



ANNUAL REPORT 2020 - 2021

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

Contents

Our outgoing Independent Chair – Barrie Crook	2
About our new Independent Chair – Siân Walker	4
About Us.....	5
The Local Picture	7
Local Adult Safeguarding Activity – the graphs and figures below represent activity from April 2020 to March 2021	8
Safeguarding Adult Reviews	10
Safeguarding Adult Reviews	11
The Subgroups of the Board	12
Quality Assurance (QA)	12
Policy & Procedures (P&P)	12
Training & Workforce Development (TWD)	13
What we set out to achieve in 2020-21	13
Our progress.....	14
Covid-19 Response.....	15
Alcohol Change UK.....	16
LGA ADASS Insight Project	17
Written Partner Contributions.....	18
Our plans for 2021-22	29
Our Strategic Plan for the coming (and current) year	29

Our outgoing Independent Chair – Barrie Crook



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

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

Patterns of safeguarding during the pandemic

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

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

The Care Sector

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

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

It is clear that the positive relationships established during phase 1 of the pandemic have been a valuable foundation for continued joint work to manage the perhaps more widespread impact of phase 2 in the early months of 2021. Throughout decisions have had to be taken in real time to manage what is an unpredictable pandemic.

'Business as usual'

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

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

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

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

Looking back

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

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

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

Barrie Crook

Independent Chair, Bournemouth, Christchurch & Poole Safeguarding Adults Board

About our new Independent Chair – Siân Walker



Since April 2021 Siân Walker has been the new Joint Independent Chair of the Dorset Safeguarding Adults Board and the Bournemouth Christchurch & Poole Safeguarding Adult Boards.

Siân is a registered social worker with over 40 years' experience working in social care and a wealth and depth of experience in Adult Safeguarding. Siân is also currently Chair of the Bath & North East Somerset Community Safety & Safeguarding Partnership and chaired 3 other Safeguarding Adult Boards in Kingston, Lambeth and Devon prior to her appointment at the end of March 2021.

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

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

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

[Video for Safeguarding Week - YouTube](#)

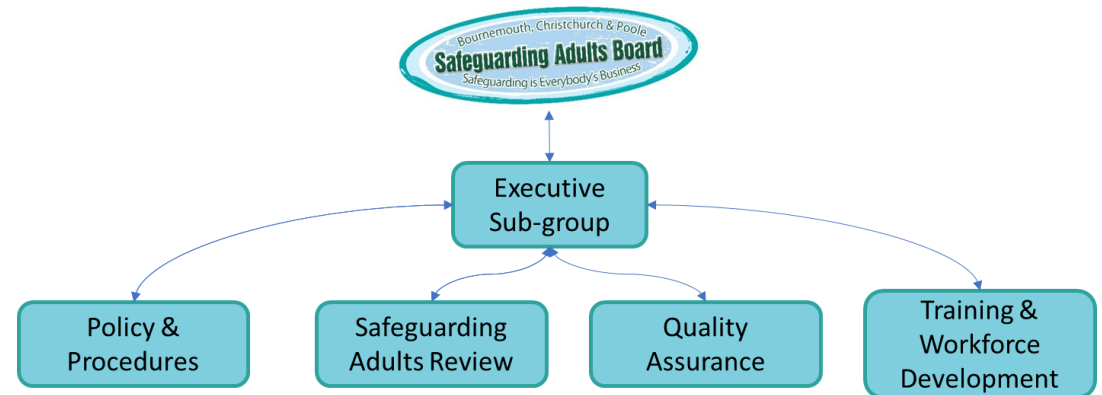
About Us

The Bournemouth, Christchurch and Poole Safeguarding Adults Board (also known as the SAB) has been the partnership body for Safeguarding, originally in just the Bournemouth and Poole areas, for over a decade. It is a partnership Board with senior representatives from our statutory partners in the Local Authority, Police and Health and other member organisations including the emergency services, probation and the voluntary sector. On 1st April 2019 we became the Bournemouth, Christchurch and Poole Safeguarding Adults Board reflecting the new structure of local government in the BCP Council area.

The overarching purpose of a Safeguarding Adults Board is to help and safeguard adults with care and support needs. We aim to stop abuse or neglect wherever possible and prevent harm occurring. We strive to address the causes of abuse or neglect. Our work includes raising awareness of safeguarding issues so these can be identified and supporting affected people in making choices to resolve issues.

The Board has an Independent Chair, who also fulfils this role for the Dorset Safeguarding Adults Board which helps facilitate the close alignment of the two Boards in their quest to safeguard adults pan-Dorset.

The Board has 5 subgroups which are comprised of members from the Bournemouth, Christchurch and Poole Safeguarding Adults Board and the Dorset Safeguarding Adults Board.



The Bournemouth, Christchurch and Poole Safeguarding Adults Board seeks to assure itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance. The Board seeks assurance that Safeguarding practice is person-centred and outcome-focused and that partners work collaboratively to prevent abuse and neglect where possible.

In the event that abuse, or neglect have occurred, the Board calls on agencies and individuals to give timely and proportionate responses so that lessons can be learned to inform the preventative agenda.

Safeguarding practice ought to improve and enhance the quality of life of adults in the area.

SAB's have three core statutory duties which are:

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

Partner Contributions 2020-21

The BCPSAB is grateful for the financial support of our partners which enables us to carry out our work:

BCP Council	£70,000
Dorset Clinical Commissioning Group	£20,000
Dorset Police	£9,000
Dorset HealthCare	£2,000
Poole Hospital Trust	£2,000
Royal Bournemouth & Christchurch Hospital Trust	£2,000
Dorset & Wiltshire Fire & Rescue Service	£500
Total income	£105,500

The Six Safeguarding Principles

All safeguarding activity should have at its core these six principles:



To raise a Safeguarding Concern in the Bournemouth, Christchurch and Poole area:

Contact the Adult Social Care Contact Centre ☎ 01202 123654
asc.contactcentre@bcpcouncil.gov.uk

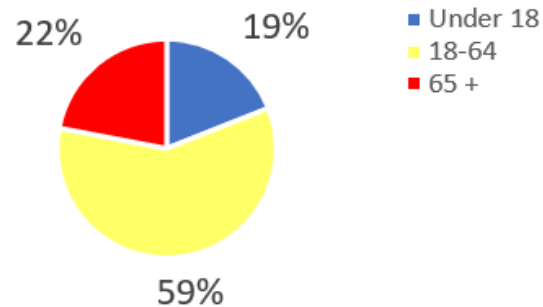
Emergency Duty Service - Evenings and Weekends: ☎ 01202 657279

In an emergency call the Police on 999

The Local Picture

The population of the BCP area is almost 400,000 people.

Percentage of the population by age



Over 88% of the population is white British and other ethnic groups mean the overall population is more than 94% white.

90% of people living here were born in the UK.

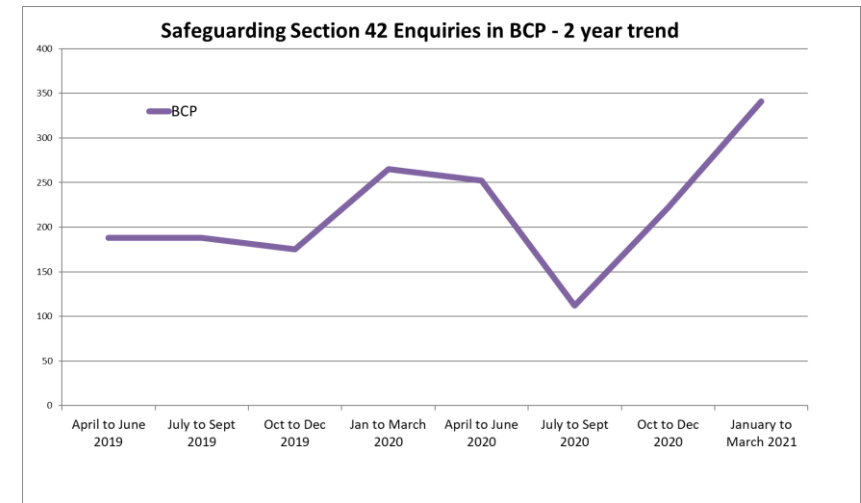
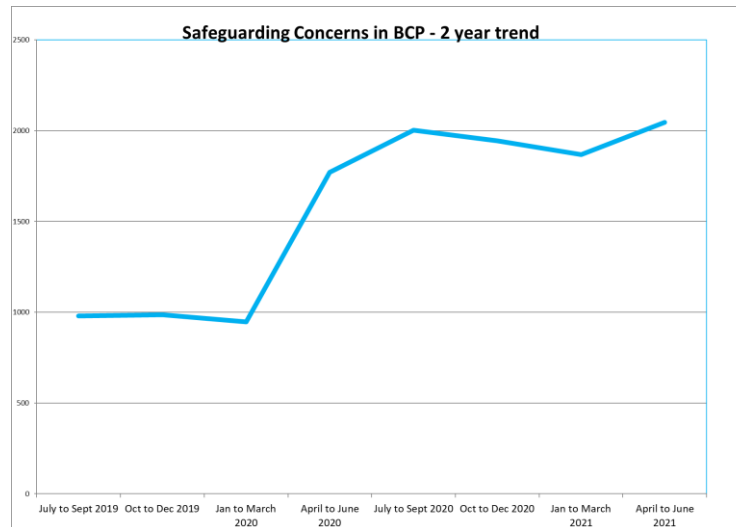
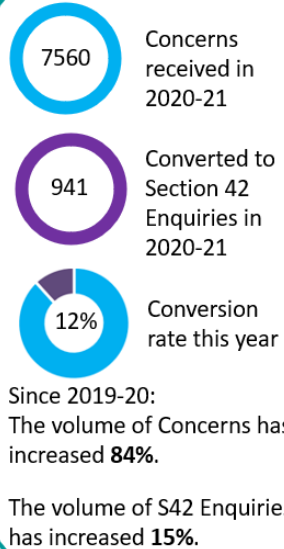
Asian/Asian British people make up 2.9% of the population and 0.6% of residents are of Black/African/Caribbean ethnicity. In terms of Safeguarding the BCPSAB has worked with BCP Council to ensure that the ethnicity of those involved in Safeguarding Concerns and Enquiries is recorded to see if Black and Minority Ethnic (BAME) communities are represented equitably in accessing services.

18% of the population overall, around 71,000 people, have their day-to-day activities limited by a disability or illness.

10% were limited 'a little' and 8% limited 'a lot'.

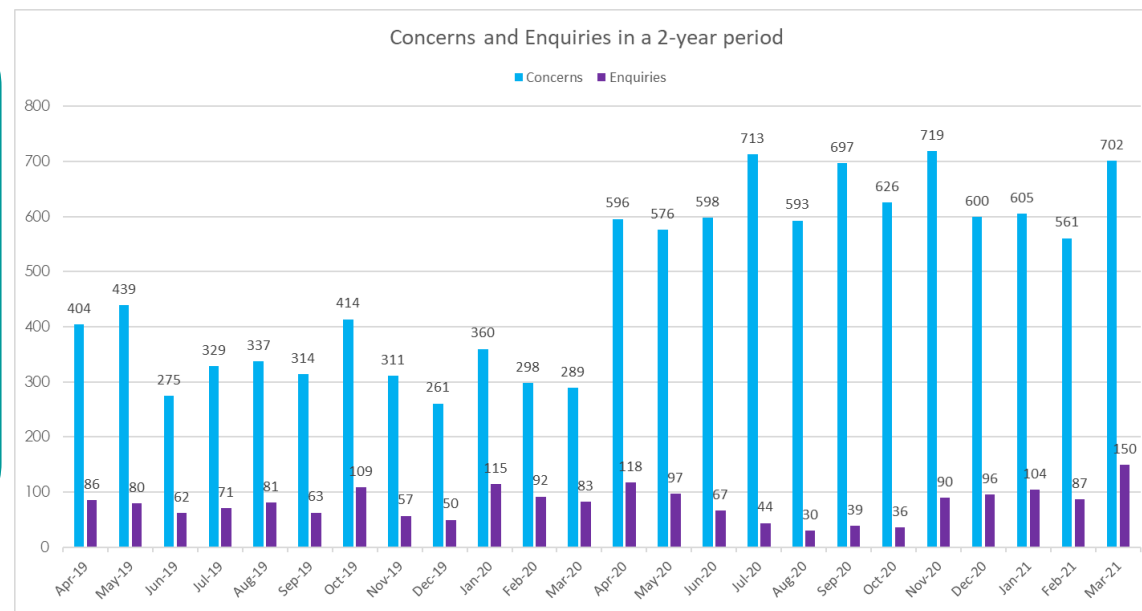
When we look at the over 65 age group 29% were limited 'a little' and 28% limited 'a lot' by a disability or illness, so 57% combined.

Local Adult Safeguarding Activity – the graphs and figures below represent activity from April 2020 to March 2021



2020-21 has been the busiest year to date in terms of Safeguarding Concerns received.

Volumes of concerns have presented a challenge for the operational teams at a time when new Covid-safe methods of working have had to be adopted quickly.



Some key safeguarding issues



In 58% of Enquiries the abuse occurred in the person's own home – this was 56% last year in BCP compared to 44% nationally.*

The next most common location for abuse to occur is in residential and nursing homes.

*According to the NHS Digital SAC Return [NHS Digital Safeguarding Adults Collection Return 2019-20](#)
This year's report is not yet available.

The most common abuse type is Neglect & Acts of Omission.

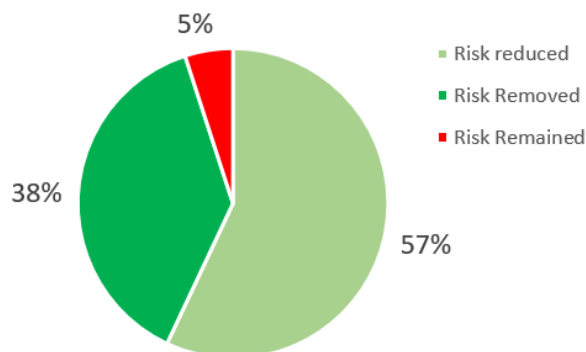
This accounted for 39% of Enquiries in 2020-21

In an effort to better understand this abuse type it has been broken down into categories – Missed visits, medication errors, provider not following care plan, pressure sores, carer not following professional advice or care plan, carer stress and 'Other'. The information gathered will help with preventative work.

The next most common abuse types are:

- Physical abuse
- Financial Abuse
- Domestic abuse

Risk outcomes for Section 42 Enquiries



Making Safeguarding Personal

For concluded Section 42 Enquiries, around 60% of individuals were asked if they had their desired outcomes met.

Most people who were asked did have a desired outcome.

Of those who were asked 90% had their desired outcomes fully or partially met.

It is hoped to increase the proportion of people asked.

Safeguarding Adult Reviews

One of the Board's core duties is the commissioning of Safeguarding Adults Reviews (SARs) for any cases which meet the Care Act 2014 criteria for these.

It is important to note that a death does not need to have occurred for a SAR to take place. The SAB may, at its discretion, commission a SAR in other serious circumstances.

The Safeguarding Adult Review Subgroup of the Board comprises members from both the BCP and Dorset areas and meets every 6 weeks to review those cases referred, where serious harm has or may have occurred. This group regularly receives referrals of cases for consideration and works collaboratively with partner agencies, requesting full and frank contributions from partners in order to systematically assess whether a SAR ought to be commissioned. If it is concluded that a case has not met the SAR criteria but learning can be derived, the Subgroup can recommend further actions for agencies to undertake to ensure that this learning is passed on and practice improves.

The objective of any SAR is not to apportion blame but to extract the key learning points with a view to fulfilling the aims of effective learning and safeguarding, and above all in this context, prevention of a recurrence.

The SAR Subgroup report their findings to the Board and collaborate with the other subgroups of the Board. In 2020- 2021 the SAR Subgroup has overseen progress on several ongoing SARs and Domestic Homicide Reviews (DHRs).

Safeguarding Adult Reviews

In 2020/21 there were no new SARs commissioned in the BCP Council area however work was progressed on SARs that were delivered in previous years and SAR 7 which is yet to be published.

SAR 5 - The 'Harry' Joint SAR and DHR Report was published in 2019 and the BCPSAB carried out assurance work with partners, this year, with a view to signing off the Action Plan evidencing the great deal of work that has followed this review.

SAR 6 - A Mental Health Homicide Review into the care and treatment of a Dorset Healthcare University NHS Foundation Trust patient who killed another man in Poole in August 2016 was published by NHS England in July 2020. [Final Report Mr P Dorset](#)

During the course of the investigation by NHS England the SAR Subgroup found that whilst the review examined in great detail the health service actions, there was an opportunity to identify learning in respect of engagement between mental health services and the Multi Agency Public Protection Arrangements (MAPPA).

Through the SAR Subgroup the SAB engaged a SAR author with a great deal of experience in the MAPPA arrangements to look at the elements of the case relating to the MAPPA and the duty of agencies to cooperate with these. An exceptional SAB meeting was held to present the supplementary report and the author was on hand to answer questions. It was agreed that the supplementary report would sit alongside the published review on the NHS England website so that the two could be read together in order that the full learning from the case was evident. [Supplementary Report](#)

SAR 7 - Progress has been made on a joint SAR/DHR/MAPPA review as a result of a complex case from early 2019 originating in the former Borough of Poole.

The decision was taken to commission a joint review in order to maximise learning whilst ensuring an efficient use of agency resources. The SAR Subgroup and the BCPSAB reviewed the draft report in an exceptional meeting held with the Community Safety Partnership and MAPPA representatives. The report was approved by the SAB and is currently with the Home Office to quality assure the report against the DHR criteria.

The Subgroups of the Board

The Terms of Reference of all subgroups have been reviewed and updated within this year and are published on our website

www.bcpsafeguardingadultsboard.com

<p style="text-align: center;">Quality Assurance (QA)</p> <p style="text-align: center;">Chaired by Andrea Breen, Dorset Council</p> <p>The QA Subgroup has brought together the data reporting from partner organisations. Discussions at the meeting have led to improved recording, for example the most prevalent form of abuse – Neglect and Acts of Omission – is now subcategorised by the local authority staff to better understand what is happening. Understanding will lead to better prevention.</p> <p>Cases which do not progress to full safeguarding enquiries S42 (NFAs) are also now followed through and categorised to identify common themes. This would identify if a high proportion of concerns were similar, or whether there were repeated referrals from a particular service and thus it would allow dialogue on what remedial or preventative steps can be taken.</p> <p>The Subgroup coordinated an audit into the Multi-Agency Risk Management (MARM) process in Dorset and BCP. There were concerns that the governance of the process was not sufficiently clear, and it was thought that more frequent and effective use could be made of the MARM process as a safeguarding tool, by all agencies.</p> <p>An independent auditor was appointed to examine the cases in detail and engage in discussion with practitioners. Further workshops with practitioners and managers were planned and the draft conclusions and recommendations will be presented to each subgroup and to the Board.</p>
<p style="text-align: center;">Policy & Procedures (P&P)</p> <p style="text-align: center;">Chaired by David Vitty, BCP Council</p> <p>Based on the Keeping Adults Safe Leaflet which details different abuse an Easy Read Keeping Adults Safe Leaflet was also co-produced with ‘People First Forum’.</p> <p>As part of the communication strategy the Safeguarding ‘Stop Abuse’ posters of Safeguarding Poster Margaret and Safeguarding Poster Russell were updated with current contact details and laminated copies were sent to Covid-19 vaccination centres so they could be displayed prominently for those coming to receive vaccinations – and be wiped clean for infection control purposes. This was an opportunity to share the message with people who may not have been out of their homes much during the pandemic.</p> <p>An action following an Independent Review of the SAB was to look at whether we would benefit from engaging a supplier to provide a hosted procedures system.</p> <p>The Subgroup sought the views of Board members and SAB Managers nationally as well as hearing from the London Boroughs which work together to produce common Procedures and localised add-ons.</p>

Training & Workforce Development (TWD)

Chaired by Liz Plastow, Dorset CCCG

TWD Representation at the Pan Dorset Safeguarding Children's Partnership equivalent meeting helps support a 'Whole Family' approach.

All partner organisations are delivering training via virtual means and this, although not fully back to pre-covid rates, has moved on significantly. A system to share themes from reviews discussed at the SAR subgroup has been developed to allow for identification of recurring themes so that learning can be focussed on these.

The subgroup canvassed all Board partner organisations to ask if they were providing training and/or learning to support the Board's priority themes of Self-neglect and Domestic Abuse. The positive responses meant the subgroup could provide assurance to the Board that this was in place. The subgroup hosted Mike Ward of Alcohol Change UK to share early findings from the project (see page 16 for details) and training workshops for Board partner organisations are planned for 2021-22.

What we set out to achieve in 2020-21

Together with the Dorset SAB we have set out to achieve the objectives outlined in our [Joint Strategic Plan 2018-2021](#)

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

In our [Joint Business Plan 2020-22](#) the following are the priority themes:

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

Associated themes:

- Implementation of learning arising from SARs/DHRs and LeDeR reviews
- Exploitation
- Homelessness
- Substance Misuse

Our progress

The strategic plan spanned 3 years and predated the Covid-19 pandemic. In previous years the SAB has supported providers, at an annual event which was not possible in this reporting year. However contact has been built with providers and the SAB sought views of providers this year and asked what assistance would be welcome. Relationships between the LAs and the health and social care provider market have developed; there has still been a significant increase in Safeguarding Concerns which are attributed to the pandemic. During this period Local Authorities (LAs) and the local NHS Clinical Commissioning Group (CCG) have provided constant and consistent support to providers in order to keep people safe.

Much work has been carried out regarding Domestic Abuse and people with care and support needs. The SAB continues to work closely with the Community Safety Partnership which is the lead organisation for Domestic Abuse. The SAB has had input into the local Domestic Abuse strategy to ensure that the challenges facing those with care and support needs are considered.

The work of the SAR Subgroup and learning from reviews is ongoing - all agree that it is key to identify and implement learning rapidly, and there is evidence of this in the referrals received.

The SAB now considers the 'whole family' approach to be business as usual.

Neglect and acts of omission is the most commonly reported abuse type in the Safeguarding Adults Collection (SAC) Return. This data is sent by every local authority to NHS England and the national picture is reflected in BCP. Better recording and understanding of this abuse type is work in progress. The SAB's participation in the Alcohol Change project will also benefit practitioners and individuals as some of the self-neglect behaviours are explored.

The SAB has worked closely with the local authority Housing service as well as with other partners, recognising that Homelessness is not a 'one agency issue'. The SAB dedicated time at its Board to Homelessness and the causes, which are complex, and heard from housing partners about the initiatives that started as a result of Covid-19 such as 'Everyone In' when many people sleeping rough were accommodated, and the opportunities that this offered to all partners working with these individuals with whom previous engagement had been difficult. This led to increased momentum on working together.

Covid-19 Response

At the end of the previous reporting year the SAB had just held its first joint BCPSAB and DSAB meeting in March 2019. This was a step towards the closer working which had been recommended in the Independent Board Governance Review. During the pandemic we resumed joint meetings although overall the governance review was paused it will now be revisited in 2021-22.

The Independent Chair and Business Managers from the two SABs participated in regular Safeguarding Meetings with partners from the LAs, NHS and Police where any pressing concerns were discussed and the group was updated on the current picture at that time, particularly on the situation in hospitals and residential settings. Many offers of assistance were exchanged and this positive form of working was highlighted in the LGA Insight report.

The SAB was reassured by the evidence of joint working with LAs, CCG, Public Health and providers in order to safeguard individuals and staff working in settings.

BCP Council worked with the Community Action Network on the 'Together We Can' initiative which saw volunteers trained and deployed where most needed. The SAB supported this work and was involved in regular meetings with the voluntary sector and representatives from the Local Authority.

Challenges of the market – staff recruitment and retention, Brexit

The SAB held a special meeting in November to bring together member organisations and representatives from Public Health to share information on the Covid response locally. Commissioners spoke of the challenges of residential and domiciliary care settings and the huge effort in supporting them, but also the market as a whole. Prior to the pandemic there were already issues with staff recruitment and retention and worries about how Brexit would impact the workforce. Staffing became even more of a concern as many people had to isolate and care settings were faced with staff shortages and additional work due to covid measures in place.

At this meeting the work of the [Local Resilience Forum](#) was discussed. This group includes SAB partners such as the LAs, Police, Health as well as Public Health and some national bodies and the voluntary sector.

Prior to the introduction of the Infection Control Grant both LAs decided to financially support care homes. Although using slightly different methods, in practice care homes received increased funding to enable them to increase staffing and better infection control. The Grant then took over from this support.

The BCP Council Director of Adult Social Care set up a social care subgroup to the Local Resilience Forum which the SAB Chair attended.

At the March 2021 Board meetings there was a joint presentation from the LAs and CCG detailing the ongoing work and providing assurance to the SAB that safeguarding was prioritised.

Alcohol Change UK

The BCPSAB and Dorset SAB gratefully received funding from Public Health to enable us to jointly participate in the Safeguarding Vulnerable Dependent Drinkers project undertaken by [Alcohol Change UK](#)

Around 20 Safeguarding Adults Boards and Local Authorities signed up to the project following an analysis of alcohol-related SARs from 2017 and further research by Professor Michael Preston-Shoot into the learning from SARs in general which identified that alcohol was a factor in approximately 25% of the SARs sampled.

SABs had the option to defer participating in the information-gathering stage as this coincided with a particularly busy period for partner agencies during the pandemic. This gave local agencies the opportunity to have more time to feed into the project and Alcohol Change UK have changed the training model to a virtual one.

Mike Ward of Alcohol Change UK has worked with Professor Michael Preston-Shoot and a panel of experts to develop training for practitioners working with chronic, particularly vulnerable dependent drinkers, with the aim of improving outcomes for them, their families and their communities.

There is a spotlight on the importance of legal literacy for practitioners (police officers, social workers, substance use workers, health professionals, probation officers, and others) who are aware that certain legal frameworks, such as the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 2007, which can be used when necessary to more effectively help these people, if practitioners are equipped to properly, proportionately and confidently use those powers.

The TWD Subgroup hosted Mike Ward in February when he spoke to SAB members about the project and the scope of the work and how the Care Act can be applied to people with alcohol problems and in particular the inclusion of self-neglect as a form of neglect which encompasses many in this client group.

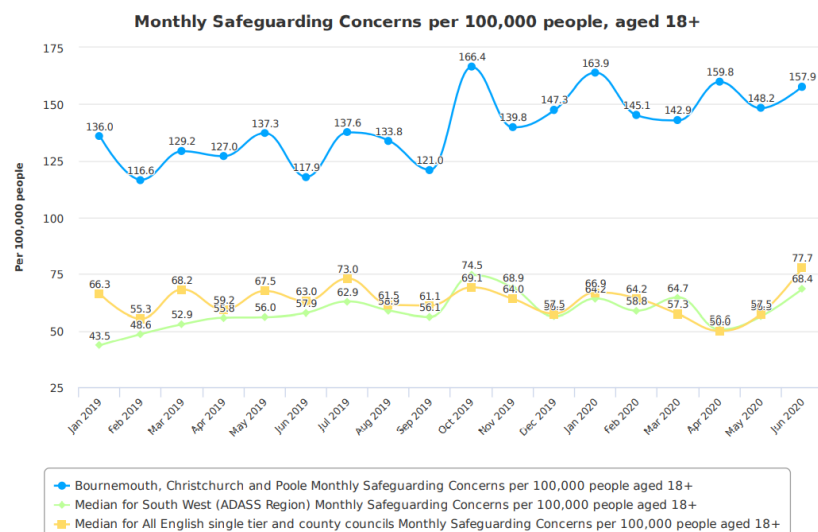
The training sessions are planned for 2021-22.

LGA ADASS Insight Project

Following a proposal from the executive group of the National Network of Chairs of Safeguarding Adults Boards the Care & Health Improvement Programme (CHIP) invited councils to participate in a voluntary data collection exercise to help the sector promptly understand the nature of the impact of COVID-19 and the lockdown on safeguarding activity, and how it compared to the previous year. This is known as the Insight Project and BCP Council has participated and continues to so. Further reports will be produced at intervals.

<https://www.local.gov.uk/covid-19-safeguarding-adults-insight-project>

At the December 2020 Board there was a focus on the key findings from the most recent report published at that time which allowed comparisons to be drawn with the Southwest Region and with the whole of England. It was noted that there was a good rate of participation across the region.



Regarding concerns per 100,00 of the population the BCP Council volume of concerns was significantly higher than the South West and the England average in the early months of the pandemic. This was borne out by the overall concerns for the year being up 84% on the previous year.

S42 Enquiries per 100,000 in the BCP area followed a similar trend to the South West and England in the lower conversion rate of concerns (down from 20% to 12% year on year).

In basic terms this tells us that the volume of safeguarding concerns being reported during the year increased quite dramatically, but the lower proportion converted to S42 Enquiries indicates that the increase in concerns were what can be deemed lower-level concerns.

When comparing the abuse types (in May 2020) the BCP area had a noticeably higher proportion of Neglect and Acts of Omission – 41% compared to 25% for the Southwest and 29% for England, and then a lower proportion of physical abuse – 9% compared to 19% for the region and nationally and psychological abuse – 9% compared to 15% for the region and nationally. There were higher levels of financial abuse in BCP, the remaining abuse types were comparable with the Southwest and England. In this area the proportion of reported domestic abuse did not rise significantly despite predictions that this would be the case nationwide.

Although the rates of abuse in an individual's own home were higher in BCP than in the Southwest and nationally they had not changed greatly from the previous year. Outcomes of risk being removed or reduced were comparable with the region and the country.

Written Partner Contributions

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

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

All the Member reports on the following pages reflect delivering safeguarding services in a different and difficult context.

Details of our partner organisations are on our website [BCPSAB Members](#)

Achievements

- Implementing a new BCP Safeguarding Model. We were able to incorporate some of the learning that came from the pandemic into the new model. The next steps are to review the implementation of the model and measure how effectively it is enabling us to meet the increased demands.
- Proactive links with Housing colleagues to support the housing strategy during lockdown, addressing self-neglect and supporting people to attain settled accommodation.
- A review of the suitability of services and a workforce skills audit has helped inform the Learning Disabilities and Autism delivery plan.
- Built strong working relationships with colleagues within ASC Commissioning and Services and the provider market.



Challenges

- Managing routine demands on services, in the context of the lockdown restrictions and the significant increase in demand caused by the Covid-19 pandemic.
- Managing an 84% increase in the volume of concerns received by Adult Social Care compared to the previous year. There have been significant challenges when managing risk in the context of Covid restrictions and a huge increase in demand on services that has resulted from the pandemic.
- This balancing act, of managing risk and preventing further harm, whilst maintaining Covid-safe practice has seen staff at all levels demonstrating remarkable commitment, resilience and professionalism for which they should be commended. Maintaining staff morale and wellbeing, however, has been a challenge and it should be recognised that it is not reasonable to ask that they continue to manage the extraordinary levels of pressure throughout 2021/22 that have been needed throughout the pandemic.

Areas of Focus

- Weekly meetings have been held between Safeguarding operational managers and commissioning colleagues to discuss provider concerns and plan responses. A risk stratification approach was used to target support at those providers most in need of support.
- Supported for the provider market to help safeguard individuals by undertaking regular telephone contact and ensuring they had access to the latest guidance and PPE.
- A vaccination programme was devised that took into consideration providers' needs to have staff vaccinated to protect their residents.
- BCP is continuing to develop CPD opportunities, for example training needs such as legal literacy which have been identified by DHR/SARs.
- Three new Social Work posts funded through grant applications to respond to needs during lockdown and help support the council's homeless strategy.
- Two new Social Work posts created following learning from DHR/SAR to focus on assertive engagement of people at risk of exploitation and/or self-neglect, particularly younger people, where it is not clear which service can best meet their needs.
- Service Improvement Team visits to resume monitoring of care quality and compliance. This resumption of work will be prioritised based on risk.
- Developing new ways of working based on learning from the Covid-19 pandemic and evaluating how our practice has changed and what positive changes have come

Housing

Achievements

- Reducing rough sleeping numbers by 65% year on year in terms of Official Annual Street Count (72 in Nov 2019, 25 in Nov 2020)
- 400+ placed in Emergency Accommodation during Everyone In and 120+ planned moves
- Extremely successful Severe Weather Emergency Protocol (SWEP) provision in Winter 2020/21, with enhanced protocol and very high acceptance levels.
- Early issues with substitute prescribing addressed, helped by various additional grant funding, this included assertive outreach workers.
- Primary Care through the HealthBus was successful in delivering health interventions to those either rough sleeping or in Emergency Accommodation.
- Related to this several COVID-19 vaccination clinics delivering close to 300 combined doses of the 1st and 2nd vaccine to date
- Growth and development of the Homelessness Partnership and related Action Groups and the establishment of the Homelessness Forum.
- Linked to this partnership working, the Homelessness Strategy has been co-produced with the Partnership.



Challenges

- BCP Outreach continue to engage with a small number of people refusing support and accommodation during the pandemic.
- A number of 'organisations' providing food, clothes etc. to people on the street, even at the height of lockdown, and resistant to efforts to bring them into the Partnership to better align with work being done collectively and safely.
- Issues with lack of compliance with COVID-19 rules/social distancing etc, especially during the first lockdown.
- Gaps and delays initially with substitute prescriptions such as Methadone and agreeing processes for sourcing alcohol for alcohol dependent patients.
- Addressing ongoing Workforce Development gaps in safeguarding
- Housing Supply sufficiency - Providing Suitable accommodation for women & adequate bespoke housing supply solutions, both emergency & settled
- Youth Homelessness agenda/care experienced young people preparing for adulthood
- New housing front door implementation

Areas of focus

- COVID-19 planning and minimising the numbers rough sleeping and at most risk including access to medical assistance and vaccinations.
- Partnership working – in terms of the pandemic, wider partnership working and the development and completion of the inaugural BCP Homelessness and Rough Sleeping Strategy and Action Plan
- Workforce development strategy around safeguarding, Multi Agency Risk Management (MARM), Mental Capacity Act, Recording, Multi-Disciplinary Team
- Embedding safeguarding across the homelessness partnership (protocols, safe practices)
- Reducing rough sleeping and conducting future reviews and learning into deaths and near misses of rough sleepers

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

Achievements

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



Challenges

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

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

Areas of focus

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

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

Achievements

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

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

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



Challenges

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

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

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

Areas of focus

Clare's Law disclosures is a significant area of demand for the Police and we are still trying to get the process right. The research, decision to disclose and then managing the disclosure all needs improving in terms of process management and we are making steps to achieve that.

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

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

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

Achievements

During the year there has been promotion of a positive safeguarding culture, achieved through innovation and the use of remote and digital platforms.

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

Opportunities for the forthcoming year are being planned including further transformation of the team, a review and quality assurance assessment of what is currently offered.

Areas of focus

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

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

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

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

Challenges

Undoubtedly, this year has brought unprecedented challenge. The pandemic led to several changes within DHC in a very short time frame, including the successful introduction of remote working.

During the year there was an increase in the number of safeguarding advice calls into the DHC service; this was the result of both an increased awareness amongst staff, and the three periods of lockdown. Analysis of the calls showed that they were primarily around complex case management where the individual had not met the criteria for adult safeguarding, and included complex Domestic Abuse and Self Neglect.

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

The Service has been engaged with the LADO to manage allegations against people who are in a position of trust.

Achievements

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

Challenges

As with partner agencies, the pandemic has impacted on the way the Adult Safeguarding Team has worked; supporting team members to work safely either at work, home or in a repositioned role. To support the changing needs of the Trust the team however remained flexible in their approach, adjusting working patterns to deliver an effective core safeguarding service.

The implementation of a new Bournemouth Christchurch and Poole (BCP) Local Authority front door led to a review of working practices. During this time, the Trust worked closely with the local authority to establish a process that works for both partners and are in the process of establishing a system that will work for all involved. Following national guidance for social workers during the pandemic, social care partners ceased their face-to-face working in the clinical areas, providing their services through off site working communication methods. This created a challenge, with the loss of one-to-one contact, key information was found to be less readily available or consistently fed back to ward staff than it had been pre pandemic.

The requirement to cancel face to face training, due to social distancing legislation and workforce priorities to ensure that safe staffing and the delivery of high-quality care was maintained. Adjusting to a different way of working including, working in Covid Secure environments, use of personal protective equipment for infection control and embracing virtual technology.



Areas of focus

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

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

Strengthening leadership and partnership collaboration

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

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



Challenges

Impact on assessments

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

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

Challenges

Virtual working

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



Direct Commissioning

We have been supporting the national work led by the National Quality Lead Nurse for Health and Justice, regarding safeguarding within the prison estate. A guide to wellbeing & safeguarding support in prisons is due to be published on the NHS Futures platform, and work is ongoing with Health Education England to design safeguarding training specific to prisons. This element of the work will commence in 2021/22 (May 2021).

Our South West NHS Safeguarding Workforce

Some challenges for safeguarding adults with care and support needs remaining for 2021-22

We seek to work collaboratively to improve service pathways for our most vulnerable members of society and their families, particularly children and young people with learning disabilities, special educational needs and disabilities and those who are moving into adult services.

- We have planned a focused piece of work during 2021 to examine the pandemic's impact on children in care and care leavers living in the South West.
- Direct Commissioning are planning to roll out the RESTORE2 to recognise early soft signs of deterioration, both across the health care team and non-clinicians such as prison staff.

Achievements

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

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

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



Challenges

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

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

Areas of focus

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

The National Fire Chiefs Council (NFCC) and Care Quality Commission (CQC) have signed a Memorandum of understanding (MOU) with an overriding objective to reduce fire risks and improve protection for people in receipt of health and social care services, safeguarding the wellbeing of those receiving health and social care. Following fire deaths that have been linked to the use of emollients near ignition risks, we continue to raise awareness on the safe use of emollients. A training package to highlight the risks as well as providing safety information for carers and NHS staff will be used as training opportunity and if possible, raise further awareness via Pharmacies.



Department for Work & Pensions

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

ACSSLs work with a range of external partners within their own geographical area, aligning support for vulnerable customers wherever possible. They have formed a network of robust links within local communities across England, Scotland and Wales that form an integral element of DWP's wider partnership agenda.

Whilst DWP does not have a legal duty to 'safeguard', we absolutely recognise the positive impact that a collaborative approach can have when supporting vulnerable customers. We continue to work across all internal teams and with our external partners to help to provide the support that customers require.



Healthwatch are a SAB partner organisation and we work closely on relevant issues; Healthwatch were involved in the recruitment process of the new Chair.

Our plans for 2021-22

- Continue to support and challenge Board member organisations in their work
- Be flexible as necessary as the pandemic evolves
- Publish updated Procedures
- Update our SAR Policy
- Continue to review the Board Governance to ensure that the Board is run efficiently and maximises opportunities to work together with partners
- Ensure that we are engaging with Providers and the Voluntary and Community Sector. Last year we were unable to host our usual annual Provider Event as providers were busy keeping their residents or people who used their services, as well as their staff, safe. We will look at how we can engage with this group and thank them for all they are doing.

Our Strategic Plan for the coming (and current) year

In 2021/22 with our new Independent Chair we will be refreshing the way we work as two Safeguarding Adults Boards across the BCP area and Dorset.

We will be reviewing our structure and process with the aim to deliver a focused Strategic Plan which is easy to understand for everyone, professionals and citizens. We'll be focused on involving citizens more in the work of the Board. Our Strategic Plan will take into account the challenges which citizens and all partners have been facing in the pandemic.

We've identified early that Transitional Safeguarding and Homelessness are key priority areas and we will be agreeing our other key priorities for the 3-year Strategic Plan at our September 2021 Board.

To find out more about the BCP Safeguarding Adults Board please visit our website bcpsafeguardingadultsboard.com

If you would like to comment on the contents of this report please send your feedback to bcpsafeguardingadultsboard@bcpcouncil.gov.uk