



The Staffordshire and Stoke-on-Trent
Adult Safeguarding Partnership

Abuse must stop

Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership

Annual Report 2012—2013



CONTENTS

	Page No.
Contents	2
Foreword	3
Statements from Executive Board Statutory Partners	4
Executive Board Update	17
Progress against Priorities for 2012/13	18
Training Sub-group	18
Policy and Procedures Sub-group	19
Audit and Performance Sub-group	20
Communications Sub-group	21
Prevention Sub-group	22
Commissioning Sub-group	23
Mental Capacity Act Implementation Sub-group	24
Training Information	25
Deprivations of Liberty Safeguards (DOLS)	26
Budget Report	28
Adult Protection Data and Analysis	30
Conclusion	34
Priorities for 2013/14	35
Appendix: Data Tables	36

FOREWORD

I took up the post of Independent Chair of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board in January 2013 and look forward to working with partners to build on the work undertaken by the previous Independent Chair, Steve Wellings.

I am hoping that, as I also chair both the Staffordshire and Stoke-on-Trent Safeguarding Children Boards, that the three boards will work closely together to avoid duplication of effort and to learn from each other.

Protecting vulnerable adults and preventing their abuse depends on all our partners and the public working and communicating closely together. Key roles of the board are to produce clear information about what constitutes abuse and what to do if this is suspected, provide training on key aspects of adult protection, to seek assurance that our partners are working within current policies and procedures and to challenge strongly if it is required.

This annual report shows what has been achieved by the partnership in 2012/13 and I am sure Steve would like me to thank all those who have contributed and remain so committed to this important work. In particular I would like to thank Sarah Hollinshead-Bland, for leading the work in the absence of a Board Manager and who has been so ably supported by Michelle Walsh, Sam Main and Olivia Farrer.

Jackie Carnell

Independent Chair

STATEMENTS FROM EXECUTIVE BOARD STATUTORY PARTNERS

Tony Oakman; Director of Adult and Neighbourhood Services

Another year on and we continue to make good progress. Stoke-on-Trent City Council is committed in partnership to continue improving services and raising the profile of both adult protection and service quality.

During the year we established our Health and Wellbeing Board, whose role is to provide leadership for the health and social care system. The Board will work together, inspire, influence and engage key stakeholders and communities in setting the strategic direction and in agreeing the priorities that will make a real difference to health and wellbeing in Stoke-on-Trent. The approach and priorities of the Board will further enhance and support the work of the safeguarding boards for children and adults to prevent harm, increase awareness and to support a positive culture of caring to create a safer city in which to live. In close partnership with Healthwatch, the Health and Wellbeing Board has started to develop a programme of activity and work focussed on improving the overall quality and experience of vulnerable adults who use health and social care services.

In February 2013 we commenced a review of our independent domiciliary/home care provision. The review is being led by the Overview and Scrutiny Committee of the Council and includes representation from members, service users, third sector and Healthwatch. The review is focusing on the quality and flexibility of the new independent domiciliary/home care arrangements following contract changes in October 2012. The main objectives are to assess quality of service provided, to ensure customers receive the service they need and to ensure that we are utilising the most robust monitoring systems possible to ensure the safety of people receiving services. It is anticipated to be completed at the end of the year with review report and recommendations.

We continue to raise awareness and recognise the importance of taking prompt action where any potential abuse takes place. As a local authority we have become much more proactive in our approach to safeguarding and contract monitoring and have secured additional safeguarding resource (£150k) to assist us to do this.

We have strengthened contract monitoring and have recruited additional contract monitoring resource to build on current practice and enhance the work with domiciliary/home care and residential/nursing home providers. These service areas account for a significant proportion of service provision to vulnerable adults in need of community care services. There will also be additional social work capacity based within the safeguarding team and working with the commissioning and contracting team and local providers to improve safeguarding and quality and prevent/reduce the need for large scale investigations to be undertaken.

Tony Oakman; Continued...

We have seen a continuous improvement in our response times in regards to initial assessments, with these having improved from 4.3 days to 2.4 days on where there is an improved outcome on investigations undertaken.

In summary we are continuing to improve the quality of the services we commission and provide whilst ensuring we deliver a prompt, efficient and effective protection service. Our success is wholly dependent upon our partnership and close working with all agencies which continues to flourish across the Stoke-on-Trent and Staffordshire footprint.

Eric Robinson; Deputy Chief Executive Staffordshire County Council

Staffordshire County Council has worked hard this year to work even more closely with all of our partners to improve the safety of the most vulnerable people in Staffordshire.

Our social care staff are now integrated with colleagues in the Staffordshire and Stoke-on-Trent Partnership NHS Trust to deliver a more effective service to those needing social care and health support.

We are also continuing with our plans to develop an all age service for people born with disability in Staffordshire. The aim is to provide a seamless, personalised, consistent approach for people and families affected by learning and other lifelong disabilities. The service will be called Independent Futures and will provide a social work team for life for the individual.

Engaging Communities Staffordshire is now well established and is providing the Health-watch function in Staffordshire the purpose of which is to argue for the consumer interests of those using health and social care services across the county and give local people an opportunity to speak out about their concerns and health care priorities.

Staying with the theme working together we have established a monthly information sharing meeting with health, regulatory bodies, customer feedback and complaints, adult protection and quality monitoring. The meeting includes our equivalent colleagues from Stoke-on-Trent City Council. This meeting shares intelligence about any providers of health and social care that are giving us reason to be concerned. We aim to keep people as safe as possible when they are receiving care and support and want to intervene at the earliest opportunity to stop things going wrong.

Sir Robert Francis made it very clear in his report about Stafford Hospital that our systems failed to identify a problem because information was not shared between partners. We have taken his report very seriously and are implementing changes to our practice because of it.

Our Multi-Agency Safeguarding Hub is fully operational with more partners contributing to information sharing arrangements. The service is establishing a national reputation and many other areas of the country have visited us to look at what we have done and take learning back to their own areas.

I look forward to continuing our very important work with partners to protect the most vulnerable people of Staffordshire from abuse.

Assistant Chief Constable Nick Baker; Force Lead for Safeguarding Vulnerable Adults

Staffordshire Police

In January 2012 representatives from both Staffordshire and Stoke-on-Trent Adult Safeguarding Teams became integral partners in the Multi Agency Safeguarding Hub.

Over the past year those operational links have been strengthened and processes improved to maximise the appropriate sharing of information between agencies. This has been borne out by the increase in Adult Protection referrals instigated by the Police in the past year. Comparing April to April 2011/12 with the same time period 2012/13 there has been a 60.5% increase in Vulnerable Adult referrals made to the Police (from all sources). The months of February and March 2013 show almost a trebling of referrals compared with the same period last year, and early indication that the rise in referrals will continue.

As a key partner in the Safeguarding of Vulnerable Adults, Staffordshire Police has introduced a number of new ways to promote and support Adult Protection namely:

1. We create analytical products that, through environmental scanning and research of all Police systems identify the most vulnerable adults within our community. These products are then uploaded to the Staffordshire Police Citizen Focus Toolkit, where the issues and threat and risk to these individuals can be locally managed and problem solved, whilst providing help and reassurance to the person in question.
2. Staffordshire Police and our Local Authority partners are currently researching the feasibility of developing a bespoke 'Vulnerable Adult Investigation Unit' where Police Officers will co-work with Adult Services staff to professionalise the investigation process around crimes committed against vulnerable adults.
3. Staffordshire Police has made a further commitment to the Vulnerable Adult Sub-groups by creating a new post within the Protecting Vulnerable People Unit increasing our attendance at the most relevant Sub-groups of the Staffordshire and Stoke-on-Trent Safeguarding Adults Partnership Board.
4. Disability is a protected characteristic of Hate Crime. Staffordshire Police's Hate Crime Officers are now seated within the MASH which ensures that the sharing of information is done more promptly and effectively with the Adult Safeguarding Teams and other agencies.

Sharon Conlon; Named Nurse for Safeguarding North Staffordshire Combined Healthcare NHS Trust

North Staffordshire Combined Healthcare NHS Trust (NSCHT) is committed to ensuring that all vulnerable adults who come into contact with our services are protected and safeguarded from abuse in line with the Care Quality Commission Standards for Adult Safeguarding (2009).

All staff have a duty of care in relation to vulnerable adults and to ensure that any concerns are appropriately responded to. NSCHT is committed to ensuring that the entire workforce is aware of their safeguarding roles and responsibilities. This is demonstrated by safeguarding training being a mandatory requirement for the entire workforce and all NSCHT staff contracts have been amended to include a specific responsibility for safeguarding.

During 2012 NSCHT completed a safeguarding audit in partnership with the Clinical Audit Department. This audit provided encouraging findings particularly in relation to the raising of adult protection concerns with the required time frame and awareness of where staff can seek adult safeguarding support and advice. Some areas for development were identified in the audit including:

- service user engagement in the safeguarding process,
- the routine assessment of capacity for service users where there are safeguarding concerns,
- the identification of service users as vulnerable in their Care Programme Approach / Personal Care Plan documentation. Staffordshire & Stoke-on-Trent Adult Safeguarding Partnership

Overall, this is a very encouraging audit, however, safeguarding remains a priority for the Trust and the Safeguarding Lead needs to continue to work with the divisions in order to improve these results year on year.

NSCHT have completed their third annual Safeguarding Adults Self-Assessment Audit. This audit was completed using the audit tool developed by the Strategic Health Authority in 2011 and adopted by the Department of Health in 2012. This tool allows NHS Trusts to provide assurance to their Boards on various aspects relating to adult safeguarding. This report has been produced in order to summarise the findings from the audit carried out by NSCHT Safeguarding Team. This sets out the assurance offered under the five sub headings identified by the audit tool.

Strategy, Workforce, Partnership, Commissioning

NSCHT have overarching systems in place to provide assurance against all of these areas, however, during 2013/2014 NSCHT will be working towards divisions and teams auditing

Therèsa Moyes; Director of Quality and Clinical Performance
South Staffordshire and Shropshire Healthcare NHS Foundation Trust

The Trust continues to be positively committed to working in partnership to ensure that the most vulnerable are safeguarded. We have valued the support and guidance provided through inter-agency arrangements and fully recognise the importance of working in an open and collaborative way to safeguard our service users. Over the past year we have continued to strive to improve our service to vulnerable people.

We have continued to be an active partner in the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership.

Adult Protection Awareness training remains mandatory and compliance is rigorously monitored. Staff are trained in adult protection at induction and must update every three years. We have increased our compliance by 11% to 82% in April 2013.

We have been working to improve our processes to meet the physical health care of our service users. We have implemented a monthly Safety Thermometer which measures key aspects of physical health care for inpatients (such as pressure ulcers, falls etc.). In April we were able to demonstrate 100% harm free care.

We have been working to improve our processes to meet the needs of frail patients who are at risk of harm through falling. We have been effective at reducing the harm to service users from falls.

We have developed Care Planning Standards to improve the quality of care plans. Our audits have shown that 75% of service users are satisfied with the way we involve them in care planning. We have also improved our involvement of carers in care planning during the last 12 months.

We have improved our discharge planning to ensure that the transition between inpatient and community services provides effective continuity of care.

Each year our Quality Accounts are available on the Trust's web site at:

www.southstaffsandshropshealthcareft.nhs.uk

Much progress has been made, however we acknowledge there are always challenges, and we are fully committed to the continuous improvement of our practice in the area of safeguarding.

Angela Grocott; Head of Quality and Patient Experience Mid Staffordshire NHS Foundation Trust

Mid Staffordshire NHS Foundation Trust continues to work in partnership with the Safeguarding Board to ensure our most vulnerable patients are safeguarded. We have valued the support and guidance provided through inter-agency working and have developed an excellent collaborative working relationship with our local safeguarding colleagues.

To enable shared learning across the Trust the Safeguarding Operational Committee has been reviewed with new terms of reference. The group is chaired by the Director of Quality and Patient Experience, meets monthly and reports directly to the Quality Committee.

A flow chart has been developed to stipulate roles and responsibilities for appropriate investigation when concerns are raised about the practice of bank or agency nurses working for the Trust.

E-learning training packages are now available to provide an alternative to face-to-face training for basic awareness adult safeguarding sessions. All staff must attend face-to-face training on induction.

An E-learning Level 1 Adult Advanced Safeguarding package continues to provide an alternative method for medical staff and has been successful in improving training compliance. There were some difficulties initially with Information Technology however these are now resolved.

A training needs analysis has been reviewed to ensure that all appropriate staff are included in the 3 yearly mandatory training requirement to complete the Level 1 Adult Safeguarding training.

All Divisions address adult safeguarding compliance at their monthly governance meetings as a performance issue to raise this on the Trust agenda.

A joint Mental Capacity Act and Deprivation of Liberty training presentation has been agreed by the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership (SSASP) Training Sub Group to facilitate training delivery to identified staff.

Brendan Brown; Director of Nursing Burton Hospitals NHS Foundation Trust

Burton Hospitals NHS Foundation Trust is committed to providing high quality and safer care to our patients. There have been continued improvements in developing the safeguarding agenda across the organisation in order to safeguard our vulnerable patients.

There is heightened awareness of the safeguarding agenda through the delivery of mandatory training, which is evident from the increase in adult protection referrals and concerns raised with the safeguarding matron.

During 202/13 significant improvements have been made for vulnerable patients. There has been an increased engagement with community teams and trust staff, working together to improve patient pathways and experience for people with a learning disability. This has seen some positive patient experiences and stories.

The safeguarding adult and children's matrons have engaged with local organisations and agencies regarding domestic abuse. This enables multi-agency working in order to support victims. Developing these relationships has enabled the trust to develop referral pathways for victims of domestic abuse.

The trust has a lead nurse for dementia and clear objectives are in place to improve standards of care for this client group. Staff training sessions are delivered in conjunction with the Alzheimer's Society. External agencies and carers are members of the trust Dementia Operational Group. Work has been undertaken with the ward environments with implementation of orientation boards and clocks, there will also be the introduction of Reminiscent Pods (RemPods) in wards. The trust has also signed up to the Dementia Action Alliance and an action plan is in place to achieve the outcomes.

The safeguarding agenda will continued to be delivered and developed through the trust's Safeguarding Adult's Operational Group. Continued awareness raising will be maintained through mandatory training and lessons learnt.

Shirley Heath; Head of Adult Safeguarding

Staffordshire and Stoke-on-Trent Partnership NHS

Adult Safeguarding continues to be a high priority for Staffordshire and Stoke-on-Trent Partnership NHS Trust. The Partnership Trust is a major provider of community health services to people of all ages and also provides adult social care services in Staffordshire. We serve a population of 1.1 million people covering a wide geographical area and employ in excess of 6,000 staff.

The Partnership Trust is committed to driving up standards and improving quality care provision. Our values include 'We put Quality first. We focus on people. We take responsibility.' Our staff are actively requested to raise any concerns they may have with their manager. Alternatively concerns can be raised at regular director briefing sessions within the work place or the raising concerns advice line. Staff are also invited to make personal appointments with the Director of Nursing & Quality. An Ambassador for Cultural Change is in post who has previously reported to the Francis enquiry. This role, in addition to working as a nurse, is to promote an open and honest culture and to ensure that the voice of the front line is clearly heard at Director level.

The Trust has successfully recruited 40 Adult Safeguarding Champions across various locations and services. They act as a useful resource for staff in raising awareness and are currently building their competencies by regular meetings that incorporate master classes on various subjects, including dementia awareness, supporting end of life care, and learning disability awareness.

The Partnership Trust has regular tissue viability panels to scrutinise all reported stage 3 and 4 pressure ulcer incident reports and investigations, to support zero tolerance of avoidable pressure ulcers identify and share learning. The panel consists of the Director of Nursing and Quality specialist Tissue Viability nurses and includes front line staff, commissioners, risk and safeguarding colleagues. Extensive training has been delivered to support staff and written guidance has been distributed to staff on SSKIN Bundle (Surface, Skin Inspection, Keep Moving, Incontinence and Nutrition), pressure ulcer prevention for patients and carers.

We have also developed a 'Quality Matters' newsletter to incorporate 'lessons learnt' across the organisation. The purpose of this newsletter is to ensure that there is a formalised process for routine dissemination of learning to staff across the Trust.

Further development is being undertaken to support the implementation of fully integrated locality care teams and the introduction of a single documentation process to be used by all Partnership Trust employees delivering care. This will ensure a consistent approach to improve communication and reduce duplication and overall help patients/service users to have a joined-up approach to assessment and care.

Compliance with Adult Safeguarding awareness training levels have increased to 83% across services. E-Learning licences are also available for staff and a pilot is currently being run with Offender Health staff. Mental Capacity Act and Deprivation of Liberty Safeguards training is also mandatory for all front line staff.

To support staff with dementia awareness the Partnership Trust is undertaking 4Ds training for the management of patients with symptoms of Depression, Delirium, Dementia:- how diagnosis is determined and management strategies used to promote optimal care, whilst always having a Dignity focus for all clients.

The Butterfly Scheme was suggested by a carer following the care her mother received in acute hospital. It is an opt in scheme for people with memory impairment and we use a butterfly symbol to identify that the patient requires the REACH response at each intervention – **Remind** the patient what has led to this moment. **Explain** what is about to happen. **Arrange** the bedside area to make sense and be accessible to the patient. **Check** well-being, especially cleanliness and hydration. **History** must always be verified – and instructions supported. Each ward has a Dementia Champion who has taken the lead with cascade Butterfly training and working with patients and families to ask if they would like to opt in to the scheme.

World Elder Abuse Awareness Day was marked by displays across the Partnership Trust and the development of a briefing to support staff. The Partnership Trust continues to work with the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership to raise the profile of adult safeguarding, to consistently promote the prevention of abuse and to respond swiftly to allegations of abuse.

Jo Corbett and Kim Gunn; Lead Nurses Adult Safeguarding NHS Staffordshire Commissioning Support Services

Commissioning of NHS services has changed significantly over the last year with the creation of Clinical Commissioning Groups (CCGs) and the abolition of Primary Care Trusts (PCTs). NHS England as a single organisation has responsibility for commissioning certain specialist services, this includes GP primary care services, it also, through its area team leads on quality surveillance where service commissioning leads come together to monitor quality and safety of services.

Across Staffordshire and Stoke-on-Trent six CCGs have been authorised to commission health care services within their local area. The six organisations, comprising 2 in North Staffordshire and 4 in South Staffordshire, are:-

- North Staffordshire CCG
- Stoke-on-Trent CCG
- Cannock Chase CCG
- East Staffordshire CCG
- South East Staffordshire & Seisdon Peninsula CCG
- Stafford & Surrounds CCG

Throughout 2012-2013 a comprehensive authorisation process took place to ensure all the emerging CCGs were able to take on their responsibilities as commissioners by 1 April 2013. Each organisation was measured on having systems in place to ensure Safeguarding for Adults and Children were high priority. All CCGs were able to demonstrate compliance with standards expected which includes having a Lead Nurse for Safeguarding Adults along with named leads for Mental Capacity Act 2005. All CCGs were required to have Policy and Procedures in place to address the Safeguarding agenda, which also includes having representatives on local safeguarding boards.

CCGs in terms of safeguarding patients who are unable to protect themselves have a duty to ensure that all commissioned services:

- Support patients to reduce the risk of neglect and abuse according to the patients informed choices.
- Reduce the risk of abuse and neglect occurring within their services through provision of high quality person centred care.
- Identify and respond to neglect and abuse in line with the local multi-agency safeguarding procedures.

Jo Corbett and Kim Gunn; Continued ...

This is underpinned by ensuring that safeguarding adults is integral across their commissioning cycle by:

- Planning services with patients.
- Securing contracts with services that set clear standards for safeguarding adults.
- Monitoring services through comprehensive assurance frameworks that support improvements and address concerns.

Looking forward to 2013/14 across Staffordshire and Stoke-on-Trent and an awareness raising campaign aimed at professional and paid carers to include a set of safeguarding prompt cards. These were developed by the West Midlands and East NHS and address roles, responsibilities, information sharing, MCA and Deprivation of Liberty Safeguards, capacity and consent and the Governments counter-terrorism strategy PREVENT. The Staffordshire and Stoke-on-Trent Partnership have supported the production of this resource in terms of finance; the resource is in print and will be distributed across all care environments imminently.

Throughout the period of change over the last year high standards in respect of safeguarding have been maintained, it is hoped that moving forward local arrangements across the CCGs will help to ensure wider awareness and involvement in the safeguarding agenda.

**Liz Rix; Chief Nurse, Helen Inwood; Deputy Chief Nurse & Janice Johnson;
Adult Safeguarding Nurse
University Hospital North Staffordshire**

The University Hospital of North Staffordshire has continued to make significant steps forward in relation to Adult Safeguarding during 2012/13.

From a governance perspective, membership of the Vulnerable Adult group has been reviewed and the format of the meetings changed to ensure feedback is formally received from the Dementia Working Group and the Learning Disability Working Group. Both these groups are well established and have made a real impact on improving the care of particular client groups. Time is allocated at the Vulnerable Adult group to review trends in safeguarding referrals and achievements against training targets. The roles and responsibilities in relation to safeguarding agenda have been amended in the job descriptions of the Executive and operational lead for safeguarding to reflect national requirements. The Trust is also working to ensure closer links exist with the Trust's Child Protection Group.

The Trust has considered learning from the Saville allegations and the Winterbourne Hospital Review against current processes and procedures, and this has resulted in a greater emphasis being placed on training around the Mental Capacity Act and Deprivation of Liberty Safeguards. The Trust has negotiated the development of a course to focus on the management of the confused, aggressive elderly patient. A standing operating procedure has been developed to support staff in the management of aggressive patients where use of security guards may need to be considered, and have developed a therapeutic observation policy to support staff in identifying when 1:1 care is required and how this care can be best delivered.

Staff development in various aspects of safeguarding continues with level 0 training now forming part of corporate induction and mandatory training. In addition, staff now have access to level 1 training which is delivered face to face or can be sourced via an E-learning package.

The Trust has introduced dementia screening for patients over 75 admitted as an emergency patient. Over 95% patients are currently being screened, and of those with a positive result over 95% are being assessed for dementia. Referrals to the memory clinics are now established through the RAID service (Rapid, Assessment, Interface and Discharge).

REPORTS OF PROGRESS AGAINST THE BOARD OBJECTIVES

EXECUTIVE BOARD

- **Review the Safeguarding Strategy and Business Plan to take account of organisational changes in both health and social care. The review would also need to consider incorporating the principles set out by the government and be on-going to account for impending legislation.**

This will now be undertaken during the next financial year as part of the work to restructure the partnership.

- **To continue to review the structure of the Partnership to identify opportunities to formalise connections with other partnerships who have a responsibility for the safeguarding agenda.**

This work has now been planned and will start next year with a development day facilitated by Gary Fitzgerald from Action on Elder Abuse. The day will focus on clarifying the role and structure of the partnership. (Held on 19th April 2013)

- **To continue to secure a financial commitment from Partners.**

A financial commitment from each of the partners has been paid for this year. The longer term commitment of partners will be secured as part of the re-development of the Board.

OPERATIONAL GROUP

- **Agree the content of a regular assurance safeguarding report to be completed by all organisations that make up the Partnership.**

This is to be discussed following the planned review and restructure of the Partnership.

- **Consider the recommendations from the Francis report into Mid Staffordshire NHS Foundation Trust and develop an action plan in response.**

The formal government response is to be considered before formalising the partnership response. And will be considered following the review and restructure of the Partnership

- **Undertake review of the Inter-Agency Adult Protection procedures to take account of the impact of the Pan West Midland Policy and Procedure.**

This work is on-going. A decision was taken by the Board to adopt the Pan West Midlands Policy but keep our own local procedures.

PROGRESS AGAINST PRIORITIES FOR 2012/13

Training Sub-group

- **Ensure mandatory training sessions are delivered to all health and social care settings, housing providers and the third sector.**

All partners have provided information to evidence these training sessions. The group feels however that these training sessions could be delivered under the timeframe stipulated in the strategy of a minimum of two hours. A piece of work needs to be completed by the group to evidence how the quality and standards of any training session delivered in under two hours could be measured. Any changes to the strategy would need to be ratified by the board.

- **Review the e-learning package**

The e-learning package is continually reviewed and the evaluations and feedback so far have been encouraging. There has been a positive response from 37 Staffordshire GP surgeries who have already signed up. Staffordshire have so far allocated 1172 licences (currently 431 users have completed the module) this is reassuring as already, based on the 431 completions, the training has cost £23 approx. per learner. Stoke-on-Trent has 106 GP surgeries, 12 opticians 64 Libraries and 74 general licenses signed up. The contract with the Staffordshire e-learning Platform and licence management will continue until March 2014 when it will be reviewed and a renegotiated for the financial year 2014/15. The training sub group will continue to review learners and partner agencies evaluation of the training which will be reported upon in the Annual Report 2013/14.

- **Ensure Personal Assistants have access to training linked to the personalisation agenda.**

Personal Assistants continue to access all available training.

- **Involve service users and carers in the development and delivery of training programmes and provide evidence of service user and carer involvement in development and delivery**

This is a piece of work that needs to be taken forward by the group. More information and discussions need to take place in relation to data collection and the support that we need to provide to service users and carers within this process.

- **Provide information on the partnership website.**

The group have not progressed in this area, as yet. However the group recognise that this is a priority piece of work that needs to be picked up immediately.

PROGRESS AGAINST PRIORITIES FOR 2012/13

Training continued

- **Mandatory training sessions are delivered to all health and social care settings, housing providers and the third sector.**

Approval for the group to begin proposals for alternative timescales for training sessions to be considered by the Board once completed.

Policy and Procedures Sub-group

- **Review and amend the Inter-agency Adult Protection Procedures and documentation, taking account the contents of the Pan West Midlands Safeguarding Policy and Procedure.**

The review of the Inter-agency Adult Protection Procedures has begun and will be completed in 2012/13. The Partnership has agreed that the Pan West Midlands Adult Safeguarding policy will be adopted but that the procedures will remain local to ensure that they remain person-centred and risk based. It is anticipated that the revised Procedures will be implemented in April 2014.

- **Produce further clarification and guidance regarding referral thresholds**

There has been significant discussion regarding referral thresholds and the Policy and Procedures Group has contributed to the development of regional guidance on this area. Consultation on this subject has also taken place as part of two conferences with Independent Sector providers. The regional guidance will be incorporated into the revised Procedures and the Adult Safeguarding Partnership will continue to consider how the threshold decisions can be developed to be more proportionate.

- **Monitor the impact and procedural implications of the development of the Multi-agency Safeguarding Hub (MASH)**

The Policy and Procedures Sub-group has monitored the development of the MASH and discussed the issues arising as agencies and practice has become more embedded. Areas of note have related to the assessment of the risk of harm and also threshold decisions.

PROGRESS AGAINST PRIORITIES FOR 2012/13

Audit and Performance Sub-group

- **Monitor Staffordshire County Council Action Plan for improving data relating to the outcomes of adult protection process for vulnerable adults and perpetrators**

The group continued to monitor against the action plan that was initially presented in October 2011. Some of the outcomes were better than those reported in the previous year. The County are to implement a new client database in the coming year (2013/2014) and it is anticipated that this new system will further improve the recording of outcomes.

- **Monitor the reporting and dissemination of information from Large Scale Investigations to ensure a wider application of lessons learned**

Initial discussions have taken place regarding how this will be taken forward but the systems for doing so still need to be clearly defined and agreed. It is proposed that decisions regarding the adoption of this new system will be made as part of the work undertaken by the newly established Task and Finish group.

- **Review the performance framework and reporting systems to ensure that data collection and analysis are used in a meaningful way to help the Partnership understand the impact of abuse and the effectiveness of the Adult Protection process**

The performance framework has been subject to much discussion and debate throughout the year. It was clearly recognised by all members that the data needed to be made more real for agencies to be able to take issues back and address within their organisations. Proposals were made to adopt a new reporting system that incorporates the use of Capability Charts to show the information. Stoke-on-Trent Council performance team have taken the lead on this, working with Staffordshire County Council. This will ensure consistency of data collection going forward.

Work is yet to be commenced on establishing links with quality management and health systems. It is proposed that decisions regarding the adoption of this new system will be made as part of the work undertaken by the newly established Task and Finish group.

PROGRESS AGAINST PRIORITIES FOR 2012/13

Communication Sub-group

- **Work to establish closer links with Children's and other relevant safeguarding partnerships**

This has been put on hold due to the review of the adult safeguarding partnership, the focus of It's work and structure.

- **Consider how to most effectively build the current suite of resources to include plain English information.**

This issue has been actively considered by the group. To date there have been no requests for partnership resources in languages other than English. Consideration was given to using the translation tool Roktalk on the partnership website. This was discounted for a number of reasons including it not catering for some of the languages we would need to be available.

- **To plan an information campaign targeting paid staff and volunteers to raise their awareness about how to prevent abuse.**

This has been planned and will mainly be linked to World Elder Abuse Awareness Day 2013 (WEAAD). The following is happening:

- Each provider is being asked to share information about the events they have planned for WEAAD
- A set of cards has been produced which includes reminders for staff about acting professionally
- A credit card is being distributed to staff a reminder to "recognise it, report it, stop it".

PROGRESS AGAINST PRIORITIES FOR 2012/13

Prevention Sub-group

The Biggest piece of work undertaken by the group was centred upon the use of Assistive Technology (AT):

Building on the adage of prevention being greater than the cure. The Prevention Sub-group championed the use of AT and identified how it supports both the partnerships' annual plans and business strategy in terms of taking into account changes in both health and social care delivery. AT also provides the opportunity for the partnership to utilise financial commitments from partners to fund preventative activity which could achieve benefits in the following areas:

Greater customer (patient) need focus for individual organisations employing AT. This supports the personalisation of care whilst promoting independence assessing and mitigating risks to the individual. Supporting formal and informal carers in domestic and institutional settings

A greater level of support can be added to existing services to complement interventions and the outcomes of this could result in a reduction in falls, improved continence management, safer walking, improved health outcomes. It can underpin support for, domestic violence, fire safety and personal safety.

The group reported that the broader outcomes from the utilisation of AT may be the reduction in number of adult safeguarding referrals which could achieve a reduction in the number and level of large scale investigations being implemented.

Furthermore there is a reduction on other services such as Accident and Emergency admissions and call outs to emergency services are also likely to be achieved from the greater use of AT for vulnerable adults.

The Prevention Sub-group instigated a campaign to reduce the doorstep crime and published media articles through a number of different press channels to make people more aware of the issue.

The Sub-group also combined with the Training Sub-group to implement a training programme across Staffordshire Fire and Rescue Service to ensure that it's staff have the knowledge to support the objectives of the Adult Safeguarding Partnership.

PROGRESS AGAINST PRIORITIES FOR 2012/13

Commissioning Sub-group

- **Operate the system for allocating and monitoring the Partnership budget**

A system for allocating and monitoring the Partnership Budget has been established and funds have been used to promote awareness raising and prevention of abuse.

- **Coordinate the development of an investment plan using the partnership budget to support agreed priority areas.**

The Commissioning Sub-group has put forward recommendations to invest funds from the partnership budget. This has included investment to establish a SSASP Board Manager and promotional material to continue to raise awareness; also to purchase 'prompt cards' for use by NHS and other relevant staff relating to role, responsibility and prevention.

- **With the implementation of the Multi Agency Safeguarding Hub (MASH) the Commissioning Sub-group has more to do to understand and address issues in relation to increasing demand.**

The Commissioning Sub-group has continued to identify areas that require closer scrutiny. The group has tried to improve data collection in regard to Mental Health. Analysis of carers needs have also been considered with a particular focus on key messages raised within Association of Directors of Adult Social Services (ADASS) guidance Carers and Safeguarding Adults – Working Together to Improve Outcomes, ADASS(July 2011). Increased demand has been recognised and plans are in place to increase staff capacity for safeguarding,, contract monitoring and quality assurance.

- **Conduct an in depth analysis to determine areas of good commissioning practice and areas on which we need to focus our attention in order to implement Commissioning care homes: common safeguarding challenges and Safeguarding and quality in commissioning care homes fully.**

A mapping exercise has been completed against the six principles and key points for commissioners within the guidance noted above. The guide aims to support NHS and local authority commissioners of care homes to ensure that safeguarding is central to the commissioning process and a primary concern for residential and nursing care home providers. The exercise has highlighted areas of good practice already in place and other areas for action that will be taken forward at the point of refreshed / new contract agreements. The guidance has also been shared with providers through provider forums.

Mental Capacity Act Implementation Sub-group

The Sub-group meets every 3 months and is chaired by the South Staffordshire CCG's Lead Nurse for adult safeguarding. The Sub-group continues to be well attended and members find the meetings informative and helpful in ensuring compliance with relevant aspects of the Mental Capacity Act (MCA). During the last 12 months group has shared information to support education and training in respect of improving information received when applications under Deprivation of Liberty Safeguards are made.

In addition to this the 3 priorities the group have focussed on are as follows:-

- **Continue working towards best practice across Staffordshire with regards to Do Not Attempt Resuscitation (DNAR)**

Sub-group Members have contributed to the development of a Draft policy for use by Staffordshire and Stoke-on-Trent Partnership Trust.

Draft Policy is compliant with Mental Capacity Act 2005

On-going work is needed to ensure all partner agencies policies are compatible working together to ensure appropriate care is delivered at all times.

- **Monitoring Serious Medical Treatment Decisions (SMT) with a focus on compliance with the Mental Capacity Act (2005) specifically consultation and the use when required of Independent Mental Capacity Advocates (IMCA)**

Review of referrals and IMCA activity.

Discuss and identify training and awareness needs in respect of when to refer to IMCA service.

Support the IMCA service to raise awareness through delivery of training where referrals are identified as being low.

- **Develop measures that demonstrate an organisation's compliance with the Mental Capacity Act (2005) ensuring a person centred focus based on the human rights of the vulnerable person.**

An audit tool/checklist has been developed to support the development and review of policies and procedures against MCA 2005.

The Sub-group has an agreed list of policies and priorities to focus on.

There is now a process in place to highlight concerns about deficiencies although the checklist should assist organisations when developing and reviewing their policies.

TRAINING INFORMATION

Figure 1 illustrates the number of people accessing training relating to adult protection awareness, Mental Capacity Act and Deprivation of Liberty Safeguards.

Figure 1. Training Information

	Staffordshire County Council	Stoke-on-Trent City Council	UHNS	PIV Stoke-on-Trent	Queens Hospital Burton	Keele University	Staffordshire Police	SSOTP NHS Trust	NSCHT	South Staffordshire and Shropshire Mental Health Foundation Trust	Mid Staffs
Adult Protection	823	113	220	200	544	615	547	3679	593	803**	1490
Mental Capacity Act and Deprivation of Liberty Safeguards	714	N/A	N/A	N/A	N/A	N/A	N/A	N/A	193	834**	N/A
Mental Capacity Act Awareness	N/A	42	201	48	8	615	460*	255	N/A	N/A	N/A
Deprivation of Liberty Safeguards	N/A	45	243	56	1	615	0	255	N/A	N/A	N/A

In addition to the above training, the Partnership supports the delivery of a number of specialist and role specific events which are open to all SSASPB Partners; these include Investigating Adult Abuse, Safeguarding for Provider Managers and Chairing and Minute Taking in Adult Protection.

NB: The figures reported for Keele University and Mid Staffordshire NHS Foundation Trust are minimum figures as data was only provided for a proportion of the reporting period.

University Hospital of North Staffordshire (UHNS). Staffordshire and Stoke-on-Trent Partnership (SSOTP). North Staffordshire Combined Healthcare Trust (NSCHT). PIV Stoke-on-Trent is training delivered to Private, Independent and Voluntary Sector attendees.

*In 2012 the Police mandated a 7 hour Mental Health e-learning package to ALL front line staff including first and second line managers. This includes a section on the Mental Capacity Act.

**These figures as includes Shropshire.

DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

Since 2009 it has been unlawful to deprive a person without capacity of their liberty in a care home or hospital without a lawful authority to do so. A Deprivation of Liberty is where a care provider has complete and effective control over a vulnerable person; examples include whether they are not allowed to leave the environment they are in or would not be allowed to be discharged to the care of a relative.

Deprivations of Liberty have to be “Authorised” by the Local Authority and until April 2013 by the Primary Care Trust (PCT) in which the person is ordinarily resident. The granting of authorisations is a function of the Local Authority/Primary Care Trust in its role as Supervisory Body. This judgement requires the designated authorising officer to scrutinise in detail the recommendations made by the Deprivation of Liberty Safeguards assessors.

Statistics

Overall in the West Midlands region there has been a small increase of 3.9% in referrals from 1213 in 2011/2012 to 1261 in 2012/2013, the referral rate varies significantly across the region. In 2012/2013 Staffordshire (Staffordshire County Council and the two PCTs) have had increases in DoLS referrals however Stoke-on-Trent (both the City Council and PCT) have had corresponding decreases in referrals. An increase was expected and planned for as it appears to have taken a period of time for providers (care homes and hospitals) to become more familiar with implementing the legislation.

The average percentage of assessments across the West Midlands region which led to an authorisation of a Deprivation of Liberty is 56%. Across Staffordshire this varies from 20% for North Staffordshire Primary Care Trust to 62% for South Staffordshire Primary Care Trust which the overall average of 51% being authorised. The majority of referrals, approximately 80%, are related to people aged over 65 with a dementia type illness.

Future Planning

In April 2013 Local Authorities were given the supervisory body responsibility for hospitals due to the abolition of PCTs. This process was managed through an action plan developed by both Staffordshire and Stoke-on-Trent local authorities following a number of consultation meetings with partner agencies. The action plan ensured compliance with the legislation and that areas of concern identified by the Department of Health were addressed prior to April 2013.

DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS) CONTINUED...

The continuing development of the Deprivation of Liberty Safeguards in Staffordshire is led by on-going work completed on a West Midlands regional basis. This year this has led to the development of regional DoLS forms in order to improve consistency and professional practice across the region and a regional audit process is currently being developed.

Regional training sessions are available to assessors involved in the DoLS process.

Importantly the Supreme Court will be considering the DoLS through an application that has been made following court of appeal judgements in cases involving Cheshire County Council and Surrey County Council this may give further guidance to care homes, hospitals and local authorities.

BUDGET REPORT

Nine agencies of the Partnership each contributed £10,000 during the 2012-2013 re-reporting period. These agencies are;

1. Staffordshire Police
2. North Staffordshire Combined Healthcare NHS Trust
3. South Staffordshire and Shropshire Healthcare NHS Foundation Trust
4. Stoke-on-Trent Primary Care Trust
5. North Staffordshire Primary Care Trust
6. South Staffordshire Primary Care Trust
7. University Hospital North Staffordshire (UHNS)
8. Mid-Staffordshire NHS Foundation Trust
9. Queen's Hospital, Burton-upon-Trent

The following principles regarding the budget were agreed:

- That both local authorities make their final contribution 'in kind'. This is to reflect the additional resource provided by them to support the work of the SSASPB.
- The Partnerships spending priorities are;
 - A) Funding the salary and expenses of the Independent Chair
 - B) Provision of hard copies of the procedures to partners and independent providers
 - C) Production of publicity materials to raise awareness
 - D) Development and maintenance of a Partnership website
 - E) Development of an e-learning package
 - F) Reimbursement for administrative support to the Board
 - G) Money held in reserve should there be need to commission an independent author for Adult Serious Case Reviews.

Sub-groups can access the remaining balance if necessary to meet its priorities by submitting an application to the Commissioning Sub-Group.

The balance carried forward from the 2011/12 financial year totalled £135,194.

Income from Partners during the 2012/13 financial year totalled £90,000.

The total spend by the Partnership amounted to £50,655 leaving a balance of £174,539 moving forward into 2013/14. The Partnership will incur additional salary costs for a Board Manager and a Board Administrator during 2013/14.

BUDGET REPORT CONTINUED

Breakdown of expenditure:

Expenditure	Amount £
Admin Support (Staffordshire County Council)	23,796
Independent Chair Fees	13,032
E-Learning Licences	10,000
Advertising and Publicity	2,449
*SARCP Conference - Room Hire	1,343
Communication Sub-group	35
TOTAL	50,655

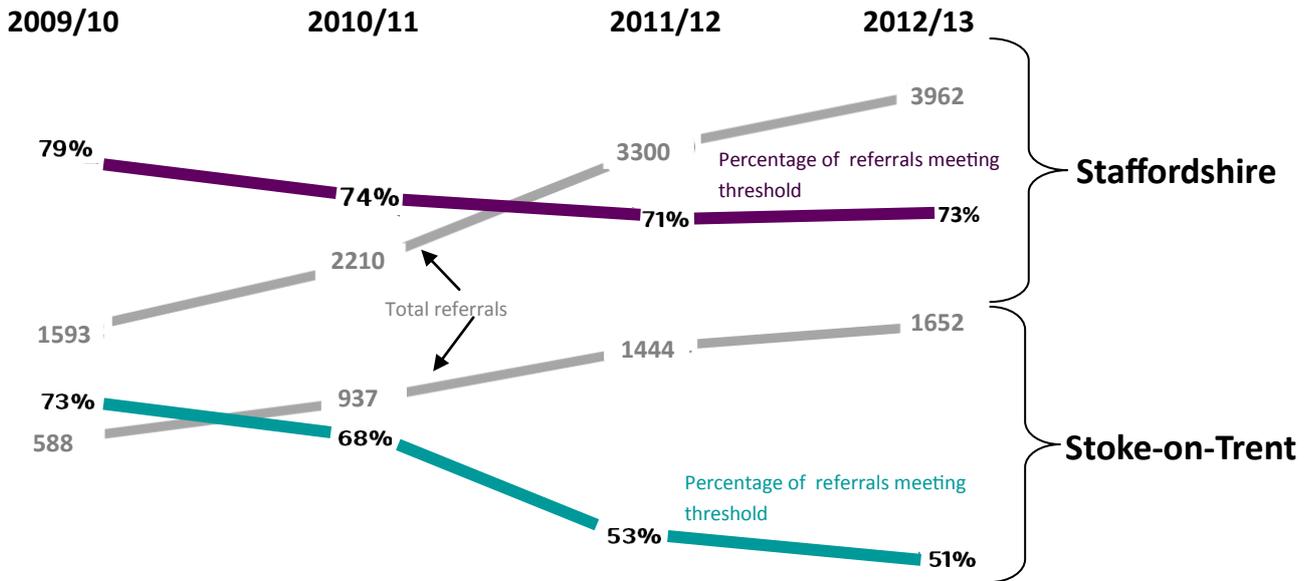
*Staffordshire Association of Registered Care Providers.

ADULT PROTECTION DATA AND ANALYSIS

The number of referrals to Adult Protection during 2012/13 in both Staffordshire and Stoke-on-Trent has continued to follow on an upward trend and totals have seen increases of 20% (Staffordshire) and 14.5% (Stoke-on-Trent) since last year. Although the data is represented on the same diagram it is important to note that the process for referral handling is different at each local authority. Staffordshire have a screening layer in their process whereas Stoke-on-Trent don't which results in a lower proportion of referrals meeting the Adult Protection threshold for investigation.

However, while referrals of alleged abuse have continued to increase across Staffordshire and Stoke-on-Trent, the proportion of those which have reached threshold has not always followed the same trend. Figure 1 below illustrates how, while the number of referrals have seen some significant increases over the last four years, the

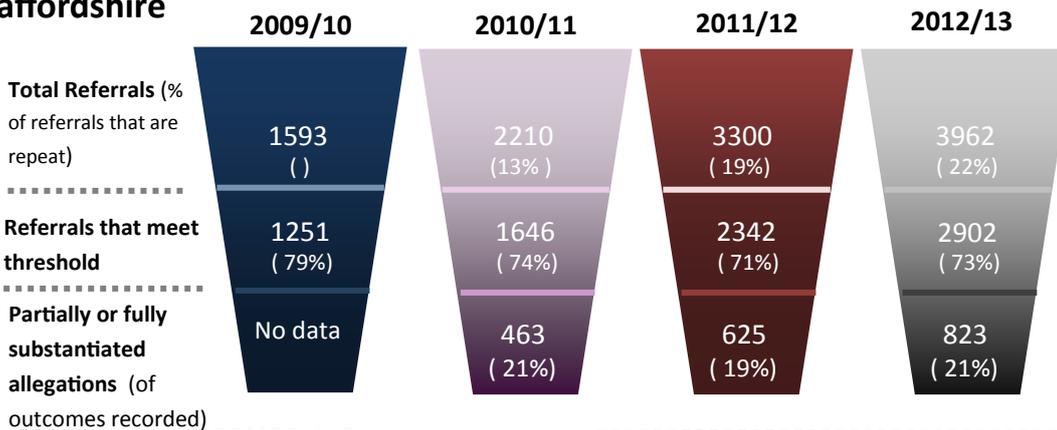
Figure 1: Referrals since 2009/10



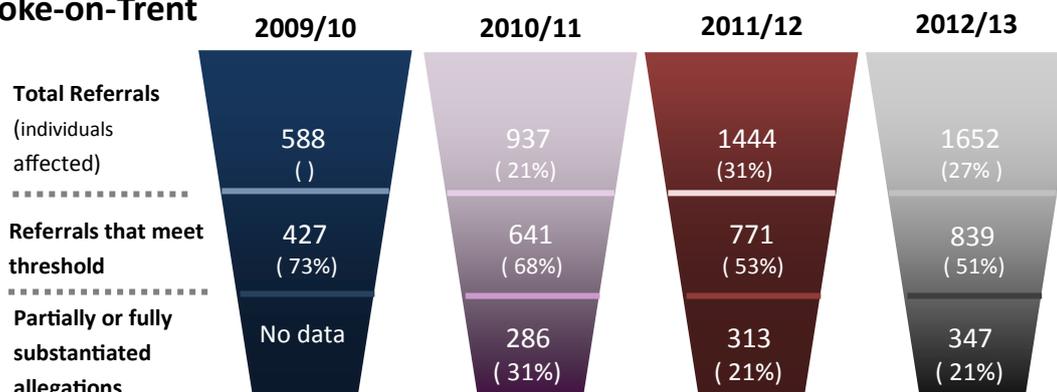
proportion of those referrals that reach the threshold for investigation has decreased. In Staffordshire the change is quite marginal, however in Stoke-on-Trent, there has been a decrease, falling from 73% in 2009/10 to 51% during

Figure 2: Proportion of total referrals which become substantiated allegations

Staffordshire



Stoke-on-Trent



2012/13. While the increase in referrals shows a positive sign in terms of heightened awareness and caution surrounding potential abuse of vulnerable people, it is important that the people who need to make a referral know how to do it and what is needed.

Figure 2 displays how the initial referrals are filtered down to smaller numbers for those reaching threshold and again for those where claims are found to be substantiated, based on the data available as some referrals in to Staffordshire did not include the final outcome. Around one in five referrals become

either fully or partially substantiated allegations of abuse, a figure which is similar across both areas and has been over the last few years. This only acknowledges those referrals in Staffordshire where the outcomes have been recorded as already mentioned and this is an area identified for improvement. Stoke-on-Trent have 100% compliance with the reporting of outcomes, but again the data is not directly comparable and is something to be addressed in 2013/2014.

In terms of the proportion of referrals that meet the threshold for investigation and are then substantiated, the figures for Staffordshire and Stoke-on-Trent have remained fairly static over the last three years although there is quite a significant difference in the figures between the two areas. In Staffordshire, just over a quarter of referrals meeting the threshold become substantiated after investigation, while Stoke-on-Trent sees higher figures of over 40%.

It would be interesting to complete some more detailed analysis to see if there are any significant relationships between factors such as type of alleged abuse or type of service user (for example) and whether referrals meet the threshold for further investigation and are substantiated.

Figure 2 also highlights the proportion of repeat referrals. While it could be expected to see some repeats coming through the system, it is intended that a piece of work is undertaken that looks at the details of these repeat referrals; are the allegations substantiated? If so, why are they coming back into the system, was the problem not solved correctly the first time? If they are not substantiated, perhaps this highlights an issue with the individual which needs to be focussed upon and addressed to minimise the referrals repeatedly coming through.

SERVICE USER GROUP PROFILE

Referral source

Across both Staffordshire and Stoke-on-Trent, over 80% of referrals came from professionals, with the majority of these coming from residential care staff. While increases in the number of referrals have been seen across the board over the last three years, proportionally figures have remained fairly static (as figure 3 displays) with the exception of the proportion of referrals from non-professionals in Staffordshire which has doubled since 2010/11 and is due to a rise in the number of referrals from family members.

Service user type

For both Staffordshire and Stoke-on-Trent around one in three referrals were for service users with physical disabilities during 2012/13 and this group has consistently accounted for the largest volume of referrals over the

last three years. In Staffordshire, the largest four groups which account for over 80% of total referrals in Staffordshire and over 90% of referrals in Stoke-on-Trent has remained the same for the last three years, namely, physical disability, learning difficulties, dementia and mental health. However, it must be noted that this year Staffordshire has seen a slight reduction in Adult Protection referrals for service users for mental ill health.

Figure 4: Proportion of referrals by service user type

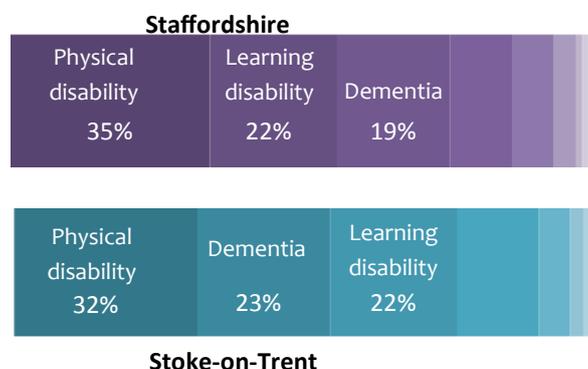


Figure 3: Proportion of referrals by source since 2010/11

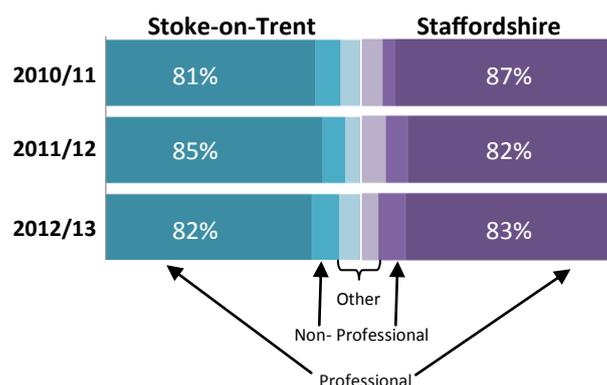
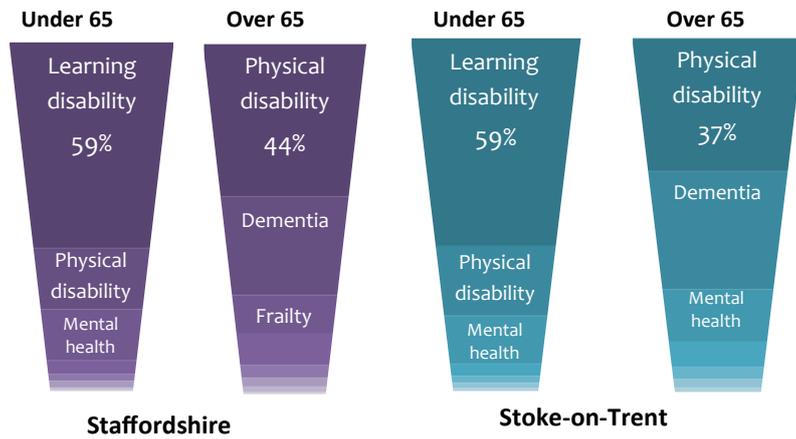


Figure 5: Proportion of referrals by service user type and age



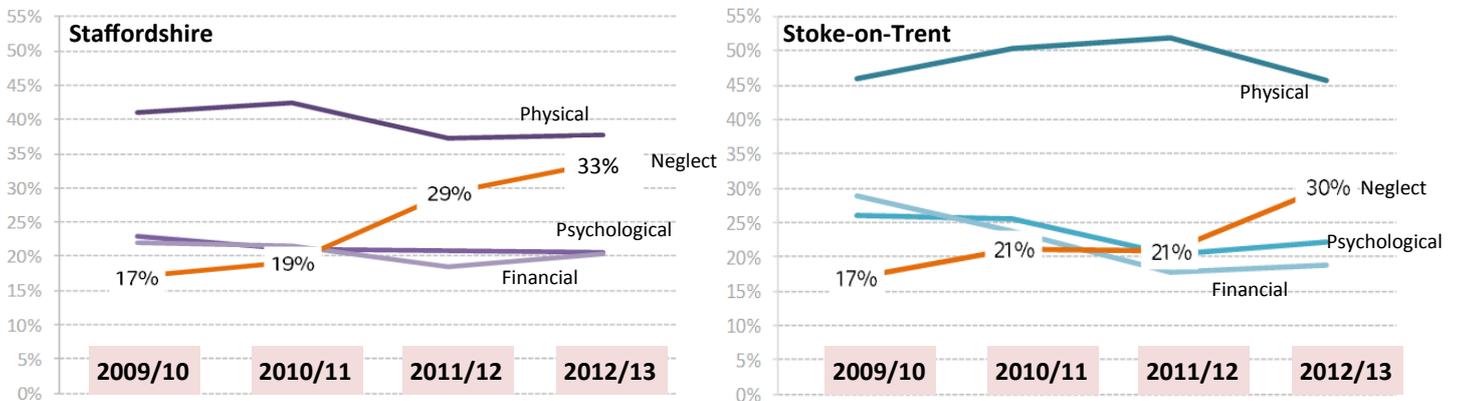
The make-up of the service user group varies significantly when breaking it down by age as figure 6 illustrates. Across both areas the under 65 group consists predominantly of vulnerable adults with learning difficulties while, as expected, for the over 65 group there is a much larger representation service users with dementia and frailty.

ALLEGED ABUSE

Type of abuse

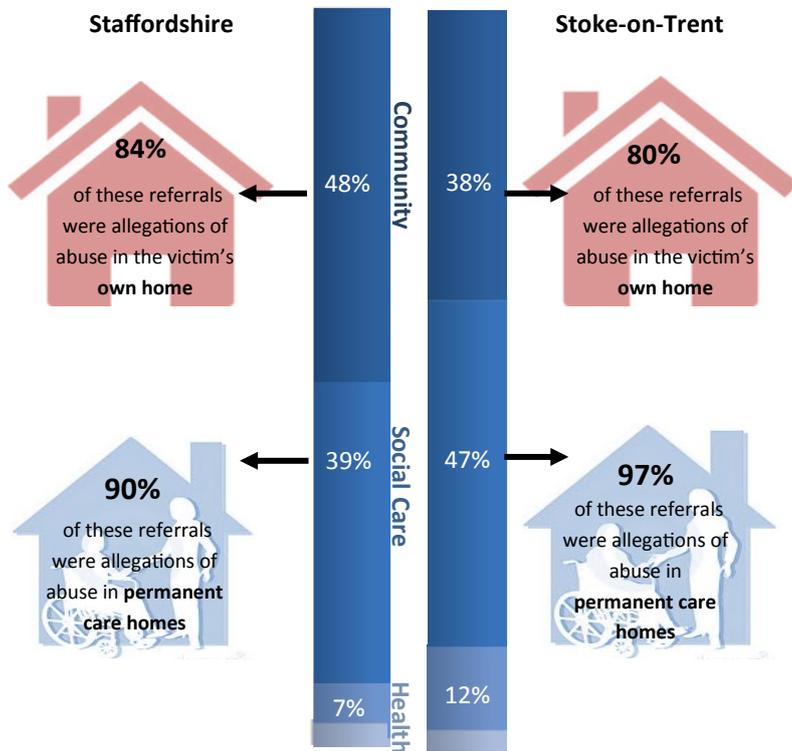
The top four types of alleged abuse is the same in both areas; physical, neglect, psychological and financial. While physical remains the largest proportion of referrals, there has been a significant and notable rise in the number of referrals for cases of neglect as illustrated in figure 6 above. In Staffordshire the proportion of cases of alleged neglect is now just four percentage points below the proportion of referrals for physical abuse. These figures lead to the consideration of whether this increase in referrals indicates an increase in incidents of neglect or whether it is an indication that awareness has been raised.

Figure6: Proportion of referrals by service user type and age



In Staffordshire, the figures have been more static with a consistent figure of over 50% for alleged abuse by a non-professional, largely another vulnerable adult or a family member. Figures for alleged abuse against a professional have increased by 10% since 2010/11, with the proportion of cases of domiciliary staff more than doubling and those against residential staff following a steady upward trend. Table 7 in the appendix displays these trends in further detail.

Figure 10: Location of alleged abuse



Location of alleged abuse

Figure 10 on the left shows the breakdown of alleged abuse by location and identifies the differences between the two areas. Staffordshire sees more alleged abuse taking place within the community while Stoke-on-Trent has more cases in the social care and health settings. The breakdown within the settings is fairly similar with over 71% of the community settings being allegations of abuse in the victim's own home and over 84% of the social care settings being allegations of abuse within a nursing or residential setting. However, overall the largest proportion of alleged abuse in Staffordshire takes place in the victim's own home (41%) while in Stoke-on-Trent it is in a care home (46%).

In Staffordshire, the proportion of alleged abuse in the victim's own home has followed an slight upward trend over the last three years, from 36% in 2010/11 to 41% in 2012/13. All other figures have remained fairly static although alleged abuse in a health setting has reduced very slightly. The last three years has seen an improvement in data recording at referral stage and consequently a smaller proportion of non recorded locations. In Staffordshire there has been a specific improvement in the last year which is a result of the Specialist Adult Protection Investigation Team being located in the Multi-Agency Safeguarding Hub. This may well have had an impact on the increase in the figures for abuse in the victim's own home but realistically there is no way of establishing this.

In Stoke-on-Trent, the trends have been quite the opposite with the proportion of allegations of abuse in a community setting reducing over the last three years and the proportion of those in a social care setting increasing by 8%. Table 8 in the appendices displays the full details of these breakdowns for both Staffordshire and Stoke-on-Trent.

INVESTIGATION CONCLUSIONS AND OUTCOMES

The three main outcomes recorded for vulnerable adults across both Staffordshire and Stoke-on-Trent are, increased monitoring, no further action and Community Care Assessment and Services, although there are slight differences in proportions, with Stoke-on-Trent seeing this outcome in almost 1 in 3 whilst in Staffordshire this is the case in 1 in 4. Further details of the outcomes for alleged vulnerable adults can be found in table 10 in the appendix.

Looking at the breakdown of outcomes for the alleged perpetrator for 2012/13; 25% of referrals in Stoke-on-Trent led to no further action being taken against the alleged perpetrator whilst in Staffordshire the proportion was a lot higher at over 40%. A further 13% of outcomes in Stoke-on-Trent and 6% in Staffordshire were exonerated and across both areas 12% of the outcomes recorded were for continued monitoring of the alleged perpetrator. Further details of the outcomes for alleged perpetrators can be found in table 11 of the appendix.

PRIORITIES FOR 2012/13

Following the Development Day held on 19th April 2013 a decision was taken by the Independent Chair of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership to suspend the activity of the Board.

It was then proposed that there would be a full review of the structure of the Partnership Board through a Task and Finish Group which would be comprised of strategic managers from key partners.

The annual report of 2013/2014 will present the changes agreed upon.

APPENDIX: DATA TABLES

APPENDIX

TABLE 1: Total referrals

	2009/10		2010/11		2011/12		2012/13	
	Staffordshire	Stoke-on-Trent	Staffordshire	Stoke-on-Trent	Staffordshire	Stoke-on-Trent	Staffordshire	Stoke-on-Trent
Total referrals	1593	588	2210	937	3300	144	3962	1652
Individuals affected			1929	739	2675	997		1213
No. meeting threshold	1251	427	1646	641	2342	771	2902	839
% meeting threshold	79%	73%	74%	68%	71%	53%	73%	51% *

TABLE 2: Referral Source

	2010/11				2011/12				2012/13			
	Staffordshire		Stoke-on-Trent		Staffordshire		Stoke-on-Trent		Staffordshire		Stoke-on-Trent	
Care Quality Commission	15	1%	4	0%	45	1%	4	0%	68	2%	44	3%
Education/Training/Work	28	1%	7	1%	20	1%	15	1%	19	0%	15	1%
Health - Mental Health Staff	209	9%	84	9%	257	8%	126	9%	266	7%	113	7%
Health - Primary/Community Staff	163	7%	72	8%	217	7%	109	8%	225	6%	143	9%
Health - Secondary Health Staff	123	6%	64	7%	288	9%	90	6%	291	7%	51	3%
Housing	86	4%	25	3%	94	3%	27	2%	151	4%	32	2%
Police	83	4%	36	4%	163	5%	52	4%	237	6%	59	4%
Social Care - Day Care Staff	95	4%	45	5%	102	3%	72	5%	124	3%	60	4%
Social Care - Domiciliary Staff	193	9%	52	6%	373	11%	71	5%	489	12%	114	7%
Social Care - Other Staff	41	2%	20	2%	36	1%	69	5%	44	1%	5	0%
Social Care - Residential Care Staff	609	28%	263	28%	784	24%	523	36%	978	25%	523	32%
Social Care - Self Directed Care Staff	2	0%	2	0%	1	0%	4	0%	1	0%	14	1%
Social Care - Social Worker/Care Manager	274	12%	81	9%	335	10%	62	4%	406	10%	173	10%
Referrals from professionals	1921	87%	755	81%	2715	82%	1224	85%	3299	83%	1346	81%
Family Member	81	4%	71	8%	216	7%	95	7%	330	8%	140	8%
Friend or Neighbour	23	1%	4	0%	38	1%	6	0%	45	1%	15	1%
Other service user	0			0%	0	0%	0	0%	1	0%	0	0%
Self Referral	13	1%	28	3%	32	1%	30	2%	34	1%	22	1%
Referrals from non-professionals	117	5%	103	11%	286	9%	131	9%	410	10%	117	7%
Other	47	2%	78	8%	90	3%	89	6%	123	3%	129	8%
Not Recorded	125	6%	1	0%	299	9%			130	3%	0	0%
	172	8%	79	8%	389	12%	89	6%	153	6%	129	8%
Totals	2210		937		3300		1444		3962		1652	

* The variation is believed to be related to a difference in process between the two local authorities. In Staffordshire there is an element of triage as there is opportunity for some calls to be handled and dealt with reducing the potential for sub-threshold referrals.

TABLE 3: Service user type by age for Staffordshire

	2010/11						2011/12						2012/13					
	Under 65		Over 65		Total		Under 65		Over 65		Total		Under 65		Over 65		Total	
Dementia	5	2%	218	97%	225	10%	17	4%	443	96%	460	14%	20	2%	705	28%	726	18%
Frailty	0	0%	34	92%	37	2%	22	8%	247	92%	269	8%	8	1%	274	11%	283	7%
Learning Disability	484	88%	61	11%	548	25%	604	91%	62	9%	666	20%	766	59%	70	3%	837	21%
Mental Health	126	56%	97	43%	227	10%	212	48%	226	52%	438	13%	189	15%	224	9%	414	10%
Physical Disability	150	15%	821	84%	972	44%	194	18%	897	82%	1091	33%	226	17%	1117	44%	1346	34%
Sensory Impairment	4	44%	5	56%	9	0%	24	50%	24	50%	48	1%	9	1%	38	2%	47	1%
Substance Misuse	11	85%	1	8%	13	1%	23	82%	5	18%	28	1%	29	2%	7	0%	36	1%
Other	18	41%	25	57%	44	2%	44	40%	66	60%	110	3%	46	4%	93	4%	143	4%
Not recorded	4	3%	7	5%	135	6%					190	6%					130	3%
Totals	802		1269		2210						3300		1293		2528		3962	

TABLE 4: Service user type by age for Stoke-on-Trent

	2010/11						2011/12						2012/13					
	Under 65		Over 65		Total		Under 65		Over 65		Total		Under 65		Over 65		Total	
Dementia	7	3%	219	97%	226	24%	7	2%	445	98%	452	31%	11	2%	365	33%	376	23%
Frailty	4	21%	15	79%	19	2%	8	16%	43	84%	51	4%	4	1%	83	7%	87	5%
Learning Disability	188	88%	25	12%	213	23%	334	92%	30	8%	364	25%	318	59%	39	4%	357	22%
Mental Health	30	27%	83	73%	113	12%	48	28%	122	72%	170	12%	71	13%	161	15%	232	14%
Physical Disability	67	21%	247	79%	314	34%	87	25%	259	75%	346	24%	109	20%	414	37%	523	32%
Sensory Impairment	2	20%	8	80%	10	1%	1	5%	21	95%	22	2%	2	0%	27	2%	29	2%
Substance Misuse	2	67%	1	33%	3	0%	1	25%	3	75%	4	0%	7	1%	1	0%	8	0%
Other	14	37%	24	63%	38	4%	17	49%	18	51%	35	2%	20	4%	20	2%	40	2%
Not recorded	0	0%	0	0%	1	0%												
Totals	314		622		937		503		941		1444		542		1110		1652	

TABLE 5: Ethnicity

	2010/11						2011/12						2012/13					
	Staffordshire		% where ethnicity is recorded		Stoke-on-Trent		% where ethnicity is recorded		Staffordshire		% where ethnicity is recorded		Stoke-on-Trent		% where ethnicity is recorded			
Bangladeshi		0%	0%		0%	n/a		0%	n/a		0%	n/a	3	0%	0%		0%	0%
Black African		0%	0%		0%	n/a		0%	n/a		0%	n/a	2	0%	0%		0%	0%
Black Caribbean	4	0%	0%	2	0%	n/a	7	0%	n/a	0	0%	n/a	12	0%	0%	8	0%	0%
Chinese		0%	0%		0%	n/a	4	0%	n/a	0	0%	n/a	2	0%	0%		0%	0%
Gypsy/Roma		0%	0%		0%	n/a	1	0%	n/a	0	0%	n/a	1	0%	0%		0%	0%
Indian	4	0%	0%	0	0%	n/a	6	0%	n/a	1	0%	n/a	9	0%	0%	4	0%	0%
Not Stated	134	6%	6%	37	4%	n/a	160	5%	n/a	14	1%	n/a	78	2%	2%	4	0%	0%
Other Asian Background	2	0%	0%	0	0%	n/a	2	0%	n/a	2	0%	n/a	10	0%	0%	2	0%	0%
Other Black Background	1	0%	0%	0	0%	n/a	2	0%	n/a	0	0%	n/a	3	0%	0%	2	0%	0%
Other Ethnic Group	2	0%	0%	7	1%	n/a	8	0%	n/a	5	0%	n/a	10	0%	0%	1	0%	0%
Other Mixed Background		0%	0%		0%	n/a	1	0%	n/a	0	0%	n/a	2	0%	0%	0	0%	0%
Pakistani	5	0%	0%	11	1%	n/a	7	0%	n/a	11	1%	n/a	14	0%	0%	7	0%	0%
Refused		0%	0%		0%	n/a		0%	n/a		0%	n/a	2	0%	0%		0%	0%
Traveller Irish Heritage		0%	0%		0%	n/a		0%	n/a		0%	n/a	1	0%	0%		0%	0%
White and Asian	2	0%	0%	0	0%	n/a	2	0%	n/a	3	0%	n/a	3	0%	0%		0%	0%
White and Black African		0%	0%		0%	n/a	1	0%	n/a	0	0%	n/a	2	0%	0%	1	0%	0%
White and Black Caribbean	4	0%	0%	1	0%	n/a	7	0%	n/a	3	0%	n/a	13	0%	0%	0	0%	0%
White British	1895	86%	91%	865	92%	n/a	2825	92%	n/a	1367	95%	n/a	3613	91%	94%	1551	94%	96%
White Irish	8	0%	0%	4	0%	n/a	18	1%	n/a	11	1%	n/a	20	1%	1%	15	1%	1%
White Other	17	1%	1%	10	1%	n/a	25	1%	n/a	27	2%	n/a	32	1%	1%	19	1%	1%
Not recorded	132	6%		0	0%	n/a							130	3%		38	2%	
Total	2210			937			3082			1444			3962			1652		

TABLE 6: Type of alleged abuse

	2009/10		2010/11				2011/12				2012/13			
	Staffordshire	Stoke-on-Trent												
Physical	41%	46%	939	42%	471	50%	1226	37%	750	52%	1441	38%	754	46%
Sexual	8%	10%	137	6%	91	10%	172	5%	119	8%	213	6%	70	4%
Psychological	23%	26%	463	21%	239	26%	688	21%	295	20%	787	21%	366	22%
Financial	22%	29%	475	21%	222	24%	612	19%	256	18%	775	20%	310	19%
Neglect	17%	17%	422	19%	198	21%	964	29%	301	21%	1288	34%	498	30%
Discriminatory	1%	1%	21	1%	15	2%	27	1%	15	1%	52	1%	19	1%
Institutional	N/A	N/A	56	3%	52	6%	66	2%	45	3%	55	1%	33	2%
Other	2%	0%	40	2%			50	2%	0	0%	48	1%	0	
Not Recorded	0%	0%	0%	0%			209	6%	0	0%		0	0	
Totals	116%	129%	2553		1288		4014		1781		4659		2050	
			2210		937		3300		1444		3832		1652	
No. of cases that included more than one type of abuse			399	18%	260	28%	598	18%	280	19%	701	18%	332	20%

TABLE 7: Alleged perpetrator

	2010/11				2011/12				2012/13			
	Staffordshire		Stoke-on-Trent		Staffordshire		Stoke-on-Trent		Staffordshire		Stoke-on-Trent	
Health Care Worker	83	4%	32	3%	146	4%	61	4%	136	3%	102	6%
Social Care - Day Care Staff	15	1%	8	1%	14	0%	18	1%	9	0%	15	1%
Social Care - Domiciliary Staff	110	5%	44	5%	333	10%	65	5%	466	12%	165	10%
Social Care - Other	7	0%	2	0%	1	0%	4	0%	7	0%	6	0%
Social Care - Residential Staff	312	14%	126	13%	589	18%	177	12%	752	19%	296	18%
Social Care - Self Directed Care Staff	15	1%	3	0%	5	0%	5	0%	9	0%	5	0%
Social Care – Worker/Manager	0	0%	8	1%	6	0%	0	0%	9	0%	4	0%
Other Professional	20	1%	16	2%	17	1%	36	2%	11	0%	38	2%
Volunteer / Befriender	6	0%	1	0%	4	0%	6	0%	12	0%	1	0%
Professionals	568	26%	240	26%	1115	34%	372	26%	1411	36%	632	38%
Neighbour/Friend	141	6%	69	7%	204	6%	115	8%	255	6%	70	4%
Other Family Member	364	16%	168	18%	533	16%	191	13%	631	16%	209	13%
Other Vulnerable Adult	545	25%	303	32%	583	18%	587	41%	746	19%	507	31%
Partner	181	8%	62	7%	289	9%	67	5%	327	8%	65	4%
Stranger	58	3%	24	3%	87	3%	53	4%	99	2%	35	2%
Non-professionals	1289	58%	626	67%	1696	51%	1013	70%	2058	52%	886	54%
Not recorded	198	9%	0	0%	209	6%	0	0%	143	4%	0	0%
Not Known	126	6%	64	7%	187	6%	41	3%	246	6%	126	8%
Other	29	1%	7	1%	43	1%	18	1%	69	2%	8	0%
					50	2%			35	1%		
	353	16%	71	8%	489	15%	59	4%	493	12%	134	8%
Totals	2210		937		3300		1444		3962		1652	

TABLE 8: Location of alleged abuse

	2010/11				2011/12				2012/13			
	Staffordshire		Stoke-on-Trent		Staffordshire		Stoke-on-Trent		Staffordshire		Stoke-on-Trent	
Own Home	785	36%	304	32%	1282	39%	380	26%	1614	41%	495	30%
Alleged Perpetrator's Home	28	1%	13	1%	37	1%	44	3%	54	1%	20	1%
Education/Training/Work	7	0%	5	1%	10	0%	22	2%	11	0%	12	1%
Public Place	40	2%	13	1%	43	1%	45	3%	38	1%	42	3%
Supported Accommodation	76	3%	42	4%	166	5%	44	3%	201	5%	51	3%
Community Setting	936	42%	377	40%	1538	47%	535	37%	1918	48%	620	38%
Mental Health Inpatient Setting	134	6%	59	6%	155	5%	119	8%	178	4%	76	5%
Acute Hospital	34	2%	21	2%	89	3%	49	3%	79	2%	75	5%
Community Hospital	29	1%	8	1%	17	1%	22	2%	21	1%	26	2%
Other Health Setting	2	0%	24	3%	1	0%	37	3%	2	0%	16	1%
Health Setting	199	9%	112	12%	262	8%	227	16%	280	7%	193	12%
Care Home	814	37%	361	39%	1154	35%	631	44%	1496	38%	764	46%
Day Centre/Service	45	2%	18	2%	39	1%	33	2%	50	1%	25	2%
Social Care Setting	859	39%	379	40%	1193	36%	664	46%	1546	39%	789	48%
Not Known	43	2%	13	1%	36	1%	11	1%	32	1%	20	1%
Not Provided	6	0%	0	0%	1	0%	0	0%	4	0%	0	0%
Other	23	1%	56	6%	11	0%	7	0%	4	0%	30	2%
Recorded as 'no abuse'	20	1%	N/A		50	2%	0	0%			0	0%
Not Recorded	124	6%	0	0%	209	6%	0	0%	48	1%	0	0%
	216	10%	69	7%	307	9%	18	1%	218	6%	50	3%
Totals	2210		937		3300		1444		3962		1652	100%

TABLE 9: Conclusions

	2010/11				2011/12				2012/13			
	Staffordshire		Stoke-on-Trent		Staffordshire		Stoke-on-Trent		Staffordshire		Stoke-on-Trent	
Substantiated	322	20%	185	29%	454	19%	239	34%	635	24%	263	35%
Partly Substantiated	141	9%	101	16%	171	7%	74	11%	188	7%	84	11%
Not Determined/Inconclusive	191	12%	176	28%	299	13%	173	25%	419	16%	169	23%
Not Substantiated	295	18%	167	26%	522	22%	216	31%	691	26%	228	31%
Not recorded	697	42%	7	1%	896	38%	0		727	18%	0	0%
Totals	1646		636		2342		702		2660		744	

TABLE 10: Outcomes for vulnerable adult

	2010/11				2011/12				2012/13			
	Staffordshire		Stoke-on-Trent		Staffordshire		Stoke-on-Trent		Staffordshire		Stoke-on-Trent	
Action by Contracting and Commissioning Officers	7	0%	20	2%	58	2%	17	1%	66	3%	75	5%
Action by Care Quality Commission	11	1%	19	2%	42	2%	17	1%	54	3%	32	2%
Action under the Mental Health Act	2	0%	14	1%	11	0%	8	1%	12	1%	4	0%
Community Care Assessment and Services for Perpetrator	51	3%	52	4%	105	4%	40	3%	114	6%	31	2%
Continued Monitoring of Alleged Perpetrator	193	11%	218	19%	198	7%	158	13%	251	12%	162	12%
Counselling/Training / Treatment	51	3%	106	9%	107	4%	84	7%	129	6%	119	9%
Criminal Prosecution / Formal Caution	10	1%	22	2%	15	1%	22	2%	24	1%	18	1%
Disciplinary Action	62	4%	57	5%	99	4%	81	6%	101	5%	117	8%
Exoneration	35	2%	116	10%	108	4%	186	15%	113	6%	176	13%
Management of Access to Person	94	5%	112	10%	108	4%	87	7%	88	4%	85	6%
No Further Action	380	22%	266	23%	564	21%	344	28%	861	42%	349	25%
Not Known	44	3%	0	0%	46	2%	4	0%	51	3%	8	1%
Police Action	48	3%	54	5%	50	2%	52	4%	46	2%	48	3%
Removal of Alleged Perpetrator from property or service	69	4%	72	6%	100	4%	83	7%	80	4%	75	5%
Referral to Court Mandated Treatment	0	0%	1	0%	0	0%	0	0%	1	0%	1	0%
Referral to Multi Agency Public Protection Arrangements	3	0%	2	0%	2	0%	1	0%	0	0%	1	0%
Referral to PoVA List / ISA	20	1%	11	1%	29	1%	42	3%	12	1%	43	3%
Referral to Registration Body	13	1%	21	2%	24	1%	22	2%	26	1%	41	3%
Not recorded	661	38%	0	0%	1061	39%	45	4%		0%	0	0%
Totals	1754		1163		2727		1248		2029		1385	

TABLE 11: Outcomes for alleged perpetrator

	2010/11				2011/12				2012/13			
	Staffordshire		Stoke-on-Trent		Staffordshire		Stoke-on-Trent		Staffordshire		Stoke-on-Trent	
Action Refused	44	3%	0	0%	58	2%	0	0%	82	4%	0	0%
Application to Change Appointeeship	10	1%	9	1%	8	0%	12	1%	12	1%	18	1%
Application to Court of Protection	12	1%	15	1%	12	0%	14	1%	7	0%	13	1%
Civil Action	1	0%	4	0%	3	0%	3	0%	3	0%	3	0%
Community Care Assessment and Services	186	11%	127	12%	282	10%	183	16%	349	15%	187	15%
Guardianship/use of Mental Health Act	4	0%	1	0%	9	0%	3	0%	4	0%	7	1%
Increased Monitoring	404	25%	275	27%	616	22%	254	22%	664	29%	233	19%
Management of Person's Finances	35	2%	37	4%	29	1%	36	3%	48	2%	52	4%
Mental Capacity Act/Deprivation of Liberty Safeguard Authorisation	5	0%	1	0%	9	0%	0	0%	12	1%	0	0%
No Further Action	256	16%	218	21%	384	14%	315	27%	551	24%	363	30%
Other	98	6%	148	14%	142	5%	136	12%	209	9%	104	9%
Referral to Advocacy Scheme	20	1%	20	2%	28	1%	0	0%	17	1%	23	2%
Referral to Counselling/Training	15	1%	0	0%	23	1%	17	1%	18	1%	16	1%
Referral to Increased/Different Care	81	5%	41	4%	101	4%	55	5%	113	5%	60	5%
Referral to MARAC	2	0%	48	5%	14	0%	2	0%	3	0%	6	0%
Restriction/Management of access to alleged perpetrator	134	8%	36	4%	87	3%	109	9%	79	3%	89	7%
Review of Self Directed Support	8	0%	4	0%	17	1%	2	0%	18	1%	2	0%
Person Removed from Property or Service	33	2%	40	4%	0	0%	27	2%	86	4%	35	3%
Not recorded	621	38%	0	0%	983	35%	0	0%			0	0%
Totals	1646		1024		2805		1168		2275		1211	

