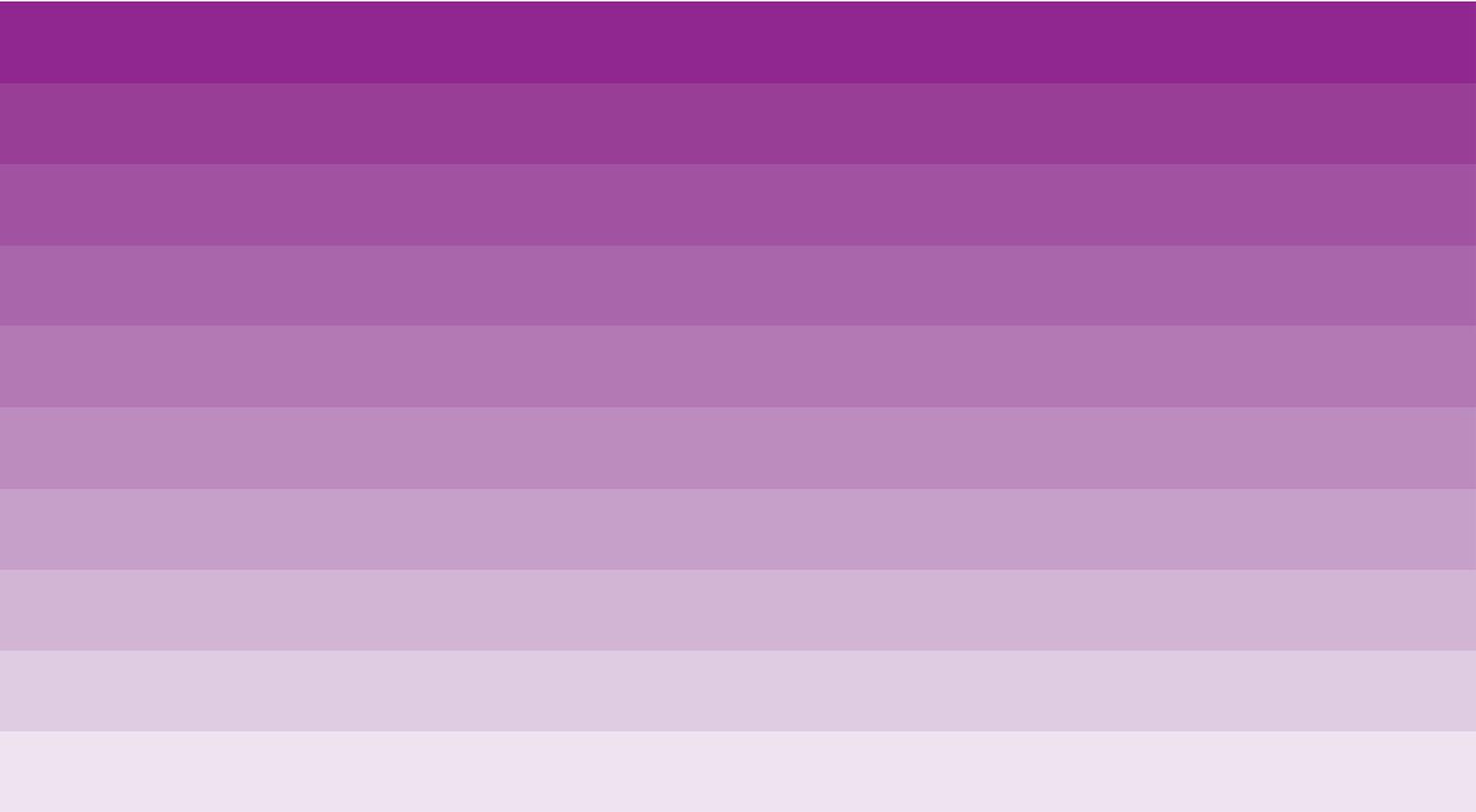


Adults, Health and Social Care
Safeguarding Adults Board



Annual Report **2010/11**

The annual report describes in detail the board's achievements over the last 12 months and the key priorities that have been set to make further improvements and raise standards.

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FOREWORD

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The decision to appoint an independent chair in 2010 was a positive indication from the partner agencies in Calderdale that they were not complacent about past achievements – such as the Good rating received from the Care Quality Commission inspection in 2010 – but that they welcomed challenge and wanted to ensure that arrangements to protect adults from abuse continued to improve.

From the outset, I have been impressed by the high level of commitment to adult protection from all the agencies involved. When I took up my post in August 2010 the Board was still working through the improvement actions agreed as a result of a serious case review earlier that year. Senior representatives of partner agencies showed their personal commitment by consistent attendance at board meetings, workshops and, most importantly, by taking responsibility for their agency's improvement actions. This demonstrated the strength of the local partnership and the collective determination to tackle issues together and find solutions.

Improvement work has been completed to overhaul the policy and procedures used by staff in all the local agencies to detect abuse, refer and investigate cases and take action to protect adults at risk of harm. This work has been reinforced recently by a new multi-agency agreement which sets out the responsibilities of each partner agency.

One of the board's most important functions is to hold the partner agencies to account for their work on safeguarding adults. Producing accurate and timely information and data is vital so that we can know what is happening in Calderdale and are able to analyse and understand what this data tells us and compare ourselves to other areas. We therefore need to build on and strengthen the arrangements for collecting and analysing data from across all the agencies involved in safeguarding adults.

Perhaps the major challenge facing the board is maintaining the momentum for improvement at a time when all public services are facing severe spending restrictions and when major structural changes are taking place within the NHS. We can expect more changes to key personnel and partner organisations during the next year or two and it is crucial that the board remains stable and effective during that period.

Bill Hodson
Independent Chair of Calderdale
Safeguarding Adults Board.

EXECUTIVE SUMMARY

The Calderdale Safeguarding Adults report 2010/11 details the achievements of the Board over the last 12 months. The board is a voluntary arrangement of statutory and non statutory agencies with the purpose of achieving continual improvements in practice that safeguard vulnerable citizens in Calderdale.

Achievements during 2010/11 include a range of changes including

- The appointment of Bill Hodson as Independent Chair for the Safeguarding Adults Board. The role provides independent leadership and support of the board's strategic direction.
- The development of the Calderdale multi-agency safeguarding adults agreement to support the partnerships involved in the board.
- Concluding the actions arising from the serious case review to enhance practice going forward.
- Completing the revision of the safeguarding adults policy and procedures.
- Implementing a competency based training and development strategy to contribute to workforce developments.

Even though we tried throughout the year to raise awareness of safeguarding adult issues and to increase the understanding of the public and professionals in accessing support through the safeguarding adults multi-agency procedures, the period 2010/11 saw a decline in the number of safeguarding alerts received. However, the data for the first half of 2011/12 shows an upward trend and a return to the level of safeguarding alerts received prior to the period of this report.

Failures in care home provision both nationally and locally has shown the continuing challenges associated with maintaining safety and dignity in residential and nursing home care services. A regular monthly forum is held to ensure that communication and co-ordination in relation to homes in the independent and public sectors. All new and revised service specifications now reflect expectations in relation to safeguarding to promote and ensure the safety of vulnerable adults.

We will continue to monitor membership and participation of the Safeguarding Adults Board and sub groups to ensure we have a structure that is functioning in an effective and efficient manner.

The Board will seek to respond positively to changes arising from constraints on resources, structural changes and legislative changes.

The annual report describes in detail the board's achievements over the last 12 months and the key priorities that have been set to make further improvements and raise standards.

SECTION ONE Achievements 2010/11

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1.1 Governance

The Safeguarding Adults Board (SAB) met regularly throughout the year and is now working to a Safeguarding Adults Multi-agency Agreement. All partners to this agreement have committed themselves to co-operate with the local authority, in its lead role, and with each other to carry out safeguarding adults work in Calderdale. Partners will work to prevent adult abuse and respond effectively to any concerns of abuse. The agreement clearly identifies the role and responsibility of each partner organisation for adult safeguarding. The agreement is also specific in relation to voluntary and independent sectors, whether commissioned or not.

The SAB now has an independent Chair who was appointed in August 2010. Such a position provides enhanced objectivity and scrutiny in relation to Board functionality and business activities, providing increased leadership and focus. The SAB Work-plan for 2010/11 reflected four key themes – protect, prevent, promote and perform, with priorities within them which are captured under the following headings to indicate progress or otherwise.

1.2 Serious Case Review

The Calderdale SAB undertook its first Serious Case Review in 2009. During the period of this report the action plan was implemented to ensure active learning from the circumstances involving the case. Progress to put this learning into practice has been positive, changes have been made and the SAB have now ratified completion of the action plan.

1.3 Multi-Agency Safeguarding Adults Procedures

In the light of the serious case review, Calderdale has completed a review of safeguarding adults policies and procedures and a revised system is now operating. The review of the previous policy and procedures involved substantial work and the revision reflects lessons learnt arising from the serious case review, operational practice experience and utilisation of good practice from elsewhere.

The revised procedures provide a robust framework to ensure that those at risk are protected. The procedures reinforce multi-agency working and the importance of appropriate information sharing. The procedures balance both the safety and protection of those subject to abuse and the progression of investigations of those who may have carried out the alleged abuse.

The process is proactive in nature and involves assessment of risk and protection planning to ensure positive outcomes for the person concerned. The procedures clearly define roles and responsibilities involved within the safeguarding adults process from the initial alert through to the conclusion of the safeguarding referral.

The revised policy and procedures were supported by a launch event, a new website, easy read guidance for professionals and a supporting leaflet, all aimed at raising further awareness and understanding.

As indicated in the 2009/10 report, Gateway to Care, the single point of entry to Adult Social Care, was set up in January 2010. This is embedded within the revised policy and procedures to simplify the referral system.

The revised policy and procedures has acted as a catalyst for all partner organisations and care providers to internally review and promote safeguarding practice.

1.4 Promotion and Links to Community Safety Partnerships

The SAB recognises the challenges involved in making and sustaining links into the wider community to strive to keep people safe. This is an area requiring further work to enhance what already exists by making it better co-ordinated and working effectively to promote safeguarding.

We remain conscious of the growing demands and pressures confronting all partner organisations and the need for us to utilise and build on existing networks. To this end the SAB will explore linkages to established systems to promote communication and co-ordination and avoid duplication of effort. The focus will be upon cross cutting agendas addressing Domestic Abuse, Anti-Social Behaviour, Hate Crime, Multi-Agency Risk Assessment and Vulnerability.

Calderdale Council's website has been redesigned to enhance access to safeguarding information following the revision of policy and procedures.

1.5 Commissioned and Contracted Services

We will continue to work hard to ensure that adult safeguarding is a key feature within all service specifications for care services across all sectors. Experience has shown the continuing challenges associated with ensuring safety and dignity in residential and nursing home services. Commissioners across Health and Social Care are working closely with Adult Safeguarding and Contracts teams to assure that services are monitored and reviewed

and that there is effective compliance to promote positive standards and practice. A regular monthly forum is held to ensure good communication and co-ordination in relation to commissioned and contracted services. All new and revised service specifications now reflect expectations in relation to adult safeguarding to promote and assure safety of vulnerable adults.

The monthly forum has enabled a co-ordinated and systematic review and analysis of both local and national failures in residential and nursing home care settings for all client groups. The forum brings together representatives from Care Quality Commission, Health Commissioners and Contract leads, Calderdale Adult Health and Social Care (AHSC) Contracts team and Calderdale AHSC Safeguarding team to maximise information gathering from inspection and regulatory activity related to the local market for domiciliary and residential/nursing home provision.

The forum enables reflection, sharing of information, co-ordination of intelligence specific to care providers and robust decision making to enable future actions. As such the forum has been the venue for bringing together different inspection and regulatory regimes to enable a local map of provider performance. This approach to the whole 'care system' complements and supports individual adult safeguarding work and enables a range of responses at different levels to progress and improve standards and performance.

An example of this approach is the co-ordinated review, following the Winterbourne View care service failure in Bristol, of Calderdale residents cared for in a range of care provision by Castlebeck. Locally, the forum has enabled communication and co-ordination resulting in the closure of a residential and nursing care home through the collation of shared information relating to poor care provision.

1.6 Performance Frameworks

Agreement has now been reached to put in place a set of high level multi-agency performance indicators to contribute to effectiveness of the SAB. The performance indicators set will be complemented by regular data reporting of adult safeguarding activity to enable monitoring of trends and activities across all care services.

There has been some delay in relation to the auditing of the safeguarding process due to vacancies on the adult safeguarding unit .

1.7 Multi-agency Training Programme

The delivery of quality services which keep people safe and protected from abuse is dependent upon a trained, confident and motivated workforce. The multi-agency training and development programme has remained a key objective in the Safeguarding Adults Board agenda. It is recognised that staff need different competencies depending on their role, and the multi-agency training programme has developed and expanded to offer appropriate knowledge to different people.

SECTION TWO Calderdale Safeguarding Adults Board Multi-Agency Agreement

The multi-agency agreement signifies that the organisations listed as signatories have committed themselves to co-operate with the local authority and with each other to carry out safeguarding adults work in Calderdale. All the partners to this agreement will work to prevent adult abuse and respond effectively to any concerns of abuse.

The agreement provides a context for adult safeguarding that promotes:

- The capacity to implement adult safeguarding work.
- The prevention of abuse through “zero tolerance” and the application of best practice and high standards in accordance with current guidance.
- Protecting people from abuse by establishing internal safeguarding adults procedures that are in accordance with the multi-agency safeguarding adults procedures.
- Promoting awareness by contributing to the public’s understanding of adult abuse, how to report concerns and identify what help is available.
- To develop assurance mechanisms so that each organisation can demonstrate that it is implementing adult safeguarding work.

The following are some of the outcomes we aim to ensure for people who use services and their carers.

- People are able to live in safe and secure surroundings where harassment, abuse and neglect are prevented.
- Partner agencies and the general community know what to do to try and prevent abuse and to respond when it does happen.
- People experience a good response when they raise concerns about abuse, including –
 - a timely and appropriate response.
 - robust protection plans and support for people at risk.
 - the ability to make decisions about their living circumstances which balances rights and responsibilities.
 - the opportunities to have their situation reviewed on a regular basis.
- Support is provided at home or in other settings by a skilled, informative and confident workforce.
- People experience dignity and respect throughout the safeguarding and support processes.

SECTION THREE Performance Information

3.1 Volume of Alerts

The total number of alerts for 2010/11 is 347, which is a fall from the previous years.

There has been a steady growth in the total number of alerts apart from the period for which this annual report applied. This is being monitored by the Safeguarding Adults Board and the projected out-turn for the first half of 2011/12 indicates alerts returning to the growth pattern for the years 2007/08 through to 2009/10.

The figures for 2010/11 would appear to be an anomaly that could be explained by the change in data collection systems and processes during that year and the change to the operation of Gateway to Care.

The table below shows the number of alerts over the last four years.

Year	Alerts
2007/08	273
2008/09	338
2009/10	430
2010/11	347

3.2 Age and Gender

The majority of alerts (72%) were for adults over the age of 65 years, which is consistent with general patterns of activity within both adult health and social care in Calderdale and other local authorities.

Age Band	2010/11
18 – 64 years	97
Over 65 years	250
Total	347

Gender	2010/11
Female	231
Male	116
Total	347

3.3 Ethnicity

The majority of safeguarding alerts (89%) were for persons identifying themselves as White British which is broadly in line with the total population of White British in Calderdale added to a small percentage of Irish people (87.6%). The percentage of those identifying themselves as other than from white backgrounds was 3.34% compared with 12.4% of people in the general population locally who are from groups other than White British. The Safeguarding Adults Board will monitor and investigate this position to further understand the impact of safeguarding on the different communities of Calderdale.

3.4 Client Group

The following client group classification is based upon Department of Health requirements. As such, the information drawn from the customer information system for Adult Health and Social Care reflects this classification.

The classification change that occurred during the period of this report has not enabled a useful comparison with activity in previous years. The Safeguarding Adults Board has, though, adopted a prospective approach and will reflect client group trends for the first half of 2011/12 to further understand safeguarding activity. The above table shows the highest level of activity is in relation to physical disability, inclusive of people over 65 years. The Safeguarding Adults Board will further investigate those classified as "other vulnerable people" and reinforce the importance of capturing all client alert details.

Client Group	Total Alerts	Percent
Physical Disability (inclusive of people over 65)	170	49%
Dementia	41	11.8%
Sensory Impairment	13	3.7%
Mental Health	32	9.2%
Learning Disability	46	13.2%
Substance Misuse	1	0.4%
Other vulnerable people	33	9.5%
Client group not classified	11	3.2%
Total	347	100%

3.5 Alert Source

The above alert source data reflects the trend patterns within other local authorities of the highest number of alerts being raised by social care and health professionals. The Safeguarding Adults Board is able to break down further the above categories to focus resources to raise understanding and awareness where appropriate.

Alert Source	Total Alerts	Percent
Social Care (all sectors including day care, residential provision, domiciliary support and self directed care)	167	47.6%
Health (all sectors primary / community, secondary and mental health)	62	17.8%
Self referral	15	4.3%
Family members / friends / neighbours	51	14.7%
Other bodies / organisation - police, housing, voluntary sector, education	46	9.9%
Not classified	6	1.7%
Total	347	100%

3.6 Categories of Abuse

Alerts by physical abuse are the most prevalent at 17.8% , followed by financial abuse at 14% which is consistent with previous years. However, the 2010/11 categories of abuse data is over represented by 38.3% not being classified, which will be followed up by the Safeguarding Adults Board.

Abuse Type	Total Alerts	Percent
Institutional	6	1.7%
Multiple Abuse	28	8%
Financial	49	14%
Emotional / psychological	16	4.6%
Neglect	39	11.2%
Physical	62	17.8%
Sexual	12	3.45%
Discrimination	1	0.25%
Not classified	133	38.3%
Total	347	100%

3.7 Location of Alleged Abuse

In terms of the location of abuse 56% (241) safeguarding alerts arose within community settings compared to 44% in non-community situations, i.e. residential / nursing home care / hospital settings. This reverses the trend for the previous annual report 2009/10, where the number of safeguarding alerts was greater within non-community settings.

3.8 Outcomes

Of the 347 alerts recorded during this period 192 (55.38%) were accepted by a Alerting Manager as a referral. Alerts are those situations whereby you do not have to be certain that abuse is taking place. There may be no problems or a problem that is not about abuse but it is better to raise concerns than to not to.

Of the 192 referrals, the strategy discussion resulted in 52 (27.08%) risk assessments (14.98% of total alerts received). The following table shows the outcome of the 52 referrals accepted.

Conclusions of Assessments/Investigations

	2009/10	Percent
Substantiated	44%	38.46%
Not substantiated	12%	9.6%
Exonerated		1.92%
Not determined/ inconclusive	20.5%	21.14%
Not completed/ on going	23.5%	28.84%
Total	100%	100%

SECTION FOUR Reports from Partner Agencies

1. Calderdale Adults, Health & Social Care (AHSC)

Adult Safeguarding has continued to be a priority in AHSC and, together with partner organisations, this period has demonstrated commitment and pro-activity in relation to multi-agency safeguarding adults policy and procedures. This has been evidenced by a positive response by all partners to the recommendations within the serious case review and a revision of policy and procedures to ensure active learning from experience. Equally, participation in training has been maintained at a high level.

The Care Quality Commission inspected Calderdale in June 2010 and whilst concluding that Calderdale was performing well in safeguarding adults, identified a number of areas requiring improvement. The Care Quality Commission found that the Council and its partners should ensure that

- All adults know how to keep safe and how to make a safeguarding referral.
- All information on alerts and discussion and decision making regarding safeguarding are appropriately recorded.
- Quality assurance and compliance processes for safeguarding are robust.
- People are effectively supported and empowered by advocacy when it is needed.
- Partner agencies are communicate with regarding the outcomes of safeguarding adults investigations.

AHSC has sought to work with partners to take forward the findings from Care Quality Commission, although progress has been mixed. The revision of the adult safeguarding policies and procedures, strengthening of advocacy support services and a competency based training programme has enhanced partnerships and attempts to keep people safe through better knowledge, skills, awareness and understanding.

However, we do acknowledge continuing difficulties in relation to adult safeguarding electronic recording systems and processes and, as a consequence, issues with the quality of data capture within the Customer Information System. This challenge had been identified by Care Quality Commission and it is now been taken forward through an audit of adult safeguarding alerts and referrals. The audit will identify the key actions required to develop quality assurance and compliance processes and improvements to performance management, data collection systems and practice.

2. NHS Calderdale (NHSC)

Adults safeguarding continues to remain a key priority for NHS Calderdale as described in the Patient Safety strategy 2009 to 2012. The PCT is committed to ensuring Safeguarding Adults who may be at risk is integral to all services that are commissioned and provided by them. It is committed to actively contributing to the positive partnership working within Calderdale to support this. NHS Calderdale have engaged in a range of strategic and operational safeguarding activities working across the partnership the following are examples:

- Its commitment and contribution to the Sub Groups of the Safeguarding Adult Board; the Perform Sub Group which is chaired by the PCT's Deputy Director of Quality and Professional Development, whilst the Training Sub group is Co-chaired by the Assistant Director (Quality Improvement) Safeguarding Adults.
- The contribution to both the revision of the multi-agency adult safeguarding policy and procedures and its successful launch.
- The work to support the quality improvement agenda within nursing homes through the joint contract that is in place, supported by the contracts, monitoring and safeguarding meeting.
- The work undertaken to reduce pressure ulcers. Pressure ulcers are recognised as a potential indicator of neglect. The systematic approach to data collection on pressure ulcers across all care settings and community has informed the work of the Whole System Pressure Area Management Group which is actively working to reduce the prevalence. The success of the group was recognised when it won the 2011 NHS Calderdale Celebrating success award for Partnership working.

The risks arising from the Adult Serious Case Review received oversight from the Risk Management Committee. Learning from the Serious Case Review was shared through a variety of methods including, professional forums, PENPALs (protected learning time events for primary care staff) joint and single agency training.

Two Adult Safeguarding training sessions specifically for GPs and primary care practice were delivered through PENPAL's. The event was based on scenarios played by actors, supported by lead staff from the police, social services and NHS Calderdale. The event received 100% positive feedback from participants who had reported that the content and approach had been relevant to their practice and experience.

As NHS Calderdale moves forward as part of the NHS reforms the continued commitment to safeguarding adults is demonstrated by the identification of a named clinician (GP) on the Clinical Commissioning Executive who will lead on safeguarding.

3. South West Yorkshire Partnership (NHS) Foundation Trust

The Trust works in partnership with service users, families and other organisations in order to maximise people's choice, control and inclusion and to protect their human rights as important ways of meeting their individual needs and reducing the potential for abuse

To ensure that service users are protected against the risk of abuse the Trust provides Safeguarding Adults Abuse awareness training for all staff. This is based on the Multi Agency Policy and Procedure and the Trust Safeguarding Adults Protocol. The training enables staff to understand that they are responsible for protecting service users from abuse; the vulnerability of service users to abuse and the need to understand and respect individual human rights. At the beginning of the financial year 71% of Trust staff had accessed training.

Developments within the Trust

- An implementation plan was agreed by the Trust in relation to the Independent Safeguarding Authority (ISA) programme in April.
- The Domestic Abuse guidance has been reviewed in light of the serious case review that took place in Calderdale and has been developed into a Trust policy that now includes a risk assessment tool and a multi agency referral process for serious cases to be taken forward to the Multi Agency Risk Assessment Conference (MARAC) meetings.
- The Safeguarding Adults Trust protocol was reviewed to incorporate learning from previous cases; the protocol was signed off by the Executive Management Team in October. The main changes included the statement that staff must not financially benefit from contact with service users other than through their salaries.
- As a result of one person being referred to ISA because of fraudulently applying for the post of staff nurse within Older People's Services an audit took place of 49 further job applications. The audit was requested by Human Resources and carried out by Counter Fraud.

4. Calderdale and Huddersfield NHS Foundation Trust

A revised Safeguarding Adults Policy and Procedures was approved by Trust Executive Board in January 2011. This has replaced the previous policy and guidance on the Trust Intranet, and has been widely communicated throughout the organisation. The policy continues to cover two Local Authority areas and links to their Multi-Agency policies.

The Trust Safeguarding Adults committee continues to meet on a quarterly basis with membership from all clinical divisions and partner organisations. The membership of the trust board continues to support the Local Authority sub groups under Safeguarding Adult Boards to influence policy, practice and training strategies.

The Trust DATIX system now allows us to record all incidents that would be categorised as safeguarding concerns and the alerts made to the Local Authorities. This data will produce a quarterly report to be reviewed and monitored by the trust safeguarding committee.

We commissioned bespoke training from the Trust Solicitors on Mental Capacity Act and Deprivation of Liberty Safeguards and this was cascaded throughout the organisation via sessions delivered by the Lead at NHS Kirklees.

For the second year running the Trust completed an audit of staff knowledge regarding the safeguarding process. The results of the audit have offered the opportunity to review and improve the half day training session.

The Trust Safeguarding Adults lead has left the organisation and a new integrated safeguarding structure has been established which will be led by an associate director from November 2011. It is envisaged that the new safeguarding lead will continue to be an active member of the West Yorkshire Group and both Local Authority Safeguarding Adult Boards.

5. West Yorkshire Police - Calderdale

Safeguarding Adults continues to be a priority for West Yorkshire Police and the work overseeing the support to Vulnerable Adults has been consolidated into a dedicated Safeguarding Unit within Calderdale.

In improving effective working practices with partner agencies for referral and risk assessment of incidents, the department have worked to develop more efficient reporting protocols and enhanced information sharing has been the result. The multi agency policies related to safeguarding adults are embedded within the division but are continually under review. Calderdale Police have ensured that staff are trained to carry out the role effectively and have ensured that opportunities to improve service delivery are maximised.

- Training – Refresher and specialist training has been delivered to staff relating to Safeguarding Adults in the previous 12 months.
- Process Improvement - Processes have been reviewed internally and improved to ensure the effective review, management and investigation of Adult Safeguarding issues on a daily basis. There is a daily reporting requirement to Divisional Senior Management Team in relation to Safeguarding Vulnerable Adults.
- Learning and Development - Service improvement to Adult Safeguarding has been undertaken through implementation of the lessons learned from recent local Serious Case Review.
- Partnership Working – Calderdale Police managers are fully engaged in working within Partnership to strengthen processes to protect and Safeguard Vulnerable Adults. The Police currently effectively manage Multi-Agency Risk Assessment Committee (MARAC) processes specifically linked to Safeguarding Vulnerable Adults subject of Domestic Abuse.
- Management Accountability Calderdale Police are actively engaged with Local Authority to develop robust information sharing processes which will enable improved risk identification and subsequent better management of Safeguarding across all partner agencies.

6. Housing

Whilst housing organisations were not directly involved in the serious case review, it was recognised that the lessons learned applied to housing as much as they do to other statutory partners of the Safeguarding Adults Board. The key learning points of the serious case review were therefore disseminated to housing providers via Calderdale Housing Association Liaison Meetings (CHALMs) to housing support providers via the Supporting People Provider Forum and to Calderdale's Domestic Abuse Partnership. Work has also been undertaken to strengthen anti-social behaviour procedures to ensure the early identification of vulnerable victims and an initial assessment of risk as soon as a complaint is received. This work has been done in conjunction with other community safety partners.

From a Pennine Housing perspective we have revised our internal safeguarding adults and domestic abuse policy and procedures and developed a Cause for Concern procedure and publicity material for front line staff. A training programme was undertaken to roll out the revised procedures for all managers, supervisors and key staff of Pennine Housing. Refresher training was also done with the supported housing teams. Additionally, all housing officers and support officers attended MARAC training.

As part of the wider preventative aspect of safeguarding, events were held once again in supported housing schemes for tenants on Elder Abuse Awareness Day in June. Safeguarding awareness has been included into the 'Tenants Training Academy' programme for tenant representatives. Amendments were also made to the company's risk register to include safeguarding to raise the prominence at Board level.

SECTION FIVE

Priorities for 2011/12

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1. To maintain a high profile of safeguarding adults across agencies at a senior / strategic level.
2. Continue to monitor membership and participation of the Safeguarding Adults Board and Sub Groups in the context of organisational change across the sector.
3. Progress integration of clinical governance and safeguarding adults processes.
4. Promote adult safeguarding by improving engagement with community safety partnerships.
5. Establish robust performance systems and processes to better understand adult safeguarding activity to enable improvement to maintain safety and well-being.
6. To roll out the training and development programme to support competence across all sectors to deliver safeguarding practice.
7. To review the revised policy and procedures to ensure they support operational practice.
8. To undertake an audit of safeguarding alerts and referrals to contribute to improvements going forward.
9. Raise further the profile of safeguarding adults procedures, more specifically within Contracts/ Commissioning processes to prevent local service failures.
10. To respond positively to changes arising from resource constraints, structural changes and legislative changes.

SECTION SIX

Mental capacity act/ deprivation of liberties

National Context

The Department of Health has now produced Deprivation of Liberties statistics for England for 2010/11. This establishes statistical information for the second year of the Mental Capacity Act, Deprivation of Liberties activities.

Nationally, total applications in 2010/11 were 9011, a 26% increase on the first year and authorisations were 4972, a 51% increase on the previous year. Overall activity levels therefore increased substantially, with numbers of authorisations almost reaching the first year forecast of 5000. However, applications were no longer on a consistent rising trend from quarter to quarter, so we may now be approaching a plateau.

The above increase in activity was not, however, evenly distributed. The high disparities between supervisory bodies in application and authorisation rates which have been apparent from the beginning and which one might have expected to narrow given the efforts of the (now disbanded) national and regional leads to achieve more consistency of practice, may be widening.

The above data shows a slight increase on the year 2009/10.

Locally the position is:

Number of authorisations

	2009/10	2010/11
Local Authority	14	18
Health	3	2
Total	17	20

APPENDIX ONE SAFEGUARDING ADULTS NATIONAL FRAMEWORK

Standard 1	Each local authority has established a Multi-Agency Partnership to lead the Safeguarding Adults work.
Standard 2	Accountability for and ownership of Safeguarding Adults work is recognised by each partner organisation's Executive body.
Standard 3	The Safeguarding Adults policy includes a clear statement of each person's right to live a life free from abuse and neglect and this message is actively promoted to the public by the Local Strategic Partnership, the Safeguarding Adults Partnership and its member organisations .
Standard 4	Each partner agency has a clear, well publicised policy of Zero-Tolerance of abuse within the organisation.
Standard 5	The Safeguarding Adults Partnership oversees a Multi-Agency Workforce Development/ Training Sub-Group. The Partnership has a Workforce Development/Training Strategy and ensure that it is appropriately resourced.
Standard 6	All citizens can access information about how to gain safety from abuse and violence, including information about the local Safeguarding Adults procedures.
Standard 7	There is a local Multi-Agency Safeguarding Adults policy and procedures describing a framework for responding to all adults 'who are or may be eligible for community care services' and who may be at risk of neglect.
Standard 8	Each partner agency has a set of internal guidelines, consistent with the local Multi-Agency Safeguarding Adults policy and procedures, which set out the responsibilities of all workers who operate within it.
Standard 9	Multi-Agency Safeguarding Adults procedures detail the following stages: Alter, Referral, Decision, Safeguarding Assessment Strategy, Safeguarding Assessment, Safeguarding Plan, Review, Recording and Monitoring.
Standard 10	The safeguarding procedures are accessible to all adults covered by the policy.
Standard 11	The partnership explicitly includes service users as key partners in all aspects of the work. This includes building service user participation into its membership, monitoring, development and implementation of its work; training strategy; and planning and implementation of their individual safeguarding assessment and plans.

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