



# SAFEGUARDING ADULT REVIEW CONCERNING

‘Neville’

## OVERVIEW REPORT

Final Version – February 2024

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Supported by: Ged McManus

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## 1. INTRODUCTION

- 1.1 This case is about Neville. On 6 March 2022, Neville was found deceased in his flat. Neville was 53 years old.
- 1.2 Neville had been the subject of exploitation and his home used by others to buy and use controlled substances. Neville was moved by the local authority; however, the exploitation continued.
- 1.3 The police completed a criminal investigation into the circumstances of Neville's death. A male was charged and later convicted at Crown Court of the murder of Neville.
- 1.4 This review will not seek to duplicate other processes that have taken place since the death of Neville.
- 1.5 An inquest into the cause and circumstances of Neville's death is still to be heard. H.M. Coroner is aware that this review has taken place.
- 1.6 All practitioners involved in this review, express their condolences to the family and friends of Neville.

## 2. ESTABLISHING THE SAFEGUARDING ADULT REVIEW

### 2.1 Decision-making

2.1.1 The Care Act 2014 (enacted on 1st April 2015) introduced new responsibilities for local authorities and Safeguarding Adults Boards (SABs). Section 44 of that Act<sup>1</sup> requires an SAB to arrange for a review of a case involving an adult, in its area, with needs for care and support when certain criteria are met.

#### 2.1.2 Discretionary reviews

The statutory guidance to the Care Act (2014) clarifies that SABs are free to arrange Safeguarding Adult Reviews (SARs) in other situations involving an adult, in its area, with needs for care and support:

- The SAB needs to weigh up what type of review will promote effective learning and improvement action to prevent future deaths or serious harm occurring again.
- Can include cases providing useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults.

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<sup>1</sup> The specific requirements placed upon a Safeguarding Board by S44 of the Care Act 2014 are set out in Appendix A.

- Can also be used to explore examples of good practice where this is likely to identify lessons that can be applied to future cases.

Cases not meeting SAR criteria, may be reviewed using other forms of reviews, including reflective workshops and partnership reviews.

2.1.3 On 10 May 2022, a meeting was held between representatives from Hull Safeguarding Adults Board Partnership (HSAPB). The meeting considered information that had been gathered from agencies, following the murder of Neville. It took the view that whilst it appeared that Neville did not have care and support needs, he had, however, been offered support in relation to moving house due to concerns that he was being criminally exploited and his home was being used for selling and using controlled substances, and that despite the move to another part of the city, the same situation had occurred. The question for the panel was: what more could have been done to support an individual who had full capacity, who had refused any other support even though it appeared that he had no care and support needs but none the less was being criminally exploited. The decision by the panel was for a discretionary SAR to be commissioned.

2.1.4 The recognition and assessment as to whether Neville had care and support needs is addressed later in the report.

## 2.2 Chair and Independent Author

2.2.1 Carol Ellwood-Clarke was appointed as the Independent Chair and Author. Carol has a wealth of experience within the safeguarding arena, having previously served for 30 years as a police officer: the majority of her service working was in public protection. In 2017, Carol was awarded the Queens Policing Medal (QPM) for her services to safeguarding and family liaison. Since retirement in 2017, Carol has worked as an independent reviewer, undertaking safeguarding reviews, such as Local Child Safeguarding Practice Reviews, Domestic Homicide Reviews, and Safeguarding Adults Reviews.

2.2.2 Carol was supported in the role by Ged McManus. Ged is an independent practitioner who has chaired and written previous DHRs and Safeguarding Adults Reviews. He has experience as an Independent Chair of a Safeguarding Adult Board (not Hull). He served for over 30 years in different police services in England. Prior to leaving the police service in 2016, he was a Superintendent with particular responsibility for partnerships, including Community Safety Partnership and Safeguarding Boards.

2.2.3 The first of six SAR panel meetings was held on 23 February 2023. There was a delay in the SAR commencing due to the criminal investigation and sourcing of an Independent Chair. Attendance at panel meetings was good, and all members freely contributed to the analysis, thereby ensuring the issues were considered from several perspectives and disciplines. Between meetings, additional work was undertaken via email and telephone.

## 2.3 Safeguarding Adult Review Panel Membership

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2.3.1 The SAR panel comprised representatives from the following organisations and services:

- Hull University Teaching Hospitals NHS Trust
- City Healthcare Partnerships (CHCP)
- Adult Social Care
- Humber & North Yorkshire Integrated Care Board (ICB Hull Place)
- Humberside Police
- National Probation Service
- Housing
- Antisocial Behaviour Team
- Hull Prison
- Changing Futures
- ReNew

2.4 The Safeguarding Review Process

2.4.1 The local process for conducting Safeguarding Adult Reviews is set down in a policies and procedures by Hull Safeguarding Adults Partnership Board.

2.4.2 All agencies involved with Neville were asked to complete a Reflective Learning Document and chronology, including analysis of their agency's involvement against the identified Key Lines of Enquiry.

2.4.3 The Independent Chair provided training to agencies on the completion of the documents.

2.4.4 The purpose of a Safeguarding Adult Review is neither to investigate nor to apportion blame. It is to:

- Establish whether there is any learning from the circumstances of the case about the way in which local professionals and agencies work together to safeguard vulnerable adults;
- Review the effectiveness of procedures of both multi-agency and individual organisations;
- Inform and improve local inter-agency practice;
- Improve practice by acting on learning and developing best practice;

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- Prepare or commission an overview that brings together and analyses the findings of the various reports from agencies in order to make recommendations for future actions.

## 2.4.5 Timeframe Under Review

This SAR covers the period between 11 June 2019 (date of Neville's imprisonment) and 6 March 2022.

## 2.4.6 Key Lines of Enquiry

1. What is your agency's knowledge and awareness of exploitation, and how was this applied when working with Neville?
2. What assessment of Neville's needs did your agency undertake, and did this contribute to any multi-agency analysis and evaluation of assessments and interventions?
3. How did your agency respond to any mental health, or substance misuse issues when engaging with Neville?
4. How did your agency work with other agencies, both voluntary and statutory, to respond to Neville's exploitation?
5. How effective was inter-agency information sharing and co-operation in response to Neville's needs? Was information shared with those agencies who needed it?
6. Were there opportunities to raise a multi-agency 'adult at risk' concern and/or hold a multi-agency meeting to raise concerns about Neville's exploitation?
7. Has there been any changes to your agency's policies, procedures, and/or practice that are relevant for this review?
8. Were there any system pressures, challenges, or barriers within your own agency that affected your ability to provide services to Neville? (Please also consider any impact during the Covid-19 pandemic).
9. What learning have you identified for your agency, and how will this be embedded into practice?
10. Were there any examples of good and/or innovative practice on this case?
11. How did your agency take account of any racial, cultural, linguistic, faith, or other diversity issues, when completing assessments and providing services to Neville? N.B. Responses to this have been used to populate Section 6.

## 2.4.7 The following organisations and services completed written submissions:

- Humber NHS Foundation Trust
- Hull University Teaching Hospitals NHS Trust
- City Healthcare Partnerships (CHCP)
- Humber & North Yorkshire Integrated Care Board (ICB Hull Place)<sup>2</sup>
- Humberside Police
- National Probation Service
- Adult Social Care
- Housing – including Tenancy Sustainment Team
- Antisocial Behaviour Team
- ReNew
- HMP Hull Prison
- Department for Work and Pensions
- Changing Futures – including Rough Sleepers Initiative

2.4.8 A glossary of agencies involved in the SAR has been produced at Appendix A.

## 2.5 Practitioner Event

2.5.1 Agencies were asked to identify practitioners who worked with and/or were involved in providing services and support to Neville.

2.5.2 Information provided by agencies in response to the Key Lines of Enquiry, was used to facilitate a practitioner event. The event drew on their involvement and gathered further analysis and understanding of the case. This has been captured within the report where relevant. A list of practitioners who attended the event is produced at Appendix B.

## 2.6 Involvement of Family Members

2.6.1 On behalf of the Chair, the police delivered a letter to Neville's daughter, who agreed to speak with the Chair. The Chair spoke to Neville's daughter

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in person, and she provided information for the review, which has been included in the report where relevant.

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<sup>2</sup> This included information from GP practices at which Neville was registered: referred to in the report as GP Practice A and GP Practice B.

- 2.6.2 The Chair contacted Neville's brother, inviting him to contribute to the review. Neville's brother had lived with Neville for a short period prior to Neville's murder. Information from this contact is contained within the report where necessary.
- 2.6.3 A draft copy of the report has been shared with Neville's family, who were invited to make comment and further contribution.
- 2.7 Parallel Reviews
- 2.7.1 Humberside Police carried out an investigation into the murder of Neville. [See 1.3].
- 2.7.2 Hull Safeguarding Adults Partnership Board notified H.M. Coroner that a SAR had been commissioned. An inquest had not been held at the time of the conclusion of the SAR.
- 2.7.3 This review will not seek to duplicate or comment on the findings of the parallel reviews.
3. BACKGROUND INFORMATION
- A Pen Picture of Neville
- 3.1 Neville was born in Hull and initially lived in the Hessle Road area. Neville was one of eight siblings: he had four sisters and three brothers. Two of Neville's brothers have passed away. When he was around 7/8 years old, the family moved to the Bransholme estate, Hull. Neville's brother described this move as being good for the family, with many happy memories.
- 3.2 Neville had previously worked in a local restaurant and bar along with other members of his family.
- 3.3 Neville and his partner had three children. The relationship ended due to Neville's substance misuse and lifestyle. Neville would sometimes visit his partner, and his relationship with his children was described by them as being 'on and off'.
- 3.4 At times over the years, Neville had periods of abstinence but always returned to substance misuse. Neville's family were not aware of what had caused Neville to turn to substance misuse. Neville had periods of engagement with drug and alcohol services.
- 3.5 Neville's daughter stated that she moved from Hull to live in London and was not in regular contact with her father during this time. When she returned to Hull, she stated that contact with her father was sporadic. She described that when Neville's father died, she heard that Neville was sleeping rough. She said that she went around the streets looking for him and asking about him. At which point, she was directed to a flat in a high-rise block (near the hospital), where she posted a



message through a door. Neville called her as a result of this message; after which, he called her sporadically, often from different phone numbers.

- 3.6 Between August and October 2021, Neville's brother moved in and lived with Neville. This arrangement lasted about six weeks. Neville's daughter and brother described how this had a stabilising influence. Neville was a lot more positive about life, he was eating well, he had put on weight, and his physical appearance had improved. Furthermore, there was a reduction in the 'visitors' and 'drug users' coming to Neville's house.
- 3.7 On the day that Neville received his Personal Independence Payment (PIP), Neville's brother moved out. Neville received a single payment of £3768.60, followed by a payment of £451 every 4 weeks. Neville's daughter described how her father may have been less able to resist the demands of others at this time. Neville's brother told the Chair that the money Neville had received was 'gone' very quickly, and not long after, he had lost the weight that he had gained.

#### 4. SEQUENCE OF NOTABLE EVENTS

##### 4.1 Introduction

- 4.1.1 During the timescales of this review, Neville had contact with more than 50 health care professionals from City Health Care Partnership. There had also been over 120 contacts generated in response to nuisance and antisocial behaviour related to Neville's tenancy during 2020.
- 4.1.2 The SAR panel was provided with details of all contacts and made the decision to analyse key events during the timescales of the review.
- 4.1.3 Section 4.2 details the key events identified during agencies' contact with Neville. Analysis of these events is covered in Section 5.

##### Events within agreed timescales of the review

##### 4.2 11 June – 31 December 2019

- 4.2.1 On 11 June, Neville was sentenced to 20 weeks' custody. Neville was initially placed in HMP Hull, before a move to HMP Humber. During his time in custody, Neville was encouraged to engage with Shelter to source accommodation upon his release. Neville chose not to engage.
- 4.2.2 On 19 August, Neville was released from custody. The following day, Neville attended an appointment with his probation officer. After this time, Neville's engagement with his probation officer was sporadic.
- 4.2.3 On 28 August, Neville was placed into the Rough Sleeper Assessment Hub, as it was believed that he was rough sleeping and had no alternative accommodation. Neville

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had not been seen rough sleeping prior to this date. An assessment around Neville's housing need was completed, and he was referred to Dock House. Neville moved into Dock House on 12 September.

- 4.2.4 Whilst at the Rough Sleeper Assessment Hub, Neville was seen by the Mental Health Response Service (now Mental Health Crisis Intervention Team). Neville stated that he had not consented to a referral and did not feel that he had any mental health issues. Neville was advised that he could speak to the Mental Health Response Service whenever they visited the Rough Sleeper Assessment Hub, should he choose to do so. No further contact was received from Neville.
- 4.2.5 Neville was referred to ReNew and was seen for a face-to-face appointment on 30 August. Neville reported that since his release from prison, he had been taking 'Spice'<sup>3</sup>, pregabalin<sup>4</sup>, and diazepam<sup>5</sup>, which he self-funded. During this contact, Neville stated that he felt that he was being singled out and excluded, citing that he did not get what he wanted from the doctors and that this was probably because he was black. This was a reoccurring view that the Review Panel saw in agencies' records after this date. The Chair asked Neville's daughter about these comments, and she stated that this would be something that her father would say, and that to her knowledge, there was no prejudice towards her father from agencies because of his ethnicity.
- 4.2.6 On 1 September, Neville was conveyed to hospital by ambulance. Concerns had been raised that Neville had maggots in his leg wounds. Neville was checked into the Emergency Department triage system but left before further treatment could be provided. Details of this incident were shared with GP Practice A.

<sup>3</sup> <https://www.nhsinform.scot/healthy-living/drugs-and-drug-use/common-drugs/synthetic-cannabinoids-spice> Synthetic cannabinoids are lab-made drugs. Spice is a nickname for a substance containing one or more synthetic cannabinoids. Synthetic cannabinoids were originally designed to mimic the effects of cannabis. However, they are much more harmful and unpredictable than cannabis.

<sup>4</sup>

<https://www.nhs.uk/medicines/pregabalin/#:~:text=Pregabalin%20is%20used%20to%20treat,electrical%20activity%20in%20the%20brain>

Pregabalin is used to treat epilepsy and anxiety.

<sup>5</sup> <https://www.nhs.uk/medicines/diazepam/>

Diazepam belongs to a group of medicines called benzodiazepines. It's used to treat anxiety, muscle spasms, and seizures or fits. It's also used in hospital to reduce alcohol withdrawal symptoms, such as sweating or difficulty sleeping.

- 4.2.7 The following day, Neville was seen by a keyworker from ReNew. Neville stated that he needed to be on prescribed treatment (methadone) and that he had been taking opiate tablets including pregabalin, as well as 'Spice'. An appointment was arranged for Neville to have a medical review with a doctor from ReNew. Neville denied that his wounds were infected with maggots. He stated that he was experiencing a lot of pain, that he had abscesses and ulcers that were infected on his legs, and that his walking was affected from a previous break to his pelvis.

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- 4.2.8 On 5 September, Neville attended a medical review with a doctor from ReNew. Neville tested positive for morphine<sup>3</sup>, cocaine<sup>4</sup>, and benzodiazepines. Neville was supported to see a GP, who confirmed that his leg wounds were not infected. A referral was made for wound care and physiotherapy.
- 4.2.9 On 17 September, Neville was sent a final warning letter from his probation officer due to his lack of engagement. The letter was sent to Dock House.
- 4.2.10 On 26 September, Neville was named as a suspect in an attempted theft of a mobile phone. CCTV footage had captured a male approach a female in the street and attempt to take her phone. The female was seen by the police and stated that they did not wish to pursue the matter further.
- 4.2.11 At the end of September, Neville was seen by his probation officer. Neville was reluctant to engage and stated that he did not want any support. Details of his next appointment were provided.
- 4.2.12 On 7 October, discussions were held with Neville – by his keyworker from ReNew and the Manager from Dock House Manager – around Neville starting a methadone prescription. It was agreed to allow Neville time to consider this option.
- 4.2.13 On 17 October, Neville was seen by a doctor from ReNew. During this contact, it was documented that Neville planned to attend Narcotics Anonymous.
- 4.2.14 On 21 October, Neville's probation officer discussed his case with a senior probation officer, as Neville had not been attending appointments and consideration was being given to progress his non-engagement through a prison recall. The following day, Neville attended a meeting with his probation officer and keyworker from ReNew. The meeting focussed on Neville's engagement and planning treatment. Neville was now on a methadone prescription.
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- 4.2.15 In November, Neville was referred to P3<sup>5</sup> by his probation officer; however, when initially contacted, Neville declined support. During November, similar offers of support were provided to Neville by his probation officer, which included support to contact a GP and ReNew. All of these were declined by Neville. Neville had some contact with district nurses for wound care during November. These contacts were not consistent, as Neville would often miss appointments. Furthermore, when he was

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<sup>3</sup> <https://www.nhs.uk/medicines/morphine/>

<sup>4</sup> <https://www.nhsinform.scot/healthy-living/drugs-and-drug-use/common-drugs/cocaine>

<sup>5</sup> <https://www.p3charity.org/>

seen, he stated that he was selfcaring his wounds. The Review Panel saw that this was a recurring theme of contact during the timescales of the review.

4.2.16 On 20 November, Neville was seen at Dock House by a GP from GP Practice A. This contact was made following a request from the Community Nursing Team, as Neville had a lump in his jaw, neck swelling, and leg ulcers, which required further investigation. Neville requested pain relief. Neville was informed that the GP was to discuss this further with a senior GP due to Neville's drug use. Neville disengaged with the GP when medication was not prescribed.

4.2.17 By early December, Neville was engaging with P3, who were supporting him to attend GP appointments. Discussions were taking place between Neville's probation officer and ReNew – to seek his re-engagement. Neville did not attend an appointment with a GP.

4.3 1 January – 31 December 2020

4.3.1 On 3 January, Neville was sent a warning letter by his probation officer due to his lack of engagement, and six days later (9 January), an action plan was initiated: this focussed on Neville's engagement and welfare.

4.3.2 On 7 January, Neville contacted ReNew seeking help. During this contact, Neville stated that he was now taking dihydrocodeine<sup>6</sup> and 'Spice', which were being supplied by 'dealers'. Neville was seen by a doctor from ReNew and was re-commenced on a methadone prescription.

4.3.3 On 24 February, Neville was granted tenancy of a flat at Great Thornton Street, Hull. Neville moved into this property around the middle of March, shortly before the Covid-19 pandemic restrictions were imposed by the Government.

4.3.4 At the beginning of March, Neville was arrested by the police following an incident at Dock House, during which Neville assaulted two members of staff. After his arrest, Neville was searched by the police and found to have four

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bags of green herbal substance and a quantity of diazepam. Neville did not return to live at Dock House and moved into his flat towards the middle of March.

4.3.5 The Community Nursing Team were not aware that Neville had left Dock House, and throughout March and April, several attempts were made to reengage Neville with the Community Nursing Team in order to treat his leg ulcers. Neville was encouraged by professionals to attend hospital in the interim period, but he did not attend. Neville agreed to be seen by the Community Nursing Team at the end of April.

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<sup>6</sup> <https://www.nhs.uk/medicines/dihydrocodeine/>

Dihydrocodeine is an opioid painkiller. It's used to treat moderate to severe pain, such as after an operation or a serious injury.

- 4.3.6 Between March and May, the majority of contact with Neville was via telephone. Neville reported that he was struggling financially and was in arrears with his rent. Neville did not attend appointments with a GP during March and May, and a letter was sent by the GP to Neville. By the end of May, Neville had started to engage with the Community Nursing Team for wound care. Neville's engagement and behaviour towards the Community Nursing Team changed over the following months; Neville was often aggressive, declined treatment, and stated that he would manage the care of the ulcers himself.
- 4.3.7 On 11 June, Neville was stopped and searched by the police. Neville was found to be in possession of a large amount of a green substance. This was later identified as 'Spice'. Neville was interviewed by the police. Neville denied that he was supplying drugs. Neville was later charged with possession of a controlled drug (Class B). Two days after this incident, damage was caused to the windows of Neville's flat: the suspect/s for this offence were not identified.
- 4.3.8 Towards the middle of June, Housing began to receive complaints about visitors to Neville's flat. The visitors were seen on the landings and communal areas to be injecting drugs, defecating, and writing on the walls in blood. Furthermore, there were indications of drugs being smoked within Neville's property. One of the visitors had been rude and abusive to a Housing facilities officer. Details of the complaints were sent to the Antisocial Behaviour Team. A letter was sent to Neville, which highlighted that the behaviour was totally unacceptable and in breach of the Introductory Tenancy Agreement.
- 4.3.9 On 26 July, Neville was arrested and charged with theft from a shop.
- 4.3.10 On 30 July, due to ongoing complaints from neighbours, Neville was interviewed at his flat by an Antisocial Behaviour Team officer and a tenancy officer. Neville stated that he was struggling with the flat due to his poor health, illness, anxiety, depression, and his legs (which were covered in ulcers). During the visit, it was established that the electricity meter inside the flat had been tampered with. The Antisocial Behaviour Team officer recorded that they felt that Neville was not appropriately housed, mainly due to his mobility issues and vulnerability.
- 4.3.11 During August, Neville's behaviour towards the Community Nursing Team began to raise concerns. At times, Neville was verbally abusive. There were often other people in the flat, sleeping on the settee. Also, on one occasion when a nurse attended the flat, it was found unlocked with an unknown male inside asleep. The Community Nursing Team raised their concerns within their own organisation and were advised to send a 'zero-tolerance' letter to Neville and arrange a multidisciplinary team meeting to discuss future care provisions.

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- 4.3.12 On 13 August, Neville's probation officer had a case discussion with a senior probation officer. It was agreed to send Neville a warning letter due to his behaviour and initiate breach proceedings; however, the latter was withdrawn six days later because Neville was no longer subject to licence conditions.
- 4.3.13 On 13 August, a tenancy officer emailed and telephoned Adult Social Care about Neville. The tenancy officer stated that Neville was vulnerable and had physical difficulties, with only the support of a probation officer. The email requested consideration of a direct let to support rehousing – with an occupational therapy assessment to be carried out to assess which type of property Neville could be moved to.
- 4.3.14 Four days later, Adult Social Care contacted Neville via telephone. Neville described that he had broken his hip two years earlier, had ulcers on his legs, and that he currently lived in a 12<sup>th</sup> floor flat. Neville provided information about his mobility and ability to care for himself in terms of washing, bathing, and feeding. After this telephone call, Adult Social Care informed the tenancy officer that they would support a 'like for like' move (all one level), level access for wheelchair, and if not on a ground floor, then lift access would be needed. The request for consideration of a direct let was sent to Housing. Neville was not seen in person by Adult Social Care due to restrictions in place from the Covid-19 pandemic.
- 4.3.15 On 20 August, a community nurse sent a task to Neville's GP at GP Practice A. The task requested the GP attendance at a multidisciplinary team meeting due to Neville's aggression and failed visits. The task was assigned to a GP, who recorded that Neville was able to understand his behaviour and responsibilities and that services could be withdrawn due to his behaviour. The task was reassigned to the practice manager to advise the community nurse of the GP's response. There is no recorded evidence on SystmOne which supported that the practice manager contacted the community nurses or that any feedback was shared via the practice manager. There was no record that any agency called a multidisciplinary team meeting at this time. The Community Nursing Team also raised their concerns to ReNew.
- 4.3.16 On 26 August, the Antisocial Behaviour Team received further complaints connected to Neville's flat, which included a report of a fight and a lot of visitors with sleeping bags. The Antisocial Behaviour Team submitted a letter in support of a direct let.
- 4.3.17 Throughout September and October, the Community Nursing Team continued to visit Neville for wound care. It was noted that there were lots of other people present in the flat during some of these visits. These people were described as 'under the influence' of something. The community nurse left a message in the nurse tasks that read: 'Unsure if you are aware, but each time Nurse visits, unknown males are in the home'.

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- 4.3.18 On 1 October, Neville was arrested by the police. Whilst being searched, three large pouches of a green herbal substance were found wrapped in Neville's ulcerated bandages on his leg.
- 4.3.19 On 6 October, a Housing team manager telephoned Neville and discussed locations for his direct let. It was documented that Neville agreed to a number of locations within Hull, including Bransholme.
- 4.3.20 On 12 October, it was recorded on the GP records (at GP Practice A) that a task was sent by a community nurse, which was flagged as urgent for attendance at a multidisciplinary team meeting. There was no record of a meeting being completed at this time. The community nurse had requested, via the Clinical Case Manager, that a multidisciplinary team meeting with the GP would be required due to Neville's non-attendance.
- 4.3.21 On 14 October, Neville was interviewed at his flat by an Antisocial Behaviour Team officer in relation to reports that Neville had been knocking on other residents' doors and begging. Neville stated that he was desperate to move out of the property.
- 4.3.22 On 27 October, the Community Nursing Team sent a task to GP Practice A, which requested the GP attendance at a multidisciplinary team meeting. Records stated that the GP requested a virtual link for the meeting due to their availability and that the practice manager would send an update on GP involvement. There is no record of the GP/practice manager communicating with the community nurse on this date. Furthermore, there is no record of a meeting being held or updates sent.
- 4.3.23 On 30 October, a keyworker from ReNew telephoned Neville. During the call, Neville stated that his benefits had been paid into a 'dealers' bank account, and he could not contact the person. The keyworker arranged for Neville to be provided with food parcels and supported Neville to open a new bank account.
- 4.3.24 On 6 November, the keyworker from ReNew sent an email to the Homeless Pathways nurse at Hull Royal Infirmary, asking for help to contact a doctor from GP Practice A so that they could be invited to a multidisciplinary team meeting about Neville. The email stated that three previous tasks had been dismissed by the GP practice. The email detailed: 'When I call the surgery number I never get through. Do you have a special number or email please'. The Review Panel has been unable to access this email or further information on this incident.
- 4.3.25 On 3 December, Neville agreed to a move to another property in Bransholme.
- 4.3.26 On 8 December, a Vulnerable Adults Risk Management (VARM)<sup>7</sup> meeting was held. The meeting was attended by ReNew, Housing, Antisocial Behaviour Team, and Community Nursing Team. The following actions were raised:

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<sup>7</sup> <https://www.hull.gov.uk/support-adults/safeguarding/vulnerable-adults-risk-management-meeting>

- Continue to monitor Neville's health, mental health, and nutritional needs.
- ReNew to continue to assess safeguarding risks between him and individuals accessing the property and share information with relevant professionals to discuss escalation procedures, if appropriate, between now and the direct let.
- Housing to put forward referral through to See and Solve for his unmet needs.
- ReNew to chase up with Neville's GP.
- ReNew and Antisocial Behaviour Team to home visit Neville to set out boundaries with him. Property to be vacated before they enter due to risk. (ReNew and Antisocial Behaviour Team arrange a date/time for this).
- Riverside to chase up referral for tenancy sustainment officer support.
- All agencies to ensure risk assessments are up-to-date and coordinated regarding entering the property.

A further meeting was to be arranged for January 2021.

4.3.27 On 9 December, a Housing tenancy officer sent an email to Adult Social Care (See and Solve), which detailed the information shared in the VARM and requested contact be made with Neville to discuss what services could be provided to Neville.

4.3.28 On 17 December, a social care support officer telephoned Neville. During the telephone call, the following areas were discussed with Neville:

- Mobility
- Washing and dressing
- Meals

- 
- Cleaning, laundry, and shopping.

Neville provided information, which included that he had a friend who helped with his shopping and cleaning and that he was going to view a property on Bransholme the following month. Neville declined any offer of support but agreed for a referral to help him with his benefit claims. Neville was advised to ask his GP to undertake a mobility assessment. The case was subsequently closed.

4.3.29 On 19 December, the Chair from the VARM emailed GP Practice A. The email requested an urgent review of Neville's physical and emotional health and contact details of a suitable representative to attend the next VARM.

4.4 1 January 2021 – 26 October 2021

4.4.1 On 7 January, a VARM was held. Information was provided on the outcome of the actions from the meeting on 8 December, which included that contact with the GP practice had been unsuccessful. Information was shared that Neville's door had been

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damaged, which was caused when he was trying to prevent people coming inside. The following actions were raised:

- ReNew to chase up GP regarding pain medication and reassessment.
- Housing to chase up referral sent to See and Solve and feedback to partnership.
- ReNew to gain further information regarding recent incident and Neville's wishes and feelings; assess risk of further abuse and safety planning. To consider safeguarding adult referral.
- Antisocial Behaviour Team to ensure steel door is removed and is changed to health and safety compliant alternative.
- Housing looking at white goods referrals once a move date is agreed.

GP Practice A had no record in the medical notes of the requests that had been made to attend the VARM.

4.4.2 On 14 January, during a home visit by the Community Nursing Team, Neville was seen to have a lump on the side of his neck. Neville stated that he believed this to be cancer. Neville was advised to see a GP, but he declined. In a visit later in the month, Neville consented for the nurse to obtain a blood sample, for a photograph of the lump, and to discuss with a GP at GP Practice A. An appointment was arranged for Neville to attend at the Maxillofacial Unit.

4.4.3 On 15 January, a community nurse telephoned Adult Social Care safeguarding team and spoke to a safeguarding officer. The community nurse spoke about concerns for Neville: these included Neville's ulcers, his lifestyle, and selfneglect in relation to Neville's hygiene and living conditions. It was documented that agencies were working with Neville, and that he had capacity. The following actions were raised:

- Community nurse to revisit Neville with senior nurse to discuss their concerns.
- Community nurse to assess capacity with Neville to ensure that he has capacity and for this to be recorded each time.
- Community nurse to arrange professionals' meeting with all professionals – invitation will be sent to safeguarding team for their attendance to support the meeting.
- Community nurse to have discussion with Neville regarding mental health referral.

There was no record that a discussion was held with Neville regarding a mental health referral. A professionals' meeting was not arranged by the Community Nursing Team; however, later entries documented that a VARM was held on 22 February.

4.4.4 On 22 January, the Chair of the VARM, emailed GP Practice A to progress outstanding actions and engagement in the VARM, as responses to previous contact had been unsuccessful. No contact was received. There was no documentation on the GP record for these contacts.

- 4.4.5 On 26 January, a VARM was held. The meeting reviewed the actions from the meeting held on 7 January. The meeting heard that contact with GP Practice A had still been unsuccessful. Also, See and Solve had contacted Neville, but he had declined support. The following actions were raised:
- VARM Chair to escalate with Safeguarding Adults Board regarding GP attendance/response.
  - ReNew to have a conversation around GP transfer – ringing after VARM.
  - ReNew to speak to Neville about his decision to decline support from See and Solve.
  - Chair to update and chase appointment with Ear, Nose and Throat department.
  - Housing to update when keys are ready for potential viewing.
  - Further meeting prior to Neville’s move. Professionals who will be taking over care involvement (due to move) to be invited.

There was no record that the matter had been escalated to the Safeguarding Adults Board. Had this been escalated, then the Named GP for safeguarding (ICB Hull Place) could have supported with this request.

- 4.4.6 On 6 February, Neville contacted the police because he had been assaulted by an unidentified male in his flat. The male had also damaged Neville’s property. Neville declined to provide the police with further information, and the case was closed.
- 4.4.7 On 8 February, Neville told a community nurse that his home had been ‘trashed’ over the weekend, and he had been assaulted. Neville had bruising to his left eye. The community nurse discussed Neville’s pending home move, and he stated: ‘looking forward to it, getting away from people and situations’.
- 4.4.8 On 10 February, Neville was supported by ReNew to visit a property in Bransholme. On 15 February, Neville agreed to the tenancy of the property. Neville was supported in moving into this property over the following days.
- 4.4.9 On 17 February, a community nurse telephoned North Community Nursing Team to inform them of Neville’s change of address, and that a VARM was planned for 22 February. The community nurse requested a call back so that a handover could be completed of Neville’s care. It was documented in records that it was unclear as to who the lead agency for the VARM was. The handover was completed later that day.
- 4.4.10 On 22 February, a VARM was held. The meeting heard updates since the last VARM and raised the following actions:
- ReNew to support Neville with change of GP.
  - Housing to complete white goods application, including washing machine.
  - Colleagues to continue communication via email thread.

There were conflicting dates in agencies' records of the dates of multi-agency meetings prior to this date. CHCP did not attend this meeting.

4.4.11 On 26 February, Neville was stopped by security guards in a shop, having been seen to steal food items. The items were removed from Neville's bag, and he left the store. The following day, Neville was seen to urinate outside a property. The owner of the property flagged down a passing police car and reported the matter. The incident was dealt with by means of community resolution.

4.4.12 Throughout March, Neville had contact with North Community Nursing Team. Neville's engagement was sporadic; he did not attend some appointments and attempts to contact him were unsuccessful at times, as Neville did not always answer his phone or respond to messages left.

4.4.13 On 2 March, Neville registered with GP Practice B. The same day, Neville was detained by security guards for stealing items from a shop. Arrangements were made for Neville to attend at a local police station the following day – to be interviewed by the police. The police officer telephoned the out-of-hours Adult Social Care and stated:

'Neville has been caught shop lifting today in Bransholme Centre and it appears he is stealing to eat as he has no food gas or electric, Police are concerned he is vulnerable and could be a target for cuckoo if he is not helped, can anyone help him out tonight with food and gas'. Neville's mobile number was provided.

4.4.14 The out-of-hours Adult Social Care telephoned Neville. During the conversation, Neville stated that he had recently moved in, that he had just been paid, but that he had spent his money paying off debts and did not get paid until the end of March. Neville stated that he had electric but no gas, as it had run out. Neville was advised to ring his provider to seek emergency credit. The out-of-hours worker sourced some food, which they delivered to Neville's property that night. Neville was advised that matters would be followed up with the social work team.

4.4.15 On 3 March, Neville telephoned ReNew and reported that he had been assaulted. Neville did not name who was responsible. Neville requested a methadone prescription, and he was advised to attend a local clinic to provide a urine sample and for his injuries to be assessed. Neville ended the phone call.

4.4.16 Later that day, Neville attended at the police station to be interviewed for the offence of theft. Neville was seen to have facial injuries and told the police that he had been assaulted with a hammer by an unidentified male. Whilst at the police station, damage was caused to the windows at Neville's property. The police notified Housing (via email) of Neville's arrest and problems at Neville's new address. The police took Neville to an Urgent Treatment Centre. Neville refused a full assessment and left with the police. Whilst at the police station, Neville was arrested by the police and charged

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with an offence of theft. Neville was kept in custody, to appear at court the following day.

4.4.17 On 5 March, a VARM was held. The meeting documented that the last VARM had been held on 22 January (this was incorrect). The meeting discussed Neville's move to Bransholme and the assault and damage at this property. The following actions were raised:

- Neville to be seen and encouraged to restart with ReNew.
- Windows to be repaired.
- Discuss with Neville, his wishes and feelings on where he wanted to live, and safeguarding adults' intervention.
- Discussion about housing.

4.4.18 On 5 March, a social worker telephoned Neville to discuss the contact from the police on 2 March. Neville was with a police officer at the time of the call. The police officer provided the social worker with information – which included that Neville required a social work assessment – and asked that they be contacted to support Neville. The original contact was reassigned to Active Recovery Team<sup>8</sup>.

4.4.19 On 6 March, a social worker from Active Recovery Team telephoned the police officer, who provided additional information and concerns around Neville, including Neville's mobility, benefit payments, and that a VARM had been held the previous day following Neville having been assaulted. The meeting had been held to 'establish a better location for Neville to live in'. After this phone call, the social worker undertook a home visit to see Neville. It was documented that Neville's brother was present during the visit. The social worker explained to Neville that the visit was to discuss and assess Neville's care and support needs, as concerns had been raised regarding vulnerability, mobility, and him requiring general support. The meeting gathered detailed information about Neville and concluded that the social worker would discuss the case with See and Solve and community support services – to refer Neville for support. Neville agreed for the outcome to be discussed with the police.

4.4.20 On 8 March, the social worker from Active Recovery Team discussed the case with a senior social worker. The social worker was advised to complete an SPOC form to request housing support for Neville and then for the case to be closed. The review was provided with a copy of the SPOC form, which documented the following support required by Neville from Housing:

- Housing support to report and deal with repairs to property.
- White goods.

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<sup>8</sup> <https://hull.connecttosupport.org/hull-adult-social-care/help-when-you-need-it/active-recovery-team/>

- Budgeting/benefits/debt.
- Local Relationships

4.4.21 On 9 March, Neville was seen at home by Housing officers, who supported him in financial matters including an application for Personal Independence Payment (PIP). This was later awarded to Neville in November 2021.

4.4.22 On 9 March, Adult Social Care safeguarding team received a vulnerable adult form from the police. This form had been completed by the police officer who had had contact with Neville on 2/3 March. It stated: 'A Vulnerable adults meeting was conducted for Neville with housing and council, and we are trying to get Neville moved to a safer area'. The form provided further concerns raised by the police officer. The outcome was recorded as: 'Concern to be logged for information, a full assessment has been completed by Active Recovery Team, action plan identified. Active Recovery Team and See and Solve to be notified into diary note. Safeguarding eligibility reviewed by decision maker'.

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4.4.23 On 10 March, a social worker from Active Recovery Team emailed an SPOC referral to Housing – for support for Neville in relation to him maintaining his tenancy. Neville was informed by telephone that the referral had been made.

4.4.24 On 11 March, during a telephone call with ReNew, Neville requested medication. He stated that he was buying medication off the street, and that he was getting into fights and was being beaten up every time he went out. Neville asked for his prescriptions to be sent to a specific chemist. ReNew discussed with Neville, the current treatment plan and agreed for a change around his prescription distribution.

4.4.25 On 19 March, Neville telephoned the social worker from Active Recovery Team. Neville stated that he had called because he needed someone to talk to, as he felt low, and that he wanted to talk to someone he knew and liked. Neville was reminded of the agencies who were working with him – ReNew and Housing – and was provided with a contact number for the mental health team. The social worker discussed with Neville, his hopes and dreams. He stated that: 'he would like to rebuild his life and rebuild and maintain relationships with his family and friends that have been fractured over the years that Neville has had a substance misuse issue'.

4.4.26 On 6 April, Neville telephoned the North Community Nursing Team and requested an appointment. Neville was informed that he had been discharged from the service, and that he needed to contact his GP for ongoing care. Furthermore, that a multidisciplinary team meeting would need to be held prior to him returning to the Community Nursing Team. The North Community Nursing Team received a call from GP Practice B and were informed that due to Neville's lack of co-operation and persistent nonattendance, the GP and Neville had been informed in writing of the

discharge. Following this contact, a letter was sent to Neville and GP Practice B, which stated that if Neville failed to attend future appointments, he would be removed from the service for 12 months, and a multidisciplinary team meeting would be required. Subsequent appointments throughout April and May were attended by Neville.

- 4.4.27 On 10 June, Neville did not attend an appointment with North Community Nursing Team. This resulted in a final letter being sent to Neville and GP Practice B, as per their policy: 'Management of Patients Who Are Late/ Did Not Attend (DNA) Appointment and Failed Home Visits Integrated Nursing Conditions Team Hull and East Riding Guidance'.
- 4.4.28 On 16 June, Neville was seen at home by ReNew. This was the first home visit by his worker since his move. This visit prompted contact with Housing regarding maintenance matters.
- 4.4.29 On 17 June, GP Practice B telephoned North Community Nursing Team to refer Neville back to treatment, but they were advised that a multidisciplinary team meeting was required before Neville would be accepted back. This meeting was arranged for 22 June 2021 but later cancelled – there was no record as to why the meeting had been cancelled. A new meeting was arranged for 29 June 2021, at which Neville was present.
- 4.4.30 On 23 June, ReNew contacted Housing due to a report that damage had been caused to Neville's door. This was reported as being 'kicked in' by friends.
- 4.4.31 On 25 June, a joint home visit was undertaken between ReNew and Housing to see Neville: this was to complete his PIP application. Neville refused to engage with the Housing officer, and arrangements were made for ReNew to progress the application.
- 4.4.32 On 26 June, Neville was recommenced on a methadone prescription.
- 4.4.33 On 28 June, the following is documented by Neville's ReNew worker: 'Neville is not managing with his tenancy, benefits still not in place and struggling with dealing with finances. Support with benefits tomorrow. SPOC referral for a different type of tenancy support'.
- 4.4.34 On 29 June 2021, a multidisciplinary team meeting was held. The meeting discussed missed appointments – Neville stated that he never received any of the letters sent and that he wanted to attend appointments but was having a hard time. Neville was informed about the process and that if he did not attend three appointments, he would receive letters after each missed appointment. An appointment was arranged for the following day, to which Neville agreed to attend. Neville did not attend.
- 4.4.35 Throughout July, Neville had sporadic contact with North Community Nursing Team. Neville was sent a letter after failing to attend one appointment.

- 4.4.36 On 18 July, Neville reported to the police that windows had been damaged at his home. Neville did not know who had been responsible.
- 4.4.37 On 20 July, Neville had a telephone call with ReNew. Neville spoke about a delay in receiving treatment for his legs to be dressed and cited that it was because he was black. This was discussed with Neville, and he was advised to take some personal responsibility for the situations. At this point, Neville was recorded as being very argumentative before becoming emotional and upset.
- 4.4.38 On 4 August, the North Community Nursing Team sent a discharge letter to Neville.
- 4.4.39 On 9 August, a home visit was undertaken by ReNew. There was evidence of drug use in the property. The ReNew worker telephoned GP Practice B and stated: 'Very concerned about him as she knows he is vulnerable adult. He has people entering his home and taking his money, food and telephone. Police are involved. She attends his home. He has again been discharged from treatment room for not attending. Asking if we can treat leg ulcers for the moment with dressings and she will get Bevan nurses to go in. He is losing weight, memory poor. She is concerned as so vulnerable. Police are supporting too'. It was agreed to obtain the dressing on prescription, and arrangements were made to take these to Neville.
- 4.4.40 On 11 August, Neville telephoned ReNew. During the telephone call, Neville spoke about not wanting to be here anymore and wanting to be with his mother (deceased). Neville's conversation raised concerns, and a request was made for the police to undertake a welfare check. The police advised ReNew to telephone for an ambulance, which they did.
- 4.4.41 On 13 August, a home visit was undertaken to Neville by a ReNew worker and manager. A male was in the property, who was reported to be under the influence of substances, and there was drug paraphernalia around the room, including a small gas ampule, tablet wrappers, and evidence of 'Spice' use. Neville was under the influence of substance use. Other people arrived during the visit, and the ReNew worker and manager left the property. After this visit, it was documented that a telephone call was made to refer Neville to Making Every Adult Matter (MEAM)<sup>9</sup>, and it was agreed that Neville would be taken to the next operations meeting. ReNew submitted a referral to MEAM; however, the referral was not progressed because MEAM had reached capacity and were unable to take on new cases.
- 4.4.42 On 16 August, Neville reported to the police that two males had damaged his door. Neville declined to provide details or provide a statement.

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<sup>9</sup> <https://www.hull.gov.uk/housing/homelessness/making-every-adult-matter-meam-referral>

4.4.43 On 19 August, a multidisciplinary team meeting was held between ReNew, Hull City Council, mental health team, and the police. The review has been unable to source any minutes from this meeting.

4.4.44 Around 20 August, Neville's brother moved into his property.

4.4.45 On 28 October, Neville was awarded PIP, and on 3 November, he was paid arrears of £3768.60. From this point, he was then paid £451 every four weeks. Neville's brother moved out of Neville's home at this time.

4.4.46 On 16 and 17 November, Neville had contact during a home visit and telephone call with ReNew respectively. Neville reported a continued reduction in drug use.

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4.4.47 On 18 December, Neville was named as a suspect in a robbery, whereby a female had been approached and had had a box of diazepam taken from her jacket pocket. No further action was taken.

4.5 1 January – 6 March 2022

4.5.1 On 19 January, Neville failed to attend an appointment in relation to his Universal Credit. A decision was made to input a sanction on his claim. Attempts were made to contact Neville, but no answer or reply was received. On 24 January, Neville received his last payment of Universal Credit.

4.5.2 On 9 February, Neville was identified as a suspect in a theft of property from a shop. The goods were recovered by the store, and no further action was taken.

4.5.3 On 20 February, Neville did not attend a pre-booked appointment at GP Practice B. Neville did not respond to telephone calls and messages left.

4.5.4 On 21 February, a Housing officer visited Neville at his property. Whilst there, two males were seen inside, both of whom were smoking drugs. A further two males arrived prior to the Housing officer leaving. Records of this visit stated that the property was being used as a drugs den. This was the last visit by a Housing officer before Neville's murder.

4.5.5 On 23 February, Neville had a medical review at ReNew. A drug screen was undertaken, which tested positive for morphine, cocaine, methadone, and benzodiazepine. It was documented that Neville had exited prescribing treatment six weeks ago. Advice was given to Neville that included harm reduction, changes in tolerance, and risks of overdose were discussed. Neville was described as gaunt and



emaciated and somewhat slurred in speech, but no obvious acute intoxication nor withdrawal features were evident.

4.5.6 On 6 March, Neville was murdered.

## 5. ANALYSIS USING KEY LINES OF ENQUIRY

5.1 What is your agency's knowledge and awareness of exploitation, and how was this applied when working with Neville?

5.1.1 The Review Panel considered agencies' knowledge and awareness of exploitation and 'cuckooing' whilst analysing this section. The Review Panel recognised that there are several definitions for the term 'cuckooing', and in the absence of a policy/guidance document in Hull Safeguarding Adults Partnership Board<sup>13</sup>, the Review Panel followed the definition used by His Majesty's Inspectorate of Constabulary and Fire and Rescue Service (HMICFRS)<sup>14</sup> to analyse this section:

'A tactic where a drug dealer (or network) takes over a vulnerable person's home to prepare, store or deal drugs. It is commonly associated with exploitation and violence'.

5.1.2 There were agencies involved in this review who had no knowledge of any exploitation. This was due to the nature of their contact with Neville – i.e., Hull University Teaching Hospitals NHS Trust and Humber NHS Foundation, who both had limited contact with Neville for presenting health issues.

5.1.3 Neville was managed throughout this period by the former Humberside, Lincs and North Yorkshire Community Rehabilitation Company (CRC). There was no evidence to suggest that Neville was a victim of exploitation recorded on any assessments, contact logs, or contacts with partnerships agencies. Within the OASys assessment, it was recorded that Neville had disclosed that he was easily led and that he had been influenced by others in some of his previous offences; however, Neville did not

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disclose who he had been influenced by. All visits were undertaken either face to face in an office or via telephone. No home visits were completed.

- 5.1.4 There were several indicators of exploitation during the time Neville was living at Great Thornton Street. Neville moved into this property in March 2020. The indicators included complaints to Housing and Antisocial Behaviour Team in relation to the number of visitors to his property and their actions in communal areas. Neville was issued with warning letters and interviewed on three occasions by the Antisocial Behaviour Team.
- 5.1.5 The Community Nursing Team were presented with unidentified males, often under the influence of substances, when visiting Neville. This resulted in Neville being issued with a ‘zero-tolerance’ letter, and visits being undertaken in pairs. Whilst the Community Nursing Team were clinically driven, the panel member from CHCP identified that there was, at times, a lack of professional

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<sup>13</sup> <https://www.hullapp.co.uk/safeguarding-adults-procedures/>

<sup>14</sup>

<https://www.justiceinspectorates.gov.uk/hmicfrs/glossary/cuckooing/#:~:text=A%20tactic%20where%20a%20drug,associated%20with%20exploitation%20and%20violence.>

curiosity during home and treatment room reviews/assessments of Neville, as there was no questioning of who the unidentified males were that were present in Neville’s home.

- 5.1.6 The Review Panel discussed the potential lack of professional curiosity and recognised that the working conditions in which the Community Nursing Team were working, could have created staff to fear for their personal safety. In addition, there were a large number of nurses involved in the case, with no consistent worker. Furthermore, during the Covid-19 pandemic, staff were brought in from other areas to support the Community Nursing Team. All of these factors created a situation that prevented a rapport being established with Neville.
- 5.1.7 The police had received intelligence reports around antisocial behaviour and people using and dealing drugs from Neville’s address in 2020 and 2021. There were concerns within these intelligence reports around money laundering, Neville being the beneficiary of fraudulent funds, and also Neville dealing drugs and having juveniles as ‘runners’.
- 5.1.8 The police informed the review that the Neighbourhood Policing Team engaged with Neville whilst he lived at Great Thornton Street – conducting warrants and ‘cuckooing’ visits. A ‘beat plan’ had been put in place; however, details were not recorded on police IT systems. Consideration had been given around issuing a closure notice<sup>10</sup>, in accordance with Crime and Policing Act, but it was deemed that the criteria had not been met. A closure notice prohibits access to the premises for the

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<sup>10</sup> <https://www.legislation.gov.uk/ukpga/2014/12/part/4/chapter/3/crossheading/closure-notices/enacted>

period specified in the notice. Only the police or a local authority can initiate the process to close premises that are causing antisocial behaviour, if they reasonably believe that there is, or is likely to be either:

- a nuisance to members of the public,
- disorder relating to the premises and in its vicinity.

In addition, the notice must be necessary to prevent occurrence or reoccurrence of the nuisance or disorder.

5.1.9 The Neighbourhood Policing Team at Great Thornton Street undertook a lot of work; however, Neville refused to support any criminal prosecutions or provide details when crimes had occurred. The police had no reports of nuisance at the property by neighbours. When the police attended his property, he would invite them in, and there was little evidence of drug use at the premises. The people who were attending his address did raise concerns for the police; however, Neville was adamant that they were people he wanted in the address. At no time did Neville make a report in relation to

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them exploiting or abusing him. The extent of the work undertaken by the police was not recorded on police IT systems; rather it was obtained by the police panel member through direct contact with those individual officers and through their engagement at the Practitioner Event.

5.1.10 It was evident to the Review Panel that agencies working with Neville had concerns around both his physical ability to live at Great Thornton Street and information around the potential exploitation of Neville. By mid-August 2020, a tenancy officer had emailed and telephoned Adult Social Care and requested that consideration be given to Neville being afforded a direct let with an occupational therapy assessment to support rehousing. The Review Panel was informed that the process of direct let is that tenants are given one offer only.

5.1.11 From this point onwards, multi-agency meetings were held to progress Neville's move. These are analysed at Section 5.6. The direct let was to look for a one-bedroom flat at locations across the city, with only one offer being provided. The identification of suitable properties is undertaken by a central allocation team, who have no access to case specific details around vulnerability and risks. The Review Panel has been provided with statistical data on the housing situation within Hull. This data is captured at Section 5.8.

5.1.12 By February 2021, Neville had accepted a property at Bransholme, Hull, and he moved there the following month. ReNew supported Neville in viewing the property prior to his move. What was clear to the Review Panel was that the exploitation of Neville continued, as not long after Neville had moved, there was damage caused to his property, he had been assaulted, he was involved in criminal activities, and the presence of unidentified males were being seen at his property.

- 5.1.13 During the Practitioner Event, one of the police officers stated that they had known Neville when they had previously worked in the city centre before moving to work at Bransholme. The police officer stated that they knew of Neville's vulnerabilities from this time and were shocked to find that he was now living in Bransholme. The police officer stated that had they known prior to his move, then they would have told other agencies that the location was not suitable due to the prevalence of drug users in the vicinity and the potential for exploitation of Neville.
- 5.1.14 The Review Panel saw no evidence of any plan to prevent further exploitation of Neville. With the exception of the Community Nursing Team, there was no evidence of any transfer of information between agencies of Neville's risks and vulnerabilities. It was the view of the panel members that agencies were under the belief that Neville's move across the city would prevent any further exploitation.
- 5.1.15 The Review Panel discussed the continuance of Neville's exploitation and considered the comments around the unsuitability of the property in relation to the prevalence of drug users in the vicinity. Members of the Review Panel stated that regardless of where people are accommodated, they will still identify and engage with individuals who follow a similar lifestyle to themselves. The Review Panel was clear that the focus on agencies should be to work with those individuals in understanding and reducing any identified risk.
- 5.1.16 Agencies informed the Review Panel that exploitation is covered within safeguarding training; however, there is no bespoke training that solely focuses on this area. The Review Panel agreed that this was an area of learning and have made a relevant recommendation.
- 5.1.17 The Review Panel discussed the availability of policies and procedures that could have helped practitioners respond to Neville's case. The Review Panel identified that there was no multi-agency policy on exploitation and 'cuckooing' in Hull. Practitioners who attended the Practitioner Event, stated that the availability of such a policy would have been useful on this case in providing them with guidance on how to respond to cases and to work together to address the risk. The Review Panel established that several Safeguarding Adults Boards have a policy<sup>11</sup>, which could be useful to help inform working practices in Hull. The Review Panel has identified this as an area of learning and made a relevant recommendation.
- 5.2 What assessment of Neville's needs did your agency undertake, and did this contribute to any multi-agency analysis and evaluation of assessments and interventions?

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<sup>11</sup> <https://www.llradultsafeguarding.co.uk/guidance-for-working-with-adults-at-risk-of-exploitation-cuckooing/>

<https://www.derbyshiresab.org.uk/safeguarding-topics/cuckooing.aspx>

[https://www.kscmp.org.uk/\\_data/assets/pdf\\_file/0019/131392/Tackling-Cuckooing-Multi-Agency-Guidance.pdf](https://www.kscmp.org.uk/_data/assets/pdf_file/0019/131392/Tackling-Cuckooing-Multi-Agency-Guidance.pdf)

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- 5.2.1 Neville was in prison between 11 June and 19 August 2019. On 2 July 2019, the Through the Gate Service<sup>12</sup> was explained to Neville, and attempts were made to complete induction paperwork; however, Neville stated that he did not have any resettlement needs. The prison officer discussed that Neville would be homeless upon his release; however, Neville did not want to cooperate in the process.
- 5.2.2 On 17 July 2019, a further discussion was held with Neville about his accommodation needs upon release. Neville stated that he had an appointment with Shelter, but he said that he probably would not attend the appointment, even though he had no accommodation arranged for his release.
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- 5.2.3 Towards the end of August 2019, Neville was placed in the Rough Sleeper Assessment Hub. The Rough Sleepers Initiative completed an assessment with Neville and secured him a room at Dock House. As part of their engagement, Neville was referred to ReNew. Following his move into Dock House, the involvement of the Rough Sleepers Initiative ended.
- 5.2.4 The CRC completed OASys assessments (Offender Assessment System) on 30 August 2019 and 27 July 2020. The assessment contained detailed information around criminogenic needs, with areas specifically identified as:
- Accommodation – no evidence of exploitation; however, it was known that there had been a warning from accommodation provider following his behaviour (no further evidence of what this behaviour was in relation to).
  - Lifestyle & associates – no evidence of exploitation or associates.
  - Drug misuse – working with ReNew and prescribed methadone.
  - Thinking & behaviour – no evidence of exploitation.
  - Attitude – no evidence of exploitation.
  - Health – evidence of physical health issues recorded. Evidence recorded within case files, indicates that Neville had missed a large number of appointments and was unmotivated to comply with medical professionals.
- 5.2.5 In August 2020, a tenancy officer emailed Adult Social Care. Neville had consented to the contact. The email cited Neville's current home circumstances and requested support for a direct let and a referral for occupational therapy. Within the body of the email, it was documented: 'hasn't got much support and is vulnerable'.
- 5.2.6 A social care advisor telephoned Neville a few days later. Neville provided information, which included that: he had twice-weekly contact with community

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<sup>12</sup> 'Through the Gate' is a flagship policy of Government, intended to bring about a step change in rehabilitation, and so reduce reoffending. New services have been rolled out in prisons to prepare prisoners for release and resettlement and increase their prospects of leading a better life.

nurses; mobilises with a walking stick (self-purchased); struggles to use the stairs and lives in a 12<sup>th</sup> floor flat; is independent with meal preparation; can sit down when washing/bathing and can get in and out of bath; can use toilet but rests on sink to push himself off the toilet; can clean and tidy flat; and is able to get to the shops via a taxi. The conclusion of the telephone contact was that occupational therapy would support: 'a like for like move (all one level) level access for wheelchair, if not ground floor lift, access would be needed'. Neville was not seen, and a home visit to assess Neville's current or proposed property was not undertaken. Adult Social Care informed the review that based on the information provided by Neville, an occupational therapy housing report was not required, and there were no other occupational therapy issues that required further input at that time. As this contact was during the Covid-19 pandemic, the contact took place over the telephone rather than face to face, in accordance with working arrangements.

5.2.7 On 9 December 2020, a tenancy officer telephoned and emailed Adult Social Care (See and Solve). This contact was an action from a VARM held the previous day. The tenancy officer stated that they wanted to referral Neville for support. The email contained the following information:

'Neville is a vulnerable individual who has a long history of homelessness and poor engagement with services. He struggles to trust and is often negative towards people as he feels they will judge him badly. He also has a long history of substance misuse, and is currently on methadone treatment programme of 80ml. He loses days, forgets what he has done and gets confused easily, whether this is from his drug use or due to possible memory issues as well.

'Neville moved into his current property just before the first lockdown in March 2020. At this time he had a P3 support worker but this has ended due to his order coming to an end. He has poor coping skill, poor literacy and poor basic living skills. He often goes without food as he has no budgeting skills. Neville has significant healthcare needs and he is receiving treatment from district nurses but they are concerned he is not getting the correct treatment so the Senior District Nurse has made number of requests to his doctor from the (redacted) practice, to attend a Multi-Agency Meeting to speak with professionals but these have all been declined. Neville also receives support from Rapid Housing Pathways Implementation Lead.

'Neville is low in mood, suffering from lockdown isolation so is having others in his property for company which has brought him to the attention of the antisocial behaviour team. Due to his ulcerated legs which are not healing he is at risk of losing his leg/s. He also has a large lump on the side of his neck but historically appointments have been offered for this but he never got to them. Neville puts his current substance use down to the pain he is experiencing and his low mood. Neville can be contacted on Tel: (redacted).

'Please can I ask that Neville is contacted as a matter of urgency to see what services can be implemented to support him both at his current tenancy and at future properties

as he has already been awarded a direct let priority for a move away from Great Thornton Street to give him a fresh start and allow him to receive the required support needed so he can sustain a Hull City Council tenancy’.

- 5.2.8 A social care support officer telephoned Neville eight days later. Earlier attempts at contact had been unsuccessful. Neville responded to questions that were asked to address the concerns that had been raised. Neville stated that he could only walk about 20 yards, and that if the lift was not working (lives on 12<sup>th</sup> floor), he would stay in the flat, although he had now been offered a ground floor flat in Bransholme. Neville was advised to see his GP and ask for a mobility assessment. Neville did not see his GP. Neville described how he managed with his day-to-day tasks, and areas that he struggled with, such as washing and dressing. Neville was offered support, but he immediately declined this, citing that he did not need a carer. Neville was advised how he could contact Adult Social Care should he change his mind at a later stage, and the referral was closed.
- 5.2.9 The Review Panel discussed the information contained within the original email around Neville’s lack of trust and whether there were alternative options to encourage Neville to seek support. It was recognised that Neville had capacity to decline support, and whilst a visit may have been beneficial, the contact was during the Covid-19 pandemic, which restricted face-to-face contact. The Review Panel was informed by ReNew that it had taken their worker two years of engagement with Neville to try and seek his trust. Neville was described to the Review Panel as a proud person, who did not readily accept offers of help.
- 5.2.10 Adult Social Care completed a further assessment with Neville in March 2021, following a referral from the police after Neville had been assaulted and damage caused to his property. These incidents had occurred not long after Neville had moved to Bransholme. This assessment was completed by a social worker from the Active Recovery Team. This team work with people over a defined period of time to achieve goals, with the overall aim of maximising their independence, health, and quality of life. Active Recovery is aimed at adults who have a new or longer-term need for services but could be supported to recover or minimise their needs – reducing the need for longer- term care.
- 5.2.11 Neville was seen at home in the presence of a family member. The Review Panel has seen a copy of information gathered during this visit and used to inform the assessment. The assessment concluded with the following plan, which included sharing the outcome with the police officer who had made the initial referral:
- ‘Case to be discussed with See and Solve and community support services to be explored to refer Neville for support.’
- 5.2.12 Following contact with See and Solve, a referral was made to Housing for Neville to receive support with his tenancy – as the identified support needed would be best provided by Housing. The SPOC referral documented the following areas:

- Housing support to report repairs.
- White goods.
- Budgeting/benefits/debt.
- Local relationships.

There was no record of any contact/referral around community support services, and the referral was closed at this stage. [This is analysed at 5.4].

### 5.3 How did your agency respond to any mental health, or substance misuse issues when engaging with Neville?

- 5.3.1 ReNew had worked for several years to engage and support Neville around his substance misuse. Neville had been difficult to engage in treatment and took time to build trust. Neville was working with ReNew around hidden polysubstance use, and most recently heroin (smoked), ‘Spice’, crack cocaine, and sedative tablets. There was no indication of any problematic alcohol use. At the time of Neville’s death, he was being prescribed methadone (40ml daily, supervised), which was on a 7-day single prescription due to recent treatment restart.
- 5.3.2 In January 2022, Neville had been offered naloxone<sup>13</sup> and was provided with harm minimisation advice around risks of polysubstance, including accidental overdose. In the last three months prior to his death, Neville was seen on three occasions by ReNew – one of which was a joint visit with a nurse and another to restart his methadone. There were several failed telephone contacts.
- 5.3.3 Neville had been allocated a specialist worker due to his history of not attending planned appointments and dropping out of treatment. In many of his appointments, Neville stated that he had low mood affected by isolation and social circumstances; however, referrals into mental health services were declined. Neville’s last medical review was undertaken on 23 February 2023. There were no mental health concerns disclosed at this appointment, and it was agreed to restart treatment of methadone.
- 5.3.4 After Neville’s move to Bransholme, he was not seen at this home address by the Community Nursing Team. Appointments were arranged in clinical premises; therefore, staff would not have been aware of his home living conditions and substance misuse like they had previously experienced when he was living in Great Thornton Street. The panel member for CHCP identified that the volume of staff involved in Neville’s care, which impacted on Neville

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<sup>13</sup> Naloxone is an opioid/opiate antagonist licensed for use in:

- complete or partial reversal of central nervous system depression and especially respiratory depression, caused by natural or synthetic opioids; and
- treatment of suspected acute opioid overdose or intoxication.



having continuity of care, was attributed to the Covid-19 pandemic: this prevented those professionals' ability to see a clear picture of the life Neville was experiencing and any escalating concerns.

- 5.3.5 The VARM meetings held, experienced difficulty in seeking information and attendance from GP Practice A, and whilst it was documented that these

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concerns were escalated to the Safeguarding Board manager, there was no record that this occurred.

- 5.3.6 After Neville's move to Bransholme, he registered with GP Practice B. Neville was registered with this GP practice from 3 March 2021 until his death. Neville's engagement was not consistent, with several 'did not attends' or response from Neville to attend follow-up appointments. The policy of GP Practice B states that where there are two failed contacts, the process would be to send a text message. If there is no response to this, a letter would be sent. In the case of vulnerable patients or patients of concern, these failed contacts would be discussed with the practice safeguarding lead. Neville was not flagged on the system as a 'vulnerable adult'; however, there was an escalation that took place to the safeguarding lead on 26 October 2021.
- 5.3.7 In Neville's case, a letter was never sent to his home address asking him to contact GP Practice B. GP Practice B did not add recall dates to his medical record, which would help flag outstanding items when Neville was next at the practice. As there was no recall on his medical record and his attendance was so sporadic, then follow-up on issues was not ideal. This has been identified as an area of learning.
- 5.3.8 Due to the structure and working practices within primary care, Neville was not always seen by the same clinician at GP Practice B. This has been identified as an area of learning, in that Neville would have benefited from a vulnerable adult flag being added to his medical records, as this would have raised that there could be wider concerns with the patient. Furthermore, the assessing clinician could have provided a wider holistic assessment and potentially liaised with other agencies involved.
- 5.3.9 In analysing all information provided for the review, the Review Panel concluded that there was good evidence of agencies, who were engaged with and providing services to Neville, working together to respond to his substance misuse. Neville had a consistent worker from ReNew, who worked with him for several years in response to his substance misuse.

- 5.4 How did your agency work with other agencies, both voluntary and statutory, to respond to Neville's exploitation?

- 5.4.1 The Review Panel has seen no evidence that voluntary agencies were involved in responding to Neville's exploitation.
- 5.4.2 The Review Panel was keen to establish what support would have been available to Neville and sought information from Hull Community and Voluntary Services<sup>14</sup>, who stated that had Neville been referred to Community Navigation, a review would have taken place of the current services he was

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engaged with – to identify any additional services that could have been beneficial. This would include services to address substance misuse, mental health, and help with finances and debt.

- 5.4.3 The service would explore Neville's interests and refer him to groups or services supporting people back in to work or training to enable Neville to find things that improved his wellbeing, thereby sustaining his abstinence. As Neville had previously worked in a restaurant and bar, he could have been referred to a local organisation who provide cooking courses. In addition, the service would discuss Neville's relationships to identify what was important to him and encourage him to connect with his family.
- 5.4.4 The Review Panel was informed that as the service is a central point of contact with clients over an unlimited period of time, they can foster trusting professional relationships, which can be beneficial in identifying key signs of abuse.
- 5.4.5 Information was also provided during panel meetings in relation to the website Connect to Support (Hull)<sup>15</sup>. This contains information and advice on a range of areas, including local groups, activities, and services across Hull. The Review Panel was informed of a new online directory – Live Well Hull – that is being launched and that this will replace Connect to Support. The directory will be accessible by members of the community and professionals.
- 5.4.6 The Review Panel agreed that the option to refer Neville to voluntary organisations was a point of learning for this review and have made a relevant recommendation.
- 5.4.7 During the time that Neville lived at Great Thornton Street, there was evidence of some partnership working. The meetings that were taking place between December 2020 and March 2021, focussed on Neville's health, mobility, and housing needs – with a focus of working together to seek alternative accommodation. Information was shared about unidentified males frequenting Neville's property and causing problems, both inside and in communal areas. This was responded to by the Antisocial Behaviour Team who interviewed

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<sup>14</sup> <https://hullcvs.org.uk/>

<sup>15</sup> <https://hull.connecttosupport.org/>

Neville on three occasions and discussed with Neville the risk to his tenancy if matters continued.

- 5.4.8 Neville did not engage with the police or support any criminal investigations. When crimes had occurred at his property, including damage and assaults, he chose not to provide information to the police to identify who was responsible. This created a challenge for agencies in identifying who was visiting and potentially exploiting Neville.
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- 5.4.9 As detailed in Section 5.1, the exploitation of Neville continued following his move to Bransholme. Within a short period of time, his property was damaged, and he had been assaulted.
- 5.4.10 During the Practitioner Event, the police expressed frustration in trying to seek alternative accommodation for Neville. This was in reference to when Neville attended at the police station the day after this incident. The police stated that several officers spent a significant amount of time trying to work with agencies to move Neville – so as to minimise the risks to him – and that they were informed that Neville was not eligible to be moved.
- 5.4.11 The police stated during the Practitioner Event that with the lack of alternative accommodation being available, they had no option but to arrest Neville for an offence of theft that had occurred the day before – for which he had come to the police station to be interviewed about – and to keep him in custody for a court appearance the following day. The police stated that this action was taken to prevent Neville returning to his home and being at risk.
- 5.4.12 Further analysis on multi-agency working is covered at Section 5.6.
- 5.5 How effective was inter-agency information sharing and cooperation in response to Neville's needs? Was information shared with those agencies who needed it?
- 5.5.1 The Review Panel has seen evidence that information sharing did take place amongst agencies. Multi-agency meetings were held, under the VARM process. Referrals were made to agencies such as Adult Social Care, and the police completed vulnerable adult forms that were submitted for consideration of further dissemination.
- 5.5.2 The VARMS that were held from December 2020 to March 2021, documented concerns about contact and engagement with Neville's GP practice (GP Practice A). Repeated requests (via email) had been made by the Chair of the

VARM to GP Practice A, asking them to provide information and attend the VARM. It was documented within VARM minutes that this had been escalated to the Safeguarding Adults Board manager; however, there is no record that this took place.

- 5.5.3 This point was discussed during the Practitioner Event. Particularly, the use of email as a method of professionals seeking contact with GP practices. The GP who attended the Practitioner Event (from GP Practice B) stated that email communication is not the preferred method of contact. Due to the volume of emails received, these are not placed on individual clinical records; therefore, tasks are not created to alert a GP to review a record or request. If a request is created by using the 'task' process on the IT system, this can, at times, be outsourced to respond to. Another factor is that there are several different IT systems across health providers in Hull, including Lorenzo, System1, and EMIS, and not all health organisations have access to those systems.
- 5.5.4 The Review Panel was informed that work is being progressed by the Yorkshire and Humber Care Record<sup>16</sup> to provide access to the right health and care information at the right time. The Review Panel agreed that as work is taking place that addresses the learning identified on this case, this has negated the requirement for a recommendation.
- 5.6 Were there opportunities to raise a multi-agency 'adult at risk' concern and/or hold a multi-agency meeting to raise concerns about Neville's exploitation?
- 5.6.1 From December 2020 to March 2021, there were several multi-agency meetings held: these were held under the VARM process. The Review Panel experienced difficulties in sourcing records of those meetings. Agencies who had attended the meeting, referred to them by different names – including VARM and MDT. They also had no record of receiving copies of the minutes and associated actions. There is no central system within Hull to store minutes of VARM: the onus of minute taking is by the agency who chaired the meeting. All of the meetings had been chaired by ReNew, who themselves experienced difficulty locating copies of all records. There was a record of a meeting being held on 5 March 2021, but to date, the Review Panel has been unable to access any records of this meeting.
- 5.6.2 Hull Safeguarding Adults Partnership Board introduced the VARM following recommendations from a SAR, which had concluded in February 2019. The Vulnerable Adults Risk Management (VARM) process is a multi-agency procedure to:
- discuss, identify and document risk for high-risk adult safeguarding cases,

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<sup>16</sup> <https://www.yhcr.org/>

- formulate an action plan, identifying appropriate agency responsibility for actions, and,
- provide a tool for review and re-evaluation of the action plan.

The VARM meeting will consider cases in respect of adults aged 18 years or over, where existing mechanisms within agencies for resolving or minimising risk have not been achieved.

It is recognised that there are a few individuals who have multiple needs and may be at risk of serious harm, who fall outside the criteria for adult safeguarding enquiries, or who have made a decision not to engage.

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In order to consider a person for a VARM meeting, all the following criteria should apply:

- a person must have the mental capacity to make decisions and choices regarding their life
- there is a risk of serious harm or death by –
  - self-neglect
  - fire
- deteriorating health condition
- non-engagement with uncontrolled lifestyles
- hoarding
- alcohol & substance misuse
- there is a public safety interest
- high levels of concerns from partner agencies.

To support the VARM process, the document: ‘Hull VARM Terms of Reference 2021’<sup>22</sup> is available.

#### 5.6.3 The Terms of Reference state:

‘The Lead Agency will be responsible for chairing the VARM Panel and production of any documentation arising from the meeting. There is a single referral document where the referrer provides a case summary, all relevant details and presenting issues will be sent prior to the meeting. The agency making the referral will present the case to the panel followed by focused consideration of risk, options and solutions before agreeing actions. Agreement will be reached during the meeting on the frequency of subsequent meetings in order to monitor agreed actions/outcomes. The panel

representatives/agencies agree to take responsibility for delegated actions and principally support the referring agency with managing risk’.

- 5.6.4 During the Practitioner Event, it was raised that there was a misunderstanding amongst professionals around the role of the Safeguarding Adults Partnership Board Manager, in terms of co-ordination and collation of VARMs and associated paperwork. The practitioners stated that a previous process had been to send copies of all paperwork to the Safeguarding Adults Partnership

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<https://www.hull.gov.uk/sites/hull/files/media/Hull%20VARM%20panel%20terms%20of%20reference%202021.pdf>

Board Manager, but that this process had changed; however, embedding this knowledge into current practice was still a challenge.

- 5.6.5 ReNew referred the case to VARM. Whilst there is no date recorded on the referral form, the Review Panel understand this to have been around the end of November 2019. The referral states the following reason for the referral:

‘Immediate risks are to his physical and mental health and risk of overdose. Neville is struggling more than usual with his emotional health, he has not used spice for about 14 days, he has reduced the tablet he is taking but is feeling low and reports using to pass time on and stop thinking. He speaks of not being able to face Christmas, but reports not being suicidal at the moment’.

- 5.6.6 It was difficult to determine the exact number of VARMs held between December 2020 and March 2021. There were five meetings recorded as a VARM:

- 8 December 2020
- 7 January 2021
- 26 January 2021
- 22 February 2021
- 5 March 2021

The minutes of the meeting held on 22 February, reference a VARM held on 8 February 2021 – the Review Panel has seen no record of this. Attendance was predominantly attended by ReNew, Housing, the police, and community nurses.

- 5.6.7 The first VARM was held on 8 December 2020. The minutes of the meeting recorded that Neville had been offered an alternative property at Bransholme. It is of note that within the minutes, it records: ‘but hasn’t got to the point where concerns are raised that Neville is been cuckooed.’ The risks identified were in relation to Neville’s physical health needs, with actions to refer to Adult Social Care, ReNew to assess any

- safeguarding risks between Neville and individuals accessing the property, and follow up referral for tenancy support.
- 5.6.8 The further meetings look to respond to reducing and minimising the risks to Neville, mainly from himself. There is reference to visitors to his flat; however, this was not linked to, or considered in terms of, exploitation and/or ‘cuckooing’. After Neville’s move to Bransholme, there are no VARMs held.
- 5.6.9 At the time of this case, there was no template for recording minutes/actions from the VARM. The Terms of Reference do not provide guidance on circulation of minutes and actions. The Review Panel was informed of a joint piece of work between Hull Safeguarding Adults Partnership Board and East Riding Safeguarding Adults Board to replace the VARM with a new process – MARM (Multi Agency Risk Management) – and that the learning identified from this case would be addressed through the MARM. The Review Panel acknowledged that the MARM would address the learning and agreed that this was a strategic area of learning and have made a relevant recommendation to support the implementation of the MARM.
- 5.6.10 GP Practice B informed the review that they had no minutes or outcomes recorded on medical notes of any multi-agency meeting held. GP Practice B acknowledged that it would have been good practice to record attendance and outcomes of the meeting onto the medical record until the minutes had been distributed and added to the medical record.
- 5.6.11 On 9 August 2021, ReNew contacted GP Practice B and expressed concerns around Neville’s vulnerability. It was documented in the GP records that a multi-agency meeting would be convened and that the meeting took place on 19 August 2021. There was no documentation about safeguarding concerns or escalation through a safeguarding adult’s referral, neither were there any minutes or outcomes recorded on the medical record. The Review Panel has been unable to find any record of this meeting in other agencies’ records.
- 5.6.12 When Neville was living at Great Thornton Street, The Community Nursing Team made requests to GP Practice A for a multidisciplinary team meeting in relation to Neville’s frequent missed appointments. There are no records of these meetings.
- 5.6.13 During the completion of the chronology for this review and contact with community nurses involved, it was established by the CHCP that there had been the five VARMs held between 8 December 2020 and 5 March 2021. None of these meetings were recorded in Neville’s clinical record. Instead, information was held within emails and tasks. The Review Panel was informed that the community nurses were not aware that this information could be recorded on clinical records.
- 5.6.14 There was a record of a multidisciplinary team meeting being held on 29 June 2021 with community nurses and the GP practice’s nurse practitioner. The panel member from CHCP has informed the review that this would have been a good opportunity to

identify and discuss Neville's vulnerabilities and could have considered including other agencies involved with Neville at that time.

5.6.15 Adult Social Care was not invited to any of the multi-agency meetings that were held. Referrals had been made to Adult Social Care, one of which was as a result of an action from the VARM held on 8 December 2020, and whilst the action was completed and contact was made with Neville (at the time of the following VARM), the outcome of that referral was not known to the VARM attendees because the outcome had not been fed back to the referrer. The Review Panel agreed that it would have been useful to have invited Adult Social Care to the meetings, as they could have provided more support to Neville had they been aware of the extent of the concerns.

5.7 Has there been any changes to your agency's policies, procedures, and/or practice that are relevant for this review?

5.7.1 The Review Panel established that there were several multi-agency processes, across Hull, to respond to safeguarding concerns.

5.7.2 The police have introduced a Vulnerability Hub. This is an internal police process where the main purpose is to review and triage all crimes, intel reports, custody records, vulnerable adult referrals, vulnerable child referrals, and domestic abuse incidents – to identify safeguarding concerns against the threshold of need, to signpost the correct pathway, and to provide support to that child, adult, and/or family. Once a case has been reviewed, there are a number of options for the police to take:

- Refer details of the contact to any agency currently engaged with the individual or family.
- Discuss the case with partner agencies in a daily PiTstop (Partnership Integrated Triage) meeting, where the threshold is early help and intervention.
- Refer to Early Help and Safeguarding Hub (EHASH)<sup>17</sup>, where the threshold is safeguarding.

5.7.3 The Vulnerability Hub was discussed during the Practitioner Event. Practitioners stated that this was a positive improvement, but they felt that this was heavily focused on children, and that to their knowledge, the Hub only reviewed police contacts – with no process for partner agencies to send in referrals or concerns for consideration to the Hub. Practitioners were also unclear as to the remit, role, and any agency representation within the Vulnerability Hub. The police confirmed to the review that the Vulnerability Hub does not accept direct referrals. Where partner agencies have concerns, these can either be reported to the police (via 101) or through to EHASH.

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<sup>17</sup> EHASH is a multi-agency process that responds to concerns for adults and children and has representation from partner agencies.



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- 5.7.4 The Review Panel agreed that this identified learning for partner agencies, at a strategic and operational level, on the processes that are in place for professionals to refer concerns into a multi-agency forum.
- 5.7.5 No other agency reported any relevant changes to policies, procedures, and/or practice since the timescales of this review.
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- 5.7.6 The Review Panel's analysis of multi-agency policies and procedures has been analysed at 5.6.
- 5.8 Were there any system pressures, challenges, or barriers within your own agency that affected your ability to provide services to Neville? (Please also consider any impact during the Covid-19 pandemic).
- 5.8.1 The timescales of this review covered the commencement of the Covid-19 pandemic (March 2020). From this date, until the time of Neville's murder, the Government had put in place a range of restrictions, at various times, in response to the Covid-19 pandemic. The below section analyses the impact of those restrictions on agencies, the provision of services and engagement with Neville, as well as Neville's behaviour and presentation to professionals.
- 5.8.2 Community nursing was experiencing significant impacts because of the Covid-19 pandemic, which was reflected in there being over 50 professionals involved in Neville's care during the review period. This had an impact on the continuity of care and the ability to develop a nurse/patient relationship, which would support the practitioner in recognising changes to behaviours and a more holistic view of the patient. In addition, staff were deployed from other clinical areas to support community nursing services during this time, which may have hindered this process. Due to the volume of staff being involved and some no longer working for CHCP, it was not possible to speak to all professionals involved at this time.
- 5.8.3 During 2020, Neville's behaviour towards community nurses escalated. He became aggressive and abusive – declining treatment and refusing to attend appointments. Community nurses undertaking home visits, often found his door unlocked, and upon entering, there were unidentified males inside, who were either asleep or under the influence of substance misuse. This situation presented a risk to those community nurses: this resulted in a 'zero tolerance' letter being sent to Neville in August 2020 and visits being undertaken in pairs. The Community Nursing Team created a task for the GP to hold a multidisciplinary team meeting to discuss these concerns; however, this meeting did not take place.
- 5.8.4 By 2021, Neville was repeatedly not attending appointments within community clinics. This resulted in the Community Nursing Team implementing their policy:

‘Management of Patients Who Are Late/Did Not Attend (DNA) Appointment and Failed Home Visits Integrated Nursing Conditions Team Hull and East Riding Guidance’ to try and address the issue, and Neville was initially discharged from receiving services from the Community Nursing Team. The GP arranged a meeting in response to the discharge, which was attended by Neville and the Community Nursing Team. After this, there was an initial improvement in Neville’s attendance. However, following further episodes of non-attendance, Neville was discharged.

5.8.5 At the time Neville was under the supervision of the Community Rehabilitation Company, there was a period whereby his case was managed under the Emergency Delivery Model COVID19, which resulted in increased phone contact and less office-based appointments being offered. Neville was last seen in person on 7 May 2020, after which he received fortnightly telephone contact.

5.8.6 The tenancy support officer who was working with Neville, undertook a new role. Despite this, they still retained Neville’s case. This resulted in a gap of two months between contacts (April – June 2021), and whilst this did not affect their role with Neville, it did have an impact on Neville, who appeared to take this personally and refused to work with the tenancy support officer after this time. The tenancy support officer had been helping Neville to progress a PIP application, which was then handed over to ReNew to progress.

5.8.7 The Review Panel was provided with data that had been produced in the summer of 2023 by Housing Access Service, Hull City Council. The data showed that there was a total of 1,442 properties available across the city, with the service receiving:

- 5,700 housing applications a year, and
- 3,500 homeless approaches every year.

Data from July 2023, showed that, at that time, there were the following applications to be considered: □ 238 Direct lets

Priority awards:

- 299 homeless
- 562 medical
- 43 care leaver
- 58 ‘move-on’
- 7 lacking 4+ bedrooms
- Plus, 4,733 in reasonable preference categories (in housing need).

The data demonstrated that the demand outweighed the available supply. The below table provides additional data to highlight the current situation:

	2019/20	Current (or last 12 months)	Change
No. of households in temporary accommodation.	55	144	UP 162%
No. of households owed a homelessness duty.	2,969	3,299	Up 12%
No. of properties advertised.	1,226	745	Down 39%
No. of bids received.	60,329	75,203	Up 25%
Average bids per property (all property types).	49	101	Up 106%
Average number of bids for each house.	67	148*	Up 102%

\* Up to 370 bids for one house in Wyke area.

5.8.8 The presentation highlighted the reliance on the local authority to resolve all housing needs. Furthermore, that there is a shortage of affordable single person accommodation, with customers and professionals chasing direct lets.

5.9 What learning have you identified for your agency, and how will this be embedded into practice?

5.9.1 City Health Care Partnership

- CHCP staff must adhere to CHCP safeguarding policy: this includes Datix, where and when to seek safeguarding advice, and how to complete a referral. This process is embedded within all adult safeguarding training – Levels 1, 2 & 3.
- Professional curiosity is discussed during safeguarding training and will be included within the SAFE meeting as a learning topic.

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- When staff support in multidisciplinary team meetings, a record of the meeting is to be recorded in the client's S1 records.

Action taken to address the learning:

- A Lunch & Learn session will also be delivered for staff around the 'Importance of Professional Curiosity within Clinical Practice'.
- SAFE meetings have now been completed. Staff were invited to attend one of three sessions – October, November and December 2022. The sessions covered 'Think Family & Professional Curiosity'.

5.9.2 Humber & North Yorkshire Integrated Care Board (ICB Hull Place) – GP Practice Bransholme

- Continuity of care.
- Professional curiosity.
- Did not attend.

Action taken to address the learning:

- A learning event to be held with the GP practice, facilitated by the safeguarding lead and designated professional for safeguarding adults.
- To explore a pilot initiative where an identified vulnerable adult will have a lead clinician in the practice who will have oversight of a person's care.
- Recall process to continue to be reviewed, including the policy. Any did not attend or non-engagement to be escalated, as per process, to the safeguarding lead.

5.9.3 Humberside Police

- Improved record-keeping.
- Handover of information from policing areas.

Action taken to address the learning:

- 1 x log for all actions relating to concerns around an individual/property. Allocation to an officer for those high-risk vulnerable adults and flag on the system so they receive updates. Potential around beat plans being uploaded to the system.

5.9.4 National Probation Service

- Training in relation to identifying the signs of exploitation and increase knowledge and understanding about areas of exploitation, including 'cuckooing'.

## 5.10 Were there any examples of good and/or innovative practice on this case?

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5.10.1 Throughout the timescales of this review, there were entries in agencies' records that Neville chose, at times, not to engage with professionals. This resulted in Neville not attending appointments, not answering telephone calls, and not responding to messages that had been left on his answerphone. The outcome was that Neville was often discharged from services due to his lack of engagement.

5.10.2 Prior to Neville being discharged from those services, it was evident to the Review Panel that professionals had undertaken a range of options to encourage Neville to engage with their service. These included:

- Rearrangement of appointments.
- Arranging appointments closer to his home, when Neville had previously been unable to attend due to financial concerns.
- Home visits – to support with wound care. This included dressings being left to allow him to self-care.

5.10.3 During August and September 2021, the Neighbourhood Policing Team attended weekly to speak with Neville. These visits were often undertaken jointly with other agencies, such as ReNew and Housing. The police visited Neville's GP practice when he missed appointments, and they arranged for delivery of food parcels.

## 6. DIVERSITY

6.1 Section 4 of the Equality Act 2010, defines protected characteristics as:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

Section 6 of the Act, defines 'disability' as:

- (1) A person (P) has a disability if—
- (a) P has a physical or mental impairment, and
  - (b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.

- 6.2 Neville was a black heterosexual male. Neville was born in England and was 53 years old at the time of his murder. During the timescales of the review, Neville was not in a relationship; however, he had previously been married. Neville was the father to three children. Neville's family stated that he was a Christian.
- 6.3 There were entries in agency records that Neville, had on occasions, stated that he was prevented access to services due to his ethnicity. This has not been evidenced during the completion of the SAR. The Chair discussed this with Neville's daughter, who stated that to her knowledge, her father was not prevented from receiving and/or engaging with agencies due to his ethnicity.
- 6.4 It was known that Neville had difficulty in his mobility due to a previous injury to his pelvis. This injury affected Neville's walking, and he had been known to use a bicycle as a mode of transport. The Review Panel also saw reference to Neville having been seen using a wheelchair; however, this was understood by the Review Panel not to be permanent mode of transportation. Neville's mobility formed part of the decision-making around his move from Great Thornton Street in 2021, and a later assessment by Adult Social Care. This has been analysed in Section 5.
- 6.5. The Review Panel considered whether Neville's mobility meant that he was defined as 'disabled', as stated within Section 6 of the Act. The Review Panel acknowledged that the impairment had a significant impact on Neville's mobility, but that it did not prevent him from carrying out some day-to-day activities, such as cleaning, cooking, bathing, and shopping. Based on the information provided, the Review Panel concluded that Neville did meet the definition of disabled.
- 6.6 Neville was known to use illicit drugs and had periods of engagement with ReNew. This engagement was sporadic. A specialist recovery worker attempted to fully engage with Neville, for several years, to support him in his treatment.
- 6.7 The Equality Act 2010 (Disability) Regulations 2010 (SI 2010/2128) states that addiction to alcohol, nicotine or any other substance (except where the addiction originally resulted from the administration of medically prescribed drugs) is to be treated as not amounting to an impairment for the purposes of the Equality Act 2010. Use of illicit drugs is not, therefore, covered by the Act.
- 6.8 There was nothing in agency records that indicated that Neville lacked capacity<sup>24</sup>, in accordance with the Mental Capacity Act 2005. The Review Panel determined that professionals applied the principle of the Mental Capacity Act 2005:
- 'A person must be assumed to have capacity unless it is established that he lacks capacity'.

In reaching this conclusion, there was no record that an assessment of Neville's capacity, in accordance with the Mental Capacity Act, had been completed.

## 7. LEARNING IDENTIFIED BY THE SAR PANEL

### 7.1 Adults at Risk of Exploitation

The review identified that agencies had limited understanding and access to information in relation to adults whom they identified were at risk of exploitation. Access to knowledge, training, and information will allow practitioners to work in a way that achieves best outcomes for adults at risk, without affecting an individual's human rights.

The absence of a policy on exploitation and 'cuckooing', leaves professionals without guidance on how to deal with such issues. A policy framework may help to ensure that a high quality and more consistent service is provided to those at risk of all forms of exploitation.

### 7.2 Voluntary Organisations

Voluntary organisations can provide a range of information and access to support, for individuals in the community, which are not available from statutory organisations. Utilising these organisations can also help to break down any barriers that may be present in preventing an individual to engage with statutory agencies.

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<sup>24</sup> The Mental Capacity Act 2005 established the following principles:

Principle 1 [A presumption of capacity] states "you should always start from the assumption that the person has the capacity to make the decision in question".

Principle 2 [Individuals being supported to make their own decisions] "you should also be able to show that you have made every effort to encourage and support the person to make the decision themselves".

Principle 3, [Unwise decisions] "you must also remember that if a person makes a decision which you consider eccentric or unwise this does not necessarily mean that the person lacks capacity to make the decision". Principles 1 – 3 will support the process before or at the point of determined whether someone lacks capacity. Principles 4 [Best Interest] "Anything done for or on behalf of a person who lacks mental capacity must be done in their best interest".

Principle 5 [Less Restrictive Option], "Someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the persons rights and freedoms of action, or whether there is a need to decide or act at all. Any interventions should be weighed up in particular circumstances of the case".

[Mental Capacity Act Guidance, Social Care Institute for Excellence]

### 7.3 Multi Agency Risk Management Meetings

This review identified learning around the need for a standardised process for the recording of referrals, minutes, and actions for cases that had been discussed under the then, VARM protocol. Whilst the introduction of the MARM will seek to address this learning, the Review Panel agreed that the learning would be embedded further with a recommendation to support the implementation from this case.

### 7.4 Multi-agency Referral Processes

Partner agencies were unaware of the role, remit, and processes of case discussions within the Vulnerability Hub and other multi-agency referral processes, including PiTstop and MASH across Hull. Access to information can help inform professionals as to how they can make decisions on referrals, ensuring that the correct process is followed.

## 8. CONCLUSIONS

- 8.1 The circumstances around Neville's murder have been subject of a criminal investigation and court case, with the perpetrator being convicted. An inquest into Neville's death has yet to be heard by H.M. Coroner.
- 8.2 Neville was a quiet and proud man who 'kept himself to himself'. Neville had limited mobility but maintained a daily lifestyle: tending to his own needs and living arrangements. Neville did not seek help or support and when this was offered – Neville would often decline. At one time, when support was offered to Neville, he stated that he did not need a 'carer'.
- 8.3 Neville had a history of substance misuse and was known to services within Hull. Neville had periods of abstinence, and at times, his engagement with services was sporadic.
- 8.4 Towards the end of 2020, concerns were being raised around Neville, his accommodation, and potential exploitation. Neville was living in Hull city centre at this time. Antisocial behaviour had been reported to Housing, and Neville had been issued with several warning letters. Visits to Neville's property by Community Nursing Team found the presence of unknown males and indications that drug use was taking place inside. These concerns progressed to multi-agency involvement, and plans were made with Neville for him to move.
- 8.5 At the end of February 2021, Neville moved to Bransholme. Within days, Neville had been assaulted and damage was caused to his property. Concerns were quickly raised that he was again being targeted and a victim of exploitation. The multi-agency involvement continued.
- 8.6 The review identified an 'assumption' amongst agencies that the move would address the exploitation. Whilst multi-agency meetings were held to work together to seek Neville's engagement and address the risks, records of these meetings were difficult for the review to access.
- 8.7 Neville's reluctance to engage and accept support, presented agencies with challenges as to how they could address the concerns, which was hampered with a lack of knowledge, training, and policy as to what options were available to them. There was a difference in agencies' interpretation and recordings of multi-agency meetings that were held in responding to Neville's case.



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- 8.8 The review process has identified several areas of learning for agencies. These are detailed in Section 7, under specific learning headings.
- 8.9 All agencies and practitioners involved in the review, contributed openly and freely. The Chair and Author would like to thank agencies, particularly the practitioners, for their contribution to the review and identified learning.
- 8.10 Neville's family met with the Chair and Author and shared valuable information. The Review Panel extends its thanks for their contribution.

## 9. SAR PANEL RECOMMENDATIONS

- 9.1 That Hull Safeguarding Adults Partnership Board ensures that professionals have access to a multi-agency policy on exploitation. The policy should detail the differing forms of exploitation, how professionals should respond and work together to support individuals who are being exploited, and should be embedded through awareness raising and training.
- 9.2 That Hull Safeguarding Adults Partnership Board works in partnership with the local authority to raise awareness on the resource directory – Live Well Hull.
- 9.3 That Hull Safeguarding Adults Partnership Board works in partnership with East Riding Safeguarding Adult Board to raise awareness of the introduction of the MARM, and how professionals can improve their knowledge and understanding to embed this into practice.
- 9.4 That Hull Safeguarding Adults Partnership Board works with Humberside Police and the local authority to introduce a 'fact sheet' for professionals that provides information on the multi-agency referral processes in place across Hull, including the PiT Stop within Humberside Police.

Appendix A

## Glossary of Agencies Contributing to the Review

## Humber NHS Foundation Trust

Humber Teaching NHS Foundation is a provider of integrated health care services across Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale. Its wide range of health and social care services deliver to a population of 765,000 people, of all ages, across an area of over 4,700 square kilometres.

It provides community and therapy services, primary care, community and inpatient mental health services, learning disability services, healthy lifestyle support, and addictions services.

It also provides specialist services for children, including physiotherapy, speech and language therapy, and support for children and their families who are experiencing emotional or mental health difficulties.

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Its specialist services, such as forensic support and offender health, support patients from the wider Yorkshire and Humber area and further afield. Inspire, its children and adolescent mental health inpatient unit, serves the young people of Hull, East Yorkshire, and North-East Lincolnshire.

The Trust also runs Whitby Hospital: a community hospital providing inpatient, outpatient, and community services to Whitby and the surrounding area, and eight GP practices – two in Hull and six in the East Riding of Yorkshire. It employs approximately 3,000 staff, working across over 79 sites and covering five geographical areas: Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale.

#### Hull University Teaching Hospitals NHS Trust

Hull University Teaching Hospitals (HUTH) is the largest teaching hospital Trust in the Humber and North Yorkshire Health and Care Partnership, with circa 9,900 staff providing safe and high-quality care for over one million patient contacts each year.

#### Humber & North Yorkshire Integrated Care Board (ICB Hull Place)

The Humber and North Yorkshire Integrated Care Board employs a named doctor for safeguarding adults in each of its six places. The primary role of the Named GP is to support primary care colleagues to meet their statutory duties and, as part of the safeguarding adults team, provides specialist advice on individual cases of concern.

#### City Healthcare Partnerships (CHCP)

City Health Care Partnership CIC (CHCP CIC) is an independent, co-owned ‘for better profit’ Community Interest Company. It provides a wide range of health and care services in Hull, the East Riding of Yorkshire, and the North West. CHCP’s vision is to lead and inspire through excellence, compassion, and expertise. CHCP delivers over 50 diverse services in community settings, employing around 2,400 staff.

CHCP prides itself on providing high-quality patient care with core values of service and excellence, equality and diversity, creativity and innovation, and co-operation and partnership, along with the seven Cs – care, compassion, competence, communication, courage, commitment, and candour – firmly rooted in its culture.

#### Adult Social Care

Adult Social Care is Hull City Council’s statutory service that is there to support Hull residents with their care needs and to help people maintain their independence. Adult Social Care has duties – under the Care Act 2014, Mental Capacity Act 2005, and Mental Health Act 1983 – to provide assessment and support to vulnerable adults. Under the Care Act 2014, the authority has a duty to assess eligibility for care and support.

#### Humberside Police

Humberside Police covers an area of 1,356 square miles around the Humber Estuary, including the city of Kingston upon Hull and the towns of Grimsby and Scunthorpe. The Force area also

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includes the large rural areas of the East Riding of Yorkshire, North East Lincolnshire, and North Lincolnshire. As such, the Force works closely with four separate local authorities.

Although the Force covers a large area, it aims to deliver a standardised service that is of the highest standard. Vulnerability is a key aspect of prioritising resources and efforts in protecting the community.

Currently, Humberside Police is based around a two-area model – The North Bank (Hull and the East Riding of Yorkshire) and the South Bank (North East Lincolnshire and North Lincolnshire). The Force has several different commands within this structure. These include:

- Vulnerability Hub – provides a secondary triage function to identify the correct safeguarding pathways for all safeguarding referrals and intelligence relating to crime and exploitation of children and vulnerable adults.
- Safeguarding Governance Unit – provides an independent audit function for all cases involving children and vulnerable adults and investigates all allegations of domestic violence involving Humberside Police employees.

#### Housing

Hull City Council has a retained stock of over 25,000 properties within the Hull boundary. Hull City Council houses people from their housing list in accordance with their Lettings Policy, which prioritises people according to their housing need.

#### Antisocial Behaviour Team

Respond to reports of:

- misuse of public space – groups of people congregating in green spaces designed for recreation, such as parks and sports fields. These groups could be drinking alcohol or causing a general nuisance.
- intimidation and harassment – verbal abuse.
- noise nuisance – loud music, televisions, dogs barking, and behavioural noise.

#### ReNew

Hull ReNew is a free and confidential drug and alcohol service for adults (including people with an offending history) affected by alcohol and drugs. ReNew also supports the family and friends of people who are worried about their loved one's substance use.

#### HMP Hull Prison

HMP Hull is a prison and young offender institution (YOI) for men over 18 and is located just outside Hull, East Yorkshire.

### National Probation Service (NPS)

The NPS is a people-centred agency that manages all high-risk offenders subject to community sentences and released on licence from prison, who are assessed as high risk of committing an offence of serious harm. In addition, the NPS manages all MultiAgency Public Protection Arrangements (MAPPAs) for ensuring the safe management of registered sex offenders and violent offenders serving over 12 months.

Furthermore, the NPS undertakes risk and need assessments on all eligible offenders appearing before the courts and advises the judiciary in respect of available sentences – to reduce the risk of reoffending and to ensure the protection of the public.

Hull and East Riding Local Delivery Unit employs over 120 staff to manage the above arrangements, including senior probation officers, probation officers, Probation Service officers, administrators, and reception staff.

### Changing Futures – including Rough Sleepers Initiative

Changing Futures ensures people with multiple needs and exclusion are supported by co-ordinated services to:

- empower them to tackle their problems.
- reach their full potential.
- become part of their communities.

It has dedicated teams, working with people who find themselves rough sleeping or experiencing severe and multiple disadvantage.

The Rough Sleepers Initiative team offers assistance to people who are rough sleeping and works with partners to provide support and accommodation options to rough sleepers.

### Department for Work and Pensions

The Department for Work and Pensions is responsible for welfare, pensions, and child maintenance policy.

## Appendix B List of Attendees at Practitioner Event

Role	Agency
Police Constable	Humberside Police
Police Sergeant	Humberside Police
Named GP for Safeguarding Adults	Humber and North Yorkshire Integrated Care Board, Hull Place
Designated Professional for Safeguarding Adults, Qualified Social Worker	Humber and North Yorkshire Integrated Care Board, Hull Place
Designated Safeguarding Lead	ReNew
Senior Tenancy Officer	Housing
Neighbourhood Nuisance Team Leader	Hull City Council
Safeguarding Adults Specialist Nurse	Hull University Teaching Hospitals NHS Trust

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Safeguarding Adults Practitioner	City Health Care Partnership
Urgent Care Practitioner	City Health Care Partnership
Case Manager	City Health Care Partnership

## Appendix C

## Hull Safeguarding Adults Partnership Board Action Plan

No.	Recommendations for Hull Safeguarding Adults Partnership Board	Key Actions	Evidence	Key Outcomes	Lead Officer	Date
1	That Hull Safeguarding Adults Partnership Board ensures that professionals have access to a multi-agency policy on exploitation. The policy should detail the differing forms of exploitation, how professionals should respond and work together to support individuals who are being exploited, and should be embedded through awareness raising and training.					
2	That Hull Safeguarding Adults Partnership Board works in partnership with the local authority to raise awareness on the resource directory – Live Well Hull.					

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3	That Hull Safeguarding Adults Partnership Board works in partnership with East Riding					
No.	Recommendations for Hull Safeguarding Adults Partnership Board	Key Actions	Evidence	Key Outcomes	Lead Officer	Date
	Safeguarding Adult Board to raise awareness of the introduction of the MARM, and how professionals can improve their knowledge and understanding to embed this into practice.					
4	That Hull Safeguarding Adults Partnership Board works with Humberside Police and the local authority to introduce a 'fact sheet' for professionals that provides information on the multi-agency referral processes in place across Hull, including the PiT Stop within Humberside Police.					



Individual Agency Action Plans – City Health Care Partnership

No.		Key Actions	Evidence	Key Outcomes	Lead Officer	Date
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1	To raise awareness with clinical practitioners, the importance of questioning and discussing any concerns that are noted during reviews/assessments/visits.	Lunch & Learn session to be delivered to CHCP staff around the ‘Importance of Professional Curiosity within Clinical Practice’.	 03 Prof Curiosity & Family.pptx	Professional Curiosity & Family training/lessons learned was developed and presented on three occasions (between October – December 2023), to raise awareness and the importance of asking appropriate questions during assessments/ reviews/visits.  This presentation is also available to all CHCP staff via Connect/CHIPs.		Completed  26.10.2022  24.11.2022  19.12.2022
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No.		Key Actions	Evidence	Key Outcomes	Lead Officer	Date
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		Non – accidental Injury and Professional Curiosity.	 NAI & Prof Curiosity.pptx	NAI & Professional Curiosity was presented to CHCP MIU staff as a lunch & learn session, as well as via the SAFE meetings (between October – December 2022), to raise awareness and the importance of asking appropriate questions during assessments/ reviews/visits.		Completed 27.01.2023 27.02.2023 21.03.2023
		Exploitation.		Exploitation presentation delivered via SAFE		Completed 27.01.2023

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No.		Key Actions	Evidence	Key Outcomes	Lead Officer	Date
			 <p>SAFE Meeting - Exploitation Presentati</p>	<p>meeting (Jan – March 2023), to raise awareness and the importance of asking appropriate questions during assessments/ reviews/visits.</p>		<p>27.02.2023 21.03.2023</p>
2	<p>To ensure CHCP staff complete a high standard safeguarding referral, ensuring all appropriate sections are completed appropriately.</p> <p>Know when to contact CHCP safeguarding duty officer for guidance if required.</p>	<p>CHCP safeguarding team to deliver a Lunch &amp; Learn presentation covering safeguarding referrals and what information should be included.</p>	 <p>Making a Referral (1).pptx</p>	<p>To ensure correct and purposeful information is shared with the local authority to aid decision- making.</p>		<p>Completed 16.05.2023.</p> <p>To be redelivered to CHCP staff via an additional Lunch &amp; Learn session – within the next 6</p>

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No.		Key Actions	Evidence	Key Outcomes	Lead Officer	Date
						months: date to be confirmed.

Final version - Safeguarding Adult Report - NM