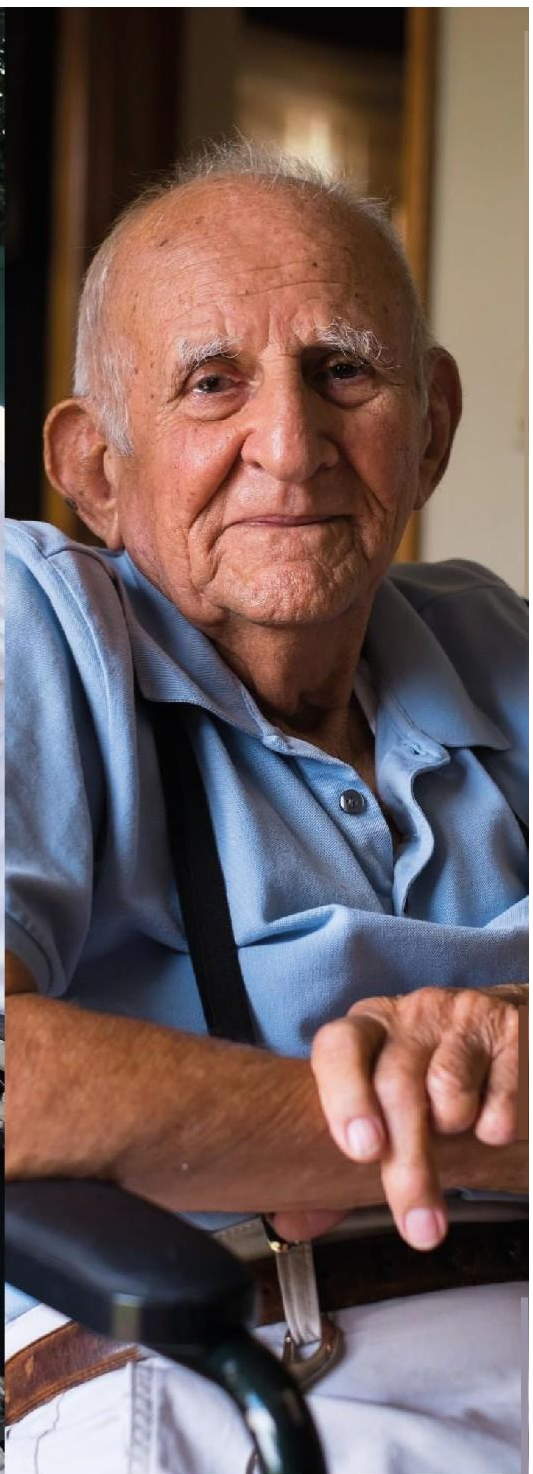


Kent and Medway Safeguarding Adults Board



Annual Report
April 2013-March 2014



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As Chair of the Kent and Medway Safeguarding Adults Board I am pleased to introduce our Annual Report for 2013-2014.

The report is published on behalf of the multi-agency Board and provides partners with an opportunity to celebrate their achievements in 2013-14 and plan for the year ahead. The report contains contributions from a range of organisations who are involved in safeguarding vulnerable adults in Kent and Medway.



The Care Act 2014 places adult safeguarding on a statutory footing and states that each Local Authority must establish a Safeguarding Adults Board.

In preparation for the Care Act, the Board underwent a major governance review with partners in 2013. This review established new multi-agency sub groups, focusing on Learning and Development and Quality Assurance.

Our partnership working continues to strengthen our ability to safeguard vulnerable adults and is underpinned by the principles and values outlined in Appendix 1.

I would like to take this opportunity to thank everyone for their contribution to the work of the Board and associated working groups and their commitment to safeguarding vulnerable adults in Kent and Medway.

Andrew Ireland

Corporate Director – Social Care, Health and Wellbeing, Kent County Council

Chair of the Kent and Medway Safeguarding Adults 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 coordinating safeguarding activities.

No Secrets defines a vulnerable adult as:

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

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.

The Care Act 2014 consolidates provisions from over a dozen different Acts into a single, framework for care and support. It is a fundamental reform of the way the law works. It places the wellbeing, needs and goals of people at the centre of the legislation to create care and support which fits around the individual and works for them.

The Act also provides a new framework for adult safeguarding. It sets out the first ever statutory framework for adult safeguarding, which stipulates local authorities' responsibilities, and those with whom they work, to protect adults at risk of abuse or neglect. These provisions require the local authority to carry out enquiries into suspected cases of abuse or neglect and to establish Safeguarding Adults Boards in their area.

Section 2: National context

A number of key documents published in 2013-2014 have influenced the safeguarding agenda. They include:

Adult Safeguarding and Domestic Abuse (April 2013)

This document makes the connections between adult safeguarding and domestic abuse, addressing situations where an adult with care and support needs is being harmed in a way which could also be defined as domestic abuse.

The guide aims to:

- Improve recognition and understanding of the situations in which adult safeguarding and domestic abuse overlap
- Contribute to the knowledge and confidence of professionals in order to achieve better outcomes for people
- Multiple agencies failed to pick up on key warning signs
- Offer practical advice to staff and managers
- Share organisational developments which can support best practice

<http://www.adass.org.uk/AdassMedia/stories/Adult%20safeguarding%20and%20domestic%20abuse%20April%202013.pdf>

Making Safeguarding Personal Abuse (April 2013)

This document is the final report of the Making Safeguarding Personal project and brings together the findings from the four test sites and other councils. Making Safeguarding Personal focuses on establishing a person-centred, outcome focused approach to adult safeguarding. The document sets out the following:

- Practicalities and lessons learned from the projects
- Outcomes for people
- Impact on social work practice
- Cost effectiveness

<http://www.adass.org.uk/AdassMedia/stories/making%20safeguarding%20personal.pdf>

Safeguarding Adults: Learning from Peer Challenges (April 2013)

The report sets out the key themes and issues arising from peer challenges (reviews) in adult safeguarding. It also identifies lessons learned in order to assist the improvement of safeguarding policy and practice. The report focuses on the following:

- Outcomes for, and people's experiences of, safeguarding
- Leadership, strategy and commissioning
- Service delivery, including performance and resource management
- Working together

<http://www.adass.org.uk/AdassMedia/stories/Learning%20from%20Peer%20Challenges.pdf>

The Care Act (May 2014)

This Act consolidates provisions from over a dozen different Acts into a single, framework for care and support. It is a fundamental reform of the way the law works. It places the wellbeing, needs and goals of people at the centre of the legislation to create care and support which fits around the individual and works for them.

It provides a new focus on preventing and reducing needs, and putting people in control of their care and support. For the first time, it brings carers into the law, on a par with those for whom they care.

The Act also provides a new framework for adult safeguarding. It sets out the first ever statutory framework for adult safeguarding, which stipulates local authorities' responsibilities, and those with whom they work, to protect adults at risk of abuse or neglect. These provisions require the local authority to carry out enquiries into suspected cases of abuse or neglect and to establish Safeguarding Adults Boards in their area. The role of these Boards will be to develop shared strategies for safeguarding and report to their local communities on their progress.

As recommended by the Law Commission, the Act repeals local authority intervention powers to remove adults from their homes. It does not propose any new intervention powers in their place, but recognises the views of some stakeholders that local authorities should have some ability to intervene positively to protect adults from abuse or neglect.

The Care Act received Royal Assent in May 2014 and Guidance was issued in June 2014.

Section 3: Local context

A key activity during 2013 was the completion of the multi-agency safeguarding governance review and subsequent implementation of a new governance structure in preparation for the Care Act 2014.

The Kent and Medway Safeguarding Adults Board has increased its membership to include representatives from KCC, Medway Council, Kent Police, Acute Trusts, Clinical Commissioning Groups, Community Health Trusts, Kent and Medway NHS and Social Care Partnership Trust, Kent Probation, Kent Fire and Rescue Service, Prison Service, both Kent and Medway Community Safety Partnerships, District Councils, Members from both KCC and Medway Council and representatives from independent provider organisations.

New working groups have also been set up including the Learning and Development and Quality Assurance Working Groups. The SCR Panel continues to meet when SCR's are commissioned by the Board. All 3 groups are chaired by members of the Board. The Policy, Protocols and Guidance Review Group continues to meet. In July 2012 the Board commissioned a Serious Case Review (SCR) chaired by Kevin Harrington.

The overview report and recommendations were presented to the Board in June 2013. The report can be found at: http://www.kent.gov.uk/data/assets/pdf_file/0020/8156/Serious-case-review-Mr-J-2013.pdf

The Policy, Protocols and Guidance Review Group met in May and November 2013 and March 2014 to update the Kent and Medway multi-agency adult protection policy. The policy can be found at: http://www.kent.gov.uk/data/assets/pdf_file/0018/11574/adult-protection-policies-protocols-and-guidance.pdf

Raising awareness of safeguarding vulnerable adults was the aim of a range of activities that took place during Safeguarding Week in June 2013. Partner agencies worked together across Kent and Medway with exhibitions in shopping centres, libraries, hospitals and supermarkets. Safeguarding Week is planned to take place in October 2014. In October 2013, the 'Abuse and what to do about it' leaflet was officially launched.

The leaflet was co-produced by 'Shout Out', a group of service users with learning disabilities based in Medway.

In November 2013, a delegation from the Ukraine visited Kent to learn about social services and the work done to protect vulnerable people by multi-agency partners. Work has been undertaken in conjunction with Trading Standards colleagues, to identify adults living in Kent, who have been the victim of scams and who are known to KCC. A financial abuse toolkit is being developed with partners to support practitioners with enquiries related to financial abuse.

Section 4: Kent and Medway multi agency training

During 2013-2014 the multi-agency training programme has been supported by the Kent and Medway Safeguarding Adults Board.

This has been provided through the funding of the following posts – one full time multi-agency Training Consultant and one full time multi-agency Administrator.

The multi-agency training structure comprises of 6 levels. The training structure continues to be based on common tasks reflected in the Kent and Medway multi-agency policy, protocols and guidance. It aims to ensure that staff builds 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. Details of the course aims and objectives are available on the website: www.kent.gov.uk/social-care-and-health/information-for-professionals/training-and-development

All agencies take responsibility for the delivery of Level 2 training to their staff in addition to Level 1. The Level 2 training materials are subject to copyright and have been made available under agreement, for use by all agencies working with vulnerable people in Kent and Medway. Suggested training standards for Level 2 are also available for any agency that prefers to commission or deliver its own version of the current Level 2 course. Levels 1 and 2 training for staff in the private and voluntary sector has been available through KCC Families and Social Care Learning Resource Team. Levels 3, 4, 5 and 6 of the multi-agency training programme have been provided by the multi-agency funded Training Consultant. However, the Level 4 course has been provided in collaboration with specialist trainers within a partner agency.

Table.1. below outlines the level of multi-agency course provision and attendance during April 2013-March 2014.

Course	No of places offered	Total no of persons attending	Attendance by police personnel	Attendance by KCC personnel	Attendance by Medway Council personnel	Attendance by Health personnel
Level 3	234	172	0	82	8	82
Level 4	72	65	28	23	6	8
Level 5	180	131	3	95	8	25
Level 6	162	65	1	48	6	10

Kent and Medway, in partnership with an e-learning provider, make a customised adult protection awareness E-learning training package freely available to anyone working with vulnerable adults in Kent and Medway. Details of how to access the package is available on the website: www.kent.gov.uk/social-care-and-health/information-for-professionals/training-and-development

Ongoing Developments

A full review of multi-agency training is underway, linking it to the Competency Framework.

Section 5: Funding arrangements

The Kent and Medway Safeguarding Adults Board is funded by 6 partner agencies including KCC Social Care, Health and Wellbeing, Medway Council, Kent Police, NHS West Kent, NHS Medway and NHS Eastern and Coastal Kent. Each of these agencies makes the following percentage contributions:

- KCC, FSC – 33.2%
- Medway Council – 8.3%
- Kent Police – 22.5%.
- NHS – 36%

The multi-agency budget covers the salaries and expenses for the Safeguarding Adults Board Manager, Training Consultant and Administration Officer posts. It also covers the administration costs for the various multi-agency group meetings, Serious Case Reviews and resources for Safeguarding Week.

The table below sets out the budget contributions for 2012-2013 and 2013-2014.

	2011-2012 Actual contribution (£000's)	2012-2013 Actual contribution (£000's)	2013-2014 Actual contribution (£000's)
KCC	63.1	59.0	50.5
Medway Council	15.8	14.7	12.6
NHS Kent	89.5	64.0	54.8
Kent Police	22.9	25.6	21.9
**Kent Fire Service	0.00	3.0	2.6
Shortfall	5.6	11.4	9.8
Total	191.3	177.7	152.2

A decision was made by the Board to use reserves in order to reduce the contributions of partners, given the savings agencies needed to make in the financial year.

**The Kent Fire Service were not represented on the Board in 2012 -2013

Section 6: Partner highlights

Kent County Council, Social Care, Health and Wellbeing

Overview of 2013-2014

In April 2014, the Families and Social Care Directorate underwent a restructure and became Social Care, Health and Wellbeing. Safeguarding is managed in the divisions of Older People and Physical Disability (OPPD), and Learning Disability and Mental Health (LD/MH). A Safeguarding Vulnerable Adults Co-ordinator sits in each Area. KCC Safeguarding Vulnerable Adults Co-ordinators support adult safeguarding within the Kent and Medway Mental Health and Social Care Partnership Trust. The strategic role of the Adult Safeguarding Unit is now fully embedded with a major focus on quality assurance. The Unit supports the functions of adult safeguarding across Social Care, Health and Wellbeing through policy implementation, practice guidance and quality assurance in adult protection, mental capacity and the deprivation of liberty safeguards.

Key Achievements

- The first Countywide Adult Safeguarding Audit was undertaken by the Adult Safeguarding Unit. There were two strands to the audit process – Safeguarding Practice and Mental Capacity Practice. Following the audit, each Area developed an Improvement Plan which will be monitored by the Countywide Safeguarding Group on a six monthly basis.
- KCC was one of 53 Councils which contributed to 'Making Safeguarding Personal', reporting to the LGA sector led project. The pilot was completed between October 2013 – January 2014 and demonstrated that data on the experience of service users and outcomes can be collected and reported on. There was a culture shift in practitioners involved in the pilot, placing vulnerable adults at the centre of their practice. The pilot recognised that locally and nationally, increased practitioner time was needed at the first interview with victims in the safeguarding process to find out what they wanted to happen.
- The adult safeguarding contribution to the Central Referral Unit supports good multi-agency practice in responding to safeguarding concerns. In conjunction with colleagues from Medway, Kent Social Care, Health and Wellbeing continue to process DOLS applications. The Supreme Court Judgement in March 2014 has had a major impact and there has been a significant.

Key Challenges

- Safeguarding activity is increasing.
- Social Care, Health and Wellbeing are dealing with increasingly complex cases.
- Managing safeguarding effectively within agency changes and limited resources.

Future Plans 2014-2015

- To continue monitoring of the Safeguarding Action Plan and Area Improvement Plans.
- To continue with the rolling programme of audits.
- To ensure principles of the Making Safeguarding Personal project are fully embedded into practice.

Medway Council

Overview of 2013-2014

Medway Council has focused this year on developing its administration staff to ensure that they are able to support our managers and staff in their work with vulnerable adults at risk of harm and victims of harm. We have introduced a standard administration process, published new agenda and minute templates, along with delivering a specialist training package and dedicated peer support for all minute takers who are recording safeguarding adult meetings. We have also been working with the business systems support team on developing the new adult safeguarding workflows and associated documents which went live from December 2013.

Key Achievements

- Our Family Group Conference contract for safeguarding cases has resulted in positive outcomes for families by resolving complex family issues and preventing admissions to
- In October, we officially launched the leaflet 'Abuse and what to do about it' which is our Easy Read booklet to support people in recognising abuse, harassment and neglect, and how to report it. The booklet is available in libraries, GP surgeries, community hubs and contact points across Medway.
- Introduced a standard administration process that included the production of standard templates for meeting agenda and minutes.

Key Challenges

- For the Safeguarding Board to review the self-assessment tool and produce a Performance Indicator Dashboard to measure outcomes of safeguarding arrangements.
- To Integrate the Safeguarding Adults Board new Safeguarding Adult Competency Framework into the Children and Adults Directorate's workforce training strategy.

Future Plans 2014-2015

- Medway Council are working with partners to implement The Jigsaw Project, a pilot programme to tackle victimisation by supporting nominated learning disability and autism friends and champions in awareness raising, training and best practice across statutory and third sector agencies such as police, social care, housing, community safety, health, education, local businesses and transport providers.
- Medway Council is a pilot site for Health and Social Care Information Centre (HSCIC) Adult Social Care Safeguarding Survey. As a result of the Zero Based Review (ZBR) on adult social care data returns, the national safeguarding working group recommended that a national outcomes measure should be included in the Adult Social Care Outcomes Framework (ASCOF). The proposed definition of this measure is the number of concluded referrals in a 12-month period where the individual reports 'I feel safer as a result of the safeguarding investigation'. This survey aims to act as a driver for good practice by collecting the views of the individual after case closure and provide a national measure of quality.
- Making Safeguarding Personal is a key component of the improvement work that is being led by ADASS and LGA. Medway Council has applied for funding through DH for further work for the next three years to support both the implementation of the Care Bill and its associated statutory guidance and safeguarding improvement.

Kent and Medway Clinical Commissioning Groups

Overview of 2013-2014

On the 1st April 2013 Strategic Health Authorities and Primary Care Trusts were abolished and in their place Clinical Commissioning Groups (CCGs) and the NHS National Commissioning Board (now known as NHS England) were established. The Safeguarding Team, currently hosted by NHS Medway CCG supports all of the eight CCGs across Kent and Medway:

NHS Ashford CCG	NHS Canterbury and Coastal CCG	NHS Medway CCG
NHS Dartford, Gravesham and Swanley CCG	NHS Swale CCG	NHS Thanet CCG
	NHS South Kent Coast CCG	NHS West Kent CCG

CCG Chief Nurses have the accountability for safeguarding on behalf of their Governing Bodies and Designated Nurses for Safeguarding Adults report directly to them. Clinical governance structures have been established across all CCGs and adult safeguarding is reported on a monthly basis. Designated Nurses have been supported by two specialist nurses, focusing specifically on safeguarding in the care home sector.

Key achievements

- All eight CCGs were authorised as statutory organisations from 1st April 2013, and were assessed as meeting safeguarding requirements. CCGs were also required to have a clear line of accountability for safeguarding reflected in CCG governance arrangements, and arrangements in place to co-operate with the local authority in the operation of the Safeguarding Adults Board.
- The CCGs commissioned an independent safeguarding review in the autumn of 2013. The review identified that CCGs needed additional safeguarding resources and as a result another full time Designated Nurse for Safeguarding Adults has been recruited
- CCGs and provider organisations undertook the Adult Safeguarding self-assessment requested by the Safeguarding Adult Board. For the most part the responses were reassuring, indicating that health organisations have a good understanding of adult safeguarding. Where required, CCGs and providers have developed action plans to respond to identified gaps.

Key challenges

- The number of requests for assistance and support in investigating allegations of abuse in the care home sector continue to rise. The specialist nurses for safeguarding in care homes have continued to provide support where possible. The future of these specialist roles is under consideration by CCGs.
- GP awareness of adult safeguarding is improving, albeit from a low baseline. Responsibility for GP training rests with NHS England (Kent and Medway Area Team).
- Ensuring that health organisations remain compliant with current statutory requirements and respond effectively to changes in legislation and best practice.

Future Plans 2014-2015

- Further partnership working with social care partners about how best to encourage improvement in quality and safety in the care home sector.
- Ensure that CCGs are sighted on emerging adult safeguarding risks, including compliance with the Mental Capacity Act, and the implications of the Supreme Court judgement on the Deprivation of Liberty Safeguards.
- Continue to develop GP awareness and response to adult safeguarding concerns, including their training levels and contribution to adult protection processes, working in partnership with NHS England.

Kent Police

Overview of 2013-2014

The comprehensive spending review has instigated further re-structure in Kent Police with the amalgamation of the police response teams with the neighbourhood teams and the custody functions. This does bring some opportunities around consistency and training in respect of mental health and adult protection for officers on the ground.

The Public Protection Units have now been given command of the Missing Persons Liaison Officers and a County co-ordinator has been appointed. This has enabled us to focus more clearly on institutions in respect of clients who go missing and helps us to understand more closely the homes we have in Kent and Medway.

The Central Referral Unit has worked to rationalise referrals to make the process more efficient and encourage local interaction with open cases. Police in CRU have appointed a Safeguarding Vulnerable Adults lead Detective Sergeant to help resolve any issues.

Kent Police have appointed a Detective Inspector to lead the forces response to Mental Health issues. This DI has been working closely with PPU policy and compliance to understand the overlap between mental health and safeguarding.

There have been a number of training events, some held jointly with police and Adult Safeguarding, which have been well received and have brought about closer working practices and understanding of thresholds.

Key achievements

- Improving the efficiency of safeguarding referrals.
- An enhanced police response to Mental Health.
- Joint training - understanding thresholds and the law.

Key Challenges

- To accommodate and understand the new Care Bill.
- Continue to increase our understanding of vulnerable adults within care settings.
- Reaffirm safeguarding principles within a further restructure of Kent Police.

Future plans for 2014-2015

- Continued adult safeguarding training for the workforce.
- Developing strategies to safeguard vulnerable adults who may go missing.
- To examine domestic abuse within the elderly community.

Dartford and Gravesham NHS Trust

An overview of 2013-2014

All registered staff continue to be trained in safeguarding through core induction and mandatory training. The annual safeguarding update for Consultants and new junior medical staff continued throughout the period. KCC training dates for additional safeguarding and Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DOLS) have been circulated to all relevant Trust staff groups. The Safeguarding Lead continues her own relevant KCC safeguarding training.

Maintenance of the Safeguarding Vulnerable Adults Dashboard for the Clinical Commissioning Group (CCG) up to March 31st 2013, maintenance of Trust AP1 spreadsheet and the quarterly audit of the numbers and outcomes of safeguarding referrals continue. Trust Safeguarding Lead continues to attend case conferences and the Kent and Medway Safeguarding Adults Board as well as associated Kent clinical leads meetings and remains the Prevent Lead for Dartford and Gravesham NHS Trust (DGS).

Key achievements

- 1st Learning Disability Conference.
- Learning Disability: approximately 25 Hospital Passports on Patient Administration System with hospital numbers on key fobs. Created in collaboration with the community learning Disability Liaison Nurse and support worker from Kent Invicta Advocacy.
- Safeguarding Training: South Coast Audit gave the Trust 'Significant Assurance' for the Safeguarding Training it provides to staff.

Key challenges

- Challenging the responsibility of social care colleagues into accepting that patients with non-hospital acquired pressure ulcers should be investigated by them. Helping them to understand that secondary Health do not have access to Primary Health Documentation.
- Ensuring medical staff understand their role under the Mental Capacity Act (MCA).
- Ensuring continued completion of the correct consent form for people who lack capacity with audit undertaken in due course.
- Re-audit of the South East Coast audit into capacity assessments of 2011 now complete.

Future plans 2014-2015

- Deprivation of Liberty Safeguards in view of the recent Supreme Court Challenge – identifying exactly which patients require DOLS.
- Working with the CCG to reduce the risk of non-hospital acquired pressure ulcers.
- Safeguarding: Band 7 Combined Safeguarding and Learning Disability Nurse Business case has been approved in principle. More training via the new Band 7 Post particularly around MCA and Domestic Abuse.

East Kent Hospitals University NHS Foundation Trust

Overview of 2013-2014

- A comprehensive self-evaluation of EKHUFT's promotion of Safeguarding was completed, using the newly created Kent & Medway Self-Assessment for Providers.
- This year's focus has been building on the understanding and compliance with the Mental Capacity Act (2005), raising awareness of the Deprivation of Liberties aspect and Clinical Restraint.
- The portfolio of training and delivery methods, on offer to staff was broadened and adapted to the growing understanding and confidence in the use of the Mental Capacity Act, with training delivered by Kent & Medway trainers.
- Participation in Domestic Homicide review 11.
- 61 safeguarding alerts raised by the Trust 2013-14. 44 alerts raised against the Trust 2013-14, indicating a healthy level of identification and reporting.

Key achievements

- Developing into the new proactive, broader People at Risk Team, which includes Learning Disability and Dementia leads. The new team has initiated the Person Centred Care Project to change the organisational culture of the organisation.
- IMCA Doctor's project, a joint project with Advocacy for All to raise awareness and build relationships between IMCA and doctors.
- Creation of the Written Consent Flow chart for doctors. Participation in Domestic Homicide review 11.
- Restructuring and re defining the use of Patient watch, the team that work with clinical staff to safeguard patients with aggressive behaviours who lack mental capacity.
- Creation of SMART + tool, to identify the Vulnerable Adults cohort within EKHUFT and outline the key measures staff need to consider when caring for such patients. This was developed in partnership with KMPT. The additional use of Qlikview software, to identify the location of Dementia and Learning Disability patients, is likely to denote a patient vulnerable to confusion.

Key challenges

- Interpretation of Deprivation of Liberty Safeguards within the acute setting, following the 2014 Supreme Court ruling and its implications for care of the confused patient, needing serious medical treatment.
- The development of a new Safeguarding Team known as The People at Risk Team.
- Pressure Ulcer prevention.

Future plans 2014-2015

- Explore the length of time between referral and treatment for patients with Learning Disabilities in accordance with the recommendations of the "Death by Indifference" report.
- Launch the Communication support boxes with communication aids on each floor/department demonstrating WECARE values which work in harmony with the principles of safeguarding.
- Undertake the Consent form 4 audits with the surgical division to ensure MCA processes are being followed.
- Roll out the SMART+ tool across the Trust, a new tool to identify vulnerable adults within the hospitals.
- Continue to develop a five year strategic plan, mission statement, objectives and operating standards for the EKHUFT "People At Risk Team" (Adult Safeguarding).

Medway NHS Foundation Trust

Overview of 2013-2014

Compliance with mandatory training for Safeguarding Adults level 1 and Mental Capacity Act (2005) level 1 has been the main focus of Adult Safeguarding at Medway NHS Foundation Trust in 2013-14. The Mandatory Training matrix has been updated to reflect the individual learning needs of clinical and non-clinical staff groups related to adult safeguarding. The portfolio of training opportunities and delivery methods has been expanded to include alternate options for training that recognises the diversity of our working population.

The Trust returned a favourable self-assessment audit for adult safeguarding to the Kent & Medway Safeguarding Adults Board's Quality Assurance Group. This assessment document is now a live document regularly updated, evidencing good safeguarding governance and practice.

Key Achievements

- The weekly Community Dental list is fully supported by the Learning Disability Liaison Nurse promoting a positive patient experience for people with a learning disability and their carers.
- Adult Safeguarding worked in collaboration with Service Development to review outpatient pathways, acknowledging and responding to the specific needs of vulnerable patients.
- The use of best interest meetings to drive the holistic approach to meeting the needs of vulnerable adults and ensuring maximisation of opportunities to promote their wellbeing / independence wherever possible.

Key Challenges

- Ensuring Mental Capacity Act compliance at all levels of clinical practice, including referral for IMCA representation.
- To support the Divisions to own safeguarding at a clinical level.
- To improve safeguarding mandatory training compliance.

Future Plans 2014-2015

- To develop an adult safeguarding team.
- To sustain the multi-agency approach to provision of care and treatment.
- To introduce the Kent and Medway Safeguarding Adults Board Competency Framework for safeguarding.

Maidstone and Tunbridge Wells NHS Trust

Overview of 2013-2014

The Trust continues to declare compliance with Care Quality Commission (CQC) Outcome 7. CQC inspections have highlighted that staff understand how to report concerns, record incidents and speak out safely. The number of alerts raised has increased from 68 alerts in 2012 to 113 alerts in 2013, showing a 64% increase in alerts raised by Trust staff.

The Trust has a Safeguarding Adults Committee with multi-professional/agency representation. The Committee reports to the Quality and Safety Committee. The Trust is represented within the multi-agency setting both strategically and operationally. The Mental Capacity Act and Deprivation of Liberty Safeguards (MCA and DoLS) Policy and Procedure has been reviewed and strengthened in a number of areas to assist practitioners. The majority of the updates to this policy are as a direct result of MCA cases informing us that changes were required i.e. definition of Serious Medical Treatment, when to refer to the Court of Protection. A Trust Domestic Abuse Policy and Procedure has been developed and covers responses for patients and staff.

This will strengthen our safeguards in place for this vulnerable group and their children. There is a developed suite of training programmes ranging from basic awareness at Trust Induction, through to inclusion on the mandatory update programmes. Additional training is in place for MCA and DOLS, PREVENT and Awareness of Domestic Abuse. The Trust is in the process of developing Level 2 Adults Safeguarding Training.

Training is monitored and remains above the Trust target of 85% compliance. MCA compliance continues on an upward trend and it is the intention of the Safeguarding Adults Matron to continue to focus on MCA within the Mandatory Clinical Update. It remains a challenge implementing the MCA into everyday practice.

Key achievements

- Trust staff continue to expand their knowledge and confidence with regards to raising safeguarding Alerts.
- Development of E-Learning Safeguarding Adults, Level 2.
- Restraint Training was developed and procured. All contracted Security Staff, in post at the time, and some frontline staff were trained.

Key Challenges

- To continue ensuring that practitioners are working within the meaning of the Mental Capacity Act 2005 and putting their learning into practice.
- Responding appropriately and timely to judgements e.g. the recent DOLS Supreme Court Judgment.
- Ensuring that the person/patient is kept at the centre of Safeguarding actions and decisions.

Future Plans 2014-2015

- Develop and launch face to face Level 2 Adults Safeguarding training to compliment the Level 2 E-Learning package.
- Launch and embed into practice the Domestic Abuse Policy.
- Effectively include people with a Learning Disability in mock inspections of areas in the Trust and invite to appropriate Trust Committees.

Kent Community Health NHS Trust

Overview of 2013-2014

Throughout 2013/14 the safeguarding service has worked closely with KCHT services and KCC to influence and enable the consistent application of safeguarding thresholds and timely reporting of concerns to facilitate the completion of single/multiagency investigations.

This has strengthened partnership working and enabled the outcomes of referrals to be shared and requisite actions taken to protect and safeguard the wellbeing and rights of vulnerable adults accessing KCHT services. In 2013/14, KCHT staff raised 226 Adult Protection (AP) alerts with social services, that implicated other agencies.

In the same reporting period, 65 Adult Protection alerts were raised implicating KCHT, either by another agency or KCHT itself. The majority of AP referrals implicating KCHT were under the category of neglect and, in the main, related to tissue viability. Following multi-agency investigations, 14 of the cases were confirmed as abuse by KCHT, 9 of which were declared by KCHT as significant incidents requiring internal investigation and route cause analysis.

Whilst 65 Adult Protection alerts for 2013/14 is an increase on the number of alerts raised against KCHT during 2012/13, this is very similar to the number that were raised in previous years and reflects the continued awareness that our frontline services have as to their safeguarding responsibilities and what constitutes a safeguarding concern. This has been borne out by the increase in the number of practitioners proactively contacting our internal Safeguarding service for advice and/or to share concerns.

Key achievements

- Developed clearer internal safeguarding thresholds to support decision-making by all practitioners where concerns are identified about a vulnerable adult, who is or may be at risk of harm and what actions need to be taken to safeguard.
- Strengthened safeguarding within all 12 community hospitals, including Minor Injury Units, through the implementation of named safeguarding practitioners, to support ward staff in fulfilling their responsibility to safeguard and protect in-patients from harm and work in partnership with patients and their carers to achieve positive and timely health and care outcomes.
- Influenced the development of multi-agency thresholds in relation to safeguarding vulnerable adults who develop pressure ulcers. The work has been incorporated as Protocol 19 in the revised Kent and Medway Policy, Procedures and Guidance (KMPPG, January 2014).

Key challenges

- To prevent all service users from experiencing avoidable harm or abuse.
- Changing NHS architecture, in tandem with reviews of external agencies such as Kent Police, KCC and voluntary services, impacting on the multiagency working and the availability and accessibility of support, expertise and capacity of services to safeguard vulnerable people.
- Complexity of case work and increasing volume of consultations and referrals, balanced against the capacity of the Trust's Safeguarding service.

Key actions for 2014-2015

- Further work has been completed in developing multi-agency thresholds in relation to safeguarding and protecting vulnerable adults from medication errors. This work is due to be completed in May 2014 and it is anticipated will be added to the KMPPG in July 2014.
- Work with the Kent and Medway Safeguarding Adults Board to develop and contribute to an audit programme in relation to the protection of vulnerable adults, taking into account legislative changes and case law.
- Promote and champion 'Making Safeguarding Personal' agenda, to ensure service users' wishes and feelings are known and considered when decisions relating to their health and social care needs are being made.

Medway Community Healthcare

Overview of 2013-2014

2013/14 has been a busy year, Medway Community Healthcare has continued to see increased awareness of adult protection, domestic abuse and the use of the Mental Capacity Act across all services as evidenced in higher enquiry rates to the Safeguarding Adults Team.

The team continues to provide mandatory Safeguarding Adults training, co-facilitating Level 2 with Medway Council, and has provided bespoke training for services as required, such as the completion of alert protection alerts or practical MCA assessment workshops. In addition Safeguarding Adults Links and supervisors continue their work with frontline staff to increase knowledge and confidence in the working with adults at risk of harm.

Empowerment of adults at risk of harm has been further improved this year with the development of My Plan, a personalised plan of care for all patients which centres on facilitating health improvements through the setting of personalised goals, My Plan reinforces the need for Mental Capacity Act assessments and Best Interest care planning for those who are unable to consent to care or treatment.

Medway Community Healthcare is represented on the Safeguarding Adults Board, Kent and Medway MCA Local Implementation Network and Medway Council Deprivation of Liberty Safeguards Steering Group.

Key Achievements

- Increased awareness within adult services of domestic abuse issues.
- Successful implementation of My Plan.
- Increased compliance with mandatory Safeguarding Adults training.

Key Challenges

- Improving confidence and competence in implementation of MCA.
- Working in partnership with local mental health services.
- Maintaining the Medway focus within a Kent and Medway Safeguarding Adults Board.

Future Plans 2014-2015

- Auditing the quality of capacity assessments via new community IT system.
- Understanding and implementing the revised test for DOLS across our inpatient facilities.
- Increasing the visibility of Safeguarding Adults issues across all services with the arrival of a new team member.

Kent and Medway Mental Health and Social Care Partnership Trust

Overview of 2013-2014

KMKMPT has continued to focus on achieving robust practice across all aspects of protecting vulnerable adults. The role of safeguarding lead in each integrated community team is now held by social workers.

The structure was reviewed in April 2013. In addition there is clear expectation of which other members of staff are expected to take on the investigators role for the purpose of Adult Protection investigations. We have made some progress with the quality and standard of managing safeguarding cases but it has been slow and this was highlighted in the external audit of November 2013.

This has led to further and ongoing discussions on the structure in which we deliver safeguarding. Alerts and awareness of safeguarding issues remains high across the organisation which is positive and demonstrates staff are confident and competent in recognising potential abuse. Training compliance at Levels 1 and 2 which are delivered internally are now at 92%; the Trust target is 85%.

Key achievements

- KMPT obtained its first excellent case in an external audit.
- Data held by KMPT on safeguarding cases is now much closer aligned to data held on SWIFT and we continue to monitor this.
- We have contributed to the Domestic Homicide Reviews conducted in Kent and more importantly actively participated in the workshops held across Kent and Medway to disseminate the lessons learned.

Key challenges

- With the Cheshire Court judgment on Deprivation of Liberty in March 2014 there is now increased demand on the S12 doctors to complete assessments which have increased greatly. This will need careful monitoring and review of resources and capacity.
- The ongoing review of safeguarding structures in KMPT to support the delegated responsibility for safeguarding vulnerable adults will need to arrive at a conclusion that is robust and sustainable.
- Embed the work of the subgroups of the Kent and Medway Safeguarding Adults Board into daily practice, particularly around the Safeguarding Competency Framework.

Future plans 2014-2015

- Monitoring the work of S12 doctors and increasing numbers trained.
- Review training in line with the Competency Framework.
- Complete the work on safeguarding structure and commence new regime.

South East Ambulance NHS Foundation Trust

Overview of 2013-2014

SECamb has made 1193 vulnerable person referrals to Kent and 135 to Medway over the past year, which equates to approximately 29% of the 4654 adult referrals generated by SECamb staff. These were a combination of social care issues (such as increasing care needs) and safeguarding concerns.

SECamb also piloted a domestic abuse programme, offering support to victims of domestic abuse identified by SECamb crews. This was delivered in partnership with one of the Domestic Abuse charities in the area.

Key achievements

The Trust has a five year Safeguarding training needs analysis and in accordance with that Level1 Safeguarding Adults training was scheduled in 2012-13, and the figures below demonstrate the delivery for different staffing groups, based on enrolment:

- Accident & Emergency: 94%
- Patient Transport Service: 92%
- 111(non-urgent care): 95%
- Non-operational: 83%
- 2013-14 was focussed on Level 2 Safeguarding children. Further Safeguarding Adults training will take place in 2014-15 in line with the organisational training plan.

Key challenges

- Reviewing how the work undertaken under the domestic abuse pilot could be taken forward and expanded across the whole Trust.
- Looking to launch a web-based reporting tool for crews to refer vulnerable person concerns, replacing the current paper-based system, which will facilitate closer scrutiny of concerns being raised and make reporting against these more robust.
- Introducing benchmarking this year, and will be reporting against anticipated volumes of referrals based on area specific targets, using demographics and national and local reporting figures to determine expected ratio of referrals to emergency calls received. We will use this data to inform targeted programmes of education and information to local crews.
- A full departmental review is also underway, including revision of Trust policy to take into account the most recent Intercollegiate Document publication and the Care and Support Act.

Future plans 2014-2015

- Continued increase in activity across the Trust, particularly from the 111 Call Centres, leaves no resilience within the department from a resourcing perspective. This has a knock-on impact in regard to our ability to respond to information requests in a timely manner and also contributes to these responses not being of the quality we would hope for.
- Improving attendance at LSABs. SECamb is very aware of the crucial nature of working closely with our partners. This will be supported and informed by the outcomes of the departmental review.

Kent Fire and Rescue Service

Overview of 2013-2014

The service has recently reviewed its Home Safety Visit Criteria to make sure it was targeting the right people in terms of their level of risk from fire. Those most at risk are those who through health and lifestyles are more likely to have a fire or less likely to escape from fire.

Hoarding is a significant risk in terms of fire for both the occupants and attending crews. The service has adopted a clutter rating initiative which enables officers to more accurately risk assess hoarding issues.

The Service's Vulnerable Persons Team works with the most vulnerable members of the community and often raises safeguarding issues or identifies individuals who need additional support to live independently. The team has recently joined forces with the Home Safety section to become one larger group of officers and this will enable an increase in the number of people trained to a higher level in safeguarding.

The Service has signed up to the national Dementia Friends pledge and is rolling out the training across the organisation.

Key achievements

- The Service completed its 10,000 Vulnerable Persons visit.
- New Home Safety Visit Scheme went live early 2014.
- Recruitment and training of 5 safeguarding champions.
- Training on new clutter rating rolled out to relevant staff.
- 200 staff trained as Dementia friends.

Key challenges

- Continuing to encourage other agencies to consider fire when risk assessing their clients.

Future plans 2014-2015

- Develop and launch an on-line Level 1 Adults Safeguarding training for all staff.
- Review the current Vulnerable Persons Policy.

Section 7: Safeguarding activity

7.1 Background to the Data

The data for this report was extracted from the Kent County Council social care system (SWIFT) and the Medway Council safeguarding database. In most cases, the data included in this report is consistent with the Department of Health (DH) statutory returns: Abuse of Vulnerable Adults (AVA) for 2011-12 & 2012-13 and the Safeguarding Adults Return (SAR) for 2013-14. ** 2013-14 data still subject to validation*

The first part of the report looks at new safeguarding adults referrals. A referral is made when a concern has been raised leading to an adult safeguarding investigation. In Kent, only cases that meet the safeguarding threshold are fully investigated and so would be included in this report. In Medway, all safeguarding alerts are investigated as referrals and so are all included in this report. The second part of the report summarises the out-comes of safeguarding referrals in Kent and Medway.

7.2 New safeguarding adults referrals

7.2.1 Number of referrals and rate of change

There were a total of 3491 new safeguarding adult's referrals in the period 2013-2014, which sees a 9.9% increase on the previous year. Kent saw an increase of 10.9% in their referrals from 2012-13 to 2013-14. Medway's rate of referrals remained fairly consistent with a 0.6% increase.

Area	11-12	12-13	13-14	% change between 12-13 & 13-14	% of total in 13-14
Kent	2341	2863	3176	10.9%	91.0%
Medway	415	313	315	0.6%	9.0%
Total	2756	3176	3491	9.9%	100.0%

Table 7.2.1: Number of referrals year on year and rate of change 11-12 to 13-14

7.2.2 Age of alleged victims

In the period 2013 to 2014, the majority of all referrals, 39.3%, were from the 18-64 age group, with the second most prevalent group being the 85+ age category, 27.9%. There has been no significant change in the proportions of referrals across the age groups over the past three years.

Age group	11-12		12-13		13-14	
	Number	%	Number	%	Number	%
18-64	906	32.9%	1145	36.1%	1372	39.3%
65-74	364	13.2%	344	10.8%	416	11.9%
75-84	645	23.4%	737	23.2%	707	20.3%
85+	831	30.2%	939	29.6%	974	27.9%
Unknown	10	0.4%	11	0.3%	22	0.6%
Total	2756	100.0%	3176	100.0%	3491	100.0%

Table 7.2.2: Age breakdown of alleged victims for the periods 2011-12 to 2013-14

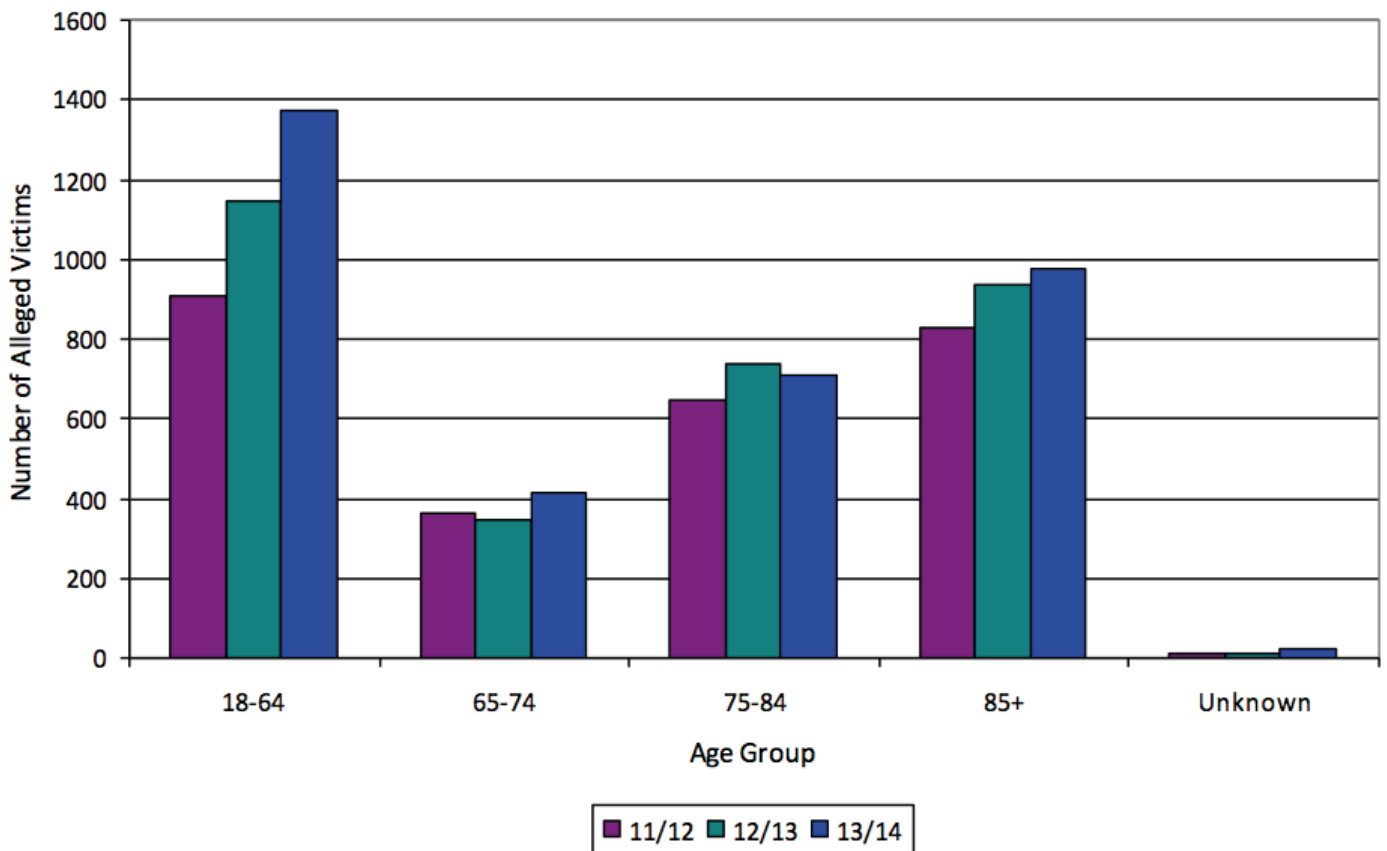


Figure 7.2.2: Age breakdown of alleged victims 2011-12 to 2013-2014

7.2.3 Gender of alleged victims

In 2013-2014, the highest proportion of alleged victims were female at 60.6%. This is consistent with the previous two years of reporting.

Gender	11-12		12-13		13-14	
	Number	%	Number	%	Number	%
Male	1083	39.3%	1193	37.6%	1375	39.4%
Female	1673	60.7%	1983	62.4%	2116	60.6%
Total	2756	100.0%	3176	100.0%	3491	100.0%

Table 7.2.3: Gender of alleged victims over the periods 2011-12 to 2013-14

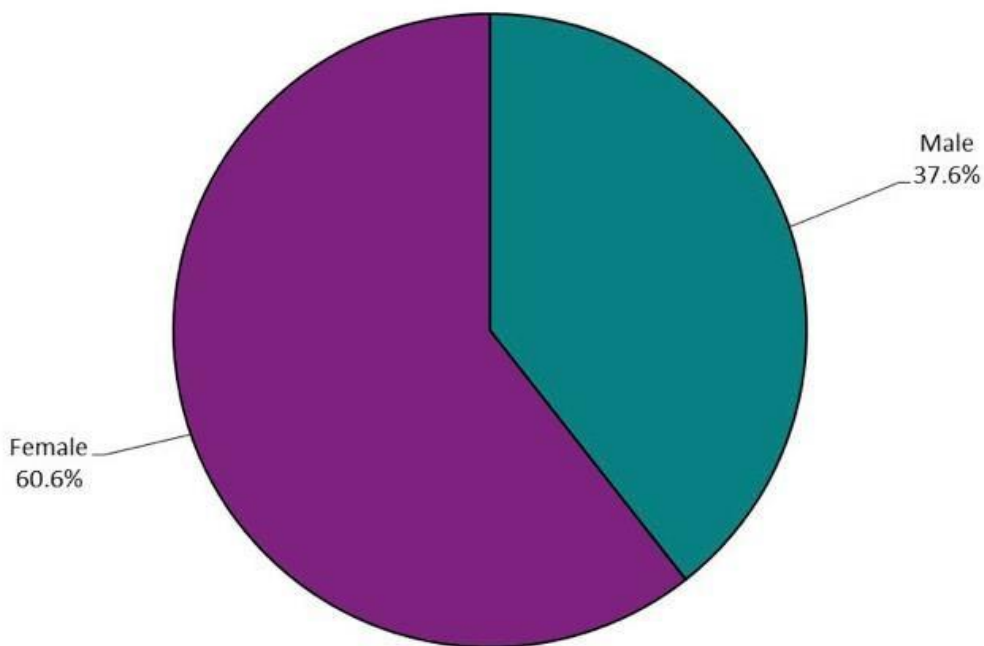


Figure 7.2.3: Gender of alleged victims 2013-2014

7.2.4 Ethnicity of alleged victims

In 2013-2014 the percentage of victims from a black or ethnic minority background decreased from 3.6% to 3.0%. The percentage of alleged victims from a white background has increased slightly from 85.5% to 88.1%. There has been a decrease in the number of alleged victims where the ethnicity was not stated or obtained falling from 11.0% in 2012-2013 to 8.8% in 2013-2014.

For the whole populations in Kent and Medway, the proportion of people who are from a black or ethnic minority background has been between 6 and 10% for the past three years. This suggests that these groups are under-represented in the figures for safeguarding referrals.

Ethnicity	11-12		12-13		13-14	
	Number	%	Number	%	Number	%
White*	2445	88.7%	2713	85.5%	3077	88.1%
BME **	85	3.1%	113	3.6%	106	3.0%
Not stated/ obtained	226	8.2%	348	11.0%	308	8.8%
Total	2756	100.0%	3174	100.0%	3491	100.0%

Table 7.2.4: Breakdown of Ethnic Group for the periods 2011-12 to 2013-14

*'White' contains the DH ethnic groups of White British, White Irish, Traveller of Irish Heritage, Gypsy/Roma, Other White Background.

** 'BME' includes all Asian or Asian British, Black or Black British, Mixed and Other groups

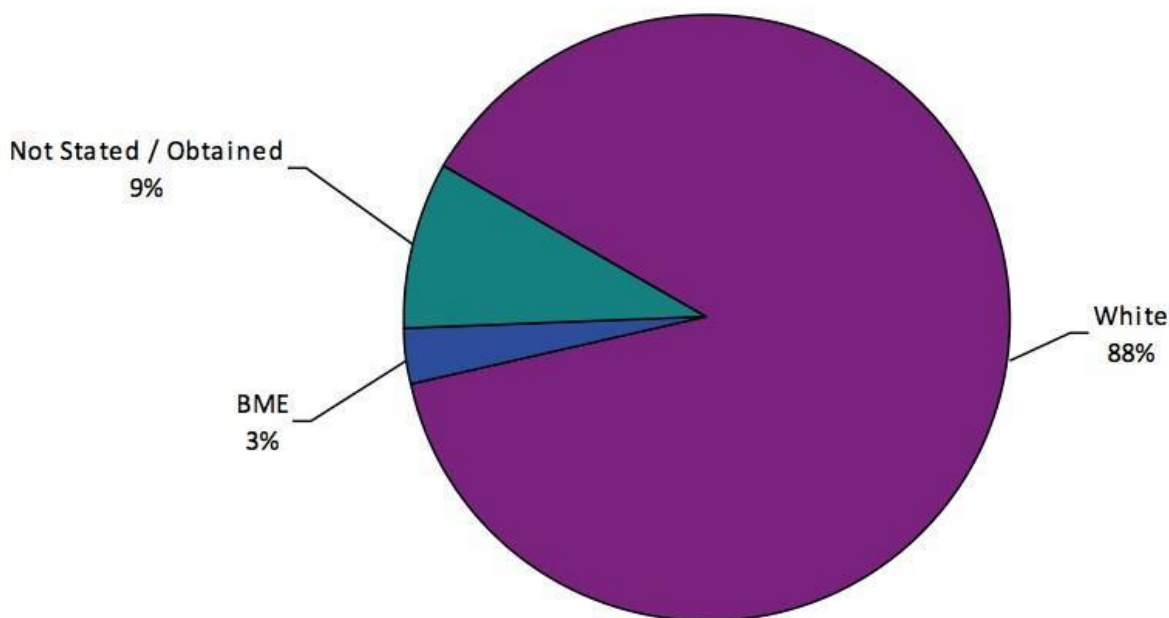


Figure 7.2.4: Ethnic breakdown of alleged victims 2013-2014

7.2.5 Client Category of Alleged Victim

The table below shows the primary client category of alleged victims broken down by age group over the past three reporting periods. There has been a slight increase in 18-64 year olds with a physical disability from 8.0% in 2012-13 to 8.3% in 2013-14 but a slight decrease in the number of alleged victims in the 65+ age group from 42.7% to 39.3%. The proportion of alleged victims with a client category of mental health in the 65+ age group has continued to increase over the past three years.

Client Category	11-12		12-13		13-14	
	18-64	65+	18-64	65+	18-64	65+
Physical Disability	7.5%	46.5%	8.0%	42.7%	8.3%	39.3%
Mental Health	6.3%	13.8%	8.5%	15.6%	9.8%	14.7%
Learning Disability	15.7%	1.5%	15.7%	1.9%	17.7%	1.7%
Substance Misuse	0.2%	0.0%	0.4%	0.1%	0.3%	0.0%
Other Vulnerable People	3.4%	5.1%	3.3%	3.8%	3.4%	4.6%
Total	33.0%	67.0%	36.0%	64.0%	39.6%	60.4%

Table 7.2.5: Breakdown of primary client category for the periods 2011-12 to 2013-14
(A small number of alleged clients with an unknown age group have been excluded from this table)

(A small number of alleged clients with an unknown age group have been excluded from this chart)

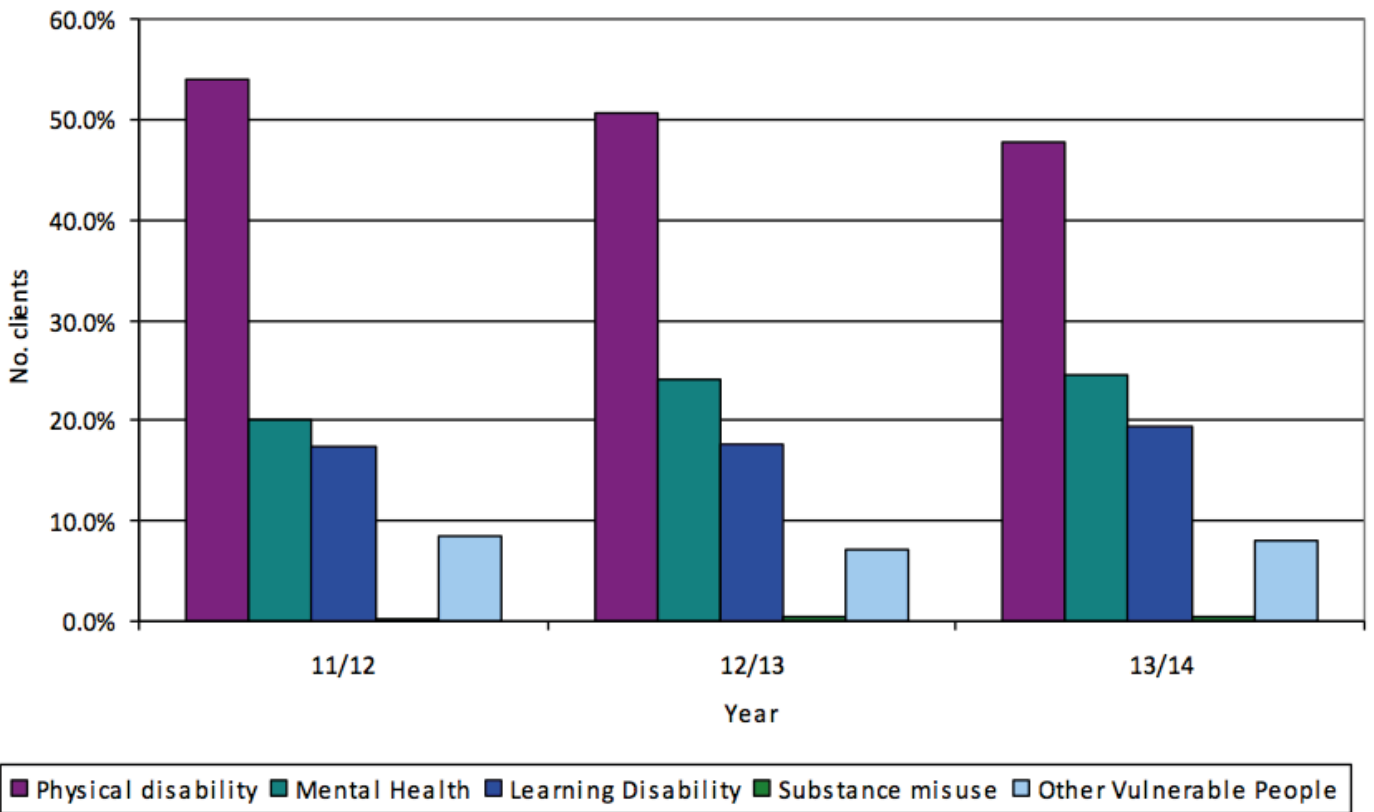


Figure 7.2.5: Client category of alleged victims

7.2.6 Location of alleged abuse

In 2013 to 2014 the main location for incidences of alleged abuse was within a residential care home, with 40.5% of referrals occurring here. This is consistent with the reported figures for the previous two years. 34.8% of incidences were reported to be in the alleged victims own home. There has been a 1.6 percentage point increase in the number of incidences reported to be in hospital settings. Incidence of abuse where the location is unknown has increased by 2.2 percentage points. This may be as a result of recording issues within Kent, relating to incidences within a mental health inpatient setting.

Location	11-12		12-13		13-14		% point change 2012/13-2013/14
	Number	%	Number	%	Number	%	
Residential Care Home *	1139	41.3%	1270	40.0%	1415	40.5%	0.5
Own Home	969	35.2%	1161	36.6%	1215	34.8%	-1.8
Supported accommodation	109	4.0%	103	3.2%	63	1.8%	-1.4
Hospital/ Other Health setting **	96	3.5%	125	3.9%	191	5.5%	1.6
Other	103	3.7%	99	3.1%	98	2.8%	-0.3
Public Place	66	2.4%	89	2.8%	71	2.0%	-0.8
Day Centre/ Service	37	1.3%	28	0.9%	46	1.3%	0.4
Alleged Perpetrators Home	31	1.1%	37	1.2%	20	0.6%	-0.6
Mental health Inpatient Setting	7	0.3%	6	0.2%	12	0.3%	0.1
Education/ Training/ Workplace Establishment	0	0.0%	1	0.0%	0	0.0%	0.0
Not Known	199	7.2%	257	8.1%	360	10.3%	2.2
Total	2756	100.0%	3176	100.0%	3491	100.0%	~

Table 7.2.6: Location of alleged abuse for the periods 2012-13 to 2013-14

* All care home settings, including nursing care, permanent and temporary

** Acute, community hospitals and other health settings

7.2.7 Types of Abuse

Physical abuse has remained the category most prevalent over the past three years, with an average of 39.5% of cases involving this type of abuse. The proportion of incidences where financial abuse was a factor has decreased over the past three years by 8.4 percentage points between 2013-14 and 2011-12. Incidences where neglect was apparent have also decreased over the past three years, falling from 31.0% in 2011-12 to 25.2% in 2013-14.

Categories of alleged abuse	2011-12		2012-13		2013-14	
	Number	%	Number	%	Number	%
Physical	996	36.1%	1231	38.8%	1407	33.6%
Neglect	854	31.0%	931	29.3%	1054	25.2%
Financial	684	24.8%	707	22.3%	688	16.4%
Emotional/ Psychological	537	19.5%	765	24.1%	691	16.5%
Sexual	190	6.9%	183	5.8%	206	4.9%
Institutional	111	4.0%	167	5.3%	98	2.3%
Discrimina- tory	33	1.2%	28	0.9%	39	0.9%

Table 7.2.7: Type of alleged abuse by area (a referral may have multiple types of abuse recorded – the percentage figures relate to the proportion of all referrals where each type of abuse was apparent)

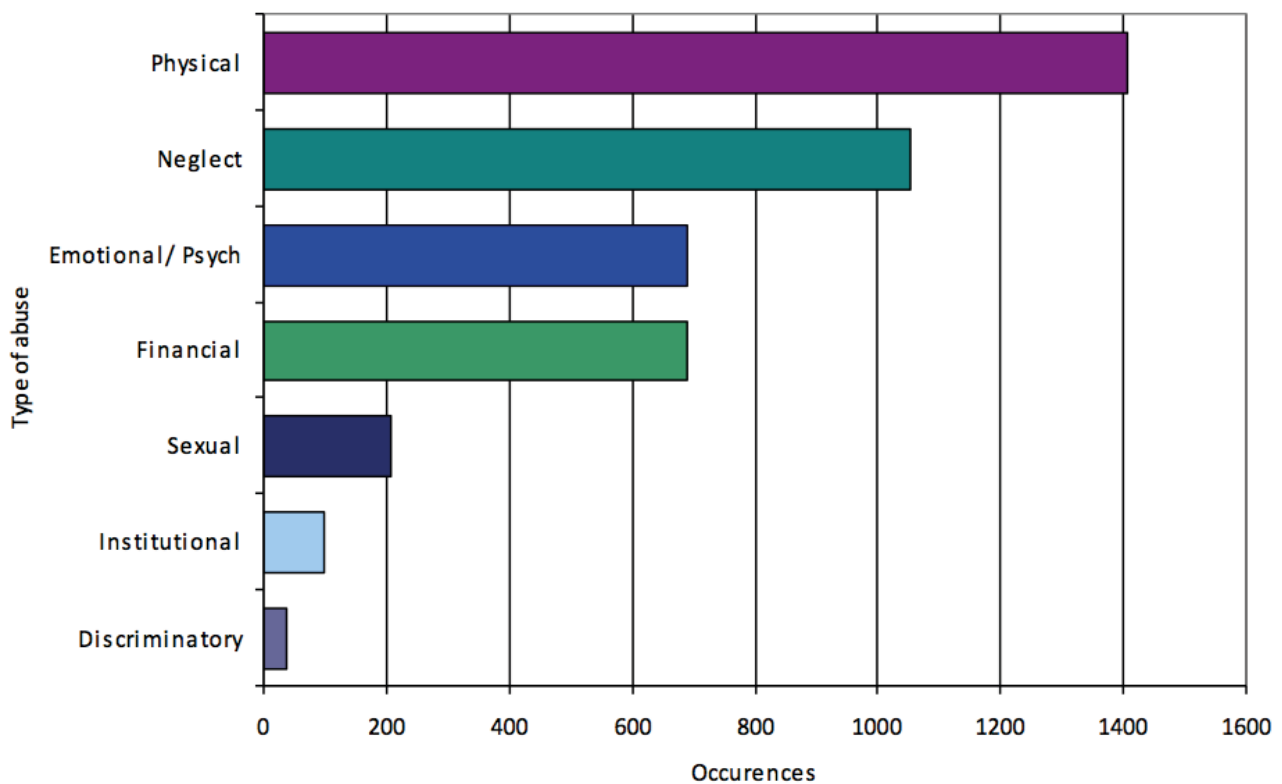


Figure 7.2.7: Types of alleged abuse

7.2.8 Source of Safeguarding Referral

The table below shows the comparison of safeguarding referrals over the past three years. The majority of referrals continue to come from social care staff and there has been an increase from 41.7% in 2012-13 to 48.4% in 2013-14. Referrals from health care staff have continued to decrease, with 20.6% of referrals in 2013-14 coming from health staff.

Referrals from both housing and the police have decreased slightly by 0.7 percentage points in 2013-14. Referrals from the Care Quality Commission (CQC) have increased from 2.0% in 2012-13 to 3.3% in 2013-14 marking a 1.3 percentage point increase.

Source of Referral	11-12		12-13		13-14		Percentage point change 12-13 & 13-14
	Number	%	Number	%	Number	%	
Social Care staff	1039	37.7%	1325	41.7%	1689	48.4%	6.7
Health Staff	696	25.3%	754	23.7%	718	20.6%	-3.1
Self Referral	82	3.0%	97	3.1%	129	3.7%	0.6
Family member	271	9.8%	273	8.6%	271	7.8%	-0.8
Friend/ Neighbour	42	1.5%	37	1.2%	49	1.4%	0.2
Other service user	4	0.1%	3	0.1%	8	0.2%	0.1
Care Quality Commission	69	2.5%	63	2.0%	115	3.3%	1.3
Housing	48	1.7%	64	2.0%	45	1.3%	-0.7
Education/ Training Workplace	9	0.3%	18	0.6%	10	0.3%	-0.3
Police	162	5.9%	163	5.1%	152	4.4%	-0.7
Other	334	12.1%	379	11.9%	298	8.5%	-3.4
Unknown	0	0.0%	0	0.0%	7	0.2%	0.2
Overall Total	2756	100.0%	3176	100.0%	3491	100.0%	~

Table 7.2.8: Source of safeguarding for the periods 2011-12 to 2013-14

7.3 Closed Referrals

7.3.1 Outcome of closed Referrals

In Kent, the highest proportions of cases were substantiated in both 2012-13 and 2013-14. In Medway the highest proportion of cases were unsubstantiated in 2012-13 and 2013-13. Medway Council do not currently distinguish between a safeguarding alert and a referral so are likely to have a higher proportion of cases which are either unsubstantiated or evaluated not adult abuse.

Area	Substantiated		Partly substantiated		Un-substantiated		Not determined/inconclusive		Evaluated not Adult Abuse	
	12-13	13-14	12-13	13-14	12-13	13-14	12-13	13-14	12-13	13-14
Kent	40.2%	40.0%	7.8%	5.3%	21.7%	21.5%	24.4%	23.6%	14.7%	10.7%
Medway	30.6%	32.8%	6.3%	6.8%	46.4%	39.9%	9.5%	13.3%	7.2%	7.1%
Total	36.5%	38.4%	7.1%	5.5%	21.7%	23.4%	21.6%	22.5%	13.1%	10.3%

Table 7.3.1a Outcome of closed referrals in 2012-13 & 2013-14

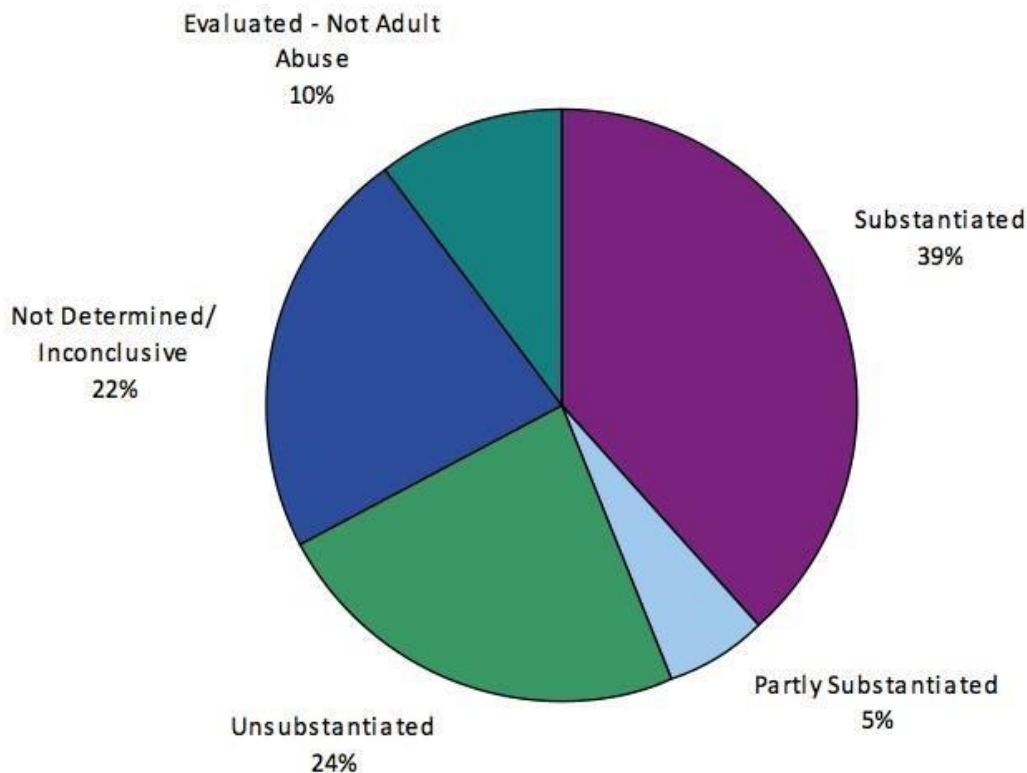


Figure 7.3.1: Outcome of closed referrals

7.3.2 Action Resulting from Closed Referrals

This measure was introduced this year as part of the new Safeguarding Adults Return (SAR), therefore there is no comparable data with previous years. As this is the first reporting year for this measure it is likely that there may be changes in subsequent years in the proportions as recording and reporting techniques are honed.

Area	No further action under safeguarding		Risk Remains		Risk Reduced		Risk Removed	
	No.	%	No.	%	No.	%	No.	%
East Kent Total	844	59.7%	85	6.0%	286	20.2%	199	14.1%
West Kent Total	691	76.9%	28	3.1%	131	14.6%	49	5.5%
Central Duty Team	242	66.7%	21	5.8%	78	21.5%	22	6.1%
Medway	58	18.8%	17	5.5%	151	49.0%	82	26.6%
Total	1835	61.5%	151	5.1%	646	21.6%	352	11.8%

Table 7.3.2 Actions resulting from closed safeguarding referrals 2013-14

7.4 Population Figures

Medway

The Medway Towns have a resident population of approximately 263,925 people consisting of 166,600 residents aged 18 to 64 and 37,300 aged 65 and over¹. The overall resident population is predicted to increase by 8.6% in the next ten years².

Compared to England and Wales, the proportion of those aged 65 and over is slightly lower in the Medway area³. The proportion of people aged 65 and over has increased by 18% since the 2001 Census⁴.

According to 2011 Census estimates, 14% of residents in Medway aged 65 and over suffer from a long term health problem or disability. The highest proportion of Medway residents described themselves to be in 'Very Good Health' (45.7%) however, 4% described themselves as being in 'Very Bad Health' compared to only 1% in both the South East and England⁵.

The majority of the populations of Medway are classified as White (89.6%), with the largest Black Minority Ethnic group in Medway being Indian (2.7%). The proportion of the population that is white is slightly higher than England but slightly lower than the proportion in Kent. The most prevalent religious category is Christianity with 58% of the population whilst the largest non-Christian religious group is Islam (2%). 37% of the population of Medway either stated they did not belong to any religion or chose not to state a religion⁶.

Kent

Kent ranks 102nd out of 152 county and unitary authorities in the English Indices of Deprivation 2010 (ID2010). This places Kent within England's least deprived third of authorities as a rank of one indicates the most deprived area. However, there are areas within Kent that do fall within the 20% most deprived in England. Overall, Kent suffers the most from Barriers to Housing and Services deprivation and suffers the least from Health Deprivation and Disability⁷.

With a resident population of just over 1.4 million⁸ Kent has the largest population of all of the English counties. People living in urban areas make up 71% of the Kent population but they only occupy 22% of the total land area. The remaining 29% of the population live in rural areas but occupy 78% of the land in Kent⁹. Over the past 10 years Kent's population has grown faster than the national average. The population of Kent has grown by 7.8% between 2000 and 2010, above the average both for the South East (6.7%) and for England (6.1%)¹⁰. Kent's population is forecast to increase by a further 10.9% between 2010 and 2026¹¹.

Overall the age profile of Kent residents is similar to that of England. Just under a fifth of Kent's population is of retirement age (65+). Kent has an ageing population¹². Forecasts show that the number of 65+ year olds is forecast to increase by 43.4% between 2010 and 2026, yet the population aged under 65 is only forecast to increase by 3.8%.

The largest ethnic group in Kent is White. 92.4% of all residents are of white ethnic origin and 7.6% are of Black Minority Ethnic (BME) origin. The largest single BME group in Kent is Indian representing 1.9% of the total population. 75.1% of Kent residents describe themselves as Christian, whilst the largest non-Christian religious group is Sikh (0.6%). 70% of Kent residents describe themselves as being in good health and 16.5% of Kent's population live with a limiting long term illness¹³.

1 - ONS mid-year 2011 population estimates by CASSR, 2 - ONS 2010-based Sub-national Population Projections, 3 - ONS 2011 Census Age Structure, local authorities in England, 4 - ONS 2001 Census Age Structure, 5 - ONS 2011 Census, 6 - ONS 2011 Census, 7 - Deprivation in Kent report, 8 - 2010 Mid-Year Population Estimates Bulletin, 9 - 2010 Ward Level Population Bulletin, 10 - 2010 Population Pyramids Bulletin, 11 - KCC Strategy (Oct. 2011) Interactive Population Tool Kit, 12 - 2009 Mid-Year Ethnic Population Estimates, 13 - 2001 Census profile

Section 8: Priorities for 2014-2015

A number of priorities have been identified for 2014-2015

- Reviewing the multi-agency training programme, linking it to the Competency Framework
- Developing a strategic plan for the Kent and Medway Safeguarding Adults Board
- Reviewing the multi-agency policy, protocols and guidance document
- Responding to the recommendations from Serious Case Reviews
- Reviewing the Serious Case Review policy and protocols
- Organising Safeguarding Awareness Week
- Responding to national safeguarding developments

Appendices

Appendix 1

Kent and Medway Safeguarding Vulnerable Adults Principles and values

The Kent and Medway Safeguarding Vulnerable Adults multi agency 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

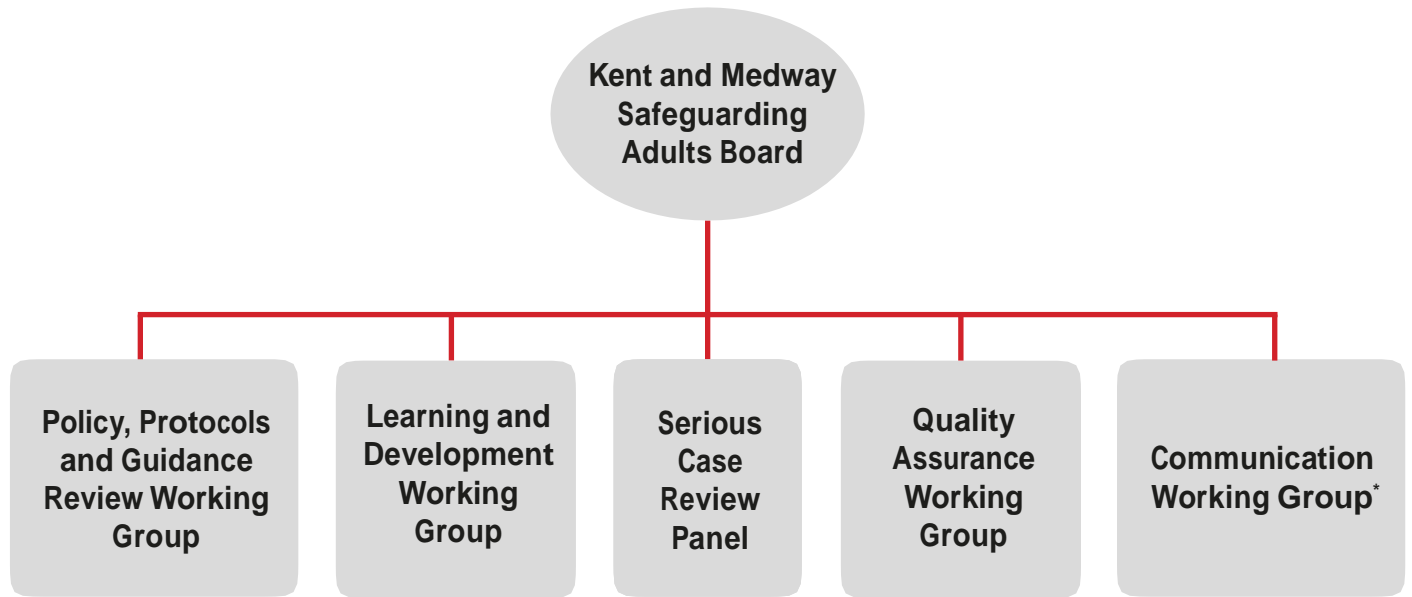
The main forms of abuse

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 Adults Executive Board Governance Structure



* This will be a Task and Finish Group as and when needed

