

Kent and Medway Safeguarding Adults Board



**Annual Report
April 2012-March 2013**





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Foreword

As Chair of the Kent and Medway Safeguarding Adults Board I am pleased to introduce our Annual Report for 2012-2013.

The report is published on behalf of the multi agency Board and provides partners with an opportunity to celebrate their achievements in 2012-13 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.

It has certainly been a busy year for the Board and our partners. The governance review was finalised and has resulted in us welcoming new members to the Board as well as setting up a number of working groups. These groups, chaired by Board members, have been active in developing their terms of reference and work programmes for the coming year.

The increase in membership has added a new energy and vibrancy to the Board, and adds greater insight into the impact of the policies and procedures in front line practice.

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 – Families and Social Care, 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 co-ordinating 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 Department of Health has stated that forthcoming legislation will refer to adults at risk of **harm** and not as previously proposed adults at risk of **significant harm**.

Section 2: National context

A number of key documents published in 2012-2013 have influenced the safeguarding agenda. They include:

Winterbourne View Hospital SCR (July 2012)

After the transmission of the BBC Panorama Undercover Care: the Abuse Exposed in May 2011, which showed Winterbourne View Hospital staff mistreating and assaulting adults with learning disabilities and autism, South Gloucestershire's Adult Safeguarding Board commissioned a Serious Case Review (SCR). In July 2012 the SCR report written by Margaret Flynn was published. The government drew the following conclusions from the SCR report and other investigations:

- Patients stayed at Winterbourne View for too long and were too far from home
- There was an extremely high rate of 'physical intervention'
- Multiple agencies failed to pick up on key warning signs
- There was clear management failure at the hospital
- A 'closed and punitive' culture had developed.

As a result the government has proposed a series of measures including:

- An end to all inappropriate placements by 2014 – so that every person with challenging behaviour gets the right care in the right place
- Stronger accountability and corporate responsibility for owners and directors of private hospitals and care homes
- Tighter regulation and inspection of providers
- Improving quality and safety standards, including more staff training and better leadership in care settings
- Better local planning and national support
- Greater transparency and strong monitoring of progress.

It also stated that:

- NHS and social care commissioners will review all current hospital placements by June 2013
- NHS and social care commissioners will support everyone inappropriately placed in hospital to move to community based support as quickly as possible and no later than 1 June 2014

- Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour which accords with the model of care by April 2014.

[Winterbourne View – South Gloucestershire Council](#)

Draft Care and Support Bill (July 2012)

This draft Bill consolidates provisions from over a dozen different Acts into a single, framework for care and support. It intends to achieve 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 draft Bill 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 draft Bill will also repeal 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. A separate consultation for views on possible new powers ran from January 2013 until March 2013.

[Draft Care and Support Bill published – Publications, GOV.UK](#)

The Mid Staffordshire NHS Foundation Trust Public Inquiry Report (February 2013)

This Inquiry examined the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire hospital between January 2005 and March 2009. The Inquiry Chairman, Robert Francis QC, concluded *“that patients were routinely neglected by a Trust that was preoccupied with cost cutting, targets and processes and which lost sight of its fundamental responsibility to provide safe care”*. It considered why the serious problems at the Trust were not identified and acted on sooner, and identified important lessons to be learnt for the future of patient care. The Inquiry identified that patients were failed by a system which ignored the warning signs of poor care and put corporate self interest and cost control ahead of patients and their safety.

[Mid Staffordshire NHS Foundation Trust Public Inquiry](#)

Safeguarding Adults: Advice and Guidance to Directors of Adult Social Services Association of Directors of Adult Social Services (March 2013)

This publication identifies a number of priority areas in adult safeguarding, including:

- Achieving good outcomes for service users – ensuring policies and procedures enable practitioners to focus on making a difference to people’s lives
- Responding to reported abuse - keeping the safeguarding effort focused on working with the person being harmed, to support improvement in their safety and well being
- Leadership - safeguarding operating on a number of levels and across a range of organisations to be effective i.e. safeguarding has to be everybody’s business
- Safeguarding Adults Boards - local authorities have always been expected to lead adult safeguarding and the proposed legislation will formalise that as a duty
- Safeguarding Adults Reviews - Safeguarding Adults Boards should be commissioning and learning from reviews. The draft Bill amends the title of “Serious Case Review” to “Safeguarding Adults Review”
- Personalisation - the introduction of personalisation has brought a change to how safeguarding risks present themselves and how

they are recognised and managed. Directors are striving to balance two elements: maximising people’s personal freedom and safeguarding adults who are at risk of harm and abuse

- Legal powers - a balance has to be struck between safeguarding against harm and not overruling the wishes of people with the capacity to decide they do not want to go through a safeguarding process
- Workforce - training should be competency based to ensure that workers’ practice meets consistent standards.

[Safeguarding Adults Key Documents](#)

– [The Association of Directors](#)

Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework – NHS Commissioning Board (March 2013)

This document describes how the NHS system will work for April 2013 and sets out the responsibilities of each of the key players for safeguarding in the NHS.

The framework aims to:

- Promote partnership working to safeguard children, young people and adults at risk of abuse, at both strategic and operational level
- Clarify NHS roles and responsibilities for safeguarding, including in relation to education and training
- Provide a shared understanding of how the new system will operate and, in particular, how it will be held to account both locally and nationally
- Ensure professional leadership and expertise are retained in the NHS, including the continuing key role of designated and named professionals for safeguarding children
- Outline a series of principles and ways of working that are equally applicable to the safeguarding of children and young people and of adults in vulnerable situations, recognising that safeguarding is everybody’s business.

[Safeguarding Vulnerable People in the Reformed NHS England](#)

Section 3: Local context

A key activity during 2012 was the completion of the multi agency safeguarding governance review and subsequent implementation of a new governance structure.

Taking into account the outcomes and recommendations from a consultation workshop held in February 2012 a revised governance structure was taken to the Board in June 2012 for approval. (Details of the new structure can be found in Appendix 3).

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 Executive Board. The terms of reference for the Executive Board and Working Groups will be taken to the Executive Board for approval in June 2013. 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 will be presented to the Board in June 2013.

As an outcome of the SCR commissioned by the Board in 2011 the Chair, Professor Hilary Brown, ran a workshop on self neglect for Adult Protection Coordinators in Kent. It was planned to revise the Kent and Medway SCR protocols following this SCR. However this work is on hold until another piece of work looking at how we can improve efficiency and reduce duplication of work in adult/child SCR's and Domestic Homicide Reviews is completed.

The Policy, Protocols and Guidance Review Group met in May and November 2012 and March 2013 to update the Kent and Medway multi-agency adult protection policy. The policy can be found at:

www.kent.gov.uk/adult_social_services/information_for_professionals/service_information/adult_protection/documents_library/policies_and_acts/policy,protocol_and_guidance.aspx

The Kent and Medway Safeguarding Vulnerable Adults Network met in April 2012. The meeting focussed on engaging service users and carers in adult safeguarding with a presentation given by a Safeguarding Consultant Practitioner from Essex County Council. Discussion groups considered how we can learn from the Essex experience and effectively engage service users and carers in adult safeguarding in Kent and Medway.

Raising awareness of safeguarding vulnerable adults was the aim of a range of activities that took place during Safeguarding Week in June 2012. Partner agencies worked together across Kent and Medway with exhibitions in shopping centres, libraries, hospitals and supermarkets. Work is underway organising similar activities for Safeguarding Week in June 2013.

In March 2013 a post Winterbourne Safeguarding Adults Conference was organised for multi agency partners. Margaret Flynn, Chair of the Winterbourne View Hospital SCR gave a presentation on what we can learn from the failings at Winterbourne View and Professor Hilary Brown gave an overview of institutional abuse. Workshops on a range of topics were also part of the conference programme. Details of the conference can be found at:

www.kent.gov.uk/adult_social_services/information_for_professionals/service_information/adult_protection/documents_library/presentations.aspx

Section 4: Kent and Medway multi agency training

During 2012-2013 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. For further details see: <https://shareweb.kent.gov.uk/Documents/adult-Social-Services/adult-protection/adult-protection-training-structure.pdf>

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 build on their existing knowledge and skills by adopting a sequential learning approach. It is designed to reflect core and complimentary knowledge and skills within the multi agency context of safeguarding work. Details of the course aims and objectives are available on the website: www.kent.gov.uk/adult_social_services/information_for_professionals/service_information/adult_protection/training.aspx

During the year all agencies have been required to 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 2012-March 2013.

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	216	203	0	122	34	47
Level 4	54	43	19	18	5	1
Level 5	162	83	5	59	9	10
Level 6	90	38	1	27	8	2

Kent and Medway, in partnership with an e-learning provider, makes a customised adult protection awareness e-learning training package freely available to anyone working with vulnerable adults in Kent and Medway. This package was updated in July 2012. Details of how to access the package is are available on the website: (http://www.kent.gov.uk/adult_social_services/information_for_professionals/service_information/adult_protection/training/e-learning_course.aspx).

Ongoing Developments

In October 2012 James Turnbull of Toynbee Hall¹ was commissioned to deliver a course to 'Train the Trainer' in raising service user awareness of adult abuse. Twelve delegates, from services in direct contact with service users, attended and agreed to participate in an evaluation project. The evaluation project was to map the delegate's implementation of their learning post training event. This evaluation will conclude in July 2013 when a progress report and recommendations for further developments will be prepared for the Kent and Medway Safeguarding Adults Board.

¹Toynbee Hall is a charitable organisation that works to eradicate poverty and secure social justice.

The Dignify project at Toynbee Hall is working to reduce abuse of adults at risk by raising awareness of abuse with groups who may be particularly at risk and providing training for professionals in how to discuss safeguarding issues with adults at risk.

Section 5: Funding arrangements

The Kent and Medway Safeguarding Adults Board is funded by 6 partner agencies including KCC Families and Social Care, 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%.

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

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

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.

As NHS Kent and Medway will cease to exist after March 2013 and Clinical Commissioning Groups will become fully operational from April 2013 consideration is being given to the funding arrangements from April 2013.

The table below sets out the budget contributions for 2011-2012 and 2012-2013.

	2011-2012 Contribution requested based on historic %'s (£000's)	2011-2012 Actual contribution (£000's)	2011-2012 Difference (£000's)	2012-2013 Contribution requested based on historic %'s (£000's)	2012-2013 Actual contribution (£000's)	2012-2013 Difference (£000's)
KCC	59.7	59.7	0.0	63.1	63.1	0.0
Medway Council	14.9	14.9	0.0	15.8	15.8	0.0
NHS West Kent	24.3	24.3	0.0	25.7	25.7	0.0
NHS Medway	30.4	30.4	0.0	31.9	31.9	0.0
NHS Eastern and Coastal Kent	30.4	30.4	0.0	31.9	31.9	0.0
Kent Police	26.0	23.0	3.0*	28.5	22.9	5.6**
Total	165.5	162.5	3.0	175.8	170.2	5.6

*The shortfall is due to Kent Police not contributing to the Board Manager post

**The shortfall is due to Kent Police not contributing to the Board Manager post and reducing their % contribution

Section 6: Partner highlights

Kent County Council, Families and Social Care Overview of 2012-2013

Safeguarding is managed in the divisions of OPPD (Older People and Physical Disability) and LD/MH (Learning Disability and Mental Health). A Safeguarding Vulnerable Adults Co-ordinator sits in each locality and 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 Families and Social Care through policy implementation, practice guidance and monitoring in adult protection, mental capacity and the deprivation of liberty safeguards.

Key Achievements

- Safeguarding processes have been refined with the implementation of the revised SG1 which was published in March 2013 and shared with partner agencies. In addition, 40 full day sessions of Domestic Abuse Training have been commissioned for our front line practitioners and managers to meet the East Sussex Domestic Homicide Review Action Plan.
- Essex County Council carried out a Peer Review of Kent's safeguarding arrangements and recommendations formed an action plan which is monitored by the FSC Countywide Adult Safeguarding Strategic Group. Families and Social Care has a strong rolling programme of audits, including independent audits and deep dive audits.
- KCC has contributed to research undertaken by the Association of Chief Police Officers in respect to the scoping project aimed at identifying the range of multi-agency safeguarding arrangements across the country which supports effective information sharing and timely interventions to address abuse concerns. The development of the adult safeguarding contribution to the Central Referral Unit has continued. In conjunction with colleagues in Medway, Families and Social Care have taken over responsibility for DOLS applications. This has been a smooth transition.

Key Challenges

- Safeguarding activity is increasing. Families and Social Care are dealing with increasingly complex cases.
- A project is underway to ensure that people who are the subject of abuse alerts understand what they can expect from safeguarding practice and are able to feedback their experiences of safeguarding.
- Managing safeguarding effectively within agency changes and limited resources.

Future Plans 2013-2014

- To continue monitoring of the Safeguarding Action Plan which incorporates recommendations from audits and the Peer Review by Essex County Council.
- To continue with the rolling programme of audits, including independent audits and deep dive audits.
- To support the work of the newly formed Kent and Medway Safeguarding Adults Board.

Medway Council

Overview of 2012-2013

Medway Council has focussed this year on developing its staff to ensure that they are able to support vulnerable adults at risk of harm and victims of harm. Senior managers and practitioners have received training in risk assessments for safeguarding cases and specialist chairing skills in addition to their access to our multi agency safeguarding training programme. We have supported the 'Living in Fear' research project, working with Kent Police, MCCCH and the University of Kent's Tizard Centre. The three year programme helps people, particularly those with learning disabilities to report hate crimes. The research findings will be published in 2013. Medway Council is supporting the Community Safety Partnership's Domestic Abuse work programme through the newly formed multi agency Domestic Abuse Sub Group. We have also improved our contact with Medway's ethnic minorities through our preventative work with people who do not usually access support from the council, through awareness sessions working with partners in the council.

Key Achievements

- We have commenced our Family Group Conference contract for safeguarding cases and following awareness sessions for staff this has resulted in referrals.
- By integrating our Mental Health Social Work team back within the Council and appointing a dedicated post this has ensured that adult protection referrals are allocated, monitored and closed within the agreed performance measures.
- In the autumn of 2012, we were pleased to be the Board's pilot site for the service user awareness training for older people. By using this preventative approach it will give confidence and skills to participants and raise awareness of safeguarding issues with older people. We had participants from local day centres, housing sector, and faith groups.
- We have raised the awareness of the issues of domestic abuse in vulnerable adults through training, information resources and have supplied frontline staff (including customer contact centres) with easy to use practitioner cards that assist them with supporting victims of domestic abuse with information specifically if they live in Medway.

Key Challenges

- Administrative support for our increasing number of safeguarding adults meetings – training has been provided to minute-takers.

Future Plans 2013-2014

- Ensuring that our adult protection meetings are recorded in an accurate and timely fashion we will be providing specialist support for our dedicated minute takers through a training and developmental programme.
- We will be introducing revised standardised templates for meetings.
- Domestic abuse training across our Children and Adults' directorate.
- In adult social care services, we will be reviewing our operational service models for responding to allegations of harm and abuse, this work will commence in May 2013.
- Implementing Making Safeguarding Personal (Association of Directors of Adult Social Services and the Local Government Association April 2013).

NHS Kent and Medway

Overview of 2012-2013

In 2012-2013 the clustered NHS Kent and Medway Safeguarding Team continued to work closely with health providers and statutory partners to improve outcomes for vulnerable adults. It was however a year of unprecedented change for the NHS with the Health and Social Care Act setting out the key NHS reforms to be introduced on 1 April 2013. Strategic Health Authorities and Primary Care Trusts were to be abolished and in their place Clinical Commissioning Groups (CCG's) and the NHS National Commissioning Board (now known as NHS England) to be established. This, as the most significant change in the NHS since its inception, would require huge changes in the commissioning workforce. Hence the main priority was to prepare for the future NHS structures whilst at the same time maintaining a strong grip and focus on adult safeguarding in health services.

Key achievements

- The additional Designated Nurse for Adult Safeguarding commenced in May 2012 covering the Medway area. This brings the complement up to three whole time Designated Nurses.
- CCG's chose to secure a collaborative safeguarding arrangement with the Safeguarding Team, which would be hosted by Medway CCG and working across all eight CCG's covering Kent and Medway. Designated Nurses for Adult Safeguarding have aligned themselves with CCG's, working closely with the CCG Chief Nurses who have statutory accountability for the quality of safeguarding in their commissioned services.
- Supporting the CCG's towards authorisation. CCG's are required to have a safeguarding adult's lead and a lead for the Mental Capacity Act, supported by the relevant policies and training; the Designated Nurses for adult safeguarding fulfil this function.

Key challenges

- As in the last year, responding to increasing requests for assistance and support in investigating allegations of abuse in the care home sector. The specialist nurse for safeguarding in care homes covers Kent and Medway and with the vast numbers of care homes and multiple sites of alleged abuse this has continued to be challenging.
- Improving GP awareness of and involvement in adult protection concerns. Although the majority of GP practices have now identified safeguarding leads, many of them continue to need much encouragement and support to respond appropriately.
- Maintaining continuity and a high priority on adult safeguarding during this period of rapid change and upheaval as a result of NHS reforms.

Future plans 2013-2014

- Further consideration with social care partners about how best to encourage improvement in quality and safety in the care home sector to reduce the number of poor practice and adult safeguarding concerns.
- Support the Safeguarding Adults Board (through the newly formed Quality Assurance Working Group) to ensure that the Board is better informed of key safeguarding issues and can respond accordingly.
- Further develop GP awareness and response to adult safeguarding concerns, including their training levels and contribution to adult protection processes.

Kent Police

Overview of 2012-2013

The year 2012-2013 has seen the consolidation of police restructuring particularly within the Public Protection Units. The establishment of the Central Referral Unit (CRU) has developed close links with adult protection social workers based at Kroner House. Easy access to each other has allowed for quick resolution to problems. Adult safeguarding strategy meetings all benefit from the presence and input of supervisors. The presence of health representatives on site has been invaluable to the assessment of risk. Greater cooperation around new alerts and continued local involvement with open cases captures the best of both worlds.

A review event was conducted in May 2012 around the functioning of the CRU and a number of areas for improvement were identified particularly around the CRU's interaction with the Force Control and Command Centre. In November 2012 as part of an Ofsted review in to child protection the Central Referral Unit was identified as good practice in joint working.

The development of Combined Safeguarding Units has brought resilience and uniformity to adult protection with our response in any given location no longer dependant on the presence or absence of one or two officers. Having officers trained in all three public protection disciplines brings benefits as cross over is frequent and the importance of recognising collateral risk has often been identified in past reviews.

This year has seen the implementation of the training programme to meet the needs of restructure, the introduction of legislation and learning from reviews. This remains a challenge for the coming year due to the pressures that have been placed on training with reduced budgets and restructure across the board.

Key achievements

- Consolidation of restructure.
- Development and refinement of the Central Referral Unit.
- Training in response to change.

Key Challenges

- Police officers knowledge and understanding of safeguarding vulnerable adults within the context of domestic abuse, mental health and anti-social behaviour.
- Our understanding of vulnerable adults within care settings.
- Changing the way we monitor and investigate abuse within institutions.

Future plans for 2013-2014

- Continued adult safeguarding training for the workforce.
- Rising to the challenge of safeguarding within institutions.
- The police application and understanding of the Mental Capacity Act.

Dartford and Gravesham NHS Trust

An overview of 2012-2013

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 PCT up to March 31 2013, maintenance of the Trust AP1 spreadsheet and the quarterly audit of the numbers and outcomes of safeguarding referrals continue. The Trust Safeguarding Lead continues to attend case conferences and the Safeguarding Adults Board as well as associated Kent clinical leads meetings and is now the Prevent Lead for Darent Valley Hospital (DVH).

Key achievements

- A mock CQC Safeguarding Audit including MCA and safeguarding reporting process. Identification of learning resources in local ward/departmental areas.
- Worked very closely with the Tissue Viability Nurse's (TVN) in the education of ward link nurses around avoidance of pressure ulcers with a particularly focus on refusal to move in bed or chair and the refusal to eat and drink by using the MCA.
- Training prospectus and Training Needs Analysis achieved – University of Greenwich provision of new cognitive impairment training for all staff involved in clinical settings.

Key challenges

- Ensuring capacity assessments are completed and documented, with audits undertaken in due course.
- Ensuring continued completion of the correct consent form for people who lack capacity with audit undertaken in due course.
- Receiving fully completed AP1's from ward staff.

Future plans 2013-2014

- An audit of patients who have died at DVH will be produced to ensure the correct process such as obtaining informed consent and completion of DNAR forms for example has been followed after the publication of the Bristol Confidential Inquiry into Premature Deaths of People with a Learning Disability.
- Working with the Kent and Medway CCG to highlight patients coming into DVH with pressure ulcers of Grade 3 and 4 to ensure they are followed up in the community.
- Re-audit of Mental Capacity Audit performed in January 2012 by South East Coast Audit.
- Include Trust Solicitors in twice yearly TVN Link Nurse meetings to set the scene in law on how to manage the treatment of pressure ulcers

East Kent Hospitals University NHS Foundation Trust

Overview of 2012-2013

This year EKHFT saw the significant increase in capacity for the Safeguarding Team, following the successful approval of a Business case. The year's focus has been on raising understanding and compliance with the Mental Capacity Act. This has involved a comprehensive action plan, including the review of the role and function of the Trust wide Safeguarding Group and a review of the Safeguarding Policy. This has been updated to include organisational and legislative changes and now includes the Mental Capacity Act and Deprivation of Liberty Safeguards.

The portfolio of training and delivery methods, on offer to staff was broadened. This has increased awareness of all staff, including doctors, of their responsibilities to patients who lack capacity. The new team has participated in Best Interest meetings and complex care packages to support staff and the numbers of such meetings continue to grow.

A dedicated area on the Staff Intranet was created to support accessibility to the relevant resources and documents regarding vulnerable patients; 500 NHS South East aide memoirs were distributed to staff. EKHFT launched the Prevent counter terrorism initiative and hosted guests from The Hague and the Department of Health to observe how we were implementing the programme across a large, complex organisation. We were delighted to have received the Best of Prevent award for the NHS South of England.

Key achievements

- Expansion of the team from 0.6 WTE to 2.6 WTE; this now incorporates the Learning Disabilities practitioner.
- A library of safeguarding and MCA resources was created and available to all on the Staff intranet. An electronic e-book is also available to staff who have SMART phones or iPads.
- Increased knowledge and awareness for all staff, specifically medical, in order to clarify their responsibilities to patients who lack capacity. This was achieved through multiple training activities provided "In house" by the Safeguarding team, the Trust's solicitors and Kent County Council.

Key challenges

- EKHFT had a negative high profile national DNACPR case with press and TV coverage.
- Setting up the new Safeguarding team and establishing it with in the Trust and with stakeholders.
- New national initiatives, DHR's and launch of PREVENT to implement.

Future plans 2013-2014

- Write a five year strategic plan, mission statement, objectives and operating standards for Adult Safeguarding.
- Develop with partners' ways of communicating securely with other providers to maintain confidentiality of patient information in a modern and efficient way.
- Simplify and integrate processes and external processes, to incorporate MCA and safeguarding principles in to patient centred care.

Medway NHS Foundation Trust

Overview of 2012-2013

In 2012-2013 there were 16 adult protection alerts raised about potential risk to a vulnerable adult within our care, this is a decrease on the 2011-2012 numbers. The Safeguarding Adults Coordinator responded to 266 safeguarding referrals related to the proactive protection and review of vulnerable adults – an increase on 2011-2012. The Coordinator has worked with Commissioners and Local Authorities to ensure a smooth and risk managed transition during the NHS reforms especially related to Deprivation of Liberty.

The governance structure of adult safeguarding has been strengthened by the introduction of Directorate leads for safeguarding and the inception of a Trust Adult's and Children's Safeguarding Committee, which will be supported in clinical practice by an Operational Group. All policies and guidance documents related to safeguarding were reviewed and updated in line with legislation and guidance.

The Learning Disability Liaison Nurse (clinical) is well established, working proactively with families and provider organisations to improve the experience of People with a Learning Disability who access care at Medway Maritime Hospital.

Key Achievements

- The public launch of the enhanced Hospital Passport for People with Learning Difficulties.
- Agreement to roll out the Prevent training to a broader target audience.
- Provision of safeguarding training to the Trust's volunteers.

Key Challenges

- Supporting clinical staff to use restraint appropriately and to deliver care and treatment within the context of best interests.
- To improve the response time to AP1 / CM31 alerts.
- To improve safeguarding mandatory training compliance.

Future Plans 2013-2014

- To further build and maintain relationships with community providers.
- To ensure that vulnerable patients' complex needs are recognised and responded to in service development programmes.
- To plan and prepare for integration with a neighbouring Trust and maintain the current quality of safeguarding throughout the integration.

Maidstone and Tunbridge Wells NHS Trust

Overview of 2012-2013

The Trust declared compliance with CQC Outcome 7 and an unannounced visit to Maidstone Hospital in September 2012 found that staff interviewed were aware of the policy and could articulate the actions required if they had safeguarding concerns.

Training programmes are co-ordinated by Learning and Development and delivered by Safeguarding Leads. Compliance with training has seen steady improvements throughout the year with core mandatory training achieving 90% at the end of December 2012 against a trust target of 85%. Mental Capacity Act (MCA) training has also improved through the year achieving 60% compliance at the end of December 2012.

Learning Disability (LD) compliance was focussed on this year. This includes raising awareness amongst staff about LD, developing an electronic flag system to ensure appropriate support is given, approval of a carer's policy, strengthening the process of making 'Reasonable Adjustments' for people with LD to and work is underway to develop 'Easy Read' information across all core patient information leaflets.

A number of safeguarding elements have been subject to audit or peer review over the last year. A review of DoLS referrals indicated that the Trust was making appropriate referrals and were of good quality. Compliance with MCA was audited in 2012. The result of this audit was disappointing. Findings from this audit are incorporated into the Safeguarding Adults action plan. A peer review of provision was undertaken for LD - the Trust was reviewed by a partner Trust. The review team included individuals with LD, outcomes of which were on the whole positive.

Learning from adult safeguarding investigations occurs at an operational and strategic level and at a multi-agency level and at a local level. At a local level learning from alerts is distilled at the Safeguarding Adults Committee and disseminated to relevant groups. Safeguarding adults continues to have a high profile with significant improvements seen overall. All key elements are in place to ensure users of our service are kept safe.

Key achievements

- Positive Learning Disability Peer Review.
- Training Compliance at 90%.
- Continued learning from the Trusts Safeguarding alerts.

Key Challenges

- Ensuring compliance with MCA across all disciplines.
- Sustainability the LD workstreams.
- Widening the definition of vulnerability and vulnerable adult in line with the external review undertaken by the PCT SVA Lead.

Future Plans 2013-2014

- Development of Physical Restraint training for frontline staff.
- Sustainability of Easy Read literature.
- Working with CCG SVA Leads and Kent policy managers to agree the Trusts working definition of vulnerability and who is a vulnerable adult.

Kent Community Health NHS Trust

Overview of 2012-2013

In 2012-2013 KCHT staff raised 311 Adult Protection (AP) alerts with social care services, the majority of which were against other agencies, e.g. care homes, residential homes and carers. In the same reporting period 26 AP alerts were raised against KCHT by either another agency or KCHT itself. The majority of the AP referrals implicating KCHT were under the category of neglect and in the main related to tissue viability.

As a result of the safeguarding support and development provided to our frontline practitioners, service users are increasingly protected from harm or abuse, as KCHT staff are competent in recognising, reacting and referring concerns about adult protection to social care services. Whilst the level of AP alerts implicating KCHT during 2012-2013 has seen a marked improvement against the 62 cases raised against us during 2011-2012, our performance is still not good enough and so we will work harder with our frontline services to reinforce the importance of the holistic, compassionate care that our service users need and should expect to receive from all of our practitioners, to ensure that ultimately, no future cases of adult neglect can be attributed to our care. The vision within KCHT is for safeguarding to be 'championed' by all staff, so that service users are protected from harm irrespective of the environment in which care is delivered. This will be supported by KCHT staff referring appropriately, using consistent thresholds for adult protection, to ensure vulnerable adults are protected and treated with dignity and respect.

Key achievements

- Review of all in-house MCA/Consent training packages to include case studies and case law examples.
- We ran a large number of extra MCA training sessions, which has increased MCA training compliance from 28% at the start of the year to 99%.
- We re-arranged our Safeguarding services so that they can provide dedicated, ongoing support to key service areas. This new arrangement means that our Safeguarding specialist practitioners can meet on a regular basis with teams of frontline staff, to support safeguarding and mental capacity assessment work, discuss complex cases and identify/provide additional training.

Key challenges

- Ensuring that the needs and experiences of service users were not compromised during a period of organisation-wide review and restructuring.
- Capacity within safeguarding services to facilitate the level of safeguarding and MCA training required to reach organisational compliance, without impacting upon other key safeguarding work, e.g. safeguarding supervision.
- Engaging operational services' across KCHT in the devolvement of agreed safeguarding functions that had previously been managed within corporate safeguarding services.

Key actions for 2013-2014

- Redefine the safeguarding adult's referral and decision-making pathway across to and between KCHT and Kent County Council.
- Streamline safeguarding systems to inform robust reporting and positive outcomes for service users.
- Implementation of focussed safeguarding input to community hospitals and teams, through the identification of local MCA Leads, to ensure KCHT staff are competent, committed, caring, communicate their concerns and have the courage and compassion to advocate on behalf of vulnerable adults and all service users.

Medway Community Healthcare

Overview of 2012-2013

Medway Community Healthcare (MCH) has over continued to build on its achievements in previous years. The Safeguarding Adults Team was restructured to reflect the growing awareness of the Safeguarding Adults agenda. The Safeguarding Adults Adviser role now encompasses Domestic Abuse, Prevent and the Mental Capacity Act, including DoLs. The post is supported by a Safeguarding Practitioner responsible for development and delivery of training sessions as well as bespoke workshops for services and teams.

The Safeguarding agenda is fully supported by the MCH Board, the Clinical Quality Director having executive responsibility for Safeguarding, both adults and children. The Clinical Quality Director is now a member of the Kent and Medway Safeguarding Adults Board. The Safeguarding Adults Adviser is on the MCA LIN, attends the Safeguarding Adults Policies, Protocols and Procedures Group and the Medway DoLs Steering Group.

Positive reports were received from the Care Quality Commission following unannounced inspections to all five of MCH's registered sites. They reported staff saying: '...safeguarding was a permanent item for discussion during their supervision and in their monthly staff meetings' and '... good links were maintained with local authority safeguarding teams through clear communication routes, joint meetings and training'.

Key Achievements

- Continued implementation of Safeguarding Adults supervision within services.
- 150% increase in enquiries to the Safeguarding Adults Team compared to 2011-2012 evidencing increased awareness of the issues facing adults at risk of harm or exploitation.
- Continued co-development and provision of Level 2 Safeguarding Adults training with Medway Council and the development of Level 1 training encompassing MCA/DOLS, Domestic Abuse and Prevent.

Key Challenges

- Embedding MCA and consent into everyday clinical practice.
- NHS Commissioning – numerous changes of organisations and people; understanding where Safeguarding Adults sits.
- Slow progress to implement the reviewed Kent and Medway Safeguarding Adults Board governance structure.

Future Plans 2013-2014

- Focus on reducing harm to the residents of Medway through providing them with the knowledge they need to self-care especially in relation to preventing pressure ulcers.
- Assuring quality of Safeguarding supervision through use of competency framework and audit of supervision documentation.

Kent and Medway NHS and Social Care Partnership Trust

Overview of 2012-2013

KMPT has focussed on the delivery of safeguarding training at Levels 1 and 2 throughout the year. Compliance is now 85% overall across the organisation.

There has also been an increase in the numbers of adult protection alerts coming through from frontline staff which could be a link to heightened awareness across the organisation. Our integrated community teams in Kent have also worked extremely hard at ensuring our delegated responsibility for safeguarding is administered in a timely effective manner. We have also had the added resource of the safeguarding vulnerable adult co-ordinators, employed by KCC, working alongside the integrated teams and our forensic services delivering timely advice and support to our safeguarding leads. KMPT has also participated as and when required in Domestic Homicide Reviews and Serious Case Reviews.

Key achievements

- External audit of adult protection cases in January was the best results KMPT had ever had with 8 of 12 cases evaluated as good.
- Additional tool on our electronic recording system to accommodate the assessment of Mental Capacity.
- Training compliance reaching 85% at Level 2.

Key challenges

- Cleansing adult protection data held by KMPT and on the SWIFT data base of KCC to ensure accuracy and consistency. We have made some progress on this.
- Contributing to Domestic Homicide Reviews/Serious Case Reviews in a timely effective manner as they have been resource intensive.
- Ensuring robust communication with the Central Duty Team on safeguarding queries and signposting them to the appropriate mental health teams when necessary.

Future plans 2013-2014

- Maintain good to excellent in our future audit of adult protection cases.
- Audit understanding and compliance with the Mental Capacity Act.
- Participate fully in the Quality Assurance Working Group of the Safeguarding Adults Board
- Members of the safeguarding team to have training on SWIFT which should help with the review of data.
- Maintain the internal training schedule with dates diarised for the year.

South East Ambulance NHS Foundation Trust

Overview of 2012-2013

Over the past year, South East Coast Ambulance Service NHS Foundation Trust (SECAMB) has raised 576 adult concerns for vulnerable adults in the Kent area. This represents 21.49% of all adult concerns raised by SECAMB staff across the Trust.

Key achievements

- Improvements have been made regarding information sharing internally with the safeguarding team now being routinely informed of any serious incidents involving vulnerable adults and children.
- Scoping was undertaken with Independent Domestic Violence Advocacy (IDVA) services in Brighton and Hove and West Sussex to develop a screening tool for SECAMB frontline and call centre staff to use in cases of suspected domestic abuse. A project lead was seconded to take this agenda forward.
- A key area of work undertaken by SECAMB over the past year included the development and implementation of the Trusts safeguarding training needs analysis plan. The plan includes capturing training for all staff groups, both frontline and office based and utilised a mixture of both face-to-face training and e-learning modules. Frontline staff and the Trust Board have received vulnerable adult, domestic abuse and mental capacity act training during this year.

Key challenges

- During 2012 - 2013 SECAMB was awarded the contract for 111 services across SEC in partnership with Harmoni (our of hours doctor service). All 111 safeguarding referrals via the SEC 111 system are now managed/reported through the SECAMB Safeguarding Department.

Future plans 2013-2014

- The domestic abuse pilot will be launched in July 2013 with a period of evaluation following this.
- Continued development of the pilot areas and rolling the project out to all other areas within the SECAMB boundaries, these will be reliant on securing further funding.
- Development of a Level one safeguarding adult's e-learning training course for non-frontline staff.
- Continued active engagement with the National Ambulance Safeguarding Group.

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 Abuse of Vulnerable Adults DH statutory return (latest AVA submitted in June 2013 – data 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 outcomes 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 3,176 new safeguarding adult's referrals in the period 2012-2013 which sees a 15.2% increase on last year. East Kent contributed the majority of referrals with 1,561 of total referrals and this is a 1.2% increase on their figure from last year. West Kent had an increase of 6.0 % with their number of referrals increasing from 773 to 819.

Medway Council and the Central Duty Team have the most significant differences in volume of referrals. Medway Council have seen a 24.6% decrease in numbers of new referrals and contributed 9.9% to the overall total of referrals.

Despite the reduction in the number of referrals over the past year, Medway Council is confident that its threshold for referrals ensures that all concerns and alerts are taken seriously. In addition there was a 40% drop in the number of referrals regarding concerns occurring in care homes in Medway.

In the KCC Area the new Central Referral Unit (CRU) has accounted for 483 referrals (15.2%). The CRU is a multi disciplinary hub (involving Police, Health and Social Services) which assesses and evaluates safeguarding referrals for both children and adults. Given that this service for adults has only been in place since March 2012 it is too early to fully understand its impact on referral trends. However on a monthly basis a sample of cases is audited by the KCC Adult Safeguarding Unit to ensure that the appropriate quality standards are being met, including threshold levels.

Area	2010-2011	2011-2012	2012-2013	% change between 2011-12 & 2012-13	% of total in 2012-2013
East Kent	1268	1543	1561	1.2%	49.1%
West Kent	757	773	819	6.0%	25.9%
Central Duty Team	0	25	483		15.2%
Medway	324	415	313	-24.6%	9.9%
Total	2349	2756	3176	15.2%	100.0%

Table 7.2.1: Number of referrals year on year and rate of change 2011-2012 to 2012-2013

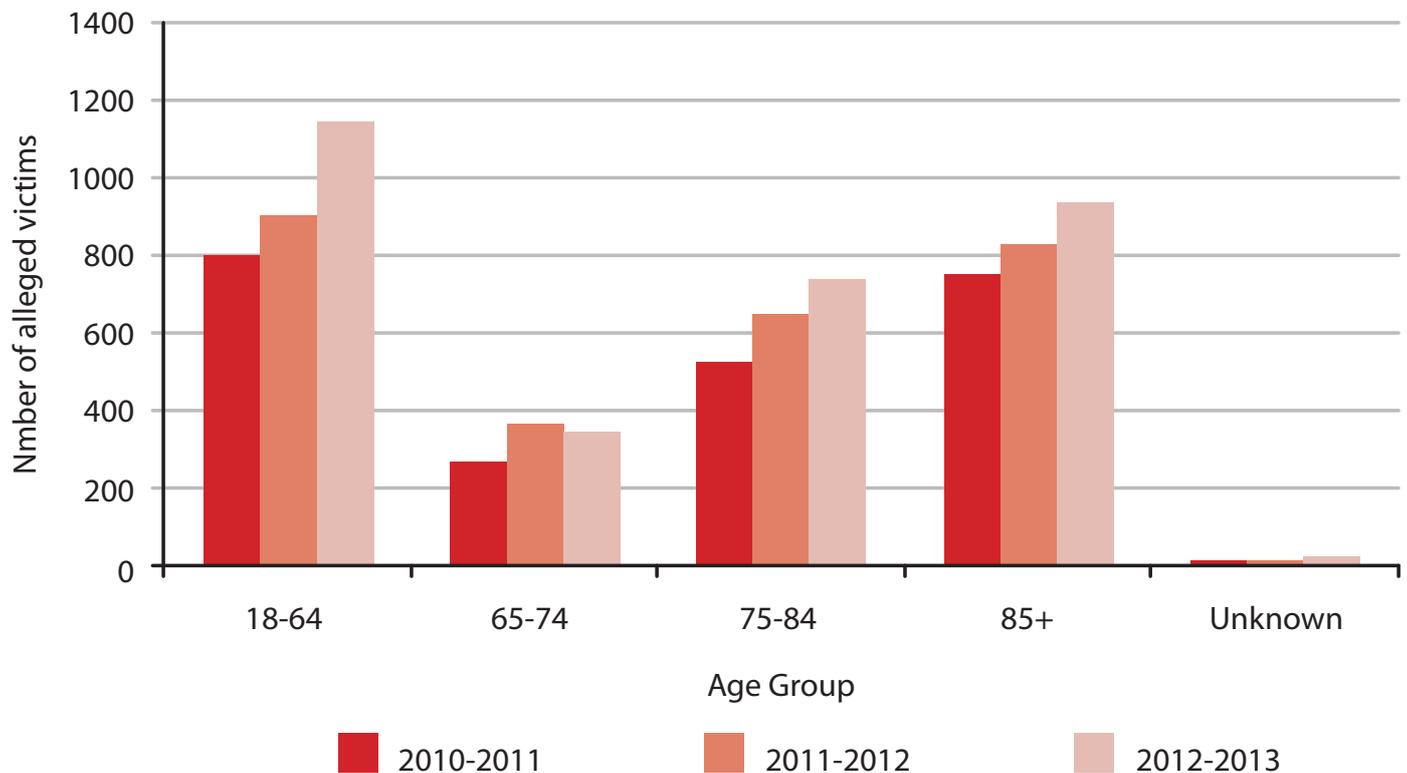
7.2.2 Age of alleged victims

In the period 2012-2013 the majority of all referrals, 36.1%, were from the 18-64 age group, with the second most prevalent group being the 85+ age category, 29.6%. There has been no significant change in the proportions of referrals across the age groups over the past three years.

Age group	2010-2011		2011-2012		2012-2013	
	Number	%	Number	%	Number	%
18-64	799	34.0%	906	32.9%	1145	36.1%
65-74	266	11.3%	364	13.2	344	10.8%
75-84	525	22.3%	645	23.4%	737	23.2%
85+	754	32.1%	831	30.2%	939	29.6%
Unknown	5	0.2%	10	0.4%	11	0.3%
Total	2,349	100.0%	2,756	100.0%	3,176	100.0%

Table 7.2.2: Age breakdown of alleged victims for the periods 2010-2011 to 2012-2013

Figure 7.2.2: Age breakdown of alleged victims for the periods 2010-2011 to 2012-2013



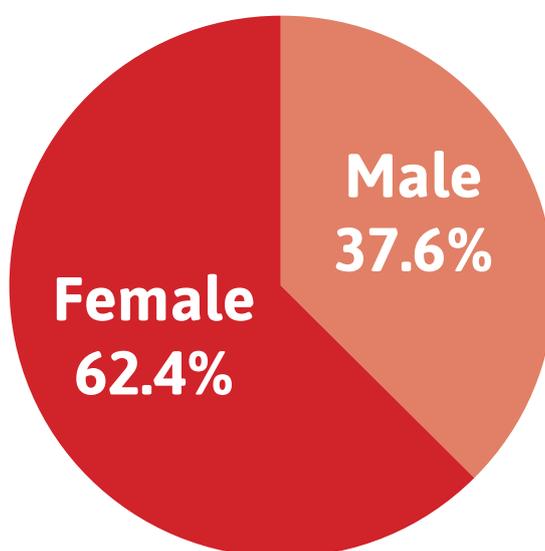
7.2.3 Gender of alleged victims

In 2012-2013, 62.4% of alleged victims were female and 37.6% were male. There has been no significant variation in the gender proportions over the past three years.

Gender	2010-2011		2011-2012		2012-2013	
	Number	%	Number	%	Number	%
Male	866	36.9%	1,083	39.3%	1,193	37.6%
Female	1,483	63.1	1,673	60.7%	1,983	62.4%
Unknown	0	0.0%	0	0.0%	0	0.0%
Total	2,349	100.0%	2,756	100.0%	3,176	100.0%

Table 7.2.3: Gender of alleged victims over the periods 2010-2011 to 2012-2013

Figure 7.2.3: Gender of alleged victims over the periods 2010-2011 to 2012-2013



7.2.4 Ethnicity of alleged victims

In 2012-2013 the percentage of victims from a black or ethnic minority background increased slightly from 3.1% to 3.6%. The percentage of alleged victims from a white background has fallen gradually over the past three years from 91.0% in 2010-2011 to 85.5% in 2012-2013. The percentage of those alleged victims where the ethnicity has now been stated or obtained has increased from 8.2 to 11.0% in 2012-2013. This is an area which needs further exploration next year.

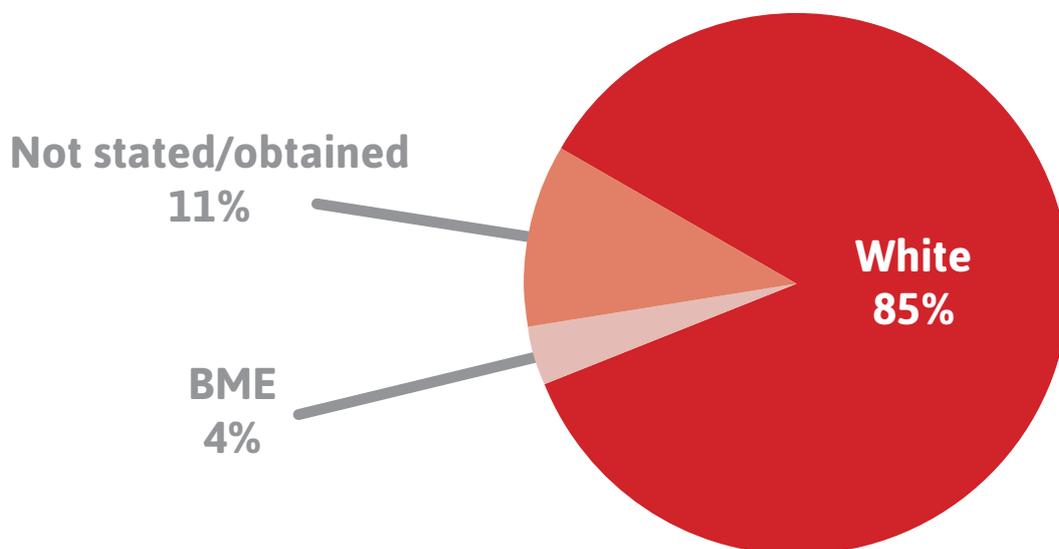
Gender	2010-2011		2011-2012		2012-2013	
	Number	%	Number	%	Number	%
White*	2,137	91.0%	2,445	88.7%	2,713	85.5%
BME **	52	2.2%	85	3.1%	113	3.6%
Not stated/ obtained	160	6.8%	226	8.2%	348	11.0%
Total	2,349	100.0%	2,756	100.0%	3,174	100.0%

Table 7.2.4: Breakdown of Ethnic Group for the periods 2010-2011 to 2012-2013

* '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 2012-13



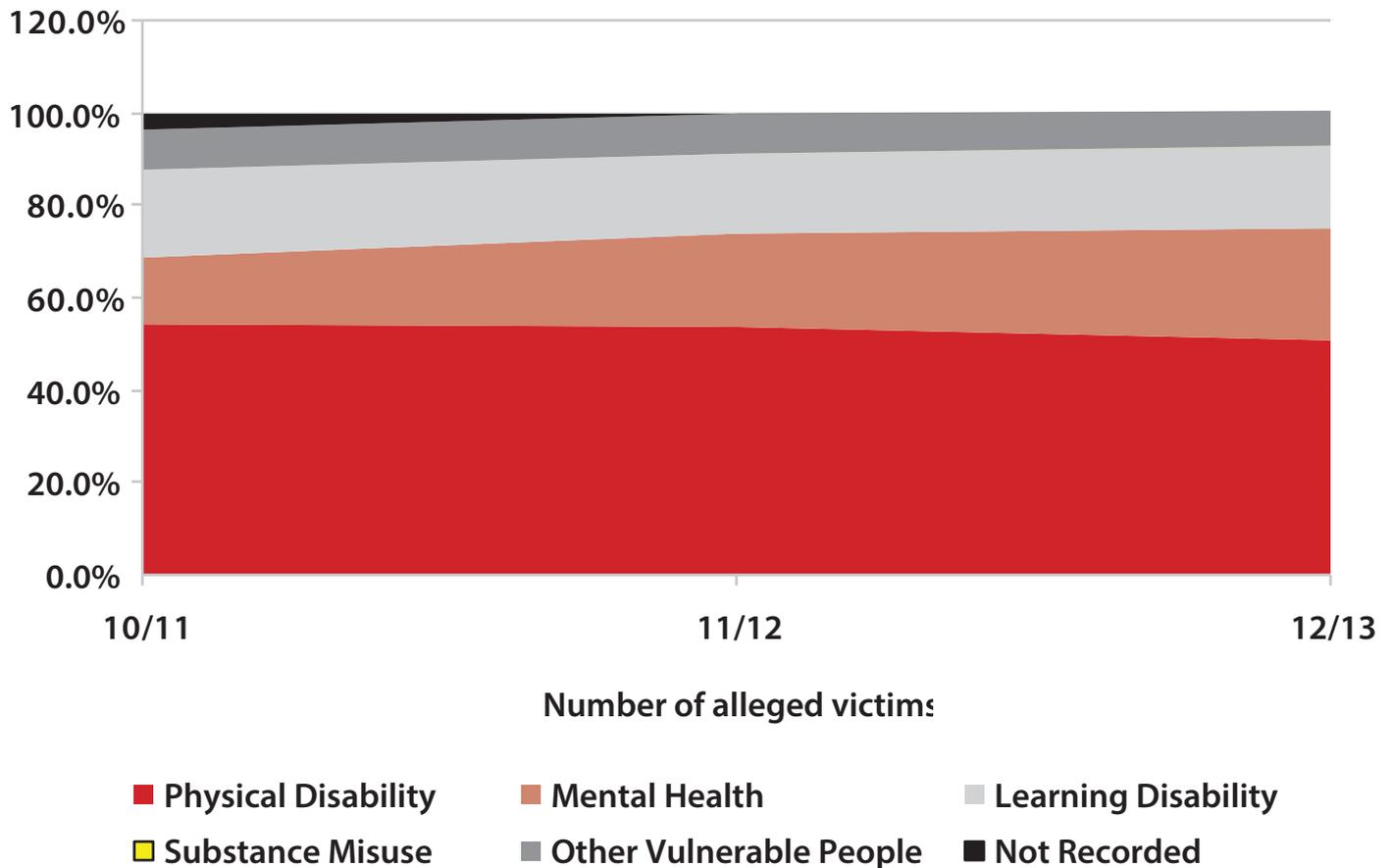
7.2.5 Client Category of Alleged Victim

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 an increase in 18-64 year olds with a Physical Disability from 7.4% in 2011-2012 to 8.1% in 2012-2013. The proportion of those clients with a primary client category of Mental Health has also increased in the 18-64 age group from 6.3% to 8.5%, and in the 65+ age group from 13.8% to 15.6%. This marks approximately a 2 percentage point increase over the last reporting period for both age groups.

Table 7.2.5: Breakdown of primary client category for the periods 2010-11 to 2012-13

Client Category	2010-2011		2011-2012		2012-2013	
	18-64	65+	18-64	65+	18-64	65+
Physical Disability	8.0%	46.1%	7.4%	46.3%	8.1%	42.7%
Mental Health	3.6%	11.0%	6.3%	13.8%	8.5%	15.6%
Learning Disability	17.2%	1.7%	15.6%	1.6%	15.8%	1.9%
Substance Misuse	0.1%	0.0%	0.2%	0.0%	0.4%	0.1%
Other Vulnerable People	4.0%	4.6%	3.3%	5.1%	3.3%	3.8%
Total	1.1%	2.5%	0.0%	0.0%	0.0%	0.0%

Figure 7.2.5: Client Category Breakdown of Alleged Victim



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

7.2.6 Location of alleged abuse

In 2012-2013 the main location for incidences of alleged abuse is within residential care homes with 40.0% of referrals occurring there. 36.6% of referrals occurred within the alleged victims own home. Incidences within day centres/services have seen a decrease of 24.3% between 2011-2012 and 2012-2013, marking a gradual decline in alleged incidences in these locations. The proportional distribution across locations has remained fairly consistent over the past three reporting periods.

When a concern is initially received by the Local Authorities the location of the abuse is not always known. Subsequently, as part of the ongoing investigations the location may become more apparent however, we believe that data has not been updated as a result.

Location	2010-2011		2011-2012		2012-2013		% change 2011/12- 2012/13
	Number	%	Number	%	Number	%	
Residential Care Home *	912	38.8%	1139	41.3%	1,270	40.0%	11.5%
Own Home	973	41.4%	969	35.2%	1,161	36.6%	19.8%
Supported accommodation	82	3.5%	109	4.0%	103	3.2%	-5.5%
Hospital/Other Health setting **	79	3.4%	96	3.5%	125	3.9%	30.2%
Other	61	2.6%	103	3.7%	99	3.1%	-3.9%
Public Place	47	2.0%	66	2.4%	89	2.8%	34.8%
Day Centre/ Service	42	1.8%	37	1.3%	28	0.9%	-24.3%
Alleged Perpetrators Home	38	1.6%	31	1.1%	37	1.2%	19.4%
Mental health Inpatient Setting	1	0.0%	7	0.3%	6	0.2%	-14.3%
Education/ Training/ Workplace Establishment	9	0.4%	0	0.0%	1	0.0%	0.0%
Not Known	105	4.5%	199	7.2%	257	8.1%	29.1%
Total	2,349	110.0%	2,756	100.0%	3,176	100.0%	15.2%

Table 7.2.6: Location of alleged abuse for the periods 2010-2011 to 2012-2013

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

** Acute, community hospitals and other health settings (a degree of mental health alerts from both inpatients and community are also included.)

Table 7.2.6 shows the proportion of referrals reported within residential care homes by area. East Kent still has the highest proportion with 47.7% and while there has been a slight increase, the figures have remained consistent over the past three years. Given that in East Kent there are far more residential homes than in other parts of Kent it would be expected that they receive the most referrals of this nature. In West Kent 32.5% of referrals involved alleged abuse in a residential care home and of the referrals from the Central Duty Team it was 34.6%. Medway Council have seen a decrease from 36.4% to 29.4% of incidence of alleged abuse in care homes.

Area	2010-2011		2011-2012		2012-2013	
	Number	%	Number	%	Number	%
East Kent Total	547	43.1%	726	47.1%	745	47.7%
West Kent Total	267	35.3%	254	32.9%	266	32.5%
Medway	98	30.3%	151	36.4%	92	29.4%
Central Duty Team	0	0.0%	8	32.0%	167	34.6%

Table 7.2.6: Location of alleged abuse for the periods 2010-2011 to 2012-2013

7.2.7 Types of Abuse

Categories of alleged abuse	East Kent		West Kent		Central Duty Team		Medway		All	
	Number	%	Number	%	Number	%	Number	%	Number	%
Physical	612	39.2%	292	35.7%	211	43.7%	116	37.1%	1231	76.2%
Neglect	491	31.5%	244	29.8%	108	22.4%	88	28.1%	931	57.6%
Financial	310	19.9%	186	22.7%	112	23.2%	99	31.6%	707	43.8%
Emotional/ Psychological	361	23.1%	162	26.1%	126	26.1%	116	37.1%	765	47.4%
Sexual	80	5.1%	57	4.3%	21	4.3%	25	8.0%	183	11.3%
Institutional	132	8.5%	19	0.8%	4	0.8%	12	3.8%	167	10.3%
Discriminatory	14	0.9%	5	0.4%	2	0.4%	7	2.2%	28	1.7%

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 7.2.7a: Category of Abuse - Occurrences in 2012-13

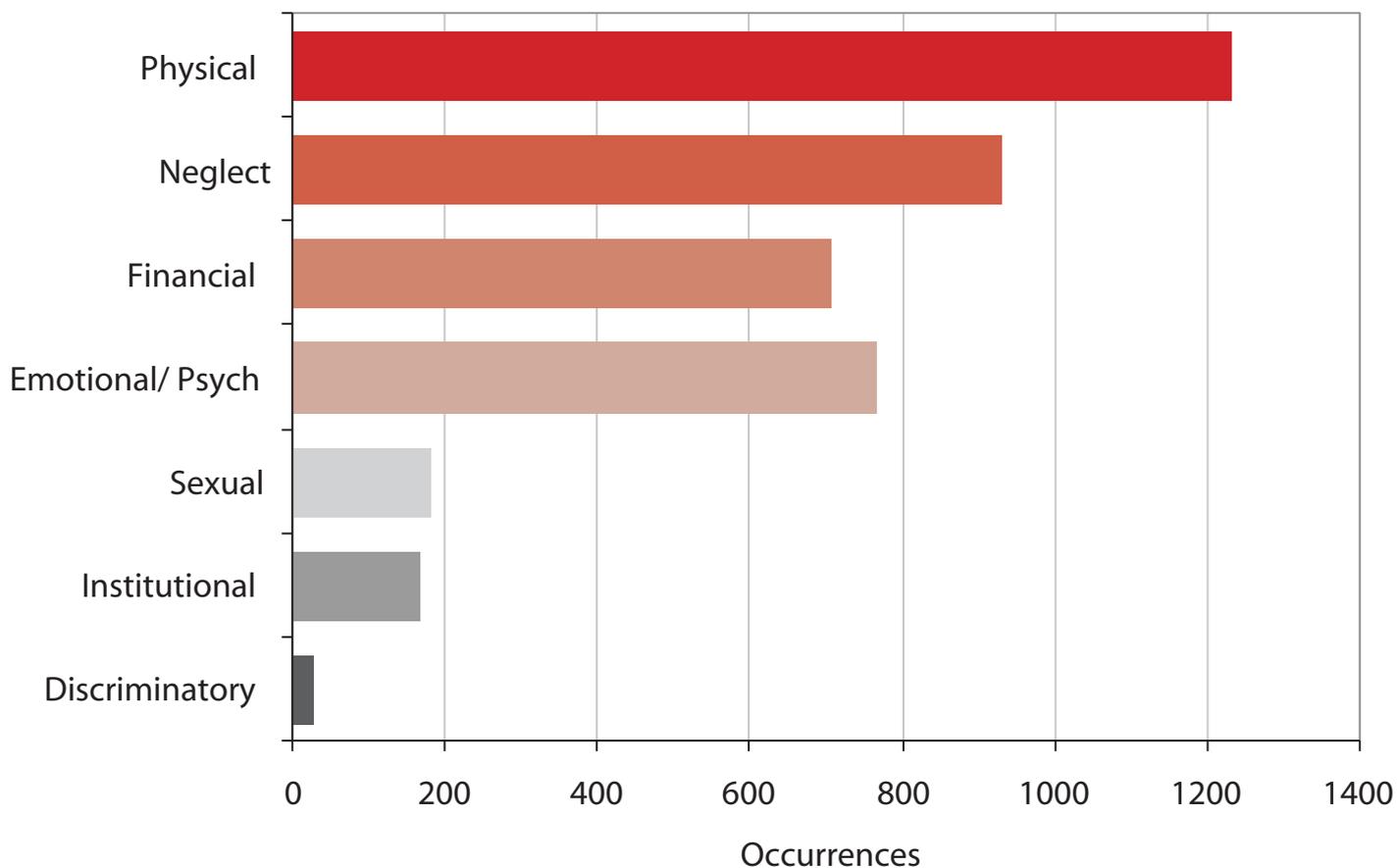
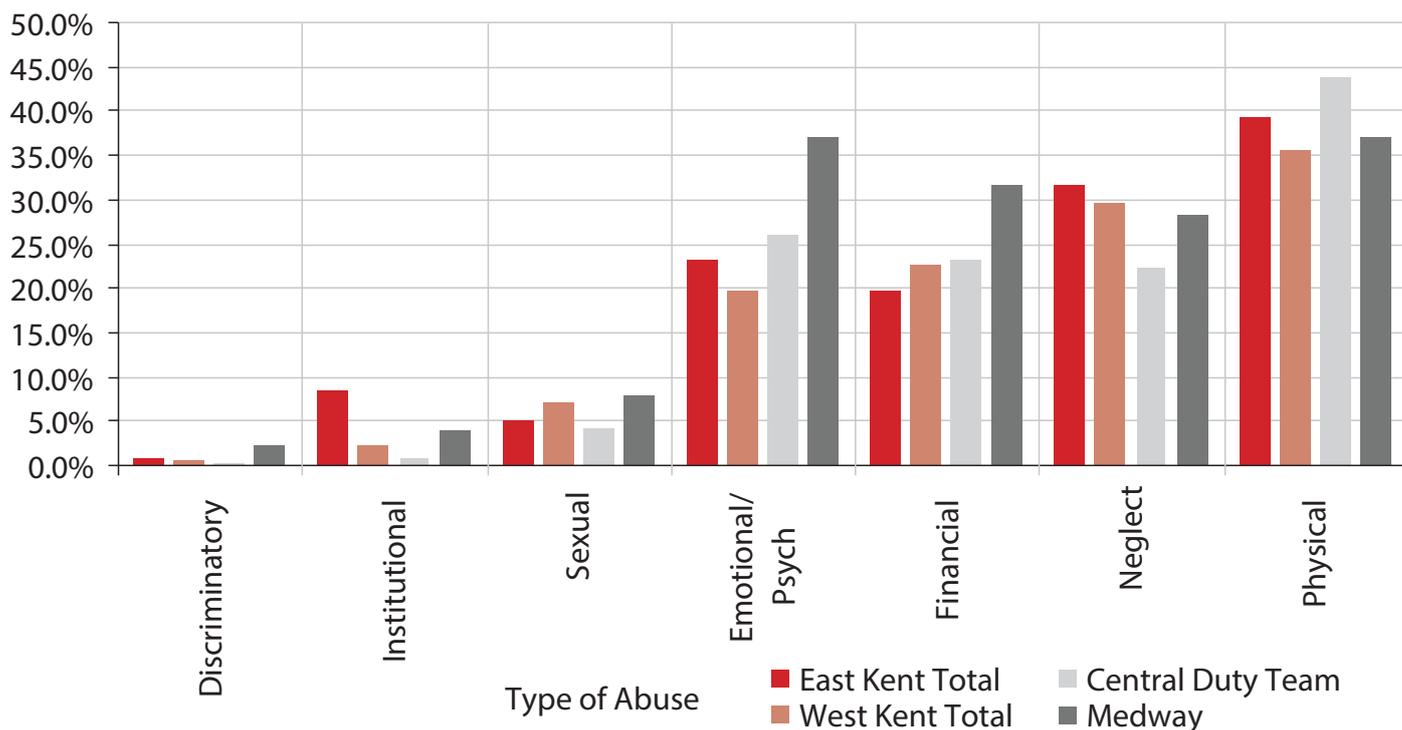


Figure 7.2.7b: Type of Abuse by Area - Occurrences in 2012-13



7.2.8 Source of Safeguarding Referral

The table below shows a comparison of safeguarding referrals over the past 3 years. The majority of referrals continue to come from social care staff and there has been an increase to 41.7% in 2012-2013. Referrals from health staff have decreased slightly in 2012-2013 however they continue to make up approximately a quarter of all referrals.

Medway Council has actually seen a 12% increase (from 85 in 2011-2012 to 97 in 2012-2013) on the number of referrals from health staff and no actual change on the number of referrals from the Care Quality Commission (CQC). When CQC make a safeguarding referral to the council, there is a possibility that the source of the referral as the person who actually reported the allegation to the CQC is recorded, thus underestimating the number of referrals received from the regulatory body.

Source of Referral	2010-2011		2011-2012		2012-2013		Percentage point change 2011-2012 & 2012-2013
	Number	%	Number	%	Number	%	
Social Care staff	865	36.8%	1,039	37.7%	1,325	41.7%	4.0
Health Staff	539	22.9%	696	25.3%	754	23.7%	-1.5
Self Referral	88	3.7%	82	3.0%	97	3.1%	0.1
Family member	236	10.0%	271	9.8%	273	8.6%	-1.2
Friend/ Neighbour	56	2.4%	42	1.5%	37	1.2%	-0.4
Other service user	2	0.1%	4	0.1%	3	0.1%	-0.1
Care Quality Commission	23	1.0%	69	2.5%	63	2.0%	-0.5
Housing	46	2.0%	48	1.7%	64	2.0%	0.3
Education/ Training Workplace	12	0.5%	9	0.3%	18	0.6%	0.2
Police	145	6.2%	162	5.9%	163	5.1%	-0.7
Other	302	12.9%	334	12.1%	379	11.9%	-0.2
Unknown	35	1.5%	0	0.0%	0	0.0%	~
Overall Total	2,349	100.0%	2,756	100.0%	3,176	100.0%	~

Table 7.2.8: Source of safeguarding for the periods 2010-2011 to 2012- 2013

7.3 Closed Referrals

7.3.1 Outcome of closed referrals

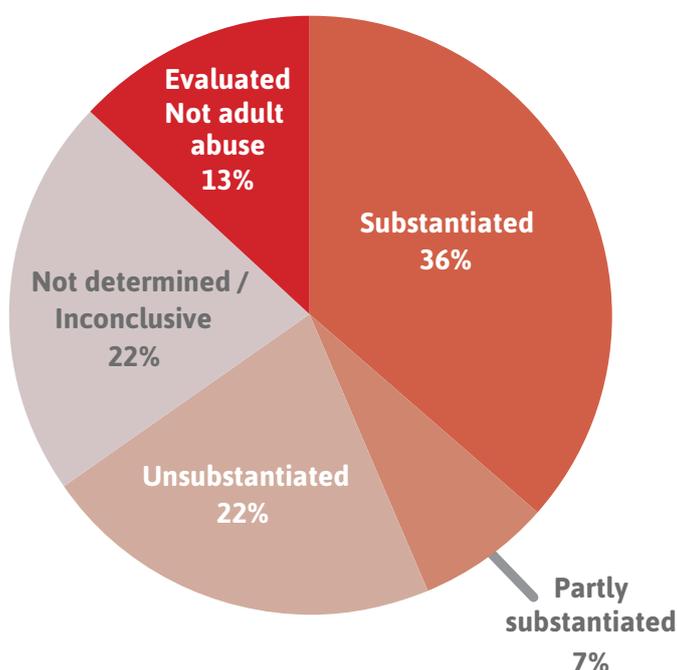
Area	Substantiated		Partly substantiated		Un-substantiated		Not determined/ inconclusive		Evaluated not Adult Abuse	
	2011-2012	2012-2013	2011-2012	2012-2013	2011-2012	2012-2013	2011-2012	2012-2013	2011-2012	2012-2013
East Kent Total	31.8%	39.2%	9.2%	8.4%	18.1%	22.3%	32.2%	21.4%	8.8%	8.8%
West Kent Total	28.2%	32.9%	8.0%	5.3%	23.7%	20.7%	25.7%	22.9%	14.4%	18.3%
Central Duty Team	~	36.3%	~	6.3%	~	9.4%	~	25.6%	~	22.3%
Medway	23.3%	30.6%	12.7%	6.3%	48.1%	46.4%	11.4%	9.5%	4.6%	7.2%
Total	29.6%	36.5%	9.4%	7.1%	23.7%	21.7%	27.6%	21.6%	9.8%	13.1%

Table 7.3.1 Outcome of closed referrals in 2012-13

Medway Council’s policy is to investigate all reported concerns and record them as a referral. From 2013-2014, Medway Council will be recording alerts and referrals separately.

Within KCC there will be further work undertaken to ensure that outcomes are appropriately recorded.

Figure 7.3.1: Outcome of Referrals Closed in 2012-13



Area	Substantiated		Partly substantiated		Unsubstantiated		Not Determined Inconclusive		Evaluated not Adult Abuse		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	
Ashford and Shepway	84	30.1%	31	11.1%	64	22.9%	49	17.6%	51	18.3%	279
Canterbury and Swale	198	40.3%	45	9.2%	112	22.8%	112	22.8%	24	4.9%	491
Thanet and Dover	267	42.9%	45	7.2%	134	21.5%	127	20.4%	50	8.0%	623
East Kent LD	135	38.2%	25	7.1%	79	22.4%	86	24.4%	28	7.9%	353
East Kent Total	684	39.2%	146	8.4%	389	22.3%	364	21.4%	153	8.8%	1746
Dartford, Gravesham & Swanley	46	29.1%	5	3.2%	29	18.4%	47	29.7%	31	19.6%	158
Maidstone and Malling	104	32.7%	15	4.7%	79	24.8%	64	20.1%	56	17.6%	318
South West Kent	79	34.1%	24	10.3%	45	19.4%	55	23.7%	29	12.5%	232
West Kent LD	72	35.0%	4	1.9%	36	17.5%	43	20.9%	51	24.8%	206
West Kent Total	301	32.9%	48	5.3%	189	20.7%	209	22.9%	167	18.3%	914
Central Duty Team	166	36.3%	29	6.3%	43	9.4%	117	25.6%	102	22.3%	457
Medway	68	30.6%	14	6.3%	103	46.4%	21	9.5%	16	7.2%	222
All	1,219	36.5%	237	7.1%	724	21.7%	721	21.6%	438	13.1%	3339

Table 7.3.1b: Outcome of closed referrals for the period 2012-2013 by area

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 population 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 2013-2014

A number of priorities have been identified for 2013-2014

- Finalising the implementation of the new multi agency governance structure
- Developing terms of reference for the Safeguarding Adults Board and newly formed multi agency Working Groups
- Developing a strategic plan for the Kent and Medway Safeguarding Adults Board
- Reviewing the multi agency policy and protocols
- Responding to the recommendations from Serious Case Reviews
- Reviewing the Serious Case Review policy and protocols
- Launching the safeguarding vulnerable adults Easy Read leaflet
- Responding to national safeguarding developments
- Responding to the Winterbourne View Hospital Serious Case Review
- Responding to the Francis Report

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

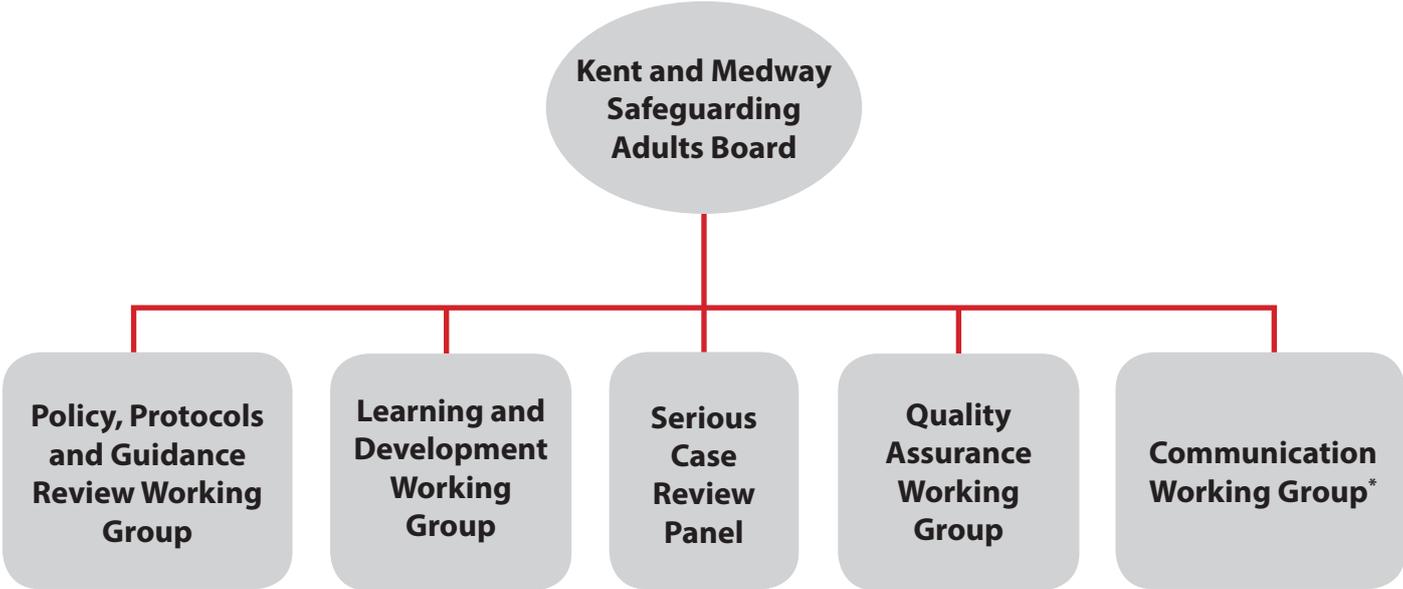
The main forms of abuse

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 Board Governance Structure



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



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