



**Leeds Safeguarding
Adults Board**

Annual Report 2013/14





Leeds Safeguarding
Adults Board

Important Contact Details

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.leadssafeguardingadults.org.uk

Deprivation of Liberty Safeguards (DoLS):

Need advice:

- Leeds Deprivation of Liberty Safeguards Helpline:
Tel: 0113 295 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.leadssafeguardingadults.org.uk

Foreword

Welcome to the Leeds Safeguarding Adults Board, Annual Report 2013/14.

The Safeguarding Adults Board works to support adults to live with their rights protected, in safety, free from abuse and the fear of abuse.

Over the last 12 months we received 3753 safeguarding alerts, the highest number ever in Leeds. This suggests that increasingly people are aware of the need to safeguard adults and how to seek help. Where an investigation has been needed within the safeguarding adults procedures, the risk of abuse or neglect was either reduced, or completely removed in 95% of occasions.

Safeguarding adults in Leeds is making a real difference to people's lives. However, we can only help those individuals we know about, and this is why I am so pleased at the preparation work being undertaken for a Prevention of Abuse Campaign during 2014, that will help us reach more people. We want everyone to know how to report abuse, and to have the confidence to do so.

Working to support those at risk of abuse and neglect often requires close partnership working. This challenges us to work in the most effective and seamless way for those at risk. Over the last 12 months we have sought to do this by developing new partnership approaches that will help us work effectively for our communities.

In April 2013 we adopted closer partnership approaches across West Yorkshire, with the introduction of shared multi-agency safeguarding adults policy and procedures that will help us learn from and develop best practice with our neighbouring Safeguarding Adults Boards.

More locally, we have formed closer relationships with the Children's Board and Safer Leeds Executive to help us support individuals and families that need support from across the various services in Leeds. We have also started to explore, and develop more integrated working practices to enable adult services and the police to respond effectively to concerns as they are raised.

I am conscious that in a report such as this, we can only hope to outline a summary of achievements. I am very much aware that each of these are borne from numerous people working with dedication and vigilance across the partnership and our communities; and I would like to take the opportunity to thank everyone for their continuing support in making Leeds a safer place to live.



Dr. Paul Kingston,
Independent Chair of the Board

Message from the Director of Adult Social Services and the Executive Member for Adult Social Care

The 2013/14 *Annual Report* is a mine of information on the work of the Leeds Safeguarding Adults Board. It is full of statistics and trends, developments and protocols that tell the story of how the Partnership grows ever stronger and is taking its work forward with confidence.

But let us never forget, that behind every statistic is a person – a person who has been at risk of, or has actually suffered harm, abuse or neglect. Every one of the figures quoted in this report is a life touched by the work of the Board and its staff; each one is a vulnerable person with a story to tell about his or her need to be kept safe from harm at some time or another.

And inspiring, behind each one of those people is another, who has ‘blown the whistle’ on actual or suspected abuse. Not only have they recognised a problem *but they have known what to do about it*. The statistics in this report show that the number of these people is rising, largely, we can tell, because of the safeguarding training that is becoming widespread in the caring and medical professions and beyond.

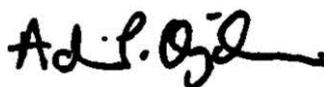
The back-story to this *Annual Report* lies in the staff and members of the public who are increasingly knowledgeable and feel ever more empowered to confront abuse by making a safeguarding alert. Out of the shocking reports such as those on Winterbourne View, Mid Staffordshire Hospital and, as we write, the emerging revelations about BBC presenter Jimmy Savile, has come heightened public awareness of potential threats to vulnerable people.

As a result, and through the work of Safeguarding Boards up and down the country, we want the world to become a safer place for people at risk. This is thanks to the heroes, professionals and public alike who are now supported in speaking out when they see something amiss in the care given to older, ill or disabled people. It is also thanks to the work of Boards, such as the one we are privileged to have in Leeds and whose work you will see described in this report

This is the real story being told in our *Annual Report*, which we are pleased to welcome as another milestone on Leeds’s journey towards becoming a city of zero tolerance for neglect and abuse.



Sandie Keene
Director of Adult Social Services



Councillor Adam Ogilvie
Executive Member for Adult Social Care

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1. Executive Summary

The Leeds Safeguarding Adults Board Annual Report 2013/14 provides an overview of the Board's achievements during the last 12 months. These achievements have been wide ranging.

There were 3,753 safeguarding alerts during 2013/14, compared to 3,438 in the 12 months before. This is a rise of 9%, and indicates that awareness of safeguarding adults issues is improving.

Where a safeguarding investigation has been undertaken, this has resulted in a significant reduction in the risk of abuse or neglect. In 95% of occasions the risk was assessed to have been reduced or completely removed.

To further promote awareness of safeguarding and to encourage more people to report concerns. New safeguarding materials have been developed and work is being undertaken in preparation of a Prevention of Abuse Campaign in 2014.

To support the continued improvement of safeguarding adults practice in Leeds a range of new safeguarding practice guidance has been introduced.

The Board has revised its approach to Serious Case Reviews, renaming these Safeguarding Adults Reviews and adopting a more tailored and responsive approach to gather the learning from particular cases. Two reviews have been completed, and a further three were commenced during 2013/14 to improve practice.

To help support the development of closer partnership approaches in Leeds. A joint Board Development Day with the Leeds Safeguarding Children Board and the Safer Leeds Executive was held to identify potential opportunities for closer joint working such as mental capacity, domestic violence and Think Family approaches.

Furthermore member organisations of the Safeguarding Adults Board, including Police, Social Care and Health partners, have been working closely, together with Children's Services to explore new integrated working practices that allow partners to work together to decide how best to respond to concerns.

Work to promote the Deprivation of Liberty Safeguards (DoLS) has continued. Applications for Deprivation of Liberty Safeguards (DoLS) increased by 16% over the last 12 months. There was also an increase in authorisations of 37%, which means that more and more people are receiving the protection of these safeguards in Leeds than ever before.

In addition, the most recent national comparison reports¹ identified that Leeds had the highest use of Independent Mental Capacity Advocates (IMCAs) in the country during 2012/13. IMCAs provide additional support and representation for people who lack mental capacity in relation to certain important decisions.

Each of these and other achievements within the report illustrate the continued progress of the Board in promoting and improving safeguarding adults and mental capacity practice within our city.

¹ The Sixth Year of the Independent Mental Capacity Advocacy (IMCA) Service: 2012/2013

2. Leeds Safeguarding Adults Board 2013/14

2.1 The Board's Vision

The Board's vision sets out the overarching aims of the Board.



Leeds Safeguarding
Adults Board

The vision of the Leeds Safeguarding Adults Board is 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

The vision is one where no-one should have to tolerate or be exposed to abuse, neglect, or exploitation.

This means that as a Board, we need to work throughout the partnership, and with local communities to:

1. Prevent abuse from happening
2. Identify and report abuse
3. End any abuse that is occurring
4. Support people who have suffered abuse to recover and to regain trust in those around them

Our vision is also spurred by the knowledge that some people lack the mental capacity to make particular decisions about their own safety, health or wellbeing. We must be single-minded in our efforts to ensure that people have the protection to which they are entitled. We must work together to promote knowledge, understanding and use of the Mental Capacity Act, Independent Mental Capacity Advocates (IMCAs) and Deprivation of Liberty Safeguards (DoLS) that protect the rights and interests of all the people the Board serves.

2.2 Leeds Safeguarding Adults Board

The Leeds Safeguarding Adults Board is currently a voluntary arrangement of statutory and non-statutory organisations that work together to safeguard adults at risk of abuse, and to promote the safeguards of the Mental Capacity Act 2005.

The Board has appointed Dr. Paul Kingston, to be the Independent Chair, 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 includes senior representatives from a range of organisations, including:

- Leeds Adult Social Care
- Clinical Commissioning Groups
- Leeds Teaching Hospital NHS Trust
- Leeds Community Health Care NHS Trust
- Leeds and York Partnership Foundation NHS Trust
- West Yorkshire Police
- Leeds Community Safety
- Leeds City Council Environment and Housing
- West Yorkshire Probation Service
- West Yorkshire Fire and Rescue Service

The Board also includes representatives from service user groups, advocacy, third sector organisations, and the Care Quality Commission amongst others. Membership during 2013/14 is listed in more detail in Appendix C.

Over the last 12 months, the Board has welcomed new members, including Leeds Healthwatch and NHS England. Healthwatch is a consumer champion for health and care and will help strengthen the voice of adults at risk in guiding the work of the Board. NHS England works to maintain high standards of care and treatment, and will help in promoting safeguarding adults throughout the NHS.

The Board meets every two months. The Board's governance arrangements and functions are set out in full within the Board's 'Memorandum of Understanding'.

The Board's 'Vision and Strategic Plan' sets out its aims and priorities for the next 3 years, and a detailed Business Plan sets out specific objectives and work streams for the next 12 months.

Each of these documents, together with the minutes of Board meetings are available to everyone on the Leeds Safeguarding Adults Board website:

www.leedssafeguardingadults.org.uk/partnership_board.html

2.2.1 Safeguarding Adults Partnership Support Unit

The Board is supported by the Safeguarding Adults Partnership Support Unit (SAPSU) that is hosted within the Leeds City Council, Adult Social Care Directorate.

The Unit comprises:

- Head of Safeguarding, Safeguarding Partnership Manager and a Safeguarding Strategy and Risk Manager that work to support the Board's governance and its respective workstreams.
- Training and Development Officer who provides multi-agency training programmes on behalf of the partnership.
- Three Independent Safeguarding and Risk Managers, whose primary role is to fulfill the role of Case Conference Chair within the West Yorkshire Safeguarding Adults Multi-Agency Policy and Procedures.

The unit includes administrative support roles, and provides an Advice Service in relation to safeguarding adults (Tel. 0113 224 3511).

2.2.2 Funding Arrangements

During 2013/14 the costs of the Leeds Safeguarding Adults Board and its support unit was funded jointly and equally by Leeds City Council, Adult Social Care and the Leeds Clinical Commissioning Groups. The following is the budget statement for the year 2013/14.

	2013/14 Budget (£)	2013/14 Actual (£)	2014/15 Budget (£)
Employees	472,010	462,123	469,960
Premises	0	6	0
Supplies and Services	39,500	46,952	37,890
Transport	3,730	4,074	3,730
TOTAL EXPENDITURE	515,240	513,155	511,580
Income from training	-6,000	-3,915	-6,000
Contribution from Funding Partners	-509,240	-509,240	-511,580
TOTAL INCOME	-515,240	513,155	-517,580

In addition to the figures shown above, the NHS made a one-off contribution of £10,000 towards the costs of a Prevention of Abuse Campaign. Leeds Community Healthcare contributed a further one-off amount of £5,000 (including VAT), which equates to £4,167 exclusive of VAT, towards the campaign, which was planned during 2013/14 and will commence during 2014/15. £14,167 has been rolled forward to the new financial year in addition to the budget shown above.

A budget of £6,000 income is included annually for training provided by the Board. The Board is, however, trialling a period of providing training free-of-charge, with the aim of increasing take-up, which has reduced over the last year.

3. Making a difference in Leeds

3.1 Safeguarding Adults

Safeguarding adults arrangements work to protect adults with health and social care needs from abuse and neglect.

In April 2013, Leeds joined with Bradford, Calderdale, Kirklees and Wakefield, to adopt West Yorkshire Safeguarding Adult Multi-Agency Policy and Procedures.

When these procedures are being followed, a Safeguarding Coordinator, usually a social worker or a nurse, will work with the person at risk to develop:

- A plan to investigate the concerns
- A plan to support them to be safe

Table 1 below, shows how during 2013/14, the risk to the person has changed as result of safeguarding.

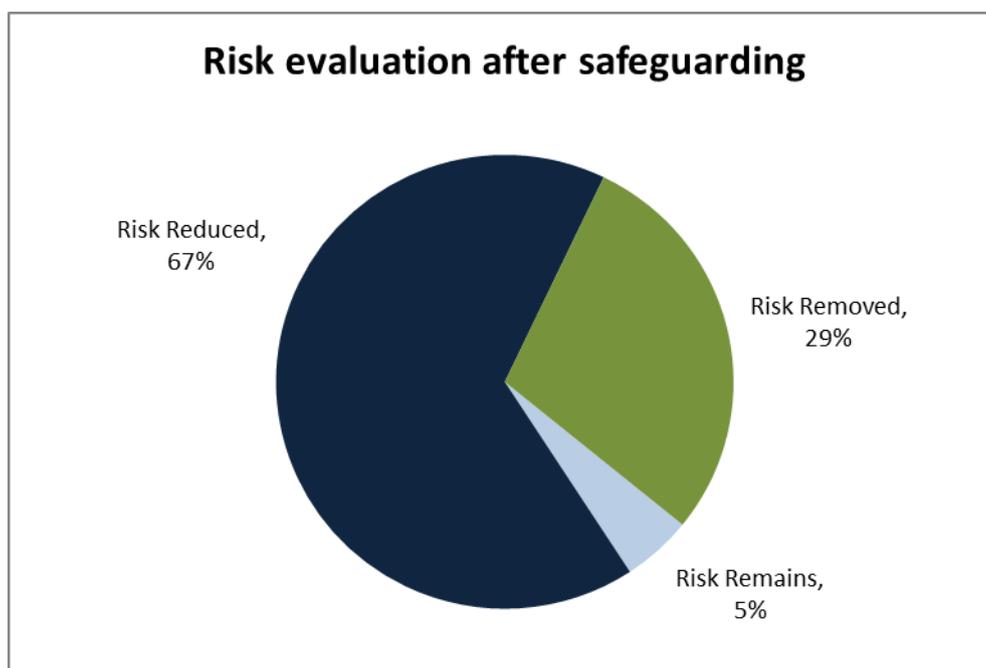


Table 1. Risk Evaluation (Source: SAR return)

Over the last 12 months, in 95% of occasions safeguarding adults arrangements have served to either completely remove the risk, or reduce the risk of further abuse and neglect.

Safeguarding supports people in how they choose to live their lives. As a person may decide not to accept support or to live in circumstances that place them at risk, safeguarding may not always be able to reduce the risk.

For example, a person may choose to live with a family member that has abused them. However, safeguarding will always look to provide people with options, that will help the person to be safe and in control of their own life.

For more detailed data reports on safeguarding practice in Leeds, refer to Appendix B.

Case Example, Safeguarding Adults practice

Mrs Barnes aged 75, lived all her life in the family home. Mrs Barnes had mental health problems, and due to increasing frailty and declining mobility she needed support with her physical care needs.

Her brother visited and supported her regularly, and she received support from paid carers several times a day. Unfortunately Mrs Barnes was admitted to hospital due to serious sores on her leg. Her brother, concerned that these sores had developed so badly despite her receiving daily physical care, made a safeguarding alert.

A strategy meeting was held, and it was decided to undertake an investigation into the circumstances of her deteriorating health. Mrs Barnes, her brother, and the care agency were all involved in the investigation.

The investigation found that carers had noted the developing sores, but had not checked these regularly, and the care agency had not passed these concerns on to medical professionals. This led to the sores becoming more and more serious.

A Case Conference Meeting was held that reviewed the investigation findings, and decided that neglect had taken place. The meeting focused on considering how to prevent any further incidents like this in the future.

A number of actions were identified that would help prevent such incidents. This included improved training, improved links with health professionals, better recording and communication systems. These changes will help prevent such incidents, not just for Mrs Barnes, but for all the agency's clients.

3.1.1 Getting the message out

The Safeguarding Adults Board wants everyone to know that they can seek help and advice, and have the confidence to do so.

The table below shows us that over the last 12 months we have had an increase in the number of safeguarding alerts.

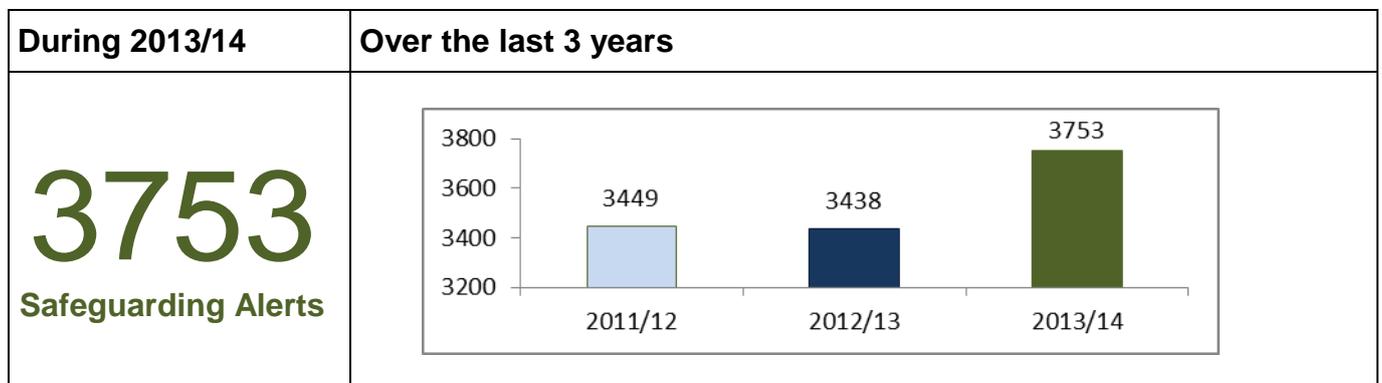


Table 1. Safeguarding Alerts (2011/12-2013/14) (Source: SAR return)

This suggests that we are improving awareness of safeguarding adults. However, we want to do more to make sure our message reaches as many people as possible.

To promote awareness and understanding of safeguarding adults, work is currently being undertaken to plan a publicity campaign aimed at staff and volunteers, service users and the general public.

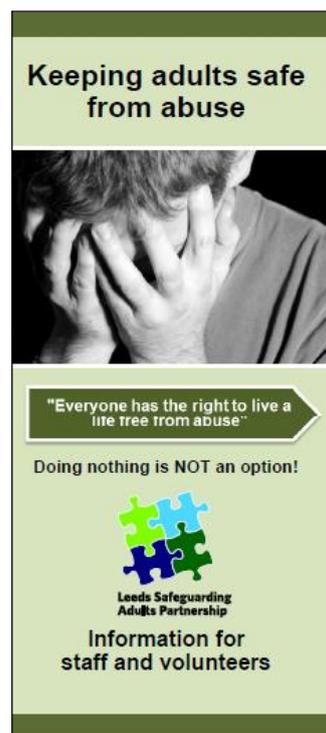
The campaign is planned to be launched during the summer 2014 and will use a range of complementary materials, such as poster campaigns, social media, websites, and local media to promote our messages.

The objectives of the campaign are:

- 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

In advance of the safeguarding publicity campaign, the Safeguarding Adults Board produced new safeguarding materials to help promote awareness of safeguarding adults.

New plastic safeguarding cards (credit card sized) that provide important contact numbers for reporting safeguarding concerns. New information leaflets have also been developed about safeguarding adults. One has been produced for member of the public (blue) and one for staff and volunteers (green). Both provide information about safeguarding adults, how to report abuse, and what happens next.



(Front)



(Back)

These new safeguarding leaflets can be accessed from the Board's website www.leedssafeguardingadults.org.uk/safeguarding_leaflets.html.

These safeguarding leaflets and cards can also be ordered **free of charge**, by contacting the Safeguarding Adults Partnership Support Unit: Tel: 0113 224 3511 or Email: safeguarding.adults@leeds.gov.uk.

A new Easy Read leaflet is currently in development.

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 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.

Across Adult Social Care and NHS partners alone, almost 7,000 people have received training across Level 1 or Level 2 during 2013/14. This includes Adult Social Care and NHS staff who have been using e-learning to refresh their knowledge.

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 and since March 2014, the Board has made these courses available free of charge for a trial period. During 2013/14, 448 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 Procedure Review
- Chairing Safeguarding Meetings
- Institutional Abuse

More information about safeguarding adults training courses in Leeds is available on the Board's website: www.leedssafeguardingadults.org.uk/training.html

3.1.3 Improving our guidance

To support best practice amongst practitioners in Leeds, the Safeguarding Adults Board has continued to work actively on developing practice guidance.

This includes a number of new guides:

- Practice Guidance: IMCA, Advocacy and Safeguarding, is a revised version of existing guidance. The Board recognises the importance of people's voices being heard and listened to within the safeguarding adults procedures, which is reflected in this guidance about involving advocacy to support and represent people.
- A Service User To Service User Abuse Leaflet has been developed, aimed at managers of residential care homes, nursing homes and supported tenancies. Abuse between service users in the same setting, is no less important than other forms of abuse. The leaflet provides advice, with examples, on when a safeguarding alert is appropriate, and outlines the wider responsibilities of the organisation.
- Practice Guidance: Large Scale Investigations have been developed to support safeguarding coordinators in managing complex investigations that involve institutional abuse in health or social care settings.
- Practice Guidance: Allegations of abuse involving employees and volunteers, provides advice for organisations on preventing and responding to allegations of abuse that involve their employees and volunteers.
- To support partnership working in Leeds, joint working protocols have been agreed between Adult Social Care and Leeds Teaching Hospital NHS Trust, clarifying responsibilities in relation to safeguarding coordination between the organisations.
- The Resource Guide: Financial Abuse draws together information about a range of services, organisations or information guides that can help people to prevent financial abuse, or to know how to report it if it has occurred.

All these new guidance documents, along with the West Yorkshire Safeguarding Adults Multi-Agency Policy and Procedures can be accessed on the Board's website:

www.leedssafeguardingadults.org.uk/professionals.html

3.1.4 Working better together

The Leeds Safeguarding Adults Board worked closely with Bradford, Calderdale, Kirklees and Wakefield Safeguarding Boards to develop West Yorkshire Multi-Agency Safeguarding Adults Policy and Procedures. These were put into practice in April 2013.

This joint approach marked the beginnings of a new relationship in the West Yorkshire that provides for sharing best practice and shared learning. It was also helpful to have just one set of procedures for organisations, such as the police or care providers, that worked across this area.

Within Leeds the Board has sought opportunities to work in closer partnership with Leeds Safeguarding Children Board and the Safer Leeds Executive. In June 2013, for the first

time, a joint Board Development Day with the to identify potential opportunities for closer joint working on overlapping agendas such as mental capacity, domestic violence, and Think Family approaches.

Similarly, the Safeguarding Adults Board, including Police, Social Care and Health partners, have been working closely, together with Children' Services to explore new working practices that allow them to work together to understand how to respond to concerns at the point that they are made.

3.1.5 Learning from practice

New approaches

A priority for the Safeguarding Adults Board is to learn from cases and situations that challenge us as a multi-agency partnership. Throughout 2013 the Board has been reviewing its approach to learning from practice and in January 2014 published its Safeguarding Adults Reviews Policy and Toolkit.

Until now the Board has had two ways of learning, *Serious Case Reviews* and *Learning the Lessons Reviews*. In the future *Safeguarding Adults Reviews* will be held instead. This is not just a new term, but a new approach that allows the Board to be flexible according to the nature of the case, and capture the learning in the most appropriate, efficient and effective way.

This new approach has been developed based on learning in Leeds, from other Safeguarding Boards, and from the guidance within the Care Act, which uses the term Safeguarding Adults Reviews.

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. All Safeguarding Adults Reviews have an action plan which set out recommendations for change and actions to address these.

The Safeguarding Adults Reviews Policy and Toolkit can be read in full at:
www.leedssafeguardingadults.org.uk/safeguarding_adults_reviews.html

During 2013/14 the Board has also worked closely with the Community Safety Partnership in conducting Domestic Homicide Reviews where one or more of those concerned are also adults at risk of abuse and neglect. It is anticipated that the learning from these will inform a joint project looking at older people and domestic abuse.

Reviews completed

The Board completed two reviews during 2013/14, a further three are currently being undertaken.

The first review concerned a man with profound deafness, mental health difficulties and substance dependency. He moved to Leeds from the North West of England after being in hospital for treatment under the Mental Health Act (1983). He lived, in supported accommodation for three months before overdosing on heroin. Prior to this death he had displayed extremely challenging behaviour which made it difficult for agencies to support him.

A multi-agency workshop was held with all the agencies concerned to examine the issues and develop recommendations for future practice. Agencies challenged each other to think about how they provide an equitable service to those without hearing who also experience acute mental distress. As a result, an action plan has been developed, focusing on how agencies communicate effectively with each other and people with communication difficulties. The group is due to meet again in September 2014 to review the action plan.

The second completed review has not been included here. All reviews are anonymised when they are reported, but even anonymised information about this review will make those concerned easily identifiable. The review was held as a workshop with statutory and commissioned agencies coming together to learn from challenging circumstances. The key learning was around information sharing, timelines of decision-making and the importance of early evidence gathering.

Each of these individual reviews included action plans for relevant agencies to address and improve practice. Learning is shared beyond those particular agencies, one way of doing this is through learning from practice events.

Learning From Practice Events

Learning From Practice Events are aimed primarily at Safeguarding Coordinators in Leeds, but which also includes wider Safeguarding Leads in Health, Social Care and the Police, and other relevant organisations such as Care Quality Commission. Learning from Practice Events provide an opportunity to share learning from local and national Safeguarding Adults Reviews, developments in safeguarding adults, and to explore the potential for improved partnership working.

The event in September 2013 focused on multi-disciplinary working between police and safeguarding coordinators, to help develop shared understanding of responsibilities and processes, and to identify ways to develop improved communication and coordination. The police also provided training and advice on interview skills and preserving evidence.

The subsequent event in January 2014 focused on developing understanding of related processes and organisations that help to keep people safe. The event included speakers about Hate Crime, Forced Marriage and West Yorkshire Trading Standards. It also involved identifying and reviewing the learning from a case in Leeds, and a national case that had been before the Courts.

Subsequent events have been planned to take place quarterly throughout 2014.

3.1.7 Improving standards and outcomes for people

A key role of the Board is to seek ways to continually improve standards of practice and outcomes for people within the safeguarding adults procedures. One way in which the Board achieves this is through its performance, audit and quality assurance processes.

The Board's approach over the last few years has been based on a 'balanced score card', which involves developing performance measures in four areas:

- Workforce capability and capacity
- Business processes
- Customer perceptions

- Value for money

An area of development for 2013/14 was to find improved ways of capturing 'customer perceptions' of the adult safeguarding process. New surveys have been developed to provide opportunity for people to provide feedback on their experiences. There are separate surveys for:

- Adults at risk, including a follow-up survey
- Relatives or unpaid carers
- Service Providers
- Case Conference Meetings

All these surveys will be rolled out during 2014, initially for investigations that result in a Case Conference Meeting, and after a review period, they will be used more widely.

To complement the balanced scorecard measures, the Board's Quality Assurance Framework has been used to audit the quality of practice. The Quality Assurance Framework enables partner organisations to audit and monitor safeguarding practice at each stage of the adult safeguarding procedure.

These systems were developed in previous years. During 2013/14 it has been recognised that less audit information has been available than originally hoped for. It is planned to review the performance and quality assurance approach in 2014/15, to understand which elements work well, and which could be improved.

4.2 Protecting Peoples Rights

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 requires decisions to be always made in person's best interests.

The Board works to promote the safeguards of the Mental Capacity Act throughout Leeds. Over the last 12 months, this has included work with prison services and prison in-reach teams, and supporting Children's Social Care in relation to provisions for those aged 16 years and over. It also includes work developing Mental Capacity Card for practitioners in health and adult social care, to help practitioners to always consider the safeguards in their everyday practice.

4.2.1 Planning for a time when you cannot make decisions

The Mental Capacity Act introduced Advance Decisions, Advance Statements, Lasting Powers of Attorney (LPA). Each of these, in different ways, allow for a person to plan ahead for a time when they do not have mental capacity to make decisions for themselves. The Board has produced guides and facts sheets about these important safeguards for members of the public.

The image displays a collection of informational materials related to the Mental Capacity Act 2005. It includes four fact sheets and one leaflet. The fact sheets cover: 'What is an Advance Decision to Refuse Treatment?', 'What is an Advance Statement?', 'What is a Lasting Power of Attorney?', and 'How do I set up a Lasting Power of Attorney?'. The leaflet is titled 'Planning for a time when you cannot make decisions for yourself' and is described as 'An information leaflet for members of the public'. The Leeds Safeguarding Adults Partnership logo is visible in the top right corner of the leaflet.

These fact sheets and information leaflets can be accessed from the Board's website www.leedssafeguardingadults.org.uk/mca_useful_publications.html, together with national guidance about the Mental Capacity Act 2005.

4.2.2 Deprivation of Liberty Safeguards (DoLS)

The Deprivations of Liberty Safeguards (DoLS) are part of the legal framework set out in the Mental Capacity Act 2005 to safeguard the rights of people who lack the mental capacity to make decisions for themselves. They set out a process that hospitals and care homes must follow if they think it will be necessary to deprive a person of their liberty, in order to deliver a particular care plan in the person's best interests.

What amounts to a deprivation of liberty occurring depends on the specific circumstances of each individual case. When there is a concern that a person is being deprived of their liberty, or will be if a particular care plan is followed, an assessment must be sought from the supervisory body. Since 1st April 2013, the supervisory body for both hospital and care homes, is Leeds Adult Social Care.

Figures at a glance

Overview of Deprivation of Liberty Safeguards (DoLS)

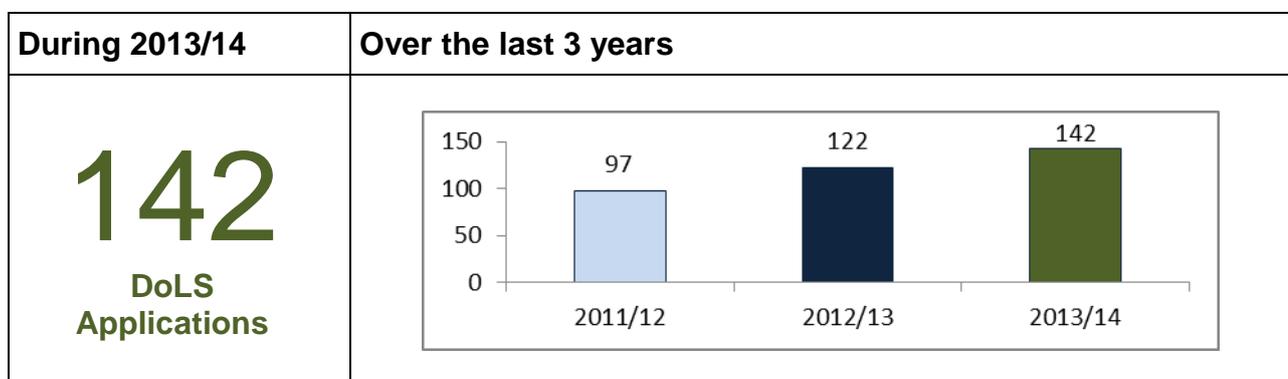


Table 3: Total DoLS Applications (2011/12- 2013/14) (DoLS database)

Applications have continued to increase during 2013/14, rising to 142; an increase of 16%. This suggests that there is a good developing awareness of these legal safeguards. National comparison information is not yet available for 2013/14, however in 2012/13 DoLS applications increased by 25% in Leeds, which is well above the national average of 4%².

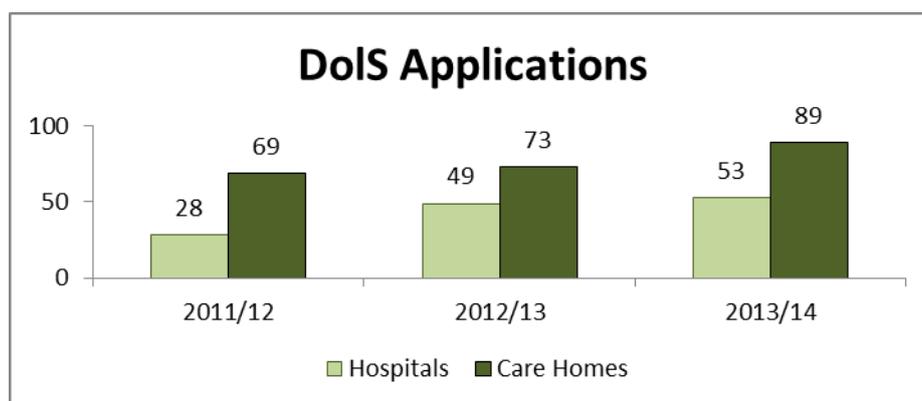


Table 4: DoLS Applications by hospital and care homes (2011/12- 2013/14) (DoLS database)

This developing awareness of the safeguards is evident across both hospitals and care homes. Table 4 illustrates that during 2013/14 applications for people in care homes rose to 89, an increase of 21%. Applications for people in hospitals increased to 53, an increase of 8%

² Health and social Care Information Centre, Deprivation of Liberty Safeguards Assessments, 2012-13, Annual report

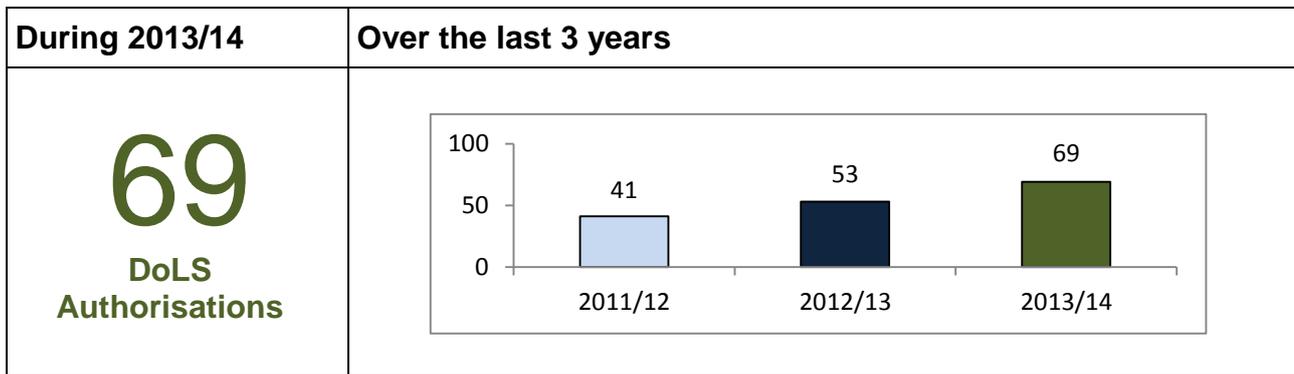


Table 5: Total DoLS Authorisations (2011/12- 2013/14) (DoLS database)

With the number of applications rising each year, the number of occasions when a DoLS was authorised has also increased. In Leeds there were 69 authorisations, an increase of 37%.

National comparison information is not yet available for 2013/14, however during 2012/13 the number of people protected by Deprivation of Liberty Safeguards (DoLS) increased by 29% in Leeds, well above the national average of 3%³.

Safeguards for the individual

The European Court of Human Rights established the principle that ‘no one should be deprived on their liberty unless it is prescribed by law’. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework for any deprivation of liberty:

The safeguards ensure:

- the arrangements are in the person’s best interests
- the person is appointed a representative
- the person as a right of appeal
- arrangements are reviewed and continue for no longer than necessary

The increase in DoLS applications and authorisations in Leeds means that more people are being protected with these legal safeguards each year.

Leeds Deprivation of Liberty Safeguards (DoLS) Coordination Service

In Leeds a DoLS Coordination Service is provided that allows for 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 service.

The DoLS helpline can be contacted on Tel. 0113 295 2347 (office hours)

For more information of Deprivation of Liberty Safeguards (DoLS)
www.leedssafeguardingadults.org.uk/deprivation_of_liberty_safeguards.html

National Developments

On 19th March 2014 there was a landmark ruling as to the circumstances that amount to a deprivation of liberty. The Mental Capacity Act does not define a Deprivation of Liberty, and so the criteria have developed through Case Law. In the case of *P v Cheshire West*, the Court

³ Health and social Care Information Centre, Deprivation of Liberty Safeguards Assessments, 2012-13, Annual report

decided that the Deprivation of Liberty Safeguards were now appropriate in circumstances where a person without mental capacity, is not free to leave a care home or hospital and is subject to continuous supervision and control. The Board is working to promote awareness of this new case law, and to undertake any additional assessments required.

This new judgment means that many more people will be covered by the protection of the Deprivation of Liberty Safeguards. It envisaged that the number of Deprivation of Liberty Safeguards needed will increase significantly during 2013/14.

Leeds has worked hard to make sure it can provide effectively for these assessments. Leeds has the second highest number of Best Interest Assessors in the country, and hosts high profile 'Best Interest Assessor' conferences. As such Leeds is relatively well placed to respond to these sudden changes in the law.

Case Example, DoLS practice

Pete is 40 years of age and lives in a care home for people with learning disabilities. He has a sister that visits him regularly, who is very happy with the care and support he receives.

Pete has a profound learning disability. He lacks the mental capacity to make decisions about where he lives or his care arrangements. These decisions have to be made in Pete's 'best interests'. Pete cannot express himself verbally, but he can express his feelings through facial expressions, gesture and his behaviours. Pete's feelings are always taken into account when decisions are made.

Pete lives in a care home because he needs continual supervision and support. He needs assistance with all activities and tasks of daily living. Some of Pete's behaviours place him at risk, in particular he can swallow objects that can be harmful to him, or bite himself causing serious injury. Sometimes a soft arm splint is needed to prevent Pete from hurting himself.

Pete needs one to one care from a member of staff during waking hours, and needs regular checks throughout the night. Pete is not able to move out from the care home, as it would not be safe for him to live without the support he currently receives.

The care home manager assessed that Pete's care arrangements were in his 'best interests'. The care home manager felt Pete was under continuous supervision and control and not free to leave, and so made an application for Deprivation of Liberty Safeguards (DoLS).

As Pete is unable to agree or disagree with the care arrangements, a 'Best Interest Assessor' (a social worker from the local authority) undertook a detailed assessment. This involved meeting with Pete, consulting with his sister, care staff, and Pete's advocate. The social worker concluded that Pete was being 'deprived of his liberty', and agreed with the care home that the care plans were in Pete's 'best interests'.

The local authority authorised the deprivation of liberty, approving the care arrangements and providing Pete with legal safeguards about his future care and treatment.

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.

4.2.3 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.

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.

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.

An IMCA can only be instructed by the NHS or the local authority where the decision involves one of the following issues:



With the exception of specific circumstances within the safeguarding adult procedures, if a person has family or friends to represent them in decision making, then there is no need for an IMCA.

Figures at a glance

Overview of IMCA involvement

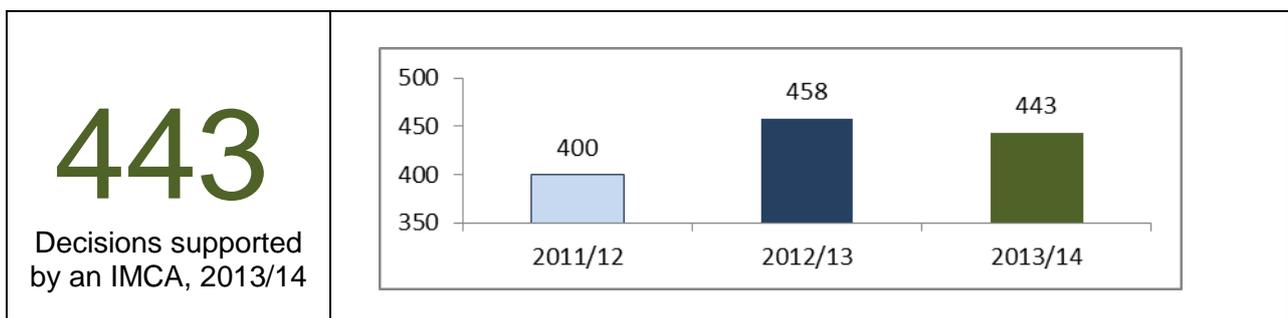


Table 6. IMCA supported decisions, 2011/12-2013/14 (Source: Articulate Advocacy)

According to Department of Health figures, during 2011/2012⁴ and 2012/13⁵ Leeds had the highest use of IMCA's in the country. National figures for 2013/14 have not yet been published. Although use of IMCAs declined very slightly in Leeds during 2012/13, overall the figures show that IMCAs are consistently used in Leeds to safeguard and promote the rights of people who lack mental capacity.

⁴ The Fifth Year of the Independent Mental Capacity Advocacy (IMCA) Service: 2011/2012

⁵ The Sixth Year of the Independent Mental Capacity Advocacy (IMCA) Service: 2012/2013

Types of decisions supported by an IMCA in Leeds

During 2013/14	Over the last 3 years								
<p>82</p> <p>Serious Medical Treatment Decisions</p>	<table border="1"> <thead> <tr> <th>Year</th> <th>Decisions</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>67</td> </tr> <tr> <td>2012/13</td> <td>74</td> </tr> <tr> <td>2013/14</td> <td>82</td> </tr> </tbody> </table>	Year	Decisions	2011/12	67	2012/13	74	2013/14	82
Year	Decisions								
2011/12	67								
2012/13	74								
2013/14	82								
<p>172</p> <p>Change of Accommodation Decisions</p>	<table border="1"> <thead> <tr> <th>Year</th> <th>Decisions</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>163</td> </tr> <tr> <td>2012/13</td> <td>181</td> </tr> <tr> <td>2013/14</td> <td>172</td> </tr> </tbody> </table>	Year	Decisions	2011/12	163	2012/13	181	2013/14	172
Year	Decisions								
2011/12	163								
2012/13	181								
2013/14	172								
<p>45</p> <p>Deprivation of Liberty Decisions</p>	<table border="1"> <thead> <tr> <th>Year</th> <th>Decisions</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>34</td> </tr> <tr> <td>2012/13</td> <td>38</td> </tr> <tr> <td>2013/14</td> <td>45</td> </tr> </tbody> </table>	Year	Decisions	2011/12	34	2012/13	38	2013/14	45
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2011/12	34								
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2013/14	45								
<p>78</p> <p>Care Review Decisions</p>	<table border="1"> <thead> <tr> <th>Year</th> <th>Decisions</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>62</td> </tr> <tr> <td>2012/13</td> <td>95</td> </tr> <tr> <td>2013/14</td> <td>78</td> </tr> </tbody> </table>	Year	Decisions	2011/12	62	2012/13	95	2013/14	78
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2011/12	62								
2012/13	95								
2013/14	78								
<p>66</p> <p>Safeguarding Adults Decisions</p>	<table border="1"> <thead> <tr> <th>Year</th> <th>Decisions</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>67</td> </tr> <tr> <td>2012/13</td> <td>69</td> </tr> <tr> <td>2013/14</td> <td>66</td> </tr> </tbody> </table>	Year	Decisions	2011/12	67	2012/13	69	2013/14	66
Year	Decisions								
2011/12	67								
2012/13	69								
2013/14	66								

Table 7. Types of IMCA supported decisions, -2013/14 (Source: Articulate Advocacy)

In Leeds the use of IMCA's have increased in 2013/14 for decisions about Serious Medical Treatment and Deprivation of Liberty Safeguards (DoLS), and have decreased slightly for decisions about Change of Accommodation and Care Reviews. Use of IMCA's in Safeguarding has remained broadly the same.

Safeguards for the individual

IMCA's have legal rights set out in the Mental Capacity Act 2005. The local authority and NHS have a duty to give due regard to any representations made by an IMCA.

The role of the IMCA is to represent the person within the decision making process. This will include:

- Finding out the person's views, feelings, wishes, beliefs and values, and making sure these are known to those making the decision
- Asking questions on behalf of the person and representing them.
- Ensuring that the person's rights are upheld and that their interests are at the centre of any decisions-making
- Checking that the decision-maker is acting in accordance with the Mental Capacity Act and that the decision made is in the person's 'best interests'.

Litigation Friend

In Leeds there have also been 7 instances where an IMCA has been commissioned by Adult Social Care to undertake the role of litigation friend. A litigation friend may be appropriate in circumstances where the person who needs to take legal action, lacks the mental capacity to do this themselves. Sometimes an IMCA is well placed to undertake this role in safeguarding the person's rights and interests.

Case Example, IMCA practice

John is a 41 year old man who has an acquired brain injury and some mental health problems. He lives independently with support from carers.

Over the last year, John was befriended by several men who supplied him with illegal drugs. These concerns came to light after one of these men physically assaulted John. When the police were informed, they also made a safeguarding alert.

The **safeguarding adults** process looked at how to support John to be safe in the future. John was placing himself in positions of serious risk. An assessment of his mental capacity found that John was unable to understand and weigh up these risks. As John lacked the mental capacity to decide about the arrangements to keep him safe, an IMCA was appointed to support and represent John.

One way of supporting John was to explore moving to a new home, so that these men could not continue to target him. The IMCA was also asked to represent John in decisions about a possible **change of accommodation** that might be needed to manage the risks.

A 'best interests' meeting was held, which John and the IMCA attended. It was decided that it was in John's 'best interests' to move into supported living accommodation. This allowed John to maintain his independence, but also to minimise the risk of further abuse. John has happy with the decision.

The work of the IMCA focused on making sure that each decision was made in John's 'best interests', taking into account his wishes and feeling and the requirements of the Mental capacity Act 2005.

5. Going Forward

5.1 Strategic Aims and Objectives

The Board has developed a Strategic Plan for its work going forward. This includes Strategic Aims and Strategic Objectives. These Strategic Aims and Strategic Objectives are carried forward within each year's Business Plan.

5.1.1 Strategic Aims

The Board's Strategic Aims describe the principles that the Board adopts in its practice. They describe the values to be achieved by the Board in the course of meeting its objectives. The Board and its sub-groups are committed to the following:

I. Empowerment

Working to support people to manage risk in their own lives, with professionals supporting their decision making at each stage of the safeguarding adults procedures.

II. Protection

Working to ensure safeguarding adults procedures serve to end abuse and that decisions are made in line with the Mental Capacity Act 2005.

III. Prevention

Working to gain reassurance of all partner organisations that prevention is a core element in the delivery, commissioning and development of services.

IV. Proportionality

Working to ensure the safeguarding adults procedures are used in appropriate circumstances and as a proportional response to concerns being raised.

V. Partnership

Working to develop joint working practices between organisations that promote coordinated, timely and effective responses for the adult at risk and other parties, and makes the best use of skills and resources.

VI. Accountability

Working to engage with and be responsive to the needs of all stakeholders necessary to promote the Board's Vision, including adults at risk, carers, service providers and the wider community. This includes working in ways that achieve effective, respectful, fair and valued outcomes for all the people the Board serves.

5.1.2 Three Year Strategic Objectives

The Board's three year objectives for 2013/14–2016/17 are set out here, aligned with the various work streams of the Board. Each year, when the Business Plan is agreed for the next 12 months, it will include various elements of these objectives. This will help to focus on longer term goals that need to be worked towards over more than one year.

Governance, Leadership and Partnership

Strategic Objectives:

- ❖ Multi-Agency Safeguarding models of operational practice have been explored and considered.
- ❖ Effective working relationships of the Board has been sustained and developed, ensuring appropriate representation, membership and links to wider networks/Boards are embedded.
- ❖ Strategic links and key shared workstreams have been identified and included as relevant into the Board Business Plan.

Policies, Protocols and Procedures

Strategic Objectives:

- ❖ There is a full range of policy, procedures and guidance in place that provides a framework within which organisations can work together effectively to respond to abuse and neglect, and reflects developments in national guidance and legislation, as well as national/regional/local learning, and new approaches to safeguarding.

Training and Workforce Development

Strategic Objective:

- ❖ The training and workforce framework strategy incorporates local/regional and national policy, procedures and learning, and meets the needs of stakeholders involved in the safeguarding process.

Safeguarding Adults Reviews

Strategic Objectives:

- ❖ Serious Case Review and Learning the Lesson Review procedures reflect best practice as established through local/regional and national learning as well as any relevant legislation.
- ❖ Effective systems have been developed and maintained to share the learning within Leeds from Serious Case Reviews and Learning the Lesson Reviews occurring both locally and nationally.

Performance, Audit and Quality Assurance

Strategic Objectives:

- ❖ Measures and processes effectively capture the outcomes of safeguarding adults work (such as improved levels of safety, improved sense of wellbeing, reduced levels of risk, successful achievement of outcomes desired by adults at risk).
- ❖ There is consistent recording and reporting of safeguarding information across partner organisations in Leeds, enabling sharing of intelligence at both a strategic and operational level.

Communication and Community Engagement

Strategic Objectives:

- ❖ Systems and resources have been developed that raise public awareness and understanding of safeguarding adults work.
- ❖ Adults who have experienced, or are at risk of abuse and neglect, shape and influence the development of safeguarding practice.
- ❖ All stakeholders who experience the safeguarding process have opportunities to inform and influence the development and improvement of that process.

Mental Capacity Act Implementation

Strategic Objectives:

- ❖ Where mental capacity cannot be presumed in relation to adults who need care or support services, mental capacity is formally assessed and subsequent decisions are reached in line with the Mental Capacity Act.
- ❖ All required Independent Mental Capacity Advocates (IMCA) instructions are made as required.
- ❖ Deprivation of Liberty Safeguards (DoLS) practice is in line with national requirements.
- ❖ The number of people who are assessed as lacking the mental capacity to make decisions about their safety and who have representation in the safeguarding process (from an advocate, friend or family member) is audited and any required improvement plans implemented.

5.1.3 Board Business Plan 2014/15

The Board Business Plan sets out the detail of the Board's continuous work programme. This includes information about how these identified priorities will be taken forward during 2014/15.

The Board Business Plan 2014/15 is available on the Safeguarding Adults Board website: www.leedssafeguardingadults.org.uk

6. Appendix A: Work of Board Member Organisations

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

An overview of the work of Board member organisations in promoting and developing safeguarding adults and mental capacity practice is included here.

6.1 Leeds City Council: Adult Social Care (ASC)

With the launch of the West Yorkshire procedures in April 2013, Adult Social Care staff have been ensuring the application of the new procedures in our safeguarding work. These procedures have led to a welcome flexibility in decision-making by safeguarding coordinators about when it is most appropriate to proceed to an independently-chaired case conference meeting. For many adults at risk this can be a daunting process, and we have been able to conclude some cases without the need for this step. The next year will enable us to audit our practice and ensure that we continue to put the wishes of adults at risk at the centre of all we do, whilst remaining objective in our approach.

June 2013 saw the Safeguarding Adults Board approving a protocol agreed between Adult Social Care and Leeds Teaching Hospitals NHS Trust on the criteria to be used to decide which would coordinate safeguarding concerns relating to people who had been in receipt of acute health care. This was an important piece of partnership work, building on earlier work between Adult Social Care and the Leeds and York Partnership Foundation NHS Trust on the criteria to be used to decide which would coordinate safeguarding concerns relating to people who had been in receipt of mental health services.

During the Autumn of 2013, Adult Social Care signed up to the national Making Safeguarding Personal programme, and began the journey towards a greater focus on recording and achieving desired outcomes expressed by adults at risk of harm.

Throughout 2013/14 Adult Social Care have continued to improve operational practice and have evidenced these improvements by internal and external case file auditing. The Safeguarding Adults and Risk Managers continue to take a significant role in supporting frontline staff to deliver their responsibilities and equally in developing a collaborative approach with key partners in the protection of adults at risk of harm or abuse. The Safeguarding and Risk Managers have trialled a joint model of screening domestic violence referrals alongside the police and children's services.

This work was reviewed at a multi-agency meeting and has led to a series of recommendations to develop a Multi-agency Gateway Model of Safeguarding. The Gateway model will enable better screening, joint investigation across health, police, children and adult services where appropriate, including greater opportunities for joint training.

ASC took part in a multi-agency operation in relation to human trafficking in Leeds in 2013/14. Following the success of the operation Adult Social Care commissioned an

independent organisation to provide training targeting key staff across health, police, Children and Adult Services and broader council staff. This training and learning will be embedded into organisational development planning.

Also during 2013/14, Adult Social Care has contributed to the development of the approach to Domestic Homicide Reviews in the city. Sadly the list of domestic homicides in Leeds has continued to grow, and some of the victims have had care and support needs. This development work has been informed by our experience of working with Board partners on adult safeguarding serious case reviews.

In response to Cheshire West (Mental Capacity Act) Adult Social Care has reviewed its approach to assessment processes for Mental Capacity Act Assessments, and earlier decision making. A refreshed and robust process is in place, which involves the training of additional staff, up-skilling the existing Social Care workforce and working closely with our partner agencies to manage the expected increase in referrals. All of the above measures are being overseen by a specifically convened working group that meets on a monthly basis and ensures that Leeds Adult Social Care continues to meet its statutory duties and responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

6.2 Leeds Clinical Commissioning Groups (CCGs)

The first year of the Clinical Commissioning Groups has led to significant change for the safeguarding team. The team are hosted by South and East Leeds Clinical commissioning Group but work across all three CCGs. The team has established constructive working relationships with new health organisations in particular NHS England who in the new health structure now commission primary care services. The team provides expert safeguarding support and advice to the whole health system in Leeds. The focus of the team is to gain assurance that health services deliver care and treatment that safeguard patients from abuse. Where abuse does occur, patients are quickly and effectively protected and lessons are learned to prevent similar incidents occurring.

The CCGs safeguarding commissioning policy, which includes standards relating to safeguarding, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and *Prevent* (part of the government anti – terrorism strategy) was slightly revised for 2013-14. All 3 NHS Trusts in Leeds have provided statements of compliance with these standards. The commissioning policy for 2014/15 has been combined with a safeguarding children policy and will be monitored by the safeguarding team. The safeguarding team have carried out a number of inspection visits to hospital wards in order gain further assurance that patients are safeguarded and to support providers in delivering safe and effective care and treatment.

The team continue to provide training in Safeguarding, MCA, DoLS and *Prevent* to GP practices in Leeds and have the highest GP practice training compliance rates in the region. We have developed a new bespoke training programme for CCG commissioning staff and board members and training compliance levels are now approaching the 95% target. This training has resulted in an improved understanding of safeguarding and the MCA amongst commissioners and ensured that safeguarding issues are addressed throughout the commissioning cycle.

Under the legislative framework of the MCA, the safeguarding team continue to work closely with health providers and the local authority to ensure that patients are empowered to make choices about their care and treatment. We strive to ensure that those patients lacking capacity who are required to be deprived of their liberty, in their best interests, are provided with the legal safeguards. 2013-14 saw another increase in the number of DoLS applications from Leeds hospitals indicating a greater awareness of the safeguards amongst health practitioners. The recent Supreme Court ruling (Cheshire West and P&Q) is widely anticipated to significantly increase the number of DoLS applications. Leeds CCGs safeguarding team are currently developing an action plan to coordinate the health response to this challenge.

Recent high profile incidents such as Winterbourne View, Mid Staffordshire NHS Trust and Savile provide much opportunity for learning and Leeds CCGs continue to address the recommendations in those reports.

There have been a significant number of Domestic Homicide Reviews as well as safeguarding learning lessons reviews in Leeds this year. The CCG safeguarding team have worked with partners to ensure that investigations are thorough the lessons learned are implemented across the health system.

6.3 Leeds Teaching Hospitals NHS Trust (LTHT)

Leeds Teaching Hospitals (LTHT) continues to be committed to safeguarding vulnerable adults at risk and has made a significant investment in 2013/14 into the Trust's safeguarding team. This investment includes:

- The appointment of a new Head of Safeguarding in October 2013.
- Additional posts to support the safeguarding agenda and the implementation of the Mental Capacity Act 2005.
- The Trust has realigned its safeguarding adults and children's teams into one safeguarding department which sits within the corporate nursing team under the direct leadership of the Chief Nurse and Deputy Chief Nurse.
- A further investment is being made in 2014 for an additional safeguarding nurse advisor post.
- The Trust welcomes new employees into the safeguarding team from both nursing and non-nursing backgrounds.

Other developments include:

- LTHT now has direct access to the Adult Social Care (ASC) Electronic Social Care Record (ESCR). Access to this system enables the LTHT staff to directly access safeguarding information and input data directly onto ESCR.
- The Trust has reviewed and strengthened its governance arrangements for safeguarding. The safeguarding steering groups now report directly into the Quality Committee which is a sub-committee of the Trust Board which is chaired by a Non-Executive Director and has Executive representation.
- The Trust Whistle Blowing Policy has been reviewed with explicit reference to safeguarding policies. The policy was launched in March 2014 with a dedicated communications campaign "if in doubt, speak out".

Safeguarding Quality Assurance:

- The Trust is developing its process for performance monitoring and quality assurance on safeguarding activity.
- In quarter 4 of 2013/14 the safeguarding team developed a pilot safeguarding audit for monitoring and quality assurance on safeguarding alerts in partnership with the Trust Internal Audit team.
- In 2013/14 the Trust safeguarding team received 444 safeguarding alerts and has participated in 14 safeguarding case conferences and a similar number of strategy meetings/discussions.
- The Trust is working closely with the Performance, Audit and Quality sub-group of the LSAB to improve quality on assurance reporting and inter-agency strength.
- The Safeguarding Adults at Risk and Mental Health Legislation Steering Group is authorised by the Quality Committee to lead, support and report on activities related to safeguarding adults at risk of abuse, Mental Capacity Act, Mental Health Act and Deprivation of Liberty Safeguards.
- The Group reports to the Quality Committee bi-annually and exception reports are provided with summary assurance reports. The Group will produce an annual report to the Trust Board on safeguarding and contribute to the Leeds Safeguarding Adult's Board annual report.

Safeguarding Training:

In 2013/14 The Trust has trained 4,779 staff at level 1 safeguarding awareness and alerter. At present the Trust has an overall compliance rate of just over 82% of all employees being up to date with level 1, safeguarding training. A further 376 senior clinicians have attended the higher level training for safeguarding adults which is the Trust level 2 training. One of the safeguarding team's priority business objectives for 2014/15 is meet the training needs of the workforce.

Safeguarding Partnership Working:

The Chief Nurse is the Executive Member for LTHT at the LSCB and LSAB and the sub-groups of the Boards are attended by the relevant leads within LTHT. LTHT has continued to be active in the Serious Case Review, Domestic Homicide Reviews and Learning Lesson Reviews in 2013/14.

Mental Capacity Acts/Deprivation of Liberty Safeguard (DoLS) 2013/14

- In the last year the Trust Lead for MCA delivered training to over 6000 staff covering all aspects of the MCA including legal use of restraint and Deprivation of liberty Safeguards (DoLS).
- The Lead Professional for MCA, MHA and Vulnerable Groups has also delivered a range of bespoke sessions for staff in particular roles and specialties such as end of life care, dementia care, security, paediatric care of patients aged 16 -18, urgent care, Speech and Language, therapy services.
- There has also been a marked increase in calls for advice on consent, capacity issues, and best interest decision making.
- Significant work has also gone into developing guidance and procedure on the Mental Health Act (MHA) and its interface with MCA/DoLS.

- This year has also seen a project to review trust wide documentation which has led to significant changes to a range of documentation to ensure that MCA is better imbedded into the Trust daily nursing and medical practice and patient interaction.
- There has been another increase in the numbers of referrals for Independent Mental Capacity Advocacy from Trust employees this year.
- The overall numbers of DoLS application is similar to last year, the number of Wards and specialties making applications has again increased, indicating that the understanding about these important Safeguards is reaching further out across the workforce.

Plans for this year

- The Trust has started work on further developing Trust Intranet site to bring guidance and support across the safeguarding, MCA and MHA.
- The Trust has launched a Prevent strategy to protect vulnerable adults who may be susceptible to exploitation by others is linked to safeguarding.
- The Trust is developing the role of safeguarding coordination within LTHT.
- The Trust will be strengthening the links between safeguarding and complaints and/or incident investigations.

6.4 Leeds and York Partnership NHS Foundation Trust

The Leeds and York Partnership Foundation Trust (LYPFT) Safeguarding Adults Team now comprises of: The Safeguarding Adults Lead Clinician (full time), Safeguarding Manager (full time) and Safeguarding Administrator (part time and shared with Children's Safeguarding). The team also still relies on a cohort of trained senior staff who can assist with the coordination and investigation of cases.

Current and Projected Developments:

- Build on developments to database and systemised methods of capturing data on safeguarding activity. In the coming months we will have direct access to the Leeds Adult Social Care database.
- Standard internal operating instructions are being launched in January 2014 this will unify instructions for all LYPFT staff in the three separate Safeguarding Adults Board catchment areas of Leeds, York and North Yorkshire.
- The new operating instructions will mean the LYPFT Safeguarding Team will be the hub for all concerns regarding our service users ensuring full oversight of all safeguarding adults activity.
- Training Needs Analysis in place. Staff compliance for Safeguarding Adults mandatory training is at 82%. Monthly training is provided in York and Leeds with bespoke sessions available to services on request. On-line training is also widely taken up within the trust although classroom sessions are recommended for new staff.
- Basic MCA/DoLS information is provided to all staff within compulsory training but work is underway with the Mental Health Legislation Lead to develop higher level training for targeted staff groups.
- New Coordinators/Safeguarding Case Managers will be trained in York with three senior managers or clinical leads identified.

- Safeguarding Investigator Training to be rolled out for Clinical Team Managers and Modern Matrons across the Trust.
- Datix Incident Reporting to link with safeguarding enabling automatically generated alerts when incidents with a safeguarding element are reported.
- Audit of staff awareness and safeguarding proficiency amongst staff to be implemented again in 2014.
- Safeguarding Adults section now functioning on PARIS electronic records.
- LYPFT Safeguarding web-page is available to all staff with links to multi-agency information, guidance and forms for all three local safeguarding boards.
- New governance structure in place with the Safeguarding Lead reporting directly to the Chief Nurse/Deputy Chief Executive.
- Trust-wide Safeguarding Committee meets quarterly and has a work plan in place for 2014.
- LYPFT is linked to the Leeds Multi-agency meeting which supports sex workers in the city who are identified as vulnerable.
- LYPFT have a Clinical Lead and an Operational Lead for the Government's 'Prevent' strategy which addresses the potential radicalisation of vulnerable people towards terrorist violence.

Domestic Abuse

- LYPFT is represented on the Domestic Abuse Strategy Group.
- Child and Adult Safeguarding Leads share attendance at all six Leeds and York MARAC (Multi-agency Risk Assessment Conference) meetings each month.
- LYPFT Safeguarding are core members of MARAC.

6.5 Leeds Community Healthcare NHS Trust (LCH)

Leeds Community Healthcare NHS Trust (LCH) has in the last 12 months experienced some challenging times, with major organisational restructures within the senior management and leadership teams and change to the executive lead for adult safeguarding.

Safeguarding has featured heavily this year following a large scale investigation on one of our inpatient facilities. This has afforded us the opportunity to review the care environment and resources in this area, with the introduction and investment in more senior and permanent staff, as well as a change of location. LCH takes all matters of safeguarding seriously and have developed and implemented both an improvement and safeguarding plan, ensuring safety and quality is paramount. Staff on the unit have received bespoke supervision and training sessions in the area of safeguarding and Mental Capacity Act (MCA), not only to improve compliance, but to achieve competence and confidence in the safeguarding process, MCA and Deprivation of Liberty safeguards (DoLS). Lessons have been learned throughout the whole of LCH as result.

All incidents and complaints with potential safeguarding implications are now reviewed by the adult safeguarding named nurse, themes and trends are identified, and any remedial actions raised with practitioners. Bi-monthly reports are submitted to the Quality Committee a subgroup of the Board and lessons learned disseminated.

Safeguarding adults training remains a mandatory requirement for all staff who have direct or indirect contact with adults at risk in the form of e-learning, and senior clinical staff receive face to face training at a higher level. Last year we started to see a decrease in training compliance as training is refreshed every three years and a high percentage of staff are due to refresh. In order to remedy this, an action plan has been developed where we are exploring different ways of training staff to increase the level of knowledge and confidence in safeguarding. LCH has trained an additional Best Interest Assessors (BIAs) this year making a total of four BIAs. Numbers of BIAs is reviewed annually where national and local needs are considered. We continue to support and promote the MCA Champions model which has received recognition and interest from other providers. The Champions support the work of practitioners on a day to day basis and ensure MCA compliance.

The next 12 months will continue to be challenging with further changes within LCH structure, however there is to be further investment in the safeguarding team, by the funding of an additional whole time equivalent post of nurse advisor, to support the named nurse and the growing safeguarding agenda. LCH recognises the requirement to provide high quality investigations and will be seeking to train senior clinicians to respond to requests for provider investigation. LCH and the safeguarding team will maintain their commitment to be active partners in raising the profile and supporting the work of the Leeds adult safeguarding agenda, and Leeds Adult Safeguarding Partnership Board.

6.6 West Yorkshire Police – Leeds District

The last 12 months have been very busy for the Leeds District Safeguarding Unit (LDSU). The unit has now moved from two sites at Weetwood and Millgarth police stations to the new Leeds District Headquarters at Elland Road. There has also been a re-organisation of the unit and its terms of reference which now encompasses the following key areas:

- Adults at risk
- Domestic violence
- Child abuse
- Child Sexual Exploitation
- Rape investigation
- Management of Registered sex offenders
- Missing Persons

The reorganisation of the unit has sought to ensure that as far as possible, we have the right expertise available at key demand times whilst also being able to meet the needs of our partner agencies.

In the last year the Leeds District Safeguarding Unit (LDSU) has committed staff to the development of a multi-agency Partnership Vulnerability Unit (PVU) which is located at Westgate in Leeds. LDSU staff have established a good working relationship with our colleagues in Children's Social Work Services at their Westgate Duty and Advice team. The PVU has been designed to enable a quick joint information sharing process and assessment of threat and risk for cases highlighted either by police or social services. Prompt and effective decision making and planning flows from these discussions. Both agencies agree that this working arrangement is a great improvement on the previous

practices. At the moment this is confined to cases involving children or domestic violence where children are present. However, colleagues from Adult Social Care and Mental Health are currently assessing the potential for similar arrangements in the very near future.

The Leeds District Safeguarding Unit dealt with 232 adult at risk referrals between April 2013 and March 2014. Out of these referrals 95 adult at risk crimes were recorded and mainly comprised of physical, sexual or financial abuse of vulnerable adults. These cases are sometimes long, complex and challenging investigations.

Leeds District Safeguarding is looking forward to further developing its relationship with Adult Social Care and other key agencies so that we can work together to bring to justice those who commit crimes against adults at risk.

6.7 Safer Leeds

Safeguarding and vulnerability continues to be a strategic priority for the Safer Leeds Partnership and the Partnership has actively engaged with the safeguarding vulnerable adults agenda on a number of fronts. The most notable development comes from the statutory requirement on the Partnership to undertake Domestic Homicide Reviews which came into effect from April 2011. Leeds currently has six Domestic Homicide Reviews underway (and two more pending), this has resulted in joint working with both the Safeguarding Adults and Children teams to:

- Draw upon the learning from Serious Case Reviews and Learning Lessons Reviews.
- Have strong collaboration and joint working between the Safer Leeds Partnership and the Safeguarding Vulnerable Adults team in Domestic Homicide cases where the victims are also deemed to be vulnerable adults.
- Working with the Safeguarding teams to establish a process for Domestic Homicide Reviews which mirror the Serious Case Review processes for vulnerable adults and children.

Domestic violence is a top priority for the Safer Leeds Partnership and in the last twelve months to the end of March 2014 the repeat victimisation rate for domestic violence in Leeds was 33.2% (13,832 recorded incidents and 4,589 repeats). Over three quarters of victims in 2013/14 were aged between 20 and 49 years, with a clear bias towards younger adults as either victim or suspect. Between Sept 2011 and September 2013, 677 cases were discussed through Multi Agency Risk Assessment Conferences.

The secondment of a Probation Officer, Prison Officer and Social Worker to the Domestic Violence Team will promote a holistic approach to addressing domestic violence in families where multiple vulnerabilities are present'. Progress has been made to develop work with the clusters across the city and increasing the workforce capacity to respond to perpetrators is developing. In the past year the number of agencies who have been assisted to achieve the Domestic Violence Quality Mark for good practice in responding to domestic violence has increased.

Leeds Anti-Social Behaviour Team (LASBT) is a multi-agency team, comprising of staff from Leeds City Council, Housing Leeds, West Yorkshire Police, Victim Support and West

Yorkshire Fire Services Arson Taskforce. Central to LASBT's policies and procedures is a commitment to ensure the service operates with a strong customer focus, underpinned by a need to identify vulnerabilities and risk factors faced by both victims and alleged perpetrators, to ensure referrals to support, interventions and risk management conferences (MARAC's) meet their needs.

Leeds Anti-social Behaviour Team (LASBT) has a clear responsibility to undertake a vulnerability/risk assessment with victims and alleged perpetrators. Using matrices initially developed by the Home Office but developed locally to include an assessment of alleged perpetrators, they seek to clarify existing known vulnerabilities, identify potential vulnerabilities, safeguarding issues and risk factors, existing support provision and gaps. LASBT will typically refer vulnerable individuals into a range of support services including, Adult Social Care, Children's Services, ALMO Independent Living Teams, Sustain, Signpost and a wide range of generic support providers as necessary. More recently, work has also been done with our police partners to identify repeat and vulnerable victims of anti-social behaviour, through police reporting mechanisms.

West Yorkshire Police and LCC Adult Social Care have reached an agreement to formalise the arrangements for the provision of appropriate adults for arrested vulnerable adults within Leeds. The new arrangements will ensure that appropriate adults will have a consistent knowledge, competence and experience in dealing with all custody and vulnerability issues.

The LeedsWatch Service works closely with Adult Social Care, to deliver the first response for the Care Ring Service. This involves the deployment of officers to vulnerable adults following the trigger of a Care Ring alarm pendant. When arriving at an alarm, officers will undertake a risk assessment to determine the type of response required. This could involve contacting emergency services, next of kin, or other designated adult. The officer, will remain with the vulnerable person providing reassurance, until help arrives.

Furthermore, work has been taking place between LeedsWatch and West Yorkshire Police, to improve the processes and procedures to support the detection of missing people (MISPERS) and other vulnerable individuals using CCTV technology.

Safer Leeds has recently nominated three named officers, drawn from three key services (LASBT, Signpost and Safer Leeds Prevent coordinator) to act as safeguarding leads. All three officers will be linking in with a cross council programme of training to ensure a consistent approach is adopted.

6.8 West Yorkshire Fire and Rescue Service (WYFRS)

West Yorkshire Fire and Rescue Service believes that everyone has the right to live their life free from abuse and neglect regardless of race, gender, disability, age, sexual orientation, religion and belief, gender reassignment, marriage and civil partnerships, and pregnancy and maternity. The service acknowledges that safeguarding children and vulnerable adults is “everybody’s business” and is committed to playing an active role in safeguarding work.

The agreed reporting structure as set out in West Yorkshire Fire and Rescue Services Policy, is for quarterly activity reports to be presented to the Corporate Diversity Board, and an annual report presented to Management Board.

The Safeguarding policy is now well embedded into West Yorkshire Fire and Rescue Services working practices. Key designated safeguarding officers have attended bespoke training internally. Furthermore, Safeguarding has now been built into Station Performance Management Visits in order to assess knowledge of internal policies and procedures with station based personnel in relation to safeguarding.

6.9 Leeds City Council: Environment and Housing

Environment and Housing provide a range of key front line services and engage contractors to deliver front line services on their behalf and safeguarding adults is a key facet of service delivery.

Through the Strategic Landlord function the Council’s safeguarding adults policies and procedures have been taken into the ALMOs, who managed the Council Housing stock until October 2013, through the regular monitoring and liaison arrangements. Housing contractors have requirements to adhere to the Councils safeguarding adults policies and procedures built into their contract specifications and these are monitored through the contract management meetings. The Leeds Housing Options service meets the needs of some of the most vulnerable people in the city who are seeking permanent accommodation. Safeguarding adults policies and procedures are part of the front line staff’s normal working practices.

Looking forward there are two areas that need further attention. Now that the ALMOs have been closed and Housing Leeds has been established there is a need to ensure that the safeguarding links and connections are not lost and these will be built into the new staffing structures. A major area for further work is the Private Rented Sector. Environment and Housing holds the Councils regulatory responsibility with regard to the Private Rented Sector. All front line staff are fully connected into the safeguarding agenda. However there is work to be done through landlord associations to better inform landlords and this will be addressed in 2014.

6.10 NHS England West Yorkshire

The overall responsibilities of NHS England in relation to safeguarding

NHS England was established on 1 April 2013 and has worked with Clinical Commissioning Groups to ensure their commissioned providers take all reasonable steps to reduce serious incidents. NHS England provides assurance that the local health system, including Clinical Commissioning Groups (CCGs) and designated professionals, are meeting their safeguarding responsibilities effectively. (*Safeguarding Vulnerable People Accountability and Assurance Framework, NHS England 2013*). This role includes ensuring that CCGs are working with their directly commissioned providers to improve services as a result of safeguarding incidents. These services include acute, community, mental health and ambulance care.

NHS England responsibilities in relation to direct commissioned services

NHS England is responsible for holding to account its directly commissioned providers for their responses to serious safeguarding incidents, ensuring that safeguarding practice and processes are optimal within these services. In West Yorkshire, this includes all GP practices, dental practices, pharmacies, optometrists, health and justice services and the following public health services:-

- National immunisation programmes
- National screening programmes
- Public health services for offenders in custody
- Sexual assault referral centres
- Public health services for children aged 0-5 years (including health visiting, family nurse partnerships and much of the healthy child programme)
- Child health information systems

NHS England has worked in partnership with local Safeguarding Boards to ensure that the NHS contribution is fit for purpose and that there is no un-necessary duplication of requests for safeguarding reviews to be undertaken. NHS England also has its own assurance processes in place concerning NHS safeguarding reviews, learning and improvements.

Key themes from the meta analysis of primary care recommendations from safeguarding reports

In order to continuously improve local health services, NHS England has responsibility for sharing learning from safeguarding serious incidents across West Yorkshire and more widely, making sure that improvements are made across the local NHS, not just within the services where the incident occurred.

NHS England completed a serious case review and domestic homicide review meta-analysis of learning and improvement actions for primary care across West Yorkshire. There were 7 key high level learning themes which arose from the meta-analysis. In essence these concerned basic safeguarding practice associated with understanding,

identifying and acting on safeguarding risks and vulnerability. The 7 key high level learning themes related to:-

1. Understanding vulnerability factors
2. Seeking to identify vulnerability
3. Recording and flagging vulnerability in records
4. Maintaining engagement
5. Sharing information and concerns regarding vulnerable families
6. Multi-agency working (adults)
7. Safeguarding adults' leadership

The actions in response to these have led to updated training programmes in the CCG economies concerned and key themes and learning are shared across West Yorkshire primary care medical services and CCGs.

Training programme for general practice

NHS England and Clinical Commissioning Groups across West Yorkshire have agreed that level 3 training for primary care medical services will be provided by local designated nurses and named GPs or they can commission locally with the oversight of designated professionals and named GPs. Training sessions will be provided on a locality basis rather than to individual practices. The main source of training for other primary care independent contractors will be via e-learning training packages.

Appendix B: Safeguarding Adults Activity: Detailed Report

The West Yorkshire Safeguarding Adults Policy and Procedures set out a process by which concerns of abuse can be reported, the concerns investigated, and protection arrangements are put in place. These procedures can be read in full on the Board's website:

www.leedssafeguardingadults.org.uk

This report provides a summary of key information about the use of the safeguarding adults procedures in Leeds.

Overview of Safeguarding Alerts

When concerns about possible abuse or neglect are reported into the multi-agency safeguarding process, this is now called a Safeguarding Alert.

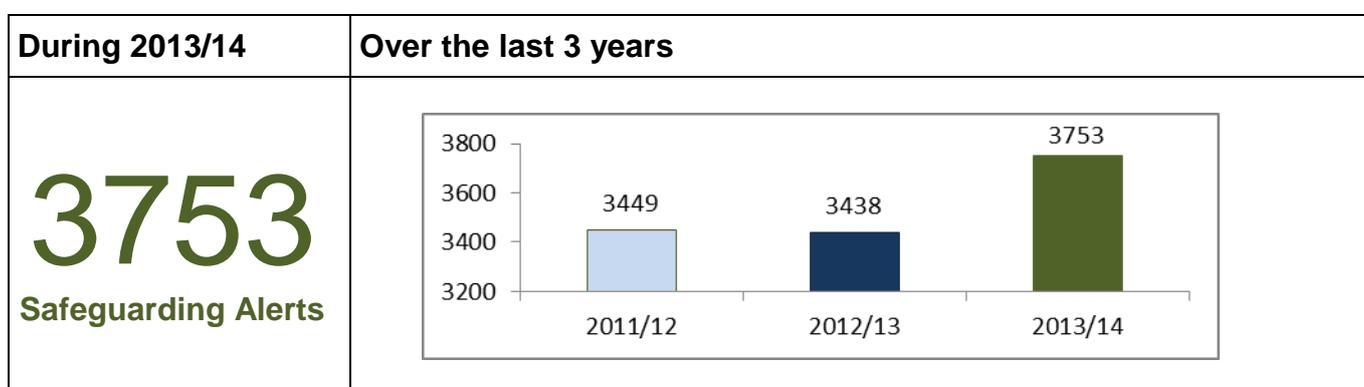


Table 8: Safeguarding Adult Alerts (2011/12 – 2013-14) (Source – ESCR database)

During 2013/14 there have been 315 more safeguarding alerts than in the previous 12 months, an increase of 9%. Indicating an increasing awareness of safeguarding adults.

Source of Safeguarding Alerts

	2011/12	2012/13	2013/14	Trend
Social Care Staff	36%	38%	42%	
Self	1%	1%	1%	
Friend/Neighbour /Family	7%	7%	7%	
Police	7%	8%	8%	
Housing	13%	11%	11%	
Health Staff	23%	24%	23%	
Education/Training /Work place	<1%	1%	<1%	
Other	12%	10%	8%	

Table 9: Safeguarding Adult Alerts by Source (2011/12 – 2013-14) (Source – ESCR database)

Table 9 on the previous page shows where these alerts have come from over the last 3 years. There has been an increase in the proportion of safeguarding alerts made by social care staff over the last 12 months. This has increased from 38% to 42%. Alerts made by other groups remain broadly similar.

Outcome of Safeguarding Alerts

When safeguarding alerts are received, information is gathered and a decision is made how best to respond to the concerns. Sometimes this will involve a safeguarding adults investigation, however, sometimes other responses are more appropriate and proportionate in the particular circumstances.

Table 10 show the main broad categories of response.

	2011/12	2012/13	2013/14	Trend
Signposting/info /advice	7%	9%	21%	
Other outcome	7%	8%	16%	
Community Care Assessment	5%	4%	4%	
Safeguarding Investigation	36%	31%	24%	
Log details of enquiry only	35%	36%	26%	
LYPFT	4%	5%	2%	
Unscheduled Review	6%	7%	6%	

Table 10: Outcome of Safeguarding Alerts (2011/12 – 2013-14) (Source – ESCR database)

A safeguarding investigation was the most appropriate response in 24% of alerts during 2013/14. This declined from previous years.

At the same time there has been a significant increase in the number of occasions when the provision of ‘information, advice or signposting to other sources of support have been the appropriate response to the concerns. This has risen from 9% to 21% since 2012/13.

2% of cases were reviewed by Leeds and York Partnership Foundation Trust (LYFPT). Some of these will have resulted in a safeguarding investigation.

The category ‘other outcome’ includes a new recording category during 2013/14, that is, an ‘alert made in relation to the person alleged to have caused harm’. This amounted to 8% of alerts and hence largely explains the difference from 2012/13. Investigations will however be undertaken and recorded in relation to an individual at risk at risk of harm, rather than the person causing the harm, and hence many of these will amount to ‘duplicate alerts’.

Overview of Safeguarding Investigations

There were 923 safeguarding investigations commenced during 2013/14. This section provides information on the people who were at risk of abuse within these investigations.

Safeguarding Investigations by Client Group

Table 11 sets out the groups of people who affected by the safeguarding concerns raised.

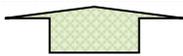
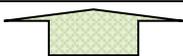
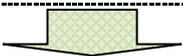
	2011/12	2012/13	2013/14	Trend
Physical Disability	41%	35%	40%	
Learning Disability	27%	22%	23%	
Sensory Impairment	1%	1%	2%	
Other	5%	4%	5%	
Substance Misuse	1%	1%	1%	
Mental Health	5%	16%	13%	
Dementia	20%	21%	17%	

Table 11: Safeguarding Investigations by client group (2011/12 – 2013-14) (Source – AVA/SAR return)

During 2013/14 there was a 5% increase in the number of safeguarding investigations concerning people with a physical disability. However, the proportion is broadly the same as in 2011/12. There was however a 4% decline in the proportion of safeguarding investigations concerning people with dementia and a 3% decline in those relating to people with other mental health problems.

Safeguarding Investigations by Age and Gender

Table 12 details the proportion of safeguarding investigations by both gender and age.

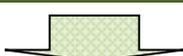
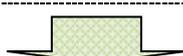
	2011/12	2012/13	2013/14	Trend
Female	63%	63%	64%	
Male	37%	37%	36%	
Age 18-64	38%	43%	42%	
Age 65-74	12%	13%	11%	
Age 75-84	27%	24%	20%	
Age 85+	23%	21%	27%	

Table 12: Safeguarding Investigations by Age and Gender (2011/12 – 2013-14) (Source – AVA/SAR return)

The majority of safeguarding investigations concern females (64%). Considering that 47% of safeguarding investigations concern people aged 75+, this is most likely explained by differences in mortality rates and the resulting differences in population size.

Safeguarding Investigations by Type of Alleged Abuse

Table 13 below shows the types of abuse that was investigated.

	2011/12	2012/13	2013/14	Trend
Neglect/Acts of Omission	29%	23%	33%	
Sexual	4%	7%	8%	
Financial/Material	17%	18%	18%	
Discriminatory	<1%	<1%	<1%	
Physical	40%	39%	32%	
Emotional/Psychological	9%	11%	8%	
Institutional	1%	2%	<1%	

Table 13: Safeguarding Investigations by type of abuse (2011/12 – 2013-14) (Source – ESCR database)

There has been a decline in the proportion of safeguarding investigations involving physical abuse (-7%) and emotional/psychological abuse (-2%). Alongside this, neglect and acts of omission, has increased by 10%.

Safeguarding investigations by ethnicity

Table 14 outlines the ethnicity of those people supported through the safeguarding adults procedures.

Ethnicity	White	Mixed/ Multiple Groups	Asian/ Asian British	Black or Black British	Other Ethnic Group	Not stated
%	92%	1%	3%	2%	<1%	3%

Table 14: Safeguarding Investigations by type of abuse (2013-14) (Source – AVA/SAR return)

Hence during 2013/14, 8% of people supported within the safeguarding adults procedures were from minority ethnic communities. This compares with 8% in 2011/12, and 10% in 2012/13. According to the 2011 Census, 15% of the population in Leeds is from a minority ethnic community.

Overview of Concluded Investigations

At the end of an investigation there is a case conference to review the findings, and decide whether there is evidence of abuse and what protection arrangements are needed to keep the person safe. During 2013/14, 698 investigations were concluded.

Table 15 below, shows how during 2013/14 the risk to the person has changed as result of safeguarding.

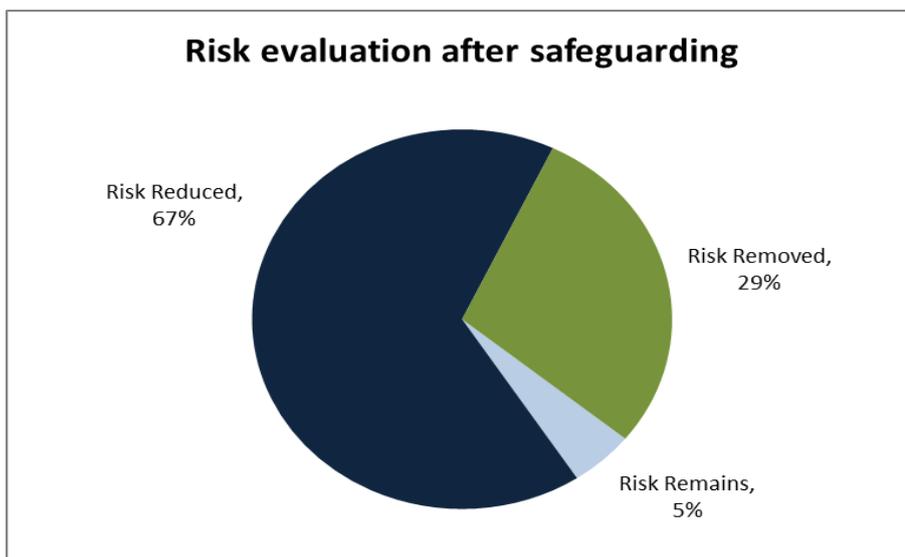


Table 15. Risk Evaluation (Source: SAR return)

Over the last 12 months, in 95% of occasions safeguarding adults arrangements have served to either completely remove the risk, or reduce the risk of further abuse and neglect. Safeguarding supports people in how they choose to live their lives. As a person may decide not to accept support or to live in circumstances that place them at risk, safeguarding may not always be able to reduce the risk.

Mental capacity and representation

Table 16 shows that 82% of people who lacked the mental capacity to make decisions were supported by an advocate, friend or family during the safeguarding procedures to help them participate and to represent them in decision making.

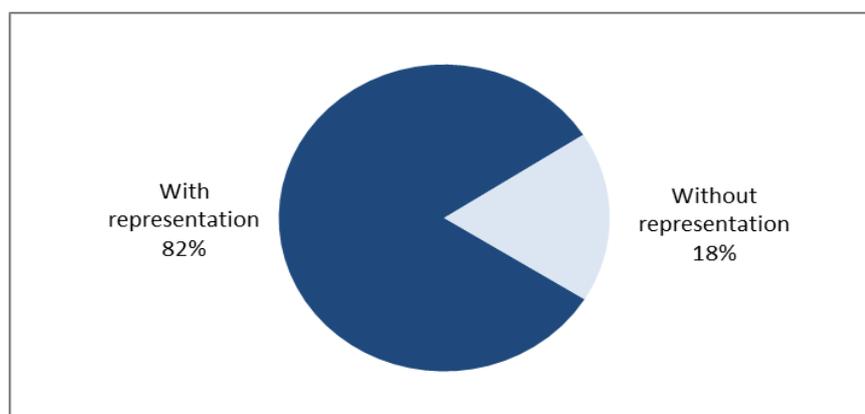


Table 16: Representation of those lacking Mental Capacity (2013-14) (Source – SAR return)

More work is needed to ensure that mental capacity is always recorded.

Case Conclusions

The Health and Social Care Information Centre require one of five possible case conclusions as set out in the table below. These are overall case conclusions, where there is more than one allegation of abuse, the conclusion relates to the overall findings. The finding as to whether abuse has occurred is used to inform the need for protection plan to help support the person to be safe in the future.

Each finding is reached on the 'balance of probabilities'.

	2011/12	2012/13	2013/14	Trend
Not Substantiated	18%	23%	24%	
Investigation ceased			3%	
Substantiated	48%	46%	46%	
Partly substantiated	10%	13%	8%	
Inconclusive	24%	18%	19%	

Table 17: Safeguarding Investigations by type of abuse (2011/12 – 2013-14) (Source – AVA/SAR return)

Substantiated means that all the allegations of abuse were upheld, this remained unchanged at 46% of concluded investigations.

Partly substantiated means that some of the allegations made were substantiated, and some were not. This declined by 5% during 2013/14.

Not substantiated, means that the allegations were unfounded, supported or disproved. This increased very slightly during 2013/14 from 23% to 24%.

'Inconclusive' refers to cases where there is insufficient evidence to allow a conclusion to be reached. This increased from 18% to 19% during 2013/14.

'Investigation ceased at the individuals' request is a new reporting category in 2013/14, and may be appropriate in circumstances where the person no longer wishes to receive support through the safeguarding adults procedures, and no other person is at risk.

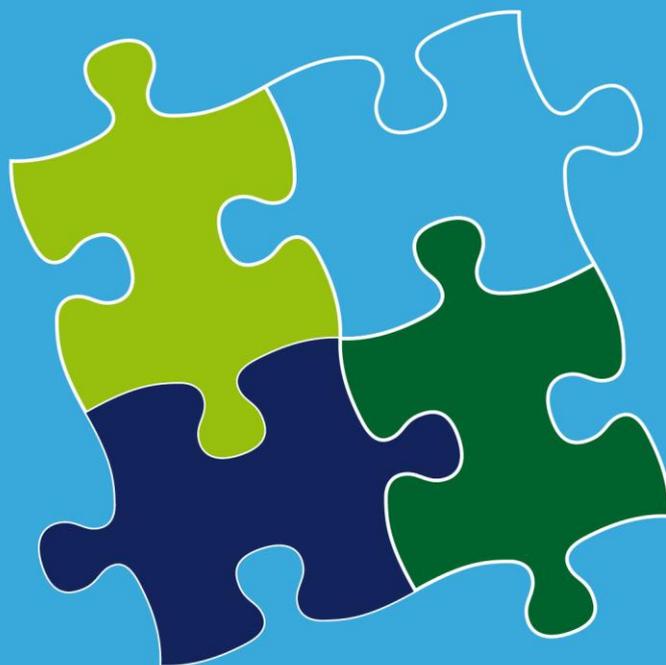
Appendix C: Representation of Board Member Organisations

April 2013 to March 2014

Organisation	Invitee	Membership Status	April 2013	June 2013	Aug. 2013	Oct. 2013	Dec. 2013	Feb. 2014
Leeds Adult Social Care	Sandie Keene, Director of Adult Social Services	Ex-Officio Accountable Officer						
Independent	Dr. Paul Kingston, Independent Chair	Chair	✓	✓	✓	✓		✓
Leeds Adult Social Care	Dennis Holmes, Deputy Director	Full member			✓			
	Michele Tynan, Chief Officer	Full member						✓
	Julia Suddick, Head of Service	Deputy	✓	✓		✓		✓
	Maxine Naismith, Head of Service (also MCA LIN sub-group chair)	Deputy		✓	✓	✓	✓	
	Kwai Mo, Service Delivery Manager	Deputy	✓					
Clinical Commissioning Groups	Ellie Monkhouse Director of Nursing Quality	Full member	✓	✓		✓	✓ (Chair)	✓
	Diane Hampshire, Director of Nursing Quality	Full member	✓	✓	✓	✓	✓	
	Maureen Kelly Head of Safeguarding	Deputy	✓	✓	✓	✓	✓	✓
Leeds Teaching Hospitals NHS Trust	Jill Asbury Divisional Nurse Manager	Full member		✓	✓	✓		
	Suzanne Hinchliffe CBE Chief Nurse	Full member						✓
	Claire Linley Deputy Chief Nurse	Deputy					✓	
	Jeff Barlow Head of Safeguarding	Deputy				✓	✓	✓
	Sally Mansfield Nurse Consultant,	Deputy	✓					
Leeds Community Healthcare NHS Trust	Sam Prince, Director of Operations	Full member		✓	✓	✓		
	Angie Clegg Executive Director of Nursing	Full member						
	Susan Lines, Head of Service	Deputy	✓				✓	✓
Leeds and York Partnership NHS Foundation Trust	Norman McClelland, Associate Director of Nursing	Full member	✓					
	Beverley Murphy Chief Nurse and Director of Quality Assurance	Full member			✓			
	Steve Wilcox, Lead Clinician for Safeguarding Adults	Deputy			✓	✓	✓	

Organisation	Invitee	Membership Status	April 2013	June 2013	Aug. 2013	Oct. 2013	Dec. 2013	Feb. 2014
West Yorkshire Police	Richard Jackson, Chief Superintendent	Full member	✓	✓				
	Mark Griffin, Detective Chief Inspector	Deputy		✓	✓		✓	
	Chris Gibson Detective Superintendent	Deputy				✓		
West Yorkshire Probation Service	Kevin Ball, Operations Manager	Full member	✓					
	Marianne Ward Probation Manager	Deputy				✓		
LCC: Environment and Housing	Liz Cook, Chief Officer, Statutory Housing	Full member						
	John Statham, Strategic Landlord Manager	Deputy						✓
Leeds City Council: Community Safety	Munaf Patel Head of Safeguarding and Localities	Full member	✓	✓		✓	✓	✓
West Yorkshire Fire & Rescue Service	Lisa Toner Leeds District Prevention Manager	Full member		✓	✓	✓	✓	✓
NHS England	Elaine Wylie Director of Operations and Delivery	Full Member					✓	
Policies, Protocols and Procedures sub-group (PP&P)	Chair: Kieron Smith, LSAPSU	Full Member	✓	✓	✓	✓	✓	✓
Training and Workforce Development sub-group (TWFD)	Chair: Anna Edgren-Davies Leeds Teaching Hospital NHS Trust	Full Member	✓	✓	✓	✓		✓
Serious Case Review & Professional Practice sub-group (SCR&PP)	Chair: Julie Sykes, West Yorkshire Police (also organisation deputy)	Full Member						
	Mark Griffin, Detective Chief Inspector	Full Member			✓		✓	
	Chair: Emma Mortimer LSAPSU (also organisation member)	Full Member						
Performance, Audit and Quality Assurance sub-group (PA&QA)	Chair: Gareth Flanders Leeds and York Partnership Foundation NHS Trust	Full Member	✓	✓	✓			
	Vice Chair: Richard Graham Adult Social Care	Deputy			✓	✓		
Communication and Community Engagement sub-group (C&CE)	Chair: Hilary Paxton, LSAPSU (also organisation member)	Full Member	✓	✓	✓			
	Chair: Kieron Smith, LSAPSU (also PP&P sub-group chair)	Full Member				✓	✓	✓
Mental Capacity Local Implementation network (MCA LIN)	Chair: Maxine Naismith, Leeds Adult Social Care (also organisation deputy)	Full Member		✓	✓	✓	✓	

Organisation	Invitee	Membership Status	April 2013	June 2013	Aug. 2013	Oct. 2013	Dec. 2013	Feb. 2014
Leeds ALMOs/ Leeds Housing	Steve Hunt, Chief Executive, ENE Homes	Associate member						
	Simon Costigan Chief Officer, Strategic Housing	Associate member						
Leeds Safeguarding Children Board	Bryan Gocke, LSCB Manager	Associate member						
LCC: Children's Services	Carol Carson, Head of Service, Safeguarding	Associate member	✓	✓				
	Cath Jones, Service Delivery Manager	Associate member						
	Ophelia Rix, Service Delivery Manager	Associate member						
Voluntary Sector	Paul Belbin Development Manager, Gipsil	Associate member	✓	✓	✓	✓		✓
Advonet	Philip Bramson Manager: A4MHD	Co-opted member	✓	✓				
The Alliance of Service Experts	Joy Fisher, Alliance Chair	Co-opted member		✓				
	Emma Stewart	Deputy	✓	✓	✓	✓		✓
Care Quality Commission	Rod Hamilton, CQC Compliance Manager	Co-opted member		✓	✓		✓	✓
Leeds City Council	Dee Reid Head of Communications	Co-opted member			✓	✓		
	Steve Clough, Head of Communications and Marketing	Co-opted member					✓	✓
Crown Prosecution Service (CPS)	Lizzy Mills, Equality, Diversity & Community Engagement Manager	Co-opted member						
Trading Standards Service	David Lodge/Linda Davis, Trading Standards Officer	Co-opted member						
Healthwatch	Janet Somers Director	Co-opted member				✓		
HMP Leeds	Gary Boothroyd, Head of Prisoner Safety	Co-opted member						
Leeds City Council Legal Services	Gerry Gillen, Corporate Lawyer,	Ex-officio member		✓	✓			✓
Leeds Safeguarding Adults Partnership Support Unit (LSAPSU)	Hilary Paxton, Head of Safeguarding Partnership Unit (also C&CE sub-group chair)	Ex-officio member	✓	✓	✓	✓	✓	✓
	Emma Mortimer, Safeguarding Adults Partnership Manager (also SCR&PP sub-group chair)	Ex-officio member	✓	✓	✓	✓		✓
	Jayne Ogier, LSAPSU Board Minute Taker	Ex-officio member	✓	✓	✓	✓		✓
	Indah Leiba LSAPSU Board Minute Taker						✓	



Safeguarding Adults Board. This publication can be provided in large print, Braille and audio please telephone 0113 247 8630.

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