently commissioning a DHR in which STHFT will be required to participate.

STHFT is represented on the DHR or SI Review Panels by the Deputy Chief Nurse or Lead Nurse for Older People/Vulnerable Adults in his absence.

The Domestic Abuse Strategic Board has set up a Domestic Homicide and Serious Incident Review sub group to be responsible for overseeing the progress of Domestic Homicide Reviews and DA Serious Incident Reviews and the implementation of action plans on behalf of the Board. The Lead Nurse for Older People/Vulnerable Adults represents STHFT on this group.

Independent Management Reviews (IMRs) of the Trust's involvement in the provision of services to both the victims and the alleged perpetrators of all the DHRs and SIs have been undertaken by the Lead Nurse for Older People/Vulnerable Adults.

Services are provided in accordance with the Disability Act to meet the individual needs of patients that are cared for within the Trust. A range of services are provided to meet specific patient needs; for example there is access to interpreters 24 hours a day; availability of a range of written information in different languages and 'Easy Read' versions of information for anyone with a learning disability; there is provision of prayer facilities and specific dietary requirements are met. Specific actions are in place to meet the needs of patients with a learning disability; e.g. access to a communications booklet in all areas. There has been an increase of staff in Community Teams to meet the needs of older people.

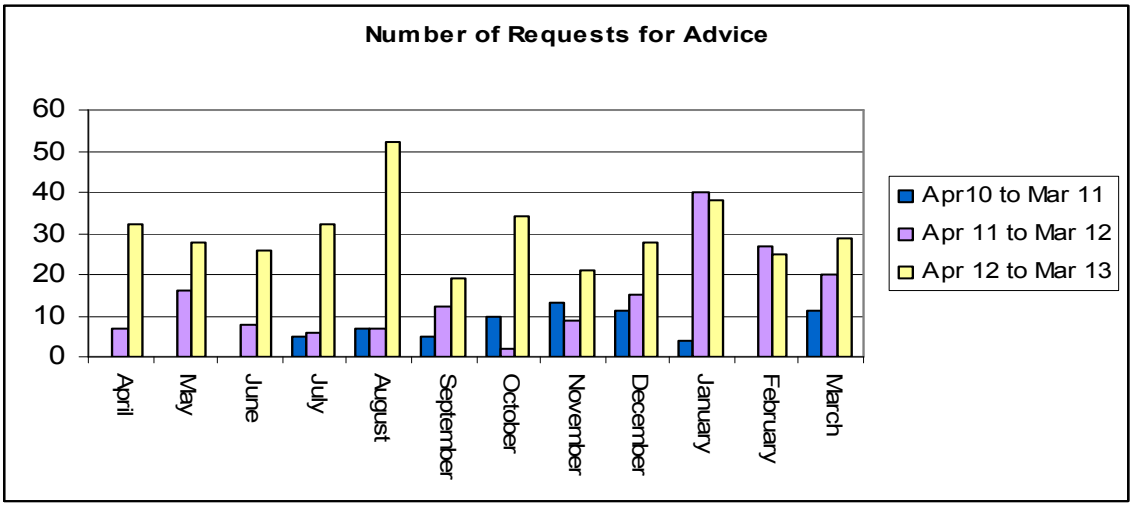
Friends and Family Test introduced nationally from 1st April 2013; not specifically for safeguarding however provides the opportunity for patients to rate care and to give specific comments. Results are carefully reviewed at ward level and are acted upon as appropriate. There will be follow up of FFT ward level actions during 2013/14, to ensure improvements are being made where feedback indicates this is required.

The Frequent Feedback programme of real-time surveys continues on a rolling programme. Results are fed back to wards for action planning. The patient sample is also reviewed by age, to ensure appropriate representation of patients across age groups representative of the Trust's patient population

There are posters and leaflets available in all wards and departments across STHFT

entitled 'Tell us what you think' that explains how to complain (easy read version available too), information is also available on the Trust Internet site. All complaints are monitored in the Patient Partnership (PP) department and any complaints that indicate potential safeguarding concerns are forwarded to the STHFT Adult Safeguarding Team for further scrutiny and consideration of referral into safeguarding procedures.

We accept there is no single system that allows us to easily report and analyse concerns across the partnership that do not meet the Safeguarding threshold for referral into Social Care and consequently the outcomes and view of the service user.
Reflecting back over the past 12 months, please share your local intelligence to describe activity, themes and trends relating to the concerns and alerts you received




The above table indicates a year on year comparison of the number of advice calls taken by the STHFT Lead Nurse and Named Nurse. Both of these posts were filled in July 2010 hence the lack of data from April to July 2010.
This level of recording currently indicates the number of calls received and is not sophisticated enough to offer any detailed analysis. The calls vary across the spectrum of abuse, some calls do not meet the criteria for safeguarding but certainly encompass the principle of prevention of abuse occurring e.g. issues of carer stress.
The current data collection system does not allow interrogation to determine the different kinds of abuse but we are working towards this.

Up until the end of June 2013 the alerts and referrals from STHFT would have gone directly to social care for screening therefore data relating to the numbers of alerts/referrals made is held on Care First. It is acknowledged that many of these referrals did not meet the criteria for further investigation under safeguarding procedures and were either screened out at the point of referral, or following a strategy meeting.
As from 1st July 2013 all alerts/referrals generated in STHFT will be forwarded to the STHFT Safeguarding team for scrutiny and where appropriate, formally referred into safeguarding procedures via Adult Access. This should enable the safeguarding team to compare the number of referrals made from July 2013 – March 2014 to the same time period in 2012-2013, using data held by the Local Authority to understand if the new process has affected the number of referrals that were taken through to strategy and case conference.

| Central Training Provided by the Adult Safeguarding Team | Numbers trained 2012/2013 |
|---|---|
| Safeguarding Adults Basic Awareness | 234 |
| Safeguarding Adults Update | 80 |
| Safeguarding Adults E-Learning | 34 |
| Safeguarding Adults Referrer Training | 116 |
| Vulnerable Adults Risk Management Model (VARMM) | 39 |
| MCA/ Best Interest/DOLS | 195 |
| PREVENT | 93 |

The number of advice calls correlates with wider awareness of safeguarding adults related to attendance on formal training and responses to individual requests from staff across hospital and community.

**Looking ahead, please share your local intelligence to help predict emerging areas of risk and opportunity, relating to Safeguarding Adults, VARMM and MCA detailing any potential threats and opportunities**

Anecdotally on reflection of the past activity there is agreement that the emerging area of risk is self-neglect. This in itself provides an opportunity to explore training needs in this area as the UK evidence base is sparse. The potential to be involved in UK research would be an excellent opportunity to develop this work further to refine the VARMM model further.
Due to current redesign of services and loss of knowledge and expertise in some areas there is a threat to the standards endorsed by the SY procedures. The opportunity this provides is for creative ways of working to safeguard adults and for wider involvement of health in the safeguarding investigations.
Collaborative ways of working could be explored via the Policy and Practice review group.
The demographic element to the changing needs of the Sheffield population, are proving a challenge to the application of the mental capacity act. The ageing population and raised incidence of cognitive problems, long term survival post trauma where people have very complex health and social care needs and capacity may be a complicating factor. The opportunity this provides is for a member of STHFT safeguarding team to support staff with

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| complex decisions at the time they need to be made to ensure there are no unnecessary delays to treatment or discharge planning. |

## Sheffield Homes

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| | **How did you contribute to delivering the SASP 2012-13 Business Plan?** |
| We have reviewed our internal procedures and delivered refresher sessions for safeguarding referrers and refresher training/briefings for all relevant staff on VARMM, VAP and safeguarding.<br>Response timescales for referrals have been agreed with Safeguarding Adults. | |
| | **How did you perform over and above the SASP 2012-13 Business Plan within your organisation to make people feel safer, and describe evidence to support this** |
| Increased use of the VARMM and VAP processes within the Housing Service; this in turn has helped improved partnership working where a vulnerable adult requires support. It has allowed us to develop a support plan even if the case is not managed within the VARMM process going forward, and encouraged better partnership working to resolve issues. | |
| | **We accept there is no single system that allows us to easily report and analyse concerns across the partnership that do not meet the Safeguarding threshold for referral into Social Care and consequently the outcomes and view of the service user. Reflecting back over the past 12 months, please share your local intelligence to describe activity, themes and trends relating to the concerns and alerts you received** |
| We have logged the following safeguarding referrals for 2011/12 and 2012/13:<br>2011/12 = 26 Adults<br>2012/13 = 50 Adults<br>We have seen almost a 100% increase in referrals in the past 12 months. However, although we have seen an increase, not all referrals were accepted as they did not meet the safeguarding threshold for referral into Social Care. Due to the reduction in support providers in the city it can prove problematic in finding alternative support for these customers. | |
| | **Looking ahead, please share your local intelligence to help predict emerging areas of risk and opportunity, relating to Safeguarding Adults, VARMM and MCA detailing any potential threats and opportunities** |

Risk –Cases don't meet the safeguarding threshold. More cases being referred to VARMM and there won't be the appropriate support available
Concern that many referrals aren't accepted into safeguarding as they don't reach the threshold. This links into the re-write of the SY procedures – need to improve the understanding of the definition of thresholds for external agencies. It would also be helpful to have suggestions as to other means of support which may be available for the customer.

## Sheffield Clinical Commissioning Group

| How did you contribute to delivering the SASP 2012-13 Business Plan? |
|---|

SASPs 2012 2013 Business Plan included a specific objective to continue the development of relationships with GPs. This was to include doing so via the Primary Care Trust/Clinical Commissioning Group and the Named GP for Safeguarding Adults.

NHS Sheffield CCG is pleased to be able to report that considerable work has been undertaken by the above with GPs both as CCG Governing Body members around their commissioning responsibilities and also as providers of GP services to further engage them in the safeguarding process.

As part of the authorisation, process to become a CCG SASPs independent chair contributed to NHS Sheffield CCGs 360 assessment, in which safeguarding was a specific requirement of the authorisation.

SASPs independent chair has met with the CCG Governing Body twice and presented to them an overview of safeguarding priorities and key leadership messages. This has been well received by the Governing Body for it in turn to develop its safeguarding priorities.

Both SASP and NHS Sheffield CCG have ensured that a secure and sound relationship is maintained between the SASP Executive Board and the new local NHS structures. Kevin Clifford has been appointed as Chief Nurse for NHS Sheffield CCG and is its representative on the SASP Executive Board. This provides a Safeguarding Champion at a senior level. NHS Sheffield CCG also maintains its representatives at the SASP Operational Board and its sub groups.

2012 2013 has seen the former Primary Care Trust and subsequent CCG hold its providers to account in respect of their safeguarding responsibilities. We have included within contracts 'minimum safeguarding standards expected of providers' and in 2013 2014 we are developing Key Performance Indicators for providers to submit evidence against to demonstrate assurance that they are meeting the minimum standards.

We have maintained our excellent relationships with our providers and met with them

to gain assurance re their safeguarding activity e.g. policy development, staff training, audit etc. We await their submissions to the joint SASP and SSCB 'Section 11 audit' as further evidence of their commitment to safeguarding.

Terrible instances of abuse were identified at the Winterbourne View care home and the Mid Staffordshire NHS Trust. As a result of the Mid Staffordshire case and the Francis review into it, we have worked closely with providers in their development of action plans that we will monitor, to ensure the issues that can impact on safeguarding are thoroughly addressed.

Until 31st March 2013, when the PCT ceased to exist and the CCG was formed, the former PCT had been the commissioner of GPs as providers of primary care services. This commissioning has now transferred to NHS England, however we work closely with them to support GPs as providers, to meet their safeguarding responsibilities and support the safeguarding process.

As a PCT, we held the first Protected Learning Initiative (PLI) for safeguarding adults in July 2013. We then held a subsequent event a year later in July 2014 to build on the learning from the 2013 event.

On each occasion, approximately 300 GPs attended and evaluations overridingly stated that the events have helped GPs to better support their vulnerable patients.

Following the 2012 PLI the safeguarding adult's service reported that in the period April to June 2012, 2 requests for case advice were received by the Safeguarding Adults Service. Following the PLI and from July 2012 to November 2012 this has risen to 10: an increase of 400% thereby demonstrating the effectiveness of such an event and the impact on communication with the safeguarding adult's service by GPs.

2013 has seen the CCGs Named GP for safeguarding adults identify from each GP practice a named lead for safeguarding adults. We have held two training sessions for these leads to support them in their role and will be commissioning further bespoke training for lead GPs on such as the Mental Capacity Act, Domestic Abuse and the MARAC process and supporting their patients who do not meet the criteria for adult protection but require support through other processes e.g. VARMM.

Within 2013 2014, we plan a number of pieces of work in addition to those detailed above to keep Sheffield residents safer. We have undertaken an audit of staff employed within the CCG around their safeguarding knowledge, especially relating to their commissioning responsibilities to safeguard our provider's patients. As the results are analysed we plan to refresh our training strategy and develop safeguarding training for commissioners.

With GP providers, we plan to undertake a training needs analysis and will then develop a strategy to meet GPs training needs.

| | **How did you perform over and above the SASP 2012-13 Business Plan within your organisation to make people feel safer, and describe evidence to support this** |
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In addition to that described above (the business plan only described development work with GPs as commissioners (the CCG) and GPs as providers) the former PCT and now NHS Sheffield CCG has undertaken a huge amount of work in partnership with Sheffield City Council in respect of ensuring the quality and safety of residents of care homes.

NHS Sheffield CCG supports a team to monitor the quality of care in care homes via a rolling programme of quality monitoring visits. This team also ensures that safeguarding is prioritised by care homes. When appropriate they have reported and or contributed to the safeguarding process re care homes.

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| | **We accept there is no single system that allows us to easily report and analyse concerns across the partnership that do not meet the Safeguarding threshold for referral into Social Care and consequently the outcomes and view of the service user. Reflecting back over the past 12 months, please share your local intelligence to describe activity, themes and trends relating to the concerns and alerts you received** |

As an organisation that does not have any direct contact with the public/patient, it is difficult to answer this question. The safeguarding team is asked to look at all complaints where it is felt there may be a safeguarding consideration. Anecdotally these predominantly pertain to the quality of care in care homes.

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| | **Looking ahead, please share your local intelligence to help predict emerging areas of risk and opportunity, relating to Safeguarding Adults, VARMM and MCA detailing any potential threats and opportunities** |

As above, quality and safeguarding concerns in care homes.

## Section 4 – Deprivation of Liberty Safeguards Activity

The information below summarises the Deprivation of Liberty Safeguards cases in 2012/2013.

Table 1 Care Homes **New Assessments**

| Year | Number of new assessments | Number authorised | Number **not** authorised |
|---|---|---|---|
| 09/10 | 49 | 25 | 24 |
| 10/11 | 57 | 34 | 22 |
| 11/12 | 58 | 28 | 30 |
| **12/13** | **61** | **27** | **34** |

Table 2 **Hospital New Assessments**

| Year | Number of new assessments | Number authorised | Number not authorised |
|---|---|---|---|
| 09/10 | 26 | 17 | 9 |
| 10/11 | 46 | 34 | 12 |
| **11/12** | **61** | **35** | **26** |
| **12/13** | **55** | **23** | **32** |

### Reassessments and Part 8 Reviews

Table 3 - **2012/13**

| |
|---|
| **Reassessments in care homes 44** |
| **Part 8 reviews in care homes 6** |

Table 4 **- 12/13**

| |
|---|
| **Reassessments in hospitals 7** |
| **Part 8 reviews in hospitals 19** |

Table 5

| |
|---|
| **Total activity in 2012/13** |
| **Hospitals -** 87 |
| **Care homes** - 111 |
| **Total combined work in hospital and care homes =** 198 new assessments |

## Key trends in care homes

- The Number of new assessment requests for care homes has increased slightly however actual number granted fell. They are very marginal figures and the trend for care homes has remained much the same.

## Key trends in hospitals

- After the significant increase in the number of applications in hospitals. from the previous year 11/12 the number of hospital assessment fell from 61 to 55 and the number actually granted fell from 35 to 23 on the previous year.

When looking at overall activity including reassessment and reviews we have a further fall in numbers from 235 in 11/12 up to 198 in 12/13.

The main reason is a number of longstanding DOLS during 12/13 ended and thus the number of on-going reassessment fell.

In the context of new activity there were 7 less hospital assessment an increase of 3 care home assessment, no significant difference in activity.

## Training

The e learning for both introduction to the Mental Capacity Act and introduction to the Deprivation of Liberty Safeguards have been updated.

Introductory face to face training continues with plans to target specific groups for example MCA in care homes.

For experienced practitioners there is a master class on assessing capacity and making best interests decisions. This has now been expanded to a full day course to cover all the Mental Capacity Act and DOLS. All courses have regular dates throughout the coming year.