



# **North Tyneside and Northumberland Safeguarding Adults Board**

**Annual Report  
2018 - 2019**

**Partner Reports**

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### **1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.**

Northumbria Police policies and procedures in relation to adult safeguarding have been rewritten and refreshed to include the Care Act and the 6 key principles of making safeguarding personal.

Referrals submitted for adults who are of concern to the police for reasons under the wider definition of Vulnerability as well as those meeting the Safeguarding threshold are now all subject to multi-agency triage within the Multi agency safeguarding hub (MASH) arrangements for adults. This is an exciting opportunity for partners to come together and work collaboratively to safeguard adults experiencing abuse or neglect as well as adopt a wider early help and information sharing approach to prevention opportunities.

Northumbria Police officers from both the Safeguarding teams and Neighbourhood officers have attended multi-agency training arranged by Adult services around mental capacity act and deprivation of liberty for example with the feedback being excellent.

### **2. Please provide any case examples which demonstrate front-line practice in specific areas.**

**Numerous case examples exist which are in the public domain:**

#### **1) Phishing Scams**

<https://beta.northumbria.police.uk/latest-news/2019/june/officers-are-warning-the-public-to-be-aware-of-tv-licensing-phishing-emails-that-are-currently-circulating/>

#### **2) Cyber advice**

<https://beta.northumbria.police.uk/latest-news/2019/july/specialist-cyber-advice-given-to-call-handlers-to-help-victims-of-hacking-and-ransomware/>

#### **3) Fraud**

<https://beta.northumbria.police.uk/latest-news/2019/may/police-issue-warning-after-elderly-residents-contacted-by-con-men-posing-as-officers/>

#### **4) Drug warnings**

<https://beta.northumbria.police.uk/latest-news/2019/may/drugs-warning-after-two-deaths-and-reported-overdoses/>

#### **5) Vulnerable victims targeted**

<https://beta.northumbria.police.uk/latest-news/2019/may/a-burglar-who-tried-to-hide-his-identity-when-he-targeted-his-elderly-victim-has-been-jailed/>

<https://beta.northumbria.police.uk/latest-news/2019/may/house-bound-pensioner-who-had-mobility-scooter-stolen-by-burglar-is-back-on-the-road-again-after-special-delivery-from-police/>

**6) Mental health stories**

<https://beta.northumbria.police.uk/latest-news/2019/may/newly-qualified-sunderland-detectives-charity-challenge-as-she-shares-her-story-to-mark-mental-health-awareness-week/>

**7) Public Thanks for safeguarding Adults**

<https://beta.northumbria.police.uk/latest-news/2019/may/dog-walker-who-helped-locate-missing-south-tyneside-pensioner-with-border-collie-ted-given-special-commendation-by-officers/>

**3. Please provide any images that highlight/celebrate contributions to safeguarding adults in the past year. (e.g. photos, screenshots, infographics)**

From above links.

**4. Please identify your agency's priorities for the coming year.**

Please refer to OPCC Police and Crime Plan.

## North Tyneside CCG

### 1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.

Following the learning identified in both local DHRs, a project commenced last year regarding the domestic abuse pathway for primary care and is ongoing, please see below:

- Improving the Domestic Abuse Pathway and Coding – this is a significant programme of work which includes the following:
  - The pathway for Primary Care sharing MARAC information has been re-designed in consultation with partners and documentation has been amended including the MARAC research feedback form and the pathway for referral based on findings from DHRs
  - Work is in progress to develop and standardise the most efficient and effective domestic abuse and MARAC coding pathway for both Primary Care computer systems.
- Training material has been developed regarding domestic abuse e.g. a role play video demonstrating a conversation with a patient and completion of MARAC risk assessment and referral form, the development of a leaflet which includes the new codes, the new MARAC referral and feed-back forms and the amended pathway.
- An audit tool has been developed and disseminated to all NT GP practices to assess compliance with good practice and highlight any further improvement work required.

### 2. Please provide any case examples which demonstrate front-line practice in specific areas.

Not applicable as NTCCG is a commissioning body and not a provider.

### 3. Please identify your agency's priorities for the coming year.

- Update safeguarding adult policies in line with the new intercollegiate guidance.
- Inform GP practices of the new guidance and implications.
- Complete the project in relation to domestic abuse.
- Update training material offered to Primary Care.



## Northumberland CCG

### **1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.**

Northumberland Clinical Commissioning Group is committed to ensuring Adult Safeguarding is embedded into its strategic and operational working. To meet its statutory requirements, the CCG have a Director of Nursing, Quality and Patient Safety and range of designated professionals in place; and a key focus of their roles is the close partnership working they undertake with both the statutory and voluntary sector organisations. There are robust mechanisms for reporting to the Clinical Management Board of the CCG to ensure that the organisation fulfils its statutory responsibilities in relation to safeguarding adults.

Procurement of a comprehensive single agency training package for primary care staff in relation to safeguarding adults, mental capacity act, deprivation of liberty, prevent and domestic abuse.

Throughout the year the CCG have regularly attended and actively contributed to the multi-agency Safeguarding Adults, MARAC, MAPPA and Prevent meetings. This has improved the communication with primary care services resulting in positive engagement with the sharing of relevant, complex and sensitive information and resulting action plans. It continues to raise awareness of domestic abuse, "Think Family Approach" and the importance of coding of domestic abuse on patients care records.

The CCG has in place a robust process for disseminating learning from all case reviews. Learning from reviews is also included in mandatory training (GP's).

The CCG received substantial assurance for external audit undertaken in 2018; Risk based audit of Quality of Commissioned Services.

Northumberland CCG is an active member on the North Tyneside & Northumberland Safeguarding Adults Board and Safer Northumberland Board (SNP), and is fully engaged in its activities and programmes of work. The Director of Nursing, Quality

and Patient Safety attends the SNP and both the Director of Nursing, Quality and Patient Safety and Head of Quality and Patient Safety Adults attend the North Tyneside & Northumberland Safeguarding Adults Board. Head of Quality and Patient Safety Adults has actively engaged with the performance and governance,

safeguarding adults review committee, and sexual exploitation sub-groups of the NSAB and the domestic abuse and contest thematic groups; sub groups of the Safer Northumberland Board. Northumberland CCG has also worked as a partner organisation in the Safeguarding Adults and Domestic Homicide reviews and processes including the respective panels.

The CCG's Head of Quality and Patient Safety Adults regularly attends and contributes to multi agency meetings including the Multi-Agency Information sharing Meetings chaired by CQC, Safeguarding Adults strategy and planning meetings, Quality assurance visits and meetings, MAPPA, MARAC and Chanel panel.

Membership of the boards, sub groups and multi-agency meetings has developed close working relationships with partner agencies and also ensuring effective sharing of complex and sensitive information.

Ongoing operational support and advice for Northumberland CCG and primary care staff is available via the CCG's quality and patient safety team.

### **2. Please provide any case examples which demonstrate front-line practice in specific areas.**

Northumberland CCG do not provide a frontline service, however the Quality and Safeguarding Team do provide support and advice to the CCG, Primary care and providers with regards to:

- Making Safeguarding Personal (person-led approaches to safeguarding adults)
- Modern Slavery
- Domestic Abuse
- Organisational Abuse Enquiries
- Financial Abuse
- Sexual Exploitation
- Self-neglect
- Mate/hate crime
- Radicalisation
- MCA/DOL's

### **4. Please identify your agency's priorities for the coming year.**

Northumberland CCG has a Joint Work Plan for Safeguarding Vulnerable People Children (including LAC) and adults. The priorities for 19/20 are:

- Continuity and expansion of the CCG's quality visits programme to monitor and audit the quality of care to ensure that adults receive high quality, services. The CCG has reviewed and further developed its quality visits programme and schedule of announced and unannounced visits to commissioned providers including care homes.
- To continue joint working and engagement with respective boards and partner agencies  
Northumberland CCG Quality and Patient Safety Team will raise awareness of safeguarding adults at risk within primary care to ensure that safeguarding, MCA, DOL's, prevent and domestic abuse is embedded in practice.
- To consider expanding the remit of the current peer network to include adults safeguarding, alternatively to develop a GP safeguarding leads network for adults that will include training and learning events.
- Engagement with Primary Care to raise awareness of safeguarding, MCA, DOL's, prevent and domestic violence. To encourage primary care engagement with safeguarding processes to ensure effective information sharing, risk assessment and action planning.
- To continue to strengthen the process in place for disseminating learning from all case reviews and learning from reviews included in mandatory training (GP's)
- To ensure the new Named Nurse Primary Care role fulfils all required duties formerly undertaken by the Named GP as reflected in NHSE assurance framework and intercollegiate guidance. The role will also enhance the current arrangement in the CCG to disseminate and embed learnings.
- Ensure smooth transition to new Liberty Protection Safeguards (LPS)



### **1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.**

In September 2018 the trusts children's and adults safeguarding team integrated within the same office and this has allowed for some joined up working. A new Team Lead for Safeguarding Adults & MCA/DoLS and Mental Health Act Lead was appointed March 2019 and a new Operational Lead for Safeguarding Adults and Children was appointed in February 2019.

A band 5 Learning Disability Liaison Nurse was appointed into the safeguarding service in June 2018 to provide support to the Band 7 Learning Disability Lead Professional. This post works specifically with Northumberland patients and works directly with patients around reasonable adjustments and acute needs assessments in hospital.

The safeguarding service conducted a self-assessment against the NHS Improvement Standards for people with Learning Disabilities which were fully compliant against the three standards (Respecting and Protecting Rights, Inclusion and Engagement and Workforce). NHS-I are developing an improvement toolkit to help trusts measure themselves against the standards. The toolkit contains a series of metrics which have been designed by self-advocates, family members and NHS staff. This toolkit is expected approximately November 2018 and once launched the trust will embed it into practice.

### **2. Please provide any case examples which demonstrate front-line practice in specific areas.**

#### **Emergency Department, Gynaecology and Maternity**

Following the succession of the Domestic Abuse Health Advocate Post in November 2017 which is funded until 2020 by the Police and Crime Commissioner, positive data and results have been noted to date. The Emergency Department, Gynaecology and Maternity have valued the input from this post and it has enabled a direct responsive approach to victims of domestic abuse coming into the departments but also up-skilled the workforce. The quality of risk assessments and MARAC's has also improved.

#### **Modern Day Slavery**

As part of a working group with the local authority, NHCFT have produced an internal flowchart on responding to MDS and this will go alongside the multi-agency procedure.

### **Criminal Exploitation**

All staff has been briefed via their supervisions and training regarding criminal exploitation and signs and indicators to look out for in front line practice. 7 minute briefings have also been disseminated.

### **3. Please provide any images that highlight/celebrate contributions to safeguarding adults in the past year. (e.g. photos, screenshots, infographics)**

A series of leaflets have been devised by the LD Liaison nurses to support people coming into hospital and these were collectively devised by people with learning disabilities.



### **SAFE Week – 17-23<sup>rd</sup> September 2018**

This was a week long event arranged by the SAB. NHCFT as partners actively promoted the importance of safeguarding across the week by arranging Information Stalls.



### **Domestic Abuse Week**



An important week to raise the importance of safeguarding those from Domestic Abuse in our hospitals and communities.



### **Northumbria Police – Keeping Yourself Safe**

Public event in collaboration with Northumbria Police, NHCFT and partner agencies to raise awareness of safeguarding in our local communities.



**4. Please identify your agency's priorities for the coming year.**

Key Safeguarding Priorities 2019-2020		How will we measure this?
1.	To prepare the safeguarding service and workforce by providing advice, support and information around the new DoLS legislation which is due to be implemented April 2020	Quarterly reports Action plan Feedback within Safeguarding Board.
2.	Streamlining processes and integration of NHCFT children's and adults team.	Quality assurance of systems and processes. Attendance of meetings.
3.	Implement the NHSI toolkit for people with LD across the trust	Action plan Via joined up meetings with NL & NTC.
4.	To reach 95% target for Safeguarding Training.	Action plan in place. Monthly compliance monitoring at Safeguarding Board.
5.	Training plan around adult intercollegiate document.	Joint action plan with CCG and LA's. Training plan.
6.	Further develop the role of the nurse advisors within MASH arrangements.	Audit Feedback from LA's.
7.	To further raise awareness of County Lines and criminal exploitation within front line services.	Training and feedback from supervisions.

## Northumberland Tyne and Wear NHS Trust

### **1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.**

The Safeguarding and Public Protection (SAPP) Team aims to support all trust staff to keep children, young people and adults at risk safe, and to meet statutory obligations. We promote collective accountability in all that we do, working together to prevent and stop all forms of abuse or neglect happening wherever possible. The Trust is highly committed to safeguarding and this is evident from 'ward to board' with a strong culture of safeguarding individuals of any age that have contact with our services – either as patients, carers or members of the public. The team work across boundaries with organisations and local authorities outside of the geographical area due to the high volume of service users from other areas

The SAPP team practitioners provide a “triage” service to all safeguarding and public protection concerns raised within the trust to ensure that the person is wherever possible safeguarded and effective safety plans put in place. Daily advice, supervision and support are provided to trust services.

SAPP Practitioners on behalf of the trust attend all MARAC (Domestic Abuse high risk incidents), MAPPA and Prevent (public protection) multi-agency meetings. The Associate Director Safer Care is the trust named Prevent lead. A dedicated SAPP Practitioner has undergone training and development over the last 12 months to provide continuity and knowledge of Prevent referrals made by trust clinical staff and attend Prevent/ Channel Panels accordingly. Good working relationships have also been fostered with Special Branch colleagues who have the police lead for Prevent.

Internal Trust assurance is led by this group with a number of reviewing and reporting mechanisms including:

- BDG Safety weekly meetings for significant/complex safeguarding concerns.
- CDTQ Monthly Safer Care reports.
- Bi-monthly Trust Board reports for Case reviews and LA Safeguarding Boards updates.
- Quality and Performance Committee four monthly report.
- Locality Care Groups individual Quality and Performance SAPP activity report.
- CCG quarterly Safeguarding Dashboard reports.

Ongoing development of 7 minute briefings to cascade learning trust wide.

Attended self-assessment assurance sessions is part of the SAB's annual cycle of audit, reflection and improvement.

SAPP to continue to contribute to Multi Agency Safeguarding Hubs (MASH) for multi-agency safeguarding decision making at the point of referral, the SAPP team/NTW are providing virtual support/information to assist decision making/outcomes required to safeguard.

Following development of a mental health referral pathway into the trust for Channel Panels in November 2017, this pathway is working well and enables timely, mental health assessment for people who are not active to trust services.

Continued support and leadership to Safeguarding Boards during a period of change and restructuring.

The Patient Safety trust 'Clinical Police Liaison Lead' nurse is now part of the SAPP team, which further enhances multi-agency working with police colleagues/partners. This has allowed SAPP Practitioners and the Police Liaison Lead to share knowledge, skills and experience to further enhance and strengthen public protection arrangements both internally and externally.

### **2. Please provide any case examples which demonstrate front-line practice in specific areas.**

The Associate Director Safer Care and SAPP Team Manager attend statutory meetings as panel members and write Individual Management Reviews in respect of:

- Serious Adult Reviews – Adults
- Domestic Homicide Reviews (adults)
- Appreciative Inquiries (adult multi agency reviews)

All policies have been reviewed and updated to include -

- Making Safeguarding Personal (person-led approaches to safeguarding adults)
- Modern Slavery
- Domestic Abuse
- Organisational Abuse Enquiries
- Financial Abuse
- CSE/SE.

### **3. Please identify your agency's priorities for the coming year.**

MASH is now in place for several LA areas and in development in others. The SAPP team support this on a virtual basis. Requests for information are made via secure e-mail and processed by the SAPP Triage worker with proportionate information supplied. All incoming requests are timescale RAG rated and information requests are recorded in the service user electronic health record. Where necessary discussions are held with the MASH and triage worker. – Priorities are to ensure information continues to be provided in a timely way and to consider and work with partners to identify and resolve any issues.

MARAC – some areas have moved to weekly meetings, positive arrangements are in place to share health information via a 'health navigator' this process is to be considered in other areas.

To embed new supervision policy and process to ensure all staff are accessing timely and appropriate safeguarding supervision while allowing management oversight on more complex cases.



## Company

### **1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.**

Sodexo Justice Community Practice Standards shape and drive the quality of performance and professional practice in a consistent way across all six Sodexo operated CRCs, including Northumbria. They ensure that that no matter where a service user is managed they will receive the same level, quality and fairness of service. They also support staff in their day-to-day work by providing a clear, concise and standardised way of working under four main headings of Early Work, Compliance, Risk Assessment & Management and Review & Evaluate (ASPIRE). The standards have been revised (July 2019) to include learning from HMIP probation inspections and implementation of minimum contact requirements and this has brought a renewed focus on safety planning for vulnerable individuals.

Two major audits/inspections have taken place involving Northumbria CRC in the past 12 months: HMI Probation Annual CRC Inspection (August 2018) and HMPPS Thematic 'Managing Women on Licence' (November 2018). Recommendations from both have been taken forward with agreed action plans, which are overseen by the relevant MoJ Contract Management Team.

In line with findings from HMIP, Northumbria CRC has refreshed and refocussed the provision of our Partner Link Worker (PLW) service – a provision that offers safety planning and support to the partners and ex-partners of male domestic abuse perpetrators undertaking the Building Better Relationships accredited programme. We have recruited a dedicated Partner Link Worker resource and developed a relationship with Victims First to ensure that we are able to pro-actively engage with victims and offer intervention in all areas of Northumbria.

The core role of NCRC is protection of the public. Although the focus of NCRC is on those who cause harm, we are also in a position to identify service users who are themselves at risk from abuse and to take steps to reduce that risk. Information may be obtained from a variety of sources including partnership agencies (police, CPS, social services) and interviews with the service user.

NCRC is looking at a local, regional and national level at how the learning from serious further offence reviews and serious case reviews can be more effectively shared throughout the organisation. Themed professional development workshops have been delivered over the past 12 months with a focus on safeguarding when assessing and managing risk.

### **2. Please provide any case examples which demonstrate front-line practice in specific areas.**



From the inspections noted above and our internal and external audits arrangements we know that good quality risk assessment and risk management practice are imperative to our work with service users to best protect the public and reduce harm in our local communities. In line with findings from HMIP and HMPPS Operational Assurance Audits, Northumbria CRC has continued to ensure that our staff prioritise risk in their work. In order to achieve this, as part of an agreed action and recommendation from HMIP, in October 2018 we reverted to the full use of the OASys assessment tool, in order to avoid fragmentation of our risk and needs assessment process. We have redesigned our quality assurance case audit tool to align with the HMIP standards to ensure that we consistently deliver risk practice to a good standard and have robust processes in place to develop practice where it is found to be requiring improvement. HMIP standards prioritise the element of 'keeping people safe' which should underpin the whole ASPIRE (Assessing, Planning, Implementation/Delivery, Reviewing and Evaluation) model of probation practice.

### **3. Please identify your agency's priorities for the coming year.**

The Northumbria CRC Annual Service Plan for 2019 – 20 outlines our Key Strategic Priorities for the coming year:

**Strategic Objective 1 – Reducing reoffending and protecting the public**

**Strategic Objective 2 – An Excellent Workforce**

**Strategic Objective 3 – Achieving Growth and Enhanced Performance**

**Strategic Objective 4 – Organisational Development and Efficiency**

## National Probation Service

### **1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.**

The National Probation Service (NPS) in Newcastle has, in the past 12 months, had a particular focus on combatting domestic abuse, working with the perpetrators of sexual offending, modern day slavery and human trafficking and meeting the needs of service users with learning difficulties/disabilities. Where domestic abuse is concerned we have worked hard to make links with organisations outside of the criminal justice system to improve our understanding of issues such as coercive control. A number of our staff attended a recent conference held in Newcastle where that issue was the focus and benefitted significantly from having an opportunity to hear from speakers and network with colleagues.

In relation to our work with perpetrators we are currently piloting a “toolkit” for working more effectively on a one to one basis. That pilot will be evaluated in the next few months and should the evaluation prove to be positive it is likely that the toolkit will be rolled out nationally. As regards our work with people who commit sexual offences, we have this year introduced new interventions as well as improved versions of existing interventions to better address the significant risks that this client group poses. That work will continue to be embedded and should prove fruitful.

We have worked hard this year to continue to improve our understanding of MDS, human trafficking and county lines. Staff and managers have both attended and delivered training and briefings to ensure that we have the requisite knowledge to respond when victims are identified on our caseloads. We have also started to look at how we might work more effectively with perpetrators – an up until now ignored facet of this area of practice – by supporting research projects and engaging with experts on the field of designing interventions. We have also worked hard to improve our response to our service users identified as having learning difficulties/disabilities. We completed a self-audit in our Newcastle office that identified deficiencies in our current response and we are actively working on improving such things as the information that we display and access to our premises. By these actions I believe that the NPS has continued its work in supporting adult safeguarding in the city.

### **2. Please identify your agency's priorities for the coming year.**

The National Probation Service (NPS) has continued to support multi agency working in the City in relation to safeguarding adults via its work with MAPPA, MARAC, MATAC and other forums in which we participate to our fullest extent. (5.1) We have also, as mentioned above, placed a significant emphasis on MDS/human trafficking as a key area of activity for us given that we work not only with perpetrators but also because our caseloads are made up of vulnerable adults who are susceptible to exploitation. (5.2). We continually try to gain a better understanding of our service users, their talents and vulnerabilities and the complexities that surround them with a particular emphasis on issues in relation to mental health and Personality Disorder. (4.1/2) We have worked hard to promote a culture of enquiry among our staff to ensure that issues are identified and followed up as well as continuing to promote the importance of collaborative working with agencies across the City.

## Service

### **1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.**

Northumberland Fire and Rescue Service (NFRS) have reviewed its safeguarding adults arrangements, and during the year have developed the following:

- Established monthly feedback meetings with NCC Safeguarding Manager to consider all adult concern notifications submitted during the previous month
- Established a feedback process for frontline staff and duty managers
- Established a monthly safeguarding briefing now circulated with the organisation's Routine Notice to all staff
- Seven minute briefings circulated with the Routine Notice to all staff.
- Delivered tailored safeguarding training to all supervisory and middle managers (delivered by Adult Safeguarding Team)
- Established NFRS as Multi Agency Safeguarding Hub (MASH) partner, providing research as requested and attendance at all levels of MASH meetings.

### **2. Please provide any case examples which demonstrate front-line practice in specific areas.**

Monthly feedback arrangements were only established from 1 April 2019, so examples cannot be provided for 2018/19. So far, NFRS Adult Concern Notifications have resulted in action in 89% of cases. This does not necessarily mean formal safeguarding arrangements, but may refer to the introduction or re-assessment of care plans, which we consider contribution to safeguarding in its broadest sense. It is hoped by the next Board report; NFRS will be able to contribute case studies.

### **3. Please provide any images that highlight/celebrate contributions to safeguarding adults in the past year.**



**4. Please identify your agency's priorities for the coming year.**

Priorities for the coming year:

- Refine organisational understanding of safeguarding definitions
- Embed safeguarding feedback process
- Review quality assurance processes for safeguarding
- Evaluate safeguarding arrangements
- Prepare for HMICFRS inspection, including the inspection of safeguarding arrangements



## Tyne and Wear Fire and Rescue

### **1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.**

Tyne and Wear Fire and Rescue Service have refreshed and streamlined the Safeguarding Adults procedure to make it as easy as possible for front line staff to report concerns. This includes addition of the Northumbria Police, force wide intelligence mailbox as part of the procedure.

Delivery of enhanced awareness raising sessions to all of our flexi duty officers has been undertaken.

HMICFRS rated TWFRS as 'good'. Safeguarding policy, procedures and practices were included in this inspection process.

### **2. Please provide any case examples which demonstrate front-line practice in specific areas.**

A vulnerable adult presented herself at Tynemouth Community Fire Station in a confused and emotional state. The lady had walked in cold, wet weather from North Shields Fish Quay to the fire station at Preston North Road.

One of the firefighters is a dementia champion and provided reassurance and support to her, inviting her into the station and made contact with partners, through 101 to report a missing person. As much information as possible was gathered before making contact with both the family and Northumbria Police. Family members attended the station and were offered the opportunity for a Home Safety Check (HSC) for the lady. This was carried out the following week and was inclusive of a falls assessment. Additional equipment to support her was provided as a result of the visit.

### **3. Please identify your agency's priorities for the coming year.**

The main priority for the coming year is to have completed face to face training with all front line operational staff.

### **1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.**

During 2018-19 ongoing Safeguarding training continued for all staff, particularly with regard to Domestic Abuse.

The Housing Management Team are progressing the action plan required to achieve Domestic Abuse Housing Alliance (DAHA) accreditation, working closely with colleagues in Strategic Housing to ensure that a consistent approach to support for vulnerable tenants is achieved.

Strategic Housing's Asylum Seeker & Refugee Team has continued to support the arrival of Syrian Refugee families, now working with 39 (July 2019) families across Blyth, Cramlington and Amble. It remains essential that the adults, children and young people arriving are safeguarded both in the local community and in schools. A multi-agency group, chaired by Strategic Housing, continues to monitor the service and ensuring that these issues are addressed.

#### **Other achievements are;**

- Regular attendance at Safeguarding multi-agency meetings to help support some of our most vulnerable residents
- Regular attendance at Strategy meetings
- Regular attendance at MARAC, MATAC and MAPPA to support victims of domestic abuse, perpetrators and ex-offenders, supporting the work of the MASH to enable decisions to be made more quickly in cases of concern
- Ongoing work with G4S, and new provider Mears, to ensure that Asylum Seekers placed in the county are safeguarded.
- Implementation of the service for Asylum Seekers in partnership with the Education team to ensure that children and young people are placed in schools

The team's Gypsy Roma Traveller Liaison Officer has worked closely with NHS colleagues to ensure that vulnerable adults and children identified within unauthorised encampments are safeguarded, arranging visits from Health Visitors and supporting the access to urgent healthcare and midwifery appointments. In November 2018 the Officer attended Northumbria University and delivered a presentation to a group of student Specialist Community Public Health Nurses

(SCPHN) giving an overview of the complexities of the GRT community which was well received.

### **2. Please provide any case examples which demonstrate front-line practice in specific areas.**

An update regarding a recent Modern Day Slavery Case; This Police investigation was commenced in October 2017 as a result of an incident highlighted by the Gypsy Roma Traveller Liaison officer (GRTLO) regarding his concerns at an unauthorised encampment in the Blyth area. This resulted in the safeguarding of an eastern European male adult who was being held in servitude. The offenders were subsequent arrest for the offence and released under investigation.

The defendants appeared at Newcastle Quayside Crown Court on 27th June 2019 and have been listed to stand trial at Newcastle Crown Court 11/05/20 for offences under the act.

This case is an example of housing services awareness and training being put into action. This resulted in a vulnerable eastern European adult male who had been trafficked throughout the country being safeguarded and the offenders held to account.

### **3. Please identify your agency's priorities for the coming year.**

- The Housing Management team will continue to progress the implementation of the Domestic Abuse Housing Alliance (DAHA) accreditation with the aim of an accreditation assessment being completed during 2019-20
- We continue to work with the North East Migration Partnership, statutory colleagues and voluntary sector organisations to safeguard both people seeking asylum and refugee families
- The service will continue to support people who are homeless or at risk of homelessness. Through development of the Homelessness Service and the implementation of the Homeless Reduction Act requirements we will support our vulnerable residents to ensure they have somewhere safe to live.
- We are reviewing our Sheltered Housing Service and our aim is to provide high quality housing in self-contained accommodation where tenants may live independently or with support and managed care when needed. Through this approach we wish to enable older people aged over 60 to live independently longer in the community and to reduce their reliance on health services and delay admission into long term care.
- Through promotion of our Property and Tenant Accreditation schemes we will



ensure that homes are safe and warm and suitable to live in whilst supporting tenants through accreditation to access properties in the private rented sector.

- We will continue to support our vulnerable tenants to access all available benefits and budgeting advice through joint funding of a money advice worker with CAB. This worker works directly with our tenants to help maximise income. We also continue to work with new and existing tenants who were once, or still are, part of our Armed Forces, with two Armed Forces Veteran Workers based in Housing Services helping veterans and serving personnel access the help and support they need.
- We are currently recruiting for two support and vulnerability officers in the Housing Management Team to support vulnerable tenants to ensure they are able to sustain their tenancies
- The Housing teams actively support Safeguarding and contribute to both the Adult and Children Safeguarding Boards and sub-committees, ensuring that the workforce are appropriately trained to identify and support those at risk.

## Age UK

### **1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.**

Our organisation has teamed up in partnership with Northumberland Fire and Rescue service to ensure that each of our service users has their own individualised Personal Emergency Evacuation Plan. They have provided awareness sessions to our team of Case Managers to indicate what is important when assessing someone and if/how they would be able to evacuate in the event of a fire and our Case Managers now complete a plan with each individual to ensure they have working smoking alarms, they have the cognitive ability to understand the situation and get themselves out, they have the mobility with/without aids to evacuate. Those that don't we refer automatically to the fire brigade for further assessment. We also refer people if we think they would need an alternative smoke alarm, such as vibrating or flashing for people with hearing/sight impairments. We did this on a trial with 5 service users and found it to be successful as 3 of the 5 we referred were not already known and now have plans in place and alerts on the fire service system noting them of the concerns should there be a fire.

We were criticised heavily last year for numbers of missed calls and we have focused on improving this a lot in the last year. We now have a spreadsheet for every missed call and everyone is thoroughly investigated with all staff, office and carers, brought in to discuss this with the Quality Lead/Deputy Manager and an outcome and recommendations made once the cause of the missed call is identified. We were complimented by the Local Authority, Safeguarding and CQC for this and the amount of work that has gone into developing this. It was worth the hard work as our missed calls have fallen by approximately 88%.

We also focused a lot on medication, redeveloping all of our MAR charts, introducing separate MAR charts for PRN medication and PRN protocols to advise care staff what each PRN medication is to treat (separate sheet for each one), dose, maximum dose in 24 hours and minimum time between doses. It tells the carer how the service user will communicate the need for the medication, as this won't always be verbal, it could be picture cards, Makaton or a certain facial expressions or behaviour. We also introduced controlled drugs registers and redesigned all of our medication training to make it more detailed and higher level. We have increased medication training to yearly and now have 2 registered nurses in the organisation who complete yearly competency assessments and assess/sign off staff in the field as competent. Again for medication errors we used the same format to create a tracker to monitor

and fully investigate each error for root cause and made recommendations for the staff involved. The tracker also lets us monitor if staff repeatedly make errors or if certain geographical teams make more errors than others etc.

We had 2 pressure sores last year and decided this was too many so we launched our SSKIN campaign in conjunction with/adapted from the National Patient Safety Agency. We designed posters and put them in the front of each service users file. We delivered staff training and introduced positional change charts and daily skin inspection charts. We also adapted the Braden tool for Home care environment and our senior carers assess this once per month. I am pleased to say that we have had 0 skin sores this month from either pressure or moisture damage.

We developed a poster about keeping your service user safe and well to prompt care staff what to do in certain situations and about the importance of communicating and building effective relationships with your service user. I have included this in the appendix. CQC and Safeguarding both are very impressed with the poster and so I have included this in as an appendix.

There are lots of other projects and service development work we have going on around the organisation too and I will look forward to sharing these with you at a later date.

### **2. Please provide any case examples which demonstrate front-line practice in specific areas.**

We have a married couple that we provide care for. The gentleman suffers from PTSD and significant anxiety. He has reduced mobility (standing for transfer to chair/bed only) and lives in the bedroom upstairs. The lady has slightly reduced mobility but manages to move around her home and uses the stair lift to move between the two floors. The pair has been together since they were 15 years old, now in the late 80s. We decided to refer both individuals to the fire service for an evacuation plan as although the lady would have adequate mobility to get herself outside she probably would not leave her husband. They now have fully working smoke alarms and have a safe and well assessment from the fire service are happy to know that there is an alert for the address on the fire service system and that help would be on its way and they would exactly where to find her husband to assist him to evacuate as quickly as possible.

### **3. Please identify your agency's priorities for the coming year.**

For the coming year we are going to look a lot at how we manage risk. We have already looked this year at risks associated with delegated nursing tasks and incorporated this into all of our care plans. We have 2 registered nurses, 1 of which

will sign off on all care plans which are for service users who have delegated nursing tasks as part of their care plan. We plan to look at more everyday risks and put more advanced plans in place in how to manage this.

We have also set up an education session for our Case Managers with guest speakers from all different backgrounds/specialities to give talks about specialist/long term conditions so that we can understand these better and no what the difficulties people face are and the associated risks with these to manage them efficiently.