



**BLACKPOOL  
SAFEGUARDING ADULTS BOARD  
Annual Report 2020-21**

**DRAFT**

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## **Foreword**

This annual report provides a summary of the work undertaken by the Safeguarding Adults Board in Blackpool over the last year.

The period covered by this report was of course dominated by the ongoing Covid-19 pandemic. Over the course of the year there were restrictions in place on everyone, and this included a number of 'lockdowns' and restrictions. All the agencies and organisations that are engaged in protecting our most vulnerable citizens were under immense pressure. I think we will all reflect on the work they have done and be impressed with the commitment and professionalism shown.

As part of the government response to the pandemic the Lancashire Resilience Forum (LRF) was put in place. Over the year there was considerable support provided and coordinated through the forum. One of the sub-groups of the LRF dealt specifically with adult safeguarding and this group was led by the three Directors of Adult Services. Health organisations, the Police, third sector organisations and Public Health worked closely together to coordinate their response to the pandemic. This ensured that the most vulnerable received food and medical treatment and that care homes were able to function effectively. I have spent 40 years working in the public sector and I have never seen such an efficient and coordinated response to a crisis. We all owe a huge debt of gratitude to the work of the forum and those that implemented emergency plans, especially the army of volunteers that stepped forward.

It was clear that the work of the LRF was the priority in terms of safeguarding and as such much of the work of the safeguarding adult board was suspended. Sub-groups dealing with specific issues were put on hold to give professionals the time to concentrate on their front-line responsibilities. The Board did remain in place to ensure that its statutory functions were fulfilled. Consequently, this year's annual report may not fully reflect the huge amount of work undertaken.

This report describes the structures that are in place and our priorities as we move forward. It provides considerable detail about the level of safeguarding need over the year. At this point we cannot be entirely clear how prolonged 'lockdowns' and restrictions may impact on services moving forward. This is an area that the Board will focus on this year. We do know for instance, that the effect of the pandemic on health care and the care home sector will stretch long into the future.

I would like to finish by thanking all of those that have worked so hard to maintain our high levels of safeguarding. The Board is now fully functioning, and I look forward to driving forward new initiatives and focussing on our priorities over the coming months.

**Stephen Ashley**

**Independent Chair, Blackpool Safeguarding Adult Board**

# 1. THE BOARD

## 1.1 Purpose of the Board

The Care Act 2014 requires a local authority to establish a Safeguarding Adults Board (SAB), which aims to help and protect individuals who it believes to have care and support needs and who are at risk of neglect and abuse and are unable to protect themselves, and to promote their wellbeing. Section 43 (3) sets out how the SAB should seek to achieve its objective, through the co-ordination of members' activities in relation to safeguarding and ensuring the effectiveness of what those members do for safeguarding purposes. A SAB may undertake any lawful activity which may help it achieve its objective. Section 43 (4) sets out the functions which a SAB can exercise in pursuit of its objective are those of its members. Section 43 (5) Schedule 2 includes provision about the membership, funding and other resources, strategy and annual report of a SAB. Section 43 (6) acknowledges that two or more local authorities may establish a SAB for their combined geographical area of responsibility. <https://www.legislation.gov.uk/ukpga/2014/23/section/43>

Six principles set out in the Care Act:

**Empowerment**  
**Protection**

**Prevention**  
**Partnership**

**Proportionality**  
**Accountability**

**The Board has three core duties** under the Care Act 2014:



## 1.2 Partnership Structure

The Safeguarding Adults Board is supported by an Independent Chair to oversee the work of the Board, to provide leadership, offer constructive challenge, and ensure independence. The day-to-day work of the Board is undertaken by the Sub-Groups and the Safeguarding Business Unit. The Business Unit supports the operational running of these arrangements and manages the Board on behalf of the multiagency partnership. The Board facilitate joint working, ensure effective safeguarding work across the region, and provide consistency for our partners who work across Pan Lancashire.

## 2. WHAT DOES ADULT SAFEGUARDING LOOK LIKE IN BLACKPOOL

### 2.1 Population

The resident population of Blackpool is approximately 138,000. Mid-2020 ONS estimates illustrate that older people (65 years plus) account for a greater proportion of Blackpool's resident population than is observed at a national level.

	Total population	Males		Females		Age 0-15		Age 65 and over	
	No.	No.	%	No.	%	No.	%	No.	%
England	56,550,138	27,982,818	49.5	28,567,320	50.5	10,852,240	19.2	10,464,019	18.5
Blackpool	138,381	68,740	49.7	69,641	50.3	26,083	18.8	28,433	20.5

Source: ONS 2020 mid-year population estimates, ONS (2021)

### 2.2 Blackpool's Health and Deprivation

#### Health in summary

Across many areas of health, health in Blackpool is worse than the national average. According to the latest English Indices of Multiple Deprivation in 2019, Blackpool is the most disadvantaged local authority in England across several measures, including having the lowest overall average score across Lower Super Output Areas in the borough. As of 2020, about 20% (5,205) of children under 16 live in absolute low-income families. Life expectancy at birth is one of the key indicators of health in a population, and Blackpool has the lowest average life expectancy at birth in the country, for both men and women.

#### Health Inequalities

Life expectancy is up to 13.2 years lower for men on average and up to 9.4 years lower for women on average in the most deprived areas of Blackpool compared to the least deprived areas.

#### Adult Health

While people may be living longer than in 2000, life expectancy at birth has remained broadly static for the last decade, and has fallen in 2020 due to the impact of Covid-19. Residents of Blackpool are spending more years in ill health and the overall health burden is increasing. Sickness and chronic disability are causing a much greater proportion of the burden of disease as people are living longer with several illnesses. Across Blackpool, this burden happens at a much earlier age than in other areas.

Alcohol-related mortality and harm is amongst the highest in the country; the most recent rate of admissions for alcohol-specific conditions is 1,282 per 100,000 population, significantly higher than the national average of 587 per 100,000 and accounts for over 1,700 admissions to hospital per year.

Estimated levels of smoking and physical activity are worse than the national average, with 19.8% of adults aged 18 and over estimated to be current smokers, compared to 12.1% nationally. The Active Lives Survey latest estimates that 27% of adults aged 19 and over are currently physically inactive (engaging in less than 30 minutes of physical activity per week), compared to 22.9% nationally.

In response to these issues highlighted in the [Blackpool JSNA](#), Public Health have developed the following strategies to address some of these issues:

- [Tobacco Free Lancashire Strategy 2018-2023](#)
- [Blackpool Alcohol Strategy 2019-2022](#)

## **Mental Health**

As well as poor physical health, Blackpool is estimated to have a significantly higher prevalence of mental health disorders than England as a whole<sup>1</sup>. Mental health problems are among the most common forms of ill health and can affect people at any point in their lives. Mental health and physical health are inextricably linked. Poor physical health may increase the likelihood of developing poor mental health, and poor mental health may increase risks of developing, or not recovering, from physical health problems.

There were over 350 hospital admissions for self-harm in 2020-2021, a rate of 273.3 per 100,000 population. Despite the rate being nearly 50% higher than the national average, since 2014-2015 the number of admissions has reduced year-on-year. As of 2020-2021, since 2006 over 28,000 people in Blackpool have been diagnosed with depression on their practice register. More than 2,700 people have a severe mental illness (e.g. a diagnosis of schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers) with prevalence rates significantly higher than the national average. 12% of respondents to a GP patient survey stated they had a long-term mental health problem and claimant rates for benefits for mental and behavioural disorders are amongst the highest in the country.

Suicide rates are significantly higher than the national average, in the period 2018-2020, 63 people took their own lives in Blackpool.

The [Public Mental Health Strategy and Action Plan 2016-2019](#) was produced in response to these issues.

## **Drug Misuse**

Drug misuse is a significant cause of premature mortality in the UK, and Blackpool has significantly higher rates of drug users and drug related deaths than the national average. There are more than an estimated 2,000 opiate and/or crack cocaine users in Blackpool and the rate of 23.5 per 1,000 population is over two and a half times higher than the national average. The town has the highest rate of drug related deaths in the country, which is over four times higher than the national average; in the period 2018-2020 there were 86 drug related deaths.

There is also evidence to suggest that young people who use recreational drugs run the risk of damage to mental health including suicide, depression and disruptive behaviour disorders and regular use of cannabis or other drugs may also lead to dependence. Hospital admissions due to substance misuse in young people (aged 15-24 years) across Blackpool are the highest in the country with a rate of 329.3 per 100,000; the national average is 87.9. With over 50 admissions per year, there is a generally increasing trend in young people admitted.

These issues are being addressed by, the Health and Wellbeing Board and Public Health, through the development and implementation of the [Blackpool Drug Harm Reduction Strategy 2020-22](#).

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<sup>1</sup> [Mental Health and Wellbeing JSNA - OHID \(phe.org.uk\)](#)

## 2.3 Safeguarding Adults Section 42 Enquiries

There has been an 8.2% increase in safeguarding concerns during 2020/21 when compared with the previous year, with 40.3% progressed to enquiry (fewer than in 2019/20 (47.8%). Similar to last year, almost a third of concluded enquiries related to neglect/acts of omission and a fifth to physical abuse, and there have been slight increases in sexual and organisational abuse. The lowest reported type of abuse alleged in concluded enquiries involved sexual exploitation, followed by modern slavery and discriminatory abuse.

The most common place reported in enquiries concluded this year remains in an individual's own home. A higher proportion of enquiries related to abuse in nursing homes, acute hospital settings and 'other' locations; reductions can be seen across the remaining categories reported in the return.

When considering the outcome of concluded enquiries, although there is a slight increase in the proportion of cases where the risk has remained, numbers are still low and a higher proportion of cases have had all risk removed as a result of any action that was taken.

A similar number of people expressed their desired outcomes (275 last year; 277 this year). A higher proportion went on to have them fully or partially achieved and fewer people did not have any of the outcomes they expressed achieved.

### Key points:

- More concerns raised this year.
- Reductions appear to correlate with periods of lockdown during 2020/21, peaking when restrictions were lifted.
- More enquiries not meeting Section 42 criteria, reporting as 'other' enquiries.
- Small increase in numbers where action was taken and risk remained but a more significant increase in those where the risk was completely removed.
- Of those expressing their desired outcomes, the most significant change is for those that were fully achieved (increased from 62.2% to 65.3%).

### Safeguarding concerns raised or enquiries that commenced during 2019/20 with the previous year comparison:

	2019/20	2020/21	Comments
Number of individuals involved in safeguarding concerns	624	675	8.2% increase in the number of individuals with one or more concern raised or concluded during the year.
Number of individuals involved in 'Section 42' safeguarding enquiries	298	272	40.3% of people included above saw their concern turn into a Section 42 enquiry (2019/20 = 47.8%).
Number of individuals involved in 'other' safeguarding enquiries (raised in year)	8	32	We see a substantial increase in the number of concerns resulting in 'other' enquiries (4.7% in comparison to 1.3% last year).
Total number of concerns raised	770	841	71 additional concerns were raised this year (+9.2%)

Total number of 'Section 42' enquiries	322	301	35.8% of concerns became Section 42 enquiries in comparison to 42.8% last year.
Total number of 'other' enquiries	8	32	4 times as many enquiries classed as not meeting the Section 42 criteria. This year, 3.8% of all concerns became 'other' enquiries.

**Proportion of type of alleged abuse for enquiries concluded in the year with the previous year comparison:**

	2019/20	2020/21	Comments
Physical	23.0%	20.2%	Proportions remain similar to last year with slight increases in sexual and organisational abuse.
Sexual	2.8%	4.4%	
Psychological	11.8%	11.2%	
Financial/Material	19.1%	18.4%	The highest reported type of abuse, involved in a third of all concluded enquiries relates to neglect/acts of omission.
Discriminatory	1.1%	0.7%	
Organisational	4.9%	7.9%	
Neglect/Acts of Omission	32.4%	32.3%	
Domestic	1.3%	1.4%	The lowest reported type of abuse alleged in concluded enquiries involved sexual exploitation, closely followed by modern slavery and discriminatory abuse.
Sexual Exploitation	0.6%	0.2%	
Modern Slavery	0.2%	0.5%	
Self-Neglect	2.8%	2.8%	

### **3. ROLE AND ACHIEVEMENTS OF THE SUB-GROUPS**

During the reporting period significant changes were made which resulted in a single central joint partnership business unit (JPBU) to support the three Safeguarding Adult Boards across Blackburn with Darwen, Blackpool and Lancashire.

The Covid-19 pandemic has caused disruption during the reporting period and the commitment of Board Partners to attend meetings was impacted due to prioritising emergency service provision, particularly those in Health and Social care. The Partners agreed to suspend all sub-groups during the reporting period until the pandemic had settled. The sub-groups re-convened after the reporting period and have merged into 'single' sub-groups to function across the three Safeguarding Adult Board areas, rather than separate sub-groups in all three areas. The exception to this, are Safeguarding Adult Reviews, as each SAR would be linked to their individual Safeguarding Adult Board. 'Single' sub-groups ensure consistency, improved communication and information sharing, showcase best practice, address common challenges and identify mutual priorities.

The function of the 3 Safeguarding Adult Boards includes developing a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused, harmed or neglected. This is a key operational and strategic goal. An overview of the purpose and functions of the new sub-groups to address the strategic priorities as identified in the strategic plan is provided below. At the time of writing this report, work plans for the sub-groups were in development.

#### **3.1 COMPLEX VULNERABILITIES SUB-GROUP**

The purpose of the Complex Vulnerabilities Sub-group aims:

- To act on behalf of the three Safeguarding Adult Boards to ensure a robust, transparent and consistent approach to Complex Safeguarding Vulnerabilities.
- To monitor the delivery of its statutory duties in relation to Complex Safeguarding Vulnerabilities
- Improve collaborative work across the partnership to provide a consistent approach to support people experiencing complex vulnerabilities.
- Ensure approaches to complex vulnerabilities are meaningfully implemented and embedded in practice by all partners, and that its effectiveness is measured to give confidence.

The function and key objectives of the 'Complex Vulnerabilities' Sub-group are:

- To ensure an effective mechanism is in place to tackle the complexities associated with safeguarding adults in line with the 'prevention' principle of the Care Act 2014.
- To develop a mechanism to support those individuals that do not meet the thresholds of statutory criteria to access support from statutory services.
- To provide oversight and direction to Partners to ensure appropriate approaches to complex safeguarding are embedded within practice and partner systems, policies, processes and identified training needs.

The Blackburn with Darwen, Blackpool and Lancashire SABs, can play a role in developing an approach to 'complex safeguarding' across agencies by establishing and developing the following areas:

- Consider emerging themes such as domestic abuse, suicides, self-neglect, homelessness, adult exploitation and discrimination linked to vulnerability.
- Consider how Partners can engage with individuals who disengage with services
- Encourage a joined-up approach between agencies to support people with complex vulnerabilities
- A focus on outcomes for those with complex vulnerabilities
- Person-centred approaches to working with varied risk and vulnerabilities
- Policies and procedures that are in line with a personalised safeguarding approach
- Strategies to enable practitioners to work more effectively with the skills and support needed to help those with complex vulnerabilities.

The 'Complex Vulnerabilities' Sub-group will link to other SAB Sub-groups where they have an important role to play in matters such as:

- Sharing learning and development needs identified through the Complex Vulnerabilities sub-group with the Performance, Assurance and Impact, Learning and Development Sub-groups.
- Sharing any communication and public interest matters on complex issues from SARS to ensure that partners are aware of any implications for their organisations.
- There will be links to Community Safety Partnerships, Health and Wellbeing boards, Local Criminal Justice Boards (LCJB), Violence Reduction Network (VRN) and Pan Lancashire anti-slavery partnership (PLASP) to ensure consistency, eliminate duplication and to capture the governance arrangements, to ensure clarity of responsibilities and the Safeguarding Board's role to seek assurances of the above.

### **3.2 'VOICE' MAKING SAFEGUARDING PERSONAL (MSP) SUB-GROUP**

The purpose of 'Voice' Making Safeguarding Personal (MSP) Sub-group aims:

- To act on behalf of the three Safeguarding Adult Boards to ensure a robust, transparent and consistent approach to MSP
- To monitor the delivery of its statutory duties in relation to embedding person centred approaches through Making Safeguarding Personal (MSP)
- Improve the use across the partnership of qualitative information on people's experience of the safeguarding system
- Ensure MSP is meaningfully implemented and embedded in practice by all partners, and that its effectiveness is measured to give confidence

The function and key objectives of 'Voice' Making Safeguarding Personal (MSP) Sub-group are:

- To ensure an effective mechanism is in place to capture the 'voice' of the adult in line with requirements of The Care Act 2014.
- To provide oversight and direction to Partners to ensure person centred approaches to safeguarding are embedded within practice.
- To ensure 'engagement' at the ground level is included in strategic decision-making processes when reviewing partner systems, policies, processes and to identify training needs.

The Blackburn with Darwen, Blackpool and Lancashire SABs, can play a role in embedding the 'Making Safeguarding Personal' approach across agencies by establishing and developing:

- A broader participation strategy
- Accessible information to support participation of people in safeguarding support
- A focus on qualitative reporting on outcomes as well as quantitative measures
- Advocacy
- Person-centred approaches to working with risk
- Policies and procedures that are in line with a personalised safeguarding approach
- Strategies to enable practitioners to work in this way, by looking at the skills they need and the support they are getting to enable this shift in culture.

The 'Voice'/ MSP Sub-group will link to other SAB Sub-groups where they have an important role to play in matters such as:

- Sharing learning and development needs identified through the Voice/ MSP sub-group with the Performance, Quality Assurance and Learning and Development Sub-groups.
- Communicate with Partners and the Safeguarding Adult Review Sub-group and ensure publication of SARS on the SAB website(s) is promoted
- Sharing any communication and public interest matters on MSP related issues from SARS to ensure that partners are aware of any implications for their organisations.

### **3.3 MENTAL CAPACITY ACT (MCA)/DEPRIVATION OF LIBERTY (DOLS), LIBERTY PROTECTION SAFEGUARDS (LPS) SUB-GROUP**

The group will advise the Safeguarding Adult Boards on processes, procedures, and outcomes in relation to the implementation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) 2009, including progress of how the Act is embedded in practice across the multiagency/ multicultural partnerships. The Mental Capacity (Amendment) Act 2019 introduced the Liberty Protection Safeguards (LPS) and is expected to replace the current DoLS in 2022. The LPS will deliver improved outcomes for people who are deprived of their liberty.

The purpose of the MCA/DoLS/LPS sub-group aims:

- To develop and lead on a multi-agency implementation work plan against the recommendations outlined from the House of Lords 2014 report into the implementation of MCA and MCA/DoLS/LPS and the Supreme Court Ruling 2014 as well as the MCA (Amendment) Act 2019 and ongoing case law developments.
- To act on behalf of the three Safeguarding Adult Boards to ensure a robust, transparent and consistent approach to MCA/DoLS/LPS.
- To monitor the delivery of its statutory duties with regard to carrying out MCA/DoLS/LPS.
- Improve collaborative work across the partnership to provide a consistent approach to support MCA/DoLS/LPS.
- Ensure approaches to MCA/DoLS/LPS are meaningfully implemented and embedded in practice by all partners, and that its effectiveness is measured to give confidence.

- Adopt a shared learning approach identifying good practice and relevant quality standards in MCA/DoLS/LPS and be instrumental in supporting and developing best practice across the Safeguarding Adult Boards.
- Identify potential barriers to best practice or areas of risk regarding implementation for MCA/DoLS/LPS, with a view to identifying strategies to address them and standardise where possible.
- Develop systems to ensure best practice information is available for service users, families/carers, and the public about MCA/DoLS/LPS and promote the rights of individuals who may lack capacity to consent, incorporating service user views into practice development initiatives where appropriate.
- Practice development initiatives based on identified themes and trends within agencies and learning from reviews to be shared through the Safeguarding Adult Boards and appropriate sub-groups for relevant action.

The functions and key objectives of the MCA/DoLS/LPS Sub-group are:

- To ensure an effective mechanism is in place to tackle the complexities associated with safeguarding adults in line with the 'prevention' principle of the Care Act 2014.
- To develop a mechanism to support those individuals that do not meet the thresholds of statutory criteria to access support from statutory services.
- To provide oversight and direction to Partners to ensure appropriate approaches to MCA/DoLS/LPS are embedded within practice and partner systems, policies, processes and identified training needs.

The MCA/DoLS/LPS Sub-group will link to other SAB Sub-groups where they have an important role to play in matters such as:

- Sharing learning and development needs identified through the MCA/DoLS/LPS sub-group with the Performance, Assurance & Impact, and Learning and Development Sub-groups.
- Sharing any communication and public interest matters on complex issues from SARs to ensure that partners are aware of any implications for their organisations.
- There will be links to Community Safety Partnerships, Health and Wellbeing boards, Local Criminal Justice Boards (LCJB), Violence Reduction Network (VRN) and Pan-Lancashire anti-slavery partnership (PLASP) to ensure consistency, eliminate duplication and to capture the governance arrangements, to ensure clarity of responsibilities and the Safeguarding Board's role to seek assurances of the above.
- Where appropriate, the Sub-Group will also make links with other local authority areas, such as South Cumbria, where partner agencies work across geographical boundaries.

### **3.4 LEARNING AND DEVELOPMENT SUB-GROUP**

The purpose of the learning and development sub-group aims:

- To act on behalf of the three Safeguarding Adult Boards to ensure a robust and consistent approach to learning and development in stakeholder agencies.
- To monitor the delivery of the training programme.
- Ensure safeguarding messages are implemented and embedded in practice by all partners, and that its effectiveness is measured to give confidence.

The functions and key objectives of the learning and development Sub-group are:

- To facilitate an integrated approach to safeguarding learning and development across Blackburn with Darwen, Blackpool and Lancashire.
- To ensure 'engagement' at the ground level is included in strategic decision-making processes when reviewing partner systems, policies, processes and to identify training needs.
- Develop an annual safeguarding adult workforce development plan alongside an operational plan in line with the Boards priorities.
- Development of multi-agency training resources
- Quality assure and approve any learning being delivered. The Sub-group may establish task and finish group with co-opted members from partner organisations to undertake specific activities such as quality assurance of current training material and newly commissioned courses.
- Drive forward the recommendations of safeguarding adult reviews, domestic homicide reviews and learning reviews across the partnership and seek assurance that learning is embedded within practice

The learning and development sub-group will link to other SAB Sub-groups where they have an important role to play in matters such as:

- Sharing learning and development needs identified through the sub-group with the Performance, Quality Assurance and MSP Sub-groups.
- Communicate with Partners and the Safeguarding Adult Review Sub-group and ensure publication of SARS on the SAB website(s) is promoted
- Sharing any communication and public interest matters on safeguarding related issues from SARS to ensure that partners are aware of any implications for their organisations

During this reporting period and the ongoing challenges due to the Covid-19 pandemic, the main priority has been to ensure all training was accessible to both the adults and children's workforce, with the majority of training sessions made available in a virtual format using platforms such as Microsoft teams, as a new way of working. Many work streams were placed on hold or transferred to virtual meetings due to the restrictions, which has resulted in exploring different ways of working. All learning and development is currently held on the Inspire Learning Management System (LMS) which has continued to be procured whilst new systems are explored, there is a hope that we are able to find a system that is able to meet the wider demand as the business unit expands its remit across the wider area and offers more automated functions for a more streamlined process.

All training courses are now aligned to the core programme and priorities of the Children's Safeguarding Assurance Partnership and the Safeguarding Adult Boards. Courses included, Child Neglect, Multi agency approaches to the impact of Domestic Abuse focusing from an Adult and Child perspective. Hope4Justice support the delivery of Modern-day slavery and Human trafficking awareness sessions. A new session is planned around managing disclosures and have hosted the Violence reduction unit (VRN) with their Trauma informed practitioner sessions. Training has continued to be delivered by a mix of external trainers and the multi-agency practitioner training pool. Focusing on the key adult priorities, a new course titled 'a multi-agency approach to Domestic Abuse on adults' has been co-developed and co-delivered by a wider group of professionals from across the three areas of Blackburn with Darwen, Blackpool and Lancashire. A training session on the impact of Domestic abuse on older people was commissioned and well received.

### **Learning and Development Priorities:**

- **Improvement and maintenance** of the present training availability through the safeguarding partnerships
- **Respond to and adapt to new opportunities** for Learning and Development for an all-age workforce and throughout the transition to new CSAP arrangements
- **Platforms and delivery methods** reactive to meet changing expectations, whether its face to face, virtual or a hybrid model. Look at talking heads, animations and extended 7MB offer
- **Transition to a new system** upgrade for delivery of an e-learning and learning management system
- **Continue to respond to identified need** from Safeguarding Adult Reviews (SARs) and national and local agendas to deliver evidence based, responsive, effective and cost-efficient learning and development opportunities to Lancashire safeguarding practitioners.

### **3.5 PERFORMANCE, ASSURANCE AND IMPACT SUB-GROUP**

The purpose of Performance, Assurance and Impact sub-group aims:

- To act on behalf of the three Safeguarding Adult Boards to ensure a robust, transparent and consistent approach to multi-agency Performance, Assurance and measuring Impact.
- To seek assurance from multi-agency partners that services for adults with care and support needs across Lancashire are safe, continually improving and aspiring to be of high quality.
- To challenge agencies regarding the impact of their safeguarding activity and establish how the safeguarding partnership can be assured that it is making a difference.
- To seek assurance that agencies have sufficient performance information and appropriate analysis available to evidence their safeguarding activity.

The function and key objectives of Performance, Assurance and Impact Sub-group are to oversee activities in respect of Performance, Assurance and Impact, including:

- To develop, implement and deliver a programme of multi-agency audit activity, to be based on board priorities.
- To seek assurance regarding actions and learning from Safeguarding Adults Reviews.
- To have oversight of themes and learning arising from single agency audit activity and to challenge any quality issues that may emerge.
- Agencies to complete an annual compliance audit, providing assurance to the sub-group that they are compliant with minimum safeguarding standards as specified in the Care Act. Returns to be analysed with challenge as appropriate.
- To provide a multi-agency forum where safeguarding quality assurance issues can be discussed, resolved and shared.
- Provision of regular, timely, meaningful performance data with single agency analysis to accompany the quantitative information.

The Performance, Assurance and Impact Sub-group will link to other SAB Sub-groups where there are cross-cutting themes, including matters such as:

- Sharing learning identified through audit activity with the Learning and Development Sub-groups.

- Communicating with the SAR sub-group regarding completion of SAR action plans and measuring the impact of review activity.
- Working alongside the 'Voice' sub-group to ensure that the views of service users and incorporated in quality assurance activity
- The Performance, Assurance and Impact Sub-group may be required to liaise with the CSAP Scrutiny function on some key theme areas.

The Performance, Assurance and Impact Sub-Group reformed in September 2021, having not met during the height of the Covid-19 pandemic. The group now meets quarterly (currently via MS Teams) and is attended by statutory partners from across the 3 Local Authority areas of Lancashire.

The primary purpose of the group is to ensure a robust and consistent approach to measuring multi-agency performance, assurance and impact from across the various layers of the partnership.

The group will do this implementing a new approach; the 4 Pillars model of assurance. The 4 Pillars model has been developed by the Joint Partnership Business Unit across the Children's Safeguarding Assurance Partnership and the Safeguarding Adult Boards and aims to:

- Ensure consistent focus on performance and assurance in respect of multi-agency safeguarding
- Consider how agencies work together in respect of safeguarding at a strategic level
- Promote a greater awareness and consideration of risk
- Gain assurance in respect of the Safeguarding Adult Review process
- Measure impact by listening to and engaging with practitioners, service users and their families

The group will oversee strategic annual activity to gain assurance that agencies are working together to fulfil their safeguarding responsibilities, this information will be a useful tool to reflect upon in future Annual Reports. Assurance activity of a qualitative and quantitative nature will be established in respect of the Board priorities and mechanisms will be put in place to better mitigate risks.

Furthermore, reflective assurance activity will take place within the Joint Business Partnership Unit, which will see a closer focus paid to our Safeguarding Adult Review processes; seeking to establish the impact of the case reviews undertaken and to satisfy the Board that the right reviews are being undertaken and that learning is being effectively disseminated.

Aspirationally, we hope to better listen to the voice of service users and their families to establish what impact they feel the Boards and key agencies have had on their safeguarding experience.

### **3.6 SAFEGUARDING ADULTS REVIEW (SAR) STRATEGIC SUB-GROUP**

The Safeguarding Adults Review (SAR) Strategic Sub-group is one of the structures through which the three Safeguarding Adult Boards across Blackburn with Darwen, Blackpool and Lancashire will deliver their vision.

Section 44 - Care Act 2014 requires a Safeguarding Adult Board to carry out a Safeguarding Adult Review in the circumstances described. Statutory Guidance (section 14.133 onwards) sets this out in more detail. More specific supporting information on SARs can be found in the Pan-Lancashire Multiagency Safeguarding Policy and Procedures and the individual Safeguarding Adult Board's own protocol and process documents.

The purpose of SAR Strategic sub-group aims:

- To act on behalf of the three Safeguarding Adult Boards to ensure a robust, transparent and consistent approach to the SAR process.
- To monitor the delivery of its statutory duties with regard to carrying out Safeguarding Adult Reviews (SARs)
- To ensure regular audits of selected cases are undertaken including, where necessary, safeguarding adult reviews (SARs)
- To ensure that the lessons from reviews are widely disseminated and the learning to improve frontline practice is embedded across all member agencies.

The functions and key objectives of SAR Strategic Sub-group are:

- To ensure an effective SAR process is in place and in line with the Pan-Lancashire Multi-agency Safeguarding Policy and compliant with requirements of The Care Act 2014.
- To provide oversight, direction and ensure quality control mechanisms for the SAR process, including but not limited to referrals and timelines.

The functions of the 3 Safeguarding Adult Boards at local authority level include:

- Receive SAR referrals (via the Joint Partnership Business Unit)
- Hold local SAR case consideration meetings
- Make recommendations to the relevant SAB with regard to SAR referrals.
- Commission SAR reviewers, identify stakeholders/ partners to be involved in the SAR, agree the terms of reference and costs associated with each SAR.
- Receive updates on SAR progress and consider the final SAR report and recommendations before submitting this for sign off to the relevant SAB.
- Ensure that all SARDS are published on the website, submitted to the National SAR Library project and reported on in the annual report.
- Co-ordinate and update actions taken in relation to SAR learnings from all partners.

The SAR Strategic Sub-group will maintain a relationship and link to the other SAB Sub-groups where they have an important role to play in matters such as:

- Sharing learning and development needs identified through SARDS with the Performance, Assurance, Impact and Learning and Development Sub-groups.
- Communicate with Partners and the 'Voice' Sub-group and ensure publication of SARDS on the SAB website(s).
- Sharing any communication and public interest matters from SARs to ensure that partners are aware of any implications for their organisations.

### **Blackpool SAR Activity**

Blackpool SAB completed no Safeguarding Adult Reviews during this reporting period.

Adult Q SAR was commenced during the reporting period and learning will be included within the next year's annual report.

## 4. PARTNER ACTIVITY

### Lancashire Constabulary

The Constabulary's role is to collaborate with partners to uphold the 6 principles of safeguarding. Our mission and purpose is "To keep people safe and feeling safe and when needed, we can be trusted to Consistently deliver a Competent and Compassionate service 24/7."

#### Key Achievements in 2020-22

- DA awareness during Covid-19 pandemic
- Specific operations aimed at preventing Adult abuse:
  - Op Provide, Op Jackal and Op Wolf. They are distinct operations but lots of overlaps as they are looking at diversion tactics and enforcement against those targeting vulnerable adults either through financial abuse (Wolf) or Home Invasion (Jackal) typically for drug abuse and County Lines bases. Op Provide proactively seeks to identify and interact with historic, and present high-risk victims of domestic abuse
- Increase the service level provisions to victims of domestic abuse to increase the effectiveness of DA responses, thereby maximising the likelihood of preventing future abuse.
- MARAC – ongoing commitment to improve our response to high-risk DA
- Trauma Informed Approach incorporated into Force Learning and Development
- Media campaigns through the LRF and pan-Lancashire multi-agency networks e.g. No Excuse for Abuse; Fraud and Vulnerable Adults with Action Fraud

### Lancashire and South Cumbria Clinical Commissioning Groups (CCG)

Lancashire and South Cumbria CCGs have a statutory duty to ensure that arrangements are made to safeguard and promote the welfare of children, young people and adults to protect them from abuse or the risk of abuse. The CCG's are required to take account of the principles within the Mental Capacity Act and to ensure that health providers from whom they commission services have comprehensive policies relating to the application of MCA (2005) and if appropriate MCA Deprivation of Liberty Safeguards (2009).

As commissioners of local health services CCGs are required to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place; including independent providers and voluntary, community and faith sector, to ensure that all service users are protected from abuse and the risk of abuse.

The CCGs need to demonstrate that their Designated Lead Professionals for Adults, Children and Children in Care are embedded in the clinical decision-making of the organisation, with the authority to work within local health economies to influence local thinking, practice development and continuous safeguarding improvement.

Designated Lead Professionals for Safeguarding are experts within the field and strategic leaders. They are integral in all parts of the CCGs commissioning cycle, from procurement to quality assurance and in the delivery, development, and review of services to ensure that the views and wishes of adults and children are clearly sought and respected.

### Key Achievements in 2020-21

- The 8 CCG's across the Lancashire and South Cumbria footprint were awarded the Health Service Journal award for NHS Safeguarding Initiative in recognition of the work undertaken to develop a new safeguarding model. The approach has allowed us to create a single voice for health partners in key issues and produced stronger governance arrangements.
- The Covid-19 response has been a high challenge for all of health and social care. The CCG's have focused on supporting and enabling a multi-agency response to many of the challenges this has created for our vulnerable population. This has including reviewing our system assurance models, adopting a more robust reactive safeguarding offer, and working closely with local authority partners on patient safety issues. Specifically support in to care homes and the wider regulated care market and support in outbreak management has been supported by CCG Safeguarding teams.
- Expertise for workforce has continued to be a focus for the CCG's, and with the recurring challenges seen in application of the Mental Capacity Act there has been extensive work to support this element of practice. This has included the development of MCA grab sheets and guidance for vaccinations as well as significant work in preparing for the introduction of the Liberty Protection Safeguards.
- As a wider health system, we have acknowledged that we continue to see the same themes and trends coming from Safeguarding Adult reviews. In response we have established a NHS Health Learning Forum which is focussed on new ways of embedding learning, adopting a positive risk management approach, and recognising the need to learn from positive practice as well as from incidents and reviews.

### **Blackpool Council – Adult Social Care**

Adult Social Care (ASC) follow the responsibilities accorded to them under the Care Act 2014. This includes staff acting as Safeguarding Leads for enquiries made under Section 42 of the Care Act, and in turn working with partners where they are requested to make enquiries in relation to specific referrals.

#### Key Achievements in 2020–2021 include:

- ASC dealt with 841 concerns raised (9.2% more than the previous year)
- ASC managed 272 safeguarding enquiries under Section 42 of the Care Act
- Small increase in numbers where action was taken and risk remained but a more significant increase in those where the risk was completely removed.
- 277 people expressed their desired outcomes, of which 65.3% were fully achieved.

Safeguarding is a core component of the work that ASC undertakes, so do not need to raise awareness of the service. ASC do of course offer guidance, training opportunities, experience and involvement in Section 42 enquiries. Service user engagement has been achieved through the application of Making Safeguarding Personal, putting the service user and their significant others at the centre of the process. As part of the process a safeguarding lead will check out and record the subject/s desired outcomes where they are able to do so.

Adult Social Care priorities for 2021-2022 include:

- To continue to manage all concerns in a timely fashion.

- To ensure that ASC continue our work with partner agencies as part of the process. ASC will regularly hold Safeguarding Adult Lead meetings.
- To ensure practice remains up to date, good practice is shared, and any systemic issues are identified and dealt with and to further improve the ASC audit process and embed it into practice.
- To better understand the following: safeguarding concerns figures were higher (at least in Blackpool) within care homes (if you group residential and nursing together) back in 2018/19 = 43.1% back in 2018/19 vs 32.1% in own home. The balance switched in 2019/20 = 33.8% (vs 36.8% in own home). There are a range of factors which could be influencing this, looking at opposite ends of the spectrum from improvements in these settings or restricted access during lockdowns. We aim to resume face to face visits to residential and nursing home settings as normal practice, and will continue to monitor this, and try and understand these variations.”

### **Lancashire and South Cumbria Foundation Trust (LSCFT)**

LSCFT provide health and wellbeing services across Lancashire and South Cumbria including:

- Secondary mental health services
- Perinatal mental health services
- Forensic services including low and medium secure care
- Inpatient child and adolescent mental health services
- Physical health and wellbeing services

The Trust employs approximately 7,000 members of staff who are based at more than 400 sites.

Our strategic approach to safeguarding is linked to our agreed Safeguarding Vision. This links to the Trust Safeguarding Policies and Procedures. LSCFT takes a Think Family approach to safeguarding practice. Our Safeguarding Vision takes account of the updated priorities and business plans of the Safeguarding Boards and Partnerships, our commissioned safeguarding specifications and updated safeguarding multi-agency systems and processes across the County. Our Safeguarding Vision aims to ensure our services protect and prevent harm, abuse or neglect for service users and their families.

Our Trust Safeguarding Vision aligns the national and key local priorities to improve safeguarding outcomes in LSCFT. It provides a framework to base measurements and assurances of safeguarding practice and describes our plans to have robust safeguarding arrangements across the Organisation that are integrated into the delivery of the our Strategic Plan, Trust priorities and our Quality plans. This vision aims to embed safeguarding at the heart of everything we do; ensure that the Trust, via the Safeguarding Team, has effective safeguarding structures and accountability; ensure we promote learning through experience; develop competence, knowledge and a skill base in safeguarding and Mental Capacity Act (MCA) across the Trust; and engage with the service users and patients in strengthening participation in line with Making Safeguarding Personal.

The Safeguarding team has led the implementation of the priorities within the Trust Safeguarding Vision and through analysis of the impact of delivery of the six core priority areas, triangulating this with dissemination of learning from SARs and DHRs.

Delivery of our priorities is monitored and reviewed via the Safeguarding Team portfolio groups which include: Training, MCA/LPS, Prevent, Looked After Children, Domestic Abuse, Self Neglect, Learning Lessons, Safeguarding Risks Outside the Home (Contextual Safeguarding), Hidden Harm within the Home, Violence Reduction and Health Partnership System Improvement and Reform.

### Key Achievements in 2020–2021

- We have strengthened safeguarding practice & systems to sustain compliance with revised statutory Safeguarding, MCA and Prevent Guidance and responsibilities.
- Significant activity has taken place to strengthen collaboration within Local Authority MASH and Safeguarding Enquiry services inclusive of Mental health within Lancashire seeing an increase in contribution within MASH/ Safeguarding Enquiry Service (SES) screening processes information sharing and ensuring appropriate clinical contribution in Section 42 referrals. We have reviewed the role of the health practitioner in adult MASH, ensuring timely information is available for the LA in relation to Section 42 enquiries.
- We have carried out significant activity to raise awareness of the Domestic Abuse agenda by developing a Domestic Abuse and Think Family webinars, connecting safeguarding adults with the safeguarding children agenda. The webinars have ensured that key safeguarding messages have continued to be shared across the organisation within the restraints of the pandemic.
- We have also developed training in relation to:
  - Domestic Abuse
  - HBA/Forced marriage and FGM,
  - DASH (Domestic Abuse, Stalking and Honour Based Violence) Assessments
  - MARAC
  - Raise awareness about the role of the IDVA (Independent Domestic Violence Advocate)
  - Domestic abuse in the context of Young people perpetrated within Family contexts.
  - A focus on perpetrators.
- We have continued to engage with multi agency partners to co deliver training, ensure a co-ordinated approach to domestic abuse and actively strengthened internal processes for MARAC. We continue to actively support the MARAC redesign across Lancashire.
- We raised the profile of contextual safeguarding, trauma-informed care and Think Family. We have worked with our adult facing services to further embed Think Family and contextual safeguarding into practice.
- A webinar was developed with the Lancashire PREVENT team and this has been rolled out to staff across LSCFT and the wider health economy.
- We are working with UCLAN to conduct a piece of research into LSCFT's staff's perception of the current PREVENT/Channel training. It is hoped that the research findings will enable us to develop more appropriate training for frontline staff.

### *Case study*

*Email received from GP concerned about a patient who had not been seen for over 1 month and could not make contact with. This patient has a known history of domestic abuse and discussed several times at the MARAC. It was known her partner was very controlling, would check her phone and prevent access to health/other services.*

*There had been a period of engagement following MARAC where agreement for a multi-agency response was required to keep the patient safe and opened to adult social care. The patient has a significant mental health history compounded by substance misuse although during the period of engagement she made good progress with regards to this. Unfortunately, after leaving supported accommodation she “disappeared” from services.*

*Specialist Safeguarding Practitioner (SSP) contacted adult MASH who confirmed that the patient was closed to social care due to non-engagement with social worker and on reviewing health records, she had been referred and discharged by various mental health services for the same reason. Discussed with MASH practitioner a new referral given concerns about the level of high-risk domestic abuse and not accessing any support. It was agreed a referral would be accepted and escalated without consent.*

*Contacted CMHT and discussed the risks and agreed to accept an urgent referral from the GP which could be rung through directly to team leader for allocation.*

*Team leader provided assurance that the engagement policy would be followed and all attempts to make contact made including unannounced home visit which if unsuccessful would trigger for a police welfare check.*

*Subsequent follow up with the team leader confirmed that the team had successfully made contact with the patient who is now accessing and engaging with support from the CMHT at present.*

*The service user was also contacted by adult social care for additional support.*

## **Blackpool Teaching Hospitals (BTH)**

BTH is dedicated to identifying and safeguarding adults at risk. Safeguarding advice and support is provided across the Trust by an in-house safeguarding adults team comprising of nurses, social workers, Independent Domestic Violence Advisors (IDVA) and Independent Sexual Violence Advisors (ISVA).

BTH is responsible for identifying safeguarding concerns in relation to adults at risk, raising appropriate safeguarding referrals and contributing and implementing appropriate safeguarding plans. A dedicated Violence Against Women Team is in place, supporting both staff and patients experiencing Domestic and Sexual Abuse.

BTH Adult Safeguarding Team provide advice and support in relation to all areas of safeguarding adults and Mental Capacity Act. The Team are committed to supporting the embedding of MCA and DoLS into practice across the organisation. The Team provides quality assurance of capacity assessments, DoLS applications and DoLS care plans within the Trust. To ensure capacity and restrictions remain necessary and proportionate, the team completes a review of each DoLS patient every 7 days. Support is also offered and provided at complex Best Interest Meetings across the Trust.

BTH support and complete Section 42 safeguarding enquiries and offer health input to professional or strategy meetings. BTH Safeguarding Adult Team oversees all Section 42 safeguarding investigations involving the Trust and ensures appropriate action is taken in response to substantiated safeguarding concerns.

BTH Safeguarding Adults Team provides Levels 1-3 Safeguarding Training in line with the Intercollegiate Document (2018) which incorporates MCA/DoLS and Prevent.

BTH is an active member of the Blackpool and Lancashire Safeguarding Adult Boards and participates in a number of pan-Lancashire SAB sub-groups.

#### Key Achievements in 2020/21

- BTH has implemented Emergency Department (ED) Navigators to review patients attending due to violence, in support of the Violence Reduction Unit's (VRU) work across Lancashire. ED Navigators are trained exploitation and health staff who may engage with anyone, but are particularly interested in people aged 10-39 years old who attend hospital with violence related presentations and injuries to listen, support, and signpost to relevant services. BTH are now supporting to embed ED Navigators in Hospitals across Lancashire.
- BTH implemented Operation Provide at the beginning of the Covid-19 pandemic. This was in response to the national lockdown which reduced opportunities for victims of Domestic Abuse and Violence to attend health settings and also impacted on face-to-face support offered by other agencies. BTH therefore joined forces with Lancashire Police providing health staff to attend with police to provide an immediate safeguarding response to victims of domestic abuse. Operation Provide has now seen over 1,000 victims and with the team providing support at Blackpool, Lancaster and Morecambe.
- Adult Level 3 Training compliance increased by 62%, which is above the trajectory of the Trusts Training Recover Plan.

#### **Case Study**

*Patient attended the department the day after the assault. He attended due to increased swelling and pain to his face and head. He stated to staff he had not reported the incident to police and didn't wish to.*

- *Contact made with patient by telephone to offer support. Discussion with patient about his attendance at ED. Patient denies any concerns with drug debts, stated he was out and was jumped but didn't know who they were. Patient denied any concerns but was advised he can contact ED Navigator should he need support.*
- *Patient contacted ED Navigator the next day advising that he wanted to speak about the support offered. Patient advised it was regarding a cannabis debt and he owed £200 by tomorrow to the same people. Patient advised he has tried to get a job to pay it off but has been unsuccessful.*
- *ED Navigator provided regular support to the patient to offer:*
  - *Emotional support.*
  - *Help with his CV to make it more custom to the jobs he was wanting to apply to – Construction.*
  - *Assisted in looking for flats available to rent locally.*
  - *Referral accepted for Drugs counselling service.*
  - *Referral accepted for Divert to support with accommodation, employment and training.*
  - *Supported to contact a friend who has a local boxing gym to start attending boxing sessions.*
- *Patient has now been successful in obtaining a full-time job with a local building company which is going well.*

- *Patient has not used cannabis for several weeks, he is back training at the gym and looking to enter boxing competitions.*
- *Patient was viewing a flat in a nearby town to rent himself.*

## **NHS England and NHS Improvement (North West)**

NHSE/I ensures the principles and duties of safeguarding are applied. NHSE has several policies in place to discharge its statutory requirement and appropriate accountability for safeguarding.

The National Safeguarding Steering Group (NASSG) leads the assurance of the NHS safeguarding system and offers strategic leadership across NHSE and the health economy. NHSE/I convenes regular safeguarding regional networks to ensure communication around learning from serious case reviews, safeguarding adult reviews and domestic homicide reviews.

During 2020/21 NHSE/I has supported the Lancashire and South Cumbria ICS and the safeguarding network to embed the transformational model of safeguarding. NHSE/I has continued to gain assurance of the safeguarding arrangements in place for CCGs and providers of health care as well contributing to the development of adult safeguarding during the reporting period. This has been undertaken in various forms such as sharing regional and national updates; monitoring serious incidents and lessons learned from these, providing monthly assurance updates to the regional safeguarding team; attendance at ICS meetings including the Safeguarding Health Executive; Safeguarding System Leaders Business Meeting; Designated Safeguarding Leads and Designated Professionals meetings.

## **North West Ambulance Service (NWAS)**

The [NWAS Safeguarding Annual Report](#) provides an overview of safeguarding activity for NWAS during 2021-21 and assurance relating to the scoping, development and implementation of safeguarding related processes.

Safeguarding activity has fluctuated during 2020-21, this is largely attributed to the Covid-19 pandemic. A decrease in concerns raised was seen during April 2020, since then concerns have continued to steadily grow.

### **Key Achievements in 2020-21**

- Child Protection Information Sharing (CP-IS) was implemented across the Clinical Hub in January 2021. This ensures that all of our most vulnerable children are flagged to Social Care if they have contact with the Clinical Hub.
- Licences to the virtual machine were granted for all of the Safeguarding Team which means the team have been able to access Redbox remotely. Redbox is the system used to record all telephone communications coming into and out of the Trust, and calls to the NWAS 111 service.
- It has been agreed that the safeguarding agenda for NWAS 111 will fall under the corporate safeguarding team, and funding has been made available for a 4th Safeguarding

Practitioner who amongst other responsibilities will assist with the safeguarding agenda within NWS 111. This post is expected to be recruited to in Q2 of 2021.

- The work of the Safeguarding Team has not been affected by the Covid-19 19 pandemic and a high level of work has continued whilst the team have worked from home.
- The Trust is committed to the safeguarding of adults with learning disabilities and are engaged with the LeDeR programme which makes all deaths involving adults with learning disabilities notifiable. The learning disabilities mortality review aims to make improvements to the lives of people with learning disabilities. The LeDeR programme was set up following a recommendation from the CIPOLD, funded by the Department of Health, to investigate the premature deaths of people with learning disabilities.

### **Lancashire Fire and Rescue Service (LFRS)**

LFRS not only identifies potential safeguarding concerns whilst attending emergencies but also during the delivery of a wide range of community safety activities, such as our Home Fire Safety Check offer and youth engagement activities. Whilst our staff do not support service users and carers individually in a 'case-work' sense, they often work in a multi-agency setting where a co-ordinated approach is necessary e.g. self-neglect.

#### **Key Achievements in 2020/21**

- Continued to expand training and increase awareness of safeguarding across all LFRS groups
- Quality Assurance Checks completed on all referrals to identify relevant issues/trends and to inform/develop staff as appropriate.
- Enhanced strategic visibility via detailed performance reporting to continually drive awareness and enhance quality of referrals.
- Commissioned Lancashire County Council to undertake Safeguarding Audit. The Jan 21 report concluded, "We can provide an opinion of substantial assurance that the framework of control is adequately designed and effectively operated overall."

#### **Case Study**

*LFRS was asked to visit a household following fire safety concerns raised by a PCSO about the 63-year-old single male occupier. Whilst the initial Home Fire Safety Check (Safe & Well Visit) lessened the immediate fire risk, the underlying issues were found to include alcohol use, self-neglect, hoarding and concerns over electrical safety. A safeguarding referral was therefore made by LFRS.*

*To ensure more sustained risk reduction, the case was then sent for direct allocation as a high priority.*

*A social worker was allocated, and a range of actions initiated through partnership working. The occupier agreed to have the hoarding level reduced, new furniture was sourced, the electrical issues resolved via housing teams and the PCSO visited regularly thereafter.*

*The occupier became better supported generally, including with clothes and food, and consented to a referral to an alcohol support agency*

### **Healthwatch Blackpool**

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

Healthwatch statutory responsibilities are:

- To obtain the views of people about their needs and experience of local health and social care services. Local Healthwatch make these views known to those involved in the commissioning and scrutiny of care services.
- To make reports and make recommendations about how those services could or should be improved.
- To promote the involvement of people in the monitoring, commissioning and provision of local health and social care services.
- To provide information and advice to the public about accessing health and social care services and the options available to them.
- To make the views and experiences of people known to Healthwatch England, helping us to carry out our role as national champion.
- To make recommendations to Healthwatch England to advise the CQC to carry out special reviews or investigations into areas of concern.

We recognise that in our role of engaging with our local population and hearing experiences of care, we pick up issues relating to dignity and quality. We understand that this relates directly to safeguarding adults and often refer matters through local safeguarding channels

#### Key Achievements 2020/21

- When Healthwatch Blackpool were made aware of issues and safeguarding concerns, we robustly shared information and completed the appropriate referrals. We were made aware of thirty-one matters that were referred on in this reporting period. We were very much an open and accessible service. Due to Covid-19 we quickly adapted to more online models of engagement, we reached 71,123 people through our online platforms.
- We maintained contact with residents through the Corona Kindness Campaign along with twelve other community partners. We supported those shielding and carried our food parcel drops, welfare calls and face-to-face garden visits where needed. We supported residents to stay connected and also provided information and signposting.
- We completed a piece of work with care homes in this period and believe that we worked well with the CCG, public health teams and Blackpool Council and CQC in sharing feedback and ensuring that themes were picked up in provider forums and individual concerns responded and actioned accordingly.

#### **Case Study**

*Son of a resident in a care home contacted Healthwatch to share concern around lack of visitation at Mothers care home and the detrimental impact it was having on mother. Advised that there was no DOLS in place and pre Covid-19 the resident went out of the home daily to the shops, collect pension etc. The relationship with the care home had broken down and the Son was concerned about mothers wellbeing.*

*Discussed this with the home in question, the home arranged garden visits with the particular resident and agreed that wellbeing had suffered.*

*We made a referral to Blackpool adult social care for a reassessment and the resident was commissioned 1:1 hours to leave the home and visit the community. Wellbeing improved, sons relationship with the home also improved.*

*Feedback:*

*Your help with everything has got my Mum where she was prior to Covid-19, sparkle back in her eyes and I cant thank you enough for that. Without your help I doubt she would even be here now as she was going down hill fast , thank you!*

## **Probation Service (PS)**

The Probation Service (PS) protects the public by working with service users to reduce reoffending and harm. It works jointly with other public and voluntary services to identify, assess and manage the risk in the community of service users who have the potential to do harm. The PS also has a remit to be involved with victims of serious sexual and other violent crimes. PS are also responsible for all Court assessments and pre-sentence reports as well as the management of all Approved Premises. In addition, we deliver Unpaid Work which allows people to make reparation to their communities and Accredited Programmes which support people to change their thinking and behaviour.

The PS shares information and works with other agencies such as Police, Local Authorities, Health Services and Third Sector organisations, including those led by people with lived experience of using services themselves. We are a statutory partner, along with Police and Prisons, in Multi Agency Public Protection Arrangements (MAPPA) whereby we have a clear framework to share information and plan how we work together manage risk from our most serious nominals.

Although the focus of the Probation Service is on those who cause harm, it is also in a position to identify service users who are themselves at risk from abuse and to take steps to reduce this. We also recognise the impact of previous trauma on the health, wellbeing and behaviour of people on probation and our staff are being trained in trauma informed approaches.

Our internal assessment process (OASys) also supports practitioners to identify needs and vulnerabilities to prompt relevant referrals.

### **Key Achievements in 2020–2021**

- Strong partnership working during the Covid-19 pandemic enabled us to identify people requiring additional assistance and make appropriate referrals for support. Probation representation at Lancashire Resilience Forum sub-groups and work with the Local Authorities contributed to agencies being aware of the needs of people being released from custody during the national lockdown.
- Staff seconded to the Violence Reduction Unit and delivering multi agency training in trauma informed practice. This is being implemented across Lancashire.
- Following reunification all staff will have completed/ refreshed Adult Safeguarding training by December 2021
- Partnerships manager has briefed staff on Trauma informed practice, autism, MDT and Learning Disabilities.
- The regional Health and Justice group have promoted suicide awareness.

## **Blackpool Coastal Housing (BCH)**

BCH identify any safeguarding concerns that relate to their tenants, and those who may not "be known" to other partner agencies. This is particularly for those safeguarding issues, which become apparent from visiting homes to undertake repairs or respond to anti-social behaviour incidents. As Blackpool Council's social housing provider, we aim to ensure that our staff adhere to safeguarding good practice and ensure appropriate referrals are made to the Council's Adult Social Care Team.

### **Key Achievements in 2020-21**

- Ran Coronakindness hub on the Mereside estate.
- Supported Coronakindness hub on the Grange estate.
- Identified vulnerable tenants who wanted additional support during the pandemic.
- Delivered awareness training to all relevant partners and staff.
- Revised our Safeguarding Policy, consulting on it with staff as part of the process.

## **5. BOARD PRIORITIES 2021-22**

- Covid-19 – Restoration and Recovery (Short term)
- Mental Health
- Domestic Abuse
- Self-neglect
- 'Voice' Making Safeguarding Personal (MSP)