



Darlington Safeguarding Adults Partnership Board

Annual Report 2015-16

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Independent Chair's Executive Summary

*The Care Act has been in place for a year and as quoted by the Care Minister Norman Lamb “**The Care Act is modern law that makes it clear what kind of care people should expect**”.*

I must acknowledge the Board partners have committed and contributed to an extensive amount of work which the Board has asked of them as outlined within the strategic plan for 2015/2018.

The priorities throughout 2015/2016 included developing a protocol which strengthens strategic partnerships and promotes the consistent involvement of partner agencies in the work of the Board.

A continued challenge for the Board is how we resource Safeguarding Adult Reviews (SARs) when all agencies are working to make financial savings. The Board has not increased its partner's contributions for a number of years and there have been subtle reductions, but most partners have agreed to a 1% increase and the Board is considering other income opportunities.

The key priorities for the Board in 2016/2017 are:

- To better understand the adult at risk's perception of their safeguarding experience*
- To evaluate the multi-agency procedures which practitioners have been using since December 2015*
- To review the Communications and Engagement Strategy and to develop a programme of active marketing opportunities to raise the profile of the Darlington Safeguarding Partnership Board (DSAPB) and review the learning and messages from Board*
- To develop an audit plan which is informed by quality assurance and performance management work (single agency and multi-agency)*
- To develop a multi-agency data set that enables board to have an understanding of how the multi-agency safeguarding arrangements are working for adults at risk.*
- To promote and improve practice with a particular focus on Making Safeguarding Personal and Mental Capacity Assessments*
- To embed learning from all the boards activity to drive improvements in practice.*

This will be my last annual report as from June 2016 I will no longer be the Independent Chair. It has been a privilege to chair the DSAPB and to work with a Board which has developed into a mature and thinking partnership. The willingness of all members to accept change and commit to deliver services that protect and support adults with care and support needs in Darlington is undoubted. As a Board we have avoided complacency and developed mechanisms which allow us to ensure that our statistical profile is accurate and that we are aware of the areas where we need to develop further.

Mike Vening
Independent Chair (2013 – 2016)

Introduction

DSAPB aims to promote what is meant by safeguarding and why it is important. The [Care Act 2014 Statutory Guidance](#) expresses this for us locally and nationally as:

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including where appropriate having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved.”

There are **six key principles** that support good inter agency Adult Safeguarding and the following key principles are embedded in the Care Act (2014):

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

In addition to the six principles the legislation requires that all agencies recognise that adult safeguarding arrangements are there to protect individuals all of whom have different preferences, histories, circumstances and lifestyles and when responding to concerns it is essential to ascertain the wishes of the individual and to involve them at all stages of the process in the development of the Safeguarding Plan. **Making Safeguarding Personal (MSP)** is now central to Adult Safeguarding practice and has represented a cultural shift in the delivery of services.

The Care Act 2014 outlines the aims of Adult Safeguarding as follows:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- stop abuse or neglect wherever possible
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect

- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- address what has caused the abuse or neglect

The purpose of DSAPB is to promote and ensure the effective delivery of Adult Safeguarding in Darlington within the statutory requirements of the Care Act 2014. The primary focus of the work of the Board during the past twelve months has been ensuring compliance with the legal requirements of this legislation which was implemented in April 2015 as reflected in the Strategic Plan and ensuring that the principles of Adult Safeguarding and MSP are firmly embedded in practice.

About Darlington Safeguarding Adults Partnership Board (DSAPB)

The DSAPB has been in existence since 2007 and has consistently overseen effective partnership working in the Safeguarding Adult arena for a number of years. As such the DSAPB recognised the need for a “think family” approach to Safeguarding, which means working with other strategic partnerships and thinking about the child, the parent and the family with Adult and Children's Health and Social Care Services working together to consider the needs of the individual in the context of their relationships and their environment. Child and Adult Safeguarding have many agendas common to both, for example Domestic Abuse, Neglect, Forced Marriage and Honour Based Violence, Female Genital Mutilation and Sexual Exploitation and PREVENT (radicalisation and terrorism). As a result of this work the work of the board is supported by a joint Safeguarding Boards’ Business Unit, which was established in 2014 to ensure the ‘think family’ approach is embedded in practice and to strengthen the links with other strategic partnerships.

However in April 2015 the implementation of the Care Act (2014) placed Safeguarding Adults on a statutory footing and brought a range of new duties and responsibilities for Local Authorities to establish a Safeguarding Adults Board and required the following statutory agencies to be represented on the DSAPB:

- the Local Authority where it was established (Darlington Borough Council)
- the CCGs in the Local Authority’s area (Darlington Clinical Commissioning Group)
- the Chief Officer of Police in the Local Authority’s area (Durham Constabulary)

The main objective of the DSAPB is to assure the members that local safeguarding arrangements and partners agencies are effective in protecting and supporting the welfare of those adults in the locality who meet the following criteria:

- have needs for care and support (whether or not the local authority is meeting any of those needs)
- are experiencing or are at risk of abuse or neglect

- 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

The DSAPB has three core duties:

1. **It must publish a Strategic Plan** for each financial year that sets how it will meet its main objectives and what the members will do to achieve this. The plan must be developed with local community involvement and the DSAPB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan
2. **It must publish an Annual Report** detailing what the DSAPB has done during the year to achieve its main objective and implement its strategic plan. It must outline what each partner agency has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action
3. **It must conduct Safeguarding Adults Reviews (SAR)** in accordance with Section 44 of the Care Act 2014 in situations where it is believed that agencies did not work together effectively and someone was seriously harmed.

Darlington Safeguarding Adults Partnership Board Structure and Membership

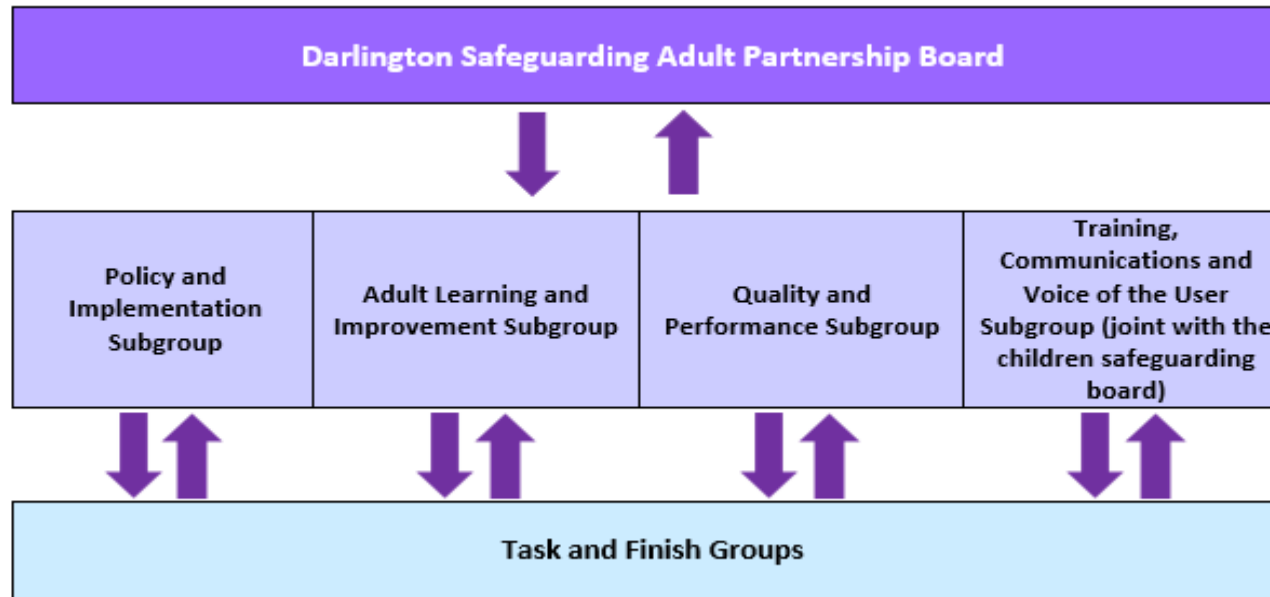
The Board is a two tier structure (see diagram 1) and is supported by the joint Safeguarding Boards' Business Unit. The Board members are made up of strategic partners from across the key agencies that work with adults at risk and their families in Darlington and have a role in Safeguarding. The Board meetings are held on a bi-monthly basis.

There are four sub-groups that report to the Board their purpose being to deliver on the key responsibilities and priority areas which have been agreed by the Board. In addition the sub-groups may initiate time-limited task and finish groups to focus on specific pieces of work which is required to enable the Board to successfully meet its strategic objectives. The DSAPB sub-groups are as follows:

- Policy and Implementation sub-group
- Adult Learning and Improvement sub-group
- Quality and Performance sub-group
- Joint Training and Communication sub-group

Diagram 1 – The Structure to support the work of the DSAPB Strategic Plan

The Terms of Reference for the Board sets out the governance arrangements and standards for the Board members. There is an expectation that members of the Board will attend the bi monthly meetings and contribute to the work of the Board and nominate someone from their agency with appropriate decision making responsibility to attend and contribute to sub-group meetings and associated task and finish groups.



The Membership

The DSAPB is independently chaired. The Chair for Darlington is Mike Vening and he has chaired the Board since October 2013.

Agency	Name	Job title	Commentary and analysis of attendance at Board meetings
Safeguarding Boards'	Ann Hunter	Lay Member	67% of the meetings as apologies received for two of the scheduled meetings.
Safeguarding Boards'	Alex Taylor	Lay Member	67% of the meetings as apologies received for two of the scheduled meetings.
Safeguarding Boards'	Betty Hoy	Lay Member	83% of the meetings as apologies were received for one of the meetings.
Darlington Borough Council	Sue Richmond	Councillor	50% of the meetings were attended and it was for one meeting a deputy attended.
Darlington Borough Council	Veronica Copeland	Councillor	33% of the meetings were attended and apologies received for 4 of the 6 meetings held
Darlington Borough Council	Suzanne Joyner	Director for Children and Adult Services	This post was vacant for 4 of the 6 meetings held. There was 100% attendance for the meetings where attendance was required.
Darlington Borough Council	Kevin Kelly	Acting Assistant Director, Adult Social Care	83% of the meetings as apologies were received for one of the meetings.
Darlington Borough Council	Vicki Pattinson	Head of Service	83% of the meetings as apologies were received for one of the meetings.
Darlington Borough Council	Hazel Neasham	Head of Housing	100% attendance. There was a deputy attended one of the meetings.
Darlington Borough Council	Nicola White	Principal Lawyer	50% of the meetings, Legal were represented at Board.
Darlington Borough Council	Yvonne Hall	Contracts and Quality Manager	100%
Darlington Borough Council	Murray Rose	Director of Commissioning	The Director of Commissioning was only required to attend 4 of the 6 meetings as the newly appointed Director of Children and Adult Services would attend. Apologies were received for one meeting and attendance was 75%.
NHS England	Bev Walker (April to August 2015) then Alison Smith (September to March 2016)	Deputy Director Nursing	A deputy attended one meeting and apologies were received for the other 5 meetings held. Attendance was 17%. The CCG represents NHS England on the DSAPB.

Durham Constabulary	Lyn Peart	Detective Chief Inspector	100% attendance and a deputy attended 3 of the 6 meetings held.
Care Quality Commission	Jean Pegg	Lead Inspector	67% of the meetings were attended. Apologies were received for the two meetings not attended.
Darlington Clinical Commissioning Group (CCG)	Diane Murphy	Chief Nurse	There was no attendance at Board during 2015/2016. The agency was represented by the Designated Nurse.
Darlington Clinical Commissioning Group (CCG)	Sue Nuttall	Designated Nurse Safeguarding Adults	100% of the meetings were attended and a deputy attended one of the meetings.
Darlington Clinical Commissioning Group (CCG)	Dr James Carlton	GP (Safeguarding Lead)	17% attendance from the GP and apologies were received for 5 out of the 6 meetings scheduled. Dr Carlton ceased to be a Board member part way through the year which explains the attendance percentage.
County Durham and Darlington NHS Foundation Trust (CDDFT)	Maureen Grieveson	Associate Director Patient Experience and Safeguarding	50% of the meetings were attended and apologies were received for the meetings not attended.
County Durham and Darlington NHS Foundation Trust (CDDFT)	Mike Egan	Safeguarding Lead	83% of the meetings were attended and apologies were received for the one meeting not attended.
National Probation Service (NPS)	Maureen Gavin	Head of Durham NPS	83% of the meetings were attended. All of the 5 meetings were attended by a deputy.
Tees Esk and Wear Valley NHS Foundation Trust (TEWV)	Karen Agar	Associate Director of Nursing (Safeguarding)	100% of the meetings were attended and a deputy attended 3 of the meetings held.
Public Health	Miriam Davidson	Director	83% of the meetings were attended. A deputy was in attendance for 2 of the scheduled meetings.

In addition to the membership there is a Memorandum of Understanding with the North East Ambulance Service and the British Transport Police which establishes their commitment and official partnership with the DSAPB. These organisations are supportive of the work of the Board but it is not realistic for these organisations to have representation on all the Boards within the geographical areas they serve.

Working Together in Darlington (Partnerships, governance and accountability)

In addition to the membership the DSAPB works with other **strategic partnerships** to develop strong joint working arrangements to coordinate the vision, aims and priorities for Darlington. The strategic partnerships are:

- **Darlington Safeguarding Children Board:** Both DSCB and DSAPB recognise that safeguarding the most vulnerable within the community is a shared responsibility and there must be a 'whole family' approach.
- **Darlington Partnership** has developed the Sustainable Community Strategy '[One Darlington: Perfectly Placed](#)' which aims to improve quality of life for all, promote the economic prosperity of the Borough and reduce inequality. The DSAPB links closely with this partnership and the Board presents its annual report to Darlington Partnership outlining key safeguarding learning and challenges, in order to inform and influence future priorities.
- **Health and Wellbeing Board (HWB):** The Health and Social Care Act 2012 established Health and Wellbeing boards as a forum where key leaders from the Health and Care services work together to improve the health and wellbeing of the local population and reduce health inequalities. The DSAPB reports to the HWB and contributes to the strategic assessment of needs from a safeguarding perspective.
- **Police and Crime Commissioner (PCC):** is an elected official charged with securing efficient and effective policing in the area. The PCC has refreshed the [two year plan for 2015-2017](#). DSAPB will share its annual report with the PCC and communicate as appropriately on common agendas to complement joint strategic priorities.
- **Community Safety Partnership (CSP):** brings together five responsible authorities: Darlington Borough Council, Durham Constabulary, NHS Darlington Clinical Commissioning Group, National Probation Service/Community Rehabilitation Company, Durham and Darlington Fire and Rescue Service all of which have a legal duty to work together to tackle crime, anti-social behaviour, substance misuse, environmental crime and issues around re-offending. In addition to the responsible authorities the CSP also brings together a range of partners from the public, private and voluntary sectors who are all engaged in activities which contribute towards making Darlington a safe place in which to live and work. The responsible authorities must also ensure that the CSP has a [Community Safety Plan 2015-2020](#). DSAPB reports annually to the CSP and continues to work closely with the CSP on joint areas of concerns identified, including Hate Crime and Domestic Abuse.

Working with strategic partnerships in Darlington should align strategic priorities and objectives thereby improving efficiencies and enabling the key relationships between the partnerships to operate effectively.

In the 2014-2015 Annual Report the DSAPB was committed to reviewing its relationship with the strategic partnerships. This work has been undertaken and is currently in the final stages of being ratified by the Chairs of the Strategic Partnerships, the Chief Executive and Lead Member of Darlington Borough Council. Once the protocol on strategic partnership working has been finalised it will provide shared leadership and improved co-ordination between the Chairs of the Partnerships.

Budget Arrangements

The Care Act (2014) Statutory Guidance states:

'Members of the SAPB are expected to consider what assistance they can provide in supporting the Board in its work. This might be through payment to the Local Authority or to a joint fund established by the local authority to provide, for example, secretariat functions for the Board. Members might also support the work of the SAB by providing administrative help, premises for meetings or holding training sessions. It is in all core partners' interests to have an effective SAB that is resourced adequately to carry out its functions.'

The contributions are to ensure the DSAPB can deliver the duties and functions under Schedule 2 of the Care Act 2014.

It is a challenge each financial year for the DSAPB to ensure there are sufficient resources to meet its statutory responsibilities. This is proving more challenging as agencies undertake savings programmes to meet reductions in budgets from central government. The Board is aware that increasing demands and high expectations will continue to be challenging and this remains an important area to monitor closely.

Table 1 below evidences how members have met the budgetary requirements in 2015-2016 and how these resources were used. The table summarises the direct monetary contributions from partners but does not take into account members time or the use of rooms (provided free of charge). It is important to recognise the many other ways members and their staff contribute to the Board, for example attendance at sub-groups, participating in audit and quality assurance work, access to additional resources and designated roles. It should be noted that the cost of safeguarding adults at risk is significant and the DSAPB is therefore grateful to all of the partners who have fulfilled their commitment to fund and contribute to the work of the partnership.

The information below shows the core budget for 2015/16 and the projected base budget for 2016/17 (where partners have agreed their contributions). Board partners were asked to consider a 1% increase in their contribution to the work of DSAPB.

DSAPB Commitments 2015/16	Projected Expenditure in 2015/2016	Actual Expenditure in 2015/2016	Commentary of how Board funding has been spent in 2015/2016
Independent Chair	£6000.00	£6101.49	There was a 2% increase on the fees from the projected budget set. The projected budget was for the Independent Chair fees and not including travel costs which the total amount includes.
Employee Costs	£54468.00	£49814.55	These costs are less than projected as the Development Officer/LADO post was vacant for two months.
Training costs	£2000.00	£1785.03	Training costs are less due to efforts to use free venues that are offered by partner agencies.
Professional fees (case reviews)	Nil	Nil	There has not been a commissioned case review during 2015/2016.
Info/communications e.g. printing, publicity and website	£250.00	£198.26	The costs are less than projected and were solely for printing e.g. Board Papers.
	£62,718.00	£57,899.33	

Partner Contributions

	2015/16	2016/2017	Commentary of contribution made by partner agencies
Darlington Borough Council (Adult Social Care)	£13854.00	£14663.00	This is a 6% increase to the previous year's contribution. However it must be noted that in 2015/2016 there was a 3% reduction from 2014/2015 to 2015/2016.
Durham Constabulary	£12605.00	£12731.05	Agreed to contribute a 1% increase.
Darlington Clinical Commissioning Group	£14305.00	£14448.05	To be confirmed.
County Durham and Darlington NHS Foundation Trust	£14305.00	£14448.05	Agreed to contribute a 1% increase.
Other	£10900.00	£0	A one off contribution was received from NHS England towards the end of 2015/2016 to promote and raise awareness of the Mental Capacity Act and Deprivation of Liberty. It is not expected that there will be a contribution from NHS England in 2016/2017.
	£65,969.00	£56,290.15	

The DSAPB has sought financial contributions from non-statutory partners; this is in addition to their current commitments of attending Board, sub-group meetings and task and finish groups including their contribution to the development work. However, owing to budget constraints and the need to find efficiency savings within their budgets, non-statutory partners are struggling to meet this request. National Probation Service has advised it will not make a financial contribution to the Board.

Demographics of Darlington

Darlington is a Unitary Authority which covers an area of approximately 200km². In the 2011 census the total population of Darlington was 105,564 and 22% (22,800) of this population are children and young people between the age of 0 – 18. Compared to the 2001 census, there has been a 6% increase in population and this is predicted to rise further because of increases in life expectancy resulting from better health and wellbeing¹.

The summary of the population in Darlington based on the **2011 Office for National Statistics (ONS)**:

- 51% are female and 49% male.
- 37% (38,690) of the population is over the age of 50 and by 2020 this is projected to rise to 44,220 or 40% of the overall population.
- 20% of the population is aged 65 or over.
- 19.6% of the total population are disabled
- 96.2% ethnicity in Darlington is white and 3.8% from Black and Minority Ethnic (BME groups) which are defined as everyone who is not White British. This is an increase from 2.1% from 2001 but these populations remain a lower proportion of the population than the North East at 4.7% and England at 14.6%
- 2% of the population have a main language that is not English but speak English well and 0.62% of the population cannot speak English or cannot speak English well.
- 13.1% of those aged over 65 live in a one person household.
- 19.6% of the population have a limiting long term illness which is slightly higher than the national average of 17.9 % for England and Wales.
- 5.9% of the population are described as being in poor or very poor health.
- 10.5% of the population provide between 1 - 50 hours of unpaid care per week
- 20.5% households experience fuel poverty

Darlington is in the top 30% of most deprived Local Authority areas in England and is ranked as the 97th most deprived Local Authority area out of 326 on the Indices of Multiple Deprivation (IMD) 2015 which is an improvement of 22 places from its rank of 75th on the IMD of 2010.

¹ National Institute of Aging - <https://www.nia.nih.gov/research/publication/global-health-and-aging/living-longer>

Adult Health in Darlington

The Darlington Health Profile² March 2015 highlights the following:

- The health of people in Darlington is varied compared with the England average across a wide range of factors.
- Deprivation is higher than average and approximately 20.6% of children live in poverty.
- Life expectancy for both men and women is lower than the England average.
- The size of the life expectancy gap between richest and poorest is 11.8 years for men and 9.4 years for women.
- The main contributing factors to early death are smoking, poor diet, physical inactivity, alcohol harm and high blood pressure.
- Smoking is the single largest cause of health inequalities and premature death.
- The rate of smoking related deaths in Darlington was 322 (higher than the average for England: 194 deaths per year).
- In 2012, 29.3% of adults were classified as being obese (higher than the average for England).
- Poor diet and physical inactivity are the causal factors of obesity which disproportionately affects the most disadvantaged communities.
- Alcohol misuse contributes significantly to 48 health conditions and the risk of ill health increases as consumption levels increase.
- Alcohol related harm is preventable. It affects the individual, families and communities in Darlington and continues to be a key challenge both locally and throughout the North East.
- The rate of alcohol related harm hospital stays was 757 (lower than the average for England: 783 stays per year).
- The rate of self-harm hospital stays was 303.9 (lower than the average for England: 316 stays per year). Promoting positive mental health is a priority across many sectors in Darlington.
- The rate of Tuberculosis is lower than average.

² PHE Health profile June 2015

How effective has the DSAPB partnership been in the past year and how do we know this?

The DSAPB linked the six Safeguarding principles to the priorities for 2015/2018:

- **Empowerment** – people being supported and encouraged to make their own decisions and give informed consent
- **Prevention** – it is better to take action before harm occurs
- **Proportionality** – the 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; communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** and transparency in safeguarding practice.

In February 2015 DSAPB identified five key priority areas (linked to the six principles) which are evolving:

- **Making Safeguarding Personal** (Empowerment)
- **Improved Resources and Budget Arrangements** (Partnership)
- **Compliance with the Care Act 2014** (Partnership)
- **Improved Communication and Engagement with the Community** (Accountability)
- **Sexual Exploitation** (Prevention)

The four sub-groups are the delivery mechanism of the Board's priorities. During 2015-2016 the Board made the following progress against its priorities as follows:

EMPOWERMENT

The programme of work scheduled to improve the **empowerment** of adults at risk has been tasked to the Policy and Implementation, Quality and Performance, Training and Communications and 'voice of the user' sub-groups and a Service Users reference group.

During 2015/2016 Safeguarding Adults Managers and Senior Managers in conjunction with the sub-groups have driven change in respect of policy and practice and developed multi-agency policies and procedures (including toolkits) which from April 2015 are compliant with the Care Act (2014) and have placed the principles of **Making Safeguarding Personal (MSP)** at the centre of practice. The procedures have been accessible via the [website](#) since December 2015 and are designed to assist practitioners to capture the views of the individual at all stages of the investigation with a focus on outcomes. Where necessary the individual is supported in making decisions and this may involve family

members, an Advocate or an Independent Mental Capacity Advocate (IMCA). The policies and procedures were developed via a task and finish group which reflected the required expertise from all statutory agencies thereby gaining the confidence of practitioners as the policies and procedures are written to reflect operational practice; the challenge was to ensure that agencies implemented the changes in operational practice used the revised paperwork at the time of the launch date. The multi-agency training programme was updated to reflect the legislative changes and to ensure that MSP is central to Adult Safeguarding practice. Support was offered to ensure referring agencies completed the revised paperwork, this included attending sector meetings and staff meetings. In addition an audit has been completed in respect of MSP and there is an evaluation exercise to establish if the new procedures are supporting and informing operational safeguarding practice. A question set has been devised to obtain feedback from adults who have been involved in a Safeguarding and the responses are evaluated and the learning from the data analysis is used to inform future practice and staff training as well as highlighting good practice and ensure that we 'capture the voice of the user'.

Recommendation for 2016/2017 – Evaluate the policies and procedures and update as appropriate based on feedback from practitioners and adults at risk who have been involved in the Safeguarding process. To further develop strategies to ensure that we capture 'the voice of the user' by effectively seeking their views on their Safeguarding experience and analysing the responses to inform future practice.

PREVENTION

Preventing abuse and neglect is a very important aspect of our safeguarding agenda. The Training, Communications and Voice of the User sub-group was tasked with ensuring those who work with adults at risk have access to training. The training modules are designed to help practitioners recognise signs of abuse and advise them how they should respond in accordance with the legal requirements. The training has been revised to include the legislative changes within the care Act 2014 and includes issues of consent, empowerment, MSP, Capacity and Deprivation of Liberty Orders. The impact of the training has been considerable and feedback obtained at the end of the course suggests a high satisfaction rate of 97%. A three month post evaluation which assesses the impact the training has had on practice suggests that 97% of attendees rated their knowledge and skill level following the course attendance as very good or outstanding.

DSAPB has recognised that there needs to be more **proactive engagement with the wider community** about Safeguarding, what constitutes abuse and where and how this should be reported and how to 'stay safe'. It has been acknowledged that we also need to better communicate the work of the DSAPB. The Board is therefore reviewing the Communications and Engagement Strategy to improve communication with the wider community and also with practitioners and service providers. The strategy will also outline how the DSAPB will engage with service users to develop and inform its procedures and multi-agency practice. A series of 'lite-bite' multi-agency learning sessions are being scheduled to highlight the work of the DSAPB and associated learning. A new Joint Safeguarding Boards' website will be launched in the near future and will provide a wealth of information to communities as to how adults at risk can be protected and 'how to stay safe'. We continue our engagement with the people of Darlington through the regional Annual Roadshow in conjunction with Alpha Radio.

A process for capturing information from Strategy meetings in respect of **'lessons learned' from investigations** is being developed; common themes will be highlighted through a recording and monitoring process. This will identify recurring themes in Safeguarding referrals and enable steps to be taken to prevent these situations arising in the future. An example of this is the identification of premature discharge of patients with fracture injuries from Darlington Memorial Hospital Accident and Emergency department and the subsequent change in procedure which required an on-call radiographer to examine X rays if the discharge were to occur 'out of hours'. This has resulted in a decrease in the number of premature discharges.

The Care Act 2014 gives Darlington Borough Council statutory duties in respect of **'Managing Allegations'** concerning professionals and volunteers who work with adults with care and support needs who have or are suspected to have caused harm or where there are concerns that they may cause harm in the future. The policy also highlights the need to consider the risk that such an individual may pose to children and outlines what action is required. The concerns may relate to issues in the individual's private life as well as professional life and do not necessarily need to involve a 'named adult'. In all such cases management oversight will be required to ensure that the risks are assessed and addressed and that where necessary the Disclosure and Barring Service (DBS) is informed. This will represent a significant change in procedure but should prevent unsuitable people being appointed to 'positions of trust' and thereby reduce the incidence of abuse and neglect. Work is currently ongoing to establish where this important function will sit within Darlington Borough Council.

Through the work of the Adult Learning and Improvement sub-group DSAPB is committed to addressing the issue of **Sexual Exploitation** in Darlington and understanding the link between Child Sexual Exploitation (CSE) and the sexual exploitation of adults. Operation Sanctuary is an ongoing complex criminal investigation into allegations of widespread sexual exploitation of children and vulnerable adults in the Newcastle area. A joint LSCB/SAPB (Newcastle) Serious Case Review/Safeguarding Adult Review is currently examining the complex issues which the investigation has raised. Preliminary findings have highlighted a potential gap in services for those at risk of CSE when they reach the age of eighteen and are no longer seen as a statutory Children's Social Care responsibility. This was also identified as an issue in the Casey Report³ (Rotherham Inspection Report) which identified the victim's transition into adulthood as a big factor in the organised abuse and linked 'survival sex work' as an adult with previous experience of CSE. Children at risk of CSE do not cease to be at risk when they reach the age of eighteen and the joint review undertaken by Newcastle has highlighted the fact that many of the victims identified by Operation Sanctuary were in the 'transitional' age group (17-19 years). There is a need to develop a better understanding of Safeguarding systems across Children's and Adult services and ensure that practitioners use the full range of available legislation to protect children as they approach the age of eighteen and that a service is provided for adults at risk of sexual exploitation. DSAPB and DSCB are currently reviewing their policies on how best to support and protect children and adults as part of the 'think family' approach in relation to the sexual exploitation of adults. The Boards will continue to engage with the Newcastle joint LSCB/SAB joint SCR/SAR to understand the lessons learned which will inform our policies locally.

Recommendation for 2016/2017 – the Board is to review the Communications and Engagement Strategy and develop a programme of active marketing which will improve the understanding of Safeguarding within communities outlining where advice and support can be accessed, how to report Safeguarding issues and will include advice as to how adults at risk and their friends/families can keep

³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/401125/46966_Report_of_Inspection_of_Rotherham_WEB.pdf

themselves safe. This should include how the Board will engage with adults at risk to develop policies and inform multi-agency practice in Darlington. The new website will be launched in the near future and will provide a wealth of information and links to access this information. The Board will embed and where possible automate the system that will enable robust monitoring of the learning from Safeguarding Strategy meetings. The decision by Darlington Borough Council regarding the Management of Allegations and where the responsibility is designated should be finalised. The Board will continue to engage with Newcastle SAPB in respect of the 'lessons learned' from the joint review of Operation Sanctuary to inform the developments of a local policy to identify and protect adults at risk of sexual exploitation.

PROPORTIONALITY

The work of all four sub-groups has contributed to the principle of **proportionality**. In April 2015 the Safeguarding Adult procedures were reconfigured to ensure the process is led by the Adult at Risk (MSP). Prior to April 2015 the process was driven by practitioners following procedures which did not give sufficient consideration to the individual circumstances and wishes of the adult at risk, often leaving them feeling 'out of control' and sometimes dissatisfied with the outcome. Now adults or their families or advocates are consulted throughout the Safeguarding process, their views about the desired outcome are sought from the outset and where possible the process will protect the individual from harm whilst delivering desired outcomes and improving their quality of life. The introduction MSP has had a positive impact on adults at risk as where possible they lead the process and are involved in the decision making; even if the outcome they desired is not attainable (for example investigations involving criminal offences are often required to consider the wider 'public interest') the adult has been consulted on and involved in the process. A question set has been devised to obtain feedback from those involved in a Safeguarding investigation upon conclusion and to assess how the principles of MSP were applied. Despite the implementation of the new process the number of cases (212 in 2014/2015 and 2015/2016) that go from a referral to a safeguarding enquiry has remained constant despite the 10% quarterly increase in the number of referrals into Adult Social Care in comparison to the previous year. This is an indication that the responses to safeguarding referrals are proportionate. This also indicates that practitioners have achieved consistency in setting the threshold for safeguarding interventions and practitioner confidence and decision making has improved.

The Board has agreed to progress with a Lesson Learned Review⁴ towards the end of 2015/2016 which is currently ongoing and won't be reported until 2016/2017. This review must ensure it is proportionate to the learning that the review will identify in terms of the areas of practice which require improvement.

Recommendation for 2016/217: To evaluate the MSP question set and analyse the information obtained to ensure that the principles of MSP are embedded throughout all partner agencies and to communicate the learning from the Lessons Learned Review and ensures the Board's priorities include proportionate reviews as outlined in the [local safeguarding adult review procedures](#).

⁴ A Lessons Learned Review differs from a Safeguarding Adult Review, which is a statutory requirement. A Lessons Learned Review is discretionary and it will not be published. The purpose of the review is to scrutinise a case to identify multi-agency learning and improve multi-agency practice.

PROTECTION

The Policy and Procedures sub-group has made a significant contribution to this priority by updating the policies and procedures to ensure that the changes in legislation (Care Act 2014) and subsequent amendments in the Statutory Guidance are accurately reflected and easily accessible to practitioners and that the multi-agency arrangements which protect adults at risk of harm and promote wellbeing are effectively coordinated throughout the partnership. The Training, Communication and Voice of the User sub-group ensured that these changes are reflected in the training modules. Additional amendments to the legislation Statutory Guidance which came into effect in March 2016 have been incorporated in both policy and procedure and the training modules.

As previously stated DSAPB is served by a joint business unit which was established to embrace the ‘**think family**’ approach. An example of joint working with DSCB is the joint self-assessment audit (in accordance with Section 11 Children Act 2004 (Working Together, 2015)⁵) which was conducted between March and June 2015. This refers to the statutory requirement for the DSCB to scrutinise local arrangements to ensure partnership functions and services are discharged effectively having regard to the need to safeguard and promote the welfare of children. Whilst there is no specific requirement within the legislation pertaining to Adult Safeguarding there is an expectation within the Care Act 2014 that SABs nationally as a partner to the LSCBs are bound by the same duties and are expected to adopt similar functions to those of the LSCBs and as such should seek assurance of the Board partners that they have considered the need to safeguard adults at risk and promote the health and wellbeing of adults in Darlington. As such DSAPB was keen to undertake a joint self -assessment audit with DSCB, as 9 of the 13 agencies represented on the Boards serve both children and adults in Darlington. Performance clinics were held to challenge and scrutinise how agencies discharged their functions including arrangements which protect adults at risk. The audit scrutinised eight areas:

1. Leadership: Senior Managers role ensuring that Children and Adults at risk of harm are protected and their well- being is promoted
2. Safer recruitment of staff and volunteers
3. Policies and Procedures to support effective working
4. Training and development
5. Information sharing and storage of information
6. Learning and improving from Case Reviews
7. Effective practice with children, families and adults at risk
8. Contract/Commissioning with other organisations

The learning from the audit provided Board with assurance that agencies are discharging their responsibilities appropriately with due regard for the need to safeguard and promote the welfare of adults at risk. There was significant learning from the methodology used to undertake the audit; it was a manual process which required a significant investment of staff resources and this required the performance clinics to have

⁵ http://www.workingtogetheronline.co.uk/chapters/chapter_two.html

consistent panel members and ask consistent questions of each statutory partner. The strength of the process was the fact that the audit was undertaken jointly and it was evident that agencies valued the challenge from the performance clinics and would like to further develop this process as a means of improving future performance.

The Quality and Performance sub-group routinely analyses data to identify emerging patterns or trends that need to be better explored. The data currently analysed is primarily derived from Darlington Borough Council as the lead statutory agency for Safeguarding, but this forms only one dimension of the Safeguarding picture. Statutory agencies are currently developing a multi-agency data set which will include relevant data from all statutory agencies and provide a clearer understanding of Adult Safeguarding in Darlington. This will enable the Board to focus on those aspects of Safeguarding practice which need to be developed. In addition the sub-group undertakes audits which assess how well we protect adults at risk within the core principles and how well agencies work together. The DSAPB recognises that the audit process needs to be developed and will update and review the 2016/17 audit schedule with the intention of improving our understanding of Adult Safeguarding practice in Darlington.

As outlined in the paragraph above outlining our focus on 'Prevention' the DSAPB is committed to understanding the link between Child Sexual Exploitation (CSE) and the **sexual exploitation of adults**, identifying the gaps in service provision and developing policy and procedure to protect adults at risk of sexual exploitation.

Similarly, as outlined earlier in this report the implementation of the policy and procedures in respect of '**Managing Allegations**' will protect adults at risk by identifying and taking appropriate action in respect of those working in a 'position of trust' who may pose a risk to adults with care and support needs.

Recommendation for 2016/2017: To agree a forward plan audit schedule based on the themes identified in the multi-agency data set analysis and to update the training to reflect the learning and to communicate the learning to improve practice across Adult Safeguarding.

PARTNERSHIP

Partnership working underpins all aspects of Safeguarding and DSAPB could not function without the commitment of the partner agencies and their representatives to attend Board meetings and contribute to the business of the sub-groups, Task and Finish groups and Extraordinary Meetings (held in exceptional circumstances, for example to consider the need for a Safeguarding Adult Review). Representatives of partner agencies involved in the four sub-groups engage with development work and Adult Safeguarding procedures are developed by representatives from both statutory and non-statutory partner agencies. This partnership work develops effective inter-agency policies and procedures, promotes effective partnership working, monitors performance and compliance with legislation, ensures a high quality multi agency training programme, encourages learning and the identification of good practice and supports professional challenge all of which in turn ensures that Adult Safeguarding practitioners work effectively together in accordance with statutory guidance to protect adults at risk of harm and promote

their wellbeing. Similarly the partnership is involved in decision making and information sharing in respect of cases being considered for a Safeguarding Adult Review or an alternative Lessons Learned Review, taking into account the wider information and the resources required to conduct the reviews.

The statutory partners contribute financially to the DSAPB and we recognise the strong commitment from its statutory agencies to providing funding for the work of the Board. We have recently secured 1% increase in funding from Durham Constabulary and CDDFT, a one off payment from NHS England development work including training in respect of Mental Capacity Act and Deprivation of Liberty. The Board is hoping to attract more funding from statutory and non-statutory partners in 2016/2017 as the statutory responsibility to commission Safeguarding Adult Reviews which must be conducted independently is likely to exert further pressure on the annual budget.

Recommendation for 2016/2017: Board to consider existing financial contributions and develop a strategy to seek additional funding to support the work of the Board and the completion of SARs and this will include the commitment to release staff and provide sufficient resources to complete SARs as and when required.

ACCOUNTABILITY AND TRANSPARENCY IN SAFEGUARDING PRACTICE

The Quality and Performance sub-group addresses this priority through quality assurance activities such as case file audits, Lessons Learned Reviews, Safeguarding Adult's Reviews and sector led improvement work. The Board recently received a report from the Quality and Performance sub-group containing recommendations in respect of Executive Strategy Meetings which are meetings to address concerns and issues relating to unusual, organised or large scale abuse. The report was concluded towards the end of 2015 and the impact of the root cause analysis will not be fully understood until it is updated and presented to Board in 2016/17. The DSAPB is also working to establish an effective multi agency approach to ensure oversight of the Safeguarding system and to better understand the issues and scrutinise practice. For reasons of transparency agencies are asked to share the audits they undertake within their respective organisations to inform Board of their areas for improvement and their areas of good practice.

Recommendation for 2016/2017: Board to have an understanding of the Safeguarding system through single agency quality assurance activity which compliments the multi-agency arrangements. Board should also communicate the learning from this process and the impact on practice and improving service delivery in 2016/2017.

HOW EFFECTIVE ARE THE DSAPB SUB-GROUPS?

Detailed below is a breakdown for each sub-group and summarising the following:

- What we have done
- What difference that has made including learning
- What is still to be done and why we should do this

Quality and Performance Management Sub-group

The Chair of this sub-group is the Acting Director for Adult Social Care (DBC) and its purpose is to develop a clear understanding of the Safeguarding 'profile' of Darlington and how the respective agencies are performing to meet those needs. This group is responsible for reviewing data, trends, key performance indicators and the results of audits that have been carried out. The group thereby will quality assure practice through analysis of single agency and multi-agency audit of case files and will identify good practice as well as areas where improvement is required.

The sub-group meets on a quarterly basis allowing the analysis of quarterly data which allows an understanding of the Safeguarding profile and an assessment of how well the system is working based on data and findings from audits. The average attendance across all its members on the sub-group is 73% (see Appendix 1) and there were no scheduled meetings cancelled in 215/2016.

The aim of monitoring attendance is to provide an indication of each agency's commitment to the development work which is essential for the Board to meet its statutory responsibilities. A key function of the DSAPB is to coordinate multi-agency working and only by regular attendance, meaningful contribution and representatives taking issues back into their respective organisations for resolution can this be achieved.

What have we learned and what will we do next?

Headlines identified in the year end data:

- Safeguarding concerns reported over the year 2015/2016 increased by 10% year on year. There were 999 reported concerns in 2015/2016 as opposed to 883 in 2014/2015. It is suggested the year on year increase of reported concerns is a results of proactive awareness raising for example regional radio campaigns and an increased number of Adult at Risk practitioners attending multi-agency Adult Safeguarding Training.
- On average during the twelve month period (2014/15) 21% of reported concerns progressed to a Safeguarding enquiry.
- 8% (75 individuals) of the reported concerns were repeat concerns for an adult at risk.
- The majority of reported concerns are from residential care settings.

- The primary support reasons are mental health support, physical support and support with memory and cognition.
- More concerns are reported for females (57%) than males and the majority of females with reported concerns are over the age of 65 years. This data is consistent with national data published by HSCIC⁶.
- The number of Safeguarding concerns that progressed to a Safeguarding enquiry remained constant between 2014/2015 and 2015/2016 with 212 concerns progressing to an enquiry. This is despite the fact that the overall number of reported concerns has increased by 10%. This is believed in part to be a consequence of MSP and placing the adult at risk as the 'expert' in their lives and where possible allowing them to direct the Safeguarding process.
- The main categories of abuse which progress to a Safeguarding enquiry are neglect (31.25%) and physical abuse (24.5%). This is consistent with HSCIC national reporting.
- The main outcome/action to reduce or manage risk in concerns which progressed to a Strategy meeting is 'increased monitoring'.
- There has been a 23% reduction in the number DoLs (Deprivation of Liberty) applications since 2014/2015.
- The rolling average of the previous four years data suggests that 13% of DoLs applications are not granted.
- Less than 5 settings progressed to an Executive Strategy Process.
- There have been 3 cases considered for a Safeguarding Adult Review. One of these will be a Lessons Learned Review, one was referred to another Safeguarding Adult Board in line with procedures and the other case was determined to be a Safeguarding Adult Review.

<p>The sub-group has undertaken the following Multi-Agency Audits:</p> <ul style="list-style-type: none"> • Audit of concerns received that (i) did not progress through to Safeguarding (ii) did progress through to Safeguarding and (iii) other decisions were made (see below) • Thematic audit to assess how well established is Making Safeguarding Personal (MSP) across partner agencies (see below) 	<p>The following Multi-Agency Audits have been scheduled for 2016/2017:</p> <ul style="list-style-type: none"> • Mental Capacity Assessments to understand issues surrounding this process so that we can improve the quality of these assessments • Re-check the audit of concerns received that (i) did not progress through to safeguarding, (ii) did progress through to Safeguarding and (iii) other decisions were made and review whether the learning communicated has improved practice and the decision making.
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⁶ <http://www.hscic.gov.uk/catalogue/PUB18869/sar-1415-rep.pdf>

The learning from the Audit of concerns received which (i) did not progress to a Safeguarding enquiry (ii) did progress to a Safeguarding enquiry (iii) other decisions were made: This was intended to improve the timeliness of reports, the recording of capacity and consent and address the overall quality of recording.

Thematic audit to assess how well established is MSP across partner agencies: To assess how well this process has embedded in practice the audit team undertook an in depth review of four cases using the pre-population of a tool in advance of a multi-agency peer challenge workshop. This allowed agencies to operate in the role of a 'critical friend'. The audit aimed to identify themes of good practice, areas of practice development and an opportunity to reflect on practice in a multi-agency context. The process highlighted some early lessons in respect of the methodology, for example some of the questions were interpreted differently by each agency. On reflection the group felt that organisational questions and case specific questions need to be separated in future audits.

The Audit found that whilst most agencies worked within the broad context of user involvement and had an understanding of MSP this varied in strength from one agency to another. All agencies were able to demonstrate a commitment to multi-agency working. However the audit established that the principles of MSP are not embedded in all partner agencies. For example, Durham Constabulary is challenged by the principle of individual choice balanced against 'public and vital interest' and protecting the public from harm. Policies within partner agencies did not reflect a common MSP thread and it was established that raising awareness of MSP throughout partner agencies would be advantageous.

The auditors recognised that more work needs to be done in order to gain a clearer understanding of how to successfully engage with perpetrators.

There were examples of very good practice by Darlington Borough Council Adult Safeguarding staff who have attended MSP bespoke training. This highlighted the need to have bespoke multi-agency training/awareness raising activity in respect of MSP. It also recognised that there will be a need to re-audit MSP cases once there is a sense the message has been communicated. Partners should observe a discernible improvement in MSP compliance once the bespoke training has been rolled out.

Throughout 2015/2016 the following agencies carried out **single agency audits** in respect of Safeguarding:

- County Durham and Darlington Foundation Trust
- Durham Constabulary

The purpose of the CDDFT audit is to ensure that staff are compliant with multi-agency procedures and a recent addition to the audit questionnaire is around staff ascertaining Capacity which links to the Making Safeguarding Personal (MSP) agenda.

Durham Constabulary conducted a number of audits across the Safeguarding spectrum in 2015/2016. These include the Repeat Victim qualifier to ensure that appropriate safeguarding measures are implemented, the use of Restorative Approaches (RA) to establish best practice, the recording of offences of Rape to ensure compliance with crime recording principles and the investigation of offences policies and

Safeguarding Demand Inspection involving qualitative and quantitative analysis to understand demand, identify best practice and provide a high quality of service for victims. MARAC recording practices were also tested to ensure compliance with Home Office requirements.

As previously mentioned in this report the sub-group also gained assurances from statutory agencies that they had appropriately discharged their statutory responsibilities with regard to Safeguarding Adults at risk and promoting their wellbeing through the **joint self-assessment audit** which was conducted between March and June 2015.

The sub-group also ensured that **single agency inspection reports** for example Care Quality Commission (CQC), Her Majesty's Inspector of Constabulary (HMIC), single agency audits (as above) and Annual Reports were shared for the purpose of external scrutiny.

Policy and Implementation Sub-group

The sub-group is chaired by the Safeguarding Lead Nurse and meets on a quarterly basis. The average attendance across all its members on the sub-group is 63% (see Appendix 1). Five meetings were held and two were rescheduled. The purpose of the sub-group is to ensure the multi-agency procedures support professionals to protect an adult's right to live in safety, free from abuse and neglect and to ensure that agencies work together to prevent and reduce the risk and incidence of abuse at the same time promoting their well-being whilst having regard to their views and wishes, feelings and beliefs.

In April 2015 when the Care Act 2014 was implemented the sub-group set up a Task and Finish group, which met three times during 2015/2016 in addition to the scheduled sub-group meetings. The task and finish group was to develop Multi-Agency Safeguarding Policies and Procedures and ensure compliance with the new legislation. Although the Act came into effect from April 2015 there has been a significant amount of work by sub-group members from a range of agencies to ensure they not only reflect the statutory requirements and incorporate the safeguarding principles, but to also ensure they are workable within their own structures and procedures. As noted earlier in this report the Care Act 2014 represents a shift in culture and as the Care Minister Norman Lamb also states:

'Until now it's been almost impossible for people who need care, carers, and even those who manage the care system to understand how the previous law affecting them worked. Over nearly seventy years it has been added to again and again and is out of date and confusing. The Care Act has created a single, modern law that makes it clear what kind of care people should expect.'

Norman Lamb reinforces the significance of the implementation of the Care Act 2014 in enabling people with care and support needs to understand the standards they can expect from service providers. Agencies and SAPB members nationally have been required to reconfigure processes to ensure that service delivery reflects the standards required by the Act.

What have we learned and what will we do next?

We have learned that MSP needs to be a proportionate approach where the adult at risk makes decisions about their Safeguarding experience. This has in part been responsible for the level of Safeguarding enquiries remaining constant as opposed to increasing in line with number of concerns reported. The soft intelligence from practitioners suggests that the process involves additional work in terms of gathering the information but the practitioners agree it is the right approach as the adult at risk and their families feel it is a less intrusive 'done to' process and very much involves them at all stages of the enquiry resulting in greater satisfaction and a better outcome. The Board wants to undertake a formal evaluation of the procedures to establish how well they are working across all levels from frontline practitioners to senior managers and to bring about further improvement as required. The sub-group also recognises the need to consult with reference groups within the voluntary sector to ensure that any changes to practice and procedures work for both the adult at risk and the practitioner/volunteer.

Joint Training and Communications Sub-group

The Training, Communications and Voice of the User sub-group is a joint group shared between DSAPB and DSCB and provides high quality training and development opportunities for the local workforce in relation to Safeguarding children, young people and adults at risk with the aim of developing practitioner skills and knowledge in order to achieve better outcomes for service users. The priorities of both Boards include the further development of effective communication and the raising of awareness of Safeguarding. Furthermore, both Boards are keen to ensure that opportunities are sought to include '**the voice of the user**' and capture the views of children, young people and adults at risk.

The sub-group is chaired by the Designated Nurse for Safeguarding Adults and meets on a bi-monthly basis. The average attendance across sub-group members is 47% (see Appendix 1) and no meetings were cancelled during 2015/2016. The low attendance of partners has been raised and each Board has designated time to address the specific issues when the meeting splits into two groups.

Safeguarding training is provided to multi and single agency groups and is co-ordinated and facilitated by the Safeguarding Boards' Multi-agency Trainer. Some sessions may be supported by members of the multi-agency training pool which includes representatives from DBC, Durham Constabulary, Barnardo's, Northern Grid, National Probation Service, CDDFT and CCG. The sub-group also monitors the standard of training across both Children and Adult Safeguarding.

The purpose of the training is to facilitate the Continued Professional Development (CPD) of practitioners in order to achieve better outcomes for children, young people and adults at risk of abuse and is linked to both Boards' priorities. CPD is a vehicle to maintain and improve skills, knowledge and understanding which should have a positive impact upon Safeguarding practice (Gravells 2012). The training programme is underpinned by an ethos which emphasises agencies working together collaboratively, respects diversity, promotes equality, is child and adult centred and promotes the participation of children, young people, adults and their families in the process.

To ensure both DSAPB and DSCB are fulfilling statutory responsibilities the core training is delivered as a rolling programme as follows:

LSCB Specific	SAB Specific	Joint across both Children and Adults Workforces
Level 1 Safeguarding Children awareness	Level 1 Safeguarding Adults awareness	Level 3 Domestic Abuse Awareness
Level 2 Safeguarding Children awareness	Level 2 Safeguarding Adults – Managing the concern	Level 3 MAPPA (Multi agency Public Protection Arrangements)
Level 3 Child Neglect	Level 3 Safeguarding Adults Formal Enquiries/Investigation training	Level 3 MARAC (Multi Agency Risk Assessment Conference)
Designated Safeguarding Lead Role in Education	Safeguarding Adults Workplace Trainer programme	Child Sexual Exploitation briefings
Level 3 E Learning	Dementia awareness	Level 3 Mental Capacity Act/DoLS training (relevant for 16 years plus)
Level 3 Core Groups and Child Protection Conferences		
Safeguarding Children and young people from Sexual Exploitation Human Trafficking		

Headlines of the training provided during 2015/2016

- A total of 1663 delegates attended Adult Safeguarding training.
- 190 licensed taxi drivers attended awareness raising training specifically targeted at them on Child Sexual Exploitation, however it also included Adults at Risk i.e. who may be heavily intoxicated and can't protect themselves. This is a rolling programme with the aim to capture all licensed taxi drivers including those licences due to renewal and new licence holders.
- 296 learners have completed the PREVENT⁷ e-learning module (this figure includes both adults and children workforces)
- 97% of learners have rated the training provided as Good or Outstanding
- 97% of the learners rated their knowledge and skill level post training as Very Good or Outstanding
- There has been a 10% increase in the number of referrals received by the Adult Safeguarding Team. A possible contributory factor is the increased number of delegates attending Safeguarding training and the subsequent improvement in awareness amongst practitioners.

⁷ Section 29 of the Counter-Terrorism and Security Act 2015 states that all frontline staff who engage with the public should understand what radicalisation means and why people may be vulnerable to being drawn into terrorism as a consequence of it

On an annual basis the sub-group undertakes a 'training needs analysis'. All stakeholders are asked to identify training demands across sectors within Darlington and this informs the training programme. This process was undertaken in January 2016 and March 2016 but owing to the poor response the survey has been extended. The matter was discussed at both DSAPB and DSCB and agreed Board partners would raise the profile of the training needs analysis and encourage staff to complete the survey.

Of the training sessions offered the take up rate was 96% (across both children and adult workforces). Four courses were cancelled which reflects a 71% improvement on the previous year when 14 courses were cancelled. The reason for cancellation was mainly low booking numbers and one course was cancelled because of the unavailability of a trainer. Attendance by organisation remains consistent compared to previous years data in respect of Darlington Borough Council, Schools, Colleges and Care settings). However, there has been a significant increase in Durham Constabulary's attendance which has increased from 23 (2014/2015) to 286 (2015/2016). This can be explained by the provision of bespoke sessions delivered on site to police officers and staff at the request of the organisation to address specific areas of learning such as dementia awareness, Sexual Exploitation and Safeguarding awareness in respect of children and adults at risk.

Training modules are regularly adapted to incorporate changes in legislation and procedure, for example S 76 Serious Crime Act 2015 (controlling or coercive behaviour in intimate or familial relationships) was incorporated in Domestic Abuse training in January 2016.

It is noted that the attendance of Tees Esk and Wear Valley (TEWV) on multi-agency training modules remains low but it is recognised that TEWV provides Safeguarding training within the organisation.

At the end of each training session an evaluation form is completed by delegates and their feedback has been extremely positive with 97% rating the training as either good or outstanding. For example, delegates have said:

'I've had 6 courses on Safeguarding and this was by far the best course I've had'

'This was the best training I have attended- clear messages, very knowledgeable trainer – passionate'

'Keep it as it is – brilliant'

A post-evaluation survey is sent out three months after attending the course. The purpose of sending out an additional survey is to inform the sub-group and Boards whether the training has had an impact on practice. Once again, 97% of learners rated their knowledge and skill following the course as very good or outstanding. Examples of feedback received on the surveys were:

'I have definitely used the learning from this course in my practice since I attended ... gives a different perspective which is very powerful as it is very visual. Great day - I've recommended it to others & have 2 members of my team attending future dates'

‘Training has been vital in regards to my working role I have been able to challenge professional judgement knowing the legal framework that applies to child related matters’

‘Essential to do my role the training was excellent and as a result of attending the training DWP staff have received safeguarding training and now I receive referrals from them. I now feel more confident when referrals are made’

‘I have gained the insight into using the risk threshold tool and cross referenced this when incidents arise, which are less serious in nature. This allows me to make decisions on my next course of action. This helps me to be more confident and work independently at this stage and can discuss with manager at a later date/time, such as supervision. This saves everyone's time and I know if I did have any queries, I can contact the MASH team with questions, which I have done since this training has been delivered’

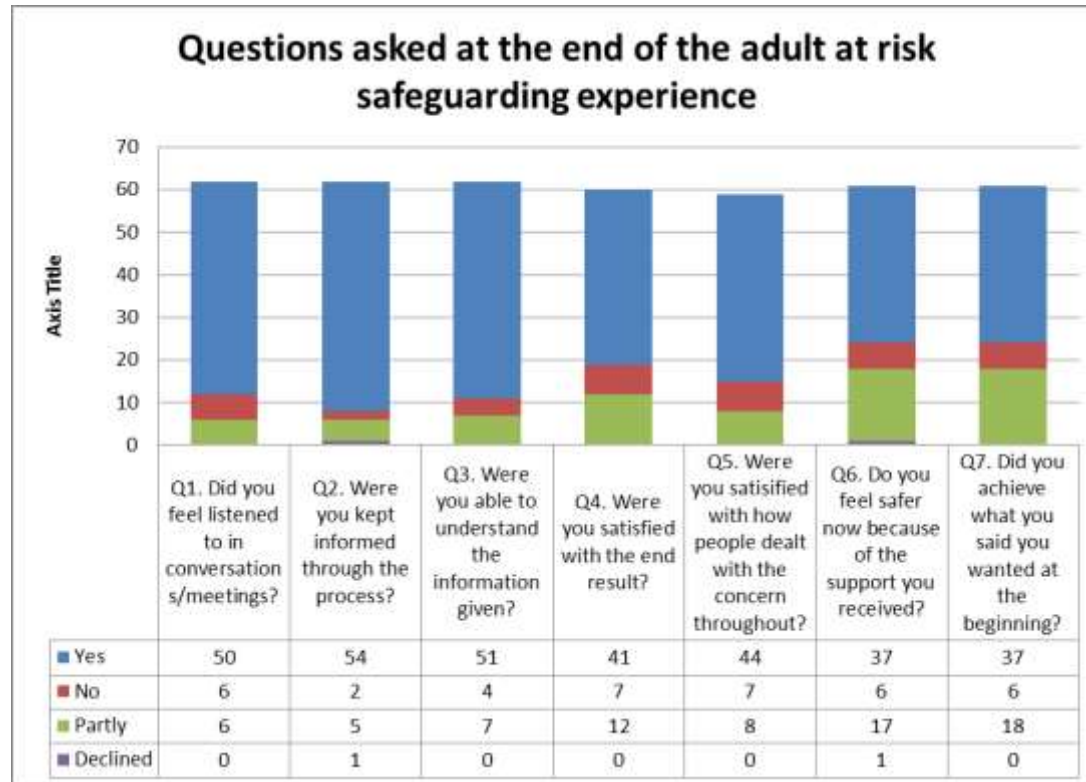
The sub-group is also responsible for the Boards’ **Communication and Engagement Strategy** and ensures that key messages from the Boards are communicated to practitioners within partner agencies and within the wider community and it also sets out how the DSAPB will engage with adults at risk to inform its policies and multi-agency practice. This includes disseminating the lessons learned from reviews and the learning derived from the work of the other sub-groups. This area will be a priority in 2016/2017 as less progress has been made than envisaged. Towards the end of 2015/2016 feedback from partners across both Children and Adults Boards indicate that there is a limited understanding of the work of the DSAPB and DSCP across Darlington in respect of both practitioners and the wider community especially in community groups which are ‘hard to reach’.

The sub-group is also responsible for ensuring the **‘voice of the user’** is captured in the work of both Adults and Children’s Safeguarding Boards. This is part of MSP which as stated previously represents a shift in culture and practice in response to what we now know about what makes Safeguarding effective from the perspective of the adult at risk. It is about having conversations with adults at risk and their families to determine how practitioners should respond to the risk in a way that increases their involvement, enhances choice and control as well as delivering a desirable outcome in terms of improving their life quality, wellbeing and safety. It is about seeing people as experts in their own lives, working alongside them and letting them be part of the Safeguarding process as opposed to having the process imposed upon them. It is also about gathering information to assess how this change in process has enhanced the quality of life of those involved.

To enable agencies to understand how effectively they have worked with the adult at risk, Darlington Borough Council and the **Adult Social Care Outcomes Framework⁸ (ASCOF)** ask important questions designed to assess whether the adult at risk has been the ‘expert’ and allowed to drive how the agencies involved worked together to reach a positive outcome. The chart below entitled ‘Questions asked at the end of the adult at risk ‘safeguarding experience’ indicates that many of the service users consulted were satisfied with the process as their views were heard, they were updated regularly throughout the process and were able to understand the information provided. However 32% were either not happy or disagreed with the outcome, 25% were not satisfied with how practitioners dealt with the concern and 38% either do not feel (or partly feel) safer as a result of the intervention. At the end of the process only 61% of respondents said that the process had achieved their

⁸ <http://ascof.hscic.gov.uk/Outcome>

desired outcome. The DSAPB has reflected on these figures and wants to better understand why there is not a higher satisfaction rating on the questions asked. Reviewing data between January 2016 and March 2016 indicated that in some cases although the adult at risk was happy with the safeguarding experience, their dissatisfaction stemmed from being unable to access a services to which they were not entitled. Similarly where the process involves a criminal investigation it is possible that factors relating to ‘public interest’ mean that it is not possible for practitioners to deliver the desired outcome expressed by the adult at risk. However it should be noted that police officers are required to consult and engage with the adult at risk throughout the investigation and give clear explanations as to why it is not possible to fulfil their expectations.



To help us understand the responses to the seven ‘safeguarding experience questions’ DSAPB is working with **Healthwatch Darlington** which is an independent consumer champion for Health and Social Care in Darlington and helps to shape and improve local Health and Social Care arrangements in the community. It is part of the Healthwatch national network established by the Government to ensure

patients and users have a stake in shaping local services. In 2016 Healthwatch Darlington delivered an informative presentation to DSAPB which described the work undertaken with adults who access Health and Social Care Services including minority groups.

We are pleased to report that Healthwatch Darlington) has accepted DSAPB's invitation to become a Board member in 2016/17.

The Board is working to commission Healthwatch Darlington to engage with those adults who decline to answer the 'safeguarding experience questions' and those who reported dissatisfaction with the processes or outcome. All of the information captured on the 'Adult at risk safeguarding experience' will be used to inform practice and procedure and improve how agencies work together so that all adults at risk will benefit from a positive experience in the future.

Adult Learning and Improvement Sub-group

The sub-group is chaired by the Acting Assistant Director for Adult Social Care and meets on a quarterly basis. The average attendance across all members of the sub-group is 64% (Appendix 1). A total of eight meetings were scheduled but in cases where there were no cases which required discussion or the meetings were not quorate (during the summer holiday period) these meetings were cancelled or rescheduled.

Headlines during 2015/2016:

- Safeguarding Adult Review Procedures (SAR) were reviewed and agreed by Board.
- To build capacity within the Board and the Region a number of Board members have received the 3 day training module entitled SCIE Learning Together which will enable them to participate in the SAR process.
- An Independent Investigation had been undertaken between TEWV and DBC (summarised below)
- A Root Cause Analysis had been undertaken to establish how agencies acted and what influenced their decision making on a specific case (see below).
- The sub-group reviewed a total of six cases to establish whether a SAR should be commissioned. Out of the six cases three did not meet the threshold (or further information was requested) and it was agreed that one case should progress to a Lessons Learned Review. One case reached the threshold for a SAR and the remaining case was transferred to the relevant Safeguarding Adult Board in accordance with procedure.

Summary of the Independent Investigation: The sub-group group was informed of a comprehensive independent joint investigation by Tees Esk and Wear Valley (TEWV) NHS Foundation Trust and Northumberland, Tyne and Wear (NTW) NHS Foundation Trust the initial findings of which provide key learning points for both organisations in respect of Adults at Risk with eating disorders. The concern was raised after the inpatient eating disorder services were transferred from NTW to TEWV and families expressed dissatisfaction with the change in providers. There were additional concerns around communication and information sharing because key practitioners did not receive relevant information about a range of concerns which had been raised with the Care Quality Commission (CQC). The group received assurances from the Assistant

Director of Adult Social Care that work has been done and that all agencies are taking action to resolve the issues. This was reported to Board in June 2015.

The initial learning from this case highlights the need to improve information sharing with specific reference to the quality of information shared within discharge letters and letters to GPs and ensuring that patient notes are transferred with the patient. It also highlights the need to incorporate in training programmes the importance of good communication between agencies and cross boundary authorities to ensure the adult at risk receives timely support. The Board is currently waiting for the full learning from this case to be communicated and this has being requested.

Summary of the Root Cause Analysis (RCA): A Safeguarding concern was raised in respect of a patient who was suspected of misusing a drug used for procedural sedation. The patient who had been in receipt of care had been discharged after a multi-agency assessment determined that the adult at risk was medically fit. Sadly the patient was later found unresponsive and died several days after discharge. Due to the sudden nature of the death agencies which had been involved with the adult at risk prior to death were subject to an intense police investigation and H.M. Coroner's enquiry the verdict of which was that the adult had died of natural causes.

The learning from the RCA: When Safeguarding referrals are submitted and the adult at risk displays behaviours which are challenging, practitioners should be assertive, ensuring that they follow up decision making and outcomes as it is possible that other agencies involved took an alternative course of action because of the behaviours displayed by the adult. The strategy meeting was not convened within five working days. Whilst the RCA determined that had the Strategy meeting taken place within the required timescales it is unlikely that the outcome would have been different there would however have been an opportunity to share information at an earlier stage. Other lessons learned suggested that letters and documents provided by medical practitioners in respect of patients with care and support needs should provide more detail as they tend to be medically focussed rather than providing holistic information which would better inform multi-agency information sharing and decision making processes. It also highlighted a national issue concerning the lack of a central recording system for medical records. In cases where the information is being shared within Darlington a 24 hour electronic transfer is available to transfer the information to a GP. If however the information is being transferred from outside the area it takes between 5 to 7 days from the point of discharge for information to reach a GP. This issue is being explored by the Commissioners.

Summary of the Lessons Learned Review (LLR): The LLR review is a discretionary review that the DSAPB undertakes where there are sufficient learning and development opportunities to develop and improve practice. The adult at risk has been informed of the current review and colleagues have personally met the individual concerned to explain the process and more importantly to ensure that he/she is fully involved in proceedings. Once the review has concluded (which is expected to be in December 2016), the learning and how multi –agency practice can improve will be communicated to partner agencies.

Summary of the Safeguarding Adult Review⁹: The family of the adult at risk have been informed that a SAR will be undertaken and their views will be sought to inform the review. This is an independent review which will be undertaken by an experienced individual who has no knowledge of the case or connection with the partner agencies to ensure true independence. This will be commissioned by the SAB and it will be reported early 2017.

⁹ The SAR is a statutory requirement where it meets the criteria in section 44 of the Care Act.

Glossary of Terms

ALIG – Adult Learning and Improvement Group	LA - Local Authority
ASCOF – Adult Social Care Outcomes Framework	LSCB - Local Safeguarding Children Board
CCG – Clinical Commissioning Group	MARAC – Multi-agency Risk Assessment Conference
CDDFT – County Durham and Darlington Foundation Trust	MASH - Multi-agency Safeguarding Hub
CEO – Chief Executive Officer	MCA – Mental Capacity Act
CQC – Care Quality Commission	MSP – Making Safeguarding Personal
CSE – Child Sexual Exploitation	NHS – National Health Service
CSP – Community Safety Partnership	NTW – Northumberland, Tyne and Wear NHS Foundation Trust
DBC – Darlington Borough Council	NICE – National Institute for Health and Care Excellence
DBS – Disclosure and Barring Service	NPS – National Probation Service
DoLs – Deprivation of Liberty	PCC – Police and Crime Commissioner
DSAPB - Safeguarding Adults Partnership Board	QA - Quality Assurance
DSCB - Darlington Safeguarding Children Board	RA – Restorative Approaches
HSCIC – Health and Social Care Information Centre	RCA – Root Cause Analysis
HMIP – Her Majesty’s Inspectorate of Prisons	SAB – Safeguarding Adults Board
HWB - Health and Wellbeing Board	SCR – Serious Case Review
IMCA - Independent Mental Capacity Advocate	SAR – Safeguarding Adults Review
IMD – Indices of Multiple Deprivation	TEWV – Tees Esk and Wear Valley NHS Foundation Trust

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Darlington Safeguarding Adults partnership Board
Room 10, North Lodge,
Gladstone Street,
Darlington,
DL3 6JX.

We have incorporated hyperlinks where possible to take you to additional information and/or further details. If you are not able to access this then please contact us to arrange for the information to be made available.

We would welcome feedback and this can be made to either the DSAPB Independent Chair or by contacting the Joint Safeguarding Boards Business Unit on 01325 406450, address as above or by [e-mail](#)

If you require this report in an alternative format, please contact the Joint Safeguarding Boards' Business Unit as above.

This Annual Report will be shared with the following partner agencies:

- The CEO and Leader of the Local Authority
- Police and Crime Commissioner and the Chief Constable of Durham Constabulary
- Healthwatch Darlington
- The Chair of the Health and Wellbeing Board
- County Durham and Darlington Foundation Trust (CDDFT)
- Clinical Commissioning Group (CCG)
- Tees Esk and Wear Valley Foundation Trust (TEWV)

For 2015/2016 the Annual Report will be presented to the Adults and Housing Scrutiny Committee to give an opportunity for wider engagement and scrutiny by Councillors.

Partner agencies are encouraged to have a link to the DSAPB Annual Report via their websites to improve accessibility.

The report is published on the DSAPB website: darlingtonsafeguardingboards.co.uk

Membership and Attendances for the DSAPB Sub-groups

Quality and Performance Management Sub-group			
Agency	Job title	% of attendance	Commentary and analysis
Darlington Clinical Commissioning Group (CCG)	Safeguarding Lead	83%	A deputy attended for one of the five meetings represented and apologies were received for one of the meetings.
N/A	Lay Member	67%	There was attendance at 4 of the 6 meetings held and apologies were received for two of the meetings.
Darlington Borough Council	Acting Assistant Director, Adult Social Care (Chair)	83%	Apologies were received for one of the meetings. There was attendance at the other five meetings held.
	Contracts and Quality Service Manager	67%	Apologies were received for two of the meetings and there was attendance at four of the meetings.
	Operations Manager	83%	Apologies were received for one meeting and there was attendance at the five of the meetings.
	MASH Manager	100%	It was only applicable for the MASH Manager to attend two of the six meetings held. There was 100% attendance at the two meetings.
	Safeguarding Practice Officer	100%	
	Professional Systems and Standards Officer	100%	It was only applicable for the post to attend 4 of the 6 meetings, there was 100% attend the four meetings.
County Durham and Darlington NHS Foundation Trust	Safeguarding Lead	67%	There was attendance for 4 out of the 6 meetings held.
Durham Constabulary	Detective Inspector	50%	Attendance was for 3 of the 6 meetings held.
Tees Esk and Wear Valley NHS Foundation Trust	Senior Nurse Safeguarding Adults	100%	There was 100% attendance by this agency and for one meeting a deputy was in attendance.

Policy and Implementation Sub-group			
Agency	Job title	% of attendance	Commentary and analysis
Darlington Clinical Commissioning Group (CCG)	Safeguarding Lead	80%	Apologies were received for one of the five meetings attended. Two of the meetings were attended by a deputy. They aren't deputies they are the attendees
Darlington Borough Council	Service Manager	60%	Apologies were received for the two meetings were there was no attendance from the representative.
	Safeguarding Practice Officer	80%	Apologies were received for one of the five meetings attended.
	Principal Lawyer	20%	Apologies were received for 4 of the 5 meetings held.
	Head of Service	80%	Apologies were received for one of the five meetings attended
	Operations Manager	60%	Apologies were received for two of the meetings attended.
	MASH Manager	100%	It was only applicable for the post to attend one meeting, which they did attend.
	Care Act Lead	50%	It was only applicable for the post to attend four of the meetings scheduled. The post holder attended two of the four meetings.
	Professional Systems and Standards Officer	50%	It was only applicable for the post to attend four of the meetings scheduled. The post holder attended two of the four meetings.
County Durham and Darlington NHS Foundation Trust	Safeguarding Lead Nurse (Chair)	80%	Apologies were received for one of the five meetings attended
Durham Constabulary	Detective Inspector	20%	Apologies were received for four of the five meetings held.
Tees Esk and Wear Valley NHS Foundation Trust	Senior Nurse Safeguarding Adults	80%	Apologies were received for one of the five meetings attended. For all the meetings attended was the deputy.

Training and Communications Sub-group			
Agency	Job title	% of attendance	Commentary and analysis
Darlington Borough Council	Head of Service – Learning Disability and Mental Health (SAPB)	16%	Attended 1 out of the 6 scheduled meetings.
	Operations Manager (SAPB)	16%	Attended 1 out of the 6 scheduled meetings.
	Principal Social Worker (SAPB)	0%	No meetings were attended in the year. It was not applicable for this post to attend after May 2015.
	Work Force Development Commissioner	100%	
	Joint Information Coordinator	0%	
	Youth Offending Services Operations Manager	0%	
	Practice Supervisor (DSCB)	0%	
	Education Safeguarding Officer	100%	
	Safeguarding Practice Officer (SAPB)	83%	Attended 5 out of the 6 meetings scheduled
Tees Esk and Wear Valley NHS Foundation Trust	Senior Nurse Safeguarding Lead (SAPB)	100%	A deputy attended for 1 of the 6 meetings scheduled.
	Safeguarding Children's First Contact Advisor and Trainer (LSCB)	67%	Attended 4 of the 6 meetings and a deputy attended one of these meetings
Darlington Clinical Commissioning Group	Designated Nurse Safeguarding Adults (Chair)	67%	Attended 4 of the 6 meetings and a deputy attended two of these meetings
	Designated Nurse for Safeguarding Children (LSCB)	17%	Attended 1 of the 6 scheduled meetings. The post holder works part-time and these meetings are on their non-working days.
County Durham and Darlington NHS Foundation Trust	Safeguarding Lead (SAPB)	67%	Attended 4 of the 6 meetings
	Named Nurse for Safeguarding Children (LSCB)	50%	Attended 3 of the 6 meetings
Darlington College	Safeguarding Officer (LSCB)	67%	Attended 4 of the 6 meetings
Healthwatch	Participation Lead (SAPB)	0%	No meetings were attended
Durham Constabulary	Strategic Coordinator (LSCB)	67%	Attended 4 of the 6 meetings and a deputy attended one of these meetings
Safeguarding Board	Business Manager	50%	3 of the 6 meetings were attended. It was not applicable for the attendance for two of the meetings due to the post being vacant. Apologies were received for one meeting.
	Multi-agency Trainer	100%	
	Development Officer/LADO	50%	3 of the 6 meetings were attended. It was not applicable for the attendance for two of the meetings due to the post being vacant. Apologies were received for one meeting.

Training and Communications Sub-group			
Agency	Job title	% of attendance	Commentary and analysis
	Lay Member	17%	1 of the 6 meetings were attended. It was not applicable for the Lay Member to attend the meetings from September 2015.

Adult Learning and Improvement Sub-group			
Agency	Job title	% of attendance	Commentary and analysis
Darlington Clinical Commissioning Group (CCG)	Adult Safeguarding Lead	80%	Attending 4 of the 5 meetings held and a deputy attended one of the meetings.
Evolution	Director	100%	It was only applicable for this post to attend one of the 5 meetings held.
Darlington Borough Council	Assistant Director – Adult Social Care (Chair)	60%	The post changed part way through the year and an Acting Assistant Director took over the chairing of this group. The post attended 3 out of the 5 meetings held.
	Principal Lawyer	20%	The post attended 1 of the 5 meetings held.
	Head of Service (Vice Chair)	60%	The post attended 3 of the 5 meetings held.
	Service Manager	100%	It was only applicable for this post to attend 3 of the 5 meetings held.
County Durham and Darlington NHS Foundation Trust	Safeguarding Lead Nurse	60%	3 of the 5 meetings were attended
	Associate Director of Nursing, Patient Experience and Safeguarding	25%	It was only applicable for the post to attend 4 of the meetings as the person left their post during 2015/2016. However of the four meetings, they attended one.
Durham Constabulary	Detective Inspector	100%	The police attended all of the meetings and a deputy was in attendance for one of the 5 meetings held.
Tees Esk and Wear Valley NHS Foundation Trust	Associate Director of Nursing and Governance	60%	Attended 3 of the 5 meetings held a deputy attended one of the meetings.
NHS England	Deputy Director Nursing	0%	No meetings were attended by NHS England