

# Safeguarding Adults in Northumberland

## Annual Report 2014-15



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## Foreword by the Chair of the Safeguarding Adults Board

As Independent Chair of Northumberland's Safeguarding Adults Board I am pleased to introduce our annual report for 2014-15. This report provides an insight into the work of safeguarding adults and our progress and achievements in Northumberland over the preceding year.

Our work as a partnership has taken place during a period of continuing intensive change, in which safe practice has to be set in the context of achieving significant efficiencies. Challenging as this is, the Board and its members continue to work well together, remaining focused on our priority of protecting vulnerable adults.

This work is achieved through all partners engaging actively with the Board and its sub groups, working together to deliver our commitments. We have continued to focus on how our systems work, how we assist staff to provide the right support to people, our responsiveness to the national agenda and our learning from what we do well and what we could have done better.

As Chair I have been impressed by the commitment shown by partners throughout the transition we have made as a Board to the statutory duties we now have under the Care Act 2014. Our main objective under the legislation is to seek assurance that local safeguarding arrangements and partners act to help and protect adults in Northumberland. I'm confident that during the last year we have increasingly built on our track record of support, scrutiny and challenge to ensure that we deliver on our responsibilities.

Once again this has taken place in the context of rising demand. The number of Adult Concern Notifications was 32% higher during 2014-15 compared to 2013-14 and Safeguarding Referrals were 13% higher. These increases are a challenge, but they also evidence positive progress in partnership safeguarding practice. The increase in the number of notifications reflects on-going work to raise awareness of adult safeguarding, encouraging agencies to report concerns at an early stage. The increase in referrals shows good quality work in responding to concerns and the application of appropriate thresholds for action.

We hope this gives confidence to the residents of Northumberland that staff across all board partner agencies continues to work in a proportionate, safe and effective manner; taking abuse and neglect seriously whilst also seeking to listen to those affected so that they retain control as much as possible through the safeguarding process.

It is with regret that I also have to announce that I will no longer be chairing the Board. It's been a privilege to be involved with so many committed colleagues who are focused every day on doing the best possible work on behalf of our communities. Although sooner than I had envisaged I have made a positive decision to take up full time work once more but I'm sure that the Board will continue to go from strength to strength with a new chair.

Finally, I would like to thank the Safeguarding Team for their invaluable commitment, skill, support and humour and for making the last year so productive.

The Board is very interested in your views about this report. If you wish to offer feed-back please email

[safeguardingadults@northumberland.gcsx.gov.uk](mailto:safeguardingadults@northumberland.gcsx.gov.uk)



Russell Pilling

**Safeguarding Adults Board Independent Chair**

## Northumberland Safeguarding Adults Board – Members and Deputies 2014-15:

- Vanessa Bainbridge, Deputy Director, Northumbria Healthcare NHS Foundation Trust
- Ian Billham, Strategic Community Safety and Licensing Manager, Safer Northumberland Partnership, Northumberland County Council
- Dr Steve Blades, GP lead for Safeguarding Adults for the North of Tyne area
- Jane Bowie, Associate Director Strategic Commissioning and Safeguarding, Northumberland County Council
- Leanne Bowman, Victim Support Service Delivery Manager (North Tyneside and Northumberland)
- Steve Day, Strategic Safeguarding Standards & Quality Assurance Manager (Children's Services Group), Northumberland County Council (*Deputy* Saira Park Safeguarding & LAC Quality Assurance Officer & NSCB Development Officer)
- John Douglas, Detective Chief Inspector, Northumbria Police
- Susan Dungworth, Lead Member
- Anna English, Strategic Safeguarding Adults Manager, Northumberland County Council
- Maureen Gavin, Area Director, National Probation Service North of Tyne
- Tracey Horseman Learning and Development Lead, Northumbria Healthcare NHS Foundation Trust (*Deputy* Leigh Waller Safeguarding Adults Training Practitioner, Northumbria Healthcare NHS Foundation Trust)
- Liz Kelly, Director of Offender Management Northumberland Community Rehabilitation Company
- Vida Morris, Group Nurse Director Urgent Care, NTW Foundation Trust
- Liz Mulligan, Operational Manager, Safeguarding Adults Team Northumberland County Council
- Syd Niven, Service user and Carer representative
- Michele O'Brien, Carers & Partnerships Manager, Northumbria Healthcare NHS Foundation Trust
- Gary O'Hare, Director of Nursing Northumberland, Tyne and Wear Mental Health Trust
- Russell Pilling, Independent Chair

- Jill Prendergast, Interim Director of Quality, Northumberland Clinical Commissioning Group (*Deputy* Fiona Kane Lead Nurse Adult Safeguarding)
- Liz Prudhoe – Healthwatch Northumberland
- Debbie Reape, Deputy Director of Nursing, Northumbria Healthcare NHS Foundation Trust
- Kathryn Reid, Care Quality Commission Compliance Manager Northumberland and North Tyneside
- Steve Richards Assistant Chief Fire Officer, Northumberland Fire and Rescue (*Deputy* Deborah Brown, Community Safety Academy Policy and Team Manager, Northumberland Fire and Rescue Service)
- John Spedding Deputy Director HMP Northumberland (*Deputies* Tony Simpson, Director or Jill Barr, Head of Safer Custody and Diversity)
- Katherine Shearer, CEO Age Uk Northumberland (*Deputy* Alan Fowler, Registered Manager Home Care Services, Age UK Northumberland)
- Lesley Thirlwell, Safeguarding Lead North East Ambulance Service (*Deputy* – Christine McManus Safeguarding Officer, North East Ambulance Service)
- Peter Tilson, Principal Solicitor, Northumberland County Council (*Deputy* Claire Farrell, Solicitor Northumberland County Council)
- Lucy Topping, NHS England
- John Young, Head of Service (Care Management) Northumbria Healthcare NHS Foundation Trust (*Deputy* Simon Murray, Operational Manager Northumbria Healthcare NHS Trust)
- Julie Young, Senior Manager Strategic Housing, Northumberland County Council

## Executive summary

### National events with an impact in Northumberland

#### The [Care Act 2014](#)

1. The Care Act (the Act) received Royal Assent on 14<sup>th</sup> May 2014 and was implemented on 1<sup>st</sup> April 2015.
  - Part 1 sets out the major reform of care and support in England. Issues relating to safeguarding adults are contained in this part.
  - Part 2 incorporates the legislative elements of the Government's response to the Francis Inquiry on the failings at Mid-Staffordshire Hospital
  - Part 3 establishes Health Education England and the Health Research Authority.
2. The Act places adult safeguarding on a statutory footing for the first time. The definition of an adult at risk of abuse and neglect is much broader than that previously set out in the No Secrets (2000), and potentially will bring more people into the safeguarding arena.
3. The Act adds domestic violence, modern slavery and self neglect into the categories of abuse. It also changes the terminology of the institutional abuse category to *organisational* abuse.
4. The Act sets out six key principles which underpin all adult safeguarding work:
  - **Empowerment**
  - **Prevention**
  - **Proportionality**
  - **Protection**
  - **Partnership**
  - **Accountability**
5. **Local Authorities** now have a duty to:
  - make enquiries, or cause others to do so, if they believe an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom;
  - set up a Safeguarding Adults Board (SAB)
  - arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them
  - co-operate with each of their relevant partners in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.

## 6. **Safeguarding Adults Boards** must:

- include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues
- develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations;
- publish a safeguarding plan and report to the public annually on its progress, detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy
- arrange for there to be a safeguarding adult review (previously known as a “serious case review”) of a case involving an adult at risk where the statutory criteria are met and identify and apply the lessons learned from those cases.
- Send a copy of its annual report to
  - the Chief Executive and leader of the local authority;
  - the Police and Crime Commissioner and the Chief Constable;
  - the local Healthwatch; and
  - the Chair of the Health and Wellbeing Board

## 7. **Other agencies approached by the SAB** must:

- provide information in prescribed circumstances.

8. In 2014/15 the SAB and its partners have been making sure that the safeguarding adults arrangements in Northumberland are compliant with the duties imposed by the Care Act.

## **Cheshire West Supreme Court Decision**

9. The [Supreme Court Judgement](#) in the now famous “Cheshire West” case has, as predicted, led to an unprecedented increase in the number of people with cognitive impairments who are held to require formal authorisation of “deprivation of liberty”, either under: a) the deprivation of liberty safeguards (DoLS) (for hospital patients and care home residents), b) through the Court of Protection (for people in supported living schemes and some other community-based arrangements) or c) under the Mental Health Act 1983 for patients who are being assessed or treated for a mental disorder.
10. In 2013-14, we reported that Northumberland County Council assessed and authorised 39 deprivation of liberty cases. In 2014-15, this increased to nearly 1300 cases in care homes and hospitals, and an initial 3 cases referred to the Court of Protection. There was also a 100% increase in the number of patients being detained under the Mental Health Act 1983, which the law requires to be used instead of DoLS for most patients in mental health wards.
11. Northumberland County Council was one of the parties in the test case heard by the Court of Protection in [Re X](#) (Deprivation of Liberty) (2014) EWCOP 25, (2014) MHLO 86 which affirmed the process to be followed in future cases before the court.



## Making Safeguarding Personal

12. Making Safeguarding Personal (MSP) is now enshrined in the Care Act and associated guidance and promotes an outcomes focus to all adult safeguarding work and a range of responses to support people to improve or resolve their circumstances in the way that they see fit. The aim is that safeguarding work is being done with, and not to, people.
13. In 2013/14, Northumberland was seen to be working at silver level and this is evidenced in the [final report](#) published on 19<sup>th</sup> April 2014. Throughout 2014/15, we have continued to develop our MSP strategies and embed practice across the county.
14. On 17<sup>th</sup> October 2014 the Chief Social Worker for Adults, Lynn Romeo visited Northumberland and observed some of the work we have been doing for Making Safeguarding Personal. She later placed the following comments on her blog ([www.tinyurl.com/RomeoNorthumberland](http://www.tinyurl.com/RomeoNorthumberland))

“I visited social workers in Northumberland who are a part of the council and health trust and are demonstrating authentic approaches to providing integrated responses and experiences to the people who live in their beautiful county.

I spent the morning with a group of women with learning disabilities and social workers who were evaluating their work together to improve safeguarding and health and wellbeing for themselves and their carers.

I was bowled over by the communication, engagement and relationship building skills of the social workers and the way in which their work was empowering and enabling the women they worked with to have control and choice over how they lived their lives”.

## Other National Developments

15. In October 2014, the Association of Directors of Social Services and Local Government Association published a revised version of “[Adult Safeguarding and Domestic Abuse: a Guide to Support Practitioners and Managers](#)”. This guide sets out the overlaps between safeguarding and domestic abuse and the approaches and legal frameworks for domestic abuse that can be used in the safeguarding context.
16. On 7<sup>th</sup> May 2014, Andrea Sutcliffe the Care Quality Commission’s Chief Inspector of Adult Social Care announced the publication of “[Safeguarding Adults: Roles and responsibilities in Health and Care Services](#)” this document sets out how individuals and organisations should work together to prevent abuse and neglect from happening and ensure the safety and well-being of anyone who has been affected.

17. In Northumberland, the Strategic Safeguarding and Commissioning Teams have continued to work closely with CQC as they develop their inspection programme in line with this guidance.
18. The [Mental Health Crisis Care Concordat](#) is a national agreement between services and agencies involved in the care and support of people in mental health crisis. In December 2014, partners in Northumberland signed [a declaration](#) to commit to formulating and implementing the Northumberland action plan to realise the ambitions of the concordat for people living in Northumberland. The [action plan](#) was finalised and published in March 2015.

## **Response to Winterbourne View**

19. In January 2015, the Association of Directors of Adult Social Services, in association with the Local Government Association, Care Quality Commission, NHS England, Department of health and Health Education England published "[Transforming Care for people with learning disabilities – next steps](#)" in response to [Sir Stephen Bubb's report](#) published in November 2014 which suggested that the promised progress towards improved care services for people with learning disabilities following the shocking [Winterbourne View](#) expose was simply too slow. This shared response sets out the actions to be undertaken by partners to ensure the transformation of care as quickly and effectively as possible.
20. In 2013/14 [a joint action plan](#) was developed locally, by the Council and the Northumberland Clinical Commissioning Group, involving partners and key organisations. In 2014-15 work has continued to focus on supporting as many patients as possible to remain or return to live in Northumberland, close to their families and either supported to live as independently as possible, or provided with high quality care services.
21. The Safeguarding Adults Board has continued to offer overview and scrutiny to the plans in Northumberland and routine updates are provided with regards the progress being made.

## **Response to Francis Report**

22. In February 2015, the government published "[Culture Change in the NHS Applying the lessons of the Francis Inquiries](#)" which sets out the progress that has been made in applying the lessons learned from the tragic and unthinkable experiences of patients and their families at Mid Staffordshire NHS Foundation Trust. This report identifies that there is now a need to embed and sustain the progress made rather than see the work as done.
23. In Northumberland, the SAB has continued to receive regular assurance updates from key health partners to ensure that the health and social care experiences of Northumberland residents are safe, effective and compassionate.

## Serious Case Reviews

24. There have been no adult Serious Case Reviews commissioned in Northumberland in 2014/15. There was one case which led to a management review with lessons learned shared with all partners. The action plan remains under the review of the group
25. The lessons learned from adult and children serious case reviews and domestic homicide reviews both local and national continue to be considered through the Safeguarding Adults Board Joint Case Review Panel and key messages are then disseminated through our learning and development team to frontline staff.

## Safeguarding Activity in Northumberland

26. During 2014/2015 there were five care homes where new admissions were restricted for a period because of safeguarding issues. In four cases, homes voluntarily agreed to controls on admissions – two of them suspending all new admissions, and two restricting admissions to those agreed with the Council as being appropriate. In the fifth case, the provider did not agree to this, and the Council imposed a block on admissions of any residents for whom it had responsibility. At the 31<sup>st</sup> March 2015 there was one home still subject to suspension. This has subsequently been removed.
27. The strategic safeguarding team has also worked (in conjunction with the Care Quality Commission and Northumberland County Council commissioning team) with a further four residential/nursing homes where concerns have been raised. Concerns have been in connection with the general quality of the environment, neglect, lack of appropriate leadership, staffing levels, institutionalised cultures, physical assault, failure to summons appropriate medical care in a timely manner, appropriate recording and lack of dignity and respect to users of the service. Where concerns have been as a consequence of poor practice on the part of individual staff members, appropriate action has subsequently been taken.
28. The number of Adult Concern Notifications was 32% higher during 2014-15 (4795) compared to 2013-14 (3638). A Notification is information from other agencies which does *not* (on it's own) indicate that there has been a significant incident of abuse or neglect, but which may, taken together with other information, call for further investigation.
29. There were 754 Safeguarding Referrals during 2014-15. This was 13% higher than the previous year (669 referrals in 2013-14). Of these, 544 (63%) were assessed as requiring an investigation and the main sources of referral continue to be the Police (27%), Care Home staff (15%), Social Care staff (9%) and Family/Friend/Neighbour (9%).
30. During 2014-15, where service users or their representatives had told us what their desired outcomes from an investigation were, these were fully or partially met in 92% of those cases which were closed during the year (190/207). Further details of safeguarding activity are given below.

## **Improvements to safeguarding arrangements in 2014-15**

- 31 During 2014-15 we have continued to work very closely with our colleagues in North Tyneside and Newcastle to produce joint policies and procedures wherever possible to offer consistency, economy of scale and resilience across the North of Tyne area. This has resulted in a suite of policy and procedural documents being available which are all Care Act compliant and published on our respective websites.
32. We have been working locally with the Northumberland Safeguarding Children Board and the Safer Northumberland Partnership Board to develop a shared safeguarding website which will host all information relating to safeguarding services across Northumberland irrespective of age.
33. We have continued to review and improve the membership and representation at the Safeguarding Adults Board and the constituent sub groups to ensure that we have suitably skilled and experienced people to help us provide the best possible safeguarding services across the county.
34. We have continued to promote the Making Safeguarding Personal (MSP) agenda specifically:
  - a) As in 2013/14, in partnership with Northumbria Healthcare Foundation Trust (the Health Promotion Team and Learning and Development Unit), and as an extension of the “Josephine” project that we reported on last year, we have now introduced “Jack” who is a life-sized, anatomically correct cloth man who can be used to facilitate safeguarding conversations with people who have learning disabilities; for example, to talk about possible abuse or worries about sexual relationships.
  - b) In association with Northumberland County Council Children’s Directorate 16+ services and the Future Route group (a sub group of Voices Make Choices) we have continued to develop materials designed to engage young adults and raise awareness that adult safeguarding can be a means of supporting vulnerable young adults. We had hoped to finalise these by the end of 2014, but they will now be ready by the end of 2015.
  - c) We have offered training and support to all teams in order to support the culture change required by MSP so that safeguarding is person led and not process driven. The success of this is demonstrated through the increasing feed-back we are getting from service users and carers that they are being asked about the outcomes they wish to achieve and whether these have been met.
  - d) We have continued to make improvements to our recording and statistical monitoring systems which have allowed us to monitor more systematically the progress of all cases open in Northumberland at any given time.
  - e) The Safeguarding Adults Board and other Strategic Boards (for example the Health and Wellbeing Board, Ageing Well Partnership Board, Learning Disability

Partnership Board, Safer Northumberland Partnership Board and Northumberland Safeguarding Children Board) have continued to look for shared priorities and objectives leading to greater efficiency across the systems.

# Developments in National Policy

## 1. The [Care Act 2014](#)

1.1 The Care Act places adult safeguarding on a statutory footing for the first time. The safeguarding provisions however occur in the context of the **Well-being Principle** set out in Section 1 wherein local authorities have a duty to promote a person's well-being in **all** decisions made with and about them. "Wellbeing" is defined to include the promotion of "physical and mental health, emotional wellbeing and personal dignity" and "protection from abuse and neglect". Safeguarding consequently becomes an integral thread throughout the whole of the Act.

1.2 An adult at risk of abuse and neglect is defined by the Care Act as:

A person who

- a. has needs for care and support (whether or not the authority is meeting any of those needs),
- b. is experiencing, or at risk of abuse or neglect, and
- c. as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

This definition is much broader than that previously set out in the No Secrets (2000), and potentially will bring more people into the safeguarding arena.

1.3 The Care Act adds domestic violence (to incorporate honor based violence, forced marriage and female genital mutilation), modern slavery (encompassing slavery, human trafficking, forced labour and domestic servitude) and self neglect (which includes hoarding behaviour) into the categories of abuse. It also changes the terminology of the institutional abuse category to *organisational* abuse.

1.4 The Care Act sets out six key principles which underpin all adult safeguarding work:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.  
*"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*
- **Prevention** – It is better to take action before harm occurs.  
*"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*
- **Proportionality** – The least intrusive response appropriate to the risk presented.  
*I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."*
- **Protection** – Support and representation for those in greatest need.  
*"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."*

- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

*“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”*

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

*“I understand the role of everyone involved in my life and so do they.”*

### 1.5 Local Authority Duties under the Care Act

Each local authority must:

- make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom;
- set up a Safeguarding Adults Board (SAB)
- arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has ‘substantial difficulty’ in being involved in the process and where there is no other suitable person to represent and support them
- co-operate with each of its relevant partners in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.

### 1.6 Safeguarding Adults Board

Each SAB must:

- include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues
- develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations;
- publish a safeguarding plan and report to the public annually on its progress, detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy
- arrange for there to be a safeguarding adult review of a case involving an adult at risk where the statutory criteria are met and identify and apply the lessons learned from those cases.

The Act places a duty on those approached by the SAB’s to provide information in prescribed circumstances.

### 1.7 Annual Report

The SAB must commit to sending a copy of its annual report to:

- the Chief Executive and leader of the local authority;



- the Police and Crime Commissioner and the Chief Constable;
- the local Healthwatch; and
- the Chair of the Health and Wellbeing Board.

**1.8** The Care Act guidance clearly states that Safeguarding is **not a substitute** for:

- providers' responsibilities to provide safe and high quality care and support;
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- the core duties of the police to prevent and detect crime and to protect life and property.

## **Key Adult Safeguarding Provisions**

### **1.9 Section 42 Enquiry by a Local Authority**

Where a local authority has reasonable cause to suspect that an adult in its area (whether or not the person normally lives there)

(a) has care and support needs (whether or not the authority is meeting any of those needs), .

(b) is experiencing, or is at risk of, abuse or neglect, and .

(c) as a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it. .

The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

### **1.10 Section 43 Safeguarding Adults Boards**

Each local authority must establish a Safeguarding Adults Board (SAB) for its area. The objective of the SAB is to help and protect adults in its area who have care and support needs and may be at risk of abuse and neglect. The SAB must seek to achieve its objective by co-ordinating and ensuring the effectiveness of board partner agencies. Membership of the SAB is set out in Schedule 2 to include the Local Authority which established it, the Clinical Commissioning Group and the Chief Officer of police in that local authority area.

### **1.11 Section 44 Safeguarding Adult Reviews**

SAB's must arrange for there to be a review of a case of an adult in its area who has care and support needs where there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and the adult has either;



a) died and the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died) or

b) where the adult is still alive, the SAB knows or suspects that the adult has experienced serious abuse or neglect.

An SAB may also arrange for there to be a review of any other case involving an adult in its area if lessons can be learned by conducting a review.

Each member of the SAB has a duty to co-operate in and contribute to the carrying out of a review under this section with a view to identifying the lessons to be learnt from the adult's case, and applying those lessons to future cases.

### **1.12 Section 45 Supply of information**

If a SAB requests relevant information from a person who is likely to hold it, then that person has to provide it if it will clearly assist the SAB in exercising its functions

### **1.13 Section 46 Abolition of local authority's power to remove persons in need of care.**

Section 47 of the National Assistance Act 1948 (which used to give a local authority power to remove a person in need of care from home and was sometimes used in safeguarding situations) has now ceased to apply to persons in England.

### **1.13 Further requirements set out in Schedule 2**

- An SAB must publish for each financial year a **strategic plan** which sets out its strategy for achieving its objective, and what each member is to do to implement that strategy.
- In preparing its strategic plan, the SAB must consult the Local Healthwatch organisation for its area, and involve the community in its area.
- At the end of each financial year, an SAB must publish an **annual report** saying:
  - what it has done during that year to achieve its objective and implement its strategy,
  - what each member has contributed to the implementation of the strategy
  - the findings of any reviews arranged by it in the year and what it has done during to implement the findings of those reviews
  - the reasons for deciding not to implement findings if that is the case
- The SAB must share a copy of the report with the chief executive and the leader of the local authority which established the SAB, the local policing body in the local authority's area, the Local Healthwatch organisation for the local authority's area, and the chair of the Health and Wellbeing Board for that area.

## 2 Cheshire West Supreme Court Decision

- 2.1 The Supreme Court Judgement in the now famous “Cheshire West” case has, as predicted, led to an unprecedented increase in the number of people with cognitive impairments who are held to require formal authorisation of “deprivation of liberty”, either under: a) the deprivation of liberty safeguards (DoLS) (for hospital patients and care home residents), b) through the Court of Protection (for people in supported living schemes and some other community-based arrangements) or c) under the Mental Health Act 1983 for patients who are being assessed or treated for a mental disorder.
- 2.2 In 2013-14, we reported that Northumberland County Council assessed and authorised 39 deprivation of liberty cases. In 2014-15, this increased to nearly 1300 cases in care homes and hospitals, an initial 6 cases referred to the Court of Protection, and a 100% increase in the number of patients being detained under the Mental Health Act 1983.
- 2.3. Northumberland County Council was one of the parties in the hearing arranged by the President of the Court of Protection in *Re X (Deprivation of Liberty)* (2014) EWCOP 25, (2014) MHLO 86 to establish the process to be followed in future deprivation of liberty cases before the court, in the light of the expected large increase in the number of applications.

## 3. Making Safeguarding Personal

- 3.1 Making Safeguarding Personal (MSP) is now enshrined in the Care Act and associated guidance and promotes an outcomes focus to all adult safeguarding work and a range of responses to support people to improve or resolve their circumstances in the way that they see fit. The aim is that safeguarding work is being done with, and not to, people.
- 3.2 2013/14, Northumberland was seen to be working at silver level (see categories below) and this is evidenced in the final report published on 19th April 2014.
  - **Bronze:** working with people (and their advocates or representatives if they lacked capacity) as soon as concerns are raised about them to identify the outcomes they wanted and then looking at the end of safeguarding at the extent to which they were realised.
  - **Silver:** the above, plus developing one or more types of responses and or recording and aggregating information about outcomes.
  - **Gold:** the above, plus independent evaluation by a research organisation.
- 3.3 Throughout 2014/15, we have continued to develop our MSP strategies and embed practice across the county. Key components of our work have included the extension of the Josephine Project to include “Jack”. Jack and Josephine are life-sized anatomically correct, cloth people who can be used to facilitate conversations with people who have learning disabilities about a range of health and safeguarding

issues. Jack and Josephine are used in group and individual 1:1 sessions to talk about how to keep safe, sexual health and relationships, bereavement and loss, personal hygiene. They have also helped people to explain what has happened to them in a safeguarding situation, ensuring that the person's own views and account are central to the investigation.



- 3.4** On 17<sup>th</sup> October 2014 the Chief Social Worker for Adults, Lynn Romeo visited Northumberland and observed some of the work we have been doing for Making Safeguarding Personal. She later placed the following comments on her blog: [www.tinyurl.com/RomeoNorthumberland](http://www.tinyurl.com/RomeoNorthumberland)

“I visited social workers in Northumberland who are a part of the council and health trust and are demonstrating authentic approaches to providing integrated responses and experiences to the people who live in their beautiful county.

I spent the morning with a group of women with learning disabilities and social workers who were evaluating their work together to improve safeguarding and health and wellbeing for themselves and their carers.

I was bowled over by the communication, engagement and relationship building skills of the social workers and the way in which their work was empowering and enabling the women they worked with to have control and choice over how they lived their lives”.

- 3.5** The last year has seen a further roll out of the Safeguarding Information Packs and development of materials in the form of a DVD and leaflets for young adults aged 18 – 25 years.

## 4. Other National Developments which impact on Safeguarding in Northumberland

- 4.1 In October 2014, the Association of Directors of Social Services and Local Government Association published a revised version of “Adult Safeguarding and Domestic Abuse: a Guide to Support Practitioners and Managers”. A considerable proportion of safeguarding adults work relates to the abuse or neglect of people with care and support needs who are living in their own homes. Domestic abuse is perhaps most commonly thought of as violence between intimate partners, but it can take many other forms and be perpetrated by a range of people. Much safeguarding is therefore also domestic abuse. This guide sets out the overlaps between safeguarding and domestic abuse and the approaches and legal frameworks for domestic abuse that can be used in the safeguarding context.

Northumberland Safeguarding Adults Board remains committed to improve and develop our safeguarding arrangements in order that we can prevent where possible, but also respond effectively and proportionately to situations of domestic abuse.

- 4.2 On 7<sup>th</sup> May 2014, Andrea Sutcliffe the Care Quality Commission’s Chief Inspector of Adult Social Care announced the publication of “Safeguarding Adults: Roles and responsibilities in Health and Care Services” Written in partnership with NHS England, the Directors of Adult Social Services (ADASS), the Local Government Association (LGA) and the Association of Chief Police Officers (ACPO), this document sets out how individuals and organisations should work together to prevent abuse and neglect from happening and ensure the safety and well-being of anyone who has been affected.
- 4.3 In Northumberland, the Strategic Safeguarding and Commissioning Teams have continued to work closely with CQC as they develop their inspection programme in line with the new strategy and there continue to be regular information sharing meetings to exchange intelligence about services, and timely communication when new concerns come to light.
- 4.4 The **Mental Health Crisis Care Concordat** is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. It focuses on four main areas:
- Access to support before crisis point
  - Urgent and emergency access to crisis care.

- Quality of treatment and care when in crisis.
- Recovery and staying well

It was agreed that all areas should have tailored locality plans and in December 2014, partners in Northumberland signed a declaration to commit to formulating and implementing the Northumberland action plan to realise the ambitions of the concordat for people living in this county. The action plan was finalised and published in March 2015.

## Response to Winterbourne View

- 4.5** In January 2015, the Association of Directors of Adult Social Services, in association with the Local Government Association, Care Quality Commission, NHS England, Department of health and Health Education England published "Transforming Care for people with learning disabilities – next steps" in response to Sir Stephen Bubb's report published in November 2014 which suggested that the promised progress towards improved care services for people with learning disabilities following the shocking Winterbourne View expose was simply too slow. This shared response sets out the actions to be undertaken by partners to ensure the transformation of care as quickly and effectively as possible.
- 4.6** We have previously reported that in Northumberland, a joint action plan was developed locally, by the Council and the Northumberland Clinical Commissioning Group, involving partners and key organisations. In 2014-15 work has continued to focus on supporting as many patients as possible to remain or return to live in Northumberland, close to their families and either supported to live as independently as possible, or provided with high quality care services.
- 4.7** The Safeguarding Adults Board has continued to offer overview and scrutiny to the plans in Northumberland and routine updates are provided with regards the progress being made.

## Response to Francis Report

- 4.8** In February 2015, the government published "Culture Change in the NHS Applying the lessons of the Francis Inquiries" which sets out the progress that has been made in applying the lessons learned from the tragic and unthinkable experiences of patients and their families at Mid Staffordshire NHS Foundation Trust. This report identifies that there is now a need to embed and sustain the progress made rather than see the work as done.
- 4.9** In Northumberland, the SAB has continued to receive regular assurance updates from key health partners to ensure that the health and social care experiences of Northumberland residents are safe, effective and compassionate..

## Learning from Serious Case Reviews

- 4.10** There have been no adult Serious Case Reviews commissioned in Northumberland in 2014/15. The one case which led to a management review in 2013/14 resulted in lessons learned being shared with all partners. The action plan remains under the review of the Joint Safeguarding Adult Review Committee which is shared across North Tyneside and Northumberland (previously known as the Joint Case Review Panel)
- 4.11** In addition to the case review from Northumberland, two Appreciative Enquiries have been undertaken by North Tyneside and the lessons learned shared
- 4.12** In order to ensure that we are learning from all available sources, the committee have considered not only national adult SCRs but also those commissioned by children's services and domestic homicide reviews both locally, regionally and elsewhere in the country. Each partner is asked to undertake an "organisational stocktake" against the recommendations made in reports and key messages are then disseminated through our learning and development team to frontline staff. Examples of reports considered in 2014/15 include [South Tyneside \(St Michael's View\)](#), West Sussex( [Orchid View](#)), and [Domestic Homicide Reviews Common Themes identified as lessons to be learned](#)
- 4.13** As is often the case with these reviews, communication and information sharing between agencies, and clarity of roles and responsibilities are key features in the learning from many of these tragic events and it is important that we share the learning rather than just accept this as the status quo.



## 5. Safeguarding arrangements in Northumberland

### The Northumberland Safeguarding Adults Board (NSAB)

**5.1** The Northumberland Safeguarding Adults Board (NSAB) is made up of nominated lead officers from key organisations within Northumberland. It includes those organisations that have statutory responsibilities for promoting the welfare of adults and protecting adults at risk of abuse and neglect. The role of the NSAB is to maintain and develop multi-agency frameworks to safeguard adults within Northumberland, to coordinate what is done by each person or body represented on the Board in relation to the safeguarding of adults to monitor and to evaluate the effectiveness of what is done by each person or agency that contributes to work of the board.



**5.2** In 2014/15 the Board has been independently chaired by Russell Pilling who is an experienced senior public sector manager and safeguarding specialist who has extensive knowledge and experience of strategic leadership, service development and transformation. He has previously worked in Northumberland with Children's Services, but has also been involved in various safeguarding projects across England.

**5.3** Membership of the Board includes senior representation from the key statutory organisations involved in safeguarding:

**5.3.1** Northumberland Clinical Commissioning Group

**5.3.2** Northumbria Healthcare NHS Foundation Trust – including members representing key social care functions delegated from the County Council, as well as other community and hospital services

**5.3.3** Northumberland, Tyne and Wear NHS Foundation Trust

**5.3.4** Northumbria Police

**5.3.5** National Probation Service

**5.3.6** Northumberland Community Rehabilitation Company

**5.3.7** Northumberland Safeguarding Children Board

**5.3.8** Northumberland County Council's strategic housing services

**5.3.9** Northumberland County Council's fire and rescue services

**5.3.10** North East Ambulance Service

**5.3.11** HMP Northumberland (Prison) services

**Other important stakeholders include:**

**5.3.12** ADAPT advocacy services

**5.3.13** Victim Support

#### 5.3.14 Carers Northumberland

#### 5.3.15 The Safer Northumberland Partnership

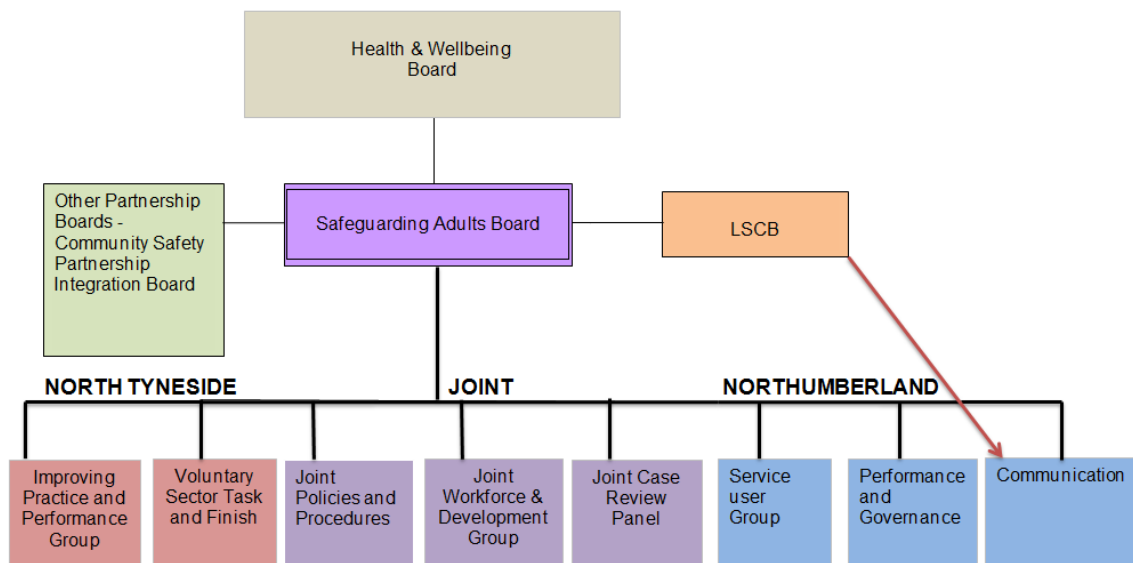
#### 5.3.16 The County Councillor who has the responsibility for Adult Social care

#### 5.3.17 Healthwatch

#### 5.3.18 Representatives of the service user involvement sub group

5.4 Appendix 1 shows the current overall organisational arrangements overseen by the Safeguarding Adults Board. Table a) below shows our governance and accountability structure and Tabel b) shows our development and reporting cycle.

**Table a) Governance structure**



**Table b) Reporting and planning cycle**





**5.5** The SAB identified their priorities at a Development Session held in April 2014. This allowed members time out of formal Board matters to take stock of progress and identify what was important to focus on in the coming year. These priorities were translated into the strategic annual plan, and this annual report tells our public how we have achieved our aims and met our priorities. Each partner assesses their own contribution on an annual basis to help inform the development day.

## **The Strategic Safeguarding Team**

**5.6** In Northumberland, operational safeguarding activity to protect individual adults at risk of abuse and neglect is carried out by care management staff working for Northumbria Healthcare NHS Foundation Trust or Northumberland, Tyne and Wear NHS Foundation Trust. However, in line with the model in operation elsewhere in the region, a central strategic safeguarding adults team supports this work. Due to the pressure of the work created by the Cheshire West judgement in relation to the Deprivation of Liberty Safeguards (Dols), the team was re-configured in April 2014 and split into separate safeguarding and Dols teams.

**5.7** During 2014/15 the strategic safeguarding team consisted of :

- Anna English (Strategic Safeguarding Adults Manager)
- Liz Mulligan (Operational Manager)
- Katie Anderson (Social Worker/Senior Practitioner)
- Amy Turner (Social Worker)
- Danielle Porter (Social Worker)
- Bob Ramsey (Social Worker)
- Amanda Lynn (Social Worker)
- Linda Corrie (Support Worker)
- Fiona Kane (Registered General Nurse/CCG Lead)
- Laura McGuire (Safeguarding Adults Administrator)

**The DoLS team** consisted of:

- Jackie Norman (Social Worker/Best Interest Assessor(BIA) under DoLS)
- Andrea Robson (Social Worker/BIA)
- Lesley Andrews (Registered General Nurse/ BIA)
- Sue Julian (AMHP/BIA)
- Judith Adams (Social Worker/BIA)
- Richard Bould (AMHP/BIA)
- Ellie Armstrong (DoLS Administrator)

- 5.8** The Strategic Safeguarding Manager oversees safeguarding and DoLS arrangements more broadly, providing professional leadership, giving support to the Safeguarding Board, developing policies and partnerships and supporting training across the workforce.
- 5.9** The Operational Manager manages the safeguarding and Dols processes within the team, supervises the staff, supports community team managers, attends complex case discussions and supports the delivery of training.
- 5.10** The safeguarding adults team support front-line care management teams in complex and high-risk safeguarding cases, by
- Chairing strategy, planning and review meetings
  - Carrying out investigations into serious allegations of abuse and neglect
  - Supporting the Learning and Development Unit to develop and deliver a range of safeguarding and associated specialist training courses for front-line and partner agency staff
- 5.11** The safeguarding team reports into local Multi-Agency Public Protection Arrangements (MAPPA) and the Multi Agency Risk Assessment Conference (MARAC). The Safeguarding Adults Team is the Single Point of Contact for the purposes of operational and strategic MAPPA work.
- 5.12** The team also have a strategic function to co-ordinate any safeguarding meetings relating to vulnerable adults under the Prevent agenda. Prevent is part of the overall Contest Strategy to combat extremism and tackles the radicalisation of vulnerable adults and children to avert potential acts of terrorism. This process has only been used twice once in 2014/15 in Northumberland.
- 5.13** The DoLS team coordinates assessments under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards with respect to people without mental capacity who are deprived of their liberty in a care home or hospital.
- 5.14** They liaise with other relevant professionals, including the coroner where the person has died whilst subject to a Dols authorisation, and co-ordinate referrals to the Court of Protection.

### **Arrangements within Individual Agencies**

- 5.15** Each of the key agencies represented on the Safeguarding Adults Board has arrangements within its organisation to ensure an appropriate focus on safeguarding issues. Safeguarding policies and procedures in many agencies have been refreshed in the past year in preparation for the implementation of the Care Act. Detailed reports are provided by those agencies in Appendix 3.

## **6. Work-streams of the Safeguarding Adults Board**

The Safeguarding Adults Board is supported by a series of sub groups that undertake work on behalf of the board in accordance with the overall strategic plan

### **Service user involvement**

**6.1** The purpose of the sub group is to:

- Cascade/feed up information pertaining to the Safeguarding Adults Board (SAB) to/from service user networks and forums in Northumberland
- Ensure that Making Safeguarding Personal practice is embedded in Northumberland
- Ensure that the service user and carer voice is heard within all policy and practice development within safeguarding
- Develop materials/information for members of the public that has been approved for 'clarity and sense' by the group
- Involve service users and carers in the development of training
- Participate in task and finish groups to complete projects/pieces of work on behalf of the SAB

**6.2** Areas of focus for this group have included the impact of welfare reform on safeguarding adults, assisting in identifying engagement opportunities in relation to safeguarding, and the development of stronger links with existing networks and user groups across Northumberland.

### **Communications and publicity**

**6.3** During 2014/15, Northumberland has participated in a series of national and regional communication initiatives designed to raise public awareness of safeguarding issues. These have included a radio campaign and public engagement event co-ordinated by Durham County Council.

**6.4** The public engagement event in Northumberland took place on the 12<sup>th</sup> August 2014 at the Sanderson Arcade in Morpeth. Approximately 200 leaflets were distributed and a number of members of the public asked questions of the staff in attendance.

**6.5** In June 2014, we joined Newcastle and North Tyneside in a number of shared awareness raising events across the North of Tyne area as part of SAFE (Safeguarding Adults for Everyone) week. This started with a guided walk at Corbridge, and included a thematic workshop for carers, a safeguarding

conference, a bake off/coffee morning, and a tea dance all aimed at raising awareness about safeguarding.

**S A F E**

Safeguarding Adults For Everyone Week

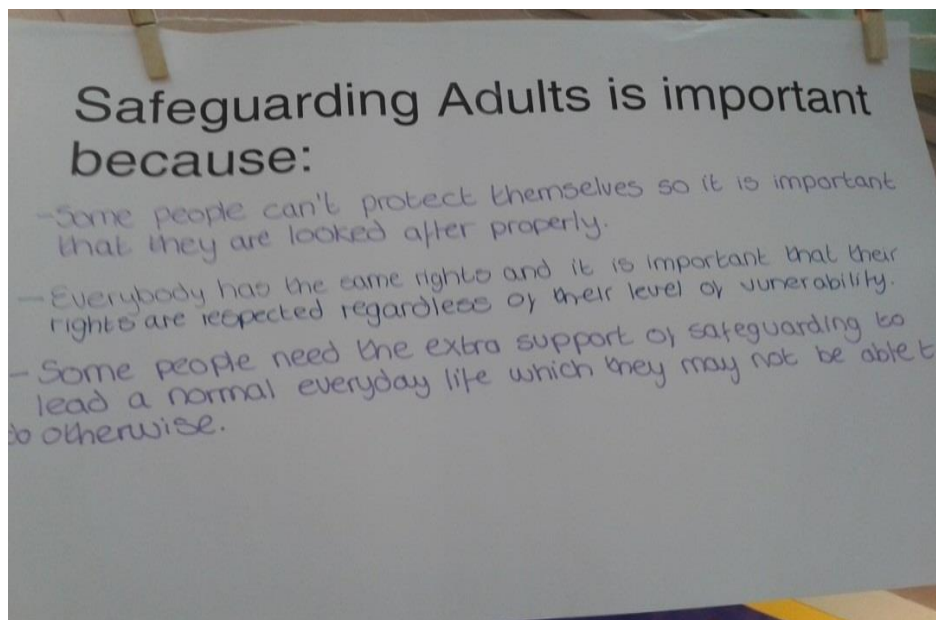
**Guided Walk in Corbridge Sunday 15<sup>th</sup> June 2014**





**6.5.1** All participants were asked to write down their thoughts about Safeguarding at the end of the walk to see if it had made them think differently about vulnerable people.

### Feedback from two young participants



### North Tyneside – Safeguarding Conference 19<sup>th</sup> June 2014

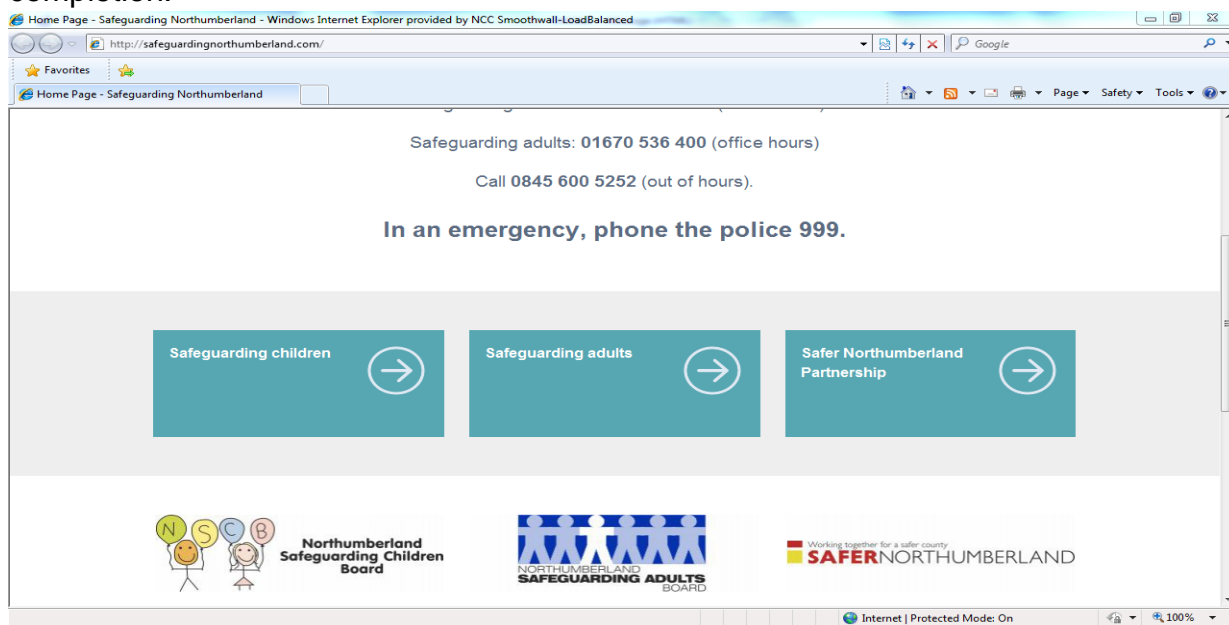
**6.5.2** The conference was attended by over 100 delegates from Newcastle, North Tyneside and Northumberland and was themed around Safeguarding. It looked at learning from serious case reviews, the deprivation of liberty safeguards and prosecution under Section 44 of the Mental Capacity Act 2005





**6.6** During 2014/15 there has also been increased joint working with Children's Services and Community Safety colleagues in Northumberland resulting in the development of a shared Northumberland safeguarding website and a shared communications sub group which will continue to look at efficient ways of publicising safeguarding across the county. The website is nearing

completion.



**6.7** We have also placed articles in staff bulletins and circulars, the Golden Guide and Northumberland News and the Northumberland County Football Association Folder.

## **Performance and Governance**

**6.8** The Performance Subgroup has started to focus more on the outcomes being achieved through safeguarding, as well as on the systems in place for monitoring compliance with safeguarding policies and procedures.

**6.9** There have now been significant improvements made to the way in which safeguarding cases are recorded. These changes allow for a better over view of the cases that are being referred, how they are being managed and the outcomes that are being achieved on behalf of adults who have experienced or are at risk of abuse or neglect.

**6.10** The group reports regularly to the Board and affords governance and scrutiny to the safeguarding processes in Northumberland on a multi-agency basis.

**6.11** Further quality assurance has been introduced through the use of case audit tools, and a self-assessment quality assurance framework for Safeguarding Board Members. The findings of assessments will continue to be considered by the group and shared with the board..

## **Policies and procedures**

**6.12** The role of this subgroup is to support the development and updating of policies and procedures relevant to safeguarding across all partner agencies.

- 6.13** During 2014/15 the main objective has been to review [all policies and procedures](#) to ensure that they are compliant with the Care Act. This has been achieved and we now have a single policy document for North Tyneside and Northumberland, the 10 steps document is also shared but localised, as is the information sharing policy. The Safeguarding Adult Review policy is shared across the North of Tyne area (to include Newcastle).
- 6.14** Moving forward, the policy and procedure group will include representatives from North Tyneside and Northumberland, with input from Newcastle where a three way policy can be achieved.
- 6.15** The shared Quality Assurance Framework agreed with North Tyneside and Newcastle will be shared across all three boards later in the year to monitor effectiveness of partner contributions to the board and safeguarding activity in Northumberland.

### **Training Sub Group**

- 6.16** This subgroup remains a shared group across Northumberland and North Tyneside, with additional input from Newcastle City Council Safeguarding on certain projects .
- 6.17** In 2014/15 Northumberland has continued to deliver against the Safeguarding Adults Board training strategy. Appendix 2 provides a detailed report on the current Adult Safeguarding training programme.

### **Joint Case Review Panel (Safeguarding Adults Review Committee from April 2015)**

- 6.18** The Joint Case Review Panel has responsibility for supporting delivery of a number of key Northumberland Safeguarding Adults Board Strategic Action Plan actions. These include:
- Receiving and considering referrals of new cases against case review criteria and making recommendations as to the most appropriate type of review to the Independent Chair of Northumberland Safeguarding Adults Board;
  - Overseeing, on behalf of the Board, case review processes, including the compilation of reports and the monitoring of action plans
  - Ensuring that lessons learnt from case reviews, local and national, and emerging national policy and research are clearly understood and widely disseminated
  - Working with other sub groups to ensure learning is embedded in to training and to inform the Communication Strategy;



- Providing assurance to Northumberland Safeguarding Adults Board on case review, progress of action plans and evaluation of changes and improvement in practice
- 6.19** The Joint Case Review Panel reviews and considers local cases determining the most appropriate type of case review to be undertaken where it is identified that there is learning in terms of how agencies work together.
- 6.20** The Panel also reviews and considers national cases to identify whether there are specific learning points that could be utilised to inform and improve multi-agency safeguarding practice in Northumberland. This enables the development of responsive training and the translation of learning into improvements in practice and service delivery.
- 6.21** Key achievements for 2014/2015 include:-
- Strengthening of joint working across Northumberland and North Tyneside on matters pertaining to risk, safety and vulnerability;
  - Early intervention and action following identification of cases of concern;
  - Improving governance in relation to case review processes, particularly pertaining to accountability to the Board and timeframes for case review processes;
  - Benchmarking multi-agency practice in Northumberland against national recommendations from serious case reports.
- 6.22** The Committee will continue with its “horizon scanning” function in considering emerging national policy research or safeguarding initiatives which may have implications for case review and the associated dissemination of learning to change and improve practice.

## 7. Major safeguarding issues during the year

Section 9 of this report provides detailed statistical information about operational safeguarding activity across the county during 2014/15.

### Safeguarding in care homes

- 7.1** During 2014/2015 there were five care homes where new admissions were restricted for a period because of safeguarding issues. In four cases, homes voluntarily agreed to controls on admissions – two of them suspending all new admissions, and two restricting admissions to those agreed with the Council as being appropriate. In the fifth case, the provider did not agree to this, and the Council imposed a block on admissions of any residents for whom it had responsibility. At 31<sup>st</sup> March 2015 there was one home subject to suspension. This has subsequently been removed.
- 7.2** The strategic safeguarding team has also worked (in conjunction with the Care Quality Commission and Northumberland County Council commissioning team) with a further 4 residential/nursing homes where concerns have been raised. Concerns have been in connection with the general quality of the environment, neglect, lack of appropriate leadership, staffing levels, institutionalised cultures, physical assault, failure to summons appropriate medical care in a timely manner, appropriate recording, lack of dignity and respect to users of the service. Where the concerns have been as a consequence of poor practice on the part of individual staff members, appropriate action has subsequently been taken
- 7.3** Referrals about residential and nursing homes have been brought to the strategic team's attention through
- Reports to the Care Quality Commission (by whistle-blowers or families) who passed on the information to the team
  - Direct referral to the team via whistle-blowing staff
  - Direct referral by families/friends/other members of the public
  - Referral by care managers or GP/community nursing services
  - Referral via acute hospital services
  - Referral by police who conducted investigations where appropriate
  - Referral by Ambulance or Fire Services.
- 7.4** With immediate safety and wellbeing checked, co-ordinated multi-agency responses have been initiated, involving the Safeguarding Team, Northumberland County Council Commissioning Team, Northumbria Healthcare NHS Foundation Trust (Community Services Business Unit) review and care management staff, Care Quality Commission, Northumberland Clinical Commissioning Group, GPs, Community Nursing services and

Northumbria Police. These investigations and resulting action planning has ensured that alleged perpetrators have been dealt with in the most appropriate manner, alleged victims have been supported, care plans for all residents have been reviewed and service level improvement measures put in place.

**7.5** For those services subject to suspension, the improvements put in place by the providers resulted in the suspensions being lifted in all five cases with those services resuming regulatory and contractual compliance.

**7.6** On-going work with all of the homes referred to the strategic team involves monitoring action plans, providing support and training, and unannounced visits.

## **8. Serious case reviews 2014/15**

**8.1** There have been no adult Serious Case Reviews commissioned in Northumberland in 2014/15. The one case which led to a management review in 2013/14 resulted in lessons learned being shared with all partners. The action plan remains under the review of the group

## 9. Case examples

**9.1** The range of safeguarding activity in Northumberland during the year can be illustrated through the following real case examples which have been provided both by the Strategic and Community teams:

### Case Study 1

#### **Ms A – a case of neglect in independent supported living**

Ms A is in her twenties and has a moderate learning disability and Autism. She lives in independent supported living and is supported by care staff 24 hours a day.

An allegation had been made that Ms A had sustained bruising and abrasions to various parts of her body and the cause could not be established. As Ms A is supported 24 hours a day there was no reason why such injuries could not be accounted for.

A Safeguarding investigation was carried out. Ms A did not have the capacity to make decisions about the safeguarding investigation, so the safeguarding officer liaised with Ms A's family who were extremely concerned about the situation. During the investigation it became apparent that one family member was concerned to such a degree they felt it necessary to speak to care staff every day in case they missed something. This was difficult for the family member as they had recently suffered a bereavement and been diagnosed with a serious health problem themselves.

After consultation with family members, it was agreed that the investigation would look holistically at Ms A's care. The findings included inconsistencies in staffing, poor staff communication, staff failing to follow policies and procedures and staff failing to contact medical professionals in a timely manner.

Although it was not possible to conclusively determine that physical abuse had taken place, neglect was identified as the provider had not contacted the GP to ask them to examine Ms A's injuries in a timely way.

The provider accepted that Ms A's care should have and could be managed more effectively and gave assurance to Ms A's family that Ms A's care would be better managed in the future. This was a particularly important outcome for Ms A's family member who was concerned that in the event that their own health deteriorated further, Ms A would not have someone to advocate for her in the future.

The outcomes for Ms A are that she now has a more consistent staff team, communication between staff and the family has improved and she is happily accessing more community activities.

## Case Study 2

### Mr B: abuse by a care worker

Mr B was an 85 year old resident in a care home. He had a number of physical and mental health conditions which impacted on his ability to carry out activities of daily living and was fully dependent on the staff to do this on his behalf. He required full support with diet and nutrition, personal care tasks and communicating his thoughts and wishes.

The allegation made was in relation to a care assistant by another member of staff. The staff member was alleged to have used excessive force when assisting Mr B with personal care, by using inappropriate manual handling techniques and placing a hand over his mouth in an attempt to stop him from shouting abusive language.

Following a strategy meeting and a decision made by the police that no further action was going to be taken, a safeguarding investigation took place. Information was gathered from the service user, his family, staff and the home manager. Due to the nature of the allegation Mr B's family were understandably distressed. Mr B lacked capacity to understand the safeguarding process or the allegation that had been made due to his mental health condition.

The safeguarding investigation highlighted that the service needed more robust procedures in place with regards the reporting of safeguarding incidents and recording injuries, so that if a bruise was identified a body map would be completed to support written notes and repeated until the bruise had disappeared. Any suspected safeguarding concern should be reported to adult social care immediately and the strategic team visited the care home to attend a staff meeting to explain the importance of this.

The investigation showed that the staff member had in fact received the appropriate moving and handling training, but they had not been offered training with regards to how to manage difficult or challenging behaviour.

It was concluded that their responses to a difficult situation had been inappropriate and the service sought training for all staff in the management of challenging behaviour to ensure all staff were able to cope with the needs of their residents.

The investigation also highlighted some difficult dynamics within the staff group which, having been brought to the attention of the service provider were dealt with to improve the overall experience of all residents and staff in the home.

### **Mrs C – A case of domestic violence between mother and son**

Mrs C was aged 84 and living with her son, who was 56 in a Local Authority property. Mrs C had age related frailty but there were no concerns in relation to her memory or mental health. Mrs C's son had a diagnosis of Asperger's Syndrome and a mental disorder. He was the main carer for Mrs C. and the couple did not have any formal support via adult services, or informal support via their local community; consequently they relied heavily upon each other.

A safeguarding alert was raised by Northumbria Police. Mrs C had contacted them to report that she was frightened because her son was being verbally aggressive to her and had damaged furniture within their home. Mrs C had gone to a neighbour's address to use their telephone. When police arrived, they found Mrs C's home had no heating, electric, or telephone and there was little food in the cupboards. Mrs C said her son managed the finances and he felt the above necessities were too expensive and therefore not to be used.

Mrs C was contacted immediately by a social worker from Adult Services following the alert. Due to the nature of the situation Mrs C was spoken to alone and her son was not aware of the contact. The social worker met with Mrs C to discuss the safeguarding process and to find out what she wanted to happen. Mrs C wanted to continue living with her son. At this time Mrs C was deemed to have the mental capacity to make an informed decision to do so. It was agreed that on-going support would be provided to Mrs C and her son by a range of support services – Adult Services, Mental Health Services, Northumbria Police and Homes for Northumberland. Due to the nature of Mrs C's sons mental health condition, he found change to routine extremely difficult therefore the introduction of services was carried out in a planned and sensitive manner.

Mrs C and her son continued to reside together at their home address for a further six months. During this time the situation remained volatile but both Mrs C and her son remained adamant that they wanted to stay together and they generally enjoyed each other's company. Sadly, the situation escalated and Mrs C's son physically assaulted her leading to his arrest and bail to another address. Mrs C accepted that this needed to happen.

Mrs C's physical and mental health deteriorated and she was admitted into residential care. Mrs C and her son were both extremely distressed at being separated from one another so regular supervised contact has been facilitated. Mrs B has now settled in residential care. Her son has now moved into an adult foster placement, where he appears very settled and happy.

## Case Study 4

### Mr D – A case of neglect in a care home

Mr D was a seventy four year old man living in a male Elderly Mentally Infirm unit within a residential care home. Mr D had a diagnosis of Alzheimer's Disease and Parkinson's Disease.

Mr D experienced difficulty mobilising and was at high risk of falls. Mr D reported feeling unsteady on his feet and therefore regularly chose to lower himself to the floor to enable him to move around his environment. Mr D was able to lower himself to the floor and get up again by himself.

A safeguarding alert was raised by the North East Ambulance Service following a callout to the residential home. Upon arrival, the nurse in charge disclosed that Mr D had been lying on the floor for thirty minutes before an ambulance was called. The nurse advised that she thought Mr D had lowered himself to the floor. Mr D had unfortunately fallen and suffered a neck, back and hip injury.

The safeguarding team met with Mr D to discuss the safeguarding process and to determine what he wanted to happen. Mr D advised that he liked living at the care home and wished to return on discharge from hospital. Mr D fully recovered without any lasting damage and returned to the care home

A safeguarding investigation led to the conclusion that neglect had occurred in respect of Mr D as the nurse in charge had failed to summon medical assistance in a timely manner. Appropriate actions were taken in relation to the staff member – disciplinary procedures were instigated and they received further training and supervision for a certain period of time.

The care home worked closely with the safeguarding team to trial different methods of assistive technology to enable Mr D to mobilise safely. Mr D agreed to wear a falls detector, a piece of equipment which was attached to his waist belt. This was triggered upon impact, therefore if Mr D lowered himself to the floor in a controlled way the sensor would not alarm, however if he experienced a fall this would alarm and alert care staff.

Mr D continues to use this piece of equipment and both he and staff find this beneficial. Mr D remains happy and settled at the care home.



## 10. Overall breakdown of safeguarding data

- 10.1** The number of Adult Concern Notifications was 32% higher during 2014-15 (4795) compared to 2013-14 (3638). A Notification is information from other agencies which does *not* (on its own) indicate that there has been a significant incident of abuse or neglect, but which may, taken together with other information, call for further investigation.
- 10.2** There were 754 Safeguarding Referrals during 2014-15. A referral is a situation which the referrer believes may call for investigation. This was 13% higher than the previous year (669 referrals in 2013-14). Of these, 544 (63%) were assessed as requiring an investigation.
- 10.3** During 2014-15, where service users or their representatives had told us what their desired outcomes from an investigation were, these were fully or partially met in 92% of those cases which were closed during the year (190/207). Further details of safeguarding activity are given below.

### Outcome of safeguarding investigations

- 10.4** Where investigations concluded that there was no evidence of abuse this does not necessarily mean that referrals are inappropriate; often the evidence initially available presents real reasons for concern, but further investigation shows that there is an innocent explanation. Of the 544 cases that were closed during the year, investigations led to the conclusion that:
- 45% of cases were substantiated or partially substantiated (an increase from 41% last year)
  - 27% had inconclusive evidence
  - 28% had no evidence of abuse
- 10.5** Table 4 shows that In 297 cases the risk was reduced, in 176 cases the risk was removed and in 71 cases the risk remained at the person's choice. In no cases was "no further action" selected.

Table 4 - Breakdown of Closed Referrals by Results of Action Taken		
Risk Reduced	297	
Risk Removed	176	
Risk Remains - Person's Choice	71	
No Further Action under Safeguarding	0	
Total	544	

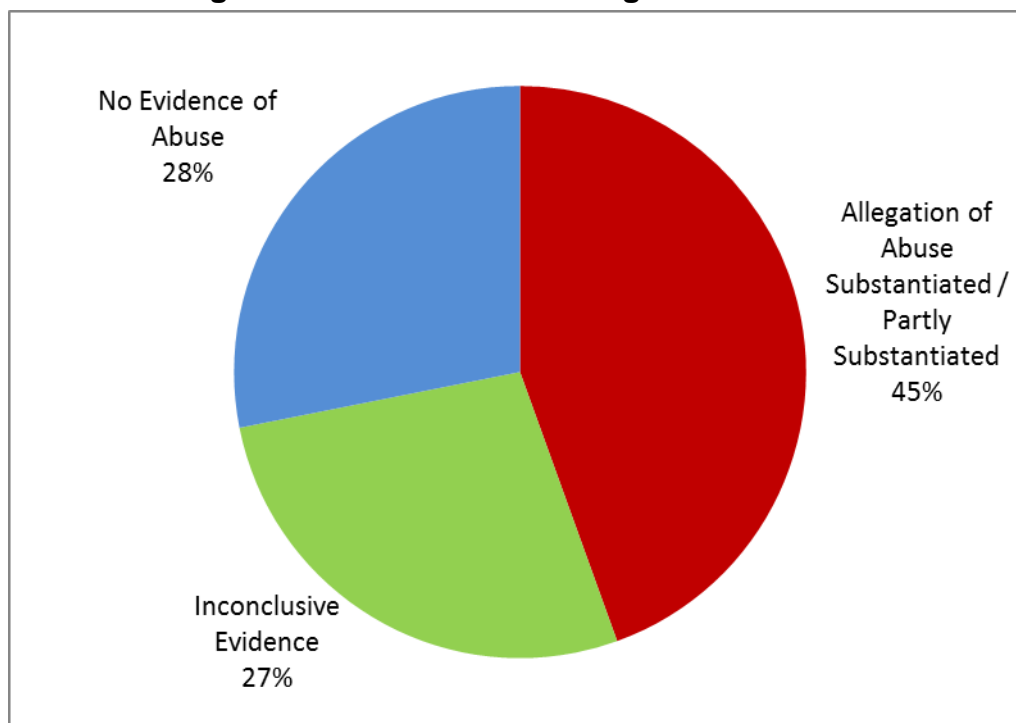
- 10.6** Leaving people in "risky" situations feels counter-intuitive in safeguarding situations,



but one of the key principles of the Mental Capacity Act 2005 is that a person should not be deemed to lack capacity to make a decision simply because that decision may appear to be unwise. In some cases the decision to remain at potential risk of harm may appear unwise, but if the person has the mental capacity to make that decision, there is no legal authority to intervene to safeguard that person.

- 10.7** The Care Act guidance describes safeguarding as the protection of an adult's right to live in safety, **free** from abuse and neglect. People and organisations are asked to work together to **prevent and stop** both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This important, person centred shift recognises that adults sometimes have complex interpersonal relationships and that they may be ambivalent, unclear or unrealistic about their personal circumstances; being safe is only **one of the things** they may want for themselves.
- 10.8** Cases where risk remained after the safeguarding procedures have included situations of domestic violence between spouses, situations where older parents are being taken advantage of financially by their children, and risks to people who chose to continue to use drugs and alcohol. In the cases concerned, the people were deemed to have the mental capacity to make the decision to remain at risk.

**Figure 1: Outcome of investigations 2014/15**



**10.9** The 544 referrals received during the year represent a wide range of situations, from allegations of serious abuse or exploitation, through to concerns about incidents or minor injuries which required further investigation because there was possible evidence of an underlying problem of ill-treatment or neglect.

## Sources of Referrals

**10.10** The sources of referrals are shown in Table 1 below. Police and residential care staff were (individually) the most frequent sources of referrals; with social care staff demonstrating the highest levels of reporting and awareness as an overall category. These figures reflect the training and commissioning/regulatory expectations of provided care and adult health and social services in relation to adult safeguarding.

**Table 1 - Sources of Safeguarding Referrals\***

<b>Social care staff</b>	Care Home Staff	81
	Social Worker/Care Manager	58
	Domiciliary Care Staff	30
	Day Care Staff	4
	Other	1
	<b>Social Care Staff (CASSR &amp; Independent) - Total</b>	<b>174</b>
<b>Health staff</b>	Secondary Health Staff	35
	Primary/Community Health Staff	31
	Mental Health Staff	19
	<b>Health Staff - Total</b>	<b>85</b>
<b>Other sources of referral</b>	<b>Police</b>	<b>70</b>
	<b>Family/Friend/Neighbour</b>	<b>55</b>
	<b>Other Emergency Service</b>	<b>30</b>
	<b>Care Quality Commission</b>	<b>21</b>
	<b>Self Referral</b>	<b>17</b>
	<b>Housing</b>	<b>6</b>
	<b>Education/Training/Workplace Establishment</b>	<b>5</b>
	<b>Other</b>	<b>11</b>
<b>Overall Total</b>		<b>474</b>

## Location where alleged abuse took place

**10.11** The location of alleged abuse in the past year is shown in Table 2. Referrals alleging abuse in people's own homes have nearly doubled, over-taking care settings as the most likely place for abuse to be reported. The higher figure in 2014/15 appears to correlate with the high level of reporting from community

health and social care and police staff showing greater general community awareness and multi-agency reporting of safeguarding issues, but there has also been an increase in the number of people self-reporting (17 in 2014/15 compared to 10 people in 2013/14), and of the referrals being made by health and social care professionals, many of these were in response to self disclosure or family members disclosing on the person's behalf to them which indicates an increased public awareness that abuse and neglect are unacceptable.

**Table 2 – location where alleged abuse took place**

Care Home	213
Hospital	36
Own Home	230
Service within the community	10
Other	95
<b>Total</b>	<b>584</b>

Note: More than one location for the alleged abuse can be recorded per referral.

## Source of risk

**10.12** Abuse and neglect can be perpetrated by anyone; professionals, spouses, family members, strangers. Referrals in 2014/15 identified a broad cross section of sources of risk. Referrals relating to unknown sources/strangers can relate to telephone scams, cyber bullying or internet exploitation as well as abuse directed towards people who may not have the capacity to identify the perpetrator.

**Table 3 - Breakdown of Closed Referrals by Source of Risk**

Social Care Support or Service	331
Other Known to Individual	181
Other Unknown / Stranger	32
<b>Total</b>	<b>544</b>

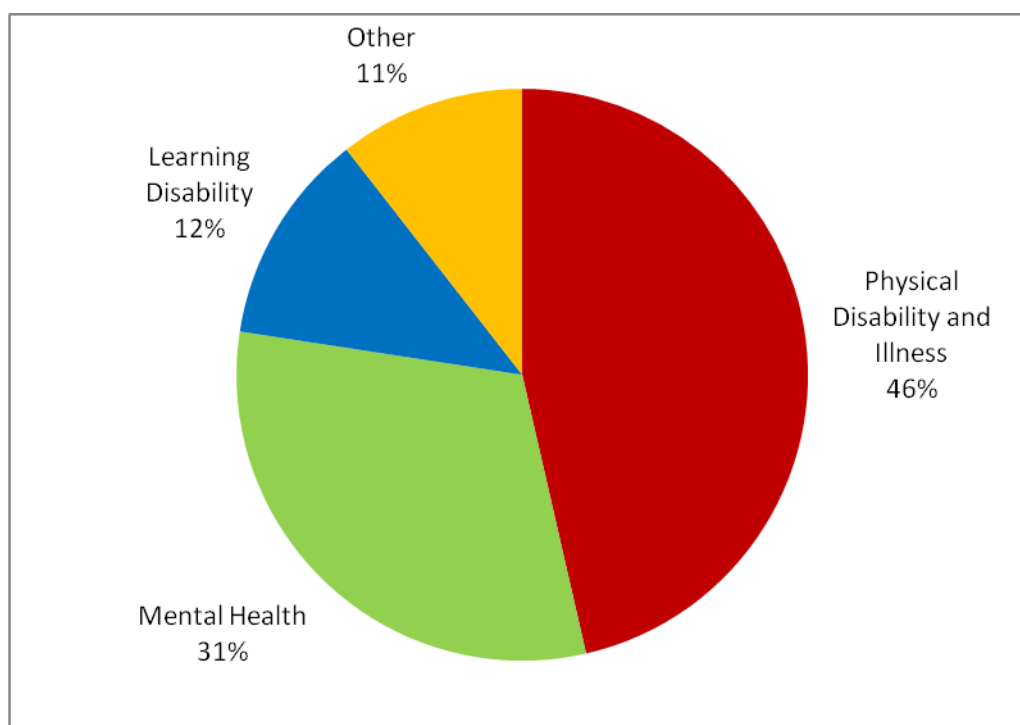
Note more than one source of risk can be reported

## Safeguarding Referrals by client group

**10.13** Referrals in 2014/15 related to people from all client groups with a wide range of disabilities. The graph below shows numbers broken down according to the broad categories of disability by which care management teams are organised. (All categories include adults of all ages, so older people appear under all the main headings.

**10.14**

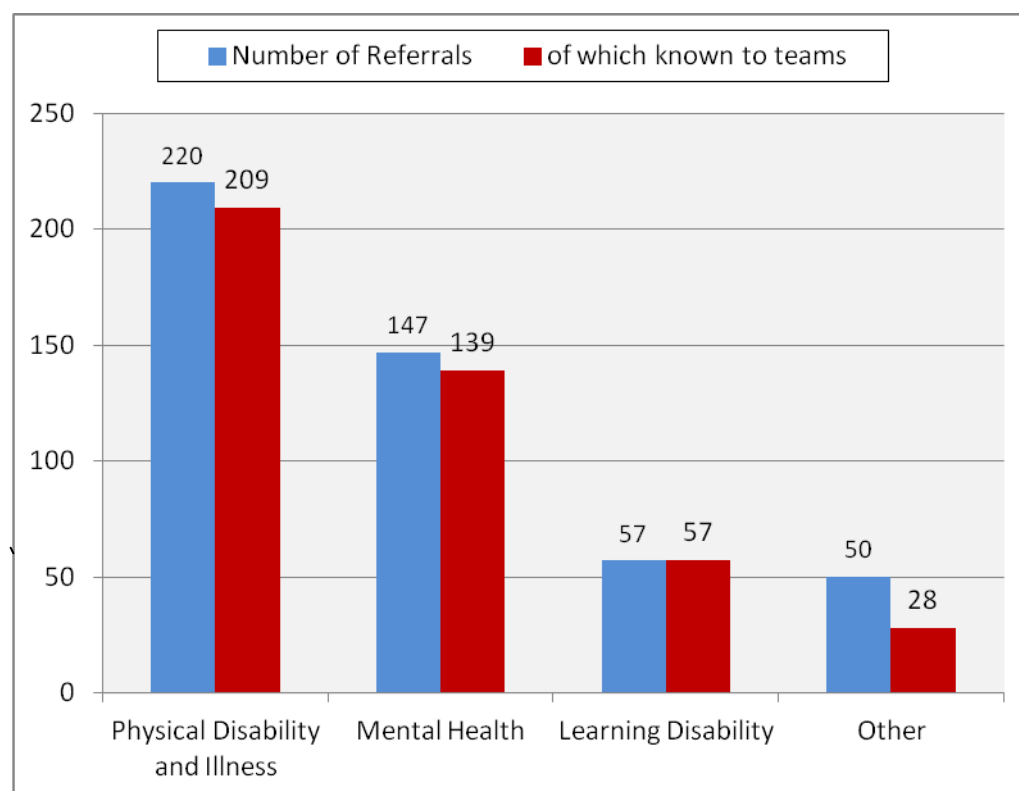
**Figure 2: Referrals to Safeguarding by Client Group**



## Number of people already known to services

**10.15** All of the referrals investigated by learning disability teams were of people already known to the team. Physical disability and illness and mental health teams were comparatively more likely to receive referrals about people who they had not previously been working with, but the “other” category showed the highest number of people not previously known (22 cases out of 50).

**Figure 3: Number of people referred who were already known to teams**



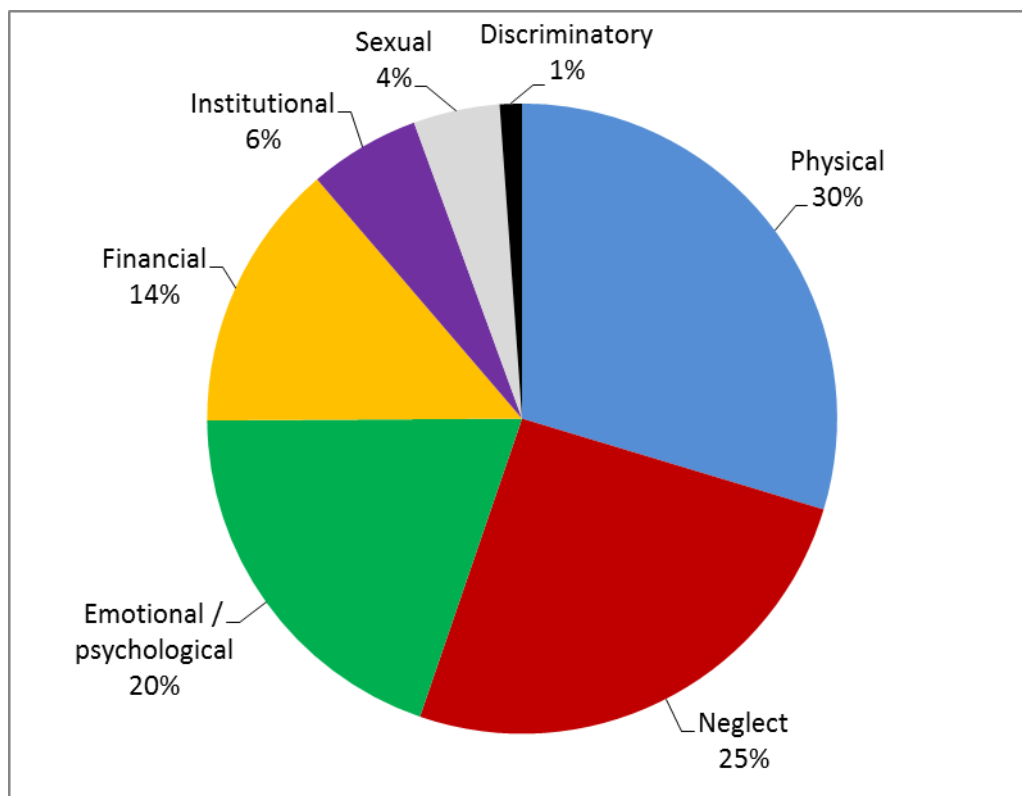
## Nature of abuse

**10.16** 2014/15 saw an increase in number of referrals in the category of physical abuse (234 cases compared with 169 in 2013/14) whilst the number in the neglect category increased from 182 cases in 2013/14 to 202. Though it is obviously important to capture any changes in safeguarding data, some of these changes may reflect improved recording by staff who are more clear about which category to use rather than evidence of increased risk.

**10.17** All other types of abuse stayed relatively static in 2014/15 compared to previous years

**10.18** The graph below shows numbers classified according to the standard categories used in national statistics – but within each of these categories there were many different kinds of concern for example physical abuse can be anything from a minor physical altercation between two service users to assault by a member of staff against a vulnerable person

**Figure 4: Nature of the alleged abuse<sup>1</sup>**



## 11. Equality issues 2014/15

**11.1** Under equalities legislation, public bodies have a particular responsibility to ensure that people do not suffer harassment or disadvantage because of “protected characteristics” including disability, gender, race, sexual orientation and religion. Safeguarding data make it possible to monitor broadly the protected characteristics of people about whom referrals are made.

**11.2** 297 (67%) of the safeguarding referrals made during the year related to alleged abuse of women and 145 (33%) related to men. This suggests a reduction in reports relating to men who last year made up 37% of the total referrals. The 2014/15 figures differ by 8% in relation to the care management caseload which consisted of 59% women as at 31st March 2015. These

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<sup>1</sup> Note the figures in the graph include every type of abuse identified in each referral: referrals can include multiple types of abuse



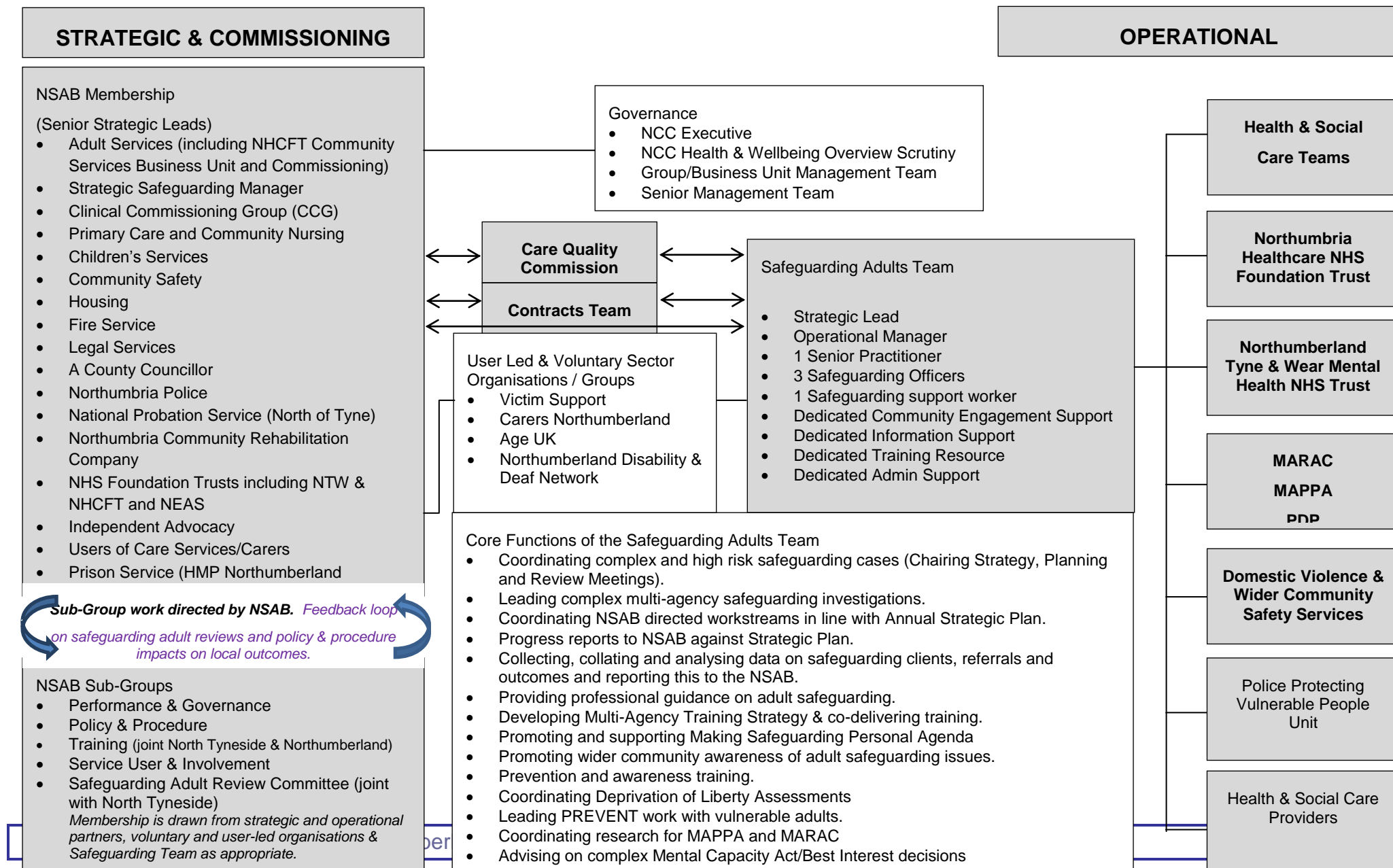
figures can largely be explained by demographic differences in longevity and the prevalence of disability

- 11.3** Only one referral was recorded as being of a person of ethnicity other than “White – British” (though 10% did not have ethnicity recorded).
- 11.4** 298 referrals (67%) were for people aged 65 and over. This similar to the proportion of people aged 65 and over in the overall care management caseload (64%).
- 11.5** The nature of the adult safeguarding system means that almost all safeguarding work is focused on protecting people with disabilities.

## **12. Priorities for the coming year 2014/15**

- 12.1** Key priorities for the Safeguarding Adults Board in the coming year are detailed in our Strategic Plan which is attached. In summary, the NSAB intends to:
- a)** Continue to develop and strengthen multi-agency safeguarding practice across Northumberland
  - b)** Strengthen the governance and quality assurance frameworks for the Safeguarding Adult Board holding partners to account for their safeguarding activity
  - c)** Use the lessons learned from Serious Case Reviews whether in Northumberland or elsewhere in the country to promote and develop best practice in Northumberland
  - d)** Ensure that the Safeguarding Adults Board is compliant with the statutory requirements of the Care Act 2014
  - e)** Consider the impact of welfare reform and poverty on safeguarding adults
  - f)** Consolidate our Making Safeguarding Personal work, and ensure that person centred safeguarding practices are embedded throughout Northumberland.
  - g)** Continue with joint working with North of Tyne colleagues on shared initiatives and policies.
  - h)** Continue to work with childrens and community safety colleagues in tackling the risks of sexual exploitation

## Appendix 1: a) Safeguarding arrangements in Northumberland 2014/15



## **Appendix 2: Safeguarding Training**

### **Safeguarding Adults Training and Development Programme** **Learning and Development Unit Community Services Business Unit** **April 2014-March 2015**

#### **Current Programme**

During the year we have continued to develop high quality training to meet the needs of a diverse workforce and have continued to seek new initiatives through collaborative working with a number of partner agencies. We have managed to successfully achieve the priorities within Year 2 of the Training Action Plan.

Additionally, the year focussed on a programme of staff briefings and workshops in readiness for the implementation of the Care Act 2014 on 1<sup>st</sup> April 2015. There has been an extensive range of learning and development opportunities to equip practitioners and embed new working processes. This work will be on-going post implementation of the Act throughout 2015.

Our Training Action Plan continues to reflect the commitment and ambition of the Care Management Training Team to ensure our training remains 'fit for purpose' to support practitioners in their respective roles.

The Safeguarding Training programme continues to provide the 'core' Safeguarding Adults Training Modules as well as a number of new initiatives:

#### **Core Safeguarding Adults Training:**

- i) Awareness and Alerting**
- ii) Multi Agency Referral & Decision Making**
- iii) Investigation Skills**
- iv) Joint Working & Criminal Investigations**
- v) Decision Making & Accountability**

#### **New Training Initiatives**

During the reporting period we introduced the following new training initiatives:

#### **Safeguarding Adults for Service Managers**

An intensive 2 day programme for Managers and Supervisors from the Private, Voluntary and Independent sector. This was supported by a member of the safeguarding adults team and was a great success resulting in an additional session to meet demand.

## **Josephine Workshops**

Following the 'train the trainer' programme for Josephine facilitators we have provided a number of workshops to learning disability groups. In addition, the Josephine Training Team has developed new workshops in collaboration with other practitioners including Bereavement and Loss.

One to one sessions have also started as part of discreet safeguarding adults interventions.

## **Investigation Skills for Team Managers**

This looks at the role of the Team Manager in supporting the social workers/nurse practitioners to carry out a safeguarding investigation. The session focussed on the roles and responsibilities of team managers, before, during and after the investigation as they guide staff through the process. A practice guidance tool will be developed as a result of the discussions and issues raised.

## **Jack**

As a result of the successful commissioning of Josephine funding was secured to commission Jack. A trainer group has been identified to facilitate Jack workshops and this will be co-ordinated in a similar way to Josephine. The Jack workshop programme will be available from May 2015.

## **Specialist Learning Event**

In partnership with colleagues in Newcastle and North Tyneside Learning and Development Teams we arranged and co-ordinated a specialist event to raise awareness of the issues of Female Genital Mutilation, Forced Marriage and Honour Based Violence. We were successful in securing specialist guest speakers from Shine and the Anjelou Centre in Newcastle. The event was attended by social work practitioners from both children's and adults services and was extremely well received.

## **S A Awareness e-learning development**

With the implementation of the Care Act 2014 there have been a number of changes to Safeguarding Adults training resources. To meet demand for training we have developed a Care Act compliant e-learning package which has been approved cross authority with Newcastle and North Tyneside as meeting the Level 1 Awareness mandatory requirement.

This e-learning package is available to all Private, Voluntary and Independent sector providers via the e-learning platform of NCC and is to be used as an alternative to face-to-face training for refresher purposes only.

We do still continue to provide face to face sessions for new staff with no prior safeguarding adults training.

The package has an 85% 'pass' rate and is assessed at various stages with a final case study scenario.

## **Hindsight**

Building on the UK Government Counter Terrorism Act and the Prevent Strategy, we provided this training for team and operational managers of both adult and children's services with colleagues within Northumbria Police. Hindsight allows professionals to consider their role should there be a terrorist related incident.

## **Response and Recovery**

As a further element to the above Hindsight Training, we developed several Response and Recovery events with the Safer Northumberland Partnership. This event was carried out in 'real time' with senior managers from various sectors – health, education, adult and children's social care, housing, police, ambulance, fire and rescue. The aim was to simulate a potential terrorist related incident and consider how services could deal with a major incident of this nature. Three of these events were held and all received excellent feedback from participants.

## **Future Developments – 2015 and beyond**

### **GP Practice Training**

During the year we established an agreement with the CCG to provide a programme of training for GP Practices across Northumberland. Subjects offered include Safeguarding Adults, MCA and Prevent Awareness. These courses will be offered in-house to GP's and will be funded by the CCG.

This programme of training is due to be rolled out from April 2015.

### **Children & Adults Safeguarding Combined Training**

Late in the year the adults and children's safeguarding training teams were combined and are now a single team within the Learning and Development Unit. This is a hugely positive step which will allow us to develop combined training packages to the benefit of our workforce.

From April 2015 we intend offering the following training on a combined basis to adults and children's social work practitioners:

- Safeguarding Adults Level 1 & 2
- Mental Capacity Awareness
- Hate Crime Awareness
- Prevent Awareness

There will be further opportunities to develop new programmes as and when the need arises.

## **Personal Relationships & Sexuality Practice Guidance**

A Task and Finish group has been established to complete some outstanding work in relation to the development of this guidance to support staff when dealing with these issues.

### **Prevent Awareness e-learning development**

With partners within the police and the Safer Northumberland Partnership we have developed an e-learning package which will meet the requirements for raising awareness with frontline staff about radicalisation and how to raise concerns. When the Prevent Duty is implemented 2015 this will be a statutory requirement for Local Authorities, Health, Education, Police and Probation .

### **Community Recovery Events**

Following the success of the Response and Recovery events during the year we have agreed to hold a number of events at Team Manager level. These events will be delivered in a similar fashion as the Response and Recovery events but will focus more on Community Recovery after a major incident. This again will be a cross sector event.

### **Adults and Children's Combined Specialist Learning Event – SCR's**

We will be holding a joint event for both adults and children's social workers to explore and examine the lessons learnt from a serious case review. This will be a collaborative event working with our colleagues in Public Protection.

### **Safeguarding Adults Trainer Forum**

The Forum continues to meet on a quarterly basis.

### **Safeguarding Adults Training Sub Group**

The training sub group has continued to work with a multi agency focus to monitor and develop all safeguarding adults related training and new initiatives throughout the year.

This collaborative approach allows sharing of good practice whilst promoting partnership working for providing training which is consistent to practitioners and services.

A key priority identified for 2015 is to jointly host a 'specialist learning event' for practitioners around the issue of self-neglect.

**Table 1** below shows Safeguarding Adult & associated training attendances from 1<sup>st</sup> April 2014 - 31<sup>st</sup> March 2015.

**Note:** \*PVI – Private, Voluntary & Independent Sector

\*\* DoLS Awareness includes Webinar completions.



**Table 1: Safeguarding Adult & Associated Training (Attendances 1<sup>st</sup> April 2014 - 31<sup>st</sup> March 2015)**

<b>COURSE TITLE</b>	<b>NCC</b>	<b>NHCT</b>	<b>*PVI</b>	<b>PARTNERS:GP, Dentists, Police etc</b>	<b>OTHER TRUSTS</b>	<b><u>TOTAL</u></b>
<b>MCA Awareness</b>	<b>169</b>	<b>304</b>	<b>123</b>			<b>596</b>
<b>MCA Best Interests Decision Making</b>		<b>21</b>				<b>21</b>
<b>SA Awareness and Alerting</b>	<b>415</b>	<b>280 (inc e- learning)</b>	<b>279</b>	<b>91</b>		<b>1065</b>
<b>SA Awareness &amp; Alerting – (Provider in-house)</b>			<b>232</b>			<b>232</b>
<b>SA Multi Agency</b>	<b>48</b>	<b>578</b>	<b>496</b>	<b>28</b>		<b>1150</b>
<b>SA Managers &amp; Supervisors PVI</b>			<b>22</b>			<b>22</b>
<b>SA Investigation Skills</b>	<b>2</b>	<b>31</b>			<b>12</b>	<b>45</b>
<b>SA Joint Working &amp; Criminal Investigations</b>	<b>4</b>	<b>17</b>				<b>21</b>
<b>SA – Decision Making &amp; Accountability</b>	<b>1</b>	<b>22</b>				<b>23</b>
<b>Hate Crime Awareness</b>		<b>13</b>				<b>13</b>

<b>MARAC Awareness</b>	<b>8</b>	<b>25</b>	<b>4</b>	<b>8</b>		<b>45</b>
<b>Lessons Learnt from SCR's</b>	<b>7</b>	<b>25</b>				<b>32</b>
<b>PREVENT</b>	<b>5</b>	<b>161</b>				<b>166</b>
<b>**DoLS Awareness</b>	<b>336</b>	<b>216</b>	<b>140</b>			<b>692</b>
<b><u>GRAND TOTAL</u></b>	<b>99</b>	<b>1693</b>	<b>1296</b>	<b>127</b>	<b>12</b>	<b>4123</b>

## Appendix 3: Reports from Individual Agencies 2014/15

Each of the key agencies represented on the Safeguarding Adults Board has made arrangements within its organisation to ensure an appropriate focus on safeguarding issues. There have been significant developments in safeguarding policies and procedures in many agencies in the past year and detailed reports provided by agencies are presented below.

### Northumbria Healthcare NHS Foundation Trust

#### 1. Outline of Role

Northumbria Trust is committed to providing services which are steeped in quality, patient safety and effectiveness. The Trust Safeguarding Board is the key mechanism through which safeguarding governance, assurance and service development is monitored. Our aim is to work in partnership with NT SAB ensuring that our priorities are aligned and that the adults voice remains influential to service delivery.

#### 2. Achievements in this year

As a result of the Care Act 2014 and the learning from local and national Domestic Homicide Reviews, internal policy and procedures have been strengthened. A single point of contact has been initiated making communication and information sharing safer. New ways to manage and identify safeguarding risks for adults who use our services have been implemented, ensuring that all staff are aware of signs of risk and what their responsibility is to ensure patient safety. Domestic Abuse champions are sited in key trust areas, with access to additional training on how to support people who are experiencing domestic abuse. Each ward area has a Safeguarding lead who co-ordinates and keeps the signposting files up to date. Staff training is accessible and competency based, with new ways of delivering training provided in workbooks and e- learning packages.

#### 3. Contribution to partnership Working

NHCFT is a committed member of Northumberland SAB and carries out its duties in compliance with the memorandum of understanding. A senior, executive member represents the Trust at the SAB and contributes to the multi agency working and challenge role of the Board.

Senior representation is provided at Board sub groups ensuring strategic direction is translated into operational practice.

Partners from the CCG and local authority attend the Trust Safeguarding Board, informing and influencing the Board actions.

The Trust policy's and procedures are compliant with SAB policy and national direction ensuring that all those who access our services are protected when at risk and their views inform our actions.

#### 4. Commitment to workforce development

The Trust aims to develop training to meet the need for excellence in patient care, business skills and continuing to keep technical, nursing and medical skills up-to-date. Our vision is to support staff with the appropriate training and competencies to do the right thing, every time.

We are building upon a strong foundation of good practice and are committed to services that are transparent, honest and open so that when risk does emerge or someone is harmed we learn lessons and put in place new ways of working. Continuous improvement is integral to our practice and underpins our workforce development.

Safeguarding adults training is mandatory for all staff appropriate to their role and responsibility for patient care. The uptake of training is interrogated and regularly monitored at the Trust Board and workforce committee.

#### 5. Challenges

- To manage the increased demand for DoL's assessments
- To manage the increasing number of safeguarding adult alerts
- To build upon the performance management framework and ensure clarity of metrics used
- Responding to national areas of concern and ensure that our policy and procedures are robust so that issues such as exposed within Rotherham or through the Lampard investigation are not evident within Northumberland or Trust services.
- Use of IT to receive timely invitations and share information

#### 6. Priorities for the coming year

The Trust Safeguarding strategy has identified five priority themes which provide a framework for the Action Plan:

1. A culture of safeguarding adults is embedded within the Trust.
2. Our workforce is skilled, competent, and able to deliver first class care.
3. Leadership is evident and champions safeguarding throughout the Trust.
4. High quality, safe and caring safeguarding practice is evident in all Trust services.
5. Trust effectiveness is demonstrated through robust performance management frameworks including KPI's.

**The action plan which drives these priorities is monitored at the Trust Board.**

## **Northumbria Healthcare Foundation Trust Community Services Business Unit – Adult Social Care**

### **1. Outline of Role**

- Care Management Services undertake frontline safeguarding work in line with Northumberland County Council Safeguarding Adults policy and procedure as core business.
- Operational lead attends Northumbria / Northumberland SAB's and SARC to align practice to organisational and strategic aims across both health and social care areas.

### **2. Achievements in this year**

- Embedding practice in line with the requirements of the Care Act and local policy and procedure.
- Liaison work into HMP Northumberland and link to safeguarding.
- Making safeguarding personal through evidencing user involvement and identified outcomes met.
- Continued work around Winterbourne / Transforming Care agenda.

### **3. Contribution to partnership Working**

- Membership of Northumbria and Northumberland SAB's development work
- Attendance on the SARC.
- Good evidence via audit of consistent involvement of a range of partners in the safeguarding process.

### **4. Commitment to workforce development**

- Continuous programme of specialist training SA level 1 – 5.
- Clearly identified leadership structure with defined levels of responsibility and accountability.
- Safeguarding adults work is high profile and seen as core business, it is discussed as a standard agenda item in every individual supervision session and team meeting throughout the line management structure.
- Enhanced training around Prevent Agenda.

### **5. Challenges**

- Managing potential increases in demand for safeguarding work in line with the changes in definition of abuse as defined by the Care Act.

## 6. Priorities for the coming year

- To develop Action Plans resulting from findings in recent internal audit.
- Improving practice in line with making safeguarding personal.
- Further embed practice in line with Care Act requirements.

### **Northumberland County Council in-house Provider services**

#### 1. Outline of Role

Adult provider services work closely with the safeguarding team, commissioners and other professionals to respond to allegations of abuse or neglect. We support the process and priorities to investigate, plan, act and review incidents till measures are put into place to ensure the vulnerable person is safe. Although not leading the process we understand our role within it and are proactive and supportive with our colleagues across organisations.

#### 2. Achievements in this year

- Improved communication between agencies and a better understanding of the process has made safeguarding and its procedures clearer.
- Our involvement in the Restraint/Physical Intervention Policy and review for NHCT has allowed us to make observations about the blanket use of the term restraint in the policy and how psychological intervention is a successful technique that doesn't need to result in physical contact or restraining someone.
- We have been part of the review of NAPPI processes and training and are heavily involved in delivering this training with LDU; approx. 12 of our staff have received train the trainer training for NAPPI.
- Staff and service users are involved in and committed to Josephine and Jack awareness sessions; and include safeguarding modules.
- All in house registered services remain compliant with CQC.

#### 3. Contribution to partnership Working

Anecdotally in house services are raising potential alerts to Care Management quicker, managing the immediate incidents appropriately and proportionately and communicating and recording their responses better. This reinforces the view that staff understand their own role in the process.

#### 4. Commitment to workforce development

- Investment in funding and time for staff to deliver NAPPI training across county
- Priorities to complete Safeguarding, MCA and DOLs training for teams as part of statutory/mandatory training; and reviewed quarterly in performance reviews.



- The addition of Prevent training was beneficial to show other abuses and how they are recognised.

## 5. Challenges

Timescales for processing DOLs and CoP applications following the Cheshire West Supreme Court decision will be challenging due to numbers of applications.

## 6. Priorities for the coming year

- Continue to promote safeguarding to teams as an underpinning philosophy rather than a reactionary process.
- Maintain safeguarding on all agendas to raise awareness of everyone's responsibility within this process.
- Support Josephine and Jack training with key in house staff and service users

## **Northumberland, Tyne and Wear NHS Trust**

### 1. Outline of Role

NTW Safeguarding and Public Protection team have 7 Safeguarding Practitioner Leads and 2 Trainer Practitioners who support the Safeguarding and Public Protection agenda within the Trust.

The Team is overseen by the Head of Safeguarding and Public Protection who is supported by a Deputy.

The team and Group Directors support the work of the SAB, Safeguarding Review and Training Sub Groups.

The team review all safeguarding activity across the Trust and provide advice, support and supervision to all employees who have a responsibility to ensure Safeguarding is everybody's business.

### 2. Achievements in this year

Trust Safeguarding Adult at Risk Policy and Training provided has been reviewed to reflect Safeguarding changes in response to the implementation of the Care Act.

The SAPP team have been trained in the revised Prevent counter terrorism strategy and are providing training, advice and expertise to staff across the trust

The SAPP team are currently piloting a duty system for all new safeguarding concerns for staff within the trust. The pilot is identifying that staff are contacting the SAPP team for timely advice and support and ensuring appropriate safeguards are put in place

### 3. Contribution to partnership Working

The trust Safeguarding and Public Protection (SAPP) team have introduced a Think Family Lead practitioner recognising the need for support for families in respect of the early help/intervention agenda. The support and advice for practitioners from the Think Family Practitioner has enabled children, young people and parents/carers to be signposted/referred to other agencies to meet their needs at an early stage

### 4. Commitment to workforce development

Delivery of training in relation to Sexual Exploitation across the whole age range and thinking family

The increase in issues relating to self –neglect and the related issues of capacity and duty of care. Action – ensure lessons for relevant Safeguarding Adult Reviews are embedded into practice

Practical tool “My Personal Safeguarding Report” introduced to support effective information gathering – this is to support Making Safeguarding Personal

### 5. Challenges

System wide pressures on Safeguarding resources resulting from increase in Multi agency meetings including MAPPA, MARAC, Case Review, and Domestic Homicide Review. This challenge will also be relevant to partner agencies

### 6. Priorities for the coming year

Ensure lessons for relevant Safeguarding Adult Reviews in relation to Self Neglect are embedded into practice.

Embedding Making Safeguarding Personal using effective information gathering when safeguarding reports are made

## **Northumberland Fire and Rescue Service (NFRS)**

### 1. Outline of Role

Fire and rescue authorities in England have a responsibility under the Fire and Rescue National Framework for England 2012 (the Framework) to 'identify and assess all foreseeable fire and rescue related risks their communities might face'.

In particular, fire and rescue authorities have three priorities:

- To identify and assess the full range of foreseeable fire and rescue related risks their areas face, make provision for prevention and protection activities and respond to incidents appropriately
- To work in partnership with their communities and a wide range of partners locally and nationally to deliver their service
- To be accountable to communities for the service they provide

Northumberland Fire and Rescue Service (NFRS) aims to:-

- Reduce the number of fires, road traffic collisions and other emergencies occurring in Northumberland
- Reduce the number of deaths and injuries and mitigate the commercial, economic and social cost of emergency incidents
- Safeguard the environment and heritage sites (both built and natural)
- Provide value for money through the provision of a lean, efficient and resilient service

## 2. Achievements in this year

NFRS has made significant progress in terms of knowledge, understanding and implementation of safeguarding procedures over the past few years. Service Procedures are in place regarding adults and children as are Codes of Conduct, Information Notes etc. Evidence that this is working in practice is demonstrated by the number of safeguarding alerts that have been raised by the Duty Group Manager since the implementation of the procedures.

In addition safeguarding issues are raised at Case Reviews held by NFRS' Service Delivery Group.

In 2014/15 the Service:

- Attended a total of 3016 incidents
- Attended 177 dwelling fires
- Attended 201 Road Traffic Collisions
- Fitted 7687 smoke detectors
- Gave fire safety advice to 9442 households
- Engaged 8853 young people
- Visited 199 schools

## 3. Contribution to partnership Working

A robust partnership with Adult Social Care continues to expand across the county. Referrals for home fire safety checks are received for service users engaged with physical and mental health teams across the county.

NFRS is currently undertaking discussions with Northumberland Recovery Partnership to explore possible ways of working together.

#### 4. Commitment to workforce development

79% of Wholetime and Day Staff personnel received safeguarding (children) training and a roll out of safeguarding adult training is anticipated for 2015/16

#### 5. Challenges

Information sharing continues to be a challenge, as is IT compatibility between partner organisations.

#### 6. Priorities

- To expand partnership referrals both in terms of geography across the county and agencies providing referrals for Home Fire Safety Checks
- To complete the development of a prevention risk model in order to target resources more effectively to those individuals most at risk of death/injury from fire

### **Northumberland Clinical Commissioning Group**

#### 1. Outline of Role

The NHS Northumberland Clinical Commissioning Group (CCG) is responsible for the planning and buying of local NHS healthcare and health services for local people. The aim of the CCG is to deliver safe, high-quality integrated care in the most efficient and sustainable way possible; using the best providers to meet the needs of the Northumberland community.

The Care Act 2015, places statutory responsibilities on the CCG for ensuring that the organisations from which it commissions services have in place appropriate adult safeguarding systems and that they are of a high quality. From April 2015 the CCG will also be a statutory partner on the Adult Safeguarding Board working with other key agencies to ensure positive outcomes in the welfare and protection of people at risk of harm from abuse and neglect.

NHS Northumberland Clinical Commissioning Group has ensured its responsibilities in relation to safeguarding are met. The Director of Quality and Patient Safety has executive responsibility for child and adult safeguarding. The appointment of a Head of Quality and Patient Safety for Adults fulfils the statutory role of Designated Adults Safeguarding Manager as required by the Department of Health.

During 2014/15, the CCG has continued to respond to the recommendations from national reports such as the Francis report into Mid Staffordshire NHS Foundation Trust, the Berwick, Cavendish and Winterbourne reports which all provide a challenge to health commissioners.

## 2. Achievements in this year

- The CCG has an active safeguarding sub group of the Quality Intelligence Group which meets bimonthly. The group reviews safeguarding issues for adults and children across the health care economy in Northumberland, and assures the quality of safety practices.
- Safeguarding leads have visited GP practice locality forums across Northumberland to promote awareness of safeguarding issues affecting patients.
- Training has been rolled out to all practice leads across Northumberland by the GP lead for Safeguarding.
- The CCG has actively contributed to investigations and Domestic Homicide Reviews, ensuring the learning is shared across primary care and wider commissioned services.
- A clinical quality audit tool for nursing homes has been piloted across a number of nursing care homes in Northumberland.
- The CCG has received regular update reports from health care providers against the recommendations of the Francis and Winterbourne reports through the Quality Intelligence Group.

## 3. Contribution to partnership Working

- The CCG has been represented at the Multi-agency Risk Assessment Conference (MARAC) and Multi Agency Public Protection Arrangement (MAPPA) meetings, ensuring that primary health care is actively contributing to these important partnership meetings.
- Safeguarding lead has attended and contributed to safeguarding meetings, offering clinical expertise and co-ordinating input from primary care colleagues.
- The CCG has contributed to Domestic Homicide Reviews undertaken in 2014/15 in Northumberland.

## 4. Commitment to workforce development

- All CCG staff have been given access to Safeguarding Adult awareness training.
- All practice leads have been trained and further sessions are planned.
- There is a clear training plan for CCG staff and primary care moving forward.

## 5. Challenges

- Delivering ongoing safeguarding training for primary care across such a diverse county with increasing service delivery demands.

## 6. Priorities for the coming year

- Further training for GP and practice staff, and explore linking this to the County Council's training platform.
- Further development of the clinical quality audit tool.

- Recruitment of an MCA Project lead to conduct a gap analysis of MCA awareness and practice across the health care landscape.
- Ensure lessons learned from DHRs and SCRs are shared across all health services, and implement and embed any relevant actions.
- Enhance engagement of primary care e.g. explore different ways to provide training.

## **Northumberland County Council Strategic Housing**

### **1. Outline of Role**

- Representing Planning, Economy & Housing, providing updates to Housing Services Officers who work with customers who are homeless or at risk of homelessness, private sector tenants, housing register applicants and Gypsy Roma Travellers and updates to Senior Planning Officers
- Providing updates to Social Housing Providers and distributing shared learning for onward cascade
- Ensuring that Safeguarding requirements remain on the agenda for all services

### **2. Achievements in this year**

- Restructure of the Housing Service, combining with Planning & Economy, moving to the Corporate Services directorate from the Adult Services directorate, highlighting the Safeguarding agenda as an area that needs to be considered by all officers who have contact with customers. This led to Senior Planning Officers receiving workshop Safeguarding training for both Adults & Children and onward cascade through e-learning for other officers

### **3. Contribution to partnership Working**

- Member of both the Adults & Children's Safeguarding Boards, representing Planning, Economy & Housing
- Member of the Safeguarding Adults Review Committee for Northumberland & North Tyneside
- Attendance at the Safeguarding Adults Conference

### **4. Commitment to workforce development**

- Refresher Safeguarding Adults & Children training arranged for all Housing Services officers and Senior Planning Officers
- Learning from DHRs & SCRs discussed at team meetings & distributed via email
- Attendance at the SAB development day

### **5. Challenges**

- Identifying ongoing opportunities for sharing resources to ensure that the Safeguarding requirements for both adults & children are achieved



## 6. Priorities for the coming year

- Continued development of teams to ensure that Safeguarding remains a priority
- Increasing options to ensure that safe, secure accommodation is available to contribute to the options when considering the safeguarding of vulnerable people.

### **Northumbria Community Rehabilitation Company**

#### 1. Outline of Role

Northumbria CRC works with individuals who have difficulties addressing personal issues that influence the risk of reoffending. In order to protect the public from harm, responsible officers work with service users and other providers to secure support from other agencies to help address their needs. Responsible officers are trained to identify safeguarding issues and seek appropriate support from adult services using the agreed referral procedures.

Service users managed by Northumbria CRC receive proportional case management based on the risks of harm and reoffending they present. This involves appropriate resource allocation to address and reduce identified risks.

Northumbria CRC works with adult service users over the age of 18, although it is rare we manage a person beyond 70 years old. However, we do have service users who have committed crimes against older victims. Responsible officers are trained to engage with service users to encourage them to acknowledge the harm their behaviour has caused and address such behaviour. This reduces the risk of similar behaviour occurring in the future.

#### 2 Achievements in this year

Northumbria CRC has developed an operational model based on desistance theory, which is driven by a strengths based approach. Service users are encouraged to identify their own strengths and build on these in order to address their lifestyle needs, which influence offending behaviour. Service users are equally involved in agreeing a sentence plan with their supervising officer, which supports them to achieve objectives that they have set for themselves.

#### 3 Contribution to partnership working

Northumbria CRC is an active member of Northumberland Community Safety Board, Northumberland Safeguarding Children Board and Adults Board and their various sub groups.

The Company will maintain its commitment to its local statutory and non statutory partnerships, prioritising those which relate to public protection and the efficiency and effectiveness of the justice system.

## 4 Commitment to workforce development

Northumbria CRC does not have specific performance measures in relation to safeguarding adults, our key performance measures relate to promoting public protection and reducing reoffending. Northumbria CRC contributes to multi-agency case reviews and internal reviews where these are required to identify both good practice and areas for improvement. This helps to inform future training and development needs for all practitioners.

## 5 Challenges

On 1 June 2014 Northumbria CRC and the National Probation Service replaced the former Northumbria Probation Trust, as part of the government's Transforming Rehabilitation review of probation services. Sodexo Justice Services (SJS) took ownership of Northumbria CRC on 1 February 2015.

As a result of this restructuring, Northumbria CRC has been subject to a transformation period. A new operating model will be introduced within the forthcoming 12 month period.

This will include a new resource prioritisation structure, and a new way of working with service users. Northumberland & North Tyneside area will remain an identified local delivery unit (LDU).

Alongside the sale of CRCs to new owners on 1 February 2015, the Offender Rehabilitation Act 2014 came into force for offences committed after that date. The CRC is now working with its partners within its supply chain on setting up the through the gate (TTG) services for prisoners on induction and release. For the first time virtually all prisoners will be released subject to some form of statutory supervision.

Northumbria CRC will continue to work with the local community and will remain a committed partnership member of Northumberland SAB.

## 6. Priorities for the coming year

Embedding our new Supervision Framework, and managing our supply chain contracts to ensure we continue to deliver effective services and reduce the risk of reoffending.

We will have significant changes to workforce configuration to implement, including being supported by a centralised Sodexo shared services, and staff who are employed within our supply chain services working directly with service users.

We will need to maintain effective interfaces with the NPS and NOMs, including prison governors of our local resettlement prisons.

We will need to refine the CRCs new public profile, and maintain a clear focus on the financial and commercial aspects of our new contract with NOMs.

The servicing of local partnerships across Northumbria's six local authorities has always represented a challenge and demand upon our managers time. Some rationalisation has already been needed due to budget restrictions faced by most partner agencies.

Our absolute priorities will continue to be safeguarding children and adults, community safety partnerships, multi agency risk assessments conferences (MARACs) and more generally, the CRCs various contributions to wider public safety , including our close links with Northumbria Police and the police and crime commissioner.

### **North East Ambulance Service**

#### **1. Outline of Role:**

The Safeguarding Team work collaboratively across the Trust to ensure the Trust and the frontline staff fulfil their safeguarding responsibilities. The Safeguarding governance frameworks have continued to support and guide everyday practice within NEAS. The Trust has maintained the commitment to multiagency working in Safeguarding related activity.

The Safeguarding function continued to develop over 2014/15 however; the external review supported the fact that as referrals rise and workloads increase it becomes a very challenging area, this also coincided with the introduction of the Care Act 2014. The Safeguarding Strategy 2011-2015, outlines the actions required with timelines to address any shortfalls. This was monitored previously within the safeguarding group and moving forward will be monitored following the new structure by the Patient Safety Group.

The Safeguarding Team within NEAS has had a changed in the structure during this period. The dedicated Team has worked well together to ensure a continued, cohesive approach in fulfilling the Trust's safeguarding responsibilities; it is acknowledged that there are areas for further development. This provides a focus for the Team to complete over the next year.

#### **2. Achievements in this year:**

- Working with the Risk Department to develop the risk management tool Ulysses to improve data capture and management of safeguarding incidents.

- Secure extra funding to retain the administration support for the safeguarding team to improve scrutiny and reporting and assist in the implementation of Ulysses risk management system.
- Supporting the logistic officers in the completion of safeguarding referral documentation and referral process. Due to changes within the structure this has proven to be a challenge, reporting data quality request further support.
- Update the safeguarding business cards with safeguarding teams details for support and advice, the cards are provided to Patient Transport Service (PTS) and Voluntary Services Providers.

### 3. Contribution to partnership Working:

NEAS is a regional services and where possible engages with the Safeguarding Boards to implement best practice.

### 4. Commitment to workforce development:

The safeguarding team continues to maintain skill level and ensure all members attend multi-agency training offered across our geographical area.

### 5. Challenges:

As a regional service it is challenge to meet the demands and timescales placed upon the safeguarding team when sharing information for the reviews at present.

### 6. Priorities for the coming year:

- Need to ensure the continuation of robust data collection and reporting.
- Requirement to provide safeguarding supervision.
- Bespoke safeguarding training for non-patient facing clinicians in the contact centre.
- Bespoke safeguarding training for managers
- Audit Programme of safeguarding referrals
- Improve information sharing with the introduction of Multi-Agency Safeguarding Hubs (MASH)

## **Community Safety (Northumberland County Council)**

### 1. Outline of Role

Strategic Management of the Statutory Community Safety Partnership (Safer Northumberland) including Domestic Abuse / Sexual Abuse, Counter Terrorism and Local Multi Agency Partnerships.

### 2. Achievements in this year

- Joint training with GP's for Domestic Abuse.
- Training at Silver Command level for CONTEST/PREVENT
- Strategic Safeguarding Adults Manager now Chair for Safer Northumberland CONTEST Coordinating Group.
- Development of Joint Communications group and joint Website
- Joint Conference for Domestic Abuse, Substance misuse and safeguarding

### 3. Contribution to partnership Working

- Continued Closer working, shared priority for Vulnerability. Shared learning for Domestic Homicide reviews, serious case reviews.
- Public Protection have worked closely for operation sanctuary and ongoing work supporting issues around tackling sexual exploitation.
- Continued work around the CONTEST agenda and working closely with safeguarding teams through our Community Intelligence Manager

### 4. Commitment to workforce development

Shared training for DV champions and PREVENT /CONTEST

### 5. Challenges

Bring the partnership and board priorities closer together recognising the significance of safeguarding within community safety and vice versa. Reviewing the effectiveness of Multi agency forums; MARAC, MAPPA, ASBRAC as appropriate case review / management forums.

### 6. Priorities for the coming year

Strategic Intelligence Assessment (SIA) and mapping / profiles of key problems across County and region where appropriate. Develop Joint Strategic Priorities for Safeguarding (adults/children) and Safer Northumberland. Current Priorities Reduce and Prevent Crime and disorder, Identify and reduce Vulnerability in Communities and Road Safety.

The new Prevent Duty will be a significant priority area of work in 2015/16 and will need to be mapped across the region and nationally to assess the risks and likely impact / implications

## **HMP Northumberland**

### 1. Outline of Role

HMP Northumberland is a category C prison, holding 1,348 male offenders. It is only the second public sector prison to be transferred to a private sector operator in the UK.

Sodexo's vision for HMP Northumberland is to lead the way on the Government's priority to create a working prison model. We are, and will continue, to expand and provide prisoners with 'real' work opportunities which match those available in the community. HMP Northumberland is also a sex Offender Treatment site, as well as a chosen resettlement prison ensuring that we concentrate and reduce the further risk of offending for those inside our custody and upon release.

## 2. Achievements in this year

- Successfully introduced the social care act
- Achievement of all Key performance Targets
- Successfully transitioned to a Sodexo Justice Services site
- Implemented and developed a clear Prisoner Treatment Journey

## 3. Contribution to Partnership Working

- One of the main contributions to partnership working is the bi-annual event which raises awareness of the work done by Third Sector organisations so that prisoners know the support that is available to them in custody, and continuing through their release. The opportunity to showcase the services which support prisoner's needs and help to reduce reoffending is of great importance to HMP Northumberland. The idea was kept simple; take over the visit hall for the day, invite all our Third Sector partners to hold a "Market Stall," getting as many prisoners through the door as possible. Twenty-four organisations committed to taking part in the day and this made for a very busy event. There was a wide range of support offered to prisoners at HMP Northumberland and the event provided the opportunity for prisoners to meet with representatives of different organisations in order to find out more about the services on offer.
- Sodexo, as a company, has also been successful in winning the bid for six Community Rehabilitation services and are engaging with our partners in the Northumbria area in order to ensure that the resettlement needs of our prisoners are catered for.

## 4. Commitment to workforce development

- Sodexo Justice Services UK and Ireland currently have 'Investors in People Bronze' and are currently working to achieve Gold standards.
- Sodexo Justice Services also have a strong ethos of 'Focus on Five' for our employees. We are able to demonstrate that we have clear direction, that we communicate, reward good performance, deal with poor performance and maintain a focus on Learning and Development.

## 5. Challenges

- To fully establish working relationships with our partners
- To reduce levels of violence, self-harm and drug and alcohol use.

## 6. Priorities for the coming year

- To achieve 42 sex offender treatment completions (this is double the completions from the previous year) and to specialise as a national sex offender hub with clear direction.
- To continue to encourage work placements for our prisoners and develop in the commercial world
- To engage and fully support the work of our partner organisations, including those who are in partnership with our Community Rehabilitation services.

### **Northumberland Independent Advocacy Service**

#### 1. Outline of Role

Northumberland Independent Advocacy Service (NIAS) is provided by Adapt (North East). It is a free and confidential service. NIAS provides the statutory advocacy provision for Independent Mental Capacity Advocacy, Independent Mental Health Advocacy, and General Advocacy.

#### 2. Achievements in this year

- We provided advocacy support for 199 cases under Independent Mental Health Act Advocacy, 67 cases under Independent Mental Capacity Act,
- 15 cases under General Advocacy.

#### 3. Contribution to partnership Working

We work closely with Northumberland County Council, Safeguarding Team and Care Management teams, we also work closely with Northumberland Tyne and Wear NHS Trust

#### 4. Commitment to workforce development

Our staff have undertaken safeguarding training and advocacy qualifications and will continue to undertake relevant training.

#### 5. Challenges

Geographical challenge of covering a large and diverse county with a small team.

#### 6. Priorities for the coming year

Developing in partnership with NCC a referral pathway for Care Act Advocacy and delivery of Care Act Advocacy

### **Healthwatch**



## 1. Outline of Role

Healthwatch Northumberland is the independent consumer champion for health and social care services and provides the statutory advocacy service for NHS complaints. We aim to inform people about health and social care services available to them, provide support if they need it to make complaints about NHS services, ensure that their views are integral to local commissioning processes and are raised at national level via Healthwatch England.

## 2. Achievements in this year

We met with around 2000 members of the public at events and meetings and engaged with over 1400 professionals and third sector employed staff. The majority of feedback we received about health - and social care services in Northumberland was positive – 68% positive and 32% negative.

## 3. Contribution to partnership Working

We work closely with Northumberland County Council, Northumberland Clinical Commissioning Group and provider NHS Trusts, as well as voluntary and community sector partners. We have developed a mental health task group with users of services and both providers and commissioners to consider services.

## 4. Commitment to workforce development

Our staff have undertaken safeguarding training and advocacy qualifications and will continue to undertake relevant training.

## 5. Challenges

Geographical challenge of covering a large and diverse county with a small team.

## 6. Priorities for the coming year

Task groups are looking at - access to services and mental health as a priority

### **Northumbria Police**

## 1. Outline of Role

The aim remains the early identification of the most vulnerable members of our community; to work with partner agencies to ensure that effective safeguarding measures are put in place and to provide a robust policing response to bring to justice those perpetrators who may cause significant harm to vulnerable people. Investment in terms of specialist investigation of serious incidents involving vulnerable adults continues to be a priority, with operational resilience coming from similarly resourced teams available from within specialist domestic violence, rape investigation and criminal investigative teams.

All reports of serious crimes against vulnerable adults and allegations of physical or sexual abuse or neglect within institutional settings are investigated by the specialist teams and include historic reports. Additionally, the teams provide advice and assistance to non-specialist Police teams who are investigating offences against vulnerable adults.

## 2. Achievements in this year

Police in Northumberland created 2,643 adult concerns in the financial year 2014/15 (around 92% of the figure recorded for the Newcastle conurbation) some 12% of these were referred to adult social care with the remainder either notified to social care or resolved by other means.

The service continues to press home delivery of the police and crime commissioner's police and crime plan through the implementation of initiatives such as the collaborative Violence Against Women and Girls (VAWG) Strategy and the Victims First Scheme. The VAWG strategy whilst continuing to encompass the merits of the police chaired MARAC process will see the implementation of the so called recency, frequency, gravity, analysis tool alongside a Multi-Agency Tasking and Co-ordination (MATAC) process aimed at augmenting existing mechanisms for tackling domestic abuse proactively with an emphasis on the perpetrator. The Victims First scheme will replace the Victim Support service and necessitate the completion of a victims cope and recovery needs assessment when a victim reports a crime.

## 3. Contribution to partnership Working

Dedicated detectives address the most serious criminal cases involving vulnerable adults and address the broader safeguarding issues in collaboration with partners. Detective Sergeants attend adult safeguarding strategy meetings and designated senior officers from the PVP represent the organisation at board level and at the sub groups which drive and take forward the work of the Safeguarding Board. 2015 has seen the Geographical reorganisation of policing responsibilities into three hubs within Northumbria Police (North, South and Central) alongside a further review of crime. The Protecting Vulnerable People (PVP) unit will align with this model and Northumberland will have a designated safeguarding manager (DASM) in the form of a Detective Chief Inspector with responsibility for that area.

## 4. Commitment to workforce development

The organisation has delivered and continues to deliver training to front line officers and specialists alike in contemporary issues concerned with vulnerability. Most recently, domestic abuse training has been delivered to raise awareness to the issues of coercive control in relationships where domestic abusive is a feature. Additionally officers have recently been trained in the unique issues associated with the investigation of incidents of Female Genital Mutilation (FGM). Whilst the broader implications of the Care Act have been conveyed to officers, a training programme is in developments for front line resources which will examine a raft of associated issues such as capacity and the statutory footing of adult safeguarding under the Act.

## 5. Challenges

The challenges for the coming year remain the smooth integration of crime PVP resources alongside the relevant hubs delineated under the recent review.

This will represent a further change which is expected to imbed quickly and effectively in order to provide an improvement in service to victims and enhance commitment to obligations under

safeguarding. As a response to the provisions of the Care Act, the organisation has an expectation of an increase in adult referrals, given that the Act will have the effect of broadening the definition for those persons who may come within the ambit of safeguarding. Northumbria Police through the commitment to strategy such as the VAWG, Victims First scheme and other proactive initiatives is ready to meet the challenge and continue to protect those most vulnerable within our community.

## 6. Priorities for the coming year

Priorities for 2015 /16 will focus on imbedding the change brought about by the crime review whilst continuing to provide a first class service to victims. The organisations response to incidents involving vulnerability has developed significantly in a short time alongside partners. Operational review, system refinement and the implementation of proactive safeguarding and investigative and training initiatives will continue to feature in development moving forward into 2016. Extended enquiries such as Sanctuary, Shelter and Jupiter are examples of the decisive policing response to investigation against a changing criminal landscape which incorporates challenges such as human trafficking, sexual exploitation and honour based violence. These operations have heralded the development of disruptive and reactive tactics, where among the varied tools kit is, included the establishment of a Cyber Crime Unit examining on line exploitation.

## Northumberland County Council Children's Services

### 1. Outline of Role

The LSCB is a statutory body made up of organisations which work with children and young people. The LSCB is the key mechanism for agreeing how relevant organisations in each local area will co-operate to safeguard and promote the welfare of children and for ensuring the effectiveness of what they do.

#### **The work of the NSCB includes**

- Assessing effectiveness of help provided to children and families, including early help
- Assessing whether NSCB agencies are fulfilling statutory obligations in relation to safeguarding children
- Quality assuring practice through joint audits of case files and identifying lessons to be learned
- Monitoring and evaluating effectiveness of training, including multi-agency training
- Developing and agreeing local policies and procedures; including action to be taken when there are concerns, thresholds for intervention and allegations against staff
- Raising awareness in the wider community of the need to safeguard children

The five priorities identified for the NSCB Business Plan 2012-2014 which all have relevance to the Safeguarding Adults agenda are:

1. Improving working together at a time of change
2. Achieving a focus on children, young people and their journey
3. Early Intervention and Early Help
4. Vulnerable children who live in high need households
5. Vulnerable Adolescents

## 2. Achievements in this year

The following NSCB procedures/guidance have been developed or updated in 2014 as an outcome of management reviews carried out by NSCB. The focus remains a whole family approach to ensure that any parental vulnerabilities are captured.

- Neglect guidance & Neglect Strategy
- Working with hostile and uncooperative parents
- Procedure for the management of suicidal and self-harming behaviour in children and young people
- Concealment and denial of pregnancy and birth
- Multi-agency thresholds document
- Early Help Strategy
- - We have offered learning from case review and serious case review learning events which have been open to multi-agency partners
- There has been a joint conference between the three boards looking at the impact of parental substance misuse on families.
- We have developed a shared Northumberland safeguarding website in partnership with the SAB and Safer Northumberland Partnership Board

## 3. Contribution to partnership Working

- The NSCB has been working in partnership with the SAB and SNP to develop a shared Sexual Exploitation strategy
- There continues to be close working between the boards in the identification of shared strategic priorities

## 4. Commitment to workforce development

- Northumberland Safeguarding Children Board (NSCB) has an innovative way to undertake safeguarding children training (child protection) aimed at staff and volunteers in organisations who have contact with children within Northumberland.

The training is hosted by the Virtual College, one of the UK's leading e-learning sites.

The courses on offer via e-learning are:

- Awareness of Child Abuse and Neglect (5 different versions dependent on your job role)
- Hidden Harm – the effects of parental drug and alcohol misuse on children
- Hidden Harm - Parental Mental Health
- Domestic Abuse – suitable for all colleagues working with a parent experiencing domestic abuse
- Common Core of Skills and Knowledge
- Children with Disabilities
- Short Break Care
- Child Development
- Sexual Exploitation

- Basic awareness sessions for child protection now also include an element of adult safeguarding and Children's service staff have access to the SAB training catalogue and can attend the multi-agency level 2 training which looks at raising a concern and how to report.

## 5. Challenges

- Working together as a partnership to ensure that children and young people are supported to understand the risks of sexual exploitation, and to protect them from harm or future harm where they may already be experiencing problems.
- Continuing to embed the Early Help strategy to ensure families in need of support receive holistic services that take account of the child's and parents needs
- Ensuring that the shared website is maintained and updated

## 6. Priorities for the coming year

During 2015/16, NSCB and NSAB will continue to look at ways to work together, and it is hoped that there can be continued collaboration in relation to:-

- Multi-agency training
- Communication & Engagement
- Learning from Case Reviews and learning events
- Sexual exploitation
- Early help to high needs families
- Review of the shared practice guidance for staff