



Leeds Safeguarding
Adults Board

ANNUAL REPORT 2014 - 15



Important Contact Details



**Leeds Safeguarding
Adults Board**

How to report abuse:

To report a crime

- In an emergency, contact the police: Tel. 999
- If the person is not in danger now, contact the police: Tel. 101

To report a safeguarding concern:

- Contact Adult Social Care: Tel. 0113 222 4401
- Out of hours: Tel. 0113 240 9536
- Textphone for deaf and hard of hearing people: Tel. 0113 222 4410

Not sure what to do?

You can get advice and information:

- Safeguarding Adults Board Advice Line: Tel. 0113 224 3511
(Office Hours, Mon-Fri)
- Leeds Safeguarding Adults Board website: www.leedssafeguardingadults.org.uk

Deprivation of Liberty Safeguards (DoLS):

Need advice:

- Leeds Deprivation of Liberty Safeguards Helpline:
Tel: 0113 855 2347 (Office Hours, Mon-Fri)

Need more information:

For more information about Safeguarding Adults, Mental Capacity Act or Deprivation of Liberty Safeguards (DoLS) please go to the Leeds Safeguarding Adults Board website:

- www.leedssafeguardingadults.org.uk

Foreword

I am pleased to introduce the Leeds Safeguarding Adults Board's Annual Report for 2014/15. This Annual Report provides a summary of our work in Leeds to safeguard adults at risk from abuse and neglect. It also identifies areas where work is still needed and sets out the future priorities of the Board.

Across the city, people are safeguarded from abuse and neglect because of the vigilance of communities looking out for their friends, family and neighbours, and due to the network of partner organisations working together to end abuse and to help people recover from their experiences. This is what we strive to promote as a safeguarding Board in Leeds.

This report will tell you about developments in safeguarding adults in Leeds. Much has been achieved over the last year, but we must never be complacent. During 2014/15 we invited a Local Government Association Peer Review of Safeguarding in Leeds, this has helped us to reflect on our strengths and identify our priorities for the year ahead.

We work as a Board to make Leeds a safer place to live, and I would like to take this opportunity to thank all those individuals and organisations who work with us, tirelessly, to achieve this shared vision for the city.



Ellie Monkhouse
Acting Chair of the Leeds Safeguarding Adults Board

Message from the Director of Adult Social Services and the Executive Member for Health, Wellbeing and Adults

We are both very pleased to have taken up our roles in support of safeguarding adults in recent months, and at such an important time. The Care Act 2014 placed safeguarding adults on a statutory footing from April 2015, providing a great opportunity to review how we can best work together and with our communities to safeguard those at risk of abuse.

As we look forward into 2015/16, we have set ourselves clear objectives for the year that build on our achievements and help us to keep the adult at risk of abuse at the centre of all our work.

There is much to be done, but we have found in Leeds strong working relationships and a wealth of safeguarding knowledge and expertise across all partners, as well as a clear unyielding commitment to reach out to all those in our community to prevent abuse and help people bring the impact of the experience of abuse to an end.

We look forward to being part of this continued journey towards making Leeds a safe place for everyone.

Cath Roff
Director of Adult Social Services

Councillor Lisa Mulherin
Executive Member for Health, Wellbeing and Adults



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1. Executive Summary

The Leeds Safeguarding Adults Board Annual Report 2014/15 provides an overview of the Board's achievements over the last 12 months and its priorities for the year ahead.

In relation to safeguarding adults, these achievements include:

- Responding to 4951 safeguarding alerts during 2014/15. This is an increase of 32% over the previous year and indicates that there is an increasing awareness of safeguarding adults within the city.
 - A Prevention of Abuse campaign that used social media, press releases, radio, leaflet and poster campaigns, to help ensure that more and more people across our city know how to report abuse and have the confidence to do so.
 - New initiatives to improve partnership working between agencies. The Front Door Safeguarding Hub has provided new opportunities for closer, more integrated working practices, providing for better coordinated responses to domestic abuse. Think Family approaches, developed with the Leeds Safeguarding Children Board and Safer Leeds Executive have provided an improved framework for practitioners to consider the needs, not just of individuals, but of families as a whole.
 - The completion of a Safeguarding Adults Review in relation to a young woman with a learning disability who lived in supported accommodation and had been reportedly harmed during the course of receiving care. Safeguarding Adults Reviews are opportunities to identify learning and improve practice; in this review, learning was achieved about provision of mixed-gender care, the timeliness of case conferences and the involvement of families in that process. All the review recommended actions have now been implemented.
 - Developing new West Yorkshire and North Yorkshire Multi-Agency Safeguarding Adults Policy and Procedures in preparation for June 2015. The revised approaches will help us to focus on working towards the adults desired outcomes and to provide more proportionate and individualised responses to the concerns raised.
- IMCAs provide representation for people who lack mental capacity in relation to certain important decisions. Although Leeds already had the highest use of IMCAs in the country, use of IMCAs increased by 33% during 2014/15. This provides reassurance that those in need of representation are receiving the support they need.
 - The Deprivation of Liberty Safeguards (DoLS) are a legal safeguard for adults who lack capacity to consent to care or treatment that deprives them of their liberty. Changes in case law in March 2014 has meant that substantially more people are covered by the Deprivation of Liberty Safeguards (DoLS) than previously. In 2014/15 DoLS was put in place for 1455 people, this is an increase of 2108% on the year before. This has only been possible due to the substantial response taken to plan for and provide for the assessments required.

Looking forward into 2015/16 the Board, informed by its learning from a Local Government Association, Peer Review has set out its Annual Plan for the year ahead focusing on 4 key priorities.

1. Reduce the risk of abuse within our communities
Promoting safe services through providing safeguarding standards for service specifications and commissioning arrangements, and developing multi-agency arrangements to respond to potential risks posed by 'persons in position of trust', such as an employee or volunteer within the course of their duties.
2. Raise awareness of safeguarding adults and how to report abuse
Undertaking targeted approaches to those most in need and developing engagement events, to promote increase awareness of safeguarding adults.
3. Support adults at risk to end abuse and achieve the changes they want
This includes, developing multi-agency guidance and partnership working arrangements, as well as a Learning and Improvement Plan, and a revised approach to managing quality and performance.
4. Learn from people's experiences to help others
Improving how we gather the feedback of people involved in safeguarding adults about their experiences, to inform and develop good practice.

There has also been significant developments in promoting the safeguards of the Mental Capacity Act, these include the work of Independent Mental Capacity Advocates (IMCAs) and the Deprivation of Liberty Safeguards (DoLS).

2. Leeds Safeguarding Adults Board 2014/15

2.1 Leeds Safeguarding Adults Board

The vision of the Leeds Safeguarding Adults Board during 2014/15 was for the city of Leeds to be a place where:

all the citizens of Leeds, irrespective of age, race, gender, culture, religion, disability or sexual orientation live with their rights protected, in safety, free from abuse and the fear of abuse

From 1 April 2015, the Board became a statutory body with specific duties and requirements as set out in the Care Act 2014. However, during the period of this report, the Leeds Safeguarding Adults Board was a voluntary arrangement of statutory and non-statutory organisations, working together to safeguard adults at risk of abuse, and to promote the safeguards of the Mental Capacity Act 2005.

Dr. Paul Kingston has been the Independent Chair during 2014/15, providing for independent perspective, challenge and support to the Board in achieving continuous development. The Board is overseen by the Director of Adult Social Services.

The Board meets every two months. Membership of the Board during 2014/15 is included in Appendix D. The Board's governance arrangements and functions are set out in full within the Board's 'Constitution'. The Board's objectives for the year ahead are set out in its 'Annual Plan'.

All of these documents, together with the minutes of Board meetings are available to everyone on the Board's website:

www.leedssafeguardingadults.org.uk

3. Making a difference in Leeds

3.1 Safeguarding Adults

Safeguarding alerts

Multi-agency safeguarding adults arrangements work to protect adults with health and social care needs from abuse and neglect. 'Making a safeguarding alert' means reporting concerns to the local authority that an adult is or may be experiencing abuse.

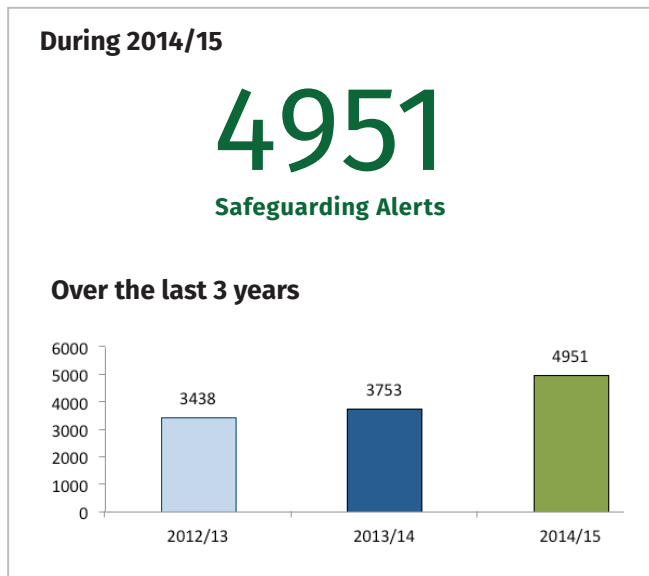


Table 1. Safeguarding Alerts (2012/13-2014/15) (Source: ESCR)

Table 1 shows that over the last 12 months there has been a 32% increase in the number of safeguarding alerts. This suggests an increasing awareness of safeguarding adults throughout the city.

Responses to concerns

When a safeguarding concern is raised, a decision is made as to the most appropriate ways of responding to the concerns. A safeguarding investigation is only of these possible responses.



Table 2. Initial responses to safeguarding alerts (2014/15) (Source: ESCR)

A safeguarding investigation was the initial response in 20% of alerts, and resulted in 940 actual investigations commencing during 2014/15.

Safeguarding Investigations

Investigations are undertaken to establish what has happened and what support is needed to keep the adult or others safe in the future.

During 2013/14	Outcome of investigations
<p>54%</p> <p>Of investigations substantiated abuse</p>	<p>In 54% of occasions, the investigations found that an allegation of abuse or neglect was found to have occurred.</p> <p>Sometimes there is not enough evidence to conclude if abuse has occurred, but actions can often still be taken to protect the person in the future.</p>
<p>96%</p> <p>Of interventions led to the adult being safer</p>	<p>In 96% of occasions, the actions taken to safeguard the person made them safer.</p> <p>Safeguarding supports people in how they choose to live their lives. As a person may decide to live in circumstances that place themselves at risk, the risk might not always be removed.</p>

Case Example, Safeguarding Adults practice

“ I am safe within my community and the services I access ”

Sarah is able to communicate her basic needs through hand gestures and sounds, and needs assistance with all aspects of her day-to-day care. She lives in a residential service, and needs one-to-one support to undertake activities in her local community.

Sarah's family became concerned when they realised that expensive clothes that were bought for her, went missing before they saw them; and when her support workers could not account for the costs of her leisure activities.

A safeguarding investigation was undertaken by Adult Social Care to explore these concerns and to find out what, if any, actions were needed to protect Sarah.

The absence of proper recording and oversight meant that it was impossible to evidence how all of her money had been spent. However, the investigation found clear evidence that some support workers had been taking advantage of their position. For example, Sarah's support workers would use her allowances to plan activities that they would enjoy, and this would include 'meals out' for their benefit.

The support workers were subject to disciplinary procedures and no longer work with Sarah. They were reported to the Disclosure and Barring Service for a decision as to whether they should be banned from working with anyone with care and support needs.

The care service was required to put in place better systems and management oversight to ensure that activities are being undertaken as expected, and to ensure that Sarah's money is spent appropriately. The new arrangements have been monitored by local authority commissioning teams to make sure the required changes have been made.

Sarah and her family are now satisfied that her money is being managed appropriately and that Sarah is able to spend her money as she wishes.

3.1.1 Getting the message out

The Safeguarding Adults Board wants everyone to know that they can seek help and advice.

Prevention of abuse campaign

To promote awareness and understanding of safeguarding adults the 'Doing nothing is not an option' campaign was launched during July 2014. Aimed at employees, volunteers, service users and the general public, the objectives of the campaign were:

- To raise awareness of safeguarding adults amongst the public, organisations and their employees/volunteers
- To improve confidence and knowledge as to how to report safeguarding adults concerns

The campaign used a range different ways to increase awareness of safeguarding, such as the use of a radio messages, poster campaigns, face book, press releases and publications, blogs and twitter. Evaluation of the campaign was positive with its message having had a significant reach across the city.

For more information about the campaign, see Appendix C.

New publications

New safeguarding leaflets were created to support the prevention of abuse campaign, one aimed at members of the public, one aimed at 'staff and volunteers' and an 'easy read' version.

All of these leaflets, as well as posters or safeguarding adults cards, can be obtained by contacting the Safeguarding Adults Partnership Support Unit:

Tel: 0113 224 3511, or
Email:safeguarding.adults@leeds.gov.uk.



3.1.2 Providing for skilled practitioners

A key focus of the Board's work is to ensure that training is provided that enables staff and volunteers to understand their responsibilities to safeguard adults at risk.

The Board's Training and Workforce Development Framework (2014) provides for 4 levels of training, reflecting the various roles that staff and volunteers may fulfil within the safeguarding adults procedures as outlined below:

Level 1: Awareness - recognising and responding to abuse
Level 2: Alerting Manager - when and how to make a safeguarding adults alert
Level 3: Investigator - how to undertake an investigation into abuse or neglect
Level 4: Safeguarding Coordinator (and other specialist roles) - specialist training for people fulfilling other key roles

The framework helps provide for consistent content and standards, regardless of the agency that is providing the training.

Level 1 and Level 2 courses are available to voluntary and independent sector organisations free of charge. To attend these courses, contact Adult Social Care: Business Support Centre on Tel: 0113 247 5570 for information about available courses. NHS and other partners will also provide such training for staff and volunteers within their services.

Level 3 and Level 4 courses are aimed at people with more specialist roles within the safeguarding adults procedures. These courses are provided by the Safeguarding Adults Partnership Support Unit. During 2013/14, 730 places were attended across the courses below:

- The Multi-agency Procedures for Professionals
- Planning Safeguarding Investigations
- Investigative Interviews – Structure and Planning
- Investigative Interviews – Skills Workshop
- Gathering and Evaluating Evidence
- Writing the Investigation Officers Report
- Safeguarding Training for Trainers
- Safeguarding Coordinators Update and Review
- Chairing Safeguarding Meetings
- Minuting Safeguarding Meetings
- Institutional Abuse

The Board has been broadening its approach to providing for skilled practitioners for 2015, developing more innovative ways to provide for the needs of different groups of staff. This will include skill-based training, provision of more information and guidance, 'bite-sized' briefings, reflective practice workshops and an annual conference.

For more information about safeguarding adults training courses currently available, please refer to the Board's website: www.leedssafeguardingadults.org.uk/training.html

3.1.3 Working better together

The Board works to find improved ways of working together to support people in our communities to be safe. This includes a range of initiatives in 2014/15.

Front Door Safeguarding Hub

The Front Door Safeguarding Hub aims to provide improved responses to domestic violence and abuse. It brings together a range of organisations, such as the Police, Adult Social Care, Children's Services, Housing Services and NHS partners who will work together to identify the best response to the concerns.

Daily partnership meetings focus on high risk cases reported to the police, allowing partners to share relevant information and agree clear action plans relating to victims, perpetrators and children. This approach provides for coordinated responses to the management of risk, and reduces the number of separate contacts for victims of abuse.

The Front Door Safeguarding Hub is currently focused on high risk and medium risk cases of domestic violence reported to the police. The intention is to expand this over time to develop a response to all reported incidents and include referrals from partner agencies.

Think Family, Work Family Protocol

The Think Family, Work Family protocol has been produced in partnership between the Safeguarding Children Board, Safeguarding Adults Board and Safer Leeds Executive.

The approach recognises the responsibilities of all practitioners working with adults or children within a family unit, to ensure the needs of all members are recognised and responded to appropriately, particularly where domestic abuse, mental health, learning disability or substance misuse impact on parenting capacity or an individual's safety and welfare.

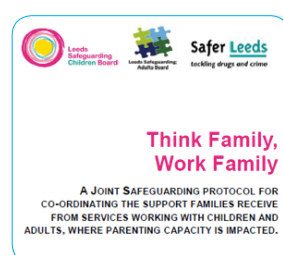
The Think Family, Work Family approach was launched June 2014, through a Annual Conference organised by the Safeguarding Children's Board. The protocol can be found on the Board's website: www.leedssafeguardingadults.org.uk

Regional approaches to safeguarding adults

During 2014/15 the Leeds Safeguarding Adults Board has been working with Bradford, Calderdale, Kirklees, Wakefield and North Yorkshire to have a shared Multi-Agency Safeguarding Adults Policy and Procedure for West Yorkshire and North Yorkshire.

This new Multi-Agency Safeguarding Adults Policy and Procedure will be introduced in June 2015, with a stronger emphasis on working towards achieving the changes wanted by the adult at risk, and allowing for more individualised responses.

Adopting this regional approach brings together the expertise of each of the Boards, and provides an opportunity to share learning and develop best practice. It also helps those organisations, such as the police or care providers, that work across the region.



Case Example, Front Door Safeguarding Hub

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

During the night, the police were called to an incident of domestic violence, where John, an older man had been assaulted in his home by his daughter.

Concerned for his ongoing welfare, the police raised the concerns at the multi-agency partnership meeting the following morning. This allowed partners to share information, assess the risk and agree the best response. A joint approach was agreed. A police officer and a social worker visited John immediately after the meeting.

John declined to talk further about the incident, but his daughter was desperate for support. The incident occurred after drinking alcohol and she was distraught at what she had done. John and his daughter were living in a one bedroom flat, unsuitable for two people. She was trying to support her father with his care needs, whilst struggling to cope with a personal crisis.

The daughter agreed to an assessment by Adult Social Care for support, and was put in contact with a number of voluntary organisations that could also provide her with support.

The daughter was also supported to apply for her own flat in the same building, so that she could continue to provide John with support, as was his wish, without the strain of living in overcrowded living conditions.

3.1.5 Learning from practice

A priority for the Safeguarding Adults Board is to learn from cases and situations that challenge us as a multi-agency partnership. The purpose of Safeguarding Adults Reviews is not to investigate abuse, or to apportion blame but rather to provide an opportunity to improve multi-agency working, to share best practice, and learning.

The Board concluded one such review during 2014/15. The review was commenced in 2012, but due to one action taking longer than anticipated to complete, it was not finalised until 2014.

The review concerned a young woman with a learning disability and life limiting condition who lived in supported accommodation. A safeguarding investigation had been held for the young woman in relation to actions of a member of staff, who was alleged to have caused a fracture to her arm whilst attending to her care needs. The allegation was not substantiated; however learning was gained from the Safeguarding Adults Review about how to involve families in decisions about care provision and in the safeguarding process. The review was undertaken with the support and close involvement of the young woman's family. Learning from the review led to a range of improvements in practice that will benefit others in the future. See Appendix B for more information.

A further Safeguarding Adults Review was commenced during 2014. This concerned a person with bariatric healthcare and social care needs. This Safeguarding Adults Review was undertaken to explore whether agencies could have worked more effectively together to manage the many risks that were present in this person's life. The review is due to be concluded early 2015/16.

3.1.6 Improving quality and performance

The Board continually strives to improve standards of practice and outcomes for people within the safeguarding adults procedures.

During 2015, a particular focus has been on ensuring that safeguarding adults investigations are always used as proportionate response to the concerns raised. Audits of decision making are undertaken, with the learning from these used to support the development of best practice amongst practitioners.

New surveys were also introduced in 2014 to provide people involved in safeguarding adults the opportunity to provide feedback on their experiences. This includes the views of the adult at risk, relatives or unpaid carers, service providers or others attending a Case Conference Meeting.

There is positive feedback that that people felt able to give their views at Case Conferences, that they were satisfied with how decisions were made and how such meetings were chaired. However, much of this feedback to date has come from professionals and much more work is needed during 2015/16 to ensure that the opportunity to provide feedback is consistently provided to the adult at risk, and others such as relatives/unpaid carers, about all their experiences of safeguarding adults.

4. Mental Capacity Act safeguards

The Safeguarding Adults Board works to safeguard the rights of people who lack the mental capacity to make decisions for themselves. These rights are set out in the Mental Capacity Act 2005.

The Act is relevant to everyday decisions as well as major decisions about someone's property, financial affairs, health and welfare. The Act requires decisions to be always made in person's best interests.

Each member organisation of the Board promotes awareness and good practice under the Mental Capacity Act within their services, training and through commissioned services.

4.1 Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards are legal safeguards that allow for a resident or patient in a care home or hospital, who lacks capacity to consent to their care and treatment, to be deprived of their liberty in order to keep them safe from harm.

In summary, the safeguards ensure:

- that the arrangements are in the person's best interests
- the person is appointed someone to represent them
- the person is given a legal right of appeal over the arrangements
- the arrangements are reviewed and continue for no longer than necessary

It is the role of Leeds Adult Social Care to arrange for assessments to ensure the deprivation of liberty is in the person's best interests.

Figures at a glance

Overview of Deprivation of Liberty Safeguards (DoLS)

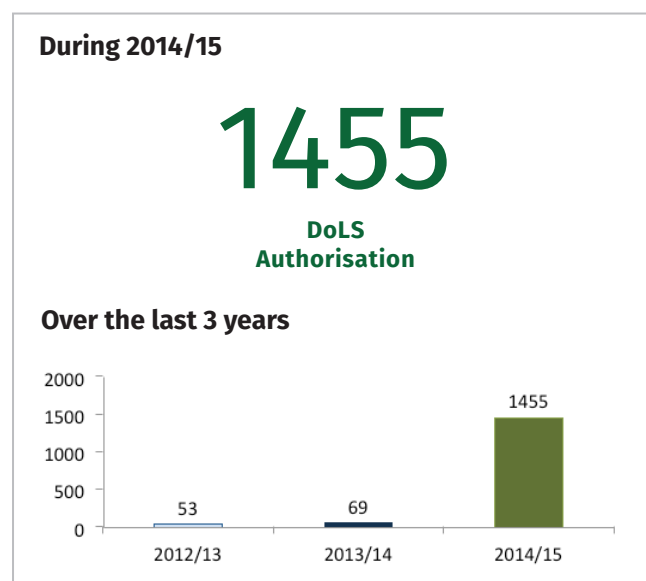


Table 3: Total DoLS Applications (2012/13 - 2014/15) (DoLS database)

The test for what circumstances amount to a deprivation of liberty changed in March 2014. The new test says that a person is deprived of their liberty if they are 'not free to leave a hospital or care home' and they subject to 'continuous supervision and control' in the course of their care or treatment.¹

This new legal judgment has meant that substantially more people require the protection of the Deprivation of Liberty Safeguards than previously. Table 3 shows that in 2013/14 only 69 people needed these safeguards. This went up to 1455 in 2014/15, this is an increase of 2108%.

DoLS Coordination Service

In Leeds the DoLS Coordination provides a single point of contact for organisations, professionals and the public in relation to DoLS issues.

If someone needs to seek advice, or request an assessment they can contact the DoLS helpline (Tel. 0113 855 2347 - office hours).

For further information about Deprivation of Liberty Safeguards can be found the Safeguarding Adults Board website: www.leedsafeguardingadults.gov.uk

¹ P v Cheshire West (2014)

Case Example, DoLS practice

“ I am confident professionals will work in my interests, and they only get involved as much as needed ”

Neil is in his twenties, he has autism and lives in a residential care home. He lacks the mental capacity to make decisions about where he lives or his care arrangements.

Neil needs support with all his daily living tasks, such as washing, dressing, meals and other activities. He needs supervision at all times to prevent him coming to harm.

It would not be safe for Neil to live without the support he currently receives, or to leave the home unsupervised. For his safety there are key pads on the door to stop him leaving. When Neil does go out he needs two members of staff to prevent him placing himself at risk, by walking into roads, or grabbing or touching members of the public.

The manager of the care home applied for the Deprivation of Liberty Safeguards. Adult Social Care undertook a series of assessments and agreed that the Deprivation of Liberty Safeguards should be put in place.

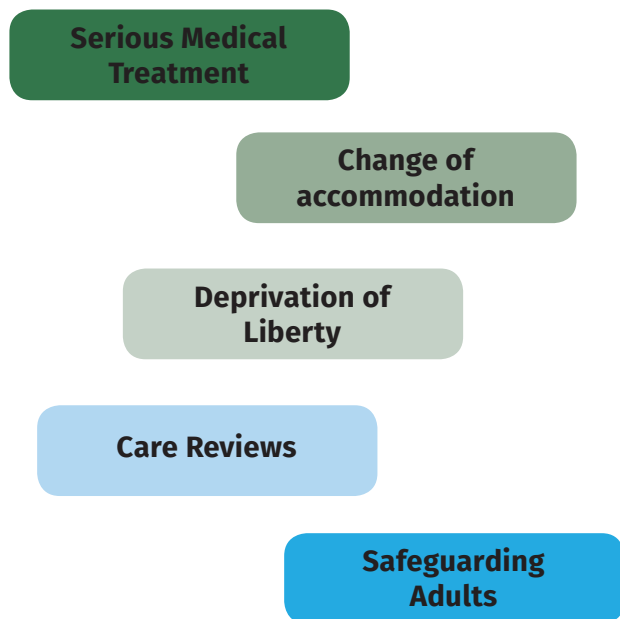
The benefit for Neil was that there was an independent assessment of his circumstances to check that the arrangements in place were in his best interests, and not more restrictive than they need to be. These arrangements now have to be kept under review and can be legally challenged on Neil's behalf if needed.

Please note, the Deprivation of Liberty Safeguards (DoLS) relate to a person receiving care and treatment within a hospital or care home. They do not apply to a person subject to detention under the Mental Health Act 1983.

4.2 Independent Mental Capacity Advocates (IMCAs)

Independent Mental Capacity Advocates (often called IMCAs) were introduced by the Mental Capacity Act 2005. IMCAs provide a form of advocacy that helps to safeguard the rights of people who lack mental capacity.

The role of the IMCA is to represent the person, helping to ensure that their best interests are met by the decision making process. The IMCA will always be independent of the person making the decision, and may be involved in decisions concerning:



In Leeds, Articulate Advocacy provides the IMCA service. The Leeds Safeguarding Adults Board works closely with Articulate Advocacy to promote use of IMCAs to safeguard the rights of people who lack the mental capacity to make important decisions for themselves.

Figures at a glance

Overview of IMCA involvement

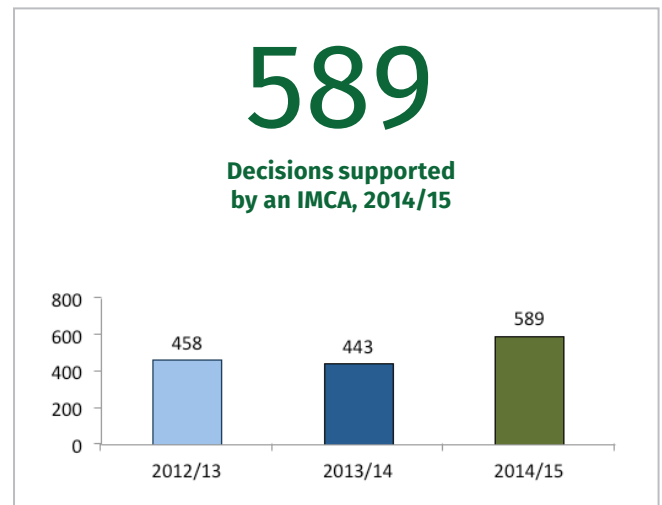


Table 4. IMCA supported decisions, 2012/13-2014/15 (Source: Articulate Advocacy)

Leeds had the highest use of IMCAs in the country in 2013/14.² In 2014/15 use of IMCAs continued to increase in Leeds, going up by 33%.

This provides reassurance that the IMCA service is well used in Leeds, helping to ensure that all those people who lack mental capacity are appropriately represented when important decisions are made.

²The Seventh Year of the Independent Mental Capacity Advocacy (IMCA) Service: 2013/2014

Case Example, IMCA practice

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

Sue has long term mental health problems and an acquired brain injury. She lives in supported accommodation, and receives daily support from care workers.

Sue has become much less mobile over time due to a knee problem, and is in need of surgery. Sue was assessed as lacking mental capacity in relation to the procedure, and an IMCA was asked to support and represent Sue.

The IMCA spent time with Sue, to understand her views and wishes, and to understand what she wanted to happen. The IMCA prepared a list of questions to ask on Sue's behalf about the proposed procedure, recovery time, possible alternatives treatments, pain relief and the need for aftercare, such as physiotherapy.

The consultant expressed concern that whilst there were benefits of having the operation, there was also some risks, especially if the physiotherapy was not followed.

The IMCA had taken time to understand Sue wishes and understand the impact of the surgery impact on lifestyle and independence. The IMCA was also able to advise on how well Sue had engaged with her treatment in the past.

The support of the IMCA helped the consultant to reach the decision that the surgery was in Sue's best interests. The operation was successful. Sue engaged with her aftercare treatment and was soon walking again and free from the discomfort of the operation.

6. Going Forward

In working to develop and achieve the best possible outcomes for people in Leeds, the Safeguarding Adults Board sought an independent view of safeguarding arrangements in Leeds during 2014/15.

This involved inviting the Local Government Association to undertake a Safeguarding Adults Peer Review in Leeds. A peer review is designed to help a local authority and its partners identify current strengths, and provide challenge where there is the potential to improve.

The Safeguarding Adults Board has used the learning from this review, as well as its own learning and national developments in safeguarding to inform its Annual Plan.

6.1 Annual Plan 2015/16

The Annual Plan sets priorities for the Safeguarding Adults Board and its member organisations for the next year. The full Annual Plan is available on the Leeds Safeguarding Adults Board website: www.leedssafeguardingadults.org.uk.

In summary, the Board's work will focus on four key priorities:

1. Reduce the risk of abuse within our communities

2. Raise awareness of safeguarding adults and how to report abuse

3. Support adults at risk to end abuse and achieve the changes they want

4. Learn from people's experiences to help others

1. Reduce the risk of abuse within our communities

Each year the Board identifies new ways to help reduce the risk of abuse within our communities. During 2015/16 the Board will focus on ensuring promoting safe services for adults with care and support needs.

To help achieve this the Board will develop common safeguarding standards that can be used throughout service specifications and commissioning arrangements that minimise the risk of abuse and ensure services respond appropriately where it does occur.

As part of ensuring the provision of safe services, the Board will ensure there are multi-agency arrangements in place to respond to risk posed by 'persons in position of trust', such as an employee or volunteer within the course of their duties.

In addition the Board will introduce new audit systems, to ensure that partners have appropriate safeguarding

arrangements in place and are providing for the development of skilled practitioners.

2. Raise awareness of safeguarding adults and how to report abuse

In support of the aim of reducing the risk of abuse and neglect, the Board wants to continue to raise awareness of safeguarding adults and the help available.

The Safeguarding Adults Board has undertaken significant work during 2014/15 to promote awareness of safeguarding adults and improve confidence as to how to report safeguarding concerns. Building upon this, the Board wishes to develop more targeted approaches to reach those communities most in need, and to hold more engagement forums/events to reach out to more people.

The Board also wants to help people understand when a concern should be considered a safeguarding concern. Sometimes people are unsure whether an incident amounts to 'poor quality care' or abuse or neglect. The Board will review its guidance to help people understand the best way of responding to concerns.

3. Support adults at risk to end abuse and achieve the changes they want

The Board will introduce new multi-agency safeguarding adults policy and procedure for West Yorkshire and North Yorkshire during June 2015/16. The revised procedures will provide for more tailored responses to people's individual circumstances, and have a stronger focus on supporting the adult at risk achieve the changes they want.

To bring this approach into practice, the Board will develop a Learning and Improvement Plan and develop its approach to performance and quality assurance, setting required practice standards and introducing multi-agency audits to ensure good practice is being achieved.

4. Learn from people's experiences to help others

The Board wishes to keep those involved in safeguarding, at the centre of all its work and recognises there is more that it can do.

Surveys have been developed to gather the views of adults at risk and others about their experience of safeguarding adults. However, the Board wishes to review these and make sure they are widely used, so that the learning can inform our training, our procedures and our practice.

The Safeguarding Adults Board has well established procedures for conducting Safeguarding Adults Reviews. These are opportunities to learn how agencies can work better together, to safeguard adults at risk of abuse and neglect. During 2015/16 the Board wishes to review how best to ensure the learning from Safeguarding Adults Reviews, as well other learning, such as from case conferences and multi-agency file audits, are widely shared and lead to improved practice.

7. Appendix A:

Work of Board Member Organisations

The achievements of the Board result from the joint work of its member organisation. However, whilst each member organisation contributes to the strategic development of safeguarding adults across the city, each also works to promote safeguarding adults within their services, and for the benefit of the people who use those services.

The work of Board member organisations to promote safeguarding adults can be extensive and far reaching. The following are just examples of how member organisations have sought to promote safeguarding and improve outcomes for adults at risk.

7.1 Leeds Adult Social Care

A key challenge for Leeds Adult Social during 2014/15 has been to respond to changes in case law relating to Deprivation of Liberty Safeguards. These changes have meant that substantially more people are entitled to have the protection of these safeguards than before.

In Leeds, comprehensive action plans were devised and an implementation group established to oversee and monitor progress of the changes required. In response to the increases in the number of assessments required, there has been a whole review of the systems and process required to provide for DoLS assessments, alongside an increase in the number of Best Interests Assessors.

Substantial work has been undertaken to work with hospital and care homes to ensure the changes in law, and processes to be followed, have been communicated effectively.

Changes in the law have meant that adults can be deprived of their liberty in domestic settings, such as their own home or in supported tenancies. Authorisation is through the Court of Protection rather than the Deprivation of Liberty Safeguards (DoLS). Adult Social Care have worked to identify all those people potentially affected by this new ruling, and over a thousand adults living within supported living arrangements have been identified, whose circumstances now require applications to the Court of Protection.

Adult Social Care has multi-agency Best Practice Panels that provide practitioners with an opportunity to explore potential responses and interventions in complex cases. The panel includes expertise in areas of safeguarding, risk and mental capacity, and provides advice to allocated social workers and teams on best practice and how to achieve positive outcomes for clients. The Best Practice Panel has been developed during 2014/15 to include a screening function for Court of Protection applications, providing a cost effective approach to putting in place the required legal safeguards.

7.2. West Yorkshire Police

The Leeds Police Safeguarding Unit has already completed a significant restructure as part of the new Leeds District Policing model and the Force Safeguarding Review. The unit has restructured into a 3 syndicate approach around children, adults at risk, and Serious Sexual Offences (SSO). The syndicates now work between 0800x2100 hours over 7 days. The aim of this new structure and functionality is to align safeguarding resources closer to front line operational resources, working closely and supporting colleagues in complex investigations. The Unit has recently established a dedicated Domestic Abuse Team to ensure a more consistent and victim focussed approach for victims. The Unit continues to work closely in partnership and to improve operational effectiveness, managers regularly meet to discuss particular cases.

Leeds has already recognised the benefits of partnership working opportunities between the Police, Health and Children's Social Work Service (CSWS) known as the Front Door Safeguarding Hub (FDSH). This function enables early assessment and information sharing but also operational decision making. The work has been expanded to improve the safety and support of victims of domestic violence and abuse. Work has been undertaken to establish a similar function around adults at risk, with specialist Detectives working closely with Adult Social Care around the same principles.

7.3 Clinical Commissioning Groups (CCGs)

The Safeguarding Team are based at South and East Leeds Clinical Commissioning Group (CCG) and work across all 3 Leeds CCGs. The prime focus of the team is to support all health services in Leeds to provide high quality safeguarding services to empower and protect patients. Some examples of our work this year include:

- Developing and supporting lead GPs in safeguarding. This means that GP practice staff can quickly access advice and support from the lead GP. Lead GPs receive expert level support and advice from the CCG safeguarding team.
- We have worked with NHS England to develop GP standards for safeguarding. Practices have been asked to self-assess against the standards. The results of this self-assessment have identified good practice and areas for further development in GP practices.
- Working with healthcare providers and other partners to make Think Family Work Family a reality in practice. This approach sets out how services that work with adults and services that work with children can work together better to safeguard children and adults.
- We have taken a lead health role in ensuring that the Domestic Homicide Review process recognises and

shares good practice, identifies shortcomings and enables services to work together more effectively to protect people from domestic homicide. An example of this is an increased understanding amongst health practitioners that controlling and coercive behaviours are a risk factor for domestic homicide even when there is no history of violence in the relationship. We have worked particularly closely with NHS England and GP practices to improve recognition of the risk factors and appropriate interventions to reduce the risks.

- A new process to gain assurance from providers that they are effectively safeguarding adults at risk and complying with the Mental Capacity Act. This approach has led to earlier identification of performance issues and increased the awareness of safeguarding performance at senior management levels in NHS Trusts and CCGs.

7.4 Leeds Teaching Hospital NHS Trust (LTHT)

Leeds Teaching Hospitals NHS Trust (LTHT) is committed to ensuring that safeguarding is given the highest priority in all that the Trust does. We work closely with partners across the city and beyond because of our regional and national caseload.

This year LTHT has continued to invest in our Trust safeguarding team, providing additional resource, in order to meet the growing safeguarding agenda. We have continued the development of the adult safeguarding adult link nurse role, with now more than 69 nurses across the organisation. This role provides a vital link for our Clinical Service Units, directly into safeguarding and promotes wider learning and enhanced communication. During 2014/15 LTHT has undertaken significant work with the PREVENT agenda. The work has been showcased within the NHS and is to be rolled out across the Yorkshire and Humber region. Following this continued work LTHT has been approached by the Government Home Office to take part in the production of a national film. This is in recognition of the work and developments by the Trust achieved in the work around PREVENT and our multi-agency partnership working.

Despite the complex law and the challenges following the 'Cheshire West' ruling we have been committed in ensuring that Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) are widely embedded into practice throughout the Trust. We have increased a commitment in training and undertook dedicated work with clinicians in this area. This is increasing awareness for staff throughout the Trust of MCA and DoLS, by ensuring patient's rights are met and promoted.

7.5 Leeds Community Healthcare NHS Trust (LCH)

Advice, Support and Guidance for Services and Practitioners

Leeds Community Healthcare safeguarding team offer advice, support and guidance and training to all 66 services.

During last year, the team have introduced new guidance in relation to Restraint and Deprivation of Liberty Safeguards (DoLS) as well as One Minute Guides on a range of issues that provide day-to-day practical guidance to practitioners.

The team have sought innovative ways of providing accessible support to teams. This has included 'Lunch and Learn' drop-in sessions for Community Neighbourhood teams, allowing practitioners to bring case studies, scenarios or just have a general conversation about safeguarding, Mental Capacity Act, Deprivation of Liberty Safeguards (DoLS), Dementia, Think Family and Mental Health.

The team also review complaint and incident reports providing additional recommendations as required, and help to identify how the learning from the concern can be introduced into practice.

Health and Justice Operations Group

The Health and Justice Operations Group was set up in July 2014 to look at ensuring all areas within Secure Environments are delivering and embedding the LCH vision and values of Safeguarding Children and Adults. LCH works in partnership with the secure establishment and other partner organisations to promote the well-being of all. The group delivers effective communication, shared learning and feedback in order to safeguard adults and children in their care.

Virtual ward rounds

In 2013 a large scale safeguarding investigation resulted in an improvement plan being put in place in one of the in-patient units. The Named Nurse for Adult Safeguarding worked closely with staff and management to support the completion of the required actions set out in the plan. Support included the delivery of bespoke safeguarding training sessions; clinical supervision; safeguarding development and the supply of safeguarding leaflets.

The Adult Safeguarding team now contribute to a 'virtual ward round' in support of LCH inpatient units, and attend weekly unit meetings providing support, guidance and training in relation to Safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS).

7.6 Leeds and York Partnerships Foundation NHS Trust (LYPFT)

During 2014/15 Leeds and York Partnerships Foundation Trust have worked to support partnership initiatives to safeguard adults at risk within the city. This includes representation with the 'front door safeguarding hub' and 'Claire's Law' panel to support partnership approaches to responding to domestic violence and abuse.

A focus of work has been on ensuring all staff are supported and skilled in responding to concerns about possible abuse and neglect. Mental Capacity Act training has been provided to ensure practitioners are aware of the changes to Deprivation of Liberty Safeguards (DoLS) brought about by 'Cheshire West' ruling. A revised training plan has been developed for safeguarding adults, with a stepped approach that takes into account the various

roles undertaken by clinicians, and Health WRAP Prevent training is being rolled out across the trust. In addition, the Trust Safeguarding Team is accessible and provides advice and support for all employees/volunteers where there are concerns about possible abuse and neglect.

LYPFT works across Leeds, North Yorkshire and Safeguarding Adults Board, and is working to ensure that the implications of the Care Act and revised multi-agency policy and procedures are understood in each of these areas.

7.7. West Yorkshire Fire and Rescue Service

Within West Yorkshire Fires and Rescue Service (WYFRS) this year we have introduced an internal peer review audit of all safeguarding alerts that have been raised within our organisation. This process allows WYFRS to identify trends and learning opportunities. This audit has identified key priorities that will be incorporated into future training packages to improve safeguarding outcomes for vulnerable adults.

WYFRS has also embarked on new innovative partnership arrangement to ensure vulnerable adults are safer within their own homes. We have seconded a full time operational member of staff (Watch Commander Paul Metheringham) to Leeds City Council for 12 months. This member of staff will work full time across Adult Social Care and Public Health. The purpose of this post is to share expertise across both organisations and work jointly to identify and reduce the risk of fire for those adults who are at highest risk of being seriously injured or killed in an accidental dwelling fire. This project will include up skilling front line professionals to recognise risk of fire during their routine work and a collaborative approach to managing and reducing risk. This project has been fully endorsed by the Ageing Well Board.

7.8. Leeds City Council Housing

Leeds City Council Housing works with commissioned services to ensure that safeguarding adults is embedded in practice.

Mears for example, are commissioned to provide property maintenance services to Leeds City Council. Mears have a nominated safeguarding champion who is part of the wider Leeds City Council safeguarding champions group. The safeguarding champion acts as the point of contact for staff and clients, and is responsible for promoting safeguarding awareness and practice within the organisation using training and briefings.

Being part of the wider safeguarding network supports Mears to review and discuss working practises, identify changes within safeguarding procedures and updates on national incidents. This has included adoption of safeguarding poster campaigns and Mears signing up to the Quality Mark initiative for Domestic Violence & Abuse.

This approach has also led to the adoption of 'a cause for concern' record that is distributed to front line staff to enable them to log concerns and pass them to our dedicated safeguarding champion. 49 concerns have been raised using this approach since being introduced, helping to ensure that concerns are identified and responded to appropriately.

7.9 Healthwatch Leeds

The Health and Social Care Act allows local Healthwatch representatives to visit publically funded health and social care services to look at how services are provided, and to talk to service users, their relatives and carers. These are known as Enter and View visits and may be undertaken on premises such as hospital, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

In the autumn of 2014 Healthwatch Leeds undertook Enter and View visits in 12 care homes in Leeds to understand resident's experiences of their care. Enter and View visits are not intended to specifically to identify safeguarding issues, but Healthwatch Leeds ensures that staff and volunteers undertaking the visits have specific guidance in relation to potential safeguarding concerns. Leeds Healthwatch held a strategic Board session in December 2014, which included a workshop on safeguarding, to ensure their organisation, and its staff and volunteers are able to recognise and respond to such concerns when they arise.

7.10 NHS England

NHS England provides assurance that the local health system, including Clinical Commissioning Groups (CCGs) and designated professionals, are working effectively to safeguard and promote the welfare of children and adults at risk (Safeguarding Vulnerable People Accountability and Assurance Framework, NHS England 2013).

In order to maintain a strong governance framework surrounding safeguarding incidents NHS England Yorkshire and the Humber have developed a Standard Operating Procedure: Safeguarding Incidents, which sets the roles and reporting structures between NHS England and Clinical Commissioning Groups (CCG).

The role NHS England includes ensuring that CCGs are working with their directly commissioned providers to improve services as a result of learning from safeguarding incidents. These services include acute, community, mental health and ambulance care. In Yorkshire and Humber, this includes all GP practices, dental practices, pharmacies, optometrists, health and justice services and a range of public health services. To facilitate learning across services, the NHS England West Yorkshire Safeguarding Forum has met on a quarterly basis throughout 2014-15, and learning has also been shared across GP practices via quarterly Safeguarding Newsletters.

During 2014/15 a Safeguarding Adults Review was concluded for a young woman with a learning disability and life limiting condition who lived in supported accommodation, managed by Leeds and York Partnership NHS Trust.

A safeguarding investigation had been held for the young woman in relation to actions of a member of staff, who was alleged to have caused a fracture to her arm whilst attending to her care needs.

The purpose of Safeguarding Adults Reviews is not to investigate abuse, or to apportion blame but rather to

Appendix B:

Learning from Safeguarding Adults Reviews 2014/15

provide an opportunity to improve multi-agency working, to share best practice and learning. In this case, although the allegation was not substantiated, there was considered to be potential learning for all the agencies involved. The review was undertaken with the support and close involvement of the young woman's family.

Learning from the review led to a range of improvements:

- Development of a Safeguarding Quality Assurance Framework that sets standards and enables the Board to monitor and audit safeguarding performance.
- Introduction of information provision for tenants in supported accommodation about the service's policy regarding cross-gender care provision.
- A substantial project in Leeds City Council Public Health commissioning, enabling commissioners to better identify and support providers of supported accommodation with complex risk situations, including those that involve safeguarding adults and children. This has also provided commissioners with enhanced ability to map and analyse trends.
- NHS Commissioners have assured the Safeguarding Adults Board that routine health checks for adults with complex support needs are being conducted as required in national guidance.
- Adult Social Care has reviewed the means by which it conducts care reviews.
- West Yorkshire Police has used the findings from this review to inform its practice in liaising with family members.

All developments in practice have now been put into practice, helping to ensure improved practice and improved experiences for others in the future.

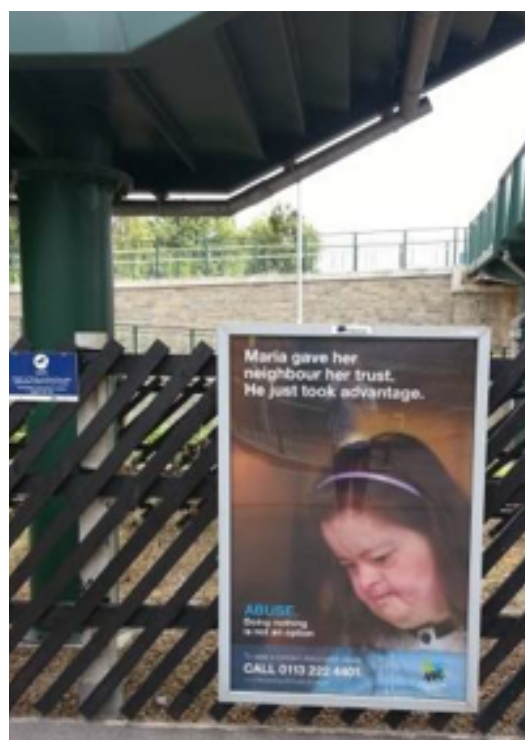
Appendix C: Prevention of Abuse Campaign

To promote awareness and understanding of safeguarding adults the 'Doing nothing is not an option' campaign was launched during July 2014. Aimed at employees, volunteers, service users and the general public, the objectives of the campaign were:

- To raise awareness of safeguarding adults amongst the public, organisations and their employees/volunteers
- To improve confidence and knowledge as to how to report safeguarding adults concerns


The campaign used a range different ways to increase awareness, such as a radio, poster campaigns, face book, press releases and publications, blogs and twitter as described below:

Radio:	Radio Leeds, Radio Aire and BBC Radio Leeds and Capital, Sunrise FM and Radio Asian Fever FM broadcasting support in both English and Urdu.
Facebook:	A four-week Facebook advertising campaign reached over 161,000 people, with 2424 people linking through to the Board website.
Press and: publications	Press coverage was carried by a range of publications, including Yorkshire Evening Post, Yorkshire Times, The Professional Magazine, South Leeds Life, City Talking.
Twitter & Bloggs:	Messages on twitter reached of 56,817 during the first week of the campaign. Blogs by the Independent Chair were read on over 150 occasions.
Poster and leaflet campaign	Campaign posters were displayed across city centre locations, such as key railway sites across leads, and the sides of buses. Posters and 1000's of re-designed leaflets for both staff and volunteers and the public, were distributed to a range of services throughout the city, such as GP surgeries.



Appendix D: Safeguarding Adults Board Member Organisations


Member Organisations: April 2014 to March 2015
Leeds Adult Social Care
Leeds Clinical Commissioning Groups
Leeds Teaching Hospital NHS Trust
Leeds Community Healthcare NHS Trust
Leeds and York Partnership NHS Foundation Trust
West Yorkshire Police
National Probation Service
West Yorkshire Community Rehabilitation Company
Leeds City Council: Housing
Leeds City Council: Community Safety
Leeds City Council: Public Health
West Yorkshire Fire & Rescue Service
NHS England
Advonet
The Alliance of Service Experts
Voluntary Sector Representatives
Care Quality Commission (CQC)
Crown Prosecution Service (CPS)
Trading Standards Service
Healthwatch Leeds
HMP Leeds & Wealstun
Leeds City Council: Communications
Leeds City Council: Legal Services



Clive fought in the war.
Now his biggest battle
is against his
bullying daughter.

ABUSE.
Doing nothing
is not an option

To raise a concern about adult abuse
CALL 0113 222 4401.



Amy can hide the
bruises. But she
can't hide from
her abuser.

ABUSE.
Doing nothing
is not an option


To raise a concern about adult abuse
CALL 0113 222 4401.



Maria gave her
neighbour her
trust. He just
took advantage.

ABUSE.
Doing nothing
is not an option

To raise a concern about adult abuse
CALL 0113 222 4401.



Betty spent 50 years building
up a nest egg. It took just
five minutes to be
cheated out of it.

ABUSE.
Doing nothing
is not an option


To raise a concern about adult abuse
CALL 0113 222 4401.



Peter always had
time for others.
But some care staff
don't take time to
care for him.

ABUSE.
Doing nothing
is not an option

To raise a concern about adult abuse
CALL 0113 222 4401.



Ash took his supported
employment seriously.
But his colleagues
thought his mental
illness was a joke.

ABUSE.
Doing nothing
is not an option

To raise a concern about adult abuse
CALL 0113 222 4401.

