

Northamptonshire Safeguarding Adults Board

Annual Report 2016-2017



Contents

Foreword from the Independent Chair.....	3
Chapter One – Introduction to Northamptonshire Safeguarding Adults Board	4
Chapter Two – What Has the Board Looked at in 2016-17?	7
Chapter Three – Safeguarding in Numbers 2016-17	10
Chapter Four – Statutory Partner Contributions.....	15
Chapter Five – Sub Groups Overview	18
Chapter Six – Users and Carers	21
Chapter Seven – Safeguarding Adults Board Training, Quality and Professional Practice	22
Chapter Eight – Deprivation of Liberty Safeguards (DoLS)	24
Chapter Nine – Safeguarding Adults Reviews	27
Chapter Ten – Priorities for the Next Twelve Months	28
Appendix One – Statutory Board Membership and Attendance.....	29
Appendix Two – Finance.....	31

Foreword from the Independent Chair

Thank you for taking the time to look at this report and for your interest in Safeguarding Adults in Northamptonshire. What we do, and how we do it, is explained in chapters one, two, three and four. As Independent Chair of the Adult Safeguarding Board, I am pleased to introduce the 2016-17 Annual Report.

This report provides the Board and partners with the opportunity to reflect on their achievements during the year and on plans for the year ahead. It keeps local people informed about the work of the Board and also gives us the opportunity to demonstrate how well we are doing, what has been challenging and our commitment to safeguarding adults at risk in Northamptonshire.

The report contains contributions from a range of organisations that are involved in safeguarding adults in the county and gives me the opportunity to introduce myself as the new Independent Chair of the Board and to thank my predecessor, Murray Leys (interim Independent Chair April 2016 – October 2016) for all the work he did.

Safeguarding adults has been on a significant journey nationally with the implementation of the Care Act in April 2015, and also here in Northamptonshire with the implementation of Making Safeguarding Personal in July 2016. This initiative aims to ensure we focus on the outcomes, that is, the real results of our safeguarding work, supporting people to get the outcomes they want. We need to be tenacious and forever focussed on making sure the individual is at the centre of our work. Process, policy and systems have their place but the voice of the person being safeguarded needs to be at the centre.

We began our first Safeguarding Adults Review under the Care Act in Northamptonshire during the year 2016-17. We also participated in Domestic Homicide Reviews, all of which helped us to understand more about our actions and cultures and the impact they have on people's lives, and to learn how to collaborate more effectively to protect those most at risk. We all need to work together, jointly evaluate our work and continue to raise the profile of safeguarding adults with members of the public and our communities.

Our continued partnership working and developments will strengthen our ability to safeguard the rights and safety of those in need of support.

In 2016, the Law Commission undertook a review of the Mental Capacity Act and the Deprivation of Liberty Safeguards. These safeguards aim to protect people who lack mental capacity, but have been criticised for being too complex and bureaucratic. During the year of this report, the work around this increased significantly and it is disappointing that we learn in 2017 that it is unlikely any new legislation will be forthcoming.

I am particularly grateful to the service user and carer representative on the Board and the contribution of their Sub Group for helping to keep us focused on real outcomes. The Clinical Commissioning Group has been a great support in helping to ensure good quality services are available in Northamptonshire, particularly by supporting our Safeguarding Adults Review process. The Police continue to play a key role in the partnership and their support and advice has been greatly valued. The local NHS Trusts have all helped to provide examples of good practice and contributed willingly to the work of the Board and Sub Groups. The voluntary sector partners, including Healthwatch, help us to keep in touch with the wider community.

Lastly I would like to thank the people of Northamptonshire for their vigilance and commitment to safeguarding adults at risk.

Tim Bishop
Independent Chair
Northamptonshire Safeguarding Adults Board



Chapter One – Introduction to Northamptonshire Safeguarding Adults Board

On the 1st April 2015, the Care Act became law, placing Safeguarding Adults Boards on a statutory footing for the first time. The Care Act continues to nominate the Local Authority as lead agency for safeguarding adults with care and support needs, however, all agencies continue to share responsibility to ensure the promotion of safety and welfare of adults at risk. In Northamptonshire, we have had good representation from agencies across the partnership at either our Strategic Board or Operational Management Group (OMG)¹ and are in a very strong position to take on the responsibilities of the Care Act. The Act says that the Safeguarding Adults Board has three core duties:

- It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan;
- It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action; and
- It must conduct any Safeguarding Adults Review in accordance with Section 44 of the Act.

In addition, there is a very strong emphasis on a service user and carer network. Few Boards in the country operate a Sub Group consisting of service users and carers, and the Group in Northamptonshire is in a very tangible position to drive and empower the care and safeguarding concerns of service users.

The Northamptonshire Safeguarding Adults Board is committed to achieving positive outcomes which align with its priority to keep people safe through the following outcomes:

The Northamptonshire Safeguarding Adults Board is committed to achieving positive outcomes which align with its priority to keep people safe through the following outcomes:

- People with care and support needs will know what safeguarding is, how to protect themselves and how to report abuse;
- People with care and support needs will understand the work of NSAB and will be able to access information about it;
- People's experiences of safeguarding will inform future communications and improvements to safeguarding practice; and
- The workforce will understand their respective roles and responsibilities, leading to improvements in multi-agency working and outcomes for adults who are safeguarded.

The Northamptonshire Safeguarding Adults Board is well placed to create strong links and develop protocols with other multi-agency Boards and partnerships with regards areas of shared concern.

The aim and the objectives of the Northamptonshire Safeguarding Adults Board is to ensure the effective co-ordination of services to safeguard and promote the welfare of local adults who may be at risk of abuse and harm. The activity of the Board is now undertaken to reflect the Care and Support Statutory guidance 2014 and Regulations which supplement the Care Act 2014.



¹ The Operational Management Group ceased on 26th June 2016

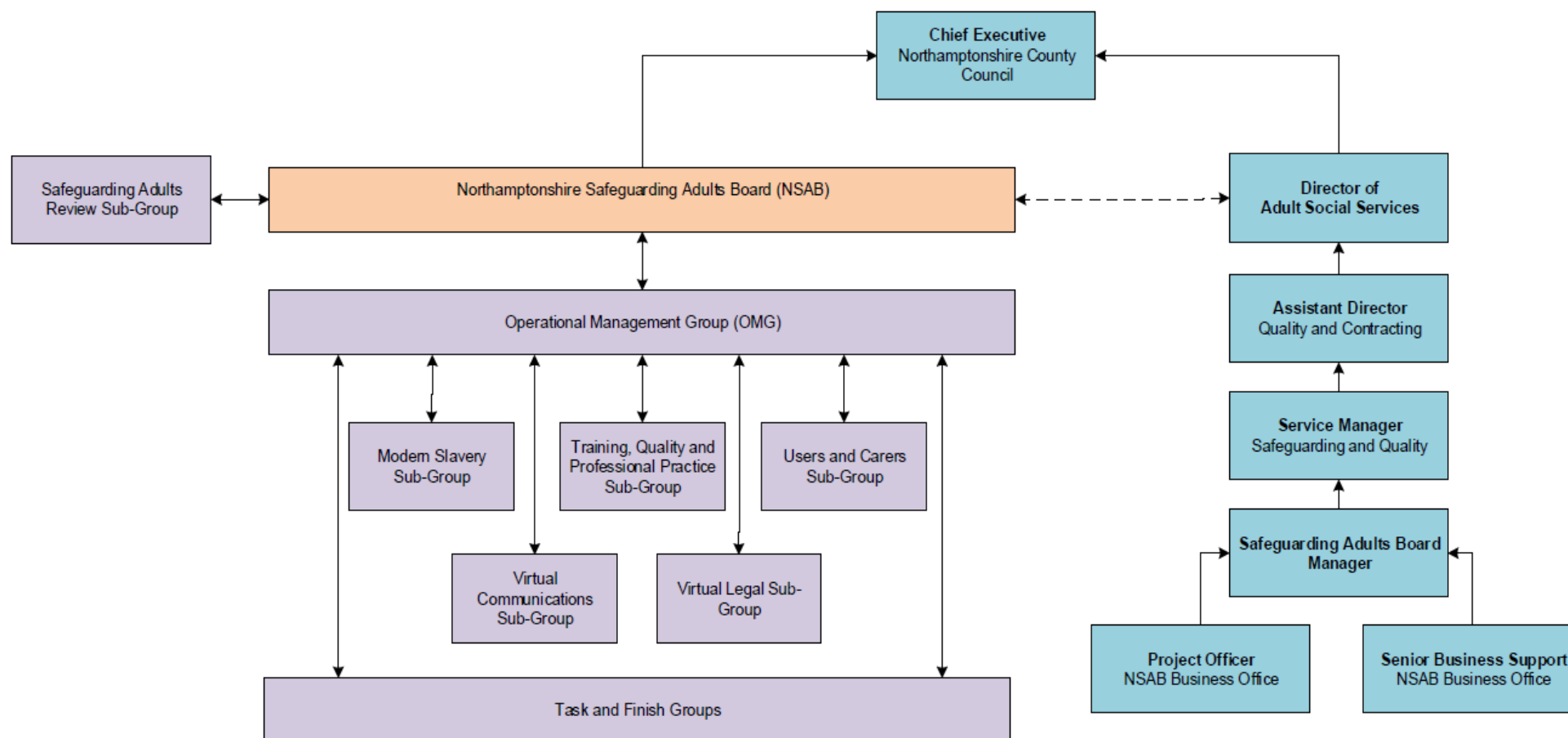
The remit and key objectives of the NSAB

- To ensure that prevention is the first priority of the NSAB;
- To gain assurance that local safeguarding arrangements and partners act to support and protect adults;
- To ensure strategic oversight and provide strong leadership for empowering adult safeguarding across the county;
- To deliver collaborative and integrated approaches to adult safeguarding across the partnership;
- To provide advice and assistance in supporting agencies to improve their safeguarding mechanisms;
- To ensure continuous quality improvement and best practice within adult safeguarding services;



- To ensure that practice issues and recommendations from Safeguarding Adult Reviews (SAR's) and other significant enquiries are shared and implemented across the partnership;
- To establish and ensure that Sub Groups are effective in delivering the work directed by the Board;
- To deliver outcomes as supported by the principles of Making Safeguarding Personal;
- Developing and maintaining strong links with the Health and Wellbeing Board, Community Safety Partnerships, Northamptonshire Safeguarding Children Board and other agencies;
- Commissioning SAR's, publishing a Strategic Plan, and an Annual Report in accordance with the core duties outlined within the Care Act 2014;
- Ensuring that appropriate membership from across the partnership are aware of their roles and responsibilities of the Board and adult safeguarding;
- Analysing and scrutinising data on safeguarding activity based on regular review of available data ensuring performance improvement;
- Maintaining an oversight on the effectiveness of partnership arrangements and holding partners to account if necessary;
- Facilitating continuous support and evaluation including peer review and self-audit;
- Ensuring policies and procedures are in place to underpin adult safeguarding;
- Being aware of the diversity across the county in relation to adult safeguarding;
- Self-assessment and evaluating the performance of individual members and the Board as a whole;
- Promoting multi-agency training and considering any specialist training that may be required; and
- Supporting strategic commissioning and procurement of services with partner agencies for adult safeguarding.

Northamptonshire Safeguarding Adults Board Structure Chart 2016/17 V4.0



Chapter Two – What Has the Board Looked at in 2016-17?

Making Safeguarding Personal (MSP)

The Care Act 2014 confirms Adult Safeguarding as a statutory function for a local authority. The Care Act Statutory Guidance sets out certain requirements a local authority must comply with and states clear aims a local authority should work to. It also identifies the following six key principles that should be considered during the decision making process.

	Key Principle	Description	What this means to the people who live in Northamptonshire
1.	Empowerment	People being supported and encouraged to make their own decisions and informed consent.	"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."
2.	Prevention	It is better to take action before harm occurs.	"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
3.	Proportionality	The least intrusive response appropriate to the risk presented.	"I am sure that the professionals will work in my best interests, as I see them and they will only get involved as much as needed."
4.	Protection	Support and representation for those in greatest need.	"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."
5.	Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.	"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."
6.	Accountability	Accountability and transparency in delivering safeguarding.	"I understand the role of everyone involved in my life and so do they."

Making Safeguarding Personal is a person-led and outcome-focused approach and aims to engage with the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. MSP is closely linked to the principles within personalisation and to prevention with people receiving the correct support.

Personal Safety

As part of the 2016-17 Adult Social Care Survey, respondents were asked to describe how safe and secure they felt. Two thirds (68%) of people said they felt as safe as they wanted, whilst over a quarter of people said they felt adequately safe, but not as safe as they would have liked (27%). In contrast, 30 people (around 20%) stated they were not happy with their level of personal safety. Of these, nine respondents (1.56%) indicated they did not feel at all safe. Despite a slight reduction in the proportion of people who felt as safe as they wanted, these results are similar to those recorded during 2015-16².

What is clear from this table is that this survey's female respondents were more likely to feel unhappy/concerned about their personal safety than their male counterparts³. Further, they were also significantly more likely to indicate they 'did not feel at all safe' than their male counterparts⁴.

An analysis of respondents' ages shows that only 60% of people between 25 and 64 years of age are likely to feel "as safe as they wanted", compared to 73% of people aged 65 and over.

Of those surveyed, those between 25 and 64 years of age were twice as likely as their older counterparts to feel that they are "not at all safe". These results challenge the commonly held belief that concerns for personal safety increase with age.

Personal Safety - Gender and 'Service-Related Age Banding'

		Gender		Respondent Age			Total
		Male	Female	18 to 24 years	25 to 64 years	Over 65 years	
I feel as safe as I want	No.	150	242	16	125	251	392
	%	66.96	68.56	66.67	59.81	72.97	67.94
I feel adequately safe, but not as safe as I would like	No.	65	90	8	66	81	155
	%	29.02	25.50	33.33	31.58	23.55	26.86
I feel less than adequately safe	No.	8	13	0	13	8	21
	%	3.57	3.68	0.00	6.22	2.33	3.64
I don't feel at all safe	No.	1	8	0	5	4	9
	%	0.45	2.27	0.00	2.39	1.16	1.56
Total		224	353	24	209	344	577
No response		6	9	1	7	7	15

² 70.07% respondents felt as safe as they wanted. 2.13 percentage point differential.

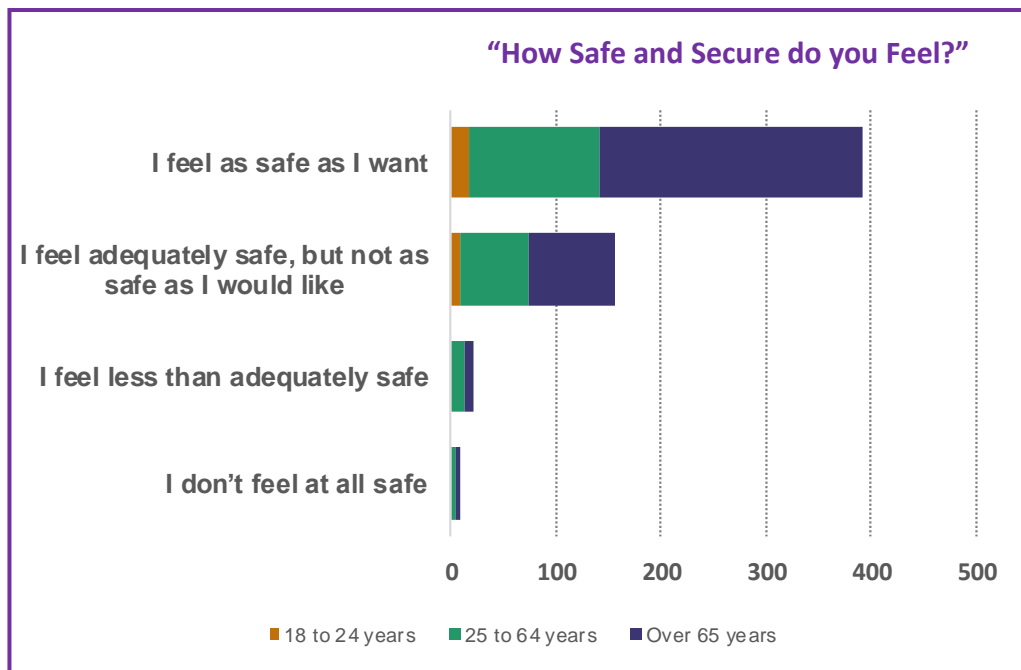
24.54% respondents said they felt adequately safe, but not as safe as they would have liked. 2.32 percentage point differential.

4.09% (22) respondents felt less than adequately safe. 0.45 percentage point differential.

1.3% (7) respondents said they did not feel at all safe. 0.26 percentage point differential.

³ 5.95% of female respondents expressed concerns about their personal compared to 4.02% of male respondents. This represents a 1.93 percentage point differential.

⁴ 2.27% of female respondents said they did not feel at all safe compared to 0.45% of male respondents. This represents a 1.82 percentage point differential.



Whilst these results paint a relatively positive picture, the fact that some respondents, however small the total, have reported they have concerns about their personal safety, is an issue.

Unfortunately the questionnaire does not provide respondents with the ability to state why they were concerned about their personal safety. There are, however, various societal factors which may influence a person's feeling of personal safety including:

- levels of crime and/or anti-social behaviour;
- fear of crime;
- housing/community/environmental-related issues; and
- transportation.

While these factors fall outside Northamptonshire Adult Social Services' (NASS) direct control, they do fall within the partnership work of the Northamptonshire Safeguarding Adults Board, who work with partners to ensure these concerns are addressed collectively.



Chapter Three – Safeguarding in Numbers 2016-17

2016-17 Northamptonshire Safeguarding Return Statistics

Safeguarding Contact



6,392

Concerns were raised during 16/17

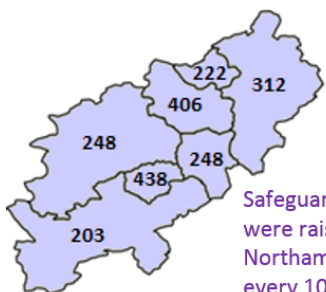


2,305

Of these concerns required Safeguarding intervention

-3%

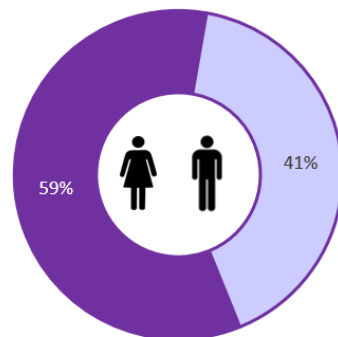
This is less than last year



438

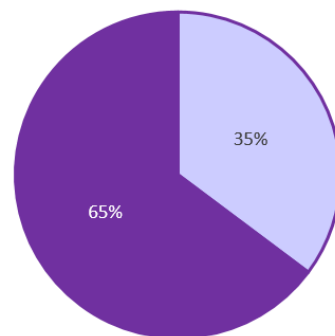
Safeguarding concerns were raised in Northamptonshire for every 100,000 adults

Who is At Risk?



59%

Of abuse was against women



65%

Of abuse was against people of 65 or over

Types of Risk



52%

Of abuse involved neglect, which is slightly lower than last year.



25%

Of abuse took place in the person's home, slightly higher than last year



12%

Of abuse involved money or valuables, which is about the same as last year.

Outcomes



84%

Of risk was reduced or removed following investigation.



4%

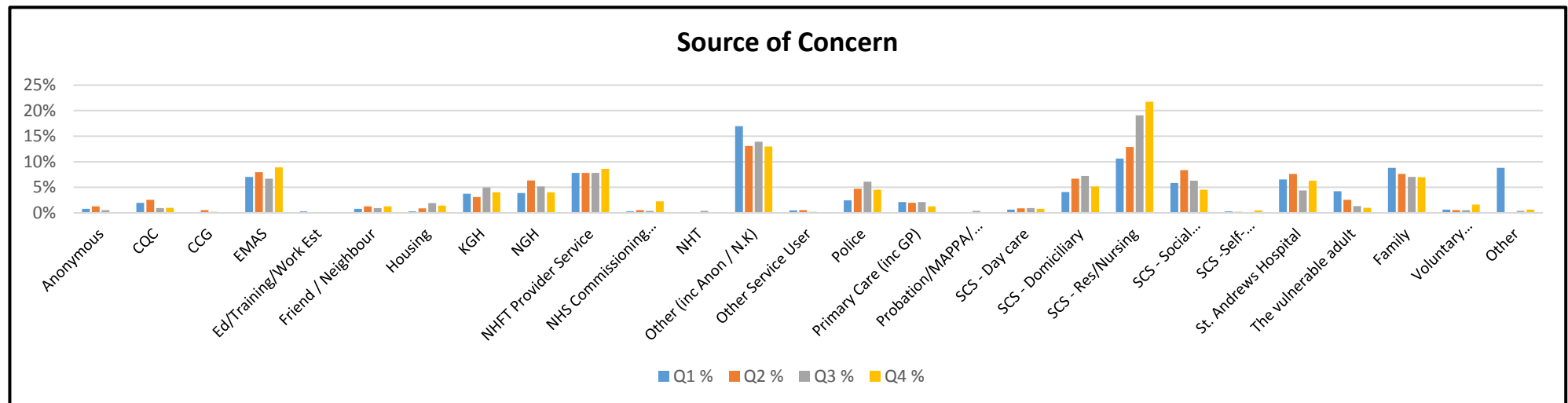
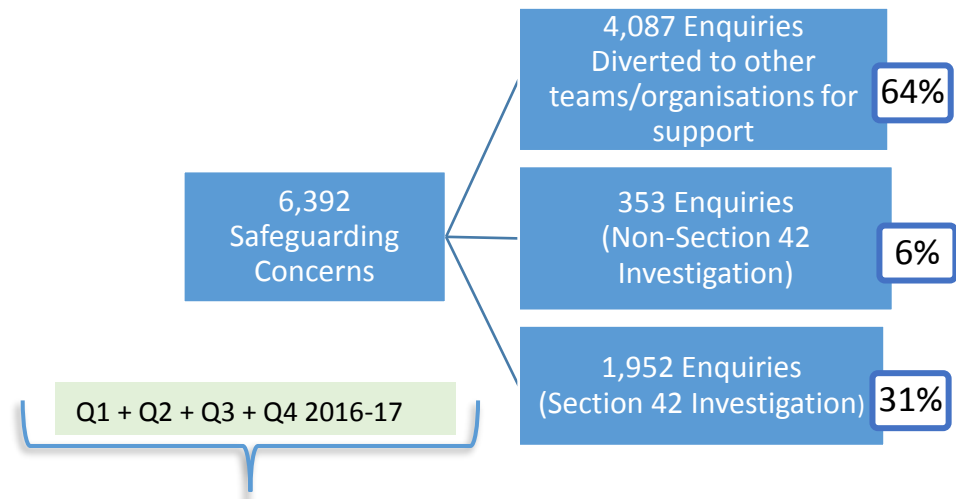
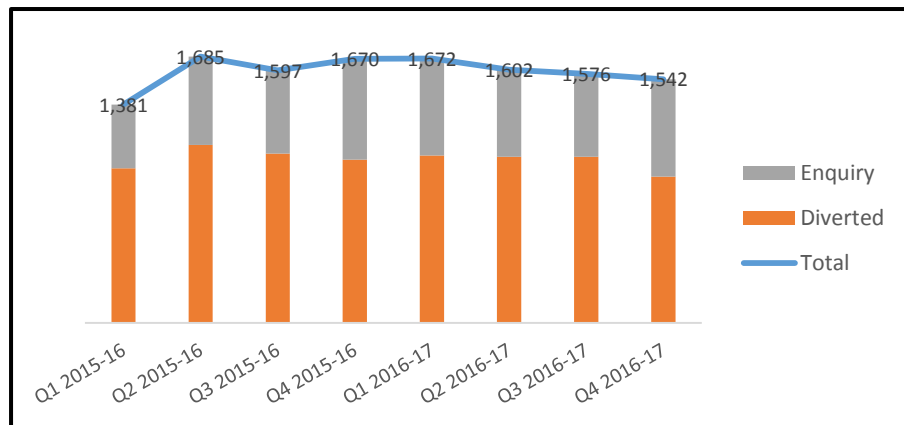
Of investigations during 16/17 were stopped at the individual's request.



65%

Of cases where the person required support, (because of age or disability for example) this was provided by an advocate, family or friend.

Breakdown of data for 2016-17



Key to agency abbreviations:

CCG – Clinical Commissioning Group

CQC – Care Quality Commission

EMAS – East Midlands Ambulance Service

KGH – Kettering General Hospital

NASS – Northamptonshire Adult Social Services

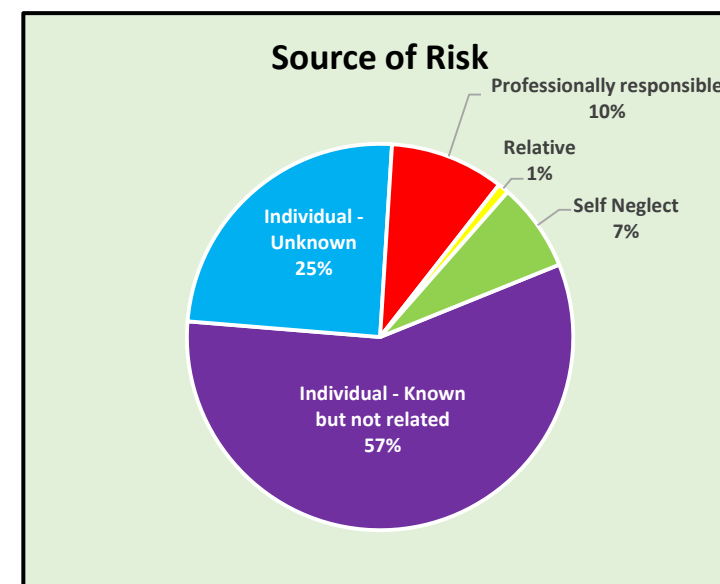
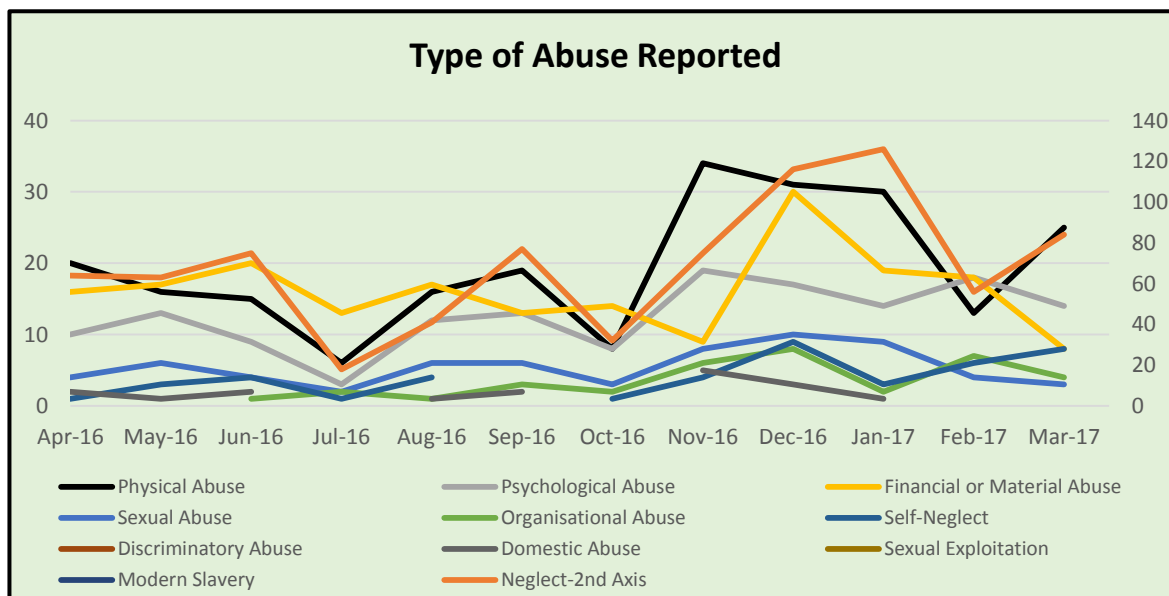
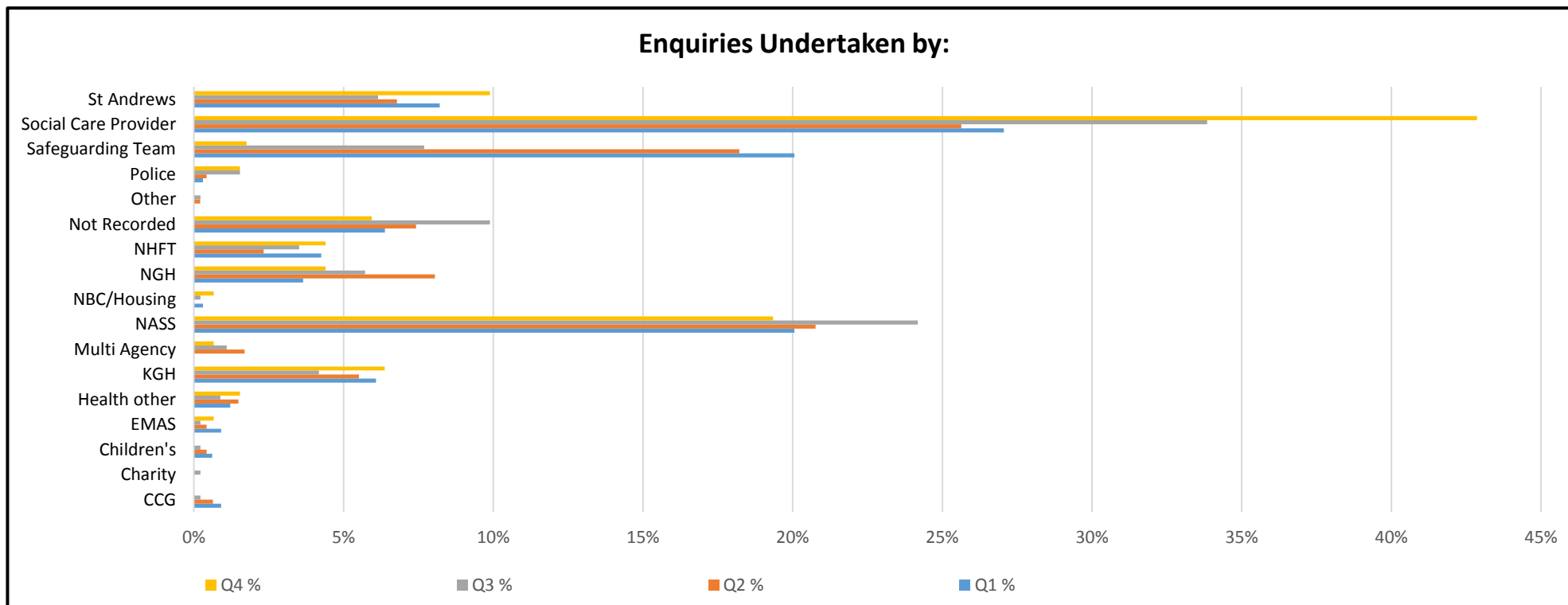
NBC – Northampton Borough Council

NBC – Northampton Borough Council

NGH – Northampton General Hospital

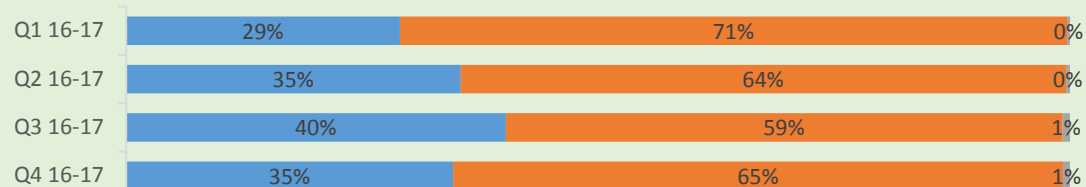
NHFT and NHT – Northamptonshire Healthcare Foundation Trust

SCS – Social Care Services



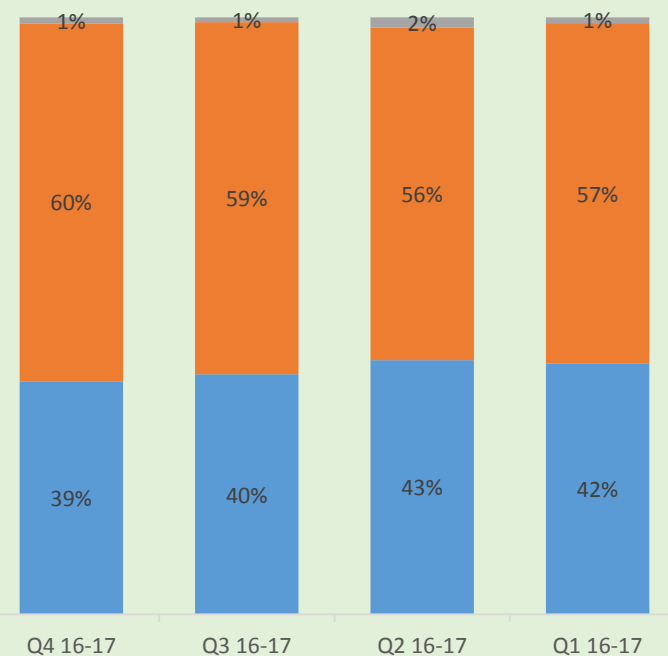
Age of Adult at Risk
(as a % of unique adults at risk in quarter)

■ 18-64 ■ 65+ ■ Unknown



Gender of Adult at Risk
(as a % of unique adults at risk in quarter)

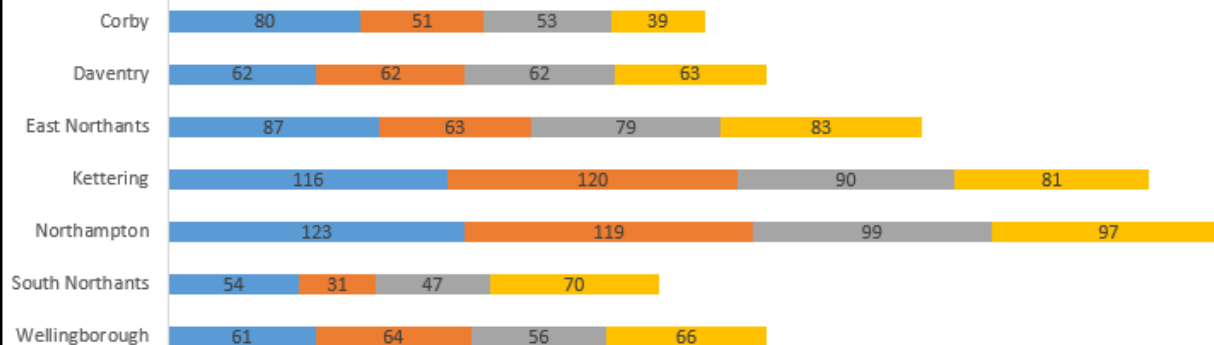
■ Male ■ Female ■ Unknown



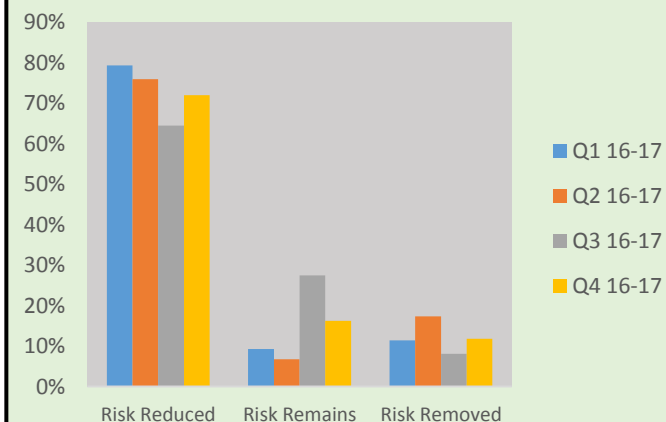
Setting of Risk	Q1	Q2	Q3	Q4
Care Home – Nursing	11%	11%	10%	16%
Care Home – Residential	22%	17%	16%	25%
Hospital – Acute	9%	18%	14%	11%
Hospital – Community	8%	8%	7%	8%
Hospital – Mental Health	1%	4%	7%	3%
In a Community Service	6%	3%	7%	5%
In the Community (excluding Community Service)	4%	6%	4%	3%
Other	12%	12%	8%	6%
Own Home	27%	20%	27%	23%

Location of adult at risk-
Stacked graph based on per 100K population

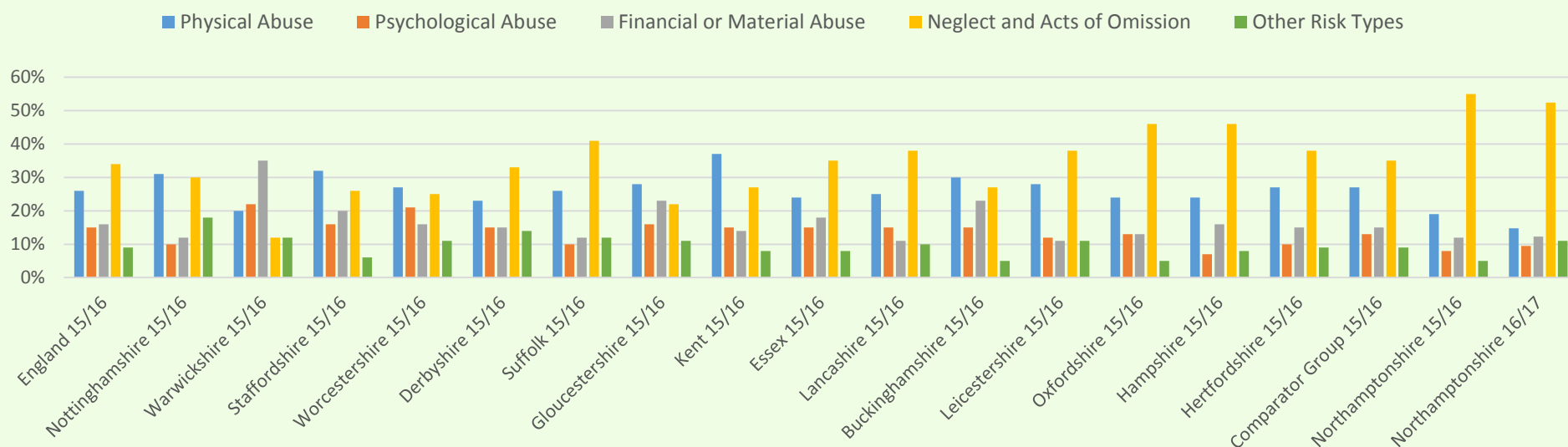
■ Q1-pop ■ Q2-pop ■ Q3-pop ■ Q4-pop



Outcome of Enquiry



Comparator Council Abuse Type Analysis (Concluded Cases) 2015-16 With Northamptonshire 2016-17 Added



Notes on the data (Business Intelligent & Performance Management):

Source of risk- Data quality

- Individual - Known but not related' and 'Individual - Unknown' may be being chosen for source of risk in many instances where the concern is provider related but either no individual is identified or staff member is not professionally qualified.

Neglect

- Northamptonshire shows in comparison to other councils for published 2015-16 Safeguarding Adult Referrals (SAR) and 2016-17 Northamptonshire preliminary figures to have a very high % of neglect cases. Physical abuse, however has been shown to be lower than average for the county.
- 2016-17 comparator data will be published Oct 17.

Risk Remains - Q3

- Data shows a peak during Q3 of referrals being completed with the risk 'still remaining'. This outcome is associated with the outcome of 'not determined' where a lack of available information prevents another outcome. Further detailed investigation into the data shows the annual data quality clear up exercise took place during this quarter.

Chapter Four – Statutory Partner Contributions

Nene & Corby Clinical Commissioning Groups

Clinical Commissioning Groups (CCGs) are statutory bodies which commission health services in England. CCGs help to drive the safeguarding adult agenda by ensuring that the services they commission have the systems, processes, policies and procedures that are necessary to protect and safeguard adults who may be at risk. The two CCGs in Northamptonshire, NHS Nene and NHS Corby CCGs, gain assurance from commissioned services using a variety of methods. All providers are required to confirm their compliance with safeguarding standards set through contractual arrangements. NHS England monitors and assesses the CCG's safeguarding functions through a safeguarding assurance process. The safeguarding team has worked closely with NHS England in the development of an electronic CCG Safeguarding Assurance Tool.

NHS Nene CCG and NHS Corby CCGs are one of three statutory partners of the Northamptonshire Safeguarding Adult Board (Care Act 2014). The CCG has had an active role at the NSAB and Sub Groups.

Achievements for 2016-17 include:

- Strengthening of the safeguarding team with the appointment of a named doctor, and new posts of lead nurse for general practice, and safeguarding team administrator;
- Developing a substantive draft safeguarding manual for General Practice;
- Successful delivery of the first Northamptonshire safeguarding week, with very positive evaluations from participants. Themed days ran throughout the week with a focus on looked after children, domestic abuse, child sexual exploitation, female genital mutilation and modern slavery, neglect/ self-neglect and Prevent;
- Increased compliance with safeguarding training for all CCG staff;

- Increased information sharing and intelligence within the broader CCGs quality team and safeguarding professionals to triangulate information to identify emerging safeguarding issues;
- Domestic abuse training across the health economy for adults and children's safeguarding professionals;
- Hosted a countywide domestic abuse conference;
- Hosted a countywide neglect/self-neglect conference;
- Continuing Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training programme for staff across the health economy;
- Strengthened quarterly Safeguarding Forums for General Practice; and
- Review and alignment of the Adult Safeguarding and Serious Incident Investigation processes in conjunction with the local authority and provider organisations.

Areas for development for 2017-18:

- Full launch of the GP safeguarding manual;
- Develop a comprehensive primary care adult and children safeguarding training strategy, with training programmes and resources for practice safeguarding leads;
- Continue to progress towards the full compliance in safeguarding training;
- Continue to strengthen contracting and commissioning arrangements to more robustly include child and adult safeguarding, MCA and DoLS ensuring that individual rights are strengthened;
- Continuing work on improving practice and embedding MCA / DoLS;
- Training and awareness raising of the requirement for judicial DoL to be considered as appropriate for both adults and children;
- Continue to work with the Commissioning Support Unit to ensure that Continuing Health Care community patients have the correct legislation in place to support the care being provided in relation to DoL;

- Improved processes for safeguarding information sharing across General Practice;
- Develop and implement a modular train the trainer safeguarding programme for general practice;
- In conjunction with The Sunflower Centre develop of a domestic abuse risk assessment framework for general practice to pilot as an alternative to the DASH assessment; and
- Pilot programme for voluntary agency domestic abuse advisors to be available in GP practices within each locality.

Northamptonshire Police

Northamptonshire Police's Vulnerable Adults Team has grown and now includes two full time administrators. They will ensure that referrals submitted by officers and staff are risk assessed and processed in a timely and effective way and will also provide a link with other agencies. The team has also introduced the Vulnerable Adult Risk Assessment Conference (VARAC). This is a multi-agency meeting that comes together every two months to discuss the most vulnerable within our society and produce a risk based action plan. Northamptonshire Police chair this meeting and provide the administrative support. Feedback has been very positive and it is felt that this meeting will continue to grow and develop. The team has also developed a more proactive problem solving approach, initiating and attending a number of safeguarding meetings, professionals meetings and Adult Risk Management meetings (ARM).

Over the past 12 months there have been a number of positive examples of Northamptonshire Police working closely with the Safeguarding Adults Team to protect adults at risk. Of note was a case where a female was being financially

exploited by family members. Alongside a criminal investigation, safeguarding meetings were held between a number of agencies to develop a plan which protected the victim from further exploitation.

Northamptonshire County Council – Adult Social Care

As the lead agency for co-ordinating safeguarding concerns, Northamptonshire County Council (NCC) are clear about the roles and responsibilities for safeguarding adults in Northamptonshire, whilst recognising that this can only be achieved through positive collaboration and robust partnership working.

During 2016-17, the Local Authority continued on its journey of implementing the statutory duties as outlined in the Care Act 2014 which included embedding the practice that underpins the principles Making Safeguarding Personal (MSP). This three tiered phased approach to MSP concluded in July 2016, which saw the shift of statutory safeguarding activity relating to individual customers move to a locality based model within care management teams and an increase in diverting customers at the first point of contact in line with their preferred outcome. Whilst the central NCC safeguarding team retained responsibility for all provider enquires, large scale investigations and complex cases.

To achieve this change in practice the Local Authority focussed on the following areas for customers and staff.

Our Customers

- Ensure that there are meaningful conversations with people from the outset about their preferred outcomes at the beginning, middle and end of the process;
- A proportionate response;

- A shift in approach, avoiding drawn out enquiries and looking for local resolution;
- Recognising that the 'customer' generally knows what is best for them, whilst enabling social care staff to ascertain the process that will enable them to most likely realise their outcomes rather than following one size fits all approach; and
- A shift to a timely response, so avoiding drift and working to rigid timescales.

Our Staff

- Staff engagement sessions;
- Mandatory training on MSP consisting of three full days training attended by all staff at all levels;
- All policies, procedures and client data base revised to ensure Care Act compliance and embed new ways of working;
- Development of a practice forum;
- Monthly updates on practice/legal and legislation;
- Central team available for support and consultation; and
- Mandatory training on Self Neglect and Domestic Abuse.



Areas for development in 2017-18

- Further work on Making Safeguarding Personal (MSP) is planned in the forthcoming year which will include a review of the first year;
- Learning from Customer outcomes by developing methods of capturing qualitative information to inform practice; and
- Design and implement an MSP programme for all Providers that will support them to undertake more meaningful enquiries.

GOOD NEWS STORIES:

The mother of a disabled adult had indicated on her Carer's Assessment that she did not feel safe.

Two Social Workers from NCC's Safeguarding and Quality Service undertook a duty visit to obtain further information. On completing the duty visit the two Social Workers discovered that the mother and her disabled daughter were the victims of hate crime by their neighbours which had been going on for years.

The daughter lives at home with her mother, and has a learning disability as well as a physical disability. They had received no support and the family's reporting of issues had appeared to have made things worse as the targeting began to get more violent

Following this visit the Social Workers opened the case as a Section 42 Enquiry, and a joint visit with the Police arranged to discuss ways in which mother and daughter can be supported. The Social Worker is also involving Housing in a clear plan which will be put in place to prevent any further abuse.

Chapter Five – Sub Groups Overview

Co-production continues to be an essential element for adult safeguarding. Service Users and Carers are represented on the Board by an 'expert by experience' and is a member of the Users and Carers Sub Group (to be renamed Expert Advisory Sub Group from April 2017).

Healthwatch Northamptonshire is also represented on the Board as the local independent consumer champion for health and social care.

Focused research undertaken on behalf of the Communication and Engagement task and finish group highlighted that in Northamptonshire, members of the public associate safeguarding with children but did not recognise that safeguarding for adults was an integral aspect of Adult Social Care service provision, and a responsibility for all those involved in supporting people at risk – it is in fact "Everyone's business". This re-emphasises NSAB's responsibility to ensure that it actively promotes awareness, information and advice on recognising and raising adult safeguarding concerns.

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

The following Sub Groups have supported the work of the Board in 2016-17 to help to achieve its priorities:

- Communications and Engagement;
- Safeguarding Adults Review;
- Training, Quality and Professional Practice;
- Users and Carers; and
- Modern Slavery.

All Sub Groups have a regular meeting plan and are chaired by members of the Board, with other members drawn from across partner agencies.

Communications and Engagement Sub Group

This group has had a busy year establishing itself as a formal Sub Group of the Board and has started to implement its strategy.

Communications Strategy - The group successfully completed the creation of a communications strategy for the Board. This strategy set out that the key objective of communications activity would be to raise the profile of the Board's work among professionals and practitioner stakeholders.

Website Development - The strategy also outlined how the website should be developed to very clearly communicate the work of the Board to all stakeholders while also ensuring members of the public would also be sign-posted to how to report safeguarding concerns. Work continues on implementing the new website.

Campaign Work - The Sub Group commenced work to identify any communications and messaging gaps that exist among partners of the Board. The group has committed to reviewing each organisations' annual plan of communications and marketing work with the aim of understanding if enough safeguarding activity is taking place across the partnership. If it is not, the group has resolved to address this with a Board led campaign plan.

Media relations - The Sub Group recently devised and delivered a media and communications strategy for the publication of a Safeguarding Adult Review. This work brought together communications' leads from across relevant organisations to ensure the publication was co-ordinated and key areas of improvements required and undertaken were clearly communicated.

Safeguarding Adults Review Sub Group

The Safeguarding Adults Review (SAR) Sub Group oversees a framework for conducting reviews of local safeguarding practice including statutory SARs. The group considers cases referred for review against the SAR criteria or other type of review including Domestic Homicide Review, Multi-Agency Public Protection Arrangements (MAPPA) case review or mental health homicide review. The Sub Group supports the review process as directed by the NSAB Independent Chair including advising on the constitution of panels and setting of terms of reference. They ensure that review findings and recommendations are communicated appropriately and translated into clear action plans across the partnership and monitor and review action plans. The group also considers the findings of both national and local SAR's and ensure effective dissemination of learning as appropriate. *Further information on Safeguarding Adults Reviews is available in Section 8.*

Training, Quality and Professional Practice Sub Group

The Training, Quality and Professional Practice Sub Group is responsible for ensuring appropriate training is in place for professionals on all facets of safeguarding and is consistent with National Standards and local adult safeguarding policy and promotes best practice.

The Sub Group oversees a Quality Assurance Framework for the audit and management of quality issues and looks to achieve high standards in relation to safeguarding adults and promote the welfare of vulnerable adults by evaluation and continuous improvement.

In addition, the Sub Group oversees the delivery of multi and single agency policies, protocols and procedures for the protection of vulnerable adults.



Users and Carers Sub Group

The Users and Carers Sub Group is responsible for representing adults in need of care and support by giving people a voice and raising awareness of issues. The group helps to raise awareness of adult safeguarding across our communities and have undertaken specific pieces of work as directed by the NSAB Strategic Plan, Business Plan and other relevant strategies. More can be found in the next chapter of the report.

Business Office

The NSAB is supported by the Business Office which provides administrative support to Board, Sub Groups and Task and Finish Groups. The Business Office can be contacted by email; NSAB@northamptonshire.gov.uk

Modern Slavery Sub Group

The Modern Slavery Sub Group oversees effective partnership working in tackling trafficking and modern day slavery by supporting developing organisational best practice and identifying and addressing gaps in current knowledge and service provision. The multi-agency group monitors the implementation of local safeguarding protocols and maintains a knowledge of national activity and awareness raising.

The Modern Slavery Sub Group has developed over the last 12 months, with good examples of partnership working targeting the victims of slavery, as well as those suspected to be perpetrating Modern Slavery offences. A strategic assessment has been written by the police and shared with partners. This has enabled us to increase our understanding of the problems facing the county and assess this against the national context. This document is being refreshed at the time of writing.

The following activity has taken place:

- Proactive visits to businesses that may be vulnerable to modern day slavery (MDS) offences.
- Briefings and presentations to partners and police to highlight the signs of modern slavery for any front line staff and the action to be taken;
- Targeted multi-agency visits to locations that are subject to intelligence relating to MDS offences;
- Operation HEAP is an ongoing police operation around fast food restaurants and takeaways in Northamptonshire, this is a joint operation to visit these locations;
- The Police maintain a list of suspected brothels and car washes around the county. This is used to establish locations to visit, in order to identify the women working at each location, understand their welfare and identify if there are any offences disclosed, or individuals in need of safeguarding; and
- Brief and present new officers, Criminal Investigation Department (CID) officers and new sergeants on MDS/Human Trafficking (HT).



Northamptonshire Police are actively engaged in Operation Aidant, which is a national operation with a focus on specific MS issues each month. Pro-active operations take place, including partners and have so far focussed on Romanian Intensification, Border issues, Polish Intensification, Labour exploitation and Sexual exploitation.

Chapter Six – Users and Carers

It has been an eventful and fruitful year for this group, and much of the focus can be summed up in the change of name, from the Users and Carers Sub Group to the Expert Advisory Group. The thrust of activities and achievements and plans for the future, has been to ensure the group are reaching out to people in communities who may have experienced or be in need of safeguarding, and ensure voices are heard. We believe they are the real experts.

The name Expert Advisory Group also better reflects the people who make up the membership. They too can be seen as experts due to being patients, service users, carers or those who work in the Voluntary and Community Sector; they have that first-hand knowledge and experience that is so valuable, and are prepared to speak up.

The group have written an Awareness and Participation Programme to help inform the purpose and function and involves raising awareness of adult safeguarding with community groups and other citizens in the county, and to encourage them to share their thoughts, opinions and experiences of adult safeguarding. Those views were fed back to the NSAB with a view to improving the systems and processes that are in place to help protect people from harm and abuse.

As part of this Programme work has continued in partnership with Northamptonshire Carers delivering the Be Safe, Stay Safe sessions to carers throughout the year, and have also delivered Safeguarding Awareness sessions to the Local Disability Partnership Board Champions, and the Shared Voice Network forums that supports people who use mental health services.

Part of the continuing work has been in raising and escalating particular issues and concerns with NSAB that the members have become aware of through their networks and contacts, and will continue to contribute to and provide vital challenge to NSAB. And not least, from June 2017, there will be a new Chair, Jo Moore, who is set to bring further experience, knowledge and enthusiasm to the group in the coming year.



Chapter Seven – Safeguarding Adults Board Training, Quality and Professional Practice

During 2016-17 the Sub Group has focussed on the implementation of Making Safeguarding Personal (MSP) as well as ensuring that policies, procedures and training were Care Act compliant as a result of the publication of updated guidance at the end of March 2016. A summary of the updated guidance from the DoH is outlined below and the inter-agency procedures and decision making framework amended to reflect the changes endorsed by NSAB in July 2016

Care Act Guidance 2016 Updated Paragraphs:

14.7. Types of abuse:

- Physical;
- Sexual;
- Financial / Material;
- Psychological;
- Discriminatory;
- Neglect and Acts of Omission;
- Organisational;
- Modern Slavery;
- Domestic Violence – linked to Serious Crime Act 2015, Coercive and Controlling Behaviour; and
- Self-neglect – may not prompt section 42 enquiries. Separate Social Care Institute Excellence (SCIE) guidance on best practice.

14.44 Safeguarding enquiries where there is no statutory duty – promoting well-being and prevention (Section 1). These changes are reflected in the '3 step test' and assist with making further enquiries about allegations of abuse where the victim does but does not have care and support needs. This is most common in cases of abuse domestic abuse or financial abuse

14.46 Use of needs or carer's needs assessment in prevention of abuse or neglect e.g. through training and education Northamptonshire County Council commission a range carers services from Northamptonshire Carers. During 2016/17 a total number of 3465 assessments were undertaken which included 255 young carers. Post Care-Act Carers Assessments focus on health and wellbeing and assessed are duty bound to record any safeguarding concerns

along with other risks. In some cases a carer will be an alleged perpetrator however increasingly a carer will be the alleged victim (especially as the number of older carers, caring for a spouse with dementia etc is growing). In all cases they follow their duty in reporting to the Local Authority however in the latter Care Act, responsibilities empower them to meet resultant eligible needs.

14.84 Use special measures for gathering and giving of evidence by vulnerable and intimidated witnesses where police are investigating (e.g. Domestic Violence Protection Order (DVPO), Intimidated Witnesses Measures). These should be considered from the onset. Northamptonshire Police have developed Special Measures Guidance for supporting adults and children through these processes.

14.120 – 14.132 Guidance about allegations about people in positions of trust. Authorities to have clear policies to deal with allegations, concerns, and complaints about those who work, paid or unpaid, with vulnerable adults. These concerns are managed via HR processes and safeguarding concerns. There are plans in place to develop an adult process of LADO.

14.124 Where a person's conduct with adults may affect their suitability to work with children, the local authority's designated officer must be informed. Within Northamptonshire all concerns are managed through an established process – Local Authority Designated Officer (LADO)

14.126 Employers, student bodies and voluntary organisations to have clear procedures for dealing with allegations for any staff. Concerns to be reported to senior managers in that organisation.

14.127 Where an organisation removes a worker from work with an adult with care and support needs because the person poses a risk of harm the organisation must make a referral to the Disclosure and Barring Service (DBS). It is an offence to fail to make a referral without good reason. Adult Social Care track all such enquiries and ask for evidence of referrals to DBS as part of the quality assurance process.

14.141 Use SABs as a forum for strategic discussions around self-neglect. This is item within the NSAB business plan with quarterly updates to Board.

14.158 Recommends use of Adult Social Care Outcomes Framework (ASCOF) safeguarding outcomes survey for data collection on safeguarding outcomes. These outcomes form part of the ongoing development of the quarterly reporting and NSAB scorecard

14.199 Front-line staff not to second guess outcomes, have well-publicised ways of escalating concerns where immediate superiors do not respond to concerns. This is explicit within the NSAB inter-agency procedures.

14.200 Front-line staff to report concerns whatever the source of harm, employer to act and record actions.

14.204 Line manager's to have access to legal advice where necessary.

14.205 Social workers to have additional advice and guidance where needed e.g. from Principal Social Workers (PSWs).

14.206 Principal Social Workers are responsible for providing professional leadership for social work practice when undertaking statutory responsibilities.

14.207 Principal Social Workers should have broad knowledge base and confidence in application of safeguarding and MSP, in their own and others' work.

14.208 Healthcare providers to have named professionals who act as professional lead within the CCG.

14.210 Police have safeguarding specialists who lead in investigations.

The Training, Quality and Professional Practice Sub Group focussed on areas of domestic violence, multi-agency case audit, self-neglect and the vulnerable risk management tool.

Some of the challenges faced by the Sub Group were in ensuring an equal focus is given to the three individual areas of training, quality and professional practice. Part of the proposals outlined in the Integrated Business Office (IBO) restructure addressed this challenge, concluding that these groups should revert back to the original structure from April 2017 and over time combine with similar groups in Northamptonshire Safeguarding Children Board (NSCB).



Chapter Eight – Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards are part of a legal framework set out in the Mental Capacity Act 2005, as amended by the Mental Health Act 2007, with the safeguards being implemented in April 2009. 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 a high demand for authorisations under this legal framework.

In order to manage this demand in the most effective manner possible, all referrals are screened to ascertain their level of priority. Safeguarding concerns or those currently expressing objections are allocated as the highest priority. Where resources and staff do not permit all of these cases to be allocated we then allocate to minimise harm and prevent legal actions which may negatively impact on the council.

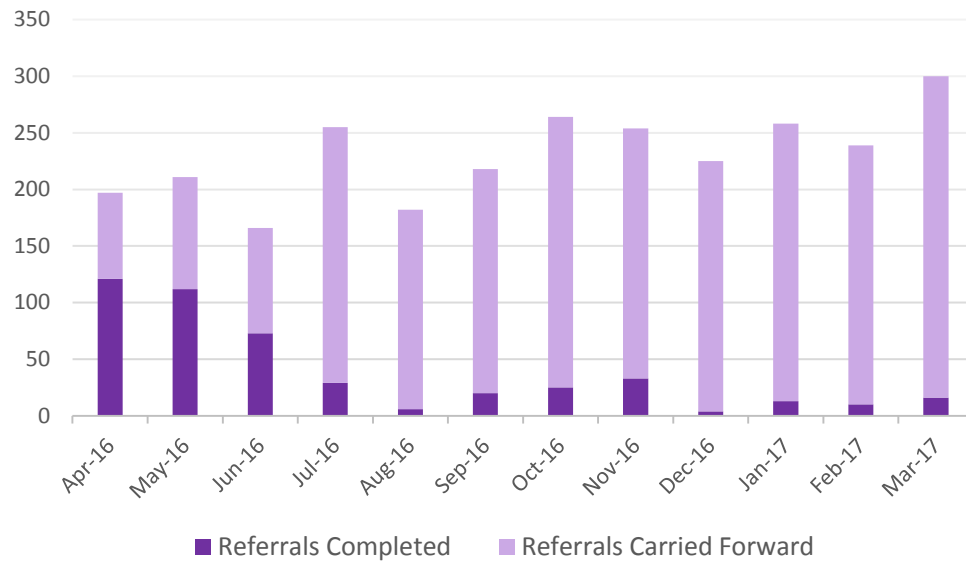
Pending cases are prioritised against ADASS criteria. Currently pending assessments are being reviewed, and NASS is contacting all care home providers and other referrers to ascertain if the open requests remain valid.

To assist with the management of the pending caseload, the following actions were taken by NCC:

- An agreement was made by the Assistant Director to utilise £300,000 from unfilled vacancies to support the DoLS service;
- We used independent Best Interest Assessor (BIA) staff from our own cohort to complete additional Best Interests Assessments;
- The service used independent Best Interests Assessors via two recruitment companies paid on a per assessment basis;
- We issued work to 6 Guidant BIAs – the workflow was slow and the quality of the work was variable. NCC staff quality assured the work and sought amendments to any work that did not meet the standards;
- It was recognised that Guidant would not complete the expected number of assessments identified at the onset of the work and the budget would not be spent, and so a second company was asked to complete 250 quality assured assessments on NCC behalf commencing in March 2017;
- This work is completed and approximately 285 additional assessments were completed via this route; and
- One full time Administrator has been engaged via Guidant group to support the team. This is a locum arrangement.

Requests Received		Referral outcomes	
Pending referrals carried forward from 2015-16	1967	Assessed and granted	460
New referrals 2016-17	2756	Assessed and not granted	49
		Abandoned (moved / deceased / change of circumstances)	1172
Total referrals received	4723	Total Assessments completed	1681
Referrals carried forward to 2017-18 (a further 326 referrals will be processed as abandoned in the first quarter of 2017-18)			3042

Breakdown Of Referral Outcomes 2016-17



Moving Forward

b) The National Picture

During 2016, the Law Commission published proposals for the a new process to supersede the current DoLS processes which have been deemed by the House of Lords Select Committee as 'not fit for purpose'.

The Commission believes its proposed Liberty Protection Safeguards (LPS) scheme will be less onerous than the DoLS while still offering human rights protections. The LPS would cover a broader group of people than the DoLS, which is restricted to placements in care homes and hospitals. The LPS would apply to any setting that might give rise to a deprivation of liberty, including shared lives schemes and supported living and it would also cover 16 and 17 year-olds, whereas the DoLS only applies to over 18s.

Staffing

- In January 2017 agreement was given for the remainder of the Government DoLS grant to be utilised to create an additional Officer Manager post on a temporary basis until March 2018;
- The Senior Business Officer role has been recruited to on a temporary basis until March 2018;
- In February 2017 the business case was provided outlining to comparative costs of a range of models for the development of a dedicated Deprivation of Liberty Service, which is included in the new operating model.

Data Reporting

A project team has now been implemented to try and create smarter solutions that will enable a more streamlined service and can provide data reporting for both internal and external (Department of Health) purposes.



While the scope of the LPS is broader than the DoLS, it would involve a two-tier system of protections whereas the DoLS provides the same checks to all cases.

Under the LPS, the Best Interest Assessor role would be revised to a new 'Approved Mental Capacity Professional' (AMCP) role and the requirement for a Best Interests Assessment in every case is dropped. AMCPs would only be focused only on more "serious" cases where care arrangements are contrary to the person's wishes.

In other cases the responsibility for the authorisation would fall to the commissioners of the care to ensure that they arranged a capacity assessment, a medical assessment and a check that the proposed care placement is 'necessary and proportionate'. Every case would then be checked by an 'Independent Reviewer', an employee of the responsible body who is not involved in the person's care. If the reviewer felt the conditions for an authorisation are met then they could approve it.

However, if there are concerns the proposed placement is against the person's wishes then the case would be referred to an AMCP. The AMCP would be required to meet with the person and scrutinise the assessments carried out before determining whether to authorise the placement or not.

b) The Local Picture

With the creation of Northamptonshire Adult Social Services (NASS) as the new vehicle for delivering adult social care within the county, the statutory responsibilities of the Local Authority have been considered in relation to DoLS, and are advised that the duties of the Supervisory Body cannot be delegated to any other organisation.

The DoLS Administration and Governance team will be reporting to the Director of Adult Social Services and Head of Safeguarding. NASS will create a team of Best Interest Assessors to undertake DoLS assessments and Court of Protection complex work. This team will be part of the Specialist and Complex services.

GOOD NEWS STORIES:

A safeguarding concern was received from The Alzheimer's Society alleging verbal abuse and threatening behaviours by Mr Z who has a diagnosis of Dementia, towards his wife.

Following discussion with Mrs Z during the enquiry, I found out that Community Psychiatric Nurse and the Community Mental Health Team had already taken some positive actions to assist Mr Z. Mrs Z had also been supported to take some protective actions within her home to promote her own safety.

I ensured that an effective safeguarding plan was in place that would maintain the safety of both Mr and Mrs Z. This plan included the following ;

- Mrs Z being aware of relevant agencies who could support her regarding her own wellbeing.
- Mrs Z was also engaging in appropriate leisure activities with Mr Z that would engage him positively, increase his own wellbeing as well as enable her to spend enjoyable time with her husband.
- Contact numbers being available for further support and immediate action if required.

Afterwards, Mrs Z confirmed she felt well supported, through and after the process

Chapter Nine – Safeguarding Adults Reviews

Section 44 of the Care Act 2014 requires Safeguarding Adult Boards to arrange a Safeguarding Adults Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the person at risk. A SAR may also be conducted when a person has not died but it is known or suspected that they have experienced serious abuse or neglect, sustained a and learning for partner organisations involved in the care and support of that person.

The purpose of the SAR Sub Group is to oversee safeguarding adult reviews and other learning reviews and to report to the Northamptonshire Safeguarding Adult Board to ensure that learning is implemented by all relevant organisations. There is a duty on all board members to contribute to the review, sharing information and disseminating the lessons learned.

In 2016-17 the SAR Sub Group met quarterly, with additional extraordinary meetings to consider SAR referrals where required. The Sub Group's Terms of Reference have been reviewed and updated together with a number of policies and procedures. The Sub Group also reviewed and updated the Northamptonshire Serious Incident/ Safeguarding Adult Process.

The SAR Sub Group received three referrals for consideration as SARs during 2016-17 and these were evaluated against the statutory requirements in line with the NSAB SAR Policy and Procedures.

One referral was taken forward as a Domestic Homicide Review by the Northampton Community Safety Partnership. This is currently in progress. A second referral did not meet the criteria for a SAR, but multi-professional meetings took place to identify learning. A third referral did not meet the criteria for a SAR, but a multi-agency learning review was carried out. This referral raised

potentially life threatening injury, serious sexual abuse or serious or permanent impairment of health or development.

A SAR brings together and analyses the findings from individual agencies involved in the review, in order to make recommendations for future practice and to share good practice. The focus of a SAR is the outcome for the person

questions that needed to be considered in relation to a growing group of people in need of care and support, who at the same time might have been a source of risk to the people they were living with and others within their community. The multi-agency learning event was well attended and considered the 'risk management of cases of violence in residential and community settings from known ex-offenders with care and support needs who pose a risk/threat'. The SAR Sub Group will take forward key recommendations from this learning event during 2017-18.

A SAR referral had been made in 2015-16 which required additional information in order to make a decision as to whether the criteria for SAR were met. Following receipt of further information in 2016-17, the referral was found not to meet the criteria.

Another SAR had been commissioned in 2015-16 and work on this continued during 2016-17. This adopted a traditional approach of establishing a SAR panel with an Independent Author with commissioned Individual Management Reports (IMRs) and evidence from agencies involved. A learning event took place which involved staff from various agencies involved in the person's care. The SAR report and learning was published in 2017-18.

The SAR Sub Group also reviewed published SARs from other areas to consider learning that might be relevant for agencies in Northamptonshire.

Chapter Ten – Priorities for the Next Twelve Months

Streamlining safeguarding activities of the Board

There was a shared desire to work more closely with Northamptonshire Safeguarding Children Board in order to share universal safeguarding concerns and streamline the direct and indirect work of the two Boards.

NSAB had benefitted from the experience of the longer established NSCB Business Office and discussions at both strategic Boards began to explore the benefits of merging a number of Sub Groups and holding the Board meetings on the same day. In January 2017, the Boards agreed to merge the Business Office functions and the Learning & Development/Training Sub Group and to create a newly formed Children and Adults at Risk of Exploitation and Harm Sub Group.



Due to the common theme, it is likely that the Quality Assurance and Quality and Performance Sub Groups will merge at some point in the future, as will the Serious Case Review and Safeguarding Adults Review Sub Groups.

Future activities for the coming year include:

- Holding a joint NSAB/NSCB Board meeting each quarter to discuss joint priorities, the first of which is planned for April 2017;
- Development of the Business Plan for period 2017-19 – the Business Plan will be developed in line with the NSAB Strategic Plan for 2016-19;
- Publication of Safeguarding Adults Review 002;
- Support the ongoing Domestic Homicide Reviews which are commissioned by individual Community Safety Partnership Boards;
- Holding an Annual Conference in November 2017 with a focus on Making Safeguarding Personal;
- Scrutiny of arrangements for DoLS process;
- Mental Capacity Act - undertake a snapshot survey of professionals in October 2017 to better understand what is working well, not so well, and identify any barriers to achieving success; and
- To work in partnership with advocacy provider “Total Voice” to raise awareness of the service.

Appendix One – Statutory Board Membership and Attendance

The Northamptonshire Safeguarding Adults Board held four meetings in 2016-17. Representation by Statutory Partners at these meetings is shown in the table below.

Organisation	Attendance
Health - NHS Nene Clinical Commissioning Groups	100%
Health - NHS Corby Clinical Commissioning Groups	100%
Northamptonshire County Council – Adult Social Care	100%
Northamptonshire County Council & Northamptonshire Police – Communities Manager	100%
Northamptonshire Police	100%



Board Membership — as at 31st March 2017 NSAB Board Membership included:

The Northamptonshire Safeguarding Adults Board would like to acknowledge the hard work of its membership which consists of dedicated safeguarding leads across all agencies, without which we would not learn, develop and grow. Member organisations of the Board:

Tim Bishop

Independent Chair, Northamptonshire Safeguarding Adults Board

Darren Dovey

Head of Community Services, Northamptonshire Fire and Rescue

Tracy Keats

Head of Nursing & Safeguarding, Nene & Corby Clinical Commissioning Groups

John Raynor

Chair, Northamptonshire Association of Registered Care Homes

Cllr Mary Butcher

Opposition County Councillor, Northamptonshire County Council

Carolyn Fox

Director of Nursing Midwifery & Patient Services, Northampton General Hospital

Carolyn Kus

Director of Adult Social Care Services, Northamptonshire County Council

Zoe Rogers Fox

Head of Safeguarding, East Midlands Ambulance Service

Maureen Campling

Head of Safeguarding and Quality, Adult Social Care Services, Northamptonshire County Council

Leanne Hackshall

Director of Nursing, Kettering General Hospital

Steve Lingley

Head of Crime and Safeguarding, Northamptonshire Police

Julie Shepherd

Director of Nursing, Northamptonshire Healthcare Foundation Trust

Jon Conway

Head of Housing, Kettering Borough Council

Maggie Hannelly

Inspection Manager, Care Quality Commission

Simon Lloyd

Deputy Director of Nursing & Safety, St Andrew's Healthcare

Rachel Swann

Assistant Chief Constable, Northamptonshire Police

Matthew Davies

Executive Safeguarding Lead, NHS Nene Clinical Commissioning Group

Jen Helm

Detective Superintendent, Northamptonshire Police

Denise Meylan

Head of National Probation Service, - Northamptonshire

Lisa Walsh

Business Manager, Northamptonshire Safeguarding Adults Board

Teresa Dobson

Volunteer Representative, Healthwatch

Emma Hildreth

Communities Manager, Northamptonshire County Council and Northamptonshire Police

Cllr Bill Parker

Cabinet Member for Adult Social Care, Northamptonshire County Council

Appendix Two – Finance

Board partners continue to contribute to NSAB's budget, in addition to providing a variety of resources 'in kind' such as venue hire. Contributions from partners for 2016-17 reached £150,000 and together with an underspend from the Care Act of £1,906, and a carry forward of £31,199, the total income available to the Board was £183,105. This income ensured that the overall cost of running the NSAB was met. The carry forward figure for 2017-18 is higher than anticipated at £56,574 and an underspend on the 'Be Safe, Stay Staff' Project, totalling £57,386.

Income (Partner Contributions)	2016-17
Northamptonshire County Council	£50,000
Northamptonshire Police	£50,000
Nene & Corby Clinical Commissioning Groups	£50,000
Care Act monies underspent	1,906
TOTAL	£151,906
Brought forward 2015-16	31,199
Total funding	183,105

NSAB Expenditure	2016-17
Staffing costs	89,517
Independent Chair	17,825
Safeguarding Adults Reviews	13,884
Non-staff expenditure – Users and Carers	564
Advertising and publicity	1,854
Subscriptions and software licenses	551
Room hire and refreshments	430
Users and Carers 'Be Safe, Stay Staff' Project	1,094
TOTAL	125,719
Carry forward 2017-18	57,386

