# NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST BOARD OF DIRECTORS MEETING

Meeting Date: 26 <sup>th</sup> July 2017
Title and Author of Paper: Local Safeguarding Adults Board Update Report, Jan Grey, Head of Safeguarding and Public Protection
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Executive Lead: Gary O'Hare, Executive Director of Nursing and Chief Operating Officer
Paper for Debate, Decision or Information: Information
Key Points to Note:
Regular update report for information.
Risks Highlighted to Board: None
Does this affect any Board Assurance Framework/Corporate Risks? Please state Yes or No; No If Yes please outline
Equal Opportunities, Legal and Other Implications:
Outcome Required: The Board is asked to note the content of this report.
Link to Policies and Strategies: Care Act 2014

This paper provides a brief update on issues raised at each of the Local Safeguard Adult Boards in the area covered by the Trust.

# Northumberland and North Tyneside Joint Adults Board (Second Meeting): Dr Jane Carlile, Group Medical Director, Trust Representative

The meeting was held on the 28th March 2017.

# Data dashboard

The Performance sub group have agreed a standard dashboard with combined data from Northumberland and North Tyneside. The standard dashboard includes weighted and un-weighted figures, so that differences in population will not impact on figures. The proposal is to produce theme based focus dashboard. Themes will include DOLS, partner referrals, abuse types, and data from providers. The Performance Sub Group aim to look at themes and will agree a forward plan for these. This will go on Sub Group report for board. Suggestions for the themes are:

- Abuse types
- Referral rates
- Conversion of referrals into enquires
- DOLS Requests

# SAB Half Day Workshop

The half day workshop was held on 7th February 2017. The purpose of this was to hold a challenge event regarding the Quality Assurance Framework completed by all partner agencies. This was well attended with most agencies represented.

Agencies were partnered with another agency and an independent person. Conversations took place regarding the standards of the QAF and agencies were asked to provide more information about their answers and evidence of ratings. The feedback from each group was positive regarding the conversations that had taken place and about the level of challenge that was given.

The representatives were also asked to follow up this discussion by identifying priorities for the coming year 2017-18 SAB Annual Plan. The suggestions for these are:

- Capacity and demand undertake further work to see what can be done
  jointly shared is there a possibility for this to be regional work building on the
  North of Tyne approach which has proved successful
- Increased feedback to boards on partner agencies internal/external scrutiny and assurance to give the boards a greater level of assurance
- Emerging community needs consider emerging priorities and build into annual plan. This may include:
  - Historic abuse
  - Changing communities
  - Self neglect
  - Domestic violence/abuse in older persons relationships
  - Modern day slavery

# Newcastle Adult: Dr Jonathon Richardson, Group Medical Director, Trust Representative

The Newcastle Adult Board met on the 22<sup>nd</sup> March 2017.

# Self-Assessment Reports

Agencies who were unable to present self-assessment reports at the NSAB September 2016 Self-Assessment session or the January 2017 NSAB meeting were invited to do so at the March NSAB meeting. Board members received a report from the Northumbria Community Rehabilitation Company.

# NSAB Strategic Annual Plan 2017-2018

NSAB members received an update on the progress of the 2017-2018 NSAB Strategic Annual Plan (SAP) and associated consultation. The draft plan outlines key priorities for board work streams in 2017-2018. A consultation plan has been developed which details the steps which will be taken to ensure the plan is reflective of the views of community and stakeholder groups Board members agreed the draft plan in principle subject to further feedback via the public consultation.

# Commissioning and Procurement Plan

The Assistant Director, Commissioning, Procurement (Newcastle City Council)) presented NSAB members with the councils commissioning and procurement plan. The plan sets out how the city council will make sure the works, goods and services the council buys, make the greatest possible contribution towards the city's core priorities. NSAB members considered the report with particular reference to the assurances provided in relation how commissioned services are robust and effective in their approach to safeguarding adults at risk.

#### Sustainability and Transformation Plan

The Nurse Director Newcastle/Gateshead CCG presented NSAB members with the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (STP). The STP provides a route map of the future direction of travel across the service area, as well as a summary of local implementation plans. NSAB members reviewed the plan with particular attention to any safeguarding considerations.

# NSAB Partnership Agreement and Information Sharing Protocol

As part of core business both the NSAB Partnership Agreement and Information Sharing Protocol are due for review. Draft changes have been made to both documents and are highlighted in the attached. NSAB members are asked to review these changes and signed off the revised versions of both documents.

# <u>South Tyneside Adult: Jackie Jollands Group Nurse Director, Trust</u> Representative

The South Tyneside Adult Board met on the 13<sup>th</sup> March 2017.

# Adult D – Final Draft Report

Independent Author provided an overview of the draft report along with a presentation. An explanation and reasoning for the recommendations contained in the draft report was provided for information to members.

# Q3 Performance Report

The report presented was cumulative and compares a similar quarter from the previous year. The overall picture is very similar, however it is noted that the number of section 42 enquiries has reduced, this can be highlighted as a positive strengthening practitioners understanding of making safeguarding personal principles.

Demographics and types of abuse remain very much the same as previous guarters.

It is noted as a positive that there are a considerable number of cases where action taken has resulted in risk being removed or reduced which also reflects making safeguarding personal outcomes.

# Update on SAB Chair/ Business Manager and ASC Restructure

LA Director responsible for Safeguarding provided a verbal overview to the board in addition to the briefing note provided on the position in relation to recruitment of new SAB Chair, SAB Business Manager and Adult Social Care restructure.

Adult Social Care management restructure is aimed at clarifying lines of accountability and decision making within the service. It is a cost neutral exercise to get right leadership in place for the future.

Changes remain ongoing with an expectation to recruit permanently by summer 2017, which should bring stability within Adult Social Care.

Sir Paul Ennals has been appointed new Chair for STSAB. He is currently the Chair for STSCB. Assurance provided that the work of both boards will remain separate, core agendas are different and this will continue to be the case unless there is a material change in national direction.

Jackie Nolan has been appointed as joint Business Manager for STSAB and STSCB. Post of joint Business Manager will allow for expansion of joint work around vulnerable individuals and domestic abuse for example.

New post of Development Officer for STSAB and STSCB was recruited to last week. It is hoped that this will increase the hands on capacity and enhance the work of both boards. Dr Sue Ross has provided a handover and this will be fed into the next stage of planning. The board offered thanks and appreciation to Dr Sue Ross for her support to the board for the past 4 years

# <u>Gateshead Adult: Dr Steve Moorhead, Group Medical Director, Trust</u> Representative

The Gateshead Board met on the 25th January 2017.

# Review of Gateshead SAB

Paul Ennals Chair introduced his initial review of the Board. It was agreed to move to a pattern of quarterly Board meetings lasting 3 hours. The current pattern of subgroups was agreed as appropriate, with the previously agreed addition of the Safeguarding Adults Review Group. The Board considered the options of further integration of subgroups with the LSCB. Currently the Sexual Exploitation Group is shared, and much of the outputs of the training groups are delivered together. At this

stage no further mergers of groups were recommended, but the Board supported increased collaboration in delivering the work programmes of the two Boards. There is scope for improvement of the quantity and quality of performance data considered by the Board. Currently data focuses in particular on safeguarding concerns. It was recognised that any additional data requested needs to come from already available data sources. It was agreed that once the Strategic Plan has been reviewed, some additional requirements for data might emerge from this. There was support for the approach of commissioning occasional "deep dives" into particular areas of concern

# Serious Provider Concerns

Members were presented with a report regarding 'serious provider concerns', where evidence suggests that the quality of service provided is consistently below required standards. Currently there are 2 organisations in the Gateshead area that have been placed on an action plan with a tight timescale to make significant changes to bring them back up to standard required. This is constantly monitored; this will include unannounced visits and planned visits, by both the Local Authority and CQC. If there isn't any improvement CQC will take action and give the organisations notice. If the organisations do not comply with an action plan then the Local Authority will withdraw future business from them, though this is a last resort.

The names of the organisation are kept confidential. Gateshead Health Watch noted that CQC have identified 17 homes that require improvement. It was agreed that the role of the SAB is not to consider individual concerns regarding providers, but to seek an overview of whether the number of such providers is increasing or decreasing, and to come to a view as to whether there are any general areas of concern regarding provision of care. It was agreed that an overview report would come to the next meeting, setting out progress regarding the current two identified providers, and seeking to provide an overview of the strengths and weaknesses within services available within Gateshead, highlighting any current safety concerns, and including a judgment as to whether services are improving or deteriorating.

# Modern Slavery.

It was agreed that the SAB will provide a half day development session to help tackle the issues. It will look similar to the Domestic Abuse workshop which was a great success with positive feedback.

#### MCA/DoLS Strategic Lead Update

The Board received an update on recent activities undertaken in relation to MCA and DoLS including an update. The Law Commission are still finalising the proposals for the legislative changes to the Deprivation of Liberty framework, these proposals are expected in December. The main area of concern is the lack of use of the MCA with children and young people

# Sunderland Adult: Anne Moore, Group Nurse Director, Trust Representative

The Safeguarding Adult Board met on the 17<sup>th</sup> January 2017.

# Suicide Audit, Suicide Prevention and Drug Deaths

Sunderland Safeguarding Adults Board were presented a report of the findings of the most recent suicide audit, provide an overview of the Sunderland Stands Together campaign and update on the suicide prevention training 'A Life Worth Living'. In addition an overview of drug related deaths was also included.

Data published by the Office for National Statistics shows that the suicide rate in Sunderland is declining, following a period when it had been increasing. The reported 3 year aggregated rate for Sunderland is now lower than the rate reported for England and the North East.

In 2013-2015 the suicide rate in Sunderland was 10.0 per 100,000 population. For the same period the rate was 10.1 per 100,000 in England and 12.4 per 100,000 in the North East.

The rate of male suicides in Sunderland has decreased, from 18.7 per 100,000 population in 2012-14 to 17.2 per 100,000 population in 2013-2015.

The annual suicide audit provides data collected from records of HM Coroner in Sunderland. It does not include records for Sunderland residents where the inquest was conducted through a different coroner's office.

# Sunderland Stands Together Campaign

In response to the needs highlighted through the scrutiny review process it was agreed that a joined up communications campaign for suicide prevention would be developed.

The campaign involves Sunderland City Council, CCG, City Hospitals and other relevant partners. Using the 'All Together Sunderland!' brand, it is a two-pronged campaign (focussing on men and young people) to signpost to support, advice and guidance.

A communications agency with specific experience working with Samaritans nationally on suicide prevention was appointed. Working with relevant partners and stakeholders they produced an initial set of visuals which were further refined through market testing. As a result the 'Sunderland Stands Together' campaign was developed.

# Drug Specific and Drug Related Deaths and Suicide

Mortality rates for Drug Misuse Deaths (drug specific7) are reported by the Office for National statistics on an annual basis. National, regional and local authority rates for the period 2011 to 2015 are presented in Appendix One.

In 2013-2015 the rate of drug specific deaths in Sunderland was 5.9 per 100,000, compared to 3.9 in England and 6.3 in the North East. The rate in Sunderland has been consistently higher than the national rate since 2007, although it has reduced from a rate of 6.1 per 100,000 in 2012-2104. In this same period the rate in England and the North East increased from 3.4 and 5.4 per 100,000, respectively.

During the local data collection for the suicide audit data is also collected for drug related deaths. Through this process it is possible to identify the number of suicides which are drug related. Between 2013-2015 there were 23 cases where there was a drug related death which was also suicide. This represents 37% of suicides captured within the suicide audit for 2013-2015.

#### Prevent Duty Update Briefing Note

In October 2015, the SSAB received a briefing paper on the new Prevent duty which covered the following:

- Information to ensure both the SSAB had an understanding of the Prevent Duty and the wider strategic context within which it sat.
- Examples from the statutory guidance as it related to safeguarding.
- Examples of evidence and future actions to ensure compliance with the duty in the context of partnership working and strengthening capabilities.
- Governance arrangement for Prevent, and proposed next steps.

A Sunderland Prevent Co-ordination Group has been established to oversee compliance and is made up of those agencies locally that are specified within the statutory guidance, together with some additional partners, who don't have the duty, but who come into contact with people who may be at risk of radicalisation (e.g. TWFRS, Gentoo). It has key outcomes to:

- Work collectively to prevent those living, working or studying in Sunderland from being drawn into terrorism
- Ensure that the Prevent duty becomes embedded within partner agencies' mainstream service delivery.

A Northumbria Prevent Co-ordination Group was also established with key outcomes to ensure:

- Effective cross-boundary working prevents those living, working or studying in Northumbria from being drawn into terrorism.
- The Prevent duty becomes embedded within partner agencies' mainstream service delivery.
- Improved effectiveness through joint initiatives, learning and peer support, in tackling radicalisation and extremism.

# Prevent referrals

It was anticipated that there would be an increase in Prevent referrals in 2016 for both adult and children's safeguarding following the implementation of the new duty but this does not appear to be the case, as illustrated by the Northumbria and Sunderland figures below for the calendar years 2015 and 2016:

- 2015 Northumbria = 143 Prevent referrals
- 2016 Northumbria = 89 Prevent referrals
- 2015 Sunderland = 46 Prevent referrals
- 2016 Sunderland = 20 Prevent referrals:
- 15 Adults: (5 x Extreme right Wing (XRW) / 8 x Islamic (3 females) / 2 x Other)
- 5 Children: (2 x XRW / 2 x Islamic / 1 x Other)
- 6 referred to Channel for consideration (5 Adults: 3 x XRW / 1 x Islamic / 1 x Other): (1 Children: 1 x XRW) = None accepted onto Channel. The meetings considered vulnerabilities and safeguarding plans were initiated where appropriate.

Note: There have been no further terrorism convictions in Sunderland since November 2015

#### Gary O'Hare

**Executive Director of Nursing and Chief Operating Officer**