APPENDIX A

Sutton Safeguarding Vulnerable Adults Committee
Annual Report 2008–09
## Contents

<table>
<thead>
<tr>
<th>Contents of Report</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>3</td>
</tr>
<tr>
<td>Background</td>
<td>4</td>
</tr>
<tr>
<td>Sutton Safeguarding Vulnerable Adults Committee (SSVAC)</td>
<td>5</td>
</tr>
<tr>
<td>Significant Achievements in 2008-2009</td>
<td>6</td>
</tr>
<tr>
<td>Funding</td>
<td>20</td>
</tr>
<tr>
<td>Priorities for 2009/2010</td>
<td>21</td>
</tr>
<tr>
<td>Conclusion</td>
<td>22</td>
</tr>
<tr>
<td>Appendices</td>
<td>23-30</td>
</tr>
</tbody>
</table>
1. Executive Summary

Sutton’s Safeguarding Vulnerable Adults Committee primary drivers are set within national and local policy frameworks but there is no legislative framework. Hence, strong and effective partnership is... Nationally, the review of “No Secrets” and the focus given by the Care Quality Commission (CQC) (formerly known as The Commission for Social Care Inspection) to Adults Safeguarding has significantly raised the profile of this work. Locally, the lessons learnt from Orchard Hill in 2006/2007 have contributed to the strengthening of safeguarding work resulting in significant increases in referral activity. Alongside the London Borough of Sutton Council’s core priority to promote “zero tolerance” of abuse and ensure that Sutton is a place “where all can take part and all can take pride” we are all working towards making Sutton a better and safer place for all citizens to work and live in. The Sutton Plan has this objective as a key goal.

1.2 Key achievements for 2008/09 include:

- Revised Multi-agency Safeguarding Vulnerable Adults Policy and Procedures (MSVAPP) within the following partner agencies; SW London and St Georges Mental Health Trust, Sutton and Merton Primary Care Trust and Epsom and St Helier NHS Trust;

- Implementation of Safeguarding Vulnerable Adults Boards in SW London and St Georges Mental Health Trust, Sutton and Merton Primary Care Trust and Epsom and St Helier NHS Acute Trust;

- A 39% increase in the number of safeguarding referrals compared with 2007/8;

- 179% increase in Mental Health Referrals compared to 2007/8;

- All Social Services Team Managers, Service Manager, Executive Heads of Service and Strategic Director trained in Charing Safeguarding meetings;

- Safeguarding Training in place for staff at all levels working within the in health and social care environment and the private and voluntary Sector;

- Safeguarding commissioning governance strengthened through ensuring that all social care contracts have a clause requiring compliance with Sutton’s Multi-agency Safeguarding Procedures;

- Sutton’s 3rd Annual Safeguarding Vulnerable Adults Conference June 2009;
• Implementation of Deprivation of Liberty Safeguards arrangements;

• Joint work across Merton Council & SMPCT.

Summary

The Sutton Safeguarding Vulnerable Adults Committee (SSVAC) acknowledges that the work of safeguarding is proceeding at a good pace, with commitment from all partners and some notable achievements over the last 12 months.

On a strategic level, the SSVAC adopted a proactive approach to capturing the views of citizens at the centre of safeguarding concerns and looked to strengthen the evolving prevention strategy through other strategic alliances and in particular Safer Sutton Partnership.

On a practice level there was a renewed focus on embedding good practice across all partners. The continued increase in vulnerable adult referrals reflected increasing awareness and ownership of the issues, improved recognition and greater compliance with the multi-agency procedures. In partnership we will work to further strengthen relationships and forge greater alliances to protect and safeguard those most vulnerable in our community.

This report also outlines the work in meeting “No Secrets” (DOH 2000) statutory Guidance and the subsequent best practice guidance as laid out in the `Safeguarding National Framework of Standards for good practice and outcomes in adult protection work ‘(ADSS 2005) and provides an overview of current practice within Sutton including the recent progress made and areas identified for further development. It concludes that 2008-09 has seen significant progress in improving safeguarding adults practice in Sutton including implementing new multi-agency procedures and improving quality assurance and governance arrangements.

2. Background

2.1 National Safeguarding Agenda

There has been a welcome and dramatic rise in the profile of safeguarding adults work locally and nationally, particularly with the review of “No Secrets” (DoH 2000) and the Care Quality Commission’s focus on safeguarding. The Care Quality Commission will retain a focus on safeguarding in its inspections.

2.2 Local Safeguarding Agenda

Sutton Safeguarding Vulnerable Adults Committee (SSVAC) was formed in June 2006, replacing the former Multi-Agency Management Committee for Adult Protection. The new membership comprised of Executive and senior officers from the London Borough of Sutton, the Metropolitan Police, the Acute and Primary Care Trusts with broader agency representation identified and agreed.

From June 2008 the SSVAC was chaired by the Executive Head of Service for Learning Disabilities and Mental Health, who is also the Executive Lead for
Safeguarding Vulnerable Adults. The Strategic Director for Adult Social Services and Housing will Chair the SSVAC from April 2009. This change will further strengthen and reinforce the commitment to the safeguarding agenda with increased influence across partner agencies at strategic and political level.

A review of the 2005 Sutton Safeguarding Vulnerable Adults Multi-Agency Policy and Procedure was undertaken 2008 in line with recommendations from the ‘Safeguarding National Framework of Standards for good practice and outcomes in adult protection work ‘(ADSS 2005). The revised multi agency procedure was launched in June 2008.

3. **Sutton Safeguarding Vulnerable Adults Committee (SSVAC)**

3.1 The Sutton Safeguarding Vulnerable Adults Committee meets quarterly and has the responsibility for overseeing and developing safeguarding adults work in Sutton. The committee includes senior officers and representatives from:

- London Borough of Sutton;
- Sutton and Merton NHS Primary Care Trust;
- Epsom and St. Helier University Acute Hospital Trust;
- South West London and St. George’s NHS Mental Health Trust;
- The Royal Marsden NHS Foundation Trust;
- Metropolitan Police Authority;
- Care Quality Commission (formally Commission Social Care Inspection);
- Advocacy Partners;
- National Care Association;
- Carers Centre;
- Children’s Safeguarding Board;
- LINKs;
- Voluntary Sector.

3.2 In 2008 the SSVAC established three sub groups to extend its work.

These are:

- Training sub-group;
- Safeguarding Managers' Forum;
- Practice Forum.
The training sub-group plans and monitors the safeguarding training across all agencies in Sutton and also oversees other arrangements to raise awareness, for example publicity and the conference events. The group meets quarterly.

The Safeguarding Managers’ Forum includes Social Services, Service and Team managers and locality Managers from Mental Health Teams. These managers are responsible for responding to referrals of alleged abuse. The Forum addresses specific practice issues and informs policy and practice development. The Forum meets every six weeks.

The Practice Forum is attended by trained safeguarding investigation staff and managers. The focus is on safeguarding assessment and investigation practice. Information is provided on areas of development and time is given to discuss practice issues and challenges. The Practice Forum is held quarterly.

In January 2008 the SSVAC agreed to establish a fourth sub-group on workforce development led by Corporate HR. At the same meeting it was agreed that a fifth sub group be established in 2009 for the Quality Assurance Framework.

4. Significant Achievements in 2008-09

4.1 The revised Sutton Safeguarding Vulnerable Adults Policy and Procedures

Full implementation of the multi – agency Sutton Safeguarding Vulnerable Adults Policy and Procedure (SSVAPP) was agreed in November 2008 following a launch at the Annual Conference in June 2008 and endorsement by all key agencies.

These procedures include the following toolkits:

- A “Citizen Reporting Toolkit” for vulnerable adults, their carers and others to use to gain information on adult abuse and guidance on how to raise any concerns
- A “Staff and Volunteer Reporting Toolkit” for use across all agencies in Sutton, which gives guidance on raising concerns and making referrals
- A “Receiving a Referral Toolkit” for staff in teams that receive referrals of concern, which has guidance and documentation from the receipt of a referral and what is action is required thereafter in order to progress the referral.

The procedures contained more comprehensive guidance than before and are consistent with the “Safeguarding Adults” best practice guidance. They have been commended by the national trainers who deliver the training programme in Sutton. A copy was sent on request to the Social Care Institute of Excellence, which is overseeing the drafting of Pan-London procedures. Hard copies have been sent to all key teams, agencies and service providers. The procedures and toolkits are also available on the Sutton Council web site.
Other agencies in Sutton have developed Safeguarding Vulnerable Adults policies that fit with the multi-agency arrangements. These demonstrate commitment to the multi-agency process and ensure there is clear local guidance for staff. The following health trusts have such policies in place:

- Epsom and St Helier NHS University Hospital Trust
- Sutton and Merton NHS Primary Care Trust
- South West London and St Georges NHS Mental Health Trust
- Royal Marsden NHS Foundation Trust

The Metropolitan Police Authority is progressing new operating procedures for safeguarding adults.

5. Strengthened Governance Arrangements

The five sub groups of the Committee outlined in paragraph 3.1 were established this year to improve the planning of training, awareness, quality, workforce development and provide professional guidance and support to key staff.

Sutton Social Services introduced new quality standards for staff required to undertake safeguarding investigations and chair safeguarding meetings. These roles are taken by senior qualified staff that have received the necessary training.

Performance Management Reports are now provided to the quarterly Committee meetings. These highlight how teams are complying with procedural timescales for responding to referrals of alleged adult abuse and form part of the Quality Assurance arrangements.

Key data on referrals is collated on a monthly basis on a “score card” and scrutinised by the Executive Lead for Safeguarding. This supports the achievement of targets through rigorous performance monitoring.

A case file audit tool has been developed and monthly auditing arrangements have been put in place to monitor practice. In addition external consultants were commissioned to independently audit cases to advise on areas of performance.

6. Expansion of training programme and targeting of training

The Safeguarding Vulnerable Adults Training Programme has expanded this year. A full account of training is described in section 5. Specific developments have been:

- Improved two day training course for Safeguarding Managers responsible for coordinating investigations, including chairing safeguarding meetings (this has now been split into two separate courses 1 day for Chairing SVA meetings and 1 day for Management of Investigations);
• Agreed joint funding with Epsom and St Helier Hospital NHS Acute Trust and Sutton and Merton NHS Primary Care Trust to provide Foundation Level training for all relevant staff;

• Discussions with the South West London and St. George’s NHS Mental Health Trust and Epsom and St Helier NHS Trust with regards to joint funding for safeguarding training were explored. It was agreed that joint training would be beneficial for staff and this would bring consistency of training and provide opportunities for strengthening partnership working and from 2009 this will be jointly funded by the two NHS Trusts and London Borough of Sutton;

• Agreed tendering process for the multi-agency Safeguarding Vulnerable Adults training programme from November 2009;

• Specialist training for all Service Managers and Executive Heads within Social Services for the management of safeguarding cases and chairing safeguarding meetings;

• Increase usage of the Safeguarding E-Learning programme by staff across a range of agencies and professions. In 2009/10 concerted efforts will be to require increase use of e-learning by Health and Social Care Providers through contract compliance and the Safeguarding Quality Assurance Framework. This work will be done in partnership with the new Commissioning Department.

7. Questionnaire for people who use services

It has been recognised that the voice of the vulnerable citizen needs to feature more prominently in our planning to improve safeguarding services. A questionnaire has been designed that will be given to the majority of individuals who receive a safeguarding service following a referral of concern. The reason why this is not 100% is because some individuals may have passed away or there are complex family arrangements and the questionnaire may not be sent following a judgement of sensitivity from the Team Manager.

The questionnaire will be completed confidentially by the person concerned, with the help of the safeguarding unit or advocate if required. Responses to the questionnaires will be scrutinised and used to inform practice and policy development. The questionnaires will be implemented in April 2009.

8. Improved and accessible public information

The Sutton Council web site now features pages giving information and advice on safeguarding adults, including links to the toolkits for Citizen Staff and Volunteers reporting, the Safeguarding e-learning programme and access to the SSVAPP.

The Citizen Reporting Toolkit contains easy read guidance and pictures to improve accessibility for adults with learning disabilities or other communication needs. This leaflet has been distributed widely and copies are available at libraries, G.P. surgeries, voluntary organisations and at council and NHS health trust premises. The leaflet has been translated into the 7 most common languages spoken in Sutton.
An advert was placed in the Sutton Community Safety Booklet 2009, as in previous years, to promote awareness of safeguarding vulnerable adults in the community and encourage the reporting of concerns. This was distributed to 73,000 households and businesses in the Borough.

Sutton Council’s magazine “Sutton Scene” has featured articles on safeguarding adults work during the course of the year.

9. Self Assessment against Care Quality Commission report

The Care Quality Commission (CQC) (formerly Commission for Social Care Inspection) reported on the state of safeguarding adults in its report “Safeguarding Adults: a study of the effectiveness of arrangements to safeguard adults from abuse” (November 2008). The Safeguarding Professional Lead carried out a benchmarking exercise against the reports findings and recommendations. Identified were Sutton’s strengths and areas for further development. An action plan has been produced to deliver improvements. This has also influenced the work priorities for Sutton Safeguarding Vulnerable Adults Business Plan for 1009/10

10. Contribution to No Secrets Review

The Department undertook a national review of its ‘No Secrets’ Guidance in 2008 and Sutton hosted a consultation forum. A formal response from Sutton to the consultation was submitted to the Department of Health which included support for a legislative framework for Safeguarding Vulnerable Adults work

11. Safeguarding Vulnerable Adults 2nd Annual Conference

The 2008 Conference turned out to be a successful event. It attracted over 120 delegates from a wide range of agencies. Presentations were given by Action on Elder Abuse, the London Borough of Sutton and the Crown Prosecution Service. Workshops were held about the roles of health professionals, Independent Mental Capacity Advocates and the Police in safeguarding work.

Sutton Council hosted and funded the event, which was free to all delegates.

12. Safeguarding Vulnerable Adult Awareness Raising Events

Various events have been held to raise awareness of safeguarding work with a wide range of audiences. These have included:

- A briefing for elected members of Sutton Council;
- Two events for the human resources community across Sutton and Merton, which included presentations on adult abuse and safeguarding;
- Safeguarding contribution to training for managers who recruit staff for Sutton Council;
13. Improvements in Safeguarding recording arrangements

The 2008 SSVAPP introduced a comprehensive recording framework for cases where investigation into alleged abuse is required. This was designed to ensure consistent recording of all relevant information and improved accountability.

The Council's client database has been adapted to produce electronic versions of the forms used. These will be introduced in 2009.

Recording arrangements for situations where the safeguarding concerns relate to a particular service provider have been improved. Electronic records are now held centrally with access granted to key staff. This enables the required information sharing while maintaining high standards of confidentiality.

Deprivation of Liberty Safeguards

Sutton and Merton Councils and Sutton and Merton Primary Care Trust, Jointly worked together to prepare for the implementation of the Deprivation of Liberty Safeguards (DoLS), on 1 April 2009. Fifteen road shows were held to raise awareness of provisions within this new legislation. These were attended by Health and Social Care Providers, Council and Health staff, and the Voluntary Sector.

Multi-agency procedures were drawn up between the partners and joint funding was agreed for coordinator and administration posts. A training programme for Best Interest Assessors was commissioned from Kingston University. The Safeguarding Unit in Sutton receives all requests for authorisations and coordinates the assessments required.

The numbers of referrals are increasing and reports on activity will be scrutinised by the SSVAC. A performance management framework has been developed.

15. Training

A training programme for Safeguarding Vulnerable Adults delivers courses at various levels for staff and volunteers. This is regularly reviewed and adapted to meet identified needs. The programme is led and coordinated by Sutton Council, which provides the bulk of funding. The contract will be tendered out in November 2009. Training courses are currently commissioned from two national trainers with extensive experience in the field.

Training is provided at four levels for different groups of staff:

- Level 1: Induction elearning package available on-line
- Level 2: Foundation 1 day course
- Level 3: Investigation 3 day course (Service Provider Managers 1 day course)
• Level 4: Management of Investigation Process 2 day course, including chairing safeguarding meetings

This year 29 events were run, attended by 380 people. A breakdown of the various courses is attached in Appendix 1.

The take up of Level 2 Foundation training has been spread more evenly than in previous years across a wide range of agencies. There has been a doubling of attendance from the voluntary sector agencies this is an area in which we wish to see further take up, particularly given the low level of referrals from this sector.

The attendance by staff from the Hospital Trust also remains low but significant funding has been agreed by the Trust to address this in 2009-10, along with funding from the Primary Care Trust. Similarly there is a need for greater take up of this training from within the Mental Health Trust.

Sutton Council identified relevant staff that had not attended Level 2 Foundation training and has targeted these staff to attend future courses. Work has been undertaken with the local health trusts to identify relevant staff within each organisation that require training.

This year Level 4 training was commissioned for all managers who are responsible for coordinating safeguarding investigations and chairing safeguarding meetings.

An increase in the number of courses for Service Provider/Ward Managers is planned for 2009-10 to build awareness and strengthen responses to concerns in service and hospital settings.

16. Referrals of alleged or suspected abuse: multi-agency arrangements and data analysis

Referrals of alleged or suspected adult abuse are directed to eleven community/hospital teams across Sutton, all managed by Sutton Council or the South West London and St George's Mental Health Trust (Mental Health Trust)

Each team is responsible for responding to referrals and deciding whether these warrant a safeguarding response under the multi-agency procedures. Investigations are coordinated by the teams and involve all relevant agencies, for example the Police, NHS Trusts, regulators, employers and placing authorities. Managers and practitioners are trained in their respective roles.

Teams work to the multi-agency procedures including a specific toolkit for receiving referrals. Management information is collated by the Safeguarding Vulnerable Adults Business Support Officer.

At the conclusion of every safeguarding case a monitoring form is completed. This captures information relating to the nature of the alleged concerns, those involved and the outcome of the investigation process.
In the year to March 2009 225 referrals were received that required a safeguarding response under the multi-agency procedures, a 38% increase on the previous year's figures.

Safeguarding Vulnerable Adult referrals by Teams:

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005/06</td>
<td>2006/07</td>
<td>2007/08</td>
<td>2008/09</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>31</td>
<td>87 (49 repeats)</td>
<td>77 (51 repeats)</td>
<td>59 (14 repeats)</td>
</tr>
<tr>
<td>Older People &amp; Physical Disabilities Teams</td>
<td>8</td>
<td>55 (2 repeats)</td>
<td>59 (2 repeats)</td>
<td>107 (12 repeats)</td>
</tr>
<tr>
<td>Mental Health</td>
<td>6</td>
<td>8 (1 repeat)</td>
<td>13</td>
<td>36 (2 repeats)</td>
</tr>
<tr>
<td>Hospital Teams</td>
<td>3</td>
<td>13</td>
<td>13</td>
<td>23</td>
</tr>
<tr>
<td>Totals</td>
<td>48</td>
<td>163</td>
<td>162</td>
<td>225</td>
</tr>
</tbody>
</table>

The increase in activity reflects a greater awareness amongst staff and in the community of the existence and occurrence of adult abuse. The framework for responding to this abuse is being used more readily and consistently. It also reflects the local training plan that has been established by the SSVAC with extensive support from Sutton Council's training section. It is not likely that the incidence of abuse has increased, rather that local strategies for identifying it and responding to it have improved.

A particular note is the increase in referrals dealt with by the Mental Health Trust teams, up to 36 from 13 last year. This is welcomed as referral numbers have been lower than would be expected in previous years. The increase in activity follows various initiatives to raise awareness within the Trust, improve training levels and gain commitment to the multi-agency process. The Mental Health Trust has provided an annual statement which is included. (please see Appendices 2 – 5).
Referrals were received from a wide range of agencies. The largest number were received from service providers, followed by health staff and then a fairly even spread from vulnerable adults, their families, social services and other professionals. It is encouraging to note an increase in reporting by vulnerable adults and their families compared to last year’s figures.

Low levels of referrals from the police and voluntary sector should be investigated further and addressed as both are well placed to identify and report concerns.

Client category

The largest group subject to a safeguarding response was Older People (45%) and those Older People with Mental Health problems (6%) followed by people with Physical/Sensory Need (19%), People with a Learning Disability (15%) and with Mental Health problems (13%).
Referrals from carers (1%), people with substance abuse problems (1%) and with HIV (nil return) remain low, highlighting a need to raise awareness and improve practice with these groups, which one would expect to be subject to abuse. The figure for Older People with Mental Health problems appears low but may reflect that they are identified as “Older People”.

**Gender, age, ethnicity and place of residence of vulnerable adult**

**Gender of Vulnerable Adult**

![Gender Distribution](image)

**Age Group of Vulnerable Adult**

![Age Group Distribution](image)

The majority of adults subject to a safeguarding response were female. This is consistent with the findings of the 2008 UK study of the prevalence of abuse of Older People.

The vast majority were over 65 and referral numbers increased with age. Again a finding of the prevalence study was that abuse reported by Older People increased with age.
88 % of Vulnerable Adults referred were White (80% White British). Relatively small numbers of referrals related to Vulnerable Adults from Black and Ethnic Minority Groups. These figures are consistent with data for the general population which suggests a make up of 89.1 % White, 84% White British residents (2001 Census). Action is planned to engage with relevant Ethnic Minority Groups to ensure that there is good awareness of Safeguarding of Vulnerable Adults in those communities.

According to returns, nearly half of those subject to a safeguarding response (47%) were living at home in the community, with 30% living in a care or nursing home. 3% were living in a health setting and 4% in supported accommodation. Large cross client group prevalence studies have not been carried out to judge these figures against. It is reassuring that concerns about Vulnerable Adults at home in the community are being reported and acted on. The prevalence study regarding older people, which found widespread evidence of abuse in the community, and the plans for more people to be supported at home in the future, supports this finding.
17. Investigation conclusion

Abuse concerns were deemed substantiated or partly substantiated in 33% of cases. Concerns were not substantiated in 30% of cases. 37% were judged to be inconclusive. The high proportion of inconclusive cases should be investigated further.

Anecdotal evidence from teams suggests that there is a lack of confidence in making such judgements on the balance of probability and a subsequent reluctance to do so. Workshops are planned with key staff to focus on decision making throughout the process and build confidence.

Outcomes for Vulnerable Adult at Risk

There have been 140 recorded outcomes for the person subject to the safeguarding response. 24% of referrals resulted in no further action, which aligns broadly with the number of cases where abuse was not substantiated. In some cases clearly other needs might well be identified.

The other most common outcomes were increased monitoring (27%), Community Care Assessment and services (10 %) and a move to increased/different care arrangements (11%). There were no applications to the Court of Protection or reports of civil action, 4 cases where a person was removed from their residence and 6 cases where there was restriction or management of access to the alleged perpetrator.

Referrals to Advocacy (2 people) counselling/support (3 people) and action regarding appointeeship and other management of access to finances (3 people) were all very low.

This is the first year that data on specific outcomes for the Vulnerable Adult has been collated. This, along with direct feedback from people themselves, will assist
in a better understanding of the actual impact of safeguarding work and highlight areas for development.

This year’s data suggests that assessment, monitoring and additional or changed care arrangements are the most likely outcomes of a safeguarding assessment that has highlighted concerns for an individual. Referrals for counselling, support or advocacy for the person concerned are rare. This is an area for improvement that has already been identified and is included in our action planning. The use of the Court of Protection needs to be explored further. It may be that adequate alternative resolutions have been achieved. However, we need to be reassured that staff are fully aware of the process for making an application and are able to use this important safeguarding tool.

**Outcomes for alleged perpetrator**

![Bar Chart](chart.png)

No further action was taken in 36% of the 129 reported outcomes and was the most common outcome. The next most common was continued monitoring (22%). The outcome was not known in 15% of cases.

There were no reported criminal prosecutions, actions under the Mental Health Act or referrals to the POVA list. There were 3 cases where Police action was taken and 8 cases where an alleged perpetrator was removed from a property or service.

For cases where allegations were against staff there were 8 reports of disciplinary action and one referral to a registration body.

Where the alleged perpetrator was also a Vulnerable Adult 5 cases resulted in Community Care Assessment and services.

The number of cases where the outcome is recorded as unknown is of concern. This requires further investigation. Also it appears that the level of more direct action or redress in respect of the alleged perpetrator, for example police or criminal action is low. Again the external case file audit will be useful in gaining feedback on
whether more action might have been taken in respect of identified alleged perpetrators.

Much more detailed data has been collected this year, as recommended by the Action on Elder Abuse Data Collection Project. Early analysis has been considered by the SSVAC and used to inform the Business Plan for 2009-10 that has been developed. The full data will be discussed at future meetings.

18. Funding

The breakdown of the funding arrangements for Safeguarding Vulnerable Adults work in Sutton for 2008/09 is as follows:

The funding for the unit is made up between London Borough of Sutton and Sutton & Merton Primary Care Trust.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Cost (£) 2009/10</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>184,300</td>
<td>LBS</td>
</tr>
<tr>
<td>Training Courses</td>
<td>20,000</td>
<td>LBS</td>
</tr>
<tr>
<td>Training</td>
<td>4,000</td>
<td>SMPCT</td>
</tr>
<tr>
<td>Annual Conference</td>
<td>10,600</td>
<td>LBS</td>
</tr>
<tr>
<td>Publicity</td>
<td>6,400</td>
<td>LBS</td>
</tr>
<tr>
<td>General Office Expenses &amp; related costs</td>
<td>3,500</td>
<td>LBS</td>
</tr>
<tr>
<td>Car Allowances</td>
<td>3,800</td>
<td>LBS</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>232,600</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PCT Contribution (Business Officer)</td>
<td>10,600</td>
<td>SMPCT</td>
</tr>
<tr>
<td>Grant Mental Capacity</td>
<td>91,000</td>
<td>DH</td>
</tr>
<tr>
<td>Contribution for delivery of DOLS</td>
<td>10,000</td>
<td>SMPCT</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>£111,600</strong></td>
<td></td>
</tr>
</tbody>
</table>

19 Outstanding Issues

- Identified for future developments include:

- **Safeguarding Awareness week and 3rd Annual safeguarding Conference 2009**
  
The annual conference theme will be “Safer Communities for all”, work will focus on wider community engagement. The Safeguarding Awareness Week will be taking safeguarding into the wider community in a variety of innovative ways.
• **Community Engagement Including the Black and Ethnic Minority Communities**
  Building closer working relationships with the BME community in awareness raising and informing safeguarding training around cultural differences and safeguarding;

• **Development of Support Services for Victims of Abuse**
  In 2009/10 services will be targeted to organisations that provide advocacy and victim support to citizens who have experienced abuse. Work will also focus on prevention of abuse, particularly through personalisation agenda and assessment and care management;

• **Ensuring Safeguarding is Integral to Personalisation of Services**
  Safeguarding is core to the Transforming Social Care Agenda, working to promote safer recruitment practices for recipients of Direct Payments and supporting recipients in identifying and managing risks. At the heart of Transforming Social Care is a value base that supports people to maximise their independence and by commissioning services that are not risk averse and enable citizens to have as much choice and control over their lives as is possible. This value base is being echoed in the new safeguarding practice.

20. **Priorities for 2009-10**

- Review the Governance Framework to establish effectiveness of safeguarding within the Council and partner agencies and increase safeguarding referrals by 5% compared to 2008/9;

- Review and update Sutton’s Multi-agency procedure to reflect developments in practice and legislation;

- Implementation of The Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DOLS) and integration into core safeguarding activities;

- Strengthen the ‘voice’ of Vulnerable Adults and their Carers / Representatives / Advocates in the development of Safeguarding Vulnerable Adults Policies and Practice;

- Review the outcome of the Learning Disabilities BILD Network (a model for a qualitative evaluation of client experience on the service received) and implement the same model for Safeguarding;

- Identify the key issues around safeguarding for Black and Ethnic Minority Groups in Sutton / gay & lesbian, transsexual, disabled and other disadvantaged groups and agree ways to address these;

- All recipients of Direct Payments their Personal Assistants and Self Funders are specifically targeted to receive information on Safeguarding;

- Ensure all agencies apply rigorous recruitment practices to minimise the risks from staff and volunteers to Vulnerable Adults. These include sound referencing in addition to Criminal Records Bureau (CRB) , Protection Of
Vulnerable Adults (POVA) List checks and the future Safeguarding Vulnerable Groups Act provisions;

- All frontline staff and managers working with or managing services to have a training plan in place and staff appropriately trained to recognise and respond to safeguarding concerns;

- Improve availability of management information, regularly review and act on findings;

- Quarterly review and analysis of cases where the outcome of investigations is “inconclusive”;

- All commissioned services to adopt and adhere to the Code of Practice for MCA 2005 DOLS;

- Develop Dignity in Care Standards to improve quality of care to vulnerable individuals;

21. Conclusion

This has been a year of significant change and strengthening of the arrangements for Safeguarding Vulnerable Adults in Sutton. There is strengthened commitment from partners in the Borough to raise standards and revise their internal procedures to reflect the new multi-agency framework within which all are now operating. The increase in referral rates and investigation activity indicates that there is greater awareness of adult abuse and that all agencies are clearer about their responsibilities in tackling this.

There is still work to be done to sustain this successful joint approach, building on the achievements to date and further improving the arrangements for Safeguarding Adults in Sutton, as outlined in the priorities for 2009/10. It is essential that the voice and experience of the Citizen is at the centre of future plans for development.

The partner agencies have a shared vision to improve the health and well-being of Sutton's citizens. There is a commitment to all Citizens being treated with dignity and respect, irrespective of their age, disability, gender, sexual orientation, culture or religion. To achieve this all Citizens of Sutton must feel safe and protected. The drive towards Personalisation and supporting more people in their own homes requires safeguarding to be fully integrated into working practice. This will ensure that wherever possible abuse is prevented and where this is not possible there is an effective response to safeguard Vulnerable Citizens.
### Safeguarding Vulnerable Adults April 2008 - March 2009 inclusive

<table>
<thead>
<tr>
<th>Event Title</th>
<th>Number of Events</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVA: Level 2 Foundation</td>
<td>21</td>
<td>296</td>
</tr>
<tr>
<td>SVA: Level 3 Assessment Investigation</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>SVA: Level 3 Assessment Investigation Recall</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>SVA: Level 3 Service Provider Managers</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>SVA: Level 4 Management of Investigation</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>SVA: Level 4 Management of Investigation Follow-up</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Taking Notes and Writing Minutes</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29</strong></td>
<td><strong>380</strong></td>
</tr>
</tbody>
</table>

### Breakdown of Totals

<table>
<thead>
<tr>
<th>Event Title</th>
<th>LB Sutton Staff</th>
<th>PCT</th>
<th>Others Organisations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVA: Level 2 Foundation</td>
<td>125</td>
<td>57</td>
<td>114</td>
<td>296</td>
</tr>
<tr>
<td>SVA: Level 3 Assessment Investigation</td>
<td>7</td>
<td>1</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>SVA: Level 3 Assessment Investigation Recall</td>
<td>17</td>
<td></td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>SVA: Level 3 Service Provider Managers</td>
<td>6</td>
<td></td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>SVA: Level 4 Management of Investigation</td>
<td>9</td>
<td>4</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>SVA: Level 4 Management of Investigation Follow-up</td>
<td>5</td>
<td>3</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Taking Notes and Writing Minutes</td>
<td>8</td>
<td></td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>177</strong></td>
<td><strong>62</strong></td>
<td><strong>141</strong></td>
<td><strong>380</strong></td>
</tr>
</tbody>
</table>

### Breakdown of Totals

<table>
<thead>
<tr>
<th></th>
<th>SVA: Level 2 Foundation</th>
<th>SVA: Level 3 Assessment Investigation</th>
<th>SVA: Level 3 Assessment Investigation Recall</th>
<th>SVA: Level 3 Service Provider Managers</th>
<th>SVA: Level 4 Management of Investigation</th>
<th>SVA: Level 4 Management of Investigation Follow-up</th>
<th>Taking Notes and Writing Minutes</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>LBS - Older &amp; Disabled People Services</td>
<td>74</td>
<td>6</td>
<td>17</td>
<td>7</td>
<td>5</td>
<td>8</td>
<td></td>
<td>117</td>
</tr>
<tr>
<td>LBS - LD Service</td>
<td>19</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>LBS - Commissioning &amp; Performance</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>LBS - C&amp;F</td>
<td>2</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>LBS - HR</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>LBS - Mental Health</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>LBS - Community Living</td>
<td>10</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>LBS - Further Education</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Residential &amp; Nursing Care Home (OP, LD, MH)</td>
<td>71</td>
<td>1</td>
<td>9</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>83</td>
</tr>
<tr>
<td>SMPCT</td>
<td>57</td>
<td>1</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td>62</td>
</tr>
<tr>
<td>SWL St G NHS Trust (inc LBS staff)</td>
<td>27</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>Voluntary Sector</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Epsom &amp; St Helier NHS Trust</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>296</strong></td>
<td><strong>12</strong></td>
<td><strong>17</strong></td>
<td><strong>16</strong></td>
<td><strong>17</strong></td>
<td><strong>8</strong></td>
<td><strong>14</strong></td>
<td><strong>380</strong></td>
</tr>
</tbody>
</table>
Annual Statement to the Sutton Safeguarding Vulnerable Adults Committee 2008-9

1. The organisation’s role in the work

Epsom & St. Helier University Hospitals NHS Trust has a governance structure in place that assures the organization and partner organizations that ‘Safeguarding Adults’ is a top priority. The trust has a safeguarding adults committee meeting every 8 weeks and the action plan that is in working progress is reviewed at every meeting.

Each directorate goes through their actions and updates. An information leaflet will be attached to all May 2009 pay slips regarding the employees’ responsibilities in regards to Safeguarding Adults and children.

2. Specific professional responsibilities and legal obligations that their organization will adopt within ‘Safeguarding Adults’ policies and procedures

Nursing and Midwifery Code states that nurses must “act without delay if you believe that you, a colleague or anyone else may be putting someone at risk”. This involves investigating all allegations made and occasionally reporting findings to the NMC.

The Mental Capacity Act/Deprivation of Liberty Safeguards is legislation that needs to be incorporated and embedded into practice. The Trust will be inspected in regards to its adherence to this practice by the Care Quality Commission (CQC).

All job descriptions will now have a paragraph relating to each employee’s responsibilities in regards to Safeguarding Adults/Children.

3. The internal reporting and decision-making framework in relation to any concerns that an adult may be experiencing abuse or neglect

Internal implementation of ‘Safeguarding Adults’ work

The trust is committed to the safeguarding adults agenda and has an action plan that is updated and reviewed at all SA committee meetings. An annual statement is sent to the executive committee and clinical governance and trust board. All referrals are classed as a level 4 incidents internally and kept on a confidential log.

Disseminating information about the principles of the work within the organisation

The Trust is developing a page on the intranet that is specifically for Safeguarding Adults. All policies, publications, documents and training information will be held there and accessible for all. There are also resource packs with the policy, referral form and contact details in all wards/departments.
Ensuring all staff and volunteers have the understanding and skills to carry out their roles and duties in relation this work

A training programme is now in place and has been developed jointly with the external partners so that all staff are given a consistent message.

Ensuring all service users and carers are aware of the ‘Safeguarding Adults’ policy and procedures

A Safeguarding Week in June 2009 will raise awareness again about this and provide additional training and awareness sessions. The patient experience team are beginning to be involved and patients will start to be more involved in the work of this group, specifically regarding safeguarding adults and work regarding patients with special needs.

Providing monitoring information to the partnership

Currently we don’t have a system in place that gives specific data to the partnership, but internally we do keep the data so just need to introduce a system that can be shared.

Epsom and St. Helier University Hospitals NHS Trust: Safeguarding Adults Achievements and Priorities Annual Statement

Achievements 08/09

A safeguarding Adults Committee was set up within the Trust in 2008. There is a resource folder which has been set up which contains the policy and procedure pertaining to Safeguarding Vulnerable Adults in each ward/department. A training needs analysis has been undertaken in respect of training needs for staff. This includes training for Safeguarding Adults, Mental Capacity Act and Deprivation of Liberty Safeguards. Staff are also trained in Safeguarding Adults awareness and Learning Disabilities as part of their induction. The awareness of Safeguarding Adults has been heightened considerably. Training in Safeguarding Adults is not mandatory as it is with children. An increase in numbers is expected when it is made mandatory. An action plan for Safeguarding Adults, Mental Capacity Act and Deprivation of Liberty Safeguards has been drawn up and any actions from safeguarding proceedings are added to this also where it is felt that lessons could be learnt. A Gap Analysis has been carried out looking into ‘Healthcare for All’. “Access to Acute Healthcare” has also been part of this. A Safeguarding awareness week was held a few weeks ago. Quizzes had been arranged and this also included prizes for professionals of Safeguarding. Badges and bookmarks were also handed out.

Priorities for 2009/10

An action plan has been formulated for Safeguarding Adults Mental Capacity Act and Deprivation of Liberty Safeguards. Training will be provided to staff in all three areas as well. A review of the Policy and Procedures will be carried out in light of the Mental Capacity Act or DoLS safeguards. Staff will soon able to access the Policy and Procedures, publications and links to other websites once an intranet page is set up. This can also include a link to LBS Policy and Procedure as well as Surrey’s Procedure. Training and induction will include links with Surrey and Sutton PCT’s in respect of Learning Disability.
The past year has been challenging due to the marked increase in referrals/alerts from 13 in 2007/08 to 36 in 2008/09. This has incorporated referrals/alerts in both in-patient and community settings. Whilst the teams have continued to respond to alerts and setting up initial strategy meetings in a timely fashion, the volume of referrals and complexity of some of these has meant that other process standards have not been achievable.

Teams have demonstrated an increased understanding of the importance of this element of their work in planning support for Vulnerable Adults and providing advice for Service Users, Families and Carers. This was demonstrated in particular through a detailed safeguarding investigation in Sutton in-patient services which highlighted the interface between Safeguarding and existing NHS Serious Untoward Incident reporting. This involved the retrospective review of serious untoward incidents over the previous 18 months to identify overlapping Safeguarding issues, and was a positive example of the Trust working jointly and constructively with LBS to ensure compliance with its Safeguarding responsibilities.

Within the Trust the Sutton and Merton Directorate Safeguarding Governance Sub-Group has been established to provide effective governance, clear communication and a commitment to joint working with respective boroughs on the delivery of Safeguarding. The Sub-group monitors compliance with Safeguarding processes and their embedding within the teams' operational systems such as zoning. It also utilizes information gathered from Service Users and Carers of their experience of making alerts and of their involvement in the process. This group reports both to the Directorate Governance Group and the Trust's Safeguarding Governance Committee to ensure effective governance and learning across the Trust.

The Trust's Safeguarding Policy, completed and launched in October 2008, gives guidance and information to all staff within Trust managed services, and maps directly with the policies of the boroughs covered by the Trust. Safeguarding is now recognized as a key performance indicator within the Trust, and performance at borough level is reported quarterly at the Trust Board, with actions agreed to ensure compliance. Mental Health related Safeguarding referrals in Sutton currently benchmark higher than any other borough within the Trust, demonstrating the embedding of safeguarding awareness into everyday practice.

The rise in referrals has also highlighted training needs to ensure all clinical staff have attained level 2, that locality managers have been trained to level 4, and that the aim of having 2 trained investigators per team is reached. To date all teams have been advised of the need to complete e-learning Level 1. In two teams over 90% of staff have been trained to level 2. Staff continue to book themselves onto training to ensure that the targets set can be met. We are negotiating with Sutton Safeguarding Vulnerable Adults training providers to consider whether there is a need for more joint training - this will be an additional focus for the coming year.

In preparation for the CQC inspection the Safeguarding Lead has visited all teams to gauge the operational knowledge, areas of concern, and examples of good practice. This was demonstrated in the application for a direct payment to safeguard a client in a case where the concern related to financial abuse.
The Mental Health Trust objective is to provide vigorous governance of Safeguarding Vulnerable Adults practice via robust management, training, guidance, supervision and monitoring. Strategic planning for future training will promote inclusive ownership of policies and procedures in all service areas and across the board awareness of our responsibilities.

Safeguarding vulnerable clients is fundamental and essential work with our client group; increased reports demonstrate greater awareness and that our commitment to protect and when necessary advocate has been embedded in practice.

Mark Clenaghan

Sutton & Merton Service Director

May'09
Appendix 4

Advocacy Partners Annual Statement
Safeguarding Adults in the London Borough of Sutton 2008/09

About Advocacy Partners

Advocacy Partners is leading the development and delivery of Independent Advocacy services in London and the South East.

We enable People with Learning Disabilities, Older People and People with Mental Health Needs or Physical Impairments to have rights that are respected, voices that are heard and real control over life decisions. We support people to be treated fairly and to participate fully in community life.

Advocacy Partners was the first advocacy organisation of its kind in the U.K. and has been providing independent advocacy since 1981.

Advocacy Partners is currently commissioned by the London Borough of Sutton to provide statutory (IMCA) and general advocacy services to people who use or require Social Care or Health Services.

Ownership of Safeguarding within Advocacy Partners

The Advocacy Partners Board of Trustees has overall responsibility for ensuring that the appropriate policy, procedure and audit frameworks are in place.

Advocacy Partners current Adult Protection policy applies to all persons carrying out activities on behalf of Advocacy Partners. This includes paid and unpaid staff. All such persons must have a copy of the policy and procedure and must adhere strictly to the procedure when disclosures of abuse/assault are made or when suspected abuse is observed. Failure to work in accordance with the policy is treated as serious, or in some cases, gross misconduct.

Advocacy Partners is working to help ensure that Vulnerable Adults have protection against abuse, and that there are effective responses to allegations of abuse. It does this by:

- Assisting its clients to receive services that are designed to take into account potential vulnerability to abuse;
- Supporting service users to be confident and have self esteem;
- Listening and responding to service users;
- Providing an independent presence in services and contact for service users;
- Ensuring its staff and volunteers are aware of the possibility of abuse and are supported to know how to address this;
- Having clear procedures for reporting and responding to allegations and concerns about abuse;
- Working co-operatively with other agencies that are committed to responding positively to adult protection issues;
Each Head of Service within Advocacy Partners has the responsibility to ensure that sufficient training and supervision is given to all staff and volunteers. This is achieved by ensuring that all members of staff are given training on the identifying and reporting abuse within the context of the internal policy framework and Sutton’s SVA policy and procedure on induction.

All Advocacy Partners staff and volunteers are required to person clear the appropriate CRB, POVA checks before commencing work.

**Safeguarding within advocacy work**

All staff (paid or volunteer) have regular supervision on all client work with experienced managers. Advocacy Partners is able to provide all staff with direct access to a First Level Manager or Senior Manager at all times to ensure that they are effectively supported in their work. This enables adult protection issues to be clearly identified and appropriately actioned.

In the year 2008/09, Advocacy Partners provided advocacy for 9 people in Sutton in relation to safeguarding issues.

In the above year Advocacy Partners provided IMCAs for 4 people who were being safeguarded by Sutton.

As one of the 7 pilot providers of IMCA, Advocacy Partners has spearheaded IMCA practice at a national level and has accrued extensive experience in carrying out IMCA on safeguarding issues. In recognition of our experience in this field, in 2008 Advocacy Partners was commissioned by the Department of Health to draft the National Best Practice Guidance for IMCAs working on SVA issues; this is due to be published in 2009.

**Working with the Sutton Safeguarding Partnership Board.**

Advocacy Partners is committed to working with Sutton to work towards best practice on SVA. We are currently represented on the Board by Kristian Tizzard, Acting Head of IMCA and Mental Health Advocacy. This ensures that there is a clear, line of accountability and feedback between the Board and Advocacy Partners.
Sutton Police Community Safety Unit

Annual Statement to Sutton Safeguarding Vulnerable Adults Committee 2008-9

Achievements
As part of the overall police response to Safeguarding Vulnerable Adults, the Community Safety Unit is responsible for investigating allegations of crime against vulnerable adults, where the perpetrator is a carer, or has a position of trust or authority.

The majority of referrals have been received from Sutton Social Services, and the method of referral has been refined by the identification of a SPOC and a clear means of communication via email. This has resulted in all referrals being acknowledged, and as a minimum response a strategy discussion has been held via telephone, and officers have attended strategy meetings where appropriate. Where a crime is identified, the allegation is recorded and an investigating officer assigned.

Twenty-eight investigations were instigated as a result of SVA referrals during the last year, and resulted in some significant prosecutions, including the conviction of a female for the theft of approximately £60,000 from a vulnerable work colleague.

The Community Safety Unit is also responsible for investigating all allegations of Domestic Violence and Hate Crime, and is closely involved with all partners in the MARAC (Multi-Agency Risk Assessment Conference) to protect and reduce repeat offending against adult victims of domestic violence. MARAC referrals have been steadily increasing month on month, in line with CAADA and Home Office recommendations.

Progress for 2009-10
The Metropolitan Police Service published a new Standard Operating Procedure on 10th June 2009. The main task for the year ahead will be to review the impact of these procedures on Sutton Police.

Particular Community Safety Unit issues for the year ahead are:

- Liaison with Crown Prosecution Service regarding SVA procedures and prosecutions, including early consultation and special measures applications.
- Review of detection rates for offences involving Vulnerable Adults
- Recording of advice provided for SVA referrals
- Ensure appropriate training for CSU investigators

Conclusion
The primary aim of the SOP is to ensure the safety and protection of victims in liaison with our partner agencies. The secondary aim is to hold perpetrators to account. The Community Safety Unit intends to develop our participation with the SVA Committee and continue to improve our response to Safeguarding Vulnerable Adults.