

Northamptonshire Safeguarding of Vulnerable Adults Board Annual Report

April 2013 – March 2014



Northamptonshire Safeguarding of Vulnerable Adults Board promotes the right of every individual to be free from abuse, exploitation, intimidation and violence.

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Foreword from the Independent Chair of the Board

As the Independent Chair of the Northamptonshire Safeguarding of Vulnerable Adults Board, I am delighted to introduce this annual report to you.

The Board has seen a lot of changes over the past year as a result of new legislation- the Care Act; and national policy- Better Care Fund which has resulted in reorganisations in all the statutory services. This has meant that some people have left the Board and we have welcomed new people who will contribute to the substantial programme of work set out in the Safeguarding Adults Strategy 2014-2017.

Over the past year the work of safeguarding adults in Northamptonshire has continued to benefit from the enthusiasm and commitment of all the main partners from the: statutory, private, voluntary and community sectors. In particular, the significant contribution by the Service Users and Carers Group has enabled progress and future developments to be shaped by their personal experiences. Service Users and Carers have made a number of suggestions to the Board which sees their work and influence going from strength-to-strength

The Board continues to be rigorous in undertaking self-assessment to confirm that arrangements for safeguarding adults is robust, largely attributable to all partners being focus on continual improvement and high standards of practice. Involvement with the 'Making Safeguarding Real' pilot ensures that the partnerships in Northamptonshire continually look for ways of developing and improving the outcomes for local citizens.

The strength of the multi-agency partnerships and positive relationships maintain the focus on safeguarding at a time of massive changes for all the main organisations involved, changes to policies, structures and personnel accompanied by reductions in resources and increased demand resulting in part from the impact of the court ruling on the Mental Capacity Act and Deprivation of Liberty. This has required further dedicated and sustained commitment and innovation on the part of all agencies represented at Board to continue to work closely together to make the best possible use of resources. This has contributed to the Safeguarding Adult Board being in a strong position to ensure safeguarding arrangements are 'fit-for-purpose' in response to the Care Act.

Over the last 12 months the Board's achievements have been considerable and reflect the quality of relationships and the strength of commitment across the partnership. Amongst these achievements I am particularly pleased with the following:

- The strength of the Service Users and Carers Group and their contribution is specifically leading to improvements in a number of areas
- Secured partnership funding for 2014/15 to support and maintain the Board
- Housing representative from one of the seven District and Boroughs now a core member of the Board
- Embedding the link between Think Local Act Personal (TLAP) and the Personalisation pilot 'Making it real'
- Partnership working from lessons learnt informing and driving the prevention agenda

I referred above to recent guidance. In particular, we have welcomed 'Safeguarding Adults: Roles and responsibilities in health and social care'. It is a helpful document, which clarifies the roles and responsibilities of key agencies involved in adult safeguarding.

We know what we want to achieve in Northamptonshire to maintain the stronger and safer range of services and culture to support people at risk of harm which have been developed over recent years. We know too that to achieve this we have to work in ever greater partnership with people who use services in Northamptonshire, with local communities, with children's services as well as those universally available for people in Northamptonshire. Although there continue to be challenges ahead, the strength of the partnerships across Northamptonshire and the commitment to raising the profile of safeguarding with members of the public means the SOVA Board is well placed to respond.

Marie Seaton
Independent Chair
Northamptonshire SOVA Board



1. INTRODUCTION

Under 'No Secrets' (2000) guidance, the Department of Health determined the Local Authority to be the lead agency for safeguarding vulnerable adults however, all agencies continue to share responsibility to ensure the promotion of safety and welfare of vulnerable adults.

The inter-agency Northamptonshire Safeguarding of Vulnerable Adults Board (SOVA) shares responsibility for the strategic direction of local safeguarding arrangements and the translation into practice of safeguarding best practice for responding to allegations of abuse and protection plans. The Care and Support Bill, published in July 2012, which proposed a single, modern law for adult care and support and replaced outdated and complex legislation, has now passed into Law as the Care Act 2014. It is expected to be implemented in April 2015, following which, and in accordance with the Care Act, the SOVA Board will change its name to the Safeguarding Adults Board (SAB).

The Care Act 2014 makes Safeguarding of Vulnerable Adults Boards statutory from April 2015 in giving Boards a clear basis in law for the first time.

The Act says that the SOVA Board 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 Strategic Plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way

The Northamptonshire Safeguarding of Vulnerable Adults Board is well placed to create strong links and develop protocols with other multi-agency boards and partnerships with regard to areas of shared concern e.g. the Local Safeguarding Children's Board (LSCBN); the Children's Multi-Agency Safeguarding Hub (MASH); Probation Trust (for multi-agency public protection arrangements (MAPPA)) and Community Safety Partnerships (CSP).

This Annual Report of the Northamptonshire Safeguarding of Vulnerable Adults Board is produced to inform individuals who use health and social care services, their families and carers, elected members, those who work in social and health care, all partner agencies and residents of Northamptonshire. It outlines the progress made during the year April 2013 – March 2014.

2. THE NORTHAMPTONSHIRE SAFEGUARDING OF VULNERABLE ADULTS BOARD

Purpose and membership

To achieve greater objectivity and stronger governance, the Northamptonshire Safeguarding of Vulnerable Adults Board (SOVA) has been led by an Independent Chair since 2009. The Board provides strategic leadership for effective local safeguarding arrangements. With senior representation from partner organisations, the inter-agency Board offers a robust mechanism to discuss, challenge, develop, and action the clinical and practice changes required for high quality safeguarding service delivery. The Board ensures that policies, procedures, protocols and guidelines reflect national policy and expected best practice.

The Board's vision of "Working together to keep people safe" is underpinned by five key principles:

- Improving outcomes for adults at risk as a key focus
- Ensuring users and carers are involved in all aspects of safeguarding work, empowering and supporting people to retain control and make their own choices.
- Being open and transparent in decision-making
- Using learning to continually improve
- Working collaboratively and collectively to prevent and protect adults at risk from abuse.

Members of the Board and their nominated deputies include those who work at a strategic level and others with a more operational, front-line focus. Membership is drawn from health providers and commissioners across the health sectors, Police, Probation (for multi-agency public protection arrangements - MAPPA), Fire and Rescue Service, University of Northampton, and branches within the County Council. A representative from the Northamptonshire Association of Registered Care Homes (NORARCH) attends on behalf of a section of the independent care home sector. The Care Quality Commission, as regulator for both the NHS and adult social care has observer status on the Board, attending on an annual basis or by arrangement at other times. From 2014, the Housing sector is now represented on the Board, as are GPs and the planned arrangements for Public Health.

Some SOVA Board members are also members of LSCBN. It remains a challenge to achieve consistent and regular representation at all Board and sub-group meetings as a result of the continuing difficult economic and financial climate which puts pressure on all agencies.

Public engagement continues to be an essential element for adult safeguarding. Users and carers are represented on the Board in the form of an Expert by Experience and are members of the Users and Carers sub-group. Healthwatch Northamptonshire is also represented on the Board as the local independent consumer champion for health and social care.

All members of the Board are required to report to the respective Boards or management groups within their own agencies on the work of the SOVA Board with an agreed mechanism to ensure that policies and procedures are signed off by individual partner agencies as required.

The following sub-groups continue to support the Board's work and help it to achieve its priorities:

- Training
- Professional Practice and Procedures
- Quality Assurance and Performance
- Users and Carers
- Serious Case Review

All five sub-groups have a regular meeting cycle and are chaired by members of the Board, with other members drawn from across partner agencies. Task and finish groups, involving wider groups of staff across agencies, are convened as required for specific matters.

During the year the Board received presentations on;

- MARAC – Multi Agency Risk Assessment Conference
- A Homicide Briefing update on five homicide cases which had been commissioned by the Strategic Health Authority (SHA)
- Changes to the definition of a missing person and the impact on agencies
- An overview of ‘Transforming Rehabilitation’ - how vulnerable adults might be affected by changes to the Probation Service in Northamptonshire
- Safeguarding Vulnerable people in the reformed NHS, Accountability and Assurance Framework aimed at primary care and specialist care & screening commissioning and responsibility for assuring that rest of commissioning is effective
- Joint Commissioning Intentions CCG for Dementia, the changing role of the CQC regulator
- The Users and Carers Sub-Group.

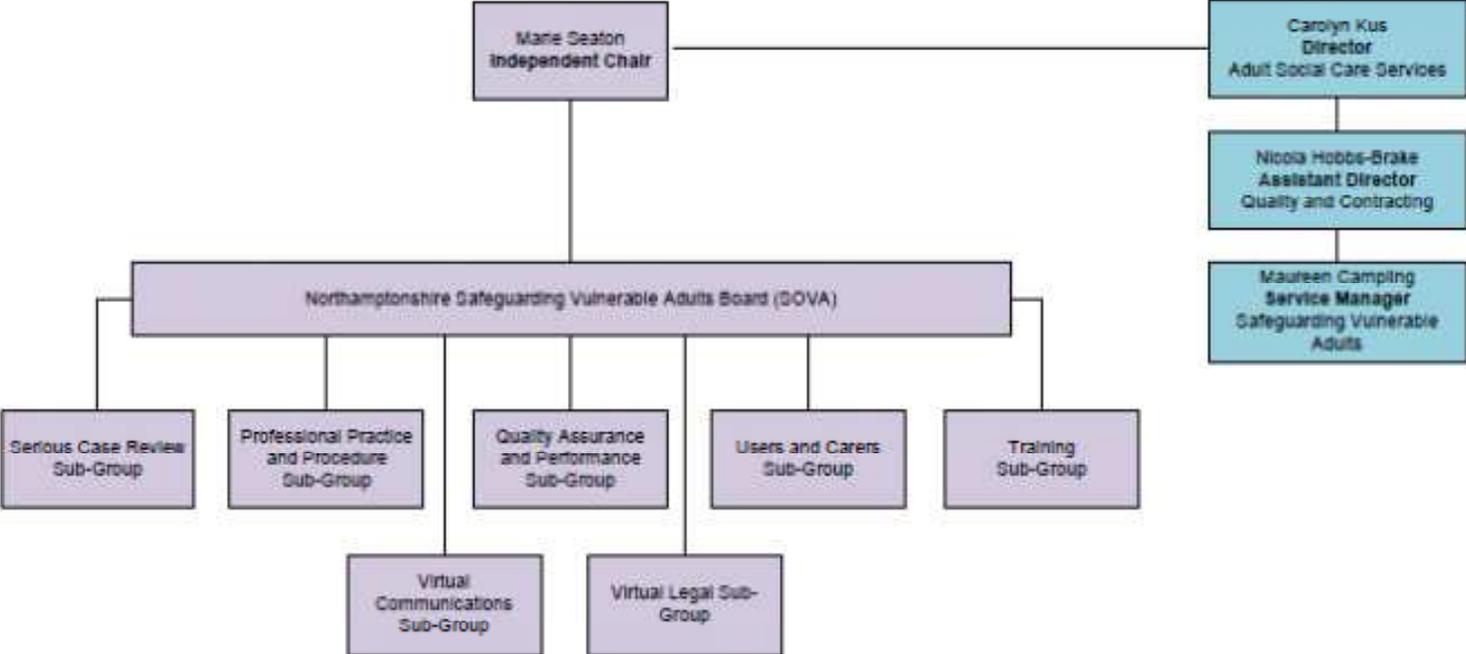
In 2013, plans to work towards integrated safeguarding arrangements for children and adults were reversed whilst Childrens Social Care continued on its journey to implement the improvements required following recommendations made as a result of Ofsted Inspections.

3. MEMBERSHIP

Membership of the Northamptonshire Safeguarding of Vulnerable Adults Board is as follows:

<u>Title</u>	<u>Organisation</u>
Independent Chair	Independent
Independent Deputy Chair	University of Northampton
Head of Public Protection Crime and Justice Command	Northamptonshire Police
Multi-Agency Public Protection Arrangements (MAPPA) Coordinator	Department of Public Protection Northamptonshire Probation Trust
Third Sector	Healthwatch Northamptonshire
Independent Sector Provider	Northamptonshire Association of Registered Care Homes (NORARCH)
Director of Quality and Governance, St Andrews Hospital	St Andrews Healthcare
NHS Director of Nursing and Quality	Kettering General Hospital NHS Foundation Trust
NHS Director of Nursing, Midwifery and Patient Services	Northampton General Hospital NHS Trust
NHS Director of Nursing, Quality and Professional Development	Northamptonshire Healthcare NHS Foundation Trust
Director of Nursing and Quality	NHS Nene and Corby Clinical Commissioning Groups
Locality Quality Manager	East Midlands Ambulance Service NHS Trust
Head of Community Services	Northamptonshire Fire and Rescue
Assistant Director Quality and Contracting	Northamptonshire County Council
Service Manager Safeguarding and Quality Assurance	Northamptonshire County Council
Director of Adult Social Care Services	Northamptonshire County Council
Legal Representative	Northamptonshire County Council
Expert by Experience	Independent
Councillor – Portfolio Holder Adult Social Care Services	Northamptonshire County Council
Consultant in Public Health	Public Health, Northamptonshire County Council
Head of Housing	Kettering Borough Council
Deputy Governor	HMP Onley
Director of Nursing	NHS England Area Team
Safeguarding Adults Team Manager	Northamptonshire County Council

**Northamptonshire Safeguarding Vulnerable Adults Board Structure Chart
2013/14**



THE SUB-GROUPS

The Training Sub-group

During 2013/14 the Training Sub-Group experienced some challenges around capacity with the resignation of the Chair. Since the subsequent appointment of a new Chair the group have begun to meet more frequently in 2014 and will be better placed to report progress for 2014/15.

Safeguarding adults training is currently provided at three levels, reflecting the various roles that staff (and volunteers) may fulfil with the Northamptonshire Safeguarding Adults Multi-Agency Procedures:

Level 1: Alerter – recognising and responding to abuse

Level 2: Referrer – when and how to refer abuse into the multi-agency safeguarding process

Level 3: Investigator – how to undertake an investigation into abuse or neglect.

Level 3: Chairing strategy meetings/case conferences

Level 1 Alerter Training is provided via an e-Learning package. The contract with the current provider comes to an end in October 2014 so work has begun to review the partnership requirements and decisions will need to be made about renewal of this provider or consideration of sourcing another.

The key priorities for 2014/2015 include:

- Ensuring that group members attend on a regular basis
- Revision and update of the Multi-Agency Training strategy
- Design and Implement refresher training for Level 3
- Review of e-Learning package

The Professional Practice and Procedures (PPP) Sub-group

During 2013/14 the sub group experienced some challenges around capacity to deliver a set work plan. Therefore the focus shifted to a 'task and finish' approach which enabled the group to draw on colleagues from other professions.

The task and finish groups were well represented across all agencies and the focus of the work included;

- A refresh of the existing multi-agency Information Sharing Protocol
- An audit of the implementation of Serious Case Review (SCR) action plans
- The development of an overarching strategy for the Board's business plan

The Quality Assurance and Performance (QAAP) Sub-Group

Data capturing and reporting continues to be monitored through the information gathered within the data insight pack. Work is continuing on the development of the IT systems to capture institutional trends and the progress of this project is being reported to the group as regular agenda item.

The group completed a piece of work following the shocking circumstances of systematic mistreatment and assault of adults with learning disabilities and autism that was uncovered at Winterbourne View in May 2011. The Northamptonshire Safeguarding of Vulnerable Adults (SOVA) Board requested assurance from all Board organisations about how the learning from

this serious case review has been shared. The Chair of the Quality Assurance and Performance (QAAP) sub-group wrote to each agency individually to request a response to the recommendations. Every agency responded in full and their responses were shared with the board to give assurance that agencies were taking actions following the recommendations.

The Users and Carers Sub-Group

The membership of this sub-group consists of a range of users of services, informal carers, and voluntary and community sector staff, and many of our members give their time and efforts voluntarily. We are all driven by a passion to help keep vulnerable adults safe from harm and abuse, especially those who are unable to speak up for themselves. We are also supported by officers from the statutory agencies, some of whom are also members of the group.



The main aim of the Carers and Users sub-group is to represent the vulnerable adults' community by raising awareness of issues relating to safeguarding, and to ensure that the voice of users and carers is heard. The Chair of the Users and Carers group also holds membership of the main Safeguarding of Vulnerable Adults Board enabling continuity of user and carer representation, and provides challenge to the Board and partner agencies where necessary. We have continued to meet regularly every two months throughout the year.

Some of our achievements over the past year include:

- We were instrumental in getting the Domiciliary Care Lay-Monitoring Pilot off the ground. This is now being run by Healthwatch (using their volunteers) in conjunction with NCC. As a group we were concerned about the lack of independent checking of the quality of domiciliary care with the end user. We hope this pilot will prove beneficial in addressing this gap, and will be rolled out across the sector
- We have looked at how good the current systems are of protecting carers at risk of harm, who may be vulnerable themselves. We looked at how such issues may be recorded on Carers Assessments, and how they are then followed up and addressed. We were satisfied that carers who received Carers Assessments are generally well supported and protected. And we are aware that through the work of Northamptonshire Carers, work is being done to identify hard-to-reach carers and offer them a Carers Assessment if required
- Following the concerns we raised regarding the difficulty some people were having making safeguarding alerts through the NCC's Customer Service Centre phone line, we have followed-up with the improvements that were put in place to address the problems, and monitored and passed on further issues.
- As a group we have challenged ourselves on the direction we are taking and the closeness of our relationship with the main Board. As a result, and together with the Board, we have agreed a plan of action which includes building a closer collaboration with the Board, and so that our aims to be representative of users and carers and to provide appropriate challenge to the Board can more readily be realised.

Work in progress and work planned for next year includes:

- Concerns about the poor quality of dental care in care homes and with those receiving domiciliary care was brought to our attention and discussed, and we have taken this issue to Healthwatch for their support. Collaborative work is currently underway to raise the awareness of these issues in Northamptonshire and includes input from Northamptonshire Healthcare Foundation Trust, Healthwatch, NCC, Age UK and NHS England and the Users and Carers Sub-Group.
- We would like to facilitate Safeguarding Training for users and carers. We feel training is very important in order to raise awareness of safeguarding issues and responsibilities with those who are vulnerable to abuse and their carers. We know there is training available for carers to access through the Workforce Development courses run by NCC, but we feel it is a question of ensuring appropriate and accessible training, so carers are encouraged and enabled to attend.
- We want to issue an Easy Read Safeguarding Information leaflet to ensure that very vulnerable groups have suitable access to keep themselves safe. We know some work has been done on this at the Learning Disability Partnership Board, and we are liaising with them so it will be widely available.
- We will be reviewing the Care Homes Checklist and Home Care Checklist that are contained within the Care Services Directory, which is published annually and is made widely available to the public in the county.
- We will continue to recruit new members to ensure our membership is as representative as possible of the communities we seek to be a voice for, and to build links and maintain relationships with allied groups and organisations.

Serious Case Review (SCR) Sub-Group

A Serious Case Review (SCR) can be undertaken when a vulnerable adult dies (including death by suicide) **and** where **substantial** abuse or neglect is **known** or **suspected to be** a factor in their death. SCRs are not enquiries or re-investigations into cases, nor is their purpose to apportion blame. There is no legal requirement to undertake a SCR in adult safeguarding. The purpose of a Serious Case Review is to establish whether there are lessons to be learnt from a particular case about the way in which local professionals and organisations work together to safeguard and promote the welfare of vulnerable adults. Northamptonshire Safeguarding of Vulnerable Adults Board supports SCRs as an essential part of service development which can lead to important changes to policy and practice to improve safeguarding arrangements in the future. The Safeguarding of Vulnerable Adults Board owns lessons learnt.



The governance of all SCR action plans sits with the SOVA Board. The Board requires regular updates and evidence from each agency as to progress against the action. This continues until the Board is satisfied that the necessary actions are in place and have been implemented. Only then will there be sign-off by all Board members.

The role and responsibilities of the group are to fulfil the duty of the Northamptonshire Safeguarding of Vulnerable Adults Board by:

- Providing advice on all aspects of Serious Case Reviews to the SOVA Board
- Ensuring that Serious Case Reviews are completed to a consistently high standard and within agreed timescales, in line with national guidance and Northamptonshire Serious Case Review Guidance 2009
- Identifying any difficulties with the implementation of the Action Plan and alert the SOVA Board accordingly
- Gaining assurance from partner agencies that internal reviews of practice have been conducted
- Identifying and disseminating learning from local and national Serious Case Reviews for both adults and children in collaboration with the Local Safeguarding Children's Board.
- Promoting an environment of shared learning

During 2013/14, the sub-group did not receive any new referrals for consideration. Two SCRs were commissioned at the latter end of 2012/13. The overview report on one, concerning a local care Provider 'Mssada' was concluded in April 2013 and published in May 2013.

Recommendations arising from the Independent review were endorsed by the Board in April 2013 and all the agencies involved were required to develop a combined action plan and report on progress to the PPP Sub-Group. All agencies have reported to the Board that recommendations have been implemented.

	Recommendation
1.	Overarching Safeguarding of Vulnerable Adults Board (Multi-agency)
1.1	Health Action plans should be developed and maintained for people who have a learning disability in order to ensure appropriate communication of health and wellbeing needs.
1.2	SOVA Board to ensure positive communication with people who fund their own care to their rights to assessments for social care and Continuing Health Care funding.
1.3	SOVA Board to oversee the development of inter-agency guidance on escalation and management of large scale complex safeguarding investigations.
1.4	SOVA Board to be satisfied that partners and provider organisations understand the Mental Capacity Act and the roles of independent advocates.
1.5	SOVA Board to consider how they monitor referral of individuals to regulatory bodies following safeguarding findings.
1.6	SOVA Board to consider the influence of national policy development to address the issue of individuals and companies who re-invent themselves in the care system in a different form.
1.7	To develop or re-enforce systems to allow partners to communicate concerns raised by individuals or their families about care agencies.
2.	General Practitioner (GP)
2.1	In relation to the annotation of Medical Notes it is recommended that these are annotated appropriately for patients with Learning Disabilities.
2.2	Commissioners should emphasize the need of agencies working with vulnerable patients, and it could be argued that anyone requiring a care agency is per definition vulnerable, to work closely together and have clear lines of communication about the patient and the agency's involvement. As a minimum this should include information to the GP on commencement and termination of an agency's involvement with a patient and at key points during the period that an agency is involved in a patient's care
2.3	GP practices should develop a clear policy on deregistration of patients where patients are de-registered for reasons other than the patient moving to another practice or area.

	Development of the policy and protocol on de registration of patients must take into account mental capacity and vulnerability
2.4	GP clinical records should reflect the involvement of care agencies, assuming that this is an indicator of vulnerability
3. East Midlands Ambulance Service (EMAS)	
3.1	Continue the roll-out of the bespoke education module for EOC staff with the aim for all staff to have attended by March 2013. Safeguarding referral activity will be closely monitored to note increases. This bespoke course is to be delivered to all new starters.
4. Northamptonshire General Hospital NHS Trust (NGH)	
4.1	To ensure that when individuals and/or families raise concerns about care agencies that these are clearly recorded and passed to the appropriate agency.
4.2	NGH staff to positively communicate to patients their rights to assessments for social care and Continuing Health Care funding particularly, but not limited to, when they fund their own care.
5. Care Quality Commission (CQC)	
5.1	As Regulator, CQC will continue to develop and assess their safeguarding procedures and continue to forge and develop strong working relationships with the relevant lead SOVA Board agencies in the interests of working together to protect people using services from the risks associated with poor care.
5.2	The CQC Safeguarding Protocol underpins their processes for handling information and sharing it with other stakeholders. CQC staff members are all aware of the protocol and will continue to adhere to it to ensure effective communication between stakeholders in order that people using services are protected from the risk of harm and unsafe care.
5.3	The CQC will continue to develop relationships with local safeguarding teams, commissioners and Safeguarding Boards in order that each has a clear understanding of one another's roles so that expectations can be managed appropriately and communication channels kept open on a continuous basis, regardless of personnel and organisational changes to any of the parties.
5.4	Ensure that timely regulatory action is taken when there is sustained failure of a registered provider to have a registered manager.
5.5	CQC SOVA Board representative to recommend internally to colleagues leading on GP Registration that as part of their inspection of GP services they ensure that GP Practices are keeping an accurate register of patients engaged in care services.
6. Northamptonshire County Council (NCC)	
6.1	As part of NCC's revised care pathway it is proposed that they will change the way they review and re-assesses the needs of all service users in receipt of community care services for customers for whom they have financial responsibility. There will be a greater emphasis on the use of review scheduling (collation of appointments into dedicated days) to ensure that reviews are not overtaken by assessments and that the services they receive are effective and relevant to their changing needs. Where resources are limited for carrying out reviews, priority should be given to the most vulnerable who should be reviewed at least annually with no service user ever going longer than two years without being subject to a full review.
6.2	All NCC reviews should ensure that the funding provided for customers in receipt of self-directed support is being used appropriately and is sufficient to deliver the quality and level of service required to meet the assessed needs.
6.3	NCC will need to ensure that the resources available for monitoring and managing institutional protection plans are adequate in order that provider services that are non-compliant are managed back into a compliant position or the contract terminated within a reasonable timeframe. Compliance visits should include measures to test the effectiveness of policies and procedures to ensure that they are working effectively.
6.4	Where serious or persistent concerns arise about a provider NCC should ensure that

	there is a clear framework for determining whether that service should continue to be part of the Framework Agreement. This should include confirming who is responsible for making the decision, the criteria for making such a decision (usually this should link to the wording of the Framework Agreement) and the timeframe. In complex cases a chronology of concerns and actions should be brought together to ensure that there is a clear view of the overall concerns and actions taken.
6.5	NCC to develop an Escalation (or progression) Policy which would show the stages followed when a provider persistently fails to comply with the terms of the contract or places service users at risk. Providers will be made aware of this so that they understand where they are in the process and the consequences of not remedying non-compliance concerns.
6.6	Where large scale review activity is carried out as part of a safeguarding protection plan these reviews should be brought together as a whole and considered so that the results of the exercise can be fed into the decision making process about the provider service.
6.7	Where it appears that a provider service is failing to manage its financial responsibilities effectively this will be brought into the overall consideration of its fitness to be part of the Framework Agreement. This will include such things as failure to manage service users' money safely and in their interests, allowing vulnerable service users to accrue debts and incorrect invoicing.
6.8	Legal advice to be sought in relation to the current information / lists NCC publishes of service providers to the public.
6.9	The Central Safeguarding Team and Commissioning Teams to take steps to improve the quality of minute taking for strategy meetings and case conferences.
6.10	NCC to develop inter-agency guidance on the escalation and management of complex and large scale safeguarding investigations.
6.11	There are two countywide health action co-ordinators employed within the county who work closely with our two younger adult's teams who work specifically with people who have a learning disability. It is proposed that due consideration of a customers health action plan is added to the existing review tool which provides the overarching framework for this activity.
6.12	Protocols to be developed to provide clarity on the sharing of information with people who pay for their own care.
6.13	Senior managers to be accountable for complaints correspondence where a service user has died.

Additional sub-groups

Two additional sub-groups may be convened as required. The Communications & Public Engagement and Legal sub-groups are joint groups with colleagues from children's safeguarding and enable collaborative work in these areas. The legal department at the County Council has provided support to the Board as required; external legal support would be sought in the event of a potential conflict of interest.

SOVA Board Action Plan

Although a Strategy and Action Plan was drafted, the Board recognises that last year it ran a serious risk of challenge in the absence of a published Board Action plan for 2013/14, against which it could be measured. Sadly Board members faced ongoing issues of limited capacity and the time-intensive challenge to properly involve users in the development of its Action plan.

However, this has been corrected moving into 2014/15 and a small group has already convened to identify Strategic themes, objectives, and measurements.

The strategic themes identified by the working group are based around the following six core principles set out by the Government to measure existing adult safeguarding arrangements and to measure future improvements:

- Empowerment - person led decision making and informed consent
- Protection - support and representation for those in greatest need
- Prevention - taking action before harm occurs
- Proportionality - proportionate and least intrusive response, appropriate to risk
- Partnership - local solutions through services working with their communities
- Accountability - accountability and transparency in delivering safeguarding

The Principles are not in order of priority; they are all of equal importance. However, the



government highlight the importance of prevention and proportionate responses. Prevention of harm is always better than investigating harm that individuals have experienced, after the event. Empowerment and proportionality are critical in ensuring that individuals have the best experience possible when they are involved in safeguarding enquiries.

REVIEW OF ACHIEVEMENTS IN 2013/14

Adult safeguarding work continues to have a much broader remit than adult protection, alongside wider community safety. This includes Hate Crime/Hate Incidents; Multi-Agency Risk Assessment Conference (MARAC); interpersonal/domestic violence and the PREVENT (anti-terrorism) agenda. It embraces Domestic Homicide Reviews and the Suicide Prevention strategy. It also covers the growing number of vulnerable adults who have mental capacity but who present to all agencies as being 'in crisis' as opposed to being at risk of harm but are not in contact with services.

The Board remains acutely aware of the continuing austerity measures and their impact on all agencies which are forecast to continue for a further period of time. It is also very aware of the significant impact of the resultant radical restructures for agencies and statutory authorities. It continues to be a major challenge for partners to maintain the required resources (staff and services) and expertise to prevent vulnerable adults from 'falling through the gaps' in the face of demographic, financial and resource pressures. The Board has yet to see the potential consequences of welfare and housing reforms, Probation reforms, and implications of the Care Act on services. It will require further dedicated and sustained commitment and innovation on the part of all agencies represented at Board to continue to work closely together to mitigate the impact of such severe financial pressures.

Despite the lack of a published work plan for 2013/14, progress on identified common work themes and Board local priorities for agencies has been as follows:

Reviewing policy and procedures

There were no further amendments this year. However, as dynamic inter-agency documents, Policy and Procedure documents will require updating as a result of learning from the complex institutional safeguarding case which commenced during this year and the recommendations from SCRs as well as from the revised Thresholds framework.

Focus on experience and outcomes for people

It remains the Board's commitment to keep the customer experience and their required outcomes at the forefront of adult safeguarding. More work needs to be done to provide tangible evidence that these are actual attainments and not merely aspirations and In 2014/15, NCC and SOVA Board representatives will engage with the Local Government Association/ADASS initiative of Making Safeguarding Personal and in doing so will endeavour to develop outcomes-focused, person-centred safeguarding practice.



Connect with other partnerships.

At the Board Development Days in 2013, Board members identified links with other strands of safeguarding and connectivity in relation to roles, relationships and responsibilities both strategically and operationally as consistent themes. This was also helpful with regards to future working, training and development, and set out the path the SOVA Board will be taking in preparation for the future particularly in relation to the Care and Support Bill and the impact it might have on other agencies.

Discussions also took place regarding data sharing prompted work on a Multi Agency data Sharing Agreement and work has begun on this document. Following a discussion regarding increased links with the prison service at the Development Day, an invitation was extended to the Governor of HMP Onley prison to formally become a member of the Board.

Develop training programme

Northamptonshire Safeguarding of Vulnerable Adults Board has a very active and passionate Users and Carers Group represented at Board. In 2014/15, the Board will work with the Users and Carers Sub-Group, to develop a bespoke training module which meets the needs of this cohort.

Develop a communications strategy

A clear SOVA Board communication strategy is still to be developed.

Procedures and Practice Guidance

The Safeguarding Toolkit, introduced a number of years ago as operational guidance for frontline staff, has not been refreshed during 2013/14. However it is expected to be updated during 2014/15 to reflect the changes in the business process, the introduction of the Notification Form and the amendments to the Threshold paper.

Thresholds: a revised Northamptonshire threshold framework had been introduced as a pilot to continue to refine the initial screening and risk assessment process and to ensure that the safeguarding response was appropriate and proportionate to the concern. The pilot was successful and considered fit for purpose. Consequently, in March 2013, a draft further revision of The Inter-agency Thresholds Framework for the Management of Safeguarding was presented to the SOVA Board and approved, subject to agreed amendments, with formal introduction planned from 1st April. The Safeguarding Adults Team was already unofficially working to the latest draft before March 2013. It includes a decision matrix and clear questions for staff to consider when a Notification is received. This further ensures that investigation by the Safeguarding Adults Team remains appropriately reserved for vulnerable adults at the highest risk. The average number of days for completing a safeguarding investigation is still well under the 28 day timescale for all but complex or exceptional situations, in spite of the further rise in referral rate for this year.

Case Study

An elderly lady living in her own property, was alleged to be psychologically, financially and physically abused by her daughter and son in law, who had moved in with her following being made homeless. The son in law was known to the MAPPA system. The lady had mental capacity and stated that she didn't wish any action against the two, but did wish for them to move out. By utilising multi agency working between the police, the district council and safeguarding, alternative accommodation was found, and the lady was empowered to take control of certain aspects of her life again, achieving the outcomes she required.

The Northamptonshire Inter-agency Safeguarding Procedures for responding to allegations of abuse and/or neglect of vulnerable adults have not been further adjusted this year. It remains a dynamic document and one which will require refreshing as a result of learning from complex institutional safeguarding cases and recommendations from SCRs.

Partnership working

Positive partnership working continues at all levels, from the top to the frontline, in response to safeguarding concerns – in consultations, in strategy meetings, protection planning and monitoring. Joint Implementation of lessons learnt from serious case reviews occurs across all agencies. Frequent, often daily, contact occurs between the Safeguarding Adults Team and the operational safeguarding leads from partner agencies. Quarterly Information-sharing meetings have been reinstated with CQC.

PARTNERSHIP CONTRIBUTIONS TO ADULT SAFEGUARDING IN 2013/14

This section highlights the developments and achievements in adult safeguarding identified by partner agencies during 2013/14.

Northamptonshire County Council (NCC)

Whilst the Local Authority has the lead role for co-ordinating adult safeguarding, we would not be able to achieve this without the continued commitment and support of partners. At an operational level the Board membership is represented by dedicated safeguarding leads across all agencies and this in effect is our working model of a multi-agency safeguarding hub, albeit virtual.

It has been another demanding year for the Safeguarding Adults Team with a further 25% rise in the number of notifications (referrals) received. Nevertheless the challenge for the service remains managing the demand in an effective and timely manner with limited resources. The team has continued to develop and benefits from a staff group with a wide range of experience that includes child protection, registered managers in health and social care, Adult mental health professional and Best Interests assessors. Productive working relationships and communication between the NCC Safeguarding Team and the NCC Contracting and Contract Management Team have developed and strengthened.

The Firefly database was been implemented and is an aid to enhancing information sharing about Providers from all sectors. The need was highlighted as learning from a serious case review. NCC Commissioning and the Safeguarding Adults Team can share safeguarding, contract monitoring and other relevant commissioning information about all levels of service providers. The database will trigger compliance issues, repeated alerts and repeat external investigation requests.



recommendations.

In collaboration with NCC customer engagement team the Users and carers sub group helped devise a 'Customer Satisfaction' questionnaire which is issued to all customers at the end of a safeguarding investigation. The questionnaire has also been produced in an 'easy read' format and available in the form of a survey monkey on the NCC safeguarding web pages. The plan is to audit the responses received on a quarterly basis and present the findings to the Users and Carers sub group for oversight and

In January 2014 the Health and Social Care Information centre (HSCIC) invited all Local Authorities to sign up to their 'Outcomes pilot study'. The aim of the study is to find the best practice for interviewing customers and recruiting participants. NCC agreed to take part in the pilot which is due to run for 8 weeks from May 2014. The HSCIC will write a report on the findings which will be made available. The aim is to develop a safeguarding measure for the ASCOF, therefore if the pilot is successful then this will form a National Survey which will form one of the Social Care data collections, if not successful then hopefully the results from the pilot will tell us what we need to change and the next step to developing the measure.

All Local Authorities in the East Midlands region have agreed to participate in Peer Challenges as a means to drive up improvement. In addition, each year, local authorities in the Region will complete and submit a self-assessment to ADASS (Association of Directors of Adult Social Services). Local authorities will share amongst themselves the results of their self-assessments. As part of these self-assessments local authorities set out what they recommend as the focus of their Peer Challenge (the focus is articulated in what is called the 'Key Lines of Enquiry').

The East Midlands programme of Peer Challenge is now well underway and Northamptonshire County Council is scheduled to be one of the last.

NHS England

Hertfordshire and the South Midlands Area Team

NHS England and the 'area teams' became operational effective from April 2013. The Hertfordshire and South Midlands area team geography covers a population of nearly 2 million, 7 clinical commissioning groups (CCG's) and in excess of 1000 contracts. The primary function of NHS England is two-fold – the direct commissioning of services including primary care and some public health functions and the assurance of the role performed by clinical commissioning groups (e.g. Nene CCG and Corby CCG's in Northamptonshire).

'Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework' was published by the NHS Commissioning Board (March 2013). The document sets out the responsibilities for safeguarding in the reformed NHS, including statutory requirements. Integral to this is partnership working. Hertfordshire and South Midlands Area Team are members of 6 Safeguarding Adult Boards and 6 Safeguarding Children Boards.

In 2013/14 the area team has established a Hertfordshire and the South Midlands wide safeguarding 'forum' to provide an opportunity for safeguarding health professionals to work together to develop best practice. The forum has been developed in partnership with CCG Safeguarding Leads and provides a space to address national, regional and local challenges in relation to safeguarding. The forum covers both children and adult safeguarding and provides a space for reflection, learning and peer support for CCG safeguarding professionals.

Within 2013/14 the area team has contributed to serious case reviews, domestic and mental health homicide reviews and safeguarding concerns meetings – with particular focus on the engagement in and learning from the process by primary care clinicians.

East Midlands Ambulance Service NHS Trust (EMAS)

East Midlands Ambulance Service NHS Trust (EMAS) continues to prioritise safeguarding as a crucial part of providing high quality care. Our approach to safeguarding is based on promoting dignity, rights and respect, helping all people to feel safe and making sure safeguarding is 'everyone's business'. Over the past 4 years the Safeguarding agenda has continued to grow across EMAS from Board to frontline staff.

Safeguarding in EMAS is well embedded and encompasses:

- ✓ Prevention of harm and abuse through provision of high quality care;
- ✓ Effective responses to allegations of harm and abuse;
- ✓ Seeking responses that are in line with local multi agency procedures; and
- ✓ Using learning to improve service to patients.

EMAS has made **7377** adult safeguarding/care concerns in 2013/14. This is a 19% increase for adults from the previous year.

Key considerations for EMAS include:

- The proposed changes and commitment to making a statutory framework for adult safeguarding will go some way towards helping to address issues that have been raised by the Law Commission. However there is limited reference to issues such as funding, definitions and what is included in the scope of adult safeguarding.
- For EMAS, there is a need for on-going safeguarding education, communication and support for staff to manage and respond to a complex, developing agenda.

EMAS will continue to keep abreast of developments and ensure our service is aligned to new legislative duties as they evolve.

Northamptonshire Police

The Northants Police Protection of Vulnerable People (PVP) training programme has now been rolled out to around two thirds of all frontline officers and staff through a two day course. The training is made up of speakers from the most high risk departments in the force and covers issues such as domestic abuse, hate crime, mental health, exploitation and registered sex offenders. The focus is around recognising & responding to risk, and the safeguarding of vulnerable people. This training has been highly praised by HMIC and other police forces.

There have been a number of successful initiatives this year around mental health, including the Mental Health Triage Car where officers work together with Community Psychiatric Nurses (CPN) each evening to respond to incidents involving those in crisis. This has led to a reduction in detentions under s136 of the Mental Health Act & in the use of police cells. It has also ensured that appropriate referral pathways and opportunities for follow up are being maximised.

Additionally, mental health practitioners are now working from the custody suite at the Criminal Justice Centre, providing timely interventions for those in custody, regardless of the reasons leading to their detention. This enables those in crisis to be appropriately assessed & referred or sign-posted to other support services

Following on from the Government's Mental Health Crisis Concordat in February, arrangements are now in place between the police & EMAS to ensure that those detained under s136 are transported by health professionals whenever it is safe to do so, rather than using police transport. This provides a greatly improved service for the dignity of the person detained, and also ensures that best use is made of police resources.

The police continue to investigate allegations of abuse related to vulnerable adults, including those residing in care homes. One such investigation of neglect of a person lacking mental capacity has led to the registered care home manager facing trial in autumn 2014. Also, following the Nursing & Midwifery Council's finding against five nurses formerly employed at Parkside Nursing Home in Northampton in 2009, a review of the case was completed, and the investigation re-opened.

Kettering General Hospital NHS Foundation Trust (KGH)

Key Achievements :

- Improved process for examining care and practice when a concern is raised
- Improved reports outlining the outcome and action taken
- Training
- Deprivation of Liberty (DOL)
- Sharing forum

Referrals have naturally increased as we expected, given that the level of awareness and training has increased with the implementation of the new process.

Kettering General Hospital continues to be committed to safeguarding the wellbeing of vulnerable patients in our care. As such, the Trust has implemented a number of changes aimed at improving practice as outlined below:

Governance

The organisation has carried out a review of its governance structure and report systems. As part of this process Adult and Children's Safeguarding Steering Groups have been joined in order to share good practice and development across both. In addition the Trust has created a monitoring framework which enables the new Steering Group to assess performance against the delivery of standards, and progress in implementing improvements. This has increased the 'joint' ownership of the work programme and provides an opportunity for everyone to engage in agreeing the standards for practice and patient care and the way forward.

Priority plans for the forthcoming year

The Trust is focused on strengthening the plans already in place to ensure vulnerable patients are cared for. Ongoing, the Steering Group's membership now includes the appointment of a Non Executive Director lead for Safeguarding, with the overarching responsibility of reporting back to the Trust Board to provide assurance that all plans are implemented, effective and regularly monitored. Non Executive Directors are also involved in Patient Safety Walkabouts, one of the aims of which is to report back to the Board.

The Trust has carried out an audit of safeguarding training for all staff (clinical and non-clinical), the results of which are very positive. The Trust continues to provide mandatory training to all areas of staff that are in excess of the minimum requirements. I.e. 4 hours of training per two years compared to the minimum requirement of 2.5 hours.

Longer term as the Trust develops and refines its Five Year Plan; a more detailed strategic overview will become available.

Deprivation of Liberty Safeguards

The judgement from March 2014 has provided some challenges regarding the need for re-education of staff and assessment of a much larger group of patients who may be within the threshold for authorisation. Initially additional information sessions were held to inform people of the change and what this would mean in practice and patients were reviewed to ensure that where an authorisation was required that an application was made. As expected there was a marked increase in applications for authorisation.

Sharing Forum

The Trust is committed to sharing lessons learned from experience and outcomes related to safeguarding. In order to facilitate this, an open forum for all staff has been developed to enable this across the multi-disciplinary team. It is also anticipated that the forum will provide staff with

a platform to discuss specific challenges in their practice area and to provide support to meet those challenges.

Northampton General Hospital NHS Trust (NGH)

Northampton General Hospital NHS Trust is committed to protecting the welfare of vulnerable adults and responding promptly when abuse is suspected. This involves promoting a culture where abuse of any kind is not to be tolerated and is dealt with promptly if it does occur. In addition to setting its own internal policy commitment, arrangements for promotion of good practice and training arrangements; the Trust is fully committed to partnership working in order to protect and promote the interests of vulnerable people.

Key Achievements / Making a Difference

The Trust has recognised that safeguarding is a key element to ensure that patients receive quality care. A review was undertaken regarding the support that is required for both patients and staff for safeguarding adults. This led to a number of actions being undertaken:

- The successful recruitment and appointment of a Head of Safeguarding and Dementia. This role will provide strategic leadership and co-ordinate the Trust's activity regarding safeguarding.
- The formulation of a business case to enhance the safeguarding adults and dementia care service; this is currently being considered by the Trust Board.
- The appointment of a Learning Disability Project Worker. This exciting new post is supported via the Learning Disability Partnership Board and OneHealth Group and sees the appointment of a person with a learning disability to support the organisation in *'getting it right'* for those people with a learning disability when they access acute care.

Training remains a big part of the work undertaken by the safeguarding services at NGH; as a way to improve staff knowledge and to ensure that appropriate action is taken if and when abuse is seen or suspected. The impact of this training can be clearly measured by a 42% increase in referrals made to the Local Authority safeguarding team. Safeguarding training remains a high priority for the Trust, as recognised by its inclusion in the "mandatory" section of all staff training requirements; the year end position demonstrated a 71% compliance rate with this.

Activity

160 alerts were raised by staff regarding patients within our care. 60 were screened out by NCC safeguarding initial referrals team as not meeting the safeguarding thresholds. The remaining referrals were investigated within the inter-agency safeguarding process.

During the year, 37 safeguarding alerts were raised against the Trust. Of these, 8 were founded and the Trust responded immediately in each case to actively manage the concerns and then to proactively prevent them re-occurring. The other 78% were either closed at contact by the Local Authority or investigated and found unsubstantiated.

From these alerts, the commonest identified theme concerned discharge arrangements. The alerts highlighted that the Trust didn't always communicate relevant information regarding a patient's discharge. As a result, the Trust has identified the need to increase the safety and seamless discharge of all patients; especially vulnerable patients. This work is being taken forward by the discharge teams.

Key Priorities Moving Forward

Over the coming year, there will no doubt be many external factors that influence the business planning in safeguarding, however looking back over 2013/14 we can see clearly areas where with focus, we can continue to make a difference.

- **Training:** The Trust is committed to improving the skills and knowledge of our workforce. To that end, we are proposing to increase and maintain our training compliance at a minimum of 85%.
- **Referrals:** Just under 40% of referrals made by staff at NGH in the past year were screened “out” by the Local Authority safeguarding team; in the coming year we are planning to explore this, in partnership with our colleagues in NCC to ensure that referrals made to the service are appropriate good quality, to enable the best possible support to be available to vulnerable individuals.
- **Views and Voices:** it is important that as an organisation we understand the views and voices of our patients. With this in mind, we will be seeking to ensure that we clearly listen and act on the views and wishes of patients within the safeguarding process; to ensure that the care we deliver in safeguarding is truly patient centred.

Northamptonshire Healthcare NHS Foundation Trust (NHFT)

NHFT has continued to strengthen its work with partner agencies to promote and protect the well-being of vulnerable adults. NHFT is represented on the Safeguarding of Vulnerable Adults Board by the Director of Nursing and Quality and the Trust Lead for Safeguarding Vulnerable Adults.

The NHFT Safeguarding Group for Adults and Children, chaired by the Director of Nursing and Quality continues to provide direction and have a monitoring function for both adults and children safeguarding practice. The Group’s membership is made up of senior staff and clinicians from across the Trust. The Group reviews and monitors safeguarding activity in the Trust, including training, monitoring of action plans from Serious Case reviews, HR issues associated with Safeguarding and evidence of good practice. Its principal purpose is provision of assurance to the Trust Board of Directors via the Governance Committee of effective integrated governance of Northamptonshire Healthcare NHS Foundation Trust.

Safeguarding training is mandatory for all staff at a level appropriate to job role. Training is in a variety of formats including face to face sessions, ward based sessions and information leaflet. A new management training package is being developed to support managers involved in all aspects of the Safeguarding process.

A total of 518 safeguarding adult referrals were made by NHFT staff under multiagency procedures during the year 2013/14 which is slightly reduced from previous year of 588. The numbers of complex concerns raised which require investigation has increased and referrals not meeting the threshold for investigation has decreased.

Our plans for 2014/15 will include continuation of training on safeguarding and referrals, implementation of managers training and competencies related to safeguarding.

Northamptonshire Association of Registered Care Homes (NorARCH)

NorARCH was formed in 1983 as an informal, information sharing group – since then it has transformed itself into a recognised professional body representing approximately 70% of the

independent registered care homes in Northamptonshire. Members include smaller and larger single units to multiple unit homes and membership includes residential and nursing care for both young and older people and for people with learning disabilities.

The main principles and objectives of the association are:

- To provide a responsible body representing the interests and views of its members to central and local government.
- To effect and maintain standards in homes in Northamptonshire by the provision of a Code of Conduct for members which is an integral part of membership.
- To promote the image of registered homes.
- To liaise with other bodies with compatible aims for mutual benefit and to provide a forum for the exchange of ideas and information.

This year NorArch have offered free membership to all care homes in Northants which has been taken up by all but one home. Going forward, we intend to address the difficulties experienced by homes because of poor fee levels, exacerbating the closure of homes which are no longer viable thus potentially causing Safeguarding issues within the sector.

Northamptonshire Fire and Rescue Service (NFRS)

Northamptonshire Fire and Rescue Service latest Integrated Risk Management Plan (IRMP) states “Everyone who lives or works in, or travels through Northamptonshire will have an interest in how well they and their loved ones are protected from fire and how quickly and effectively they could be rescued from other emergencies in the County.” This is a statement that is at the heart of all we do. Our Community Protection Strategy 2013-15 reflects this statement by focusing on four main areas:

- Keeping people safe at home
- Keeping people safe at work
- Keeping people safe at leisure
- Keeping people safe in and around transport

The Strategy aims to deliver prevention work to meet the needs of all our diverse communities. The Area Manager – Head of Community Services, is a senior manager within NFRS and is the strategic lead for safeguarding in the service. The role is key to NFRS and the Safeguarding agenda within the county and represents NFRS on the Local Safeguarding Children’s Board Northamptonshire (LSCBN) and on the Safeguarding of Vulnerable Adults Board (SOVA). In addition to the Strategic Boards, NFRS are represented on the Child Death Review Panel (under LSCBN), the Serious Case Review sub Group (under SOVA Board) and NFRS have formed part of the review panel for individual serious case reviews. The role of safeguarding is threaded through the organisation and is seen as an integral part of our work.

In 2013/14 NFRS developed an extended Service Level Agreement (SLA) for Age UK; NFRS have joined the Dementia Action Alliance and through it have identified vulnerable people that would benefit from a stand-alone portable mist system in their home which has twice saved the life of one elderly male in the County. Formalised referral processes are in place with Mental Health and Social Services and there are Memorandums of Understanding (MOUs) for delivery projects with Red Cross and the Royal British Legion.

We have refocused and reprioritised our premises inspection programme based on risk and our resources. This has led to a revised Risk Based Plan to better target the department’s

resources and meet our statutory requirements. In addition, the plan caters for resources to be targeted to address the fire fighter safety risk that is present in large factories and warehouses.

Following a fatal incident within the County we have increased focus on identifying Houses in Multiple Occupation (HMOs) and have worked to drive down the risk of fire in these premises. In conjunction with other partners including the local authority Environmental Health Department (with whom we have an SLA for joint inspections) this has resulted in the discovery of many HMOs which now have the required fire safety precautions installed – this has reduced the risk from fire significantly for these tenants.

Care home deaths across the country have highlighted the need for work in this area. The NFRS Protection Department developed and sent a questionnaire to every care/nursing home in the County to ascertain how many of these premises had all, partial or no self-closing devices fitted to their fire doors – a major cause of fatalities in these premises.

The Arson Task Force (ATF) became involved in the Crime Prevention Design Advisors (CPDA) forum which includes consultations under the Town and Country Planning Act 1990. This scheme involves the Fire Protection Department, Police, Architects, Arson Task Force, and the CPDA. This group's objectives are designing out crime (arson) in new building developments, which includes housing occupied by vulnerable adults.

Following serious fires in the country, in particular Laknall House London (2009) at which 6 people lost their lives; the NFRS Protection Department has taken a proactive approach to improving fire safety in high rise buildings. The intention was to remind authorities and organisations of their responsibilities under the (Fire Safety) Order 2005 and to ask whether the arrangements that they have in place were suitable and sufficient. In January 2013 the Protection Department implemented a Flats SLA across the County involving all seven Borough and District Councils and six of the major housing associations within Northamptonshire. This SLA allowed for confirmation that the Fire Risk Assessment processes were suitable and sufficient, shared data and information and some sampling audits of the housing stock to check compliance.

Priority Plans for 2014/15

To continue to work in partnership to address the 'Threat Danger' domestic abuse referrals, to help protect vulnerable people. These are high risk home safety checks (to support the reduction in Domestic Abuse and other crimes)

- Partnership working
 - To explore opportunities for training and delivery in partnership with the Police
 - To implement The 'Safe Place' scheme
 - To review and evaluate the existing referral schemes
 - To support
- New Hoarding Matrix and referral procedures delivered
- Review and implementation of new Safeguarding procedures for Fire
- Review safeguarding Policies
- Implement revised risk matrix and guidance documentation for Home safety checks
- Implement revised online referral forms and Home safety web page

Probation

Following the recent Probation Trust reforms in line with the Transforming Rehabilitation Programme, there are now two providers of probation services. In 2014/15 there will be two probation representatives on the Board;

- National Probation Service SE division, managing High risk offenders whether they are in the community or supporting release plans for those leaving custody and subject to licence requirements. Locally, NPS are also responsible for all MAPPA cases, the local Approved Premises and providing advice to the courts.
- BeNCH CRC Probation, providing high quality probation services and interventions to Service Users who are adult Offenders who are either serving a Community Sentence or have been released from custody and are subject to a Prison Licence.

Healthwatch Northamptonshire

Key highlights included:

- Acted on concerns raised from members of the public about the care and treatment of vulnerable adults. 3 safeguarding referrals made to NCC during 2013-14 and a further 3 in the first 4 months of 2014 -15. As a result of delays by NCC in investigating one of the referrals, we met with NCC to review why this delay happened and how the process can be made easier for members of the public to report safeguarding concerns.
- Launched a pilot project reviewing the quality of domiciliary care in the County. The report on the first phase of the pilot will be published in August 2014. 77 service users or carers were interviewed by a team of trained staff and volunteers between March and June 2014. Key findings are that while people value the quality of care, they don't feel the paid carers can deliver what they need because of the pressures of their schedules. This has a real impact on the quality of life for service users – e.g. having an evening meal at 5pm/being put to bed too early. The next phase of the pilot will conduct face to face interviews. We hope to influence the commissioning of domiciliary care and the quality of contracts for carers – i.e. move away from zero hours contracts, improved pay and better scheduling of visits.
- We have worked with a campaign group in Daventry to support their call for life saving cardiac rehabilitation at Danetre Hospital. There has been a commitment in principle to re-instating the service with the details being worked out currently.
- As part of our profile raising Make Your Voice Count campaign, we arranged an event with the Learning Disability Partnership Board. Over 50 service users attended and told us about examples of good care and poor care. The Director of Improving Patient Experience for NHS England attended and said that the views expressed would help shape future care for people with LDs.
- Submitted detailed evidence to CQC to inform their inspection of Northampton General Hospital (NGH) in Jan 2014 based on patient and public views of NGH. Highlighted areas of concern which aligned with the findings of the CQC in their inspection.
- Conducted wide ranging Enter and View programme at NGH and Kettering General Hospital (KGH) with reports submitted to the hospitals. Impacts of our visits include:
 - Soft closing bin lids at NGH (noise at night big issue for patients)
 - Improved signage to Eye Casualty (NGH)
 - Influenced improved notice boards and information for patients and families (KGH)
 - Influenced hygiene and environment improvements on wards (KGH)
- Championed the need for mental health to have parity of esteem with physical health, actively involved in positively influencing the plans to improve early access to support in primary care. Also, raised concerns about the quality of care at St Andrew's Healthcare, Northampton with CQC, NHS England and St Andrew's. Greater focus from all three agencies on quality at St Andrew's. Called for independent investigation into the deaths of 4 men on the same low secure ward in an 8 month period in 2010/11.

Key achievements within the year:

- Established Healthwatch Northamptonshire CIC (Community Interest Company) including full compliance with legal, financial and contractual obligations of Healthwatch and CIC.
- Recruited full staff team including team of Healthwatch Officers leading on different areas of work – children and young people, information and signposting, social care, volunteers, research and reporting. Team also allocated responsibility for acting as contact with specific localities.
- Major recruitment of volunteers – now have 130 members of the Healthwatch volunteer community including 28 authorised representatives to conduct Enter and View and patient/service user/public engagement (i.e. DBS checked, Enter and View trained).
- 5 year strategy agreed and implementation plan.
- All policies and procedures and governance arrangements reviewed and in place.
- Successful engagement campaigns with public, children and young people. Reports published and CAMHS submission to select committee enquiry.

Priority plans for the forthcoming year:

Five strategic priorities are:

- Children and Young People
- Vulnerable adults and carers
- Healthier Northamptonshire
- Quality of care
- Development and sustainability of Healthwatch Northamptonshire

Work planned during 2014-15 includes:

- Report on KGH – to be submitted to CQC for inspection in Sept 2014
- Report on Enter and View and patient engagement at St Andrew's – to be submitted to CQC for inspection in Sept 2014
- Launch of survey of people using A&E at NGH – August 2014
- Personalisation Audit – commencing Sept 2014
- Domiciliary care pilot – phase 2 – report in Nov 2014
- Public engagement on End of Life Care, respiratory care and other work arising from Healthier Northamptonshire programme (yet to be confirmed)
- Make Your Voice Count 2 – profile raising campaign for HW in Oct 2014
- Launch of outreach HW Information and Signposting service
- Launch of Young Healthwatch – Feb 2014
- Work on CAMHS – part of HW England special enquiry and local survey with Young Leaders – timescales to be confirmed
- Engagement of mental health service users, carers and voluntary sector organisations to monitor whether plans to improve services are delivering real impact.

St Andrew's Healthcare

St Andrew's is a unique and influential pioneer in mental health based within Northamptonshire, with a reputation grown over 175 years. The Charity is the UK's leading charity providing specialist NHS mental health care, an independent national Teaching Hospital, partnered with King's College London to support learning and research. We believe in a culture of safety, excellence, and compassion, taking a whole person approach, integrating physical and mental healthcare. We provide specialist recovery pathways, achieving the very best outcomes with each service user.

“People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.”
CQC report, Men’s Service 2013

Safeguarding Arrangements

Safeguarding is core for all staff working within St Andrew’s, influencing the care and management of patients of all ages, creating an environment of safety and security. The responsibility for overseeing Safeguarding sits within the Quality and Governance Team, enabling close working with colleagues experienced in compliance, audit and risk management. Within the services Safeguarding falls under the responsibility of the Social Work team.

Safeguarding incidents at ward level are reported centrally to the Safeguarding Lead and externally to the local county councils in each of the respective geographical area, promoting transparency and openness. The safeguarding of patients is monitored through intervention meetings, led by Social Work and Nursing teams, with identified strategies to reduce further risk managed through individual multi-disciplinary care planning.

External relationships

The Charity has its headquarters and the majority of its beds on the Northampton site and, as such, has a representation on local Safeguarding Boards and sub-committees. We have worked with the Local Safeguarding Adults Teams in each of the regional sites on appropriate referrals and thresholds for safeguarding as per local operating procedures. Police protection teams continue to provide support and advice across all geographical areas.

Multi Agency Public Protection Arrangements

Social Work Leads in each site provide a single point of contact working with external agencies in the management of offenders within our care, including panel work and training for staff.

“There are excellent opportunities to access a range of advocates depending on needs of the individual” (CCG commissioned peer review September 2013)

Progress against actions from 2013/14

- A pilot training programme for level 3 Safeguarding Adults was developed by the Women’s service and from April 2014 this training was extended across the Charity, managed by the training department and Safeguarding Lead.
- Safeguarding supervision is incorporated into the Clinical Supervision Policy.
- Learning from serious case reviews have been disseminated across the Charity by the development of information sheets and reflected in training.
- Safeguarding has had a positive influence in the revised CPA process with inclusion in the preadmission documentation to recognise individual vulnerabilities that relate to patient history and therefore influence the care plan from admission

Priorities for 2014/15

- Further development of the Safeguarding Group to more closely reflect the functioning of NHS Safeguarding Boards. (Director of Quality and Governance: December 2014)
- Uptake of safeguarding training to be maintained at a minimum of 95% of Training Needs Analysis levels. (Hospital Directors – supported by Safeguarding Lead: September 2014)
- Safeguarding Lead to support a review of safe practices for older person services. (Safeguarding Lead: March 2015)

- Work with the LADO to critically assess existing processes for reporting, investigating and disseminating learning outcomes. (Safeguarding Lead: September 2014)
- Provide support and advice to the lead nurses to champion safeguarding in nursing teams. (Safeguarding Lead: November 2014)
- Develop a programme of CPD events (minimum two) to raise awareness of safeguarding. One event to include external speakers and delegates. (Head of Safety: March 2015)
- Review Charity safeguarding arrangements and support Hospital Directors to be able to evidence compliance with Policy and best practice in line with the six core principles set out in the Care and Support Bill 2014. (Safeguarding Lead: August 2014)

Housing

A representative for Housing providers joined the Board in 2013/14. It is hoped that during 2014/15 a county-wide housing liaison group might be reinstated to provide a meaningful method of communication for the various housing providers, and that in turn this will facilitate excellent links with the Safeguarding of Vulnerable Adults Board to establish:

- A contribution to wider agendas including: prevention and awareness raising, domestic abuse, crime, hate crime, self-neglect, hoarding, anti-social behaviour and poverty
- Reaching into local communities
- Addressing professional boundaries
- Reinforcing the message that safeguarding is everyone's business
- Helping to develop multi-agency policies, procedures and improvement plans
- Implementing core safeguarding policies across housing commissioners and providers

NHS Nene and NHS Corby Clinical Commissioning Group

Safeguarding adults remains a high priority for both health and social care with the Care and Support Act (2014) stating that a high-quality service must be one that keeps people safe from harm. To achieve this, NHS Nene and NHS Corby CCGs continue to commission services to promote and protect the human rights of each individual, their independence and their well-being. At the same time, the CCGs have secured assurance from all service providers that they commission on behalf of the population of Northamptonshire that any individual identified as 'at risk' is effectively safeguarded. This is in partnership with other agencies including the Local Authority.

Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework (March 2013)

NHS England published 'Safeguarding Vulnerable People in the Reformed NHS, Accountability and Assurance Framework' in March 2013 which detailed the responsibilities of the new organisations including how CCGs must ensure they commission safe services for those in vulnerable situations and engage in effective inter-agency working

Safeguarding Adults

NHS Nene and NHS Corby Clinical Commissioning Groups gain assurance from the organisations from which they commission services using a variety of methods. Contracts are monitored against quality standards and through attendance at the Northamptonshire Safeguarding of Vulnerable Adults Board (SOVA) where performance reports are scrutinized. Provider engagement is monitored for both SOVA Board attendance and active engagement in board activity. Concerns raised and addressed through Clinical Quality Review Meetings also

provide assurance. The CCGs will become involved in safeguarding adult interagency processes where it is felt that there is an increased need for oversight in relation to specific healthcare issues.

Winterbourne View

'Transforming Care; A National Response to Winterbourne View' was published by the Department of Health in December 2012. This set out the actions required to improve the care and support of vulnerable people with learning disabilities. NHS Nene and Corby CCGs continue to ensure there are effective commissioning processes in place for services for people with learning disability and continue to work towards meeting the requirements of the Winterbourne View Concordat Programme of Action.

In order to meet the current and future needs of people whose behavior challenges services a joint draft strategy has been produced between health and social care and this has been distributed to relevant partners for further consultation.

Inter-agency Safeguarding Adults Arrangements

NHS Nene and NHS Corby CCGs continue to support the Northamptonshire Safeguarding Adult Board through attendance and participation in Board and sub group activity including contribution to the development and implementation of Northamptonshire's strategy to safeguard vulnerable adults. The Director of Nursing and Quality leads the safeguarding responsibilities for the CCG. The Designated Nurse facilitates the training sub-group and attends the other sub-groups.

Prevent

Prevent is part of the Government's counter terrorism agenda and aims to stop people becoming terrorists or supporting terrorism. The Prevent agenda recognises that some vulnerable groups may be susceptible to exploitation. The NHS has an important role to play in supporting the Government's Prevent Strategy. Healthcare staff are well placed to recognize individuals, whether patients or staff, who may be vulnerable and therefore susceptible to radicalisation by violent extremists or terrorists. It is fundamental to the NHS 'duty to care' and falls within NHS statutory safeguarding responsibilities. For this reason prevent awareness training is included as a requirement in the NHS contract with provider organisations.

Key Challenges 2013/2014

- New structures and accountabilities in the new NHS landscape. Ensuring that safeguarding remained a priority and was firmly embedded into the CCGs as outlined by Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework.

Key Achievements 2013/2014

- Embedding safeguarding arrangements following the wide spread changes in the NHS.
- Increased integration with and information sharing across the CCG safeguarding and quality team.
- Strong attendance and participation at the SOVA Board and sub-groups by the Director of Nursing and Quality, Head of Nursing and the Designated Nurses.
- Continuing work in response to 'Transforming Care – A National response to Winterbourne View Hospital' (Department of Health, 2012 - across the health economy and ensuring that robust commissioning processes for out of area placements are in place for complex vulnerable patients.
- Increased information sharing and intelligence within the broader CCGs Quality Team and safeguarding professionals to triangulate information to identify emerging safeguarding issues.

Areas for Development for 2014/15

- Develop a safeguarding priorities plan in conjunction with health partners setting out the key priority work streams for 2014 – 2019.
- Review the CCGs Safeguarding Policy.
- Review the CCG Safeguarding Strategy
- Closer working relationship with NHS England Area Team to ensure safeguarding remains a priority in primary care.
- Thorough review of Self Assessment Assurance Framework (SAAF) audit tool and process re-launch revised SAAF across NHS organisations.
- Strengthen contracting and commissioning arrangements to more robustly include safeguarding, MCA and DoLS; ensuring that individual rights are strengthened.
- Ensure that practice changes to DoLS made by the Supreme Court judgment and fully communicated and acted on by provider organisations.

SAFEGUARDING ACTIVITY DATA 2013/14

Safeguarding concerns (notifications) are reported to Northamptonshire County Council's Customer Service Centre (0300 126 1000). All concerns receive an initial check by the Professional Support Team and are then fast tracked to the central Safeguarding Team where they will be screened within 24 hours. The Safeguarding Team Duty Officer, known as the 'Case Lead', will then apply the risk matrix and determine at what level of the safeguarding thresholds the notification should be progressed and by whom.

Safeguarding notification rates have risen sharply over the last 6 years: 638 during 2008/09; 1749 in 2009/10; 2403 in 2010/11; 3216 in 2011/12; 3935 in 2012/13, and from 1 April 2013 to 31 March 2014 a total of **5040**. The ongoing impact of local and national coverage of high profile cases as well as improved recognition and reporting of safeguarding situations through more staff being trained has led to even greater awareness and confidence to refer.

Safeguarding Adults activity April 2013 to March 2014

During the year April 2013 to March 2014 there were a total of 5040 notifications of which **3665** were dealt with at the alert stage and the remaining 1377 deemed as referrals went forward for a full Safeguarding investigation

The Annual Vulnerable Adults Return (AVA) Pilot (run since 2011) became mandatory from 1st March 2013 and became known as the Safeguarding Adults Return (SAR) and required clear definition between Alerts and Referrals. Although there are a high number of Alerts, this indicates an increased awareness and confidence to raise Notifications. Whilst 75% did not meet the threshold for safeguarding investigations, they did require intervention to resolve the concern(s) being raised and were diverted for action elsewhere, i.e. Complaints, quality of care issues, Care Management intervention, etc.

Alert Outcome	Total
Not Threshold for Investigation	1,211
Not Safeguarding Issue	730
Other Service Supporting	526
Vulnerable Adult	391
Police Matter	360
Care Management Ass Required	215
Review Required	136
Family Supporting	28
No Outcome Recorded	26
Other LA/PCT Case	23
Complaint	19

The new SAR has provided additional challenge in trying to compare data from previous years.

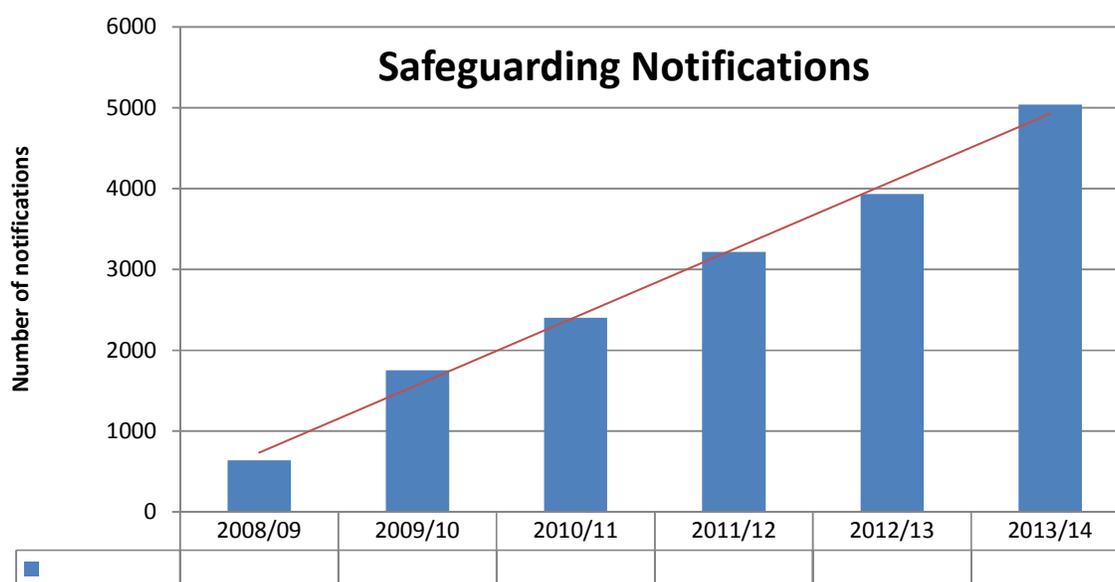
For the purpose of the Safeguarding Adults Return a referral is defined as a report of risk of potential abuse, harm or neglect which leads to investigation under the safeguarding process. It has been assumed that this includes all safeguarding notifications that have been recorded as a referral (i.e. that have gone to a Strategy Discussion / Meeting) regardless of whether they then went to internal / external investigation.

The average number of notifications received in **2013/14** per month was **420**. This is an annual increase of 28% from last year where the average monthly notifications received were 328. Whilst there has not been any local campaign around Adults Safeguarding, we have seen the findings of a number of national high profile safeguarding investigations which may account for the additional increase in the last 12 months.

The table below shows the breakdown of Notifications by month in 2013/14.

Month	Number of Notifications
Apr-13	341
May-13	394
Jun-13	315
Jul-13	404
Aug-13	406
Sep-13	393
Oct-13	489
Nov-13	454
Dec-13	394
Jan-14	475
Feb-14	452
Mar-14	523
Total	5040

The table below demonstrates the increase in notifications over the past six years:



Number of concluded referrals by type of alleged abuse

The following shows the number of concluded referrals between 01/04/2013 and 31/03/2014 (inclusive), by type of abuse.

Type of Alleged Abuse	Total
Physical	194
Sexual	22
Psychological / Emotional	113
Financial and Material	97
Neglect and Acts of Omission	381
Discriminatory	15
Institutional	161
Total	983

Referrals started in the last quarter of the 2013/14 period and allocated up to 31st March 2014 would still be active, are not concluded, and are not therefore reflected in the table above. Therefore for the purposes of this report, the following data which follows will only relate to the 983 concluded referrals.

This years figures shows the split for types of abuse remains virtually unchanged compared to the figures for 2012/13. With often more than one concern being reported about the alleged victim, neglect and acts of omission were the most common form of abuse reported, with Physical and Psychological/Emotional abuse second and third.

Some of the disparity of data between the number of reported referrals and the number of concluded referrals can be explained as low level investigations which have been allocated to providers for investigation and despite 21 and 28 reminders and follow up calls, are still awaiting return. Many providers inform the Local Authority to explain why they have been unable to complete and investigation and these reasons include; Serious Incident, HR or police process.

Numbers of concluded referrals by location/setting

Location / Setting	Total
Care Home	302
Institutional	161
Hospital	110
Own Home	165
Service Setting within the community	30
Other, including Supported Living	119
Not reported	103
Total	983

Numbers of concluded referrals by result of action taken

The collection of this information is a new requirement of the Safeguarding Adults Return (SAR).

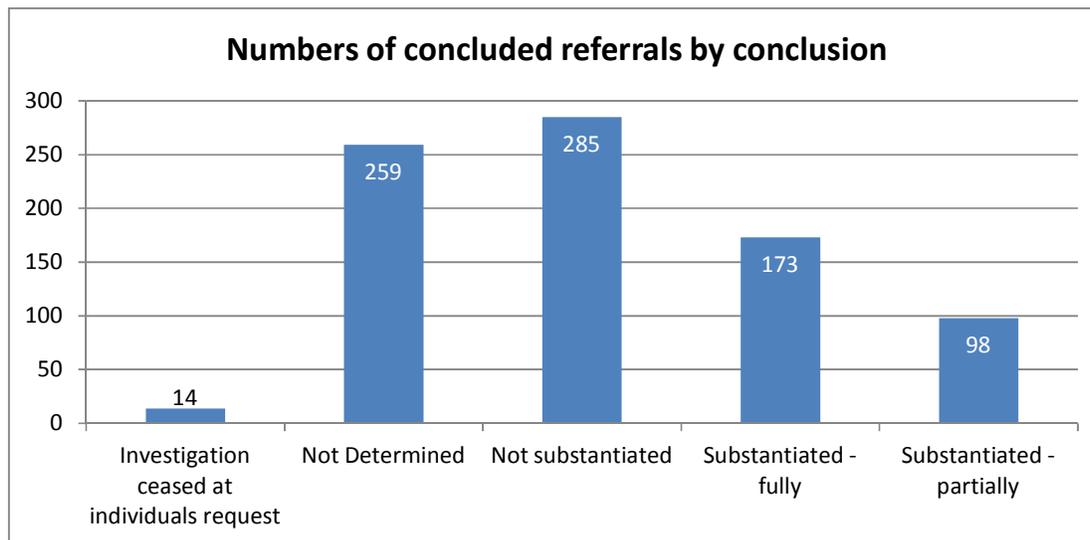
The outcomes in this table demonstrate actions taken to remove risk but in all cases be it institutional or individual, a protect plan has been implemented

Result of Action Taken	Total
No Further Action Under Safeguarding	4
Action Under Safeguarding: Risk Remains	116
Action Under Safeguarding: Risk Reduced	530
Action Under Safeguarding: Risk Removed	340
Total	990

Actions such as customer reviews, protection plans, and intervention by police all reduce and remove risk. Where risk remains, this is explained as individual victim choice to proceed or accept the protection plan where the customer is assessed as having full mental capacity and therefore fully understood the situation.

Numbers of concluded referrals by conclusion

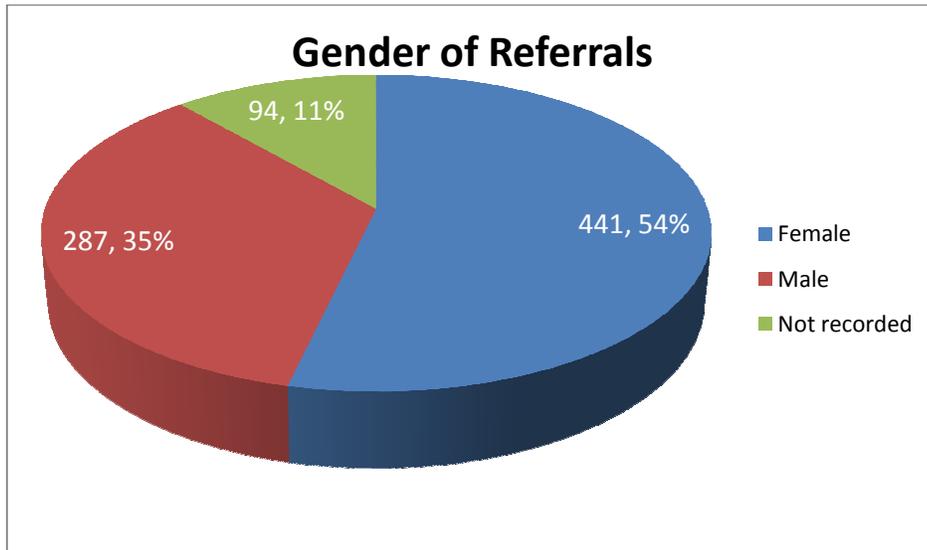
Conclusion	Total
Investigation ceased at individuals request	14
Not Determined	259
Not substantiated	285
Substantiated - fully	173
Substantiated - partially	98
Total	829



829 of all referrals (1377) which were received by the Safeguarding Adults Team in 2013/14 are concluded with one of the five outcomes as shown in the table above. This data relates to individual case outcomes and does not include the 161 institutional outcomes which are almost always fully or partially substantiated.

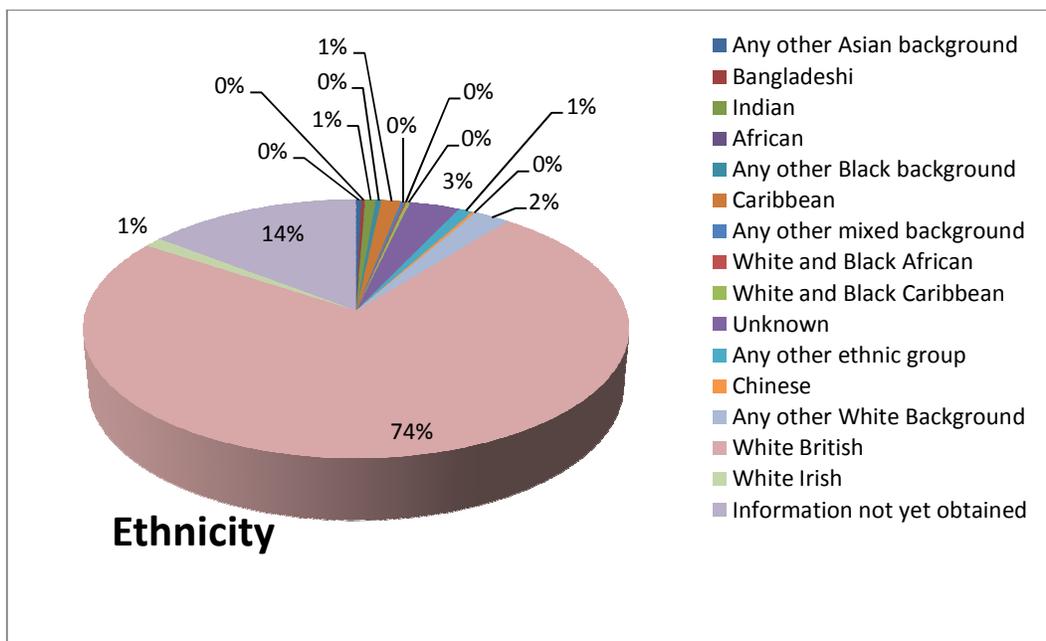
The remaining sections have a reasonable level of data quality issues however this is acceptable as the figures are taken from initial notification and there will always be a proportion of referrals when the reporter has limited information on the alleged victim especially where the referral is made from an anonymous source. We encourage people to report their concerns however little data they may have. There will also be no information recorded in relation to institutional data as these attributes do not apply.

Gender of Client



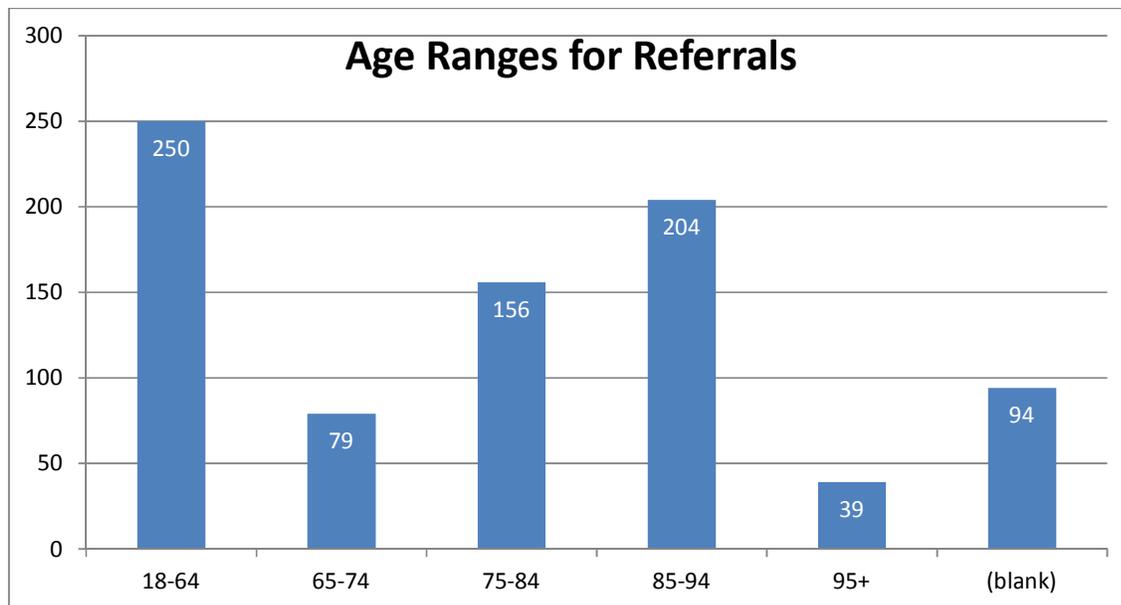
The split percentage of referrals by gender has remained almost unchanged from last year. As before, this demonstrates that females remain at the higher risk.

Ethnicity of Client



The chart above demonstrates a decrease in the number of reported victims with a White British ethnicity, although proportionally this equates to an increase in the ethnicity split. The reporting of all other ethnic groups has decreased compared to numbers in previous years. 14% of all the referrals at notification had no recorded ethnicity which impacts on accurate analysis.

Age of Client



2013/14 data shows that the vast majority of clients are aged 65 or over. 94 client ages were not recorded.

The Alleged Perpetrator

Alleged Perpetrator	
Individual Unknown / Stranger	61
Known to Individual	761
Social Care Support or Service Paid, Contracted or Commissioned	7
Total	829

This data reflects that abuse is most likely to occur by paid or unpaid carers or someone in a trusted position.

Currently data collated by NCC is focused on the requirements of the SAR return and isn't constructive in allowing us evidence themes or demonstrate where the NSAB may have acted collectively to address issues arising from data analysis. NCC is currently working with their Business Intelligence Team to refine the reporting capability so that data can meaningful and informative.

Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards are part of a legal framework set out in the Mental Capacity Act 2005 and enacted in 2009. The legislation bestowed a statutory duty on NHS Northamptonshire to act as a supervisory body for those who may be deprived of their liberty within hospital environments and on Northamptonshire County Council in relation to their role of supervisory body to care homes. Since April 2013, the Health and Social Care Act 2012 transferred the statutory Supervisory body duties entirely to Local Authorities.

Since 2009, the Northamptonshire Deprivation of Liberty Safeguarding service has seen a year on year increase in activity and following the Supreme Court ruling (P –v- Cheshire West) in 2014, there has been an increased demand for DoLS assessments.

The new Acid Test:

- Is the person subject to continuous supervision and control?

AND

- Is the person free to leave?

No longer relevant:

- The persons compliance or lack of objection
- The relative normality of the placement and
- The reason or purpose for the particular placement.

The majority of referrals are still for elderly people with dementia living in care homes however following the Cheshire West judgement, the new definition of what constitutes a deprivation has resulted in many more people falling within the threshold. There are a high number of people with Learning Disabilities in care settings and subsequently there is an increase in referrals. Furthermore, there is a possibility that people in supported accommodation may come into the Local Authority's area of responsibility in 2017.

Numbers of assessments are increasing month on month. The completion rate is beginning to pick up, but the abandoned rate is also increasing because there hasn't been sufficient capacity in the DoLS Team to begin the assessments quickly enough and often the person is moved to another setting which means that a new request needs to be submitted. Additional DoLS staff have now been taken on in order to meet the increased demand, and team are attempting to create a triage approach to assess urgency and recognise that some settings are, by default, more depriving.

ACKNOWLEDGEMENTS

We would like to acknowledge the continued commitment provided by partner agencies to support the work of the Northamptonshire Safeguarding of Vulnerable Adults Board and to those agencies which also provide financial support to its work.

We would also like to acknowledge the continuous hard work and ongoing commitment of all staff at operational levels across partner organisations that play vital roles in safeguarding adults at risk in Northamptonshire.

GLOSSARY

ADASS – Association of Directors of Adult Social Service

CAMHS – Child and Adolescent Mental Health Services

CCG – Clinical Commissioning Groups

CPD – Continuing Professional Development

CQC – Care Quality Commission

CSP – Community Safety Partnership

DH – Department of Health

DoLS – Deprivation of Liberty Safeguards

EMAS – East Midlands Ambulance Service

GP – General Practitioner

HSCIC – Health and Social Care Information Centre

KGH – Kettering General Hospital NHS Foundation Trust

LSCBN – Local Safeguarding Childrens Board Northampton

MAPPA – Multi Agency Public Protection Arrangements

MARAC – Multi-Agency Risk Assessment Conference

MCA – Mental Capacity Act

NCC – Northamptonshire County Council

NGH - Northampton General Hospital NHS Foundation Trust

NorArch – Northamptonshire Association of Registered Care Homes

PPP – Professional Practice and Procedures

PREVENT – Protecting the UK against terrorism

QAAP – Quality Assurance and Performance

SAAF – Self Assessment Assurance Framework

SAB – Safeguarding Adults Board

SCR – Serious Case Review

SOVA – Safeguarding of Vulnerable Adults