

Annual Report 2019/20

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1. Introduction from Independent Chair

I am proud to be introducing my fourth Annual Report as the Independent Chair of the Devon Safeguarding Adults Partnership (DSAP). This report, giving information on the work carried out in the year leading up to the end of March 2020, is brought to you as part of our duty under the Care Act 2014 which requires each Safeguarding Adults Board (SAB) to publish an annual report.

Our strategy during this year was simply described ensuring that all partners to the Board focussed on 4 key issues which are set out on Page 24. This work does not conclude and continues in the DSAP pursuit of assurance about good preventative services and improved understanding across communities, for individuals and within services.

We always intend our Annual Report to be clear and readable – there are set requirements for that which we must publish within it and you will see that we have included information on what the Board has delivered this year. This report sets out how the Board has:

- achieved its objectives, set out at the start of the year and how we implemented our strategy
- how each of our partners has implemented the strategy and worked to deliver effective safeguarding services
- the findings of ‘Safeguarding Adults Reviews’ – these are reviews which have been concluded between April 2019 and March 2020 and where an adult has died or where there have been serious issues and concerns; and where it was identified that there could be learning and improvements made by organisations to ensure that similar issues do not recur.

The Board and its partners must demonstrate how they ensure that people with care and support needs are protected from abuse and neglect. We do this by scrutiny of performance data and information and occasionally we focus on specific services. We usually receive a “personal safeguarding story’ at each meeting with a focus on how services have been effective, but also in terms of whether we need to do more to ‘make safeguarding personal’.

Whilst the period covered by the report only goes up to the end of March 2020, challenging times remain with the impact of Covid-19. These challenges have led organisations to restructure the way they organise their services, though it is impressive that despite these additional pressures, all partners to the Board have continued to work effectively together and to respond when being held to account by the SAB. Partners have shown continuous commitment to our key strategic areas and this will be reported within the next Annual Report.

Finally, I would like to thank everyone who has supported the work of the Partnership and its sub-groups. The effective work of the sub-groups reflected in this annual report is a massive commitment by those involved which contributes to continuously improving services. Importantly our engagement with people who use services through the Community Reference Group continues to evidence increasing awareness of safeguarding issues and supports the partnership to communicate better to raise safeguarding awareness amongst the wider public. All of this work would not be possible without the hard work and professionalism of the small team working in the DSAP office, to whom I am extremely grateful for their ensuring the smooth running of the partnership. Thus far, 2020 has been a particularly challenging time for citizens and communities and for those who work to deliver front-facing services

I hope that you find the annual report informative and helpful

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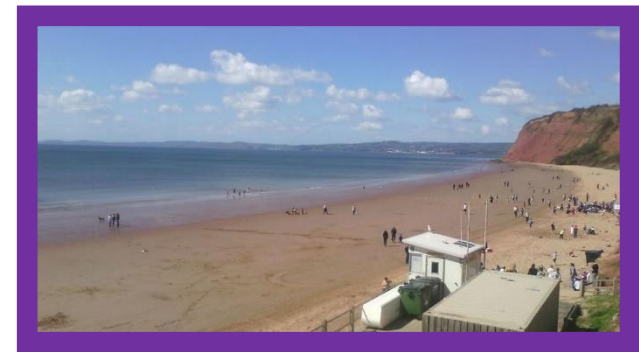
2. Introduction to Devon



Devon is the third largest county in England, covering 2,534 square miles. It is also one of the most sparsely populated counties, its 1.9 million residents distributed between the city of Exeter, twenty or so coastal and market towns, and several hundred rural communities, some of which are isolated.

In Devon there is a higher proportion of older people than the national average due to a high migration into the county at retirement age, and a migration out of the county of younger adults. The county enjoys high levels of employment, but lower than average wages and productivity, and higher than average housing costs. There are areas of deprivation, but they are dispersed rather than concentrated.

There are eight district councils in the Devon County Council administrative area and two unitary authorities in Devon, Plymouth City Council and Torbay Council. From 1st April 2019 two Clinical Commissioning Groups (CCGs) merged to form NHS Devon Clinical Commissioning Group covering the geographic area of the Devon Sustainability and Transformation Partnership. Four Acute Hospital Trusts serve the area: Northern Devon Healthcare NHS Trust, Royal Devon and Exeter NHS Foundation Trust, South Devon Healthcare NHS Foundation Trust, and University Hospitals Plymouth NHS Trust. Mental health services and specialist learning disability services provided by the Devon Partnership NHS Trust on a county-wide basis. Police services are the responsibility of Devon and Cornwall Police.



3. What is Safeguarding Adults?

Safeguarding adults' means protecting an adult's right to live in safety, free from abuse and neglect. It is something that everyone needs to know about.

The legal framework for safeguarding adults work is set out by the Care Act 2014. Safeguarding involves:

- People and organisations working together
- Preventing abuse or neglect from happening in the first place
- Stopping abuse and neglect where it is taking place
- Protecting an adult in line with their views, wishes, feelings and beliefs
- Empowering adults to keep themselves safe in the future
- Everyone taking responsibility for reporting suspected abuse or neglect.

Who is an adult at risk?

An adult at risk of abuse or neglect is someone who has care and support needs and is unable to protect themselves from either the risk of, or the experience of, abuse or neglect. Their care and support needs may be due to their mental health, sensory or physical disability; age, frailty or illness; a learning disability or substance misuse.

A carer, for example a family member or friend, could be involved in a situation that may require a safeguarding response. A carer may witness or speak up about abuse or neglect; may experience intentional or unintentional harm from the adult they are trying to support, or from professionals and organisations with whom they are in contact; or may unintentionally or intentionally harm or neglect the adult they support on their own or with others.

The 6 Safeguarding Principles

The Care Act 2014 outlines the following principles that underpin all adult safeguarding:



Empowerment: people being supported and encouraged to make their own decisions and give informed consent



Prevention: It is better to act before harm occurs



Proportionality: the least intrusive response appropriate to the risk presented



Protection: support and representation for those in greatest need



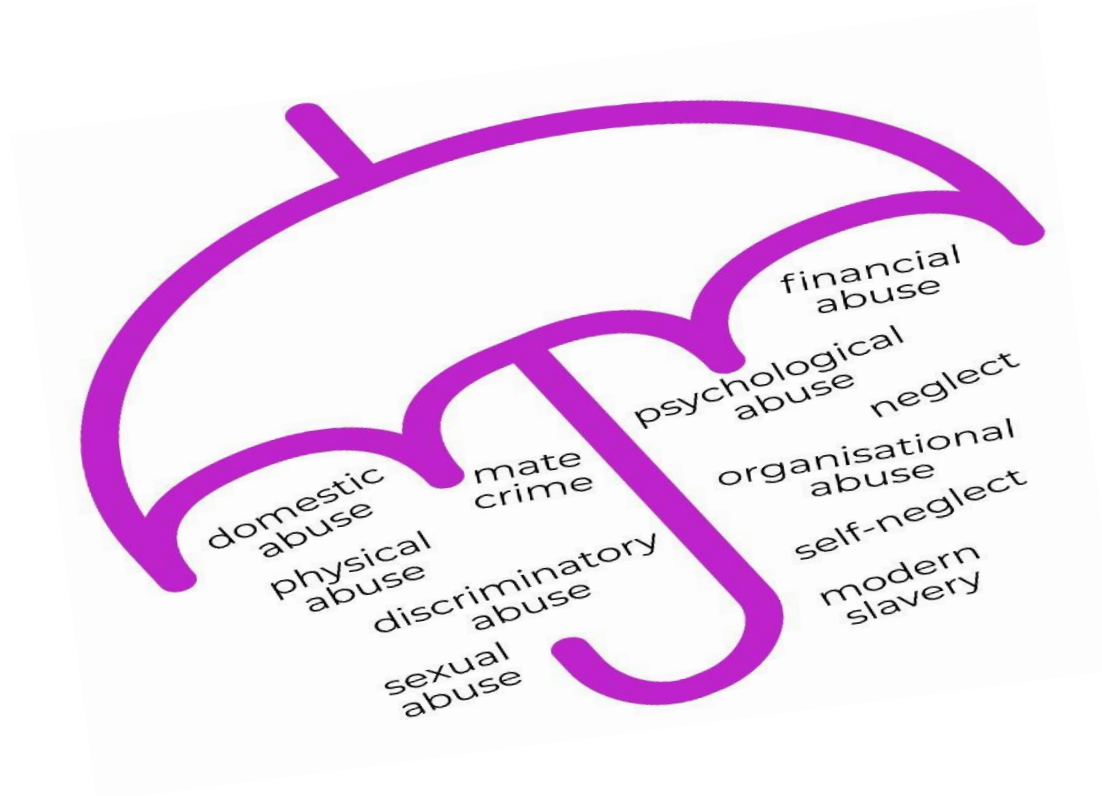
Partnership: local solutions through services working with their communities- communities have a part to play in preventing, detecting and reporting neglect and abuse.



Accountability: accountability and transparency in safeguarding practice

4. What do we mean by abuse?

- Abuse is an intentional or unintentional act that harms, hurts or exploits another individual/s. Abuse can take many forms, but no type of abuse is acceptable.
- Abuse can happen just once or many times; it can be done on purpose or by someone who may not realise they are doing it.
- It can happen anywhere including at home, in the community, in care homes or in day care centres or hospitals.



5. How to report abuse

Worried that an adult is at risk?

Report your concern

If you report a safeguarding concern you will be listened to, supported and involved in any decisions.

If you think that you, or someone you know, is being abused or neglected you can:



Call Care Direct on 0345 1551 007

OR



Email csc.caredirect@devon.gov.uk

(Monday-Friday 8am-8pm and Saturday 9am-1pm – outside of these hours or on bank holidays call 0845 6000 388 or email the address above)

Alternatively a safeguarding adult concern referral can be made to Care Direct using the referral form on the DSAP website:

<https://www.devonsafeguardingadultspartnership.org.uk/reporting-a-concern/>

If it's an emergency, call 999
If it's a non-emergency, call 101

6. What happens when a Safeguarding Adults Concern is raised?

1. There are many reasons why a Concern might be raised. These reasons are explored with the referrer and the person at risk. Actions are taken to address the concerns.
2. Wherever possible, the adult will be contacted by the professional who has received the concern, to ask them about their situation and to find out what they would like to see done about it. Actions are then identified to achieve this wherever possible.
3. If no further action is needed as actions taken have addressed the concerns, the Safeguarding Adults Concern will be closed. If necessary, the Local Authority will decide to make further enquiries. The Safeguarding Adults Enquiry establishes the facts and works with the adult and those most close to them, to ensure both their safety and to resolve the issues putting the adult at risk.

7. Personal stories and good practice presented to the Board

Good Practice – Mr and Mrs Green (names changed to protect identity):

Mr and Mrs Green (pseudonym) are a middle-aged couple with two adult sons. In November 2019 Devon and Cornwall Police received a call from a neighbouring property reporting suspicious activity and potentially a break in progress at the home address of Mr and Mrs Green by a man.

Officers attended Mr and Mrs Green's property and met the man in question. He claimed to live at the address, which was later confirmed. He chose to climb out of the front window of the property and was detained by Police who were unaware that he had been spoken to. He continued to be abusive and threatening within sight and hearing of members of the public. He was subsequently arrested and taken to a local custody centre.

When the officers spoke to Mr Green he broke down in tears and disclosed that his son had been abusing him and his wife for several years. Mr Green disclosed that he had been subjected to a number of physical assaults, financial abuse, criminal damage and continuous verbal abuse. Much of this behaviour was accompanied with demands for money or demands for service (lifts etc). This contributed to a picture of coercive and controlling behaviour. Mr Green was able to show officers a log of incidents and CCTV from a camera he had installed in his house which showed the assaults. A highly detailed statement was taken from Mr Green with the emphasis on how his life had been affected by his son's behaviour. Mr Green also completed a risk assessment, which officers graded as high risk. Within this assessment, Mr Green disclosed that he had seen his GP as a result of how things were with his son, and he was now taking anti-depressants.

Mrs Green provided a comprehensive and detailed statement covering coercive and controlling behaviour from her son. He also repeatedly threatened to commit suicide or harm the dog. She was also assessed and was determined to be at high-risk. The son was further arrested in custody for coercive and controlling behaviour, assaults and theft. He was interviewed by officers, who were able to put overwhelming evidence to him in the form of CCTV and statements. He made a number of admissions and the officers took the case as a whole to the Crown Prosecution Service (CPS) for a charging decision. CPS decided to charge the son with coercive and controlling behaviour, the assaults, a theft and the S5 Public Order offence.

A Domestic Abuse Officer went to meet with Mr and Mrs Green at their home along with an Independent Domestic Abuse Advisor (IDVA). Arrangements were made to install an alarm within the property, to alert Police should their son turn up to the address. The son was given a Restraining Order for 5 years and was also given a 2-month prison sentence which was suspended for 18 months and a drug treatment and testing requirement. Significantly, these were the first criminal convictions he had been given. However, the following day he breached the Restraining Order by attending his parents address and was arrested again and charged with breaching the order. He was held in custody until 29th January 2020 when he was sentenced as follows:

- 3 weeks in prison, which he served on remand and a court surcharge of £122.00
- Breach of suspended sentence - total sentence 8 months imprisonment – suspended for 18 months – order extended by 3 months to 21 months. Drug rehabilitation requirement for 6 months. The restraining order was also extended to cover the whole of his parent's village.

On 7th January 2020, the case was discussed at a Multi-Agency Risk Assessment Conference (MARAC). It was confirmed the parents felt supported by the police and the IDVA.

Impact on Mr and Mrs Green

Mr and Mrs Green struggled to discuss the situation with each other, and Mrs Green continues to receive emotional support from the IDVA. Mr and Mrs Green have been away on two short breaks together since the order has been put in place feeling safe to leave their home. The older brother disclosed how difficult things had been for many years with his younger brother and he was always worried for Mr and Mrs Green when he was away at University. No further care or support needs have been identified and it is not known whether any other services have had any input with the family.

Previous police involvement.

Police had been called by Mr and Mrs Green numerous times since their son was 15. Numerous risk assessments were completed in 2016 and 2017 whilst the elder son was still a child, and these were passed to Children's Social Care. It was recorded that on one occasion he had told his family he would kill them one day. Children's services put some support in place and referrals were made to Children's Social Care exploitation teams and young people's addiction services. When he went missing, he would not engage in return home interviews. In 2017 a Problem-Solving Plan was implemented by police and for a short time he was engaged with Devon County Council's Youth Intervention Team.

What did we learn?

- Importance of an investigative mindset and culture of curiosity – across all agencies.
- Importance of detailed statements, especially victim personal statements re impact on convictions.
- Potential query re liaison with children's and adults' services – transition from childhood-adulthood – did any information exchange occur? Could police have referred directly to adult services or did police think this was done via risk assessment completion and referral?

Making Safeguarding Personal, which means finding out what those who have been abused wanted:

- The adult victims were listened to in detail and their thoughts/wishes considered at every step, as was their safeguarding.
- The safeguarding was done with the adult victims, not to them – e.g. consultation re bail conditions, alarm at their home etc.
- The outcome resulted in meaningful improvement in the lives of the victims and they felt less at risk of threat and harm.

Personal Story – John (name changed to protect identity):

Devon and Somerset Fire and Rescue Service received a referral from the ambulance service to carry out a Home Safety Visit as they had identified significant fire risks in John's (pseudonym) home.

The ambulance had attended John, who had experienced a fall within his property. They identified that John lived alone in an isolated location and that his property was very cluttered. There was evidence of alcohol use with vodka bottles lying around, although John denied that he was alcohol dependent. John was a heavy smoker and was suffering with poor mental-health.

The conditions within the property and the risks identified by the ambulance service are all significant fire risks which meant that John was at a higher risk of having a fire and it was therefore important that the fire service visited the property to carry out a Home Safety Visit.

The Fire Service attempted to visit the property to carry out a visit. During this initial visit there was no answer and they were not sure whether x was in the property, and they therefore felt it was not appropriate to enter the property. A month later, a further Home Safety Visit was carried out by two fire service Home Safety Technicians, which on this occasion was successful, and the following concerns were identified:

Fire risks

Concerns were raised that John was living alone in rural isolated property which was extremely cluttered with beer cans, food containers, and general waste). John had poor mobility and was a heavy smoker. There was also evidence of alcohol use and John advised he slept a lot of the time. He was also presenting in a low mood. He had no phone contact as phone line cut off by sister.

Additional risks

John advised that he was receiving no post as it had been redirected to his sister's house and John also indicated that his sister had cut off phone line. John advised he felt isolated and lonely (Information disclosed by John indicated there was an acrimonious relationship with his sister and this was contributing to his isolation). John disclosed he was experiencing significant illness and hadn't been taking medication and advised "he had nothing to live for." He had been told by his GP that if he stopped taking medication, he would have 3 – 6 months to live. John appeared to be self-neglecting, there was mouldy food and John was using bottles to urinate in as he had no energy to move to bathroom.

In addition to providing general fire safety advice the Home Safety Technicians discussed in detail support services that might be available to him and as John had advised he had a military background the technicians provided him with details around SSAFA (Soldiers, Sailors, Airmen and Families Association) and The British Legion. However, John had no phone access or internet to initiate contact, and he felt that because of this he would not be able to access help. John advised that he would like to move home, nearer shops and amenities and would like help with finances and housekeeping.

The Home Safety Technicians were concerned for John's welfare and his disclosure of his illness and non-adherence to his medication. They advised John that they would be making a referral to the fire service's safeguarding team to try and instigate some support for him, which he consented to.

Technicians phoned the safeguarding team due to their concerns about John who then followed up with a written referral which was sent to the Care Direct Team in Devon County Council Adult Social Care, who responded to say that a colleague from Adult Social Care would visit John later in the day.

The fire service safeguarding received feedback from Adult Social Care that there had been previous attempt to visit John had been made by a social worker which had been unsuccessful. This lack of contact and the fire services subsequent referral into Adult Social Care prompted an enquiry.

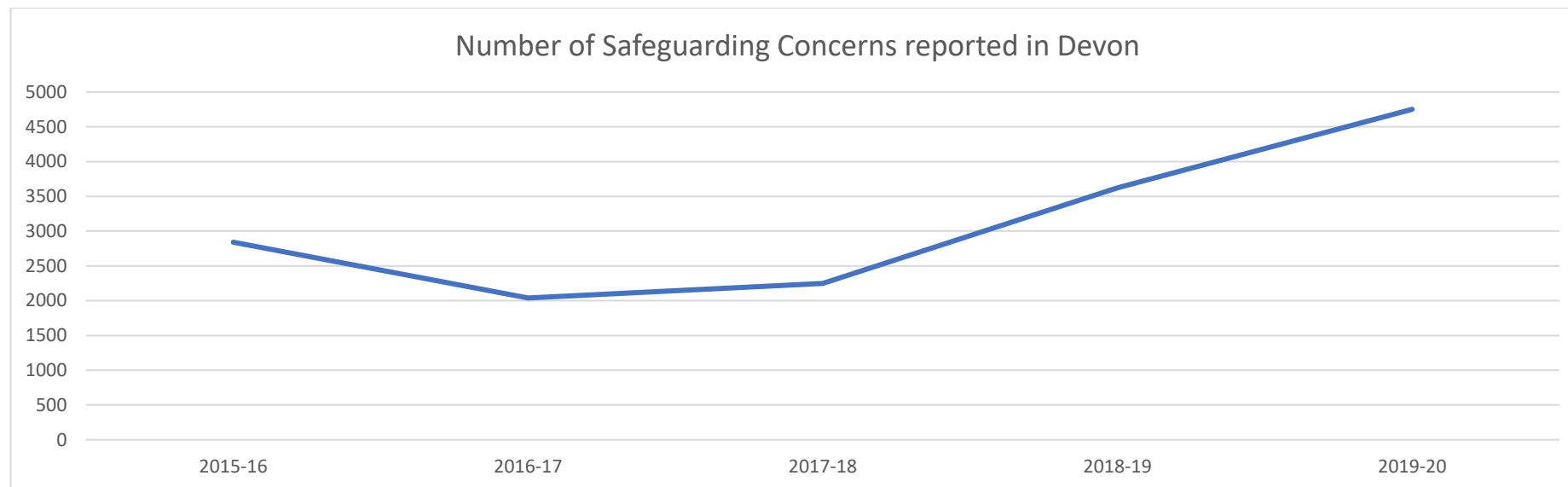
A plan of action was developed for John by Adult Social Care which involved trying to reconnect land line, engaging with SSAFA, contacting the council to discuss John's housing situation. John was also referred to mental health services to receive support.

John was re housed into supported accommodation which meant that he had support for his health and care needs.

Summary/conclusion

John was vulnerable and was experiencing significant self-neglect, poor physical and mental health issues and lived in accommodation that was presenting significant fire risks. John's situation was exacerbated by living in an isolated property and his acrimonious relationship with his sister. It appeared that agencies had tried to engage with him previously however his isolation and lack of phone contact and post meant it was difficult for contact to be made with him. The fire service's persistence in carrying out the second visit after the first visit was unsuccessful meant that the home safety technicians were able to engage with John and provide invaluable fire safety advice as well as providing information around other support agencies. The fire service's referral into Adult Social Care which highlighted the self-neglect that John was experiencing in addition to the fire risks prompted further action from adult social care who then developed a plan with John to start initiating further help and support.

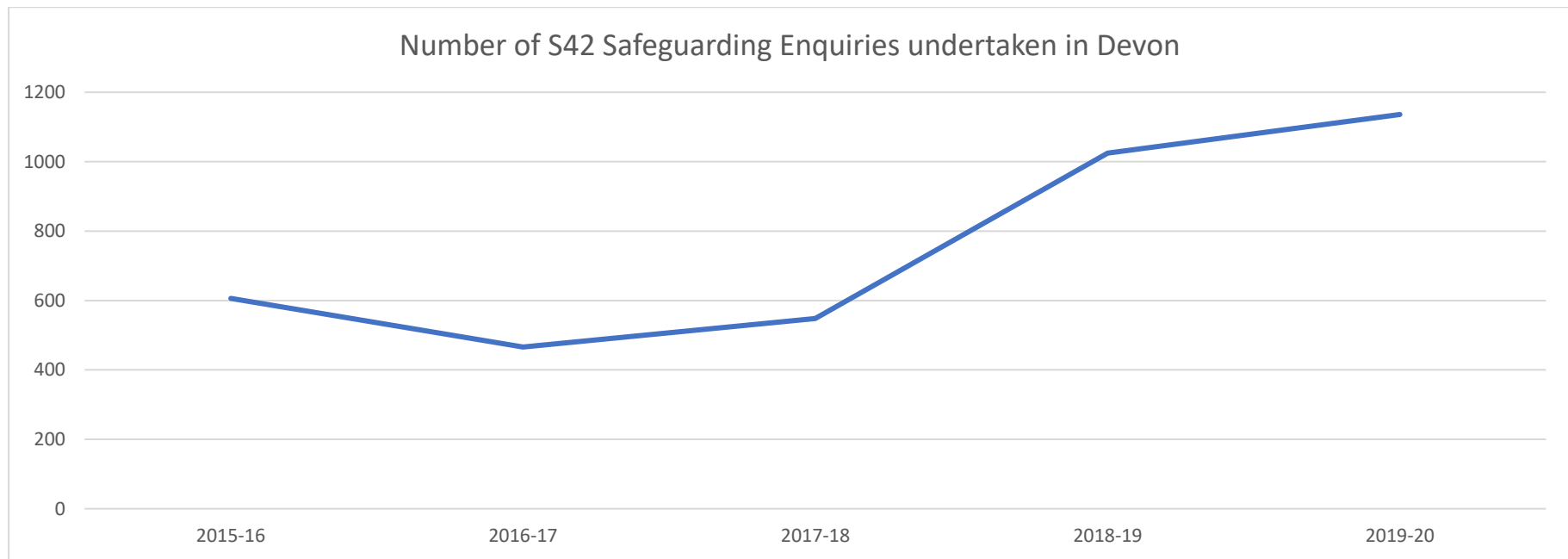
8. Safeguarding activity in Devon



Since the Care Act came into force in April 2015, the number of adult safeguarding concerns reported began to increase and then dipped in 2016-17 to 2017/18.

Devon Safeguarding Adults Board (DSAB) undertook a Deep Dive Audit to provide further analysis. It was identified that a proportion of safeguarding issues were being managed without reporting the incident formally to Devon County Council (DCC) as a safeguarding concern. This did not mean that the concerns were not being responded to, but the findings indicated that they were being directed to more appropriate pathways e.g. to receive an assessment of needs.

Since the 2018 Deep Dive Audit our trend changed. In 2019/20 the number of concerns reported has continued to significantly increase. Over the last 12 months Devon has seen a **31% increase** in Concerns raised bringing us closer to the Local Authority comparator group average in 2018-19. However, we still experienced a lower rate of concerns relative to the population in 2019-20 when compared to our comparator group Local Authorities and England rate in 2018-19 (2019-20 benchmarking not yet available).

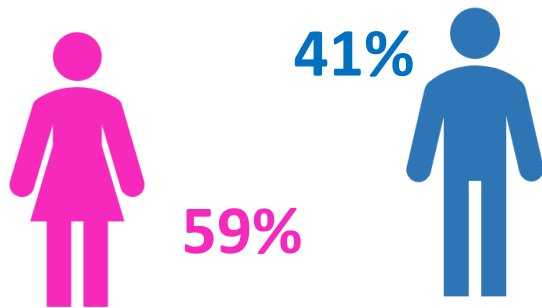


Since the Care Act came into force, the number of section 42 safeguarding enquiries (concerns that meet the threshold for further investigation) decreased but significantly increased in 2018/19 and continued to increase during 2019/20.

However, we still experienced a lower rate of s42 enquiries relative to the population in 2019-20 when compared to the comparator group Local Authorities and England rate in 2018-19 (2019-20 benchmarking not yet available).

Devon County Council (DCC) understanding of increased numbers of concerns and enquiries.

DCC proactively worked with Community Health and Care Teams to ensure that safeguarding concerns were being appropriately raised; promoting the safeguarding process as a positive way of getting better outcomes for people at risk of harm. The upward trend indicates that this has had a positive impact.



59% of individuals involved in safeguarding concerns in 2019-20 were female. This is consistent with previous years and the national trend. This is disproportionate to the overall, although not necessarily the elderly population in Devon, which the majority of our safeguarding activity relates to.



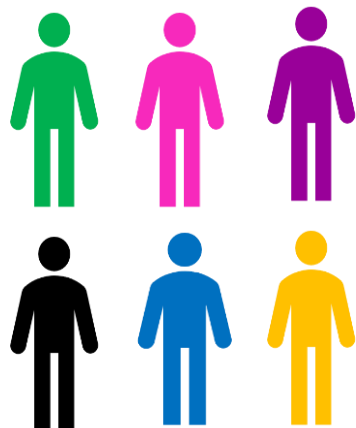
Approaches to safeguarding should be person-led and outcome-focused. In Devon, people were asked about their desired outcomes in 76% of safeguarding enquiries in 2019-20. This is an increase on the previous year.



47% of enquiries of abuse or neglect pursued in 2019-20 took place within the person's own home. This is consistent with previous years but a higher proportion than the national picture (45% in 2018-19).

A higher proportion of enquiries were recorded in care homes in 2019-20 than the previous year but remains significantly below the national picture in 2018-19.

The same level of enquiries were recorded in hospital settings in 2019-20 to the previous year and bringing us slightly under the national picture in 2018-19.



86% of individuals involved in safeguarding concerns in 2019-20 recorded their ethnicity as white. The proportion of people in Devon who describe themselves as white British increases with each age group and safeguarding data on ethnicity should therefore be considered in conjunction with data on age. This data shows that the majority of Safeguarding concerns in Devon relate to individual's aged 65+.

9. Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (2005).

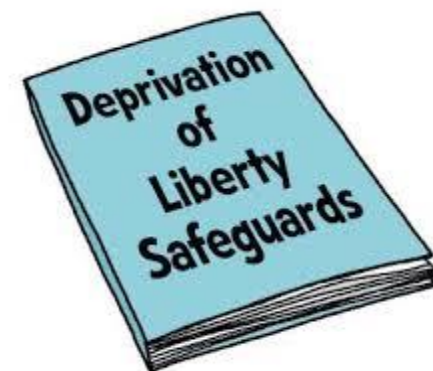
The safeguards apply to people over the age of 18 who lack mental capacity to consent to their care and treatment arrangements in a hospital, or a residential / nursing care home setting.

Sometimes a person may need high levels of support and supervision to maintain their wellbeing. The level of care and support provided may amount to a deprivation of their liberty. The DoLS are designed to ensure that in those circumstances the person's human rights are protected. The person will have the right to representation, any authorisation should be monitored, a review can be requested at any time and the person has the right to appeal to the Court of Protection.

People can also be deprived of their liberty in other settings such as supported living or their own home. However, in these situations any deprivation of the persons liberty can only be approved by the Court of Protection and applications for authorisations will need to be made to the Court.

The DoLS scheme has been criticised for many things including being overly bureaucratic and costly. These criticisms have been exacerbated by the increase in demand for authorisations since the Supreme Court judgment of 2014 in the case now popularly known as 'Cheshire West', which effectively lowered the threshold for eligibility and significantly increased the volume of requests. The workload demands in relation to the DoLS remains a challenge, nationally and locally.

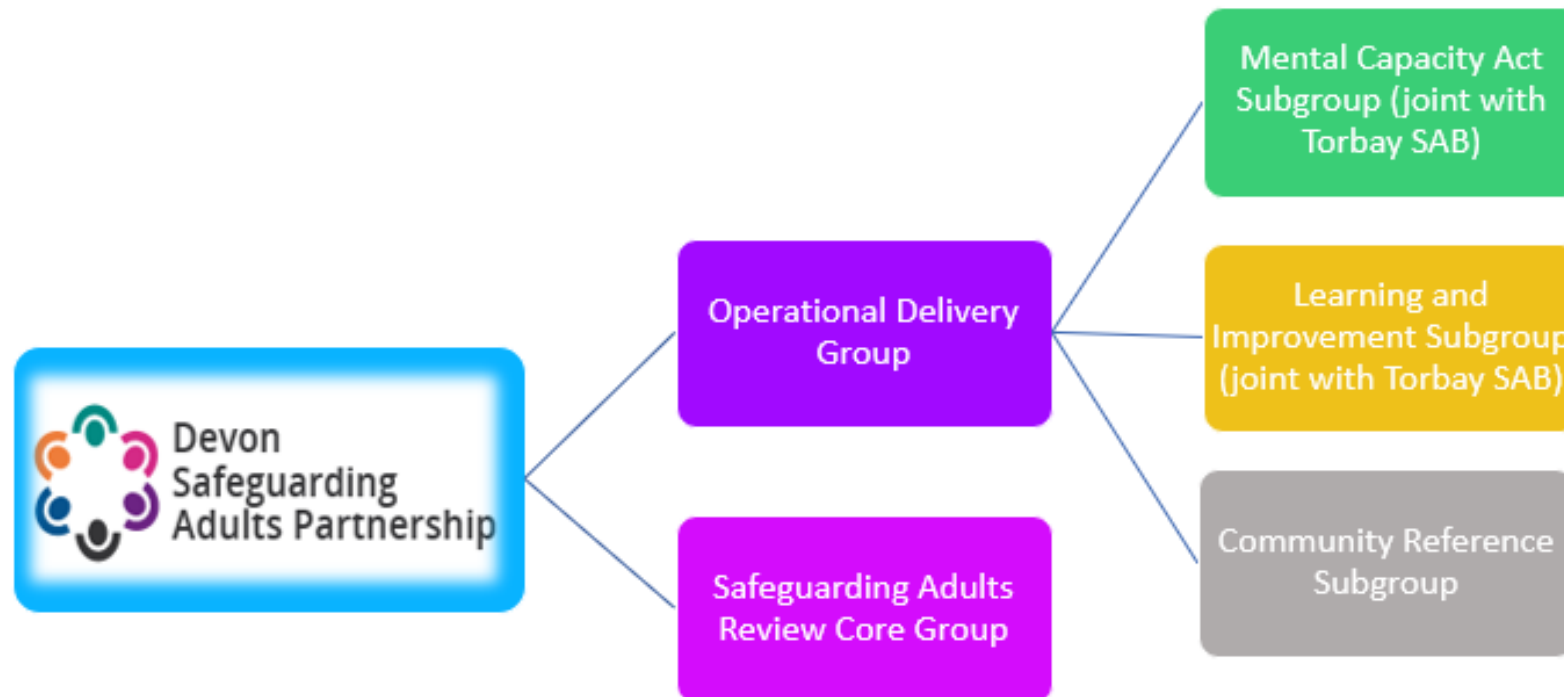
In March 2014, a House of Lords Select Committee published a detailed report concluding that the DoLS arrangements were "not fit for purpose" and recommended that they be replaced. The Mental Capacity (Amendment) Act 2019 received Royal Assent on 16 May 2019. The Deprivation of Liberty Safeguards legal framework was due to be replaced by the Liberty Protection Safeguards (LPS) on the 1st October 2020. Due to the impact of Coronavirus it is likely that LPS will be delayed. The Deprivation of Liberty Safeguards legal framework was due to be replaced by the Liberty Protection Safeguards (LPS) on 1 October 2020. Due to the impact of Coronavirus, the government recently announced that the LPS will now be coming into force in April 2022.



10. Introduction to the Partnership and its subgroups

The Devon Safeguarding Adults Partnership is a statutory board set up in accordance with Section 44 of the Care Act 2014.

Its main objective is to assure itself that local safeguarding arrangements and partners act to help and protect adults at risk and those most vulnerable, in its area. To help the Partnership achieve this objective, there are a number of focused subgroups.



11. The work of the Safeguarding Adults Partnership subgroups

Safeguarding Adults Review Core Group (SARCG)

Safeguarding Adults Boards are required to consider commissioning Safeguarding Adults Reviews (SARs) by the Care Act when:

- An adult dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.
- An adult is still alive but has experienced serious neglect or abuse and there is concern that partner agencies could have worked more effectively to protect the adult.

The purpose of a SAR is to identify whether there are any lessons to be learnt from a person's experience about the way in which organisations work together to safeguard adults at risk. A SAR process should promote effective learning and improvement action to prevent future deaths or serious harm occurring. The main objectives of a SAR are:

- To review the effectiveness of procedures,
- To inform and improve local inter-agency practice,
- To improve practice by acting on learning, and,
- To highlight good practice.

The purpose of having a SAR is not to reinvestigate or to apportion blame. It is an opportunity to derive learning for all agencies involved and to make changes to practices in the future.

In Devon, the Board delegates the work of SARs to the Safeguarding Adult Review Core Group (SARCG) which organises and delivers them ensuring that they are presented to the Board for final agreement, discussion, dissemination of key learning and review amongst all partner organisations. The SARCG is made up of key individuals from a variety of partner agencies in Devon.

In 2019/20, 5 SAR's were completed, which aim to improve the quality of lives of people with care and support needs in Devon. Details of the reviews published in 2019/2020 are set out later in this report.

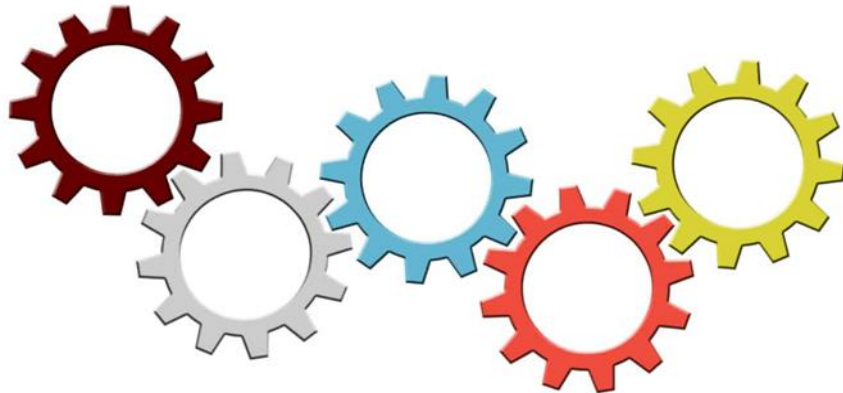


Operational Delivery Group (ODG)

The Operational Delivery Group (ODG) is responsible for delivering the objectives set out in the DSAP Business Plan. The ODG considers multi-agency processes across Devon to ensure that there is effective communication and working practices in place that contribute to protecting members of the public from potential abuse.

The ODG works closely with the other sub-groups and will ensure that any potential duplication is minimised.

The ODG is the engine room of the Board and drives forward actions by working together with system wide partners. The DSAP subgroups report directly to the ODG thus ensuring close communication and effective collaboration is in place.



Over the last year the ODG has focused on:

- Developing a tool to capture feedback from people who have lived experience of safeguarding.
- Developing an escalation protocol for use in 'live situations' where there are disagreements regarding the course of action or decision making.
- Developing an adult People Position of Trust Protocol to provide a framework and process for responding to allegations and concerns against people working with adults with care and support needs.
- Developing an Adult Safeguarding Public Awareness Campaign.
- Undertaking a data analysis examining seven insights offered from quantitative and qualitative information in the National Safeguarding Adult Collection and Service User Survey for 2018/19 to identify potential areas for further improvement Safeguarding Practice in Devon.

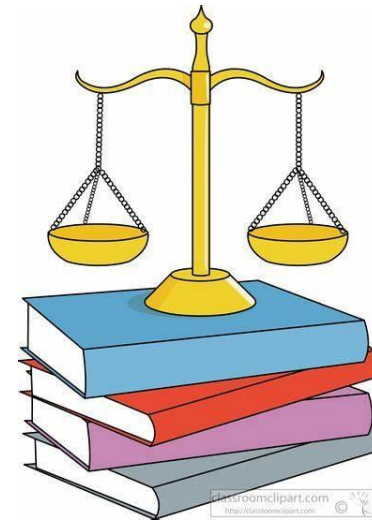
The Mental Capacity Act (MCA) Subgroup

The Mental Capacity Act (2005) is a legal framework designed to empower and protect the rights of people who may lack the mental capacity to make some of their own decisions.

Over the last year the MCA Subgroup, (a joint sub-group with Torbay Safeguarding Adults Board), started to explore the impact on partner organisations of the transfer from the Deprivation of Liberty Safeguards legal framework to The Liberty Protection Safeguards. In addition, the subgroup commenced work on issues relating to restriction, restraint and seclusion in practice.

All of the above focuses on increasing legal literacy across front line staff groups to protect the wellbeing and rights of people living in Devon and Torbay.

This work was naturally all paused as a result of the Covid-19 pandemic and will be resumed as soon as possible.



Learning and Improvement (L&I) Subgroup

The joint Devon and Torbay Learning and Improvement Subgroup has continued to focus on five work streams:

- Multi-Agency Case Audit
- Training and Competency framework review
- DSAB commissioned training
- Embedding Learning into Practice
- The interface between Domestic Abuse and Sexual Violence with Safeguarding Adults.

The majority of work streams are set out within the strategic business plan of the Devon Safeguarding Adult Boards.

Multi-Agency Case Audits findings are discussed within the Learning and Improvement Subgroup and the learning from the case audits have resulted in some specific work for the Devon Safeguarding Adults Partnership, including an escalation protocol for professional disagreements, development of a Risk Assessment tool and Devon and Cornwall police are currently reviewing the Information Sharing Agreement.

The Joint Safeguarding Adults Training Strategy 2019/2020 has been approved with its implementation a core focus for 2020/2021.



Community Reference Group (CRG) Subgroup

The Community Reference Group includes people recruited from local Voluntary, Community and Social Enterprise (VCSE) and people with lived experience of safeguarding investigations across the DSAP area.

The CRG has grown from strength to strength undertaking co-production, consultation and engagement work. Methods to gather intelligence has included focus groups, on-line and telephone surveys. We are now providing new ways for people who have been through Safeguarding processes to input directly into the CRG work. The CRG continues to provide feedback on key priorities for future work, raised awareness of safeguarding and provided two-way communication channels with representatives within and across the VCSE.



12. What have we done in the last year?

The Devon Safeguarding Adults Partnership's Strategic Plan for 2019/2020 focuses on four key priorities. These priorities have guided our focus through the last year and helped to shape our practice.

Our 2019/20 priorities were:

1. Finding the right solution at the right time for the most at-risk people.

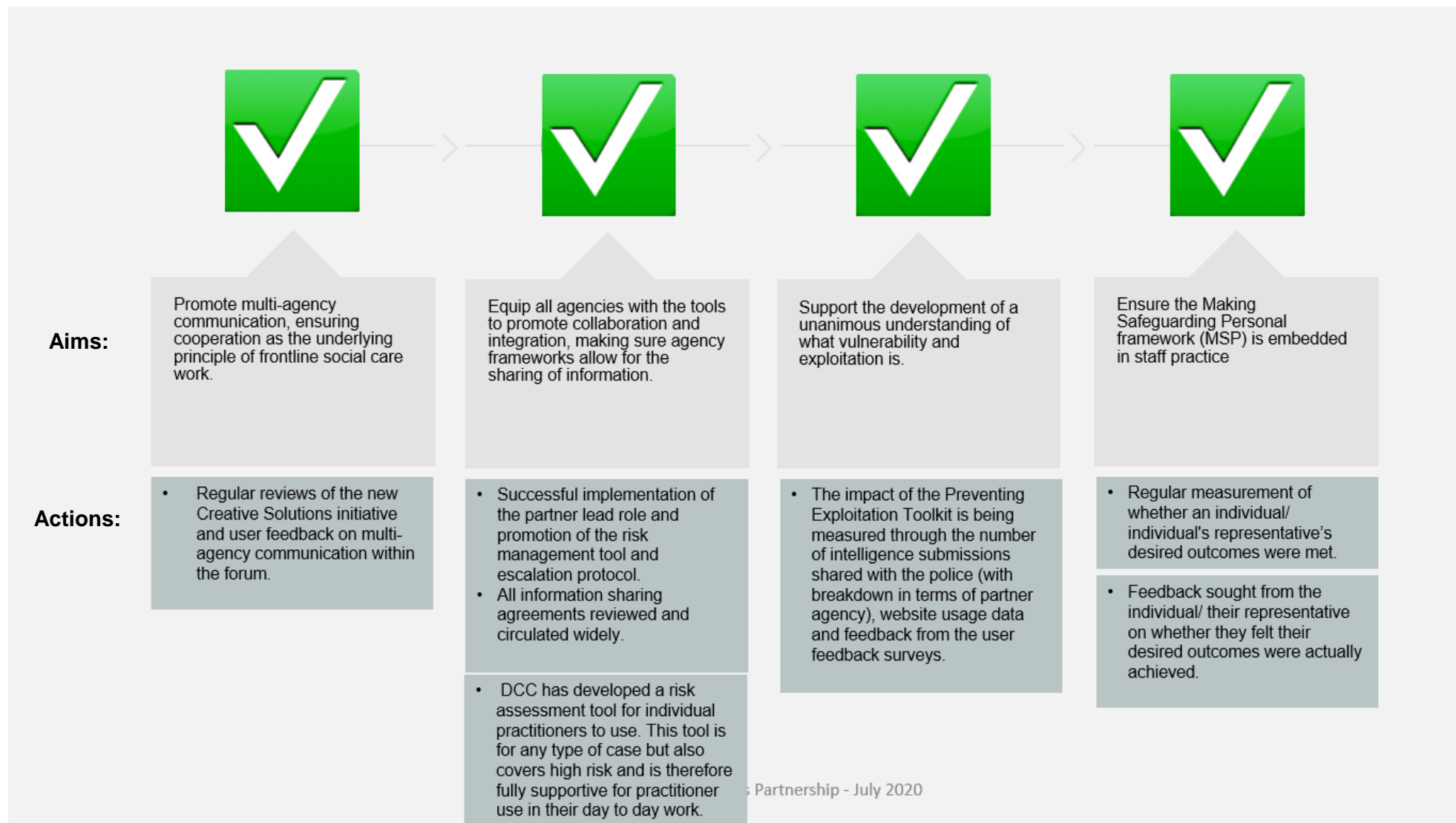
2. Increasing the public awareness of Safeguarding

3. Improving the experience of children transitioning (moving) to adult services, working together to ensure they remain safe.

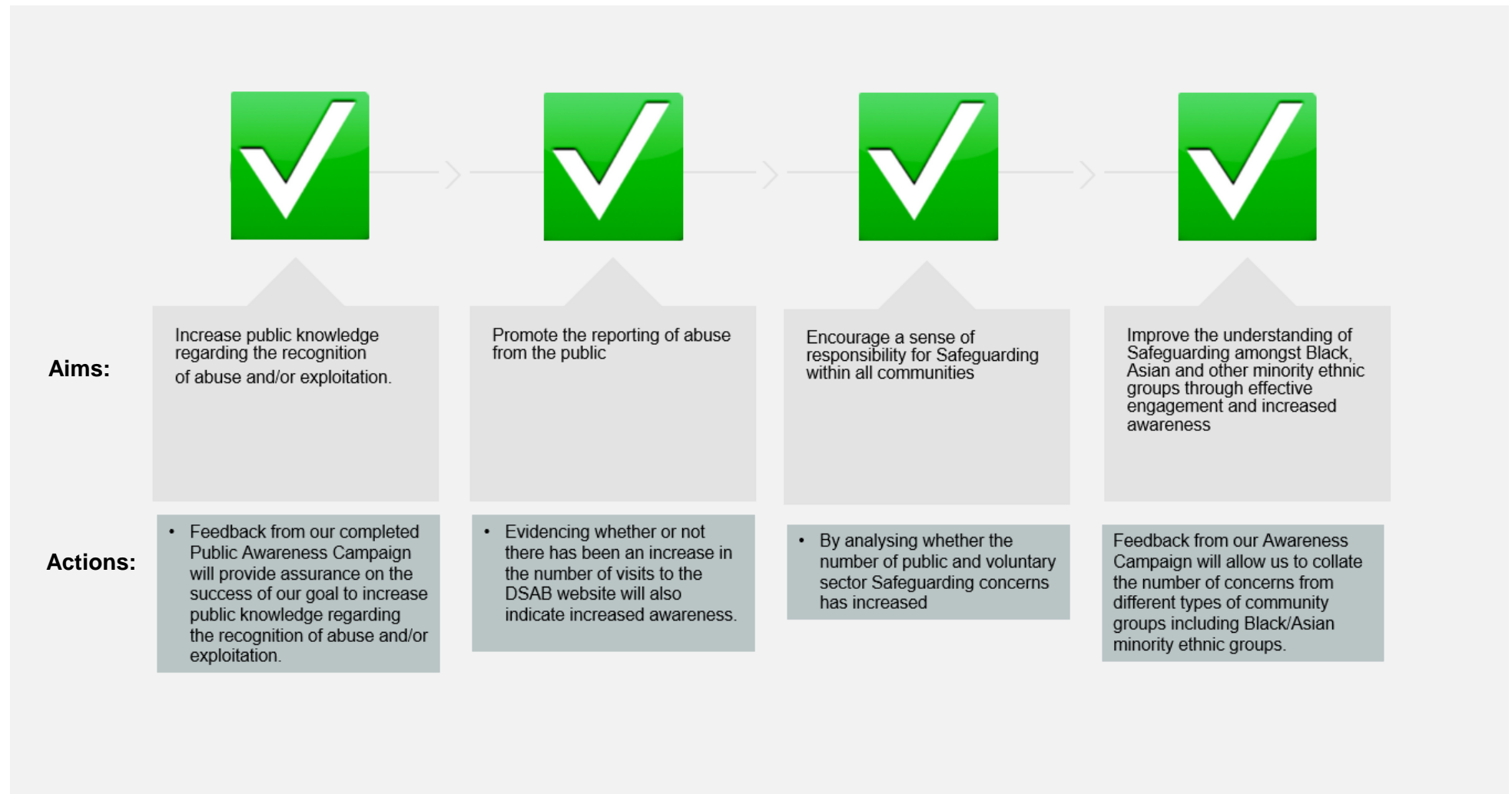
4. Increasing our staff understanding of the law in relation to Safeguarding Adults.

How have we addressed these?

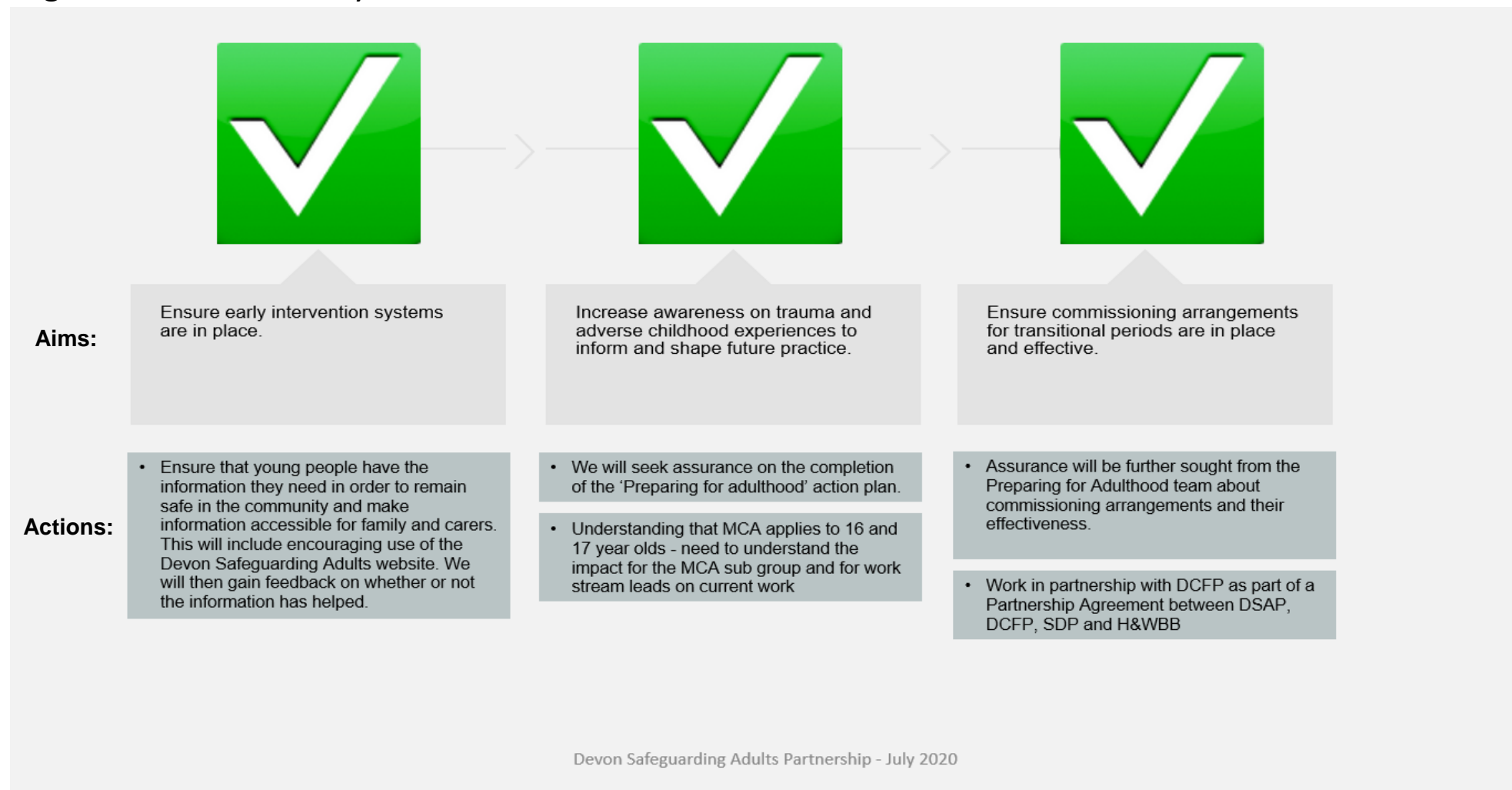
Priority 1- Finding the right solution at the right time for the most at-risk people.



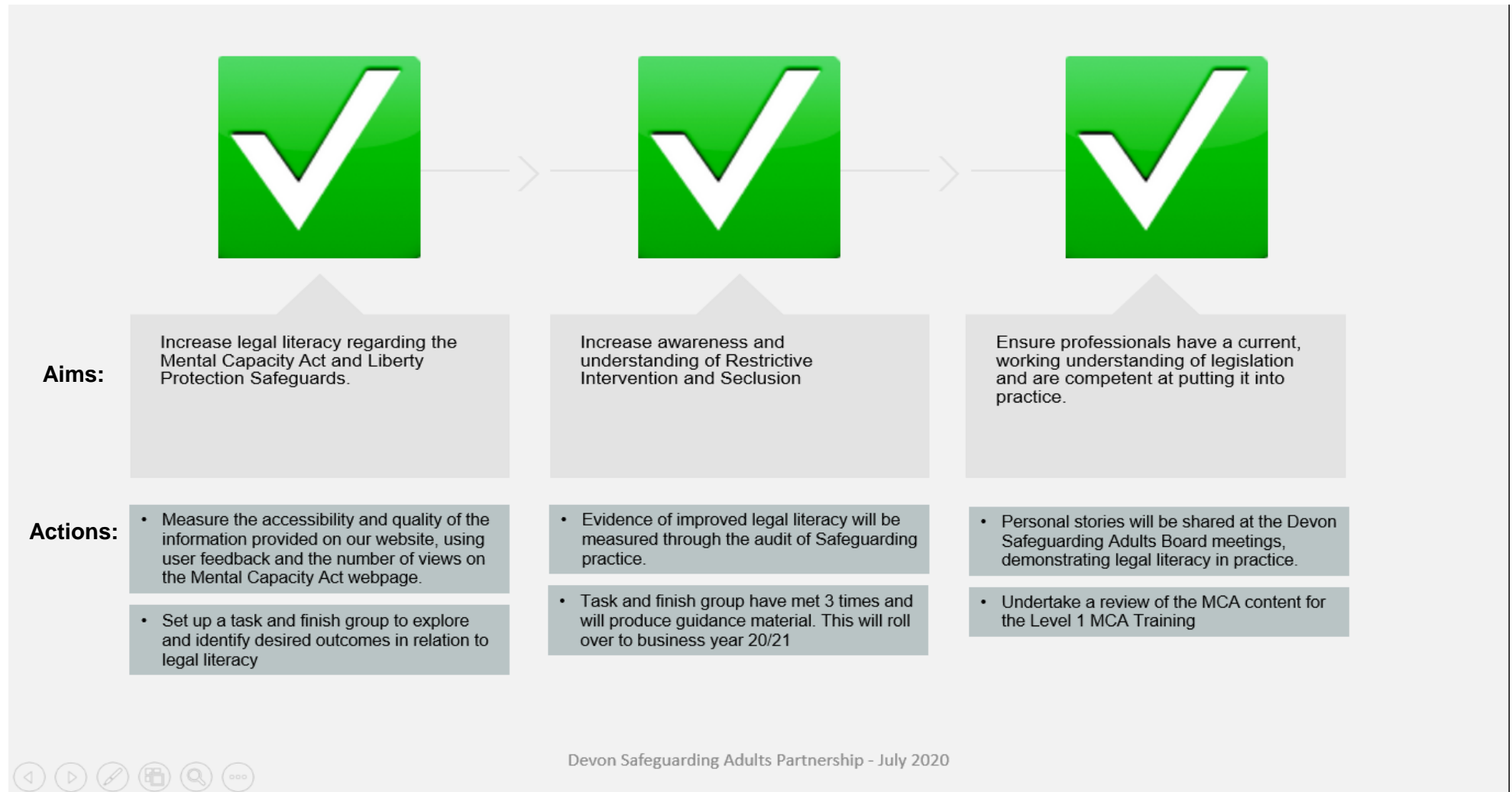
Priority 2- Increasing the public awareness of Safeguarding



Priority 3 - Improving the experience of children transitioning (moving) to adult services, working together to ensure they remain safe.



Priority 4 - Increasing our staff understanding of the law in relation to Safeguarding Adults.



13. Learning Events

Here are some examples of learning activity that partners of the DSAP undertook in 2019/20.

Northern Devon Healthcare NHS Trust (NDHT):

- In-Trac Safeguarding Supervisors Training (internal but with invitation to social care colleagues).
- Monthly face to face Level 3 Safeguarding Adults and MCA training (External and Internal agencies).
- Domestic Abuse '16 days of Action' multiple communications on website and internet.
- Domestic Abuse Level 3 provided by Pathfinder trainers (Internal).
- Domestic Abuse Level 3 specific to Maternity, Emergency Department and Sexual Health (Internal).
- Safeguarding Newsletters biannually sent to all Trust staff.
- Tailored training to wards and teams e.g. dental team and pain team, hospital wards, departments, community teams, endoscopy.
- Presentations at Big Gov.
- Teaching Medical staff.

Devon Partnership Trust (DPT):

- In-Trac Safeguarding Supervisors Training (internal but with invitation to social care colleagues).
- Monthly face to face Level 3 Safeguarding Adults training (External and Internal agencies)
- Monthly face-to-face Level 3 MCA & DoLS training. DASH training.
- Level 4 SA undertaking and leading individual s42(2) enquiries - delivered to over 120 clinicians.
- Supported clinicians to access and complete CRAFT training
- Tailored training to specific groups - e.g. professional boundaries/ legal literacy / assessing capacity in relation to sexual wellbeing
- Quarterly Safeguarding Bulletin includes learning from enquiries/safeguarding reviews
- Presentations to Medical Advisory Committee
- Bespoke training for Trust Board Members
- E-learning is available covering a range of modules

Devon County Council (DCC)

- Level 1 E-Learning Awareness of Safeguarding Adults for in house provider service and care management staff
- Level 1 E-Learning Awareness of MCA for in house provider and care management staff
- Monthly face to face 2-day MCA training for care management staff
- Twice Monthly face to face Level 2 Responding to Safeguarding Concerns for all care management staff
- Twice Monthly access to Level 2 Responding to Safeguarding Concerns for in house provider services (accessed through the partnership board)
- Twice Monthly access to Level 2 MCA training for in house provider services (accessed through the partnership board)
- Monthly face to face Level 3 Participating in Safeguarding Enquiries for qualified OT and SW
- 3 Courses of Level 4 (Part A) Leading Adult Safeguarding Enquiries; Individual (accessed through the Partnership)
- 2 Course of Level 4 (Part B) Leading Adult Safeguarding Enquiries: Whole Service (accessed through the Partnership)
- 8 x half day Us Too Domestic Abuse & Women with Learning Disabilities/Autism training
- 1 Course on Drug and Alcohol Training as scoping exercise more planned in next financial year
- Delivery of bespoke additional training and development session for Newly Qualified Social Workers for each cohort running two a year
- Part 1 Understanding Domestic Abuse – provided by the Devon Children's & Families Partnership
- Part 2 Responding to Domestic Abuse provided by the Devon Children's & Families Partnership
- Part 3 Challenging Domestic Abuse provided by the Devon Children's & Families Partnership
- Multi-Agency Safeguarding & Child Protection (Group 2 Core) E-Learning provided by the Devon Children's & Families Partnership
- Embedding of prevent training strategy in existing training and working towards e-learning package for level 1.
- DCC Self-Neglect workshop held with representation from across all CHSCTs within Devon to discuss and develop an action plan on how DCC can improve their responses to self-neglect issues.

Royal Devon and Exeter NHS Foundation Trust (RD&E)

- Safeguarding newsletters monthly to all staff, emailed, on Trust intranet, staff meetings, Comm Cells and disseminated also via the governance meetings
- In-house training in safeguarding adults, Prevent and domestic abuse, and induction for all staff. Training was face to face for induction but is now given via eLearning with Lanyard cards given out on practical steps for making referrals and contact for advice.
- Social media and intranet awareness raising = 16 Days of Domestic Abuse and Safeguarding Weeks.
- Bespoke training in MCA and Domestic Abuse where requested or when needed.
- Domestic Abuse eLearning being reviewed using Pathfinder Toolkit.
- DA training given to line managers, following changes to HR documents – staff now asked routinely about DA on exit interviews, return to work after sickness and in appraisal.
- Presentations to Governance Committee
- "Was not Brought" video shared widely through the governance structure
- Formal training resources sent out and informal training of staff on the wards and in community following contact on phone/email/face to face.
- Regular communication with staff on intranet and "Must reads", with regular updates online during Covid pandemic and telephone support for staff 7 days per week during pandemic March – May 2020.
- Trust has been shortlisted for HSJ Patient Safety Award for "Multi-systems approach to domestic abuse".
- RD&E Head of Safeguarding led on safeguarding processes for Nightingale Hospital in liaison with Trusts across the region offering support and training during this process

NHS Devon Clinical Commissioning Group (CCG):

- The CCG held a Primary Care Safeguarding Conference in November 2019 and a Domestic Violence Conference in March 2020
- A variety of safeguarding updates covering safeguarding adults, domestic violence and abuse, exploitation and modern slavery and learning from SARS are included in the GP and staff newsletters.
- Two Executive level Safeguarding Adult training sessions have been delivered to the Governing Body
- A training needs analysis of safeguarding adults has been updated, along with a review of the Level 2 safeguarding training that incorporates adults, children and children in care.
- CCG safeguarding adult team have attended a variety of training sessions including L4 DSAB training and Clinical Leadership in Safeguarding
- The safeguarding adult team attends TSAB Safeguarding Adult Forums, for example Operation Emotion - The Prisoner of Silence regarding a local project to support men who have experienced historical abuse.
- CCG staff receive a Safeguarding letter in induction for level 1 & eLearning is mandatory for those staff requiring Level 2.
- Level 3 SGA training is offered via external providers training and NHSE Level 3 SGA blended training via NHS Futures.
- Staff are also offered training appropriate to their job role to level 4 via the Local Authority, with an access to an inhouse package subject to frequency of local authority training.

University Hospitals Plymouth MHS Trust (UHPNHST):

- MCA training is offered via on-line and specific face to face training to international nurses, clinical apprentices, ED and ICU staff.
- Prior to COVID we had trained over a 1,000 staff in DoLS and MCA directly, this has been on hold due to COVID and will be re-introduced in September 2020.
- Tailored training for MCA, DoLS and Safeguarding Adults is available as required to wards and departments
- Level 3 Safeguarding Adult training plans are in place, launch has been delayed due to COVID and is expected to be fully operational in September 2020
- Safeguarding Newsletters are available to all Trust staff and frequent updates made available via Trust newsletters, this included COVID related safeguarding issues and information regarding Domestic Abuse

14. Strategic Priorities and Partners' Key Achievements 2019/2020

Each year DSAP sets out key priorities that it will focus on in the next year to make sure that adults at risk of harm and/or are vulnerable are safeguarded to reduce the risk of harm. These priorities are constructed collectively by the board members.

For 2019/20, these priorities were:

- 1. Finding the right solution at the right time for the most at-risk people**
- 2. Increasing the public awareness of Safeguarding**
- 3. Improving the experience of children transitioning (moving) to adult services, working together to ensure they remain safe**
- 4. Increasing our staff understanding of the law in relation to Safeguarding Adults.**



National Probation Service (NPS)

Priority 1:

- Safeguarding supervision is held in relation to service users with complex needs. In areas where there is a 'Complex Lives Team', referrals are made in to provide a holistic response. Probation have also made use of the Creative Solutions panels and also had multi-agency meetings to discuss services users who are vulnerable.

Priority 2:

- The NPS does not have a specific role in increasing the public awareness of Safeguarding but has promoted safeguarding awareness amongst their staff and amongst those who use their services.

Priority 3:

- We have now embedded probation officers in the Youth Offending Team (YOT) who oversee the transitions between children's services to adult services. This aids the transfer of pertinent information and risk assessments and supports the transitioning young person appropriately. The Probation Officer spends 2 or 3 sessions working with the young person to help them understand the differences between the services and takes them to the adult service for a tour and 3-way meetings with their Probation Officer.
- Quarterly transitions meetings are held with managers and practitioners from the NPS and the YOT to discuss up and coming transitions.

Priority 4:

- Staff have statutory training in adult safeguarding which is completed at required intervals. This covers the required understanding of the law at Alerter level.



Devon and Cornwall Police (DCP)

Priority 1:

- Better utilisation of the Vulnerability Screening Tool (ViST) to identify vulnerable people in the community. Supervisors within the Central Safeguarding Team quality assure the ViST's to seek improvements and identify training needs.
- Creative Solutions Forum which looks at innovative ways to deal with complex issues facing vulnerable adults. Cases are discussed and interventions made as required.
- Problem Solving Plans held within vulnerable adult enquiries are progressed by specialist problem solvers whose role has been specifically designed to resolve complex issues involving vulnerability.

Priority 2:

- DCP has promoted all literature and campaigns provided to us from the partnership. This is also reinforced with updates on legislation through ongoing training processes. DCP provides information on Adults at Risk through the external [website](#), this includes a section on types of domestic abuse, self-neglect, Prevention, Fraud and County Lines for example.
- Our Serious Case Review team contribute to Safeguarding Adult Reviews to gain learning and prevent further instances occurring.

Priority 3:

- DCP works with children's services to design and embed the Adolescent Safety Framework, launched on 01/11/19, providing enhanced identification of children at risk, utilising relevant interventions should these children become known to adult services.
- Anyone within partner agencies can use the Partnership Information Sharing Portal on the DCP website to share information about a child, vulnerable adult or any other information that will enable police to protect a vulnerable individual.
- Staff within the Public Protection Unit attend Child Safeguarding Partnership meetings in addition to Adult Safeguarding meetings.

Priority 4:

- Police new recruits now receive a more detailed programme around vulnerable adults and recognising their vulnerabilities and risk factors (including self-neglect). The ViST training has been delivered to all operational police staff.
- Training is currently being developed for Detectives within the Public Protection Unit (PPU) who deal with Adults at Risk. A working group has been established to develop a training package that will be delivered to PPU and eventually all front-line Detectives.
- Work is ongoing to develop an Adults at Risk training package to be delivered to all frontline staff in Autumn 2020



HMP Exeter

Priority 1:

- This Safeguarding Strategy is used to support the reduction or removal of identified risks and equip professionals with the knowledge to protect the residents in our care, visitors and families at risk. Local policy advocates swift and personalised safeguarding responses, ensuring full involvement of those at risk/ their representatives during the process.
- Services to those individuals who may have Safeguarding needs or require additional support is managed through the Safer Custody department. A weekly Safety Intervention Meeting takes place to manage those at risk of harm to themselves or others.

Priority 2:

- Where a Safeguarding concern has been reported about the safety of an adult at risk, any member of staff may make a referral. This encourages 'a whole prison' approach to improving our service delivery.
- Information is visibly displayed around the Prison and our comprehensive safeguarding policy is shared with all staff. Anyone recognised as being vulnerable and who may need assessment for social care will be subject of a referral through to Devon County Council Adult Social Care. Safer Custody staff will offer guidance as well as ensuring that the referral is passed to the most appropriate person for an assessment.
- Safeguarding is everyone's business and the Prison operates zero tolerance of abuse and/or exploitation of any prisoner, particularly adults at risk. The Prison has robust safeguarding arrangements, integral to its 'duty of care' to ensure that 'prisoners, particularly adults at risk, are provided with a safe and secure environment which protects them from harm and neglect.'

Priority 3:

- N/A – HMP Exeter does not have any men under the age of 18 years old within our care.

Priority 4:

- HMPPS have adopted the use of an electronic based learning aids to advise all staff of their responsibilities surrounding safeguarding issues within the custodial environment.
- All staff are briefed on the Care Act 2014 which underpins our local operating procedure, during initial induction.
- Throughout 20/21 HMP Exeter will increase staff's understanding of the law in relation to Safeguarding Adults through the use of staff briefings and information sharing, to improve awareness and knowledge for all.

Devon County Council (DCC) Adult Social Care

Priority 1:

- DCC has developed a risk assessment tool for practitioners to use to support in assessing and responding to risk. The DSAP People in Position of Trust (PiPoT) protocol provides a process for dealing with people in position of trust referrals.
- DCC is engaged in the creative solutions: doing what matters forum and steering group.
- DCC has strengthened its training offer to ensure complex case studies are explored, enabling practitioners to reflect and consider creative responses to high risk, complex safeguarding work.

Priority 2:

- DCC is regularly attending the provider engagement network to share learning regarding safeguarding adult work and to update regarding any policy or practice changes. Providers can feedback their experience of safeguarding and explore any areas which remain confusing i.e. when is a concern a concern (part of the national ADASS work).
- DCC is aware of the upcoming DSAP public awareness campaign (due to go live in February 2020 delayed due to COVID) and will proactively support this. DCC continue to proactively explain and support members of public about safeguarding during contacts.
- DCC have reviewed our outcome letters to support better understanding regarding both the outcome and actions taken.

Priority 3:

- DCC is working in partnership with Children's Services regarding the development of the adolescents at risk framework and have a team supporting those who are preparing for adulthood.
- DCC provides e-learning training on child protection and think family training is embedded within safeguarding training.
- DCC is working in collaboration with Devon Children and Families Partnership to make Domestic Violence training available to staff.

Priority 4:

- Staff are trained in alignment with the Intercollegiate document at level 2 for all staff and level 3 for qualified staff, this training covers the law in relation to safeguarding. DCC staff receive Mental Capacity Act Training. MCA is also covered within our safeguarding training offer, ensuring that staff understand how the MCA relates to their statutory duties around safeguarding. The Local Authority is additionally scoping out the availability of legal literacy training.

Devon Clinical Commissioning Group (CCG)

Priority 1:

- The increased capacity of the safeguarding adults' team has enabled the team to meet regularly with health providers to support them. The team has worked with providers to complete the performance audit tool, which is then incorporated into the multi-agency case audit report. The CCG safeguarding team has increased the profile of safeguarding within the CCG's quality assurance processes. This has included closer working relations with the Patient Safety Leads with the outcome of timely responses to concerns regarding quality of care.

Priority 2:

- The CCG safeguarding team supports the Devon Safeguarding Adults Partnership (DSAP) in developing public campaigns. We forward safeguarding communications, public awareness campaigns and information from DSAP, NHS England & Improvement, Community Safety Partnership and other partners for dissemination.
- The safeguarding page of the CCG website links to the DSAP website. The communications sent to CCG staff are tailored, as most staff are non-clinical, with the aim of achieving wider awareness.

Priority 3:

- The CCG safeguarding adult team and children's team work closely to ensure awareness and monitor issues affecting both adults and children. The team works closely with CCG commissioners to ensure that a seamless transition from child to adult services continues to be developed. Additionally, the safeguarding adult team, including the Mental Capacity Act Lead, works closely with the Complex Care Team supporting those young people who are transitioning from children to adult services.

Priority 4:

- The CCG safeguarding adult team, including the Mental Capacity Act Lead works closely with CCG commissioners to ensure both CCG and NHS providers have appropriate measures in place to support staff with understanding their legal requirements.
- Following identification of a development need for CCG commissioners, in relation to both leading and participating in Safeguarding Enquiries (Section 42.2 Care Act), the CCG safeguarding adult team has developed a bespoke Level 4 "Leading an enquiry" training package which will be rolled out in 2020 -2021

RD&E Hospital

Priority 1:

- A video for staff entitled “Was not brought” was developed to highlight that people may not be attending clinics due to the inability to get there, as opposed to an unwillingness to attend. The video helps staff think about the broader needs of the patients.
- Collaborative working with the ward staff and community staff, facilitated at times by the safeguarding team helps find the right solution at the right time. Integration of services in many departments have produced robust methods of making sure people susceptible to particular risks are cared for holistically.
- Domestic Violence awareness has increased with new forms being used prompting staff to ask patients and for staff to address with colleagues at appraisal and on return to work after a period of leave.

Priority 2:

- RD&E has had posters and leaflets in prominent places including in different languages, particularly to highlight human trafficking, modern slavery and ‘County Lines’. Domestic Violence information stickers are on all toilet doors (for patients, staff and visitors)
- A safeguarding adult leaflet has been developed to give people going through the safeguarding process, and their families, more information. It also gives people permission to ask questions and feel a part of the process

Priority 3:

- We work as an integrated safeguarding team, although there are subgroups for adults and children. The Trust has a dedicated Paediatric Liaison and Transition Nurse who has met with the chairs of the adults and children safeguarding groups.
- A Transition group was set up in the Trust to allow for the smooth transition of children through teen and adult services. For young adults with multiple complex needs there are key physicians who continue to be the named physician for the young person, liaising with social services and specialist services. A newsletter used this theme to inform staff about who to talk to for help with transition

Priority 4:

- COVID-19 halted the role out of face to face teaching and updates, but the safeguarding newsletters continued electronically
- During the COVID 19 crisis, the updates in the law regarding DoLS were actively communicated to staff. The law surrounding Liberty Protection Safeguards was also reinforced amongst staff with e-mailed bulletins and messages on the intranet.
- The themes for the Safeguarding Newsletters over this year have been: Mate crime, Female Genital Mutilation, Domestic Violence, Transition to adulthood, Financial exploitation, Sexual assault, Encouraging curiosity, Radicalism, extremism and terrorism, Modern slavery, Looking after people on the sex offender register respectfully, Increased risk of abuse in isolation during lockdown

Devon Partnership NHS Trust (DPT)

Priority 1:

- We monitor our compliance with undertaking routine enquiries about whether our patients have previously or are currently experiencing abuse. This question is actively explored in 70% of adult's initial assessments. The enquiry may not be appropriate for all our patients – for example where patients are acutely unwell or lack the mental capacity to respond.
- Any concern where a clinician has identified a safeguarding risk is triaged and reviewed within one working day.
- Our Executive Complex Case Forum has met regularly throughout the year to support clinicians to find resolutions where an individual patient's needs are complex. During Covid-19 this has been replaced by a daily meeting of a Clinical Advisory Group

Priority 2:

- During 2019-2020 we have produced posters and leaflets explaining what safeguarding adults is, a leaflet on safeguarding enquiries, guidance on domestic abuse. Information and self-help guides are also hosted on our public facing website including signposting to resources in relation to domestic abuse.
- Our sexual safety policy has been updated in response to recent changes in case law and information on sexual safety is shared with patients on both our wards and in the community. We are working with some of our patients to design leaflets on sexual safety

Priority 3:

- We have clinicians who ensure a smooth transition for any young person moving from children to adult mental health services and have implemented a Child and Adolescent Mental Health Service (CAMHS) to Adult Mental Health Service (AMHS) transition protocol. Young people with complex needs who are transitioning from child to adult services have been discussed in the Devon Partnership Trust Executive Complex Case forum.
- During Covid-Lockdown we have contributed to the system-wide Vulnerable Children meetings, maintained our contributions to MASH (multi-agency safeguarding hub) meetings and Early Help meetings. 'Think family' guidance is provided to all our clinicians.

Priority 4:

- All our registered clinical staff complete Level 3 training in accordance with the Intercollegiate Guidance on Safeguarding Adults. We commissioned In-Trac to provide bespoke training on Safeguarding Supervision. Extensive training is available to staff with training compliance reported through our internal Safeguarding Committee on the Mental Health Act, Mental Capacity Act, Multi-Agency Risk Assessment Committees (MARAC) and Multi Agency Public Protection Arrangements (MAPPA). This includes L4 training on Safeguarding Adults on 'Undertaking and Leading individual Safeguarding Adults Enquiries'. This has been bespoke training - delivered to over 80 clinicians working in our Learning Disability Services and 40 clinicians working in our Secure Services.



Public Health Devon

Public Health Devon

Priority 1:

- Public Health commissions the Domestic & Sexual Violence Advice (DSVA) service and substance misuse and lifestyle service and ensure design and delivery support the most at-risk people. An example includes work during the recent Pandemic to ensure substance misuse and stop smoking support was available and accessible to improve health and allow rough sleepers and vulnerably housed individuals to remain in accommodation. Increased funding was allocated for DVSA to allow a timely response to need. The CCG has funded development work on multiple complex needs funded through prevention to seek innovative solutions to support some of the most at-risk people, learning from best practice including increased capacity to support DVSA.

Priority 2:

- This is achieved through the requirements of our commissioned and provided services and the awareness of our staff.

Priority 3:

- Public Health are partners on the Children, Young People & Families Executive (CYPFE) and are accountable for the Public Health Nursing Service and Y-Smart (under 18s Drug and Alcohol service) and ensure transition arrangements are in place when designing and delivering public health services.

Priority 4:

- All staff complete annual mandatory training which includes the agreed safeguarding adult's video and children level 1

University Hospitals Plymouth NHS Trust (UHPNHST)

Priority 1:

- A dedicated Staff net provides up-to-date, alternative learning through a variety of mediums and is accessible to all e.g. video links, national and regional published serious adult review reports as well as specialist subject guidance and resource.
- Quarterly *Champion* meetings, where Wards and Departments have a representative, allows for expert presentations and case reflection. We manage and raise referrals to the local authority(s) for those identified as adults-at-risk and for those who meet the concern threshold; Devon adult referrals average 12% of total referrals made.
- The Trust works closely with the Complex Discharge Team; this ensures the principle of *making safeguarding personal* is met.

Priority 2:

- Public display that *Safeguarding Everyone* is core Trust business is available in the main concourse of Derriford Hospital.
- A dedicated display board with take-away leaflets is available and regularly updated to raise awareness. There is extensive publicity and information sharing at management staff meetings and through on-line publicity internally.
- Internal qualitative data directs focus on bespoke awareness raising and training to service delivery teams

Priority 3:

- Work within clinical teams continues to improve transition from children to adult services for those under our care.
- UHPNT's safeguarding team is a "Think Family" integrated adults and children's Safeguarding service where contact and coordination is hard for some such young adults- both reactive and proactive.
- Policy is that any concern(s) raised during the transition process where concerns that the young adults needs will not be fully met e.g. the family are unable to provide the level of support required on hospital discharge, social care must be involved early.

Priority 4:

- Appointment of our Trust Mental Capacity Advocate (MCA) and Mental Health Act Clinical Lead to support the work of the wider safeguarding team has further enhanced staff understanding of the law in relation to Safeguarding Adults
- Safeguarding training is delivered in line with the intercollegiate document and includes vital safeguarding and MCA information as required. Training compliance for level 1 and 2 remain over 90% and work is established to implement a robust Level 3 offer. Enhanced training is currently offered to areas of increased need and on request. In addition, we have delivered enhanced training in 2019 to over a thousand staff in the Trust to raise awareness and understanding MCA, DoLS and Safeguarding.

Torbay and South Devon NHS Foundation Trust (TSDFT)

Priority 1:

- The Trust has attended and contributed to local arrangements including the Regional Health network, joint Mental Capacity Act and Learning Improvement Sub-Groups, Devon Safeguarding Adult Partnership Operational Group, Anti-Slavery and Prevent Partnership Boards. In 2019, The Trust hosted three partnership safeguarding forums to promote trauma informed practice.
- Our Forum in October 2019 was facilitated by Operation Emotion based in Plymouth. The charity supports adult male survivors of sexual abuse. The forum included the screening of an [awareness film 'The Prison of Silence'](#) followed by a panel discussion.

Priority 2:

- Our Safeguarding [public information page](#) provides a range of information to patients and our local communities. This includes how to report safeguarding concerns, a public information film 'if you see something say something' and a range of posters and other information on local safeguarding arrangements. We also actively seek [feedback](#) from patients that have attended hospital sites in order to inform and improve our knowledge of patient experiences.

Priority 3:

- The Trust has a joint integrated safeguarding adult and inclusion group which allows for a joint consideration and focus on safeguarding adult and safeguarding children agendas. Our paediatric clinics allow for joint working between paediatric and adult clinicians and allow access for clinical supervision if needed.
- Our commitment to transition working can be evidenced in our work with Action for Children and the Children's Society as the new Torbay 0-19 Partnership. This will be the first of its kind in the region and possibly the UK and aims to combine develop and deliver services both universally and targeted for the Torbay children, young people and their families/carers.

Priority 4:

- Safeguarding training is mandatory for all staff within the Trust. Training content includes a focus on Human Rights, Care Act and other specific legal frameworks relevant to safeguarding agendas. A range of other training is available to all staff on themes such as modern slavery. During 2019 we distributed a high number of modern slavery Royal College of Nursing information 'wheels' to frontline teams, so they had relevant information at hand to respond to a modern slavery concern.
- The Trust has made a recent decision to make Mental Capacity Act (2005) training mandatory for all staff and we are currently planning to implement this. Each member of staff will have an identified level of training to complete.

Northern Devon Healthcare NHS Trust (NDHT)

Priority 1:

- The most recent Care Quality Commission (CQC) inspection in 2019 identified: “The safeguarding team has shown outstanding innovation, multi-disciplinary working and external engagement with other stakeholders”. We have developed multi-agency local networks to support people neglecting themselves. An example of this is a person who had multiple health needs which were impacting on her sight. She was noted to have missed appointments and this was escalated to the safeguarding team. A co-ordinated approach was led by NDHT team with various different agencies. The person was supported emotionally and physically to attend her appointments and given some support at home, with an ongoing support plan

Priority 2:

- NDHT attends and supports the work of the DSAP at Board and Sub-Groups and actively engages in work to increase public awareness of safeguarding. We have been a contributor to and active member of the ‘Pathfinder Domestic and Sexual Violence’ research project. Our work to raise the profile of domestic and sexual violence support within the community and health settings remains paramount. During the COVID pandemic the Safeguarding teams and Health Independent Domestic Violence Advisor met with and provided support to the ‘swab centres’ to support practice. They asked, “Do you feel safe at home?” to all people and were able to direct them to or provide immediate safety advice if disclosures were made.

Priority 3:

- The Integrated Safeguarding Team provide leadership support and guidance to staff across NDHT, allowing for oversight of children that are moving from paediatric to adult care services. All disciplines supporting young people have access to advice and support from the integrated team. An example: A young person regularly attended the hospital to access urgent care, in-patient and sexual health services because of the injuries sustained when they harmed themselves. A joint response was co-ordinated by the specialist sexual health nurse with DPT, adult hospital services and adult social care to support this person and ensure consistent care.

Priority 4:

- The Integrated safeguarding team provides specific advice, support and feedback to staff which encourages learning and understanding through, for example, responding to incident reports and reviewing safeguarding. We have increased and improved our training provision for Staff at all levels and provide blended learning opportunities. We have invested in the training and development of Safeguarding Supervisors across the Trust- Link Practitioner Groups are held each quarter.



Dorset, Devon and Cornwall Community Rehabilitation Company (CRC)

Priority 1:

- The CRC works closely with partners and local communities as well as the service user themselves, to manage the risk service users present to themselves and others. All service users have an initial risk assessment and sentence plan which is then reviewed every 12 weeks. The CRC participate in local professional forums to discuss, plan and manage those at most risk.
- The CRC has taken on board the lessons learnt from previous Safeguarding Adult Reviews and national inspections to ensure it improves on the quality of its assessments and management of cases.

Priority 2:

- The CRC has not participated in any public awareness events over the last year due to the re-organisation of the business following the demise of the previous service provider 'Working Links'.

Priority 3:

- The CRC works closely with National Probation Service (NPS) colleagues and the youth offending service to ensure smooth transition between our organisations. There is a set protocol for the hand over and management of children to our adult service. This includes 3-way meetings with the organisations and the child involved and multi-agency planning forums. For those sentenced to unpaid work, the CRC has trained some of its supervisors to work with young people under 18yrs and we have sourced individual placements to cater for the needs of children coming into our service. The CRC and the youth service in some areas have a service level agreement in place to provide Unpaid Work Requirement (UPW) for the Youth offending team which ensures that the individuals are worked safely in the community.

Priority 4:

- All staff within the CRC, including managers and senior managers, have mandatory training which includes Safeguarding Adults. This has been completed every year and is updated by our learning and development team to ensure it remains relevant to current research and activity. All existing staff and managers within Devon are now trained and all new recruits will be trained by August 2020.

Devon District Councils

This has been produced jointly by Devon District Councils. Not all activities mentioned have been undertaken by all Councils but are examples of the safeguarding adults work that has been delivered throughout the year.

Priority 1:

- There are Safeguarding processes and policies in place in each Council with referral mechanisms to partner agencies and have central points of contact in councils to monitor numbers and quality of referrals
- We ensure attendance at a range of different Forums including: Early Help, Multi Agency Risk Assessment Conference (MARAC), Domestic Homicide Reviews (DHRs), Creative Solutions and High Flow. We share the learning from Safeguarding Adult Reviews.
- Safeguarding leads and champions in Councils to encourage best practice and offer oversight and reassurance
- We conduct an Annual Overview and Scrutiny of Safeguarding, including a review and de-brief of cases to ensure learning

Priority 2:

- Adult Mental Health and Safeguarding Awareness news has been circulated. A suicide prevention app that was circulated on social media and placed on the wellbeing site. Relationships later in life awareness video has been circulated and we have promoted the Radicalisation campaign and Preventing Exploitation Toolkit, Supporting Safer Devon Partnership communications and campaigns
- Circulation of unseen training and Volunteer Safeguarding training offered out via District and Town councils
- Devon District Safeguarding Officer Network meets regularly to discuss the sharing of public messaging & good practice

Priority 3:

- We engage with the Adolescent Safety Framework and take learning from Young Persons Independent Domestic Violence Advisor in South Devon. Further engagement with Youth Intervention Team and Young Devon over issues such as Housing
- Young Devon's Homeless Prevention Worker (HPW) post jointly funded with DCC ensures the transitions are as positive as possible and provides a balance between both organisations, ensuring joint working and preventing potential arguments regarding who has responsibility for the young person transitioning.

Priority 4:

- Online free Training around safeguarding as well as Safeguarding training for staff and Elected Members and suicide training delivered.
- Sexual Violence Domestic Violence and Abuse (SVDVA) training is offered to housing staff via Splitz -
Part 1 is Basic awareness raising and domestic abuse; Part 2 is Options for Support and Complex Case workshop
- Promotion of wellbeing and mental health via intranet and weekly newsletter

15. Learning from Safeguarding Adults Reviews (SARs)

The Care Act 2014 specified that it is the duty of a Safeguarding Adults Board (SAB) to commission SARs under the following circumstances:

- (1) A SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if –
 - a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and
 - b) condition 1 or 2 is met.
- (2) Condition 1 is met if –
 - a) the adult has died, and
 - b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died)
- (3) Condition 2 is met if –
 - a) the adult is still alive, and
 - b) the SAB knows or suspects that the adult has experienced serious abuse or neglect



Safeguarding Adult Boards (SABs) can decide to undertake a SAR in any other situations involving an adult in its area with needs for care and support. Reviews should determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death. This is so that lessons can be learned from the case, and those lessons applied to future cases to prevent similar harm occurring again. The apportioning of blame is not the purpose of the review.

We set out below the summaries of SARs which were completed and published by the Partnership in 2019/ 2020. All published SARs are on the DSAP website. Full publication is not mandatory, and decisions are made on a case by case basis.

To view all full SAR reports, please visit the DSAP website: <https://www.devonsafeguardingadultpartnership.org.uk/about/safeguarding-adult-reviews/>

Summary of SAR Charles (Published 19th December 2019)

Charles is a 52-year-old man who has a diagnosis of Schizophrenia. He was born in Pakistan where he grew up before moving to England. Charles lived with his mother in a one bed rented flat. Charles slept on the sofa. The home environment was described as very poor. Charles is a sibling of a patient detained at Langdon Hospital under section 3 of the Mental Health Act (MHA). Concerns regarding Charles' physical and mental health were raised by clinicians at Langdon Hospital, although he was not their patient, during a visit to the home to assess the suitability of home leave for his brother. Clinicians at Langdon Hospital raised a safeguarding concern in September 2018 for both Charles and his mother in respect of concerns about their safety and wellbeing in the community. In the referral, clinicians at Langdon Hospital described the difficulty from their perspective, in seeking support for Charles regarding his physical and mental health. Charles was at that time known to a number of agencies. It was difficult to persuade Charles to engage with services and treatment for his leg ulcers given his reluctance to trust professionals.

Charles was detained on Haytor Ward under the MHA in August 2018, having been admitted to the General Hospital for medical and nursing care due to possible infection of leg wounds. On admission to Haytor Ward, it was reported that Charles had ulcers on his legs that were of 2-3cm deep.

Throughout the period of the SAR Charles was an inpatient under the MHA. Although it is noted that there have still been periods of disengagement and self-neglect this has been addressed through care and risk management processes and medical review. At the time of this SAR Charles was said to be making positive progress in terms of his legs. Russell Clinic will ensure that appropriate support is in place and available on discharge.

Summary of SAR Atlas (Published 20th September 2019)

Atlas Care Homes owned 15 care homes, which provided specialist care for adults with learning disabilities whose support needs were described as “complex” and “challenging.” All the homes were registered with the Care Quality Commission to provide residential placements for people with learning disabilities.

Seven of their care homes were in Devon. These were known as Curlews, Gatooma, Hilltop, Kingsacre, Santosa, Stone Cottage and Veilstone. There were 33 people placed within the Devon Care Homes and 1 person was receiving support from the Atlas Personal Care Agency.

In July 2011 Safeguarding concerns were raised about the treatment of a resident at Veilstone. An Individual Safeguarding Enquiry commenced which uncovered further concerns about treatment of people in Veilstone.

In October 2011 Further concerns about the treatment of people in Veilstone led to a multi-agency Whole Service Safeguarding Enquiry. This enquiry identified concerns in other Atlas homes and about staff and managers who worked across homes in the organisation. A Police investigation began. This focused on the experience of 10 adults over a two-year period who were residents of three Atlas care homes in Devon. It identified 2,600 incidents of seclusion with some residents falsely imprisoned up to 400 times.

The court proceedings revealed that Atlas residents were subjected to systemic neglect; seclusion in rooms without food, drinks, heating or access to toilets; physical assaults; and orders from staff to undertake housework and gardening tasks, which were 'tests' to establish their compliance.

16. SAR Learning Points:

1. Communication and Coordination

- Communication and coordination are key to ensuring that the risk and the plans around these are understood by all. This can provide a vehicle for professional curiosity and challenge.
- **Inter-agency working** - the need for a clear process for identifying a lead agency in complex cases where there are many agencies involved in supporting an individual or family.
- The importance of involving the person when working with them and ensuring continuity of care across organisations

2. Safeguarding and Self-Neglect

- There was a missed opportunity to work in a collaborative way under **safeguarding** in relation to **self-neglect**. This would have provided a multi-agency framework. The framework does not give any additional powers to act, however would have brought recognition that management of the risks required **multi-agency collaboration**; clarity on seeking consent to **share information**, or to justify sharing it without consent; **assessment of the level of risk** based on more informed input; and a **shared record** of what had been agreed.

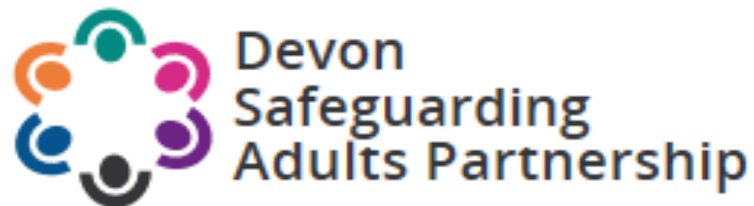
3. Multi-Agency Referral Processes and Criteria

- Staff need to have effective awareness of services available along with threshold levels. Referrals to agencies for SAR Charles did not necessarily provide an accurate reflection of the situation. It is possible that assumptions were made about the level of knowledge agencies had around Charles' situation.

4. Application of the Mental Capacity Act

- Staff understanding of The Mental Capacity Act must improve as it was not properly considered or applied in some cases. Application of the Mental Capacity Act may have been fundamental in understanding the individuals, for example whether or not the issues that appear to be self-neglect are in fact due to a person lacking capacity; to understand the impact that their behaviour is likely to have on their health and wellbeing.

17. Strategic Priorities 2020/2021



Vision Statement

‘Everybody in Devon has the right to lead a fulfilling life and should be able to live safely, free from abuse and neglect and able to contribute to their own and other people's health and wellbeing’

DSAP Strategic Priorities 2020/2021

DSAP STRATEGIC PRIORITY 1: SAFEGUARDING WITHIN THE COVID-19 PANDEMIC

DSAP AIM:

To work in partnership to ensure continuity of safeguarding adults business

DSAP OBJECTIVE:

Partner Assurance:

- To have regular assurance from DSAP partners that people are safeguarded during the pandemic and that attention to safeguarding continues in accordance with statutory responsibilities, recognising that some people will be put at greater risk during the Pandemic

DSAP STRATEGIC PRIORITY 2: LIVING WELL

DSAP AIM:

The DSAP Board aims to support partners to deliver preventative actions, to safeguard those with care and support needs through learning together and delivering change.

DSAP OBJECTIVES:

Finding the right solution at the right time for people with complex lives:

- To seek assurance that partners work together to establish more effective coordination to achieve person centred solutions.
- Understanding that creative solutions need to be deployed to support people to live well.
- Sharing data and information to help partners develop effective communication and co-ordination to understand how preventative strategies can avoid the need for safeguarding intervention.

Hidden Harm:

- To seek assurance that partners are all uncovering and responding to hidden harm and exploitation.
- Ensuring that all people who work with individuals exercise curiosity and take appropriate action.

Improving Involvement and Engagement with people in receipt of safeguarding services:

- To seek assurance that all partners are involving and listening to people about their experience of safeguarding.
- Ensuring that all partners are listening to, valuing and responding to what relatives, friends and people in communities.
- Involving the person to ensure that safeguarding is person-led and outcome-focussed.
- Increasing public awareness of adults safeguarding.

