



Annual Report

April 2010 – March 2011

Members of the Cambridgeshire Adult Safeguarding Board

Chairperson: Claire Bruin Community and Adult Services,
Cambridgeshire County Council (CCC)

Representatives from:

Addenbrookes Hospital, Cambridge University Hospital NHS Foundation Trust
Adult Safeguarding Team, CCC

Age UK Cambridgeshire

Anglia Ruskin University

Cambridge City Council

Cambridgeshire and Peterborough NHS Foundation Trust

Cambridgeshire Community Services NHS Trust

Cambridgeshire Constabulary

Cambridgeshire Fire Service

Cambridgeshire Learning Disability Partnership, CCC

Care Quality Commission

Carers Team, CCC

Cambridgeshire Association To Commission Health (CATCH)

Children Safeguarding and Standards Service, CCC

Community Engagement (Fenland), CCC

County Councillor, CCC

Disability Services, CCC

Drug and Alcohol Action Team (DAAT), CCC

Excel Care representing Residential and Nursing Care Providers

Fenland District Council – representing District Councils across Cambridgeshire

Granta Housing – representing Registered Social Landlords

Hinchingbrooke Health Care NHS Trust

Hunts Mind

Kneesworth Hospital

Legal Services, CCC

NHS Cambridgeshire (Commissioning arm of Cambridgeshire PCT)

Papworth Hospital NHS Foundation Trust

Procurement (Social Care), CCC

VoiceAbility

Contents

Members of the Cambridgeshire Adult Safeguarding Board	2
Contents page	3
Welcome from the Chair	4
Message from the Adult Safeguarding Board	6
Some National Developments	7
Who is a Vulnerable Adult?	10
What is Abuse or Mistreatment?	10
What should I do if I am concerned about the abuse of a vulnerable person?	12
Analysis of Adult Safeguarding Referrals	13
Quality Assurance	21
How have we worked together to safeguard adults from abuse?	22
What have we achieved?	25
Training and Workforce Development	26
A word from some of our Partners	29
Cambridgeshire County Council Adult Safeguarding Web Page	40
The Future	41
Important Contact Details	42

Welcome from the Chair

Welcome to the 2010/11 Adult Safeguarding Board Annual Report. I hope the following pages will provide you with an informative insight into the work carried out by the Adult Safeguarding Board over the past year.

In 2010 an inspection of adult services by the Care Quality Commission gave a glowing report that found Cambridgeshire to be 'performing well in Safeguarding Adults and with an excellent capacity to improve'.



Credit for this must go to the Board, the Partner organisations represented, and the safeguarding staff whose hard work and commitment over the past years have led to this success and resulted in Cambridgeshire being recognised as one of the leading authorities in adult safeguarding.

The Board's Three Year Strategic Action Plan has 12 key outcomes which the Board has been working on. Four sub-groups have been agreed to support the plan which are Practice Guidance, Procedures and Audit, Service Users and Carers, Training and Development and the Serious Case Review.

There are a number of challenges facing the Board in the coming year:

- organisational changes in the NHS with the development of Clinical Commissioning
- the establishment of the Shadow Health and Wellbeing Board that will assume overarching governance of the Adult Safeguarding Board
- the anticipated white paper on adult social care that is expected to put Adult Safeguarding Boards on a statutory footing

However, there are also opportunities. This year the key priorities of the Board are to:

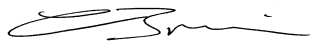
- ensure that people who seek help from adult safeguarding are given the support and information that they need to manage their situation and to feel in control at all times
- achieve greater involvement of people who have experienced harm or abuse in developing and improving adult safeguarding services.

I remain absolutely committed to delivering continuous improvement in safeguarding vulnerable adults from abuse in Cambridgeshire and I look forward to the continued commitment of those working in every setting to contribute to this important agenda.

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

I could not write this introduction without reflecting on the sad news of the sudden death at the end of May of Rod Craig, Executive Director for Community and Adult Services at the County Council. Rod joined the Council at a time of great change and successfully led the restructure of Adult Social Care in 2010, resulting in a more streamlined and customer focused service. Rod was a well liked and respected manager who always strove to provide the best services he could for our communities. As a Director and former Social Worker he had an in-depth knowledge and understanding for those working on the frontline. For those of us who worked closely with him he was a good friend who was always there to provide support and challenge. His bright, intelligent and witty brand of management will be sorely missed.

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



Claire Bruin

Message from the Adult Safeguarding Board

This report provides a background to safeguarding work in Cambridgeshire and a summary of the work undertaken by the Adult Safeguarding Board and Adult Safeguarding Team within the period April 2010 to March 2011.

The Cambridgeshire Adult Safeguarding Board brings together representatives of the main agencies in the statutory, voluntary and independent sector, responsible for working with and providing services for vulnerable adults.

The Board is an inter-agency forum that works together in co-operation to safeguard vulnerable adults from abuse, ensuring that services provided are of a high standard and that arrangements work effectively.

Strong partnerships are those whose work is based on agreed policies and strategies, with common definitions and a good understanding of each other's roles and responsibilities. This approach underpins joint working in response to instances of abuse, wherever it occurs.

To strengthen the work of the Board all Board Members signed up to the Terms of Reference that details their responsibilities as Board Members.

In Cambridgeshire we are working closely with all our partners to protect vulnerable people from abuse and we recognise and acknowledge the vital contribution made by staff from a wide and diverse range of statutory, private, voluntary and charitable organisations, in detecting and reporting abusive behaviours and practices. It is these staff, through their hard work, skilful intervention, commitment and courage that has resulted in positive outcomes for a large number of vulnerable people, their family, carers and relatives.

Some National Developments

Department of Health: Safeguarding Adults the role of Health Services

These documents remind health services of their duties to safeguard adults. They assist NHS commissioners, health service managers and practitioners in preventing and responding to neglect and abuse, focusing on patients in the most vulnerable situations. The documents include good practice principles and examples.

The self-assessment and assurance framework allows providers and commissioners to benchmark their safeguarding adult's arrangements against related Care Quality Commission Essential Standards. The tool can help identify strengths or gaps in provision and generates graphs and action plans for improvement.

ACPO/NPIA 2010: Guidance on safeguarding and investigating the abuse of Vulnerable Adults

The Association of Chief Police Officers (ACPO) is committed to improving the service that the police provide in respect of safeguarding vulnerable adults from abuse. Recent reviews of several critical incidents have demonstrated the need for positive action to ensure that vulnerable adults who are at risk of abuse or who have been abused receive protection and support. A common theme is that greater information sharing and improved partnership working may have placed organisations, including the police service, in a more positive position to safeguard adults concerned.

NHS The Information Centre for Health and Social Care: Abuse of Vulnerable Adults in England October 2009-March 2010, Experimental Statistics

The subject of abuse of vulnerable adults has gained increasing interest in recent years. In 2000, the Department of Health and the Home Office jointly published the 'No Secrets' document. This provided the framework for councils to work with partner agencies such as the police, NHS and regulators to tackle abuse and prevent its occurrence.

Local Authorities were given lead responsibility for setting up multi-agency committees and procedures. While they were urged to keep records there was no detailed guidance on what should be recorded and as a consequence, any data available was not comparable across Local Authorities.

In 2004, the abuse of older people was the subject of a Health Select Committee inquiry. This led to the Department of Health funding a project delivered by Action on Elder Abuse. The scope of the project included looking at current recording systems used by local authorities and to develop and pilot new recording and reporting systems. A report on this project was published in March 2006 and recommended a national collection for adult abuse was undertaken.

The NHS Information Centre carried out a fact finding survey in early 2007. The results from this and the groundwork done by Action on Elder Abuse were used to devise a national collection on the Abuse of Vulnerable Adults. This collection was piloted among 31 councils with adult social services responsibility in 2008. The results of the pilot were used to engage with stakeholders to improve the quality and reduce the burden of the collection.

In 2009, all 152 councils with Adult Social Services Responsibility (CASSRs) were invited to take part in the national Abuse of Vulnerable Adults (AVA) return on a voluntary basis, covering a six month collection period – 1 October 2009 to 31 March 2010. This document highlights the data coverage and quality issues for this voluntary collection and provides some key facts from the data aggregated across all participating councils.

Information contained in this annual report is based on the AVA return.

Department of Health: A Vision for Adult Social Care

Social Care is an essential human need, something most of us will need at some point in our lives, whether for ourselves or those close to us. How well we look after each other says a great deal about the strength and character of our society.

The Coalition Government recognised this and the Spending Review Settlement gave local authorities the resources they needed to maintain vital services and meet growing demands. Funding is, however, only one part of the answer. People's expectations are not changing and those who provide the services nor those who receive them expect to trade autonomy for dependency.

This challenge is reflected across the policy spectrum. The answer is to strengthen communities, while changing the role and our relationship with the state. It is a new vision for government which does not simply look to the state for answers to the issues we face, but outwards to communities. This is why we talk about building the 'Big Society'. This approach underpins the vision for social care – a vision grounded in the Coalition Government's values.

Home Office Vetting and Barring Scheme Remodelling Review Report and Recommendations February 2011

In its "Programme for Government", the Coalition committed to reviewing the Vetting & Barring Scheme (VBS) to scale it back to common sense levels. The VBS had been created to help safeguard children and vulnerable adults, following the Bichard Inquiry and was designed to check the records of those who wanted to work with vulnerable groups.

People who wished to work or volunteer with children or vulnerable adults would have had to undergo a process before starting work whereby they would have information held on them assessed.

If they were assessed to pose a risk of harm to vulnerable groups then they would be barred from working or volunteering with these groups.

This concept of checking the suitability of those working with vulnerable people was not new, barring schemes having been in use since 1926.

However, there was a perception and fear that the VBS went too far. It would have required 9.3 million people to register with, and be monitored by, the Scheme and shifted the responsibility for ensuring safe recruitment too much away from the employer and towards the state. It would also have had the counter-productive effect of deterring well-meaning adults from working with, and improving the lives of, children and vulnerable adults.

Many thought the VBS, while well intentioned, was a disproportionate response to the risk posed by a small minority of people who wished to commit harm to vulnerable people and in June 2010 Ministers announced that the planned implementation of the VBS was to be halted, pending a thorough review.

This report is the outcome of that review and draws on stakeholder consultation. It has concluded that employers have a critical role to play in ensuring safe recruiting practices but that this should be supported by a proportionate central barring scheme.

Department of Health: Statement of government policy on adult safeguarding

The purpose of this document is to set out the Government's policy on safeguarding vulnerable adults. It includes a statement of principles for use by Local Authority Social Services and housing, health, the police and other agencies for both developing and assessing the effectiveness of their local safeguarding arrangements. It also describes, in broad terms, the outcomes for adult safeguarding, for both individuals and agencies and outlines the next steps.

Who is a Vulnerable Adult?

A vulnerable adult is defined in 'No Secrets' as:

“A person aged 18 years or over, who is in receipt of or may be in need of community care services by reason of mental or other disability, age or illness and who is unable to take care of him or herself or unable to protect him or herself from significant harm or exploitation” (Department of Health 2000).

The Safeguarding Vulnerable Groups Act (2006) recognises that any adult receiving any form of healthcare is vulnerable.

There is no formal definition of vulnerability within health care although some people receiving health care may be at greater risk from harm than others, sometimes as a complication of their presenting condition and their individual circumstances. The risks that increase a person's vulnerability should be appropriately assessed and identified by the health care professional at first contact and continue throughout the care pathway.

What is Abuse or Mistreatment?

Abuse or mistreatment:

- can be a violation of an individual's human or civil rights by another person or persons
- may consist of a single act or repeated acts
- can occur in any relationship
- may result in harm to, or serious exploitation of, the person subjected to it

It includes the following types of abuse:

Physical abuse

Definition - Non accidental harm to the body caused by the use of force, which results in pain, injury or a change in the person's natural physical state.

Sexual abuse

Definition - Sexual abuse is the involvement of a vulnerable adult in sexual activities or relationships, which are for the gratification of the other person and which: they have not consented to, or they cannot understand and are not able to consent to, or which violates the individual's expressed cultural or religious preferences, sexual taboos, or family custom and practice.

Psychological abuse

Definition - Psychological or Emotional abuse is behavior that has a harmful effect on a vulnerable adult's emotional health and development.

Financial or material abuse

Definition - Financial or material abuse involves the use of a vulnerable adult's property, assets or income without their informed consent or making financial transactions that they do not understand to the advantage of another person.

Neglect and acts of omission

Definition - Neglect is behaviour that results in the vulnerable adult's basic needs not being met.

Discriminatory abuse

Definition - Discriminatory abuse is behaviour that makes or sees a distinction between people as a basis for prejudice or unfair treatment.

Domestic abuse and violence

Definition - Domestic abuse and violence is best described as the use of physical and/or emotional abuse or violence, including undermining of self-confidence, sexual violence or the threat of violence, by a person who is or has been in a close relationship.

Professional abuse

Definition - Is the misuse of power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems/structures.

Abuse by Organisations – Institutional Abuse

Definition - Involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people

Significant harm

A key concept in adult safeguarding work is 'significant harm', which helps to determine how serious or extensive abuse must be to justify intervention. This has been defined as follows: "harm" should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment that are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health and the impairment of physical, emotional, social or behavioral development.

(‘Who Decides’ Lord Chancellor’s Department 1997).

Any or all types of abuse may be perpetrated as a result of deliberate intent, negligence or ignorance.

Further information can be found at:

www.cambridgeshire.gov.uk/social/adultprot/

What should I do if I am Concerned about the Abuse of a Vulnerable Person?

Respond

You may suspect abuse is happening because:

- you have general concerns about someone's well being
- you see or hear about something which could be abuse
- someone tells you that something has happened or is happening to them, which could be abuse.

Report

You must never assume that somebody else will recognise and report what you have seen or heard.

- Call the police and/or an ambulance if the person is in immediate danger.
- Listen carefully to what you are being told and reassure the person that you are taking what they say seriously.
- Make a note of your concerns; of what has happened, and of any action you have taken.

Don't be afraid to voice your concern, the vulnerable person may need urgent protection and help.

What will happen?

If you have any concerns regarding a vulnerable adult it should be reported to Cambridgeshire Direct on 0345 045 5202.

The person you speak to will take the matter very seriously and will refer your concerns to a social care worker for initial investigation, who will try to find out as much as possible about what has happened by:

- talking to the vulnerable person
- talking to those involved and the carer of the vulnerable person
- talking to the police if it is a criminal matter
- talking to health professionals and other agencies.

Occasionally the vulnerable adult may refuse the help offered, in which case the authorities have only limited legal power to take action against the person's wishes. However the agencies can continue to monitor the situation closely.

Analysis of Adult Safeguarding Referrals

There has been a slight decrease in the number of safeguarding referrals from 2010 to 2011. Data collection continues to improve, however there still remains challenges in capturing and reporting this data and the Board continues to work to resolve and improve the recording processes in line with those recommended by the Department of Health. The Board will continue to address this to understand the effectiveness of current arrangements and identify key areas of work for the future.

The current data set meets the requirements of the NHS Information Centre.

There have been a total of 772 referrals during 2010/11.

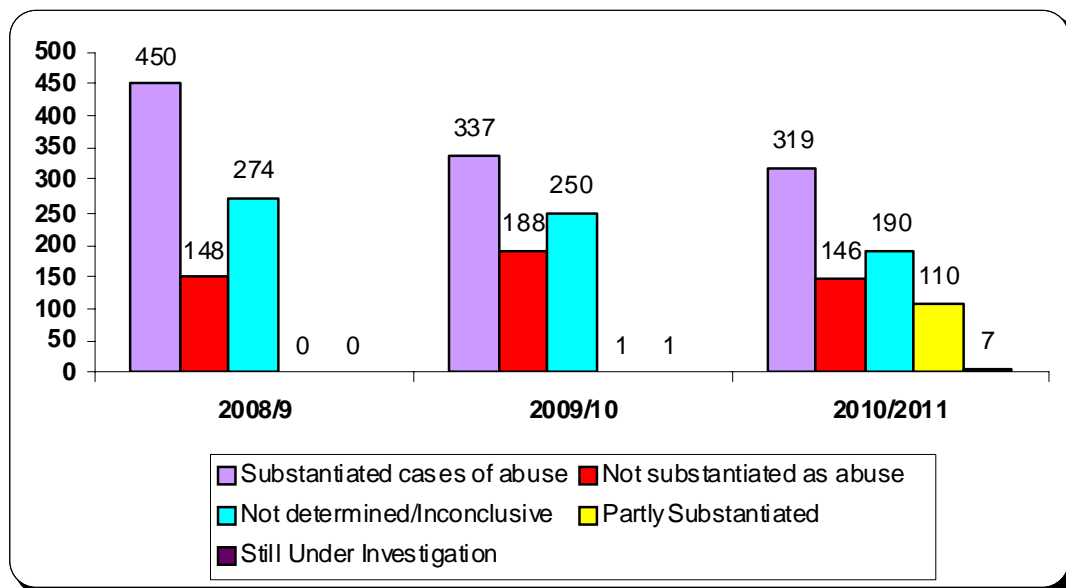


Chart 1

Of the 772 referrals recorded 190 have been recorded as not determined/inconclusive. This is a decrease in the percentage of cases from 32% in 2009/10 to 25% in 2010/11. We have been looking at some of these cases to ensure that, despite the investigation being inconclusive, any ongoing risks are addressed.

With regard to the 55% of cases where abuse or neglect was either substantiated or partly substantiated the safeguarding process itself was sufficient to address the concerns in the majority of cases.

Where ongoing activity was regarded as necessary the most usual outcome was increased monitoring and/or a community care assessment and services.

The following figures give more details about the **substantiated** cases of abuse reported to the Cambridgeshire Adult Safeguarding Team.

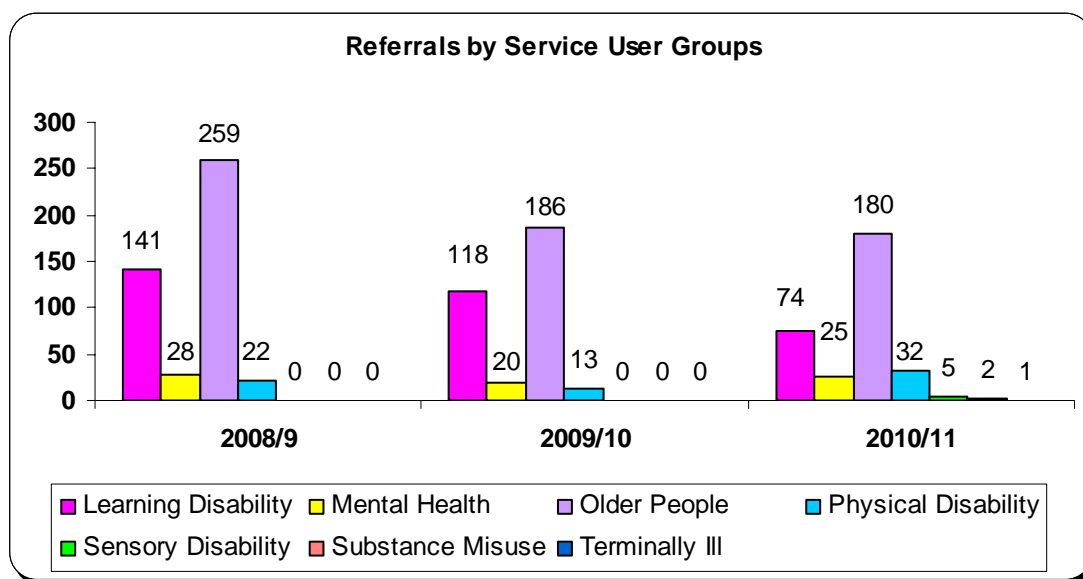


Chart 2

There has been a decrease in referrals in respect of older people and those with a learning disability but we do not think that this represents a lack of vigilance but reflects the work of our contracts and procurement staff, focusing on improving the quality of care for older people in residential and nursing care and continued development of the sharing of information group which receives information on concerns within services.

We will continue monitoring/reporting in these areas to ensure consistent and robust decision making with regard to initiating procedures or making decisions regarding placements within the service.

Where concerns have been identified there may be a need to assess all the service users to ensure that they are safe, information from these reviews have been addressed through the safeguarding and care management processes and where appropriate ongoing monitoring put in place.

The level of reporting with regard to mental health services continues to increase in 2010/11 which has been down to the increased awareness of staff, an increase in Adult Safeguarding Leads and the work of managers to improve the service in respect of Adult Safeguarding.

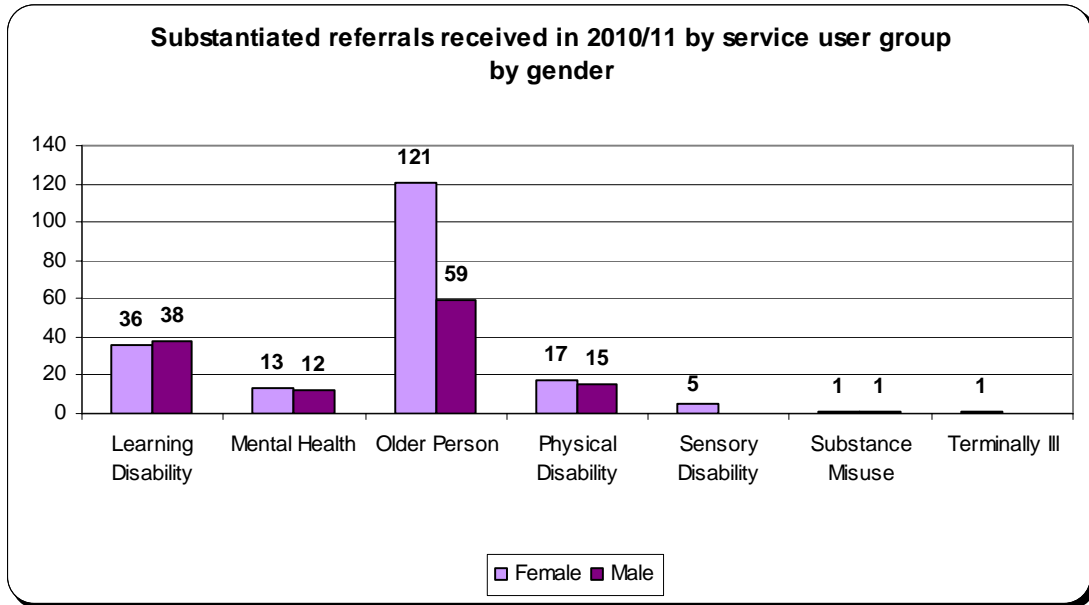


Chart 3

Women account for 61% of all referrals. The greatest differential in referral rates between males and females relates to older women where 67% of older people referred are women.

With regard to older people, this reflects the demographic profile of Cambridgeshire and the proportionate increase in relation to older people living in residential care and nursing homes, reflecting the fact that there are more females than males living in these settings.

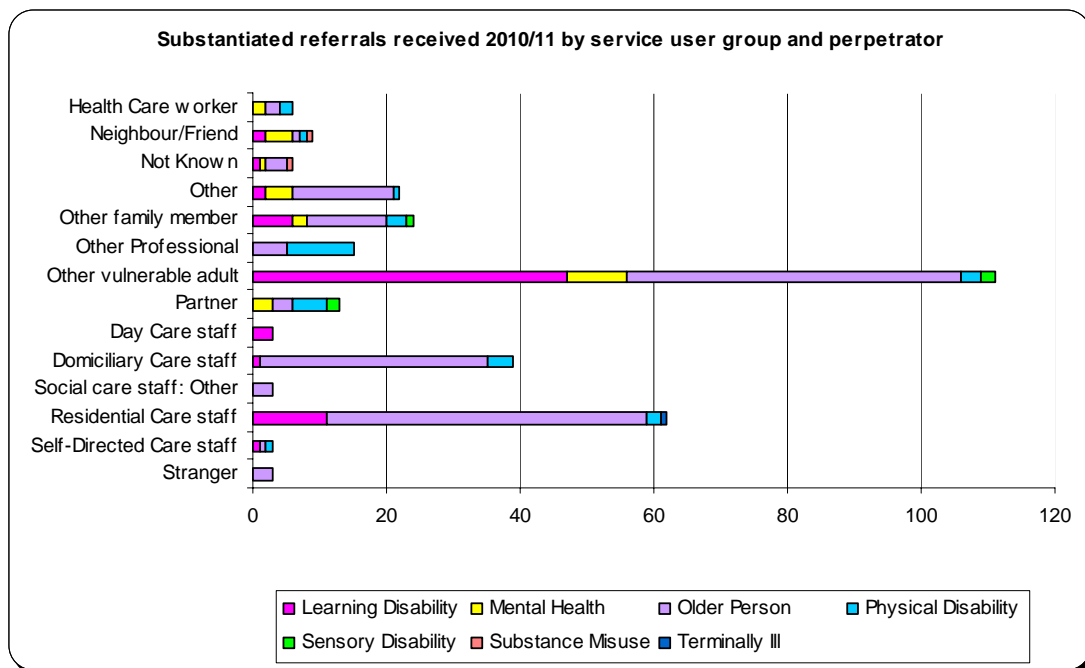


Chart 4

The highest numbers of alleged incidents have been perpetrated by other vulnerable adults at 34%. This may be partly attributed to the number of safeguarding referrals picked up within the Cambridgeshire Community Services NHS Trust pilot in Fenland and which had been subject to intensive monitoring, including a health and social care review.

This reflects the commitment across all services to acknowledge incidents where care has fallen below the expected standards with a determination to learn from the incident.

The development of personalised care, with an increasing number of people and their families opting to make their own arrangements, presents some challenges.

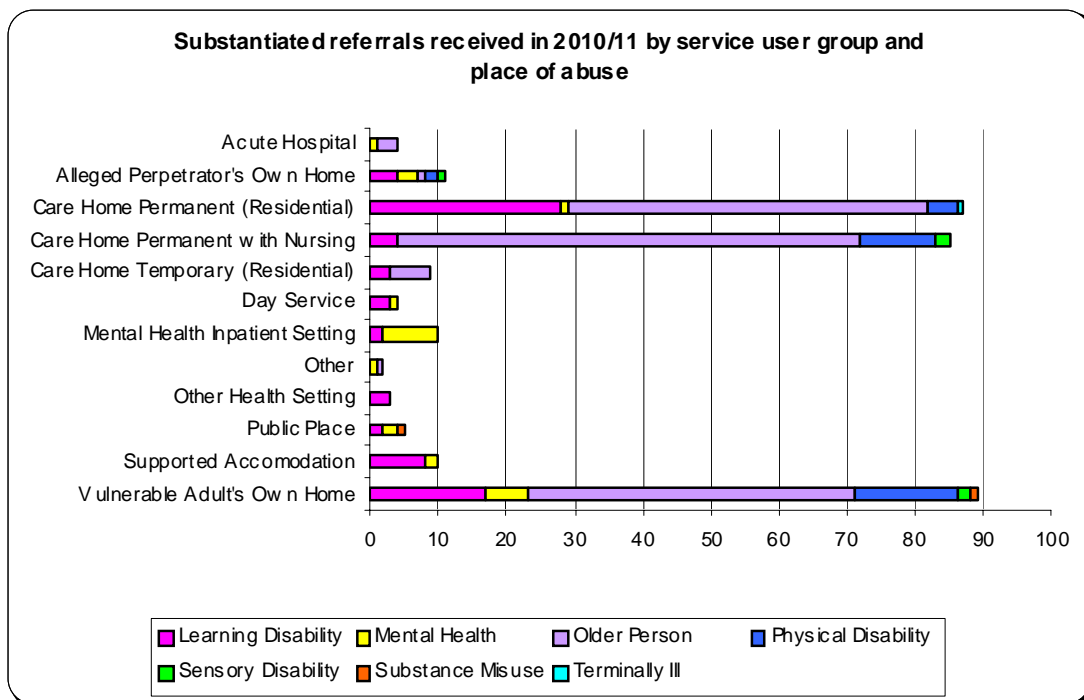


Chart 5

Although there has been a decrease overall in the number of referrals in respect of older people and those with a learning disability, this does not represent a lack of vigilance, but reflects the work of our contracts, procurement and safeguarding staff working with providers to improve the quality of care in residential and nursing services.

We recognise that people in their own homes can be vulnerable as they may not have had many outside contacts however where people are in receipt of services it is important that we try to understand their experiences and give them the opportunity to raise any concerns.

There have been a small number of referrals recorded as other and these will be investigated further as part of the continued quality assurance process.

However we are not complacent, recognising that research by the Care Quality Commission and Research into Practice for Adults (Ripfa) suggests that people could sometimes be at risk from the people closest to them and that we should continue to raise awareness and develop ways that people can raise any concerns, for example easy read material.

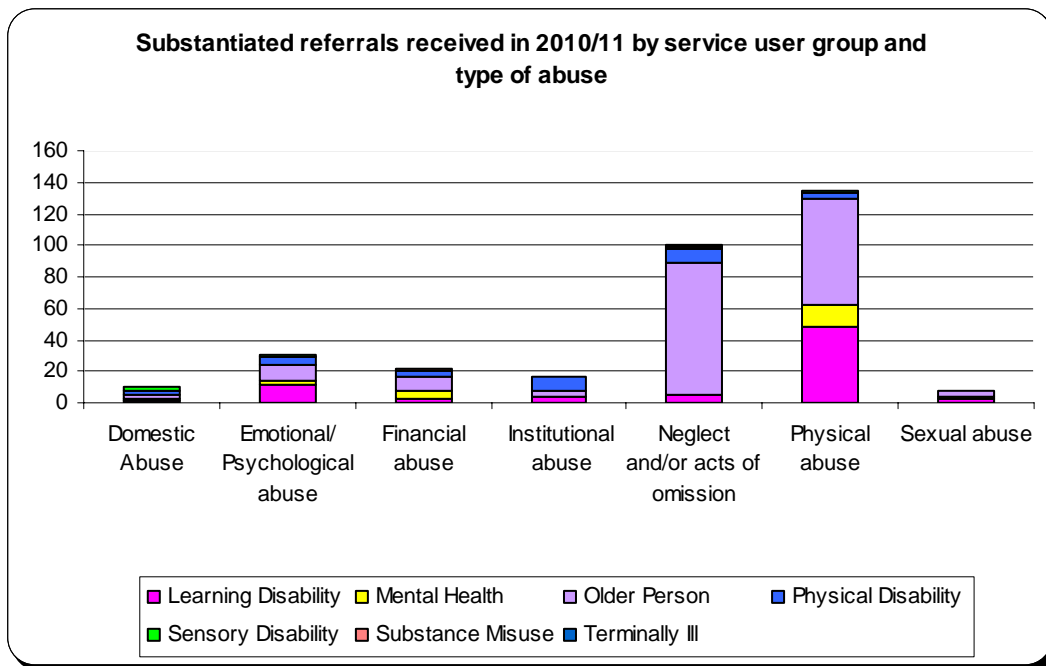


Chart 6

Physical abuse represents the largest proportion of safeguarding referrals at 43% of the overall total. This may have increased due to the Cambridge Community Services NHS Trust pilot in Fenland and the training that the trust has provided to its health staff, particularly with District Nursing Services ensuring increased intelligence and referrals with regard to, for example, wound care, tissue viability etc. Although this has increased referrals, this represents in many cases a preventative approach as it identifies concerns at a relatively early stage before they have deteriorated further.

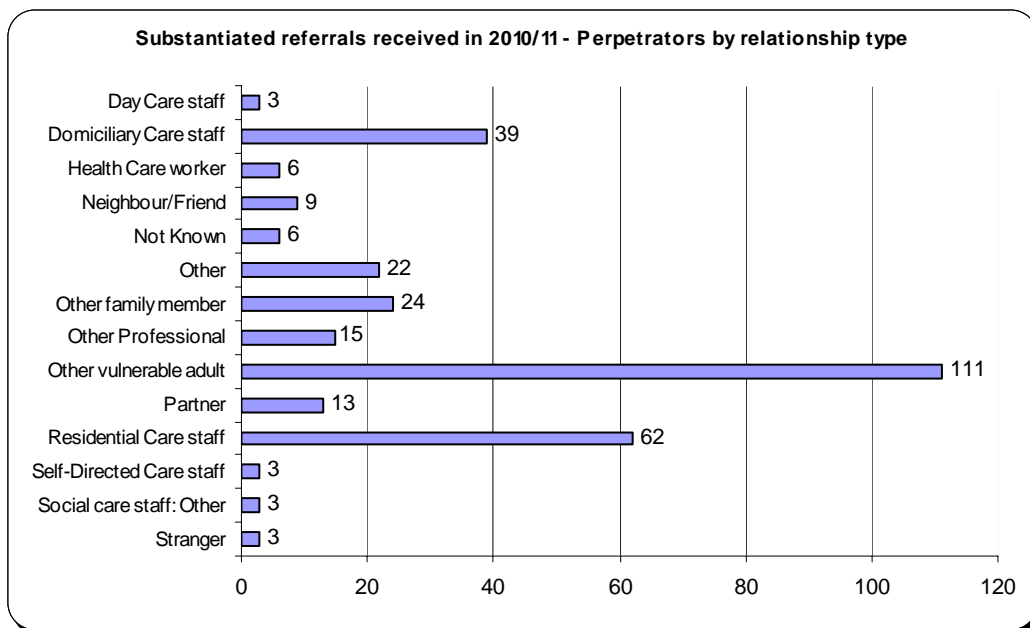


Chart 7

As previously stated, the highest percentage of perpetrators is attributed to other vulnerable adults at 34% of the overall total; the majority of these are attributed to those individuals who are older people or people with a learning disability.

The combined percentage of those working with vulnerable people within the community, residential or supported living accounts for 41% of the total number of referrals. This is an increase from approximately 15% for staff in all care sectors in 2009/10.

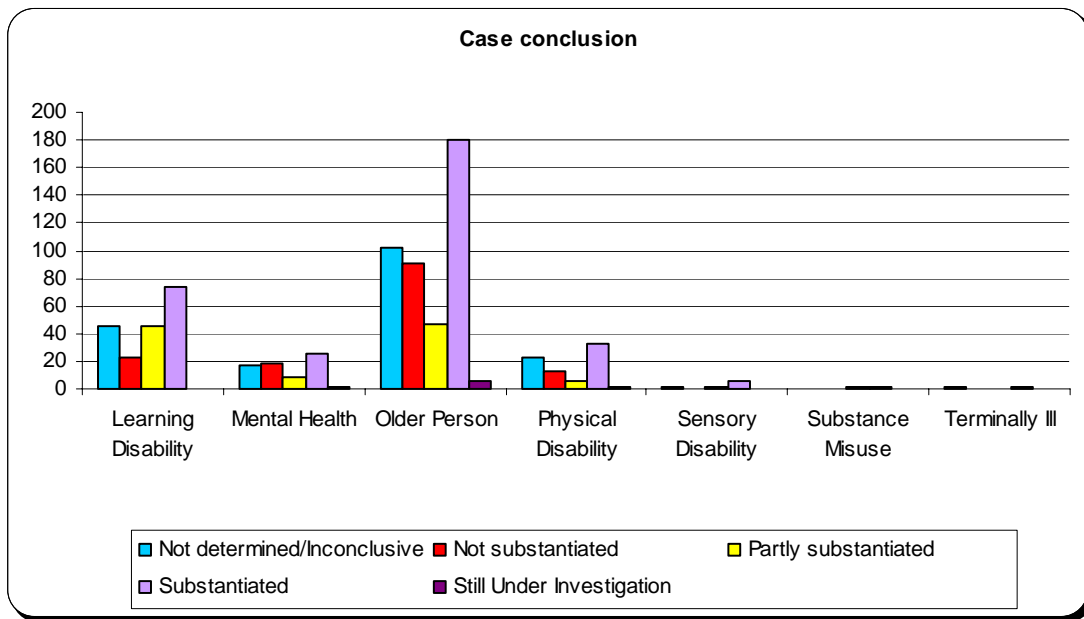


Chart 8

Of the 772 referrals recorded 99% have the case conclusion recorded. The remaining 7 cases are with the locality teams pending the conclusion of the investigations.

There has been a decrease in the percentage of cases that are not determined/inconclusive from 28% in 2009/10 to 25% in 2010/11. We have been looking at some of these cases to ensure that, despite the investigation being inconclusive, any ongoing risks are addressed.

With regard to the 55% of cases where abuse or neglect was either substantiated or partly substantiated the safeguarding process itself was sufficient to address the concerns in these cases. Where ongoing activity was regarded as necessary the most usual outcome was increased monitoring and review to ensure the ongoing safety of the person themselves.

Quality Assurance

The Adult Safeguarding Board is committed to working with commissioners and providers to ensure the highest standard of service delivery to vulnerable adults who receive domiciliary care services, supported living, day care services and residential care in Cambridgeshire.

The Quality Assurance work focuses on working with providers to raise standards and improve the quality of care. Cambridgeshire has a number of well established processes for assessing the quality of services provided and responding to any concerns expressed about a provider.

These have been used as the basis for formulating a more systematic and consistent approach to developing a Quality Assurance Framework.

This includes:

- Regular contact by staff conducting Contract Monitoring, Supporting People Reviews, Medicines Management Audits and Health & Social Care reviews which monitor performance and ensure that services are meeting the needs of service users and may identify areas for improvement with regard to individual service users.
- Establishment of the Adult Safeguarding Practice Guidance, Procedures and Audit Sub Group as a sub-group of the Adult Safeguarding Board. The group brings together staff from Health and Social Care Services, Cambridgeshire and Peterborough Foundation NHS Trust and Cambridgeshire Community Services NHS Trust Staff.
- The establishment of a sharing of information group that will share information with regard to services that have been identified as providing a poor service and discuss how we can raise standards.
- In addition, a Safeguarding Investigation can make a decision that all service users who are receiving care from a particular provider have a further, unscheduled review. This includes offering a review to any self funding resident in the service. The particular strength of this is that these are joint reviews involving care and health staff, this has improved the care for vulnerable people by ensuring that the totality of their quality of life can be assessed.

How have we worked together to safeguard adults from abuse?

Many people have been supported by the adult safeguarding process during the past year, with much hard work by numerous professionals and partner agencies, with positive results for people in our community – whether living in their own homes, being supported by families and friends, living in supported accommodation or in care homes.

During 2010/2011, there have been situations where statutory services – health and social care, private sector providers and voluntary organisations - have come together to address concerns of abuse.

One such situation occurred concerning the delivery of home care services by an Independent Service Provider – a domiciliary care agency.

The Cambridgeshire County Council Contact Centre received phone calls from service users and their families, to say that carers were not arriving at the right times, or not arriving at all, and sometimes they were not aware of how or when medication should be taken.

Phone calls were also received from employees of the agency, to say that they too were concerned about the fact that they were not being given enough time to complete the calls on their rota, meaning that they were arriving late to people, or not arriving at all. The people they were worried about were older people who needed help to get up and dressed, have their meals or take medication.

These concerns were worrying for all involved. Social care staff from Cambridgeshire Community Services NHS Trust visited the service users to find out from them what was happening and to ensure that they were safe and well. The agency was asked to look at the staff rotas and to ensure that calls were being provided and to look into their employees understanding of medication management.

An Adult Safeguarding Strategy Meeting was arranged to consider the reasons why:

- late care calls were happening,
- calls were being missed,
- carers were not sure of how to manage medication.

During the meeting, further concerns were identified:

- the home care agency had not ensured that care plans were in place for all service users
- the agency should have provided a care plan for each service user which would include their personal needs for washing, dressing and meals, their likes and dislikes etc. Without a care plan, the agency

could not be sure that any care they were providing was appropriate, necessary or even safe

- recording in the notes in the service users home were of a poor standard, if they were being completed at all
- service users may not have received correct medication
- basic care needs were not being met – there appeared to be a misunderstanding by some of the carers of simple food preparation and the need to ensure food was being presented appropriately and eaten
- dignity and respect for service users was being compromised by attitude of some of the carers
- training for carers was unknown.

The care agency was presented with the list of concerns from the meeting, with a time scale of when to respond.

They were also informed that Cambridgeshire County Council and Cambridgeshire Community Services NHS Trust had reached an agreement that further care services would not be arranged with them, until they had addressed the matters identified.

Another strategy meeting took place soon after the first one, where the agency attended and an action plan was drawn up with them regarding the issues identified, with urgent time scales for them to respond.

Professionals involved in strategy meetings and making decisions about what needed to be done were from:

- Cambridgeshire Community Services NHS Trust
- Cambridgeshire County Council Adult Safeguarding Team
- Cambridgeshire County Council Procurement (Social Care).
- Care Quality Commission
- District Nurse Team
- Police – Adult Abuse Investigations and Safeguarding of Vulnerable Adults Team
- The Care Agency

At each meeting, representatives from the care agency provided updates on how they were meeting the set actions and the improvements that were being made. Service users and their families were involved individually, to address their particular concerns, with reassessments and reviews of their care being carried out as needed with them in their own homes.

Service users were offered the option to have their care provided by another agency if they wished and were provided with support from social care staff, care managers and social workers.

Within six months the agency had met the actions identified in the strategy meetings and had gone further in that training was being rolled out to all carers, not just the people linked to the concerns identified.

The urgent and timely actions of all professions involved ensured the safety of the service users and that their care needs were being met by the agency.

The actions that were taken, enabled the service user's lives to be improved, and in effect, stopped them from needing to go to another agency. The Care Agency Managers were enthusiastic about the changes being made, as they were keen to be part of improving the lives of service users.

This was a very positive piece of joint working, which demonstrated that when people work together, professionals, care staff in the community, service users and their families, so much can be achieved to improve the lives of vulnerable people in Cambridgeshire.

What have we achieved?



Training and Workforce Development

Introduction 2010/2011

The Training and Development Team has experienced a number of changes over the past year. There has been a significant change to the appointment of staff and the beginning of a consultative and co-productive way of working with people who use services. This method of engagement has laid the foundations of a person centered approach to safeguarding training for future years to come.

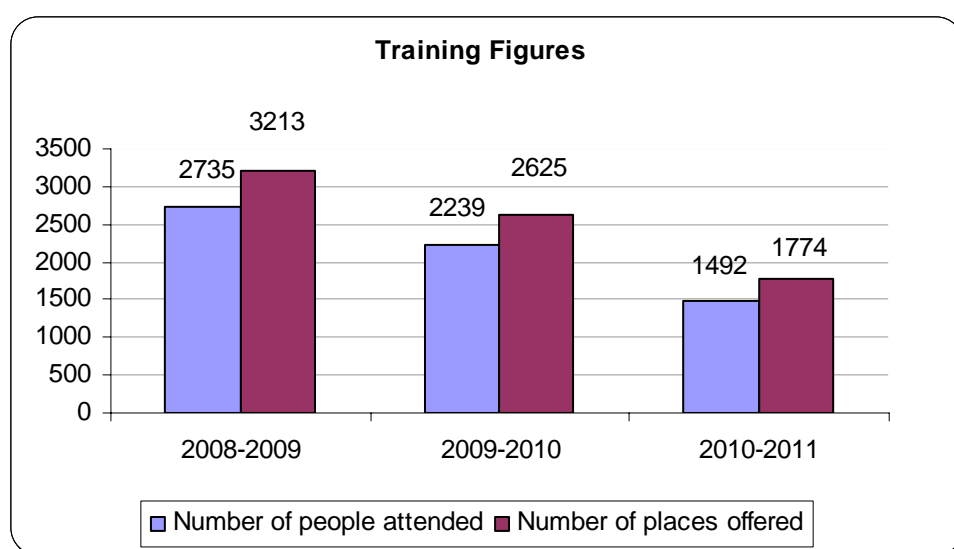
Staffing

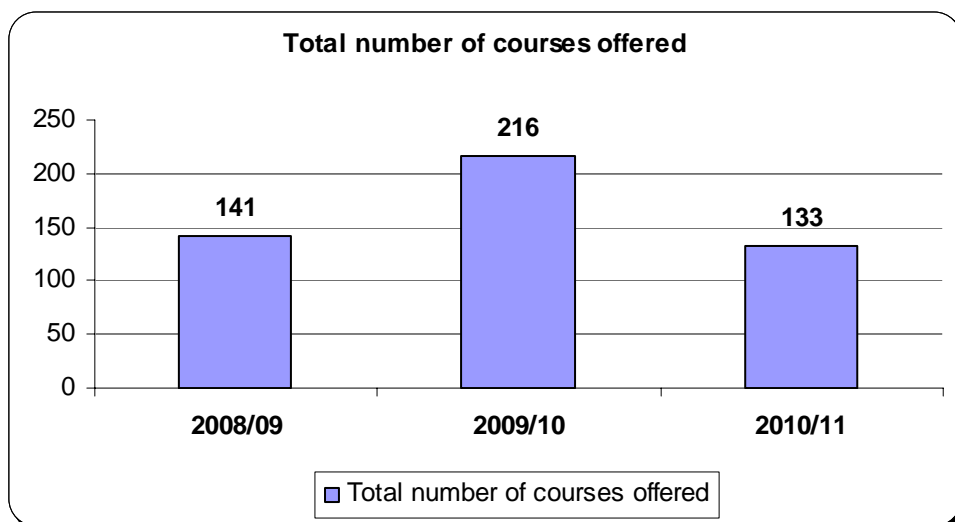
In spring 2010 two part-time trainers were employed on temporary one year contracts. This replaced the use of sessional workers which supplemented the full-time manager's post and part-time permanent trainer position. In September 2010 the Training Manager left the organisation. A new Manager was recruited to the post in January 2011.

The team also experienced changes to their long established administrative support, which was replaced by two temporary workers for 9 months.

Training Figures

As the first graph below shows, there was a 33% reduction in the number of people trained in the last year. As it has already been demonstrated above, the team experienced significant changes to its staff, including a 3 month break without a manager. A key piece of developmental work was also undertaken this year, which is discussed later. Whilst 32% less courses were run, it is important to acknowledge that our partner organisations did not take up 282 places. In addition, due to low applicants, 32 courses were cancelled.





The independent sector continues to represent the largest percentage of overall attendees, however, this is mainly people attending our Awareness Raising and Management Responsibilities Courses.

Service/Sector	Total staff trained	Workforce Percentage
Cambridgeshire Community Services NHS Trust	295	20%
Cambridgeshire County Council	243	16%
Cambridgeshire & Peterborough NHS Foundation Trust	46	3%
Housing	48	3%
Education Settings	122	8%
District Councils	3	0.2%
Independent Sector	531	36%
Voluntary Sector	204	14%
Totals	1492	100%

Course and Resource Development

Effective relationships were established with two GP Tutors. This led to the joint development of a 'Purple Card' denoting 'Top Tips for Adult Safeguarding'. This card has been circulated to all GP's practising within Cambridgeshire. The card also included the log-in details for the Adult Safeguarding E-Learning Package.

The E-Learning Package continues to be used extensively by our partner agencies. The review of the Adult Safeguarding E-Learning Package commenced in March 2011. It was acknowledged that the current course content, hosted by Kwango, required updating, in accordance with policy and procedural changes at a national and local level.

The team has delivered 15 different courses over the past year to meet the diverse needs of the organisations we collaborate with. The following courses have either been developed, or run in 2010/11 for the first time:

Minute Taking Course - Having been developed in a previous year, direct delivery commenced in 2010 to people who minute adult safeguarding meetings.

Adult Safeguarding Training for Service Users – This is a major project which recognises the central theme of the Personalisation and Preventative Agenda, to enable service users to exercise more choice and control in their lives whilst minimising the risk of abuse. Adopting a co-productive approach, a dedicated trainer has consulted with users of services, focus groups, existing advocacy services and direct service providers to design a package of resources to support the raising of users of adult social care services and the general public's awareness on adult safeguarding.

This work has included the design of leaflets, posters and most importantly, a training resource which was created by people with learning disabilities. This training looks at defining abuse, how to recognise it, how to report it, community safety and how to make information in services more accessible.

Future work plan

A three year training strategy is in place which starts with the delivery of training for people who use services within all the Learning Disability Partnership day settings. This will also be offered to social enterprises and with some independent care providers who support people with learning disabilities.

Services will be required to sign up to a contract, which demonstrates a commitment to continue work in this area as a rolling programme. Further information about the training can be accessed at:

www.cambridgeshire.gov.uk/social/adultprot/

A similar training package for people who use mental health services has been offered to Cambridgeshire and Peterborough NHS Foundation Trust. In 2012/2013 the training strategy will commence delivery of training for older people and those with physical disabilities who use services.

Essex Constabulary and the Essex Safeguarding Board run an established adult safeguarding awareness session jointly for their Police Officers. This course has been offered to the Cambridgeshire Safeguarding Training Team. With minimal adaptation for local use, the course will be offered to the Cambridgeshire Constabulary to enhance partnership working through the sharing of resources and an inter-agency approach to adult safeguarding training. A series of half day workshop style sessions will be developed for the Adult Safeguarding Leads to support with their continuing professional development. The first topic will be Domestic Abuse.

A word from some of our Partners

Age UK Cambridgeshire

Survivors Project

This 2 year pilot project has been a partnership with Age UK Cambridgeshire/Action on Elder Abuse and funded by Comic Relief. The Project Co-ordinator for the pilot is employed by Action on Elder Abuse and she has devised the project, based upon a developed process from the USA and used in Scotland, working in the field of mental health – using a goal orientated peer support recovery system.

The aim of the pilot project was to recruit; train and support volunteer “buddies” who work with survivors of elder abuse on their journey to recovery. It was envisaged that the pathway to recovery would take about 6 months for each survivor but there was no hard and fast rule about the time scale. Ideally the buddies would be mature people who may themselves have experienced and recovered from some form of abuse or trauma. Currently 4 clients have completed the process and 4 clients are still going through the process.

The sources of the referrals, which have been low in numbers, have been from a wide cross section of agencies. Abuse suffered was also varied and included, abuse by a family member, distraction burglary, physical abuse and psychological abuse.

A new pilot has just started with Croydon Age UK so that a comparison between rural and urban areas can be made.

Cambridgeshire Local Safeguarding Children Board: A Summary of Activity April 2010-March 2011

The Cambridgeshire LSCB has continued to work alongside the Children’s Trust and the Adult Safeguarding Board with respect to adult safeguarding, offering challenge and advice.

We have strengthened the governance and accountability arrangements of the LSCB by developing a performance framework. We still have some work to do to ensure the collection of robust performance and quality assurance information but good progress has been made. We have developed a LSCB risk matrix, at executive level, which is monitored and progressed on a six monthly basis. The risk matrix records any risks that are identified as shared risks and ensures that action is taken to mitigate against the risk.

A Memorandum of Understanding (MOU) has been developed and was agreed by the LSCB in May 2010. This is consistent with the Children’s Trust MOU. All Board members are required to sign this document when they join the Board. It sets out the responsibilities and code of conduct required by Board members.

Throughout 2010-11 the LSCB has robustly monitored all 5 Action Plans that resulted from the 5 Serious Case Reviews (SCR) commissioned by Cambridgeshire LSCB during 2009-10. All but a very few actions are now complete and within timescales. We have put on training events for practitioners as a direct result of lessons learnt from these cases. These events were highly valued by practitioners who reported feeling more confident when working with parents or carers who have a serious mental health illness. The Executive Summaries of all Cambridgeshire SCRs can be found on our newly developed website: www.cambslscb.org.uk

The Cambridgeshire LSCB website was redesigned to be more 'user friendly' and went live in May 2010. We have received positive feedback from our partner agencies and the public who can access the site. The website is updated every 3 months to reflect any changes in legislation or policies.

The Training and Workforce Development Officer has used her expertise to develop a multi-agency training brochure which takes into account the outcomes and lessons learnt from the SCRs. There are also more specialist training courses such as 'Working with Hostile Families' and 'Attachment Theory'. We invite experts in the field to provide high quality multi-agency training.

The 2011-12 training brochure is available on our website: www.cambslscb.org.uk

The Training and Workforce Development sub-committee has completed a training needs analysis and has started to collect data on future workforce requirements so we can ensure that our children's workforce are equipped to safeguard children effectively.

In an attempt to reduce cost and increase efficiency we have embarked on more joint work with Peterborough LSCB. We have combined our Practice Policy and Procedures sub-committee and our E-safety sub-committee. This has been welcomed by our partner agencies that cover both Cambridge and Peterborough.

The Cambridgeshire LSCB would like to thank all our partner agencies for their contributions and hard work in supporting the work of the Cambridgeshire LSCB. It is with this commitment that we can strive to achieve our vision:

'Creating a safer Cambridgeshire through collaboration and challenge'

Kneesworth House Hospital

Kneesworth House Hospital, part of the Partnerships in Care Group, has continued to develop its partnership with our NHS commissioners, Cambridgeshire County Council and Cambridgeshire Constabulary to progress the hospital's Adult Safeguarding process during 2010 – 2011. This work included:

- Train the trainers programme.
- Review of induction 'raising awareness' presentation for all staff.
- Development and roll out of advanced Adult Safeguarding training for all front line clinical staff.
- The introduction of quarterly liaison / review meetings with link officer from Cambridgeshire County Council.
- Introduction of electronic referral system between Kneesworth House Hospital and Cambridgeshire County Council.
- Reporting to and liaison with Care Quality Commission to meet requirements of Regulation 18 Outcome 20 Health and Social Care Act 2008.
- Preliminary discussions with new MARU Unit with a view to developing good working practices with the Adult Abuse Investigation Unit (Cambridgeshire Constabulary.)

We have also recently made links with the Cambridgeshire Community Cohesion Unit with a view to carrying out some joint work with staff and patients on hate crime as part of the hospital's anti-bullying strategy.

Hinchingbrooke Health Care NHS Trust

Hinchingbrooke Health Care NHS Trust is committed to Safeguarding Vulnerable Adults, we believe the key to effective adult safeguarding is multi agency working and continue to work in partnership with statutory and voluntary agencies across Cambridgeshire.

The Trust has in place effective mechanisms relating to adult safeguarding with a reporting structure to the Trust Board, who are committed to ensuring patients are safe whilst in our care. The Director of Nursing, Midwifery & Quality, along with the Associate Director for Nursing has overall responsibility for the safeguarding of vulnerable adults.

The Trust has a full time Adult Safeguarding Lead who works with key staff members and external stakeholders, ensuring all vulnerable adults are safeguarded whilst in our care, and that appropriate advice and guidance is given as required. As part of our mandatory training programme we ensure staff are adequately trained in relation to adult safeguarding, and have an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. The post of Adult Safeguarding Lead is essential for ensuring staff are supported with caring for vulnerable adults, the trust has developed robust internal referral structures to ensure concerns are dealt with in a timely and appropriate manner.

Hunts Mind

At Hunts Mind, we provide a valuable service to people within the community suffering from mental health distress. These people are vulnerable and are often open to exploitation and abuse. We have worked in partnership with Cambridgeshire County Council in the safeguarding of vulnerable adults for several years and we are committed to continue this partnership.

As part of our mandatory training programme, all staff during their induction receive training and awareness in relation to safeguarding and mental capacity. This year, Cambridgeshire County Council's safeguarding training team have assisted with extending this training to all our volunteers, which includes our team of counsellors.

Our current Safeguarding of Vulnerable Adults Policy is under review and we have sought advice and guidance again from the safeguarding team around ensuring that this policy is in line with the Council's policy.

Cambridgeshire DAAT

The current provider of Adult Drug and Alcohol Treatment Services in Cambridgeshire 'Addaction' have extended their online E-Learning Module to separate the Child Protection and SOVA into two distinct modules. This ensures a larger focus on SOVA and POVA issues. In addition Addaction is launching a days SOVA/POVA training around Statutory responsibilities and how to respond within the Organisation. Staff within the organisation are also receiving updated SOVA information through 'bite size' training rolled out by a Substance Misuse Social Worker.

Cambridgeshire Addaction has reviewed and amended the Comprehensive Assessment paperwork to broaden the collection and assessment of SOVA Identifiers. In addition there is now a set of trigger questions, that will in addition to SOVA protocols, automatically result in a referral for discussion with the seconded Social Work Team.

The DAAT have developed Drug Related Death protocol ensuring that any deaths of service users engaged within the treatment system are being reviewed in order to gain valuable learning points which can ultimately help us prevent future deaths. In addition enhanced surveillance systems ensure that deaths of drug users, who are not engaged with treatment services, are reported to the DAAT so the same process can be followed.

Re-tendering of the Adult Drug Treatment System is currently underway and Adult Safeguarding practices will be heavily incorporated into new contracts to ensure that vulnerable adults are identified and appropriate support packages are provided.

Cambridgeshire County Council Supporting People

The Supporting People Team is committed to working closely with Providers, the Adult Safeguarding and Quality Manager and Training Team to achieve the Quality Assurance Framework (QAF) standards, ensure alignment with ADASS standards, continuous improvement, and develop practices that are relevant to vulnerable clients in housing related support services - for instance a safeguarding protocol for housing providers has been developed. The Supporting People Team is a multi-agency partnership between the County Council, 5 District Councils, Probation and Health.

The Cambridgeshire County Council Supporting People Programme currently manages a Communities and Local Government Grant (paid to the County Council via formula grant) to provide housing related support to approximately 400 hundred services to 8600 service users, with 19 different client groups, ranging from older people in sheltered accommodation to younger people leaving care, across the whole of Cambridgeshire. The intention is: maximising independence and prevention; helping people to help themselves; enabling people to maintain their tenancies; and, to encourage involvement in the development of services.

The Supporting People Team achieves this through its Contracts Management process in line with the County Council's Contract Regulations and the Quality Assurance Framework (QAF). Adult Safeguarding is one of the 5 strands of the QAF so is a fundamental part of this process.

Where contract compliance is an issue the Supporting People Team will take swift and necessary action to ensure the needs of the service user(s) are met and appropriate action is taken.

The QAF asks of providers - 'There is a commitment to safeguarding the welfare of adults and children using or visiting the service and to working in partnership to protect vulnerable groups from abuse.'

And this requires:

1. Robust policies and procedures for safeguarding and protecting adults and children, that are less than three years old (1 year for Cambridgeshire County Council) and in accordance with current legislation.
2. Staff to be aware of policies and procedures, and their practice both safeguards clients and children and promotes understanding of abuse.
3. Staff to be made aware of and understand their professional boundaries, and their practice reflects this.
4. Clients to understand what abuse is and know how to report concerns.
5. That the service is committed to participating in a multi-agency approach to safeguarding vulnerable adults and children."

Current work involves supporting the Making Every Adult Matters (MEAM) pilot, where supporting people services are contributing to supporting clients who have multiple needs and exclusions and with clients who are otherwise chronically excluded. Work with Safeguarding Trainers and homeless providers continues to play a key work area in developing good and affective practice to support the challenges this client group faces.

NHS Cambridgeshire

NHS Cambridgeshire has continued to play a leading role in the strategic development of adult safeguarding practice within Cambridgeshire. This has been primarily achieved through active membership of the Cambridgeshire Adult Safeguarding Board and leadership of the Practice Guidance, Procedures and Audit Sub Group. Additionally considerable work has been undertaken in partnership with the County Council to ensure that health and social care processes are integrated to support clear communication and decision making.

The last year has rightly seen an increase in the expectations of health organisations in relation to the recognition and management of adult safeguarding. This includes a requirement by NHS provider services to demonstrate compliance with CQC safeguarding standards.

There has been considerable public adverse publicity concerning NHS and independent sector adherence to safeguarding standards. As a consequence, in some cases, dignity and respect for users of services have been compromised. Regrettably, concerns have been identified by CQC, with two community NHS provider services in Cambridgeshire. It is pleasing, however, that both have responded positively and are actively pursuing improvement plans.

As the countywide commissioner of NHS services, and lead commissioner for older people's social care, NHS Cambridgeshire has a clear responsibility to ensure that standards are being upheld. This is being achieved through contractual requirements, performance management, and clear governance arrangements. Work is also being undertaken to raise the awareness of key professional groups.

While it is recognised that safeguarding expectations will rightly continue to increase, it is also the case that as a consequence there are considerable additional logistical demands on NHS services which will need to be met. There are also increasing expectations of General Practitioners both as registered providers as well as commissioners of services. This development is reflected in the addition of a General Practitioner representative to the Adult Safeguarding Board.

Cambridgeshire and Peterborough NHS Foundation Trust

1. Governance and Accountability

The Director of Operations is the Executive Director with Board responsibility for Safeguarding Adults, and attends the Cambridgeshire Adult Safeguarding Board.

The Head of Social Work is the lead officer for adult safeguarding with responsibility for developing processes and procedures within the Trust and contributes to the work of CASB sub-groups.

The Trust has an Adult Safeguarding Steering Group attended by senior staff across the Trust and representatives from Peterborough Council and Cambridgeshire County Council. This group reviews and monitors safeguarding activity in the Trust and implements actions from the Safeguarding Boards.

2. 2010-11 Achievements

Staffing

- Increased advice, support and training to teams.
- Ward staff trained in SOVA investigations.
- Development of a peer support group for Cambridgeshire CPFT staff who undertake safeguarding work.

Policy and Procedures

- Trust Adult Safeguarding Policy and Procedures updated to be consistent with Cambridgeshire and Peterborough policies.
- Work with Cambridgeshire Safeguarding Board to operationalise thresholds for reporting safeguarding concerns.

Audit

- Case audit and action plan implemented through Trust Adult Safeguarding Steering Group.
- Datix incident reporting system amended to have a routine question to identify if the incident is a safeguarding matter. A sample (n=400) has been reviewed and the process will be part of the trust audit programme.

Learning the Lessons

- Adult Safeguarding has been included in the Trust 'Learning the Lessons' programme attended by a wide cross section of staff across the organisation, to implement the learning from incidents.

Activity Monitoring

- Improvements in activity monitoring within CPFT.

Work with Prisons

- Work with Cambridgeshire prisons to ensure a shared understanding of safeguarding and safety issues.

3. Staff Training

Training for Trust staff is delivered in house and through the Cambridgeshire and Peterborough multi-agency training. The Trust has worked to collate and cleanse data on training compliance. E-Learning module developed for level 1 awareness training, delivered as part of blended learning programme.

At March 2011 the Trust could evidence 1388 staff (70%) had completed level 1 awareness training. There has been further work to improve this with 95% compliance by August 2011. The Trust has 22 SOVA lead practitioners in the Cambridgeshire mental health services.

The Trust is working with Cambridgeshire safeguarding trainers to develop the team manager training programme for mental health team managers. This will be available to managers in Cambridgeshire from July 2011.

4. Priorities for the Coming Year

- Ensure all staff receive appropriate training and are able to identify and respond to safeguarding issues.
- Ensure safeguarding procedures are implemented to the appropriate standards.
- Finalise threshold guidance for staff.
- Continue joint work with prisons to agree local protocols.
- Develop trust-wide audit programme in conjunction with Cambridgeshire and Peterborough safeguarding teams.

Cambridgeshire Constabulary

The last year has seen the Constabulary take large steps forward in its approach to the safeguarding of vulnerable adults. By working closely in partnership with colleagues from statutory and voluntary services we are now able to offer far more to vulnerable people than ever before. This progress is based upon two new units within the Constabulary: the Multi-Agency Referral Unit (MARU) and the Adult Abuse Investigation Unit (AAIU).

The (MARU) exists to ensure that whenever services are provided to vulnerable people within the local authority areas of Cambridgeshire and Peterborough, duplication of effort between service providers is kept to a minimum. It will be the role of the MARU to ensure that the right information is made available to the professionals who need to use it without unnecessary reproduction of records across agency systems. In addition, the MARU will take steps to identify single agency contacts for each service user so that the maximum number of people can benefit from the limited resources available to support vulnerable people. It will be an overriding principle of the MARU that wherever possible each process should only be carried out once, irrespective of the agency which does so.

Within the MARU there is a Safeguarding of Vulnerable Adults (SOVA) Team (as well as a Safeguarding Children Team and a Domestic Abuse Team). Whenever a concern for the welfare of a vulnerable adult becomes apparent, Police Officers and partner agencies can make a referral to the SOVA team. The SOVA team will assess the risk posed to the vulnerable adult and discuss the case with safeguarding professionals from either Mental Health or Social Care providers. This will lead to an agreed multi-agency plan to protect the needs of the vulnerable adult in question. The plan could be as simple as making an existing carer aware of a new issue arising, or as complex as launching a joint investigation involving Police Detectives and Social Workers.

Where a joint investigation is launched, the Police investigators will come from the AAIU, a new team which is solely dedicated to investigating the abuse of vulnerable adults. The team, based in Huntingdon to have easy access to the whole county, consists of staff with a passion for safeguarding as well as experience of conventional investigations. They are able to work in a more sophisticated way to ensure that the needs of the vulnerable adult remain paramount throughout the life of the investigation.

Underpinning all of this new work is a series of information sharing protocols between the key agencies, based on the principle of making information available to the professional who needs it, at the critical time. This has led to the development of a new referral process based on the police 'Form 102' which is now common across safeguarding agencies throughout the county. It is this kind of joint protocol which will be built on over the coming year to enable us to progress towards a seamless service across agencies, which is the constabulary's goal in this crucial area of its business.

Cambridgeshire Community Services NHS Trust

1. Introduction

CCS NHS Trust has two distinct areas of responsibility relating to SOVA:

- Responsibility as a provider of NHS services. This relates to all staff being aware of their responsibilities to identify, report and manage SOVA issues within the remit of their role.
- Delegated responsibility from Cambridgeshire County Council (CCC) for the investigation of SOVA referrals for older people (aged 65 and over).

Throughout the year, CCS NHS Trust has concentrated on strengthening the governance arrangements for SOVA activity throughout the organisation and establishing robust monitoring and reporting arrangements. Set out below are the key areas of improvement that have been the focus of that activity.

2. Care Quality Commission (CQC)

The trust declared non compliance with CQC outcome 7 (regulation 11) Safeguarding (Essential Standards of quality and safety) at initial registration with CQC in April 2010. The focus of the SOVA element to this standard was to implement a trust wide SOVA training programme. This was developed during Q4 2010/11 with full implementation during Q1 and Q2 2011/12. Reporting of a fully compliant position occurred in September 2011.

3. Poorly performing Independent providers and Suspension to placements

An increasing amount of resource is currently required to manage the safeguarding concerns raised when a provider is not performing to expected regulatory quality standards. This includes both residential/nursing home providers and domiciliary care agencies. When placements are suspended, Trust staff are required to assess alternative care provision whilst investigating SOVA related concerns. This has had a substantial impact on locality teams managing the day to day consequences of these issues. Trust staff continue to work with the Contracts Team at CCC who are responsible for monitoring the quality of care with Independent Providers as a component of the contract monitoring process.

4. Serious Incidents (SIs)

National guidance (and subsequent regional and commissioning guidance) has outlined the requirement for a variety of SOVA scenarios to be reported via the NHS Serious Incident reporting framework. Local interpretation of this guidance has led to a number of SOVA issues being reported as SIs where clear distinction has not been made between the Trust's delegated function to investigate SOVA incidents and the requirement of all providers of health and social care (including Independent Providers) to safeguard people effectively.

Work continues across the region to clarify the reporting process to enable the Trust to discharge its duties effectively. A further development during 2010/11 was the introduction of the requirement to report all grade 3 and 4 pressure ulcers as SIs. This is relevant to a number of SOVA investigations where poor care in a variety of settings by any health/social care staff may have contributed to the development of such an ulcer. These are considered on an individual basis and the clarification outlined above will assist in the appropriate reporting of such issues.

5. Governance arrangements including Safeguarding Adults Group

The initial CCS NHST SOVA strategy was endorsed during 2010 and highlighted the approach to Safeguarding Adults that the trust had adopted. A full review is underway in 2011/12 to outline further developments and identify key performance indicators by which the effectiveness of the strategy can be measured. It is anticipated that the revised strategy will be adopted in Q3 2011.

The Clinical & Practice Governance committee is constituted to oversee all aspects of safeguarding and offer assurance to the Board that the Trust discharges its duties effectively.

The Trust's Safeguarding Adults Group is a formal sub committee which has strengthened its membership during 2010/11 and focuses on both strategic improvements and operational issues that may impact our ability to deliver our responsibilities effectively. This group is chaired by the Executive Lead for Safeguarding Adults, who also is a constituent member of the county wide multi agency safeguarding Adults Board. Work continues to influence and strengthen the contribution to this Board to ensure focus on improvements to practice and risks that are identified across organisations.

6. Learning from Experience

Information from incidents, complaints and PALs queries are fed into the trust's Learning from Experience Group. SOVA issues and learning is considered alongside other aspects of patient/carer/service user experience. The increase in reportable pressure ulcers and their link to SOVA issues will be explored in detail within the group where a workshop format is intended to maximise learning.

7. Safeguarding Review

During 2010/11 a comprehensive safeguarding review was undertaken to establish what currently works well, what could be improved and identify appropriate models for future practice. The recommendations are currently under review by stakeholders.

8. The priorities for 2011/12

Priorities for subsequent years are identified on the SOVA work programme which is monitored through the CCS NHST Safeguarding Adults Group.

The following areas are included for 2011/12:

- Implement the agreed recommendations of the trust wide Safeguarding Review.
- Review the strategy and agree relevant KPIs.
- Work collaboratively across the Trust to implement areas of best practice as a result of a variety of services in Luton, Suffolk and Peterborough joining CCS NHST during 2011/12.
- To implement fully the revised training framework including development of appropriate courses for staff who have regular contact with vulnerable adults.
- To continue to seek relevant data from all internal and external sources in a timely manner to inform trend analysis during 2011/12.
- To continue to improve the comparable data collected including impact assessments relating to our delegated functions.

Cambridgeshire County Council Adult Safeguarding Web Page

The Cambridgeshire County Council Adult Safeguarding home page can be found at www.cambridgeshire.gov.uk/social/adultprot/

Over the past year, we have made many significant changes to our web pages, so that information is easier to find and use for people who visit us.

In relation to reporting issues and understanding procedures, we have:

- revised our welcome page, making contact information clearer
- frequently asked questions (FAQs) for visitors about who a vulnerable adult is and what abuse is

Guidance for partner agencies includes:

- Adult Safeguarding Policy Guidance and Procedures
- Procedure signup form so we can keep you informed
- Safer Working Practice
- Stop Abuse Poster
- Safeguarding Vulnerable Adults from Abuse Leaflet

Training and professional development is another key area, within this area, you can find information on:

- all of our various training courses including service users and carers
- FAQ on training, including what is involved, eligibility and charges

Adult Safeguarding Publications including:

- Top Tips for GPs
- Statement of Government Policy on Adult Safeguarding

Adult Safeguarding Board:

- Terms of Reference
- Annual Reports

Links to relevant webpages, including:

- Your Life Your Choice website: www.yourlifeyourchoice.org.uk/
- Mental Capacity Act website: www.cambridgeshire.gov.uk/social/mental/
- Deprivation of Liberty Safeguards website: www.cambridgeshire.gov.uk/social/mental/dols.htm

The Future

Work continues on:

- Cambridgeshire County Council's involvement at a national level to influence national policy in relation to adult safeguarding.
- Development of easy read material to support staff dealing with issues of domestic abuse.
- The development of the Training Strategy 2011 – 2014.
- Working with partner agencies on the Making Every Adult Matter (MEAM) pilot to review the needs of chronically excluded adults in Cambridgeshire.
- Revision of all training courses to meet the needs of the social care and health workforce, to enable a better understanding of the decision making process in safeguarding whilst taking into account the legal requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Working with higher education institutes in Cambridgeshire to raise awareness of adult safeguarding.
- Public Protection Understanding the link between Adult Safeguarding and Multi-Agency Public Protection Arrangements [MAPPA].
- Raising Service User's Awareness of Adult Safeguarding.
- Working with the police in the development of the Multi Agency Referral Unit
- Relationships, Internet Safety & Keeping Safe Information
- Development of easy read materials for service users
- Work with Research in Practice for Adults (Ripfa)
- Work with CPFT on the Frequent Attenders Pilot
- Working with Prisons on their Adult Safeguarding Processes

Important Contact Details

Cambridgeshire Direct

Between 8am and 8pm Monday to Saturday	0345 045 5202
If you urgently need to make contact outside office hours	01733 234724

Cambridgeshire Constabulary

Non-Emergency Contact Centre	101
------------------------------	------------

Cambridgeshire and Peterborough NHS Foundation Trust

Huntingdon - Intake and Treatment Pathway Team Central (Monday Friday 09-00 -17.00)	01480 415143
Fenland duty number covering both Intake and Treatment and Rehab and Recovery	01945 482100
Cambridge North and South - Intake and Treatment	01223 533300
Action on Elder Abuse Response Line	0808 808 8141
Age UK Cambridgeshire	01354 696650
Independent Mental Capacity Advocate Referral Line	0845 650 0081

For further information contact:

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

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