

# Norfolk Safeguarding Adults Board

Annual Report 2015 - 2016



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This report covers the period 01 April 2015 to 31 March 2016

# Introduction from Joan Maughan

**Independent Chair**, Norfolk Safeguarding Adults Board (NSAB)

## **2015-16 was the first year of statutory status for Safeguarding Adults Boards under the Care Act (2014).**

There is no doubt that the Act has placed significant demands on all aspects of safeguarding adults whose vulnerability may place them at particular risk of harm or abuse.

Like most authorities across the country, Norfolk has seen a steady rise in safeguarding referrals and in Safeguarding Adult Reviews, although for this reporting year (April 2015 to March 2016), there has been a slight drop in referrals – from 2,945 (2014/15) to 2,709. However, the number of contacts to Multi-Agency Safeguarding Hub (MASH) and the Safeguarding Adults Practice Consultants remains high and there was a notable increase in alerts following the safeguarding week in September 2015. We believe the reduction is likely due to better screening, asking additional questions early on in the process, better use of the powers within the Care Act, and increased, appropriate signposting on to other areas. Overall the trend is upwards and we are confident that this reflects a greater level of awareness and responsibility to report within professional organisations and a significant rise in public awareness, rather than an increase in abuse.

It was not immediately clear the extent of the demands that safeguarding within the Care Act would make upon services. The Business Plan for 2015-16 was ambitious and, due to some capacity issues, not all targets were met. However, progress on the Business Plan overall has been good, with many areas of achievement.

The Safeguarding Adults Awareness Week, held in the first week of September 2015, was particularly successful, especially as it was NSAB's first attempt. As a result, it will be repeated this year. During the 2016-17 Safeguarding Week, NSAB will launch its self-neglect strategy and I wish to thank all those who have worked very hard to bring this document together. Led by Nigel Andrews,

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Tenancy Support Services Manager for Norwich City Council and Chair of the NSAB Housing sub group, a partnership event was held in March 2016 to inform the strategy. It was attended by 170 delegates from a range of agencies and was well supported both in attendance and financially by our housing colleagues and the district councils. For more details please see page 29.

The year has presented a number of opportunities to increase the profile of adult safeguarding, not only through NSAB's regular attendance at senior partnership meetings such as the Public Protection Forum, but also through presentations at a development day for county councillors and other stakeholder events across the county. We intend to continue building on that foundation throughout the forthcoming year.

The financial position for all partners remains as stringent as ever, but we are grateful to colleagues within Norfolk County Council (NCC), the Police and the NHS Clinical Commissioning Groups for their continued financial support.

**The most significant problem for NSAB remains capacity to deal with all the work required to improve safeguarding for adults in Norfolk. This will be the subject of discussions throughout this coming year.**

I would like to take this opportunity to record my thanks to all members of the board, its sub groups and locality partnerships for their hard work. I hope you will find this annual report interesting and informative. Your feedback is much appreciated and helps ensure that future reports capture the most relevant information and data. Please email any comments to Walter Lloyd-Smith, Business Manager: [walter.lloyd-smith@norfolk.gov.uk](mailto:walter.lloyd-smith@norfolk.gov.uk)



**NSAB's new Business Manger** Walter Lloyd-Smith took up his post as NSAB's Business Manager at the beginning of September 2015, having worked for five years as a safeguarding adults lead with a local health provider. Walter qualified as an Occupational Therapist in 1994, and has worked in both health and social care sectors.



# Key findings – Safeguarding Adults Survey (May-June 2015)



**61%** had heard the term Adult Safeguarding  
**5%** not sure  
**34%** had not heard the term  
**52%** of those NOT working in health, social care and related professions had NOT heard of Adult Safeguarding

## Respondents correctly identified:

- people with dementia – **95%**
- people with mental health problems – **95%**
- people with Downs Syndrome – **93%**



...but much less likely to correctly identify people who misuse drugs and alcohol as being at risk:

- **83%** of professionals
- **62%** of residents

**855**  
responses

## Respondents were aware that the following constitute adult abuse:

- humiliating/intimidating someone – **93%**
- not providing adequate care in a residential or care home – **93%**
- pressurising someone to have a sexual relationship – **93%**



...but there was much less acknowledgement of financial abuse (taking money from someone's purse **80%**)

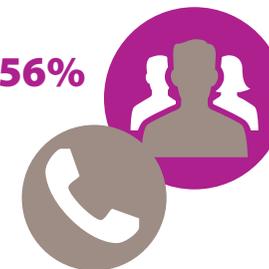
...and just **76%** of professionals and **58%** of residents recognised self-neglect as a form of adult abuse

**71%** of residents and **91%** of professionals would report any adult abuse they witnessed

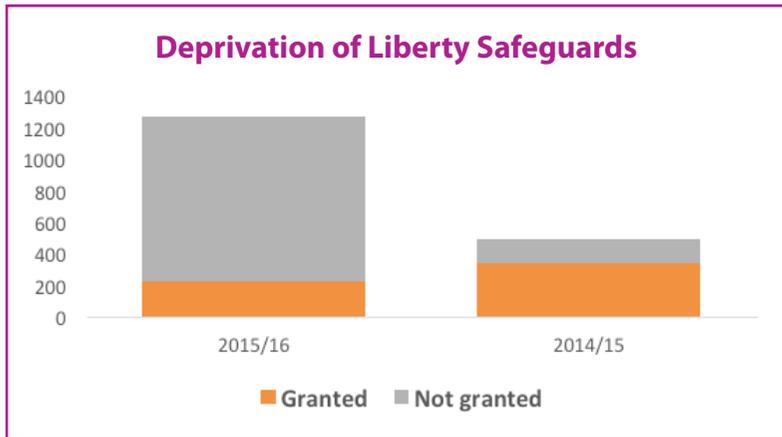
Others were unsure – **8%** professionals and **17%** residents

## Of those who would not report abuse or were not sure:

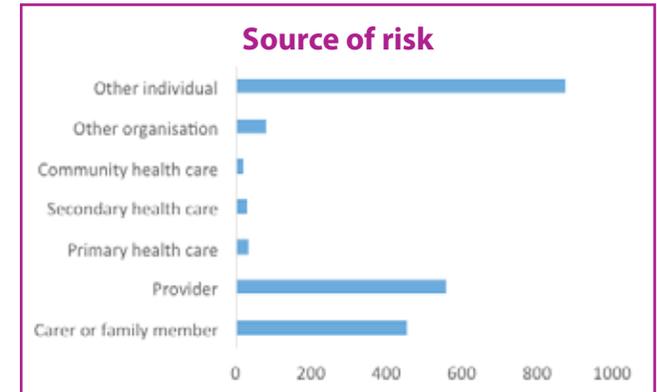
- wouldn't know where to report it or thought they might be mistaken – **56%**
- wouldn't be confident something would happen as a result – **40%**
- too frightened to report it – **15%**
- wouldn't want to get involved – **14%**



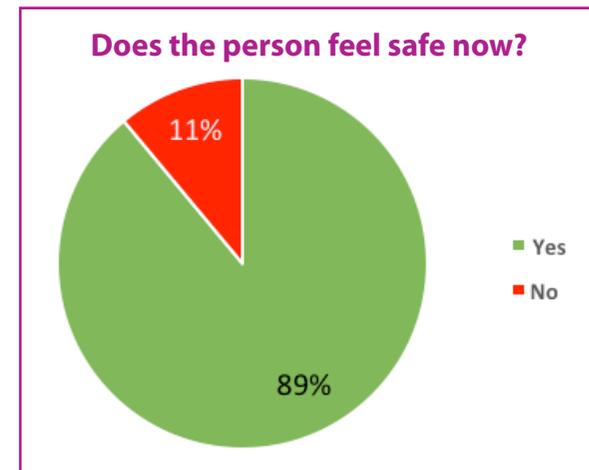
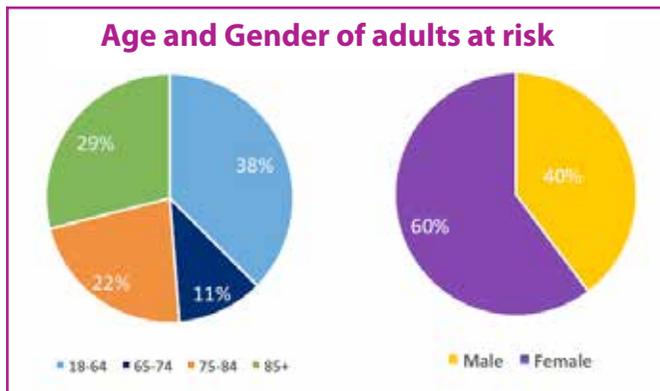
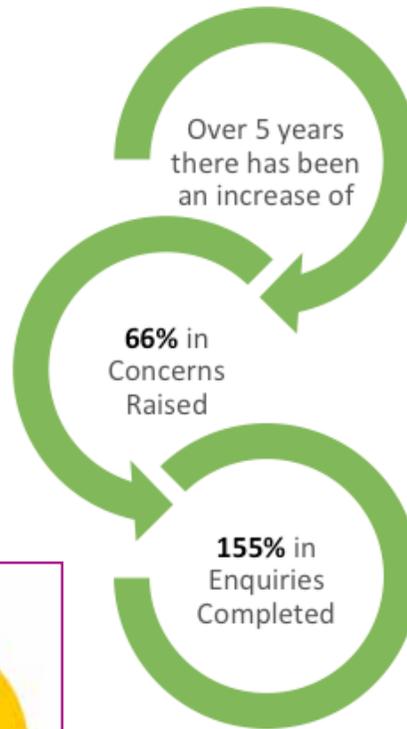
# Summary of performance data 2015-16



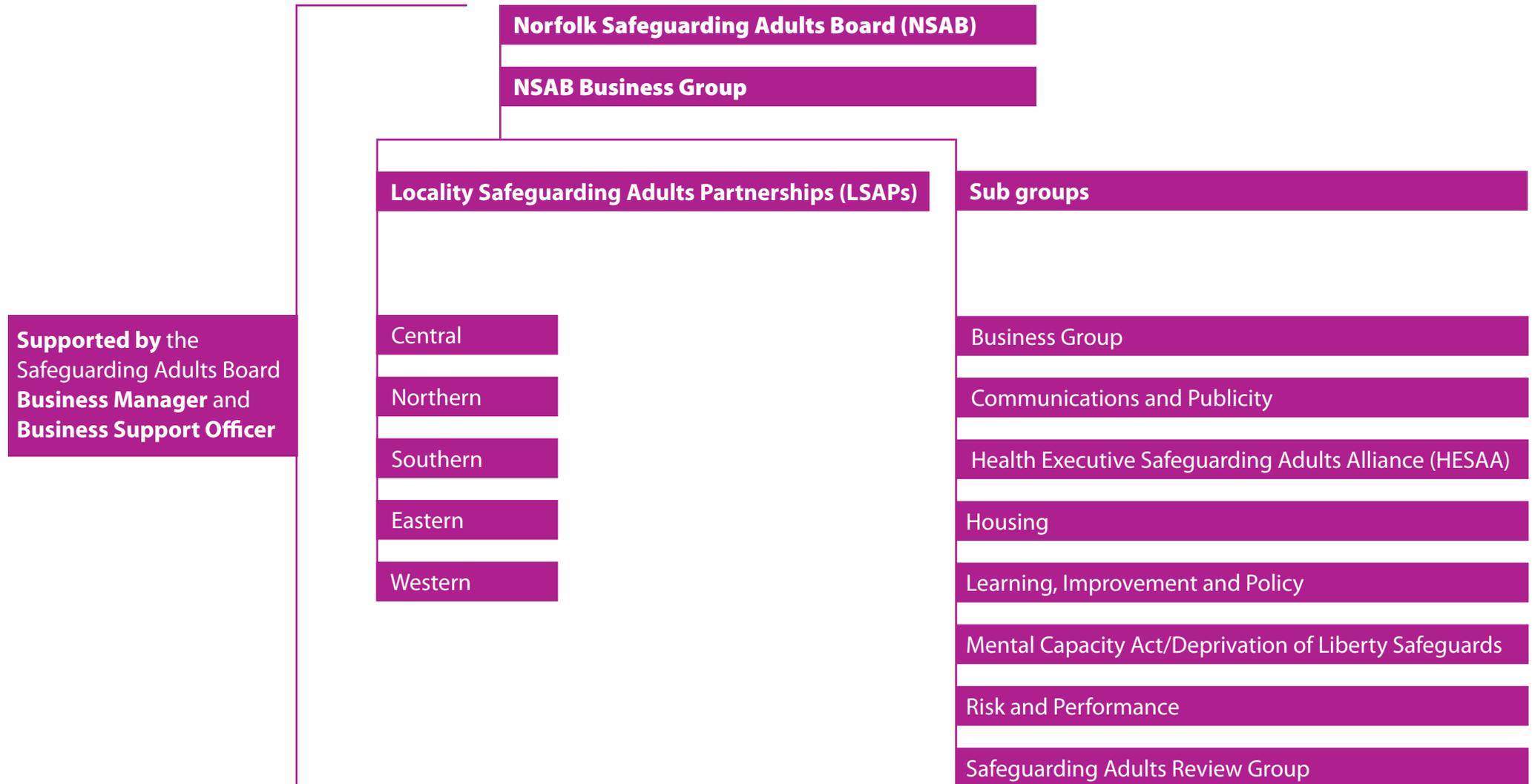
In **37%** of cases the Source of Referral is a Care Home.



In **47%** of cases the Location of Abuse is a Residential or Nursing Home.



# Structure of the Norfolk Safeguarding Adults Board



# Membership of the Norfolk Safeguarding Adults Board

The NSAB has met five times during the period covered by this annual report, with a board development day held in September 2015.

| Name                | Role   | Organisation                                      |
|---------------------|--|---|
| Joan Maughan        | Independent Chair  | Norfolk Safeguarding Adults Board                 |
| Nigel Andrews       | Tenancy Support Services Manager   | Norwich City Council                              |
| Harold Bodmer       | Executive Director   | Norfolk County Council, Adult Social Services     |
| Lorna Bright        | Assistant Director – Social Work   | Norfolk County Council, Adult Social Services     |
| Julie Wwendth       | Detective Superintendent   | Norfolk Constabulary                              |
| Stuart Horth        | Head of Community Safety   | Norfolk Fire and Rescue Service                   |
| James Kearns        | Chief Executive Officer  | BUILD, Norwich                                    |
| Christine Macdonald | Operations Manager   | Healthwatch, Norfolk                              |
| Jenny McKibben      | Deputy Police and Crime Commissioner   | Police and Crime Commissioner's Office            |
| Elizabeth Morgan    | Councillor with portfolio lead for safeguarding adults                               | Norfolk County Council                            |
| Kate Rudkin         | Head of Development and Operations<br>(chair of NSAB Risk and Performance sub group) | Age UK (Norfolk)                                  |
| Jane Sayer          | Director of Nursing  | Norfolk and Suffolk Foundation Trust              |
| Jackie Schneider    | Head of Patient Safety   | North Norfolk CCG                                 |
| Will Styles         | Governor   | Norwich Prison                                    |
| Mark Talbot         | Vice Chair   | Association Representing Mentalhealth Care (ARMC) |
| Mark Taylor         | Chief Executive  | North Norfolk CCG                                 |
| Ray Harding         | Chief Executive  | Borough Council of King's Lynn and West Norfolk   |
| Lella Andrews       | Inspection Manager   | Care Quality Commission                           |
| Julia Sharp         | Head of Operations   | Norfolk and Suffolk Community Rehabilitation      |
| Charlotte Belham    | Senior Probation Officer (Courts)  | Norfolk Probation Service                         |

## Vacant Board Seats

Lay representative

Norfolk Health Provider representatives

## Attendance at board meetings

During 2015-16 attendance by senior officers of Adult Social Services, Police and CCGs has fluctuated due to conflicting priorities although deputies, with the authority to make decisions, have attended on their behalf.

Regular attendance is appreciated as it helps maintain continuity of strategic efforts to improve safeguarding for vulnerable adults. Attendance and apologies are recorded in the minutes of each meeting and from 2016-17 will also be included in the annual report. We welcome feedback on how meetings could be improved to ensure they are as productive as possible.

# Norfolk Safeguarding Adults Board

## Strategic plan 2015 - 2018

Norfolk learns and improves as part of its processes and is happy to adopt the Local Government Association vision for Safeguarding Boards:

### People are able to live a life free from harm, where communities:

- have a culture that does not tolerate abuse
- work together to prevent harm
- know what to do when abuse happens

This document is the strategy to support the vision for safeguarding adults in Norfolk over the next three years, 2015 to 2018, and embraces the six key principles set out in the Care Act 2014. These six principles hold equal importance and are the foundation of good and effective safeguarding.

The purpose of the Safeguarding Adults Board in Norfolk is to hold all agency members to account if this vision is not realised.

“What good is it making someone safer if it merely makes them miserable?”

Lord Justice Munby

### Empowerment – presumption of person led decisions and informed consent.

Making Safeguarding Personal will be at the centre of all interventions. The views of adults in need of services will be sought, or that of their advocates, at every level of the safeguarding process.

The board will engage people in conversations about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

Our strategic intention is that the board can clearly demonstrate that it is influenced and advised by the experience of people who have been or may be at risk of harm. The board will seek assurances from its partner organisations that citizen involvement is central to their wellbeing and safeguarding activities.

The board will ensure that citizens are aware of their right to justice at all levels of intervention and require agencies to demonstrate that justice has been achieved.

The board and its partners will make every effort to communicate with the citizens of Norfolk in language and presentation that is accessible.

The board will empower people through the methods and content of training provided.

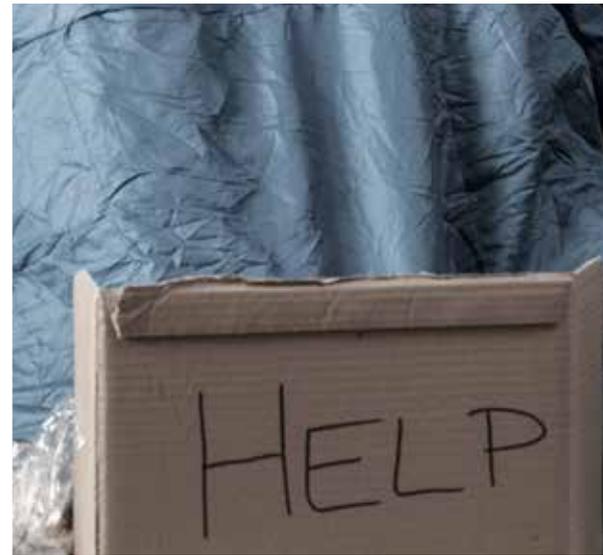
The board will support and monitor activities that enable adults to achieve resolution or recovery.

### Prevention –

it is better to take action before harm occurs.

The board will:

- have a communication strategy that empowers all citizens, to enable them to identify harm and know what actions to take.
- require all agencies to intervene to prevent harm by supplying relevant advice and information at the earliest opportunity.
- call for all agencies to share relevant information to reduce the risk of harm occurring or persisting.
- be linked in with and exploit opportunities to support national campaigns with the aim of ensuring that the risk of harm is reduced at every opportunity.
- will know its populations and look for opportunities to encourage personal responsibility, harnessing the potential of the community to protect itself from harm.



### Proportionality –

proportionate and least intrusive response appropriate to the risk presented.

Life is not risk free. The board will support activities across partner organisations that identify risks, mitigate against them, but are not risk averse. Partner agencies will take the least restrictive option to support, when intervention is required to mitigate risk.

The board will apply opportunities to learn lessons and improve practices, at the relevant level, when concerns have been raised.

**“Anyone who believes that the work is simple and the right decision’s always obvious is mistaken”**

Mr Justice Peter Jackson

The board will exercise a power to challenge when safeguarding needs are identified and not met.

The board and its partners will have a framework that gathers and builds evidence to demonstrate a response that is proportionate to the circumstances of the incident and the wishes of the adult.

## **Protection – support and representation for those in greatest need.**

The board's partners will use whatever means they have at their disposal to address domestic violence, sexual abuse, psychological abuse, financial or material abuse, modern slavery, discriminatory abuse, organisational abuse, neglect and acts of omission and self-neglect.

### **The board coordinates partnership activities that will include:**

- major public awareness
- targeted awareness to particularly vulnerable groups
- raising the profile of the board
- identifying and managing risk

Norfolk partners employ a large workforce that requires a consistent and coordinated approach to training. Comprehensive training will be developed and delivered to a minimum standard, endorsing accountability for work practices, promoting a culture of openness and transparency without fear of retribution.

The board will support its partner organisations to practise in a manner that does not diminish their safeguarding functions.

Abusive behaviour in any environment is never accepted.

Safeguarding activities demonstrate the diverse communities within Norfolk.

The board will promote a positive approach to information sharing because it believes this is an important protective measure.

[www.norfolksafeguardingadultsboard.info](http://www.norfolksafeguardingadultsboard.info)

## **Partnerships – local solutions through services working with their communities.**

The board respects individual confidentiality while requiring the sharing of relevant and appropriate information necessary to prevent abuse occurring or continuing or to support adults to achieve resolution and recovery.

The board will actively promote collaborative opportunities, developing partnerships that expand its capacity to ensure the citizens of Norfolk remain safe and achieve its outcomes.

The board will create opportunities for adults who have been or may be at risk of harm, to influence the activities of the safeguarding board and its partners.

In order to value and respect the vigilance of referrers, the board will expect partners to demonstrate that appropriate feedback has been given.



### **Accountability – accountability and transparency in delivering safeguarding.**

The board will be confident that people who use safeguarding services will understand the role of those services in relation to their safety, health and wellbeing.

The board will implement the requirements of the Care Act, including the publication of an annual report which will include details of its members' activity to deliver the objectives of its strategic plan.

The board will publish any Safeguarding Adults Reviews carried out each year and learning to come from these, in accordance with the requirements of the Care Act 2014.

Partner agencies will understand their own role and the limits to their authority.

The board will develop a constitution that is accessible to all members of the public.

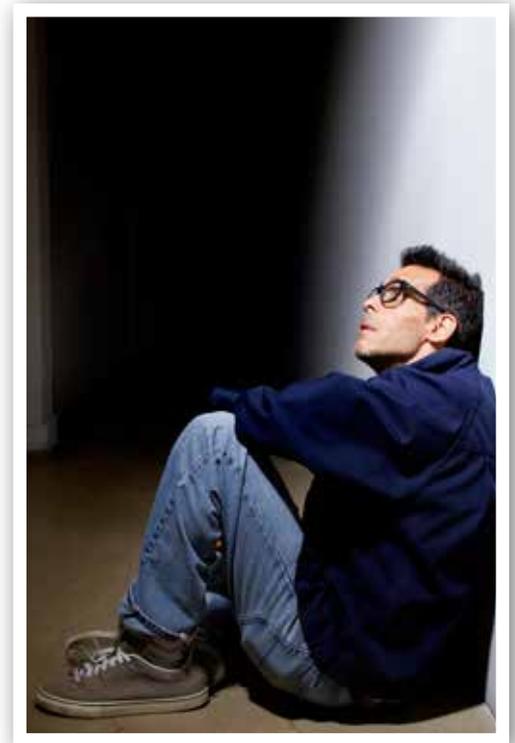
The board will establish a reporting structure that monitors and scrutinises its activity.

The board will continually review its membership and structure to deliver its work plans, which include the Locality Safeguarding Adults Partnerships (LSAPs) and sub groups. The terms of reference will give direction from the board to the sub groups, including LSAPs, and that their end of year summaries to the annual report will evidence this.

Terms of reference will be produced by the board giving direction to the sub groups and LSAPs. The sub groups will be required to evidence how they have met the board's strategic priorities through their contribution to the annual report.

The board will investigate options for income generation.

Training will achieve an agreed minimum standard so staff are aware that abuse is not tolerated, responses are appropriate and all concerns are recorded and heard.



# Norfolk Safeguarding Adults Board

## Core aims and objectives

The Norfolk Safeguarding Adults Board strategic plan for 2015 to 2018 sets out the key priorities of the board and the work of its members.

### These key priorities have been aligned to the six key principles that underpin the Care Act:

#### **Empowerment -**

presumption of person led decisions and informed consent

#### **Prevention -**

it is better to take action before harm occurs

#### **Proportionality -**

proportionate and least intrusive response appropriate to the risk presented

#### **Protection -**

support and representation for those in greatest need

#### **Partnership -**

local solutions through services working with their communities

#### **Accountability -**

accountability and transparency in delivering safeguarding

These key priorities were then developed into a business plan that contains the work and focus of the Safeguarding Adults Board for the coming year. The strategic plan and a summary of the business plan are set out below.

The strategic plan is available in plain English and easy read format. The business plan can be found in its entirety on the Norfolk Safeguarding Adults Board website. [www.norfolksafeguardingadultsboard.info](http://www.norfolksafeguardingadultsboard.info)

# NSAB Business Plan – April 2016 to March 2017

**The purpose of this Business Plan is to ensure that people in Norfolk are able to live a life free from harm and where communities:**

- Have a culture that does not tolerate abuse
- Work together to prevent harm
- Know what to do when abuse happens.

| 1. Strategic intention<br>EMPOWERMENT |   | Actions  | Lead role and accountability   | Timeframe for delivery   | How we will know NSAB has made difference          | Status |
|---------------------------------------|---|--|--|--|--|--------|
| 1.1                                   | The basic information leaflet (hard copy) will be available in other languages.   | Expert assistance required<br><br>Distribution of leaflet to other language groups   | Communications & Publicity Sub Grp / Business Manager  | September 2016   | Test run on website<br><br>Feedback where possible |        |
| 1.2                                   | NSAB will use its influence to ensure that operational services are using 'Make Safeguarding Personal' (MSP) to inform all their safeguarding adult activities. | Ensure that staff have the training they require<br><br>Produce a staff briefing sheet (SBS)<br><br>Gather data on how MSP is being applied via the performance dashboard<br><br>Survey of people receiving a safeguarding service | Learning, Improvement and Policy (LIP) Sub Grp<br><br>LIP Sub Grp<br><br>Risk & Performance Sub Grp<br><br>C&P Sub Grp | October 2016<br><br>November 2016<br><br>From September 2016<br><br>October 2016 | Report to board via C&P Sub Grp                    |        |

| 1. Strategic intention<br>EMPOWERMENT |  | Actions  | Lead role and<br>accountability              | Timeframe for<br>delivery | How we will know<br>NSAB has made<br>difference  | Status |
|---------------------------------------|--|--|--|---------------------------|--|--------|
| 1.3                                   | NSAB will seek assurances from partner organisations that citizen involvement is central to wellbeing and safeguarding activities. | Request to partners for information to be shared at a future board meeting | Business Manager/<br>Business Group<br>Chair | March 2017                | That all partner organisations will have evidenced robust plans in place by March 2017 |        |
| 1.4                                   | All staff training will focus on people being central to decision making about their own lives.                                    | Development of a template safeguarding adult awareness package             | LIP Sub Grp                                  | November 2016             | Review paper to NSAB   |        |

| 2 Strategic Intention<br>PREVENTION |   | Actions   | Lead role and<br>accountability  | Timeframe for<br>delivery                 | How we know that<br>NSAB has made a<br>difference  | Status |
|-------------------------------------|---|---|--|---|--|--------|
| 2.1                                 | NSAB will have a Communication Strategy that delivers key safeguarding messages to all citizens enabling them to identify harm and know what actions to take.         | <p>Communications &amp; Publicity Sub Grp to work to published plan</p> <p>Identify preferred ways of making contact with those who may be considered to be hard to reach</p> <p>NSAB will mount a Safeguarding Adults Awareness week to raise the profile of NSAB and give citizens the information they need to report concerns</p> | <p>C&amp;P Sub Grp Chair/<br/>Business Manager</p> <p>C&amp;P Sub Grp/NSAB<br/>Chair</p> <p>Business Manager/<br/>LSAPs Chairs</p> | <p>March 2017</p> <p>w/c 12 Sept 2016</p> | <p>Plan agreed</p> <p>Feedback during Safeguarding Awareness Week</p> <p>Feedback from groups</p> <p>Evidence of outcomes from LSAPs</p> |        |
| 2.2                                 | NSAB will disseminate key learning from Safeguarding Adult Reviews (SARs) to all partner agencies, thus encouraging an emphasis on preventative safeguarding working. | LIP (and C&P) Sub Grps to be engaged in SAR process to ensure learning is captured and translated into clear message to all partner agencies  | <p>LIP Sub Grp Chair/<br/>C&amp;P Sub Grp Chair</p> <p>Business Manager</p>  | Ongoing                                   | Feedback via survey of partner agencies 6 months post publication of a SAR   |        |

|     |  |  |   |   |   |  |
|-----|--|--|---|---|---|--|
| 2.3 | NSAB will raise its profile with other relevant sectors / groups and seek their support in preventative adult safeguarding work.                                   | Liaison & engagement with:<br>- District Councils<br>- The business community<br>- Parish / Town councils<br>- Voluntary & community sector<br>- Primary care  | NSAB Chair/Business Manager/C&P Sub Grp   | March 2017  | LSAPs to collate data from local events demonstrating outcomes<br><br>Increased number of groups / agencies involved with LSAPs and at Business Group           |  |
| 2.4 | NSAB will maximise opportunities to deliver preventative messages to the communities it serves, both throughout the year and during a safeguarding awareness week. | Develop a programme of events and materials  | C&P Sub Grp/NSAB Chair<br><br>Business Manager                                      | w/c 12 Sept 2016  | There is a level of activity in all localities which seeks to engage the public<br><br>That other groups are prepared to contribute to the week in cash or kind |  |
| 2.5 | Reduce barriers to reporting abuse and neglect.<br><br>NSAB will develop, launch and deploy a strategy to address Self-neglect and Hoarding.                       | Gather existing data and research into Norfolk safeguarding reporting patterns<br><br>Develop clear messages to the public to reduce barriers<br><br>Establish a T&F Grp to delivery strategy document | R&P Sub Grp via the performance dashboard<br><br>C&P Sub Grp<br><br>Housing Sub Grp | November 2016<br><br>January 2017<br><br>September 2016 | NSAB will better understand why people feel they cannot report abuse and neglect<br><br>Number of cases taken to the High Risk Panels                           |  |
| 2.6 | NSAB to monitor ongoing work with prison governors to identify best ways to ensure that prisoners are aware of their right to be protected from harm.              | NSAB to receive an update report   | Business Manager  | November 2016   | Report to Board   |  |

| 3 Strategic Intention<br>PROPORTIONALITY |   | Actions   | Lead role and<br>accountability                       | Timeframe for<br>delivery | How we know that<br>NSAB has made a<br>difference         | Status |
|--|---|---|---|---------------------------|---|--------|
| 3.1                                      | Ensure that the concept of proportionality is understood through inclusion in staff training.   | Include in template safeguarding adult awareness package  | LIP Sub Grp   | November 2016             | Sample review of case studies and discussion with clients |        |
| 3.2                                      | Promote case examples of safeguarding adult work which uses the least restrictive option when intervention is required to mitigate risk.              | Production of short illustrative case studies   | NCC Safeguarding Adults Team Manager/Business Manager | December 2016             | Disseminated via Business Grp                             |        |
| 3.4                                      | NSAB will exercise its power to challenge when safeguarding needs are identified and not met.   | Action to be agreed subject to MSP data gathering on outcomes achieved or not via the dashboard | Allocated as appropriate to action required           | Ongoing                   | Evidence of change in responses                           |        |
| 3.5                                      | NSAB will promote opportunities to learn and disseminate lessons to improve practice, including those derived from Safeguarding Adult Reviews (SARs). | Strengthen links between Safeguarding Adult Review Group (SARG), LIP and C&P Sub Grp            | Business Manager Sub Grp chairs plus Rep of SARG      | Ongoing                   | Report to board and action agreed                         |        |

| 4 Strategic intention<br>PROTECTION |   | Actions  | Lead role and<br>accountability   | Timeframe for<br>delivery | How we know that<br>NSAB has made a<br>difference | Status |
|-------------------------------------|---|--|---|---------------------------|---|--------|
| 4.1                                 | The board will promote partnership activities that protect, support and represent those in greatest need. | Major public awareness through Safeguarding Awareness Week and other communication activities<br><br>Identify particularly vulnerable groups and develop meaningful ways of connecting | C&P Sub Grp and LSAPs Chairs/<br>Business Manager<br><br>Business Manager | w/c 12 Sept 2016          | Survey and evaluation of outcomes                 |        |
| 4.2                                 | Communicate zero tolerance of abusive behaviour in all environments.                                      | Within all future publicity material.<br><br>Review current material and include.<br><br>Engage with media.  | C&P Sub Group<br><br>Business Manager                                     | Ongoing                   | Feedback from citizen consultancy group           |        |
| 4.3                                 | Promote a positive approach to information sharing in order to protect vulnerable adults.                 | Discussion and strategy development with other interested parties, through Public Protection Forum, to ensure a unified approach   | Chair<br>Business Manager   | Ongoing                   | Report back on progress via Chair                 |        |

|     |  |   |  |   |   |  |
|-----|--|---|--|---|---|--|
| 4.4 | <p>Raise awareness with friends and family about how to keep adults at risk of abuse and harm safe.</p> <p>Raising the profile of the board.</p> | <p>Raise awareness of how people can make alerts if they have worries about a vulnerable adult</p> <p>Create mechanisms through a communication campaign where people overcome fear of being able to speak up</p> <p>Strengthen reporting links with:</p> <ul style="list-style-type: none"> <li>- Health and Wellbeing Board</li> <li>- Adult Social Care Committee</li> <li>- CCGs</li> <li>- Public Protection Forum</li> <li>- Independent Care Sector</li> </ul> | <p>C&amp;P Sub Grp/LSAPs</p> <p>C&amp;P Sub Grp/<br/>Business Manager</p> <p>Business Manager/<br/>all Board members</p> | <p>Ongoing</p> <p>12 months and ongoing</p> | <p>Survey</p> <p>Survey</p>   |  |
| 4.5 | <p>All safeguarding activities will demonstrate the diverse communities within Norfolk.</p>  | <p>Ensure website is translation friendly</p> <p>Recruit an equality and diversity advisor to the board</p>   | <p>Business Manager</p> <p>Board Manager</p>   | <p>October 2016</p> <p>March 2017</p>       |   |  |
| 4.6 | <p>Identifying and managing risk.</p>  | <p>Risks raised and recorded as per current procedure</p> <p>Risks identified via SARs added to risk register as required</p>   | <p>All partners/R&amp;P Sub Grp</p> <p>SARG/R&amp;P Sub Grp</p>  | <p>Ongoing</p>                              | <p>Risk register is up to date</p> <p>Risks are mitigated as far as possible and escalated as appropriate</p> |  |

| 5 Strategic Intention<br>PARTNERSHIPS |  | Actions   | Lead role and<br>accountability                     | Timeframe for<br>delivery | How we know that<br>NSAB has made a<br>difference                   | Status |
|---------------------------------------|--|---|---|---------------------------|---|--------|
| 5.1                                   | Respecting confidentiality but sharing relevant information to prevent abuse occurring or continuing.                                | Developing and agreeing a protocol for positive sharing of information  | NSAB Chair working with the Public Protection Forum | Ongoing                   |   |        |
|                                       | Make available to all sectors a template safeguarding adult policy to ensure a more uniform response to safeguarding adult activity. | Produce a Safeguarding Adults Template policy   | LIP Sub Grp   | November 2016             |   |        |
|                                       | Develop assurances for effectively linking with other strategic bodies.  | Each member agency will ensure the strategic aims of the board are effectively represented within the wider health and social care strategic framework. This will allow higher level and joint strategic priorities to be developed | NSAB Chair  | Ongoing                   | NSAB will better coordinate and prioritise safeguarding adults work |        |

| 5 Strategic Intention<br>PARTNERSHIPS |  | Actions   | Lead role and<br>accountability | Timeframe for<br>delivery | How we know that<br>NSAB has made a<br>difference | Status |
|---------------------------------------|--|---|---------------------------------|---------------------------|---|--------|
| 5.2                                   | Promoting collaborative opportunities with other groups that expand the board’s capacity and influence to protect. | Strengthen the LSAPs  | Business Manager/<br>NSAB Chair | April 2015 and ongoing    |   |        |
|                                       |  | Expand NSAB connections with district & parish councils to promote local engagement | LSAP Chairs                     |                           |   |        |
|                                       |  | Deliver two engagement conference events in 2016-17                                 | Business Manager & T&F Grp      | November 2016             |   |        |
| 5.3                                   | Citizen influence on board decisions and those of its partners.  | Establish a citizen consultancy group   | C&P Sub Grp                     |                           |   |        |

| 6 Strategic Intention<br>ACCOUNTABILITY |   | Actions   | Lead role and<br>accountability | Timeframe for<br>delivery/cost | How we know that<br>NSAB has made a<br>difference                                     | Status |
|---|---|---|---------------------------------|--------------------------------|---|--------|
| 6.1                                     | Ensure the board remains compliant with the Care Act 2014.  | Work with board members to ensure that partner representation is at an appropriately senior level (as laid out in the constitution) and that attendance at board meetings is consistent | NSAB Chair/Business Manager     | Ongoing                        | Self-audit  |        |
|   |   | Publication of annual report  | NSAB Chair/Business Manager     | July 2017                      | Annual report and strategic plans published   |        |
|   |   | Conduct any Safeguarding Adults Reviews in accordance with s44 of the Care Act  | SAR Group                       | As and when required           | SARs are completed as necessary<br>Learning from SARs is disseminated and implemented |        |
| 6.2                                     | Development of a self-audit tool to be used by any partner agencies to benchmark their safeguarding activity against and to provide information back to NSAB. | Establish a T&F Grp   | R&P Sub Grp                     | May 2016                       | Report back to NSAB   |        |
|   |   | Development of audit tool   | T&F Grp                         | February 2017                  |   |        |
| 6.3                                     | Monitoring and scrutiny of board functions through annual report and audited accounts.  | Produce report and accounts for Health and Wellbeing Board  | Chair Business Manager          | October 2016                   | Report and accounts accepted  |        |

| 6 Strategic Intention<br>ACCOUNTABILITY |  | Actions                          | Lead role and<br>accountability                                      | Timeframe for<br>delivery/cost | How we know that<br>NSAB has made a<br>difference                           | Status |
|---|--|----------------------------------|--|--------------------------------|---|--------|
| 6.4                                     | Development of a Safeguarding dashboard that will allow the board to demonstrate impact. | Establish a T&F Grp to lead work | Risk and Performance Sub Grp   | September 2016                 | Content of dashboard influences Board's activity and service development    |        |
|   | Recognise this is an evolving task.  | Agree data set                   | Business Manager   |                                | NSAB receives a dashboard report for each of its meetings from October 2016 |        |
|   |  | Set up reporting cycle           | Norfolk County Council Business Intelligence and Performance Service |                                |   |        |

## Glossary

|                  |  |
|------------------|--|
| CCGs             | Clinical Commissioning Groups  |
| LSAPs            | Locality Safeguarding Adults Partnerships  |
| NSAB             | Norfolk Safeguarding Adults Board  |
| NSAB C&P Sub Grp | Norfolk Safeguarding Adults Board's Communication and Publicity sub group          |
| NSAB LIP Sub Grp | Norfolk Safeguarding Adults Board's Learning, Improvement and Policy LIP sub group |
| NSAB R&P Sub Grp | Norfolk Safeguarding Adults Board's Risk and Performance sub group                 |
| NCC              | Norfolk County Council   |
| SARG             | Safeguarding Adults Review Group   |
| SNH              | Self-neglect and hoarding  |
| T&F Grp          | Task and Finish Group  |

## 1 Empowerment

Individuals will be given relevant information about recognising abuse and the choices available to them to ensure their safety. We give them clear information about how to report abuse and crime, and any necessary support in doing so. We consult them before we take any action. Where someone lacks capacity to make a decision, we always act in his or her best interests.

## 2 Prevention

Prevention and early intervention – acting before harm occurs and robust shared risk management approach.

## 3 Proportionality

We discuss with the individual, and where appropriate with partner agencies, the proportionality of possible responses to the risk of significant harm before we take a decision.

## 4 Protection

We will work together to ensure the protection of adults experiencing, or at risk of abuse or neglect.

## 5 Partnerships

We will work together to ensure that adult safeguarding links to other parts of the health and social care system to protect adults at risk of abuse or neglect.

## 6 Accountability

The board will continue working towards ensuring that the roles of all agencies and staff (and their lines of accountability) are clear and explicit. Agencies across the partnership will recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements.

## What is a Safeguarding Adults Review (SAR)?

One of the Safeguarding Adults Board (SAB) core statutory duties is to conduct any Safeguarding Adults Review in accordance with Section 44 of the Care Act. Safeguarding Adults Reviews (SARs) provide an opportunity to learn lessons when abuse or neglect is suspected to be a factor in the death or serious harm of an adult with care and support needs. The key aim of the SAR is not to investigate or apportion blame, but to examine professional practice and adjust this practice in light of lessons learnt. These lessons are vital to reduce the risk of reoccurrence. The Norfolk Safeguarding Adults Board (NSAB) must arrange a SAR when:

An adult with care and support needs (whether or not those needs are met by the local authority) in the SAB's area has died as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult.

Or/and

An adult with care and support needs (whether or not those needs are met by the local authority) in the SAB's area has not died, but the SAB knows or suspects the adult has experienced serious\* abuse or neglect and there is concern the partner agencies could have worked together more effectively to protect the individual.

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\* In the context of SARs, something can be considered serious abuse or neglect where, for example, the individual would have been likely to have died but for an intervention, or has suffered permanent harm or had reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.

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Or

The NSAB has discretion to undertake a SAR in other situations where it believes that there will be value in doing so. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults, and can include exploring examples of good practice.

Or

The NSAB can also consider conducting a SAR into any incident(s) or case(s) involving adults(s) at risk of abuse or neglect where it is believed to be in the public interest to conduct such a review.

## Safeguarding Adult Review Group (SARG)

The Safeguarding Adult Review Group (SARG) was established in 2015 as a permanent sub group of the Norfolk Safeguarding Adults Board (NSAB). Previously the group existed in a virtual capacity, but with the advent of the Care Act and the statutory requirement around the undertaking of SARs, NSAB decided to convene a formal group.

The group is currently chaired by the Head of Safeguarding at Norfolk Constabulary. Meetings are held every month. The NSAB Business Manager, local authority, Norfolk and Suffolk Foundation Trust, Senior Nurse for Adult Safeguarding from North Norfolk Clinical Commissioning Group (CCG), deputy chair of the NSAB Risk and Performance sub group and legal representation from Norfolk Public Law (Nplaw) all regularly attend. The meeting is not considered quorate when representatives from statutory agencies are not represented, so deputies are accepted in exceptional circumstances.

The process and procedure for the submission of referrals to the SARG and the subsequent decision-making process are currently being refined to incorporate experience and learning accrued over recent months.

In the past 12 months one SAR has been published (Mr AA) and nine referrals have been received by the group for consideration. Of these, another three SARs have been commissioned and are at various stages of development. Referrals which were deemed not to meet the criteria for a SAR were the subject of a multi-agency review (two) or a single agency review (0), depending on the individual circumstances of each case. For four referrals there was no further action.

Recommendations arising from all reviews commissioned by the SARG are annotated and collated on the Composite Action Plan, and monitored through the meeting process. Where appropriate, recommendations are allocated to sub group chairs and work is coordinated to ensure learning is disseminated across the county to all relevant parties. In the coming months, SARG will continue working to improve awareness among partners to refer cases for consideration.

## Safeguarding Adults Reviews 2015-16

Mr AA

On 11 November 2015 the Norfolk Safeguarding Adults Board (NSAB) published a Safeguarding Adult Review into the death of a man who lived with mental health problems. This is very sad death and our thoughts are with the family who have lost a loved one. This was a joint review with Suffolk Safeguarding Adults Board and both Independent Chairs wish to record their condolences and thanks to the family for their assistance throughout this process.

Mr AA was a Norfolk resident, aged 42 years. He was diagnosed as living with paranoid schizophrenia and had received mental health services over a long period of time. At the beginning of 2014 he went into a period of decline and died in a Suffolk hospital in January 2014. The cause of death was bronchopneumonia, but concerns were raised about the intervention he received up until the time of his death. As a result a SAR was commissioned, in partnership with Suffolk SAB, and the report and learning action plan are published on the NSAB website and on Suffolk Safeguarding Adults Board's website.

A practitioner learning event for this SAR was held at the end of September 2015. While not all invited agencies attended, those that did (Police, Adult Social Care) enabled frontline staff to have input into the development of the action plan.

The report can be accessed at  
[www.norfolksafeguardingadultsboard.info/safeguarding-adults-review/](http://www.norfolksafeguardingadultsboard.info/safeguarding-adults-review/)

# Norfolk Safeguarding Adults Board sub groups

| Sub group  | Chair  |
|--|--|
| <b>Business Group</b>  | Detective Superintendent Julie Wwendth<br>Head of Safeguarding and Harm Reduction<br>Safeguarding and Investigations Command<br>Norfolk Constabulary |
| <b>Communications and Publicity (C&amp;P)</b>                  | Helen Thacker<br>Head of Service – Safeguarding<br>Norfolk County Council  |
| <b>Health Executive Safeguarding Adults Alliance (HESAA)</b>   | Jackie Schneider<br>Head of Patient Safety<br>North Norfolk Clinical Commissioning Group   |
| <b>Housing</b>   | Nigel Andrews<br>Tenancy Support Services Manager<br>Norwich City Council  |
| <b>Learning, Improvement and Policy (LIP)</b>                  | Kate Brown<br>Learning and Development Consultant<br>Norfolk County Council  |
| <b>Mental Capacity Act / Deprivation of Liberty Safeguards</b> | Alison Simpkin<br>Head of Social Care - Adult Mental Health<br>Norfolk County Council  |
| <b>Risk and Performance (R&amp;P)</b>                          | Kate Rudkin<br>Head of Development and Operations<br>Age UK (Norfolk)  |
| <b>Safeguarding Adults Review Group (SARG)</b>                 | Detective Superintendent Julie Wwendth<br>Head of Safeguarding and Harm Reduction<br>Safeguarding and Investigations Command<br>Norfolk Constabulary |

## Business Group

Norfolk Safeguarding Adult Board's Business Group was established following NSAB restructuring in January 2015, and held its first meeting in April 2015. The Business Group brings together the chairs of the sub groups and Locality Safeguarding Adult Partnerships (LSAPs) and other key partners, for example the Red Cross and Norfolk County Council's Trading Standards Service. As such the business group plays a key role in coordinating sub group activity. It acts as a point of linkage between the board, sub groups and LSAPs. The Business Group also drives forward board business in line with the Business Plan. It has met four times in 2015-16 and attendance has been good, with engagement from all sub group and LSAP chairs.

## Communications and Publicity

The Communications and Publicity (C&P) sub group's purpose is to develop an understanding of public and board partners' awareness of the adult safeguarding agenda, and to develop communication strategies to enhance this awareness and knowledge.

The C&P sub group created NSAB's 2015-16 communications strategy, which is available on the NSAB website.

### Achievements in 2015-16:

- Completed a survey (online and telephone) of local residents and professionals to gather a baseline level of public and professional understanding of what safeguarding is and who is at risk
- Developed a suite of publicity materials in a range of formats, to publicise safeguarding and raise awareness across the county (available on the NSAB website)

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- Delivered Safeguarding Adults Awareness Week in September 2015. Highlights included a seminar with Claire Crawley, Senior Policy Advisor for safeguarding at the Department of Health (hosted jointly with Suffolk's Safeguarding Adults Board); media interviews with the chair of the NSAB and multi-agency staff in Norfolk's Multi-agency Safeguarding Hub (MASH), which were published in the local press; stands/leaflets in supermarkets in Norwich and King's Lynn, and-to-face surveys with the public on the streets of Great Yarmouth.

Feedback on Safeguarding Adults Week was very positive, with a great deal of interest shown by members of the public. There was a corresponding increase in contacts to the MASH in September and October 2015.

The sub group has now completed the NSAB communications strategy and action plan for 2016-17.



## Health Executive Safeguarding Adults Alliance (HESAA)

The Health Executive Safeguarding Adults Alliance was convened in April 2015, picking up much of the good work undertaken by the Health sub group which had been in place since 2009. This reinvigorated group ensures that the health sector engages with the safeguarding adults agenda at an executive level. Those who attend hold director-level roles within their organisation. Membership comprises the five Clinical Commissioning Groups (CCGs), as well as a number of provider organisations, including:

- Norfolk and Norwich University Hospital
- James Paget University Hospital
- Queen Elizabeth Hospital
- Norfolk and Suffolk Foundation Trust (Mental Health)
- Hertfordshire Partnership NHS Trust
- East Coast Community Healthcare
- Norfolk Community Health and Care
- East Anglian Ambulance Trust
- BMI – The Sandringham Hospital

In addition to the executive members, this group is supported by the CCG Senior Nurse for Adult Safeguarding, a post hosted by North Norfolk CCG, providing support to the Norfolk CCG cluster.

In 2015-16, the group has provided a conduit to ensure that requirements of the Care Act 2014 are firmly embedded into the culture of NHS services throughout the county, including review and development of policies, procedures, training and quality assurance frameworks. This will ensure that safeguarding adults is a core element of service delivery. Some examples of work to date include:

- Embedding the Safeguarding Adult Review (SAR) referral pathway into existing Serious Incident Review processes
- Development of a robust pathway through which NHS organisations can actively participate and take the lead in Section 42 enquiries
- Testing of existing quality assurance processes, to ensure NSAB is aware of new and existing risks within the system

The HESAA is committed to continuing to meet regularly throughout 2016-17 and has already identified two objectives for the coming year:

- Implementation of the new NHS England Intercollegiate Framework for Adult Safeguarding
- Developing stronger links between NSAB and primary care/GP practices

## Housing sub group

The Housing Sub group is made of representation from a number of housing providers across the county and plays an important role in the safeguarding of vulnerable adults. One of its key successes to date has been to raise the profile of housing with our partners from health and social care in promoting a person-centred, whole system approach to the needs of vulnerable adults within the framework of the wider safeguarding agenda.

During the last 12 months, the Housing sub group has been responsible for the planning and delivery of a very successful partnership event in March 2016, at which we saw 170 delegates from the statutory and voluntary and independent sectors come together to hear interesting and powerful presentations from national speakers around self-neglect and hoarding, safeguarding adults and housing, and mental health and safeguarding. One of the key outcomes of this event was to strengthen how we work together and support each other when dealing with complex issues around self-neglect and hoarding. There was overwhelming support for a similar event to be held next year and to try and promote more joint training programmes.

The sub group has also provided the leadership in the development of a self-neglect and hoarding strategy in partnership with other key agencies such as Norfolk County Council, health and social care, Norfolk Fire and Rescue service and housing providers. The strategy is due to be launched as part of the National Safeguarding Adults Week in September 2016.

## Mental Capacity Act / Deprivation of Liberty Safeguards (DoLS)

The MCA and DoLS sub group meets alternate months as a partnership group for shared learning, good practice and peer support in relation to our work to provide appropriate care and support to people lacking capacity to consent to their care arrangements in care homes, hospitals, supported living and their own homes. We recognise the unprecedented workload that the Supreme Court judgement has created for care homes, hospitals, the Coroner's Office, Police and the local authority. We use our meetings to explore more efficient and effective ways of working together. An example this year has been the introduction of e-DOLS.

In April 2015 the Department of Health issued a suite of forms for DoLS. NCC managers designed and developed an electronic system to support care homes and hospitals. Working with the council's IT department and existing e-forms software, they produced 'e-DoLS', a web-based system which validates via a secure web browser connection and submits the DoLS applications instantly to the council. e-DoLS enables care homes and hospitals to submit the information online and they can generate a fully-completed ADASS form to print or save for their own records. Meanwhile, the council can track new applications with ease.

Norfolk is the first local authority to achieve this and has shared the learning and process with other councils. Electronic versions of the DoH DoLS paperwork have been built and implemented within carefirst – Adult Social Care's electronic client database. This allows authorisations to be signed off electronically in any location across Norfolk, replacing the earlier requirement for managers with signatory responsibility travelling to sign paperwork.



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## Learning, Improvement and Policy (LIP)

During 2015-16 the Learning, Improvement and Policy (LIP) sub group has worked hard to extensively update the Multi-Agency Safeguarding Adults Policy with regards to the guidance in the Care Act (2014). This policy is now available on the NSAB website.

The next major task was to review and update the Multi-Agency Safeguarding Adults procedures. This work has now been completed.

The LIP sub group spent considerable time piloting a scheme to validate the quality of safeguarding adults awareness training delivered by organisations in Norfolk. After evaluating this work, LIP recommended that the board should suspend the pilot. It had involved a large volume of work (for LIP and for organisations submitting their training for validation), but the aim of achieving a quality audit was not realised. The board also had no sanction to apply to organisations whose training did not meet quality standards. LIP is now undertaking work on the viability of developing an awareness training pack for organisations to purchase if they wish.

## Risk and Performance

The Risk and Performance sub group has a membership which includes three statutory agencies, health (commissioning), Norfolk County Council and the Constabulary and a nationally recognised local charity.

The group meets bi-monthly with alternate meetings focusing on risk and performance.

The Chair of the sub group attends the Norfolk Safeguarding Adults Board and Business Group meetings.

## Risk

The sub group maintains and reviews the Norfolk Safeguarding Adults Board's (NSAB) strategic risk register and identifies risks for consideration at board meetings. Risks are categorised in line with the six principles for safeguarding set out in the Care Act 2014, which also form the structure of the board's strategic and business plans.

This year's risk register has highlighted staff training in safeguarding and the implementation of authorisations for Deprivation of Liberty Safeguards among the range of risks.

## Performance

The development of the performance dashboard has continued this year. The dashboard provides visual representation of statistics. The range of topics and the associated statistics to be reviewed using the dashboard is agreed and the final version will be implemented early in 2017. The sub group has been working with colleagues in Suffolk to develop a further auditing tool, and plan to pilot this in early 2017.

The Vice Chair of the sub group participates in the Safeguarding Adult Review Group. Information from the reviews is used to inform performance and identify issues for the risk register.



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## Safeguarding Adult Review Group (SARG)

See Safeguarding Adults Reviews, page 26.

## Locality Safeguarding Adults Partnerships (LSAPs)

NSAB's five localities are vital to enabling the board to realise its strategic ambitions. Based in Western, Southern, Northern, Eastern and Norwich localities, the purpose of LSAPs is twofold: firstly, to deliver and communicate key objectives at a local level on behalf of NSAB. Secondly, to bring together the fullest range of agencies and partners at a local level to encourage shared working and understanding, to act as a 'hub' for safeguarding adults activity. The membership of each LSAP needs to reflect multi-agency interests that will develop a collaborative approach to local safeguarding issues.

## Northern (LSAP)

The Northern LSAP has had presentations on domestic abuse by Kate Biles, Domestic Abuse Change Coordinator, and Sue Griffin, Domestic Abuse Champion for the Northern locality, and on human trafficking and modern slavery by Mark English, Human Trafficking Coordinator. The latter meeting engaged a wide range of organisations, with agreements from agencies present on the dissemination of information.

The NLSAP was joined by the Chair of Norfolk Adults Safeguarding Board for a lively, robust discussion around the self-neglect and hoarding strategy, with some concrete suggestions on how to implement the proposals.

The NLSAP had a clear impact, with members raising the profile of adult safeguarding, e.g. Broadland District Council colleagues ensuring that the transport leaflet is given to all their licensed taxi drivers by the licensing team, and the information regarding human trafficking was shared with environmental health teams across district councils.

There has been a clear focus across the Northern LSAP of raising this issue with wider organisations, e.g. a presentation with the Integrated Care Board, NNCCG.

Although there is an ongoing challenge of ensuring consistent and varied membership of the group, we have had regular representation from Police, prison and district councils within the locality.

The group has benefited from good, anonymised case discussions, which all find helpful and informative.

### Western LSAP

The Western locality group (WLSAP) meets five times a year at the Parkview Resource Centre in King's Lynn, Norfolk, with a chairperson and deputy chair to lead the meetings.

The meetings are attended by a wide range of professionals from all fields, including the council, Social Services, safeguarding specialists, NHS hospital, care homes, nursing homes, hospices, Police and voluntary and charitable organisations.

The group was involved in promoting safeguarding awareness to the general public during Safeguarding Awareness Week held in September 2015, and has already made plans for the repeat event in September 2016.

WLSAP bought weekly advertising space in the local free newspaper for the West Norfolk area, containing the safeguarding adults referral telephone number for anyone needing to report a concern about an adult or their own situation.

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There is now a Facebook page for the WLSAP, to promote safeguarding to the public and professionals using social media. It displays the Norfolk safeguarding referral posters and phone numbers, and promotes the Safeguarding Adults Week and associated training events.

The WLSAP is supporting a new venture, the 'Safeguarding Friends' team, which is now underway in West Norfolk. The team comprises experienced safeguarding and social work professionals who, in this voluntary role, plan to visit nursing homes and care facilities to talk with residents and discuss any concerns they may have in a supportive, informative way. The team has undergone the required DBS checks and authorisation.

The Norfolk 'Safer Places' scheme is now well established in the area, with many local businesses, shops and healthcare institutions offering a place of refuge for a vulnerable adult who needs to telephone their main carer or family member for support when faced with a difficult situation.

### Eastern LSAP

While Eastern LSAP had a strong start to this year, delivering a number of local seminars and activities, the move of its chairman to a new job and thus having to step down has left the group struggling to maintain its momentum. The partnership has continued to meet, picking up some very important topics, including review of a local human trafficking case, although attendance has dropped off. Discussions to support a new chair are ongoing and it is hoped to have new arrangements in place during the early part of reporting period 2016-17.

## Southern LSAP

In 2015-16 Lyn Fabre (South Norfolk Older People's Forum) stepped down as chair of SLSAP. NSAB would like to record its thanks to Lyn for her work as chair of the partnership. During the year the partnership received updates on safeguarding adult work at Wayland Prison and had a presence at the South Norfolk Older People's Forum. In the early part of 2016 Tony Cooke took up the role as chair and worked to relaunch the partnership in April 2016.

## Central LSAP

At the end of 2015 the chair of Central LSAP, Governor Will Styles from Norwich Prison, had to step down. NSAB wishes to record its thanks to Will for his leadership during his time as chair and for his skilful and enthusiastic efforts to build the partnership. Central LSAP provided a strong presence during safeguarding week in and round Norwich, leafleting a number of the supermarkets. Nick Pryke (Assistant Director - Integrated Care (Norwich)) has now taken the role of chair.



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## NSAB Partners

### Norfolk County Council, Adult Social Services

The Adult Safeguarding team in Norfolk County Council comprises 7.5 full-time equivalent practice consultants and one full-time team manager. The team provides a practice consultant for each of the five Adult Social Services localities within Norfolk, as well as being integrated in the Multi-Agency Safeguarding Hub (MASH).

The team's key partners within the MASH are Police and Children's Services. Several other agencies also have a 'virtual' link to the MASH, including Health, Leeway: Independent Domestic Violence Advisory Services (IDVA); Norfolk Probation Services and Norfolk & Suffolk Foundation Trust. This close working environment enables prompt sharing of information between agencies and identifies appropriate involvement in a timely manner for an adult at risk of abuse or neglect.

The Adult Safeguarding team undertakes complex Adult Safeguarding Enquiries, as set out in the Care Act 2014, which was implemented in April 2015. The team also provides professional case consultation, training and joint working, not only to local authority staff but to key stakeholders throughout Norfolk. The Adult Safeguarding practice consultants also provide formal observation of social workers who are progressing towards their Level 2 professional status. This ensures that newly qualified staff will be competent and confident to take part in safeguarding enquiries.

A key focus for the Adult Safeguarding team is to ensure that Making Safeguarding Personal (MSP), which was introduced within the Care Act 2014, is embedded throughout all aspects of an Adult Safeguarding Enquiry. MSP focuses on developing or re-establishing the skill of effective communication in order to gain a real understanding of what the individual wishes to achieve to help keep themselves safe.

The team has been auditing the outcomes relating to MSP and has used these to help develop the service provided and shape any learning that can be implemented across not only the team, but partner agencies too.

### Clinical Commissioning Groups (CCGs)

Clinical Commissioning Groups (CCGs) were established in April 2013 and play a major role in achieving good health outcomes for the local population that they serve. The five Norfolk CCGs commission most of the hospital and community NHS services within the NSAB area.

Commissioning involves deciding what services are needed, and ensuring that they are provided. CCGs are overseen by NHS England, which retains responsibility for commissioning primary care services such as GP and dental services, as well as some more specialised hospital services. All GP practices now belong to a CCG, but groups also include other health professionals, such as nurses.

Services CCGs commission include:

- most planned hospital care
- rehabilitative care
- urgent and emergency care (including out-of-hours)
- most community health services
- mental health services
- some learning disability services

Within the NSAB area there are five CCGs:

- North Norfolk CCG
- South Norfolk CCG
- Norwich CCG
- West Norfolk CCG
- Great Yarmouth and Waveney CCG

To ensure good interfaces with other statutory partners, the five CCGs in Norfolk have a clustering arrangement, placing the executive, strategic and operational functions for adult safeguarding in a dedicated team, which is hosted by North Norfolk CCG.

Since their inception in 2013, CCGs have continued to strengthen their position in relation to Adult Safeguarding. The past year has seen an increase in scrutiny of commissioned services to ensure that the safeguarding adults agenda is central to the services they provide. This has been achieved through identification of key performance indicators within contracts and the use of a quarterly safeguarding adult dashboard to monitor performance.

Alongside the active monitoring of performance, there has been a significant investment by the CCGs in projects to increase the knowledge base and skills of staff, particularly in relation to the Mental Capacity Act and DoLS. Following on from a number of education events, a project is now underway to consider how the knowledge gained can be translated into improvements in care delivery, both in CCG-commissioned services and within General Practice.

The CCGs currently provide leadership and support to the HESAA and the NSAB Business Group, as well as ensuring appropriate representation at each of the LSAPs and a large bulk of the sub groups.

Moving forward, the CCG is looking to expand the scope and resources of its safeguarding adults team, to fully explore what further support can be provided to colleagues in primary care and also to better understand how the Health sector can play a stronger role in the MASH.

## Norfolk Constabulary

Norfolk Constabulary is committed to delivering services to vulnerable adults in Norfolk and has invested in its resourcing capacity in this area over the past three years. The force provides an integrated service with other partners in the county Multi Agency Safeguarding Hub (MASH), where it commits resources to review and discuss referrals with partners. Norfolk Constabulary's role is not purely focused on the identification of criminal offences, but also identifying risk and safeguarding opportunities. This work is undertaken with colleagues in Adult Social Care and a range of health representatives to offer support to those adults who find themselves in need across the county. On average the MASH receive around 100 adult-related referrals per month.

Once a referral has been reviewed by the MASH, it may be allocated for further investigation by the Adult Abuse Investigation Unit (AAIU). Norfolk has been a national leader in the management of investigations relating to vulnerable adults for several years now, owing to the co-location of force investigators with colleagues from Adult Social Care. This co-location enables an improved level of partnership working and secures the best service for the individual concerned. The AAIU investigates all manner of offences, but primarily focuses on the abuse of vulnerable adults in relation to ill treatment, physical abuse, financial abuse and neglect.

Safeguarding adults is a key priority for Norfolk Constabulary, with strategic leadership from ACC Nick Dean, Head of Local Policing for the county, and Detective Superintendent Julie Wvendth, Head of Safeguarding and Harm Reduction. The latter is a permanent member of the NSAB and is currently the chair of the board's Business Group, where the strategic direction provided by the board is effectively put into action.

Attendance at the Local Safeguarding Adult Partnership meetings has proven a challenge for the Constabulary at times, but closer liaison with Operational Partnership Teams in localities has improved join up at this operational level. The force continues to support the board through financial contributions

each year, and the Head of Safeguarding also currently chairs the newly created Safeguarding Adult Review Group.

The force has prioritised threat, harm and risk, and considers the response to vulnerability a key focus for the coming year. Training provided by the College of Policing was rolled out to all staff last year, supported by an in-force produced podcast to raise awareness and to reinforce the key messages to frontline officers and staff. This training is being refreshed this year, and wider vulnerability training is currently being prepared. This will focus on the safeguarding of adults, domestic abuse, honour-related crime and force responses to mental health – all key aspects of vulnerability which the force is committed to work with partners locally to address. This training will be designed to enable staff to identify cases of concern at an earlier stage, so preventative measures can be worked on collectively with partners to reduce risk and ensure effective arrangements are put in place at the earliest opportunity.

Obviously, alongside working with partners to secure the most appropriate interventions for individuals, the force is committed to the enforcement of criminal offences and to taking positive action to prosecute offenders. The AAIU has secured a number of successful prosecutions this year, and the team manages on average 60 cases at any one time. A large number of these investigations relate to financial offences, where people in positions of trust have stolen from adults who relied on them for support. It is always rewarding to see positive outcomes on these crimes, and the team works hard to secure positive results wherever possible.

The past year has seen an increase in the profile of NSAB across the county, and Norfolk Constabulary is committed to continuing to support this agenda in the future.

## Health Providers

### Queen Elizabeth Hospital, King's Lynn

Safeguarding awareness is promoted and embedded in clinical practice throughout the Trust. The Safeguarding Adults Lead is responsible for delivering training, liaising with Social Services and others, and supporting and advising clinical staff on safeguarding matters. The Director of Nursing and Trust Chief Executive hold overall responsibility for safeguarding.

The Trust's Safeguarding Adults Lead has a leadership role as deputy chair for the Western Locality Safeguarding Adults Partnership (WLSAP). This is a wide-ranging group from all areas of the safeguarding sector, including professional and voluntary agencies. This LSAP is the first in Norfolk to have a Facebook page to promote safeguarding awareness.

The Trust has clear policies and referral procedures for safeguarding adults, domestic abuse, Prevent and female genital mutilation. The Safeguarding Adults Committee meets every two months, with the Director of Nursing or Deputy in attendance, to review serious cases and issues. There is a safeguarding webpage on the Trust intranet, with policies and guidance to help staff make a safeguarding referral to report suspected abuse.

Safeguarding training at level 2 has a high compliance, at 96% for clinical staff from all specialities. New hospital staff are trained during hospital induction and via the mandatory training programme thereafter, with a session covering adults and children's safeguarding. This includes the Trust volunteers. Safeguarding training is currently being reviewed in line with the new intercollegiate guidance, to include pre-reading material and scenario training. The safeguarding supervision sessions now incorporate both adult and children's clinical staff, to widen staff knowledge and experience.

Key frontline staff, including nursing, medical and allied health professionals, attend the mandatory Prevent session, which raises staff awareness about the possible risk of extremism and radicalisation.

There is a strong working relationship between the hospital-based Social Services staff and the Safeguarding Adults Lead, with sharing of information and joint working on problematic cases. Nursing staff complete a safeguarding assessment on every patient, and their training ensures they can recognise signs of harm and will report concerns.

There are safeguarding adults information leaflets available in the hospital for the general public, patients and visitors, and part of the Safeguarding Adults Lead role is to be available to meet patients or members of the public expressing concerns. Key areas such as the Accident & Emergency Department have literature available on domestic abuse support.

In 2015 there were 287 safeguarding alerts made within the Trust, an increase from 239 in 2014.

All safeguarding alerts, including low-risk concerns, are documented by the Safeguarding Adults Lead, who can discuss these with Social Services, the Safeguarding Practice Consultant and staff at the Norwich MASH to ensure a range of expertise and input is applied to any case.

## Healthwatch Norfolk

Healthwatch Norfolk is the consumer champion for health and social care in the county. It is an independent organisation with statutory powers. The people who make decisions about health and social care in Norfolk have to listen to members of the public through Healthwatch Norfolk.

The organisation gathers views and experiences (good and bad) from those who use the health and social care services in the county. During its work it is mindful of its responsibility to contribute to the prevention of harm and reduce the risk of abuse or neglect to adults with care and support needs, through raising awareness and providing a clear framework for action when abuse is suspected. This applies to all Trustees, staff and volunteers of Healthwatch Norfolk.

The Chief Executive at Healthwatch Norfolk has overall responsibility within the organisation for safeguarding adults at risk, but the day-to-day responsibility is delegated to the Operations Manager. The latter represents Healthwatch Norfolk on NSAB. This contribution comprises a resource to share information and contribute to raising awareness. Healthwatch Norfolk does not contribute financially to NSAB.

All Trustees, staff and volunteers are provided with a copy of the Healthwatch Norfolk Safeguarding Adults Policy, and are required to confirm they have read and understood it. Those staff who regularly engage with members of the public have also attended formal training in safeguarding adults. In addition, as part of the induction training for all new volunteers, a Safeguarding Lead from one of the local healthcare provider organisations presents a dedicated training session to the volunteers about safeguarding adults.

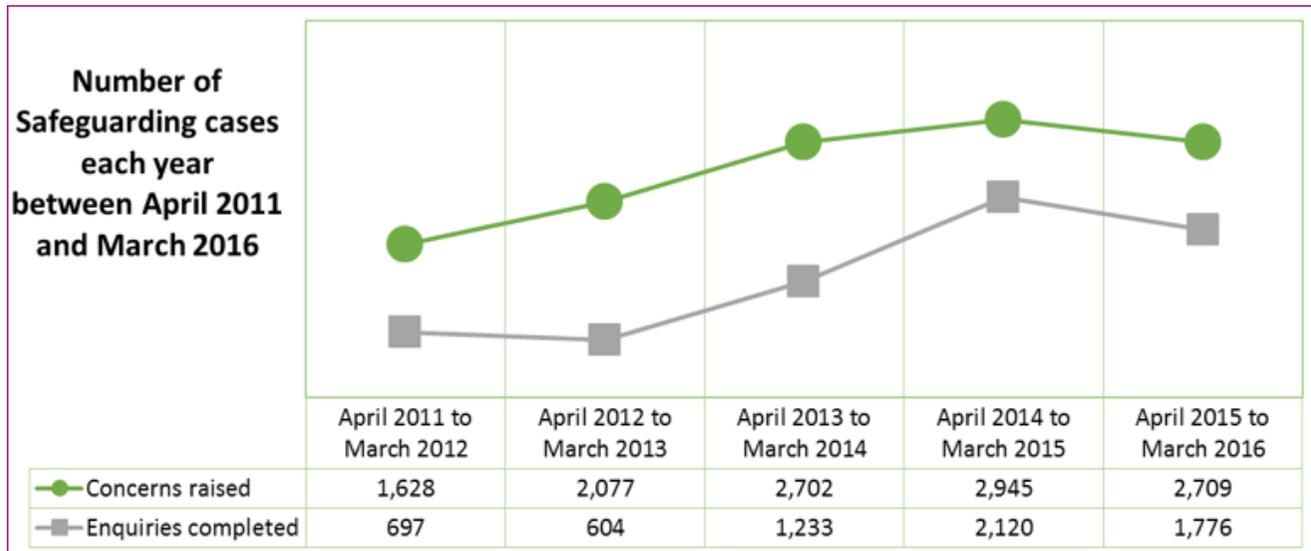
The Operations Manager is responsible for reporting immediately any concerns that may be considered a safeguarding issue to the Norfolk County Council Adult Safeguarding Team. Healthwatch Norfolk does not have a remit to investigate any such concerns, but it must report any information received that could lead to a formal investigation by the appropriate authority. In addition, the Operations Manager reports any such concerns immediately to the Care Quality Commission and provides a quarterly report to Healthwatch England. The number of such reports to the Norfolk County Council Adult Safeguarding Team is reviewed quarterly in-house, and the Healthwatch Norfolk Safeguarding Adults Policy is reviewed at least annually (and when any new legislation is published).

Events during Safeguarding Awareness week are published on Healthwatch Norfolk's website.

All feedback received by Healthwatch Norfolk, whether face-to-face contact/ email/telephone/letter or via our website, is carefully reviewed and any safeguarding concern is reported immediately. Support is offered where appropriate by the Operations Manager to the person who originally handled the feedback.

Healthwatch Norfolk will continue to raise awareness of the safeguarding adults agenda across the county and internally to its Trustees, staff and volunteers.

# Safeguarding Adults – April 2015 to March 2016



The number of safeguarding concerns raised has increased by 66% over the last five years. Over the same period the number of safeguarding enquiries has increased threefold.

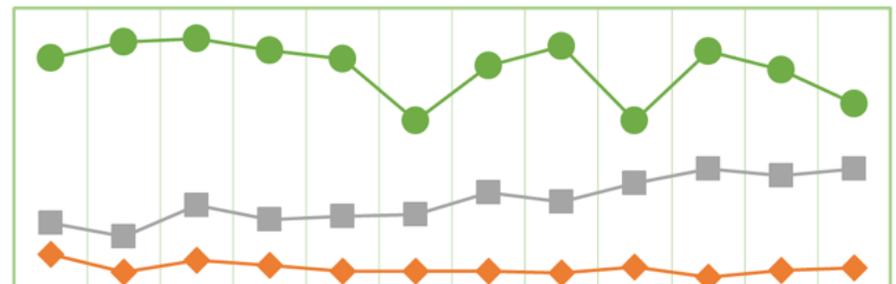
The Supreme Court ruling in March 2014 lowered the threshold for what constitutes deprivation of liberty, and has led to a significant increase in the number of applications for Deprivation of Liberty Safeguards (DoLS).

701 more applications were received in 2015-16 than in the previous year, which is a 36% increase. This has resulted in a backlog of applications waiting for assessment, where the outcome is not yet known.

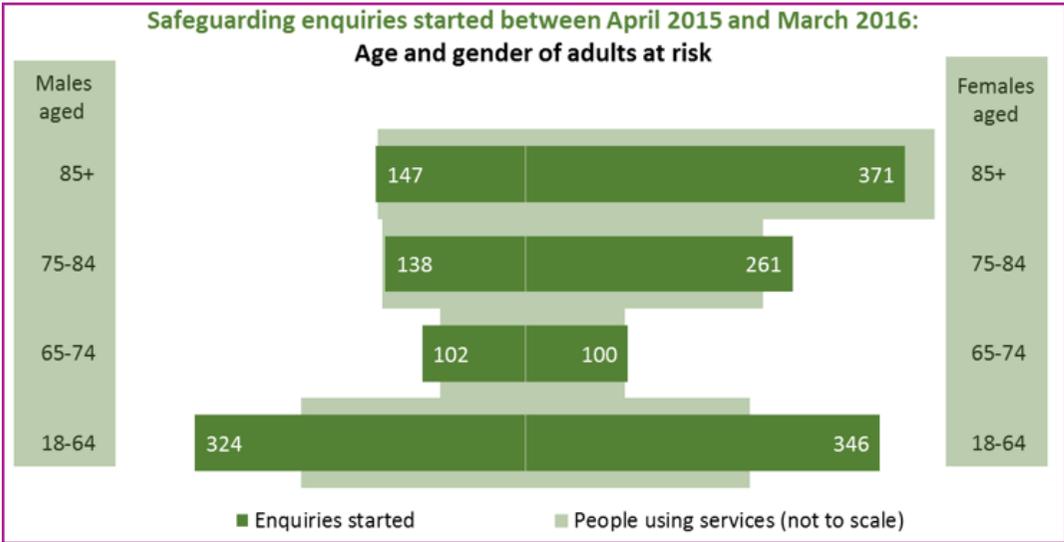
## Deprivation of Liberty Safeguards applications received between April 2015 and March 2016

1,804 requests were waiting for an assessment at the end of March 2016.

656 people died before assessments were completed.



|                          | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 |
|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Applications received    | 230    | 246    | 250    | 238    | 229    | 167    | 222    | 242    | 167    | 237    | 218    | 184    |
| Applications granted     | 33     | 15     | 27     | 22     | 16     | 16     | 16     | 14     | 20     | 10     | 17     | 19     |
| Applications not granted | 64     | 51     | 82     | 68     | 71     | 73     | 95     | 86     | 104    | 119    | 112    | 119    |

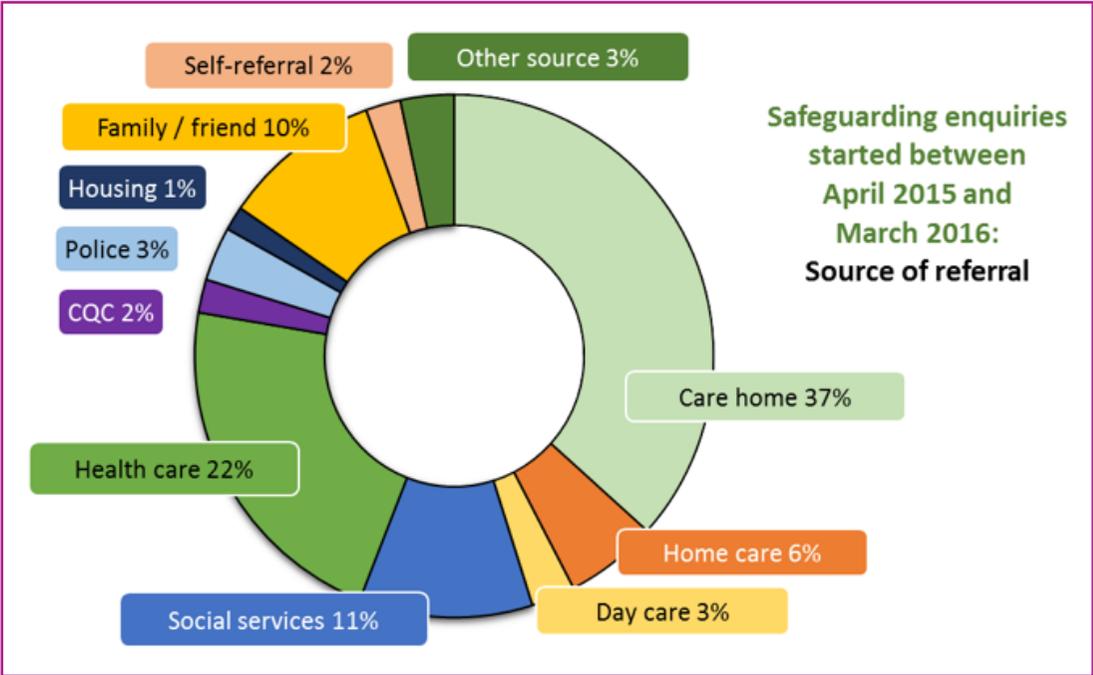


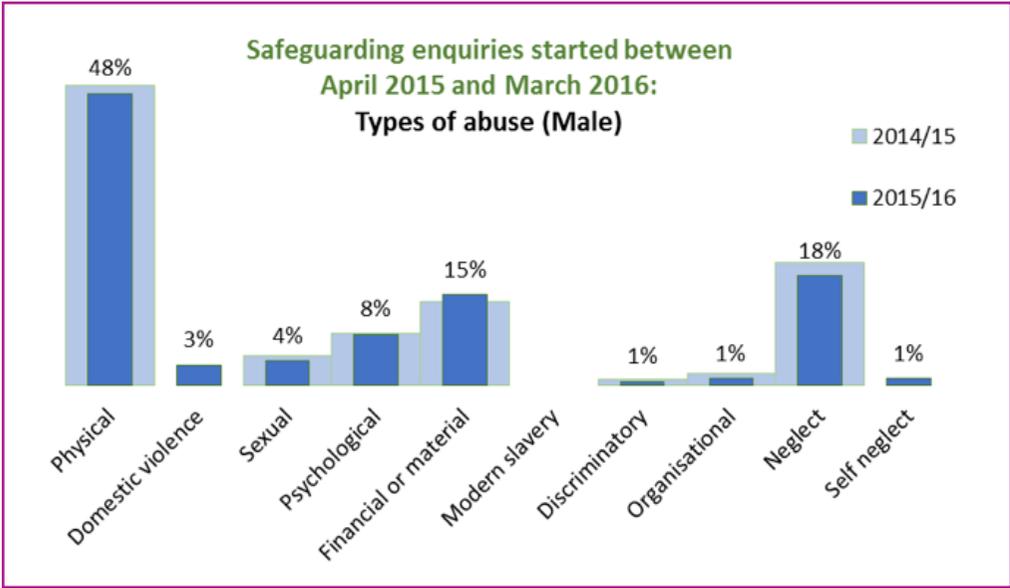
This shows the number of safeguarding enquiries started in 2015-16. It compares the shape of the age and gender breakdown of adults at risk (solid bars) with the age and gender make-up of adults who use Social Services in Norfolk (lighter area).

The two shapes broadly conform for over-65s but, as in previous years, there was a higher proportion of enquiries concerning working age adults (37%) compared with the number of people supported by Adult Social Services of that age group (29%).

Almost half (45%) of safeguarding enquiries were initiated by organisations who provide Social Services care and support.

This year 10% of safeguarding concerns were raised by a family member or friend, compared with 7% last year. This demonstrates increased public awareness of what could be a cause for concern and how to report it.



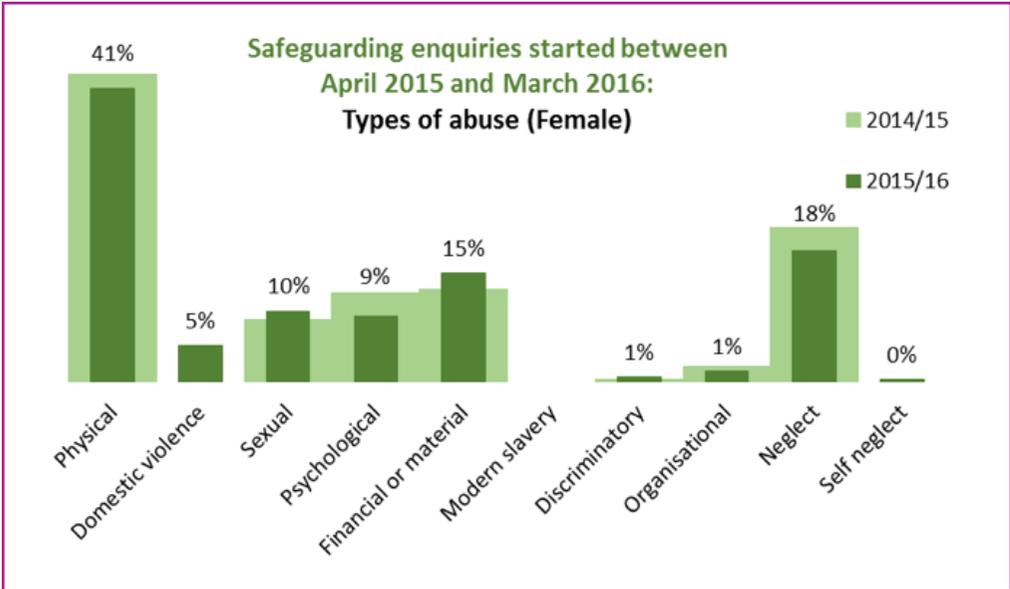


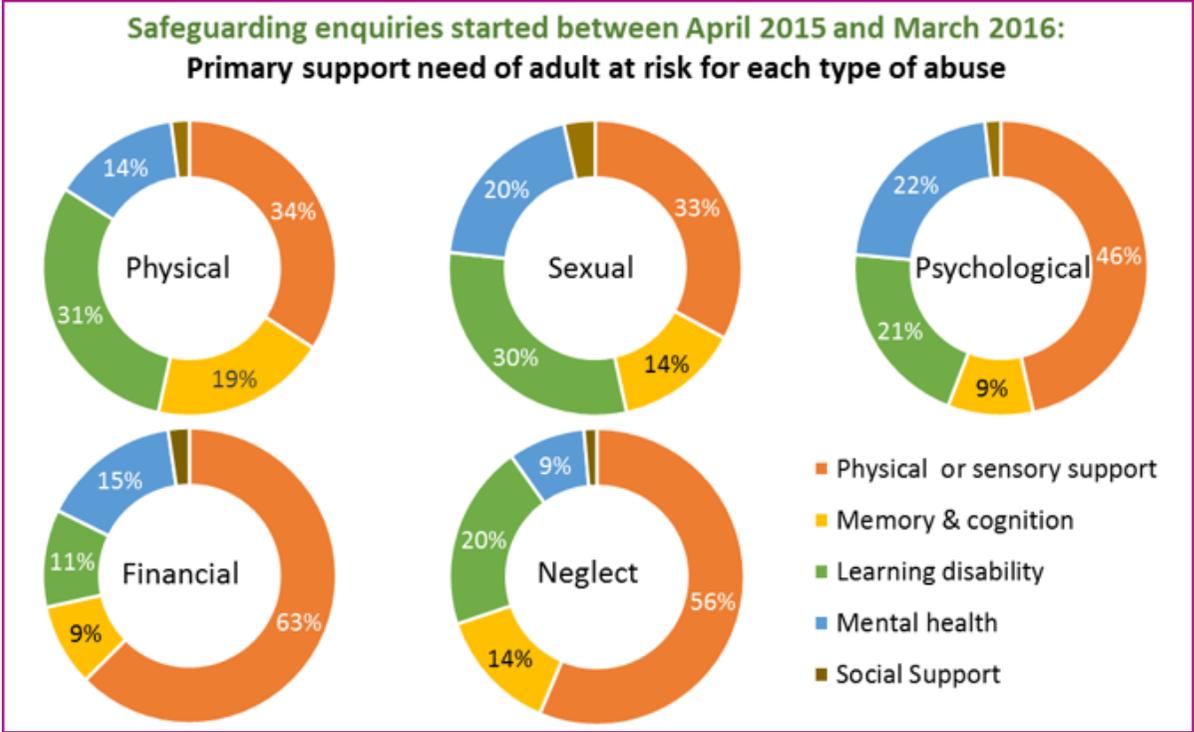
Figures were not available last year for domestic violence, modern slavery or self-neglect, so enquiries relating to those types of abuse would have been recorded under different categories.

For categories where comparisons are available, a higher proportion of enquiries this year than last year concerned financial abuse. Conversely, a lower proportion of enquiries this year concerned neglect.

For female adults at risk, there was a higher proportion of enquiries this year than last year where sexual abuse was suspected. The apparent reduction in psychological abuse may be due to the addition of the domestic violence category.

Physical abuse was the most frequently reported type of abuse for both men and women.





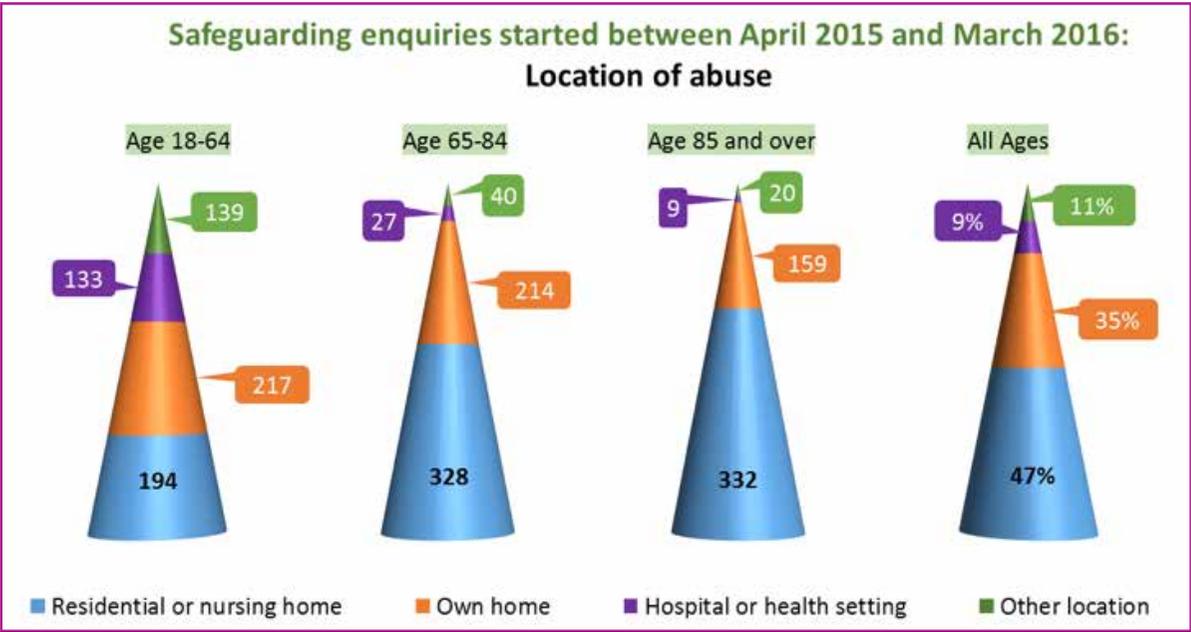
These rings show the principal care and support needs of adults at risk for each type of suspected abuse. No breakdowns are shown for domestic violence, modern slavery, discriminatory abuse, organisational abuse or self-neglect, as the number of enquiries in each category was very low.

The biggest proportion of enquiries for each category of care and support needs related to physical abuse.

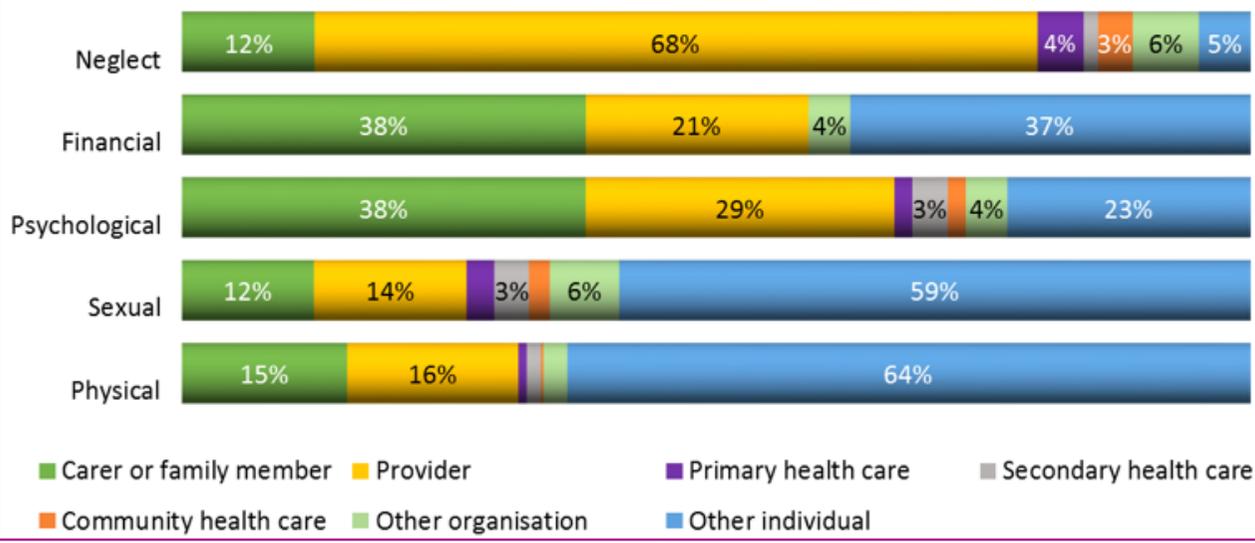
Adults at risk with a physical support need were more likely than people with other support needs to be involved in enquiries relating to financial abuse or neglect.

Almost half (47%) of safeguarding enquiries concerned suspected abuse in a residential or nursing home. The greatest percentage was of adults aged 85 and over (64%).

The highest proportion of suspected abuse in a hospital or health setting was adults of working age (79%).



**Safeguarding enquiries started between April 2015 and March 2016:  
Source of risk for each type of abuse**



For each type of abuse, this shows the relationship of the adult at risk to the person or organisation suspected of abuse.

Secondary healthcare organisations, such as hospitals, were most likely to be suspected of physical abuse, whereas primary and community healthcare organisations, like GPs or district nurses, were more likely to be suspected of neglect.

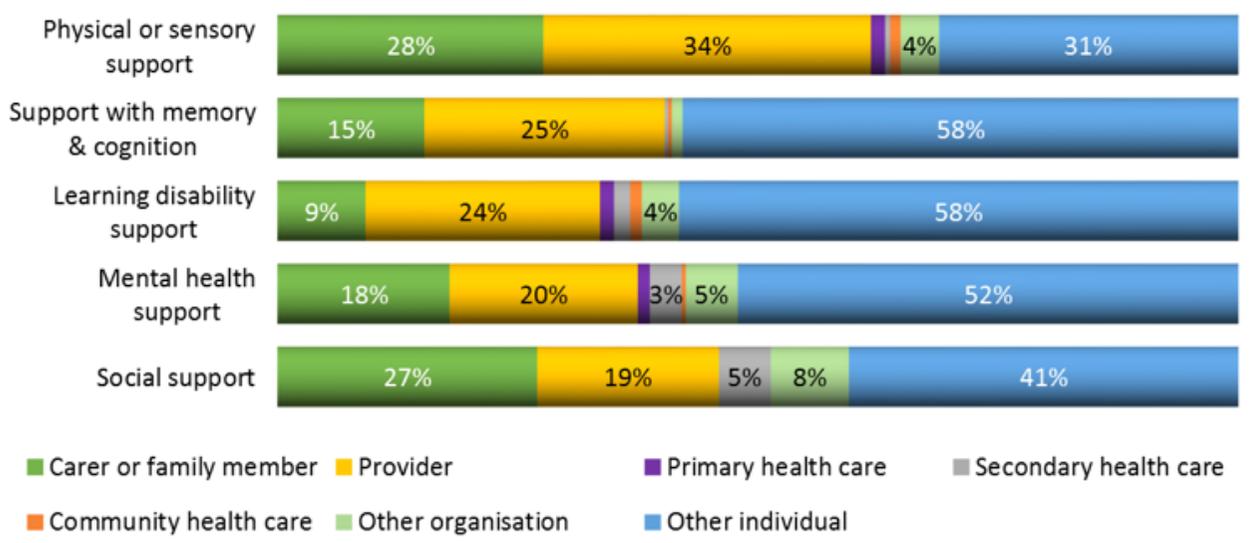
Nearly 80% of enquiries relating to physical abuse concerned an individual known to the adult at risk. A high proportion (60%) of these involved physical contact between residents in care homes.

This shows the care and support needs of adults at risk by their relationship to the person or organisation suspected of abuse.

Social care providers comprised the highest source of risk for adults with physical or sensory support needs. For adults at risk with other support needs, the highest risk was from individuals other than informal carers or family members.

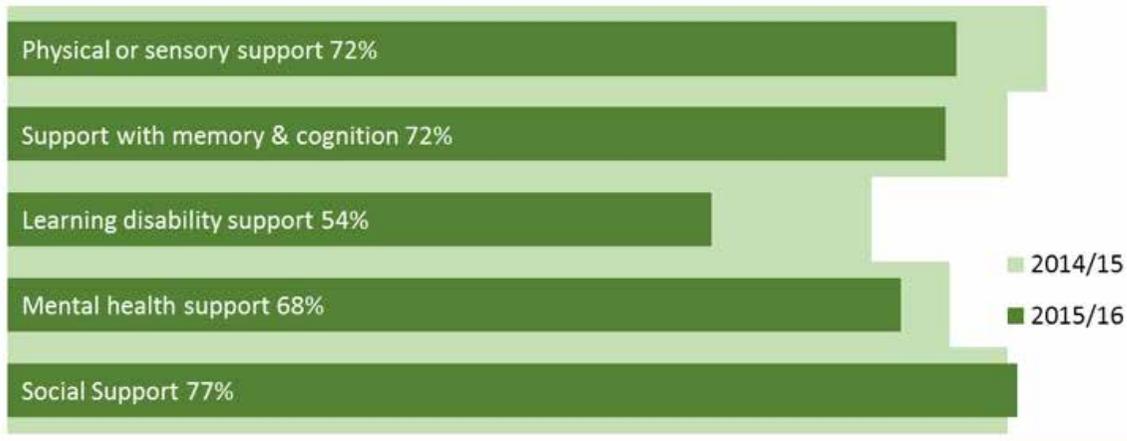
For all sources or risk except secondary healthcare, the highest proportion of enquiries concerned adults with a physical support need. Where the source of risk was secondary healthcare, the highest proportion was adults needing mental health support.

**Safeguarding enquiries started between April 2015 and March 2016:  
Source of risk for each primary support need**



**Safeguarding concerns raised between April 2015 and March 2016 which led to enquiry:**

**Primary support need of adult at risk**



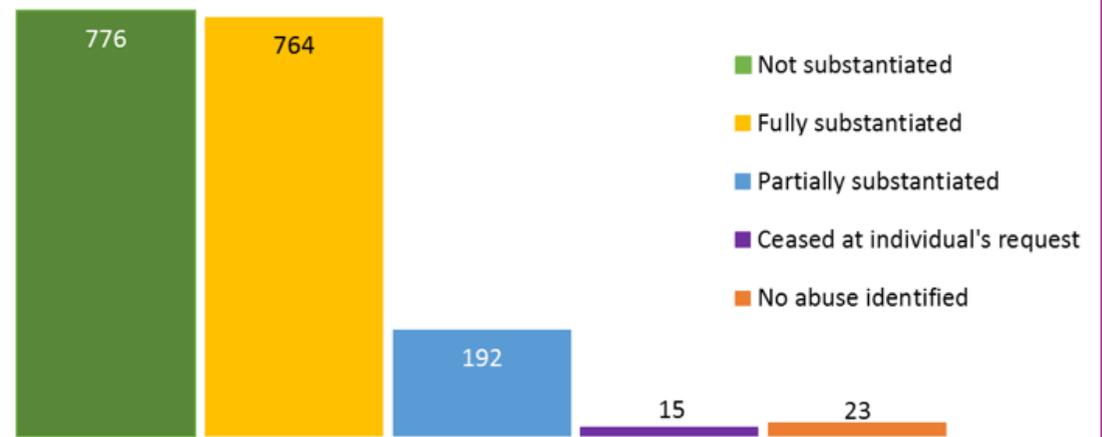
Two thirds of safeguarding concerns raised in 2015-16 met the threshold for a safeguarding enquiry, compared with nearly three quarters of concerns in 2014-15.

In comparison to last year, a smaller proportion of safeguarding concerns relating to adults with a learning disability support need proceeded to enquiry. Conversely, a greater proportion of concerns about adults with a social support need led to an enquiry.

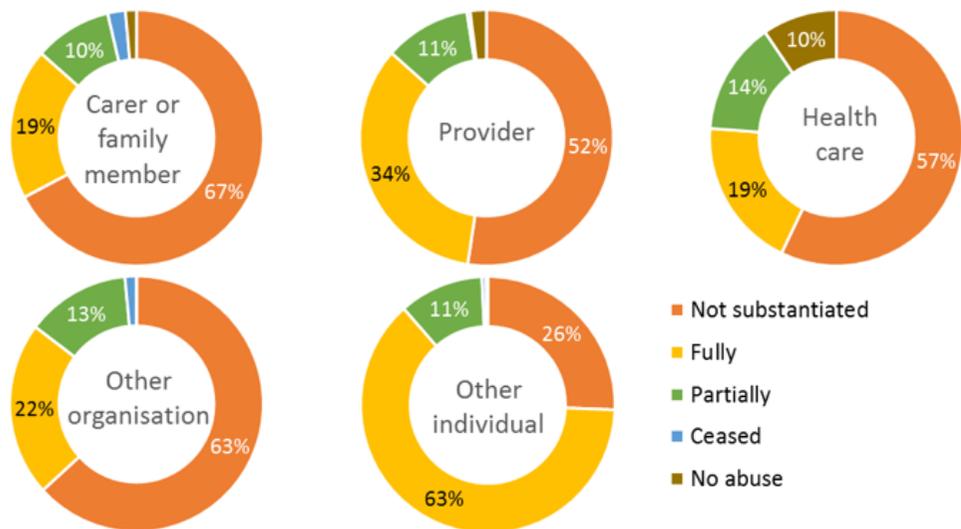
More than half (54%) of the suspected abuse concerns which resulted in a safeguarding enquiry were found, on the balance of probability, to be substantiated, either fully or in part.

**Safeguarding enquiries completed between April 2015 and March 2016:**

**Outcome of enquiry**



**Safeguarding enquiries completed between April 2015 and March 2016:  
Outcome of enquiry for each source of risk**



These rings show the outcome of safeguarding enquiries for each type of source of risk.

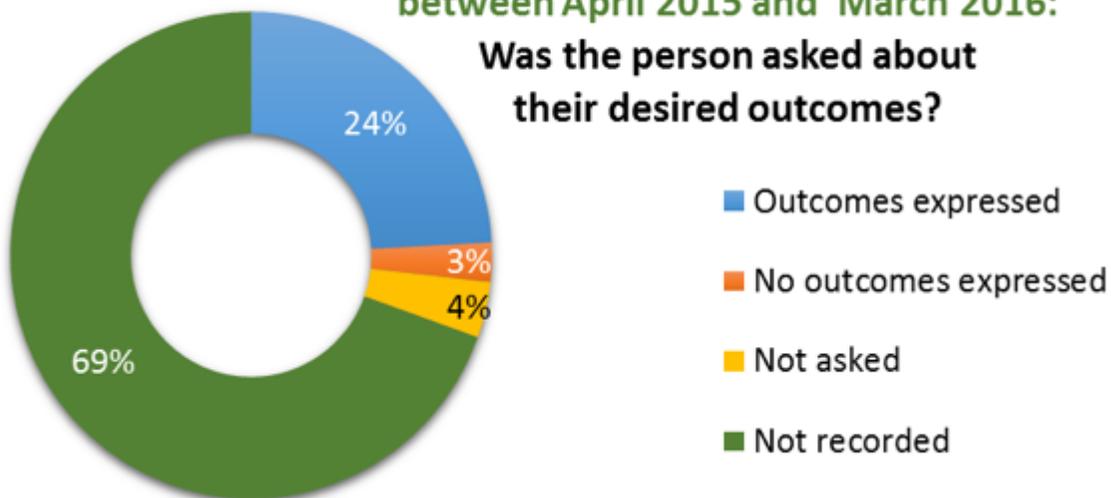
The source of risk was an individual other than a carer or family member in 62% of safeguarding enquiries which were substantiated, either fully or in part. In most of these enquiries (70%) the abuse took place in a care home, so most likely to have involved other residents living in the same residential or nursing home.

Of the other sources of risk, the highest proportion of substantiated enquiries concerned a social care provider.

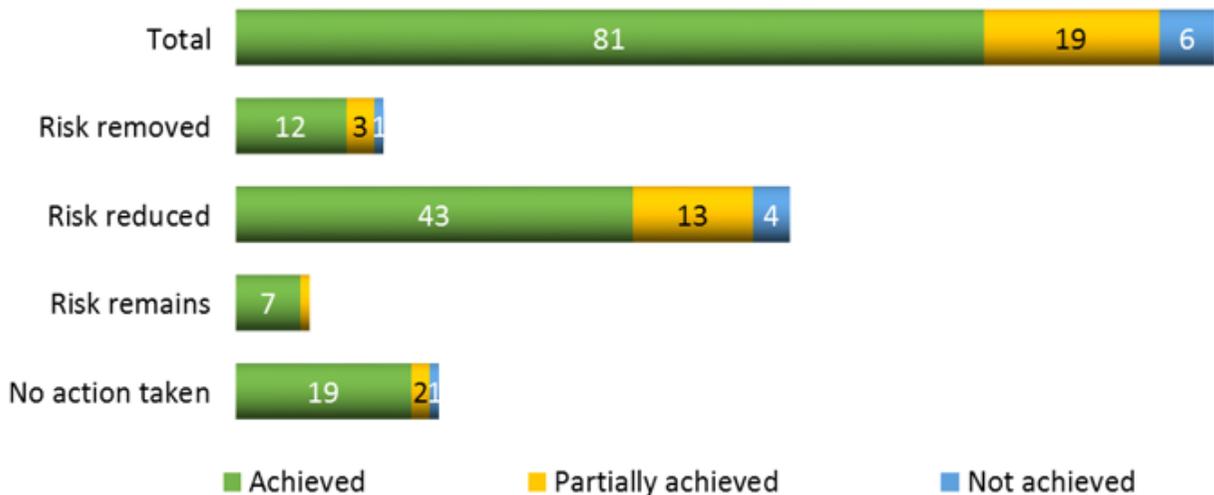
Adults at risk are encouraged to express the outcomes they would like to achieve as the result of any safeguarding action.

In 2015-16, 24% of safeguarding enquiries recorded that adults at risk expressed a desired outcome, but 73% were either not asked or the response was not recorded.

**Safeguarding enquiries completed between April 2015 and March 2016:  
Was the person asked about their desired outcomes?**



**Safeguarding enquiries completed between April 2015 and March 2016:  
If the person expressed a desired outcome, was it achieved?**



Of those enquiries where the adult at risk expressed a desired outcome, 94% were achieved in full or part.

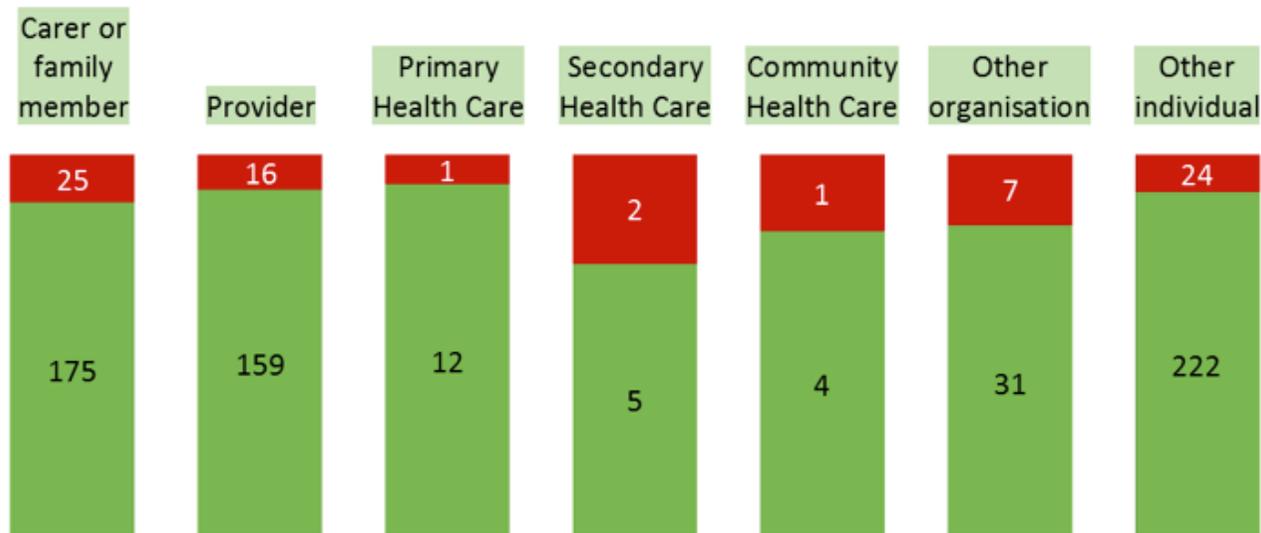
The risk was removed or reduced in 71% of all completed enquiries.

At the conclusion of a safeguarding enquiry, the adult at risk is given the opportunity to say whether they feel safe. This illustration shows responses for each source of risk.

This information was not available for 60% of completed enquiries, either because the adult at risk did not have capacity to comment, or the response was not recorded. Excluding those who lacked capacity to comment, no response was recorded in 45% of completed enquiries.

Of those adults at risk who were asked and responded, 89% said they now felt safe.

**Safeguarding enquiries completed  
between April 2015 and March 2016:  
Source of risk - Does the person feel safe now?**



## Appendix A

### Useful links and contacts

|  |  |
|--|--|
| NSAB Website                                       | <a href="http://www.norfolksafeguardingadultsboard.info">www.norfolksafeguardingadultsboard.info</a>   |
| SAB Policies and Procedures                        | <a href="http://www.norfolksafeguardingadultsboard.info/professionals/policy-procedures-and-legislative-guidance/">www.norfolksafeguardingadultsboard.info/professionals/policy-procedures-and-legislative-guidance/</a> |
| Customer Service Centre,<br>Norfolk County Council | Tel: 0344 800 8020   |
| Norfolk Constabulary                               | Tel: 101   |
| Care provider guidance<br>(good practice guide)    | <a href="http://www.norfolksafeguardingadultsboard.info/professionals/good-practice-guide/">www.norfolksafeguardingadultsboard.info/professionals/good-practice-guide/</a>   |

## Appendix B

### Additional information

|                        |   |
|------------------------|---|
| Contact Details        | Tel: 0344 800 8020<br>Email: <a href="mailto:nsabchair@norfolk.gov.uk">nsabchair@norfolk.gov.uk</a>                             |
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[www.norfolksafeguardingadultsboard.info](http://www.norfolksafeguardingadultsboard.info)

