Leeds Safeguarding Adults Partnership

Annual Report 2011/12

Leeds Safeguarding Adults Partnership

Important Contact Details:

If any person needs to make a safeguarding adult referral they should ring:

- Adult Social Care: Contact Centre: 0113 222 4401 (Minicom 0113 222 4410)
  (Mon-Fri 8am – 6pm; except Bank Holidays)

- Adult Social Care: Emergency Duty Team: 0113 240 9536
  (Outside of the Contact Centre opening times)

If any person needs to report a crime:

- Non-emergency police number: 101

- In an emergency, dial 999

If any person would like advice in relation to a safeguarding concern, they may ring:

- Safeguarding Adult Partnership Support Unit Advice Line: 0113 224 3511
  (Office Hours, Mon-Fri)

If any person needs advice about a Deprivation of Liberty Safeguards (DoLS) concern, they may ring:

- Deprivation of Liberty Safeguards helpline: (0113) 295 2347
  (Office Hours, Mon-Fri)

If any person needs more information about Safeguarding Adults, Mental Capacity Act or Deprivation of Liberty Safeguards (DoLS) they can obtain further information from the Leeds Safeguarding Adults Partnership website:

- www.leedssafeguardingadults.org.uk

Foreword

Each year, the Annual Report provides the Leeds Safeguarding Adults Board with the opportunity to reflect on our achievements and plan for the subsequent year.

Over the last 12 months the Board's achievements have been considerable and reflect the quality of relationships and the strength of commitment across the partnership. We have achieved important milestones in each area of our identified work streams reflecting significant efforts on the part of both individuals and organisations across our city.

The Annual Report provides an overview of all that has been achieved in relation to safeguarding adults, mental capacity and deprivation of liberty safeguards (DoLS).

Amongst these achievements I am particularly pleased with our increasing engagement with those who have experienced abuse or neglect and the subsequent safeguarding work, enabling our future development to be shaped by their personal experiences.

The seriousness of these issues means that despite our achievements we can never be complacent. We see the number of people requiring support to safeguard themselves continuing to increase each year, and our developments strengthen our ability to safeguard the rights and safety of those in need of our support. We have set ourselves ambitious targets for 2012/13, as we remain committed to safeguarding the rights and safety of our citizens.

We recognise that we must continue to raise the profile of these issues with members of the public, so that we are alerted to all those who need help to protect themselves.

Dr. Paul Kingston,
Independent Chair of the Board

Message from the Director of Adult Social Services

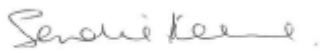
The Director of Adult Social Services (DASS) is responsible for ensuring that the partnership overseen by the Leeds Safeguarding Adults Board is effective in reducing harm from abuse and neglect. In this annual report, the Board has shown its continued commitment to working with adults who are at risk of harm, developing and improving services to investigate and protect people. The Board's intention is to raise the profile of every person's right to live a life free from abuse and to feel safe and is committed to raising public awareness about safeguarding adults and what to do if somebody has a safeguarding concern.

The Board recognises that some people find it difficult to protect themselves from harm without some support, and is committed to driving up standards and to ensure that when concerns arise, individuals get the most supportive and skilled response. I am delighted that during the last year, the Board published the Leeds Safeguarding Adults Charter, to confirm its commitments to responding fairly and effectively to safeguarding adults concerns, on behalf of the people of Leeds.

During the year the Board held its first Community Engagement Event called "Have Your Say about Safeguarding", which was attended by 100 people who have experienced the safeguarding process, as adults at risk of harm, carers, providers of services or other professionals. We have learnt a tremendous amount about what people value and what works well to help them manage the risks they face.

We have revised our procedures based on what people have told us, and our training has been adapted to emphasise this learning too. Plans for the next year include work to seek feedback from those who experience safeguarding on an ongoing basis, to ensure we keep well-informed about what works best for those who need our services, and what we need to achieve to meet their expectations and aspirations. We also need to ensure that our responses to concerns raised are just and fair for all involved.

I would like to offer my thanks and appreciation to the Independent Chair of the Safeguarding Adults Board, Dr. Paul Kingston, for steering the Board through the last year. I would also like to extend my thanks to Board members and everyone across the city who have helped us to achieve all that we have in the last 12 months, and will, I am sure, help us to achieve our plans for the next 12 months.



Sandie Keene
Director of Adult Social Services

Contents

1. Executive Summary

The Leeds Safeguarding Adult Partnership Board Annual Report 2011/12 provides an overview of the Board's achievements over the last 12 months and its objectives for 2012/13. The board is a voluntary arrangement of statutory and non-statutory agencies that work together to safeguard adults at risk of abuse or neglect and both promote and safeguard people's rights under the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

The ambitious work programme for 2011/12 has resulted in significant achievements in developing continuous step wise improvements in how such issues are provided for within Leeds.

Amongst the most notable achievements are the following:

- Increased awareness of safeguarding adult issues as illustrated by a 24.3% year on year increase in the number of safeguarding adult referrals.

- Review and revision of the multi-agency safeguarding adult policy and procedure, and the development of a range of complementary practice guidance.

- The undertaking of the first ever 'Have Your Say' Community Engagement Event in order to learn from those individuals and organisations who have had experience of the safeguarding adult procedures.

- Provision of safeguarding training by Adult Social Care and NHS partners to approximately 8552 across Level 1 and Level 2. In addition 425 training places at Level 3 and Level 4, provided by Safeguarding Adult Partnership Support Unit, were attended.

- Identifying learning through the completion of a Serious Case Review and the completion of four 'Learning the Lesson Reviews'.

- Independent Mental Capacity Advocates (IMCAs) support people without mental capacity in relation to decision making on specific important issues. Use of IMCA services increased during 2010/11 – 2011/12 by 39%. The highest rate of increase related to Care Reviews and Serious Medical Treatment decisions.

- Deprivation of Liberty Safeguards (DoLS) are legal safeguards for people without the mental capacity to consent to care or treatment in hospital or care homes and a particularly restrictive care plan is required in their best interests. Applications for Deprivation of Liberty Safeguards (DoLS) have increased in Leeds from 55 to 97 (an increase of 76%) during 2011/12. This reflects an increasing awareness amongst managing authorities (hospitals and care homes) as to their responsibilities.

Based upon the Board's learning and ongoing work programme, the Annual Report also sets out priorities for the next 12 months. More detailed information about how these priorities are taken forward is recorded within the Board Business Plan 2012/13, published on the Leeds Safeguarding Adults Partnership website: www.leedssafeguardingadults.org.uk .

2. Leeds Safeguarding Adults Partnership Board 2011/12

2.1 Leeds Safeguarding Adult Board structure and governance

The current government has announced its intention to introduce legislation placing safeguarding boards on a statutory footing with clear guidance on their role and function. Currently however, the Leeds Safeguarding Adults Partnership Board is a voluntary arrangement of statutory and non-statutory organisations that work together to:

- safeguard adults at risk from abuse or neglect
- promote best practice in the use of the Mental Capacity Act 2005
- promote use of Deprivation of Liberty Safeguards (DoLS)

The Board includes senior representatives from Adult Social Care, NHS partners, Police, Probation, Community Safety and Fire Service, Service User and Carer organisations, Housing and Regulatory organisations amongst others. A full list of current member organisations and representatives can be found on the Leeds Safeguarding Adult Partnership website www.leedssafeguardingadults.org.uk.

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

The Board meets bi-monthly, its governance arrangements and functions are set out in full within the Board 'Memorandum of Understanding' available to everyone on the Leeds Safeguarding Adult Partnership website.

The vision of the Safeguarding Adults Board is that "all the citizens of Leeds, irrespective of age, race, gender, culture, religion, disability or sexual orientation can be free from abuse or the fear of abuse". This vision is central to all the Board's functions and work programmes. The Boards Vision is detailed in full within the Board 'Memorandum of Understanding'.

2.1.1 Board Sub-groups

The Board work programme is supported by its sub-groups, each comprising multi-agency representation across statutory and non-statutory services as well as health and social care organisations. Each is accountable to the Board in relation to achievements against the business plan.

There are six sub-groups addressing the various work steams required to drive forward the Board's agenda:

- Policy, Protocols and Procedures sub-group
- Training and Workforce Development sub-group
- Serious Case Review and Professional Practice sub-group
- Performance, Audit and Quality Assurance sub-group
- Communications and Community Engagement sub-group
- Mental Capacity Act Local Implementation Network sub-group

The Chairs of each sub-group form the sub-group chairs group which coordinates the work of the sub-groups, and supports the Board in respect of effective governance, leadership and partnership arrangements.

2.1.2 Leeds Safeguarding Adult Partnership Support Unit (LSAPSU)

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

The Safeguarding Adults Partnership Support Unit provides an Advice Service in relation to safeguarding adult concerns and practice. The advice line: 0113 224 3511 can be used by professionals and members of the public to access advice and information.

The Head of Safeguarding fulfils various functions in supporting the development of board, partner and partnership processes. Other posts within the unit fulfil specific roles in relation to facilitating serious case and learning lesson reviews, training and workforce development, or the development of multi-agency policies and procedures in order to support the Board in achieving its objectives. The unit also includes three Independent Safeguarding and Risk Managers and an administrative team in order to facilitate independently chaired Case Conferences.

2.1.3 Funding Arrangements

The costs of the Leeds Safeguarding Adults Board and its support unit are jointly funded (50/50) by Leeds City Council Adult Social Care and NHS Airedale, Bradford and Leeds[1].

Other partners provide significant contributions in a range of ways, not least in terms of providing support, expertise and leadership in respect to the various areas of the Board's business plan as well as providing training/meeting venues and resources.

The following is the budget statement for the year 2011/12.

	2011/12 Budget £	2011/12 Expenditure/ (Income) £	2012/13 Budget £
Employees	443,950	446,528	455,990
Premises	0	0	0
Supplies and Services	35,960	33,249	35,960
Transport	1,230	1,627	1,230
TOTAL EXPENDITURE	**481,140**	**481,404**	**493,180**
Income from training	(6,000)	(4,515)	(6,000)
Contribution from Funding Partners (Adult Social Care and NHS)	(475,140)	(476,889)	(487,180)
TOTAL INCOME	**(481,140)**	**(481,404)**	**(493,180)**

1 NHS Airedale, Bradford and Leeds pays 50% of the Board's budget, on behalf of the whole Leeds Health Community.

3. Our Work & Achievements

3.1 Safeguarding Adults

Abuse is “a violation of an individual’s human and civil rights by any other person or persons” (No Secrets, 2000)

Safeguarding adults is a term used to describe “all the work which enables an adult [at risk] to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect” (ADASS: Safeguarding Adults 2005:05).

Safeguarding adults involves:

- organisations working together and with people to prevent abuse or neglect from occurring
- providing people with mental capacity the support needed to end abuse or neglect
- protecting those people from abuse who do not have the mental capacity to decide about their own safety

The role of the safeguarding board is to achieve continual improvements in how issues of abuse or neglect are managed within Leeds. The various work streams of the Board are highlighted below, alongside a summary of their achievements over the last 12 months.

3.1.1 Governance, Leadership and Partnership

A priority for the board during 2011/12 has been to engage more closely with certain key agencies in order to improve how organisations work together to achieve the best possible outcomes for adults at risk.

This has included establishing closer working relationships with the Crown Prosecution Service (CPS), Trading Standards Service, the Leeds Safeguarding Children Board and the Safer Leeds Executive (the Community Safety Partnership for Leeds).

There is shared representation on the adults and children’s safeguarding boards, and the independent chairs of the two safeguarding boards have made it a priority to be in communication with each other, to discuss shared issues and solutions for safeguarding both adults and children on an ongoing basis, and to develop joint board development events.

In addition, there is now shared representation from the Safeguarding Adults Board and Safer Leeds. This ensures that criminal justice agencies are able to consider safeguarding adults issues alongside services dealing with domestic violence, hate crime, anti-social behaviour and honour-based violence.

There is ongoing work local and regionally to develop closer working relationships with the Department of Work and Pensions. NHS Airedale, Bradford and Leeds is actively engaged in seeking to secure medical expertise within the board and is advising on developments in relation to Clinical Commissioning Group arrangements and how to include appropriate representation within the Board.

In addition to the bi-monthly Board meetings, the Leeds Safeguarding Adult Partnership Board has held two ‘Development Days’ in order to focus on setting the Board’s strategic direction. The first in July 2011 focused on the subject of Safeguarding Thresholds in order to inform ongoing policy development work. The second during March 2012 focused on identifying and prioritising actions for the Board Business Plan in 2012/13**.**

3.1.2 Policy, Protocols and Procedures

The Leeds Safeguarding Adult Partnership Board produces the multi-agency safeguarding policy, procedures and guidance for all organisations to follow. The Board has placed a strong emphasis on the continual development of safeguarding practices. During 2011/12 significant work has been undertaken in relation to policy and procedures in order to provide for continuing improvements in practice.

This has involved a full review and revision of the Leeds Safeguarding Adult Partnership Multi-Agency Safeguarding Adults Policy, Procedure and forms as well as providing additional specific guidance on:

- coordination of safeguarding investigations (with other investigations)
- reporting an unauthorised deprivation of liberty safeguards and considerations in making a safeguarding adult referral
- involving the person alleged to have caused harm in the safeguarding process
- legal powers to intervene in safeguarding cases
- developing safeguarding policies and procedures for organisations

As part of these reviews of policy and procedures, the safeguarding board took the decision to use the term 'adult at risk' rather than vulnerable adult. The term 'vulnerable adult' has become increasingly criticised in recent years as it is felt that term implies that the problem of abuse lies with the person themselves, rather than their circumstances or the person that caused the abuse or neglect. The term adult at risk is generally felt to be more respectful to those to whom it refers.

3.1.3 Training and Workforce Development

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.

During 2011/12 the Training & Workforce Development Framework has been reviewed and updated, ensuring courses have been adapted to include amendments to the safeguarding procedures, new guidance, and fully include Mental Capacity and Deprivation of Liberty Safeguard (DoLS) issues.

Training materials and content across partner organisations have been endorsed, assuring the quality of training provided. Training charging options have been reviewed and partner training objective achievements monitored. This work has been completed alongside reviewing partner staff induction programmes and making training available to carers.

Training is provided at 4 levels within the Board's Training & Workforce Development Framework, reflecting the various roles that staff (and volunteers) may fulfil within the safeguarding adult procedures.

Level 1: Alerter – recognising and responding to abuse
Level 2: Referrer – when and how to refer abuse into the multi-agency safeguarding process
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

Level 1 and Level 2 are provided by Adult Social Care to independent sector organisations free of charge, the Adult Social Care: Business Support Centre can be contacted on 0113 247 5570 for information about available courses. In addition, NHS and other partners will provide such

training on an in-house basis. Across Adult Social Care and NHS partners alone, 8552 people have received training across Level 1 and Level 2 during 2011/12.

Level 3 and Level 4 training courses are provided by the Safeguarding Adults Partnership Support Unit. New courses, Writing the Investigation Officers Report, Safeguarding Adults and Domestic Violence were introduced during 2011/12 in response to demand.

During 2011/12, 425 Level 3 and Level 4 training places were attended across the following courses below:

Level 3 courses provided:	**Level 4 courses provided:**
Investigating Allegations and Disclosures	Coordinating safeguarding Investigations
Writing the Investigation Officer's Report	Safeguarding Coordinators Procedure Review
The Process for Social Workers and Joint Care Managers	LSAPB Partnership Training for Trainer
Safeguarding, Capacity and the IMCA service	Safeguarding Adults and Domestic Violence

3.1.4 Serious Case Review and Professional Practice

Serious Case Reviews:

Where alleged abuse is serious and safeguarding practice gives rise to potential concerns about how agencies have worked together, the Leeds Safeguarding Adult Partnership Board will consider conducting a Serious Case Review.

A Serious Case Review provides an opportunity to identify how safeguarding practice can be improved across the partnership. Each agency involved with the adult at risk, as well as the views of the adult at risk and or their family/representatives would be included within the review. An independent author is commissioned to ensure the learning is objective and focused on the experience of the adult at risk. The Executive Report is published and the actions plans in relation to recommendations are monitored to ensure key lessons are carried forward into practice.

During 2011/12 a Serious Case Review was completed in relation to an older person with dementia who lived in a care home with nursing before she died (VA1). The Executive Report was presented by the independent author to the Safeguarding Adult Board during April 2011. This report is available on the Safeguarding Adult Partnership Website (www.leedssafeguardingadults.org.uk).

A further Serious Case Review is currently being undertaken in relation to a young woman residing in a care setting. The Executive Report will be made available on the Board website in due course.

A number of independent authors were recruited during 2011/12 in order to facilitate Serious Case Reviews as required and provide for a consistent approach. The Serious Case Review procedures are currently being revised so as to integrate experiential learning from undertaking these reviews.

Learning Lesson Reviews:

In the event that identified concerns are less complex and do not require a Serious Case Review but there is significant learning for the partnership, a Learning the Lessons Review will be considered.

During 2011/12, four Learning the Lesson Reviews were completed and a further 4 are currently being undertaken. Learning the Lesson Reviews are conducted by the individual agencies but their findings and the learning is shared with the partnership through the Serious Case Review and Professional Practice sub-group.

3.1.5 Communication and Community Engagement

A key priority for 2011/12 was to ensure the Board learnt from the experiences of people involved within the safeguarding adult process.

The first ever 'Have Your Say, Community Engagement Event was held during November 2011, and included adults at risk, family carers, voluntary sector organisations and service providers.

The focus of the event was to capture people's experiences of the safeguarding adult process and consult on questionnaires that can be used routinely to capture these experiences. Learning from the event is being used into influence the Board's ongoing work programme.

The document above is part of the graphic record used to record issues raised during the 'Have Your Say' event. Future events will be held to continue this learning.

A process of mapping safeguarding adult stakeholders has also been undertaken in order to provide for effective communication and community engagement going forward.

The Board provides a range of information about safeguarding adults. In order to improve understanding of the safeguarding procedures a series of fact sheets, aimed at adults at risk and their relatives/friends was developed during 2011/12. These fact sheets provide information about various aspects of the safeguarding adult procedures so that people know what to expect. The Leeds Safeguarding Adults Partnership website was also redesigned in order to provide more information and make it more accessible to adults at risk, the public and professionals.

In addition, the Leeds Safeguarding Adults Charter (below) was finalised and published by the Board in June 2011, reflecting the Board's commitment to improving outcomes to adults at risk.

Leeds Safeguarding Adults Charter

Leeds Safeguarding Adults Partnership Board recognises that some citizens of Leeds may be at risk of abuse or neglect and may find it difficult to protect themselves from harm without some support. Leeds Safeguarding Adults Partnership Board therefore wishes to make the following commitments as its Charter to the citizens of Leeds.

Leeds Safeguarding Adults Partnership Board and its members will:

1. **Raise public awareness** of the needs of people at risk of harm from abuse or neglect and of what to do if there are concerns about somebody
2. **Offer an advice phone line** during office hours to people who would like to discuss a concern (Tel: 0113 224 3511)
3. **Treat all allegations seriously** letting referrers know whether the concerns raised will be investigated under safeguarding procedures
4. **Support people to protect themselves** to prevent harm, and if necessary, during and after an investigation
5. **Involve people who have suffered harm** to learn from them how they want to be supported throughout the safeguarding process
6. **Investigate thoroughly** to establish the truth about allegations, involving police, where appropriate
7. **Act with fairness** to all involved including both alleged victims and alleged perpetrators
8. **Learn lessons** from the experience of others and ourselves and use the learning to improve safeguarding practice in Leeds

For more information or to tell us your views contact:

Leeds Safeguarding Adults Partnership

Leeds Safeguarding Adults Partnership Board,
4th Floor East, Merrion House, 110 Merrion Centre,
Leeds LS2 8QB

Telephone: 0113 224 3511
To make a safeguarding referral call: 0113 222 4401

Email: safeguarding.adults@leeds.gov.uk
Website: www.leedssafeguardingadults.org.uk

3.1.6 Performance, Audit and Quality Assurance

A priority for the board during 2011/12 has been to continue developing ways to effectively monitor standards of practice being carried out within the safeguarding procedures.

During 2011/12 work has been undertaken and is ongoing to develop the 'balanced scorecard', a series of standards that measure the quality of the safeguarding process being undertaken. This includes 'customer perceptions', 'workforce capability and capacity', 'business processes' and 'value for money'.

Following from the 'Have Your Say – Community Engagement Event' a task and finish group has been established to consider the design of questionnaires that capture 'customer perceptions' of safeguarding. Work is also ongoing to identified measurable indicators in relation to 'value for money'.

Quarterly reports are produced in relation to safeguarding activity.

Alongside this work, considerable time has been spent mapping out the standards expected at each stage of the safeguarding process, and providing clear guidance within all the safeguarding forms to help these standards be achieved. This Quality Assurance Framework is in the final stages of development and a plan for implementation is being devised.

Ensuring that the Board learns from individual experiences of the safeguarding procedures and ensuring standards are maintained will be an ongoing priority and area of development during 2012/13.

3.2 Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act 2005 was introduced to cover situations where someone is unable to make a decision because of the way their mind or brain works or is affected, for instance by illness or disability or the effects of drugs or alcohol. The Mental Capacity Act establishes the definition of mental capacity, determines how decisions should be made if a person lacks mental capacity and establishes statutory guiding principles for practice.

The Mental Capacity Act relates to everyday decisions as well as major decisions about someone's property, financial affairs, health and welfare. It is an important safeguard, protecting the rights of people who lack mental capacity.

Through Lasting Powers of Attorney, Advance Decisions and Advance Statements, the Act also provides the means by which people can plan for a time when they no longer have mental capacity to make decisions.

The Mental Capacity Act introduced Independent Mental Capacity Advocates (IMCAs) to represent and safeguard people's best interests when certain important decisions are made as described in the IMCA Activity Report on page 21. The Act also introduced a specialist court, the Court of Protection, for all issues relation to people who lack mental capacity in relation to specific decisions.

The Deprivation of Liberty Safeguards, often referred to as DoLS, were also introduced by the Mental Capacity Act. DoLS are a legal safeguard for people who cannot make decisions about their care and treatment when they need to be cared for in a particularly restrictive way. They set out a process that hospitals and care homes must follow if they believe 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. The DoLS Activity Report is provided on page 18.

More information about mental capacity and Deprivation of Liberty Safeguards (DoLS) can be located on the Safeguarding Adult Partnership website: www.leedssafeguardingadults.org.uk

Mental Capacity Act In Practice

Sometimes it is the simple things that are important.

The daughter of a patient with dementia wanted to be able to access confidential information about her father's health and treatment in order to be able know how to support him.

Her father was assessed as no longer having the mental capacity to consent to his information being shared with someone else. The hospital needed to make sure they were not breaching his confidentiality and data protection laws. In circumstances where a person does not have the mental capacity to make a particular decision for themselves, the Mental Capacity Act allows for the decision to be made in the their best interests.

As sharing the information would improve care the patient would receive and enable him to be better supported during medical appointments, it was decided that it was in the patient's best interests for relevant information to be shared.

With this information the daughter was able to work closely with the hospital to provide her father with the support he needed.

3.2.1 Mental Capacity Act Local Implementation Network (LIN)

The Mental Capacity Act Local Implementation Network (Mental Capacity Act LIN) is a multi-agency group that provides strategic direction in relation to the implementation of the Mental Capacity Act and DoLS across the city of Leeds. Since April 2009 the Mental Capacity Act LIN has carried out this role as a sub-group of the safeguarding adults board.

The achievements of the sub-group over the last 12 months are wide ranging, and include:

In relation to Mental Capacity Act:

- maintaining an overview of partner organisation Mental Capacity Act audits, performance and activity measures
- disseminating lessons from national learning, such as new case law
- monitoring use of Independent Mental Capacity Advocacy (IMCAs) across the partnership

In relation to Deprivation of Liberty Safeguards (DoLS):

- supporting the development of guidance as to how to respond, when there are concerns that a person is being deprived of their liberty without the authorisation process being followed
- monitoring provider activity in relation to DoLS
- improving recording of DoLS assessments undertaken
- ensuring appropriate training and refresher training is available for best interest assessors and mental health assessors that undertake DoLS assessments
- monitoring the numbers of Best Interest and Mental Health Assessors to ensure there is sufficient resource to meet statutory responsibilities

4. Activity Reports

4.1 Safeguarding Adults

This activity report provides a summary of key information about safeguarding adults activity during 2011/12. It includes information about:

- Safeguarding referrals – these are the reports of incidents, allegations or concerns received into the multi-agency safeguarding process during 2011/12. A process of decision making is undertaken to decide the most appropriate response to these concerns. Only a proportion of these safeguarding referrals result in a safeguarding investigation.

- Investigated referrals – these are those referrals that do require a safeguarding investigation. The information provided here is about those investigations commenced during 2011/12. Work will also have taken place on other investigations that have continued from the previous year.

- Completed investigations – these are those investigations that have been actually completed during 2011/12, regardless of when they started.

4.1.1 Safeguarding Referrals

Safeguarding referrals are incidents, concerns or allegations that are reported into the multi-agency safeguarding process as potentially requiring a safeguarding investigation.

Safeguarding referral numbers

There were 3,449 safeguarding referrals during 2011/12. This is an increase of 24.3% from 2010/11 and an increase of 68% from 2009/10 as illustrated in Figure 1.

In 19 of these cases, the gender, age, or client group was unknown, so in subsequent sections about referrals, the number included in the analysis is 3430.

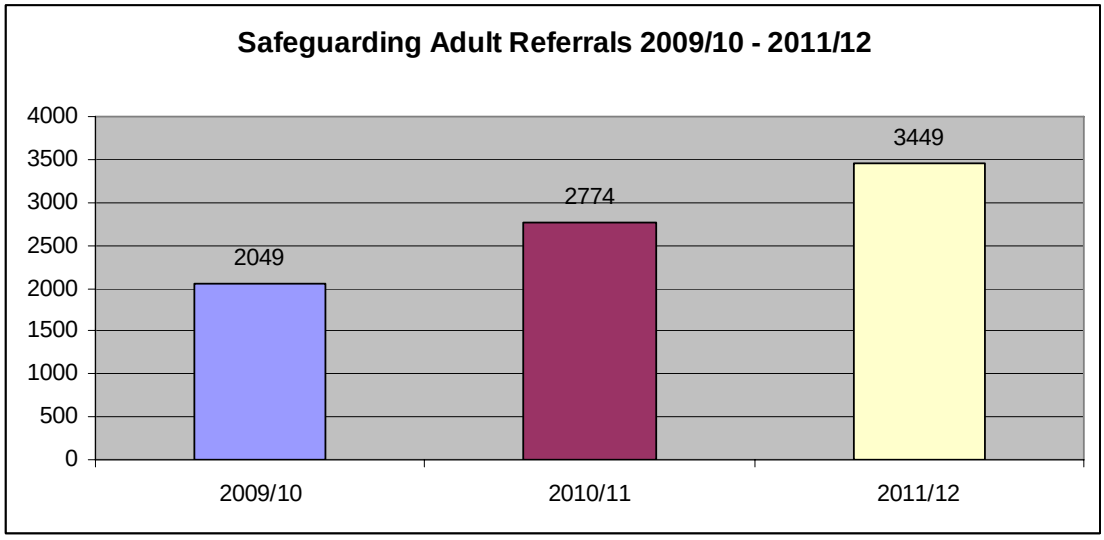


Figure 1: Safeguarding Adult referrals (2009/10 – 2011/12 (Source – ESCR database)

Rising referral numbers indicate that awareness of safeguarding issues and how to report and respond to abuse continues to increase. The rate of increase, however, has slowed slightly: the increase from 2009/10 - 2010/11 was 35.4%.

Safeguarding Referrals by Source

Of 3430 referrals made, the largest proportion came from Social Care Staff (37%), followed by Health Staff (23%) and Housing (13%).

Social care staff includes referrals from staff working in care management or social work, residential, domiciliary or day care services or personal assistants. Health staff includes primary/community health staff, secondary health staff and mental health staff.

A significant number referrals fall into the Other category, this includes 176 referrals (5%) made by staff in the voluntary sector. Figure 2 illustrates that referrals are received from a broad and diverse range of sources, indicating the range of individuals and organisations actively engaged in safeguarding adults.

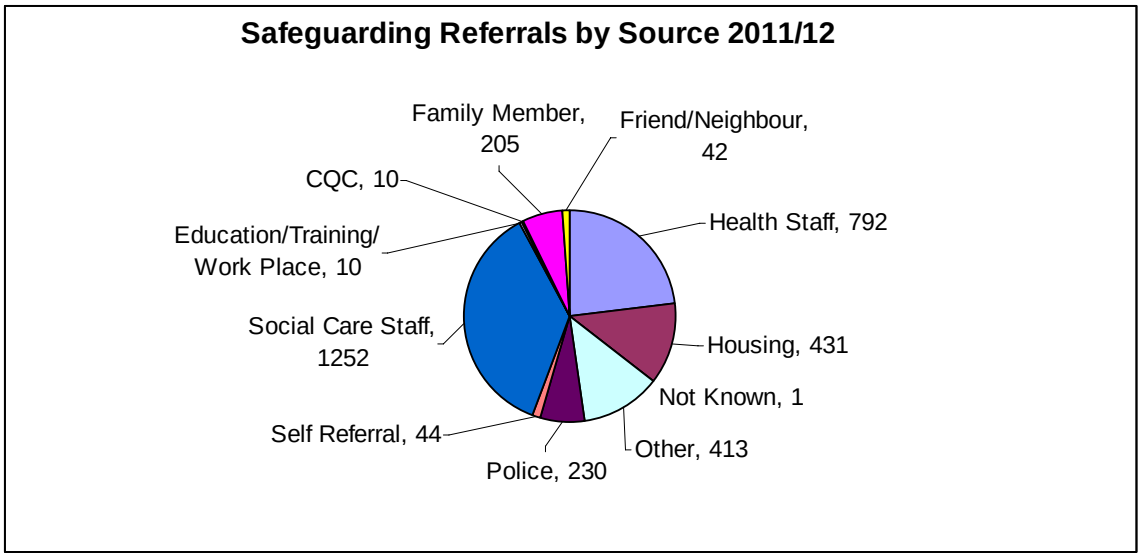


Figure 2: Safeguarding Referrals by Source (2009/10 – 2011/12 (Source – ESCR database)

Safeguarding Referrals By Referral Outcome

From 3,430 safeguarding adult referrals received, 1222 (36%) were taken forward to a safeguarding investigation as illustrated in Figure 3.

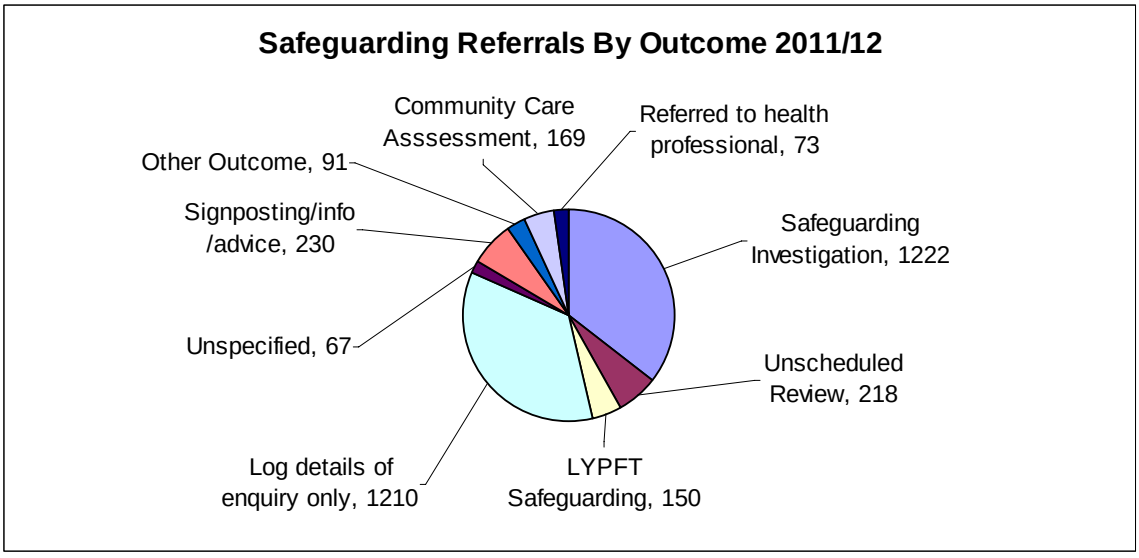


Figure 3: Safeguarding Referrals By Outcome (2011/12 (Source – ESCR database)

150 referrals (4.4%) were taken forward for safeguarding investigation by Leeds and York Partnership Foundation NHS Trust. This information is recorded separately from the ESCR database and is therefore not included within subsequent activity data recorded in this report. Systems are currently in the process of review so as to be able to include such information in future Annual Reports.

Although a safeguarding investigation is not always required, other forms of support may be, such as signposting/offering information and advice (7%), and unscheduled review with (6.0%) or a community care assessment (5%).

4.1.2 Investigated Safeguarding Referrals

The investigated safeguarding referrals reported here are those started during 2011/12. Work will also have been undertaken on investigations started but not completed during the 2010/11.

Investigated Referrals by Client Group

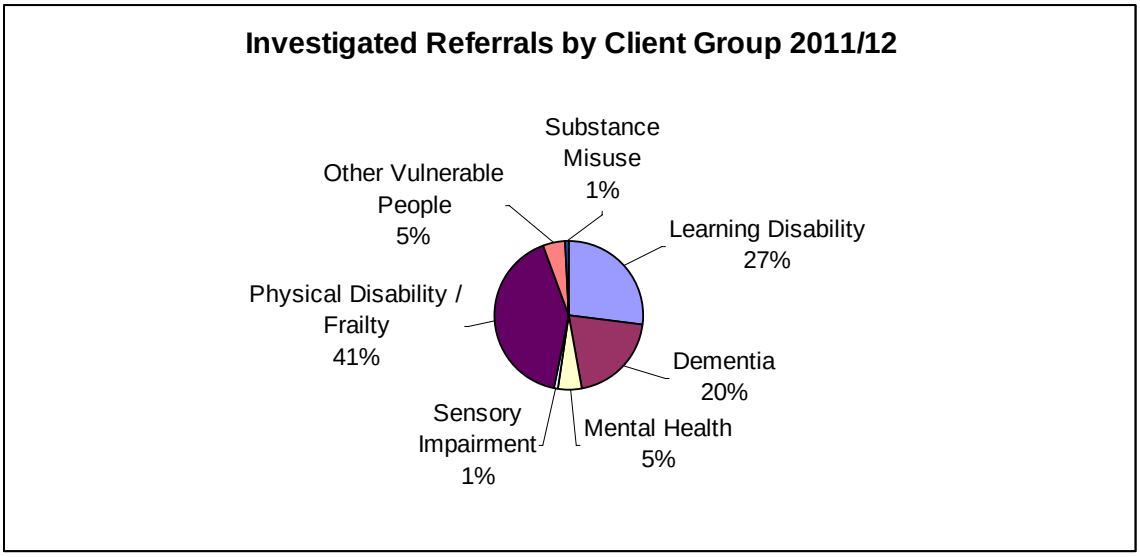


Figure 4: Investigated Referrals By Client Group 2011/12 (Source – ESCR database)

The highest proportion of investigations have involved a person with physical disability or frailty (41%). This is followed by those involving a person with a learning disability (27%) and those involving a person with dementia (20%).

Investigated Referrals by Age and Gender

Figure 5 illustrates the distribution of investigations according to both age and gender. This year for working age adults (those aged 18 – 64), the gender balance is very close, with marginally more males than females (184 females and 191 males). The majority of safeguarding referrals concern females and this is most marked in the 85+ age group, but is reflected in all the over 65 age ranges. This pattern is consistent with 2009/10 and is most likely explained by differences in mortality rates and the resulting differences in population size. Overall, investigations involving females amounts to 63% of all investigations.

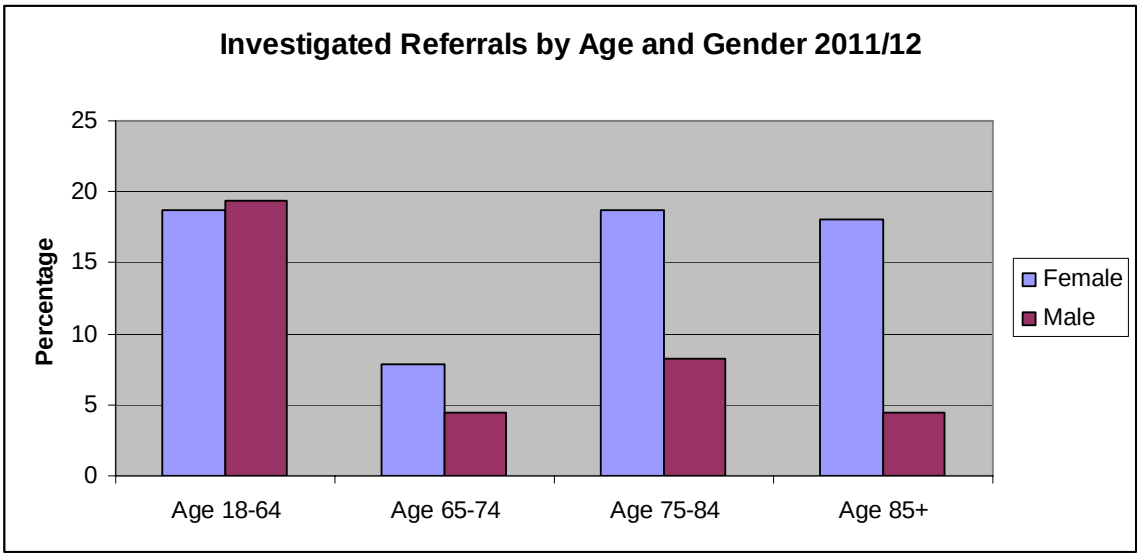


Figure 5: Investigated Referrals By Age And Gender 2011/12 (Source – ESCR database)

Investigated Referrals by Ethnicity

The following table illustrates the proportion of investigations according to the ethnic background of the adult at risk.

Ethnicity	White	Mixed	Asian/ Asian British	Black or Black British	Other Ethnic Group	Not Stated
%	92%	1%	2%	2%	<1%	2%

Table 1: Investigated Referrals By Ethnicity 2011/12 (Source – ESCR database)

Approximately 8% of investigated referrals concern people from black and minority ethnic communities.

Investigated Referrals by abuse Type

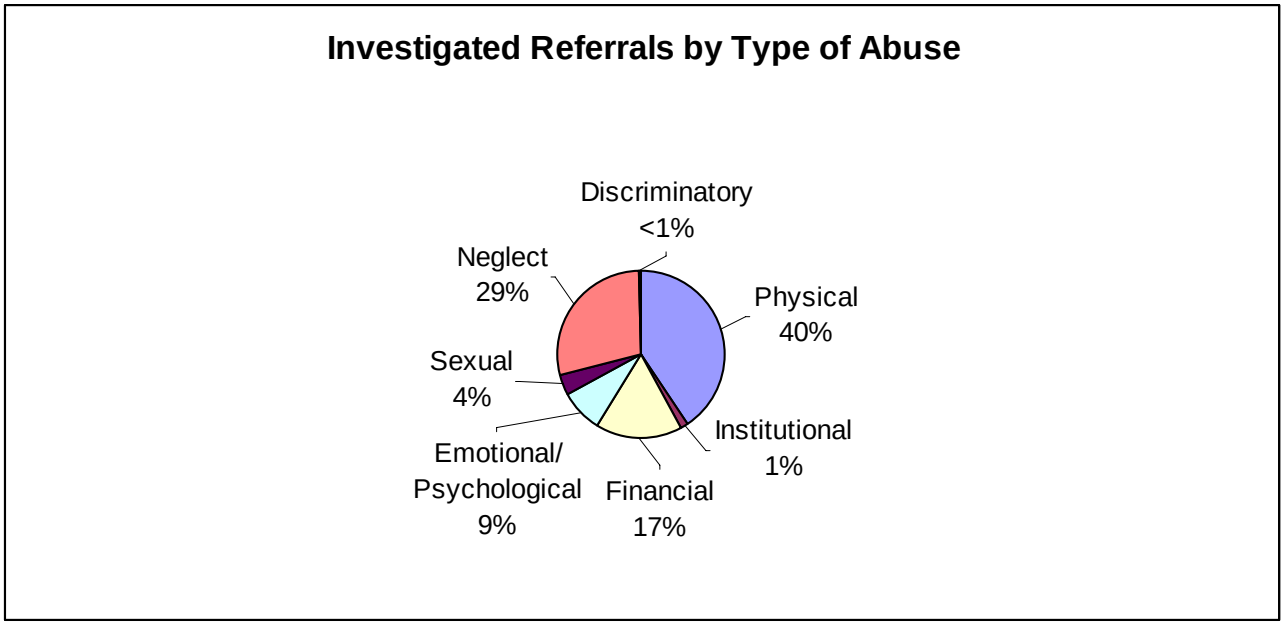


Figure 6: Investigated Referrals By Type Of Abuse Type (2011/12 (Source – ESCR database)

Figure 6 illustrates that the most frequent form of abuse investigated is physical abuse (41%) , followed by Neglect (29%) and Financial Abuse (17%). On many occasions however an investigation may concern more than one incident of abuse and more than one form of abuse.

Investigated Safeguarding Referrals – Type of Investigation

The Leeds Multi-Agency Safeguarding Adult Procedures provide 4 different types of safeguarding investigation. Having 4 types of investigation provides for a proportionate response according to the nature of the alleged abuse and the circumstances within which it has arisen.

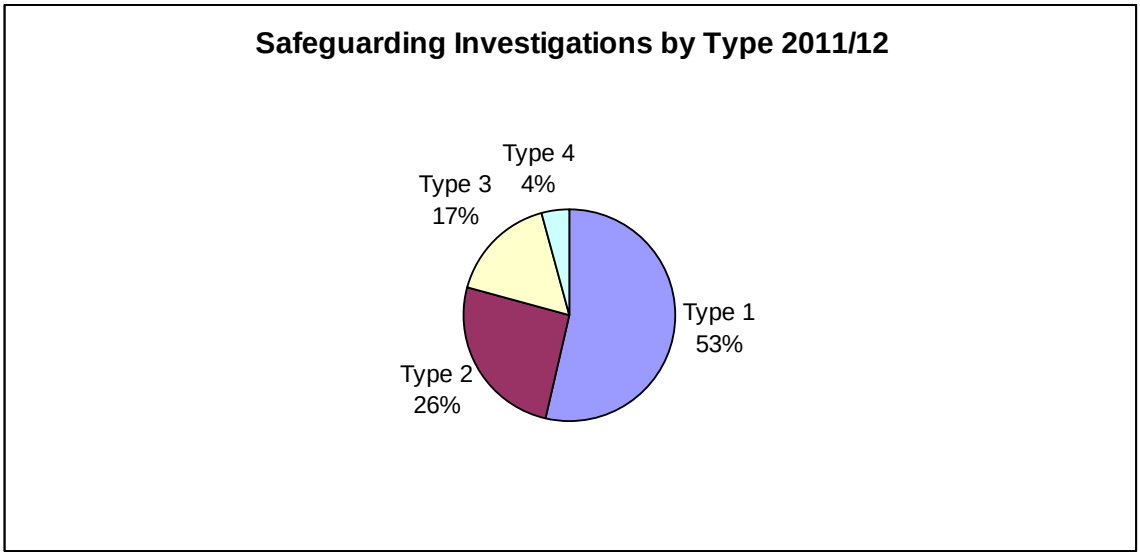


Figure 7: Safeguarding Investigations By Type (2011/12 (Source – ESCR database)

Type 1 investigations are coordinated by Adult Social Care or an NHS body but investigated by the provider service. The majority of investigations are undertaken as Type 1 (53%). Type 2 investigations are undertaken by an investigating officer from Adult Social Care or an NHS body focusing on the review of care needs relating to the allegation/concern of abuse. These are the next most frequent form of investigations undertaken (26%).

Type 3 and Type 4 investigations are more serious or complex investigations requiring an independently-chaired, multi-agency case conference to conclude them. These are the least frequent investigation types. Type 3 relate to a single adult at risk (17%), Type 4 relate to investigations concerning more than one adult at risk (4%).

4.1.3 Completed Investigations

Completed investigations are those completed during 2011/12. Some investigations will have commenced during 2011/12 that will not be completed until 2012/12, and will therefore be included within next year's Annual Report.

Case Conclusions

A safeguarding investigation will gather evidence about the incident, allegation or concern. The decision based on this evidence, as to whether abuse has occurred, is called the case conclusion. Case conclusions are decided 'on the balance of probabilities'. Figure 8 illustrates the four possible outcomes as established by the National AVA data recording requirements.

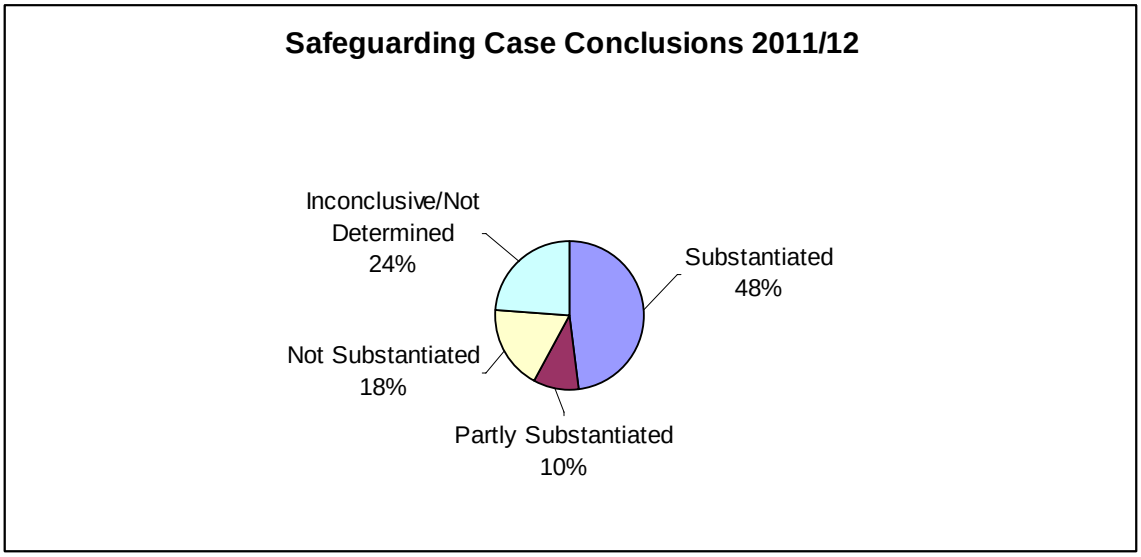


Figure 8: Safeguarding Case Conclusions 2011/12 (Source – ESCR database)

In 58% of occasions during 2011/12, the safeguarding investigation has led to the abuse being 'substantiated' or 'partly substantiated'.

Outcomes for the adult at risk

Outcomes for the adult at risk are those recorded at the conclusion of the investigation according to the criteria established by the National AVA data recording requirements. The most frequent outcome was 'no further action' in 44% of occasions. Outcomes also included monitoring (33%), move to increase/different care (7%), restriction / management of access to the person alleged to have caused harm (2%) and management of access to finances (2%).

Outcomes for the person alleged to have caused harm

Outcomes for the person alleged to have caused harm those recorded at the conclusion of the investigation according to the criteria established by the National AVA data recording requirements. In 38% of occasions the outcome was recorded as continued monitoring, in 30% of occasions the outcome was recorded 'no further action. Outcomes also included disciplinary action (5%), management of access to the adult at risk (5%), removal from property or service (2%) and criminal / formal caution (1%).

Safeguarding Adults In Practice

Mr Taylor has dementia and lived at home with his wife. Over time Mr Taylor had become increasing dependent upon his wife, who was having difficulty understanding and coping with his changing needs.

Other family members became increasingly concerned as they became aware of incidents when Mr Taylor had been pushed, hit and been shouted at by his wife. They made a safeguarding adult referral because they wanted to make sure he was safe.

Whilst the issues were fully understood everyone was in agreement that Mr Taylor should receive respite care to keep him safe and provide his wife with a rest.

Without the constant care demands, Mrs Taylor was able to recognise how serious the incidents had become. The investigation found that Mr Taylor was being abused by his wife.

Whilst in respite care, assessments revealed that Mr Taylor did not have mental capacity to decide about this own care arrangements and that he had significant needs that could not be fully met at home. Everyone was in agreement that it was in his best interests to make this move permanent.

Mrs Taylor had found her husband's dementia hard to accept and was unable to cope with the demands on her. Mrs Taylor felt that her husband's move into a residential care was a difficult decision, but the right one to be made. Mrs Taylor now feels she has quality time with her husband without the constant pressure and strain of struggling to cope with his care needs.

Mr Taylor is happy in his new home. The wider family provide Mrs Taylor with support to visit and for them to both go out together

4.2 Deprivation of Liberty Safeguards (DoLS)

The Deprivations of Liberty Safeguards, often referred to as DoLS came into effect in 2009. They 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.

The European Court of Human Rights established in the principle that 'no one should be deprived on their liberty unless it is prescribed by law'. The Deprivation of Liberty Safeguards was subsequently introduced to ensure, that in circumstances where a hospital or care home believe it will be necessary to deprive a person of their liberty in order to deliver a particular care plan, that any deprivation of liberty:

- is in the person's best interests
- is with representation and rights of appeal
- is reviewed, monitored and continues no longer than necessary

What amounts to a deprivation of liberty depends on the specific circumstances of each individual case. As a result, there is no single definition or a standard checklist that can be used. However, the following indicators have been established through court judgments:

- restraint was used to admit a person to a hospital or care home when the person is resisting admission
- medication was given forcibly, against a patient's will
- staff exercised complete control over the care and movements of a person for a long period of time
- staff took all decisions on a person's behalf, including choices relating to assessments, treatments, visitors and where they can live
- hospital or care home staff took responsibility for deciding if a person can be released into the care of others or allowed to live elsewhere
- when carers requested that a person be discharged to their care, the hospital or care home staff refused
- the person was prevented from seeing friends or family because the hospital or care home has restricted access to them
- the person was unable to make choices about what they wanted to do and how they wanted to live, because the hospital or care home staff exercised continuous supervision and control over them.

(Extract DH (2009) Deprivation of liberty safeguards: A guide for hospitals and care homes)

Anyone can request a deprivation of liberty assessment but in general terms it will be the responsibility of the managing authority (the hospital or care home) to alert the supervisory body (Leeds City Council: Adult Social Care or NHS Airedale, Bradford and Leeds). The supervisory body will then coordinate six separate assessments to ensure it is in the person's best interests. If the authorisation is declined the hospital or care home must find alternative less restrictive ways to provide the treatment or care needed.

<u>Leeds Deprivation of Liberty Safeguards Co-ordination Service</u>

In Leeds a DoLS Co-ordination Service is provided, that allows for a single point of contact in relation to DoLS issues. This means that whether the concerns relate to someone in hospital or in a care home, the reporting process is the same.

All DoLS referrals are made through this service, which also co-ordinates the assessment process.

The DoLS Co-ordination service also provides a helpline providing advice to organisations, professionals and members of the public.

The DoLS helpline can be contacted on (0113) 295 2347 (9am-5pm, Monday-Thursday; 9am-4.30pm Fridays (excluding Bank Holidays).

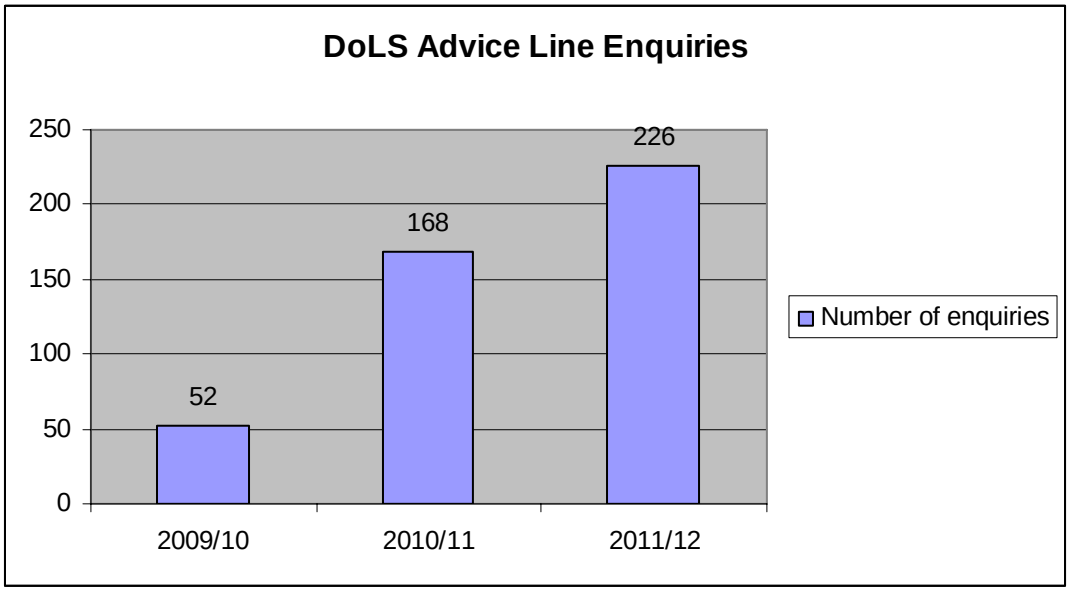


Figure 9: DoLS Advice Line Enquiries 2011/2 (Source: DoLS Coordination Service)

The DoLS Co-ordination Service received a total of 226 enquiries regarding Deprivation of Liberty Safeguards during 2011/12. This is a 35% increase from the previous year. The majority of these were from care professionals working in a variety of fields including social work, hospital inpatient care, private sector care homes and from voluntary sector providers. A small number were from informal carers or other members of the public.

Use of Deprivation of Liberty Safeguards in Leeds

The table below details the number of Deprivations of Liberty Safeguard referrals from 2009/10 to 2011/12.

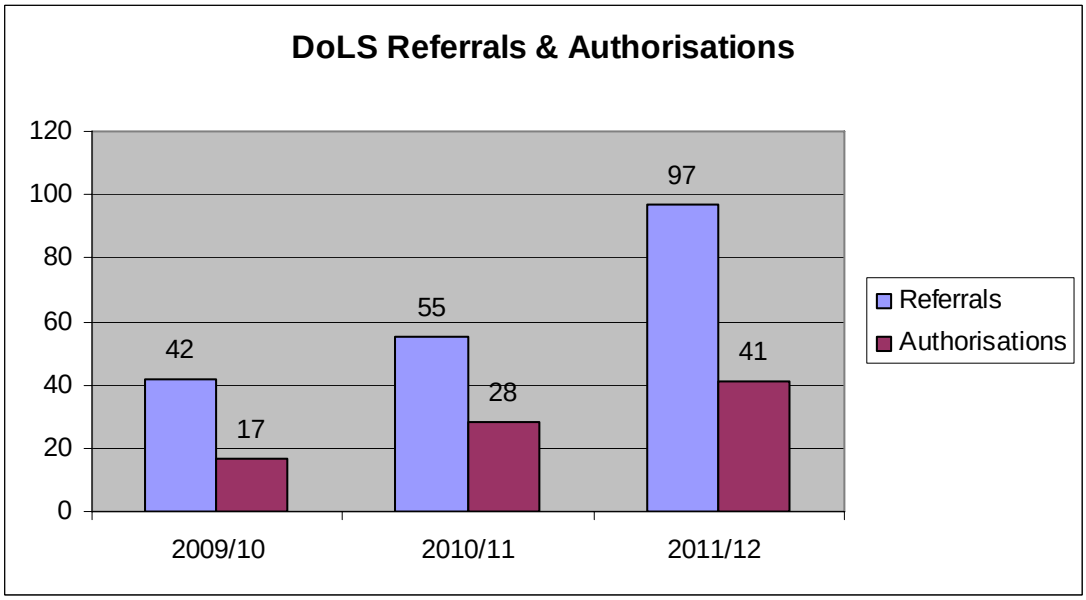


Figure 10: DoLS Referrals and Authorisations 2011/12 (Source: DoLS Coordination Service)

Referrals for Deprivation of Liberty Safeguards in Leeds have increased year on year since they were introduced in 2009. There has been a substantial increase (76%) over the last 12 months from the previous year. This indicates an increasing awareness of Deprivation of Liberty

Safeguards (DoLS) and their importance in safeguarding people's rights. Of these referrals 28 were for people within a hospital setting and 69 were made for people residing in a care home. The table also illustrates the actual number of DoLS authorisations approved in Leeds which have also increased year on year. During 2011/12 authorisations increased significantly by 46% from 2010/11.

National Comparison

National comparison data for 2011/12 is not yet available. However, during 2010/11 the national increase in DoLS referrals was 25% and for authorisations 50% from the previous year. Within Leeds during the same period the increase was above the national trend with an increase of 31% in respect to referrals and an increase of 65% in respect of authorisations. The numbers of referrals and authorisations have continued to increase during 2011/12.

Deprivation of Liberty Safeguards (DoLS) In Practice

Mr Taylor moved into a care home when he was no longer able to live independently and safely in his home as a consequence of dementia. After a number of months concerns arose when Mr Taylor became unhappy to stay at the home

Several incidents occurred when Mr Taylor started leaving the premises without the knowledge of staff. During these occasions it became apparent that Mr Taylor was unable to negotiate traffic safely and unable to recognise that he was placing himself at risk. Mr Taylor was returned reluctantly by the police on these occasions.

The care home undertook an assessment and concluded that Mr Taylor lacked mental capacity in relation to decisions about where he resided and the risk of going out on his own. The care home wanted to make sure Mr Taylor was safe. The care home drew up a new care plan that meant that Mr Taylor could not go out on his own despite his wishes.

The care home manager applied for a DoLS because the staff team were concerned that the care plan might be depriving Mr Taylor of his liberty, especially as he did not always want to be at the home.

Leeds Adult Social Care facilitated a series of assessments. An IMCA was involved to represent Mr Taylor in the decision making. The DoLS was authorised as the care plan was felt to deprive Mr Taylor of his liberty and was assessed to be in Mr Taylor's best interests. Mr Taylor's needs and placement were also reviewed and additional support provided in response. It is hoped that these new care arrangements will help to make Mr Taylor happier at the home.

The authorisation of the DoLS provides Mr Taylor with legal safeguards that ensure the deprivation of liberty is kept under review, continues only so long as necessary, can be appealed, and ensures he has representation in decision making. The DoLs also provide the care home with the legal authority to follow the agreed care plan, in order to provide for Mr Taylor's needs and best interests.

Additional information about DoLS can also be accessed from the Leeds Safeguarding Adult Partnership website www.leedssafeguardingadults.org.uk

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

4.3 Independent Mental Capacity Advocates (IMCAs)

Independent Mental Capacity Advocates (known as IMCAs) were established by the Mental Capacity Act 2005. The role of the Independent Mental Capacity Advocate is to help people who lack the mental capacity in relation to certain important decisions, when they have no-one else (other than paid staff) to support or represent them.

An IMCA can only be appointed by an NHS body or the local authority; and only in very specific circumstances that have been established in law. These are:

- an NHS body is proposing to provide serious medical treatment
- an NHS body or local authority is proposing to arrange accommodation (or change of accommodation) in certain circumstances
- a care review (in relation to the accommodation arranged above)
- an application for Deprivation of Liberty Safeguards (DoLS) is being made
- safeguarding adults (this may be possible in some circumstances, even if family, friends or others are already involved)

The role of an IMCA is not to decide what is in the person's best interests but rather to support the decision making process. It includes:

- finding out the views, feelings, wishes, beliefs and values of the person, using whichever communication method is preferred by the client and ensuring that those views are communicated to, and considered by, the decision maker
- asking questions on behalf of the person and representing them; making sure that the person's rights are upheld and that they are kept involved and at the centre of the decision-making process
- gathering and evaluating information from relevant professionals and people who know the person well
- checking that the decision-maker(s) are acting in accordance with the Mental Capacity Act and the decision is in the person's best interests
- challenging decisions that are not reached in adherence with the Mental Capacity Act and Code of Practice

The national findings of the 4th Year of the IMCA Service published by the Department of Health in 2012 highlighted the value of including IMCAs within decision making.

"The research found that IMCA involvement could make a significant difference in some 52% of cases… IMCAs were thought to ensure that decisions were timely and based on thorough assessments of options…. IMCAs played a role in bringing a holistic, person centred angle to the clinical decision making process. In particular IMCAs helped to broaden clinical thinking about how adjustments could be made to treatment to reflect a person's needs and wishes… In safeguarding cases, IMCAs reported their involvement led to additional personalised outcomes for clients, and assisted in clarifying misunderstandings..."

"...the research identified that the IMCA role brought about wider benefits: IMCAs were regular and visible visitors to a range of health and social care settings. Their awareness of the rights of people under the Mental Capacity Act, coupled with their specialist knowledge about poor practice, meant they were in a strong position to provide additional assistance, not just for their individual client, but for other people using services at the same settings..."

The tables below illustrate the significant improvements made within Leeds in promoting use of IMCA services.

Use of IMCAs in Leeds

The table below details the frequency of IMCA involvement from 2009/10 to 2011/12.

		LEEDS 09/10	LEEDS 10/11	LEEDS 11/12	Comparison
		Number	Number	Number	Increase from 2010/11 – 2011/12
Serious medical Treatment		26	38	66	+ 74%
Accommodation		92	126	162	+ 29%
DoLS		18	26	34	+ 31%
Care Reviews		16	20	62	+ 210%
Safeguarding		48	62	66	+ 6%
Unknown		5	5	5	-
Total		205	277	386	+ 39%

Table 2: Use of IMCA's In Leeds 2009/10-2011/12 (Source – Articulate Advocacy)

Use of IMCAs have increased year on year for each kind of decisions where IMCAs may be involved. The percentage increase from 2010/11 to 2011/12 is significant at 39%; the rate of increase is highest in relation to care reviews (210%) and serious medical treatment (74%).

National Comparison

National information provided by the Department of Health is not yet available for 2011/12. The table below compares the use of IMCAs in Leeds during 2010/11 with the national average.

		NATIONAL 10/11		LEEDS 10/11	
		% of all involvement	% Increase from previous year	% of all involvement	% increase from previous year
Serious medical Treatment		15%	22%	14%	46%
Accommodation		42%	8%	45%	37%
DoLS		16%	33%	9%	44%
Care Reviews		7%	20%	7%	25%
Safeguarding		14%	13%	22%	29%
Unknown		6%		2%	
Total			15%		35%

Table 3: National Comparison for Leeds 2010/11 (Source – Department of Health and Articulate Advocacy)

This table shows that the use of IMCAs in Leeds during 2010/11 increased by 35%, this is more than twice the national average (15%). For each of the IMCA decision areas, the increase in Leeds is greater than the national trend.

In Leeds use of IMCAs in safeguarding adult cases was highest in the country and second highest within accommodation decisions. There was a lower percentage use of IMCAs in DoLS than the national average, but this is one of the highest area of increased use (44% increase from 2009/10 – 2010/11). As noted in the previous table, this has increased again by 31% from 2010/11 – 2011/12. This figure will be influenced by the number of DoLS assessments undertaken.

Findings

The IMCA service has a very important role in representing and protecting people's rights when certain key decisions are made for them. In Leeds use of IMCAs is increasing year on year, meaning that more and more people are being provided with this additional support to ensure their 'best interests' care carefully considered when they are unable to make important decisions for themselves.

The IMCA service in Leeds is provided by Articulate Advocacy. The Articulate Advocacy Annual report contains additional useful information. It can be accessed on the Articulate Advocacy website www.leedsadvocacy.co.uk/annual_report.html

The Mental Capacity Act Code of Practice provides information about the role of an IMCA. This can be obtained from the Leeds Safeguarding Adult Partnership Board website www.leedssafeguardingadults.org.uk

Independent Mental Capacity Advocacy In Practice

Mrs Aldwick was discharged from hospital into a residential care home whilst she was recuperating from a period of illness.

A care planning meeting was arranged to consider how best to meet Mrs Aldwick's needs in the future. At the meeting it was clear that there were differences of opinion as to what should happen.

Mrs Aldwick wanted to go home and her son agreed this was the right thing to do.

However, Mrs Aldwick's daughter was very concerned about whether this was safe for her, and wanted her to move permanently into the residential home. She was concerned her mother would no longer be able to live safely on her own at home.

Mrs Aldwick was assessed as lacking mental capacity to make an informed decision about where she lived and how her care needs should be met, and so a decision would be needed in her best interests.

The assessment of Mrs Aldwick's needs revealed that she required 24 hour supervision and support to meet her care needs and maintain her safety.

An IMCA was appointed to represent Mrs Aldwick in the decision making about where she lived. The IMCA took time to understand Mrs Aldwick views and circumstances and produced a report that took into account her wishes, preferences, beliefs and values. This helped focus everyone on what was best for Mrs Aldwick.

The son and other family members offered to work with the home care agency to provide 24 hour support. It was decided that it was in Mrs Aldwick's best interests for this support to be provided at home rather than in a care home.

Mrs Aldwick returned home and has coped better than everyone expected. This has meant that the amount of support provided could be reduced and Mrs Aldwick has been able to maintain more independence.

The use of an IMCA helped in focusing everyone on Mrs Aldwick's best interests, keeping her needs and wishes at the heart of the decision making.

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5. Annual Statements of Board Member Organisations

5.1 Leeds City Council: Adult Social Care

Throughout 2011/12 adult social care has continued to promote awareness and develop practice in relation to safeguarding adults and mental capacity issues.

A focus during 2011/12 has been on learning and improving safeguarding practice. The adult social care safeguarding meeting provides a forum to reflect on and develop good practice and share learning with partners through the various sub-groups of the board. This has included, for example, supporting the development of guidance in relation to involving the person alleged to have caused harm, ensuring the safeguarding process is fair to all concerned.

Learning has also taken the form of a number of Learning the Lesson Reviews. These reviews have involved frontline practitioners and their managers and have resulted in improved practice arrangements in a number of areas including:

- Joint training between Adult Social Care and West Yorkshire Police around Mental Capacity Act matters
- Changes in mental health provider service procedures to address risk
- Enhanced involvement of carers in reviews
- Guidance provided to all staff about the need for medical checks when emergency protection action is taken
- Training for investigation staff giving greater emphasis investigation planning in order to achieve efficient timescales

Independent and other quality assurance audits have led to the development of a multi-agency quality assurance framework that includes practitioner guidance, practice standards and revised safeguarding templates. These were developed initially through a series of development sessions with the senior practitioners.

Safeguarding training has been reviewed during 2011/12 taking into account changes in the revised multi-agency safeguarding adult policy and procedures. As a result, improvements to both approach and content have been identified and commissioned. This includes the development of existing courses, workbooks, e-learning resources and new courses such as refresher training for managers of Older People Services and a course called Protecting Yourself and Others for staff with learning disabilities. Training continues to be provided free to independent sector organisations.

Improvements have also been made in relation to electronic recording systems, enabling more effective recording of concerns in relation to a service provider. Protocols have also been developed to ensure safe internal transfer of information where the referral concerns a unnamed person or numerous individuals.

One of the most significant achievements in 2011/12 has been adult social care's involvement in ground breaking case law in respect of the Mental Capacity Act and the concept of inherent jurisdiction to protect adults at risk of harm. This has provided significant protection for the adults at risk concerned but has also opened up a new source of protection for others in similar situations.

5.2 NHS Airedale, Bradford and Leeds (NHS ABL)

The structural changes to the NHS mean that the team have spent a significant amount of time preparing to hand over our safeguarding commissioning function to Clinical Commissioning groups. In times of such change and uncertainty the team have been acutely aware of the risks involved and have worked closely with colleagues within NHS ABL and across the health economy to ensure the people of Leeds are protected from abuse. Some of the specific achievements during 2011-12 are listed below:

Safeguarding Quality Assurance:

- New Adult Safeguarding Commissioning Policy agreed and inserted in all provider contracts for 2012-13. This document clearly sets out the safeguarding adult standards expected from all providers that NHS ABL commission with. The policy also clearly describes the process by which NHS ABL will ensure services protect patients from abuse.
- Following the uncovering of abuse at Winterbourne, NHS ABL have reviewed all Leeds residents in out of area placements to ensure they are receiving high quality and safe care.

Safeguarding Training:

- Over 1000 staff in primary care (GP practices, pharmacies, dental practices and opticians) have received face to face adult safeguarding training from the NHS ABL (Leeds) safeguarding team. Approximately 75% of GPs and 85% of dentists have received safeguarding adults training.
- NHS ABL (Leeds) has further developed its training evaluation to be able to demonstrate the impact of training.
- Updated the safeguarding adults e-learning package.
- The production of various resources e.g. a GP resource pack for safeguarding.

Safeguarding Partnership working:

- Development and dissemination of Safeguarding and Serious Case Review Newsletters
- Considerably increased the amount of clinical safeguarding advice and information given to primary care staff

MCA / DoLS:

- Commissioned NHS Trusts to increase training, policy development and audit in relation to MCA / DoLS.
- Development of a DoLS database to monitor DoLS activity levels.
- A significant increase in the number of DoLS applications from hospitals, helping to ensure that those that need to be detained in hospital for care and treatment receive the appropriate safeguards.
- The development and wide distribution of MCA resources such as MCA flowcharts and Deprivation of Liberty application process flowcharts.

5.3 Leeds Teaching Hospitals NHS Trust (LTHT)

Over the past year LTHT made progress in a number of areas. We continue to grow and develop the service and with this continue to see a rise in referrals to the Adult Safeguarding team.

Over 11000 staff have been provided with Level 1 Adult Safeguarding training since April 2009.). Training has been incorporated into the Trust Induction programme which captures all

new staff who join the organisation and the Trust Mandatory Training Programme which captures existing staff. There is also additional training being delivered to managers (Level 2) Over the last year safeguarding alerts to the Trust Adult Safeguarding team have risen to an average of 40 a month.

Ongoing audit of Adult Safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). This has been strengthened over the last year with the appointment of a Mental Capacity Act Co-ordinator .

LTHT have been active in the Serious Case Review process having now participated in 3 Serious Case Reviews. Action planning following these are underway and on target.

LTHT has full engagement with the multi-agency process and as such contributes to all stages of relevant safeguarding investigations and all the sub-groups of the safeguarding board.

A trainer for Safeguarding Adults and Children was appointed in June 2011. This has allowed the existing team to focus more on clinical support and higher level training.

A Part-time Co-ordinator (with responsibility for MCA & DoLS training, policy development and audit) was appointed in August 2011 in order to ensure that all our staff are confident in using the Act.

Other developments across the Trust include working closely with the LTHT Children's safeguarding team to develop a safeguarding web page on the LTHT intranet. This was activated in August 2011 and enables staff to locate resources and information relating to safeguarding easily including appropriate external links from these pages.

5.4 Leeds and York Partnership NHS Foundation Trust (LYPFT)

This last year has seen a greater need for Leeds and York Partnership Foundation Trust (LYPFT) to focus on the administrative and data processing aspect of safeguarding within our Trust and across the city. We have developed considerable knowledge and skill on the delivery of safeguarding practice within the Trust and there is a now heightened scrutiny as to how rigorously individual agencies respond internally to all safeguarding issues, especially regarding accountability. National developments and influences have been managed via action plans and we have developed an interim means of capturing the audit trail by careful monitoring and recording of email traffic but a more sophisticated data management system has been identified as the ultimate solution.

Key Developments

- There is now a generic “drop box” for all safeguarding information SafeguardingAdults.LYPFT@nhs.net, this is monitored daily to ensure all referrals are acknowledged within 24 hours. All email content is archived.
- The number of safeguarding coordinators is currently being increased to 28
- Leeds services have now merged with North Yorkshire and York mental health and learning disability services to form LYPFT.
- A Trust wide MCA audit has been conducted.
- Supplementary guidance has been produced to support and promote the principles of the MCA when completing a care plan.

- The Trust has reviewed, amended, approved, ratified and monitors protocols for consent to care and treatment, Advanced Decisions and Deprivation of Liberty Safeguards.
- The Trust is currently reviewing care pathways for service users within the transformation project. The care pathways will reflect and incorporate the guiding principles of the MCA.
- PARIS data recording has been developed to include the identification and involvement of relevant others including carer, family, Independent Mental Capacity Advocate and Independent Mental Health Advocate (if applicable)
- The Trust has further developed the commission by the Strategic Health Authority to produce e-learning on the Mental Capacity Act and the e-learning is accessible to all clinical teams on the Trust e-learning site. Level 1 Safeguarding Adults Training is also provided on this site.

5.5 Leeds Community Healthcare NHS Trust (LCH)

During the last twelve months there have been many significant changes for Leeds Community Healthcare (LCH). From 1 April 2011 the organisation became an independent NHS Trust and now continues on its journey to become a Community Foundation Trust.

New safeguarding structures and services have been developed as we drive forward the integration agenda, and a key part of this has been the ongoing commitment to strengthening work around safeguard adults at risk. The 'new' Leeds Multi-Agency Policies and Procedures prompted a review of LCH operational policy with the introduction of a reporting and recording flowchart. In September 2011; a specialist nurse was identified to take a lead role in MCA and DoLS and has worked closely with NHS Leeds to develop a training and support programme for "champions" from clinical teams across the organisation. Also in the summer two clinicians successfully completed the Best Interest Assessors training and now attend regular updates.

LCH has a mandatory training programme for clinicians which now includes Safeguarding Alerter and MCA training. Compliance is achieved through e-learning packages, which have been reviewed and agreed across health organisations. As an organisation we are working hard to achieve a standard of 90% compliance. With this increased awareness we have noticed an increase in reporting and number of referrals made.

In October 2011 LCH agreed to pilot a model of Adult Protection Supervision by offering monthly sessions to clinicians. The sessions are aimed at clinical staff that have concerns about safeguarding issues, and to support these individuals in their safeguarding work. These are open sessions at venues across the city, lasting approximately 2 hours and will run as a pilot until June 2012, when this will be evaluated.

In this twelve month period, the organisation saw the development of a vision statement and strategy for adult safeguarding for the next three years with the production of an annual work plan identifying priorities for 2011-2012 to deliver the vision. This work plan consisting of 10 separate work streams and a monthly operational group, reporting to the LCH adult Safeguarding Committee, has been established to embed the strategy and monitor performance across all work streams.

Moving into 2012 Leeds Community Healthcare has taken the opportunity to integrate adult and child safeguarding by creating a safeguarding team with one Head of Service. In recognition of the growing needs of adults at risk LCH has increased resources assigned to adult safeguarding, which mirror structures and roles within child safeguarding, bringing

Mental Capacity Act and Deprivations of Liberty Safeguards under the same umbrella . The next 12 months will be both exciting and challenging as we move to an integrated team, sharing learning and working in a more effective way to safeguard the most vulnerable in the city. We still have a way to go in the field of adult safeguarding, but we hope we can learn from our colleagues in child safeguarding and explore new and innovative ways of working. There is clear evidence of how far we have come during the past 12 months, which places the organisation in an excellent position for moving forward.

5.6 West Yorkshire Police

The work of the Leeds West Yorkshire Police Safeguarding team has been enhanced over the last year through the co-location of staff and appointment of dedicated vulnerable adult coordinators within the unit. New comprehensive policies and procedures have been adopted based on ACPO guidance and a forum introduced for the Police and Local Authority Safeguarding Managers from across West Yorkshire to meet and share good practice

West Yorkshire Police has developed a bespoke training package for all front line and specialist resources. The training includes a series of case studies involving vulnerable adults aimed at ensuring all staff understand safeguarding principles and are able to recognise vulnerability and identify abuse. Local safeguarding staff have provided training to operational officers in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

During the year, West Yorkshire Police hosted a multi-agency conference on 'Understanding and Supporting our Vulnerable Adults'. The event was well supported by partners from the five Adult Safeguarding Boards, Health and Regional Police Forces. The day included presentations about a wide range of initiatives and operations. The day concluded with a moving video of a vulnerable adult who told his own story, successfully highlighting the paramount importance of a multi-agency approach towards safeguarding the vulnerable.

Externally, West Yorkshire Police has established much closer working relationships with a host of partners and are actively engaged with senior practitioners within Adult Social Care, Mental Health Trust, LTHT and nurse consultants. New meeting structures provide a regular opportunity for key staff to share good practice and has resulted in the development of a referral pathway between the mental health and the police safeguarding unit.

5.7 The Leeds ALMOs

Aire Valley Homes, East North East Homes and West North West Homes, referred to as ALMO's are Arms Length Management Organisations that provide housing on behalf of Leeds City Council.

All three of the Leeds ALMOs, which provide housing management services for the Council, now have specialist internal teams in place supporting tenants at risk through robust internal safeguarding procedures that include needs and risk assessments linked to support packages and a referral process to Adult Social Care. The procedures for safeguarding underpin internal Safeguarding Policies agreed by the ALMO Boards, that apply the Leeds Safeguarding Adults Partnership policy at a local level.

Mandatory e-learning modules have been introduced for staff and safeguarding training is delivered for all new starters at staff Induction. In addition internal safeguarding training has been delivered to staff and external repair and improvement contractors who work for the ALMOs. So far 35 sessions have taken place with Contractors with a plan to complete the training by May 2012.

On the back of this training almost 1000 alerts have been made by housing staff and contractors to the ALMOs specialist teams in 2011/12, with around 50 of these becoming full safeguarding referrals to Adult Social Care. Of the remainder, the majority are supported within the ALMOs through a series of interventions coordinated with other support agencies. These are aimed at supporting people to remain living independently in their own tenancies.

Around one third of ALMO alerts arise at the initial allocation of a property stage, which assists us to be proactive in identifying support needed at tenancy commencement. This helps to sustain tenancies and independent living. Nearly half of referrals come through Tenancy Management teams when tenants are identified as being in need of help or are in crisis and/or at risk of losing their tenancies. The remaining referrals are made from partners such as the Leeds Anti Social Behaviour Team and our repair and improvement Contractors. We also have a small number of tenants who have self referred due to the articles that we have published in our tenants magazines outlining the support that our teams provide.

The last twelve months has seen further development of a common cross ALMO approach to safeguarding and assessing risk. Joint working and shared training has been developed and 2012/13 will see more sharing and joint working together in managing risk, delivering support and safeguarding to ensure that people who move across ALMO boundaries remain within scope.

5.8 Leeds City Council: Domestic Violence Team

The safeguarding agenda is addressed by the Council's Domestic Violence Team in a range of ways. All domestic violence training includes references to or full case studies on the additional issues facing disabled women experiencing domestic violence, encouraging the use of the social model of disability to improve access to services. Safeguarding adults is addressed in monthly domestic violence multi agency risk assessment conferences (MARACs) where information is shared among key agencies about high risk victims and safety plans are developed to address risk. Consent is sought among all victims being discussed at MARACs and the Leeds MARAC Operating Protocol highlights mental capacity as an issue to be considered in the consent seeking process.

The team work closely with the partnership unit Training and Development Officer to support the integration of domestic violence in Safeguarding Training and have agreed protocols in cases where domestic violence has featured in Serious Case Reviews'.

5.9 West Yorkshire Fire and Rescue Service (WYFRS)

WYFRS Safeguarding Children & Vulnerable Adults Policy was implemented in Dec 2010. The policy put in place a clear structure for reporting concerns of potential cases of abuse, raised by WYFRS personnel, into the multi-agency safeguarding process. The agreed reporting structure as set out in the policy is for quarterly activity reports to be presented to the Corporate Driving Diversity Board, and an annual report presented to Management

Board. Since the new policy went live, forty one safeguarding cases have been referred through to the safeguarding units.

The policy includes the identification of designated officers with clearly defined responsibilities to ensure the efficient delivery of safeguarding procedures.

West Yorkshire Fire and Rescue Service have developed a safeguarding e-learning module on 'recognising and responding to abuse'. This was launched in February 2012 for all staff to complete.

5.10 Care Quality Commission (CQC)

The Care Quality Commission's (CQC) responsibility regarding safeguarding is to ensure that CQC uses its regulatory powers to ensure that risks to people, who receive services that are regulated by CQC, are minimised. The CQC powers will be used promptly and in accordance with CQC frameworks for judging compliance with the regulations outlined in the Health and Social Care Act 2008 and the Commission's enforcement policy.

In Leeds this works in three ways. Firstly, CQC meets regularly with the commissioning and safeguarding officers of the Leeds City Council and NHS Leeds. The purpose of the meetings is to share information about services which may pose risks to people's safety. Secondly, outside of these meetings partnership agencies may refer concerns brought to their notice to CQC. Commission inspectors will respond as appropriate by undertaking inspections in order to ascertain whether or not the service is complying with government regulations and if not, determine the action that needs to be taken to ensure the safety of the individuals concerned. In addition, there are occasions when inspectors identify incidents that mean people may be at risk. In these circumstances inspectors will make a safeguarding adult referral. Thirdly, inspectors are also involved in meetings convened within the safeguarding adult procedures to consider actions necessary to either investigate concerns raised and/or to ensure the safety of vulnerable people who receive services that are regulated by CQC.

Since the reporting of the incidents at Winterbourne View in the South West Region, CQC has strengthened the way it responds to alert calls from members of the public and people who report their concerns as "whistleblowers". A dedicated central team was established to ensure the appropriate responses as the regulator of health and social care services. CQC records the exchange of information between agencies. For Leeds the level of recorded activity is significant and shows increasing awareness amongst partner agencies and the public about safeguarding vulnerable people.

The Commission reviewed and consulted partners on its policies and guidance with respect to judging compliance and taking enforcement action against providers that are not compliant with the regulations. The result of this work is now available on the Commission's website www.cqc.org.uk or by following the direct website links:

CQC Judgement Framework, April 2012
CQC Enforcement Policy, April 2012

The new judgement framework and enforcement policy gives clear guidance to providers about their responsibilities. These documents show that the Commission's judgements will be clear to the public and providers. Providers either comply or do not comply with the regulations. When providers do not comply with the regulations then CQC must consider the action it will take under its enforcement policy.

It has also been recognised that in order to be an effective regulator of health and social care that the Commission should be better resourced to carry out this function. Nationally this has meant that more inspectors are being recruited and this also has been the case for the Leeds area. More inspectors were recruited in latter part of 2011 and this process continues.

The Commission's priorities are to:

1. Respond swiftly to concerns that suggest providers are not complying with the regulations.
2. Ensure that all social care providers, independent health care providers and NHS trusts will be inspected frequently. All inspections will continue to be unannounced.
3. Review from a national perspective health and social care issues of public concern.

6. Going Forward

6.1 Board Priorities for 2012/13

The board's priorities for 2012/13 are set out here, aligned with the various work streams of the board.

Governance, Leadership and Partnership:

- Strengthen the board's relationship with key agencies important to achieving positive outcomes for adults at risk, specifically the Department of Work and Pensions and Clinical Commissioning Consortiums
- Strengthen the board's expertise by securing a medical representative on the board
- Explore with partner boards within West Yorkshire, the possibility of adopting West Yorkshire Safeguarding Adult Procedures

Policies, Protocols and Procedures:

Continue the ongoing programme of policy and procedure development, including:

- Developing a multi-agency approach to risk management, in relation to adults at risk with mental capacity that make decisions that place themselves at risk of harm
- Undertake an Equality Impact Screening in relation to the multi-agency policy and procedures
- Review the Contesting Decisions Procedure
- Review arrangements for organisations acting as safeguarding coordinator when investigations involve their own services
- Develop fact sheets aimed at informing people alleged to have caused harm of the safeguarding procedures
- Develop good practice guidance in relation to financial abuse
- Produce guidance on service user towards service user abuse
- Review investigating institutional abuse guidance
- Facilitate a process of learning within the partnership in relation to restraint policies

Training and Workforce Development:

- Agree a common evaluation process to measure impact of training on learning and practice
- Ensure attendance levels are maintained within the training and workforce development sub-group
- Produce of directory of approved safeguarding adult training programmes
- Agree targets for completion of alerter and referrer training, DoLS and MCA training within statutory agencies
- Develop a new Board member induction programme
- Agree minimum criteria for trainers, including frequency of refresher training and numbers required
- Agree training priorities in light of Board performance targets
- Introduce and explore the concept of a staff competency framework in relation to safeguarding adults
- Support the integration of safeguarding learning into wider subject materials

- Ensure learning from the partnership is included within safeguarding training programmes and trainers are kept updated of changing practice

Serious Case Review and Professional Practice:

- Review policies and procedures in relation to establishing serious case reviews
- Devise a bulletin to share findings from serious case reviews
- Develop clear criteria, procedures and templates for learning the lesson reviews
- Develop a framework for regular monitoring of agreed outcomes from serious case reviews
- Provide training relevant to those participating in serious case reviews
- Develop a protocol with the Leeds Safeguarding Children's Board for serious case reviews / learning the lesson reviews, that cover both adult and children's safeguarding
- Develop other processes for learning from safeguarding cases e.g. root cause analysis in order to widen learning opportunities.

Performance, Audit and Quality Assurance:

- Work with partners agencies to ensure effective data capture and recording across agencies
- Explore potential to develop measures in relation to 'value for money' and work with the Communications and Community Engagement sub-group in order agree measures that capture 'customer perceptions' of safeguarding adults
- Undertake a review of date collected on referrals and analyse the differences in conversion from referral to investigation for different client groups
- Review quality assurance measures to ensure performance activity is being captured
- Facilitate an Annual Partner Agency Self Assessment in relation to Board partner organisations
- Finalise and implement the Quality Assurance Framework and evaluate the findings

Communications and Community Engagement:

- Work with other Board sub-groups to set up processes to incorporate the learning from community engagement events
- Evaluate current leaflets, publicity and methods of communication, considering accessibility for adults at risk of abuse or neglect
- Explore and develop new communication media
- Devise and implement a prevention of abuse campaign
- Support the development of evaluation tools to capture customer perceptions of safeguarding
- Ensure a process is in place for stakeholder views/experiences to influence revisions of safeguarding procedures
- Review the Leeds Safeguarding Adults Charter, building in plain English and easy read principles
- Support the development of publicity information about Lasting Powers of Attorney and other similar measures that enable people to plan for their future
- Organise further two-way engagement exercises with stakeholders, including an event specifically for carers
- Work with Adult Social Care and NHS partners to ensure advocacy needs within safeguarding are reflected in commissioning strategy / service specifications

Mental Capacity Act LIN:

- Produce a Deprivation of Liberty Safeguards (DoLS) Annual Report
- Work with children services to identify priority development needs in relation to the Mental Capacity Act
- Monitor the transition arrangements to transfer supervisory body functions in relation to DoLS from NHS Airedale, Bradford and Leeds to Adult Social Care
- Maintain an overview of partner audits, performance and activity measures
- Develop a leaflet advising on safeguards, such as Last Powers of Attorney, Advance Decisions and Advance Statements, advising on how people can plan for their future
- Audit the quality of best interest assessments within Deprivation of Liberty Safeguard (DoLS) processes.
- Advise the board of the implications of forthcoming court judgements in relation to mental capacity and management of tenancies

6.2 Board Business Plan 2012/13

The Board Business Plan sets out the detail of the Board's continuous work programme. This includes more detailed information about how these identified priorities will be taken forward during 2012/13. It includes additional detail including supporting actions and target timescales.

The Board Business Plan 2012/13 is available on the Safeguarding Adult Partnership Board website: www.leedssafeguardingadults.org.uk

Appendix A: Representation and attendance of Member Organisations
April 2010 to March 2011

Organisation	Invitee	Membership Status	April 2011	June 2011	Aug. 2011	Oct. 2011	Dec. 2011	Feb. 2012
Leeds Adult Social Care	Sandie Keene, Director of Adult Social Care	Ex-Officio Accountable Officer		✓				
Independent	Dr. Paul Kingston, Independent Chair	Chair	✓	✓	✓	✓	✓	
Leeds Adult Social Care	Dennis Holmes, Deputy Director, Strategic Commissioning (also previous MCA LIN sub-group chair)	Full member		✓				✓
	Michele Tynan, Chief Officer, Learning Disability	Full member			✓			✓
	Maxine Naismith, Head of Service, Learning Disability (also MCA LIN sub-group chair)	Deputy					✓	✓
	John Lennon, Chief Officer, Access & Inclusion	Full member	✓	✓	✓			✓
	Julia Suddick, Head of Service, Access & Inclusion	Deputy				✓		
NHS Airedale, Bradford and Leeds	Matt Ward, Associate Director of Commissioning (also previous PA&QA sub-group chair)	Full member		✓	✓			
	Jo Coombes, Director of Quality and Nursing	Full member						
	Diane Hampshire, Head of Service (also SCR&PP sub-group vice chair)	Deputy	✓				✓	✓
Leeds Teaching Hospitals NHS Trust	Al Sheward, Divisional Nurse Manager	Full member	✓			✓		✓
	Sally Mansfield, Nurse Consultant	Deputy	✓	✓			✓	
NHS Leeds Community Healthcare NHS Trust	Paul Morrin, Director of Operations, Care Services	Full member		✓	✓	✓		
	Sam Prince, Director of Operations	Full member					✓	
	Andrea North, General Manager	Deputy	✓					
	Susan Lines, Safeguarding Facilitator	Deputy						✓
Leeds and York Partnership NHS Foundation Trust	Michele Moran, Chief Operating Officer and Chief Nurse, Deputy Chief Executive	Full member		✓				
	Norman McClelland, Associate Director of Nursing	Deputy				✓	✓	
	Steve Wilcox, Lead Clinician for Safeguarding Adults	Deputy	✓	✓	✓			✓

Organisation	Invitee	Membership Status	April 2011	June 2011	Aug. 2011	Oct. 2011	Dec. 2011	Feb. 2012
West Yorkshire Police	Richard Jackson, Chief Superintendent	Full member	✓			✓	✓	✓
	Julie Sykes, Detective Chief Inspector (also SCR&PP sub-group chair)	Deputy	✓		✓			✓
	Andrew Eaton, Detective Inspector	Deputy		✓				
West Yorkshire Probation Service	Neil Moloney, Assistant Chief Officer	Full member						
	Kevin Ball, Assistance Chief Officer	Full member			✓ **Deputy**			
	Marianne Ward, Probation Manager	Deputy						✓
Leeds City Council Environment and Neighbourhoods	Bridget Emery, Head of Housing Strategy and Solutions	Full member						
	Liz Cook, Chief Officer, Statutory Housing	Full member						
	John Statham, Strategic Landlord Manager	Deputy			✓	✓	✓	✓
Leeds City Council: Community Safety	Martyn Stenton, Head of localities and safeguarding	Full member	✓	✓	✓	✓	✓	
West Yorkshire Fire & Rescue Service	Graham Heath, Area District Manager	Full member	✓					
	Nigel Kirk, Assistant District Manager	Full Member	✓ **Deputy**	✓			✓	
Policies, Protocols and Procedures sub-group (PP&P)	Chair: Kieron Smith, LSAPSU	Full Member	✓	✓	✓	✓	✓	✓
Training and Workforce Development sub-group (TWFD)	Chair: Wendy Kelvin, NHS Airedale, Bradford and Leeds	Full member		✓	✓	✓		✓
	Vice Chair: Norman Sterling-Baxter, LSAPSU	Deputy					✓	
Serious Case Review & Professional Practice sub-group (SCR&PP)	Chair: Keith Lawrance, Community Safety	Full Member	✓	✓	✓	✓	✓	
	Chair: Julie Sykes, West Yorkshire Police (also organisation deputy)	Full Member						✓
Performance, Audit and Quality Assurance sub-group (PA&QA)	Chair: Matt Ward, NHS Airedale, Bradford and Leeds (also organisation member)	Full Member		✓	✓			
	Chair: Rachel Gregson, Leeds and York Partnership Foundation NHS Trust	Full Member						
	Marcus Beacham, LSAPSU	Deputy			✓	✓	✓	✓

Organisation	Invitee	Membership Status	April 2011	June 2011	Aug. 2011	Oct. 2011	Dec. 2011	Feb. 2012
Communication and Community Engagement sub-group (C&CE)	Chair: Hilary Paxton, LSAPSU (also organisation member)	Full Member	✓	✓	✓	✓	✓	✓
Mental Capacity Local Implementation network sub-group (MCA LIN)	Chair: Dennis Holmes, Leeds Adult Social Care (also organisation member)	Full Member		✓				
	Vice Chair: Dave Shields, Leeds Adult Social Care	Deputy			✓			
	Chair: Maxine Naismith, Leeds Adult Social Care (also organisation deputy)	Full Member					✓ **Deputy**	✓ **Chair**
Leeds ALMOs	Steve Hunt, Chief Executive, ENE Homes	Associate member			✓		✓	
Leeds Safeguarding Children Board	Bryan Gocke, LSCB Manager	Associate member						
LCC: Children's Services	Sarah Sinclair, Deputy Director Commissioning	Associate member						
Leeds Voice	Julia Preston, Director (Gipsil)	Associate member		✓	✓			
Advonet	Tim Whaley, Co-opted Representative	Co-opted member	✓	✓	✓			
	Pammi Sahota, Manager	Co-opted member					✓	✓
Link / 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	✓			✓	✓	
Crown Prosecution Service (CPS)	Lizzy Mills, Equality, Diversity & Community Engagement Manager	Co-opted member		✓	✓			
Trading Standards Service	Caroline Dollins, Trading Standards Officer	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 & Associate Member	✓	✓	✓	✓	✓	✓
	Emma Mortimer, Safeguarding Adults Partnership Manager	Ex-officio member	✓	✓	✓	✓	✓	✓
	Jayne Ogier, Board Minute Taker	Ex-officio member	✓	✓	✓	✓	✓	✓

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