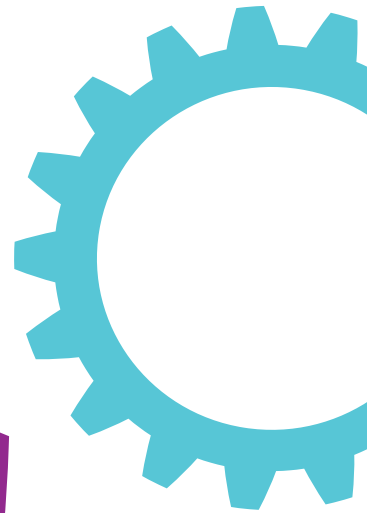
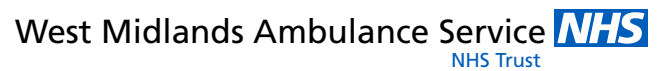
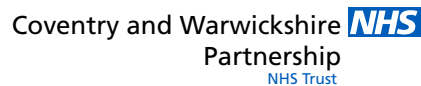


**Coventry Safeguarding
Adults Board**
Annual Report 2017/18





Board partners



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Message from the Chair

XXXXXX

XXXXX

Joan Beck

Independent Chair

Coventry Safeguarding Adults Board



About us

1.1 Who we are

Coventry Safeguarding Adults Board (CSAB) is a formal body made up of statutory and voluntary members, which oversees how adults are safeguarded in the city. The Care Act 2014 names partners on the Board as the Local Authority, Police and Clinical Commissioning Groups (CCG). We believe that safeguarding is everybody's responsibility, and we have a wide range of members including: Coventry Warwickshire Partnership Trust, West Midlands Fire Service, West Midlands Ambulance Service, University Hospital Coventry and Warwickshire, Community Rehabilitation Company, National Probation Service – West Midlands, NHS England and Healthwatch.

Although we meet as a Board four times a year, sub groups and task and finish groups carry on work on the Board's behalf throughout the year. For a full list of our current Board members please go to Appendix 1 and for more information about our basic structure please see Appendix 2.

1.2 Who we help

Safeguarding duties apply to an adult who has care and support needs (whether or not the local authority is meeting any of those needs) and:

- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

1.3 What we do

Under the Care Act 2014 each local authority must set up a Safeguarding Adults Board. The main objective of a Safeguarding Adults Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria described in Section 1.2.

Each Safeguarding Adults Board has three core statutory duties. It must

- conduct any safeguarding adults review in accordance with Section 44 of the Care Act.
- publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action.
- publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. You can find our plan for 2018/2019 in Section 6.

The Board is not directly responsible for the delivery of safeguarding practice. We give leadership and guidance to agencies. We also check that arrangements are in place to deal effectively with allegations of abuse and neglect. We aim to enable the professionals who work with adults with care and support needs to act and keep people safe, while ensuring those accused of abusing or neglecting, are dealt with appropriately.

2. Adult Safeguarding in Coventry

2.1 Local background and context

In March 2018 the Care Quality Commission (CQC) published its findings following a review of health and social care services in Coventry, focusing on people aged over 65. The CQC found that there was a commitment in Coventry across all services to serving its residents well, and that front line staff were working well and highly dedicated to person-centred care.

The Board, together with all agencies working with adult residents in Coventry, face challenges as the City's population is ageing and therefore requiring more care. Coventry is acknowledged to have areas of high deprivation and keeping adults with care and support needs safe in a City with a number of diverse needs requires diligence, as illustrated in our infographic.

Local background and context

Coventry population¹



353,200

total population of Coventry¹

Over the last **5yrs** Coventry has been one of the fastest growing places in the country.²

7,000 Coventry residents are aged 85 and over, making up **2%** of the total population compared to **2.4%** across England overall.⁴

49,500 Coventry residents are aged 65 and over, making up **14%** of the total population compared to **17.9%** across England overall.³



In 2011, of Coventry residents aged 65 and over:

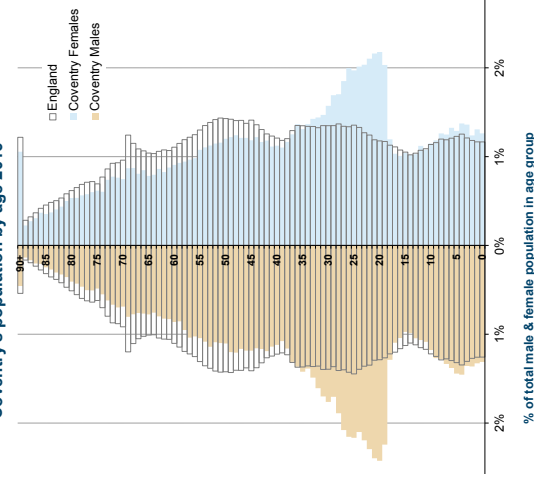
15,353

lived alone

1,300

lived in residential homes⁵

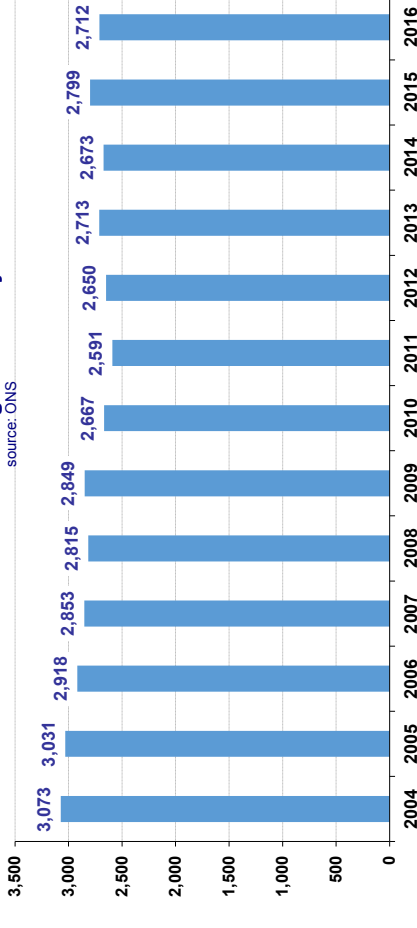
Coventry's population by age 2016



If current population growth trends continue, then between 2018 and 2028 the adult population of Coventry will rise by **11%**. The population aged 65+ will rise by **9,200** and the population aged 85+ will rise by **2,300**.⁶

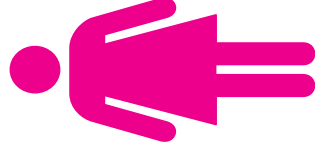
Deaths⁷

Number of Deaths amongst Coventry residents



source: ONS

Life expectancy⁸



At birth

78.5 Coventry

79.5 England

At 65

18.3 Coventry

18.8 England

Healthy life expectancy

62.2 Coventry

63.3 England

At birth

82.4 Coventry

83.1 England

At 65

20.6 Coventry

21.1 England

Healthy life expectancy

62.9 Coventry

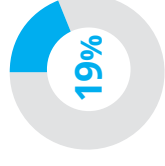
63.9 England

Minority ethnic groups⁹

% of adults from minority ethnic backgrounds



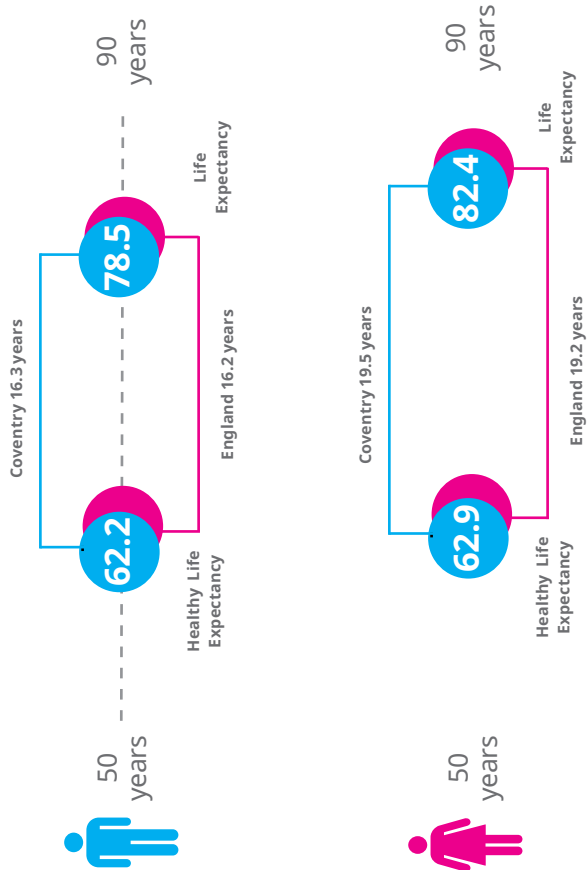
Coventry (all adults)



Coventry (65 yrs +)

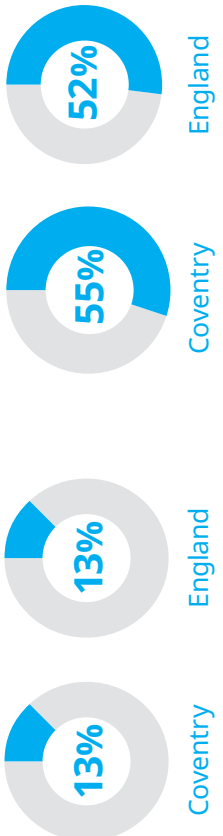
Window of need¹⁰

See the variations in life expectancy across Coventry's neighbourhoods on this [webpage](#).



Disability

In 2011, **26,900** working age (aged 16-64) Coventry residents had a long-term health problem or disability.¹¹



An estimated **2.5%** of Coventry residents have a learning disability.¹²

Deprivation

17.2% of Coventry residents 0-17 years live in areas that are among the most deprived 10% of neighbourhoods in England.¹³

13.1% of Coventry residents aged 65+ live in neighbourhoods that are among the most deprived 10% of neighbourhoods in England.¹⁴

The Index of Multiple Deprivation 2015 ranked Coventry as the **46th** most deprived local authority in England out of 326.¹⁵

In the Income Deprivation Affecting Older People Index (IDAOPI), part of the Indices of Deprivation 2015, Coventry was ranked **31st** most deprived local authority in England out of 326.¹⁶

Sources

- 1. 2016 mid-year population estimates, Office for National Statistics
- 2. 2012 - 2016 revised mid-year estimates, Office for National Statistics
- 3. 2016 mid-year population estimates, Office for National Statistics
- 4. 2016 mid-year population estimates, Office for National Statistics
- 5. Census 2011, ONS Crown Copyright
- 6. 2014 Sub National Population Projections, Office for National Statistics
- 7. Deaths by usual area of residence, ONS
- 8. 2014 - 2016. Sources: ONS & Public Health England, Public Health Outcomes Framework
- 9. Census 2011, ONS Crown Copyright

Health

In 2011, **18%** of Coventry residents aged 65+ were in bad or very bad health compared to 14% across England overall.¹⁷

In September 2017, **2,116** Coventry residents aged 65+ were recorded by their GP as having dementia. This is 3.9% of all residents aged 65+.¹⁸

In 2016/17, **288** Coventry residents aged 65+ suffered a hip fracture, which is a rate similar to the England average.¹⁹

Care



In 2011, **31,900** Coventry residents provided some unpaid care. This is 10% of all Coventry residents.

Of those providing unpaid care, **6,500** were aged 65 and above. This is 14% of all residents aged 65 and above.

- 10. Source: analysis and charts from "Healthy Life Expectancy Report, Coventry", March 2018, produced by West Midlands Health Public Health Intelligence Group (WMPHIG)
- 11. Census 2011, ONS Crown Copyright
- 12. 2016/17 QOF Prevalence, People (all ages) with learning disability known to GPs (%), Public Health England
- 13. Index of Multiple Deprivation 2015, DCLG; 2016 mid-year population estimates 2016, ONS
- 14. Index of Multiple Deprivation 2015, DCLG; 2016 mid-year population estimates 2016, ONS
- 15. Index of Multiple Deprivation 2015, DCLG
- 16. English Indices of Deprivation 2015, DCLG
- 17. Census 2011, ONS Crown Copyright
- 18. Public Health England
- 19. Public Health England

2. Outcomes for Coventry adults

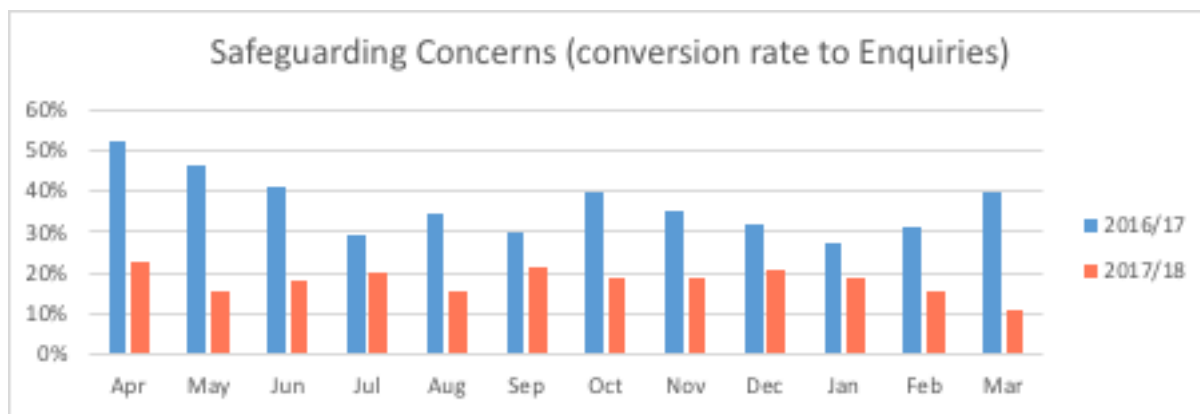
Referrals and Safeguarding Enquiries

Each year Coventry City Council carries out approximately 300 safeguarding enquiries as a result of the referrals made. Referrals come in a variety of forms from professionals, the person themselves, and the family and friends of those who may be in need of care and support to keep themselves well and safe. The table below shows the original source of all concluded safeguarding enquiries in 2017/2018.

Figure 1: Source of concluded enquiries 2017/18

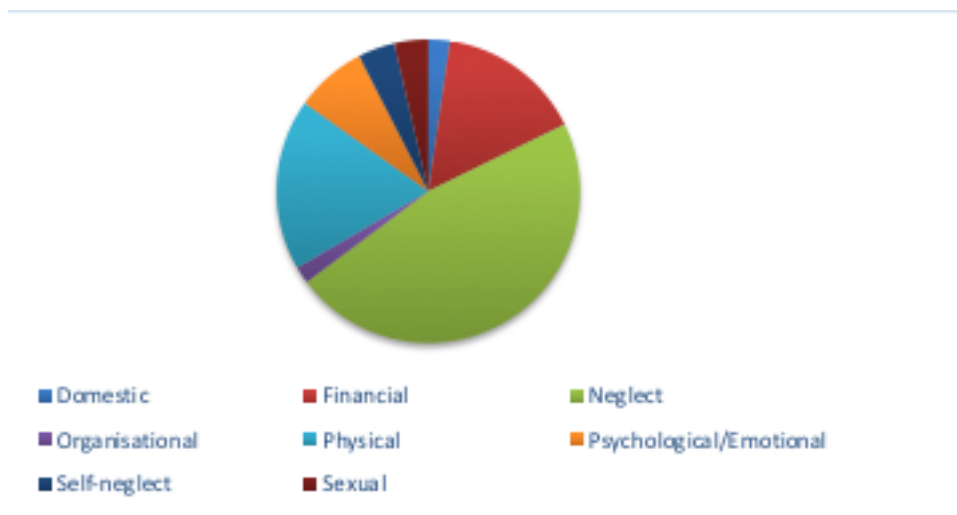
Agency	Referral number
Adult social care	8
Ambulance service	38
Anonymous/neighbour/member of public	3
CQC	7
GP/NHS Direct	4
CCG	1
Friend/family/partner	29
NHS community	10
NHS hospital	34
NHS other	7
Advocate	2
Education/training/workplace	1
Housing	2
Voluntary organisation	1
Other Local Authority	2
Other service user	1
Police	5
Self	5
Social Care	101

The 2017-18 referral rate was significantly higher than the 2016-17 rate for the first few months of the year but stabilised from December onwards. Roughly 17% of the referrals received go on to become enquiries. This averages at approximately 40 individuals per month in receipt of professional support as a result of a safeguarding concern being raised, a reduction from 2017 when roughly 36% of referrals became enquiries. Approximately 80% of all referrals across the year were processed within 2 days, which is an area of improvement for the partnership over the next year.

Figure 2: Safeguarding referral conversion rates

Types of Abuse

The main category of abuse for adults in Coventry this year was neglect, with physical and financial abuse the second and third most prevalent categories.

Figure 3: Types of abuse

This indicates that a variety of supportive measures are required within the City to help individuals manage the risk posed to them by others, and to support them in living happy and safe lives. Coventry has an increasingly ageing population, with over 14% of the population aged 65 or over. As a result there are an increased number of individuals who may have or develop care and support needs and this may, in turn, lead to increased demand for residential care home places. Over the coming years in Coventry there will need to be a focus on assuring good quality residential care home placements to evidence to the Board that individuals are safe, have a good quality of life and are being cared for with dignity.

Making People Safer

Throughout the year fewer than 11% of referrals were individuals already known to the Local Authority, meaning that in the vast majority of cases the initial help and support received by the service user reduced their risk appropriately and in the long term. In 92% of cases the risk to the individual was either reduced or completely removed by the end of their safeguarding enquiry. In 4% of cases the risk was judged to remain, and this relates to adults with capacity making decisions that are risky for them (for example, choosing to remain with an abusive partner). A difficult aspect of safeguarding work is ensuring that adults with capacity, despite their care and support needs, have their wishes respected even if this increases the risk of harm or abuse to them. They may later be re-referred to social care, and at that time a capacity assessment will be completed again to establish their current situation and to assess whether any intervention or protective measures are now required.

Each year the Adult Social Care Outcomes Framework (ASCOF) requires areas to report on the proportion of people who use services who feel safer as a result of receiving those services. Although the figure for Coventry has fallen this year it is still above the average for both West Midlands and England as a whole, meaning that we can feel confident that services provided in Coventry make people feel safe.

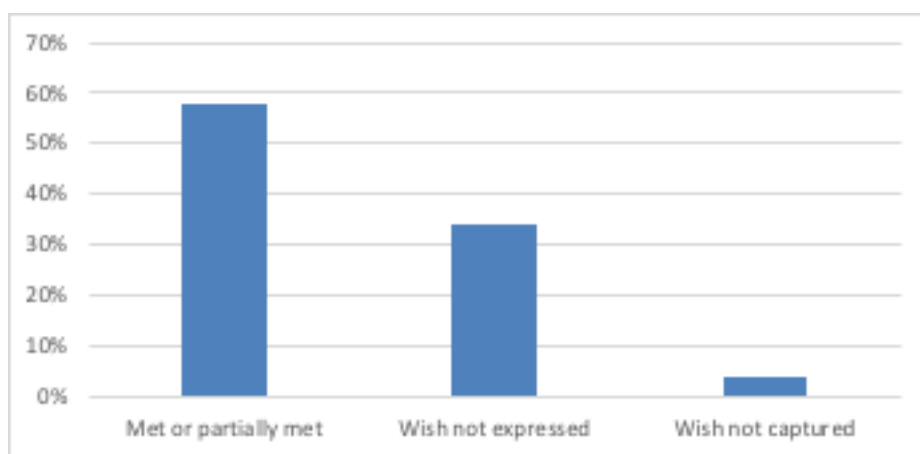
Figure 4: The proportion of people who use services who feel safe

	2016/17	2017/18	2017/18 Target	Trend	West Midlands 2016/17 Average	England 2016/17 Average
Proportion of people who use services who feel safe	75	72	68.6		71.1	70.1

Making Safeguarding Personal

Making safeguarding personal has been a key focus for all Coventry partners across the year. Where possible, we want people to express their wishes and ensure the outcomes of any work achieves them. Risk will always be the primary driving factor in work with individuals, but recognising and respecting their desires is important in helping people to obtain and maintain a good, happy quality of life.

Figure 5: Achieving the wishes of adults with care and support needs in 2017

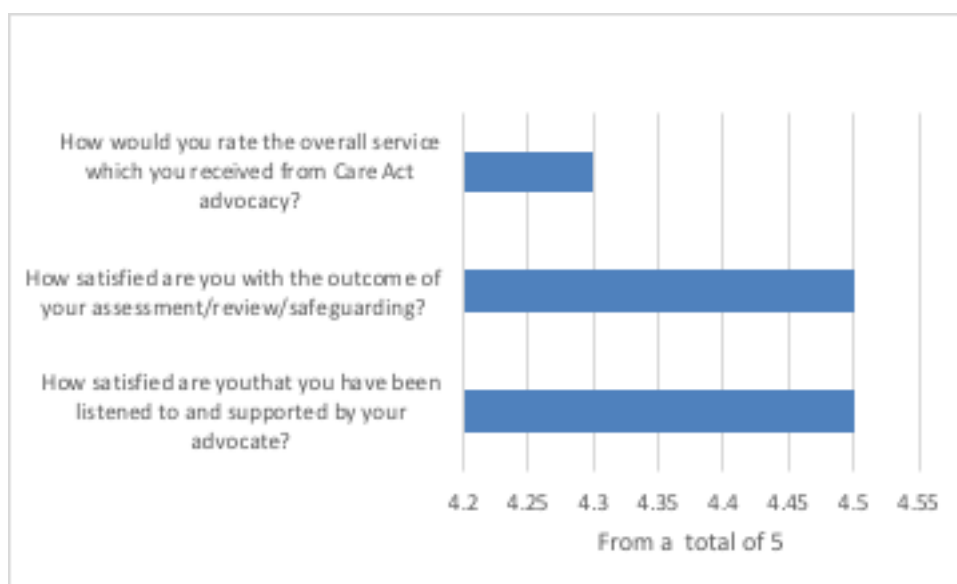


In 2017-18 the wishes of service users were either met or partially met in the majority of cases. Some individuals did not express a wish, and some wishes were not captured, which is of concern and an area for partners to seek to improve across the next year. Although it may not be possible, in some cases, to align outcomes with the wishes of an individual (for example, if someone expresses a wish to live alone and it is not safe for them to do so) all service users should be asked their preference and efforts made to align this with the work undertaken by the partnership.

Advocacy Support

Board attention has also been directed at advocacy services over the year, ensuring that all adults with care and support needs requiring representation receive timely and good quality provision. The providers of local advocacy services are changing at the beginning of the financial year 2018 but it is acknowledged that Age UK and Grapevine, who provided the 2017-18 service, performed well with between 97 and 100% of individuals requiring an advocacy service receiving support. In 2017 84 clients were surveyed about their experiences of adult advocacy services and the results were positive.

Figure 6: Advocacy survey outcomes



Coventry measures the number of Deprivation of Liberty Safeguards (DoLS) applied for in relation to adults with care and support needs, and whether they are granted or not granted every year. This data is shared to provide assurance to the Board that applications are being properly made and granted where appropriate.

Over the year 2248 applications were made, an increase from 2016-17 indicating that knowledge and understanding around DoLS requirements has increased and people are being referred more appropriately. 46% of applications were granted and 29% were not granted; the most frequent reasons for this was because the service user has passed away or has changed their residence type (meaning the safeguards were no longer required).

Overall, the management of DoLS applications over the past year has been a success story in Coventry: there is evidence of increased understanding by practitioners of the requirement to refer and of improved processing timeliness by the local authority, resulting in a higher number of adults with care and support needs in Coventry being kept safe from harm.

2.3 Conclusion

Practitioners across Coventry are highly dedicated to person centred care and this is reflected in the number of people who tell us that their wishes regarding the outcomes of safeguarding enquiries were met. We are always looking to improve and it is clear that there is still more work to be done to ensure that more people are enabled to express their wishes at the outset of an enquiry. We also need to improve practitioner confidence in providing appropriate support to adults with care and support needs who have the capacity and desire to make risky choices, as this is a constant challenge to our commitment to carry out our safeguarding responsibilities.

There is an effective referral process in Coventry where decisions are made in a timely manner and where, in the majority of cases, risk is removed or reduced to a safe level. There is also effective advocacy support available, in line with the requirements of the Care Act.

Our knowledge of Coventry and its people shows that there is a real potential for an increase in demand for care provision. Going forward, we will need to seek continued assurance that providers understand and execute their safeguarding responsibilities. We also know that neglect continues to be the most prevalent form of abuse, along with physical and financial abuse and will need to ensure that we enable practitioners to identify and respond to these abuse types appropriately, as well as work with the community to consider what more can be done to prevent abuse.

3. How we have made a difference.

Our purpose is to promote partner agencies to work together, coordinate the work of partner agencies and assess the difference that we make to adults with care and support needs in Coventry. This section presents some highlights of the work agencies have done to deliver Board priorities.

3.1 Understanding Complex Safeguarding Issues

<p>We said:</p>	<p>The Board ensures that complex safeguarding issues, such as self-neglect, modern day slavery, child sexual exploitation and transitions, and domestic abuse are understood</p> <p>We will</p> <ul style="list-style-type: none"> • Carry out a multi-agency audit to ensure that all partners are compliant with the requirements of the Care Act 2014 in respect of their safeguarding arrangements • Develop a series of real life stories to raise awareness of complex safeguarding issues
<p>We did:</p>	<p>The Clinical Commissioning Group (CCG) have introduced named safeguarding professionals within primary care settings (GPs) to streamline and support safeguarding. This includes the use of technology to give real time support to decision making and has led to the earlier identification of safeguarding concerns.</p> <p>The CCG is in the process of commissioning IRIS, to be operational in the second quarter of 2018/2019. This is a training support and referral programme for GP practices that promotes clinical enquiry, increases practitioner confidence to record disclosures and recognise risk factors.</p> <p>The CCG ensure all commissioned providers implement a modern slavery statement which recognises their responsibility as employers.</p> <p>Coventry City Council have published a Domestic Abuse Strategy which will improve the way in which this type of abuse is understood and responded to.</p> <p>Together Coventry City Council and the CCG are funding the Hoarding Service Community-Based Preventative Support Project. This will provide specialist advice, guidance and support for practitioners.</p> <p>University Hospital Coventry and Warwickshire (UHCW) have a comprehensive training package which, this year, has helped staff to identify self-neglect and led to an increase in referrals for this abuse type.</p> <p>West Midlands Ambulance Service (WMAS) have introduced a regular staff newsletter that tackles key issues such as referrals, Prevent and Domestic Abuse in a question and answer style.</p> <p>Coventry Safeguarding Adult Board has reconvened the Policy and Procedures Subgroup, to enable a review of the current suite of policies and to ensure good practice is promoted through the publication and implementation of appropriate policies, procedures and guidance.</p> <p>Coventry Safeguarding Adult Board has developed a comprehensive quality assurance programme which will ensure that the Board can assess the extent to which practice improvements result from our awareness work.</p> <p>Coventry Safeguarding Adult Board has been assured that the number of staff receiving basic safeguarding awareness across the city has improved and are offering challenge and support to agencies that require it.</p>

Coventry Safeguarding Adult Board has been assured that the number of staff receiving basic safeguarding awareness across the city has improved and are offering challenge and support to agencies that require it.

Percentage of staff with up to date basic safeguarding awareness training

Statutory Agency End of Year Position (%)

Coventry City Council 57

University Hospital Coventry & Warwickshire 86

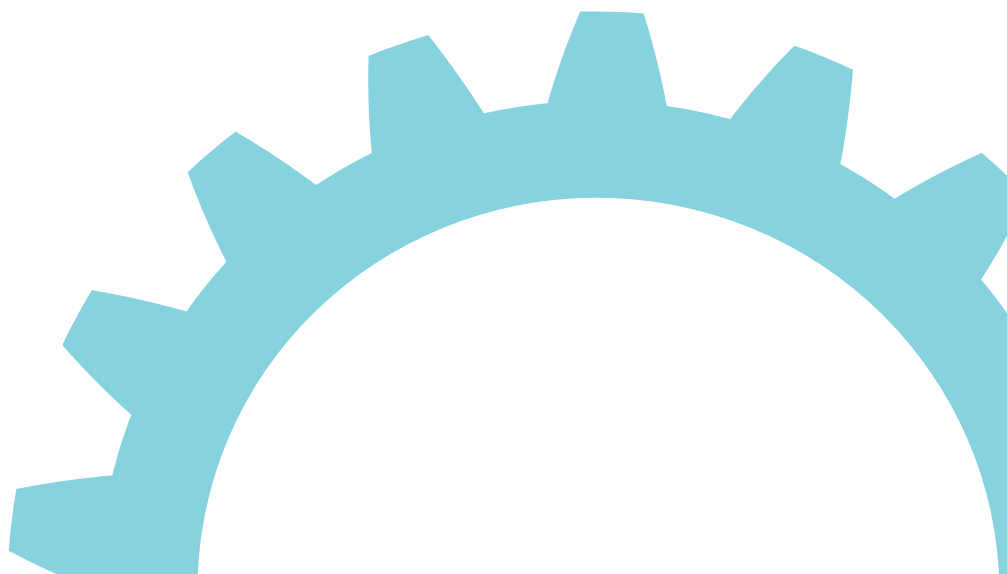
Clinical Commissioning Group 61

Coventry & Warwickshire Partnership Trust 96

West Midlands Fire Service 90

National Probation Service 73

Coventry Safeguarding Adult Board has commissioned a multi-agency self –assessment audit that will provide assurance to the Board regarding the extent to which member agencies are meeting their statutory safeguarding duties as laid out in the Care Act 2014. This will be conducted in the first quarter of 2018/2019.

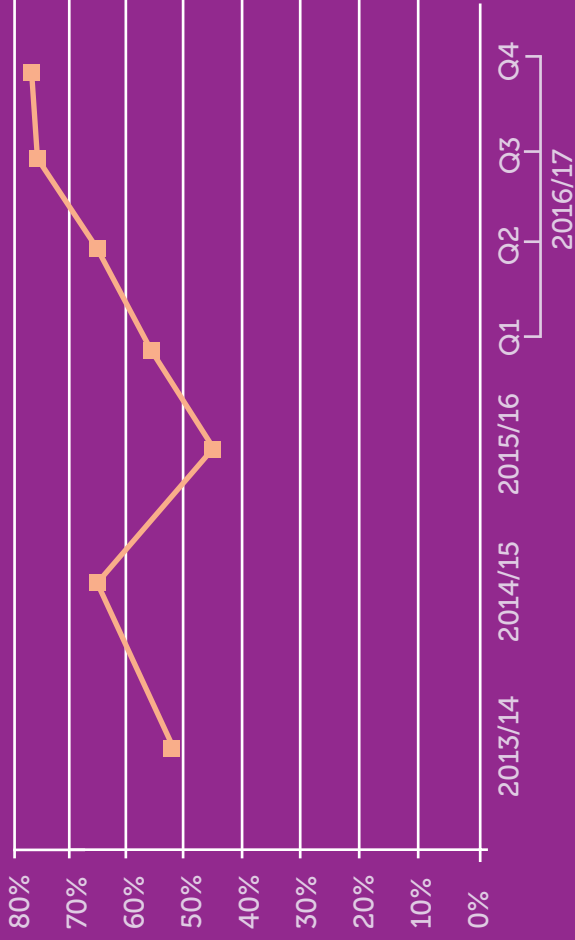


Appendix 1
Performance Dashboard



Empowerment - Presumption of person-led decisions and informed consent

Percentage of adults with concluded safeguarding enquiries who lack capacity who were supported by an advocate



Proportion of people who use services who feel safe (ASCOF 4A)

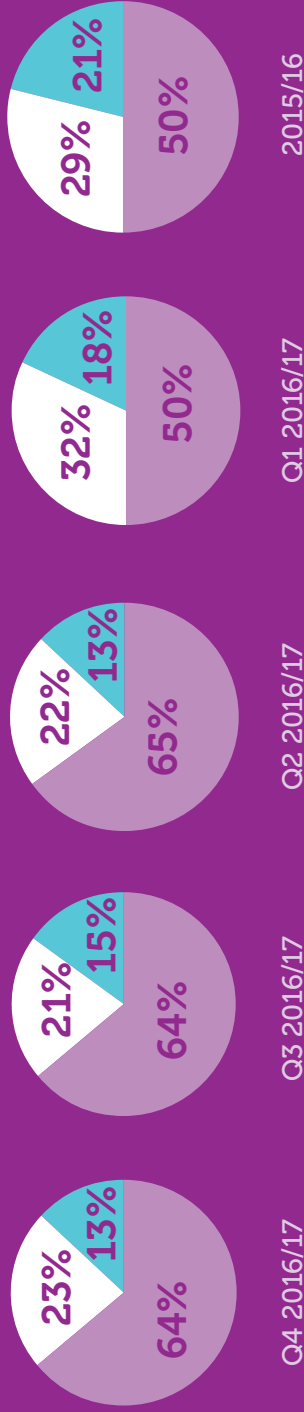
Coventry			Trend	Comparator 2015/16 Average	West Mids 2015/16 Average	England 2015/16 Average
2014/15	2015/16	2016/17 Target				
75.8	70	68.6	⬆️	68.7	70.2	68.8

Proportion of people who use services who say those services have made them feel safe and secure (ASCOF 4B)

Coventry			Trend	Comparator 2015/16 Average	West Mids 2015/16 Average	England 2015/16 Average
2014/15	2015/16	2016/17 Target				
85.6	86	84.1	⬆️	84.2	86.9	85.2

Engagement of the adult in the process – outcomes achieved

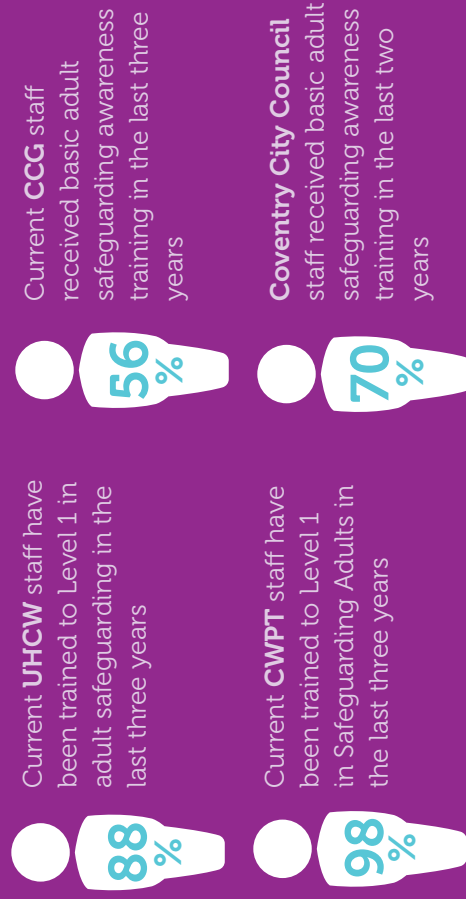
■ Fully achieved
 ■ Partially achieved
 ■ Not achieved



Safeguarding - MSP Wishes		As at end of month
Number of concluded enquiries (YTD)		965
Number of wishes recorded		663
% of wishes recorded		68.7%

Prevention - It is better to take action before harm occurs

Provision of awareness training by statutory partners



Note: We are still developing the recording and reporting of adult safeguarding training. Therefore comparisons cannot be made between agencies.

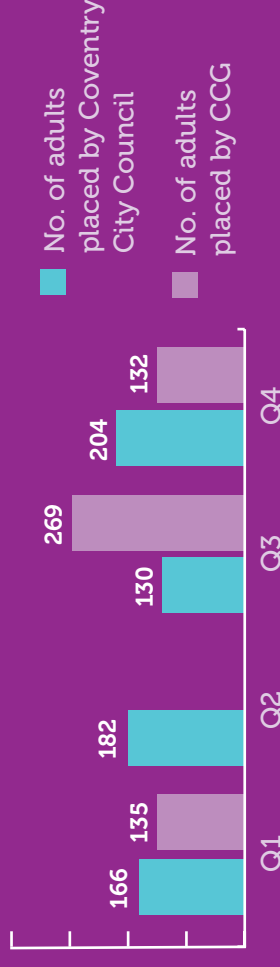
Current large scale investigations underway

As at 31 March 2017 there are no large scale investigations underway.

Number of providers in PEP process

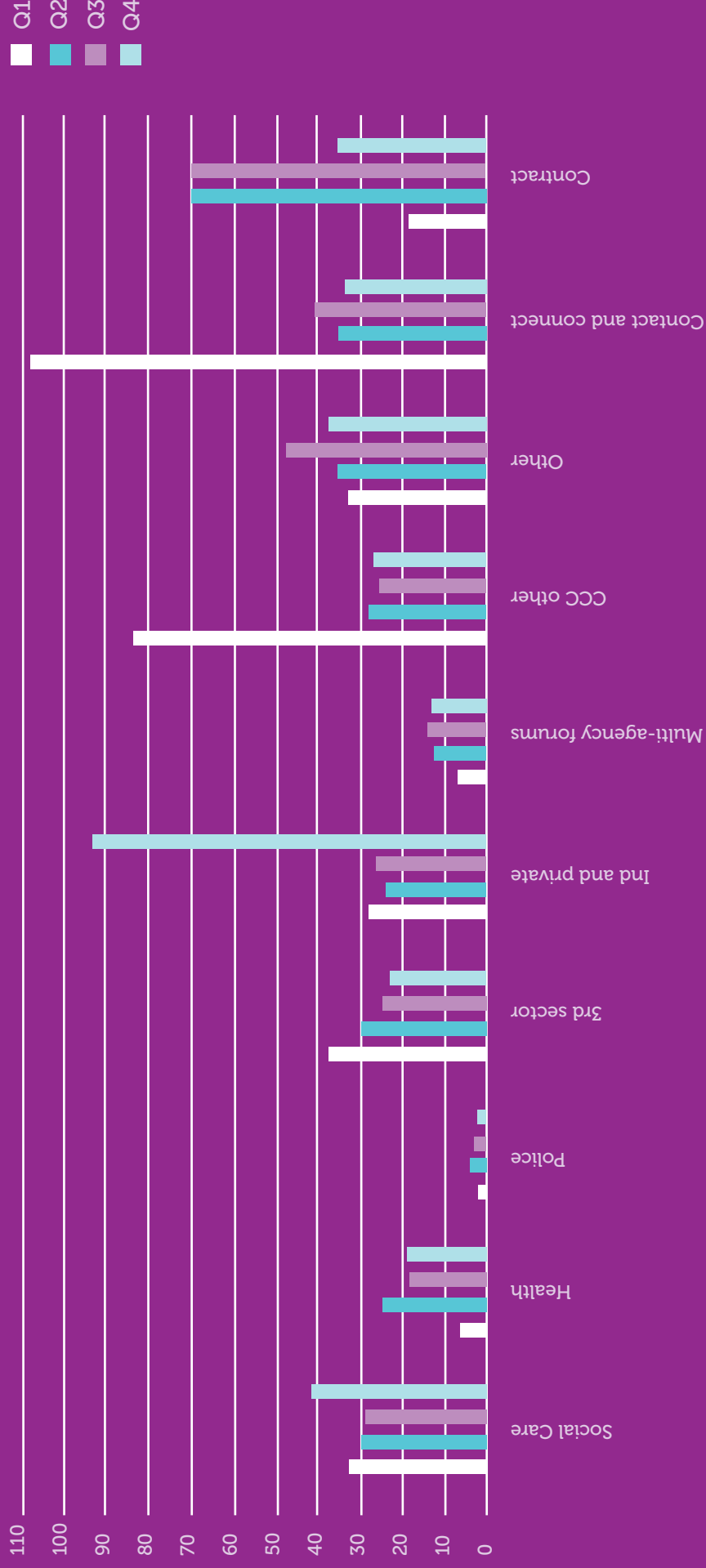


Number of adults placed out of city



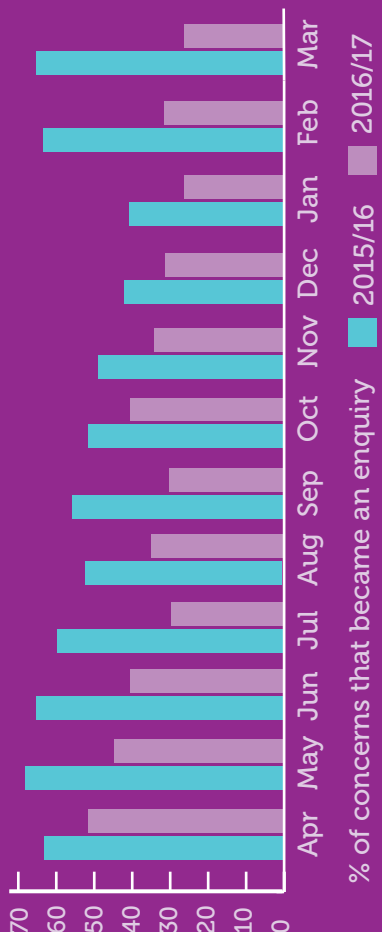
Prevention - It is better to take action before harm occurs

Safe and Well Visits

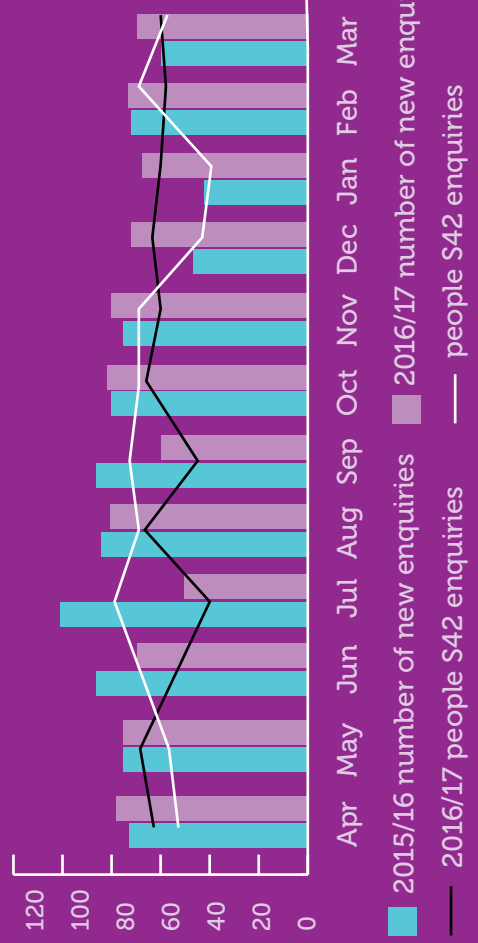


Proportionality - Proportionate and least intrusive response appropriate to the risk presented

Concerns and enquiries

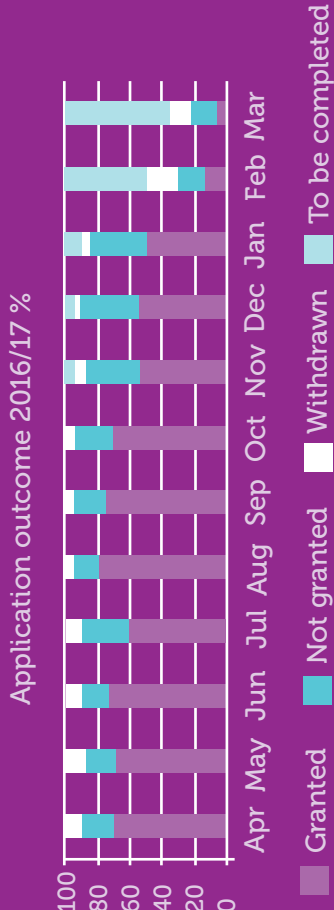


Number of people and number of new enquiries



Note: There is a significant continuing rise in the number of new enquiries and in the number of people subject to an enquiry. The number of concerns that become an enquiry is broadly static.

Deprivation of Liberties (DoLs) requested / granted



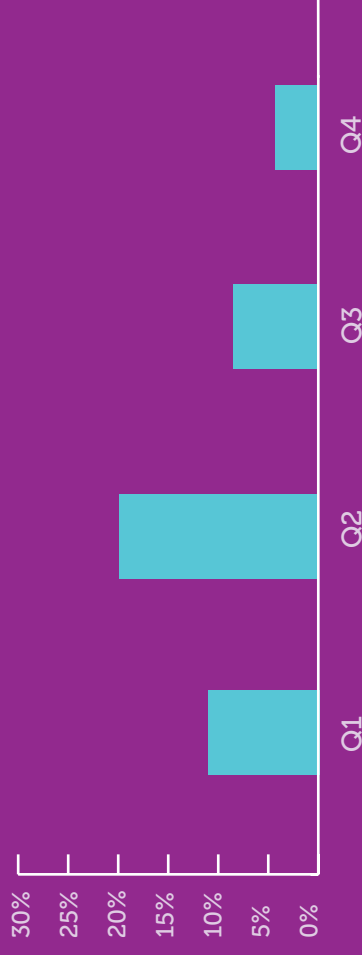
Deprivation of Liberties applications

	Applications granted within 3 months of being received	Applications granted after 3-6 months of being received	Applications granted after 6 months of being received	Total
15-16	125	315	310	750
15-16 carried over	32	246	68	344
16-17	514	221	0	735
Total 16-17	546	467	66	1079
	50.6%	43.3%	6.1%	

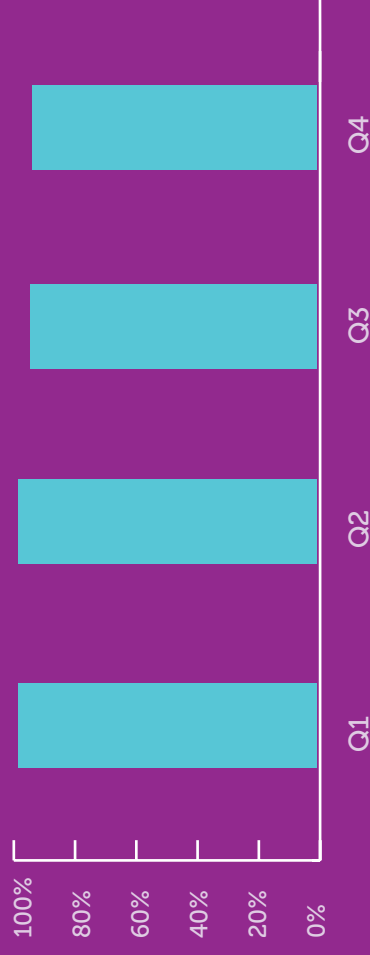
Proportionality continued

BME concerns reporting

% Safeguarding concerns from the BME community

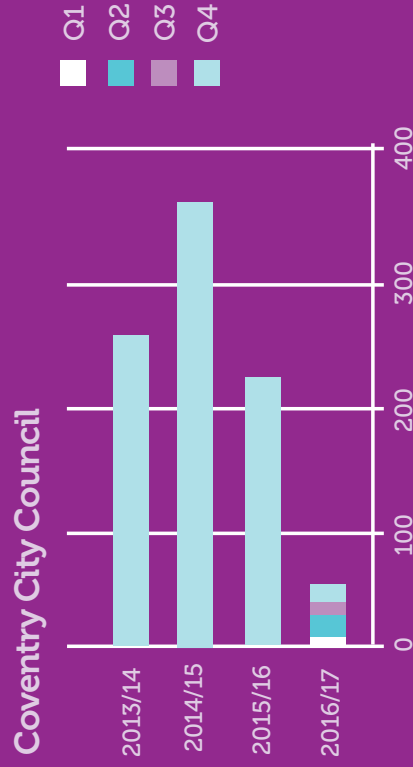


% safeguarding concerns with an initial decision made within 2 days



Protection - Support and representation for those in greatest need

Number of pressure ulcers (due to neglect)reported



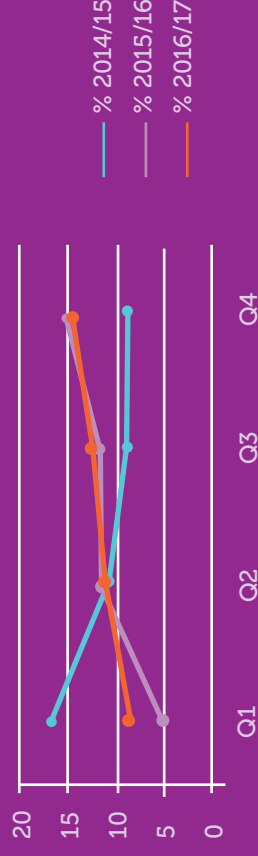
Clinical Commissioning Group



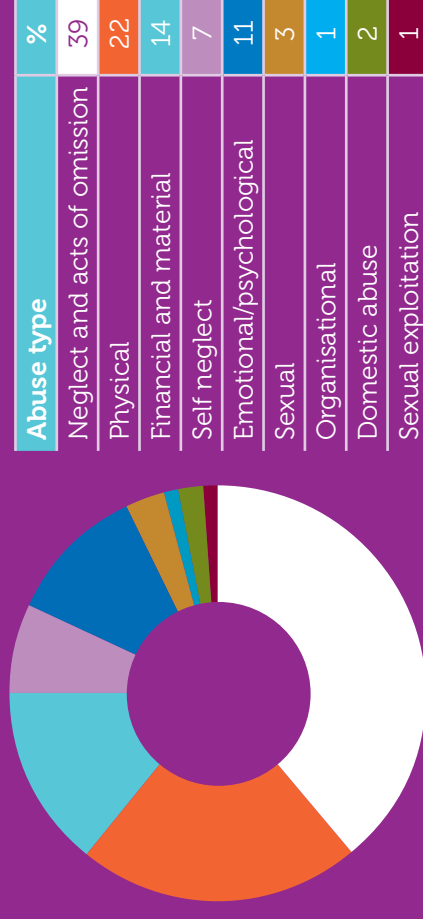
Results of action at enquiry conclusion

Concluded where harm/abuse identified	2016/17 YTD	
	Number	%
Risk remains	41	9%
Risk reduced	264	59%
Risk removed	143	32%

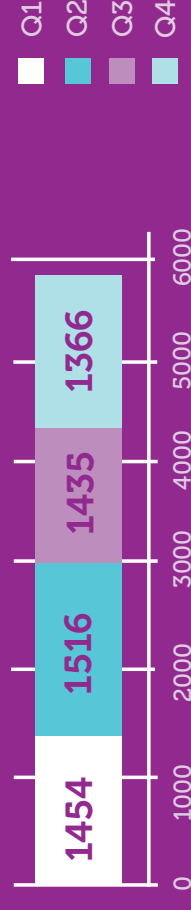
% of repeat safeguarding enquiries



Safeguarding activity by type of abuse



Domestic violence incidents reported to Police 2016/17



Note: Total offences reported are 3.4% lower than the previous year

Partnership - Local solutions through services working with their communities

Communities have a part to play in preventing, detecting and reporting neglect and abuse


Source of enquiry

Enquiry Source	No. of concluded enquiries
Residential Care	190
Ambulance Service	117
Hospital Ward Staff	97
Family Member	69
Nursing Home	62
Domiciliary Care	55
Nurse (non-hospital)	49
Extra Care Housing	47
Not Listed	38
Self (Adult at Risk)	32
Social Worker/Care Manager	18
Community Based Professional Allied to Medicine	19
A&E Hospital	17
Anonymous	16
Mental Health Staff - Joint Teams	16
Other Hospital Staff	14
Care Quality Commission	12
Supporting People Accommodation	12
Friend/Neighbour	11
Other Social Care Staff	10
GP	10
Police	9
Education/Training/Work Place Establishment	9
Day Care	8
Advocate	7
Member of the Public	6
Acute PCT	6
Housing	4
Voluntary Organisation	3
Volunteer/Befriender	2
Partner/Ex-Partner	1
Grand Total	965

Attendance at Board meetings

Organisation	Meetings attended	Attendance expectation	% attendance
Independent Chair	4	4	100
Coventry & Rugby CCG	4	4	100
CWPT	4	4	100
UHCW	4	4	100
Coventry City Council	4	4	100
Public Health	3	4	75
Health Watch	3	4	75
West Midlands Fire Service	3	4	75
West Midlands Police	2	4	50
Hereward College	2	3	67
GPs	1	1	100
Housing	1	1	100
NHS England	0	4	0
CRC Probation	0	4	0
National Probation Service	0	4	0
West Midlands Ambulance Service	0	1	0

Note: Data covers 1 April 2016 to 31 March 2017



If you think an adult is at risk
of abuse call Adult Social Care Direct

024 7683 3003

or e-mail

ascdirect@coventry.gov.uk

Adult Social Care Direct is based at
Broadgate House,
Broadgate, Coventry,
CV1 1FS



10 categories of abuse:

Physical
Domestic violence
Sexual
Psychological
Modern slavery
Financial or material
Neglect & Acts of Omission
Discriminatory
Organisational
Self-neglect

Coventry Safeguarding Adults Board

Tel: 024 7683 2568

www.coventry.gov.uk/csab

E-mail: CoventrySAB@coventry.gov.uk