

Oliver Mills - Managing Director, Kent Adult Social Services

To: Adult Social Services Policy Overview Committee –
16 November 2007

Subject: **SAFEGUARDING VULNERABLE ADULTS**

Classification: Unrestricted

Summary: This report will provide information about safeguarding adults nationally and in Kent.

Introduction

1. (1) This report will provide an update on issues and activities related to safeguarding vulnerable adults nationally and in Kent. The report summarises the issues addressed through the Kent and Medway Safeguarding Vulnerable Adults Committee (SGVAC). This work is co-ordinated by social services in partnership with health, police and the private and voluntary sectors. The committee has a budget contributed by Social Services from Kent and Medway, Police and three Primary Care Trusts. The budget finances the posts of a committee administrator, a multi-agency adult protection training consultant and a training administrator. In addition it funds the printing of leaflets and booklets to promote safeguarding awareness for the public, service users and service providers as well as funding meetings and activities. The work of the SGVA Committee is overseen by the Safeguarding Vulnerable Adults Board which is chaired like the committee by the Managing Director of Kent Adult Social Services or the Medway Assistant Director of Social Care. Completing the membership of the board are the Chief Executives of the three PCT's or their nominated deputy and an Assistant Chief Constable or a designated deputy.

(2) The main aim of the national and local safeguarding agenda is to prevent the abuse of vulnerable adults by raising the awareness of the public and professionals' of what constitutes abuse through publicity (leaflets and the website), events, education and training. By raising the general awareness of adult abuse we have seen the numbers of abuse alerts rise in Kent from 398 in 1999 to 1383 in 2006. The local authority has the lead role in ensuring that there are appropriate responses to alerts by working with partner agencies and services. This work is supported by the Safeguarding Vulnerable Adults operational group which is a sub group of the SGVA committee. Kent and Medway's multi agency training strategy has been central to ensuring that staff and managers from the lead agencies train together facilitating more effective joint working. The multi agency training consultant and the administrator are now part of the Policy and Service Development Team. This ensures that the multi agency adult protection training strategy reflects new legislation, guidance and regulations as well as encompassing aspects of the agenda's of community safety including domestic violence and hate crime, public protection and safeguarding children.

National and Local Developments

2. (1) The implementation of the main aspects of the Mental Capacity Act (MCA) 2005 from April 2007 and the development of new Court of Protection and Office of the Public Guardian in October 2007 has significant implications for the adult safeguarding agenda. Issues of capacity to consent to financial and sexual activity or to support criminal actions have historically been difficult to address. The MCA has provided a positive way forward to facilitate assessment of capacity related to specific issues at specific times and to support Best Interests decisions being taken where capacity is lacking. The Act provides a power to instruct an Independent Mental Capacity Advocate (IMCA) to assist in decision making within the adult protection processes. The provision of the new Court of Protection should provide a simpler and less costly legal route to address complex adult protection cases for people who appear to be victims of abuse and where the current powers of the police and local authority are insufficient. All the information related to the Act can be found on www.kent.gov.uk/mentalcapacityact

(2) The government decided to address the issues arising out of the European Court of Human Rights (ECHR) judgement in the Bournemouth case through an amendment to the MCA. This is called the Deprivation of Liberty Safeguards (DOL) and is expected to be implemented in October 2008. The consultation on the Code of Practice for the DOL closes on 2nd December 2007. The DOL safeguards provides a system to ensure that people who, for their own safety and in their best interests, need to be accommodated in care and treatment regimes that may have the effect of depriving them of their liberty, but who lack capacity to consent, are properly protected. Adult protection alerts will arise if the DOL safeguards are not fully implemented. The DOL safeguards have very significant resource implications for local authorities and the primary care trusts and initial reports from the DH indicate that as with the implementation of the MCA additional resources will be made available to the NHS and Local Authorities.

(3) The Safeguarding Vulnerable Groups Act 2006, which is expected to be implemented in October 2008, provides a legal framework for the new Independent Safeguarding Authority and Scheme. It has been developed in response to recommendation 19 of the Bichard Inquiry Report following the Soham murders. It provides arrangements requiring those who work or volunteer to work with children or vulnerable adults to be registered. The register confirms that there is no known reason why an individual should not work with these clients. It provides a series of criminal offences to enforce the scheme. It integrates the current lists of those barred from working with children or vulnerable adults. It also places a duty on a wide range of agencies and services to report people who abuse or pose a risk of abuse to the scheme this includes local authorities.

(4) Corporate Manslaughter and Corporate Homicide Act 2007 received Royal assent on 26th July 2007. There is currently no commencement date for this Act which has been introduced to address the difficulties posed by previous legislation in bringing to justice organisations for failing to protect their employees, service users and the public, primarily because of the virtual impossibility of identifying a 'directing mind' especially in large organisations including healthcare organisations. This Act appears to have significant implications for all agencies and services and in particular to cases where failures of any service result in preventable deaths.

(5) ADASS have responded positively to the campaigning work of Action on Elder Abuse, the findings of the UK Study of Abuse and Neglect of Older People, the Commons Select Committee report on Elder Abuse and the concerns of the National Adult Protection Reference Group by calling for specific legislation similar to that enacted in Scotland earlier this year to protect vulnerable adults from abuse. Currently protecting vulnerable adults from abuse has relied on the DH Guidance document 'No Secrets' published in March 2000 which required local authorities to lead on the development of multi agency policies and procedures. This guidance places responsibilities on the local authorities but does not provide the powers to act in complex situations. There is however an expectation by regulators that local authorities or partner agencies will address allegations of abuse by making inquiries, carrying out investigations and taking positive action to protect victims especially those who lack or may lack capacity or those who are vulnerable victims of exploitation or intimidation.

(6) The Fraud Act 2006 came into effect on 15th January 2007 and it repealed all of the deception offences in the Theft Acts of 1968 and 1978. Section 4 of the new Act it provides powers to bring to justice people who commit fraud by abuse of their position or who fail to prevent fraud occurring. There has been a noticeable increase in financial abuse being reported and addressed through the adult protection policy. It is expected that there will be an increase in the number of successful prosecutions.

Summary of Activity

3. (1) The multi-agency adult protection policy, protocols and guidance continue to be reviewed and updated on a six monthly basis by the review group which includes representatives of the lead agencies, P&V sector, CSCI and service users. The revised document is published on the adult protection committee website on 31st January and 31st July of each year. www.kent.gov.uk/adultprotectioncommittee.

(2) Using the revised serious case reviews (SCR) procedures we are currently in the process of carrying out two serious case reviews. The SCR panel has an independent chair, who is Professor Hilary Brown an internationally known expert on safeguarding vulnerable adults.

(3) In September 2007 the SGVA committee approved a joint pressure ulcer protocol between the NHS, Social Service and the Police to support clinical assessment of pressure ulcers to support criminal or civil action where appropriate.

(4) A joint adult protection protocol between Social Services, Police and Acute Hospital Trusts was approved by the SGVA Committee in June 2007. This means that adult protection concerns occurring in services managed by the acute hospital trusts will be recorded and monitored through the existing social services mechanisms. It also provides for social services to quality assure and sign off the adult protection case work managed by the Trusts. This is in line with the principles contained in the Healthcare Commission Safeguarding Adults protocols. If the abuse concerns are reported directly to the hospital trust it is likely that the issues will be passed to their complaints department. It is important that complaints staff recognise when a complaint constitutes possible abuse and record and report it as such.

(5) The SGVA committee agree in December 2005 that NHS Trusts should be asked by the Chair of the SGVA committee to carry out a senior management and board level audit of their safeguarding vulnerable adults' arrangements and submit their reports

and action plans to the committee. This was formally requested by letter from Oliver Mills to all Chief Executives of NHS organisations in Kent and Medway, in January 2006. There was a major reconfiguration of PCTs in 2006 and by December 2006 the 5 East Kent PCT's, Medway Acute Trust and PCT had submitted their reports and actions plans. In February 2007 a follow up letter was sent to the clinical governance leads of all the Trusts who had failed to submit reports. At the beginning of November a further letter was sent to the Chief Executives of the remaining NHS organisations who were yet to submit reports.

(6) Vulnerable adults and carers continue to be involved in the safeguarding adults' forums which have taken place twice a year since 2001. This is a very positive aspect of the work enabling vulnerable adults and carers to influence policy and practice. Representatives from the forums are members of the SGVA committee and the policy, protocol and guidance review group. Forum agendas are set by the members and have included presentations from the Police, the Crown Prosecution Service, Trading Standards, Neighbourhood watch, Customer care, and Direct Payments. Question time is usually a very lively affair.

(7) A summary report of adult protection data of cases alerted from January 2006 to October 2007 has been attached to this report for information (Appendix 1). A full analysis report of adult protection data for cases reported in Kent from 1999 to 2005 was carried out by the Tizard Centre. The report is available on the research section of www.kent.gov.uk/adultprotectioncommittee. The Tizard centre is organising a conference on 8th February 2008 to consider the wider implications of the findings.

(8) The role of the Commission for Social Care Inspectorate (CSCI) in safeguarding vulnerable adults has been clarified in a protocol dated February 2007 which was agreed by the ADASS and the Association of Chief Police Officers. This protocol recognises that CSCI do have a responsibility to consider safeguarding issues and where appropriate to work in partnership with local authorities to address serious safeguarding concerns in regulated services. In practice it has been difficult to engage inspectors and regulatory managers in cases involving regulated services unless at the point of referral or subsequently the multi agency process identified clear breaches of regulations. This has caused considerable difficulties for operational staff in assessing and investigating allegations of abuse. The new protocol does require the commission to provide specific detailed information about the service to the social services designated senior officer (DSO) for the case whether they attend adult protection planning meetings or not. It has been necessary for the DSO or the policy manager to remind CSCI staff and managers of their responsibilities in this respect.

(9) It is important to note that adult protection alerts are always assessed as a priority. Some cases can be assessed and concluded through the adult protection protocols in under five hours. However complex family cases and those involving care providers frequently involve staff from all the lead agencies and can take months of dedicated work to address. The average case work time taken by social services to address adult protection cases across the county is between 15 and 20 hours.

Recommendations

4. Members are asked to NOTE and COMMENT on the contents of this report.

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Background documents:

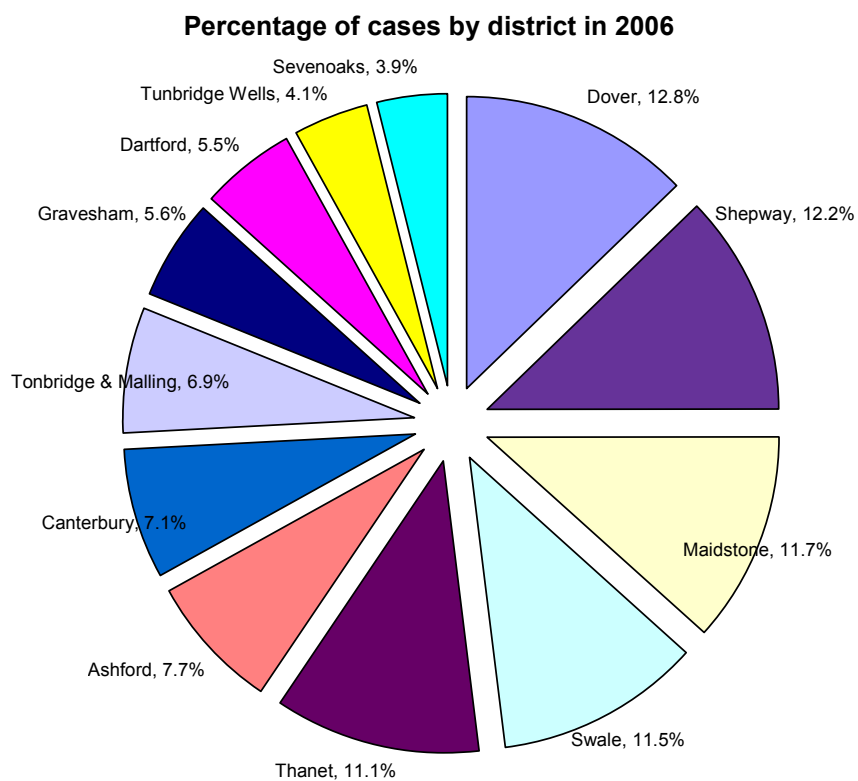
Adult protection report to Members, January 2000
Adult protection report to Members, July 2000
Adult protection report to Members, September 2001
Adult protection briefing seminar for Members, September 2002
Adult protection SCHPOC Report July 2004
Adult protection SCHPOC Report July 2005
Adult protection ASPOC Report November 2006

Adult Protection 2006 and 2007

Cases

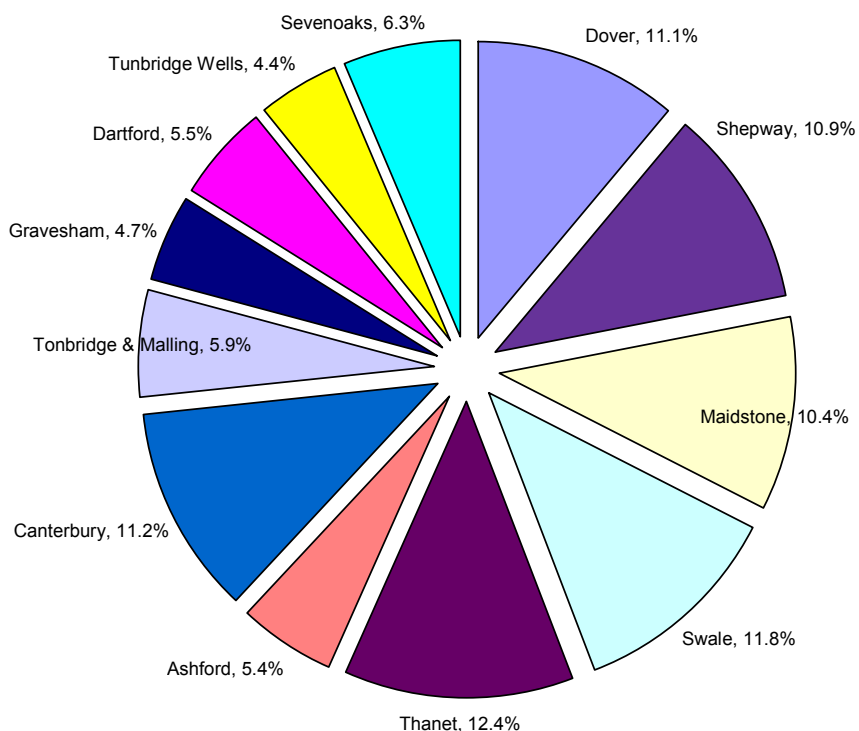
From the data collected, there were **1392** adult protection alerts raised between 1st January 2006 and 31st December 2006. In the first nine months of 2007 there were **1138** alerts.

By District



Home District	2006
Dover	12.8%
Shepway	12.2%
Maidstone	11.7%
Swale	11.5%
Thanet	11.1%
Ashford	7.7%
Canterbury	7.1%
Tonbridge & Malling	6.9%
Gravesham	5.6%
Dartford	5.5%
Tunbridge Wells	4.1%
Sevenoaks	3.9%

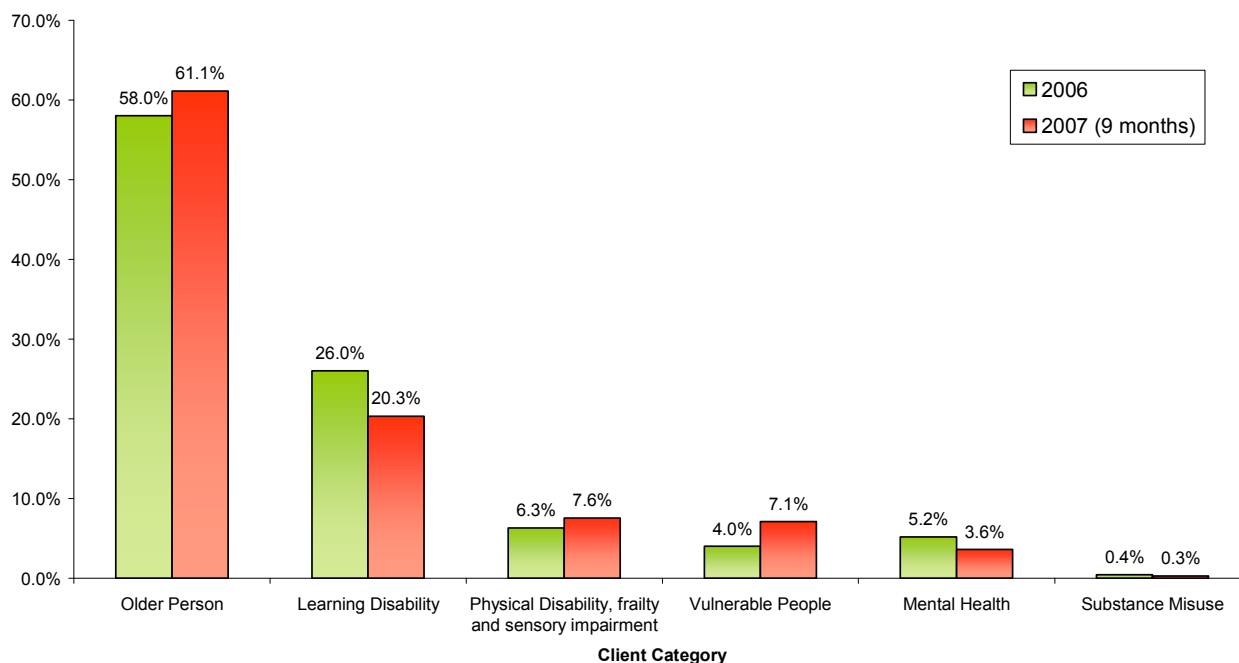
Percentage of cases by district in 2007



Home District	2007 (9 months)
Thanet	12.4%
Swale	11.8%
Canterbury	11.2%
Dover	11.1%
Shepway	10.9%
Maidstone	10.4%
Sevenoaks	6.3%
Tonbridge & Malling	5.9%
Dartford	5.5%
Ashford	5.4%
Gravesham	4.7%
Tunbridge Wells	4.4%

By client category

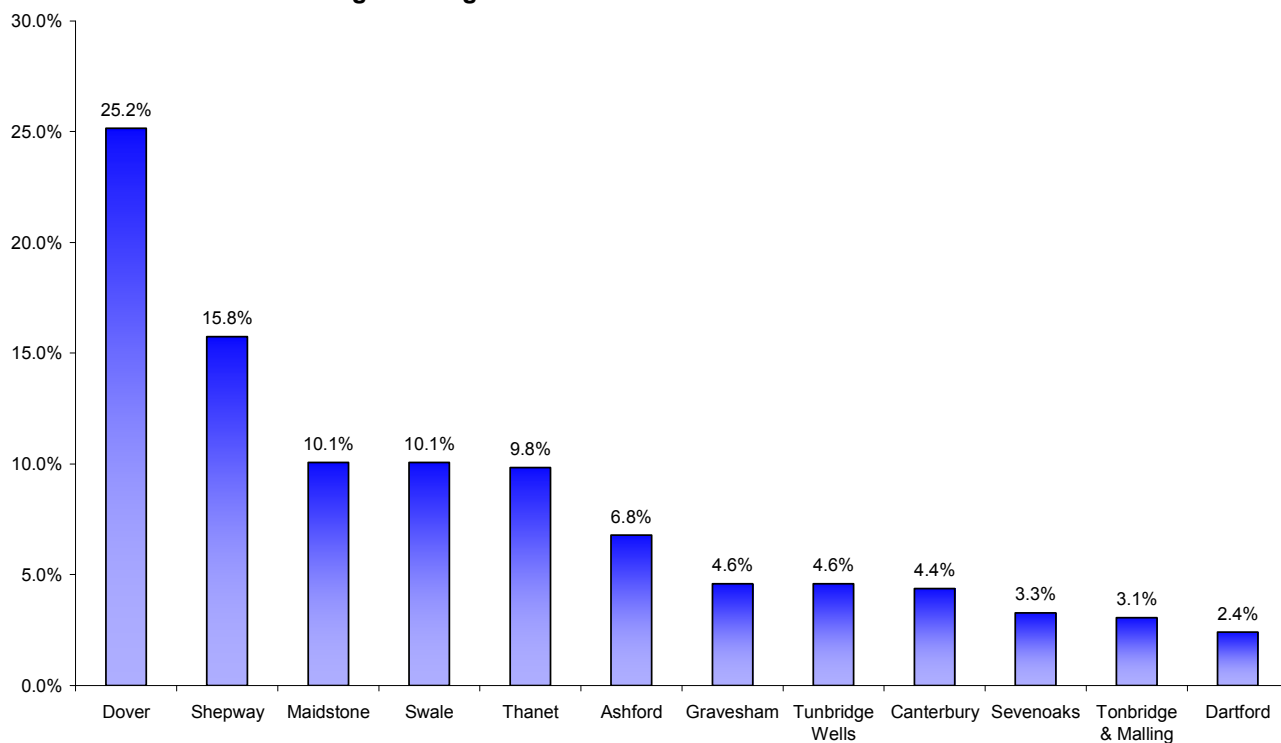
% of cases by Client Category in 2006 and 2007



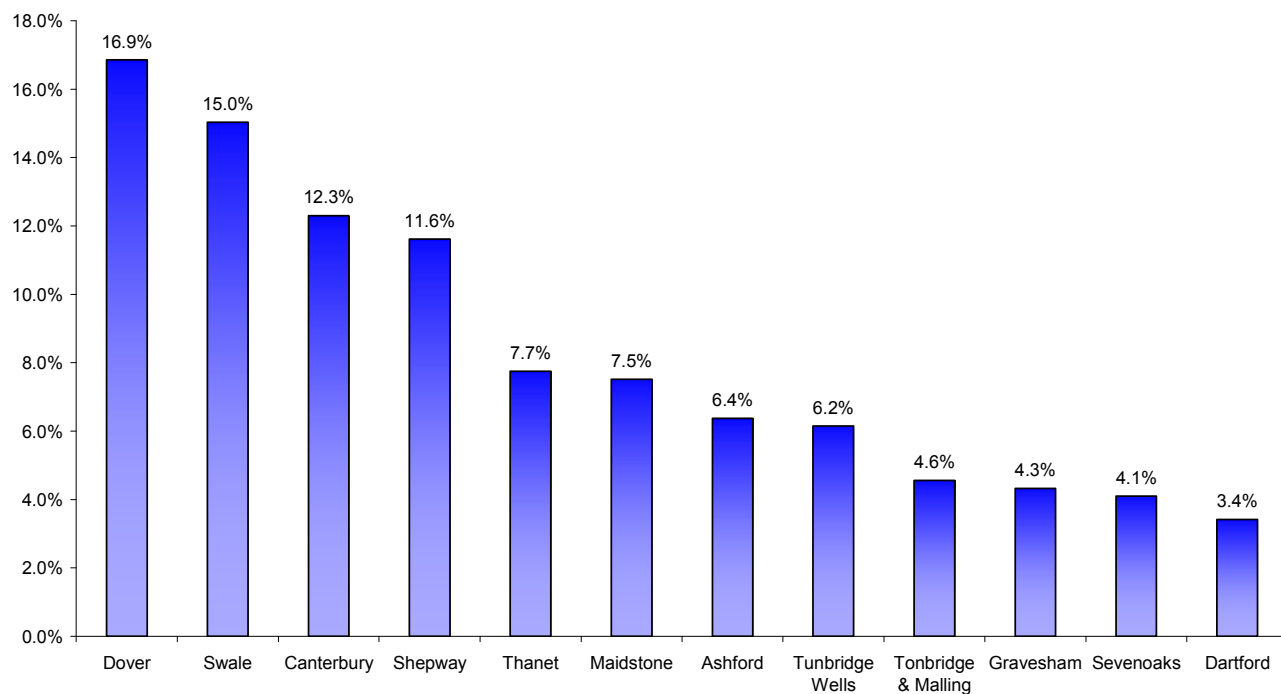
From this graph we can see that the percentage of cases reported for people with mental health conditions continues to be very low.

Cases in a Care Home

Percentage of alleged incidents that occurred in care homes in 2006

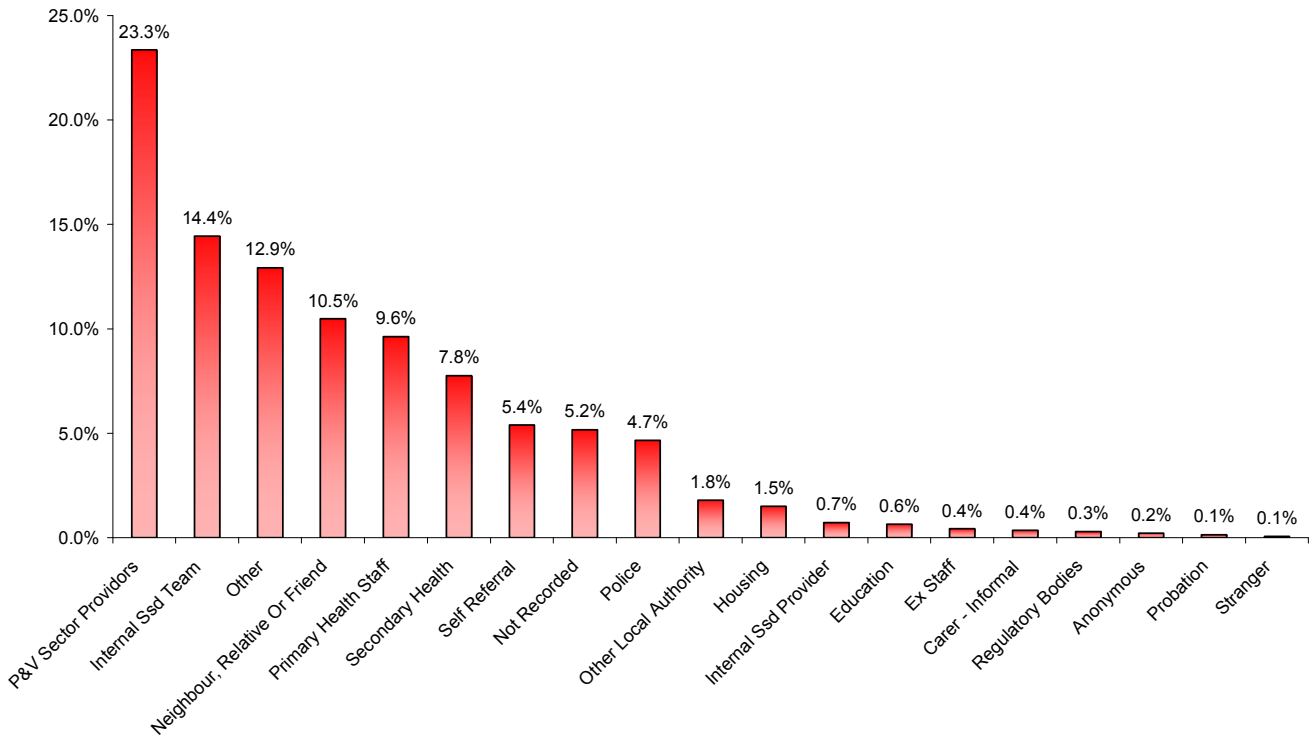


Percentage of alleged incidents that occurred in care homes in 2007

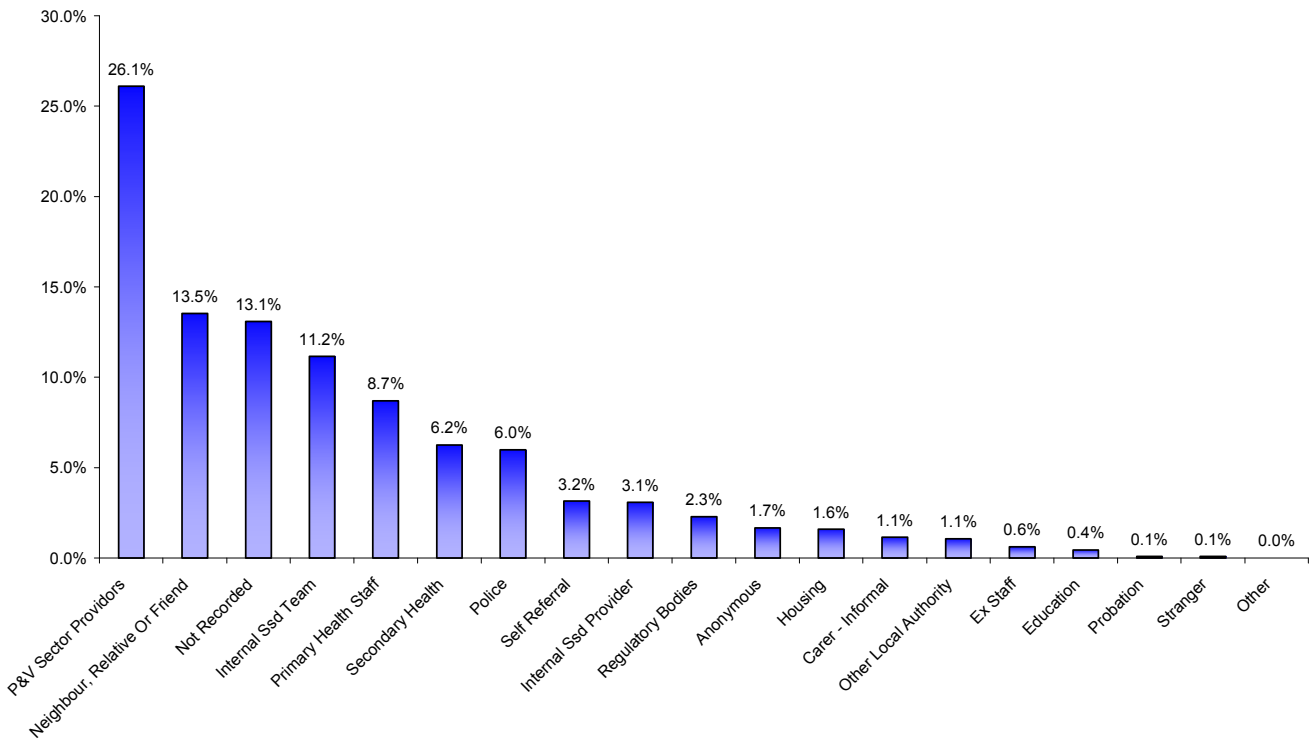


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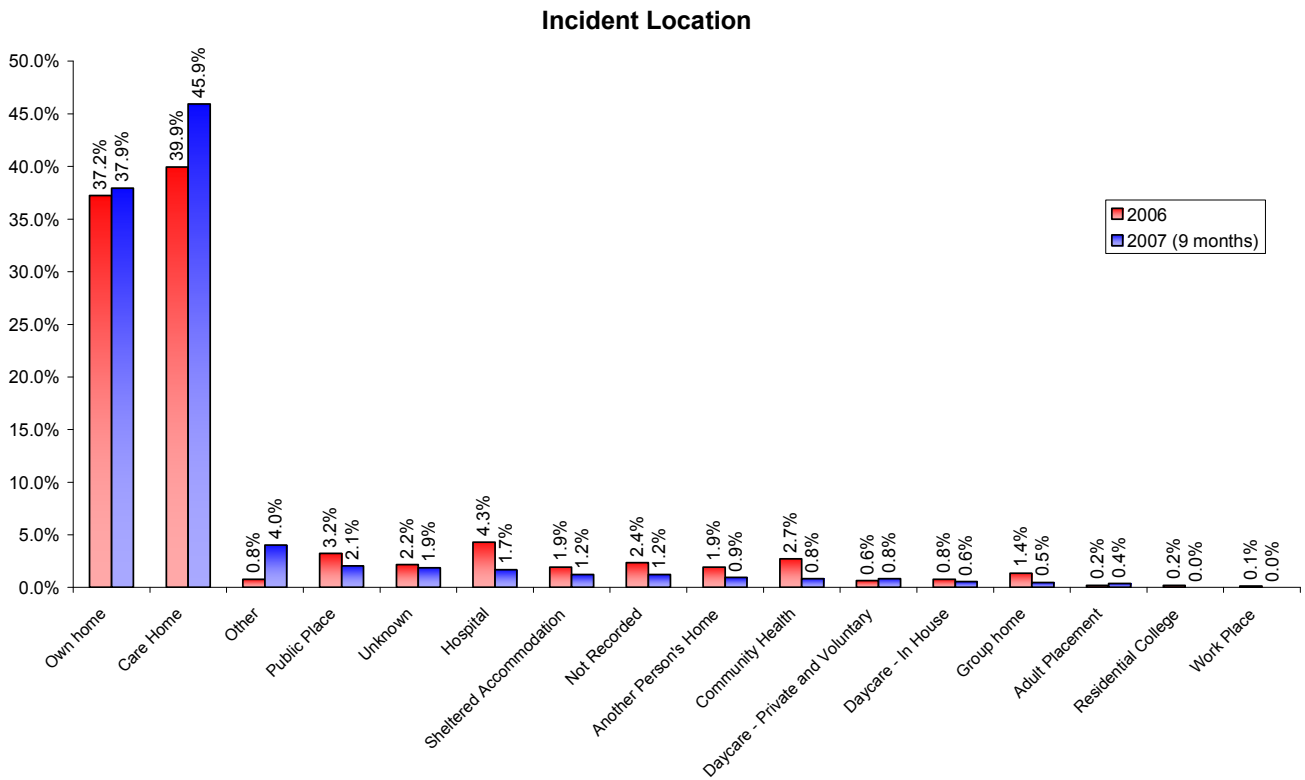
% Referrer of AP Alerts in 2006



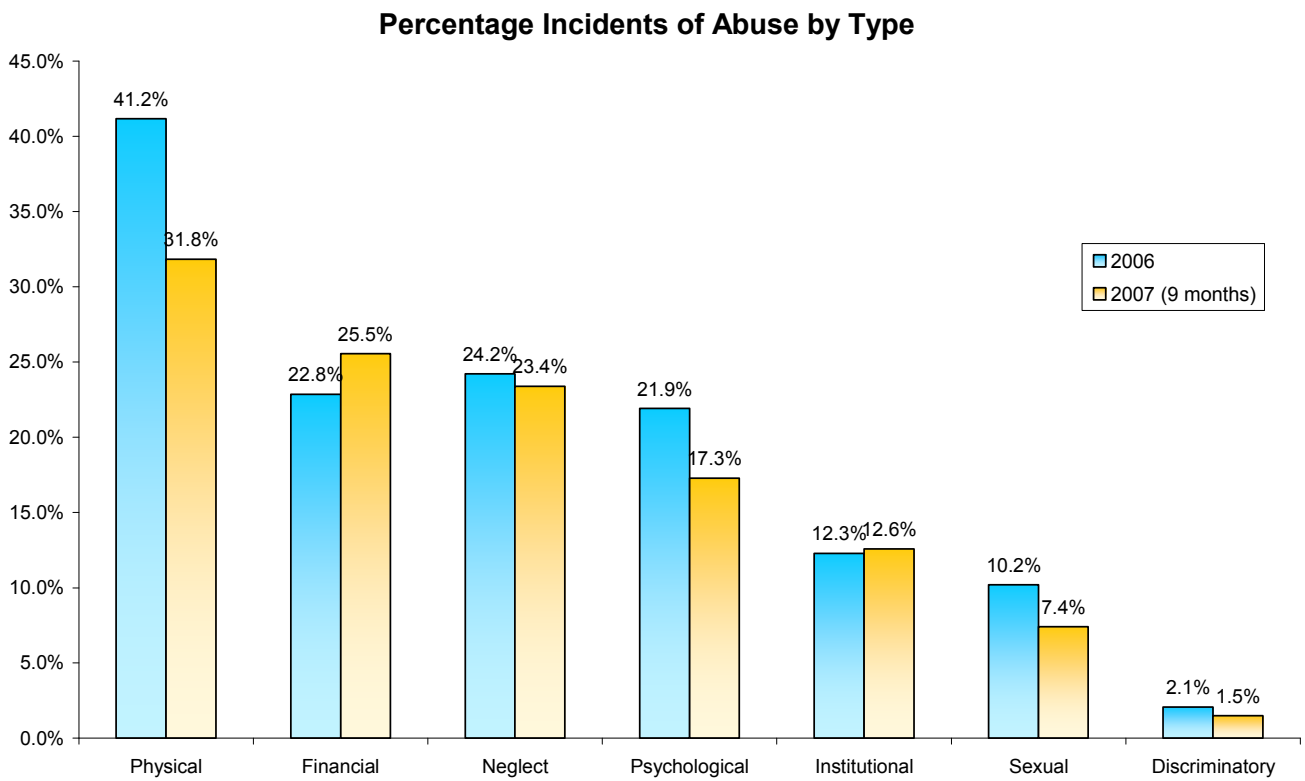
% Referrer of AP Alerts in 2007



Location of abuse



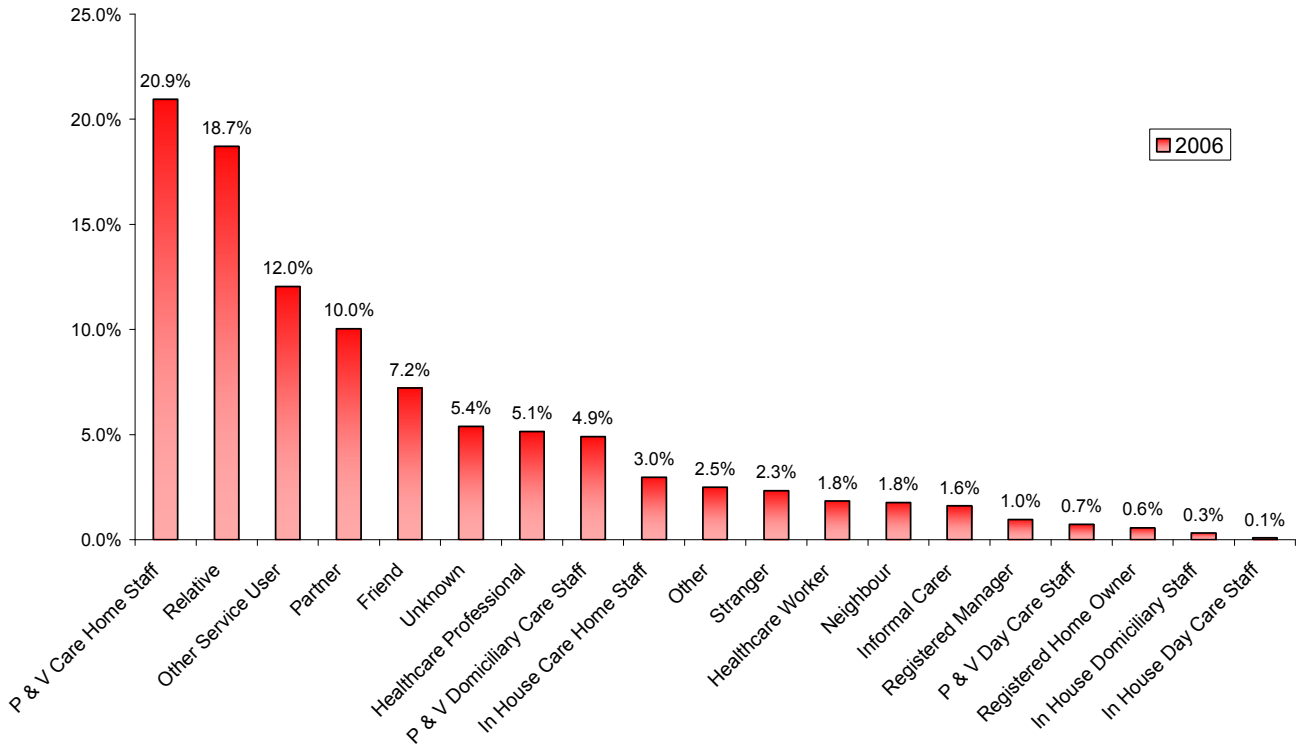
Type of abuse



Note the increase in reported cases of financial abuse in 2007 possibly reflecting the enactment of the Fraud Act 2006 from January 2007.

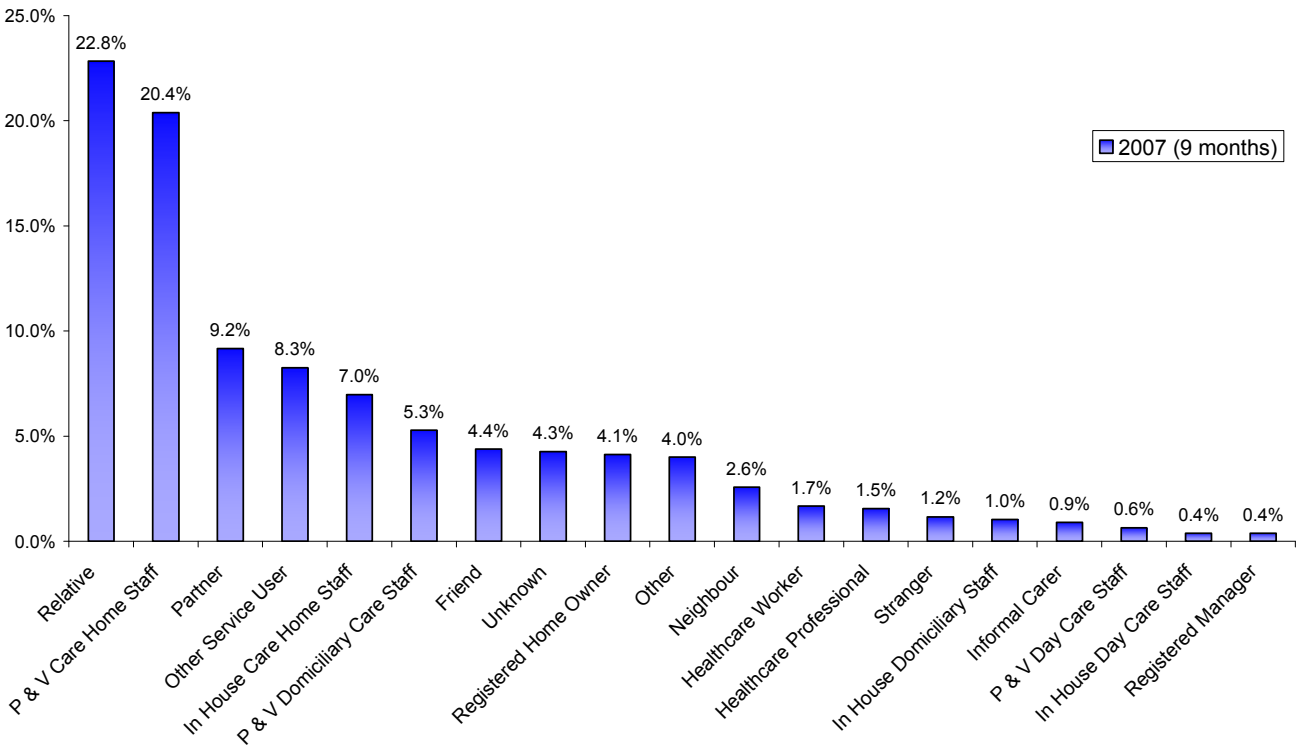
Relationship with Alleged Abuser

Relationship with Alleged Abuser in 2006



“Other” includes voluntary worker, landlord, private foster carer and ex-staff

Relationship with Alleged Abuser in 2007

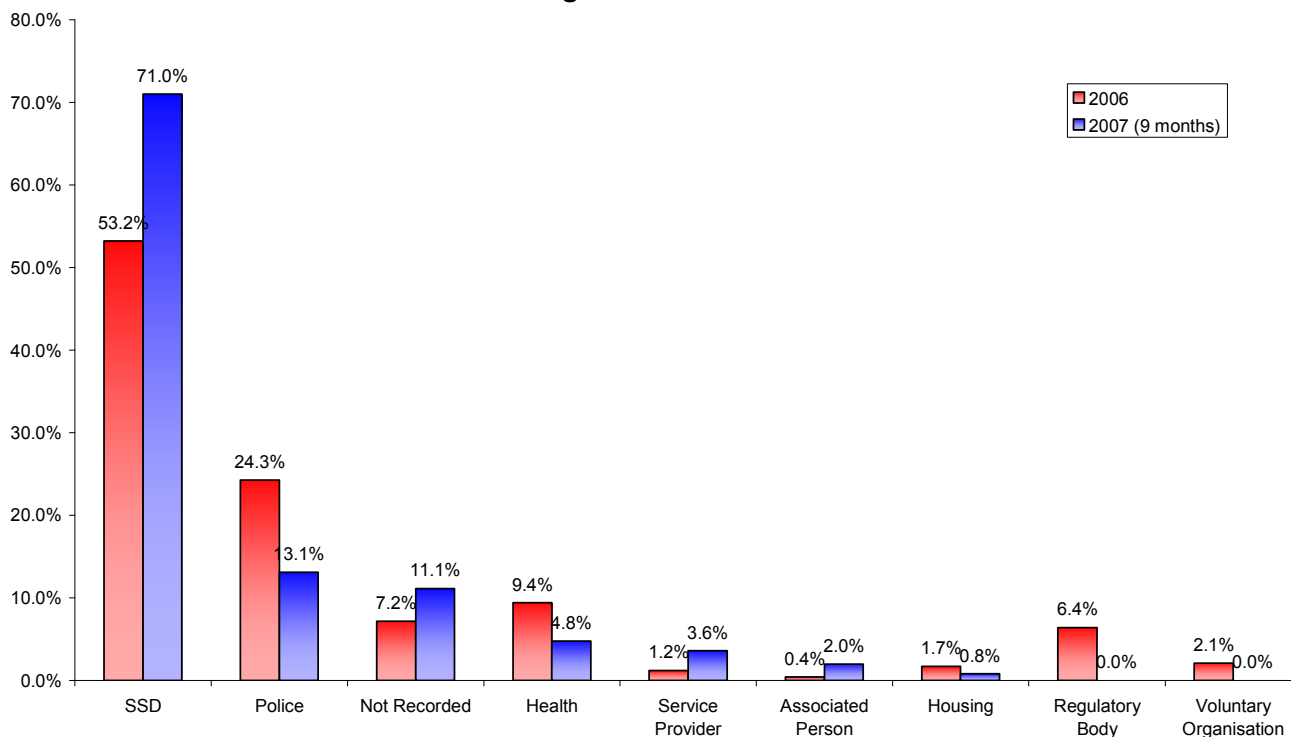


“Other” includes voluntary worker, landlord, private foster carer and ex-staff

Investigations

Investigating Agencies

Investigation Involvement



Investigation Outcomes

Percentage of Investigation Outcomes

