LSAB
Southampton
Local Safeguarding
Adults Board

Annual Report

2014-2015

Tel 02380 832995

lsab@southampton.gov.uk
www.southamptonlsab.org.uk

Contents

"In recognition that 2014-15 would be a demanding year for the LSAB, given the significant changes to safeguarding practices and LSAB's statutory responsibilities introduced by the Care Act 2014, last year's annual report set out an ambitious work plan."

"The LSAB recognise more needs to be done to demonstrate how the partnership is supporting and driving forward a preventative agenda and embedding the 'making safeguarding personal' principles into practice".

Message from Fiona Bateman, Independent Chair

This report is produced by Southampton Local Safeguarding Adults Board (LSAB) in accordance with the Care Act 2014 which requires the LSAB to publish an annual report detailing what each member and the LSAB has done collectively during the year to achieve its main objective and implement its strategic plan. The report must also set out the findings of any Safeguarding Adults Reviews and subsequent action taken to implement the recommendations arising from those.

Within this part of the report I will therefore address progress made by the LSAB and its core partners from the period April 2014 to March 2015 against the priorities identified in the last annual report before going on to detail who we look to protect from abuse and neglect; what types of harm are more prevalent within Southampton and what the partnership has done in 2014-15 to address the needs identified during the year.

In recognition that 2014-15 would be a demanding year for the LSAB, given the significant changes to safeguarding practices and LSAB's statutory responsibilities introduced by the Care Act 2014, last year's annual report set out an ambitious work plan for the year. The LSAB continued to meet six times a year in order to share learning in relation to pertinent practice issues, examine the effectiveness of each agency's actions in preventing harm to adults at risk and their ability to identify and address risks when these arise.

Outside of those meetings partners also agreed focus on:

- Further developing links with key strategic forums within Southampton including Healthwatch, Southampton Local Safeguarding Children Board (LSCB), Southampton Safe City Partnership (SCP), Southampton Connect and LSABs in neighbouring areas;
- Ensuring that the partnership was equipped to meet the new statutory responsibilities introduced by the Care Act 2014;
- Re-energising the sub groups with committed membership, clear work streams and reporting frameworks so that they had the skills and resources to scrutinise and inform the work of the main board;
- Prepare and consult on the implementation of the Southampton LSAB's Strategic Plan 2015-16.

During 2014 I attended, as the LSAB Independent Chair, each of the strategic forums, or met with their Chairs to establish regular reporting arrangements on the work of the Board.

In December 2014 the Local Authority established a joint Safeguarding Boards Team to support the work of both the LSAB and LSCB. The team, made up of a Board manager, Board Coordinators and Safeguarding Assistant ensure effective support to advance the work of the Board, reducing duplication or discrepancy between the LSCB and LSAB and identifying common areas of concern and/or gaps in safeguarding work across the city so that safeguarding does now embrace the 'think family' agenda and work is coordinated to address the needs of adults, children and young people at risk of exploitation, abuse or neglect.

The LSAB set up a Task and Finish group made up of senior representatives of the Local Authority, CCG, Police, our voluntary sector representative, as well as the Independent Chair, Democratic services and Board team to review the current governance arrangements and the structure of the Board. The group drew up a new Constitution, membership handbook and framework for quality assurance and case review work for the LSAB which were adopted by the partners and formally recognised by Southampton City Council Executive in March 2015. These documents are available to view at http://www.southampton.gov.uk/health-social-care/contact-social-care/safeguarding-adults-board.aspx.

In addition the Safeguarding Board team and partners have been actively involved alongside colleagues in Hampshire, the Isle of Wight and Portsmouth in the review of the Pan Hampshire multi-agency safeguarding Policy, Guidance and Toolkit, so as to ensure a consistent approach to safeguarding work for partners working across Hampshire. In addition, the review of membership at both Board and sub group level has encouraged wider participation from statutory and voluntary sector practitioners working in the frontline. Each sub group has reviewed their terms of reference and each member has signed up to undertake responsibilities in line with expectations set out within the handbook.

In March 2015 the effectiveness of the LSAB was considered by an external peer review, led by the Association of Directors of Adult Social Services (ADASS) in the South East. Peer reviews are intended to support the partnership to improve services and performance and in Southampton looked at 4 key topics to test the effectiveness of the LSAB. The review then offered some guidance on what could make the LSAB more effective in engaging with adults at risk, their carers/ support networks and communities, meet the learning needs of the workforce and thereby ensure adults at risk are protected. The feedback from the reviewers was positive; they praised the good multi-agency ownership at a senior level, found partners were being held to account by LSAB and that partners '*contribute equally and fully participated"* and were "*driven to improve and modernise services*."

The LSAB recognise more needs to be done to demonstrate how the partnership is supporting and driving forward a preventative agenda and embedding the 'making safeguarding personal' principles into practice. Overall the review team were impressed by the amount of

energy and commitment to ensuring that the LSAB have sufficient information to provide assurance that systems were working for adults at risk in Southampton. This report was used to help inform the 2015-16 Strategic plan. The full plan can be viewed online here and was developed by the LSAB through consultation with partners including Healthwatch. The LSAB sub groups have subsequently agreed a work plan for each key area to reflect the priorities identified. Progress on the plan is monitored in every LSAB meeting.

I would like to take this opportunity to thank all those who have contributed to the work this year, thank members who have moved on to new opportunities outside the city and wish them well for the future. Moreover, I am grateful to the Safeguarding Boards Team whose energy, commitment and enthusiasm has enabled the Board to maintain the momentum necessary for this vital work.

The LSAB recognised that there will always be more to do to improve safeguarding practices within the city. In line with national guidance the LSAB continue to work towards embedding core safeguarding values across the community, namely that people should be able to live a life free from harm, forming a culture that doesn't tolerate abuse, but that encourages communities to work together to prevent abuse and that everyone know how to respond effectively to protect a child, young person or adult at risk when abuse happens.

Fiona Bateman
Independent Chair of Southampton LSAB

Who are adults at risk in Southampton and how well are we supporting them?

It is everyone's responsibility to keep ourselves safe and report abuse when we see it, but statutory duties to investigate safeguarding concerns arise in relation to adults in need of care and support who are experiencing, or at risk of experiencing, abuse or neglect and are unable to protect themselves as a result of their needs.

Notification of possible safeguarding concerns are received first to the Council's Single Point of Access ['SPA'] Team who are expected to address any simple enquiries by offering advice and information or signposting the enquirer to alternative, more suitable support. The SPA team will usually refer any ongoing safeguarding concerns [previously known as 'alerts' or 'referrals'] to the Safeguarding Adults Team ['SAT'] unless the adult at risk has a social care worker already allocated to their case or they are receiving treatment in University Hospital Southampton. In these instances the case is referred for a response to be coordinated by their allocated worker or, in the latter case, by Southampton City Council's ['SCC's'] Hospital Discharge Team to assess and support. In those cases the SAT is available to provide any necessary guidance and assistance to the teams.

The Board recognises that focusing on reported Safeguarding concerns investigated by these teams underrepresents the true extent of safeguarding activity carried out across the city. For example, it does not reflect the work carried out by partners, particularly those who campaign and support adults at risk, those who have regulatory or commissioning obligations to prevent abuse and neglect before any concerns arise or those who have responsibilities to provide care and do so in a way that responds to actual or perceived safeguarding risk so that harm is averted. That said, the data provides a useful measure of the level, source and types of harm suffered. In addition, their work is benchmarked locally against our area profile and nationally so that the Board are able to identify further ways to improve practices and safeguarding adults throughout Southampton.

Southampton City Council received 1363 concerns in 2014-15, a significant increase of 237% from 2013-14. Of those concerns raised, there was 282 completed enquiries during that period. This is a reduction against last year, continuing a trend in Southampton which, since 2010, has seen an 11% reduction in completed enquiries. This is in contrast to the national picture of a 7% increase in the same period. Less than 20% of concerns resulted in concluded enquiries, the team later received further concerns [previously known as 'repeat alerts'] on 27% of cases during the same period. During 2014-15 8.5% of all enquiries related to individuals who had, in the same period, already been the subject of a safeguarding enquiry. Whilst data in relation to repeat concerns and enquiries is no longer collected nationally, the LSAB recognises that this is an important indicator of the effectiveness of any screening

process or safeguarding intervention and therefore is apprehensive that this rate remains high (it was 8.5% in 2013-14 and 4.2% in 2012-13). The LSAB have received assurance that the rise may in part be explained by more consistent practices, in that previously the rate of repeat concerns might have been unrecorded. Furthermore, the SAT report that included within this figure are numerous cases where the adult is initially unwilling to accept support, but often through longer term or repeat interventions the team are able to build up a rapport and subsequently provide effective support to reduce or remove the safeguarding risk. Nevertheless the LSAB has asked for a review of the operational thresholds used by the SAT to screen notifications and continues to audit case work to ensure decision making is robust. We have also identified, as a priority for 2015-16, the establishment of clear referral pathways between services so that we can be assured that cases which don't meet the threshold for a safeguarding enquiry under s42 Care Act, but require the provision of information, advice or care and support or some other service are signposted effectively. New operational guidance has been issued for April 2015 and the LSAB will work with the SAT and continue to monitor this to ensure adults at risk are safeguarded at the earliest opportunity.

The safeguarding data also identifies, by category, who raised the concern. This demonstrates that professionals, and particularly those from health services, are increasingly more confident to raise safeguarding concerns. However, it is noteworthy that only 5% of concerns were raised by service users, carers or family members. Problems in the way this is recorded endure, the SPA team and partners have been advised to record notifications raised by members of the public as such but often systems record these as being made by professionals because of the need to refer on to the secondary response teams, namely the SAT and Adult Social Care assessment and support planning teams. This issue was identified last year and this therefore doesn't explain why the figure is lower than the figure for 2013-14. The LSAB believes this demonstrates much more needs to be done urgently to raise awareness with members of the public about the risks of neglect or abuse and how to report this. A public campaign is a key priority for 2015 and the LSAB will continue to monitor the source of concerns as a measure the impact of these campaigns

Southampton is a vibrant city with a diverse population. This brings huge benefits and richness in culture to the city which is rightly celebrated and embraced. The black and minority ethnic (BME) population of Southampton is recorded as 14.2% with 22.4% of the population reported as non-white British. Recent estimates suggest the figure is more likely to be 18%. The highest proportion of the BME population is Asian British. The data however demonstrates that the proportion of enquiries completed during 2014-15 again underrepresents the diversity in our community with only 3% relating to Asian or Asian British adults. 88% of concluded enquiries related to white adults. Whilst this is in line with national comparator figures, it is significantly lower than what should be expected given our demographic profile. The Community Engagement and Awareness sub group is working

through established links to faith and community groups so that we are able to ensure all our communities feel confident to report concerns when they arise.

The 2011 Census reports the proportion of Southampton's population aged over 65 is reducing (13% compared with 14.5% in 2001 and a 2011 England average of 16.3%). The number of safeguarding enquiries raised in respect of this age group has dramatically fallen this year from 62% in 2013-14 (which was in line with national comparators) to 37% this year. This group, however, does still appear to be disproportionately at risk of abuse and neglect as such the LSAB believe they would benefit from targeted preventative campaigns. In addition, more needs to be understood about the significant spike in concerns relating to younger people with mental health issues or learning disabilities over the last year and the LSAB has already identified raising awareness of the risks to younger adults as a key priority for the coming year.

It is relevant to safeguarding to recognize the economic and environmental factors that impact on risk of abuse and neglect. Southampton is ranked 81st out of all 326 LA's in England in the overall Index of Multiple Deprivation 2010 (where one is the most deprived). Southampton has the 41st highest level of child poverty in England out of 326 local authorities with 27.5% of children in the city living in poverty. It is also relevant that partners take into account how people's own sense of wellbeing can impact on safeguarding. 78.6% of residents in receipt of social care report that they have control over their daily life, 65.3% who use services say they feel safe and only 43% (cared for people) and 49.5% (carers) feel they have as much social contact as they would like.

Of the concluded safeguarding enquiries in 2014-15 24% had a physical disability or sensory impairment. This is a dramatic reduction from previous years, since 2010 this client group has accounted for approximately 50% of all enquiries and quite different from the national comparator (reported as 51%). Conversely there has been a marked rise in the percentage of referrals relating to those whose primary support need is a learning disability (28%), previously it had been noted that concerns in relation to this client group had dramatically fallen from 19.01.% in 2012-13 to 5.2% in 2013-14 (compared with the national comparator of 18%). As we will see below national campaigns and targeted interventions for those with learning disabilities may explain, in part, the spike in enquiries. In addition the reconfiguration of care management teams within SCC's ASC department has improved practice so that safeguarding risks are identified more frequently and addressed through safeguarding processes rather than as part of a social care package. This should ensure individuals are better able to protect themselves in the future and do not become reliant on overly protective statutory interventions.

Mental health was recorded as the primary support need for 41% of enquiries (against national comparator of 24%). Though this includes 36 enquiries (12.8%, 10.7% nationally) where the primary support reason was memory or cognitive impairments. Southern Health Foundation Trust ['SHFT'], who provide integrated health and social care functions to those with enduring and/or severe mental health needs now report separately to the LSAB on the number of concerns they raise and the type of abuse identified for their client group. This should ensure that the Board is well informed to coordinate appropriate responses to this vulnerable client group. It is also noteworthy, given that safeguarding interventions must now focus on 'Making Safeguarding Personal' to the adult at risk that that over half of all cases where concerns were raised by SHFT the adult was involved in the decision to raise the concern.

Substance misuse is recorded as the primary support reason for 5% of all safeguarding enquiries, which is consistent with previous local and national figures. It should be noted, however, that this figure doesn't truly reflect the risk of exploitation, neglect and harm experienced by this client group or the fact that substance misuse if a contributing factor (for the service user and/or alleged perpetrator) in many other enquiries. The complexities of managing risk for adults with substance misuse problems require significant professional input across policing, health and social care. Despite the considerable skilled intervention that will be employed to provide protection where professionals are made aware of concerns, it is this group who experience poor outcomes or report that the risk of exploitation, abuse or neglect remains even after any safeguarding enquiry. The LSAB will work with all partnerships in the city to highlight the particular needs of this vulnerable group.

It is likely that some of the differences can be explained by data collection issues and the LSAB will be working closely with partners to ensure the availability of reliable data. In addition the LSAB's Monitoring and Evaluation sub group will play an essential role in collating the multi-agency dataset for safeguarding activities undertaken by the partners, cross referencing information and identifying trends or spikes throughout the year. In addition the sub group has a detailed programme of qualitative audits to conduct so as to ensure that the LSAB partners are able to make well informed, evidence based strategic decisions on how best to use resources to prevent or intervene to stop adults at risk from experiencing abuse and neglect.

What type of harm are adults most at risk of in Southampton?

Care and Support Statutory Guidance issued by the Department of Health in October 2014 and the Pan Hampshire Policy and Guidance here sets out the types and patterns of abuse and neglect that may take place. It is, of course, imperative that frontline staff and communities remain alert to all types of harm that individuals, particularly those with additional vulnerabilities, might face. The LSAB collect statistics which reflect the primary risk identified in each case, recognising that whilst this is an imperfect measure, it does give the LSAB a picture of need within the local area which assists the partners to work together more effectively to address local need.

The Safeguarding Adults return shows a huge increase in enquiries resulting from physical abuse (up to 48% from 29% last year, which was consistent with national figures). The SAT report that professionals (when either raising concerns or conducting safeguarding investigations) are more confident to identify physical abuse. This may in part be explained by differences in classification but is more likely to reflect the changing nature of the focus of the SAT enquiries and the impact of the awareness campaigns, led by the LSCB, on zero tolerance of domestic violence within the city. It is also noteworthy that SHFT report that 25% of concerns for their client group relate to physical abuse. The LSAB will work to ensure partners recognises the increased risk of harm posed to this vulnerable group and ensure that partners respond effectively to allegations, including Disability Hate Crime, so that we can demonstrate we are tackling this form of abuse and people feel safer in the city.

Neglect and acts of omission accounted for 8% of all enquiries in 2014-15. This is a dramatic reduction from last year (16%) and much lower than national comparative data (30%). It also corresponds with a reduction in cases of alleged abuse occurring in care homes (15% in 2014-15 down from 20% for 2013-14 and against 36% nationally) and community social care settings (4% in 2014-15, down from 11% last year). Furthermore, there were no enquiries which identified institutional abuse within Southampton last year, an improvement on the 5 cases investigated the year before. This is as a result of the significant work, detailed in the next section, undertaken by the Integrated Commissioning Unit to monitor and improve provision within the social care sector in the city.

It is noteworthy that SHFT identify emotional abuse more regularly than any other agency, which accounts for 17% of all enquiries. Perhaps this it is to be expected given the nature of their involvement with adults at risk in the area. The LSAB and partners can benefit from SHFT's staff' skills so that all agencies have a greater awareness and gain confidence in identifying risk in this area. This is of increasing importance because of the focus under the Care Act on emotional wellbeing.

The data also reveals a reduction in financial abuse enquiries from 28% last year to 22% in 2014-15. This is still higher than the national comparator of 18%, but it is also fair to say that this does not reflect the true extent of work undertaken by the partnership to manage the risk of financial abuse and support those who have experienced it. The LSAB, in recognition of the complexity in tackling financial abuse after the event, proposes instead to address this area of risk through a preventative campaign in 2015-16.

This will build on the success of work already undertaken by partners. For example, Solent NHS trust identify and raise concerns on a high number of cases involving financial abuse. There are clear opportunities for the LSAB to use the skilled workforce across partner agencies to ensure individuals are better informed about steps they can take to protect themselves from risk of financial abuse and exploitation.

SCC's Regulatory services also continue to support the whole community through their 'Buy with Confidence' and specifically those in need of health and/or social care through the 'Support with Confidence' schemes. In addition the service carried out over 50 investigations into allegations of miss-selling or organised financial abuse. The approach adopted by the enforcement teams demonstrate a true commitment to protecting adults at risk of exploitation and abuse in a manner that makes safeguarding personal.

Case Study – Mrs A

Mrs A was referred to Adult Services and Trading Standards via police because of concerns that she had been the victim of financial abuse. She had been groomed initially over the internet into believing she was in direct communication with the governor of the Bank of Nigeria and was to receive a large sum of money from Nigeria. Over a period of time, she had sent away sums of money in excess of £150,000 in 'fees', using untraceable money transfer facilities. The money included an inheritance, pension funds and a lifetime of savings. Once capital had been exhausted, Mrs A had taken out a number of loans which could not be repaid. Passport, birth certificates, bank account details and other personal details had been revealed. Once Mrs A's money had run out, fraudsters began to use her bank account for money laundering.

As soon as money laundering was detected, the bank closed Mrs A's account and standing orders and direct debits ceased. The money paid in by the criminals was seized. The fraudsters were by now telephoning Mrs A throughout the day and night threatening murder, blaming her for the money being seized. As a result of this a multi-agency plan was agreed and actions were taken to protect her. Mrs A was offered support and reassured they had been defrauded and were not in trouble. A number of practical measures were taken including changing the telephone number and adding a call block. In addition their computer and lap-top were taken away for clearing and security measures put in place. Email addresses changed and agreement reached that there would be one email address for the house-hold and partner would check any emails from outside the family/friend circle.

Regulatory services offered Mrs A classes in safe use of a computer, arranged for her debts were put on hold and for some to be written off. Money management classes were also arranged and their partner opened a simple bank account into which pensions could be paid and bills settled. Meeting with bank manager was arranged so safeguards could be put in place to detect any unusual activity.

Further plans were drawn up with Mrs A to arrange for Carers Together to assist in making a successful claim for disability benefits, easing some financial worries. Mrs A appeared disorientated at times so Adult Services arranged for her to be seen by a doctor and was diagnosed with early stage dementia as a result she was referred to the Memory Clinic and day-time respite weekly. Mrs A did later reengaging with the criminals because she was promised compensation so work continued with Adult Services, Mrs A and her partner to find solutions.

How does the LSAB protect adults at risk?

- **Intervening early and protecting against predictable safeguarding risks**

LSAB partners work to tackle safeguarding risk both collectively and as individual organisations in line with their statutory duties. Whilst the LSAB are looking in 2015-16 to develop a coordinated prevention and early intervention strategy, partners have demonstrated they already cooperate in order to reduce risks. For instance Hampshire Fire and Rescue Service ['HFRS'] have developed a tool (the Home Safety Referral Pathway) for member agencies' staff to use to identify a fire risk and report this to the service so that suitable interventions are offered. For adults in need of care and support at high risk HFRS offer homes safety visits within 72 hours and can provide a range of equipment and advice to reduce the risk of harm. In 2014-15 their Community Safety Officer team facilitated Fire Risk Conferences for numerous individuals following home safety visit where the team have not been able to reduce fire risks. These conferences enable the adult at risk and professionals (social workers, housing officers, care providers, GP'S etc.) to agree an action plan to manage this risk to an acceptable level and identify where further intervention is required. The 'adult at risk' is always at the heart of the process and their wishes respected. They are encouraged to participate in the conferences either through self-representation, through the support of a family member or through an advocate.

- **Provision of independent advocacy support to those who are unable to protect themselves and without family/friends to assist**

If a person lacks capacity to decide how they wish to be supported in a safeguarding enquiry and does not have support from friends or family the local authority should appoint an independent advocate to help them. Of the concluded investigations in 2014-15 51 people appeared to lack capacity and, of those, 86% were supported by a family member, friend or independent advocate. However, in 46 cases the person's mental capacity was recorded as unknown (this accounts for 18%). Whilst this is in line with the national comparator, the LSAB intend to monitor this figure to assess the impact of mental capacity training. So that we can better safeguard those without capacity or who have substantial difficulty understanding safeguarding processes, the LSAB expects to see a reduction in this figure. We will set an aspirational target to see this percentage reduce to 10% in 2015-16.

- **Effective investigations**

In 2013-14 337 investigations were concluded, this year this figure has dropped to 282. In 37% of the enquiries subject to investigation by the SAT or SCC adult social care teams the allegation were substantiated. This is similar to outcomes nationally where 32% of cases are substantiate. It is worth noting that the burden of proof the SAT are required to apply in these

investigations is different to that which the Police and Courts apply in criminal matters as it is a civil investigation. As such the team must be satisfied that the abuse or neglect was more likely than not to have occurred. Slightly more cases are partially substantiate in Southampton than nationally (19.8% against comparator of 11%). Whilst 23% of all safeguarding allegations investigated by the SAT are unsubstantiated.

We know that for adults at risk, their families and carers it is important that any safeguarding intervention provides a clear outcome. It will, of course, not always be possible to conclude with certainty whether abuse or neglect has occurred, but given the lower burden of proof, it is of concern that 17.4% of enquiries undertaken by the SAT in 2014-15 resulted in inconclusive findings. Whilst this is in line with national statistics, it is noticeable that last year this figure was lower (14.5%). Even so the LSAB identified then this was too high so we will continue to monitor this as a key performance indicator of effective investigations and will work with the SAT and all agencies carrying out investigations under s42 Care Act to reduce this.

- **Working with the adult at risk to reduce or remove the risk**

The guidance issued by the Department of Health setting out how partners should meet their new safeguarding duties under the Care Act place great importance on the need to ensure that the adult at risk was at the centre of any process, that interventions were designed with the adult and that any protection plan should set out what steps should be taken, whether support is required and if so by whom and by when. In many cases this might be achieved with the provision of advice to the adult about actions they can take to protect themselves from abuse, exploitation or neglect.

The measure of any protection plan must be that they are effective at reducing or removing the risk and whilst the new duties apply only from April 2015, the SAT have reported that for the concluded enquiries undertaken in 2014-15 45% of protection plans reduced the risk and in a further 15% of cases risk was removed. 30% of cases were reported as requiring no further action and for 10% of cases the SAT believed that the risk remained.

It is worth remembering that a high proportion of concerns that were assessed as not meeting the threshold for an enquiry and enquiries which were stopped at the request of the adult at risk are not included within these figures. As such, whilst it is important to recognise that it will not always be possible to ensure protection from all risk, particularly where the individual has a right to expect services respect their wishes not to intervene, more must be done to ensure those conducting investigations and responsible for implementing protection plans have the skills, resources and confidence to balance the competing legal obligations

owed to the adult at risk, family members and professional and voluntary carers in a way that empowers the individual and minimises risk of future abuse and neglect.

- **Ensuring Partners actively quality assure care and support services commissioned by them.**

The commissioning functions for both Southampton City Clinical Commissioning Group and Southampton City Council are carried out jointly by the Integrated Commissioning Unit ['ICU'], who along with the Care Quality Commission ['CQC'] reported regularly to the LSAB during this period on the quality of care provided in registered residential and nursing homes and domiciliary care providers settings. During 2014-15 the ICU were able to report a substantial improvement in the quality of care with a number of providers, who had previously been subject to cautions or suspensions on new placements. This has been achieved by working collaboratively to address action plans with providers and regulators to support providers in demonstrating sustainable improvements in the quality of services. The ICU also developed a peer support network for nursing home managers and commissioned an innovative leadership programme aimed at nursing home registered managers and their deputies to support continued improvement in quality of care in the sector. This has supported the skills based training programme provided by SCC's Learning and Development team and the provider forums already in place. Additionally work has taken place to support providers in accessing training from other sources such as City College.

In addition, the Public Health team devised an Infection control protocol and ran a face to face training programme for all nursing homes in Southampton to strengthen control of infection so as to reduce incidence of viral and bacterial outbreaks among this vulnerable client group.

In December the Health and Wellbeing Board held a round table event to begin discussions about a local coordinated response to the Mental Health Crisis Concordat. The LSAB and relevant local stakeholders attended at this event and remain committed to work closely with the Health and Wellbeing Board to ensure that they are able to take forward this important work and effect change for those facing mental health difficulties.

- **Changing practice and policy**

A key challenge this year for LSABs and partners nationally has been a very significant rise in activity relating to protection against unlawful deprivation of liberty for adults at risk. The Mental Capacity Act 2005 provides a framework for making decisions on behalf of people who don't have the mental capacity to do so for themselves. Where someone's care requires constant supervision and they would not be free to leave the placement legal safeguards

exist, the Deprivation of Liberty Safeguards ['DoLS'] so they are not unfairly deprived of liberty. The procedure is designed to protect adults who can't make decisions about treatment or care, but need to be cared for in a restrictive way. The DoLS procedure applies to care provided in a hospital, residential care or nursing home provision. Applications to the Court of Protection must be made to authorise care within any other type of accommodation that limits personal freedom. This would also only be authorised if that level and type of care is necessary to protect a person from harm and the proposed restrictions are proportionate. This ensures that care is arranged in a way that promotes the best interests of the person. Under the DoLS procedure Best Interest Assessors '[BIAs'] assess people to find out whether a deprivation of liberty is in the best interests of the person. If the authorisation is to be granted, the BIA ensures the least restrictive option is in place. They act independently from those responsible for deciding and funding the care required for an adult who needs care and support.

Southampton DoLS Authorisations 2014-15

In 2014-15 Southampton City Council, who act as Supervisory Body under the DoLS procedure, were asked to authorise 727 applications. This is a 594% increase in referrals against the same period last year (97). The majority of applications related to individuals known to social care; residing in residential care facilities [89%]. University Hospital Southampton NHS Foundation Trust ['UHS'] submitted applications in relation to 80 patients in Hospital during this period, all of whom were Southampton residents so will be included within the data below. Of the applications received from UHS 58 were authorised, 13 were refused because it was either not in the person's best interests (3 applications) or, for the remaining 10 cases, it was determined that the person had capacity to make decisions regarding their hospital stay and treatment. Solent NHS Trust also reported submitting applications in respect of 9 patients which were subsequently authorised as requiring restrictive care, but reported that in each of these cases timescales for completing the assessments were breached.

The significant increase in referrals has put a considerable pressure nationally to ensure sufficient numbers of qualified BIAs are available to carry out assessments within the DoLS procedures' very tight timescales. LSAB partners have responded to this by funding an additional 13 individuals to receive BIA training. Which brought the total number of BIAs available to carry out the assessments in Southampton to 29 by March 2015. Though it should be noted that BIA obligations are undertaken in addition to the assessor's core duties. Referrals are triaged daily by a dedicated DoLS lead practitioner who prioritizes cases according to the ADASS task force approved risk matrix. Where cases are deemed high priority they are allocated immediately, this includes applications from providers where current or recent concerns have been raised regarding quality of care provision.

In addition, SHFT and UHS ensure each application is tracked and appropriate action taken in a timely manner. UHS lead manager has set up a monthly meeting with SCC's DoLS team to raise outstanding assessments and to facilitate improved communication, expedite assessments and receive confirmation about outcomes.

A DoLS audit, undertaken by the Supervisory body in November 2014, noted that only a relatively small number of registered care home providers in Southampton had submitted applications. Of those who did make applications many took the view that they would refer all with a diagnosed cognitive impairment, resulting in numerous unnecessary referrals. As a result substantial support was offered by SCC to raise awareness across the voluntary and private sector providers including Registered Social Landlords. In addition, DoLS awareness training was targeted at hospital staff and SCCCCG staff who conduct care planning and reviews functions to ensure they are putting in place plans which follow the Mental Capacity Act principles of least restrictive intervention and making appropriate referrals when care does require a deprivation of liberty.

Those who are subject to privately arranged care are just as likely to lack capacity and require restrictions to safeguard them. This group make up a significant proportion (28%) of the long term care home population in Southampton. However they are significantly underrepresented within the referrals received. Also, it is estimated that 183 people who reside in supported living or extra care facilities may require an assessment. It was also noted that applications relating to short-term or respite placements were also underrepresented within the referrals received. In total it is estimated that up to 800 applications should be received each year. Much work still needs to be done to ensure that the Local Authority, as the supervisory body, is able to complete assessments in a timely, appropriate manner and that care is provided in the least restrictive manner, but SCC should be commended on their proactive approach to raising awareness of the change in the law despite the considerable strain this has had on available staff to conduct assessments.

The LSAB will continue to monitor this and will also actively support legislative changes to ensure that mechanisms continue to provide safeguards against arbitrary deprivation of liberty, but that these are implemented in a way that it sustainable for statutory partners at a time of unprecedented pressures of resources. The LSAB will, in 2015, host a regional consultation event run by the Law Commission so that all agencies have the opportunity to understand the proposed legal reforms and input into the discussions.

- **Improved multi-agency communication and cooperation.**

The review of membership both at Board and sub group level has re-energised the board and ensured regular attendance from named professionals which in turn facilitated the development of closer relationships between practitioners at every level of member organisations. In addition, most partner agencies during the year identified a lead safeguarding officer or Designated Safeguarding Adult Manager ['DASM'] which will feed into a network across Hampshire to ensure effective information sharing on good practice, but also intelligence gathered in respect of individuals who may pose known safeguarding risks.

Agencies are also looking to either join or developing links with the Southampton Multi Agency Safeguarding Hub (MASH). For instance, HFRS report their aim in doing so is to provide a regular HFRS presence at the MASH, enabling participation with in strategy discussions to assist other agencies in action planning, to ensure the immediate safety for individuals at highest of risk of harm from fire at the earliest opportunity.

Another key priority for the LSAB in 2014-15 was to improve communication between health practitioners in the community and the SAT. The rise in health practitioner raising concerns was noted earlier within this report, but more detailed scrutiny of the 2014-15 data identified that 45% of all concerns raised by South Central Ambulance Service ['SCAS'] identified neglect as the primary safeguarding risk. As almost 80% of concerns do not meet the criteria for a safeguarding enquiry but are signposted for alternative support (usually a social care assessments) SCAS and SAT worked together to devise a referral form which provides more accurate information on the nature of need at the point of referral so that staff resources are used appropriately and the needs are met without delay or duplication.

In addition partners worked together to improve communication between health practitioners in community and hospital settings so as to ensure appropriate and safe care. UHS, working closely with SCC and SCCCCG, developed and introduced a Health Passport for people with Learning Disabilities. This document highlights important information about the individual to staff caring for them such as communication needs likes and dislikes and aids communication between health practitioners in the community and hospital settings so as to ensure appropriate and safe care. The improved service provision has a direct impact on individuals, who receive better quality care. It also reduces any need for safeguarding concerns or interventions as is demonstrated in the case study below.

Case Study - Mr M

Case Study: Mr M

Mr M is a 38 year old gentleman with Learning Disabilities & Autism who finds a change of environment very difficult. His carers reported that his previous hospital admission was distressing for him due to the difficulties inserting a cannula. On this occasion Mr M's appointment for treatment was delayed following his arrival at the hospital and he had become very anxious by the time the staff attempted to place a cannula in his arm. This resulted in his carers having to hold his hands tightly in order to insert the cannula and they were worried that the distress Mr M had experienced previously would impinge on the admission experience. Mr M also found it difficult to understand the importance of keeping his wound clean and therefore consequently picked at his dressings post operatively.

To optimise the success of his treatment and promote a person centred care pathway for a positive patient experience a planning meeting was convened which outlined key actions to ensure the best possible care. Recommendations included a 'Best Interest Meeting' which identified person centred reasonable adjustments. This information was discussed in advance with the admitting ward area, including possible antecedents to behaviours that may challenge. Alternative methods to help with the healing process were sought and given (wound sprays and barrier creams were available at home straight after the procedure).

The liaison team worked with both the CLDN and the local LD Intensive Support Team to produce practical guidelines for his carers to follow post operatively. Mr M was admitted and discharged in a timely way following successful surgery. The work undertaken prior to admission ensured a positive experience for Mr M and his carers.

- **Coordinating and monitoring training opportunities for the workforce**

The LSAB shares a Learning and Development Group with the LSCB, this is recently established and has already led in coordination of training and awareness opportunities that are promoting a 'think family approach' to interventions. The group is developing a full multi agency safeguarding delivery plan based on the principles agreed in the Workforce Development Strategy for the 4LSAB area. It has also begun its role to quality assure local single agency training as well as mapping what is available currently.

Partners continue to provide training opportunities to staff and colleagues across the partnership, in many cases, safeguarding and mental capacity training is mandatory for staff

and volunteers. The LSAB also provided multi-agency workshops during the year, including on the changing nature of safeguarding responsibilities under the Care Act. These were well received, with partners commenting that it was particularly useful that the audience was made up from practitioners working across the different services.

Southampton Voluntary Services continued to provide a much valued mailing service to ensure voluntary sector colleagues were informed of changes to safeguarding policy and practice. They also hosted numerous forums during 2014-15 to ensure providers and support networks from the voluntary sector were well informed on Safeguarding duties and policy developments in the area. They continue to advise voluntary sector agencies on the development of safeguarding policies and contribute directly to the work of the LSAB by providing a venue for the board to meet as well as hosting multi-agency mental capacity training.

In 2014-15 SHFT set up a quarterly safeguarding summit for staff at all levels of the organisation to meet together to consider issues in safeguarding from practice development, learning and improvement, one meeting benefitted from attendance from an inpatient unit who gave an example of innovative practice to support service users at risk, and another meeting included a presentation by a Local Authority Safeguarding Coordinator on Making Safeguarding Personal. UHS record and monitor attendance on all mandatory training, including safeguarding and mental capacity awareness. They collect and make available case studies demonstrating good practice. This approached has helped to ensure, as reported in March 2015 by during the CQC inspection, that "*safeguarding processes to protect vulnerable adults were embedded*" throughout the Trust.

- **Learning lessons from local and national cases with poor outcomes**

Partners have programmes in place to review any cases known to them where death or serious incidents arise. For example, UHS has, since September 2014, reviewed all deaths which occur in the hospital on a daily basis to identify whether the patient was an adult at risk, identify any areas of concern and decides if a referral to the Case Review Group or Coroner is required. This practice facilitates the sharing of learning and early identification of any issues that require further investigation and is reported to have already improved practice.

Where, as part of the review, partners identify an adult at risk has died or suffered serious harm and they have reasonable cause for concern about how partners have worked together to safeguard then referrals are made to the LSAB's Case Review sub group to consider in line with s44 of the Care Act. During 2014-15 the Case Review group received 10 referrals. Information was sought from all agencies involved in the individual case and considered against the criteria for a Safeguarding Adults Review. Where the group had concerns of single agency failings assurance were sought that the matter would be referred to the appropriate regulatory service

and commissioners of services. In 2014-15 the Safeguarding Adults Board commissioned a partnership review in one case which, although it did not meet the threshold for a Safeguarding Adults Review the partnership felt important lessons could be learnt from the case. . In addition, the LSAB is working with MAPPA colleagues to review another case where a vulnerable adult died. Both reviews are yet to be concluded and so will be reported in next year's annual report, but the learning from these will inform the work of the Board and partner agencies as soon as it is available.

In addition, the Public Health Team conducts detailed audits into deaths resulting from substance misuse or suicide. The audit work will provide the basis for a well-informed strategy to better meet the risks posed by those with complex and/or multiple needs and enable improvement in the recognition of risk, targeted and effective early intervention and sustainable, responsive services. Suicide rates, which are higher in Southampton than the national comparator, remain a key concern as they are a marker of the levels of severe distress affecting our communities, families and individuals. Reducing the level of suicides in Southampton remains a key priority for the LSAB and Health and Wellbeing Board who will work constructively together to identify and implement measures to address this issue.

The Board has also responded to issues arising from national concerns and serious case reviews, especially:

- **Winterbourne View:**

The Board continued to receive regular reports from the Local Authority and CCG to ensure that the care needs and welfare of learning disabled patients placed in-patient facility out of Southampton was reviewed regularly. Currently there are two clients in in-patient facilities, both have discharge plans in place which should see them move to residential / community placements by the end of August 2015.

- **PREVENT**

PREVENT aims to reduce the risk of terrorism by stopping people becoming terrorists or supporting terrorism. PREVENT focuses on working with adults at risk who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist related activity. The key challenge for partnership staff is to ensure that where there are signs that someone has been, or is being, drawn into terrorism staff can interpret those signs correctly, are aware of the support that is available and are confident in referring the person for further support.
SCC's Regulatory services, alongside Hampshire Constabulary, leads for the Safer City Partnership ['SCP'] on tackling extremism and anti-social behaviour. It is well recognised that often those most vulnerable within our community are specifically targeted by extremists and

also more likely to be the victims of hate crime so the LSAB continues to monitor interventions by partners and work closely with SCP to support their work.

- **Awareness raising campaigns**

In response to the significant changes introduced by the Care Act 2014 to the safeguarding responsibilities and care and support functions Southampton City Council delivered a range of activities to ensure its Care Act compliance including specific leaflets and campaign materials to ensure local carers, community members and service users were aware of the new legislation and the changes that take place as a result.

What Next?

The LSAB has set out in its Strategic Plan the work plan for 2015-16. The focus for the year will be to evidence improvements in practice and ensure that partners are compliant with the new safeguarding duties set out in the Care Act.

In particular, the Board will continue to drive change to tackle areas which remain of concern within Southampton as detailed above. We will also be working more closely with other partnership both within the city and across Hampshire to address new areas of mutual concern. For instance safeguarding risks to young adults at risk of exploitation or sexual harm or domestic violence.

Contact Information

Southampton Local Adults Safeguarding Board

Tel 02380 832995

Email lsab@southampton.gov.uk

www.southamptonlsab.org.uk

LSAB
Southampton
Local Safeguarding
Adults Board