

## NORTH YORKSHIRE COUNTY COUNCIL

## CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

1 OCTOBER 2015

NORTH YORKSHIRE SAFEGUARDING ADULTS BOARD  
ANNUAL REPORT 2014/15**1.0 Purpose of Report**

- 1.1 To receive the Annual Report of the North Yorkshire Safeguarding Adults Board.

**2 Background**

The Care Act (2014) requires local authorities to set up a Safeguarding Adults Board, which gives the North Yorkshire Safeguarding Adults Board a clear basis in law for the first time. The County Council followed this national guidance to become a statutory Board from April 2015.

The Act says that the 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 strategic plans for safeguarding, working with local people to decide how to protect adults with care and support needs in vulnerable situations ;
- publish the 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 Board presents the Annual Report for 2014/15 which highlights progress during the year and introduces the strategic priorities for the next three years.

**3 Progress during 2014/15**

This year the Board worked to meet four main outcomes which are based on the six principles of safeguarding as covered in the Care Act guidance. Progress in each of these areas by the Safeguarding Adults Board and partner agencies is considered in each of these areas. Stories are used throughout the Annual Report to illustrate these safeguarding principles in practice.

**Awareness and Empowerment** – people feeling safe and in control, being more able to share concerns and manage risk of harm either to themselves or others

**Prevention** – working on the basis that it is better to take action before harm happens

**Protection and proportionality** – support and help for those adults who are vulnerable and most at risk of harm. Responding in line with the risks and the minimum necessary to protect from harm or manage risks

**Partnership and accountability** – working for local solutions in response to local needs and expectations. Focusing on outcomes for people and communities and being open about their delivery.

The NYSAB Annual Report 2014/15 was published on 10 September 2015 and includes the following highlights.

During 2014/15 the Board

- Shared information and ideas with people who have care and support on the physical and sensory impairment board and the older people's forum.
- Measured how well each partner organisation is meeting national and local standards by using a regional audit tool and used this information to help decide what to put in the strategic plan.
- Worked with authorities in West Yorkshire to adopt a policy and procedure that promotes the values of empowerment from Making Safeguarding Personal.
- Ensured that the local authority, police and Clinical Commissioning Groups each appointed a Designated Adults Safeguarding Manager, in accordance with Care Act requirements. These individuals will work together to co-ordinate responses to safeguarding concerns where risks are posed by employees, volunteers and students.
- Ensured that Safeguarding Adults and Mental Capacity Act training was updated to take account of the changes to Deprivation of Liberty Safeguards following the Cheshire West Ruling and to achieve compliance with the Care Act 2014.
- Reviewed and refreshed the governance arrangements of the Board to ensure that it was as effective as possible in responding to the new statutory requirements. This resulted in streamlining the structure of the Board and establishing a Board delivery Group to ensure that the strategic plan is delivered.

There is a duty to publish in the Annual Report information on any Safeguarding Adults Reviews that the Board has arranged or are in progress. While there are none to report this year, North Yorkshire County Council has commissioned a review to learn lessons from the action taken with a care service in Harrogate.

#### **4. Priorities for 2015/16**

In accordance with Care Act requirements the Board has produced a safeguarding plan for 2015 – 2018 based on the core safeguarding principles. The Board has outlined the four main outcomes that it wants to achieve to deliver the plan and commissioned the Board Delivery Group and sub groups to ensure that these are delivered to achieve the vision.

Some key priorities for the year ahead include

- Ensuring that the new governance arrangements are embedded and that the strategic plan is delivered effectively.
- Ensuring that the multi-agency procedures have been adopted by partner organisations and that training is rolled out to ensure that staff are aware of their responsibilities under the procedures and that staff and volunteers have a

good understanding of Making Safeguarding Personal. This will include learning from the experience of the Designated Adult Safeguarding Managers.

- Increasing the level of awareness in the community of what abuse is, including the new definition in the Care Act.
- Continuing to develop engagement with people who use care and support so that they can influence the Board's priorities and see a difference.
- Developing a shared approach to challenges such as domestic abuse, self-neglect, modern slavery, exploitation, hate crime and radicalisation. This will include closer working with District Councils.
- Working together with other partnerships to ensure that safeguarding is delivered as effectively as possible.

#### **4 Recommendations**

- a. Note the Annual Report of the Safeguarding Adults Board;
- b. Agree to receive further ongoing reports of progress;
- c. Remain aware of national developments and best practice.

#### **5 Appendices**

##### 5.1 Annual Report 2014/15

Jonathan Phillips  
Independent Chair, North Yorkshire SAB

# **NORTH YORKSHIRE SAFEGUARDING ADULTS BOARD**

## **ANNUAL REPORT 2014 – 2015**



Keeping people safe from abuse and neglect

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# Foreword by Jonathan Phillips Independent Chair for the North Yorkshire Safeguarding Adults Board



I am delighted to be presenting my third Annual Report and my first since the Care Act came into force in April 2015, bringing with it a clear statutory role for Safeguarding Adults Boards.

I am excited about the opportunities under the Care Act to make safeguarding more personal. I have always believed that adults are in the best position to have control over their own lives and deserve the very best care and support we can give when they are at risk of abuse or neglect. I am encouraged by the emphasis on support for carers.

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adults wellbeing is promoted including where appropriate having regard to their views, wishes, feelings and beliefs in deciding on any action” Care Act (2014)

As a Board, we embraced this approach and used the safeguarding principles as the cornerstone for all our activities this year; assessing our readiness for the Care Act and preparing our strategic plan for the next three years.

Last year, we started sharing information and ideas about safeguarding with people who have care and support; they told us how important it is to keep getting information to the right people about safeguarding and give feedback on how it is working. I am pleased to report that we have continued that work this year, by talking to people on the physical and sensory impairment board and the older people’s forum. They told us that they wanted to know more about what abuse is and how safeguarding can help. All the members of the Board will share responsibility for this in the year ahead and we will set out clearly how these views influence our strategic plan. As a member of the Board, Healthwatch is able to play the role of critical friend by providing challenge from a patient and public perspective in the delivery of the strategic plan.

We worked closely with authorities in West Yorkshire to adopt a policy and procedure that promotes the values of empowerment from Making Safeguarding Personal. In the year ahead we will make sure that staff and volunteers use these procedures to understand what abuse is, including the new types of abuse in the Care Act, and feel skilled to take proportionate action to ensure protection of adults at risk of abuse and neglect.

I am encouraged by the progress we have made to strengthen the Board and increase the level of co-operation and challenge amongst partners. The local authority, police and CCG have all appointed Designated Adult Safeguarding Managers to co-ordinate work where employees may pose a risk to adults with care and support needs.

We have a duty to provide information on any Safeguarding Adults Reviews that the Board has arranged or are ongoing and I can report that there have been none this year. However, the Board has commissioned a review to learn lessons from the action taken with a care service in Harrogate.

In the coming year we will continue to develop safeguarding in North Yorkshire; by sharing information across agencies, learning from experience and developing a shared response to new and challenging areas such as domestic abuse, self-neglect, modern slavery, exploitation, hate crime and radicalisation.

This will be my last Annual Report for the Safeguarding Adults Board as I will be moving on from North Yorkshire at the end of 2015, so I wish the Safeguarding Adults Board and its new chair every success for the future.

**Jonathan Phillips OBE**

**Independent Chair – North Yorkshire Safeguarding Adults Board**

Approved 26 August 2015

# 1.0 What we have achieved this year

This year the Board worked to meet four main outcomes which are based on the six principles of safeguarding.

**Awareness and Empowerment** – people feeling safe and in control, being more able to share concerns and manage risk of harm either to themselves or others

**Prevention** – working on the basis that it is better to take action before harm happens

**Protection and proportionality** – support and help for those adults who are vulnerable and most at risk of harm. Responding in line with the risks and the minimum necessary to protect from harm or manage risks

**Partnership and accountability** – working for local solutions in response to local needs and expectations. Focusing on outcomes for people and communities and being open about their delivery.

Progress in each of these areas by the Safeguarding Adults Board and partner agencies is considered below.

## 2.0 Awareness and Empowerment

### Safeguarding Adults Board

- Worked on the plan to keep sharing information and ideas with people who have care and support. We talked to people on the physical and sensory impairment board and the older people's forum. They told us that they wanted to know more about what abuse is and how safeguarding can help.
- During the year, the Board considered safeguarding stories at the meetings, to enable members to consider themes and lessons from situations across North Yorkshire. The stories throughout this Annual Report illustrate safeguarding principles in practice.

#### What the data tells us about awareness

Refer to Appendix A for the complete balanced scorecard.

To demonstrate the level of awareness of safeguarding three indicators have been considered for 2014/15

- Numbers of alerts reported to North Yorkshire County Council under the multi-agency safeguarding procedures. It is included as it is an indication of how aware people are of the need to report and how to report safeguarding concerns.



- Groups of people who raise alerts, this is included in order to assess differences in levels of awareness. This data can then be used to look at trends and consider where additional work may be required to raise the level of awareness with different groups.
- Consider whether abuse was substantiated at the conclusion of the safeguarding process. Although it is a complex picture, it is included to give an indication of how appropriate some alerts or safeguarding investigations may be.

**KEY ISSUE** – The data showed that there was a significant increase in the number of alerts between 2013/14 and 2014/15, particularly an increase in the number of referrals from residential care staff and social workers. The number of referrals from members of the public has also increased slightly.

**COMMENT** – The Safeguarding Adults Board actively promotes awareness of abuse through publicity and training and encourages reporting of concerns of abuse whenever a member of the public, member of staff or volunteer is concerned about an adult at risk. Increased reporting may therefore indicate a positive level of awareness particularly as there has been an increase in safeguarding activity relating to some care providers this year. The Board has responded to this increase by monitoring the level of alerts monthly and the level of referrals quarterly so that it can ensure that partners are able to respond appropriately to the demand.

## **Health and Adult Services (North Yorkshire County Council)**

- Promoted safeguarding at public events and delivered training sessions for Healthwatch volunteers.
- Promoted the 'guides to safeguarding' to enable workers to talk through the safeguarding process with people at the beginning and throughout.
- Ensured compliance with the Care Act to provide Information Advice and Guidance; this included production of a care services directory.

## **Clinical Commissioning Groups**

**Partnership Commissioning Unit** (*Commissioning services on behalf of NHS Hambleton Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG, NHS Scarborough and Ryedale CCG and NHS Vale of York CCG*)

- Led on work funded by NHS England to raise the profile and importance of the Mental Capacity Act and Deprivation of Liberty Safeguards. A number of events targeted at leaders in primary care, NHS and private sector providers took place across the county. Leaflets for members of the public on their rights in respect to choices on their care and support were distributed.
- Produced detailed prompt cards for professionals to help them negotiate the complexities of best interest decisions and deprivations of liberty on the frontline.

### **Airedale Wharfedale and Craven Safeguarding Team and wider CCG**

- Piloted Personal Health Budgets (PHB) which gives people a range of ways to gain greater choice and control over how their Continuing Healthcare funding is spent in order to best meet their needs.

### **NHS England**

- Provided assurance that the local health system, including Clinical Commissioning Groups (CCGs) and designated professionals have worked effectively to safeguard and promote the welfare of adults at risk (Safeguarding Vulnerable People Accountability and Assurance Framework, NHS England 2013).
- Ensured that CCGs were working with their directly commissioned providers to improve services as a result of learning from safeguarding incidents.

### **North Yorkshire Police**

- Reviewed and updated its Safeguarding Adults procedure to incorporate the statutory changes in line with The Care Act 2014. The procedure details the role and responsibility of each member of staff when dealing with a report involving an adult safeguarding matter. All officers have been made aware of the changes and know where to locate the document should they need to refer to it.
- Ensured that a “Vulnerable Adults missing or absent from home or care” joint protocol was written to ensure a multi-agency response to such circumstances.

### **Healthwatch**

- Featured safeguarding news in a couple of electronic newsletters to help raise the profile of safeguarding.
- Organised bespoke safeguarding training for all Healthwatch volunteers, carrying out our statutory Enter and View activities. Volunteers felt empowered to be able to identify and report safeguarding concerns in care homes and hospitals when visiting.

## **Tees Esk and Wear Valleys NHS Foundation Trust**

- Developed a new internal training programme for practitioners and secured additional resource to roll out the training.
- Established a corporate system which provides advice and guidance with regard to safeguarding concerns across the whole organisation.
- Began implementation of a two year project, 'Force Reduction' to address the use of physical restraint. With the introduction of positive behavioural support approaches across all our services this has already seen a positive impact in the reduction of the use of restraint in in-patient services for people with learning disabilities.
- Implemented a new framework to guide staff on using minimum restriction throughout the delivery of care; in response to safeguarding concerns in our Care Quality Commission inspection of forensic services.

## **North Yorkshire District Councils**

- Safeguarding policies and procedures have been adopted by all district councils.
- Information and signposting on safeguarding was promoted on district council websites.

## **Acute provider trusts**

- All acute provider trusts are working towards compliance with the Care Act 2014 by reviewing and updating safeguarding adult procedures.
- All acute provider trusts continued to develop and revise adult safeguarding training programmes to reflect the requirements of the Care Act 2014.
- All acute provider trusts have ensured there are robust governance arrangements relating to adult safeguarding including Board oversight.



## **A safeguarding story – Pauline**

Pauline is a 68 year old woman in the early stages of dementia who lives at home. She has support from a mental health team and a home care agency. A social worker did an assessment recently, and found that Pauline does not have the mental capacity to make complex decisions about her living arrangements.

Her home care worker notices that Pauline's grandson has moved in. In the course of the next few weeks, the worker often comes across the grandson and his friends sitting in Pauline's living room and drinking beer. She notices that Pauline keeps to her bedroom when they are around, and looks very anxious.

The home care worker contacted the council and told them her concerns. A social worker then made enquiries about the situation. As Pauline does not have mental capacity, the professionals have a lot of responsibility to make sure that she does not experience harm.

After carrying out a risk assessment which included talking to Pauline to find out more about her situation and her wishes, the social worker spoke to the grandson, to see if he understood the effect his friends were having on Pauline. The social worker also talked to a housing officer, to find out if the grandson was breaking a tenancy agreement. The social worker also contacted the police neighbourhood team to see if they could offer any help. The social worker also spoke to other friends or family, to see what they thought about the situation.

Together, the social worker and all those involved decided what was in Pauline's best interests. They found out that the grandson was helping Pauline with her day to day life, and did not realise his friends made his grandmother uncomfortable so those involved agreed that the grandson would stay on the basis that he and his friends did not 'take over the flat' and intimidate Pauline in any way.

## 3.0 Prevention

### Safeguarding Adults Board

- Measured how well each partner organisation is meeting national and local standards. This information was used to help decide what to put in the strategic plan. It told the Board that there is still more to do to take account of the experience of people with care and support needs at risk of abuse, and that more could be done to recognise people at risk who may be experiencing hate crime or could be vulnerable to radicalisation.

#### What the data tells us about prevention

#### For further detail refer to Appendix A – balanced scorecard.

To demonstrate the level of prevention of safeguarding these indicators have been considered for 2014/15

- Percentage of safeguarding alerts by client groups - chosen as North Yorkshire's performance does not follow the national trends. If certain client groups are underrepresented or over represented it potentially raises questions over whether more can be done on prevention.
- Indicators on the location or setting of the incident - included as they could potentially show areas where more targeted safeguarding involvement may be required from a preventative perspective. Linked to this, we have shown the numbers of care providers that have been suspended by NYCC and trend data will be shown in future.
- When North Yorkshire Police complete a vulnerability risk assessment a 'flag' is applied to adults when there is a high level of risk. The graph shows where these people are situated and in future, trend information will be shown to monitor the effectiveness of prevention.
- The police also record the number of vulnerable people who are "missing from home" and rate this risk as high, medium or low. This information will be represented to show the trends as an indicator of the success of prevention measures.

**COMMENTS** – no specific issues of concern have been identified with this data for 2014/15. The Board will continue to review this data alongside other measures to see what the data tells us about the prevention of abuse in North Yorkshire.

## Health and Adult Services (NYCC)

- Ensured that care providers were informed about the new arrangements for the Care Act and that they had support to provide safe, good quality care.
- Worked with NHS staff to help residents of Alexander Court in Harrogate move to new homes to tackle what was perceived as poor quality care. Co-ordinated a review to ensure that there has been learning from the action taken.
- Developed a programme of targeted prevention type work which will support people to resolve their own issues and to find the support they need to stay independent.

## Clinical Commissioning Groups

**Partnership Commissioning Unit** (*Commissioning services on behalf of NHS Hambleton Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG, NHS Scarborough and Ryedale CCG and NHS Vale of York CCG*)

- Introduced a system of collecting and collating soft intelligence. Some of this is gathered in its day to day work but there is also the offer to other partner organisations including the police and local authority for them to send soft intelligence concerns to the team.
- Set up a system of regular reporting between the Continuing Health Care team and Safeguarding Team that picks up quality and performance issues where there is a potential to cause harm. In these cases the team gives advice and guidance to providers and, if necessary, puts processes in place to prevent such harm occurring.

## Airedale Wharfedale and Craven Safeguarding Team and wider CCG

- With support from the Named GP for safeguarding adults, the team has delivered training and development events on a range of issues to CCG staff, GP practices and independent health providers. Subjects include recognising and responding to adult abuse, Mental Capacity and Deprivation of Liberty Safeguards.

## NHS England (North Yorkshire and Humber team)

- Worked with Clinical Commissioning Groups (CCGs) to ensure their commissioned providers take all reasonable steps to reduce serious safeguarding incidents.
- Provided templates for CCGs to allow them to feedback on the assurance of safeguarding practice; developing safeguarding standards and aspirations for GP practices for benchmarking purposes.
- Was involved in an assurance process with CCG's around the Transforming Care

programme (formerly known as Winterbourne View Review). This has necessitated regular tracking exercises and returns to regional NHS England Transforming Care team.

### **North Yorkshire Police**

- Identified victims and potential victims of domestic abuse and provided them with information as a result of the use of the Domestic Violence Disclosure Scheme (DVDS) – “Right to ask” and “Right to know”; so that they can take proactive measures to protect themselves and ensure they have details and access to all relevant support agencies.

### **The Independent Care Group**

- Promoted to social care providers the changes to safeguarding adults brought in by the Care Act 2014 and the Statutory Guidance.
- Sent out Trading Standards alerts where they concerned vulnerable people.

### **Healthwatch**

- Carried out an Enter and View visit to a care home in Ryedale, where it was identified that not all staff had received their statutory safeguarding training. Healthwatch subsequently made a recommendation to the management to ensure that all their care staff received safeguarding training.

### **Tees Esk and Wear Valleys NHS Foundation Trust**

- Addressed the concerns regarding privacy and dignity in some of the zones used to ensure that there is no mixed sex accommodation. This involved changing some ward layouts and revising the privacy and dignity policy.
- Developed a system that measures how well the values and behaviours that support the prevention of harm are being embedded across the organisation.
- Revised the Whistle Blowing policy and introduced a new ‘anonymous concerns’ facility for staff to email anonymously any issues directly to the Executive Management Team. The outcomes to these issues are published weekly in the Trust E-Bulletin.

### **North Yorkshire District Councils**

- Relevant training for staff, volunteers and Elected Members was undertaken.

### **Acute provider trusts**

- Each acute provider trust has programmes in place to reduce harm to adults at risk, for example pressure ulcer prevention and falls reduction plans.

- Each acute provider trust has a system for recording safeguarding alerts. This is essential to identify areas for targeted safeguarding involvement from a preventative perspective.



### **A Safeguarding Story – Joyce**

Joyce is a 58 year old woman who lives alone. Joyce has sight loss and requires some support with tasks around the house. Her sight loss has affected her confidence and self-esteem. Joyce has been having some issues with her neighbour, who had been asking her to lend him money.

Joyce reported this to her social worker, saying that it had been happening for a few years and she feels she can't say no to him. Joyce didn't want 'anything to be done' as he was 'very kind' and she didn't want him to stop visiting her.

There is a discussion between the social worker, the designated safeguarding manager and Joyce and they agreed that the social worker would talk through the options with Joyce. This might be informing the police, Joyce talking to the neighbour or the social worker talking to the neighbour.

The council agreed to take no action without Joyce's permission unless the neighbour posed a threat to others or it was in the public interest.

Joyce felt able to talk to the neighbour herself, after some help from the social worker to help her with the conversation. Although he was initially defensive, he apologised for putting her in a position where she couldn't say no. Although this has left their relationship 'a bit fragile', he still visits Joyce and hasn't asked her for any money since she spoke with him.



## 4.0 Protection and Proportionality

### Safeguarding Adults Board

- Worked with authorities in West Yorkshire to adopt a policy and procedure that promotes the values of empowerment from Making Safeguarding Personal, thereby making sure that safeguarding procedures are up to date, clear and accessible.
- Ensured that the local authority, police and Clinical Commissioning Groups each appoint a Designated Adults Safeguarding Manager, in accordance with Care Act requirements. These individuals will work together to co-ordinate responses to safeguarding concerns where risks are posed by employees, volunteers and students.
- Ensured that Safeguarding Adults and Mental Capacity Act training was updated to take account of the changes to DoLS following the Cheshire West Ruling and to achieve compliance with the Care Act 2014. An online learning package from Me Learning with a module on Safeguarding and the Care Act was introduced. Evaluation of the alert training showed positive results.

#### **What the data tells us about protection and proportionality**

#### **For further detail refer to Appendix A – balanced scorecard.**

To demonstrate the level and effectiveness of protection the following indicators have been considered for 2014/15

- Proportion of safeguarding alerts where safeguarding action is taken after the alert so that trends can be analysed and differences investigated.
- When the safeguarding investigation is concluded, the level of risk which remains is monitored, so that the effectiveness of protection can be monitored.
- The percentage of individuals assessed as lacking capacity and the percentage of cases where the individual at risk without capacity has been supported by an advocate. This is to show that those without mental capacity are adequately represented and protected.

#### **KEY ISSUE**

- Higher percentage of alerts that have been progressed to strategy and case conference, particularly in Selby.

## COMMENT

As a result of this observation, an audit of cases was carried out for Selby cases and assurances were received that decision making was appropriate.

### Health and Adult Services (NYCC)

- Introduced a new practice based ICT system and delivered Action Learning Sets to support good safeguarding practice focused on the person at the centre.
- Continued to make sure that safeguarding investigations were carried out effectively and professionally and that staff were supported to develop their practice. A rolling programme of practice workshops took place.
- Ensured compliance with the Care Act statutory guidance in procedures and ways of working, appointed a Designated Adult Safeguarding Manager and made sure that staff had the right training.

### Clinical Commissioning Groups

**Partnership Commissioning Unit** (*Commissioning services on behalf of NHS Hambleton Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG, NHS Scarborough and Ryedale CCG and NHS Vale of York CCG*)

- Continued to work with local authority and police partners to ensure an effective response to safeguarding concerns. Each new challenge is a development opportunity for example; a human trafficking case recently came to light in the county, initially raised with children's safeguarding. Although relatively unusual and complex the PCU team was able to work with Adult Social Care, Children's Services, the Police and Immigration to coordinate a rapidly expedited protection plan.
- Used a collaborative and proportionate approach to enable care homes to address safeguarding issues, using processes such as voluntary suspension. The team has learned from some very complex cases over the last year where radical action was required.

### Airedale Wharfedale and Craven Safeguarding Team and wider CCG

- Liaised closely with multiagency partners to support local safeguarding procedures where there have been concerns of abuse or neglect. This includes using our role as commissioners to ensure the cooperation and accountability of NHS funded services, as well as providing expert advice and support in relation to health issues

and services.

- Continued to support providers with advice, support and the development of Mental Capacity Act (2005) related practice. A good understanding of consent, ethics and the law are central to concepts of positive risk taking and personalisation.

## **NHS England**

- Worked in partnership with local Safeguarding Boards to ensure that the NHS contribution was fit for purpose and that there were no unnecessary duplications of requests for safeguarding reviews to be undertaken. NHS England has also had its own assurance processes in place concerning NHS safeguarding reviews, learning and improvements.

## **North Yorkshire Police**

- Joint screening takes place within the City of York of those referrals from any agency or individual which provides information that an adult may be at risk. This helps to provide a consistent approach and ensure that the right service or intervention takes place in a timely manner.
- Since July 2014, 22 Domestic Violence Protection Notices (DVPN) were authorised and 21 Domestic Violence Protection Orders (DVPO) were granted by the Courts. A further two were considered but due to the perpetrator being remanded in custody for further offences, it was not felt appropriate to progress them.
- Ensured that a Designated Adult Safeguarding Manager (DASM) is in place. This role is taken by a Detective Inspector within the Safeguarding Hub with the day to day operational work undertaken by the Detective Sergeants in their new roles as Safeguarding Officers.

## **The Independent Care Group**

- Promoted Safeguarding Adults training to independent care providers including the recommended e-learning package.
- Disseminated the changes to Deprivation of Liberty Safeguards following the Cheshire West judgment, and gave information on where to get the new application forms.

## **Healthwatch**

- Raised two safeguarding alerts with North Yorkshire County Council's Safeguarding Team, in an attempt to protect vulnerable adults at risk of harm.

## **Tees Esk and Wear Valleys NHS Foundation Trust**

- Supported the corporate safeguarding department with additional resource to ensure help and guidance is available to staff working with vulnerable and at risk adults.
- Monitored the inspection reports from the Care Quality Commission, commissioners and accreditation bodies to identify any risk issues in relation to safeguarding and addressed the risk issues through action plans.
- Engaged with Local Authority partners and other stakeholders in the implementation of safeguarding procedures and action plans for individuals.
- Worked with the Equality and Diversity team to provide education and support to service users in relation to Hate Crime and incidents.

## **North Yorkshire District Councils**

- Co-ordinated partner audits for safeguarding arrangements in district councils in response to the Board's requirements.
- Worked in partnership with local Safeguarding Forums to ensure that the contribution from District Councils was effective and fit for purpose.

## **Acute provider trusts**

- Each acute provider trust has ensured that safeguarding investigations are conducted effectively and responsively with mechanisms to ensure outcomes are shared.
- Continued to work with local authorities and police partners to ensure effective responses to safeguarding concerns.



## **A Safeguarding Story – Mr A**

Mr A is a 62 year old man living in his own home with his wife and son, B. He has a daughter C, who lives nearby. Mr A has a medical history of lung disease, diabetes and Parkinson's disease.

The home environment can be volatile, son B drinks to excess and there are frequent arguments, leading to Mrs A calling the police and alleging assault or abusive behaviour by her son. Mrs A had mental health problems.

Mr A was admitted to hospital following a collapse at home and while in hospital he had a stroke. It was alleged that his son may have assaulted him so the police investigated this and started safeguarding procedures. Mr A had difficulties with memory and communication as a result of the stroke.

It was established that Mr A lacked capacity around major decision making such as accommodation and finances and an advocate was instructed to provide support with best interest decisions.

Mr A wanted to maintain his relationship with his wife and daughter but not his son. He wanted to be in a safe and supportive environment where his care needs could be adequately met. After an assessment of all the risks and a best interest assessment, Mr A was admitted to a nursing home.

Although Mrs A wanted to care for her husband at home, it was decided that it was in Mr A's best interests to remain in the nursing home while maintaining as much contact as possible with his wife and daughter.

**Individuals pictured are models and are used for illustrative purposes only.**

## 5.0 Partnership and Accountability – working for local solutions in response to local needs and expectations

### Safeguarding Adults Board

- Followed the national guidance for the Care Act to become a statutory Board from April 2015.
- Developed the strategic plan by using the core principles for safeguarding to focus on outcomes for people and communities.

### Health and Adult Services (NYCC)

- Increased support for the Board. Appointed a Head of Engagement and Governance who has a clear leadership role in supporting the development and quality work of the Board and in co-ordinating community engagement.
- Appointed a Head of Safer Communities with a leadership role for countywide community safety initiatives, including Domestic Abuse, Domestic Homicide Reviews, Multi-agency Public Protection and Prevention of violent extremism.
- Participated in a new multi-disciplinary team with Trading Standards working on tackling and preventing financial abuse.

### Clinical Commissioning Groups

**Partnership Commissioning Unit** (*Commissioning services on behalf of NHS Hambleton Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG, NHS Scarborough and Ryedale CCG and NHS Vale of York CCG*)

- Worked in partnership with NYCC and others to improve service provision across the community and ensure that safeguarding threads through everything the PCU influences. These include The Learning Disabilities Transforming Care Group (formerly the Winterbourne Implementation Group), the Crisis Concordat Group and the multi-agency care homes workshop.
- Chaired and coordinated the Health Partnership Group which channels the work streams of the Board into the main NHS and private sector providers to influence policy and practice across all health providers.
- Provided detailed fortnightly reports to each of the four North Yorkshire Clinical Commissioning Groups on safeguarding activity in their localities. These include information on individual concerns and progress on the multi-agency response. A recent addition is an accumulating record of each care home's safeguarding

activity.

- Received a positive opinion of 'Significant Assurance' from an audit carried out by independent auditors NYAS (North Yorkshire Audit Service, NHS England).

### **Airedale Wharfedale and Craven Safeguarding Team and wider CCG**

- In April 2014, the safeguarding team was joined by the Violence against Women and Girls (VAWG) Strategy Implementation Manager. The post is financed jointly in partnership with the two Bradford CCGs.
- Played a key role in the accountability of NHS funded providers. Throughout the year we regularly receive reports and information about the wider quality and safety of services, as well as updates in relation to providers safeguarding work and assurance against detailed safeguarding contract standards.

### **NHS England**

- Co-ordinated the North Yorkshire and Humber Safeguarding Forum which met quarterly throughout 2014-15 to facilitate the NHS England role for safeguarding as well as providing an opportunity for sharing learning.

### **North Yorkshire Police**

- Implemented a Street Triage process in Scarborough, York and Selby areas. This is a mobile service providing timely interventions by mental health professionals at incidents where mental illness, alcohol and / or substance misuse are thought to be component factors. This assists in ensuring that people suffering from mental health / substance misuse issues obtain the most appropriate assistance at the earliest opportunity, and helps reduce unnecessary detentions for people, particularly in police stations. The aim is for better outcomes for the individuals concerned.

### **Healthwatch**

- Since joining the Safeguarding Adults Board, Healthwatch has been able to learn from the experience of partners involved in delivering health and social care services. This has enabled Healthwatch to work more effectively with partners to help make safeguarding personal.

### **Tees Esk and Wear Valleys NHS Foundation Trust**

- Engaged with the Safeguarding Adult Board, the subgroups and working groups ensuring that the mental health voice is present within the partnerships.
- Has an effective corporate structure for safeguarding within the Trust Directorate of Nursing and Governance so the interface with partners can be managed effectively.

- Monitored safeguarding activity with the internal alerts and requests for guidance as well as gaining feedback about Trust referral rates from Local Authority partners, to evaluate effectiveness.
- Attended strategy meetings and participated actively in serious case review work.

### North Yorkshire District Councils

- Nominated a Chief Executive lead for safeguarding who sits on the Board on behalf of the District Councils.
- Nominated a Director lead for co-ordinating District Council engagement with safeguarding.

### Acute provider trusts

- Acute provider trusts have engaged with the Safeguarding Adults Board, the subgroups and working groups to ensure the voice of acute providers is present within partnerships.
- Each acute provider trust has an effective corporate structure for adult safeguarding, with a designated Executive Director lead to effectively manage the interface with partners.



#### A Safeguarding Story – Mr S

Mr S lives in his own flat in a supported housing scheme and has a physical and learning disability. He has a part time job and tells his friend at work that the manager of the scheme collects his benefits for him and pays his bills. Mr S is vague about when he receives the rest of his money. He often seems 'hard up'.

The friend contacts Mr S's social worker. The social worker talks to the other residents of the scheme and finds that the manager also collects their benefits. The social worker contacts the council's Contracts Team. This is the team that pays the supported housing scheme. The Contracts Team confirms that it is not part of the agreement that the manager would collect the residents' benefits. The senior manager suspends the scheme manager while she investigates the concerns. After investigation, she finds the manager has been stealing from residents. The manager is sacked and the police prosecute for theft.



## 6.0 Looking forward – our safeguarding plan

The Board has produced a three year safeguarding plan for 2015 – 2018 based on core safeguarding principles. Our vision for the Board is to **provide leadership, challenge and direction to ensure that the partner agencies improve outcomes for adults at risk of harm or abuse**. We will promote values of openness, trust, respect and learning will be promoted.

There are four main outcomes, things we want to be different from now, that make up the strategy to achieve delivery of the vision. These are based on the six safeguarding principles (Care Act 2014).

Strategic Outcomes	What this means to the people who live in North Yorkshire
<p><b>Awareness and Empowerment</b> – people feeling safe and in control, being more able to share concerns and manage risk of harm either to themselves or others</p>	<p>“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens”</p>
<p><b>Prevention</b> – working on the basis that it is better to take action before harm happens</p>	<p>“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help”</p>
<p><b>Protection and proportionality</b> – support and help for those adults who are vulnerable and most at risk of harm. Responding in line with the risks and the minimum necessary to protect from harm or manage risks</p>	<p>“I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able”</p> <p>“I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed”</p>
<p><b>Partnership and accountability</b> – working for local solutions in response to local needs and expectations. Focusing on outcomes for people and communities and being open about their delivery</p>	<p>“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 to get the best result for me”</p> <p>“I understand the role of everyone involved in my life”</p>

For each of these strategic outcomes, we have identified our priority actions for the next three years. For each of these we will set out the difference it will make, what good will look like and how we will know and be assured when it is better.

The Quality and Performance sub group will play a large part in developing the measures that we will use to support this work. We will develop our annual delivery plan from the strategy.

## **AWARENESS AND EMPOWERMENT OUTCOMES**

Local people, staff, volunteers and people with care and support needs

- know what abuse is (including new definitions in Care Act)
- know how to raise safeguarding concerns
- are confident that they will get the right response
- influence the Board's priorities and can see a difference ('you said, we did')

## **PREVENTION OUTCOMES**

Care and support is safe personalised and of high quality, where people are treated with dignity and respect so that the likelihood of abuse occurring is minimised.

Carers understand safeguarding and are supported to enable them to continue caring and minimise the likelihood of causing intentional or unintentional harm or neglect to the adult they support.

## **PROTECTION OUTCOMES**

People with care and support needs are involved in deciding the right level of protection for them.

The Mental Capacity Act and Deprivation of Liberty Safeguards are implemented in such a way that people are safeguarded from abuse and neglect.

Concerns about risks of abuse posed by staff, volunteers and students are co-ordinated by Designated Adult Safeguarding Managers (DASMs) and inform the work of the Board.

Making Safeguarding Personal, the Mental Capacity Act and safeguarding policy and procedures are high priorities for training staff and volunteers. Staff are confident of their roles.

## **PARTNERSHIP EFFECTIVENESS AND ACCOUNTABILITY OUTCOMES**

People of North Yorkshire have told us that they see GPs as a first point of call, so we will strengthen their contribution to safeguarding adults.

Information is shared appropriately across agencies and is effectively acted upon.

The Board will have a shared approach to new challenges such as domestic abuse, self-neglect, modern slavery, exploitation, hate crime, radicalisation.

We will put in place a systematic approach to learning from experiences in North Yorkshire and in other areas.

We will strengthen the contribution of District Councils, in particular in developing a shared safeguarding response to self-neglect.

Continue to improve the Board's understanding of how safe North Yorkshire is for people with care and support needs.

The Board will show how well it is doing by benchmarking itself against national improvement tools.

## **7.0 Members of the Board**

**The North Yorkshire Safeguarding Adults Board was set up in 2008 and became a statutory board from April 2015 under the Care Act (2014)**

**In April 2015 the members were**

Jonathan Phillips – Independent Chair

Richard Webb - Corporate Director of Health and Adult Services (NYCC)

Lincoln Sargeant - Director of Public Health (NYCC)

Amanda Robson - North Yorkshire and Humber Area Team, NHS England

Tim Madgwick - Deputy Chief Constable, North Yorkshire Police

Janet Probert - Director of Partnerships, Partnership Commissioning Unit

Commissioning services on behalf of: NHS Hambleton Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG, NHS Scarborough and Ryedale CCG and NHS Vale of York CCG

Nancy O'Neill - Director of Collaboration, the CCG Collaborative Team

On behalf of Airedale, Wharfedale and Craven Safeguarding Team and wider CCG

Anne-Marie Lubanski, Assistant Director Care and Support (NYCC)

Mike Webster - Assistant Director Quality and Engagement (NYCC)

Wallace Sampson - District Council Chief Executive (Harrogate Borough Council)

Representing District Councils in North Yorkshire – Craven District Council, Hambleton District Council, Harrogate Borough Council, Richmondshire District Council, Scarborough Borough Council and Selby District Council,

Jill Foster – Harrogate District NHS Foundation Trust

Representing NHS Foundation Trusts in North Yorkshire – Bradford District Care Trust, Harrogate and District NHS Foundation Trust, South Tees NHS Foundation Trust

Chris Stanbury – Tees, Esk and Wear Valleys NHS Foundation Trust

Representing Mental Health Foundation Trusts - Tees, Esk and Wear Valleys NHS Foundation Trust and Leeds and York Partnership Foundation NHS Trust

Keren Wilson - Independent Care Group

David Ita – Healthwatch North Yorkshire

**In attendance from North Yorkshire County Council**

Cllr Clare Wood - Executive member for adult social care and health integration

Sheila Hall - Head of Engagement and Governance

Sally Anderson - Safeguarding Adults Policy Officer

## North Yorkshire Safeguarding Adults Board Balanced Scorecard

### Reporting Period

Year end - 2014 - 15

In line with the Strategic Plan, the Balanced Scorecard has been broken down into the following areas:

- awareness;
- prevention; and
- protection.

### **Awareness: People in North Yorkshire know what to do if abuse or neglect happens**

To demonstrate the level of awareness of safeguarding three indicators have been selected. The first graph looks at the numbers of alerts which are reported to North Yorkshire County Council. It is included as it is an indication of how aware people are of the need to report and how to report potential safeguarding incidents. The second graph looks at which groups of people who raise alerts in order to assess differences in levels of awareness. This data can then be used to look at trends and groups where additional work may be required to raise the level of awareness with different groups.

The third set of data looks at whether safeguarding was substantiated at the conclusion of the safeguarding process. Although it is a complex picture, it is included to give an indication of how appropriate some alerts / investigations may be.

### **Prevention: Abuse of people with care or support needs is prevented wherever possible**

Under Prevention, the first indicator of client groups has been chosen, as North Yorkshire's performance does not follow the national trends. If certain client groups are under or over represented it potentially raises questions over whether more can be done on prevention. Similarly, indicators on the location / setting of the incident have been included as they could potentially show areas where more targeted safeguarding involvement may be required from a preventative perspective. Linked to this, a record of providers currently suspended by NYCC is included and trend data will be shown in future.

The Police place a flag on Vulnerable adults identified on their system. The geographical breakdown of where these people are situated is shown and in future, trend information will be shown to monitor the effectiveness of prevention. The number of vulnerable adults involved in incidents and crimes is also reported.

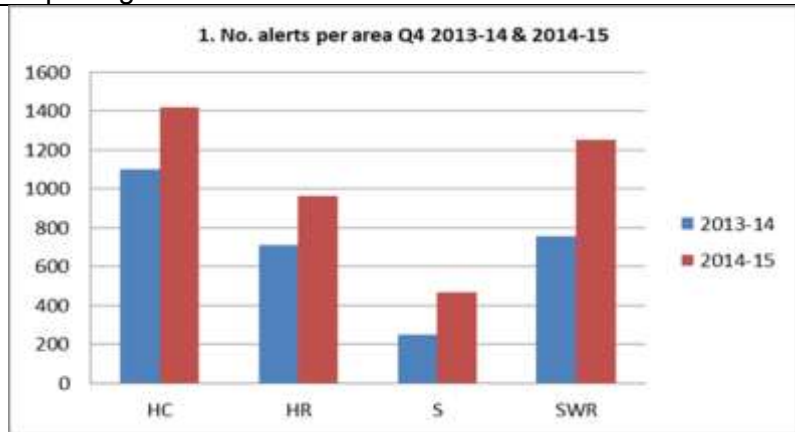
The police also record the number of vulnerable people who are "missing from home" and rate this risk as high, medium or low. This information will be represented to show the trends and to act again as an indicator of the success of prevention agenda.

### **Protection: Adults are protected from harm when they need to be**

Under Protection, the ratio of safeguarding alerts which are progressed beyond alert is considered to analyse trends and so differences can be investigated. When the safeguarding investigation is concluded, whether the risk remains is being monitored, to ensure that the effectiveness of protection can be monitored. The final two measures currently proposed under Protection look at whether an individual at risk is assessed as having capacity and the percentage of cases where the individual at risk is supported by an advocate. This is to ensure that those without mental capacity are adequately represented and protected.

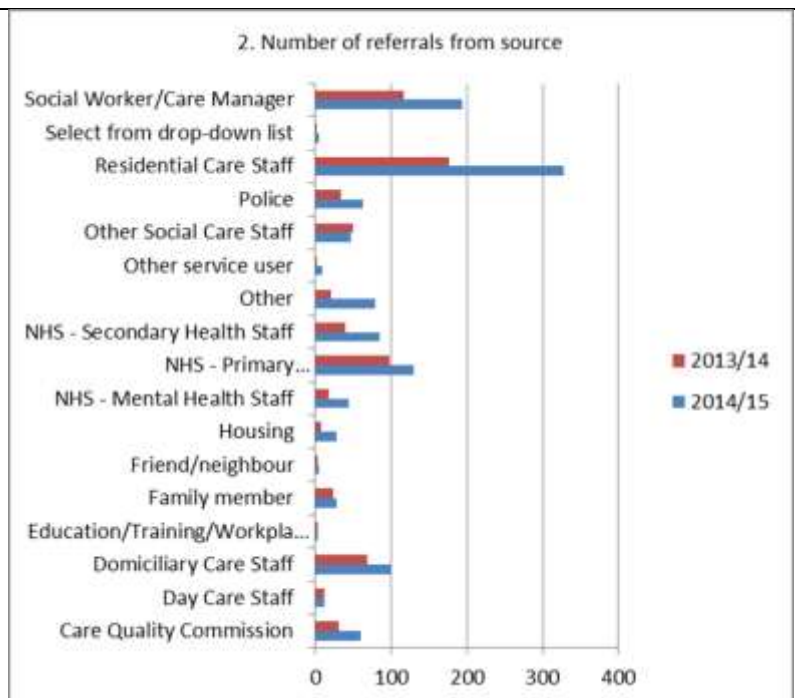
# Awareness - NYSAB Balanced Scorecard

Reporting Period – Year end – 2014-15



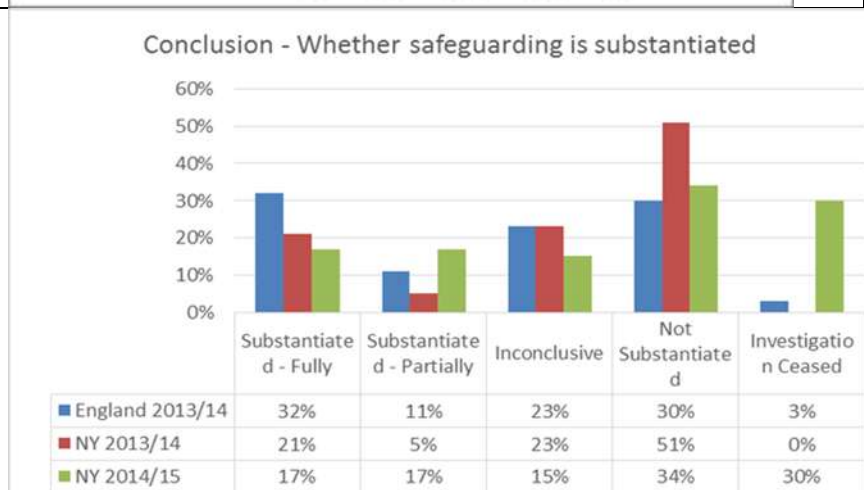
1. Graph 1 shows an increase in the number of alerts in all areas in 2014/15 with SWR showing the biggest increase.

HC – Harrogate/Craven  
 HR - Hambleton/Richmondshire  
 S – Selby  
 SWR – Scarborough/Whitby/Ryedale



2. Graph 2 shows that the number of referrals from members of the public (i.e. family members or neighbours) has increased in 2014/15.

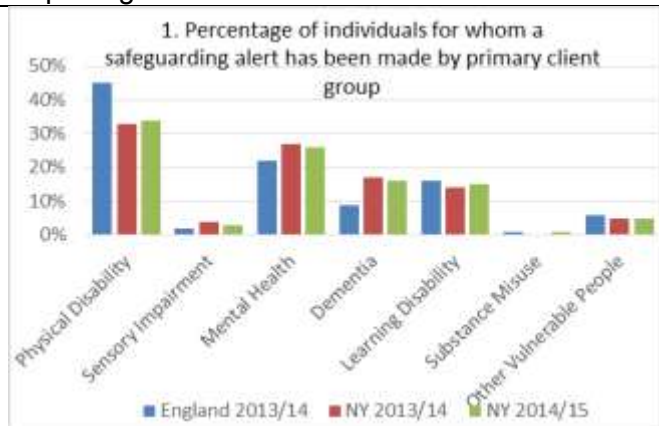
There are increases from all groups with the most significant increase in referrals coming from Residential Care staff and Social workers.



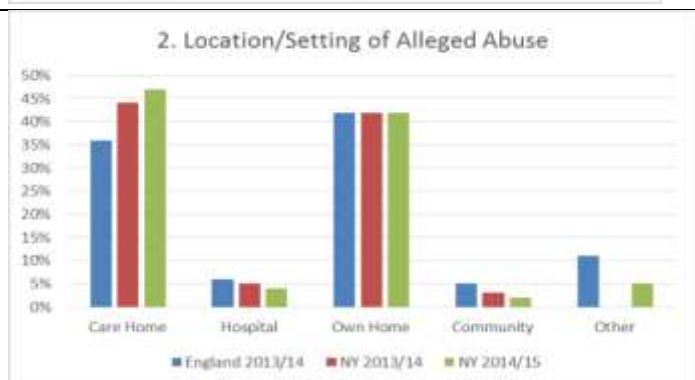
3. The number of Fully Substantiated cases has decreased by 4% in 2014/15 and the number of Not Substantiated cases has decreased by 17%. However in 2014/15 there was a 12% increase in the number of Partially Substantiated cases.

# Prevention - NYSAB Balanced Scorecard

Reporting Period – Year end - 2014-15



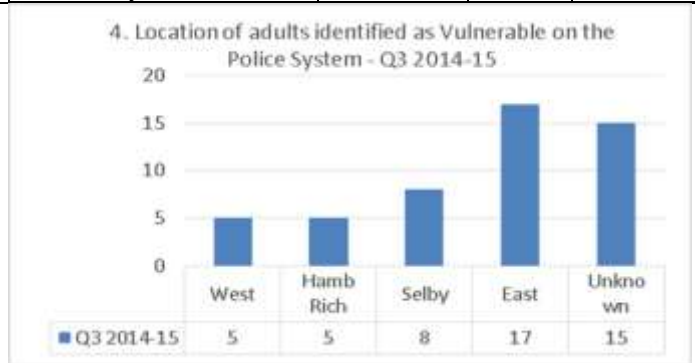
1. A smaller percentage of the individuals at risk had physical disabilities in North Yorkshire (graph 1) than the national average; however a larger percentage of people had dementia and mental health as their primary support reason. This may reflect the population of older people in North Yorkshire which is higher than the England average. More work is required to see how this matches the local population.



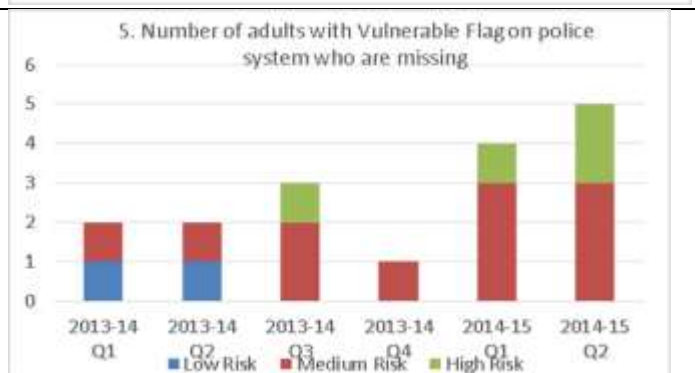
2. The number of incidents taking place in the clients own home has remained constant in 2014/15. However there has been a 3% increase in the number of incidents taking place in care homes and a decline in the number of incidents taking place in the community and hospitals.

3. Social care provider suspensions	Fully Suspende d	Phase d Lifting	Voluntary Suspensi ons
Residential / nursing	5	3	4
Domiciliary Care	3	1	1

3. Currently, (table 3) there are 5 residential and nursing providers suspended by social care and 3 domiciliary care providers.



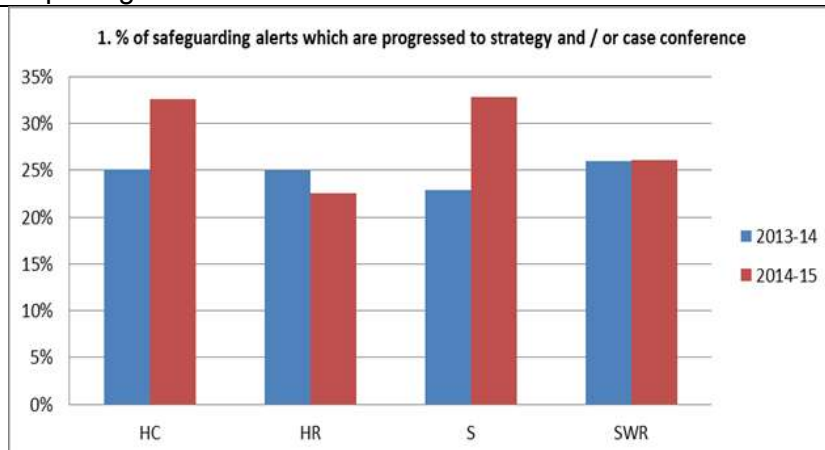
4. When a vulnerability risk assessment is completed, North Yorkshire Police apply a 'vulnerable' flag to adults when they meet the highest level of risk (Graph 4). Flags are subject to review and may expire when the risk is mitigated. 50 adults had an active vulnerable flag during Q3. Of these: - 18 adults were the victim of an incident (for example, anti-social behaviour); as a result of the incidents above, 10 of the 18 adults were the victims of crime.



5. Graph 5 shows the number of vulnerable adults who went missing from home by the level of risk applied to those incidents. Since 2013-14 there has been a small increase in the number of vulnerable people who have gone missing from home.

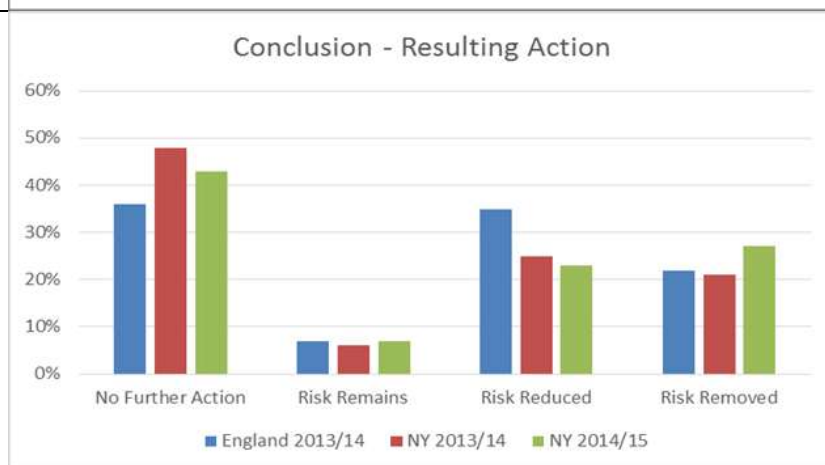
# Protection - NYSAB Balanced Scorecard

Reporting Period – Year end - 2014-15

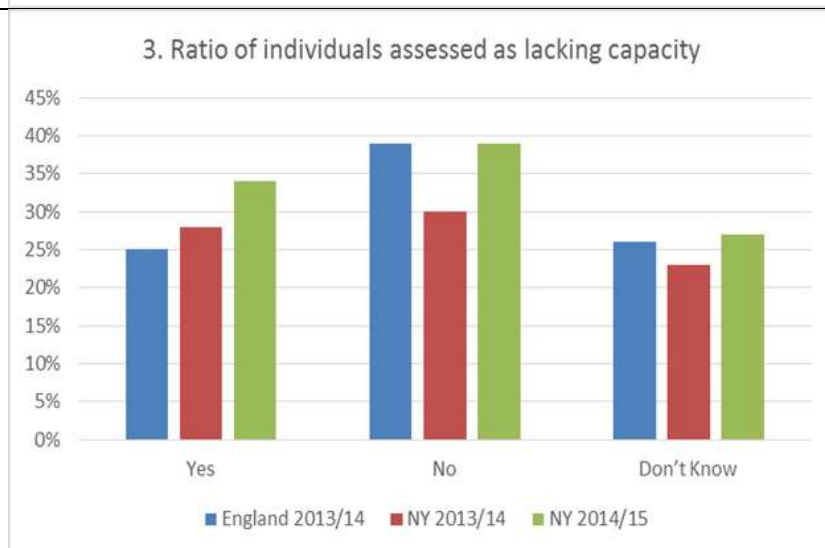


1. Graph 1 shows that most of the local areas have a higher percentage of alerts that are being progressed to Strategy and Case Conference with the biggest increase coming from Selby in 2014/15.

HC – Harrogate/Craven  
 HR - Hambleton/Richmondshire  
 S – Selby  
 SWR – Scarborough/Whitby/Ryedale



2. The number of cases resulting in no further action has decreased by 5% however the number of cases resulting in the risk being removed has increased by 6% in 2014/15.



3. The number of individuals assessed as lacking capacity has increased by 6% in 2014/15.

The number of individuals supported by an advocate has increased by 42%, bringing it to 61%. This shows an increase because informal advocates are included for 14/15 (e.g. friends/family members). Most other local authorities are between 40% and 80%

3b. Those assessed as lacking capacity	England 2013/14	NY 2013/14	NY 2014/15
Supported by an advocate	11%	19%	61%