

BLACKPOOL SAFEGUARDING ADULTS BOARD

Annual Report 2016-17

Final Draft

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1. Foreword

Message from our independent Chair

I am delighted to introduce the Annual Report of Blackpool Safeguarding Adult Board (BSAB) covering our period of activity from April 2016 to March 2017 and commenting on our plans for our future work in 2017-18.

This document is intended to reach all the agencies and individuals for whom safeguarding is a primary responsibility, but will also be of interest to the general public. It is worth remembering that we all have a role in preventing harm and especially in safeguarding those adults who may be the most vulnerable to abuse, neglect and exploitation.

I would like to thank all Board members who established joint meetings between Blackpool Safeguarding Adults Board (BSAB) and Blackpool Safeguarding Children Board (BSCB) to ensure cross cutting themes were considered by both Boards.

This report sets out the work coordinated by the Board to support improved safeguarding arrangements and practice during 2016-17. There has been significant activity across a range of functions including audit, training as well as communications. One Safeguarding Adult Review (SAR) had been concluded and a Multi-Agency Learning Review (MALR) was independently carried out and the learning will be used by Board partners to drive further improvements to safeguarding practice.

We are well on our journey to embedding Making Safeguarding Personal across the partner agencies although we recognise that we have more to do. There is a strong collective commitment to delivering safeguarding support that is person led and outcome focused.

Work for 2017-18 includes further developing our arrangements to gather and use the voice of adults with care and support needs to inform our work. I am also keen that we increase our understanding and oversight of the wider adult safeguarding system through scrutiny and analysis of multi-agency performance data.

I would like to thank all Partners, including front line practitioners who have contributed to the work of the Board during the year. I look forward to working with you next year.

David sanders - Independent Chair

Blackpool Safeguarding Adults Board

2. Blackpool Demographics

The resident population of Blackpool is approximately 139,200. Mid 2016 population estimates (*Figure 1*) illustrates that older people (65 years plus) account for a greater proportion of Blackpool's resident population than observed at national level.

[Source: ONS mid-year population estimates, 2016](#)

MOSAIC is a demographic profiling tool that is produced by Experian. MOSAIC categorises all households and postcodes into 'segments'. Each segment shares a set of statistically similar behaviours, interests or demographics. MOSAIC is especially useful for providing insight into the local population, service users and neighbourhoods and can be used to support sophisticated service development from initial feasibility research into service design and marketing.

The most recent version of MOSAIC was released in 2017. Households are categorised by 15 broad MOSAIC segments called 'groups'. These groups can be further broken down into 66 detailed MOSAIC segments called 'types'. Each group or type has an associated name and a detailed statistical profile. These profiles paint a rich picture of the segments and provide insight into the local population.

Figure 1: Percentage of households in each Mosaic group - Blackpool

Group Name	Description	Households	%
A	Country Living	Well-off owners in rural locations enjoying the benefits of country life	35 0.05%
B	Prestige Positions	Established families in large detached homes living upmarket lifestyles	569 0.89%
C	City Prosperity	High status city dwellers living in central locations and pursuing careers with high rewards	0 0.00%
D	Domestic Success	Thriving families who are busy bringing up children and following careers	904 1.41%
E	Suburban Stability	Mature suburban owners living settled lives in mid-range housing	3,093 4.82%
F	Senior Security	Elderly people with assets who are enjoying a comfortable retirement	7,842 12.21%
G	Rural Reality	Householders living in inexpensive homes in village communities	21 0.03%
H	Aspiring Homemakers	Younger households settling down in housing priced within their means	7,321 11.40%
I	Urban Cohesion	Residents of settled urban communities with a strong sense of identity	29 0.05%
J	Rental Hubs	Educated young people privately renting in urban neighbourhoods	1,705 2.66%
K	Modest Traditions	Mature homeowners of value homes enjoying stable lifestyles	9,845 15.33%
L	Transient Renters	Single people privately renting low cost homes for the short term	14,246 22.19%
M	Family Basics	Families with limited resources who have to budget to make ends meet	7,005 10.91%
N	Vintage Value	Elderly people reliant on support to meet financial or practical needs	8,427 13.12%
O	Municipal Challenge	Urban renters of social housing facing an array of challenges	3,169 4.94%

Source: Experian – Mosaic Public Sector 2017

2.1 Health in Summary:

The health of people in Blackpool is generally worse than the England average. Blackpool is one of the 20% most deprived districts in England. Life expectancy for both men and women is lower than the England average.

2.2 Health inequalities:

Life expectancy is 14.3 years lower for men and 9.3 years lower for women in the most deprived areas of Blackpool than the least deprived areas.

2.3 Adult Health:

The rate of alcohol related harm hospital stays is 1,163* worse than the average for England. This represents 1,612 stays per year. The rate of self-harm hospital stays is 635* worse than the average for England. The rate of smoking related deaths is 460* worse than the average for England. Estimated levels of adult excess weight, smoking and physical activity and rate of sexually transmitted infections are worse than the England average.

*rate per 100,000 population

[Source: Public Health England – Health profile published July 2017](#)

2.4 Suicide Rates:

Suicide rates for men in Blackpool are the highest in the UK. The age band 10-34 has the highest national figures at 25.3 per 100,000 population which is 104% higher than the regional average. The next highest age range is 65+ at 19.1 per 100,000 which is the second highest in the region, behind Blackburn with Darwen, and 55% higher than the regional average.

The total number of incidents for females is 4 times lower than those for men.

[Source: Public Health England – Suicide Prevention Profile Feb 2017 Update](#)

2.5 Mental Health:

The percentage of patients on GP practice registers aged over 18 are recorded as having depression is 13.5% in Blackpool which is the highest figure in the UK 5.2% higher than the national average.

17.5% of respondents to a GP patient survey in Blackpool stated that they suffered from depression and anxiety whilst 8.3% stated that they had a long term mental health problem.

In relation to 'admission to hospital for mental and behavioural disorders due to use of alcohol', females in Blackpool have the highest figures in the UK at 633 per 100,000 population. Males in the same category total 1447 per 100,000 population which is the second highest in the UK.

[Source: Public Health England – Crisis Care Profile – Updated August 2017](#)

3.0 About Blackpool Safeguarding Adults Board

The Blackpool Safeguarding Adults Board (BSAB) is a multi-agency partnership, which became statutory from April 2015 as a result of the [Care Act 2014](#). The Board is made up of senior members from all the agencies listed in *Paragraph 3.3*. The role of the Board is to assure itself and local people that local safeguarding arrangements are in place and Partners act to help and protect adults in Blackpool. It is about how we prevent abuse and respond, when abuse occurs, in line with the needs and wishes of the person experiencing harm. Many of the Board Partners have contributed towards the development of this Annual Report.

3.1 Our aims

Working together and with adults at risk of abuse, we aim to ensure people are:

- safe and able to protect themselves from abuse and neglect;
- treated fairly and with dignity and respect;
- protected when they need to be;
- able to easily get the support, protection and services that they need.

Our Safeguarding Adults Business Plan 2016-2018 sets out the priorities of partners across Blackpool, what we intend to achieve and the actions we will take to get there. This document was developed through consultation with Board Partners, with the views of service users taken into account. The Safeguarding Adults Board Partners have identified priorities within the wide range of issues and challenges that the Board aims to address. This information has been used to identify priorities for safeguarding adults and protecting adults at risk.

3.2 Its work – the Care Act and Principles

3.2.1 Statutory context

The [Care Act](#) highlights six principles that inform the ways in which professionals and other staff work with adults. The Board has used these basic principles upon which to base its strategic plan.

The categories of abuse under the Care Act are listed in **Appendix 1.*

The principles are:

Principles	Individual outcome
Empowerment	People being supported and encouraged to make their own decisions and informed consent.
Prevention	It is better to take action before harm occurs.
Proportionality	The least intrusive response appropriate to the risk presented.
Protection	Support and representation to those in greatest need.

Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
Accountability	Accountability and transparency in delivering safeguarding.
Empowerment	People being supported and encouraged to make their own decisions and informed consent.

3.2.2 Care Act updates: March 2016

The statutory guidance supports implementation of part 1 of the Care Act 2014 by local authorities, the NHS, the police and other partners. The edition of the statutory guidance published on 10 March 2016 supersedes the version issued in October 2014. It takes account of regulatory changes, feedback from stakeholders and the care sector, and developments following the postponement of social care funding reforms to 2020.

*The [Care Act updates](#) are listed in **Appendix 2**

3.3 Key Role of Board Partners

During 2016-17 BSAB Partners worked hard to ensure there would be robust “Care Act compliant” governance arrangements in place. Throughout this period a review of the BSAB’s membership and governance arrangements was undertaken. The Care Act set out clear requirements for safeguarding board membership in that they must include:

- The local authority - Blackpool Council
- The lead health commissioner - Blackpool Clinical Commissioning Group (BCCG)
- The local police- Lancashire Constabulary (Western/ Blackpool Division)

The Care Act sets out, that boards can also include other organisations that it considers appropriate. In Blackpool in addition to our statutory partners we also have membership from:

- Lancashire Fire and Rescue Service (LFRS)
- Blackpool Coastal Housing (BCH)
- Blackpool Teaching Hospitals (BTH)
- Lancashire Care Foundation Trust (LCFT)
- National Probation Service (NPS)
- Community Rehabilitation Company (CRC)
- North West Ambulance Service (NWAS)
- NHS England
- Blackpool and The Fylde College (Further Education and Higher Education)
- Representation from care provider organisations
- Public Health (part of the Local Authority)
- Healthwatch Blackpool

Statutory guidance suggests that given the multifaceted and critical role of the board chair must:

- Lead collaboratively,
- Provide advice, support and encouragement to partners,
- Offer constructive challenge,
- Hold main partner agencies to account,
- Ensure that interfaces with other strategic functions are effective,
- Acting as a spokesperson for the Board.

The Care Act states that safeguarding boards give consideration to the appointment of an independent chair. Blackpool has adopted this approach and appointed an independent chair. Although the Care Act and its statutory guidance do not set out too much detail about the specific role of board members, it is very clear about the role of the board. The guidance is however clear in setting out that members of a safeguarding adult board are expected to consider what assistance they can provide in supporting the Board in its work.

Specifically the Care Act statutory guidance states “Local SABs decide how they operate but they **must** ensure that their arrangements will be able to deliver the duties and functions under Schedule 2 of the Care Act”.

Please see **Board structure diagram in **Appendix 3***

3.4 What we have done

Safeguarding Adults Boards have operated on a statutory footing since 2015. Building on its previous preparations for the incoming legislation, this year the BSAB undertook significant work to ensure that it fulfilled its statutory responsibilities and established a firm platform for continuing to do so. This work has included:

- Reviewing and strengthening the Board’s policies and procedures.
- Reviewing the Safeguarding Adults Review process and protocol.
- Supporting the partnership by establishing the analyst role and increasing training staff capacity.
- Providing multi-agency learning and development opportunities.

The government guidance on **information sharing** for safeguarding practitioners was considered at the BSAB Shadow Board, Joint Training and Case Review Sub-Group. The guidance highlighted best practice and threshold levels of information for sharing. It was important for strategic leads to understand relevant legislation and the right levels of information to be used ‘on the ground’. Members felt that an information sharing agreement was needed for adult safeguarding cross-referencing existing formats.

Following an Improvement Board recommendation and feedback from multi-agency partners, the existing **Blackpool Concerns Resolution process** was being reviewed. The Protocol outlined a structured approach for partner agencies to use if they had unresolved case issues with Children's Services case officers. There were three stages going through line management levels to heads of service level. The safety of children remained paramount to ensure the process did not negatively impact. Agencies aimed to resolve issues at operational level. There had been no recent use of the Protocol so it had been reviewed to ensure it was still 'fit for purpose'. The process provides steps for resolving issues between professionals from different agencies when regular communications had been tried, with particular reference to resolving any issues.

There was currently no section on **recording information**. It was important that the Protocol reflected a partnership approach and be a multi-agency protocol. Records needed to be retained for informal discussions and one protocol document for adults and children.

3.5 **Its Business Plan priorities**

3.5.1 **Priority 1: Thresholds - Pathways and Support:**

- Understood and standardised thresholds and pathways
- In conjunction with the Blackpool Children's Board– look at the 'family unit'
- Consistency across all levels of need
- Consider the needs of adults 'at risk' of potential harm
- Establish a more systematic triage and action planning, where risk is identified: Differentiate between thresholds and quality concerns
- Driven by the work of sub-group chairs

3.5.2 **Priority 2 - Self Neglect:**

- Coherent approach to self-neglect.
- Effective strategies for responding to self-neglect and people with complex needs who do not engage effectively with services.
- Promote the importance of understanding self-neglect across all agencies.
- Develop resources and processes for piloting a coordinated response to people with complex needs who do not engage effectively with services.

3.5.3 **Priority 3 – Transitions:**

- Transition to adult services.
- Care leavers and disabled young people are appropriately supported by children's services to work towards independence.
- Disabled young people successfully transit to be supported in adult services.

3.5.4 **Priority 4 -Substances misuse / Mental ill health/ Domestic abuse**

- A 'holistic approach', to look at the whole household in a family context.
- Adults who live in households where at least one individual or carer misuses substances or suffers from mental ill health or domestic abuse feel helped and protected.

Mental Ill Health

- Mental health awareness and reducing stigma.
- Better understanding of [Mental Capacity Act](#) (MCA) and [Deprivation of Liberty Safeguards](#) (DOLS) - front line staff and managers from all agencies receive information, understand it and implement it in their working practices.
- Develop a robust approach to Transitions in relation to the Care Act to implement the MCA 16+.
- Develop a joint approach with Children’s Safeguarding to ensure that the MCA is fully implemented within Children’s Social Care and its relevant partners.

Domestic Abuse

- Identifying issues the Community Safety Partnership and Domestic Abuse Partnership will focus on including Human Trafficking and Crime that targets ‘at risk’ vulnerable adults within the community.
- Learning from Safeguarding Adult Reviews (SAR’s) and Domestic Homicide Reviews (DHRs).
- Incorporate learning from DHRs, and other reviews into training, ensure there is learning across children’s and adults services.
- Measure actual data to monitor and measure progress and outcomes.

Substance Misuse

- Raise awareness of services and referral pathways.
- Develop a multi-agency communications plan for adults and young people with a focus on:
 - o Harm reduction and safe drinking levels, targeting communities with high levels of alcohol related harm.
 - o Drug related harm and treatment services available.
 - o Supporting parents to address drug and alcohol misuse with their children.
 - o Research local trends in alcohol and drug consumption to inform targeted work.
 - o Substance misuse is incorporated into other relevant strategies.

3.6 Its Sub-groups

This year the roles and composition of the BSAB sub-groups were consolidated where possible to ensure that they will continue to support the work of the Board and deliver on its annual plans. Each sub-group now has renewed Terms of Reference in place, which will be reviewed regularly to ensure that they support the BSAB’s strategic priorities. The sub-groups benefit from multi-agency representation with staff from statutory and non-statutory agencies attending and contributing to the work. We are moving to better involve people who use services or their representatives in the work of the subgroups through Healthwatch and our other Board Partners.

4.0 Quality Assurance and Performance Management

The Quality Assurance sub-group has worked with partners to develop a general adult safeguarding dataset, to report regularly to the BSAB going forward. This will enable the partnership to be

informed of local adult safeguarding activity and better placed to identify trends and patterns that the intelligence data may highlight. The dataset will help determine priorities and target safeguarding activity by Partners.

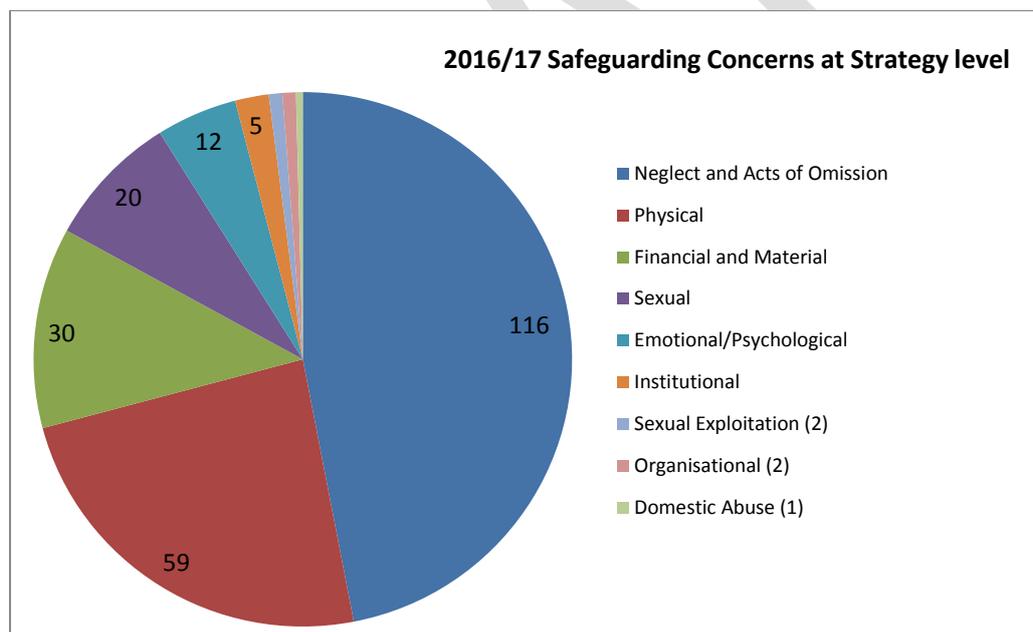
4.1 Dataset update

A large amount of information held by Partner agencies such as the Local Authority, Police, Health, Probation and Fire Service are accessed to establish the most relevant information for inclusion in the dataset to help meet the objectives of the BSAB Business Plan and inform future planning.

The newly appointed Data Analyst will develop a core set of data in order to provide a succinct and focused snapshot of Key Performance Indicators (KPI's) based on Safeguarding Board priorities. This would improve accessibility and interpretation of data and aid comparisons with regional partner and neighbouring authority data. The dataset will be focused on safeguarding issues and vulnerable 'at risk' groups of people. This will be a key role in understanding the level of need, focussing resources, monitoring and measuring progress of Partner Activity.

Figure 2: Safeguarding Concerns reported to Adult Social Care:

Over 2016/17 the number of safeguarding concerns escalated to an enquiry was 247*. 116 of these referrals were in relation to Neglect and Acts of Omission, 59 were in relation to Physical Abuse and 30 in relation to Financial and Material Abuse. The rest of the areas are highlighted below:



These three categories were in the same order of prevalence through the majority of the quarter marks of the year. Physical Abuse rose to its highest level in Quarter 2 and Financial Abuse rose above Physical Abuse in Quarter 3.

Figure 3: Outcomes:

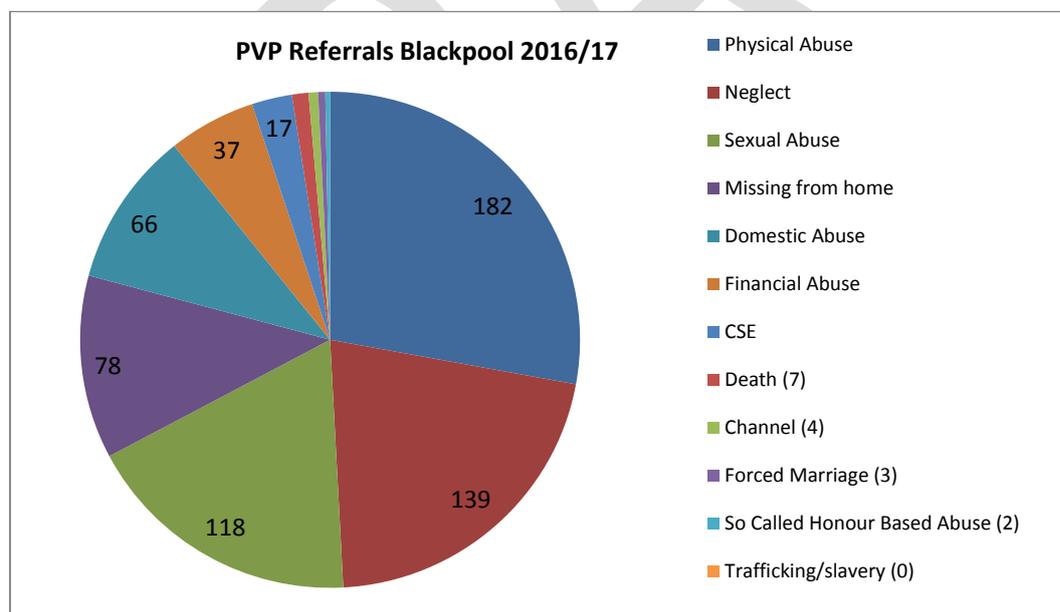
Of the 277* S42 enquiries concluded in 2016/17 (Different to the number escalated) only 138 have a recorded outcome decision. There is no recorded risk outcome on the remaining concerns.

Risk Outcomes: Where a risk was identified, what was the outcome / expected outcome when the case was concluded?	Total Section 42
Risk Remained	14
Risk Reduced	75
Risk Removed	49

* Due to recording and systems issues being addressed by Adult Social Care and the Systems Team the number of Safeguarding Concerns recorded as progressing to S42 stage, and subsequent outcomes, may not be a true reflection of the actual figures.

Figure 4: Protecting Vulnerable People (PVP) Referrals:

PVP numbers have been provided by Lancashire Police in relation to Blackpool based vulnerable adults. The reason for the referral is recorded and the following results are noted. Physical Abuse is the top reason for a PVP referral for Blackpool making up 182 of all PVPs for the area. This is followed by Sexual Abuse at 139 and Neglect at 118. The other areas are listed below.



Both sources of reporting highlight that Neglect and Physical abuse are the top reasons for Police and Adult Social care referrals in Blackpool. Concerns of Sexual Abuse also feature high on both sets of figures.

5.0 Training and Development sub-group

The Training and Development sub-group has an established programme of multiagency safeguarding training which is accessible to both statutory and non-statutory partners, care and support staff and housing providers. The training programme covers both safeguarding adults and safeguarding children allowing for joint training events which cover the issues from both the child and adult perspective. The work of the sub group is supported by the BSAB Board manager, training co-ordinators and administrative support.

In recognition of the growing training agenda, additional funding was agreed by BSAB to increase the training co-ordinator establishment from one full time coordinator by providing an additional part-time post. A training administration apprentice also supports the work and all support the work of the training sub group and contribute to ensuring that the BSAB fulfils its training responsibilities.

5.1 Training Programmen

The Sub group has an extensive training programme which covers both the child and adult safeguarding. This year in particular, there was a focus on developing new training courses focused on information sharing; learning from **Safeguarding Adult Reviews** (SAR's) and courses linked to the BSAB priorities.

In response to an identified training need, the sub group considered the reoccurring issues relating to **information sharing**. Specifically, it was recognised that some staff required clarity on when information could or could not be shared, and what information could be shared. The training aims to raise confidence of information sharing amongst staff. The information sharing sections of current training courses were strengthened and a bespoke information sharing training package was developed.

The importance of learning from safeguarding adult reviews both locally and nationally was also a subject of discussion resulting in the development of a training package which both raises awareness of the safeguarding adult review process but also includes some of the themes arising from reviews

The **Mental Capacity Act** (MCA) and **Deprivation of Liberty Safeguards** (DoLs) were the focus of a number of training courses including a workshop hosted by 'aftathought' theatre group (funded by NHS England).

5.2 The impact of training on practice

In recognition of the importance of multi-agency safeguarding training and the need to be assured of its effectiveness, the Training Sub Group took part in a development session focusing on how to measure the impact of training on practice and to further explore the different elements influencing how people learn and how we can promote learning. The agenda included a focus on:

- The current Delivery Plan
- Training Transfer
- Lessons learnt from Case Reviews embedded in practice – process map

- Training competencies for safeguarding adults
- Role and responsibilities of trainers and trainer agreements
- New courses e.g. professional challenge
- Training needs analysis - feedback from training evaluations / Section 11 / Adult SAB Audit
- Training attendance
- Information sharing

This year work has been on-going to demonstrate the impact of training on the practice of staff and ultimately on the care and support they provide to adults. Evaluation forms are completed by participants after each training event and these have shown an increase in knowledge of attendees post training. Success is demonstrated through evaluations that have taken place.

Figure 5: Training courses and number of attendees on courses during 2016-17

Training courses:	Number of attendees Apr 16 – Mar 17
Adults Multi Agency Safeguarding	106
Dementia Friends Awareness	45
Domestic Abuse Awareness and Referral Pathways	86
Fire Safety	29
Forced Marriage, Honour Based Violence and Female Genital Mutilation Awareness	50
Hoarding	50
Mental Capacity and Deprivation of Liberty Safeguards Awareness	44
Mental Health Issues in relation to Safeguarding Children and Adults	49
New Psychoactive Substances	117
Safeguarding and Supervision for Adult Practitioners	42
Substance Misuse and Safeguarding	57
Toxic Trio and Safeguarding	105
WRAP 3 (linked to PREVENT)	48

Challenges include the understanding the multi-agency safeguarding adults training needs of local statutory and non-statutory partners. Work is on-going to further enhance identification of these

training needs and to respond when training needs are identified. For consideration in future training programmes include a focus on meeting the training needs of residential carers in relation to Safer Recruitment, Professional Practice, and New Psychoactive substances.

Emerging themes included financial abuse, adult mental health, Toxic Trio, modern day slavery and human trafficking.

6.0 Case Review sub-group

The Case Review sub-group is the primary mechanism by which BSAB exercises its statutory duty to arrange a SAR when someone with care and support needs within its locality dies or is significantly harmed as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more effectively together to protect the person. The SAB has been mindful of ensuring that the partners are equally present and recognised in the work of the partnership. The work undertaken by the group included:

6.1 Reviewed protocol for Serious Adult Reviews

The Safeguarding Adult Review (SAR) Protocol was reviewed and updated with other safeguarding boards' criteria for undertaking SARs being considered.

6.2 Developed learning and sharing

Common themes occurring across Safeguarding Adult Reviews include effective communication and good information sharing and are nationally the most common challenges. Training on information sharing and communications was developed. The need for real learning was emphasised, e.g. adapting the Learning and Review Framework used for safeguarding children. SAR learning briefings are scheduled. A number of lessons learnt had been shared by neighbouring authorities.

- Adult case 1 - considered findings and learning.
- Adult case 2 - lessons learnt circulated and incorporated into future practice.

6.3 Developed robust confidentiality - records retention

Retention of confidential information (records policy) has been developed with consideration of the views of partners and other safeguarding boards. It is a key factor to secure current relevant information affecting safeguarding adult reviews.

6.4 Reviewed Terms of Reference

The overall statement is that the role of the Case Review Sub-Group is to manage each stage of the SAR process on behalf of the BSAB by disseminating lessons learnt and ensuring lessons are embedded into practice. The core membership was streamlined to statutory partners with room for other partners' knowledge to be used on an ad-hoc basis for specific review issues, e.g. Age UK.

6.5 Coroner links

The Board recently strengthened links with the local Coroner. The Coroners look for patterns but it can be challenging to gain the whole picture at an inquest. A better working relationship between

the Board and the Coroner has been developed. The Coroner is to be notified of any suspicious deaths that the Board may be aware of and share information and any learning from Coroner reports.

6.7 Safeguarding Adult Reviews (SAR) and Multi Agency Learning Reviews (MALR)

6.7.1 Adult 1 Action Plan - the Adult 1 case had not met the criteria for a SAR but had been appropriate for a Multi-Agency Learning Review (MALR) due to the complex issues such as mental health. A number of other Pan-Lancashire lessons had also been shared including coroners' reports although these concerned fire safety so were not immediate safeguarding issues.

6.7.3 Adult 2 Action Plan - Most safeguarding lessons had been learnt concerning domiciliary care providers, e.g. knowing when to escalate concerns to commissioners of care packages. Tenders for domiciliary care providers had been issued incorporating the enhanced requirements such as effective prevention and management of pressure ulcers. Guidance for dealing with pressure ulcers had been issued. There had been effective use of funds in developing Mental Capacity Act work.

Emerging issues include capacity and consent and how this impacts on obtaining information needed for comprehensive reviews is still not clear. Consideration of a Pan Lancashire approach to SARs is being explored.

7.0 Partner activity

Terms of Reference were reviewed to ensure 'fitness for purpose' and membership was current and relevant.

The BSAB **Business Plan priorities** were considered as acting as a robust quality assurance mechanism in identifying patterns, trends, emerging issues and future priorities for the Board.

Progress was reported on implementing recommendations from the *Winterbourne View Review* into improving care for vulnerable people. The **Transformation Care Programme** was progressing well.

Domiciliary care workers were being encouraged to provide alert referrals. It was recognised that the use of agency staff could sometimes create problems.

The '**Prevent**' agenda (anti-radicalisation) and related 'Channel' Panel programme was considered for safeguarding vulnerable people against radicalisation. It was recognised that there was a capacity issue with Channel Panel responsibility moving to local authorities. The approach would be pan-Lancashire with two new advisor posts for the county. The Prevent agenda to safeguarding vulnerable people against being radicalised into terrorism / extremism was regularly reported to both Blackpool Safeguarding boards for assurance purposes.

Safer recruitment to ensure robust checks are in place for employers, particularly in care home settings.

Review of multi-agency policy and aligning with single agency policies to reduce the size of the document aimed at multiagency practitioners to become user friendly and practical. The **Tri-X**

service for maintaining safeguarding policies and procedures had been reviewed and the service for adult safeguarding will be terminated towards the end of 2017.

The Serious incidents guidance was presented by LCFT in autumn 2016 for all partners and smaller private providers on themes of seclusion, segregation, risk monitoring and **pressure ulcer guidance**. They monitored progress with improvement actions. It would be beneficial for all partners to have a standardised process in place to ensure greater consistency.

The **Safeguarding Adults 'Collection'** (data analysis of safeguarding referrals) had been reviewed. It was a new approach focusing more on risks and outcomes for people. Particular areas of work being developed included **'Making Safeguarding Personal'**. In terms of supporting agencies, meetings were being arranged for the BSAB Independent Chair, Business Manager and QAPM Chair to meet key partners to discuss the most practical support from the BSAB.

Safeguarding risks associated with **psychoactive / psychotropic substances** had been raised as a concern by many BSAB Partners, in particular the new psychoactive substance 'spice'.

Successes include the **Decision Support tool** and regarded implementation and training, the Partners agreed there was a need for consistency and continual review of the tool in order that it remains relevant and current. It was noted that Lancashire Care Foundation Trust (LCFT) staff had praised the Decision support Tool and added that it had helped to improve the quality of reporting and provided clarity on referral pathways. As a result, there was a decrease in the number of incorrect referrals made.

Emerging issues included the issue of **financial abuse** and agreed that the scale of the problem was potentially much wider than initially thought and would be one of the key challenges faced by the Safeguarding Board Partners in the near future. In addition, the fact that it regularly overlapped with other forms of abuse meant it had the potential to go unreported. The need for a clear strategy aimed at dealing with financial abuse was agreed as a priority in Adult Safeguarding with staff awareness especially for front line Practitioners, such as those working in residential care settings.

Collation of data on **financial abuse** was regarded with equal importance in order to build up a more complete picture of the nature and extent of the problem in Blackpool. It was acknowledged that levels of reporting on this form of abuse may be increased following the introduction of future measures aimed at promoting awareness of the issue.

Modern day slavery and human trafficking were emerging areas that had been considered in a multi-agency setting and in-depth training, processes and pathways would need to be developed.

8.0 Blackpool Clinical Commissioning Group (CCG)

8.1 Work delivered to safeguard adults in Blackpool in 2016-17

Blackpool CCG is a commissioning organisation and is committed to ensuring that the welfare and safety of children, young people and adults is a priority. We ensure that arrangements are in place to provide strong leadership to ensure an effective and robust contribution to multi-agency safeguarding arrangements. The CCG is represented at senior level on BSAB and Sub Groups and contributes significantly to Board activity. The CCG also works in close partnership with other agencies (statutory and non-statutory) through a plethora of different forums such as the Health and Wellbeing Board, BSafe (Community Safety Partnership), and the Safeguarding Children Board and associated Sub Groups.

The CCG is pro-active in working with others to further develop and enhance current safeguarding arrangements. Safeguarding is integral to commissioning arrangements and the CCG Safeguarding Policy and associated standards are in all contracts. Each year all commissioned providers submit an annual self-assessment audit and associated evidence against all safeguarding standards. Feedback is provided, action plans are put in place as required and progress against actions is monitored. A bespoke safeguarding self-assessment audit tool has been developed specifically for care homes providing nursing and GP Practices to ensure that they cover the salient issues specific to these areas.

The CCG is pro-active in working with commissioned provider organisations to ensure that safeguarding standards are met and have supported our providers with 2016/2017 CQC inspection improvement activities in order to improve local safeguarding arrangements.

Quality and performance monitoring includes other safety elements such as prevention of infection and health, health and safety and human resources which contributes to ensuring that services are safe, well managed and adequately resourced. The CCG has a Continuing Health Care Team (CHC) which undertakes the health assessments for funded nursing care and continuing health care. This team has social workers embedded within it to ensure a seamless service and is actively engaged in the identification of adults at risk and promote safeguarding arrangements including ensuring Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS) arrangements for CHC funded people are reviewed and appropriate. In 2016/2017 the CCG reviewed and ratified an updated 'poor performance' joint policy with Blackpool Council for managing of poor performance in care home settings. The CHC team works closely with the Local Authority and care providers and is actively involved in supporting safeguarding inquiries. The team will soon be integrated with the Quality Monitoring Team from Blackpool Council.

Each GP Practice has an identified safeguarding lead and completes a safeguarding standards annual self-assessment audit. CCG Commissioning arrangements are under constant review and currently the CCG is reviewing the safeguarding support offered to Primary Care (GP Practices) and plan a number of new developments. These include access to a safeguarding help line for GP Practice staff to obtain safeguarding advice and support if required and additional funding for an additional clinical

resource within Multi-agency safeguarding hub (MASH), the provider organisation safeguarding team to support information sharing with GP Practices.

8.2 How well did you do this?

The scheduling of the CCG safeguarding self-assessment audits required from providers has been aligned to that of the safeguarding board. The audit tool has been reviewed and strengthened and quality visits are undertaken with provider organisations to further explore their safeguarding arrangements in practice. There has been an increase in the number of safeguarding quality visits to provide additional assurance.

The CCG has been represented on all key BSAB meetings and sub groups and the CCG Head of Safeguarding chairs the BSCB/BSAB Joint Training and Development Sub Group. The CCG proactively contributes to the work of the Board both financially and directly through the BSAB work streams. The CCG has provided leadership in partnership meetings and demonstrated the ability to monitor progress and held partners to account.

8.3 What impact did it have?

The CCG quality and monitoring activity has allowed the CCG to receive assurances from those who provide commissioned services, that they have appropriate safeguarding arrangements in place. Where there are opportunities to enhance safeguarding arrangements these can then be identified and addressed. The integrated working arrangements between CHC and the Council ensure that the service is as timely and seamless as possible.

Work undertaken during 2016-17 to support the BSAB priorities of Domestic Abuse, Mental ill Health, Substance misuse, Neglect & Self- neglect and Transitions includes:

- The CCG is represented on the work streams where appropriate and the BSAB Sub Groups, and the Domestic Abuse Partnership Board
- The CCG has supported the Joint Domestic Abuse Strategy
- The CCG Designated Nurse/Head of Safeguarding chairs the Joint BSCB/BSAB Training Sub Group where training on these areas is discussed
- A snapshot audit in GP Practices focusing on the response to and recording of domestic abuse was undertaken
- Cascade of lessons learnt from case reviews

Internal safeguarding audits or reviews were undertaken during 2016-17:

- Commissioned provider's safeguarding self-assessment audits.
- The CCG has quality meetings, undertakes quality visits and 'walk-through' with different commissioned provider organisations to explore in detail their safeguarding arrangements.
- Review of Safeguarding training compliance of CCG staff
- A safeguarding audit has been included in the Internal Audit Plan for 2017/2018

The CCG seeks the views of adults at risk and conducts regular and extensive engagement with residents from promoting services and campaigns in the local press to hosting patient participation networking groups. At least two drop in sessions are held which we brand as 'Your Voice' each month. Views expressed at these sessions are collated and shared with the CCG Quality and Engagement committee as well as executive leads. Polls and surveys are placed on the CCG web site and shared on social media.

The biggest challenges for the CCG include, identification of safeguarding issues within provider settings and capacity.

9.0 Lancashire Constabulary

9.1 Work delivered to safeguard adults in Blackpool in 2016-17

Inner Strength Programme – We have dedicated two of our Early Action Staff to delivering the Perpetrator Programme Inner Strength, working alongside colleagues from the Families in Need Team and Children's Social Care. This programme is delivered bi-weekly inputs to perpetrators of domestic violence based on referrals from a number of agencies. The attendees are supported through therapeutic group work to identify emotional triggers and develop coping mechanisms to deal with these. We manage a cohort of Domestic Abuse perpetrators through our Integrated Offender Management Scheme, the officers within the team work with convicted perpetrators to address the triggers to their offending and seek to find resolutions to issues such as worklessness, substance abuse, housing issues, finance management and health related issues.

Our Neighbourhood Policing Teams and **Early Action** Teams identify vulnerable missing from homes, whilst primarily this will focus on children and young people, there are occasions with people presenting with mental ill health, dementia or health problems.

We have established a **Human Trafficking** Team which actions intelligence relating to potential offences in relation to Human Trafficking.

We have ensured that a number of our staff, in particular Early Action and Neighbourhood Policing Staff have been trained as **Dementia Friends** and Dementia Friends Champions. We have also run joint operations in the Town Centre with Trading Standards, Public Health, Housing and Treatment Services to address the Street Drinking, psychoactive substances 'Spice' usage and Rough Sleepers.

There are dedicated resources for dealing with domestic abuse, both in terms of reported incidents and the full investigation of those incidents with the intention of reducing future occurrences and safeguarding those 'at risk'. We provide significant resources to dealing with perpetrators to address their offending behaviour addressing both environmental and psychological causation factors.

We have worked closely with Blackpool Victoria Teaching Hospital (BTH) to improve our responses to Mental Health and minimise any need for them to be held inappropriately in a custodial setting. We have introduced a mental health action line which allows officers to directly contact staff from Lancashire Care Foundation Trust (LCFT) 24/7.

The Police refer into treatment services and facilitate attendance of treatment services at our custody office to allow access to treatment services at the earliest opportunity. The Integrated Offender Management Team (IOM) work with Treatment Services, to facilitate the attendance of the identified cohort and compliance with service requirements.

We have a dedicated Single Point of Contact (SPOC) for Investigations concerning Adult Vulnerability and a team of dedicated and skilled investigators to focus on this area of allegations of neglect (familial or care home), domestic abuse (including by carers) and self-neglect where appropriate

9.2 How well did you do this?

The police are now wholly committed to addressing vulnerability at all levels and across the spectrum of ages. Our practice aims to focus more on earlier intervention, but this will take time to be adapted across the organisation.

Some of the interventions have not been subject to analysis, and this is an area in need of improvement, and how we effectively measure the effectiveness of our interventions to ensure that we deliver evidence based practice effectively.

9.3 What impact did it have?

Our responses have become more informed and targeted on the highest level of risk; the demand has continued to increase. It is unclear if this is due to a change in approach, and a greater willingness of people to come forward and disclose, or the environmental factors of today's society and the pressures on public services. We have anecdotal information and case studies that show significant improvement and very positive outcomes for individuals, but our ability to show the overall impact is limited.

9.4 Internal safeguarding audits or reviews during 2016-17

The PSD (Professional Standards Department) collate all lessons learnt from their investigation (and those managed by the IPCC) and share these corporately. These are integrated into our training where appropriate and influence the training needs for the coming year. The lessons learned from Case Reviews elsewhere including other safeguarding boards are disseminated corporately.

The police seek the views of adults at risk through Victim Impact Statements and are always obtained in order to influence the sentencing during an investigation, also to accurately reflect the way behaviours left people feeling as well as the injury or loss suffered.

The biggest challenges include the lack of joined up support for those who fall outside of the elderly or physically and/or mentally impaired. Particularly in relation to adults, the services seem disparate and not joined up, often significantly separated from the work with children, meaning that efforts to implement 'a whole family approach' are often thwarted when little or no support can be obtained for the adults as they do not meet the 'threshold'. This ultimately reduces the impact that any support for the children and young people.

10.0 **Blackpool Coastal Housing (BCH)**

10.1 Work delivered to safeguard adults in Blackpool in 2016-17

BCH now have an agreed protocol with Adult Social Care to discuss cases and individuals who reside in BCH property and are known to social services or have been identified as having social care needs. This has provided opportunities for joint problem solving. Legal costs involving Court of Protection cases are now shared through joint working and have resulted in better relationships.

BCH are involved in MCA training to ensure staff is given the tools to remain well informed. BCH support the BSAB with 'Hoarding' training linked to self-neglect under the Care Act. BCH continue to support many of the other initiatives that are mentioned in last year's annual report such as the Café. BCH provide a 'Care and Repair Service', which includes the provision of adaptations and equipment for people of any age with mobility and disability needs.

The Sheltered Housing Service continues to provide housing and intensive management for older people in the main across approximately 800 properties. BCH has developed a Tenancy Sustainment Service supporting people of any age address chaotic lifestyles, stabilise and then work with an aim of helping people develop meaningful activity and create aspiration to consider working as a lifestyle choice.

10.2 How well did you do this?

The joint working with Adult Social Care is proving very successful with cases being managed more effectively as managers' work directly across both services with a common purpose and shared understanding. The hoarding training has been well received and seen as a core indicator of self neglect.

10.3 What impact did it have?

BCH aim is to stop tenancies failing and ensures sustainable housing and support. BCH provide additional support to tenants rather than remove them from the properties, through links to Adult Social Care, help into employment, referral to other services such as mental health and hoarding.

10.4 Internal safeguarding audits or reviews during 2016-17

Regular case file audits of their Rent Service and ASB (Anti-social behaviour) service, which may identify support needs and develop plans to address these. Safeguarding is included as part of this but the scope of the support is much wider, often on a practical level.

BCH seek the views of adults at risk through: Customer led surveys and many initiatives that are community led. Regular surveys are conducted to improve service development, both at strategic and individual level. Lettings officers will support new tenants for the first 10-12 weeks to ensure that all support needs are identified and addressed at the outset. BCH focus on outcomes for people rather than processes.

The biggest challenges for BCH include reduced resources which have an impact on the delivery of services. ‘Winter Warmth’ funding is soon ending. BCH have sought external funding for which the outcome is pending.

11.0 Lancashire Fire & Rescue Service (LFRS)

11.1 Work delivered to safeguard adults in Blackpool in 2016-17

Additional Licensing: Participation in a weekly multiagency initiative which targets areas of deprivation. Blackpool Council Peoples Team leads on the initiative along with, Housing Enforcement, Environmental Protection, Planning, the Police and Lancashire Fire and Rescue Service.

Participation in the Blackpool Safeguarding Training sub-group- Community Safety Advisor delivers training on fire safety and hoarding concerns.

Dementia Friends – Community Safety Advisors are trained Dementia Champions and are able to deliver dementia awareness sessions to the community. We also attend the dementia hubs along with partner agencies.

Safe & Well Visits – We deliver the new Safe & Well visit, which is an enhanced home fire safety visit containing an additional seven determinants and provides a more holistic approach than the original Home Fire Safety Visit.

Police Training – We have delivered training sessions to the police to increase their fire safety knowledge and to enhance the referral pathways between our two organisations. We are involved in Early Action.

Training to Partner Agencies – We have delivered a significant amount of training to partner agencies, such as care providers, medical practitioners, district nurses and occupational therapists.

Operation Safeguard – We participate in this new campaign which targets vulnerable Blackpool residents who are over the age of sixty five. The Police and Blackpool Care and Repair will install home security and improvement measures.

11.2 How well did you do this?

The amount of partner referrals is a useful measure of the effectiveness of this and the referrals we have received have been of a high risk nature. We are effective in our ability to signpost and refer vulnerable residents to partner agencies. Joint visits and enhanced partnership working are a great example of this. The Team have completed 1247 Home Fire Safety Visits, 170 MASH Referrals and 66 FIRES Referrals. We have developed new interventions in the form of specific literature for those living with dementia and we are trialling new items specifically designed to leave with vulnerable occupants. A Winter Campaign issued oil filled radiators to several vulnerable occupants who were eligible in terms of age, poor health and mobility and without appropriate heating.

11.3 What impact did it have?

We have received complimentary feedback from recipients, their friends, families and partners’ in relation to visits we have made, referrals that have been signposted on for further support and interventions that we have put in place. The oil filled radiators are always well received and feedback has been overwhelmingly positive.

The biggest challenges for LFRS include identifying the most vulnerable occupants and ensuring that our partners are able to refer into our service for our Safe and Well Visits, coupled with maintaining and increasing the level of high risk referrals that we currently receive.

12.0 Lancashire Care Foundation Trust (LCFT)

12.1 Work delivered to safeguard adults in Blackpool in 2016-17

The LCFT report highlights Safeguarding activity across LCFT Mental Health Services within the Blackpool footprint. This report outlines the considerable amount of work undertaken by the Safeguarding Team, Network and Directorates within the Trust to ensure that children, young people and adults at risk are identified, safeguarded and supported to stay safe. The Team provides a specialist safeguarding service that supports learning and competency through co-ordination of training, supervision, advice and consultancy to all front line practitioners, their managers and fellow professionals. There has been a continued increase in the amount of safeguarding activity at a strategic, quality assurance and individual case level. Again Safeguarding Adult activity continues to increase significantly, partly due to increased awareness of responsibilities but also due to the introduction of further guidance and the Care Act 2015.

Work continues with in-patient staff, the safeguarding team meet with staff from the Harbour on a regular basis and are available for continued support, advice and consultancy, this is well received.

The Blackpool decision support tool has been integrated into practice. This is discussed and made reference to at each ward visit to increase staff awareness of this document and is guiding staff to make appropriate alerts to the local authority and aids them in knowing what do with any safeguarding adult concerns.

Engagement in the work of Blackpool safeguarding boards continues. A Specialist Safeguarding Practitioner is the nominated representative on the learning and development and other subgroups. The Prevent Agenda continues to be a high priority across the Trust. Training compliance continues to increase slowly.

LCFT Safeguarding team are represented on the Pan Lancashire Human Trafficking and Sex Workers Group led by the Lancashire Constabulary. It is within this forum that we were made aware of 'Duty to Notify' in the case of suspected victims of modern slavery and human trafficking. It is acknowledged that this is not a statutory requirement of health organisations; however, it was identified as good practice that LCFT front line practitioners make voluntary notifications, if they suspect someone may be a victim.

Bespoke training for Blackpool Safeguarding Boards around safeguarding and mental health continues to be delivered on a quarterly basis. The courses have a good uptake and very positively evaluated, with trainer knowledge being highlighted as strength. The course remains on the training programme for both boards going forward. Future dates have been agreed.

The LCFT safeguarding adult's team have worked with Blackpool Local Authority team in launching and implementing the Blackpool Safeguarding Adults Board decision support model. This will help

avoid inappropriate referrals and support appropriate alerts to the local authority and timely responses when concerns have been identified. This document has been rolled out across LCFT services.

12.2 How well did you do this?

There is an LCFT model of safeguarding champions within each clinical Team. Safeguarding performance is reported on a quarterly basis via contractual arrangements to the CCG Quality and Performance meetings. This enables us to articulate our safeguarding business, identify key performance indicators (KPIs) and track progress, delivering the information to Safeguarding Leads and Commissioners. In its recent CQC inspection, LCFT was rated as good, safeguarding and MCA arrangements were positively received.

12.2 What impact did it have?

LCFT hosted a Safeguarding conference in the summer 2016; contributions to the workshops have enhanced awareness and knowledge of Modern Slavery and Human Trafficking, increasing Practitioners awareness of LCFT's responsibilities.

The impact of training to increase awareness is tested out and quality assured by the LCFT Safeguarding Team through evaluation and has improved their practice.

12.3 LCFT seek the views of adults at risk

Within the Nursing and Quality Directorate a Service User and Carer Experience and Involvement Team in place with the function of leading the Patient Experience agenda across LCFT. Experts by Experience are engaged in service redesign.

There is a specific group who are living well with Dementia. Their views have informed the redesign of Dementia Care. Case studies are used in reports and reporting frameworks to capture and illustrate patient stories and experiences. The Trust's standard Friends and Family Test (FFT) questionnaire is also considered to inform future work.

The biggest challenges for LCFT include; the publication of the Intercollegiate Document (2016) for roles and competencies in relation to safeguarding adults will require a full review of the training plan. This will pose a challenge within the organisation as existing safeguarding resources will be stretched to deliver the increased training requirements.

13.0 Blackpool Carers Centre

13.1 Work delivered to safeguard adults in Blackpool in 2016-17

We have delivered in-house safeguarding training for volunteers who have face to face contact with service users. This includes procedures to follow when there is a safeguarding concern.

We have been involved in setting up the 'Dementia Hub' for Blackpool, Fylde and Wyre. This is a multi-agency approach to supporting people living with dementia and their families. We feel this is a preventative measure of safeguarding adults living with dementia.

Staff have participated in Mental Capacity Act and DOL's training. The Carer's centre continue to deliver dementia training for carers and this year we have also started to deliver mental health training for carers that care for people with other mental health conditions such as anxiety, depression, paranoid schizophrenia and personality disorder.

We have set up a triaging system so that new referrals into the adult service can be prioritised. Families who are at 'crisis' or who are struggling are seen first, with the aim of reducing or preventing crisis.

Many of the carers that we support are caring for people suffering from mental ill health and / or substance misuse. We provide intensive support for these carers and their families. In some cases this means a referral to services such as Horizon or their GP Surgery. We work closely with the community mental health teams and LCFT. Our Family Focus Project supports families where there is parental substance misuse and/or mental ill health. The project supports positive family functioning and relationships which includes the safeguarding of vulnerable adults within the family. Due to the complexities of the families accessing this project, we have found that domestic abuse is more prevalent.

Domestic abuse has also been highlighted within our 'Hand in Hand' (Parent Carer) project. Many parent carers are the victims of emotional and physical abuse due to their child's challenging and complex behaviours.

Carers can often neglect themselves in order to support the person they are caring for. They can miss their own health appointments and avoid having crucial operations. We encourage carers to look after their own health and well-being, as well as encouraging them to have a break. We work closely with Adult Social Care in order to safeguard the carer as well as the cared for person.

Our Young Adult Carer Project supports young people aged 16-24 who are going through a difficult period of transition, as well as having the added responsibility of a caring role. The project promotes a positive balance between caring; education, careers; and having a break.

13.2 How well did you do this?

Training for volunteers includes a look at policies and procedures, as well as an informal discussion so that they can relate it to their individual role and practice.

The Dementia Hub incorporates various organisations as well as people living with dementia and their carers. We hope that this partnership working increases the support available for individuals living with dementia, providing a preventative approach to safeguarding adults.

- Staff had a positive response after the training.
- The training for carers has been a success with positive feedback from service users. It has also encouraged more partnership working with various teams from across Blackpool including Adult Social Care, Community Mental Health Team for Older Adults, Complex Care and Treatment Team and Blackpool Council's Adult Learning.
- The triaging system means that Adult Carers can be supported more quickly.

13.3 What impact did it have?

- Volunteers now know procedures to follow. We are also developing the safeguarding adults training to incorporate new legislation in line with The Care Act (2014).
- Dementia Hub – Information is reaching a wider audience and individuals know more about the support that is available to them.
- Staff have increased their knowledge in MCA and DOL's. They are now able to apply this in their work.
- Carers report to have more knowledge about the condition of the person they are caring for and feel better supported in their caring role.
- The triaging system means that Adult Carers can be supported more quickly, meaning fewer carers in 'crisis'.

13.4 Seek the views of adults at risk

- Consultations with carers groups
- 'Carers Star' Assessment Tool – highlights any risks
- One to one practical and emotional support – enables carers to feedback individually on our services as well as external services.
- Lots of carers feel unsupported in their caring role and are at risk of a 'crisis' point
- Many carers are socially isolated
- Many carers neglect their own health needs (as they are focussing their attention on the person they are caring for).

The biggest challenges for the Carer's centre include ensuring that there is a continuity of provision for service users. An increasingly competitive funding environment means that it is crucial to evidence the impact of interventions on carers through pre and post plan assessments.

14.0 Probation Service NW Lancashire (NPS)

14.1 Work delivered to safeguard adults in Blackpool in 2016-17

NW Lancashire NPS are working with the National Autistic Society to improve how we work with adults with autism. Autism Accreditation has been operating since the early 1990's and covers a vast array of service areas. The National Autistic Society's (NAS) Autism Accreditation Team began working to develop standards specifically for prisons in 2014.

Andrew Selous MP as Minister for Prisons, Probation and Rehabilitation visited one of the pilot sites, HMYOI Feltham to learn more about this work and to see the benefits for the prisoners and also the prison itself. Mr Selous then asked NAS if they would look at a pilot for probation (NPS and CRCs) which commenced in 2015.

North West Lancashire has been invited to join the pilot and will further inform the standards.

The pilot sites will work through the standards and NAS will provide support via an accreditation adviser to find the evidence that shows that we are meeting the standards. The process takes around three years and we are currently in year one.

This is then followed by a peer review, where the team will undertake an audit of the organisation, look at evidence, and observe practice and interview staff and service users. Following the review, a report is written by the team which then goes to an independent panel.

Autism Accreditation is an ongoing process. The report that the review team writes will include areas of best practice, but also includes areas for development. A regional adult safeguarding plan was launched in March 2016.

Adult safeguarding training is part of compulsory training delivered nationally by NOMS and launched in early 2016. Staff must complete an e-learning module before accessing classroom training. There is a roll out of Connect 5 training – 2 ½ days training aimed at improving emotional well-being of service users. All Offender managers will undertake 2 days of Personality Disorder training in 2016/17. All practice staff have completed WRAP 3 training this year. All staff have attended a briefing in relation to the use of the Communication assessment tool developed by Calderstones NHS trust. Cases are screened & completion of the tool monitored. Staff will attend ad hoc briefings and training days as agreed with their line managers. We have a specialist Probation Officer working with all cases in transition from YOT.

14.2 How well did you do this?

The initial project team of staff from all grades and roles are raising awareness of the autism initiative with colleagues. Staff have undertaken bespoke training and a quiz has been developed to be used in team meetings.

14.3 What impact did it have?

In terms of resources, the focus is on a culture shift, where we will ensure that all staff actively considers Autism in all aspects of our work - from the communications we use; to the way we set up inductions, to how we manage waiting areas. It is expected that the changes we will need to make will be relatively small adaptations to practice, and that some of this we will already have in place, in terms of how we manage appointments for people with Autism; or the approaches we use in supervision; or the documents we have in pictorial rather than written form. The standards will enable us to gather and share the good practice as well as identifying gaps.

The biggest challenges for the NPS include accommodation for adults on release from custody. We have an ageing prison population and people are being released with complex needs requiring additional support.

15.0 **Cumbria and Lancashire Community Rehabilitation Company (CRC)**

15.1 Work delivered to safeguard adults in Blackpool in 2016-17

The CRC delivers a range of group and 1:1 interventions to perpetrators of Domestic Abuse. One intervention delivered is the Safer Relationship Programme which is a 12 session group work programme. It is targeted at male perpetrators of domestic abuse. The programme aims

- To increase the Domestic Abuse perpetrators awareness of the consequences of his abusive behaviour.
- To increase his ability to respond non-abusively.
- To increase his ability to change his abusive beliefs.
- To increase his ability to understand the impact on his victim(s).
- To help to identify his high risk situations and improve his future management of these.

15.2 During 2016/17, arrangements have been made to deliver this programme in Blackpool as a local need was identified. Prior to this, anyone resident in Blackpool would have been required to travel to Preston to attend the nearest group or it would be delivered on a one to one basis.

A key outcome of our domestic abuse interventions work is to safeguard victims by reducing the risk of reconviction. Our work also includes victim contact and support via the women's safety workers attached to our group work programmes.

15.3 The CRC attend Care Plan Action strategy meetings with regards to vulnerable adults (mental health). Assessments are conducted through the use of 2 assessment tools, Justice Star and OASys, to assess the vulnerability of all clients and make relevant action plans. We work in partnership with Lancashire Women's Centre to deliver women specific approach. This provides a holistic one stop shop approach for women service users. For example, the Vision programme is delivered to our women service users. This provides 1 to 1 and group practical and emotional support to female offenders and is designed to empower women to make pro social decisions to reduce the likelihood of reoffending.

Some of the support and services available include:

1. Drop in sessions
2. 121 key worker
3. Health and Wellbeing
4. Substance Misuse referrals
5. Domestic Abuse support

15.4 We have implemented a suite of training and development opportunities that are now being delivered in conjunction with our training partner. This includes:

- Practice Development workshops. Live cases are discussed and a particular focus is given to effective practice in working with cases where there is a safeguarding concern.
- Professional Practice Workshops. Practitioners were equipped with the correct process to follow in relation to gaining information, following this up, sharing important information and multi-agency engagement.

- Risk Review Workshops are currently being delivered. Focus is on recognising when risk is increasing, including cases where there is a safeguarding concern.
- All practitioners and managers attended briefings in early 2017 in which they were shown how to access the updated CLCRC Operating Manual and Risk and Public Protection Manual
- Individual practitioners that require additional training and development are identified via the quality assurance process.

Biggest challenges include supervision of many adults often vulnerable due to personal risk (as well as potentially presenting a risk to others) via substance misuse and/or mental health issues. Probation clients often have difficulties accessing community services due to prejudice they experience due to their offending history or having previously disengaged. Probation can at times be seen as a peripheral rather than integral part of planning meetings in the mental health field and hence are not always invited to CPA meetings, or Probation are sometimes seen as the agency that will 'pick up the pieces' after discharge. Recording vulnerable adults adequately on current systems is also a challenge.

16.0 Blackpool Teaching Hospitals (BTH)

16.1 Work delivered to safeguard adults in Blackpool in 2016-17

The Independent Domestic Violence Advocate (IDVA) post was extended to support victims of domestic abuse. An IDVA role was introduced to work alongside BTH practitioners, providing advice and support to staff and patients. The IDVA is available for all patients coming to A&E, maternity, long stay wards, and any other person who has cause to visit the hospital for any amount of time. The IDVA is also accessible to staff who have lived with or who are living with domestic abuse.

CASHER Pilot extended - The service is closely aligned to the Pan Lancashire EHWB Transformational Plan focussing on Improving access, promoting resilience, care of the Vulnerable, training the workforce etc. The Blackpool services have good levels of engagement and a willingness to engage and transform. The service covers up to 25 years old.

There has been a successful pilot of the Human Trafficking and Modern Slavery Post. BTH hosted a Human Trafficking and Modern Slavery Conference with national and international speakers. Feedback received was excellent (see a selection of comments below)

- Training
 - o 3281 staff trained in Prevent
 - o 4206 staff trained in MCA/DoL's

BTH conducted a Sexual violence/rape audit which informed a HO bid for an ISVA service which has now been agreed by the Home Office as it found that in 90% of cases the victim had presented at A and E with a form of mental health need. Often the sexual violence was not disclosed and health were unaware. The audit strengthened communication from the SAFE centre to BTHFT by sharing attendance of adult cases, in addition to those with children that were already shared. The Home office VAWG Transformation bid for an ISVA in a hospital setting would provide a specialist service at

the point of contact for those clients; research indicates this presentation is a vital opportunity to provide support. In addition the role would focus on collaborative and joined up working with our police partners. The role would also raise awareness and build on knowledge for staff.

16.2 How well did you do this?

- IDVA – In Q1 2017 there were 74 referral to the health IDVA and figures demonstrate a gradual increase month on month (April – 19, May – 25 and June – 30).
- CASHER - Casher support to CYP in A&E in emotional distress every weekday evening until 10pm, weekends and Bank Holidays, this is a sound example of a person centred new initiative.
- Human trafficking/Modern Slavery
 - o Conference was a great success and it raised awareness. 97.4% of staff who attended were very satisfied with the conference.
- Sexual violence/rape audit – successfully informed a Home Office bid for an ISVA service.

16.3 What impact did it have?

IDVA – funding was extended and has been agreed for further year. Data gathered demonstrated need for further expansion. Data enabled service to be more aware of potential communities that are in need of further support from their local health services such as their local GP surgery. Health IDVA can assist in supporting GP/ Community clinics in providing effective support to these clients and safeguarding when necessary.

CASHER - Casher has ensured CYP are not admitted to general paediatric wards if this is the best thing for the children, all children are followed up to ensure pathways are open to them and barriers are eliminated. They get a strong and safe assessment which has the child at the centre but it is also family/ carer focussed.

The conference provided BTH links with the National Crime Agency and Metropolitan Police. Following the conference there has been an increase in NRM referrals, intelligence and arrests for modern slavery. Professionals are more aware and considering the signs when undertaking daily business. Improved multi-agency working and recognition of responsibilities, however, this still requires significant further development. Increase in cases has highlighted gaps in victim focused services. This has meant that although there is increased awareness, victims are not being consistently safeguarded. The post holder has reviewed best practice in the UK and is making recommendations on how this can be improved. Sexual violence/rape audit – funding for an ISVA service agreed.

17.0 **Blackpool Council – Adult Services and Commissioning and Quality Monitoring**

17.1 Work delivered to safeguard adults in Blackpool in 2016-17

The Adults Services directorate provides services and support for disabled people who may have a physical or sensory impairment, adults with learning disabilities, people with mental ill health and adults whose independence is at risk due to age or frailty. We also lead on safeguarding enquiries and provide services to those people who may be at risk of abuse or neglect.

We want to make sure that all our services:

- are delivered to the highest possible quality
- are innovative and effective
- are provided in a way that centres on the person and is responsive to each person's individual and specific needs.

To do this we:

- help people to regain skills and to do as much as they can for themselves
- outline a persons support entitlement and how it is assessed
- help people to manage any personal budget they receive or give them the freedom to manage it themselves
- support a persons right to live life free from any form of abuse
- provide clear guidance and information on services available
- make it easy for people to let us know their feedback, respond promptly and use this information to improve services

The Care Act 2014 is a single, modern framework for adult care and support in England and brings consolidating together all/most previous adult social care legislation, and also introduces some new duties for local authorities.

From April 2015 some of our key duties under the Care Act include:

- Assessments both service users and carers
- Regular reviews of care provision for service users and carers
- Safeguarding concern management
- Promoting individual wellbeing
- Improving our information and advice
- Preventing the need for care and support
- Recognising new rights for carers
- Promoting quality and diversity in the services we provide
- Integrating care and support with health and other services

The **Safeguarding Adults 'Collection'** (data analysis of safeguarding referrals) had been reviewed. It was a new approach focusing more on risks and outcomes for people. Particular areas of work being developed included 'Making Safeguarding Personal'.

The Local Authority has been involved in **Prevent** work to safeguard vulnerable people against radicalisation. Training has been delivered to raise awareness of Prevent and through participation in the Prevent Delivery Board. 'Dovetail' work has been undertaken for moving Prevent administrative work from the Police to the Local Authority. The effective use of IT systems was being considered. Data was an important issue both qualitative and quantitative to support evaluation of

work. Consulting key stakeholders on significant issues was also another area of work involving thirteen de-briefing sessions into 2017.

Intermediate Care (taken from scrutiny report)

Blackpool Council and Blackpool Teaching Hospitals Foundation Trust are working together with the support of the Blackpool Clinical Commissioning Group to deliver a new way of working for Intermediate Care in Blackpool from April 2016. Supporting people who have had a rapid deterioration in health, such following, for example, as a stroke or fracture after a fall, the Intermediate Care service brings health and social care together to help people leave hospital (or remain at home, avoiding hospital) and regain their independence as soon as possible. The new model, which will be a combination of short term residential support and increased community provision, has a strong focus on helping people to do as much for themselves as possible, improving and maintaining their health and wellbeing at home and engaging with their local community. The new service will be therapy led, with Occupational Therapists and Physiotherapists a large part of planning the pathway for people as they improve in confidence and ability. The “hub” for the new service which will be delivered across Blackpool will be the Assessment and Rehabilitation Centre (ARC) on Clifton Avenue in Blackpool. As well as providing bed based care, the ARC will serve as a place for staff working in the Intermediate Care support services to come together, share ideas, experience and work to secure the best outcome for every patient.

Charging for the Money Management Service

The Client Finances Team currently supports approximately 170 vulnerable adults with the management of their finances. Some adults lack the mental capacity to manage their finances as a result of illness, such as dementia, a learning disability or a mental health issue. Increasingly the team are asked to provide support in situations of financial abuse, where a vulnerable adult or young person is exploited by friends, family and other members of the community.

In these situations the Council can apply to the Department of Work and Pensions (DWP) to act as appointee for a person. This arrangement with the DWP allows the Council to receive any benefits the person is entitled to and to spend those benefits on daily living costs such as paying bills and buying food.

In addition to demonstrating a clear commitment to safeguarding vulnerable adults from financial abuse, there are wider benefits in this arrangement to both the Council and the individual:

- a. The avoidance of debt including the regular payment of charges due to the local authority i.e. contributions towards the cost of care, rent and/or council tax.
- b. Individuals are supported to remain independent and maintain a stable home environment where bills are paid regularly and money is provided for shopping and leisure activities.
- c. Financial plans are drawn up with the help of care providers and social workers, resulting in the individual being able to accrue savings which can then be used for ad-hoc purchases such as holidays, new furniture, the purchase of additional care services aimed at improving quality of life.

The Phoenix Service (Mental Health Crisis Service):

The Phoenix Service offers a residential placement to people with mental health needs who require additional support at times of crisis to help them manage their continued recovery and maintain mental health and wellbeing. People can access the service for between one night and 14 nights typically, although this is dependent upon their need at the point of referral. The purpose of a short placement at the Phoenix is to enable the person the time they require, in a low stimulus and therapeutic environment, to take back some control of their period of poor mental health with a focus on them returning home in the least amount of time as possible.

The Phoenix is not an alternative to hospital, however supporting people who experience particular mental crisis has a positive preventative outcome and can typically mitigate further deterioration in a person's mental health and this can prevent an in-patient hospital admission. The Phoenix also offers Respite (Crisis Prevention) to a small group of people whose mental health needs cannot be met by typical residential homes as specialist support is required. Referrals are made to the Phoenix from a number of sources including the Mental Health Crisis Team, Accident and Emergency Mental Health Liaison Team, Community Mental Health Teams, Adult Social Care and the Police with support from the Mental Health Crisis Team. In Quarter 3 of 2016/2017 the Phoenix received 86 referrals for mental health crisis or respite crisis prevention. The service delivered 396 bed nights of provision during Quarter 3 which equates to an occupancy rate of 108% (based on four beds). The service is commissioned to provide four beds per night, however there is capacity built in to provision to expand and contract capacity in response to demand up to a maximum of six beds per night. The average length of placement at the Phoenix across Quarter 3 was four nights. The service delivered between four and six beds per night for 77% of the quarter with the remainder of provision being delivered between one and three beds per night.

We have primary responsibility for causing enquiries to be made in safeguarding. We support adults with assessment, information and signposting, and for those meeting the eligibility criteria set nationally, with care planning and direct support. All of the above issues could be features in the lives of people who approach us. We have worked with teams in Environmental Protection in relation to specific cases of self neglect and how best to approach them. We are the lead agency in transitions from Children's Services.

Work undertaken by Commissioning includes:

- Monitoring of the quality of contracted regulated care services.
- Multi agency identification of quality issues.
- Multi agency decision making.
- Multi agency solutions to issues and support to improve quality.

17.2 How well did you do this?

All Local Authority – adult services have been awarded a good rating by CQC, including the above initiatives. All internal provider services have been rated by CQC as good. Adult Social Services have increased social worker support for regulated care. There is now a named social worker to discuss care plans and risk assessments. Advocacy services have been commissioned to provide independent support to eligible vulnerable adults to engage in local authority processes, including

those subject to DOLs. The CQC inspection ratings for contracted services are better than North West and National averages. Where providers engage fully a service judged to be ‘Inadequate’ can be supported to improve to ‘Good’ in less than six months. We have audited our processes and the results were agreed in an action plan with the Internal Auditor.

17.3 What impact did it have?

- Service user satisfaction remained high (92.6% of respondents to Adult Social Care Survey said they were extremely, very or quite satisfied with the care and support they received, compared to 93.6% in 2015/16.) 93% of respondents said the support they received made them feel safe and secure and helped them to have control in their daily life.
- Current processes and systems were reviewed to ensure improvements could be made.
- More service users are now supported when leaving hospital back into their home environment.
- Assessments are now delivered in a timely manner with no waiting list for assessment.
- A high number of service users are now supported in relation to managing finances to improve their ability to maintain independence.

Residential & Nursing	Blackpool	Blackpool	North West	North West	National	National
	Number	%	Number	%	Number	%
Outstanding	3	4.35%	20	1.11%	220	1.48%
Good	56	81.16%	1269	70.74%	11436	76.83%
Requires Improvement	9	13.04%	450	25.08%	2971	19.96%
Inadequate	0	0.00%	55	3.07%	258	1.73%
	68	98.55%	1794	100.00%	14885	100.00%

Care at Home	Blackpool	Blackpool	North West	North West	National	National
	Number	%	Number	%	Number	%
Outstanding	0	0.00%	17	2.32%	115	1.87%
Good	15	88.24%	569	77.52%	5023	81.66%
Requires Improvement	2	11.76%	143	19.48%	956	15.54%
Inadequate	0	0.00%	5	0.68%	57	0.93%
	17	100.00%	734	100.00%	6151	100.00%

17.4 Adults at risk are engaged in the safeguarding process and their views and wishes influence our activity in responding to safeguarding concerns. Advocacy services engage in local authority services, including those subject to DOLs. The views of service users are actively sought by commissioners at annual contract review, during validation visits, investigations, via complaints and statutory notification to the CQC, and as part of Commissioning Reviews and the commissioning new services.

The biggest challenges include the increase volume of work and increasingly complex needs being managed in the community, together with the extent to which vulnerable people are unbefriended in the community. All partners can help by making safeguarding and problem noticing an integral part of their day to day work, by helping people to make connections in their own communities, and by intervening or escalating as appropriate at the earliest opportunity.

There are increasing pressures on recruitment and retention in the care sector leading to capacity and quality in the market where demand is increasing. For Commissioners it includes the ability to quality assure contracted services is directly proportionate to resources deployed and there is pressure on public sector funding. Move to area based approach by CCG Care Homes Team means that overall approach is weakened as improvement activity is targeted at geographical areas and not at the riskiest contracted provision.

18.0 Domestic Abuse and Interpersonal Violence Partnership Board (NHS Blackpool Council & Blackpool CCG)

18.1 Work delivered to safeguard adults in Blackpool in 2016-17

The DAIV Partnership Strategy 2016-2020 was signed off after being presented to Council Executive December 2016 (*following this being agreed by both the DAIV Partnership Board and Safeguarding Boards*). The objectives of the Blackpool DAIV Partnership Strategy are to:-

- To provide strategic direction for the Blackpool Domestic Abuse and Interpersonal Violence Partnership Board.
- To ensure victims and their families in Blackpool experiencing domestic abuse and interpersonal violence have access to quality provisions of services appropriate to their needs.
- To reduce the impact of domestic abuse and interpersonal violence by using a multi-agency collaborative approach.
- To implement a strategic approach to integrated commissioning to develop a 'One public Service Offer'.
- To intervene, prevent and break the cycle of domestic abuse and interpersonal violence across Blackpool reducing incidents of abuse and repeat victimisation.

Work has started on developing the Blackpool DAIV Partnership Action Plan. The aim of this is to identify key actions in order to ensure delivery of the Blackpool DAIV Partnership Strategy 2016/2020; and to identify actions in respect of the four priority areas outlined within the above Strategy 'Prevention, Provision, Partnership and Perpetrators'. Partners

are currently being asked to identify key actions against each priority area from their organisation's perspective.

- 1) A Domestic Abuse and Interpersonal Violence (DAIV) Partnership Board has also been established to provide leadership and direction in relation to DAIV. Work is currently underway to develop the strategy action plan and once the strategy action plan is finalised.
- 2) The overall model will provide a co-ordinated response to victims of DA with complex needs, ensuring their safety, removal of barriers, the provision of support to help them live independently and encouraging victims on the pathway into work. By working with key services this will encourage behaviour change breaking the cycle of domestic abuse.
- 3) Home Office bid submitted – This is linked to the national Ending Violence against Women and Girls (VAWG) Strategy and the bid is in respect of service transformation.
- 4) The Blackpool White Ribbon action plan completed as part of the Lancashire accreditation application, this has been submitted via PCC. At this stage we are still waiting to receive formal accreditation, but we can still progress with the submitted action plan. Feedback from the Office of Police Crime Commission 11th May informed us that this is near completion.

18.2 Examples of projects and work currently underway are:-

- The **Inner Strength** Programme which aims to reduce the risk of repeat offending by tackling offending behaviour and supporting those victims who decide to remain with their offending partners.
- **Step Up** is a Partnership work between Blackpool Council and Blackpool Centre for Early Childhood Development (Better Start) led to the successful securing of funding from the Economic and Social Research Council (ESRC) for the 'Step Up' pilot. As part of work with the Early Intervention Foundation, the funding allows research into an early intervention approach to improving outcomes for children and families where early signs of Domestic Abuse have been identified. The 'Early Help Step Up' offers a whole family approach, which involves working with both parents, or parent and partner, other adults living in the home and the children.

19.0 **NWAS**

19.1 **NWAS Quality Account 2016-17 (Safeguarding Excerpt)**

(This information is not Blackpool specific and has been taken from the above NWAS report)*

The Safeguarding Team has expanded since taking on two new Safeguarding Practitioners in early 2017. There is now a designated Safeguarding Practitioner working in each geographical area of the Trust, Cumbria & Lancashire, Greater Manchester and Cheshire & Mersey. The practitioners work directly to the Safeguarding Practice Manager and under the umbrella of the Clinical Safety Team and the Head of Clinical Safety. The increase in the workforce has allowed a stronger commitment to internal training and support for staff and for a visible engagement with Local Safeguarding Adults and Children's boards.

All of the Safeguarding Practitioners and the Safeguarding Practice Manager and Head of Clinical Safety attend external level 3 training provided by the Local Safeguarding boards on a variety of current topics, such as CSE, Human Trafficking and modern day slavery, and CDOP workshops. The Safeguarding Practice Manager and the Head of Clinical Safety attend level 4 training as the designated professionals for safeguarding.

The information gathered from such training is cascaded through the trust and enables the frontline staff to be empowered with the most up to date information in the local area. Clinical supervision is carried out both within the team and sought from external sources within the local safeguarding arena. This provides the Practitioners and Managers with the opportunity to ensure that the team's practice and training are current and correct.

Safeguarding activity continues to increase each year and is reflected in the increase in the numbers of safeguarding concerns raised about adults at risk and children.

The charts show the concerns raised to each Children's and Adult's Local Authority over the course of the year. In addition the data is presented by the geographical areas covered by the trust. (GM= Greater Manchester, CM= Cheshire and Mersey and CL= Cumbria and Lancashire).

19.2 The Vulnerable Persons Policies and Procedures have been updated and designed to highlight current issues and offer guidance and raise awareness of potential risks to vulnerable people in society. The documents are designed to be used by all staff working for or on behalf of the trust. In addition to this, information sharing surrounding current safeguarding issues are circulated using internal bulletins, the intranet and an internal social media platform, known as Yammer.

The Safeguarding Team visit Trust areas on a quarterly basis to raise safeguarding awareness and support staff engagement with the Safeguarding Practitioners to increase their knowledge.

The embedding of the Care Act 2014 into practice has seen a continued rise in requests to be involved in Safeguarding Adult Reviews, Domestic Homicide Reviews and Strategy Meetings. The Safeguarding Practitioners will work alongside senior managers and clinicians to ensure engagement with Local Safeguarding Adult and Children's boards is visible and specific to local needs. There are currently 46 safeguarding boards across the geographical footprint of North West Ambulance Service and the practitioners have committed to attend each board a minimum of once per year, or, as per local board request.

19.3 Safeguarding Concerns Rejections

Each month the safeguarding concerns that are rejected by Adult and Children's Social Care are scrutinised to understand the themes and to reallocate concerns to the correct service or to the patients GP. Less than 6% of all adult concerns are rejected and less than 5% for children. The rejections relate predominately to mental ill health for adults.

The Trust has recently appointed a Mental Health Strategic Advisor who will coordinate the partnership work to develop mental health referral pathways. Discussions and communication with the social care departments in all areas ensures that safeguarding concerns continue to flow through the use of the ERRIS system.

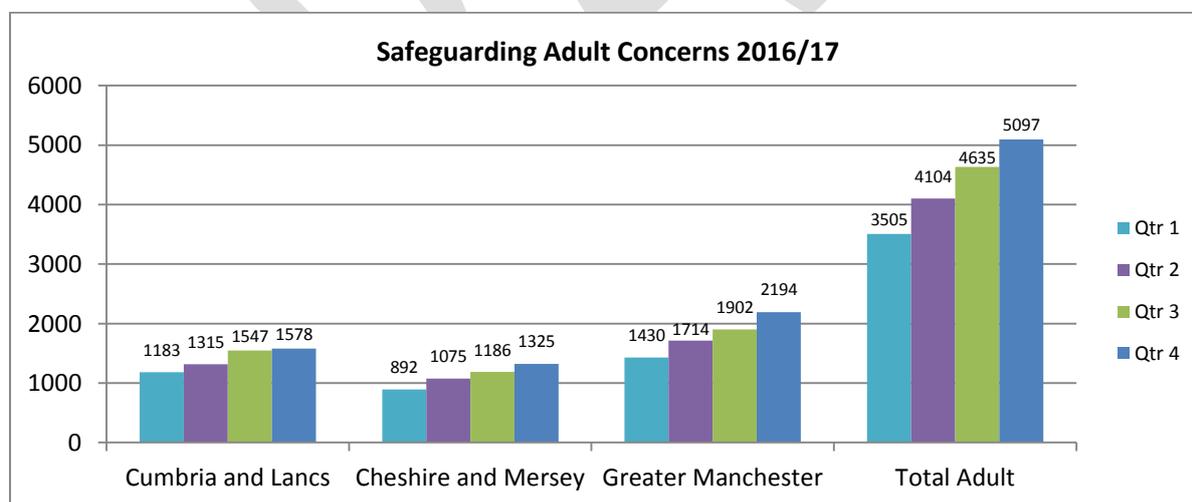
The Trust raises awareness of issues surrounding modern day slavery and human trafficking. Local external updates are sourced and disseminated to staff on the frontline. The updated procedures include a pathway for staff to follow if human trafficking is suspected and a list of indicators is included in this information.

The Trust is committed to the safeguarding of adults with learning disabilities and has engaged with the LeDeR programme which makes all deaths involving adults with learning disabilities notifiable. The learning disabilities mortality review aims to make improvements to the lives of people with learning disabilities. The LeDeR programme was set up following a recommendation from the CIPOLD, funded by the Department of Health, to investigate the premature deaths of people with learning disabilities. Changes are being made to the diagnosis of death form used by frontline practitioners and the ERRIS system in order to capture this data and report accordingly.

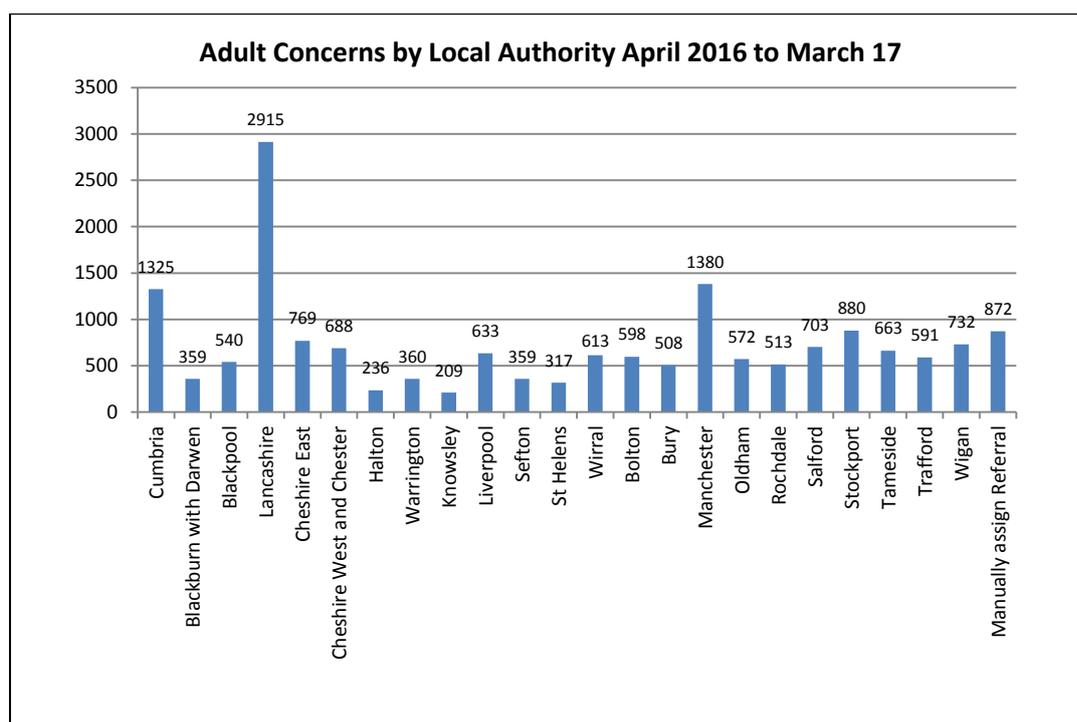
19.4 PREVENT awareness and training

Over 94% of all NWS staff have now received WRAP 3 training which is the ‘workshop to raise awareness of PREVENT’ and part of the Government’s anti-terrorism strategy. The Head of Clinical Safety is the Prevent lead for the Trust. WRAP is included within mandatory training for all staff and compliance with this national requirement has increased during 2016/17. The Safeguarding Team attend events and conferences to meet and discuss the issues surrounding terrorism in order to keep up to date with the latest local and national strategies. This information is then cascaded to frontline staff via bulletins and mandatory training. NWS is in the top 3 of all NHS Trusts for meeting the national training requirements.

Adult Safeguarding Concerns by area



Adult Safeguarding Concerns by Local Authority



20. Prevent and Channel

20.1 The [Counter Terrorism and Security Act 2015](#) (CTS Act) and associated statutory guidance to the Prevent Duty and Channel Duty Guidance set out the required arrangements for delivery of the key safeguarding duties in relation to Prevent. The CTS Act sets out these requirements in relation to what are termed Specified Authorities. The CTS Act states that the Specified Authorities, in the exercise of their functions must have “due regard to the need to prevent people being drawn into terrorism”.

In addition to the Local Authority sector being designated a Specified Authority other Blackpool Safeguarding Adults Board Partners also have this designation as Specified Authorities. These include;

- Schools and Registered Childcare Providers (excluding higher and further education)
- Health Sector comprised of NHS Trusts, NHS Foundation Trusts.
- Prisons and Probation (known as criminal justice Specified Authorities)
- The Police (inclusive of the Police and Crime Commissioner)

Blackpool Council is the leading Specified Authority in the Local Authority area. Blackpool Council hosts the sector wide Prevent Partnership Board (PPB) which brings together other Specified Authorities and multi-agency safeguarding partners together to coordinate the delivery of Prevent and to monitor progress. Blackpool Safeguarding Adults Board has representation at the PPB in the form of the Board Business Manager. Additionally, there is ‘dotted line’ assurance reporting to the BSAB from the PPB by both mutual membership and by the Chair or Vice Chair of the PPB on key thematic. For Governance purposes the PPB sits within the Local Community Safety Partnership structure and from there is appropriately linked to the strategic area Counter Terrorism Strategy Board (CONTEST).

Prevent has at its core three objectives and these are;

- **Respond** to the ideological challenge of terrorism and the threat we face from those who promote it.
- **Prevent** people from being drawn into terrorism and ensure they are given appropriate advice and support. This is the principal safeguarding duty toward children of Prevent.
- Work with sectors and institutions where there are risks of radicalisation that need to be addressed.

Prevent delivery is intended to deal with all kinds of terrorist threats to the UK. The most significant of these threats is currently from terrorist organisations operating in theatres of war in Syria and Iraq and their ideological expansion on line that promotes attacks upon the principles of civic society and social cohesion in the UK. This type of terrorism, propagated on line, promotes domestic extremism and terrorist attacks within the UK mainland. Prevent also aims to respond to the threats from terrorists associated with the extreme right wing who also pose a continued threat, in sometimes similar ways, to our domestic safety and security. Children and adults can be equally vulnerable to these and other pervasive extremist ideologies.

Prevent and the Channel Panel are in essence safeguarding measures to help us support children and adults at risk where concerns have been identified as 'at risk' of being drawn in to terrorism related activity and criminality. Channel is the specific pathway to support children and adults at risk who have been identified as vulnerable or susceptible to being drawn in to terrorism related activity and criminality.

Blackpool Council has joined with Lancashire County Council and Blackburn with Darwen Council to form a Pan Lancashire Channel Panel. This Panel meets monthly and has representative Chairs from each of the three Local Authority areas. It is essential that Channel panel members, Partners to local panels and other professionals ensure that children, young people and adults are protected from harm. Whilst the Channel provisions in Chapter 2 of Part 5 of the CTS Act are counter- terrorism measures (since their ultimate objective is to prevent terrorism) the way in which Channel is delivered will often overlap with the implementation of existing statutory safeguarding duties especially where vulnerabilities have been identified that require intervention from social services, NHS, Education Sector, Police and Probation. It is imperative that Channel referrals are considered by the Local Authority Channel Panel partners alongside the existing multi agency function to safeguard children and adults,

Channel is essentially no different to any other existing multi agency safeguarding approach and so practitioners should be assured that they already have the existing skills to engage in this process. Clear referral pathways for Prevent related safeguarding concerns, supported by guidance, has been circulated by the PPB and this sets out the steps through which such a concern may then go on to be referred to the Local Authority hosted Channel Panel.

21. Voice of the adult

21.1 Healthwatch Blackpool

Healthwatch Blackpool is the independent consumer champion for the public on matters relating to health and social care. It has a seat on the Health and Wellbeing Board and contributes to feedback as part of commissioning and decision making for local health and social care services.

It is important to us to improve our understanding of community awareness of adult abuse. The Care Act 2014 requires the Safeguarding Adults Board to consult with local Healthwatch when preparing its strategic plan. Our relationship with Healthwatch continues to develop.

**(Information extracted from Healthwatch Annual report)*

Healthwatch Blackpool is the public voice for health and social care in Blackpool and exists to make services work for the people who use them.

Healthwatch believe that the best way to do this is by providing the people of Blackpool with opportunities to share their views and experiences.

Healthwatch focus is on understanding the needs, experiences and concerns of people of all backgrounds who use services and to speak out on their behalf. It is often those closest to the processes that are best placed to give useful feedback on the way services work and how they can be improved.

As patients and relatives are the ones who experience the process or service first hand, they have a unique, highly relevant perspective. Patients and relatives input into designing services can be invaluable as seeing services from their point of view opens up real opportunities for improvement that may not have been considered before. Healthwatch Blackpool was established following the introduction of the Health and Social Care Act in 2012.

Healthwatch Blackpool also has a seat on Blackpool's Health and Wellbeing Board, and we are the only statutory body in Blackpool looking solely at people's experiences across health and social care.

In December 2016, Healthwatch Lancashire Ltd was selected to deliver the contract for Healthwatch Blackpool. Healthwatch Lancashire Ltd began running the contract from the beginning of January 2017.

21.2 **Statutory responsibilities**

Healthwatch Blackpool's statutory responsibilities are:

1. To promote and support local people to be able to get involved in deciding what services should be paid for, where and when. We have to help local people examine the services for themselves.
2. To help local people check the standard of care on offer and whether the services can and should be improved.
3. To meet with local people and groups to gather information on your experiences of local care services, and make your information known to the people who run, pay for and check these services.

4. To produce reports about how local care services can and should be improved.
5. To provide advice and information about how to access local care services so people in Lancashire can make their own choices.
6. To express people in Blackpool's views to Healthwatch England.
7. To make recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews and investigations when there may be concerns about a service. We also request that Healthwatch England publish reports about particular issues, to raise awareness nationally.
8. To provide Healthwatch England with the information and understanding it needs to perform effectively.

21.3 **Projects March 2016 - January 2017**

21.3.1 Listening to people in care homes

In June 2016 Healthwatch Blackpool produced a report which asked Blackpool residents which health and social care services were of concern to them. Care homes were reported as the 5th most concerning service in Blackpool.

As a result of this Healthwatch Blackpool set out a statutory annual work plan which included reviews of all Blackpool care or nursing homes deemed to be "requiring improvement" in any of the five inspection areas in their latest Care Quality Commission (CQC) reports.

The purpose of the Enter and View programme was to gather information about the experience of living in a care home in Blackpool directly from those who reside in them, including quality of Life factors such as privacy and dignity, quality of care, and choice of activities and food.

21.3.2 Listening to people about mental health

Healthwatch Blackpool identified through their intelligence that the public raised mental health as an issue of concern. Healthwatch Blackpool have previously consulted the public on their experience of mental health service provision, young people's emotional health and wellbeing, and performed specific reviews into The Harbour, and Child and Adolescent Mental Health Service. It was felt that approaching community adult mental health services would help to provide a broader and clearer picture of service provision across the area.

In December 2016 staff from Healthwatch Blackpool gathered survey responses from patients using community based adult mental health services provided by Blackpool Clinical Commissioning Group (CCG) to obtain the views of people using the service and to observe the practices.

21.3.3 Listening to people at A&E departments

Healthwatch Blackpool arranged a series of Patient Engagement Days in Blackpool Victoria Hospital's A&E department.

The aim of this activity was to gain insight from the public about their experience of using the A&E service during the winter period.

Healthwatch Blackpool gathered patients' views on the accessibility of the hospital's A&E department and the quality of care provided whilst also attempting to pick up on appropriate use of A&E.

Healthwatch Blackpool, along with colleagues of Healthwatch Lancashire spoke with patients and their relatives in the waiting room and recorded their feedback.

20.3.4 Listening to carers

Blackpool Council Carers Partnership Board, which includes representatives from Blackpool Council and Blackpool Clinical Commissioning Group (CCG), approached Healthwatch Blackpool to undertake a public consultation for carers in Blackpool, ahead of a recommissioning of carers services.

The aim was to inform the commissioning and design of carers' services by reaching out to carers across the local area with a comprehensive survey asking about their experiences of caring, views on services and what could help to support them.

160 people took the survey including 113 eligible carers.

Of those spoken with, 102 said they know someone who needs extra support with 91 of those saying they provide some of that support. Of 35 young people (under the age of 18), 26 knew someone who needs extra support, with 22 of those saying they provide support. It equates to 91 eligible adult carers, and 22 young carers.

The report summarises the reviews of:

- 13 service users over a 6-week period

- 4 service users of Single Point of Access Services

In addition to this Healthwatch Blackpool conducted an online mental health survey throughout December 2016. A total of 64 members of the public completed the survey giving their feedback on access to and use of mental health services.

21.4 Highlights from the year:

This year we reached more than **44,000** people on social media.

Our volunteers help us with everything from engagement with the public to our many consultations.

We visited **17** care homes and spoke to **126** residents and family members.

We met hundreds of local people at our community engagement activities.

21.5 New Projects 2017/18

2017/18 will see Healthwatch Blackpool undertake major projects focussing on:

- Identifying the impact of our work undertaken between 2015-2017
- How it feels for people with learning disabilities to access and use health and social care services
- What children and young people think about their health and social care services
- Reporting on what patients think of their GP services in Blackpool

22.0 BSAB Areas for further development in 2017-18

The forthcoming year will be interesting as new safeguarding issues have emerged. This has been identified through data and other intelligence from our Board Partners. In Blackpool suicide rates have increased. Financial abuse, mental health and psychoactive substances have increased. The Board aims to continue to work with its Partners to address these issues.

DRAFT

22. Appendices:

Appendix 1 – Categories of Abuse covered in the Care Act

The main forms of abuse are:

- **Physical abuse** including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions
- **Domestic Abuse** including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence
- **Sexual abuse** including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or acts to which the adult has not consented, or was pressured into consenting
- **Psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks
- **Financial or material abuse**, including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
- **Modern slavery** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
- **Discriminatory abuse**, including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
- **Organisational abuse** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation
- **Neglect and acts of omission**, including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Self-neglect** covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and include behaviour such as hoarding.

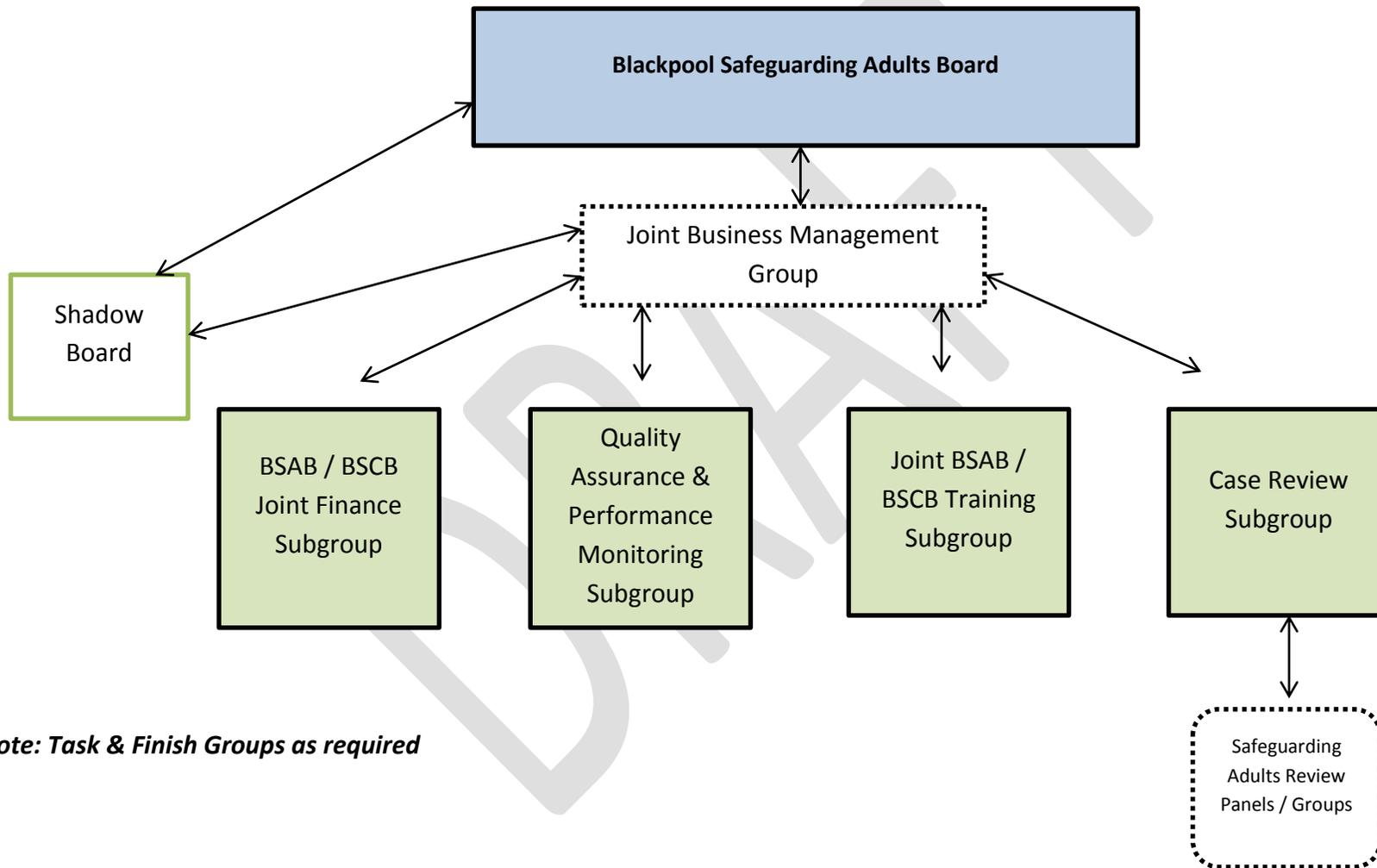
Appendix 2- Care Act updates: March 2016

Chapter	Subject	Details of the change
1	Promoting wellbeing	New description for the role of principal social worker
2	Preventing, reducing or delaying needs	Minor amendments
3	Information and advice	Amended to reflect changes to the care cap
4	Market shaping and commissioning of adult care and support	Clarification of local authorities' responsibilities to manage local care markets and commission
4	Market shaping and commissioning of adult care and support	Changed to reflect postponement of funding reform
5	Managing provider failure and other service interruptions	Minor amendments
6	Assessment and eligibility	Minor amendments
7	Independent advocacy	Clarification of potential conflict of interest within advocacy provider organisations
7	Independent advocacy	Amended to reflect changes to the appeals system
8	Charging and financial assessment	Changes to this chapter and Annexes A, B and C to correct minor errors and to clarify the content
8	Charging and financial assessment	Clarification of the rules governing charging for social care and local authority discretion about charging for home care
9	Deferred payment agreements	Minor amendments
10	Care and support planning	New case study
11	Personal budgets	Minor amendments
12	Direct payments	Changed to reflect roll-out of direct payments in residential care in 2020
13	Review of care and support plans	Minor amendments
14	Safeguarding	New research into best practice with those who self-neglect and clarification of enquiries under Section 42 of the Act – ordinarily it is not appropriate for people are failing to care for themselves – Section 42 is aimed at those suffering abuse or neglect from a third party
14	Safeguarding	New definition on domestic violence to reflect new legislation
14	Safeguarding	Additional information about financial abuse to reflect increases in

Chapter	Subject	Details of the change
14	Safeguarding	internet, postal and doorstep scams Reporting and responding to abuse and neglect updated to highlight the need for practitioners to consider the need for criminal investigations and get advice if necessary
14	Safeguarding	Clarification to reporting and responding to abuse and neglect on the powers that local authorities have – this may be significant in adult safeguarding
14	Safeguarding	Added cross references to chapter 1, Promoting wellbeing, to clarify the prevention agenda the importance of identifying and managing risk of abuse and neglect
14	Safeguarding	Clarified that allegations about people in positions of trust is local authorities and other partners responsibility, as well as the large and diverse independent provider sector and links made to children's safeguarding and considering risk
14	Safeguarding	New guidance that local authorities should use tried and tested surveys to understand the experience of carers and service users who have been involved in a safeguarding process
14	Safeguarding	Removed the need to have a Designated Adult Safeguarding Manager (DASM)
14	Safeguarding	Role of professional and practice leadership in adult safeguarding updated to reflect the need to have experts within an organisation – emphasising the potential role of the Principal Social Worker
14	Safeguarding	Clarified the need for a strategic and accountable lead for safeguarding at a senior level to make sure the Safeguarding Adults Board Strategic Plan is implemented
16	Transition to adult care and support	Updated to reflect changes to funding reform plans for people with care and support needs reaching 18 years of age Clarification about local authorities arranging care and support in another area and mental health after care, particularly under section 117 of the Mental Health Act 1983, including Article 5 of the Care Act (Transitional Provisions) Order 2015 on the process for seeking ordinary residence determinations and cross-border arrangements for other care settings – some content about ordinary residence for those lacking capacity has been removed
19	Ordinary residence	
20	Continuity of care	Minor amendments
21	Cross-border placements	Updated to cross-border arrangements for other care settings
23	Transition to the new legal framework	Changed to reflect the approach to transition set out for local authorities in March 2015

**This list is non-exhaustive*

BSAB Operational Structure: February 2016



23.0 Glossary

ASBRAC	Anti-Social Behaviour
ASC	Adult Social Care
BMG	Business Management Group
BSAB	Blackpool Safeguarding Adults Board
BSCB	Blackpool Safeguarding Children Board
BTH	Blackpool Teaching Hospitals NHS Foundation Trust
CAMHs	Children Adolescent Mental Health service
CASHER	Child and Adolescent Self Harm Enhanced Response
CCG	Clinical Commissioning Group
CHC	Continuing Health Care
CLA	Child Looked After
CQC	Care Quality Commission
CRC	Community Rehabilitation Company
CSP	Community Safety Partnership
DA	Domestic Abuse
DBS	Disclosure Barring Service
DOLs	Deprivation Of Liberty Safeguards
ED	Emergency Department
ERISS	Electronic Information Sharing System
FGM	Female Genital Mutilation
HFSC	Home Fire Safety Checks
IDVA	Independent Domestic Violence Advocate
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
LADO	Local Authority Designated Officer

LGA	Local Government Association
LGBT	Lesbian Gay Bisexual Transgender
MALR	Multi-Agency Learning Review
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
MFH	Missing From Home
NHSE	NHS England
NICE	National Institute for Clinical Excellence
OPD	Outpatients Departments
PCC	Police and Crime Commissioner
PVP	Police Vulnerable Person (referral)
QAPM	Quality Assurance and Performance Monitoring Group
QSG	Quarterly Safeguarding Forum
SAR	Safeguarding Adult Review
SEND	Special Educational Needs and Disability
WRAP	Workshop to Raise Awareness of Prevent
YOT	Youth Offending Team