



**North East Lincolnshire  
Safeguarding Adults Board  
Annual Report  
2017/2018**

## Foreword

This report for 2017/18 details 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 for a number of reasons such as 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 and work is currently underway to explore how best to implement these changes.

## Contents

Foreword	2
1. Background & Local Context 1.1 North East Lincolnshire Safeguarding Adults Board (NELSAB)	4
2. Structure and Governance 2.1 NELSAB Structure, Framework & Membership 2.2 Chairing arrangements and interface with children's safeguarding	4
3. Priorities 2017/2018 & Resulting Action	5
4. Safeguarding Performance & Scrutiny	7
5. SAB Members Contribution to Safeguarding 5.1 Director of Adult Services (DASS) 5.2 NEL Clinical Commissioning Group 5.3 Humberside Police 5.4 Adult Mental Health Services (NAVIGO) 5.5 Health(NLaG) 5.6 National Probation Service 5.7 Community Rehabilitation Company 5.8 focus Independent Social Work Practice 5.9 Healthwatch 5.10 NHS England	8
6. Work Group Activity 6.1 SAR,SILP & Good Practice Group 6.2 Learning and Workforce Development Group 6.3 Communications and Engagement Group 6.4 Quality Assurance and Performance Group 6.5 Provider Forum 6.6 MCA/DoLS	16
7. The Year Ahead Case Study	22
8. Appendices Appendix A - NELSAB Structure and Membership Appendix B – Performance Data Appendix C – Sec 42 Training Appendix D – MCA/DoLS Data	24

## 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 126,000 are adults over eighteen years of age. The proportion of those over the age of 65 is increasing.

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.

People that fall into this category are referred to as 'adults at risk'.

## 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 Director of Adult Social Services (DASS), Bev Compton, 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 is now stable and the SAB's relationship with the workgroups is strengthened through the Operational Leadership Group (OLG) process that effectively highlight

those issues that require the board's attention. The OLG, chaired by the DASS, meets quarterly to monitor performance and review reports to be presented to the SAB.

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, from NEL Clinical Commissioning Group (CCG). Close links with NEL Local 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 approaches 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 2017/2018 & Resulting Action

The three year strategic plan was created in 2016 and has been 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

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.

*The Safer NEL website has been developed and is now operational. In the first month of its launch it had over 11,000 visits with an average time of over a minute spent on each page view.*

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

*Leading on from the success of events in 2017, this year the Mental Capacity Act Group launched a series of events to refresh people's awareness of the issue. A special 'Unwise Decision Making' daylong event was held for both practitioners and strategic leads. The newly introduced 'People in a Position of Trust (PiPoT)' protocol was also rolled out with a series of awareness events.*

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

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 current workforce development strategy. A 'Safeguarding Champions Network' was formed and now meets regularly to discuss cases, ensure good practice and lessons learnt is disseminated throughout agencies. We continue to audit and dip sample cases when patterns or themes emerge.*

#### **Proportionality – The least intrusive response appropriate to the risk**

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 2017/18 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 2017/18, have continued to improve and embed MSP into safeguarding practice which is included in the quarterly performance reports.*

#### **Protection – Support and representation for those in greatest need.**

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.*

*North East Lincolnshire's MCA Strategic Network (the Network) has now been aligned to the SAB and renamed the MCA Group. A detailed terms of reference has been drawn up and the group now report regularly to the SAB so that there is clear governance and oversight.*

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

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.*

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.*

## **Accountability – Accountability and transparency in delivering safeguarding.**

The Safeguarding Adults Board will agree and maintain local multi-agency safeguarding adults 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 Quality Assurance and Performance 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 were revised and shared via our website, and the introduction of a Designated Adult Safeguarding Manager with responsibility for overseeing the new PiPOT protocol has been implemented.*

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) have engaged with providers and increased consistency around the practice and reporting.

## **5. SAB Members Contribution to Safeguarding**

### **5.1 Director of Adult Social Services (DASS)**

During 2017/18, the DASS strengthened the performance arrangements for safeguarding and assurance that provider settings are as safe and effective as they can be. Closer links with the North East Lincolnshire Clinical Commissioning Group (CCG) under the formation of the 'Union' ensured greater benefits from shared resources and skills through closer collaboration on commissioning. This ensured 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 were reported and tracked is now established and being utilised by agencies in North East Lincolnshire 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.

The Operational Leadership Group under the direction of the DASS has continued to deliver against the Safeguarding Adults Action Plan, including the construction of the new joint website with the Local Safeguarding Children Board and Community Safety Partnership under the guise of 'SaferNEL'.

### **5.2 NEL Clinical Commissioning Group (CCG)**

North East Lincolnshire Clinical Commissioning Group (CCG) is committed to working with partner agencies to ensure the safety, health and well-being of the local people in North East Lincolnshire. Protecting adults at risk is a key part of the CCG's approach to commissioning and, together with a focus on quality and patient experience, is integral to our working arrangements. The CCG approach to adult safeguarding is underpinned by quality and contracting systems and processes that aim to reduce the risk of harm and respond quickly to any concerns.

The CCG has a duty to take additional measures in establishing effective structures for safeguarding within their organisation. This includes the development of a clear strategy, robust governance arrangements and leadership across the local health economy.

The Designated Nurse regularly collaborates with *focus*' safeguarding adults team, providing advice and support with any health related issues presenting within safeguarding cases. The CCG actively monitors the quality of nursing and residential homes and domiciliary care to ensure any issues are

addressed and remedied at the earliest possible point. This is often undertaken in collaboration with CQC and other partner agencies.

The CCG Safeguarding Policy has been revised to further ensure robust reporting mechanisms from providers to ensure adequate scrutiny of their safeguarding arrangements. The policy includes a number of standards to be met and are included in all contracts for providers of commissioned NHS health services. The returns are scrutinised and providers can be challenged through contract compliance.

The CCG has robust mechanisms for capturing and responding to any concerns early and taking appropriate actions with partners and with Regulators where required.

The CCG has been pivotal in piloting a Domestic Abuse drop-in service within two Primary Care venues, which aids staff to quickly respond and support victims of domestic abuse.

The Designated and Specialist Nurses for Safeguarding engage with Primary Care in a number of ways:

- The CCG has established a GP Safeguarding Leads Forum to further support these roles and increase awareness of emerging safeguarding issues.
- A programme of safeguarding workshops have been devised to update Primary Care Staff throughout the year, including an annual session at the *Protected Learning Time* dedicated to safeguarding for GPs and practice nurses. These have included Financial Exploitation, Modern Day Slavery, Prevent training and Domestic Abuse.
- Quarterly safeguarding briefings are produced to raise awareness for Primary Care and other health providers on a range of subject matters, including modern slavery.
- A Safeguarding Resource pack has been developed to centralise all safeguarding information and resources for both the adult and children and young peoples' agendas. This has been shared across Primary Care and health partners.

The CCG is a very active member of the SAB. A CCG Director acts as the SAB Chair, the Designated Nurse for safeguarding chairs one sub-group and there is CCG representation at all other NEL SAB sub-groups, as well as participating in locality Prevent strategies and the Humberside Modern Day Slavery Partnership.

### **5.3 Humberside Police**

Humberside Police co-ordinate safeguarding through a Central Protecting Vulnerable People Unit (PVPU) based within the Specialist Crime Command. Appropriate action is taken against those who offend either by prosecution or civil remedies and where there are areas of concern these are shared with partner agencies to ensure a multi-agency approach is considered.

Humberside Police works collaboratively with a range of partner agencies to support service users who have been victims of crime or are at risk of abuse or neglect.

Throughout 2017/18 numerous successful prosecutions were brought in respect of allegations of physical abuse, sexual abuse, theft and domestic abuse involving adults at risk.

In addition to the successful prosecutions there have been hundreds of safeguarding concerns which have been reviewed and then acted upon to ensure appropriate multi-agency intervention to protect those at risk and improve their lives.

We have a dedicated Detective Sergeant working within the Local Authority who is responsible for the co-ordination of referrals and concerns identified through police contact. The force ensures that there is engagement with front line Officers and in particular those who work within Communities to safeguard the needs of the community.

The force has delivered extensive training to support front-line officers with a greater understanding of how to respond to vulnerable people with mental health issues, Autism Spectrum Disorders and understanding the Herbert Protocol in respect of mentally vulnerable people who go missing.

Within Humberside Police awareness has been raised in respect the emerging issue of Modern Day Slavery and Human Trafficking through local and regional training events and the creation of specially trained Police Tactical advisors.

In addition Humberside Police have delivered Domestic Abuse Matters training to a significant proportion of the force aimed at raising awareness of the impact of Domestic Abuse on victims and the need for positive intervention and support.

To further improve the response to adults in crisis and those with acute mental health issues, Humberside Police now have a crisis worker from MIND based within the force command centre seven days per week between 1600hrs and 2200hrs. This collaboration ensures specialist tactical advice to call-handlers and response officers and enables immediate mental health intervention to support members of the public where required.

Humberside Police have implemented Operation Signature focussed on identifying Vulnerable Adults who have been subjected to financial abuse. The operation is intelligence led through referrals from the National Crime Agency and other partner organisations using the Banking Protocol. This protocol was set up to help financial institutions identify adults who may be in the process of being financially abused or are being financially abused. The operation has been running since January 2018 but has identified 22 victims from NE Lincs who have all been visited by officers from Humberside Police.

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

Humberside Police are committed to sharing information with partner agencies in respect of those who work with vulnerable adults either voluntary or paid. We have a dedicated unit based within our Legal Services branch that are responsible for the consideration of disclosure to employees and partner agencies following DBS checks or incidents reported to the police.

#### **5.4 Adult Mental Health Services (NAVIGO)**

NAVIGO is the commissioned provider for adult mental health services in NEL and is represented on relevant safeguarding boards and groups including the SAB Operational Leadership Group, several sub-groups including the SAR, SILP and Good Practice Group as well as the Performance and Communications groups, MARAC, MATAAC, the Provider Forum and Channel Panel. NAVIGO 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. Our current compliance for safeguarding adults training is 89.5%.

During the year NAViGO has contributed to a number of enquiries that were complicated by mental health issues or where allegations have been made against professionals. NAViGO is committed to the NELSAB priorities for 2018/19:

- NAViGO responded to their latest CQC inspection which was positive about safeguarding, but recommended having an additional person in safeguarding should the Named Nurse be unavailable and to build resilience. Our safeguarding practitioner, Hayley Bateman, came to NAViGO in March 2018.
- Embedding the ethos of “Making Safeguarding Personal” across the organisation.
- Using the transferability of the Signs of Safety model when assessing adult safeguarding concerns.
- Greater awareness of safeguarding within NAViGO through the interface with the public, especially in our trading arms like the Garden Centre.
- The development of safeguarding champions in each service area to provide advice, support and information within their teams and liaison with the NAViGO Safeguarding Team.
- A tighter approach to data collection to show a positive impact on safeguarding, which will improve as NAViGO moves to SystemOne in September.
- 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 Lincolnshire and providing hospital and community services to our local population. We are committed to the safety and wellbeing of all patients in our care especially those who are deemed to be vulnerable and in need of safeguarding.

The Trust has an identified lead for safeguarding (adults and children) across the three local authority areas and also a Named Nurse for safeguarding adults and in 2017 appointed a Named Nurse for Mental Capacity and DoLS. The Trust continues to have leads for Learning Disabilities, Dementia, Privacy and Dignity. All of these posts are held by senior staff within the organisation.

There is commitment to attending and contributing to the local Safeguarding Adult Boards (SAB) in North Lincolnshire, North East Lincolnshire and East Riding of Yorkshire. The policy and procedures for all three SABs are accessible via the Safeguarding Adults web page on the Trust intranet and have been shared with Trust staff. There is also recognition that there is representation on the SAB sub-groups by senior Trust staff including those with designated responsibilities in safeguarding arrangements.

NLaG are actively involved in case audits as part of the partnership working across the three SABs that it works with. As part of routine investigations the team undertake regular review of case records and implement action plans where improvements are necessary. Case discussion and audit feedback takes place at the bi-monthly safeguarding adults forum (part of the Governance framework) and actively promotes the delivery of training which includes areas such as Domestic Abuse, Modern day slavery, Financial Exploitation, Dementia, improving the care for people with Learning Disabilities and Prevent. All of these are delivered to ensure that we put the patient first and follow the principles of Making Safeguarding Personal.

Safeguarding adult training continues to be a key area of focus within the Trust with 84% of staff trained to recognise and react appropriately when areas of concern are noticed. DoLS applications

continue to rise in line with national levels following the Cheshire West case in 2014 and demonstrate improved understanding of the needs of patients deprived of their liberty whilst in hospital.

The Trust continues to identify adults in need of safeguarding and continue to make appropriate referrals in relation to support of vulnerable adults and safeguarding referrals if abuse is identified or suspected in line with its partners under the Care Act requirements. Referrals are completed in agreement with the client in an endeavour to make safeguarding personal.

Domestic abuse is a significant issue across Humberside with increasing incidents during 2017 – 2018. The Trust continues to identify victims and attends MARAC within North East and North Lincolnshire. Within the safeguarding team there are two independent Domestic Violence Advocates who provide one-to-one work with victims and support staff.

## 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;
- working in partnership with Community Rehabilitation Companies (CRCs) and other service providers; and
- directly managing those offenders in the community, and before their release from custody, who pose the highest risk of harm and who have committed the most serious crimes.

In carrying out its functions, the NPS is committed to protecting an adult's right to live in safety, free from abuse and neglect.

The NPS has a key responsibility for safeguarding and promoting the welfare of adults at risk. It recognises the importance of people and other organisations working together to prevent and stop both the risk and the experience of abuse and neglect, whilst at the same time making sure an individual's well-being is being promoted with due regard to their views, wishes, feelings and beliefs. It also acknowledges the important contribution that NPS 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 a carer needs support.

The NPS is committed to eliminating all forms of unlawful discrimination and to encouraging diversity amongst the services it provides. Its aim is to ensure equality and fairness for all and to not discriminate on the grounds of gender, marital status (including civil partnerships), race, disability, sexual orientation, age, gender reassignment, and religion or belief.

During this year, the National Probation Service has continued to work with the North East Lincolnshire Safeguarding Adult Board members via the Humberside Multi-Agency Public Protection Arrangements (MAPPA). Together we have ensured the proportionate and necessary risk management of adult offenders who present a risk of serious harm to communities whilst supporting desistance from crime through a continued and shared rehabilitative ethos. We have continued to work closely with our colleagues from the HLNy CRC to commission services targeted at addressing domestic abuse in terms of the risks presented by individual offenders and the wider

societal impact. The North & North East Lincolnshire NPS Local Delivery Unit has taken the lead this year in developing practitioner awareness training with the Humberside Modern Slavery Partnership, delivering an input for probation staff across the North East of England”.

## 5.7 Community Rehabilitation Company

Humberside, Lincolnshire and North Yorkshire Community Rehabilitation Company (HLNY CRC) is an organisation responsible for supervising offenders within the community. HLNY CRC is owned by Purple Futures, an Interserve led partnership. We work with low to medium risk service users who are serving community based sentences or on post custody licence. We are responsible for delivering unpaid work and offending behaviour group work programmes to service users managed by both the CRC and the National Probation Service. These programmes include the Building Better Relationships (BBR) programme which is aimed at perpetrators of domestic abuse offences. We also support victims of domestic abuse through our Partner Link Workers.

This year has seen HLNY CRC make significant progress in continuing to develop strengths based practice through the ‘Interchange’ service delivery model. This is centred upon personalisation and mirrors the principles of Making Safeguarding Personal. All service users subject to probation supervision by the CRC have individual sentence plans which are developed in collaboration with their case manager. These plans focus upon areas which will support service users to desist from offending behaviour. We benefit from positive links with local partners and directly commission service delivery support from Empower, for service user mentoring, and Lincolnshire Action Trust, to support our work with female offenders. In 2018/19 we will be rolling out new group work interventions to address a range of offending behaviours. We are working closely with Youth Offending Services to improve transition processes as young people move into adult probation services and continue to work with Shelter to develop our resettlement work for service users leaving custody.

The introduction of the Alcohol Abstinence Monitoring Requirement was a key development in 2017. This project involves the use of electronic ‘sobriety tags’ which monitor whether a service user has consumed alcohol. The intervention can be added to a community based sentences where the offence was linked to use of alcohol and has demonstrated positive early results.

Our Service User Council, coordinated by User Voice continues to develop and is integral to providing feedback and service user assurance to CRC service delivery. In addition, our Peer Mentoring Scheme involves ex-service users supporting our delivery of interventions including group work and induction.

Risk management is integral to our work. We work in partnership with HMPPS colleagues and have robust risk escalation procedures in place in the event service users are assessed to pose a high risk of harm. We work in collaboration with Humberside Police, Youth Offending Service, HMPPS and Addaction within the Integrated Offender Management Scheme (IOM) which targets service users who pose the highest risk of reoffending; this has contributed to a reduction in burglary offences locally. We are part of multi-agency risk management forums including MARAC and Prevent, working to safeguard adults who may be at risk from our service users as well as being mindful of safeguarding issues relevant to our client group. We work with NAViGO and local adult safeguarding services towards linking service users into specialist support where required. We are represented on the Safeguarding Adults Board plus the SAR, SILP and Good Practice group and contribute to the Domestic Abuse One System Approach action plan.

CRCs are subject to rigorous performance management from the Ministry of Justice and we maintain strong local performance against all service level measures and assurance metrics. The inspection framework for HMIP has been amended with CRCs now subject to annual inspection - HLNy CRC anticipate our first inspection in late 2018.

## 5.8 *focus* Independent Social Work Practice

### Practitioner Group

One of the key areas of activity for the Safeguarding Adults Team (SAT) is the ongoing development of the Making Safeguarding Personal (MSP) agenda. In order to ensure that MSP is firmly embedded in safeguarding practice the team continue to record and monitor what outcomes individuals want and to what extent these are achieved following the safeguarding intervention. Where desired outcomes are not achieved, the team report to the Safeguarding Adults Board (SAB) on a case by case basis to explain why this has not been possible.

This year, the SAT have rolled out the second stage of MSP, which is known as 'Safeguarding Outcomes'. The MSP programme collects quantitative data for the SAB regarding the number of people saying what they want, how they are supported (i.e. by family, friends, or advocates), and whether outcomes were achieved. The safeguarding outcome approach seeks to gain some qualitative information about the how the person felt about the safeguarding intervention. This includes asking the individual such questions as whether they felt listened to, supported, got the outcome they wanted, and whether they feel safer. To collect the safeguarding outcome feedback, individuals are offered a face to face interview from one of the team's case co-ordinators. If the person does not wish to have a face to face interview, they are offered alternatives such as telephone contact, or the completion of a short questionnaire. The provision of feedback is optional.

The safeguarding adults practitioners, who are all Best Interest Assessors (BIAs), have also had an instrumental role in the development and implementation of the 'light touch' approach for the Deprivation of Liberty Safeguards (DoLS).

The SAT continue to support the delivery of safeguarding adults training as part of their commitment to the safeguarding preventative agenda.

### Business Team

The SAT are supported by the safeguarding business team. In addition to their safeguarding role, the business team are also responsible for the receipt, management, and allocation for assessment of applications for authorisation for the Deprivation of Liberty Safeguards. During 2017/18 the DoLS team have co-ordinated the review of the risk ratings of all of the applications that are awaiting assessment to ensure that risks are effectively managed. In addition to this, the business team manage the progress of DoLS applications from non-standard settings that are awaiting authorisation by the Court of Protection.

## 5.9 Healthwatch

The purpose of Healthwatch North East Lincolnshire (HWNEL) is to give patients and the wider public a powerful voice; ensuring that their views and experiences are heard by those who plan and deliver health and social care services, giving people a real say over how their local health and social care services are run. Healthwatch not only has the ability to influence how services are set up, commissioned and delivered, but it is also able to provide advice and information on health and

social care services as well as signpost those wishing to make a complaint about their local NHS services. Under its statutory remit, Healthwatch enables people to monitor the standard of provision of local care services, and has a number of powers to enable it to fulfil this activity, including the ability to enter and view premises where care is delivered.

During 2017/18, HWNEL has conducted 11 Enter and View visits, in addition to researching a number of key issues raised by the local public. During this last year, one of the HWNEL Board members has attended the Safeguarding Adults Board on behalf of Healthwatch North East Lincolnshire (HWNEL), and it has been via this route that HWNEL has escalated any concerns of a safeguarding nature that Healthwatch has identified in the course of its activity.

From 1<sup>st</sup> April 2018, HWNEL will be operating under a new contract provider and will implement new arrangements for contributing to the SAB. This will include refreshed pathways to the SAB, with improved procedures that enable earlier identification and escalation of issues by HWNEL.

## 5.10 NHS England

NHS England is the policy lead for NHS safeguarding, working across health and social care and leading and defining improvement in safeguarding practice and outcomes. It is the responsibility of NHS England to ensure that the health commissioning system as a whole is working effectively to safeguard children and adults. Key roles are outlined in the Safeguarding Vulnerable People Accountability and Assurance Framework 2015.

NHS England Yorkshire and the Humber have an established Safeguarding Network that promotes shared learning across the safeguarding system.

In order to continuously improve local health services, NHS England has responsibility for sharing pertinent learning from safeguarding serious incidents across Yorkshire and the Humber and more widely. An annual North region safeguarding conference is hosted by NHS England North for all health safeguarding professionals, this year's event included learning on neglect, hoarding and asylum seekers.

All safeguarding serious incidents and domestic homicides requiring a review are reported onto the national serious incident management system – Strategic Executive Information System (STEIS). NHS England works in collaboration with CCG designated professionals to ensure a robust oversight of all incidents, recommendations and actions from reviews.

Within Specialised Commissioning the Heads of Quality review all serious incidents and liaise with the appropriate CCG to review all incidents and work through actions with the provider. Where NHS England North Specialised Commissioning is the lead or sole commissioner they work directly with the provider, monitor actions and share outcomes with other commissioners.

NHS England North Health and Justice Service providers are, via the contracting process, required to demonstrate compliance with all relevant safeguarding policies and legislation and work in partnership with other agencies e.g. Prison, Police regarding all aspects of safeguarding.

In addition, there is a Quality Framework in place which requires all providers to report on a quarterly basis regarding any safeguarding concerns, incidents, reviews. An annual audit of

Combined Adults and Children Safeguarding Standards and an annual safeguarding report are also submitted for review to the NHS England local office Quality Surveillance Group.

NHS England Customer Contact Centre review all complaints and concerns received and identify those containing a safeguarding element for appropriate action.

NHS England North have two Regional Prevent coordinators who work across the North region to support Prevent implementation. We are working closely with providers, commissioners and regulators to support and monitor the work being undertaken to ensure that all health care organisations can meet their statutory duty for Prevent.

In April 2015 The Transforming Care national programme announced a radical transformation of the delivery of Learning Disability and Autism services. This model included significant reductions in learning disability inpatient beds and a greater focus on the provision of early intervention and crisis preventative community services.

In November 2016 the national Learning Disabilities Mortality Review LeDeR Programme was introduced in to the Transforming Care Programme following the Confidential Enquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD).

A number of learning events have taken place in Yorkshire and Humber to share the early findings of the reviews already completed.

## 6. Work Group Activity

### 6.1 SAR, SILP & Good Practice Group

Under the Care Act 2014, 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 received eight referrals for consideration of conducting SARs:

- Three did not meet the criteria required for a review.
- One was found to be a complaint and dealt with via the agencies complaint process.
- One case currently under review jointly with NHS England as the case meets the criteria for a Mental Health Homicide Review as well as a SAR. NHS England are currently procuring an author to undertake this review.
- The SAR panel commenced one review under the SAR process and another case using the format of a SILP. The reports for both of these cases are currently being finalised before they are to be approved and presented to the Safeguarding Adult Board. One recent referral is currently awaiting review by the panel pending the outcome of possible criminal proceedings.

#### SAR – Mrs B

The SAR is the case of Mrs B, a resident in a care home, was bedbound with significant contractures to both of her legs. Her son was actively involved in her care and held a lasting power of attorney for both health and welfare and finances.

Whilst at the care home, Mrs B suffered a fractured femur of unknown origin. Due to a lack of confidence in the staff members, there was a delay of 4 hours in calling for an ambulance in the first instance. Following a short hospital stay, Mrs B was discharged back to the care home with her leg in a cast and taken to her room on the first floor. Despite professionals from the care home offering to move her to a room on the ground floor, due to the lift not accommodating a stretcher, family insisted she be returned to her original room. She was transported in a chair, with her leg being manually held by staff. The relationship between the care home and the family was quite difficult and communication between the two parties had broken down. As such, the care home didn't feel able to adequately challenge this decision and prevent this mode of transportation.

Following her return to the home, therapists raised concerns about the application of the plaster cast to immobilise fracture in place and Mrs B was returned to hospital. On removal of the cast, it became evident that the previously closed fracture was now an open fracture. Following discussions with family, a decision was reached to treat Mrs B conservatively due to the potential risks of more intrusive interventions. Unfortunately, Mrs B died in hospital shortly after her second admission.

The key learning points from this review include:

- As Mrs B's contractures progressed, no review of her moving and handling care plan prompted a referral to an Occupational Therapist to ensure all moving and handling techniques being utilised were appropriate.
- Discharge summaries must communicate all relevant information relating to the patient's condition, limitations of interventions, referrals to therapists and pain management and wherever possible be verbally communicated to the receiving care provider.
- Whilst the review could not provide a definitive cause of the injury, it was likely to have been caused by a contribution of factors; inappropriate methods of moving and handling causing pressure on her legs due to her contraction and her osteoporosis.
- The limitations in applying the cast prevented the injury being properly immobilised.
- The difficulty in transferring Mrs B to her upstairs room is likely to have exacerbated the injury.
- The limitations of the cast were not appropriately conveyed to the Care Home, neither was any support in further management of this.

Despite attempts to provide therapeutic interventions, which included a return to hospital, an infection was already established. Mrs B's death was certified as being due to old age and frailty with a contributing cause of an infected open fracture.

It is possible that Mrs B's death may not have been avoided, as the cause of the injury is unclear. The review has demonstrated that there are clear lessons to be learnt which may help to prevent reoccurrence and improve the future management of service users with contractures.

#### SILP – Miss H

The SILP involved the case of a 50 year old single white female (Miss H) with a diagnosis of severe learning disability. Miss H is non-verbal in communication. Her cognitive impairment impacts on her daily living whereby she requires support with all activities of daily living. She resides in supported

living accommodation at AL1 where she receives 24 hours support and supervision with all aspects of her daily living.

On the morning of the incident at approximately 8am Miss H was provided with personal care and at 8.40am collected by mini-bus for transport to the day centre. On arrival at the day centre, some minutes after collection, she was unable - or unwilling - to stand. There is no evidence of Miss H receiving an injury prior to or during transport.

Miss H arrived at the hospital accompanied by a carer from the home and spent four hours in A&E, until A&E staff diagnosed that she had an infection, prescribed medication and requested her discharge. The carer had concerns that Miss H was not mobile and would not be able to return home due to her bedroom being upstairs and she was physically unable to access this. Despite the carer's concerns, Miss H was returned home and was then unable to get out of her wheelchair and go upstairs to her room.

Despite numerous calls for assistance from GP out of hours service and EMAS, Miss H then spent 7 hours in the chair, unable to move or be given personal care until at 4am the following morning, and ambulance came to take her back to A&E. Due to a full bed status, Miss H was not admitted and was instead referred to physiotherapy and a social worker. Although physiotherapy had found no evidence of injury they decided discharge would be unsafe as Miss H was not weight bearing. Miss H was referred to adult social care for a temporary appropriate safe residence to be located.

Communication between the two care homes was very poor, which impacted negatively on Miss H. Over the following weeks Miss H continued to display unsettled behaviour and a reluctance to walk. Staff continued to provide care for Miss H however it is clear from her notes that at times she was reportedly uncooperative and uncomfortable. Miss H was supported to attend her GP's who advised an x-ray of the pelvis, this was undertaken and 20 days from the start of Miss H's mobility issues, a fracture to her pelvis was identified

The key learning points from this review include:

- Carer's opinions should be actively sought and sufficient weight given to them during medical examinations of service users who are non-verbal.
- Recording keeping especially with regard to personal opinions need to be accurate.
- There is a lack of understanding within hospital staff what different support options are available within adult social care and the bearing this has with regard to returning such patients to their home setting.
- There needs to be a clear pathway for carers to escalate concerns relating to other professionals.
- Patient discharge services require clear guidelines as well as patient transport services, need directives of what actions can and should be taken in cases such as this when a patient cannot physically reach their home.

The NEL SAR process has evolved during the past year to provide a robust process and proportionate response to each referral. The SAR, SILP and Good Practice Group continues to collate and disseminate the learning from reviews undertaken at both regional and national level.

## 6.2 Learning and Workforce Development Group

The LWD group has made good progress against the work plan throughout 2017/18. The group have maintained strong links with the SAR/SILP and Good Practice Group to ensure that shared learning from local cases is disseminated into local training sessions.

An audit of feedback from training has been undertaken to inform future development of all care packages, and a further audit regarding awareness and implementation of whistleblowing policies and procedures has been commenced.

Formal links with the MCA group have been established, and the delivery of local MCA training is being monitored by the LWD group and reported to the SAB.

The Safeguarding/MCA training strategy is being reviewed and refreshed for 2019 – 2022 to ensure that the training offer across North East Lincolnshire complies with national competency frameworks.

*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 be 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.

*See Appendix B for details*

## 6.5 Provider Forum

The process for the SAB Provider Forum and the CCG Long Term Provider Forum meetings are now embedded and well attended. The forum has continued to contribute to the development and implementation of the work of the SAB and facilitates the dissemination of SAB protocols and guidance such as the DASM process and refresh of the 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. Work is ongoing building 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, and to offer better care and improved outcomes to adults.

## 6.6 MCA Group

Following on from the publishing of the Law Commission report and recommendations for changes to the Deprivation of Liberty Safeguards (DoLS) the Department of Health has confirmed that it intends to put a Bill before Parliament "at the earliest" time to amend the DoLS legislation. Whilst there has been significant interest in what this may look like and what the timescales will be. The normal work on the Mental Capacity Act (MCA) & Deprivations of Liberty Safeguards have continued.

As in previous years, the management of the impact of the Cheshire West judgement continued to be a driver on demand for DoLS authorisations. The work started last year to identify deprivations in non standard settings (not in a hospital or care home) has continued and our first applications to the Court of Protection has begun. A significant difference between the Court applications and the DoLS Scheme is that paper applications to the court are usually only acceptable where everyone is in agreement that the application is in the person's best interest and that there are no objections. Much of the existing case law relates to DoLS in standard setting, so staff have had to be increasingly mindful of a new process. This required all aspect of the existing process to be considered, reviewed and adapted to work.

MCA and Consent training started in March 2018, however due to the extreme weather conditions we experienced at the end of winter and beginning of spring a number of session had to be rescheduled for June 2018. We also ran sessions on mental capacity and signing for a tenancy.

January 2018 saw the start of work to look at the impact of using the life planning elements of the MCA (including Lasting Powers of Attorney (LPA's) and Advanced Decisions to Refuse) to plan for a person's future health and social care needs. As well as consulting with different care providers, community groups and faith four sessions were held, supported by local firms of solicitors to help inform and assist members of the public. Further work on understanding when life planning could be supported by health and Social Care practitioners continues.

As part of the strategic oversight of MCA & DoLS the CCG carried out a review of all training that health & social care providers were using. The analysis of the data identified a very varied (both in terms of quality and deliverability) number of sources. This was used to develop recommendations on training standards and alignment to the National Mental Capacity Forum's competencies. The BIA competences were also reviewed and updated at the same time. The recommendations have also been built into contracts with providers which will come into effect in 2018/19. The review also allowed work to begin on redesigning the existing Focus training offer and curriculum for MCA.

Another area of work that saw initial development was on understanding the interface between use of a DoLS and the Mental Health Act. It is recognised that understanding the interface can be a challenge for frontline clinicians and if the thought process is not robust it can result in an authorisation being made under what may be a less ideal scheme. The work will conclude with a MoU between NAViGO and the CCG/*focus* with regards a more consistent understanding on when each statute should be used.

Finally, work has concluded on piloting the ADASS “light touch” approach to DoLS and Best Interest Assessments. It was hoped that this methodology would reduce the amount of time needed to carry out the best interest assessments and therefore allow for more assessments to be undertaken. However, the pilot has identified that without detailed prior assessments/knowledge a light touch approach is not sufficient for new cases. It was felt that where the person was well known and a renewal of the authorisation was being sought that this would be an appropriate use of the light touch approach.

*See Appendix D for details*

## 6.7 Domestic Abuse

A new One System Domestic Abuse Strategy has been agreed for 2018 to 2020 which aims, by 2020, to:

- Reduce the prevalence of domestic abuse and encourage victims to seek support earlier;
- Develop the local infrastructure so that supported housing is consistently available as part of the ‘move on’ accommodation options;
- Create an embedded range of support options available to victims, perpetrators and affected children; and
- Raise the awareness of residents in the borough about abuse and controlling behaviour and generate a culture where domestic abuse is seen to be everybody’s business.

The Programme Lead for the NSPCC Together for Childhood programme has been appointed and the initiative has begun to focus on preventing domestic abuse in the prototype wards of East and West Marsh. Operation Encompass has now been rolled out to all schools throughout North East Lincolnshire. In 2017 there were 1,332 Operation Encompass notifications meaning that those children will have been supported with increased understanding if their behaviour had been affected by the recent domestic abuse in their household. Practitioners have been trained to deliver the Domestic Abuse Recovering Together (DART) programme for victims and their children after separation from the perpetrator. This is now ready to go live through the Family Hubs.

Two new Independent Domestic Violence Advisors (IDVA) are in post at Cleethorpes Police Station and Diana, Princess of Wales Hospital allowing more high risk victims to receive support and guidance and leading them to being safer and moving on to more stable, positive life circumstances. A pilot Multi Agency Tasking and Coordinating (MATAC) meeting has been developed to tackle high risk perpetrators with the first two cases to be heard late September with monthly meetings to follow. A non-convicted perpetrator programme has been commissioned and is due to go live in early 2019.

Sustained and consistent domestic abuse messages via the Social Marketing and Communications plan have been heard and read throughout North East Lincolnshire. This has included radio adverts, listened to by 167,000 people, a briefing document sent to the top 200 businesses in the borough,

promotions uploaded to 16 GP surgery screens across NEL, 12,000 pharmacy bags with domestic abuse messages on and an advert in the waste collection Christmas card which was sent to every household in the borough. White Ribbon accredited status was awarded in November 2017 as a result of a collaborative effort by both the council and its partners.

Recorded Domestic Abuse incidents have increased from 4,702 in 2015/16 to 5,004 in 2016/17 and 5,094 in 2017/18. This is almost certainly not as a result of DA becoming more prevalent, it is simply the data more accurately reflecting the actual prevalence. With our current strategy of social marketing, better services and increased focus, it would be unsurprising if the number of incidents continues to increase for a period of time. The hope though, has to be that numbers reduce, after we have reached a plateau, as a result of victims becoming more intolerant of Domestic Abuse and better equipped to manage it at an earlier stage, whilst perpetrators will be better able to modify their conduct, thereby reducing abusive behaviour. The percentage of MARAC repeats (perpetrators going back for discussion at MARAC within a year) decreased from 43% in 15/16 to 32.98% in 16/17 and 36.97% in 17/18. 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**

Channel and Prevent duties are a statutory requirement. We are committed to comply with this and work to ensure our communities are safe and vulnerable people are supported. 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 SAB 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 2017/18 and the Police Counter Terrorism Case Officer (CTCO) 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 22 cases referred via the CTCO, focusing on risk-assessment and, where appropriate, agreeing interventions and support packages to reduce vulnerability and promote mainstream and non-threatening activities.

In the year 2017/18 there were 18 referrals for children and young people under the age of 18 and 4 referrals for adult males. The most prevalent vulnerability stemmed from right wing extremism.

In all cases managed by the panel, agreed individual packages of intervention and support have been put in place and where necessary cases have been signposted to support services, including child protection, early intervention and mental health services.

All closed cases have been reviewed at a 6 month and 12 month interval.

## **7. The Year Ahead**

Our three year strategic plan continues to direct the work of the SAB. Our priorities reflect the 6 principles of safeguarding and our local vision. These principles ensure that our aims and goals remain our focus. Raising awareness, providing assurance and being accountable underpin our plans and will direct subgroup activity.

Currently, together with the Local Safeguarding Children Board and the Community Safety Partnership, work is under way to encompass all safeguarding boards under a shared vision of a Safer NEL.

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

**Bev COMPTON:** Director of Adult Social Services

**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

**Andrew APPLEYARD:** Care Quality Commission (CQC) Inspection Manager

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

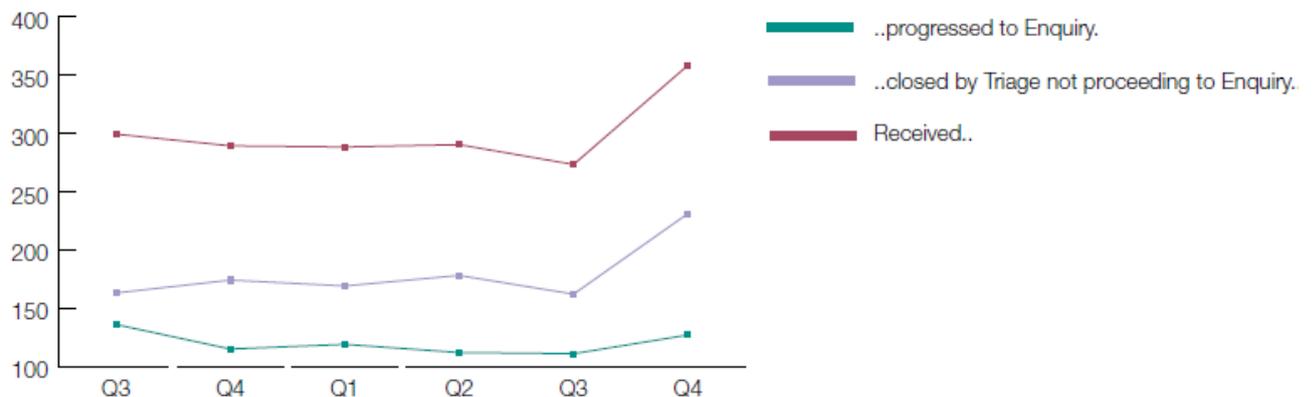
**Tracy SLATTERY:** Healthwatch

**Rick PROCTOR:** Independent Chair LSCB

**Zena ROBERTSON:** Senior Nurse NHS England

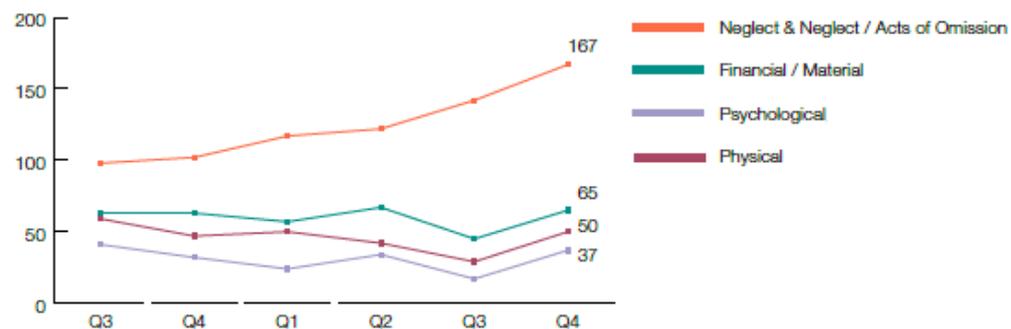
**Stewart WATSON:** NELSAB Business Manager

### Safeguarding Concerns Processed 2016/17 to 2017-18



### Number of concerns by type of abuse

No of Concerns by Type of Abuse (Rolling Year 2016/17-17/18). (Top 4)



### Story behind the headlines

The number of concerns rose in Q4 but overall the year ended with a total of 1209 concerns for 2017-18 compared to 1274 in 2016-17. The reduction is not significant and there does not appear to be any specific factors requiring further action. The number of concerns relating to neglect increased from 142 in Q3 to 167 in Q4.

An audit of 58 cases with neglect as the identified type of abuse were audited following the increase in Q3, it was found that the range of alleged neglect was diverse, and covered a number of general care issues including moving and handling, positioning of call bells, management of diet, infection control, etc.

The most frequently reported issue was the management of medication with 14 cases identifying medication errors and missed medication as the cause for concern. The most frequent occurrence of medication issues involved domiciliary care providers. The next most frequent type of neglect

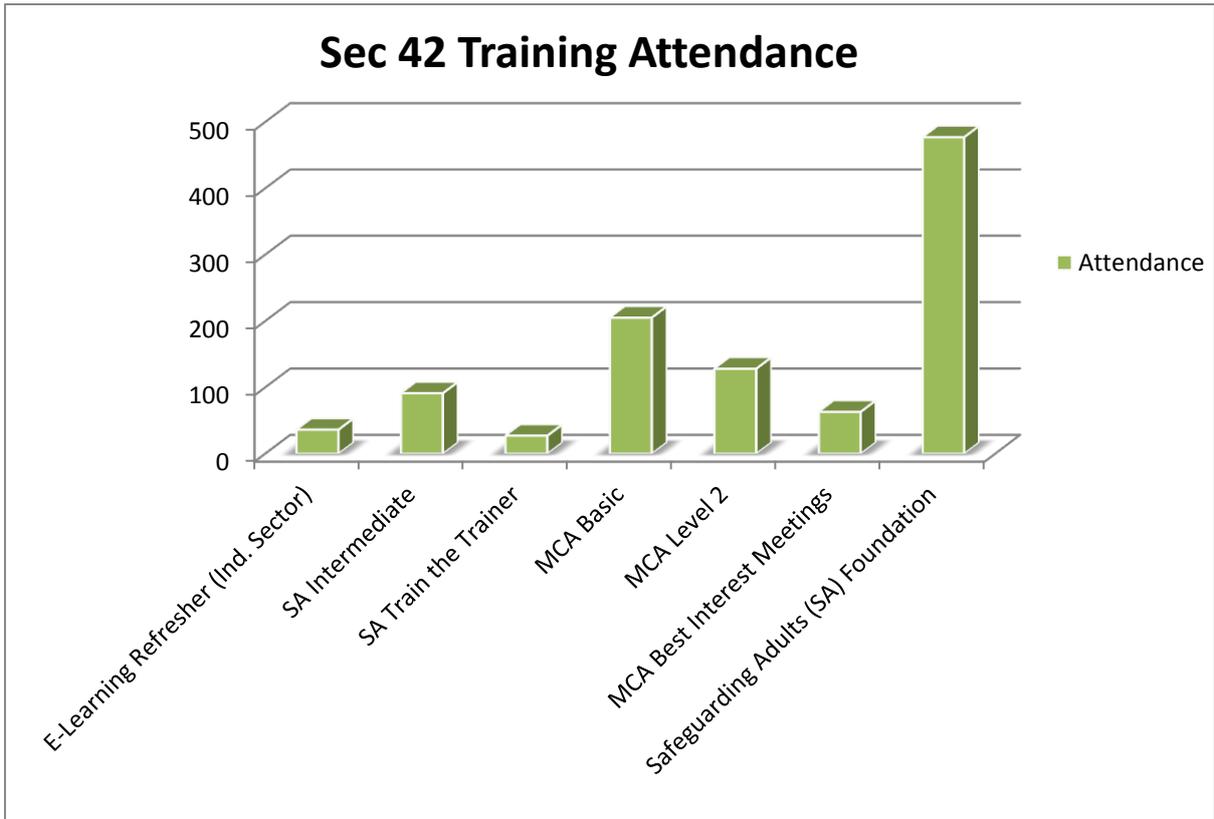
related to delays in seeking medical attention, with five referrals of this type, and most taking place in residential settings. There were no other specific themes identified during the audit.

### Number of Safeguarding Adults Concerns by Year



### Number of Safeguarding Adults Enquiries/Investigations Completed by Year





## Appendix D

### MCA DoLS

