



Kent and Medway Safeguarding Adults Board

Annual Report

April 2018 – March 2019

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Message from Deborah Stuart-Angus, Independent Chair,

Kent and Medway Safeguarding Adults Board

It gives me great pleasure to present the Annual Report of the Kent and Medway Safeguarding Adults Board.

This Report is only a brief acknowledgement of the wide range of work that is undertaken to effectively safeguard vulnerable people who may be at risk, across our region. I am continuously in debt to our Board Members and Partners, who undertake this work with commitment, dedication and vigour.

The achievements that we have made together, give me pride in being the Chair of the Kent and Medway Safeguarding Adults Board and I give my sincere thanks to all of those who contribute to making Kent and Medway a safer place.



Deborah Stuart-Angus

Independent Chair of the Kent and Medway Safeguarding Adults Board

Section 1. Role of the Kent and Medway Safeguarding Adults Board (KMSAB)

About us

The Kent and Medway Safeguarding Adults Board (KMSAB) does not provide frontline services. It is a statutory multi-agency partnership which assures that adult safeguarding arrangements in Kent and Medway are in place, and are effective. It oversees how agencies co-ordinate services and work together to help keep adults who are, or may be, at risk, safe from harm. We promote wellbeing, work to prevent abuse, neglect and exploitation, and help to protect the rights of our citizens. Our work also focuses on the development of the multi-agency policies and procedures, providing consistency and setting high safeguarding standards, which all our partner agencies sign up to.

For expediency, herein, the terms 'Board' and 'KMSAB' will be used interchangeably to refer to the Kent and Medway Safeguarding Adults Board.

Our Purpose

Our responsibilities include:



publishing a Strategic Plan, detailing our priorities and how these will be met



assuring safeguarding practice continuously improves, to bring about better outcomes for those experiencing or at risk of abuse



assuring that we make safeguarding personal



holding our partners to account, gaining assurance that effective safeguarding arrangements are in place



producing multi-agency policies and procedures, and monitoring their impact



undertaking Safeguarding Adults Reviews to establish what happened, and what we can learn



produce an annual report, detailing what we have done to achieve the priorities in our Strategic Plan



working collaboratively and with effective governance to promote wellbeing and prevent abuse and neglect



setting the strategic direction to protect and empower adults at risk across Kent and Medway

Our Membership

KMSAB has an Independent Chair, Deborah Stuart-Angus, who provides leadership, vision and support. The statutory partners are:

- Medway Council
- Kent County Council
- Kent Police
- NHS Clinical Commissioning Groups across Kent and Medway

In addition to the statutory members, the Board and/or its Working Groups include representation from:

Advocacy for All	Maidstone and Tunbridge Wells NHS Trust
Dartford and Gravesham NHS Trust	Medway Community Healthcare
District and Borough Councils	Medway NHS Foundation Trust
East Kent Hospitals University NHS Foundation Trust	National Probation Service
HM Prison Service	NHS England
Kent and Medway NHS and Social Care Partnership Trust	Rapport Housing and Care
Kent Autistic Trust	SeAp (Advocacy)
Kent Community Health NHS Foundation Trust	South East Coast Ambulance Service NHS
Kent Fire & Rescue Service	Foundation Trust
Kent Integrated Care Alliance	Virgin Care
Kent Surrey and Sussex Community Rehabilitation Company	

Engagement is not limited to the agencies listed above. We are committed to inviting other organisations to contribute and are actively increasing our contacts with faith groups and service user networks.

Our Structure

The structure of the Board is detailed on the next page. The terms of reference and membership for each group are reviewed annually, they can be found on the [KMSAB Website](#).

We also work closely with other strategic groups and partnerships, such as local Safeguarding Children Boards, Community Safety Partnerships and Health and Wellbeing Boards, to ensure key priorities are shared, to promote efficiency, joint working and to reduce duplication. We share the Risk Threats and Vulnerabilities Working Group with Kent and Medway's local Safeguarding Children Boards (known as Partnerships, from September 2019).

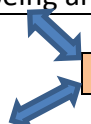
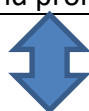
Medway Safeguarding Adults Executive Group (MSAEG) was established in 2016 to bring together senior representatives from the key agencies responsible for the effective delivery of Adult Safeguarding in Medway. MSAEG works collaboratively to deliver the strategic priorities of the Kent and Medway Safeguarding Adults Board, strengthening local delivery, oversight and governance. Our Business Group is regularly updated on both Medway and Kent County Council's progress.

Our Board is supported by the KMSAB Business Unit, which comprises of a part time Board Manager, two full time equivalent Senior Administration Officers and a Business Development and Engagement Officer.

Kent and Medway Safeguarding Adults Board

Responsibilities

- Oversee the governance arrangements and budget of KMSAB.
- Seek assurance that safeguarding arrangements are in place and partners act accordingly, to help protect adults at risk in Kent and Medway.
- Challenge each other and other organisations if there is a belief that actions or inactions are increasing the risk of abuse and/or neglect.
- Work together to promote the prevention and protection of adults with care and support needs, by making strategic decisions and ensuring that effective systems and processes are in place.
- Ratify and adopt the Strategic Plan and ratify the Annual Business Plan and ensure its delivery.
- Ratify and share the Annual Report and consider how to improve contribution to safeguarding.
- Take overarching responsibility for Safeguarding Adults Reviews, ensure that learning is shared and that remedial actions are robust and lead to practice improvement and improved outcomes for adults at risk.
- Adopt the principle of continuous learning and improvement across the partnership to collaborate, safeguard and promote the wellbeing and empowerment of adults.



Medway Safeguarding Adults Executive Group

Kent and Medway Safeguarding Adults Board - Business Group

Responsibilities

- Hold the Working Groups to account to deliver the Strategic Plan, the Business Plan and each Group's Annual Work Plan, by scrutinising update reports, monitoring progress, identifying and addressing gaps or risks.
- Be accountable for decision making to implement the Strategic Plan and delivery plans.
- Receive update reports from partners and other Boards to share learning and identify development areas.
- Make recommendations to the Board where decisions require higher level scrutiny and or agreement, or if there are likely to be budget implications.



The Board's Working Groups

Communications and Engagement (CEWG) Became operational in April 2019	Raising awareness within organisations and communities about the Board's work, and the need to safeguard adults at risk. Encouraging participation and engagement to promote practice improvement, prevention of abuse and early intervention - to make Kent and Medway a safer place.
Learning and Development (LDWG)	Co-ordinating, commissioning, delivery and evaluation of the Board's multi-agency safeguarding adults training programme.
Practice, Policy and Procedures (PPPWG)	Reviewing and updating the "Multi-agency Safeguarding Adults Policy, Protocols and Practitioner Guidance for Kent and Medway", and associated documents - maintaining a modern approach with a continuous review cycle.
Quality Assurance (QAWG)	Co-ordinating the delivery of quality assurance, evaluating and assessing the effectiveness of safeguarding activities from our partner agencies.
Risk Threats and Vulnerabilities (RTV) – Joint working group	Overseeing multi-agency activity regarding human trafficking, radicalisation, counter terrorism and gang violence by sharing information and developing and implementing an integrated strategy.
Safeguarding Adults Review (SARWG)	Delivering our statutory responsibility to conduct Safeguarding Adults Reviews and other learning reviews, such as Complex Case Audits, holding agencies to account for improvement.

Section 2. Priorities and Achievements

This section details how we delivered against our priorities for 2018 – 2019. It is recognised that activity can cut across more than one priority. For example, Safeguarding Adults Awareness week met the priority for both Prevention and Awareness.



Priority One: PREVENTION

"I want to feel and be safe in the community where I live"

Our priority is to deliver a preventative approach in all that we do. We will:

- assure that agencies are clear about their obligation to deliver safeguarding and that they understand that this constitutes the prevention of abuse, crime, neglect and self-neglect;
- assure accountability of our partners;
- raise public awareness of the work of the KMSAB and of adult safeguarding; and
- listen to the voice of the adult at risk and make sure safeguarding is made personal, wherever possible.

What we have achieved

1. Consulting on Our Strategic Plan

Having agreed our vision, our mission statement and our strategic priorities, Board Members developed a three-year strategy and business plan, detailing our achievement intentions, and how and when we would deliver. The strategic plan, easy read version and accompanying equality impact assessment were published for public consultation. A 'you said, we did' document was produced to respond to the feedback received.

You Said	We Did
There is no clarity about who is in the partnership and at what level they are represented.	We published our terms of reference on the Board's website which sets out who our partners are and at what level they are represented. Our statutory partners are; Kent County Council; Medway Council; Kent Police; and all Clinical Commissioning Groups in Kent and Medway. The KMSAB webpage is https://www.kent.gov.uk/about-the-council/partnerships/kent-and-medway-safeguarding-adults-board#null
Has the vision statement been agreed by the KMSAB partners?	We advised that the vision and mission statements of the Board were agreed by all partners and advised that the statements are subject to annual review at a full Board meeting.
There may be merit referencing identification of adults at risk and incorporating this within the Vision Statement.	We will consider rewording the vision statement in relation to this, and discuss at the next Business Group.

<p>How is the Board going to quality assure when it is reliant on partners to deliver this?</p> <p>And</p> <p>Do you review the work of others as well as your own?</p>	<p>We advised that the Board has a Quality Assurance Framework, (managed by the Quality Assurance Working Group), directing how partner agencies are reviewed, identifying good practice and where organisations could have worked better together. This ensures agencies are meeting our key quality standards, identified via a Self-Assessment Framework, where outcomes are assessed by peer professionals. All quality assurance activity is scrutinised by the Board.</p>
<p>I have a complaint about the number of changes to social work staff.</p>	<p>We advised that the Board operates at a strategic level and is not an operational group and that complaints about Medway or Kent Adult Social Care and Health can be made at Kent Adult Social Care Complaints and Comments and Medway Adult Social Care Complaints and Comments</p>
<p>District Councils should be more involved with the work of the Board, as they have a lot of contact with vulnerable adults.</p>	<p>We advised that all District Councils are members of the Board and we continuously look to improve professional engagement from our partner agencies.</p>
<p>What training does the Board provide?</p>	<p>We advised that the Board commissions multi-agency safeguarding adults training largely for statutory partners, with regard to delivering Section 42 Enquiries. Relevant and thematic lessons learnt seminars are held following the publication of Safeguarding Adults Reviews. We advised that we are currently reviewing our training offer, to ensure maximum impact.</p>
<p>Will the implementation of this strategy take into account how a person's protected characteristics will affect how they are able to feel safe?</p> <p>And</p> <p>With regards to improving engagement with local communities, will your impact assessment pick up the different groups and communities that could benefit from an improved understanding of adult safeguarding?</p>	<p>We advised that agencies have to adhere to the principles of 'Making Safeguarding Personal' to make safeguarding activity person centred and personally outcome focused, which moves away from 'process driven' procedures. Our Communications and Engagement Working Group will be using Equality Profiles and intelligence to develop a Communications and Awareness Delivery Plan, detailing target areas and preferred communication methods.</p>
<p>Has this been presented at the Adult Social Care and Health (ASCH) Equality Group?</p>	<p>We advised that the consultation and strategy was shared with the group.</p>
<p>Can you build equality assurance into your governance frameworks? Will the consideration of equality, diversity and human rights be built into learning and performance and quality assurance frameworks?</p>	<p>We advised that all major documents will be required to have an accompanying Equalities Impact Assessment.</p>

Do your audits include equality analysis?	We advised that, other than Safeguarding Adults Reviews, the Board does not undertake multi-agency practice audits, however all Safeguarding Adults Reviews and Complex Case Audits address equality and diversity issues.
There is little mention of mental disabilities within the EIA for those with long term disabilities or mention of those who may not be deemed to have capacity.	We advised that this high-level strategy aims to ensure that anyone experiencing abuse of any kind, can recognise it, know how to report it and be aware of what may happen as a result. It is the responsibility of individual partners to ensure that all vulnerable people have equal access to being safeguarded. Our Communications and Engagement Working Group will be working to reach those who may not have capacity to identify if they are experiencing abuse. This could include raising awareness amongst agencies who work directly with people who may lack capacity or who have long term disabilities, and working directly with particular service user networks.

2. Delivery of Our Strategic Plan

To support the high-level strategic plan, each Working Group produces an ‘annual delivery plan’, detailing the tasks to be carried out in order to meet the priorities of Prevention, Awareness and Quality. Medway Safeguarding Adults Executive Group has also developed a delivery plan. The Chairs of each Working Group provide a progress update at each Business Group meeting and the following ratings are used to measure progress against each action:

Blue	Action complete.
Green	Action on track and progressing to plan, no problems that will impact on schedule. No action required from KMSAB.
Amber	Some problems and or delays with the action but expected to recover. Highlighted to inform KMSAB, to be monitored and reviewed.
Red	Major problems and issues threatening the action, behind schedule and not expected to recover. Requires intervention from KMSAB.

If tasks are rated amber or red, Working Group Chairs must give reasons and advise on mitigation.

3. Delivery of Our Training Offer

We commissioned multi-agency safeguarding adults training predominantly for staff from the statutory sector, supporting the effective delivery of their roles and responsibilities in relation to Section 42 Enquiries. The programme comprised of:

Section 42 Implementation, Care Act (2014)

- Policies, Procedures and Agency Responsibilities
- Undertaking and Managing s42 Enquiries
- Effective Contribution and Collaboration in Decision Making

Each agency’s introductory/foundation training sits ‘underneath’ the workshops and agencies supplement the Board offer, with their own training programmes. The training provider is notified of any policy updates so that training can be updated accordingly.

The Board’s multi-agency training offer for 2018-19 was delivered to 661 staff, attendance levels were:

KMSAB Multi Agency Safeguarding Adults Training April 2018 to March 2019 Attendance Figures										
Course Name	No of Workshops Held	Total Attendance	KCC	Medway Council	Health - KMPT	Health - Other	Police	KFRS	Probation	Other
Policies, Procedures and Agency Responsibilities (one day)	17	268	137	43	12	24	39	1	5	7
Undertaking and Managing Enquiries (one day)	17	233	113	42	15	26	30	1	0	6
Effective Contribution and Collaboration in Decision Making (two days)	10	160	76	35	4	16	24	2	0	3
Totals	44	661	326	120	31	66	93	4	5	16

Measures used to assure quality and impact of this training are set out under Priority Three.

4. Kent and Medway Safeguarding Adults Board Policy and Procedures

The Board’s main policy document is the “Multi-Agency Safeguarding Adults Policy, Protocols and Practitioner Guidance for Kent and Medway”, which sets out legal responsibilities for agencies to deploy, when working together. It also provides guidance on how to recognise and respond to actual or suspected abuse against adults at risk.

The policy is supported by a subset of additional policies such as; self-neglect; hoarding; modern slavery and human trafficking. All the Board’s policy documents are available [here](#).

The Practice, Policy and Procedures Working Group runs a policy update schedule, ensuring incorporation of legislative change; national advice; thematic learning from Safeguarding Adults Reviews, Complex Case Audits, Domestic Homicide Reviews and outcomes from Children’s reviews.

In accordance with the update schedule the following documents were updated:

a) Multi-Agency Safeguarding Adults Policy, Protocols and Practitioner Guidance for Kent and Medway

As detailed in the last KMSAB annual report, it was recognised that the Board’s main policy, protocols and guidance document required a full rewrite for the 2018-19 update. As this is particularly complex and highly labour intensive, a task and finish group with multi-agency representation was established to lead this work. Task and finish group members developed and circulated a questionnaire to practitioners from all agencies to ask for their views on the existing document and what improvements they would like made. During 2018-2019 members completely rewrote the document and sent it to partner agencies and wider for further consultation. One of the main priorities for the update was to ensure that ‘making safeguarding personal’ and hearing the voice of the adult ran through the whole document, not just as a separate section. The

feedback received was extremely positive. Consultation feedback was considered at the Practice Policies and Procedures Working Group and incorporated as appropriate.

b) Kent and Medway Protocol for Dealing with Cases of Domestic Abuse to Safeguard Adults with Care and Support Needs

This document provides guidelines to assist Police, the local authorities and where appropriate health services to work together to address the issues of Domestic Abuse where they affect adults with care and support needs. It is reviewed annually; the 2018 update was approved by the KMSAB membership in July 2018.

c) Kent and Medway Protocols to Safeguard Adults at Risk of Sexual Exploitation, Modern Slavery and Human Trafficking

This document provides guidance to professionals and volunteers from all agencies involved in safeguarding and promoting the welfare of all trafficked and exploited adults. It is reviewed annually; the 2018 update was approved by the KMSAB membership in July 2018.

d) Kent and Medway Multi-Agency Policy and Procedures to Support People who Self- Neglect and Demonstrate Hoarding Behaviour

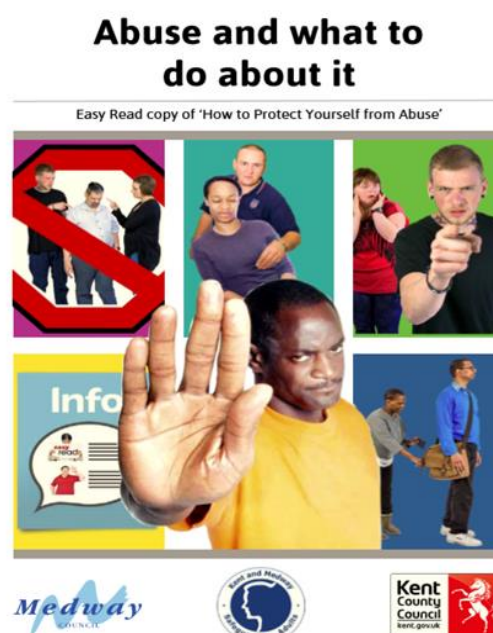
The Self-Neglect Policy was strengthened in response to the findings from of a Safeguarding Adults Review and was further updated to include hoarding behaviours and interventions.

The quality assurance measures used to assure the dissemination and impact of these policies are set out under Priority Three.

5. Redesign of the easy read document “Abuse and What to do about it”

In response to our service user feedback, “Shout Out” (an independent self-advocacy group for adults with learning disabilities in Medway) assisted with the redesign of the easy read version of the Board’s “abuse and what to do about it” booklet. This made key messages about adult safeguarding more accessible. The new document was shared widely as part of safeguarding adults awareness week and is available [here](#) and on our website.

We have received feedback about how well the publication has been received.



6. Procedure for a Safeguarding Adults Review (SAR)

Safeguarding Adults Review Working Group members updated the SAR Procedure, clarifying criteria and revising the delivery methodologies which can be used to undertake a SAR. The focus of the policy is to ensure the most effective and efficient methodology is used to identify good practice and lessons learned, whilst maintaining consistency and legal compliance to improve safeguarding practice.

7. Some of our Partner Highlights

As part of our quality assurance framework, agencies report on how they are meeting our three delivery priorities. The next section reflects just some of the good work taking place.

“Tunbridge Wells Borough Council’s private sector housing team is maximising our Better Care Fund to help vulnerable adults. They are jointly funding a health and housing hospital discharge co-ordinator who is based at Pembury Hospital. This person works directly with the discharge teams at the hospital and will arrange for works to be carried out to a person’s home if they are ready for discharge but unable to return home due to the adaptations being required. This scheme is

“Tunbridge Wells Borough Council also funds another Peabody post – a hoarding expert – who works with local residents to address their hoarding issues and to assist them to improve their living conditions and to help prevent them becoming homeless or admitted to hospital.”

“Monthly training for taxi drivers takes place which includes the completion of a safeguarding test”
Tonbridge and Malling Borough Council.

“A ‘Rough Sleepers Task and Finish Group’ has been established to identify rough sleeping in the borough and look at what action/support can be offered to help them into accommodation and off the streets.” Tonbridge and Malling Borough Council.

“Updated ‘My Safety’ section on Kent Fire & Rescue Service website, including guidance on how to protect yourself against abuse and guidance on what actions to take if you suspect abuse is taking place”. Kent Fire & Rescue Service

“Integrated Offender Management (IOM) is now well embedded in Kent and Medway. This multi-agency approach to working with those identified as either committing serious acquisitive crime, domestic abuse or those vulnerable to gang involvement or presenting as very complex cases requiring a multi-agency approach, is proving very successful. The combined community-based cohort have committed 180 offences whilst on IOM, this is a reduction of 378 (-67.7%) compared to their offending within the same time period directly prior to IOM”. Kent Surrey and Sussex Community Rehabilitation Company

“Medway Community Healthcare (MCH) utilises personalised care plans for all patients with on-going healthcare needs, to ensure care provision matches the individual’s own goals and needs. This ensures collaborative decision-making regarding treatment and care. Training and policy reiterate the need to ensure adults are involved and consent to referrals for safeguarding concerns, unless the risk is considered to be too high or the individual is lacking the capacity to consent.”
MCH

“The Safeguarding team has a high profile within Medway Foundation Trust, which has increased over the past year, this in turn has generated increased awareness of safeguarding and our team are frequently contacted for safeguarding advice and support.”

Medway Council has “Integrated Making Safeguarding Personal into our local processes. This builds on our ‘3 conversations’, strength-based practice approach, which focuses on the goals and priorities of service users.” Medway Council

“Kent Surrey and Sussex Community Rehabilitation Company has a well embedded Service User Council, which remains the key mechanism by which we gather service user feedback in relation to the impact of service delivery on service users and their families. Surgeries are carried out for service users in each office by members of the Service User Council who report back issues and recommendations to the Service User Council which are then taken forward for development.”
KSSCRC

“Kent Surrey and Sussex Community Rehabilitation Company (KSSCRC) has developed a multi-agency hub with our partner agencies in Folkestone including Police, Social Services, Housing, Folkestone Council and Substance Misuse Services with the funding from the Community Safety Unit (...)which is proving to be a real success in reducing anti-social behaviour”. KSSCRC

“A safeguarding forum is in place, which is chaired by the Safeguarding Officer and attended by the safeguarding champions – one from each department within the Council.”
Thanet District Council

“The hospital communication team cascades information to staff via weekly email messages, which often includes safeguarding information and patient safety messages. They also provide information to the public through the hospital newsletter and also social media, e.g. twitter and facebook, and the local press.” Medway NHS Foundation Trust

“Training is offered to partner agencies and professionals – this has included suicide awareness, dementia awareness and loan shark workshops.” Dover District Council

“Safeguarding champions raise awareness within their teams and feed into communications campaigns.” Thanet District Council

“Thanet District Council has a Community Development Officer in post who engages with different community groups and feeds back to the Community Safety Unit and Safeguarding Officer.”
Thanet District Council

“Safeguarding cards produced, to raise awareness of key safeguarding issues for staff.”
Sevenoaks District Council

“Swale Borough Council is working with Maidstone and Mid Kent Mind to raise funding for a hoarding officer, who will be able to engage with and support, not only those more serious cases, but also with those identified at an earlier stage.” Swale Borough Council.

“East Kent Hospitals University NHS Foundation Trust (EKHUFT) Adult Safeguarding Team has worked with external agencies such as Oasis, setting up the Independent Domestic Violence Advocacy Service in William Harvey Hospital Accident and Emergency.” EKHUFT

“Due to an increase in reports from staff of vulnerable customers who have made threats to harm themselves, Dartford Borough Council has recently arranged suicide prevention awareness training for staff, to help them know how to assess the levels of risk and what action to take, based on the different levels of risk.” Dartford Borough Council

“Dartford Borough Council’s Community Safety Team has now established links with Darent Valley Hospital (DVH) and attends monthly “frequent attenders” meetings, where individuals who are frequent users of DVH Accident and Emergency Department are discussed. This again enables the information sharing and joint action planning required to support some of the Borough’s most vulnerable people who have not come to notice elsewhere.” Dartford Borough Council

“The Hospital Independent Domestic Abuse Advisors are based within the Trust and are able to offer training to staff as well as advice and support to patients/staff within the hospital setting.”
Dartford and Gravesham NHS Trust

“The [Clinical Commissioning Group] Designated Professionals use triangulation of safeguarding data against data from serious incident reporting, complaints and friends and family test to validate provider data and identify where constructive challenge or additional mentoring may be required.”
Kent and Medway NHS Clinical Commissioning Groups

“Housing Team uses “Voices” for Care Act assessments, ensuring assessments are carried out with input from clients. Vulnerable adults in need of advocacy are referred to Advocacy for All and Young Lives Foundation (for Care Leavers) to ensure their voices are heard.”
Canterbury City Council

“Kent Community Health NHS Foundation Trust (KCHFT) has patient representation at meetings such as the Mortality Surveillance Group, which the Head of Safeguarding for KCHFT attends and presents recommendations from Safeguarding Adults Reviews, Domestic Homicide Reviews and Serious Case reviews.” KCHFT

“In partnership with operational teams, the Central Referral Unit (CRU) in Kent has improved the multi-agency response to vulnerable children and adults through early identification and intervention. The Central Referral Unit in Kent provides, to all staff and partner agencies, a central point of access for vulnerability and is responsible for conducting consistent risk assessments, referrals and providing consistent advice and signposting 24 hours a day.” Kent Police

“There are dedicated liaison officers for missing adults (MALO) who work with vulnerable adults that go missing and are a conduit between the Police and other agencies to prevent missing episodes where a person is considered at risk. This role was widely highlighted in 2018 as part of the National Dementia Awareness Week.” Kent Police

“Hoarding Co-ordinator in place in the District (employed by Peabody) – Home Straight project”
Folkestone and Hythe District Council



Priority Two: AWARENESS

“I know what abuse is and where to get help”

Our priority is to improve awareness of adults at risk and safeguarding within, and across, our partner agencies and communities. We will:

- improve awareness across Kent and Medway;
- improve engagement with local communities; and
- assess the effectiveness of the work we do, and review and share the learning.

What we have achieved

1. Safeguarding Adults Awareness Week 8-12 October 2018

Safeguarding Adults Boards have a duty under the Care Act, 2014, to prevent harm and “raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect”¹. Successful awareness raising campaigns can make a significant contribution to the identification and prevention of abuse. It is also good practice to raise awareness.

To help share the message on how to recognise and report abuse and neglect and highlight the support and services available for those at risk or experiencing abuse, Board members arranged and held a safeguarding adults awareness raising campaign. The theme for the campaign was “Isolation and Exploitation”, linking with the wider agenda of loneliness and isolation and the relationship between this and safeguarding. The week included targeted information days on: cuckooing and mate crime; self-neglect and hoarding; scamming; domestic abuse; modern slavery and human trafficking.

Posters, social media messages and promotional material was produced to help agencies share key messages. This was supported by a range of scheduled activities provided by many agencies, which included:

- public information stalls; attendance at community groups, such as libraries, coffee mornings and day centres. ‘Cake for a pledge’ worked well and encouraged people to make a personal pledge of a change they could make to help reduce isolation in their own community;
- awareness raising through social media, information bulletins and press coverage;
- staff workshops and events;
- a conference on isolation and exploitation for care providers;
- fraud and scam awareness sessions at banks;
- cybercrime awareness training;
- domestic abuse training;
- a conference on professional curiosity.



¹ [Care and Support Statutory Guidance Issued Under the Care Act 2014](#)

Examples of feedback received were:

- *Community Wardens had really good engagement from the public*
- *all agencies involved in events have given good, positive feedback and have stated they felt the event was worthwhile and would be happy to engage again*
- *very informative*
- *good signposting*
- *good to talk to professionals*
- *the public feedback received was very positive and the events were well attended*
- *providers and professionals attending the conference have fed back on how good and informative the day was.*

2. Communications and Engagement Working Group

The Kent and Medway Safeguarding Adults Board agreed to establish a Communications and Engagement Working Group to lead on engaging with service users, carers and the public, providing ways for them to influence the work of the Board and empower and enable them to contribute to safeguarding in Kent and Medway. The group will be responsible for raising the profile of the work of the Board and of adult safeguarding to ensure that important messages and learning are shared and understood.

The first meeting of the group was held in April 2019 when members developed terms of reference and an annual delivery plan setting out the work programme for the year. Some of the planned activity includes:

- Creation and circulation of a monthly newsletter.
- The Independent Chair of the Board and Board business unit members have met with representatives from faith groups, Healthwatch and Sports England among others to seek their support.
- Undertaking analysis required develop a communications strategy
- Briefing on the work of the Board to Kent County Council Members
- Attendance at events and meetings throughout the year to raise awareness and encourage engagement.

3. Business Development and Engagement Officer

This new post was created within the Board's Business Unit and will support the work of the Communications and Engagement Working Group.

4. Safeguarding Adults Review (SAR) Information Leaflet for Families, Friends and Carers

This leaflet was developed to enable people to understand what to expect if they are involved with the SAR process. An easy read version of this document has also been produced.

5. Some of our Partner Highlights

As part of our quality assurance framework, member agencies report on how they are meeting the Board's three delivery priorities. Below are some examples reflecting the good work taking place.

“Information on safeguarding has been included at the annual Tonbridge and Malling Seniors (TAMS) Information day. The event attracts over 30 different support agencies and is well attended by the local community”. Tonbridge and Malling Borough Council

“New Kent Fire & Rescue Service research team in place to ensure new activities/campaigns are based on customer insight, research and effectiveness evaluated.” Kent Fire & Rescue Service

“Kent and Medway NHS Partnership Trust (KMPT) is also proud of our team of more than 300 volunteers, who provide a range of support to our clients and communities including chaplaincy, gardening and befriending. All volunteers have access to a Safeguarding Programme and access to the safeguarding team should they have concerns or enquiries, to enable a safeguarding community approach.” KMPT

“In 2018 a PREVENT training drive was launched in KMPT in a challenge to increase the referral rate into the Channel programme to prevent clients from radicalisation. This training drive has been well received by KMPT staff members.” Kent and Medway NHS and Social Care Partnership Trust (KMPT)

“Links to the work of the Kent and Medway Safeguarding Adults Board are available to all staff and the general public via the intranet/internet. They are also disseminated via an internal newsletter and a Safeguarding Links network. All services are required to have a Safeguarding Link representative and quarterly meetings are held to provide additional information, training and feedback from services regarding safeguarding practice.” Medway Community Healthcare

“This year’s Mental Capacity Act (MCA) audit showed a good general awareness of MCA and assessment across Medway Community Healthcare (MCH), with some excellent areas of practice within services that work with the most vulnerable groups such as Stroke Support and Dementia Support.” MCH

Medway Council “delivered a range of events for safeguarding adults awareness week. During the week we held a conference on the theme of Isolation and Exploitation. This was hosted by Cllr Brake and Ian Sutherland (Director of People) and attended by over 100 delegates. Presentation topics included; drug and gang exploitation of vulnerable and isolated people, including cuckooing; loan sharks; domestic abuse; coercion, isolation and online safety; isolation strategy in Medway; KFRS work with isolated people; self-neglect; new homelessness legislation and rough sleepers; and working with isolated people and people who hoard.” Medway Council

Medway Foundation Trust set up a “Vulnerable Adults Group to address concerns regarding patients being admitted to the Emergency Department and the wards, looking at what support can be put in place for these patients and the staff caring for them, to improve the care that they receive. Some suggestions currently being looked into are the possible use of ‘wanderguards’ for patients, provision of a ‘bus stop’ inside the Emergency Department for patients with Dementia to use, looking into improving the hospital environment by use of paintings, murals, etc. to make it more relaxing/interesting for service users. Recent opening of dementia garden.”

Medway NHS Foundation Trust

“Pressure ulcers was one of the concerns that our community nurses and therapists came across when caring for patients who self-neglect. However, it was noted that the use of a personalised care plan, devised within North Kent Business Unit, to support these adults helped to involve the individual in their care plan and encouraged them to review their choice of self-neglect by coming to an agreement with the professional, working with them to reduce the risk of pressure ulcer deterioration caused by self-neglect and non-concordance with care.” Virgin Care

“The Council is signed up to the Armed Forces Covenant which provides support and advice to ex forces personnel.” Dover District Council

“Police and Crime Commissioner (PCC) has awarded funding to support the provision of a Homeless Day Hub.” Ashford Borough Council

“The authority has a Domestic Abuse Co-ordinator and runs a weekly one-stop-shop based from one of our Children’s Centres.” Ashford Borough Council

“Isolation and loneliness are identified as risk factors in both the assessment and management of statutory services users. It is highlighted in individual Risk Management Plans, Sentence Plans and addressed through Integrated Offender Management, Multi-agency Public Protection Arrangements and MARAC (Multi-Agency Risk Assessment Conference) forums for those we supervise.” National Probation Service

“Throughout 2018/19 the Trust’s Clinical Audit Department undertook an audit of the organisation’s mental capacity processes. The aim of this audit was to ensure that there is sufficient documentary evidence of capacity assessments and best interest decisions.”
South East Coast Ambulance Service NHS Foundation Trust

“We have developed an online directory of services for the community (and for practitioners) to use. SPOTLIGHT enables organisations or community groups to list their services, which include mental and physical wellbeing services that people can be signposted to.”
Folkestone and Hythe District Council

“East Kent Hospitals University Foundation Trust Adult Safeguarding Team has worked with external agencies such as Oasis setting up the Independent Domestic Violence Advocacy Service in William Harvey accident and emergency.”

“Hackney Carriage and Private Hire Drivers – Dartford Borough Council’s Taxi Licencing Policy contains a requirement for mandatory training modules concerning child sexual exploitation and the ‘Prevent’ element of counter terrorism, for all new taxi drivers and those renewing their licences in order for them to be granted their respective licences to work in the Dartford Borough.”
Dartford Borough Council

“Provided bystander and exploitation training for taxi drivers. Latest edition of the Council’s magazine that goes out to all residents featured a double spread covering spotting the signs of county lines, modern slavery, cuckooing, terrorism and child sexual exploitation.”
Canterbury City Council

“Work with partner agencies to raise awareness about the Duty to Refer under the Homelessness Reduction Act has influenced hospital discharge procedures and more early intervention for clients who are about to be homeless.” Canterbury City Council

“Liaison and communication between prisons and the Regional Team with links to other establishments and national resources supporting safer custode and safeguarding.”
HM Prison Service

“Kent Community Health Foundations Trust’s Safeguarding Team facilitate an annual safeguarding conference.” Kent Community Health NHS Foundation Trust

“To complement and support front line delivery, in August 2018 the central Protecting Vulnerable People (PVP) Team set up a Force working group for adults at risk. This group is made up of representatives around the Force including Community Safety Units, Vulnerability Investigation Teams, Corporate Communications, Fraud, Volunteers and analysts. Chaired by central PVP, the group is focused on improving the services of Kent Police to adults at risk. The group is action driven and has been effective at raising awareness of the KMSAB internally, improving engagement with local communities and assessing the effectiveness of the work we do, whilst sharing best practice and lessons learnt.” Kent Police

“Margate Taskforce, along with Thanet District Council, carries out “street weeks”, which target local streets in Thanet that are identified as the most deprived and in possible need of multi-agency input to help support the residents.” Thanet District Council

Virgin Care “maintains transparency around incidents and is continually encouraging services users to raise concerns through different platforms, ‘you said we did’, ‘friends and family test’, ‘tea with the matrons’ and/or by disclosing concerns with a member of our team. Last year during the Kent and Medway Safeguarding Adults Awareness Week, our stands in Gravesham Community Hospital and the Isle of Sheppey saw a good number of the public engaging in conversations about safeguarding and their understanding of abuse.” Virgin Care



Priority Three: QUALITY

“I am confident that professionals will work together and with me to achieve the best outcome for me”

Our priority is to quality assure our work, learn from experience and consequently improve practice. We will:

- ensure agencies are accountable for having competency and quality in practice;
- ask for feedback, learn from people’s experiences and put learning into practice; and
- define our quality parameters and measure performance accordingly.

What we have achieved

1. Revised Quality Assurance Framework

As said, one of our main responsibilities is to hold our partners to account. This involves gaining assurance that safeguarding arrangements are in place, that they are effective and they deliver the outcomes that people want. It also involves respectfully challenging partners. Quality Assurance Working Group members developed a new quality assurance framework, which sets out the measures and tools we use to measure effectiveness of partner safeguarding activity.

The framework recognises that quality assurance is just one aspect of the continuous improvement cycle and includes:



The tools detailed in the framework include:

- a) **An Annual Self-Assessment Framework (SAF)** - All agencies complete a self-assessment to measure progress against key quality standards, and supply supporting evidence. Responses are RAG (red, amber, green) rated and peer assessed. Red and amber ratings initiate regular update reports to the Working Group and to the Board, ensuring standards are achieved and sustained. It is also expected that partners have their own quality assurance frameworks and audit mechanisms in place.

The 2018 Self-Assessment Framework contained 26 requirements based on:

- Participation
- Leadership
- Service Delivery
- Effective Practice
- Performance and Resource Management
- Self-Neglect

Examples of some questions relating to participation for the 2018 SAF were:

- Does your organisation have information, in a variety of formats, accessible to adults at risk and their families about safeguarding, including who to contact if they are concerned about an adult at risk?
- How does your organisation seek the views of those that experience your services and how often is this analysed?
- What are the themes and trends from service user feedback and how has this information been used?
- Can your agency demonstrate that service users are invited and supported to attend safeguarding meetings?
- Demonstrate how the views of adults at risk are specifically listened to.

To help mitigate against different interpretation of requirements, to instil more rigor in the process and to ensure greater consistency, a 'Peer Review Panel' was established to review 2018 SAF returns. Agency leads presented their SAF analyses and evidence to the Panel. Feedback was that this was a beneficial exercise, which has now been fully incorporated in the Quality Assurance Framework.

Quality measures were being fulfilled throughout the reporting year and many agencies were exceeding the original 26 requirements and it was agreed that a 'full' self-assessment would be carried out every two years and that focused assessments of emerging areas would take place in between. Consequently for 2019, a shorter assessment was issued. Example assessment questions are set out below;

- **Making Safeguarding Personal** - demonstrate how your agency involves the individual in safeguarding decision making and include details of how they are involved from the point of referral through to the investigation and conclusion.

- **Exploitation** - How does your agency identify and respond to potential exploitation of individuals in your area? This could involve gangs, county lines, modern slavery, sexual exploitation and 'Prevent'.
 - **Work of the Board and Policy** - Detail how your agency disseminates and promotes policy updates from the Board, including what form of media is used. How does your agency ensure that any changes made are understood and embedded? Who is responsible for identifying any problems with implementation? How does the agency introduce staff to the work of the Board and advise them about the website and information provided by the Board that is pertinent to their area of work?
 - **Safeguarding Adult Reviews (SARs)** - How does your agency make the decision to submit a SAR? What opportunities are there for staff to discuss cases and decide whether a case meets the criteria for submission? Who makes the decision to refer? In light of the wide-ranging information contained in the published Executive Summaries following completion of a SAR, how does your agency ensure that 'lessons learnt' are taken on board and incorporated into the agency's policies where appropriate (regardless of whether the agency has been involved in the original SAR)?
 - **Timeliness** - How does your agency monitor and seek to improve the time taken from initial referral to the resolution of safeguarding concerns raised?
- b) **Annual Agency Reports** - All agencies complete a report which sets out how they have; met our priorities, improved effectiveness, identified good practice and any gaps for their own organisation. Agencies are also asked to report on any pertinent findings from internal adult safeguarding audits when completing their annual agency report.
- c) **Service User feedback** – local authorities use a range of methods to seek the views of people using safeguarding services and use the information to improve safeguarding responses. This approach supports 'Making Safeguarding Personal', promoting personalised and inclusive safeguarding to support service users to achieve the outcomes they want.

2. Recruitment of Independent Safeguarding Adults Review Chairs and/or Authors

A joint task and finish group led by both the Chair of the Safeguarding Adults Review Working Group and the Domestic Homicide Review (DHR) Steering Group, reviewed and strengthened the terms of author assignments, contracts and job descriptions for those undertaking DHRs, SARs and Complex Case Audits. Following a successful recruitment campaign, five additional Chairs/Authors were appointed.

3. Training Evaluation Framework

Learning and Development Working Group Members continued to use the tools in the training evaluation framework to ensure the training course content remained up to date and relevant to all partner agencies and reflective of; the Care Act and other key legislation; learning from best practice; and learning points from local SARs as well and relevant Domestic Homicide Reviews, Safeguarding Children Reviews and LeDeR reviews. The Framework was also used to seek views of attendees and their managers, about course content, delivery, relevance and practice improvements.

Following analysis of Information gathered, members agreed that, albeit the training programme was of a high standard and well regarded, after two years it was due for revision in line with delivering our Board priorities. Deborah Stuart-Angus, the Independent Chair of the KMSAB, facilitated a scoping workshop in February 2019 to focus on vision, aims and delivery objectives. This initiated the programme's redesign process and consequent early planning for commissioning.

4 Monitoring of Safeguarding Adult Reviews (SAR) Action Plans

Following the completion of a Safeguarding Adults Review (SAR), agencies involved must detail the actions they will take to respond to any recommendations made for improvement. SAR Working Group members quality assure these action plans at every meeting, requesting remedial actions if required, and escalate concerns to the KMSAB Business Group. The SAR Working Group also monitors actions arising from out of area SARs that have involved KMSAB agencies.

5. Some of our Partner Highlights:

As part of our Quality Assurance Framework, agencies report on how they meet the Board's priorities some examples are set out below.

"Weekly monitoring of caseload, case activity and quality assurance has resulted in improvements both in record keeping and activity." Kent Fire & Rescue Service

"KMPT holds Trust wide safeguarding group meetings bi-monthly, in which the Executive Director for Nursing and Quality along with the Trust Named Safeguarding Doctor, Head of Safeguarding, Head of Services, Care Group Leaders and Designated Nurses from the CCG attend, to ensure safeguarding is intrinsic to practice and information and learning is shared systematically at all levels, whilst quality assurance and oversight is accomplished."
Kent and Medway NHS and Social Care Partnership Trust

Kent Surrey and Sussex Community Rehabilitation Company's (KSS CRC) research department, the first and only unit of its kind in any CRC in England and Wales, is currently conducting research regarding probation practice and working with families to support the service user in their rehabilitation journey. This research is being conducted across regional, national and international probation practice. Our service users and their families are being asked to contribute to the research with the aim to improve how KSS CRC work with them." KSS CRC

Kent Surrey and Sussex Community Rehabilitation Company women's strategy was launched in 2018 in response to evidence showing that women's pathways into offending are different to that of men, more likely to be sentenced to prison than men for non-violent crime and be victims of domestic abuse. To support our work with women, we have trained our women's leads to facilitate a trauma informed approach in their work with women. The leads have also been trained to facilitate our Believe and Succeed Women's Offender Behaviour Programme designed in conjunction with Brighton's Women's Centre which has been well received by our women's service users."

“Each year any organisation that is funded from NHS money to provide healthcare must produce a report, which clearly outlines the quality of their services. These are known as their Quality Accounts. The Department of Health instructs us on what should be included in this quality account, which is a review of what is working well and where there is room for improvement now or in the future. Our quality account allows us to build upon and demonstrate our continuous improvement and to show our commitment to delivering high quality, people centred services.” Medway Community Healthcare.

Medway Council has “local standards for completing safeguarding work. Decision relating to concerns (e.g. whether to progress to an enquiry) should be made within 48 hours; and an explanation is required if this timescale is breached. Enquiries should be completed within 90 days, with an explanation if this timescale is breached. Our performance dashboard is monitored at the monthly performance forum and relevant corrective actions are agreed. It is also scrutinised and Medway Safeguarding Adults Executive Group.”

Virgin Care “undertake Mental Capacity Act (MCA) audits quarterly to ensure that there is an understanding with the application of MCA, and that people are given opportunities to make a decision and not judged based on the clinician’s bias. The audit results demonstrated 96% assurance based on staff undertaking MCA assessment regarding care and treatment.

“Clinical Commissioning Groups are utilising the safeguarding assurance/self-assessment framework to support GP practices. The toolkit has been disseminated to GP practices to support them in meeting and evidencing their statutory safeguarding duties. The completion of the toolkit by GP practices has been unpredictable and consideration needs to be given to how the toolkit can be further promoted.” Kent and Medway NHS Clinical Commissioning Groups.

“The increase in demand on CCG resources for Domestic Homicide Reviews (DHRs) and Safeguarding Adults Reviews (SARs) has been a challenge. However, through communication and peer support, the Designates have been able to meet the increased demand. From 2019 the CCGs Safeguarding Teams in Kent and Medway have aspired to become a joint system wide service, working closely together to fulfil the duties and responsibilities of representing the Kent and Medway CCGs across the spectrum of safeguarding meetings and reviews.”
Kent and Medway NHS Clinical Commissioning Groups

“In cases where the threshold for a Safeguarding Adults Review has not been met, internal reviews have taken place to look to see if practice could be improved to achieve better outcomes.”
Canterbury City Council

“Local quality assurance processes, underpinned by peer audits and national inspections.”
HM Prison Service

“Through audit it was identified that, although staff undertook mental capacity assessments (MCA), these were not always documented. The MCA lead, with support from the safeguarding team, has developed documentation that is now being piloted within community hospitals across the Trust”
Kent Community Health NHS Foundation Trust

“Multi-agency safeguarding supervision supports the retention of staff and encourages the sharing of good/best practice in supporting those adults at risk.”
Kent Community Health NHS Foundation Trust

“In alternate months, patients will be invited to the Trust Board Meeting to tell their story. The Trust Board welcomes these opportunities to hear directly from the patient about their experiences, both good and bad.”
Maidstone and Tunbridge Wells NHS Trust

Section 3. Safeguarding Adults Reviews

1. Purpose of a Safeguarding Adults Review

The KMSAB is lawfully required to review what has happened in cases when an adult who needs care and support either dies, or suffers serious harm, when abuse or neglect is thought to have been a factor. This is called a Safeguarding Adults Review, or SAR for short. This is not an enquiry or investigation into how someone died or suffered injury and it does not allocate blame. It stands separately to any internal organisational investigation, or that from Police or a Coroner. The SAR scrutinises case and system findings and analyses whether lessons can be learned about how organisations worked together, or not, as the case may be, to support and protect the person.

2. Criteria for Conducting a Safeguarding Adults Review

KMSAB must arrange for there to be SAR for an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs), if:

- An adult at risk dies (including death by suicide), **and** abuse or neglect is known or suspected to be a factor in their death;
- An adult at risk has sustained any of the following:
 - A life threatening injury through abuse or neglect
 - Serious sexual abuse
 - Serious or permanent impairment of development through abuse or neglect;

Or

- Where there are multiple victims
- Where the abuse occurred in an institutional setting
- A culture of abuse was identified as a factor in the enquiry;

And

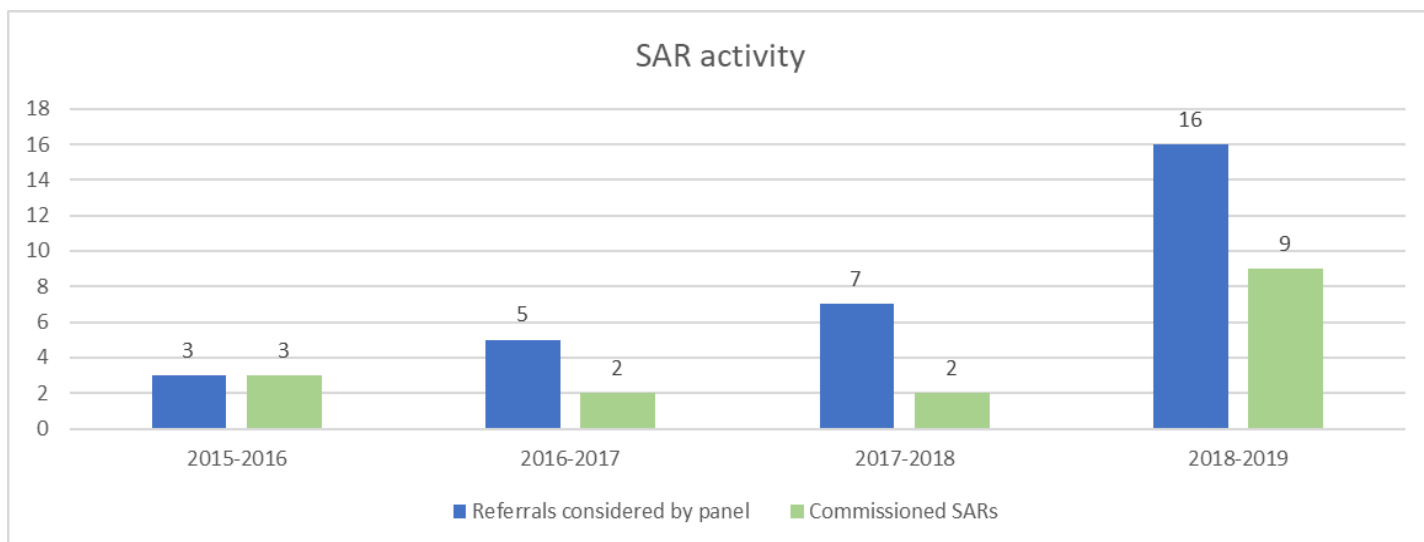
The case gives rise to concern about the way in which professionals and services worked together to protect and safeguard the adult(s) at risk.

KMSAB must also arrange a SAR if the same circumstances apply where an adult is still alive but has experienced serious neglect or abuse. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults, and can include exploring examples of good practice. More information on the SAR process is available [here](#).

3. Safeguarding Adults Review Activity

To ensure a robust and consistent process for determining whether a case referred for a Safeguarding Adults Review meets the criteria, a multiagency decision-making panel, chaired by a member of the SAR working group, is convened when a new referral is received. Each agency brings a summary of their involvement, these are considered to assess if the referral meets the criteria for a SAR or whether any other review or action is required. The recommendation of the panel is sent to the Independent Chair of the KMSAB for a final decision.

We are lawfully required to report to you on our SAR activity and the following diagram sets this out:



The KMSAB received 16 new SAR applications between April 2018 and March 2019, of these:

- 4 cases progressed using the Complex Case Audit methodology
- 5 cases progressed with traditional SAR methodology
- 7 cases did not meet the criteria and no further action for the Board was required

As highlighted above, the volume of SAR activity increased significantly during 2018-19. Whilst it is not possible to measure what caused the increased activity, it is hypothesised that it is probably attributable to an increased awareness of SARs following the delivery of our well received lessons learnt seminars, in Spring 2018, along with awareness raising from the new Self-Assessment Framework.

4. The General Data Protection Regulation Review of the Board's SAR processes

Following specific risk factors identified by the Independent Chair of the Board, and the absence of guidance from central government on how Boards should conduct safeguarding adults reviews in respect of the new GDPR guidance, Kent and Medway Safeguarding Adults Board members agreed to place all SAR activity on hold until a full legal GDPR review of the Board's SAR processes had been completed and Board insurance secured. The review was undertaken by Counsel from Chambers, private legal and full legal advice has now been received. Safeguarding Adults Review Working Group members developed an action plan to address the recommendations made. The plan was approved by Board members at their meeting in March 2019 when SAR activity re-commenced. The work we have achieved has gained national interest.

5. Completed Safeguarding Adults Reviews

As reported in last year's Annual Report, the following SARs were completed and signed off by KMSAB members. (Please note all names are pseudonyms). Despite the hold on SARs, members continued to monitor the progress of action plans to ensure delivery. The complex action plans have been fully completed for three of the four cases.

Anonymised name	Completion Date	Recommendations	Actions	% of action plan completed (June 2018)
Mrs D	17 July 2017	6	40	100
Mrs C	30 October 2017	17	63	100
Violet Hughes	30 October 2017	18	30	100
Beryl Simpson	10 January 2018	10	23	87

6. Themes of recent SARs

To date, the themes highlighted in recent reviews have included issues regarding:

- quality of record keeping
- case co-ordination and case management
- the importance of clarifying leadership in complex case management when multiple agencies are involved
- the importance of effective deployment of the Mental Capacity Act in safeguarding
- strengths that good multi-agency/collaborative working brings
- leadership and the importance of case oversight and ownership
- professional curiosity – What do professionals need to know? What are they concerned about? How are they going to find out? How can appropriate lawful actions assist?
- analytical skills and what happens to the information gathered? How it is utilised and deployed?
- self-neglect and clarifying the threshold for safeguarding involvement.

Section 4. KMSAB Funding

The Kent and Medway Safeguarding Adults Board is funded by Kent County Council, Medway Council, Kent Police, Kent Fire & Rescue Service, Clinical Commissioning Groups and commissioned Health provider organisations. Each of these agencies made the following percentage contributions in 2018-19:

- Kent County Council – 40.4%
- Medway Council – 8.2%
- Kent Police – 14%
- Kent and Medway NHS – 35.8%
- Kent Fire & Rescue Service – 1.7%

The budget covers Board salaries for the Independent Chair, Safeguarding Adults Board Manager, Business Development and Engagement Officer and Senior Administration Officer posts. It also covers the administration costs for the multi-agency group meetings, Safeguarding Adults Reviews, including the commissioning of Independent Authors/Chairs, and covers the whole provision of the multi-agency training programme.

The table below sets out the budget contributions for the past three years

	2016-2017 Agreed contribution (£000's)	2017-2018 Agreed contribution (£000's)	2018-2019 Agreed contribution (£000's)
KCC	80.8	82.0	105.6
Medway Council	16.5	16.7	21.6
Local Health Commissioners and Providers	71.5	72.5	93.6
The Office of the Police and Crime Commissioner	28.1	28.5	36.7
Kent Fire & Rescue Service	3.3	3.3	4.3
Reserve	10.0	20.0	0
Total	210.2	223.0	261.0

Appendix 1 - Safeguarding Activity

Background to Data

Data was extracted from Kent County Council social care system (SWIFT) and the Medway Council Adult Social Care database (Framework I). Data collection and inclusion is consistent with the Department of Health (DoH) statutory requirement return: Safeguarding Adults Return 2014-15, and Safeguarding Adults Collection (SAC) for 2015-16, 2016-17, 2017-18 and 2018-19.

Following the implementation of the Care Act 2014, terminology now used within safeguarding refers to safeguarding concerns and safeguarding enquiries. The first part of this information looks at new adults safeguarding concerns, which is a sign of suspected abuse or neglect that is reported to the local authority or identified by the local authority, and new safeguarding enquiries. Safeguarding enquiries are defined as the action taken, or instigated, by the local authority in response to a concern that abuse or neglect may be taking place.

The second part of the information summarises the outcome of safeguarding enquiries in Kent and Medway.

National comparator data was not available at the time this document was finalised. It is expected to be available on the [NHS Digital](#) site in December 2019. To help interpret the data, NHS Digital has also developed an [Interactive Power-BI Tool](#).

New Safeguarding Concerns and Enquiries

This section presents the number of safeguarding concerns that have been reported to each local authority. Anyone may report concerns regarding actual, alleged or suspected abuse or neglect and reports can be made by phone, e-mail or in writing. Safeguarding concerns can include all types of risk, including domestic abuse, sexual exploitation, modern slavery, and self-neglect. Each local authority will then need to engage with referrers to determine whether the concerns raised constitute the need to undertake a safeguarding enquiry.

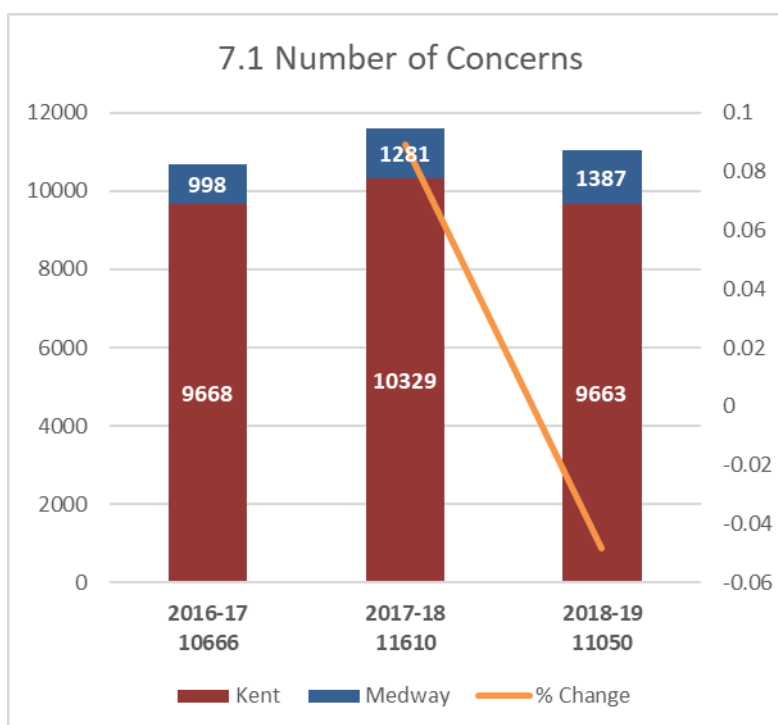


Fig 7.1: Number of safeguarding concerns received in Kent (red) and Medway (blue)

The number of concerns received represents significant activity in both Kent and Medway. There is an increase in the number of concerns in 2018-19 is observed in Medway compared to the previous year, rising by 8.3%. Kent saw a decrease of 6.4%, however this is attributable to improved recording practices over the past year and is not necessarily indicative of reduced demand.

Number of Safeguarding Enquiries and Rate of Change

6,524 new safeguarding enquiries were started during 2018-19, which reflects a 3.2% increase from the year before.

- Kent - the number of enquiries initiated during 2018-19 was down just over 1% with 60 fewer than the year before
- Medway - a 42.6% increase was observed in 2018-19, up 209 compared to the year before

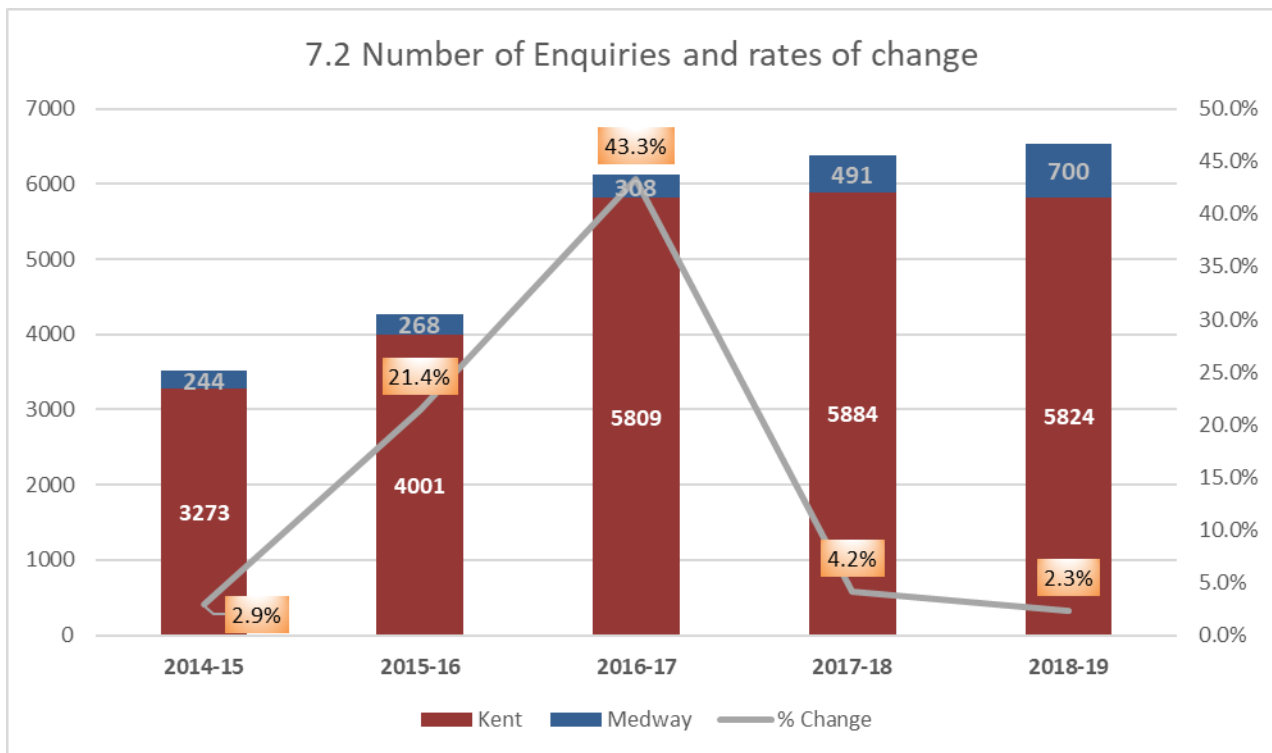


Fig 7.2: Number of enquiries year on year, and rate of change 2014-15 to 2018-19 (grey)

The increase in Enquiry levels seen in recent years can be attributed to operational changes introduced in October 2015 to ensure compliance with the Care Act, 2014. The increases seen in 2017-18 and 2018-19 are far smaller than those observed during the two years prior, now that new processes have been embedded, and normalised.

The increasing number of safeguarding enquiries alongside the more modest increases in the number of safeguarding concerns has resulted in an improved conversion rate, up over 4% in the past year to 59%.

Age of Alleged Victims

The majority of all safeguarding enquiries were related to the 18-64 age group at 39% (2,570), representing a 1.3% increase from 2017-18. This is followed by the second majority falling in the 85+ age group with 24.9% (1,637), down by 2.4%.

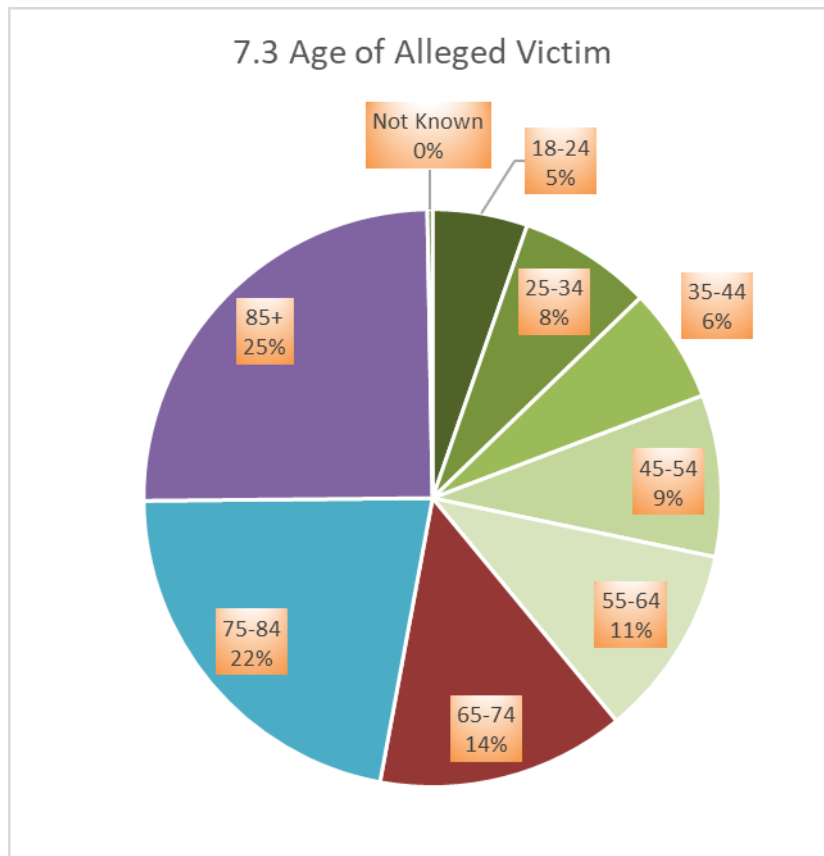


Fig 7.3: Age breakdown of alleged victims for 2018-19

NB: Caution should be taken if comparing the 18-24 age group, as this age group represents a smaller age band than all other age bands

In the 18-64 age group, the highest proportion of enquiries relates to people aged 55-64 (10.8% - 708) followed by the 45-54's (9% - 596). The 18-24 age band accounts for 5.3% (350) of enquiries, however, if equated with a 10-year age band, it would represent an 8.6% figure.

The percentage of people in the 65-74-year age category has risen slightly, with a 0.3% increase seen this year. The percentage of enquiries where the age of the alleged victim is unknown has remained level at 0.3%.

Gender of Alleged Victims

In 2018-19 the highest proportion of alleged victims remains female, at 60.6% (3,955). Overall, the proportions remain fairly level with last year, although there is a small increase in the level observed in the *Indeterminate Gender* category, rising from 0.1% in 2017-18 to almost 0.3% in 2018-19.

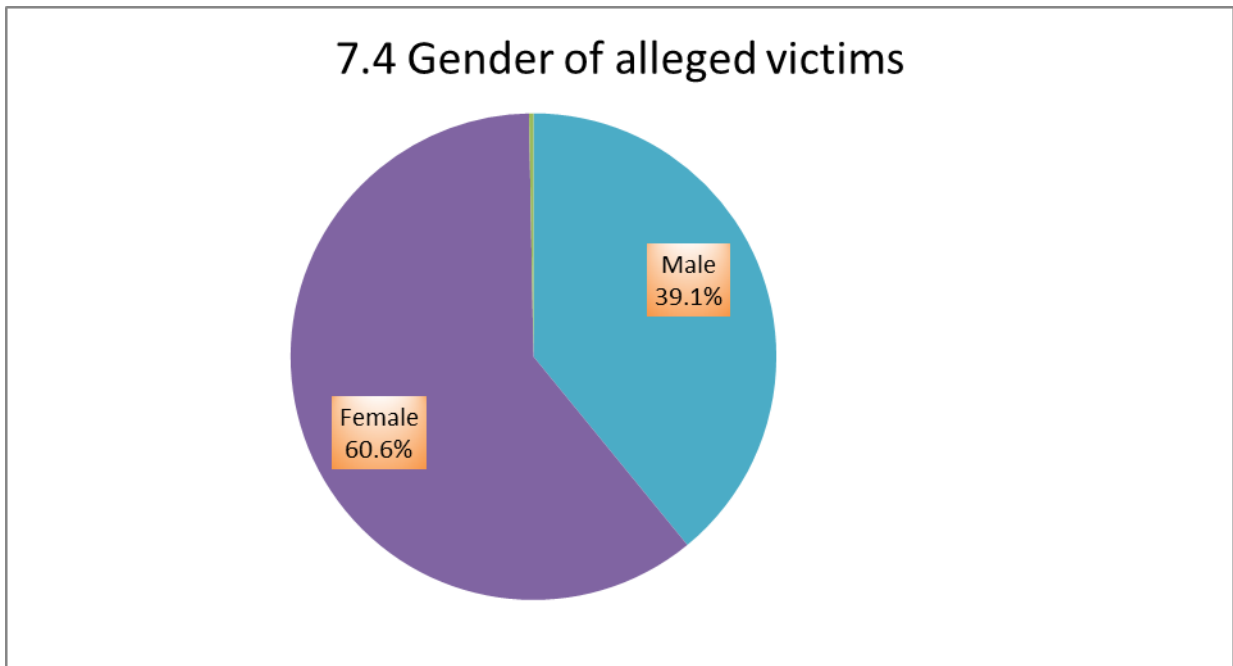


Fig 7.4: Gender of alleged victims 2018-19

Ethnicity of Alleged victims

Of all safeguarding enquiries initiated during 2018-19, 80.7% related to people from a white ethnic background, down from 83% in 2017-18. For the fourth year running, an increase has been observed in the percentage of enquiries relating to people from a black and minority ethnic background, increasing 0.1% to 4.3% (figures in the table below). However, there remains a substantial cohort of enquiries where ethnicity data was unavailable. A person may have declined to supply information, but in the majority of circumstances information was not identified or recorded. Both authorities continue to promote the recording of this data, in particular the implementation of MOSAIC (new client recording system) in Kent, which will have the KASAF (Kent safeguarding referral form) embedded. This is expected to increase visibility of data fields relating to protected characteristics, including ethnicity, and should lead to more comprehensive recording.

Ethnic Group	2015-16		2016-17		2017-18		2018-19	
	Number	%	Number	%	Number	%	Number	%
White*	3,544	84.9%	5,181	86.0%	5,291	83.0%	5,264	80.7%
BME **	136	3.3%	222	3.7%	265	4.2%	279	4.3%
Not stated/ obtained	494	11.8%	620	10.3%	819	12.8%	981	15.0%
Total	4,174	100%	6,023	100%	6,375	100%	6,524	100.0%

Table 7.5: Breakdown of Ethnic Group for the periods 2015-16 to 2018-19

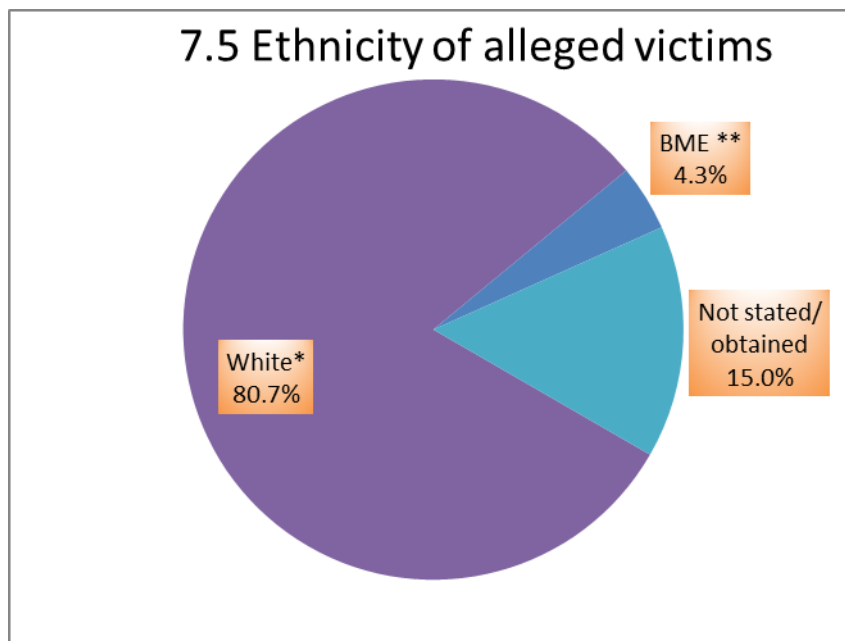


Fig 7.5: Breakdown of Ethnic Group 2018-19

* 'White' contains the DoH 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

Primary Support Reason of Alleged Victims

As in previous Annual Reports, in both Kent and Medway the most prevalent support reason remains *Physical Support*. This is then followed by *No Support Reason* at the time of the alleged incident, with Kent and Medway reflecting 29.2% (1,700) and 32% (224) of cases respectively. The percentage of cases with no support reason are in line with those previously reported and is to be expected, as individuals subject to a safeguarding referral will not always be receiving support from local authorities.

Primary Support Reason	Kent	Kent %	Medway	Medway %	Aggregated
Physical Support	2,089	35.9%	359	51.3%	37.5%
No Support Reason	1,700	29.2%	224	32.0%	29.5%
Learning Disability Support	555	9.5%	50	7.1%	9.3%
Mental Health Support	882	15.1%	39	5.6%	14.1%
Support with Memory & Cognition	445	7.6%	13	1.9%	7.0%
Social Support	66	1.1%	12	1.7%	1.2%
Sensory Support	87	1.5%	3	0.4%	1.4%
Total	5,824	100%	700	100%	100%

Table 7.6: Breakdown of Primary Support Reason (PSR) for the period 2018-19

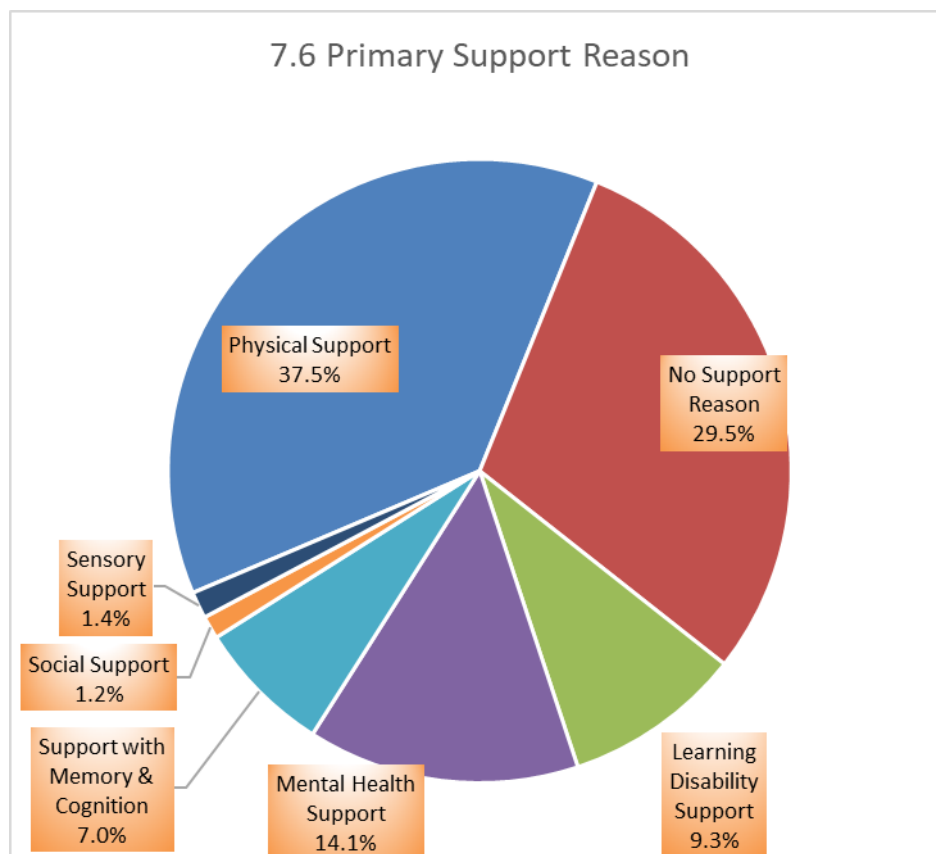


Fig 7.6: Breakdown of Primary Support Reason (PSR) for the period 2018-19 (aggregated)

Location of Alleged Abuse

(From 2015-16 the method of calculating the location of alleged abuse was based on closed enquiries in the reporting year. Therefore, the total number of enquiries will not correlate with earlier sections of the report which details the number of enquiries received within the reporting period).

In 2018-19 the most prominent location for incidents of alleged abuse remained within the alleged victim's own home, representing 43.9% of all incident locations (3,424). This represents a moderate increase of 1.1% compared to 2017-18. The care home setting is also a main setting of alleged incidences of abuse at 31.1% (2,423).

Location of Alleged Abuse	2015-16		2016-17		2017-18		2018-19	
	Number	%	Number	%	Number	%	Number	%
Own Home	1262	34.7%	2,223	41.1%	3,145	42.8%	3,424	43.9%
In the community (exc. community services)	-	-	190	3.5%	248	3.4%	257	3.3%
In a community service	111	3.1%	199	3.7%	258	3.5%	261	3.3%
Care Home*	1528	42.0%	1,932	35.7%	2,481	33.8%	2,423	31.1%
Care Home - Nursing	-	-	420	7.8%	615	8.4%	623	8.0%
Care Home - Residential	-	-	1,512	27.9%	1,866	25.4%	1,800	23.1%
Hospital**	171	4.7%	420	7.8%	655	8.9%	450	5.8%
Hospital - Acute	-	-	181	3.3%	422	5.7%	384	4.9%
Hospital - Mental Health	-	-	148	2.7%	151	2.1%	4	0.1%
Hospital - Community	-	-	91	1.7%	82	1.1%	62	0.8%
Other***	563	15.5%	451	8.3%	554	8.3%	979	8.3%
Not Known	-	-	-	-	-	-	-	-

Table 7.7: Location of alleged abuse for the periods 2014-15 to 2018-19

The following conventions apply to table 7.7 above:

- Care home location is broken down into residential and nursing settings
- Hospital settings are broken down by acute, mental health hospital and community hospital locations
- The location of public place has been recorded under the setting of *In the community (excluding community services)*.

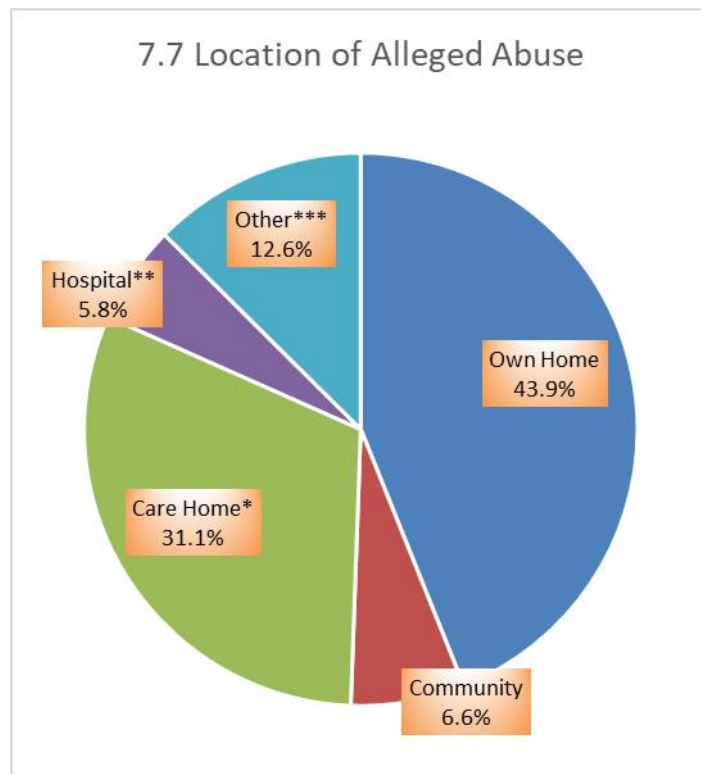


Fig 7.7: Location of alleged abuse for 2018-19

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

*** Acute, community hospitals and other health settings*

**** Includes any other setting that does not fit into one of the above categories including Not Known.*

Category of Alleged Abuse

Based on concluded safeguarding enquiries, the most predominant type of risk has remained physical abuse over the four reporting years as shown in table 7.8, however this has been proportionally decreasing since 2014-15 culminating in a further 2.5% fall in 2018-19. Neglect and Acts of Omission has remained the second most prevalent type of risk but has also decreased in comparison to last year, falling by 1%. The Self-Neglect category has remained fairly level during 2018-19, with a numeric increase (up 17) but proportional drop (down 0.35). Professional awareness of self-neglect following the introduction of the Care Act, 2014, remains high.

Category of alleged abuse	2015-16		2016-17		2017-18		2018-19	
	Number	%	Number	Number	%	%	Number	%
Physical Abuse	1,482	40.8%	2,063	38.1%	2,687	36.6%	2,661	34.1%
Neglect and Acts of Omission	1,090	30.0%	1,477	27.3%	2,040	27.8%	2,092	26.8%
Psychological Abuse	656	18.0%	1,017	18.8%	1,383	18.8%	1,470	18.9%
Financial or Material Abuse	600	16.5%	841	15.5%	1,151	15.7%	1,407	18.1%
Sexual Abuse	215	5.9%	302	5.6%	366	5.0%	397	5.1%
Organisational Abuse	91	2.5%	135	2.5%	155	2.1%	187	2.4%
Domestic Abuse	75	2.1%	165	3.0%	238	3.2%	244	3.1%
Self-Neglect	62	1.7%	405	7.5%	683	9.3%	700	9.0%
Discriminatory Abuse	24	0.7%	37	0.7%	81	1.1%	67	0.9%
Sexual Exploitation	5 or less	<1%	37	0.7%	63	0.9%	54	0.7%
Modern Slavery	5 or less	<1%	7	0.1%	16	0.2%	11	0.1%

Table 7.8: Category of alleged abuse for the periods 2015-16 to 2018-19

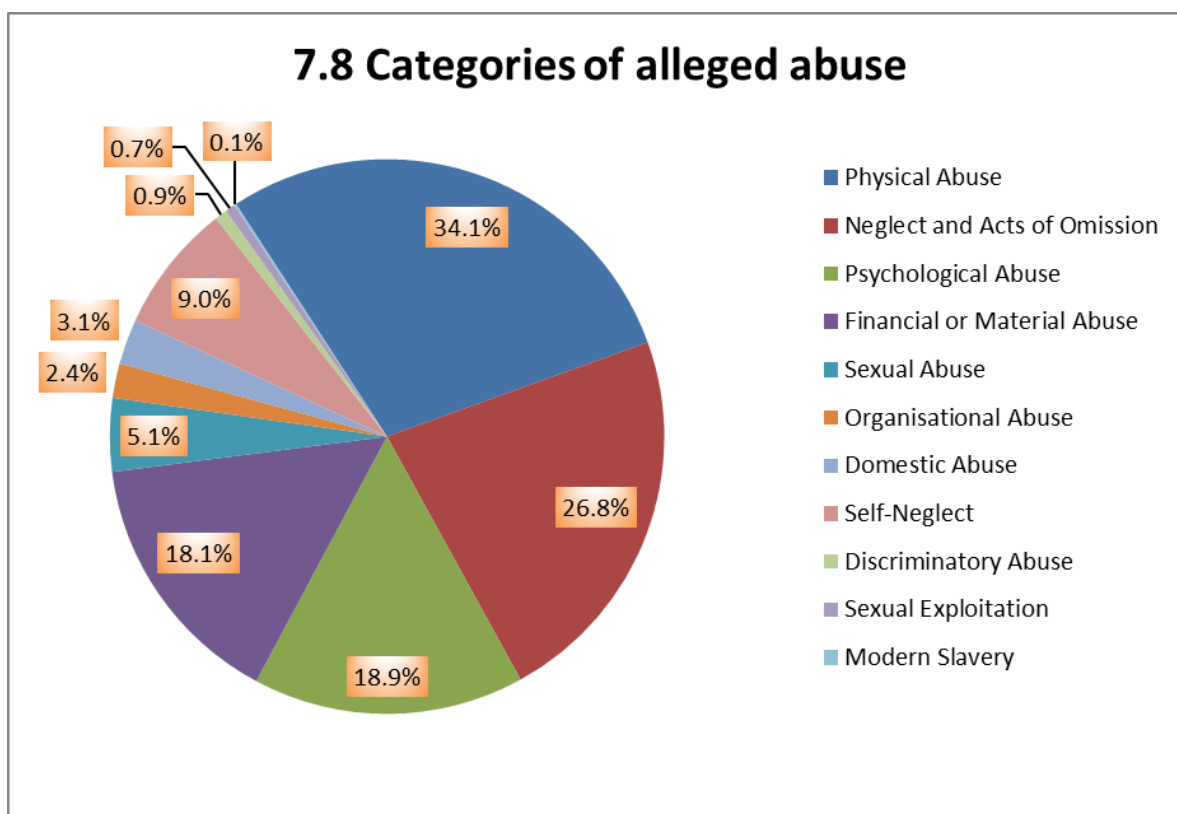


Fig 7.8: Category of alleged abuse, 2018-19

NB: an enquiry may have multiple categories of alleged abuse recorded; as the percentage figures relate to the proportion of all concluded safeguarding enquiries, columns may therefore sum to more than 100%

Source of Safeguarding Concern Leading to Safeguarding Enquiry

Table 7.9 below shows the comparison of the sources of safeguarding concerns leading to safeguarding enquiries over the past four years. The majority of enquiries continue to come from social care staff, consistent with previous annual reports, however there has been a further 4.4% percentage point decrease from 2017-18 in the reporting. Health staff form the next group where the majority of referrals come from, although this also sees a proportional decrease from 2017-18.

Both Kent and Medway have safeguarding websites and marketing materials, accessible to members of the public. Safeguarding Adults Awareness Week is key to increasing safeguarding awareness amongst members of the public.

Source of safeguarding concern leading to enquiry	2015-16		2016-17		2017-18		2018-19		2017-18 to 2018-19	
	No.	%	No.	%	No.	%	No.	%	% point change	
Social Care staff	1,701	43.5%	2,654	44.1%	2,680	42.0%	2,456	37.6%	-4.4%	
Health Staff	1,032	26.4%	1,937	32.2%	1,892	29.7%	1,735	26.6%	-3.1%	
Other	553	14.2%	546	9.1%	879	13.8%	951	14.6%	0.8%	
Police	158	4.0%	225	3.7%	301	4.7%	377	5.8%	1.1%	
Family member	135	3.5%	109	1.8%	131	2.1%	174	2.7%	0.6%	
Care Quality Commission	125	3.2%	162	2.7%	119	1.9%	85	1.3%	-0.6%	
Self-Referral	105	2.7%	18	0.3%	17	0.3%	29	0.4%	0.2%	
Housing	66	1.7%	189	3.1%	162	2.5%	190	2.9%	0.4%	
Friend/Neighbour	23	0.6%	17	0.3%	20	0.3%	39	0.6%	0.3%	
Education/Training/Workplace	6	0.2%	23	0.4%	11	0.2%	13	0.2%	0.0%	
Other Service User	5 or less	<1%	5 or less	<1%	5 or less	<1%	5 or less	<1%	0.0%	
Unknown	5 or less	<1%	139	2.3%	163	2.6%	473	7.3%	4.7%	
Total	3906	100%	6023	100%	6375	100%	6,524	100%	-	

Table 7.9: Source of safeguarding concern leading to enquiry - for the periods 2015-16 to 2018-19

NB: The 2015-16 information does not include Medway data as this data was not collated.

Prior to review of Medway Council's computer system in Spring 2016, the data relating to referral source was manually input into the computer system and was difficult to report on. Following review of the safeguarding adults computer system, this data can now be collected and Medway will run a report and analyse this data on a quarterly basis to determine high level of referrals and areas where referral numbers are low or non-existent. This will focus local awareness raising activity.

Closed Referrals

Outcome of Closed Enquiries

The greatest proportion of case outcomes for Kent County Council relate to substantiated cases (32.1%), with 2,285 cases wholly substantiated and 304 (4.3%) partially substantiated. The biggest increase relates to the *Not Substantiated* outcomes, reflecting a 4.2% increase. The number of enquiries with a Not Determined/Inconclusive outcome has fallen by 4.1% to 27.3%.

In Medway, the highest proportions of cases are also Substantiated at 30.6% (205), up 0.7% percentage points from 2017-18, and 12.3% Partially Substantiated (82 enquiries).

Area	Substantiated		Partly Substantiated		Not Substantiated		Not Determined/ Inconclusive/ Other Interventions		Investigation ceased at request of individual	
	No.	%	No.	%	No.	%	No.	%	No.	%
Kent	2,285	32.1%	304	4.3%	2,096	29.4%	1,947	27.3%	496	7.0%
<i>Last Year:</i>	<i>2,341</i>	<i>33.7%</i>	<i>319</i>	<i>4.6%</i>	<i>1,751</i>	<i>25.2%</i>	<i>2,182</i>	<i>31.4%</i>	<i>346</i>	<i>5.0%</i>
Medway	205	30.6%	82	12.3%	199	29.7%	117	17.5%	66	9.9%
<i>Last Year:</i>	<i>121</i>	<i>29.9%</i>	<i>52</i>	<i>12.8%</i>	<i>124</i>	<i>30.6%</i>	<i>65</i>	<i>16.0%</i>	<i>43</i>	<i>10.6%</i>
Total	2,490	31.9%	386	5.0%	2,295	29.4%	2,064	26.5%	562	7.2%
<i>Last Year:</i>	<i>2,462</i>	<i>33.5%</i>	<i>371</i>	<i>5.1%</i>	<i>1,875</i>	<i>25.5%</i>	<i>2,247</i>	<i>30.6%</i>	<i>389</i>	<i>5.3%</i>

Table 7.10: Outcome of closed enquiries in Kent and Medway 2017-18 and 2018-19

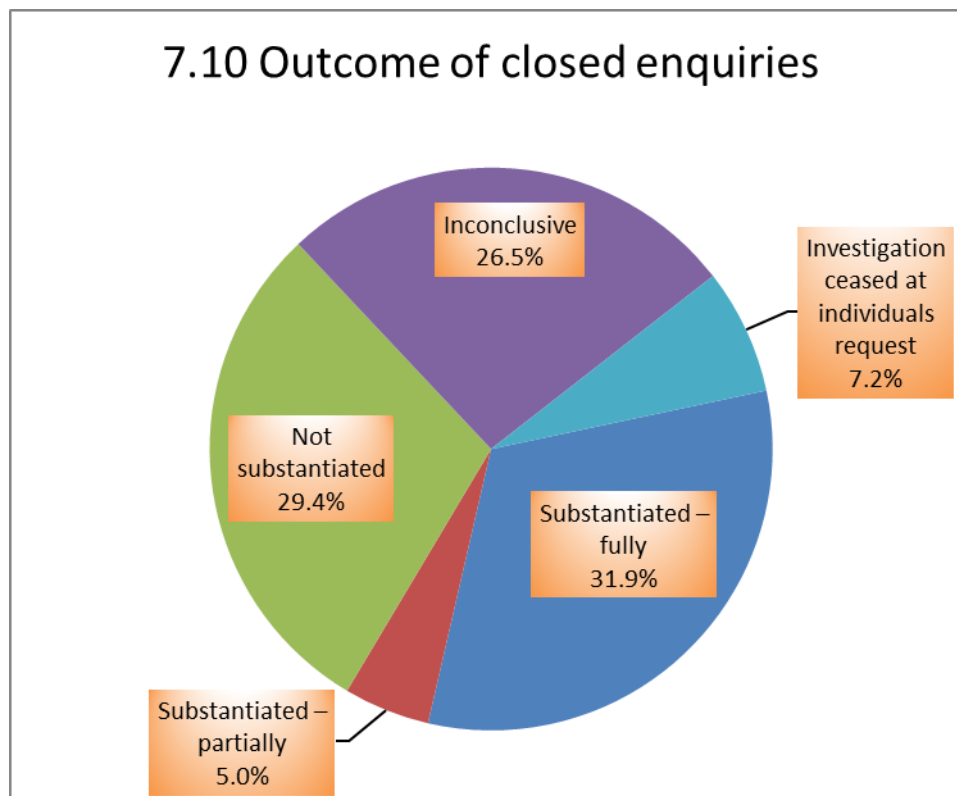


Fig 7.10: Outcome of closed enquiries in Kent and Medway 2018-19

The aggregated proportion of cases falling into the *Not Substantiated*, *Not Determined/Inconclusive* and *Ceased* categories across both Kent and Medway is 63.1% in 2018-19, up 1.7% from last year.

Risk Outcomes for Closed Enquiries

This section looks at where a risk was identified and what happened to the risk following action being taken. Action can include anything that has been done as a result of the safeguarding concern or enquiry. For example, disciplinary action for the source of risk or increased monitoring of the individual at risk.

Area	Risk Remained		Risk Reduced		Risk Removed	
	No.	%	No.	%	No.	%
Kent	149	4.2%	2,969	83.8%	426	12.0%
<i>Last Year:</i>	<i>160</i>	<i>4.3%</i>	<i>2,970</i>	<i>80.6%</i>	<i>557</i>	<i>15.1%</i>
Medway	49	17.1%	157	54.7%	81	28.2%
<i>Last Year:</i>	<i>13</i>	<i>7.5%</i>	<i>76</i>	<i>43.9%</i>	<i>84</i>	<i>48.6%</i>
Total	198	5.2%	3,126	81.6%	507	13.2%
<i>Last Year:</i>	<i>173</i>	<i>4.5%</i>	<i>3,046</i>	<i>78.9%</i>	<i>641</i>	<i>16.6%</i>

Table 7.11: Risk Outcomes for closed safeguarding enquiries 2018-19
Note: Only presents information for cases where a risk was identified

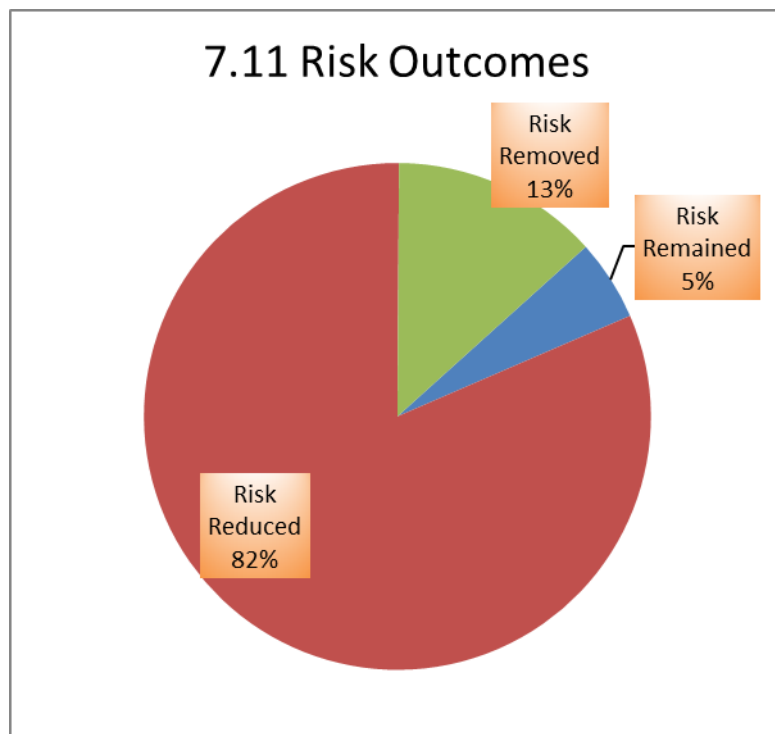


Fig 7.11: Risk Outcomes for closed safeguarding enquiries 2018-19

In Kent, there were 4.2% of cases where the circumstances causing the risk were unchanged and the same degree of risk remained, down from 4.3% last year. In Medway this risk outcome represents 17.15% of cases, up from 7.5% in 2017-18. It should be acknowledged that there are valid reasons that a risk could remain, for example in the case of an individual wanting to maintain contact with a family member who was the source of the risk (in such an example, action could still be taken to refer a person to an alternative provision, such as counselling, should they wish it).

Table 7.11 demonstrates that in both Kent and Medway the greatest proportions relate to risk being reduced or removed; in 98.8% of cases where a risk was identified in Kent the risk was either reduced or removed with the majority of cases falling into the *Reduced* category. In Medway a similar picture is presented - in 82.9% of cases where risk was identified this was reduced or removed.

Glossary

Abuse	Includes physical, sexual, emotional, psychological, financial, material, neglect and acts of omission, self-neglect, modern slavery, sexual exploitation, discriminatory and institutional abuse.
Advocacy	Is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.
CEWG	Communication and Engagement Working Group. This Working Group of the Board has responsibility for raising awareness of the Board and adult safeguarding issues, both within organisations and with the residents of Kent and Medway to incite change, encourage engagement, improve practice and prevent abuse.
DHR	<p>A Domestic Homicide Review is a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by —</p> <ul style="list-style-type: none">(a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or(b) a member of the same household as himself, <p>held with a view to identifying the lessons to be learnt from the death.</p>
LDWG	Learning and Development Working Group. This Group is responsible for the co-ordination, commissioning, delivery and evaluation of the KMSAB multi-agency safeguarding adults training programme.
LeDeR	Learning Disabilities Mortality Review Programme aims to improve the standard and quality of care for people with learning disabilities by reviewing premature deaths.
MARAC	A Multi-agency Risk Assessment Conference (MARAC) is a victim focused information sharing and risk management meeting attended by all key agencies, where high risk cases of domestic abuse are discussed. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety.
MCA	<p>Statutory Principles of the Mental Capacity Act (MCA) 2005 are underpinned by five key points which are explained in the MCA Code of Practice:</p> <ul style="list-style-type: none">• a presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;• the right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions;• that individuals must retain the right to make what might be seen as eccentric or unwise decisions;• best interests - anything done for or on behalf of people without capacity must be in their best interests; and• least restrictive intervention - anything done for or on behalf of people without capacity should be an option that is less restrictive of their basic - as long as it is still in their best interests.

MSAEG	Medway Safeguarding Adults Executive Group brings together senior representatives from the key agencies responsible for the effective delivery of Adult Safeguarding in Medway. The MSAEG works collaboratively to deliver the strategic priorities of the Kent and Medway Safeguarding Adults Board, strengthening local delivery, oversight and governance.
MSP	The Making Safeguarding Personal programme has been running since 2010. It emphasises that safeguarding adults should be person centred and outcomes focused and advocates a move away from being ‘process’ driven.
Policy	KMSAB policy documents deal with legal responsibilities that everyone has under the Care Act 2014 and other associated legislation with regards to safeguarding adults at risk.
PPPWG	Practice, Policy and Procedures Working Group. This Group reviews and updates the multi-agency safeguarding adults Policy, Protocols and Guidance for Kent and Medway, and associated documents.
Practice	The actual application or use of an idea or method, as opposed to the theories relating to it.
Procedure	An established or official way of doing something via a series of actions conducted in a certain order or manner.
Protocol	KMSAB protocol documents detail how organisations and people work together to achieve the best outcomes for safeguarding adults at risk.
QAWG	Quality Assurance Working Group. This Group co-ordinates quality assurance activity and evaluates the effectiveness of the work of all KMSAB’s partner agencies, to safeguard and promote the welfare of adults at risk of abuse or neglect.
SAAW	Safeguarding Adults Awareness Week. An annual event where the Board and partner agencies seek to promote awareness of types of abuse, how to seek help and report abuse within Kent and Medway.
SAF	Self-Assessment Framework. An annual set of questions posed to agencies by the Board to measure progress against key quality standards.
Safeguarding Concern	is a sign of suspected abuse or neglect, that is reported to the local authority or identified by the local authority.
Safeguarding Enquiry	is defined as the action taken, or instigated, by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry is triggered when the safeguarding threshold is met, which is when someone who has care and support needs, is being or suspected of being abused or neglected, and cannot protect themselves due to those care and support needs.
SAR	The criteria for a Safeguarding Adults Review is detailed in section 3. Safeguarding Adults Reviews look at any lessons to be learnt about the way all local professionals and agencies worked together.

SARWG Safeguarding Adults Review Working Group. This Group ensures that KMSAB carries out its statutory responsibilities in respect of Safeguarding Adults Reviews and other learning reviews, such as case audits, and monitors action plans resulting from these reviews.

SCR Kent Children’s Serious Case Review takes place when a child has died or sustained serious abuse, and investigates the involvement of organisations and professionals to determine any lessons to be learnt.

Substantiated Where evidence has been provided to support or prove the truth of an allegation.