

Safeguarding Vulnerable Adults in Swindon Annual Report 2008/09



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FOREWORD

We are pleased to present this annual report on Safeguarding Vulnerable Adults in Swindon 2008/09. You will see that during the year there has been considerable activity and development supporting our commitment to this very important area of work.

Last year we promised to look at the way Safeguarding is managed in Swindon. We are pleased to say that much progress has been made with this. We now have a new Board, the Swindon Local Safeguarding Adults Board and a new Operational Board supported by sub groups. We also now have a dedicated manager who is supporting the procedures and strategy for safeguarding vulnerable adults working with the LSAB and its sub groups.

We would like to thank all the managers and their teams involved in investigating referrals under the safeguarding vulnerable adults policy. They demonstrate a high commitment to this work and excellent joint work with colleagues from the Police and other involved agencies. We would also like to thank the members of all the subgroups, past and present for their work in developing our practice and procedures and welcome all those who have agreed to represent their organisations on the new Board and sub groups.

We have had two external reviews of our work in this area in 2008/09 – the Council's Independence, Wellbeing & Choice Inspection by the Care Quality Commission (April 2009 report) and an audit carried out by the Association for Directors of Adult Social Services. These highlighted both areas of good practice and areas where we can make further improvement in our local arrangements to ensure protection for some of the most vulnerable people in our Community. Further details of these reviews can be found in the report.

There are now increased expectations for services to take forward the safeguarding agenda. We see this as a positive step in ensuring that the well-being and safety of vulnerable adults is a principal priority for the services involved with their care and support. We will be keen to increase this awareness over the coming year to include the community as a whole developing the recognition that safeguarding vulnerable adults is everyone's responsibility.



Caroline Fowles
Group Director Housing & Social Care
Chair of the LSAB



Cllr David Renard
Cabinet Member for Health,
Housing and Adult Social Care

Section 1

Safeguarding Vulnerable Adults in Swindon Annual Report 2008/09

Introduction:

Services continue to give a high priority to safeguarding vulnerable adults in Swindon to ensure that allegations of abuse, ill-treatment and neglect are taken seriously. Agencies central to the Policy and Procedure for Safeguarding Vulnerable Adults in Swindon and Wiltshire work well together to ensure that cases are investigated and that there are satisfactory outcomes for those the procedures aim to protect and safeguard. Swindon shares its procedures with Wiltshire Council, who continue to work closely with staff to maintain and develop procedures.

No Secrets (the original Department of Health guidance in 2000 outlining the need for local procedures) defines a "vulnerable adult as someone who *is 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.*

The key agencies responsible for the management of individual cases include Adult Care Teams and Hospital Social Work Teams managed by Swindon Adult Social Care/Swindon Primary Care Trust, teams commissioned to provide services to people with mental health problems managed by the Avon and Wiltshire Mental Health Partnership NHS Trust and Wiltshire Police.

Nationally there has been considerable attention given to safeguarding adults. There have been some high profile cases and exposés within the media, which although of great concern, provide encouragement that there is greater awareness of the need to safeguarding the most vulnerable people living in our communities. New national guidance was expected earlier in the year, however this is delayed as the complexity of what may be required has increased following consultation.

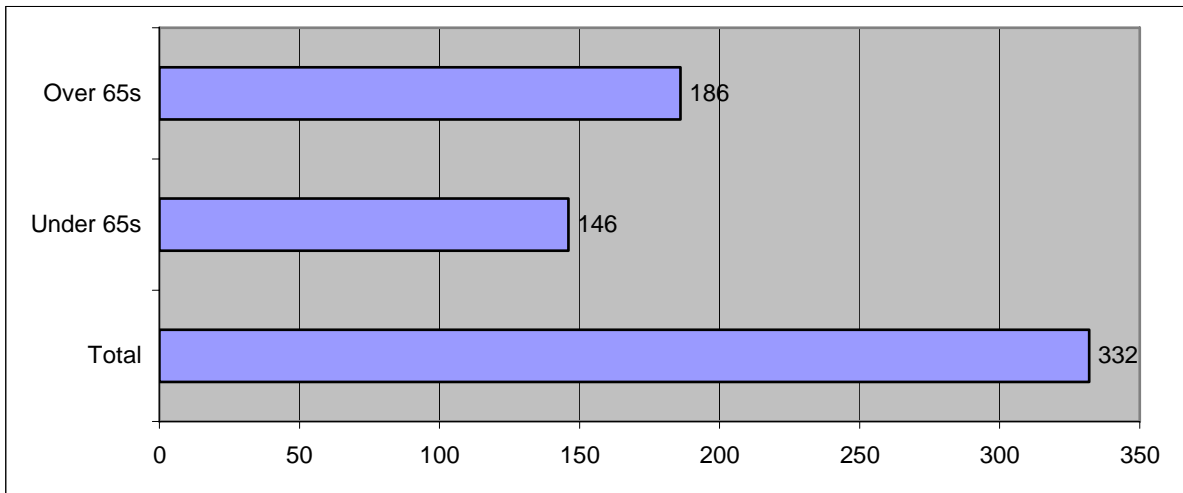
This annual report will explain the progress and development there has been in Swindon over the last 12 months, provide information on activity and data collected and highlight the priority areas that require attention in the coming months. Since the last annual report, there has been a consultation about the governance of Safeguarding Adults in Swindon, an inspection of Independence, Well being and Choice (of which safeguarding was a major focus) and a report of an audit carried out by the regional Association of Directors of Adult Social Services. This report will discuss these in more detail and include any outstanding actions arising from the reports within our priorities for the year.

Section 2

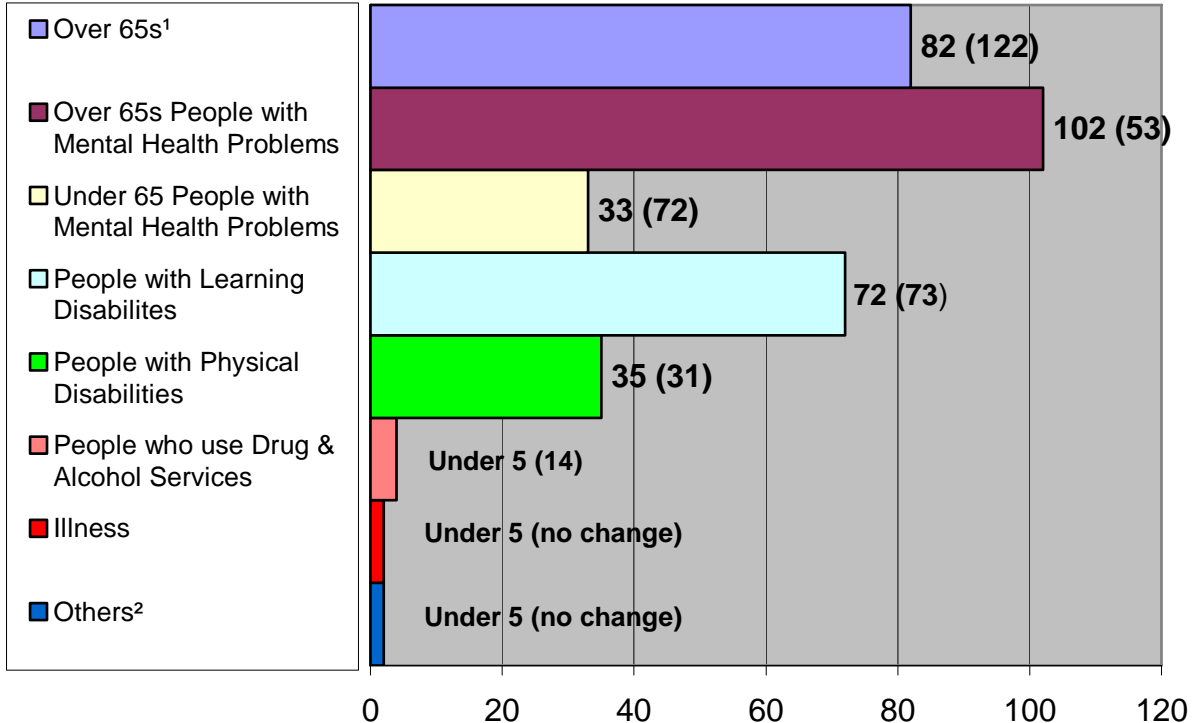
Activity Data – 2008/09

The following data has been collected from records collected by the Wiltshire Police Vulnerable Adults' Unit in Swindon at the request of Adult Services up until 30th November 2008. From the 1st December the information has been collected from the early strategy and progress logs received from the teams that lead investigations.

Total number of referrals received



Breakdown by Service User Group (figures for 2007/08 in brackets)



¹ Unspecified at time of referral. Figures do not include those over 65's with mental health problems

² Others indicates either the service user group is unknown at the time of the referral or it applies to someone who is considered vulnerable but does not come within the definitions of services for the above.

Overall there has been a decrease in the number of cases referred to either the Police's Vulnerable Adults' Unit or the health and social care teams that manage the alerts. Anecdotally it is believed that the accuracy of alerts is improving. For example in the past there had been a number of alerts that on further investigation were found not to be concerning a vulnerable adult. There were also occasions that concerns were raised but later found that no abuse had taken place.

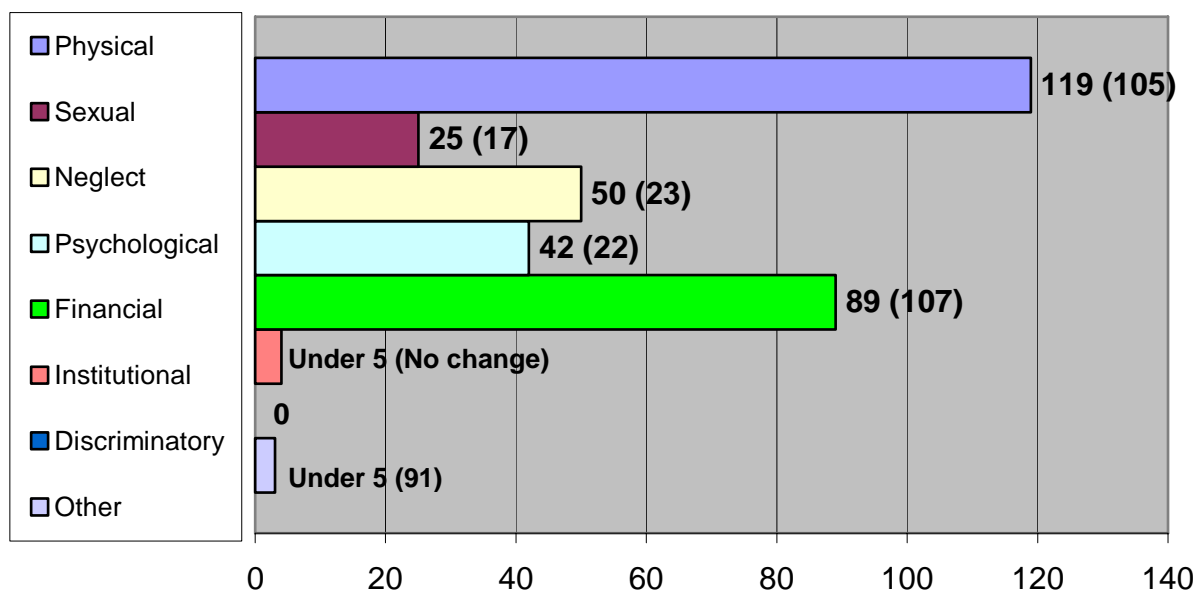
There is a noticeable reduction in the number of cases being referred to mental health teams (under 65s). In the past, managers of mental health services have questioned the high number of cases being recorded as from their experience the numbers were much lower. Perhaps these figures are more realistic. This could also be due to more accurate alerts being made with other agencies being more aware of the correct teams in which to refer cases. The number of alerts being managed by the over 65's mental health teams have increased significantly perhaps indicating that they are now more involved in procedures previously attributed to the under 65's teams and the Joint Community Teams that manage cases for older people who are not mentally ill. (Where there has also been a decrease in the number of cases referred).

Nationally there is a concern from groups representing people using mental health services about the low number of safeguarding cases referred. There is a belief that many service users feel that once they are involved in the safeguarding system, they will lose control. In the mental health charity Mind survey, 8 out of 10 people considered themselves as being responsible for their own safety and that there should be advocacy and support available to empower people to know about and report abuse. Locally the drastic change in the number of alerts for this group cannot simply put down to data quality. Further work is required to discuss these issues with mental health teams and Swindon Mind to consider the need for improving awareness and the processes that may help to involve people more directly in procedures. The Head of Service for Social Care Policy and Strategy liaises with the mental health trust and monitors performance against the contract held with them. As part of this work, safeguarding standards may be included to monitor take up and progress.

It is estimated that 40 people referred to the safeguarding vulnerable adults process did not receive services paid for by adult services. In a sample of cases recorded between 1st December and 31st March, all were over 65 with the majority of the cases being handled by the Mental Health services for older people. The outcome following safeguarding action in most cases was that care management action followed or service users were signposted to other agencies.

There were 30 referrals where the Domestic Violence Unit were informed as it was believed, at the time of referral, that Domestic Violence (or abuse) may have been a factor in the allegation, however the referral would still continue to be actioned under the Safeguarding Vulnerable Adults procedures. On further investigation it is possible that Domestic Abuse did not take place, and although the Domestic Violence Team may have taken no further action with the case, the Safeguarding Vulnerable Adults referral would have continued until its conclusion. This is a reduction against those reported last year, perhaps due to quality of information received rather than there being a reduction in incidents of domestic abuse.

Types of Abuse (figures for 2007/08 in brackets)



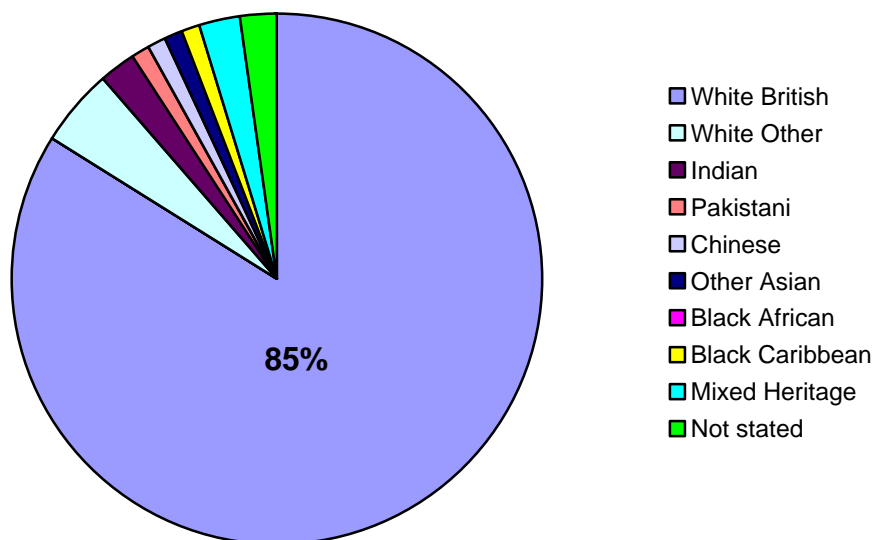
There has been a significant decrease in the number of cases recorded as "other". This may also indicate improved and accurate reporting. This could also be due to the information for the last 4 months of the year coming directly from the teams managing cases who will know at the stage of completing an Early Strategy Log, what form of abuse has been alleged. There has also been an increase in the number of cases being recorded as psychological abuse particularly during the period information was collected from Police sources. Perhaps this was seen as a more accurate alternative to "other" as often the factor that identifies someone as abused in the absence of any obvious evidence, is the apparent upset the abuse has caused that may be considered of a psychological nature.

It is perhaps surprising that there has been a reduction in the number of cases reported as financial abuse. There is some expectation that during a time of economic recession that an increase in incidences of financial/material abuse would take place. This may be a reflection of a decrease in the Wiltshire Police area of reported crimes or that the recession is still to have a noticeable impact on number of reports of financial abuse.

There has been an increase in the number of referrals relating to neglect. This could be as there is a greater awareness of neglect being a form of abuse and more of an awareness of "Wilful Neglect & Ill Treatment" being a criminal offence under the Mental Capacity Act 2005 leading to allegations being more carefully considered. Plans to have more links with commissioning processes and safeguarding adults to improve standards across service delivery may help to reduce actual incidents of neglect.

As with previous years there are no reports of discriminatory abuse. This could be because the reason for the abuse may have been discriminatory in nature, but evident as another form of abuse. For example an injury indicating physical abuse, failure to respect dietary needs indicating neglect or bullying due to the person's race, disability or sexuality, being interpreted and recorded as psychological abuse. In the sample of information collected since 1st December, there is more information available to see if there is a correlation between certain types of abuse and ethnicity. Although this is a small sample (15 people) no significant patterns are evident.

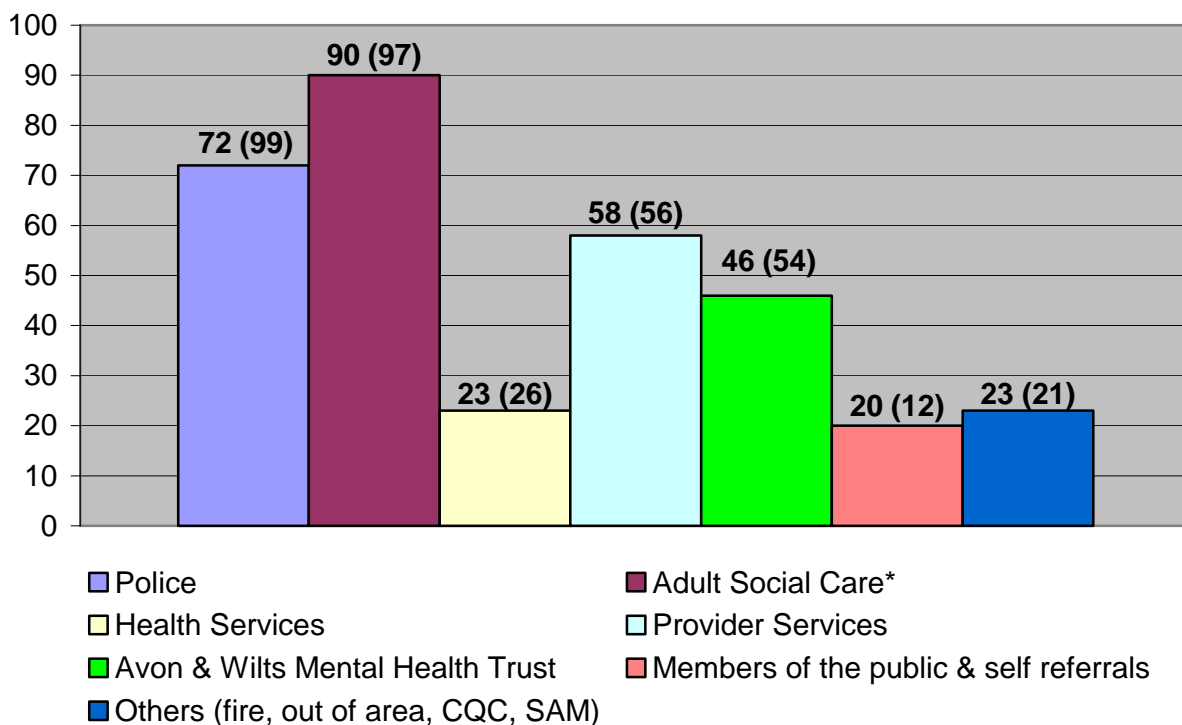
Chart Showing Ethnicity of alleged victims from 1st December 08 to 31st March 09



Later in this report reference is made to the South West Region Association of Directors of Adult Social Services Audit of Safeguarding. The report states there is a need to consider work to improve public information and awareness about Safeguarding Adults for hard to reach groups

Summary of Referral Sources

(Last year's figures in brackets)



*Most Adult Social Care teams are joint teams that include health and social care staff. Although health staff work in these teams (for example District Nurses), they are not included in the overall figure for “health services” in the chart above.

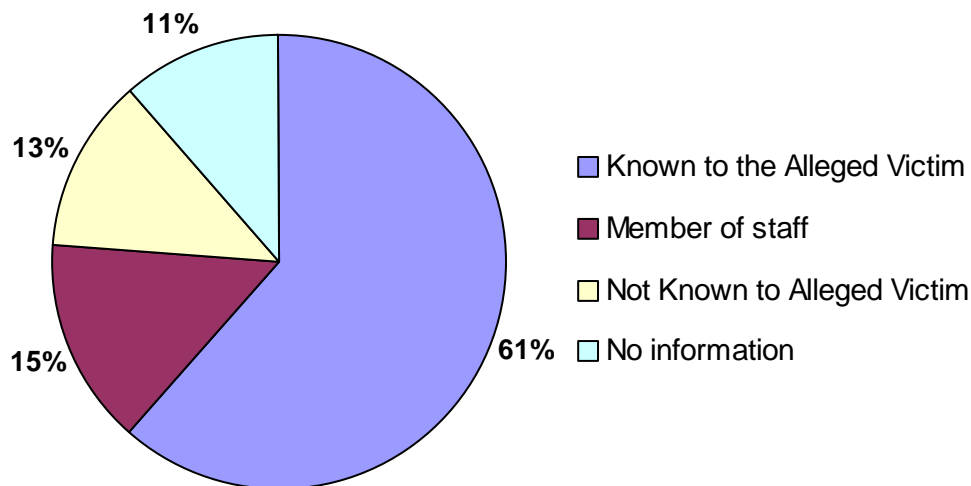
The change in the method of information collection, may account for the decrease in the number of alters apparently originating from the Police They may have still been the originator of the alert, but recorded as the team who initiated a full referral. The majority of alerts were to either the Police or Adult Social Care. As the policy for Safeguarding Vulnerable Adults asks for “alerters” to report to either the Police or Health and Social Care teams, this is not surprising. This may also account for why there are still few self referrals as service users may have raised a concern via a service provider or a health professional or a police officer who would go on to make a formal referral. The source would be recorded as an alert from those agencies. There is still a need to improve information to include the actual originator of the alert.

Breakdown of Source of Referrals

	2008/09	2007/08
Police	72	99
Community Team for People with Learning Disabilities	35	27
Joint Community Teams (Older People & People Physical disabilities)	44	56
Home Care	6	6
Providers	51	46
Avon & Wiltshire Mental Health Partnership NHS Trust	46	54
Great Western Ambulance	4	5
Swindon Primary Car Trust	11	3
CSCI/CQC	4	7
Swindon Advocacy Movement	2	6
GPs	0	3
Drug & Alcohol Services	3	2
Members of the Public	19	8
Hospital SW Team (incl A&E)	9	14
Great Western Hospitals NHS Foundation Trust	8	18
Housing Services (incl Registered Social Landlords)	13	5
Self referrals	1	4
Contracts & Commissioning (adult Services SBC/PCT)	2	No data
Out of area referrals	1	No data
Community Meals	1	No data

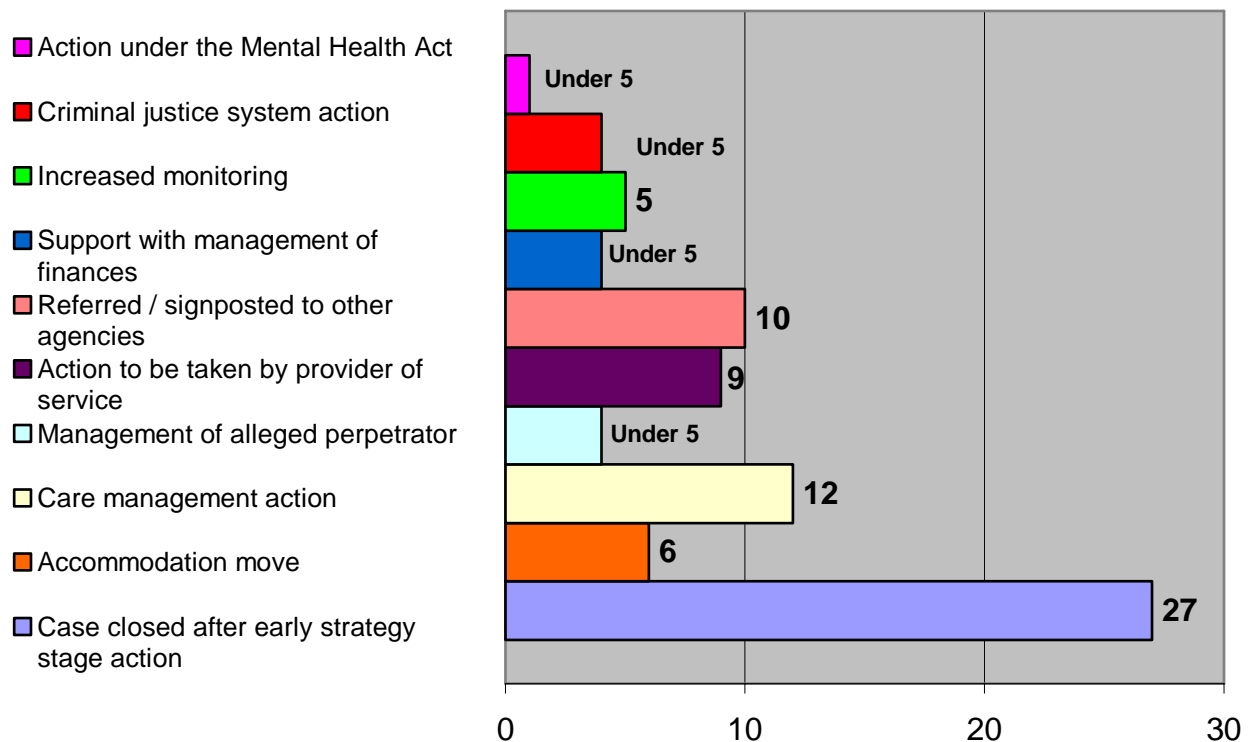
There are still low referral rates from GPs and reduced numbers of referrals from the Great Western Hospital Trust. Again this may not be a true reflection or an indicator of inactivity, as their referrals may be made through another agency (Adult services, or the police). However there is still a need to deliver awareness training to community health staff including GPs, Pharmacists and Community Dentist. The Great Western Hospital Trust have developed a basic awareness with an aim that all staff would have received this by September 2009 and this may increase the number of alerts originating from hospital staff.

Information on Alleged Perpetrators (based on data collected from 1st December 2008 to 31st March 2009)



The chart above provides basic information of the relationship of the alleged perpetrator to the vulnerable adults. The category “known to the alleged perpetrator” includes family carers, immediate family members and extended family members. It would be useful to also gather information to find out of those people, how many had caring responsibilities. Most allegations involving an extended family member were of a financial nature, while those where the alleged perpetrator was recorded as an immediate family member, neglect and physical abuse was alleged. This may indicate someone in a caring role in need of additional support from services and help and guidance around the conditions that their family member may be enduring. In most of these cases the outcome of the alert was for care management action including a reassessment or a referral to another agency.

Outcomes from investigations



Cases closed after early strategy stage action includes “no further action” following the assessment of the alert. This could be due to the alert not involving a vulnerable adult as had been first thought, or that abuse had not taken place as initially believed. The seriousness of the concern may indicate that other processes would be more appropriate (for example provider complaints action following an allegation of unfavourable treatment where no significant harm resulted). It could be decided that using the safeguarding process could be excessive and helping the alleged victim in an informal way would be more appropriate (for example contact from a care manager or a health professional known to the person).

Case example

Within a service providing support for people with learning disabilities, it was alleged by a service user that the person supporting them had shouted at her. An early strategy discussion took place that considered the seriousness of the allegation, the employment history of the member of staff and the capacity of the service user. It was decided that in the circumstances an appropriate course of action was to investigate it under the service provider’s complaints procedure with the understanding that if they found that serious abuse had taken place, an investigation under the policy and procedure for Safeguarding Vulnerable Adults would recommence. In discussion with the service user it transpired that the member of staff was considered to have a loud voice and was not aggressive or “mean” towards her. The staff member received additional training around communication and appropriate voice tones.

Care management action at a later stage of the process, may include carrying out a new assessment of the person’s care plan, offering a service for those who previously did not receive a service or changing or increasing a care package. This could also be offered to an alleged “perpetrator” where it has been believed their action was as a result of not being able to cope with the situation that lead to an alert. A re-assessment may result in an accommodation move (as listed above). There are times when it is appropriate to involve an Independent Mental Capacity Advocate to assist the person to make decisions. (During the year there were 5 appropriate referrals relating to safeguarding adult procedures)

Case example:

A service user living in a group home situation became very ill and neglect was thought to have contributed to his illness. No evidence of wilful neglect was found, however his needs were reassessed and it was considered that his original care package no longer met his needs. With support of an Independent Mental Capacity Advocate (who was involved at the start of the safeguarding process) new more suitable accommodation was found and where he is settled. He made a full recovery.

Action taken by a provider of the service could include taking disciplinary action against a member of staff in a service where abuse has been alleged or providing additional protective action or management of risk.

Support with Management of Finance is often an action taken following an allegation of financial abuse.

Case Example:

An allegation of financial abuse involving a service user of Mental Health Services (under 65s) was referred to the Vulnerable Adults Unit at Wiltshire Police who passed it on to the Mental Health Team to manage the referral under the Policy and Procedures for Safeguarding Vulnerable Adults. It was alleged that members of her extended family had taken substantial sums of money from her. Following an Adult Protection Conference the service user asked for the case to be closed. Other family members who helped the person recover the money arranged assistance with access to her finances. They also agreed to talk to the alleged perpetrators about the incident and the impact it had on the vulnerable adult. However the situation is still being monitored by the care manager.

Criminal Justice Action means that either the case has been referred to the Crown Prosecution Service and an outcome is awaited or the outcome from this has meant that the case will go to court.

There are currently a number of cases that are pending action with the Criminal Justice System. It is not possible to provide a case example as they may be identifiable and could compromise a criminal case.

Additional monitoring could be an action recommended in cases of any type of abuse, often this may be variations to visits from a provider or seeking the support of family members to keep an eye on the vulnerable person. In commissioned services where there has been a concern about low standards of care, Contracts Officers from Adult Services may carry out additional monitor visits to a service provider.

Case example:

A care provider was rated as poor by the Commission for Social Care Inspection. There were also concerns regarding neglect affecting a number of services users being cared for. Contracts Officers in partnership with the CSCI and new management of the service worked together to develop an action plan to raise standards. Following this, standards did improve and were maintained. Subsequent inspection reports spoke favourably of the developments in the service and it is now rated as "Good".

Section 3

Summary of main achievements 2008/09

The annual report 2007/08 highlighted a number of priorities for the coming year. The following outlines the progress made as well as providing information on other actions required during the year.

Improved Governance Arrangements

An external review of safeguarding governance arrangements took place during summer 2008 by Janjer, an independent consultancy that approached the key agencies that should participate in any management board, discussed the preferred model for governance, looked at other models (for other vulnerable groups or in other local authority areas) and outlined a complete structure that could be adopted in Swindon. It concluded that governance needed to be strengthened and improved to ensure that all partner agencies take an active role in the management of safeguarding vulnerable adults. The report was presented to the Community Safety Partnership (CSP) Executive Board and an agreement was reached that the CSP will oversee the work of a Local Safeguarding Adults Board (LSAB). Key agencies have agreed to ensure high-level membership of the board and a commitment to their organisations' participation in sub groups. The LSAB was established and an inaugural meeting took place in April 2009 which was well attended with members making a positive contribution and confirming their commitment. The board will set priorities for the coming period and developing an effective business plan for further work. The development of the sub groups is underway. The training sub group has been re-established with a firmer commitment from members, and the Policy, Practice and Procedures Group continues to function well. Operational Board is still to convene but is dependant on the LSAB identifying the priorities and individual members. The quality assurance group planned to be developed with Wiltshire Council colleagues has meet and terms of reference drafted. Further information about the work of sub groups is outlined later in this report.

Recruitment of a Specific Safeguarding Vulnerable Adults Business Manager

From December 2008 the Head of Service for Safeguarding Adults has been in post. This is a joint appointment with Swindon Borough Council and Swindon Primary Care Trust reflecting the integration of the 2 agencies as well as demonstrating that the post is for Swindon and not just the lead agency. The post holder is responsible for the implementation of changes to safeguarding arrangements, assist in complex cases, monitor cases and manage the strategic element of Safeguarding Vulnerable Adults work. The Head of Service also maintains links with other vulnerable groups and related forums and is the Adult Services representative on the Local Safeguarding Children's Board, The Domestic Violence Steering Group and The Management Group for the Swindon and Wiltshire Multi Agency Public Protection Arrangement (MAPPA). There is also a role for maintaining links with other local authority areas via South West Regions Safeguarding Leads Group and liaising with safeguarding adults leads in other nearby local authorities. This helps to keep up to date with current national and regional development and bring good practice ideas back to Swindon.

Review of procedures

Minor changes to the procedures have continued through out the year. However it is anticipated that there will be the requirement to substantially update procedures with the publication of the revision to No Secrets (Doh 2000). This is still to be published and news of this is still awaited from central government. Any further delay will require Swindon and Wiltshire LSABs to make decisions to proceed with a local revision reflecting anticipated content of the national guidance. (Later in this section, there is an outline of the consultation event hosted by SBC in Jan)

New National Guidance

In the previous annual report, it was anticipated that a revision on national guidance would be published in April 2009. This has been delayed and a government statement is expected prior to the close of the current session of Parliament in July 2009.

Guidance on the Deprivation of Liberties Safeguards was issued during the year and a joint appointment of the Council and Primary Care Trust Mental Capacity Act Programme Lead was made to ensure the implementation of Deprivation of Liberties Safeguards. There is a process to screen requests, assessing capacity and applying to the authority for authorisation around deprivation of individuals. These are linked with a Code of Practice issued by the Ministry of Justice, individual care planning and the Mental Health Act.

The other area referred to in the previous annual report regarding national guidance was the impact of the Safeguarding Vulnerable Groups Act 2006. This includes the establishment of a national data base, the Independent Safeguarding Authority, where all care workers and volunteers will need to be registered and employers would need to check registration for all job applicants prior to job offers. This is scheduled to be in place in October 2009 with additional requirements coming into force in July 2010. Although this will not impact directly on local safeguarding procedures, the policy will need to be revised to reflect the changes from Protection of Vulnerable Adults (POVA) arrangements (where employers were required to check the POVA list) to the new Independent Safeguarding Authority provision.

Quality Assurance

In Swindon we have been seeking to introduce Quality Assurance. Initial attempts to establish a quality assurance sub group were not successful. Since December 2008, more practical methods of quality assurance have been introduced with the development of a process for all investigating managers to provide a strategy log in every safeguarding case referred to them. These are collected centrally and monitored for progress and to collect information. A change to the file structure in the care teams has also taken place and this is evaluated against the logs received. There has been a schedule outlining the new format and implementation to introduce and evaluate compliance of the new file structure. Planned file audits of adult social care teams that investigate cases are being carried out by the Head of Service for Safeguarding. Training is planned to help embed the processes required.

During the year, Wiltshire Council colleagues have also been establishing a Quality Assurance Group. As the joint approach on Policy, Procedures and Practice has

been successful, Wiltshire have agreed to work jointly with Swindon on quality assurance. It was felt that this would have the added advantage of offering peer evaluations (whereby Swindon cases could be checked by Wiltshire Council staff and vice versa). Proposed audit tools are being developed whilst the process and membership is being developed.

Training for Provider Managers

A training course has been formulated that includes information on the Allegations Against Staff Protocol within the safeguarding policy as well as information on safe recruitment practice. Facilitators with a range of skills and knowledge have been identified (legal, human resources, service delivery). The course will run in the autumn 2009 and be offered to managers of services run by the council, health services together with the private and voluntary sector.

Review of the Effectiveness of Available Training & "Getting the Message Across"

The review of training is underway with the improved Training sub group. There are new terms of reference for this group and membership has a wide representation. There is still the need for events run for service users and there has been agreement from Swindon Advocacy Movement to host an event (or series of events) for people with learning disabilities. Swindon Advocacy Movement is looking at the "Protect Yourself and Others" pack launched by Sunderland People First in 2007 to see if this would be the preferred method of delivery. There may be a decision to develop their own or other packages suitable for a group of people with a wide range of abilities.

There have been updates to the information to the public and wider distribution of leaflets and posters of the safeguarding flow chart. Some GP surgeries have incorporated this in their flat screen displays in their waiting areas. There has also been a full page advert in a Community Safety handbook that was delivered to 81,000 homes.

Issue the Service Users Guide Abuse of Vulnerable Adults - What is abuse? & What you can do to help stop it?

An easier to read guide has been produced and has been widely distributed and been well received guide.

Improved Information

This is an area of work that has been developed but further development is still required. From the 1st December 2008, safeguarding logs are required for all referrals received. Information from these are collected centrally and include data around the source of alerts, outcomes of referrals, whether they are repeat referrals and who made the initial referral. Information on the alleged perpetrator particularly their relationship with the "victim" is also collected. Avon and Wiltshire Mental Health Partnership NHS Trust in Swindon have agreed to participate in providing this information and their teams appear to be complying well. Further work on improving data quality is required and following receipt of a regional audit, new ideas and requirements may need to be implemented.

Inspection of Safeguarding Adults – December 2008

The Commission for Social Care Inspection (now the Care Quality Commission) carried out an evaluation of Safeguarding as part of Swindon's Independence Well being and Choice Inspection. The overall rating awarded was "adequate" although the inspectors were positive about Swindon's progress with safeguarding vulnerable adults. The inspectors felt that "the council and its partners responded appropriately to allegations of abuse and harm, citizens were adequately protected". They were positive about the multi agency working that took place and recognised that this was given a high priority. Out of hours services demonstrated awareness of safeguarding procedures to protect vulnerable people. Training on safeguarding was robust and felt that the provision of training for other agencies and the third sector free of charge was good practice. They were however critical about how other Council departments could apparently not access training. Actions around this have been included in the resulting action plan.

They were pleased to see a number of initiatives that have been developed outside of the remit of social care that had a positive contribution to safeguarding vulnerable adults. This included the work of the community safety team and the neighbour's scheme. The council's plans to improved the governance around safeguarding was encouraging and they were please to see how well staff responded to allegations of institutional abuse and poor standards in care settings. The report also states that, "The council gave high priority to ensuring that individual's confidentiality and privacy were maintained."

As part of its preparation for the inspection, Adult Social Care Services became aware of the need to make significant improvements to the recording of safeguarding cases. File recording in general needed to be improved. Although inspectors were pleased to see that this had been identified as an area for urgent improvement, they were clear that standards of recording and the need for embedded practice were key requirements for safeguarding. Quality assurance was also recognised as needing further attention.

As well as safeguarding, the inspection focused on personalisation and leadership. the work underway regarding personalisation was positively received and rated as "good". The inspectors commented on the strategic leadership and stated that the capacity to improve was promising. There was recognition that there was a clear vision for older people's services that were in line with current policy around health and social care. The Council was judged to be committed with regards to equalities and diversity and understood the needs of the residents of Swindon.

The recommendations from the report:

Outcome theme	Recommendation
Safeguarding Adults	<ul style="list-style-type: none">• The council should ensure that robust recording systems are in place that clearly document safeguarding activity on individual case files.• The council should improve quality assurance processes that will enable them to analyse the outcomes of safeguarding referrals.• The council should enhance its training promotion and monitoring of training take up to ensure that all the relevant staff across the council are appropriately trained to implement safeguarding policy and procedures.

Progress following the Inspection

As previously stated a new file structure has been introduced and 2 Heads of Service are evaluating progress made by each team during files audits. To back up the new process, training is planned for all staff involved in case file management. Feedback is being provided to all team managers.

Quality assurance processes have been improved with the case file audits and by monitoring all cases. The Head of Service for Safeguarding receives an early strategy log for each case referred to the investigating team. As cases are actioned, a further log is sent so outcomes and progress may be monitored. All logs received are recorded onto a data base and where necessary teams are approached for updates about any outstanding cases.

Training on safeguarding work is now publicised on the Council's weekly staff bulletin. Staff from different departments of the Council have started to attend the basic awareness training. The Learning and Development section are developing a specific website that will include an individual page on safeguarding. The Care Skills Partnership is provided with outlines for all scheduled courses and these are publicised to partners working in the private sector. The reorganised Training Subgroup will be monitoring the take up of training and target further publicity as necessary.

Recommendations and advice arising from the inspection have been included in an overarching action plan to be monitored by the Operational Management Group of the Local Safeguarding Adults Board.

Consultation Event – Review of “No Secrets” January 2009

No Secrets was the original Government document issued in November 2000, section 7 guidance under the Local Authority Social Services Act 1970. This acknowledged the need for action to be taken to protect vulnerable adults and that Local Authorities needed to lead the development of multi-agency protocols and establish a multi agency management committee to oversee the work. It was widely acknowledged that there was a need to carry out a substantial review as significant changes within social policy and within the Criminal Justice System had an impact on safeguarding adults. The Department and Health instigated a consultation process nationally and local areas were invited to arrange their own events and were offered support. Sandy Clark (regional lead for the consultation) and Anna Morgan (National Programme Manager for No Secrets) attended the event in Swindon on 19th January, presented an outline of the consultation document and helped facilitate the discussion. Over 50 stakeholders from a wide range of services attended the event. There was input from service users and the private and voluntary sector. The consultation focused on a range of questions to advise on the content of the final document.

Participants were asked about the need to update guidance in light of changes in social policy especially with the development of personalised services, like direct payments. For example how much influence should social care agencies have on people directing their own support on ensuring the enablement of risk (for example vetting personal assistants, ensuring checks are made with the Criminal Records Bureau)? Since November 2000, more housing providers became service providers

funded by Supporting People. Does guidance need to be updated to acknowledge different forms of support and that some vulnerable adults were receiving services from providers who are less regulated? Should there be more laws to protect vulnerable adults? Do agencies need more powers to be more directive with people who are in vulnerable situations, for example where self neglect is a concern?

Questions were also posed around how to involve wider ownership of safeguarding and new guidance is hoped to state that safeguarding is everyone's responsibility. How should the community be more actively involved? How much involvement does there need to be from politicians?

Participants commented in some detail about the need for legislation. Was more required to protect vulnerable people or were existing laws adequate? Should there be laws that lay down a statutory responsibility for agencies to share information? Participate in the governance of safeguarding or participate in individual investigations? There was also discussion about improving access to the criminal justice system and how safeguarding vulnerable adults should be integrated into *mainstream* criminal justice arena. Changes to the way the police are able to respond to increased referral rates of adult protection issues was also discussed. Are police units staffed adequately?

Prior to the consultation, listening events were held across the country. A consistent message that was received during these was whether there needed to be a revision of the original definition as outlined in *No Secrets*. Should it be more flexible to enable practitioners to make decisions about who needs support? Should there be defined thresholds of abuse? And whether there needs to be further changes in language used for example, is the term "perpetrator" or "abuse" useful?

The view shared within the consultation event were collected by the facilitators and included in the feedback received during the national consultation programme. It is believe that the numbers who provided feedback and the range of opinions expressed has meant that producing a final document is more complex and has lead to a delay in publication. Once the "new" *No Secrets* is issued, there will be considerable work in local areas to revise procedures and evaluate the impact on procedures.

Association of Directors of Adult Social Services South West Region Audit of Safeguarding

In the early part of 2009, the Association of Directors of Social Services in the South West commissioned an audit of safeguarding adults to establish a regional picture of how well Council areas were performing in the area of work. A report was produced providing an overall picture of the region (high level feedback) and individual reports were supplied to each council area. For Swindon the audit took place in January 2009. The report highlighted a number of recommendations that need to be considered by the Local Safeguarding Adults Board and also recognised areas of good practice.

The report begins with findings and observations on how processes are in place to ensure awareness about adult abuse. Although there was a range of information freely available to workers and the public, it was felt that more specific work was needed to raise awareness with hard to reach groups. It recognised that there was a

good range of training available, but felt that attendance needed to improve and that new courses should be considered.

The report reinforced the view that the range of information collected about individual cases needed to be widened and suggests some additional information that may be useful in targeting awareness raising and inform policy development. This includes: “information on religion, sexual orientation of the person abused; outcomes for the perpetrators; repeat referrals; organisations involved in the investigations; types of meetings held; plans; reviews; and serious case reviews”. At the time of the audit, the reporting of data was considered to be limited and needed widening to individual teams and the Local Safeguarding Adults Board.

The report concentrated on the processes and systems that are in place in Swindon to safeguard people from abuse. It considered that there were positive moves to develop the governance and that in time there would need to be a specific budget for safeguarding vulnerable adults. The appointment of a Head of Service for Safeguarding in Adult Services was viewed positively and the links this provides with other vulnerability agendas (for example the Local Safeguarding Children’s Board).

With regards to preventing people from being abused in the first place, the report concludes that the Joint Strategic Needs Analysis could be used to plan for the future and that strategic plans for the wider Council need to reference safeguarding. That commissioned services are monitored to prevent abuse and provide high levels of care practice and a clear policy needed to be in place outlining the action required when services are rated as *poor* by the Care Quality Commission. The Family Intervention Project that is being developed in Swindon was considered to demonstrate good multi agency working, although information sharing protocols need to be reviewed. In general there was a feeling that there was good multi agency working and the development of the Local Safeguarding Adults Board will help partner agencies renew their commitment. Leadership still needed to develop and good practice examples from other areas provided some options for this.

The report also highlights that there are good systems and procedures in place to ensure agencies act appropriately when an allegation of abuse is raised. There are good arrangements in place to support people with learning disabilities, however a need to develop advocacy for older people and people using mental health services. A review of the procedures may be required to reflect the change to the organisation in Swindon, However it recognised that as with other council areas, there appeared to be a justified reluctance to update procedures in light of the awaited revision of national guidance.

Other Developments

Wiltshire Police – Changes to Vulnerable Adults Structure

The key development for Wiltshire Police this year is to develop the structure of the Vulnerable Adult Unit (VAU) into one team covering the whole of Swindon and Wiltshire. This will be achieved by developing a central office based in Devizes. The office will be the 'Hub' for the Vulnerable Adults team. There will be two Detectives and two Police staff investigators based in Devizes together with the VAU administrator / office manager and the Detective Sergeant team manager.

Two satellite offices will be run at Salisbury and Swindon staffed by a Detective and an Investigator at Swindon and an Investigator at Salisbury. Staff from the central office will not only deal with 'local' incidents but will be available to support colleagues based in our satellite offices.

The advantages of this structure is it will allow a more mobile team, able to support each other and deliver a quality service to Wiltshire residents, delivering safe, satisfied and confident communities, by responding to priority and high risk incidents in an appropriate time frame and with appropriate resources.

All referrals received by the Police will be sent to the Devizes 'Hub' by our partners, which will allow for a common standard to be applied to all referrals across the whole of Swindon & Wiltshire. It is hoped that where it is agreed that an 'Early Strategy' meeting is appropriate, by the Investigating Manager, that a higher percentage will be conducted on the telephone to allow early actions to be identified and agreed particularly where there is an identified need to Safeguard the Vulnerable person.

It is hoped that the central office will be fully operational by the end of August and that all colleagues will be in post.

Commissioning Services

A great deal of progress has been made regarding the interface between commissioning services and contract compliance. There is an emphasis on safeguarding while monitoring services, tendering processes and when considering service design. Attention is paid to providers' ability to:

- Prevent abuse and provide a safe and comfortable environment
- Respond appropriately when there is a concern around abuse
- Ensure that their procedures dovetail with local safeguarding procedures
- Maintain high standards and promote good practice
- Recruit and train staff appropriately

This is achieved by:

- Seeing staff training and supervision records
- Talking to service users, carers and staff
- Checking compliments and complaints records
- Looking at annual quality surveys carried out by the provider and statutory returns

- Checking policy and procedures
- Referring to individual care and support plans and risk assessments and cross referring these to daily records

Commissioning and contracts officers attend all safeguarding case meetings where there is a contracting responsibility and play an important role in investigating and managing large scale investigations involving a service provider. There is currently an informal policy to suspend and monitor any service rated as Poor. All providers are aware of this, however there is a need to ensure that there is a formal policy in place outlining this measure. This will also be included in the standard terms and conditions of services purchased and commissioned by the Council. A major priority for the commissioning and safeguarding leads are to work together to ensure there are no services rated as poor and assist providers who are rated as adequate to move into the good or excellent rating.

- Annual quality monitoring by Contracts and Brokerage team.
- Introduction of contract-monitoring document to include Safeguarding issues
- Create a forum to consider poor performing services and low standards of practice to provide services with advice and ensure action plans are in place to drive up standards

In April 2009 a presentation was delivered to Adult Social Care commissioners to develop a wider understanding of the actions required in all aspects of commissioning from service design to contract monitoring to address issues regarding safeguarding (adults and children). A plan outlining the issues for commissioners was presented to the group and this may be found in appendix 3

Personalisation

Our Health, Our Care, Our Say (Department of Health January 2006) confirmed that people want support when they need it, and in a way that fits into their lives. Adult social care services need to consider their individual needs with a greater focus on delivering services to meet their needs in a more person centred way with preventative approaches to promote independence and well-being.

Personalisation in social care means every person across the spectrum of need, having choice and control over the shape of his or her support, in the most appropriate setting. For some, exercising choice and control will require a significant level of assistance either through professionals or through independent advocates. This means that every person who receives support, whether provided by statutory services or funded by themselves, will be empowered to shape their own lives and the services they receive in all care settings. Individual Budgets give people a clear, up front idea about how much money is available for their support. People are then able to use that money in a way that best suits their own needs. They can be supported by their care manager, broker, advocate, family or friends to plan what they want and how to organise it. Individual Budgets are designed to bring about independence and choice for people receiving care or support. It gives them a full understanding of the finance that is available, in order to empower them to take control and make decisions about the care that they receive.

As service users will be more able to choose who cares or supports them, there are concerns that the opportunities to be exploited or abused may increase. People, who

specifically target vulnerable adults, may be able to capitalise on the “new” methods of service delivery. Although Adult Services advise and assist in obtaining “personal assistants” service users need to remain in control. A priority for safeguarding managers and personalisation leads in all areas is to minimise the risk to individuals, and to this end a South West regional group has been formed to develop tools to encourage risk enablement. These may be in the form of risk assessment documentation with an emphasis on the impact of not taking risks rather than focusing completely on the risk the someone may be exploited or harmed. There will need to be a range of advice in different formats to help people make decisions and safeguarding policies may need to be revised to account for this area of work.

Section 4

The Local Safeguarding Adults' Board

Swindon's Local Safeguarding Adults' Board was organised in the early part of 2009 with commitment from range of agencies including the key agencies directly involved in Safeguarding Vulnerable Adults. The membership includes:

- Group Director Adult Services & Chief Executive Swindon PCT (chair)
- Lead Member for Health, Housing and Social Care (SBC)
- Lead Member for Community (SBC)
- Joint Director of Commissioning (Adult Services)
- Head of Service, Safeguarding Adults (SBC/Swindon PCT)
- Housing Services Senior Manager (SBC)
- Community Safety Partnership Manager (SBC)
- Great Western Hospital NHS Foundation Trust Director of Nursing
- Care Quality Commission regional manager
- Avon & Wiltshire Mental Health Partnership NHS Trust safeguarding lead
- Swindon Carers' Centre Chief Executive
- Wiltshire Probation Service senior officer
- Wiltshire Police Senior Office
- Wiltshire Fire & Rescue
- Great Western Ambulance Service
- Lead Nurse Swindon PCT
- Professional Executive Committee Member Swindon PCT

It's inaugural meeting took place in April 2009 where members were updated on developments around Safeguarding locally and nationally. The continued development of the Board is a major priority over the coming year. Consideration needs to be given to extending the membership, how best to involve service users in a meaningful way and organising the Operational Board as recommended by last year's report on governance arrangements in Swindon.

Sub groups

Policy, Practice and Procedures sub-group

The joint Swindon and Wiltshire Policy, Practice and Procedures sub-group meets quarterly and is chaired by Swindon Head of Service for Safeguarding Adults.

Membership includes:

- Head of Safeguarding Swindon
- Planning and Development Managers Wiltshire Council
- Team managers or assistant team managers from Adult Social Care Teams Swindon
- Safeguarding leads from Department of Adult Care Services across Wiltshire Council
- Hospital leads
- Wiltshire Police

- Safeguarding and Public Protection Manager from Avon & Wiltshire Mental Health Partnership NHS Trust
- Representative from The Care Quality Commission

Meetings are held alternately in Swindon and Wiltshire and the sub-group provides the main opportunity for representatives of the main statutory services in the two authorities to meet and discuss policy, practice and procedural issues in respect of safeguarding adults.

The Policy, Practice and Procedures sub-group is also responsible for any revisions or amendments to the Safeguarding Adults' Procedures. Members of the sub-group have recognised the need to revise the joint *Policy and Procedures for Safeguarding vulnerable Adults in Swindon and Wiltshire* but have deferred this work until after the publication of the recommendations following the *No Secrets* Review.

Issues covered by Policy, Practice and Procedures sub-committee in the past year include:

- The *No Secrets* Review
- Service user involvement / monitoring outcomes with service users
- The Safeguarding Vulnerable Groups Act (2006)
- Safeguarding vulnerable people, who are refugees
- A short term task group has been set up to develop guidance on conducting Larger Scale Investigations
- The Social Care Personalisation Agenda
- Data collection and monitoring

Training Sub Group

This group was re-launched in April and wide membership and commitment has come from the following:

- Head of Safeguarding Adult Services SBC/S PCT
- SBC Learning & Development
- Lifestyle Support Services
- Independent Living Development Manager SBC/Swindon PCT
- Great Western Hospitals NHS Foundation Trust
- Swindon Residential Care Homes Association
- First City Care Services
- Community Team for People with Learning Disabilities
- Care Skills Partnership
- Wiltshire Police
- Great Western Ambulance NHS Trust
- Avon & Wiltshire Mental Health Partnership NHS Trust
- Professional & Clinical Workforce Manager, Swindon PCT
- Regulated services team manager SBC

The current priorities for this group are to decide on the training required for workers delivering personalised services, setting out competencies that safeguarding training needs to be meeting, considering how best to judge the quality of training delivered (inside and outside of the Council) and determine additional training required for key

staff and managers. Current training offered by the Council on Safeguarding includes:

- Basic Awareness – Safeguarding Vulnerable Adults
- Foundation Course for Care Managers receiving alerts
- Joint Investigators Training
- Investigating Managers Training
- Allegations Against Staff (soon to be offered)

The Training Sub Group will be considering whether there is a need to offer a train the trainers course to service providers, so they are able to meet they're priorities to update staff in basic awareness.

Section 5

Priorities for 2009/10

1. Leadership and Strategic Development

Develop the Local Safeguarding Adults Board arrangements

To develop further partner working arrangements in support of the LSAB and supporting groups to ensure effective governance, agreement and achievement of 2009/10 priorities and wider influencing of partner strategies in regards to vulnerable adults and safeguarding

Needs Assessment

To work with the Swindon Public Health Team and Community Engagement Team to develop a stronger needs based assessment to identify populations of vulnerability

Outcomes & Performance Framework

To develop clear outcomes for medium term progress against which the Board will be measured and agree the performance framework for assessing and reporting on progress

Resourcing Plan

To review capacity required to support progress and agree a resourcing plan for recommendation to key partners

Response to new guidance

To ensure that the implications of new national guidance is fully considered once issued and that relevant actions are taken for implementation

Reviews and Enquiries

Develop a protocol for large scale enquires and ensure inclusion in the policy and procedures for Safeguarding Vulnerable Adults in Swindon and Wiltshire. **From July 2009**

2. Commissioning and Contracting

General Policy

To produce a written policy on approach to contracting with regulated services to reflect existing practice in relation to "poor" services

All individual policies developed by Third Sector organisations with a service level agreement with SBC/SPCT to be checked by safeguarding lead **From April 2009**

Review the availability of advocacy support

Personalisation

To continue to link in with the regional personalisation and safeguarding leads to develop a tool kit to minimise risk to those people in receipt of personalised services and reflect any required changes to practice within the Policy and Procedure and Training plans for Safeguarding Vulnerable Adults in Swindon and Wiltshire.

By January 2010

Dignity in Care

Set up a "Dignity in Care" group to drive up standards and prevent bad practice
by November 2009

3. Improved Recording, Data Collection and Quality Assurance

Recording

Improvements to file recording completed and embedded in practice

- Training will be carried out **by July 2009**
- File audits in all teams will be completed **by Sept 2009**
- Feedback to individual teams and updates following the file audits **by September 2009**
- Continue to improve data quality and investigate the feasibility of using an IT approach

Data Collection

Review adequacy of Information Sharing Protocols

Improve data collection systems and regular reporting of Safeguarding data for Safeguarding Board, Senior Management Team and Team Managers

Quality Assurance

Monitor the appropriateness of joint approach with Wiltshire **Sept 2009**

LSAB to consider alternative methods including opportunities for feedback by those involved in investigations **by Oct 2009**

Consider effectiveness of present system of case logs and file audits **by Nov 09**

Examine the extent to which Safeguarding reviews are actually completed

4. Awareness and Training

Engagement & Communications Plan

Develop an engagement and communications plan to support improved partner and public information and awareness about Safeguarding Adults, in particular for hard to reach groups

Training

Through the Training Sub group review the effectiveness of the current approach to training, including take up rates, and dissemination of course information **by September 2009**

Develop a revised training plan for 2009/10 to include, as necessary, proposed targeted awareness training to specific relevant teams, further awareness raising sessions for elected members and partner members **by November 2009**

Task the Training Group to develop a range of competencies around safeguarding, to which current training provision may be applied **by October 2009**

Consider feasibility of a train the trainers course for external providers to enable the to deliver their own awareness training **July 2009**

Set up and run 2 Allegations Against Staff training event **Autumn 2009**

Appendices

Swindon Local Safeguarding Adults Board (LSAB)

Terms of Reference

Role of Swindon Local Safeguarding Adults Board

Swindon Local Safeguarding Adults Board (LSAB) aim is to protect vulnerable adults from significant harm and abuse, prevent such incidences occurring and improve the outcomes for those at risk of abuse and neglect.

The board incorporates working with inter-agency partners as outlined in "No Secrets" (2000) to protect vulnerable adults as defined in No secrets:

A person aged 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation.

The LSAB will report directly to the Safer & Stronger Executive Board.

Swindon Local Safeguarding Adults Board specific responsibilities

- ⇒ To ensure Swindon has an overarching strategy for safeguarding adults which ensures effective inter-agency work to protect vulnerable people.
- ⇒ To ensure coherent strategies are in place for all statutory, voluntary and private sector agencies working with vulnerable adults, in order to protect those adults from abuse.
- ⇒ Ensure in partnership with those agencies, the production, maintenance and overview of overall policies and procedures in adult protection.
- ⇒ Ensure the implementation within Swindon of government legislation and guidance in matters of safeguarding, vulnerability and abuse.
- ⇒ To ensure that there are systems in place for learning from national and local experience and research and ensure any lessons learned are applied to practice and policy development.
- ⇒ Ensure co-operation on broad matters of policy with other Local Safeguarding Adults Boards outside of Swindon particularly with Wiltshire.
- ⇒ Provide expert advice and improved inter-agency communication
- ⇒ To be responsible for ensuring appropriate sharing of information protocols across partners

- ⇒ To ensure there are mechanisms in place to monitor quality of safeguarding adults work and that lessons learned are communicated and inform policy development and that quality of governance arrangements are similarly assured.
- ⇒ To establish a clear performance framework relevant to safeguarding in addition to any national requirements and monitor progress with regards to performance.
- ⇒ Commission Serious Case Reviews and agree recommendations following completion of Serious Case Reviews.
- ⇒ Ensure effective arrangements are in place for planning inter-agency training based on clear needs assessments and regular evaluation.
- ⇒ Promote awareness in the wider community of how to contribute to the safeguarding of vulnerable adults.
- ⇒ To consider the impact on the "Dignity Agenda" on Safeguarding Vulnerable Adults work
- ⇒ Develop a communication strategy to ensure that a Swindon Safeguarding Adults Board actively communicates directly or through the media its purpose and role in safeguarding vulnerable adults.
- ⇒ Commission and publish an annual report that accounts for the way in which the policies, procedures and protocols are working for the benefit of vulnerable adults in Swindon.
- ⇒ Receive regular reports from the Operational Management Group. Where appropriate receive direct reports from individual working groups or sub groups.

Sub-Groups

In order to fulfil its duties the Local Safeguarding Adults Board will be supported by the Operational Management Group and sub-groups which consider relevant issues and report back to the board.

- ⇒ The Operational Management Group is responsible for the day to day management of cases and the detailed application of policy and procedures. It will oversee and communicate work from subgroups to support the Board in meeting its strategic responsibilities. The Operational Management Group will highlight resource requirements to the LSAB to ensure the consistency and timeliness of procedures.

- ⇒ The Training Sub-Group is responsible for identifying, co-ordinating, organising training needs and ensuring that they are effective and of a good quality meeting the learning needs of staff in all statutory, voluntary and private agencies working with vulnerable adults.
- ⇒ The Policy, Procedures & Practice Sub-Group advises on any changes to procedures and practice guidelines in light of new research, lessons learned legislation or government initiatives. It will report on feedback from practitioners where policy change is required. The PP&P Group will make recommendations on how best to address and action policy change and updates.
- ⇒ The Quality Assurance Sub-group undertakes quality audits on cases for the LSAB and at the request of partner agencies. The Quality Assurance Sub group may also recommend changes in policy, practice and procedures, advise of changes to training requirements and recommend the need to Serious Case Reviews for individual cases.

In addition to these standing Sub-Committees there may be a number of focus/working groups operating at any one time. These will consider specific issues and advise the LSAB.

Accountability

The Safer & Stronger Executive Board oversees the work of the LSAB and receives reports about its progress and issues relating to safeguarding issues.

The LSAB is accountable to all the agencies it represents, whose agreement is required for all work, which has implications for policy, planning and the allocation of resources. Each agency should accept that it is responsible for monitoring the performance and must have procedures for considering reports from its LSAB representative in identifying any action necessary for the agency or the board. The LSAB must take the lead in identifying significant changes in the trends/patterns of abuse and neglect and harm to vulnerable adults to the Secretary of State for Health.

LSAB expenditure and administration and policy support is a matter for local agreement. The Board is supported by all member agencies investing in the process, and particularly in learning and practice that benefits all.

All LSAB members should have sufficient authority to speak on their organisation's behalf and to be able to make strategic decisions. The level of decision-making delegated to appointees needs to be considerable to enable the board to operate effectively. LSAB members must be senior officers or senior professionals from all the main authorities/agencies in the areas which are involved in the prevention and management of adult abuse. The local authority has a responsibility to ensure that adequate legal advice is made available to the board and when required invite officers from the Council's Law and Corporate Governance directorate to the LSAB.

Representation

- Group Director, Adult Social Care, Swindon Borough Council
- Joint Director of Commissioning, Swindon PCT/Swindon Borough Council
- Cabinet Member for Health, Housing and Adult Social Care
- Cabinet Member for Safer and Stronger Communities
- Police Officer, Swindon
- Executive Nurse, NHS Swindon
- GP Representative
- Great Western Hospitals NHS Foundation Trust Representative
- Avon & Wiltshire Mental Health Partnership NHS Trust Representative
- Wiltshire Fire & Rescue
- Great Western Ambulance Service NHS Trust Representative
- Housing Directorate
- Care Quality Commission
- Wiltshire Probation Service
- Swindon Carers Network
- Community Safety Partnership Manager
- Private & Voluntary Sector
- The chairs of any LSAB sub-group not included above
- The Local Safeguarding Children's Board Representative

So that the LSAB can carry out its functions, member agencies should make relevant management information available on the level of activity in adult abuse work, type and trends.

In addition the LSAB will maintain links with the following:

- The Children's Safeguarding Board
- Domestic Violence Steering Group
- The PCT Board
- Adult Care Services
- Local Authority legal services
- The Probation Service
- Multi –Agency Public Protection Arrangements (MAPPA)
- The Coroner
- The local Family Justice Council
- The local Criminal Justice Board
- The Crown Prosecution Service
- Victim Support Swindon & Wiltshire
- Drugs and Alcohol Services
- Benefits agency

Frequency and attendance of meetings

The LSAB meets quarterly and the Sub-Committees meet every 2/3 months with Operational Management Group meeting monthly but not in the month the LSAB

meets. The LSAB may convene an annual Business Planning day when all members meet to create an action plan for the coming year.

Members should ensure that a suitable **nominated substitute** is properly briefed trained and kept up to date on LSAB issues. Members unable to attend a meeting should ensure that this nominated substitute is available. The Chair of the LSAB should be informed when a substitute will be attending. **Appropriate authority to act should be vested in this substitute.**

To be quorate, at least 8 members from 3 statutory agencies (Adult Services, Health, Police, Probation, Fire & Rescue) need to be present.

Expectations of LSAB members

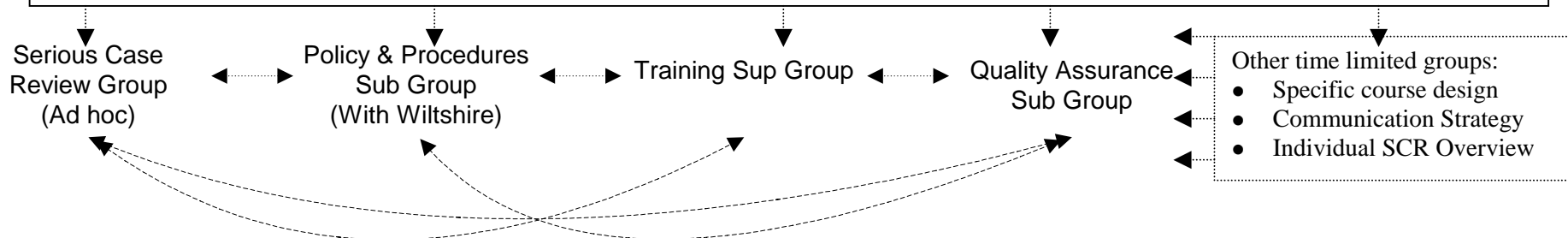
- All agency representatives or appointees are to attend on a regular basis and to take the lead in their own agency for communicating the LSAB vision and action plan and disseminating good practice.
- All LSAB members are expected to attend 75% of meetings
- All members are required to be registered with the Independent Safeguarding Authority (*to be confirmed*)
- Board members will be expected to support the work of the Sub-Groups by ensuring appropriate representation from their own agencies.
- All members of LSAB and Sub-Groups must have awareness of adult protection issues to promote good practise within their organisation and to be able to raise issues on the agendas on behalf of their own agency.
- All members must ensure that the work of LSAB is raised, discussed and any points actioned by their own agencies operational.
- That member organisations report to the Board on any key performance indicators within the agency in relation to safeguarding adults
- All LSAB members are to ensure that the annual report is circulated and presented to their respective agency boards.
- All members are expected to have an understanding of the level of confidentiality required in relation to abuse issues and to participate objectively in Serious Case Reviews if so requested.

Governance Arrangements for Safeguarding Vulnerable Adults in Swindon

LOCAL SAFEGUARDING ADULTS' BOARD (High-level strategic ownership)			
Group Director Housing, Social Care & Community CEO for the PCT	Police Officer	Cabinet Members: • Health Housing & Social Care • Safer Stronger Comm.	Executive Nurse & Designated Health Professional
	Wiltshire Probation Services Chief Officer		
Senior Representative Great Western Hospitals NHS Foundation trust	Housing Services	Avon and Wiltshire Mental Health NHS Partnership Trust Senior Rep	Community Safety Partnership Rep
	LSCB Rep		
Care Quality Commission	Carer Groups Representatives	Senior Officers from Wiltshire Fire & Rescue Great Western Ambulance Trust	Private, voluntary & Not for profit organisation representative
Role: Coordinate the work of agencies to ensure vulnerable adults are safeguarded, Overview of national best practice, policy approval & synchronisation, financial provision, receive reports on progress of annual work plan and annual reports.			



SAFEGUARDING VULNERABLE ADULTS OPERATIONAL MANAGEMENT GROUP			
Adult Social Care manager (Commissioning & Service Delivery)	Wiltshire Police Manager	Adult Service Commissioning Manager	Community Safety Partnership Rep
	Wiltshire Probation Services Officer		Benefits Agency
Swindon Carers' Centre (ad hoc)	Wiltshire Fire and Rescue	Victim Support Swindon & Wiltshire	Operational representatives from SBC & PCT
Housing Representative	Avon and Wiltshire Mental Health NHS Partnership Area Safeguarding manager	Great Western Hospitals NHS Foundation Trust Operational Manager	Private and Voluntary Sector Reps
Role: To manage the business of the LSAB, monitor budget, development of business plans, monitor serious case reviews, monitor implementation of procedures, recommendation of policy revision, oversee sub group function via written reports, oversee the work of the LSAB Business Manager & make recommendations to the LSAB			



Swindon Local Safeguarding Adults' Board

Training Sub-Group

Terms of Reference

Swindon Local Safeguarding Adults Board (LSAB) aim is to protect vulnerable adults from significant harm and abuse, prevent such incidences occurring and improve the outcomes for those at risk of abuse and neglect.

The board incorporates working with inter-agency partners as outlined in "No Secrets" (2000) to protect vulnerable adults as defined in No secrets:

A person aged 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation.

The training Sub group will report directly to and support the work of the Swindon Local Safeguarding Adults' board.

- To ensure representation of Statutory, Voluntary, Independent and Private agencies whose workforce (including staff, students & volunteers) requires training on Inter-Agency practice on Safeguarding Vulnerable Adults Issues
- To develop, plan, deliver and evaluate training to ensure vulnerable adults are safeguarded.
- To ensure that identified training needs are met in context of local and national policy, guidance & legislation.
- To consider training implications following enquiries on investigations following complaints of poor practice, non-compliance with agreed procedures or cases where there is serious cause for concern.
- To ensure that the content of the training offered is relevant, reviewed and adjusted as needed.
- To develop quality assurance mechanisms that evaluates and ensures training meets a high standard, responds to experiences of practitioners and is fit for purpose - irrespective of who is providing the training.
- To consider meeting training needs as directed by the Local Safeguarding Adults' Board and/or recommended by Practice and Procedures Sub Group, Operational Management Group or any other relevant short term or long term sub group.
- To ensure that training addresses the different ways vulnerable adults receive care and support particularly in regards to the personalisation agenda.

- To design and regularly review competencies that can be applied to training relevant to Safeguarding Vulnerable Adults.
- To liaise with commissioners to support their evaluation of training provided to the workforce of suppliers of services.
- To monitor information collected around learning and development and safeguarding and participate in the completion of the annual report of the Local Safeguarding Adults' Board.

Membership:

- ❑ Head of Services, Safeguarding Adults, Swindon Borough Council/Swindon PCT
- ❑ Team Leader, Capita/SBC Partnership, Learning & Development
- ❑ Primary Care Trust, Professional & Clinical Workforce Manager
- ❑ Police Training Lead for Safeguarding
- ❑ Representative of Domiciliary Care Provider
- ❑ Representative of Residential/Nursing Home care providers
- ❑ Representative of local authority/PCT provision
- ❑ Personalisation Lead for SBC/SPCT
- ❑ Representative of personalisation support provider
- ❑ Training Lead for Great Western Hospitals NHS Foundation Trust
- ❑ Safeguarding & Public Protection Manager for Avon and Wiltshire Mental Health Partnership NHS Trust
- ❑ Representative of Great Western Ambulance Trust
- ❑ Swindon & Wiltshire Care Skills Partnership
- ❑ Representatives of Social work / care management teams (including learning disabilities and Older People/Physical Disabilities)

NB. Terms of Reference for the Operational Group are still to be developed
The Policy Procedures and Practice Sub Group is reviewing its Terms of Reference in accordance with the changes to governance arrangements.

Safeguarding Issues for Commissioners

Appendix 3

Area for consideration	Action Required - examples	Desired outcome
Contracts	<p>All contracts include criteria requiring providers to safeguard and protect children and vulnerable adults. This needs to include all independent contractors. Where there are existing contracts amendment notices will need to be issued.</p>	<p>All providers are aware of their responsibilities to safeguard and protect children and vulnerable adults. All existing contracts to include safeguarding requirements for children and vulnerable adults by 30.04.09</p>
“Designing Safeguarding into Services”	<p>All tendering processes take into account the potential suppliers ability to:</p> <ul style="list-style-type: none"> • Prevent abuse • Respond appropriately if they suspect abuse • Have internal procedures that are compatible with local procedures • Demonstrate knowledge of wider safeguarding issues • Potential providers demonstrate good practice with regards to safer recruitment and when there are allegations against staff <p>Potential suppliers will need to provided copies of policies and procedures are in place to safeguard and protect children and vulnerable adults</p>	<p>Providers demonstrate an ability to safeguard children and vulnerable adults and that services that are commissioned prevent abuse & bad practice and intervene when abuse is suspected or disclosed. Respond to revision of No Secrets</p>
Monitoring services	<p>Services are monitored that include a process for checking that:</p> <ul style="list-style-type: none"> • Appropriate policies and procedures are in place to safeguard and protect children and vulnerable adults • Services are free from abuse and children and vulnerable adults are safeguarded • Good practice is maintain within service delivery • They respond appropriately when there is a safeguarding concern • Staff know their responsibilities • Service users are aware of the support they may receive if they have concerns about abuse & that concerns are acted upon. • Safer recruitment practice is carried out and there is an appropriate response where there are allegations against staff • Standards within regulations are maintained • Independent providers are aware of CRB and ISA responsibilities with staff and volunteers 	<p>That services are always delivered to a good standard, with good practice, with a focus on respect & dignity and this is a long term priority for the service</p>

Sub contractors	Need to check (through tendering process and monitoring) that sub contractors meet the above requirements All agency staff are CRB checked	That all services that come into contact with children and vulnerable adults understand and act to safeguard them.
Dignity in Care	Consider an active forum to highlight concerns and identify improvements where suppliers and providers fall short of required standards (targeting those who are rated poor by regulators or care management teams). The forum would consider actions appropriate to ensure compliance or required actions to safeguard individual service users. This will report into the Local Safeguarding Adults Board	There is a formal approach to ensure there is dignity in care, prevent poor standards in care settings, and ensure continued improvement within services.
Embedding safeguarding	Seeing safeguarding as central and not an add-on to processes and policies – internal and external. Ensuring providers are committed to the same objective. Consider adopting an assessment system to evaluate the impact of a commissioned services or service to be commissioned has on safeguarding.	All activity will be commissioned with a view on safeguarding Respond to revision of No Secrets
Investigations of cases	Some teams within services that are commissioned (or will be) are responsible for the implementation of local procedures and lead the investigation of individual cases. Services need to be judged for their ability or potential to carry out and lead investigations, work with relevant partner agencies & protect vulnerable adults. Service need to access training on local procedures.	All service users groups will have a team that manages safeguarding processes
Training	All providers to meet the, Care Quality Commission training schedule of level 2 and 3 staff to receive annual update as outlined in Working Together to Safeguard Children (2006) – and requirements with regarding to Vulnerable Adults Services need to be monitored to ensure: <ul style="list-style-type: none"> ❑ Safeguarding training is provided or staff able to attend external training ❑ That the training outlines when and how to report ❑ That the training is of a good standard that is linked to No Secrets in Swindon & Wiltshire ❑ That providers have access to No Secrets in Swindon and Wiltshire or relevant pages on Swindon Council Website 	All staff have the knowledge and skills, appropriate to their level to safeguard and protect children and vulnerable adults

This information about (name of document) is available on the Internet at www.swindon.gov.uk/social-adultsocialcare. It can be produced in a range of languages and formats (such as large print, Braille or other accessible formats) by contacting the Customer Services Department.

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