

# Norfolk Safeguarding Adults Board



**Annual Report** 2014 - 2015

# Contents

	<b>Page</b>
Introduction from Joan Maughan, Independent Chair, Norfolk Safeguarding Adults Board (NSAB) .....	<b>3</b>
Structure of the Norfolk Safeguarding Adults Board .....	<b>4</b>
Membership of the Norfolk Safeguarding Adults Board .....	<b>5</b>
Norfolk County Council report on the Local Government Association Peer Review .....	<b>6</b>
Norfolk Safeguarding Adults Board core aims and objectives .....	<b>10</b>
Norfolk Safeguarding Adults Board strategic plan .....	<b>11</b>
Norfolk Safeguarding Adults Board business plan .....	<b>15</b>
Norfolk Safeguarding Adults Board subgroups .....	<b>23</b>
Locality Safeguarding Adults Partnerships .....	<b>29</b>
Statutory partner contributions.....	<b>33</b>
Good news story – example of good partnership working.....	<b>39</b>
Safeguarding adults performance data .....	<b>40</b>
Appendix A – Useful links and contacts.....	<b>48</b>
Appendix B – Additional information.....	<b>48</b>

# Introduction from Joan Maughan

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

I am pleased to have the opportunity to write the introduction to the NSAB Annual Report for 2014-15.

The year has been dominated by a Peer Review carried out in the early part of 2014-15 and the introduction of the Care Act 2014 that places NSAB on a statutory footing from 1 April 2015. The Peer Review was well timed, given the requirements of the Care Act, and tackling the recommendations from the review has placed Norfolk in a strong position for NSAB to be fit for purpose in April 2015.

The Adult Social Care Committee accepted the recommendations of the Peer Review, and an action plan was developed and shared with all partners and a range of interested bodies, including consumer groups. I am pleased to report that progress on the action plan has been robust and that most recommendations have been met. Those that require ongoing work have been incorporated into the Business Plan for 2015-16 (see page 15). The detail of progress on the Peer Review is included in this document (see page 6).

As a non statutory body and in company with many Adult Safeguarding Boards nationally, NSAB has had a diminished profile. I am pleased to report that NSAB is now connected to a range of relevant other boards and groups within the county in order to share common issues and to benefit, wherever possible, from joint working. During this year NSAB has developed a new Communications Strategy and one of the key features of the Business Plan for 2015-16 is a major public awareness raising campaign.

I am particularly pleased to report that our health commissioning partners and the police have been able to increase their funding to the board for 2015-16. This extra resource will be crucial, giving us the opportunity to meet the ambitions of the Strategic Plan (2015-18) and the Annual Business Plan for 2015-16.

NSAB held a very well attended Development Day in November 2014 that coincided with the publication of the Care Act 2014 and gave us the opportunity to plan future work around the expectations of the new legislation. The work of that day provided the content for the new Strategic Plan and Business Plan. Subsequently the board has been restructured to give it a more strategic focus. As a statutory body it is also subject to a Constitution.

Norfolk is a large county with very differing demographic and geographic areas. As a result the work of the five Locality Adult Safeguarding Partnerships (LSAPs) plays a critical role in keeping the safeguarding message to the fore in their respective localities. All the LSAPs have experienced a reduction in attendance at their meetings and are trying to address this as a matter of urgency.

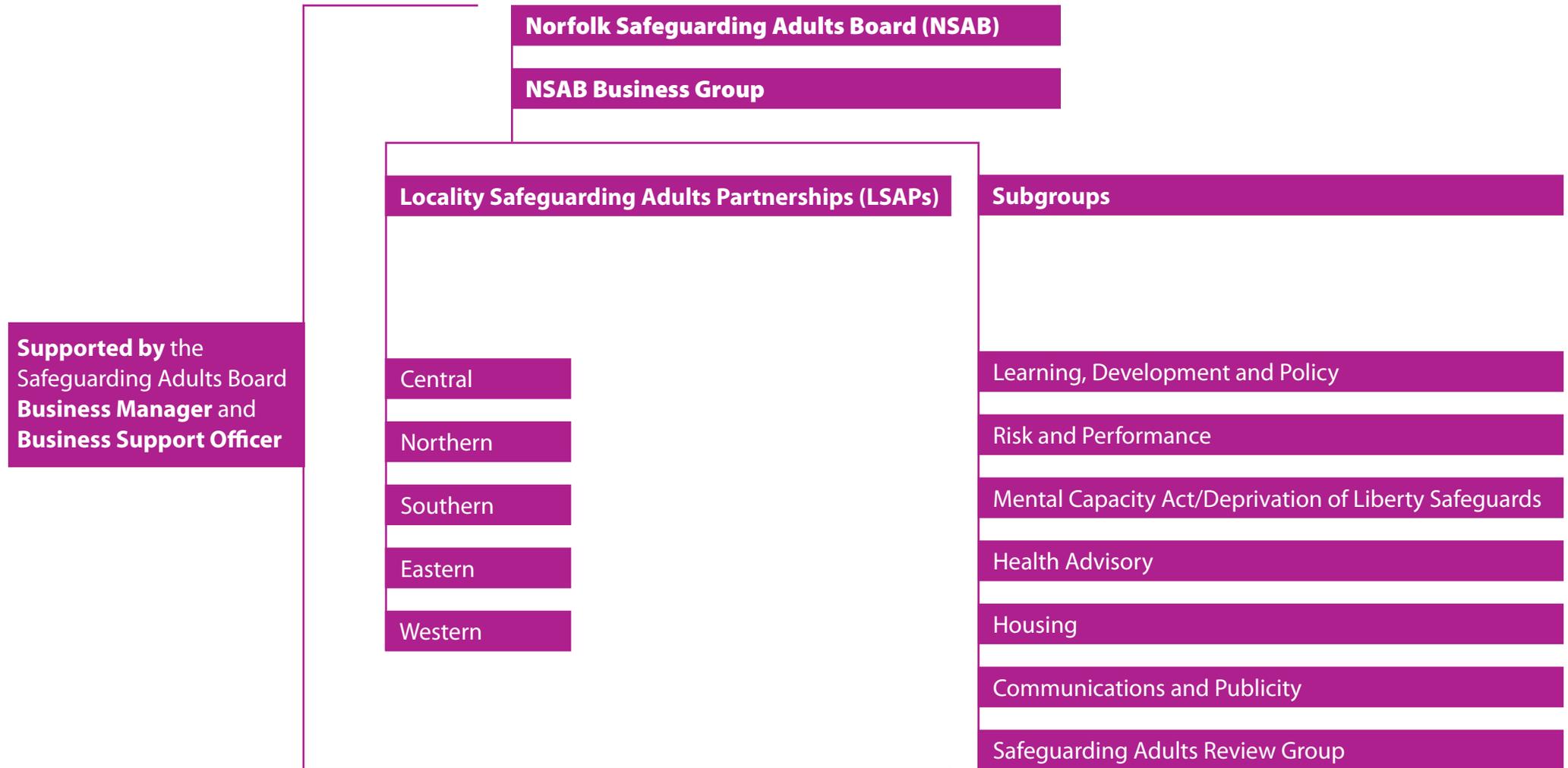
The main point to make is that this is not a case of 'business as usual'. Both in terms of statutory duties and the development of practice, the Care Act heralds a new way of working in adult safeguarding, encapsulated by the Making Safeguarding Personal Programme (MSP)

MSP and the statutory guidance for the Care Act requires local authorities to make safeguarding a personalised experience, aiming to achieve the outcomes identified by adults at risk of harm and abuse, rather than people being taken through a process.

The safeguarding adults agenda is significantly more challenging with the implementation of the Care Act 2014 and national issues that produce learning and improvement requirements for all SABs. During 2014-15 Norfolk has commenced one Safeguarding Adults Review that will report in July. This reminds us that there is no place for complacency if excellent quality safeguarding services are to be achieved.



# Structure of the Norfolk Safeguarding Adults Board



# Membership of the Norfolk Safeguarding Adults Board

The Norfolk Safeguarding Adults Board was restructured in January 2015 in order to refocus on the strategic agenda in the county. The following reflects the refreshed board structure. New members will be invited to join over the course of 2015.

Name	Role	Organisation
Joan Maughan	Independent Chair	Norfolk Safeguarding Adults Board
Nigel Andrews	Tenancy Support 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
Nicholas Davison	Chief 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 (chair of NSAB Risk and Performance subgroup)	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	ARMC
Mark Taylor	Chief Executive	North Norfolk CCG

## Vacant Board Seats

District Council representative

Lay representative

Norfolk Health Provider representatives

Norfolk Probation Service

# Norfolk County Council report on the Local Government Association Peer Review

Norfolk County Council (NCC) invited a Local Government Association Peer Review, as the regulatory body had ceased reviewing. The Peer Review took place in April and May 2014. The Peer Review team was asked to look specifically at the areas of:

- The quality of practice for users and carers
- The functioning of the Local Safeguarding Adults Board
- Working arrangements with health systems, including the practice arrangements between health organisations and NCC.

Norfolk was found to be performing at an acceptable level, but with considerable room for improvement. Feedback from the Peer Review prompted development of an action plan which has supported the county to modernise its safeguarding service in readiness for Care Act implementation. Recommendations and subsequent action are below. We are pleased to report that the majority of the actions are now complete.

No	Peer Review team recommendation	Action taken
<b>1</b>	<b>Leadership and governance, Norfolk County Council</b>	
1.1	Raise profile of adult safeguarding with elected members	<ul style="list-style-type: none"> <li>● Peer review feedback and updates delivered to Adult Social Care Committee and Chief Officers Group</li> <li>● Elected Member has taken up a seat on the Norfolk Safeguarding Adults Board</li> <li>● Basic Awareness training offered to all 84 Council Members</li> <li>● Factsheet for Councillors prepared, distributed and to be included in Councillors' induction pack</li> <li>● Safeguarding video to be shown at Adult Social Care Committee meeting</li> <li>● Safeguarding added as a standing item on the Committee agenda</li> </ul>
1.2	Invest in more publicity and initiatives to raise public awareness of adult safeguarding	<ul style="list-style-type: none"> <li>● Communications and publicity subgroup established</li> <li>● Communications strategy written and ratified by the board</li> <li>● Safeguarding Adults Board website launched (<a href="http://www.norfolksafeguardingadultsboard.info">www.norfolksafeguardingadultsboard.info</a>)</li> <li>● Key documentation produced in Easy Read format to maximise accessibility</li> <li>● Safeguarding week planned for week commencing 7 September 2015</li> </ul>
1.3	Give the new Adult Safeguarding Board Chair support to provide a strong and clear leadership	<ul style="list-style-type: none"> <li>● Safeguarding Coordinator role replaced by a clearly defined board Business Manager role</li> <li>● Induction and mentoring arranged for new Independent Chair</li> </ul>

No	Peer Review team recommendation	Action taken
1.4	The board to produce a 3 to 5 year strategy, an annual business plan and annual report	<ul style="list-style-type: none"> <li>● 3 year strategic plan produced and published on the Safeguarding Adults Board website in plain English and Easy Read formats</li> <li>● Business plan for 2015-16 completed and published on the board website</li> <li>● Annual report for 2014-15 completed and published on the board website</li> </ul>
1.5	Give the board a strategic focus and the Locality Partnerships an action focus	<ul style="list-style-type: none"> <li>● Board structure reviewed at the board's development day on 5 November 2014. Board membership reviewed to ensure a strategic focus. New structure and membership implemented January 2015</li> <li>● Executive Director of Adult Social Services confirmed as a member of the board</li> <li>● Additional interim funding agreed by key statutory partners to increase Independent Chair activities of the board, including Safeguarding Adult Review panels</li> <li>● Consultation held with all main partners with future funding for the board - funding to be ratified by the board annually.</li> <li>● Terms of reference for subgroups and locality partnerships refreshed and ratified by the board</li> </ul>
1.6	Ensure full representation of NHS organisations	<ul style="list-style-type: none"> <li>● NHS representation reviewed and agreed in March 2015, to ensure Norfolk's complex Health economy is reflected proportionately</li> </ul>
1.7	Continue to plan for new statutory duties under the Care Act	<ul style="list-style-type: none"> <li>● Care Act Business Lead linked in with the board</li> <li>● Strategic plan and business plan developed</li> <li>● Safeguarding Adults Review Group established</li> </ul>
1.8	Develop a multi-agency training strategy	<ul style="list-style-type: none"> <li>● Existing training reviewed and new provider appointed following tender process</li> <li>● Training strategy developed and ratified by the board</li> </ul>
1.9	Improve consistency of information-sharing with and across District Councils	<ul style="list-style-type: none"> <li>● Housing subgroup established</li> <li>● Locality Partnerships more effectively engaged with District Councils</li> <li>● District Council membership on the board established and first attendance will be July 2015</li> </ul>

No	Peer Review team recommendation	Action taken
<b>2</b>	<b>Practice</b>	
2.1	Train social care workers in outcome focused practice	<ul style="list-style-type: none"> <li>● Outcome focused practice embedded in Care Act training</li> <li>● New social work standard developed with Children's Services which includes focus on safeguarding adults outcomes for individuals and Making Safeguarding Personal principles</li> <li>● Peer review findings taken to locality partnerships, Making it Real group, Carers Council and the Norfolk Older People's Forum</li> <li>● Factsheet for people involved in safeguarding referrals/assessments co-produced</li> </ul>
2.2	Build the principles of 'Making Safeguarding Personal' into safeguarding practice and processes	<ul style="list-style-type: none"> <li>● Processes and forms reviewed to include reference to Making Safeguarding Personal principles and changes implemented. Guidance issued to all social care staff</li> <li>● All providers delivering safeguarding adults and Mental Capacity Act training have been told they must include the principles of Making Safeguarding Personal (MSP) in training delivered</li> <li>● Questionnaire designed to gather feedback from people who have experienced a safeguarding enquiry at the end of the investigation, to gather their feedback</li> </ul>
2.3	Ensure asset based community development work includes safeguarding	<ul style="list-style-type: none"> <li>● The Norfolk Philosophy of Social Work model includes a community approach to safeguarding</li> </ul>
2.4	Ensure community groups and individuals know what safeguarding is and how to report concerns	<ul style="list-style-type: none"> <li>● New message placed on the first contact telephone number to give greater clarity on what button to press to report a safeguarding concern</li> <li>● Communications subgroup is carrying out a survey to establish the level of public awareness of safeguarding issues, which will inform a campaign in 2015-16</li> <li>● The Head of Prevention has consulted with the three infrastructure voluntary organisations funded by Norfolk County Council to ask for suggestions, and has subsequently identified a number of sources of information where safeguarding has been publicised, such as an article in the Norfolk Care and Support Guide, the Carers Handbook and First Buses resources for people with disabilities</li> <li>● Key contacts for information-sharing with Parish Councils have been identified</li> </ul>

No	Peer Review team recommendation	Action taken
2.5	Review duplication of Safeguarding Adults Practice Consultants in the light of the Council's Assessment and Care Management Review	<ul style="list-style-type: none"> <li>Task and finish group held with managers and practice consultant social workers. Report with options sent to former Heads of Social Care and issues now resolved</li> </ul>
2.6	Consider whether to change local policy so that the Police are only consulted when required	<ul style="list-style-type: none"> <li>This was also identified as a national issue. Agreed no change required at present</li> </ul>
<b>3</b>	<b>Systems and processes</b>	
3.1	Review file audit procedure and develop other quality assurance measures	<ul style="list-style-type: none"> <li>Audit tool for safeguarding cases developed. This includes monitoring for Making Safeguarding Personal Principles being adopted. Tool implemented in April 2015, to be completed by managers at all levels in the organisation</li> </ul>
3.2	Develop a system to record outcomes	<ul style="list-style-type: none"> <li>Forms and processes updated to include outcome monitoring</li> </ul>
3.3	Develop a dashboard of outcome measures	<ul style="list-style-type: none"> <li>Risk and Performance subgroup has proposed dashboard content. Dashboard is still in development and yet to be taken to the board for ratification</li> </ul>
3.4	Gather users' and carers' views and feed them into planning	<ul style="list-style-type: none"> <li>Questionnaire designed to gather feedback from people who have experienced a safeguarding enquiry at the end of the investigation, to gather their feedback. Feedback involving suggestions for improvement to be fed to the Adult Social Services Performance Board</li> </ul>
3.5	Give carers more assurance on how complaints about care providers will be addressed	<ul style="list-style-type: none"> <li>Head of Quality and Market Development to progress</li> </ul>
3.6	Develop a system to feedback to referrers	<ul style="list-style-type: none"> <li>Mandatory question added to case closure documentation, safeguarding referral, strategy discussion and assessment forms, to document referrers have been contacted to confirm their referral has been actioned</li> </ul>
3.7	Business support needs to be sourced for MASH	<ul style="list-style-type: none"> <li>Administrative support now provided for MASH</li> </ul>

# 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.**

# Norfolk Safeguarding Adults Board

## Strategic plan 2015 to 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 3 years 2015 to 2018, and embraces the 6 key principles set out in the Care Act 2014. These 6 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.

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

Making Safeguarding Personal will be at the centre of all interventions. Adults in need of services' views 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 its 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.

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

Lord Justice Munby

**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.

The board will require all agencies to intervene to prevent harm by supplying relevant advice and information at the earliest opportunity.

The board will call for all agencies to share relevant information to reduce the risk of harm occurring or persisting.

The board will 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.

The board 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 to 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 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 to 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 practice 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 the capacity of the board to ensure the citizens of Norfolk remain safe and the board achieves its outcomes.

The board will create opportunities for adult 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 subgroups. The terms of reference will give direction from the board to the subgroups including LSAPs and that their end of year summary to the annual report will evidence this.

Terms of reference will be produced by the board giving direction to the subgroups and LSAPs. The subgroups 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

## Business Plan January 2015 - March 2016

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 EMPOWERMENT	Actions	How we will know NSAB has made difference
1.1	The strategic plan and the annual report will be produced in accessible language.	Plans and reports in accessible format placed on the website and circulated to interested parties.	● Feedback from recipients and through Citizen Consultancy group.
1.2	The website will be able to offer language translation.	Expert assistance required.	● Test run on website. ● Feedback where possible.
1.3	The board will use its influence to ensure that operational services are 'Making Safeguarding Personal' (MSP) central to all their activities.	Ensure that staff have the training they require. Gather current data on how MSP is being applied.	● Case work evidence that application of MSP has increased, and link to feedback from people using the service.
1.4	The board will seek assurances from partner organisations that citizen involvement is central to well being and safeguarding activities.	Request to partners for information to be shared at a future board meeting. Highlight given to obstacles for partners and seek solutions.	● That all partner organisations will have evidenced robust plans in place by March 2015.
1.5	All staff training will focus on people being central to decision making about their own lives.	Review validation criteria. Review current training provision.	● Validation criteria amended. ● Current training content amended. ● Report to the board.
1.6	SAB will support and monitor activities that enable adults to achieve resolution and/or recovery.	Develop personal safety plans. Map resources to support people into recovery.	● Case studies that evidence outcomes.

2	Strategic Intention PREVENTION	Actions	How we know that NSAB has made a difference
2.1	The board will have a communication strategy that enables all citizens to identify harm and know what actions to take.	<p>Communication group already established and preparing a plan.</p> <p>The plan will include strategies that maximise the use of technology and identify preferred ways of making contact with those who may be considered to be hard to reach.</p> <p>The board will mount a safeguarding adults awareness week to raise the profile of the board and give citizens the information they need to report concerns.</p>	<ul style="list-style-type: none"> <li>● Plan agreed.</li> <li>● Target groups identified and communication methodology agreed.</li> <li>● Feedback from groups.</li> <li>● Evidence of outcomes from LSAPs.</li> </ul>
2.2	Explore opportunities for a unified communications strategy for all groups concerned with safeguarding as recommended by the "Blue Marble" review of domestic violence services.	Initial discussion at Chairs meeting.	<ul style="list-style-type: none"> <li>● Agree proposal for unified Communications Strategy produced and published and resources secured to implement.</li> </ul>
2.3	The board will lift the profile with other relevant groups and seek their support, thereby maximising the opportunity afforded by the safeguarding week.	<p>Liaison with:</p> <ul style="list-style-type: none"> <li>● District Councils</li> <li>● The media</li> <li>● The business community</li> <li>● Community councils and meetings.</li> <li>● GPs</li> </ul>	<ul style="list-style-type: none"> <li>● That other groups are prepared to contribute to the week in cash or kind.</li> <li>● LSAPs to collate data from local events demonstrating outcomes.</li> </ul>
2.4	Work with prison governors to identify best ways to ensure that prisoners are aware of their right to be protected from harm.	Some work in progress. Business Manager to link with current work and advise board	<ul style="list-style-type: none"> <li>● Report to board.</li> </ul>

3	Strategic Intention PROPORTIONALITY	Actions	How we know that NSAB has made a difference
3.1	Ensure that the concept of proportionality is understood through inclusion in staff training.	Review training materials to ensure inclusion. Include as requirement in current validation.	<ul style="list-style-type: none"> <li>● Sample review of case studies and discussion with clients.</li> </ul>
3.2	Support practice across partner agencies that takes the least restrictive option when intervention is required to mitigate risk.	Sample current of practice and record level of risk against level of intervention.	<ul style="list-style-type: none"> <li>● Making Safeguarding Personal survey</li> </ul>
3.3	The board will develop 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.	Design an audit tool.	<ul style="list-style-type: none"> <li>● From measurable evidence involving client feedback at intervals agreed by the board.</li> <li>● Case file audit.</li> </ul>
3.4	The board 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.	<ul style="list-style-type: none"> <li>● Evidence of change in responses.</li> </ul>
3.5	The board will apply opportunities to learn and disseminate lessons to improve practice, including those derived from Safeguarding Adults Reviews.	Establish a Learning, Development and Policy subgroup to link with the SAR panel.	<ul style="list-style-type: none"> <li>● Report to board and action agreed.</li> </ul>

4	Strategic intention <b>PROTECTION</b>	Actions	How we will know that NSAB has made a difference
4.1	The board will promote partnership activities that protect, support and represent those in greatest need.	Major public awareness through safeguarding week and other communication pathways.  Identify particularly vulnerable groups and develop meaningful ways of connecting.	● Survey and evaluation of outcomes.
4.2	Raising the profile of the board.	Establish reporting into the Health and Wellbeing Board.  Present at Adult Social Care Committee.  Engage Clinical Commissioning Groups	● Survey.
4.3	A consistent and coordinated approach to staff training agreed by all members.	Review current training across partner agencies.  Record and disseminate current training practice.  Challenge where training is not consistent and coordinated.	● Record positive changes in training practice.
4.4	All safeguarding activities will demonstrate the diverse communities within Norfolk.	Ensure website is translation friendly.  Seek an equality and diversity advisor to the board.	● Translation function added to website and appointment of Equality and Diversity advisor to the board.

4.5	Communicate zero tolerance of abusive behaviour in all environments.	<p>Within all future publicity material.</p> <p>Review current material and include.</p> <p>Engage with media.</p> <p>Agree and implement suitable strategies within the prison service.</p>	<ul style="list-style-type: none"> <li>● Feedback from Citizen Consultancy group.</li> </ul>
4.6	Promote a positive approach to information sharing in order to protect.	Discussion and strategy development with other interested parties, through Chairs Strategic Group to ensure a unified approach.	<ul style="list-style-type: none"> <li>● Report back on progress via Chair.</li> </ul>
4.7	Identifying and managing risk.	<p>Risks raised and recorded as per current procedure.</p> <p>Risks identified via SARs added to risk register as required.</p>	<ul style="list-style-type: none"> <li>● Risk register is up to date.</li> <li>● Risks are mitigated as far as possible and escalated as appropriate.</li> </ul>

5	Strategic Intention PARTNERSHIPS	Actions	How we will know NSAB has made a difference
5.1	That all partners are signatories to the strategic plan.	Chair to agree and circulate for signature.	● Signatures secured.
5.2	Respecting confidentiality but sharing relevant information to prevent abuse occurring or continuing.	Developing and agreeing a protocol for positive sharing of information.	● Protocol agreed with partner agencies and implementation plan in place.
5.3	Promoting collaborative opportunities with other groups that expand the board's capacity to protect.	Strengthen the LSAPs with clear terms of reference that mirror the requirements of the strategic plan and the business plan.  Expand the board's connections with District and Parish Councils to promote local engagement.	● NSAB representation on other relevant groups.
5.4	Citizen influence on board decisions and those of its partners.	Establish a Citizen Consultancy group.	● Group established.
5.5	Feedback to referrers.	Ensure that practice is required to give appropriate feedback to referrers and develop a sample 'testing' mechanism to assure this.	● Comparative sample with agreed timeline.
5.6	Develop a partnership prevention of self neglect strategy - a prominent area of concern for the Housing subgroup.	Take to partnership chairs meeting in the first instance to secure partnership commitment.	● To be determined by the strategy.

6	Strategic Intention ACCOUNTABILITY	Actions	How we will know that NSAB has made a difference
6.1	Understanding the role of the board.	Ensuring that all publicity raises the profile.	<ul style="list-style-type: none"> <li>● Online survey of provider and partner organisations, including Citizen Consultancy group.</li> </ul>
6.2	Restructuring of the board to ensure its strategic role.	Proposal to the board meeting in January.	<ul style="list-style-type: none"> <li>● Restructure in place.</li> </ul>
6.3	Developing a Constitution.	<p>Work in progress for ratification at the January meeting.</p> <p>Accessible version produced.</p> <p>Website able to accommodate different language requirements.</p>	<ul style="list-style-type: none"> <li>● Constitution agreed.</li> <li>● Accessible version produced.</li> <li>● Website amended.</li> </ul>
6.4	Monitoring and scrutiny of board functions through annual report and audited accounts.	Produce report and accounts for Health and Wellbeing Board	<ul style="list-style-type: none"> <li>● Report and accounts accepted.</li> </ul>
6.5	Current subgroups reviewed and terms of reference agreed.	Task and finish group established to review sub groups and revise terms of reference.	<ul style="list-style-type: none"> <li>● Contribution of groups to the annual report.</li> </ul>
6.6	Income generation.	<p>Develop a plan for charging for some areas of training.</p> <p>Explore contributions from District Councils with a particular emphasis on locality issues.</p> <p>Grants.</p>	<ul style="list-style-type: none"> <li>● Targets achieved.</li> <li>● Grant outcomes achieved.</li> </ul>

6.7	Development of a safeguarding dashboard.	<p>Agree indicators in dashboard.</p> <p>Liaise with Suffolk re their dashboard.</p> <p>Collate and present data.</p> <p>Distribute dashboard to board partners.</p>	<ul style="list-style-type: none"> <li>● Content of dashboard influences board's activity and service development.</li> </ul>
6.8	Implement the requirements of the Care Act.	<p>Development of new multi-agency policy and procedure.</p> <p>Publication of annual report.</p> <p>Publication of strategic plan for each financial year.</p> <p>Conduct any Safeguarding Adults Reviews in accordance with s44 of the Care Act.</p>	<ul style="list-style-type: none"> <li>● Multi-agency policy/procedure published and used by board partners.</li> <li>● Annual report and strategic plans published.</li> <li>● SARs are completed as necessary. Learning from SARs is disseminated and implemented.</li> </ul>

# The Norfolk Safeguarding Adults Board's subgroups

## Learning, Development and Policy subgroup

The Learning, Development and Policy subgroup has taken on a number of streams of work during the year as an outcome of Norfolk County Council's Local Government Association Safeguarding Adults Peer Review and the Care Act (2014) guidance.

Key areas of ongoing work have been:

- The training and policy implications from both Norfolk County Council's Local Government Association Safeguarding Adults Peer Review and Norfolk Safeguarding Adults Board's 3 year strategic work plan, including work to articulate development of a clear safeguarding pathway for the people of Norfolk
- A full review of the multi-agency Safeguarding Adults Policy and Procedure in light of published Care Act guidance
- Reviewing the current Safeguarding Adults Review policy (previously called Serious Care Reviews)
- Norfolk County Council's Safeguarding Adults Training Strategy and Training Programme

In light of the published Care Act guidance it has proved necessary to revisit the current Training Validation Panel process and supporting documentation. To better represent the work of this subgroup under the new board structure, the group's name has changed from the Strategic Training and Policy subgroup, to the Learning, Development and Policy (LDP) subgroup.



## Risk and Performance subgroup

The Risk and Performance subgroup has a committed membership from all statutory agencies and a nationally recognised independent service provider. The group increased the frequency of its meetings during 2014-15 due to the increase in work required to prepare for the enactment of the Care Act, and statutory status. The group is meeting bi-monthly with alternate meetings focusing on risk and performance.

### Risk

The group holds the Safeguarding Adults Board's (SAB) strategic risk register and adds new risks as they are flagged by the locality partnerships and subgroups of the board, and arising from Safeguarding Adults Reviews or similar. Risks are monitored and evaluated by the group, and the chair of the group attends the SAB to highlight significant risks and give an update. 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.



## Performance

This year, the group has spent some time developing a safeguarding dashboard, which was flagged as a recommendation by the peer review team who visited Norfolk in April 2014. Work to develop and refine the dashboard will continue into the new financial year.

The group has been enabled to better monitor performance of partner agencies this year, through the development of a suite of multi-agency performance reports produced by Norfolk's multi-agency safeguarding hub. This has led to a qualitative review of cases where repeat safeguarding referrals have been received in-year, which has offered an opportunity to provide assurance to the board that the current level of repeat referrals is not an indicator that referrals are not being resolved to a satisfactory degree.

The group has sought assurance from Norfolk County Council that the principles of Making Safeguarding Personal (MSP) are being implemented in Norfolk and has taken steps to ensure outcomes, and feedback from people using safeguarding services will be captured, monitored and escalated as appropriate.

The vice chair of the group attends the Safeguarding Adult Review group on behalf of the subgroup chair, to pick up identified risks and performance issues, and to play a role in the monitoring of the SAR composite action plan.

## Mental Capacity Act and Deprivation of Liberty Safeguards (MCA and DoLS subgroup)

In 2013-14, Norfolk County Council received approximately 100 DoLS referrals for assessment of people lacking capacity who are potentially deprived of their liberty.

In 2014-15, the number increased to approximately 1,195 referrals as a consequence of the Cheshire and West ruling.

All local authorities have received a one-off capital funding payment to clear the backlog of work that has arisen since the judgement. Plans are being developed to use this funding to best effect.

Following the Cheshire and West judgement, group representatives from hospitals, care homes and the local authority, have been asked what action has been taken or that they plan to take in response to the ruling. They have also been asked to provide evidence, to give assurance to the board.

There was a noticeable drop in attendance at the MCA and DoLS subgroup during the first quarter in 2014. However, the Department of Health issued a Circular following the 19 March 2014 Supreme Court judgment and the MCA and DoLS leads in Norfolk have distributed this to partners, with a request for reengagement in the MCA and DoLS/safeguarding adults agenda.

As an outcome the attendance at the subgroup was noticeably improved, with regular engagement from adult social care, police, health organisations, independent providers and legal representatives.



## Health Subgroup Report

April 2014 to October 2014

The Health subgroup was formed back in 2009 and since then has provided a 'voice' for Health within the Norfolk adult safeguarding framework. This group was temporarily suspended in October 2014, during a restructure of the Norfolk Safeguarding Adults Board which included a review of the different options as to how Norfolk's complex 'health economy' could be captured within the board's structure.

The group was made up of the designated leads for adult safeguarding from the main providers of healthcare services in Norfolk, as well as the Heads/Directors of Clinical Quality and patients safety for the five Clinical Commissioning Groups (CCGs). Therefore, the following agencies were represented:

- Norfolk and Norwich University Hospital
- James Paget University Hospital
- Queen Elizabeth Hospital
- Norfolk and Suffolk Foundation Trust (Mental Health)
- East Coast Community Healthcare
- Norfolk Community Health and Care
- East Anglian Ambulance Trust
- West Norfolk CCG
- North Norfolk CCG
- South Norfolk CCG
- Norwich CCG
- Great Yarmouth and Waveney CCG

From April 2013 the group was chaired and supported by the CCG Senior Nurse for Adult Safeguarding, a post which is hosted by North Norfolk CCG but provides support to the Norfolk CCG cluster.

In 2014-15, the group has undertaken a lot of peer to peer learning, held discussions as to how safeguarding adults was working on an operational level and raised risks to the Safeguarding Adults Board that were pertinent to 'safeguarding in health'.

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

During the period April to October 2014, the Safeguarding Adults Health subgroup was able to undertake work in the following areas:

26

### Prevent

The PREVENT agenda continued to be taken forward by the membership of the Health subgroup, with each of the main NHS partners having a robust training programme for appropriately identified staff groups. The CCGs, along with the MASH, are also ensuring relevant and appropriate information is shared with and by health colleagues, in line with the PREVENT strategy and associated legislation.

### Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

Following House of Lords and Supreme Court rulings, on MCA and DoLS, the subgroup was able to robustly discuss the impact on healthcare providers and commissioners. As such, the subgroup was able to develop strategies for increasing the 'healthcare' workforce knowledge of MCA and DoLS, which continue to be implemented. In addition, all parties were able to better understand their roles, the risks to their organisation and the risks to patients, subsequently flagging these within their organisation and to the Safeguarding Adults Board.

### Care Act

As the Care Bill received royal ascent, making it an act, the Health subgroup was able to discuss its potential impact upon the roles of the designated staff within healthcare, the organisations as a whole and the impact for patients.

The commitment from both commissioning and provider organisations, within the health community, in relation to the stable membership of the Health subgroup indicated that the adult safeguarding agenda had been embraced by these organisations, as we move forward to statutory status in 2015.

Members of the Health subgroup continue to work collaboratively to continue the work started and to ensure healthcare organisations commitment to the adult safeguarding agenda continues during the board's restructuring process.

A new Health Advisory group will hold its inaugural meeting on Monday 20 April 2015.

## Housing subgroup

As part of the Care Act 2014 Safeguarding Adults Board of adults became a statutory body from April 2015. The act makes recommendations that county safeguarding boards should ensure that housing providers are represented at board level. Whilst housing providers are represented on the board, this has been further enhanced by the creation of the housing subgroup, providing representation from a number of different housing providers from across the county.

Housing providers play a key and important role in the health and well-being of vulnerable tenants and are represented on the safeguarding locality groups across the county. The creation of the housing subgroup will play a pivotal role in strengthening the partnership between health and social care and can provide housing expertise to partner agencies in relation to the wider safeguarding agenda.

The housing subgroup is made up of representation from a number of housing providers across Norfolk and one of the key challenges in the coming months is to develop a Prevention of Self Neglect Strategy, in partnership with other key agencies such as the Ambulance and Fire services. Other areas of work will look to:

- produce a work plan with measurable outcomes, time frames and targets which has been ratified by the Norfolk Safeguarding Adults Board.
- consult and communicate with all partner agencies, where relevant, including the Norfolk Housing Alliance.
- report to and receive advice from both the Norfolk Safeguarding Adults Board and the Norfolk Housing Alliance.
- communicate with independent Housing providers to ensure all issues across the sector are represented.

## Communications and Publicity subgroup

The Communications and Publicity subgroup was formed in late 2014. The group has an overarching aim to disseminate the board's key messages, as set out in the strategic plan:

to enable people to live a life free from harm, where communities:

- Know what abuse is and how to recognise it
- Have a culture that does not tolerate abuse
- Work together to prevent harm
- Know what to do when abuse happens

The group's first task was to develop a communications strategy which is available to view on the board's website and the group has enabled the publication of the board's strategic plan in both plain English and easy read versions.

Publicity materials are being refreshed and redesigned to modernise the 'look and feel' and to reflect the Care Act's themes of safety and wellbeing and these will be available for the planned 'safeguarding week' in September 2015.

The group has developed a survey for Norfolk residents and professionals, which will be launched in summer 2015. Colleagues from organisations who work with diverse communities or hard to reach groups, have been identified so their support can be enlisted to gather responses from these groups. Data gathered from the survey will set a baseline level of understanding in the county around safeguarding and will support the group to target particular messages to particular groups and will identify whether there are particular types of abuse the group needs to focus on.

## Safeguarding Adult Review Group

Norfolk's Safeguarding Adults Board established a Safeguarding Adults Review (SAR) group in May 2014, in preparation for the implementation of the Care Act. The group will formally review all cases brought to its attention where an adult with care and support needs in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively together to protect the adult, or if an adult has not died, but the Safeguarding Adults Board knows or suspects that the adult has experienced serious abuse or neglect, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life as a result of abuse or neglect. The SAR group is primarily concerned with weighting up what type of 'review' process will promote effective learning and improvement action to prevent future deaths or serious harm occurring again.

Norfolk Safeguarding Adults Board's SAR group comprises members of the three statutory partners – Norfolk County Council, Norfolk Constabulary and a representative from Norfolk's Clinical Commissioning Groups. The group also has a legal representative and is attended by the Chair or Vice Chair of the Risk and Performance subgroup. The group is supported by the Safeguarding Adults Board Manager and Business Support Officer.

**During 2014-15 the group considered 5 cases for a Safeguarding Adults Review. Following discussion, decisions (linked to the options in the SAR policy and procedure document) were as follows:**

- **1 case resulted in no further action**
- **0 cases put forward for a review involving a case file audit where this is reasonable and proportionate**
- **3 cases put forward for a management review (with one or more organisations)**
- **1 case put forward for a SAR**

Norfolk currently has one ongoing SAR which is being carried out jointly with Suffolk Safeguarding Adults Board. The terms of reference have been published on the Safeguarding Adults Board website and a summary of the findings are expected in summer 2015 and will also be published on the website.

The SAR group monitors and reviews a composite action plan containing actions for improvement arising from reviews commissioned by the group, and holds the board's partner agencies to account for completion of actions.

The Safeguarding Adults Review policy and procedure is being rewritten to reflect the Board's statutory responsibilities with regard to SARs and the process will be widely publicised to make partners aware of the SAR criteria, to encourage referral of relevant cases.

# Locality Safeguarding Adults Partnerships

Norfolk has five localities Safeguarding Adults Partnerships (LSAP) based in Western, Southern, Northern, Eastern and Norwich localities. The purpose of LSAPs is to deliver and communicate key objectives at a local level from the Norfolk Safeguarding Adults Board. The membership of each LSAP needs to reflect multi-agency interests that will develop a collaborative approach to local Safeguarding issues.



## Central (CLSAP)

During the year, the previous chair (Dawn Collins) moved posts and sadly has had to stand down as chairperson. The CLSAP congratulate her on her move and offer thanks for the commendable work she has done leading the partnership.

The partnership membership was relatively consistent through the year and has made progress in developing a cohesive, outcomes focused network in the Locality.

The partnership developed a detailed risk register and risk mitigation document, focusing on:

- Partner organisation restructures
- GP training in mental capacity issues
- GP consortia
- Late diagnosis of mental health problems
- Management of personal budgets
- Quality of feedback after safeguarding adults referrals
- Quality of care for vulnerable adults in care homes
- Financial abuse of vulnerable adults
- Out of area placements
- Adult safeguarding training

Of particular value was the Female Genital Mutilation and Honour Killings training facilitated by the CLSAP in 2014. This was very informative and was very well received by participants.

The partnership re-convened on 2 April 2015 with a new chairperson (Will Styles - NSAB member).

Looking forward to the coming year, the partnership agreed that in 2015-16 we will build on the foundations already in place within the partnership and respond to the new terms of reference issued by the NSAB to the LSAPs, and to changes outlined in the Care Act 2014.

The partnership agreed to develop a business plan prioritising:

- Taking forward the NSAB agenda in Norfolk
- Strengthening the membership of the CLSAP
- Developing a 'networks map' in order to extend the reach of our two way communication into the community
- Building greater citizen involvement/engagement and developing greater ethnic diversity in the partnership
- Developing improved governance arrangements and an outcomes focus, so that the partnership makes and is seen to be making a measurable and positive difference for vulnerable adults in Norfolk.

## Northern (NLSAP)

Northern LSAP has met quarterly this year, with consistent good attendance throughout. There has been a range of attendees from health providers, commissioners, voluntary agencies, providers, support agencies, trading standards, local prison, fire service to name but a few.

There has been a focus upon sharing good practice and information across the group with regard to safeguarding, for example Alzheimer's UK colleagues shared their policies and procedures. There has been a significant degree of information sharing from particular policy developments which have been discussed and disseminated, such as mate crime, domestic violence updates, Care Act and safeguarding.

The group has received presentations on topics including MCA/DOLS and hate crime, both to lead discussion within the LSAP and to inform each agency's response to these issues.

There has been a particular focus upon embedding the thread of safeguarding throughout agencies' publicity, events and operational working in order to raise awareness. Hence, housing providers included safeguarding leaflets in the introductory pack they give to new tenants, and health coaching events had a supply of safeguarding information available for delegates.

The group wished to focus part of each meeting on an operational discussion, sharing a particular anonymised safeguarding situation or concern, and hearing from group members about ideas for possible ways forward. This resulted in lively and engaging discussion as members offered their experiences and learning in a supportive manner.

There have been challenges with regard to all agencies' capacity to attend the meetings and send a consistent representative. It has also been challenging to ensure adult safeguarding was represented within all agencies, in particular, when operational pressures were increasing. The Northern LSAP also discussed the unique factors in the locality, such as a relatively high number of private hospitals, many out of county placements and clusters of residential and nursing care providers. This has been explored through statistics which are captured and discussed at each meeting for the locality, and this helps identify areas where the group needs to place its focus.

## Southern

Over the last year the group has met three times.

The Safeguarding Adults Coordinator, Safeguarding Practitioner for the Clinical Commissioning Groups and Safeguarding Adults Practice Consultant were invited via the group, to attend and support a South Norfolk Older People's Forum in July 2014 and they were very well received by the attendees. A manager from South Norfolk Council, who is now Vice Chair of the group, gave updates on the progress of the Early Help Hub set up at Long Stratton and the system seems to be working well. A model of Early Help Hubs is to be established across Norfolk.

Over the year the group discussed raising awareness of safeguarding with the wider public and is in full support of the board's strategic and business plans.

The former chair of the Southern LSAP (Ann Taylor) retired in October 2014 and the new chair would like to extend her thanks for all Ann's hard work and contribution to the development of safeguarding adults services in the southern locality. The group will be reviewing its membership as part of its Business Plan, with a view to establishing a core membership and a 'resource' group who will receive information and support events. The group is currently planning for the safeguarding adults week in September and have a number of exciting ideas.

## Eastern (ELSAP)

The ELSAP is a forum drawing together a range of agencies and organisations who are working to tackle abuse of adults. ELSAP works under the direction of the board with the aim to act as a forum for discussion of safeguarding adults activity, but also to provide a hub through which the partnership can raise the profile for safeguarding adults in the locality.

The Chair is pleased to report that for the time covered by this annual report ELSAP has continued to meet and has been supported by a range of local

organisations. However, it is acknowledged that during this year the partnership has faced considerable challenges in maintaining the previous year's level of activity. Due to changes in local services and the staffing resources readily available to support ELSAP's work, attendance at partnership meetings has reduced during the year. This is in part explained by the increasing pressure on remaining frontline staff to deliver greater workloads.

Despite the reduced capacity of its core members, I am pleased to report ELSAP has:

- held a very successful seminar on safeguarding in dementia delivered by William Cruickshank for the Norfolk and Waveney Dementia Alliance attended by over 50 people in October 2014
- continued to meet and offer an opportunity for colleagues to exchange information and discuss adult safeguarding matters, including the introduction of the Care Act (2014)
- welcomed the introduction of The Safe Place Scheme into the locality. Vulnerable or disabled people can sign up to the scheme and they receive a yellow card with their name and the telephone numbers of two nominated contacts, such as their family, friends or a carer. The scheme asks local shops and business to display a poster showing they are a safe place for a disabled person to go if they feel vulnerable. The shop or business displays yellow stickers on their windows showing that they are participating in the scheme. The venues will then offer to call their nominated contacts for them. Staff in the 'Safe Places' will be given some basic training as part of the scheme, helping them to identify any particular needs the person may have.
- continued to offer comments on national developments back to NSAB
- continued to explore links with community networks, including hairdressing and local sixth form colleges
- The Chair would like to thank Great Yarmouth Borough Council for its ongoing support in providing meeting facilities for the partnership.

## Western (WLSAP)

The WLSAP has a consistent and engaged membership, with attendees from a diverse range of partner organisations in the western locality.

The highlight of the year for the WLSAP was a public awareness raising event which took place in September 2014. The event had high attendance of people with learning disabilities, although fewer older people and people with mental health problems attended. The group is currently planning events, which will make a wider public impact, to take place during safeguarding week which is scheduled for the week commencing 7 September 2015.

The chair of the Safeguarding Adults Board visited the WLSAP in March 2015, and gave an overview of the board's priorities for 2015-16, which was well received by the members.

A member of the group attended a human trafficking conference and shared with the group that there is now a human trafficking designated lead in the west locality. The lead has been asked to attend the next WLSAP meeting.

The group (along with all the other LSAPs) has been offered a £500 grant to reinvigorate the WLSAP and the group is planning how this could be spent to best effect.



## Norfolk County Council, Adult Social Services

### The Safeguarding Adults Team in Norfolk

The Safeguarding Adult's Team in Norfolk County Council comprises of 7.5 full time equivalent Practice Consultants and one full time Team Manager. The team provides a Practice Consultant for each of the 5 Adult Social Service localities within Norfolk as well as being integrated within the Multi Agency Safeguarding Hub (MASH). Our key partners within the MASH are:

- **Children's Services** – the MASH has become the 'front door' for any enquiry about a child
- **Adult Care Services** – Safeguarding Adults enquiries on all unallocated cases are routed from the County Council front door; a decision is made if a safeguarding response is required then allocation is made from the MASH to the most appropriate team/worker to complete the safeguarding response
- **Child Health representatives** – full time representation at Health Visitor level
- **The Multiagency Risk Assessment Conference (MARAC)** and the lead members of the **Independent Domestic Violence (IDVA)** team
- **Leeway**, Independent Domestic Violence Advisory Services (IDVA)
- **Orwell**, Independent Domestic Violence Advisory Services (IDVA)
- **The Magdalene Group**, Reaching Out on Sexual Exploitation (ROSE Project)
- **National Probation Service** – South East & Eastern Division – Norfolk & Suffolk Local Delivery Unit
- **Norfolk Recovery Partnership**

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

Norfolk and Suffolk Foundation Trust are 'virtual' members of MASH, regularly discussing mental health cases with Adult Care and Police colleagues.

This close working environment enables prompt sharing of information between agencies and identifies appropriate involvement in a timely manner for the adult at risk of abuse or neglect.

The team undertakes complex adult safeguarding case work as well as providing; consultation; training and joint working not only to Local Authority staff but to key stakeholders throughout Norfolk. The safeguarding practice consultants also provide formal observation of social workers who are progressing to Level 2 status. This ensures that newly qualified staff will be competent and confident to take part in safeguarding enquiries.

### Making Safeguarding Personal

Making Safeguarding Personal (MSP) is an initiative that began in 2009 in response to both findings from peer challenges and the 'No Secrets' consultation. It is a key component in the improvement work being led by the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA). Funding for the initiative has been secured through the Department of Health (DoH) for the next three years in order to support both the implementation of the Care Act 2014 and any associated statutory guidance and safeguarding improvements.

Making safeguarding personal is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the adult being safeguarded. It focuses on developing or re-establishing the skill of effective communication in order to gain a real understanding of what service users wish to achieve in order to keep themselves safe.

### What are we doing in Norfolk?

The Adult Safeguarding team prides itself in placing the individual at the heart of any enquiry being undertaken in order to protect them from abuse

or neglect. We have developed a new feedback form which captures the service user's point of view following involvement from a safeguarding practice consultant. These forms are being completed at the review stage of the safeguarding enquiry and they will enable us to improve the way we are engaging with individuals throughout the safeguarding process.

The CareFirst safeguarding assessment form has been modified to include free-text questions where the person's desired outcome at the start of the assessment and their view on the actual outcome can be recorded.

An analysis of cases where outcomes were both achieved and not achieved will take place to help us identify what is working well and what could be changed to increase positive outcomes for people during safeguarding enquiries.

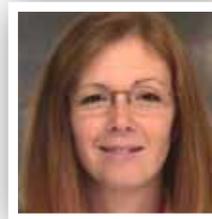
### In summary

Developing the tools to support practice is essential in ensuring the philosophy of Making Safeguarding Personal is implemented in Norfolk. The approaches being taken by the adult safeguarding team will ensure a move away from process-led enquiries to more person-centred ways of working is not only achieved but is embedded in everything that we do.

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

## Norfolk Constabulary

Norfolk Constabulary delivers policing services for the county of Norfolk. The department overseeing safeguarding arrangements and liaising with the Safeguarding Adults Board is the Safeguarding and Investigations Command. The Command is led by Detective Chief Superintendent Nick Davison with Detective Superintendent Julie Wvendth heading up the Safeguarding and Harm Reduction departments within the Command. Julie Wvendth leads for adult safeguarding at a partnership level and the Command leads for the Constabulary on issues affecting vulnerable adults in Norfolk on a national, regional and local level.



**Detective  
Superintendent  
Julie Wvendth**



**Chief Superintendent  
Nicholas Davison**

Officers and staff from this Command work with colleagues from other agencies in the Norfolk MASH (Multi Agency Safeguarding Hub) where referrals for child and adult safeguarding, missing children, Child Sexual Exploitation, domestic abuse and Honour Based Abuse are managed. Further members of the command work within the Adult Abuse Investigation Unit, investigating offences relating to vulnerable adults who have been subjected to familial abuse or abuse by people in a position of trust. Both teams work on a daily basis with colleagues from Adult Social Care and associated health professionals and are experts in this field of work.

Norfolk Constabulary have continued their ongoing commitment to supporting vulnerable adults across the county. Both their Adult Abuse Investigation Unit and resources in the Multi Agency Safeguarding Hub are dedicated to the safeguarding of vulnerable adults and continue to work in partnership with other agencies to improve responses. Further resources within the Constabulary are available to assist with other vulnerable adults in

the community. These resources are based within the Operational Partnership Teams (OPTs) and have been established in each of the seven Local Authority areas. The teams are co-located or work collaboratively with staff from the local council and other partner agencies such as Children's Services, Adult Social Services, and housing providers.

Each OPT has responsibility for assessing information, risk and priority of:

- Vulnerable people including repeat callers, victims and offenders – anti social behaviour and crime
- Neighbourhood problems and issues
- Geographical hotspot locations.

They hold a monthly multi-agency case conference which provides a platform for high risk families and individuals to be discussed and a package of tailored support and interventions to be agreed and delivered. In each district Norfolk Constabulary has dedicated an Inspector lead, a Sergeant for day to day business and specialist officers including crime reduction, architectural liaison and anti social behaviour (ASB) reduction. These staff work alongside colleagues from the local council and partner agencies and now include Early Help / Family Focus dedicated staff.

We continue to see a notable rise in the number of referrals being made in respect of vulnerable adults. The current year's figure sits at 2087 (April 2014 to February 2015) compared to 1916 for the same period the previous year. Obviously, not all of these referrals result in a police investigation, however in every case there is a multi-agency discussion between relevant partners where appropriate safeguarding intervention opportunities are identified and implemented. The benefits of the co-located services in the MASH are easily seen in such circumstances – the speed of service delivery to any vulnerable adult is improved and clear roles for each agency can be defined at the earliest opportunity.

## East Coast Community Healthcare CIC

A responsibility of all East Coast Community Healthcare CIC (ECCH) staff is to raise concerns about adults in our care who are experiencing, or at risk of, abuse or neglect or are vulnerable. During the year the number of concerns for adults in vulnerable situations and safeguarding referrals continued to increase. Key highlights include:

- Number of staff receiving safeguarding training in the year was 341
- 3 months after undertaking mandatory safeguarding training staff were asked to complete a survey monkey questionnaire. The results indicated that 93% staff were able to name outside agencies who could support with safeguarding children and adults and 90% of staff thought that safeguarding was in their job description. Only 59% staff were able to name the as safeguarding leads and only 34% could name the 7 categories of adult abuse. The information from this audit has been used to highlight areas in training where further work is required
- 312 staff completed the Mental Capacity, Consent and HealthRecord training
- Introduction of a Safeguarding Work Book for hotel services staff who had significant difficulties attending face to face training due to limited working hours. The workbook, containing key information on safeguarding, was well received and generated positive feedback.
- An ongoing training programme for mental capacity which requires staff to complete a workbook on key information and scenario reflections
- ECCH donated 230 mobile phone handsets to Norfolk PACT (Partners Against Crime Taskforce) for the fonesforsafety campaign. Fonesforsafety is a mobile phone recycling scheme which turns used mobile phones into reconfigured "999 emergency only" personal alarms for victims of domestic abuse
- To ensure patients' rights are protected following the High Court judgement on Deprivation of Liberty safeguards (DoLS) and that ECCH continues to meet its legal obligations, further training has been provided to key inpatient staff, supporting documentation has been updated and standard trigger questions on DoLS have been introduced at all nursing handovers

- A number of key policy guidance documents have been reviewed and refreshed, including those for safer recruitment processes, Whistleblowing and Domestic Violence Policy for ECCH employees
- ECCH worked with a large care home to develop a proforma to improve transfer of information between the organisations following an individual's discharge from hospital

In addition to support given to our front line staff, ECCH worked to further strengthen its internal oversight and scrutiny of adult safeguarding activity this year by:

- Requiring adult safeguarding to be a standing item on service meeting agendas/shift handovers
- Increasing the profile of the safeguarding committee
- Meeting the requirements for a statutory Duty of Candour
- ECCH Safeguarding Adults Lead has supported partner organisations, including GP practices, care homes, voluntary sector and the health school at the University of East Anglia, with basic awareness training
- ECCH Safeguarding Adults Lead has continued to play an active role in supporting the work of NSAB through chairing the Training and Policy Sub group and the Eastern Locality Safeguarding Adults Partnership

### Norfolk and Norwich University Hospital

The Norfolk and Norwich University Hospital over the past year has continued to ensure that the safeguarding of adults who may be at risk of abuse or neglect remain a key priority for staff at all levels who work within the trust.

The trust's commitment to ensure that safeguarding systems and process reflect the changing requirements of the Care Act as we move towards statutory status in April 2015, has been enhanced by the reorganisation of our internal safeguarding adults committee, which is chaired by the Director of Nursing. Key to this process has been the agreement from the trust board to strengthen the safeguarding team and this has included the appointment of a named lead for adult safeguarding, and a lead doctor.

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

Safeguarding training and education for all staff entering the hospital remains a priority. Basic awareness training continues to be delivered to all new starters in the trust to ensure that they have the knowledge and skills to identify and respond appropriately, in a timely manner to issues of concern as they arise. Training compliance is reported and monitored through our internal governance processes. New staff commencing their employment have received initial basic awareness training. Three yearly refresher training also continues for all staff employed with in the trust.

To strengthen our training and education programme we continue to work proactively with our multiagency partners to review the training we deliver and to incorporate any changes required to reflect the changing agendas and needs of the patients we provide services too.

In September 2014 the hospital welcomed two new Leeway Independent domestic violence advocates (IDVAs) on honorary contracts within the trust. During the past six months this team has provided a number of training and education sessions to key members of our hospital teams to enhance their knowledge and practice in this area. The team has also provided guidance, advice and signposting to our staff and valuable support to the patients referred to their service during this period.

Additional training sessions to enhance our teams' skills in the areas of Female Genital Mutilation, Honour based violence, Modern day slavery, the Mental Capacity Act and Deprivation of Liberty Safeguards have also taken place during the year and we will continue to enhance our staff's knowledge and skills over the coming year by laying on additional sessions in key identified areas.

Regular unannounced quality assurance audits also continue across all wards and areas in the trust, this supports us to regularly assess our staff team's understanding of their requirements related to the safeguarding agenda. The audit results are fed back to the assessed areas, safeguarding committee and trust board. If improvements are required actions are agreed, monitored and re audited.

## Queen Elizabeth Hospital

**Safeguarding Adults Lead Nurse** is Jerry Green, who has held the full time Safeguarding Lead Nurse post since April 2013.

**“Working Together” safeguarding adults day** – September 2014 -planned by Local Safeguarding Adults Partnership (LSAP)– a day for service users, carers and relatives, with information stands and talks about the local safeguarding services. The hospitals safeguarding, dementia and learning difficulties lead nurses all participated.

**Avoidable pressure ulcer reporting** – all grade 3-4 “avoidable” pressure ulcers are reported to the MASH (multi-agency safeguarding hub) in Norwich for review as a safeguarding referral. Since April 2014 we have reported 20 avoidable pressure ulcers, with no negative feedback.

**Photography of patients injuries/wounds/pressure ulcers** – a new Trust policy on “Medical Photography” is near completion, with clear guidance and procedure for staff photographing a patients wounds, injuries or pressure ulcers.

**Joint safeguarding training** – a new initiative this year is delivering joint children’s and adults safeguarding training sessions, on Trust induction and mandatory training. Attendance remains high at 93% for clinical staff. The Trust volunteers and porters are also now attending this training. There are 90 safeguarding teaching sessions available for staff each year.

**Identifying the safeguarding adults patient** – new black “Safeguarding adults” sticker developed for use inside patients notes, to highlight there is a safeguarding concern.

**Domestic Violence Policy** – draft version completed, completion in May 2015.

**Safeguarding information leaflet for patients/relatives on safeguarding** – new leaflet available for patients and relatives, to explain actions around a safeguarding referral.

37

**Safeguarding Adults Committee meeting** – now held every two months instead of quarterly. Meeting chaired by Deputy Director of Nursing. Improved effectiveness of committee which was positively externally evaluated during a governance review.

**Safeguarding team** – located in new office, with Safeguarding Adults and Children’s Named Nurses, Leeway Domestic Violence Advocate and two midwives for vulnerable women.

**PREVENT training** – nine awareness raising sessions available on issue of radicalisation and extremism, as part of Government programme on Counter Terrorism. Following discussion we are reviewing the hospitals PREVENT training programme, to target sessions for high risk areas in line with new national guidance.

**Safeguarding webpage** – on Trust intranet, for staff to access relevant guidance and flowcharts for safeguarding adults, children, and Leeway domestic violence support. There are links to Norfolk and Cambridgeshire County Council safeguarding websites.

**Safeguarding champions** – we have quarterly supervision sessions for the 30 champions in the Trust. The safeguarding adults and children’s leads nurses facilitate these sessions, with guest speakers from the safeguarding fields.

**Savile response** – the Safeguarding Adults and Children’s Lead Nurses are developing a policy and relevant procedures in light of recommendations from the latest Savile report.

## James Paget University Hospital (JPUH)

The Trust has a responsibility as a health care provider to safeguard all patients and to provide additional measures for patients who are less able to protect themselves from harm or abuse. This brief report provides the Safeguarding Adults Board with the information to be assured we have systems in place to protect the adults in our care.

The Deputy Director of Nursing, Julia Hunt, is the Safeguarding Adults Lead within the Trust. She has developed the robust multi agency networks necessary to enable and support the Trust and its employees to regard safeguarding as 'everyone's business'. The Trust has worked closely during 2014 with the Safeguarding Practitioners within Norfolk County Council (NCC) and the other members of the Multi Agency Safeguarding Hub (MASH). The Trust Board has invested financially Safeguarding Adults by the funding of a full time dedicated post of a Named Lead for Safeguarding Adults. The Trust is very pleased to have appointed an experienced senior Safeguarding Adult Practitioner to their new post from NCC, Kelly Boyce. The Board has also agreed to the formal adoption of a part time medical lead post.

### Dementia Care

The Trust has a Dementia Care Project Lead who was appointed in 2013 she works alongside the Dementia Care Liaison Nurse. During 2014 the team was further developed by the appointment of a Patient Pathway Co-Ordinator for Dementia. The purpose of this role is to identify patients and their carers early on in the admission process and to track them during their stay. The aim is to ensure they progress smoothly along the pathway in liaison with Mental Health Services, Social Services, Nursing and Care homes. The rapport developed within this relationship assists in the identification of any current or potential risks to patient or carer.

The Trust has a successful partnership with the Louise Hamilton Centre in which regular Dementia Cafes are held.

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

## Learning Disabilities/Autism

38

The Trust has a dedicated full time LD Liaison Nurse. She is a very active member of both regional and national LD forums. She has also undertaken the role of a CQC expert assessor following her national award of The National Learning Disabilities Awards Winner 2014 as nominated by Mencap.

The Trust continues to embrace and integrate the making of reasonable adjustments into everyday business. The excellent working practices of the theatre and anaesthetics teams in changing the way in which they have historically provided services has extended to more areas within the Trust such as the outpatient clinics. In addition to this other groups of patients including those living with advanced dementia are benefiting from the more routine making of reasonable adjustments.

### Training

Safeguarding Adults, Dementia and Learning Disabilities/Autism Training and DoLs is delivered within the mandatory training programme. The format for delivery is scenario based learning in multi-professional groups.

Additional bespoke training is supported by the Trust in relation to Safeguarding Adults.

The Trust has an accredited WRAP3 PREVENT trainer. The Trust is committed to delivering PREVENT training to all eligible staff in 2015 as identified in the national guidance.

The Trust remains committed to ensuring that Safeguarding Adults is an integral part of its Clinical Governance Framework.

# Good news story

## Mr P

The following case study is an illustration of good partnership working taking place between a number of different organisations, to safeguarding an adult at risk of abuse and neglect, in Norfolk.

The Norfolk Safeguarding Adults Team was alerted to an incident which highlighted excellent multi-agency partnership working across board member agencies, to safeguard a man at risk of abuse in Norfolk.

The man has dementia and is supported by a local home support agency. His neighbour told his carer Mr P had written a cheque for £900 for the cleaning of his guttering and washing the drive way. The agency immediately contacted Mr P's son who had the cheque stopped. He also asked the carer to put the cheque book in the medication safe until he could visit. The agency reported the incident to the police.

Later that week, when the carer attended Mr P's lunch call, she found three men inside. They said that they had come for their money as they hadn't been paid. Mr P said that he was looking for his cheque book to pay them again. One of the men said as the carer had arrived, they would return a little later.

The carer reported the matter to the office and the agency manager asked her to wait down the road to see if the men returned. The carer reported that the men had returned and the manager rang the police who attended the property within minutes. The carer had taken down the car's number plate and details. The three men, who had gained entry to the property again, were arrested and taken away by the police, and were subsequently placed on Police bail.

Mr P's social worker was alerted and work has been done with Mr P and his son around keeping him safe from rogue traders in the future.

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

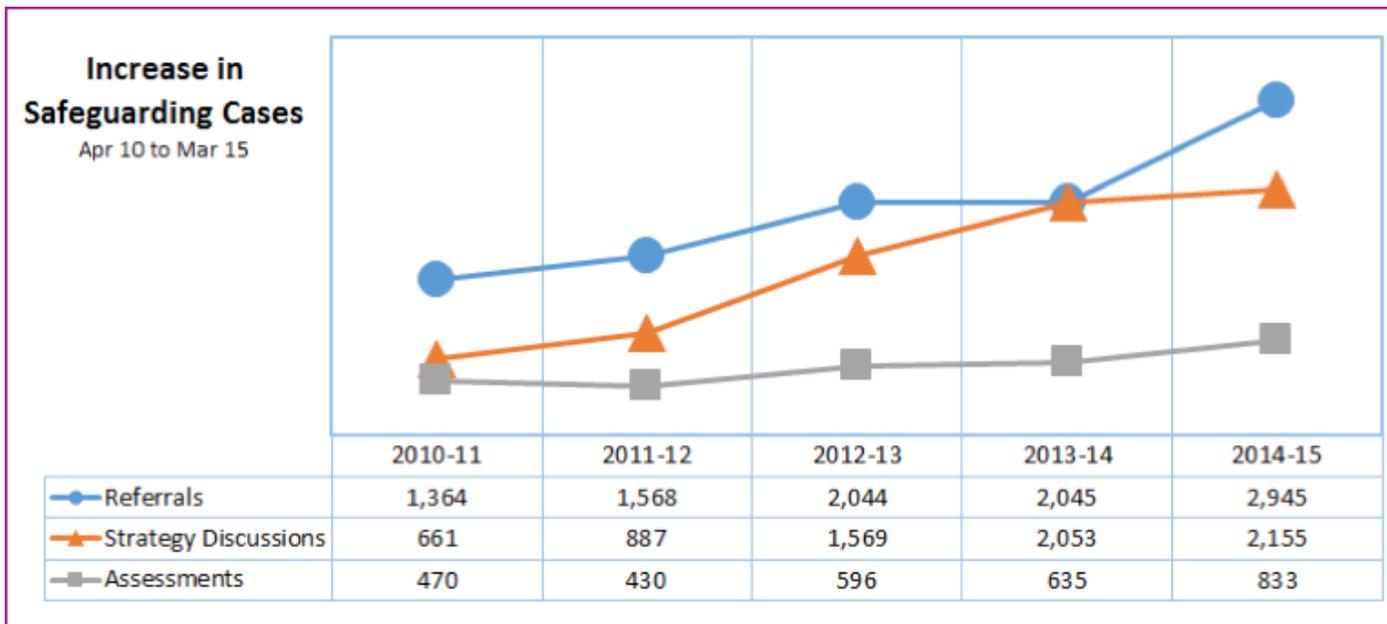


# Safeguarding adults performance data

The following data has been collated by Norfolk County Council

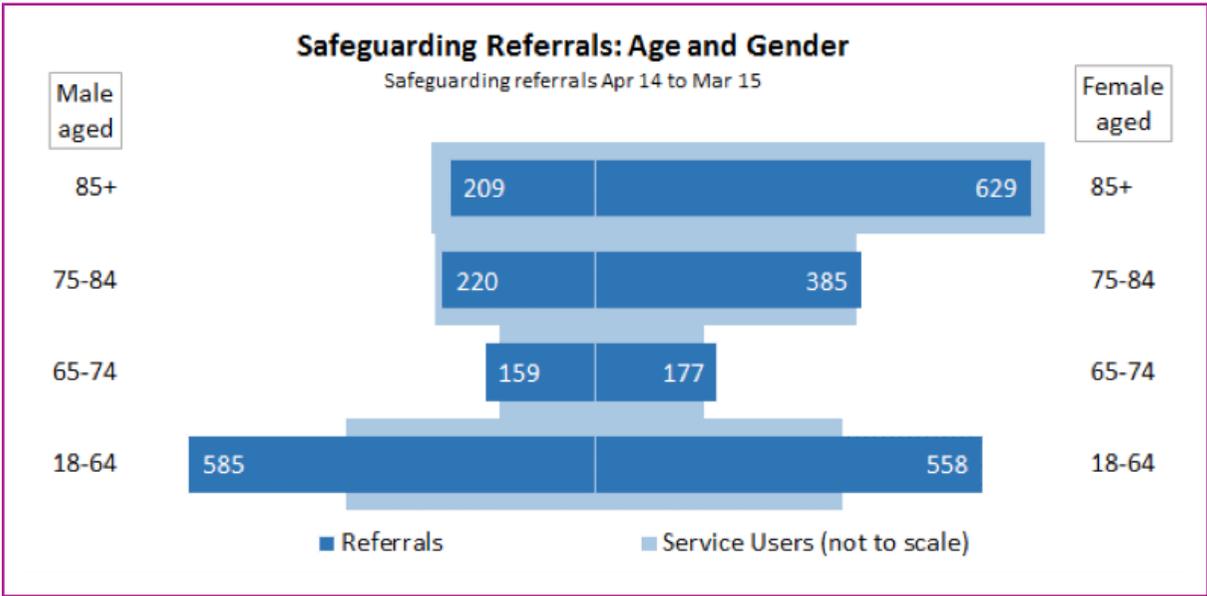
## Safeguarding Adults: 2014-15

**Please note:** The 2014-15 data used in the following tables and charts is provisional and unverified. It does not conform to the definitions used in national AVA (Abuse of Vulnerable Adults) or SAR (Safeguarding Adults) returns, and must not be used to compare or benchmark against other organisations.



The number of safeguarding cases being reported and investigated has been rising steadily in the last five years.

Over the last year, twice as many referrals were received and three times as many strategy discussions took place than four years previously.

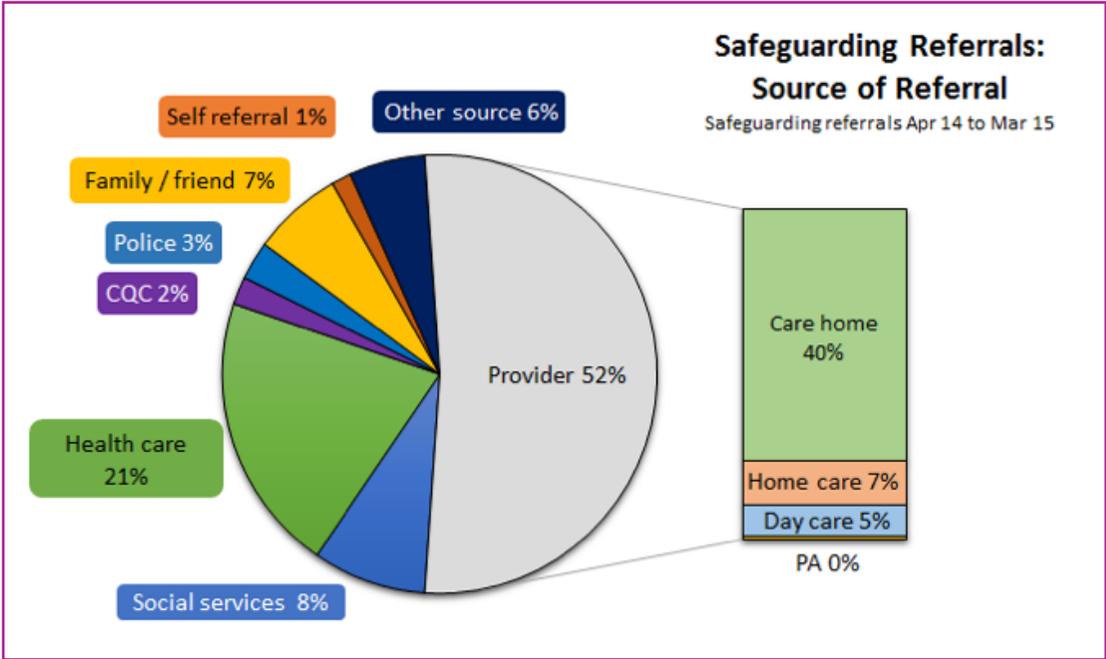


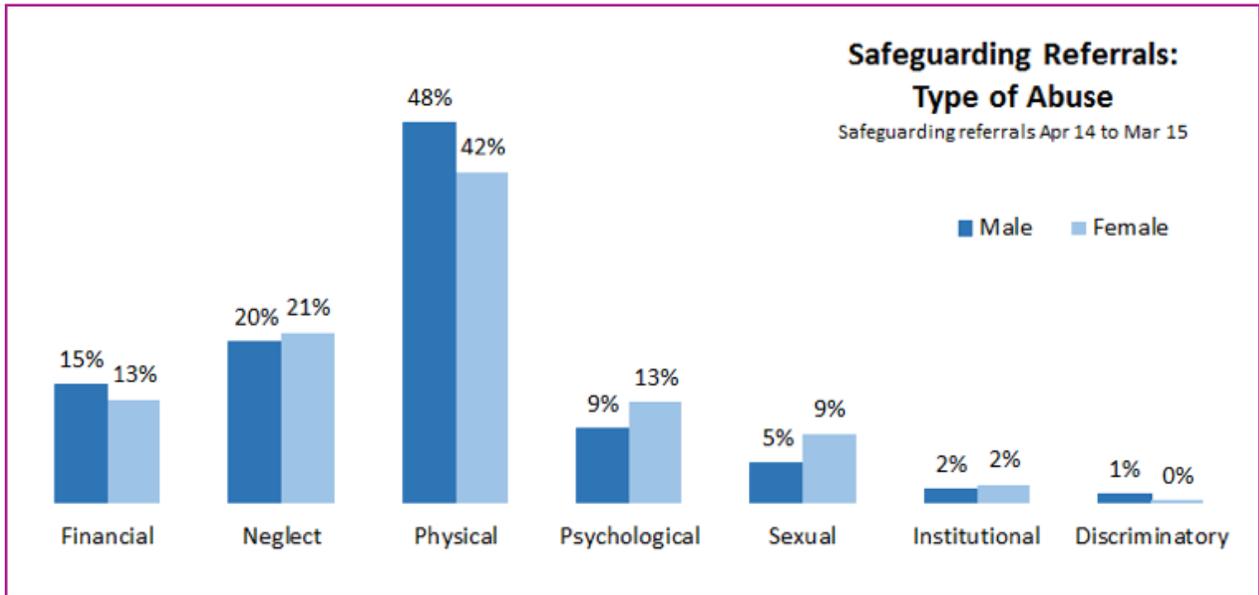
This shows the number of referrals received by age and gender of the vulnerable person. The shape of the age and gender split of safeguarding referrals (solid bars) is compared against the age and gender make up of Norfolk service users (lighter area).

The two shapes broadly conform for over 65s, but it is apparent that there was a higher proportion of referrals for working age adults compared with the number of people of that age supported by Adult Social Services.

More than half of all safeguarding referrals received in 2014-15 were made by a social care provider.

One in 12 referrals resulted from concerns raised by the vulnerable person themselves, or a friend or family member.



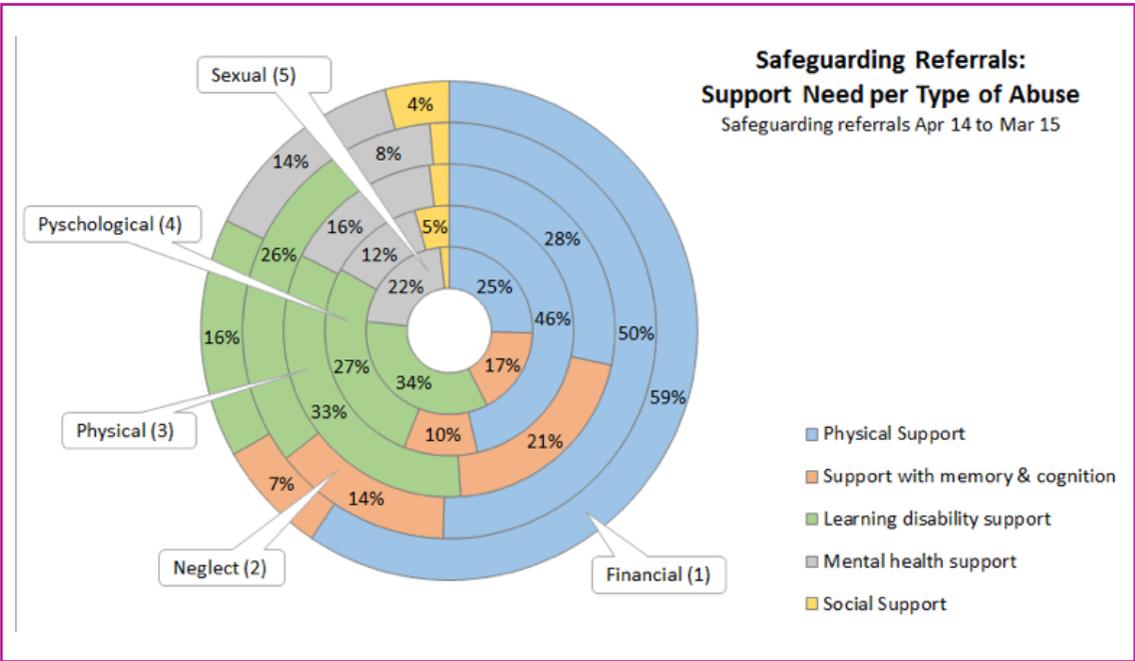


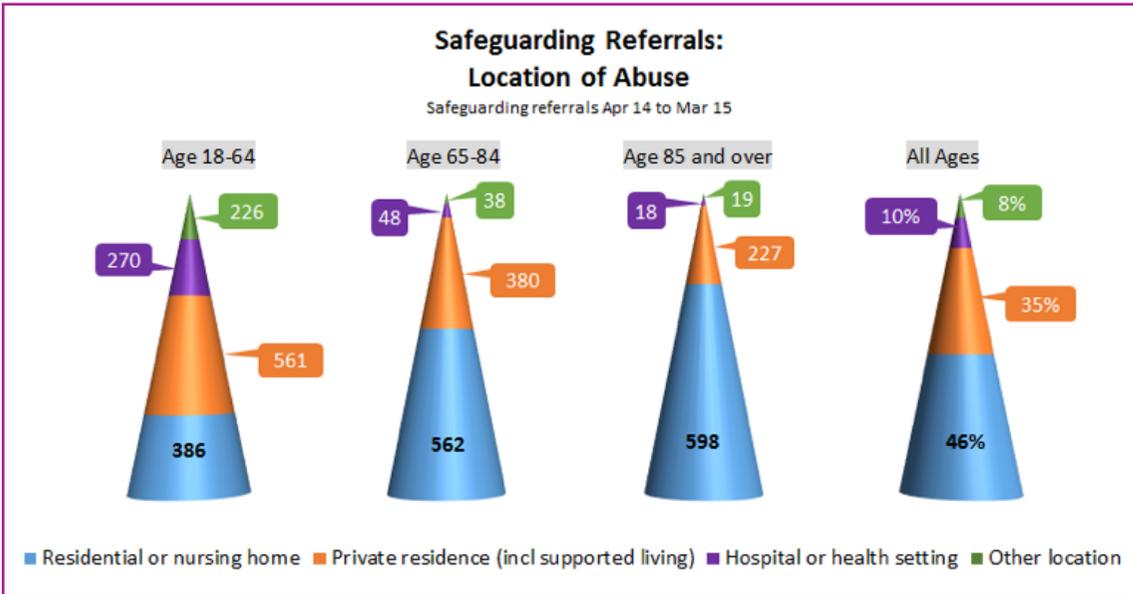
Both men and women were more likely to suffer alleged physical abuse than any other type.

Although more referrals alleging physical abuse related to women rather than men, the proportion of referrals relating to men in this category is higher than for women.

Each ring in this illustration shows the proportion of the vulnerable person's primary support need for each type of alleged abuse.

Referrals concerning financial abuse were twice as likely to relate to people with a physical support need than all other groups combined. The biggest group of people suffering physical or sexual abuse had a learning disability support need.





Almost half of referrals received in 2014-15 were alleged to have taken place in a residential or nursing home.

This is particularly true of older vulnerable adults, whereas the location of the alleged abuse relating to working age people was more likely to have taken place at a private residence.

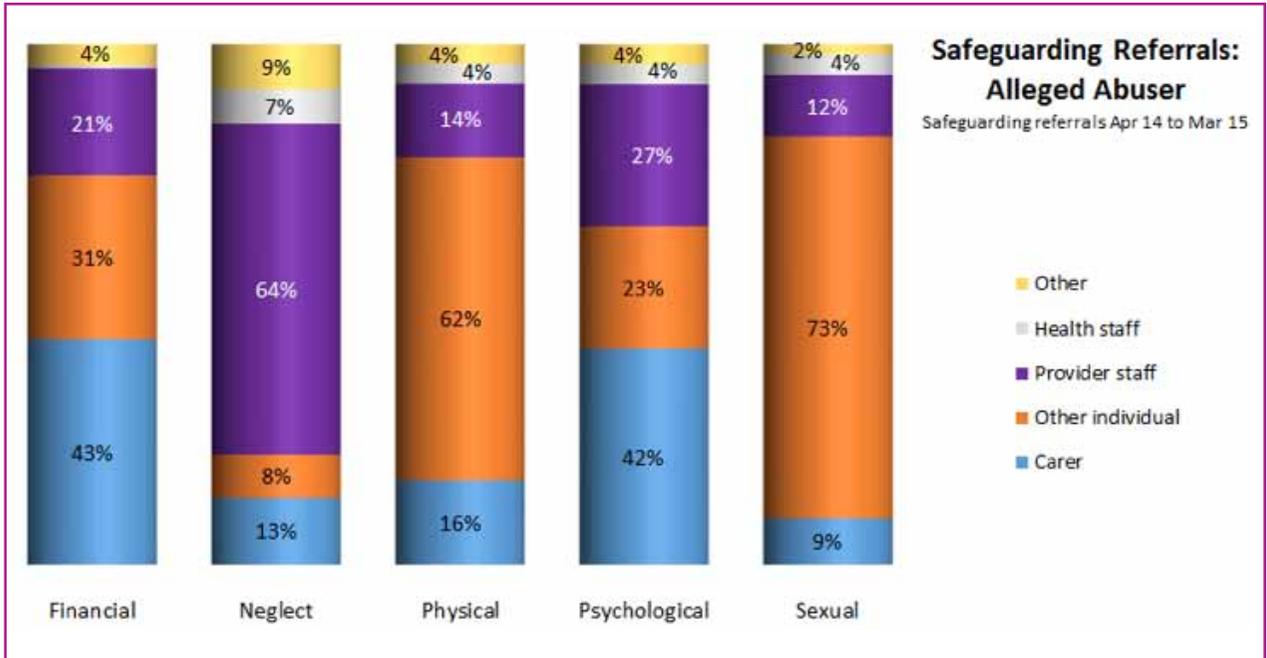
Overall, only 10% of referrals relate to safeguarding cases in a hospital or health setting.

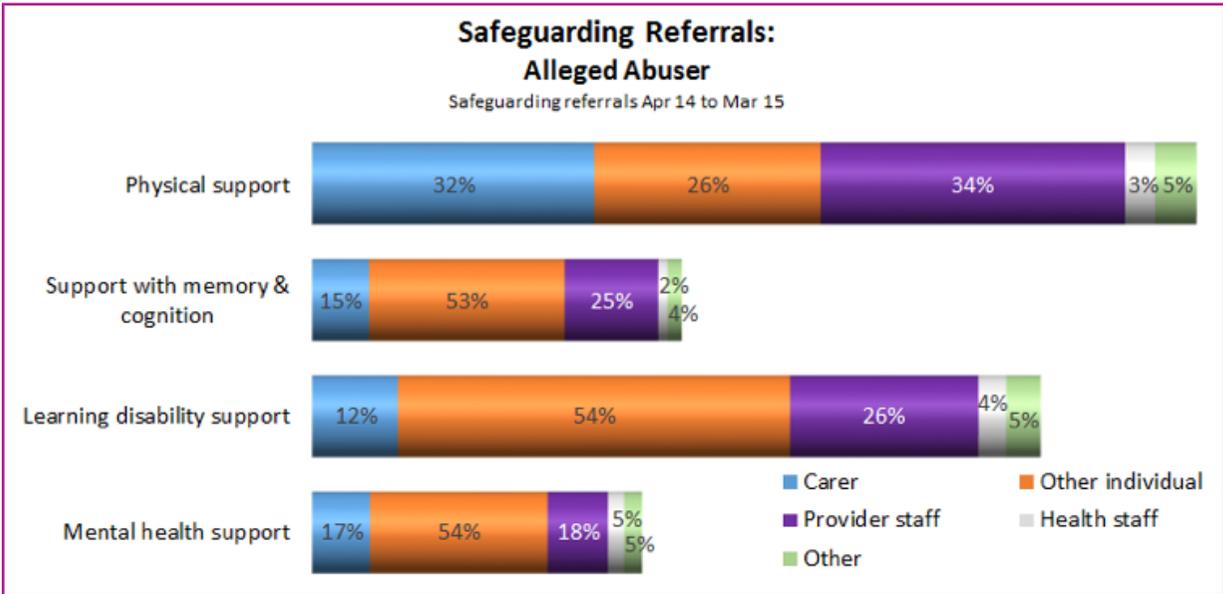
This shows the relationship of the alleged abuser to the vulnerable person for each type of abuse.

An individual was most likely to be the alleged abuser in cases of physical or sexual abuse.

Two thirds of cases of neglect related to provider staff.

In almost half of referrals relating to psychological or financial abuse, the vulnerable person's carer was the alleged abuser.



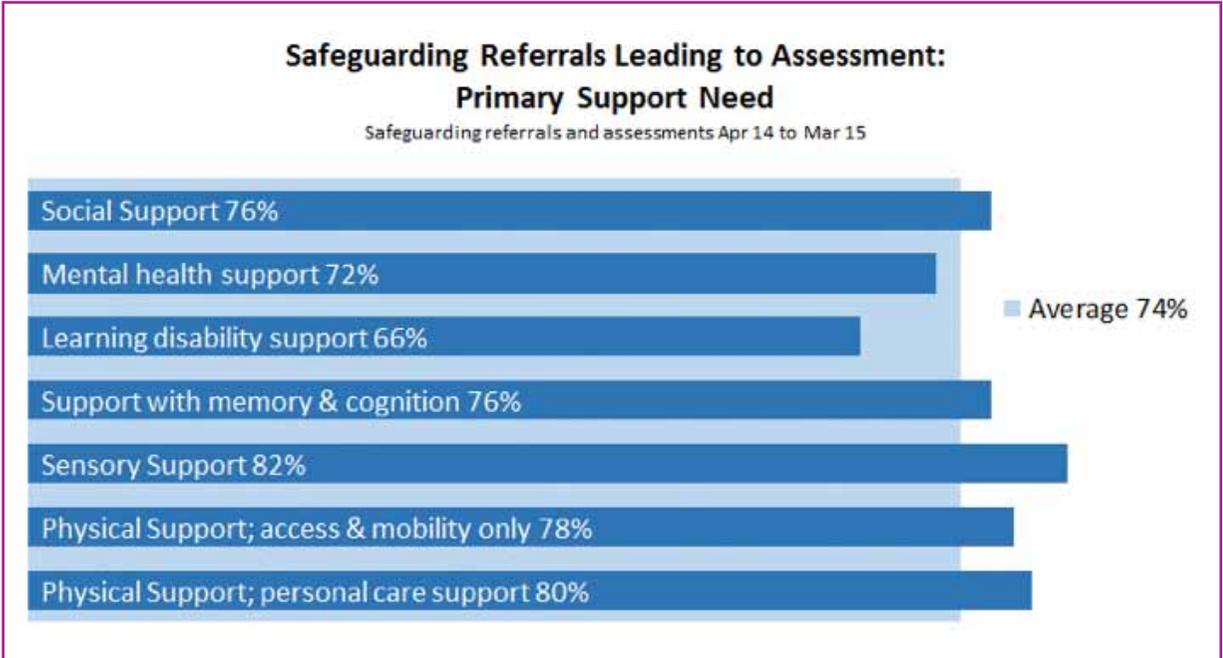


The alleged abuser was the person's carer in a third of referrals concerning people with a physical support need, double the corresponding percentage across other support needs.

Conversely, the alleged abuser in referrals concerning people with a physical support need was half as likely to be another individual as within other categories of need.

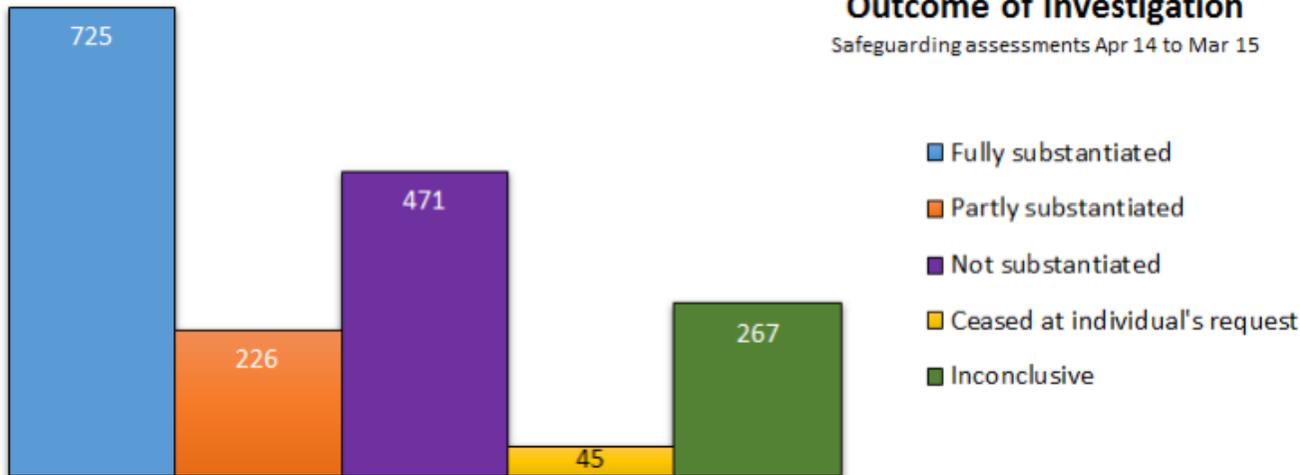
Three quarters of safeguarding referrals received in 2014-15 went on to further investigation under a safeguarding assessment.

A smaller percentage of referrals regarding people with a mental health or learning disability support need progressed to assessment, when compared to referrals concerning people with other support needs.



### Safeguarding Assessments: Outcome of Investigation

Safeguarding assessments Apr 14 to Mar 15



More than half of the safeguarding allegations which went on to investigation were found to be substantiated, either fully or in part. A quarter were not substantiated.

One in 30 safeguarding investigations were ceased at the individual's request.

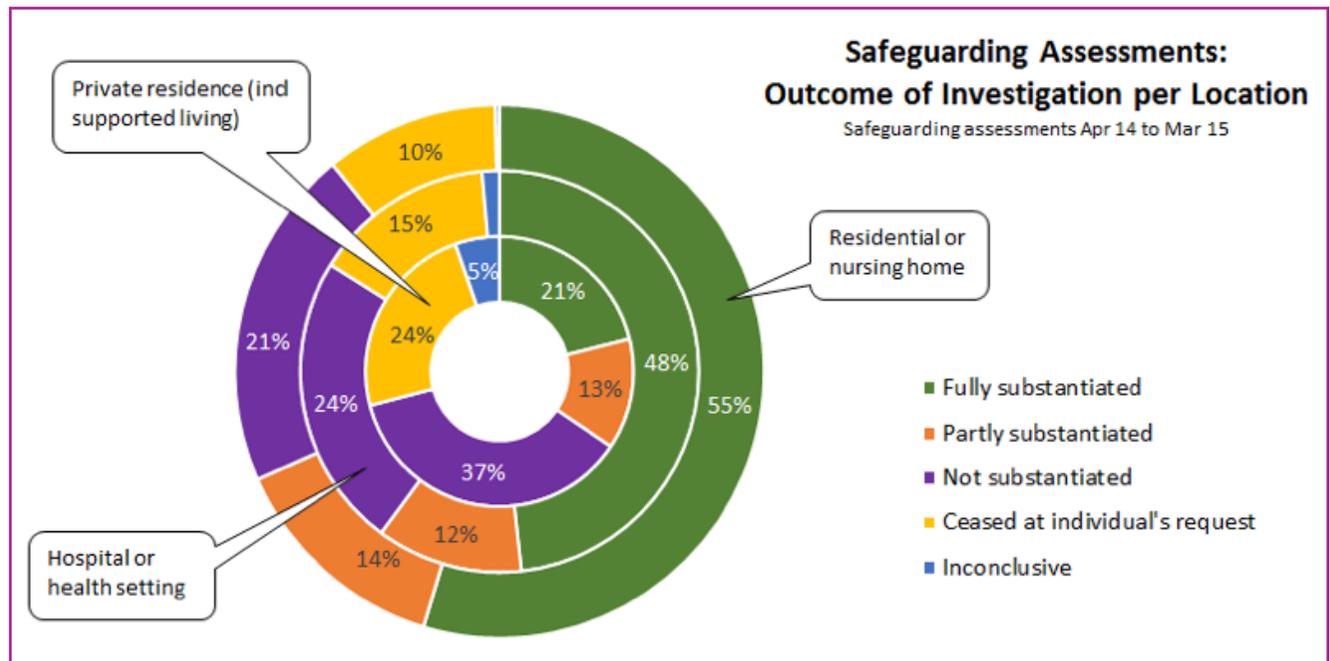
Each ring in this illustration shows the outcome of assessment for each category of abuse location.

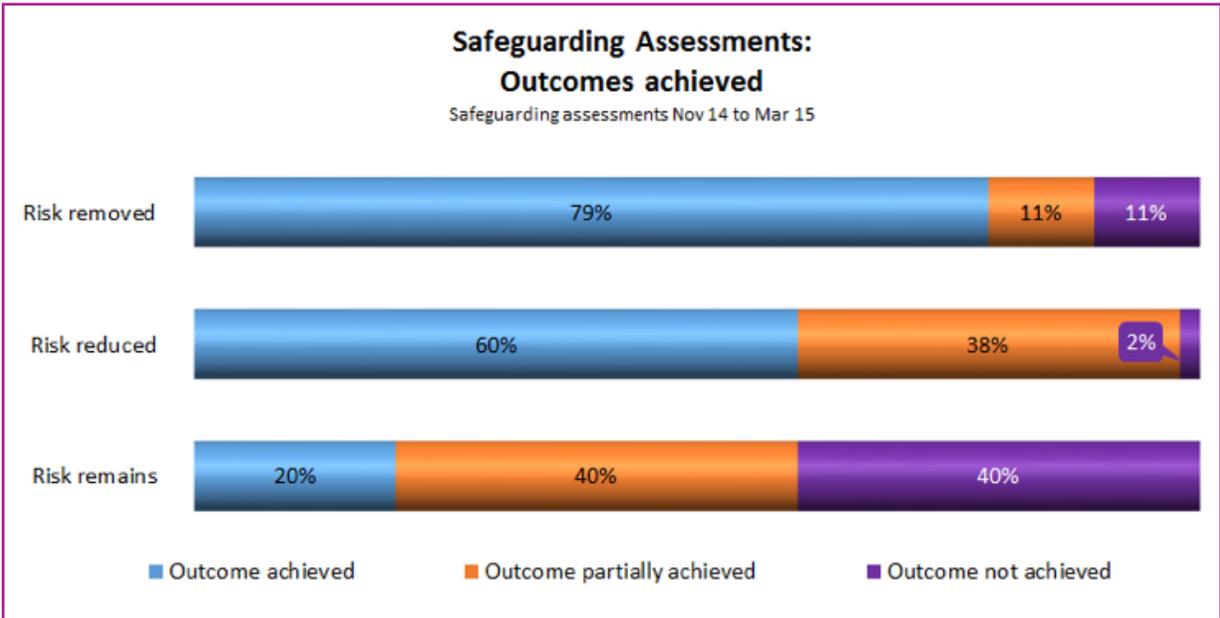
Two thirds of safeguarding investigations involving alleged abuse in a care home, and more than half in a hospital or health setting, were substantiated.

In comparison, only a third of investigations where the alleged abuse took place in a private residence were found to be substantiated.

### Safeguarding Assessments: Outcome of Investigation per Location

Safeguarding assessments Apr 14 to Mar 15





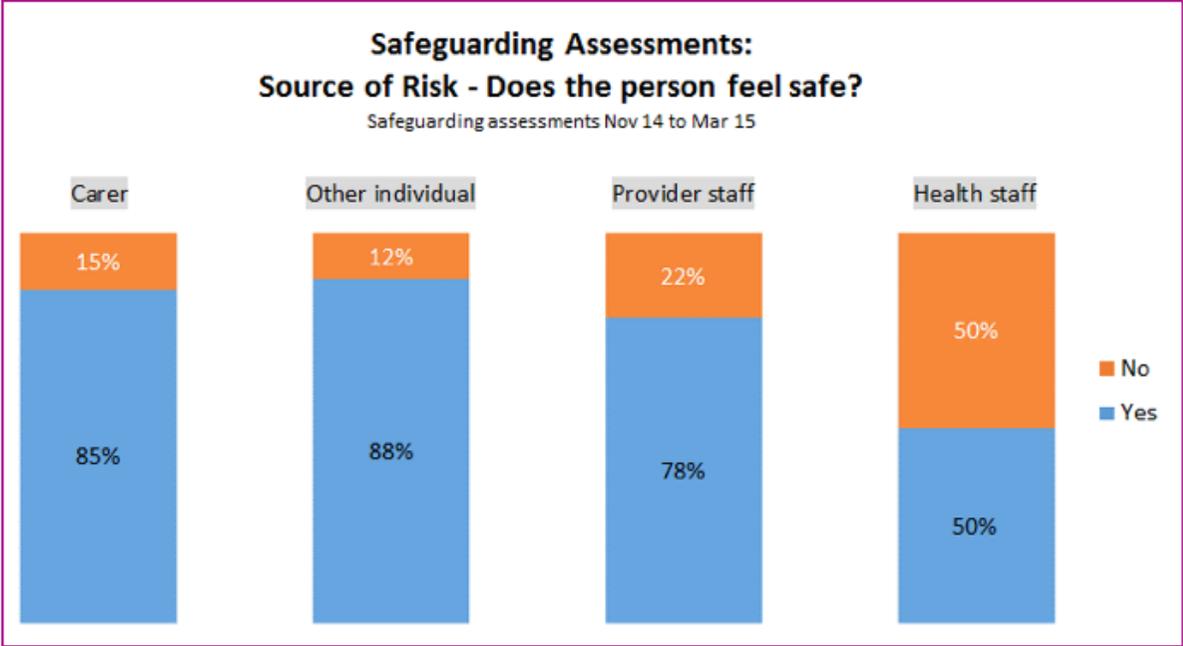
Since November 2014, the vulnerable person’s desired outcome of the safeguarding investigation has been collected.

There is a clear correlation between the person’s desired outcome from the safeguarding investigation being achieved and the safeguarding risk being removed.

Where the risk was removed, 80% of people considered their desired outcomes to be achieved, whereas only 20% reported their desired outcome to be achieved where the risk remained.

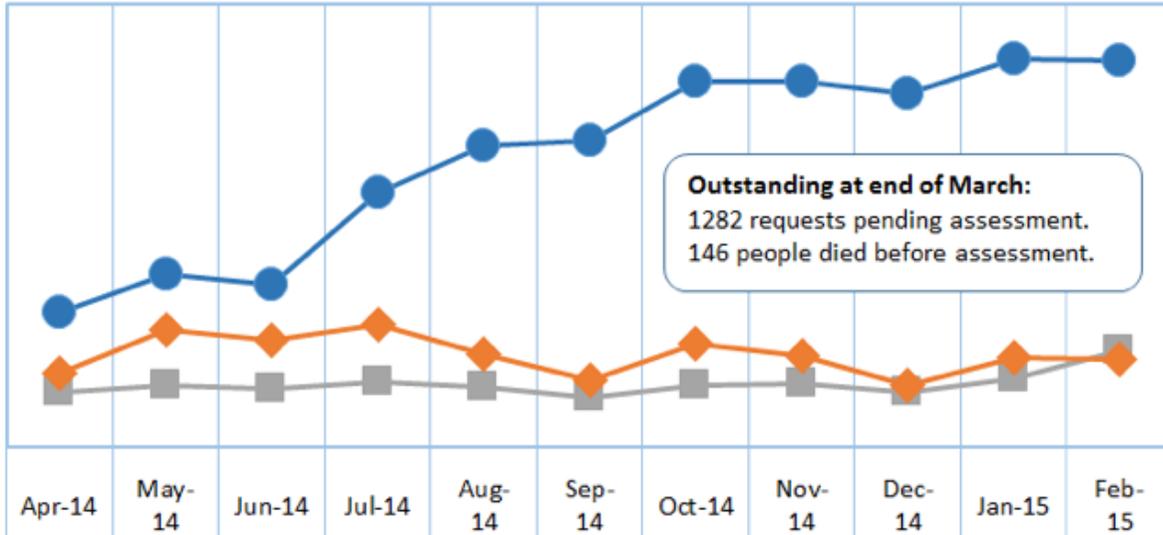
Since November 2014 data has been collected at conclusion of the investigation on whether the vulnerable person feels safe. This illustration shows the percentage who answered yes or no for each type of alleged abuser.

The percentages are broadly similar where the alleged abuser was a carer, other individual or member of provider staff. However where the alleged abuser was health care staff, only half of respondents were able to answer that they did feel safe.



### DoLS Requests Received

Apr 14 to Mar 15



**Outstanding at end of March:**  
 1282 requests pending assessment.  
 146 people died before assessment.

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
■ Number not granted	5	9	7	11	8	1	9	10	5	13	31
◆ Number granted	17	44	38	47	29	12	35	28	9	27	26
● Number received	22	56	47	130	173	178	230	231	219	251	249

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 DoLS requests.

This has resulted in a backlog of requests waiting for assessment, where the outcome is not yet known.

## Appendix A

### Useful links and contacts

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

## Appendix B

### Additional information

Contact Details	Tel: 0344 800 8020 Email: <a href="mailto:nsabchair@norfolk.gov.uk">nsabchair@norfolk.gov.uk</a>
Original Document Name	Norfolk Safeguarding Adults Board Annual Report 2014 - 2015
Version Control	Version V1
Date of publication	1 June 2015
Availability	Hard copy on request or at <a href="http://www.norfolksafeguardingadultsboard.info">http://www.norfolksafeguardingadultsboard.info</a>