

Section 4: burden of ill-health: mental health and neurological disorders

Vulnerable adults



a single version of the truth



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Briefing (and hyperlink)	Section
Minority groups	Health inequalities
Complex families and safeguarding children in need	Children and young people
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Dementia	Burden of ill-health: mental health and neurological disorders
Physical disability	Burden of ill-health: disability and conditions effecting older people
Hearing impairment	Burden of ill-health: disability and conditions effecting older people
Visual impairment	Burden of ill-health: disability and conditions effecting older people
Deafblind	Burden of ill-health: disability and conditions effecting older people
Learning disabilities	Burden of ill-health: disability and conditions effecting older people
Carers	Burden of ill-health: disability and conditions effecting older people
Domestic abuse	Health promotion and preventions
Community Safety	Wider determinants of health
Housing	Wider determinants of health

Edition

Edition	Version no.	Changes/Comments
2012/13	1	N/A
2012/13	2	National Statistics updated for 2011/12 – not published
2013/14	1	

Outcome Frameworks summary

The Public Health Outcomes Framework for England, 2013-2016¹ outlines the overarching vision for public health as “to improve and protect the nation’s health and wellbeing, and improve the health of the poorest fastest”. The Adult Social Care Outcomes Framework 2014/15² is a set of outcome measures, which have been agreed to be of value both nationally and locally for demonstrating the achievements of adult social care. The following indicators from these frameworks are relevant to this section.

Framework	Reference	Indicator
Public Health	1.6	People with mental illness and/or disability in settled accommodation
Public Health	1.8	Employment for those with a long-term health condition, including those with a learning difficulty/disability or mental illness
Public Health	1.11	Domestic abuse
Public Health	1.15	Statutory homelessness
Public Health	1.18	Social isolation
Public Health	4.13	Health-related quality of life for older people
Adult Social Care	4.A	The proportion of people who use services who feel safe
Adult Social Care	4.B	The proportion of people who use services who say that those services have made them feel safe and secure

Executive Summary

Safeguarding is the responsibility of whole communities and depends on the everyday vigilance of everyone who plays a part in the lives of children or adults in vulnerable situations to ensure that people are kept as safe from harm as possible.

Multiple agencies are involved in adult safeguarding. The agencies' primary aim is to prevent abuse where possible, but if the preventative strategy fails, ensure that robust, proportionate procedures are in place for dealing with incidents of abuse.

Background

"In recent years several serious incidents have demonstrated the need for immediate action to ensure that vulnerable adults, who are at risk of abuse, receive protection and support. The Government gives a high priority to such action and sees local statutory agencies and other relevant agencies as important partners in ensuring such action is taken wherever needed."³

Definitions

Adult at Risk (Vulnerable Adult)

There are several definitions of a vulnerable adult. No Secrets⁴ defines a vulnerable adult as "a person aged over 18 who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect themselves against significant harm or exploitation" whereas the Safeguarding Vulnerable Groups Act defines all patients as vulnerable.

The No Secrets definition is the one commonly used in adult safeguarding. It is recognised that this definition is inclusive of all health service users, and nationally there is a move to include markers of poor quality care within safeguarding concerns - such as the development of serious pressure ulcers and repeated falls, and in the future this might be widened to other markers - such as weight loss and missed medication doses. The key principle is that of significant harm, which itself is a subjective term.

Most recent thinking, including that of the Law Commission is that it would be preferable to refer to "adults at risk". This reflects the preference of people with disabilities that the emphasis should be on the circumstances adults find themselves in, rather than on the individual's disability, which may or may not in itself make them "vulnerable. It is clear, whichever definition is used, that the protection of vulnerable adults is fundamental to healthcare provision.

Abuse

Abuse is defined as a violation of an individual's human and civil rights by any other person or persons which results in significant harm or exploitation of the vulnerable person. It may be perpetrated by anyone who has power over the person whether they are a carer or relative, a paid member of staff or professional or may occur as a result of persistently poor care or a rigid and oppressive regime⁵.

Anyone who is living in an abusive situation is at risk of becoming disempowered and unable to make decisions and choices independently. The adult safeguarding and domestic abuse agendas currently operate in isolation in most statutory bodies with the current definition of a vulnerable adult excluding people subject to domestic abuse unless they have a specific disability. Domestic violence is closely affiliated with the child protection agenda. Staff working in the arena of domestic abuse are experienced in supporting people to manage abusive situations and identify their personal choices; closer working with colleagues who work domestic abuse would facilitate shared learning.

Adult protection

Adult Protection is the operational response to a safeguarding alert, an element of safeguarding, which ensures the safety of an individual and protects them from further harm.

National statistics on abuse of vulnerable adults

An NHS information centre report on Abuse of Vulnerable Adults⁶ showed there were 133,395 alerts about safeguarding issues reported by 121 councils in 2011/12. In 2011/12, 61% of referrals were for women and 59% were for adults aged 65 and over. Almost half of the referrals (48%) were for adults with a physical disability, 24% were for mental health clients, 20% were for learning disabled clients and the remaining 7% were for adults with a substance misuse problem or other vulnerable adults.

Physical abuse was the most common type of abuse reported, accounting for 29% of all allegations. This was followed by neglect (26%) and financial abuse (19%). Vulnerable adults were more likely to be abused in their own home (accounting for 40% of all locations cited) or a care home (36%) than any other location. The relationship between the vulnerable adult and the person causing harm was likely to be a family member (22% of all perpetrators) or social care staff (28%).

National policy and legislative framework

The legislative framework and policy background is varied and complex in respect of Safeguarding Adults. Commissioners have a duty to comply with legislation which includes the Human Rights Act, Mental Capacity Act, Equalities Act and Safeguarding Vulnerable Groups Act.

No Secrets⁷

This document provides guidance on developing multi-agency policies and procedures to protect vulnerable adults from abuse. This document placed responsibility for coordination of safeguarding work with Local Authorities, with an emphasis on collaboration and sharing between other agencies, such as health, through the development and implementation of multi-agency policies and procedures. Since 'No Secrets' was published, there have been significant policy and legal changes relating to safeguarding vulnerable adults.

The Mental Capacity Act (2005)

This Act provides a statutory framework to empower and protect vulnerable people who are unable to make their own decisions. It introduced a new crime of wilful neglect or ill treatment of a person who lacks mental capacity.

Clinical Governance and Adult Safeguarding (DH 2010)

This proposed a framework for incident reporting which has subsequently been incorporated into the National Patient Safety Agency (NPSA) document 'National Framework for reporting and learning from serious incidents requiring investigation' (2010). The aim of this guidance is to encourage organisations to develop local robust arrangements to ensure that safeguarding becomes fully integrated into NHS Clinical Governance systems. The report provides a flow chart demonstrating how the process may work, but starts from the simple premise that all incident reports are screened against the question "is this a Safeguarding Concern?"

Essential Standards for Quality and Safety (Care Quality Commission, March 2010)

This is designed to help providers of health and adult social care to comply with the Health and Social Care Act, 2008, (Regulated Activities) Regulations 2010, and the Care Quality Commission (CQC) (Registration) Regulations, 2009. CQC Outcome 7 relates to safeguarding assurance and Outcome 20 relates to notification of other incidents. Clinical Commissioning groups (CCGs) will be statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children and vulnerable adults.

The Human Rights Act 1998

This placed a positive obligation upon 'public bodies' to act compatibly with the 1950 European Convention on Human Rights. This includes a duty to intervene proportionately to protect the rights of citizens.

Regulated Activity (DH 2012)

This clarifies the position in relation to regulated activity as defined in Safeguarding Vulnerable Groups Act (2006).

Caring for our Future DH 2012

A government White Paper on care and support was published in 2012 and the resultant Care Bill is going through Parliament. This will put Safeguarding Adults Boards on a statutory footing.

National Standards⁸

- Each local authority has established a multi-agency partnership to lead 'Safeguarding Adults' work.
- Accountability for and ownership of 'Safeguarding Adults' work is recognised by each partner organisation's executive body.
- Safeguarding Adults' policies should include a clear statement of every person's right to live a life free from abuse and neglect, and the message

actively promoted to the public by the Local Strategic Partnership, the 'Safeguarding Adults' partnership, and its member organisations.

- Each partner agency should have a clear, well-publicised policy of zero-tolerance of abuse within the organisation.
- Safeguarding Adults' partnerships oversee a multi-agency workforce development/training sub-group. The partnership should have a workforce development/training strategy and ensure that it is appropriately resourced.
- All citizens can access information about how to gain safety from abuse and violence, including information about the local 'Safeguarding Adults' procedures.
- There is a local multi-agency 'Safeguarding Adults' policy and procedure describing the framework for responding to any concern about an adult "who is or may be eligible for community care services" and who may be at risk of abuse or neglect.
- Each partner agency should have a set of internal guidelines, consistent with the local multi-agency 'Safeguarding Adults' policy and procedures, which set out the responsibilities of all workers to operate within it.
- The multi-agency 'Safeguarding Adults' procedures detail the following stages: Alert, Triage, Early Strategy meeting, Adult Protection Conference, Adult Protection Review.
- The safeguarding procedures are accessible to all adults covered by the policy.
- The partnership should explicitly include service users as key partners in all aspects of the work. This includes building service-user participation into its membership; monitoring, development and implementation of its work; training strategy; and planning and implementation of their individual safeguarding assessment and plans.

Commissioning in Wiltshire

Commissioners are responsible for securing high quality health care for all patients in their area with a particular responsibility to those patients who are less able to protect themselves from harm, neglect or abuse.

In Wiltshire, in addition to NHS provision, there are 205 residential care providers and 55 agencies providing domiciliary care ranging from housekeeping support through to 24 hour care at home. There are also voluntary Sector organisations contracted to provide services to Wiltshire residents.

In 2011 the Department of Health published Safeguarding Adults: A Guide for Commissioners (DH 2011). This document provides guidance on the responsibilities of NHS organisations to commission high quality health care for all patients in their

area and identified 6 Principles of Safeguarding which should be incorporated into all areas of the organisations business:

- Empowerment: Presumption of person led decisions and consent.
- Protection: Support and representation for those in greatest need.
- Prevention: Prevention of neglect harm and abuse is a primary objective.
- Proportionality: Proportionate and least intrusive response appropriate to the level of risk.
- Partnerships: Local solutions through services working with their communities.
- Accountability: Accountability and transparency in delivering safeguarding

Prevention and effective responses to neglect, harm and abuse need to be addressed in all aspects of commissioning, making safeguarding integral to commissioning activity. This can be achieved by working in partnership with patients, public and multi-agency partners.

What are the needs of the population?⁹

Large scale investigations

All Safeguarding Adult referrals are now triaged by the Local Authority Adult Safeguarding and Mental Capacity Act Team. A large scale investigation deals with care provided across a whole residential home or domiciliary care service and can arise from one or more serious incidents or from a pattern of alerts that give rise to concern about the overall practice of the service. There number of large scale investigations has risen significantly in the last few years and now forms a significant element of Safeguarding work. There are many reasons for this increase:

- Increase in alerts from the Care Quality Commission
- Increase in alerts from Care Home staff
- Increased public awareness and media campaigns.

2012/13 data does not separate large scale investigations (LSIs) from individual alerts so it is impossible to directly compare numbers for 2012/13 to previous years.

Key themes to emerge from large scale investigations over the past 12 months have been:

- Poor care planning and lack of person centred care
- Medication management
- Incident reporting and risk management
- Mental Capacity Act/Dols
- Poor leadership
- Lack of management

Such investigations may result in significant action to protect the users of the service, but they may equally be an important tool for shared learning that can create lasting improvements in practice.

Alerts

As discussed above the 2012/13 data includes large scale investigations (LSIs) and individual alerts so it is impossible to directly compare numbers for 2012/13 to previous years. There were a total of 1,686 alerts during 2012/13. Of these, 1,096 were in relation to females (65%) and to 590 males (35%). 64% of alerts related to older people (aged 65 and over). See table 1 for details.

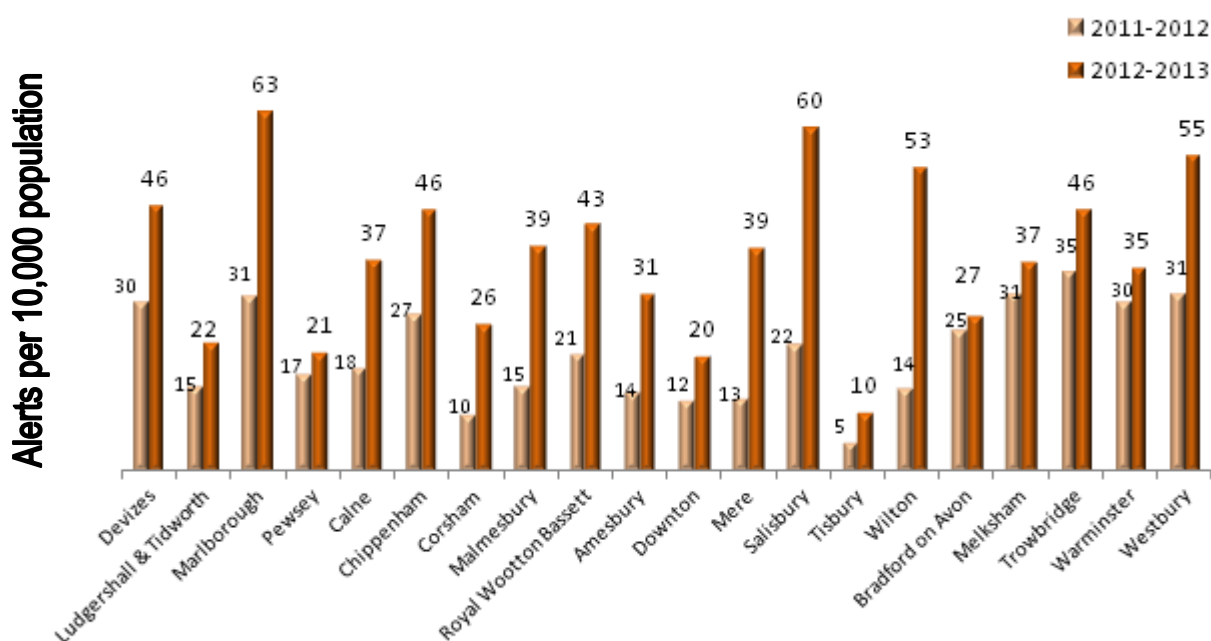
63.8% of alerts were for frail older people, 21.5% for people with learning difficulties, 7.0% for people with physical disabilities and 1.1% for people with mental health problems.

Table 1: Age and gender breakdown of alerts of adult safeguarding issues

Age Group	Female	Male	Total
Younger adult (18-64)	351	255	606
Older person (65 or over)	745	335	1,080
Total	1,096	590	1,686

Source: Wiltshire Safeguarding Adults Board Annual Report 2012/13

The number of alerts in each Community Area was also recorded and turned into an alert rate per 10,000 population to compare areas. See figure 1. Marlborough, Salisbury and Westbury had the highest alert rates. Every Community Area had more alerts in 2012/13 than 2011/12 but because the 2012/13 also includes large scale investigations it is not possible to determine from these figures whether the underlying prevalence of safeguarding issues is rising.

Figure 1: Alerts of adult safeguarding issues by each Community Area

Source: Wiltshire Safeguarding Adults Board Annual Report 2012/13

Note: 2011/12 and 2012/13 figures are not directly comparable.

Investigations of alerts on adult safeguarding issues

All alerts are triaged using an agreed threshold document to ensure appropriate action is taken. The number of alerts received in the past year has increased by 97% from 855 to 1,686. There have been similar increases across the South West, but Wiltshire saw the second highest rise across the region, with only North Somerset having a higher percentage increase. While the general increase may relate to increased public awareness of safeguarding, there are two likely influences on the exceptional increase in Wiltshire. Firstly, the impact of the change in the recording system, so that since May 2012 all alerts have been triaged via SAMCAT which creates a much more comprehensive record; secondly the recording of large scale investigations has improved and all residents in a home subject to such an investigation are counted, whether or not there has been a specific allegation relating to them. Our monitoring processes have identified more effectively the need for large scale investigations.

In all, 589 investigations were completed during the reporting year. Of these, 371 (63%) were substantiated or partly substantiated, 178 (30%) were not substantiated and 40 (7%) were not determined or inconclusive.

Table 2 shows the relationship of the alleged perpetrator of abuse to the vulnerable adult in alerts which became investigations. In 25% of cases the alleged perpetrator lived with the vulnerable adult and in 28% alleged perpetrators were within the victim's immediate social circle ('partner', 'other family member' and 'friend/neighbour'). In 62% of cases the alleged perpetrators were care home staff.

Table 2: Relationship of Alleged Perpetrator to the Vulnerable Adult (alerts which became investigations)

	2010/11	2011/12	2012/13
Partner	43	37	26
Other family member	96	100	99
Health Care Worker	7	12	10
Volunteer/ Befriender	2	1	2
Social Care Staff - Total	72	121	368
Of which: Domiciliary Staff	28	34	54
Residential Care Staff	44	73	311
Day Care Staff	0	8	0
Social Worker/Care Manager	0	0	0
Self -Directed Care Staff	0	6	3
Other Social Care Staff	0	0	0
Other professional	5	4	7
Other Vulnerable Adult	25	22	38
Neighbour/Friend	33	31	40
Stranger	3	0	4

Source: Wiltshire Safeguarding Adults Board Annual Report 2012/13

There has been a significant increase in the number of alerts coming from residential care staff and Care Quality Commission (CQC) staff. The reasons for this need to be explored and the pattern monitored, but it is likely that at least some of the increase is due to increased awareness of safeguarding in those staff groups and the action that needs to be taken when concerns are identified.

Agencies and people involved with investigations are many and varied:

- Avon & Wiltshire Mental Health Partnership.
- Care homes with and without nursing.
- Care Quality Commission.
- Clinical Commissioning Group
- Court of Protection.
- Department of Community Services.
- Domiciliary Care Agencies.
- Acute and community hospitals.
- Housing.
- Police.
- Other local authorities and provider agencies.

Current service provision

Safeguarding Adults work aims to help people to live a life that is free from abuse and neglect. It also helps to maintain independence, good health and well-being. It includes, but is not limited to, arrangements for responding to allegations of abuse.

Safeguarding is the responsibility of whole communities and depends on the everyday vigilance of everyone who plays a part in the lives of children or adults in vulnerable situations to ensure that people are kept as safe from harm as possible.¹⁰

The 'No Secrets'¹¹ Guidance stated that "the aim should be to create a framework for action within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse and a consistent and effective response to any circumstances giving ground for concern or formal complaints or expressions of anxiety. The agencies' primary aim should be to prevent abuse where possible, but if the preventative strategy fails, agencies should ensure that robust procedures are in place for dealing with incidents of abuse".

The prevention of abuse of vulnerable adults is a collective responsibility of all sections of society. However, those agencies, professionals, independent sector organisations and voluntary groups working with, or in contact with vulnerable adults, hold a particular responsibility to ensure safe, effective services and to facilitate the prevention and early detection of abuse from whatever quarter, thus ensuring that appropriate protective action can be taken.

In Wiltshire, the Wiltshire Local Safeguarding Adults' Board (WSAB) ensures that all agencies work together to minimise the risk of abuse to adults at risk of harm and to protect and empower vulnerable adults effectively when abuse has occurred or may have occurred by:

- Maintaining and developing inter-agency frameworks for safeguarding adults in Wiltshire, including determining policy, facilitating joint training and raising public awareness.
- Coordinating the safeguarding adults work undertaken by those organisations represented on the WSAB and monitoring and reviewing the quality of services relating to safeguarding adults in Wiltshire.
- The Board is made up from members of
 - Wiltshire Council;
 - Avon and Wiltshire Mental Health Partnership NHS Trust;
 - The Care Quality Commission, on an annual basis;
 - NHS Wiltshire Clinical Commissioning Group;
 - Royal United Hospital Bath NHS Trust;
 - Salisbury Healthcare NHS Foundation Trust;
 - Great Western NHS Foundation Trust;
 - Wiltshire Police
 - Wiltshire Probation.

For more information see: Policy and Procedures for the Safeguarding of Vulnerable Adults in Swindon and Wiltshire, 2013. <http://www.wiltshire.gov.uk/policy-and-procedures-for-safeguarding-vulnerable-adults-2006-sept.pdf> (note this link opens the 2013 report despite having 2006 in it's url).

Wiltshire Council, Safeguarding Adults public information:

<http://www.wiltshire.gov.uk/healthandsocialcare/adultcare/safeguardingadults/safeguardingadultspublicinformation.htm#lsab>

Resources

The annual reports of the Wiltshire Local Safeguarding Adults Board (LASB) are published on the Wiltshire Council website (www.wiltshire.gov.uk/index.htm). The 2012/13 report is available here:

<http://www.wiltshire.gov.uk/healthandsocialcare/socialcareadults/adultcare/safeguardingadults/safeguardingadultspublicinformation.htm>

A safeguarding vulnerable adults' policy is being developed for Wiltshire CCG and is due for publication after approval by the CCG Board. These documents and information from a CCG assurance paper is available from the Adult Safeguarding and Mental Capacity Act lead, Lynn Franklin (lynn.franklin@wiltshire.nhs.uk).

Challenges for consideration

- The NHS reforms and demographic changes (e.g. ageing population), more healthcare provided at home and personal budgets bring new challenges to safeguarding, for example plurality of providers and, increasing complexity of partnerships.
- National data showing a high percentage of safeguarding alerts for people living in care homes and the serious case review at Winterbourne View in South Gloucestershire¹² highlight the importance of prevention.
- Following the serious problems identified at Mid Staffordshire NHS Trust and the publication of the Francis report, there are likely to be more safeguarding concerns arising in acute hospital settings.
- The care needs and vulnerability of people in Care Homes are increasingly complex and acute. Assurance needs to be shown that the provider is fully aware of a patient's needs and are able to safely meet those needs. Other important considerations such as, accessibility, peoples preferences, resource pressures and cost, should not compromise the primacy of ensuring adequate placement arrangements. Families, carers and advocates should be aware of the route to raise any concerns about care being provided directly to the commissioner of care.

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¹ Healthy Lives, Healthy People: Improving outcomes and supporting transparency, Department of Health, January 2012 <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

² The Adult Social Care Outcomes Framework 2014/15, Department of Health, November 2013. <https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-2014-to-2015>

³ Abuse of Vulnerable Adults in England 2010-11: Experimental Statistics. 2012. http://www.ic.nhs.uk/webfiles/publications/009_Social_Care/Abuse_vulnerable_adults_2011/Abuse_of_vulnerable_adults_2011_FINAL/Abuse_of_vulnerable_adults_England_201011_V2a.pdf

⁴ Department of Health. No Secrets; Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. 2000. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4074540.pdf

⁵ Department of Health. No Secrets; Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. 2000. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4074540.pdf

⁶ Abuse of Vulnerable Adults in England 2011-12: Experimental Statistics. March 2013 url: <http://www.hscic.gov.uk/catalogue/PUB10430>

⁷ Department of Health. No Secrets; Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. 2000. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4074540.pdf

⁸ Association of Directors of Social Services. Safeguarding Adults. A National Framework of Standards for good practice and outcomes in adult protection work. 2005. http://www.wiltshire.gov.uk/adass_framework_for_safeguarding.pdf.

⁹ The annual report of the Wiltshire Local Safeguarding Adults Board, 2011-2012, Wiltshire Safeguarding Adults Board, November 2012.

¹⁰ Care Quality Commission (CQC). Our safeguarding policy. http://www.cqc.org.uk/sites/default/files/media/documents/20120523_800249_v1.0_cqc_safeguarding_protocol_for_external_publication.pdf

¹¹ Department of Health. No Secrets; Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. 2000. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4074540.pdf

¹² South Gloucestershire Safeguarding Adult Board. Winterbourne View Hospital. A Serious Case Review. 2012. <http://hosted.southglos.gov.uk/wv/summary.pdf>