



North Yorkshire Safeguarding Adults Board Annual Report 2015-2016

Working in partnership to Safeguard Adults at risk
of abuse or neglect

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1. Foreword

By the Independent Chair of the Safeguarding Adults Board



It is with great pleasure that I provide the introduction to the 2015/16 Annual Report for the North Yorkshire Safeguarding Adults Board.

As the newly incoming Independent Chair it has been crucial for me to meet up with a strong cross section of Board members in order to quickly establish how effective, efficient, focused and successful our local adult safeguarding arrangements are. What has very quickly been evidenced to me is the strong 'buy in' and commitment to the shared values and principles that are clearly in evidence across the Partnership.

In this respect it is also important that I commit to record my thanks to Jonathan Phillips the outgoing Independent Chair who, along with other senior leaders operating in North Yorkshire, has demonstrated a real determination in getting the Safeguarding Adults Board onto a firm footing that ensures future Care Act compliance.

The provision of an Annual Report is a statutory requirement made upon the Chair of the SAB, within which full account of the workings of the Board's activities across a 12 month timeline is assessed. This, in effect, is the evidence by which the SAB will be held to account by describing its workings within this both technically and emotionally challenging area of work with detailed coverage and intelligence available for scrutiny around performance, training, audit, all being actively discussed.

As well as reporting on areas of systems failings via the Safeguarding Adult Reviews, the Annual Report should also identify and have a focus upon areas of good practice, where things are going well, or where steps have been taken to bring about specific improvements.

The very reason to have in place an Independent Chair is to demonstrate clear unambiguous leadership that will accelerate the progress of the Board, both consolidating the significant progress made to date, and by strengthening the contributions made by various components of the Partnership. It should not be a challenge for the Board to be able to describe, with supporting material, evidence of

the real difference it has made to improve the life chances of some of the most vulnerable people living in our communities - our success should go ahead of us.

As I referred to earlier , this work is complex and challenging and going forward we need to become more knowledgeable and sophisticated at understanding the needs and wishes of our wider communities in North Yorkshire, so that it becomes transparent as to how these matters occupy a real 'space' in our Strategic Plan .

Over the next couple of months work focused upon improving the governance and business functionality of the Board will be completed, providing a firm set of foundations upon which to focus our future ambition. I look forward to reporting progress on these and a number of other key developments to you in subsequent Annual Reports.

In closing , I should like to place on record my thanks to the multi-agency Partnership who are clearly totally committed to protecting and improving the life chances of those who are in most need living in our communities - but doing so in a way that reflects their individual value, knowledge and choice.

Colin Morris

Independent Chair
North Yorkshire Safeguarding Adults Board

2. Introduction

Our vision for the Board is to **provide leadership, challenge and direction to ensure that the partner agencies improve outcomes for adults at risk of harm or abuse.** We will promote values of openness, trust, respect and learning.

During 2015/16, the Board has carried out developments across its areas of responsibilities to meet the requirements of the Care Act that came into force from 1st April 2015. In March 2016, the Department of Health published refreshed statutory guidance for the Care Act that reflected feedback from stakeholders. Amendments within the guidance relating to Safeguarding included:

- a revised section on strategic leadership, emphasising the need for a strategic and accountable lead for safeguarding at a senior level in an organisation, to ensure the actions necessary to implement the SAB's Strategic Plan;
- new guidance around allegations around people in positions of trust, with the requirement to have a Designated Adults Safeguarding Manager (DASM) being removed;
- a reinforcement of the importance of preventing abuse rather than acting after the event, and reminding practitioners of the importance of identifying and managing risk of abuse and neglect, even if these are not the initial presenting issue.

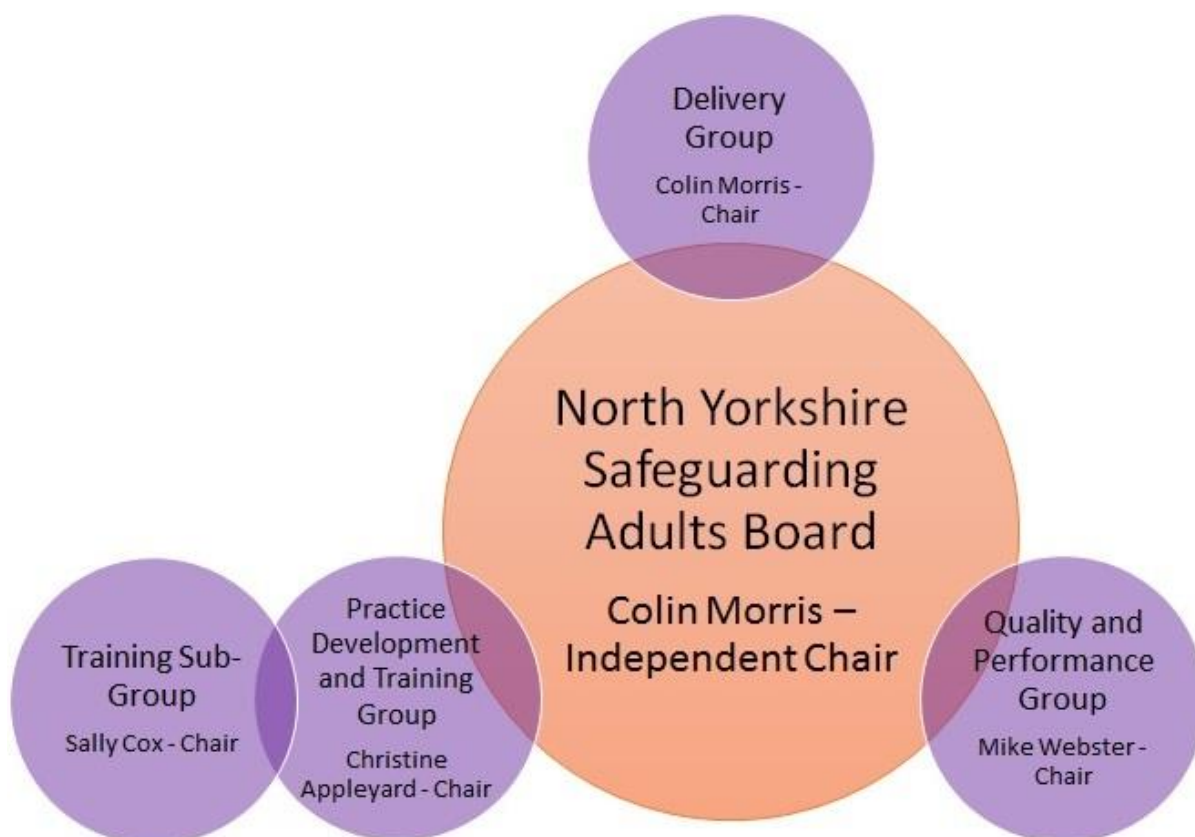
The North Yorkshire Safeguarding Adults Board continues to facilitate multi-agency partnership working, and is responsible for quality assurance regarding safeguarding adults' activity in North Yorkshire. The governance arrangements and structure of the Board will continue to be reviewed in line with strategic planning activities and consultation with stakeholders. Linked partnerships include the following:



3. Safeguarding Adults Board Structure

The North Yorkshire Safeguarding Adults Board operates with the following sub-groups to manage and deliver the work in the strategic plan.

- Delivery Group
- Practice Development and Training Group
- Quality and Performance Group
- Training Subgroup



The meeting frequency and schedule is different for each of the groups. The SAB and the Delivery Group meet three times a year, the Quality and Performance Group quarterly, the Practice Development and Training Group every 2 months, and the Training Sub-Group is held bi-annually.

In addition to support the delivery of the operational activities in the Board's strategic plan, Local Safeguarding Adults Groups (LSAGs) operate across North Yorkshire in the following localities:

- Harrogate & Craven
- Hambleton, Richmondshire and Whitby
- Scarborough & Ryedale
- Selby

4. Role of Sub-Groups

Delivery Group

The Delivery Group is responsible for monitoring the Board's Business Plan, and agreeing and coordinating the delivery of the strategic plan. This group is also responsible for ensuring processes carried out by the Board are done so effectively.

Quality and Performance Group

The Quality and Performance Group works develops safeguarding data for presentation at the Board. The group considers the scope of data required, and quality assures the information produced by the performance teams in each organisation.

Practice Development and Training Group

The Practice Development and Training Group ensures the development of safeguarding practice relating to adults at risk in North Yorkshire. The group promotes improvements to practice and disseminates good examples. The Board receives assurance from this group that multi-agency practice is focused on improving outcomes for adults at risk of abuse or neglect in North Yorkshire.

Training Sub-Group

The Training Sub-Group ensures sufficiency and consistent standards of the North Yorkshire safeguarding adults training provision. The group facilitates networking opportunities and the sharing of lessons learnt and best practice.

Local Safeguarding Adults Groups

The lead safeguarding representative for each partner agency and within each organisation meets quarterly to ensure information is received from the Board on practice, delivery, lessons learnt and active discussion takes place to resolve local issues and informs the Board of progress made to meet the strategic objectives.

5. What we have achieved this year?

2015/16 has been a busy year for the SAB, and there continue to be many achievements to celebrate. The main focus of the SAB has been on the implementation of the statutory safeguarding framework introduced under the Care Act which came into force on 1st April 2015. A wide range of activities have been carried out by the Board and its partners to ensure that local arrangements are fit for purpose and reflect the vision, principles and requirements of the Care Act. The Board, Sub-Groups and partner agencies have worked together to ensure awareness of Safeguarding Adults is a priority, partnership working is effective and safeguarding is personal to the individual.

This year the Board worked to meet four main outcomes which are based on the six safeguarding principles of safeguarding.

Awareness and Empowerment - people feeling safe and in control, being more able to share concerns and manage risk of harm either to themselves or others

Prevention – working on the basis that it is better to take action before harm happens

Protection and proportionality - support and help for those adults who are vulnerable and most at risk of harm. Responding in line with the risks and the minimum necessary to protect from harm or manage risks.

Partnership effectiveness and accountability – working for local solutions in response to local needs and expectations, Focusing on outcomes for people and communities and being open about their delivery.

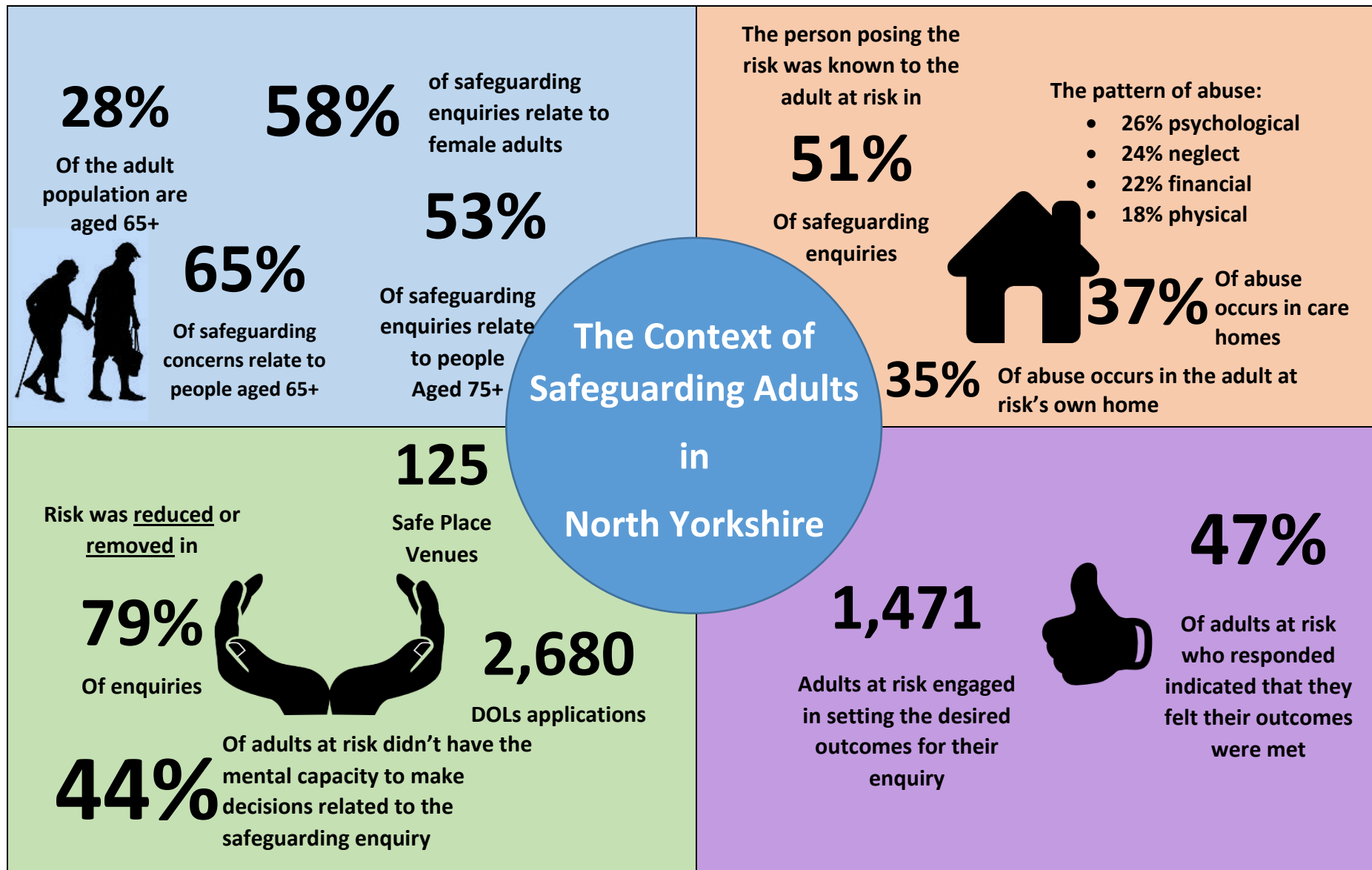
Key achievements of the Board include:

- A Board Development Day to review the Board's governance and ensure that it was best placed to meet the requirements of the Care Act, and identify the key priorities for the next three years.
- Development of a new Strategic Plan and Delivery Plan that identify the priority areas for the Board, and how these will be achieved.
- Introduction of the DASM role within the statutory partners' organisations, and development of an informal network to support and develop good practice. As a result of the revised statutory guidance removing the requirement for the DASM role, a new framework is being developed.
- Two self-assessments by the Board to understand its effectiveness across a range of areas, and the impact of the Care Act. Overall, the Board considered that the Board was in a good position, but was not complacent, recognising that there were a number of areas where further development is needed, and these have been used to inform development of the Strategic Plan.
- A review of its Performance Indicators to ensure that what the Board monitors will provide the necessary assurance of the effectiveness of safeguarding activity and practice, and that the requirements of Making Safeguarding Personal are being met.

- Improving strategic links with Safeguarding and Community Safety leads at a strategic and operational level, through a North Yorkshire and York Inter-Board network
- Agreeing a protocol between the SAB, the Health and Wellbeing Board and Children's Safeguarding Board
- Working with partner organisations to develop a joint plan to protect local communities against radicalisation, by integrating the Prevent duty within Safeguarding policies and practice
- Through the input of the Nurse Consultant, Primary Care, improved awareness by GPs of, and contribution to, Safeguarding.
- Attendance at user-led forums to raise awareness of safeguarding, and seeking feedback as part of the review of Safeguarding leaflets and other publicity
- A review of the content and outcomes of the multi-agency training programme to ensure compliance with the Care Act
- Production of a Risk Register for the Board that details, manages and monitors the risks that could impact on its ability to deliver the priorities of the Strategic Plan.

Examples of the work undertaken by the individual partner agencies are summarised in Appendix 1 under each theme.

6. The Context of Safeguarding Adults in North Yorkshire



7. What does the data tell us?

The North Yorkshire Safeguarding Adults Board receives data collected by the local authority and other partners' performance teams via the Quality and Performance sub group (QAP) which produces a 'balanced scorecard' each quarter. The Board then identifies key issues and any actions required by Board members.

The following is a summary of some of the data collected for 2015-16.

Following the format of the Board's strategic plan, the report has been split in to the following 3 sections:

What the data tells us about Awareness and Empowerment:

The number of safeguarding concerns has increased, with 918 more concerns in 2015/16 than in 2014/15. This is a 24% increase on the previous year.

Anecdotal information from other Safeguarding Adult Boards suggests that this trend is occurring elsewhere.

The number of concerns raised by North Yorkshire Police (NYP) and the Yorkshire Ambulance Service (YAS) has increased during 2015/16, particularly in Q4.

Work is underway with NYP and YAS to identify possible causes.

What the data tells us about Prevention:

The rate of concerns raised for each of the CCG areas shows that the rate of concerns has increased for the Vale of York during 2015/16, particularly for Q4. This may be due to a higher number of low level concerns which have recently been raised in the Selby area.

This data will be monitored by the Board during 2016/17.

The majority of safeguarding concerns are raised for incidents that take place in the adult's own home or in residential and nursing homes. (72%)

The majority of safeguarding concerns relate to psychological abuse (26%), neglect (24%), financial (22%) and physical (18%).

The 3 new types of abuse which were introduced with the Care Act will be reported on in the 2016/17 data.

What the data tells us about Protection and Proportionality:

- The majority of concerns raised relate to people supported for personal care needs. This trend is mirrored in all of the CCG areas.
- The majority of individuals have only a single concern raised, and this has increased during the year up to 92%.
- There are 125 Safe Places venues in North Yorkshire.
- There were 2,680 Applications for Deprivation of Liberty Safeguards.

44% of adults at risk didn't have the mental capacity to make decisions related to the safeguarding enquiry. ***Reporting will be strengthened in 2016/17 to understand more fully why some individuals have more than one concern raised.***

- The data shows that there are a high proportion of concerns where no further action is taken under safeguarding, from contact.
- Across North Yorkshire, approximately two-thirds of concerns are raised for individuals over 65. Over half of all safeguarding enquiries relate to female adults at risk.
- In each quarter during 2015/16, the number of enquiries concluded with the risk remaining has reduced. In Quarter 1, the risk remained in 14% of cases. By Quarter 4, this figure has reduced to 7%. The overall proportion for 2015/16 is that risk was reduced or removed in 79% of concluded enquiries.

Making Safeguarding Personal: 1,471 adults at risk engaged in setting the desired outcomes for their enquiry. 47% indicated that they felt their outcomes were met.

Recording and reporting on data will be strengthened in 2016/17 around determining the desired outcome for the adult at risk at the outset of the safeguarding enquiry.

8. Overview of Safeguarding Training in North Yorkshire - Summary of Activity (2015/16)

Safeguarding Adults Board

North Yorkshire County Council (NYCC) continues to offer a comprehensive programme of Safeguarding training both internally and to the Private and Voluntary Sector. During 2015-2016 NYCC uptake of courses remained similar to last year, accounting for 11% turnover of staff in Health and Adult Services. Overall course cancellations for the period were 22 courses (14%), a slight increase on last year. Courses are running on average at 74% capacity which requires some improvement to make better use of resources.

Overall external attendance on courses attended by the wider sector has increased slightly from last year from 751 to 826. For the first time, external attendance has been broken down into "sector employed by" for the end of year report. Reporting is limited due to system restrictions; however this has highlighted some areas to target for 2016/17, in particular gaps in attendance from the Police, MOD, Probation and low attendance in Housing. It has been confirmed that the police will now seek to access our courses moving forward. Further work is needed around MOD/Probation/Housing to identify any need to promote NYCC courses further in these areas, or if they use alternative solutions.

Uptake of NYCCs online courses (Safeguarding Awareness, Mental Capacity Act, Deprivation of Liberty Safeguards) have shown a slight decrease from 2014/15 from 3268 to 2876 but are still higher than the previous 2013/14 figure of 2226. The increase seen last year could potentially be accounted for by Cheshire West and the Care Act (2014) implementation, with this year's figures returning to a normal level. Finally, the Alerter Champions programme continues to run for organisations of 50+ who wish to deliver their own in house Level 1 Alerter cascade using NYCC materials. Figures are collated twice yearly and have declined substantially from 878 to 378. It is likely that this is due to attendance on NYCC courses or low turnover of staff, but further investigation is required to confirm this.

Feedback from attendees:

"I found the course to be very interesting although it being a refresher. Other areas of safeguarding were brought to my attention and explained i.e. - social media and internet crimes against vulnerable people in society."

"In my opinion, the course was too focused on safeguarding in care homes and did not focus enough on domestic or sexual violence. The course was well presented and was informative. The trainer dealt with difficult participants effectively and well. The mix of teaching styles ensured that it didn't become boring. I feel I learnt what I needed to."

"Video clips of SU's experiences were really helpful."

Health and Adult Services

- Introduced an elearning module on Safeguarding reflecting Care Act updates, in addition to existing Safeguarding elearning course.
- 2875 staff completed online training for Safeguarding, 708 for Mental Capacity Act and 1056 for Deprivation of Liberty Safeguards
- 500 staff attended a range of Safeguarding training courses, with a further 300 attending training around the Mental Capacity Act

Nurse Consultant Primary Care

- Bespoke, face to face, 'Hot Topics' safeguarding training has been developed for Primary Care clinical practitioners covering MCA DoLS and Care Act in 2015-2-16
- Additional training has been undertaken in GP Practices for administration staff and clinicians as requested.
- Overall 790 members of Primary Care staff attended training in safeguarding (adult and Children) during 2015-16 but these figures cannot this year be broken down to identify which members specifically attended for adult safeguarding training

Clinical Commissioning Groups - Partnership Commissioning Unit

- In addition to fulfilling their statutory and mandatory safeguarding training requirement in 2015/16, the safeguarding officers have attended specialist training in Safeguarding Concerns & Alerts (1 day); Root Cause Analysis (2 days); Mental Capacity Act and Advanced Decisions (1 day), Prevent WRAP (Workshop Raising Awareness of Prevent) and Fundamental Standards of Care (1/2 day).
- Full-day face-to-face training was delivered to the Continuing Healthcare Team Nurses and Team Leaders – 30 staff attended across 2 days in September and October 2015.
- MCA & DoLS awareness and key points for care planning was included as part of a package of NMC Nurse Revalidation training delivered to four care homes in the Scarborough area with the deputy Chief Nurse for Scarborough and Ryedale CCG.

Clinical Commissioning Group covering Craven - Airedale Wharfedale and Craven CCG

- The safeguarding team have provided in-house, face to face training to CCG staff, who are expected to attend at least every 3 years. Safeguarding principles and concepts of making safeguarding personal are embedded in the training which includes an overview of Multiagency Procedures and how to access support available to CCG staff.
- All staff are required to attend Prevent training and this has been delivered using the Workshop to Raise Awareness of Prevent (WRAP). The Named GP covering Craven has provided safeguarding adults training to GPs as well as regular update and support sessions for GP Practice Safeguarding Leads.

NHS England

Safeguarding awareness is now included in the statutory and mandatory training for all NHS England staff. Those that have not yet completed it have been reminded to complete this by 30th September 2016. NHS England staff do not have direct patient contact in the main but those that work in a clinical advisory role or deal with complaints have completed the appropriate level of training level.

North Yorkshire Police

- Safeguarding and vulnerability training to frontline officers:
Safeguarding & Vulnerability is a force training priority and built into all of NYP's initial training programs in a variety of ways. All PCs, PCSOs and Special Constables complete a Vulnerability Training Package covering their responsibilities and duty of care to vulnerable people and the actions that must be taken to reduce any identified risk, preventing harm and/or further harm. Vulnerable Risk Assessments Training focuses on identifying those individuals that are at most risk in local communities, how to complete a VRA and what referrals need to be made to whom and when. A workshop to raise awareness of PREVENT has also been rolled out to staff, assisting officers to identify those that maybe at risk of radicalisation because of vulnerability.
- FCR training on THRIVE:
Staff within the Force Control Room has received enhanced training and awareness. They work to the THRIVE principle, which is - threat, harm, risk, investigation, vulnerability and engagement. This approach ensures that those with vulnerabilities are identified at the earliest opportunity and that the right response is given at the right time according to need, vulnerability and risk.
- Domestic Abuse training inputs, briefings and e-learning:
In 2015 all probationers, newly promoted sergeants and the investigation hub receive training in domestic abuse and risk assessment. Coercive control e-learning product relating to the changes to legislation in December 2015 was briefed out. Response Sgt and nominated SPOC for each response shift are receiving a training input regarding investigative standards in relation to domestic incidents.
- E-learning on Modern Slavery:
Mandatory for all operational staff
- Mental Capacity Act briefing:
Officers from the Safeguarding Hub and Serious Crime Team attended training on safeguarding adults and also the Mental Capacity Act in 2015.

Healthwatch

- All Enter and View volunteers are required to attend mandatory Safeguarding training before commencing work.
- Training audit of all volunteers has taken place to identify specific training gaps/needs.
- Clear protocol for referring on safeguarding concerns following Enter and View visits.

Tees Esk and Wear Valleys NHS Foundation Trust

- Safeguarding adults level 1 training - is mandatory for all Trust staff and volunteers it is available as elearning, face to face and work book. Trust compliance is 94% of all staff are up to date (staff need to refresh this training every 3 years).
- Safeguarding adults level 2 training - is mandatory for all clinical staff band 5 (agenda for change) and above it is available as 3 hour face to face only. Trust compliance is 87% (staff need to refresh this training every 3 years)

North Yorkshire District Councils:

Craven

For all staff a reminder to check on whether safeguarding training is adequate and up to date is included in Managers Performance Review Preparation Notes, where a need is identified this information is included in the individuals personal development plan and passed to HR to be incorporated into the Annual Training Plan. HR receives regular Safeguarding training course information and this is discussed with the relevant staff.

Hambleton

The Council has a clear training plan for the organisation. Targets were set for 41 members of staff to complete e learning, 6 completed this. The target for level 1 training was 301, 28 completed this. The target for level 2 training was 6, 5 completed this. Target for members briefing was 28, but 0 were completed.

Harrogate

- Key staff have attended the Alerter Champion refresher course which incorporates the new Care Act requirements and terminology
- A new corporate safeguarding leaflet has been updated and circulated to ALL members of staff and elected members
- Over 500 members of staff and Elected Members have received classroom awareness training in relation to Sexual Exploitation.

Richmondshire

- 81% of employees have completed at least a basis level awareness training in safeguarding which is a mixture of online and classroom based
- 3 employees have completed up to Level 2 Safeguarding training
- 16 employees have completed CSE awareness training

Ryedale

- 12 elected members attended classroom training
- 120 staff based at Ryedale House attended classroom training. 2 classroom sessions were held for staff at the depot and 15 staff attended. The training sessions included domestic abuse, self-neglect, modern slavery, hate/mate crime and radicalisation. Staff also have access to online e-learning.
- Licensed taxi drivers were also offered training and during 2015/16 approx. 50% of drivers attended.

Scarborough

Staff have access to classroom training and e learning. 215 staff received classroom based training in 2015/16. This included domestic abuse, self-neglect, modern slavery, hate /mate crime and radicalisation

Selby

Trained 59 members of staff. This was face to face safeguarding training delivered by North Yorkshire County Council for all front line high risk staff. We also updated the induction process to cover a basic level of safeguarding.

Acute Provider Trusts

Airedale

- Safeguarding level 1 training is a 3 yearly mandatory requirement for all staff and volunteers who deliver trust services. This is delivered either face-to face, or via a work book.
- At the end of 2015-16 88% of trust staff were compliant with this requirement
- MCA training mandatory for all clinical staff current compliance was 83% at the end of 2015-16.

Harrogate District Foundation Trust

All volunteers get face to face Adult and Children Safeguarding training on induction. The number of volunteers that have had adult safeguarding training is 459. For the last 3 years this has been face to face for new volunteers and all volunteers have received an information leaflet.

South Tees Hospitals NHS Foundation Trust

- Safeguarding level 1 training is a 3 yearly mandatory requirement for all staff and volunteers who deliver trust services. This is delivered either face-to face, or on line. At the end of 2015-16 86% (n7162) of trust staff were compliant with this requirement
- MCA training mandatory for all clinical staff current compliance was 59% at the end of 2015-16.

York Teaching Hospital Foundation Trust

Safeguarding Adults, Mental Capacity Act and Deprivation of Liberty (in addition Learning Disability Awareness and PREVENT) are all part of the Trust Mandatory Training Package (Awareness, Level 1 and Level 2) via e-learning. Department specific face-to-face training is also offered by the Trust Safeguarding Adults team, e.g.: Elderly Wards, Community staff and junior Doctor Induction programmes.

9. Mental Capacity Act (MCA)/Deprivation of Liberty Safeguards (DoLS)

Due to the Cheshire West judgement the volume of applications for DoLS applications has greatly increased. The process for responding to applications is determined using the prioritisation tool developed by the Association of Directors of Adult Social Services (ADASS). The SAB agreed that a review was required in order to ascertain how embedded the MCA was within it's the work of the SAB partners. A post has been established within the County Council to ensure that the Governance arrangements, strategy and policy around MCA and DoLS reflect legislation and national best practice.

A preliminary review of North Yorkshire County Council has been completed using the Local Government/ADASS/MCA Improvement tool. The review has identified a number of areas that require development. SAB partners will also complete a self-assessment.

10. Prevent Statutory Duties

From the 1st July 2015 many public facing organisations providing services to children, young people and adults are subject to a duty under section 26 of the Counter-Terrorism and Security Act (2015), to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty.

Section 36-41 of the CT&S Act (2015) sets out the duty on local authorities and partners of local panels (known as a Channel Panel) to provide support for people vulnerable to being drawn into terrorism.

‘Channel’ is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by:

- Identifying individuals at risk
- Assessing the nature and extent of that risk
- Developing the most appropriate support plan for the individuals concerned.

Achievements

Since the duty came in on the 1st July 2015, there has been significant activity locally.

- Effective multi-agency partnership working
- Strong governance arrangements- working across partnerships
- Multi-agency guidance, complimenting existing safeguarding arrangements
- Clear action plans across organisations, embedding the duty into everyday practice
- Substantial training plans, aimed at frontline practitioners and their managers. Bespoke training has been commissioned and linked to identified local needs (far right extremism)
- Established Channel Panel, identifying appropriate, proportionate interventions
- MENCAP in conjunction with Hambleton District Council have produced a DVD and relevant information aimed at explaining ‘Prevent’ to adults with learning difficulties
- Saltmine Theatre production to be offered to every secondary school in North Yorkshire.

11. Safeguarding Adults Reviews/Lessons Learned - Alexander Court Care Home

There were no Safeguarding Adults Reviews conducted during 2015/16. However, the Board received one Lessons Learnt report concerning Alexander Court Care Home to assure it that the likelihood of repetition of identified issues in the future. The report and its recommendations were signed off by the Board at its meeting in January 2016. Progress on meeting the recommendations will be reported to a future meeting of the Board. The following is a summary of the completed review and the learning from it. A copy of the full report can be found on the NYSAB website.

The home had been the subject of concerns for a number of years and was well known to the agencies. It had been the subject of quality, safeguarding and regulatory intervention. Joint decisions were taken to move residents from the home in conjunction with allied regulatory actions and the home eventually closed. The report considered the recurring themes highlighted in the chronologies from the agencies involved and investigated where changes could have been made earlier in the intervention with the care home.

Recommendations

1. Agencies (HAS & CCGs) to review their monitoring and quality assurance processes to:-
 - a. Ensure a range of consistent tools are used to examine the care and leadership within a home.
 - b. Ensure escalation processes for decision making are in place including with other agencies.
 - c. Review to ensure clear guidance for decommissioning due to poor quality.
 - d. Review the process for the practical arrangements for moving residents.
2. Agencies (HAS, CCGs, CQC & NYP) involved in Safeguarding & monitoring to jointly:-
 - a. Develop risk profiles that pro-actively identify indicators of poor quality.
 - b. Ensure that where there are long standing concerns about a provider's quality a review is undertaken independently to support and/or challenge decision making.
3. Agree communication procedures for residents, relatives & staff.
4. Agencies (HAS & CCGs) to ensure communication is directed to the correct level within the provider organisation.
5. Use an extended countywide "Engagement Meeting" and local Safeguarding Groups (LSAGs) to consider the report and any outstanding issues over agency roles and responsibilities.

6. Report to be shared with the provider and other Local Authorities, Clinical Commissioning Groups and Safeguarding Adult Boards where they have care homes.

7. Report to be considered by Safeguarding Adult Board and senior managers of partner agencies.

12. North Yorkshire Safe Places



The County Council has established the scheme along with North Yorkshire Police, Borough and District Councils, the Voluntary Sector, travel organisations and pharmacies, with the aim of helping adults who may need additional support and older people lead independent lives and feel safe.

Registered Safe Places will display the above 'Safe Place' symbol on their window or door so that people who are out and about and begin to feel anxious or at risk – be it because they have learning difficulties, disabilities, frailty, dementia or mental health problems – can look out for the symbol and enter the Safe Place to get help. Up to 120 public sector organisations across the county – libraries, leisure centres, Citizen's Advice Bureau, Northern Rail stations, community and children's centres – have registered in this first phase and are displaying the Safe Places sticker.

Registered members of the scheme means they can carry a 'keep safe' card and may have a wristband. On the card there is a call centre number that can be contacted by the Safe Place. The call centre then contacts a person named on the member's card, usually a close family member or friend, who will come to give support.

Feedback from volunteers who tested the scheme "I have been really interested in Safe Places and was really pleased to be able to volunteer to test the system. It has not always gone smoothly but that has been the whole point. We needed to make sure that North Yorkshire Safe Places was going to work for everyone. I get nervous when I am out on my own and can get lost so knowing there is a safe place means I can get some support to get back on track." Sarah Kenny, who lives in Whitby.

More information is available on the North Yorkshire County Council website
www.northyorks.gov.uk/safeplaces

To join the scheme: Phone: 03307 260260 or Email: safeplaces@spsdoorguard.com

Looking forward to 2016-17 - in a second phase the County Council plans to widen the scheme to include GP surgeries and commercial and business organisations. It is currently in discussion with the national parks to put Safe Places stickers into their visitor centres, as well as retail companies.

13. Looking Forward - Strategic Outcomes for 2016 onwards

Under the Care Act 2014 it is a legal requirement for the SAB to have a Strategic Plan and to report annually on progress. The Strategic Plan is available on the website and has a Delivery Plan outlining how the outcomes will be achieved, progress on which will be reported in the Annual Report for 2016/17. The Outcomes are based on the guiding principle of the Care Act:

Strategic Outcomes	What this means for the people of North Yorkshire
Awareness and Empowerment – people feeling safe and in control, being more able to share concerns and manage risk of harm either to themselves or others	“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens”
Prevention – working on the basis that it is better to take action before harm happens	“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help”
Protection and proportionality – support and help for those adults who are vulnerable and most at risk of harm. Responding in line with the risks and the minimum necessary to protect from harm or manage risks	<p>“I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able”</p> <p>“I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed”</p>
Partnership and accountability – working for local solutions in response to local needs and expectations. Focusing on outcomes for people and communities and being open about their delivery	<p>“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me”</p> <p>“I understand the role of everyone involved in my life”</p>

As a result of the two self-assessments carried out by the Board, and the individual partners, the following priorities for development were identified and incorporated into the Strategic Plan and Delivery Plan going forward.

- Information about services and safeguarding adults is provided in accessible formats and different languages
- Improved awareness and understanding of the Mental Capacity Act and Deprivations of Liberty Standards (DoLS)

- Safeguarding strategy, planning and delivery involves and takes account of patients, users and carers experience, and decisions about their safeguarding and interventions are person centred.
- Information about the delivery of safeguarding to minority groups is analysed and used to improve services
- Safeguarding issues around mental health, including suicide.

Awareness and Empowerment

Health and Adult Services

- Promoted safeguarding at public events and delivered training sessions for a range of staff and volunteers.
- Promoted awareness of safeguarding with user-led groups
- Introduced requirement for staff to ask and record the persons' wishes and goals at the start of safeguarding, and at the end check if the support provided has met their goals.

Nurse Consultant Primary Care

- In May 2015 a Nurse Consultant for Safeguarding in Primary Care was recruited to support the development of the safeguarding adults agenda in Primary Care in line with the Care Act and Making Safeguarding Personal.
- The Nurse Consultant has recruited Named GPs in the four CCGs North Yorkshire and York to support the adult safeguarding agenda.
- Safeguarding Leads have been identified in each GP practice and forums developed to support Primary Care practitioners to fulfil their statutory role of safeguarding adults at risk.

Clinical Commissioning Groups represented by the Partnership Commissioning Unit (PCU) (Commissioning services on behalf of NHS Hambleton, Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG, NHS Scarborough and Ryedale CCG and NHS Vale of York CCG).

- The safeguarding officers in the PCU have supported North Yorkshire County Council colleagues to undertake enquiry work where health factors were a predominant feature.
- The principles of person-centred practice is in place, although this requires further work to fully embed the principles of Making Safeguarding Personal
- The PCU secured a project lead for health to undertake work on the Mental Capacity Act and Deprivation of Liberty Safeguards – this work has included raising the awareness through training of Lasting Powers of Attorney and Advanced Decision-Making.

Clinical Commissioning Group covering Craven - Airedale Wharfedale and Craven CCG.

- In partnership with our acute hospitals, mental health services and primary care, the CCG has implemented an MCA template within System One (electronic recording system) to support recording in relation to mental capacity and best interests decisions.
- Increased the uptake of Personal Health Budgets (PHB's) giving people a wider range of ways to get choice and control over how to spend their Continuing Health Care Budget to meet their needs.

NHS England

NHS England ensures the health commissioning system as a whole is working effectively to safeguard adults at risk of abuse or neglect, and children. NHS England is a commissioner of health services and doesn't provide direct patient care

- **FGM** - NHS England Yorkshire and Humber and Yorkshire and Humber Safeguarding Network have produced an FGM guide for health care professionals, which can be accessed in the link below:-
<https://www.england.nhs.uk/north/our-work/safeguarding/>
- 2 conferences on FGM were hosted for professionals in Yorkshire and the Humber
- Modern Slavery and Trafficking- a national safeguarding sub-group established.

North Yorkshire Police (NYP)

- NYP has carried out work to understand issues relating to Safeguarding Adults. Several 'Problem Profiles' have been produced in 2015/16 including on Domestic Abuse, Modern Slavery and Human Trafficking, Hate Crime Problem Profile, Missing Persons.
- NYP has carried out an audit on Domestic Abuse. Recommendations from Problem Profiles and audits, along with recommendations received from HMIC inspections and the review of national best practice are incorporated in force action plans, working groups and progress on which is reported on regularly as the force continually works to improved working practices in these areas.
- NYP has procedures and working practices in place to Safeguard Adults. Procedures are updated and reviewed on a cyclical process or to reflect the introduction of new legislation of best practice. E.g. Safeguarding Adults Procedure, Domestic Abuse Procedure, Missing and Absent Persons (Adults) Procedure which have all been reviewed and updated in 2015/16 and communicated to staff by internal communications and/or briefings.
- Training to staff – initial contact risk assessment. Staff within the Force Control Room have received enhanced training and awareness. They work to the THRIVE principle, which is - threat, harm, risk, investigation, vulnerability and engagement. This approach ensures that those with vulnerabilities are identified at the earliest opportunity and that the right response is given at the right time according to need, vulnerability and risk.
- Internal and external communication campaigns: NYP raise awareness of safeguarding initiatives via internal and external regular communications. E.g. Herbert Protocol, work with IDAS on #WeAllDeserve campaign, promoting 'Seen it? Heard it? Report it' campaign.

Healthwatch

- Volunteer and staff training as and when required.
- Signposting members of the public to sources of advice and information.

Tees Esk and Wear Valleys NHS Foundation Trust

- Incorporation of Making Safeguarding Personal and 6 principles in the Trust mandatory training programmes. Regular updates for staff are made available on the Trust's Safeguarding Adults pages on the Trust intranet, updated as needed

- Practice for Trust staff is to ask the service user what they want to happen following a safeguarding incident and how they want to be involved. The annual audit program includes routine random sample MSP questionnaires to service users to monitor practice.
- Internal database to record all advice and support contacts with the Trust safeguarding adult team.

North Yorkshire Borough/District Councils

Craven

- Children and Adults at Risk Safeguarding Policy and Procedures 2015 available to all staff.
- For all staff a reminder to check on whether safeguarding training is adequate and up to date is included Annual Performance Review, where a need is identified this information is included in the individual's personal development plan and passed to HR to be incorporated into the Annual Training Plan.
- Local Voluntary Organisations receiving grants from the council must show that they have safeguarding procedures in place.

Hambleton

- Key staff have attended the Alerter Champion refresher course which incorporates the new Care Act requirements and terminology
- A new corporate safeguarding leaflet has been updated and circulated to all members of staff and elected members
- A new training plan is in the process of being rolled out – this includes the types and signs of abuse, what to do if you have a concern and how to report concerns – as at 31 March 2016: 27 people have been trained to level 2 and 5 designated safeguarding officers had been trained to level 2

Harrogate

- Wherever appropriate and possible we ensure the subject of referral gives consent and/or is informed of any referrals and that they are supported to keep themselves safe.
- We raise awareness of support services and signpost adults at risk as appropriate to enable them to take responsibility for their own safety.
- We have promoted the “Say something if you see something” campaign locally.

Richmondshire

- Appropriate training has been provided to staff
- Awareness provided for local businesses and community sector partners
- Effective range of partnerships and cooperation with other agencies

Ryedale

- Staff training has been carried out and staff are aware of what abuse is and how to raise safeguarding concerns.
- Policies have been updated on the staff intranet and information leaflets and prompt cards have been distributed to staff.

Scarborough

- Wherever possible staff will ensure the person is informed of any referrals and that they are supported to keep themselves safe. Staff raise awareness of support services and what work we undertake within the communities

Selby

- The introduction of the Safer Selby HUB has enabled a multi-agency approach to supporting those at risk of harm. There is a clear mechanism to share concerns at an early stage and put in place appropriate support packages and as each case is discussed separately this is providing a personalised and high quality level of support.

Acute Provider Trusts

Airedale

- Bespoke training sessions are undertaken with clinical teams using case studies with a focus on identifying the outcome(s) that the person at risk wishes.
- We have built upon lessons learned from investigations/enquiries
- We worked within an annual audit programme related to safeguarding adults in 2015/16

Harrogate District Foundation Trust

- Updated Adult Safeguarding policy in line with Care Act 2014
- Undertook audit of knowledge and understanding of safeguarding
- Names of safeguarding link workers displayed in all areas

South Tees Hospitals NHS Foundation Trust

- Training and practice increasing focus on identifying the outcome(s) that the person wants.
- Introduced distinctive uniform for safeguarding team to increase visibility
- MSP audit (5 alerts per month).

York Teaching Hospital Foundation Trust

- The Trust has produced a Safeguarding Adults factsheet for patients who may wish to be involved in the Safeguarding Adults Process. In the event of any concern the Trust's Safeguarding Adults team consults with the patient and/or family to ascertain the patient's wishes and supports them to make decisions with regard to the Safeguarding Adults Process. This approach is reinforced within the Trust Safeguarding Policy and Procedures and training packages which were reviewed in line with the Care Act in May 2015.
- Strategically the Trust Safeguarding Adults Governance Group, Patient Safety Committee and Trust Board are routinely updated on legislation and changes in expectations.

Yorkshire Ambulance Service

A full suite of new policy and guidance was launched in December 2015 following a full rewrite involving three team members.

Independent Care Group (ICG)

“The Independent Care Group (ICG) is the representative body for independent care sector in North Yorkshire. It works on behalf of care providers including care homes, domiciliary care agencies, supported living and extra care housing providers, and day care centres in the private and voluntary parts of the independent sector. The ICG understands the importance of safeguarding and wellbeing.”

Promoting the importance of up-to-date training and good practice through our weekly e-mail update and our quarterly newsletter to all care providers whom we work with, across all sectors.

North Yorkshire and York Forum

- Cascaded Safeguarding Board updates and events to the county-wide database of over 2,000 voluntary and community sector organisations and contacts.
- Promoted round the network of VCS organisations the activities and training provided by Board members and partner organisations.
- Focused on safeguarding in issues of V-news, an electronic newsletter circulated to the VCS community

A safeguarding story - Awareness and Empowerment

Sanjay lives in a rented flat. Neighbours have reported to the landlord that there are foul smells coming from the flat and the police have also received calls about disputes with the neighbours, with music played late at night in his flat. In addition there are a number of dogs, cats, rats and gerbils in the property. Concerns were raised that he was hoarding, windows were blocked off. This was deemed a significant fire risk to other tenants in the same block. Sanjay has care and support needs, he is registered blind. A tenancy relations officer arranged to visit Sanjay, but he would not let him in. The case was discussed at the local Multi Agency Problem Solving Meeting (MAPS). A safeguarding concern was raised to the Local Authority regarding extreme self-neglect.

Sanjay is known to the Local Authority and is also diagnosed with a mental health issue. A safeguarding meeting was held with all agencies, to share information appropriately and to identify who would be the most appropriate agency to engage with Sanjay. His mental capacity needed to be assessed to confirm whether he understood that his actions would result in infection. Sanjay would open the door to his mental health support worker. He was found to be living in squalor, there were signs of hoarding and animal faeces was found throughout the house; bedding was also found to be soiled and there were concerns about cleanliness. There was no running water in the property.

The multi-agency meeting agreed a safeguarding plan which included a number of actions regarding offering Sanjay a move to temporary accommodation/respice, to enable the property to be gutted and cleaned. A reassessment of need was offered to Sanjay and contact was re-established with the mental health team for appropriate support. Sanjay was offered help to apply for grants to maintain and improve living arrangements, including storage heaters. The RSPCA was contacted regarding the animals. Flags were put on multi-agency systems confirming vulnerability. Sanjay agreed to regular cleaning to enable his tenancy to be maintained and to enable him to continue to live independently.

Prevention

Health and Adult Services

- Co-ordinated a review to ensure that there has been learning from the action taken in respect of Alexander Court.
- Introduced the Living Well Team, a programme to help people to build up their confidence to continue to live independently at home
- Launch of Safe Places Scheme to help adults who need additional support lead independent lives and feel safe

Nurse Consultant Primary Care

- The Nurse Consultant has developed a bespoke training package for Primary Care practitioners in order to raise awareness of the adult safeguarding agenda and embed its principles into practice.
- Focus of training events 2015-2016 included the Care Act and principles of MCA DoLS.

Clinical Commissioning Groups represented by the Partnership Commissioning Unit

- The Senior Suicide Prevention Officer successfully recruited in 2015 and hosted by the PCU has been part of a team with Public Health and North Yorkshire Police working to complete an audit of all suicide deaths in North Yorkshire covering a five year period.
- The report completed in 2016 will add a valuable source of knowledge to inform the prevention and protection work of the Safeguarding Adults Board.
- The Designated Professional worked with NYCC and North Yorkshire Police to develop and launch the joint protocol for 'Adults at Risk – missing and absent from home or care' which incorporates the Herbert protocol. Use of the protocol enables family members, carers and providers in care settings to share vital information when adults with significant vulnerabilities go missing from either their own home or a care setting so that they may be found, protected and hopefully returned safely within the quickest possible timeframe.

Clinical Commissioning Group covering Craven- Airedale Wharfedale and Craven CCG.

- In partnership with the Bradford CCGs, agreed to support the substantive appointment of a Domestic Violence Manager within the safeguarding team.

NHS England

- On 1 February 2016 NHS England North region held a React to Red Conference to share innovation on safeguarding practice and the prevention and management of pressure ulcers across health and social care settings
- Early work in place with care homes on pressure ulcer prevention and early identification-React to Red.
- FGM –as above.
- Prevent- A pocket book has been developed published and distributed across the health sector. A Prevent multi-agency conference was held in December 2015 and several workshops for executive level Prevent leads.

- NHS England has funded training and conferences for designated safeguarding professionals and named GP's. In March 2016 a north region conference was held - *Challenges for Modern Day Safeguarding Practice*. This conference was aimed at providing level 4 training for healthcare safeguarding adults and children professionals and leads in the North region. The aim was to increase understanding of challenges and issues of modern day safeguarding practice in relation to suicide and self-harm; trafficking and modern day slavery; trafficking victim/survivor support; Court of protection, community deprivation of liberty and CCGs responsibilities; Mental Capacity Act and Safeguarding Children; Think family primary care implementation and Self neglect and the Care Act.

North Yorkshire Police (NYP)

- Training to staff – Vulnerability training packages and risk assessments
- Training in relation to Safeguarding Adults is built into all of NYP's initial training programs in a variety of ways. All PCs, PCSOs and Special Constables complete a Vulnerability Training Package. The aim of this training is for staff to understand their responsibilities and duty of care to vulnerable people and the actions that must be taken to reduce any identified risk (e.g. prioritisation, referral to other agencies), preventing harm and/or further harm. Vulnerable Risk Assessments (VRA) Training focuses on identifying those individuals that are at most risk in local communities, how to complete a VRA and what referrals need to be made to whom and when.
- A workshop to Raise Awareness of Prevent has been rolled out to staff, assisting officers to identify those that maybe at risk of radicalisation because of vulnerability.
- Working with partners - schemes to prevent harm / early intervention and identification
- NYP have several diversionary schemes and programmes in place designed to minimise harm to vulnerable adults, these include: Living Well Programme – Working in partnership with NYCC, the programme looks at isolated and/or bereaved adults, with focus of prevention and intervention. The programme receives referrals and looks to support suitable people who are suffering from various impact factors and mitigate this by intervention.
- Vanguard Project – NYP work in partnership with the NHS to identify better ways of working together to reduce the impact on service provisions. The project aims to improve prevention and early intervention, address complex Health needs, rapid response to the requirement for health care to maximise opportunities to remain at home.

Healthwatch

- Protocol exists with North Yorkshire County Council to pass on emerging issues and concerns.
- Healthwatch North Yorkshire routinely shares relevant information with the Care Quality Commission as part of scheduled inspections.

Tees Esk and Wear Valleys NHS Foundation Trust

- Provision of Trust Level 1 mandatory training for all staff and Level 2 training for staff who meet agreed criteria.
- Undertake annual case file audit to measure compliance with Trust SGA protocol and multi-agency policies and procedures

North Yorkshire Borough/District Councils:

Harrogate

- The Council revised and adopted new safeguarding policy and procedures, which reflect the requirements of the care Act.

Hambleton

- All staff who are likely to come into contact with adults at risk in their day to day work have been, or will be, trained in the next 12 months

Richmondshire

- Training has equipped staff to recognise and report issues
- Awareness raising campaigns for staff and customers
- Safer recruitment policy and process in place including DBS prior to appointment and every 3 years

Ryedale

- Timely referrals are made to appropriate support agencies by staff who identify adults at risk thus minimizing future risk to the individual.

Scarborough

- The Community Impact Team is a co-located multi agency based at Scarborough Borough Council. The team as part of their role work within the most deprived areas where ASB, crime and vulnerability are high. A proactive, visible approach is taken to identify vulnerability, engage and signpost individuals and communities to the most appropriate support.

Selby

- The Council has undergone a restructure and safeguarding now clearly sits with a specific head of service.
- We have also signed up 59 members of staff to safeguarding training so they feel confident in identifying and reporting safeguarding concerns.

Acute Provider Trusts

Airedale

- The Safeguarding Team are highly visible within the Trust and they work closely with clinical and non-clinical teams to ensure that staff support the patient in making decisions.
- Bespoke training sessions take place within clinical teams to increase knowledge and awareness related to recognising and responding to abuse. This supplements formal teaching and learning
- There is a bi-annual audit related to Deprivation of Liberty Safeguards (DoLS) within clinical settings together with a review of the assessment of Mental Capacity and best interests' decision-making tool that is used. The findings are received by the MCA Working Group

Harrogate District Foundation Trust

- Mandatory pressure ulcer training
- Falls prevention work including purchase of falls sensor care mats
- Introduction of LD reasonable adjustments checklist

South Tees Hospitals NHS Foundation Trust

- Remodel of the delivery of safeguarding practice within clinical centres to establish greater resource available and accountability for the safeguarding agenda with increased presence of practitioners with relevant competence on a daily basis within clinical areas.
- Bespoke training for matron group to practice as above.
- Quarterly cycle of audit of DoLs applications on all wards.

York Teaching Hospital Foundation Trust

- Increased Trust awareness by the means listed below has enabled staff to identify potential risk and escalate accordingly by working with multi-agencies to put in discharge planning and where necessary restricted visiting.
- More formally the Trust have a Vulnerable Adult Risk Management (VARM) process where if it is identified that a patient is at risk of for example declining health and as a result vulnerability, then a multi-agency professional meeting is held to develop a unified plan to reduce risks of deterioration and ensure that the patient is in receipt of the appropriate services.

Yorkshire Ambulance Service (YAS)

- All face to face training has been updated in accordance with legislation, National Guidance, good practice guidance, Domestic Homicide Reviews and Serious Case Reviews (child and adult).

The Independent Care Group (ICG)

- Promoting the awareness of Safeguarding adults and the Mental Capacity Act (2005) to all our members across all sectors.

North Yorkshire and York Forum

- Provide information and open up conversations between VCS infrastructure support providers and NYCC and CCGs, about prevention activity and addressing local needs and issues, through six monthly support and development and volunteer services review meetings.
- Cascade any new policy and practice guidance to the VCS community. In particular communication about the Care Act 2014 and the new adult safeguarding policy and procedure adopted by the North Yorkshire Safeguarding Adults Board.

A safeguarding story - Prevention

Justine is supported to work in a supermarket for a few hours a week. Justine has a learning disability and a diagnosis of autism. Justine lives with her mum. One day Justine's manager notices that Justine has bruises on her right arm and asks her what happened. Justine tells her manager that her mum "hit her" one day as she was very "frustrated". A safeguarding concern is raised to the Local Authority. A social worker speaks to Justine and she clarifies that her mum gets very angry with her as she takes a long time for her to have a bath and she is not able to wash her hair so her mum tries to help her with this. Justine says she doesn't want her mum to get in to trouble.

A multi-agency safeguarding planning meeting was held and Justine was supported by an advocate to attend the meeting; Justine also wanted her mum to attend the safeguarding meeting. Justine said that she didn't want her mum to get in to trouble but felt that her mum seems very angry with her and gets upset. It was clarified that Justine's mother has rheumatoid arthritis and experiences a lot of pain, and she finds it difficult to support Justine with washing her hair. It was agreed that Justine would be offered a reassessment of need which enabled Justine to employ her own personal assistant to help her with personal care and hair washing which meant that her mother didn't need to do this. Her mother was identified as her carer and was put in touch with local carers' resource and was also offered an assessment in her own right.

Protection

Health and Adult Services

- Continued to make sure that safeguarding investigations are carried out effectively and professionally and that staff were supported to develop their practice. Rolling programme of action learning sets and practice workshops.
- Audited Directorate policies and practice around Mental Capacity Act and Deprivation of Liberty Safeguards and developed action plan
- Introduced DASM role and used information from cases to inform practice

Nurse Consultant Primary Care

- The Nurse consultant has begun to develop links between Primary Care and the MARAC process enabling practitioners to intervene early and safeguard those at risk from domestic abuse
- The Nurse Consultant and adult safeguarding team have seen an increase engagement from Primary Care practitioners in the adult safeguarding agenda with a growth in the requests by GPs for support and guidance on adult safeguarding concerns during 2015-2016.

Clinical Commissioning Groups represented by the Partnership Commissioning Unit (PCU)

- The majority of safeguarding cases which the PCU safeguarding team have been involved in during 2015/16 have been in the categories of physical abuse and neglect or omission of care.
- The Designated Professional has worked closely with colleagues in Safer Partnerships and the Police in the development of the Prevent strategy and Channel processes.
- The PCU safeguarding officers, CCG, NYCC and CQC have worked closely to respond where services have been found to be inadequate – assessing the needs of the most vulnerable individuals to move them safely to new services.

Clinical Commissioning Group covering Craven- Airedale Wharfedale and Craven CCG

- The CCG safeguarding and quality teams have actively contributed Collective Care arrangements in relation to care homes.
- The CCG worked in collaboration with GPs to develop a safeguarding adults template within SystemOne, to support the recording of safeguarding concerns within primary health records.
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NHS England

- NHS England North has developed a Safeguarding Assurance Tool for use with CCGs across the North Region. A detailed assurance review of CCG safeguarding across north region completed and key themes or gaps will form part of the priorities for 2016/17.
- A Safeguarding Adults pocket book has been developed, published and distributed across the north region; this includes information on the Mental Capacity Act and Deprivation of Liberty Safeguards.

North Yorkshire Police (NYP)

- In January 2016 the police team formally known as the Safeguarding Team / CRU team / MASH team became the Vulnerability Assessment Team 'VAT'. The team is based across two locations in York and North Yorkshire. The team is designed to provide a single point of contact for safeguarding concerns across York and North Yorkshire and ensure that the most appropriate safeguarding response to protect children and vulnerable adults is achieved for the concern through information sharing and multi-agency working.
- In April 2015 a force restructure, merged the previous CID and PVP departments, becoming the Serious Crime Team (SCT), this, along with the implementation of Investigative Hubs has created greater resilience. The creation of SCT has resulted in an increase in staff available to investigating vulnerability. Further growth and investment will be carried out during 2016.
- Enhanced services to protect individual suffering from mental ill health
- Force Control Room (FCR) Mental Health Triage and Street Triage teams are a joint mental health service and policing approach to crisis care, to support access to appropriate crisis care, to provide more timely access to other health, social care and third sector services, and to reduce the use of police cells as places of safety for s136 detentions. The FCR Triage Team provides a telephone / radio-based advice service for NYP officers and aims to support identifying mental vulnerability, accurately assessing risks and agreeing tactical response options. The Street Triage Team constitutes the main response capability for out-of-hours mental health services the areas where it operates. The service is available in 2 of the 6 Clinical Commissioning Group areas within NYP's geographical area of responsibility.

Healthwatch

- Protocol exists with North Yorkshire County Council to pass on emerging issues and concerns.
- Healthwatch North Yorkshire routinely shares relevant information with the Care Quality Commission as part of scheduled inspections

Tees Esk and Wear Valleys NHS Foundation Trust

- The Trust provides training for all staff in relation to MCA and DOLs
- The Trust routinely undertakes patient satisfaction surveys with inpatient and community patients.
- Trust PALs and complaints department liaise with necessary departments in the event someone raises any concerns.

North Yorkshire Borough/District Councils:

Craven

- For all staff a reminder to check on whether safeguarding training is adequate and up to date is included in Managers Performance Review Preparation Notes, where a need is identified this information is included in the individuals personal development plan and passed to HR to be incorporated into the Annual Training Plan.

Hambleton

- The Council revised and adopted new safeguarding policy and procedures in December 2015. Since then a new training programme is being rolled out
- Safeguarding is a priority in the council's Corporate Plan

Harrogate

A proactive, timely response to those at most risk coordinating and managing responses where appropriate

Richmondshire

- Designated Officers in place for staff to refer to and deal with staff issues.
- Up to date staff training Inc. Mental Capacity Act (2005), Deprivation of Liberty Safeguards, Child Sexual Exploitation and Dementia.

Ryedale

- Safer recruitment procedures are being reviewed internally.
- Any concerns raised are addressed and referred in a timely manner by knowledgeable staff.

Scarborough

A proactive, timely response to those at most risk coordinating and managing responses where appropriate

Selby

- We have updated the Council's safeguarding policy to reflect new legislation and to incorporate prevent.
- There are clear processes in place for concerns to be raised via a Designated Adult Safeguarding Manger informing the work of the North Yorkshire Safeguarding Adults Board.
- Staff are confident in raising any safeguarding concerns they have and are clear about the correct process to do so.

Acute Provider Trusts

Airedale

- Plan to increase the capacity within the safeguarding team. The development of the additional role will support the team and provide further support for colleagues

Harrogate District Foundation Trust

- Introduced LD Friends and Family Test
- MCA prompt cards given out to all front line staff
- Face to face safeguarding training for volunteers

South Tees Hospitals NHS Foundation Trust

- The development of the new role of Named Nurse Safeguarding Adults to provide senior support for colleagues within clinical practice e.g. complex situations and risk assessments.

- Remodelled Safeguarding Adults team to include Safeguarding Advisor post. This is additional resource and will focus on safeguarding and MARAC.
- Team also now incorporates Learning Disability Liaison nurse.

York Teaching Hospital Foundation Trust

- The Trust Safeguarding Adults team represent the Trust in multi-agency protection plan meetings following concerns being raised The Trust has strong links and representation within MAPPA and MARAC processes to support protection.

Yorkshire Ambulance Service

- Audit findings indicated a need for change with 82% of referrals not safeguarding but requests for Needs Assessments. The current referral form has been updated to enable concerns to be raised (Care Act 2014) and for referrals regarding assessments of need to be made, where appropriate. Issues of consent and quality will also be addressed in the new forms and staff updates.

The Independent Care Group (ICG)

- We recommend the use of advocates when this is in the best interests of the adult with care and support needs.

North Yorkshire and York Forum

- Promote and provide an efficient Disclosure and Barring checking service for organisations especially those within the VCS community. The service provides training on DBS form completion and a checking service for application to go to the Disclosure and Barring Service, for employees and volunteers. It is used by around 300 organisations across the county.
- Provide DBS update information to VCS organisations and advice on roles which require or do not require DBS checks.

A safeguarding story - Protection

Mrs Jones is 88 years of age and lives alone. Mrs Jones is diabetic and she has leg ulcers which require regular dressings from a District Nurse. A home care agency supports her with meal preparation. Her grandson has recently moved in with her. He does not work and has a history of drug and alcohol misuse. Carers had noticed there is often very little food in the house and the house is often cold. Mrs Jones has disclosed that her grandson has taken her bank card and hundreds of pounds has been withdrawn. She doesn't want the lights on or the heating, as she says she cannot pay the bills. The carers raise a safeguarding concern to the Local Authority about financial abuse and neglect. Following a home visit by the GP it is identified that Mrs Smith is showing signs of cognitive impairment and makes a diagnosis of dementia.

A social worker visits Mrs Jones and undertakes an enquiry whilst the grandson is out. The enquiry establishes whether she understands the concerns raised and gather her views about what outcome she wants. She says that she wants the abuse to stop and agreed to a short stay in a care home.

The police are also notified of the financial concerns regarding financial abuse and also consider section 44 of the Mental Capacity Act (2005). It is a criminal offence to wilfully neglect an adult who lacks mental capacity.

At the care home Mrs Jones is visited by her grandson who asks her for money and her bank cards, staff at the home also report that he has asked Mrs Jones to sign cheques and other financial papers that she doesn't understand. It is determined that Mrs Jones does not have mental capacity to manage her own finances, therefore an Independent Mental Capacity Advocate (IMCA) is appointed.

A safeguarding plan is formulated based on a best interest's decision that when the grandson is visiting there will be supervision in the dining room or lounge area where staff can supervise Mrs Jones to reduce the risk of financial and psychological abuse. The IMCA attends the safeguarding meeting to represent Mrs Jones and to ensure the correct process is followed.

The care home make an urgent Deprivation of Liberty Safeguard (DoLs) application as Mrs Jones lacks capacity to decide about her stay in the care home. It is considered to be in her best interests to remain so that she can receive the necessary care and nutritious meals. The Local Authority has made an application to the Court of Protection with regards the DoLs and the safeguarding plan. As Mrs Jones also lacks capacity to manage her finances the Local Authority also made an application to the Court of Protection for a deputyship.

Partnership Working & Accountability

Health and Adult Services

- Increased support for the Board through new Strategic and Policy posts, including around the Mental Capacity Act.
- New role of Head of Safer Communities who has led on countywide initiatives including development of Prevent Guidance, and a Strategic Domestic Abuse Conference
- Seconded a Safeguarding Officer to work with the multi-disciplinary team with Trading Standards to tackle and prevent financial abuse.

Nurse Consultant Safeguarding

- The Nurse Consultant represents Primary Care practitioners needs, issues and expectations as an active member of North Yorkshire SAB sub groups

Clinical Commissioning Groups represented by the Partnership Commissioning Unit

- The bulk of the enquiry work completed by the safeguarding officers has been in relation to care homes and as such they have worked closely with the Care Quality Commission and the Local Authority contracting team to undertake assurance visits to independent providers of care.
- They have maintained on-going support to providers across North Yorkshire where standards of care have required improvement, continuing that contact and overview until care standards have returned to an acceptable level.
- The current database system for recording the work of the team has not easily supported providing data on the numbers of cases that the team has been involved in within North Yorkshire.

Clinical Commissioning Group in Craven- Airedale Wharfedale and Craven CCG

- Strong partnership working with colleagues in North Yorkshire safeguarding and contract compliance teams, undertaking joint visits as part of Collective Care arrangements or where there are concerns about the quality of care within NHS funded services.
- Updated Safeguarding Commissioning Policy and continued to seek assurance from providers against safeguarding specific commissioning standards.

NHS England

- Sharing pertinent learning from safeguarding reviews across GP practices in Yorkshire and the Humber via quarterly Safeguarding Newsletters.
- Sharing of learning and best practice at safeguarding events hosted by NHS England north region.
- Yorkshire and the Humber has an established Safeguarding Network that promotes an expert, collaborative safeguarding system, which strengthens accountability and assurance within the NHS commissioning and adds value to existing NHS safeguarding work across Yorkshire and the Humber. Representatives from this network attend each of the national Sub Groups/Task & Finish Groups, which include topics around FGM, MCA, CSE, Prevent, Safeguarding Adults and Children. NHS England Yorkshire and the Humber

aims to focus on working in collaboration with colleagues across the north region on the safeguarding agenda and the work on FGM and the CCG peer review process and regional conference is evidence of this

- NHS England Safeguarding Adults: Roles and competencies for healthcare staff - Intercollegiate Document has been created and is awaiting publication on behalf of the following contributing organisations - The Royal College of Nursing, The Royal College of Midwifery, The Royal College of General Practitioners, National Ambulance Safeguarding Group and The Allied Health Professionals Federation. The purpose of this document is to give detail to the competences and roles within adult safeguarding. The guidance is to be used for the training of healthcare based staff in the safeguarding of adults who may be at risk of harm, abuse or neglect.

North Yorkshire Police

- Members of the Safeguarding Boards and Community Safety Partnership leads meets twice a year to share joint learning and ideas in order to improve efficiency and effectiveness. NYP takes an active part to ensure that we can capture ideas from other areas of business and partners to inform our working practices and make recommendations and improvements where required.
- Partnership working – VAT and VEMT
- Partnership working has been successfully implemented at all levels of NYP, with close working relationships now part of day to day business at every level of the organisation. The new Vulnerability Assessment Team (previously Safeguarding Hub / CRU / MASH) and the new Vulnerability Assessment Team ensures that there is a close working liaison with City of York Adult Safeguarding Team. The Vulnerable Exploited Missing Trafficked (VEMT) process is now embedded across the Force area, with monthly meetings well attended across all agencies; this ensures information is shared and risk assessments remain up to date with key agencies identified to work with vulnerable victims.
- Working with NHS partners (registered mental health nurses) To enhance capability in regard to effectively identifying, responding to, referring and reviewing incidents involving a mental health component; NYP and OPCC have contracted with the NHS to employ Registered Mental Nurses (RMNs) to work alongside police in Mental Health Triage schemes in Force Control Room, Scarborough, Whitby, Ryedale and the Vale of York.

Healthwatch

- Sharing information and emerging issues following Enter and View visits and direct contact with members of the public.
- Confirming Healthwatch participation on the Safeguarding Adults Board
- Joint protocol between Healthwatch North Yorkshire and North Yorkshire County Council around Enter and View visits to social care establishments.

Tees Esk and Wear Valleys NHS Foundation Trust

- The Trust completes interagency annual self-assessment tools for the localities that have them.
- Safeguarding activity/statistical reports are produced monthly to inform operational services

- Engagement and participation in any multiagency audit projects agreed at SAB sub groups.

North Yorkshire Borough/District Councils:

Craven

- Signed up to the Multi Agency Overarching Information Sharing Protocol and Safeguarding Adults West and North Yorkshire & York Multi Agency Policy and Procedures.
- Participates in Local Safeguarding Adults Meetings, Multi Agency Screening Support Group (MASS), Multi Agency Problem Solving Group (MAPS) and the North Yorkshire District Safeguarding Lead Officers Group. Key safeguarding issues are reported to the CDC Corporate Leadership Team and appropriate action plans agreed.

Hambleton

- Represented on the Hambleton and Richmondshire Local Safeguarding Adults Group and regularly attends the District Safeguarding Lead Officers Group
- Set up a council wide safeguarding panel with representation from key services (customer services, environmental health, leisure and communities, housing, revenues and benefits, HR and community safety) – to review policies and procedures, share good practice, collate corporate concerns and to monitor the roll out of the training plan
- Represented on the Self-Neglect Task and Finish Group

Harrogate

- Chief Executive attends the Safeguarding Adults Board and the Director of Community attends the Delivery Group.
- Chairs the District Safeguarding Lead Officers Group
- Represented on the Harrogate Local Safeguarding Adults Group
- Set up a council wide safeguarding network with representation from key services (customer services, environmental health, leisure and communities, housing, revenues and benefits, HR and community safety) – to review policies and procedures, share good practice, collate corporate concerns and to monitor the roll out of the training plan

Richmondshire

- Active members of local safeguarding groups including: -
- Hambleton and Richmondshire Children's Safeguarding and Strategy Group
- Hambleton / Richmondshire Local Safeguarding Adults Group
- Domestic Abuse forum, VPI, VEMT and MAPPs

Ryedale

- Shares information appropriately in accordance with County protocol and keeps records of all safeguarding referrals made for monitoring purposes.
- Staff attend countywide and local multi-agency meetings.
- Community Safety and Safeguarding officers meet internally and attend local tasking meetings with other professionals including North Yorkshire Police, Fire and Rescue, Mental Health Services, housing providers, other health professionals to ensure information is shared, individuals are safeguarded and responses are co-ordinated.

Scarborough

- Awareness on issues such as self-neglect especially in relation to hoarding.
- Proactive in ensuring that information is shared appropriately to keep people safe and ensure that there is an audit trail for all referrals made.
- The work of the Community Impact Team is all based on community need and resources are spent ensuring the communities are aware of this.

Selby

- The HUB is an example of excellent partnership working responding quickly to local needs and focusing on outcomes for people. There is a weekly multi-agency meeting where identified at risk people are discussed and case work reviewed. Each person is given a risk rating based on a co-developed matrix. This approach had led to a 56% reduction in partner assessed risk.

Acute Provider Trusts

Airedale

- Reviewed the Terms of reference for safeguarding governance structures:
 - Strategic Safeguarding Group (Adults and Children) is chaired by the Director of Nursing. The purpose of this group is to oversee and monitor the trust statutory responsibilities in relation to the safeguarding agenda. Membership of this group includes the Designated Professional Safeguarding Adults Airedale Wharfedale and Craven CCG.
 - Operational Group for Vulnerable Adults chaired by the Consultant Geriatrician and co-chaired by Senior Nurse Safeguarding Adults and reports to the Strategic Group. The purpose of this group is to oversee and monitor operational safeguarding practice across the trust with senior colleague representation from each clinical group.

Harrogate District Foundation Trust

- Regular feedback to HAS to evidence action plans have been taken forward
- Working with HAS to provide bespoke Adult Safeguarding training for staff
- Ongoing work with IDAS re domestic abuse agenda

South Tees Hospitals NHS Foundation Trust

Restructure of safeguarding governance groups into:

- Strategic Safeguarding Group chaired by the Director of Nursing which reports to the trusts Quality Assurance Committee (who reports to the trust Board). The purpose of this group is to oversee and monitor the trust statutory responsibilities in relation to the safeguarding agenda. Membership of this group includes the Designated Professional Safeguarding Adults North Yorkshire CCG.
- Operational Group chaired by the Assistant Director of Nursing Safeguarding which reports to the Strategic Group. The purpose of this group is to oversee and monitor operational safeguarding practice across the trust with senior practitioner representation from each centre. Membership includes hospital social work team.

York Teaching Hospital Foundation Trust

- The Trust is represented on Safeguarding Adults Boards and has commitments to Board sub-groups. The Trust complies with SAB Safeguarding Adults Self-assessment processes and assurance is supplied to all SABs in our region along with commissioners and quality monitoring organisations (such as CQC and Monitor).
- Operationally the Trust Safeguarding Adults Team contribute to Safeguarding Adult concerns at the request of lead authorities and represent the Trust at Strategy and case conference meetings.

Yorkshire Ambulance Service (YAS)

- Works collaboratively with stakeholders and external partners across 13 LSAB areas. The Memorandum of agreement is working well for a number of years and provides a framework for representation and communication.
- All staff receive training and understand the need to consider, document and report concerns to social care.

The Independent Care Group (ICG) is committed to helping care providers to give the best possible service to the vulnerable people they care for – working in partnership with others to make this a reality.

North Yorkshire and York Forum

- Accountability of the DBS service is measured through regular client surveys and DBS undertaken short notice audit checks.
- The usefulness of cascaded information is monitored for usefulness via an annual survey, and feedback has indicated ad hoc communication and the newsletter V-news are both valued by organisations to keep them informed.
- Representation at the Board is part of a range of updates provided to the members of the VCSE Strategic Leaders Group, for feedback or actions on their part.

A safeguarding story - Partnership effectiveness and accountability

Mrs Smith is 80 years old. She lives with her 40 year old son, Mr. Smith, in her owner occupied house which is in poor condition. The front and rear gardens are overgrown, and there are concerns about the safety of the chimney. Both Mrs Smith and her son have care and support needs. Mrs Smith uses a wheelchair and is partially sighted. She receives a large package of care at home. Mr Smith has mental health problems. He takes associated medication, including sedatives at night.

North Yorkshire Police raised two separate concerns for Mrs Smith and her son after a report to them from her paid carer. Mrs Smith had told her care worker that 3 men had been to their home on several occasions over the past couple of weeks and taken over £600 for cleaning the garden and fixing the felt on the bay window at the front of the house. During their final visit, the 3 men had entered the house when both Mrs Smith and Mr Smith were asleep and demanded £100 once Mrs Smith had woken up. They tried to get Mr Smith out of bed but he refused. After receiving the concern, the immediate risks were identified and addressed by several agencies. The Persons alleged to have caused harm were identified as being part of a wider organised group which posed a potential risk to others within North Yorkshire. The Police installed a panic button in Mrs Smith's home and the care workers who support her agreed to change their practice of leaving the door unlocked at Mrs Smith's request and instead lock the door and use a safe key when leaving the house. Both Mrs Smith and Mr Smith were asked what outcome they wanted from safeguarding and were able to understand the concerns raised and were supported and to make their own choices about how they wanted to proceed. Mrs Smith agreed to a safeguarding enquiry but Mr Smith refused, as he wished to only continue with a criminal complaint.

Once the immediate risks were removed, a multi-agency plan was developed to ensure several measures were taken to reduce the risk of harm to Mrs Smith and Mr Smith. Effective partnership working allowed actions to be planned and taken effectively. Actions included ensuring their chimney was inspected for safety, contacting a local handyman to complete work on the house to reduce the risk of further cold callers, contacting befriending services and a neighbour to reduce isolation and a financial review to ensure Mrs Smith's benefits are maximised. Information was shared in the public interest with North Yorkshire Police and Trading Standards.

Now Mrs Smith and Mr Smith are regularly supported by local agencies as part of a safeguarding plan. Partners are working together to encourage them to refrain from keeping large amounts of money in their home, to liaise with mental health services for Mr Smith and to ask Mrs Smith about her wellbeing during every visit. Both of them have been able to maintain their independence in the community, and exercise their own choice and control regarding their care and support arrangements.

Appendix 2

Care Act (2014) Overview of safeguarding provisions:

The Care Act (2014) sets out a clear legal framework for Local Authorities, partner agencies and organisations how to safeguard and protect adults at risk of abuse and neglect. (Clauses 42-48)

- For Local Authorities to carry out enquiries, (or cause others to) request others to where it suspects an adult is at risk of abuse or neglect.
- Local Safeguarding Adults Boards to carry out safeguarding adults reviews into cases where someone who experienced abuse or neglect died or was seriously harmed and there are concerns about how authorities acted to ensure lessons are learned.
- New ability for Safeguarding Adults Boards to require information sharing from other partners to support reviews or other functions.
- Abolition of the existing powers under section 47 of the National Assistance Act 1948) for local authorities to remove people from their homes.
- Requirement for all areas to establish a Safeguarding Adults Board to bring together the local authority, NHS and police to coordinate activity to protect adults from abuse and neglect.

Appendix 3

Definitions of Abuse and Neglect

The Care Act (2014) provides ten definitions of abuse and neglect. This includes three new definitions identified *. In addition, the term organisational abuse is now used replacing the term “institutional abuse”

Type of abuse	Definition
Domestic Violence *	Domestic abuse covers many kinds of abuse including; psychological, physical, sexual, financial and emotional abuse. Honour based violence is included in this category.
Modern Slavery *	Encompasses slavery, human trafficking, and forced labour and domestic servitude.
Self-neglect *	Neglecting to care for one’s personal hygiene, health and surroundings comes under self-neglect. An example of this behaviour is hoarding.
Psychological/emotional	Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, controlling, and intimidation, and harassment, cyber-bullying and verbal abuse.
Physical	Including assault, hitting, slapping, pushing, restraint and misuse of medication.
Sexual	Sexual abuse includes rape, sexual harassment, indecent exposure, inappropriate looking or touching, sexual teasing, subjection to pornography or sexual photography and witnessing sexual acts without consent
Financial	Includes theft, fraud, internet scamming and coercion in relation to an adult’s financial affairs or arrangements.
Discriminatory	Includes harassment, slurs or similar treatment. This may occur because of personal characteristics including race, sex, gender identity, sexual orientation, age, disability or religion.
Organisational (<i>formerly institutional</i>)	This may range from a one off incident to ongoing ill treatment, such as neglect and poor practice within an institution or specific care setting.
Neglect/Act of omission	Includes behaviour such as ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services.

Appendix 4

North Yorkshire Safeguarding Adults Board Membership and Attendance 2015/16



Organisation	Designation	April 2015	July 2015	September 2015	January 2016	Nominated representative or substitute
	Independent Chair	Y	Y	Y	Y	100%
North Yorkshire County Council	Corporate Director of Health and Adult Services	Y	Y	Y	Y	100%
	Assistant Director, Care and Support	Y A	Y	Y	Y	100%
	Assistant Director, Quality & Engagement	Y	Y	Y	Y	100%
	Director of Public Health	Y	Y A	N A	Y	75%
North Yorkshire Police		Y	Y	Y	Y	100%
Partnership Commissioning Unit (PCU)	Director of Partnership Commissioning	Y	Y A	Y	Y	100%
	Designated Professional for Adult Safeguarding	Y	Y	Y	Y	100%
Airedale, Wharfedale, Craven CCG		Y	N	N	Y A	50%
NHS England		Y A	Y A	Y	N	75%
Tees, Esk and Wear Valley NHS FT		Y	Y A	Y	Y A	100%
Harrogate District		N A	N A	N A	N A	0%

Foundation Trust (on behalf of Foundations Trusts)						
Harrogate Borough Council (on behalf of Borough/District Councils)		Y	Y A	Y	Y	100%
Independent Care Group		Y	N A	Y	Y	75%
Healthwatch		Y	N A	Y	N A	50%
North Yorkshire and York Forum for Voluntary Organisations		N/R	N/R	N/R	N	0%
Legal Advisor to the Board		N/R	N/R	N/R	Y	100%

Y - present or substitute attended
N - did not attend and no substitute
A - apologies received
N/R - Not Board Member at the time

Appendix 5

Contact Details of partner organisations in North Yorkshire

Organisation	Telephone	Email or Website
Airedale Wharfedale and Craven Safeguarding Team and wider CCG	01274 237324	Awccg.quality@nhs.net
Care Quality Commission General enquiries	03000 616 161	www.cqc.org.uk/content/contact-us
Craven District Council Customer services	01756 700 600	contactus@cravencd.gov.uk
Hambleton District Council Customer Services	01609 779977	info@hambleton.gov.uk
Hambleton Richmondshire and Whitby CCG General Enquiries	01609 767 600	Hrwccg.hrwccgenquiries@nhs.net
Harrogate Borough Council Customer Services	01423 500 600	CustomerServices@harrogate.gov.uk
Healthwatch North Yorkshire General enquiries	01904 621 631	healthwatchny@nbforum.org.uk
Independent Care Group Information Line	01423 816582	Keren.wilson@indcaregroup.plus.com
NHS England North Yorkshire and Humber Office	0113 825 1986	www.england.nhs.uk/north/contact-us
North Yorkshire & York Forum General Information	01765 640 552	info@nyforum.org.uk

North Yorkshire County Council Customer Service Centre	01609 780 780	Customer.Services@northyorks.gov.uk
North Yorkshire Police Enquiry Line	101 or 999 in emergencies	General.enquiries@northyorkshire.pnn.police.uk
Richmondshire CCG Customer Services	020 8734 3000	RICCG.richmond pals@nhs.net
Richmondshire District Council Customer Enquiries	01748 829 100	enquiries@richmondshire.gov.uk
Ryedale District Council Customer Enquiries	01653 600 666	enquiries@ryedale.gov.uk
Scarborough & Ryedale CCG General Enquiries	01723 343 660	SCRCCG.enquiries@nhs.net
Scarborough Borough Council Customer First Centre	01723 232 323	www.scarborough.gov.uk
Selby District Council Customer Contact Centre	01757705 101	info@selby.gov.uk
Tees, Esk & Wear Valley NHS Foundation Trust – involvement and engagement team	01325 552 314	Tewv.ftmembership@nhs.net
Vale of York, CCG General enquiries	01904 555 870	Valeofyork.contactus@nhs.net

Appendix 6

Glossary of Terms

Adult at risk means an adult at risk of abuse or neglect. This is usually an adult who had care and support needs, and who is unable to protect themselves because of their care and support needs. In a small number of people it may include an adult with support needs, such as an unpaid carer or someone with care and support needs.

Cheshire West Judgement the Supreme Court made a judgement on 19 March 2014, which determined that there is Deprivation of Liberty (DoL) when a person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements.

Concern describes an awareness or risk. A safeguarding adults concerns is an awareness of the risk of abuse or neglect faces by an adult who is unable to protect themselves from that abuse or neglect due to their care and support needs.

Deprivation of Liberty Safeguards are a legal safeguard for people who cannot make decisions about their own care and treatment when they need to be cared for in a particularly restrictive way. They apply to people in care homes or hospitals when they are deprived of their liberty.

Making Safeguarding Personal Person centred response to safeguarding concerns and circumstances, supporting the adult at risk to identify their desired outcomes from a safeguarding enquiry.