ISLE OF ANGLESEY COUNTY COUNCIL			
Report to:	Executive Committee		
Date:	21 September, 2015		
Subject:	Annual Update – Safeguarding Arrangements for Vulnerable Adults in Anglesey		
Portfolio Holder(s):	Councilor Aled Morris Jones		
Head of Service:	Alwyn Jones – Head of Service		
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Local Members:	Not applicable		

A –Recommendation/s and reason/s

1.0 **RECOMMENDATIONS**

- R1. To update the Scrutiny Committee in relation to adult safeguarding as defined in the attached report, Ynys Mon- Protection of Vulnerable Adults, Highlight Report 2014/15 -Appendix 1
- R2. To note and agree the developments noted in section 4 of the Highlight Report namely:-
 - Adult Services and key partner agencies to recognise to agree and implement an action plan in preparation for the new safeguarding guidance as outlined in the Social Services (Wales) and Wellbeing Act.
 - Further evaluation of alleged victims, families and alleged perpetrator's experiences of engagement with the POVA process. Particularly, in relation to the quality, intensity and effectiveness of communication throughout the investigative stages.
 - Strengthened case file audits to ensure compliance with national guidance with a view to securing consistency of approach across the services. Working in partnership with key agencies to cascade learning and improve service delivery.

- In recognition of the enhanced Safeguarding role, a local training framework to be finalised and implemented. Evaluation of this plan to be undertaken collectively between the Service Manager for Safeguarding and Vulnerable Adults coordinator.
- To recognise that the role of Advocacy is integral within the process, and that provision needs to be strengthened to be available across all service areas.
- Recognition that Safeguarding concerns may arise through quality issues within care delivery. Whether this occurs within an individuals' own home or within a residential setting, it is recommended that an appropriate business function be established within Adults Services to ensure that monitoring of contracts and care provision is robust.
- R3 To note and update regarding Safeguarding Adults Board Regional and Local Arrangements- Appendix 2
- R4 To note and agree the Recommendations in this report namely:-
 - That Members support the structure for the regional North Wales Safeguarding Adults Board (NWSAB). The NWSAB will be supported by regional function-based groups and sub-regional Delivery Groups.
 - That funding for the Adult Safeguarding Board continues to included within current budget discussions for 2016/17.
- R5 To support continued member engagement in the overall Safeguarding Agenda.

B – What other options did you consider and why did you reject them and/or opt for this option?

The recommendations made in this report:-

 Are based upon available information regarding POVA indicators in 2014/15 and are therefore framed to support sustained and improvemed performance in future (Appendix 1)

And

Yes

 Based on implementing the requirements of the Social Services and Wellbeing Bill as it pertains to future Safeguarding structures. (Appendix 2)

In this context there are no other relevant options to be considered.

C – Why is this a decision for the Executive?

- 2.1 Safeguarding vulnerable adults is important to us. The Welsh Government expect us to achieve a balance between:
 - Encouraging Independence and
 - Safeguarding Adults who may be prone to abuse
- 2.2 Safeguarding is a core part of the duty of Adult Social Services. It is therefore essential that we have in place structures and effective systems of work to achieve this goal. We are therefore committed to ensuring that structures and systems are sustainable and place safeguarding at the heart of our partnership working across the public sector, and in the care sector in general. Safeguarding is not just a matter for statutory agencies, it should be all our business. Service Providers, Statutory bodies, the Police and in fact all citizens have a role to play in this.

D – Is this decision within the budget approved by the Council?

CH – Is this decision consistent with policy approved by the full Council?

DD	- Who did you consult?	What did they say?
1	Chief Executive / Strategic Leadership Team (SLT) (mandatory)	
2	Finance / Section 151 (mandatory)	
3	Legal / Monitoring Officer (mandatory)	
4	Human Resources (HR)	
5	Property	
6	Information Communication Technology (ICT)	
7	Scrutiny	
8	Local Members	
9	Any external bodies / other/s	

E-	E – Risks and any mitigation (if relevant)		
1	Economic		
2	Anti-poverty		
3	Crime and Disorder		
4	Environmental		
5	Equalities		
6	Outcome Agreements		
7	Other		

F - Appendices:

- 1. APPENDIX 1- Ynys Mon- Protection of Vulnerable Adults, Highlight
 Report 2014/15
- 2. <u>APPENDIX 2- SAFEGUARDING ADULTS BOARD REGIONAL AND LOCAL ARRANGEMENTS</u>

FF - Background papers (please contact the author of the Report for any further	
information):	
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APPENDIX 1

YNYS MÔN PROTECTION OF VULNERABLE ADULTS

HIGHLIGHT REPORT 2014/15

1. <u>Introduction – Key issues</u>

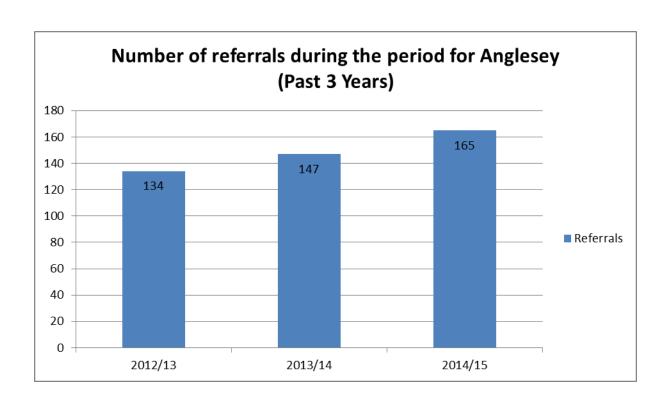
- 1.1 The Wales Policy and Procedure for the Protection of Vulnerable Adults from abuse is intended to guide the safeguarding work of all those concerned with the welfare of vulnerable adults employed in the statutory, third and independent sectors in health, social care, the police and other services.
- 1.2 Good inter-agency working ensures that all referrals are managed effectively and efficiently aiming to continuously improve performance and safeguard the most vulnerable citizens of Ynys Mon.
- 1.3 The deployment of BCUHB Practice Development Team in support of care homes on the island is recognised as an effective intervention in improving care practice in the promotion of quality care and the minimisation of safeguarding referrals. In such cases professional nursing staff from BCUHB provide support to care homes in the form of training and guidance to ensure improvements in the standards of documentation and practice in support of good nursing care delivery. The full impact of their supportive role needs to be fully evaluated from both a practitioner and care provider perspective for ongoing investment.
- 1.4 We have continued to raise public awareness of the safeguarding agenda at a Corporate level and we have worked in partnership with other departments within the Council to promote the Corporate responsibility for safeguarding.
- 1.5 Key themes that emerge from referrals are issues around manual handling, Dementia care, medication management, poor knowledge by care providers of the pathways for timely referrals to specialist services, and financial abuse.
- 1.6 A Vulnerable Adults coordinator is now in post as a temporary measure pending the Local Authority finalising plans for the development of a Corporate Safeguarding Unit working across Adult and Children services

2. Training

- 2.1 The current safeguarding of Adults and Children frameworks has been formally ingrained into the Corporate Induction process for all new employees.
- 2.2 Adult services have recognised that with the changing role of CSSIW specialist training in conducting investigations on a multi-agency basis is a key action to improve front-line practitioner confidence and practice as their roles continue to evolve.
- 2.3 On ongoing training programme provides basic awareness training ensuring that care provider staff across the care sectors are aware of the Wales Policy and Procedures for Safeguarding Vulnerable Adults
 - 2.3 The new Adults and Children Training Framework is nearing completion and approval which will incorporate the Care Council for Wales safeguarding training across the Council and to key partner agencies. This will be in keeping with the all Wales approach to provide consistency of awareness.

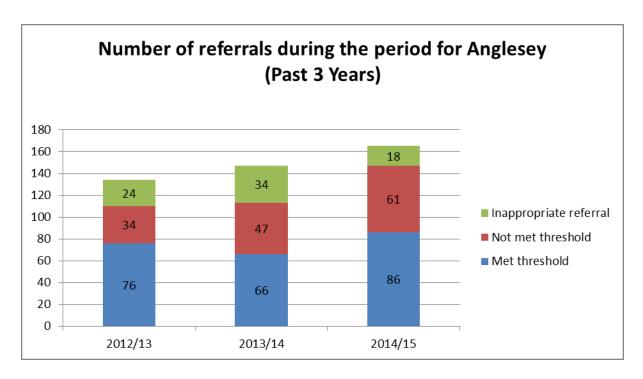
3. Summary of POVA Activity

- 165 POVA referrals where received in the 2014 / 15 period. As the illustration below shows, this represents a steady increase over the last three years with 134 in 2012/13, 147 in 2013/14 and 165 in 2014/15.
- Data suggests that the most typical victim is a female Older Person residing in their own home, subjected to emotional, psychological and physical abuse by a male perpetrator. This would be in keeping with national trends.
- The highest percentage of POVA referrals are for Older People closely followed by individuals with organic Mental Health conditions.



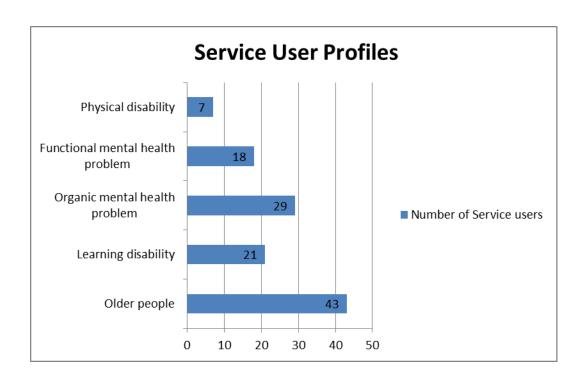
<u>Appropriateness of Referrals Received</u>

- As the chart below illustrates, there has been a steady increase in referrals over the last three years.
- Of the referrals received, it is evident that the number of inappropriate referrals has decreased from 34 in 2013/14 to 18 in 2014/15.
- It is evident that the number of referrals which does not meet the threshold is also high. This is again, in keeping with national trends.



Service User Profiles

- The graph below illustrates the key service user profiles as victims of alleged abuse for the period 2014/15.
- Of the 165 referrals received, 43 of these pertained to Older people. 29 referrals pertained to citizens with organic mental health conditions and 21 referrals for citizens with a Learning Disability.
- Citizens with functional mental health needs account for 18 referrals. The remaining referrals were in relation to citizens with a Physical Disability.



Ethnic Group of Alleged Victims

- As the table below indicates, were the victims ethnicity was recorded, the vast majority of victims were of White origin.
- Given the ethnicity of the population of citizens on the island, a lower percentage
 of victims of Mixed Ethnic origin would be anticipated. However, given that only
 one referral has been received, this number would be low in comparison to
 national trends and indicates the need for further development and awareness
 raising.

Ethnic Group	Total	
Ethnic Group	2014-15	
White	117	
Mixed ethnic group	1	
Total	118	

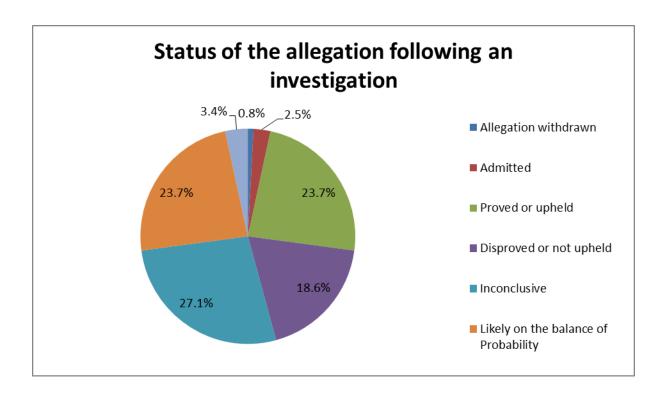
Profile of Alleged Perpetrators

- As this table illustrates, relatives (son / daughter / in-law) continue to be the main alleged perpetrators of abuse.
- With this in mind, and given that the majority of victims are Older people, we are working closely with the Older People's Commission to raise awareness of signs, symptoms and reporting mechanisms.
- The table further illustrates that Independent Sector staff and Other Service Users are also more likely to be the alleged perpetrators.
- Safeguarding victims from staff presents its challenges however, we are working
 closely with providers to ensure that were abuse is identified, the staff member is
 dealt with appropriately to safeguard not only the alleged victim but also other
 potential victims.
- We are continuing to work closely with Social Workers and Care Providers to strengthen care packages and protection plans to reduce the risk to potential victims from other Service Users through risk assessment and case management.

Develop(a) Alleged Despensible for Abuse	Total		Total	
Person(s) Alleged Responsible for Abuse		Female	Unknown	2014-15
NHS Staff	3	3	0	6
Independent Sector staff	1	10	12	23
Social Care staff	0	3	0	3
Other Service User	18	4	0	22
Relative - husband or wife or partner	12	4	0	16
Relative - son / daughter / in-law	11	15	0	26
Relative – parent	0	4	0	4
Relative - other (please specify)	3	3	0	6
Friend or acquaintance	10	7	0	17
Neighbour	2	1	0	3
Person unknown	5	0	2	7
Other (Include child under 18)	0	1	0	1
Total	65	55	14	134

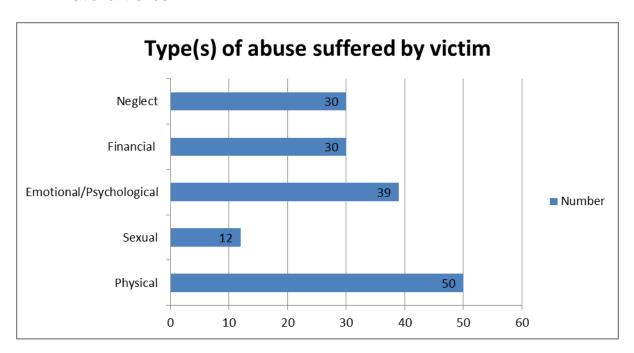
Status of Allegations Post Investigation

- As the chart below indicates, the numbers of Inconclusive outcomes is overall 27.1%. This can be due to a number of factors and is not dissimilar to national trends.
- Post investigation 23.7% of cases were found equally to be Proven / Upheld or on the Balance of Probability. Equally of note, 18.6% were Disproved or Not Upheld. Only a very small percentage were Admitted, or the Allegation Withdrawn.
- Given the changing emphasis of the CSSIW role and the relatively low numbers
 of referrals that reach the threshold of criminality to engage Police investigation,
 further development of Investigation training has been highlighted as a need
 within the new Training Framework.



Types of Alleged Abuse Suffered

- Physical abuse accounts for the most reported criteria of abuse with 50 referrals over the 2014/15 period.
- Emotional and/or Psychological remain the secondary, with Neglect and Financial abuse receiving equal referral rates. Alleged Sexual abuse remains relatively low with 12 referrals.
- The percentages of referrals per category of alleged abuse are in keeping with national trends.



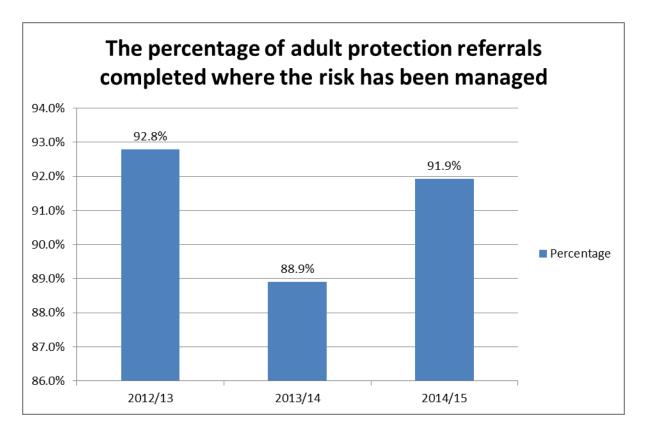
Environment Where Alleged Abuse Occurred.

• As the data below indicates, citizens own homes continues to be the main environment where abuse occurs.

Place alleged abuse occurred	Total	
l lace alleged abase occurred	2014-15	
Own home in the community	60	
Relative's home	1	
Supported tenancy	4	
Care home - residential place	21	
Care home - nursing place	15	
Hospital, NHS	7	
Home of alleged perpetrator	22	
Day Care	4	
Public place	5	
Total	139	

Referrals Were The Risk Is Managed

- During the period 2014/15, 91.9% of referrals noted risk as managed. This indicates a significant increase from the previous year.
- Were the risk is classified as 'not managed', this pertains to capacitated individuals making choices which were not recommended. In such cases, the Local Authority would continue to work with the individuals if they are in agreement.



Referrals That Culminated at Case Conference & Attendance.

- The table below indicates that a relatively low number of cases concluded at Case Conference. (NB. Some cases for the 2014//15 may not have concluded within the statistics for this period). This is indicative of the risks being addressed and managed during the initial stages of multi-agency intervention.
- Multi-agency case conferences provides opportunities to engage families and secure a jointly agreed safeguarding action plan. However and as performance data confirm in line with individual directives based on their Mental capacity it remains difficult to minimise the risks for all alleged victims.
- It is of note that the involvement of victims, relatives and advocates at case conferences needs to be increased, and we have taken steps to ensure the fullest engagement of significant others at key stages during the investigative process.

Attended Case Conference		
No meeting		
Service user	1	
Family carer	15	
Adult Protection coordinator	4	
Designated Lead Manager	15	
SSD (Care manager)	26	
SSD (Contracts)	1	
SSD (Provider)	1	
Health, primary/community/LHB		
Police		
Housing	1	
Regulator(s)/Inspector(s) CSSIW/HIW	6	
Provider agency	12	
Other	12	
Total	112	

4. Areas for development

- 4.1 Adult Services and key partners are to continue with the development and implementation of the action plan in preparation for the safeguarding guidance as outlined in the Social Services (Wales) and Wellbeing Act. The Gwynedd and Môn Safeguarding Board outline the mechanisms and drivers for changing practice which are operationalised by key service managers across the sectors. This is recognised as the prime role of the Vulnerable Adult Coordinator in partnership with key stakeholders.
- 4.2 A key action will be the evaluation of alleged victims, families and alleged perpetrator's experiences of engagement with the process, with particular reference to the quality, intensity and effectiveness of communication throughout the investigative stages. This will be undertaken through the audit process culminating in a relevant action plan to ultimately improve quality.
- 4.3 We are currently auditing case files to ensure compliance with national guidance with a view to securing consistency of approach across the services. It is anticipated that this learning can be cascaded to partner agencies to improve standards.
- 4.4 In recognition of the enhanced Safeguarding role a local training plan will be finalised and implemented. The overall evaluation of this framework will be

- undertaken jointly by the Safeguarding Manager and the Vulnerable Adults Coordinator.
- 4.5 We recognise that the role of Advocacy is integral within the process, and that provision needs to be strengthened to be available across all service areas.
- 4.6 We recognise that Safeguarding issues may arise through quality issues within care provision whether that be in an individual's own home or within in-house or private care settings. It is recommended that an appropriate business function be established within Adults Services to ensure that monitoring of contracts and care provision is robust.
- 4.7 Further developmental work will continue with key partners to raise awareness of Safeguarding, in particular, with those at higher risk of abuse or were the referral rates are lower would be anticipated..

APPENDIX 2

SAFEGUARDING ADULTS BOARD REGIONAL AND LOCAL ARRANGEMENTS

1. PURPOSE OF THE REPORT

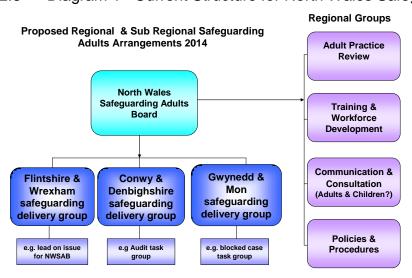
- 1.1 To update the Partnership and Scrutiny Committee about the current arrangements of the North Wales Safeguarding Adults Board
- 1.2 To request continued funding consideration in the 2016/17 budget .

2. EXECUTIVE SUMMARY

- 2.1 Section 134 of the Social Services and Wellbeing Act (Wales) 2014 requires that Safeguarding Children Boards (SCBs) and Safeguarding Adults Boards (SABs) be set up. This will put the safeguarding of adults on to a statutory footing similar to that for safeguarding children.
- 2.2 Regulations will follow the act, and will set out those areas in Wales for which there are to be Safeguarding Boards ("Safeguarding Board areas"). Welsh Government has consistently said that safeguarding board areas will follow the public service footprint set by the Health Boards and Police Authorities: the six Counties that constitute North Wales.
- 2.3 Work has been underway to develop regional arrangements for both Children's and Adult's Boards in advance of the legislation, and a report on the proposed structure for Safeguarding Adults Boards was circulated to the relevant partner agencies in 2013. This report proposed a two-tier arrangement similar to that in operation for the children's boards at the time.
- 2.4 The former Adult Protection Board jointly held within Anglesey & Gwynedd has now been superseded by the North Wales Adult Safeguarding Board. Supporting the board, are sub-regional joint Safeguarding Adults Delivery Group in Anglesey & Gwynedd, a structure that has been replicated in Denbighshire and Conwy and Flintshire and Wrexham
- 2.5 According to the Social Services and Wellbeing Bill (Wales) Act 2014 Act, the objectives of a Safeguarding Adults Board are:
 - (a) to protect adults within its area who have needs for care and support (whether or not a local authority is meeting any of those needs): and
 - (c) are experiencing, or are at risk of, abuse or neglect,
 - (d) to prevent those adults within its area mentioned in paragraph (a)(i) from becoming at risk of abuse or neglect.

- 2.6 The role of the North Wales Safeguarding Adults Board is to:
 - Add value and improve outcomes for vulnerable adults in need of safeguarding and protection;
 - Develop and provide a regional strategic direction;
 - Direct and monitor regional groups for Training & Workforce Development, Policies & Procedures, Communications & Consultation and Adult Practice Reviews:
 - Develop and monitor a performance management framework;
 - Provide challenge & support to regional agencies and Local Authorities;
 - Agree and manage the budget;
 - Provide the interface with Welsh Government and the National Safeguarding Board.
- 2.7 The role of the sub regional Adult Safeguarding Delivery Group is to:
 - Implement regional strategy & the business plan
 - Co-ordinate & monitor sub-regional multi-agency activity;
 - Examine local performance data, e.g. Outcomes, referrals, POVAs, escalating concerns, adult protection & support orders;
 - Attendance at strategy meetings;
 - Training uptake & impact;
 - Conduct audits & provide quality assurance;
 - Consider cases of special interest/ blocked cases/ near misses:
 - Provide a local interpretation of regional protocols;
 - Lead on issues at the request of the regional board.

2.8 Diagram 1 - Current Structure for North Wales Safeguarding Board



3. RESOURCE IMPLICATIONS

3.1 The Adult Safeguarding Board is a statutory board and will need to be funded by contributions from its partners. This report asks for the funding of the Board to be included in the 2016/17 budget discussions.

4. RISK

4.1 The biggest risk for the Safeguarding Board and the Local Authority is the danger of a serious incident which finds that the Safeguarding Board or one or more of its partner agencies have failed in their duty to protect. Whilst in social care there is no such thing as zero risk, the new structure aims to ensure that partner agencies take all reasonable steps to safeguard adults at risk of abuse and neglect.

5. DRIVERS AND IMPLICATIONS

5.1 Links to the Corporate Plan and Risk Register

Safeguarding Children Boards and Safeguarding Adults Boards are statutory boards that contribute to the delivery of the council's responsibilities for vulnerable children and adults.

5.2 Any equalities, sustainability and biodiversity implications

Safeguarding children and vulnerable adults aims to ensure that children and vulnerable adults from all backgrounds are not subject to neglect or abuse.

5.3 Effect/Impact on existing policies and procedures

Regionalisation has resulted in increased travel for some Safeguarding Board Members, but full use will be made of electronic communications where possible. The net reduction in the number of meetings across North Wales should result in less car travel and a lower carbon footprint.

6. PUBLICATION

6.1 n/a

7. REASON(S) FOR RECOMMENDATION(S)

7.1 To meet with statutory expectation of the Welsh Government's requirements to sustain a safeguarding board.

Author

Olwena Davey Vulnerable Adults Coordinator Isle of Anglesey County Council September 2015