



Dorset Health and Wellbeing Board

Date: Wednesday, 10 November 2021
Time: 2.00 pm
Venue: A link to the meeting can be found on the front page of the agenda.

Membership: (Quorum 5)

Rebecca Knox (Chairman), Forbes Watson (Vice-Chairman), Vivienne Broadhurst, Scott Chilton, Sam Crowe, Marc House, Dani Farrell, Spencer Flower, Tim Goodson, Margaret Guy, Theresa Leavy, Martin Longley, Patricia Miller, John Sellgren, Peter Wharf, Simon Wraw and Simone Yule

Chief Executive: Matt Prosser, County Hall, Colliton Park, Dorchester, Dorset DT1 1XJ (Sat Nav DT1 1XJ)

For more information about this agenda please contact Fiona King 01305 224186 - fiona.king@dorsetcouncil.gov.uk



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Due to the current coronavirus pandemic the Council has reviewed its approach to holding committee meetings. Members of the public are welcome to attend this meeting and listen to the debate either online by using the following link:-

https://youtu.be/VrDc_r3etEc

Members of the public wishing to view the meeting from an iPhone, iPad or Android phone will need to download the free Microsoft Teams App to sign in as a Guest, it is advised to do this at least 30 minutes prior to the start of the meeting.

Please note that public speaking has been suspended. However Public Participation will continue by written submission only.

Please see detail set out below. Dorset Council is committed to being open and transparent in the way it carries out its business whenever possible. A recording of the meeting will be available on the council's website after the event

AGENDA

Page No.

1 APOLOGIES

To receive any apologies for absence.

2 DECLARATIONS OF INTEREST

To disclose any pecuniary, other registrable or non-registrable interest as set out in the adopted Code of Conduct. In making their disclosure councillors are asked to state the agenda item, the nature of the interest and any action they propose to take as part of their declaration.

If required, further advice should be sought from the Monitoring Officer in advance of the meeting.

3 PUBLIC PARTICIPATION

To receive questions or statements on the business of the committee from town and parish councils and members of the public.

Members of the public who live, work or represent an organisation within the Dorset Council area, may submit up to two questions or a statement of up to a maximum of 450 words. All submissions must be sent electronically to fiona.king@dorsetcouncil.gov.uk by the deadline set out below. When submitting a question please indicate who the question is for and include your name, address and contact details. Questions and statements received in line with the council's rules for public participation will be published as a supplement to the agenda.

Questions will be read out by an officer of the council and a response given by the appropriate Portfolio Holder or officer at the meeting. All questions, statements and responses will be published in full within the minutes of the meeting.

The deadline for submission of the full text of a question or statement is 8.30am on Friday 5 November 2021.

Please refer to the [guide to public participation](#) at committee meetings for more information about speaking at meetings.

4 QUESTIONS FROM MEMBERS

To receive any questions from members in accordance with procedure rule 13. The deadline for receipt of questions is **Friday 5 November**

2021.

5 LOCAL OUTBREAK MANAGEMENT PLAN

To receive an update from the Director for Public Health.

6 LOCAL PLAN PRESENTATION

To receive a presentation from the Head of Planning.

7 PHYSICAL ACTIVITY STRATEGY

To receive a presentation from the Senior Health Programme Adviser.

8 CHILDREN AND YOUNG PEOPLE - COLLABORATION ACROSS THE HEALTH AND EDUCATION SYSTEMS WITH A WIDE RANGE OF PARTNERS

To receive a presentation from the Head of Programmes, Children's Services.

9 HOW COMMUNITIES WANT TO WORK WITH THE DORSET INTEGRATED CARE SYSTEM

To receive a presentation from Public Health.

10 SAFER SCHOOL REVIEW

To receive a presentation from Dorset Police.

11 SAFEGUARDING ADULTS BOARD ANNUAL REPORT

5 - 48

To receive the Safeguarding Adults Board Annual Report.

12 FORWARD PLAN

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To consider the Forward Plan for the Board.

13 URGENT ITEMS

To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes.

14 EXEMPT BUSINESS

To move the exclusion of the press and the public for the following item in view of the likely disclosure of exempt information within the meaning of paragraph 3 of schedule 12 A to the Local Government Act 1972 (as amended).

The public and the press will be asked to leave the meeting whilst the item of business is considered.

Dorset Safeguarding Adults Board

Annual Report 2020-21



The Board brings together all public, voluntary and community sector agencies cross Dorset with the aim of working together to protect adults at risk from abuse, harm, or neglect. We achieve this through joined up strategic leadership and collective accountability.

[Dorset Safeguarding Adults Board \(dorsetcouncil.gov.uk\)](https://www.dorsetcouncil.gov.uk)

dsab@dorsetcc.gov.uk



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Safeguarding is
everyone's business



Introduction from the Independent Chair in 2020/ 2021

The arrival of Covid-19 with its impact upon the most vulnerable in our society has overtaken many planned activities during 2020-21. There has often been little previous experience to guide professionals with decisions being made on the best possible information available at the time.

Inevitably the focus for members of the Board has been on management of the pandemic in hospitals and the adult care sector. This has involved a step change in multi-agency work during the year and a more intensive engagement with the independent care sector.

Patterns of safeguarding during the pandemic

In the first quarter of 2020-21 the Association of Directors of Social Services (ADASS) undertook a national study of safeguarding data collated during April to June 2020 (the Insight report). In comparison with Bournemouth Christchurch and Poole (BCP) Dorset did not record a significant increase in safeguarding concerns in April and May but began to see an upward trend in June. In two of the three months, Section 42 enquiries stayed at a similar level to the previous year's data. In line with national trends a greater number of concerns involved people in their own home. However, at the same time there was restricted access to care homes for the normal range of quality monitoring visits.

A second Insight report will focus upon later stages of the pandemic and may indicate different trends. Some safeguarding issues, for example domestic abuse or the impact of prolonged social isolation upon self-neglect, mental health, and carer stress, may not be revealed fully until some months after 'lockdown' has finished.

The Care Sector

The Dorset & BCP Safeguarding Adults Review subgroup has examined the safeguarding response to the pandemic and identified many indications of assurance about the work organisations are undertaking to protect people in need of care and support. These include

- The support that has and is being provided to the care sector, including financial assistance, provision of PPE. Care home support plans give more detail of these measures
- Significant stepping up of multi-agency coordination from the beginning of the pandemic – one of the examples of good practice in the Insight report concerns the multiagency operational meetings run across Dorset and BCP.
- Close liaison and involvement with provider representatives to enable their concerns to be heard and escalation of issues.
- Positive feedback from providers re: the response when safeguarding issues have been raised
- Examples of the Quality Assurance Process that have been provided by both local authorities showing how commissioning and quality improvement teams have monitored health and safety and infection control measures being implemented by care providers.

It is clear that the positive relationships established during phase 1 of the pandemic have been a valuable foundation for continued joint work to manage the perhaps more widespread impact of

phase 2 in the early months of 2021. Throughout decisions have had to be taken in real time to manage what is an unpredictable pandemic.

'Business as usual'

At the outset the DSAB identified a more limited business plan with the expectation that in some instance's objectives would take longer than a year to be achieved.

With support from Public Health the Boards have engaged in a national project seeking to improve the safeguarding response to alcohol dependent drinkers. The project has identified some best practice indicators for work with this group, which are being disseminated through national and local virtual seminars.

This theme relates closely to another of the Board's priorities, homeless people. The pandemic has led to many people who are long-term homeless, being offered accommodation with an increased focus upon their wellbeing. There has also needed to be careful assessment of the safeguarding risks for rough sleepers housed in temporary placements to prevent abuse by those with whom they are living in close proximity.

The DSAB has continued to analyse the data regularly gathered about safeguarding and use this to promote improved practice. Some safeguarding enquiries resulted in no further action and these have been audited and learning identified to continue to improve practice.

Looking back

I am now stepping down after five and a half years as independent Chair. In that time, we have started to look at more issues in greater depth as illustrated, it now encompasses concerns for different groups such as the homeless and dependent drinkers and substance misusers. We are also more aware of the extent of sexual and financial exploitation. Some of the casework involving individuals caught up in these forms of abuse is increasingly complex and challenging.

I want to express my appreciation of the excellent work being carried out by staff in all member organisations of the Board, exemplified more than ever during the past year.

I must also thank the Board's Business Manager, Administrator, and chairs of subgroups for their continued support. I am grateful for having had the opportunity to undertake such a worthwhile role and I have learned a great deal from all my colleagues.

Barrie Crook

Independent Chair, Dorset Safeguarding Adults Board



News about incoming Joint Independent Chair – Siân Walker

Since April 2021 Siân Walker has been the new joint independent chair of the Dorset Safeguarding Adults Board and the Bournemouth, Christchurch & Poole Safeguarding Adults Board.

Siân is a registered social worker with over 40 years' experience working in social care and a wealth of knowledge in adult safeguarding. Siân is also currently Chair of the Bath & North East Somerset

Community Safety & Safeguarding Partnership and previously Chaired 3 other safeguarding adults boards in Kingston, Lambeth and Devon prior to her appointment at the end of March 2021.

Siân has led and chaired the regional South-West Chairs Network for 3 years and has recently been appointed as the national co-chair for the SAB Chairs Network. With experience in diverse geographic areas, Siân is very well-placed to understand safeguarding issues pertaining to more rural areas as well as towns and cities.

Siân is driven by a passion for excellence, ensuring all services to vulnerable people are person-centred, easy to access and more importantly promote independence, while making sure people are safe. Siân's experience and personal qualities combined will surely be an asset to the Boards during the course of her tenure.

See Siân talk about her new role and the importance of adult safeguarding in the following YouTube link -

[Video for Safeguarding Week - YouTube](#)

About the Dorset Safeguarding Adults Board

The Care Act (2014) states that every local authority must have a Safeguarding Adults Board. Each SAB has 3 core duties –

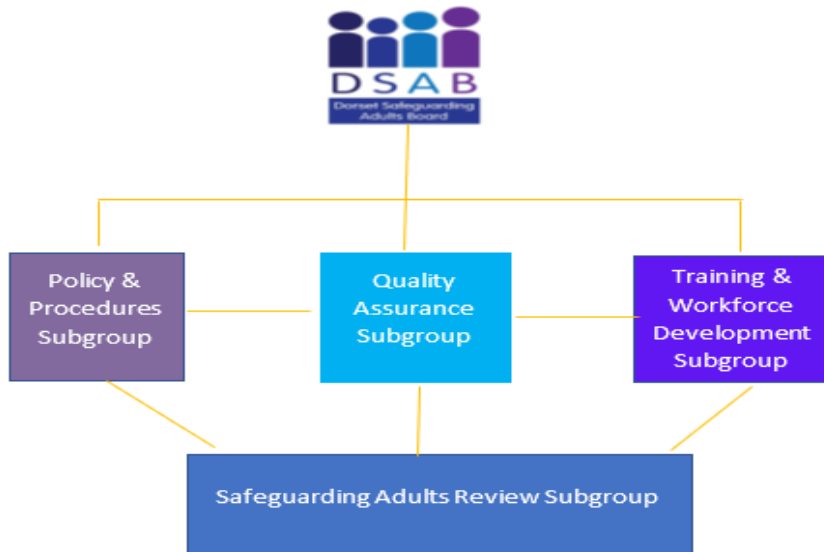
- Develop and publish a strategic plan setting out how we will meet our objectives and how our member and partner agencies will contribute.
- Publish an annual report detailing how effective our work has been.
- Commission safeguarding adults' reviews (SARs) for any cases which meet the criteria for these.

The Dorset Safeguarding Adults Board (DSAB) was established on 2009 and is the statutory board that co-ordinates safeguarding adults work in Dorset. The Board meets quarterly to review and discuss safeguarding activity and consider ways that it can help to improve safeguarding practice and keep adults with care and support needs safe from abuse and neglect.

The Board is not responsible for the delivery of any services but those agencies who do plan and deliver services locally, are represented on the Board (see Appendix 1). Each Board member must provide the DSAB with regular assurance that they are effectively responding to supporting and protecting those at risk of abuse and neglect.

The Board also works to ensure that all resident living and working in Dorset understand their safeguarding responsibilities and know how to respond if they are made aware of a concern. Promoting and maintaining a positive relationship with providers and communities is central to creating a safe environment for all.

As Dorset has two local authorities (Dorset Council and Bournemouth, Christchurch & Poole Council) they must each have a Safeguarding Adults Board. However, we share one independent Chair and 4 sub-groups who are responsible for completing the priorities the Boards have agreed should be undertaken throughout the year. This is reflected in a shared Business plan. Each of the subgroups is Chaired by a different member of the Board.

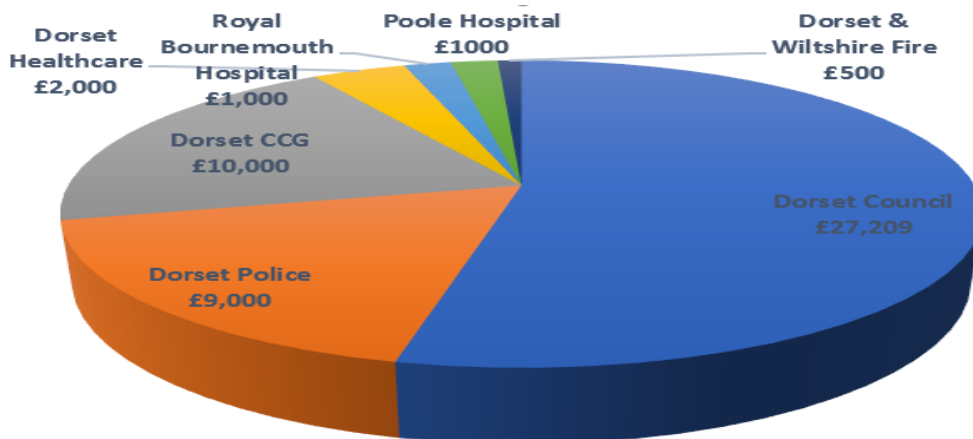


*Figure showing subgroups are all shared with the BCP SAB



Our Budget

The DSAB maintains a working budget to enable it to undertake its work and the priorities identified in the business plan. Each year contributions are received from partners to support this work.



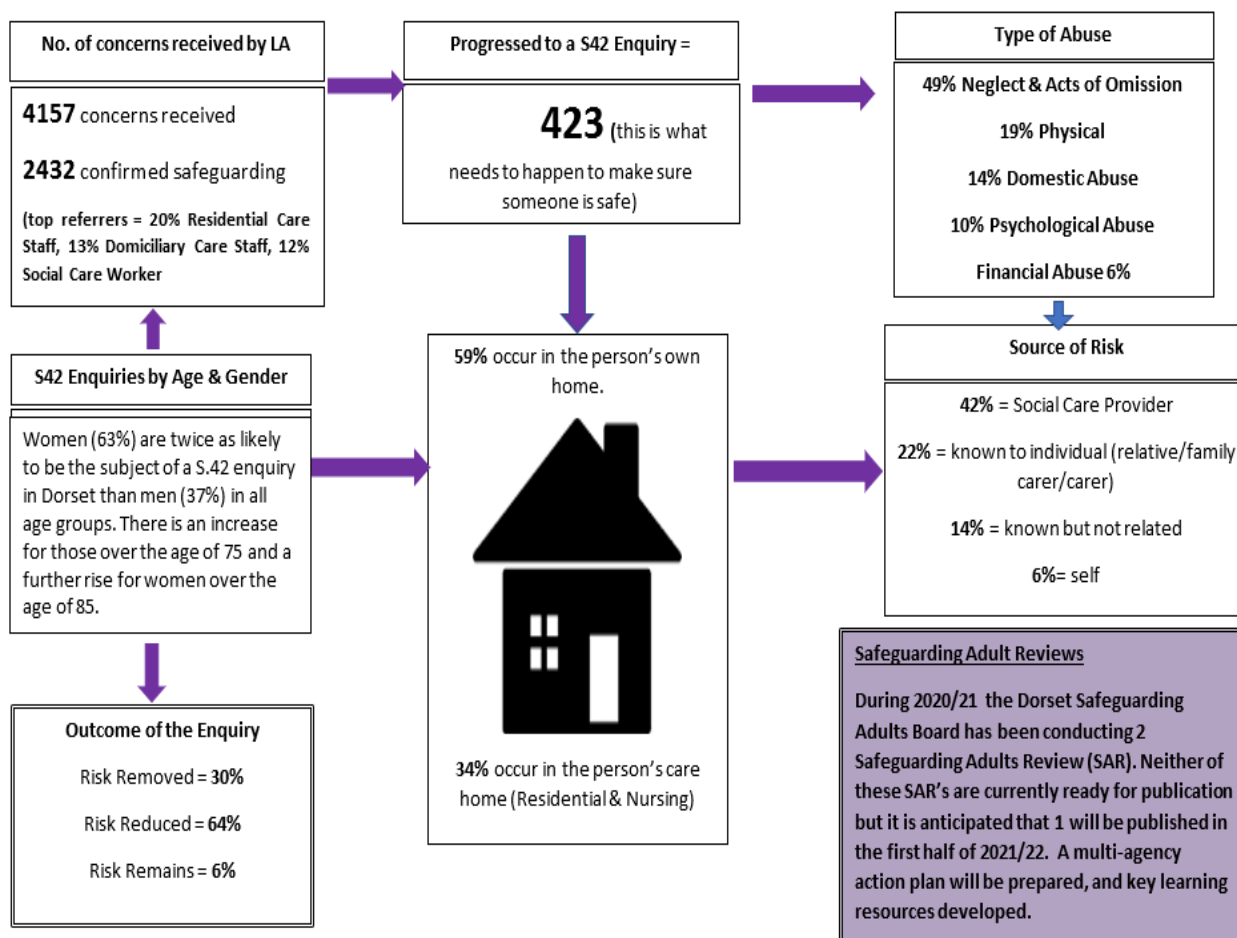
Total budget 2020/21 - £50,709

The budget funds the roles of the Independent Chair, Board Manager and Board Administrator who coordinate the work of the Board and its subgroups. These roles are hosted by Dorset Council on behalf of the Board.

Local Adult Safeguarding Activity

The Safeguarding Adults Collection (SAC) is a set of data recording details of all safeguarding activity relating to adults aged 18 and over in England. The SAC includes safeguarding activity reported to or identified by councils with adult social services responsibilities. The data includes demographic information about adults at risk and details of the incidents that have been alleged. It also refers to demographics (or the makeup of the local population), application of the mental capacity act and how, in Dorset we have addressed the principles of ‘making safeguarding personal’ as well as the number of formal safeguarding adults reviews which have been completed.

Below is an infographic of safeguarding activity reported to Dorset in 2020/21



Safeguarding data is received and scrutinised by the DSABs Quality Assurance subgroup.

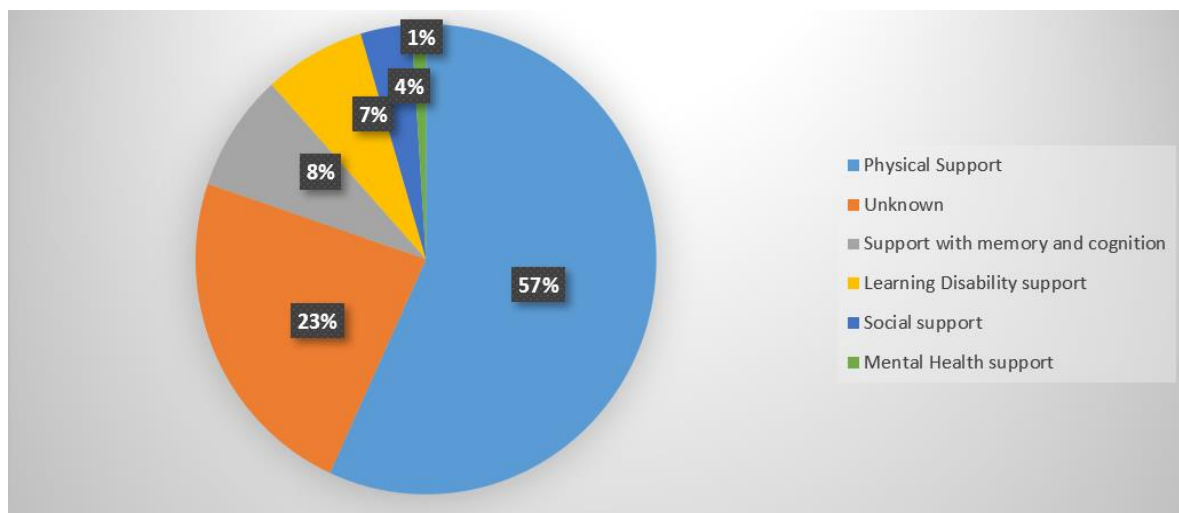
During 2020/21 we have seen an increase in the number of safeguarding concerns received particularly in June, September and November 2020 and March 2021. The average number of safeguarding concerns received each week during 2020/21 was 107 per week, compared to 80 per week in 2019/20.

The number of safeguarding concerns which progressed to a S42 Safeguarding enquiry in 2020/21 was 18% which is a 3% increase when compared to the figure for 2019/20 (15%).

Equalities Data

The Dorset Council area has a population of 375,00 residents, 28% of whom are aged 65 years and older.

Data relating to primary support need shows that half of all safeguarding concerns received in 2020/21 related to individuals requiring physical support.



As highlighted in the infographics table above, women are almost twice as likely to be the subject of a S42 Safeguarding Enquiry than men in all age groups. The DSAB considers any additional preventative work that is required to support this group of individuals to remain safe.

Data relating to ethnicity highlights that out of the 423 S42 Safeguarding enquiries undertaken during 202/21, 94% of individuals were recorded as white British. This is reflective of the Dorset Council area population, which is recorded as predominantly white British, with only 4.4% of Dorset residents recorded as being from black, Asian and other minority ethnic groups.

Dorset's beauty and rurality can conceal hidden pockets of deprivation. Whilst deprivation is mostly found in urbanised areas such as Weymouth and Portland, rural isolation and difficulty accessing housing, transport and essential services can have a significant impact on physical and mental wellbeing. Dorset has a large population of older people and relatively low birth rates. The population continues to grow slowly driven by people moving into the county and longer life expectancy. The life expectancy in Dorset is 80.9 years for men and 84.6 years for women. Further demographic information for Dorset can be accessed by following the links below -

[Understanding Dorset \(dorsetcouncil.gov.uk\)](https://www.dorsetcouncil.gov.uk)

[Life expectancy - Public Health Dorset](#)

What we set out to achieve during 2020-21

Together with the BCP SAB, the Board set out what it wanted to achieve in its joint business plan [Dorset Safeguarding Adults Board business plan 2020-22 - Dorset Council](#)

The Board has continued to work towards achieving the priorities -

- Support the development of a more robust independent care and health provider market that leads to fewer safeguarding concerns.
- Reduce the instances of people with care and support needs being involved in Domestic Abuse and improve the interface between Domestic Abuse and Safeguarding.
- Help to establish working with the whole family as standard practice.
- Evidence lessons from Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs) have changed the way we work.

The business plan spanned 3 years and predated the Covid-19 pandemic. Although the Coronavirus Act (2020) ([Coronavirus Act 2020 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uk/acts/2020/11/section-1)) does not affect the statutory duties for safeguarding adults at risk as detailed in the Care Act (2014) and statutory guidance ([Care and support statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/care-and-support-statutory-guidance)) due to the pandemic we have all had to change the way in which we work and our partners have had to adapt and respond quickly to the significant and long term impact of the virus. This has required strategic partners to work effectively together to identify positive and efficient ways of working in order to support the safety and wellbeing of our communities.

During the first lockdown period the Board was represented on the safeguarding and mental health sub group established as part of the 'community shield' response to enable a co-ordinated approach to supporting the emotional wellbeing and mental health of those individuals shielded or requiring support during this period. This group brought together key agencies including the local NHS Clinical Commissioning Group (CCG), Public Health, Children's and Adults social care, Dorset Police, and the voluntary sector to promote a joined-up approach to supporting communities and vulnerable individuals. This group has now merged into the 'Welfare Recovery Group' which meets every 2 weeks. An adult safeguarding update is provided to partners alongside education, 'Live Well Dorset' and the voluntary sector providing a richer picture of health and wellbeing across the whole county. Discussions from this meeting and any areas of particular concern are shared with the Dorset Local Resilience Forum (LRF). More information about the Dorset LRF can be found here –

[About the Local Resilience Forum | Dorset Local Resilience Forum \(dorsetprepared.org.uk\)](https://dorsetprepared.org.uk)

The direction of the Board's business plan has inevitably altered course to enable member organisations to focus on the most pressing issues associated with supporting people in the Pandemic. Safeguarding has remained at the heart of all activity; new ways of working have developed, and existing issues have required more innovative approaches to be identified. Throughout the last year partner organisations have consistently worked closely ensuring adult safeguarding has always remained a central focus and this is evidenced in the board member reports included in the following pages.

Progress on Business Plan Priorities during 2020/21

The Safeguarding Adults Board continues to monitor safety through data analysis and contributing to support plans in the care sector. The Boards joint business plan([Dorset Safeguarding Adults Board](#)

[business plan 2020-22 - Dorset Council](#)) plan was based on a 3-year strategy and predated the Covid 19 pandemic.

A reflective learning event was held with SAB members in November 2020 with a focus on understanding the experiences of board member organisations, Public Health Dorset and the care sector during the pandemic. Its purpose was to share information, identify ways to prevent future harm, particularly in the context of increased infection rates during the winter period when the health and social care system was already under stress. An update was provided by commissioners about the challenges in residential, nursing, and domiciliary care settings. The pressure on recruitment and staff retention in an already fragile market has been amplified further by the pandemic. At the March 2021 Joint Board meeting a presentation was provided by both Local Authorities and the CCG detailing the ongoing supportive work being delivered to the provider sector.

In previous years the SAB has supported providers, at an annual event which sadly was not possible in this reporting year. However, contact has been maintained and the SAB did seek the views of providers and ask what assistance would be welcomed. Relationships between the LAs and the provider market have been positive with daily and weekly phone calls being made to provide reassurance, guidance and support.

Domestic abuse remains a continuing priority. The Board works closely with the Community Safety Partnership to develop and maintain a coordinated approach when responding to adults who have care and support needs and are experiencing domestic abuse or coercion and control. The Board recognises that domestic abuse between older partners or familial abuse has not always been fully understood and responded to effectively. The impact of Covid 19 restrictions are also recognised as having impacted on carer stress. Adult Safeguarding data has been interrogated regularly to ensure any increases in concerns are identified and discussed.

Understanding and responding to self-neglect also remains an ongoing priority and there is recognition of the risk of self-neglect increasing because of the Covid 19 virus as people became increasingly isolated, lonely, bereaved or as financial burdens intensified. The SAR sub-group has also been considering more cases of suicide. The Board actively engages with the 'Pan-Dorset Suicide Prevention Steering Group'.

It is acknowledged that an overarching governance structure for safeguarding in its widest sense would help to mitigate the risk of duplication across partnerships and lead to better coordination and outcomes for the person. Different models of governance which bring together the responsibilities of children and adult safeguarding and community safety are being implemented in some authorities. The SAB review, which commenced with an independent report in October 2019 following local government reorganisation, was paused due to the pandemic. There is now a need to integrate into our planning the learning from how the whole safeguarding system has responded to the pandemic, the pattern of new safeguarding risks and the identified needs which have resulted from it.

A new Board structure and governance arrangement will be agreed, and implementation plans designed during 2021/22. This will be overseen by the incoming SAB Independent Chair



In conjunction with Public Health Dorset and the BCP Safeguarding Adults Board, the DSAB has been involved in a major national project with Alcohol Change UK focusing on safeguarding vulnerable dependent drinkers. The project focuses on developing alternative approaches and care pathways for drinkers whose alcohol dependency is particularly entrenched and chronic. The learning from this project will assist Board members to understand their responsibilities and how the legal frameworks can be applied to improve the outcomes for these individuals, their families, and communities. A series of learning sessions are also currently being planned for 2021/22 to support agencies to work positively with this group of individuals.

Read the projects findings and guidance on how to use legal powers to safeguard highly vulnerable dependent drinkers in England and Wales here –

[Safeguarding-guide-final-August-2021.pdf](#)

Work of the Boards Subgroups

As highlighted in the diagram above the DSAB shares 4 sub-groups with the Bournemouth, Christchurch & Poole Safeguarding Adults Board to maintain a joined-up approach across the whole of the county. During 2020/21 the subgroups have worked to align their workplan areas to ensure clear linkages are maintained which are translated back to the Boards' strategic plan objectives.

Policy & Procedures Subgroup

The Policy & Procedures subgroup meets four times a year and has focussed on the oversight and revision of the Pan-Dorset Safeguarding Adults Procedures. These are available on the Board website (currently hosted by Dorset Council [Dorset Safeguarding Adults Board - Dorset Council](#))

The refresh of the procedures in 2020/21 was paused due to the pandemic and group members needing to prioritise their focus to the pandemic response. An updated document is however now being prepared for publication in the summer of 2021. The group has continued to focus on modifying the procedures to enable a document to be developed which will be more accessible.

The sub-group has also overseen a 'communication and media campaigns task and finish group' to update posters and has distributed these to all vaccination centres in Dorset. This provided an opportunity to communicate the message that 'safeguarding is everyone's business' and reach a wide community audience to ensure they knew where to contact should they have a safeguarding concern about an adult with care and support needs. The posters and other resources can be accessed via the Boards website using this link [Learning and development - Dorset Council](#)





Quality Assurance Subgroup

The Quality Assurance (QA) subgroup meets quarterly to support the Safeguarding Adults Boards to take a strategic overview of the quality of safeguarding activity across its area of responsibility. The group reviews and analyses data and performance across all agencies and also the local Council data as the Council is responsible for completion of the statutory Safeguarding Adults Collection (SAC) [Safeguarding Adults - NHS Digital](#)

Making Safeguarding Personal (MSP) is integral to supporting improvements in provision and practice to ensure effective prevention and early intervention. Making Safeguarding Personal means that every agency must ensure that when they intervene to protect or prevent someone from being harmed abused or neglected, people must be asked what it is they would like to happen. We should all always listen to the views of people to ensure that the person remains at the very centre of their safeguarding journey.

The subgroup interprets data from partner organisations to effectively identify trends, themes and key areas of focus. Referrals for Advocacy and reviews of contract monitoring of care and health providers are regularly undertaken to ensure effective support and representation of people's views and wishes.

This subgroup holds responsibility for assuring the Board that there are effective and accountable safeguarding adults monitoring systems in place. It produces a quarterly report to the board highlighting individual agency safeguarding themes, approaches and service provision and holds responsibility for ensuring this is maintained across all partner organisations. This enables the Board to consider how it should respond and whether it needs to focus on any areas for inclusion in its Business Plan.

A major focus of the QA subgroup throughout 2020/21 was a comprehensive review of the Multi Agency Risk Management (MARM) Guidance. MARM originates in good practice which enables agencies to share information where there are concerns about a person living in the community. The MARM process must involve the person in discussions, enable them to participate and have their views heard.

The review of the guidance was achieved through an independent audit to evaluate how MARMs are being used by agencies and their impact. It was reassuring to the Board that MARMs are used positively and are a valuable tool in bringing agencies together. Actions arising from the audit which the Board is now focusing on include a review of the guidance to update terminology and recording templates and a quick guide resource to support practitioners to convene and understand the principles of MARM which are based on Making Safeguarding Personal and Strengths-Based Practice. The Board's Training & Workforce Development subgroup will also support in the design and delivery of multi-agency training to improve understanding, confidence and skill amongst agencies and practitioners of the purpose and effective use of MARMs.



Training & Workforce Development Subgroup

The Training & Workforce Development (TWD) Subgroup welcomed in a new Chair during 2020/21 which has provided a new direction and focus for the group. The Terms of Reference have been reviewed and updated and placed on the DSAB website. TWD subgroup work during 2020/21 included the following -

- TWD Representation at the quarterly Pan Dorset Safeguarding Children's Partnership meeting for training ensured sharing information regarding training across Children's and Adults supporting the 'Whole Family' approach.
- In February the TWD Sub-group hosted Mike Ward from Alcohol Change UK in delivering an update on the Safeguarding Vulnerable Dependent Drinkers Project. 47 people attended the virtual training session from across the Partnership. Professor Michael Preston-Shoot undertook research into the learning from SAR's, this work identified that alcohol was a factor in approximately 25% of SARs sampled and provided the backdrop for the project. The session provided examples of how people dependent on drugs or alcohol were not being supported effectively due to the constraints of the legal framework in the UK
- The subgroup and Board were reassured that all partner organisations are now delivering training via virtual means and this, although not fully back to pre-Covid rates, has moved on significantly.
- The subgroup has developed a new system where safeguarding themes identified from referrals and reviews considered by the Safeguarding Adult Review subgroup, are shared to allow learning to be identified and embedded within organisations.
- The TWD produced a Report for the Boards providing assurance that all member organisations were delivering training and/or learning that supported the Boards priorities of 'Self-neglect' and 'Domestic Abuse'. This was achieved through canvassing all Board member organisations.



Safeguarding Adults Reviews Subgroup

Under the Care Act 2014, the DSAB is responsible for the coordination of Safeguarding Adults Reviews (SARs). These are statutory independent reviews commissioned where there has been an incident of serious harm or death involving an adult at risk. SARs are about learning and **not** apportioning blame. They set out to establish what may have gone wrong and to identify where agencies or individuals could have acted differently or worked better together. SARs also recognise the complexity of safeguarding work and will also identify areas where there has been good practice.

Recommendations are made at the end of a SAR and this will often include the learning needed to prevent future incidents of serious harm or death from happening again. This learning is shared

across all partners and a multi-agency action plan is developed. The Board is responsible for holding partner agencies to account for the learning they undertake.

During 2020/2021, one review was undertaken. The review will conclude in July 2021 and findings will be published in 2021/22 and reported in next year's annual report. An action plan will be developed, and progress updates requested from agencies on a quarterly basis to ensure learning has been shared and the required changes made to process and practice.

A second SAR was agreed by the Board in 2020/21. An independent author has been identified to complete this review which began in March 2021. This review is not yet complete.

The SAR Subgroup continues to monitor learning and progress, following SARs which were considered in previous years in Dorset. The Board is considering our approach to implementing the recommendations and gathering assurance in light of the findings from the National SAR Analysis, which was completed at the end of 2020.

[Analysis of Safeguarding Adult Reviews: April 2017 - March 2019 | Local Government Association](#)



LGA Covid-19 Safeguarding Insight Project

The Dorset Safeguarding Adults Board has worked in partnership with the local authority to participate in this important 'Insight Project'. It was established to create a national picture regarding safeguarding activity during the Covid 19 pandemic. Dorset Council has and continues to submit data to the project on a voluntary basis.

The majority of Local Authorities saw a marked drop in safeguarding concerns during the initial weeks of the Covid 19 lockdown but a return to normal levels by June 2020. This was expected as restrictions were eased. The trend in safeguarding enquiries showed a similar decline nationally during the initial weeks of the lockdown period.

The percentage distribution of abuse types identified in safeguarding enquiries did not appear to change considerably overall. Whilst there was national evidence that some forms of abuse, particularly domestic abuse, had increased within some local authorities this was not the case in the Dorset Council area.

The percentage of safeguarding enquiries undertaken where the risk is located in the persons own home has increased nationally and Dorset has also seen an increasing trend of 'own home' location in its safeguarding data analysis (Q1 2020/21 = 48%, Q4 2020/21 59%). This could be as a direct result of confinement of people in their own homes but requires additional analysis and has been brought to the Boards attention for further consideration. Conversely whilst providers remain the primarily safeguarding concern referral source there has been a decrease both nationally and locally of risk being located in nursing and residential homes (Q1 2020/21 = 38%, Q4 2020/21 34%). This may suggest that because of a lack of outside scrutiny such as care quality monitoring visits safeguarding has not always been identified and reported. The reintroduction of these monitoring visits may lead to a number of quality and safeguarding issues being identified.

Covid 19 has presented new areas and cases for consideration under safeguarding particularly in relation to self-neglect, including the cancellation of care services. The local authority has worked proactively with providers throughout the crisis to maintain positive support networks and an open relationship via daily and weekly telephone calls from Commissioning, Quality and Brokerage to care providers to provide additional support and an opportunity to discuss any concerns including safeguarding related. Regular updates are also received by the specialist safeguarding team about any Covid related information and the number of cases identified in care settings from Commissioning. This has helped the safeguarding team to monitor concerns when raised. For those individuals who would ordinarily attend day service provision, regular contact has also been maintained with providers to ensure the persons health and wellbeing is maintained.

Many of the effects and impact of Covid 19 and lockdown on safeguarding activity are localised and may differ between different parts of England. However, it is acknowledged both nationally and locally that the challenges of social distancing brought a further layer of complexity to the safeguarding enquiry process. The practicalities of progressing safeguarding enquiries were more difficult, and this has impacted on Making Safeguarding Personal (MSP) more challenging. The pandemic has created new complexities and barriers for people to report their experiences of abuse and neglect as well as the ability to engage meaningfully with individuals. New and creative ways of engagement with people and their communities must continue to develop as we continue through the crisis.

The Insight project is currently still live and therefore a fuller analysis of the project's findings will not be available until the next reporting year. However, the initial report and findings are being used by the local authority and the Board to benchmark, reflect and identify issues which can support learning and change.

Further information about the project can be accessed here -

[COVID-19 Adult safeguarding insight project: findings and discussion | Local Government Association](#)

[COVID-19 Adult Safeguarding Insight Project - Second Report \(July 2021\) | Local Government Association](#)

Our Plans for 2021/22

With a new joint independent chair this gives us an opportunity to review and refresh the way we work. With 2 Boards across Dorset, reviewing our structure and process will enable us to deliver a clearly focused strategic plan which is easy to understand for everyone and will be focused on involving citizens and communities.

The new strategic plan will take account of the challenges that our citizens and partners have faced throughout the pandemic.

We have identified that transitional safeguarding and homelessness are key priority areas and we will be agreeing our other key priorities at the September board meeting.

Once complete the Boards new strategic plan will be available for review on the SAB websites.

A local safeguarding case study



Edith is an older woman who has some mobility issues and can only walk short distances using a crutch for support. She would normally take a taxi to the shops, but as she wasn't going out due to Covid-19 restrictions, was asking her son to collect some shopping.

Edith's son lives with her and requires support with his mental health. He is also reported to have some substance misuse issues.

Edith gives her bank card to her son to use on her behalf for small contactless payments for food shopping. She has always been reluctant to accept any external support. She is a proud woman and is concerned about the cost of any care.

A safeguarding concern was received from Dorset Police who had been contacted by Edith's bank. The Bank were concerned about large cashpoint withdrawals resulting in Edith's capital reducing and leaving her with insufficient money for food.

Police also raised concerns about self-neglect as the condition of Edith's home were very cluttered and hazardous with unclean kitchen surfaces and carpets. There was also mouldy food in the fridge.

The police and safeguarding team were concerned about Edith continuing to give her son her bank card and money and were worried that he maybe was coercively controlling her. Her unwillingness to accept any help also increased concern about her risk of self-neglect and abuse.

How could Edith be supported to safeguard herself?

It was established that Edith had a supportive granddaughter, and together they visited the bank. The bank spoke about their concerns with Edith and they agreed that she would only withdraw up to £50.00 per day and that she would visit the bank in person to do so. Other than food, all her bills are covered by direct debits and therefore she did not need to access larger sums of money daily.

The safeguarding team also spoke with Edith about considering donating her Lasting Power of Attorney to her granddaughter, and in the meantime agreed that she could be the second person on her bank account, to monitor expenditure. Online shopping was discussed as a further safeguard, but Edith has always enjoyed going to the shops and wished to retain this aspect of her independence. Advice was also given about care and support options and Edith agreed to an Occupational Therapy assessment to help her think about ways to increase her independence. Whilst there have remained some concerns about instances where Edith has given her son money, her granddaughter has access to the account and can monitor withdrawals.

The trust that Edith built with the safeguarding team led to her engaging with adult social care who have been able to assist with some tasks around the home and collecting shopping improving her wellbeing and safety. Plans have also been made for Edith to visit the GP surgery to meet with her social worker and grand-daughter enabling her the opportunity to talk about home in a safe space and without worrying about her son being in the next room or listening in on the phone.

Positive Outcomes:

Edith continues to remain in her own home with her son, which is what she wanted. Support has been put in place to safeguard her finances and assist her to manage her home environment which has reduced concerns about self-neglect.

Good multi-agency working and with liaison between the Police, Bank, Safeguarding, Locality Social Worker, and others enabled a positive relationship to be built with Edith and her expressed wishes to be respected and acted upon.

NB – Edith is a pseudonym to protect identity.



Board Member Reports

We recognise that all communities and every aspect of adult social care including safeguarding services have been affected by the Covid-19 pandemic, it has been an exceptional year for all of us. The Covid-19 pandemic has also disrupted professional and supportive services relationships with children, families, carers and adults with care and support needs.

Forced to stay at home during the pandemic, some families have reported a positive impact in spending more time with loved ones. In contrast, others have found the experience very isolating and lonely or feel unsafe. They raised further concerns about the impact on mental health and emotional wellbeing for all ages, and the resilience of families across the paid and unpaid workforce

All the Member reports below reflect delivering safeguarding services in a different and difficult context.



Dorset Council maintained a key focus on adult safeguarding throughout the year despite the challenges brought about by Covid 19. Outlined below are some of the achievement and challenges throughout 2020/21 and identified areas of focus for 2021/22:

2020/21 Achievements

- 600 staff have completed the safeguarding adults e-learning module which is available in the new learning hub
- Safeguarding, domestic abuse, coercive and controlling behaviour and scams awareness raising sessions were delivered as part of this year's Festival of Learning
- 198 staff attended supplementary learning events including sessions on domestic abuse and substance misuse
- Adult Social Care working with the DSAB, Dorset Council Children's Services and Community Safety Partnership has strengthened relationships by holding regular strategic meetings to share insights

- The Mental Health and Safeguarding subgroup of the 'Community Shield' Response was highlighted as best practice by the LGA as part of the Covid 19 insight project which had representation from the SAB, adult social care, voluntary sector and other council colleagues
- The safeguarding service is a key member of daily High Risk Domestic Abuse (HRDA) meetings and chairs a monthly panel to drive improvement in knowledge and local responsiveness to domestic abuse with improved working relationships with police and other partners
- The focus on quality of practice continued during the year through case file audits. Findings revealed good decision-making practice was in place. An action plan for further improvements is in place and being monitored
- Just under 400 participants attended the Mental Capacity Act conference in March 2021 this was good representation given Covid19 pressures. The theme was Life, Liberty and the Pursuit of Happiness. Keynote speakers were His Honour Judge Simmons (how decisions are made in the Court of Protection); Ken Wilson psychiatrist (brain injury and how this can impact on capacity); Dr Ben Henry psychiatrist (interface between the MCA and the Mental Health Act); and Lorraine Currie chair of the National MCA Forum and Social Worker (personal reflections on how to provide support in a less restrictive way). The conference received some excellent feedback.
- The Mental Capacity Act Team continued to prioritise and attend the Learning Disability Mortality Review (LeDer) Panel, advising on good practice the quality of care people receive around their death
- A Risk and Enablement Forum was established to support frontline staff in managing complex and high-risk situations, and is working well
- Commissioning and Quality colleagues have continued to provide direct support to providers to keep service users and families safe and have been flexible and adapted practices and processes to do so. For example:
 - Continuous support and engagement in the Covid 19 Outbreak Management meetings
 - Ensuring Infection, Prevention and Control Funding is used innovatively such as: ensuring staff worked only at one site, funding staff to be paid to self-isolate, create larger changing spaces for staff and to supply more uniforms / scrubs, providers were encouraged to increase the use of technology to help residents stay in touch with families i.e. more computer tablets to enable Zoom and Skype calls.
 - Ensuring communications are concise and clear. Keeping care providers up to date with the ever-changing Government guidelines and providing additional funding for 'Partners in Care' to support this.
 - Actively participating in the newly established Social Care Subgroup to ensure system leaders and provider representatives agree approaches
 - Supporting all non-regulated care providers commissioned within the prevention portfolio to alter their operating models to ensure a greater virtual presence, as well as contributing to the wider community response ensuring groceries and medication needs were responded to
 - Developed a Care Collaborative Group
 - Supported care providers to complete government tracker systems and completed government questionnaires and self-assessments to help the Government better understand the impact of Covid on adult social care including providing information on providers and the different types of provision, the workforce, carers and informal carers
 - Ensuring care providers continue to have access to PPE

- Supporting the vaccination roll out as required – by March 2021 4000 care home staff had their first vaccine
- Working closely with the Care Quality Commission (CQC) and the local NHS Clinical Commissioning Group (CCG) to ensure oversight of health and care provider settings - quality visits have taken place in different ways to comply with social distancing and this has involved weekly well-being calls to care home managers, to support to understand frequently changing Gov.uk guidance and offer additional support to manage Outbreaks where needed

Challenges

- Responding to a sustained increase in safeguarding activity during the pandemic
- Application of the ethos of ‘Making Safeguarding Personal’ – further work is needed to support staff and embed this in practice
- Continuing to ensure services are safely staffed and can meet the needs of the community – this is likely to be extremely challenging from a workforce perspective

2021/22 Areas of focus

- Enable citizens to contact adult social care more easily by enhancing our ‘front door’ approach
- Establishment of a Quality Improvement Process in adult social care to drive and monitor safeguarding practice, quality assurance and performance across operational teams.

Housing update

2020/21 Achievements

Since the beginning of the pandemic, in March 2020, Dorset Council Housing Services has led a major shift – across a wider partnership - in how we have responded to homelessness demand. This is to maintain our statutory duties during the pandemic, but also to adapt our service delivery to deal with new pressures, new ways of working and implementing changes in Government policy. Not least of these has been the response to the ‘Everyone In’ initiative. This has been an area where there have been significant safeguarding factors, with many of the people facing homelessness also living with drug and alcohol addiction, mental ill-health and complex needs.

We developed the new approach in alliance with strong work across the voluntary sector. Notably, The Lantern Trust, Julian House, Bus Shelter Project and Shelter. There is a tight partnership in place across sectors. Domestic tensions and abuse, tenancy security, rent arrears are continuing concerns and are a central part of our work. There were also considerable community pressures to manage, so that any anti-social behaviour in Weymouth was managed firmly but sensitively by the various agencies. Weekly tactical meetings with the Police and enforcement agencies worked very well, to make sure that service users were supported at the same time as ensuring community safety.

We have made a strong start in moving people on from B&Bs into settled housing. We work closely with partner Housing Associations to make best use of their stock. They have been proactive in offering properties for the immediate needs for temporary housing, as well as the permanent lettings which are made available to us. We look for solutions across Dorset Council area, recognising the greatest pressures focusing on the Weymouth and Portland area.

We maintain a focus on strong 'prevention' advice to help people avoid housing crisis, explore options to remain in current homes, or find suitable alternatives. We are developing options to provide consistently effective 'wrap-around' support for emergency housing, in the right locations. Reliance on B&Bs is reducing. We want to maintain this, especially if demand rises due to the eviction ban being lifted.

During the Winter, we operated a successful shelter to keep people safe and off the streets. Safe Sleep 2021 was run by the Lantern Trust, as a 'Covid-safe' shelter to keep rough sleepers safe from the threat of cold weather. This ran from 4 January to 31 March 2021. It was funded via £50,000 MHCLG funds allocated to Dorset Council alongside £41,000 funding awarded to the Lantern Trust from the Homelessness Winter Transformation Fund, so was a great way to channel funding into the most acute areas of need.

When the Severe Weather Emergency Protocol was triggered eight people sleeping rough across the county, some of whom do not want accommodation found for them, strong outreach work has taken place with them to ensure their safety and welfare. We also pledged to support our rough sleepers to register with a GP, so that they were able to receive the COVID-19 vaccine at the earliest opportunity. This worked well, with a high take-up of vaccinations from this group, run by the local charity, The Lantern Trust.

The benefit of joint working has continued to bear fruit and Dorset Council's success in securing funding targets to support those who need assistance with their use of alcohol or other drugs and help them rebuild their lives. The project, supports people to access detox and rehabilitation services outside Dorset where appropriate, as well as improving wraparound support in the local area, e.g. access to mental health, substance misuse workers and peer mentors, who are key to working with vulnerable people in treatment services.

Challenges

Challenges remain, based around the demand for housing exceeding supply available. There is a strong new-build programme, delivered by locally active Housing Associations, where affordable housing for rent is provided for people in need. This does not fully meet the need from people and families waiting in urgent or emergency categories on our Housing Register. We also rely on the private rented sector providing settled or temporary housing for people in need, with this currently being a challenging area due to the buoyancy of the market rent, sale and holiday let market (making these options more attractive to landlords). Providing a decent affordable home is key to maintaining health and well-being across our population, particularly for people who are vulnerable or at risk. We work with local Housing Associations and property owners prepared to lease homes to us, so that we find suitable options.

2021/22 Future Focus

In the coming year, Dorset Council will develop a new Housing Strategy, pulling together all aspects of Housing to include analysis of need, demand, supply and the standards we expect as a Housing Authority. This will include a close analysis of the support needs associated with the provision of Housing, so that people are guided and supported to maintain tenancies and live independently and well in their own homes. The 'revolving door' of homelessness, where people may struggle to maintain a tenancy and then revert to being homeless, is a key area of focus, to make sure people are able to settle and live well. There will also be a focus on housing conditions, recognising that some of the worst standards are in the private rented sector, and make sure that these are tackled through advice, encouragement, and enforcement within Dorset's landlords.



Dorset

Clinical Commissioning Group

NHS Dorset Clinical Commissioning Group (CCG) plan develop and commission health services on behalf of the local people. Our key providers include Dorset HealthCare, Dorset County Hospital, University Hospitals Dorset, South Western Ambulance Service, Salisbury Hospital, Southampton Hospital and Yeovil Hospital, as well as providers from the charitable, voluntary and private sectors.

Challenges

Throughout the COVID-19 pandemic, practice has transformed through virtual working and the use of digital technology. The pandemic has seen a rise in the complexity of domestic abuse incidents, an increase in Domestic Homicide Reviews (DHR) and referrals to HRDA and MARAC and also, an increase in incidents not meeting the threshold for criminal proceedings. Adult safeguarding referrals have reported frauds and scams targeted at the elderly and increased isolation for those in society who were already vulnerable.

Safeguarding training compliance has been impacted on across all services due to the additional system pressures, however credit to all for transforming training into the virtual space so readily.

Areas of focus

The CCG has been supporting partners in shielding the most vulnerable and working with community safety partners in addressing the impact from lockdown. Targeted communication campaigns have been rolled out including domestic abuse, exploitation, frauds and scams and the impact of low level but frequent alcohol consumption.

In Primary Care, the GP's focus has been on understanding safeguarding demand and risk across the population and its link to health inequalities.

Achievements

- The team has embraced the ethos of "Think Family" working across the system to support each other and consider the impact of adults on children and vice versa.
- A new streamlined approach to information sharing for MARAC and HRDA meetings.
- The CCG Adult Lead chairs a High-Risk Domestic Abuse Conference monthly, enabling oversight of the quality of referrals and completion of health actions.
- Domestic abuse has been the focus of a CCG well-being blog with resources attached, and also within the CCG's Men's Health Forum.
- A tracker for learning from statutory reviews has been developed, to identify learning to improve practice.
- General Practice training has resumed and is cascaded via GP Safeguarding Leads.
- The majority of health staff undertook Level 4/5 safeguarding training this year.
- NHSE SW have funded a module for all Partners with Bournemouth University on risk assessment and decision-making in safeguarding.



Dorset Police are committed to effectively targeting our resources on the basis of threat, risk and harm to safeguard our most vulnerable members of the community. We regularly engage with local people and partners to ensure we work collaboratively to fulfil the core policing duty of protecting our communities.

Achievements

During 2020/21 the recruitment of 3 vulnerability lawyers has expanded the ability of Dorset Police to obtain civil orders in order to protect victims. For example, in 2019 we secured 53 Domestic Violence Protection Orders (DVPOs) but in 2020 it was 133.

Throughout COVID the team has shown great flexibility in continuing to provide a service to partner agencies and vulnerable victims.

The Adult Safeguarding specialist within in the Safeguarding Referral Unit has developed excellent relationships with colleagues in other agencies allowing effective discussions around safeguarding concerns.

Challenges

Due to sharp rises in demand in other areas such as domestic abuse and child protection the Adult Safeguarding Team (AST) has decreased in size and has less investigative capability. This has meant that most investigations are passed to officers in general teams such as CID and uniform policing. The AST still has 3 Detective Sergeants, 1 Detective Inspector and 1 Detective Chief Inspector who will still provide tactical advice and case direction but the ability to retain enquiries within AST has been reduced.

We recognise that it can be frustrating for partner agencies when we change roles in the Police. Due to sickness, promotions and maternity we have had a number of changes in our Inspector, Chief Inspector and Superintendent positions over the last 12 months. It is hoped that this is now more stable as it is recognised that there is a need for consistency if partnership working is to be successful.

It is felt that the Police are often asked to Chair Multi Agency Risk Management (MARM) meetings even when they are not the lead agency. This usually occurs as a result of an action from a Multi-Agency Risk Assessment Conference (MARAC) or High Risk Domestic Abuse (HRDA) meeting and can have an impact on the time-management of the Sergeants who have a number of competing demands on their time. In addition, a member of the AST is often asked to attend a MARM when it should be the officer dealing with the investigation attending. This can lead to some frustration from the other agencies attending who want an update on the investigation which the AST member of staff is not able to provide.

Areas of Focus

An area where we will increase our focus is on modern slavery and exploitation. We continue to receive intelligence about issues such as pop-up brothels and domestic servitude and we will seek to drive some pro-active work around that.

We will be increasing our use of Civil Orders. Dorset Police now has 3 vulnerability lawyers and with their expertise we will be seeking to use new legislation such as the Modern Slavery and Stalking Protection Orders to tackle some of our repeat offenders.

Our Force Intelligence Bureau are leading on some work to identify the offenders causing the most harm. Some of this cohort will include those that prey on vulnerable adults and the work will assist in identifying enforcement opportunities.



Achievements

During 2020/21 there has been promotion of a positive safeguarding culture, achieved through innovation and the use of remote and digital platforms. Embedding 'Safeguarding Everyone, Think Family' embracing children, adults, families, and contextual safeguarding has continued with the development of resources to support staff's understanding. Domestic Abuse learning has been a quality priority, and this includes completion of an internal eLearning package. The link safeguarding practitioner programme has been developed and launched, following the positive evaluation of a pilot project working with Steps to Wellbeing. Safeguarding has been central at the Large-Scale Vaccination site with awareness rising training programmes for individuals, volunteers and staff as well as developing resources such as posters and information in public places.

Challenges

Undoubtedly, this year has brought unprecedented challenge. The pandemic led to several changes within DHC in a very short time frame, including the successful introduction of remote working. During the year there was an increase in the number of safeguarding advice calls into the DHC service; this was the result of both an increased awareness amongst staff, and the three periods of lockdown. Analysis of the calls showed that they were primarily around complex case management where the individual had not met the criteria for adult safeguarding and included complex Domestic Abuse and Self Neglect.

At times, communication and feedback from Local Authority and Police colleagues has been more challenging than usual for DHC practitioners, so an internal escalation process has been established which promotes effective challenge for cases where there is drift, or where risk is escalating.

Areas of focus

During the year the service has continued to support the DHC Mental Capacity Act team preparing to embed the Liberty Protection Safeguards.

There has been focused work on data collection to ensure it is meaningful, adding value around workforce management and population safeguarding. Work has also taken place with clinical systems to ensure data is used effectively and in a complementary way.

MAPPA arrangements across the Trust have been strengthened with a particular focus on the level 1 & 2 cases and strong links have been built with the MAPPA coordinator and police.

The safeguarding service has used a skill mix model to grow and develop. This has allowed a focus on the transfer and effective dissemination of learning from reviews, the embedding of the six principles of safeguarding and 'Making Safeguarding Personal' whilst adopting strengths-based approaches to safeguarding for all clinicians.



Strengthening leadership and partnership collaboration

During 2020/21, NHS England and NHS Improvement have been central to coordinated responses during the pandemic. Solid multi-agency leadership and strategic direction focused on improving our central coordinated efforts to gain clarity regarding the problem(s) needing to be tackled across our communities, to keep vulnerable citizens safe during the Covid-19 pandemic. We have set-up the first SW Regional Serious Violence & Contextualised Safeguarding (all ages) Data and Information Sharing Group, securing regional leadership and collaboration across PHE, policing, community safety partnerships, violence reduction units and local safeguarding partnerships, linking strategic priorities and Joint Strategic Needs Assessments for violence and abuse. The group have produced a SW Regional Serious Violence & Contextualised Safeguarding Information Governance Framework.

Early in the pandemic we restructured to deliver programmes of support through various groups, ranging from regional joint Covid-19 Gold calls, Health Outbreaks & Operational Pressures, Infection Prevention & Control (IPC), pathology, clinical cells, establishing care sector networks and the regional ethical referral groups, restructuring our regional safeguarding governance arrangements to improve collaborative data sharing and problem-focused analysis. This has provided core groups to oversee issues and challenges to keep citizens safe. In turn, we were supporting our communities including the care and independent sector, designated and named professionals for safeguarding, as well as the workforce supporting Nightingale hospitals, front line staff and individuals seeking guidance and advice, providing peer support for NHS volunteers, test and trace centres, swab test sites as well as mass vaccination sites. We continued to act as a key link between national, regional and local systems and practitioners and have been involved in the National Safeguarding Adults Network and working with both the Regional SW Safeguarding Adults Board Chairs and SW Safeguarding Adult Health Network, to tackle emerging or continued challenges.

Challenges

Impact on assessments

Nationally and regionally we have also completed our Safeguarding Equality Impact Assessment, to ensure that the needs of people with protected characteristics, as well as those experiencing health inequalities, have been considered and actioned during the pandemic.

The increased vulnerability of people with a learning disability was identified early into the pandemic and reinforced by the LeDeR national review of deaths of people with a learning disability during the Covid pandemic. This report highlighted key actions that were felt to reduce the risks for this group of people. The majority of the suggested actions had already been considered and actions implemented, including the rollout of Restore 2 & Restore Mini, to improve early identification of deteriorating health by social care staff. The report helped to raise awareness across the wider health and social care community and led to increased senior leadership involvement and inclusion of people with a learning disability as a priority group.

Virtual working has improved the ability to network across systems and we have experienced increased collaborative working. An example of this is specialist learning disability services and primary care services with commissioners working together in a Call to Action to improve the uptake of Annual Health Checks for people with a learning disability. These checks are a good means of identifying health problems early and ensuring the right support is being offered. In quarters 1 and 2 we saw a marked reduction in the number being provided however, following the Call to Action and excellent work in local areas, the number has increased to near or above last year's number.

Direct Commissioning

We have been supporting the national work led by the National Quality Lead Nurse for Health and Justice, regarding safeguarding within the prison estate. A guide to wellbeing & safeguarding support in prisons is due to be published on the NHS Futures platform, and work is ongoing with Health Education England to design safeguarding training specific to prisons in May 2021.

The South West NHS Safeguarding Workforce

There are some challenges for safeguarding adults with care and support needs remaining for 2021/22; We seek to work collaboratively to improve service pathways for our most vulnerable members of society and their families, particularly children and young people with learning disabilities, special educational needs and disabilities and those who are moving into adult services. We have planned a focus piece of work during 2021 to examine the pandemic's impact on children in care and care leavers living in the South West.



Despite the pandemic there have been many achievements during 2020/21:

- Internal intranets sites for Safeguarding have been updated and refreshed.
- Six monthly Safeguarding newsletters shared with all employees at DCH to celebrate good practice, share learning and inform on latest developments.
- External internet site updated to include more links to accessible information.
- Development within the Digital Patient Record system, for safeguarding specific templates.
- Media spotlight on Domestic Abuse campaign initiative during the 16 days of action 2020

Challenges –

- The impact of COVID-19 has been significant nationally and even more so during the second wave locally. The audit programme was paused nationally during the pandemic. DCHFT safeguarding team has been proactive in assisting with all safeguarding concerns throughout the pandemic and has sustained full access if required to the Incident Management Team and access for escalation if required to the sub-board Quality Committee.
- A challenge for the DCHFT Safeguarding team has been in relation to the local authority hospital social work team working in localities and not within the Trust with an on-site presence. The consequence of this has been that DCHFT safeguarding team have had to progress work that previously would have been undertaken by the hospital Local Authority team. However, we have developed a communication pathway with Dorset Council Safeguarding to ensure that oversight of risk management concerns have been mutually managed between the two teams.
- COVID halted all routine face to face training, this recommenced in March 2021
- Safeguarding activity increased month on month after the initial lockdown ceased, with a higher percentage of concerns being raised in relation to self-neglect, with substance abuse being a contributing factor.
- The national gap in provision of mental health accommodation has impacted upon the Safeguarding team due to the utilisation of acute physical health facilities as a place of safety. This has required considerable support and supervision for staff as well as for the service users who had endured significant delays in their care pathways out of an acute hospital setting. This has been escalated and acknowledged regional in the South West and nationally.

Areas of focus with Restart and Recovery

- Focused training on domestic abuse and exploitation will be reintroduced in the next 6 months.
- Scoping for the introduction of Liberty Protection Safeguards remains a focus.
- Development of Integrated Care System for Health (Safeguarding) work has commenced, aligned to the national direction of travel.
- Safeguarding will continue to focus on the national and regional priority of supporting and improving the pathway for those with complex mental health needs that attend DCHFT and require Safeguarding input, either for the patient or supervision support for staff.

Key Achievements –

Reflecting back on what was a very challenging year the adult safeguarding team at UHD are proud to have maintained an effective safeguarding service that keeps the patient at the centre of services. The merger of Royal Bournemouth and Christchurch Hospitals and Poole Hospital Foundation Trust has brought together our respective adult safeguarding services to establish a robust system to support the delivery of the safeguarding adult's agenda across both sites in line with national and local legislation and guidance. The Safeguarding Lead Nurses work collaboratively with the local authority and other partner agencies to provide Trust staff with expert advice and support colleagues to achieve safe, person centred care, delivered with compassion and kindness.

The key Challenges:

- As with partner agencies, the pandemic has impacted on the way the Adult Safeguarding Team has worked; supporting team members to work safely either at work, home or in a repositioned role. To support the changing needs of the Trust the team however remained flexible in their approach, adjusting working patterns to deliver an effective core safeguarding service.
- The implementation of a new Bournemouth, Christchurch and Poole (BCP) Local Authority front door led to a review of working practices. During this time, the Trust worked closely with BCP to establish a process that works for both and to establish a system that will work for all.
- Following national guidance for social workers during the pandemic, social care partners ceased their face-to-face working in the clinical areas, providing their services through off site working communication methods. This created a challenge with key information not as readily available or consistently fed back to ward staff than it had been pre pandemic.
- The requirement to cancel face to face training, due to social distancing legislation and workforce priorities to ensure that safe staffing and the delivery of high-quality care was maintained.
- Adjusting to a different way of working including, working in Covid Secure environments, use of personal protective equipment for infection control and embracing virtual technology.

Key Areas of focus

The merger provided an opportunity to further develop safeguarding practice across both sites, sharing best practice to embed a culture that recognises and supports the need to safeguard and protect adults, children and their families within our care. The adult team worked closely with the children's and maternity safeguarding teams to develop an integrated safeguarding policy, supporting the think family approach. On-going work continues to strengthen this area of focus across all teams.

Domestic abuse was a key area of focus at UHD as this can be an issue for both staff and patients. A new role of a health domestic abuse advocate was commissioned by BCP council for a fixed 2-year period and the contract was awarded to the "You Trust". Adult safeguarding training, including mental capacity act training and Learning disability awareness training was updated and delivered via an eLearning platform. This enabled staff to undertake training at a time and in an environment convenient to them.



In 2020 DWP introduced teams to lead work on its approach to supporting vulnerable customers. As part of this, a network of over 30 Advanced Customer Support Senior Leaders (ACSSLs) were appointed, providing an escalation route for all DWP colleagues to refer to when a customer requires some form of advanced support, ensuring that these customers are signposted or referred to the support that they need.

- ACSSLs work with a range of external partners within their own geographical area, aligning support for vulnerable customers wherever possible. They have formed a network of robust links within local communities across England, Scotland and Wales that form an integral element of DWP's wider partnership agenda.
- Whilst DWP does not have a legal duty to 'safeguard', we absolutely recognise the positive impact that a collaborative approach can have when supporting vulnerable customers. We continue to work across all internal teams and with our external partners to help to provide the support that customers require.



During this last year Volunteer Centre Dorset has led on the community response to COVID 19 in Dorset, this resulted in over 3000 new volunteers being recruited to support those most vulnerable, housebound, and isolated in our communities, working in partnership with key VCS groups we provided support in:

- Prescription deliveries
- Essential shopping
- Telephone befriending
- Dog walking
- Fuel Poverty support
- Emergency funding
- Emergency food parcels
- Benefit Advice and Guidance

We supported over 160 community response organisations with good practice guides, weekly news bulletins and DBS checks. All groups and volunteers were provided with specific guidance on safeguarding awareness, and what to do if they had any concerns, this was repeated on a regular basis, and volunteers felt confident in reporting any concerns either direct to Adult Access or to the Volunteer Centre.

VCD worked closely with Dorset Council to ensure any safeguarding issues could be reported quickly and effectively. All concerns were reported within 24 hours to the Adult Access Team.

Since August 2020 VCD managed all emergency food parcels, and has provided over 140 households with emergency food, and provided ongoing help where required and signposted to other support groups where appropriate.

Volunteer Centre Dorset have been stakeholders in various task groups during COVID 19, including Wellbeing, Mental Health & Safeguarding, Welfare and the Dorset Together. All include and report on safeguarding issues.



Age UK North, South and West Dorset (NSWD) work closely in partnership with regional partners to deliver Information, advice, support and services to older people. Our partner Age UK Bournemouth, Poole and East Dorset provide a similar package to ensure all of Dorset is covered.

Through new partnership relationships and appropriate information sharing across agencies, we are actively reducing isolation and loneliness. All Age UK charities act as a conduit between statutory agencies, other support groups and older people in need. One specific focus over the past 18 months has been to ensure those who are most isolated, and not captured through online communication, are not left without support, service or friendship. However, we predict that reducing isolation will remain a focus in many years to come..

Prior to 2019, Age UKs were not represented on the DAB. Over the past 2 years the organisation has also created opportunity to regularly present older people's concerns and needs with local hospitals, councils, police, fire, and other agencies. Age UK NSWD has developed a positive and open working relationship with prisons in Dorset.

Our teams are trained to spot indicators that an older person, family member or carer may need a safeguarding referral and as a direct result we have referred a series of concerns. They are also working directly with both Police and Fire Service to identify older people in need or at risk. Domestic violence issues in older people have also been examined within our specialist Reach Out Team who work directly and closely with Adult Services teams.



During the pandemic safeguarding has remained at the centre of all that we do. New and often innovative approaches due to infection-control considerations, and ever-changing Government guidelines have seen us work more collaboratively to look for workable, safe solutions. The changes and adaptations made over the course of the Pandemic will shape the way we work in the future.

Throughout this year we have maintained our commitment to the provision of personal care and support needs, with the same level of protection as that which would be provided in the Community. Our work with our Partner agencies has been vital in the pursuit of a safe and protective environment, where the shielding and sometimes isolation of our most vulnerable residents has been at the forefront of our efforts.

Our thoughts have not strayed far from the loss of those in our care who have died as a result of the virus and also of those who have died from their underlying illnesses. All were valued members of our community and their loss has had a profound effect on everyone who lives in, works in or visits the establishment. We continue to provide advice and support to all those affected by the deaths, including the families of those who have died, through our Family Liaison services.

As we move forward and restart the activities and processes which have been suspended due to Covid, it is crucial that we maintain efforts to identify individual needs.

Initial healthcare screening is once-again being conducted and The Verne has continued to work closely with Dorset Council to identify those individuals who need additional care and support. We have a large percentage of elderly residents and people with disabilities at The Verne.

The strategic aims which underpin the Safeguarding Adults Board are mirrored by our own stated values; in that we work to enable individuals to live safely in our community by developing a culture which does not tolerate abuse. To achieve this aim, we actively maintain a commitment to working together, listening to what people say and do all that we can to deliver positive outcomes.

We have continued to hold regular safeguarding meetings. Specific cases are discussed, and partnership working is reviewed. We recognise that it is important that all reports of suspected abuse or neglect are treated seriously and acted upon.

Moving forward, decisions about how the establishment can ease restrictions will be made between the governor and the prison group director, depending on local circumstances such as community outbreaks and staffing levels. The response to COVID-19 has been delivered at pace and we are extremely grateful for the tremendous contributions of our residents, staff and support agencies.



Dorset & Wiltshire Fire and Rescue Service has 50 fire stations serving local communities. Alongside emergency response, our work also focuses on prevention, protection and resilience – working for and with our communities to ensure that local people are as safe as they can be.

Challenges – A continuing challenge is raising awareness with external agencies that the Fire Service is about more than big red fire engines and putting out fires. We have an ambitious Fire Prevention agenda and in line with our Service priorities make a real difference to keeping individuals and families safe in their homes from a range of risks.

We find other agencies generally overlook factors of an individual's situation which could increase the risk of fire and often a referral to the FRS is not considered, we are working with partners to strengthen the risk awareness of staff across agencies.

Areas of focus – In conjunction with the challenges above, we have appointed a Prevention Partnership Manager whose focus is creating relationships with organisations to help us be more effective and efficient in the delivery of community safety initiatives across Dorset & Wiltshire, understanding how we can support each other’s objectives and look for opportunities to grow relationships further.

The National Fire Chiefs Council (NFCC) and Care Quality Commission (CQC) have signed a Memorandum of understanding (MOU) with an overriding objective to reduce fire risks and improve protection for people in receipt of health and social care services, safeguarding the wellbeing of those receiving health and social care.

Following fire deaths that have been linked to the use of emollients near ignition risks, we continue to raise awareness on the safe use of emollients. A training package to highlight the risks as well as providing safety information for carers and NHS staff will be used as training opportunity and if possible, raise further awareness via Pharmacies.

Achievements – Levels of Safeguarding Training for DWFRS staff is dependent on role. All staff receive L1 safeguarding training, with specialist roles training up to L3. All training is on track with excellent responses of 98% of 1240 L1 staff in-date. This combined with regular safeguarding campaigns has led to an increase in referrals. Staff awareness and professional curiosity has resulted in referrals and safeguarding being better embedded within DWFRS, with positive outcomes for vulnerable members of the community.

Dorset & Wiltshire Fire and Rescue Service has entered a formal partnership with Age UK in North, South and West Dorset (NSWD) to provide additional support to elderly and vulnerable residents in these areas.

We have continued with BAU throughout Covid carrying out Safe and Well visits to high-risk individuals in their homes. We have supported work in vaccination centres, assisted with mask face fitting and supported SWAST with driving ambulances.



See It?



Hear It?



Report It!

Abuse is wrong – tell someone

- Residents in the Dorset Council area call – **01305 221016** or at evening & weekends **01305 858 250**
- Residents in the Bournemouth, Christchurch and Poole area call – **01202 123 654** or at evening & weekends **01202 123 8995**

If you think someone is at immediate risk of harm, contact the police by calling **999**.





Appendix 1 – Board membership

The Dorset Safeguarding Adults Board is made up of senior representatives from the following agencies –

- Dorset Council
- Dorset Clinical Commissioning Group
- Dorset Police
- Dorset & Wiltshire Fire & Rescue
- Dorset HealthCare NHS Foundation Trust
- Dorset National Probation Service
- Dorset, Devon & Cornwall Community Rehabilitation Company
- Independent Provider
- NHS England and NHS Improvement - South West
- South West Ambulance Service Foundation Trust
- University Hospitals Dorset NHS Foundation Trust
- Healthwatch
- Age UK
- Dorset Volunteers Centre
- Volunteer Sector representatives



Dorset Safeguarding Adults Board Annual Report 2020/21

Overview and update for People & Health Scrutiny Committee

Siân Walker McAllister

Independent Chair

1st November 2021



The Dorset Safeguarding Adults Board (DSAB) exists as the local authority has a duty under the Care Act 2014 (s43) to have a Safeguarding Adults Board

Statutory partners are: Dorset Council
 Dorset NHS Clinical Commissioning Group
 Dorset Police

Other partners include University Hospitals Dorset, Dorset HealthCare, the Fire and Ambulance services, Probation, the Prison service, the Department for Work and Pensions, Healthwatch and representatives from the voluntary sector - Age UK and Volunteer Centre Dorset

The DSAB works very closely with the BCP Safeguarding Adults Board through our shared subgroups



The Board has 3 key statutory duties –

Develop and publish a strategic plan setting out how we will meet our objectives and how our members and partner agencies will contribute.

Publish an annual report detailing what we have done and how effective we have been.

Undertake a Safeguarding Adults Review (SAR) when someone has died, or experienced significant harm and it appears agencies have not worked effectively together.

Working jointly with BCP Safeguarding Adults Board



Our joint strategic plan 2018-2021

- Work with the care provider market around safeguarding concerns
- Ensure closer working with community safety partnerships - domestic abuse and adult safeguarding
- Commit to a 'whole family' approach to practice
- Ensure lessons from Safeguarding Adults Reviews (SARs) impact and change practice

Our Joint Business Plan 2020-22

Priority themes:

- Safeguarding in the care sector
- Domestic abuse
- Neglect and self neglect
- SAB Governance Review

Associated themes:

- Implement learning from SARs, DHRs & LeDeR Reviews
- Exploitation and county lines
- Homelessness
- Alcohol and Substance misuse



Progress made in 2020-21



- Partner agencies supported the provider market throughout the pandemic, with practical help e.g., supplying PPE and strategically through the Local Resilience Forum
- The SAB continued to work with the Community Safety Partnership on Domestic Abuse and contributed to their Domestic Abuse Strategy
- Whole Family working is further embedded into training/ working practice across all agencies
- The SAB continued to work on actions arising from a SAR started in 2019 as well as commission a new SAR.
- Steps have been taken to better understand the safeguarding categories of Neglect & Acts of Omission to enable preventative work to take place.

Progress made in 2020-21



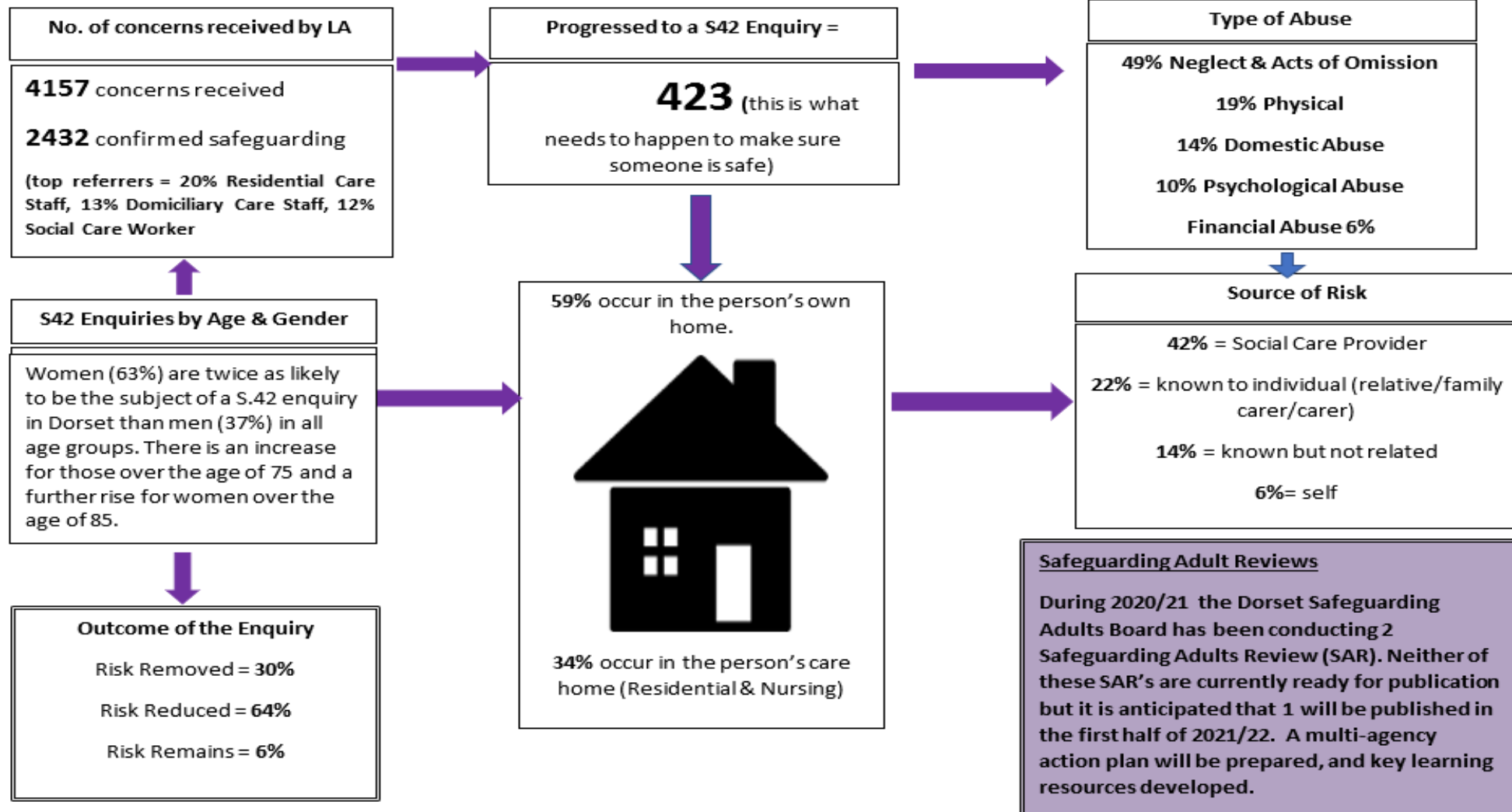
- Completed the Multi Agency Risk Management (MARM) audit work and established an action to develop improved guidance and application of MARM principles.
- The SAB has focused on Homelessness and will continue to do so in 2021/ 2022
- The SAB participated in a nationwide project run by Alcohol Change UK and this continues to be a focus for improved preventative work, following a recent local event.
- The SAB supported the local authority with submissions for the LGA covid insight project.

Safeguarding Data



- The Safeguarding Adults Collection (SAC) is a set of data recording details of all safeguarding activity relating to adults aged 18 and over in England.
- It includes activity reported to or identified by councils with adult social care responsibility – including demographic information about adults at risk and details of the incident/s alleged.
- It also identifies how well the ‘Making Safeguarding Personal’ (MSP) principles have been addressed.
- The Local Authorities safeguarding data is received and analysed by the Boards’ Quality Assurance sub group.

Infographic of safeguarding activity reported to



Our Plans for 2021-2022



Work with the new independent chair to finalise the governance review, working with partners to ensure the Board is effective, efficient and maximises opportunities for joint working

Continue to seek assurance from Board Member organisations in their safeguarding work

Work flexibly, taking account of organisational priorities in the pandemic

Publish revised Pan Dorset Safeguarding Adults Procedures with BCP SAB and review other key policy documents including the Multi Agency Risk Management Guidance and SAR Policy

Ensure that we engage effectively with Providers, the Voluntary and Community Sector and importantly with those who have lived experience of a safeguarding intervention

Focus of our strategic plan for the coming (and current) year



Refresh how we work as two Safeguarding Adults Boards across the Dorset and BCP council areas

Review our structure and process to deliver a focused Strategic Plan which is easy to understand for everyone - professionals and citizens

Ensure that Transitional Safeguarding and Homelessness are key priority areas for work in the coming year.

Focus on involving citizens more in the work of the Board by establishing a community reference group

Take into account the challenges which citizens and all partners have been facing in the pandemic

Ensure learning from published SAR is shared and embedded to make changes in practice.

Health and Wellbeing Board – Forward Plan

Title	Description	Date of Committee Meeting	Agenda item time	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
Local Outbreak Management Plan	To provide an update on the current position and ensure the Board is able to fulfil its role in accordance with the Plan.	30 March 2022		Sam Crowe, Director for Public Health	Cabinet Member for Adult Social Care and Health	
Pharmaceutical Needs assessment (PNA) (might be June)	Consultation	30 March 2022		Jane Horne, Consultant Public Health	Cabinet Member for Adult Social Care and Health	
Project Weymouth	Update – link to H&WB Strategy	30 March 2022		Diane Evans, Project and Policy Officer Amanda Davis, Head of Locality and Strategy – Chesil	Cabinet Member for Adult Social Care and Health	
Anchor Institutions update	Brief update for Board members.	30 March 2022		Paul Iggulden, Consultant Public Health	Cabinet Member for Adult Social Care and Health	
HWB Strategy action plan		30 March 2022		Paul Iggulden, Consultant Public Health	Cabinet Member for Adult Social Care and Health	

Title	Description	Date of Committee Meeting	Agenda item time	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
Progress of the Carers Workshop and Carers Strategy	To update members on progress since the workshop.	30 March 2022		Commissioning Strategic Lead (TBA) Amanda Dunning, Project Manager Lesley Hutchinson, Corporate Director for Adult Commissioning	Cabinet Member for Adult Social Care and Health	
ICS Safe and Legal		30 March 2022		Sam Crowe, Director for Public Health	Cabinet Member for Adult Social Care and Health	
Better Care Fund	For approval.	30 March 2022		Lesley Hutchinson, Corporate Director for Adult Commissioning	Cabinet Member for Adult Social Care and Health	
Local Outbreak Management Plan	To provide an update on the current position and ensure the Board is able to fulfil its role in accordance with the Plan.	22 June 2022		Sam Crowe, Director for Public Health	Cabinet Member for Adult Social Care and Health	
Review of health in all policies		22 June 2022		Sam Crowe, Director for Public Health	Cabinet Member for Adult Social Care and Health	
Health and Care Partnership Forum Action Plan		22 June 2022		Sam Crowe, Director for Public Health	Cabinet Member for Adult Social Care and Health	

Title	Description	Date of Committee Meeting	Agenda item time	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
Physical Activity Strategy Update	Update on the Strategy.	22 June 2022		Rupert Lloyd, Senior Health Programme Adviser	Cabinet Member for Adult Social Care and Health	
Local Outbreak Management Plan	To provide an update on the current position and ensure the Board is able to fulfil its role in accordance with the Plan.	14 September 2022		Sam Crowe, Director for Public Health	Cabinet Member for Adult Social Care and Health	
Anchor Institutions update	Brief update for Board members.	14 September 2022		Pail Iggulden, Consultant Public Health	Cabinet Member for Adult Social Care and Health	
Pharmaceutical Needs Assessment (PNA)	Decision	14 September 2022		Jane Horne, Consultant Public Health	Cabinet Member for Adult Social Care and Health	
		9 November 2022				

Areas for consideration in order to achieve a more targeted approach to meet the requirements of the HWB Strategy:-

Children's Services
Home First
Building Better Lives

Sustainable Transport
Social Prescribing
Cultural Strategy (in relation to H&WB outcomes)