



Safeguarding Adults Board

Annual Report 2020-21



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Foreword

By Safeguarding Board Independent Chair – Mr Terry Rich

The whole of the year covered by this report was affected by various degrees of lockdown as the Pandemic continued to impact on all our lives.

At the start of the year, we were already a month into lockdown, and everyone recognised that there would inevitably be limitations to the ability of partners to commence and pursue new areas of work or priorities. However, we continued to keep abreast of emerging risks and issues as well as existing workstreams. The Safeguarding Board continued to operate through virtual meetings, recognising the unprecedented pressures that partner agencies faced in operating in these uniquely difficult times.

This report sets out the work that partner agencies have undertaken during the year, how they have responded to the challenges associated with the high incidence of Covid-19 amongst our most vulnerable communities, and how they have adapted their ways of working to provide as much assurance as they can that people with care and support needs are safeguarded.

Positive progress has been made with rolling out the new board hoarding guidance, and it is good to see that this has now been adopted in Luton. The case examples in this report demonstrate the real difference that this work has had on facilitating effective partnership working in such cases.

We have continued to consider cases referred for potential Safeguarding Adults Reviews with referrals coming from various partners – Fire and Rescue, Police, CCG and local authorities. The Board has commissioned reviews using a more streamlined methodology – Rapid Learning Reviews – which aim to identify system issues where learning can be gained. This can in appropriate cases, ensure a swifter and more proportionate response. It doesn't suit all cases and the

Board is currently commissioning a SAR jointly with the Central Bedfordshire Children's Safeguarding board concerning a young person who died shortly after transitioning from children's services to adulthood. A more comprehensive approach will be required in this case.

The Board and the Executive have worked hard to address emerging issues and threats often arising from Covid-19. Early in the first lockdown there was a massive concern around the discharge of older people from hospital to care homes without the benefit of a Covid test, or in some cases despite a positive test result. This was, of course a national issue which took all too long to resolve. But locally partners were tasked with coming up with local protocols to ensure that discharge arrangements were safe. Regular testing for care home staff also caused concerns here as more widely, as well as consistent access to appropriate PPE. The Board and Executive provided space for partners to understand each other's constraints and difficulties, and to seek out shared solutions. We have explored the impact of new Discharge to Access pathways for those leaving acute hospital care and anticipate further insights into the impact of this policy from a forthcoming Safeguarding Adults Review. We have also explored how measures instituted to provide hotel accommodation for previous street homeless people have operated, acknowledging how this initiative enabled an otherwise hard to reach group to be offered increased help and support.

In the coming year, with the success of the vaccination programme, things should begin to return to some form of normal. Our priorities will inevitably revolve around the consequences of 18 months of lockdown and restrictions – as well as new demand and concerns – not to mention the risk of a future wave plus increased influence of flu this winter.

There are fears that unreported instances of (e.g.) domestic violence may emerge, despite best efforts, there may be more vulnerable people in circumstances of neglect due to reluctance to seek help during the pandemic. Already partners report increased concerns being raised with their front-line teams.

The months to come will be difficult for our health and care professionals, as well as for our community security services, fire and rescue, police, ambulance, probation etc. The Board will play its part in promoting good partnership working, supporting partners in developing good practice and ensuring that learning arises from instances where outcomes were not as positive as they should have been.

Thanks to all Board members for their continued commitment and contribution to the work of the Board, and of course to our business manager Barbara Grell for managing the increasing workload with often strained resources.



Terry Rich
Independent Chair

Introduction

The Safeguarding Adults Board's statutory core duties under the Care Act 2014 are to:

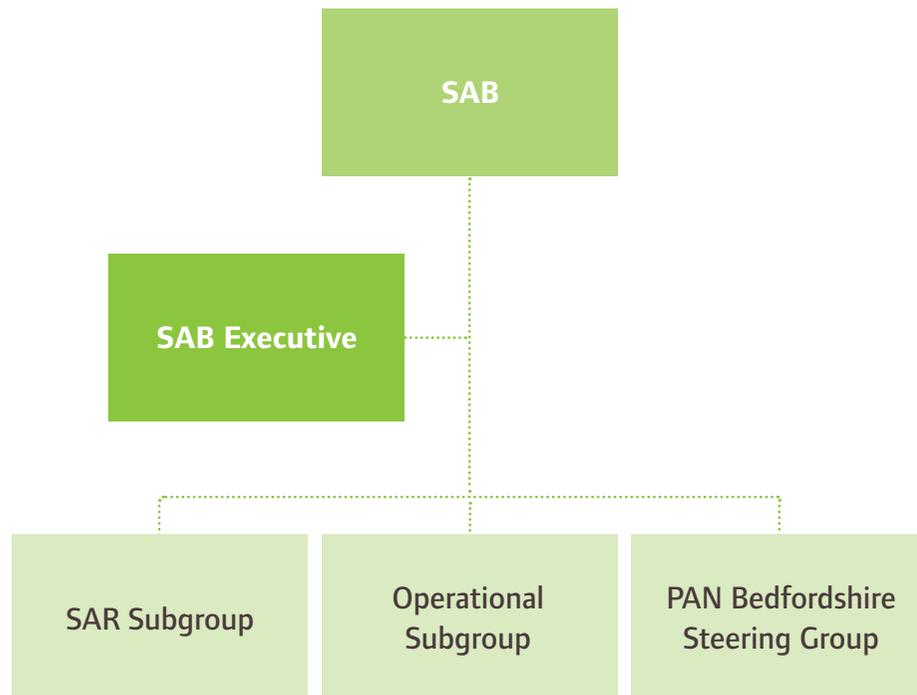
- Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute.
- Publish an annual report detailing how effective their work has been.
- Commission Safeguarding Adult Reviews for any cases which meet the criteria for these.

The SAB meets these statutory objectives by:



SAB Structure and Governance

This Safeguarding Adults Board covers two local authorities' area with Central Bedfordshire Council and Bedford Borough Council agreeing shared arrangements. This has allowed for robust and effective sharing of safeguarding information and learning across boundaries also aiming at ensuring consistency and quality. The SAB has been led by Independent Chair, Mr Terry Rich since 2016 ensuring independent scrutiny.



SAB Executive. This is Chaired by Independent Chair Mr Terry Rich. Membership consists of statutory partners from both local authorities, health and police. The SAB Executive is a new arrangement that was set up to strengthen leadership, ensure adequate resourcing and statutory oversight of safeguarding activities and priorities. The SAB Executive meets at minimum four times annually.

Full Safeguarding Board. This is Chaired by Mr Terry Rich and inclusive of statutory partners and local organisations with key responsibilities as follows:

- Bedford Borough Council (Adults and Children Services)
- Central Bedfordshire Council (Adults and Children Services)
- Council Members – Adult Social Care portfolio holders in both councils
- Bedfordshire Police
- Bedfordshire Clinical Commissioning Group
- Bedfordshire Fire and Rescue
- Care Quality Commission
- East of England Ambulance Service
- East London Foundation Trust
- Bedfordshire Hospitals Foundation NHS Trust
- Private & Voluntary Care Providers Association, Bedfordshire Care Group
- Healthwatch Bedford
- Healthwatch Bedfordshire
- POhWER (Advocacy)
- Domestic Violence Partnership
- Safeguarding Children's Boards
- Bedford Prison
- Probation Services

New members to the SAB this year:

- Department of Work and Pensions
- Care home/domiciliary care provider representative

The SAB meets at minimum four times annually with additional meetings when needed.

SAR Subgroup. This Subgroups main focus is on receiving alerts and referrals under Section 42 of The Care Act. The Subgroup is Chaired by Mr Terry Rich, Independent Chair and meets at minimum four times annually. The SAR Subgroup further oversees the progression and completion of SAR's as well as overseeing the implementation of actions resulting from SAR's.

Operational Subgroup. This subgroup progresses SAB priorities and activities via its eight or more annual meetings. The focus is on linking safeguarding strategy with operation and practice, gather assurance and progress the work of the board actively. Membership of the operational Subgroup is reflective of that of the board. Senior Managers within local authorities currently chair this meeting, taking turns.

PAN Bedfordshire Steering Group. This group links the work of the local SAB with that of the Luton SAB, covering the whole of Bedfordshire. The focus is on sharing learning and progressing shared priorities. The group seeks to ensure consistency across the locality.

How we worked during the Covid Pandemic 2020-21

Due to the Coronavirus Pandemic the SAB took the steps to alter or amend its priorities for the year 2020-21 as follows:

- To complete the backlog of SAR's
- To undertake a thematic review of homelessness affecting people with care and support needs including learning from live case reviews.
- To carry forward recommendation and learning resulting from the coronavirus pandemic.
- Review all existing safeguarding pathways locally, mapping these out with a view of streamlining and improving the way cases are progressed.

Local and National Collaboration

The SAB Independent Chair and local delegates take a full part in national safeguarding meetings hosted by The Association of Directors of Adult Social Services Safeguarding Network. This ensures that any national issues are considered locally and learnings from local safeguarding cases can be shared. The chair also takes part in the East of England Independent Chairs group.

Alongside this there is now an established Bedfordshire Safeguarding Chairs Network that includes SAB, SCB, DV, Health and Well-being Board Chairs and this coordinates shared priorities in order to avoid duplication and with a focus to improve practice taking a 'think family' view.

SAB Priorities and Summary of Achievements 2020-21

Adjusting to Covid Rules

The impacts of the Covid Pandemic on individuals and communities likewise impacted on all safeguarding partner agencies that were trying to continue to support vulnerable adults whilst adjusting to the new rules and circumstances. The SAB continued its business though with a sudden and unexpected change of focus on Covid throughout the past reporting year. The SAB moved its meetings immediately online with little or no difficulty. Even though partners were clearly challenged by the new situation they remained focused using the SAB's meetings as a platform to share experiences and learning. Attendance at meetings remained excellent throughout the year. The SAB welcomed new member the Department for Work and Pensions and representatives from Care home/domiciliary care providers.

Catching up on SAR's

The SAB accepts that some work was not possible to complete for example the thematic safeguarding review planned to consider suicides and suicide prevention will now be held in a different format and considering the changes now brought about by Covid. This will now take place during 2021-22.

All other SARs have now been completed.

Hoarding Pathway, Guidance for Practitioners, and Improving Outcomes

Following the death of the late Mr B in Bedford, in September 2018 the SAB sought to improve the way partners work together to improve outcomes for people with hoarding behaviours. During 2019/20 the SAB undertook a review of the effectiveness of current safeguarding information for practitioners and commenced analysis of available support. SAB partner agencies across Bedfordshire came together and contributed to the practitioner guidance: <https://centralbedfordshire.app.box.com/s/wajii1pr7llgh23j4cfjptkpz61n5qy44>

Since then, this guidance has been reviewed and adopted by the Luton SAB (ensuring Bedfordshire wide coverage) and further making this applicable to children through taking a 'think family' approach and resulting in a revision of the guidance to capture this aspect.

The guidance for practitioners sets out agencies roles, duties and powers and provides tools such as risk assessment tools and 'how to' guides as well as setting out a pathway for multi-agency management via new 'Hoarding Panels' that will provide a platform for professionals to share information aiming at reducing risk and preventing harm and supporting vulnerable adults like Mr JB better and improving outcomes. The case example below gives a flavour of the way the new 'Hoarding Panels' are effective at minimising risk:



Hoarding Panel Safeguarding Case Example Mr A and Ms B

Mr A and Ms B (a couple with care and support needs) living in a rented Housing Association flat on the ground floor of a high rise. The couple had come to the attention of authorities as the flat was cluttered, water damage caused by broken pipes and concerns about self-neglect. Agencies had individually tried to offer help and support, but had been unable to gain access to the property and offers of help had been ignored or refused. Concern regarding the flood damage to the property led the housing provider to take out an injunction that would allow them access to the flat should this be denied. At this point the first multi-agency hoarding panel was held and attended by representatives from: Adult Social Services Older People's Team, Bedfordshire Fire and Rescue, Bedfordshire Police, and the Housing Association. Mr A & Ms B were informed and invited to take part but at this point continued not to engage. The meeting agreed Bedfordshire Fire & Rescues and the Housing Association should visit and if necessary, gain access using the injunction given the previous difficulty gaining access to the property.

During the joint visit Mr. A allowed officersto the property. The living room was found inaccessible (Clutter rating 9), bedroom 7 and hallway clutter rating 6. Ms B was found in bed with significant mobility issues. She disclosed feeling depressed as she had not left the property due to Covid restrictions and risks. She stated the only service she was accessing was her GP with whom she had contact. Whilst the couple agreed to work with the Housing Association to clear clutter weekly, undertake repairs and make the property safe they did not agree for a referral to adult social care, though were informed that a safeguarding referral would be made due to perceived risks

including impacts of possible depression, apparent care, and health needs.

Following this visit a second hoarding panel took place. A second joint visit was made by agencies including a Social Worker. This gave Mr A and Ms B the opportunity to reconsider accepting help. Again, they declined stating that they were self-reliant, Mr A providing care to Ms B.

A third hoarding panel was held, and progress reviewed. Mental capacity was considered, and it was agreed that there was no issue. Ms B's care by Mr A appeared adequate and they refused help to meet Ms B's care needs. Ms B's GP was advised of her ongoing disclosure during both visits that Mrs A was depressed. The Housing Association were taking the lead in supporting the ongoing clearance of the property with a designated support officer in place. Mr A & Ms B's case is subject to monitoring until the clutter no longer poses a risk to their life and health.

The SAB and its partners further considered the impact of Covid-19 and resulting restrictions and lockdowns on adults and families who are affected by hoarding and leading to prompt actions to identify adults and families at greatest risk and to pro-actively make contact to offer help and support with the following outcomes:

- 28 people were contacted by Bedfordshire Fire and Rescue. Two (2) people accepted offers of help and the 'hoarding panel' pathway used to ensure multi-agency support.
- Both had been living with hoarding behaviours and associated risks for over twenty years and were known to local psychiatric services and community mental health teams in addition to GP.
- Both were referred to and took part in the newly commissioned 6-week therapeutic hoarding programme.
- Ongoing multi-agency support continues for both via multi-disciplinary professional meetings, who would alert the hoarding panel should this level of input be needed again.

Hoarding work continues with the following during 2021-22:

- Practitioners Guidance and Pathway 'Launch' to further raise awareness amongst practitioners.
- CCG, Fire Service are working with MIND to provide further therapeutic sessions for people with 'hoarding behaviours.
- An information leaflet and posters for people with hoarding behaviours (including how to get help!) and another for practitioners will be launched in the summer of 2021.

Homelessness and Covid

Councils reported back to the SAB on how they supported people who were homeless at the beginning and during the pandemic. They reported on the benefits. All people were adequately accommodated, and many moved onto other temporary or permanent accommodation where possible. The SAB was reassured that those arrangements were effective and resulted in permanent housing solutions for the majority. However concerns remain for what support will be available in the long term once these temporary arrangements are at an end.

Section 44 Safeguarding Adults Reviews

Safeguarding Adult Reviews (SAR) are not inquiries into how someone died or suffered injury, or to find out who is responsible.

They:

- Look at any lessons we can learn from the case about the way professionals and agencies worked together
- Review the effectiveness of our safeguarding adults' procedures
- Inform and improve practice
- Identify what can be done better to avoid a similar circumstance from reoccurring

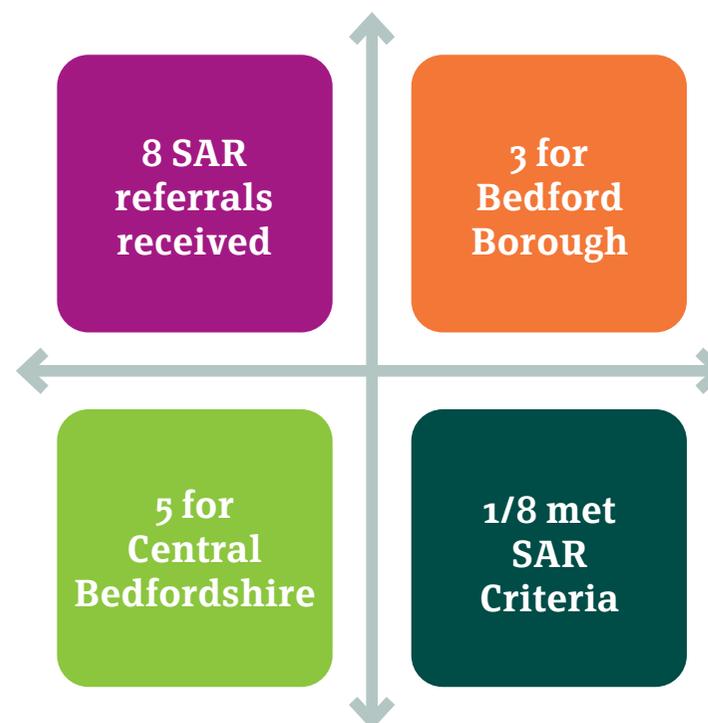
The SAB aims to share learning from Safeguarding Adult Reviews widely with local organisations and through National Safeguarding Network.

Section 44 of The Care Act 2014 requires Safeguarding Adults Boards to undertake a Safeguarding Adult Review when specific criteria are met. This is when abuse results in the death or significant and possibly life-changing harm of an adult with care and support needs. (Read Government information about the Care Act 2014 and SARs.)

SAR Referrals 2020-21

The numbers of SAR Referrals increased from six (6) in 2019-20 to eight (8) in 2020/21. One referral met the statutory SAR criteria. Whilst incidents leading to harm occurred in Bedford Borough (technically making this a Bedford Borough SAR), the relevant person was a Central Bedfordshire resident meaning that in this case both local authorities were involved.

Safeguarding Adults Reviews - Section 44 of The Care Act 2014



SARs and Learning Reviews completed in 2020-21

Two SARs and one learning review agreed during 2019-20 were completed during 2020-21. One SAR report is currently going through governance and will be presented to the SAB for sign off in September 2021.

Learning from a Safeguarding Adults Review Ms K

Background and History

Ms K was 51 years of age when she died. Ms K was well known to community mental health and drug and alcohol services as she struggled with addiction and the impact of living with mental health issues. In the autumn of 2019, she attended her GP surgery reporting pain behind her eyes and that this was making her suicidal. The GP surgery staff completed a physical assessment, provided emotional support, and then passed the concern to partner agencies, including the mental health team, police, and local safeguarding team. Ms K left the surgery, against the advice of clinicians and those present. There were records on some agencies systems advising that Ms K did not want services to contact her family and sister.

Professionals from mental health services attempted to visit Ms K at her flat but were unable to gain access. Police were contacted for support to access the building and although unable to force entry, they enforced the Missing Person's Standard Operating Procedure and the Golden Hour Principles. Professionals therefore then contacted Ms K's sister. Sadly, Ms K was later discovered unresponsive at her sister's home, having taken an overdose and suffered a cardiac arrest.

Methodology:

Sophie Thompson and Jo Wilson (CCG) facilitated the SAR using Appreciative Enquiry as the underpinning methodology: The focus of an Appreciative Enquiry is to use a constructive approach to appreciate what is, and envision what might be, to influence strategic change.

Conclusions

There were examples of good practice identified within each agency involved with Ms K's care on/around the time of her death. But all services recognised similar barriers, too. Reassuringly, there is a shared interest for identifying any learning and overcoming barriers, together. Ms K's situation is sadly not unique, and services and SAB partner agencies are very keen to ensure that Ms K's passing, can help influence change for other people in similar situations. The SAB will monitor implementation of actions resulting from the outcomes and findings of this review during 2021-22.

Findings

FINDING ONE

Services would benefit from educating each other on what their services can offer to service users in a mental health emergency, and under what circumstances. This includes raising awareness of the police Missing Person's Standard Operating Procedure and the Golden Hour Principles.

FINDING TWO

Services would benefit from having shared risk assessments, to then facilitate a prompt response in emergency situations.

FINDING THREE

Services would benefit from ensuring all staff (including administrators) are trained in de-escalation techniques, and how to provide emotional first aid to patients that present in mental health crisis.

FINDING FOUR

If individuals are at risk of mental health emergencies, services would benefit from using Advanced Decision Making/Advanced Care Planning that identifies:

- What type of support an individual would like in a mental health emergency?
- Who would they like involved in their care in an emergency?
- All advanced decisions should be shared with relevant agencies and filed in an accessible way. Individuals should be made aware that relatives might be contacted for safeguarding purposes, in an emergency.

FINDING FIVE

Administration staff are often common points of contact for people in mental health crisis. All staff (including administration staff) would benefit from supervision and debriefs to protect their own emotional wellbeing after being involved in emergency cases. Services might like to consider learning from approaches used in fire and police.

FINDING SIX

All agencies might benefit from raising awareness of local pathways for entering properties, in emergency situations.



SAR Mr. M – Learning Event

Whilst this case did not meet the criteria for a Safeguarding Adults Review the SAB decided to host a multi-agency learning event to learn from the case of Mr. M.

Background Information

Mr M, a person with learning disabilities, remained in the family home with an offender who had previously abused him. It was not until a further allegation was made that it came to light that the offender had married into the family and became the stepfather and carer for Mr M for a period of 18 to 20 years and who potentially subjected Mr M to abuse over this significant period. Mr M had received support from local agencies throughout his life and had attend day centres, college, and respite care. Allegations were investigated but denied by his mother. It was not until 2018 that further allegations resulted in actions and Mr M was removed from the situation and went to live in a care home. Since that time, his mother, the perpetrator and more recently Mr M have died.

The SAB held a multi-agency learning event for practitioners and managers that identified that the following challenges remain, and the event raised:

Finding I) Name Change makes it difficult to identify / track perpetrators. The failure to identify that the perpetrator returned to the household because of his name change, was a significant risk that continues despite other changes over the past 20 years. This led to the recommendation that further representation to be made to the Home Office to add support for changes in regulations to address this gap.

Finding II) Supporting Professional Curiosity practice. The learning review identified and highlighted the importance of professional curiosity as being an essential aspect of practice. This should link with professional competencies in 'Making Safeguarding Personal' and strength-based practice. The review concluded that despite improvements in legislation, policies, and procedures over the past 20 years, they alone cannot guarantee similar problems could not reoccur. Skilled practice in assessment, monitoring and reviewing must recognise the importance of professional curiosity. Therefore, the learning review in looking at gaps and missed opportunities in relation to the care and

support of Mr M, gave so much weight to this practice. This resulted in the recommendation that all SAB partner agencies ensure professional curiosity is given prominence in training and development programmes.

Finding III) Information Sharing. The review highlighted the importance of the duty to share information and of sharing safeguarding concerns each time with partners and led to the recommendation that the SAB further considers whether there are any ways of improving information sharing across its partnership.

Finding IV) Recording practice. Professionals must endeavour to gather full and comprehensive information. This should include historic risks and they must not lose sight of them over time as assumptions can all too easily be made that a person is safe and settled. It was therefore recommended that all SAB partner agencies recognised the importance of covering 'recoding best practice' as part of their training and development programmes.

Finding V) Effective risk analysis. Several low-level alerts may have led to enquiries as they may indicate a pattern of longer term / continual abuse. Risk analysis must include knowing household composition and reviewing changes. There may be other triggers which should result in escalation and more in-depth investigation. It was recommended that risk analysis is recognised as a core requirement and an essential part of reviews to minimise lost opportunities to safeguard people with care and support needs.

Finding VI) Updating policies and procedures. With continual changes, it is essential that policies and procedures are kept up to date to reflect changes in legislations and developments such as 'Making Safeguarding Personal' and strength-based practice. It was therefore recommended that partner agencies ensure policies and procedures are up to date.

The SAB via its SAR Subgroup will monitor implementation of recommendations and actions. Learning is widely shared across the partnership, with practitioners and managers and via the national safeguarding network.

Summary of Partner Agency Achievement



Central Bedfordshire Council

One of the significant challenges at the beginning of the Pandemic was to quickly adapt safeguarding practice to new ways of working. Statutory Section 42 safeguarding meetings were carried out virtually and enabled these to be timely and for increased participation of key agencies, adults, carers, and family members in safeguarding. It ensured the council could respond to high-risk cases promptly thus minimising risk and harm to adults at risk.

There was a small increase in the total number of concerns reported which was not in line with the national trend where safeguarding alerts decreased. Variations are to be expected during a time where people were experiencing changes to their care with less face-to-face support, as well as providers adapting services according to government guidelines during the pandemic.

However, the nature of the safeguarding concerns did vary, with a rise in the nature, risk and complexity of cases coming through as safeguarding. The severity of actual or likely harm rose. There were increased challenges in undertaking safety planning, as a result of people being confined at home with the alleged perpetrator. Covid risk assessments were carried out regarding face to face contacts during the pandemic ensuring individual risks were fully considered.

The nationally reported rise in cases of Domestic Abuse has not been experienced locally for adults with care and support needs. However, the Safeguarding Team worked with the CBC Domestic Abuse Partnership to develop new services as part of the COVID response. CBC commissioned the Independent Domestic Abuse Advocacy service (IVDA service) to provide coaching to Social Workers supporting victims of Domestic abuse in complex situations and to provide specialist input and review to safety planning, ensuring that the changing circumstances and the impact arising from Covid restrictions and guidelines were reflected and risk minimised. This provided social workers with immediate added expertise when

responding in cases of serious risk of harm. This service was also made available to practitioners in the mental health trust who undertake S.42 safeguarding enquiries.

Resources were strengthened as a result with two new posts being created: A Safeguarding Lead Officer and a Domestic Abuse Specialist Officer.

A critical priority for the council was to ensure that care settings were safe and supported. We worked across the partnership with hospitals and the CCG to learn from any incidents and agreeing lessons learnt and action plans. CBC gathered the requirements of care homes and domiciliary care providers, supporting the care market with the provision of PPE. A mechanism was set up for emergency supplies. The Council also helped to facilitate mutual aid between providers and encouraged training via webinars for staff, working closely with Public Health and Infection Control Lead offering guidance, training, and support.

Providers have relayed on numerous occasions that they have found this support network invaluable; this engagement also nurtured relationships with Managers through a period of crisis.

Although contractual monitoring visits were paused during this time, desk top reviews of care providers sitting within the provider stage performance were conducted with reviews of action plans and management of quality concerns. The pandemic did not deter targeted reviews, visits were undertaken if risk was identified, and teams were active in supporting to make the necessary improvements.

A more detailed case study has been included providing more details of the Council's response in the Pandemic.



CASE Study 1 – A summary of support we provided during Covid-19

Our primary focus, as a system through the previous year was to ensure that the required support was in place for all care homes to safeguard residents and to support the market to provide the required level of care. This included ensuring care homes had the right resources and equipment to respond to Covid-19.

Our Partnership working involved weekly meetings with the Bedfordshire Care Association. We had weekly meetings with home care, and any independent providers and regular meetings with VCS. which enabled us to maintain a productive working relationship during this time. Our overall view, having established good relationships with care homes, added to our confidence that providers would and have been notifying the Council of issues through our various contract streams.

During this pandemic, we have put in place the following:

- *New provider hub to act as a focal point for Care Providers which coordinates an integrated support offer to them*
- *Daily engagement with the Market following the information shared on the Capacity Tracker. This includes conversations around PPE/Workforce/swab testing as well as a welfare check. Any concerns are escalated - for example:*
- *Support in completing the tracker and using intelligence from the trackers to support providers around testing/PPE. Currently, all Care Homes (100%) complete the capacity tracker*
- *Infection Control with a care provider - concerns following changes in guidance and reassurances given*
- *Queries around Discharge to Assess (D2A) and the expectation for care homes, escalated and response given*
- *Emergency PPE – set up to support 24/7 with providers sharing PPE also (goggles/masks)*
- *Organising swab testing – sign posting to the correct site and help to complete any paperwork*
- *Liaising with Bedfordshire Clinical Commissioning Group (BCCG) and Community Health Services on swab testing 24/7*
- *Support to Providers following request for support for welfare of staff/ wellbeing issues following anxieties about the effects and impact of Covid19 – this was organised with Community Mental Health services immediately.*
- *Acting as 'Sounding board' to Providers*

Workforce support and Mutual aid

The Council undertook a skills analysis of its workforce to enable redeployment to critical areas, including repurposing care professionals to support the external market, underpinned by a strong volunteering workforce who could be deployed to multiple settings including care homes. Increase in provider workforce capacity was undertaken through a mutual aid approach with redeployment of staff and use of volunteers.

As part of a Mutual Aid offer, we explored alternative provision of workforce support, including establishing a local agency offer or supernumerary workforce aligned to Primary Care Networks, in the event of an outbreak or shortage in staffing complement. A defined alternative workforce plan to cover care staff shortages in discrete geographical locations remained imperative to minimise likelihood of cross infection through use of staff across multiple settings.

Training and Induction

Currently, the Council funds and supports training and development to Care Providers and their workforce. A training offer is available through the Council's own Learning Management System through which Providers and their workforce can book onto a range of training from face to face to e-learning modules. Care Providers can also access training support from local health care providers and the Clinical Commissioning Group. ELFT Community Health Services implemented a support offer to care homes, which included training for Care Home staff, including use of equipment.

Access to rapid online induction training for new staff, based on the materials provided by Skills for Care, with key elements of the Care Certificate is in place for volunteers. Redeployed staff were well trained and inducted into the care home settings and movement of staff between care homes was minimised.

Recruitment

Information on the national campaign 'Care for others. Make a difference' to recruit to vacancies in the adult social care sector was shared with Providers. A link to the website where prospective employees could view local job opportunities and find out more about what it is like to work in care was shared in our daily newsletter. The BLMK ICS Workforce Lead participates in the East of England (EoE) Workforce and HR cell and weekly "EoE Bring Back Staff" meetings to support the coordination of returning staff and trainees.

Staff Wellbeing and Support

Wellbeing has been a key focus in Central Bedfordshire since it participated in a research and wellbeing project in 2019, in partnership with Bath Spa University and with support from public health and other council departments. Central Bedfordshire have implemented a workforce and wellbeing cell that provides a clear focus on the needs of the workforce. They help to identify and support any member of staff affected by COVID-19 and provide a point of contact.

The Bath Spa University Healthier Outcomes at Work (HOW) App and wellbeing toolkit were developed with input from practitioners, a project which went live in October 2019. During the Covid period, Bath Spa University supported CBC and updated to the Wellbeing App to ensure that content was COVID-19-related aiming to further enhance its support and extending its free access to the wider social care workforce.

The success of the Council's workforce wellbeing approach in Adult Social Care was identified in the DHSC wellbeing guidance as providing good support for Adult Social Care Staff. Health and wellbeing of the adult social care workforce - GOV.UK (www.gov.uk). Further information and case study as featured on the LGA website; <https://www.local.gov.uk/our-support/workforce-and-hr-support/wellbeing/covid-19-social-care-staff-wellbeing/central>



Case Example - Cuckooing Case Study 2 CBC

Housing Association Tenant and Support from Adult Disability Team

The Community Safety team received an email from a Housing Association housing officer to advise that they had reports from residents stating that a male tenant of theirs was a victim of suspected cuckooing and due to his vulnerability, they were concerned and needed our support and advice. The Community Safety Team have a cuckooing process in place to complete the necessary checks with the Police and adult and children's safeguarding teams. All cuckooing cases are added to the monthly 'Tasking' meeting to be discussed with the Police and all relevant partners.

In this case, the Adult safeguarding team advised that they had put in a report due to the same concerns. A Safeguarding Adults meeting was held to discuss with all partners. The Safer Communities Strategy Officer, advised the team that she had requested an "Op Nola" visit to be carried out by the Community Policing Team. Op Nola is part of a police process to visit the victim, if there are any reports that a person is being cuckooed or exploited. The address is assigned a "sig marker" due to vulnerability and the concerns for him and his safety. Following the cuckooing process and with all checks completed there were now several organisations involved with this case, The Community Safety team, Housing, Community Policing, and the Adult Disability team. The Community Safety team facilitated all agencies and coordinated a multi-agency approach to supporting the Adult at risk.

The Community safety team organised a problem-solving meeting to discuss the case in more depth with the Police and all partners involved. At this, the information was shared to create an action plan to look at support, interventions, community engagement and enforcement action if necessary. As part of the actions agreed, door knocks and community engagement in the neighbourhood were carried out in partnership with the Police and Housing to gather information, evidence and to make sure residents knew how to report incidents and to whom. This provided reassurance within the community that action was being taken. In addition, advice was provided regarding cuckooing and exploitation to help raise awareness with the aim to encourage reporting of such incidents and prevention of future harm.

The Safer Communities Strategy Officer attended the safeguarding case conference and updated the multiagency group regarding all community safety team's actions, involvement and any visits that were carried out so that we were all working together to achieve the same positive outcome for this individual.

A safeguarding Plan was agreed with the Adult with additional support and security measures added due to the suspected cuckooing and him being a victim of financial

and physical abuse. Additional hours of support was provided within his direct payment so that his carer was able to go in and work more closely.

The address being flagged with the community police and our Safer Neighbourhood officers meant regular patrols could be carried out in the area, helping intelligence and evidence gathering. It also provided reassurance for the individual who started to build up relationships with various professionals, which enabled him to be able to talk to them about other incidents or concerns that arose throughout the period of involvement in this case.

The Community Safety Team and a Social Worker in the Adult Learning Disability team, through discussions recognised the importance of those caring for adults including, direct payment carers who may be working independently and may not have been aware of what Cuckooing is. We also established that carers may be isolated particularly in times of COVID and that their natural and peer networks may have been limited at this time.

As the case study shows this person had a varied informal network of support from voluntary organisations such as churches, food banks, Salvation Army etc. Unfortunately, the cuckooing occurred during the lockdown in March 2020 and none of these supports were available including his direct payment carer for some of the time. Under these unusual circumstances we have identified that it would be helpful and supportive for people to have this information. We are working together on creating documents that would be shared with adults with care and support needs and with residents. Documents will be "easy read" with symbols and pictures to support adults to be able to visually see and to understand what Cuckooing is as the information is more accessible.

Through partnership working and sharing of information this person was safeguarded from any further types of exploitation, provided with advice and information, and supported to live safely. This case is still monitored, the adult continues to get support from the Adult Disability team. Working in partnership allowed for a holistic response which gained the support of the adult required to manage the situation, to build new relationships with those professionals offering support and move forward to prevent any future abuse.

The Council has continued with a committed approach to safeguarding and supporting the work of the Safeguarding Adult Board during what has been a challenging year for all due to the Covid 19 Pandemic.

Safeguarding Activities

The Safeguarding team received 3982 total contacts during 2020/21. This refers to all contacts received by the team, including information where a risk is identified but is not a safeguarding risk, information sharing, requests for assessments and changes in packages of care and all safeguarding referrals. Of the contacts received, 2835 were managed under the safeguarding process where a safeguarding concern was identified and safeguarding enquires made to gather more information, resulting in 199 concerns progressing from initial safeguarding enquires, to a formal Section 42 Safeguarding Enquiry. Where a contact to the team is not managed under the safeguarding process, it is forwarded to the most appropriate Care Management or relevant team to manage, or sign posted to the most suitable route.

This period saw a reduction in the level of safeguarding alerts received but an increase in number resulting in a Section 42 Enquiry. The conversion rate from Safeguarding Enquires to Section 42 Enquires has increased over the last year from 127 (3.4%) to 199 (7.0%).

Advanced practitioners undertake initial safeguarding enquires to gather information, assess risk, and evaluate on a case-by-case basis, to decide whether the criteria for a S42 Safeguarding Enquiry is met and is a proportionate response. Because of the level of information gathering and partnership work undertaken when the team receive an alert, many concerns can be dealt with by other routes such as care management intervention, review of care package, assessment of needs and review and updating of risk assessments. This can mean that the

conversion rate from an alert to a Section 42 Enquiry is lower than in some other local authorities who may raise all concerns to a Section 42 Enquiry and undertake information gathering as part of the Section 42 Enquiry.

The higher number of safeguarding alerts progressing to a S42 Enquiry along with a reduction in the number of actual safeguarding alerts received by the team over the past year is reflective of the increased complexity in alerts the team have received, particularly for service users in the community.

The number of Section 42 Enquires which have taken place because of concerns in care homes has reduced compared with the previous year and may be a result of the reduction in families, friends, and professionals able to visit care homes because of COVID 19 pandemic and pick up on concerns and raise issues.

New Client Information System

The Council moved to a new Adult Social Care Data base in April 2020. This system ensures full compliance with the Care Act concerning recording and data. The system is in its first year and validation of safeguarding statistics required some additional cleansing. Further validation work continued throughout the early part of the implementation of the new system.

The figures show that in the early part of the Covid 19 lock down, contacts to the team were reduced and levels of cases resulting in a S42 Enquiry lower. As lock down measures eased and the impact of Covid 19 was beginning to be felt, alerts, and enquires increased. The increased level in June is likely to be because of families, professionals doing more visits and becoming aware of issues that had been previously hidden or had reached a crisis point resulting in a referral.

Increases in complexity of cases

As the year progressed there was a noticeable increase in complexity of cases that the safeguarding team received resulting in complex S42 Enquires to be undertaken. Many of the complex cases involved mental health issues, domestic abuse, substance misuse and physical assaults. There was an increase in exploitation and self-neglect. November and December 2020 saw a spike in cuckooing and exploitation, and this continues. The team received an increase in safeguarding referrals for people who are homeless or sofa surfing including sexual and financial exploitation and an increase in alerts for sex workers. The team also noted an emerging theme of young people involved with gang related activity and receiving injuries, often the person is vulnerable or has mental health issues. This is a new theme and not seen within the team before. There continued to be an increase of referrals for domestic abuse, usually referred by the police.

Partnership working

Partnership work has continued through the pandemic with meeting taking place virtually. Bedford Borough continued to provide representation at vital forums such as the Multi Agency Risk Assessment Conference (MARAC), the Vulnerable Adults Risk Assessment Conference (VARAC), Channel Panel, Multi Agency Public Protection Arrangement meetings (MAPPA), Modern Day Slavery Partnership, Domestic Abuse Partnership and Pan Bedfordshire Harmful Practices Group. The team continued to work across professional boundaries, including involvement with partners in relation to the Council's Community Safety Team, housing providers, the police, and Children's services to look at the ongoing issues of cuckooing, exploitation, gang violence and community safeguarding issues to share information. Work also included attendance at the Anti-Social Behaviour Meetings Tower Block Meetings, Tasking and Contextual Safeguarding Meetings, as well as working closely with colleagues on individual cases.

Hoarding and High Risk

The Bedford Borough Risk Enablement Panel continued to meet on a regular basis to discuss cases where a high level of risk has been identified and to agree ways of minimising risk and supporting individual's choices. The Safeguarding Team worked the Fire Service and Bedfordshire Clinical Commissioning Group (now Bedford, Luton, and Milton Keynes) to look at risks to people who hoard, recognising the additional complexity that a national lock down added. Individuals were identified in the locality who may have been at risk and follow up work was undertaken with them to minimise risk. This work also led to the creation of a Hoarding Protocol and Policy with plans for a Hoarding Panel to be set up.

We have undertaken joint work with Bedfordshire CCG Safeguarding Nurse to develop a role for a specialist worker to support underserved populations, such as people who experience homelessness, traveling communities, people who hoard. COVID has highlighted the extreme vulnerabilities of underserved populations who may be at risk of falling between services. This post is being developed with a view to helping to overcome some of the barriers faced.

We have worked with Bedford Hospital to look at the impact of changed discharge pathways during the COVID 19 pandemic, which has required several different pathways to be implemented, to ensure the rights and choices of patients were safeguarded during a this challenging period. The Team provided bespoke training to Bedford Hospital around Discharge planning and Mental Capacity Assessments to support all staff involved in the discharge process.

We have supported Bedfordshire Police's initiative to have Police Professional Standards Champions in partner organisations. These act as a point of contact between police and Council, to promote confidence in reporting situations/ occurrences they feel are beyond their line of duty. Bedford Borough Council has four Champions undergoing training who will support practitioners within the Council to report any concerns to the Police Professional Standards Department.

Care Standards

Monitoring care providers has been more challenging with only essential visits taking place during the pandemic to providers of concern. There has been close collaboration with CQC and partners. There have also been regular forums with partner agencies to ensure information sharing about services, including the Quality Assurance Group Meeting and Information Sharing meetings with the Care Quality Commission.

Two providers are being monitored under the Serious Concerns Process; a residential care home with an adjoining unit, and a domiciliary care agency. Measures have been put in place, including enhanced monitoring. Joint work with the providers ensures service users are safeguarded. Providers remain under this process until improvements made to services are at an acceptable level and are sustainable.

The Bedford Borough Care Standards Team and Safeguarding Team, continue to monitor several providers under the Providers of Concern process. Regular multi agency meetings are held with all these providers to monitor practice and performance and to seek improvements in their services.

Ongoing monitoring work continues with a few care providers where there have previously been concerns, the Safeguarding Team meets to discuss issues, provide support and address any safeguarding concerns that arise at an early stage. This includes a private forensic hospital where there has been a high level of previous input from both BBC and the CCG.

Throughout the year the Council and Bedford CCG have met with the commissioned Mental Health Provider to address issues of concern, seeking to prevent and reduce safeguarding issues and promote areas of good practice.

These meetings are a forum to monitor safeguarding performance, discuss complex cases and how the cases are being managed, ensure safeguarding issues are being responded to and identify any practice themes or patterns. This meeting feeds into a senior manager's assurance meeting where any concerns or issues can be escalated.

DoLS and Mental Capacity Act

The Council's Deprivation of Liberty and Mental Capacity Lead has been involved in national meetings focusing on the implementation of the Liberty Protection Safeguards due to be implemented in April 2022. This work will remain a priority into next year and will include briefing sessions, training, and communications internally and externally whilst the changes in systems and practice are introduced, assuring that people who may lack the mental capacity to consent to their care and support are not unlawfully deprived of their liberty.

Over the past year, all Deprivation of Liberty Safeguards (DoLS) assessments have been completed remotely. For some people the use of technology has been a positive experience and assessors and care home have worked well to creatively use remote platforms and prepare and support service users with their assessments.

Mental Capacity Act (MCA) and Deprivation of Liberty Training has continued to be delivered remotely with several bespoke sessions facilitated. These included sessions on MCA and COVID-19, COVID-19 testing & Mental Capacity Assessments (facilitated jointly with East London Foundation Trust health colleagues), COVID-19 and Human Rights (for providers) and Mental Capacity Assessments & Discharge Planning (facilitated jointly with the Clinical Commissioning Group lead for Bedfordshire).

A joint presentation to the Safeguarding Adult Boards with Central Bedfordshire Council took place during the year looking at the impact of the pandemic on the DoLS process and how this has impacted on service users, practitioners, and care providers.

Safeguarding Training

A schedule of safeguarding training has been provided to all adult social care practitioners, mental health and community health services, and care providers. All courses took place virtually by an experienced independent trainer and included subjects such as domestic abuse, exploitation, self-neglect, and hoarding, undertaking Section 42 Safeguarding Enquires and financial abuse.

Practitioners within the safeguarding team have undertaken Train the Trainer in relation to identify Modern Slavery issues and how to make relevant referrals to the National Referral Mechanism and because of this, they will provide training to other teams within the local authority.

Support provided In Bedford Borough during the Pandemic

From the outset of the pandemic, we set up systems to support, advise and stay in touch with vital services and safeguard care homes and the wider care market who support our local residents, as follows:

Set up Mutual aid arrangements with Care Providers, staying in touch with carers and supported those who were extremely clinical vulnerable through the Council's Hub, particularly those known to have care and support needs.

Set up a system to ensure all provider services are received regular calls at a minimum twice weekly (more frequently when a matter requiring closer monitoring and support arises), from the Council's Care Standards Team.

For the year, we held daily meetings with senior team, dedicating a slot for Bedfordshire Care Group (BCG) Leads who represent residential, nursing and domiciliary care organisations in Bedford. Public Health colleagues became a core member of the team working virtually to be on hand to support and guide. This ensured the Council received a daily overview of the local care market and could address and work with others on any concerns.

Worked in collaboration with the CCG, Public Health and integrated community health services to respond to outbreaks to help to reduce infection rates. We worked closely with the CCG and the dedicated project manager commissioned by the Council, who worked on behalf of care providers to co-ordinate training, advice and support such as PPE/ Infection control and other areas of training.

All care sector providers received regular communications and updates ensuring that care provider services have the most up to date information (with support) through a dedicated contact email. This included supports and signposting to enable staff wellbeing and trauma support.

Ensured supports were in place through the administration and distribution of vital national grants to providers.

Supported the swabbing and testing set up to care providers and supported the vaccination roll out of care services.

Care Providers had (and still have) access to an out of hours service where they can obtain assistance from Adult Social Care, to prevent provider failure and safeguard vulnerable local residents- managed through our care standards Team.

Developed a Provider Dashboard, to monitor local care services and to enable support where any themes or concerns emerged, enabling issues to be identified quickly preventing escalation. This was an enhancement to the support and Information collected via the national capacity tracker – which was later introduced, which was also supported.

Worked on a range of recruitment work streams supporting the market in case of a provider failure. Created a 'bank' of additional staff trained and ready to work should staffing issues occur across any internal or externally provided services.

Launched a corporate advert to attract as many applications as possible to the Council ahead of the National Recruitment Campaign for social care, including support to front line care services, ahead of the Government's first lockdown announcement. Working with our recruitment partner we were able to fast track 'on boarding' including training and clearances.



Safeguarding Case Example Mrs A

Mrs A had been in an abusive relationship with her ex-husband for over 20 years and was supported to leave this relationship, secure alternative accommodation, and start a new life. Mrs A had several health conditions including mild learning difficulties, diabetes and some physical disabilities and reduced mobility that required Mrs A to use a mobility scooter or wheelchair. Mrs A also had hearing and sight impairments wearing hearing aids and glasses.

Professionals supported Mrs A to move to a place of safety, re-home her dog, achieve financial independence, maintain her friendship network, and receive ongoing support in staying safe at home and in the community. Mrs A required support with personal care and meal provision due to a physical disability and mild learning disabilities but has now achieved independence with personal care following the provision of equipment.

Whilst there will likely remain significant risks in Mrs A's life due to her chosen lifestyle and needs, this has been a life changing decision for Mrs A to leave her marital relationship.

This case is an example of good multi-agency partnership working with the Independent Domestic Violence Advisor Service, Care Provider, Police and Social Care services to achieve positive outcomes for Mrs A that she had identified

Miss B had a learning disability and lived in the family home with her mother and stepfather. Miss B disclosed an allegation of historical sexual abuse by her stepfather, and her mother raised the concern. The police initiated enquires but Miss B chose not to take part in giving a statement/investigation resulting in the police halting their enquiries. Miss B also did not wish to participate further in the S.42 enquiry (which she had capacity to decide). Miss B's outcome

of the stepfather not living in the family home was achieved as the mother asked the stepfather to leave the family home and not return. Miss B reported feeling safer and happy with this outcome. A Risk Assessment was updated to reflect 'keep safe' work and this was supported by sharing of with advice and guidance around who and how to raise safeguarding concerns in the future. Therapeutic support was requested to support Miss B.

Clinical Commissioning Group

Introduction

This year saw the NHS operate in a level four major incident, due to COVID-19. This had an impact on service delivery across all health services, including the Clinical Commissioning Group (CCG), for several reasons, e.g. unprecedented demands on primary care services, fast changing guidelines and pathways for patient care, a change in the way that staff work due to redeployment and/or providing healthcare remotely. Whilst the CCG have merged across Bedford Borough, Central Bedfordshire and Milton Keynes the CCG maintain a place based safeguarding team with oversight by a BLMK Associate Director, who reports to the Chief Nurse.

Whilst COVID-19 has been a large focus across all health services this year, the indirect implication of the virus has resulted in (for example) increased demands on mental health services, and the recovery of 'normal' health services, such as cancer screening. All of these changes, impacted on the way health services safeguard adults. Yet, despite such an extraordinary year in so many ways, there has been consistent evidence of multi-agencies working very well together creatively to safeguard adults, in particular to support those who would otherwise find it hard to access public services and those most vulnerable from COVID-19.

The CCG safeguarding team have been working closely with provider services, and partner agencies to:

- Improve support for people who hoard
- Support people who are experiencing homelessness and/or rough sleeping
- Support people experiencing domestic abuse, especially given increased risks due to COVID-19
- Support the COVID-19 mass vaccination programme, both via redeployment, and also to embed use of the Mental Capacity Act
- Support with swabbing keyworkers

- Support and improve GP's engagement with multi-agency risk meetings
- Have strategic overview of hospital discharges, given changes due to COVID-19
- Have strategic overview of safeguarding concerns in relation to mental health services
- Lead on a Safeguarding Adult Review
- Work with Bedford Borough and Bedfordshire Fire and Rescue Service with a view to create new roles, to safeguard adults
- Support care homes with safe infection, prevention and control
- Embed Mental Capacity Act
- Prepare for Liberty Protection Safeguards

In addition to the above work streams, the CCG merged from Bedfordshire CCG and is now in shadow form of Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group (BLMK CCG). This saw a restructure of the Safeguarding Team, and locally there is now an Associate Director of Nursing who specifically oversees safeguarding adults and children.

Main Areas of Focus

Below is an overview of the projects that the safeguarding team in the CCG has been focusing on over the past year:

Hoarding:

Following a Safeguarding Adult Review, the CCG have worked with Bedfordshire Fire and Rescue Service to lead on the development of a local multi-agency pathway to support people who hoard, a Hoarding Leaflet, and create a Hoarding Risk Panel, which can be personalised according to individual's needs. This work is due to be launched imminently.

Homelessness and/or Rough Sleeping:

At the start of the pandemic, the CCG worked very closely with partner agencies, to help co-ordinate healthcare for people experiencing homelessness and/or rough sleeping. This resulted in ensuring this client group were registered with a local GP, and therefore notified if they were in the high-risk group, having access to mobile health clinics for support with mental health and/or drug and alcohol needs, and then working with CQC to ensure that mobile health clinics were safe and effective, given the new ways of working.

Domestic Abuse: The CCG worked closely with Bedfordshire Domestic Abuse Partnership (BDAP) to improve GP engagement with the Multi-Agency Risk Assessment Conference (MARAC) process, which has achieved excellent outcomes for victims of domestic abuse over the past year. The CCG also worked closely with BDAP to create and advertise use of Safe Spaces during the pandemic. Locally too, the CCG were awarded funds to host specialist Domestic Violence Responder Training, and so far, 34 Domestic Abuse Responders have attended.

Hospital Discharges:

Mental Capacity Act training was provided in relation to discharges; it was aimed at staff in various provider settings who were involved in the discharge of patients. The training was provided by the MCA/DoLS Lead in partnership with the local authority MCA Coordinator.

The CCG reviewed all safeguarding concerns in relation to hospital discharge over the past year, to seek assurance, following changes in local discharge pathways. This helped identify emerging themes to then help inform and improve practice, for example, improving communication regarding COVID status.

Mental Health Services:

The CCG worked closely with East London Foundation Trust (ELFT) and Health Watch to understand and then have oversight of the restructure within the local mental health services. The CCG visited the service for open days and continue to work with ELFT to gain assurance on organisational processes.

It is widely recognised that the pandemic has resulted in an increase in mental health referrals and further discussions are happening in relation to staff's mental health, as a result of COVID-19.

JH Safeguarding Adult Review:

In January 2021, the CCG led on a Safeguarding Adult Review, in relation to a lady who was known to local health services and sadly passed away from suicide. The outcomes from the SAR, recommended a better understanding of local pathways for people who present to services at immediate risk of suicide.

Joint working with Bedfordshire Fire and Rescue Service:

The past year's priorities naturally facilitated joint working between health services and the fire brigade. The CCG provided safeguarding training and coaching to the fire service, which therefore improved safeguarding support for vulnerable adults. There are plans in place to continue this partnership working into the upcoming year.

Learning Disability Mortality Reviews (LeDeR)

LeDeR reviews continue and have influenced change both during Covid-19 and otherwise, to ensure people with a learning disability are gaining fair access to healthcare and therefore reducing the risk of premature death. One example over the past year was ensuring correct use of Do Not Attempt Resuscitation (DNACPR) for people with a learning disability. Learning is being shared with all partner agencies, including GP colleagues, as part of their safeguarding training.

Redeployment:

Whilst safeguarding was prioritised throughout the pandemic, some members of the safeguarding team were also redeployed on occasion, to support on the front line. Locally, those nurses and administrators helped at the local swabbing clinics, and supported with the vaccination programmes, both on the mass vaccination sites, as well as those who were most vulnerable in the community, and in care homes. Redeployment helped pressures on front line services but also allowed the safeguarding team to understand front line challenges first-hand, which therefore informed safeguarding practice.

Support for Care Homes

The CCG have also been working closely with the Care Standards Teams in both local authorities, to support care homes with understanding infection, prevention and control, and then embedding good practice, in order to reduce the risks of infection from COVID-19, and therefore safeguarding those most vulnerable from infection. Partner agencies also worked closely together to help embed use of the Mental Capacity Act, in relation to the mass vaccination programme.

Mental Capacity Act (MCA) and Deprivation of Liberty in the Community

The MCA lead supported health staff from a variety of providers, with various complex cases – one patient had been reported with a large lump to her breast and in liaison with the GP, psychiatrist and then with good care and support from the care provider who advocated the patients' rights and wishes, the patient accepted a level of medical intervention.

Over the past year, various themes emerged. The MCA lead provided training and coaching to GPs and/or prescribers for the administration of covert medication

ensuring that health staff are adhering to the Mental Capacity Act in working practice. This work will continue as part of the MCA Training Programme, into the new financial year.

In light of the pandemic, there was also an increase in Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders, mainly within the hospital settings. Many were appropriate but a small number were challenged on varying grounds, and they were then revoked. MCA training in this area also remains on the schedule.

Liberty Protection Safeguards (LPS) (Replacement for Deprivation of Liberty Safeguards)

The Liberty Protection Safeguards are to replace the Deprivation of Liberty Safeguards from April 2022. This change means that the CCG will become a 'Responsible Body' and will therefore authorise and manage their own Deprivations of Liberty. Work is ongoing in relation to embedding this as standard practice for the upcoming year.

Conclusion

Although this year has been exceptional, the CCG have felt reassured that local provider health services (and partner agencies) have worked collaboratively, creatively and have quickly adapted to meet the needs of vulnerable adults, in unprecedented times.

Bedfordshire Police



Bedfordshire Police has continued into 2020-2021 with its strategic leads Chief Constable Garry Forsyth, Deputy Chief Constable Trevor Rodenhurst, Assistant Chief Constable Sharn Basra, Head of Crime Detective Chief Superintendent Dee Perkins and Detective Superintendent Zara Brown Head of Public Protection Unit (PPU).

Detective Superintendent Brown continues to play her key role in chairing The Police, Adult Safeguarding and Health Strategic Burning Issues meeting that includes partners from within the vulnerable world including Directors of Adult Services from the three local authorities, Health (CCG), ELFT (MH Services), Community Policing colleagues including Nicky Burns and Sheila Forder, practitioner leads for Mental health and VARAC and our PPU Media SPoC. The meeting provides the opportunity to present concerns in relation to vulnerable and elderly people and care homes and the group together are able to identify any issues that may present threat, risk or harm and together seek solutions to resolve and improve situations and protect people. This forum represents collaborative working and opportunities to share key learning messages to cascade back into all of our business areas.

Since 'The Poor Relation Report (2019)' much focus within Public Protection is being led under the PPU's improvement plans for Vulnerable Adults and Victim and Witness Care which are continuing into 2021-2022 and being embedded into a variety of our business areas. During the last year a key development within Public Protection has seen an improved realignment of a force investigation team for rape and serious sexual offences (RASSO Team) and improved working relationships between the Police and CPS in relation to all RASSO investigations.

Rape and Serious Sexual Offences Team (RASSO)

In September 2020 the Rape and Serious Sexual Offences Team (RASSO) was developed with two Detective Inspectors to manage the daily operations, staffing and investigations and to embed local and national plans in order to support continued transformation of the team and improve care and support for Victims and vulnerable people. Since introduction of the team a number of positive changes have been made including a reviewed shift pattern that better supports victims, increased resources with relevant skills and experience, funding for Victim Engagement Officers, additional Supervisors and improved partnership working with ISVA, SARC and other agencies.

Some of the biggest challenges the RASSO Team have faced is the increase of incidents and safeguarding of Victims where measures need to be taken to accommodate them elsewhere from home, i.e., hotels and shelters and the increased demand on the team where other Agencies have not been able to make usual face to face visits in their daily business.

The RASSO Team embedded a further Detective Inspector to develop and embed a joint working approach with CPS. This position has supported improvements for our Staff investigating rape and serious sexual offences for adult and child victims, often our most vulnerable people, with focus to support the care of our Victims and build their confidence in the ability of the Criminal Justice System. A new tracker system has streamlined and enabled better management of these investigations with the ability to quickly identify any areas of concern with CPS. A new training plan is also being delivered to staff which has helped improve knowledge. A secondary checking function has been introduced to improve the quality of files which officers are producing. Early advice for Rape and Serious Sexual Offence cases has been encouraged throughout the last year to enable

cases to progress through CPS at a much faster pace. Positive results of this area of work include file quality of RASSO cases increase from a positive acceptable rate of 45% to 75%; the highest positive outcome rate in over 6 years; force position for rape cases increased from 32nd to 5th and 1st in the similar force area.

Emerald Unit – Domestic Violence.

There have also been many challenges for the Force Emerald Unit who manage all investigations of domestic abuse, many of which impact on our most vulnerable victims within our community. During the lockdown period the Emerald Unit have seen a large increase in offences and have been reviewing processes to improve their solved outcome rates and increased usage of the Change Plus Diversion Scheme with Partners to reduce the reoffending of domestic abuse perpetrators and focusing on increasing the use of Domestic Violence Protection Orders (DVPO) to support preventative measures in place for safeguarding our Victims.

During summer 2020 the Emerald team put procedures into place within their team to manage applications under the Domestic Violence Disclosure Scheme (DVDS), known as 'Clare's Law' where applicants are able to ask the Police to disclose a person's history of abusive behaviour to those that are at risk from such behaviour and to reduce intimate partner violence. Victim Engagement Officers are integral to the effectiveness of the disclosure with their experienced background to support victims and vulnerable people in making key decisions about their lifestyle and relationships.

In order to ensure that their most vulnerable people have remained safe, the Emerald team also play a significant role in the Management of Domestic Abuse Perpetrators Group which manages repeat offenders and Victims in partnership with IOM and Probation. The scheme is proving successful in working with

suspects to address some of the reasons behind their offending, for example alcohol and drug dependency, as well as robust monitoring to prevent further offending and people becoming repeat victims.

Child Sexual Exploitation (CSE) and Missing Persons.

The CSE & Missing Person Unit have been undertaking an initiative to carry out Return Home Interviews following a missing episode where it has been classified as high risk and involves a vulnerable Person. Return Home Interviews are currently completed for all children who go missing as a statutory requirement and a similar process is being scoped for Adults by the Police jointly with our partners in the Local Authority where the idea has been presented to the sub-group and ELFT's Concordat meeting with considerations around mental health and suicide prevention work. These interviews are necessary and central to try and understand the context and reasons behind the missing episode and to identify and reduce vulnerability and reoccurrences.

Bedfordshire Police receive approximately 200 reports a month of missing people. In the year from 1 January 2019 to 31 December 2019 there were 995 adults who went missing in Bedfordshire. Of these 167 were repeat missing adults ranging from 3 reports to 30 reports each. This reduced to 50 repeat missing adults when looking at those over 21 years of age. This age bracket of 18-21 shows the majority of these are in the care leavers group that continue to go missing and be reported by placements.

PPU Referrals Hub

During Covid we have seen an increased number of Vulnerable Adult referrals into the PPUST from front line officers and staff.

Other areas of work under continued development include our processes of managing risk where staff are required to complete a Vulnerable Adult risk assessment referral onto our Force Athena system and ensuring that structures are in place to capture any gaps where risk assessments have not been completed and to ensure the risk has been identified and the newly introduced 'Burning Issues' Meeting with Police and Partners in the local authority which has addressed emerging issues, improved understanding of one another's working practices and identify training needs and work with ELFT who have delivered training within the Hub to support an increased number of people struggling with their mental health.

The Mental Health Hub

In July 2019 the Mental Health Hub was launched. The Hub promotes a joined-up approach with our Mental Health NHS partners (ELFT) in delivering the most appropriate responses to those adults and children who present to the Police with Mental Health vulnerabilities. Their desired end goal is simple, to achieve the best outcome for all parties concerned. The Hub is formed of five different work streams which are detailed below.

Mental Health Hub Office

The Mental Health Hub office is the conduit between the Police and our Mental Health partners ELFT and other agencies. Our aim is to ensure our officers and staff receive appropriate and continued Mental Health Training in areas such as Legislation, MCA, MH disorders, Dementia, Suicide prevention, appropriate responses etc. Our intention is to keep all staff up to date with current news and explore new mental health training ideas and initiatives with our partners to ensure staff have the confidence to make the best decisions when dealing with someone in crisis. The office is also responsible for ensuring our partners receive timely referrals for incidents linked to Suicide, Dementia and where people have communication difficulties. E.g., Autism via the Pegasus Scheme.

The Herbert Protocol

The Herbert Protocol is an early intervention and risk reduction scheme to help find vulnerable people who have been diagnosed with Dementia and are at risk of going missing. The simple idea is for carers, family members and friends to complete a form which records vital information on the vulnerable person. If the person goes missing, sharing the information with professionals, including the police to protect and safeguard the person will become proportionate and necessary. The Herbert Protocol has been in operation in Beds Police since 2015. We have registered 128 vulnerable adults onto the scheme since July 2020 and referred them to The Alzheimer's organisation, Fire and Rescue and our community policing teams for further support.

Real Time Suicide Data Surveillance, Prevention and Bereavement Support

This is a national policing objective. Having access to timely data on suicide is crucial for recognising themes and patterns that may contribute to cases of contagion and clusters. It enables local stakeholder to identify opportunities for proactive initiatives to prevent future suicides and to provide timely bereavement support. In many cases suicide data is not accessible until months after the death and the coroner's verdict. A real-time suicide surveillance system enables relevant stakeholders such as the local authority public health team and the multi-agency suicide prevention group to review information about the suspected suicide in advance of the coroner's conclusion. Public Health recently organised a multiagency meeting where the QES Surveillance system was presented to a number of partners including Coroner's office, Mental Health Services, Police. This work is led by Public Health.

Since July 2020 we have recorded 41 suicides in Bedfordshire and sent 66 referrals to CHUMS Bereavement Service to support those families. We have also recorded 414 attempted suicides, many of these individuals are repeat victims and are open to Mental Health services. We produced a Snapshot of attempted suicides over the four-month period of September to December 2020. Demographic details relating to each attempted suicide were recorded such as age, gender, location, time, method and the reasoning behind each attempt. The purpose of the report was to enable Bedfordshire Police to identify and understand the attempted suicide demand that is placed on the force, identifying any patterns and trends that may occur across the data. There was a total of 173 attempted suicides over the period of September to December, 51.7% were male and 48.3% were female. The majority of the attempted suicides were carried out by young individuals aged 34 and

below accounting for 60.1% in comparison to 1.7% who were aged 65 and above. The attempted suicides were categorised into three locations Bedford Borough, Central Bedfordshire and Luton.

The two most common methods used in order to attempt a suicide were overdose and self-harm accounting for 66.5%. This means that there may be a need for further support in this area or improve the current support that is available to individuals who self-harm, are substance users or have attempted an overdose previously, in order to reduce the demand. The reasoning behind each attempt lead to either mental health or relationship problems. Throughout the Snapshot, it was monitored whether Covid-19 was a reason for the attempt. Although there was no clear evidence, there were a few incidents where the individuals mentioned they were unable to see their children as they lived overseas, or they were unable to see their grandchildren due to Covid restrictions. In September, 24% of subjects that carried out an attempt suicide were a repeat victim and in October, 14.9% were a repeat victim. November had the most repeat victims, with a total of 44.2% and in December, 41% of the attempted suicides were carried out by repeat victims. The Snapshot was presented to a number of different organisations, internal departments and brought to the attention of the Chief Constable and the Deputy Chief Constable who are raising this concern at the next demand strategic board where we aim to discuss how we can work with internal and external partners collaboratively to look at ways to reduce these figures.

SIM (Serenity Integrated Mentoring)

Collaborative working between SIM, Community Mental Health Team, Drug and Alcohol Service (P2R), Local Authority Housing Department, GP and Police Intel Department ensured this vulnerable adult received the correct care, support and safeguarding. The patient's mental health improved significantly, and their confidence increased. The patient was no longer alcohol dependent due to their continued positive engagement with P2R and was drug free for three-months up until their discharge date. The Patient now has a good working relationship with their Care Co-ordinator and CMHT and has volunteered to participate in SIM projects. The patient was discharged from SIM to care of their local Community Mental Health Team in April 2021. This demonstrates the excellent work of multi agencies working collaboratively to ensure vulnerable adults health, well-being and needs are met. SIM identified the impact Covid-19 had on their service users and maintained the contact ensuring their service users did not relapse. During Covid-19 SIM increased the frequency of virtual contact with their service users up to four times a week due to the second lockdown.

Police Mental Health Investigator for offences in Mental Health settings

This post is a positive impact by providing a specialist police officer who provides direct support to NHS mental health inpatient staff and service users across Bedfordshire and Luton. Bedfordshire Police's Mental Health Investigation Officer works directly with East London NHS Foundation Trust's inpatient sites across the county. The role provides visible police presence to staff and service users, a single point of contact for mental health inpatient teams and investigates any incidents of anti-social or criminal behaviour.

Since the role started in February 2020, a number of community resolution outcomes have been achieved relating to the behaviour of inpatients. A number of casefiles have been built covering offences, confiscated suspected Class A drugs worth an estimated £100-200 and a case was taken on for criminal damage from another officer. The Police officer's presence makes staff and service users feel safe, supported and confident in reporting any issues. This is another example of the fantastic partnership approach between ELFT and Bedfordshire Police.

Mental Health Nurses in FCC

The Beds Police FCC now accommodates two Mental Health Nurses, who are on hand to give advice and signposting to all FCC staff on queries linked to Mental health. The nurses have access to the RIO system to research a person's history and are able to share information. The nurses liaise directly with officers in order to give a timely response to an incident and record the information on both RIO and Storm. The nurses continue to provide training to a number of specialist Police Teams.

There has been an increase in demand on mental health in the FCC since Covid-19. The Mental Health Nurses have received compliments on their excellent work in the FCC for supporting staff and officers to provide the best support for vulnerable adults. The nurses have discussed the effects of Covid-19 on vulnerable adults who have been unable to see their mental health teams which has had a significant impact on Police resources. Between April 2020 to March 2021 7.1% of all Storm incidents had a closing qualifier of Mental Health which has increased from previous reports.

Mental Health Street Triage/Liaison and Diversion Teams

The Mental Health Street Triage ensure appropriate care is given for patients in Mental Health crisis. They respond in a timely manner to all incidents of Mental Health Crisis and assist the demand on Police and Ambulance services. They are a specialist resource with access to the correct pathways. They work 365 days between the hours of 1300-2300 hours.

In the rolling 12 months of April 2020 to March 2021 there has been an average of 193 contacts with the MHST per month and an average of 6 S136 detentions made by the MHST per month. There have been 15 s136 arrests made in custody after persons had already been arrested for other substantive offences. There has been an increase in the number of S136 held in custody compared to previous years however these persons were not arrested s136 then brought into custody as a place of safety they were Sectioned 136, under the guidance of LADS, when already in custody.

As at the end of March 2021 - out of the 2311 total MHST contacts since April 2020 there have been 222 repeat service users responsible for 638 contacts i.e., 27.6% of all MHST contacts. A list of these users has been provided to the SIM high intensity users Group to aid targeted plans being raised around the persons who are generating the greatest demand.

The Street Triage received a number of compliments over the last 12 months from patients, families and members of the public. A patient thanked an officer and expressed how grateful they were for the officer's support. A family member stated how amazing the team were and referred to them as heroes. Liaison and Diversion were complimented by Bedford Borough Council on their equality and engagement with safeguarding as they raised 40 safeguarding alerts. The team received excellent feedback from service users expressing how the support workers saved their lives and helped them through the court process.

Fire and Rescue



BFRS has had another busy year in the world of Safeguarding, somewhat complicated by the impact of the global pandemic. We have seen an increase in the number and quality of referrals made by BFRS which is largely thanks to the training provided by partners in CBC and the CCG.

The pandemic posed a huge challenge to our ability to deliver our service safely and we worked hard to adopt new guidance 'Striking the balance – a risk-based approach'. We have successfully managed to continue visiting those most at risk from injury and death from fire throughout this pandemic.

Our new risk-based approach has allowed us to really align our values with the SAB priorities and take the opportunities presented by the pandemic to work with partners to reach these at-risk cohorts, specifically we have:

- Agreed a definition of risk which would allow us to carry out a S&W visit whereby the risk from fire outweighs the risk from Covid-19, continuing to identify safeguarding concerns we delivered visits to 6,797 people's homes, averaging 9 Safeguarding referrals per month.
- Launched an online portal for partners to refer vulnerable people to us with an inbuilt risk scoring process Referral link
 - Launched a direct referral pathway from EEast safeguarding social worker directly to BFRS for vulnerable patients
- Worked in direct partnership with local authority partners and the CCG to provide advice to homeless people rehoused in hotels during lockdown.
- Continued to deploy our two CCG dementia advisor posts to carry out Safe and Well visits.
- Worked directly with the CCG and local authorities to share information on hoarders for comparison to shielding lists during lockdown.

- Continued to work with the CCG and partners in local authorities to further expand and embed the hoarding protocol across the whole of Bedfordshire.
- Continued to respond to requests for arson proof letterboxes to victims of domestic abuse directly from Bedfordshire Police.
 - Continued to engage with young fire setters using virtual platforms
- Supported the CCG with the managing of 6 vaccination centres across Bedfordshire and deployed fire Service Prevention personnel to engage and reach at risk groups at these centres over 4k spoken to and 450 direct referrals for a Safe and Well visit.
- We have agreed to set up a fire death and injury subgroup and have made SAR referrals for victims at incidents we have attended.

We have created two new posts within our team, a Safeguarding advisor and new roles to better support us. These posts are going to work extremely closely with the CCG and be supported with their induction, development and Supervision. They will further embed the work we have been doing and look to establish closer links with partners across the health and social care system.

We are keen to really engage and work with some more diverse and harder to reach parts of our community and feel these roles will help us do this alongside the CCG and Safeguarding partners.

ELFT remained responsive to all safeguarding concerns raised about our service users and staff quickly adapted to the new ways of working and assessing service users face to face and virtually.

Safeguarding during the Covid-19 pandemic was more challenging and ELFT saw an increase in complexity of safeguarding concerns especially related to Domestic Abuse and Self-Neglect and Hoarding.

A higher proportion of the Section 42 enquires related to the issues of neglect/self-neglect. The trust established a task and finish group to achieve the following:

- Potential risk panels for complex cases presenting with self-neglect issues
- Strengthening the lines of communication between the services
- Safeguarding guidance/policies/procedures in relation to self-neglect to be imbedded in practice and used in a meaningful manner
- Culture change- By supporting a learning environment and offering better legal literacy

ELFT safeguarding team focussed on our elderly patients as they are particularly vulnerable during the Covid pandemic, not only due to the risk of Covid-19 but also in relation to isolation, online abuse, self-neglect, and neglect.

- The team identified that the level of concerns was lower than other years and completed a large-scale audit of cases to identify any concerns.
- Outcomes of the audit was shared with managers and an action plan was implemented which included safeguarding training for all our older people services.

- As part of the training, learning from SAR's from our East of England partners were shared and discussed.
- The training was very well attended, and the safeguarding team has seen increased engagement from our Older People services especially with case discussions and requests for advice.
- A follow up audit is planned for 2021.

ELFT also saw an increase in the complexity of Domestic Abuse cases where staff were struggling to manage high risk cases during Covid with limited contact or having to resort to virtual contact only.

- The team arranged for specialist Domestic Abuse responder workshops for ELFT staff with CBC community safety team and this was very well attended.
- A special focus of the training was on risk management during Covid and around cases where establishing contact was difficult.
- ELFT will be piloting for 6 months an IDVA working across the CMHT's to support people who have been referred to mental Health Services and are victims of Domestic Violence. The Pilot is due to start on the 17th May and will also support our joint working with the police.

Police referrals received monthly:



The main reasons for the referrals: DV, suicidal thoughts, drugs, and alcohol:

- ELFT safeguarding team also engaged with CBC community safety team in relation to cases related to Cuckooing in particular.
- These cases were of particular concern as virtual assessments are more unlikely to identify cuckooing than a physical visit.
- Initial work started to ensure that information was shared to enable more effective joint working.
- This streamlined the process and allowed for more timely visits by the police to ensure a person's welfare. This work is still continuing to develop.

Homeless:

- ELFT has a well-established Rough Sleepers Health Team in place.
- There is a clear cohesive pathway in place in Bedford, covering mental health, physical health, drug and alcohol.
- In all areas in Bedfordshire, collaborations with NOAH and other third sector organisations have been recently strengthened, informally.
- The focus of work has been on supporting people experiencing homelessness to access to Primary Care by developing protocols for ensuring continuity of primary care.
- Another priority relates to hospital discharges; ensuring that people experiencing homelessness are discharged from hospital to suitable accommodation: acute discharge pathways in place, regular housing forums, NRPF protocols, representation from Council at the bed management meetings.
- Furthermore, across the County our Rough Sleepers workers work with rough sleepers and those identified as vulnerable to rough sleeping and some entrenched rough sleepers. They all work closely with Noah, P2R and other housing providers.



Case Example – Jack

Jack is a 64-year-old man that lives in his own property. He is an electrician and used to work full time and enjoy his occupation. He has always collected items and tended to hold on to things that other people may throw away and over the years and especially when he retired, the items started to fill the rooms in his house, making it difficult to move around, clean and eventually even use the room. Jack started to avoid social visits from friends and became more isolated, which increased the hoarding behaviours. He ordered items online and they added to the piles in the house. During lockdown, it increased so much that he was unable to get anybody to come and fix his broken washing machine due to lack of access and embarrassment. His electricity also failed and could not be fixed. Jack had no means of cooking food and had no heating. He did not tell anybody and started living on take-away food.

It may have gone unnoticed for much longer if his son did not insist on visiting and he found his dad very poorly and noticed the deterioration in the house. Jack was admitted to hospital and a safeguarding enquiry started.

Jack attended all the safeguarding meetings about his situation virtually and was able to have discussions about his views. Initially Jack was not willing to have interventions or help and felt he could sort the concerns out by himself but the open conversations with professionals and family in the safeguarding meetings helped him to realise he did not have to deal with this on his own and he accepted help.

Jack was supported to have a deep clean and all the clutter was moved to one room in the house. This meant Jack did not have to throw away any of the belongings he hoarded immediately. His electricity and washing machine was fixed and Jack now has support workers once a week that assists him with going through the room where all the clutter is in. He is slowly and at his own pace making decisions about each item he kept. He is engaging with counselling to

understand his hoarding behaviours and he is empowered to deal with this himself. Jack reported that he quite enjoyed being an archaeologist into his own life and trying to figure out why he bought or kept certain objects for so long.

Jack is so much better now. He was not forced to throw anything away, instead he is taking control of his own life. Jack's words at the final safeguarding meeting was: 'Thank you so much for giving me my life back.'

Bedfordshire Hospitals Foundation NHS Trust

On the 1st of April 2020, Bedfordshire Hospitals Foundation NHS Trust formed, this incorporates both the Luton and Dunstable Hospital and Bedford Hospital sites. The first year as a merged trust has been incredibly challenging, in light of the COVID 19 pandemic, despite this the organisation has already seen the benefit of the two hospitals working together, supporting and exchanging ideas as a bigger and stronger organisation. This has supported the organisation to build resilience to maintain essential services during a time when so many patients have depended on them.

The newly formed 'Trust' has created an opportunity to strengthen both hospital sites safeguarding teams and has given an opportunity to develop and share practice, policies, and procedures.

During the period of 2020-2021, Bedfordshire Hospitals Foundation NHS Trust has continued to be an active member of the Safeguarding Board and subgroups aligned to the Board, including the Serious Adult Review Group.

The Trust continues to be represented at VARAC (Vulnerable Adult Risk Assessment Committee), Modern Day Slavery Strategic Group, LeDeR (Learning Disability Mortality Reviews) Strategic groups and Quality Assurance panels, Domestic Homicide Reviews, Suicide Prevention Steering group and other multi agency forums where safeguarding vulnerable adults is paramount.

As a Safeguarding team, we have continued to deliver training to staff, as appropriate to their roles in a variety of forms including E-Learning packages, Face to Face training, through virtual platforms, role modelling in clinics/departments and hospital inpatient wards. This has remained a priority for the Trust during the pandemic.

It is evident in the last year that our continued collaboration between the Adult Safeguarding team, Safeguarding Children and Safeguarding Midwifery teams is supportive of our 'Think Family' ethos. This includes the co-location of teams on both sites, allowing a greater opportunity to share good practice and develop our safeguarding skills. We have also developed a Joint Trust Safeguarding Board which not only incorporates both the safeguarding adults and children's agenda but also both hospital sites.

Our priorities for 2021/22 include:

- To develop a Mental Health Strategy for the Acute Hospitals Trust
- To support and train staff in readiness of the new Liberty Protection Safeguards commencing in April 2022.
- Continue with the delivery of Safeguarding Adult Training to increase training compliance, skills and knowledge base across both hospital sites
- Reviewing the model (including capacity) of both hospital sites Safeguarding teams to ensure appropriate resource levels to meet the increasing complexity of safeguarding activity within the hospitals.
- Relaunch of the Safeguarding Champions across both sites who will advocate and support the safeguarding agenda within the trust.
- Increase the opportunity for both Learning Disability Awareness and Dementia training through e-learning packages and Face to face training.



Department of Work and Pensions (DWP)

In 2020 the 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 (including safeguarding), 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 DWPs 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.

At the beginning of 2020 a representative of the DWP gave a presentation and assurance report regarding this work to the local SAB. Since that time, we have had full attendance at the board, and we are now a part of the local safeguarding partnership in Bedford and Central Bedfordshire linking into safeguarding processes both Section 42 and Section 44.

Performance and Assurance Information

Bedford Borough Council



Demographics



Bedford Borough
Population:

186,453
(2018)

Cultural background in
Bedford Borough:

80.5% are white



19.5% BAME



(ONS latest (request 14 Feb 2020),
data released 13 June 2014)



Population:

By 2030 the population is estimated to increase by

8.6%



2/3 of the population live in
the urban areas of Bedford and
Kempston. 1/3 people in these
areas are from BAME



Up to 100

different ethnic groups
live in Bedford Borough.

Safeguarding Adults Data

A total of 2835 Concerns were received by Bedford Borough Council,
7% were taken forward for formal Enquiry under the Care Act 2014.

	2019-20	2020-21
Number of Concerns	2,281	2,835
Numbers progressing to Section 42	269	199
% Progressing to Section 42	11.8%	7%



Profile of Section 42 Enquiries:

Gender:



81 Male



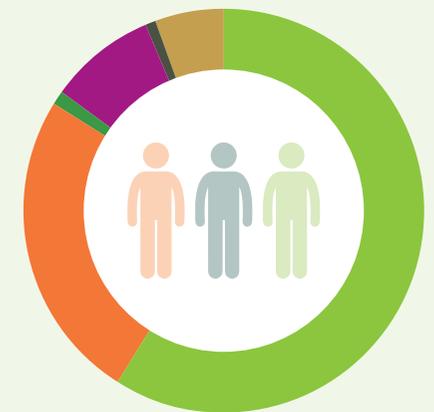
116 Female

Counts of Individuals by Age Band	Age
18-64	141
65-74	22
75-84	16
85-94	19
95+	1
Not Known	0

Location	
Own Home	55
In the community (excluding community services)	1
In a community service	3
Care Home – Nursing & Residential	32
Hospital - Acute	6
Hospital - Mental Health	3
Hospital - Community	0
Other / Not recorded	15

Ethnicity:

- White - 130
- Undeclared - 45
- Mixed / Multiple - 1
- Black / African / Caribbean / Black British - 6
- Asian / Asian British - 14
- Another Ethnic Group - 3





Outcome of Enquiries

Yes, they were asked, and outcomes were expressed	86
Yes, they were asked but no outcomes were expressed	10
Not recorded	69
Fully Achieved	56
Partially Achieved	22
Not Achieved	8

Performance and Assurance Information Central Bedfordshire Council

Demographics



Central Bedfordshire total Population:

311,651
(2018)

Cultural background in Central Bedfordshire:

93.7% are white



6.3% BAME



(ONS latest (request 14 Feb 2020), data released 13 June 2014)



Population:

By 2030 the population is estimated to increase by

9.9%

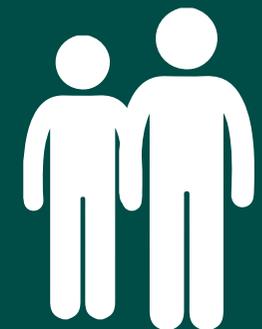


The majority of people live in rural areas, villages and hamlets.

Safeguarding Adults Data

A total of 3382 Concerns were received by Central Bedfordshire Council, 7.7% were taken forward for formal Enquiry under the Care Act 2014.

	2019-20	2020-21
Number of Concerns	3,173	3,382
Numbers progressing to Section 42	354	262
% Progressing to Section 42	11.2%	7.7%



Profile of Section 42 Enquiries:

Gender:



102 Male



160 Female

Counts of Individuals by Age Band

Age Band	Age
18-64	111
65-74	28
75-84	51
85-94	52
95+	13
Not Known	0

Location

Own Home	198
In the community (excluding community services)	0
In a community service	0
Care Home – Nursing & Residential	74
Hospital - Acute	1
Hospital - Mental Health	2
Hospital - Community	3

Ethnicity:

White - 1536

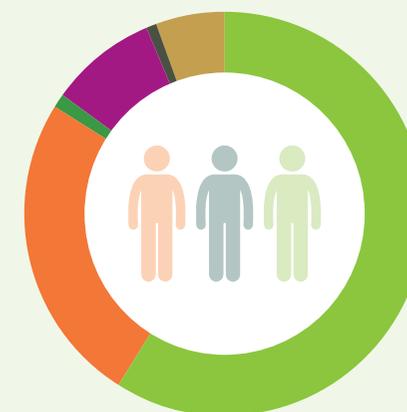
Undeclared - 519

Mixed / Multiple - 14

Black / African / Caribbean /
Black British - 23

Asian / Asian British - 10

Another Ethnic Group - 24





Outcome of Enquiries

Yes, they were asked, and outcomes were expressed	108
Yes, they were asked but no outcomes were expressed	9
Not recorded	90
Fully Achieved	40
Partially Achieved	33
Not Achieved	4

Deprivation of Liberty Safeguards (DoLS)

The impact of COVID-19 on the Deprivation of Liberty Safeguards across Bedford Borough and Central Bedfordshire Council

Bedford Borough Council Deprivation of Liberty Safeguards (DoLS)

Bedford Borough Council received a total of 1201 DoLS requests for 2020/21. This equates to a 5% decrease when comparing the numbers received in 2019/2020. There are a number of factors to explain this decrease and which mostly relate to COVID-19. These include authorisations not being renewed following the death of a person subject to a standard authorisation or where family members have decided to provide care at home and further authorisation has not been required. There has also been a number of families who have made the decision to delay admission into a care home due to restrictions on contact and the high risk of transmission in these environments.

Of the 1201 requests received, 85% resulted in an authorisation being issued. As of 31st March 2021, 4% of assessments were in progress and pending sign off. Bedford Borough Council has processed 96% of all applications received in 2020/21, this level has been consistent for the past few years.

Central Bedfordshire Council Deprivation of Liberty Safeguards (DoLS)

Central Bedfordshire Council received a total of 1826 DoLS requests for 2020/21. This equates to a 6% increase when comparing the numbers received in 2019/2020. Out of the total number of requests, 50% resulted in an authorisation issued (911); 43% of requests were categorised as not being granted due to them either, not being for Central Bedfordshire Council, a change in situation or not meeting the criteria for a DoLS authorisation (789). As of 31st March 2021, 7% (210) of

assessments were in progress and pending sign off. Within the reporting year, the completion rate was 93% of all applications received.

COVID-19 has had a significant impact on the Deprivation of Liberty Safeguards across Bedford Borough and Central Bedfordshire Council and key themes include:

- Introduction of remote assessment techniques used by assessors.
- Challenges in completing assessment in Hospital environment to COVID-19.
- Increased number of short authorisations and/or authorisations with conditions due to non-face to face assessments.
- Increase in number of assessments highlighting objection to elements of care or placement following discharge from hospital.
- Increased time spent on scrutiny of assessments to ensure they reflect COVID-19 restrictions and evolving guidance published by the Department of Health and Social Care.

Both councils have responded to the challenges with:

- **Innovation:** Such as embracing remote assessments.
- **Prioritisation:** Recognising the need to focus resources to the most crucial situations.
- **Collaboration:** Partnership working with managing authorities and colleagues across the eastern region.

SAB Priorities 2021-22

To develop and establish a process to review and learn from fatal fires.

To be informed about the changes to local crisis and suicide prevention and to seek assurances that lessons have been learned regarding three case examples.

To ask partner agencies for assurance that changes brought about by the Domestic Abuse Bill have been embedded.

A new SAR referral has raised the SAB's suspicions that not all young people transitioning into adulthood are adequately safeguarded. The SAB will be seeking further assurances from partners and will commission a SAR relating to one specific case example.

The SAB will review and if necessary, revise these priorities mid-year. Covid has identified that there is a need to review and revise priorities as a matter of governance.

Contact the SAB or it's Independent Chair Mr Terry Rich

 SAB@centralbedfordshire.gov.uk

To report abuse please contact:

Central Bedfordshire Council

 adult.protection@centralbedfordshire.gov.uk

 0300 300 8122

Bedford Borough Council

 adult.protection@bedford.gov.uk

 01234 276222

Glossary

Abuse: includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory, domestic and organisational abuse and modern-day slavery.

ADASS (Association of Directors of Adult Social Services): the national leadership association for directors of local authority adult social care services.

Advocacy: support to help people say what they want, secure their rights, represent their interests and obtain services they need. Under the Care Act, the local authority must arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or a safeguarding adult review if they need help to understand and take part in the enquiry or review and to express their views, wishes, or feelings.

Alert: a concern that a person at risk is or may be a victim of abuse, neglect or exploitation. An alert may be a result of a disclosure, an incident, or other signs or indicators.

Alerter: the person who raises a concern that an adult is being, has been, or is at risk of harm, abuse or neglect. This could be the person themselves, a member of their family, a carer, a friend or neighbour or could be a member of staff or a volunteer.

BBC Bedford Borough Council: The Lead agency for making adult safeguarding enquiries (under The Care Act) within its Council area.

Care Act 2014: came into force in April 2015 and significantly reforms the law relating to care and support for adults and carers. This legislation also introduces a number of provisions about safeguarding adults at risk from abuse or neglect. Clauses 42-45 of the Care Act provide the statutory framework for protecting adults from abuse and neglect.

CBC Central Bedfordshire Council: The Lead agency for making adult safeguarding enquiries (under The Care Act) within its Council area.

CCG (Clinical Commissioning Group): these were formally established on 1 April 2013 to replace Primary Care Trusts and are responsible for the planning and commissioning of local health services for the local population.

Community safety: a range of services and initiatives aimed at improving safety in the community. These include Safer Neighbourhoods, anti-social behaviour, hate crime, domestic abuse, PREVENT, human trafficking, modern slavery, forced marriage and honour violence.

CQC (Care Quality Commission): the body responsible for the registration and regulation of health and social care in England.

DOLS (Deprivation of Liberty Safeguards): measures to protect people who lack the mental capacity to make certain decisions for themselves which came into effect in April 2009 as part of the Mental Capacity Act 2005 and apply to people in care homes or hospitals where they may be deprived of their liberty.

DA/Domestic Abuse/DV/Domestic Violence: any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or stepfamily (Home Office 2012).

DHR Domestic Homicide Reviews: statutory reviews commissioned in response to deaths caused through domestic violence. They are subject to the guidance issued by the Home Office in 2006 under the Domestic Violence Crime and Victims Act 2004. The basis for the domestic homicide review (DHR) process is to ensure agencies are responding appropriately to victims of domestic abuse offering and/or putting in place suitable support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and violence.

EEAST East of England Ambulance Service

ELFT East London Foundation Trust: Locally provides for alcohol and drug services, community nursing and mental health services across CBC and BBC.

Harm: involves ill treatment (including sexual abuse and forms of ill treatment which are not physical), the impairment of, or an avoidable deterioration in, physical or mental health and/or the impairment of physical, intellectual, emotional, social or behavioural development.

Hate crime: any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability.

Human trafficking: the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

LeDeR Learning Disability Mortality (death) Review Programme: Process by which a suitably qualified person examines the circumstances around the person's life and death to identify any learning and recommendations to improve quality and practice.

LSCB Local Safeguarding Children's Board: The role of the LSCB is to coordinate what is done by everyone on the LSCB to safeguard and promote the welfare of children in the area to make sure that each organisation acts effectively when they are doing this.

MARAC (Multi-Agency Risk Assessment Conference): a multi-agency forum of organisations that manage high risk cases of domestic abuse, stalking and 'honour'- based violence.

MSP/Making Safeguarding Personal: Making Safeguarding Personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

IOM Integrated Offender Management: Bedfordshire Police Intense support via high risk offender management programme aimed at preventing re-offending.

NHS (National Health Service): the publicly funded health care system in the UK.

Out of Area Placement: A person being accommodated, treated or cared for outside of their area of residency.

PPE – Personal Protective Equipment: equipment such as masks, gloves, gowns, visors etc. worn to prevent spread of infection, including Covid 19.

PREVENT: The Government strategy launched in 2007 which seeks to stop people becoming terrorists or supporting terrorism. It is the preventative strand of the government's counter-terrorism strategy and aims to respond to the ideological challenge of terrorism and the threat from those who promote it; prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support and work with sectors and institutions where there are risks of radicalisation that need to address. It is the preventative strand of the government's counter-terrorism strategy, CONTEST.

Public Health: Public health refers to all organised measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole.

SAB Safeguarding Adults Board, The Board: a statutory, multi-organisation partnership committee, coordinated by the local authority, which gives strategic leadership for adult safeguarding, across the local authority. A SAB has the remit of agreeing objectives, setting priorities and coordinating the strategic development of adult safeguarding across its area under Section 43 of The Care Act.

Safeguarding: activity to protect a person's right to live in safety, free from abuse and neglect. It involves people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that their wellbeing and safety are promoted.

SAR Safeguarding Adult Review: a statutory review commissioned by the Safeguarding Adults Board in response to the death or serious injury of an adult with needs of care and support (regardless of whether or not the person was in receipt of services) and it is believed abuse or neglect was a factor. The process aims to identify learning in order to improve future practice and partnership working.

Safeguarding enquiry/Section 42/S42: the action taken or instigated by the local authority in response to a concern that abuse, or neglect may be taking place. An enquiry could range from a conversation with the adult, or if they lack capacity, or have substantial difficulty in understanding the enquiry their representative or advocate, prior to initiating a formal enquiry under section 42, right through to a much more formal multi-agency plan or course of action. This is sometimes referred to as a section 42 enquiry'.

