Working in partnership to help those vulnerable in the community.

Annual Report 2014-15
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As the Independent Chair of the North East Lincolnshire Safeguarding Adults Board, I am pleased to present the Annual Report of the North East Lincolnshire Safeguarding Adults Board (NELSAB) for 2014-15.

It was a year in which adult social care in general, and safeguarding within that, was more in the public eye than usual with the passage through parliament of the Care Bill, which became law as the Care Act in May 2014. This finally puts the safeguarding of adults at risk of harm on a statutory footing, recognising fully the rights of all adults to be able to live their lives free from abuse, neglect and discrimination. The NELSAB welcomes the provisions of the Care Act and has actively prepared to ensure the requirements of the final regulations and guidance are met.

The NELSAB has seen a lot of changes over the past year as a result of new legislation - the Care Act, and national policy - Better Care Fund which has resulted in reorganisations in all the statutory services. This has meant that some people have left the NELSAB and we have welcomed new people who will contribute to the substantial programme of work set out in the Safeguarding Adults Vision and Priorities Document 2014-16.

Over the past year the work of safeguarding adults in North East Lincolnshire has continued to benefit from the enthusiasm and commitment of all the main partners from the: statutory, private, voluntary and community sectors. We recognise the importance of the network of services in North East Lincolnshire and that a number of the agencies on the NELSAB are also working with colleagues and agencies in the Humberside sub region. This reinforces the importance of developing policies, procedures and practice that are not only relevant to North East Lincolnshire's communities, but also that partners within a wider geographical range are supported to ensure that they can offer effective safeguarding.

In particular, the significant contribution by the Operational Management Group (OMG) has enabled progress and future developments to be shaped by their commitment and hard work. The OMG has made a number of recommendations to the NELSAB which sees their work and influence going from strength-to-strength.

The NELSAB continues to be rigorous in undertaking self-assessment to confirm that arrangements for safeguarding adults are robust, and this is largely attributable to all partners being focused on continual improvement and high standards of practice. Involvement with the ‘Making Safeguarding Personal’ (MSP) initiative ensures that the partnerships in North East Lincolnshire continually look for ways of developing and improving the involvement and outcomes for local citizens.
The strength of the multi-agency partnerships and positive relationships maintain the focus on safeguarding at a time of massive change for all the main organisations involved; changes to policies, structures and personnel accompanied by reductions in resources and increased demand resulting in part from the impact of the court ruling on the Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DoLS). This has required further dedicated and sustained commitment and innovation on the part of all agencies represented at the NELSAB to continue to work closely together to make the best possible use of resources. This has contributed to the NELSAB being in a strong position to ensure safeguarding arrangements are ‘fit-for-purpose’ in response to the Care Act 2014.

It is good to be able to report a number of achievements during the year, about which further detail can be found in the main body of the report:

- The Strategic Annual Plan actions that reflected many of the requirements of the Care Act 2014 were monitored throughout the year. The NELSAB’s role here is one of leadership and assurance, to ensure the main actions have continued to be implemented.

- Development work continues to strengthen the NELSAB’s performance reporting arrangements, which enables the NELSAB to assure itself of the quality of the services being offered.

We are already well into the current year’s work and our Strategic Annual Plan, as always, builds on last year’s work and aims to continue to improve our shared safeguarding work. Our overall achievements for the year were to:

- Take all the action necessary to implement the requirements of the Care Act 2014 in relation to safeguarding and any other relevant aspects of the Act;

- Implement the key priorities from the Strategic Annual Plan for the NELSAB;

- Commission an independent review of MCA/DoLS processes when discharging statutory functions. This resulted in a set of recommendations to inform strategic and operational planning;

- Conduct an audit/review of the implementation of The Care Act 2014. This was concluded in March 2015, to inform future strategic and operational planning;

- Use the Significant Incident Learning Process (SILP) to look at a case to inform future practice, concluded in June 2014. The recommendations from the review will be used to develop services and inform practice across the Partnership;

- Ensure all households in North East Lincolnshire received a safeguarding adults postcard which provided information on what is abuse and how to report it (in North East Lincolnshire Council (NELC) council tax statements).

Priorities for action going forward include:

- Reviewing and developing an agreed communications strategy to support awareness raising and good information sharing across all North East Lincolnshire’s communities; update web-based information to support this.

- Develop the NELSAB preventative activity through a task and finish group to establish whether/how people at risk of harm can be identified and appropriate intervention offered.

- Collaborate and facilitate joint work between the NELSAB/Local Safeguarding Childrens Board (LSCB) to have a ‘think family’ whole system approach to areas of common concern.

- Engage local communities in the development of the new Strategic Plan that ensures the voice of the service user and/or carer is at the heart of planning.
We know what we want to achieve in North East Lincolnshire to maintain the stronger and safer range of services and culture to support people at risk of harm which have been developed over recent years. We know that to achieve this we have to work in ever greater partnership with people who use services in North East Lincolnshire, with local communities, with children’s services as well as those universally available for people in North East Lincolnshire. Although there continues to be challenges ahead, the strength of the Partnerships across North East Lincolnshire and the commitment to raising the profile of safeguarding with members of the public means the Safeguarding Adults Board is well placed to respond.

Finally my thanks are due to all the members of the NELSAB for their commitment and active involvement in the Board’s work, both as long-standing and newer members, and also to those who participate in the sub-groups that are so essential to our work. I am also grateful to the Council’s Officers who provide support to the Board. I look forward to working with them this year in continuing to improve the wellbeing and safety of North East Lincolnshire’s citizens, and facilitating the NELSAB in its new status arising from the Care Act 2014.

Marie Seaton

Independent Chair
North East Lincolnshire Safeguarding Adults Board
“With time his support worker aims to help him get involved in social activities that will bring more positive contacts to allay the loneliness that Mr A sees as his main challenge.”

Care Act 2014
Chap 14; 14.29. (Case Study)
What is Safeguarding
What is Safeguarding?

Our vision:

All the citizens of North East Lincolnshire, live independent lives with their rights and wellbeing protected, in safety, free from abuse and the fear of abuse.

Achieving this vision requires the NELSAB to work together to prevent abuse from happening, support and guide communities to identify and report abuse so that working together we can PREVENT and STOP abuse and neglect.

Safeguarding is aimed at citizens of North East Lincolnshire aged 18 or over who may be in vulnerable circumstances and at risk of abuse or neglect. In such circumstances local services must work together to spot those at risk and take steps to protect them.

The Care Act 2014 requires Local Authorities to make enquiries, when they think an adult with care and support needs may be at risk of abuse or neglect and to find out what, if any, action may be needed regardless of whom is providing any care and support services to the adult.

The golden thread which links and underpins all aspects of safeguarding adults work are the 6 key principles to:

- **EMPOWER** people to manage their own lives with the right level of support in their decision making;
- **PROTECT** those most vulnerable in our society by providing support/help, to:-
  - take a **PROPORTIONATE APPROACH** whereby professionals are working for the best interest of those they are supporting;
  - make people aware of what abuse and neglect is, taking a **PREVENTATIVE** approach via raising awareness of signs and where help and support can be provided;
  - ensure that **PARTNERSHIP** and **ACCOUNTABILITY** are of equal importance. It is essential that professionals work together to get the best for those whom they are supporting, along with building professional support networks which are supportive and create a learning environment. Accountability applies to all agencies and staff to ultimately manage expectations through having clear roles and responsibilities in place.

Find out more online at: www.focusadultsocialwork.co.uk/single-point-of-access/report-neglect-or-abuse/
empower

protect

proportionate

preventative

partnership & accountability
“The outcome for Mrs D was that she was able to continue to care for B by working in partnership with the Local Authority.”

Care Act 2014 Chap 14; 14:39. (case study)
Who is responsible
The last year has seen a number of development and assessment sessions held by the NELSAB to ensure that it is ready and fit for purpose to respond, in particular to the requirements of the Care Act 2014. The Vision and Priorities were agreed by the NELSAB early 2014 which essentially set the work plan for 2014-15.

The NELSAB members and underpinning structures, illustrated on the following page, form a partnership consisting of statutory and non-statutory agencies/organisations who have made a commitment to work together to achieve a shared vision to safeguard adults at risk of abuse or neglect and to protect the rights of citizens under the Care Act 2014, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2014.

We recognise the importance of having clear governance in place which provides clarity of role and purpose, defining how people will work together in the best interests of vulnerable adults and how agencies/organisations will ensure that the NELSAB principles and values are shared within their own agency/organisation and that accountability is clearly defined within their own agency/organisation too.

The governance structure which we have in place is compliant with Care Act 2014 requirements and supports accountability and transparency in delivering safeguarding services.

The NELSAB and its sub groups work within clearly defined terms of reference which set out the expectations of members. This includes:

- Being clear about what the NELSAB and the sub groups are responsible for and setting out the key functions and expectations;
- Who is a member and expected commitment, linked to working towards the agreed work plan objectives and responsibility to attend meetings/task and finish groups;
- Defining reporting structures, which ensure that the work of the NELSAB and its sub groups is managed and resources are made available to achieve agreed work plans;
- A Statement of Commitment is signed by each NELSAB member.
Lots of work goes on behind the scenes to ensure that we are working towards the vision and that everyone is equipped and supported in achieving the best outcomes for those citizens who may find themselves subject to being at risk of abuse or neglect. The NELSAB structure on the following page illustrates how the Board and its supporting sub structures connect together to deliver the work of the NELSAB.

Whilst we recognise that agencies/organisations across North East Lincolnshire are working together to ensure that learning and development opportunities are available and that communication and awareness raising is part of the day job, we equally focus on the importance of providing support and guidance being provided to citizens, families, carers and communities to empower them to make their own informed decisions which reinforces the important message that safeguarding is EVERYONES responsibility.
North East Lincolnshire
Safeguarding Adults Board Structure

Safeguarding Adults Board

Operational Management Group

Feedback Networks
- Community Voice
- Provider Forum

Operational Sub-Groups
- Performance Group
- Communications & Marketing Group
- Training & Development Group
“The worker has recognised the need to replace what Mr M is giving up, and has encouraged activities that reflect his interests.”

Care Act 2014
Chap 14; 14.112. (Case Study)
Our activities
Our activities

The activities below give a flavour of the work of NELSAB members during 2014-15

E-learning packages for Safeguarding Adults and Mental Capacity Act 2015 (MCA) have been developed by Humberside Fire and Rescue Service for all front line staff.

Care4all has further developed the PASS (Personal Assistant Support Service) which supports people to manage their own direct payments/personal budgets/personal health budgets. Service users can choose from a menu of options that include support with employing a personal assistant and third party managed accounts.

The Supreme Court's Judgement in the case commonly known as “Cheshire West” brought about a significant change to the threshold for making an application for a Deprivation of Liberty Safeguard (DoLS). There was a significant increase in cases which saw the introduction of a prioritisation tool devised by Association of Directories of Adult Social Services (ADASS) which established the level of risk. All the identified high risk applications have been processed.

Northern Lincolnshire & Goole NHS Trust (NLaG) has reviewed its training strategy and exceeded their planned target of 80% across the Trust to 92% of staff receiving training by the end of March 2014. As a result, staff are more able to recognise safeguarding issues. This is evident through several cases whereby older people who have reported domestic abuse have been referred appropriately and received support from an Independent Domestic Violence Advisor (IDVA).

Humberside Fire and Rescue Service Community Safety Advocates provide 'individualised' advice during home safety visits e.g. use of alarms, extension leads, bedding. This information is recorded on an electronic recording system with an additional module specifically designed to record the details of vulnerable adults so that any changes to circumstances in vulnerabilities can be monitored, reviewed and updated.

Processes have been improved by Humberside Lincolnshire & North Yorkshire Community Rehabilitation Company to ensure that any concerns which may arise linked to harm, risk or needs relating to people with care and support needs are promptly referred to the relevant agency/organisation.

Community Voice Volunteers, over a 7 month period have accumulated a total of 1833 volunteer hours to support raising awareness of safeguarding across North East Lincolnshire.

Focus Independent Adult Social Work have been busy reviewing systems and undertaking staff briefing sessions to ensure that everyone understands their role in undertaking Section 42 (S42) enquiries.
Participation in a national pilot ‘Making Safeguarding Personal’ identified that North East Lincolnshire has made a good start in ensuring that individuals are asked what they want from a safeguarding intervention. A sample of cases were evaluated and identified that views of those undergoing the safeguarding process had been sought, albeit further work is required to ensure that continued engagement is made with the individual(s) at risk to check progress, seek changing views and opinions and perhaps most importantly, receive feedback from the individual(s) whether or not what was asked for was achieved.

A tool has been developed for Providers to evaluate the learning of people attending safeguarding training. This tool was trialled in December 2014 and received excellent feedback, e.g. comments received:

“I have used the assessment tool on myself and was very impressed with the questions”. “A very good refresher tool I personally believe”.

“I am going to get my staff team to complete the tool to refresh them”.

This tool will now be launched for general use by all.

Safeguarding Train the Trainers ‘in house’ training is being undertaken by Navigo staff which will enable the training to be adapted to include bespoke elements to further support staff to identify types of abuse and to take the appropriate course of action.

Clinical Commissioning Group (CCG) has appointed a GP Safeguarding Lead who will be responsible for rolling out lessons learned throughout primary care.

Designated Safeguarding Nurse for CCG has 1:1 meetings with all Health and Adult Social Care Providers Safeguarding Leads who are commissioned to provide services by the CCG. This is to ensure that they have evidence to support the implementation of safeguarding policies within their organisations and that they also have nominated trained safeguarding staff in place too. Escalation processes are in place, should any contentious or unresolved issues arise as a result of these meetings.

Work has been taking place across the Yorkshire & Humber region to implement regional standards for Health and Adult Social Care Providers in North East Lincolnshire. These standards will be used as a self-assessment to determine partners compliance.

Themes and trends are feedback to staff via a quarterly safeguarding newsletter along with training information and links. In addition, Care Plus Group (CPG) hold a best practice safeguarding meeting which enables information to be shared from and across the wider safeguarding strategic framework which includes adults, children and violence against women’s group.

A strategic plan and policy has been developed by Humberside Police to ensure close working with partners and dedicated Detective Inspectors support the delivery of the NELSAB work plan.
“They improved the state of their house enough to sell it, and moved to a living environment in which practical support could be provided.”

Care Act 2014 Chap 14; 14:14. (case study)
How are we doing
How are we doing?

Performance

A lot of work has been undertaken during 2014-15 to develop performance reporting to ensure that it better reflects the work of the wider NELSAB rather than focusing only on the activity of the local safeguarding adults team. Reporting has been aligned to NELSAB priorities and has included the findings of the MSP pilot which is noted below. The report has also been formatted in a simple but effective way, whereby the information identifies the local area issues which will assist in decision making and targeted work.

Performance 2014-15

The performance report is known as the ‘performance wheel’ which has formed the basis for NELSAB to review performance in line with its aims and objectives set out in its Vision and Priorities 2014-16 document. The list below provides a brief description of the performance data which is collated and reported on to the NELSAB:

Number of:-

- Referrals received – including those referrals which were either closed not proceeding to investigation and those that did proceeded to investigation;
- Telephone calls responded to;
- Referrals by type of abuse;
- Investigations closed by number of days;
- Ongoing investigations by agency;
- Avoidable grade 3 & 4 pressure sores;
- Providers with contractual suspension;
- CQC warnings/suspensions by provider;
- Significant incidents reported with a safeguarding issue;
- People asked what outcome they want from investigation;
- Investigations passed to the Police;
- Care Homes assessed as Gold, Silver, Bronze;
- Low level report logs received from organisations;
- Investigations open by agency.

Data is also collated which identifies the:

- Source of referrals;
- Action taken from investigated referrals;
- Source of support provided to people who lack capacity.

Challenges have presented themselves when compiling the data to inform the ‘performance wheel’ as there are a number of different recording systems which feed into the ‘performance wheel’. This process would be much simpler if a system could provide the data from a single source. This is an area for development.
Number of referrals

The number of referrals received throughout 2014-15 has reduced slightly from the previous year, and the annual referral rate is becoming more stable compared to the spike in referrals in 2010-11 and 2011-12. The reason for the spike is attributed to the establishment of the Safeguarding Adults Team which led to a general raised awareness of safeguarding adults in North East Lincolnshire across the health and social care sector.

Since the establishment of the Safeguarding Adults Team in 2010, a number of steps have been taken to manage the referrals handled by the team, and to develop ways of dealing with less serious/low level incidents in other ways. This work has been done in line with the national guidance that was issued by the Association of the Directors of Adult Social Services, (ADASS Threshold Guidance [North East] 2011). The type of incidents that would fit into the 'low level' reporting scheme may be one-off occurrences that happened within a care setting, that did not result in harm, and that were easily dealt with by the Registered Manager as part of the day to day running of the service. An example of a low level incident may be a one-off medication error, where no ill effects have been noted, and where the GP has been informed and has no concerns. The year on year graph shows that the implementation of the low level reporting system has been effective in stabilising the referral activity, and ensured that responses to safeguarding concerns have been proportionate to the level of presenting risk.
The data shown in figures 1 & 2 does not include low level incidents, and is made up of a range of other incidents that were considered to need specific attention and where applicable, more substantial corrective action. Lower level concerns will continue to be monitored and the current process within North East Lincolnshire will be modified during 2015 to include summary reports which will form part of the wider performance reporting to the NELSAB. This approach will enable trends/issues to be identified. The local area Provider Forum is fully informed of the importance of low level reporting and is encouraged to continue to do so. This has remained a key issue for discussion amongst Providers.

The referral rate throughout the year has been variable but averages out at around 50 cases per month that are assessed as needing consideration for a formal safeguarding response. Again, some of these may still have been subject to internal investigation by Provider Services, but others may have had multiagency input from organisations, including, but not limited to, the Care Quality Commission (CQC) and/or the Police etc.

The aim of any intervention by the Safeguarding Adults Team is to ensure that individuals who are unable to protect themselves because of their care and support needs, and who may be at risk of experiencing abuse or neglect, are supported to access responsive services in the same way as anyone else. A key part of this is for the Safeguarding Adults Team to establish what individuals want to happen, and then take steps to achieve this – recognising the fact that sometimes the person may not want to take any action. The introduction of the Care Act 2014 places a specific emphasis on the role of safeguarding adults in this area, and the ‘Making Safeguarding Personal’ (MSP) programme forms a key element of the Care and Support Guidance 2014 (para.14.14).

The introduction of the Care Act 2014 and the associated national reporting system associated with it, makes changes to the terminology linked with safeguarding ‘alerts’, ‘referrals’ and ‘investigations’. In the future ‘alerts’ and ‘referrals’ will be known as ‘safeguarding concerns’ e.g. where a concern about an individual or incident is raised. If the concern raised needs a safeguarding response, (as opposed to some other response such as an assessment for care services for example); then this is termed a ‘safeguarding enquiry’. There will be two types of enquiry, either ‘statutory’ or ‘non-statutory’. A ‘statutory enquiry’ will be undertaken where all the criteria under Section 42 of the Care Act are met. A ‘non-statutory enquiry’ will take place where not all of the criteria are met, but where it is still deemed that a safeguarding response is required.

The Section 42 criteria states that safeguarding duties apply where an individual:

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

<table>
<thead>
<tr>
<th>Number of Safeguarding Adults Referrals in 2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>600</td>
</tr>
</tbody>
</table>
Safeguarding Adults Referrals Received by Month
(April 2014 - March 2015)

Fig. 2

Q1 142  
Q2 136  
Q3 147  
Q4 175
The graph illustrates the range of individuals who make referrals into the safeguarding system. Many of these are professionals and other people who work within health and social care settings. Whilst the high number of referrals from health and social care employees reflects an encouraging awareness of safeguarding across the sector, conversely, it shows a lack of general awareness amongst members of the public. In some cases professionals, could be reporting issues that have been alerted to them in the first instance by family members, but nevertheless, referral rates from members of the public in general remain low.

There are a high number of referrals made by ‘other’. Further examination of the data behind this category shows that professionals completing the referral forms are incorrectly identifying themselves, and that almost all of those marked ‘other’ should be recorded within the categories marked for health and social care sector staff. A new reporting system is being developed designed to address this issue.
Types of abuse

The most frequent types/categories of reported abuse reported are, Neglect, Physical, and Financial. Some reports refer to only one type of abuse, others may contain multiple allegations relating to more than one type within the same referral.

Physical abuse includes not only physical assault, but also the misuse of medication, restraint, and other incidents or behaviours that may have a harmful impact on physical well-being of the individual.

A significant number of the referrals received by the safeguarding adults team relates to health and care services, and the high number of referrals for Neglect, and Physical Abuse reflect this. Many of the incidents reported for these services refer to “poor practice”. In these instances, the Providers of the service have the responsibility for developing an action plan to improve standards. For these types of referrals, the Provider and the Safeguarding Adults Team also engage with the regulators (CQC) and the Commissioners of the service so that any breaches to regulations or contracts can be addressed. There may, in some instances, be referrals that do not progress to a Safeguarding Enquiry but will, dependent on circumstances be dealt with through the complaints process or via CQC.

The other main category of reported abuse is Financial Abuse. This is often as a result of misuse of monies by friends, family and acquaintances of the individual. Financial abuse often involves a theft, and if this is the case, this is a crime, and a matter for the Police. In other instances e.g. where a Lasting Power of Attorney (LPA) is withholding funds or using funds inappropriately – then other agencies such as the Office of the Public Guardian (OPG) may also need to be involved.

It is the role of the Safeguarding Adults Team to assess each concern as it arises to establish the risk involved to the individual concerned, and where applicable to others, and then to respond in a way that is proportionate and takes account of the persons wishes and involves all relevant agencies that have a duty to respond.

The Care and Support Statutory Guidance 2014 (para 14.17) introduces some changes to the categories of abuse that are covered by the scope of safeguarding adults. There is a change to the category “Institutional Abuse”, which will now be referred to as “Organisational Abuse”. This change better encompasses all of the health and social care providers, as the previous reference to ‘institutional abuse’ implied only ‘residential’ and ‘inpatient’ settings, this change means that other settings such as day care or domiciliary care could now fall within this category.

The Care and Support Statutory Guidance 2014 (para 14.17) also describes 3 additional categories for inclusion in adult safeguarding: Domestic Violence, Self Neglect, and Modern Slavery. These categories will be included in next year’s annual report.

There may, in some instances, be referrals that do not progress to a safeguarding enquiry but will, dependent on circumstances be dealt with through the complaints process or via CQC.

Fig. 4

1st April 2014 - 31st March 2015
Overall outcome of investigation

About 45% of the investigations conclude that the allegations are substantiated and that action plans are required to minimise the risk of a re-occurrence. On some occasions, action plans are still put in place where the outcome of the investigation was inconclusive (e.g. due to lack of evidence) but where a risk has been identified. This is particularly relevant in regulated services where providers have considered the concerns and identified areas of practice that need to be improved and or changed.

The introduction of the Care Act 2014 and the Care and Support Statutory Guidance 2014 have marked some changes in terminology, as described in previous commentary in this section i.e. the use of the term ‘statutory enquiries’. Other changes have occurred as a result of revisions dictated by The Department of Health, Health and Social Care Information Centre (HSCIC). The HSCIC requires Local Authorities to submit an annual return of safeguarding data. Previously this has been known as the Safeguarding Adults Return (SAR), and in 2015-16 this became known as the Safeguarding Adults Collection (SAC). Some of the changes to terminology have resulted from amendments to the data requirements of the HSCIC SAC. One such change is reference to the outcomes of ‘Substantiated’, as shown in figure 5. This term will be replaced in future by an evaluation of whether or not a risk has been identified, and if so, whether the actions taken have ‘reduced’ or ‘removed’ the risk, or whether the risk ‘remains’. This change has been made to better reflect the impact of the safeguarding intervention rather than focusing on whether or not something did, or did not occur.
There is a range of actions that can be put in place to protect a person at risk, and, where the person has capacity to make their own decisions, all of such need to be with the person’s consent, (unless other action is required in the public interest – for example where others may be at risk). Figure 6 summarises some examples. In many cases though, there are no actions for the person at risk, and the actions are against the source of risk. For example, where an allegation is made against a paid carer, there may be disciplinary action taken by the employer.

In other instances, where a crime may have been committed, action will be taken by the Police against the alleged perpetrator of the crime. The MSP programme mentioned in the previous commentary re: ‘number of referrals’ figures 1 & 2 above, requires the recording of outcomes for individuals to be gathered in a different way with the focus being on whether the individuals identified outcomes at the start of the enquiry have been achieved. This change will be reflected in future reports.

Fig. 6
Having a person-centred approach with clearly defined and agreed outcomes is at the core of ‘Making Safe Guarding Personal’ (MSP). This is a national development project run by the Local Government Association and ADASS. MSP is bringing about a change in approach, seeing a shift from previous practice which has essentially been professionally led and process driven.

Locally the focus Independent Adult Social Work Safeguarding Team took part in the MSP national pilot. This provided an opportunity for the service to review practice and update documentation to ensure that the extent to which individuals had expressed their own desired outcomes to interventions were clearly recorded. Records noted to what extent their outcomes had been achieved, and this work has continued to be embedded into practice. Whilst many of the people that the service supports are vulnerable and, as a result may sometimes be unable to take part in the safeguarding ‘process’, it is key that they are supported to decide what they would like to happen and how this can be achieved. There is still a lot of work to do to further develop MSP into practice. However, North East Lincolnshire has made a good start and will keep this as a priority area for improvement going forward throughout 2015-16.

- Online Making Safeguarding Personal - Executive Summary
- www.local.gov.uk/c/document_library/get_file?uuid=b083e82a-3768-4807-b9c6-c1d7895be0a4&groupid=10180
Case Study

A concern was raised with the local Safeguarding Team regarding Mr W, a resident in NELincs. Mr W's neighbour called the Safeguarding Team to say that the Home Care Agency that was providing care to Mr W was not looking after him properly and that the carer spoke to Mr W very rudely. Mr W's neighbour said that the carer needed to be changed.

The Safeguarding Practitioner went to see Mr W to talk through the issues with him and find out more. Mr W told the Safeguarding Practitioner that he was happy with his carer and that he did not want to make a complaint. Mr W was able to explain what the carer did for him, and reported that she was always kind and respectful. Mr W said that he did not know why his neighbour had raised a concern, but that he was worried because he thought that recently he had gone to the bank with his neighbour and had been asked to sign something. Mr W was worried that his neighbour could now access his account, and whilst he trusted her, he did not want this to happen. Mr W did not want to upset his neighbour as they were good friends.

The Practitioner helped Mr W to contact the bank and to check his statement which showed that no money was missing. The bank also checked for Mr W that there was no other signatories on the account. This placed Mr W's mind at rest and he was happy with this outcome. The Practitioner also let the neighbour know that she had spoken to Mr W, and that he did not wish to make any complaint about his carer. The neighbour disagreed with this, and still felt that the carer should be changed, but accepted Mr W's decision.

This example shows how views about how to manage a case, may vary from peoples different perspectives, but that the person deemed to be at risk must always be at the centre of what happens. The Practitioner found no evidence to suggest that Mr W had been neglected or mistreated, and established that he wanted to maintain his relationship with both the carer, and his neighbour. The emphasis of the Safeguarding Practitioner's involvement was to achieve the outcome(s) that Mr W wanted, and worked towards achieving these, even though they conflicted with what his neighbour had initially described.

**In some circumstances further work may have needed to be done with the care agency without the consent of Mr W – especially if evidence had been found to support the initial concern, or if findings had indicated that others might be at risk.
Training

Recruitment practices across all agencies/organisations includes the screening of all staff and volunteers who are working with and/or supporting vulnerable adults.

NELSAB, working in accordance with the ADASS Framework for Safeguarding Adults 2005, recommends that Safeguarding Adult Boards (SAB) oversee a multi-agency workforce development strategy with agreed standards and competencies for training delivered locally to enable staff and volunteers to carry out their roles effectively.

The Safeguarding Adults Board Multi Agency Training Strategy 2014-15 sets out the approach to learning and development activities to support the delivery of the local safeguarding guidelines and procedures.

Four levels of staff activity and 20 competencies developed in 2010 by the National Competence Framework for Safeguarding Adults (Learn to Care - Bournemouth University) have been used to inform the multi-agency safeguarding adults training needs analysis and training plan.

Taking this approach has enabled an assessment framework to be compiled which can be used at each of the 4 identified levels, providing a structured approach to training and supervision in safeguarding and mental capacity issues. This framework is applicable to staff and volunteers working across the health and social care sector.

An accreditation process has also been put in place for key safeguarding roles i.e. those responsible for decision making, chairing meetings, DoLS assessments and safeguarding adults investigations. This provides a process for assessing and assuring competence within the workforce.

Mandatory safeguarding training for specific job roles is determined by each individual agency/organisation that either provide their own in house training, (which has to be compliant with the National Competence Framework), or access the multi-agency training courses detailed in table 1.

The introduction of the e-learning refresher training which was introduced August 2014 has affected numbers attending at Foundation Level. As a result 5 planned Foundation Sessions had to be cancelled due to capacity issues. Nevertheless there has been a significant increase in attendance at the Intermediate Level and plans are underway to launch the e-learning refresher. Mental Capacity training shows increases across all levels of training.

Opportunities are available for staff to share lessons learnt within individual agencies/organisations. The use of newsletters, briefings and forums are just some of the mechanisms used to improve quality and assist learning for staff.

Adult social care staff have been working with Care Plus Group (CPG), Navigo, GP practices, Healthwatch and the Dignity Champions Network to raise awareness of safeguarding adults work and providing induction and shadowing sessions for people to gain practical experience.

<table>
<thead>
<tr>
<th>Multi-Agency Training Course Title</th>
<th>Numbers attending 2014-15</th>
<th>Numbers attending 2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding Adults Foundation</td>
<td>384</td>
<td>646</td>
</tr>
<tr>
<td>Safeguarding Adults e-learning Refresher (foundation level) (Independent Sector)</td>
<td>56</td>
<td>-</td>
</tr>
<tr>
<td>Safeguarding Adults Intermediate</td>
<td>127</td>
<td>57</td>
</tr>
<tr>
<td>Mental Capacity Act Basic</td>
<td>244</td>
<td>237</td>
</tr>
<tr>
<td>Mental Capacity Act Level 2</td>
<td>99</td>
<td>62</td>
</tr>
<tr>
<td>Mental Capacity Act Best Interest Meetings</td>
<td>60</td>
<td>27</td>
</tr>
</tbody>
</table>

“Focus independent adult social work have been busy reviewing systems, undertaking staff briefing sessions to ensure that everyone understands their role in undertaking S42 enquiries.”
Audit

NELSAB members have their own internal/external audit arrangements in place, some of the results from members audits are noted below.

NELSAB is currently developing its audit programme for 2015-16. The information presented through the ‘performance wheel’ will help to inform this work.

A systems audit between the Local Safeguarding Children's Board (LSCB) and NELSAB was commissioned looking at relationships between strategic partners during 2014-15. The main findings were positive and showed that NELSAB has worked hard to establish itself as a key partner in North East Lincolnshire. There were however, some recommendations regarding how we can move forward as practice becomes more embedded with our strategic partners, and informs the work plan for 2015-16. One area highlighted by the LSCB as excellent was, the NELSAB's clear understanding of its functions in safeguarding children, and this is referenced within the minutes of its meetings.

An external audit undertaken in April 2014 considered the key controls in place for focus Independent Adult Social Work to establish whether safeguarding arrangements were robust. The outcome of the audit was ‘significant assurance’ with most key controls in place. Recommendations were made to update policy and procedures and review the format of the performance information. Both recommendations have now been addressed.

‘Significant Assurance’ in relation to both safeguarding adults and MCADoLS has been given to Northern Lincolnshire & Goole Foundation Trust (NLaG) following an external audit which demonstrated that NLaG is achieving in these areas. Key areas for development include a continued focus on training and staff development, raising staff awareness to ensure that all are aware of their duties in relation to safeguarding adults and MCADoLS and all know what to do and when to make a referral should a vulnerable person be admitted to hospital either from home, a residential or nursing home.

Quality monitoring systems used by Hull, Lincolnshire & North Yorkshire Community Rehabilitation Company (HLNY CRC) enable the quality of work and evidencing areas for improvement to be acted upon, managed and reported on. Service users identified and assessed as requiring interventions to manage their safeguarding needs sit within the quality assurance framework which allows cases to be audited several times a year. The audit tool includes a specific focus on safeguarding practice. Improvement plans are currently in place which will be reviewed during 2015-16 to evidence what improvements have been achieved as a result of recent quality assurance audits undertaken.

Clinical Commissioning Group (CCG) has also developed its Quality Committee which receives reports and findings on safeguarding, this Committee can escalate direct to the CCG Board if required.

Managing our risks

Risk management is fundamental to ensuring that the work of the NELSAB is managed in a way that reduces any risk/issues that may impact on the safeguarding system. During 2014-15 a subgroup consisting of members of the OMG developed the NELSAB risk register and reviewed it on a quarterly basis. The management of the risk register is moving to the Performance Subgroup who will engage a wider membership in its management, reporting to the NELSAB by exception. This change in governance reflects the learning environment in which the NELSAB is operating to ensure that services are responding to the requirements of the Care Act 2014.

As regards to lessons learnt, CCG framework is under development which will ensure that learning will be shared across all commissioned services and will be managed through the CCG Quality Committee. The appointed GP Safeguarding Lead has responsibility for rolling out lessons learnt across primary care services.
The current multi-agency guidelines and procedures were produced during 2014-15 through use of a consultancy firm and have been fully reviewed by the Strategic Safeguarding Manager and the Head of Safeguarding Focus. The review was undertaken to ensure the guidelines and procedures remained compliant following the Board becoming statutory and also to reflect the use of the procedures by a range of professionals, providers, the public and volunteers. Following the initial review it was considered that the procedures were over lengthy and not easily accessible to all who may wish to consult them. The procedures are currently compliant with the legislation but require further changes to ensure specific processes such as Designated Adult Safeguarding Manager (DASM) and Safeguarding Adult Review (SAR) are simply defined with clear pathways to assist people with navigating their way through the safeguarding systems.

Thresholds have also been updated to reflect the terminology within the Care Act 2014 and includes specific reference to Section 42 criteria. This is to ensure that when concerns are raised, they are considered against the criteria. The final draft will be available to the NELSAB for endorsement during September 2015-16. There will be an in-built annual review of the guidelines and procedures and it is anticipated they will be available on the website.

Partner agencies/organisations have in place their own guidelines and procedures which underpin the overarching multi-agency guidelines and procedures to ensure that any allegations of abuse/neglect are responded to in a timely and appropriate manner.

- Online Policies & Procedures (link to be updated to focus site)
Designated Adults Safeguarding Manager (DASM)

To date the NELSAB has not differentiated between safeguarding enquiries and allegations that have implications for professionals and volunteers working with vulnerable adults or children. The Board has not fully cemented the DASM process in guidance nor linked processes formally with the Children’s Services Local Authority Designated Officer (LADO) provision. The Board is however aware of its responsibilities in this area, and has begun to address this through the development of the procedures to ensure compliance and competence. One case that did overlap with children’s social services resulted in a ‘cross-over’ between adult and children’s services by default and this has highlighted the need for clearer structures and procedures for sharing information and joint consultation on LADO/DASM cases. This is being addressed via the procedures development and revision but will continue to evolve during 2015-16 due to the Department of Health (DoH) guidance yet to be issued.
As a result of the “Cheshire West” ruling on Deprivations of Liberty in 2014 North East Lincolnshire noticed a significant increase in the numbers of applications for DoLS. To address this impact, North East Lincolnshire commissioned an independent review of MCA/DoLS. The report written by Mick Stanley was fully accepted by the NELSAB in March 2015. This facilitated the implementation of its recommendations, some of which had already been implemented as a priority action. This had included the initial identification of “Cheshire West” cases, the adoption of the DoH/ADASS prioritisation matrix, and a DoLS Quality and Assurance Panel that subjects all applications to peer review.

The total number of DoLS Authorisation Requests received between 1st April 2014 – 31st March 2015 was 880, with an average of 73 received per month.

The total number of DoLS Authorisation Requests processed between 1st April 2014 – 31st March 2015 was 470, with an average of 39 processed per month (this includes 143 withdrawn requests).

The number of non-Cheshire West applications has also shown an increase. This is to be expected given that the change in threshold impacts on all potential applications, and that the general awareness raising has been carried out.

Towards the end of 2014-15 the Quality and Assurance Panel has received an average of 8 applications and 2 renewals a week. It is anticipated that a number of these DoLS come up for renewal during 2015-16 there will be a further impact on capacity.

To address this increase we have recruited more Best Interest Assessors (BIAs), used independent BIAs and existing staff have taken on additional assessments outside of the normal work hours. Demand however remains ahead of our capacity.

Of the Cheshire West cases identified, the aim was to reduce and assess the high need cases (45) by 01/04/2015. However, it is anticipated that we are likely to continue to find new Cheshire West cases as work with Managing Authorities (care homes and hospitals) progresses through 2015-16.

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The Strategic Lead came into post on the 1st April 2015 with the remit to deliver a strategic plan based on the recommendations in the MCA/DoLS review. Initial work will include establishing fulltime posts for DoLS administration staff, and establishing capacity for the review of local policies and procedures.

For 2015-16 priorities will include addressing the following:

1. Increasing the number of available BIAs as the number of applications on a weekly basis are exceeding the capacity of available BIA’s to assess.

2. Applications received from 76% of local care homes. It is believed that the number of authorisation requests received from some of those homes may be lower than those that may fit the criteria.

3. Working with NLaG and care homes to improve understanding and quality of applications.

4. Reviewing the work done to identify possible cases in supported living in 2014 and delivering a working protocol to begin the applications process to the Court of Protection where necessary.

5. Introduction of triage for all new applications for DoLS.

6. Identifying independent BIAs to work with Cheshire West cases

7. Implement new DH/ADASS forms.

8. Recruiting new members of staff to administer DoLS.
Safeguarding Adults Review 2014-15

Legislative Framework Care Act 2014

To comply with National Guidance issued under the Care Act 2014, Safeguarding Adults Boards are obliged to undertake Safeguarding Adult Reviews (SARs) in circumstances when:

1. A vulnerable adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death. In such circumstances the Safeguarding Adults Board should always conduct a review into the involvement of agencies and professionals associated with the vulnerable adult.

2. A vulnerable adult has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect, and the case gives rise to concerns about the way in which local professionals and services work together to safeguard vulnerable adults.

3. A culture of abuse has been identified where serious abuse takes place in an institution or when multiple abusers are involved.

The Act and the Guidance also provides for Boards to consider undertaking reviews where the criteria may not be met but where lessons may be learned.

Referrals for SAR

During 2014-15 the NELSAB took the decision to conduct one Safeguarding Adult Review. Two referrals were received during 2014-15, but as indicated, a decision was made not to instigate the process fully on one referral that did not fit the criteria nor imply lessons for practice or safeguarding processes.

1. A request for a SAR was received via Humberside Police during 2013 following the death of an elderly female in October of that year. The decision to undertake this review however was deferred until after the coroner’s inquest in July 2014. The outcome and learning from that SAR will go to the NELSAB during 2015-16.

2. A self-referral for a SAR was received by the NELSAB towards the end 2014-15. The referral was considered by an extraordinary SAR Panel and found not to fit the criteria. The Panel recommendation not to conduct a SAR was endorsed by the NELSAB Chair.
Involving our Community and Partners

Within the governance structures, the involvement of communities and partners has been linked, to a degree, with a large proportion of NELSAB activities, in particular the representation on sub groups of Community Voice and the Provider Forum. Over the year however, it has become more apparent that there could be improvements regarding the level to which these are incorporated and included alongside the communication processes such as the SAR consultation or the training and learning processes.

The Safeguarding Provider Forum meets bi-monthly and provides an opportunity for Providers of Domicillary, Nursing and Residential Care to come together to receive information to update them on legislative and policy changes both nationally and locally. Key topics covered have been:

- Reporting of low level safeguarding incidents;
- MCADoLS safeguards;
- Changes to the CQC regulatory and inspection processes;
- Duty of Candour;
- Internal investigation reporting;
- Whistle blowing;
- MSP;
- Staff induction standards.

Having a Provider Forum in place, coupled with access to training, has clearly evidenced that regular attendees to the Forum are well informed and knowledgeable on key topics. Going forward, further work needs to be done to link up with the Providers who do not contract through local commissioning but are registered care providers.

Community Voice - is a group of people made up of members of the public who volunteer their time to support the work of safeguarding adults by raising awareness across North East Lincolnshire and providing a link into some of the most vulnerable in our communities. The group also provides a link between the Board and the Local Community.

The volunteers work tirelessly to keep communities updated using their information centre which is located on Freeman Street Market and provides a whole range of information and signposting for communities, at events taking place across North East Lincolnshire. They invite key speakers to their meetings to keep people informed of changes to services which demonstrates some of the work that Community Voice do. The AGM in April 2015 rounded up the activity of the group, demonstrating that over a 7 month period there had been a total of 1833 volunteer hours given to the work of Community Voice. They have their own website which provides an online information service and blog.

- www.communityvoicenelincs.co.uk

A safeguarding campaign with the aim of getting key messages out to our communities was held during 2014. This saw Community Voice volunteers placing posters in GP surgeries across the area, holding events in the community, and providing information to local people about who to contact should they have concerns about someone in their community who may be suffering from abuse, harm or neglect.

NELSAB ensured that all households received a ‘post card’ with their council tax statement informing them who to contact. The main aim of this campaign was to:

- Increase public understanding of adult abuse in all its different forms;
- Increase awareness of what “signs to look out for” and confidence to report abuse;
- Increase public understanding of how to report abuse if they see or suspect it;
- Increase the numbers contacting the safeguarding team to report abuse;

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Whilst progress is being made with the campaign we recognise that we need to accelerate the work so that we can be assured that the key messages are being communicated amongst our communities. We need a degree of assurance that people have a general understanding of what to look out for and what to do if they suspect someone is suffering from abuse, harm or neglect.

The NELSAB has statutory links to the Health and Wellbeing Board (HWBB). These links are well defined in the HWBB terms of reference and connections are being made across the strategic partnerships as illustrated.
Communication and engagement amongst NELSAB member agencies/organisations takes place in a number of ways. Trustees in Care4All carry out twice yearly visits to services and speak with service users, volunteers and staff, obtaining feedback on their experiences and views of the services being provided. The most common method of engaging with members of the community for HFRS is the Home Safety Visit. This provides an opportunity to discuss reducing the level of risk in an individual's home and minimising any potential impact. On a monthly basis, CPG send a service user questionnaire to a random selection of users to ask whether or not they were treated with dignity and respect. Results for the year were extremely positive with quarters 1, 3 and 4 reporting 100% of people feeling that they were treated with dignity and respect with the exception of qtr.2 when figures dipped to 97%. The dip equated to 2 people. Attempts were made to contact those who completed the survey which concluded the following:

- one patient was not satisfied with a service which was not provided by the CPG and expressed a view that they did not want to complete another survey;
- The second patient’s family member had completed the survey on their behalf, unfortunately there were no contact details available to contact the patient direct, however the overall score for the completed survey was fair.

Keep Safe Scheme - is a free scheme to help people feel safer when they are out and about in North East Lincolnshire. Venues display the Keep Safe sticker and will offer the use of a telephone or will make a phone call for members of the scheme if they are in need, e.g. if they lose their keys, telephone or wallet, or they are distressed in any way. Members join the scheme and are given both a card and key ring, showing the phone numbers of their contacts to call for help. We provide details about the venues supporting the scheme, which include shops, supermarkets and public places that will be a safe destination to go to. Further development is planned to sign up more venues to participate although publicity of the Scheme has reduced due to the lack of dedicated resources. Partners have been working together with Community Voice to identify resources and funding to re-launch the Scheme.
“He has begun to talk about his experiences and is gradually regaining his confidence.”

Care Act 2014 Chap 14; 14:76. (case study)
What's next
What’s next?

The core members of the Safeguarding Adults Board and Operational Groups have held what will be an annual development event to agree the priorities that form the basis of the strategic plan going forward into 2016. The development events are inclusive and in 2015 involved representation from our local community group, healthwatch and provider forum reps to provide insight into the current issues facing our local communities.

The development event resulted in the following top 6 priorities being agreed which will be driven forward by all members of the NELSAB.

The priorities agreed are:

PREVENTION Strategy for North East Lincolnshire – the Board will develop a clear plan that focuses on the vulnerable in our communities with an equal expectation that those who are accessing safeguarding services are at the centre of all provision. This will be achieved through continual dialogue, checking continually what those accessing services want from the system, and providing a consistent framework that meets the key requirements of Making Safeguarding Personal. Other aspects that will feature within the strategy include working towards adopting a ‘think-family’ approach. This will require all agencies to consider the needs of all family members, thereby promoting a broader view that enables individual family members to get the right support they need at the right time. It will also ensure that we build on the strengths of families and recognise other ‘stress factors’ that can impact on the vulnerable adult particularly in relation to carer’s needs and carer assessments.

In this way agencies can work together to provide coordinated, solution focussed support for adults, that so often interface with children and other family members. Domestic abuse will also be a key aspect of the strategy, working in tandem with other leadership boards to achieve a ‘one-system’ approach to tackling domestic abuse with shared goals that address NELSAB aims and priorities.

COMMUNICATION Strategy for North East Lincolnshire - our focus will be on raising public awareness of safeguarding – informing people of what they should expect from services and providers; eg. ‘good & safe’ services, improving the involvement of local communities, expanding the range of ways in which we communicate and establishing an independent website for the NELSAB. A key aim of this will be to ensure the community and service users have a voice, know how to raise concerns when they arise and share responsibility for safeguarding our vulnerable adults by helping to shape services and give us feedback on how well we are doing.
Reviewing the current SAFEGUARDING SYSTEM for North East Lincolnshire – the Board is committed to continual review of the ways in which we provide safeguarding services to ensure that:

- they are fit for purpose;
- they continue to meet the requirements of the Care Act 2014 and Making Safeguarding Personal;
- they are responsive to changes in guidance or legislation;
- they are able to adapt to changing local need and they reflect our willingness to learn from experience whether local, regional or national including lessons from case reviews and public enquiries.

PERFORMANCE & QUALITY for North East Lincolnshire – we are developing a greater understanding of the data we collect and how we can use this to drive up performance so that those accessing the safeguarding system are receiving a ‘quality’ experience that is measurable and measured using national and locally defined standards. The Board will also use available data to establish how well we compare with others, whilst learning and developing to keep abreast of developments and make changes, where necessary, to deliver services that keep the ‘person’ at the centre at all times.

LEARNING AND WORKFORCE DEVELOPMENT STRATEGY for North East Lincolnshire – we are reviewing our current approaches to training and development so that local provision reflects new developments and our workforce, including volunteers and students, is suitably equipped to deliver services that meet required standards. This will enhance the experience of those who access the safeguarding system and those who are in receipt of other non-safeguarding services too. This aspect of work links closely to the preventative and communication priorities and so will consider what measures can be incorporated that will maximise take-up of commissioned and non-commissioned providers.

SAFEGUARDING AND COMMISSIONING STANDARDS for North East Lincolnshire – the NELSAB will work to put in place a framework which clearly sets out the expectations and standards for providers of services. This will assure those accessing services and their families/carers that NELSAB is working with partners/organisations to ensure not just value for money but that our contracts reflect the standards we expect for people living in North East Lincolnshire. It will also evidence that the NELSAB and its partners have a framework in which to continually review and maintain levels of services to meet the needs of those using services.

Whilst NELSAB have agreed the top 6 priorities to focus on over the next 12 months there will be continual reviews of the work of the NELSAB to ensure that we maintain an emphasis on the key issues affecting our local communities. This could result in NELSAB re-framing its priorities so that we adapt our approach to address local issues.
Appendices, Glossary
### Glossary

**A**

**ADASS**
See Association of Directors of Adult Social Services

**Association of Directors of Adult Social Services (ADASS)**

A charity whose aims are to further the interests of people in need of social care by promoting high standards of social care services and influencing the development of social care legislation and policy. [www.adass.org.uk/home/](http://www.adass.org.uk/home/)

**B**

**Better Care Fund**
A fund to provide financial support for Councils and NHS organisations to jointly plan and deliver local services.

**Best Interest Assessor (BIA)**
A person who carries out assessments of the deprivation of liberty of individuals who lack the mental capacity to consent to treatment or care they may need.

**BIA**
See Best Interest Assessor

**C**

**Care Act 2014**

**Care Plus Group (CPG)**
Care Plus is an organisation working in communities across North East Lincolnshire that provides adult health and social care services.

**Care Quality Commission (North Region)**
The independent regulator of health and social care in England.

**Care4all Ltd**
Care4all is a charity based in North East Lincolnshire that provides adult health and social care services to support older people and people with disabilities.

**CCG**
See North East Lincolnshire Clinical Commissioning Group
Clinical Commissioning Group (CCG, NELCCG)
See North East Lincolnshire Clinical Commissioning Group

Commissioners
The role of commissioning is about getting the best possible outcomes (health and social care) for the local population.

Community Rehabilitation Company
The local Community Rehabilitation Company manages offenders under probation supervision to tackle reoffending and rehabilitate offenders.

Community Sector
The voluntary and community sector is made up of non-profit agencies/organisations that provide services that usually benefit the general public.

Community Voice Community Group
A voluntary organisation, within North East Lincolnshire, that spreads awareness of issues affecting vulnerable adults.

CPG
See Care Plus Group

D

DASM
See Designated Adult Safeguarding Manager

Designated Adult Safeguarding Manager (DASM)
A person who is responsible for the management of individual cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid.

Department of Health (DoH, DH)
A Government Department which helps people to live better for longer. They shape and fund health and care in England, making sure people have the support, care and treatment they need, with the compassion, respect, and dignity they deserve. www.gov.uk/government/organisations/department-of-health

Deprivation of Liberty Safeguards (DoLS)
These are safeguards put in place to ensure that people are not cared for in a way that restricts their freedom. The Deprivation of Liberty Safeguards 2014 Guidance clarifies the processes around Deprivation of Liberty Safeguards. www.gov.uk/government/uploads/system/uploads/attachment_data/file/300106/DH_Note_re_Supreme_Court_DoLS_Judgment.pdf

DH
See Department of Health

Dignity Champions Network
The Dignity Champions Network is a network that connects Dignity Champions nationwide. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They pledge to challenge poor care, to act as good role models and, through specific guidelines issued by the Dignity in Care campaign, to educate and inform all those working around them. http://www.dignityincare.org.uk
DoH
See Department of Health

DoLS
See Deprivation of Liberty Safeguards

Domiciliary Care
Care delivered in your own home that helps you with any daily activities you cannot manage on your own.

Duty of Candour
A legal duty for hospitals, community and mental health trusts. The Duty requires an explanation to be provided to patients if something has gone wrong and where possible try to put the matter right. This Duty enables a wholly transparent culture in health provision which aims to help patients receive accurate, truthful information from health providers.

Eden Futures
Eden Futures provide housing and support solutions for adults with disabilities and support needs.

EMAS
See East Midlands Ambulance Service

External Audit
An assurance activity conducted by an outside organisation which checks aspects of a company which may carry risks such as accounts, data, organisational processes, etc.

Governance
Establishment of policies and procedures which are monitored by the members of the governing body of an organisation to ensure compliance.

Governors
Are members of a Governing body who establish policies and procedures, and continuously monitor their proper implementation.

HASS Ltd (Housing & Support Solutions)
HASS Ltd. provide housing and support solutions for adults with learning disabilities.

Health & Social Care Information centre (HSCIC)
The national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care.

Focus independent adult social work
Focus is an independent social work practice providing statutory social work functions to residents of North East Lincolnshire. Focus hosts the Single Point of Access for residents of North East Lincolnshire.

www.focusadultsocialwork.co.uk/
Healthwatch is the independent consumer champion in place to gather and represent the views of the public. Healthwatch will play a role at both national and local level and will make sure that the views of the public and people who use services are taken into account.

HSCIC
See Health & Social Care Information Centre

Humberside Fire & Rescue
The Fire service covering Hull, East Riding, North East Lincolnshire, and North Lincolnshire.

Humberside Police
The Police force covering East Riding of Yorkshire, Kingston upon Hull, North East Lincolnshire and North Lincolnshire.

HLNY CRC
Hull, Lincolnshire, North Yorkshire Community Rehabilitation Company,
Deliver court sentences by managing and supervising medium and low risk offenders in the community.

IDVA
See Independent Domestic Violence Advisor

Independent Domestic Violence Advisor (IDVA)
The main purpose of a IDVA is to address the safety of victims at high risk of harm from partners, ex partners or family members to secure their safety and the safety of their children.

Internal Audit
An assurance activity conducted within an organisation which checks aspects of a company which may carry risks such as accounts, data, organisational processes, etc.

Lasting Power of Attorney (LPA)
A way of giving someone your trust the legal authority to make decisions on your behalf, if you lack mental capacity.

LGA
See Local Government Association

Linkage Community Trust
Linkage is a registered charity which provides care, specialist further education, and employment services to enable people with learning disabilities.

Local Authority Designated Officer (LADO)
A LADO provides advice and guidance to employees and voluntary organisations that have concern about a person working or volunteering with children or young people who may have behaved inappropriately or if information has been received that may constitute an allegation.

Local Government Association (LGA)
Are a Politically Led, organisation that works on behalf of Councils to ensure Local Government has a strong, credible voice with National Government.

LPA
See Lasting Power of Attorney

LSCB
See North East Lincolnshire Safeguarding Children's Board.
Making Safeguarding Personal (MSP)

It is designed to support and empower people to make choices and decisions.

http://www.local.gov.uk/c/document_library/get_file?uuid=b083e82a-3768-4807-b9c6-c1d7895be0a4&groupdl=10180

Mental Capacity Act 2015 (MCA)

The Mental Capacity Act 2005 covers people in England and Wales who can't make some or all decisions for themselves.


MCA
See Mental Capacity Act

MSP
See Making Safeguarding Personal

NAViGO

NAViGO is a not for profit social enterprise that runs mental health and associated services in North East Lincolnshire.

NHS England

NHS England is an executive non-departmental public body of the Department of Health. NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012. It holds the contracts for GPs and NHS dentists.

NELC
See North East Lincolnshire Council.

NELCG

See North East Lincolnshire Clinical Commissioning Group.

NELSAB

See North East Lincolnshire Safeguarding Adults Board.

NLag

See North Lincolnshire and Goole NHS Foundation Trust

North East Lincolnshire Clinical Commissioning Group (CCG, NELCCG)

Clinical commissioning groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. NELCCG is responsible for commissioning health and adult social care services for over 165,000 people in North East Lincolnshire.

North East Lincolnshire Council (NELC)

The administrative body in Local Government for the area of North East Lincolnshire.

North East Lincolnshire Safeguarding Adults Board (NELSAB)

The statutory body that brings together all the key partners and organisations from the area who work together to promote adult’s welfare and help protect them from abuse.
North East Lincolnshire Safeguarding Children Board (LSCB)

The statutory body that brings together key partners and organisations from the area who work together to promote children’s welfare and help protect them from abuse.

North Lincolnshire and Goole Foundation Trust (NLaG)

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust is the NHS Foundation Trust which runs Diana Princess of Wales Hospital, Scunthorpe General Hospital and Goole and District Hospital.

Operational Management Group (OMG)

The group that oversees the operational functions of the Safeguarding Adult Board.

Personal Assistant Support Service (PASS)

A service to help people who are seeking to employ a personal assistant to support them to live independently and lead the best quality of life possible.

Private Sector

The part of the economy owned by private organisations not under state control.

Safeguarding Adults Review (SAR)

Is conducted by the Safeguarding Adults Board in cases whereby it is suspected that an adult has experienced serious abuse or neglect.

SAR (in regards to returns)

See Safeguarding Adults Return

SAR (in regards to reviews)

See Safeguarding Adults Review

Section 42 Enquiry

A safeguarding enquiry where all Section 42 criteria are met as defined by the Care Act 2014.

Section 42 Criteria

The criteria needed to be met in order to perform a statutory safeguarding enquiry (See Section 4 Performance a list of criteria) (http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted)

Significant Incident Learning Process

The process of facilitating and evaluating a significant incident in adult safeguarding.

Safeguarding Adults Collection (SAC)

A process to record details about safeguarding activity for adults aged 18 and over in England. The collection includes demographic information about the adults at risk and details of the incidents that have been alleged. Annual statistics are submitted to the Health And Social Care Information Centre.

Safeguarding Adults Return (SAR)

Is a return of information in which is given to the Health And Social Care Information Centre. This will be replaced in future years by the SAC.
SILP
See Significant Incident Learning Process

Statutory Sector
Also known as the public sector. This is the economic sector of agencies that the Government is responsible for and is paid for with public monies. This is divided into Central Government (Whitehall) and Local Government (Local Council Authorities).

Strategic Plan
A document used to communicate an organisation's goals and the actions required to achieve those goals.

Think Family
A programme to ensure that the support provided by children's adults and family services is coordinated and focused in order to meet the needs of at risk or vulnerable families and reduce effect on public services.

Voluntary Action North East Lincolnshire (VANEL)
Voluntary Action North East Lincolnshire (VANEL) develops, promotes, informs and supports the local voluntary, not-for-profit and charitable sector.

Voluntary Sector
The part of the economy made up of non-profit agencies that provide services usually to benefit the general public.
Safeguarding Adults Board. This publication can be provided in large print, braille and audio. Please contact:

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