



**North East Lincolnshire
Safeguarding Adults Board
Annual Report
2016/2017**

Foreword

This report for 2016/17 describes the activities and work undertaken by North East Lincolnshire Safeguarding Adults Board (NELSAB) and its members to deliver on the aims and objectives of our strategic plan. The overarching objective of our plan is to make North East Lincolnshire (NEL) a safer place for all people, but specifically for those adults within our community who are most at risk of experiencing abuse and or neglect.

The production of an annual report is a statutory requirement of the Care Act 2014 which is the primary piece of legislation under which the board operates. Safeguarding is everyone's business and the NELSAB is responsible for ensuring this premise is at the heart of everything we do.

Adults can be at risk of abuse and neglect in all walks of life and within all social classes. They may be at risk because of disability, age, lacking mental capacity to make decisions, and may be at risk due to being susceptible to radicalisation, subject to domestic abuse or because of substance misuse.

The NELSAB exists to ensure services, whether regulated, commissioned or voluntary, are safe.

The local development of a Place Board alongside pending changes to the Local Safeguarding Children's Board (LSCB) in response to the Woods Review, will undoubtedly impact on how the NELSAB develops its processes to provide assurances around safeguarding across our community.

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1. Background & Local Context

North East Lincolnshire (NEL) is situated on the South bank of the Humber Estuary and by comparison with the rest of the UK, has higher than average levels of deprivation. NEL has a stable population of around 160,000, of whom over 121,000 are adults over eighteen years of age.

NEL is a unitary authority area spanning an area of 192 square kilometres across a range of communities within Grimsby, Cleethorpes, Immingham and 22 surrounding villages. The town centres of the more densely populated areas of Grimsby and Cleethorpes are only three miles apart with Immingham approximately eight miles from Grimsby.

NEL's neighbours are the authority of North Lincolnshire and Lincolnshire's districts of East Lindsey and West Lindsey.

1.1 North East Lincolnshire Safeguarding Adults Board (NELSAB)

The NEL Safeguarding Adult Board (referred to as the SAB) is a statutory element required under Sections 42-46 of the Care Act 2014 with the Director of Adult Social Services (DASS) taking the lead role and overall responsibility for adult safeguarding. The key objective of the SAB is to assure itself and all of its stakeholders that local safeguarding arrangements are effective and partners work together to help and protect adults who:

- Have needs for care and support (whether or not NEL is meeting any of those needs)
- Are experiencing, or at risk of, abuse and/or neglect;

AND

- As a result of those care and support needs, are unable to protect themselves from either the risk of, or the experience of abuse and/or neglect.

2. Structure and Governance

As a minimum, the SAB membership must comprise of three main statutory partners, these being North East Lincolnshire Council (NELC), Humberside Police and local health services. In NEL we have established a broader multi-agency membership to ensure representation and provision from all sectors and areas across NEL community to enable adults' needs to be fully recognised and met.

2.1 NELSAB Structure, Framework & Membership

The Deputy Chief Executive for NELC, Joanne Hewson, is responsible for ensuring that all organisations providing or commissioned to provide adult services, do so to a standard that is safe and commensurate with the 2014 Care Act requirements. In line with our vision, we seek to empower and protect adults with care and support needs and support structures to promote the highest standards possible, so that all people in NEL feel safe and are safe, wherever possible, living lives free from the risk or experience of abuse or neglect.

The SAB structure and membership have been established over the last year and the SAB's relationship with the workgroups is strengthened through the Operational Leadership Group (OLG) process that effectively feed up those issues that require the boards attention. The OLG, chaired by the Director of Adult Social Services (DASS), meets quarterly to monitor performance and review reports to be presented to the leadership board.

The work groups have clear responsibilities aligned to the strategic plan which directs work group activity, including regular reporting into the OLG. The reports considered by the OLG are combined into a composite report that is presented on a quarterly basis to the SAB.

In order for the SAB to have the necessary means for effective decision-making and commitment of resources, its members have sufficient delegated authority to act on behalf of their own agencies. The board comprises senior officers nominated by member agencies operating under terms of reference that reflect the vision and guiding principles of the Care Act 2014, that are:

- Empowerment: supporting people to make their own decisions and give informed consent.
- Prevention: Taking action before harm occurs.
- Proportionality: the least intrusive responses appropriate to the risks
- Protection: Support and representation for those in greatest need.
- Partnership: Local solutions through services working with communities
- Accountability: Accountability and transparency in delivering safeguarding

See Appendix A for SAB Structure and Membership

2.2 Chairing arrangements and interface with children’s safeguarding

The SAB is currently chaired by Jan Haxby (NEL Clinical Commissioning Group, CCG) and the SAB wishes to thank the previous chairperson, Rob Mayall for his independent chairmanship in the preceding year. Close links with NEL Safeguarding Children Board (LSCB) are maintained with representative members on both boards, enabling synergies between the boards. Through joint ventures, the SAB has increased its capacity to communicate safeguarding information to all people across NEL and move towards a culture of shared expertise across adults’ and children’s safeguarding. Joint working across the boards allows cross-cutting themes to be tackled more effectively with the SAB and LSCB co-located, so increasing capacity for joint approach to business.

The SAB has maintained its pledge commitment to safeguarding this year, and directly contributes to NELC’s vision that “All people in NEL feel safe and are safe”. It has also introduced an Outcomes Framework that promotes effective monitoring and greater awareness of the impact and difference made to our community through our work. Working collaboratively with our partners in children’s services, we have made steps towards our aspiration for all service providers to work to shared standards, and wherever possible adopt a ‘Think Family’ approach to working with adults at risk.

3. Priorities 2015/2016 & Resulting Action

The three year strategic plan was created in 2016 and will be revised annually. The plan was developed in line with the six principles. The section below sets out the key principles of what we said we would do and what we have done so far:

Empowerment - People being supported and encouraged to make their own decisions with informed consent

1.1 The Safeguarding Adults Board will produce an information leaflet and develop a website. This will contain information about keeping safe, explain types of abuse and neglect, and contact information to be used by anyone with a safeguarding concern.

A ‘Say No to Abuse leaflet’ was produced and published in early 2017. It has been widely distributed between partner agencies, local activity areas and at social events and seminars. A joint website was

commissioned with the Local Safeguarding Children Board and the Community Safety Partnership. This is due to be launched later this year.

1.2 The board will organise campaigns and events to raise awareness of adult safeguarding.

Leading on from the success of the Elder Abuse Awareness Event held in June 2016 that show-cased topics such as Modern Day Slavery and Self-Neglect, 2017 saw the Safeguarding Matters Event. Themes covered included Domestic Abuse, Female Genital Mutilation and Prevent (the government approach to preventing radicalisation and terrorism). Further events are planned for later in the year to raise awareness of revised policies and procedures and a launch of the new website.

Prevention – It is better to take action before harm occurs.

2. All Safeguarding Adults Board partners will be required to assure the Board regularly on what they are doing to prevent abuse or neglect.

We reviewed and updated our training program that we offered to providers. This training provided clarity and direction for those conducting Sec 42 safeguarding enquiries. We conduct monthly reviews of safeguarding enquires to ensure the standard of enquiries and identify any trends or areas of concern. We conducted audits of partner agencies and providers in respect to concerns of financial and/or domestic abuse. We also completed audits to assess our understanding of female genital mutilation and safer recruitment. This year was the first time we joined with the Local Safeguarding Children's Board in their statutory Section 11 (Child Care Act 2004) audit process. This process audited understanding of safeguarding and included a challenge day where a panel interviewed representatives of partner agencies on their audits, knowledge and safeguarding practices.

Proportionality – The least intrusive response appropriate to the risk

3. The Safeguarding Adults Board will ensure that the requirements of Making Safeguarding Personal (MSP) are embedded in all safeguarding's enquires. Any actions taken are informed by the express wishes and feelings of the person at the centre of the concern when possible.

Making Safeguarding Personal (MSP) is the government term for practicing in a way that enable service users to express what they want to happen during safeguarding processes and measuring our success at achieving this. Where adults are unable to express their wishes this requires the provision of a suitable advocate to speak on the adult's behalf.

Over 2016/17 we have increased our recording of MSP and have improved the numbers and outcomes of service user satisfaction. We have also improved our activity on assessment for adults who appear to lack capacity and over 2016/17, have continued to improve and embed MSP into safeguarding practice which is included in the quarterly performance reports.

See Appendix B for figures of improvement

Protection – Support and representation for those in greatest need.

4. The Safeguarding Adults Board will require all partners to ensure that there is an up to date assessment of mental capacity where appropriate and any best interest decision on file. They will ensure that the person is supported when appropriate by an advocate or an independent mental capacity advocate (IMCA).

Management of the Deprivation of Liberty Safeguards (DOLS) remains an issue both locally and nationally. Since the Cheshire West court case, the demand for best interest assessments has

increased more than tenfold. This year the backlog of people awaiting assessment nationally is in excess of 100,000 and all local authorities are struggling to keep pace with demand. The SAB requires agencies to make every effort to address local backlogs and receives quarterly reports and updates from the MCA/DoLS lead. A recent audit of training and knowledge within healthcare highlighted discrepancies in practice that are currently being addressed through a revised training strategy.

Partnership – Local solutions through services working together with our community.

5.1 Each SAB partner will ensure their organisation upholds their collective responsibilities to safeguard adults in accordance with the requirements of the Care Act 2014.

The SAB requires assurances from all partner agencies and providers that safeguarding remains a priority. The Safeguarding Adult Referral, Significant Incident Learning Process and Good Practice Group (SAR, SILP and GP Group) continue to review individual cases where concern is raised or it is believed we could benefit from learning. The group report quarterly to both the OLG and SAB on all open cases. The SAB consider any themes or trends in safeguarding that require scrutiny and direct the Quality Assurance work group to conduct in-depth audits.

5.2 The Safeguarding Adults Board will work with the Local Children’s Safeguarding Board (LSCB), Community Safety Partnership (CSP) and other local partners when possible to promote safeguarding for all our community.

The chair of the LSCB is a board member of the SAB and both board managers have an action plan that combine areas of common interest such as Modern Day Slavery, Female Genital Mutilation and Prevent. We share audit processes and learn from reviews. The board works with the Community Safety Partnership (CSP) on both Prevent and Channel, the chair of which sits across children and adult’s services.

Accountability – Accountability and transparency in delivering safeguarding.

6.1 The Safeguarding Adults Board will agree and maintain local multi-agency safeguarding adult’s policies and procedures for all partners to use.

Work continues nationally to agree benchmarking within adults. Locally we have developed our own dataset to help identify trends and inform outcomes and begin to set local standards. Known as the Performance Wheel and developed by the Performance and Workforce Development Group, it allows the SAB to maintain oversight of the safeguarding referrals, enquiries made, types of abuse and the outcomes for those subject to enquiries.

The current multi-agency policy and procedures are due for revision later this year. Recently the board identified the need for a more robust system for managing allegations against professionals and adults in a position of trust. A protocol has now been written and is due for implementation imminently.

6.2 The Safeguarding Adults Board will produce an annual report explaining what it has done and how its partners have helped to keep people safe in North East Lincolnshire.

A statutory requirement, this report highlights what the board has achieved and what it seeks to achieve in the current and coming financial year

4. Safeguarding Performance & Scrutiny

The management and performance of safeguarding practice is monitored and overseen by the SAB via quarterly performance management reports on statistical data and output activity. The reports focus on highlights and exceptions that affect outcomes for adults, such as contract compliance, serious incidents in health settings and Deprivation of Liberty Safeguards (DoLS) issues. Where appropriate, individual cases such as those managed within the Safeguarding Adult Review (SAR) framework are administered via the SAR subgroup and overseen by the SAB to ensure quality and compliance.

Work continues on the area of the submission by commissioned providers of monthly 'low level reports' i.e. reports on minor incidents or practice shortfalls that although they would not merit a safeguarding enquiry, have been dealt with on a formal basis by the relevant provider. Low level reporting contributes to the overall requirement of safeguarding performance data and is the vehicle by which providers can evidence the actions they have taken to address minor issues that, if left unchecked may have led to or developed into more serious problems. A further benefit of receiving all providers' low level reports, is to enable emerging patterns to be identified and reassure safeguarding services that providers resolve minor issues appropriately and swiftly. This year members of the Safeguarding Adults Team (SAT) engaged with providers to increase consistency around the practice and reporting.

5. SAB Members Contribution to Safeguarding

5.1 Director of Adult Social Services (DASS)

During 2016/17, the DASS has been working to strengthen the performance arrangements for safeguarding and provide assurances that provider settings are as safe and effective as they can be. Proposals for closer working with the CCG have been developed during the year to ensure that greater benefits can be derived from shared resources and skills through closer collaboration on commissioning. This will ensure a more consistent approach to quality, safeguarding and workforce practice across the whole health and social care system.

The web-based portal which was developed to ensure that low level incidents can be reported and tracked is developing well and agencies in North East Lincolnshire are identifying and tracking the early signs and symptoms of failing services more consistently. The data on the portal is reviewed and overseen by the Market Intelligence and Failing Service Group (MIFS). This is now a well-developed and mature multi-agency forum hosted by the CCG to agree actions in response to the feedback received.

During the year, actions in response to the peer challenge assessment were completed and the Operational Leadership Group has continued to deliver against the Safeguarding Adults Action Plan, including resourcing a new joint website with the local Safeguarding Children Board.

5.2 NEL Clinical Commissioning Group (CCG)

NHS NEL CCG is committed to working with partner agencies to ensure the safety, health and well-being of all people living in NEL.

The CCG is responsible for delivery of the LeDeR programme – Learning Disability Mortality Review Programme, which aims to drive improvement in the quality of health and social care services delivery for people with learning disability, and links into SAB systems.

The Director of Quality and Nursing, reporting to the CCG Chief Officer, is the Executive Lead for Safeguarding Adults across North East Lincolnshire. The Designated Nurse for Safeguarding reports

to the Director of Quality & Nursing and regularly collaborates with Focus Safeguarding Adults Team, providing advice and support on health related issues in safeguarding cases.

The CCG Safeguarding Policy has been revised to ensure robust reporting mechanisms from providers to ensure adequate scrutiny of safeguarding arrangements in nursing homes, residential units and domiciliary care so that issues are noted and addressed swiftly and urgent issues prioritised. The provider data returns are scrutinised so that providers can be challenged through contract compliance.

NELCCG provides the link with Primary Care services and the Designated Nurse has undertaken audits and works closely with the Named GP for Safeguarding Adults to promote practice improvement in their contribution to safeguarding adults.

The CCG Designated Nurse chairs a Health Forum comprised of senior safeguarding leads from all NEL health organisations in which safeguarding strategy and operational delivery can be supported, challenged and developed.

5.3 Humberside Police

Humberside Police co-ordinates safeguarding through a Central Protecting Vulnerable Peoples Unit (PVPU) based within Communities Command. From April 2016 – March 2017 there have been over 200 Safeguarding Adult referrals made by Humberside Police.

Via a dedicated Detective Sergeant co-located within the Local Authority, police work in partnership to meet the safeguard the needs of adults and children ensuring engagement with front line Officers and Communities Officers to bring safeguarding into the heart of the NEL community.

During the year training has been delivered to all front line Officers in Communities and Specialist Teams to raise awareness of vulnerability across adults and children. The course was facilitated jointly by Police and Local Authority colleagues and included training focused on the Care Act, safeguarding adults, referral processes and allegations management.

Police have actively engaged in a number of Safeguarding Adults Reviews and multi-agency audits and disseminated this learning across the organisation where appropriate.

Humberside Police is committed to sharing safeguarding information in respect of allegations against those working with adults at risk of abuse or neglect and to this end to advise on disclosure to employees and partner agencies following DBS checks or safeguarding allegations being reported to the Police.

5.4 Adult Mental Health Services (NAVIGO)

NAVIGO is the commissioned provider for adult mental health services and is represented on relevant safeguarding boards and groups including the SAB Operational Leadership group, Channel and Prevent and works closely with focus Independent Social Work Practice and all other providers. Over the year NAVIGO has worked to increase the numbers of mental health staff receiving safeguarding training.

During the year NAVIGO has contributed to a number of enquiries that are complicated by mental health issues or where allegations have been made against professionals. NAVIGO is committed to the NELSAB priorities for 2016/17 through:

- Embedding the ethos of “Making Safeguarding Personal” across the organisation
- Greater awareness of safeguarding within NAVIGO through the interface with the public

- A tighter approach to data collection to show a positive impact on safeguarding
- Incorporating learning from SARs and SILPs into training and practice improvement

5.5 Health (NLaG)

Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) is an NHS Trust covering Northern and North East Lincolnshire and providing hospital and community services to our local population. NLaG is committed to the safety and wellbeing of all patients in their care especially those who are deemed to be at risk and in need of safeguarding.

The Trust has an identified leads for Safeguarding across the 3 local authority areas including leads for Learning Disabilities, Dementia, Privacy and Dignity; Mental Capacity Act and Deprivation of Liberty Safeguards all posts being held by senior staff within the organisation.

There is commitment to attending and contributing to the Local Safeguarding Adult Boards (LSAB) and NLaG is actively involved in case audit as part of the partnership working across the 3 LSABs. Within routine investigations, the team undertakes regular reviews of case records and implements action plans where improvements are necessary.

Safeguarding adult training continues to be a key area of focus within the Trust with 85% of staff trained to recognise and respond appropriately when areas of concern are noticed. Training is regularly reviewed to ensure staff members recognise the changing face of safeguarding including Modern Day Slavery, Financial Exploitation and Female Genital Mutilation. Specific training is delivered on Prevent to help staff identify adults at risk of extremism and radicalisation. Where Safeguarding referrals are made, these are completed in agreement with the client where safe to do so having regard to the Making Safeguarding Personal (MSP) agenda.

Domestic abuse is a significant issue across Humberside with a 17% increase during 2016 – 2017. The Trust sits on MARAC panel in NEL and within the safeguarding team has two independent Domestic Violence Advocates who provide one-to-one work with victims and support staff. During 2016/17 the trust underwent an inspection by CQC. The full report can be found by following [this link](#).

5.6 National Probation Service

The role of the National Probation Service (NPS) is to protect the public, support victims and reduce re-offending. It does this by assessing risk and advising the courts to enable the effective sentencing and rehabilitation of all offenders. NPS works in partnership with Community Rehabilitation Company (CRC) and other service providers working with offenders in the community or prior to their release from custody.

The NPS has a key safeguarding role in protecting and promoting the welfare of adults at risk. NPS acknowledges the important contribution it can make to the early identification of care and support needs for an offender in the community, as well as cases where an offender who is also a carer needs support. It is also important that staff identify at an early stage offenders who have care and support needs, and offenders who are carers in need of support, taking appropriate action where those needs are unmet.

The NPS is responsible for delivery of the statutory victim contact scheme. All staff carrying out victim contact work should be alert to adult safeguarding concerns.

The duties and responsibilities imposed by the Care Act were the catalyst for the creation of the Humber Modern Slavery Partnership which comprises one joint Strategic Partnership Board

spanning all four Local Authority areas within the Humberside region. Though still in its infancy, the Partnership has proved to be dynamic with HMPPS being integral to the Partnership, represented at Senior Probation Officer level. A North East Practitioner event is being planned during 2017/18 to increase the focus upon identification of Modern Slavery across the Division and nomination of office champions within each Local Delivery Unit.

5.7 Community Rehabilitation Company

Humberside, Lincolnshire and North Yorkshire Community Rehabilitation Company (HLNY CRC) is responsible for supervising offenders within the community. HLNY CRC is owned by Purple Futures, an Interserve led partnership and works with low to medium risk service users who are serving community based sentences or who are on post custody licence. CRC also supports victims of domestic abuse through our Partner Link Workers who support the victims of service users completing the Building Better Relationships programme.

This year has seen HLNY CRC make significant progress in embedding a service delivery model 'Interchange' which is strengths based and founded upon forming personalised plans for each service user.

CRC has also commissioned specialist service-user support services from Empower to assist with mentoring support as well as the 'Hands On Project' which offers service users positive work experience. Lincolnshire Action Trust (LAT) has also been commissioned to support female service users who receive a bespoke support package including supervision at the Women's Centre in collaboration with Women's Aid. Service users with the most chaotic and intensive needs benefit from P3; CRC's partner agency which specialises in intensive support for service users who are difficult to engage. In December 2016, CRC welcomed two P3 link workers to the Grimsby team, both of whom have supported high need service users to achieve positive outcomes.

Over 2016/17 HLNY CRC established a Service User Council in conjunction with User Voice and have Grimsby service users represented on the council which is integral to providing feedback and service user assurance to CRC service delivery.

CRC works in close collaboration with NAViGO adult safeguarding services and contributes to MARAC and the Domestic Abuse One System Approach action plan. Over the next year CRC is planning a group work programme Breaking Free which addresses substance misuse.

5.8 focus Independent Social Work Practice

The main role of the Safeguarding Adults Team (SAT) is to provide the response to safeguarding concerns on behalf of NELC as defined by Section 42 of the Care Act 2014. The team provides a training and awareness-raising function and supports the processing of MCA/DoLS authorisations on behalf of NELC. The SAT practitioners are all Best Interest Assessors for MCA/DoLS, and the team has undergone a restructure this year to create additional capacity to meet increasing demands for both Safeguarding activity and MCA/DoLS.

In 2016/17 - 1259 concerns were raised, with 578 being progressed to enquiry – the remainder were signposted to other, more proportionate pathways, such as case management for a care assessment, or other relevant direct access services. Of those enquiries completed within the year, 93% saw the risk being either removed or reduced. In the 7% of cases where risk remained, this was either because valid consent was withdrawn to proceed, or the source of risk could not be identified,

for example, in an undetected crime. In the cases where an individual told the SAT what they wanted the outcome of the enquiry to be, the SAT were able to either partially or fully achieve this 97% of the time.

There are also occasions where concerns are raised about a whole care service, for example a care home, hospital, or domiciliary care provider – for these cases, the SAT work together with the care provider, the CQC (regulators), and the NEL CCG (commissioners) to resolve issues. There were 55 enquiries of this type last year, and in 100% of these cases identified risks were either reduced or removed.

Last year the *focus* Workforce Development Team coordinated 31 safeguarding specific training sessions with 360 delegates in attendance. Fourteen MCA training sessions were also provided for 281 delegates. Training sessions continue to be reviewed to reflect legislative changes, case law, and best practice.

Case Study

Agencies worked together to stop an individual from misusing an LPA for property and finance for an elderly relative. A significant debt had accrued for care costs, and family savings had been spent. The safeguarding intervention ceased this activity, and although a prosecution could not be secured, the LPA was surrendered and alternative arrangements made for managing the finances more effectively. Partner agencies worked very well together in exploring all of the options and reaching the best outcome possible.

5.9 Healthwatch

Sam O'Brien continues to attend the Safeguarding Adults Board on behalf of Healthwatch North East Lincolnshire (HWNEL) and provides feedback to the HWNEL Executive Board. HWNEL has a procedure for escalating serious safeguarding matters emerging through our activities under 'Enter And View' to the Adult Safeguarding Team at Focus and encourages informants to report direct. Healthwatch also takes up lesser concerns, emerging through 'Enter and View' activity, with the CQC agreeing next steps where appropriate. HWNEL had a stall at the Adult Safeguarding Conference on 6 June 2017.

5.10 NHS England

NHS England ensures the health commissioning system is working effectively to safeguard adults at risk of abuse or neglect. NHS England is the policy lead for NHS safeguarding working across health and social care.

Representatives from the Yorkshire and Humber Safeguarding Network attend the national Sub Groups, which have included priorities around Female Genital Mutilation (FGM), Mental Capacity Act (MCA), Child Sexual Exploitation (CSE) and Prevent.

NHS England has responsibility for sharing pertinent learning from safeguarding serious incidents across Yorkshire and Humber and more widely. Learning has also been shared across GP practices and pharmacists via quarterly Safeguarding Newsletters, and one for optometrists and dental practices is scheduled for March 2017.

During 2016/17 a review of systems for recording safeguarding incidents and case reviews across the North Region was undertaken to support the identification of themes, trends and shared learning.

NHS England works in collaboration with CCG professionals to ensure recommendations and actions from these reviews are implemented.

NHS England has updated and is due to circulate the Safeguarding Adults pocket book which is very popular amongst health professionals and has launched the NHS Safeguarding Guide App and a North region safeguarding repository for health professionals.

NHS England North developed a Safeguarding Assurance Tool for use with CCGs across the North Region, which was implemented in 2016/2017. NHS England North Regional Designated Nurses reviewed all action plans to identify key themes and trends across the North Region and identified common areas requiring support. Themes from this process have influenced the commissioning of leadership training for safeguarding professionals and there are future plans for a national assurance tool for CCGs.

Over the last 2 years a focus on improving the lives of people with learning disabilities and/or autism (Transforming Care) has been participated in by NHS England. In November 2016 the national Learning Disabilities Mortality Review (LeDeR) Programme has been established following the Confidential Inquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD).

A national database has been developed and anonymised reports will be submitted. This will allow, for the first time, a national picture of the care and treatment that people with learning disabilities receive.

6. Work Group Activity

6.1 SAR, SILP & Good Practice Group

Under the 2014 Care Act, SABs are responsible for conducting Safeguarding Adults Reviews (SARs). The SAR criteria is stipulated within the Care Act guidance but does not preclude conducting reviews of cases falling outside of this criteria where it is believed lessons can be learnt. In NEL, reviews that fall outside of the SAR criteria are conducted under the Significant Incident Learning Process (SILP) utilising a proportionate process determined on a case-by-case basis.

This year the SAB has not conducted any SARs but accepted 4 referrals that were reviewed under the SILP process. Currently there are two SAR's being conducted which will be reported on in the next annual report.

One SILP was completed, which was referred during 2016/17. This case highlighted the need to work closely with families and ensure clear communication between agencies. Feedback has been provided to the involved agencies following a review of their own practices. The learning from this SILP has been shared with the Learning and Workforce Development Group to be incorporated within their training packages.

The SAR group has also supported Lincoln SAB in undertaking a cross-boundary SAR. Health agencies have provided the necessary information to Lincoln SAR panel and the Board Manager has been working closely with his counterpart in Lincoln to support this.

The SAR/SILP Process has been developed during the year, to provide a succinct pathway for referring into the SAR/SILP group, and ensure that all agencies understand the requirements and the process. The SAR, SILP and Good Practice Group continues to gather the learning from reviews undertaken at a regional or national level.

6.2 Learning and Workforce Development Group

The LWD group have further developed some joint working initiatives regarding raising awareness about national safeguarding concerns such as Modern Slavery, and Female Genital Mutilation (FGM). Some joint training has been delivered, and access to e-learning resources made available.

A Safeguarding Champions network has been developed to promote updating and learning for key practitioners across all agencies, and the Trainers network has merged with this group to minimise the demand on practitioners and providers for attendance of meetings.

The safeguarding training that focus provides across the partnership is being reviewed and updated throughout 2016/17 to ensure that signposting to MCA training is included in the packages.

The portfolio of MCA training is also under review to ensure that current and emerging case law continues to be incorporated into training materials. Issues for inclusion in next year's work plan have been identified to include best practice for whistle blowing, and protocols cases involving self-neglect and hoarding.

See Appendix C for details

6.3 Communications and Engagement Group

The Communication and Engagement Sub Group has continued to focus achieving the actions of the work plan; subsequently 2000 copies of the plain English booklet 'Say no to abuse' have been printed and circulated and a Safer North East Lincolnshire website will be launched later in the year which brings together the activities of the SAB, the LSCB and the Community Safety Partnership. In addition, a well-attended Professionals Information event, 'Safeguarding Matters' was held in June with a further event planned for later in the year to coincide with the launch of the website and revised policies and procedures. The Sub Group is in the process of reviewing the work plan and will have a particular focus on raising public awareness during the next year.

6.4 Quality Assurance and Performance Group

Information and data from across the safeguarding partnership, continues to gathered and analysed on a quarterly basis for reporting to the NELSAB. A key area for scrutiny of the performance data this year has been regarding the reporting on Making Safeguarding Personal. The NELSAB requires assurance that safeguarding interventions are person centred and achieve the outcomes that individuals have identified at the start of the process. Where outcomes are not achieved, commentary has been supplied to the NELSAB on a case by case basis to provide an explanation of why this has not happened.

Compliance to reporting procedures has also been an area of focus, especially with regard to the submission of low level reporting by independent providers. Additional guidance has been circulated and a workshop has been delivered to a target group of providers. This has resulted in an increase in the percentage of reports submitted from 69% at the end of 2015/16, to 76% at the end of 2016/17. Work on this area of compliance continues.

A programme of dip sample audits of safeguarding activity also took place throughout the year to provide additional assurance to the board. There were no significant errors reported. A programme of more detailed themed audits is to be planned for 2017/18.

See Appendix B for details

6.5 Provider Forum

The Provider Forum was combined with the CCG Long Term Provider Forum to ensure a wider participation of providers. The group has an attendance representative of around a third of commissioned provider organisations. It has continued to contribute to the development and implementation of the work of the SAB and are due to assist with the launch of the DASM protocol and the implementation of Mental Capacity Act legislation. Close working with the OLG has led to a greater understanding and recognition of the constraints, pressures and the management of expectations, especially in relation to DoLS applications. A review of the efficiency of the current Provider Forum arrangements has recognised that attendance and representation is limited due in part to the capacity and resources available for providers to release attendees.

Work is planned in this area for the year ahead to build on the engagement of providers and increase the support they offer to the SAB's activities to promote new policies and practices being embedded more quickly, offer better care and improved outcomes to adults.

6.6 MCA/DoLS

It has been another interesting and challenging year for the Mental Capacity Act/deprivation of liberty safeguards (MCA/DoLS) system on a national scale. The Law Commission published their recommendations for revising the DOLS process in March 2017. The government has however, yet to make a formal response to the proposals, but it seems unlikely that the reforms will be given parliamentary time before 2019. It is therefore possible that some interim or emergency proposals may be put forwards but this is not yet clear.

In North East Lincolnshire, the management of the impact of the Cheshire West judgement continued to be the key focus of activity including commencing work on potential DOLs in "none standard settings" e.g. supported living or a person's own home. Approximately 120 cases have been identified for review and depending on the outcome possible applications to the Court of Protection. DoLS applications received this year reduced slightly but there continues to be a significant number of cases unallocated.

To ensure that limited resources are prioritised appropriately, the safeguarding team continue to use a modified version of the national association of directors of adult social services (ADASS) risk assessment tool supported by robust 'waiting list' monitoring. The training of additional BIAs has also been undertaken to increase the cohort of staff able to undertake the assessments.

Supported by Internal Audit the DoLS team and Best Interest assessors conducted an audit to establish the experience of the person being deprived. Where a person had capacity to comment on their experience and was willing to do so, their feedback was recorded.

Showcard's were used to ask subjects four basic questions, designed to elicit their understanding and experience of the DoLS authorisation assessment and its context. Nearly one third of those asked were able to give their own responses and all responses were positive. Seeking feedback from P is now a routine part of the DoLS authorisation process

Where this was not possible BIA's approached relevant carers. The findings of the audit resulted in the process of recoding feedback becoming embedded in the day to day assessment of a BIA.

A telephone referral process has now been fully implemented and feedback from Managing Authorities (MA) has shown that this is preferred and has reduced the submission of some unnecessary applications.

DoLS quality assurance (QA) Panel continues to implement a simple assessment rating process to ensure that North East Lincolnshire council meets the legal requirements and subjects BIA's practice to robust scrutiny.

See Appendix D for details

6.7 Domestic Abuse

The One System Domestic Abuse Strategy 2016 to 2019 aimed to explore options for a self-referring perpetrator programme, as well as investigating community involvement and community based prevention models, by April 2017.

Preparations for accreditation for White Ribbon status were made and a new (Humberside wide) service was made available for fleeing victims of Domestic Abuse who are unable to live in a communal refuge, due to their complex needs. Funding for two new IDVA's and a Complex Case Worker was accessed; boosting the support we are able to provide to high risk DA victims.

Recorded Domestic Abuse incidents have increased from 4,600 in 2015/16 to 5,200 in 2016/17.

Evidence suggests though, that the recorded numbers are still somewhat short of the actual number of incidents. The % figure for MARAC repeats (perpetrators going back for discussion at MARAC within a year) went down from 43% in 15/16 to 33% in 16/17. This is extremely pleasing in that this suggests that victims are being well supported after MARAC and perpetrators are being well managed.

6.8 Prevent/Channel

Our responsibilities for Channel and Prevent are statutory and we are committed to comply with this and work to ensure our communities were safe and vulnerable people were support and 'channelled' away from becoming involved in extreme acts or committing associated offences. From April 2015 NEL assumed delegated responsibilities under Prevent Home Office guidance for coordinating, chairing and managing Channel provision. Channel is the Prevent component that deals with identification, assessment and support of children and adults, vulnerable to the risk of being radicalised or drawn into right wing extremist and terrorist activities. The multi-agency Channel Panel is chaired by the Strategic Safeguarding Manager and is well attended by Police, Youth Justice Services, Adult Mental Health Services, Children's Health, Education and Children's Social Work Services.

The Channel panel has met on a monthly basis throughout 2016/17 and the Police and Chairperson have met prior to each panel to discuss new referrals and any emerging issues on open cases. During the year the panel has considered over 40 cases referred via the Police Prevent Officer, focusing on risk-assessment and, where appropriate, agreeing interventions and support packages to reduce vulnerability and promote mainstream and non-threatening activities.

32 referrals were for children and young people under the age of 18 and 9 were adults with the majority of young people being male. The majority of cases dealt with at panel were males and most featured mental health issues or learning disabilities. The most prevalent vulnerability stemmed from right wing extremism.

In all cases managed by the panel, agreed packages of intervention and support have been put in place and where necessary signposted to support services, including child protection, early intervention and mental health services. Two adult females dealt with were at risk of becoming radicalized and in one case, partnership working with children's safeguarding and the family courts resulted in preventing travel by a vulnerable family to Syria.

The panel has also accessed Home Office designated specialist resources in one case of an adult at risk of being radicalized, working closely with the local mosque and providing a 'counter-narrative' to the indoctrination accessible via the internet. It has also worked with the armed forces recruitment section and with adult education in a number of cases vulnerable to right-wing extremism.

All closed cases have been reviewed at a 6 month and 12 monthly interval and no closed cases have been re-referred – indicating that the packages of support or intervention have been appropriate and effective. Only one of the cases managed via Channel has had to be escalated for police interventions but in the event, no police action had to be taken as the individual's needs were met effectively via mental health services.

7. The Year Ahead

We continue to be directed by our three year strategic plan, maintaining a simple and pragmatic approach to our work. Our priorities continue to reflect the 6 principles of safeguarding and our local vision. These principles ensure that our aims and goals remain in our sights. Raising awareness, providing assurance and being accountable underpin our plans and will direct subgroup activity.

We will endeavour to maintain and improve close relationships with all of our partners including the LSCB and Community Safety Partnership. We aim also to promote greater involvement by regulatory bodies such as CQC and CCG commissioning teams and keep safeguarding at the forefront of everything we do by ensuring we engage with both commissioned and non-commissioned providers. In 2016/2017 the working relationship between adult's and children's services has seen notable improvements in terms of efficiency, effectiveness of practice and policies and we will continue to seek further synergy between the boards.

Finally, and perhaps most importantly, we will continue to endeavour to reach out to all adults at risk of abuse or neglect and in doing so, take steps to ensure that their voices are heard and they not only feel safe but are safe and able to access the right services at the right time to protect them and minimise & prevent harm.

We will do this by:

- Demonstrating and sharing our commitment to 'ensuring that Safeguarding is everybody's business' - with our internal and external partners and the wider community
- Establishing a culture that recognises and does not tolerate abuse
- Educating professionals and the public on how to spot the signs of abuse and to do something about it
- Work in ways that enable adults at risk of abuse and neglect to make their own decisions and choices and encourage others to do the same
- Ensure the voices of adults at risk of abuse or neglect, and their carers, are heard and acted upon
- Strive to provide the victims of abuse or neglect with the outcomes they want, and those that are right for them as individuals
- When abuse happens, provide support to those affected in order to:

- stop the abuse occurring or continuing
 - ensure that perpetrators are dealt with properly and swiftly
 - ensure access to services is available for those most vulnerable at the time they are needed
- Share learning and solutions from all resolved issues far and wide so NEL as a whole can feel safe and be safe

8. Appendices

Appendix A



Current membership is as follows:

Jan HAXBY: Board Chair and North East Lincolnshire Clinical Commissioning Group (NELCCG) Director of Quality

Cllr Jane HYLDON-KING: NELC Deputy Leader and Portfolio Holder for Adults

Joanne HEWSON: Director of Adult Social Services

Bev COMPTON: Director of Adult Services

Sue SHERIDEN: NEL Strategic Safeguarding Manager for Children and Adults

Detective Superintendent Dave WOOD: Protecting Vulnerable People Unit, Humberside Police

Nick HAMILTON-RUDD: Head of Humberside NPS (North and North East Lincolnshire)

Becky BAILEY: Interchange Manager for the HLNy Community Rehabilitation Company

Joe WARNER: Chief Executive of focus Independent Social Work Practice

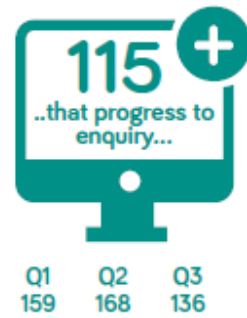
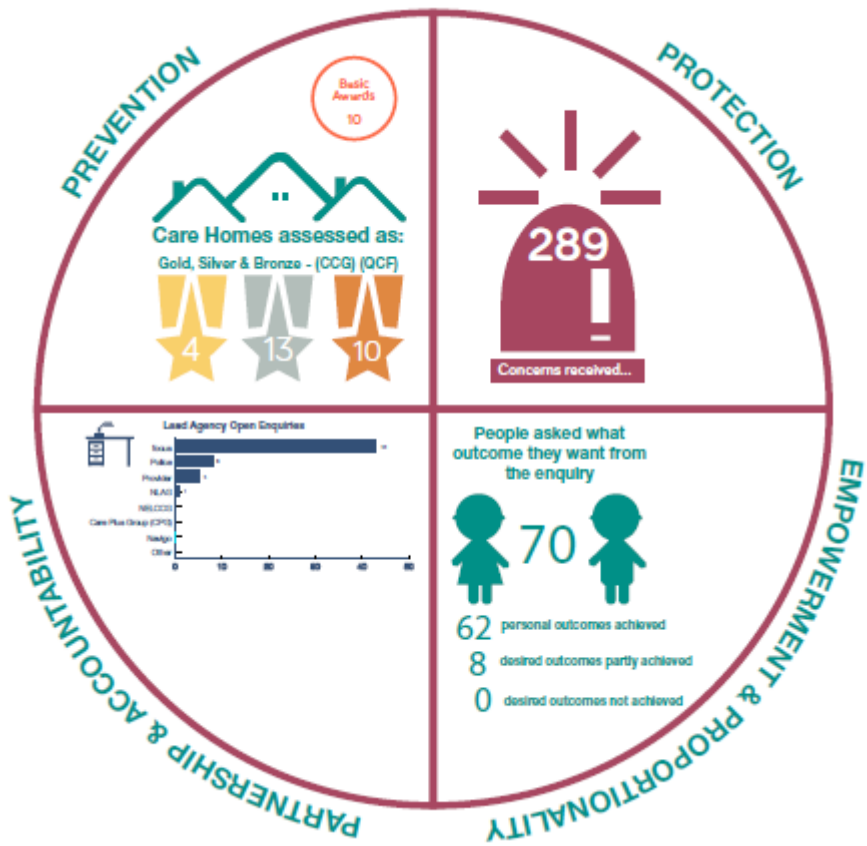
Julie WILBURN: NELCCG Designated Nurse for Safeguarding Adults

Angela TEW: Care Quality Commission (CQC) Inspection Manager

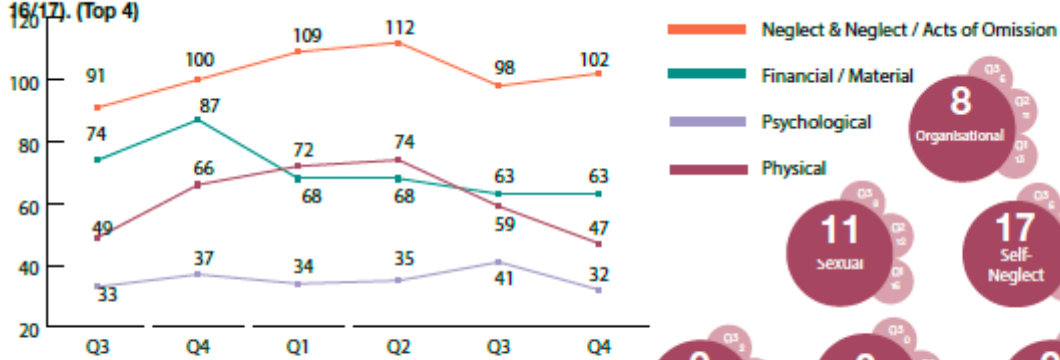
Craig FERRIS: Northern Lincolnshire and Goole (NLAG) NHS Head of Safeguarding

Sam O'BRIEN: Healthwatch

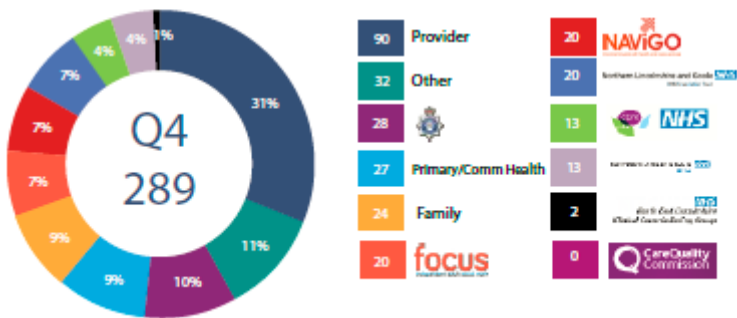
Stewart WATSON: NELSAB Business Manager



No of Concerns by Type of Abuse (Rolling Year 2015/16-16/17). (Top 4)



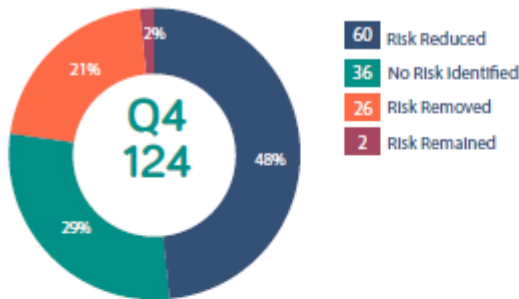
Source of Concerns (top 12 this Q)



Please see Appendix on page 9 for explanations



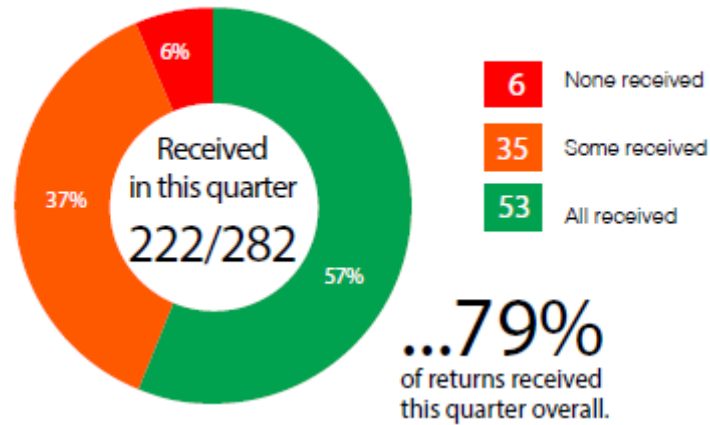
Action taken from COMPLETED



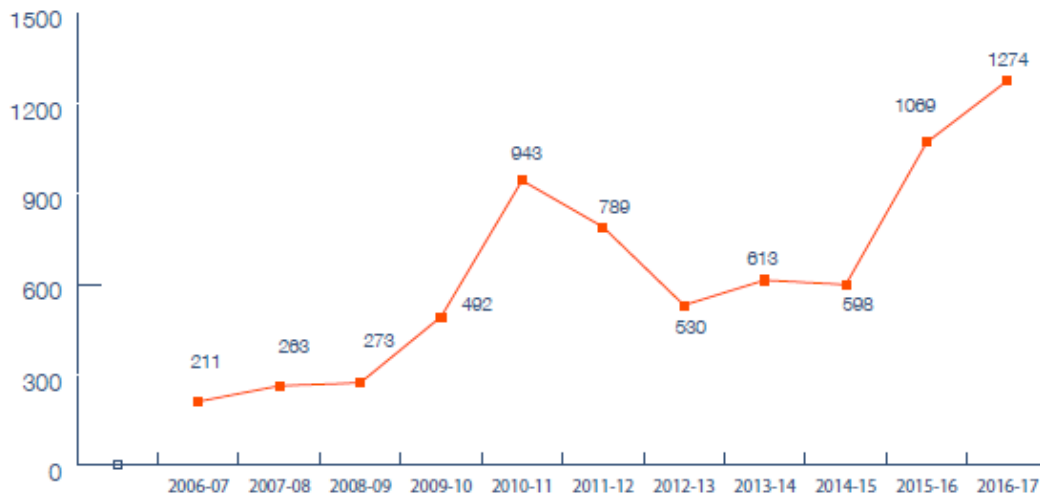
People asked what outcome they want from the enquiry



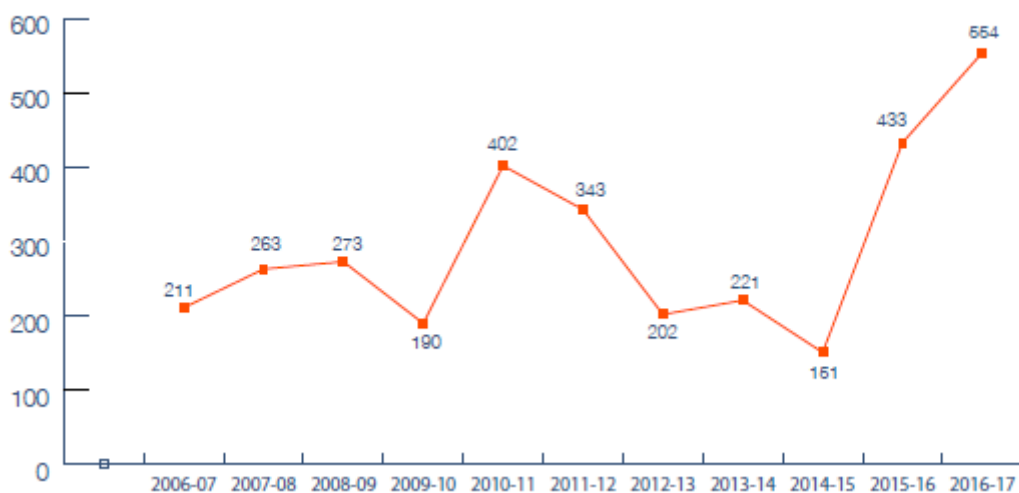
Low level report logs received from organisations



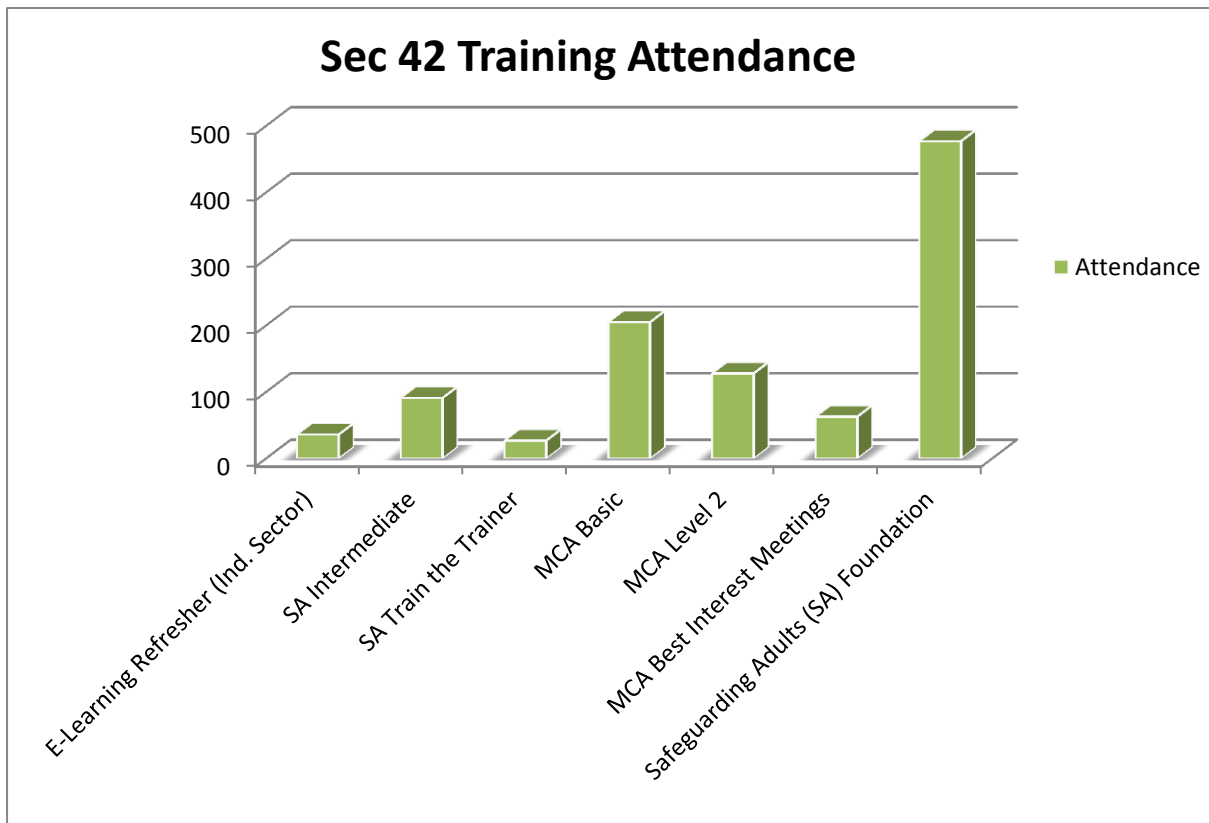
Number of Safeguarding Adults Concerns by Year



Number of Safeguarding Adults Enquiries/Investigations Completed by Year

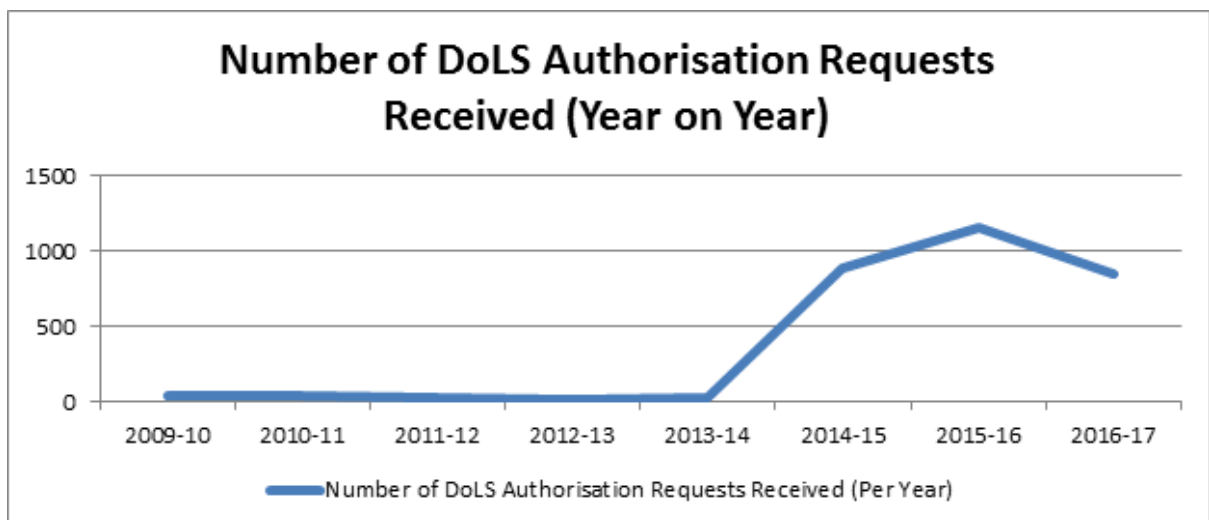


Appendix C

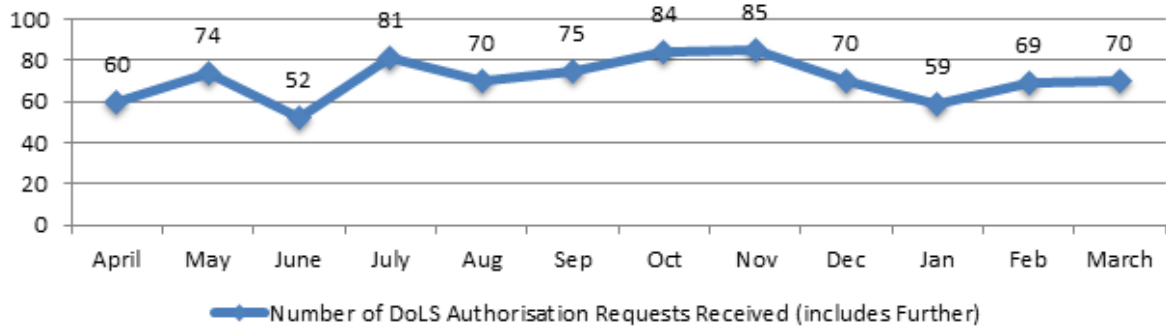


Appendix D

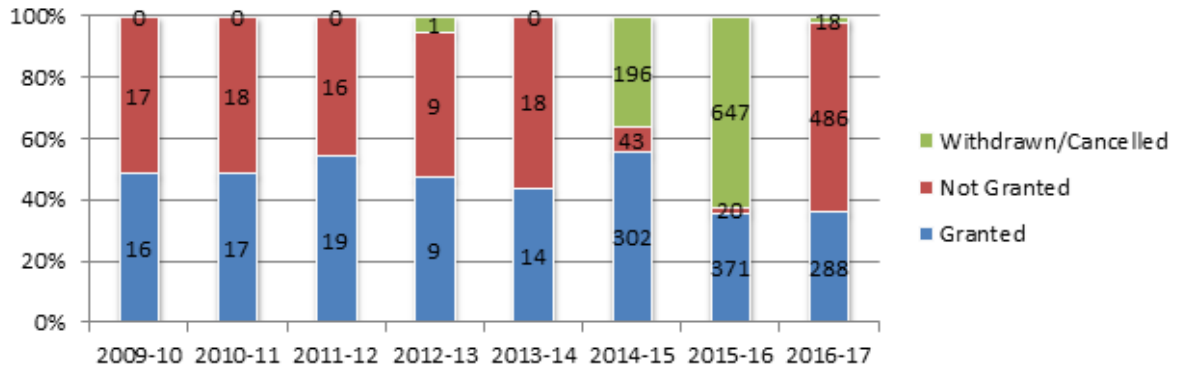
MCA DoLS



Number of DoLS Authorisation Requests Received (month on month)



No. of DoLS requests processed by decision type (year on year)



No. of DoLS authorisation requests by decision (month on month)

