Annual Report

Slough Safeguarding Adults Partnership Board
April 2012 to March 2013

Slough
Safeguarding Adults Partnership Board
preventing abuse, protecting people

Contents

Foreword

Adult safeguarding has never been higher on the political agenda and, sadly, not for the right reasons.

With the dreadful events at Winterbourne View - the report into which was released in August 2012 - and the Francis Report into the systemic neglect and poor care of patients at Stafford Hospital in February, there are still far too many gaps through which abuse and neglect of vulnerable adults can happen.

Here in Slough, we have continued to strengthen our safeguards and build on the strong foundations laid down by the Board since its inception in 2008.The Board recently launched the Slough Safeguarding Adults Strategy, a key document that brings together in one place the responsibilities of the Slough safeguarding partnerships, an overview of where we are in terms of legislation and guidelines from the Government, and a three-year plan for how we plan to develop safeguarding further in the borough.

For far too long, adult safeguarding at the national level has been disjointed and with very little guidance for local authorities and other bodies about how to codify piecemeal measures and processes to best protect people. The sad fact is that it has taken terrible events like the Pilkington deaths, Winterbourne and Mid Staffs to force adult safeguarding up the agenda and get us to a place where it is taken as seriously as safeguarding for children.

That is why I am pleased to see that the Government plans to put Adult Safeguarding Boards on a statutory footing in the draft Care and Support Bill and why I hope that the quality of care for vulnerable adults will improve across the country as a result.

Our work in Slough has continued to be proactive in 2012-13 and the "warts and all" independent Peer Review we commissioned in August has helped us to find out how we can improve our processes and procedures. The results of the review focused on how we could improve our partnership working and leadership on adult safeguarding, and also how service delivery can be improved for the people who need to access services. All of these findings have been fed into the Board's forward plan and now form part of the 2013-2016 Safeguarding Adults Strategy, which you can access on our Website.

I am pleased to present this fourth annual report into the Board's work during the past year and am particularly pleased to see that some of Slough's groundbreaking projects, like the Safer Places scheme and Careline, continue to go from strength-to-strength and offer the kind of support that people have told us they need.

And that, ultimately, is what lies at the root of the Board's work: listening to the people we seek to help, hearing what they say about services and their experiences in Slough, and acting to make sure that we all do the best we possibly can to add quality and compassion to their lives.

Cllr James Walsh
Cabinet Commissioner,
Health and Wellbeing

Introduction

A major part of my role is to support the partners on the SAPB to ensure a good common understanding of priorities and actions to deliver these.

This Annual Report helps us to understand better what we have achieved, and the context within which we work to ensure improved safeguarding for Slough's residents. But as well as looking back I want to promote developments into the future that draw on this knowledge and provide direction for the future.

Cllr Walsh in his foreword has described the national context within which we work, and the peer review undertaken during the year. These have a major impact on our focus for the future and have informed our first longer term strategic plan with the publication of the Safeguarding Adults Strategy 2013/16 that all the partners have signed up to, and are working together to deliver.

The strategy has also been informed by detailed considerations of situations that have caused the SAPB to hold Serious Case Reviews and we have learned a lot from these that we are incorporating into our business plan to deliver the strategy.

There is a stronger focus on promoting ways of working with people to ensure that they are safeguarded and that their personal wishes and needs are at the forefront in the outcomes that the agencies working with the person can work towards. This requires a continuation of the shift in the culture of working with people to meet their needs, a way of working that goes across public services and specific safeguarding arrangements.

Additionally we want to ensure that the diversity within Slough is recognised in how we work, and that as well as understanding more about the various communities that live in Slough, we are better able to draw on their strengths to promote increased understanding and awareness of safeguarding.

This Annual Report of the Slough Safeguarding Adults Partnership Board illustrates the growing partnership work taking place locally - and how this can be developed to improve services into the future.

The report is set out in two parts. Part One provides detail on national developments that have had an influence on our local approach to safeguarding. It also provides detail of the Peer Review Challenge undertaken through August 2012 and which provided a sound base on which to develop the Safeguarding Adults Strategy 2013-16. This section also provides detail of safeguarding activity undertaken by partners represented on the Safeguarding Adults Partnership Board.

Part Two provides detail of multiagency forums and safeguarding duties and responsibilities and priorities for 2013-14.

Nick Georgiou
Independent Chair
Slough Safeguarding Adults Partnership Board

Part One

1. National developments

Draft Care and Support Bill

Although protecting adults from abuse or neglect has been a priority for local authorities for many years, there has never been a single legal

framework for adult safeguarding. This has led to an unclear picture nationally as to the roles and responsibilities of individuals and organisations working in adult safeguarding.

In July 2012 the Government published the draft Care and Support Bill which sets out the first statutory framework for safeguarding adults and uses as its terms of reference the report of the Law Commission into adult safeguarding published in 2011.

Key elements of the draft Care and Support Bill are:

- To place Safeguarding Adults Partnership Boards on a statutory basis.
- Boards will have to report to local communities.
- Core membership needs to consist of the local authority, NHS and Police.
- There is a duty on partners to cooperate
- Strategic Plan to be agreed by the local community
- The Strategic Plan and Annual report to be published

Government Consultation on new adult safeguarding power

The draft Care and Support Bill contains a clause requiring local authorities to make enquiries where they suspect that an adult with care and support needs is at risk of abuse or neglect.

Alongside the draft Bill the Government issued a consultation seeking views as to whether or not a specific power of entry for adult safeguarding (for a social worker and police officer to enter someone's home by means of a warrant) would be an effective, proportionate and appropriate way to support the duty to make enquiries.

This could allow a social worker to speak to someone who they think could be at risk of abuse or neglect, in order to ascertain that they are making their decisions freely.

The Government response to the Consultation was published in May 2013 and they determined not to introduce the specific power of entry.

Health and Social Care Act 2012

This is the most extensive reorganisation of the structure of the National Health Service in England to date. It abolished NHS Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs).

Thereafter responsibility for the commissioning of health services will be transferred to Clinical Commissioning Groups (CCGs), partly run by the general practitioners in England. A new executive agency of the Department of Health, Public Health England, was established on 1 April 2013.

Since October 2012 the Clinical Commissioning Group and the Slough Safeguarding Adults Partnership Board have received comprehensive briefings on the transition process and future arrangements from April 2013. Safeguarding training for the CCGs was arranged and completed by March 2013.

A Nurse Director has been appointed who will act as safeguarding lead for the Slough CCG and will also represent the CCG on the Slough Safeguarding Adults Partnership Board. The Central Southern Commissioning Support Unit has been commissioned to support and assist the CCGs in discharging their duties for safeguarding adults.

The Nurse Director has the following responsibilities for safeguarding adults:

- Line management responsibility for safeguarding lead.
- Provide support to any serious case reviews or Independent Management Reports.
- Serious Untoward Incidents and investigations.

- Lead on requests from the Local Area Team e.g. Winterbourne Assurance and health self assessment framework for people with learning disabilities.
- Provide assurance that safeguarding training is undertaken by all providers commissioned by the CCG.
- Provide a monthly report on safeguarding adults, Serious Case Reviews and partnership reviews affecting local patients.

The Clinical Commissioning Groups have also agreed additional funding for a joint safeguarding adults and children's post and this demonstrates the commitment in raising the profile of safeguarding adults giving them the same profile as safeguarding children.

Safeguarding Adults - ADASS Advice and Guidance was published in March 2013 outlining a vision for safeguarding adults saying that:

People are able to live a life free from harm, where communities:

- Have a culture that does not tolerate abuse
- Work together to prevent abuse
- Know what to do when abuse happens

The report identified some key messages for safeguarding including:

- A focus on people and the outcomes they want, valuing the difference that is made. Process is an important means of achieving good outcomes but is not an end in itself.
- Collaborative leadership – supporting integration and holding partners to account is key to cross agency engagement and effectiveness.
- Effective interfaces are essential – with developing Health and Wellbeing Boards, Community Safety Partnerships and Safeguarding Children's Boards.
- Responsive specialist services need to be in place and have a portfolio of responses to support people with difficult decision making.
- Safeguarding concerns need to be addressed proportionately so that systems are not swamped and that serious concerns are not missed.
- Commissioning, contracts managements, care management review and safeguarding intelligence must be fully integrated.

In March 2013 **The Criminal Records Bureau and the Independent Safeguarding Authority** merged to form the **Disclosure and Barring Service (DBS)**, a single, new public body. Work will be undertaken to ensure all partners are aware of their responsibility in the management of their staff, particularly when staff have been dismissed. The Local Authority's duty to refer individuals who may pose a risk to vulnerable adults or children following investigation remains as does the employer's duty to refer following dismissal or permanent removal from work.

Winterbourne View Hospital

Following the Winterbourne View scandal, first highlighted in the BBC Panorama programme, the Government published a report - **Transforming Care: A National Response to Winterbourne View Hospital. (December 2012)** The report sets out steps to respond to those failings, including tightening up the accountability of management and corporate boards for what goes on in their organisations.

Though individual members of staff at Winterbourne View have been convicted, this case has revealed weaknesses in holding the leaders of care organisations to account. This is a gap in the care regulatory framework which the Government is committed to address.

Accompanying the report the Government also published a multi agency **Concordat: Programme for Action** which stated the following vision for change:

"The abuse of people at Winterbourne View hospital was horrifying. Children, young people and adults with learning disabilities or autism and who have mental health conditions or behaviour that challenge have for too long and in too many cases received poor quality and inappropriate care. We know there are examples of good practice. But we also know that too many people are ending up unnecessarily in hospital and they are staying there for too long. This must stop.

We commit to a programme for change to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges to ensure better care outcomes for them.

These actions are expected to lead to a rapid reduction in hospital placements for this group of people by 1 June 2014. People should not live in hospital for long periods of time. Hospitals are not homes.

We will safeguard people's dignity and rights through a commitment to the development of personalised, local, high quality services alongside the closure of large-scale inpatient services and by ensuring that failures when they do occur are dealt with quickly and decisively through improved safeguarding arrangements. Safeguarding is everybody's business.

All parts of the system - commissioners, providers, the workforce, regulators and government - and all agencies - councils, providers, the NHS and police - have a role to play in driving up standards for this group of people. There should be zero tolerance of abuse or neglect.

The Government's Mandate to the NHS Commissioning Board sets out:

"The NHS Commissioning Board's objective is to ensure that Clinical Commissioning Groups work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people."

We commit to working together, with individuals and their families and with the groups that represent them, to deliver real change. Our shared objective is to see the health and care system get to grips with past failings by listening to this very vulnerable group of people and their families, meeting their needs and working together to commission the range of support which will enable them to lead fulfilling and safe lives in their communities."

The Slough Safeguarding Adults Partnership Board is committed to working closely with all partner agencies to ensure that similar circumstances do not happen locally. We have contributed to Berkshire wide working groups in developing action plans that deliver good outcomes for people with challenging behaviour.

The NHS undertook to review all people with learning disabilities placed in secure accommodation by the end of March 2013. There are only three Slough people living in this type of accommodation and all reviews were satisfactorily completed by the end of March 2013.

The local Winterbourne View Action Plan is being closely monitored through the Clinical Commissioning Group Quality Committee and the Slough Safeguarding Adults Partnership Board.

Mid Staffordshire NHS Hospital Trust

Following the systemic abuse and poor practice found at Mid Staffordshire Hospital NHS Trust the Government published a report entitled 'Patients: First and Foremost' (March 2013) which set out a collective commitment and plan of action for the whole health and care system and everyone who works in it.

- New Ofsted-style ratings for hospitals and care homes overseen by an Independent Chief Inspector of Hospitals and Chief Inspector of Social Care.
- A statutory duty of candour for organisations which provide care and are registered with the Care Quality Commission
- A review by the NHS Confederation on how to reduce the bureaucratic burden on frontline staff and NHS providers by a third
- A pilot programme which will see nurses working for up to a year as a healthcare assistant as a prerequisite for receiving funding for their degree
- Nurses' skills being revalidated, as doctors' are now, and healthcare support workers and adult social care workers having a code of conduct and minimum training standards.

2. Peer Review Challenge

In 2012/13 the Slough Safeguarding Adults Partnership Board commissioned a Peer Review Challenge into all aspects of Safeguarding Adults in the Borough. The Peer Review Challenge followed the Local Government Group peer review/challenge methodology. This took place in July and August of 2012.

It is important to stress that this was not an inspection. A team of peers used their experience to reflect on the evidence presented on Safeguarding adults at risk. The self-assessment prepared in advance of the on-site work showed evidence of a desire for continuous self improvement. The findings and the focus of the resulting feedback report aimed to assist with the drive to adapt to the external changing environment and continuous improvement.

Whilst the LGG methodology was closely followed there was one significant variation. The Peer Review Team was led by an ex Director of Adult Social Services, but the team was drawn from managers working within Slough. The team was comprised of managers from the Local Authority, the NHS and the Police.

Whilst there may have been an initial concern that this involvement of local managers might impact on the objectivity of the review and inhibit challenge, this did not transpire. Indeed all team members saw challenge as a helpful and productive process and their local knowledge proved to be invaluable to the team. It should also be noted that the auditing, service reviewing and peer challenge skills gained by the team members generated a valuable legacy for the Borough that we have incorporated into our strategic planning.

The Peer Review team were able to have access to key individuals, and focus groups had the appropriate membership to reflect a diversity of local experiences and views. The team concluded the work feeling confident that through the Safeguarding Adults Partnership Board it should be possible to sustain a shared strategic direction and build on the learning gained from the Peer Review Challenge.

The response to Safeguarding Adults in Slough was considered to be sound and the team saw good practice, the Peer Challenge process helped indentify a number of areas for development.

What is working well

- Policies and Procedures are in place and complete and up to date. There is some good partnership working including focused work with partners on exploring ways of better supporting those with chaotic lifestyles, Multi Agency Risk Assessment Conferences, Multi Agency Public Protection Arrangements and multi-agency work on Anti-Social Behaviour are supported.
- The file audit demonstrated that safeguarding alerts are responded to and individuals were safeguarded.
- The team were pleased to see a strong response from commissioners to poorly performing providers and effective engagement which led to improvement plans being developed and monitored.
- There is a developing evidence base and learning from Serious Case Reviews. It is important that Slough ensures that practice is based on best evidence.

Recommendations

The team made recommendations that related to individual agencies, the Board and partnerships. These recommendations can be summarised as follows:

- Adult Safeguarding is largely viewed as an adult protection intervention, rather than a preventative approach that underpins practice.
- The team looked at the effectiveness of the application of the Mental Capacity Act and recommended the need for further development of understanding and application of the legislation across the partnership.

- Alignment of safeguarding and personalisation is not evident in case records. Overall the close look at safeguarding adults demonstrated that personalisation is not sufficiently developed within responses and plans or that work with individuals that evidence satisfactory resolution and desired outcomes.
- File audit illustrated the importance of effective transition planning and this area is worthy of closer attention. 'Think Family', alongside transition issues, raises the potential for closer working with the Children's Safeguarding Board.
- The Board has adopted the National Competency Framework and it is used as the basis for training by the Council. There is the need to ensure that this is rolled out across all agencies and at all levels in partner organisations.
- The Board is developing its strategic and leadership role. Recommendations in respect of the Board are related to strengthening the influence of the Board and its Members.
- Throughout the review the issue of safe discharge from hospital was raised. Through discussion with partners we have made specific recommendation to undertake joint work on improving the patient/client journey.

Using the information and intelligence gained from the Peer Review Challenge the Board developed its' **Safeguarding Adults Strategy for 2013-2016**. This is key to supporting the Board's aim to work with local people and with partners to ensure that adults who may be at risk are:

- Able to live independently by being supported to manage risk.
- Able to protect themselves from abuse and neglect.
- Treated with dignity and respect.
- Properly supported by agencies when they need protection.

Leadership by the local authority and its partners is fundamental and it is important to be clear about the place of our Safeguarding Adults Partnership Board in supporting delivery of the wider safeguarding agenda.

The strategy provides an overview of local safeguarding arrangements under the overarching umbrella of the Safeguarding Adults Partnership Board and focuses on three key aspects of safeguarding activity - Prevention, Dignity and Respect and Protection.

The diagram below illustrates the importance of the Board's work and how it links strategically with the wider partnerships and interfaces with local communities.

To support the strategy a multi agency Safeguarding Strategic Business Plan has been developed by the Board that incorporates all of the recommendations that emanated from the peer review challenge. The plan is reviewed by the Board on a quarterly basis to monitor compliance and effectiveness.

3. Progress against our Priorities

Improving Awareness and Community Engagement

Hate crime is any crime where a person is targeted because of their age, disability, gender, race or ethnicity, faith or sexual orientation.

Between 1 April and 31 December 2012, 1,037 hate crimes were recorded by police across the Thames Valley, a decrease of 4.3 percent on the number reported during the same period in 2011 (1,084). 185 of those crimes were reported in Slough, a 7.1 percent increase on the number recorded during the same period in 2011 (168 crimes), but down slightly on 2010's figures (185 crimes).

Whilst hate crime figures in the Thames Valley are relatively low, national research shows that up to 80 percent are not reported. It is hoped an increase in the number of reports will help police and the council support more victims and cut hate crime.

In December 2012, Slough Borough Council signed up to **"Stop Hate UK"**, a national charity that provides independent and confidential support to people affected by hate crime. Stop Hate UK runs a confidential, 24hour helpline and can make referrals to appropriate agencies in Slough if the contact asks them to do so. They can also pass details of hate crime on anonymously if victims or witnesses feel unable to call the police or the council. Stop Hate UK is fully compliant with safeguarding procedures to ensure that vulnerable adults are protected.

In 2011/12, Stop Hate received over 3000 contacts across the UK. Whilst the most popular form of contact has remained the 0800 telephone number and connection direct to an operator, there is increasing use of electronic forms of reporting e.g. SMS, email and online. Significantly, over 50% of contacts were made outside of normal office hours, indicating the importance of having a 24 hour reporting facility. Race and disability were the most commonly reported types of incident; over half of disability - related incidents related to threatening behaviour or verbal abuse.

The 2012 Annual Diversity Conference, "Living Together", featured a dedicated workshop on hate crime in Slough. Stop Hate UK attended to promote the service and explore some of the local issues. Posters and leaflets depicting different forms of hate crime and encouraging people to report it to Stop Hate UK have been put up in public places across Slough, including community centres and libraries, and there have been features on local radio to promote awareness.

The Stop Hate UK service has also been promoted through internal communications to Slough Borough Council staff. Several contacts have been made from Slough during the period January-March 2013.

The council has signed up to a 12 month pilot of the Stop Hate UK service and the Council's Equalities and Diversity Officer will review this at the end of 2013.

If you are concerned someone is experiencing bullying, verbal discrimination or hate crime, report it today.

The Stop Hate Line on 0800 138 1625

Community Safety: Safe Place Scheme update

During 2012/13 the continued development of a Safe Place Scheme has been a priority for the Slough Safeguarding Adults Partnership Board. Safe Place Schemes are initiatives developed to provide support to people who are feeling vulnerable when they are out in local communities.

The Safe Place idea was first initiated by the South Devon and Dartmouth Safety Partnership, and has been successfully launched in a number of other areas of the country since. The schemes have been seen as a positive means to tackle bullying and hate crime.

All the schemes work with the support and commitment of local businesses, who are encouraged to 'sign up' to the scheme. These services display a Safe Place sticker in a visible place, usually in a window identifying them as a place where a vulnerable person can, in the case of an emergency, receive immediate short-term help and contact can be made on their behalf to the police or a carer as required.

"The Safer Places scheme makes me feel better when I am going out alone or at night. If this scheme was in every town, it would really benefit the country as a whole and make people feel better when going outside"

By March 2013 there were 48 businesses signed up across Slough to this initiative in Colnbrook, Langley, Chalvey, Farnham and the town centre. Buckinghamshire County Council has now also decided to run this scheme.

Prevention

People with long term ill health, frailty and disability can experience a variety of difficult and challenges situations, and in some circumstances this may increase their sense of vulnerability or present an actual increased risk to their safety and well being.

There are particular challenges and risks presented for people who do not engage in housing support, community safety, health and social care services despite meeting eligibility for those services, or who have 'chaotic lifestyles' that place them in situations of risk. Older people, people with mental illness or learning disability can also be particularly affected by anti social behaviour or hate crime, or the fear of such behaviour and crime.

The Community Safety, Crime and Disorder subgroup has an important role in supporting the work of the Safer Slough Partnership, with a particular focus on vulnerable residents. Much of this work is about **early identification and prevention**. This is about identifying early signs of risks to individuals who may be affected by crime, anti social behaviour or chaotic lifestyles, and preventing escalation of these risks.

The section below summarises the developments, initiatives and outcomes for vulnerable residents from the improvements made during 2011/12.

Early identification of risks: improving interagency response to anti social behaviour

In the last annual report of the Safeguarding Board we reported on the developments to improve multi-agency working between council officers, the police and housing landlords through the new multi-agency task group for victims and repeat victims of anti social behaviour.

The task group was set up to develop better joint working between agencies with a particular focus on improving early identification of concerns and responses to people who are vulnerable and experiencing repeated incidents of anti-social behaviour.

In addition case meetings held between agencies to coordinate support to residents affected by repeated anti social behaviour some of whom are also vulnerable people. The task group and case meetings are attended by the Safeguarding Adults Coordinator.

These improved means of local agencies and services working together has continued throughout the past year and assisted in the early identification and prevention of risks for a number of residents: residents who are experiencing anti social behaviour and are vulnerable because of frailty, illness or disability, and or whose behaviour may also present risks to another vulnerable person.

During 2011/12 fifty five people were supported by agencies working together. The work of the Anti Social Behaviour Victims Champion contributed to the support of 53 victims of anti social behaviour in 2012/13. However, funding for this position could not be maintained, support for victims is now offered and provided by existing anti social behaviour case workers.

Are you are experiencing anti social behaviour or you are concerned that a neighbour or someone you know is, then report it today. Contact the Slough Anti Social Behaviour hotline on **01753 875298**.

The following case example illustrates the outcomes achieved for the victim.

Case Study

A wheelchair user, suffering from Multiple Sclerosis, was the target of anti social behaviour from unknown youths, including damage to property, and objects thrown over his wall from a park.

Local Police, safeguarding team, housing association, community safety team and the Anti Social Behaviour Victims Champion were involved and an action plan was formulated from the various multi-agency meetings held to discuss the ongoing anti-social behaviour.

The Anti Social Behaviour Victims Champion played a vital role in supporting the victim by visiting regularly, remained in telephone contact to offer support, and provide updates on action to be taken by Police and Slough Borough Council (including the installation of a re-deployable CCTV camera).

The victim was enabled to feel safer where he lived due to the combined efforts of the local authority and Police, and was kept informed as to what action was being taken, which resulted in serious incidents being reduced and security measures put in place to safeguard him.

Careline

The Careline service supports the elderly and vulnerable in their own homes in the form of an emergency alarm service where the person is able to press a button and will be able to speak to an operator with the Careline control room.

In 2012/13 another 115 new people benefitted from this service making a current total of 2394 people.

The Little Book of Big Scams

In 2012 Thames Valley Police published a booklet designed to raise public awareness of common scams that vulnerable people were susceptible to. The booklet aimed to increase awareness of the vast array of scams that are being used and some easy steps that people can take to protect themselves.

The types of scams identified with the booklet are as follows:

- Identity Fraud
- Scam mail
- Investment scams
- Door to Door scams
- Dating and Romance scams
- Banking and Payment card scams
- Mobile phone scams
- Health and Medical scams
- Internet scams
- Psychic and Clairvoyant scams

The booklet can be accessed via the following link: http://www.thamesvalley.police.uk/aboutus-depts-ecu

Trading Standards Adult Safeguarding

A priority area for Trading Standards is protecting all vulnerable adults from being exploited especially in relation to doorstep crime and rogue traders.

Trading Standards work with key stakeholder representative groups, such as Age Concern to provide targeted preventative advice, such as the provision of advice leaflets and awareness campaigns on scams and cold calling. Trading Standards also run the national 'Buy with Confidence' trader approval scheme, so vulnerable adults can confidently find trusted traders.

Trading Standards also provide a 'Rapid Action Team' who will provide immediate support to any vulnerable adults at risk from doorstep crime, and will intervene to ensure the consumer is not being ripped off.

On one occasion the team intervened, and prevented a vulnerable 90 year old gentleman from being swindled out of £29,000. There is evidence to show that being a victim of doorstep crime can often be the 'last straw' for the vulnerable and often elderly victims. Many do not feel safe in their own homes after becoming a victim and either go into care or sadly become ill and even die. The work of the Trading Standards team help vulnerable people to remain in their own homes and enjoy independent living.

The team also complete nationally co-ordinated activities such as 'Rogue Trader Day' where rogue traders are specifically targeted using regional intelligence.

Trading Standards also investigate illegal money lending activity in partnership with Birmingham's Illegal Money Lending Team. Through enforcement action, awareness raising and education the team aims to put an end to this callous crime and encourage the public to obtain loans from Credit unions rather than turning to an illegal money lender.

Risk, Choice and Control

In the traditional social care system, responsibility for ensuring that people are safe rested with the local authority and the service providers. This meant that social care practitioners have generally erred on the side of being risk-averse when working out a support plan for someone.

In 2011/12 a Positive Risk Taking Policy was introduced with Social Care in light of the developing personalisation agenda. A structured approach to the identification, assessment and management of risk and the review of incidents was seen as essential as the total elimination of risk is unrealistic.

The Mental Capacity Act 2005 also states that people are allowed to make unwise choices if they have capacity to do so.

Safe Delivery of Care and Support Services

Slough Borough Council and partner agencies closely monitor authorised providers of social care that operate within the borough, as well as those from whom we directly commission services. In total 61 providers are monitored, and of these Slough Borough Council contracts directly with 37.

We monitor these for performance and quality and make regular assessments. At end of March 2013, we had no concerns about the operations of the vast majority of our contracted suppliers (78.4%). For a further 13.5% limited concerns meant we were restricting new commissions whilst concerns were being addressed. Our concerns about the quality of a minority (8.1%) meant we had placed an embargo on any new contracts until the service quality was improved.

Monitoring includes conducting a series of visits some of which are planned in advance, and others that are reactive to circumstances. In the period July 2012-March 2013 a total of 50 comprehensive visits were completed, of which 62% were planned, 34% conducted in light of emerging issues and 4% were a planned visits superseded by triggered concerns.

In those cases where there are concerns regarding the health and social care of people receiving services the local authority will work closely with NHS partners to ensure that concerns are investigated and improvement plans developed from a health care as well as social care perspective.

During this period, our monitoring has identified some recurring themes relating to staffing levels and training, administration of medication, quality of care plans and the level of service user involvement in care planning. Action plans to improve have been developed in consultation with home managers and line managers.

Slough Borough Council commissions service delivery from a number of private, voluntary and independent providers and review performance regularly. In this review, improvement matters relating to general performance or specific safeguarding concerns are identified, and addressed in collaboration with the provider. During the period June 2012 to March 2013 safeguarding issues made up a small percentage (less than 10%) of all identified issues.

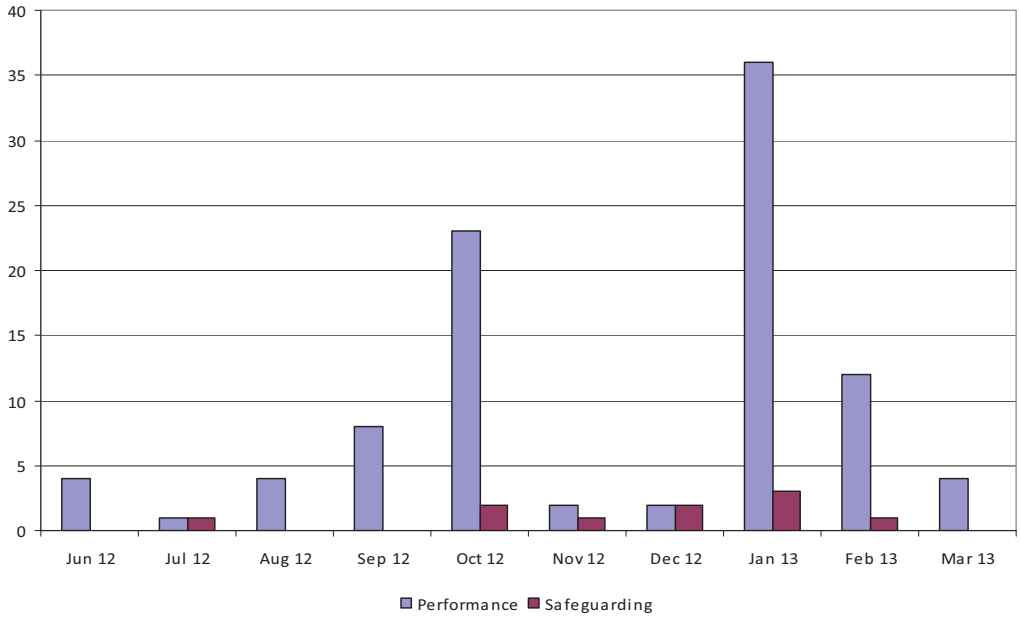
Each safeguarding concern is categorised as being of high, medium or low risk; most concerns are of low risk.

In some instances where there are concerns regarding the health and social care of people being supported by commissioned providers the local authority will work closely with the Clinical Commissioning Group to share information and undertake joint investigations and which has resulted in health and social care improvement plans being developed and implemented by providers.

The local authority meets with the Care Quality Commission Regional Manager on a quarterly basis to share information about providers and how we are working with them in trying to improve their services. Local Care Quality Commission Compliance Inspectors are very much involved with local issues and will work collaboratively with providers and the local authority to improve quality.

The Safeguarding Team has also delivered bespoke training to several care and nursing homes in Slough raising awareness of identifying abuse and how to report. This has led to an increase in referrals from care homes in Slough.

Provider issues raised over time



Partnership working

The Berkshire East Independent Chairs and Leads of Adult Safeguarding Boards from Slough, Windsor & Maidenhead and Bracknell meet on a quarterly basis and identify areas of work where it is mutually beneficial to collaborate, share information and work together on development of policies, procedures or more general approaches to common issues.

This is particularly relevant to those contributing agencies to the Board that cover more that one local authority area. An update on the current work streams is as follows:

Ensuring Quality in the Provider Market

This area of work involved Berkshire East local authorities and Berkshire health agencies working together to develop an agreed set of standards and principles relating to the contracting, commissioning of quality services across the health and social care sector. This will include the sharing of care governance/contract monitoring arrangements, safeguarding arrangements and information sharing protocols to establish a clear message to all stakeholders involved in adult protection.

Whilst there is evidence of good and timely information sharing between local authorities and health agencies in East Berkshire there remains inconsistency. This is being monitored on a monthly basis and individual agencies are working hard to ensure that concerns regarding commissioned providers are shared on a monthly basis to ensure that other commissioning agencies are aware of the concerns and what action is being taken to address these.

A public facing information leaflet is in the process of being developed to inform the residents of Berkshire, and potential users of services, why and how we share information and how to report concerns when they are suspected or identified.

Balanced Performance Scorecards

This area of work aims to enable partner organisations that cover more than one local authority area to produce regular data sets in synergy with reporting requirement for local authority Safeguarding Adults Partnership Boards. This will enable Boards to jointly analyse this data, identify concerns and develop plans to address those concerns.

Data from a range of sources was collected for Quarter 2 and Quarter 3 of 2012/13 from a range of partner agencies. This has proved a useful tool to share information on local practice across partners and highlight areas for further development.

This has promoted the need for more commonly collated and analysed data to be able to develop baseline targets for agencies to be guided by.

A summary of information that is being collated across Berkshire East is as follows:

- Source of safeguarding alerts/referrals
- Number of Deprivation of Liberty Safeguards applications and authorisations.
- Number of referrals to the Independent Mental Capacity Advocacy service
- Number of referrals to the Multi Agency Risk Assessment Conferences referrals
- Number of referrals to the Multi Agency Public Protection Arrangements meetings
- Appropriate Adult requests
- % of staff who have received safeguarding training
- % of people who feel safer as a result of safeguarding interventions.

The Balanced Scorecard will be developed over the next year to ensure that qualitative data feedback from service users and care staff is captured together with quantative and qualitative information from audits and inspections is also collated.

East Berkshire Workforce Development

The aim of the sub-group is to ensure that the workforce is well equipped to do its job. The training plan produced, seeks to address any gaps in skills or knowledge identified across the area of East Berks. The plan also addresses current developments in safeguarding adults, at national or local level. Within these arrangements is an assurance that the local needs of each member agency will be taken into account and that single agency training is also provided by partners to meet local needs.

Courses

22 generic courses and 15 bespoke training programmes were delivered in 2012/13. Bespoke safeguarding courses were delivered to staff from the following teams and organisations:

- Environment Health Services (Slough Borough Council)
- Burnham House Residential/Nursing Home,
- Salt Hill Care Centre
- Windmill Care centre,
- Wave

- Elected Members
- Commissioning and Contracts Teams (Slough Borough Council)
- Parvaaz
- Slough Community Voluntary Services
- Shreeji GP Surgery
- GP Forum
- Thames Valley Police
- Destiny Support
- Priors Day Service
- Police Cadets

Attendance data for this year indicated that 567people attended safeguarding training, of which 70% attendance was from the Private, Voluntary and Independent (PVI) sector (395). The percentage of PVI training has increased for the third year running from 44% last year.

In addition:

- Nine health and social care staff were trained as Safeguarding assessors.
- Ten staff were trained as Designated Safeguarding Managers from both Slough Borough Council and Berkshire Healthcare Foundation Trust
- Fourteen Provider managers were trained in managing safeguarding within their services.
- Five Safeguarding Adults Best Practice Seminars were held within 2012/13 - average attendance of 15 staff per session.

Success stories

Focus on this years training was 'hard to reach' voluntary organisations. Working with Slough Voluntary Community Services, the Learning & Development Team has been able to reach new organisations such as: Mothers 4 mothers, Furniture Project, South West Indian Peoples Enterprise. Two courses delivered which were over-subscribed, with two more to follow this year.

Best Practice Seminars - Safeguarding Adults were further developed this year as a way of continuously learning from safeguarding cases and learning from external organisations. The focus for this year was on multi-disciplinary networking. Presentations were delivered by the following agencies:

- UK Border Agency
- Gateway Partnership
- CHANNEL
- Outcomes from Winterbourne View
- Results of Mental Capacity Act/Safeguarding audits

Best Practice seminars (Safeguarding Adults) planned for 2013-14 include:

- Domestic Abuse Investigation Unit (Thames Valley Police)
- Role of the Community Matron
- Housing Services
- Berkshire Fire & Rescue Service
- Voluntary groups in Slough
- Dementia services at Heatherwood & Wexham Park Hospital

eLearning

Slough saw a major increase in the eLearning up take via Log on to Care, an eLearning project funded by local authorities in the Thames Valley area.

Additional courses delivered to complement the Safeguarding agenda:

In 2011/12 67 people undertook training in safeguarding, dementia, administration of medication and common induction standards. This increased to 757 in 2012/13.

- Funding Care Awareness
- Safe Moving of Clients Foundation and Refresher courses
- Provider Services and the Mental Capacity Act
- Fair Access to Care
- Recording and Assessment Skills
- Deprivation of Liberty Safeguards Update
- Legal Update
- Independent Safeguarding Authority Briefings
- UK Border Agency - Assisted and Voluntary Return
- Performance and Safeguarding Matters
- End of Life Care - awareness training

Evaluation of training

Feedback was received from Sure Start, Childrens Services, Housing, corporate complaints and the corporate performance team. Feedback showed that staff are likely to spot signs and know where to report concerns.

From the external providers who have responded to evaluation at the time of this report, so far they are saying 100% of their staff have received Safeguarding training in the last two years through various means - training, supervision, eLearning, quizzes in team meetings, shadowing. The impact is being shown through the quality of recording, staff's professionalism and better communication.

To support the safeguarding agenda, providers have been delivering a range of courses, such as autism, record keeping, administration of medication, safe moving of clients, mental capacity, pressure ulcers, end of life, activities, risk assessment, non-violent crisis intervention, DoLS,

Results of the Peer review exercise demonstrated that staff needed to take more ownership of their own learning and engage with continuous professional development. There was an improved attendance rate to the optional best practice seminars compared to previous years. Nevertheless, professionals need to evidence reflection of learning they achieve through various means - from learning by mistakes to reading a publication that makes them think about improvement possibilities in their practice.

Heatherwood and Wexham Park Hospital (HWPH) have delivered Safeguarding training via Induction, essential skills and eLearning

100% of staff attended at induction, 35% clinical staffs were trained within refresher period and 72% of the non-clinical staff are trained within refresher period. 445 staff completed eLearning last year.

Of the 367 staff working in Slough who should be trained to Level's 1 & 2 at Berkshire Healthcare Foundation Trust, 78% have received safeguarding training.

On a Trust wide basis 80% of the total staff group have received appropriate levels of safeguarding training. In addition bespoke training has been delivered to teams to increase their knowledge and confidence in the safeguarding agenda. The Trust MCA and DoLS Lead also attends the quarterly Berkshire Group that shares information regarding the IMCA service, training for staff regarding awareness and compliance with mental Capacity Act and Deprivation of Liberty Safeguards.

Improving processes, actions and delivery of the Board's work

Partner Agency updates

The Thames Valley Police Berkshire Hub (based in Reading) went 'live' in October 2011. All safeguarding referrals made to Thames Valley Police are made through the usual phone number (101) and an initial assessment of risk and need for police intervention is made. Following this all referrals where safeguarding issues are identified are highlighted to the referral hubs who undertake further risk assessment and where needed liaise with the relevant local authority to ensure a multi agency response is provided as needed.

Since the referral hub went 'live' in October 2011 there has been a significant increase in referrals from the Police to Slough Borough Council. 48 reports were received between October 2011 and March 2012. In 2012/13 we received 234 reports from Thames Valley Police. This is broadly welcomed as, although only a small proportion of referrals resulted in the safeguarding process being applied, many referrals resulted in the person being contacted to establish their circumstances and in most cases community care assessments were offered and undertaken. Slough has contributed to the ongoing review of the work of the Hub and worked closely with the Police in ensuring that communication channels are clear.

Heatherwood & Wexham Park Hospital Trust, informed by national and local experience has developed a Multi Agency Safe Discharge Group which aims to achieve the following:

- Work with the Clinical Commissioning Groups and local authorities to critically review and develop a "people-centred" whole systems approach with linked protocols and pathways and ensuring effective communication.
- Develop a culture of openness, transparency and candour in all investigations relating to inappropriate discharges and lessons learnt are widely disseminated and processes in place for monitoring.

- Ensure effective processes are in place to enable individuals and their carers to be actively engaged in the planning and delivery of their care.
- Ensure the recognition of the important role carers play and their own right for assessment and support.
- Develop, operate and performance manage a joint multi-agency that facilitates effective multidisciplinary working at ward level and between organisations.
- Ensure early identification, on admission and where possible pre-admission , of patients who may have additional health, social and/or housing needs, which are planned for and met before they leave hospital.
- Improve the continuing care funding decision process to avoid unnecessary delay in a person's discharge.
- Draw on specialised expertise and /or support services for those at risk e.g. The homeless, ethnic minorities, learning disabilities, patients with dementia.
- Ensure principles of Mental Capacity Act are followed across the NHS.
- Scrutinise work programmes to improve the following:
    - *Pre-assessment discharge planning*
    - *Non elective discharge planning*
    - *Non Medical Led discharge*
    - *Early supported Discharge - Stroke and other long term conditions*
    - *Equipment and adaptations*
    - *Home from Hospital*
    - *Medicines Management*
    - *Transport*
    - *Support for Carers*
    - *'Frequent Fliers'*
    - *Chaotic life style including those from no fixed abode*

The work of this group is monitored quarterly through the Safeguarding Adults Partnership Board.

Case Study

In 2012 following concern being raised regarding discharges from the Trust it was identified as a key priority for the Trust to examine its discharge process and pathways for patients who were being discharged.

As an immediate measure patients over the age of 75 or those who were considered to be vulnerable and were being discharged after 20.00 hours were reviewed by the Senior Duty Nurse or Ward Matron to review their needs to ensure that they could be safely discharged using hospital transport.

Additional Patient Transport was commissioned throughout the day which commenced in October 2012

Slough hospital based social workers were allocated a named ward and were encouraged to attend the ward daily Board Rounds

Section 2 (a notification of an adult at risk that may require further input on discharge) now completed within 48 hours of admission

The Slough Social Workers are now inputting into the social decision section of the FACE document ensuring proactive communication with families and carers to better plan discharge

Greater collaborative working with local social work team for Slough

A key priority for the Trust was to develop a 'Whole System Approach' to safe discharge. To take this forward the Trust Safeguarding group endorsed the setting up of a task and finish multi agency safe discharge group. The aim of this group is to work collaboratively with our stake holders and gain commitment from all members of the group to develop a multi agency whole system approach to discharge.

The Trust continues to monitor discharges and discharge remains a key priority for the Trust.

Berkshire Healthcare Foundation Trust

The Trust has been through a significant period of change and reorganisation over the last year with the merger of Community Health Service into the Trust. As a result of this the Trust has redeveloped it's structures and practice including appointment of the appointment of a Head of Safeguarding and Lead Professional for adult safeguarding and the development of a Trust safeguarding policy

This has resulted in a standardisation of safeguarding adult's data collection across the Trust for Board reports and Care Quality Commission evidence. Monthly adult safeguarding incident reports are analysed and discussed at safeguarding adult group and partnership meeting.

The Trust has also initiated a quarterly Berkshire wide Safeguarding Adults Partnership Group comprising of local authorities, Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital and Heatherwood and Wexham Park Hospital.

Pressure ulcers (grade 3 and 4) have historically been reported as safeguarding concerns regardless of whether they are avoidable or not. The Trust has updated its' procedures enabling clinical staff to risk assess all pressure ulcers and determine whether they need to be referred through adult safeguarding. All pressure ulcers within this category will be investigated using a pressure ulcer checklist which then determines if service requirements have been met.

Safeguarding Adults workforce development is informed by the East Berkshire Safeguarding Adults Workforce Development Strategy 2012-14. The focus this year has been on promoting multi-agency working and networking.

Case Study

Ms VV is a young woman of Ukrainian origin who came to the notice of local mental health services only when she was admitted to a psychiatric ward. She swiftly disclosed that, living in the house with her mother, was her stepfather, whom she said had sexually abused her when she was a child.

VV was fit for discharge from hospital after approximately four weeks as an in-patient but had nowhere to live as she had no recourse to public funds and no safe place in the community to live. It was necessary for VV to continue to be on the psychiatric ward until this situation was resolved, despite huge pressure on in-patient psychiatric beds.

Enquiries were made with local police - they said that because the alleged offence was said to have taken place in Ukraine, the Ukrainian police would have to make decisions on whether the case should proceed. Thus, no prompt action against the stepfather was possible.

It became clear that VV's stepfather had left the area but the service was informed that VV's mother's living arrangements had changed. VV could no longer return to live with her. A decision was finally made that VV could leave hospital and be placed in a Bed & Breakfast hostel, funded by social care monies.

Within a few days VV decided to leave the B&B and was living with her mother again. VV was involved in all safeguarding meetings that took place and was supported by an interpreter as well as a nurse from the in-patient ward in so doing. VV was safeguarded by a combination of Health and Social Care co-operating well together and understanding the importance of safeguarding. The outcome was that she was able to live again with her mother without any threat of abuse from her stepfather.

Berkshire Fire & Rescue Service

During the defined period RBFRS has continued to refine and evaluate its work to safeguard adults, among others, from fire. The main focus of approach has been to target against risk even more closely across all offered activities.

The Prevention Department's Home Fire Safety Check criteria have been reviewed and are now supported by the use of Mosaic demographic classification systems, to postcode level. Clearer understanding of the issue of hoarding (or chronic disorganisation) has been achieved by Prevention Managers and Home Fire Safety Check team.

Increased awareness of mental capacity by those responsible for safeguarding and of consent, for wider fire service staff, has been achieved. Educational support for adults using oxygen at home has been provided as a result of working with the providers. Improved provision to the deaf and hard of hearing communities has been ongoing.

The improved targeting ensures that those most at risk are offered services, which in turn can allow more of these adults to be reached as part of Prevention and Early Intervention working. (It should be recognised that this also can be more demanding of time or partnership working, to reach the most vulnerable clients). The joint working has proved to be effective in ensuring that any needs identified at the outset of the referral can be actioned appropriately and in a timely manner.

Clarity with regard to consent and capacity ensures that the wishes of the adult concerned are upheld and valued and that referrals and access to services can be progressed.

Planned areas for development for 2013/14 include a review of data undertaken to ensure data decay does not impact on service provision of Royal Berkshire Fire & Rescue Service or partners, continued improvement in the use of Mosaic data and similar risk profiling and the embedding of understanding of mental capacity and consent more widely.

Age Concern Slough and Berkshire East and Gateway Partnership

Whilst a significant proportion of staff and volunteers have completed safeguarding awareness training Age Concern and the Gateway Partnership are currently undertaking an audit with all the partners to find out how many of their staff and volunteers have completed safeguarding training and who still needs to.

These staff will then be supported to access training. It has also been identified that staff and volunteers across the organisations as to who would need to complete child protection awareness training due to them doing home visits.

4. Facts, figures and analysis

In April 2011 it became a requirement for Local Authorities with adult social services responsibilities to submit to the Department of Health (DoH) safeguarding data on an annual basis. The data set is prescribed and primarily captures the number of safeguarding concerns, the nature of concerns and the timeliness of response. To supplement this data the Council also captures data on practice activity against key milestones contained in the local procedures and practice guidance. The data submitted to the DoH relates to the financial year April to March. The data contained in this report therefore is for the financial year April 2012-March 2013.

During 2012-2013 499 alerts were made to the safeguarding team. This represents an increase of 8% (an additional 35 alerts) on the number raised in the previous 2011-12 year and a 60% increase (187 additional alerts) on 2010/11. Over the past five years the number of alerts has risen dramatically from 278 (in 2008/9) to 499 (in 2012/13). It is also worth noting that in 2012/13 safeguarding alerts were not raised for those people receiving community health services where pressure sores were identified but found to be unavoidable.

The proportion of referrals originating from statutory agencies fell slightly (from 83% to 78%), but the numbers raised by Adult Social Care staff decreased particularly (down 10% to a total of 161), accounting for one-third of all safeguarding referrals. This is partly influenced by who is the reporter of the concern as opposed to who is the original identifier of the concern. Concerns raised by health staff rose by 10% (to a total of 190). This source accounted for 38% of the total number of concerns raised, effectively the same proportion as during the previous year (37%).

Referrals from the Police increased slightly from 15 in 2011-12 to 24 in 2012-13. Although as mentioned earlier in this report since the start of the Thames Valley Referral Hub there has been an increase in Police referrals although only a small proportion of these resulted in the safeguarding process. Housing services were responsible for just 10 referrals, down from 16 the previous year. This may be attributable to staff turnover within housing services and is certainly a priority for safeguarding training over the next year.

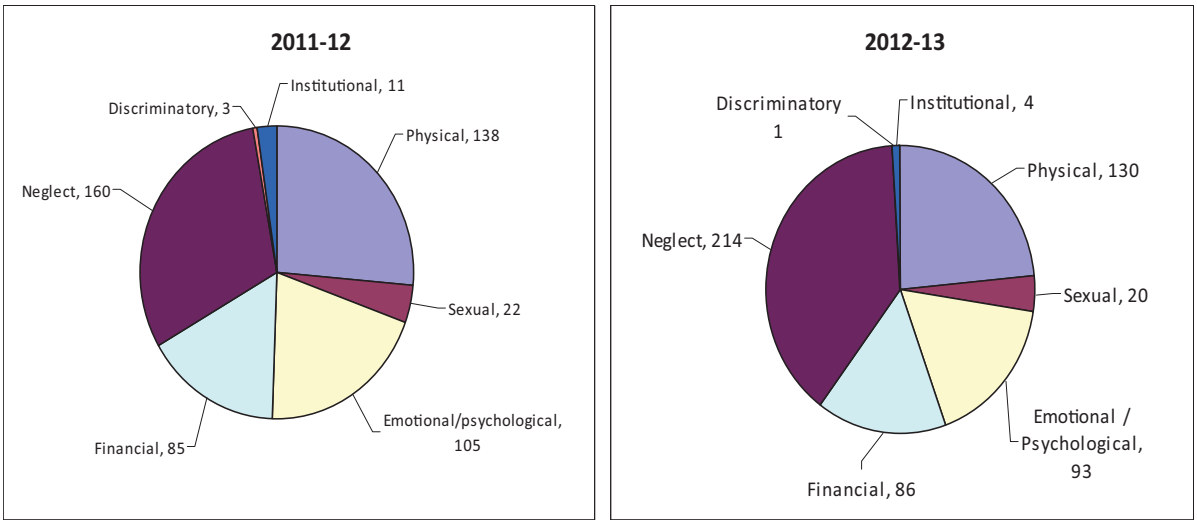
Concerns raised by family members doubled (from 14 referrals to 33). Self referrals and referrals from neighbours also increased (23 self-referrals and 8 raised by neighbours in the year).

This data indicates an improvement in the awareness of safeguarding adults procedures amongst Slough residents, but we believe we need to continue with efforts to raise public awareness further, and this will remain a priority for the next twelve months.

Nature of the abuse

The past few years have seen a changing pattern to the primary causes of safeguarding concerns. In 2010-11 the highest proportion of reports of abuse related to physical abuse, at 32% of the total. In 2011-2012 it was neglect that was the highest, at 34% of the total. This proportion has increased slightly (by 54 cases) in 2012/13 where issues of neglect made up 43% of all referrals.

Nature of alleged abuse, for safeguarding referrals: two year comparison



Reported incidences of emotional and sexual abuse remained largely unchanged at 19% (93 cases) and 4% (20 cases) respectively.

There are a number of factors that could explain the continued high proportion of neglect concerns. One significant factor is that we now have effective, consistent recording of pressure sores as 'neglect' and also that unavoidable pressure sores are being raised as safeguarding concerns where no evidenced abuse has occurred. This is evident within hospital practice but not so with community health services who have developed a risk form to determine whether pressure sores are avoidable or unavoidable. Care homes have also become more consistent in identifying grade 3 and grade 4 pressure sores, whether they have been acquired in the care home itself or acquired prior to admission e.g. in hospital or whilst living independently.

The continued low level of reported discrimination remains a concern (3 in 2011-12 and only 1 in 2012-13), since we suspect this represents under reporting of real abuse rather than a genuine low level of incidence. Discrimination against a vulnerable person can take many forms. Hate crime against people with a learning disability for example is a form of discrimination.

Over the recent past Thames Valley Police, the Council and the voluntary sector have put in place a number of initiatives designed to increase awareness that hate crime is wrong and to make the reporting of hate crime more accessible and supportive for the vulnerable person. We hope to see this increased awareness evidenced through increased reporting of incidents in the future.

The Stop Hate UK and the Third Party Reporting project are examples. It remains important for the Board to continue to promote such initiatives and raise the profile of discrimination against people with illness and disability in order to increase reporting.

Profile of the vulnerable person and relationship to the alleged 'abuser'

Across all ages, the highest numbers of reported incidents of abuse were against adults with a physical disability, frailty or sensory impairment (54% of all concerns in 2012-13). The proportion of concerns relating to people with mental health conditions (including but not restricted to dementia) decreased in 2012-13 (from 33% to 25%).

Concerns relating to people with a learning disability fell overall from 54 alerts, 12% of the total in 2011-12 to 39 alerts, and 8% of the total in 2012-13. This fall in reported abuse concerns for this particular client group when seen against a background of increased alerts generally needs further investigation and scrutiny.

Safeguarding alerts by primary client group of vulnerable adult: two year comparison

Primary client group:	2011-12		2012-13	
Physical disability, frailty and sensory impairment (total)	190	41%	271	54%
of which: sensory impairment	5	1%	3	1%
Mental health (total)	156	33%	125	25%
of which: dementia	45	10%	43	9%
Learning disability	54	12%	39	8%
Substance misuse	7	1%	15	3%
Other vulnerable people	56	12%	45	9%

In terms of the relationship between the vulnerable adult and the alleged perpetrator of abuse, 2012-13 saw a significant increase in the number of allegations raised about health care workers (from 19 in 2011-12 to 60 in 2012-13) and in the number raised against domiciliary care staff (12 concerns in 2011-12 rising to 26 concerns in 2012-13). Allegations against health care workers represented 4% of all alerts in 2011-12; this increased to 12% in 2012-13. This is partly attributable to the fact that whereas in previous years when alleged abuse was reported in a hospital setting the perpetrator was recorded as 'unknown'. This year it has been categorised as a health worker.

No change was seen in the volume of allegations made against residential care staff which remained 69 in both years. Allegations against other vulnerable adults decreased, from 46 concerns in 2011-12 to 19 in 2012-13. Allegations made against partners or other family members rose by one-quarter (from 124 to 156 cases).

Safeguarding alerts by relationship of alleged perpetrator: two year comparison

		2011-12		2012-13		annual change	
Relationship of alleged perpetrator:		Number	%	Number	%	Number	%
Partner		37	8%	49	10%	12	+32%
Other family member		87	19%	107	21%	20	+23%
Health care worker		19	4%	60	12%	41	+216%
Volunteer / befriender		1	0%	2	0%	1	100%
Social care staff - total		93	20%	102	20%	9	+10%
of which:	*Domiciliary care staff*	12	3%	26	5%	14	+117%
	Residential care staff	69	15%	69	14%	0	0%
	Day care staff	5	1%	4	1%	-1	-20%
	Social worker/care manager	1	0%	0	0%	-1	-100%
	Self-directed care staff	1	0%	1	0%	0	0%
	Other	5	1%	2	0%	-3	-60%
Other professional		8	2%	4	1%	-4	-50%
Other vulnerable adult		46	10%	19	4%	-27	-59%
Neighbour / friend		30	6%	21	4%	-9	-30%
Stranger		25	5%	17	3%	-8	+32%
Not known		83	18%	76	16%	-7	-9%
Other		35	8%	45	9%	10	+29%
Total		**464**	**100%**	**502**	**100%**	**38**	**+8%**
of which:	*the alleged perpetrator lives with the vulnerable adult*	106	23%	142	28%	36	34%
	the alleged perpetrator is the main family carer	72	16%	92	18%	20	28%

Abuse of a vulnerable person by a family member (other than the partner/spouse) remains the highest at 21% of the total, which is marginally higher as a proportion than in the previous year, whilst allegations against a partner or spouse increased from 8% in 2011-12 to 10% in 2012-13.

The reported number of incidents against home care assistants, working within the vulnerable person's own home, has increased but remains low at 5%. This might suggest that there continues to be under-reporting or identification of abuse of people receiving home care services, which by its very nature can be hidden and more difficult to identify than abuse in a shared care and working environment such as a care home. Quality monitoring of home care services remains a priority for 2013-14.

Timeliness of response

During 2012-13, 99% of all concerns (alerts) received the first safeguarding response within a 24 hour period. This exceeded the target of 80% and was an improvement on previous year.

The priority action at this stage is to put in place protection arrangements that eliminate or minimise the risks presented to the vulnerable person and while further investigation of the concerns is undertaken. A multiagency strategy meeting was required for 39% of safeguarding referrals, and in the majority of cases (80.5%) these strategy meetings were held within 5 working days. This meeting decides the investigative process in response to the alert and will agree adjustments to the interim protection arrangements if required.

Planning meetings were subsequently held for 56% of cases, and over half of these (57%) were convened within the target 28 days from the initial alert. There are a number of factors which can contribute to the planning meeting being delayed. Common issues are ongoing police investigations, internal disciplinary processes or waiting for medical reports.

These delays do not mean that the vulnerable person is left unsafe as a protection plan will be in place for all safeguarding cases. This meeting is held subsequent to the investigation and agrees the nature of ongoing protection arrangements. The proportion convened within target timescales is influenced by several factors including the complexity of a case situation, including recourse to the Mental Capacity Act, Deprivation of Liberty Safeguards and dovetailing with police investigations

Outcome for the vulnerable person

The outcomes for the vulnerable person largely remained consistent with the previous year. The agreed outcomes for the majority of vulnerable people was either increased monitoring of their care needs and vulnerability (45%) or that no further action was required following the safeguarding intervention (26%). Whilst this figure seems high a significant proportion of these cases would have been managed by care management teams. The table beneath shows all the categories of outcome and their frequencies in each of the last two years.

Outcomes of completed safeguarding referrals (vulnerable adult): two year comparison

Outcome of completed referral for vulnerable adult	2011-12		2012-13	
	number	%	number	%
Increased monitoring	155	34%	146	40%
Vulnerable adult removed from property or service	15	3%	30	8%
Community care assessment and services	48	11%	28	8%
Civil action	0	0%	4	1%
Application to court of protection	2	0%	2	1%
Application to change appointee-ship	0	0%	2	1%
Referral to advocacy scheme	1	0%	2	2%
Referral to counselling/training	1	0%	0	0%
Moved to increase /different care	12	3%	12	3%
Management of access to finances	3	1%	2	1%
Guardianship/use of mental health act	2	0%	0	0%
Review of self-directed support (IB)	0	0%	0	0%
Restriction/management of access to alleged perpetrator	1	0%	6	2%
Referral to MARAC	1	0%	0	0%
Other	48	11%	36	10%
No further action	162	36%	94	26%
Total	**451**	**100%**	**364**	**100%**

In 2012-13, 77% of vulnerable adults accepted their protection plan; 15% did not have capacity to consent.

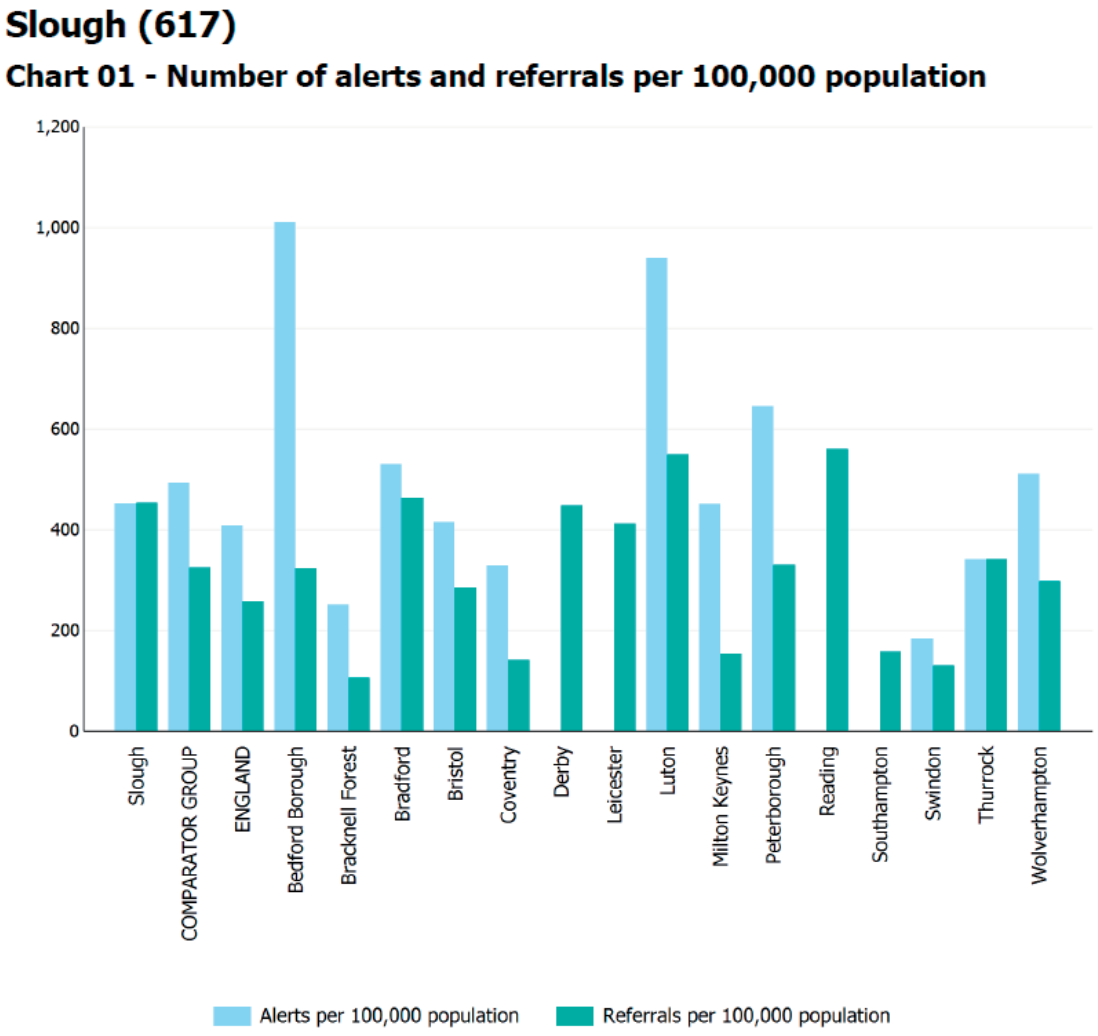
Outcome for the alleged perpetrator

2012-13 saw an increase in outcomes of 'no further action' for the alleged perpetrator (from 56% of concluded cases to 63%). Significant shifts in case outcome during 2012-13 included: a decrease in removals from the property or service (33 cases in 2011-12 reduced to 8 cases in 2012-13); this can be attributed to a greater use of re-ablement services in supporting families to manage more effectively at home and increased counselling/training/treatment (from 10 instances to 24 instances). There was also a decrease in the proportion of cases where the alleged perpetrator was exonerated (6 cases, 2%).

Outcomes of completed safeguarding referrals (perpetrator): two year comparison

Outcome for alleged perpetrator/organisation/service:	2011-12		2012-13	
	number	%	number	%
Criminal prosecution/formal caution	3	1%	4	1%
Police action	37	8%	20	6%
Community care assessment	3	1%	4	1%
Removal from property or Service	33	7%	8	2%
Management of access to the vulnerable adult	13	3%	8	2%
Referred to PoVA list /ISA**	0	0%	0	0%
Referral to registration body	4	1%	2	1%
Disciplinary action	13	3%	8	2%
Action by care quality commission	1	0%	0	0%
Continued monitoring	34	8%	32	9%
Counselling/training/treatment	10	2%	24	7%
Referral to court mandated treatment	0	0%	0	0%
Referral to MAPPA	0	0%	0	0%
Action under Mental Health Act	0	0%	0	0%
Action by contract compliance	3	1%	2	1%
Exoneration	18	4%	6	2%
No further action	252	56%	224	63%
Not known	27	6%	12	3%
Total	**451**	**100%**	**354**	**100%**

Abuse of Vulnerable Adults comparative return of 2011-12

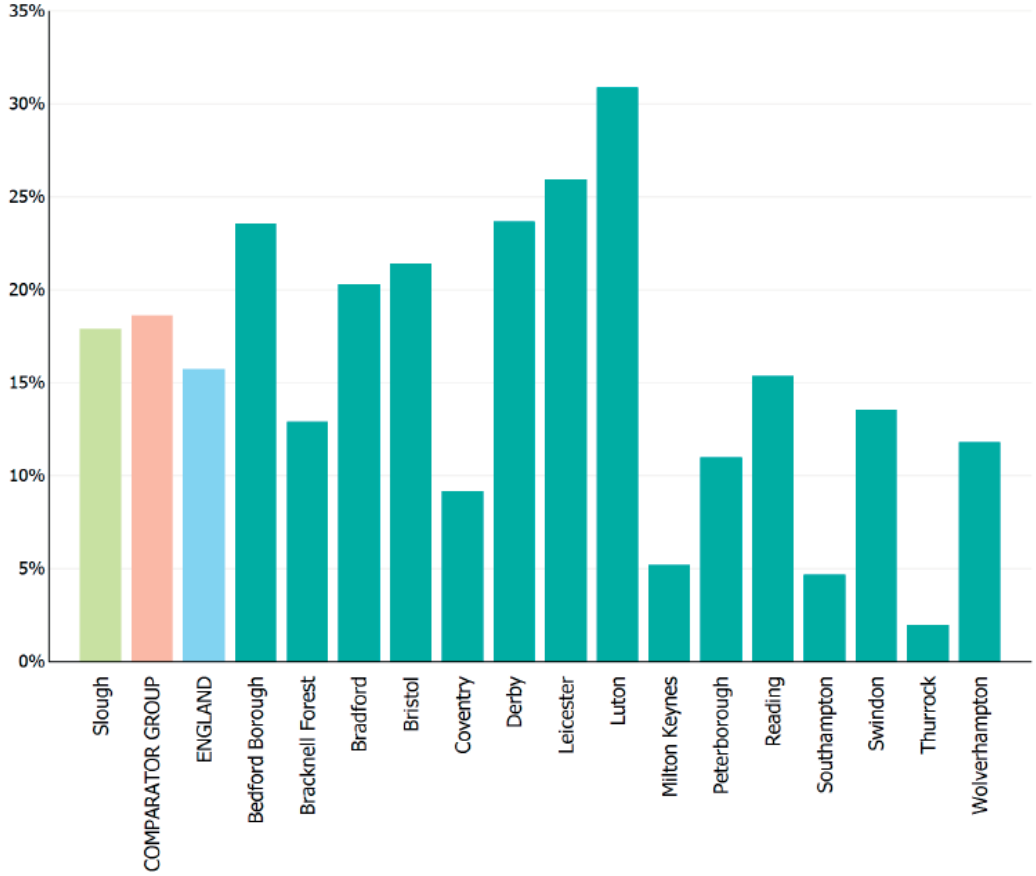


In the Abuse of Vulnerable Adults comparative return of 2011-12, the 'Number of alerts referrals per 100,000' chart shows alert rates from comparative councils ranging from under 200 to just over 1,000.

Slough was within the middle of the distribution of comparative council alert rates as it had the 6th highest number of alerts in 2011-12. Slough had a higher number of alerts than the England average, fewer alerts than the Comparator Group average, but a higher number of referrals than both. In Slough every alert is progressed into a referral - this is not always the case elsewhere. The large variation in rates of alerts seen amongst directly comparable councils (ranging from more than 1,000 per 100,000 local residents to about 175 per 100,000 local residents) indicates significant differences in the way in safeguarding alerts are defined and or counted as much as any reflection of real differences in adult vulnerabilities.

Slough (617)

Chart 04 - Repeat referrals as a percentage of all referrals



The proportion of Adult Safeguarding referrals in Slough that related to vulnerable people who had previously been the subject of such a referral (i.e. 'repeat referrals') was 17% in 2011-12. This proportion was slightly below the average for Slough's direct Comparator Group but above the England average.

In 2011-12, Slough had the 7th highest percentage of repeat referrals amongst our comparator councils, and was within the middle of this distribution. The variation in percentages, ranging from below 5% to over 30%, suggests that there are significant differences in counting and recording practice between councils as well as theoretical differences in operational policy.

Although comparator data is not yet available for 2012-13, Slough's position this year (18% repeat referrals) is likely to remain comfortably within the mid-range of reported values.

Part Two
5. Multi Agency Safeguarding Forums

Chaotic Lifestyles Case Conferences

The aim of these meetings is to host multi-agency case conferences to share information and develop risk management strategies, in order to support vulnerable adults in Slough, who:

- lead chaotic lifestyles
- may not engage with services
- May not meet with specific sets of resource eligibility criteria.

Objectives:

- To work on behalf of identified adults who may be considered to be both vulnerable and at risk to themselves or others, who fail to meet various eligibility criteria and, or referral thresholds.
- To enable internal and external partners to assist such adults to engage with services and to adopt creative methodologies in supporting them with this.
- To prevent internal and external partners from working in isolation and to share relevant information.
- To reduce the risk of abuse or exploitation towards the individual or others, by providing a case review mechanism, this carries decision making responsibility and access to resources.
- To identify and analyse any trends or patterns which may emerge.
- To identify lessons learned and establish how to influence and adapt services and practice to more effectively meet needs of individuals who live a chaotic lifestyle which engenders high levels of risk.

Whilst the list below is not exhaustive representatives from the following agencies are asked to attend case conferences where it is relevant for them to attend:

- Adult Social Care
- Community Mental Health Team
- Housing Services
- Supported Housing
- Turning Point/ DAAT
- Thames Valley Police
- Safeguarding Adults and Childrens
- Berkshire East & South Bucks Women's Aid
- Probation
- Anti Social Behaviour

Referring agencies or individuals are asked to complete a referral form by the person making the referral. Once the referral has been received the Safeguarding Team will arrange a case conference within 10 working days and invite the appropriate agencies specific to the case. Referral forms can be requested by contacting safeguarding.adults@slough.gov.uk

Chaotic Lifestyles case conferences were held for 8 people in 2012/13 resulting in multi agency risk management plans being developed, in most cases with the agreement and involvement of the person.

Multi Agency Risk Assessment Conferences (MARAC)

The MARAC is convened on a monthly basis and is chaired and administered by Thames Valley Police. A range of statutory partners attend the MARAC including Adult Safeguarding, Children's Social Care, Housing, Berkshire Healthcare Foundation Trust, Thames Valley Probation, Berkshire East & South Bucks Women's Aid and Slough Domestic Abuse Services (formally known as Kinara) .

Key to the MARAC is the role of the Independent Domestic Violence Advisor, who attends the meeting to represent the views of the victim and who typically provide short term independent advice, information and support to domestic abuse victims identified as being at high risk of harm.

The MARAC is focused on supporting high risk victims of domestic abuse, through sharing information to increase the safety, health and well-being of victims (adults and children), agree and implement a multi-agency safety plan to reduce the risk of harm, reducing repeat victimisation, improve agency accountability, and improve support for staff involved in high risk domestic abuse cases. The MARAC follows guidance as set out by Coordinated Action against Domestic Abuse

To date 147 clients have been referred to the MARAC (April - Dec figures available only), twice that of Bracknell and three times as much as Windsor. 5 cases of new referrals were considered at previous MARAC meetings, this takes the repeat rate to 10% which is similar to other local areas in East Berks. Despite the higher numbers of MARAC cases in Slough, the relative repeat rate is indicative of the successful interventions and safe measures in place to protect victims.

Multi Agency Public Protection Arrangements (MAPPA)

MAPPA are established by statute and have clearly defined responsibilities. The MAPPA focus is on the management of registered sex offenders, violent and offenders who pose a serious risk of harm to the public. Adult Safeguarding is represented at the MAPPA to ensure that where appropriate offenders who may pose a risk to vulnerable members of our community are identified and management plans put in place.

All statutory agencies signed up to the MAPPA process attend on a regular basis. Detailed information from prison staff has proved invaluable in understanding prisoners attitudes and progress prior to them being released and has contributed to the multi agency public protection arrangements.

Anti-Social Behaviour Case Review

Anti-Social Behaviour Case Review is a monthly meeting held to review all current ongoing cases in the borough and identify new ones. Actions agreed during case conferences are reviewed and further actions that need to be implemented are agreed. The meeting is in place to ensure continued activity on cases where anti-social behaviour enforcement action is required and to monitor those cases where enforcement action has been implemented. The meetings also enable officers to identify cases where vulnerable adults and families are involved so that appropriate support can be put in place and followed up, along with ensuring a risk assessment has been carried out. Cases which cannot be resolved through case conferences and the review process may be referred to the Chaotic Lifestyles group.

Meetings are chaired by the Slough Borough Council Community Safety Manager, and partners attending include Thames Valley Police, Housing Service, local Registered Social Landlords, Community Mental Health Trust, Youth Offending Team, Safeguarding, Family Support Workers and Neighbourhood Enforcement Team.

40 multi agency case conferences were held in 2012/13.

Domestic Abuse Forum

The Slough Domestic Abuse Network is a quarterly meeting, attended by a variety of partner agencies. The Network is responsible for delivering the tasks outlined in the Slough Domestic Abuse Action Plan, and relevant tasks outlined in the Safer Slough Partnership Strategic Action Plan, the Alcohol Harm Reduction Plan and the Local Safeguarding Children Board Business Plan. The overall aim of the group is to co-ordinate and develop services to improve the lives of people living and/or working in Slough who are experiencing or have experienced domestic abuse.

In February, 2013 Standing Together against Domestic Violence visited Slough to conduct a review of its organisational and response arrangements in relation to Domestic Abuse. The outcomes of the review have been presented and considered at the Safer Slough Partnership, the lead partnership on domestic abuse.

Whilst many aspects of the service were found to be satisfactory, the overall performance of the Partnership was considered to be poor and a number of recommendations were made to help further strengthen the service, these are:

- Develop strategic leadership, mechanism for delivery should be an executive group/board (with performance management capability).
- Develop a new strategy - to be an early product for strategic decision makers.
- Increase investment into the Domestic Abuse coordinator role.
- Resolve confusion around newly commissioned services.
- Voluntary sector should agree roles and responsibilities to meet needs of survivors.
- Re-develop Slough Domestic Abuse network to deliver operational outcomes.

Consideration should be given to:

- Extending the types and availability of domestic abuse training.
- Developing a housing policy for survivors
- Reinvigorating the Sanctuary Scheme
- Instituting survivors "consultation" group

A working group, including representatives from community safety, housing services, children's and adult services has been established to incorporate the report recommendations into an action plan which will report to and be monitored by the Safer Slough Partnership. The Safer Slough Partnership has also commissioned additional support to accelerate the implementation of the review recommendations.

Reports of domestic abuse to Thames Valley Police in Slough

	2011/12	**2012/13**
Domestic abuse recorded crime	1189	1156 (-2.8%)
Domestic abuse non recordable crime	2326	2226 (-4.3%)
Total	**3515**	**3382 (-3.8%)**

The above data shows reports of domestic abuse to Police in Slough, including recorded crime and non-recordable crime (e.g. verbal argument). The data shows a slight decrease in reports. This has been reflected in other Thames Valley areas and is believed to be due to changes in police recording. It should be noted that reporting to police is often a last resort for many victims of domestic abuse (for a number of different reasons) and so may disclose to agencies such as Health, Housing or Domestic Abuse services in place to support victims.

Domestic Abuse Services

In 2012 Stonham, part of Home Group Ltd, were commissioned to manage Domestic Abuse Services in Slough.

Slough Domestic Abuse Services is an Advocacy and Outreach service which provides services for residents in the Slough area and operates a free phone advice line on **0800 923 2852**. The service runs closely alongside Kinara Rose, which provides refuge accommodation and associated support for both female and male victims.

The service offers support and advice to people who have suffered Domestic Abuse or are still within an abusive relationship. They may not feel the need to leave, but need help in dealing with their situation. The service provides a number of services and trained practitioners will assess the most appropriate pathway of support for each client upon the initial conversation.

To access services, self referrals can be made directly by telephone. For agency referrals, a referral form must be completed and emailed, where there is a secure connection to dass@homegroup.org.uk or faxed to 01753 526449. Alternatively, they can be contacted on **0800 923 2852**.

Since the launch of the new service, Slough Domestic Abuse Services, 66 victims of domestic abuse have accessed the service, of which 34% are high risk. Referrals have primarily come from Social Services (59% of total cohort with children are involved with Social Services). To date 43% of clients report physical abuse, 65% report jealous and controlling behaviours, and 16% report harassments and stalking issues. The outreach service has found emergency accommodation for 46 high risk residents (some of which have used the Slough only service).

The perpetrator programme is also in place, 33 perpetrators have been referred from social services to date. To date, 1 person has completed the programme and 13 are near completion.

In addition to this service **Berkshire East & South Bucks Women's Aid (BESBWA)** continued to provide domestic abuse services in Slough. In 202012/13 they supported twenty eight women in a refuge and eight men in a male refuge.1125 people were supported through their advocacy and outreach services and 112 people were supported by their in house mental health service.

654 children and young people were supported by the BESBWA children's service, 71 people were supported through the Freedom programme and 385 staff across a range of agencies were trained in domestic abuse.

The Safeguarding Adult Board will continue to work with and support the Safer Slough Partnership and Local Safeguarding Children's Board in developments relating to domestic abuse and promote effective joint working.

6. Mental Capacity Act

The Mental Capacity Act came into force in 2007 and sets out the processes by which an assessment of capacity must be undertaken to be legally valid. The associated code of practice sets out guidance for professionals who support people who lack capacity.

The Mental Capacity Act also introduced the role of Independent Mental Capacity Advocate (IMCA).

There are specific circumstances under which Local Authorities must engage an IMCA:

- When considering that a residential care home may be appropriate for an individual who has been assessed as not having the capacity to make this decision, and there are no family or friends available to support them in this decision.
- When decisions are needed regarding the provision, withholding or stopping of serious medical treatment and there are no family or friends available to support them with this decision.
- When someone may need to be deprived of their liberty and they have no friends or family to support them, or to advise the friends or family.

Local Authorities also have a discretionary power to engage an IMCA in Safeguarding Adults investigations even if there are family members or friends involved.

Slough Borough Council, Berkshire Healthcare Foundation Trust, Heatherwood & Wexham Park Hospital Trust are members of the Berkshire Implementation Network which collectively monitors compliance for the Mental Capacity Act and Deprivation of Liberty safeguards.

This group meets on a quarterly basis to share information and agree training for Best Interest Assessors. A pooled budget is in place to commission the IMCA service across Berkshire. The budget is managed by Wokingham Borough council. The Berkshire Implementation Network monitors the IMCA contract.

This year the most common area (within Berkshire) an IMCA client has been located is Slough, this is up from the second most common last year, and third most common the year before.

In previous years this has correlated with the large number of clients (24 last year) seen in Wexham Park Hospital, although this year an IMCA only saw 12 clients in Wexham Park Hospital.

The explanation provided by the IMCA service is the continued and consistent efforts on behalf of the Council to promote MCA/Deprivation of Liberty Safeguards awareness, of which the IMCA service has been pleased to contribute to.

7. Deprivation of Liberty Safeguards

The safeguards apply to adults in a care home or hospital setting who lack capacity to consent to their stay in the care home or hospital in order to receive support or treatment, and whose care regime is such that it amounts to a deprivation of their liberty.

There is no legal definition of deprivation of liberty. The question of whether the actions taken by staff or institutions to manage a person safely amount to a deprivation of that person's liberty is ultimately decided on a case by case basis. The Deprivation of Liberty Safeguards code of practice assists staff and institutions in considering whether or not the steps they are taking, or proposing to take, amount to a depriving a person of their liberty. The Deprivation of Liberty Safeguards give best interests assessors the authority to make recommendations about proposed deprivations of liberty, and supervisory bodies the power to give authorisations to deprive people of their liberty.

It is the role of Best Interest Assessor (BIA) to undertake six assessments, with an appropriately trained Doctor, for the purpose of determining whether the person is being, or needs to be, deprived of their liberty.

In relation to care homes, it is the responsibility of the Council as Supervisory Body to ensure this happens and that the code of practice is complied with. Where the potential deprivation of liberty is in relation to receiving treatment in hospital, the relevant Primary Care Trust is the Supervisory Body, and have responsibility for ensuring compliance. It is worth noting that from 1st April 2013 the Supervisory Body responsibilities transferred from health agencies to local authorities.

A Deprivation of Liberty Workshop was arranged for Slough Care Homes in September 2012. This was attended by representatives of ten care homes as well as representation from Heatherwood and Wexham Park Hospital Trust.

The objectives of the workshop were to:

- Provide an increased awareness and understanding of the Deprivation of Liberty Safeguards and when they apply.
- Clarify the roles and responsibilities of Managing Authorities (Care Homes and Hospitals) in relation to DoLS
- How to complete Urgent and Standard Authorisation Forms
- The role of the Independent Mental Capacity Advocate Service
- Sharing experiences and knowledge with other care homes and Best Interest Assessors.

There have been 17 DoLS applications to Slough Borough Council as the Supervisory Body in this reporting year, of which 5 have been authorised. The 12 applications that were not authorised resulted in work with the managing authority setting out the rationale behind the decision not to authorise and what steps they could take to support the individuals moving forward.

8. Priorities 2013/14

- We will develop a communications strategy aimed at delivering wider safeguarding messages to Sloughs' residents as well as more tailored and specific messages to the different communities within Slough
- We will focus on supporting domiciliary care agencies with their safeguarding training for their staff and safeguarding policies and procedures.
- We will participate in a sector led improvement programme coordinated by the Local Government Association and Association of Directors of Adult Social Services to embed in safeguarding practice the identification of what outcomes people want from safeguarding interventions and to what extent these outcomes have been achieved.
- We will monitor the implementation of the Safeguarding Adults Strategic Business Plan through the Board on a quarterly basis to ensure that all actions are being effectively completed. Where there is slippage in terms of time lines or ability to achieve we will develop plans for rectifying.

Appendices

Slough Safeguarding Adults Partnership Board Terms of Reference and Board Membership

Background

The Department of Health document "No Secrets" (March 2000) recommended the establishment of Adult Protection Committees to oversee multi-agency scrutiny of the protection of vulnerable adults from abuse. Until 2008 Windsor & Maidenhead, Slough and Bracknell have operated an East Berkshire wide Safeguarding Adults Board.

On-going developments and work with government regulators reinforce that the statutory lead for Safeguarding remains with each local authority. To meet this requirement and be responsive to its local population, Slough along with the other unitary authorities, will have its own Safeguarding Adults Board from 2009.

Principles and aims of the board

All adults:

- Have the right to live their life free from violence, fear and abuse.
- Have the right to be protected from harm and exploitation
- Have the right to independence, which involves a degree of risk.
- Have the right to be listened to, treated with respect and taken seriously.

The role of all statutory agencies, their partners, carers and users of services within the Borough of Slough have a duty to ensure that these principles are upheld and take action where these rights are infringed.

The Safeguarding Adults Partnership Board (The Board) recognises and adopts the approach to adult protection as specified under "No Secrets", the Mental Capacity Act and other related legislation and policy. In line with the key principles set out in the Berkshire Policy and Procedures (p12), member organisations of The Board will:

- Reaffirm their commitment to a policy of zero tolerance of abuse within each of their member organisations.
- Take seriously the duty placed on public agencies under Human Rights
- Legislation to intervene proportionately to protect the rights of citizens.
- Act on the principle that any adult at risk of abuse or neglect should be able to access public organizations for advice, support and appropriate protection and care interventions, which enable them to live without fear and in safety.
- Recognise that except where the rights of others would be compromised, citizens have a right to make their own choices in relation to safety from abuse and neglect. Interventions will be based on the presumption of mental capacity unless it is determined that an adult does not have the ability to understand and make decisions about his or her own personal well-being and safety.
- Recognise the right to privacy. Information about an adult who may be at risk of abuse and neglect will only be shared within the framework of the Safeguarding Adults Information - Sharing Protocol.
- Recognise their public duty to protect the human rights of all citizens including those who are subject of concern but who are not covered by the Safeguarding Adults Procedures. This duty falls on each of the Board's member organisations who will offer signposting, advice and support, as appropriate to their organizations.

The Board is positively committed to opposing discrimination against people on the grounds of race, religion, gender, age, disability, marital status or sexual orientation.

The role of The Board will be to work as a multi-agency group that has:

- Strategic and operational leadership and stewardship in maintaining these principles, working as a multi-agency group.

- Effective strategic governance of safeguarding at senior management level across partner organisations
- Public accountability for safeguarding arrangements and outcomes.
- Informs and support East Berkshire and cross boundary safeguarding arrangements.
- Addresses poor practice, robustly acting in ensuring these principles are maintained, taking actions wherever and whenever necessary.

Objectives

As a multi-agency Board of senior representatives, the Board will carry out the following key functions:

- Oversee the development of effective interagency policies and procedures for safeguarding and promoting the welfare of these adults within the Slough Borough.
- Provide support and guidance to communities and organisations to ensure that in Slough we are actively identifying and preventing the circumstances in which neglect and abuse occurs, promoting the welfare and interests of vulnerable adults.
- Develop a robust overarching strategy for Safeguarding in Slough, within which all agencies set their own strategy and operational policy.
- Raise awareness, knowledge and understanding of abuse and neglect in order that communities and organisations know how to respond effectively and coherently where issues arise.
- Engage and encourage dialogue with Borough Partnerships (within Slough and where appropriate across Berkshire) with responsibilities for the safety and welfare of all adults so that we are all able to respond effectively to vulnerable adults.
- Ensure that vulnerable adults who use services we provide or commission are safe and their care and treatment is appropriate to their needs.

Ensure that each organisation has systems in place that evidence that they discharge their functions in ways that safeguard vulnerable adults.

- Become a Board that together learns and shares lessons from national and local experience and research.
- Develop systems to audit and evaluate the impact and quality of safeguarding work that enables for continuous improvement of interagency practice, including lessons learned from practice.
- Develop and maintain a strong and evolving network of stakeholders including vulnerable adults, their carers and advocates.
- Promote best practice in prevention and investigation by learning from and contributing to national research and policy development, ensuring that this is acted upon.
- Undertake joint serious case reviews where a vulnerable adult when it is confirmed or there is strong evidence to suggest that an adult has died, been significantly harmed or put at risk as a result of abuse or neglect.
- Ensure coordinated and timely operational processes, for identifying and investigating any incidents of abuse and protect vulnerable people.

In order to achieve these objectives, organisations and agencies agree to:

- Work together on the prevention, identification, investigation and treatment of alleged suspected or confirmed abuse of vulnerable adults.
- Ensure that vulnerable adults have the same rights as others in the prosecution of criminal offences and pursuit of civil remedies.
- Develop and implement policies and procedures within a multi agency framework to protect vulnerable adults.

Membership

The core membership of The Board will be:

- Commissioner (Elected Slough Borough Council Member) - Health and Wellbeing
- Commissioner (Elected Slough Borough Council Member) - Older People's Champion
- Strategic Director Wellbeing (DASS/DCS)
- Assistant Director, Community & Adult Social Care
- Head of Service, Drugs and Community Safety
- Head of Safeguarding and Learning Disabilities
- Detective Inspector for Domestic Abuse Investigation Unit, Thames Valley Police
- Representative form Domestic Abuse Services

- Nursing Director , Berkshire East - Clinical Commissioning Groups
- Deputy Director of Nursing, Heatherwood & Wexham Park NHS Foundation Trust
- Locality Director for Slough, Berkshire Healthcare NHS Foundation Trust
- Local Area Manager, Care Quality Commission
- Senior Probation Officer, Slough Probation
- Chief Executive, Age Concern Slough & Berkshire East
- Chief Executive, Slough Mencap
- Scheme Manager, Slough Cross Roads Care Scheme
- Clinical Manager and Designated Professional for Safeguarding, South Central Ambulance Service
- Project Manager, Parvaaz
- Chief Executive, Slough Council for Voluntary Services
- Education Development Officer, Designated Child Protection Officer
- Risk Reduction Manager Manager, Royal Berkshire Fire and Rescue Service

Other important documents and links

- Berkshire Adult Safeguarding - Policy and Good Practice Guidance Manual. http://berksadultsg.proceduresonline.com/index.htm
- NHS Guidance regarding Safeguarding Adults: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124882
- Law Commission Review of Adults Social Care Law Recommendations: http://www.google.co.uk/search?hl=en&source=hp&q=law%20commission%20adult%20safeguarding
- The Government's Response to Law Commission recommendations: http://www.dh.gov.uk/health/2012/07/responsetolawcommission
- Government and Care Quality Commission (CQC) response to Winterbourne View : http://www.westminsterlink.org.uk/node/493
- Draft Care and Support Bill: http://www.dh.gov.uk/health/2012/07/careandsupportbill
- Slough Safeguarding Adults Partnership Board - Safeguarding Adults Strategy 2013-2016: http://www.slough.gov.uk/council/strategies-plans-and-policies/safeguarding-adults-policies-and-procedures.aspx

This document can be made available on audio tape, braille or in large print, and is also available on the website where it can easily be viewed in large print.

www.slough.gov.uk
Slough
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Slough Safeguarding Adults Partnership Board Annual Report

If you would like assistance with the translation of the information in this document, please ask an English speaking person to request this by calling xxxxx xxxxxx.

यदि आप इस दस्तावेज में दी गई जानकारी के अनुवाद किए जाने की सहायता चाहते हैं तो कृपया किसी अंग्रेजी भाषी व्यक्ति से यह अनुरोध करने के लिए xxxxx xxxxxx पर बात करके कहें.

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اگر آپ کو اس دستاویز میں دی گئی معلومات کے ترجمے کے سلسلے میں مدد چاہئے تو، براہ کرم ایک انگریزی بولنے والے شخص سے xxxxx xxxxxx پر کال کرکے اس کی درخواست کرنے کے لئے کہیں۔

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