

BLACKPOOL SAFEGUARDING ADULTS BOARD

ANNUAL REPORT 17/18

(FINAL DRAFT)

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1. Introduction

About the Annual Report

This annual report reflects the coordination of Partner activities over the past year and includes contributions from statutory, independent, voluntary and other bodies who are involved in safeguarding adults in Blackpool. The Care Act (2014) places a duty on the Local Authority to lead safeguarding arrangements and a duty on the Blackpool Safeguarding Adults Board (BSAB) to publish its annual report.

This report is a public document and will be shared with Chief Executives of all agencies on the Blackpool Safeguarding Adults Board who will be expected to disseminate this report across their organisations, sharing it with stakeholders and scrutiny committees.

DRAFT

2. Foreword:

2.1 Independent Chair – Nancy Palmer

Dear Colleague,

I am pleased to introduce the Blackpool Local Safeguarding Adults Board (BSAB) for 2017/18.

BSAB is a statutory partnership of all agencies relevant to the wellbeing and safety of adults in Blackpool. This report summarises both the demographic information relating adults in the borough and their safeguarding needs, and the work of partners in meeting those needs through the coordination of BSAB.

This is my first annual report as Independent Chair, having been appointed mid-year in November 2017, and I am pleased to report on progress and actions of partners both prior to and following my appointment.

The report reflects progress on all BSAB 2017/18 strategic priorities, along with developments across the broader agenda. It also outlines the business priorities for the period 2018-20 which will form a particular focus for BSAB alongside all other adult safeguarding work.

There has been some restructuring of the Board's sub-groups this year, reducing sub-group numbers to enable a sharper focus on the key issues effecting adults in Blackpool. It is hoped that this reduction in time demand will enable partners to achieve full participation in Board activities and improve what has been a disappointing attendance level for some partners.

I hope you will find the report interesting and in particular the case studies which give a good representation of multi-agency safeguarding activity as it impacts on real lives.

Nancy Palmer

Independent Chair

3. Who we are: Blackpool Safeguarding Adults Board (BSAB)

3.1 Structure

The strategic board has appointed a new Chair during the last year, who has made some positive changes which have been welcomed by BSAB Partners. The changes were made to streamline the work of the BSAB and reduce the number of meetings, reducing attendance pressures on Partners. The BSAB aims to become more productive through more focused meetings and associated work streams.

The BSAB has replaced the shadow board meetings with Multi Professional Discussion Forums (MPDF's) to discuss key themes. The forums are aimed at front line practitioners and first line managers. The Quality Assurance and Performance Management subgroup has reviewed its function, and the work related to this group is detailed in the Quality Assurance section (Para 7.3). Priorities identified through Partner feedback and information collated through data, have resulted in task and finish groups being developed to tackle self-neglect and hoarding as well as financial abuse. The aim was to make policy changes, develop toolkits, referral pathways, improve communication and awareness, and develop training to support professionals. The data analyst was appointed by the Board last year and the work has been challenging and yet important to gain a clear picture of relevant information to help direct resources. A new quality assurance framework and data collection process will be implemented in the new financial year. The Training subgroup now includes communications and has widened its remit, and the BSAB is now also linked to the new Pan Lancashire Communications and Engagement group. This will allow for work to be carried out on joint campaigns on a wider footprint reducing resource pressures on individual board Partner budgets, and will ensure consistent messages by avoiding duplication. We no longer have a Case Review subgroup that met quarterly, however, the group agreed that any related business should to be discussed at Business Management Group going forward. If any Safeguarding Adult Review referrals for are made to the Board, the original group members agreed to still meet to consider and discuss individual cases. A financial abuse task and finish group was set up last year, which is due for completion in December 2018. A Self-Neglect and Hoarding task and finish group was been set up in spring, and is due for completion in December 2018.

*The structure can be can be found in **Appendix A**.*

3.2 Budget

Funding for BSAB continues to be provided by a core group of Partners, with some income generated through charging for non-attendance at training courses. In a time of financial pressure on most organisations, financial contributions from Partners are essential for the BSAB to perform its function. Additional resources are provided through Partner contribution of officer time and commitment to support the BSAB by attendance and chairing of subgroup meetings, delivering training and access to Partner facilities.

Income and Expenditure Summary

Income		Expenditure	
Blackpool Council	72,592	Staff costs	137,721
Blackpool CCG	40,985	Independent Chair	16,910
Lancashire Constabulary	25,915	Training	3,206
Blackpool Coastal Housing	5,000	Board support costs	6,445
Training Income	4,049		
	148, 542		164,282

3.3 The BSAB team

The work of BSAB is supported by a small business unit, which is merged with the Blackpool Children’s Safeguarding Board (BSCB) to provide additional resilience. The staffing structure and personnel have remained the same throughout the reporting period. Administration support continues to be provided to the Board by Democratic Governance. The BSAB element of the team consists of:

- A Business Development Manager
- 0.8 Full-time equivalent (FTE) Training Co-ordinators
- 0.95 FTE Democratic Governance Advisors to support meetings
- 0.5 FTE Analyst
- 0.5 FTE Training Administrator

3.4 Safeguarding Adults Board Membership

The Care Act clearly sets out that safeguarding board Membership **must** include:

- The Local Authority - Blackpool Council
- The Lead Health Commissioner – Blackpool Clinical Commissioning Group (BCCG)
- The Local Police- Lancashire Constabulary (Western/ Blackpool Division)

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 (NHSE)
- Blackpool and the Fylde College (Further Education and Higher Education)
- Representation from care provider organisations

- Public Health (part of the Local Authority)
- Healthwatch

*A Board Membership list can be found in **Appendix B**.*

Statutory guidance suggests that the multifaceted and critical role of the BSAB the **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 BSAB.

The Care Act and its statutory guidance do not set out too much detail about the specific role of Partners, but is very clear about the role of the BSAB. 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 BSAB 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”.
<http://www.legislation.gov.uk/ukpga/2014/23/schedule/2/enacted>

3.5 Board Member Meeting Attendance

The acceptable minimum attendance rate for the named representative of Partner organisations at BSAB and subgroup meetings is 75%. Throughout the year, the Chair and subgroup chairs may challenge attendance likely to fall below the acceptable rate. The attendance of the named representative at Strategic Board and subgroups is recorded in *Appendix C*. In order to focus on those statutorily required to attend and for the sake of brevity, agencies who solely attend subgroups have been omitted. The majority of agencies met the acceptable attendance threshold for the Strategic Board and when they are unable to attend usually sent substitutes. Subgroup attendance was less satisfactory, however, it is envisaged that the rationalisation in the number of subgroups will improve this position. Exceptionally, appropriate senior strategic substitutes may be sent, should be briefed and responsible for reporting back information to their agencies. The Shadow Board ceased during the year so has not been included. The Case Review subgroup ceased at the end of the year so has been included. The majority of Partners attend meetings on a regular basis. The new Chair has highlighted and challenged the issue of attendance at meetings, and emphasised the importance of the need to be quorate as it proves difficult to approve any documents or finalise any decisions.

Trading Standards became a new member of the Strategic Board and had initially become involved through the work of the Financial Abuse task and finish group. Poor attendance has been noted in relation to the North West Ambulance Service, who have attended no meetings in the last 12 months. The contract for Healthwatch Blackpool ceased during the

year 17/18 and a new Healthwatch contract was awarded to Empowerment. Due to the gap in Healthwatch provision during the year, has been reflected in attendance at BSAB meetings.

*A breakdown of Board member meeting attendance throughout can be found in **Appendix C**.*

3.6 Safeguarding Adults Board Priorities

Through Partnership work 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.

Last Year's 2016/17 Business Plan priorities

Priority 1: Thresholds - Pathways and Support:

Standardised thresholds and pathways to ensure a coherent approach by the BSAB Partners, was identified as a need. Consistency across all levels of need was considered and the needs of adults 'at risk' of potential harm. The BSAB established a more systematic approach where risk could be identified through a high, medium or low risk model, which enabled practitioners to differentiate between thresholds and quality concerns. The Decision Support Tool was developed in conjunction with Board Partners which is incorporated within all BSAB training courses and has been circulated to Partners to disseminate within their own organisations and has improved practice. BSAB Partners now use the Tool within their day to day practice and have embedded this approach to help practitioners whilst carrying out assessments. The use of the Decision Support Tool is now monitored by the Training and Communications subgroup captured through the Training Needs Analysis and Quality Assurance and Performance Management subgroup measured through audits. Information is collated through feedback gained from practitioners, audits and pre and post training surveys. This has resulted in a more efficient and effective way for practitioners to identify, refer and respond to safeguarding concerns.

Priority 2 - Self Neglect:

A coherent approach for responding to self-neglect and people with complex needs who do not engage effectively with services, was identified as a priority highlighted by BSAB Partners and data collated. The importance of a common understanding of self-neglect was needed across all BSAB agencies. The BSAB aimed to develop resources, materials and training, updated policy and processes for piloting a coordinated response to people with complex needs who do not engage effectively with services. This has resulted in the development of the task and finish group to address this issue. A mapping exercise was carried out with Partners to gain an understanding of their current powers, policy and practice to address self-neglect and hoarding. It was apparent that various agencies worked with individuals in a fragmented way, and not in a collaborative way. A Pan Lancashire awareness campaign is planned to take place later in the year. Self-neglect and hoarding training is delivered and reviewed in accordance with developments on a regular basis. A multi-agency response is in development by the task and finish group, in conjunction with

Pan Lancashire Safeguarding Adults Boards to adopt a consistent and coherent approach. The group is focused on developing a joint multi-agency approach to identify and respond to self-neglect and hoarding. The aim is to tackle the problem by identifying the issues, raising public and professional awareness, agreeing preventative action and a referral pathway, and establishing training needs. The work related to this theme is due for completion in December 2018, and is detailed in paragraph 7.5.

Priority 3 – Transitions:

The transition to adult services, for care leavers and disabled young people are appropriately supported by children's services to work towards independence and to successfully transit to be supported in adult services. Ongoing work within the local authority in conjunction with Partners continues to be pursued. The BSAB will seek assurances on progress and work to date from the Partners during the next financial year. The work in relation to this priority has been carried forward and has been incorporated into the most recent business plan. A more joined up approach is now taken by the BSAB and BSCB working more closely together to tackle the vulnerable groups that may slip through the net. Mental health provision for the age range of 16-18 and up to 25 for those transitioning from Children's to Adults can be challenging for service users to access, has been reviewed. The College has many students belonging to this cohort including those with additional needs. Work remains ongoing with BSAB Partners and updates will be sought on progress and developments to seek assurances.

Priority 4 -Substances misuse, Mental ill health, Domestic abuse:

A 'holistic approach', to look at the whole household in a family context was identified. 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. Some of this work has been carried out by Partners such as Public Health who have created alcohol and drug strategies, mentioned earlier. LCFT are the lead provider on mental health services in Blackpool. The Local Authority commission services to Horizon to work with individuals who have drug and alcohol problems. The Board is assured that work continues with this cohort of people, BSAB will continue to seek assurances that service provision and work is adequate through information collated through future audits.

The future business plan priorities agreed for 2018-2020:

1. Understanding and reviewing safeguarding responsibilities and arrangements for BSAB Partners in light of national and local changes
2. Gaining a better understanding of local safeguarding priorities and improving responses accordingly
3. Raising awareness and promoting engagement
4. Prevention and early intervention of safeguarding issues

3.7 Business Management Group

The Business Management Group is responsible for overseeing the strategic management of safeguarding adult board work in Blackpool by monitoring the work of the Sub Groups, and the Business Plan. This group is responsible for ensuring processes carried out by the Board are done so effectively. Key recommendations are made by this Group for consideration by

the Board. The role of the group includes overseeing the Safeguarding Adults Review (SAR) function on behalf of the Board. One Domestic Homicide Review has been commissioned by the Community Safety Partnership this year, which is still ongoing. This review may have some relevant learning for safeguarding practitioners and may have recommendations related to the work of the Safeguarding Adult Board. The outcome will be reported to the Group once the review is complete.

The aim is to promote a culture of continuous learning across the BSAB and the wider partnership, to ensure there are lasting improvements to services. A performance management framework will be implemented by BSAB to assure itself that Partners have robust multi-agency arrangements in place and to evaluate effectiveness of practice.

The Domestic Abuse and Interpersonal Violence Group had been considered by the BMG during the last year and it changed its governance to form part of the Community Safety Partnership's remit. The Board will still maintain an oversight of the Domestic Abuse work as it is described as category of abuse under the Care Act, it can be dealt with through Adult social care if referred through the S.42 process. It is an area of work that requires a joint partnership approach.

4. What we do

4.1 The Care Act

The Care Act 2014 describes an 'adult at risk' as a person who:

- has needs for care and support (whether or not the authority is meeting any of those needs);
- is experiencing, or is at risk of, abuse or neglect, and;
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The Care Act highlights six principles inform professionals and other staff work with adults.

4.2 The Care Act principles are:

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.

4.3 Making Safeguarding Personal

MSP signals a major change in practice in progressing safeguarding enquiries, a move away from the process-led, tick box culture to a person centred approach which aims to achieve the outcomes that people want. Practitioners must take a flexible approach and work with

the adult all the way through the enquiry and beyond where necessary. Practice must focus on what the adult wants, which accounts for the possibility that individuals can change their mind on what outcomes they want through the course of the intervention. The Board aims to assure itself that safeguarding practice is person-centred and outcome-focused. This will be captured through the quality assurance framework, audits, feedback from training participants and Healthwatch who focus on the service user voice and outcomes.

5. Blackpool Context

5.1 Population Estimates and Age Profile

The resident population of Blackpool is approximately 140,000. Mid 2017 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.

	Total population	Males		Females		Age 0-14 years		Age 65 and over	
	No.	No.	%	No.	%	No.	%	No.	%
England	55,619,430	27,481,053	49.4%	28,138,377	50.6%	10,048,364	18.1%	10,030,511	18.0%
Blackpool	139,870	69,146	49.4%	70,724	50.6%	24,232	17.3%	28,544	22.4%

Source: ONS mid-year population estimates, 2017

5.2 Geo demographic segmentation

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 - right through 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. It is these profiles that paint a rich picture of the segments and provide insight into the local population.

The following are the total count and percentage of households within each high level mosaic group. A large majority of Blackpool households fall into 5 Groups; F, H, K, L and N representing 74% of all households in the town.

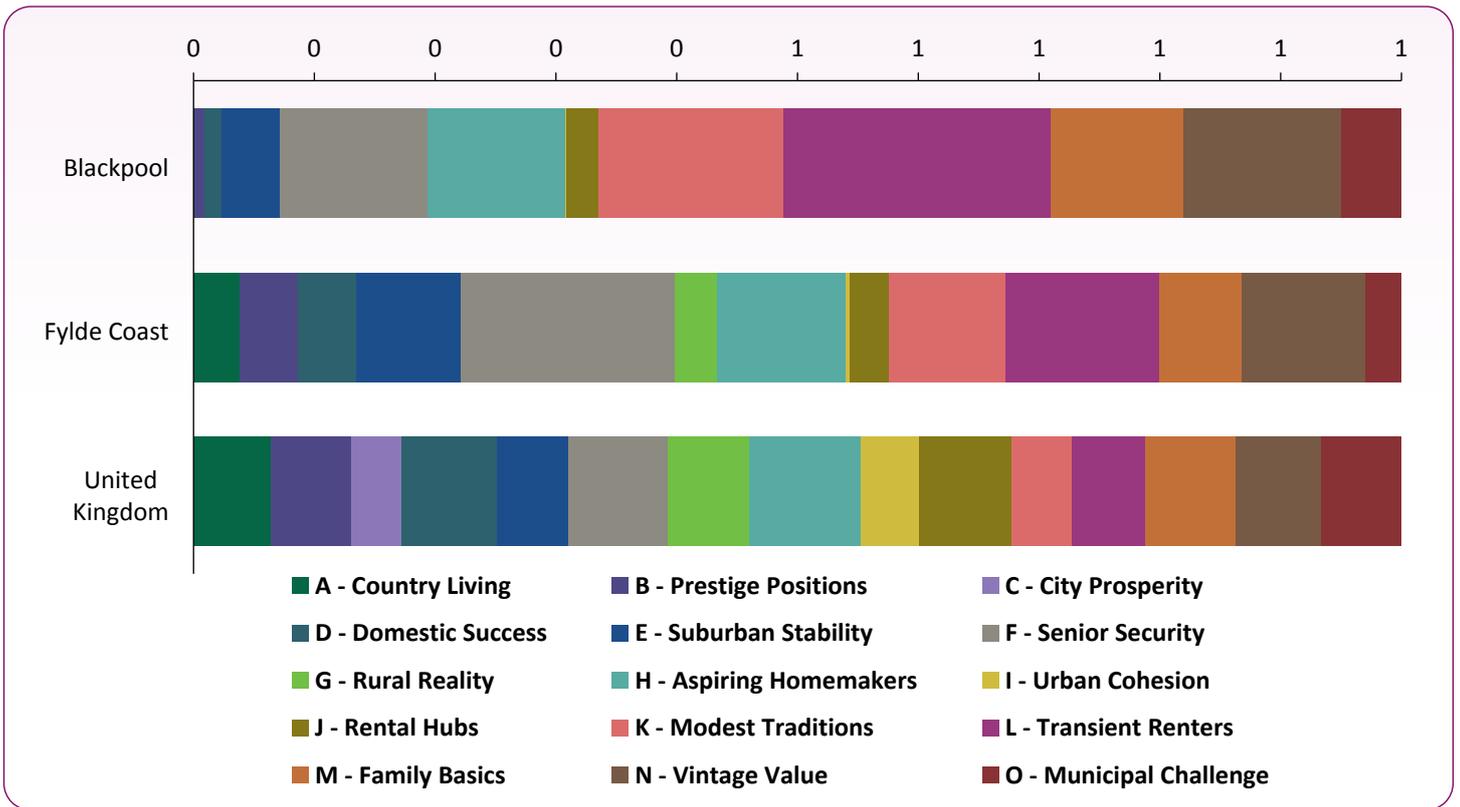
Figure 2: Percentage of households in each Mosaic group - Blackpool

Group Name	Description	Households	%
A Country Living	Well-off owners in rural locations enjoying the benefits of country life	35	0.1%
B Prestige Positions	Established families in large detached homes living upmarket lifestyles	569	0.9%
C City Prosperity	High status city dwellers living in central locations and pursuing careers with high rewards	0	0.0%
D Domestic Success	Thriving families who are busy bringing up children and following careers	904	1.4%
E Suburban Stability	Mature suburban owners living settled lives in mid-range housing	3,093	4.8%
F Senior Security	Elderly people with assets who are enjoying a comfortable retirement	7,842	12.2%
G Rural Reality	Householders living in inexpensive homes in village communities	21	0.0%
H Aspiring Homemakers	Younger households settling down in housing priced within their means	7,321	11.4%
I Urban Cohesion	Residents of settled urban communities with a strong sense of identity	29	0.0%
J Rental Hubs	Educated young people privately renting in urban neighbourhoods	1,705	2.7%
K Modest Traditions	Mature homeowners of value homes enjoying stable lifestyles	9,845	15.3%
L Transient Renters	Single people privately renting low cost homes for the short term	14,246	22.2%
M Family Basics	Families with limited resources who have to budget to make ends meet	7,005	10.9%
N Vintage Value	Elderly people reliant on support to meet financial or practical needs	8,427	13.1%
O Municipal Challenge	Urban renters of social housing facing an array of challenges	3,169	4.9%

Source: Experian - Mosaic Public Sector 2017 **Please note, this information has not been updated since last year*

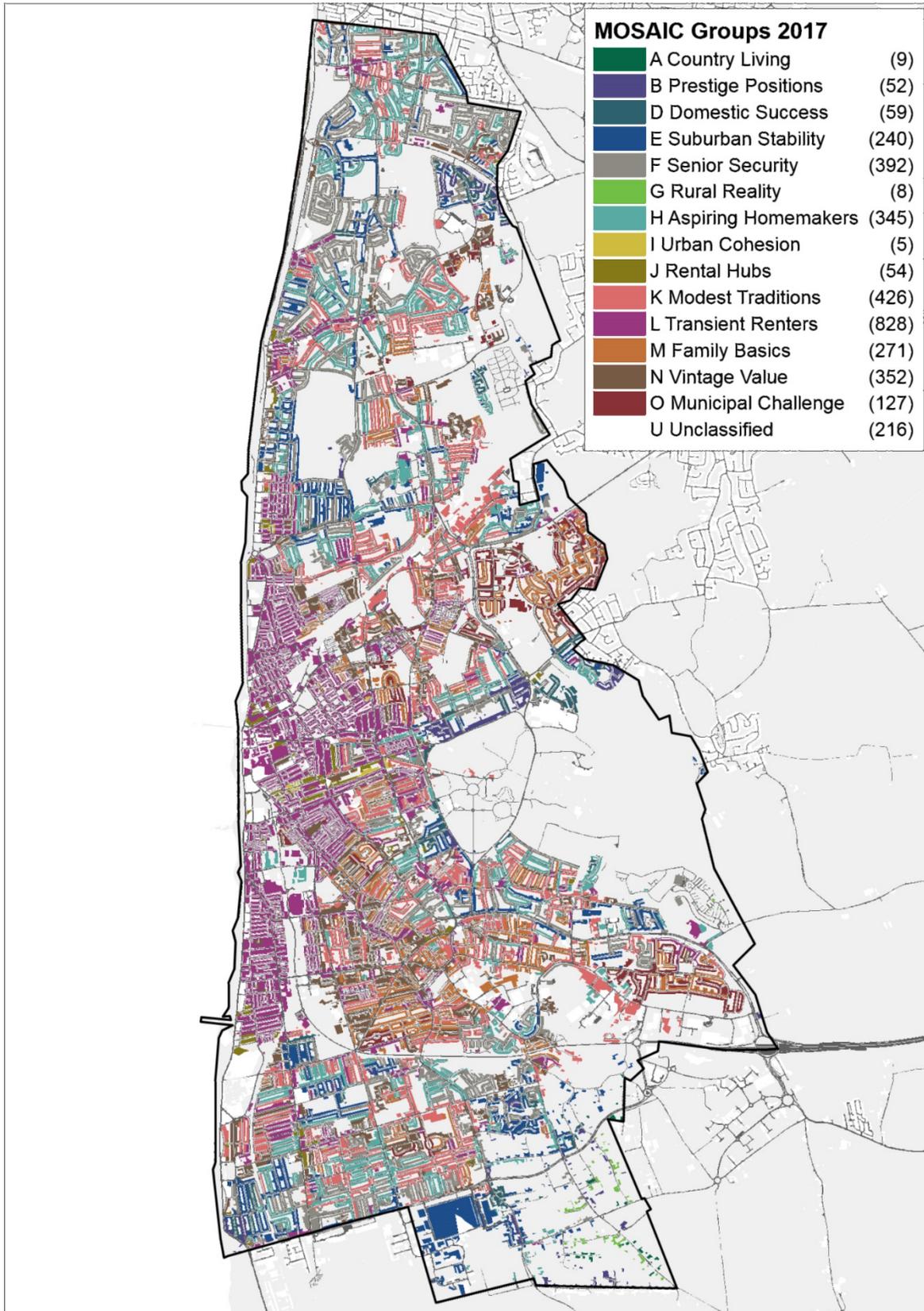
The bar chart below shows how households in each area are categorised. Blackpool has a bias toward the K to O segments with higher percentages of households in these groups.

Figure 3: Percentage of households in Mosaic groups - comparison of Blackpool, the Fylde Coast and the UK



Source: Experian - Mosaic Public Sector 2017. **Please note, this information has not been updated since last year*

Each Blackpool postcode has been designated a Mosaic group that is most representative of the households it contains. **Figure 4: Map of Mosaic Groups in Blackpool**



Source: Experian Mosaic – Public Sector 2017

5.3 Blackpool's Health

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/unitary authorities in England and about 28% (7,200) of children live in low income families. Life expectancy for both men and women is lower than the England average.

Health Inequalities

[Life expectancy](#) is 13.6 years lower for men and 9.6 years lower for women in the most deprived areas of Blackpool than in the least deprived areas.

Adult Health

The rate of alcohol-related harm hospital stays is 1,151*, worse than the average for England. This represents 1,589 stays per year. The rate of self-harm hospital stays is 579*, worse than the average for England. This represents 774 stays per year. Estimated levels of adult smoking, smoking in routine and manual occupations and physical activity are worse than the England average. Rates of sexually transmitted infections and people killed and seriously injured on roads are worse than average. *rate per 100,000 population. In response to the issues highlighted through the JSNA, Public Health have developed the following strategies to address this:

[Sexual Health Strategy and Action Plan 2017](#)

[Tobacco Free Lancashire Strategy](#)

[Blackpool Alcohol Strategy 2016-2019](#)

Source: Public Health England – Local Authority Health Profile 2018

Mental Health

The percentage of patients on GP practice registers, aged over 18, recorded as having depression is 14.7% in Blackpool which is the highest figure in the UK, 5.6% 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 alcohol', females in Blackpool have the second highest figures in the UK at 555 per 100,000 population. Males in the same category total 1275 per 100,000 population which is also the second highest in the UK. A [Public Mental Health Strategy and Action Plan 2016-2019](#), which includes Suicide has been produced by Public Health in response to this issue.

Source: Public Health England – Crisis Care Profile - Updated June 2018

Suicide

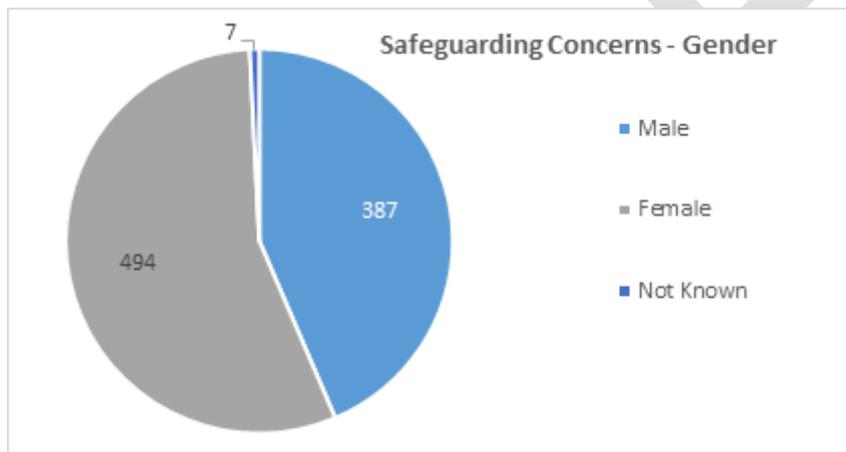
Suicide statistics are the same as they were in the last annual report – No new update has yet been published by Public Health England.

Drug Use

Persons using opiates and/or crack cocaine in Blackpool is recorded at 20 persons per 1000 population. The national average is 8.6. This is the second highest rate in England, behind Middlesbrough (24 persons per 1000). Deaths through drug misuse in Blackpool are the highest in England at 18.5 deaths per 100,000 population which is nearly 300% higher than the national average and the highest in England. These issues are being addressed by the Health and Wellbeing Board and Public Health through the development and implementation of the Alcohol and Drug strategies detailed within their annual report 2017. <http://www.blackpooljsna.org.uk/Documents/Public-Health-Annual-Reports/Public-Health-Annual-Report-2017.pdf>

5.4 Blackpool's Section 42 Enquiries

During 2017/18 - 815 Safeguarding Concerns were referred into Adult Social Care involving 888 Individuals. 56% of these concerns were for females.



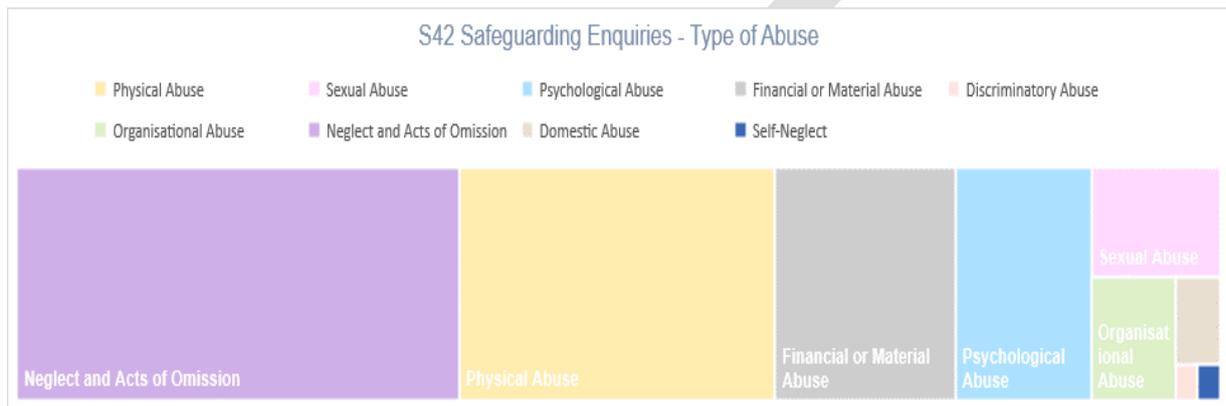
During 2017/18, 815 concerns led to 241 Section 42 Safeguarding Enquiries. The most common abuse type recorded within the S42 enquiries was Neglect and Acts of Omission with 130 concerns raised. 93 concerns were raised in relation to Physical Abuse and 53 concerns related to Financial or Material Abuse.

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. This demonstrates that the most prevalent types of abuse being raised as safeguarding concerns are the same as last year. The figures are similar 116 to 130 showing a slight increase during 2017/18 for Neglect and Acts of Omission cases, Physical abuse has increased from 59 to 93 within a year demonstrating that this type of abuse is rising.

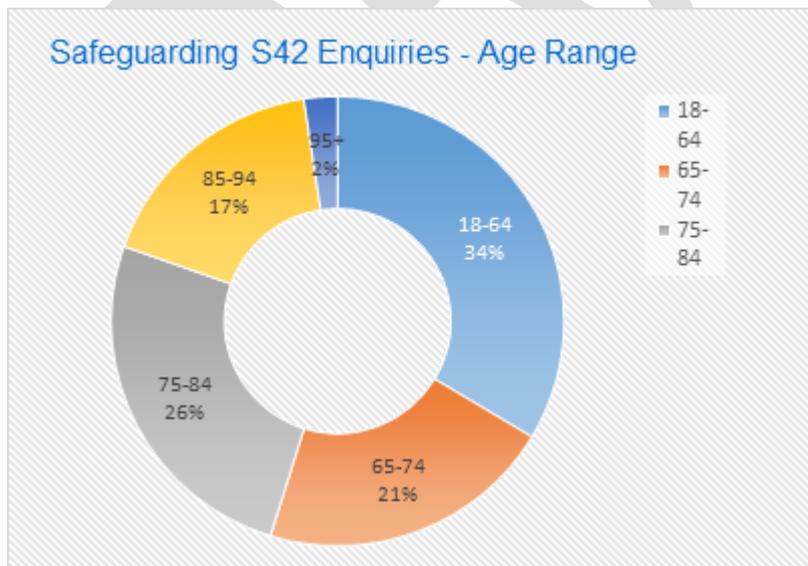
The above figures identified the themes as challenges in conjunction with information gathered through Partners and has influenced the BSAB priorities and work of the BSAB. The

self-neglect and hoarding task and finish group will address neglect and included the theme within its plan, detailed in paragraph 7.4.

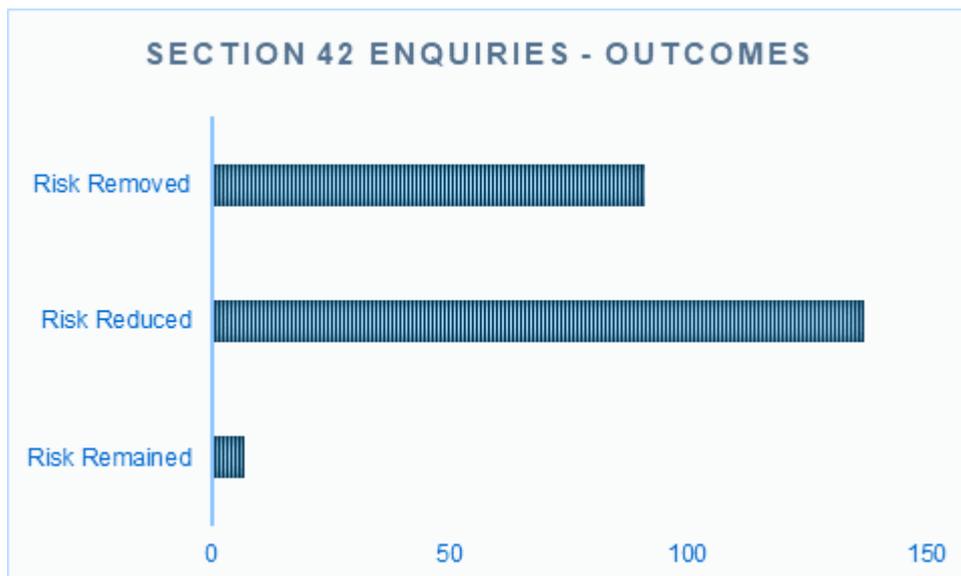
Finance and Material Abuse concerns raised from 30 to 53 within a year showing an increase. This increase could be linked to the BSAB raised awareness of financial abuse through the work of the Financial Abuse task and finish group, was highlighted as an area of growing concern as well the need to address the issue using a partnership approach. Financial abuse is being addressed through the task and finish group and more information can be found in Paragraph 7.5.



The age-range of persons involved in S42 Safeguarding enquiries goes from 18 to over 95 with 45% of persons being over 75 years old.



The outcomes recorded for Section 42 enquiries in 2017/18 show that the majority have the risk recorded as being reduced or removed and only 3% had the risk recorded as remaining.



6. Partner Activity and Achievements over 2017/18

6.1 Blackpool Council

Commissioning and contracting with services are responsible for providing support for Adults who are vulnerable through identification and participation in the investigation of safeguarding concerns. Blackpool Council have worked with agencies who provide care in Blackpool to improve the standard and consistency of care that is delivered by carers across Blackpool, using performance monitoring and improvement procedures. Changes have been made to monitoring and engagement arrangements which are being implemented in 2018/19 which will include direct work with service recipients. The safeguarding process has been redesigned and produced new procedures to streamline and add clarity to a Care Act compliant service.

The Council have raised awareness of adult safeguarding to all staff who are required to undertake mandatory safeguarding training. A safeguarding leads meeting is held on a bi monthly basis. The cascading of safeguarding messages is supported across the Provider network. A constant evolution of support is in place to ensure that there is a personalised and engaging approach and making use of advocacy where appropriate and available. The views of adults at risk is an integral part of the process. Adults at risk are at the centre of the process. Checking the involvement of adults at risk in decision making is a key part of the audit process.

The Council's priorities for 2018/19 include the continuation of embedding processes. The use of a more robust audit process will be embedded. Making Safeguarding Personal (MSP) through the development of consistent outcome reporting to people who are at risk is also a priority.

6.2 Blackpool Clinical Commissioning Group (BCCG)

The role of CCGs is fundamentally about working with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed, and it is about delivering improved outcomes and life chances for the most vulnerable. CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place. CCGs must gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement. CCGs are responsible for securing the expertise of Designated Professionals and Adult Safeguarding Leads who undertake a whole health economy role. Safeguarding forms part of the NHS standard contract. CCGs are required to have appropriate systems in place for discharging their statutory duties in terms of safeguarding. These include a clear line of accountability, clear policies, including safe recruitment practices. Training and effective inter-agency working with partners, effective arrangements for information sharing and responding to abuse and neglect of adults. This is detailed in NHSE Safeguarding vulnerable people in the NHS – Accountability and Assurance Framework 2015.

Achievements for the CCG include, all staff are now required to undertake safeguarding adults training in accordance with their role and responsibilities. The majority have now completed this training. There is an increased oversight and involvement in safeguarding processes via a safeguarding social worker newly embedded in the team. Awareness has been raised through mandatory safeguarding adults awareness training for all staff, the distribution of Safeguarding Adults NHS Booklets covering a variety of different safeguarding topics and details of a phone app. Prevent training is now mandatory for all staff.

The CCG assess patients registered with a Blackpool GP for NHS fully-funded Continuing Healthcare. The CCG work closely with Blackpool Council's Quality Monitoring Team and have the same line-management structure and are integrated. The CCG aims to commission safe, effective and clinically led services for the people of Blackpool with the sole ambition of improving the health outcomes of our residents. The CCG continues to maintain a Patient and Public Involvement Forum. The Forum facilitates effective partnership working in engagement with patients and community groups. The CCG facilitates a Patient Participation Networking Group (PPNG) for patient participation groups to collaborate on projects, share best practice and provide lay input into CCG priorities and plans. Working with colleagues from Social Care and Public Health, a group of 20-25 residents, whom were truly representative of their neighbourhood population were recruited to take part in nine sessions. The CCG holds regular 'Your Voice' drop-in style events in order to encourage public engagement through a physical and visual presence in public locations across the town. As well as capturing the general views of the public from the questions above, the CCG has also 'themed' a number of Your Voice sessions to gather comments on specific plans and proposals in local health services.

The CCG's priorities for 2018/19 include, to ensure all commissioned services meet safeguarding standards requirements, raise awareness, and ensure that safeguarding procedures and associated tools are embedded in practice and that the principles of the Mental Capacity Act are embedded in practice.

6.3 Lancashire Care NHS Foundation Trust (LCFT)

Lancashire Care NHS Foundation Trust provides health and wellbeing services for a population of around 1.4 million people. The services provided in the Blackpool locality include inpatient and community mental health services, Child and Adolescent Mental Health Services (CAMHS) inpatient, psychology, early intervention and some sexual health services. The Trust covers the whole of the county and employs around 6,500 members of staff across more than 400 sites. The Trust can demonstrate compliance with Care Quality Commission (CQC) regulation 13 and Fundamental Standards of Care and key lines of enquiry for safeguarding vulnerable service users. The Trust has effective safeguarding arrangements in place to safeguard vulnerable adults and children. These arrangements include: safe recruitment, effective training and supervision arrangements for staff. The three year Safeguarding Vision for the Trust advocates a whole organisational approach to safeguarding and supports realisation of the Trust "Quality Plans and Vision".

The priorities relating to safeguarding adults include to:-

- Strengthen safeguarding practice and systems to sustain compliance with revised statutory Prevent Guidance and responsibilities.
- Develop a strategic safeguarding quality assurance framework.
- Ensure delivery of Pan Lancashire Domestic Abuse Strategy.
- Develop systems to support the Multi-Agency Safeguarding Hub (MASH).

LCFT is fully engaged in the County and regional PREVENT work (preventing radicalisation) and the County Channel Panel. The Mental Capacity Act (MCA) Named Professional continues to provide complex advice within the networks. During 2017/18 there has been a focus on increasing awareness of Domestic Abuse and strengthening application of routine enquiry within Mental Health Services. The safeguarding team and Mental Health Network have developed and strengthened systems to enable the identification of people who may be at risk or experiencing domestic violence with more robust information sharing into the Multi-Agency Risk Assessment Committee (MARAC) process.

To raise awareness during 2017/18, LCFT carried out a review of Level 2 MCA training has been undertaken with specific reference to the national competency framework for MCA developed in association with the MCA Forum. The MCA Named Professional continues to attend our Mental Health Law groups within each network. LCFT is an active partner in the development and delivery of the Multi-Agency Public Protection Arrangements (MAPPA).

The Safeguarding Team Lessons Learned Group has been developing systems and processes to ensure that information from both external and internal reviews e.g. Safeguarding Adult Reviews (SARs), Domestic Homicide Reviews (DHRs), and Post Incident Reviews (PIRs) are timely and disseminated across the Trust. Review briefings continue to be disseminated via "The Pulse" and work has started, using a quality improvement approach "QI Life" to develop face to face forums to discuss learning from reviews and also quality visits to test out the learning.

Policy and Procedures were updated to reflect revised national guidance, regarding modern day slavery and human trafficking. LCFT is represented on the Pan Lancashire Human Trafficking and Sex Workers Group led by Lancashire Constabulary. It was agreed that LCFT practitioners make voluntary “Duty to Notify” notifications, if they suspect someone may be a victim. This was seen as good safeguarding practice fully supporting LCFT Values, organisational priorities and Five Year Plan.

Service users and carers are supported through the implementation of ‘Making Safeguarding Personal’ (MSP). LCFT have completed an organisational MSP audit. This has been shared with Safeguarding Champions’ Forum, and are working alongside our Quality Improvement Team to ensure key messages around MSP are embedded within organisational thinking and service user engagement forums. LCFT Safeguarding Team are currently involved in a Pan-Lancashire Task and Finish Group in relation to developing multi-agency guidance regarding the issue of self-neglect by taking into account cases where there are significant and high risks. LCFT Making Every Contact Count (MECC) programme is about enabling staff to make a difference through a client-centred approach to care via a trust wide training initiative.

LCFT seek the views of adults at risk, and some of this is captured through the Family and Friends Test (FFT) at an agreed point in care, this may be at discharge for those receiving inpatient care, or at an agreed point on the care pathway e.g. Care Programme Approach (CPA) review, or some teams collect feedback quarterly in line with national guidelines. The Trust’s standard Friends & Family Test (FFT) questionnaire asks the nationally recognised FFT questions and four additional questions, relating to, involvement in the planning of care, courtesy and respect received during treatment, availability of staff when needed and whether people would have confidence in using the service again in the future. 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 & illustrate patient stories and experiences. Conversations with service users and staff also evidence continuous quality improvement.

LCFT 2018/19 headline safeguarding priorities will focus on the following 6 areas -

- Strengthen safeguarding practice and systems to sustain compliance with revised statutory Prevent Guidance and responsibilities.
- Strengthen Safeguarding Group to perform an assurance function therefore developing the well led role of the Group.
- Ensure delivery of Pan Lancashire Domestic Abuse Strategy embedding this within clinical practice to enhance routine enquiry.
- Develop competency of the workforce across the Trust to achieve core and essential compliance targets.
- Making Safeguarding Personal – to review and assess adult safeguarding practice in relation to making it personal against the (Association of Directors of Adult Social Services) ADASS MSP audit frameworks.

CASE STUDY

A patient was admitted to The Harbour, detained under Section 3 of the Mental Health Act. District Nurses and a care agency highlighted safeguarding concerns with the gentleman relating to financial abuse. This was alerted appropriately to the Local Authority Safeguarding Adult Team. This would determine the most appropriate response within safeguarding procedures. The Safeguarding Team led the investigation into the financial abuse. The investigation was complicated by the fact that the nearest relative of the gentleman concerned was also the alleged perpetrator of the financial abuse. Enquiries were undertaken to establish if the gentleman's daughter was acting in his best interest around his financial affairs. The daughter was also the Lasting Power of Attorney for finances. Following completion of his treatment at the Harbour there was disagreement as to future accommodation for this gentleman.

LCFT Safeguarding Team provided support to the mental health team, they attended a MDT meeting at The Harbour and provided support around the Mental Health Act, advice relating to the Mental Health Act and Deprivation of Liberty Safeguards and provided advice around the correct statute to authorise breach of Article 5 and Article 8 of the Human Rights Act on his discharge to residential care. This consideration afforded appropriate safeguards to be put in place reflecting application of the most appropriate legislation to protect and promote the patient.

The enquiry process that established facts, gathering evidence and did not identify a need for any further safeguarding actions. Following investigation it was deemed that his daughter was acting in the gentleman's best interest, she was supported and engaged in care planning. The safeguarding inquiry was therefore concluded.

6.4 Lancashire Fire & Rescue Service (LFRS)

LFRS make appropriate referrals to partner agencies if a safeguarding concern is identified following our Service Order protocol. This has allowed for appropriate referrals to have been made. All frontline staff have received training in relation to the safeguarding process. This has been put into practice and have experienced occasions when operational fire-crews have been able to make safeguarding referrals after attending a fire they extinguished, and realised there are additional safeguarding concerns with the family. LFRS staff are collaborating with the Blackpool Safeguarding Adults Board and participate in training delivery.

LFRS have raised awareness through appropriate safeguarding training delivered to all LFRS staff. LFRS have shared and disseminated information internally across immediate teams and Pan Lancashire colleagues. Routine bulletin announcements and seminars had been used. Support is provided to service users by accessing households and identifying issues such as hoarding, or there is a continuing fire risk and the individual or individuals in question remain at risk. LFRS priorities for 2018/19 include the need to make appropriate

referrals following the service protocol and that of our Partners, to share good practice and to support vulnerable members of the community.

CASE STUDY

Community Fire Service (CFS) received a MASH referral from the Police. The neighbours had complained regarding the internal condition of a house.

The occupants Father had died and he had returned home from Japan. He had taken the death of his father very hard and had taken to drinking and allowing the house to become run down with hoarding and infestation. The Police had visited but were refused entry. They submitted a MASH referral. On receiving the MASH referral LFRS checked the community risk system and identified a smoke detector had been fitted some five years earlier.

Using this pretext Western Area CFS staff revisited the address using the excuse they had come to recheck smoke alarm. The occupant agreed to let us into the address. LFRS staff were only able to open the front door eight inches due to the accumulation of debris and rotten garbage bags behind the door. The house was swarming with flies.

Whilst in the property we were able to fit new smoke detectors, in conversation we learnt that the occupant had a very good job in Japan but had taken the death of his father badly. The occupant received a full Safe and Well talk and he agreed that we could refer him to other Agencies for Support. After we left the house he actually followed us out and asked if his house was really that bad. We were honest with him and stated that the Agencies that we were referring him to were non-judgemental and would support him. On returning to the Station we referred him to Partners. We later received information that help had been offered and that he had accepted it. The outcome of the multi-agency intervention had been successful.

6.5 Blackpool Teaching Hospitals NHS Foundation Trust (BTH)

BTHNHSFT ensures that all staff are trained and supported to recognise signs of abuse, neglect and exploitation, ensuring competence to respond and report as per local, national and statutory guidelines. BTHNHSFT also ensures that those who may potentially pose a risk to others are effectively managed to minimise the risk to staff and other patients.

Safeguarding support is provided to Acute and Community teams by Practitioners specialising in Safeguarding Adults, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), Independent Domestic Violence Advisor (IDVA), Independent Sexual Violence Adviser (ISVA) and health Multi-Agency Safeguarding Hub (MASH) Practitioner who will share information with GP's on an individual basis. BTHNHSFT fully participate in the MARAC process. Female Genital Mutilation (FGM) cases are monitored, managed and reported as per national and local guidance.

Following the successful implementation of the IDVA role at BTHNHSFT, funding from the Office of the Police and Crime Commissioner for Lancashire (OPCC) has been extended. Further funding has been secured to enable BTHNHSFT to become the first NHS Trust in

England to host an ISVA service. The Safeguarding team represented BTHNHSFT at a Domestic Abuse Summit in London about the Safeguarding team's experience of developing the role of the Health IDVA.

Prevent training is provided to all staff on a mandatory basis, as is MCA and DoLS training. Safeguarding Adults, MARAC, Domestic Abuse, FGM and Children's Safeguarding training is available to all staff and is mandatory for some roles in line with national guidance. The Safeguarding team are visible within the trust and have ensured that 'Making Safeguarding Personal' is at the heart of all Safeguarding contacts to support service users and carers.

BTHNHSFT seek the views of adults at risk through direct contact; consideration of the views of carers, friends and relatives, multi-agency discussion, Advocacy support, consideration of advanced directives, and best interest decisions. Views are captured through patient stories. Compliments and complaints are monitored by the Patient Advice and Liaison Service (PALS).

The priorities for BTH during 2018/19 include the development of the ISVA service at BTH with a Pan Lancashire service to follow, development of a Health IDVA national network and to capture Domestic violence output utilising the STAR outcome framework. BTH aim to build on the success of the existing Safeguarding Champions model by organising quarterly updates and establishing a more precise register to ensure all areas represented. BTH will continue to support the roll out of multi-agency Modern Slavery and Human Trafficking training.

CASE STUDY

The Safeguarding team contacted by the ward as a female patient disclosed domestic abuse whilst staying temporarily in Blackpool with a new partner, wanting to flee abuse, resulting in her now being homeless and out of original home area, feeling vulnerable and abandoned. Referred to Health IDVA service. A risk assessment was completed and patient discloses emotional, financial and physical abuse, states wants to flee and be able to stay somewhere safe and unknown to abuser, was assessed for refuge. Health IDVA liaised with Blackpool Housing Team to see how they could assist, unable to do so as patient not resident in this area. Health IDVA liaised with original home town council, who were also unable to offer any accommodation due to previous incident in their only hostel accommodation. Health IDVA secured refuge bed for patient out of area on discharge. The Patient stated she was unable to travel to the area due to lack of funds. Health IDVA liaised with the council to arrange a travel warrant to enable patient to safely leave town and attend refuge. The Patient was successfully supported in accessing refuge and a safe discharge was planned.

6.6 National Probation Service (NPS)

The National Probation Service have a Senior Manager with lead responsibility for Adult Safeguarding within the North West region. In addition at local level each Head of Cluster is responsible for ensuring that there is NPS representation at Safeguarding Adult Boards and relevant sub groups. Each cluster within the region also has a Middle Manager who has lead

responsibility for ensuring that Adult Safeguarding receives equal priority to safeguarding children at practitioner level.

The NPS has recently developed a partnership framework for working with Vulnerable Adults and those with social care needs which has been circulated to all Safeguarding Adults Boards. Following the introduction of the Care Act, all Senior Managers were provided with a briefing and staff have been offered training relating to Adult Safeguarding. The NPS has an Adult Safeguarding policy in place, with emphasis placed on a multiagency approach that reflects best practice principles in the safeguarding of vulnerable adults. Practice guidance has been issued to all operational staff within the organisation, this guidance outlines the staff's responsibility in how they undertake their duties in relation to vulnerable adults, both offenders and victims as well as those who have social care needs.

Achievements for NPS in 2017/18 include, staff have been provided with a practice guidance on their work with vulnerable adults and those with social care needs including the importance of them adopting a multi-agency approach to the management of such Offenders and Victims. As part of the NPS NW Business plan, we have identified a key objective relating to improving service provisions for those with care needs and in particular elderly offenders, as well as those with mental health problems including personality disorders. Staff in Blackpool have been working towards achieving the National Autism Standards and promoting good practice in working with adults with learning difficulties.

To ensure the safety of vulnerable adults, the NPS as a partner agency under the MAPPA process has signed up to the MAPPA Strategic Management Boards protocol for Safeguarding Adults. Additionally the NW NPS has recently developed a delivery plan which outlines the requirements placed on Probation staff in their management of vulnerable adults and those who have social care needs, including the duty of staff to familiarise themselves with the local authority escalation process for challenging decisions.

The NPS has developed practice guidance for staff which outlines their duties in managing vulnerable adults including those at risk of hate crime, exploitation, or domestic abuse. As a public protection agency we work closely with partner agencies such as the Police, Local Authority, Health providers through the MAPPA, MARAC, IOM, and MASH to reduce the risks faced by vulnerable adults.

We have recently rolled out an E-Learning module to all staff on Safeguarding Vulnerable Adults and are in the process of following this up with face to face training, to ensure staff are fully au fait with their duties to safeguard adults who are at risk. Office champions highlighted the needs of people with autism and how best we can communicate and engage to assist rehabilitation and reintegration.

Priorities for NPS over 2018/19 include, rolling out the learning from the NAS project, delivering a better service to adults who have been looked after (LAC) during their childhood, ensuring the needs of vulnerable women are acknowledged and met through the use of holistic services delivered in women only provision.

6.7 Cumbria and Lancashire Community Rehabilitation Company (CL-CRC)

One of the main aims of CL-CRC is to protect the public. This aim is achieved through the effective facilitation of 1:1's, group interventions and multi-agency working for those service users made subject to a community or custodial sentence who are assessed as a low or medium risk of serious harm to others. CL-CRC work with vulnerable adults who are our service users and for those who have committed domestic violence and will also, where appropriate, work with the victims of their offences. Engagement with carers, family members is sought, of those who may be vulnerable and require additional support from other external agencies. CL-CRC staff are aware that the identification and protection of vulnerable adults is a core element of their work, which is reinforced through practice standards and guidance.

Achievements for CL-CRC during 2017/18 include, the reviewed and updated operational guidance for their staff, which informs the required standards of practice to safeguard adults. During 2017, operational staff located in the Blackpool office refreshed their safeguarding training and staff have also been encouraged by senior management to attend the "toxic trio" training (substance misuse, mental ill health, and domestic abuse). There has been an increase in the frequency of Domestic Abuse perpetrator interventions being facilitated in the Blackpool office. 1:1 intervention has also been developed and is due to be rolled out for those who are domestic abuse perpetrators against the same sex victim. The Safeguarding Adults practice guidance has been reviewed and updated, which has also been relaunched and made accessible via the Intranet system, as part of a wider practice guidance document; Risk and Public Protection Manual. 1:1 offence focussed intervention has been developed for Responsible Officers to facilitate for those service users who commit domestic violence within a same sex relationship. It is imminently planned for this to be rolled out to staff located in the Blackpool Office.

CL-CRC raise awareness through internal safeguarding training which is available to all staff and a minimum requirement is in place for all new starters to complete Adult Safeguarding Awareness training and for this to be repeated periodically. Leaders continue to publicise and encourage their staff to attend relevant multi-agency training courses facilitated by the Safeguarding Boards, which also gives an opportunity for staff to develop new working relationships with other agencies. The external "toxic trio" training course details (substance misuse, mental ill health, domestic abuse) has been disseminated to all staff and those who have attended were given the opportunity to share learning. Pan-Lancashire information (such as the 7 minute briefing documents) compiled by the Lancashire Adult Safeguarding Board has been disseminated internally to staff. The CL-CRC representative has attended various multi-agency meetings and feedback to staff on any relevant themes and information. For example, CL-CRC are represented within the Joint Training Sub Group and Quality Assurance and Performance Monitoring. The CL-CRC adopt a strengths based approach to help service users to develop their internal resilience throughout the duration of their intervention. CL-CRC seek the views of service users through anonymous offender engagement surveys that are undertaken on a quarterly basis to gain the views of our service users. This information is further utilised to assist in maintaining good practice when managing service users.

CL-CRC priorities for 2018/19, include the continuation to work on a multi-agency basis with other agencies to jointly contribute to the protection of vulnerable adults from abuse. Substance misuse, mental ill health, and domestic abuse (Toxic Trio) remain a priority. CL-CRC aim to continue to tailor interventions to increase the likelihood of its effectiveness for our service users. CL-CRC will continue to work with the Youth Offending Team within the transitional period of agency intervention and to ensure staff are working alongside Adult Social Care for those individuals who have previously been looked after children.

CASE STUDY

A service user had suffered severe memory loss due to long term drug misuse. He was reliant on his mother as his main carer and source of support. The Responsible Officer has been working with other key agencies to assist and jointly support the service user to address his long term drug problems and wider needs. He was a vulnerable adult as other adults often sort to "borrow" money from him knowing that he will not remember. His Responsible Officer also collated evidence that would suggest he was regularly exploited by others beyond financial. The Responsible Officer helped him and his mother to secure PIP benefit payments. The Officer also referred his mother as the carer for independent support from a third sector agency to ensure she was appropriately supported. The Responsible Officer assisted her to apply to another support agency to help fully meet her needs.

6.8 Blackpool and the Fylde College

Blackpool and The Fylde College have provided education to approximately 18,000 students this academic year. A significant number of these are adult learners. One of the main objectives for Blackpool and The Fylde College is to continue to ensure that our students achieve their full potential by providing not only their curriculum and qualifications but also employability, resilience, wellbeing and 'mental wealth' skills to take forward, and to keep students safe and feeling safe in College and within our local Community.

The College has robust systems in place for allocating our own internal support provision for students with low level safeguarding issues and needs. For those with higher level and immediate safeguarding needs we have well established referral routes and procedures in place. These referrals are not only relating to individual students, but also by association and involvement, can involve their families and other relationships. All safeguarding concerns are centrally logged confidentially and overall anonymised data analysed and reported on regularly as appropriate, and any action taken as necessary. The College also has an awareness of local rising areas of concern noted from our several memberships of the BSCB and BSAB and their sub groups. An extensive and proactive leadership including statutory Designated Safeguarding Lead (DSL) post and Prevent lead, has been supplemented further this year by the introduction of a Safeguarding and Prevent Manager.

As per previous academic years whilst also reflected in the national and regional picture the highest current referral categories with rising trends are those relating to mental health, particularly for those with disadvantage and specific vulnerabilities.

For any students needing non-emergency mental health support is through in-house provision, sometimes on a temporary basis, whilst awaiting an external medical referral. College provision includes counselling, mental health support specialists, and specialists in several disabilities and learning difficulties, as well as providing enhanced support for care leavers, students who are 'estranged' from their families and also students who are Carers.

Safeguarding achievements for the College include, excellent support for safeguarding issues with strong and increasing external collaboration, and liaison and networking. All College staff continue to receive both induction and annual mandatory and refresher training in Safeguarding to ensure they are aware of key aspects or changes within Safeguarding. The Catalyst project to date has achieved not only strategic and network provision but also operational level support of around 40 students who required support for reported domestic abuse, violence and hate crime.

The training ensures awareness is raised to staff, 3 members have attended and achieved the MHFA (Mental Health First Aid) England course and successfully launched workshops to assist students and training for staff.

The College's Catalyst project continues to grow and regular meetings of a wide ranging network of external support services are in place. The project assists in supporting females and other vulnerable groups such as Lesbian, Gay, Bisexual and Transgender (LGBT) who are the subject of hate crime or domestic abuse, assisting them in building their resilience both short and long term. The College continues to provide internal counselling facilities which are available for all students on a self-referral basis. We have both a male and female counsellor available for students for temporary support whilst waiting for external referrals and triage. Continued Links with external agencies including Mind, Samaritans, Minds Matter as well as many local agencies and external specialist providers for reciprocal referral and/or liaison, where appropriate.

The College continues to support its Adult cohort through liaison with a wide range of both internal and external agencies including, counselling, police, Samaritans, GP's, medical facilities and housing and social services. Regular monitoring continues to be in place through Student support and wellbeing alongside students' personal and senior tutors for support and guidance and the wider Directorate for Students.

The College continues to regularly seek the views of all its students via student surveys and feedback forms. Recent information has shown that adult students feel both safe and supported and are aware of the resources available to them for help and support. Students are also invited to attend regular focus groups across the College environment whilst all students also have the potential to become course representatives for their academic areas which allows regular feedback to be received.

Priorities for the College during 2018/19 include, further development of processes around reporting and recording, continued General Data Protection Regulations (GDPR) and confidentiality compliance to ensure best possible support and referral routes are open to

our adult students. Mental wealth and resilience pilot go live in 2018/19 for staff and students a 'quiz' to self-assess current 'mental wealth' levels and provide links to strategies and materials for the future. Continued expansion of training to be made available for our in-house provision, plus local community, regional and national audiences. This includes on-line, face to face and in liaison with other external support services.

CASE STUDY

An adult female reported to her personal tutor that she was being controlled by her partner - financially, physically and emotionally. The student felt powerless and trapped in the situation, and the Personal tutor reported this to safeguarding team.

The Safeguarding team liaised with Tutor and Head of Curriculum Area to arrange a meeting between the student and coordinator of HE Catalyst safeguarding students against hate crime project - to see what assistance could be provided to her whether external signposting, assisting with police (if required) and her own mental wellbeing.

With the support of the College, the student reported the abuse to the Police, who then jointly assisted in moving the student into a women's refuge with her children.

The student was also linked to the Blackpool interpersonal violence and abuse team for further external support.

As a College we continue to monitor students – and on this occasion additional college services were signposted to assist in support for exams and finances. The student was provided with both shopping and College meal vouchers as appropriate to her 'hardship' needs – available to students experiencing such hardship as appropriate.

Curriculum area, tutorial support and liaison also assisted with this student's progress. They were aware she needs support but not the detail in view of the confidentiality needed.

This enabled the student to remain at College throughout this process and she is reported to remain on track.

6.9 Blackpool Coastal Housing (BCH)

Safeguarding is embedded in sheltered housing and general housing management functions. Raising awareness of frontline staff for specific warning signs and making safeguarding referrals, where appropriate. Achievements for BCH during 2017/18, including the development of a safeguarding website, development of a safeguarding booklet to all repairs frontline staff, a Joint protocol is working well with Adult Social Care and have developed financial abuse training with Barclays as part of their social value commitment.

Awareness has been raised through the safeguarding booklet referred to above, toolbox talks and presentations at relevant team meetings.

Support is provided for tenants who are, or are potential service users and carers. Awareness is raised on scams and bogus callers for sheltered tenants. Care and Repair providing services to vulnerable tenants remove the risk of them being exploited by rogue tradesmen.

The views of adults at risk is captured through support plans for sheltered and hostel tenants, estate management consultations on any new proposals, sheltered tenant conferences, hostel residents meetings.

Priorities for BCH for 2018/19 include attendance at all appropriate groups, as required, to make all appropriate referrals and comply with QAPM recommendations on data reporting

7. The Role and Achievements of the Sub-Groups.

The Board has a number of Sub Groups to assist in the delivery of its function.

7.1 Training and Communications Sub-Group

The purpose of this sub-group is to provide the strategic lead to promote learning and development by BSAB and within its partner agencies. It will also be responsible to BSAB for the planning, delivery and evaluation of multi-agency safeguarding training and the verification of single agency training. The sub-group is also responsible for the BSAB communications activities with professionals, service users, children and families, and is co-ordinated with Pan- Lancashire colleagues. The sub-group is responsible for ensuring that the BSAB meets its statutory requirements in relation to multi-agency training.

The Training Sub-Group ensures consistent standards of the safeguarding adults training provision. The group facilitates networking opportunities and the sharing of lessons learnt and best practice to a range of Partner organisations. The Training Subgroup ensures the development of safeguarding practice and promoted improvements to practice through training across all partner organisations in Blackpool. The group ensures that each organisation is completing the most relevant training, encouraging better outcomes for adults at risk and disseminates good practice examples. This group has met four times this last year. It recently changed its remit to include Communications, as mentioned earlier. Two Training Co-ordinators had been appointed to cover 1.6FTE. Each Training Co-ordinator had responsibility for a combination of children's and adults' courses.

The BSAB do not charge attendees for training participation, although a charge is made in respect of participants who fail to attend without prior notification. Income received is re-invested to fund external trainers and conferences. A large number of participants cancel prior to the day of training, this creates additional administrative pressure for the BSAB and spaces that cannot be reallocated at short notice. The capacity for the team to send out the invoices for non-attendance at training was limited but recognised that the invoices should be issued prior to year-end. Overall, high levels of attendance were recorded at training.

This group had identified the need for training on the Decision Support Tool to clarify raising a safeguarding concern to the local authority to ensure a proportionate response to safeguarding to be developed in 2017. On completion of the Safeguarding Adults Review (SAR) protocol, briefings were delivered on Safeguarding Adults Reviews. The learning from Pan Lancashire and national SAR's is incorporated into the training programme, as BSAB has not had any SAR's recently. The SAR briefings were reviewed in light of changing practice expectations and learning from audits and reviews.

The Prevent Partnership Board had requested assurance of Prevent Training within Partner agencies including who had received training. A short questionnaire was circulated to agencies to collect the data and feedback to the Prevent Partnership Board. It was important that Prevent Training delivered should be current and relevant to the geographic area.

Training courses have been developed on new and emerging themes such as modern slavery across Blackpool including linking in to a working group with Pan Lancashire colleagues from the Police, Trading Standards, and Community Safety Partnerships. Other new areas of BSAB business and training themes included the focus on financial abuse and self-neglect. Although hoarding training did exist, it was in need of a review to include self-neglect. A task and finish group was created after financial abuse had been identified as a growing concern by the BSAB and as an area where training was required. The BSAB had considered other areas for development and training to include a joint piece of work with BSCB on Transitions. Carers and young carers had been identified as an area for consideration to ascertain the age limits used by each agency. Self-neglect remained a BSAB priority and training on hoarding and self-neglect to be considered together with colleagues from Blackpool Coastal Housing and Lancashire Fire and Rescue Service.

The subgroup struggled with ways to measure the impact of training throughout the last year. A paper based evaluation system had been in place for a number of years which required participants to fill in pre- and post-course evaluations on the day of training. A review of evaluations from six courses delivered between April and October 2017 provided average scores (graded from 1 to 5, with 5 being most positive) of 4.68 for the training meeting stated aims and objectives, 4.64 for being relevant to the participant's professional role and 4.39 for confidence to apply the material. Participants were also asked to score their knowledge of specific elements of the course content prior to and after the course, with an average increase of 1.61. The review also demonstrated the time consuming nature of analysing paper returns and the limited amount of qualitative feedback provided. These findings, together with a recognition of the need to develop an evaluation system that can evidence the impact of training on practice and ultimately the adults at risk in Blackpool, has led to the introduction of a web-based evaluation system that will be able to provide aggregated data on returns, together with the introduction of telephone calls to participants a number of weeks after completing a course to assess the impact of training on practice. Outcomes of this process will be included in the next annual report. The new electronic surveying system to capture improvement in skills and knowledge training. The new system overcame a number of hurdles and is being successfully used since late 2017/18 and now into 2018/19. A further breakdown on the impact and effectiveness of the training is being developed and will be in place for the 2018/19 reporting year.

7.1.1 Core Content for Safeguarding Training

Some agencies had completed the Training Core Content forms from which a number of questions had been identified to discuss with individual agencies.

Gaps were noted in the provision of Multi-Agency Public Protection Arrangements (MAPPA). A few issues were identified, including 'discreet' courses such as radicalisation and channel. How courses were promoted across agencies was considered. The use training presentations were reviewed to ensure content was still relevant, for example, the multiagency policy and procedures. A checklist was completed by agencies to gain the opportunity to observe training sessions including consideration of any future training. The BSAB manager and training coordinators developed a checklist template to use to verify training presentations inclusive of legislation to identify whether presentations meet agreed standards and provide assurance.

7.1.2 Training delivery plan 2017 – 2018

The Subgroup was asked to consider training provision for 2017 – 2018. The Decision Support Tool and how it measured the impact of safeguarding was considered. The Tool was incorporated within the Multi Agency Safeguarding Adults – Policies and Procedures training course. Courses on Self-Neglect and Financial Abuse were also considered. Modern slavery and human trafficking are currently covered under the multi-agency training. Going forward this will be developed as a full day course, in conjunction with pan- Lancashire colleagues through the Pan Lancashire Anti-Slavery Partnership (PLASP). This work continues to be developed and reviewed.

Training to 'support regulated settings' was considered and the BSAB remain aware of what would be helpful training for regulated settings to receive. For example, care providers that are subject to CQC inspections. Better promotion of training courses to all sectors was needed, some suggestions included the use of Twitter and emails to circulate information, were implemented.

The core content of training responses received, suggested that level three safeguarding training was well covered by agencies but a gap was identified within the third sector. It was noted that access to the online iPool licenses was available for third sector agencies and this could be utilised.

Feedback highlighted that, the Mental Capacity Act and Deprivation of Liberty Safeguards briefings were popular. However, it was considered that too much information was included for a briefing and a half day session would be preferred.

7.1.3 BSAB Training Courses over 2017/18

- During 2017/18 a total of 47 training courses were delivered by BSAB to 815 course attendees with the most common courses being Toxic Trio and Wrap3.
- The majority of attendees of BSAB training belong to 'Other' and 'Third Sector' organisations such as Care Home and staff from charities and local services such as Drugline and Horizon. This highlights the need to explore why Partner agencies are not embracing the BSAB training offer, e.g. they may be receiving training in house.
- During 2017-18 BSAB delivered training to 815 practitioners on a number of courses covering adults and joint safeguarding content. This represents an increase in attendees on 2016-17.

Details of the Courses delivered throughout 17/18 can be found in **Appendix D**.

Future and ongoing Training work is to include:

- A training needs analysis of BSAB Partner agencies to inform the development of our ongoing training programme
- Embed the new evaluation process and use this to evidence the impact of training and develop the training programme
- Continue to review the demand for our training programme and develop the training offer accordingly

Some training feedback:

'The information presented during the course was informative, as well as the presenter being engaging and interesting. The information was delivered well, and this showed by involving the group in group work to demonstrate understanding. The involvement of the fire service put a different perspective on the course, and I believe this to have been extremely useful and informative' (Hoarding)

'The course was very emotive but this was handled sensitively by the trainers and was very useful' (Domestic Abuse)

'Really good training, very interactive with a good trainer' (MCA)

'Brilliant trainers, encouraged open learning environment where experiences and expertise around the room was shared' (Mental Health)

'Excellent training and very worthwhile' (NPS)

'I really enjoyed the easy going nature of the presentations and listening to examples of practice' (SAR)

'I really enjoyed this course and found it very useful in my role as a foster carer, the trainers were excellent and very knowledgeable!' (Toxic Trio)

7.2 Quality and Performance Management Group (QAPM)

The purpose of the QAPM subgroup is to ensure a consistent open and multi-agency approach to effective performance monitoring of safeguarding information. The group aims to identify multi-agency quality assurance work which may be undertaken to strengthen and improve multi-agency safeguarding practice in Blackpool. The Quality and Performance Management Group, aims to seek assurances and identify any trends or challenges through safeguarding data for presentation to the BSAB. The group consider the scope of data and a summary of some of the data is set out in this report. Some of the areas of work considered by the QAPM includes the group members using their local knowledge and experience of safeguarding information and data presented to the QAPM to identify trends, gaps and challenges. An analysis of cases is undertaken to understand if any other appropriate action

could have been taken. Work has been undertaken with BSAB Partners to understand their processes to raise concerns in areas that have been highlighted by Partners. Emerging themes over the last year have included self-neglect, financial abuse, modern day slavery and human trafficking. Task and finish groups have been developed to tackle self-neglect and hoarding, as well as financial abuse, to ensure relevant policy and procedure changes, toolkits, referral pathways, communications to raise awareness, and training to support professionals.

7.2.1 Decision Support Tool

It was agreed that there was a need for consistency and continual review of the Decision Support Tool in order that it remain relevant and current. The Tool, specifically required implementation through training. LCFT staff had praised the Tool and added that it had helped to improve the quality of reporting and provided clarity on referral pathways. As a result, there had been a decrease in the number of incorrect referrals made to Adult Social Care. There was a desire to maintain a Pan-Lancashire approach to the contents of the Decision Support Tool in order to aid joint working and consistency between Partners and neighbouring authorities. The equivalent of the Decision Support Tool in Lancashire and Blackburn with Darwen would be reviewed periodically to ensure commonality and coherence with Blackpool. The impact of the Tool is now incorporated into all BSAB training courses and is captured through training evaluation forms captured online pre and post training to monitor impact.

7.2.2 Risk Profiling and Service User involvement

Risk profiling and service user involvement was considered, which included how the service experience felt for the user, the intended outcomes for individuals and how service user feedback could be assessed. The need for clarity in each of these areas was agreed as important in order to coordinate and analyse feedback for the purpose of improving service delivery and outcomes. LCFT had operated a family and friend's assessment and a feedback programme for many years in addition to other initiatives. The outcome of this approach is that family and friends are included in any decision making in relation to service user. Blackpool Council's Making Safeguarding Personal scheme was described as another potential resource for collection of service user data. Despite a number of possible sources of data, the concern for members of the subgroup was in relation to how all the data could be gathered, and who would coordinate the collation. It was hoped that the work carried out by Healthwatch would provide some input and would be focused on the experience of service users accessing health and social care services.

7.2.3 Financial Abuse

The issue of financial abuse was highlighted and the scale of the problem was potentially much wider than initially thought and would be one of the key challenges faced by the BSAB 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 as an area of growing concern in safeguarding with staff awareness for front line practitioners, such as those working in residential care settings being especially important. 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 of this form of abuse may be increased following the introduction of future measures aimed at promoting awareness of the issue and to encourage a joint approach to tackle the issue.

7.2.4 Human Trafficking and Modern Day Slavery

The growing international issue of human trafficking including modern day slavery was discussed by the group and was raised as an issue of concern. It is linked to other forms of abuse so plays a significant role within safeguarding. Financial gain was a prime objective of perpetrators whichever form of abuse they were applying. Victims could be forced into committing crimes, e.g. drug smuggling and benefit fraud, so consideration is needed for victims who may appear as offenders to be treated fairly by agencies.

The group acknowledged that Lancashire Care Foundation Trust had undertaken extensive work developing its safeguarding approach to human trafficking and related issues. Although the Trust was not one of the organisations under a statutory duty to notify government agencies about suspected trafficking, it had decided to be proactive and develop best practice. The Trust's work included developing an easy-to-follow flowchart outlining the steps to take if someone was thought to be a victim. The simple practical approach was one that the BSAB might be able to consider on a multi-agency basis in the future.

The BSAB held a conference in partnership with the Lancashire Safeguarding Board to raise awareness of the issue. There had been similar awareness-raising events of trafficking and slavery resulting in some arrests. However, awareness for specific vulnerable groups was still needed, e.g. professionals visiting care homes or people in their own homes, females with learning difficulties, people who had not been granted citizenship so maintained a low profile and even elite sportspeople from other countries, who are brought into the UK under false pretences could be exploited. Awareness for professionals was needed to include process information including how to report the issue. The Pan Lancashire Anti-Slavery Partnership (PLASP) has been set up to address human trafficking and modern slavery across Blackpool, Lancashire and Blackburn with Darwen using a consistent approach. A Toolkit has been developed to help people working in organisations who need to know about the nature of human trafficking, identifying victims and referral, with a referral pathway flow chart which can be used as standard procedure for referral in any organisation.

7.2.5 National Learning Disabilities Mortality Review (LeDeR)

The national Learning Disabilities Mortality Review (LeDeR) was being led by NHS England. The Board were seeking assurance of the work undertaken. Evidence indicated that people with learning disabilities died at notably earlier ages than people who did not have learning disabilities. There were far fewer people with learning disabilities than without disabilities. The programme aimed to investigate deaths of people aged over 4 years old who had had learning disabilities and identify learning which could prevent and reduce early deaths.

The programme was being delivered at a sub-regional level including Lancashire. Local Area

Contacts were responsible for coordinating local reviews including within Blackpool. Blackpool Clinical Commissioning Group was the Local Area Contact for Blackpool explained that the programme was still evolving with no completed local reviews. Some reviews had been undertaken and were subject to quality checks by the national team in Bristol before findings and lessons were issued.

Public Health England's Learning Disabilities Health and Care Information Source provides an online interactive tool allowing local data to be extracted, with a range of national and regional health demographics for people with learning disabilities.

7.2.6 Abuse of people in Positions of Trust (PiPoT)

The group considered abuse of trust in professional settings.

The Designated Safeguarding Manager (Allegations), Blackpool Council, is responsible for developing systems to prevent abuse by staff and for investigating and managing any allegations in cases of 'breach of trust' and 'abuse of power'. Trust and power issues were being particularly topical in view of high profile reported harassment involving celebrities over the last year. Focus was likely to increase and would involve professional groups, e.g. education and health sectors. 'Breach of trust' and 'abuse of power' issues were significant factors in most safeguarding cases. These involved care homes as well as abuse of people in their own homes by carers and families. Effective safeguarding of these issues was covered by existing policies and procedures within Adult Social Care, as required by the Care Act 2014.

Information should be captured within Disclosure and Barring Service (DBS) processes. This was particularly pertinent as employers might try filling a vacancy before robust checks had been completed. Disclosures of information would be proportionate based on the need to identify and prevent the risk of abuse. For example, an adult who might not have been barred from working with children but their own children might be on a protection plan indicating a potential risk to children. Indirect incidents occurring outside the workplace might indicate a risk, e.g. common assault. It was highlighted that all organisations needed effective systems and processes to prevent abuse. They needed to be prepared to investigate incidents and take prompt fair action including reporting to external agencies as appropriate, e.g. professional bodies. The 'PiPoT' content is to form part of the multi-agency safeguarding adults' policies and procedures that have been developed at Pan-Lancashire level.

7.2.7 Safeguarding Data

The aim is to improve the data recording and collection around whether people's individual outcomes have been met. The BSAB dataset continued to be developed and included a core set of figures. The Strategic Board had considered the need for a core data set including qualitative information to be used to identify themes, patterns and trends to plan for future priorities and measuring outcomes effectively. An overview of data to be used to allow consideration to be given to trends and holding agencies to account for performance and

what improvement actions might be required. The revised dataset contained fewer and more focused indicators.

The main data collection groups related to:

- ☑ Deprivation of Liberties Safeguards theme
- ☑ Care Quality Commission inspection ratings of care providers
- ☑ Public Health themes
- ☑ Protecting Vulnerable People (PVP) referrals including types of abuse
- ☑ Domestic abuse theme
- ☑ Adult Social Care including referral enquiries, types of abuse and setting (care home or care in a person's own home)

7.2.8 Data Collection Questionnaire

In November 2017 a questionnaire was circulated to the QAPM members with a request for Partners to identify what their organisation recorded in relation to self-neglect. The aim of the questionnaire was to identify how self-neglect was classified, what information was recorded, what patterns and trends were noted and asked how the data was used to improve knowledge and outcomes

The survey received a limited response with returns from only Blackpool with Fylde Hospital and Healthwatch. The findings concluded that both organisations identified that they record Self-Neglect concerns based on professional judgement and that any onward reporting or referrals were made through other Partner agencies such as the Police PVP systems or through referrals to Adult Social Care.

The aim of the self-neglect survey was to identify the work currently being undertaken in this area and to draw together regular updates, based on the data and commentary available. The work on this survey, and other proposed surveys based on the BSAB priorities, was paused due to the proposal to implement a new QA framework based on the Blackburn with Darwen model.

7.2.9 Healthwatch

Healthwatch Blackpool collected a range of data to capture the voice of the service user. Healthwatch had reviewed a range of services including learning difficulties, mental health and homelessness support. Healthwatch Blackpool agreed to provide data to the BSAB relevant to the priorities. Healthwatch data was particularly valuable to capture outcomes of service users of health and social care services. The impartiality of Healthwatch would help build the qualitative picture and would help to identify whether outcomes had been met, and help capture the voice of the adult. The work undertaken can be found on the Healthwatch activity report through this link: [QAPM\HEALTHWATCH ACTIVITY REPORT - SEPTEMBER 2017.docx](#)

7.2.10 New BSAB Quality Assurance Process

The collection and analysis of data is an important task as it informs the BSAB priorities and will direct resources and commitment from Partners. The aim is to understand the data and provide an analysis of what the information translates to, in relation safeguarding business. Some Boards have developed a 'dashboard of indicators' to make the data more accessible to their members. A data analysis report is intended to be a standing agenda item to inform Partners understanding of their effectiveness and promote improvement. It was agreed that the dataset should be based on priorities and outcomes, be proportionate, meaningful and not duplicate data work undertaken by other groups. For example, the data may highlight that some safeguarding cases may not seem to be managed in a timely manner and a request could for case audits could be made.

The BSAB is legally empowered to request the supply of information from other agencies and

Individuals in pursuit of its objectives. The BSAB consider the data it has produced to make comparisons, for example between types of victim, geographical areas or safeguarding concerns to identify trends. The data upon which the Board can focus includes:

- ☑ rates of reporting
- ☑ rates of investigation
- ☑ types of victim
- ☑ types of abuser
- ☑ types of abuse and neglect
- ☑ types of setting
- ☑ timeliness of investigations
- ☑ outcomes for victims

The process is intended to be cumulative and provides evidence of longer term systemic learning and improvement in the safeguarding system. The information gathered through this approach would also allow for a significant proportion of the annual report to be obtained and structured, thereby reducing the required resource and commitment at a later date. The approach also places different demands on agencies, some BSAB Partner agencies already provide this data to Blackburn with Darwen LSAB.

It is anticipated that the adoption of this process would result in information being requested and received from a much larger pool of organisations and services. These include, amongst others, Blackpool Council (Adult services, Community Safety and Public Health), Blackpool CCG, Blackpool Teaching Hospitals, Lancashire Care Foundation Trust, Lancashire Constabulary, both Probation providers, Horizon, Blackpool Coastal Housing and Blackpool Carer's Centre. QAPM agreed the adoption of this reporting process from the start of the 2018-2019 business year. This process is to be included in the new QAPM work plan.

7.3 BSAB Case Review Subgroup

The purpose of the Case Review subgroup is to deliver the primary mechanism by which the BSAB exercises its statutory duty under the Care Act to arrange a Safeguarding Adults

Review (SAR). This occurs 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 BSAB has been mindful of ensuring that the Partners are equally present and recognised in the work of the BSAB. The work undertaken by the group includes:

7.3.1 Safeguarding Adult Review Protocol

The Safeguarding Adult Review (SAR) guidance was produced by the Business Development Manager, BSAB with a view that the Protocol is adopted at Pan-Lancashire level. The implementation of shared Protocol was supported by the BSAB and Pan-Lancashire colleagues and the Business Management Group had endorsed the proposed approach. The aim was to create a simple process and protocol for Safeguarding Adults Reviews. The Protocol allowed for different review methodologies, e.g. the Welsh Model, to be used based on appropriateness for each individual case under review. The document would form part of the Pan-Lancashire multi-agency policy and procedures, was approved and agreed by the Pan- Lancashire Safeguarding Adults Boards. The BSAB have not undertaken any SAR's during 17-18. However, SAR briefing have been produced and delivered based on Pan Lancashire and national SAR's. The protocol is referred to in the briefing session.

7.3.2 Working with, and learning from parallel processes

Safeguarding Adult Reviews (SARs), and learning from parallel processes such as Domestic Homicide Reviews (DHRs), Serious Incident Reviews (SIRs), Coroners Inquests and Learning Disabilities Mortality Reviews (LeDeR). A Pan-Lancashire Domestic Homicide Review protocol was developed and was led by the Office for the Police and Crime Commissioner. However, each process was reviewing cases and issues from different perspectives but it was important to work together to ensure consistency between parallel processes. Recent Home Office guidance on Domestic Homicide Reviews was more practical concerning parallel processes and that flexible approaches needed to be pursued. This approach would ensure consistent findings and learning, avoid duplication as well as reduce resource commitment.

7.3.3 Safeguarding Adults Review Briefings

Although the BSAB has not had any SARs in the last few years, a pro-active approach has been taken by delivering SAR Briefings as learning opportunities for better outcomes. The purpose of the reviews is to learn and not for blame, briefings are proportionate and relevant with a focus on effective learning.

In consultation with Pan-Lancashire colleagues, and taking into account regional and national review information were considered, with no recent reviews within Blackpool so proactive learning needed to be secured from wider sources. A Pan-Lancashire learning approach would allow for consistency and support agencies that operated across Pan-Lancashire. Focus would be given to themes linked to the Board priorities.

Briefings have been delivered through the Board which aimed to promote good multi-agency working guidance, challenge and focusing on supporting people and families being realistic about their capabilities. To deliver learning messages about improvement and change, leading to better awareness of the SAR process and how learning can be translated into practice for professionals.

7.3.4 Shared learning with the Coroner

Partners wanted to develop a working relationship with the Coroner for wider learning to share information, discuss common areas of interest, e.g. vulnerable homelessness people, and to allow the Coroner's office to gain a better understanding of safeguarding work and challenges. This link was established with BSAB for information to be shared on cases which may be of mutual interest.

7.3.5 Learning Disabilities Mortality Review (LeDeR) Programme.

This area has been previously discussed in the Quality Assurance Performance Management section, however, due to the nature of this programme it was discussed at the Case Review sub-group. It aimed to review deaths within specific criteria, people aged over 4 years old and under 74 with learning difficulties, to reduce the number of preventable deaths through lessons learnt. Various structures were being put into place with an aim for the Programme to become embedded within 'normal' business activity for all agencies. The number of current and forecast reviews within Blackpool (and Lancashire) had been noted and concerns had been re-iterated over the staffing resources required to effectively run the Programme. The resource was significantly low for what was needed although NHS England was considering funding. A comprehensive report was presented to the joint meeting of both Safeguarding Boards. The BSAB requested to remain updated on progress and developments

7.3.6 Blackpool Drug Strategy 2017-2020 and Action Plan

Public Health presented this strategy to the group to raise awareness of drug related deaths in Blackpool. There were two strands to the Strategy, the first strand was reducing drug related deaths, and the second element was tackling drug misuse to prevent misuse and promote recovery. The local approach mirrored that advocated nationally including legislation and the local Action Plan had taken into account the local needs assessment which had identified local issues needing to be tackled.

The Home Office had held a meeting earlier in the year to discuss issues local to Blackpool which were causing a high number of deaths particularly for people aged 35-44 including both men and women highlights the scale of the problem in Blackpool.

New Psychoactive Substances (NPS) were creating significant issues and a recent court judgement that Nitrous Oxide, commonly known as 'laughing gas', fell within medical exemptions meant that renewed consideration needed to be given on tackling New Psychoactive Substances. New Psychoactive Substances, such as 'Spice', were often hard to detect as a range of different chemicals were involved.

A 'whole system' approach was required looking at supporting people Not in Education, Employment or Training (NEETs), for housing needs and wider long-term recovery. Work

being carried by other organisations such as 'Fulfilling Lives', a Big Lottery funded programme which focused on supporting people with the most chaotic lives. Blackpool Teaching Hospitals would be undertaking a toxicology review due for completion by 2019.

7.3.7 Criteria for undertaking a Safeguarding Adults Review (SAR)

The statutory criteria for undertaking a Safeguarding Adults Review (SAR) is covered under s.44 Care Act. The sub-group decide what course of action to take in accordance with statutory guidance.

*The criteria can be found in **Appendix E**.*

7.3.8 Consideration of potential SAR's during 2017/18

A number of referrals were made to the BSAB and were assessed under the above criteria.

Adult A

Consideration of the Adult A referral had resulted in a recommendation to consider undertaking a Multi-Agency Learning Review. The criminal proceedings were ongoing, therefore a Multi-Agency Learning Review could not be progressed until the outcome of the criminal proceedings was known. This case would be reviewed once the outcome was known to consider whether there is any relevant learning for Blackpool. The criteria for an SAR had not been met.

Adult B

Consideration of the Adult B referral resulted in the criteria not being met under the Care Act. The group found that the case did not require any multi agency learning review as the majority of agencies involved had worked together in the best interests of the service user. The group found that the professional judgement of one individual within a single agency had been queried and the agency had carried out an internal review.

Adult C

Consideration of Adult C case resulted in the criteria not being met under the Care Act. Therefore, did not require any multi-agency learning review. The Adult C referral had recognised that agencies had worked effectively together and that no additional learning would be achieved through a review.

7.4 Financial Abuse 'Task and Finish' Group

In March 2017, a press release highlighted the rise in financial fraud in particular scams being carried out, and groups targeted. The article informs of future training activities for staff working in banks/building societies. The Care and Support Statutory Guidance (2016)

makes clear that SABs must understand the different concerns of the various groups that make up their local communities. The SAB have agreed to place focus upon financial abuse as part of its preventative work, by raising awareness and through multi-agency training aimed at a range of professionals including financial services staff, police, trading standards and service providers.

The purpose of this group is to ensure a consistent, open and multi-agency approach to identify and raise awareness of financial abuse. It aims to identify multi-agency work which may be undertaken to strengthen and improve safeguarding practice in Blackpool and Pan-Lancashire to tackle financial abuse.

The membership consists of Police, Health, Trading Standards, Fire and Rescue, Housing, Local Authority, DWP and the voluntary sector including Age UK and the Citizens Advice Service. A representative from the private sector, from a local bank have been involved in the development of this work.

The scope of its work included an agreement on the practical working definition of Financial Abuse. There was an identified need to develop an effective dataset, building on existing data sources to assist in identifying key areas of abuse by type and scale of the problem and where work was needed. The group aims to identify current best practice, in preventing and tackling abuse to identify which individuals and organisations need to be involved in collectively tackling abuse. Effective awareness-raising methods have been explored for vulnerable people, communities, businesses and professionals including any training requirements. The work of this group is due for completion by December 2018. A final report will be produced for the BSAB in early 2019.

7.5 Self Neglect and Hoarding Task and Finish group

The Care Act guidance outlines 'Making Safeguarding Personal' as the preferred approach to safeguarding adults work. Work with people who are self-neglecting may not always meet the 'traditional' safeguarding criteria. The guidance states:

"Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety" (DH, 2016: 14.15).

The purpose of the group is to develop a system that allows a multi-agency approach to identify and respond to cases in a collaborative way. The principles that colleagues should work towards are to be person-centred, rather than process driven, with decisions underpinned by professional judgement. The focus should be on the individual's wellbeing and involve them in decision making. A 'team around the adult', should be supported, where the most appropriate agency takes the lead role in coordinating support. By most appropriate, we mean the agency whose staff are most likely to be successful in building a trusted relationship with the person. We need to have a shared understanding of each

other's roles, remit and responsibilities in working with people who self-neglect. We must share details on risk as well as skills and expertise, share information, working within information sharing legislation and policy, and with the adult's permission, wherever possible.

The BSAB carried out a mapping exercise with relevant Partner agencies who work with individuals who self-neglect and/or hoard, to consider their current policies, processes and powers. It was evident that a multi-agency approach is taken by Partners on an 'ad hoc' basis. However, a formal agreement does not exist on a joint basis to share information, investigate and ensure a coordinated response to self-neglect and hoarding. A referral pathway will be developed to identify, refer and respond to self-neglect and hoarding.

A draft work plan has been developed to focus on a multi-agency approach to assist in identifying the issues, raising public and professional awareness, agreeing preventative action required, the development of a referral pathway and establishing training needs. The task and finish group is due for completion by December 2018. A final report will be produced in December 2018 for the BSAB to inform of the group of the work of the group including priorities identified, work undertaken and progress, outcomes and impact.

8 BSAB Marketing and Communication

8.1 Marketing Campaign– Domestic Abuse in Older Adults:

The BSAB commissioned a campaign is to raise awareness of Domestic Abuse amongst older adults. This included information on; what domestic abuse is, what it includes, and to encourage people to report it. Domestic Abuse has been highlighted as a growing concern across Pan Lancashire through the Office of the Police and Crime Commissioner, whom had seen an increase in the number of incidents reported from this cohort of people. A study had also been undertaken by University of Central Lancashire (UCLAN) that had highlighted domestic abuse in older adults as a national concern.

The main objectives of the campaign were to generate 400 hits to the abuse campaign page between June – July 2017, and to engage with 20 GP surgeries about the campaign.

The main audience for this campaign was:

- Elderly people who can report the abuse themselves (over 65s)
- Witnesses of abuse in elderly people – e.g. people who visit the elderly – carers, family and friends, GPs, pharmacists, housing associations, libraries
- Those who may have an interest in this campaign but are not the main audience:

Key messages of the Domestic Abuse campaign

During the campaign research stage, a similar campaign by Camden Council was discovered and we designed to buy into their assets and use the existing campaign messaging:

<http://news.camden.gov.uk/know-its-not-too-late>

www.camden.gov.uk/Know (Know it's not too late aspect of campaign)

The following promotional channels will be used for this campaign: 13 June:
<http://www.blackpoolgazette.co.uk/news/violence-victims-told-people-here-to-help-1-8592869>

Campaign evaluation

Website page views

The total number of website views throughout the duration of the campaign was 2,104. This is a 420% decrease on the original target. The percentage of website visits via online channels: 2,078 (98.8%). The percentage of website visits via offline channels: 26 (1.2%). A breakdown of website activity for online promotional channels was provided for June and July during the time period of when the campaign was live. There was a significant increase in traffic to the webpage during June which was due to the majority of campaign activity happening during this period e.g. Facebook adverts, bus shelters etc. The biggest source of traffic was Facebook. Web traffic began to drop off towards the end of July/August as campaign activity started to end during this period.

Facebook advertising

The first advert was the best performing advert, with the most people clicking on and reacting to this advert giving it a low cost per click (conversion rate). This advert also had the highest reach.

Offline Marketing

Printed marketing materials were developed which contained the short URL /Know including:

- Posters
- Bus shelters
- Your Blackpool article
- Shared messages in partner publications

Direct hits to the website were therefore generated by a range of offline channels. Unless a separate URL is used across each channel it is hard to measure which materials generated more website hits. The URL is kept the same across materials for campaign message consistency.

Violence victims told 'people here to help'

BY MICHAEL HOLMES
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Blackpool Safeguarding Adults Board is encouraging people to speak out about domestic violence and abuse of older adults in a new campaign.

Over the next month, the powerful campaign will feature on bus shelters, on posters in GP surgeries, pharmacies, Customer First, as well as social media posts.

It aims to encourage older people who are victims of abuse and those that witness abusive behaviour to report it and seek help from specialised support services.

David Sanders, Chairman of Blackpool Safeguarding Adults Board, added: "Our message is that there are people here to help.

"No one should hesitate to



The poster campaign

get in contact. We are here to protect victims and prevent further harm."

Blackpool Council's Cabinet Secretary for Resilient Communities, Coun Graham

Cain, said: "Domestic abuse has an impact on people of all ages and from all walks of life and it does not necessarily end as people grow older. Some people may have experienced

abuse for years without having notified anyone of it."

For more information on the campaign visit www.blackpoolsafeguarding.org.uk/KNOW

Overall Comments:

The channels that worked well included Facebook. The reach across Facebook adverts was high suggesting that a large proportion of our audience access social media and that it is a good channel to reach them.

Areas for improvement included, the suggestion of a bigger campaign budget that would have ensured that the campaign could reach as many people as possible and could have improved campaign uptake in offline advertising.

Recommendations

- Use figures generated from this 2017 campaign to benchmark for web statistics and Facebook adverts if the same campaign was to run again
- Refresh marketing messages for future campaigns so that the audience are seeing and doing something new e.g. different example scenarios, but keep branding the same to carry forward the recognised campaign
- Allocate less budget to offline channels and push the online channels that proved to be effective

- Make the campaign call to action more clear for users so that they are more likely to access help e.g. use on phone number
- Provide better means to evidence campaign success e.g. access to the number of people reporting domestic abuse during campaign period so that we can measure increase/decrease
- Given the success of the campaign in terms of surpassing the original objective, if a similar campaign was to be undertaken with a bigger budget, an increase in the target number of sign-ups could be implemented

8.2 Pan Lancashire Communications and Engagement Group

The overall aim and purpose was to create a Pan Lancashire Communication and Engagement Strategy 2017 – 2019, that is jointly owned and delivered by the Pan Lancashire Safeguarding Boards. This strategy provides strategic direction and aims to make improvements in terms of effective communication and engagement of priorities and statutory obligations to further embed 'safeguarding' into services, communities, and the general public.

In order to achieve the above, in March 2017 the LSAB and LSCB in Lancashire agreed the need for a Joint Communications and Engagement Sub Group to enable the effective delivery of key messages and awareness raising around issues of safeguarding for the residents of Lancashire.

The Communication and Engagement Sub Group was established in June 2017, and following its second meeting, it was agreed that it would be beneficial to extend the footprint of the group to take on a Pan Lancashire approach. This will enable the six Safeguarding Boards to take a collaborative approach to communication and engagement across the wider footprint. The six Safeguarding Boards are:

- Lancashire Safeguarding Adult Board;
- Lancashire Safeguarding Children Board;
- Blackburn with Darwen Safeguarding Adult Board;
- Blackburn with Darwen Safeguarding Children Board;
- Blackpool Safeguarding Adult Board; and
- Blackpool Safeguarding Children Board.

The overall aim of the group is to co-ordinate the communication and engagement activity of the Boards. It aims to agree key safeguarding messages and communicate them effectively through a variety of channels, and identify and implement effective methods of engagement with partners; service users and members of the public.

Communication and engagement activity will adhere to the following principles:

- **Clear and simple** – all communication will be clear and concise using plain Language focussed to the relevant audience and free from jargon;

- **Relevant and accessible to its audience** – all communication will be relevant and accessible, and shared in a format most suited to its audience;
- **Timely and adaptable** – all communication will be shared in a timely manner, updated as often as required, and be adaptable for use in alternative circumstances or settings;
- **Free from duplication** – we will only share information once, unless it is appropriate to do so more frequently;
- **Learning and feedback** – learning and best practice will be communicated effectively, including the provision for two way communication, allowing services, communities and the general public to feedback to the Boards.

A question at the centre of all planning around communication and engagement activity should be "Why?" are we focussing on that specific area, and what we hope to achieve? The target audience falls into three main groups, Service Users including children and young people; adults at risk, parents and carers; and service user groups, general public and communities, Partners and stakeholders.

The Communication and Engagement Sub Group are to agree key priority areas on an annual basis which will allow focus on particular safeguarding issues in order to raise specific awareness. Each priority and actions to be taken against each will be detailed and monitored by the work plan. The overall aim is to effectively plan and coordinate all communication and engagement activity, it is important to note that there will be occasions where a 'reactive' approach is taken for instances that may arise which are out of our control and require a response. The messages above will be shared via a number of communication channels and methods, for example but are not limited to:

- **Electronic:** website; bulletins/circulars; social media
- **Face to face:** meetings; events; focus groups; road shows; training
- **Resources:** information leaflets; newsletters; campaigns
- **In the public eye:** local media (press, TV, radio, billboards); public transport; community settings (GP/dental surgeries; village halls etc.)

There may be instances where the Safeguarding Boards liaise with the media, this may be a planned exercise when promoting campaigns or initiatives, or unplanned when responding to enquires in relation to SARs.

The Communication and Engagement Sub Group will endeavour to measure and evaluate the impact of all activity in order to determine their effectiveness and inform future planning. Identifying effective methods of measurement will provide assurance that resources are being utilised in the most effective and efficient manner, and allow us to recognise where we can make improvements in the way we communicate important messages and learning. Impact will be reported through the BSAB Annual Reports, highlighting good practice and effectiveness achieved, and any changes made in approaches due to what the impact has told us. More regular reporting will be shared through bi-monthly update reports, as information becomes available.

The methods for measuring impact include, but are not limited to:

- **Surveys** – to be used before the implementation of resources/training/campaigns in order to provide an initial benchmark, and re-surveyed once resources are well embedded to measure any improvements in knowledge, practice etc.
- **Web statistics** will provide an indication of how well used resources are, or not; how frequently they are accessed;
- **Attendance and evaluation statistics** from training sessions will allow us to continually measure where training should be targeted, and will allow practitioners to tell us how learning has been embedded within their day to day practice;
- **Changes in reporting/data** – we will look out for correlation in significant changes in reporting and communication/engagement activity
- **Learning from Case Reviews and Audit Activity** – has it changed? Are we still finding the same issues?
- **Comments and feedback** from professionals; inspections and the general public
- **Feedback** from adults and children involved in the safeguarding process; independent organisations such as Healthwatch; all target groups. This will be gathered via surveys; workshops; focus groups etc.

9. Prevent and Channel

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;

- 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. BSAB has representation at the PPB in the form of the Board Business Manager. Additionally, assurance reporting to the Board via BMG from the PPB by both mutual membership and by the Chair or Vice Chair of the PPB on key themes. For Governance purposes the PPB sits within the Blackpool Community Safety

Partnership (CSP) 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.
- 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.

10. Future plans – The new BSAB priorities

The future business plan priorities agreed for 2018-2020:

1. Understanding and reviewing safeguarding responsibilities and arrangements
For Board and partners in light of national and local changes
2. Gaining a better understanding of local safeguarding priorities and improving responses accordingly
3. Raising awareness and promoting engagement
4. Prevention and early intervention of safeguarding issues

11. Conclusion

Cooperation and commitment to the work of the BSAB has been maintained despite the pressures within each individual agency. However, we always need to consider if we can do things differently to make better use of scarce resources and Partner time whilst ensuring we make a positive impact for those requiring our services. We now have much closer ties with the Blackpool Safeguarding Children Board (BSCB) and agreed to participate on joint initiatives and attend meetings to work on common priorities for the year ahead to include training and communications, which will help develop a common approach to safeguarding and support the 'Think Family' approach. Joint priorities on transitional arrangements for children who move to adult services, are being pursued as clear areas of risk and challenge.

The BSAB will support the local authority-led initiative 'Making Safeguarding Personal'. Partners will take into account a victim's views in relation to the service they received and whether they were kept informed throughout the process. This will be captured through Partner data using mixed methods including Healthwatch feedback and information collated through audits and the QA framework. This will help provide an understanding of BSAB Partner challenges and priorities, and through monitoring on a bi-annual basis will help review policy, practice and redirect resources, if required.

The BSAB will continue to pursue links with all service providers to ensure ongoing pursuit of tackling issues collectively using a holistic approach by using preventative methods such as raising awareness through the Pan Lancashire communications and engagement group to distribute a consistent message to Partner agencies. This will contribute to relevant pathways being promoted to professionals to identify and respond to self-neglect and hoarding and financial abuse using a common approach. The work of each of the task and finish groups will conclude by December 2018 with a final report due to be presented to the BSAB in early 2019.

Emerging themes due to be discussed at an MPDF in 2019, include Adult Sexual Exploitation, covering human trafficking, modern slavery, sex workers, domestic and sexual violence, and FGM. Although agencies attempt to respond to these types of abuse, the approach is fragmented. Public health have developed a sexual health and violence strategy, and a domestic violence action plan has been developed during 2017. A sex worker group led by Public health and work with Partners attempt to work with this cohort to address other connected concerns such as financial and physical abuse as different types of abuse often overlap. Online abuse is a theme that seems to be emerging, as it often seen as an avenue to access potential victims of many types of abuse. This is particularly relevant for financial abuse, sexual exploitation, and trafficking and may result in a discussion at a future MPDF.

BSAB Partners must continue to share details on risk as well as, relevant information, working within information sharing legislation and policy, and with the adult's permission, wherever possible. The GDPR comes into force in May 2018, and the GPPR guidance will be incorporated into future training courses delivered by the BSAB and any data requests.

Information sharing protocols and arrangements will be reviewed in conjunction with referral pathways produced and incorporated into all relevant processes. Safeguarding continues to be a priority for everyone, particularly the professionals who come across the adults at risk or in danger on a daily basis, the BSAB will continue to support Partners throughout

18-19.

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Appendix A
BSAB Structure Chart



Appendix B

Strategic Board members at the time of publication:

Name	Title	Agency
Nancy Palmer	Independent Chair	
Cllr Graham Cain	Elected Member	Blackpool Council
Cllr Amy Cross	Elected Member	Blackpool Council
Karen Smith	Director of Adult Services	Blackpool Council
Judith Mills	Consultant in Public Health	Blackpool Council
Vacant	Head of Safeguarding and Principal Social Worker	Blackpool Council
Les Marshall	Head of Adult Social Care	Blackpool Council
Jo Humphries	Divisional Commissioning Manager	Blackpool Council
Lois Peers	Public Protection Officer, Trading Standards	Blackpool Council
Lesley Anderson-Hadley	Chief Nurse	Blackpool CCG
Cathie Turner	Designated Nurse	Blackpool CCG
Karen Orrell	Deputy Designated Nurse	Blackpool CCG
Dr Marie Williams	GP Representative	Blackpool CCG
Marie Thompson	Director of Nursing	Blackpool Teaching Hospitals NHS Foundation Trust
Hazel Gregory	Head of Safeguarding	Blackpool Teaching Hospitals NHS Foundation Trust
Bridgett Welch	Associate Director of Nursing	Lancashire Care NHS Foundation Trust
Glenn Harrison	Patient Experience Manager	NHS England
David Rigby	Sector Manager	North West Ambulance Service
Judith Poole	Head of Student Support and Wellbeing	Blackpool and the Fylde College
Sheena Tattum	Superintendent	Lancashire Constabulary
Lee Wilson	Detective Chief Inspector	Lancashire Constabulary
Joanne McHugh	Detective Chief Inspector (HQ)	Lancashire Constabulary
Stephen Dunstan	Director of Finance and Resources	Blackpool Coastal Housing
Sonia Turner	Head of North West Lancashire	HM Prison and Probation Service
Elaine Seed	Deputy Director	Cumbria and Lancashire CRC
Faye Atherton	Head of Services	Blackpool Carers' Centre (Third Sector representative)
Michelle Smith	Chief Executive	Blackpool Carers' Centre (Third Sector representative)
Jerry Cragg	Group Manager (Western Area)	Lancashire Fire and Rescue Service
Sheralee Turner-Birchall	Engagement Manager	Empowerment (Healthwatch provider)
Mike Crowther	Chief Executive Officer	Empowerment (Healthwatch provider)

Appendix C

Board member attendance at meetings during 2017/18

Agency	Board	BMG	QAPM	Case Review	Training
Blackpool Council – Elected Member	100%	n/a	n/a	n/a	n/a
Blackpool Council – Director of Adult Services	75%	n/a	n/a	n/a	n/a
Blackpool Council – Adult Services (other representatives – Adult Social Care and Commissioning)	75%	n/a	0%	100%	60%
Blackpool Council – Public Health	0%	n/a	50%	n/a	n/a
Blackpool Council – Trading Standards	100%	n/a	n/a	n/a	n/a
Lancashire Constabulary – Western Division (Blackpool) / HQ	75%	75%	25%	100%	40%
Blackpool CCG – Designated Nurse	100%	75%	66%	n/a	60%
Blackpool Teaching Hospitals NHS Foundation Trust	50%	50%	50%	0%	60%
Lancashire Care NHS Foundation Trust	75%	n/a	25%	66%	100%
NHS England	50%	n/a	n/a	n/a	n/a
North West Ambulance Service	0%	n/a	n/a	n/a	0%
Cumbria and Lancashire Community Rehabilitation Company	75%	n/a	25%	66%	20%
HM Prison and Probation Service	75%	50%	50%	100%	100%
Blackpool Coastal Housing	25%	n/a	60%	n/a	60%
Blackpool and The Fylde College	50%	n/a	n/a	n/a	40%
Healthwatch Blackpool	50%	n/a	n/a	n/a	n/a
Blackpool Carers' Centre	25%	n/a	n/a	n/a	n/a
Lancashire Fire and Rescue Service – Western Division (Blackpool)	25%	n/a	25%	0%	20%

Appendix D

Courses delivered – 17/18

Adult Safeguarding Board Courses	Courses ran over 2017/18
Adults Multi Agency Safeguarding	3
Dementia Friends Awareness	3
Domestic Abuse Awareness & Referral Pathways	4
Emotional Health, Well-being & Safeguarding	4
Fire Safety	2
Forced Marriage, Honour Based Violence & Female Genital Mutilation Awareness	1
Hoarding	3
Mental Capacity & Deprivation of Liberty Safeguards Awareness	3
Mental Health Issues in relation to Safeguarding Adults & Children	4
New Psychoactive Substances	3
Safeguarding & Supervision for Adult Practitioners	2
Safeguarding Adults Review Workshop	1
Substance Misuse & Safeguarding	4
Toxic Trio & Safeguarding	5
WRAP 3	5
Total	47

Courses and number of attendees:

Adult Safeguarding Board Courses – Attendees	Attendee Numbers
Adults Multi Agency Safeguarding	62
Dementia Friends Awareness	56
Domestic Abuse Awareness & Referral Pathways	60
Emotional Health, Well-being & Safeguarding	66
Fire Safety	27
Forced Marriage, Honour Based Violence & Female Genital Mutilation Awareness	19
Hoarding	74
Mental Capacity & Deprivation of Liberty Safeguards Awareness	51

Mental Health Issues in relation to Safeguarding Adults & Children	70
New Psychoactive Substances	40
Safeguarding & Supervision for Adult Practitioners	30
Safeguarding Adults Review Workshop	15
Substance Misuse & Safeguarding	50
Toxic Trio & Safeguarding	85
WRAP 3	110
Total	815



The grounds for initiating a Safeguarding Adults Review (SAR) are:

A Safeguarding Adults Board must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if -

(a) there is reasonable cause for concern about how the Safeguarding Adults Board, members of it or other persons with relevant functions worked together to safeguard the adult, and

(b) condition 1 or 2 is met.

(1) Condition 1 is met if -

(a) the adult has died, and

(b) the Safeguarding Adults Board knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

(2) Condition 2 is met if -

(a) the adult is still alive, and

(b) the Safeguarding Adults Board knows or suspects that the adult has experienced serious abuse or neglect.

(3) The Safeguarding Adults Board may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).

The adult who is the subject of the Safeguarding Adults Review need not have been in receipt of care and support services for the Safeguarding Adults Board to arrange a review in relation to them.

Note - the criteria for undertaking Safeguarding Adults Reviews does not apply to any case involving an adult in so far as the case relates to any period during which the adult was -

(a) detained in prison, or

(b) residing in approved premises.

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
CCG Clinical Commissioning Group
CHC Continuing Health Care
CQC Care Quality Commission
CRC Community Rehabilitation Company
CSP Community Safety Partnership
DA Domestic Abuse
DBS Disclosure Barring Service
DWP Department of Work and Pensions
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
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
NEET Not in Education, Employment or Training
NHSE NHS England
NICE National Institute for Clinical Excellence
OPD Outpatients Departments
PCC Police and Crime Commissioner
PPB Prevent Partnership Board
PPNG Patient Participation Networking Group
PVP Police Vulnerable Person (referral)
QAPM Quality Assurance and Performance Monitoring Group
SAR Safeguarding Adult Review
WRAP Workshop to Raise Awareness of Prevent