OSAB

Oxfordshire Safeguarding Adults Board

Annual Report

2014/15

Contents

1. Foreword

Statement from Sarah Mitchell, Independent Chair of the OSAB

"I am pleased to be taking over the Chair of the Oxfordshire Safeguarding Adults Board at this important time. The importance of Safeguarding Adults has been recognised in the Care Act 2014 and makes it clear to us all that we have a responsibility to be proactive in identifying those who may be at risk of abuse and to take a personalised approach in how we deal with such abuse. People experience abuse in different ways and so our response has to be sensitive to that individual experience.

The new statutory roles for Local Government, the NHS and the Police will provide clear strategic leadership for the OSAB and as Chair of the Board I am strongly committed to delivering their vision and make Oxfordshire a safe and inclusive place to live.

The increase in domestic abuse, hate crime, radicalisation and self-neglect are all a cause of concern for the Board alongside the need to ensure that standards of care in health and social care settings are of the highest quality. The Board is determined to listen to the views of people who use the services in Oxfordshire and ensure that their voice is heard through appropriate application of the Mental Capacity Act. We also want to hear from families, carers and the wider community, working with them to design the support and care which is needed.

A very welcome requirement is for the Board to produce a strategic plan which the OSAB is currently doing for the period 2015 to 2018, building on the outcome of the peer review and the development work being done with the Board.

We are publishing this annual report knowing that we can achieve so much more over the next three years, with a clear focus on delivery and engagement from each member of the Board.

Confronting abuse where and when we think it might be happening is the first step to preventing it becoming more widespread and it is a responsibility we all share."

2. Introduction & Local Context

Oxfordshire is home to some 666,100 people. The population grew by 400 people per month in the decade to 2011 and is predicted to grow 14% in the next 15 years. The population is growing older. The number of people aged 65 and over has increased by almost 30% since 2001, compared with a total population growth of around 10% and the numbers of people aged over 90 is forecast to increase by 90% by 2026. In addition to the growth of older people there are an increasing number of people with a learning disability, living for longer and with increased complexity of need. This changing population is placing more pressure on services.

The population is also becoming more diverse. Between the 2001 and 2011 census surveys, the proportion of people identifying as black and ethnic minorities almost doubled, from 4.9% to 9.2% of the population. 22% of Oxford's population are of non-white ethnicity.

Oxfordshire is the most rural county in the South East - with 33.4% of our residents living in what is considered to be a rural area and is generally prosperous, but with pockets of social deprivation. There is a very high employment rate – 78% of adults in work and only 1% of working age adults claiming Job Seekers Allowance. The workforce is amongst the most highly-qualified and skilled nationally. Oxfordshire is the second most expensive place outside London to live, and least affordable in relation to earnings. The average house price is nine times higher than median annual earnings, despite a median salary of £29,400, being well above the national average. This has significant implications on the number of people who are willing to work in the caring professions locally, leading to issue of both work force capacity and capability. Wages in the caring professions are not high and latest estimates are that an extra 750 jobs each year are needed in Oxfordshire just to keep pace with increased demand for care and support.

The council has a duty to safeguard 'vulnerable adults' defined as people who

- have needs for care and support (whether or not they are being met by the council);
- are experiencing, or at risk of, abuse or neglect;
- and who as a result of their care and support needs, are unable to protect themselves from this.

Most people in Oxfordshire meet their needs for care and support with help from family and friends, or through the private care market – not via the council. Some people with care needs, both locally in Oxfordshire, and nationally do not have services and their needs are not met.

In the 2011 census approximately 24,000 older people in Oxfordshire said they were having problems with 3 or more activities of daily living (washing, getting up, making food etc.). Also around 7,700 people identified themselves as carers of older people providing over 20 hours. The council currently provides long term services for 4,150 people and estimate around 5,500 self-fund care. We therefore know a significant number of people with care needs are not having them met.

This is reflected in safeguarding alerts received by the council – in 2014/15, 47% of safeguarding alerts were from people who were not receiving services commissioned by Adult Social Care at the point of the alert.

Safeguarding vulnerable adults cannot therefore be seen as the sole responsibility of social care or statutory services. It can only be delivered in partnership with the local community of family, friends and neighbours and the private care market.

The creation of a local multi-agency management committee (safeguarding adults) as a means of achieving effective inter-agency working was recommended in the Department of Health report, *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* (2000). This guidance, issued under Section 7 of the Local Authority Social Services Act 1970, requires local authorities in their social services functions to play a coordinating role in the development of local policies and procedures for the protection of vulnerable adults from abuse.

A multi-agency working group was established in Oxfordshire in 2001, which led to the development of the Oxfordshire Codes of Practice for the Protection of All Vulnerable Adults from Abuse, Exploitation and Mistreatment in May 2002 and the development of the Oxfordshire Adult Protection Committee.

The publication of *Safeguarding Adults – A national framework of standards for good practice and outcomes in adult protection work* (ADSS, 2005) led the committee to re-evaluate its existing title and terms of reference and become the Oxfordshire Safeguarding Adults Board.

The purpose of the Oxfordshire Safeguarding Adults Board is to create a framework within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse and a consistent and effective response to any circumstances giving ground for concern or formal complaints or expressions of anxiety.

Case Study – Mr Bishop

Mr Bishop was admitted to hospital in November 2014. A few days later the social work team at the hospital received an alert from a member of the ward staff.

On admission to hospital Jean, a friend of Mr Bishop's, was recorded as Mr Bishop's next-of-kin. However, ward staff started to be concerned when Mr Bishop gave them, for safe-keeping, written instructions from Jean for a solicitor, instructing them to grant her power of attorney for both financial and health and welfare decisions. The instructions also concerned a change to his Will granting a further £50,000 to this acquaintance.

When an occupational therapist subsequently reported to the nurse that Joan was 'almost angry' that Mr Bishop had received a pacemaker, the ward staff spoke to Mr Bishop about their concerns. He said he was not happy about the situation and agreed to referral to the social work team for help.

The social worker, Anne, immediately visited Mr Bishop in the ward. Mr Bishop was angry about what had happened and said:

- He wants to be in control of his own affairs and have support and protection in doing this.
- He wants to continue to live independently at home.
- He wants to review his Will.
- He wants to appoint a Power of Attorney of his own choosing.

Anne subsequently contacted the police because of her concerns but Mr Bishop, although he was angry did not want any criminal action taken.

Mr Bishop was subsequently assessed for a direct payment and, with support from Age Concern, he was able to identify a personal assistant to support him and he returned home. Anne supported him to find a suitable solicitor who could act as his Power of Attorney and help him with his will. Finally a referral was made, with Mr Bishop, to Circles of Support, a joint project between Age UK Oxfordshire, Oxfordshire County Council and Oxford Health NHS Trust. Mr Bishop has now settled back at home and is increasingly involved in his local community.

3. National Policy and Context

The Care Act came into force in April 2014 and brought important new responsibilities for the agencies involved in Safeguarding Adults. It requires the Local Authority to establish a Safeguarding Adults Board and specifies the key membership of the Board to be the NHS and the Police and it asks that these key agencies help to contribute to the cost of the Board and its operation.

The Act recognised that there has been much learning already from case reviews showing that poor communication and information sharing can create more situations where people are at increased risk of abuse. There is a requirement for agencies to provide and share information and we are actively developing a multi-agency protocol to achieve that.

The Act sets out six principles which underpin a new safeguarding adults approach:

- Empowerment - listening to individuals and their families and carers
- Prevention - doing all we can to reduce the levels of abuse
- Proportionality - making sure we get the balance right in all that we do
- Protection - making sure we act quickly and appropriately when we need to take action
- Partnership - working together on behalf of the people in Oxfordshire
- Accountability - being clear where the responsibility lies and being transparent when something goes wrong

The aim of the Act is to prevent harm from happening and to reduce the risk of abuse or neglect and that requires sensitive, skilled intervention by staff and local communities. Developing an open and supportive culture in organisations creates the climate needed to enable staff and members of the public to report concerns or talk to someone whom they think might be suffering abuse. The role of the Board is to know they are supported when they do speak out and to ensure they know how to alert people to the possibility of abuse.

But we must ensure we safeguard adults in such a way that enables people to exercise choice and maintain control - not to do so can feel abusive for people who are already feeling vulnerable. Going at someone's own pace, listening to what they want to happen and ensuring that the decisions made are their decisions are all key to achieving a successful outcome from a safeguarding investigation. The Making Safeguarding Personal programme which was developed by ADASS and the LGA has now become part of the Care Act and sets out how taking a truly personalised approach in safeguarding approach produces very different outcomes for people. The Board has an important role in promoting that approach as well as in publicising the leadership role of the Board to raise public awareness and create communities who will not tolerate unacceptable levels of abuse.

Some types of abuse are more familiar to us than others, the Act does require Boards to consider their role in domestic abuse and self-neglect, learning from cases which showed that we can do more to support people in these distressing situations. The importance of making appropriate links to other Boards - the OSCB and the Safer Communities Board are key to the effective governance of such cases - making sure communication and partnership is strong between the relevant Boards.

Training and support for carers is an essential part of developing a preventative approach to safeguarding adults. Ensuring that we provide the advice, information and support which enables carers to get the right support at the right time for them and for any support to be personally tailored to their needs.

The Board will build the community awareness of safeguarding in Oxfordshire and ensure agencies are proactive and responsive in their approach, taking an evidence based approach to developing best practice.

In transparently holding the system to account, the Board will ensure there are clear arrangements in place to make sure appropriate enquires are made to identify people at risk from abuse, timely and safe action is taken and outcomes are monitored. To do this we need a skilled workforce across all agencies and providers of health and social care and we must be sure that the care being provided is of the highest quality possible.

There is much for the Board to do in 2015 but the work we have done in 2014 builds a strong and secure platform for the future.

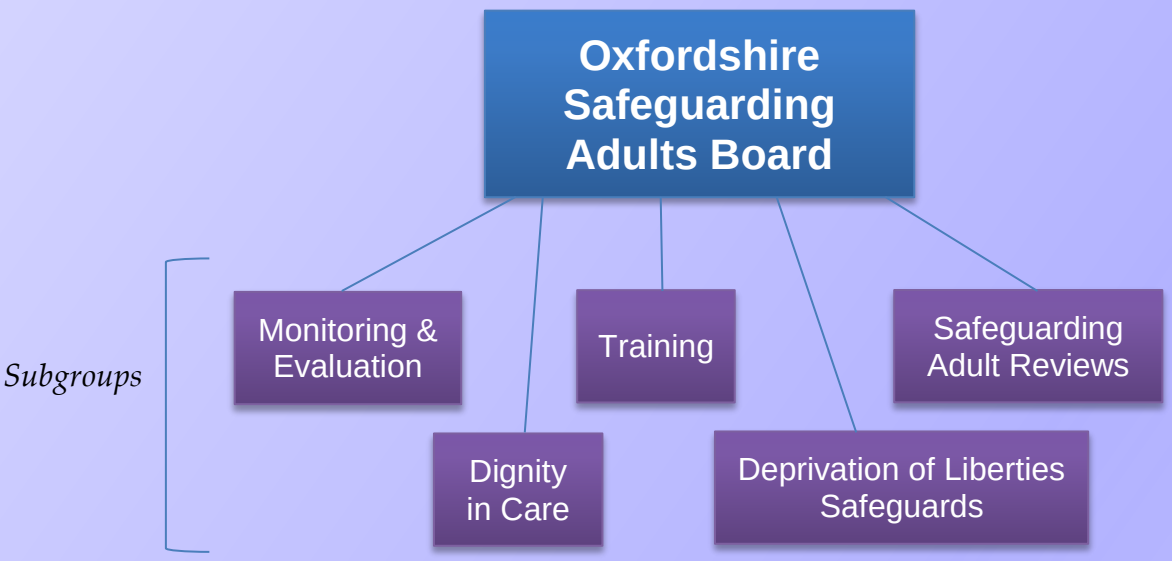
4. Governance and Accountability

The Board is well established as a partnership and has good representation from the main statutory and non-statutory agencies including local providers and the Care Quality Commission. The Board will be reviewing the level of its membership to ensure that decision makers are represented and that the board is able to operate at a sufficiently strategic level and to hold partners to account. A new chair has been appointed and the vision and strategic direction of the board will be refreshed. Roles and responsibilities will also be reviewed as well as the best way to include carers, service users, private care and the voluntary sector more systematically. Links with Healthwatch will also be agreed so that its learning can inform the Board's decision making.

The current sub-group structure will also be reviewed and strengthened with clear reporting mechanisms into the Board. The Training Sub-Group will become a combined OSCB and OSAB group from the autumn 2015.

There is a protocol in place between the OSAB and the Oxfordshire Safeguarding Children Board (OSCB) and it is planned to extend the new protocol between OSCB and the Oxfordshire Safer Communities Partnership and the district Community Safety Partnerships to include OSAB and the Health and Well Being Board in the new year so that the partnership geography in relation to safeguarding is clear.

OSAB Structure



The Board has a new Independent Chair who has overall responsibility for overseeing the safeguarding arrangements in Oxfordshire and for ensuring the Board operates in accordance with statutory requirements and the Care Act 2014.

In 2015 a new combined Business Unit for both OSAB and OSCB was created to ensure that the safeguarding agenda is efficiently managed and that where appropriate processes and policies are aligned, key joint strategic themes are addressed effectively and that both boards are sighted on the right priorities and there is no duplication. This included the appointment of a Strategic Safeguarding Partnerships Manager for both Boards and a new Business Manager for OSAB.

Currently the OSAB business is largely funded by Oxfordshire County Council with a contribution from health partners. Contributions from partner agencies will be reviewed over the coming year to ensure that the business of the board is effectively resourced and delivered and a Financial Plan is in place in accordance with the Care Act 2014.

The Board met four times during the reporting period (April 2014, July 2014, October 2014 and January 2015). Oxfordshire County Council, The Clinical Commissioning Group and Thames Valley Police were represented at every meeting.

5. Safeguarding Board Effectiveness

2014/15 has been a transitional year for the Board during which time it has strengthened its infrastructure in order to improve its effectiveness and to comply with the requirements of the Care Act 2014.

To assist with this process a peer review of the Board was undertaken in June 2015 and a clear action plan is in place to implement the findings of the review.

The reviewers were very positive about the culture and capacity and energy to deliver change across the board and the workforce, the transparency and recognition of the areas to be addressed, evidence of innovation and practice and a commitment to continuous improvement. An example of innovative work that they cited is the preventative work embedded across safeguarding services led by the Fire and Rescue Service.

Key areas for improvement relate to governance arrangements, the Board vision, strategic plan and work programme, the evidence base for identifying key safeguarding issues, assuring consistent practice and capacity issues to deliver the Board work programme. These areas will be top priorities for the Board to address in 2015/16.

6. Safeguarding training

The board is assured that individual providers/agencies have been providing training to their staff and that this has been of sufficient quality to ensure a continued flow of alerts into the safeguarding teams.

Many providers have worked in partnership with the Children's Board to combine training providing a lifespan safeguarding provision.

The CCG and Public Health have clear monitoring arrangements for the update of training within those providers they commission as they are required to provide figures as part of contract monitoring arrangements on a quarterly basis.

In year, there was some training delivered to a multi-agency audience by providers. Locally, Oxfordshire have also hosted a Department of Health (DoH) learning event on Female Genital Mutilation (FGM).

Excellent examples from partners include:

- Deprivation of Liberties Safeguards (DoLS) – The County Council has trained a large number of their own staff in regards to Deprivation of Liberties Safeguards, delivered by the DOLS Manager.
- Mental Capacity Act and Mental Health Act training forms a core part of the induction process for Health Professionals.
- The Fire & Rescue Service deliver an in-house *Safeguarding Everyone* course, covering the safeguarding agenda for both Children's and Adults.
- Oxford University Hospitals NHS Trust also provide staff with joint safeguarding training at induction covering both children's and adults.

The energy, appetite and drive by individual organisations around training and maintaining knowledge is commendable.

The workplan for the Training subgroup in 2015-16 will focus on building on the energy and drive of the partners to:

- Develop a clear Safeguarding Training Strategy
- Create a basic awareness course and materials/resources for agencies to use in-house
- Refresh the previously written multi-agency alerter level safeguarding training
- Work to join together of children and adults training subgroups
- Integrate content of the Mental Capacity Act training with safeguarding training
- Introduce multi-agency learning events

A number of these will be dependent on the outcome of the training review, the funding for the Board going forward, the Board's agreed priorities which will come out of the development day later in the year.

7. Monitoring the effectiveness of local work to safeguard and promote welfare

a. Performance, audit and quality assurance

The data for this report was extracted from the Oxfordshire County Council social care system (SWIFT). In most cases, the data included in this report is consistent with the Department of Health (DH) statutory returns: Abuse of Vulnerable Adults (AVA) for 2012-13 and the Safeguarding Adults Return (SAR) for 2013-14 & 2014-15.

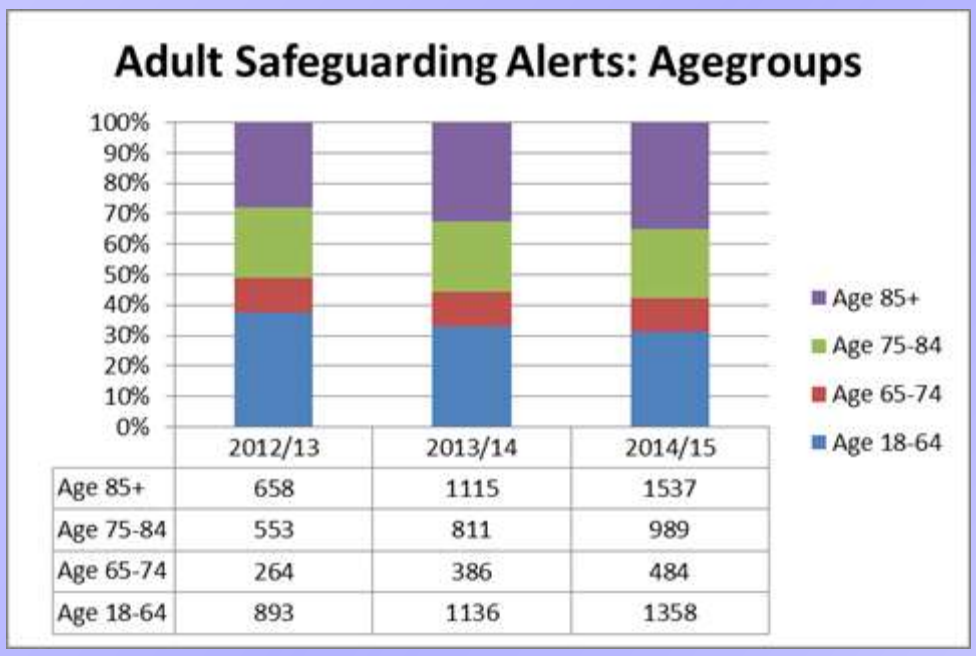
New Safeguarding Alerts

There was a 24% increase in safeguarding alerts[1] in 2014/15, increasing from 3,518 last year to 4,372. This continued the consistent increase in adult safeguarding activity over the last 4 years.

[1] The terminology used in this report is not in line with the changed process described by the Care Act. This is because the data in this report refers primarily to 2014/15 which is pre Care Act. An alert is when someone contacts social services with a safeguarding concern over an adult.

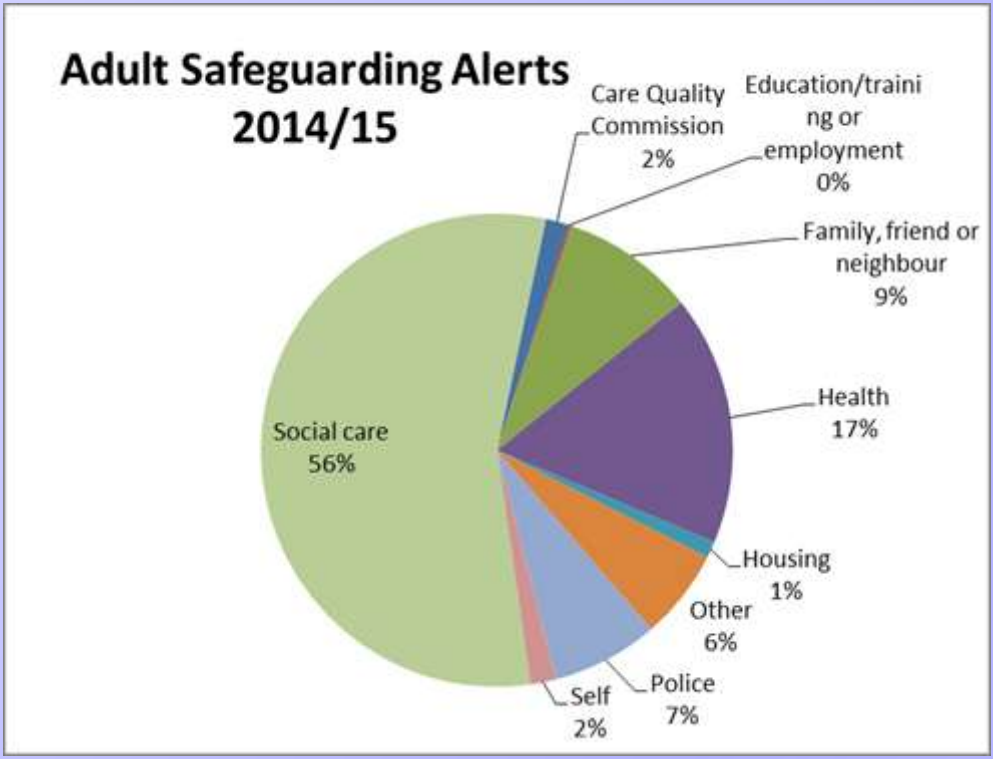
	2010-11	2011-12	2012-13	2013-14	2014-15
No. of Alerts	1086	1467	2170	3518	4372

While there has been an increase in the number of alerts for all age groups, there has been a particularly large increase in the alerts on people aged 85 and over. 35% of alerts were for people aged 85+.



	2012/13	2013/14	2014/15
Age 85+	658	1115	1537
Age 75-84	553	811	989
Age 65-74	264	386	484
Age 18-64	893	1136	1358

In 2014/15, over half the alerts were raised by social care providers or staff, and one in six alerts by Health.



In the last 2 years the number of alerts raised by each group of people or organisations has increased. Alerts from the Care Quality Commission have increased nearly 6 fold, but remain relatively low. Alerts raised by social care providers have more than doubled; alerts from the police have doubled and alerts from members of the public have increased by 50%. Alerts from health staff have increased by a third.

Source of Safeguarding Alerts	2012/13	2013/14	2014/15	Change in last 2 years
Social care (service providers/council)	1097	1623	2431	222%
Health	557	740	746	134%
Family, friend or neighbour	266	343	402	151%
Police	162	260	320	198%
Other	238	342	270	113%
Self	52	70	77	148%
Care Quality Commission	12	20	68	567%
Housing	31	48	49	158%
Education/training or employment	6	8	9	150%

Referrals / investigations

A referral is where an alert is taken beyond an initial consideration, and is investigated. Comparative data is available on referrals but not alerts. In Oxfordshire we have recently revised our interpretation of a referral more accurately reflect the number of cases where further

enquiries/investigation were undertaken at an early stage in the safeguarding process[2], hence the 44% increase between 2013-14 and 2014-15 in the table below. The rate of safeguarding referrals in Oxfordshire is now much more in line with other authorities.

In 2014/15 there were 936 people referred for safeguarding in Oxfordshire or 178 for every 100,000 adults in the population. Nationally there were just over 100,000 referrals or 245 per 100,000 population and just over 21,000 in authorities most similar to Oxfordshire[3] or 214 per 100,000 of the population. Of the 152 local authorities in England, Oxfordshire had the 92 highest levels of referrals and the 9th highest out of the 16 authorities most similar to us. Levels of referrals are therefore in line with what we would expect.

Adult Safeguarding Referrals per 100,000 Population

	Oxon rate	National average	Oxon as a % of national rate	Similar Authority average	Oxon as a % of similar authority rate
2013-14 comparison	124	246	50%	208	60%
2014-15 comparison	178	245	73%	214	83%
Change	44%	0%		3%	

During 2014/15, 3.84% of people supported within the safeguarding adults procedures were from minority ethnic communities. According to the 2011 Census, 9.15% of Oxfordshire's residents come from non-white backgrounds. This discrepancy is largely explained by the difference between age groups. Whereas the proportion of adults under 65 from non-white backgrounds is 9.44% the proportion of adults over 65 from non-white backgrounds is 2.25%.

Ethnicity of people with Adult Safeguarding Referrals 2014/15

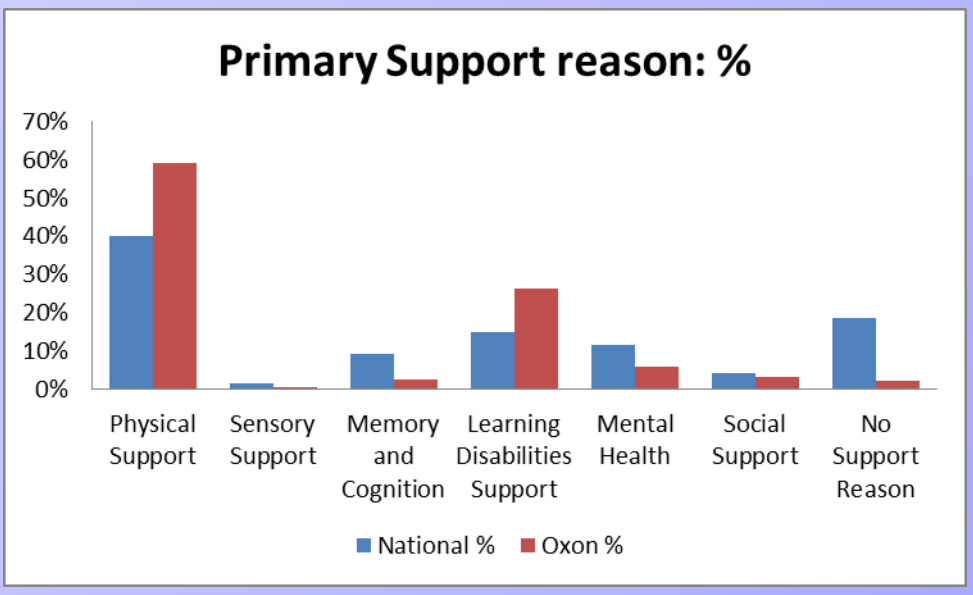
	White	Mixed/ Multiple Groups	Asian/Asian British	Black or Black British	Chinese	Other Ethnic Group
2012/13	96.15%	0.53%	1.06%	1.44%	0.38%	0.43%
2013/14	96.25%	0.50%	1.21%	1.55%	0.15%	0.34%
2014/15	96.16%	0.70%	1.16%	1.28%	0.00%	0.70%

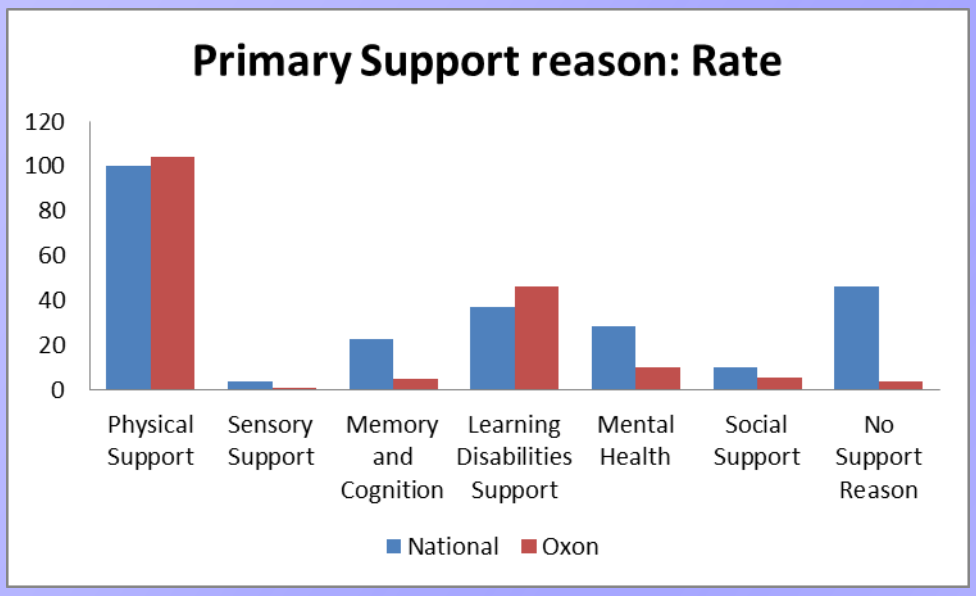
The following graphs look at the primary support reason of the person referred. The first looks at this in terms of the percentage of all people referred for Oxfordshire and nationally while the second looks at the level of referrals per 100,000 of the population. Oxfordshire has more referrals on adults with a physical disability and a learning disability than elsewhere, but fewer on adults with mental health problems including support with memory and cognition. This may reflect

[2] Previously we had defined any case which could be dealt with in 24 hours as an alert only. We now define a referral as any case which is investigated.

[3] These authorities are: North Yorkshire, Warwickshire, Worcestershire, Northamptonshire, Leicestershire, Hertfordshire, Suffolk, Buckinghamshire, Essex, Cambridgeshire, Surrey, West Sussex, Hampshire, Gloucestershire, Somerset

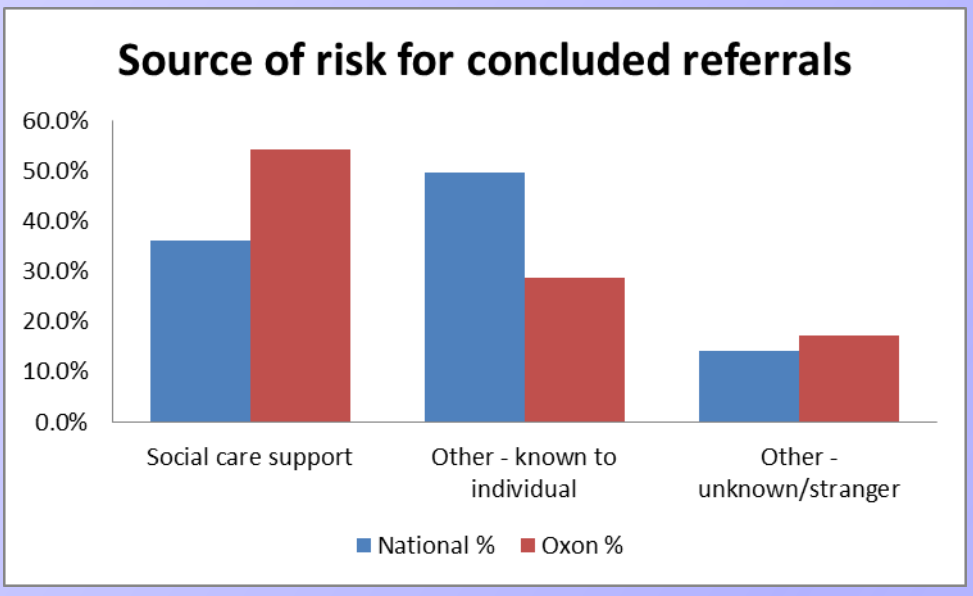
recording practices in Oxfordshire and is an area we need to explore more fully over the coming year. Oxfordshire also has a low rate of people with 'no support reasons'. This is in line with the care act definition of a vulnerable person being someone with support needs.



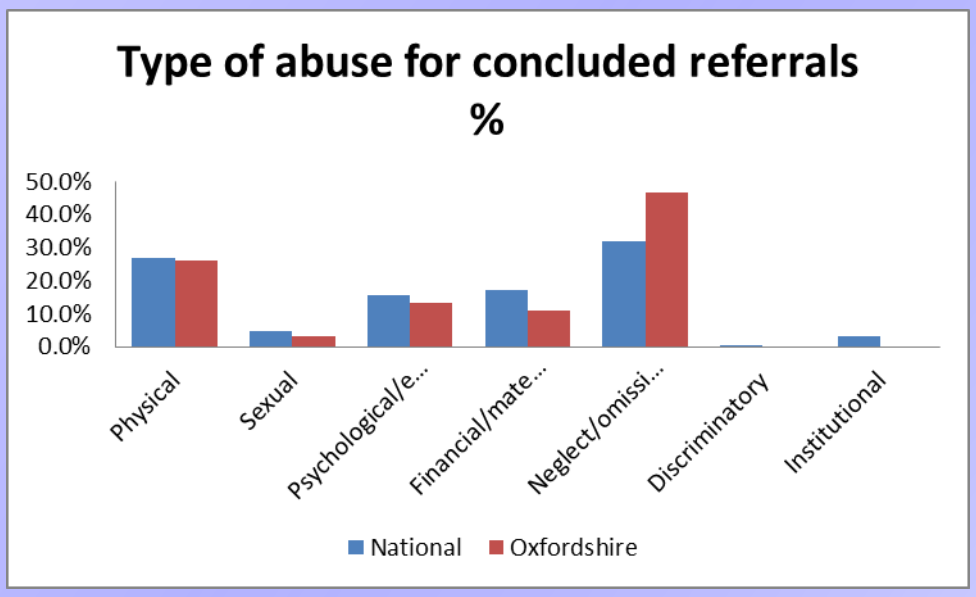


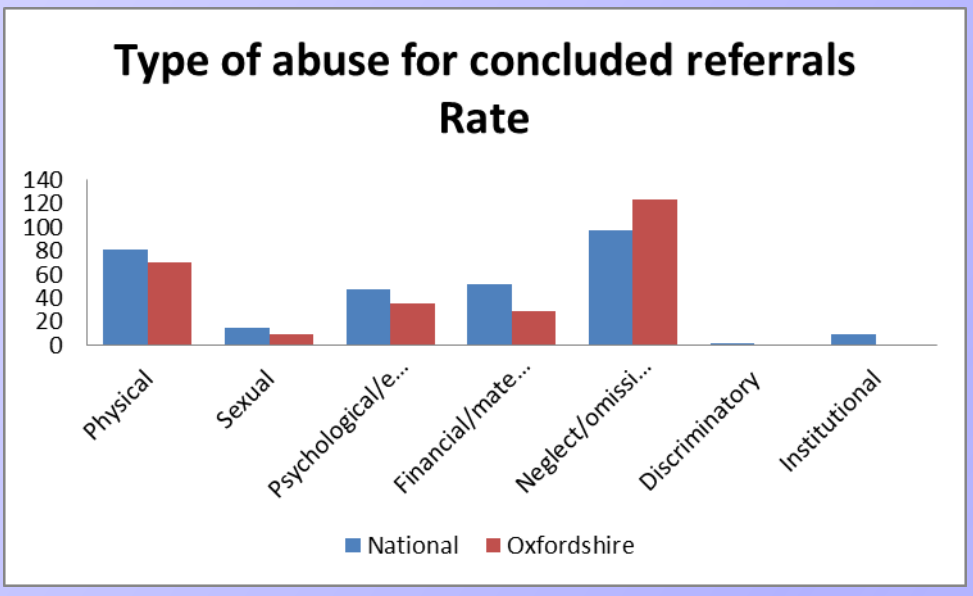
Source of Risk, Type of Abuse and Location of Alleged Abuse

The source of risk is grouped into whether the risk comes from commissioned/ paid for services or not. In Oxfordshire, over half the risk is associated with commissioned care. This reflects the fact that most alerts (c60%) are raised by providers who are very aware of the need to alert the local authority of any safeguarding concern. Alerts raised in relation to each individual provider are regularly reviewed and action taken where serious concerns arise.

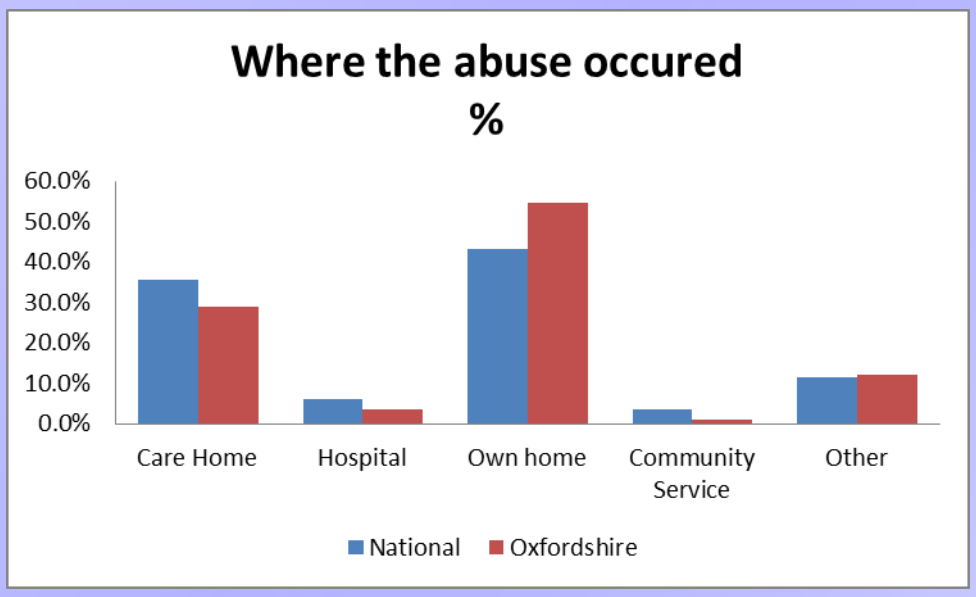


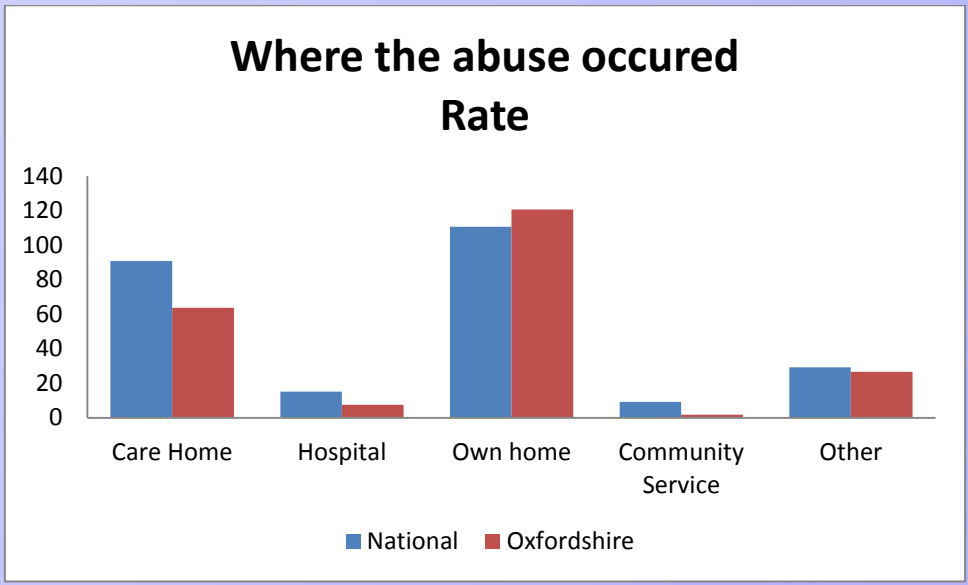
The most common type of abuse was neglect and acts of omission, followed by physical abuse. This is the same pattern as nationally, however Oxfordshire has a higher rate of referrals for neglect and acts of omission than elsewhere due to high rates of alerts from adult social care provider services, particularly residential services. This is the only category where this is the case.





Most abuse occurred in the individuals own home - with the rate of abuse higher than the national figures. There is less recorded abuse in other services (such as a care home, or community services).





National data is reported on actions and results of safeguarding investigations. This has not been included in this report as it is clearly reported differently in different authorities and not in line with the guidance.

The new Performance Information and Quality Assurance Sub-Group of the board is developing a new performance and quality assurance framework so that robust processes are in place to inform the board's planning.

What adults who have experienced the process say and the extent to which the outcomes they wanted (their wishes) have been realised

Adult Social Care's current processes did not capture this information during 2014-15. However, ASC will be considering how to capture this information as part of Making Safeguarding Personal for 2015-16. Making Safeguarding Personal means that safeguarding work should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

New safeguarding forms that capture each person's wishes and views about what they want have been developed and will be implemented in 2015 so will be reported against this next year.

In Oxford Health NHS Foundation Trust the outcomes for people who have experienced the safeguarding adults process have not been monitored centrally, however patient survey information has asked the person about their overall experience.

What front line practitioners say about outcomes for adults and about their ability to work in a personalised way with those adults

The Oxford Health NHS Foundation Trust Staff Survey in 2014 showed that 90% of staff agreed that their role makes a difference to patient/service users. 69% of staff were satisfied with the quality of work and patient care they were able to deliver.

b. Policy, procedures and practice developments

The OSAB currently have the following in place:

- Oxfordshire Safeguarding Adults Policy
- Oxfordshire Safeguarding Adults Procedures
- Oxfordshire Safeguarding Adults Confidentiality & Information Sharing Agreement

In the light of the Care Act 2014 and Care and Support Statutory Guidance these policies and procedures are all subject to review and will be completed in 2015/16.

The Oxfordshire Safeguarding Adults Safeguarding Adult Review Protocol was finalised in February 2015.

In June 2014 following the death of an adult at risk of abuse or neglect we undertook an immediate review of the Oxfordshire Safeguarding Adults Procedures (2008, reviewed 2012). We subsequently amended and strengthened the Safeguarding Adults procedures to the effect that:
In any case where the provision of care services is terminated by the person, someone reporting to be acting on behalf of the person, the council or any other agency for whatever reason a review involving all relevant partner agencies (e.g. police, GP, district nursing service) risk assessment will be completed.

The person and/or their representative must be formally notified informed in writing of the concerns. However, consideration must also be given to a person's communication needs or other issues (e.g. interception of post) and where necessary the individual should be seen in person.
Following a number of deaths occurring as a result of home fires in Oxfordshire we are developing robust protocols between board members and particularly fire and rescue to enhance communication between agencies where there is perceived to be a fire risk. We anticipate being able to report more fully on this next year.

Priority 1: Improve information sharing between partner agencies to strengthen joint working to safeguard adults from abuse/harm.

An Information sharing agreement is in place to be reviewed in 2015/16.

Information is central to effective inter-agency working aimed at safeguarding people at risk of harm and abuse. Over the last year we have continued work on the development of the Oxfordshire Adult MASH which will provide invaluable early information sharing between

partner agencies. Unfortunately the implementation of the MASH has been delayed but we anticipate that this will be in place in 2015/16.

We are currently working on developing robust protocols between board members and particularly fire and rescue to enhance communication between agencies where there is perceived to be a fire risk.

Priority 2: Develop methods for engaging service users and carers to capture their views and experience.

Single agency work has progressed to ensure that service users and carers experience is captured e.g. patient experience survey in the Oxfordshire University Hospitals trust and the introduction of a new adult social care recording system that will enable us to capture this information.

Priority 3: Ensure there is a strong multi-agency approach to prevent adult abuse/harm.

A strong multi-agency approach to prevent adult abuse/harm is reflected in a number of ways.

1. Partnership awareness:
   During the last year we have continued to see a rise in the number of safeguarding contacts made with the council by 22%. An increase 3454 to 4424 with a notable increase in contacts from the police, ambulance service and adult social care providers.

2. Joint operational work:
   During the year Thames Valley Police, Community Safety and Adult Social Care, with support from health, housing and non-statutory agencies, have been involved in a joint operation in relation to the criminal exploitation of adults some of whom had care and support needs. We anticipate being able to report on the outcomes of this operation next year.

   In addition board partners and other non-statutory partners have established a vulnerable adult missing persons panel to coordinate the management of risk to people at risk of abuse and exploitation who are reported missing.

Priority 4: Ensure there are robust processes and procedures in place to respond to national and local safeguarding developments by risk assessing the impact of developments and risk assess response.

Case Study – Sam Joseph

Mr Sam Joseph, a 69-year-old gentleman with a mild learning disability, was referred to social services by the police.

A woman had come to Sam's house with her young daughter on a number of occasions to ask for money. Believing that her intention was to pay him back and her need for money was genuine he gave her small amounts of money (£10 or £20 at a time). The money was not returned.

The social worker, Claire, visited Sam who said he thought the situation was better and that he now knew to contact the police if she called on him again. However, he was worried about his money and about financial scams. He said that what he wanted:

- financial assistance from his brother to continue as before, and
- help with dealing with cold callers and dealing with financial scams.

Mr Joseph agreed to Claire contacting the social worker working with Trading Standards.

Claire & Sarah, from the trading standards team, visited Sam. Sam agreed to have a call blocker fitted to his phone and a sticker put on the front door indicating that cold callers weren't welcome. Sarah also provided a book of approved tradesmen in Oxfordshire. Sam's brother was happy to carry on helping Sam with managing his finances.

Sarah visited Sam again a few weeks later. He was pleased with the call blocker and wanted to keep it. He said a couple of sales calls had got through but he knew how to use the red button to stop them calling again.

No further concerns have been raised.

c. Safeguarding Adults Review (SAR)

There was an SAR (known as a Serious Case Review – SCR – at the time) agreed in June 2014 that has not yet progressed regarding a lady placed in a nursing home. This will be a lesson learnt approach with the agencies involved with this lady. Due to the timeline of when the lady died, the scope of the lessons learnt meeting will be limited to addressing what happened prior and just after her death and what has subsequently changed as part of the multi - agency working practices.

A previous SCR commissioned in April 2013 came to the board in October 2014 for signing off and an action plan was agreed - this has been monitored through the SAR sub group - the lessons learnt SAR template was circulated to SAR group members for circulation to their agencies.

d. Partner agency safeguarding reports

Statement from Rachel Coney, Chief Executive, Healthwatch Oxfordshire

"Healthwatch Oxfordshire has been pleased to be able to establish a good relationship with the safeguarding team over the last year. We have started to make referrals when we uncover safeguarding issues in the course of our work with patients and service users, and have been able to raise awareness with other voluntary sector organisations about how safeguarding works, and when and how their volunteers should be reporting issues. We look forward to building on this initial partnership working next year"

Oxfordshire County Council, Adult Social Care

As the lead agency responsible for coordinating adult safeguarding enquiries in Oxfordshire, Adult Social Care has continued to manage an increasing number of alerts and referrals relating to concerns about adult abuse. This continues to be managed despite increasing demands on adult social care.

Early in 2014/15 a series of random case audits were conducted with adult social care operational teams across the county during which a number of consistent themes emerged. There were clear differences in teams understanding of safeguarding processes and procedures: in many cases teams were undertaking quite extensive preliminary enquiries into concerns but not recording this work as referral activity. As a consequence the number of referrals reported in Oxfordshire fell below national comparators and targets e.g. one day from alert to referral were not being achieved. There was also some degree of variation in the quality of enquiries undertaken.

Since then OCC has made significant steps in relation to the governance of safeguarding within the local authority. A monthly performance board chaired by the Deputy Director for adult social care has been introduced to monitor and review operational activities including time-scales for safeguarding cases. Minimum standards requiring adult social care teams to ensure that all safeguarding concerns are assessed within one working day of day of receipt; a safeguarding strategy is developed within a further 5 working days and subsequent enquiries/investigations are completed within a further 20 working days. In each case a current target has been set at 75% and we will be looking to achieve and stretch this target over 2015/16.

A new supervision policy has been introduced requiring that all team managers conduct a minimum of three case audits per month, again to be reported to the monthly performance board.

Adult Social Care has also established a bi-monthly Care Governance & Quality Provider Board to oversee themes, issues and concerns relating to service providers across Oxfordshire. This draws on a range of information including the number of alerts relating to individual providers and any themes emerging from these; the outcomes of quality monitoring visits undertaken by our joint commissioning teams; complaints about services; emerging health and safety issues and Care Quality Commission reports are all used to develop a much broader picture of the adult social care provision in Oxfordshire and. where required, work with the provider in a pro-active and supportive way where required to address any issues.

To support this, institutional procedures for adult safeguarding are being reviewed and we are developing a serious concerns framework that draws on the information above to identify providers or areas of concern that need to be supported to develop and improve.

In the light of the new requirements of the Care Act 2014 adult social care has been reviewing its internal adult safeguarding procedures in conjunction with the introduction of new recording systems and structures for operational teams. The requirements of the Care Act and in particular Making Safeguarding Personal are being integrated into the new system which is due to be introduced in 2014/15.

Oxfordshire Clinical Commissioning Group (OCCG)

OCCG welcomes the increased focus on adult safeguarding brought about by the Care Act. Awareness of the needs of vulnerable adults is increasing as is awareness of abuse and preparedness to address it. As commissioners the role of OCCG is to ensure that providers of NHS services are carrying out their responsibilities to safeguard vulnerable adults. This includes their use of the Mental Capacity act and Deprivation of Liberty Safeguards (DoLs), as well as the number of safeguarding referrals made. As commissioners we require assurance that providers are appropriately training their staff to safeguard vulnerable adults.

The safeguarding function at OCCG sits within the Quality function, which has a responsibility to ensure that providers are delivering safe, effective care with a positive patient experience. This means that they have an overview of where care may fall below expected standards as well as where there are instances of alleged or proven abuse. The CCG takes contractual action where standards fall below what we would expect.

In 2014-15 the CCG took part in 2 Domestic Homicide Reviews (DHR) and 1 adult serious case review. Following these reviews, the CCG oversees the providers' implementation of the recommendations. The CCG has also used the new rights set out in the 2015 Serious Incidents Framework to commission and independent review into a serious incident.

In addition to our role as commissioners the safeguarding team at the CCG supports General Practitioners (GPs) and other primary care providers to deliver high quality care. This includes providing safeguarding training. In 2014-15 the CCG provided training to 125 Gps and well as other primary care staff.
OCCG has a role in coordinating PREVENT reporting by our providers and in ensuring that health care professionals have received the appropriate training to identify where vulnerable adults are at risk of being exploited by terrorist groups.

In 2014-15 the CCG was successful in bidding for funds to support the use of the Mental Capacity Act within health services. The funds have used for a joint with Chilterns CCG to develop an app for smartphones.

OCCG is a part of the adult Multi-agency Safeguarding Hub (MASH) development and looks forward to the improved safeguarding which the increased sharing of information and colocation will bring about.

OCCG welcomes the finding of the OSAB peer review and looks forward to working within a strengthened safeguarding board in the future.

Thames Valley Police (TVP)
In light of the new requirements of the Care Act 2014, TVP have reviewed representation at Local Safeguarding Adult Board (LSAB) meetings across the region and agreed these will be at Local Police Area (LPA) Commander (Superintendent) level. In Oxfordshire TVP have reviewed and identified a structure for attendance of senior managers at OSAB subgroup meetings.

The force holds quarterly meetings chaired by the Superintendent for Protecting Vulnerable People (PVP) for all Directors of Adult Safeguarding in Oxfordshire, Berkshire and Buckinghamshire. These are well attended and cover a variety of Police issues in relation to Adult Safeguarding.

TVP are currently creating a training package for all LPA Commanders in relation to (PVP) matters. Adult safeguarding will be central to this when it is rolled out in early 2016.
A pilot is currently underway in the Cherwell & West Oxfordshire LPA to identify and train front line patrol officers as champions in Domestic Abuse and Adult Safeguarding matters. If successful, this will be rolled out across Oxfordshire.

The Domestic Abuse Investigation Unit (DAIU) Detective Inspectors have been nominated as the Designated Adult Safeguarding Manager for each LSAB area.

Previously, info-sharing by police of Adult Protection incidents only took place if assessed as HIGH-risk or if explicit consent had been obtained. Despite attending officers being more aware of the need to obtain consent, the number of incidents "info-shared" was quite limited. However, greater use of professional judgement is being made in deciding whether there are grounds to info-share in the absence of HIGH-risk or explicit consent.

The MASH Detective Inspector is currently writing the Multi-Agency Information Sharing Agreement for Adult MASH on behalf of the partnership.

Thames Valley Police's Safeguarding, Vulnerability and Exploitation (SaVE) Programme is being developed to increase awareness amongst front-line staff of safeguarding issues generally. Provisionally, the plan is to roll-out SaVE training from January 2016.

A new computer system called Niche RMS, introduced on 29th April, incorporates a qualifier (flag) for a 'vulnerable adult' and has an occurrence classification of 'Adult Protection' for recording safeguarding concerns which is a significant improvement on our old system. Niche RMS also includes a bespoke Missing Person module for missing person investigations, which has been supported by training packages to assist staff to proactively manage missing persons, including vulnerable adults.

Several Standard Operating Procedures (e.g. Missing Persons, Domestic Abuse) have been revised and now specifically state that a Niche occurrence must be created if safeguarding concerns in respect of a child or a vulnerable adult are identified.

TVP have instigated a cross-partnership Adults Missing Person Panel. The Missing Person Panel has been running since March 2015 as a pilot in Oxford City. TVP normally chair this panel where the intention is to problem solve, specifically, those adults who have been reported missing three times in a ninety day period.

The panel is reasonably well attended by partner agencies including: Adult Social Care, Learning disability Team, MH Community and Wards, Connections, Elmore Team and the John Radcliffe, although the list of attendees has been discussed and the following agencies have been identified as required for some involvement: Leaving Care, Drug & Alcohol, Probation and Luther Street (Homelessness). All parties are signatories to the joint information sharing agreement/ confidentiality agreement. At the initial set up Police solely chaired the meeting but there is now a gradual handover to Adult Social Care to take the lead, although the Police Vulnerable Adult Co-ordinator will continue to take the minutes.

Each person discussed at the meeting is allocated an Risk Management Owner. There is currently still some discussion over who should own these and the proposal is that the Neighbourhood

Police teams take them on in the spirit of demand reduction; In addition this runs well alongside the protocol for the child panel.

Although, the panel is currently for Adult missing persons, there has been discussion internally in TVP with the Protecting Vulnerable People strategy unit whether a general 'Vulnerable Adults at risk' panel would be more effective. This was discussed at the last meeting and was a well received idea by the panel members. It is felt that there are a sufficient amount of adults at risk that would benefit from discussion at the panel but wouldn't currently fit the criteria. Therefore, in order to progress this aspect, Adult Social Care, are intending to write some terms of reference to ensure that the panel would not get too many referrals that would become unmanageable.

At this time it is difficult to monitor how successful the panel has been in the last 6 months as a lot of the cases that have been discussed have focussed more on education of other agencies about when to report persons missing, rather than risk reduction. However, it is felt that in the future the success of the panel could be measured on the amount of repeat missing cases of each individual and how often they return to the panel. The opportunity to sit down each month with fellow professionals has been invaluable in several ways and by inviting the newly identified agencies and widening the criteria for cases, TVP feel that it will greatly improve the risk management of Vulnerable Adults.

As this is proving to be very successful in Oxfordshire, the force are looking to roll out similar to Safeguarding Boards across Buckinghamshire and Berkshire going forward.

TVP have also conducted a force-wide review of safeguarding training for their officers and come up with an agreed training programme for all Officers, including PCSOs.

Oxford Health NHS Foundation Trust

During 2014-15 OHFT has been working with the engagement of its staff to help them improve the quality of care provided, which encompasses the protection of adults at risk. A framework called Improving Care through 5 Questions (IC:5) is being used. The main focus of which is to encourage staff to think about what they are doing well and where they are working to improve and deliver the best possible high quality of care to patients, service users and clients now and in the future. IC:5 encourages staff to ask themselves the key questions that are known to matter most to patients, which also reflect the national quality standards (fundamental standards) applied by the Care Quality Commission to assess the quality of services.

Are we:

- Safe?
- Caring?
- Effective to ensure good patient outcomes?
- Responsive to patients' needs?
- Well lead?

More specifically, work is being implemented to integrate physical health and mental health services for older people. Work has been embedded into practice to ensure patients are assessed for their risk of falling on admission, after each fall and after 28 days. There is a project in place to eliminate the use of prone restraint. Work continues to reduce the number of suicides of people who have contact with OHFT services. The introduction of the Street Triage service has reduced the number of people taken to a place of safety when it was not necessary, which has released resources to be more readily available for those who need them most.

8. Issues and challenges facing safeguarding

There are a number of significant external national changes that have influenced the safeguarding agenda in 2014/15, most notably the Care Act 2014 and the Cheshire West ruling in March 2014.

The Care Act has brought in key changes which include the ethos of safeguarding, so that work is person centred and makes safeguarding personal, that human rights are respected and responses are proportionate, timely, professional and ethical. The language of safeguarding has also changed and there are notable changes in representation and advocacy, changes to the categories to include modern slavery and self-neglect and changes to the duty to investigate. The key principles of prevention, protection, empowerment, partnership, proportionality and accountability now govern our practice.

In addition there is clear guidance on the core duties of the Safeguarding Adults Board to publish its strategic plan for each financial year, to publish an annual report and to conduct any Safeguarding Adult Reviews in accordance with section 44 of the Care Act 2014.

Locally these changes are being introduced across the workforce and led to the peer review of OSAB and a new action plan to implement the findings.

The Cheshire West ruling resulted in a revised test for deprivation of liberty and how deprivation of liberty can be assessed in 'domestic' settings, which has implications for resources and volume of Deprivation of Liberty Assessments undertaken locally which have risen from 232 in 2013/14 to 1,424 in 2014/15. There are local plans in place to integrate health and social care services which are anticipated to improve safeguarding arrangements.

The board's priorities for 2014-2015 were:
- Priority 1: Improve information sharing between partner agencies to strengthen joint working to safeguard adults from abuse/harm.
- Priority 2: Develop methods for engaging service users and carers to capture their views and experience.
- Priority 3: Ensure there is a strong multi-agency approach to prevent adult abuse/harm.
- Priority 4: Ensure there are robust processes and procedures in place to respond to national and local safeguarding developments by risk assessing the impact of developments and risk assess response.

Work is in hand in relation to all four priorities and there is a strong commitment by the board to further enhance these through the implementation of the findings of the peer review, which provides a comprehensive programme of change for the board. In addition the infrastructure to support the board has been strengthened with further plans being introduced to enhance its capacity and to ensure that key priorities are fully realised.

9. Planned future developments and key priorities

It is recognised that 2014/15 has been a developmental year for the board and priorities for 2015/16 must reflect the commitment to change. We will strengthen the role and strategic functioning of the board, its governance arrangements, its strategic vision and overall grip on the safeguarding agenda from a multi-agency perspective. We need to ensure that quality assurance and performance management processes are in place so that the board can assess need and clearly identify gaps in services and address current and emerging safeguarding themes. We are committed to ensuring that service users, carers, care providers and the voluntary sector are able to inform the board about key safeguarding concerns and influence and shape our agenda.

We will be raising the profile of the board and its role at the heart of safeguarding vulnerable adults in Oxfordshire and to support the multi-agency workforce to improve practice and learn from findings from Safeguarding Adults Reviews and quality assurance processes.

We are committed to working closely across the key safeguarding partnerships in Oxfordshire and in particular to work closely with Oxfordshire Safeguarding Childrens Board (OSCB), Oxfordshire Safer Communities Partnership and district Community Safety Partnerships

Key Priorities for 2015/16

1. Ensure that people who use health and social care services and their families are at the centre of any decisions about their care and support.
2. Develop a multi-agency protocol on Provider mergers and significant changes which will ensure agencies manage provider change safely.
3. Implementation of the Peer Review Action Plan which covers governance arrangements, quality assurance and good practice issues, so that the Board is compliant with the Care Act.
4. Ensure that the Board is sufficiently resourced to deliver its ambition.