Cambridgeshire Safeguarding Adults Board

making a difference together

Annual Report

April 2013 – March 2014

Members of the Cambridgeshire Safeguarding Adults Board

Chairperson: Executive Director - Children, Families and Adults Services Cambridgeshire County Council (CCC)

Representatives from:

Addenbrookes Hospital, Cambridge University Hospital NHS Foundation Trust
Adult Safeguarding Team, CCC
Adult Social Care, CCC
Age UK Cambridgeshire
Anglia Ruskin University
Cambridge Regional College
Cambridgeshire and Peterborough NHS Foundation Trust
Cambridgeshire Community Services NHS Trust
Cambridgeshire Constabulary
Cambridgeshire Fire Service
Cambridgeshire Learning Disability Partnership, CCC
Care Quality Commission
Children Safeguarding and Standards Unit, CCC
County Councillor, CCC
Drug and Alcohol Action Team (DAAT), CCC
East of England Ambulance NHS Trust
Excel Care representing Residential and Nursing Care Providers
Healthwatch
Hinchingbrooke Health Care NHS Trust
HMP Littlehey
HMP Whitemoor
Kneesworth House Hospital
Mind in Cambridgeshire
NHS Cambridgeshire and Peterborough Clinical Commissioning Group
NHS England
Papworth Hospital NHS Foundation Trust
Papworth Trust
Priory Group
Procurement (Social Care), CCC
South Cambridgeshire District Council representing District Councils across Cambridgeshire

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Welcome from the Chair

It is my pleasure to introduce the 2013/14 Annual Report on behalf of the Cambridgeshire Safeguarding Adults Board.

Once again this has been a very busy year during which time the Board's work has developed as the safeguarding landscape has seen some very important changes both nationally, locally and regionally. I have been very fortunate as Chair to have the support and cooperation of key partners across a wide range of agencies within Cambridgeshire who are all involved in protecting vulnerable adults from abuse.

Despite high levels of organisational change across public, independent, community and voluntary sector agencies, the commitment of partners to the work of the Board has remained high and it has meant that much has been achieved.

Over the last year I would particularly wish to highlight amongst other achievements, the work with Cambridge University on the evaluation of outcomes in adult safeguarding ensuring that people who seek help from adult safeguarding are given the support and information that they need to manage their situation and to feel in control at all times. This links into the Making Safeguarding Personal project run by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) with the final report now available.

The training team has also provided a range of short films that explains clearly and simply what safeguarding means and how to report abuse which remains a key preventative objective for the Board.

In addition we have been engaged as a Board with the national agenda around safeguarding by formally responding to the Government's proposals in the Care and Support Bill.

In the coming year there will be significant changes that will have an effect on all Safeguarding Boards across the Country. Cambridgeshire's Safeguarding Adults Board is proactive and forward thinking in its approach on understanding the changes and promoting the Board's transformation. Through strong partnership working and transparency the Board is committed to having the processes and systems to ensure that our remit and function match the requirements set out in the new legislation.

Through the Board's strategic vision and planned development the changes that need to be made locally will allow the Board to adapt and continue to improve its performance by:

- continuing to work closely with relevant Boards e.g. Local Safeguarding Children's Board, the Health and Wellbeing Board and the Cambridgeshire and Peterborough Clinical Commissioning Group
- strengthening communications around safeguarding

I believe Cambridgeshire's Safeguarding Adults Board is in a very strong position to respond to new legislation and continue our efforts to ensure that safeguarding is given the highest priority and resources in order to keep people safe and to truly learn lessons where abuse has occurred.

In conclusion, I remain committed through my role on the Safeguarding Adults Board to ensure that Cambridgeshire is a place where adults at risk from harm are safe and empowered to make their own decisions and where high expectations are set for safeguarding and safeguarding is everyone's business.

I hope you find this report useful, either by raising awareness or identifying issues you can take forward in your own organisation as it is important that this is a "working document". We would also welcome any feedback on how we can improve the presentation of this information in the future.

Finally I would like to thank staff across all agencies for their commitment to safeguarding adults in Cambridgeshire.

Adrian Loades
Executive Director
Children, Families and Adults Services

Executive Summary

This report provides a background to safeguarding work in Cambridgeshire and a summary of the work undertaken by the Safeguarding Adults Board and Adult Safeguarding Team within the period April 2013 to March 2014.

The Board brings together representatives of the main agencies in the statutory, voluntary and independent sectors, that work together to safeguard adults at risk of abuse or neglect and both promote and safeguard people's rights under the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

The work programme for 2013/14 has resulted in significant achievements in developing continuous improvements in how safeguarding is provided within Cambridgeshire.

Some of the notable achievements are:

- GPs adult safeguarding and MCA/DoLS training is being rolled out across Cambridgeshire and Peterborough with support from the CCG and NHS England
- Production of a number of short films that explains clearly and simply what safeguarding means and how to report abuse

In Cambridgeshire we are working closely with all our partners to protect vulnerable people from abuse and we recognise and acknowledge the vital contribution made by staff from a wide and diverse range of statutory, private, voluntary sectors and charitable organisations, in detecting and reporting abusive behaviours and practices.

It is these staff, through their hard work, skilful intervention, commitment and courage that has resulted in positive outcomes for a large number of vulnerable people, their families and carers.

National Developments

The Care Bill became the Care Act on the 14 May 2014; further guidance on how to implement the act has just been released and we are assessing the implications. The provisions will make significant changes to adult safeguarding, as it imposes new duties on local authorities and introduces new terms.

The following points from the Care Act are:

- People will no longer be described as vulnerable instead the phrase - adults with care and support needs experiencing or at risk of abuse or neglect - will be used.
- The concept of wellbeing is introduced.
- Each person should be considered as the best judge of their own wellbeing and should be consulted and involved in any processes arising under the Act.

Safeguarding investigations carried out under the new Act will be triggered by the local authority having reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there); has needs for care and support (whether or not the authority is meeting any of those needs), is experiencing or at risk of, abuse or neglect and as a result of those needs is unable to protect him or herself. The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult‘s case and if so what and by whom.

The Act provides the first statutory framework for adult safeguarding and sets out key responsibilities of local authorities and their partners.
Safeguarding Adults Boards must be created in every area.

Each local authority has a duty to carry out enquiries where it suspects that an adult is at risk of abuse or neglect.

Each Safeguarding Adults Board (SAB) must include the local authority, NHS and the police to coordinate activity to protect adults from abuse and neglect.
A duty is placed on the organisations making up the SAB to co-operate with one another and if they are unable to do so they must explain in writing why they are unable to do so.

SABs must carry out safeguarding Adult reviews into cases where someone dies or if the SAB knows or suspects that they have experienced serious abuse or neglect and there is a concern about how authorities acted, to ensure that lessons are learned.

Section 47 of the National Assistance Act 1948 (local authority power to remove people from their home) is to be repealed. Although during the consultation process the public were against continuing with this section and professionals wanted something in place. It is possible that something may replace this section although no announcement has been made.

Section 48 of the National Assistance Act (duty to protect property) is re-enacted.

What this means in practice for Cambridgeshire

In Cambridgeshire the Safeguarding Adults Board is well placed to make this transition and has considered some of the wider implications for Board Members and their organisations for example the Board has already reviewed its membership and consolidated its links with the Clinical Commissioning Group via the CCG Safeguarding Adults Lead Nurse.

The Board has also commented on the separate consultation exercise looking at whether a specific power of entry is required alongside the duty to make enquiries.

The Board's Serious Case Review Sub Group will review the guidance from the Bill to ensure that arrangements are in place for safeguarding adult's reviews to take place. The aim of a review is to ensure that lessons are learnt from cases and to improve future practice and partnership working, thus minimising the possibility of it happening again.

Partnership effectiveness

The Cambridgeshire Safeguarding Adults Board Business Plan 2014/17 is linked directly to both the Standards for Adult Safeguarding (produced jointly by the Local Government Association, Association of Directors of Adult Social Services, NHS Confederation and Social Care Institute for Excellence) and the six principles included within the Government Statement on Adult Safeguarding, May 2013.

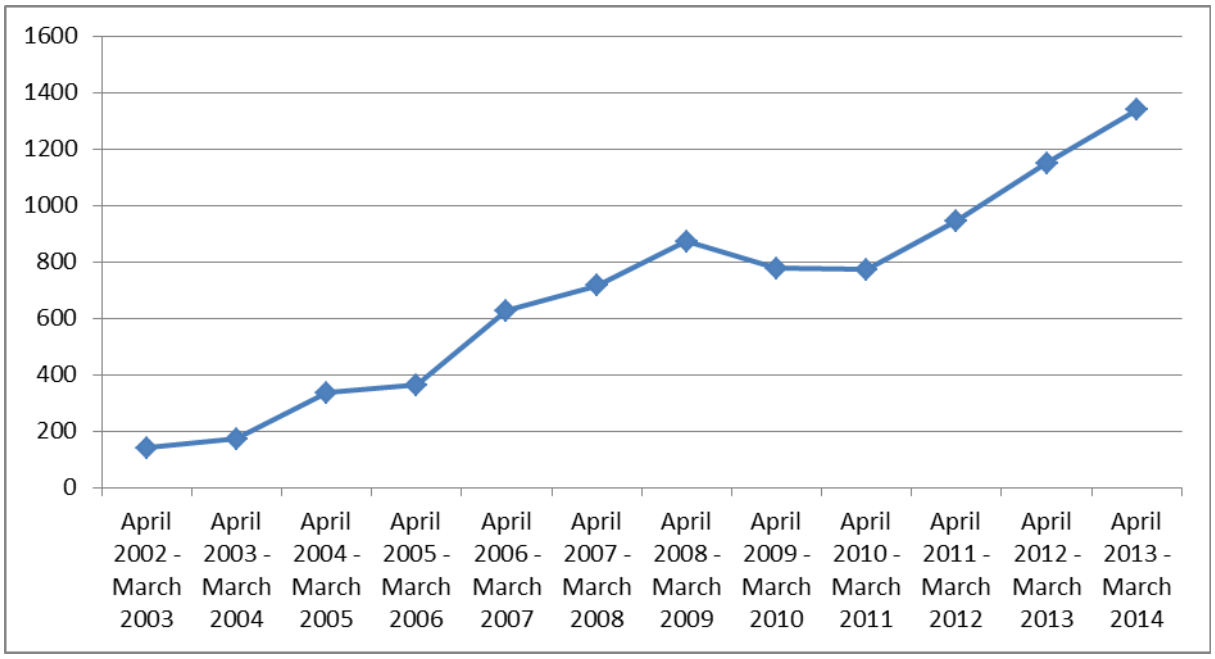
Standards for Adult Safeguarding	Government Statement on Adult Safeguarding
Outcomes	Empowerment
People's experiences of safeguarding	Protection
Leadership, strategy and commissioning	Prevention
Service delivery and effective practice	Proportionality
Performance and resource management	Partnership
Local safeguarding board	Accountability

Partners share organisational changes or risks which may impact upon safeguarding adult's arrangements at the Cambridgeshire Safeguarding Adults Board.

The Cambridgeshire Safeguarding Adults Board has an up to date Information Sharing and Partnership Agreements in place to ensure robust governance.

Analysis of Adult Safeguarding Referrals

Number of incidents received per year



The above chart shows the number of safeguarding referrals made each year in Cambridgeshire since 2002 (139). The number of referrals has increased year on year and shows no sign of slowing down.

This year has seen a 16% increase on the previous year from 1150 to 1337. The increase can be attributed in the main to an increased knowledge and awareness amongst staff within the health and social care sectors.

Referrals are monitored by the Board on a regular basis to determine what areas the Board will need to prioritise, one area the Board will focus on in the coming year is the work to making safeguarding personal, an initiative to make safeguarding less process driven and more person centred.

At a national and regional level there are ongoing discussions about the interplay between compliance against contract standards, poor practice and safeguarding adults from abuse. This work is considering whether there should be greater clarity around the threshold for a safeguarding investigation to be triggered. Representatives from the SAB are involved in this work that will influence our work locally over the next year.

Types of Abuse

	2011-2012	2012-2013	2013-2014	Trend
Discriminatory abuse	1%	0%	1%	⇧
Emotional/Psychological abuse	15%	11%	11%	⇔
Financial abuse	14%	11%	10%	⇩
Institutional abuse	3%	4%	2%	⇩
Neglect and/or acts of omission	19%	21%	22%	⇧
Physical abuse	39%	46%	49%	⇧
Sexual abuse	9%	7%	5%	⇩

The most commonly reported type of abuse has been Physical abuse (49%) which has been consistently high over the past three years. This is one of the easiest forms of abuse to identify and is commonly the type of abuse in situations where one service user has hit out at another service user. Information set out in the tables below, and information from operational staff, reinforces the links between physical abuse and some groups of service users. The second most commonly reported type of abuse has been neglect and acts of omission accounting for 22%.

Client category

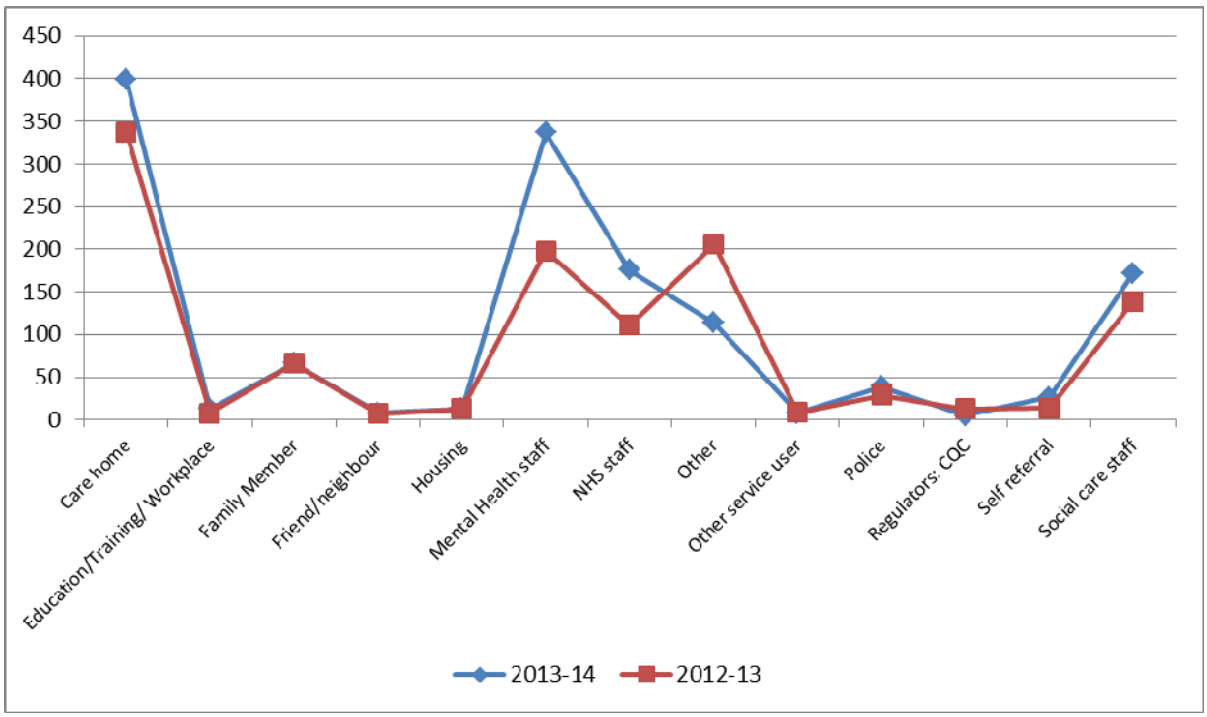
	2011-2012	2012-2013	2013-2014	Trend
Alcohol Misuse	3	5	10	⇧
Carer	0	1	3	⇧
Dementia	113	227	383	⇧
Drug Misuse	0	2	4	⇧
Learning Disability	369	279	285	⇩
Mental Health	170	361	400	⇧
Other Vulnerable Adult	0	0	17	⇧
Physical Disability	83	71	65	⇩
Physically Frail	135	199	198	⇩
Sensory Disability	1	1	1	⇔
Temporarily Ill	1	0	7	⇧
Terminal Illness	3	4	3	⇩
Visual Impairment	2	0	1	⇧

It is noticeable that Mental Health and Dementia have the highest number of alleged cases at (400) and (383) respectively, followed by Learning Disabilities (285). This includes the number of situations where a service user hits out at another service user and links to the incidence of physical abuse in the Table on page 10. This is an area of safeguarding that requires further discussion, linked to the regional and national discussions, because views are developing across the adult social care sector that the safeguarding process may not be the most appropriate way to address these incidents. The information would still need to be collected, but the response may focus more directly on the skills and experience of the providers to

work with people who present behaviours that are challenging and minimise the triggers that can lead to these behaviours.

The SAB has also highlighted the groups where the reporting is low, for example carers and plans have been put in place to increase training for service users and carers to highlight how to recognise abuse and make a safeguarding referral. The impact of this on the reporting of incidents will be monitored through 2014/15.

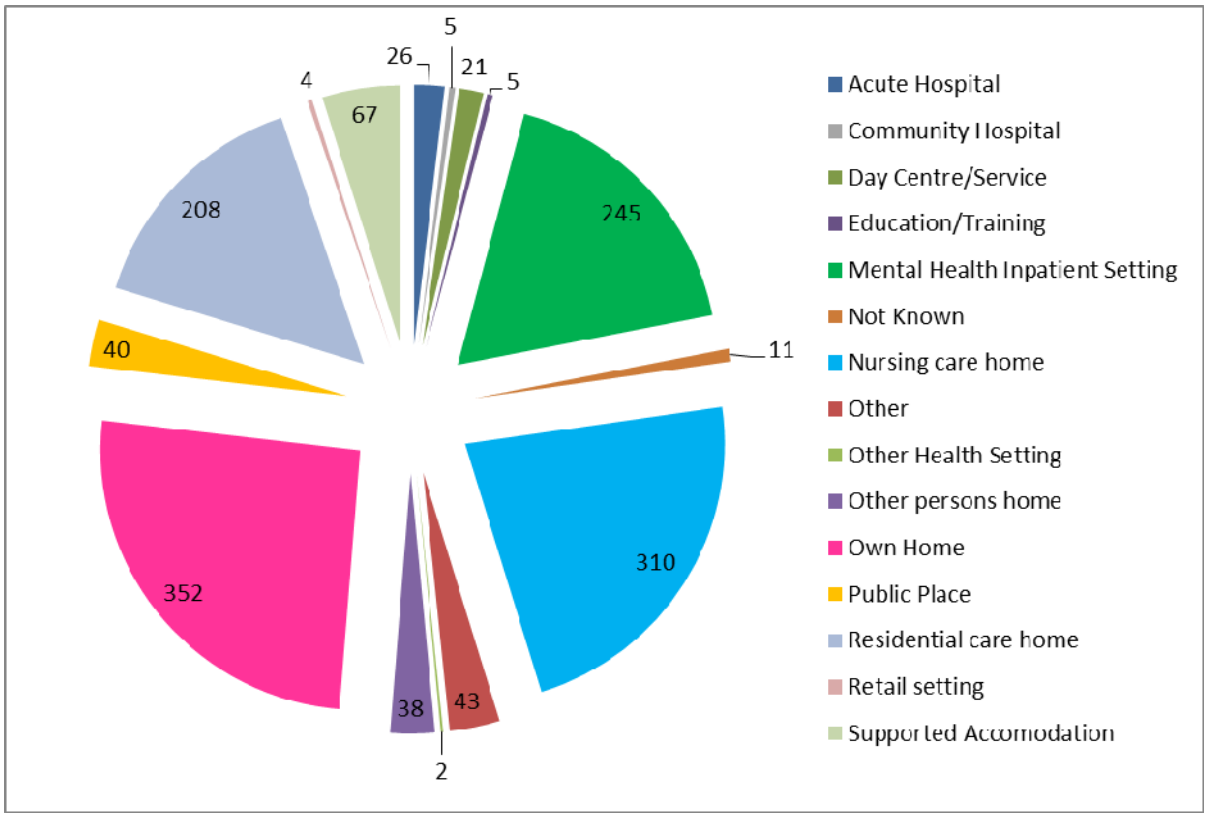
Source of referral



This table shows us who made the safeguarding referrals. In 2012/13 the highest number of referrals made was by care home staff. With the overall increase in the number of referrals in 2013/14 the pattern of referrals is very similar, with the care home sector (399) and mental health staff (337) making the most referrals. This again reflects the number of incidents involving service users with dementia, mental health issues and learning disabilities within the overall figures.

Unfortunately the number of referrals made by non-professionals continues to remain low and therefore is a priority of the Service User and Carers Sub Group of the SAB who will work to increase awareness amongst these groups. The Communications Sub Group and Training Sub Group have assisted in this work by developing easy read material and providing training to service users and carers to raise awareness of safeguarding and how to report any concerns.
These three sub groups will continue to collaborate through 2014/15 to raise awareness with the general public to recognise abuse and make a referral when there is a concern about a vulnerable adult. It is recognised that this approach needs to take into account the information needs of those who do not have English as a first language and those who cannot access information from a website or may have visual impairments or be unable to read or comprehend information in a written form.

Number of incidents at each location

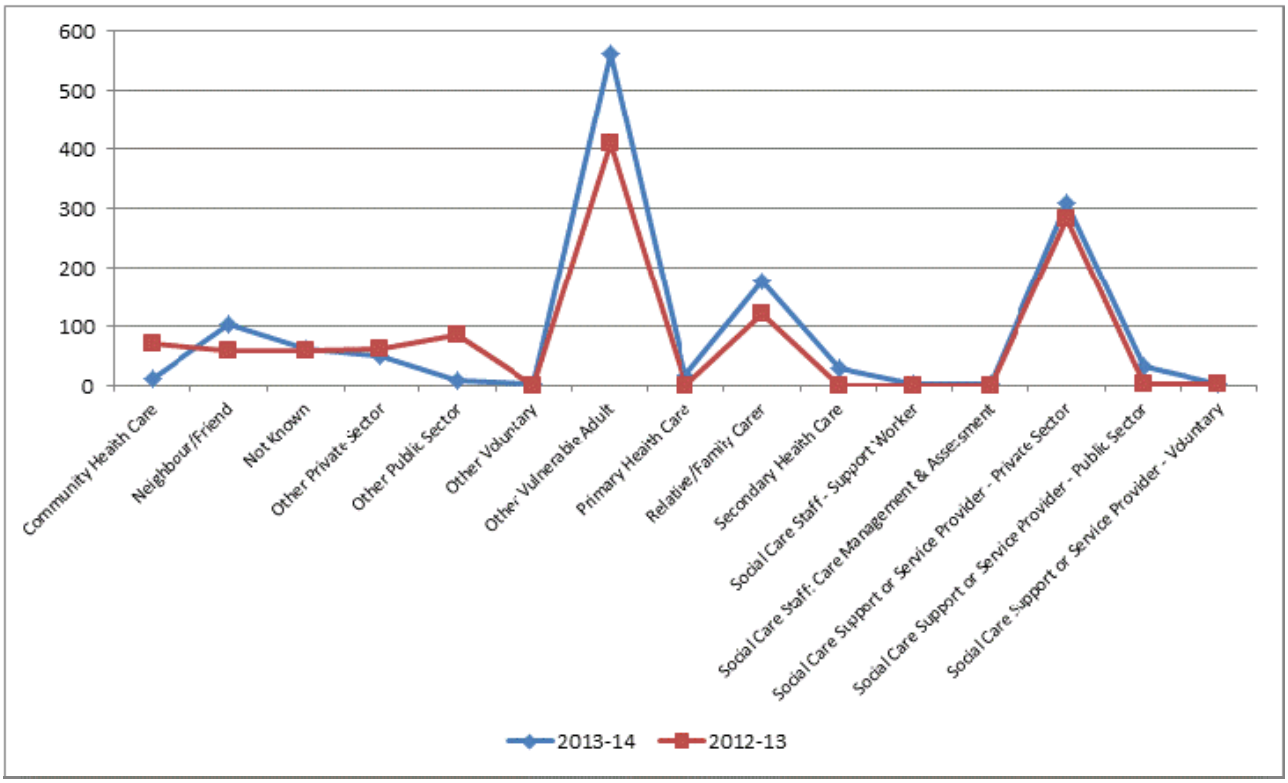


The most common location of reported abuse or neglect was the alleged victims own home (352 of all referrals) closely followed by nursing care homes (310 referrals) and mental health inpatient settings (245).

The number of incidents reported in nursing care homes and inpatient mental health services reflects the number of incidents involving service users in both service groups, but this needs to be considered along with the information in the Table on page 14, Alleged Perpetrators.

The number of incidents in people's own homes represents potentially the greatest challenge in protecting adults from abuse. It can be harder for statutory agencies to pick up concerns especially in situations where relatives or family members are the alleged perpetrator. The SAB has continued its focus on raising awareness with GPs and other community health professionals who may pick up signs of abuse when they see vulnerable people either in surgeries or clinics or in the person's own home. The requirement for training for home care agency staff has continued to be reinforced with providers and through contract monitoring. It is critically important that we continue the work of the SAB and partners to raise awareness of the signs of potential abuse in the wider community and that members of the public can easily find where to report any concerns that they have. This will be a key area of work in 2014/15.

Alleged perpetrators



This year with the overall increase in the number of referrals the pattern of alleged perpetrators remains very similar with the number of referrals where other vulnerable adults are recorded as the alleged perpetrator being the highest (564). This again reinforces that incidents initiated by a service user against another service user are the highest single type of incident that is reported through the safeguarding process.

The next highest category is Social Care Support or Service Provider - Private Sector (308), followed by relative and family carer (178). The link between the alleged perpetrator being a relative or family carer and incidents reported as being in the person's own home is referred to on page 13.

There is a clear need to continue to find ways to address abuse where the alleged perpetrator is a member of staff particularly in the private sector. In Cambridgeshire the majority of the direct care provided in residential/nursing homes and by home care agencies is provided by the independent sector i.e. the private sector and the voluntary sector, with the private sector provision being significantly larger than the voluntary sector provision.

Where concerns are raised about poor performance against contract requirements or poor practice these are shared at a Bi-Monthly Information Sharing Meeting attended by the Council, the Care Quality Commission (CQC), Cambridgeshire Community Services NHS Trust, Cambridgeshire and Peterborough Clinical commissioning Group (CCG) and Cambridgeshire and Peterborough NHS Foundation Trust. Information about concerns is shared and a multi-agency

response agreed on how to address the concerns with the provider. The concerns may be raised through whistle blowing, or information gathered by any of the agencies attending the meeting through their visits to residential/nursing homes or appointments with people living in their own homes.

In a small number of cases (and where there are serious concerns), a Risk Summit is held that includes all of the agencies previously mentioned along with representatives from the Police, Ambulance, Fire, Health and Safety and Environmental Health. This allows the agencies to plan the best approach to ensuring compliance with all of the requirements (including legislative requirements) applicable in a care home or other care service.

Work to address the potential abuse of adults with care and support needs living in residential/nursing homes and receiving support in their own homes continues to be a high priority for the SAB. The work to raise awareness within the wider community, described earlier, is an important part of this work – safeguarding adults must become “everybody’s business” in the way that child protection has been promoted with the public.

The Health Sub Group which is chaired by a representative from the CCG has started a piece of work focused on improving standards in nursing homes. This work is being informed by the issues that have been raised through the information sharing arrangements.

The Training Sub Group has continued to promote courses on Raising Awareness of abuse for all staff and Management Responsibilities for team leaders and managers across all independent sector provider organisations. In addition, the training team has delivered tailored training courses for specific provider organisations to meet their specific needs around safeguarding. This will continue throughout 2014/15.

Case conclusions

	2011-2012	2012-2013	2013-2014	Trend
Investigation ceased at individual's request	-	-	2%	Not collected in previous years
Not determined/ inconclusive	20%	16%	16%	⟺
Not substantiated	21%	20%	19%	⇩
Partly substantiated	17%	16%	14%	⇩
Substantiated	42%	48%	49%	⇧

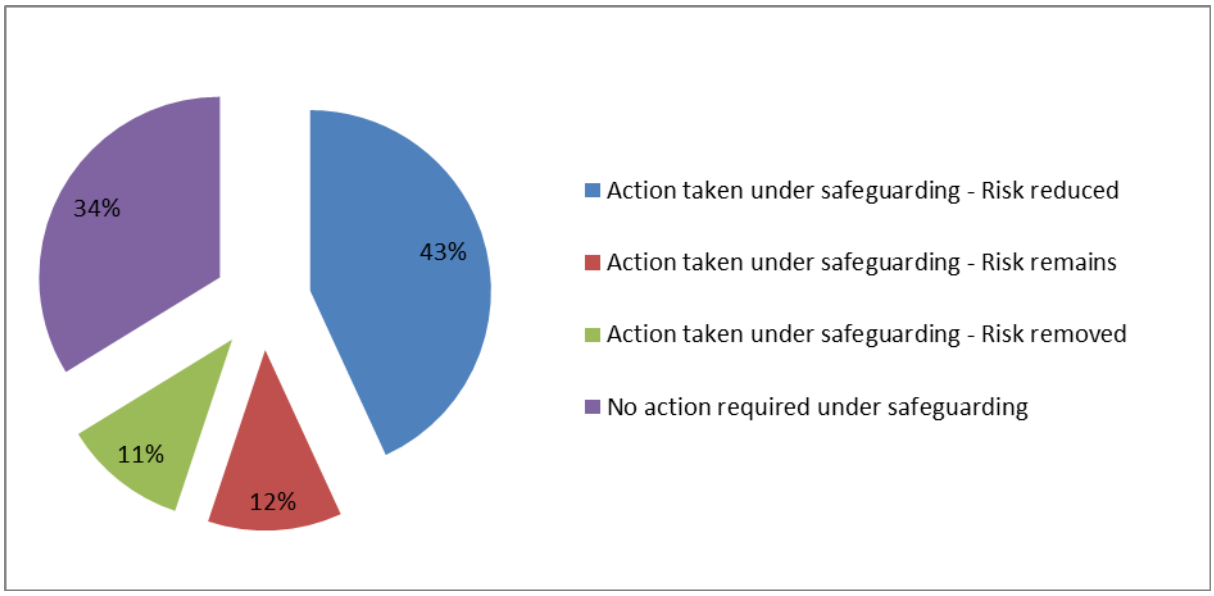
This table shows what the findings were at the end of the safeguarding process with a total of 63% being “substantiated” or “partly substantiated”. The safeguarding process uses decisions based on the balance of probabilities as opposed to beyond reasonable doubt as used by the Police.

The percentage of cases that were “not determined/inconclusive” remained unchanged from 2012/13 to 2013/14. It can be difficult to prove an allegation of abuse one way or another, especially if the incident is un-witnessed and these cases would be described as “not determined/inconclusive”.

The percentage of “not substantiated” cases where the available evidence demonstrates that there was no abuse remains similar to last year.

Considering the overall picture of case conclusions the balance towards “substantiated” and “partly substantiated” cases suggests that the majority of referrals are being made appropriately under the current practice and procedures.

Outcomes for victims



This diagram shows the recorded outcomes for victims of abuse for the period 2013/14 as a result of the actions taken to respond to the safeguarding referral.

Where risks remain or are reduced rather than removed there will be a plan to monitor and review the situation, often with multi- agency input and information being shared to provide early alerts if there are further concerns.

Risks may remain, or be reduced rather than removed, where the person lives in their own home and does not want to move or be separated from a relative or family carer who may be the alleged perpetrator, or where people continue to live in residential/nursing homes where other service users are instigating the aggression against other service users and it is not considered appropriate to move people to alternative services. This reinforces the importance of working with the providers of these homes to ensure that they have the skills and experience to manage behaviours that may be challenging.

Measuring the quality of the safeguarding process

A priority for the Board during the coming years will be to continue developing ways to effectively monitor standards of practice being carried out within the safeguarding process.

Work is ongoing to develop a series of standards that measure the quality of the safeguarding process being undertaken, examples of this are:

- improvement in outcomes for people who have been involved with the safeguarding process
- learning the lessons from adult safeguarding cases
- whole community engagement
- governance arrangements for the Board

Quarterly reports are produced in relation to safeguarding activity. Alongside this work, considerable time has been spent mapping out the standards expected at each stage of the safeguarding process and providing clear guidance within the safeguarding process to support the achievement of these standards.

Ensuring that the Board learns from individual experiences of the safeguarding process and guaranteeing standards are maintained will be an ongoing priority and area of development during 2014/15.

How have we worked together to safeguard adults from abuse?

Making Safeguarding Personal in practice is to ensure that the service user is consulted throughout the process as to what outcomes they want to achieve, in essence, to remain person centred and not to be process driven.

Case Study 1

Grace is 22 years old, has a learning disability, behaviours that challenge others and lives with her mother. She moved into emergency residential accommodation after her mother's mental health had declined and she was sectioned under the Mental Health Act.

Grace lived in the residential accommodation for three years and during this time regularly visited her mother at home. One of the visits resulted in her mother deciding her daughter should remain with her. The residential accommodation reported this through to adult safeguarding when Grace did not return. There was concern that Grace's mother may not be mentally well enough to support her daughter and her complex needs. Grace's mother would not speak to anyone in adult social care as there was a lack of trust as she felt she was not listened to and also that her daughter's views were not listened to, especially at reviews.

A safeguarding discussion took place to identify what the risks of Grace staying with her mother would be. Previous concerns had been that as her mother's mental health declined, then her ability to support her daughter also declined which meant that Grace did not always attend her day support service or get her health needs addressed, which included receiving her medication.

The residential accommodation reported that Grace's behaviours were severely challenging to them and were concerned her mother would not be able to cope. One of the actions from the safeguarding discussion was to visit Grace and her mother to address the concerns. At this meeting, it was reported by the social worker that the behaviours the residential accommodation had reported were not present at the time of the visit and that Grace was well cared for and happy to be with her mother.

As part of the safeguarding safety plan, it was critical to gain the views of Grace. This was achieved with support from her advocate. Her mother's views were also sought and as a result of this the social worker allocated to Grace was able to start to build a trusting relationship with her mother as well as Grace. Both attended the strategy meeting with the advocate present. The concerns and risks were able to be discussed.

Grace did not have mental capacity to decide where she should live and with the subsequent visits from the social worker, a trusting relationship was built with her mother. A best interests decision was made to support Grace to remain living with her mother. Grace's behaviours have diminished and her mother feels she is able to contact the team for support for Grace via the flexible support plan, when she experiences a decline in her own mental health.

Case Study 2

Hashima is a 65 year old widow. She has Parkinson's condition and was not able to manage daily living tasks, such as paying bills, shopping and taking her medication without support. She moved in to live with her daughter after her bereavement.

Not long after moving in with her daughter, a neighbour saw her being hit and shouted at whilst she was in the garden. She reported this to the police who made a visit. Hashima explained she was okay and did not want to make a fuss. The officer recorded the incident and made a referral to the local social care team as she was concerned Hashima may need some support with her situation.

The social worker contacted the police for further information and a discussion about how best to proceed with the referral. The social worker contacted Hashima and visited the same day. Her daughter was out of the house at the time of the visit and she described how she was fearful of her daughter and that she hit her and shouted at her close up to her face. She said her money was taken away from her and she did not have any at all as her daughter spent it on drugs. Hashima said she did not want to move out as she would miss the dogs as she was very fond of them.

A safeguarding meeting was held two days later with all the agencies involved to share information and to look at the levels of risk for Hashima. It was established that the police had visited the property since the original referral and found Hashima to be frightened. The DWP had raised concerns when they rang to speak to Hashima, they could hear her daughter shouting abuse at her whilst they were speaking to her over the phone. The housing provider had highlighted concerns about the behaviours of her daughter and was considering taking action to evict her. From the information shared, the levels of risk of harm to Hashima were greatly increased.

Actions were agreed at the meeting and a plan put in place to address the vulnerabilities of Hashima. The housing provider was able to identify a flat in extra supported living accommodation if she wanted to move quickly and the care provider of the accommodation would be able to support her with her daily living activities, which would include going to a crochet club that she enjoyed and supporting her with managing her money and shopping.

The social worker visited Hashima and was able to explain what options were open to her and about the safeguarding meeting. Hashima did not want an advocate and felt supported by the social worker. Hashima decided to move into the accommodation and did not want her daughter to know where she was.

Once she had moved, the care provider supported her to establish a routine with shopping and the crochet club and with making her flat into a home for herself and which she felt safe in. Her emotional and physical well being improved and her daughter did not make any efforts to try and locate her mother.

Hashima was very happy with her move and described herself as being not frightened anymore.

What have we achieved?

Training and Workforce Development

Introduction 2013/2014

The County Council's Adult Safeguarding Training Team offers training to our statutory partners, independent, private, voluntary and charitable sectors across Cambridgeshire.

A commitment towards improving the lives of vulnerable adults remains central to the work of the team and as such we have continued to support services to deliver awareness raising training for people who use services and their carers.

Staffing

A specialist team of three part-time trainers and a manager are supported by 1.5 administrators.

For five months the team was reduced to two trainers, pending the recruitment of a third. During this time, the team worked hard to minimise the cancellation of courses.

There continues to be a wealth of knowledge within the team which is applied to more in-depth courses covering the links with Mental Capacity Act 2005, Deprivation of Liberty Safeguards 2007, The Mental Health Act 1983 and Domestic Abuse.

Training Figures

People trained

From 2011/12 we have seen a steady increase in the number of people trained across the County.

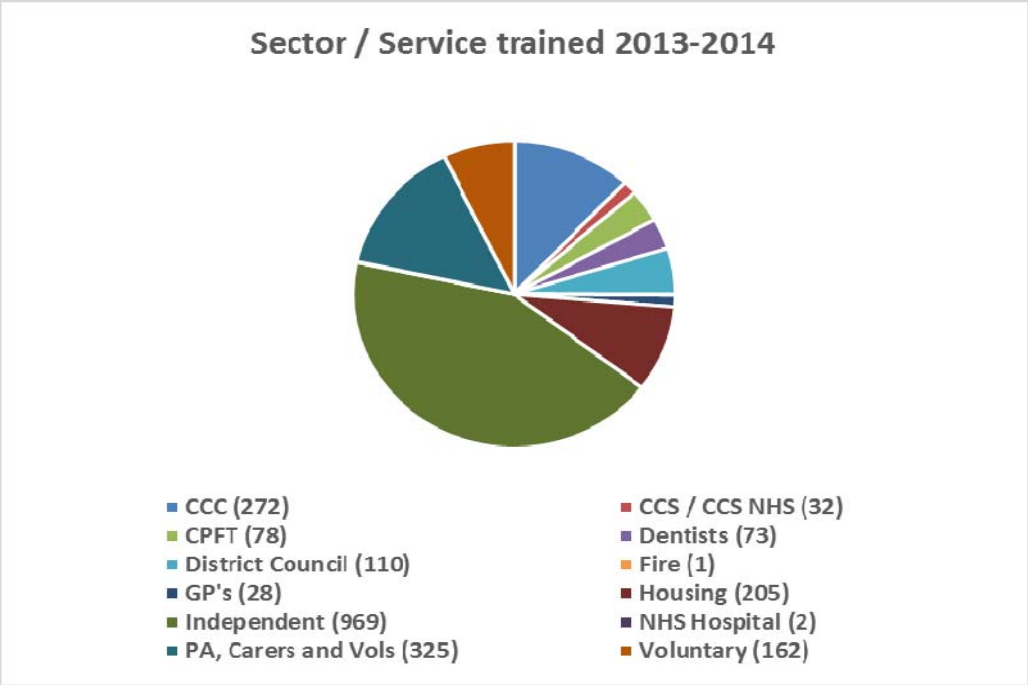
In 2012/13 we experienced a 4% increase of people trained with the most notable increase from dental surgery staff, GP's, NHS Hospitals and the housing sector.

This year for the first time we have experienced a 13% decrease in the overall number of people trained. The training team will monitor this over the next year to see if there are any links to the charging which was introduced for our Raising Awareness Courses in April 2013 which are aimed specifically at the independent sector.

The team also supports the Mental Capacity Act and Deprivation of Liberty Safeguards Team with their training programme. These figures are not included in the safeguarding adult's course statistics.

The Team offered 12 different course choices which were delivered through 152 training sessions.

The independent sector continues to represent the largest percentage of overall course attendees with people attending our Raising Awareness and Management Responsibilities courses in the community.



The team continues to actively promote the requirement of organisations to ensure that people who use services are aware of adult safeguarding and are informed how to report any concerns they may have. The team is available to offer advice and share resources to support in the planning and delivery of information to support this process.

Course and Resource Development

An Adult Safeguarding and Mental Capacity Act Training Strategy for GP Practices was written in consultation with the CCG and Peterborough City Council. The strategy outlines 3 different levels of training in accordance with staff roles and responsibilities within the surgeries. Bespoke training sessions have been developed and will be held over the next year.

Filming on a range of short clips with our partner agencies about safeguarding adults commenced this year. The clips explain what safeguarding means and offers an insight into individual organisations roles and responsibilities to support the process of preventing and responding to allegations. The clips will be made available on Cambridgeshire County Council's website for access by members of the public, including formal and informal carers and users of services themselves.

A volunteer has been supporting the development and delivery of the Adults Safeguarding Training for Leads. This has provided a valuable dimension to the course outcomes as attendees have been able to reflect on the importance and support required to involve users of services in their own safeguarding investigation.

The Management Responsibilities course has been redesigned and a separate course will be delivered next year for supervisors and managers of Adult Safeguarding Leads. The course content will include more practice guidance from

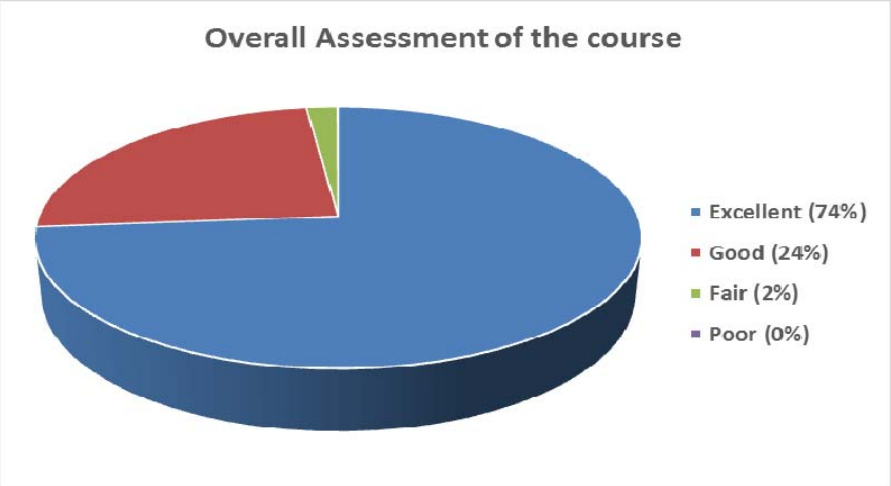
the policy and procedures to enhance managers' skills and knowledge to support leads within their role.

A joint presentation on the Mental Capacity Act 2005 and Adult Safeguarding to promote awareness within the Secondary and Further Education Sector was delivered at an Education Conference in November 2013. The team has continued to work with the Education Child Protection Service to develop and promote training for Designated Officers for Adult Safeguarding within the sector.

An effective working relationship has continued with the Diocesan of Ely Safeguarding Officer to review their training and contribute towards updating knowledge of internal trainers on adult safeguarding.

Course Evaluation

The overall feedback from our training session's show that 98% of the courses were rated good to excellent. Course content is continually reviewed to take into account feedback from course attendees and also local and national policy, procedural and legislative changes.



Future work plan

The Adult Safeguarding Training and Workforce Development Sub-group will work towards the objectives laid out in the Safeguarding Adults Board's Business Plan for the next year. The group will continue to meet quarterly to review the progress against the objectives.

Core objectives for the next year include the review and development of training materials and delivery to support the awareness and impact of the implementation of the Care Act 2014 on adult safeguarding.

The current e-learning package will be replaced to reflect the implementation of the Care Act 2014. Cost neutral methods of its development will be remain core, so it can continue to remain a free resource and available to all organisations and members of the public, including informal carers and people who use services.

Work with the Diocesan of Ely will continue with a joint event to raise the profile of adult safeguarding across faith groups. Advice will be offered to groups to develop policy and procedures and training materials for group members. This will include preventative strategies and how to recognise and report abuse within the communities they serve.

A recent Workforce Development (WFD) project has highlighted services that are not delivering Adult Safeguarding Training in accordance with the Adult Safeguarding Training Strategy and Standards. The team will be working with WFD's Training Compliance Advisor to increase the quality of training delivered within services across the County. Another strategy to improve such issues is the development of the 'Key Practitioner' Course over the next year to support organisations who deliver their own training in-house. This will offer a quality assurance framework by outlining and monitoring the content of adult safeguarding training through the delivery of regular updates to in-house trainers and offering an annual observation.

Cambridgeshire Chronically Excluded Adults (CEA) Service

Cambridgeshire County Council and Cambridge City Council partnered with the NHS and other statutory and social sector organisations created a co-ordinated multi-agency service for specific individuals with severe and complex multiple needs. It is one of three original Making Every Adult Matter (MEAM) pilot areas, designed to help public agencies better understand and respond to the needs of their most chaotic clients based on a replicable model that uses a set of seven core elements. The success of the service lies in achieving strategic buy-in and bringing the right people and agencies together at the table and a single point of contact for service users to help them navigate access to services, co-ordinate provision and follow and support them through the journey to rebuild their lives.

Background

In 2009 Cambridgeshire County Council conducted a Joint Strategic Needs Assessment (JSNA) for people homeless or at risk of homelessness. Revealing an average age of death of 44 years, this highlighted a clear failure of public services to achieve improved outcomes for a particular cohort of people with a range of severe problems and presenting needs.

In conjunction with the JSNA, subsequent work by a joint multi-agency partnership convened to address the escalating problems of one specific individual through co-ordinated support led to significant improvements to their mental and physical health, as well as positive housing and anti-social behaviour outcomes. Following this success, the county and city councils together with the police and NHS agreed to explore a co-ordinated approach to service provision for those individuals with particularly complex needs. This was supported by modest contributions to fund a manager for the service and as a MEAM pilot project benefitted from a framework and set of tools to help inform the design and delivery of flexible and integrated solutions.

Objectives

The Chronically Excluded Adults (CEA) service is focused on practical co-ordination for people facing a range of multiple needs and exclusions, helping ensure that local services are able to provide flexible, personalised support. Its aims are to not only improve the situation that an individual with complex needs finds themselves in, but by doing so to also reduce the costs to the public purse. Unlike targeted interventions elsewhere that seek to achieve improved outcomes according to their own operational timeframe or in response to times of client crisis, the CEA service implicitly recognises that service users are involved in co-creating value in the shape of improved outcomes. To be effective in achieving long-term, transformative change, the client themselves has to be ready and wanting to make the change. By putting their clients' needs and wishes first - but never promising anything that they cannot deliver - CEA Co-ordinators are able to gain their trust and be there for them when they are ready to make the changes needed to turn their lives around.

Implementation

Although the service sits within the County Council, in terms of its strategic governance and operational management it is overseen respectively by a Board and an Operational Group. These are comprised of key public sector commissioners from a broad spectrum of agencies, including health, mental health and drug and alcohol services, criminal justice, together with social sector representatives from organisations including local homelessness charities such as Cambridge Cyrenians.

Through this local strategic and operational collaboration, agencies are able to secure high level organisational engagement, agree approaches to joined-up frontline working and how to meet the needs of specific clients.

Referrals to the service are made by various agencies conducted using the New Directions Team Assessment behavioural tool (formerly the Chaos Index), validated by the CEA and prioritised by the multi-agency operational group following a review of the client's previous engagement and interaction with local services. They are then assigned to a CEA Co-ordinator, each managing a caseload of 12-15 clients. Rather than the traditional approach involving support provided at different stages with the client passed from worker to worker, the CEA Co-ordinator is able to follow their journey regardless of where it takes them and sticks with each client until help is no longer needed. Unconstrained by service limits, they are able to work with no other remit than to meeting their client's needs, providing a genuinely person-centric approach with the authority to employ innovative approaches.

Success and challenges

When the pilot officially ended in 2012, results from the first year's evaluation found a measurable and statistically significant improvement in the wellbeing of service users, as measured using three different assessment tools:

- The Outcomes Star;
- New Directions Team Assessment;
- The Warwick Edinburgh Mental Wellbeing Scale.

Although in the short term this led to an increase in some costs as clients accessed services (e.g. health, substance abuse and housing), these were more than offset by a reduction in costs elsewhere, such as the £100,000 or 31% reduction in criminal justice costs. It is anticipated that as clients' wellbeing improves in the longer-term, their use of more expensive emergency services will reduce as they benefit from planned and appropriate interventions.

Funding for the CEA service was secured for second and third years, increasing the number of clients worked with from 20 to approximately 50. Results of the second year evaluation show that clients have maintained their wellbeing improvements and kept overall service use costs below the baseline. Co-production is a feature of the service, involving clients in identifying gaps in provision and feeding back to commissioners about what has worked for them. The CEA service has also played a consultative role in the tendering process for

services in the County, helping improve the provision available. Challenges for the future revolve around exploring how to maintain the flexibility and co-ordinated approach of the CEA service, developing systemic changes that can make this way of working sustainable and a key part of the future commissioning process for public sector commissioners in Cambridgeshire.

Lessons

MEAM estimates that there are approximately 60,000 adults with multiple problems living chaotic lives who have ineffective contact with services and who as a group impose disproportionate costs on society and the taxpayer.

To date the public sector has struggled to commission joined up services that are able to respond to their needs in a flexible and responsive manner, but through mechanisms such as pooled budget arrangements there is significant potential for commissioners to ensure that their most vulnerable residents do not fall through existing gaps in provision.

Informed by the Cambridge experience and work in other pilot areas, the MEAM approach is one that has the potential to help commissioners and their partners achieve successful collaborative solutions to some of the most complex problems facing society.

Prevent

Prevent is 1 of the 4 elements of CONTEST, the government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism.

The Prevent Strategy:

- responds to the ideological challenge we face from terrorism and aspects of extremism and the threat we face from those who promote these views
- provides practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support
- works with a wide range of sectors (including education, criminal justice, faith, charities, online and health) where there are risks of radicalisation that we need to deal with.

The strategy covers all forms of terrorism, including far right extremism and some aspects of non-violent extremism. However, we prioritise our work according to the risks we face. For instance, following the death of soldier Lee Rigby in Woolwich, the Prime Minister is leading a task force on tackling extremism and radicalisation.

The special committee, which includes senior members of the cabinet and security chiefs, builds on the Prevent Strategy.

The Home Office works with local authorities, a wide range of government departments and community organisations to deliver the Prevent Strategy. The police also play a significant role in Prevent, in much the same way as they do when taking a preventative approach to other crimes.

A range of measures are used to challenge extremism in the UK, including:

- where necessary, we have prevented apologists for terrorism and extremism from travelling to this country
- giving guidance to local authorities and institutions to understand the threat from extremism and the statutory powers available to them to challenge extremist speakers
- funding a specialist police unit which works to remove online content that breaches terrorist legislation
- supporting community based campaigns and activity which can effectively rebut terrorist and extremist propaganda and offer alternative views to our most vulnerable target audiences - in this context we work with a range of civil society organisations
- supporting people who are at risk of being drawn into terrorist activity through the Channel process, which involves several agencies working together to give individuals access to services such as health and education, specialist mentoring and diversionary activities.

Overseas, the government works closely with countries where those who support terrorism and promote extremism are most active. The government's activity is concentrated on Pakistan, the Middle East and East Africa where radicalising activity can have a direct impact on communities in the UK.

Supreme Court Ruling March 2014 re P v Cheshire West and Chester Council and P and Q v Surrey County Council

The Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS) came into effect on 1 April 2009. This amended a breach of the European Convention on Human Rights and provides for the lawful deprivation of liberty of those people who lack the capacity to consent to arrangements made for their care or treatment in either hospitals or care homes, but who need to be deprived of their liberty in their own best interests and to protect them from harm.

Local authorities are designated as 'Supervisory Bodies' under the legislation and have statutory responsibility for operating and overseeing the MCA DoLS.

Hospitals and care homes are designated as ‘Managing Authorities’ and have the responsibility for applying to the relevant local authority for a Deprivation of Liberty Authorisation.

The MCA DoLS are designed to protect the human rights of an extremely vulnerable group of people with learning disabilities, dementia or acquired brain injuries and to:

- ensure these people can be given the care they need to be the least restrictive and also justified to be in their best interests
- prevent arbitrary decision making that deprive them of their liberties
- provide them with rights to challenge their detention if need be

Under the MCA DoLS, six assessments have to be successfully conducted before a local authority as Supervisory Body can authorise the deprivation of an individual’s liberty in a hospital or a care home. These assessments must be carried out by appropriately qualified assessors appointed by the Supervisory Body and namely, the Best Interests Assessor (BIA) and the Mental Health Assessor.

Assessments must be completed within 21 calendar days for a standard deprivation of liberty authorisation or where an urgent authorisation has been given; it must be completed within 7 calendar days. However, this can be extended for a further 7 calendar days under exceptional circumstances.

The Supreme Court’s ruling

The ruling has also clarified a number of key areas of law in relation to the MCA DOLS as summarised below:

- There is an “acid test” in determining a person is deprived of their liberty if they are (a) under continuous supervision and control and (b) not free to leave.
- The person’s objection to or compliance with their living arrangements are irrelevant to the assessment.
- The purpose is irrelevant. “The fact that my living arrangements are comfortable and indeed make my life as enjoyable as it could possibly be should make no difference” a quote from Lady Hale.

- The “relative normality” of the placement is also irrelevant as the Supreme Court has unequivocally rejected this concept and reaffirmed the universality of human rights and physical liberty should be the same for everyone.
- A deprivation of liberty can occur outside the care home and hospital settings, for example in domestic or quasi-domestic setting where the State is responsible for imposing such arrangements. For example, in supported accommodation or shared lives or extra care living arrangements. However, a deprivation of liberty in such placements can only be authorised by the Court of Protection.

The full judgment can be found on the Supreme Court‘s website: www.supremecourt.uk/

A word from some of our Partners

Addenbrookes Hospital, Cambridge University Hospital NHS Foundation Trust

CUH is a large teaching and academic health science centre providing services for the local community alongside significant amounts of specialist work, both regionally and nationally, for specific conditions. The adult services are delivered within Addenbrookes Hospital; women's and maternity services are delivered within the Rosie Hospital.

Governance and Accountability
The Chief Nurse is the Executive Director with Board responsibility for Safeguarding Adults and sits on the Cambridgeshire Safeguarding Adults Board. The role is supported by the Deputy Chief Nurse. A quarterly Vulnerable Adult Steering Group is attended by senior staff from across the Trust, including a named non-executive director and representatives from partner organisations, including Cambridgeshire County Council and Cambridgeashire Community Services NHS Trust. The steering group report to the Joint Adult and Children's Safeguarding Committee and then into a sub-committee of the Board. Cambridgeshire County Council, in their role as the Trust's supervisory body, undertake the lead responsibility for investigating adult safeguarding issues within Addenbrookes Hospital and for those patients who reside in Cambridgeshire; organising strategy meetings or discussions as appropriate. To date, Cambridgeshire Community Services NHS Trust (Health and Social Care) have fulfilled this role on behalf of the Local Authority. However from 1/6/14, this undertaking will be directly managed by CCC.

2013-14 Achievements

- Appointment of a dedicated Adult Safeguarding Lead to guide and oversee the implementation of national and local guidance in accordance with best practice.
- Development of a combined Adult and Children's Safeguarding Committee, which reports jointly to the Trust Board of Directors (next due in June 2014).
- Delivery of Prevent awareness within the organisation and implementation of Prevent policy.
- Delivery of our adult safeguarding training plan, and enhance the awareness of staff via posters, leaflets and regular face-to face training in addition to the corporate induction strategy.
- Work with partner agencies to further implement national recommendations and improve identification and referral processes.
- Liaison with partners and community services to further raise the awareness of MCA/DoLS processes and the implementation of 'Best Interests' working.
- Liaison with partner organisations to ascertain feedback from CUH cases within Cambridgeshire.
- Achievement of 90% training compliance for level 1 adult safeguarding training.
- E-learning package for medical staff has been updated.

- Improved our aligned SOVA incident reporting i.e. notification via our internal incident reporting for every referral made - 98.8% compliance.
- Achievement of actions identified by internal audit (Aug 2012), including delivery of training specifically to ED staff.

Focus Actions for 2014/15

- Liaison with partner organisations to ascertain feedback from CUH cases outside of Cambridgeshire.
- Achieve an improved training compliance for level 2 adult safeguarding training.
- Embed the adult safeguarding framework further, alongside the already robust and established CUH policies and procedures.

Serious Case Reviews

There were 0 serious case reviews held under Cambridgeshire procedures during 2013 involving people receiving a service from Cambridge University Hospitals. There have been five Best Interests Meetings over the course of the last year.

Cambridgeshire Community Services

Safeguarding adults

Cambridgeshire Community Services have a commitment and a duty to safeguard vulnerable adults as stipulated in Outcome 7 of the Care Quality Commission Regulations. To achieve this ambition the organisation has to ensure robust systems and policies are in place and are followed consistently, provide training to enable staff to recognise and report incidents of adult abuse, provide expert advice, and reduce the risks to vulnerable adults.

Governance and assurance

As part of the Trust's adult safeguarding responsibilities it is required to provide senior Trust representatives as Board members on the local multi agency safeguarding adult boards.

The Trust has an established Adult Safeguarding Group which maintains responsibility for the strategic overview of adult safeguarding. The CCS safeguarding group is attended by local council safeguarding leads and is key to the information share of internal and external safeguarding cases.

The Trusts' incident reporting database Datix has been re-modelled to provide data on adult safeguarding concerns ranging from potential and suspected abuse, to confirmed and reported episodes of abuse that are escalated to full investigation by the local adult safeguarding teams. The data provides an over view of clusters and trends with both internal and external providers of care that is able to be shared with local council leads.

The safeguarding adult policy supports the Cambridgeshire Safeguarding Adult Board Multi-Agency Policy. The policy is reviewed and updated and is available to all staff via the Trust intranet.

As part of the 2013/14 Annual Audit Plan, as approved by the Audit Committee, Internal Audit is currently performing a review of the systems and controls in place within the Trust to ensure that the safeguarding adults processes are robust. This review is due to be completed within the first quarter of 14/15 and is a repeat of the audit carried out 12 months prior. A moderate level of assurance was achieved in 2012-2013.

Cambridge and Peterborough have undertaken a 'Deep Dive' review of Adult Safeguarding and the report is awaited.

Safeguarding Structure
Organisational Lead - Chief Nurse
Strategic Lead – Head of Professional Practice
Practice Leads – Named Nurses for Adult Safeguarding x 3 posts (1 awaiting recruitment)

Each locality unit has an updated overview of accountability for safeguarding which is reportable to the CCS Adult Safeguarding Group. Individual staff acknowledge that 'Safeguarding is Everyone's Responsibility'

Training
CCS must be able to demonstrate to the CQC that 'Outcome 7 – Safeguarding' is met: "People are safeguarded from abuse, or the risk of abuse and their human rights are respected and upheld".

To fulfil this responsibility, basic awareness training in safeguarding is mandatory for all staff and the trust is able to offer a variety of formats of training including e-learning via the NHS core learning system, face to face workshops (compulsory to newly appointed staff via corporate induction) and via local authority training programmes, Mental Capacity Act training and Deprivation of Liberty training are available also as e-learning and via local authority training teams. The target for compliance for adult safeguarding training is 95%.

Maintaining training compliance has been an area of focus this year, systems have been reviewed and integrated to ensure consistency and the training programmes reviewed. Training compliance is monitored by the Trust Board via the Quality Report and dashboard on a monthly basis. The risk of non-compliance has been monitored using the Board Assurance Framework reflective of the priority given to this subject.

Safer Recruitment
The recruitment of all staff appointed to both permanent and temporary/bank/ voluntary posts is subject to pre-employment clearance in line with *NHS Employment Check Standards*, which outlines the legal and mandated requirements for pre-employment checks in the NHS (and the on-going employment of all individuals within the NHS). These include checks around the previous employment history, Criminal Record Bureau disclosures and compliance with the Independent Safeguarding Authority requirements and procedures, as they are implemented.

Allegations against staff
It is acknowledged that the abuse and neglect of adults at risk can occur in any health care setting including in-patient and community environments. It can involve family members, or carers, or neighbours, or strangers, or other members of the community or care professionals. There have been occasions when safeguarding procedures have been used to investigate allegations being made against Trust staff members.

There were a total of seven disciplinary cases that implicated staff in allegations related to the abuse or neglect of adults at risk. The respective local authority safeguarding leads were involved in the investigations and the HR team dealt with the case with appropriate sensitivity and ensured the alleged perpetrators had their rights upheld. The alleged perpetrators rights are: to confidentiality; a presumption of innocence; to seek representation; and to have their views heard.

Following the due process under HR policies, the outcomes were as follows:

Number of cases	Outcome	Sanction
1	Insufficient evidence to substantiate concern	Return to work with action plan for improvement
1	Final written warning	Return to work with action plan for improvement
4	Dismissal	Upheld at appeal
1	Currently under investigation	

The four cases resulting in summary dismissal have subsequently been referred to the Disclosure and Barring Service.

Adult safeguarding: Key Actions for 2014-15

- Increased number of staff to complete higher levels of adult safeguarding training to provide a more in-depth knowledge of safeguarding and to support the investigation process.
- Safeguarding adult competencies framework rollout.
- Response to actions and recommendations from current adult safeguarding audit programme to be agreed at CCS Adult Safeguarding Group and Board.
- Response to CCG deep dive assurance visit programme to monitor compliance with safeguarding standards agreed at safeguarding adult group and Board.
- Review of safeguarding systems and processes, to ensure accurate collection of safeguarding information across the whole organisation**.**
- Ultimately, no reported cases of adult neglect attributed to CCS.
- Identify staff to ‘champion’ safeguarding within CCS operational services.
- Engagement with regional Learning Disability work streams and enlist in-service champions.
- Multi-Agency partnership work to focus on reporting mechanisms and thresholds.

Cambridgeshire Constabulary

Cambridgeshire Constabulary is committed to working with partners to safeguard vulnerable adults and has a specialist Adult Abuse Investigation and Safeguarding unit within the Public Protection Department. The unit works loosely with the Multi-Agency Referral Unit and the Constabulary is assessing potential resource requirements in light of the consequences of the future implementation of the Care and Support Bill.

A criminal investigation is but one outcome of effective safeguarding activity and the constabulary is committed to delivering safeguarding primarily through a countywide Multi-Agency Safeguarding Hub which increases the opportunity for agencies to share information quickly and speedily. This enhances the opportunities for partnerships to ensure risk is identified and responded to in the most effective manner, leading to better outcomes for vulnerable people.

Cambridgeshire Fire and Rescue Service

Cambridgeshire Fire and Rescue Service has a vision of a safe community where there are no preventable deaths or injuries in fires or other emergencies. The service understands that fire impacts more on the vulnerable in the community who live in the most at risk areas. Therefore we continually analyse our emergency fire dataset/999 calls and this tells us that there are predominately three cohorts of residents that have fires:

- those that die in fires
- those that are injured in fires
- those that have the volume of fires

This identification has endorsed the services desire to prioritise its prevention work and has enabled us to effectively direct prevention activity to its risk groups as a priority. Individuals presenting as a high risk for CFRS are those that:

- have a reliance on alcohol and or medication
- victim of domestic abuse
- have a hoarding disorder
- poor mental health

The service is skilling its front line staff to recognise these risks, enable the resident to be sign posted to agencies that can offer support and guidance to assistance in resident's staying in their homes.

CFRS has recognised by tackling the issues that make individuals a high risk of fire we can reduce their risk of dying as a result of fire.

Cambridgeshire and Peterborough NHS Foundation Trust

Statement of purpose
Cambridgeshire and Peterborough NHS Foundation Trust is committed to working with partner agencies to ensure the safeguarding of adults at risk of abuse.

Governance and Accountability
The Director of Nursing is the Executive Director with Board responsibility for Safeguarding Adults, the Head of Adult Safeguarding is the lead officer for adult safeguarding with responsibility for developing processes and procedures within the Trust. This is a new post from 1 April 2014. The Trust has a Combined Safeguarding Steering Group attended by senior staff across the Trust. This group is accountable to the Quality, Safety and Governance Committee.

CQC registration
Following a CQC inspection to a Cambridge ward during 2013-14, moderate concerns against Outcome 7 (Safeguarding) were registered**.** As a result a specific project was launched to address perceived gaps in awareness and recording of adult safeguarding incidents and bespoke training was delivered to all CPFT wards.

CQC has now declared the ward as being compliant with Outcome 7 (Safeguarding).

2013-14 Achievements

Workforce

- Increased numbers of staff trained to coordinate SOVA investigations and provide advice, support and training to teams.
- More ward staff trained to lead SOVA investigations.

Training

- CPFT had trained 93% of its staff in adult safeguarding as at April 2014. All wards have received bespoke sessions on adult safeguarding delivered by the advanced practitioner.

Policy and Procedures

- Development of safeguarding procedures for falls and medication.

Audit

- Audit format revised; audit to commence early 2014.

Activity

- There was an increase in safeguarding investigations of 40% over 2012-13, which reflects a continued increase in awareness of safeguarding issues within mental health services.

Multi-agency working

- CPFT staff have worked with colleagues in partner agencies to explore the development of integrated referral pathways and services via the Multi-agency Referral Unit hosted by the Police.

Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care in England.

Our purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve.

Our role is to monitor, inspect and regulate services to ensure they meet fundamental standards of quality and safety and to publish what we find, including performance ratings to help people choose care.

CQC's underpinning priorities are to:

- focus on quality and act swiftly to eliminate poor quality care, and
- to make sure that care is centred on people's needs and protects their rights

Care that fails to meet the expected national standards of quality and safety against which we regulate will not be tolerated. We will use our enforcement powers necessary to stamp out poor practice wherever we find it. Any form of abuse, harm or neglect is unacceptable and should not be tolerated by the provider, its staff, the regulators or by members of the public who become aware of such incidents. Safeguarding is everybody's business and CQC is aware of the role it can play in striving to reduce the risk of abuse from occurring.

Safeguarding is a key priority that reflects both our focus on human rights and the requirement within the Health and Social Care Act 2008 to have regard to the need to protect and promote the rights of people who use health and social care services.

As the regulator of health and adult social care services, our primary role is to make sure that providers have appropriate systems in place to safeguard people who use the service and that those systems are implemented and followed in practice to ensure good outcomes for people who use the service. We will monitor how these roles are fulfilled through our regulatory processes by assessing their compliance with the national standards of quality and safety.

The review of the CQC's purpose and role in 2012/2013 resulted in a new strategy for the organisation. In developing it we looked closely at how we carry out our role, listening to what people who use health and social care services, providers of those services and others told us about what matters to them. We took into account the transformation of the health and social care system, which makes it even more important that existing and new organisations work together efficiently and effectively. Following the Secretary of State's initial response to the landmark Francis report into the failings at Mid Staffordshire NHS Foundation Trust, which set out important new responsibilities for us.

In 2014 CQC made fundamental changes to the way it inspects services. The CQC is now made up of three main inspection directorates of Hospitals, Adult Social Care (ASC) and Primary Medical Services (PMS). We will now consider our inspection findings to answer five key questions which we will always ask: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

The strategy set out CQC's direction until 2016. It stated the changes we are now making and continuing to make and demonstrates our commitment to make sure people receive safe, effective, responsive, well led and compassionate care.

Healthwatch Cambridgeshire

As the local independent health and social care watchdog Healthwatch Cambridgeshire see safeguarding as central to all that we do. Our role is to gather views and experiences of people using health and social care services and feed these back to regulators, commissioners and providers. Very often the stories and reports we receive have a safeguarding element. In fact, it could be viewed that the purpose of all local Healthwatch is to identify and highlight systemic abuse.

Healthwatch Cambridgeshire is delighted that, during its first formative year, we have been invited to join the Cambridgeshire Safeguarding Adults Board. We have worked closely with the Care Quality Commission and the County Council to ensure that we have a robust system for reporting safeguarding concerns. This will be reviewed on a regular basis. All Healthwatch Cambridgeshire staff and volunteers undertake safeguarding training, the CEO is the Safeguarding Lead and we also have a Safeguarding Adults Champion to make sure that our policies and procedures are practical and effective.

We feel that there is considerable scope for adult safeguarding to develop new approaches and so our CEO has agreed to chair the Service User Sub-Group. She will be working closely with the County Council Safeguarding Team and other 'Voice' organisations in the county to ensure that people's experiences inform decision-making and service development.

NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

2013/14 has seen the first anniversary of NHS Cambridgeshire and Peterborough Clinical Commissioning Group, during this time new services have been commissioned to support and promote the health and well being of vulnerable adults these areas include;

CATCH and CamHealth Local Commissioning Group (LCG) introduced the Acute Geriatric Intervention Service (AGIS). It responds to the needs of older people at a point of crisis (for example after a fall) and helps to ensure they receive the most appropriate support (rather than ending up in hospital).

Wisbech and Isle of Ely LCGs, working with Cambridgeshire Community Services (CCS), launched a new service, called the Rapid Response Service, which aims to ensure people who do not need to be admitted to hospital, but need support to be cared for at home, are more quickly assessed and treated in the community.

The Older People's Programme is in progress; recently there has been an announcement made that four organisations had been shortlisted in Cambridgeshire and Peterborough CCG's tendering process for improving older people's healthcare and adult community services. These organisations will now go through to the next stage of the Integrated Older People's Pathway and Adult Community Services

procurement process. Shortly afterwards the public consultation has been launched which will run until late June.

The Adult Safeguarding Lead Nurse role has allowed for greater partnership working and enhanced integrated adult safeguarding arrangements to be developed and embedded in practice.

Cambridgeshire NHS health internal audit reviewed the safeguarding arrangements which Cambridgeshire and Peterborough CCG have in place for children and vulnerable adults in 2013 and awarded the CCG a level of substantial.

The CCG have worked collaboratively with Cambridgeshire County Council and Peterborough Local Authority with regard to the Training Needs Analysis of CCG staff, introducing mandatory adult safeguarding for staff at induction, elearning packages and a GP training strategy.

Most of the larger providers have had their adult safeguarding arrangements reviewed and recommendations have been advised. It is expected that an action plan following these recommendations will be provided by the providers and the actions monitored by the CCG Clinical Quality Review (CQR) process in 2014/15.

Prevent training has been delivered to the priority areas within the CCG and a proactive approach has been adopted in working collaboratively with all multiagency partners particularly the local constabulary where joint awareness raising sessions to health professionals has been provided. Attendance to the channel panel has been regular and support has been provided in order to ensure the best possible outcomes for people.

During 2013/14 an emphasis has been placed on the early identification of concerns within care homes, during the year there has been joint working arrangements with health and social care to address adult safeguarding concerns and support improvements of care within care homes.

NHS England: East Anglia Area Team

2013/14 was the first year of being operational and has been a large learning curve with regards to managing our responsibilities with regards to safeguarding for both our directly commissioned health services (such as GPs, dentists, opticians, prison health care, secure mental health treatment, screening and immunisation services, sexual assault referral centres) and safeguarding responsibilities across the wider health economy (within a very limited resource).

Achievements
The area team has engaged with the 4 Safeguarding Adults Boards (in addition to the 4 Safeguarding Childrens Boards) within its localities and has begun to build up stronger partnership working arrangements. The area team is also a member of the Health and Well-Being Board and facilitates Quality Surveillance Group meetings which bring together a range of partners to address quality and safety issues at a strategic level across the health and social care arena.

We facilitate bi-monthly safeguarding forums that bring together adult safeguarding leads from health organisations and commissioning parties across both East Anglia and Essex. In this forum, supervision and support is provided and specific work areas include the provision of CPD training (such as capacity and consent for sexual relationships) and the development of regional health guidance for differentiating between service improvement issues, case management issues, complaints and safeguarding referrals in health specific scenarios. The forums also provide an arena for the sharing of learning from Serious Case Reviews, Domestic Homicide Reviews and Serious Incidents from beyond a Cambridgeshire locality.

Priorities for 2014/15

- Continued close working arrangements with our CCG colleagues to try to minimise the fragmentation of health commissioning as a result of the NHS reforms.
- Improving adult safeguarding awareness, skills and expertise in our directly commissioned services specifically with regards to primary care services. This is not without difficulties as some national contracts (for example GP contracts) do not mandate adult safeguarding training.
- To continue to work at a strategic level to ensure that adult safeguarding issues are addressed within the health and social care arena. Specific areas include focussing on the Winterbourne View agenda and concordant, addressing the quality of care in nursing and residential homes as well as private hospital care and raising quality and safety standards for vulnerable adults in acute hospitals.
- To remain aware and implement where necessary the requirements of the Care Bill and developments in DoLS legislation.

South Cambridgeshire District Council

South Cambridgeshire District Council is committed to safeguarding and promoting the welfare of children, families and vulnerable adults. We take our responsibilities seriously and expect all staff, partners and contractors to share this commitment. The council have identified a number of designated officers across all service areas who have received additional training – 'management responsibilities for safeguarding' and these named officers act as specialists to advise and support other staff and customers. Safeguarding is now well established in our recruitment processes and officers undertaking recruitment have also received additional training.

During 2013/14 54 frontline staff attended half day awareness training and 12 designated officers attended the 2 day management responsibilities in safeguarding training, provided by the County Council. The lead officer with responsibility for vulnerable adults at South Cambs also represents the district councils and the city council on the Safeguarding Adults Board. This officer is based within the housing service at South Cambs so can bring additional knowledge and expertise to the Safeguarding Adults Board.

Work continues on:

	Forecast completion
GPs adult safeguarding and MCA training strategy rolled out across Cambridgeshire and Peterborough.	2014/15
Raising Service User's awareness of adult safeguarding with links to Making Safeguarding Personal.	Ongoing
Training courses to meet the needs of the social care and health workforce, to enable a better understanding of the decision making process in safeguarding whilst taking into account the legal requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.	2014/15
An agreement to move forward to create a Multi Agency Safeguarding Hub (MASH).	2014/15
Cambridgeshire County Council's involvement at a regional and national level to influence national policy in relation to adult safeguarding.	Ongoing
Working with Trading Standards on scams and fraudulent activity and how this information may be used to safeguard vulnerable adults.	Ongoing
Links to the Domestic Abuse and Sexual Violence Strategy.	Ongoing
Completion of the Cambridge University evaluation of outcomes in adult safeguarding and how this links to the Making Safeguarding Personal project run by the local government association (LGA) and the Association of Directors of Adult Social Services (ADASS).	Ongoing

Further information

You can find out more information about safeguarding adults in Cambridgeshire on our website:

www.cambridgeshire.gov.uk/info/20100/adults_at_risk_from_harm

On the webpage you will find additional information on Adult Safeguarding/Mental Capacity Act and the Deprivation of Liberty Safeguards.

If you are worried about a vulnerable adult who is being abused or who is at risk of abuse you should contact the following numbers:

Customer services

For reporting adult safeguarding or urgent contacts between 9am and 5pm Monday to Thursday and between 9am and 4pm on Friday	**0345 045 5202**
If you urgently need to make contact outside of the above hours	**01733 234724**

Cambridgeshire Constabulary

Non-Emergency Contact Centre	**101**

Cambridgeshire and Peterborough NHS Foundation Trust

Huntingdon and Fenland	**01480 415177**
Cambridge and Ely	**01223 218695**

Action on Elder Abuse Response Line	**0808 808 8141**
Age UK Cambridgeshire	**0300 666 9860**
Independent Mental Capacity Advocate Referral Line	**0845 650 0081**

For further information contact:

Ivan Molyneux, Adult Safeguarding Manager by email ivan.molyneux@cambridgeshire.gov.uk

For copies of this annual report or if you would like a copy of this annual report on audio cassette, CD, DVD or in Braille, large print or other languages, please call 0345 045 5202. Or write to Cambridgeshire County Council, Box No. CC1307, Castle Court, Cambridge, CB3 0AP

We would like to thank everyone who has contributed to this annual report.