

Kent and Medway Safeguarding Vulnerable Adults Annual Report

April 2009 - March 2010 and
April 2010 - March 2011



September 2011



This Annual Report covers the period April 2009 - March 2010 and April 2010 - March 2011. Throughout the report reference is made to Kent Adult Social Services (KASS). In April 2011 the Families and Social Care Directorate was established in Kent County Council incorporating both Adult Social Services and Children's Social Services

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Foreword

As Chair of the Kent and Medway Safeguarding Vulnerable Adults (SVA) Executive Board I am pleased to introduce our Annual Report for 2009 - 2010 and 2010 - 2011. The report covers a two year period to prevent us from being a year behind when the report is published.

The work of the Kent and Medway Safeguarding Vulnerable Adults partnership is underpinned by a number of principles and values detailed in Appendix 1.

Statements from our partner agencies in this report illustrate the achievements and progress made in safeguarding vulnerable adults over the last two years. It is evident that the achievements set out in this report are the result of hard work and commitment by all the partners.

The report gives us an opportunity not only to celebrate the achievements of the last two years but also to consider the challenges we will face in the coming year.

I would like to take this opportunity and thank everybody for their contributions to the work of the Executive Board, Executive Team and various working groups and look forward to another busy year ahead.



David Quirke - Thornton
Assistant Director Adult Social Care, Medway Council
Chair of the Kent and Medway Safeguarding Vulnerable Adults Executive Board

Section 1: Introduction – What is abuse?

In 2000 the Government published 'No Secrets'. This required local authorities to set up a multi agency framework to ensure not only a coherent policy for the protection of vulnerable adults at risk of abuse but also a consistent and effective response to circumstances that gave grounds for concern. It gave local authorities a role in co-ordinating safeguarding activities.

'No Secrets' defines a vulnerable adult as:

- *A person aged 18 years "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",*

And abuse as:

- *"A violation of an individual's human or civil rights by any other person or persons".*

Both definitions have been adopted in the Kent and Medway Safeguarding Vulnerable Adult's Multi Agency Policy, Protocols and Guidance.

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable adult is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person. The main forms of abuse are outlined in Appendix 2.

Abuse can happen anywhere and take place in any context, for example, in someone's own home, in nursing, residential or day care settings, in hospital, in public places or in custodial situations.

Vulnerable adults may be abused by a range of people including relatives, neighbours, other service users, professional workers, friends and strangers.

Section 2: Kent and Medway Safeguarding Vulnerable Adults Structure

In December 2009 the Kent and Medway Safeguarding Vulnerable Adults Board commissioned a review of the multi agency safeguarding governance arrangements. The review consisted of a series of workshops with members from the various multi agency safeguarding groups as well as individual interviews with the Board members. Proposals for providing clarity to the governance arrangements as well as streamlining the number of working groups were taken to the Board for approval. As a result a number of changes were made to the multi agency structure.

The Kent and Medway Safeguarding Vulnerable Adults Executive Board takes a strategic lead on safeguarding matters and delegates pieces of work to the newly formed Executive Team. Until March 2011 the Executive Board was chaired by the Managing Director of Kent Adult Social Services (KASS). Following the restructuring in KCC the Assistant Director of Social Care in Medway Council will, from April 2011, chair the Executive Board.

Senior representatives from KCC, Medway Council, the three NHS trusts in West Kent, East Kent and Medway and Kent Police are members of the Executive Board. The Executive Board is commissioner led with the six agencies contributing to the multi agency budget.¹

The aim of the Executive Board is to:

- safeguard vulnerable adults living in Kent and Medway through a multi agency approach ensuring their safety, independence and well being
- be accountable for the safeguarding vulnerable adults agenda in Kent and Medway, specifically at a strategic level for priorities, resources and performance
- provide a strategic direction to all partner agencies involved in safeguarding activities
- effectively co-ordinate the safeguarding activities of partner agencies.

The Executive Board is responsible for:

- approving the multi agency policy, procedures and guidance for the safeguarding of vulnerable adults
- approving a training strategy to ensure appropriate training courses are available and accessible to staff in partner agencies
- ensuring an effective communication strategy is in place for partner agencies, the general public, users and carers
- performance monitoring of the statutory agencies (Health, Police and Kent and Medway)
- holding partner agencies to account
- ensuring the objectives in the strategic plan meet the desired outcomes
- approving the multi agency safeguarding vulnerable adults budget
- publishing the Safeguarding Vulnerable Adults Annual Report
- providing a strategic direction for the safeguarding vulnerable adults agenda
- delegating pieces of work to the executive team and other working groups.

¹ The commissioning agencies are Kent County Council, Medway Council, Kent Police, NHS Medway, NHS West Kent and NHS Eastern and Coastal Kent

Membership of the Executive Team mirrors the Executive Board and is chaired by the Safeguarding Adults Board Manager. Again it is commissioner led.

The Executive Team is responsible for:

- providing direct support to the Executive Board
- scrutinising minutes and actions from group meetings and making recommendations to the Executive Board
- reviewing business progress
- planning the annual Kent and Medway Network conference
- developing the multi agency safeguarding Annual Report
- co-ordinating the Serious Case Review process, ensuring action plans contain clear objectives and outcomes
- responding to directions made by the Executive Board
- reporting regularly to the Executive Board.

To ensure that agencies and providers are fully engaged a Kent and Medway Network has been set up and will meet two times a year. Consideration is being given to setting up local community networks in Medway, East and West Kent. The involvement of service users and carers in safeguarding is closely linked to the public involvement work undertaken by each of the partner agencies. Other working groups include the Policy, Protocol and Guidance Review Group and the Training Group. A time limited Communications Group will meet in April 2011.

The revised governance structure chart is attached in Appendix 3.

Section 3: Kent and Medway multi agency budget

The Kent and Medway Safeguarding Vulnerable Adults Executive Board is funded by six partner agencies - Kent Adult Social Services (KASS), Medway Council, Kent Police, NHS West Kent, NHS Medway and NHS Eastern and Coastal Kent. The six agencies contribute the following:

- KASS - 33.2%
- Medway Council - 8.3%
- Kent Police - 22.5%.

The three health trusts pay a total of 36% with the following breakdown:

- NHS West Kent - 13.5%
- NHS Eastern and Coastal Kent - 16.8%
- NHS Medway - 5.7%.

The multi agency budget covers the salaries and expenses for the Safeguarding Board Manager, Training Consultant(s) and administration. It also covers the expenses for the various multi agency group meetings, Serious Case Reviews and the printing of leaflets.

The costs of training venues during 2009 - 2010 and 2010 - 2011 were funded by the Adult Learning and Resource Team in Kent Adult Social Services.

The table on page 10 sets out the budget contributions for 2009 - 2010, 2010 - 2011 and 2011 - 2012.

	2009/10	2009/10	2009/10	2009/10	2010/2011	2010/2011	2010/2011	2010/2011	2011/12	2011/12	2011/12
	Contribution requested based on historic %'s (£000's)	Actual contribution (£000's)	Difference (£000's)	Contribution requested based on historic %'s (£000's)	Actual contribution (£000's)	Difference (£000's)	Contribution requested based on historic %'s (£000's)	Actual contribution (£000's)	Difference (£000's)	Contribution requested based on historic %'s (£000's)	Actual contribution (£000's)
KCC	83.0	83.0	0.0	83.0	83.0	0.0	57.9	57.9	0.0	57.9	57.9
Medway Council	20.8	20.8	0.0	20.2	20.2	0.0	14.9	14.9	0.0	14.9	14.9
NHS West Kent	33.6	33.6	0.0	32.8	24.1	-8.7*	24.3	24.3	0.0	24.3	24.3
NHS Medway	14.1	14.1	0.0	13.8	13.8	0.0	10.2	10.2	0.0	10.2	10.2
NHS Eastern and Coastal Kent	42.2	42.2	0.0	41.2	411.2	0.0	30.4	30.4	0.0	30.4	30.4
Kent Police	40.6	24.2	-16.4	27.3	23.0	-4.4**	26.0	23.0	-3.0	26.0	23.0
Total	234.3	217.9	-16.4	218.4	205.3	-13.1	165.5	162.5	-3.0	165.5	162.5

(*In 2010 – 2011 it became apparent that NHS West Kent staff were not accessing the training available, and as a consequence, NHS West Kent only funded six months of their total contribution)

(**In 2010 - 2011 Kent Police did not contribute to the Board Manager or the 2nd Training Consultant posts and in 2011 - 2012 will not contribute to the Board Manager post)

Section 4: National Context

A number of national developments influence and drive the safeguarding agenda in Kent and Medway. They include:

4.1 Mental Capacity Act 2005 (Deprivation of Liberty Safeguards)

The Mental Capacity Act (MCA) Deprivation of Liberty Safeguards (DoLS) came into force in England on 1 April 2009 and provides a legal framework to prevent unlawful deprivation of liberty occurring. They protect vulnerable people in hospitals or care homes who lack the capacity to consent to the arrangements made for their care and/or treatment but who need to be deprived of their liberty in their own best interest to protect them from harm.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476

4.2 The Safeguarding Vulnerable Groups Act 2006

The Safeguarding Vulnerable Groups Act 2006 was passed as a result of the Bichard Inquiry in 2004. The Inquiry questioned the way employers recruit people to work with vulnerable groups, and particularly the way background checks are carried out. Recommendation 19 of the Inquiry Report highlighted the need for a single agency to vet all individuals who want to work or volunteer with children or vulnerable adults and to bar unsuitable people from doing so. This resulted in the formation of the Independent Safeguarding Authority (ISA). The ISA's Vetting and Barring Scheme (from October 2009) provides that certain activities in relation to children and vulnerable adults are regulated. In June 2010 government ministers announced that the planned implementation of the Vetting and Barring Scheme was to be halted, pending a thorough review. The Safeguarding Vulnerable Groups Act 2006 sets out a framework for the scope and operation of the vetting and barring scheme. New primary legislation will amend this to scale back the scheme, in particular, through the abolition of the registration and monitoring requirements and the re-definition of the range of posts to which barring arrangements apply.

www.isa.homeoffice.gov.uk

4.3 Care Quality Commission (CQC)

In April 2009 the Commission for Social Care Inspection, Health Care Commission and Mental Health Commission merged to form the Care Quality Commission. The Commission is an independent regulator of health and social care in England and responsible for monitoring and regulating the standards of social and health care services. It has developed a single set of standards covering social care and health services. Outcome seven in "Essential standards of quality and compliance" (March 2010) focuses on safeguarding people who use services from abuse.

www.cqc.org.uk

4.4 The Review of No Secrets

Following the consultation on No Secrets between October 2008 and January 2009 the Department of Health published its response to the consultation in July 2009. Key messages from the consultation included:

- The importance of listening to victims of abuse
 - The need for stronger national leadership
 - The need for local safeguarding arrangements having a statutory basis
 - The need to revise and update the No Secrets guidance.
- http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_102764

In January 2010 Phil Hope, the Minister of State, Department of Health, in a written ministerial statement, announced the following government proposals:

- The establishment of an Inter-departmental Ministerial Group on Safeguarding Vulnerable Adults
- The introduction of new legislation to strengthen local governance by putting Safeguarding Adults Boards on a statutory footing
- The launch of a programme of work with various stakeholders to support effective policy and practice in safeguarding vulnerable adults.

The General Election in May 2010 led to a delay in the publication of the government's response which was expected by the end of 2010.

http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_102764

4.5 Law Commission Consultation Paper 192

This paper, published in February 2010, set out a number of proposals for reviewing adult social care. Part 12 of the Law Commission Paper focussed on safeguarding adults at risk and proposed the following:

- A duty on local authorities to make necessary enquiries when there is reasonable cause to suspect that a person appears to be an adult at risk and consider whether there is a need to provide services or take any action in order to safeguard a person from
- The term “vulnerable adult” is replaced by “adult at risk”
- That an “adult at risk” is defined as anyone with social care needs who is or may be at risk of significant harm.

The consultation period ended in July 2010 with recommendations expected in 2011.

http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_102764

4.6 Health and Social Care Bill 2011

The Health and Social Care Bill was introduced to Parliament in January 2011 taking forward the White Paper Equity and Excellence: Liberating the NHS. It contains provisions for covering five themes:

- Establishing a separate NHS Commissioning Board to allocate resources and provide commissioning guidance
- Giving new GP consortia the power to commission services on behalf of their patients
- Strengthening the role of the Care Quality Commission
- Developing the body that currently regulates NHS Foundation Trusts into an economic regulator to oversee aspects of access and competition in the NHS
- Reducing bureaucracy.

The consultation period was extended by three months in April 2011.

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_102764

Section 5: Multi agency safeguarding training

The Association of Directors of Adult Social Services 'National Framework of Standards for Good Practice and Outcomes in Adult Protection Work' outlines suggested standards for adult protection training. The Kent and Medway multi agency training structure is cited as an example of good practice in the document. During 2009 - 2011 various levels of multi agency training continued to be delivered to staff in all partner agencies enabling them to meet the requirements in the multi agency policy and protocols.

The Training Group met quarterly to monitor and evaluate existing training provision and also plan future developments. The group consisted of representatives from a range of agencies and its terms of reference were 'to identify, develop and maintain adult protection training programmes for both the statutory and private and voluntary sector.' The group's membership and terms of reference are currently being reviewed.

Agencies take responsibility for the delivery of adult protection awareness training (Appendix 4), mandatory in all statutory services, to staff in their organisations. Awareness training for staff in the private and voluntary sector can be accessed through Kent Adult Social Services Learning Resource Team's contract with a local care training provider and by the Medway College of Social Care. The training can also be accessed by a Train the Trainers course to enable the sector to take control for direct delivery of training to its own staff. All other training is provided by the multi agency funded training consultants in collaboration with specialist trainers within partner agencies and academics with a proven track record of research interest in this topic.

In 2009 Kent and Medway, in partnership with an e-learning provider, developed a customised adult protection awareness training package. Strategies for its implementation and use by partner agencies and commissioned services were debated by the Training Group. Initial monitoring of the monthly usage reports showed a disappointing level of uptake of the package (variations between 10 – 50 accesses per month) and a decision was taken to suspend further monthly reporting to enable agencies to consider their marketing and promotion of the e-learning opportunity.

In October 2010 a re-launch event was held in conjunction with colleagues from MCA training and with support from the e-learning provider. Data reports on usage show early indications of a significant increase in its use but this is still variable across the agencies. The most frequent users are Dartford and Gravesham NHS Trust, KASS, Kent Police, private and voluntary providers. More work is still needed to improve upon the level of usage to maximise cost efficiency of this product.

From September 2009 until November 2010 the Executive Board employed an additional Training Consultant to increase the capacity for training delivery.

The training programme is a core structure based on common tasks reflected in the multi agency policy, protocols and guidance which maximises its relevance and relates the training directly to the work staff undertake. It also ensures staff build on their existing knowledge and skills by adopting a sequential learning approach. It is designed to reflect core and complimentary knowledge and skills within the multi agency context of safeguarding work. The current training programme is differentiated into six levels and delivered to multi agency groups

(Appendix 4). These levels of training reflect the roles and responsibilities of staff under the multi agency policy, protocols and procedures (Appendix 5).

The table below outlines the level of multi agency course provision and attendance during the two years 2009 - 2010 and 2010 – 2011:

April 2009 - March 2010		
Level	Number of Delegates Trained	Number of courses
Level 2	443	28
Level 3	72	5
Level 4	18	1
Level 5	68	5
Level 6	26	2
Train the Trainer	102	6
Train the Trainer Recall day	39	3

April 2010 - March 2011		
Level	Number of Delegates Trained	Number of courses
Level 2	329	20
Level 3	150	9
Level 4	49	3
Level 5	64	3
Level 6	30	2
Train the Trainer	93	5
Train the Trainer Recall day	27	1

During 2009 - 2010 a one day update course aimed at delegates who had completed the existing Level 1 - 6 training structure was piloted. Additionally the multi agency Training Consultants responded to requests for bespoke single agency training as detailed below:

- 7 x Level 2 courses for Kent Adult Social Services
- 1 x Level 5 course for Kent Adult Social Services
- 1 x Level 2 course for Medway Community Healthcare
- 3 x half day awareness events for housing staff (with 81 attendees)
- 4 x 2 day level 2 courses for the P and V sector (with 75 attendees)
- 1 x multi agency fast track Levels 1 – 3, 5 day course.

Furthermore the Training Consultant was invited to contribute to the professional development programmes in safeguarding adults practice at two universities (Edinburgh and Canterbury Christ Church University). Other training delivery and advice have been commissioned from the Training Consultant by other local authorities including Surrey County Council, Kensington and Chelsea Borough Council, The Metropolitan Police Service, Jersey Health and Social Services Department and Neath Port Talbot County Borough Council.

Kent and Medway's multi agency safeguarding training programme is well recognised across the country and as a result the Training Consultant has been invited to present at national conferences including the Care Matters Partnership supported by Age UK Conference in October 2010 "Supporting older people – best practice in the prevention and management of elder abuse".

Work continues with Higher Education Institutes across Kent and Medway to encourage the inclusion of adult protection teaching within their pre - registration curriculum for health and social care professionals. Work is also ongoing to gain academic accreditation of the multi agency training programme by existing academic partners.

A final version of a multi agency competency framework for all practitioners with responsibilities for safeguarding vulnerable adults has been drafted. Each agency is considering how to use the framework in evaluating and evidencing the competence of its relevant workforce. KASS is piloting an assessment tool to be used in conjunction with the current competency framework document.

In June 2010 the Kent and Medway Executive Board agreed to a review of the multi agency safeguarding training. Demand for particular courses (Level 2) was high, courses were fully booked soon after being advertised and subsequently had long waiting lists and there was a need to identify the multi agency training priorities for 2010 - 2011 onwards. The review was carried out and recommendations were taken to the Executive Board for approval in March 2011. The key decisions arising from the review were:

- Agencies would undertake training needs analyses
- Consideration would be given to Level 2 courses being delivered single agency
- Course fees and non attendance fees would be introduced
- The training course content would be reviewed
- On line course feedback would be developed
- The terms of reference and membership of the Training Group would be reviewed.

The transition plan for implementing the agreed changes is being developed by the Training Consultant and Safeguarding Adults Board Manager.

Section 6: Review of 2009 - 2010

The Kent and Medway Safeguarding Vulnerable Adults Annual Report 2008 - 2009 identified a number of developments for 2009 - 2010. The following list briefly outlines the achievements made during the year, more detail can be found throughout this report as it covers 2009-2010 - 2010-2011.

- The Safeguarding Adults Board Manager was recruited in September 2009
- A second Training Consultant was recruited in September 2009
- More work was undertaken to develop the 3 year strategy and associated business plan. However it was recognised that with the fast changing landscape in health and social care a number of objectives/areas of work needed updating in the context of these changes. As a result the Kent and Medway Safeguarding Network met for the first time in January 2011 with the aim of identifying the key priorities in relation to safeguarding vulnerable adults for the next four years
- KASS developed an internal action plan in response to the Commission for Social Care (now the Care Quality Commission) inspection in 2009 along with a multi agency action plan with partners
- The General Election in May 2010 led to a delay in the publication of the government's response to the No Secret's Review. However in July 2010 a number of government proposals were announced to strengthen multi agency arrangements for safeguarding vulnerable adults. The Executive Board will respond to any requirements /recommendations when they are published
- A review of the Kent and Medway multi agency safeguarding governance arrangements was undertaken in 2010 with a revised structure being implemented to provide clarity to the governance arrangements as well as streamlining the number of working groups
- Safeguarding awareness was raised in a number of multi agency activities during Safeguarding Week in June 2010
- A final version of a multi agency competency framework has been developed and agencies are considering how to use the framework in evaluating and evidencing the competence of its relevant workforce
- Kent Police hosted a conference in March 2010 on behalf of the Kent and Medway Safeguarding Vulnerable Adults Executive Board, aiming to raise the profile of adult protection, whilst promoting good practice in Kent. Strategic managers, key safeguarding vulnerable adult practitioners, elected council members and representatives from the private and voluntary sector attended this event at the Kent Police College. The conference agenda included dementia awareness, financial abuse and a presentation by Devon and Cornwall Police surrounding the report from Gary Fitzgerald from Action on Elder Abuse on the future of safeguarding and a review of the Steven Hoskins case. The day was regarded as a success with delegates attending from across the county.

Section 7: The multi agency approach to safeguarding vulnerable adults in Kent and Medway

This section of the Annual Report provides partner updates on safeguarding activities during 2009 - 2010 and 2010 - 2011.

7.1 Kent County Council - KASS

CSCI / CQC Inspection

In March 2009, the Commission for Social Care Inspection, now CQC, carried out an Independence, Wellbeing and Choice Inspection of KCC in relation to Safeguarding Adults and Delivering Preventative Services. Preparation for the Inspection, as well as the Inspection itself, helped to raise the general awareness and understanding of the impact of the abuse of vulnerable adults within KCC and our partner agencies and services.

The outcome of the safeguarding aspect of the report was 'good' and four recommendations were made for safeguarding:

- Raising the awareness of the public about how to report abuse concerns
- Having a workforce development strategy that includes a safeguarding competency-based framework
- Analysis of data where the outcome of the case was inconclusive
- Review the need for and capacity of advocacy to support and empower people through safeguarding processes.

All of these recommendations have been the focus of internal and multi agency action plans.

During this period both internal and independent external audits of safeguarding adults work have taken place.

- A recent data quality audit undertaken by KCC internal audit reported a minimal risk within our safeguarding process. However this mainly focussed on processes rather than the quality of practice
- In January 2011 an independent external audit was commissioned to focus on the practice and quality of investigating safeguard alerts. All the cases looked at by the audit found people were safeguarded. However, the audit did identify gaps in practice particularly in the area of recording initial risk assessments. A programme of training has been put in place to address this and further audits are in place to monitor the impact of this training
- The audit also suggested that the safeguard investigation process needed refining to increase efficiency and effectiveness. A Review using the internationally recognised LEAN principles has begun and this is streamlining processes to improve standards.

Safeguarding has a very high profile with KASS and CQC. A recent development has been Risk Strategy meetings involving CQC and KASS managers to ensure that areas of concern are shared.

The last two years have seen major changes in the way in which KCC manages social care, including restructuring. These changes have been made in order that there is a focus on personalisation and efficiencies are delivered in line with the national expectations of Local Government:

- The direct outcome for safeguarding was an increase in the number of Safeguarding Adults' Co-ordinators, from seven to eleven. This included two additional co-ordinators for West Kent and two specialist co-ordinators for learning disability based in each area. The specialist co-ordinators for learning disability's main focus is on the care and support provided to people moving from NHS campus care into community settings. A post of Head of Adult Safeguarding has also been identified within KCC
- Some managers and practitioners who previously had a support role in addressing adult abuse concerns moved to positions where they are responsible for the management of safeguarding activity. Additional single agency training was set up for these managers and practitioners
- KASS Positive Risk Management Policy also supports safeguarding principles within the context of personalisation and choice. This policy was presented to Members in early 2009 and sets out guidance and support to the management of risk within the context of personalisation.

Safeguarding Week

In order to raise safeguarding awareness for the public KASS worked with partner agencies to hold the first Kent and Medway Safeguarding Awareness Week. This took place in June 2010 and the planning and activities during the week involved a wide range of partner agencies and services. As the focus of the activities was to raise awareness amongst members of the public, events were held in public places, such as shopping centres. 30 events took place and 10,000 pens, cards and leaflets were distributed. It was agreed that this should be an annual event in the future.

Safeguarding Adults Quality in Care Framework

There are two main aims of safeguarding adults work. The first is preventative work, which has focussed primarily on adult protection training, awareness raising and contracting with services that meet our quality standards. The second is protective work, which involves KASS staff co-ordinating responses to allegations of abuse. The need for this reactive response to what has often been a devastating event(s) for victims and their families is also resource intensive for KASS and for our multi-agency partners. Initially, the engagement of multi-agency partners, including the regulatory authority in sharing information, could only be carried out under the auspices of the multi-agency adult protection arrangements. However, with the greater understanding of the impact of adult abuse and the development of a wider remit of safeguarding adults, it has been possible to take a more proactive approach to concerns about poor quality and practice with providers of services.

Quality in Care pilots were carried out in both East and West Kent and these have been successful in addressing quality and poor practice issues within services and preventing abuse to service users. This work has led to the development of a county wide Quality in Care Framework which will aim to work proactively with providers where concerns have been raised about their delivery of care. The framework requires the engagement of a virtual team of professionals from different agencies to support the provider to meet their improvement action plan. The framework will be submitted to the multi agency Kent and Medway Safeguarding Vulnerable Adults Executive Board with a recommendation that it is adopted as a safeguarding

multi-agency framework separate to the Kent and Medway Multi-agency Safeguarding Adults' Policy, Protocols and Guidance but complementary to the main documents.

Competency Framework

Training is considered to be a very significant aspect of practitioner development. It is, however, essential to ensure that the integration of safeguarding training and practice experiences post training are used to confirm that a practitioner is assessed as competent to carry out aspects of the adult protection process relevant to their role in the organisation. The Safeguarding Adults Competency Framework was approved by KASS and formally launched for all staff in February 2011 with safeguarding co-ordinators leading the implementation by discussing the use of the assessment tool. The assessment tool requires the recording of training and other developmental experiences to enable managers and specialist staff to confirm a practitioner or manager is competent to carry out aspects of safeguarding work.

Mental Capacity

This is often central to adult protection cases and all levels of safeguarding training include aspects of the MCA 2005 which are relevant to the course concerned. In addition, the DoLs, implemented in April 2009, considers possible abuse if a person is unlawfully deprived of their liberty. Staff have also attended MCA and DoLs specialist training and considerable work has been carried out to ensure that mental capacity issues are always considered when addressing allegations of abuse /neglect.

Feedback from the public who have been involved with safeguarding

We are developing two feedback questionnaires for people who have been victims of abuse and their relatives or advocates to ensure that they are able to tell us about their experiences within the safeguarding arrangements. This will enable us to update our arrangements and refine our practices where necessary. These questionnaires are currently being piloted to enable any problem areas to be rectified.

Training

Adult protection training has a high profile within KASS and has supported staff at all levels to address allegations of abuse reported through the multi agency policy and protocols. Training has helped to raise awareness, develop practitioner and managers skills and understanding of abuse and together with the competency framework being implemented from March 2011 will help to ensure there is continuous improvement in our adult protection / safeguarding work.

KASS funded South Kent College to deliver Adult Protection Awareness Level 1 courses for the private and voluntary sector.

Our challenges from April 2009 – March 2011

- Responding to the recommendations from the CSCI / CQC Inspection
- Developing a robust case audit process which leads to practice improvement especially in risk assessment
- Developing a more effective way of engaging and informing the public about how they can contribute to safeguarding vulnerable people from abuse
- Developing a way of addressing quality and poor practice in care services where there are risks of harm to service users if action is not taken

- Ensuring that advocacy services are available to support victims and vulnerable perpetrators when adult protection concerns are raised
- Development and implementation of a safeguarding adults competency framework
- Obtaining feedback from service users, families or carers following adult protection cases to enable improvements to be made to policy and practice
- Embedding the need to consider and record mental capacity in all adult protection cases
- Ensuring that the restructuring of KASS to support the personalisation agenda includes having staff trained and competent to address all aspects of adult protection work.

7.2 Medway Council

Medway Council's Health and Adult Social Care Overview and Scrutiny Committee decided on 3 June 2010 it was important that the matter of safeguarding vulnerable adults received challenge and scrutiny and that a themed meeting should be held on 19 August 2010. As a result the outcome was to instruct officers to commission an independent review into safeguarding services across Medway. The primary purpose of this review of safeguarding arrangements in Medway was to drive forward improvements in adult safeguarding services and to improve outcomes for service users. The secondary purpose was to assist with preparation for any future inspection of safeguarding by the CQC. The outcome of the review was reported to members on 15 March 2011. The overall picture is a positive one, with many strengths and achievements being clearly evidenced. In particular, the profile of adult safeguarding has clearly changed in recent years and is a major priority for the council and its partners. Safeguarding is everyone's responsibility, but the council has a leadership role and this has been taken seriously, backed by an investment of time, money, and other resources. This investment is paying off, with more adults at risk of abuse being protected than ever before. The report identified that the council:

- had strategies in place to promote equality and tackle discrimination including hate crime
- had successfully raised the profile of safeguarding adults
- had increased the identification of abuse and neglect
- supported people who buy or direct their own care to do so safely and with confidence
- in partnership with all sectors, were implementing robustly the provisions of the Mental Capacity Act. There were strong systems in place for supporting people who lacked mental capacity
- had information (in different formats) available to the public and professionals on safeguarding, domestic violence and 'whistle blowing'
- were balancing personalisation and safeguarding
- took action and responded promptly when receiving safeguarding referrals. Safeguarding case work was safe and service users were protected
- worked in partnership with other agencies when investigating allegations of abuse
- had effective arrangements for supporting service users to manage their money safely and for tackling financial abuse
- were commissioning safe and high quality services and worked in partnership with providers to promote continuous improvement
- had reliable systems in place to monitor the quality of services and contract compliance
- had strongly promoted self-directed support (SDS) which was delivering good outcomes for service users
- treated service users with respect and upheld their rights to privacy and confidentiality
- had helped more people to live in their own homes and to maintain their own living space to acceptable standards.

Five recommendations from the separate case file audit and a further six recommendations from the performance review were made to support improvement and secure greater

consistency. These have been translated into a development plan that has been agreed by senior management and will be reported back to Members in March 2012.

Achievements 2009 - 2011

- The '*How to protect yourself from abuse*' council website was launched in February 2010 and safeguarding vulnerable adults leaflets distributed to all libraries and contact points, along with a planned itinerary of a raising awareness campaign, using display boards, journeying around the libraries over the next two years
- A new internal webpage for staff was launched specifically for Safeguarding Adults/Adult Protection Referrals and information in February 2010
- A webpage on Medway College of Social Care pages was launched to promote awareness and increase the uptake of the Level 1 awareness and e-learning package in the private and voluntary sector
- A draft protocol for dovetailing Social Care Complaints Procedures and identification of Adult Protection referrals was produced
- A Vetting and Barring presentation was delivered at the Medway Older People's Partnership AGM by the safeguarding co-ordinator
- Public awareness events were held at Morrison's Supermarket (Strood) and Pentagon Shopping Centre (Chatham). The public were able to talk to staff from health (both primary and secondary), adult social care, the Police (public protection and hate crime units) and Police Community Support Officers about the ways in which each organisation can help reduce the risk of abuse in vulnerable adults and to highlight who they need to speak to if they had specific concerns. The Safeguarding Adults Co-ordinator at Medway Council coordinated this campaign in conjunction with statutory partners. Posters and lanyards have been widely distributed to hospital teams, health centres, libraries and will soon to be distributed to GP practices.
- A safeguarding adults awareness session was presented to Medway Deaf Forum
- A new standard safeguarding hard copy and electronic filing system that supports best practice was developed and implemented. It has been adopted by all adult social care teams within the local social services agencies and also within the acute health care organisation
- The Council had self-declared an increase in the overall rating for the CQC's Outcome 7, 'Maintaining personal dignity and respect' (People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life) from a rating of 'adequate' to 'well'. The confirmation of this rating was confirmed as 'well' in October 2010.

Our challenges for 2009 - 2011

Medway Council has agreed and is working on a development plan that will address the following challenges:

- Developing awareness raising strategies that target specific professional groups (such as GPs), businesses and communities of interest
- Developing an approach to auditing work under the Mental Capacity Act that focuses on quality and outcomes
- Ensuring that adult social care makes a more direct and visible contribution to the community safety agenda
- Ensure, through review, that all staff including front line staff receive safeguarding training that is geared to their specific role and responsibilities

- Ensuring that front line staff and their managers can share best practice and influence reviews of the safeguarding procedures and protocols
- Developing ways of hearing directly from service users who have been through the safeguarding process.

In addition Medway Council will be improving its safeguarding adults practice by the following methods:

- Local quality measures for adult protection cases have been discussed with senior management and will be incorporated into the overall adult social care quarterly performance reports
- Local workshops will take place for local police officers to raise awareness of adult protection, mental capacity and vulnerable adults
- Casework audit workshops will continue to improve practice
- We will be commissioning a customer consultation project to measure customer satisfaction within the safeguarding process
- We are planning to commence Family Group Conferencing for adult protection cases in 2011 - 2012.

Our training plan 2009 - 2011

Medway is committed to ensure that all social care staff across the sector are equipped with the knowledge and skills to protect people from abuse and support those people who are subject to abuse. The council provides awareness training in-house and for the private and voluntary sector via the Medway College of Social Care. Training has also being targeted to non-adult social care staff and to improve compliance with the adult protection process. Delivery of Integrated Team workshops have taken place in order to improve documentation recording of risk assessment, referrals and promote joint working across health and social care staff. This has been jointly developed and delivered with NHS Medway.

Master Class training days were delivered in 2010 to clarify and explore role of Designated Senior Officers, this was attended by 24 staff, including mental health staff.

We have commissioned domestic abuse awareness and use of a risk assessment tool training and child protection awareness and intermediate training specifically for adult social care staff.

Our training priority for 2011 is to support the Executive Board's training review and focus on increasing our support for our administration staff so they can accurately record our safeguarding meetings.

7.3 Kent and Medway health economy

7.3.1 Introduction

Kent and Medway health economy incorporates a diverse group of health organisations commissioned to provide health care to the registered population across the region. During 2009 - 2011, there were three health commissioning organisations, Primary Care Trusts (PCT's):

- NHS Eastern and Coastal Kent
- NHS West Kent
- NHS Medway.

Health care providers include:

- Four Acute Hospital Trusts
- Three Community Health providers
- One Mental Health Trust²
- One Ambulance Trust³
- Multiple independent contractors, including GPs, pharmacists, opticians and dentists - numbered in the hundreds across the region.
- Independent providers including private hospitals and hospices
- Voluntary and Community services.

Health organisations are represented on the Safeguarding Vulnerable Adults Executive Board either through representation on the Board and previous committee structures or through representation on the working groups. There has been some resistance to changes in the Executive Board/Executive Team structure in 2009 - 2010 with some providers feeling that they have now been excluded from the Board.

7.3.2 Assurance/Governance processes across Kent and Medway

All health care organisations across Kent and Medway have a responsibility to ensure that the people they provide care to are safeguarded. They all have mechanisms to report safeguarding progress, issues and concerns through their governance structures to Board level, although the detail and frequency of this reporting is variable. The executive responsibility and accountability for safeguarding generally rests with the chief nurse in each organisation, and they all have identified safeguarding leads and support staff to ensure that these responsibilities are met. However, it is true to say that safeguarding specialist support is a limited resource.

All health organisations have signed up to the Kent and Medway multi-agency policies and procedures and have been working on aligning their internal policies and procedures accordingly.

Individual staff have a responsibility towards vulnerable adults and safeguarding is everyone's business. This has been strengthened through recent NHS guidance published by the Department of Health. For professional staff, this is also reinforced through professional codes of conduct.

² NHS Medway commissioned the Mental Health Trust on behalf of the three PCTs

³ NHS West Kent commissioned Ambulance Services on behalf of the three PCTs, the Ambulance Trust covers the South East Coast

7.3.3 NHS White paper: “Equity and Excellence: Liberating the NHS”

In July 2010 the newly elected conservative/liberal democrat coalition government introduced a new White Paper; Equity and Excellence: Liberating the NHS. This paper sets out the Government’s overarching proposals for the NHS and maintaining a strong grip on current performance is central to the success of the transition process with a particular emphasis on quality, efficiency and finance.

The White Paper reforms are aimed at improving the quality of patient care and health outcomes by empowering patients with more choice, better information and more control over their care. There will be a focus on clinical outcomes based on results that are important to patients rather than process targets, with ownership and decision making placed in the hands of professionals and patients.

Liberating the NHS (2010) sets out the Government’s overarching proposals for the NHS but the detail continues to be developed. Primary Care Trusts will be abolished from April 2013 when commissioning budgets and responsibilities will be transferred to GP consortia, local authorities or the National Commissioning Board.

i) Challenges

In order to deliver the objectives of the White Paper there is a need to achieve unprecedented efficiency gains with savings reinvested in front-line services to improve the quality of service delivery. This reinvestment will ensure that a strong financial position, from the outset, is maintained.

In addition, there is a fundamental need to maintain patient safety during a period of organisational change. These challenges must be met at a time when staff across the NHS face personal and professional uncertainty about their futures. There are clear indications in the White Paper and subsequent Department of Health consultation documents that safeguarding is a key priority.

ii) Kent and Medway PCT Cluster

The 2011 - 2012 Operating Framework describes the next stage in managing the challenges and the creation of the new NHS. Current PCT’s will be retained as statutory bodies but there will be consolidation of management capacity, with single executive teams each managing a cluster of PCT’s. These will be in place by June 2011 and sustainable until April 2013 and potentially beyond that date if the NHS Commissioning Board requires. These new clusters are not statutory bodies, nor are they permanent features of the landscape, but they are necessary to sustain PCT capability and enable the creation of the new system.

Although Safeguarding Adults and Children is currently placed within the Nursing and Quality Directorate in the Kent and Medway Cluster it is not known whether it will ultimately be devolved to GP consortia, the proposed Health and Wellbeing Board, the Local Authority, the NHS Commissioning Board or indeed any other structures that may develop. It is essential, however, that GPs in their role as commissioners are engaged and involved in future planning as they will ultimately control up to 80% of the NHS budget.

7.3.4 CQC registration: Essential Standards of Quality and Safety

In order to register and to legally operate, health and social care providers need to comply with guidance set out in the Essential Standards of Quality and Safety published by the Care Quality Commission (March 2010). The main focus for safeguarding is Outcome 7: Safeguarding people who use services from abuse. Regulation 11 of the Health and Social Care Act 2008 (Regulations 2010) further describes guidance to ensure service users are safeguarded against abuse with a requirement for registered managers to be able to identify abuse, prevent it before it occurs and respond appropriately to any allegation of abuse.

Several other outcomes within the standards have further links to safeguarding, for instance:

- Outcome 1 - respecting and involving people who use services
- Outcome 2 - consent to care and treatment
- Outcome 12 - requirements relating to workers.

This gives some confidence that health and social care providers have met minimum standards for safeguarding through registration.

All Health Trusts were required to register with the CQC in April 2010. Two organisations in Kent and Medway were initially registered with conditions relating to safeguarding processes and compliance with Outcome 7.

Kent and Medway Mental Health and Social Care Partnership Trust successfully challenged the conditions following the provision of further information and the conditions were removed. Medway Foundation Trust was registered with conditions relating to the provision of safeguarding training. They have since satisfied CQC that these conditions have been met and they have now been removed

7.3.5 Role of the Strategic Health Authority

The Strategic Health Authority (SHA) provides leadership, networking and assurance to the local NHS. Whilst it does not currently have a statutory adult safeguarding role, it is a priority area of work, led by the Director of Clinical Workforce and Development within the quality and patient safety agenda.

The SHA has worked collaboratively with local Adult Safeguarding leads, Department of Health (DH), other SHAs, South East Health and Social Care Partnership and the South East Social Care Leads Network to ensure opportunities are taken to share best practice across the local health system and to promote a culture of open and honest cooperation and learning.

A network was established for adult safeguarding leads across NHS South East Coast (SEC) in 2010, with regular communications, events, consultation, training and development. Six monthly Network meetings are interspersed with project work and liaison and include dedicated time for sharing from investigations and to share best practice.

In 2010, a review of governance arrangements for adult safeguarding across NHS SEC was undertaken. The review highlighted areas for improvement and support, informing and prioritising the following developments:

- Working collaboratively with the DH and other regions, a self assessment and assurance framework was developed and published by the DH in March 2011, together with guidance

for NHS Boards, commissioners and providers. A third of NHS SEC organisations participated as early adopters of the framework, providing valuable feedback for improvement.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124882

- Development and re-launch of an e-learning module on adult safeguarding. This was a collaborative development between the NHS and Health and Social Care in South Central
- Launch of an on-line Community of Practice across the South East for both NHS and Health and Social Care services.

In addition, adult safeguarding issues and serious incidents are monitored closely by the SHA's Patient Safety Team. Concerns are followed up through PCT's and providers as appropriate and high risk cases are reviewed by the SHA's Clinical Risk Review Group and reported to the Clinical Quality and Patient Safety Committee.

The SHA will continue to support development and provide assurance that organisations throughout NHS SEC are discharging their adult safeguarding responsibilities. In particular, in readiness to respond to new legislation and policy changes during NHS transition.

7.3.6 Training data

All agencies are responsible for providing awareness training in-house, and this is delivered through a variety of routes including induction training, face-to-face training and e-learning.

In 2010 - 2011, a target was set for Acute Trusts for adult safeguarding at Level 2 (Practitioners Role) with an expected compliance rate of 90%. This resulted in a significant increase in requests to the current multi-agency training provision which could not be met. The Safeguarding Vulnerable Adults Executive Board will be reviewing the provision of Level 2 training.

A review of training provision across Kent and Medway is required, and this was reinforced in the Strategic Health Authority review of safeguarding governance across the South East Coast region completed in December 2010, which suggests that "...that the content, level and frequency of ASG (adult safeguarding) training should be reviewed and best practice applied across NHS SEC [region]"

7.3.7 Provider reports

All providers were asked to provide a brief description of safeguarding structure within their organisation, including key achievements and top challenges during the period.

a) Acute Hospital Trusts

i) Dartford and Gravesham NHS Trust (DGH)

The safeguarding adult leads attend the Safeguarding Children and Vulnerable Adults Committee quarterly and provide a quarterly report to the committee and produce a quarterly governance and risk report.

Once a member of staff has a concern they share that with the Adult Protection (AP) lead and if a decision is made to raise the alert the AP lead will explain the processes that will take place during the investigatory process, their part of the process and assurance is given that they have

made the right decision to go forward with an adult protection alert. Any worries or fears that the member of staff raising the alert has are discussed immediately. As a result in general staff have not required high levels of support once the adult protection alert has been raised.

The reporting of incidents that could be seen as abuse has increased since the appointment of an additional AP lead within Dartford and Gravesham NHS Trust in 2009. Staff are now more aware of the reporting process for adult protection allegations. They appear to feel much more 'safe' to report incidents because they now understand that when they have concerns they are supported throughout the process of investigation and that raising alert is not seen as a blame statement but rather a call for help to support patients at risk of harm.

Key Achievements between April 2009 and March 2010

- The appointment of a 2nd Adult Protection/Learning Disability Lead. The provision of additional support and the management of the Excel spreadsheet would not have happened without this appointment. This showed an increase in the numbers of cases reported and attendance at case conferences with a speedier submission of reports about the incidents to the relevant authority. The Police have said that other forces are envious of the relationship North Kent Police have with us. Having a Learning Disability lead also closes the loop between the various groups of vulnerable people using our services at Darent Valley Hospital
- The creation of an Excel reporting template has led to a very close monitoring of the progress of alerts and is essential in the process of governance reporting which had not been so closely monitored in the past
- The appointment of a named Social Care Liaison. The appointment of a dedicated KCC lead has improved the timeliness of the investigatory processes and closure of cases. The lead has embraced multiagency working and co-operation between all parties involved in investigating safeguarding alerts.

Top challenges between 2009 and 2011

- To receive notification when cases are closed which will close the loop for governance reporting
- To ensure the GP's are aware that their patient is subject to an adult protection investigation if raised by the Trust
- To train a further member of staff who would be involved in adult protection teaching at mandatory and core training.

Learning from audit

In addition an audit of the evaluation of adult protection alerts/process has been completed for all alerts raised in 2009. This showed that 92.3% of the alerts were completed on time and submitted to the relevant agencies according to the Kent and Medway Safeguarding Protocols and approximately 7.6 % did not meet the agreed protocol.

ii) East Kent Hospitals University NHS Foundation Trust (EKHUFT)

Board level assurance for safeguarding rests with the Director of Nursing. A Trust wide Safeguarding Governance Group meets on a monthly basis and is chaired by the Associate Director of Nursing and Quality.

To comply with the NHS Litigation Authority (NHSLA) level 3 requirements, a monthly monitoring report is presented to the Safeguarding Governance Group. A bi-annual Safeguarding Vulnerable Adults report is presented to the Risk Management and Governance Group. The CQC registration requirements are monitored at the monthly Standards Monitoring Group meeting.

Key Achievements between April 2009 and March 2010

- Creation of the Trust wide Safeguarding Group. By inviting medical staff to attend and participate as part of the group there is a greater understanding of the holistic needs of safeguarding
- Embedding the Mental Capacity Act to all clinical Staff by having mandatory consent training.
- Bi-annual Trust wide study days covering Mental Capacity Act, Safeguarding and Mental Health Act. Over a 120 people have already attended.

Top challenges between 2009 and 2011

- To embed the requirements of the Mental Capacity Act 2005
- Lack of funding for a full time Safeguarding Lead.
- Training of staff on the basic awareness of Safeguarding Vulnerable Adults, Mental Capacity Act and Deprivation of Liberties Safeguards.

iii) Medway NHS Foundation Trust (MFT)

The Chief Executive devolves the responsibility for compliance and monitoring to the Director of Nursing. The lead for safeguarding vulnerable adults lies with the Director of Nursing, who is then supported by the Safeguarding Vulnerable Adults Coordinator. The Coordinator is a nominated staff member who has received appropriate training, and is responsible for:

- coordinating the investigations into allegations of abuse, utilising the Kent and Medway Multi-Agency Safeguarding Vulnerable Adults, Adult Protection Policy, Protocols and Guidance
- completion of all relevant documentation and liaison with interagency members as required
- advising and guiding staff through the safeguarding process.
- for ensuring that staff are supported throughout the safeguarding process.

The Safeguarding Adults Coordinator supplies the Trust's Quality Committee with a quarterly report. This report details the safeguarding and protection work of the Coordinator for that time frame along with the outcomes of the investigations. The report details risks and threats to the safety of vulnerable adults and the service; it also makes recommendations on the management of those risks. The report details clinical staff's compliance with the safeguarding mandatory training covering Safeguarding of Vulnerable Adults, Mental Capacity Act / Deprivation of Liberty Safeguards and People with Learning Disability (PwLD). The Director of Nursing had the opportunity to take recommendations from this report to the Trust Board meetings.

Key Achievements between April 2009 and March 2010

- The introduction of a Learning Disability (LD) Liaison Nurse has been a major achievement for the Trust. The role is designed to support people with a learning disability and their family / carers in accessing the services offered by the Trust and to support Trust staff in delivering high quality, personalised care for a patient group with complex needs
- Embedding the Deprivation of Liberty Safeguards into clinical practice has also been a key achievement for MFT. The wards dealing with patients at the highest risk of being unable to decide where to reside for treatment and care have both shown outstanding management of the patients care plan with the aim of identifying the least restrictive options for care provision
- The implementation of the learning disability pathways since the inception of the pathways the Trust has been recognised as an area of good practice for the management and care of people with a learning disability.

Top challenges between 2009 and 2011

- Independent assessments of capacity. Many staff, both medical and nursing, are reluctant to under take capacity assessment and refer patients to the Safeguarding Coordinator for assessment, despite mandatory MCA training which covers functional assessment of capacity staff continue to doubt their skills
- Appropriate utilisation of the Independent Mental Capacity Advocacy (IMCA) service. Staff are not considering referrals to the IMCA service in cases of serious medical treatment
- Operational safeguarding group. The Coordinator is aware that the Trust's operational group has declined following reorganisation of Directorate structures.

Learning from adult protection alerts

- 2008 - 2009: development of the LD pathways for access and the implementation of the non verbal pain scoring tool and reviews for people with a learning disability
- 2009 - 2010: introduction of a Learning Disability Liaison post, review of the management structure of wards and the articulation and monitoring of standards of care by senior sisters. Utility of the MCA best interest decision to support treatment in those lacking capacity and refusing life preserving treatment
- 2010 - 2011: acknowledging the need to improve multi agency discharge planning in complex cases where liaison with services will enhance the outcomes for the patient. How to utilise the deprivation safeguards to support safeguarding where family will not engage in the best interest of the patient. Improved tissue viability knowledge related to accurate grading of pressure ulcers.

iv) Maidstone and Tunbridge Wells NHS Trust (MTW NHS Trust)

The Executive Lead for managing the Safeguarding Adults agenda for the MTW NHS Trust is the Director of Nursing (Chief Nurse). The Trust employs a Matron for Safeguarding Vulnerable Adults who takes a strategic lead across the hospitals for Safeguarding Adults, Mental Capacity Act and Deprivation of Liberty Safeguards and Learning Disabilities.

From May 2009 MTW NHS Trust set up a Multi-Agency Safeguarding Adults Committee which was originally convened monthly, and now meets bi-monthly. This committee reports up through the organisation via quarterly reports to the Quality and Safety Committee and yearly to the Trust Board. The main thrust of this committee is to prioritise the Safeguarding Agenda and work streams required to meet the National and Local Safeguarding agenda within MTW.

Key Achievements between April 2009 and March 2010

- Continuance of multi-agency working. The Maidstone and Tunbridge Wells Multi-agency Safeguarding Adults Committee meeting has good representation from within the local multi-agency arena. It is an effective meeting to review referral and investigative processes locally and for National Reports to be considered and responded to. However, in the absence of the Kent and Medway Multi-agency meetings in the first half of 2010 and lack of provider representation at Executive Board level, operational areas of concern have emerged with regards to working across agencies
- Policy and Procedures. The Trust policy for Safeguarding Vulnerable Adults has been updated and reviewed in 2009 and is currently undergoing further review and update this year. This policy has been written so that it is in line with the agreed Multi-Agency Safeguarding Policy and Procedure which MTW endorses. The Trust Mental Capacity Act Policy and Procedure has been rewritten to ensure that it reflects changes in legislation. The Trust has written a Restraint Policy and Procedure which has been published on the Trust Intranet
- Safeguarding Champions and Resources. The SVA Policy and Procedure has introduced the concept of having Safeguarding Champions in each clinical area and to date the SVA Matron has had 62 Safeguarding Champions nominated across a variety of work areas. The role of Safeguarding Champion is in its early developmental stage and they will be expected to complete additional training to equip them with skills and knowledge to enhance the role undertaken. They will become a point of expertise for each area in identifying Vulnerable Adults and in understanding where to seek help and advice from if issues of concerns are raised.

Top challenges between 2009 and 2011

- Professionalism and consistency of approach. All professionals are being challenged to improve their approaches and decision making with regards to responses to Safeguarding Adults in their care. The appropriate use of the published policies and procedures and referral mechanisms in a timely manner will be emphasised at all given opportunities. This remains a challenge for the forthcoming year
- Embedding the role of the Safeguarding Champions. Although clearly the response for nominations of Safeguarding Champions is impressive it will be challenging this year to embed and develop their role and expertise to optimise the Safeguarding Agenda in all areas
- Consistent application of the MCA and DoLS. Basic awareness in the Mental Capacity Act training is continuing to be delivered by the Matron SVA. The Trust recognises its challenges with regards to embedding the application of the Mental Capacity Act in practice and the Matron SVA is looking at a number of creative ways in which this learning can be delivered across the Trust to a cross section of professionals.

Learning from adult protection alerts

- Awareness amongst staff with regards to referral and investigative processes has been raised
- Debrief Sessions are offered at the end of safeguarding processes when events are reported to have occurred in the hospital setting to inform staff and counsel staff in what have been difficult circumstances.
- Body checking and mapping as soon as possible upon admission of all adults.
- Improvements in documentation - staff have a heightened awareness of gaps in documentation
- Transfer of Care Form now reinstated for use for transfers to Community Hospitals, care homes and complex discharges.

b) Community Health Services

i) Eastern and Coastal Kent Community Services (ECKCS)

Eastern and Coastal Kent Community Services takes a proactive approach to safeguarding vulnerable adults. The executive lead is currently the Interim Director of Nursing with a nominated interim non executive lead that is also the chair of the Interim Quality Committee (a sub group of the Board). There is a Safeguarding Vulnerable Adult Team in place comprising of the Named Nurse for Adult Protection and two Safeguarding Vulnerable Adult Nurses.

The safeguarding governance group represents both children and adults. It provides assurance and reports to the Interim Quality Committee. The Intelligent Information and Investigation group is part of the governance structure who scrutinise incidents, complaints and patient experience data, identifying trends, themes, risks and safeguarding issues which are escalated to the safeguarding governance group.

The Safeguarding, planning, monitoring, and implementation group (a sub group of the safeguarding governance group) is responsible for monitoring action plans, identify lessons learnt and outcomes which are fed back to the safeguarding group and there are links back to the clinical governance groups within the organisation.

Key Achievements between April 2009 and March 2010

- The implementation of the Department of Health Guidance “Clinical Governance and Adult Safeguarding - An integrated process “(DH 2010) within the organisation has encouraged robust systems to ensure safeguarding is embedded. There are more robust processes now in place which have led to safeguarding being incorporated in the review of complaints, serious incidents and incidents via the Intelligent Information and Investigation group. The lessons learnt that relate to safeguarding are managed robustly through the governance structures
- The Adult Protection policy has been updated in response to local and national guidance and in addition a Safeguarding strategy and Safeguarding training strategy have been developed and implemented
- Adult safeguarding supervision has been embedded into the organisation. It provides support for staff and has highlighted lessons for the individual practitioner and the organisation.

Top challenges between 2009 and 2011

- The collation of accurate multi agency training data has been a challenge due to the way their data is presented, therefore a data trawl had to be undertaken to establish a baseline from all services to identify the workforce that had received level 2 and 3 multi agency training. This has now enabled us to provide accurate data to demonstrate compliance
- Organisational change has led to challenges with the separation between commissioners and providers and the role of the Designated Nurse for Adult Protection having moved into commissioning. Although this was a challenge an opportunity was created to re-establish the Safeguarding Team and focus the role of the service on provider assurance, support and specialist advice
- Safeguarding awareness has improved within services and reporting data evidences the increase in reporting however there still remains the on going challenge of staff understanding their responsibility of the safeguarding agenda, work continues to address this through the safeguarding nurse’s working alongside staff, providing supervision and supporting services.

Learning from adult protection alerts

- Outcomes from safeguarding concerns raised within the organisation have led to the development of an Out of Hours protocol for staff offering advice and guidance in supporting the management of safeguarding issues in partnership with other agencies during these times
- The implementation of a dependency tool within the community hospitals, to assess the level of complexity and dependency of the vulnerable adult and serve as a safeguard highlighting appropriate resource and skill required to meet their needs
- A robust contract for independent hairdressers working in our organisation is being developed to provide quality assurance and act as a safeguard
- Policies and clinical protocols have been influenced by safeguarding lessons and tissue viability training incorporates a designated section on the correlation between safeguarding and neglect
- As a result of pressure ulcer reporting a weekly panel consisting of the patient safety clinician, tissue viability lead, safeguarding lead, serious incident management and a clinical services manager has been established to determine a decision whether identified grade 3 and 4 pressure ulcers are relating to patient safety, a serious incident and safeguarding. As a result the appropriate reporting and investigation routes are identified
- The pressure ulcer reporting and safeguarding cases have led to a pressure ulcer group being formed which analyses the lessons learnt from all incidents and takes action to ensure lessons are embedded to improve patient safety and quality of care to minimise risks.

ii) Medway Community Healthcare (MCH)

Medway Community Healthcare is firmly committed to raising awareness of safeguarding adult issues and reducing adult abuse and therefore has a safeguarding team in place with executive representation at board level. In 2010 the team became part of Adult Services within MCH to ensure that safeguarding adults is embedded into the service.

Safeguarding adults is represented on MCH's Executive Board by the Associate Director of Clinical Standards and from 2011 a Head of Safeguarding is the professional lead for both adults and children.

The Safeguarding Adults Team has recently been revised in line with organisational changes within Medway Community Healthcare and is made up of a Mental Capacity Act Manager, a Safeguarding Adults Advisor and a Safeguarding Adults Practitioner. In September 2010 a Specialist Nurse (Domestic Abuse) was appointed to work across safeguarding children and adults.

Action plans from serious incidents and any lessons learned are quality assured by the Clinical Safety and Risk Management group which reports into the Quality Committee.

Key Achievements between April 2009 and March 2010

- Raising awareness of safeguarding adults to members of the public and staff within Medway during a dedicated week in 2010
- Supervision established and reporting on 100% compliance to NHS Medway
- A 61 % increase of all levels of health practitioners including GPs raising alerts and seeking advice from the team.

Top challenges between 2009 and 2011

- Embedding the Mental Capacity Act and safeguarding into services and to assist with improvement of documentation to reflect this
- Working towards clinical supervision for all staff who have been involved in a safeguarding adult/Mental Capacity Act investigation
- Raising awareness and facilitating training within General Practice those who work outside of normal office hours.

Learning from adult protection alerts

- Staff are more supported in raising safeguarding alerts
- Staff receive safeguarding clinical supervision individually when they have been involved in a safeguarding case and within their own team twice yearly
- Safeguarding adults training is a priority for Medway Community Healthcare, at these sessions' staff are reminded of their responsibilities regarding the Public Disclosure Act and informed of how they will be supported if/when necessary
- The safeguarding adults' team work closely with Governance, senior managers and Human Resources to support staff.

iii) West Kent Community Health (WKCH)

The information provided is from the provider arm of the PCT, formerly known as West Kent Community Health (WKCH) and not from the new organisation, Kent Community Health NHS Trust, which was created in April 2011.

The Executive Lead for Safeguarding was, until his retirement in March 2011 the Chief Nurse whose directorate was under the umbrella of Clinical Governance. SVA/MCA reports are written and submitted on a bi monthly basis to the Patient Safety and Quality Group which highlights areas of both poor and good practice and generally provide safeguarding information across the three localities. WKCH has reviewed its Safeguarding Vulnerable Adults Policy to incorporate national and local changes made to the safeguarding agenda, which includes the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Key Achievements between April 2009 and March 2010

- Training. WKCH has been committed to developing an ongoing SVA/MCA training programme that is 'fit for purpose'. Both SVA and MCA is mandatory training for all clinical staff and all staff that come into contact with vulnerable adults, this equates to WKCH requiring 100% attendance figures. WKCH can report that all training is evaluated and has been well received from training sessions delivered
- Change in Care Home Culture. Due to the commitment, diligence and determination of a community nursing team based, in the north of the locality, the culture within one care home has changed dramatically for both the residents and staff. The Community Nursing Team (CNT) was visiting the home and through observation of the practice that was being delivered by the management of the home, the CNT recognised institutional abuse that they brought to the attention of both WKCH and Social Services. A lengthy intensive multi agency investigation was undertaken which now means that through changes to management and practice, residents now enjoy a better quality of life that is free from abuse and staff work in an environment that promotes good practice

- Protocol 19. This is now embedded within the safeguarding culture when investigating adult protection cases relating to causative factors of skin integrity damage. The achievement and success is due to the dedication of the Tissue Viability Nursing (TVN) Service that takes the lead for the investigation. Recommendations form part of the investigation report and these are reported back to WKCH Head of Service and Social Services for appropriate action.

Top challenges between 2009 and 2011

- Safeguarding Service. The biggest challenge during this period has been in providing a Safeguarding Service with one whole time equivalent member of staff in post, covering a large geographical area, over three localities. The limited resource Safeguarding Service has created a gap which has predominately affected the care home (nursing) sector when health investigations are required
- Working to criteria. The Chief Nurse recognised the limited Safeguarding Service that could be offered during this period and agreed criteria for when WKCH could be involved in alerts. Although the criteria were communicated to all partner agencies, it has caused frustration and confusion with some agencies, as to when WKCH will investigate
- Prioritising Alerts. Due to the limited resources available to the Safeguarding Service the prioritising of alerts has been a frustrating challenge, especially when Protocol 19 investigations have been required. Protocol 19 is part of the Multi Agency Policy but no time line has ever been agreed which again has caused frustration to our Commissioners and social services colleagues. The Protocol 19 investigations are a lengthy but valuable contribution to the adult protection process which have proved valuable in determining causative factors to skin integrity damage

c) Mental Health Trust

i) Kent and Medway Mental Health and Social Care Partnership Trust (KMPT)

The Executive Director of Nursing and Governance is the lead on the trust board for safeguarding. There is currently a Head of safeguarding who is supported by a Lead for Mental Capacity Act and DoLS. There is assurance reporting to the Board via the Governance and Risk Committee.

Key Achievements between April 2009 and March 2010

- Establishment of structure linking safeguarding of adults (including MCA/DoLS) and children and initial governance processes
- Policy defined the minimum training needs matrix for all levels of multi-agency training and assisted in increased actual training activity at awareness level across all Trust services
- Established central data collection of safeguarding alerts, training activity and allegations against staff (including reporting to ISA, professional and regulatory bodies).

Top challenges between 2009 and 2011

- Strengthening our safeguarding processes through the actions outlined in the Adult Safeguarding Improvement Plan
- Maintaining the focus on safeguarding in the light of the restructure of Access/Recovery teams
- Using the result of case file audits to address gaps in practice but also to share across the organisation examples of best practice

- Continue to build upon and enhance safeguarding data to inform decision making where safeguarding is concerned across the organisation and with partner agencies
- Appropriate use of data to provide assurances that safeguarding standards are being maintained
- Develop safeguarding champions across the organisation who will mentor and motivate staff in achieving best practice in safeguarding
- Recreate the Trust wide forum for discussion of safeguarding practice.
- Support staff and enhance knowledge and skills through training and development that is appropriate to their level of responsibility
- Develop Domestic Abuse Strategy and deliver training around this issue to all staff.

Learning from adult protection alerts

- A refocus by Designated Managers re timely progression and closure of safeguarding cases
- Refocus on training/awareness/questioning of practice (whistle-blowing policy) for staff on in-patient units
- Refocus on use and management/supervision of physical restraints for in-patient services
- Inclusion of assessed compatibility needs at admission/transfer planning/review stages in both in-patient and residential care settings
- Refocus on mentoring/strong value base and best practice leaders for/within staff teams
- Increased awareness/focus for Access and Recovery Teams of safeguarding issues within SDS implementation.

d) Ambulance Trust

i) South East Coast Ambulance NHS Foundation Trust (SECamb)

South East Coast Ambulance Service NHS Foundation Trust has a safeguarding lead, with responsibility for adult and child safeguarding, mental capacity and child death. Key safeguarding information is disseminated through the Trust through internal communications, team briefings and face to face contact.

The safeguarding lead reports to the Clinical Quality Manager (Clinical Audit and Safeguarding), and the senior manager is the Head of Medical Services. The executive lead with responsibility for safeguarding is the Medical Director.

Key Achievements between April 2009 and March 2010

- The two years from April 2009 to the end of March 2011 has seen a continued growth in the numbers of referrals being made across the whole Trust. Reports of concerns regarding adults in 2009 - 2010 saw an increase of 56.37% on the year before and the following year, 2010 - 2011 saw a further increment of 57.43%. This includes all adult concerns, not just safeguarding investigations
- We have developed a new database to enhance the data collection processes that were already in place and which will also allow differentiation between types of concerns being raised. This is vital for the continued development and targeting of training needs, awareness raising and learning for the Trust to ensure that referrals are appropriately being made to partner agencies
- SECamb has been actively involved in the national safeguarding forum, a group that comprises safeguarding lead representation from all English ambulance Trusts and is working collaboratively on national agendas, such as training, competencies frameworks and CQC assurance.

Top challenges between 2009 and 2011

- Being a large, geographically widespread, organisation has unique challenges regarding staff engagement and standardisation. Having seven local authorities with differing priorities, aims and objectives within our boundaries also brings its own challenges
- Implementation of a suitable e-learning package for ambulance personnel has had to compete with other mandatory organisational learning needs, and as a result could not be made available to staff in 2010 - 2011 as hoped. In collaboration with other leads via the national safeguarding forum bespoke, ambulance specific training is under development to address the current gap with existing products available to us, however the currently chosen product will be launched on 1st June 2011
- As part of SECamb's pro-active approach to safeguarding and the wider social engagement of vulnerable people living within our area, ensuring feedback for every case which is raised is key to the ongoing success of the reporting system, it will also allow greater analysis of the referrals being made with the new database in place. Improvements need to be made to improve accessibility to this information to ensure optimum use is made of it.

7.3.8 Challenges for 2011 - 2012

- Responding to increasing guidance and legislation such as the Department of Health guidance, Strategic Health Authority review and recommendations and further proposed guidance and possible legislation including publication of Law Commission report on the law on Adult Social Care; the report of the Independent Commission on the Funding of Care and Support; and the White Paper on social care reform December 2011
- Rationalising and standardising policy, procedure and training strategies across Kent and Medway and ensuring alignment and compliance with multi-agency policies and procedures
- Maintaining strong relationships with providers, particularly where they are undergoing significant change due to policy reform and/or stringent financial limitations. Ensure that providers feel effectively engaged and supported, particularly within the multi-agency arena
- Engaging GPs in safeguarding, both as providers of care to vulnerable adults and as developing commissioners within the NHS reforms
- Planning for the transition of current safeguarding structures and resources as SHAs and PCTs are abolished in 2012 and 2013 respectively, whilst maintaining strong leadership across the health economy
- Developing effective performance indicators and dashboards which give a clear picture of safeguarding practice across the region. Work with providers and our local authority partners to ensure that data is robust and timely.

7.4 Kent Police

Performance

The following table shows April 2010 – March 2011 Adult Abuse performance figures:

Crime/ Incident Breakdown	North Kent	West Kent	Mid Kent	Medway	East Kent	South Kent	Force
Total Reported Crimes	45	28	28	16	35	6	158
Total Secondary Incidents	313	569	524	436	976	350	3168
Total	358	597	552	452	1011	356	3326

The following table shows April 2009 – March 2010 Adult Abuse performance figures:

Crime/ Incident Breakdown	North Kent	West Kent	Mid Kent	Medway	East Kent	South Kent	Force
Total Reported Crimes	42	8	24	21	37	21	153
Total secondary incidents Secondary Incidents Secondary Incidents	243	469	530	329	553	325	2449
Total	285	477	554	350	590	346	2606

The above figures highlight an increase of crimes from 2009 - 2010 to 2010 - 2011 by 5 and 715 secondary incidents (720 total). The increase in total number of incidents (28%) reflects improved multi agency communication and police referral recording practices. The restructure of Kent Police will change the Public Protection Units to centralised ownership under the line management of the Head of Public Protection.

⁴ Secondary incidents consist of referrals (alerts) received by Police from Adult Social Services and from Police to Adult Social Services, nearly all incidents are initially recorded as Secondary Incidents. Those that are criminal offences are upgraded as a result.

The following table shows the breakdown for April 2010 - March 2011 of the type(s) of abuse involved in the Crime/Incident:⁵

Crime Type Breakdown	North Kent	West Kent	Mid Kent	Medway	East Kent	South Kent	Force
Emotional	148	24	83	70	295	75	695
Financial	41	61	81	91	116	75	465
Neglect	47	84	62	86	119	18	416
Physical	76	77	119	119	148	83	622
Sexual	13	21	32	25	97	28	156

The following table shows the breakdown for April 2009 - March 2010 of the type(s) of abuse involved in the Crime/Incident:

Crime Type Breakdown	North Kent	West Kent	Mid Kent	Medway	East Kent	South Kent	Force
Emotional	124	31	33	75	286	121	670
Financial	34	82	45	98	98	85	442
Neglect	63	64	47	65	104	40	383
Physical	76	63	78	119	115	88	539
Sexual	14	11	25	23	28	33	134

Kent Police (Headquarters Public Protection Unit)

The Headquarters team lead on Policy and Compliance for Safeguarding and continue to monitor and audit the teams based around the County to ensure a consistent approach to investigations involving vulnerable adults. As such the unit is involved at all levels of the Kent and Medway Safeguarding work, from tactical delivery to Board level.

HQ Public Protection Unit quarterly focus groups enable both strategic and operational best practice to be identified and shared within each strand of public protection work (Adult Abuse, Child Abuse, Domestic Abuse, Rape and Serious Sexual Assault and Missing Persons).

The Kent Police external website, managed by the Adult Abuse Coordinator, offers advice and guidance to victims and multi agency partners to navigate the reporting process. In addition the HQ Public Protection Unit populate an internal website for staff with information and guidance surrounding Adult Abuse policy and safeguarding, including details of training with direct links to the Kent County Council and Medway Council Safeguarding web links. Adult Abuse Investigation training is now applied for on-line, making it both easier and more efficient for officers and staff.

On the 16 December 2010 the Chief Constable announced the force would receive a £53 million budget cut over the next four years (until financial year 2014 - 2015) with the majority of the budget cuts (around two thirds) occurring in the first two years. The Kent Police re-organisation includes the requirement to identify areas where efficiency can be improved in Public Protection while continuing to mitigate the risks of serious harm.

⁵ It is important to note that it is possible for a crime to have more than one type; it is not the unique number of crimes.

In February 2011 Kent Police hosted a multi-agency Lean5 event to discuss the feasibility of a Central Referral Unit (CRU). The HQ Public Protection Unit working party has continued this work stream to scope a CRU model proposed for public protection in Kent. Local Adult Abuse Investigation Units (AAIU) will work alongside Child Abuse (CAIU) and Domestic Abuse (DAU) teams to form Safeguarding Teams. The benefit of utilising trained CAIU and DAU officers will provide more capacity and resilience to the response of Adult Abuse.

Consultation ACPO (2011) Guidance on Safeguarding and Investigating the Abuse of Vulnerable Adults

The draft of the inaugural ACPO (2011) Guidance on Safeguarding and Investigating the Abuse of Vulnerable Adults has been circulated for national consultation. The guidance is aimed at all police officers, police community support officers, police staff, special constables, in particular those who deal directly with the public. It is especially relevant to all members of Public Protection Units, Neighbourhood Teams and those involved in developing policy on the police response to safeguarding adults. The purpose is to spread awareness of the issue of adult abuse to ensure the workforce is able to identify concerns at the earliest opportunity to enable a robust intervention to take place.

The publication in 2010 of the National Policing Improvements Agency guide to dealing with people with Mental Health and Learning Disabilities provides officers with understanding around dealing with the public, in particular where there are issues such as mental health or other disabilities involved.

The Mental Capacity Act

The Mental Capacity Act of 2005 brought into existence the new legislation under section 44, the offence of ill-treatment or neglect of a person lacking capacity. Kent Police performance figures for April 2009 - March 2010 reveal a total of 383 neglect offences compared to 416 in April 2010 - March 2011. Within these totals there will be section 44 offences; it is not possible at this stage to indicate the exact number.

Joint working with Kent and Medway partner agencies continues as an essential part of the Local Implementation Network meeting to address training and problems arising from both this Act and that of the Mental Health Act. A Train the Trainer course has been agreed and established, in order to disseminate this training to officers and staff.

The HQ Public Protection Unit and the Crown Prosecution Service (CP) meet on a quarterly basis in line with the aforementioned focus groups, in order to facilitate feedback and clarification of National Guidance. A recent query by a reviewing lawyer over the charging remit of Section 44 was raised but was quickly dispelled and National guidance will be provided throughout the CPS to ensure clarity for all its prosecutors.

Kent Police, in liaison with Kent County Council and the South East Coast Ambulance Service, are currently producing joint protocols for dealing with people lacking capacity especially with regards to Best Interests decisions and the use of restraint where deemed necessary.

⁶ LEAN is simply the method of looking at how we do business from the customer's point of view. By mapping out what we do, the areas of 'waste' or 'things' we do because we always have become apparent. The LEAN approach takes you through a method, which helps to make improvements that cut out this bureaucracy. The outcomes of this event included enhanced relationships and better understanding of each other's agencies and the work completed.

Training

Kent Police continues to host the joint working Level 4 training course in criminal investigation. Officers continue to receive a high level of training and some have accessed a distance-learning course on dementia awareness to improve the level of knowledge. Alongside the Adult Protection training, officers have also attended the training around the Mental Capacity Act and the Deprivation of Liberty Safeguards, delivered by consultant trainers from Kent County Council. A recent training review of current training is being conducted to establish multi agency contribution with a view to improving efficiency and cost effectiveness.

Kent and Medway Inaugural Conference

Kent Police hosted a conference in March 2010 on behalf of the Kent and Medway Safeguarding Vulnerable Adults Executive Board aiming to raise the profile of adult protection, whilst promoting good practice in Kent.

South East Regional Adult Safeguarding Group

Kent Police continue to attend and contribute to the South East Regional Adult Safeguarding Group, in order to share good practice and information across the local Forces. Kent Police also continue to attend and contribute to the South East region Strategic Heads of Public Protection Units and the Operational Adult Safeguarding Group. Forces represented include Surrey, Sussex, the Metropolitan Police, British Transport Police, Hampshire and the City of London. Given the increasing demands on the Police service nationally, this forum has seen greater co-operation between forces especially with issues around training and safeguarding practises.

Conclusion

Kent Police continues to promote and encourage multi agency engagement with colleagues from all agencies involved in the work of Safeguarding Vulnerable Adults.

It is clear that as public awareness around adult abuse increases due to government agenda and adverse reporting, that the exact picture of abuse is beginning to become apparent. Reports to Kent Police have dramatically increased in the period April 2010 - March 2011. This is in line with an ageing population and has been highlighted as a potential risk in the Threat and Risk Assessment undertaken by the Public Protection Unit.

Section 8: Safeguarding activity 2009 - 2010 and 2010 - 2011

8.1 Background to the data

The data for this report was extracted from SWIFT for Kent County Council, Medway's safeguarding database and from the PCT's own systems. In most cases the data covers two periods: April 2009 - March 2010 and April 2010 - March 2011.

8.2 Adult Protection Referrals

The following section summarises safeguarding referrals. This is where a concern has been raised which has invoked an adult protection investigation or assessment. In Kent and Medway all adult protection alerts are evaluated as a matter of priority. Those that are not considered to be adult abuse will be referred through a more appropriate route. This may include care management assessment, Quality in Care, or to another agency, e.g. District Councils' or Kent Police where domestic abuse is an issue and the victim is not considered a vulnerable adult under 'No Secrets'.

i) Rates of referrals - changes between 2008 - 2009, 2009 - 2010 and 2010 - 2011

During the 2008 -2009 period, there were 2,213 referrals, 2,411 for the period 2009 -2010 and 2,349 for the period 2010 - 2011. Across the whole of Kent and Medway, the number of referrals has remained relatively stable. In East and West Kent there has been a slight decrease between 2009 - 2010 and 2010 - 2011 (5.4% and 4.5% respectively). However, in Medway there has been an increase of 17%.

Area	2008 - 2009	2009 -2010	2010 - 2011	% of total in 2010-2011	% change between 2009-10 and 2010-11
East Kent Total	1278	1341	1268	54.0%	-5.4%
West Kent Total	690	793	757	32.2%	-4.5%
Medway	245	277	324	13.8%	17%
Total	2213	2411	2349	100%	-2.6%

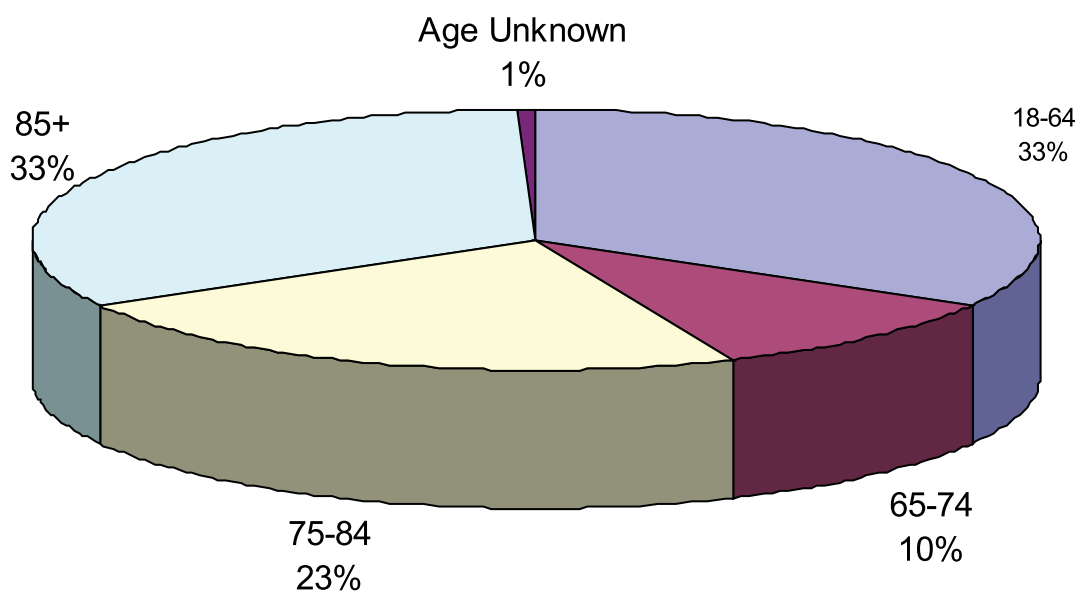
Table 1: Safeguarding Referrals recorded in Kent and Medway between April 2008 and March 2011

In 2010-2011, East Kent had the highest volume of referrals in Kent, contributing to 54% of the total. Referrals from West Kent made up 32.2% and referrals from Medway made up 13.8%. Between April 2008 and March 2010 East and West Kent experienced a significant rise in referrals. It is therefore not surprising that between April 2010 and March 2011 the referrals have plateaued. Informal discussions with one other county council suggest that they have had a similar experience.

ii) Age of alleged victims

During the period April 2009 to March 2011 there were 4,760 referrals, the age groups of the alleged victims is shown in figure 1 below. There has been no significant variation in the percentages in each age band to the last Annual Report 2008 - 2009.

Age of alleged victims 2009-2010



Age of alleged victims 2010 - 2011

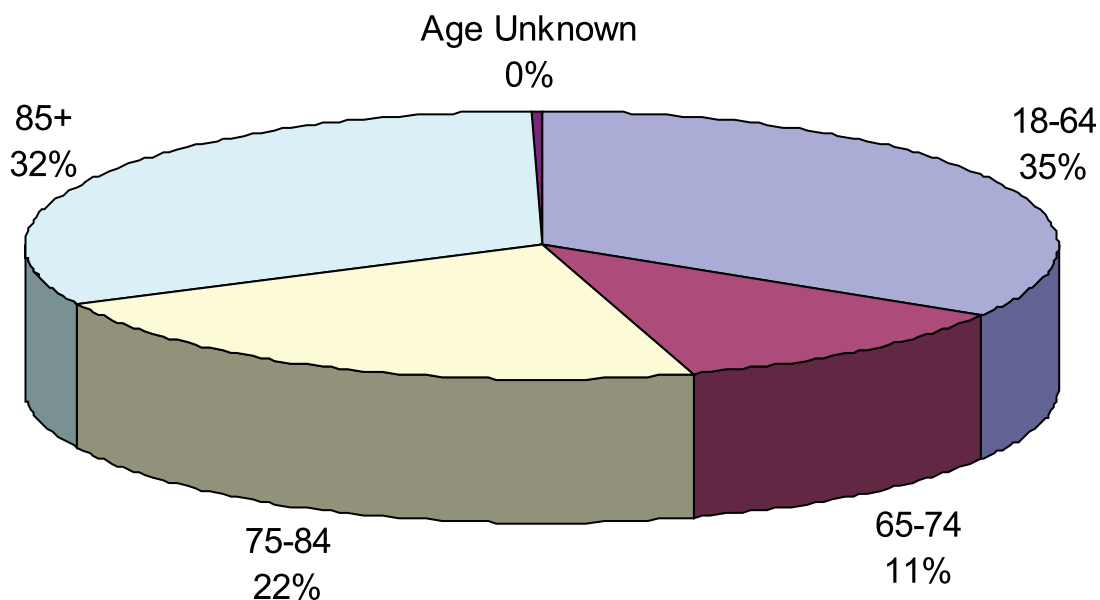


Figure 1: Safeguarding Referrals recorded in Kent and Medway between April 2009 and March 2011 - by age of alleged victim

These figures show that the majority of alleged victims are aged 65+.

iii) Gender of alleged victims

Of the 4,760 referrals during the period April 2009 to March 2011, 3,010 (63%) of the alleged victims were female and 1,749 (37%) male and 1 not recorded.

There was no significant variation in the proportions in this report compared to previous annual reports.



Figure 2: Safeguarding Referrals recorded in Kent and Medway between April 2009 and March 2011 - by gender

The gender proportion varies by age:

- In the age group 18 – 64, 48% of alleged victims are male and 52% are female.
- In the age group 65+, 31% of alleged victims are male and 69% are female.

iv) Ethnicity of alleged victims

The ethnicity of the alleged victims in Kent and Medway is broken down into the following categories:

	2008-2009	2009 - 2010	2010 - 2011	Total proportion 2010 2011
White	2038	2188	2137	90.97%
BME	45	76	52	2.21%
Not stated*	130	147	160	6.81%
	2213	2411	2349	

Table 2: Safeguarding Referrals recorded in Kent and Medway April 2008 and March 2011 - by ethnicity

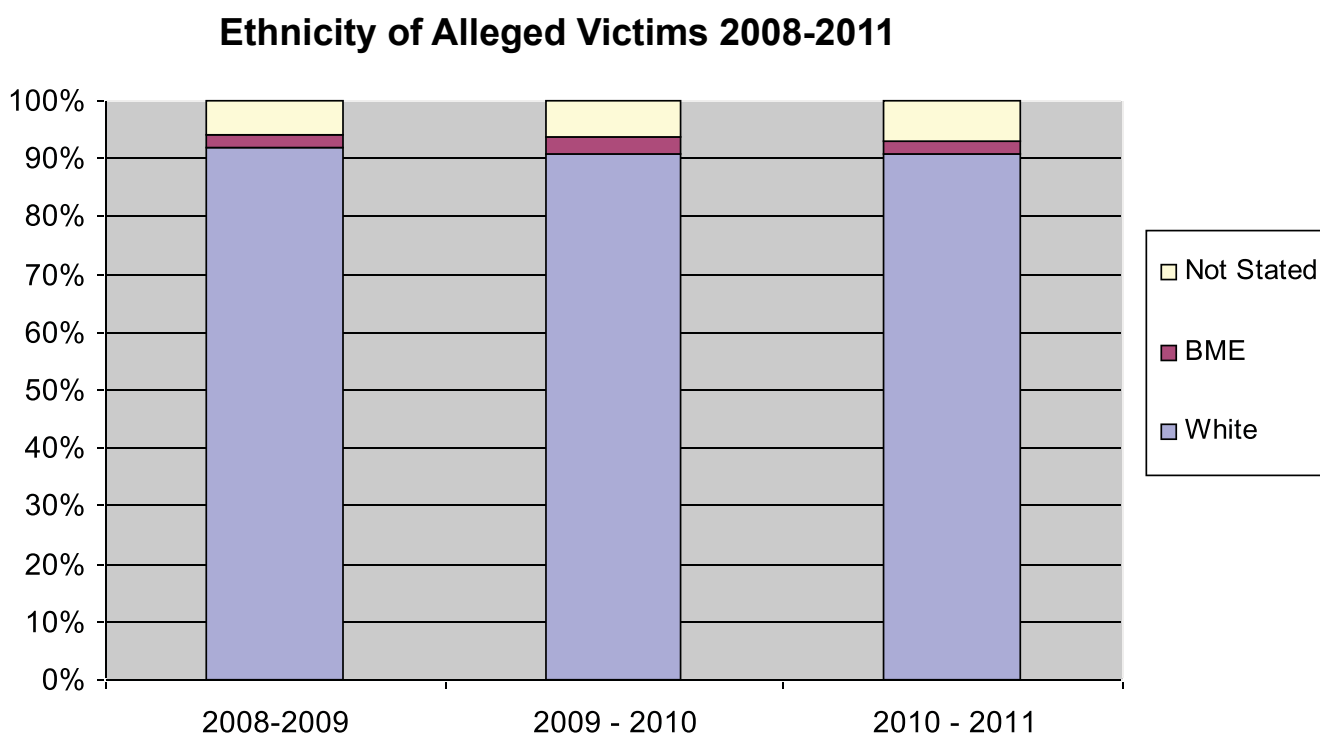


Figure 3: Safeguarding Referrals recorded in Kent and Medway between April 2008 and March 2011 - by ethnicity

Extensive effort has been made to improve access to safeguarding services for BME communities, however to date, this has not made an impact on the figures.

v) Client category of alleged victims

The client categories of the alleged victims of abuse in the period April 2009 to March 2011 are presented in Table 3. Of the alleged victims 65.9% of referrals recorded were 65+ years.

Overall 53% of safeguarding referrals have a client category of Physical Disability, 14% Mental Health and 19% Learning Disability.

	18 - 64	65+	Age unknown	Total	Total % proportion
Physical disability, frailty and sensory impairment	373	2137	3	2513	52.79%
Mental health	171	514	1	686	14.41%
Learning disability	817	67	3	887	18.63%
Substance misuse	4	2	0	6	0.13%
Other vulnerable people	173	246	8	427	8.97%
Not recorded	67	170	4	241	5.06%
Total	1605	3136	19	4760	

Table 3: Safeguarding Referrals recorded in Kent and Medway between April 2009 and March 2011 - by client category

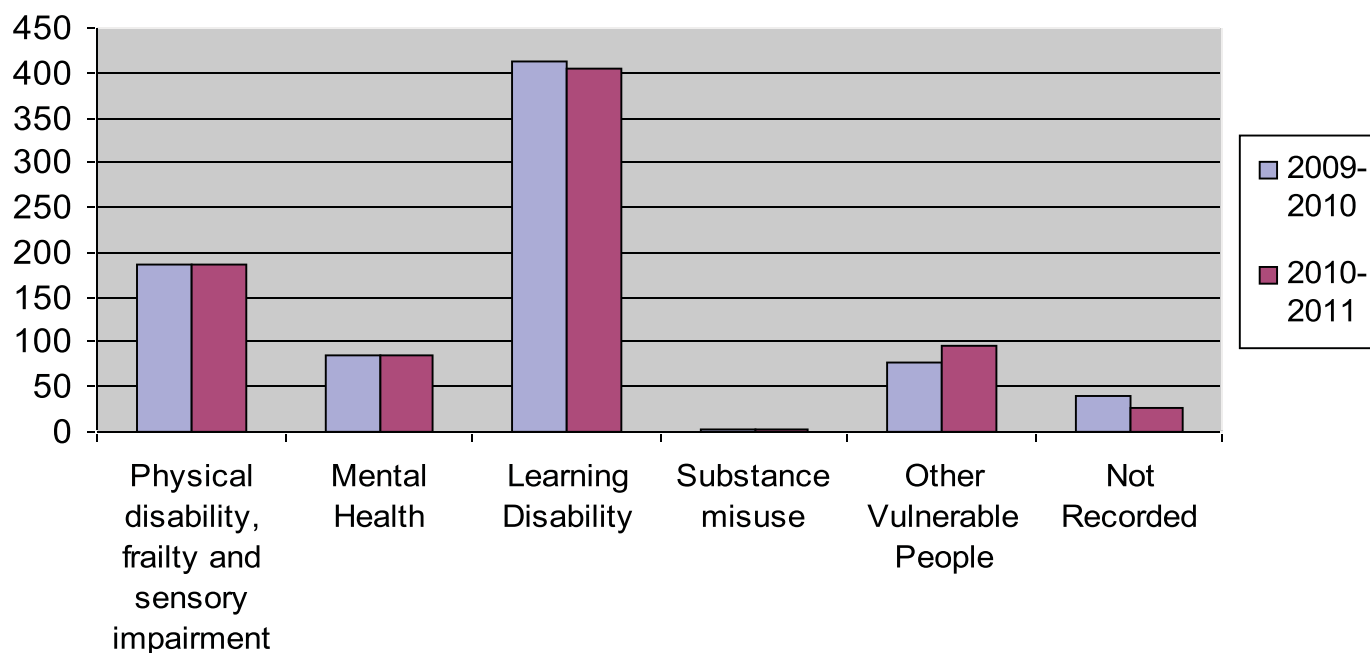
The table below shows the proportions for each year of each client category:

	2009 - 2010		2010 - 2011	
	18-64	65+	18-64	65+
Physical disability, frailty and sensory impairment	7.76%	44.10%	7.98%	46.08%
Mental health	3.59%	10.64%	3.63%	11.05%
Learning disability	17.23%	1.13%	17.24%	1.71%
Substance misuse	0.08%	0.08%	0.09%	0.00%
Other vulnerable people	3.25%	5.76%	4.05%	4.61%
Not recorded	1.71%	4.67%	1.11%	2.47%

Table 4: Safeguarding Referrals recorded in Kent and Medway April 2009 and March 2011 - proportions of client category

The information in Table 4 can be further broken down into age categories and the bar charts below illustrate this. In total 51% of 18 - 64 year old clients with a safeguarding referral have a client category of Learning Disability and 68% of 65 + year old clients with a safeguarding referral in the period have a client category of Physical Disability.

Client category of alleged victims 18-64



Client category of alleged victims 65+

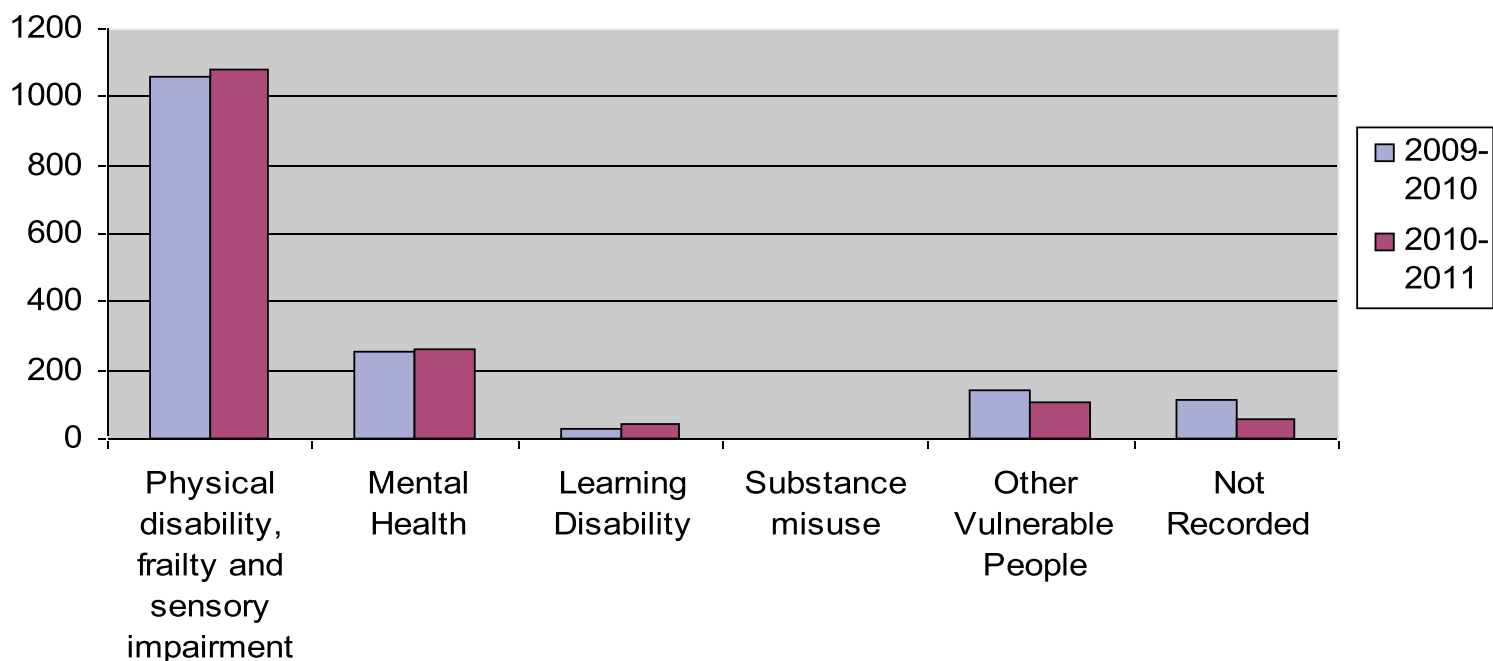


Figure 4: Safeguarding Referrals recorded in Kent and Medway between April 2009 and March 2011 - by client category and age

The tables show that the categories in both groups are of similar proportions when comparing the 2 years. The Other Vulnerable People category tends to refer to those people who in normal circumstances would not be eligible for adult care services.

vi) Source of Safeguarding Referrals

The sources of safeguarding referrals for April 2008 to March 2011 are shown in Table 5 below. The 'Other' category includes Carer, Independent Non Statutory/Voluntary Agencies, Anonymous, Legal (Including Solicitors), Other Local Authority, Probation and Stranger.

Table 5 shows that the largest source of referrals in the period is Social Care Staff contributing to 36.72% of all referrals. The proportions in each period have stayed relatively similar as shown by the last column. There have been small but significant increases in referrals from Police and family members. The largest change was a 4% increase in health staff. We believe these increases are a response to increased public awareness and increased training opportunities for staff.

Source of referral	April 2008 to March 2009	April 2009 to March 2010	April 2010 to March 2011	2009-10 and 2010-11 Total %	Proportion change between 2009-10 and 2010 - 2011
Social care staff (statutory and independent)	936	883	865	36.72%	0.20%
Health staff	382	457	539	20.92%	3.99%
Self referral	56	91	88	3.76%	-0.03%
Family member	202	201	236	9.18%	1.71%
Friend/neighbour	43	77	56	2.79%	-0.81%
Other service user	0	4	2	0.13%	-0.08%
Care Quality Commission	40	56	23	1.66%	-1.34%
Housing	31	69	46	2.42%	-0.90%
Education/training/workplace establishment	8	12	12	0.50%	0.01%
Police	124	109	145	5.34%	1.65%
Other	226	373	302	14.18%	-2.61%
Unknown	165	79	35	2.39%	-1.79%
Overall total	2213	2411	2349		

Table 5: Safeguarding Referrals recorded in Kent and Medway between April 2008 and March 2011 by the source

vii) Location of abuse

During the period April 2009 to March 2011 there were 4,760 safeguarding referrals recorded in Kent and Medway. The last column in the table shows the proportion change between the two periods.

The table below uses location categories as determined by the Department of Health. This is not exactly comparable with the location table from previous annual reports and so a direct comparison cannot be made.

In 2008 - 2009 43% of incidents of abuse happened in a care home setting (including nursing) compared with 44.13% in 2009 - 2010 and 38.83% in 2010 - 2011.

In 2008 - 2009 37% of incidents of abuse happened in the alleged victims own home, compared with 37.49% in 2009 - 2010 and 41.42% in 2010 - 2011. This increase is not surprising given that the priorities of adult social care have been promoting independence and personalisation which has enabled more people to remain in their own homes.

Location alleged abuse took place	2009 - 2010	2010 - 2011	2009-2010 and 2010-2011 Total %	Proportion change
Own home	904	973	39.4%	3.93%
Care home - permanent	667	505	24.6%	-6.17%
Care home with nursing - permanent	301	234	11.2%	-2.52%
Care home - temporary	95	171	5.6%	3.34%
Care home with nursing - temporary	1	2	0.1%	0.04%
Alleged perpetrators home	22	38	1.3%	0.71%
Mental health inpatient setting	2	1	0.1%	-0.04%
Acute hospital	37	43	1.7%	0.30%
Community hospital	19	25	0.9%	0.28%
Other health setting	21	11	0.7%	-0.40%
Supported accommodation	113	82	4.1%	-1.20%
Day centre/service	24	42	1.4%	0.79%
Public place	42	47	1.9%	0.26%
Education/training/workplace establishment	13	9	0.5%	-0.16%
Other	93	61	3.2%	-1.26%
Not known	57	105	3.4%	2.11%
Total	2411	2349		

Table 6: Safeguarding Referrals recorded in Kent and Medway between April 2009 to March 2011 by location of alleged abuse

viii) Location - Alleged care home incidents by district

The table below shows the number and proportion of referrals where the alleged incident took place in a care home setting.

2009 - 2010 Area	Alleged incidents in a care home	Total number of alleged incidents	% proportion
East Kent total	636	1341	47.43%
West Kent total	349	793	44.01%
Medway	79	277	28.52%
Total	1064	2411	44.13%

2010 - 2011 Area	Alleged incidents in a care home	Total number of alleged incidents	% proportion
East Kent total	547	1268	43.14%
West Kent total	267	757	35.27%
Medway	98	324	30.25%
Total	912	2349	38.83%

Table 7: Safeguarding Referrals recorded in Kent and Medway between April 2009 to March 2011 Alleged care home incidents by Area

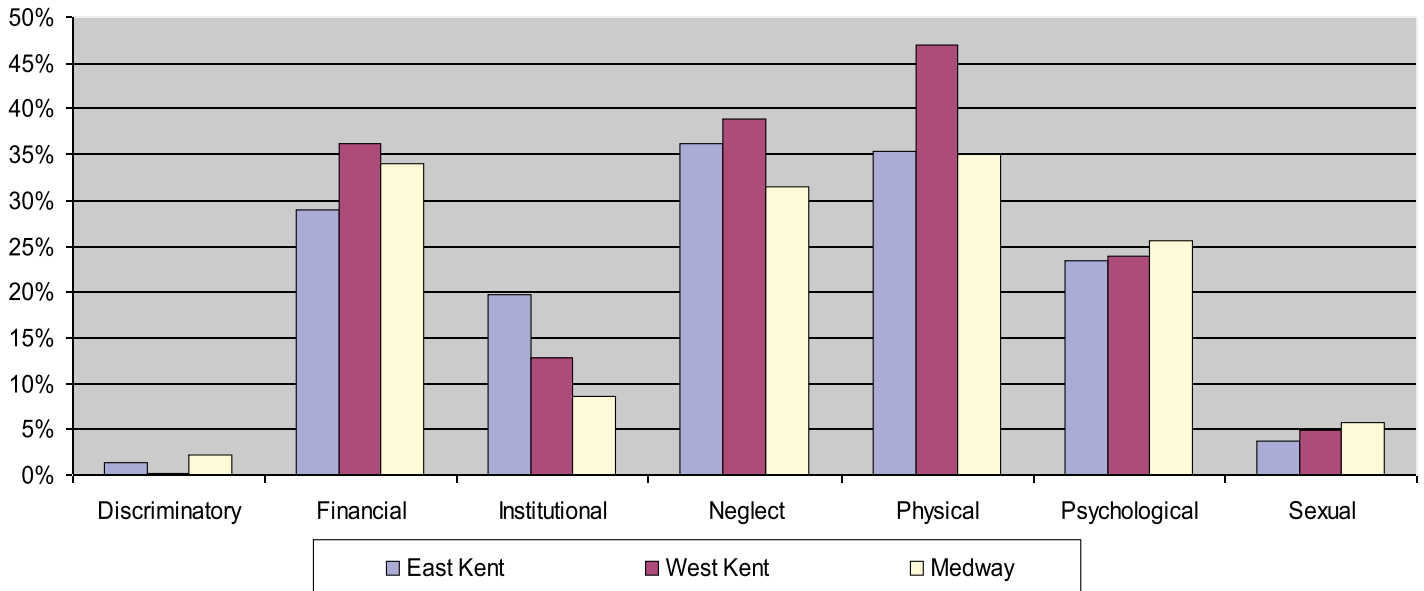
Alleged incidents in care homes continue to be a significant part of our work. East Kent has a larger concentration of care homes. Currently KCC is implementing a Quality in Care framework which will have a downward impact on figures. The Risk Meetings with CQC will be a further avenue to take this agenda forward.

Medway has a slight increase in percentage proportion of care home allegations comparing 2009 - 2010 and 2010 - 2011. This continues to demonstrate Medway's commitment to improving awareness and practice in care home provider services.

ix) Categories of abuse

For each referral multiple types of abuse may be identified. Figure 5 below shows the percentage of referrals where each type of abuse is apparent for 2009 - 2010 and 2010 - 2011.

Percentage of incidents of abuse categories by area 2009 - 2010



Percentage of incidents of abuse categories by area 2010 - 2011

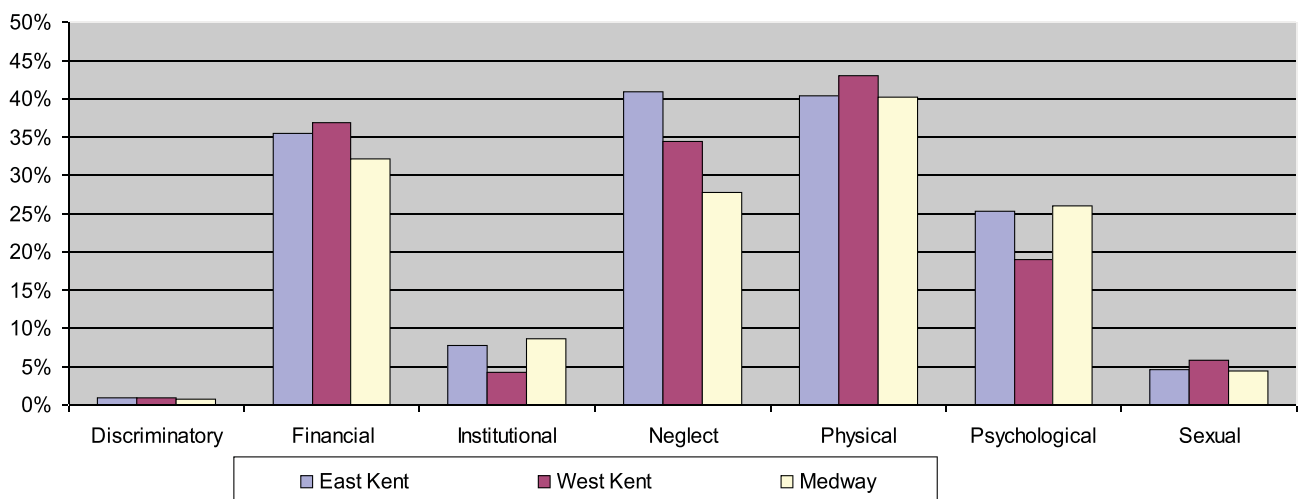
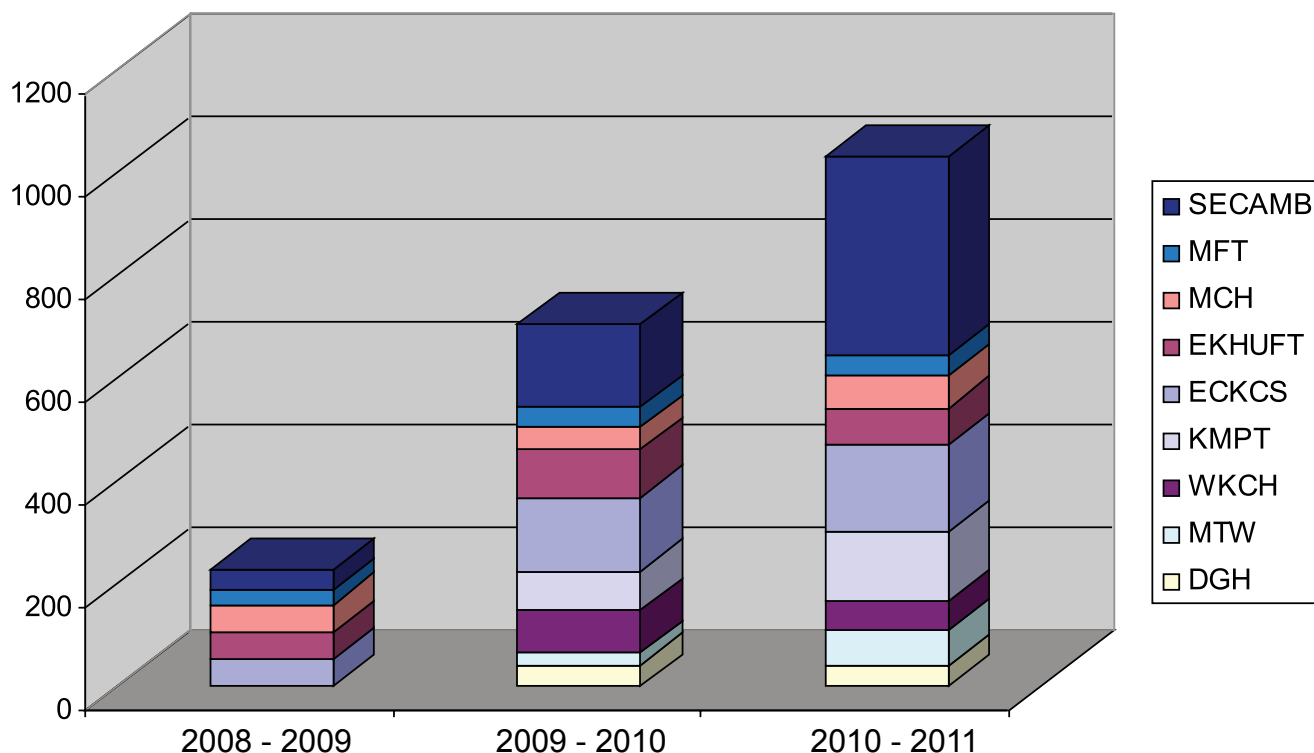


Figure 5: Safeguarding referrals recorded in Kent and Medway - Percentage of incidents of abuse categories by area 2009/10 and 2010/2011

The biggest decrease in category is that of institutional abuse. This is a result of different practices in coding the category of abuse. In Kent, adult protection alerts that may have previously been addressed through the adult protection protocols may be addressed through the Quality in Care framework which focuses on poor practice and quality issues in institutional settings.

8.3 Health data

Safeguarding activity : last three years



Key:

- ECKCS – Eastern and Coastal Kent Community Services, now the eastern region of Kent Community Health NHS Trust
- EKHUFT – East Kent Hospitals University NHS Foundation Trust
- DGH – Dartford and Gravesham NHS Trust
- MTW – Maidstone and Tunbridge Wells NHS Trust
- WKCH – West Kent Community Health, now the western region of Kent Community Health NHS Trust
- MCH – Medway Community Healthcare
- MFT – Medway NHS Foundation Trust
- KMPT – Kent and Medway Mental Health and Social Care Partnership NHS Trust
- SECAMB – South East Coast Ambulance NHS Foundation Trust.

The main increases have been in Eastern and Coastal Kent Community Services and South East Coast Ambulance NHS Foundation Trust as a result of training, staff awareness and better systems for recording.

The table confirms that health activity is increasing as noted in (vi) above. All the incidents are investigated with the majority coordinated by the local authorities.

8.4 Closed alerts

i) Breakdown of decisions

Of the cases that closed during the period April 2009 to March 2011 the decisions are shown in the table below. The percentages of cases confirmed are East Kent 38%, West Kent 29% and Medway 24%. The actual figures are shown in the table below.

	Substantiated / Confirmed	Partly Substantiated/ Partly Confirmed	Unsubstantiated/ Discounted	Not Determined / Inconclusive	Evaluated - Not Adult Abuse	Total
Ashford & Shepway	165	55	181	147	58	606
Canterbury & Swale	370	94	213	264	79	1020
Thanet & Dover	375	50	153	157	18	753
East Kent L D	77	16	62	91	21	267
East Kent Total	987	215	609	659	176	2646
Proportion	37.3%	8.1%	23.0%	24.9%	6.7%	
Dartford, Gravesham & Swanley	70	30	105	103	66	374
Maidstone & Malling	110	17	67	106	16	316
South West Kent	77	25	116	80	37	335
West Kent L D	92	20	68	48	34	262
West Kent Total	349	92	356	337	153	1287
Proportion	27.1%	7.2%	27.7%	26.2%	11.9%	
Medway	82	26	156	44	33	341
Proportion	24.0%	7.6%	45.7%	12.9%	9.7%	
Total	1418	333	1121	1040	362	4274
Total Proportion	33.2%	7.8%	26.2%	24.3%	8.5%	

Table 8: Safeguarding Referrals recorded in Kent and Medway - Outcomes recorded between April 2009 and March 2011

The number of cases categorised as inconclusive have been looked at through audits in Kent and Medway. The audits revealed that the majority were being miss-recorded. Work continues to address this.

Section 9: Development Plan 2011 – 2012

A number of key priorities will direct our work during 2011 - 2012 including:

- Further developing the Kent and Medway Safeguarding Vulnerable Adults Executive Board's Action Plan following the identification of key objectives at the Kent and Medway Network Conference in January 2011
- Implementing the Training Review Transition Plan
- Reviewing the multi agency safeguarding governance arrangements
- Developing a communication strategy and reviewing our information to the public
- Raising public awareness of safeguarding vulnerable adults particularly targeting BME communities
- Reviewing our multi agency policy and protocols
- Developing local community networks across Kent and Medway
- Reviewing the Serious Case Review Procedure
- Responding to national safeguarding developments e.g. government legislation
- Meeting the challenges of current changes in health and social care to ensure safeguarding vulnerable adults services are delivered effectively through periods of organisational change and uncertainty

Appendices

Appendix 1

Kent and Medway Safeguarding Vulnerable Adults - principles and values

The Kent and Medway Safeguarding Vulnerable Adults partnership is underpinned by the following principles and values:

- It is every adult's right to live free from abuse in accordance with the principles of respect, dignity, autonomy, privacy and equity
- All agencies and services should ensure that their own policies and procedures make it clear that they have a zero tolerance of abuse
- Priority will be given to the prevention of abuse by raising the awareness of adult protection issues and by fostering a culture of good practice through support and care provision, commissioning and contracting
- Vulnerable adults who are susceptible or subjected to abuse or mistreatment will receive the highest priority for assessment and support services. All agencies will respond to adult protection concerns with prompt, timely and appropriate action in line with agreed protocols
- These principles are applicable to all adults whether living in a domestic setting, care home, social services or health setting or any community setting
- Protection of vulnerable adults is a multi-agency responsibility and all agencies and services should actively work together to address the abuse of vulnerable adults
- Interventions should be based on the concept of empowerment and participation of the vulnerable individual
- These principles should constitute an integral part of the philosophy and working practices of all agencies involved with vulnerable adults and should not be seen in isolation
- It is the responsibility of all agencies to take steps to ensure that vulnerable adults are discharged from their care to a safe and appropriate setting
- The need to provide support for the carers must be taken into account when planning services for vulnerable adults and a carer's assessment should be offered
- These principles are based upon a commitment to equal opportunities and practice in respect of race, culture, religion, disability, gender, age or sexual orientation.

Appendix 2

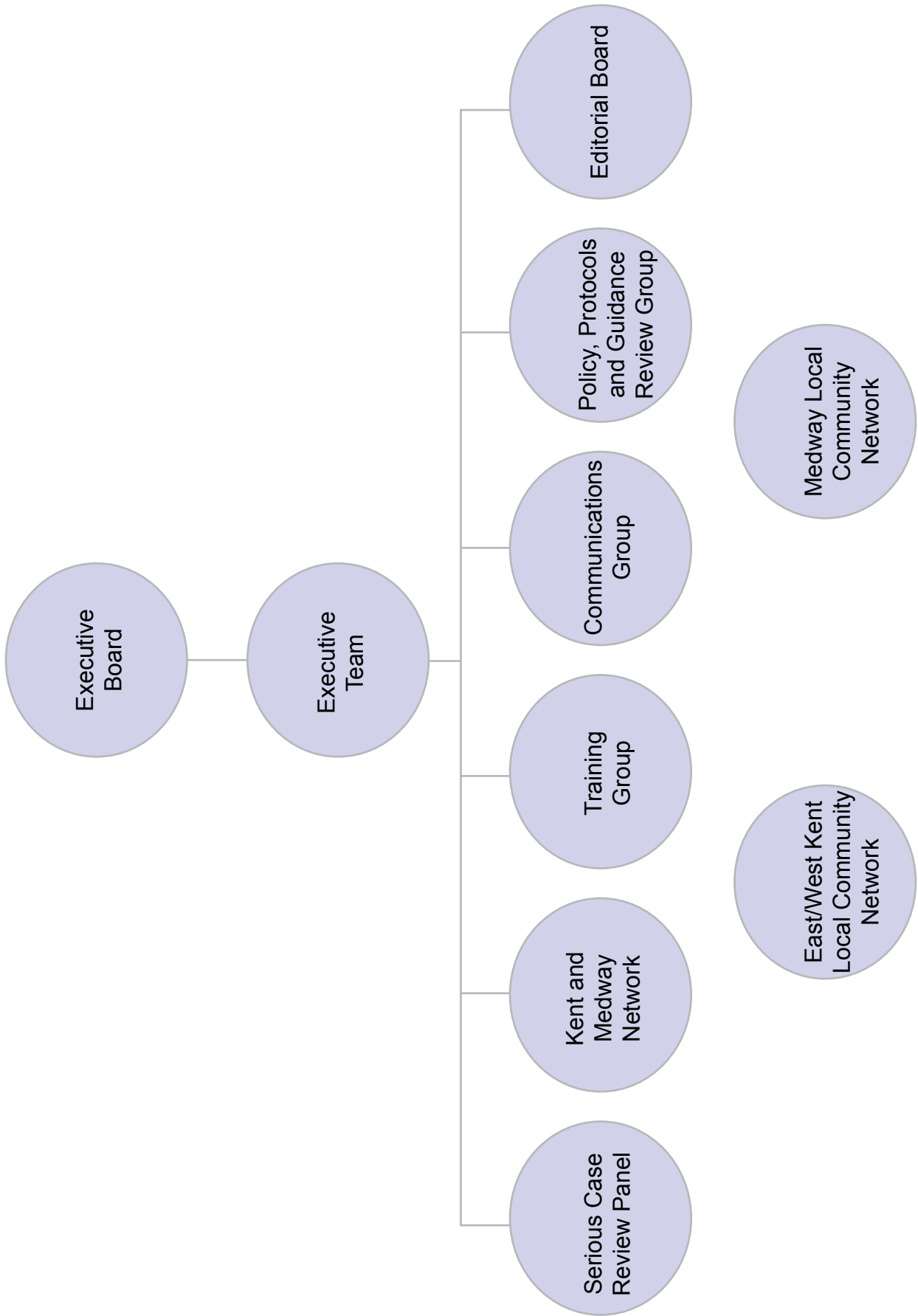
The main forms of abuse

The main forms of abuse are:

- Physical abuse including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions
- Sexual abuse including rape and sexual assault or acts to which the vulnerable adult has not consented, or could not consent or was pressurised into consenting
- Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks
- Financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
- Neglect or acts of omission, including medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- Discriminatory abuse, including racist, sexist, that is based on a person's disability, and other forms of harassment, slurs or similar treatment.

Appendix 3

Kent and Medway Safeguarding Vulnerable Adults Governance Structure



Appendix 4

Kent and Medway Safeguarding Vulnerable Adults Adult Protection Training Course Structure

Level 1:

Awareness

Developing a shared understanding about what constitutes abuse and the definition of what is a vulnerable adult? An understanding of the signs and symptoms of abuse. Also what to do if you witness abuse or are told about it.

Level 2:

The Practitioners Role

Dealing with disclosures for those who need to complete the alert form as part of their professional role. Determining risk, vulnerability and seriousness. Examining the implications of the three 'C's - capacity, consent and confidentiality.

Level 3:

The Investigators Guide

Knowledge and skills required in planning and undertaking a protective and/or detective investigation either within a single agency or jointly with colleagues from other agencies. Examining elements of good practice in gathering evidence.

Level 4:

Joint Working in Criminal Investigations

Developing mutual understanding of the complimentary and supportive roles of the police, social services and other agencies when a potential crime has been committed. This will include an overview of the 'Achieving Best Evidence' model of interviewing.

Level 5:

Decision Making and Accountability

This course is directed at those who will be involved in the conclusion decision making processes (such as care conferences and planning meetings) and have responsibility for these under the current policy and procedures. Evaluating the evidence and implementing protection planning.

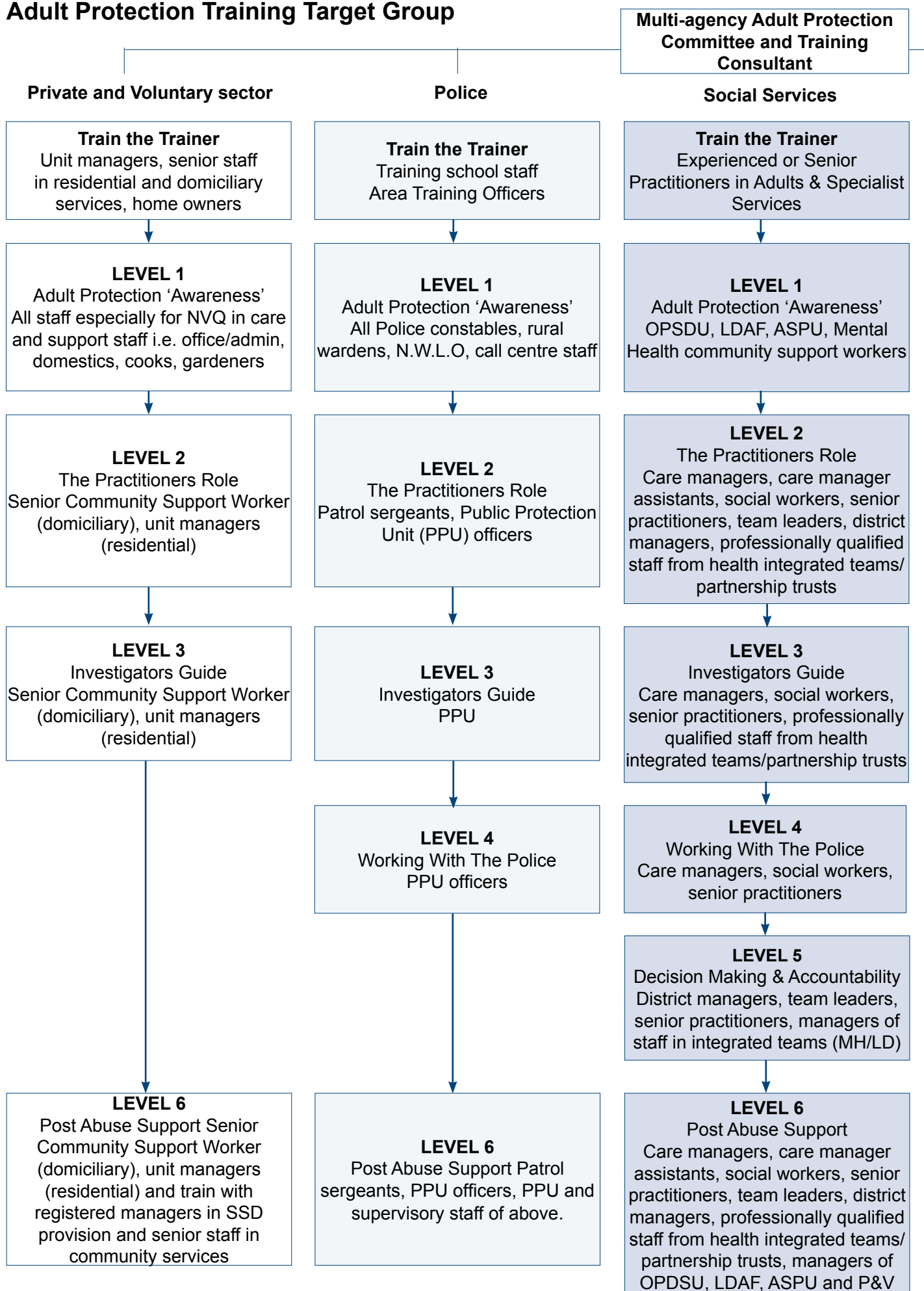
Level 6:

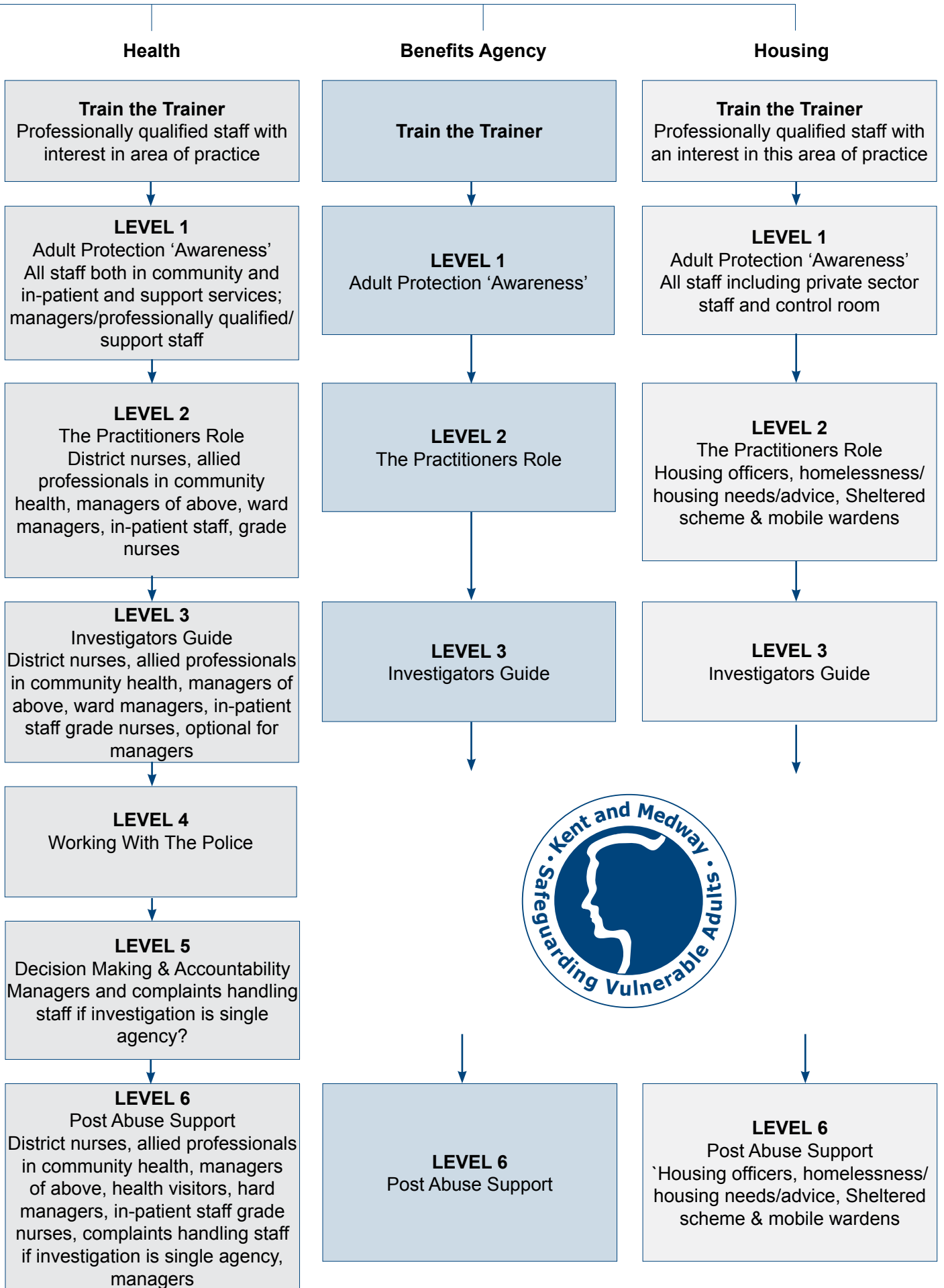
Post Abuse

Who are the stakeholders in protection planning? Providing for the post-abuse support needs of the vulnerable adult and their support networks – a strengths and needs model. It is recommended that the adult protection training programme be approached in a systematic manner.

Appendix 5

Adult Protection Training Target Group





This publication is available in other formats and languages, call 08458 247 100 for more information.

