

# **Slough Safeguarding Adults Board**

**Annual Report**

**April 2013 to March 2014**

## Contents Pages

		Page
<b>1</b>	<b>Introduction</b>	
<b>2</b>	<b>National Developments 2013/2014</b>	
	<b>i) Care and Support Act (Bill 14<sup>th</sup> May 2014) – Safeguarding Adults</b>	
	<b>ii) Stafford Hospital Enquiry – Francis Report- February 2013</b>	
	<b>iii) Winterbourne View Hospital – Department of Health Review and Response June 2013</b>	
<b>3</b>	<b>Local Context</b>	
<b>4</b>	<b>Slough Safeguarding Adults Board and Subgroups</b>	
	<b>i) Safeguarding Adults Board</b>	
	<b>ii) Subgroups</b>	
<b>5</b>	<b>Safeguarding Training</b>	
<b>6</b>	<b>Slough Borough Council Adult Safeguarding Work 2013/2014</b>	
	<b>i) Making Safeguarding Personal</b>	
	<b>ii) Safeguarding Adults Team</b>	
	<b>iii) Chaotic Lifestyles Scheme</b>	
	<b>iv) Safeguarding Audits</b>	
	<b>v) Care Governance Group</b>	
	<b>vi) Adult Social Care Survey</b>	
	<b>vii) Community Safety</b>	

<b>7</b>	<b>Partner Agency Work over the last Twelve Months</b>	
	<b>i) Berkshire Healthcare NHS Foundation Trust</b>	
	<b>ii) Crossroads Slough</b>	
	<b>iii) Heatherwood and Wexham Park Hospitals NHS Foundation Trust</b>	
	<b>iv) NHS Slough Clinical Commissioning Group</b>	
	<b>v) Royal Berkshire Fire and Rescue Service</b>	
	<b>vi) South Central Ambulance Service</b>	
	<b>vii) Thames Valley Probation</b>	
	<b>viii) Thames Valley Police</b>	
<b>8</b>	<b>Key Patterns in Adult Safeguarding in 2013/2014</b>	
	<b>i) Safeguarding Trends – Alerts/Referrals</b>	
	<b>ii) Service User Trends</b>	
	<b>iii) Nature of Abuse</b>	
	<b>iv) Location of Abuse</b>	
	<b>v) Repeat alerts/referrals</b>	
	<b>vi) Outcomes</b>	
	<b>vii) Ethnicity</b>	
<b>10</b>	<b>Multi-Agency Safeguarding Forums</b>	
	<b>i) Multi-Agency Risk Assessment Conferences (MARAC)</b>	
	<b>ii) Multi-Agency Public Protection Arrangements (MAPPA)</b>	
	<b>iii) Domestic Abuse Forum</b>	

	<b>iv) Domestic Abuse Providers</b>	
<b>11</b>	<b>Mental Capacity Act</b>	
<b>12</b>	<b>Deprivation of Liberty Safeguards</b>	
	<b>i) Deprivation of Liberty Safeguard Cases</b>	
	<b>ii) IMCA Referrals</b>	
<b>13</b>	<b>Appendices</b>	
	<b>i) Membership of Safeguarding Adult's Board</b>	
	<b>ii) Terms of reference for Board</b>	
	<b>iii) Membership of Safeguarding Board subgroups</b>	
	<b>Bibliography</b>	

## **1) Introduction**

This has been another year of change for the Safeguarding Board when we have seen some senior staff from the partner agencies on the board leave and organisational change. I am pleased that the new managers who took up post have all contributed positively to the board's work, and we have been able to work effectively through these changes.

At the beginning of the year with the introduction of the Slough NHS Clinical Commissioning Group we were fortunate to gain a more locally focused NHS body to work with, and this has proved a positive development.

A good deal of our work has been concerned to deliver the three year Safeguarding Adults Strategy 2013/16 initiated last year. This has operated as our business plan and we are establishing improved ways of working across the safeguarding partnership to deliver our priorities, though as always, there remains much to do.

An important development in this year has been the participation in the national "Making Safeguarding Personal" initiative with its focus on working closely with the person involving them in their safeguarding plans and the outcomes they want for themselves. This has proved very positive in developing more inclusive ways of working with people at risk. It is encouraging to see the enthusiasm now for taking this work forward, both at the local level within Slough and also by seeking to be involved in the second tranche of this work at national level.

During this year we have seen a number of consultation documents and reports issued following work initiated by the Francis Report into the care at the Mid-Staffordshire hospital. These have been a combination of Department of Health consultations, the Care Quality Commission's proposed new way of working and independent report such as the Cavendish Report. Each of them is important, directly or indirectly, in safeguarding work as they propose significant governance, legal, regulatory, qualification and practice changes to the work of all of us involved in safeguarding, including the independent sector. These changes are to be welcomed as is the anticipated enactment of the Care Act in May 2015, which among other significant changes will put Adult Safeguarding Boards onto a statutory footing.

Looking back the year has been one of gradual development, and now 2014/15 is a year of maintaining our development, continuing to deliver on our business plan, and working to be ready to meet the demands of new legislation.

I am grateful for the staff across the partner agencies that carry out this work day to day, often in stressful and pressurised circumstances. They do the hard job, and do it well.

**Independent Chair**  
**Nick Georgiou**

## 2) National Developments 2012/2013

### i) Care and Support Bill (became an Act 14th May 2014) – Safeguarding Adults

On 11<sup>th</sup> July 2012, the Government published the draft Care and Support Bill, setting out ambitious plans for transforming care and support. The aim of the Bill is that everyone in England can plan and prepare for their care needs, access high quality care when they need it, and exercise choice and control over the care they receive.

It creates a single law for adult care and support, replacing more than a dozen different pieces of legislation. It also provides a legal framework for putting into action some of the main principles of the White Paper, “Caring for our Future” (DOH, 2012)

In relation to Safeguarding Adults, although protecting adults from abuse and neglect has been a priority for local authorities for many years, there has never been a legal framework for adult safeguarding. This has led to an unclear picture with regard to roles and responsibilities of individuals and organisations working in adult safeguarding.

The Care Bill contains some important provisions by way of development in the law and practice concerning safeguarding adults in England. These will affect everyone providing professional and voluntary adult care services. The Bill proposes:-

**Safeguarding Adults Boards** – This proposed legislation requires local authorities to establish a Safeguarding Adults Board (SAB) in their area to develop shared strategies for safeguarding and report to their local communities on their progress. The Bill sets out proposals as to core membership but the boards will be able to determine their own action plan and they will be required to report annually on their progress towards meeting these plans.

**Safeguarding Annual Reviews** – These are also known as Serious Care Reviews. The Bill proposes that local Safeguarding Adults Boards must carry out formal case reviews if an adult at risk in their area dies in circumstances where abuse or neglect are known or suspected or if there is a concern about how one of the members of the Safeguarding Adults Board conducted the case.

**Safeguarding Enquires by Local Authorities** – Local Authorities will have a new legal duty to make enquires when they have a reasonable cause to suspect an adult in their area has a need for care and support, is at risk of abuse and neglect and is unable to protect him or herself. For the first time this includes financial abuse. The Bill does not however include Powers of Entry and a separate consultation has been carried out by the government to determine whether these

powers are needed, which the Safeguarding Adults Board responded to supporting the introduction of a properly authorised Power of Entry.

## **II) Stafford Hospital Enquiry – Francis Report- February 2013**

More than a year after it finished sitting, the final report of the public inquiry into the Stafford Hospital was published on 6<sup>th</sup> February 2013. This is a very long report running to over 1,800 pages with over 290 recommendations, though there is no mention of the word safeguarding in the report. The report is clear that fault lies with the Hospital Board, as it was the board that decided to pursue a cost-cutting drive to achieve foundation trust status and it was the board that also refused to listen to the complaints from patients and staff.

The report also criticised a whole range of agencies not just the hospital, including the government, the regulator and the whole of the health service. One of the main concerns was the constant upheaval that the National Health Service is under and the inquiry Chairman Francis said that the constant change had got to stop. He made some overarching recommendations including the need for better regulation and a cultural change. He also recommends that there should be a criminal offence to withhold information about poor care or to provide care that results in serious harm.

There have been a number of recent consultation documents issued by the Department of Health emanating from the Francis Report extending responsibilities to service providers wider than the National Health Service which was the essential focus of the Francis Report. These include the introduction of a Duty of Candour for service providers, of a Fit and Proper Person test for directors and other senior appointments to independent sector businesses. Additionally a consultation document was also issued on extending the concept of Wilful Neglect to people who have mental capacity.

These are all very welcome consultations and contain positive proposals that, if implemented, will strengthen safeguarding for people in receipt of services provided by the independent sector. These included:-

- Department of Health, introducing the statutory Duty of Candour, A consultation on proposals to introduce a new CQC registration regulation, March 2014.
- Department of Health, Strengthening corporate accountability in health and social care: Consultation on the fit and proper person regulations, March 2014,
- Francis Report February 2013
- Wilful Neglect

- Care Quality Commission Fresh start for the regulation and inspection of Adult Social Care, October 2013

### **III) Winterbourne View Hospital – Department of Health Review and Response June 2013**

The Department of Health has published its final report into the events at Winterbourne View hospital and has set out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice. The programme includes:

- By spring 2013, the department will set out proposals to strengthen accountability of boards of directors and senior managers for the safety and quality of care which their organisation providers.
- By June 2013, all current placements will be reviewed, everyone in hospital inappropriately placed will move to community-based support as qualify as possible no later than June 2014.
- By April 2014, each area will have a joint plan to ensure high quality of care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with their best interest.

The Minister for State, Department of Health, Norman Lamb, reported on the 16<sup>th</sup> December 2013 and said that progress had been made on a variety of fronts, including:-

- The new learning disability census
- A stock take of progress by Joint improvement programme at a local level
- An enhanced quality assurance programme to support delivery against the June 2014 milestone.
- A new approach by Care Quality Commission to the inspection of health and learning disability services from 2014 lead by Professor Sir Mike Richards.
- New fundamental standards which deliver corporate accountability
- Steps to secure adult safeguarding boards through the Care Bill.

Good progress has been made in this area in Slough; we have only one person who placed in an out of county hospital. This person has been reviewed and assessed as being appropriately placed to undergo treatment and support, the placement is being monitored and alternative accommodation and support will be found when treatment is completed. There are also plans in place within CTPLD (Community Team for People with a Learning Disability), in the form of the transformation agenda, with plans to bring all clients with a Learning Disability back to Slough where it is appropriate to do so.

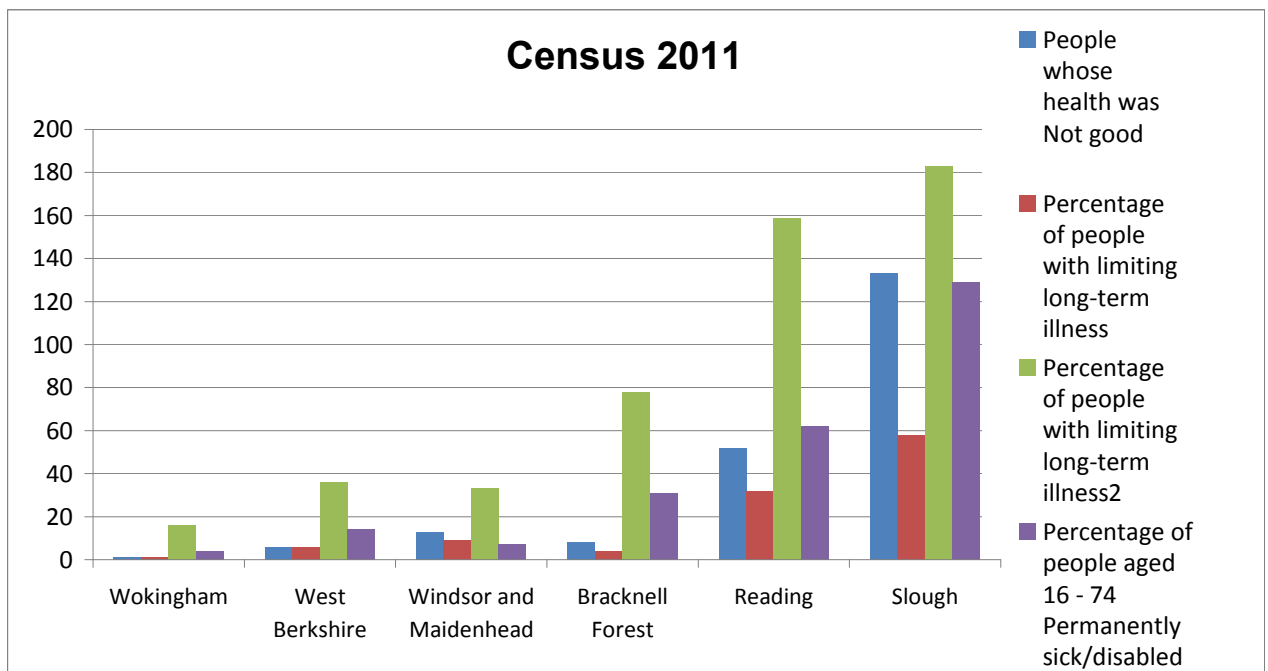


### 3) Local Context

Slough is a predominantly urban area situated in the east of Berkshire which developed as a result of the Old London Road (now the A4), connecting Bath to London. The town now straddles the Great West Road and the Great Western Mainline, 35 kilometres (22 miles), west of Central London and covers an area of 32.5 square kilometres (or 12.6 square miles).

From the first data release for Census 2011, Slough is estimated to have a total population estimate of 140, 2003, an increase of 17.7% from 2001 (the population of Slough was 119,070). At the time of the 2001 Census, the borough area was the most ethnically diverse local authority area outside of London in the United Kingdom, with the highest proportion of religious adherents in England.

Gender is split evenly between men and women (50%). The borough has a younger than average population structure, with the highest proportion of 0-4 year olds, 5-9 year olds, 30-34 and 35-39 year olds amongst any of the South East local authorities. The Census results also show that Slough has the lowest proportion within the South East of total residents in all age bands from age 60 and above. However, it also has one of the highest levels of people who have a long term illness in Berkshire. The focus here is firstly (red) on long-lasting conditions which the person is likely to have for the remainder of their lives, and is likely to require some level of supervision and treatment over a long period of time such as diabetes which have limited their life. The second percentage (green) is for those people whose long-lasting conditions but which have limited their life significantly.



These figures show that Slough has a population with potentially high care needs and thus as illustrated by Research (Action on Elder Abuse), reliance on care puts people at higher risk of Abuse.

#### **4) Slough Safeguarding Adults Board and subgroups**

##### **i) Safeguarding Board**

Following on from the Annual Report 2012/2013 and Peer Review Challenge in August 2012, it was decided to develop a three year Strategic Business plan for the Board, which would allow the board to ensure that Safeguarding arrangements in Slough were effective, of high quality and person centred. This plan has been shared and approved by the Safer Slough Partnership Board in July 2013 and the Slough Wellbeing Board in September 2013. The Board also produced a Board Audit tool which all its members have had to complete and submit by March 2014.

##### **Strategic Objective One**

*Quality recording will enable details of concerns and actions to be seen clearly. All agencies will have an audit process which will identify good practice and areas for improvement.*

- A Multi-agency audit was undertaken regarding Adult Safeguarding cases in November 2013 with Health, Mental Health, Adult services and Domestic Abuse service providers; this was seen to be a positive process as it enabled agencies to gain a greater understanding of the safeguarding process. It was agreed that these audits would fall within the remit of the Performance and Quality Subgroup.
- Monthly audits are still being carried out within Adult Social care and the findings of these are fed back to individual staff, into training and to the Care Governance group.

The Board developed and signed up to a “Multi-Agency Risk Framework” policy, in March 2014, which focuses on positive risk taking on a multi-agency basis with the person remaining central to the process. Positive risk-taking is weighing up the potential benefits and harms of exercising one choice of action over another. This means identifying the potential risks involved, and developing plans and actions that reflect the positive potentials and stated priorities of the service user. It involves using available resources and support to achieve desired outcomes, and to minimise potential harmful outcomes.

[www.slough.gov.uk/.../slough-safeguarding-adults...board.aspx](http://www.slough.gov.uk/.../slough-safeguarding-adults...board.aspx)

- Individual agencies have all reviewed their policies to ensure that they are in line with the Berkshire Safeguarding Adults Policy and Procedures.

## **Strategic Objective Two**

*All Agencies will have a clear process for managing safeguarding cases. All agencies will have a working knowledge of safeguarding adults.*

- The main focus this year was on the Emergency Services and a session was held in March 2014 to look at the role of the Emergency Services in Safeguarding. Berkshire Fire and Rescue Service and South Central Ambulance Service (SCAS) gave a brief presentation on the work that they had been undertaking in regard to Adult Safeguarding. It is clear that both agencies had robust policies in place and were starting to make appropriate safeguarding referrals.
- South Central Ambulance Service is moving towards electronic record keeping and this will assist in the quality and speed of safeguarding referrals. They also have in place robust safeguarding training and are looking at developing safeguarding champions within the local areas.
- Berkshire Fire and Rescue Service were still using paper referral systems and had developed training programme to train its entire staff in relation to Adult Safeguarding. It was agreed that they would work with South Central Ambulance Service to try and share learning and knowledge regarding working across safeguarding boards.
- Thames Valley Police had agreed to provide a report twice a year to the board addressing how their agency was working in regard to safeguarding and this continued throughout 2013/2014. They are also looking at developing a local Multi Agency Safeguarding Hub (MASH) which is where the police, social care and other agencies sit together to protect vulnerable children and in some areas vulnerable adults, and they have agreed to keep the Board aware of how this develops during 2014/2015 and how this will work with local authorities around safeguarding.
- Heatherwood and Wexham Park Hospitals NHS Foundation Trust – have been focusing on safe discharges. They have reviewed their discharge policy and set up a new discharge group to address issues that arise with discharge.

## **Strategic Objective Three**

*All agencies will ensure that there is a joined up approach to safeguarding children and adults.*

On July 10<sup>th</sup> 2013 the board held a Joint Business Development event the Slough Local Safeguarding Children's Board. The purpose of this event was to consider:-

Areas of common interest for children and adults that is relevant to all partners  
How we can improve safeguarding outcomes and services through greater collaboration across children and adult services. How we might collectively develop and share infrastructure and business support

Common areas of service focus that are shared by the two Boards and the proposed actions that could be taken to address these; Areas of joint infrastructure and business support that could be developed and ideas about how these could be progressed. The key common areas of service identified at the event are:-

- 1. Domestic violence**
- 2. Drug and Alcohol Misuse**
- 3. Mental Health**
- 4. Transitions**
- 5. E-safety**

In addition to these common areas of service a number of other, more generic, issues were identified that we could address together to improve performance, impact and outcomes. These are:-

- The need for strategic co-ordination across partnership boards that clarifies respective roles, responsibilities and accountabilities. Although there are currently leads for all of the above areas, work needs to be on how these will link with the Adult Safeguarding Board.
- Clear identification of lead responsibility and accountability for key strands of partnership and individual service activity e.g. troubled families, again work has been done within Children's services in this area but this needs to be shared with the Adult Safeguarding Board to look at further joint working.
- Securing consistent commitment to partnership meetings from people that have the authority to make commitments and secure action from their organisation;
- Developing collective agreement to coherent, co-ordinated thresholds for access to service that enable a 'Think Family model of delivery to be achieved. "Think Family" is well developed in children's services within Slough but again needs to be taken into Adult Social Care via the Safeguarding Adult's Board.

- A collective workforce development strategy that secures a 'culture of responsibility and ownership' and supports a 'Think Family' approach to service delivery
- The creation of a combined workforce development strategy

It has not been possible to take these entire issues jointly forward, at this point in time due to the re-organisation of Children's Services within Slough. They will be followed up as the organisational arrangements for Children's Services are finalised in this course of 2014.

**Safer Slough Partnership** On 23<sup>rd</sup> July 2013 the Independent Chairs of both the children and adult safeguarding boards attended a meeting of the Safer Slough Partnership. The key purpose of this exercise was to start to build a stronger relationship between the safeguarding boards and the Safer Slough Partnership and to secure clarification of the respective roles, responsibilities and accountabilities of these partnerships, within the context of the protocol with the Health and Well-Being Board.

At the meeting the Business Plan was presented for 2013/16 and the Annual Report for 2012/13 for the Slough Safeguarding Adult's Board. The Independent Chair of the Slough Safeguarding Adult's Board presented the Business Plan 2013/16 and will present this Annual Report in November 2014.

This process enabled the safeguarding boards to raise the awareness of the Safer Slough Partnership of the key safeguarding priorities for the next three years. It also enabled discussion and identification of areas of joint concern – a discussion informed by the work undertaken in our joint development session referred to above – with a view to securing greater clarity about the respective roles and responsibilities of the Boards.

There was general consensus in the Safer Slough Partnership meeting that key areas of joint interest matched those identified in the Slough Safeguarding Adult's Board and Slough Local Safeguarding Children's Board Joint Business Development event i.e. domestic violence, drug and alcohol misuse, mental health and e-safety. It has also been agreed that further work will now be undertaken to clarify the respective roles of the Boards in these areas – addressing the sort of questions that are set out in the attached report from the Joint Business Development event.

The Board will continue to work to strengthen relations with other strategic partnerships, and will work to:-

- improve our interface with the Slough Local Safeguarding Children's Board and Safer Slough Partnership;

- Agree the further work that is to be undertaken with Safer Slough Partnership and the Slough Well-Being Board

#### **Strategic Objective Four**

*All agencies will ensure that there is a consistence compliance we with the Mental Capacity Act, Including Deprivation of Liberty Safeguards where relevant.*

This can be seen in the Mental Capacity and deprivation of Liberty sections of this report (section 11 and 12). As part of the Board's Audit tool, all board members had to provide details of training in all aspects of safeguarding including Mental Capacity and Deprivation of Liberty Safeguards. In the Training Section (5) the number of courses and those who have attended training on Mental Capacity and Deprivation of Liberty Safeguards are also discussed in more detail. Clearly from the House of Lords Scrutiny (Parliament UK (2014) more work will need to be done on this area in 2014/2015.

#### **Strategic Objective Five**

*All relevant staff have appropriate training and effectiveness of that training is evidenced.*

This can be seen in Training Section (5), although as part of the Boards Audit all agencies have had to report on the Safeguarding Training that Board members have had to undergo. These audits have now been completed and will be fed back to the Safeguarding Adults Board in June 2014.

#### **Strategic Objective Six**

*The board will ensure that public awareness is raised around adult safeguarding. Specific safeguarding initiatives will target hard to reach groups.*

- The Communication Subgroup of the board was refreshed to develop relevant publications and the delivery of this material to different communities within Slough.
- One of the first outcomes of this group was the development of a concertina card explaining Adult Safeguarding and providing phone numbers regarding safeguarding. This card was republished in March 2014 and will be available for distribution in 2014/2015.

#### **Strategic Objective Seven**

*Governance arrangements regarding adult safeguarding will be clear within single agencies and across agencies.*

- The Board's Audit Tool asked each agency to provide information regarding its governance arrangements around Adult Safeguarding. All members of the Board completed this tool and sent in their returns, these will be discussed at the Board in June 2014.
- Included in this objective was the governance of the care providers within Slough, this formed part of the work of the Slough's Care Governance group (see section 6v).

### **Strategic Objective Eight**

*Effective commissioning will ensure services are able to meet the dignity agenda. Services will be monitored to ensure that they are providing quality and value for money.*

During the last twelve months Slough Borough Council's Contracts Team together with Commissioning and Safeguarding has reviewed the Quality Management Framework which has now been approved by Senior Management Team within Slough Borough Council.

The Contracts Team reviewed and implemented an improved Quality Monitoring Toolkit utilising the ASCOT (Adult Social Care Outcomes Toolkit) including Dignity and in January 2014 introduced the collection of monthly performance data across Slough Borough Council Care Homes and Domiciliary Care Services. Combined Monthly reports with Safeguarding are also presented and services discussed in detail at Slough Borough Council monthly Care Governance Meetings. The Care Quality Commission and the Clinical Commissioning group also attend these meetings to ensure the effective sharing of information across agencies.

### **Strategic Objective Nine**

*There will be a clear vision about the scope for Safeguarding Activity.*

- Slough Safeguarding Adult's Board has signed up to the Berkshire Safeguarding Adult Policy and Procedures and will remain part of the group leading on monitoring and maintaining the Policies to ensure they remain up to date.
- Slough Borough Council has a Chaotic Lifestyles Scheme which provides a multi-agency framework for managing risk for those people who do not meet specific agency eligibility criteria but do present a risk to themselves and if left may result in harm to themselves and others. (See section 6 iii).

### **Strategic Objective Ten**

*All agencies will have in place systems to monitor performance which relates to the work of safeguarding adults.*

During 2013/2014 work has been done across Berkshire to come to an agreement of a regional score card to enable local authorities to compare statistics across the region. This work will continue into 2014/2015 moving away from the development of a score card to developing a common understanding of thresholds and definitions

### **Strategic Objective Eleven**

#### *Board Development*

- The Board has further developed the Subgroups. The first of which was the Executive group with the main purpose of driving the business plan and ensuring that progress was made on each of the Strategic Objectives above. The other groups have been formed during the year and are now in place to take forward the actions from the plan in 2014/2015.
- During 2013/2014 there have been significant discussions and developments in relation to the new organisations including the Clinical Commissioning Group (CCG). The board has therefore had to form new working relationships with the Clinical Commissioning Group in place of the Primary Care Trust. The board decided to host a development session on the role of Clinical Commissioning Group which went well and involved Clinical Commissioning Group board members and general practitioners.
- The Board has welcomed a new partner agency, Health Watch to the board as well as personnel changes in the members of the board but not their agencies.
- The Board continues to take part in national consultations and responded to two Department of Health consultations, on Power of Entry and Wilful Neglect.
- The Board received financial contributions from board partners Heatherwood and Wexham Park Hospital, Thames Valley Police, Thames Valley Probation, and Berkshire Healthcare Trust. This money will be utilised in 2014/2015 to develop the work of the Board's Business Plan and any future costs incurred with serious case reviews and learning events.

### **Strategic Objective Twelve**

*The board will ensure implementation of recommendations from the Serious Case Review DD published in June 2013.*

- A Serious Case Review was carried out in 2012/2013 and the report was published in June 2013. The report included a multi-agency action plan to



enable lessons to be learnt from the Serious Case Review and this was included into the Strategic Business Plan.

- One of the actions from the plan was to look at hospital discharge processes. As part of this a new Hospital Discharge group was set up to oversee hospital discharges and to ensure safe hospital discharges. This group has now been running since February 2014 and has initiated an early discharge process, looking to discharge patients before lunch, to ensure that services are in place before people return home.
- A second outcome from the Serious Case Review was to develop a dementia awareness pathway and training on this is going to take place in 2014/2015.
- The final action from 2013/2014 was to look at developing a risk tool/policy and to put this in place with Slough Borough Council Social Care staff. The risk tool and policy have been developed and it is anticipated that training sessions will take place in June 2014 with staff to put this policy into practice.

The March 2014 Board reviewed progress on the DD Serious Case Review Action Plan to ensure that momentum to achieve and maintain improvements is sustained.

#### **Priorities for the coming year:-**

The Strategic objectives outlined above arose out of a Peer review of Adult Safeguarding in Slough (August 2012) and from a Serious Case Review (May 2012). In order to take the work of the Board forward, Slough Safeguarding Adults Board has identified eleven priority areas for the coming year 2014/2015. These priorities build on the work of the board over the last twelve month and will enable the board and its partner agencies to move forward to meet the changing climate of Adult Social Care and the needs of the residents of Slough. :-

- 1) Managing Risk
- 2) Managing Safeguarding Cases
- 3) Safe Transfer of Care from hospital ( See Section 7iii)
- 4) Training Strategy (See Section 5)
- 5) Raising Awareness

- 6) Understanding the scope of Safeguarding in Slough (including all agencies prompting a joined up approach with Children's services, Community Safety etc)
- 7) "Making Safeguarding Personal" ( See Section 6 i)
- 8) Compliance with the Mental Capacity Act including Deprivation of Liberty Safeguards (See Section 11)
- 9) Implementation of the Care Act 2014
- 10) Governance of Health and Social Care Services within Slough
- 11) Ongoing development of Safeguarding Board

Details regarding each area of work identified above can be seen in the Slough Safeguarding Adults Strategic Plan 2014/2015. This plan describes in detail the work that the board will be carrying out with its partner agencies in the above areas. This plan can be found on Slough Safeguarding Adult's Board website and is updated every quarter. A large percentage of this work will be carried out by the newly formed subgroups, see reports below.

## **ii) Subgroups Report**

Over the last twelve months the Safeguarding Board has reviewed and developed its subgroups in order to carry out the work of the board. These groups are at different stages in their development but all have the active participation of members from a cross-section of staff representative from the Board's partner agencies. It is within the subgroups that the majority of the boards work takes place. The contribution of individual staff to the subgroups is invaluable to the board.

**Each of the subgroups activities during the year are described in more detail below:-**

### **1) The Executive Subgroup**

This newly established group first met on the 4<sup>th</sup> November 2013; the primary purpose of this group is to act as an engine to ensure that the work of the board is managed and delivered. The group will meet quarterly, is chaired by the Assistant Director of Adult Social Care in Slough and reports regularly to the Slough Safeguarding Adults Board and through other appropriate governance routes of its members.

The first meeting focused on reviewing Slough Adults Board Strategic Business plan and how the group could be effective in improving quality, by developing stronger links with other monitoring groups such as Slough's internal Care Governance and the external Quality Surveillance Group.

A second meeting occurred in February 2014, which continued the earlier work stream by reviewing the Business plan and then looking at the work of the other subgroups, how their work plans should be developed and how in turn they should feed into the Executive group and Board including ensuring that the outcomes of the recent Serious Case Review continue to be implemented by all partner agencies.

## **2) Communication Subgroup**

The Communication Subgroup is a newly formed group and met once during the last year. The group decided that they needed to work in three areas as detailed below:-

- Develop a strategy to effectively deliver safeguarding messages to `hard to reach` communities` in Slough.
- Review the existing publicity materials for safeguarding adults.
- Review current materials for delivering wider safety messages to Slough residents.

The group decided that the first task was to start to update the materials that we currently use across the agencies, so that we can then look at using them in campaign's over the coming year in line with Board objectives. This has resulted in a new Safeguarding Card which can be used by professionals and service users and will be launched by agencies in early April 2014.

The group also agreed that a lot of work can be done by electronic methods so saving time and resources. The plan is for the group to develop a stronger communications strategy over 2014 and this will be taken to the Board for approval in September 2014.

## **3) Workforce Development Subgroup**

This group covers the East of Berkshire which includes Slough. The East Berkshire Multi-Agency Safeguarding Adults Workforce Development Strategy is due for refresh in April 2014. In 2012 this was a desk based exercise and it has been decided that this now needs to be refreshed with multi-agency input. On the 12<sup>th</sup> February a consultation event was held with representation from:-

- Local authorities Safeguarding and Training representatives
- Thames Valley Police
- Clinical Commissioning Group
- Berkshire Health Foundation Trust
- Provider Services Representatives
- Probation Service
- Berkshire East and South Bucks Women's Aid.

This event focused on the following questions:-

- 1) What are our workforce skill gaps?
- 2) What learning interventions do we need to meet current and future needs?
- 3) How do we embed learning in our organisations?
- 4) How do we encourage shared learning between our agencies?

The session also concluded that the policy needs to encourage Preventing/Multi-Agency working by getting workforces to think of the wider impact of a situation. As well as developing case studies and questions which can be adapted and shared with other agencies for them to adopt as appropriate.

In 2014/2015 the emphasis will be on producing a new training strategy for three years which will be signed off by all agencies and the various boards. This can then be monitored by the subgroup.

#### **4) Implementation of the Care Act Subgroup**

This is a new group which will start working in 2014/2015 to look at how the Safeguarding Board will take on the new roles and responsibilities both as a board and across agencies of the Care Act. The Care Act is due to be implemented in 2015 and this group's purpose is to prepare for these new changes, particularly those in relation to Adult Safeguarding.

#### **5) Performance and Quality Subgroup**

This is a new group which will start working in 2014/2015 and will look at ensuring the quality of Safeguarding work across agencies. It is anticipated that this group will look at ensuring that any learning from Serious Case Reviews etc. effect practice. Part of the developing work plan for this group is to carry out multi-agency Safeguarding Audits of cases to ensure good practice but also to develop understanding of Adult Safeguarding amongst partner agencies.

#### **6) Safeguarding Adults Review Panel**

This is a newly formed group which will receive any requests for Serious Case Reviews on behalf of the Safeguarding Board, as well as ensuring that any learning from Serious Case Reviews national and local are adopted by partner agencies and inform practice.

It is anticipated that these groups will take on the strategic objectives of the board and thus will enable more agencies and groups, including our providers, voluntary agencies, service users and carers to be involved in developing safeguarding practice within Slough.

## 5) Safeguarding Training

### Overview of Training activity 2013-2014:-

#### Safeguarding Adults Level One training:

Forty courses were provided, which was a slight increase on 2012-13, with the balance on more bespoke training than generic, of these 15 were open courses for mixed audiences and 25 were Bespoke training for targeted groups (both social and non-social care).

An average of 700 places were made available, of which approximately

- 32% attendance was Slough Borough Council
- 68% from the private and voluntary sector.

Bespoke training was delivered to:-

- Thames Valley Police Domestic Abuse Officers x 3 sessions
- Citizens Advice Bureau x 2 sessions
- Human Resources Slough Borough Council x 1 session
- Slough Council for Voluntary Services x 2 sessions (for voluntary sector groups)
- Community Skills and Learning x 3 sessions
- WAVE - Slough Volunteer Centre training for volunteers x 3
- Library and Home Library Service x 4 sessions
- P3 Residents x 1 session
- Parvaaz Project x 1 session
- Slough Young People Services x 1 session
- Neighbourhood Enforcement Team x 2 sessions
- Sure Start x 2 sessions
- Age Concern volunteers x 1 session

New organisations or services to our training included:-

- Home Library Service
- Residents of P3 (part of their training day)
- Slough Young Peoples service
- Broken Acre - A Dental Surgery
- Home Start
- Raggy Road Allotments
- Somali Children Education and Elders Welfare
- St Andrews Church
- Thames Valley Vasectomy Services
- Slough Food bank

In order to accommodate these organisations bespoke training needs, for example the home library service and Saturday staff at Slough library, training for volunteers

at WAVE, the sessions were delivered over the different times and days of the week.

### **Safeguarding Adults Level 2 and 3**

Following a review of the Social Workers and management training needs in 2012-13, Slough Borough Council along with Bracknell Forest Council decided to bring this level of training in-house, and to combine the training for Level 2 and 3 assessors/chairs. The aim of this was to make the training much more localised, applicable to local procedures and inline with the East Berks Safeguarding Policy and Procedures.

Both local authorities designed the training jointly, and Slough Borough Council delivered one session. The session was well regarded, especially in relation to the practical element of the training, which was more relevant to Slough practices and procedures.

### **Safeguarding Adults Refresher – all levels of staff**

A high number of staff were due refresher training during 2012-13, and the approach Slough Borough Council took was to combine the training for the Safeguarding Administrators, Level 2 Assessors/Investigators and Level 3 Chair and Decision Makers.

The aim of the four workshops arranged was for staff to understand each others' roles in the Safeguarding process. The refresher included "Making Safeguarding Personal", and was delivered in-house via a case study based approach.

### **Safeguarding Adults – Provider Managers**

Slough Borough Council and the Royal Berkshire of Windsor and Maidenhead jointly commissioned Matrix Training to deliver 2 sessions of the Level 3 for Managers of Care Provider Services.

Of the 30 places available, 19 were taken up from a mixture of Private, Statutory and Voluntary care provider services, residential and home care.

Although the training covered key issues for managers, on review of the training, Slough Borough Council have decided to bring this training in-house, again to make the training more relevant to Care Providers in Slough, linking to our Quality Monitoring frameworks.

### **Safeguarding Adults Best Practice Seminars**

We continued to bring internal and external services to our Safeguarding seminars, with the aim of refreshing Social Worker's knowledge on what services are

available in Slough. Subjects were based on what Social Work teams asked for, as well as a result from serious case review learning. Sessions were also opened to Children services and Commissioning teams. Topics included:-

- Domestic Abuse – update by East Berkshire and South Bucks Women’s Aid and Stonham
- Update from the Community Safety teams: Anti-Social Behaviour, Drug and Alcohol Team, Family Intervention Project
- Domestic Abuse Investigation Unit
- Royal Berkshire Fire and Rescue
- Domestic Violence Intervention Project
- Housing: Fraud and Safeguarding
- Older Peoples Mental Health Services / Dementia Update

There was an additional focus on social workers directly involved to showcase their learning from cases they had worked on, including the use of case studies. Social Workers will be encouraged to continue this practice in 2014-15.

### **E-Learning**

E-Learning provision continued this year, with Provider access to Log on to care and internal staff via Learning Pool. 125 staff within Slough Borough Council accessed refresher training via eLearning.

### **Additional Training related to the Safeguarding Agenda:**

To support the Safeguarding agenda, Slough Borough Council arranged the following courses:

- All statutory Health and Safety training
- Autism Awareness
- Bereavement and Loss
- Dementia Awareness for Social Care, Carers and Local Organisations
- Dementia: Communication and Behaviour
- Dementia Activities
- Dementia: Nutrition
- Dignity and Respect
- Deprivation of Liberty Safeguards: Introduction
- Deprivation of Liberty Safeguards Briefing for Registered Provider services
- End of Life Awareness
- The Mental Health / Mental Capacity Act Interface (for social workers and legal teams)
- Mental Capacity Act: Introduction
- Mental Capacity Act Master classes (an update 5 years after the Mental Capacity Act legislation was implemented)
- Proactive Approach to Conflict (Slough Borough Council Provider Services)

*Staff have also accessed training external agency training:-*

- Introduction to Domestic Violence
- Multi-Agency Risk Assessment Conference
- DVIP (Domestic Violence Intervention Project)
- Police and Criminal Evidence Act
- Drug and Alcohol training
- Action on Elder Abuse conferences

CHANNEL: Channel is a key element of the Prevent strategy. It is a multi-agency approach to protect people at risk from radicalisation. Channel uses existing collaboration between local authorities, statutory partners (such as the education and health sectors, social services, children's and youth services and offender management services), the police and the local community to identify individuals at risk of being drawn into terrorism; assess the nature and extent of that risk; and develop the most appropriate support plan for the individuals concerned. Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs.

### **Member Development**

Five Members attended an update on Safeguarding Adults, which included information about the upcoming Care Act and its impact on Safeguarding, as well as Members role within the Safeguarding Agenda at the Council, in the previous twelve months 27 members had received this training.

In 2014/2015 we will have e-learning available for members after the Council elections in May 2014.

### **Qualifications**

To continue meeting our need for Best Interest Assessors (BIA), two staff gained the BIA qualification, and three staff commenced training in January 2014.

The Safeguarding Adults Co-ordinator completed a module on Safeguarding Adults Intervention in the MA in Safeguarding Adults: Law, Policy and Practice. Amongst other updates, the course provided current knowledge on the role of serious case reviews and how these should be used for learning in practice.

### **Plans for coming year include:-**

- Evaluate the impact of Safeguarding training during 2013-14 in Slough.
- Adopt the suggestions from the Workforce Strategy Consultation event.
- Safeguarding Refresher training for all social work groups including Safeguarding administrators to include:
  - Learning from Serious Case Reviews
  - Implement the Risk Policy and Tool
  - Embedding "Making Safeguarding Personal" within Adult Safeguarding in Slough.



- Continue to provide Best Practice Seminars with a focus on shared learning between staff.
- Bring Provider Manager training in-house.
- Design eLearning training specifically for Council Members

It is of note that the recent issues identified in the Care Quality Commission consultation document in April 2014 relating to changes in the way they regulate and inspect services lays a heavy emphasis on the importance of good quality training, as did the Cavendish Report, July 2013 in relation to the critical importance of good quality and certified training for health and social care assistants.

## **6) Slough Borough Council**

Slough Borough Council has the lead role in Adult Safeguarding as laid down in “No Secrets” (2000) and soon to be confirmed by the Care Act. As the lead authority Slough Borough Council has joined with the other five unitary authorities across Berkshire with one Adult Safeguarding Policy and Procedure, which works well for all agencies but particularly those that work across the unitary authorities such as Berkshire Fire and Rescue, South Central Ambulance Service etc.

In Slough Safeguarding Alerts are received at three points, these are the Hospital Team at Wexham Park Hospital for allegations of abuse in the hospital, the Mental Health Team for allegations relating to vulnerable adults with Mental Health problems and at the main duty team for all other vulnerable adults. These alerts are then triaged to determine which would be the most appropriate way of dealing with the issue/s raised in the Alert, so it may be that the issue can be dealt with as a complaint, or through care management or as a contract compliance issue.

Nationally only 50% of Alerts meet the threshold of a Safeguarding Referral and the rest are dealt with by other methods as suggested above ( “Abuse of Vulnerable Adults in England ,2014). In Slough there is currently no way to differentiate between an alert and referral except retrospectively by looking at the cases that lead to a strategy meeting, this will be addressed by the new electronic safeguarding recording system which is being introduced in 2014.

In Slough Borough Council once a case has progressed to a referral it will be allocated to a Designated Safeguarding Manager (DSM) who will then work with a suitably experienced worker to determine the best way to investigate the allegation. Up until now it was often possible for the person to whom the referral related, to be unaware of the allegation or at best to be on the periphery of the case. Over the last few years, Slough like most council's has been moving towards Person Centred care and over the last few months this has now been the direction for Safeguarding as well, with the new pilot of “Making Safeguarding Personal”. The new recording system which is being implemented in 2014/15 will ensure that this

new way of working with people is not only recorded but is also embedded in practice.

### **i) “Making Safeguarding Personal”**

Following the consultation in regard to reviewing the “No Secrets” guidance the Local Government Association and Association Directors of Adult Social Services decided to develop a project to take on board the views of service users that were expressed during the process. They said that they wanted to be more involved in how they were safeguarded. This project started in 2009 with a literature review regarding information on Service Users involvement in adult safeguarding.

In February 2012 councils were invited to participate in the “Making Safeguarding Personal” as test bed sites, testing out an outcomes focus and person-centred response to safeguarding adults. Five councils were identified, through a selection process. The project was broadened in September 2012 to include other councils with learning to share, who were exploring similar areas and had relevant experience.

Slough Borough Council with the support of the Adult Safeguarding Board took part in the second part of the project in September 2012 and the project concluded in February 2014. In Slough we decided to become involved at the Bronze level which meant working on one area of Safeguarding practice and changing that practice to involve the service user. We decided to look at the initial part of the Safeguarding process to ensure that the vulnerable adult was involved from the very beginning in their safeguarding, with workers from the hospital team, mental health, learning disability and older people’s teams we managed to work with 12 people using this new approach.

The outcomes were significant and although some people chose not to go through the safeguarding process the outcomes for them was that they were able to address the risks they faced and there was clear evidence that they were safer. For those who chose to go down the safeguarding process the outcomes they wanted were identified from the outset and these often changed as the process went on. It involved greater sharing of concerns by professionals with the service user but also involved them thinking of their own ways to protect themselves.

The results of the Project both nationally for those local authorities that were involved, and for Slough are that we feel that this is the way we want to work with service users. In Slough we are looking to roll this out across all our safeguarding work and with our partners. We are looking at new ways of recording so we can measure the outcomes that service users want as well as the more traditional outcomes. We aim to make this part of our Board business plan.

## Case Study

Miss Smith (name changed) was a white female client with moderate learning disabilities living in shared living with minimal support. She had been married twice, and had one child with whom she had no contact. She had subsequently had a series of relationships. As a child she was part of a dysfunctional family, and there were historic concerns of grooming and sexual abuse from older males within the family. She had learnt to tolerate unwanted sexual relationships and violence.

There had been repeated Safeguarding referrals regarding Sexual abuse but no police action as Miss Smith had never been willing to take the case forward. A whole range of agencies had been involved in the Safeguarding process.

When another Safeguarding referral was received in 2013 regarding domestic abuse it was decided to use some of the ideas in "Making Safeguarding Personal", and the allocated worker had a long conversation with her regarding what she wanted. Her initial outcomes were that she wanted her boyfriend to practice safer sex and to treat her differently and to move accommodation. Her Social Worker worked with her to understand that it was not realistic for anyone to change her boyfriend's behaviour but they could work with her on changing the way she dealt with relationships and look at other ways in which she could improve her situation.

It was decided to divide the Safeguarding meetings into two parts, the first part for the professional and the second involving the service user; this allowed all parties to be free able to share their concerns but also to ensure that the wishes of Miss Smith remained central to the process. The whole Safeguarding process then focused on the outcomes she identified that would keep her safe.

The outcome was that Miss Smith moved away from her boyfriend and at least for the time being is living safely on her own and is developing skills in protecting herself against further abuse.

## **ii) Slough Safeguarding Adults Team**

Slough Borough Council has a small Adult Safeguarding Team, led by Head of Adult Safeguarding and Learning Disabilities, with a Safeguarding Development Manager, and two Safeguarding Co-ordinator's working with internal partners and external agencies, an Appointeeship Officer, and a Safeguarding administrator.

This team carries out a variety of functions but primarily provides advice and guidance regarding Adult Safeguarding, manages the Adult Safeguarding Work, producing reports for various bodies. The team also manage the Deprivation of Liberty Safeguards Service in Slough.

The Safeguarding Team's role is one primarily of advice and over sight; however the team does provide an additional safety net for vulnerable adults through the "Chaotic Lifestyles" Scheme and through its audit process.

## **iii) Slough's Chaotic Lifestyles Scheme**

In Slough like in many towns throughout the United Kingdom there are people who are vulnerable but who fall through the gaps in terms of service provision. These people often lead chaotic lifestyles and come to the attention of various services, though fail to meet the eligibility criteria for services from their local authorities.

In response to these issues, it was decided in Slough we would develop a Chaotic Lifestyles process which would provide a forum to begin to address these issues. . This scheme enables agencies who are concerned about a vulnerable person that they are working with to request a multi-agency meeting, led by the Adult Safeguarding Team to look at developing an action plan with the vulnerable person. This plan is devised with the vulnerable person to ensure that it is person centred and it is then signed up to by the all the relevant agencies. This can then if necessary be reviewed, though the reality is that often one meeting is enough to ensure that the right agencies are working with the service user and that they feel supported.

This scheme has been running since October 2012. Since that time we have had eleven cases referred to the scheme, both men and women. The cases range from those whose life style is so chaotic that it is causing issues to themselves and others, and other cases were people are so vulnerable that they are being exploited by a range of people.

One of the interesting aspects of this scheme is that although there are not many cases, those that have come through have often been very complex and time consuming for the agencies involved, but by involving the service user they have had some success and the fact that they have not come back through the

safeguarding system indicates that the service does have a positive impact this can be seen by some of the feedback we have had from service users who have been involved in the process. (Terms of reference and a referral form can be accessed via Slough Borough Council website)

### **Case Study**

Robert (name changed) has mild learning disabilities and lives in supported housing service. The housing provider was worried about elements of Robert's behaviour which put him and others at risk. He was at risk of losing his tenancy and was increasingly in debt because he was not able to manage his money.

The Support provider felt isolated and so decided to refer the case with Robert's permission into Chaotic Lifestyles. A multi-disciplinary meeting was held and led by the Safeguarding team, Robert chose not to attend, but housing, adult social care and the support provider attended. A series of actions were agreed at the meeting. This included asking Robert's GP for support with his medication and access to counselling services for Robert. Police and housing agreed to speak to Robert about the consequences of his actions. The Support provider agreed to be clear about boundaries with him. The tenant participation officer to visit Robert to talk to him about his behaviour and the risk he was facing in regard to his tenancy.

This plan was reviewed in six weeks. At this point he had been seen by his GP who had reviewed his medication and arranged counselling services. The police and housing had been out to see him. The Support provider had given him some clear boundaries and the tenant participation officer had visited him. Robert understood that everyone was trying to help him. Although not all the issues were addressed Robert and the Support provider felt that Robert was more settled and the immediate risks had been reduced.

### **iv) Safeguarding Audits**

The Safeguarding Adult's Team carry out monthly audits of 25% of all Safeguarding cases that have been undertaken via Slough Borough Council's safeguarding process; this includes those carried out in the Hospital and Mental Health Teams. These audits are carried out by a worker from the Safeguarding Adults team alongside a Designated Safeguarding Manager from the team involved. This enables a useful insight into the level and quality of the work carried out by both Designated Safeguarding Managers and Level Two workers.

The results of the Audits have been used to improve individual practice as well as feeding into the training needs, for instance although the audit indicates a good standard of Safeguarding work in Slough there is still a need for additional training regarding the use of the Mental Capacity Act and in particular the use of Best Interest decision making and therefore additional training was organised and an

external trainer was brought in to provide master classes on the Mental Capacity Act and Best Interest Decisions.

During the last year there have also continued to be multi-agency audits of cases where board members from different agencies were invited to take part in auditing cases which proved very useful and enabled agencies to gain a greater clarity regarding the Adult Safeguarding Process and to understand the outcomes that were achieved.

**Plans for coming year include:-**

- Developing the learning and approach from “Making Safeguarding Personal” with the aim of rolling out to all Safeguarding work.
- Utilising an Electronic record keeping system, to provide more effective process and recording system (IAS) in Slough Borough Council.
- To develop Slough Borough Council’s website in relation to Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards.
- To develop a new audit tool to meet the new challenges of person centred safeguarding.
- To develop a way of capturing the Outcomes that vulnerable adults want to achieve through the Safeguarding Process.
- Providing more effective literature regarding Adult Safeguarding, both about the process but also about what is expected of people throughout the process.
- To develop updated materials to raise awareness regarding Adult Safeguarding in line with the Safeguarding Adult’s Board work plan.

**v) Slough’s Care Governance Board**

Within Slough Borough Council there is a Care Governance Board which meets monthly to provide scrutiny of Adult Safeguarding work and an overview of service provision to vulnerable adults to improve the quality of both Safeguarding work and Service provision within Slough.

Over the last twelve months the main focus of these meetings has been on improving the quality of the provision of Residential and Nursing Services within Slough. This has involved close working between various departments within the Council including the Safeguarding Team, Contracts Team, Commissioning Team, Health and Safety and Care Management. The group also involves external agencies including NHS Slough Clinical Commissioning Group, who have been able to provide additional support to care homes within the borough to improve the level of service that they provide.

**Plans for coming year include:-**

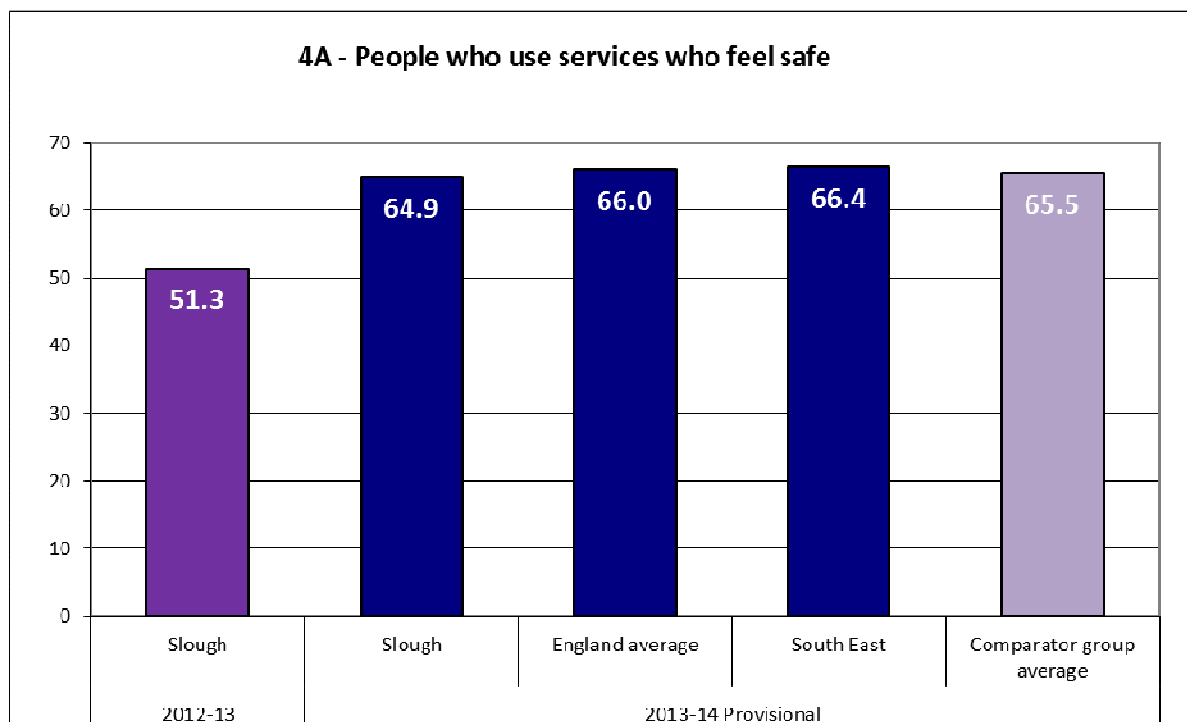
- To do more joint working with partner agencies and service providers.

- To encourage service providers to work together to provide a high level of care to vulnerable adults in Slough.
- To develop home care services within Slough to provide good quality care and a range of provides across the borough to enable the development of Personalisation of care in the area.

## vi) Adult Social Care Survey - England, 2012-13

The Adult Social Care Survey (ASCS) for England is an annual survey which asks service users of Adult Social Care to evaluate the care that they are receiving in regard to how it has affected their lives. Service users were sent questionnaires during January to March 2013 to seek their opinions over a range of outcome areas to gain an understanding of service users' views and experience rather than measuring quantities of care delivered.

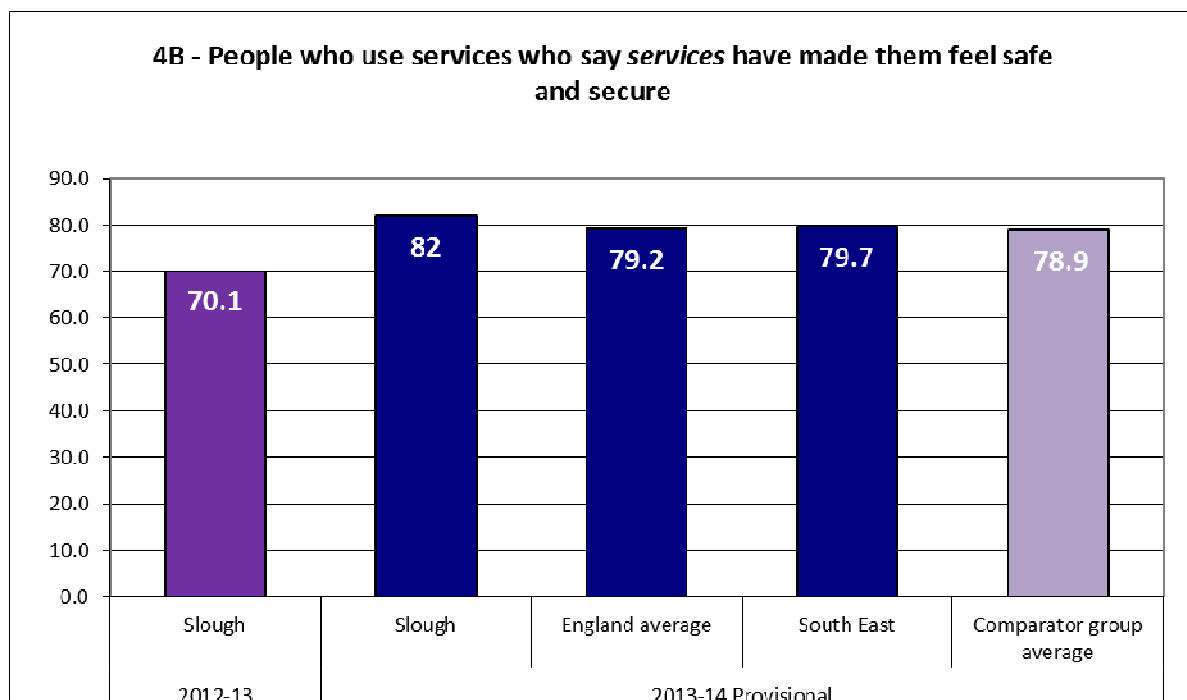
It is designed to cover all service users aged 18 and over receiving services funded wholly or in part by Adult Social Care during 2011-12, and aims to learn more about whether or not the services are helping them to live safely and independently in their own home and the impact on their quality of life. The survey is also used to populate some of the measures in the Adult Social Care Outcomes Framework (ASCOF). There are two sections which particularly relate to Adult Safeguarding, the results of which are below and relate to the period 2012/13.



**This measure is based on responses to the Adult Social Care Survey and is of the number of people in receipt of local authority funded social care who report that they feel 'as safe as I want'.**

***Slough comments:***

This measure gives an overall indication of a reported outcome for an individual - it does not, at present, identify the specific contribution of a local authority's adult social care services towards someone feeling safe. Only a sample of users of social care in each authority has been surveyed for this measure. The confidence intervals on the bar chart indicate the highest and lowest likely score for the local authority for the whole population. This measure is a percentage. A higher score represents a better outcome.



This measure is based on responses to the Adult Social Care Survey and reflects the extent to which users of local authority funded care services feel that their care and support has contributed to making them feel safe and secure. Whilst the overarching measure (4A) indicates a higher level individual perspective on feeling safe, this measure complements this with a specific response on the impact of services on this outcome.

Only a sample of users of social care in each authority has been surveyed for this measure. The confidence intervals on the bar chart indicate the highest and lowest likely score for the local authority for the whole population. This measure is a percentage. A higher score represents a better outcome

***Slough comments:-***

2013/14 was a much improve result for Slough, and is above last year's comparator averages. Despite the relatively low number of surveyed users who *feel* safe (previous indicator), a large majority of users say the *services they*



*receive help them to feel safer and more secure.* It was a priority for improvement in 2013/14 and a priority in the 2013/14 Local Account. A number of other sources point to relatively high levels of 'fear of crime' amongst Slough's residents, where residents' perceptions exceed the actual levels of crime and disorder.

## **vii) Slough - Community Safety**

Older people, and people with mental illness or learning disability, can be particularly affected by Anti-social behaviour (ASB) or hate crime, or the fear of such behaviour and crime.

Slough has procedures for addressing identified anti-social behaviour in partnership so that we can:

- Establish clearly defined routes for engaging victims and perpetrators with any support services needed to address behaviour and affect lasting solutions;
- Use available enforcement tools in a way that is effective, creative and appropriate on a case by case basis;
- Co-operate more effectively to tackle anti-social behaviour issues when they arise in a timely and efficient manner;
- Increase public confidence in all partner agencies' ability to tackle anti-social behaviour, and consequently increase public confidence in reporting incidents of anti-social behaviour;
- Monitor all referrals and interventions in respect of age, gender, ethnicity, nature, duration, action taken, offender profile, victim profile, contributory factors and level of successful resolution.

Risk assessments are carried out for each case and multiagency case conferences are held where required. At these meetings, the case is carefully considered along with the recorded evidence and an action plan is put together. This may include home visits by a housing officer, police officer and/or Anti Social Behaviour officer and will be followed up with ongoing support along with the offer of mediation. Slough holds monthly Anti Social Behaviour Case Review meetings to review all ongoing cases and manage new ones.

Slough also has Anti Social Behaviour service standards, which set out the service that residents, can expect, including timescales for contact.

### **Slough's Careline**

Careline is considered as a life safety system. On many occasions Careline staff have acted quickly to summon professional medical or emergency assistance which has resulted in the rapid attendance of the ambulance service.

Careline alarms provide clients with the means to summon assistance should they require it. It allows them a high degree of independence; confident that the help they may need is close by 24 hours a day, every day. Most of the alarms that Careline monitored in the past were "hard-wired" into residential accommodation provided by the Housing Service. Funding for these alarm systems was mainly

through Supporting People. Other alarms called 'dispersed alarms' (or personal alarms) are available and are installed by Careline mostly into private dwellings supporting people to continue to live independently; the alternatives being either a hospital or residential care home.

Careline services have been developed over the past few years to include elderly or vulnerable "victims of crime" alarms, mainly following a distraction type burglary or other criminal event. These clients are notified to Careline by Police and a Careline system is normally installed the following day (or same day if possible). The reassurance that this provides helps clients remain confident and reassured in their own home following such a traumatic incident.

There were a total of 2,463 service users connected to the Careline system at the start of 2013; they included sheltered and non-sheltered housing (private or Registered Social Landlord) residents. Our Careline alarms serve many of the Borough's most needy people; primarily the elderly and vulnerable, and provide a key service to help people retain their independence and confidence to live in their own home.

## **6) Partner Agency Work Over the Past Year**

### **Berkshire Healthcare NHS Foundation Trust**

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In 2012/13 Berkshire Healthcare Foundation Trust continued to work closely with Slough Borough Council and other external agencies to improve and develop Safeguarding Adult Practices. The Safeguarding teams meet regularly to review all alerts and Berkshire Healthcare National Health Service Foundation Trust to Slough Borough Council to ensure that processes were followed referrals made from and to identify any leaning or barriers that may have an impact on the safeguarding Adult procedures. This is important partnership work involving effective information sharing.

Berkshire Healthcare National Health Service Foundation Trust Safeguarding Adult Team continues to raise awareness of Safeguarding Adults policies and procedures across the trust through attendance at team meetings and the delivery of service specific Safeguarding Adult Workshops.

Berkshire Healthcare National Health Service Foundation Trust has continued to be represented at Slough's Safeguarding Adults Board by the Locality Manager/Director. The Safeguarding Adult's team represent Berkshire Healthcare National Health Service Foundation Trust at the various East Berkshire Subgroups.

Berkshire Healthcare National Health Service Foundation Trust completed the commissioner audit this year and also an audit for the Slough Safeguarding Adults Board. There are plans to develop internal audits over the coming year.

Safeguarding Adult Level One training has continued to be delivered as part of the induction of all staff working in clinical services and compliancy figures for Slough are 90%. Safeguarding Adults level one continues to be refreshed every 3 years across the trust. Berkshire Healthcare National Health Service Foundation Trust now has over 300 Senior Clinicians trained at level 2. Overall the Trust is 6% above the target set for Safeguarding Adult's compliance of 85% for 2013/14. In this training Berkshire Healthcare National Health Service Foundation Trust has also involved patient participation and involvement and has carried this training over to Mental Health Services.

Berkshire Healthcare National Health Service Foundation Trust are also working on renewing and updating their Safeguarding work plan in 2014/15 as well as reviewing its internal policy which once renewed will be available on the intranet.

**Plans for coming year include:-**

- Continue to work closely with Slough Borough Council and other external agencies to improve and develop Safeguarding Adult practices
- Continue to raise awareness of Safeguarding Adults Policies and procedures across the trust through attendance at team meetings.
- Ensure Berkshire Healthcare National Health Service Foundation Trust have appropriate membership on the Safeguarding Adults Board and subgroups.
- Work with Berkshire Healthcare National Health Service Foundation Trust audit team to develop internal Safeguarding Audits to ensure best practice is being used.
- To monitor training delivery and ensure that all staff are trained at an appropriate level across services.
- Explore strategies to increase service user involvement and participation in Safeguarding Adults Policies and Procedures.
- Develop a Mental Health Safeguarding Adults champions group across the trust.
- Review Current Safeguarding Adults reports to identify areas for improvement
- Ensure the internal Safeguarding policy is updated to reflect any local or national changes.
- Support the delivery of the Mental Capacity Act and Deprivation of Liberty Safeguards training across the trust
- Continue to deliver the Health/Wellness Recovery Action Plan to identify staff groups who need this training.
- Continue to chair the Berkshire Wide Safeguarding Adults group

## **Crossroads – Slough**

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Crossroads Care Slough is a charity which provides care and care-related services for people in Slough and their carer's. They had been working in Slough for over 20

years and are proud of their reputation for providing high quality care to people from many different backgrounds and with differing needs.

Over the last twelve months they had been working hard to ensure that they are reporting all their safeguarding alerts. They have raised three safeguarding alerts in the period 2013/2014. All of their staff have received level one safeguarding training and 5% of their staff have received level two training.

**Plans for coming year include:-**

To continue the internal implementation of Safeguarding Adults work include  
To continue with training and to keep a more comprehensive record of any safeguarding issues.

**Health Watch**

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The aim of Healthwatch is to give people a powerful voice locally and nationally. Healthwatch Slough helps local people to get the best out of their local health and social care services and to give voice to their concerns. One aspect of this is to ensure that the consumer voice is represented in the design, delivery and oversight of local services.

<http://www.healthwatchslough.co.uk/>

As a relatively new organisation Healthwatch is a new member of the Slough Safeguarding Adults board and is looking forward to working with other partner agencies to protect and promote the voices of Slough's residents.

**Heatherwood and Wexham Park Hospitals National Health Service Foundation Trust**

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Over the last twelve months 37 safeguarding alerts have been made from Wexham Park Hospital to Slough Borough Council, this compares to 35 alerts over the previous 12 months, this illustrates a slight increase in referrals due to the effectiveness of the training that staff have been receiving over the last year.

The Key strategic targets for the Trust over 2013/14 were as follows:

- Greater awareness of the Safeguarding Adults framework through a Trust wide training and awareness programme.
- Good quality data to identify trends and areas related to Safeguarding Alerts; enabling the Trust to respond with action plans, training or through other investigatory frameworks e.g. Trust Clinical and major incident reporting policies.

- To provide specialist skilled staff to work with people with a learning disability who access acute care.
- Victims of domestic abuse to be offered a range of specialist service to support them when accessing an acute care setting.
- Developing further our multi-agency relationships with our health and social care partners.
- Safeguarding alerts to be raised through the Trusts electronic incident reporting system.

During the last year there has continued to be an improvement in the implementation of the Safeguarding Adults framework within the Trust, facilitated by a corporate Safeguarding Lead who reports to the Director of Nursing, the Executive Lead.

A new Safeguarding Adults Group was formed at the end of the year with an additional sub-group called the Safeguarding Operational Oversight Group (SOOG). The Safeguarding Operational Oversight Group includes the Trust Safeguarding Lead, Slough Local Authority Safeguarding Co-ordinator and, Safe Guarding Lead for the three local Clinical Commissioning Group's and the Practice Lead for the Hospital Social Work Team. This group meets monthly and discuss themes, trends and training identified from operational implementation of the Safeguarding Framework within the Trust. Minutes of these meetings are provided to the Trust Safeguarding Adults Group.

One of the key themes raised at the Trust Safeguarding Adults Group has been the number of alerts raised in relation to discharges. To address this issue the Trust agreed to form a Hospital Discharge group which commenced work in May 2014. All safeguarding matters and clinical incidents relating to discharge are now being reported to this group, which provides a governance structure specifically relating to discharges. The work of this group and issues in regard to safe discharges will be regularly reported to the Safeguarding Board.

**Plans for coming year include:-**

- Continue to develop our multi-agency relationships with our health and social care partners
- Ensure that our staff have the required training for their specific roles
- Further develop and embed the framework provided by the Mental Capacity Act and Deprivation of Liberty Safeguards throughout the Trust.
- Develop our work with patients who may need to have restrictions and restrains on their behaviours following the necessary assessment of their mental capacity and in their Best Interests.
- Develop work with our health and social care partners to achieve consistency in understanding and working to Safeguarding thresholds particularly in relation to care concerns and in effective discharge

- Improve the contents of the intranet and internet pages for the Trust around Safeguarding
- Review the Trusts internal Safeguarding Adults Quality Assurance process to ensure the organisation can audit compliance matched to our Safeguarding Adults Policies and Procedures.

## **NHS Slough Clinical Commissioning Group**

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The Clinical Commissioning Group (CCG) has its own internal Safeguarding policy which covers both adults and children's but is in line with the regional Berkshire Safeguarding Adults Procedures.

As the Clinical Commissioning Group is a newly formed organisation, the focus on Safeguarding over the last year has been about embedding Safeguarding in its core business. The Clinical Commissioning Group has also appointed a Nurse Director who is the executive for Safeguarding in the CCG.

The Central Southern Commissioning Support Unit was commissioned to support and assist the Clinical Commissioning Group's in discharging their duties for Safeguarding Vulnerable Adults during 2013/2014. In addition the Clinical Commissioning Group appointed a Head of Safeguarding in September 2013 to ensure that Adult Safeguarding was fully supported. The Clinical Commissioning Group has an active member who sits on the Adult Safeguarding Board in Slough, on the board and the Executive group as well as heading one of the boards' subgroups.

Over the last year the Clinical Commissioning Group has worked with primary care practices to improve awareness and participation in the Safeguarding agenda which has resulted in General Practitioners raising Alerts with Slough Borough Council. They have also worked on developing practical systems and processes that will ensure appropriate support to the Clinical Commissioning Groups as well as continuing to participate in the work around Winterbourne View.

### **Plans for coming year include:-**

- Increased training around Prevent and Female Genital Mutilation.
- Updating policies on Mental Capacity Act, Deprivation of Liberty and Prevent Policy.
- Maintaining Adult Safeguarding Training at 90% of all staff
- Developing a Safeguarding Page on the Intranet providing updated information on Safeguarding Adult activity and policy
- Continuing to work with Slough Safeguarding Adult Board and subgroups.
- Extend and recruit to Safeguarding team to support the Safeguarding lead
- Continue to support Safeguarding Adult updates are part of Primary Care Training.
- Safeguarding lead to become joint chair of new subgroup of the board on Serious Case Reviews etc.

## Royal Berkshire Fire and Rescue Service

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In the previous year a safeguarding working group has been developing Royal Berkshire Fire and Rescue Service (RBFRS) safeguarding work and this will continue into the current year. This year there has been 9 referrals to Slough Safeguarding Service from Royal Berkshire Fire and Rescue Service and one area that was identified as a particular area of concern was in regard to hoarding and this is an area that Royal Berkshire Fire and Rescue Service wishes to develop working on. Royal Berkshire Fire and Rescue Service also continue to offer free fire Safety checks to the residents of Slough which are actively promoted by the Board and through Community Care Assessments.

### Plans for coming year include:-

- Raising awareness of Royal Berkshire Fire and Rescue Service services so that partners are aware of services it can provide to support vulnerable adults. This can lead to, for example, Royal Berkshire Fire and Rescue Service being involved in discharge plans so that a timely home fire safety check can take place to ensure the fire risk at home is minimised.
- Royal Berkshire Fire and Rescue Service wishes to ensure that the full range of safety features can be considered to ensure that people can live independent lives at homes and to avoid or minimise admissions to hospital or into care due to accidents, including fire. This would include the use of sprinklers, as an example.
- Royal Berkshire Fire and Rescue Service can pass on referrals to other agencies when carrying out home fire safety checks including alerts in referrals for trips, slips falls interventions as well as safeguarding alerts.
- Improving information sharing (both internally and externally) through the implementation of a memorandum of understanding linked to the information sharing protocol which clarifies the type of information Royal Berkshire Fire and Rescue Service would receive and the type of information it would pass on.
- Improving partnership working with Safeguarding Adult Partnership Boards through the most effective means to support Royal Berkshire Fire and Rescue Service' pan Berkshire work.
- Royal Berkshire Fire and Rescue Service is seeking pan Berkshire routes to ensure it can work in partnership with adult safeguarding boards most effectively and efficiently.
- Royal Berkshire Fire and Rescue Service is working to raise awareness of the type of services provided, how these services can support those regarded as vulnerable by other services and ensuring that it receives

referrals from other agencies to support their work and the prevention work of Royal Berkshire Fire and Rescue Service.

- Royal Berkshire Fire and Rescue Service can support adult social care and public health targets such as promoting independence, reducing permanent admissions to care, increasing proportion of older people still at home after discharge from hospital and reducing mortality rates.

## **South Central Ambulance Service**

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South Central Ambulance Service (SCAS) work across the South Central Ambulance area with all their partner agencies to assure best practice in adult safeguarding. Slough Safeguarding Adults Board has a very good working relationship with South Central Ambulance Service and as partners they are constantly working to improve the quality of all our safeguarding alerts submitted. Over the last year South Central Ambulance Service submitted 365 issues of concern and these have led to four safeguarding investigations. South Central Ambulance Service are able to identify some of the most vulnerable people in the community and although many of the referrals do not lead to safeguarding investigations they do lead to people receiving help from other services including Health and Adult Social Care.

### **Plans for coming year include:-**

South Central Ambulance Service and Berkshire Fire and Rescue services are going to be working more closely to train staff in safeguarding and sharing of information around fire risk. Along with this both South Central Ambulance Service and Slough safeguarding team will be working together to share information more closely around vulnerable individual's to ensure that all possible measures are in place to protect these people.

There are also plans ahead to implement an electronic recording system for ambulance crews which will enable them to electronically send safeguarding alerts to the safeguarding team, thus ensuring a faster response for service users.

## **Thames Valley Probation**

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This is a year of major change for the Probation Service on both a National and Local level. Therefore the focus for the Service has been to ensure that all staff receive Safeguarding Adults and Children's Training at point of entry and subsequent refresher points.

### **Plans for coming year include:-**



- Nationally the Probation Service is dividing into two organisations from the 1<sup>st</sup> June 2014, the National probation Service and Community Rehabilitation Companies (1 for Thames Valley).
- Both organisations will have a strong focus on public protection, including Safeguarding Children and Vulnerable Adults.
- Both will be represented at Local Safeguarding Children and Adult's Boards.
- Appropriate Training will continue to be a high priority for both, as will auditing the quality of the case work undertaken.

## **Thames Valley Police**

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Safeguarding is a key principle which underpins the approach taken when dealing with those affected by crime be they victims, witnesses or offenders. This is reflected in the key Delivery Plan objectives which this year is:-

1. Cut crimes that are of most concern to the community
2. Increase the visible presence of the police
3. Protect our communities from the most serious harm
4. Improve communication and use of technology to build community confidence and cut crime
5. Increase the professionalism and capability of our people
6. Reduce costs and protect the front line

The Delivery Plan measures are:-

- Reduce the level of total violence against the person compared to 2013/14
- Increase the percentage of domestic abuse related violence with injury prosecution files submitted to the Crown Prosecution Service assessed as trial ready
- Maintain the outcome rate for violence against the person with injury at the level achieved in March 2014
- Reduce the level of domestic burglary compared to 2013/14
- Maintain the outcome rate for rape at the same levels achieved in 2013/14
- Increase the percentage of rape prosecution files submitted to the Crown Prosecution Services assessed as trial ready
- Obtain 168 cash detention orders
- Increase the hours of active duty worked by Special Constables

### **Plans for the coming year include:-**

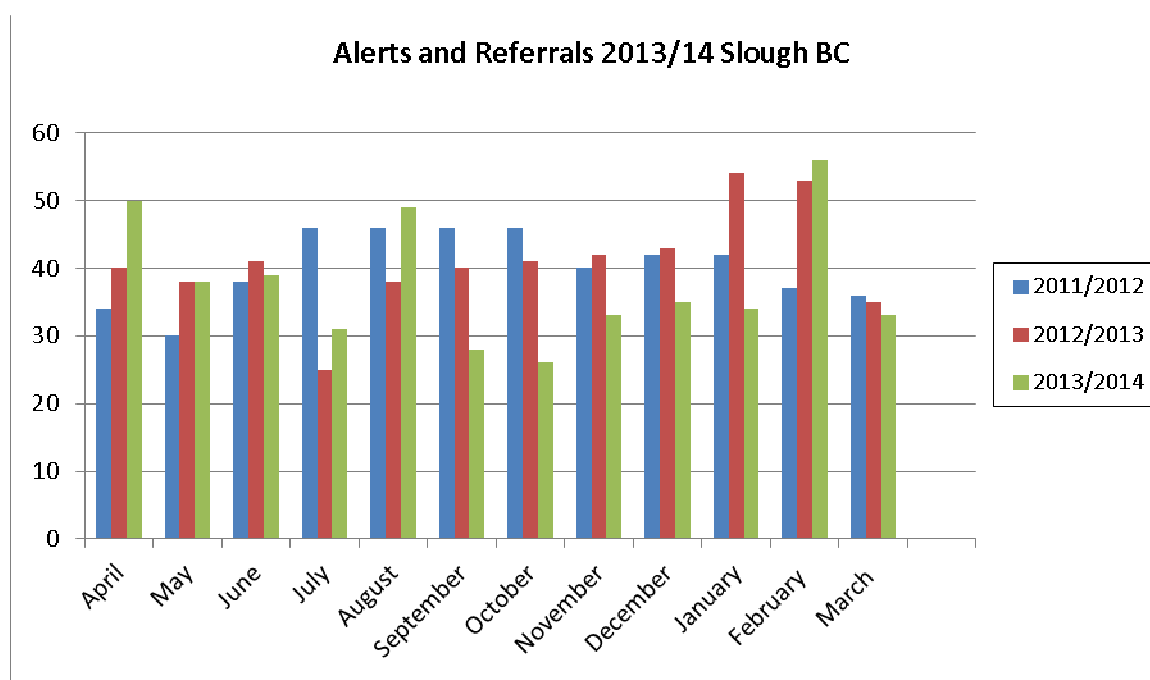
A Multi-Agency Safeguarding Hub (MASH) programme board has been created with a view to identify how to implement Multi-Agency Safeguarding Hub facilities across Berkshire. The aim is to increase multi agency decision making within the safeguarding arena for children and adults. A Multi-Agency Safeguarding Hub is a team of people who continue to be employed by their individual agencies (local authority, police and health services) but who are co-located in one office. This will improve the quality of information sharing between agencies in order that decision-making can be both quicker and better.

## 8) Key Patterns in Adult Safeguarding 2013/2014

### i) Safeguarding Trends - Alerts and Referrals

Since April 2011 the Department of Health (Health Social Care Information Centre, 2014) has collected data from local authorities regarding Adult Safeguarding activities. One of the problems that this data collection has highlighted is the different terminology that each local authority uses, for instance some authorities have both alerts and referrals and others such as Slough only count alerts. Therefore it is hard to compare the statistics produced.

The latest Department of Health data set came out in 2014 and related to the period 2012/2013 (HSCIC, 2014), which showed a 20% increase in Alerts across 78% of councils. Looking at the alerts in Slough there was a similar increase in alerts in 2012/2013 16 on the previous year. However this year there was a slight decrease in alerts with 452 alerts compared to 499 in 2012/2013.



There are several reasons for this year's decrease in alerts in Slough compared to the national trend of increasing figures. One reason is due to the composition of the population of Slough which is much younger than most other authorities; therefore we are not seeing the increase in dementia cases which is happening in most other parts of the country, which would in turn increase the safeguarding alerts both in terms of issues in the community and in care homes.

In 2013/2014 we saw locally the move of the Mental Health inpatient resource moving to Reading and therefore any issues of abuse within the hospital have moved from Wexham Park and Upton Hospital to Reading which would be reflected in lower alerts to Slough Borough Council.

A more proactive reason for the decrease in alerts is due to the work of the Care Governance Board which has been working closely with care homes in Slough to improve the quality of care that is given to residents. A good example of this can be seen in pressure ulcers in care homes. Prior to the work undertaken by the Care Governance Board there was discrepancy in the way in which pressure ulcers were reported. So that prior to 2013/2014 care homes and district nurses would report all pressure ulcers that were level 3 or 4, those that are considered to be serious. However, not all of these pressure ulcers were due to abuse, it could be that the person was living on their own and had not asked for help, or that they had refused support or that their health was such that they would have developed pressure ulcers even with support. In 2014 work was done with both care homes and the district nurses to ensure that only those pressure ulcers which were likely to have been caused by abuse were reported. This has significantly reduced the number of inappropriate alerts regarding pressure ulcers

In 2013/2014 the Care Governance Board worked with the local care homes ensuring a closer working with the care homes, contracts and the safeguarding team. This again has led to more effective working practices and many of the alerts that would have previously been made under safeguarding have now been dealt with under contractual compliance. This has enabled the contracts team to work with the care homes on a whole range of issues improving quality across the homes rather than in just one area which often would have been the case if the matter had come in through safeguarding.

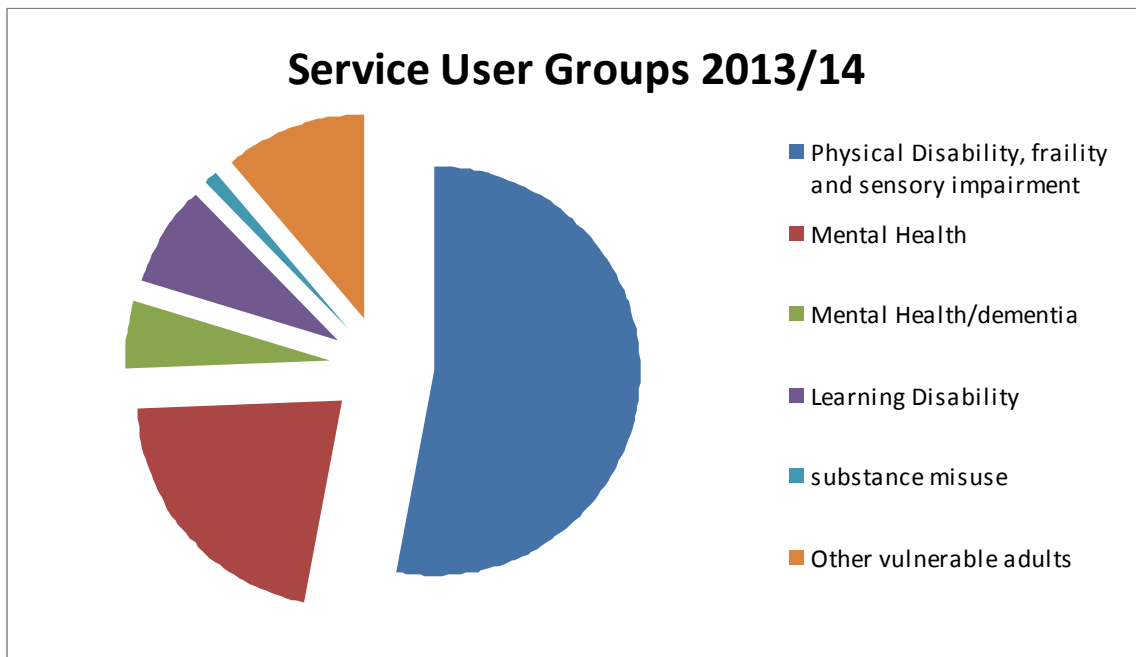
**Plans for the coming year include:-**

Over 2014/2015 there is plans to move to an electronic system of recording adult safeguarding which will enable reporting on both alerts and referrals. We are also planning on more events with our care providers in 2014/2015 to continue to develop the quality of care with both our care homes but also our home care providers.

**ii) Service User Trends**

Slough has a young population in relation to other local authorities within the surrounding area. If we look at the service users who are referred to adult safeguarding in Slough, we still have a higher number of people with physical disability, frailty and sensory impairment compared to other client groups. In the previous 2012-13 year, the highest proportion was for Physical Disability, Frail or Temporary Illness (55% ) followed by Mental Health (16%), Vulnerable Adult

(Other) (9%), Learning Disability and Mental Health Dementia (both at 8% ) and smaller values of sensory impairment and substance misuse.

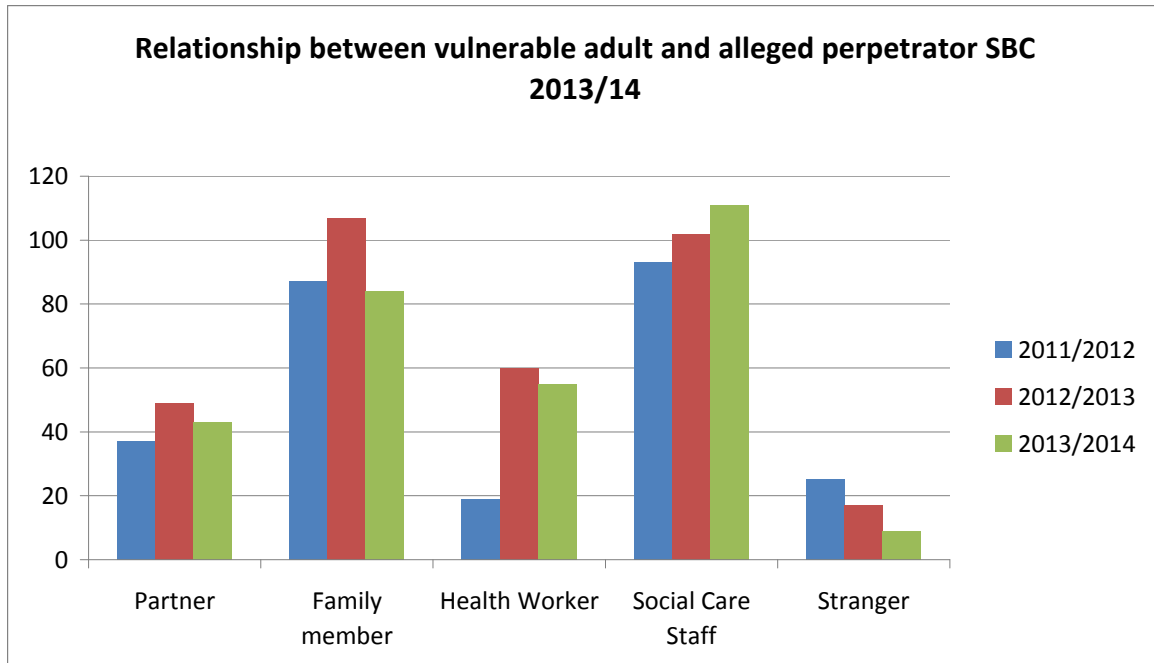


However, as mentioned in the earlier section there is a relatively low number of people with dementia living in Slough compared to nationally, this is due to the composition of the population and this is reflected in the safeguarding figures.

**Plans for the coming year include:-**

One area that would appear to be under reported in Slough are people with a substance misuse, we know from our figures of those people who use these services and those clients with a dual diagnosis of mental health and substance abuse that there is a high number of these people in Slough and that these people are vulnerable, but they tend not to be referred to Adult safeguarding. In 2014/2015 we plan to do more work on publishing our Chaotic Lifestyles Scheme to try and ensure that these service users are supported to remain safe as these people represent some of our most vulnerable residents.

In terms of the relationship between who the vulnerable adult is and who their alleged perpetrator is, we can see that this relationship has remained the same for the last three years.



Vulnerable adults would appear from our statistics to be abused more often by Social Care workers than any other group; however, this could be more to do with reporting of abuse than actual incidents of abuse. In that referrals tend to come in about those clients who are already receiving care from Social Care staff rather than those whose care arrangements are reliant on family or informal care.

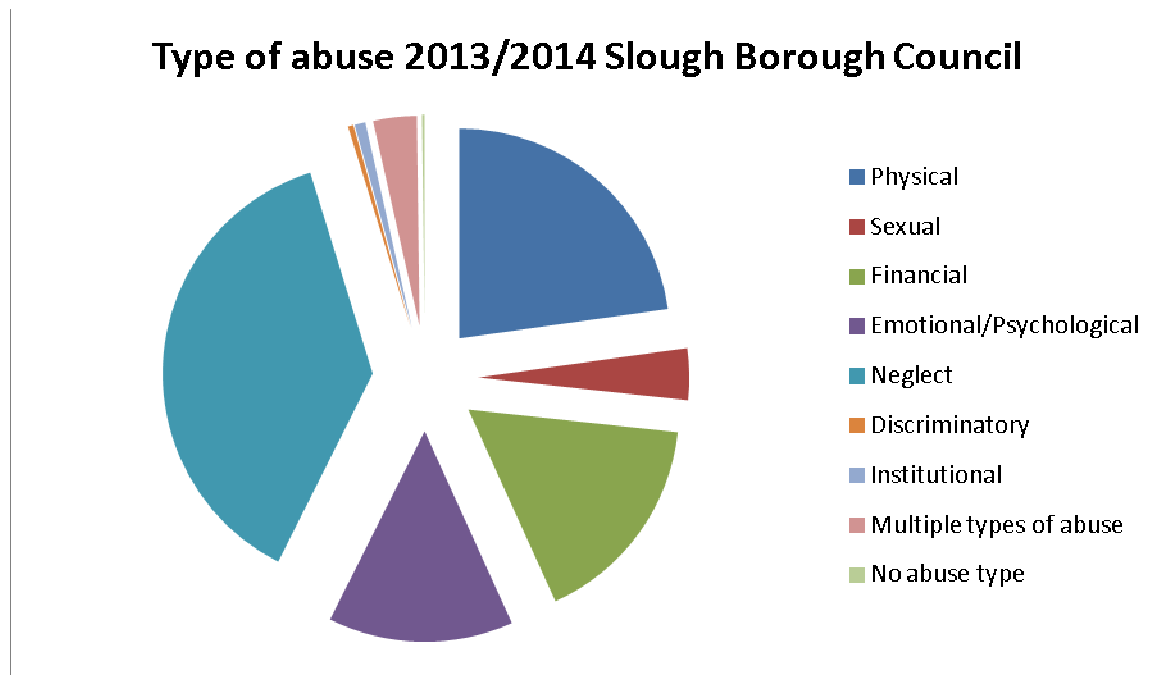
**Plans for the coming year include:-**

We are aware that there is a high level of domestic abuse within Slough. Thames Valley police said that they had received 3,786 reports of domestic abuse in 2013/2014 compared to 3,500 in previous reporting period. We would therefore expect an equally high level of domestic abuse amongst vulnerable adults. Although we are getting slightly less alerts regarding domestic abuse in 2013/2014 the cases that we have had, have been far more complex and have resulted in several repeat safeguarding alerts and applications to the Court of Protection. Therefore we will be working more closely with Community Safety and their new domestic abuse coordinator to raise awareness of domestic abuse amongst vulnerable adults and work with our service providers to support these victims.

**iii) Nature of abuse**

There are seven categories of abuse that we record; these are laid out in the chart below. This chart only shows the type of abuse reported which is not necessarily the same as the type of abuse that actually occurred. For instance there is clearly an under reporting of discriminatory abuse, for most abuse of a vulnerable adult could be seen as discriminator as often the reason a vulnerable adult is abused is because of their race, age, disability etc. This relates to the previous year when

the highest proportion then related to neglect, at 42.3% of referrals received, and followed by physical abuse at 25.7%.



The most common type of abuse reported in Slough is neglect, which mirrors the national picture (HSCIC, 2014). This is closely followed by physical abuse. One of the reasons for the high level of reported neglect cases could be due to the national scandals that we have seen over the last few years with Winterbourne View and Stafford Hospital and therefore people are more aware of abuse in care homes and are more willing to report abuse in these institutions.

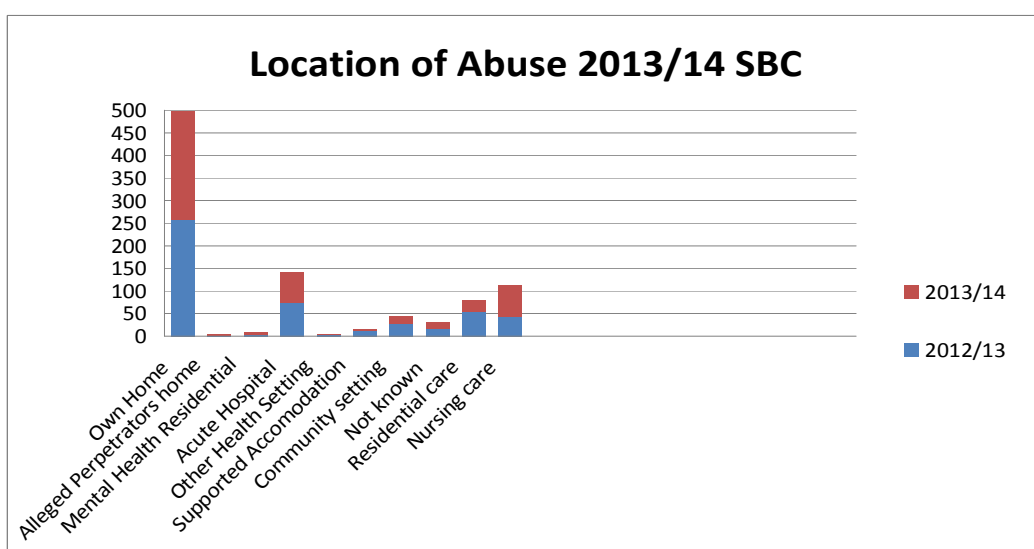
In Slough we have done a lot of work with Heatherwood and Wexham Park hospital (see section 7 (ii)) to raise awareness of abuse but also to raise the standard of care within the hospital, we have done this by developing a multi-agency monitoring group to look at individual cases of abuse to see if any lesson can be learnt and the results of which are fed back to wards and individual staff.

**Plans for the coming year:-**

One area that we intend to continue to work on is financial abuse. In 2013/2014 we only received 10 alerts regarding financial abuse. This is a very low number and if we look at the research done by Help the Aged (2006) we should expect more cases of financial abuse. We have been working with our partners in Community Safety looking at Scams and electronic fraud and there is clear evidence that this is a problem in Slough, were we need to continue this work as well as raising awareness amongst our population about financial abuse and ways to protect themselves. This work will be undertaken primarily by the Safeguarding Adult’s Board Communication subgroup.

#### iv) Location of abuse

Since we have started to collect data regarding adult safeguarding it has always been the case that vulnerable adults are more likely to be abused in their own home, particularly when they are isolated. This continues to be the case and in 2013/2014 we had over 240 alerts regarding vulnerable adults being abused in their own home which reflect 54% of all alerts. Bearing in mind what was said earlier about the increased reporting of abuse by care providers, it shows that being in care is not as dangerous as the media (BBC Panorama Programme 2014) would like to portray and that isolation is more likely to lead to abuse than being in care.



#### Plans for coming year include:-

We are planning on targeting resources in 2014/2015 on raising awareness of abuse in people's own homes by working closely together with our colleagues in Community Safety, in particular with Domestic abuse services. Our contracts and commissioning teams will also be focusing on care agencies, looking at developing the range of agencies we have in Slough as well as the quality of these services.

#### v) Repeat Alerts/Referrals

A repeat Alert/Referral is where a vulnerable adult has been involved in more than one safeguarding incident within the same reporting period, i.e. in twelve months. So for instance, an older person who is financial abused and then is physically abused.

Nationally, Health and Social Care Information Centre (2014) report that there were over 19,000 repeat alerts/referrals in 2014 and the groups of people more likely to be victims of repeat alerts/referrals are women 61% and people aged between 18 and 64, 46%.

In Slough, 17% of our cases are repeat alerts/referrals, which represent a slight decrease from 2012/2013 with 18%. During 2013/2014 an audit of all repeat referrals was undertaken to try and understand the nature of repeat abuse. The audit highlighted three areas where abuse was reoccurring:-

- 1) Those adults who were vulnerable due to their poor health. Those people who were terminally ill, or had poor general health or who had challenging behaviour. These clients were more likely to be abused in different settings and at different times.
- 2) The second group were those who were at home and were experiencing domestic abuse. This was often due to the fact that multiple alerts were made to safeguarding regarding these adults but often they would refuse the support we offered them.
- 3) Finally there were some vulnerable adults for whom there seems to be no discernable pattern as to why they suffer two or more incidents of abuse, other than their reliance on others to support them.

**Plans for coming year include:-**

In order to address the issues raised by repeat alert/referrals we will continue to work with our colleagues in health to ensure that people's health needs are met; this is particularly the case when it comes to pressure ulcers.

Secondly, in relation to those vulnerable adults who are abused at home, we will be adopting the "Making Safeguarding Personal" model which starts by asking people what they want from adult safeguarding and it is hoped by using this model that we will work alongside people and try and achieve the outcome they want rather than traditional outcomes that we have worked towards, so reduction of harm rather than necessarily removing all risks. This again will involve us working more closely with our colleagues in Community Safety and Domestic abuse services.

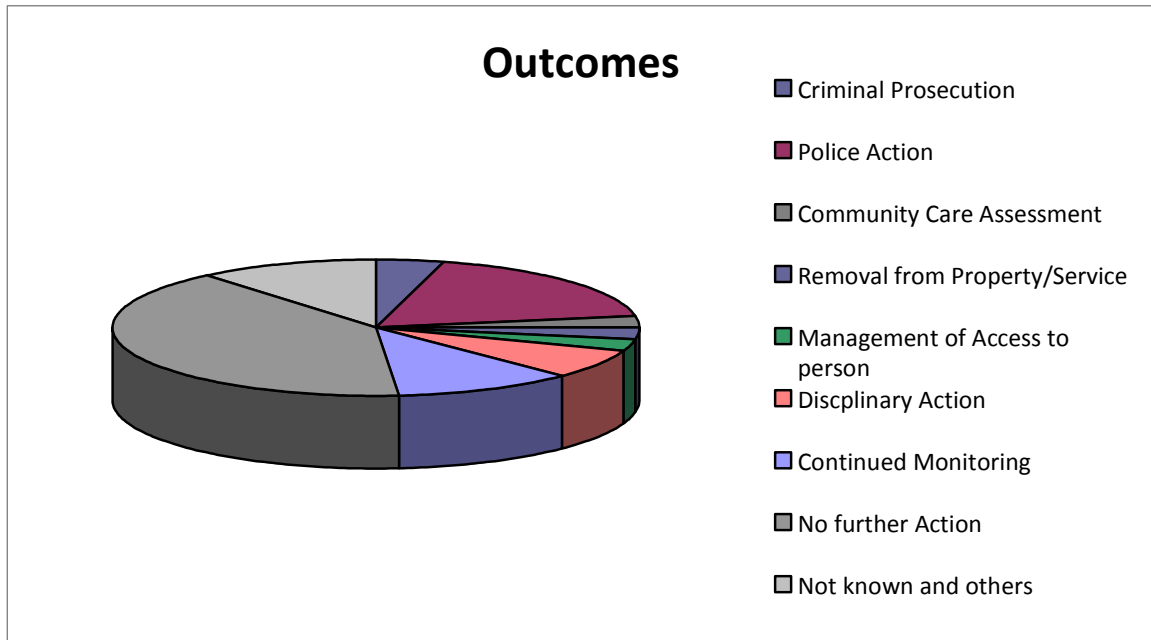
**vi) Outcomes**

There are national outcomes that the Department of Health requires us to report on. These are the outcomes for the alleged perpetrator and not for the victim. A single completed Alert/Referral may result in more than one type of outcome.

Nationally the most frequently reported outcome is No further Action at 35% (Health and Social Care Information Centre, 2014) and in Slough it is also our highest reported outcome at 40%. Our second highest outcome was Continued



Monitoring at 11%. However the Care Governance Board undertook some work in this area and found out that staff were using “Continued Monitoring” incorrectly where they should have been using “No Further Action” and this has now been addressed through raising awareness of this amongst our staff group and it is anticipated that this will affect the statistics in 2014/2015.



One area that we have seen an improvement in, is regarding Police Action which is now 18% compared to 6% in 2012/2013. Although the figures are still low this does represent a significant improvement and illustrates the success of joint working with Thames Valley Police and Slough Borough Council. However, there are still very few successful prosecutions and this is clearly an area that the Board needs to further work on.

**Plans for coming year include:-**

In 2013/14 Slough took part in the “Making Safeguarding Personal” pilot and the Safeguarding Adults Board has agreed that this pilot can now be expanded. In 2014/2015 we will be taking part in the next stage in the project as well as rolling out the methods put forward in the model. The model means that the person being abused is involved in the safeguarding process from the outset and their views and wishes are recorded throughout the safeguarding process. These will be reported on in the next Annual Report. It is hoped that by focusing on what the vulnerable adult wants that we will reduce the number of repeat referrals and that people will feel safer and in charge of their own lives.

## vii) Ethnicity of victims

Slough is a diverse town. According to 2011 Census data, 34.5% (Office National Statistics, 2011) of residents in Slough are of White 'British' ethnicity. The Pakistani and Indian communities continue to be the two largest ethnic groups in the town with 17.7% of residents being Pakistani, the second highest proportion for this ethnic group across England and Wales and 15.6% of residents being Indian. 56.2% of households have all household members of the same ethnic group.

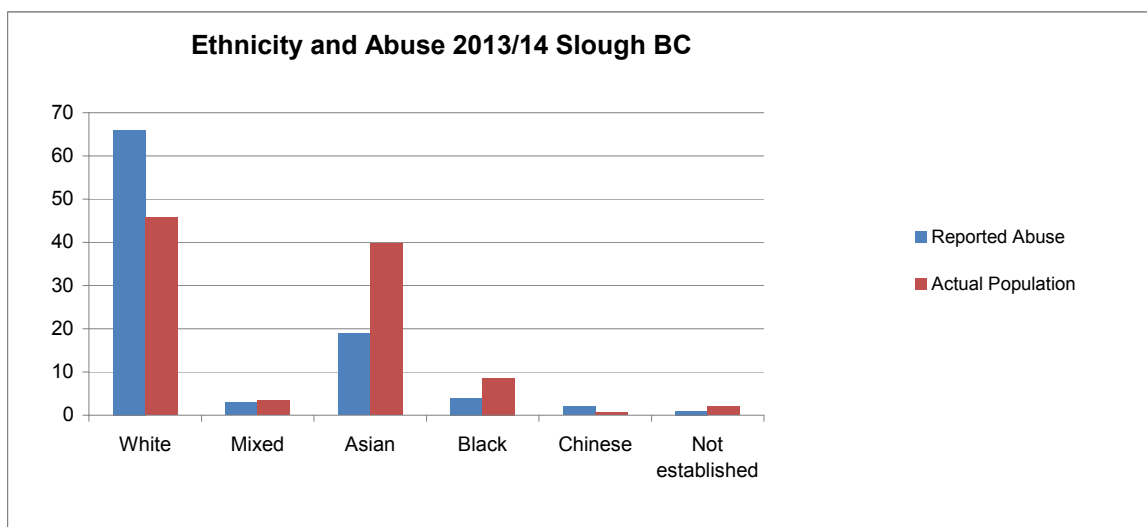
## Languages

There are a wide range of languages spoken in Slough. Whilst many households have at least one member who speaks English as a main language, the 2011 Census revealed that 15.5% of households do not include anyone for whom English is the main language.

## Religion and belief

Slough is also a religiously diverse town. The vast majority of Slough residents follow a religion, with the town having one of the lowest recordings of people declaring "no religion" in the 2011 Census. Slough has the largest proportion of Sikh residents in the country (at 10.6%). Nearly one quarter of residents are Muslim (23.3%). 41.2% of residents are Christian.

The low number of Alerts from our minority communities may reflect the double isolation of victims of abuse in the minority communities. If we look at the HSCIC data for 2012/2013 88% of referrals were from white vulnerable adults compared to only 6% from ethnic groups. This is not as significant as it is in Slough with its predominately ethnic minority clients.



**Plans for coming year include:-**

It is clear that we have an under reporting of abuse amongst certain parts of our community and therefore one of the tasks of the Communication subgroup is to look at how to reach these parts of our community. It will also remain part of the Safeguarding Adults Board Strategic business plan.

**9) Multi-Agency Safeguarding Forums.****1) Multi-Agency Risk Assessment Conference (MARAC)**

A Multi-Agency Risk Assessment Conference (MARAC) is convened on a monthly basis and is chaired and administered by Thames Valley Police. A range of statutory and voluntary partners attend the meeting including adult safeguarding, children's social care, housing, Berkshire Healthcare Foundation Trust, Thames Valley Probation, Berkshire East & South Bucks Women's Aid (BESBWA) and Slough Domestic Abuse Services (SDAS) The role of the IDVA (independent domestic violence advisor) is key. The Independent Domestic Violence Advisor who attends the meeting to represent the views of the victim and they provide short term independent advice, information and support to domestic abuse victims identified as being at high risk of harm.

The Multi-Agency Risk Assessment Conference is focused on supporting identified high risk victims of domestic abuse, through sharing information to increase the safety, health and well-being of victims (adults and children). A multi-agency safety plan is agreed to reduce the risk of harm, reduce repeat victimisation, improve agency accountability, and improve support for staff involved in high risk domestic abuse cases. The Multi-Agency Risk Assessment Conference follows guidance set out by Coordinated Action against Domestic Abuse (CAADA).

Slough data - all figures relate to the 12 month period 1<sup>st</sup> October 2012 – 30<sup>th</sup> September 2013)

	East Berkshire (Slough)	CAADA's recommendation <sup>[1]</sup>	Thames Valley	Most Similar Force group <sup>2</sup>	National data
<b>Number of MARACs sending in data</b>	1	-	12	54	270
<b>1. Number of cases discussed</b>	189	210	1,272	12,015	62,319
<b>2. Cases per 10,000 of the adult female population</b>	35.2	40	14.6	25.1	26.4
<b>3. Number of children</b>	281	-	1,936	16,013	80,265
<b>4. Referrals from partner agencies</b>	51%	25-40%	45%	36%	40%
<b>5. Referrals from police (%)</b>	49%	60-75%	55%	64%	60%
<b>6. Repeat referrals (%)</b>	19%	28-40%	15%	25%	24%

<sup>1</sup> For a full explanation of CAADA's recommendations and points to consider please see our [website](#).

In response to the change to the government definition of domestic abuse earlier this year, Multi-Agency Risk Assessment Conference's are now collecting additional data on young people aged 16 and over. An analysis of this will be available in March 2014.

## ii) Multi-Agency Public Protection Arrangements (MAPPA)

Multi Agency Public Protection Arrangements are established by statute and have clearly defined responsibilities. The Multi Agency Public Protection Arrangements 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

Multi Agency Public Protection Arrangements 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 Multi Agency Public Protection Arrangements 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.

#### **iv) Domestic Abuse Agencies**

### **Berkshire East and South Bucks Women's Aid**

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Over the period 2013/14 Berkshire East and South Bucks Women's Aid made 4 Alerts to Slough Borough Council compared to 2 in the period 2012/13, which illustrates the impact of training on staff within Women's Aid on Safeguarding.

The key Strategic Targets for Berkshire East and South Bucks Women's Aid for 2013/14 were:-

- Prevention of domestic abuse
- Early Intervention of domestic abuse
- Provision of Services to support women who are being abused
- Reducing Risk of further abuse

#### **Plans for coming year include:-**

- Training of staff on safeguarding and related matters
- Review of Service Standards
- Case Reviews are monthly
- Policy Reviews in particular of Safeguarding Policies and Procedures. .

### **Slough Domestic Abuse Services**

Over 2012/2013 Slough Domestic Abuse services have been working on replacing their Adult Protection policy with a new "Safeguarding Adults who are at risk of abuse" policy. This version addresses changes in staffing structures, broadens out the scope of safeguarding work beyond the narrow domain of protection and is a positive response to the revised Quality Assessment Framework, April 2009. This version makes reference to new bodies such as the Independent Safeguarding Authority and the Care Quality Commission and is informed by the report on the review of "No Secrets" published in July 2009. They have also been working on ensuring that they are training all their staff on Adult Safeguarding and ensuring that they have support for their staff when they make a referral.

### **Plans for coming year include:-**

- In House Refresher Training for all staff, following the promotion of Safeguarding Adults Training in Slough
- Our Multi-Agency Working protocols are planned to formalize partnership work with key partners in Slough.

## **10) Mental Capacity Act**

The Mental Capacity Act came into force in 2007 and set out processes by which an assessment of capacity must be undertaken to be legally valid. The associated Code of Practice:-

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/224660/Mental\\_Capacity\\_Act\\_code\\_of\\_practice.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224660/Mental_Capacity_Act_code_of_practice.pdf)

In Section Eight of this report discusses the training that has been commissioned by Slough Borough Council around Mental Capacity and Deprivation of Liberty Safeguards. It was decided that the staff in the Wellbeing directorate of Slough Borough Council had a basic understanding around the Mental Capacity Act but now needed support in understanding how it worked in practice. Therefore specialist Master Classes were arranged to look at case studies around Mental Capacity and Best Interest decisions. The impact of this training will be measured through ongoing audits of safeguarding work within Slough Borough Council.

In March 2014 the House of Lords produced a report on the national implementation of the Mental Capacity Act and as can be seen below concluded that this was patchy and that there was still a lack of consistent understanding amongst workers and professionals around the Act. This paper was presented to the Safeguarding Board in March 2014 and will form part of the board's ongoing action plan and part of the work programmes of the training subgroup and performance and quality subgroup.

### **Mental Capacity Act 2005: Post-legislative scrutiny, 13 March 2014**

The House of Lords Select Committee was appointed to carry out a scrutiny of the Mental Capacity Act 2005. The results lead to a report of over 143 pages and highlighting a whole host of failings related to the Act and its implementation. However the Committee were unanimous in being in favour of the Act and its potential to change people's lives.

The report makes it clear that in the Committee's view the Act is not working mainly because people don't know about the Act and when they do know about it they don't understand it. The strongest criticisms were made about the Deprivation of Liberty Safeguards, stating that they are not used widely enough and when they are used they are used to oppress individuals rather than empower them which is the philosophy of the Act.

The Committee's recommendations relate to improved clarity, publicity and understanding; promoting improved training for all professions likely to need to apply the provisions of the Act; more resourcing in regard to the Court of Protection and engagement by members of the public with the standards in the Act and possible deprivation of liberty.

## **11) Deprivation of Liberty Safeguards in Slough**

The Mental Capacity Act Deprivation of Liberty Safeguards (DOLs) was introduced in April 2009. They provide for the lawful deprivation of liberty of those people who lack capacity to consent to arrangements for their care or treatment in either hospitals or care homes and who need to be deprived of their liberty in their own best interests. Hospitals and care homes have been responsible for applying to the relevant Primary Care Trust or Local Authority respectively who has been responsible for either authorising or declining the application following a robust assessment. In April 2013 the responsibility for all assessments was transferred to Slough Borough Council with the dissolution of the Primary Care Trusts.

In Slough the Deprivation of Liberty Team sits within the Adult Safeguarding Team who manages the service with the support of Best Interest Assessors from a range of Social Care teams within Slough Borough Council, in both Adult Care and Mental Health Teams. This allows for a range of Best Interest Assessors to be available which enables the right assessor with the necessary skill base to work with a certain Service user group to be appointed (Department Of Health (2009) Code of Practice, 4.14).

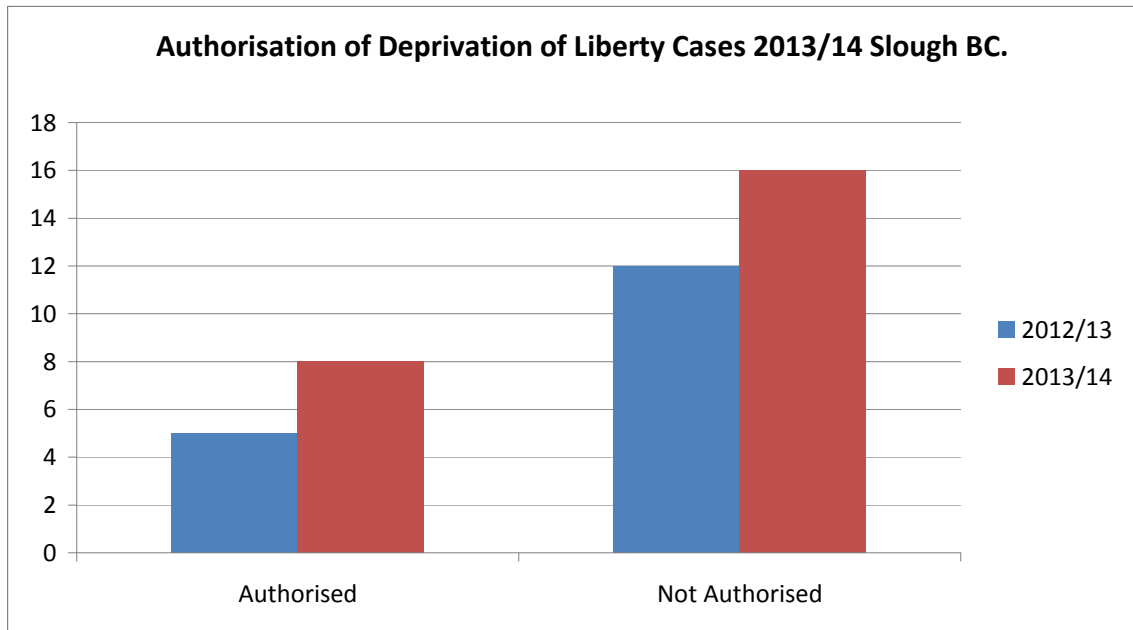
There are now ten Best Interest Assessors working for Slough Borough Council, and we currently have three Best Interest Assessors going through the Best Interest Assessors training programme provided by Bournemouth University. This ensures that we have the necessary number of Best Interest Assessors to meet the needs of the Service. We have also recently introduced a re-approval panel to ensure ourselves that our Best Interest Assessors remain competent to practice and are up to date in their knowledge base. This is supported by Best Interest Forums which are open to all Best Interest Assessors to provide support, information and a vehicle to enable case discussion and to share good practice.

Slough Borough Council runs an annual training day for Managing authorities this year it was held on the 10<sup>th</sup> October 2013 and was attended by 22 Home Managers from provider organisations.

### **i) Deprivation of Liberty Safeguard cases**

During 2013/2014 Slough Borough Council received 24 Deprivation of Liberty Safeguard applications, of these 24; six came from hospitals and 18 from care homes. This compares to 15 applications in the same period 2012/2013. The

largest group of applications this year were from clients with a physical disability, followed by those with a learning disability. Below is a chart showing the number of applications that were authorised by Slough Borough Council.



It is difficult to make comparisons nationally or with other authorities as again there are discrepancies in the way in which data is collected and reported. The amount of applications is also affected by how many care homes are in an area, particularly in relation to self-funding applications. The increase in applications again can be related to an increase in public awareness through Winterbourne View, Stafford hospital, or more specifically to the high profile case of Stephen Neary (Re Steven Neary; LB Hillingdon v Steven Neary (2011) EWHC 1377 (COP)).

It is anticipated the impact of the recent appeal case of P v Cheshire West and Chester Council and, P and Q v Surrey County Council (2014) UKSC 19 is that we will have a rush of applications due to what now appears to be a lowering of the threshold of what constitutes a DOLs, the so called “Acid Test”. As the judge said “A gilded cage is still a cage”.

**Plans for coming year:-**

In order to ensure that Slough Borough Council is able to meet the anticipated increase in demand, an action plan will be created. This will include plans to train more Best Interest Assessors and to provide additional training both internally and externally.



## Case Study

### Deprivation of Liberty Safeguards

Mr Joshi (name changed) was born in Spain and came to England with his wife in the 1960's where he raised his family, of two sons. He suffered an injury at work which meant that at the age of 45 he was no longer able to work and was cared for at home by his wife.

In the last few years Mr Joshi started to experience memory problems and was diagnosed with dementia in 2010. He started to become paranoid and would follow his wife around the home it got to such a stage that his wife could no longer cope with him at home and he was moved into a care home.

Within days of being in the care home, Mr Joshi tried to escape climbing out of an open window. He was stopped by carers and as a result became quite aggressive and hit out at the care staff. Over the next two days the situation deteriorated and the manager of the home put in an urgent Deprivation and a request to the Supervisory body, Slough Borough Council for a standard authorisation.

The Best Interest Assessor visited Mr Joshi to carry out the assessment and spend time with Mr Joshi, his wife and the care staff finding out about Mr Joshi and the care and treatment that was being provided to him at the care home.

The Best Interest Assessor concluded that Mr Joshi needed a high level of care and treatment but felt that the care home was not the best place for him to receive that treatment. They felt that he needed to be in a more secure environment with staff more experienced in dealing with challenging behaviour. Therefore although he was being deprived of his Liberty, this was not in his Best Interest. They recommended that he may need to go into a Psychiatric Hospital. At the same time the Mental Health Assessor, Dr Jones also concluded that Mr Joshi' care needs meant that he would be ineligible for Deprivation of Liberty Safeguards but eligible for the Mental Health Act and arranged for a Mental Health Assessment to take place.

Mr Joshi was assessed by an Approved Social Worker and placed under Section 2 of the Mental Health Act, in the local Psychiatric hospital. Since being in the hospital his mental health has stabilised and he is more settled and the staff are looking with him and his wife for a longer term placement.

### **iii) Independent Mental Capacity Advocacy**

The Mental Capacity Act 2005 provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for them.

The Act sets out core principles and methods for making decisions and carrying out actions in relation to personal welfare, healthcare and financial matters affecting people who may lack capacity to make specific decisions about these issues for themselves.

The Act introduces several new roles, bodies and powers, all of which support the Act's provisions. One of the new services created by the Act is the Independent Mental Capacity Advocacy (IMCA) Service, which introduces the new role of the Independent Mental Capacity Advocate (IMCA).

### **Independent Mental Capacity Advocate (IMCA)**

The purpose of the Independent Mental Capacity Advocacy Service is to help particularly vulnerable people who lack the capacity to make important decisions about serious medical treatment and changes of accommodation, and who have no family or friends that it would be appropriate to consult about those decisions. The role of the Independent Mental Capacity Advocate (IMCA) is to work with and support people who lack capacity, and represent their views to those who are working out their best interests.

In Berkshire we have a contract across all six counties with POhWER and their annual report for Slough is provided below:-

In Quarter four we received 4 new referrals with 4 issues. From September 2013 to year end we have received 16 new referrals with 17 issues. Three cases with three issues were closed in quarter four with 12 cases with 13 issues over the full 6 month reporting period.

Of the two people whose client group/s were defined by the decision maker the client group most often supported are those with dementia . Change of Accommodation and Care review are the only issue types supported and closed in quarter four.

### **Plans for coming year include:-**

The current contract for IMCA's is due for renewal in the next financial year and will need to be re-evaluated in light of the increase need for IMCA's due to the development's within the legislation around Deprivation of Liberty Safeguards.

## **Appendix One**

### **Membership of Slough's Adult Safeguarding Board 2013/2014:-**

- Independent Chair
- Director of Wellbeing, Slough Borough Council
- Assistant Director of Adult Social Care, Commissioning and Partnership Slough Borough Council
- Commissioner for Health & Wellbeing, Slough Borough Council
- Councillor, Slough Borough Council
- Head of Safeguarding and Learning Disabilities Slough Borough Council
- Safeguarding Development Manager, Slough Borough Council
- Safeguarding Co-ordinator, Slough Borough Council
- Community Safety Manager, Slough Borough Council
- Locality Director for Slough, Berkshire Health Foundation Trust
- Director of Nursing, Berkshire East Clinical Commissioning Group
- Associate Director of Nursing Wexham Park Hospital NHS
- Chief Executive, Slough Mencap
- Local Area Manager, Care Quality Commission
- Scheme Manager, Slough Crossroads Care
- Area Manager Prevention and Protection -Royal Berkshire Fire and Rescue Service
- Clinical Manager, Named Professional for Safeguarding and Prevent Lead South Central Ambulance Service
- Healthwatch
- Chief Officer, Slough Community Voluntary Services
- Head of Operations, Berkshire and Buck's Women's Aid

## **Appendix Two**

### **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 organisations 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 & 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.

## **Appendix Three Membership of Slough Adult Safeguarding Board Subgroups**

**Membership of the Executive Subgroup included the following:-**

Slough Borough Council	Assistant Director Adult Social Care - Chair
Slough Borough Council	Head of Adult Safeguarding and Learning Disabilities
Clinical Commissioning Group	Head of Operations
Clinical Commissioning Group	Director of Nursing, Berkshire East Clinical Commissioning Group
Independent Chair	
Heatherwood and Wexham NHS	Interim Director of Nursing
Thames Valley Police	Detective Chief Inspector – Domestic Abuse
Berkshire Healthcare Trust	Safeguarding Adults Lead

**Membership of the Safeguarding Adults Review Panel Subgroup included the following:-**

Berkshire East Clinical Commissioning Group	Safeguarding Lead - Chair
Slough Borough Council	Safeguarding Co-ordinator
Wexham and Heatherwood Hospital NHS	Lead Nurse (Older Person)
Berkshire Health Foundation Trust	Safeguarding Adults Lead
Slough Borough Council/Berkshire Health Foundation Trust	Deputy Locality Director

Thames Valley Police	Detective Chief Inspector – Domestic Abuse
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**Membership of the Workforce Development Subgroup included the following:-**

Slough Borough Council	Training Officer - Chair
Slough Borough Council	Safeguarding Co-ordinator
Slough Borough Council	Safeguarding Development Manager
Royal Borough Windsor and Maidenhead	Social Care Training Manager
Royal Borough Windsor and Maidenhead	Safeguarding Lead
Bracknell Forest Council	Learning and Development
Bracknell Forest Council	Learning and Development Manager
Berkshire Healthcare NHS Foundation Trust	Safeguarding Adults Team Leader

**Membership of the Implementation of the Care Act Subgroup included the following:**

Slough Borough Council	Head of Adult Safeguarding and Learning Disabilities - Chair
Slough Borough Council	Safeguarding Development Manager
Slough Borough Council	Safeguarding Co-ordinator
Berkshire East Clinical Commissioning Group	Safeguarding Lead
Crossroads Care	Scheme Manager
Slough Borough Council	Access Services Manager – Mental Health



Oak House – Care Home	Manager
Supported living Provider	Manager
Oxford House – Care Home	Manager

**Membership of the Communications Subgroup included the following:-**

Slough Borough Council	Safeguarding Development Manager - Chair.
Women’s Aid	Head of Operations
Thames Valley Police	Communications Officer
NHS Clinical Commissioning Group	Communications Officer
Slough Community Voluntary Services	Chief Officer
Slough Borough Council	Communications Officer
Slough Borough Council	Equality and Diversity Manager

**Membership of the Performance and Quality Subgroup included the following:**

Slough Borough Council	Safeguarding Development Manager –Chair
Slough Borough Council	Safeguarding Co-ordinator
Slough Borough Council	Performance Manager
Slough Borough Council	Assistant Research and Information Analyst

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