

BLACKPOOL **SAFEGUARDING ADULTS** BOARD ANNUAL REPORT 2015–2016



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1 FOREWORD FROM THE INDEPENDENT CHAIR

I am pleased to introduce the Blackpool Safeguarding Adults Board (BSAB) Annual Report for 2015-2016.

The past year has seen some difficult challenges for all partners in terms of human and financial pressures. However, I have witnessed a real sense of “pulling together” to ensure that the safeguarding of adults at risk has been maintained as a priority.

During the year we welcomed the implementation of the Care Act 2014. The legislation provides for the first time a formal statutory base for safeguarding adult boards. I am pleased that following a review of governance we have been able to create a Board structure in keeping with the new expectations placed upon it. This will enable the Board to deliver a more robust challenge and ensure greater consistency in safeguarding arrangements throughout Blackpool.

We have revised our policies and procedures to ensure that they are compliant with the new legislation.

We have used training and other learning opportunities to embed a culture of making safeguarding personal where the desired outcomes of service users are at the centre of decision making and satisfied wherever practical.

The Care Act gives the Board statutory status as well as providing guidance on how we are to exercise our responsibilities. I am also delighted that the role of the Safeguarding Adults Board has been strengthened and I am really looking forward to leading the Board in its continued challenge “to safeguard vulnerable adults from harm and abuse by working effectively together”.

We accepted the further challenges with the widening scope of safeguarding to include domestic violence, modern day slavery, self-neglect and the ‘Prevent’ agenda within the Care Act.

I am confident, even in the light of significant challenges, that partners will confront them in a positive and professional way to ensure that adults at risk in Blackpool are kept free from harm. I would also like to take this opportunity to thank members of the Board, and their organisations, for the commitment, challenge and the sheer enthusiasm they bring to safeguarding Blackpool citizens.



David Sanders
Independent Chair
Blackpool Safeguarding Adults Board

2 BLACKPOOL DEMOGRAPHICS

The total population of Blackpool is 139,578 (2015)
Source: ONS mid-year population estimates, 2015

Blackpool's population displays a higher proportion of people over 45 years of age than the average in England, and a much lower proportion in ages younger than 45. The age bands 20-39, in particular, have a considerably lower proportion than the average in England. Blackpool reflects the average in England of a higher proportion of females in the older age bands than males.

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. A large majority of Blackpool households fall into four Groups; K, L, M and N (see table below) representing 60% of all households in the town.

Figure 7: Percentage of households in each Mosaic group - Blackpool

Group Name	One-Line Description	Households	%	
A Country Living	Well-off owners in rural locations enjoying the benefits of a country life	22	0%	
B Prestige Positions	Established families in large detached homes living upmarket lifestyles	638	1%	
C City Prosperity	High status city dwellers living in central locations, pursuing careers with high reward	0	0%	
D Domestic Success	Thriving families who are busy bringing up children and following careers	1,117	2%	
E Suburban Stability	Mature suburban owners living settled lives in mid-range housing	5,544	8%	
F Senior Security	Elderly people with assets who are enjoying a comfortable retirement	7,014	11%	
G Rural Reality	Householders living in inexpensive homes in village communities	13	0%	
H Aspiring Homemakers	Younger households settling down in housing priced within their means	7,203	11%	
I Urban Cohesion	Residents of settled urban communities with a strong sense of identity	84	0%	
J Rental Hubs	Educated young people privately renting in urban neighbourhoods	1,543	2%	
K Modest Transitions	Mature homeowners of value homes enjoying stable lifestyles	9,472	14%	
L Transient Renters	Single people privately renting low cost homes for the short term	14,064	21%	
M Family Basics	Families with limited resources who have to budget to make ends meet	7,769	12%	
N Vintage Value	Elderly people reliant on support to meet financial or practical needs	8,079	12%	
O Municipal Challenge	Urban renters of social housing facing an array of challenges	3,372	5%	

Source: Experian: Mosaic Public Sector 2014

Life expectancy is one of the key indicators of health in a population. Life expectancy for men in Blackpool is 74.7 years (2012-14) and is the lowest in England. Women can expect to live longer than men; life expectancy for women in Blackpool is 79.9 (2012-14), the second lowest in the country.

Adult health

In 2012, 29.5% of adults are classified as obese, worse than the average for England. The rate of alcohol related harm hospital stays was worse than the average for England. The rate of self-harm hospital stays was worse than the average for England. The rate of smoking related deaths was worse than the average for England. Estimated levels of adult excess weight, smoking and physical activity are worse than the average in England. Rates of sexually transmitted infections and people killed and seriously injured on roads are worse than average. Health Priorities in Blackpool include alcohol and substance misuse, smoking, and cardiovascular disease.

3 WHO WE ARE AND WHAT WE DO

3.0.1 Who we are

The Blackpool Safeguarding Adults Board (BSAB) is a multi-agency partnership, which became statutory from April 1, 2015 as a result of The Care Act 2014. The Board is made up of senior members from all the agencies listed in paragraph 3.2. The role of the Board is to assure itself and local people that local safeguarding arrangements are in place and partners act to help and protect adults in Blackpool. This is about how we prevent abuse and respond, when abuse does occur, in line with the needs and wishes of the person experiencing harm. Many of the Board Partners have contributed towards the development of this Annual Report.

3.0.2 Our aims

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

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

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

3.0.3 Key Priorities

The Blackpool Safeguarding Adults Board has identified the following key priorities for development during 2016-17:

Priority 1 – Thresholds - Pathways support

Priority 2 – Self neglect

Priority 3 – Transitions (from child to adult)

Priority 4 – Substance misuse / Mental ill health / Domestic abuse

BSAB Partners have developed and implemented an action plan to deliver on the priorities above. As well as the above priorities, the Board will be reviewing current structures to ensure effective governance to form better relationships and accountability that is clear and explicit. Effective risk assessment and management will be improved through intelligence and the development of an evidence base. This will improve our knowledge and understanding of our communities.

The purpose is to improve quality, performance and learning in enquiry processes and improve risk profiling to identify issues earlier.

Quality Assurance is sought by the BSAB from Partners. The Quality Assurance and Performance Monitoring Group is responsible for monitoring and measuring multi-agency performance in safeguarding vulnerable adults. The Board is in the process of appointing a Data Analyst to undertake this work. A decision making tool has been developed for Partners to identify safeguarding issues and raise an alert. An audit tool has been developed by BSAB and completed by BSAB Partners to help provide assurance of their organisational safeguarding arrangements

Training and Workforce Development is an area that the BSAB is committed to. The Training Sub-Group aims to improve multi agency work through capacity building and training. We aim to ensure consistency to influence culture, which is an approach taken through training. We want to ensure staff are up to date on safeguarding legislation and developments. New training courses that have recently been developed as a direct result of the Care Act include self neglect, hoarding and fire safety. We are currently developing information sharing

3.1 Statutory context

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

The principles are:

Principles	Individual outcome
Empowerment	People being supported and encouraged to make their own decisions and informed consent.
Prevention	It is better to take action before harm occurs
Proportionality	The least intrusive response appropriate to the risk presented.
Protection	Support and representation to those in greatest need.
Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
Accountability	Accountability and transparency in delivering safeguarding.
Empowerment	People being supported and encouraged to make their own decisions and informed consent.

Care Act updates: March 2016

The statutory guidance supports implementation of part 1 of the Care Act 2014 by local authorities, the NHS, the police and other partners.

The edition of the statutory guidance published on 10 March 2016 supersedes the version issued in October 2014. It takes account of regulatory changes, feedback from stakeholders and the care sector, and developments following the postponement of social care funding reforms to 2020.

The table in **Appendix 2 highlights the changes*

3.2 Key roles / Role of Board Partners

During 2015-16 BSAB worked hard to ensure there would be robust "Care Act compliant" governance arrangements in place. Throughout this period a review of the BSAB's membership and governance arrangements was undertaken. The Care Act set out clear requirements for safeguarding board membership in that they must include:

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

The Care Act sets out, that boards can also include other organisations that it considers appropriate.

In Blackpool in addition to our statutory partners we also have membership from:

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

Statutory guidance suggests that given the multifaceted and critical role of the board 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 the Board.

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

Specifically the Care Act statutory guidance 1 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”.

Schedule 2 states Safeguarding Adults Boards must comply with the following:

- Membership (Local Authority, Police and Clinical Commissioning Group)
- Funding and other resources
- Strategic Plan
- Annual Report

3.3 Key relationships

Blackpool Safeguarding Adults Board

Other Strategic Boards:

Blackpool Safeguarding Children's Board (BSCB)

There are a number of members shared between the Blackpool Safeguarding Adults Board and the Blackpool Safeguarding Children Board (BSCB), which provides an opportunity to share and link discussions. The Business Management Group is a joint meeting that is held to discuss BSCB and BSAB issues, to share at each BSAB (and BSCB) Strategic Board meeting for BSAB (and BSCB) members to identify any areas of potential overlap in both Boards' discussions. Joint areas of work for both boards include Mental ill health, Substance misuse and Domestic abuse. The BSAB identified 'Transitions' from child to adult as a priority, as many vulnerable people were identified as 'being missed' off the system, once they had reached a certain age. BSCB and BSAB are progressing this as a joint piece of work for 2016-17.

Pan-Lancashire Safeguarding Adults Group

Blackpool Safeguarding Adults Board attends and contributes to the Pan-Lancashire Safeguarding Adults Group, which meets on a quarterly basis to attempt to unify approaches across the four Board areas (Blackburn with Darwen, Lancashire, Blackpool and Cumbria).

Health and Wellbeing Board

In 2013-14 the Health and Wellbeing Board became a formal statutory committee of the Council, meeting on a monthly basis. The Board has produced a two year Joint Health and Wellbeing Strategy which sets out 21 priorities for improving health and wellbeing in Blackpool. The Strategy has been informed by robust evidence drawn from the Joint Strategic Needs Assessment and through extensive public consultation. The Health and Wellbeing Board has consulted with BSAB as part of the priority setting process including for developing new priorities recently

Blackpool Community Safety Partnership (B-Safe)

The Community Safety Partnership directs and provides leadership on crime prevention and anti-social behaviour. There are various Partners that attend and contribute towards to the work of B-Safe. The key common areas of interest include Domestic Abuse and Prevent (work to prevent vulnerable people being radicalised into terrorist or similar activities).

Domestic Abuse Partnership Board

Domestic Abuse has been identified as a joint priority for both the Blackpool Safeguarding Adults and Children's Boards. The Domestic Abuse Partnership Board will be established in 2016-17 and the work will be supported by both Safeguarding Boards.

3.4 How we work

Sub-groups were created to help the Board to achieve its aims and influence the Board's decision making process. Each group implements and works towards completing their own action plan.

3.4.1 Policies, Protocols and Procedures

There is a full range of policy, procedures and guidance in place that provides a framework within which organisations can work together effectively to respond to abuse, harm and neglect. This reflects developments in national guidance and legislation, as well as national, regional, local learning, and new approaches to safeguarding. This is detailed on our website www.blackpoolsafeguarding.org.uk.

3.4.2 Training and Workforce Development

The Joint Training Sub Group incorporates local, regional and national policy, procedures and learning and meets the needs of stakeholders involved in the safeguarding process. The Blackpool Safeguarding Adults Multi Agency Policy and Procedure training is delivered by BSAB to ensure all Board Partners and providers working to safeguard adults are adequately equipped with the right skills and consistency in approach. Training modules on adult safeguarding also exist via Blackpool Council's Ipool online (e-learning) facility. A training coordinator was recruited on a part time basis to ensure a focus on multi-agency adults safeguarding workforce development.

3.4.2.1 Priorities of the Training Sub-Group for the year 2015-16

- To provide a multi-agency safeguarding adults training programme which was in line with local and national priorities and reflected multi-agency safeguarding adults training needs and the BSAB priorities.
- Further develop our understanding of safeguarding adults multi-agency training needs across all partner agencies.
- To review and revise safeguarding governance arrangements - following the merger of the BSAB and BSCB Training Sub Groups.
- To develop, agree and implement a joint BSCB/BSAB Training and Development Strategy and review the joint operational framework.
- To identify tools to demonstrate the impact of training on practice and that learning transfer was taking place. Implement, embed into practice and evaluate the effectiveness of these.
- To implement a mechanism for cascading 'lessons learnt' from multi-agency audits and safeguarding adult reviews.

3.4.2.2 BSAB Training Priorities

Information sharing, Implementation of the Mental Capacity Act, Toxic Trio (Mental ill health, domestic abuse and substance misuse), Prevent, Supervision, Support and the 'thresholds' decision making tool.

BSAB Responsibilities: Training strategy, operational framework and training programme.

National priorities include, Prevent, Care Act 2014- new areas in safeguarding adults definitions such as domestic abuse, modern day slavery, self-neglect.

3.4.2.3 Training achievements

- The BSCB and BSAB Training sub groups are now merged
- Joint Training strategy (BSAB/BSCB) is now in place
- Multi-agency safeguarding training programme is in place providing some bespoke adult safeguarding training for those working with vulnerable adults and a range of holistic safeguarding training courses which cover all ages (child and adults)
- Development and delivery of a safeguarding adults multi-agency 'working together' course
- Development of training focusing on self-neglect and hoarding and implementation of the self-neglect assessment tool
- Roll out of Workshop to Raise Awareness of Prevent (WRAP 3) training aimed at preventing those who are vulnerable being drawn into terrorist activity or supporting terrorism
- The first of two development sessions held on learning transfer informed the plans for 2016/2017
- Standardised approach to training application procedure agreed and implemented
- Supervision skills programme of training in place including a course aimed at those staff/managers working with adults
- Reviewed the BSAB E-Learning offer

Safeguarding Adult Board Training Courses (15-16)	No of Attendees
Mental Health Issues	81
Self-harm and safeguarding	120
Emotional Health and Well-being	31
Hidden Harm to Include Substance Misuse, Mental ill health and Domestic Abuse	55
Substance Misuse	28
WRAP 3	48
New Psychoactive Substances (Legal Highs)	38
Mental Capacity and Deprivation of Liberty Safeguards Awareness	40
Domestic Abuse Awareness	40
Hoarding	18
Safeguarding and Neglect	53
Dementia Friends Awareness	2
Multi Agency Safeguarding Adults training	63

3.4.2.4 Training work in progress

- The evaluation of the impact of learning/training on practice is in development.
- The completion of the review of the multi-agency safeguarding training operational framework – some work has taken place such as the development of trainee agreements, review and revision of the charging policy and a review of how training courses are advertised.
- The measurement of the impact of training through evaluation of training events.

3.4.2.5 Priorities for the forthcoming year (2016-17)

- Embed the learning transfer process into multi-agency practice
- Provide bespoke training focusing on information sharing
- Cascade lessons learnt from national (and when available) local reviews
- Review and update the Training Operational Framework
- Further develop our understanding of multi-agency safeguarding adults training needs
- Raising awareness of the new safeguarding adults Decision Support Tool

Challenges include capacity to undertake all activity within existing resources. Risks identified include being unable to fully implement the learning transfer evaluation without sufficient capacity. The impact of the work of the Training Sub-Group will be measured and evaluated through the Training transfer process and Evaluation – at the time of a course, identification of key learning and through follow-up.

3.5 Safeguarding Adults Reviews

Safeguarding Adults Reviews were previously known as serious case reviews, prior to April 2015. Learning the Lesson Review procedures reflect best practice established through local/regional and national learning as well as any relevant legislation. Effective systems have been developed and maintained to share and embed the learning within Blackpool from Reviews occurring both locally and nationally.

The Case Review Sub-Group holds the responsibility for both developmental and operational practice in relation to the SAR process and its outcomes. This Sub-Group is chaired by a senior representation of the National Probation Service (NPS). This is a beneficial arrangement as the NPS are generally an impartial party to events that lead to referrals considered for Review. This Sub-group oversees Safeguarding Adults Reviews, identifies themes and trends, ensures learning is shared and ensures actions are delivered. This Sub-

Group has recently reviewed its membership including the terms of reference to ensure the Sub-Group is clear on its purpose, functions and responsibilities. The SAR Sub-Group has undertaken a review of its SAR protocol to ensure it is Care Act Compliant.

3.5.1 Safeguarding Adult Reviews and Multi-Agency Learning Reviews (MALR)

3.5.1.1 Adult E (SAR)

What happened?

An elderly person had a number of long standing health problems and limited mobility and had been known to a number of different agencies. Adult E had received a range of assessments and interventions from health and social care organisations including a package of care provided by a domiciliary care provider.

Throughout the last months of life, there was no evidence to suggest that Adult E lacked the mental capacity to make specific decisions in relation to daily life and care.

At the time of Adult E's death, Adult E had a stage 4 pressure ulcer and the family had raised a safeguarding alert with the Local Authority due to concerns they had about the care Adult E had received. Adult E died in hospital during the safeguarding investigation. A serious case review was conducted using a systems based approach which moved beyond the chronological events in Adult E's life to explore the context in which they took place. The review highlighted a number of learning points.

What did it tell us?

Learning Points:

Communication is vitally important both between professionals and professionals and family members. For communication to be effective, professionals must ensure that the message and information they are giving is understood and that in turn they understand the perspective of the individual, family member or other professional.

Recording information clearly as a means of ensuring overall understanding of an individual's circumstances is essential in identifying and managing risks and achieving the desired outcome for the individual.

Mental capacity and the individual's ability to make specific decisions, underpin effective care and treatment. This is particularly important where the decision taken by the individual appears to others involved in their care to be unwise.

Complex care packages in community settings

need effective co-ordination as often people with complex needs have a number of different professionals visiting them from different agencies. Do providers know when to alert commissioners that the care package may no longer be meeting the assessed needs?

Pressure ulcers, the likelihood of them occurring and knowledge about their care should be considered when commissioning or delivering packages of care.

Messages from the Family. The family of Adult E asked that the following messages be given to staff:-

- Always read the care plan. If you have been absent, on annual leave or sickness, re-read the plan to familiarise yourself with any changes.
- If you are unable to carry out the care plan for any reason, report it. It may seem trivial or un-important to you, but you are only one piece in a multi-agency jigsaw.
- Insist on regular team meetings regarding the people you care for. Share your knowledge to give others a clearer picture of the overall efficacy of the care being delivered.
- If you think that the person in your care is not receiving the requisite standard of care then report it, regardless of which agency you think is not delivering.
- Never forget the life and well-being of the person in your care is in your hands.

What have we done? (Including recommendations made by the family)

Dignity and Respect training - to Care homes and domiciliary care providers

The Care provider in this case decided to no longer contract with Blackpool Council. *Despite no further contractual relationship with the Council, the Care Provider was approached and offered Dignity and Respect training to front line care staff.*

Mental Capacity Act training

- Highlight the importance of involving family members in 'best interests' assessments
- To include family members in the decision making process

Holistic Approach

- Provide different options for supporting the individual
- Use of 'assisted technology' training to be included for newly qualified social workers.

Single point of contact (SPOC)

- Ensure the consistency of professional(s) dealing with the individual. This will dispel any confusion for both the individual and professional, in relation to care and support needs.

Safeguarding Adult Review (SAR) Process

- Guidance should be provided to the family in relation to the Safeguarding Adult Review process, and clarity on the difference in raising safeguarding concern and a complaint.

Pressure Ulcer Guidance

- A Pressure Ulcer Factsheet should be provided to the family to ensure a timely response to prevent rapid deterioration.
- The Pressure Ulcer Guidance should be provided care organisations to circulate to their care staff.

3.5.1.2 Adult P – (MALR)

What happened?

A Safeguarding incident was reported by 'A nursing home' staff. Adult P had been transferred there, as the 'B care home' was no longer able to meet her needs. Adult P arrived with swelling on hands and bruising to the body. Adult P was admitted to hospital as a result of the deterioration in health and had not yet been discharged. A safeguarding enquiry was undertaken and found that agencies had failed to respond to deteriorations in Adult P's physical and mental health.

The Case Review Sub-Group agreed that this case did not meet the criteria for a Safeguarding Adults Review within the SAR Protocol. It was agreed and recommended that a case discussion / lessons review may be required around the systematic processes and work practices of organisations.

Summary of Learning Points:

- Capacity Assessments and Mental Health Assessments, recurring themes need to be noted.
- A single point of contact (SPOC), key contacts and clear pathways are needed, and clarity on responsibilities and expectations of all agencies involved to avoid repetition, duplication and frustration for the patient

- Care Providers and Homes admission policy and procedures – a full admission process should be the norm, seek assurances from commissioners that they monitor this.
- Communication – clear lines of communication are sought to dispel assumptions
- Feedback once an alert is made – what are the expectations and understanding of the process?
- How assessment and need is logged and communicated in Care Homes
- Clarity of Care Experience of staff working with vulnerable adults (training)
- How patterns of safeguarding can be identified / monitored where the individual may be the victim or the perpetrator of the alert – compiling information on both aspects to build a picture of the individual.
- Accurate Record-Keeping and rationale for decisions - consistent and common agreed approach
- Engage and involve the family to create a 'joint' care plan, the individual's needs are paramount. Family responsibilities need to be identified and communicated.
- Timely, proportionate and appropriate response.

3.6 Quality Assurance

The desired outcomes of safeguarding adults include work such as improved levels of safety, improved sense of wellbeing, reduced levels of risk and successful achievement of the outcomes desired by adults at risk. Consistent recording and reporting of safeguarding information across partner organisations, enables sharing of intelligence at both a strategic and operational level. The Quality Assurance and Performance Monitoring Sub-Group has assisted in identifying the priorities for the BSAB Business Plan 2016– 2018.

3.6.1 Activity:

Schedule 2 of the Care Act proposed that the Board must publish a strategic plan and an annual report that includes information about what each member agency will do and has contributed to Safeguarding Adults work in the District. This audit aims to provide base line information about each member organisation's role in Safeguarding adults work, how it organises and assures that work, as well as any particular improvement initiatives planned for 2016-17. The purpose is to provide a good understanding of our starting point as the BSAB has become statutory and has enabled the Board to be assured that the foundations for safeguarding adults work are in place. Each organisation has given a report to BSAB about its safeguarding adults work on a regular (annual) cycle. An overview report about this audit will be given to BSAB. The individual "returns" will be available to the Board Manager and to the Independent Chair and to the Quality Assurance and Performance Monitoring Sub-Group (QAPM).

3.6.2 Audit tool

An audit tool was created by the Business Manager of BSAB, to capture the work each Partner organisation has undertaken to ensure safeguarding adults is fully implemented into their organisational Policies, Procedures, Plans, Practice and Training. The document has been viewed as comprehensive but easy to follow, the Business Manager spent time with each BSAB Partner to assist with completion of the document. The evidence gathered for the audit tool would be useful for organisational internal audits, as well as for BSAB assurance.

3.6.3 Dataset

The QAPM Sub-Group has begun to develop a new dataset. Currently information is collated but not translated, and utilised to its full potential. During 2015-16 the recruitment of a Board Data Analyst was approved. The Analyst will be working for both the Adults and Children's Boards, and will develop relationships with Partner organisations' analysts.

The Analyst will collate relevant quantitative and qualitative data and information routinely. The data will be translated to seek out key themes, common patterns and trends to translate into BSAB priorities. Once the priorities have been identified this will direct the work of the BSAB sub-groups to ensure work has been implemented into intelligence led service delivery.

QAPM will focus on the key themes, as main priorities of the BSAB Business Plan. Performance will be monitored against targets set and ensure initiatives have led to improvements by measuring targets and outcomes.

Key Themes identified:

- Thresholds
- Substance Misuse, Mental ill health and Domestic Abuse
- Neglect / Self neglect
- Transitions

3.7 Communication and Community Engagement

Systems and resources have been developed that raise public awareness and understanding of safeguarding adults work, e.g. the website has been re-launched to act a mechanism to advise professionals as well as members of the public. 'Healthwatch' was set up to engage with those who access services to encourage some impartial qualitative feedback. Adults who have experienced, or are at risk of harm, shape and influence the development of safeguarding practice. All stakeholders who experience the safeguarding process have opportunities to inform and influence the development and improvement of that process. The Safeguarding Boards will be promoting awareness on the key priorities identified. BSAB are working on a campaign to raise awareness on Domestic Abuse relating to older adults.

3.8 Budget

All Partners contribute resources to enable the Board to carry out its statutory duties. Resources include staff time and additional support, such as attending Board meetings, co-chairing the sub-groups which support the work of the Board, and contributing to Safeguarding Adult Reviews.

In 2015-16 the Board had a budget which a small number of partners contributed towards. The total budget for the year was £143,983. The funding was managed by Blackpool Council on behalf of the Board to an agreed plan, with updates given to each Board finance meeting about how the funds were being spent and any planned spending on new staff or Board related work.

The BSAB in 2015-16 is financially supported by the three key statutory funding Partners, and one non-statutory funding Partner. Financial planning has been established for the next three years. Going forward the Safeguarding Adults Board and Safeguarding Children's Board will manage a combined single budget.

3.8.1 Income Summary

Organisation	Income 2015-16
Blackpool Council	£72,592
Lancashire Constabulary	£25,406
Blackpool Clinical Commissioning Group (CCG)	£40,985
Blackpool Coastal Housing (BCH)	£5,000
TOTAL	£143,983

3.9 Business Plan 2016-18

3.9.1 Organisational Priorities: Effective Governance: (Outcomes)

- Clarity of Relationships and Responsibilities with other Boards
- Accountability – clear and explicit
- Quality Assurance
- Progress of Board Development (including Robust Framework of 'Core Standards')
- Training and Workforce Development

3.9.2 Development Day/ Key (Themed) Priorities:

3.9.3 Priority 1: Thresholds - Pathways and Support:

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

3.9.4 Priority 2 - Self Neglect:

Coherent approach to self-neglect.

Effective strategies for responding to self-neglect and people with complex needs who do not engage effectively with services.

Promote the importance of understanding self-neglect across all agencies.

Develop resources and processes for piloting a coordinated response to people with complex needs who do not engage effectively with services.

3.9.5 Priority 3 – Transitions:

Transition to adult services.

Care leavers and disabled young people are appropriately supported by children's services to work towards independence.

Disabled young people successfully transit to be supported in adult services.

3.9.6 Priority 4 -Substances misuse / Mental ill health/ Domestic abuse

A 'holistic approach', to look at the whole household in a family context.

Adults who live in households where at least one individual or carer misuses substances or suffers from mental ill health or domestic abuse feel helped and protected.

Mental Ill Health

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

Domestic Abuse

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

Substance Misuse

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

4 WHAT OUR ADULTS HAVE BEEN TELLING US

4.1 Healthwatch Blackpool

Healthwatch Blackpool listens to people's concerns of health and social care in Blackpool, and provides the public feedback to service providers and commissioners in order to make positive change. We are an independent, statutory organisation and we are commissioned directly by the local authority. Through local engagement we collect vital data on how and why people use services in the area; this means we can represent the voices of people in decision making. Healthwatch Blackpool directly supports people in their community by giving them information or signposting them to the local services they need.

Healthwatch is delivered by Empowerment, a health and social care charity based in Blackpool. Empowerment first took over the contract in April 2015 and surveyed over 450 people asking which services they think we should be looking into. We formed a plan of work based on the results. Healthwatch has a specific role, set down by the Care Act in relation to Safeguarding Adults Boards – Healthwatch must be consulted in the preparation of the Safeguarding Adults Board's strategic plan.

As the successful independent consumer champion for health and social care it is vital that services adapt as a result of hearing the voices of service users.

4.2 Initiatives and Impact by Healthwatch

4.2.1 Adult Mental Health Services

A formal joint response was submitted to Healthwatch from Blackpool Council and Blackpool Clinical Commissioning Group (CCG). The CCG have a waiting list initiative in place to reduce waiting times; Blackpool Teaching Hospitals (BTH) aims to meet the targets by April 2016. A Blackpool mental health alliance board was established, at which BTH, Lancashire Care Foundation Trust (LCFT) and the Council are represented at a senior level monthly meeting chaired by the Blackpool CCG Chief Operating Officer.

Several new initiatives are being piloted in Blackpool, for example the police and a mental health nurse on duty undertaking street triage. This is aimed at reducing crisis issues and resolving things quickly rather than conveying to a busy A&E department which is not always the right environment for people when they are distressed by life events.

4.2.2 Maternity Services

In response to only 44% seeing their named midwife consistently, New Models of Care commenced in

September 2015 to ensure consistency. Midwifery teams are now cohesive with 4-6 midwives, and time is allocated for clinics. In response to 73% of respondents not knowing their choices of venue for antenatal appointments, Community Midwives will ensure all options for antenatal and intrapartum care are discussed to ensure appropriate information is given, and the postnatal options are being extended to include clinics. In response to 23% of new mothers believing they were in hospital for too long, the discharge process has been reviewed, and a discharge coordinator has been employed on a substantive basis. This allows more time for care and streamlines the discharge process.

4.2.3 Outpatients Services

In response to 36% of appointments running late and patients not being kept informed, new information screens are to be fitted throughout Outpatients Departments (OPD) as part of a redesign. The details of this report have also been discussed at the OPD Staff meeting. The department will contact N-Vision to arrange with assistance in reviewing the information that is displayed in response to a lack of information in clinic waiting rooms and no large print information in the eye clinic.

4.2.4 Urgent Care

In response to a vulnerable service user concern of being sat for around 5 hours in a wheelchair, the department apologised for not providing adequate information. This has been discussed with the team and they are aware of the need to administer regular pressure area relief. In response to a service user waiting for 6 hours without food or drink being offered, the department iterated that all patients that attend the Emergency Department (ED) should be offered regular drinks and food, and would like to apologise. Offering food and drink has been discussed with the ED team.

“We will be looking into the findings in more detail to look at the possibility of introducing changes in line with these findings.

4.2.5 Care Homes

Care Home 1: Further menu choice has been offered to the service users. Smokers have been moved so they will not disturb non-smokers. A new activities organiser has been employed.

Care Home 2: The home is in the process of employing another co-ordinator for morning activities.

Care Home 3: The full 4-weekly menu will now be displayed for residents. The home will also display activities in several places around the home.

Care Home 4: New chefs have been recruited at the home. New menus are now on view on dining tables and in the reception area, with alternative choices of meals available. The home is recruiting an activities coordinator. Staff training now ensures they allow time for residents to respond after knocking before entering the room.

5 INSPECTION AND REVIEW OF PARTNER AGENCIES

The work of our partners:

5.1. Blackpool Council – Adult Social Care

5.1.2 Activities and initiatives undertaken by Blackpool Council:

The Care Act 2014 laid the statutory responsibility for safeguarding Adults with Local Authorities. From April 2015 this required the local authority to take the lead in adult safeguarding. Although partner agencies did already work together, the establishment of the statutory Blackpool Adult Safeguarding Board placed it on a legal footing, identified specific funding partners and led to the appointment of an Independent Chair and a Board Manager.

The Council has taken the lead role in ensuring that the Board functions effectively and through the efforts of all agencies involved has established good working relationships so that the Board can be assured that their work is beginning to make a difference to the lives of adults in Blackpool. The Council's vision and business plan underpins its approach to safeguarding the most vulnerable in the town. The Service sees that prevention strategies to build community resilience are integral to prevention; particularly where an asset-based approach to services and to wellbeing is required by the Care Act 2014.

The Service has committed itself to the Local Government Association (LGA) 'Making Safeguarding Personal' programme and learning circles for staff are provided as peer learning opportunities to embed that thinking into policies, processes and delivery. Mandatory safeguarding training has been undertaken by its own staff group and funded via a successful bid to NHS England. Professional leads staff have taken the lead in training multiple provider agencies on dignity, respect, safeguarding and mental capacity.

5.1.3 Links with Local SAB priorities

The Care Act 2014 requires that the 'wellbeing' principle is at the forefront of its work with those who may have care and support needs. The safety of the individuals and/or their choices about the risks they may wish to take are clearly linked with the Board's priorities.

5.1.4 Initiatives from challenge

The Board is independent from the Council, though naturally the Council is a key Partner as required by the Care Act 2014. The Council is therefore open to challenge by the Board partners.

Currently, the majority of safeguarding concerns that the Council deals with are generated by its commissioned providers, the Board will seek assurance from the Council on the ways it deals with those concerns, the timeliness of responses and the outcome for individuals. This area of work has therefore been a focus of the Council's departments.

There have been significant moves towards a more robust but person centered approach this year. Recording systems have been amended to enable data to be more easily interrogated, more regular reviews of the needs of individuals have been carried out and alternative care settings found for some individuals and the Council has on a small number of occasions terminated its contract with provider services. To ensure that the communication channels between the Council and its stakeholders are also easily accessed, it now holds regular meetings about safeguarding issues related to provider services with partner agencies; the police, Care Quality Commission, the Clinical Commissioning Group, Fire and Rescue Service and others. There are links to Healthwatch and care provider forums.

5.1.5 Impact of the safeguarding initiatives

Where data is more readily available it is easier to see the progress of a safeguarding investigation or enquiry. Quantitative information though cannot provide the whole picture as it is the outcome for an individual that is ultimately important. The Board Analyst will make this possible, as qualitative data will be measured to look at outcomes and overall impact, linked to wellbeing.

The Council commissioned an independent advocacy agency to carry out Listening Reviews with a small number of individuals and their families to find out their experiences. Based on those reviews, discussions were held with those taking the safeguarding lead to ask how it might be possible to include individuals more in a safeguarding process.

Prevention by driving-up the quality of service delivery are also key to ensuring that individuals are protected from harm or from a level of risk that they may be unwilling to take. Blackpool Council's Professional Leads Team has delivered 46 bespoke full day training events focusing on Dignity, Respect, Safeguarding, MCA and DoLS to provider services in Adult Social Care.

The overall aim of the training was to support staff in Blackpool. Following the training, individual feedback from a wide range of providers and partners revealed a significant increase in the confidence of staff and managers to challenge poor professional practice; together with improvements in their own practice resulting in better quality services and more fulfilling outcomes for individuals.

5.1.6 Blackpool Council understands the views of adults

Prior to April 2015 the Council participated in a North West ADASS (Association of Directors of Social Services) peer review process. This process required a number of individuals and their carers to be interviewed by experienced peer reviewers. The Council then created an action plan taking their views into account. Based on the feedback from the interviewees and the Council's commitment to the Making Safeguarding Personal agenda, the information shapes the approach taken by the Council. Safeguarding leads hold regular forums to discuss learning from the cases they have been involved in and the opinions of those individuals are brought to those meetings.

In support of hearing the voice of the individual, it meets its statutory obligations by commissioning independent advocacy services for those who might have substantial difficulty in engaging with safeguarding processes. Providing this independent oversight allows the choices and views of individuals to be considered and Social Workers will seek regular feedback from those advocates. This is made more important where significant numbers of those who may be subject to harm may lack mental capacity.

5.1.7 Key challenges

Currently the challenges facing the Council are generated by the volume of work created by the Supreme Court judgement related to the Deprivation of Liberty Safeguards underpinned by the Mental Capacity Act 2005. High numbers of applications for authorisations for Deprivations of Liberty (DoLS) will require at least one full reassessment in any 12 month period.

In 2015-16 the Council's DoLS team received in the region of 820 applications; some for reassessment, some were new applications and some were referred on to the appropriate supervisory body (other councils) where they were the funding body for that person's placement. The purpose of an authorisation is to ensure that those who lack capacity to agree to their care and treatment and are not free to leave the placement (in that they would be brought back in their best interests should they leave) receive the care that is proportionate to their needs. The benefits of such a specific focus on the needs of such individuals are that they can be provided with care that is dignified and respectful and delivered in the least restrictive way according to each circumstance. The number of applications since the judgment has generated a 20 fold increase in the work required to be undertaken.

Blackpool Council commissions Healthwatch to ensure the voice of service users is heard and included in decision making processes.

5.1.8 Priorities for the forthcoming year (2016-17)

The Council continues to work within its own business plan and the LSAB priorities. Safeguarding the most vulnerable in the town in partnership with partner agencies is a focus of its business. The Council will continue to ensure that in conjunction with its partners, the Board is resourced appropriately and its governance mechanisms are supported.

The Council will focus its efforts in the areas of creating stronger communities and building the resilience of its population. Ensuring that the needs of the most vulnerable are catered for is a primary concern of the Council and its staff group. Training its staff and creating effective communication with individuals and families will underpin that approach.

5.2 Blackpool Council Adults Services Commissioning and Contracts Team

5.2.1 Activities undertaken within Commissioning

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

5.2.2 Activities from challenge

This has been driven by statutory duty, guided by contractual terms and informed in part by statistics on safeguarding activity within the regulated care sector.

5.2.3 Impact of the safeguarding activities

The CQC inspection grading for contracted services are 20% better than the average for the rest of the country. Where providers engage fully, a service judged to be 'Inadequate' can be supported to improve to 'Good' in under six months.

Residential

	Blackpool	Blackpool	National Total	National Total
	Residential	Residential	Residential	Residential
	Number	%	Number	%
Outstanding	1	1.72%	70	0.60%
Good	47	81.03%	7779	67.02%
Requires Improvement	9	15.52%	3428	29.53%
Inadequate	1	1.72%	330	2.84%
	58	100.00%	11,607	100.00%

Non Residential

	Blackpool	Blackpool	National Total	National Total
	Residential	Residential	Residential	Residential
	Number	%	Number	%
Outstanding	1	1.72%	70	0.60%
Good	47	81.03%	7779	67.02%
Requires Improvement	9	15.52%	3428	29.53%
Inadequate	1	1.72%	330	2.84%
	58	100.00%	11,607	100.00%

5.2.4 Blackpool Council Commissioning understands the views of adults

Views of service users are actively sought at annual contract review, during validation visits, investigations, via complaints and statutory notification to the CQC, and as part of Commissioning Reviews and the commissioning of new services.

5.2.5 Key challenges

The ability to quality assure contracted services is directly proportionate to resources deployed and there is pressure on public sector funding. The move to an area based approach by the CCG's Care Homes Team means that overall approach is weakened as improvement activity is targeted at geographical areas and not at the riskiest contracted provision.

5.2.6 Priorities for the forthcoming year (2016-17)

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

Low standards of care home provision leading to increased safeguarding activity. Multi agency support means a home is no longer creating safeguarding issues. Low standards at another care home had led to increased safeguarding activity. A multi-agency decision was made based on the provider not being capable of making the required improvement within an appropriate timescale. The contract was terminated and service users moved to other services.

5.3 Blackpool Clinical Commissioning Group (BCCG)

5.3.1 Activities undertaken by BCCG

Blackpool CCG has a role as a commissioning organisation and seeks assurances that commissioned health services are safe and effective. The Blackpool CCG Safeguarding policy and associated standards is incorporated within all NHS contracts. Contract compliance is monitored through Quality and Performance Meetings with each provider where evidence against compliance with each standard is reviewed and where there is non-compliance, advice is provided and action plans developed and monitored. Safeguarding is a standing item on all Quality and Performance agendas.

Quality and performance monitoring also includes other safety elements such as prevention of infection and health, health and safety and human resources which contributes to ensuring that services are safe, well managed and adequately resourced. The CCG also has a Continuing Health Care (CHC) Team which undertakes the health assessments for funded nursing care and continuing health care. This team has social workers embedded within it to ensure a seamless service and is actively engaged in the identification of adults at risk and promote safeguarding arrangements including ensuring MCA and DOLS arrangements for CHC funded people are reviewed and appropriate. All CHC staff are trained and supervised as appropriate for their role and responsibilities.

The CCG works in close partnership with other agencies (statutory and non-statutory) through a number of different fora including the Health and Wellbeing Board, the Community Safety Partnership, and the Safeguarding Boards and is represented at senior level. The CCG is pro-active in working with others to further develop and enhance current safeguarding arrangements. For example:-

- The CCG provided the chair for the Training Sub-Group and an interim chair for the SAR Sub-Group
- Mortality review with BTH – high mortality rates
- Developed a Fylde Coast Mortality Committee with BTH and NHS England
- Commissioned an audit into mortality coding at BTH

Internally:

- Completion of a NHS England self-assessment audit against safeguarding children and safeguarding adults standards which was then externally scrutinised by NHS England representatives provided assurance that internal safeguarding systems are robust.
- As a commissioning organisation, the CCG has worked with the Council to review a number of key documents including a joint policy for managing poor performance and a quality framework against which providers are monitored
- Reviewed, and revising, safeguarding adults supervision arrangements for staff working directly with vulnerable adults
- Updated the CCG Safeguarding policy and whistleblowing policy and introduced a policy for managing unacceptable behaviour.
- Proactive work with Council colleagues to address any safeguarding concerns arising with providers of services and to support provider organisations in carrying out their safeguarding role and responsibilities
- Benchmarked the CCG against Special Educational Needs and Disability (SEND), Prevent requirements and the Goddard Review to identify any areas for further development
- Ensured that safeguarding adults awareness training is mandatory for all staff and that those with direct involvement with adults also have training on the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Work with Primary Care – promoting multi-agency safeguarding adults training, provision of safeguarding adult booklets provided from NHS England covering a range of issues including prevent, their role as alerter, information sharing, MCA, DOLS and assessing capacity.
- Supported practices to meet essential CQC standards and assist with improvement plans
- Complaints oversight of provider services and CCG decision making.
- STEIS management and oversight and review.
- Collaboration with Local Authority on local safeguarding alerts relating to care at home and in residential settings. Concerns jointly reviewed. Contract monitoring of care homes jointly with council. Joint procedures for poor performance agreed.

5.3.3 Links to BSAB priorities

Prevent is on all agendas and is a BSAB priority as well as for BCCG. The need of raising awareness of processes to follow when a member of staff is concerned about an adult and embedding of the principles of the Mental Capacity Act.

5.3.4 Impact of the safeguarding activities

- Assurance that safeguarding adults systems within the CCG are robust.
- Individual case management of complex cases reviewed and documented so patients are safe and appropriately placed (Winterbourne View recommendations).

5.3.4 CCG understands the views of adults

The various methods include:

- Listening events / drop in sessions across the town.
- Patient and Public Involvement Forum.
- Direct engagement with patients where commissioning bespoke packages of care.
- Close working with Healthwatch.
- Personal health budgets.

5.3.5 Key challenges

- Identification of safeguarding issues within provider settings.
- Monitoring of Domiciliary care.

5.3.6 Priorities for the forthcoming year (2016-17)

- Ongoing work to ensure the CCG does everything possible to ensure that those from whom it commissions services meet safeguarding requirements.
- Domiciliary care contracting.

5.4 Lancashire Constabulary

Lancashire Constabulary's primary function is the prevention and detection of crime. However, a large proportion of time is spent dealing with concern for welfare and the responses to vulnerable people within the community.

Whilst they have a team of specialist officers within the Public Protection Unit (PPU) whose role it is to deal effectively with adult abuse and ensure justice through the courts where necessary, all of our officers are faced with vulnerabilities and issues requiring additional support on a daily basis. They make use of PVP (Protecting Vulnerable Persons) referrals to make other agencies aware of our concerns and ensure that there is no additional information that would escalate these concerns.

5.4.1 Initiatives undertaken by Lancashire Constabulary

The most recent development in this area is the implementation of an Early Action Team whose purpose it is to identify potential vulnerabilities and additional need at the earliest possible stage so as to eliminate the risk of further harm and reduce vulnerability. These officers identify people through many different methods and work closely in a co-located environment with other agencies to reduce the vulnerabilities of adults within the community on a daily basis. This includes regular missing from home, high intensive users of service and high risk individuals identified through incident attendance.

In addition to this, Lancashire Constabulary deploy first response officers in company with Mental Health Nurses to ensure that those in need receive the appropriate support and care at the first possible opportunity, with access to the appropriate professionals and specialist help.

Lancashire Constabulary have started a programme of rolling out mobile devices to ensure that those officers deployed to deal with incidents have access to the appropriate information to ensure that the response delivered is appropriate and bespoke to the individual they are dealing with.

Information Technology plans have also seen the deployment of body worn video cameras for officers ensuring that the best and most crucial evidence is captured at the first opportunity. Maximising the opportunities for an appropriate outcome to be achieved.

Lancashire Constabulary have made best possible use of new legislation available to us, e.g. the Care Act and Serious Crime Act to ensure that those within abusive relationships are offered support and the opportunity to benefit from it by utilising Domestic Violence Protection Notices when appropriate.

Lancashire Constabulary have introduced a Pilot Domestic Violence Perpetrator Programme with a view to changing the behaviour of those currently involved in low risk abusive relationships to prevent escalation and improve the outcomes for the whole family.

Staff are recognised as having a good understanding of vulnerability and the risk assessments processes undertaken is identified as good practice within policing, however there is no complacency and there is continuous striving for improvement.

Lancashire Constabulary are committed to providing access to specialist policing for all communities, whilst developing all staff in the Constabulary's approach to protecting vulnerable people. Lancashire Constabulary aims to ensure public confidence in the police service through high quality investigations into serious crime, and its leadership is committed at all levels to addressing vulnerability through professional, accredited and motivated staff to ensure public confidence and safety.

5.4.2 Forthcoming planned activity for 2016-17

The Constabulary will maintain this focus and aim to develop its approach in the following areas:

- People – right skills, right attitudes and behaviours, with the right support to protect the public and provide a high quality of service.
- Quality and Scrutiny - providing high quality of service at all times to the public and developing our approach by taking cognisance of HM Inspectorate of Constabulary (HMIC) and College of Policing (COP) inspections and review progress against our service delivery. We will review best practice and developing themes from other forces, partners, through attending and leading on regional and national governance forums.
- Performance and analysis – in order that we understand the changing nature of demand and ensure we put resource to risk to protect the public we will ensure we continually assesses demand and incorporate this into our resourcing decisions.

5.5 Blackpool Coastal Housing (BCH)

5.5.1 Activities by Blackpool Coastal Housing

- BCH is an active member of the Safeguarding Adults Board and associated strategic and operational groups, from these BCH share information across the organisation. BCH has reviewed processes to identify consistent practices across the Neighbourhood and Emergency Housing Services. This enables consistent information and support provided to those adults/families who move to and from BCH's emergency housing service in to or from BCH homes.
- Team Leaders reflect on safeguarding as part of case reviews and supervisions.
- The officers assess cases and make appropriate referrals, team leaders check that they are being sent correctly, that information/reasons are adequate and clear so that it can be clearly identified why the referral is being made. They will also challenge officers if they think that the referral is not appropriate and should be kept at a universal level.
- Care leavers accommodation pilot - BCH are currently working with the Council on a pilot to support care leavers to successfully move in to their first home and support them to sustain this.
- They have a joint protocol with Blackpool Council - Adult Social Care (ASC), meeting on a quarterly basis and discuss cases, situations where both services feel that things have not gone as well as expected. BCH have attended several ASC team meetings to talk through housing processes, BCH also has key points of contact for advice as and when required. Relationships between services have greatly improved.

5.5.2 Links to BSAB priorities

BCH takes its responsibilities seriously and are committed to safeguarding. It is important that BCH works in partnership with others in being able to respond to adults/families in need and influence service provision. Getting involved with the above activities enables BCH to develop skills, knowledge and processes to allow officers to recognise, support and deal with safeguarding issues. The above initiatives resulted from BSAB priorities.

5.5.3 Impact of safeguarding activities

BCH has a joint protocol which has raised the profile and understanding of the importance of housing being involved and working collaboratively with other agencies. Officers have been able to develop key networks with services, developing their knowledge of what others provide and then be able to make referrals through to these agencies to support adults/families.

Care leavers project – BCH currently has two individuals that have been supported in to a new home and will continue to be supported to sustain this. A BCH support worker has worked with Children's Services in the setting up of their home, they have built a positive relationship with the two young people and will remain a key individual in their lives to offer support and mentoring.

Positive outcomes: *'The outcome for BCH is that BCH has a tenancy that is sustainable, that BCH has good responsible tenants, that they maintain their home in a good condition. The outcome for the Council is a budget saving, confidence that these young people will succeed. The outcomes for the young people (young adults) are that they have a home that they take pride in, they look after, they feel supported both practically and emotionally, they have clear boundaries for maintaining their tenancy and they have the opportunity to use the resources'.*

Whilst this is not a direct safeguarding initiative (adults or children) it is about a corporate responsibility for Blackpool Care Leavers, and aims to reduce the vulnerability of these young people as part of their transition from Children to Adult social care thereby reducing potential future safeguarding issues.

5.5.4 Key challenges

Staff resources/ capacity: additional work for BCH officers whose role is to focus on tenancy conditions. BCH does not have specific staff to focus on safeguarding, the role is added onto existing staff roles, staff need to make time to attend case conference meetings and any other associated tasks/meetings.

There can also be **conflict between enforcement and support**, pressure can be put on staff not to take enforcement against families due to social work involvement. This can put pressure on the officers whether to take enforcement action or delay action. As BCH deals with families sometimes there can be difficulties in managing both adult and children service providers as these individual services do focus on their specific remits where BCH is focused on the whole of the family.

5.5.5 Priorities for the forthcoming year (2016-17)

BCH priorities over the next year are not focused specifically on safeguarding, they are housing and community focused. Within any developments or actions safeguarding will be identified as and when required, an example of this is Neighbourhood Planning e.g. Haweside - BCH will be looking at all of this neighbourhood and what all of this area requires to make improvements, there are vulnerable adults, families within this area so BCH will be working with services that support interventions, diversionary activities etc. BCH is working with Better Start via Leftcoast and will be supporting activities that can be used to engage families within this area, from this BCH will consult, problem solve and develop improvements for this neighbourhood. This work will identify safeguarding concerns as BCH works closely with families, carries out tenancy audits and undertakes enforcement action.

Care leavers pilot - this will be a focus for BCH if the Councils wish to explore this as an alternative option for long term accommodation for this group of young people.

Moving people closer to the job market - working with adults/ families and supporting them to develop their skills, access learning, access volunteering and other opportunities will impact positively.

Boys and Girls Club - continue to work with these in our voids clearing contract to create opportunities for our school leavers or young persons to access apprenticeships through this contract. This will allow these young people training, skills, knowledge, job opportunities, increased aspirations and ability to contribute to family income, maintain their home and be positive role models for other family members, whilst at the same time challenge risky behaviour. This builds up young people's long term resilience and reduces their vulnerability and need for social care or safeguarding services.

Number of staff who have Disclosure and Barring Service (DBS) checks as part of recruitment - All front line staff who have regular contact with customers have a DBS check as part of their recruitment, this equates to 72% of all BCH staff.

5.6 Blackpool and The Fylde College

5.6.1 Activities undertaken by the College

There are approximately 20,000 students in education with Blackpool and The Fylde College. The College is involved internally and with external agencies in the reactive and proactive safeguarding of these students and their families or associates. Issues may be totally external to the College but discovered as they are found to be affecting progress or behaviour in college and the College will act in all cases.

The College's **focus** is on preventative safeguarding as well as reacting to current issues and disclosures or those which are historic - occurring on or off site and in the home. The College attends various meetings with social services, police, youth offending, and probation for the safeguarding of and from staff, students, potential students and visitors. The College has strict staff vetting, barring and induction, as well as providing in-house induction training, backed up by on-line materials and annual refresher mandatory for all staff in line with new legislation coming into force in September 2016.

A) High needs students - up to 25 funded via Blackpool Council with liaison around safeguarding issues from start. Adults with learning difficulties and disabilities are closely supported and monitored.

B) Care leavers - special monitoring is in place and the College has had excellent results for this vulnerable group - encouraging them into further study with special financial and person centred support.

From September 2016 to be extended to carers in association with Blackpool Carers' Trust. Bursaries are available for HE financial help for FE plus person centred support for vulnerable cohort needing flexibility of approach to succeed. This is for adult carers, young carers or parent carers - all vulnerable groups, plus caring for vulnerable cohorts themselves.

C) Students and staff with Autism - and other hidden disabilities and differences. This group is a very vulnerable cohort - to radicalisation, and particularly on-line bullying harassment and exploitation. The College has been awarded regional north west hub status for the delivery of all Autism Awareness Training across the whole North.

E) Emphasis on mental health and wellbeing - including self abuse and suicidal intent.

The College has agreements in place with the Samaritans, Mind and Minds Matter - also CALM for men – the College has encouraged more male involvement with counselling and other support to address local and national vulnerability of adult males and suicide attempts.

5.6.2 Impact of the safeguarding activities

Over 300 cases have been monitored this year. Many are reported at the start of the year as a result of improved partner agencies sharing information and working together.

5.6.3 The College understands the views of adults

The College uses various methods such as; surveys on line, forums, regular reviews, open door availability of staff, suggestions, complaints, awards nominations. Progress tutors, student support and wellbeing staff, safeguarding reporters, equality, diversity and wellbeing team.

5.6.4 Key challenges

- Working together commitment
- Willing and proactive communication with person centred intent
- Sharing information
- Long waiting lists for mental health provision
- Talking in acronyms

Despite 20,000 students to support, the College has regular long term contact and knowledge of students and their families and associates, and their concerns.

5.6.5 Priorities for the forthcoming year (2016-17)

1. Development of on-line safeguarding refresher training – delivered to over 1200 staff, including Prevent Duty, sexual exploitation and Female Genital Mutilation as required plus British Values - and what to do in case of a terrorist attack as required by the Home Office.
2. Avatar from the on line training thematically links to laminated printed procedures and contacts list for safeguarding reporters - available in all staff areas on all sites and areas of provision
3. Work more closely and with protocols and contacts in place to safeguard vulnerable groups by liaison with local authorities, police and other agencies. The College funds its own Police Community Support Officer (PCSO).

Case 1 – Young Adult

Student studying on Foundation programme living in supported accommodation. Due to ongoing issues including behaviour, the Senior and Personal tutor to the student liaised on a regular basis with the student's Social Worker and his advocate (verbally, writing and meetings) to put a support plan in place for the student which was signed by all parties. With the regular communication set up the student's behaviour and attitude towards his course and peers changed. When issues began to arise again a meeting was set up between all parties including the student and his father to discuss any issues, the student confirmed he wanted to learn something else at College as his course was "boring". This request was put in place and the student again settled down and enjoyed his time which led to a positive result in being awarded a certificate for the "Green Project" linked to recycling, he also took part in the School's Student of the Year Awards.

Case 2 – Mature student

Mature student, revealed to her learning support she had suicidal thoughts and was finding it difficult to cope with external influences. Student is in contact with external Crisis Team and her own GP. The Learning Mentor sat with the student to talk things through regarding her College work which was one of the issues – a plan was put in place by the College enabling the student to reach her goals at her own pace without feeling swamped. Discreet information was shared with core staff to ensure the student's wellbeing on campus. With encouragement the student reconnected with her external support systems. The student is back on track with the additional internal assistance of the College's HELMS (Higher Education Learning Mentors) service and is on target to pass.

Case 3 – Mature female

A female Further Education student revealed domestic violence and other related issues to her Senior Tutor. The student was referred to Fylde Coast Women's Aid after being referred by Employability Coach via Empowerment Team and Multi-Agency Risk Assessment Conference (MARAC) assessments. The Independent Domestic Violence Advice (IDVA) representative continually met the student on site in a place where she felt safe to talk. Due to the DV, the Police were also involved and the College kept informed of any issues that may have affected the student via the Police and Community Support Officer (PCSO). Due to the internal and external support being provided the student completed her first year on course.

5.7 Lancashire Care Foundation Trust (LCFT)

5.7.1 Initiatives undertaken by LCFT:

The Trust publishes an annual declaration to describe its commitment and implementation of the Safeguarding agenda. Key safeguarding messages and lessons learned are distributed to all staff via the Trust weekly bulletin and Safeguarding Newsflash, this makes a contribution to the prevention of abuse. Messages and communications are backed up by information and advice for staff about where to get help, training for staff and services to respond. Staff have access to LCFT Safeguarding intranet pages for advice, signposting and procedural guidance, this supports awareness raising to enable staff to recognise and prevent abuse.

The LCFT Safeguarding Team and LCFT clinical staff contribute to safeguarding enquiries where they are providing care and treatment. Currently appropriate expert clinical knowledge and advice is provided to inform strategy discussions and decision making relating to safeguarding enquiries and investigations and also asked to support failing nursing homes.

During 2015-16 LCFT received increased numbers of requests to contribute to enquiries into complex care when safeguarding concerns were identified.

LCFT Annual Members Stakeholders'

Conference took place on 20th October 2015, with the focus being safeguarding. Workshops were held and facilitated by members of the Safeguarding Team on The Care Act, Prevent, Domestic Abuse, Children Looked After and Child Sexual Exploitation. This informed LCFT's Strategic Safeguarding Vision and priorities for 2016 -2019.

Safeguarding Adults / MCA Champions model

The Safeguarding Leads have worked with CCG colleagues to review Service Specifications for 2015-16. Safeguarding Performance data and outcome indicators were agreed and reported via contracts on a quarterly basis, this was also reported via LCFT's Safeguarding Group on a quarterly basis. Performance data also supported information regarding implementation of safeguarding responsibilities into practice and continuous quality improvement initiatives.

5.7.2 Impact of Initiatives

The LCFT Safeguarding Team is a specialised Team with expert knowledge of the Safeguarding agenda for both Children and Adults. The Team provides an expert resource to the LCFT Board, Networks and staff. The Team supports a Safeguarding Accountability and Assurance Framework in order for the Trust to discharge its responsibilities for safeguarding. The Team provides an expert service to the Trust including, advice and consultancy in relation to Safeguarding and the Mental Capacity Act (MCA) to support the workforce to champion and promote the safety of vulnerable children, young people and adults in Lancashire. The Team encourages the highest standard of safeguarding practice through review, audit, lesson learnt and scrutiny, to ensure better outcomes for children, young people and adults.

LCFT have continued to strengthen partner agency engagement, practice and commitment to safeguarding vulnerable adults, in particular developing engagement and representation at the LSCB and in all LSAB sub groups and relevant work streams to strengthen partnership working in relation to vulnerable adults. The Trust is engaged in key strategic processes with the multi-agency partners e.g.

- MAPPA (Multi-Agency Public Protection Arrangements)
- Domestic Abuse and MARAC
- Forced Marriage / Honour Based Abuse and Female Genital Mutilation
- MASH
- ASBRAC
- MCA Pan Lancashire working group
- Serious Case Review and Domestic Homicide Review arrangements
- Multi- agency inspection frameworks

Prevent: The LCFT representation on Lancashire's Channel Panel is provided by the Safeguarding Adults Named Nurse, Central Locality, who also operationally leads the Prevent agenda, with strategic leadership from the Associate Director of Nursing Safeguarding. There has been a noticeable increase in children's referrals to the Channel Panel; the Safeguarding Adults Team therefore works collaboratively with their Safeguarding Children's Practitioners to promote a holistic approach. The provision of the Prevent agenda is underway. LCFT appointed a Practice Educator Facilitator to work in partnership with the WRAP 3 facilitators and the Safeguarding Team on the delivery of the Prevent mandatory training.

Mental Capacity Act Implementation: There is an overall vision in that MCA including DoLS responsibilities are integrated into the Trust's Safeguarding plans and priorities.

There is a shared approach to MCA outcomes and the promotion of the rights of people who may lack capacity. The Trust is engaged in the work of the Pan-Lancashire MCA Planning Group - now a formal Sub-Group of the Board. The MCA is integrated into the work of the Trust's Mental Health Law Sub-Committee and Mental Health Law Groups within each Network and provides a forum where complex MCA cases can be discussed. DoLS activity is closely monitored and themes and trends fed-back to Networks.

There is a rolling training programme in place and additional external training has been commissioned to increase awareness and develop competencies. Bespoke MCA training has been delivered across the organisation and to individual service lines/teams to meet need. We have commissioned AFTA thought, a Theatre Company to deliver MCA and Domestic Abuse training events during Q4, in response to a thematic review of DHRs and subsequent action plan.

Impact of training: The Safeguarding Team facilitates a full Mandatory Training Programme (adults and children) the content of which has been reviewed to include updated statistics, evidence and learning from reviews. The Team offers a flexible approach to training including eLearning and face to face training on various subjects from full day events to bite size workshops. Additional internal training has been available to support staff development in relation to Domestic Abuse, Honour Based Violence, Female Genital Mutilation, Multi-Agency Risk Assessment Conference (MARAC), and Child Sexual Exploitation.

Safeguarding training compliance is monitored and reported through to the LCFT Safeguarding Committee and Commissioners on a quarterly basis. Throughout the year compliance rates with Mandatory Training have remained in line with statutory recommendations and have been consistent.

Strong collaborative and extensive multi-agency working relationships continue to strengthen safeguarding direction at local and regional levels, with forum representation from the LCFT's Safeguarding Team. The Team works proactively with all staff and managers of LCFT in the support, identification and appropriate management of vulnerable adults at risk.

5.7.3 Key Challenges:

Following some residential home closures across the county, there has been an increased demand on LCFT Community Health Services. Closure and safeguarding processes have required nursing health needs assessments to be completed on an unprecedented number of residents which has generated referrals to other service lines.

In 2015, LCFT had a full CQC Compliance Inspection across the Trust, Safeguarding and application of the MCA was integral and overlaid across lines of enquiry. This provided a platform to share some of the good safeguarding practice within LCFT.

5.8 National Probation Service (NPS)

5.8.1 Activities undertaken by NPS

2015-16 has been a period of embedding the new organisational structures for the National Probation Service (NPS) and the Community Rehabilitation Companies (CRC) following the implementation of the Government's Transforming Rehabilitation programme. The specific duties of the NPS are:

- To provide advice to Courts and deliver pre-sentence assessments
- Management of all high risk of serious harm offenders
- Management of all offenders sentenced to 12 months or more for a serious sexual or violent offence
- Management of all offenders who are subject to statutory supervision and are registered sex offenders

Public protection is a key priority and thorough and robust safeguarding arrangements are in place. NPS works closely with other agencies and make necessary checks and referrals at pre-sentence stage and throughout our period of contact. In Blackpool, NPS currently supervises around 900 cases, predominantly violent and sexual offenders with a high number of domestic violent offenders.

Safeguarding activity is supported by Multi Agency Public Protection Arrangements (MAPPA) which are in place to manage the risk posed by the most serious sexual and violent offenders. MAPPA's bring together the National Probation Service, Police and Prison Services into the MAPPA Responsible Authority which works with other Duty to Cooperate agencies including Social Services and Youth Offending Teams, to share information and agree a multi-agency plan to manage any identified risks. It is a requirement that agencies meeting under MAPPA consider whether disclosure needs to be made to any individuals or organisations

(e.g. schools, health providers)) to enable them to make decisions to protect themselves and / or their children from the risks posed by a MAPPA offender.

In Blackpool, the NPS prioritises safeguarding through risk management of offenders in the community. There is scope to expand the focus to support better outcomes for the families of prisoners and NPS welcomes the priorities of the Safeguarding Adult Board to focus on young people transitioning from Children's to Adult Services including those in the Criminal Justice System.

The Offender Rehabilitation Act 2014 introduced a period of supervision in the community for offenders sentenced to less than 12 months in custody who previously would have been released unconditionally at the end of their prison sentence. All adult offenders sentenced to more than one day's imprisonment for any offence committed after the Act came into force, are now released on licence to Probation. Many of these will be managed by the CRC but those presenting a high risk of harm are the responsibility of the NPS and will receive our support on release.

A National Probation Service (NPS) Safeguarding Adults policy statement and supporting practice guidance have been developed.

They reflect the provisions of Part 1 of the Care Act 2014 which sets out a statutory framework for the provision of adult social care and for adult safeguarding in England and came into force in April 2015. The policy statement and practice guidance have been developed in consultation with the NPS National Adult Safeguarding Group.

The policy statement focuses on NPS involvement with offenders in the community, either as part of a community sentence or following release from custody. It acknowledges the NPS's responsibility for safeguarding and promoting the welfare of adults at risk as well as the contribution NPS staff can make to the early identification of an offender's care and support needs.

The practice guidance is in two sections. The first gives background information on adult safeguarding and care and support needs to provide context; the second focuses on the identification, assessment and management of offenders within that context. It has been produced to support NPS staff working with offenders in the community who:

- Pose a risk of harm to adults at risk
- Pose a risk of harm to adults at risk in general
- Are adults at risk
- Have care and support needs
- Are carers in need of support

5.8.2 Links to BSAB priorities

The NPS in Blackpool is committed to supporting the BSAB as a statutory partner and contributes to relevant sub groups. The NPS also attends MARAC, Domestic Abuse and Community Safety meetings within the area which contribute to safeguarding. The NPS has a safeguarding adults policy which reiterates there is mandatory adult safeguarding training in place for all practice staff and attendance is monitored. The NPS welcomes closer collaboration with Adult Social Care and other partner agencies in the future.

5.8.3 NPS understands the views of adults

The NPS completes a twice yearly survey to gain offender feedback on the organisation and the services provided to individuals.

5.8.4 Key challenges

- Finding appropriate accommodation for people being released from custody. Accommodation is essential in order to manage and monitor individuals who present a risk to others.
- Transition of children in the CJS with complex needs from children to adult services.
- Accessing services for adults with complex mental and physical health needs on their release from custody.

5.8.5 Priorities for the forthcoming year (2016-17)

Enhancing their practice in Adult Safeguarding is a North West NPS divisional objective for 2016-17. The NPS intends to include examples of effective multi-agency working to safeguard adults and a small number of anonymised case studies showcasing successful work with adults.

5.9 NHS England

NHS England – Lancashire and Greater Manchester since its inception on 1st April 2013 has been responsible for ensuring that health services are safe and that commissioners of services have robust mechanisms for the governance of safeguarding practice within its commissioned services. Similarly, NHS England has a system assurance function where it monitors safeguarding governance in Clinical Commissioning Groups. To gain the system assurance required there is quarterly Clinical Commissioning Group assurance meetings where safeguarding governance is monitored along with other statutory requirements within Clinical Commissioning Groups. There have been a number of safeguarding forums set up in line with NHS England safeguarding priorities and these have provided useful arenas to discuss best practice and national guidance. Over the past 12 months there has been agreement from a pan Lancashire perspective on Safeguarding Standards that are monitored in all contracts with providers. This has ensured that service provision can be benchmarked and service improvement can be supported where required.

Lancashire and Greater Manchester host the regional Prevent coordinator function and there has been considerable work ensuring that health care professionals understand their roles in respect of Prevent and its alignment to safeguarding adults. The NHS England Prevent Coordinator contributes to local groups dedicated to early identification of people vulnerable to radicalisation.

As direct commissioners of services NHS England has worked with Clinical Commissioning Groups (CCGs) and designated professionals to understand the current gaps in capability for adult safeguarding. This has resulted in training monies being dedicated to Mental Capacity Act and DoLS training.

NHS England Lancashire and Greater Manchester host a bi-monthly Quality Surveillance Group where the focus is looking at the intelligence that is available around quality and safety of services across the area. This allows commissioners of services to share information and maintain a strategic overview of issues within the health economy.

The priority for the coming year is to work with partners to improve the resilience of the care home sector. NHS England Lancashire and Greater Manchester will be supporting the development of robust mechanisms for quality assurance on a pan Lancashire footprint to ensure that there is early identification and resolution of care quality issues.

5.9.1 Initiatives undertaken by NHS England

All NHS England (Lancashire) staff completed mandatory Safeguarding Training. All services that have been directly commissioned by NHS England are monitored via normal contract monitoring processes that included their safeguarding responsibilities on both a professional e.g. GPs and a service delivery level.

NHS England regional teams have led on a number of safeguarding awareness events and conferences focusing on development of professional understanding and capability. These have included Mental Capacity Act and DoLS, Court Skills Training, FGM and modern slavery. The events were co-presented with colleagues from the police and third sector agencies and all were attended by NHS staff from CCGs, NHS provider organisations and primary care. Most recently the funding that has been available via NHS England North (Lancashire) has been used to develop an e-book that has been recognised as good practice and was in the final group for the national Patient Safety Awards.

Other resources have been produced for example a handy safeguarding adults guide that has been circulated. NHS England North (Lancashire) runs a Quarterly Safeguarding Forum (QSG) where all local safeguarding issues are discussed and the outcomes of the Forum feeds into the local sub groups of the Board.

5.9.2 Links to BSAB priorities

All the work that NHS England undertakes at national, regional and local level fits with BSAB priorities and links with the Care Act 2014. NHS England does not directly participate in responses to safeguarding alerts. However, NHS England commissions primary care services, health care provision in prisons and other public health services (i.e. screening) which all comply with safeguarding procedures. NHS England Lancashire holds regular network meetings with designate nurses / safeguarding leads from within its 8 CCGs across Lancashire. NHS England monitor and performance manage all reported serious incidents and this includes triangulation into the safeguarding contractual process. NHS England holds professional networks that include, HCAI, Serious Incidents. This assists in the triangulation of all patient safety and potential safeguarding incidents.

5.9.3 Impact of the safeguarding initiatives

The Lancashire QSG that is facilitated by NHS England on a quarterly basis is the mechanism by which NHS England gains assurance of system resilience and improvement.

Over the past 12 months there has been an improvement in the quality of the regulated care home sector in particular where they are commissioned by health and there is improvements following CQC inspections in acute and mental health provision. There is evidence of an increase in the number of DoLS applications made to local authorities. Positive feedback has been received from staff who attended both MCA and Court Skills Training.

5.9.4 NHS England understands the views of adults

NHS England has a range of activities that are taken forward on a national and regional level to understand the views of adults who use health services. Most notable of these is the roll out of the Friends and Family Test. There has been increasing uptake and improvement in performance over the past 12 months in adults' perceptions of services they have received. Similarly there is an improvement in perception of GP services. NHS England also uses complaints to understand where improvements in services need to be made. Quarterly themes and trends data is shared with CCGs and commissioners of directly commissioned services to support broader improvement in the health sector.

The Public Patient Participation team in NHS England have the mandate to use many innovative ways to engage communities and these can be found on the NHS England website.

5.9.5 Key challenges

The complex nature of the health sector including responsibilities around the regulated care sector is challenging when there is a need to safeguard adults and get consistent improvement. Safeguarding adults when there is a disaggregation of health services and much smaller services in the independent sector being commissioned present challenges for a system set up largely to focus on NHS providers.

The contracting and procurement process does not facilitate the safeguarding of adults nor does the complex system that prevails in local authority. Local authority funding challenges are reducing the ability for them to respond to concerns that have been raised and the threshold for action by practitioners is an unintended consequence.

5.9.6 Priorities for the forthcoming year (2016-17)

This year has been be a continued focus on Prevent – the government counter-terrorism strategy; working with partner agencies to ensure that Blackpool has a cohesive approach. There will also be work continuing on improvement in the regulated care sector and ensuring that safeguarding remains at the forefront of colleagues mind during the transformation programmes that are being undertaken.

NHS England North (Lancashire) has funded some project work with Blackpool Teaching Hospitals to look at the impact of modern slavery on health sector and this will report in the coming months. There will be more focused work on embedding MCA/DOLS in the health sector with the funding that NHS England has provided in Blackpool via a dedicated post.

5.10 Blackpool Teaching Hospitals NHS Foundation Trust (BTH)

5.10.1 Activities undertaken by BTH

- Establishment of a safeguarding adult practitioner to advise acute and community health staff.
- A successful pilot of an IDVA role in the hospital.
- Think family focus relaunched across all relevant safeguarding training.
- 868 Staff trained in Prevent
- 4529 Staff trained in MCA and DOLS
- Patient stories explored in KPI (Key Performance Indicator)/ Contract meetings
- Successful pilot in MASH re vulnerable adults PVP's
- Launch of a CASHER pilot. A service of multi-disciplinary health staff ranging from school nurses, CLA nurses, CAMHs and mental health nurses. Who provide assessments for under 25's who are either in ED, Children's or Adult's Ward. Good links forged between Safeguarding and CASHER team.
- Involvement in a MCA media resource initiative from NHSE
- BTH have been involved in 2 DHR's and 1 SAR, outside the Blackpool area.

5.10.2 Links to BSAB priorities

All of the above initiatives are directly linked to BSAB priorities.

5.10.3 Impact of the safeguarding activities

The audit below reflects an idea of the referrals being dealt with daily:

Patient Story (Blackpool)

Young female attended A&E after being assaulted by her partner. She had refused police input. The patient was pregnant and was admitted with abdominal pain. A&E staff completed a MARAC referral

Safeguarding involvement:

IDVA working with the Safeguarding team met with patient whilst in hospital to offer further advice and support. This was presented to MARAC by (Health) Safeguarding Practitioner. Complex needs were identified and midwife was informed.

Patient story (Blackpool)

An elderly female was admitted due to frailty and being generally unwell. She was not known to have any immediate family. The patient expressed concerns that her money is going missing at her care home. She did not want to involve the police and was keen to return home to get to the bottom of the issue.

The patient was initially thought to have capacity although was later found to be experiencing intermittent confusion.

Safeguarding involvement:

Staff were guided through the 'vulnerable adult' procedures and asked to make a referral.

5.10.4 BTH understands the views of adults by:

- Monitoring of compliments
- Complaints and PALS (Patient Advice and Liaison Service)
- Direct feedback
- Monitoring of any trends.
- Shortlisted for national award – Nursing Times Award for Safeguarding work around 'You Don't Seem Yourself'.

5.10.5 Key challenges

Increasing workload and demand with reducing resources across all agencies.

5.10.6 Priorities for the forthcoming year (2016-17)

- Additional MCA audits
- DOLS work shadowing
- Increased IDVA pilot
- The introduction of a modern slavery and human trafficking analyst role
- Anticipated adult intercollegiate guidance

5.11 North West Ambulance Service (NWAS)

North West Ambulance Service NHS Trust is a regional service providing pre-hospital emergency care, Urgent Care and 111 services and Patient Transport Services.

The Trust has a legal duty to protect patients, staff and the public from harm. This includes harm from others as well as avoidable harm to patients. The Clinical Safety and Safeguarding Team have worked hard during the year to identify patients at risk and have focussed the following work streams to ensure patients and the public receive appropriate care and protection when required.

The implementation of the new Care Act 2014 provides a legal framework for the assessment and protection of adults including those at risk with an emphasis on the 'wellbeing' of the patient. This may account in part for the notable rise in safeguarding adult activity over the year which includes concern for the welfare of vulnerable adults requiring assessment. Likewise safeguarding children activity steadily increases across the Trust particularly within the Paramedic Emergency Service but at a slower rate than for adults. A number of high profile national investigations have resulted in an update to safeguarding procedures and training to ensure that adults and children who are at risk or victims of exploitation and radicalisation are also safeguarded.

NWAS Adult Safeguarding

Figure 1 Adult Safeguarding Referrals by area (Blackpool Information is incorporated in Lancashire Data)

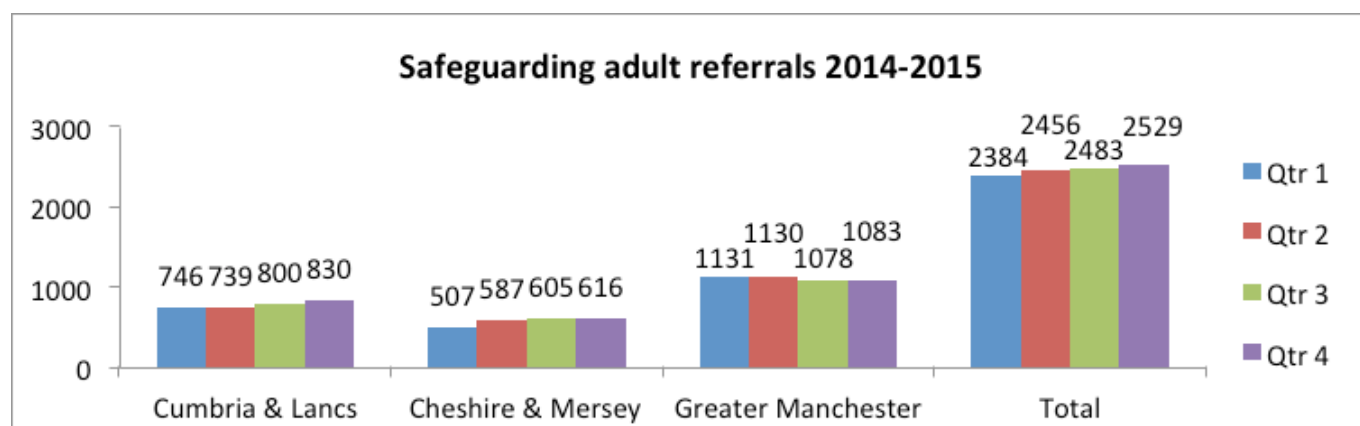


Figure 1 shows the number of safeguarding adult referrals across Q1 to Q4 2014-2015. Referral rates across all sectors continue to increase year on year by as much as approximately 50% in each area. The referrals include adults at risk and adults requiring an assessment. All referral information is shared using the Trust's web-based system (ERISS) to ensure security and ease of access to referral data.

5.11.2 Initiatives undertaken by NWAS

CQC pilot standards

The Trust took part in the CQC's pilot assessments of Ambulance Service NHS Trusts. The result is that a number of standards have been developed for Ambulance Services and good assurance was received in relation to safeguarding arrangements.

Frequent caller Project and vulnerable people

The safeguarding and frequent caller teams are regularly identifying and sharing information to enable a joined up approach to ensure vulnerable people are afforded the assessment and care they require in accordance with their wishes. When appropriate they are protected from harm or abuse and a significant amount of valuable patient data is now shared to ensure the best outcomes for these patients. This also includes sharing concerns in relation to nursing and Care Homes.

Update of the safeguarding Vulnerable Persons Policy and Procedures

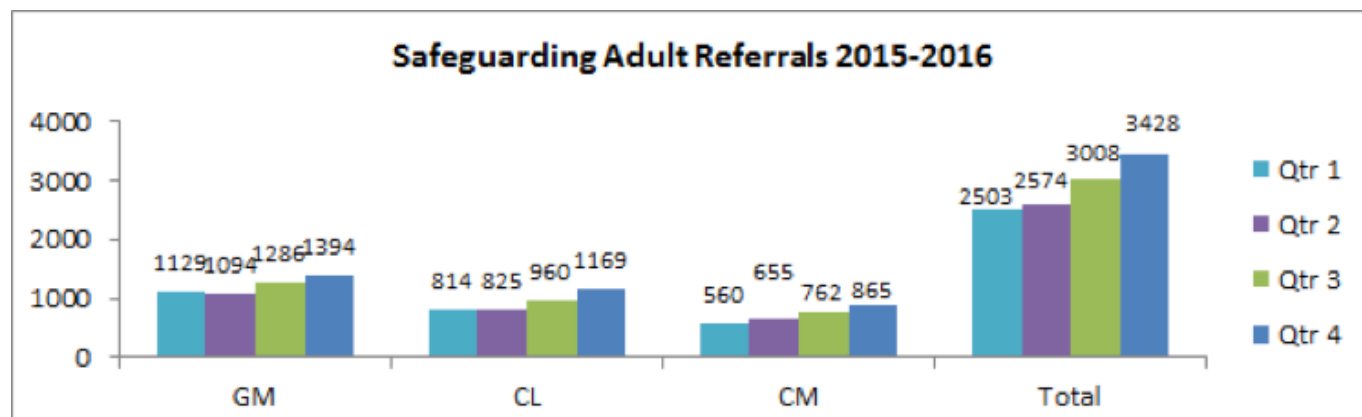
A significant amount of work has been done to update the Policy and associated procedures. These now include the principles of adult safeguarding and pathways are included for victims of Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM) and the radicalisation of vulnerable people (PREVENT).

5.11.3 Links to BSAB priorities

The Trust has a named contact for each of the 46 Safeguarding Boards across the North West. This strengthens working together and information sharing relationships and is reflected in the increased number of Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews. Staff also access multi-agency training and share learning and expertise with their peers.

5.11.4 Key Challenges

Safeguarding activity has increased throughout the year which is reflected in the increase in the numbers of safeguarding concerns raised about adults at risk. The numbers are broken down into geographical area (GM=Greater Manchester, CM= Cheshire and Mersey and CL=Cumbria and Lancashire).



The implementation of the Care Act 2014 with its focus on personal choice and empowerment for patients has resulted in an increase in requests to be involved in Adult Reviews and Strategy Meetings. Senior Clinicians and Managers support staff with engagement in safeguarding processes and regularly represent the Trust at associated meetings.

Each month the NWS safeguarding concerns rejected by Adult and Children's Social Care are scrutinised to understand the themes and either re allocated to the correct service or to the patient's GP. Less than 6% of adult concerns are rejected. The rejections relate predominately to mental ill health for adults and the Trust is working towards developing referral pathways with partners to address the risks.

5.11.5 Impact of the safeguarding activities

Quality Audits

Audits have been introduced to monitor the quality of safeguarding calls made by staff to the Trust Support Centre. This provides additional data relating to safeguarding knowledge and how the process has facilitated information sharing. Early indicators show that referral information is of a high quality and is captured and documented by the Support Centre Advisors accurately. Areas for improvement are highlighted and raised with the staff concerned for their learning.

PREVENT awareness and training

92% of all NWS staff have now received WRAP 3 training which is the 'workshop to raise awareness of PREVENT' and part of the Government's anti-terrorism strategy. Prevent is any terror related activity that takes place in the pre-criminal space. WRAP is included within mandatory training for all staff and compliance with this national requirement has increased during 2015/16. The Trust will be updating its mandatory training relating to Human Trafficking, Modern Slavery and Domestic Abuse in the Next Year. Training in these subjects is currently available within the Trust Learning Zone and is accessible to all staff.

5.11.6 Priorities for the forthcoming year (2016-17)

Safeguarding alerts

The Electronic Information Sharing System (ERISS) is a bespoke web-based system used by the Trust for sharing safeguarding referral information with Children's and Adult Social Care. This system has the functionality to place warning flags to alert the attending crew about child or adult protection issues. The application will be piloted over the forthcoming year. The current position of staff raising alerts with the Trust Safeguarding Team remains in place.

Domestic Abuse

The Trust is continuing to develop processes in relation to Domestic Abuse. Following the success of the pilot last year a referral form for domestic abuse will be developed with provision for enhanced information sharing which links to the national guidance (NICE).

Slavery and Trafficking

The Trust is working with partners to help tackle issues relating to Slavery and Trafficking of children and adults. This work is in the initial scoping phase and any identified actions will be added to the Safeguarding Work Plan for the year and progress monitored.

5.12 Lancashire Fire and Rescue Service (LFRS)

5.12.1 Initiatives undertaken by LFRS

LFRS has moved from a Home Fire Safety Check to a Home Fire Safety Service, in which we aim to provide a service to all members of the community however, we aim to carry out a check only to those who are scored a high to very high. The primacy to this service is fire and the key elements to LFRS checks are related to age (65+), cognitive impairment, mobility and life style. All those scoring below high will receive postal or email information depending on their preface. LFRS within Blackpool delivered 610 HFSC of which 61% of these visits scored high or very high. LFRS continues to develop working partnerships to receive referrals through our call centre and the opportunity to signpost the vulnerable individuals onto the correct support services to help improve their lives. LFRS have joined forces Alzheimer Society to provide Dementia champions and specific roles aimed at supporting older persons.

LFRS work alongside the Police to support those vulnerable individuals who are threatened by the use of fire as a weapon this includes amongst others domestic violence. Arson threat home fire safety checks (ATHFSC) are carried out by Blackpool staff to ensure that individuals are safe within their own dwellings; LFRS have carried out 36 ATHFSCs in Blackpool in 2015/16.

Blackpool Fire Safety Enforcement team working with businesses to ensure the Regulatory Reform (Fire Safety) Order 2005 is complied with. This team have supported the work towards slavery and trafficking in participating in multi-agency inspection of properties that have shown signs of inappropriate activity.

5.12.2 Key challenges

LFRS see the key challenge to the continual success of our Home Fire Safety Checks (HFSC) process is the sharing of vulnerable individuals' data. We accept there are many people who are not engaging with the support services in the community for whichever reason applies, to identify them and engage with then to ensure their safety against fire and where appropriate signpost on to the support agencies.

5.12.3 Prioritising for the forthcoming year (2016-17)

Pan- Lancashire LFRS will continue to develop and improve our data sharing protocols through our 'springboard' project which allows Lancashire County Council (LCC) to share key data, this includes assisted bin collection, single person details and those who have had single contact with support services and then disappeared. The intention is to work on a risk based response to deliver a 'check' only to those who meet our high+ scoring process. This project is also supported by the 'Exeter' data sharing which is linked with a strategic view from the NHS. LFRS have a aspiration to engage with our unitary authorities to gather and apply similar information.

LFRS has a long and successful history of prevention and early intervention. By working in partnership with other organisations, our expertise and experience in prevention can contribute to the wider health and wellbeing agenda. LFRS intends to within the forthcoming year remove the HFSC and replace it with a Health & Wellbeing Check, focusing on 'start safe, live safe and age safe'; this embeds 'Make every contact count' ethos as the fire fighters will look at falls prevention, diabetes, dementia, security, social isolation and winter warmth to support vulnerable individuals in their homes.

LFRS education of staff continues with training on MCA, identifying radicalisation and all staff will become Dementia Friends. Further work has been identified to work to support the Police with missing persons, to increase the footfall on the ground and find the vulnerable individuals in to more timely way.

5.13 Public Health

Public Health leads the work on the Joint Strategic Needs Assessment which informs commissioning decisions of all partners. Public Health commissions evidence based services that reduce vulnerability. Services commissioned include drugs and alcohol prevention and treatment, sexual health prevention and treatment, mental health promotion services and falls prevention services.

Case Study (Horizon)

An Initial referral to the LGB&T (Lesbian Gay Bisexual Transgender) Project) was received in May 2015. A referral was made via the Family Support Worker who was supporting Client X's Sister and family. Client X identifies as a Trans Female (M2F- Male to Female). Client X relocated from another city to Blackpool after the breakdown of relationship(s) due to her gender disclosure. Client X moved in with her Sister, Sister's Partner and their 2 young children.

Client X still receives 1-2-1 support from the LGB&T Support service. Client X is extremely vulnerable and it was disclosed that due to her agoraphobia, hypersensitivity and panic attacks she had not left her old flat in the other city for approximately 2 years. She presented to the LGB&T Development Lead as extremely withdrawn, nervous and unable to make eye contact.

Client X has been working continually with the LGB&T team at Horizon on a weekly basis and progress is positive. Care plans have been adhered to and have always been very much client led. During reviews outcomes have been positive but there is still room for improvement. Client X regularly attends the Trans* focussed support groups available in house. Peer supports from other group members have enabled Client X to build healthy positive relationships and gain knowledge from others in the same situation.

Worker involvement provided the below interventions.

- Changed GP and attended apt to act as advocate
- Provided access to positive peer support,
- Referred to Mental Health CBT (Cognitive Behaviour Therapy). Focussed Counselling through the SPA team
- Referred to GIC (Gender Identity Clinic),
- Referred to In House Counselling Services,
- Accessing additional Trans* focused support groups separate to Horizon Dickson Road
- Accessing Mental Health Services
- Accessing Health & Wellbeing Focused activities with in Blackpool
- Support from Adult Social Care / Safeguarding Adults
- Access to permanent own housing (secured)

A referral was made to Adult Social Care / Safe Guarding Adults as it was felt that a Social Worker would be a positive step forward. Client X, LGB&T Worker and a Social Worker all met at Client X's new flat and a variety of options were discussed. The Social Care team were successful with their bid to fit a Vita Line inside Client X's flat. This would give her immediate access to a support network should she feel it was necessary. The service is extremely beneficial as Client X still struggles to be 'out and about' on her own due to her existing conditions. Client X is due to start another course of higher intensity CBT counselling.

6 ASSESSMENT OF BOARD EFFECTIVENESS AND CHALLENGES FOR THE YEAR AHEAD:

Areas for further development in 2016-17

- Continuing concerns about care standards have led BSAB to focus on the quality of health and social care being commissioned in Blackpool and particularly to include a priority in its business plan looking at this area for 2015-17.
- BSAB will look to increase safeguarding awareness through a re-launched website and targeted campaigns.
- BSAB are reviewing current service user involvement to ensure that service user views are taken into account during any decision making processes.
- BSAB will challenge agencies to ensure areas of hidden harm in Blackpool are being given sufficient priority and that there are adequate systems in place to measure risk around Honour Based Abuse, Forced Marriage, Female Genital Mutilation, Preventing Radicalisation of adults and Modern Slavery.

7 APPENDICES

Appendix 1 – Categories of Abuse covered in the Care Act

The main forms of abuse are:

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

Appendix 2- Care Act updates: March 2016

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

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

**This list is non-exhaustive*

Appendix 3- List of Blackpool Safeguarding Adult Board Partners

Name	Role	Organisation (Alphabetical Order)
Christine Mottley	Chief Executive	Age UK, Blackpool & District
David Sanders	Independent Chair	BSAB
Sarah Rahmat	Business Development Manager	BSAB
Judith Poole	Head of Student Support and Wellbeing	Blackpool and the Fylde College
Michelle Smith and Healthwatch Representative	Chief Executive	Blackpool Carers' Trust / Empowerment
Helen Williams	Chief Nurse	Blackpool Clinical Commissioning Group (CCG)
Cathie Turner	Head of Safeguarding	Blackpool CCG
Marie Williams	GP	Blackpool CCG
John Donnellon	Chief Executive	Blackpool Coastal Housing
Cllr Amy Cross	Cabinet Member	Blackpool Council
Cllr Graham Cain	Cabinet Secretary	Blackpool Council
Kate Aldridge	Manager, Urgent Care and Rapid Response	Blackpool Council
Lynn Gornall	Principal Social Worker / Head of Safeguarding	Blackpool Council
Les Marshall	Head of Adult Social Care	Blackpool Council
Judith Mills	Public Health Specialist	Blackpool Council
Val Raynor	Head of Commissioning	Blackpool Council
Karen Smith	Director of Adult Social Services	Blackpool Council
Marie Thompson	Director of Nursing and Quality	Blackpool Teaching Hospitals NHS Foundation Trust
Louise Fisher	Assistant Chief Executive	Cumbria and Lancashire Community Rehabilitation Company
Sonia Turner	Assistant Director	Cumbria and North West Lancashire National Probation Service
Bridgett Welch	Assistant Director of Nursing Safeguarding Adults	Lancashire Care Foundation Trust
Nicola Evans	Operations Superintendent	Lancashire Constabulary
Phil Jones	Community Protection Manager – Western Division	Lancashire Fire and Rescue Service
Susan Warburton	Director of Nursing and Quality	NHS England
David Rigby / Vivienne Forster	Sector Manager / Safeguarding Practice Manager	North West Ambulance Service

8 GLOSSARY

ASBRAC	Anti Social Behaviour
ASC	Adult Social Care
BMG	Business Management Group
BSAB	Blackpool Safeguarding Adults Board
BSCB	Blackpool Safeguarding Children Board
BTH	Blackpool Teaching Hospitals NHS Foundation Trust
CAMHs	Children Adolescent Mental Health service
CASHER	Child and Adolescent Self Harm Enhanced Response
CCG	Clinical Commissioning Group
CHC	Continuing Health Care
CLA	Child Looked After
CQC	Care Quality Commission
CRC	Community Rehabilitation Company
CSP	Community Safety Partnership
DA	Domestic Abuse
DBS	Disclosure Barring Service
DOLs	Deprivation Of Liberty Safeguards
ED	Emergency Department
ERISS	Electronic Information Sharing System
FGM	Female Genital Mutilation
HFSC	Home Fire Safety Checks
IDVA	Independent Domestic Violence Advocate
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
LADO	Local Authority Designated Officer
LGA	Local Government Association
LGBT	Lesbian Gay Bisexual Transgender
MALR	Multi-Agency Learning Review
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
MFH	Missing From Home
NHSE	NHS England
NICE	National Institute for Clinical Excellence
OPD	Outpatients Departments
PCC	Police and Crime Commissioner
PVP	Police Vulnerable Person (referral)
QAPM	Quality Assurance and Performance Monitoring Group
QSG	Quarterly Safeguarding Forum
SAR	Safeguarding Adult Review
SEND	Special Educational Needs and Disability
WRAP	Workshop to Raise Awareness of Prevent
YOT	Youth Offending Team