

**Safeguarding  
Adults**  
NORTH EAST LINCOLNSHIRE



**North East Lincolnshire  
Safeguarding Adults Board  
Annual Report  
2020/2021**

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## Foreword

This report for 2020/21 sets out the activities and work undertaken by North East Lincolnshire safeguarding adults board (NELSAB) and its members to deliver on the aims and objectives of our strategic plan. The overarching objective of our plan is to make North East Lincolnshire (NEL) a safer place for all people, but specifically for those adults within our community who are at risk of experiencing abuse and/or neglect.

The production of an annual report is a statutory requirement of the Care Act 2014, the primary piece of legislation under which the board operates. Safeguarding is everyone's business and the NELSAB is responsible for ensuring this premise is at the heart of everything we do.

Adults at risk of abuse and neglect are found in all areas, in all walks of life and within all social classes. They may be at risk for several reasons such as disability, age, or lacking mental capacity to make decisions. They may be at risk due to being susceptible to radicalisation, subject to domestic abuse or because of substance misuse.

The NELSAB exists to ensure services, whether regulated, commissioned, or voluntary, are safe.

The NELSAB's closer working with the safeguarding children partnership (SCP) and the community safety partnership (CSP) is a step towards a joint vision for a "safer NEL".

## 1. Background and local context

North East Lincolnshire (NEL) is situated on the south bank of the Humber estuary with higher than average levels of deprivation. NEL has a stable population of around 160,000, of whom more than 126,000 are adults over 18 years of age. The proportion of those over the age of 65 is increasing.

Mid-2012 based population projections show an estimated population growth of 2.4% in NEL by 2037. Within the increase the percentage of people who are of pensionable age is projected to rise from 18.5% in 2012 to 26.8%. The number of people aged 90+ is predicted to rise from 1400 in 2012 to 4400 in 2037. [Source: Office for National Statistics, 2015. Population projections 2012 to 2037]

NEL is a unitary authority area spanning an area of 192 square kilometres across a range of communities within Grimsby, Cleethorpes, Immingham and 22 surrounding villages. The town centres of the more densely populated areas of Grimsby and Cleethorpes are only three miles apart with Immingham approximately eight miles from Grimsby.

NEL's neighbours are the authority of North Lincolnshire and Lincolnshire's districts of East Lindsey and West Lindsey.

### 1.1 North East Lincolnshire Safeguarding Adults Board (NELSAB)

The NEL safeguarding adult board (referred to as the SAB) is a statutory requirement for all local authorities under Sections 42-46 of the Care Act 2014 with the director of adult social services (DASS) taking the lead role and overall responsibility for adult safeguarding.

*The main objective of the SAB is to assure itself that local safeguarding arrangements and partners act to help protect adults in its area who:*

- *have needs for care and support (whether or not NEL is meeting any of those needs)*
- *are experiencing, or at risk of, abuse or neglect*
- *and as a result of those care and support needs, are unable to protect themselves from either the risk of, or the experience of abuse or neglect (Sec 14.2 statutory guidance)*

People that fall into this category are referred to as 'adults at risk'.

## 2. Structure and governance

As a minimum, the SAB membership must comprise three main statutory partners, these being North East Lincolnshire Council (NELC), Humberside Police and North East Lincolnshire Clinical Commissioning Group (NELCCG). In NEL we have established a broader multi-agency membership to ensure representation and provision from all sectors and areas across the NEL community to enable adults' needs to be fully recognised and met.

### 2.1 NELSAB structure, framework and membership

The director of adult social services is responsible for ensuring that all organisations providing or commissioned to provide adult services, do so to a standard that is safe and commensurate with the 2014 Care Act requirements. In line with our vision, we seek to empower and protect adults with care and support needs, and support structures to promote the highest standards possible, so that all people in NEL feel safe and are safe, wherever possible, living lives free from the risk or experience of abuse or neglect.

For the SAB to have the necessary means for effective decision-making and commitment of resources, its members have sufficient delegated authority to act on behalf of their own agencies. The SAB comprises senior officers, nominated by member agencies, operating under terms of reference that reflect the vision and guiding principles of the Care Act 2014, which are:

- Empowerment: supporting people to make their own decisions and give informed consent
- Prevention: acting before harm occurs
- Proportionality: the least intrusive responses appropriate to the risks
- Protection: support and representation for those in greatest need
- Partnership: local solutions through services working with communities
- Accountability: accountability and transparency in delivering safeguarding

*See appendix A for SAB structure and membership*

### 2.2 Chairing arrangements and interface with safeguarding children partnership and NEL community safety partnership

The SAB is currently chaired by the director of quality and nursing and executive lead for safeguarding of the NELCCG. This post is also one of the three executive members of the safeguarding children partnership (SCP) ensuring synergies between the partnerships.

Through joint ventures, the SAB has increased its capacity to communicate safeguarding information to all people across NEL and move towards a culture of shared expertise across adults, children, and the whole community. Joint working with the community safety partnership (CSP) allows cross-cutting themes to be tackled more effectively such as modern-day slavery and "Prevent".

The assistant director manages all three partnerships, allowing progress in the safer NEL ethos.

The SAB has maintained its pledge commitment to safeguarding this year, directly contributing to NELC's vision that *"all people in NEL feel safe and are safe"*.

### 3. Priorities 2020/21 and resulting action

The three-year strategic plan was refreshed in 2019. The plan was developed in line with the six principles. The section below sets out the key principles of what we said we would do and what we have done so far:

#### **Empowerment** - people being supported and encouraged to make their own decisions with informed consent

The SAB maintains its website: <https://www.safernel.co.uk/safeguarding-adults-board/> which contains information about keeping safe, explain types of abuse and neglect, and provides contact information to be used by anyone with a safeguarding concern.

*The safer NEL website is now well established and used by both professionals and members of the public; it contains policies and procedures as well as reports from safeguarding reviews, which not only informs what all three partnerships are doing but signposts where to get help and assistance.*

#### **Prevention** – it is better to take action before harm occurs

All SAB partners will be required to assure the board regularly on what they are doing to prevent abuse or neglect.

*The updated workforce development strategy is now firmly embedded. The offer of a revised ‘Mental Capacity Act and Deprivation of Liberty Safeguards’ training pathway has been made with the first refreshed courses being run shortly. The safeguarding champions network is now fully embedded and meets regularly to discuss cases and ensures that good practice and lessons learnt are disseminated throughout agencies. We continue to audit and dip sample cases when patterns or themes emerge.*

#### **Proportionality** – the least intrusive response appropriate to the risk

The SAB will ensure that the requirements of “making safeguarding personal” (MSP) are embedded in all safeguarding enquires. Any actions taken are informed by the express wishes and feelings of the person at the centre of the concern when possible.

Making safeguarding personal (MSP) is the government term for practising in a way that ensures that the adult at risk has the opportunity to express what they want to happen during safeguarding processes and measuring the success at achieving this. Where adults are unable to express their wishes, this requires the provision of a suitable advocate to speak on the adult’s behalf.

*Over 2020/21 we have yet again increased our recording of MSP and have improved the numbers and outcomes of service user satisfaction. We have also improved our activity on assessment for adults who appear to lack capacity, and now in 2020/21, MSP is business as usual firmly embedded in practice.*

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

The SAB will require all partners to ensure that there is an up-to-date assessment of mental capacity where appropriate and any best interest decision on file. They will ensure that the person is supported when appropriate by an advocate or an independent mental capacity advocate (IMCA).

*Management of the deprivation of liberty safeguards (DoLS) remains an issue both locally and nationally.*

*North East Lincolnshire's MCA Group has worked tirelessly in its attempts to manage the risks for those individuals whose applications have not been authorised and to prepare for the forthcoming change in legislation.*

### **Partnership – local solutions through services working together with our community**

Each SAB partner will ensure their organisation upholds their collective responsibilities to safeguard adults in accordance with the requirements of the Care Act 2014.

*The SAB requires assurances from all partner agencies and providers that safeguarding remains a priority. The safeguarding adult referral, significant incident learning process and good practice group (SAR, SILP and GP group) continues to review individual cases where concern is raised, or it is believed we could benefit from learning. The group reports quarterly to the SAB on all open cases. The SAB considers any themes or trends in safeguarding that require scrutiny and direct in-depth audits to allow a clear understanding to inform practice.*

The SAB will work with the SCP, CSP and other local partners when possible to promote safeguarding for all our community.

*The SAB chair is one of the executive members of the newly formed SCP and all three partnerships work on common themes such as domestic abuse, modern day slavery, female genital mutilation and prevent. We share audit processes and learning from reviews.*

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

The SAB will agree and maintain local multi-agency safeguarding adults policies and procedures for all partners to use.

*Work continues nationally to agree benchmarking within adults. Locally we have had our dataset reviewed by the association of directors of adult social service (adass), which published our performance reporting as an example of good practice. Known as the 'performance wheel' and developed by Focus, it allows the SAB to maintain oversight of the safeguarding referrals, enquiries made, types of abuse and the outcomes for those subject to enquiries.*

*The current multi-agency policy and procedures are shared via our website, and the designated adult safeguarding manager (DASM) role and person in position of trust (PiPoT) protocol is firmly embedded in practice. The high risk panel and operational risk management meeting protocols produced by the SAB are now also firmly embedded and utilised by all agencies.*

The SAB will produce an annual report explaining what it has done and how its partners have helped to keep people safe in North East Lincolnshire.

*A statutory requirement, this report highlights what the SAB has achieved and what it seeks to achieve in the current and next financial years.*

## 4. SAB members' contribution to safeguarding

### 4.1 Director of adult social services

The SAB has progressed with the implementation of its new structure with a thematic approach. All service providers and especially social care have been focused on the management of issues presented by the COVID pandemic and I am particularly grateful for the way in which our providers and partners have worked together to prevent and reduce the spread of infection. Due to social distancing measures, some services and support were provided remotely and the subject of vulnerability and social isolation has been very much at the forefront of the work that was carried out in the early part of the pandemic. Community groups and volunteers in particular mobilized to ensure that clinically extremely vulnerable people were able to be supported whilst they were advised to shield. The plight of our street homeless people within NEL was also brought sharply into focus when the national government mandated that accommodation be made available to them to prevent community transmission. The pandemic not only provided us with some significant challenges but demonstrated what we can achieve by working together and in partnership to protect and support the most vulnerable people in NEL. I am pleased to see that agencies are using the "high risk panel" approach to deliver targeted support where complex individuals may be exposed to potential harms. Going forward we need to ensure that we continue to build on this work, and take a more proactive approach to identifying and working together to improve the lives of the more vulnerable members of our community.

We had intended to initiate a further joint conference with children's services on the topic of "transitional safeguarding" but this has not been possible during the pandemic. However, colleagues from North East Lincolnshire were able to participate in a regional conference jointly commissioned by directors of adults and children's services on the wider topic of "preparing for adulthood". This has enabled us to strengthen our joint work with children's services, including greater co-ordination between practitioners in individual cases and a collective focus on developing commissioning plans to create services and support for younger adults so that they can remain safely supported in area. This should ensure that younger adults can maintain their social networks and remain more connected to professionals in NEL tasked with their supervision and support.

We are continuing to prepare for the Liberty Protection Safeguards (LPS) regime which is set to replace the existing DOLs and DOL processes. These are significant changes which are necessary to ensure that individuals' rights are balanced against proportionate safeguards when they lack capacity under the Mental Capacity Act.

### 4.2 NEL Clinical Commissioning Group (CCG)

NHS North East Lincolnshire Clinical Commissioning Group (CCG) is committed to working with partner agencies to ensure the safety, health and well-being of the local people in North East Lincolnshire. Protecting adults at risk is a key part of the CCG's approach to commissioning and, together with a focus on quality and the experience of service users, is integral to our commissioning arrangements. The CCG approach to adult safeguarding is underpinned by quality and contracting systems and processes that aim to reduce the risk of harm, respond quickly and ensure that lessons are learnt and shared. This includes the training and development of our own staff as well as working strategically



within a multi-agency framework to create measures that reduce the risk of neglect and abuse and support health services to respond where abuse has occurred or is suspected of occurring.

The CCG has a duty to take additional measures in establishing effective structures for safeguarding across health organisations. This includes robust governance and commissioning arrangements, and leadership across the local health economy.

NHS North East Lincolnshire CCG's chief officer has the overall accountability for safeguarding adults, with the responsibility for ensuring the contribution of health services to safeguarding and promoting the safety of adults at risk.

The director of quality and nursing, reporting to the CCG chief officer, is the executive lead for safeguarding adults on behalf of North East Lincolnshire CCG. As chair of the SAB and a member of the CCG governing body, they take the responsibility for ensuring that safeguarding is embedded across the health community and is operationally delivered through local commissioning arrangements. The CCG is committed as an active member of the SAB, ensuring regular representation and contributions at all meetings.

The designated nurse for safeguarding reports to the director of quality & nursing and attends the SAB to provide commissioning or senior nursing leadership. This strategic role provides support and leadership across the whole health economy, ensuring that any lessons learnt are disseminated, and chairs a number of groups to support this strategic role delivery.

The designated nurse, MCA strategic lead and executive lead for safeguarding have all undertaken Level 4 training in safeguarding adults, provided by NHS England. The designated nurse has also undertaken safeguarding supervision training and executive safeguarding leadership courses, both commissioned by NHS England. CCG staff have all had appropriate levels of safeguarding training, dependent upon their roles, and the CCG safeguarding team have delivered this.

The designated nurse regularly collaborates with Focus safeguarding adults team, providing advice and support with any health-related issues presenting within safeguarding cases. The CCG actively monitors the quality of nursing and residential homes and settings, including domiciliary care, to ensure any issues are addressed and remedied at the earliest possible point. This is often undertaken in collaboration with CQC and other partner agencies.

The CCG has a system of robust reporting mechanisms from providers to ensure adequate scrutiny of their safeguarding arrangements. The CCG safeguarding policy includes a number of standards which provider organisations are expected to meet and are included in contracts for providers of commissioned NHS health services. The information that providers return to us is scrutinised and providers are challenged through contract compliance arrangements or might receive a support visit to observe the quality of arrangements and provide support, if required.

In addition, the CCG provides safeguarding and quality oversight of provider units that are commissioned by NHS England specialist commissioning teams, but that are within the NE Lincolnshire area. This includes receiving activity and performance data and undertaking site visits to review the quality of safeguarding arrangements and the quality of care.

NEL CCG provides the link with primary care services and the designated nurses works closely with the named GP for safeguarding adults to support primary care staff and promote practice improvement

in their contribution to safeguarding adults. The designated nurse and named GP for safeguarding adults hold a safeguarding lead GP forum to further support practice and offer a two-way information sharing opportunity.

The CCG designated nurse chairs and co-ordinates a health forum which brings together senior safeguarding leads from all health organisations in NEL, and provides a vehicle through which safeguarding strategy and operational delivery can be supported, challenged and developed. It brings together senior leaders with an opportunity for key communication and peer networking and support.

The CCG continues to deliver the learning disability mortality review (LeDeR) process, ensuring reviews are undertaken, quality assuring completed reviews and collating the learning across Northern Lincolnshire, and then disseminating learning into various local work-streams to further enhance standards and improve service delivery.

Both the designated nurse and specialist professional for safeguarding are active participants and contributors to a number of safeguarding systems, including the 'Channel Panel' and MAPPA.

The past year has seen the NHS and care systems respond quickly and effectively to the many safeguarding challenges arising from the Covid-19 pandemic. Many health services had to move from face-to-face appointments with service users to a virtual way of working very quickly. The CCG safeguarding team supported these agencies to ensure the awareness of all safeguarding related aspects of service delivery were considered and acted upon.

The CCG has been a key partner in providing the strategic leadership to drive the domestic abuse agenda forward for North East Lincolnshire. The local strategy for domestic abuse has been revised during 2020-21 with dedicated funding to ensure all necessary resources are available for the locality.

Safeguarding adults is a high priority for the CCG and as nationally the changes to CCGs occur during 2021/22 as part of the NHS transformation, we will ensure that adult safeguarding remains a high priority.

### 4.3 Humberside Police

For the last 12 months the Detective Chief Inspector for the PVP (Protecting Vulnerable People) Unit, has responsibilities for partnerships, vulnerability, prevention, child safeguarding and adult safeguarding for all four local authority areas within the Humberside police region.

In the last year, the vulnerability hub for Humberside Police has been developed to:

- Effectively identify risk, harm and vulnerability to protect our most vulnerable.
- Share the relevant information to identify 'Right Care Right Person'.
- Formulate effective risk-based decisions to signpost to the relevant partners and interventions.
- Develop a long-term approach to reduce future demand, risk and vulnerability which in turn reduces cost.
- Form a partnership link between vulnerability and locality based problem solving.

This will then deliver a uniformed approach across the force as a central hub with health, children's social care, adult safeguarding and other key agencies to manage vulnerability, effectively

incorporating vulnerable children, vulnerable adults, domestic abuse, contextualised safeguarding, early help and locality based problem solving to reduce future demand.

Part of the vulnerability hub is the 'PiTStop' (Partnership Integrated Triage). This is a daily meeting for vulnerable children, domestic abuse and vulnerable adults to be discussed to identify the level of need with a multi-agency holistic assessment where the concerns raised do not meet the requirement for the front door for either children or adults. Once the relevant needs for the adult have been identified this will be shared with the relevant agency with the intention of promoting the person's wellbeing and supporting a preventative agenda, to reduce the escalation of future need, risk and demand.

Part of this process will be to map all vulnerability identified by use of the vulnerability tracker.

The vulnerability tracker has been designed to map all vulnerability that comes through Humberside Police from open cases, PiTStop, strategy discussions (Front Door) and multi agency child exploitation (MACE).

The reasons for this are to help identify and understand our vulnerabilities more effectively in relation to both risk in the home and risk outside the home. Breaking this down in to where they live, age, gender, ethnicity, school, areas they frequent, adults of concern, peers of concern, ACES, schools etc.

The aim of the vulnerability tracker is to assist in early identification of risk and vulnerability within our communities so that targeted early intervention work can be completed by NPT, partners and/or as part of a multi-agency approach to reduce the escalation of need or risk and reduce future demand.

In relation to the PVP Unit, the department deals with adult safeguarding criminal investigations in which the offender is in a position of trust. The majority of adult safeguarding investigations are managed by the community command so the detail in relation to this cannot be provided.

Moving forward with the above proposal will provide:

- Improved information sharing with supporting and corroborating details with a holistic view.
- Reduce unnecessary referrals to the Front Door for adult safeguarding.
- Improve the quality of S.42 strategy discussions and joint working.
- Improve diversion and signposting to the most relevant supporting agency for the individual's needs.
- Map all vulnerability within the community to utilise analysis to target resources as part of a place based approach as a multi-agency response.

#### **4.4 Adult mental health services (NAVIGO)**

There is a newly staffed safeguarding team for adults and children. There is a named professional as a strategic lead and a safeguarding lead who is operational. The team is managed overall by the assistant director of adult acute mental health services, reporting to the director of operations. A safeguarding committee meets quarterly and reports directly to the CIC board, and is chaired by the chair of NAVIGO. The safeguarding champions group meets monthly. There has been consistent presence at SAB sub-groups and other meetings such as MARAC, Mace, OVM, Prevent, MAPPA and modern slavery. We have a modern slavery champion. This year Navigo has embedded the high risk panel and operational risk management meeting protocols by completing an internal referral and

oversight process. We have also purchased and provided domestic abuse training at two levels which is mandatory for all staff.

We have set up monthly lunchtime training webinars with guest speakers from our partners across health and social care, these are recorded for easy access to staff who are not available due to shift work for example. We now have a weekly drop-in for practitioners across NAViGO to attend for support and any queries they may have. We have developed a monthly newsletter which incorporates local and national safeguarding updates and to share any learning that has been sent from any of our partners across health and social care. We have secured a weekly representative from the Blue Door to attend one of our inpatient facilities where any patients can be directed to have a conversation if there are issues or concerns of domestic abuse. We have also agreed that any person who is not necessarily an inpatient but is supported by NAViGO can make an appointment to be safe whilst seeing the Blue Door representative.

We have more robust systems in place to monitor and record safeguarding referrals which come into NAViGO and the ones that are referred into *focus*; although this has only commenced recently we are working with *focus* to ensure this is consistent two-way communication for good reliable data collection. We have been able to share learning that has come from DHR's because we attend and submit our information and support any NAViGO practitioners in the process.

Our mission is to further embed that safeguarding is everyone's business and will be able to further evidence this in the coming year. In November 2021, we are hosting NAViGO's first safeguarding conference as part of safeguarding week, where we will have some exceptional, eminent and passionate speakers. We are hoping our partners across health and social care will attend to further our commitment to partnership working and promoting the NAViGO safeguarding team as developing into an exemplar and passionate service.

#### 4.5 Care Quality Commission (CQC)

Each year the Care Quality Commission (CQC) publishes a report looking at what has been achieved in the previous year and what areas they need to concentrate on in the next year.

#### 4.6 Health (NLaG)

Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) provides hospital and community services to the North East Lincolnshire area. The safeguarding team is based at both Scunthorpe General Hospital and Diana Princess of Wales (Grimsby), also covering Goole and District Hospital, and is committed to ensuring that safeguarding its patients, staff and the wider community is given the highest priority in all that the trust does. Safeguarding work across the trust is underpinned by NLaG's values by demonstrating our behaviours: kindness, courage and respect.

Our chief nurse is the executive lead for safeguarding children and adults; the head of safeguarding, leading and directing the safeguarding agenda across the trust. The trust has in place statutory roles within safeguarding that are responsible to ensure that systems and processes are in place with identified leads for children, adults and the MCA and DoLS.

Our team consists of named nurses for adults, children, MCA and DoLS and midwifery. This year the trust has employed a new head of safeguarding to lead the safeguarding and vulnerabilities team. We have seen a number of new staff recruited; a specialist nurse for MCA DoLS and an adult safeguarding

named nurse and specialist nurse. Our vulnerability nurses, who include two dementia clinical nurse specialists and two learning disability clinical nurse specialists (the trust has also recently recruited a new matron for vulnerabilities who works closely with the safeguarding nurses), are paramount in ensuring that our patients with dementia and a learning disability receive the care and support required whilst accessing our services.

We are committed to multi-agency working with other partner organisations and groups to ensure we fulfil our multi-agency responsibilities. We attend the safeguarding adults board and sub-group meetings. All our policies and procedures are accessible to all staff on our internal hub pages, our safeguarding policies link to all local multi-agency policies and procedures within our local areas of North and North East Lincolnshire and the East Riding, and we provide regular safeguarding updates to our staff internally.

The safeguarding team delivers in-house bespoke safeguarding adults, children and MCA DoLS training as indicated in the intercollegiate documents for safeguarding adults and children. We have maintained high levels of compliance throughout the Covid-19 pandemic this year. We have utilised virtual technology to deliver safeguarding training over Microsoft Teams and continued to attend internal and external meetings through this forum. All levels of training cover modern day slavery, financial abuse and making safeguarding personal.

Our safeguarding children's and adults forums have been held bi-monthly throughout the year. These forums provide an arena to discuss and share our safeguarding work in the trust. These forums report to our vulnerabilities oversight board chaired by our chief nurse NLaG, which reports directly to our trust board.

In line with our Care Act (2014) requirements, we have developed a new safeguarding dashboard that will enable us to analyse our data robustly and new databases for recording and reporting information in relation to adults at risk and MCA and DoLS.

As part of our commissioning arrangements and assurance to our CCG partners, we are actively involved in other safeguarding agendas such as the Prevent agenda and domestic abuse. We are an active participant in MARAC and MAPPA and domestic abuse continues to be a key priority for the trust, is covered in all levels of training and is included in supervision sessions with staff.

## 4.7 Healthwatch

Healthwatch North East Lincolnshire (HWNEL) is the independent champion for those using Health & Social Care Services; ensuring that their views and experiences are heard by those who plan and deliver health and social care services, giving people a real say over how their local health and social care services are run. Healthwatch not only has the ability to influence how services are set up, commissioned and delivered, but it is also able to provide advice and information on health and social care services as well as signpost those wishing to make a complaint about their local NHS services. Under its statutory remit, Healthwatch enables people to monitor the standard of provision of local care services, and has a number of powers to enable it to fulfil this activity, including the ability to enter and view premises where care is delivered. HWNEL has a seat on the Safeguarding Adult Board. Our purpose on the SAB is to bring an objective perspective as an independent body from that of NELC or NELCCG and to put across the views of the public, whether that be concerns or to highlight good practice.

During this difficult year safeguarding has remained a priority for HWNEL, especially for the isolated and vulnerable members of our community that have contacted us. All contact that HWNEL has made with members of the community were given the single point of access (SPA) contact number in case they needed to raise a concern or had any issues accessing adult social care, especially during lockdown.

During 2020/21 HWNEL has not had to raise any issues with regards to adult safeguarding.

## 4.8 Independent social work practice (*focus*)

### Safeguarding adults team (SAT)

Throughout 2020/21 the focus has been working with all partners to aim to maintain its statutory responsibilities and functionality throughout the Covid-19 pandemic. *focus* have continued to have face-to-face contact with service users when this has been absolutely necessary, but in the interest of public safety, *focus* has adopted remote working practices whenever possible to minimise the transition of the virus between staff and service users in line with government recommendations.

Although we are not yet able to evaluate the full impact of the pandemic on the our service users, we believe that we have deployed our resources in the most effective way possible to maintain continuous delivery of our service to the best of our abilities through these difficult times.

### Safeguarding adults practitioner group

The key role of the safeguarding adults practitioner group at *focus* (SAT) is to provide the statutory response to allegations of abuse as defined by Section 42 of the Care Act 2014, in line with Chapter 14 of the accompanying Care and Support Guidance, on behalf of North East Lincolnshire Council (NELC). To do this, the SAT provides a duty and triage role to receive and risk assess concerns, and then takes a lead role in making enquiries, or causes an enquiry to be made. The SAT has been established since 2010 and all the qualified professionals within the team also act as best interest assessors for the Mental Capacity Act/Deprivations of Liberty Safeguards (MCA/DoLS).

During 2020/2021, the SAT has been pleased to support student placements and ASYE's. Previously the team was not able to offer placements due to restrictions imposed by the universities, however since these 'rules' have changed, the team has been able to welcome and support a number of placements. Thus giving new and trainee social workers an insight into the work of the team and how they work with partner agencies to respond to allegations of abuse against 'vulnerable' adults.

This year, to improve efficiency within the team, the daily rota for duty triage has been replaced with a more fixed arrangement of three staff spending a longer time in triage (6+ months), and the remainder of the team receiving allocations for enquiries. This has worked well and the team plans to maintain these arrangements into 2021/22.

The other exciting development this year has been the release of the safeguarding node on SystmOne. Although there remain a number of development requests pending action from TPP (the system developers) to make the system truly fit for purpose, the ability to have a recording tool that is designed specifically for safeguarding has been beneficial. The team is still unable to record concerns that relate to a whole service on the system but the recording for safeguarding concerns relating to individuals is now much easier for both recording and reporting.

With regard to safeguarding activity that relates to individuals, the team has received on average 205 new referrals per quarter, this is a decrease from last year, and is likely to have been as a result of the pandemic. Following triage by the team, just over half of the concerns received have required an enquiry to be completed. The remainder have been offered advice or have been signposted for other actions.

Throughout the year, 56 concerns were raised about whole services. In these cases, the SAT works closely with the CQC, and/or the CCG to agree the correct level of response to ensure that provider services in NEL are meeting their contractual requirements. As part of this, the team commenced 24 whole service joint enquiries with the CCG and/or the CQC. The key role of the team in this type of cases is to gather and co-ordinate information and consider the impact on individuals who may have been affected. The provider is then asked to provide assurance that risks have been minimised and any improvements requested as part of the enquiry have been satisfactorily completed.

For enquiries that involve carers of any kind (paid or unpaid) as the source of risk, the SAT is also required to liaise with the local Designated Safeguarding Adults Manager (DASM). This is to make sure that the employer of the carer fulfils their duties to reduce the risk of a recurrence. For minor issues, this might be by supporting the employee with additional training, or by clarifying policies and procedures. In more serious cases, especially where there may have been malicious intent or wilful neglect, the DASM will seek specific assurance from employers that they have followed disciplinary procedures and made a referral to the Disclosure and Barring Service (DBS) as necessary.

### **MCA/DoLS Business Team**

The MCA/DoLS team within focus provides the business support to the MCA/DoLS process throughout NEL. This year has been another busy year, with 1,104 new Deprivation of Liberty Safeguards (DoLS) applications being made throughout the year.

The NEL DoLS structure is supported by qualified Best Interest Assessors (BIAs) across key agencies including *focus*, Care Plus Group, Navigo and the CCG, and between them, these BIAs completed 522 assessments. There is a heavy reliance within the system for out-of-hours DoLS assessment activity, and this has been identified as a risk, in terms of resourcing and capacity. It is particularly important to note that at year end, there were 361 unallocated DoLS applications awaiting assessment. Many of these are low risk (247) but this is still a cause for concern as we plan for the replacement of the current DoLS structure with the Liberty Protection Safeguards (LPS) next year. Work is ongoing to prepare for the LPS, and some work is being completed to review and reprioritise the 'waiting list'.

The MCA/DoLS team also has the oversight of the number of court authorised deprivations of liberty in non-standard settings (i.e. not care homes or hospitals). Throughout 2020/21, the court authorised 7 applications; however, there remains 196 awaiting authorisation.

### **Safeguarding and MCA Training**

The creation of a dedicated safeguarding and MCA training post in 2019/20 was so successful that an additional post within the team was created this year. This has helped increase the capacity of safeguarding and MCA training that can be delivered across the health and social care sector in NEL.

As in other areas within *focus*, the MCA and safeguarding adults trainers had to adapt and find innovative ways of continuing to deliver training during lockdown. To do this they created recorded and live webinar versions of both safeguarding and MCA training.

By 31<sup>st</sup> March 2021, a total of 1,798 had attended MCA level 1 since its introduction in September 2019 - that's a significant increase of 1,303 in the last year. There has also been a large rise in the number of attendees who have completed the full MCA training pathway in the past year, currently standing at 101, compared to just 16 in the previous year. The picture is just as encouraging with the Safeguarding Adults sessions, with a total of 275 attendees completing safeguarding foundation and 71 attending the Safeguarding Intermediate session over the past year.

***Examples of feedback from training sessions:***

*"The transition from face to face to online training appears to have been flawless from my point of view. The online training has been the best I have done - lots of organisations are trying to do online training now because of the pandemic and it is obvious that it has been designed as a short term measure - but they need to learn from FOCUS as you have got it spot on! It feels as if the pathway was originally designed to be delivered online, not just amended as a result of circumstances, which is a credit to the trainers and organisers at FOCUS."*

*"The flexibility of attendance, meaning it could be seen at a time where it was appropriate and I did not have to take time off work to travel to a different location. The entire video and materials were downloadable which is fantastic as it can be used as a refresher in case I ever felt unsure about something. Really well done."*

*"I used to really enjoy leaning about MCA, however over the years I maybe have not kept up to date as I would like, therefore this training has helped spark the passion again."*

*"I was amazed about the experience of the tutor and the simple manner that she delivered that training."*

*"How the trainer kept us involved and motivated - I did not feel 'bored' or like disengaging despite the difficulty with rapport with online training."*

*"Very clear and plenty of opportunity to ask questions."*

*"The whole pathway was very well designed and presented - it offered a good, logical flow of growing knowledge with continuous revising and reinforcing the knowledge so far."*

*"The MCA pathway has made me want to become a Best Interest Assessor– if it wasn't for this training, I do not feel I would have been ready to take on this role."*

In addition to the formal training sessions, the safeguarding and MCA trainers have launched an e-newsletter, and a highly informative 'MCA mini series' on YouTube. You can subscribe to both of these useful resources using the following links: [MCA Mini Series](#), [Safeguarding & MCA Newsletter](#)



## 4.9 National Probation Service (NPS)

Throughout the COVID-19 pandemic the Probation Service has operated to an exceptional delivery model (EDM) which has acted as a multi-faceted business continuity plan to provide the delivery of probation services in a safe manner whilst meeting the requirements of our agency and our statutory requirements in respect of safeguarding. In NEL, we have and are operating to EDMs for services to court, the delivery of sentence management, the delivery of services to victims, the provision of interventions to people on probation designed to address offending behaviour. During the pandemic the operation of multi-agency public protection arrangements (MAPPA) has continued to ensure that public protection and safeguarding has remained a deliverable priority.

- Safeguarding arrangements within the Probation Service in North East Lincolnshire have remained robust and effective.
- We have continued to work closely with all partners' colleagues in respect of new referrals and in the management and support of cases subject to any form of intervention.
- As a service we have been able to achieve a mix of in-person and remote service delivery to assess risk and adapt risk management plans accordingly.
- MAPPA has continued to operate to secure multi-agency risk assessment and management for those cases requiring a multi-agency response. Every Mappa 2 and 3 meeting provides a detailed discussion and assessment of any known or unknown adults assessed to be at risk and formulates risk management plans on the 4 pillars approach.
- The voice of the person on probation remains a key element of this process.
- Independent case audits have continued by our quality development team during the pandemic.
- We have introduced an emergency housing provision for prison leavers at risk of homelessness upon release in addition to a commissioned housing support service to support vulnerable people on probation maintain tenancy and reduce the risk of further offending.

In late June 2021, the National Probation Service and the Community Rehabilitation Companies are to be merged to form the new public section Probation Service. This means that all case management activity, the delivery of services to court and the delivery of interventions to address offending behaviour are now all managed within the public section. For services locally, the North & North East Lincolnshire Probation Delivery Unit remains organised across both local authority areas and is part of the Probation Service – Yorkshire and the Humber. We look forward to our continuing relationship with the Safeguarding Adults Board and working with partners across North East Lincolnshire.

## 5. Work group activity

Data from across the safeguarding partnership continues to be gathered and analysed on a quarterly basis for reporting to the SAB by *focus*.

*See appendix B for details of performance data*

### 5.1 Domestic abuse

Reducing rates of domestic abuse continues to be a high priority in NEL across the partnership. During 2020/21, work has been undertaken to refresh the existing domestic abuse strategy and develop a new three-year strategy. This has been done in consultation with a wide range of partner agencies and relevant individuals, including the voices of those affected by domestic abuse.

The strategy remains focused around the key themes of prevent, protect & provide, and pursue. It introduces a revised, multi-agency, partnership approach to tackling the incidence of domestic abuse in NEL and replaces the former 'One System' approach. It will be underpinned by a delivery plan, overseen by the domestic abuse strategy delivery group, which co-ordinates partnership activity in relation to domestic abuse.

A finance and resources paper was developed alongside the strategy to identify the resources and funding required to deliver its key aims. Plans are in place for the joint commissioning of domestic abuse service provision on a longer-term, sustainable basis.

#### **In 2020/21:**

- Domestic abuse service provision was delivered in full throughout the Covid-19 pandemic. Agencies adapted service delivery to meet the needs of those affected by domestic abuse and offer them safe and appropriate support.
- Additional domestic abuse awareness raising was carried out to ensure those those needing to access support services were aware they are available and how they can be accessed.
- Women's Aid supported victims of domestic abuse and their children through refuge accommodation and floating support. They accepted a total of 519 referrals to service in 2020/21. They also provided a range of added value DA services across the borough, supported through donations, fundraising and income from their charity shops.
- The Blue Door CiC provided independent domestic violence advocate (IDVA) provision, supporting high risk victims of domestic abuse. During 2020/21, a total of 502 cases were opened to the service and 329 new cases were allocated. Across the year there was an average of 49 cases open to each IDVA. There were 2,506 risk and safety initial assessments and reviews completed on individuals working with the service and 60% of clients engaged in safety planning and advice.
- Funding was secured to introduce support for victims of domestic abuse at all levels of risk with complex needs. Several adult and support worker posts were created and delivered by existing service providers from August 2020. They provided ongoing intensive support to women at threat of eviction or abandonment from the refuge, and female and male victims in the community who needed additional support due to complex needs, plus support for children of victims, both within the refuge and on an outreach basis, where engagement with either the child or the parent is challenging.
- Multi-agency risk assessment conference (MARAC) arrangements continued to ensure all necessary safety measures around high-risk victims and their families were in place through a

structured multi-agency process. A total of 769 cases were heard at MARAC in 2020/21, which represents a 24% increase compared to the previous year.

- The multi-agency tasking and co-ordinating (MATAC) system has continued to address the offending behaviour of repeat and serial perpetrators of domestic abuse.
- Further funding for the target hardening scheme was secured to allow provision to continue during 2020/21. The scheme supports vulnerable victims of crime who need improved or enhanced security carried out at their home address. Between July and December 2020 a total of 512 referrals were received, of which 55% (281) were domestic abuse related.

There were 5,355 recorded domestic abuse incidents during 2020/21; of these, 3,410 crimes were recorded. This is a 1% increase in reported incidents and 1.5% increase in crimes against reported incidents when compared to the previous year.

The recording of the prevalence of domestic abuse is not straightforward. Not all victims will report to or be identified by the police. It is generally accepted that the number of domestic abuse incidents is under-reported. The data must also be considered within the context of a global pandemic which has had a huge impact on both demand for service and the way those affected by domestic abuse are accessing services.

***Case Studies (clients supported by The Blue Door CiC, providing high risk IDVA Support):***

*1. A victim referred to service declined support on five occasions before finally accepting support. They have since engaged well with the service.*

*2. A victim with no recourse to public funds living in the UK on a spousal visa, isolated from friends and family, and consistently assessed at high risk, now has a network of professional support in place and has regained her freedom and independence since receiving support.*

***Feedback from Domestic Abuse Survivor Consultation (undertaken with Women's Aid clients, October 2020):***

*"Women's Aid and Blue Door really helped me and the Freedom programme."*

*"Thank you for helping me to feel my life is worth living. I am still on my journey."*

*"Keep going and thank you as it was very hard at first but the support helped me to move on."*

*"Keep listening and helping."*

*"Thank you for saving my life."*

The true impact is still being analysed; however, it remains essential that effective strategies and adequate service provision continue to be in place to encourage disclosures and support victims of domestic abuse.

## **5.2 Exploitation sub-group**

Humberside Police chair the exploitation sub-group which was formed this year to provide assurance around robust partnership arrangements to manage adults being exploited.

This has centred on identified areas of concern:

- Exploitation through modern day slavery and human trafficking or through other activities of organised criminality.
- Exploitation through fraud.
- Vulnerable children being exploited as they become adults.
- Radicalisation of vulnerable adults into violent extremism.

An action plan has been developed to record progress in these areas.

The group has met throughout the year and identified that data sharing using the single point of access process works. This single route for all concerns identified by professionals is a robust process that enables fast and efficient identification of risk and response to it.

Review of existing processes and meetings has also been undertaken including understanding how existing safeguarding processes exist surrounding the management and identification of risk. Specifically relating to the response to organised criminality, modern day slavery and human trafficking, radicalisation, and identification of those at risk of fraud. All these areas have partnership meetings, leads and processes in place.

Through the formation of this sub-group a new transition protocol has been adopted to enable a handover between children and adult safeguarding services when a child identified at risk of exploitation moves into adulthood. This success will ensure that children being managed away from exploitation of criminal groups will receive support as they become young adults.

The sub-group has led in developing joint training between key agencies to assist in developing a greater understanding of the exploitation risk. This is ongoing between GRAFT, the Police and We Are With You, and will continue to develop over the next year.

Data has been identified as fundamental to understanding emerging and current risks. The group will continue to explore how we can improve on the excellent Single Point of Access processes to enable better identification and earlier flagging.

### **5.3 Neglect sub-group**

The Home Options Manager at North East Lincolnshire Council with the responsibility of commissioning housing related support services, managing the homelessness prevention service, housing register and housing related support services, along with developing and securing affordable housing to meet the needs of those living in the borough chairs the neglect sub-group.

The neglect and hoarding sub-group was formed to consider how we could work more collaboratively and across sectors to identify hoarding and self-neglect, and ensure there were joined up approaches to give timely, holistic support to those in need to live safely and independently.

Our focus areas this year have been:

- Initiatives needed to enable independent living.
- Incorporating principles of the Care Act in respect of well-being.

- Embedding protocols and raising awareness of the indicators of neglect, particularly for frontline workers.
- Understanding the Mental Capacity Act, the difference between unwise decision-making and lacking capacity.
- Fostering the multi-disciplinary approach.
- Considering the links between addiction, mental health, and self-neglect.
- Early intervention and agencies taking a lead to convene risk management panels.
- Wider sharing of protocols and pathways into services.

### **Group Development**

Over the last year the membership of the group has grown to include a wide-ranging number of services, reflecting the discussion, and arising actions, and ensuring that transition from children's safeguarding to adult safeguarding is co-ordinated.

Housing, including enforcement, and wider anti-social behaviour and environmental teams are included in the group membership, with an aim to strengthening the approach to multi-agency working and enabling people to live independently in their homes where this is possible, considering their home conditions, and that many referrals come when the council looks to take enforcement action for health and safety issues.

In addition, rough sleepers and those in unsuitable housing have been identified and the group has considered previous safeguarding adult reviews and risk management meeting outcomes to identify gaps in support. This confirmed that hoarders and those who self-neglect are in need of dedicated support which is a specialist area and does not sit in the remit of general housing support alone, but needs a co-ordinated approach from the council, *focus* and Navigo but from a non-enforcement perspective.

### **Challenges**

The group is keen to develop opportunities for joint commissioning, this will progress via the working group set up specifically to look at pathways into services, and the potential link with health and well-being services.

However, our biggest challenge is finding data to validate the need for support services for those who hoard or self-neglect. Most evidence is anecdotal on a case-by-case basis, but we will continue, with the addition of data now extracted when commissioning housing related support services, to progress with this action.

### **What difference have we made?**

Main discussion and development areas relate to increasing understanding of the topic, training, and stressing the importance of professional curiosity when going into people's homes.

Effective workforce development and training to ensure all staff in all agencies are aware of the Mental Capacity Act and unwise decision making has been tackled. This has been done by disseminating more widely the *focus* newsletter and short briefings/soundbites on You Tube, particularly about the Mental Capacity Act.

Following on from this, the Group has worked to increase awareness of operational risk management meetings and the use of the Hoarding and self-neglect protocol to ensure that a collaborative approach is taken to look at assistance from all services that could enable improvements to the person's well-being.

We have formed a task and finish group to look specifically at hospital admission and discharge and how we can improve working protocols between housing/homelessness services and NLAG, along with another to consider pathways into social care for those who are self-neglecting and street homeless, who due to their chaotic nature, are not able to adhere to appointments and engage sufficiently to receive a social care service.

### **Future development**

Whilst we have developed training opportunities, and continue to do so, we have actions for the future to allow communities to better identify and protect those individuals within them who self-neglect by ensuring effective awareness-raising. We intend to carry out a publicity campaign around hoarding and self-neglect later in the year and ensure designated pathways are in place for safeguarding due to self-neglect and hoarding.

## **5.4 SAR, SILP and good practice group**

The safeguarding adult referral/significant incident learning process (SAR/SILP) and good practice group received three referrals during the 2020/21 year.

01-20 AA – referral made 29/04/2020

02-20 AB – referral made 26/06/2020

03-20 AC – referral made 27/08/2020

Two SARs were completed during 2020/21 and the findings were disseminated across various organisations through 7-minute briefings which are also published on the SaferNEL website:

### [SaferNEL | Safeguarding Review and Audit Process](#)

01-18 AA – approved by SAB 10/06/2021, 7MB published

01-19 AA – approved by SAB 08/02/2021, 7MB published

Reports from Significant Incident Learning Reviews and Safeguarding Adult Reviews are also published on the Safer NEL website, as are reports published by NHS England.

07-17 KR – NHS England report, April 2021

03-19 AC – SI & LeDeR completed 01/04/2021

The safeguarding adult review process is constantly evolving, looking to ensure the processes are streamlined and as effective as possible, avoiding any duplication with other review processes.

## 5.5 Provider Forum

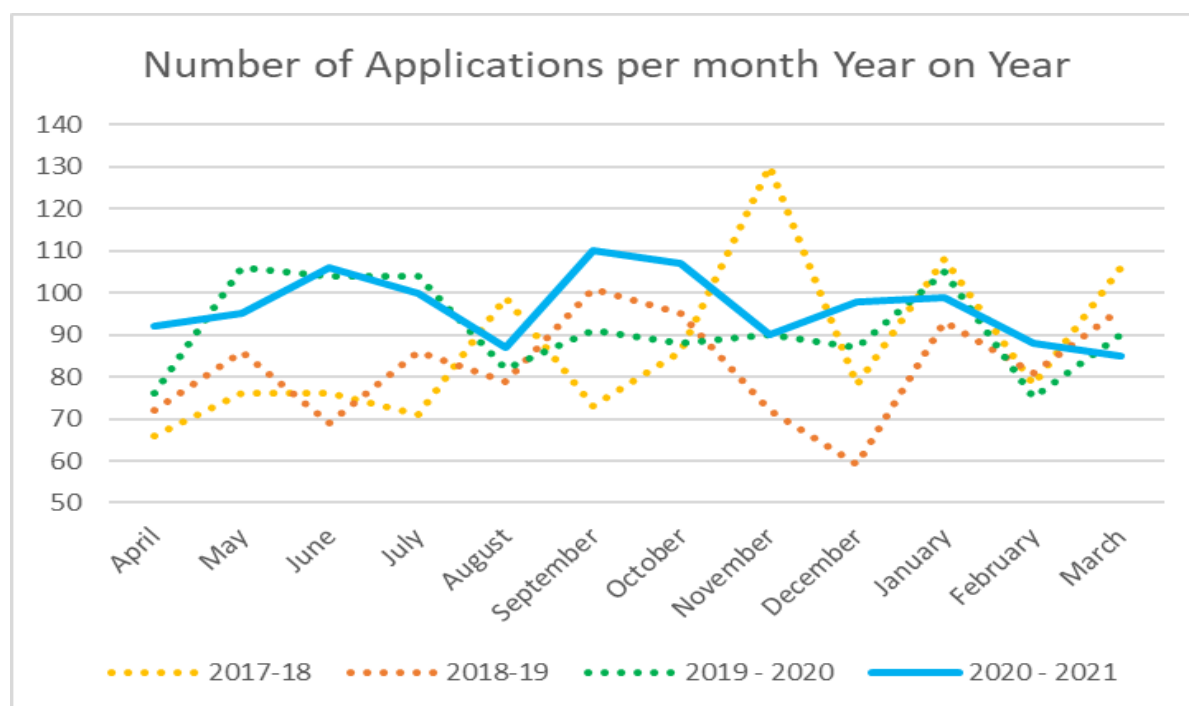
As the Covid-19 pandemic prevented meetings face-to-face, no forum meetings were held in 2020/21 but regular newsletters were circulated to providers and posted on the SaferNEL website:

[SaferNEL | Safeguarding adults](#)

The forum continues to contribute to the development and implementation of the work of the SAB, and facilitates the dissemination of SAB protocols and guidance such as the persons in a position of trust (PiPoT) process, and provides updates on legislation such as the Mental Capacity Act (MCA), the Deprivation of Liberty Safeguards (DoLS) and the new Liberty Protection Safeguards (LPS). Seven-minute briefings produced as an outcome from safeguarding adults reviews are also circulated to providers via the newsletters and posted on the SaferNEL website.

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

2020/21 has been an extremely challenging time for Mental Capacity Act/deprivation of liberty safeguards (MCA/DoLS) in North East Lincolnshire. Throughout the year, applications have remained fairly constant at 100 per month +/- 10.

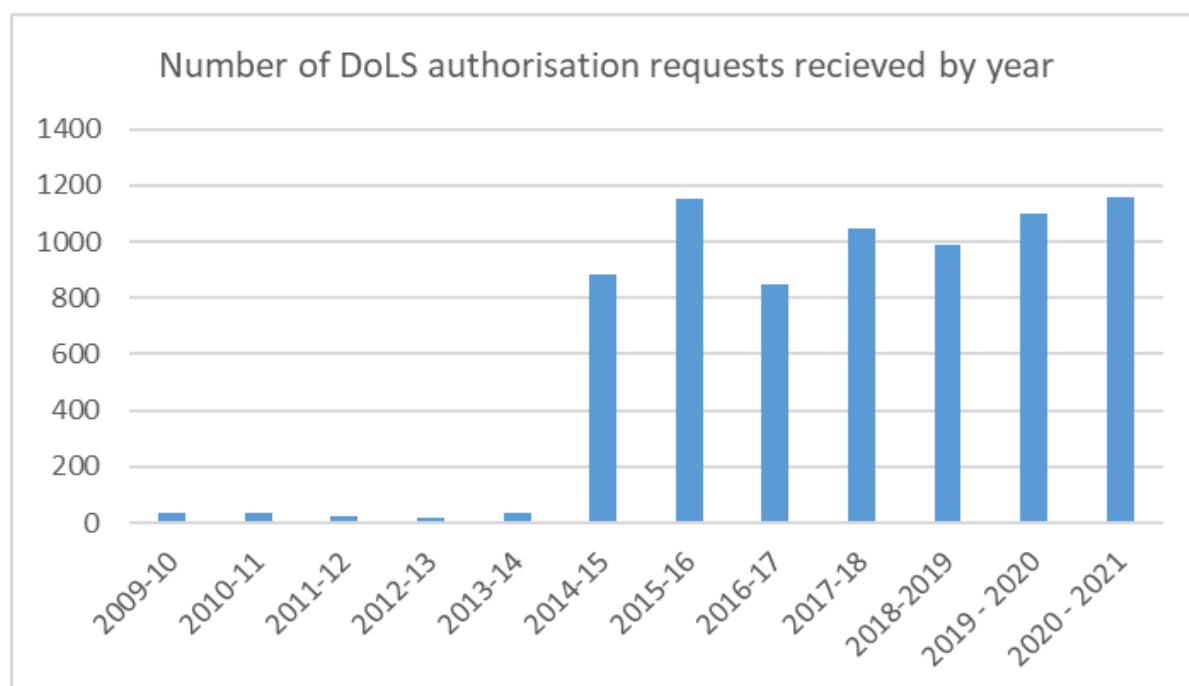


### COVID-19

As the COVID-19 pandemic and subsequent lockdowns developed there was a significant impact on the delivery of services. Firstly, there were restrictions on entry to care and nursing homes, and secondly, there was a requirement for staff to work from home where possible. This required new

ways of working to ensure that legal compliance was maintained, understanding the terrible impact the pandemic was having on our care home residents and their families.

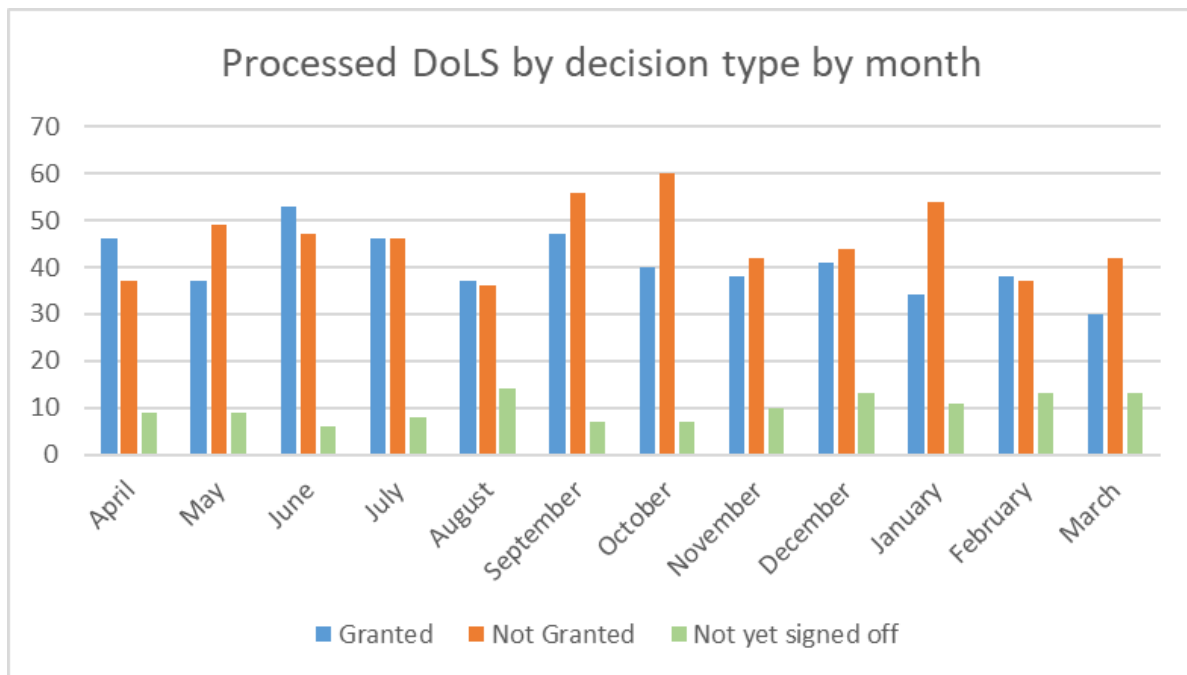
The graph below shows that the applications rates increased throughout the pandemic. This could have been due in part to an increase in applications from the acute trust, and their subsequent discharge pathways from hospital into short stay placements. However, further analysis would be required to confirm this.



BIA/MHA assessors had to contend with conducting as many assessments as possible via Zoom or Teams. Staff in both residential settings and adult social care had to rapidly roll out training and delivery of these systems, often linked to the NHS roll out of 4G tablet devices. Sometimes this worked well, but in some instances face-to-face assessments need to be carried out.

The graph below illustrates the assessment activity that was achieved in relation to granted applications. The number of not granted applications reflects those cases who may have moved prior to an application having taken place, i.e. representing a discharge from hospital, or a short stay placement. In some of these cases, the person may have sadly deceased. It was with great sorrow that the pandemic did result in a number of deaths within the residential care sector. This was an extremely difficult time for families, who were sometimes not able to visit their sick relatives, and for those staff who were caring for very poorly residents.



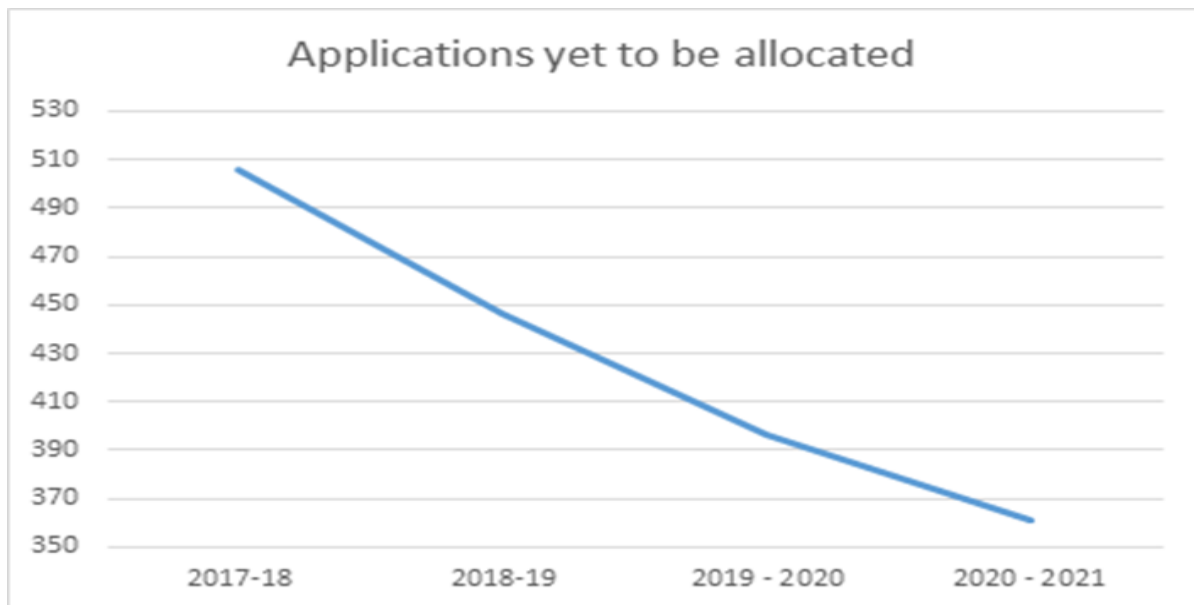


The focus training team transferred much of the MCA/DoLS training programme into formats that could be accessed virtually. 'MCA Mini Series' animations have also produced to support training activity. The mini series 'bites' of information last less than 10 minutes and can easily be accessed on laptops and tablet devices. Data shows that access to training had increased and there is good feedback to demonstrate that those who access it have found it very useful (please see section on Safeguarding and MCA training)

### Preparation for Liberty Protection Safeguards (LPS)

The LPS are due to replace DoLS and equivalent Court of Protection processes from 1st April 2022. The Local MCA Group has taken on a dual role as the driver to the existing MCA/DoLS system as well as being the implementation group for LPS. However at the time of writing, the draft LPS Code of Practice and regulations have still to be released to indicate how LPS will operate in practice. Despite this focus have developed a number of ways to trail how the new assessments will work in practice and how information may need to be made available via IT systems. Other partners such as Care Plus Group have also been trialling aspects of LPS.

Some work has also been undertaken to manage those applications that have not yet been allocated, and risk assessments have been reviewed for 'medium' risk cases that are awaiting allocation. Some investment has been made by the CCG, in order that some of these cases can be allocated for assessment. This has resulted in the applications yet to be allocated falling significantly as shown in the graph below. (Please note that this graph also includes all exits from the system, including individuals who may have gained capacity to consent to their care and treatment, and exits resulting from deaths).



The CCG is also working on a more robust impact assessment and analysis tool to try and establish the numbers of staff that will be needed to fulfil new LPS roles, the impact to different services, the total number of people likely to be affected and the potential costs. In addition, the NHS changes that will come into effect at the same time will replace CCGs with Integrated Care Boards (ICB) and Integrated Care Partnerships (ICP) and will mean that the Humber Coast and Vale ICB will become a Responsible Body for any Continuing Healthcare clients who are deprived of their liberty under the LPS. This will mean that NEL will need to work with new partners to ensure there is a robust system at place.

## 5.7 Prevent/Channel

The North East Lincolnshire Prevent & Protect Strategy builds on our previous work of engaging with communities and local stakeholders as we acknowledge that cohesive and empowered communities are better equipped to reject extremist ideologies. As the threat from extremists evolves, we must also evolve and ensure our approach locally mitigates potential risks and continues to support those most vulnerable to radicalisation. Our revised strategy focuses on the following objectives:

- Governance and leadership, ensuring effective governance arrangements are in place and information is provided to key strategic leadership boards and organisations.
- Raising awareness around Prevent within local communities and with local stakeholders to ensure that people know how and where to report any concerns they may have at the earliest opportunity.
- Challenging the ideology that supports terrorism and those who promote it through effective communications.
- Supporting and protecting vulnerable individuals from being drawn into radicalisation through effective multi-agency Channel arrangements.
- Ensuring effective partnerships are in place to support the delivery of the Prevent strategy and action plan.
- Explore and implement local action to support the Protect strand of the CONTEST Strategy

## Story behind the baseline

A multi agency Prevent & Protect board coordinated by the local authority continues to oversee the delivery of the Prevent & Protect strategy. Wider oversight and support continue to be provided by the Humberside Police gold group and wider counter terrorism advisors. An annual counter terrorism local profile (CTLP) provides an assessment of national, regional and local risk with any recommendations incorporated into the local delivery plan.

Over the past year a wide range of online communication campaigns have been undertaken, in addition to increasing our on-line training offer to agencies. In addition, we have also increased the number of Prevent champions who act as a point of contact and a conduit to share information within their organisation.

<b>How much has been done?</b>	<ul style="list-style-type: none"> <li>• The Prevent Strategy has been revised</li> <li>• A range of online communications and campaigns have been delivered.</li> <li>• A Prevent resources online training document has been introduced enabling a wider range of information to be accessible dependent on your role and the available time you have.</li> <li>• Channel training was delivered to over 100 agency staff.</li> <li>• We have increased the number of Prevent champions across agencies</li> <li>• Held a local Prevent conference</li> <li>• Undertaken a self-assessment of our Channel arrangements</li> </ul>
<b>How well has it been done?</b>	<ul style="list-style-type: none"> <li>• The revised strategy now incorporates wider Protect elements (which will focus on publicly accessible spaces) in readiness for new duties being considered by government.</li> <li>• Online campaigns and communications continue to have a reach of around 10,000 views per month.</li> <li>• The Prevent resources online training document has been held up as best practice by the Home Office.</li> <li>• Training feedback was positive from participants</li> <li>• Prevent champions remain engaged with regular briefings provided which in turn are cascaded within their organisations.</li> <li>• Prevent conference included regional speakers and an Intervention provider and received positively by attendees</li> <li>• Channel arrangements have been strengthened with an annual assurance statement provided to the Home Office</li> </ul>
<b>What difference has been made?</b>	<p>Local agencies remained engaged in the agenda with high levels of awareness and training in place to ensure those vulnerable to radicalisation are identified early and offered support where appropriate. Social media communication results also indicate that campaigns and communications are developing wider awareness with people who access online applications which in turn increases the likelihood of them understanding the warning signs and reporting concerns.</p>

## Required development/ next steps

- Embed Good Practice Guide for Prevent Champions
- Seek out Peer Review
- Develop Protect strand and take part in regional Pilot

- Review and develop a Performance dashboard
- Focus on community awareness raising
- Continue with campaigns and communications
- Promote Prevent & Protect to businesses
- Continue with individual organisational self-assessments
- Continue to be vigilant around Channel referrals
- Undertake consultation with 16–18 year old students to understand better the exposure to extremist content and the risk to online radicalisation

## 5.8 Modern Slavery

The NEL SAB was a key partner in the development of the NEL modern slavery partnership alongside the childrens safeguarding partnership and community safety partnership. The North East Lincolnshire modern slavery partnership has been established to prevent and disrupt modern slavery and human trafficking, and engage with communities, other agencies and local businesses to raise awareness.

Modern slavery is a serious crime and a violation of fundamental human rights. The North East Lincolnshire modern slavery partnership is committed to working collaboratively to tackle this form of exploitation, working within the North East Lincolnshire outcomes framework to ensure that “all people feel safe and are safe”.

During 2021 The North East Lincolnshire modern slavery partnership revised its strategy with a focus on the following objectives:-

- Governance and leadership
- Community awareness raising & engagement
- Effective communications
- Training & development of our combined workforce
- Greater intelligence gathering to enable disruption and enforcement activity
- Strengthening safeguards and support

### Story behind the Baseline

There continues to be improvements in the response to modern slavery locally which has been underpinned by a refreshed strategy and delivery plan designed to raise awareness, provide training opportunities, strengthen support and improve the identification of potential victims including children.

From January 2020 to December 2020 a total of 74 intelligence submissions were made to Humberside Police. In total 37 investigations took place with the two highest categories being criminal exploitation accounting for 27 investigations and forced labour accounting for four investigations. 35 people were referred to the National Referral Mechanism (NRM) process, with the same two highest categories of criminal exploitation accounting for 20 referrals and forced labour accounting for 11 referrals. Of the 35 referrals 16 related to Children and 19 related to adults. The Graft Project continues to work with children identified or at risk of criminal exploitation.

## Overall Performance

<b>How much has been done?</b>	<ul style="list-style-type: none"> <li>• Developed a wide range of online communications and campaigns</li> <li>• Community consultation undertaken</li> <li>• Training was provided to 340 practitioners</li> <li>• Developed a modern slavery resources document</li> <li>• Recruited and developed a network of over 50 modern slavery champions</li> <li>• Established a local National Referral Mechanism Panel (NRM) who can make conclusive grounds decisions in relation to children and young people</li> </ul>
<b>How well has it been done?</b>	<ul style="list-style-type: none"> <li>• Online campaigns and communications continue to have a reach of around 10,000 views per month.</li> <li>• Consultation was undertaken online and has helped to raise awareness in our local communities</li> <li>• Feedback from the training was positive and indicated that practitioners knew how to identify and refer potential victims</li> <li>• Resources document followed the Prevent format which has received Home Office recognition around best practice</li> <li>• Modern slavery champions are now providing regular information to their relevant organisations around modern slavery</li> <li>• Local NRM Panel, supported by the Home Office and has already heard and made a number of decisions in relation to children and young people who can then receive swifter support.</li> </ul>
<b>What difference has been made?</b>	<p>It is evident that a wide range of activity has contributed to an increased awareness of modern slavery. Those victims identified can now be assured of an effective pathway of support into the NRM process. More people are aware of the signs of modern slavery and a greater number of practitioners are now trained to identify assess and refer potential victims.</p>

## Required Development/Next Steps

- Undertake self assessment & seek out peer review
- Refresh the problem profile
- Review and develop performance dashboard
- Continue community awareness raising via campaigns and communications
- Raise awareness around modern slavery to business
- Agree housing protocol (Humber)
- Further develop enforcement activity

## 6. The year ahead

The strategic plan will be refreshed in 2022 following a workshop planned for September 2021.

This provides direction and co-ordinates the efforts of the SAB to ensure service delivery is safe and improves the quality of care and support for those of our community who most need them. Priorities have been identified from recent safeguarding adult reviews (SARs) and the themes and trends identified from the learning extracted from audits and reviews.

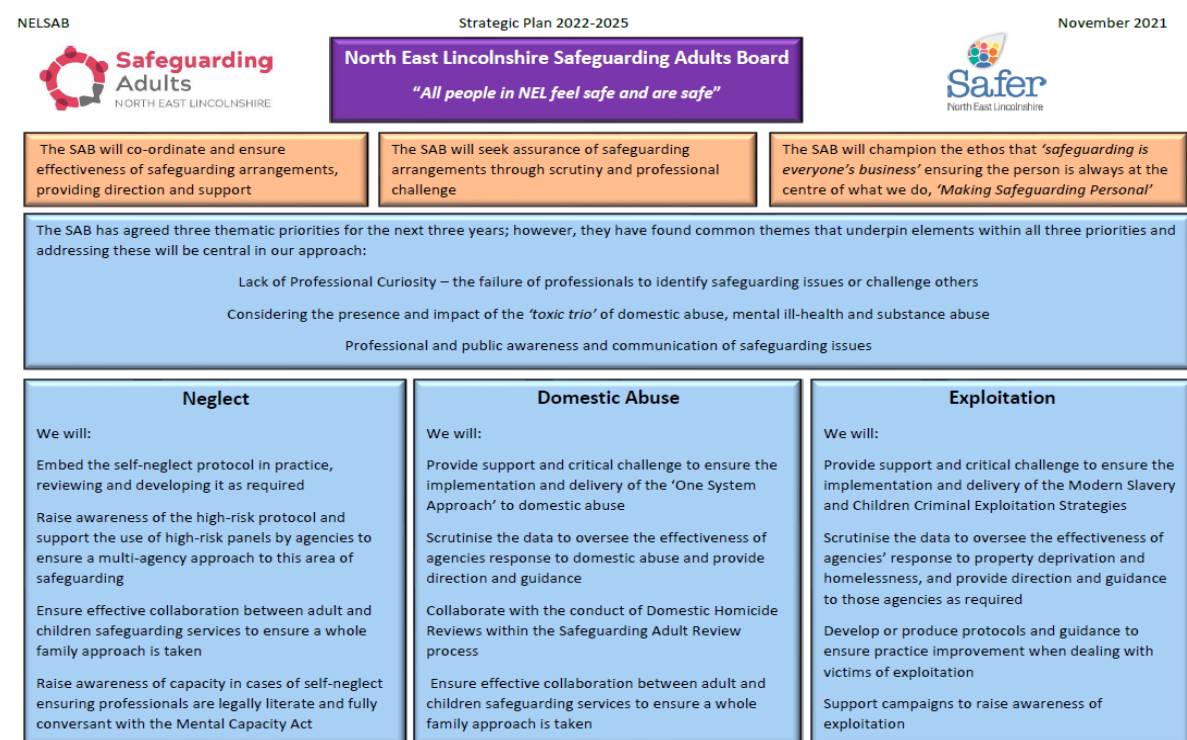
The three priority areas continue, namely:

- Neglect
- Domestic Abuse
- Exploitation

The three recurring common themes that underpin elements within all three priorities continue and addressing these will be central in the SAB's approach to those themed priorities. They are:

- Lack of professional curiosity – the failure of professionals to identify safeguarding issues or challenge others.
- Considering the presence and impact of the 'toxic trio' of domestic abuse, mental ill-health, and substance abuse.
- Professional and public awareness and communication of safeguarding issues.

The SAB structure places a greater emphasis on leadership by the statutory partners of a wider and more inclusive SAB. Work groups are streamlined with specific objectives identified by the SAB who more regularly, initially on a bi-monthly basis. There is a greater emphasis on ensuring that policies and protocols are being followed and that they are improving practice.



We will continue to work closely with the NEL SCP and the CSP to embed the principle that “safeguarding is everyone’s business”.

Finally, and perhaps most importantly, we will continue to endeavour to reach out to all adults at risk of abuse or neglect and in doing so, take steps to ensure that their voices are heard and they not only feel safe but are safe and able to access the right services at the right time to protect them and minimise and prevent harm.

We will do this by:

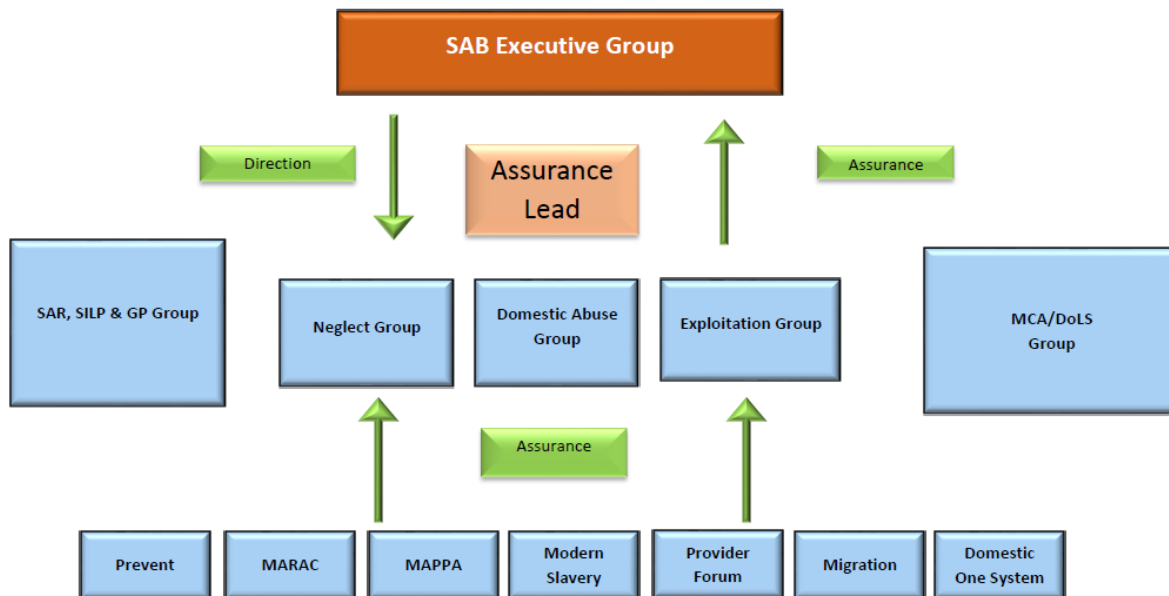
- Demonstrating and sharing our commitment to ensuring that ‘*safeguarding is everybody’s business*’ - with our internal and external partners and the wider community.
- Establishing a culture that recognises and does not tolerate abuse.
- Educating professionals and the public on how to spot the signs of abuse and to do something about it.
- Work in ways that enable adults at risk of abuse and neglect to make their own decisions and choices and encourage others to do the same.
- Ensure the voices of adults at risk of abuse or neglect, and their carers, are heard and acted upon.
- Strive to provide the victims of abuse or neglect with the outcomes they want, and those that are right for them as individuals.
- When abuse happens, provide support to those affected to:
  - stop the abuse occurring or continuing;
  - ensure that perpetrators are dealt with properly and swiftly;
  - ensure access to services is available for those most vulnerable at the time they are needed;
  - and
  - share learning and solutions from all resolved issues far and wide so NEL can feel safe and be safe.

## 7. Appendices

### Appendix A – SAB structure and membership

SAB Structure 2020

#### NEL Safeguarding Adults Board



#### 2020-21 Executive membership:

**Jan HAXBY:** Board Chair and Director of Quality, North East Lincolnshire Clinical Commissioning Group (NELCCG)

**Bev COMPTON:** Director of Adult Social Services, North East Lincolnshire Council (NELC)

**Chief Superintendent Darren WILDBORE:** Divisional Commander, Humberside Police

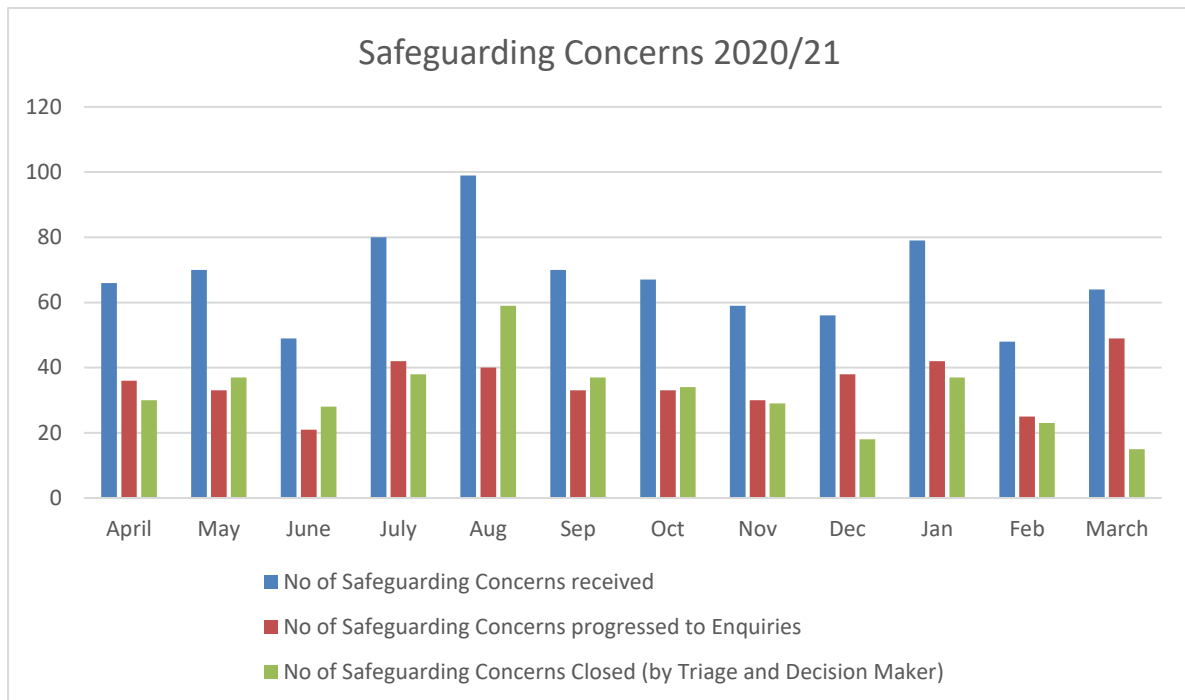
**Cllr Margaret CRACKNELL:** Portfolio Holder for Health, Wellbeing and Adult Social Care, NELC

**Joe WARNER:** Chief Executive, focus Independent Social Work Practice

**Stewart WATSON:** NELSAB Business Manager, NELC



## Appendix B – performance data



## 8. Glossary of abbreviations

ADASS = association of directors of adult social services  
ASYE = assessed and supported year in employment  
BIA = best interest assessors  
CQC = Care Quality Commission  
CRC = community rehabilitation company  
CSP = community safety partnership  
DASM = designated adult safeguarding manager  
DASS = director of adult social services  
DBS = Disclosure and Barring Service  
DoL = deprivation of liberty  
DoLS = deprivation of liberty safeguards  
EDM = exceptional delivery model  
HWNEL = Health Watch North East Lincolnshire  
IDVA = independent domestic violence advocate  
IMCA = independent mental capacity advocate  
LeDeR = learning disability mortality review  
LPS = liberty protection safeguards  
MACE = multi-agency child exploitation  
MAPPA = multi-agency public protection arrangements  
MARAC = multi-agency risk assessment conference  
MATAC = multi-agency tasking and co-ordination  
MCA = Mental Capacity Act  
MSP = making safeguarding personal  
NEL = North East Lincolnshire  
NELC = North East Lincolnshire Council  
NEL CCG = North East Lincolnshire clinical commissioning group  
NELSAB = North East Lincolnshire safeguarding adults board  
NLG = Northern Lincolnshire and Goole NHS foundation trust  
PiPoT = person in position of trust  
PVP = protecting vulnerable people  
SAB = safeguarding adults board  
SAR = safeguarding adult review  
SAR, SLIP and GP group = safeguarding adult referral, significant incident learning process and good practice group  
SAT = safeguarding adults team  
SCP = safeguarding children partnership