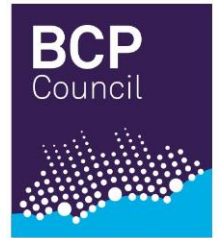


# Notice of Health and Wellbeing Board



Date: Monday, 18 December 2023 at 10.00 am

Venue: Committee Room, First Floor, BCP Civic Centre Annex, St Stephen's Rd, Bournemouth BH2 6LL

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## Membership:

### Chair:

Cllr D Brown Portfolio Holder for Health and Wellbeing

### Vice-Chair:

To be elected

Cllr R Burton	Portfolio Holder for Children and Young People
Cllr K Wilson	Portfolio Holder for Housing and Regulatory Services
Graham Farrant	Chief Executive (BCP Council)
Jess Gibbons	Chief Operations Officer, BCP Council
Cathi Hadley	Corporate Director - Childrens Services, BCP Council
Betty Butlin	Director of Adult Social Care
Jillian Kay	Corporate Director for Wellbeing
Sam Crowe	Director, Public Health (BCP Council)
Matthew Bryant	Dorset HealthCare University NHS Foundation Trust
Patricia Miller	NHS Dorset
Heather Dixey	Dorset Police
Dawn Dawson	Dorset Healthcare Foundation Trust
Louise Bate	Healthwatch
Karen Loftus	Community Action Network Bournemouth, Christchurch and Poole
Marc House	Dorset & Wiltshire Fire and Rescue Service
David Freeman	NHS Dorset

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All Members of the Health and Wellbeing Board are summoned to attend this meeting to consider the items of business set out on the agenda below.

The press and public are welcome to view the live stream of this meeting at the following link:

<https://democracy.bcpCouncil.gov.uk/ieListDocuments.aspx?MId=5811>

If you would like any further information on the items to be considered at the meeting please contact: Louise Smith, [louise.smith@bcpcouncil.gov.uk](mailto:louise.smith@bcpcouncil.gov.uk) or email [democratic.services@bcpcouncil.gov.uk](mailto:democratic.services@bcpcouncil.gov.uk)

Press enquiries should be directed to the Press Office: Tel: 01202 454668 or email [press.office@bcpcouncil.gov.uk](mailto:press.office@bcpcouncil.gov.uk)

This notice and all the papers mentioned within it are available at [democracy.bcpCouncil.gov.uk](https://democracy.bcpCouncil.gov.uk)

GRAHAM FARRANT  
CHIEF EXECUTIVE

8 December 2023

**DEBATE  
NOT HATE**



Available online and  
on the Mod.gov app

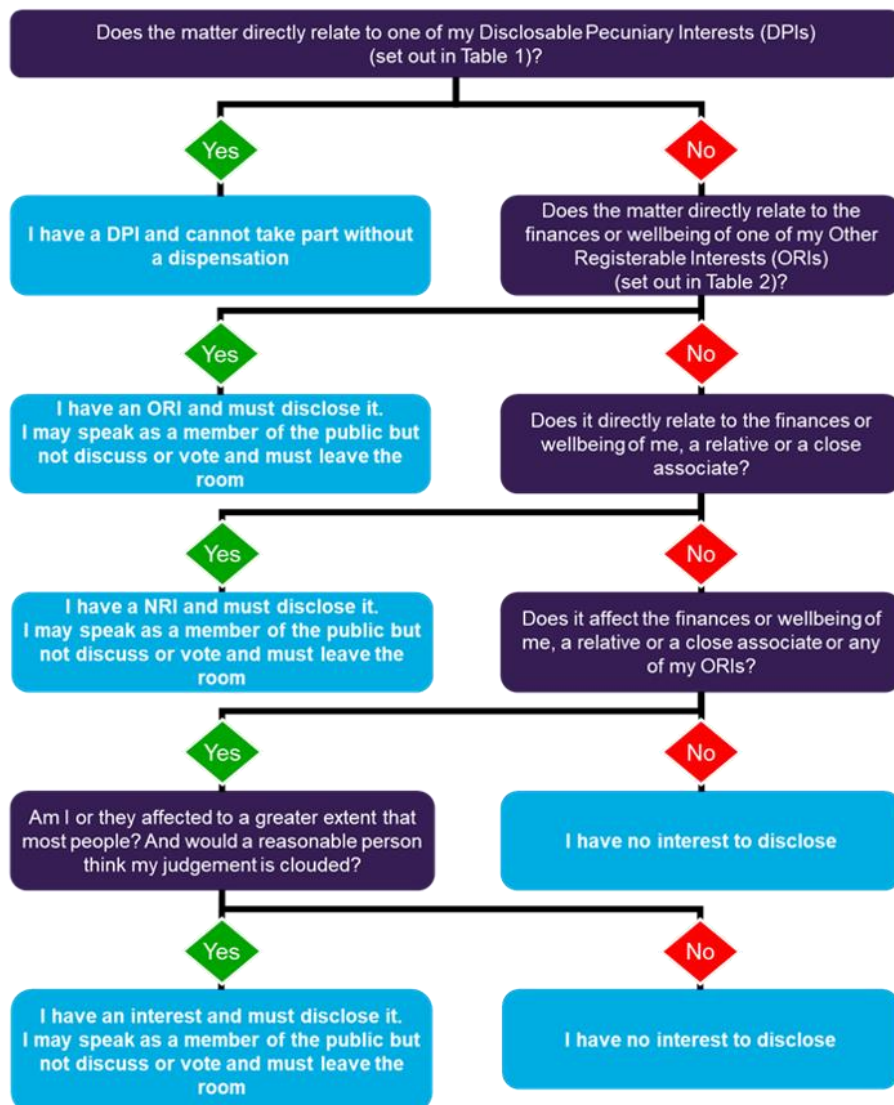


## Maintaining and promoting high standards of conduct

### Declaring interests at meetings

Familiarise yourself with the Councillor Code of Conduct which can be found in Part 6 of the Council's Constitution.

Before the meeting, read the agenda and reports to see if the matters to be discussed at the meeting concern your interests



What are the principles of bias and pre-determination and how do they affect my participation in the meeting?

Bias and predetermination are common law concepts. If they affect you, your participation in the meeting may call into question the decision arrived at on the item.

#### Bias Test

In all the circumstances, would it lead a fair minded and informed observer to conclude that there was a real possibility or a real danger that the decision maker was biased?

#### Predetermination Test

At the time of making the decision, did the decision maker have a closed mind?

If a councillor appears to be biased or to have predetermined their decision, they must NOT participate in the meeting.

For more information or advice please contact the Monitoring Officer  
(richard.jones2@bcpcouncil.gov.uk)

### Selflessness

Councillors should act solely in terms of the public interest

### Integrity

Councillors must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships

### Objectivity

Councillors must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias

### Accountability

Councillors are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this

### Openness

Councillors should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing

### Honesty & Integrity

Councillors should act with honesty and integrity and should not place themselves in situations where their honesty and integrity may be questioned

### Leadership

Councillors should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs

# AGENDA

Items to be considered while the meeting is open to the public

## 1. **Apologies**

To receive any apologies for absence from Councillors.

## 2. **Substitute Members**

To receive information on any changes in the membership of the Committee.

Note – When a member of a Committee is unable to attend a meeting of a Committee or Sub-Committee, the relevant Political Group Leader (or their nominated representative) may, by notice to the Monitoring Officer (or their nominated representative) prior to the meeting, appoint a substitute member from within the same Political Group. The contact details on the front of this agenda should be used for notifications.

## 3. **Election of Vice Chair**

To elect a Vice Chair for the BCP Health and Wellbeing Board for the remainder of the 2023-24 Municipal Year.

## 4. **Confirmation of Minutes**

To confirm and sign as a correct record the minutes of the Meeting held on 20<sup>th</sup> July 2023.

7 - 12

## 5. **Declarations of Interests**

Councillors are requested to declare any interests on items included in this agenda. Please refer to the workflow on the preceding page for guidance.

Declarations received will be reported at the meeting.

## 6. **Public Issues**

To receive any public questions, statements or petitions submitted in accordance with the Constitution. Further information on the requirements for submitting these is available to view at the following link:-

<https://democracy.bcpCouncil.gov.uk/documents/s2305/Public%20Items%20-%20Meeting%20Procedure%20Rules.pdf>

The deadline for the submission of public questions is 3 clear working days before the meeting.

The deadline for the submission of a statement is midday the working day before the meeting.

The deadline for the submission of a petition is 10 working days before the meeting.

<b>7. Dorset and Bournemouth, Christchurch &amp; Poole (BCP) Safeguarding Adults Boards Annual Report 2022-2023</b>	13 - 40
<p>It is a statutory requirement for the DBCP Safeguarding Adults Boards (SAB) to publish an Annual Report each year and to present that report to the Council's Health &amp; Wellbeing Board. Many Councils also request that the report is presented to Scrutiny as the report enables a discussion on the work of the Safeguarding Adults Board.</p> <p>The attached report is for the year April 2022 to March 2023. The report was agreed at the September meeting of the Safeguarding Adults Boards (SABs).</p> <p>The DBCP Boards have successfully worked together with joint meetings over the year</p> <p>One Annual Report for both Dorset and BCP SABs has been published. Throughout this year we have delivered against all of our priorities which are set out in the annual work plan; this Annual Report summarises what the Board has achieved.</p>	
<b>8. NHS Health Checks Update</b>	41 - 50
<p>This report sets out progress on the NHS Health Check (NHS HC) refresh programme. The report summarises:</p> <ul style="list-style-type: none"><li>• Our programme changes for 2023/24</li><li>• Mobilisation and implementation of the new universal and targeted models</li><li>• Performance Quarter One and Two for primary care and LiveWell Dorset</li><li>• Challenges.</li></ul> <p>Overall there has been an increase in the invitations and number of checks delivered, especially in more deprived areas in line with the Director of Public Health report recommendations.</p>	
<b>9. Forward Plan</b>	
<p>To be considered in the planned development session.</p>	

No other items of business can be considered unless the Chairman decides the matter is urgent for reasons that must be specified and recorded in the Minutes.

**BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL**  
**HEALTH AND WELLBEING BOARD**

Minutes of the Meeting held on 20 July 2023 at 1.30 pm

Present:-

Cllr D Brown – Chair

Present: Cllr R Burton, Cllr K Wilson (virtually), Jess Gibbons, Phil Hornsby, Betty Butlin, Sam Crowe, David Freeman, Emma Lee (virtually), Darren Langdown, Richard Renaut and Louise Bate (virtually)

1. Apologies

Apologies were received from Patricia Miller, Karen Loftus, Graham Farrant, Siobhan Harrington and Marc House.

2. Substitute Members

David Freeman substituted for Patricia Miller, Emma Lee substituted for Karen Loftus, Darren Langdown substituted for Marc House and Richard Renaut substituted for Siobhan Harrington.

3. Election of Chair

**RESOLVED that Councillor Brown be elected Chair of the BCP Health and Wellbeing Board for the 2023/24 Municipal Year.**

4. Election of Vice Chair

This item was deferred until the next meeting of the Board.

5. Confirmation of Minutes

The Minutes of the meeting held on 23 February 2023 were confirmed as an accurate record and signed by the Chair.

6. Declarations of Interests

There were no declarations of interest on this occasion.

7. Public Issues

There were no public issues received on this occasion.

The Chair advised that there would be a slight change in the Agenda order and Agenda Item 10 Better Care Fund 2023-25 would be considered first.

8. Better Care Fund 2023-25

The Interim Corporate Director for Wellbeing presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'A' to these Minutes in the Minute Book.

The report provided an overview of the content of the Better Care Fund (BCF) plan for 2023-25.

The BCF was a key delivery vehicle in providing person centred integrated care with health, social care, housing and other public services, which was fundamental to having a strong and sustainable health and care system.

National planning guidance was released in April 2023 advising that plans needed to be completed and submitted for national assurance by NHS England by 28<sup>th</sup> June 2023. The plan needed to be jointly agreed and signed off by the Health and Wellbeing Board as one of the planning requirements and so the draft planning document had been submitted to meet the deadline but was pending Board approval.

The Board discussed the report and comments were made:

- In response to a concern regarding the disabled facilities grant and the length of time it took for adaptations in people's homes to be implemented, the Board was advised that the process could take up to two years, and a good challenge would be to consider how the contributing services could streamline and accelerate the process. **ACTION.**
- In response to a query regarding the BCF Key Delivery plans and how it could be measured, the Board was advised of the CQC Assurance process which required the service to consider how it could capture service users journey and how learnings could be used to improve services.
- The Healthwatch Manager advised there was a real opportunity to capture an entire story from the start of a user's journey and she would discuss it with Officers to progress this. **ACTION**
- There was some further discussion around how the impacts could be measured through data captured from all partners and how that information could be displayed and shared.
- It was highlighted that the BCF detailed a two-year plan which enabled more scope and a good opportunity to reflect and grow.
- The NHS Dorset representative advised of the opportunities around place-based partnerships and the requirements and opportunities that would bring, including the transformation and improvement of health and wellbeing for BCP residents.

The Chair summarised the key areas discussed, and it was agreed that a mid-year progress report be provided to the Board. **ACTION.**

The Chair concluded by requesting the Boards thanks be passed to the staff involved in pulling together the plan. **ACTION.**



**RESOLVED that the Health and Wellbeing Board approve the Better Care Fund Plan for 23-25 taking into account the investment and delivery plans as outlined in this report.**

**Voting: For - Unanimous.**

9. Joint Forward Plan 2023- 2028: Making Dorset the healthiest place to live

The Chief Strategy and Transformation Officer, Dorset Integrated Care Board, presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'B' to these Minutes in the Minute Book.

The report provided members with an overview of the Dorset Integrated Care Board (ICB) Joint Forward Plan 2023-2028 which was developed with partners from across the health and care system in Dorset.

The plan set out five pillars which the ICB would focus on and how through these it would support the delivery of the Integrated Care Partnership Strategy and the Health and Wellbeing Strategies.

The Board discussed the report and comments were made, including:

- In response to a query about the next phase, the Board was advised of the need to understand the risks, making sure there was clear communication between partners, ensuring mistakes weren't repeated, stopping things that weren't working, aligning things that were and identifying things that need to be commenced.
- In response to a query regarding ensuring the Board had accurate data to monitor progress, the Board was advised of the work of the Dorset Information Service (DIS) and the importance of ensuring a data driven approach was taken and that reporting back to the Board on progress should be included in its Forward Plan. **ACTION.**
- There was an acknowledgment that whilst quantitative data was beneficial, qualitative data from users need to be collected to create a full picture of experiences from all users which could be monitored and shared.
- The NHS Dorset representative advised of the exciting opportunity the plan presented to improve local lives by ensuring all partners come together to achieve the best possible health outcomes for the local population.
- In response to a query regarding the data provided about the projected increase in children being overweight, the Board was advised where the statistics came from, including national data, if no effective interventions were implemented. The Board was advised of need for joined up working to reduce the projection and considering and addressing all the elements which contributed to childhood obesity.
- The impact of environmental changes was highlighted as something which needed to be considered when implementing the plan.

- The need for the plan to be considered by all partners in their workstreams/plans to ensure the five key pillars were at the forefront of everything they did was emphasised.
- It was highlighted that communication and engagement within the plan was imperative by ensuring it was accessible, understandable and meaningful.

**RECOMMENDED that:**

- 1) Members note and support the Joint Forward Plan and the**
- 2) next steps in its implementation.**

10. Adult Social Care CQC Assurance

The Director of Adult Social Care presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'C' to these Minutes in the Minute Book.

The Health and Care Act 2022 created a new duty for the Care Quality Commission to review local authorities' performance in discharging their adult social care functions under the Care Act 2014.

The report set out the work that had been undertaken to date and further work that was planned to ensure the Council was best placed to achieve a positive outcome from any review of the Council's services.

The Board discussed the report:

- In response to a query, the Board was advised about any learning which could be taken from how stronger partnership working could have assisted before the Children's Service inspection and the impact a negative CQC rating could have on a service
- The Director of Adult Social Care thanked all the partners who assisted with the LGA peer review and highlighted that work needed to be progressed on the collection of good quality data, improved information sharing and how a user's narrative could be captured and shared.
- In response to a query about the feedback from the peer review, the Board was advised of the initial feedback which included that staff were very resilient, committed, and proud of their work and that leadership was good. The Shared Lives scheme was highlighted as having a very positive impact for users. Potential concerns highlighted included issues regarding back log, the new administration and what challenges that could bring, budgetary challenges, the ability to demonstrate more tangible outcomes demonstrated through data and the need to get collective support from other services and partners.

**RECOMMENDED that the Health and Wellbeing Board note the content of the report.**



11. Pharmaceutical Needs Assessment: Supplementary statement

The Director of Public Health presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'D' to these Minutes in the Minute Book.

The purpose of the report was to provide an update on changes since the Pharmaceutical Needs Assessment (PNA) was published in October 2022.

In response to a query, the Board was advised the reason there wasn't a complete review of the Pharmaceutical Needs Assessment was because of upcoming changes which were detailed to the Board.

**RECOMMENDED that the Board:**

**(a) approve publication of the supplementary statement.**

**(b) delegate authority to the Director of Public Health to publish such further statements as required.**

**(c) note response to NHS England on a consolidation request.**

12. Review of Membership of the Board

The Director of Public Health advised that the current membership reflected the previous Clinical Commissioning Group (CCG) which had now been replaced by NHS Dorset, so consideration needed to be given to refreshing it to ensure it was appropriate for the Boards remit going forward. Potential consideration of co-opting local health partners for the place-based partnership work was also needed. It was suggested that Officers and NHS Dorset consider this further. **ACTION.**

13. Forward Plan and development session

The Director of Public Health advised of the need for a development session to consider the Health and Wellbeing Boards remit in scrutinising the Integrated Care Partnership Strategy together with the new responsibilities the Board had. The Director of Public Health advised he would work with Officers to consider a draft Forward Plan and items which could be included were highlighted. **ACTION.**

The meeting ended at 3:30pm.

CHAIR

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## Health and Wellbeing Board



Report subject	<b>Dorset and Bournemouth, Christchurch &amp; Poole (BCP) Safeguarding Adults Boards Annual Report 2022-2023</b>
Meeting date	18 <sup>th</sup> December 2023
Status	Public Report
Executive summary	<p>It is a statutory requirement for the DBCP Safeguarding Adults Boards (SAB) to publish an Annual Report each year and to present that report to the Council's Health &amp; Wellbeing Board. Many Councils also request that the report is presented to Scrutiny as the report enables a discussion on the work of the Safeguarding Adults Board.</p> <p>The attached report is for the year April 2022 to March 2023. The report was agreed at the September meeting of the Safeguarding Adults Boards (SABs).</p> <p>The DBCP Boards have successfully worked together with joint meetings over the year</p> <p>One Annual Report for both Dorset and BCP SABs has been published. Throughout this year we have delivered against all of our priorities which are set out in the annual work plan; this Annual Report summarises what the Board has achieved.</p>
Recommendations	<p><b>It is RECOMMENDED that:</b></p> <p><b>Members note the report which informs the Board about how the SAB has carried out its responsibilities to prevent abuse, harm and neglect of adults with care and support needs during 2022-2023.</b></p>
Reason for recommendations	<p><b>1. Report</b></p> <p>1.1 In setting out how the SABs have delivered against the strategic plan during the year, this Annual Report also acknowledges the contribution each of the board partners</p>

	<p>has made to implementing its strategy. The Strategic Plan for this current year is set out on Page 7.</p> <p>1.2 The safeguarding data for Bournemouth, Christchurch &amp; Poole is shown on Page 5 of the Annual Report.</p> <p>1.3 It is a statutory requirement that the Annual Report provides a summary of any Safeguarding Adult Reviews (SARs) which were completed within the year. These are statutory reviews commissioned by the Board, where someone with care and support needs has died or suffered significant harm and where agencies could have worked better together. An outline of SAR 'Aziza' is shown on Page 12.</p>
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Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Betty Butlin, Director of Adult Social Care
Report Authors	Siân Walker-McAllister Independent Chair, Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Boards
Wards	All
Classification	For Recommendation

## Background

1. It is a statutory requirement for the Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Boards to publish an Annual Report each year and to present that report to the Council's Overview and Scrutiny Committee. The presentation of the report enables a discussion on the work of the Safeguarding Adults Board
2. The Annual Report is for the year April 2022 to March 2023. During the year, the Dorset and BCP Safeguarding Adults Boards successfully worked together holding single Board and subgroup meetings. This has enabled a more efficient governance structure as many of the statutory and other partners cover both local authority areas. Throughout this year we have delivered against all of our priorities which are set out in the annual work plan; this Annual Report summarises what the Board has achieved.

The SAB works closely with the pan-Dorset Safeguarding Children Partnership and the Bournemouth, Christchurch & Poole Community Safety Partnership, especially in relation to statutory reviews e.g., SARs, Domestic Homicide Reviews (DHRs) and the learning deriving from them. This ensures efficient working of the statutory boards and where there is an overlapping agenda, for example, where other reviews have identified adult safeguarding, we have been able to ensure there is joined up work and importantly joined up learning across professional disciplines.

The Board has a duty to include details of any Safeguarding Adult Reviews, completed during the year and Members will note SAR 'Aziza' was the only review published during this year.

## Options Appraisal

3. Not applicable.

## Summary of financial implications

4. The budget for the Board is shown on Page 4 of the Annual Report – it shows contributions made by each Council and the partners. For this financial year (2022/2023), the Board has worked as a single business unit/ team with more equitable budget contributions

**Summary of legal implications**

5. As set out in the Care Act 2014, it is a statutory requirement for the Safeguarding Adults Board to publish an Annual Report each year and to present that report to the Council's Health & Wellbeing Board. The Annual Report must also include details of any Safeguarding Adults Review (SAR) which has been commissioned by the Board, SAR Aziza is included.

**Summary of human resources implications**

6. Not applicable.

**Summary of sustainability impact**

7. Not applicable.

**Summary of public health implications**

8. Not applicable.

**Summary of equality implications**

9. None identified.

**Summary of risk assessment**

10. None applicable

**Background papers**

None.

**Appendices**

Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Boards Annual Report 2022/2023



# Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Boards Annual Report 2022-2023



***The Safeguarding Adults Boards bring together all public, voluntary and community sector agencies across BCP and Dorset with the aim of working together to protect adults at risk from abuse, harm, or neglect. We achieve this through joined up strategic leadership and collective accountability.***

Welcome to the Dorset & BCP Safeguarding Boards' 2022/2023 Annual Report. We have two separate Boards and combine our governance so produce one Annual Report.

The primary role of a safeguarding adults board is to ensure that all public sector agencies work together to ensure that adults with care and support needs in the area are protected from abuse, harm, and neglect; where because of their care and support needs they are unable to protect themselves. The Care Act 2014 sets out that Safeguarding Adults Boards (SABs), should agree a local safeguarding strategic Business Plan and set out in the Annual Report how it has delivered that plan. The Boards also, in commissioning a Safeguarding Adults Review, should ensure that partners demonstrate how they work together so that lessons learned impact the future delivery of services to those with care and support needs.

During this year, the Board and its subgroups met virtually as well as holding face to face meetings, recognising the immense value of sitting down together to get straight to the heart of safeguarding matters. We held a facilitated development event in March 2023, which gave us the opportunity to review our strategy, identify issues and trends that we need to address as a whole system and for individual partner agencies. We developed a new strategy and plan going forward for the next 3 years.

The Dorset & BCP Safeguarding Adults Boards have continued to seek assurance that the adult safeguarding duties within the Care Act 2014 have remained "everyone's business" and that statutory, voluntary and community services have worked together effectively to prevent and/or protect individuals from abuse and neglect. The Board is concerned to ensure that cooperation and collaboration; working together across agency and organisation boundaries, is maintained. We have seen increased demand for care and support with rising referrals of adult safeguarding concerns, particularly for those people who have suffered self-neglect. We continue to commission Safeguarding Adults Reviews and during this year, concluded and published one review - 'Aziza'. A summary of SAR Aziza is included in this report. We also begun work on several other statutory Safeguarding Adult Reviews and these will be published in 2023/24.

This year saw the culmination of an efficiency review process to consider the governance and structure of the Boards' Business Team. We have begun the implementation of agreed changes with more equitable funding arrangements in place and a planned structure that will enable the Board to fulfil its statutory duties more efficiently and effectively. There will be scope for further changes once the new structure is fully embedded. We have introduced a co-chairing system within our subgroups with the aim of improving resilience of chairing arrangements. As an additional benefit this model affords all statutory partners an opportunity to lead and develop our subgroups and their work.

During the year we worked closely with a number of agencies outside of the formal Board arrangements and met regularly with a group comprising safeguarding leads within further and higher education with the aim of improving their safeguarding partnerships across the wider public sector. We also commenced work with social housing providers and faith groups. All statutory partners worked together through evolving structural change and ensuring business continuity – NHS Dorset evolved its work as it changed from a Clinical Commissioning Group to an Integrated Care Board and we were supported as Dorset Police changed their structures.

Many partner organisations remain challenged by a lack of financial and human resources. This remains a concern, however, partners have mitigated some of the impacts through how they structure and organise service delivery.

Finally, I would like to thank all those who have contributed to safeguarding adults, with dedication, hard work and strong leadership from across our partnership. In particular I would like to thank our Boards' Business Team, who have each contributed significantly to delivery of our work.



Siân Walker-McAllister, Independent Chair

## Safeguarding Adults

Safeguarding adults is about protecting the rights of people with care and support needs to live in safety, free from abuse, harm and neglect.

If you are concerned about a person who is over the age of 18 years, who has care and support needs, and you feel they are being abused or at risk of abuse from another person, you should seek help for them.

**To report a safeguarding concern in the BCP Council area contact:**

**01202 123654**

**During evenings and weekends, telephone 0300 1239895**



**To report a safeguarding concern in the Dorset Council area contact:**

**01305 221016**

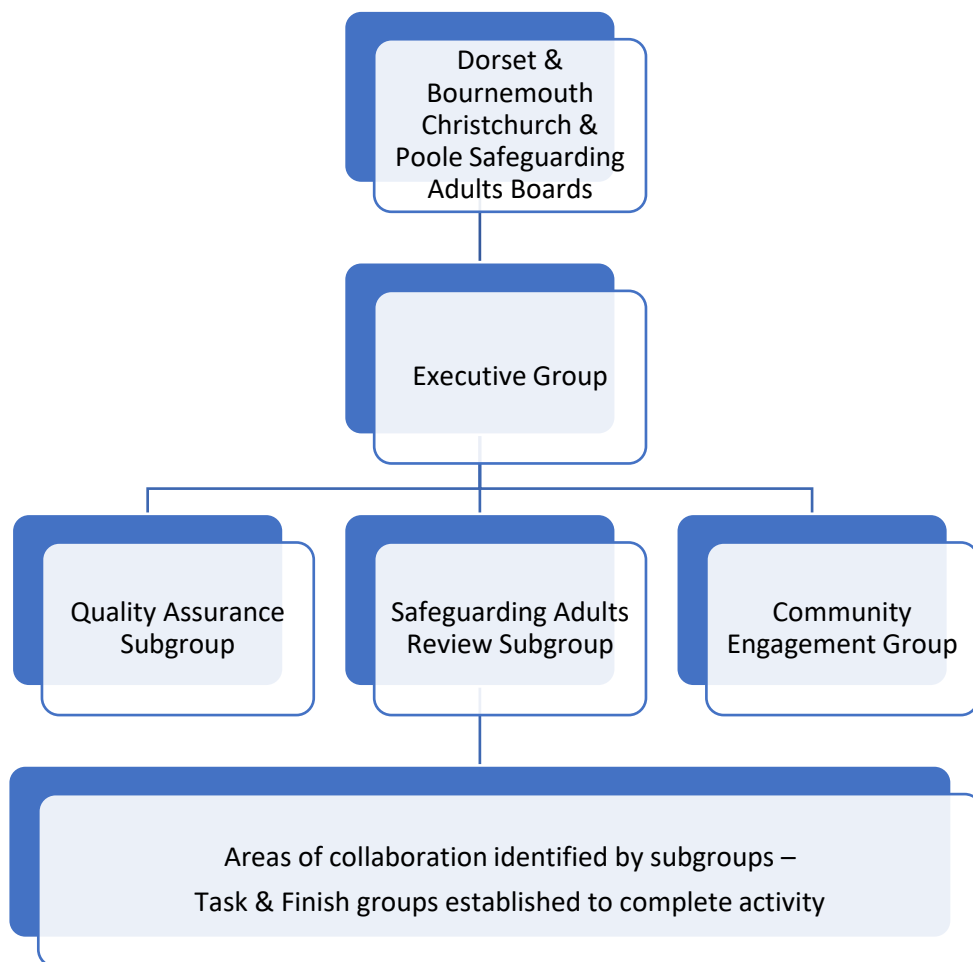
**During evenings and weekends, telephone 01305 858250**



**In an emergency dial 999. If the person is not in danger now, dial 101.**

**If you are not sure what to do, or need some advice, there are people who can help. You can talk to your GP or nurse, a social worker, a police officer or your key worker. They will help you to respond to the concerns.**

## Structure of the Dorset and BCP Safeguarding Adults Boards



## Dorset & BCP Safeguarding Adults Boards Budget 2022-2023



The Dorset & BCP SABs maintain a working budget to enable them to undertake their work and the priorities identified in the business plan. Each year, contributions are received from statutory partners to support this work. During 2022-2023 the two Boards merged the Business Units and subsequently the budgets.

During much of 2022-2023, the Business team was carrying a vacancy for a Business Manager and a Project Officer, resulting in the total spend for staffing being below that projected. During this year the SABs held one in-person event, and so costs for venue hire were minimal. In 2023-24, as more face-to-face events are planned, this will increase spending. It is envisaged that there will be no uplift to partner contributions for 2023-2024.

The Dorset and BCP SABs are grateful for the financial support of our partners which enables us to carry out our work.

BCP Council	£70,000
Dorset Council	£70,000
NHS Dorset	£38,745
Dorset Police	£19,404
<b>Total</b>	<b>£198,149</b>

# BCP Council - Safeguarding Activity & Performance Information 2022/23

S42.1 Concerns received

**8130\*** Concerns received

Progressed to a S42.2 Enquiry

**1250\* S42.2**

**5\*** Other safeguarding enquiries/activities which BCP Council undertake to make sure that a person remains safe

## Breakdown of S42.2 Enquiries

### Source of Risk breakdown

25% Service Provider  
65% Known to individual  
9% Unknown to individual

### Top 4 Types of Abuse

28% Neglect & Acts of Omission  
16% Financial or Material  
15% Physical  
13% Psychological

### Top 4 Locations of Abuse

57% Own home  
13% Care home (Residential)  
11% Other  
8% In the Community

Outcome of S42.2 Enquiries  
(when risk identified)  
Risk Removed = 36%  
Risk Reduced = 57%  
Risk Remains = 7%

### Gender & Age

Women (61%) are nearly twice as likely to be the subject of a S42.2 Enquiry in BCP than men (38%) over all age groups.  
48% are for people aged over 65.

## Safeguarding Adult Reviews

During 2022/23 the BCP Safeguarding Adults Board has been conducting two Safeguarding Adults Reviews (SARs). SAR Aziza was published in March 2023, and it is anticipated that further SARs will be published in 2023/24. Multi-agency action plans for each SAR are prepared, and key learning resources developed. In some cases, a statutory SAR is not commissioned and the Board will always look to develop reflective learning, using a variety of different methods across all agencies.

\*Volumes of concerns and enquiries as published in the Safeguarding Adults Collection by NHS Digital [Safeguarding Adults, England, 2022-23 - NHS Digital](#)

# Dorset Council - Safeguarding Activity & Performance Information 2022/23

S42.1 Concerns received

**5270\*** Concerns received

(Top 3 Referral Sources were Residential Care Staff, Domiciliary Care Staff, Primary Health)

Progressed to a S42.2 Enquiry

**305\* S42.2**

**3155\*** Other safeguarding enquiries/activities which Dorset Council undertake to make sure that a person remains safe

## Breakdown of S42.2 Enquiries

### Top 4 Sources of Risk

45% Service Provider – Private sector  
16% Relative/family carer  
11 % Self  
8% Known individual not related

### Top 4 Types of Abuse

51% Neglect & Acts of Omission  
12% Physical  
9% Psychological  
9% Financial

### Top 4 Locations of Abuse

43% Own home  
34% Care home (Residential)  
14% Care home (Nursing)  
4% In the Community

### Outcome of S42.2 Enquiries

(when risk identified)  
Risk Removed = 32%  
Risk Reduced = 66%  
Risk Remains = 2%

### Gender & Age

Women (62%) are nearly twice as likely to be the subject of a S42.2 Enquiry in Dorset than men (37%) over all age groups. There is a sharper increase for women over the age of 75 and over the age of 85.

### Safeguarding Adult Reviews

During 2022/23 the Dorset Safeguarding Adults Board has been conducting two Safeguarding Adults Reviews (SAR). Neither of these SAR's are currently ready for publication but it is anticipated that one will be published in autumn 2023. A multi-agency action plan will be prepared, and key learning resources developed.

\*Volumes of concerns and enquiries as published in the Safeguarding Adults Collection by NHS Digital [Safeguarding Adults, England, 2022-23 - NHS Digital](#)



## The Dorset and BCP Safeguarding Adults Boards Strategic Plan 2021-2023

Work closely with the Pan-Dorset Safeguarding Children's Partnership and both Community Safety Partnerships to ensure that young people in transition from Children's service intervention are recognised when safeguarding concerns are considered by adult services; and there is good information-sharing between services.		Involve people and communities in the work of the Board to ensure we listen to their voices and enable them to contribute to the design and delivery of our strategic aims and planning processes.
Better understand the significant impact and pressures on commissioning services within health and social care.	Work within the new Integrated Care System/ Integrated Care Board in the context of safeguarding assurance framework	Ensure there is good preventative multi-agency working using a contextual safeguarding approach to support individuals who are homeless.
Continued assurance of the application of learning from SAR's (Safeguarding Adult Reviews) and where appropriate DHR's (Domestic Homicide Reviews) and CSPR's (Child Safeguarding Practice Reviews) where each relate to safeguarding adults.		Enhancing understanding and recognition of domestic abuse and coercive and controlling behaviour and its impact on people with care and support needs.
Develop assurance on the delivery of proposed Liberty Protection Safeguards.	Preventative safeguarding work will continue to be developed with all our partners	Seek assurance that 'Making Safeguarding Personal' (MSP) is understood and the principles are consistently applied.
Improve assurance on delivery of safe practice in private mental health hospitals		Continue to embed 'Think Family' into practice

## What we achieved in 2022-2023

In our strategy we said...	This is what we did
<b>Continued development with partners of preventative work in safeguarding</b>	<ul style="list-style-type: none"> <li>Continued work with the Community Engagement (CEG) subgroup to involve a wider range of people to share information as to how to stay safe.</li> <li>Planned face-to-face meetings with people and groups representing the voice of the 'un-heard' person.</li> <li>Continue working with people from Higher &amp; Further Education establishments to ensure that students and those working in the sector are aware of safeguarding practices and have good links with the wider safeguarding sector.</li> <li>Published two '7 Minute Learning' papers on 'Understanding Homelessness and 'Exercising Professional Curiosity'.</li> <li>Presented information at the Dorset Healthcare Forum for professionals working with people with complex behaviours.</li> <li>Delivered learning at 'Safeguarding Adults Week' with keynote speakers.</li> <li>Developed an Information Pack for Board Members.</li> <li>Attended the Pan-Dorset Safeguarding Childrens Partnership (PDSCP) Executive Development event where priorities were shared with the PDSCP and our two Community Safety Partnerships</li> <li>Delivered a reflective development event with an external facilitator for Board Members which enabled us to reflect on how we evidenced delivery of assurance about adult safeguarding and facilitated discussion on how the Boards can improve on our preventative work, including by analysis of data and by strategic planning.</li> </ul>
<b>Continuing to seek assurance on safeguarding practice across system partners</b>	<ul style="list-style-type: none"> <li>SAR 'Aziza' was published with an Action plan for all agencies.</li> <li>Produced and published a DBCPSAB Training Strategy</li> <li>Reviewed the Boards' business arrangements to ensure effective delivery of our business.</li> <li>Commenced work on aligning Dorset/ BCP data.</li> <li>Updated our Safeguarding Adults Policy &amp; Protocols.</li> <li>Planned and started to deliver a mix of models of board member engagement and working to ensure a renewed energy and commitment to providing assurance on safeguarding after the pandemic. We now also meet in person as well as hold virtual meetings.</li> </ul>
<b>Assurance on delivery of 'Making Safeguarding Personal'</b>	<ul style="list-style-type: none"> <li>QA subgroup oversaw an audit of Making Safeguarding Personal (MSP) resulting in actions for agencies to provide evidence that MSP is embedded in practice - this and other outcomes are being monitored. The findings were presented to the Boards and further actions will be reviewed in 2023.</li> <li>Agreed that delivering MSP will be strengthened through training and development.</li> <li>Focussed on MSP at the Boards' Development Event to ensure both challenge and assurance about how it is delivered.</li> </ul>

## Strategic Plan for 2023-2026 on a page

The Dorset and BCP Boards strategic aim is to ensure adults are safeguarded by empowering and supporting them to make informed choices and decisions (Making Safeguarding Personal).

Preventative work in safeguarding	Seeking assurance on safeguarding practices	Assurance on delivery of 'Making Safeguarding Personal' (MSP).
<b>Prevention Aim:</b> Continued development with partners of preventative work in safeguarding.	<b>Accountability Aim:</b> Continuing to seek assurance on safeguarding practice across system partners.	<b>Partnership working Aim:</b> Assurance on delivery of 'MSP' using a whole family approach.
We will: <ul style="list-style-type: none"> <li>Review learning from SARs from DBCPSAB &amp; other Boards and revisit thematic learning from reviews to inform preventative work with adults with care and support needs.</li> <li>Ensure we always take account of the experiences of people who use services or receive safeguarding interventions.</li> <li>Seek assurance on an annual basis from partners that learning is embedded in the work of all frontline staff in all services in line with our Training &amp; Development strategy.</li> <li>Ensure that the Boards' subgroups are able to provide evidence of system learning and working to deliver preventative work.</li> <li>Ensure there is good multi-agency working with a contextual safeguarding approach to preventative work with people who are homeless.</li> <li>Improve use of data from all partners to enable us to identify trends which influence preventative work across all agencies.</li> </ul>	We will: <ul style="list-style-type: none"> <li>Continuously develop how we receive assurance as governance frameworks evolve across every statutory partner.</li> <li>Ensure data is understood/ used to identify themes for every partner to progress in their safeguarding work; that information and learning is shared across the system.</li> <li>Work in partnership across the safeguarding children and community safety partnerships to ensure that complexities of 'Transitional Safeguarding' are understood well.</li> <li>Seek assurance on delivery of safe and person-centred practice in private mental health hospitals and for all placements of people outside our area.</li> <li>Seek assurance that 'Think Family' practice across all agencies is embedded.</li> <li>Continue to seek assurance on health &amp; social care practice and provider care quality.</li> <li>Seek assurance that the system is working to safeguard people via the new national policing initiative, 'Right Person, Right Care'</li> </ul>	We will: <ul style="list-style-type: none"> <li>Seek assurance from all partners that Making Safeguarding Personal (MSP) is embedded throughout all agencies' safeguarding work. Seeking evidence that people have opportunity to express their outcomes at every stage in their safeguarding journey.</li> <li>Involve people in the work we do – review how we communicate more widely with people and listen to and act upon the voices of those who have experienced safeguarding interventions.</li> <li>Deliver our communication/ engagement strategy to the widest audience with the support of the voluntary and community sector through our Community Engagement Subgroup.</li> <li>Ensure that the Quality Assurance subgroup continues to audit application of MSP and provides data which evidences that application of MSP is embedded.</li> </ul>

## Reports from the Chairs of the Subgroups for 2022-2023

Community Engagement Group (CEG)	<p>Has evolved with an increased membership and consistent attendance at meetings and events, contributing to the strategic plan. It is co-chaired by 2 Voluntary &amp; Community Sector (VCS) representatives from BCP and Dorset Council areas, bringing together a wide range of skills and knowledge of the wider sector in Dorset. A number of new members from the wider VCS have joined, increasing the awareness of safeguarding issues within the community.</p> <p>Is working towards achieving the priorities outlined in the Safeguarding Adult Boards' 2021/24 Strategic Plan and has a focus on preventative work with safeguarding. This involves talking to various groups about how to ensure that people with care and support needs are kept safe.</p> <p>Has received presentations from Dorset Advocacy (now SWAN – Southwest Advocacy Network) and has reviewed the current DBCPSAB website and contributes towards the 7- Minute Learning Tools.</p> <p>Continually refreshes and reviews good safeguarding practices within the VCS and shares these findings and learning within the CEG.</p>
24 Safeguarding Adult Review (SAR) Subgroup	<p>The Safeguarding Adult Review (SAR) subgroup met on 6 occasions in the year, chaired by senior members of staff Dorset Police and Adult Social Care.</p> <p>SAR 'Aziza' was completed and published:  <a href="https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/safeguarding_adults_review_aziza.pdf">https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/safeguarding_adults_review_aziza.pdf</a></p> <p>Action Plans for SAR Katherine and SAR Aziza continue to be monitored by the SAR subgroup. Information about SAR 'Aziza' is included in this report.</p> <p>The subgroup considered 13 referrals for SARs in 2022-2023. Of these, 4 referrals were identified as meeting the criteria for a SAR and were commissioned – decisions will be made at the end of the process as to whether they are published. A variety of different review models have been utilised to produce reports which will be considered by the Board in the forthcoming year. Learning and training resources will be developed from the SARs and these will be implemented by all partner organisations.</p> <p>Any referrals which did not meet the criteria for a SAR, resulted in ongoing learning being developed within partner organisations and a completed Action Plan considered.</p> <p>The Boards' SAR Policy can be accessed via the following link:  <a href="https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/dbcpsab_sar_policy_updated_september_2021.docx">https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/dbcpsab_sar_policy_updated_september_2021.docx</a></p>

<p>Quality Assurance (QA) Subgroup</p>	<p>The QA Subgroup met on 4 occasions and was co-chaired by senior members of staff from Dorset Council and NHS Dorset.</p> <p>The group has combined intelligence from partner organisations and findings from the National Review of SARs to identify themes for audit. Task &amp; Finish Groups were set up to progress this work.</p> <p>An audit focused on how the principles of 'Making Safeguarding Personal' (MSP) were evidenced within agencies' work with people, was carried out in Autumn 2022 with findings shared with the Board. In over 85% of cases application of MSP was in evidence. Resulting from the audit, practitioners were reminded of the importance of recording MSP outcomes, so this is expected to improve further.</p> <p>There were updates on an innovative new data dashboard which will enable partner organisations and the Board to better understand data - the Dorset Insight and Intelligence Service (DiiS) Safeguarding Dashboard, commissioned by NHS Dorset but not intended for use only by the NHS. Work is ongoing to enable partner agencies to have improved access to this dashboard for cross-referencing information to build a clearer picture of what the data shows, and this will be developed further for use by the group in the next year.</p> <p>The subgroup has been working on challenges to overcome how agencies' separate data recording systems can support benchmarking and the ability to identify trends. Case management systems can vary significantly, and the subgroup is now able to work proactively to achieve improved data comparisons with thanks to the partner agency data analysts for their continued support. Joint reporting is now possible to assist identifying data on gender and ethnicity as we all primary support reasons where safeguarding concerns have been referred.</p> <p>Work is ongoing to arrange information events for staff on the Multi-Agency Risk Management (MARM) process as a result of audit work carried out by this subgroup in previous years which led to updated guidance being published on the SAB website.</p>
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## **Safeguarding Adult Reviews (SARs) published in 2022-2023**

### **SAR Aziza (published March 2023)**

[https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/safeguarding\\_adults\\_review\\_aziza.pdf](https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/safeguarding_adults_review_aziza.pdf)

#### **Background**

Aziza came to Bournemouth in September 2020 to study animation at university. Very soon after arriving, Aziza's flatmates raised concerns that she was extremely distressed; she had informed the University that she had a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and that she had experienced suicidal ideation since she was 12 years old. The University's 'Wellbeing Service' supported Aziza in respect of her psychological wellbeing and provided practical support with finances, accommodation, obtaining prescriptions and access to statutory services.

Following a risk assessment from the Wellbeing Service, Aziza's GP referred her to the Community Mental Health Team (CMHT) where she was diagnosed with Emotionally Unstable Personality Disorder (EUPD). Aziza was later discharged from the CMHT after missing an appointment and was subsequently re-referred by her GP, as was recommended by the CMHT if required. Over time, the Wellbeing Service was able to help to resolve some of Aziza's social stressors and believed that she was making positive progress. However, in early March 2021, Aziza took her own life.

#### **Key Learning Points:**

- The use of the Multi-Agency Risk Management (MARM) Meetings should be used more widely to avoid discrepancies of understanding between professional organisations.
- When making and receiving referrals for a service, agencies should include information about the preferred method the person wishes to be contacted and if they are difficult to contact.
- Health and mental health partners should review their virtual consultation policies to ensure that where patients are known to be at active risk of self-harm, measures are in place to ensure medical oversight of these issues during periods when appointments regularly take place remotely.

### **Other Safeguarding Adult Reviews which commenced in 2022/2023**

We also commenced 3 other SARs in 2022/ 2023 and anticipate these will be published in 2023-2024. They will be referenced in next year's Annual Report.



## Dorset and Bournemouth, Christchurch and Poole Safeguarding Adults Boards' Membership

The Dorset and BCP Safeguarding Adults Boards are made up of senior representatives from the following agencies:

### Our Statutory Partners



**DORSET  
POLICE**



### Our Board Member Organisations

Local Authority representatives from Dorset and BCP Councils include senior officers from Adult Social Care and Housing as well as Cabinet Members for Adult Social Care.



Probation  
Service



HMP Guys Marsh  
HMP Portland  
HMP The Verne

**BCP Council Adult Social Care, Housing, Commissioning and Operational Services**

**Achievements during 2022-2023**

The Assertive Engagement Team (AET) have supported 'Transitional Safeguarding' by engaging with Children's Social Care (CSC) to produce a report on what the pre-18 preparation and post-18 pathways look like across CSC. The team has attended CSC planning meetings and offered signposting/ advice for young people approaching 18 who are supported by the Complex Safeguarding Team – with some good outcomes.

The Homelessness Intervention Team (HIT) has worked with housing partners to gain grant funding for permanent recruitment of temporary Social Workers. HIT is well established within homelessness services and works assertively with people who are homeless, have multiple needs and are difficult to engage – there are numerous positive outcomes.

A Safeguarding Peer Review was undertaken in March 2023 which focussed on 'Making Safeguarding Personal' (MSP). Positive and constructive feedback was received; the Report cited observation of strengths-based practice.

BCP Council service improvement team (SIT) continues to monitor quality across all commissioned care home and home care providers. Care provider quality in the BCP Council area remains above the national average. The SIT continues to work in close partnership with safeguarding practitioners to identify and support providers of concern.

**What have the challenges been?**

An increase in the number of people who are presenting with mental health distress, but not willing to engage with Homeless Health Team, have resulted in HIT currently bridging that gap.

Care provider recruitment for all staffing roles, particularly in home care services has been a challenge along with the cost pressures. Attendance at meetings from provider care agencies remains inconsistent which impacts on decision making, however the team continue to share information and intelligence and proactively support providers with improvements to prevent escalation of shortfalls.

**Planned work for 2023-2024 to support the SABs' strategic plan**

The AET will further promote Transitional Safeguarding by a representative attending Pan-Dorset Childrens Partnership meetings. The AET plans to increase the engagement with other adult social care teams, to support the awareness of contextual safeguarding and support people who present with more complex needs. The HIT plans to undertake engagement activities with other adult social care teams to provide more peer support, enabling smoother transfers of care and seek to prevent homelessness. The Pan-Dorset Advocacy contract has recently been re-tendered with a new provider taking over the contract in June 2023.

## **Dorset Council**

### **Achievements during 2022-2023**

A significant amount of work has been completed to ensure 'Making Safeguarding Personal' (MSP) principles are embedded and understood and that recording accurately captures conversations. The safeguarding team has attended in-person community events to increase awareness of safeguarding and take opportunities to network. Dorset Council continues to deliver a wide range of safeguarding learning events across the health and social care sector with partners, including our 14th Annual Mental Capacity Act Conference delivered online with over 400 attendees.

The 'Birth to Settled Adulthood' programme (B2SA) aims to improve the transitions pathways for young people moving into their adult lives. A key workstream in this programme is Transitional Safeguarding to ensure risks are managed for those individuals who fall between services or thresholds but are still vulnerable young people.

Our enhanced weekend social work team facilitates hospital discharges for people in need of care and support, working closely with the voluntary and community sector, so avoiding unnecessary delays in hospital which may become safeguarding events. Mechanisms are in place for our quality team and safeguarding team to work preventatively with providers and to promote early intervention to share any concerns, ensure action is taken, or support offered so that services are of the expected standard.

### **What have the challenges been?**

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We have seen a significant increase in the reporting of safeguarding concerns over the last two years across all types of abuse categories, with an average of 101 concerns reported each week compared to approximately 80, two years ago.

Ensuring feedback is collected from people who have experienced a safeguarding enquiry is an area for continued improvement, as is understanding the context and mechanisms required to support young people to move safely into adulthood. We are seeking to improve understanding of self-neglect across all age groups and how we can work together effectively to provide the right support at the right time. There are ongoing concerns about contractures and how we can support learning and embed consistent preventative change across the system.

### **Planned work for 2023-2024 to support the SABs strategic plan**

Following the introduction of the Integrated Care System and the Integrated Care Board (ICB) in July 2022, further work is required with other system partners to nurture a more 'county-wide' approach to prevention of abuse and harm and safeguarding. Work is ongoing to ensure that the emerging housing strategy is closely aligned with the 'A Better Life' commissioning strategies – particularly around the housing needs of people with care and support needs. This also links to the 'Homelessness & Rough Sleeping Strategy'. We will increase our safeguarding presence at local community events to raise awareness and how/ where to seek support. We will improve joint working with children's services to promote and deliver a whole family approach to practice and support delivery and implementation of a transitional safeguarding approach for young people moving into adulthood who fall between services.

## **Dorset Police**

### **Achievements during 2022-2023**

In terms of Prevention - we have improved the response to episodes of people who are missing by the creation of 2 place-based Missing Persons Teams (MSTs) within both local authority boundaries. This dedicated resource is focused on improved standards of investigation, improved quality of return interviews and achieved reduction in risk and missing episodes.

In terms of Protection - we have created 2 place-based 'Local Safeguarding Hubs' within the local authority boundaries. This has resulted in a 7-day a week capability to respond to and investigate crimes that impact adults at risk. These include crimes within care homes, modern slavery and human trafficking, forced marriage and honour-based violence. Investigations now receive added value and expert advice from police specialising in these crime types. The local Safeguarding Hubs combine the specialism associated with Child & Adult exploitation to prevent silo working and provide focus on whole family needs and transitional safeguarding of young people from childhood into adulthood.

Learning-through annual 'Vulnerability Training' has focussed on statutory reviews on topics such as Missing Adults, Stalking & Harassment and Domestic Abuse. Part of the training is to ensure that recommendations from reviews are understood by all practitioners, and they are provided with the skills and knowledge to support their continued professional development.

Governance restructuring of Dorset Police into 2 Local Policing Areas in 2021 has evolved further with the introduction of Local Safeguarding Hubs in 2023. Whilst they are in their infancy, these place-based partnership working relationships are already demonstrating a commitment to addressing complex safeguarding issues with a more preventative mindset to addressing issues earlier with the aim of reducing harm in our communities.

### **What have the challenges been?**

The National shortage of Detectives is also felt in Dorset. The offences linked to adult safeguarding are often complex and require the additional skills held by Detectives but at present Dorset Police is carrying several Detective vacancies. Whilst we are optimistic that the benefits of the national uplift programme will be felt in the future it is anticipated there will be challenges in resourcing for a further 2/3 years.

### **Planned work for 2023-2024 to support the SABs strategic plan**

In BCP plans are currently being developed to create a new proposed meeting structure for the multi-disciplinary team to work with Adult Social Care on a list of the most complex adult safeguarding issues and victims. The purpose will be to provide ownership and multiagency solutions to complex problems. Work with partners to commission provision of Independent Domestic Violence Advocates (IDVAs) for all risk levels and for the 'Save Lives' recommendation to outsource the high-risk service currently offered by Dorset Police is going forward.

We also plan to implement the national 'Right Care Right Person' programme which will focus on delivering the most appropriate service for the individual's needs. We will continue to embed and build place-based initiatives to support adults with care and support needs utilising specialist staff from the Local Safeguarding Hubs.

## **NHS Dorset**

### **Achievements during 2022-2023**

NHS Dorset has continued to develop the digital data collection platform (Dorset Insights and Intelligence System – DiiS) to collect data about safeguarding and health inequalities in Dorset.

The organisation has worked with other NHS and social care organisations to make sure the Learning from Safeguarding Adults reviews (SAR) is being put into practice.

The organisation used a SAR from Dorset in training to staff to improve knowledge of coercive & controlling behaviour.

### **What have the challenges been?**

The organisation has asked for a data set to be identified by the Safeguarding Adults Boards (SAB) Quality Assurance sub-group. This is still being developed with this subgroup.

Agreement on how Liberty Protection Safeguards (LPS) will be introduced across Dorset is still to be reached and this will be agreed once the government has indicated when LPS is likely to be introduced,

### **Planned work for 2023-2024 to support the SABs strategic plan.**

NHS Dorset is working with regional NHS organisations to analyse the Mental Capacity Act training and how this can be embedded into our daily work.

The organisation will continue to improve the safeguarding training on offer to staff.

## **NHS England (South West)**

The Safeguarding Team at NHS England (South West) have oversight of the DBCPSAB Board papers however since July 2022 is no longer attending the Board meetings. NHSE (SW) continues to attend the SW Regional Independent Chairs Network and meets with the ICB heads of safeguarding on a regular basis, and produces their own Annual Report which is usually published in the autumn.

The Safeguarding Team and the DBCPSAB Business Team remain in contact for any matters that need to be discussed.

## **Dorset HealthCare University NHS Foundation Trust (DHC)**

### **Achievements during 2022-2023**

DHC enhanced its adult safeguarding arrangements across all service areas - mental health, learning disability and community physical health services. Safeguarding adults remains a priority in service delivery and patient safety.

DHC has:

- Reviewed staff requiring Level 3 Safeguarding training, with more staff now having it as a mandatory requirement.
- Shared the learning from SAR Katherine and SAR Aziza
- Focussed on improving knowledge, skills and practice relating to transitional safeguarding and multi-agency working with those who experience homelessness.
- Highlighted the principles of 'Making Safeguarding Personal' and embedding the 'Think Family' approach.

### **What have the challenges been?**

This year still had its challenges as we moved out of the Covid pandemic. Staff sickness in some areas has been high, with vacant posts adding pressure on the system, including time to complete training. The success of remote working continued although staff moved to work more face to face; this includes for training.

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There continues to be an increase in calls to the DHC safeguarding advice line from staff within the Trust. The challenge is capturing data on all IT systems to identify good practice and gaps.

### **Planned work for 2023-2024 to support the SABs strategic plan.**

DHC objectives for the following year are to:

- Continue to share learning from SARs.
- Audit to identify good practice and areas for improvement.
- Ensure staff apply 'Making Safeguarding Personal' and embedding 'Think family'.
- Improve practice in relation to the Mental Capacity Act 2005.
- Make sure patients on our wards feel and are 'Sexually Safe'.
- Improve data collection and analysis.

**Quality Assurance** - DHC will continue to provide assurance to the DBCP Board that safeguarding priorities are in line with best practice and evidence positive outcomes for families. We will monitor our objectives to ensure they are delivered in line with the Board strategic plans through the Trust's bimonthly Safeguarding Meeting and the Trust's Quality Committee.



## **Dorset County Hospital NHS Foundation Trust**

### **Achievements during 2022-2023**

Through 2022/ 2023, Dorset County Hospital NHS Foundation Trust employees have continued to work within both the preventative and the operational safeguarding agenda.

There has been an emphasis on ensuring the accurate application of the Mental Capacity Act in preparation for the now postponed Liberty Protection Safeguards; the focus being that staff recognised the importance of putting the person at the centre of any decision making.

Dorset County Hospital (DCH) has continued to attend and submit assurance data to the Quality Assurance subgroup.

Significant work has been completed through safeguarding training regarding recognition of the impact of domestic abuse on families and carers through our alignment work with domestic abuse charity 'Paragon'. This has been proven by the increase in enquiries and referrals for victims and potential victims of domestic abuse.

### **What have the challenges been?**

The most concerning issues through 2022/ 2023 have been in respect of reduced levels of health and social care workforce and resources.

### **Planned work for 2023-2024 to support the SABs strategic plan.**

As a Trust our strategic aims are to ensure that our approaches are human centred, co-designed with our communities, whilst also ensuring quality of care delivery for all that use our services. This strategy aligns with the Boards' strategy and safeguarding objectives with the recognition of a person-centred approach. There is a 'whole family' safeguarding lens always considered, but also our acknowledgement of contextual issues that may affect our communities or societal issues that may impact on individuals' ability to keep themselves safe.

As an Acute Health Trust, our priorities remain to safeguard everyone, those with care and support needs that are Care Act defined, and also those that are not, for example, people who are victims of domestic abuse.

The DBCPSAB's preventative priority remains high on the DCH's Safeguarding Team's work plan. This will be implemented through the early recognition of those with care and support needs and effective communication with the people who use services, in respect of sharing the variety of community-based support systems that they can utilise.

## **University Hospitals Dorset NHS Foundation Trust (UHD)**

### **Achievements during 2022 – 2023**

- The Safeguarding Team structure and governance process for the new UHD organisation, post-merger, has now been implemented across the organisation.
- A new e-form has been embedded, for use by professionals for supporting patients with learning disabilities.
- Following a recent CQC inspection UHD received positive feedback about observed safeguarding practices in the emergency departments and maternity services.
- UHD continued to support the wider system safeguarding agenda, working collaboratively with safeguarding partners in health, social care and police.
- An increase in referrals relating to domestic abuse for both patients and staff has been noted. This is linked to the impact of the Domestic Abuse Workers from the domestic abuse charity 'Paragon' working within the hospital in partnership with staff.

### **What have the challenges been?**

- There has been an increase in the number of patients with mental health needs waiting in acute hospital care for placement within mental health services.
- UHD has seen a rise in patients presenting with challenging behaviours which requires additional resources to manage.
- The number of patients waiting in UHD for on-going health and social care referrals, or placement post-hospital discharge has risen.

### **Planned work for 2023 -2024 to support the SABs strategic plan**

The key focus of the safeguarding teams at UHD will be to continue to work in collaboration with system partners to meet the system objectives. These will be monitored through our internal governance processes as well as through providing assurance to the Board. In addition, we will ensure that all our staff continue to safeguard people using our services and embrace the 'Think Family' approach through applying professional safeguarding curiosity. For UHD, a key focus for the coming year will be to further our work around care of patients with learning difficulties and neurodiversity.

## **Dorset & Wiltshire Fire and Rescue Service (DWFRS)**

### **Achievements during 2022-2023**

DWFRS has a key role in safeguarding those most at risk. The organisation fully recognises its duty to protect adults and children at risk.

Following our HMICFRS (His Majesty's Inspectorate of Constabulary and Fire & Rescue Services) inspection, which found the service to be 'outstanding' in efficiency, with a 'good' rating across effectiveness and people. We are one of the highest performing Fire and Rescue Service (FRS) in England and the best in the South-West.

An audit was carried out by our Internal Audit Service, to provide assurances around the DWFRS safeguarding arrangements for protecting vulnerable people. The outcomes from the audit were positive, 'A sound system of governance, risk management and control exist, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited'.

We have developed effective partnerships to support risk reduction services to those identified as vulnerable and at risk from exploitation from abuse. We have 148 partnerships which refer vulnerable adults for 'Safe and Welfare' visits where we can identify possible abuse and neglect. Notable partnerships include, for example, Thames and Wessex Water where those at risk are referred to us from the priority services register and Scotia Gas Networks (SGN) and Wales & West utilities, who provide funding for risk reduction equipment for vulnerable users.

We launched a new Home Safety Leaflet with safeguarding paragraph <https://www.dwfire.org.uk/wp-content/uploads/2022/09/A-Safer-Home-A5-Booklet-WEB-Jun22.pdf>

### **What have the challenges been?**

Due to financial uncertainty and new challenges, there has been a restructure of the Prevention Department and a large reduction in the Youth Intervention services we can offer.

### **Planned work for 2023-2024 to support the SABs strategic plan.**

We continue to deliver various national and local campaigns throughout the organisation. Training is ongoing and targets are consistently achieved.

We continue to work with our partners to improve the wellbeing of vulnerable people by helping them with their additional needs and signposting to appropriate help, advice and services as well as helping them with basic crime prevention and signposting.

## **HMP Portland (Prison)**

### **Achievements during 2022-2023**

HMP Portland has introduced a weekly 'Release Planning Meeting' that identifies all prisoners within 12 weeks of release and checks that either accommodation is in place, or appropriate measures have been taken, such as DTR (Duty to Refer) and CRS (Commissioned Rehabilitative Services) to ensure accommodation can be provided as soon as practicable on release.

Those prisoners assessed as vulnerable are prioritised and where gaps are identified, actions are taken from the meeting to provide the necessary support. This involves multi-agency working with the Prison Offender Manager and the Community Offender Manager acting as liaison between prison and community services.

Accommodation in place on release has consistently been in the high 90 percentile for prisoners being released from HMP Portland.

### **What have the challenges been?**

There have been various challenges such as a shortage of staff in the Pre-Release Team with effectively one practitioner working with the entire cohort.

Another significant challenge has been the volume of prisoners who have been recalled to prison and, when not released after a parole board review; released at end of sentence with no Probation supervision and therefore limited support in place.

HMP Portland is committed to working on this area of need to support by expanding the Pre-Release Team to have two full-time and one part-time practitioner and we have a system in place now to identify those prisoners likely to be released without Probation supervision and escalate to a manager in the community when support is not being provided leading up to release.

### **Planned work for 2023-2024 to support the SABs strategic plan.**

Homelessness: lack of suitable accommodation on release has been shown to have a direct impact on mental health, likelihood of reoffending, risk of self-harm, drug and alcohol misuse etc. There are many measures in place within the prison to support vulnerable adults such as the CSIP (Challenge, Support and Intervention Plan), SIM (Safety Intervention Meeting), ACCT (Assessment, Care in Custody and Teamwork) document. However, where support is not there in the community other agencies are hampered when someone has no fixed abode.

CAS3 (Community Accommodation Service level 3) is being introduced in the forthcoming year (June 23) so that all prisoners will have up to 84 nights in basic accommodation provided but unfortunately this will not be available for those men who are released without any supervision from Probation.

## **Dorset Probation Service**

### **Achievements during 2022-2023**

Transitional Safeguarding - We continue to focus on our transitions between the Youth Justice Service to Adult Probation Services to ensure young people's needs are met and they are safeguarded.

Homelessness – We have co-commissioned Housing Navigators in both council areas to develop housing pathways for people on probation. We are introducing a Community Accommodation Service (CAS3) for people leaving prison and have also allocated a Probation Service Officer

Involving People in the Work we Do – We have employed a manager to engage with people on probation.

### **What have the challenges been?**

We continue to have a shortage of trained Probation Officers in the Dorset Probation Delivery Unit; however we have a large cohort of Trainee Probation Officers (PQIPs); these staff develop knowledge in Safeguarding Adults during their training.

### **Planned work for 2023-2024 to support the SABs strategic plan.**

We have made a commitment to staff a Family Safeguarding Hub in Dorset Council Area – this will allow us to support a multi-agency team to address Domestic Abuse in the pre- conviction space.

## **Department of Work and Pensions (DWP)**

DWP in Dorset continues to train staff on safeguarding awareness in particular:

- identifying customers, their families or members of their household at risk of abuse, harm and neglect
- referral procedures to statutory agencies for safeguarding
- general signposting support to non-statutory agencies for help
- training Dorset DWP colleagues to understand and support vulnerable people through domestic abuse, gambling and radicalisation problems
- working with SABs by participation in Boards and the subgroups and contributing to SARs and DHRs

DWP in Dorset, as part of the DWP national approach, is working intensively with its front facing staff who visit the most vulnerable customers to provide an improved service. The main change is management by leaders who are skilled in vulnerable customer support, known as Advanced Customer Support Leaders. These leaders will lead on awareness, training and escalation routes for serious cases.

## A Safeguarding Story

In the previous pages Board members have shared how they have worked towards achieving the Boards' objectives. It is important to answer the 'so what?' question - the context of how this might help safeguard an individual.

Here is a safeguarding story showcasing some of the work involving colleagues from the local authority housing and homeless intervention teams, the police and NHS and how together they made a difference for Paul.

Paul was experiencing homelessness; although placements were identified for Paul he was evicted on several occasions due to behaviour which presented a risk to himself and others. The behaviour was related to alcohol dependency. Paul was assessed and found not to have any severe mental health condition including alcohol related dementia. He had previously been known to the Adult Social Care (ASC) Learning Disability Team but following assessment was deemed not to have a learning disability but to have learning difficulties.

Paul was a vulnerable individual due to these combined issues of learning difficulties, alcohol dependency and anxiety. Whilst sleeping rough he was assaulted which led to the Police raising a Care Act s42 safeguarding concern to Housing, who were able to secure emergency accommodation for Paul. Paul continued to drink alcohol which led to issues in the setting, he presented a risk to himself, to other residents and to the staff working there. An alternative placement was found for Paul. Over time, practitioners from several teams built up a relationship with Paul. They encouraged him to access healthcare and specialist services for people dependent on alcohol. During this difficult time professionals worked together to assess and manage the risks that Paul faced, whilst knowing that not all risks can be removed.

∞ In the following months Paul decided for himself that reducing his alcohol consumption would be a positive step for him. With sustained improvements and the support of practitioners he was accepted for a place on a rehabilitation programme. Paul made the decision to discharge himself from the programme and the police were once again involved in looking for him. Paul continued to engage with the support workers around him and received assistance with finding suitable accommodation through a housing provider. In his new accommodation Paul remained determined to continue to abstain from alcohol. Paul's circumstances after the intervention of practitioners are much more suitable for keeping him safe from abuse and harm.

In his own words Paul said *"When you are in addiction you are in a bubble. I am now one year dry and have my freedom and life back".*

Thank you for reading our Dorset, Bournemouth, Christchurch & Poole Safeguarding Adults Boards Annual Report 2022-23.

If you would like to get in touch please do so using the following email or telephone contact details:

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## BCP Council Health and Wellbeing Board



Report subject	NHS Health Checks Update
Meeting date	18 December 2023
Status	Public report
Executive summary	<p>This report sets out progress on the NHS Health Check (NHS HC) refresh programme. The report summarises:</p> <ul style="list-style-type: none"> <li>• Our programme changes for 2023/24</li> <li>• Mobilisation and implementation of the new universal and targeted models</li> <li>• Performance Quarter One and Two for primary care and LiveWell Dorset</li> <li>• Challenges.</li> </ul> <p>Overall there has been an increase in the invitations and number of checks delivered, especially in more deprived areas in line with the Director of Public Health report recommendations.</p>
Recommendations	<p><b>It is RECOMMENDED that:</b></p> <ol style="list-style-type: none"> <li>1) Members note the programme changes and mobilisation of the new service</li> <li>2) Members note activity increases among those communities in most need</li> <li>3) Members consider performance phase one</li> </ol>
Reason for recommendations	<p>The Director of Public Health report identified that the delivery of the health checks programme had been challenging. It recommended a continued focus to ensure that delivery of checks improves, especially in the most deprived areas, where risks are higher. This update is part of that continued focus, to keep the board sighted on an important area of improvement work.</p>

Portfolio Holder(s):	Councillor David Brown, Portfolio Holder Health and Wellbeing
Corporate Director	Sam Crowe, Director of Public Health, Public Health Dorset
Contributors	Sophia Callaghan, Consultant in Public Health
Wards	All Wards
Classification	For Recommendation



## **1 Introduction**

- 1.1 Cardiovascular disease (CVD) accounts for a quarter of deaths in the UK and is a significant cause of premature deaths in people aged under 75 years. CVD death rates vary with age, gender, and socioeconomic status; with higher levels of morbidity and mortality being seen among people living in the most deprived communities compared to those in more affluent areas.
- 1.2 Local authorities are mandated by the Department of Health and Social Care to provide an NHS Health Check (NHS HC) programme. Locally this is commissioned by Public Health Dorset and provides a cardiovascular risk assessment, to help identify individuals (aged between 40 and 74), who are at risk of CVD. The checks are free and can spot early signs of stroke, kidney disease, heart disease or type 2 diabetes. The programme aims to invite one-fifth of the eligible population every year over a 5-year period. Thus, everyone should receive a check once every 5 years.

## **2. NHS Health Check Programme Changes 2023/4**

- 2.1 The NHS HC Programme was paused during COVID, giving the opportunity to review performance and refresh the programme. Activity data highlighted that across BCP, communities from the least deprived areas were more likely than those more deprived areas to receive an invite and have a check. Looking forward, PHD wanted to:
  - a) Increase provision in communities where CVD risk is higher, to better align NHS HC work towards reducing inequalities;
  - b) Re engage primary care providers to send out NHS HC invites and deliver checks in communities with higher CVD rates;
  - c) Provide additional capacity to the system to increase NHS HC numbers, especially amongst those most at need.
- 2.2 The programme was redesigned and options for a local delivery model were approved at the Joint Public Health Board in February 2023. These changes included changes to payment for invitations to incentivise activity, asking practices to invite patients with key risk factors as a priority, with incentives for targeting to higher risk, and developing a new outreach service via LiveWell Dorset.

## **3. Mobilisation of the new NHS Health Checks model**

### **3.1 Primary care**

This year the re start programme successfully mobilised within primary care networks (PCNs) on 1<sup>st</sup> April 2023. In March, new specifications were shared through our existing contract and service level agreement mechanisms. Providers were supported with information briefs by contracts teams.

We have worked with PHD locality leads to coordinate communication and any queries with practices. We also developed an NHS HC dashboard to monitor and evaluate activity. We are now reviewing the first two quarter's data, to assess delivery and activity gaps. Supporting providers where needed to get started and keep them updated with progress.

To start the evaluation programme a September campaign will help us understand why some people haven't responded to their NHS HC invite, and support more targeted communications. In October, "lunch and learn" sessions alongside NHS Dorset took place to help providers understand new data recording and payment processes.

### 3.2 LiveWell Dorset (LWD)

LiveWell Dorset NHS HC delivery model targets communities with higher risk factors for CVD, as well as supporting PCNs with limited or no provision. The mobilisation plans included team recruitment, NHS HC training, equipment purchasing, and standard operating processes. We worked with PHD locality teams to introduce and connect PCNs to the new offer and identify the areas to focus, starting with delivery in Bournemouth East and North Bournemouth. The programme launched in June 2023.

The LWD team also deliver NHS HC to selected workforces across the county (see Appendix one), systems are in place for easy NHS HC direct booking for people via the LWD website along with resource materials to promote checks.

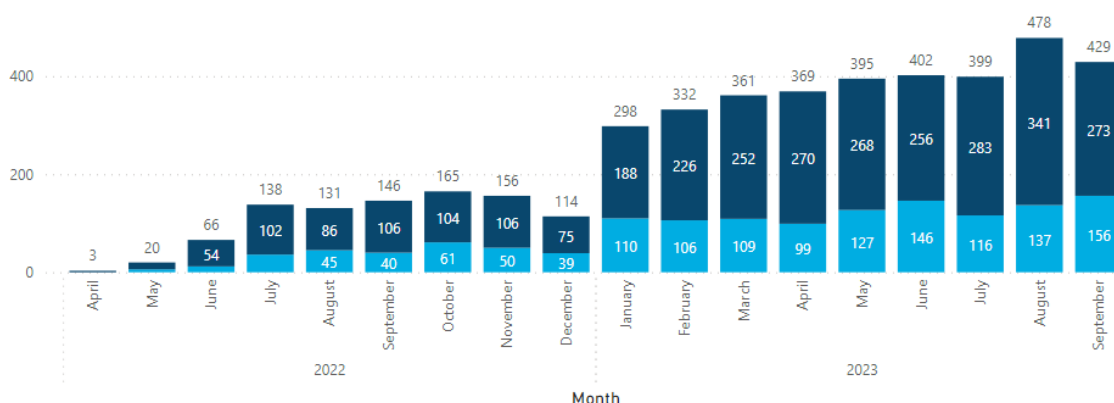
Uptake of LWD NHS HC has been extremely popular, showing that already there is demand for an outreach offer from different communities across BCP.

## 4. Performance 2023/24

- 4.1 Quarter one and two activity levels for BCP are the highest since the programme re-launched after the Covid-19 pandemic, for both the number of NHS HC invitations sent and NHS HC completed.

Health Checks By Month

Part of Target Group ● No ● Yes



- 4.2 The dashboard shows 11,994 NHS HC invitations were sent across BCP, and 2,647 NHS HCs were delivered in primary care settings (1691 of these met the criteria for CVD risk factors). This equates to 22% uptake.

	<b>Invites sent</b>	<b>Checks delivered</b>	<b>% uptake</b>
<b>BCP</b>	11,872	2,492	21%

- 4.3 This level of activity is higher than observed levels of activity pre-covid and under the previous programme model. Our ambition for this year is to match pre-covid activity levels, so this is positive start during quarters one and two (Appendix two shows comparison with 2019/20).
- 4.4 Health Checks are now being offered in almost every locality across BCP Council area, at varying levels. South Coast Medical PCN, Christchurch PCN, Poole North PCN and Poole Central PCN have sent higher numbers of invitations and completed more checks (see Appendix three).
- 4.5 Gaps in primary care activity have been identified across a range of PCNs including Central Bournemouth, North Bournemouth and Poole Bay. They will be key communities for LiveWell Dorset to target over the coming year.

## **5. LiveWell Dorset Activity**

- 5.1 Since June LWD have delivered 635 checks, with further checks in the pipeline across a range of communities (see appendix one for examples). Of these completed checks, 291 checks were carried out in the BCP Council area.
- 5.2 Quarter one data records suggest an increase in people having NHS NC with CVD risk factors identified (e.g., blood pressure or overweight) and attendance from those in more deprived communities. It is early in the programme to identify changes in relation to the new delivery model, evaluation next year will see whether the programme changes have been successful at reaching higher risk patients.

## **6. Challenges**

- 6.1 There are several challenges for the NHS HC programme to overcome throughout the remainder of this year. One of the biggest challenges remains unequal access to the programme. Provision is limited in some high CVD risk areas. Increasing primary care provision in these areas will remain an area of focus for the programme.
- 6.2 Another challenge this year will be to increase uptake across the Council area. Great work has been happening sending out invitations, but so far uptake rates haven't improved. Understanding access barriers for people will help increase the number of invitations that result in a completed check.

- 6.3 A further challenge for the programme will be to encourage people from black ethnic communities to engage with the programme who are typically less likely to attend than others within the community. Early data from quarter 1 shows this little change in the percentage of people accessing NHS Health Checks of black ethnicity.

### **Summary of financial implications**

7. To enable the addition of a new provider, the NHS HC budget (£600,000) has been split in the following way:
- Allocated £400,000 to primary care (to deliver the programme across primary care settings)
  - Allocated £200,000 to LiveWell Dorset (to deliver to people at risk of CVD)

### **Summary of legal implications**

8. There are no legal implications to note.

### **Summary of human resources implications**

9. There are no human resources implications to note.

### **Summary of environmental impact**

10. The peripatetic element of the targeted LWD delivery model will embed low carbon transport measures. We will do this by:
- running events, rather than one to one sessions
  - utilising local staff in each of the areas to minimise transport
  - looking at an incremental development plan to keep emissions low.

### **Summary of public health implications**

11. Improving delivery approaches and targeted access will improve health and wellbeing for those with greatest need.

### **Summary of equality implications**

12. EQIA Assessments form part of commissioning for all public health services and are published in accordance with Dorset Council guidance.

### **Summary of risk assessment**

13. Having considered the risks associated with this decision; the level of risk has been identified as:

Current Risk: LOW  
Residual Risk: LOW

## **Background papers**

- Appendix One: BCP case study and example of LWD targeted events
- Appendix Two: Activity comparison pre/post COVID
- Appendix Three: Invitations and NHS HC numbers by PCN

## **Appendix One: Case study examples**

“At BCP Council we take wellbeing seriously, when Learning & Development heard about LiveWell Dorset’s NHS Health Checks we jumped at the chance to create a partnership to enhance our colleague’s physical health.

Lucy and her expert team carried out health checks at our satellite offices and buildings that enabled busy colleagues access to much needed advice and guidance at a venue and time suitable to them. For many this was key as it gave reassurance and the opportunity to gain valuable information from the assessments carried out. Colleagues feedback was full of gratitude and praise for LiveWell Dorset and this enhanced emotional and physical wellbeing within our teams.

Following their checks, many of our colleagues realised that changes needed to be made to their lifestyles and this has prompted healthy choices and good habit forming. The difference LiveWell Dorset has made to our colleagues at BCP is profound. Not just in terms of their health but mental wellbeing, confidence and moral.

The staff at BCP cannot speak highly enough about the checks impact on their lives and the peace of mind it has given them. Due to its success, health checks are being rolled out at the Civic Centre to enable even more colleagues to benefit.”

### **Community Events in BCP**

- Boscombe engagement hub monthly events
- GATHER shop Dolphin shopping centre
- Henry Brown centre West Howe monthly events
- ST Gabriel Church Turlin Moor

### **Workforce Events in BCP**

- Townhall extension
- Customer service centre
- During Benefits week
- UHD and DHUFT roadshows

## Appendix Two: Comparison to 2019/20 Q1 activity

The data available for quarter 1 2019/20 is by CCG locality rather than PCN. When comparing data from 2019/20 to 2023/4, we can see overall activity is very similar to 2019, which is our ambition for 2023/4.

Locality	2019/20 Q1	2023/4 Q1
Bournemouth Central	0	169
Bournemouth East	25	257
Bournemouth North	15	11
Christchurch	308	365
Poole Bay	72	165
Poole Central	49	38
Poole North	323	153
Total	792	1166

## Appendix Three: Activity levels by Primary Care Network:

Health Checks are being offered in almost every locality across BCP council area. Work is ongoing to ensure residents in North Dorset are also able to access the programme.

<b>PCN</b>	<b>Invited</b>	<b>Completed</b>	<b>% uptake</b>
<b>Bournemouth East Collaborative Network Total</b>	<b>159</b>	<b>94</b>	59%
<b>Central Bournemouth Primary Care Network Total</b>	<b>325</b>	<b>22</b>	7%
<b>Christchurch Primary Care Network Total</b>	<b>1591</b>	<b>530</b>	33%
<b>North Bournemouth Primary Care Network Total</b>	<b>189</b>	<b>37</b>	20%
<b>Poole Bay and Bournemouth Primary Care Network Total</b>	<b>111</b>	<b>18</b>	16%
<b>Poole Central Network Total</b>	<b>1852</b>	<b>212</b>	11%
<b>Poole North Primary Care Network Total</b>	<b>1279</b>	<b>360</b>	28%
<b>Shore Medical Total</b>	<b>560</b>	<b>138</b>	25%
<b>South Coast Medical Total</b>	<b>5806</b>	<b>1081</b>	19%
<b>Grand Total</b>	<b>11872</b>	<b>2492</b>	