



**Annual Report 2016 – 2017**

**and**

**Business Plan 2015 - 2018**



Bath and North East Somerset



## Chair's Foreword



I am delighted to introduce this Annual Report of the Bath and North East Somerset Safeguarding Adults Board (LSAB). This report sets out our perspective on the many risks that are faced by people ill equipped to protect themselves and most importantly what local agencies, both statutory and voluntary are doing to safeguard them. The legal duty of the LSAB is to monitor and coordinate the collective work of these organisations so that safeguarding is more than the sum of its parts.

To that end, I am happy to report yet again that the Board and the members of its various sub groups have worked tirelessly to ensure that policies, procedures and guidance are up to date, that we are sighted on what is going on and that effective outcomes are achieved, that the training of professionals is robust and timely and that whenever there are lessons to learn, we act promptly to learn from them. These activities are complementary to those of other organisations charged with assuring that vulnerable people are properly protected, such as the Care Quality Commission (CQC).

Despite a plethora of safeguards, it remains the case that people continue to be harmed and mistreated or unwittingly harm themselves. What is less clear is how we should interpret the often-confusing data that we are presented with. Our data indicates a rise in the reporting of such incidents. This might mean that people are “playing it safe” by reporting things they are not sure about or possibly suggests that neighbours, family and carers are much more confident about reporting concerns at a relatively early stage. Either way, most of these concerns have been safely resolved quite quickly. Relatively few have reached the criteria for a fuller investigation. The outcomes for those involved are surely all that matters. Overall there is much evidence to support the view that B&NES is still a safe place in which to live and that when a concern arises, our professionals across every agency work tirelessly to help and support people through.

I wish to commend the agencies listed in this report that contribute both funds and people to maintain the work of the Board and in particular I commend members of our sub groups who devote their efforts to delivering and updating the essential infrastructure that facilitates effective safeguarding. Substantial efforts have been made to ensure compliance with the requirements of the Care Act 2014 and I am pleased to report that finally this work is complete. In the light of significant progress and challenges over the past year, we have revised and updated our Business Plan

In writing this introduction to a report that amply demonstrates a high standard of safeguarding activity in B&NES, I am mindful of a very high risk of complacency. There is much that remains out of sight in regards to the risks faced by vulnerable people. For example, many are cared for through their own or their family's private arrangements and the volume of other settings in which vulnerable people are found defy the capacity of organisations such as the CQC to properly monitor what is going on. Whilst this should be a focus for the LSAB and member agencies it has never been more important that we are all prepared to report any concern about the safety or welfare of those who are ill - equipped to protect themselves.

Safeguarding is and always should be everybody's business.

A handwritten signature in black ink, appearing to read 'Reg Pengelly'.

Reg Pengelly, Independent Chair

## Executive Summary

The LSAB has agreed an Executive Summary of the 2016-17 Annual Report. This has been published as a separate document covering the following areas:

- The role of the LSAB
- The Sub-Groups of the LSAB
- LSAB Stakeholder Day
- Outcomes and safeguarding activity
- Making Safeguarding Personal

The Executive summary is available on the LSCB website:

<http://www.safeguarding-bathnes.org.uk/>



<b>Contents</b>	<b>Page</b>
Chair's Foreword.....	3
Executive Summary.....	4
Section 1: Local Context for 2016-17.....	7
Section 2: Background .....	8
Section 3: Overview of the National and Regional Context and Guidance .....	10
Section 4: Governance and Accountability .....	12
Section 5: LSAB Sub Group Achievements and Priorities .....	14
Section 6: Other Relevant Work and Achievements .....	24
Section 7: Analysis of Safeguarding Case Activity 2016-17 .....	33
Section 8: Priorities for 2017 - 18 and Beyond .....	44
Section 9. Lay Members View .....	46
Section 10: Essential Information .....	48

## **Appendices**

Appendix 1: LSAB Members and Attendance 2016 - 17 .....	49
Appendix 2: Members of Local Safeguarding Adults Board Sub Groups .....	51
Appendix 3: Budget 2016 - 17 .....	53
Appendix 4: Safeguarding Assurance Indicators .....	54
Appendix 5: Partner Reports .....	56
Appendix 6: B&NES LSAB / LSCB Joint Working 2016- 2017 .....	89
Appendix 7: LSAB Business Plan outturn 2016 -17 .....	95

<b>Tables</b>	<b>Page</b>
Table 1: Safeguarding concerns by Gender, April 2014 – March 2017 .....	35
Table 2: Safeguarding concerns by Age, April 2016 – March 2017 .....	35
Table 3: Number of Individuals involved in concerns by primary support reason.....	36
Table 4: Percentage of Concluded Enquiries by Abuse Types .....	37
Table 5: Abuse Types April 2015 - March 2017 .....	38
Table 6: Where the Abuse Takes Place 2015 - 2017 .....	39
Table 7: Source of Risk 2015 - 2017 .....	39
Table 8: Percentage of those at Risk Lacking Capacity and Receiving Support .....	40
Table 9: Outcome Following Conclusion of Safeguarding Enquiry.....	41
Table 10: Desired outcomes requested from the individual or their representative and whether these were achieved .....	41
Table 11: Performance in Relation to Multi-Agency Procedural Timescales .....	44

## **Diagrams**

Diagram 1: Number of Safeguarding concerns received by year since 2010/11 .....	34
Diagram 2: Abuse Types .....	38

## Section 1: Local Context for B&NES 2016-17

- 1.1 Bath and North East Somerset (B&NES) is a Unitary Authority with over 184,000 residents. According to the 2015 ONS Mid-Year Population Estimates 16.6% (30,628) of the population are 15 years or under, and that 7% (12,940) are 16 - 19 year olds.
- 1.2 The area has a predominantly White and White British ethnic population, with 95% defining themselves as such. The largest minority ethnic groups in the area are those who define themselves as mixed heritage (2%) and Black (1%). 10% of children under 18 are from BME communities.
- 1.3 Bath is the largest urban settlement in the area, acting as the commercial and recreational centre. It is home to approximately 50% of the population and is one of the few cities in the world to be named a UNESCO World Heritage Site. Keynsham lies to the west of Bath, a traditional market town with a population of almost 9% of the total population of B&NES. Midsomer Norton and Radstock are small historic market towns, located in the south of the area with approximately 6% of the total population split between them. They both have a strong heritage of mining and industry stemming from the North Somerset Coalfield. The rest of the district consists of 69 diverse rural communities of varying sizes and characteristics, including a line of villages along the foothills of the Mendips, the Chew Valley and Cotswolds villages around Bath.
- 1.4 The area has a mix of affluent and deprived areas, with five small areas being in the most deprived 20% nationally according to the 2015 Indices of Deprivation. An estimated 11% of children live in poverty, compared to 18% in the UK. Rates vary significantly within local authority wards, with levels ranging from 2% to 28%.
- 1.5 As at 31<sup>st</sup> March 2017 (snapshot) the number of people receiving long term support was:

18 to 64:	879
65 & over:	1181
- 1.6 The number of people who received long term support during the year 2016/17:

18 to 64:	984
65 & over:	1658



## Section 2: Background

- 2.1 Safeguarding adults has continued to maintain a high profile during this period locally, regionally and nationally, both in terms of Government initiatives and in the media.
- 2.2 This report covers the second year of implementation of the Care Act 2014, the duties outlined in the Act and Chapter 14 (Safeguarding) of the *Care and support statutory guidance* (Department of Health, March 2016 revised from 2014 version).
- 2.3 The Act introduced new statutory duties for adult safeguarding. These include duties on the Local Authority (LA) to:
- make safeguarding enquiries or cause them to be made
  - establish a Safeguarding Adults Board in their area that contains as a minimum representatives from the local authority, Clinical Commissioning Group and the Police.
- 2.4 There are also duties for the Safeguarding Adults Board which includes:
- arranging for Safeguarding Adult Reviews (SARs) to be undertaken
  - the publication of an annual report and strategic plan.

### 2.5 Who do the safeguarding duties apply to?

The term vulnerable adult is no longer used in adult safeguarding, instead LA's are asked to apply their duty to make safeguarding enquiries for an adult who:

- *has needs for care and support (whether or not the local authority is meeting any of those needs) and;*
  - *is experiencing, or at risk of, abuse or neglect; and*
  - *as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.*
- (Care and support statutory guidance 2016, 14.2)

### 2.6 What is abuse?

In addition to the areas which constitute abuse or neglect which were outlined in *No Secrets* (financial, psychological, sexual, physical, discriminatory, neglect or acts of omission, organisational (formerly institutional)); the Guidance (section 14.6) broadens the areas to include modern slavery, domestic violence and self-neglect. LA's are required to consider these areas under their safeguarding responsibilities; whilst radicalisation is not listed in this section it also constitutes abuse when the person fits the criteria outlined in 2.5 and is at risk of radicalisation and the Guidance reminds us that whilst they include a list of areas the LA must not be limited by these.

### 2.7 Where does abuse happen?

Abuse can happen anywhere, in someone's own home, in a public place, in a care home, in community care or in a hospital. Abusers or 'perpetrators' are often already known by the adult at risk. The person responsible for abuse can be a paid worker, another service user, a family member, a friend, a group or a stranger. An organisation can also be responsible.

## 2.8 What does Safeguarding mean?

*Adult safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. (Care and support statutory guidance 2016, 14.7)*

## 2.9 Six Key Principles of Adult Safeguarding

The Guidance describes six key principles of safeguarding. These principles are supported by "I" statements that describe how this principle should be experienced by the adult being supported by safeguarding.

**Empowerment** - People being supported and encouraged to make their own decisions and informed consent.

*I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.*

**Prevention** - It is better to take action before harm occurs.

*I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.*

**Proportionality** - The least intrusive response appropriate to the risk presented.

*I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.*

**Protection** - Support and representation for those in greatest need.

*I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.*

**Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

*I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.*

**Accountability** - Accountability and transparency in delivering safeguarding.

*I understand the role of everyone involved in my life and so do they.*

## Section 3: Overview of the National and Regional Context and Guidance

3.1 The **Care Act 2014** was implemented from the 1<sup>st</sup> April 2015 and B&NES have had new arrangements in place since then to ensure compliance.

3.2 The Care and support statutory guidance which supports agencies to implement the Act was amended in March 2016 and the following amendments we made in relation to chapter 14 on safeguarding:

- Directed the reader to the SCIE research into self-neglect published in 2014 best practice with those who self-neglect. Clarified that enquiries under Section 42 of the Act are not ordinarily appropriate for people who have failing to care for themselves – Section 42 is aimed at those suffering abuse or neglect from a third party
- Provided a new definition on domestic violence to reflect new legislation (see 14.20 - 23)
- Provided additional information about financial abuse to reflect increases in internet, postal and doorstep scams (14.28)
- The section on reporting and responding to abuse and neglect has been updated to highlight the need for practitioners to consider the need for criminal investigations and get advice if necessary (14.41) and clarifies the powers that local authorities have with regard to choosing ‘...to undertake a safeguarding enquiry for people where there is not a section 42 enquiry duty, if the local authority believes it is proportionate to do so...’ (14.44)
- Links the definition and requirement to take account of the person’s wellbeing (as per Chapter 1 of the guidance). Stating that ‘...it is made clear that protection from abuse and neglect is a fundamental part of that.’ when considering a person’s wellbeing. (14.62)
- Seeks to clarify that allegations about people in positions of trust is the local authorities and other partners responsibility, as well as the independent provider sector and links made to children safeguarding and consideration of risk (14.121 – 132)
- Removed the need to have a Designated Adult Safeguarding Manager
- Emphasises the role of professional and practice leadership in adult safeguarding and the role of the Principal Social Worker (14.205 – 207)
- Clarifies 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

3.3 B&NES LSAB Policies and Procedures comply with the above amendments with the exception of the position regarding people in a position of trust and further clarification is being sought on this at a national level before a local policy is developed. This has been discussed with the Region and Boards are taking a varied approach about how to record incidents involving a person in a position of trust.

3.4 Statutory guidance was released by the Department of Health, Department of Education and Home Office in April 2016 on female genital mutilation. The new *Multi-agency statutory guidance on female genital mutilation* replaces that of 2014.

- 3.5 The Home Office published guidance on how to report modern slavery (December 2016) this is specifically directed at people who may be identified as victims and describes the National Referral Mechanism scheme and sets out that potential victims are entitled to a minimum recovery and reflection period of 45 days. The National referral mechanism pilots: multi-agency disciplinary panel guidance first published in 2015 was updated in June 2016. B&NES are not a pilot site. The Home Office also produced promotional posters and factsheets to explain the meaning of the duty to notify in October 2016 and circulated information on maritime enforcement powers.
- 3.6 A number of documents have been produced during the year to help agencies support safeguard adults a few are listed below:
- Adult safeguarding and domestic abuse: a guide to support practitioners and managers – 2<sup>nd</sup> edition published January 2017 by the Local Government Association.
  - Out of Area Safeguarding Adult Arrangements guidance published by ADASS in June 2016
  - The Law Commission in March 2017 published its proposal for the reform of the Deprivation of Liberty Safeguards the Government have yet to put in place a Bill which takes account of the recommendations which would mean a radical change to the current arrangements.
- 3.7 Finally of significance is the Making Safeguarding Personal (MSP) Temperature Check which was released in July 2016 by ADASS. The report found that the majority of local authorities have completed the first steps of introducing MSP. Most are moving into embedding service user *'focused work into their practice and culture at various points of that journey.'*

*MSP is proving to be a natural partner of personalisation of services and in some areas MSP has made a home within the 'golden thread' of a user-focused approach. Social workers appear to have embraced MSP and see it as a refreshing change to care management methods and a return to social work core values... Evidence showed efforts to create a big turnaround from 'doing to' people to 'doing with' them. Most local authorities had rewritten their procedures to promote a user-focused approach and many had prioritised good outcomes over and above the time it took to reach them - there was evidence of a retreat from fixed time targets to complete interventions. People needing safeguarding were reported to feel more in control and listened to. There were reports of a big decline in meetings of professionals which had been replaced with individual meetings with the individuals concerned, often in their own homes.'* (page 5)

Most local authorities whilst employing MSP report to continue the use of a risk assessment / threshold tool *'to ensure that the urgent and complex cases were seen quickly'* and that service users were safe. The next phase is for all partner organisations to be involved beyond simple acceptance of it.

## Section 4: Governance and Accountability

- 4.1 B&NES LSAB is a statutory body established under the Care Act 2014. It is independently chaired and consists of senior representatives of all the principal stakeholders working together to safeguard adults with care and support needs across the area. The Terms of Reference are available on the LSAB website:

[LSAB TOR](#) February 2017

The membership for the LSAB and sub-groups during 2016 - 17 is set out in Appendix 2.

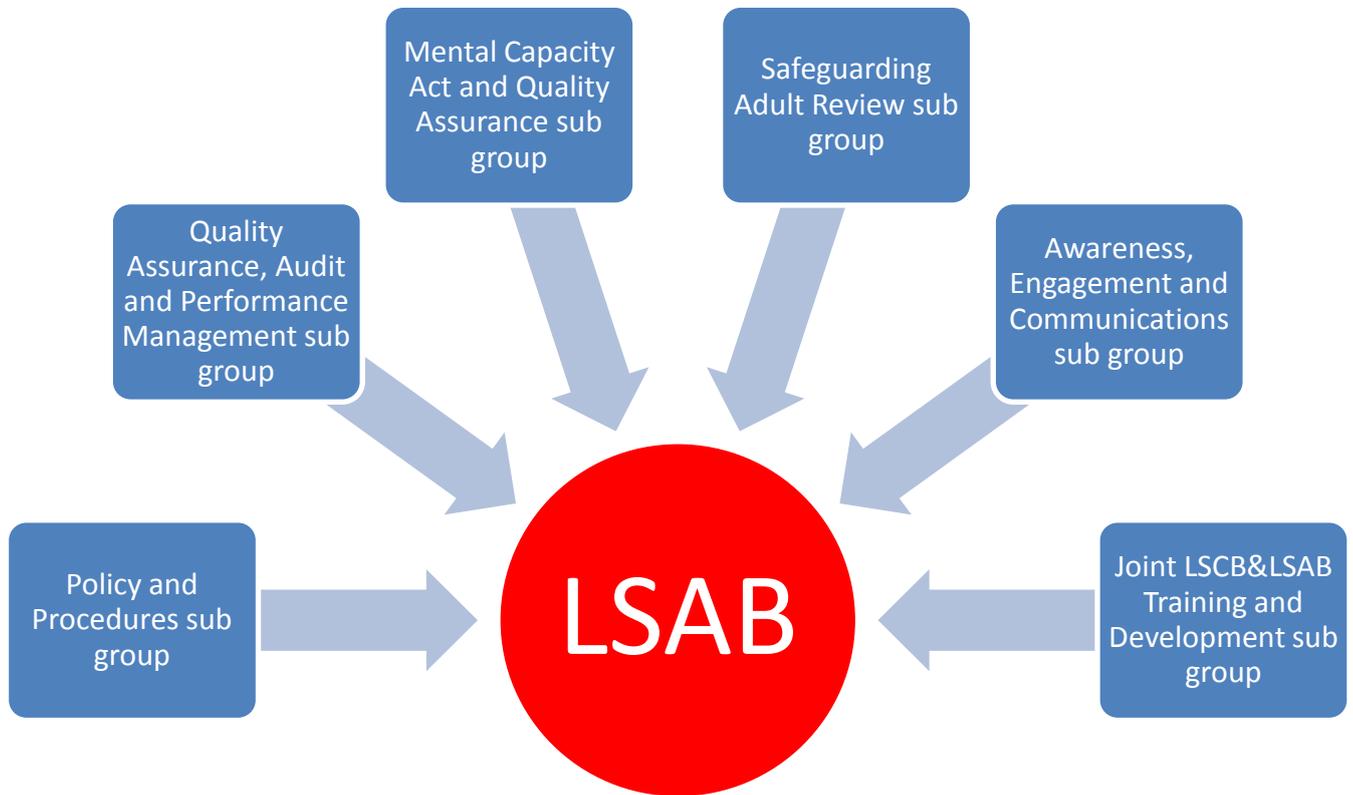
- 4.2 B&NES Council is responsible for establishing the LSAB. The accountability of the LSAB and performance of the Independent Chair is delivered via a two stage process. The Annual Report is considered by a Scrutiny Panel made up of Chief Executives of member agencies and including the lead Local Authority Member for Adult Social Care and Health. This Panel convenes soon after publication of the Annual Report and will present challenges to the Chair regarding the effectiveness of the LSAB. In stage two, B&NES coordinates a 360 degree appraisal of the performance of the Independent Chair. Contributors to this process include all representative members of the LSAB. The appraisal includes a commentary from the Chair of the Scrutiny Panel at Stage 1. The process is completed at a meeting between the Independent Chair and LA Chief Executive at which performance and development goals are set for the following 12 months.
- 4.3 The Board's statutory objectives as set out in the Care Act 2014 are noted in section 2 and 3 above, its operational functions are specified under Schedule 2 of the Care Act 2014; these are included within the Terms of Reference.
- 4.4 The Board is committed to ensuring the following principles are practiced:
- Safeguarding is everybody's business and the Board will work together to prevent and minimise abuse as doing nothing is not an option
  - Everyone has the right to live their life free from violence, fear and abuse
  - All adults have the right to be protected from harm and exploitation
  - All adults have the right to independence that involves a degree of risk

### 4.5 Functions of the Board

The Board has responsibility for:

- Developing and monitoring the effectiveness and quality of safeguarding practice
- Involving service users and carers in the development of safeguarding arrangements
- Communicating to all stakeholders that safeguarding is 'everybody's business'
- Providing strategic leadership

- 4.6 The LSAB structure is set out below and the work of the sub-groups is explained further in Section 5 of the report.



- 4.7 The LSAB have not undertaken any SARs during the period; one referral was received but did not meet the SAR criteria.
- 4.8 During the period covered by this report, the LSAB has successfully recruited two Lay Members. Lay Members give a unique, independent and valuable perspective on safeguarding adults with care and support needs. Their work can positively influence the decisions of the Board. So far the Lay Members have given the Board some very effective challenge and are actively engaged in the work of two sub groups and are keen to be involved in more.
- 4.9 The LSAB budget is monitored throughout the year and presented in the Annual Report in Appendix 3. The Board has developed a Memorandum of Understanding which it is hoped will be approved in June 2017 and this includes reference to the contributions made by partner agencies both financially and in kind to ensure that the budget as well as participation and engagement are right for the needs of the LSAB.
- 4.10 In 2016-17, the LSAB has reviewed the Risk Register, identifying risks for the LSAB, and finalised a Board Assurance Framework.
- 4.11 Escalation Policy for Resolving Professional Disagreement
- Occasionally situations arise when practitioners/workers in one agency feel that the decision made by a worker from another agency on a child protection or child in need case is not a safe decision. During 2016-17 there have been no recorded occasions when the LSAB Escalation Policy has been formally used.

The LSAB will continue in 2017-18 to remind agencies of the need to use the Escalation Policy and Proforma to register escalation concerns regarding decisions made by other practitioners.

### **Escalation Policy**

- [LSAB Escalation policy](#) (2016)
- [Escalation Report Proforma](#)

In 2016-17 the LSAB developed a Dispute Resolution policy for use between Local Safeguarding Children/Adult Board Partners, Sub Group Members and With Other Boards, there is no record of this being used in 2016-17.

### **Dispute Resolution**

- [LSCB & LSAB Dispute Resolution Policy](#)

## **Section 5: LSAB Sub Group Achievements and Priorities**

The LSAB has six sub groups as set out in section 4.6 above. The Terms of Reference for each of the sub-groups is available on the LSAB web page:

<http://www.safeguarding-bathnes.org.uk/>

Each sub group reports progress on the Board's Business Plan on a quarterly basis to the LSAB via the Business Plan and contributes to the Chairs' Business Management Group quarterly meeting. Each sub group has a duty to challenge practice within the partnership where it identifies issues of concern.

### **Awareness, Engagement & Communications sub group (AEC)**

The Awareness, Engagement and Communications sub-group's purpose is to:

- To ensure that initiatives commissioned by the Board in relation to service user engagement, involvement and feedback are developed, implemented and evaluated on a regular basis
- To develop and disseminate a range of accessible information in a variety of formats to raise awareness about adult safeguarding, targeting citizens, professionals, service users and carers.
- To develop and oversee engagement, involvement and feedback with/ from carers on behalf of the Board
- To ensure that the LSAB partners and sub-groups are aware of the needs to promote awareness and that opportunities are taken to support the prevention of abuse.

#### **Key achievements for 2016-17**

- Successfully supporting the recruitment of two new lay members for the Board
- Running a successful awareness campaign involving all key partners of the Board for Stop Adult Abuse Week
- Collating, editing and sending out widely two joint adult and children's safeguarding board newsletters.
- Providing communications materials for partners of the board, local organisation and people and updating in line with the Care Act.
- Co-ordinating the design of a new joint LSAB and LSCB website
- Having articles with safeguarding messages in Council Connect which is delivered to every household in B&NES

- Service User engagement has been developed and progressed through Making Safeguarding Personal
- Improved the logo based on service user feedback

**Outcomes – What difference have achievements made?**

- Improved scrutiny of the Board through lay member involvement.
- Stop Adult Abuse week successfully increased awareness with professionals by running a quiz with a prize draw at the June Board meeting. Social media increased the public engagement with the Police leading on key messages using #stopadultabuseweek. The police collated the results of the daily messages that were sent to the police’s 83.9K twitter and 57.2k Facebook followers. Facebook post on 14 June reached 1,777 people.

Twitter:

Date	Impressions	Total engagements
17 June	9958	75
16 June (SSAB film)	5821	223
15 June	6197	78
#WEAAD2016	6124	48
14 June	5843	59
13 June	7266	87

- Newsletters provide staff in B&NES with up to date information on safeguarding and the LSAB
- Fact Sheets designed to enable organisations to provide service users and carers with information about safeguarding
- Sending communications through media that goes to every house encourages the public that safeguarding is everybody’s business twice a year.
- Making Safeguarding Personal has improved the process of service users’ and carers’ safety being at the centre of the safeguarding process

**Challenges faced in delivering the agenda**

- The launch of the website has been delayed due to competing priorities within the Council who have provided the IT team to set up the website.

**Priorities for 2017-18**

- Join with the Children’s Communications Sub Group and develop strong Think Family communications and awareness across the two boards
- Co-ordinate messages with the old Avon area by each area leading on a day during Stop Adult Abuse Week and providing key messages and resources in a pack for partners to engage in Stop Adult Abuse Week
- Update Easy Read literature
- Launch the new website
- Develop lay members to their full potential in their involvement with the work of the Board.

## **Mental Capacity Act & Quality Assurance sub group (MCA&QA)**

The MCA/DoLS Quality & Practice Sub Group is a multi-agency group that works to strengthen the partnerships inter agency relationships to support implementation of the MCA including the Safeguards in addition to providing assurances around governance and quality, sharing practice and improving DoLS compliance. As part of this work the group has shared best practice and tools that are used to ensure that health and social care provider agencies across B&NES fully apply the Mental Capacity Act 2005 (including the Deprivation of Liberty Safeguards).

The sub-group supports the aim to embed rights and responsibilities of the MCA in mainstream work. The key message is that the MCA applies to everyone who works with and/or cares for an adult who may lack capacity to make specific decisions. Each member organisation of the Board promotes awareness and good practice under the MCA within their services, training and through commissioned services.

The sub-group meets quarterly and reports regularly to the Board.

### **Key achievements for 2016-17**

- The MCA Group has continued to ensure that agencies are aware of developments in MCA case law, policy and practice.
- The group has received positive feedback from all the agencies involved which have been able to revise their practice, drawing on the experience and tools that other agencies use.
- MCA staff training across B&NES has been re-visited and updated.
- Reviewed Acute Trusts MCA and DoLS internal MCA and DoLS training, policies and procedures.
- Monitoring of the DoLS back log and associated actions.
- The Local Authority's Safeguarding Service and Commissioning Team and the CCG work closely together when there are allegations about health care provision and with providers where there are concerns around delivery of care.
- The Group's Terms of Reference have been reviewed & updated.
- Events / training have been delivered throughout the year in reference to MCA and DoLS.
- The group has reviewed the process of how providers notify CQC when they apply for authorisation to deprive someone of their liberty.

### **Outcomes – What difference have achievements made?**

- Supported multi-agency understanding across B&NES, which has led to a more coordinated response and hence maximised our resources.
- Monitored the use of advocacy services and fed findings back to the Commissioner.

### **Challenges faced in delivering the agenda**

- Risk of losing focus of the wider Mental Capacity Act when there is so much attention on the Deprivation of Liberty Safeguards (both the scheme and for those in community settings).
- Turnover of staff from some partners who routinely attend to support the work programme of the group.

### **Priorities for 2017-18**

- Continue to regularly review and update multi-agency policies with regard to MCA.
- Continue to regularly seek assurance from partners on the implementation of MCA and gather findings.
- Request that each represented agency undertake an MCA audit and share their findings with the group.
- To look at monitoring the use of advocates in the safeguarding process.

- Provide progress reports/feedback on delivery of DoLS and community DoLS work (to jointly include health commissioned packages).
- Review the process of how providers notify CQC when they apply for authorisation to deprive someone of their liberty.
- Safeguarding training is on-going across the Local Authority and the CCG. This is delivered using different models - face to face, e learning, supervision and in practice forums.
- Work to ensure that performance analysis that serves to inform safeguarding work going forward, identify trends and areas of concern that will serve to generate multiagency discussions.

## Policy and Procedures sub-group

Ensure that multi-agency policy and procedures commissioned by the Board are developed and reviewed on a regular basis.

Ensure that all multi-agency policies and procedures promote confidentiality, dignity and effective access to safeguarding for all communities in B&NES.

### Key achievements for 2016-17

- All LSAB Multi agency policies are now Care Act compliant (revised MA Procedures, Information Sharing, Self-Neglect Protocol)
- Developed Joint Policies with LSCB - Dispute Resolution, MCA Act Policy Statement and Female Genital Mutilation Multi-agency Guidance
- Developed LSAB Escalation Policy.
- All Terms of Reference updated for LSAB and sub groups

### Outcomes – What difference have achievements made?

Ensure all multi agency policies are up to date and shared with all LSAB members and provided of services to adults with care and support needs.

### Challenges in Delivering the Agenda

- Capacity of members to complete the work to timescale in addition to the delivery of their own substantive roles
- Ensuring that LSAB policies are fully disseminated and link to Provider's own policies.

### Priorities for 2017-18

- Update all relevant MA Policies with change from Sirona care and health to Virgin Care.
- Complete work developing a multi-agency Prevention Strategy.
- Work with other regional LSABs to update the 2015 MA Safeguarding Procedure.
- Devise a policy on Adult Exploitation.
- Develop Managing Allegations Framework across A&SC police area for staff/volunteers in a position of trust.
- Use the detailed review sheet of all multi-agency policy and procedures and all LSAB and sub group Terms of References to ensure that all are updated in the agreed three yearly cycle unless legislative or practice changes mean this needs to happen sooner.
- Consider closing the sub group and setting up short task and finish groups going forward should a new multi- agency policy need to be written.

## Quality Assurance, Audit & Performance Management sub-group (QAAPM)

The group is responsible for identifying learning from the experiences of safeguarding adults at risk both locally and nationally and for ensuring that the lessons are used to inform and improve the practice of safeguarding adults.

The group is also responsible for developing robust mechanisms which assure the LSAB that good practice to safeguarding adults is delivered and there is consistency across partner agencies.

### Key Achievements 2016-17

- The group either progressed or completed the actions identified in the Business Plan for the group for 2016-17
- Delivered the new Quality Assurance Framework and in addition to the regular assurance reports (repeat referrals and case file audits) received on behalf of the LSAB a new mystery shopping report; oversaw and reported the findings of the safeguarding bi-annual self-assessment; reviewed the audit findings into the information shared at the point of raising a safeguarding concern
- The group also received for the first time partner performance reports from the Police and CCG however the multi-agency dashboard remains in progress
- The group implemented the new multi-agency audits arrangements and audited self-neglect and domestic abuse cases
- It undertook bespoke piece of work on domestic abuse following review of the national mandatory safeguarding adult annual collection and sought assurance on the use of advocacy in safeguarding

### Outcomes – What difference have achievements made?

- Further work has been undertaken to ensure cases of domestic abuse are appropriately supported; the new police data has enabled the numerical triangulation of cases
- The group have challenged agencies to ensure advocacy services are appropriately accessed
- The group has identified and recommended improvements to practice.

### Challenges faced in delivering the Agenda

- The implementation of the new Liquid Logic client record system in year has meant that the usual dashboard information from the Council have not been unavailable for the second half of the year. This has meant the LSAB has not had the level of information it requires only minimum headline data
- Although the Multi-agency Safeguarding Hub (MASH) was launched not all partners have been able to support it in the way it was originally scoped. The group have received reports on MASH progress and this has been a challenge for partners

### Priorities for 2017-18

- Develop a Multi-agency dashboard
- Seek further assurance service users being safeguarding in out of areas placements
- Undertake audits in accordance with the audit schedule
- Deliver the Board Assurance Framework including reviewing the indicators for 2017-18
- Implement learning from 2016 LSAB and providers self-assessment audit
- To have clear guidance and sign up of partner responsibilities and expectations

within the LSAB.

- Receive the feedback after safeguarding experiences from service user discussions and provide annual report to LSAB
- Receive the annual practitioner survey and provide results to the Board in an annual report
- Assurance from LSAB partners of their compliance with information governance when sharing information securely

## **Safeguarding Adults Review (SAR) Sub Group**

**The Safeguarding Adults Review Sub Group is a sub group of B&NES Local Safeguarding Adults Board. The Group's main purpose is to enable the LSAB to undertake reviews of cases that require lessons to be learned, including statutory Safeguarding Adults Reviews (SAR's) as detailed in the Care Act 2014. The group also provides a mechanism for the LSAB to deliver reviews of cases that do not meet the threshold for a statutory review but do meet the criteria for a review under the Boards Safeguarding Adults Review Policy. The group was approved in December 2015 by the LSAB and started in early 2016.**

### **Key achievements for 2016-17**

- Professional awareness of SARs is good and referrals to the SAR Subgroup are being appropriately made.
- The SAR sub group has commissioned a SAR on the grounds of self-neglect and is also working jointly with the Responsible Authorities Group for a DHR / SAR review.
- Resources have been identified to cover the cost of SARs commissioned to date.

### **Outcomes – What difference have achievements made?**

- Practitioners are aware of the SAR policy and process, and making appropriate referrals, which means that lessons can be learned by agencies to improve future practice.
- Professionals within the SAR Subgroup / LSAB are working together, with appropriate challenge and debate, to consider local and national learning from SARs to improve practice in B&NES.

### **Challenges in delivering the Agenda**

- Agency capacity for SARs and the Subgroup review process, possible resource implications for independent chairs etc.
- Assurance that all appropriate SAR referrals are made.

### **Priorities for 2017-18**

- To ensure timely and effective completion of commissioned SARs and prompt dissemination / implementation of lessons learned
- To scope a review / evaluation / assurance process for monitoring implementation of lessons learned
- To ensure timely and robust consideration of any cases referred as a possible SAR.
- To stay abreast of good practice and lessons learned nationally and lead on the sharing of these lessons in agencies working in B&NES.
- To support the monitoring of the implementation of lessons learned.

## Training & Development Sub Group (T&D)

To maintain an overview of Safeguarding Adults training and development across B&NES and to ensure that high quality training is promoted across all of the organisations which work with adults at risk.

From April 2016, the group worked in partnership with LSCB colleagues to share training information and to work on developing a joint programme of training.

### Key achievements for 2016 - 17

#### Strategic Developments

a) The joint working pilot to merge the Local Safeguarding Children Board (LSCB) training group with the adult's, has been extended for a further 12 months. This decision was made in recognition of some of the practical issues that have occurred following the merging of the groups. Challenges have been experienced with changes of chair and group membership and as such developmental work has not been progressed at the pace initially anticipated. Consequently undertaking an evaluation of the pilot at this stage would not have given an accurate reflection of the success or otherwise of this venture.

Whilst developmental projects of the sub group have been delayed, joint learning opportunities have been created on the training programme. For example a joint stakeholders event focusing on the issues of Domestic Abuse was held, training on the topics of: Human Trafficking and Modern Slavery, Applied Suicide Intervention Skills, Prevent workshops and Prevent assessment training has been made available to both workforces and a session on Child Protection has been included in the Adults Level 3 Safeguarding course. These initiatives have helped to improve cooperation and understanding between the services and promote the 'Think Family' Agenda.

b) The sub group is responsible for overseeing the rigorous evaluation of training, to ensure that it meets the LSCB's statutory duties and responds to national and local issues.

The evaluation format used on LSCB courses is about to be trialed on LSAB Safeguarding courses, to enable a consistency of approach to be adopted across the two workforces.

### Challenges faced in delivering the Agenda

a) As mentioned above, challenges have been experienced in the merging of the LSCB and LSAB sub group, with issues of representation and continuity of attendance being faced. The additional work pressures experienced by all agencies have also impacted on members' capacity to undertake sections of work forward on behalf of the group.

b) The additional demands experienced by agencies has also led to some challenges being experienced with the delivery of training with reliance taking place on a very committed but very small pool of trainers. This issue may become increasingly problematic with many of the experienced trainers who deliver the programme retiring, changing role or no longer working for a B&NES partner agency.

c) Practical challenges have also been experienced with the limited availability of affordable venues for courses with some venues already fully booked into mid-2018.

### Priorities for the joint sub-group for 2017-18

a) To develop an annual training and development work plan, this incorporates both actions allocated to the subgroup in the LSCB and LSAB Business Plans and development work agreed by the group.

b) To develop the 'think family' agenda, through a programme of course delivery, this includes integration of both adult and children's services in both course delivery and delegate attendance.

- c) To develop a Training Evaluation and Impact Framework for 2018-19.
- d) To develop the quality assurance of single agency training & provide train the trainer training and support.
- e) To develop communication within LSAB and sub groups to ensure that training programme is informed by workforce issues and needs analysis.
- f) To further embed the longer term evaluation on the impact of training on practice, and utilise learning to develop course material.
- g) To Launch and embed the online assessment to evaluate competency of Safeguarding Leads, and evaluate its effectiveness
- h) To explore a wider method of delivery for safeguarding training including, online learning, workshops, masterclasses, reading and fully taught sessions. To increase the accessibility of the courses to a range of different professionals needs.
- i) Look at opportunities to increase availability of interagency and specialist training by ensuring the provision of training is cost effective for LSAB

## Making Safeguarding Personal Task and Finish Group

### Overview of the Group's Function

- Making Safeguarding Personal developed from a sector led initiative supported by the Local Government Association (LGA) and ADASS. It arose in response to findings from peer challenges, consultation and engagement, which identified the need to develop an outcomes focus to safeguarding work. Making Safeguarding Personal is about engaging with people throughout their safeguarding contact to confirm the outcomes they want to achieve and at the end of the safeguarding episode checking if these outcomes were achieved.
- The approach requires everyone working in safeguarding to focus on the outcomes the individual wants to achieve rather than those the professionals believe is appropriate. It's about a change of mind-set, a willingness (sometimes) to take greater risks and about developing a culture of listening carefully to the service user and letting them, where possible, lead the way.
- The Care Act 2014 provides a further commitment to the tenants of Making Safeguarding Personal with the Guidance to the Act repeating the need to “engage the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.”

### Key Achievements for 16-17

- Publication of information “leaflets” on the safeguarding process for individuals
- Publication of information “leaflets” on the safeguarding process for carers/family members
- Agreed process and format for face to face conversations with people, that have been supported through the safeguarding process, in order to ensure that feedback is obtained in a timely way.
- Introduction of new questions on the Threshold Tool and Safeguarding Minutes requesting the views of the person and the outcomes they want to achieve. Whenever possible these views are captured in the words of the person.
- Implementation from September 2016 onwards of new enquiry reporting requirements (as part of the LSAB revised safeguarding procedures) which emphasises the need to obtain the views and wishes of the person throughout the enquiry process.

- Training provided to a range of organisations (statutory, private and voluntary) on the new LSAB procedures with a focus on the safeguarding co-ordination role and expectations of enquiry reports.
- An adjustment in the Board's timescales to allow more time for discussion with the individual when a safeguarding concern is raised.
- Completion of a practitioner survey
- Agreement from the Board in March 2017 that the MSP Task and Finish Sub group should end – acknowledging that MSP is not a stand-alone issue but a fundamental element of the work of each sub group as well as the Board.

### **Outcomes**

- Increased participation of people throughout the safeguarding process.
- View of the individual regarding the outcomes they want to achieve recorded at the start and end of the safeguarding process.
- The voice of the service user captured in the safeguarding notes of meetings.
- Level of referrals for advocacy, for both Safeguarding and Care Act advocacy support to be monitored through the Mental Capacity Act sub group.
- Communication Sub group to:
  - ❖ Provide a yearly written report is provided to the Board detailing the feedback from the service user discussions.
  - ❖ Undertake a yearly practitioner survey and support/monitor the implementation of any learning.

### **Challenges faced in delivering the agenda**

- Balancing community concerns regarding an individual with their right to make decisions which others consider unwise.
- Embedding a process that obtained timely feedback from people and supported them to share their views, within the current resources available.
- Supporting families/friends to understand the difference between supporting the person and articulating their own views or wishes.
- Ensuring that the additional time provided in the procedures is used only to obtain the views of the person.

### **Priorities 2017-18**

As the group has now ceased there are no priorities to report for the group moving into 17/18. As the Chair of the sub group I would like to thank the members of the group and their organisations for the level of commitment offered to this area of work. I am confident that MSP will continue to be a golden thread running through all of the future work undertaken by the LSAB and its sub groups.

## **Female Genital Mutilation (FGM) Task and Finish Group**

The FGM group was established in January 2016. The focus of the group is to provide LSCB and LSAB assurance that the workforce and community are aware of FGM and what to do if FGM is disclosed, identified or if there is concern a child or adult could be at risk of FGM. Membership consists of representatives from the Local Authority, Health Providers, Education, BaNES CCG, Curo and Public Health.

### **Scope of the group:**

- Awareness raising for children, parents and the community
- Ensure skilled and competent workforce, and understand mandatory reporting requirements / pathways

- Robust needs analysis of local population at risk
- Developed performance and reporting mechanisms to provide assurance

# Female Genital Mutilation(FGM)



FGM causes serious health and emotional consequences that last a lifetime.

**It is also illegal in the UK.**

**For advice, support or to report FGM, please call: Children's Social Care on 01225 396312 or 01225 396313 or B&NES Community Services on 01225 396000**

If you would like this information in another local community language or a different format, please ring 01225 396350



Thanks to Oxford Against Cutting for allowing us to use the image of the young woman.

## Achievements

- FGM Multi-agency guidance developed.
- B&NES Council passed Motion against FGM which includes Zero Tolerance to the act.
- FGM Connect TV advert produced, screened in B&NES local authority areas.
- FGM poster for general public produced and distributed, poster includes detail of how to obtain copies of poster in different languages.
- FGM leaflet for professionals and public, agreed leaflet to be made available in different languages.
- FGM awareness level training requirements included in LSCB/LSAB quality assurance framework.
- FGM awareness level training package developed, training package approved at LSCB/LSAB Training and Development subgroup.
- Promoted FGM International FGM Day of Zero Tolerance on 6th February 2017.
- FGM mandatory reporting requirements incorporated into relevant agencies Contract.
- FGM Survey Monkey audit tool developed, aim to gain assurance that the work of the task and finish group has raised awareness of FGM in children's and adults services.

## Priorities

- Ensure FGM Survey Monkey audit completed and audit report presented to LSCB/LSAB

- Ensure FGM leaflet for professionals and public, is made available in different languages.
- Ensure FGM awareness level training package is available to agencies via LSCB/LSAB website and that agencies incorporate material in single agency and LSCB/LSAB training packages.
- Ensure 80% compliance for FGM awareness level trainings is achieved.

## Section 6: Other Relevant Work and Achievements

**6.1 Board Development:** the LSAB holds one or two Business Development sessions every year. The purpose of these half-day events is to explore the mechanisms by which the Board undertakes its business and to identify improvements to our effectiveness.

As the Board had already held one Development session in March 2016 to focus on agreeing the new safeguarding procedural timescales as part of the revision of the Multi-agency procedures to go live from September 2016; agreeing the safeguarding assurance indicators for 2016-17 for all Board members to report on annually; and agreeing a new Board Assurance Framework, to ensure effective working and monitoring of safeguarding in B&NES, there was only one session on 2016-17.

The Development session was held jointly with the LSCB in February 2017 to agree a Vision and Values Statement for the LSCB/LSAB; to review and agree future actions on the areas of joint working included in Appendix 6; and to undertake joint learning and agree actions around ‘Think Family’ and the Complex (Toxic) Trio through discussion and groupwork focusing on a particular case.

**6.2 Case Studies:**



At the start of each Board meeting, a case study is presented on the theme of ‘Making Safeguarding Personal’ (MSP) to ensure that the LSAB hears the Voice of the Adult with care and support needs and is assured that they are listened to and affect the outcomes of their individual safeguarding case. During 2016-17, the Board heard cases from Avon & Wiltshire Mental Health Trust (AWP); the RUH; Curo Housing; and Developing Health and

Independence (DHI) on cases involving domestic and financial abuse by a family member, self-neglect and mental health issues which in one case led to ill health and tenancy concerns due to hoarding, and complex issues around homelessness and mental ill health issues. In all cases the Board was assured that the use of MSP had had an impact on the management and process of the safeguarding cases and their outcomes or on the outcome of multi-agency case management if the particular case had not met the safeguarding threshold.

### 6.3 Presentations: the Board received the following presentations:

#### ➤ Quality Checking



In June 2016, the Board had a presentation from the Quality Checking Team of **‘Experts by Experience’**, set up by Your Say in 2012, to visit services for adults with learning disabilities across B&NES to give feedback to the Council’s Commissioning Team about the services being delivered and how they are experienced by people with learning disabilities.

The team all have a learning disability and together have real life knowledge and experiences of Long Stay Hospital settings, Residential Care, Supported Living, Day Services, GP’s and health services, Personal Budgets and PA support. They have developed a whole range of resources to use when doing a Quality Check and in 2016 had completed 17 Quality Checks.

The Quality Check has 3 different parts. The 3 different parts of the quality check are all interested in 8 key issues in the lives of people with a learning disability. These include: Making choices; Being independent; your support; Being safe and How to complain.

The team explained how during the visits it is really important that Checkers meet with and are able to observe the residents or tenants – to speak them and staff; see how support is given by staff and look at the environment where people have the service. They look for good things and things that could be shared with others to improve their services. But they also look for things that could be done better or differently and improve people’s lives.

The Checkers have found that there are some things which are an issue in most of the services they Quality Checked. The two big concerns for them were:-  
Choice and Control: During the interviews with staff they have been really disappointed how few staff have a good understanding of Choice and Control. Very often staff say that they give ‘us’ choices but that they as staff need to control the choices and decisions the people they support make to keep them safe. This really worries the Checkers as all staff should know that by making sure people are making their own choices, they can be in control of their own lives and this makes them much safer.

Safeguarding: They have found that some staff do not really understand what Safeguarding means.

Staff can give lists of types of abuse but not always link this to their own service or their own practice.

### **What have the Checkers done about this?**

- When they write a report and recommendations for services they often say that staff need a better understanding of Choice and Control and Safeguarding.
- With the agreement of the Commissioning Team they developed a training course for services where this is an issue.
- The course ran in 2016-17 and they were also providing a course about the Mental Capacity Act and DoLS.
- Since the presentation with the LSAB in June, the Checkers agreed with Commissioners to share a summary of our safeguarding concerns with the LSAB. This report has been checked by the LSAB and sufficient assurance given about staff understanding of safeguarding.

### ➤ **Reducing Avoidable Pressure Ulcers**

The LSAB were advised that because of the success of the rapid pressure ulcer reduction programme at the RUH, the CCG had supported the funding of a similar programme within the care homes. Often acquired pressure ulcers go on to become safeguarding referrals. This is often because of lack of knowledge of how to prevent them rather than from deliberate neglect. The Tissue Viability Training Nurse, Sirona care & health then gave a presentation on the Pressure Ulcer Prevention Project outlining its aims, the target audience (all carers, care agencies and residential care homes). A resource pack has been compiled and issued to care homes and hospitals (examples were available at the meeting). The presentation was supported by a personal testimony via a DVD which gave a moving account of one service user's experience of developing pressure ulcers and how this had been managed and treated.

Sirona care & health pledged to improve pressure ulcer prevention by:-

- Ensuring that every carer is aware of the importance of pressure ulcer prevention and understands how to use the SSKIN bundle.
- Ensuring that every carer has watched the 'Patient Story DVD'.
- Issuing every carer with the 'Pocket Guide to Pressure Ulcer Prevention'.
- Ensuring that the 'Resource Pack' is available to all carers.
- Issuing every individual receiving care the 'Tell Us' card and 'Pressure Ulcer Prevention Passport'.

The LSAB agreed that the presentation and findings of the project should be shared with the BaNES CCG Executive and also the Health & Wellbeing Board.

➤ **Care Quality Commission (CQC)** – The Board received a presentation in December 2016 from CQC on their role in monitoring and regulating safeguarding to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. The Board were particularly interested in the number of safeguarding concerns and alerts raised in B&NES.

➤ **Hoarding** – A professor from Bath University presented and talked through the findings of his research into Hoarding. The main headings were as follows:-  
What is hoarding disorder?  
How common is it?

When (and how) does it start?  
What impact does it have?  
Why do people hoard?  
Current research/projects  
Treatment

During the presentation there was interactive discussion with Board members. At the moment there is little or no research into hoarding by children. Current research suggests hoarding tendencies start in early adolescence and into adulthood with traumatic and stressful life events being key triggers.

The LSAB found the findings on hoarding interesting and helpful. The agencies represented on the LSAB can come into contact with people/service users who have hoarding problems and this research offers a perspective in understanding the complexities around hoarding and the impact it has on those individuals' lives as well as the communities they live in.

- 6.4 **Information received from the LSCB:** As well as the joint working between the Boards as shown in Appendix 6, the Board also received a paper from Curo Housing that had been prepared for the LSCB on the impact of welfare reform and the potential risk to safeguarding. The LSCB Annual Report for 2015-16 was shared for information. The Independent Chair has also kept the board abreast of the Government review on LSCBs that has now been included in the **The Children and Social Work Act 2017** passed in April 2017 which may have implications for future joint working or the organisation of LSABs and Safeguarding Adult Reviews (SAR)
- 6.5 **Work of the MASH Project Board:** The Multi Agency Safeguarding Hub (MASH) Project Board continued to develop the arrangements for implementing a MASH in B&NES. The MASH went live in September 2016 and is governed by the MASH Project Board and an Operational group reporting to it. The Operational Group has developed a data set to measure the speed of decision making and the rate of referrals into the MASH. This data set will be used as the basis for much of the discussion at a review workshop being held in 2017-18 reviewing its effectiveness to date.
- 6.6 **Other Annual Reports:** The LSAB received the Deprivation of Liberty Safeguards (DoLS) Annual Report and identified a number of actions and priorities. These are monitored through the following year's report, the LSAB Business Plan and the work of the Mental Capacity and Quality Assurance sub group.
- 6.7 **LSCB and LSAB Stakeholder Event (January 2016):** In line with this collaborative approach of the joined training sub groups for the B&NES Adults and Childrens Safeguarding Boards, it was agreed that this year's stakeholder's day would be a joint event between the two Boards. It was hoped this approach would encourage practitioners from all sectors to take a 'Think Family' approach to working with those impacted and affected by Domestic Violence and Abuse.

The joint event provided a valuable opportunity to share ideas and information and establish clarity about respective roles and responsibilities to aid positive working across organisations. However, the variety of professionals attending the day led to additional complexities in creating the programme content as domestic abuse is a multifaceted topic and there would be a differing level of knowledge held within the room. To try to balance the learning needs of the adult's and children's workforce it was agreed that it

was important to give an overview of the subject, then focus on specific areas which are prevalent in the work undertaken with families, including the importance of understanding coercive control.



The whole day was facilitated externally and included workshops, table top discussions and group feedback.

The first presentation provided an overview of Domestic Abuse, which included information on the definitions used and the Law.

#### **Workshops:**

To enable more areas of practice to be considered and additional opportunities for group work to occur delegates were invited to attend one of three workshops available. The learning points from each of the workshops were fed back to the whole group.

**Workshop A:** Concentrated on Working with complexities: DVA, drugs/alcohol and mental ill health.

**Workshop B:** Focused on the topic of Intergeneration abuse (including Parental Abuse – teenagers abusing parents).

**Workshop C:** Specifically considered Domestic Violence and Abuse (DVA) and adults with care and support needs.

#### **Feedback:**

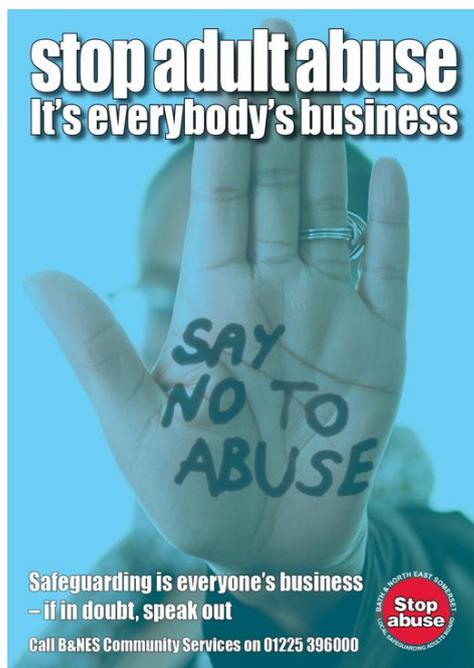
It was felt that the Stakeholders event provided an excellent opportunity to promote the positive interagency work that is taking place across the authority, and therefore a children's case study was shared prior to lunch and an adult's example was shared after lunch.

The feedback provided by delegates was overwhelmingly positive about the day being a joint event for the Adult's and Children's Workforce. The information gained through the workshops and table top discussions was forwarded to both the LSCB and LSAB to enable learning to be gained by the Boards and disseminated into future projects as appropriate.

6.8 **'Stop Adult Abuse week' June 2016:** for the third year the LSAB supported this regional event across the old Avon area. The LSAB organised an event open to all providers on Raising Safeguarding Awareness. The event was well attended and focused on the new legislation following the implementation of the Care Act 2014. The participants took part in discussion and presentations on:

- New safeguarding Statutory Duties under the Care Act 2014
- New Multi-Agency Safeguarding Policy
- Making Safeguarding Personal and the work we are doing
- Revised approach to Self-Neglect and new Self-Neglect Protocol.

Stop Adult Abuse week successfully increased awareness with professionals by running a quiz and the use of social media using with a prize draw at the June Board meeting. #stopadultabuseweek.



6.9 **Workshop on the Revised LSAB Multi-Agency Safeguarding Adult Procedures;** In September 2016 the LSAB arranged two sessions for stakeholders on the new safeguarding procedures which were implemented in September in conjunction with the implementation of Liquid Logic ( the new care records system used by the Council and safeguarding) and the Multi Agency safeguarding Hub (MASH).

- It was revised and updated to take into account changes in legislation and guidance
  - The Care Act (2014)
  - Making Safeguarding Personal (MSP) (LGA/ADASS 2014)
  - Revised Caldicott Principles (Information Governance Review 2013)
  - Duty of Candour (2014)
  - Advocacy (Care Act and MCA)
- The safeguarding process now contains 4 stages, rather than the 7 that had been in place.
- There has also been a revision in timescales in line with MSP to ensure that the adult at risk's views can be sought.
- A new procedural flow chart has been devised.
- The LSAB has made the decision that a written enquiry report must be provided where a Section 42 Enquiry is undertaken. A written template has been devised, which also specifically focusses on the desired outcomes of the Adult at Risk.
- There is a new risk assessment and safeguarding plan template.
- There is a new Threshold Assessment Tool (also integrated into Liquid Logic).

The revised procedures can be found on the website:

[B&NES LSAB Multi-Agency Safeguarding Adults Procedures \(April 2017\)](#)

6.10 **Work of the Responsible Authorities Group (RAG):** the work that the RAG contributes to safeguarding adults with care and support needs during the year includes the following:

**IRIS GP referral scheme** - The Clinical Commissioning Group (CCG) made a significant commitment to reducing domestic abuse by taking on responsibility for and funding the IRIS programme, a new preventative service, until 31 March 2018. The local IRIS 'team' has made outstanding progress in recruiting nearly all GP practices in B&NES, 19 out of the 25 surgeries are fully trained. Unfortunately the 6 that remain untrained mainly cite lack of capacity to attend the training as the reason why they have not taken up the offer. At October 2016 a total of 218 staff were trained including 59 GPs, 90 reception staff, and 35 nurses.

At present time the IRIS worker has 57 open cases a further 8 lower risk cases referred into the scheme are being supported by a volunteer. These figures far exceed the 15 referrals per quarter set out with the commissioning documents.

Further preventative work includes the "medium" and "low" risk domestic abuse service for survivors, co-located with Avon and Somerset Constabulary and Curo Group at the Lighthouse Victim Care Hub, has had a busy year and the service has now reached capacity.

**Domestic Homicide Reviews** - During 2016-17 four domestic homicide referrals were made by the police; RAG was consulted on each case and two domestic homicide reviews (DHR) were carried out. The results of the first DHR have been approved by the Home Office and will be published on the Council website in due course.

The second DHR has been completed and the report has been submitted to the Home Office for approval, at the time of writing we are waiting for a response.

**Hate Crime** - The Stand Against Racism and Inequality Service (SARI) continues to be jointly funded by the Big Lottery and the Police and Crime Commissioner to provide the integrated hate crime service which may be accessed by any victim of hate crime in B&NES. In its second year this service witnessed that numbers of victims reporting hate crime in B&NES remain low in relation to neighbouring local authorities as well as in regard to national trends. On average SARI receive only 5 hate crime referrals from B&NES victims each month.



The Bath and North East Somerset Strategic Partnership Against Hate Crime (BSPAHC) has finalised its terms of reference and action plan which sanctions a zero tolerance approach to hate crime but also recognises that actions have to be taken to identify any trends in underreporting. BSPAHC monitors hate crime figures including those held by SARI and the Police however no clear trends are apparent in B&NES. National data identifies that disability hate crime has

seen a significant increase, in B&NES disability hate incidents have increased slightly but not in a statistically significant manner. To raise awareness of hate crime and to increase reporting BSPAHC will hold a victim voices day to coincide with National Hate Crime Week in October 2017 and the action plan will be amended to reflect any findings.

**Work with Communities** - The Responsible Authorities Group has oversight on the body of issues of concern to local people. Antisocial behaviour in public open spaces generates a significant amount of work for officers. The Responsible Authorities Group has investigated the nature of this issue locally. Discussions highlighted the consensus view that people who engage in a street-based lifestyle even where they perpetrate anti-

social behaviour may themselves be vulnerable. Responses need to recognise that fact, for example the proposed Public Space Protection Order that is being consulted on will be supported by the work of the multi-agency Task and Targeting Group which uses proactive outreach as well as criminal justice approaches to target those people causing concern.

Partnership Participation in the work of the RAG continues including the RAG strengthening its ability to respond to the challenges caused by hidden harms such as Domestic abuse and FGM.

**Female Genital Mutilation (FGM):** In addition the task and finish group work a motion to Council on zero tolerance and raising awareness of FGM was approved.

**Modern Slavery:** B&NES Council is an active member of the regional anti-slavery partnership and the Avon & Somerset Anti-slavery Board with an aim to raise awareness of modern slavery amongst all employees and partners, to ensure a multi-agency approach to this issue and to implement the transparency in supply chain provisions of the Modern Slavery Act to prevent modern slavery from occurring in its own supply chain, noting that the Council's Contract Standing Orders already recognise the importance of preventing modern slavery. A motion to Council against modern slavery was approved. B&NES Inclusive Communities Team work with public Protection and colleagues from police and other services to co-ordinate and run days of action that are evidence based and focus on premises where intelligence may show activity including serious organised crime, money laundering, people trafficking and modern slavery. During the last year no adults were referred into modern slavery.

## Prevent & Channel:



**PREVENT**  
Extremism Radicalisation  
Community Safeguarding

Prevent is part of the Counter Terrorism and Security Act 2015, it aims to stop people becoming terrorists or supporting terrorism.

This now includes individuals at risk of being drawn into supporting terrorism or supporting violent extremism under the banner of *Prevent*.

Bath and North East Somerset Council has organised a series of short free 'Workshops to Raise Awareness of Prevent'.

The workshop will be of particular benefit to people who work with children, young people or with vulnerable adults. If your role requires you to identify individuals at risk of harm and referring them for specialist support or help you will find these short and free workshops beneficial....

The Workshops will help you to:

- Understand the aims of Prevent.
- Recognise people who may be vulnerable to becoming engaged in terrorism and in need of your help.
- See why some people are able to influence and manipulate others to commit crimes.
- Be clear on what help and support is available in this area, and who you

Click [here](#) to book your place!

For further information on Prevent please contact:  
Samantha Jones 01225 396364 Email: [Preventprotect@bathnes.gov.uk](mailto:Preventprotect@bathnes.gov.uk)

Bath & North East Somerset Council



The Prevent Steering Group has continued to meet during the year. It has changed its schedule of meetings from quarterly to six-monthly. During 2016-17 four referrals (children and adults) were made into the Prevent programme, on advice from the Avon & Somerset Police Prevent team none of these were progressed to the Channel Panel. The agreement for a joint Prevent Officer with South Gloucestershire ended on 1.4.2017. WRAP training will be carried out by training Officers within the Council; responsibility for general Prevent work remains with the Communities Team. A Prevent action plan including a training matrix (addressing the training needs of all Council staff, education establishments, voluntary and other sector partners) has been agreed and Home Office accredited training (workshops to raise awareness of Prevent) continue to run throughout the year. Routine updates have been provided to the LSAB. Channel Panel meetings are scheduled monthly; as yet no panel has needed to be convened.

## 6.11 Work of the Domestic Abuse Partnership (DAP)

During 2016/17 the RAG commissioned a strategic review of the Domestic Abuse Partnership with the appointment of the Director Public Health as a Chair ensuring that health and wellbeing are at the forefront of responses to domestic abuse but also community safety more generally. The strategic review of domestic abuse concluded in October 2016. Under the leadership of the Director of Public Health, the Domestic Abuse

Partnership has within its first six months has already; concluded a gap analysis of the approach to protecting survivors of domestic abuse against NICE Guidance 50, agreed its terms of reference, its charter and produced a working draft of its partnership strategy. The Domestic Abuse Partnership continues to meet quarterly. DAP coordinated a bid for the Violence Against Women And Girls (VAWG) Transformation Fund (the result of this has been held back until after the general election).

If the bid is successful it will be used for a Multi-agency project to transform how domestic abuse is addressed locally from primary prevention through to supporting people with complex needs.

**Aims:**

- To work with communities to increase awareness of domestic abuse, challenge attitudes, behaviours, practices and ensure that domestic abuse is seen as ‘everybody’s business.’
- Transform access to support for victims, survivors and their families ensuring that the right support is offered at the right time with an emphasis on early help.
- Ensure early identification of cases involving the toxic trio and provide targeted specialist support for positive outcomes.
- Evaluate, share and disseminate learning.

This will be delivered by:

**1. Community primary prevention programme.** A project worker post to work with local communities to develop actions which challenge attitudes, behaviours and practices relating to domestic abuse and ensure that domestic abuse is ‘everybody’s business’.

**2. Youth programme (CRUSH)** Targeted at ages 13-18 years who have witnessed, experienced or are at risk of domestic abuse.

**3. A single point of access** – Ensuring easy access to services and information for agencies and anyone concerned about DVA in their family/community.

**4. IDVA and IRIS support worker** – with practical one-to-one support for survivors ensuring recommendations for improvement and identify best practice which will be accessible to other LA areas.



The DAP is currently finalising drafts of the partnership’s Terms of Reference and consensus domestic abuse statement.

DAP members are currently working on service pathway mapping and funding documentation to inform their work plan.

The DAP recommends to the LSCB that training for professional staff on DASH / risk assessment needs to be carried out. (There is also a need to ensure training for staff groups who are not necessarily linked to the LSAB).



## 6.12 Your Care, Your Way – Programme Summary

The Board has been aware of the Your Care Your Way commissioning of adult and children’s health community services. During 2016-17 the procurement process was concluded with Virgin Care selected as prime provider. The process was extensive and from April 2017, Virgin Care will hold overall responsibility for the delivery and coordination of adult care (including safeguarding adults coordination) and health and children’s health services with the ability to sub-contract with other

specialist providers to ensure that existing knowledge and experience is not lost. An outcomes-based accountability approach will be used to measure Virgin Care's performance, ensuring that they deliver health and wellbeing outcomes for the whole population as well as delivering performance targets for each of the services they are responsible for. Following a detailed mobilisation phase spanning November 2016 to March 2017 over 150 services and 1,350 staff successfully transferred to Virgin Care on 1st April 2017.

### 6.13 Duty of Candour

The LSAB discussed the importance of agencies to ensure the 'duty of candour' is applied and that all agencies are open and transparent with people who use their services about care and treatment and ensuring people are informed about incidents and provided support and apologising when things go wrong.

## Section 7: Analysis of Safeguarding Case Activity 2016-17

### 7.1 Summary of Safeguarding Activity 2016-17

- 7.1.1 During the reporting period 2016-17 B&NES received 1,496 safeguarding alerts /referrals (now called concerns). This is an increase of 32% compared with last year.
- 7.1.2 Of these concerns, 547 resulted in support being provided through the safeguarding process.
- 7.1.3 63% of all concerns raised did not require a safeguarding response and were either supported through: the provision of information and advice; a social care assessment; action taken by the Council's contracts and commissioning teams or support from another agency.
- 7.1.4 85% of people obtained the outcome they had identified as wanting from the safeguarding process.

### 7.2 Benchmarking Data

- 7.2.1 In October 2016 the Health and Social Care Information Centre (HSCIC) published ***Safeguarding Adults, Annual Report, England 2015-6 Experimental Statistics*** (SA 2016). The report is available to the public as Experimental Statistics, which means the statistics are undergoing evaluation based on returns from all 152 Councils.
- 7.2.2 The analysis undertaken in this section has used the information provided by B&NES Council for the Safeguarding Adults Collection (SAC) for 2016-17 together with the information provided in the Safeguarding Adults Annual Report (SA 2016) to provide useful comparators where appropriate. It must however be noted that the national data used throughout this section is a year older than the information provided by B&NES.

### 7.3. Safeguarding Concerns received during 2016-17

7.3.1 1,496 new alerts /referrals (now called concerns) were received by the Council's Safeguarding Team during 2016-17. This is an increase of 32% compared to the previous year.

7.3.2 In the Board's 2015-16 report it was noted that the level of concerns received had been the highest ever recorded by the Council. As 2015-16 was the first year of reporting post Care Act implementation it was not known if this increase would be a one off, related to the initial impact of the new statutory duty, or if it reflected a new sustained volume of work. As the figures for 2016-17 show, the increased level of activity has continued and the Board may wish to consider if any further exploration of the reasons for this increase is required.

**Diagram 1: Safeguarding Concerns 2010-2017**



### 7.4 Repeat Concerns

7.4.1 Contained within the figures reported above are a number of concerns that relate to the same individual. These are called "repeat" concerns. Repeat concerns are recorded when a person has more than one safeguarding concern raised with the Council during year. For example it may be someone living in the community has had a concern raised in May regarding possible financial abuse and then another concern in January regarding a medication error.

7.4.2 During 2016-17 the 1,496 concerns of abuse or neglect related to 996 people. This means that 33% of concerns were about an individual who had already had at least one other safeguarding concern raised during the year.

7.4.3 Having more than one concern raised does not mean that the person has not been appropriately supported after the first concern was raised. It may be that the person did not require safeguarding support, as the issue raised concerned: individuals who had no care and support needs; those who could protect themselves or individuals that needed an assessment or review of their social care needs. All the repeat concerns will be reviewed by lead professionals in Virgin care, AWP and the Council's

Safeguarding and Quality Assurance Team. A report on their findings will be presented to the LSAB in December 2017.

7.5 Safeguarding Concerns by Gender and Age

**Table 1: Safeguarding concerns by Gender, April 2014 – March 2017**

<b>No. of Concerns by Gender</b>			
	<b>14/15</b>	<b>15/16</b>	<b>16/17</b>
Male	258 (34.8%)	326 (36.9%)	<b>378</b> <b>(38%)</b>
Female	483 (65.1%)	556 (63.1%)	<b>618</b> <b>(62%)</b>
<b>Total</b>	741	882	<b>996</b>

7.5.1 As can be noted from the table above, the concern breakdown by gender for 2016-17 shows a slight increase in the percentage of concerns raised for men.

**Table 2: Safeguarding concerns by Age, April 2016 – March 2017**

<b>18-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85-94</b>	<b>95+</b>	<b>Not Known</b>	<b>Total</b>
383	97	188	256	71	1	<b>996</b>
38%	10%	19%	26%	7%		

7.5.2 The number of adults aged between 18-64 for whom safeguarding concerns have been raised, has decreased this year from 41.1% of the total numbers of concerns received in 15/16 to 38% for 2016-17. The number of concerns regarding adults 65 + has increased from 59% to 62 % of total concerns.

7.5.3 The national report (SA 2016) does not report national information on concerns raised, only on enquiries undertaken, it is therefore not possible to compare our results with those of other authorities.

## 7.6 Safeguarding Concerns by Ethnic Breakdown

7.6.1 The ethnic breakdown of service users at point of concern is as follows: 89% were White British; 2.1% were Asian/Black/African/Caribbean British, 8% declined to provide information on their ethnicity or this information was not known. This compares with the local census data which shows the population is 90% White British, 3% Asian/Black/African/Caribbean British and 7% from other ethnic groups. This year's figures are also consistent with previous years.

## 7.7 Safeguarding Concerns by Primary Support Reason

7.7.1 The categories for describing the needs of the individual have changed in the last two years. Previously this report detailed the service user group the individual came under. This reporting has now been replaced by information on the person's primary support reasons. As the categories are different it is not possible to provide a full comparison with previous reporting. The data available on raised regarding people with learning disabilities, is however comparable and shows a fall from last year's 18% of total concerns to 17% for 16/17.

**Table 3: Number of Individuals involved in Concerns by Primary Support Reason**

Primary Support Reason	Physical Disability	Sensory Support	Support with Memory and Cognition	Learning Disability	Mental Health	Social Support	No support reason	Not Known
No.	496	24	101	201	161	85	118	6
%	42%	2%	8%	17%	13%	7%	10%	0.5%

## 7.8 Moving from Concerns into a Safeguarding Enquiry

7.8.1 A total of 547 concerns relating to 494 services users moved into a Safeguarding Enquiry during 2016-17. This is 37% of the concerns raised.

7.8.2 This level of "conversion" from safeguarding concerns into enquiries is the same as that seen for 2015-16.

7.8.3 1,518 cases were closed during 2016-17 – this accounts for 92% of the total number of cases that were reported as concerns (1,496 new concerns and 162 open from the previous year). The number of cases that were open on the 31<sup>st</sup> March 2017 was 140 a 15% decrease on last year. This decrease in the number of cases remaining open at the end of the year was due to the extensive data cleansing exercise that was done from November 2016 – March 2017 following a move to a new adult social care recording system. Many of the cases closed during this process were closed at the concern stage.

7.8.4 There is a 6% decrease in the number of safeguarding enquiries completed during the year in comparison with 2015-16. This decrease reflects both: the performance issues noted in section 16.6 of this report regarding the time taken for cases to progress through the safeguarding procedures, and a number of police led enquiries that have taken time to conclude.

## 7.9 Safeguarding Enquiries

7.9.1 In the last Annual Report we noted that local authorities are now reporting the number of safeguarding enquiries undertaken rather than “investigations”. This new term was introduced in the Care Act in April 2015 with an enquiry being defined as “the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place”.

7.9.3 In the national reporting for 2015-16 (SA 2016) the “All England” average for new enquiries per 100,000 was 239. The figure for B&NES was 250, slightly higher than the national average. This suggests that even with a fall in conversion rate’s, from concern to enquiries in 2015-16 and 2016-17, B&NES is still undertaking more enquiries per 100,000 population than other local authorities. The Board may wish to consider undertaking some further examination of the level of safeguarding enquiries undertaken once the national reporting for 2016-17 becomes available in October 2017.

## 7.10 Safeguarding Enquiries by Abuse Type

7.10.1 The following table sets out the percentage of concluded enquiries by abuse type. Despite the addition of new categories of abuse type into national reporting requirements (Domestic Abuse, Sexual Exploitation, Modern Slavery and Self-Neglect) the national Safeguarding Adult 2016 report only provides data on physical, psychological, financial or material, neglect and acts of omission (including self-neglect) and “other forms of abuse” which contains the data from the other abuse types. The table below therefore uses the national categories in order to provide comparative data.

7.10.2 The figures of 2016-17 show a decrease in the number of enquiries that identified concerns relating to financial and material abuse and psychological abuse, but an increase is the level of enquires undertaken involving neglect and acts of omission. Neglect includes self-neglect as well as neglect by a third party in the national reporting.

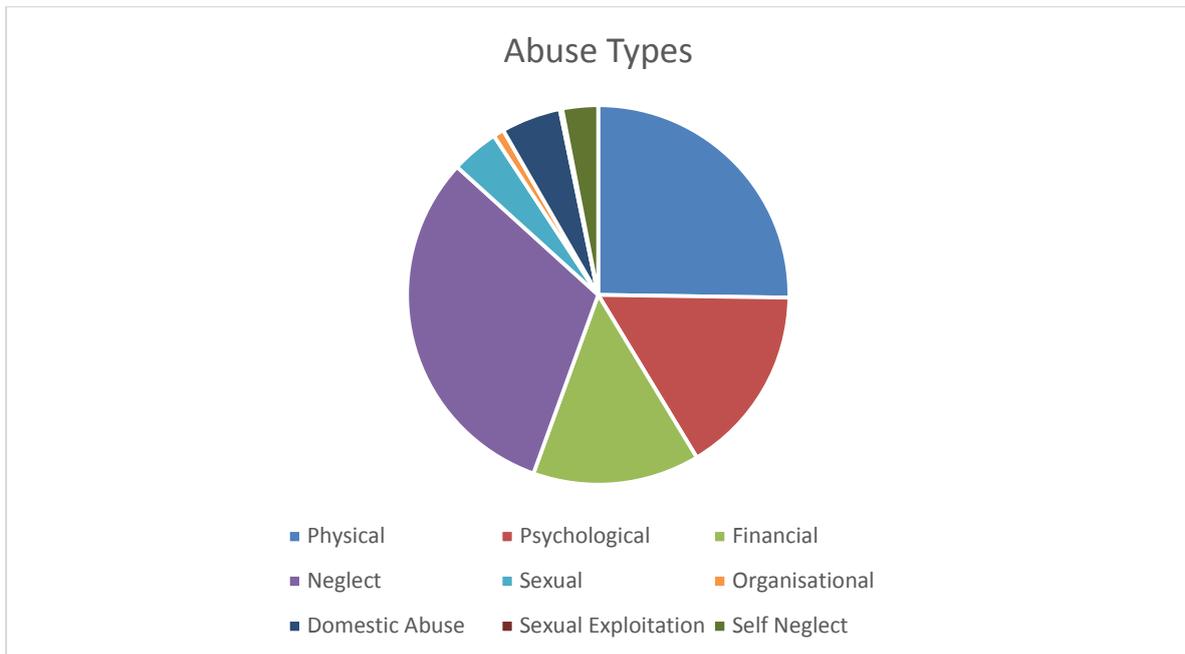
**Table 4: Percentage of Concluded Enquiries by Abuse Types**

<b>Abuse Type</b>	<b>SAR National 2015-16</b>	<b>B&amp;NES 2015-16</b>	<b>B&amp;NES 2016-17</b>
Physical	<b>26%</b>	<b>23%</b>	<b>25%</b>
Psychological	<b>15%</b>	<b>20%</b>	<b>17%</b>
Financial or Material	<b>16%</b>	<b>18%</b>	<b>14%</b>
Neglect and Acts of Omission	<b>34%</b>	<b>28%</b>	<b>34%</b>
Other types of abuse	<b>9%</b>	<b>11%</b>	<b>10%</b>

7.10.3 As the national reporting does not contain information on the other abuse types the

local reported information is detailed in the chart below. In this table neglect and acts of omission does not include self-neglect which is reported as a separate category.

**Diagram 2: Abuse Types**



7.10.5 The table below shows the “other types” of abuse together with neglect and acts of omission with numbers rather than percentage. As can be seen this local reporting shows a significant decrease in the number of concluded enquiries involving sexual abuse and organisational abuse. The Board may wish to investigate further why there have been no reports of discriminatory abuse for this year. The increase in domestic abuse and neglect by third parties should be noted.

**Table 5: Abuse Types April 2015 - March 2017**

Abuse Type	B&NES	
	2015-16	2016-17
Sexual Abuse	41	24
Organisational	13	5
Discriminatory	1	0
Domestic Abuse	24	29
Sexual Exploitation	2	1
Neglect and acts of omission	139	176
Self-Neglect	24	17
Modern Slavery	0	0

7.10.6 There were no instances of an enquiry being undertaken into concerns relating to Modern Slavery and one enquiry undertaken regarding sexual exploitation. The LSBAB will continue to monitor the number of concerns raised regarding Modern Slavery and Sexual Exploitation and resulting enquiries.

## 7.11 Reported setting of alleged abuse

- 7.11.1 B&NES saw a further decrease in the number of safeguarding enquiries where the alleged abuse had taken place in the service user's own home (from 39% in 2015-16 to 37% 2016-17).
- 7.11.2 The percentages of enquiries regarding alleged abuse in care homes (residential and nursing) has increased in comparison with last year and is higher than the reported England National for 2015-16. This year the national reporting has separated out the data on Care Homes between nursing and residential and the Hospital reporting into Acute, Mental Health and Community Hospital's. Once the 2016-17 national data is available the Board may want to compare our number of enquiries in these settings with the national average and comparable authorities.
- 7.11.3 There has been a slight decrease on the percentage of situations being defined as other – from 15% in 2015-16 to 11% in 2016-17. This could related to abuse that takes place on the street or in public places, including that experienced by people who are street homeless.

**Table 6: Where the Abuse Takes Place**

	SA National Average 2015-16	B&NES 2015-16	B&NES 2016-17
Own Home	43%	39%	37%
Community Service	3%	6%	5%
Care Home	36%	31%	39%
Hospital	6%	9%	8%
Other	12%	15%	11%

## 7.12 Source of Risk

- 7.12.1 The chart below shows the percentage distribution of the source of risk as identified for safeguarding enquiries. This year's return shows a further increase in risks attributed to a person known to the individual and is much higher than the 2015-16 England average. However 31% of the concerns where the source of risk is identified as a person known to the individual occurred in a care home setting –which could suggest a level of miscoding. There has also been a 35% decline in the number of enquiries where the source of risk was identified as being a social care employee/provider. The Board may, therefore, want to seek some assurance from the Council, AWP and Virgin Care regarding the reporting in this area for 2017-18.

**Table 7: Source of Risk April 2015 - March 2017**

Source of Risk	SA England average 2015-16	B&NES 2015-16	B&NES 2016-17
Social Care Support	34%	33%	22%
Other- Known to the Individual	51%	61%	66%
Other - Unknown to Individual	15%	6%	12%

## 7.13 Mental Capacity and Safeguarding Enquiries

7.13.1 The table below sets out the percentage of those that went through the safeguarding process that lacked capacity. It also shows how many of them received support to articulate their views and wishes during the process. In 2015-16 B&NES reported 27% of service users lacked capacity which exactly matched the SA 2016 reported England average. This year 19% of individuals lacked capacity to make decisions related to the safeguarding enquiry. 76% of individuals supported through safeguarding in B&NES in 2016-17 had capacity. The numbers of “unknown” cases locally are shown as 4% which is much lower than last year when it was at 13%.

7.13.2 The number of service users who received support when they lacked capacity, in all age ranges, is significantly higher than the national picture for 2015-16 where on average 62% of individuals identified as lacking capacity were provided with support. In B&NES for 2016-17 100% of people without capacity were provided with support. Support in this context is provided by an advocate, family or friends. This increase is in line with the requirements of the Care Act, with its expectation that every Local Authority ensures that advocacy support is identified for anyone considered as having substantial difficulty in being involved in the safeguarding process.

**Table 8: Percentage of those at Risk Lacking Capacity and Receiving Support**

Was the individual lacking capacity	Percentage of Concluded Referrals					Total
	18-64	65-74	75-84	85-94	95+	
<b>Yes</b>	4%	2%	5%	7%	1%	<b>27%</b>
<b>No</b>	33%	8%	10%	18%	7%	<b>60%</b>
<b>Don't know</b>	1%	0.5%	1%	1.5%	0%	<b>13%</b>
<b>Of those recorded yes how many were provided with support</b>	100%	100%	100%	100%	100%	<b>100%</b>

## 7.14 Action taken and risk remaining - Safeguarding Enquiries

7.14.1 The following actions and risk remaining were recorded for concluded safeguarding enquiries for 2016-17. This information is shown alongside the national data for 2015-16 and with local information from the same year.

**Table 9: Outcome Following Conclusion of Safeguarding Enquiry**

	SA National England Average 2015-16	B&NES 2015-16	B&NES 2016-17
<b>No action taken</b>	25%	7%	2%
<b>Action taken and risk remains</b>	8%	10%	9%
<b>Action taken and risk reduced</b>	47%	61%	74%
<b>Action taken and risk removed</b>	20%	22%	17%

7.14.2 Staff are asked to compare the risk of harm to the person at the outset of safeguarding procedures and at the point it has been concluded. Although not all cases were rated, the following statistics represent the cases where it has been recorded. In comparison with national figures B&NES has a higher level of cases where the risk has been reduced and a much lower percentage of cases where no action was taken. Performance regarding no action taken has been reviewed. In the majority of cases action is taken which could include a social care assessment, or placing an alert on the address. The occasions when no action is most likely to occur is when the individual states that they do not want anything to be done.

#### 7.15 Making Safeguarding Personal

7.15.1 Since 2016 local authorities have been asked to report on Making Safeguarding Personal outcomes. Information was requested on the number of people who had been through the safeguarding process, who had been asked what outcomes they wanted from the safeguarding process and if at the conclusion these had been achieved. As 2015-16 was the first year of reporting in this area the reporting was voluntary and therefore was not published in the national report. The table below, therefore, only compares B&NES activity for 2015-16 and 2016-17.

**Table 10: Desired outcomes requested from the individual or their representative and whether these were achieved**

Was the individual asked?	B&NES 2015-16	B&NES 2016-17
Yes and outcomes expressed	73%	78%
Yes but no outcomes expressed	0.4%	9%
No	7%	4%
Don't Know	7%	3%
Not recorded	13%	5%
<b>Where outcomes expressed were they achieved</b>		
Fully achieved	70%	85%
Partially Achieved	27%	14%
Not Achieved	2%	2%

7.15.2 This year's data shows an increase in both the percentage of people whose outcomes were asked and expressed and the number of enquires where the outcomes (where expressed) were fully achieved. This increase could be due to the new enquiry report which guides the practitioner to seek the view of the individual and record at the end of the enquiry if these have been achieved.

7.16 Compliance with Local Safeguarding Procedural Timescales

7.16.1 Whilst the LSAB is committed to MSP it recognises the importance of ensuring cases do not drift. The LSAB, therefore, continues to measure compliance with safeguarding procedural timescales. This continues to be monitored on a monthly basis by the Council as the Commissioner of safeguarding support from AWP and Sirona care and health. The LSAB, CCG Board and Council Corporate Performance Team also receive regular performance reports.

7.16.2 Following the LSAB Business Development Session at the end of 2015-16 the LSAB agreed in March 2016 revised procedural timescales. These revisions took account of the ethos of Making Safeguarding Personal as stated clearly in the Care Act 2014 guidance. The revisions are as follows:

Stage	Definition	Target timescales
1. Concern	Same day but no later than 24 hours after incident of abuse or concern becomes known	Immediate action in cases of emergency but otherwise no later than 24 hours
2. Decision to undertake Section 42 Enquiry	<ul style="list-style-type: none"> <li>• Information gathering by TM (Sirona/AWP) to enable a decision to be made by SA &amp;QA Team (to include where possible views/outcomes for Service User).</li> <li>• Chair will review information gathered and determine whether S42 Enquiry required or NFA under safeguarding adult procedures. May make recommendations</li> </ul>	4 working days unless the person is at significant risk in which case the decision must be made sooner

<p>3. Enquiries</p> <ul style="list-style-type: none"> <li>• Further information gathering/Service User outcomes as required</li> <li>• Planning Meeting</li> <li>• Enquiry Actions</li> </ul>	<p>How to proceed with Section 42 Enquiry Section 42 Enquiry and who might lead. This is also to give more scope for speaking to the adult at risk, to gather more information and to arrange the meeting.</p>	<p>10 working days, unless the Safeguarding Chair decides it must be held sooner.</p> <p>Timescale for enquiry to be agreed by Chair – dependent on the nature of the enquiry.</p>
<p>4. Safeguarding Plan and Review</p> <ul style="list-style-type: none"> <li>• Agreeing outcomes and Safeguarding Plan from Section 42 Enquiry</li> <li>• Review</li> </ul>	<p>To discuss outcome of Section 42 Enquiry and where necessary, put in place a Safeguarding Plan</p>	<p>Within 5 working days of receipt of written Enquiry Report</p> <p>Not more than 3 months, but dependent on level of risk. To be agreed as part of process.</p>

7.16.3 The Council client record system was in transition during the first half of 2016-17 and because of this changes to reports and recording were not permitted. The Council were able to monitor the change to decisions being made within 4 days however the other procedural changes were not brought in until halfway through the year but increased leeway was given working towards ensuring the new 10 day section 42 enquiry planning meeting.

7.16.4 Performance to timescales has significantly declined during the year. This has been raised throughout the year with the agencies involved and with the LSAB Quality Assurance and Performance Management sub group. Employing MSP principles is one reason for this, however, the decline was greater in the later part of the year and this has been attributed to a change in the data recording system - the move to Liquid Logic, staff shortages and the volume of safeguarding concerns. AWP have had particular difficulties assigning tasks and believe the data is underreporting activity to timescale because of this. Exception reports have been considered for each delay and 9% of the delays to decisions made over 4 working days are attributed to Liquid Logic. There was also a large scale safeguarding investigation where decisions were delayed because of the volume of service users involved and the corresponding planning meeting was delayed by one day to ensure all agencies could be present – a pragmatic decision rather than a compliance one. Across both the decision and planning meeting stages 22% delays were attributed to MSP which was agreed as valid. There are a number of delays which are not validated and these were discussed in performance meetings with AWP and Sirona care and health. Where the delays have been attributed to the Council team this has been discussed in supervision and at team meetings and is strictly monitored.

**Table 11: Performance in Relation to Multi-Agency Procedural Timescales**

<b>Indicator</b>	<b>Target</b>	<b>% Completed on time from April 16 – Mar 17</b>	
<b>April to September 2016</b>			
1. % of decisions made in 4 working days from the time of referral	95%	Sirona C&H	74%
		AWP	81%
		<b>Combined</b>	<b>77%</b>
2. % of Section 42 Enquires/ Planning meetings (formerly known as strategy meetings/discussions) held with 8 working days from date of referral	95%	Sirona C&H	67%
		AWP	78%
		<b>Combined</b>	<b>70%</b>
<b>October 2016 to March 2017</b>			
1. % of decisions made in 4 working days from the time of referral	95%	Sirona C&H	71%
		AWP	69%
		<b>Combined</b>	<b>70%</b>
2. % Planning Meetings/Discussions within 10 working days	95%	Sirona C&H	52%
		AWP	47%
		<b>Combined</b>	<b>51%</b>

7.16.4 The LSAB Quality and Performance sub group and the Council Commissioners, for both Sirona care and health and AWP safeguarding work, will continue to monitor future performance closely to ensure that for 2017-18 there is an improvement in performance.

## **Section 8: Priorities for 2017 – 18 and Beyond**

8.1 The LSAB now enters into the third and final year of the current Business Plan. The original plan was developed in 2015 and included a set of activity already scheduled for 2017-18. These remain in place, and, during the year, additional actions have been identified as outlined below. Plans are in place to develop the new three year Business Plan during 2017-18.

## 8.2 Key Priority 1:

### Multi – Agency Responsibility and Accountability

#### Outcomes

- Core duties in relation to the Care Act 2014 are delivered; quality and outcome of this work is evidenced; service user and carer perspectives influence change in practice; MCA is embedded
- Service users and carers are at the centre - *Making Safeguarding Personal* is embedded in practice
- Service users and carers who are self-neglecting are supported appropriately
- The LSAB understand and are able to effectively respond to domestic abuse, radicalisation, modern slavery, self-neglect, adult sexual exploitation
- *Think Family* become more effective and efficient (continue to develop collaboration with LSCB to improve practice, share learning and reduced duplication of work)
- Improved understanding of the consequences and impact of adult abuse and neglect on social care and health services caused by the increase in safeguarding cases (links to key priority 3)
- Be forward thinking, predicting and responding to safeguarding issues
- Development mechanisms for getting feedback on the effectiveness of the Board

**NEW** Repeat themed audit on self-neglect cases completed in September after 6 months and report back to LSAB.

**NEW** Devise a policy on Adult Exploitation

**NEW** To deliver assurance to LSAB on awareness of the issue of FGM

**NEW** To have clear guidance and sign up of partner responsibilities and expectations within the LSAB.

**NEW Mar 17** Sign off the 'Easy read' safeguarding leaflet that is part of the set and still in development

**NEW Mar 17** Receive the feedback after safeguarding experiences from service user discussions and provide annual report to LSAB

**NEW Mar 17** Receive the annual practitioner survey and provide results to the Board in an annual report

**NEW April 17** Assurance from LSAB partners of their compliance with information governance when sharing information securely

## 8.3 Key Priority 2

### Prevention and Early Intervention

#### Outcomes

- The LSAB are assured the stakeholders, community and citizens are aware that safeguarding adults is everybody's business
- Prevention and early intervention responses are embedded to reduce and remove the risk and impact of abuse
- Improved information sharing arrangements to reduce and prevent harm

**NEW** Review all MA safeguarding material in line with contractual changes

**NEW** Monitor the effectiveness of the MASH

**NEW** Assurance that Self Neglect Procedure is adhered to and being implemented

**NEW** Take opportunities to promote “think family” as widely as possible

## 8.4 Key Priority 3

### **Domain 3: Responding to and learning from abuse and neglect**

#### Outcomes

- Service users and carers are at the centre - *Making Safeguarding Personal* is embedded in practice
- Service users and carers who are self-neglecting are supported appropriately
- The LSAB understand and are able to effectively respond to domestic abuse, radicalisation, modern slavery, self-neglect, and adult sexual exploitation.
- Ensure learning is effective and embedded from SARs
- Core duties in relation to the Care Act 2014 are delivered; quality and outcome of this work is evidenced; service user and carer perspectives influence change in practice; MCA is embedded – see also actions in Key priority 1

**NEW** Develop Managing Allegations Framework across ASC area for staff/volunteers in a position of trust

**NEW** Implement learning from 2016 LSAB and providers self-assessment audit

**NEW Mar 17** Look at opportunities to increase availability of interagency and specialist training by ensuring the provision of training is cost effective for LSAB

## **Section 9: Lay Members View**

In the six months since we set out on our commitment as Lay Members the complexities of Adult Safeguarding and our first Board meeting in Keynsham certainly opened our eyes to the wide-ranging expertise that makes up the LSAB.

It has been useful to have a presentation at each of the Board meetings we have attended; the particular one on Hoarding given by the Professor from Bath University was fascinating, somehow given an added dimension in the “basement bunker” location at Avon Fire & Rescue Command Centre Lansdown.

Case histories have also been helpful though we feel on-going follow-up would be invaluable.

The multi-agency heads represented on the Board certainly have a huge remit in ensuring that Key Principles and Statutory guidance are coordinated, promoted, monitored and effectively disseminated through the various levels of responsibilities right down to the coal face i.e. the staff who directly deal with the end user and the ultimate success of this is perhaps the most difficult to assess.

Graphs and statistics can be impressive and are certainly an effective benchmark of achievement or disappointment but how much more compelling might a real case be – to bring someone to the Board with a story to tell. It would be a radical move but could prove invaluable in making the story real by first hand engagement.

As Lay Members our remit is to independently challenge the LSAB in its deliberations and to this end we recently raised a challenge with A&S Police which they responded to swiftly, positively and in some detail.

We also positively, we felt, contributed to a Task and Finish exercise for the QAPM sub-group when we were able to identify a number of areas that might improve the overseeing of information. We also took part in a training exercise for sub-groups together with a Level 2 Safeguarding Adults training session attended by a number of people directly connected with safeguarding at grass roots level. This was very well presented and interesting and provided an insight into how abuse in the community might be recognised.

Amanda was pleased to be asked to take part in the interview panel for the presentations from short-listed candidates for the post of the new Independent Chair and will be joining the QAPM sub group in August, bringing along her analytical and legal expertise.

Marjorie meanwhile has become a member of the Communications sub group in the hope that her broadcasting and presentation skills will be used to promote the work of safeguarding to a wider audience and developing a better understanding and awareness.

So while these first months have been very much a learning curve for us as new Members we feel with the support of the Chair and the Business Manager we have been able to make a positive and valuable contribution to the Board which we will look forward to continuing into the second half of the year and onwards once the new Chair takes up post.

Amanda Cranston and Marjorie Stephinson, LSAB Lay Members



## Section 10: Essential information

- 10.1 The Annual Report is published by the LSAB and has been contributed to and approved by all partner agencies.
- 10.2 The Report is shared with the Health and Wellbeing Board, LSCB, Responsible Authorities Group (RAG), CCG Board and Council Chief Executive.
- 10.3 The report can be made available in alternative formats as required and by contacting the LSAB Business Support Manager by emailing [Dami\\_Howard@bathnes.gov.uk](mailto:Dami_Howard@bathnes.gov.uk)



## Appendix 1: LSAB Members and Attendance 2016 - 17

Name	Agency	Role
Alex Francis	Healthwatch B&NES	Interim General Manager
Andrew Snee	Curo	Head of Tenancy Solutions
Ashley Ayre (until June 2016) )	B&NES Council	Director of People and Communities
Charlotte Leason	Avon & Somerset Constabulary	Safeguarding Coordination Unit Manager
Dami Howard	B&NES Council	LSCB/LSAB Business Support Manager
Daniel Badman	AWP (Avon and Wiltshire Mental Health)	BANES Quality Director
Dawn Clarke	Banes NHS CCG	Director of Nursing & Quality
Helen Crystal	NHS England South	Safeguarding Lead Nurse
Helen Wakeling	B&NES Council	Safeguarding Lead: Adults & QA
Jane Shayler	B&NES Council	Deputy Director Adult Care, Health, Housing
Janet Rowse	Sirona care and health	Chief Executive
Jenny Theed	Sirona care and health	Director of Operations
John Trevains	NHS England South	Assistant Director of Nursing, Safeguarding
Karen Hunt	BUPA	Home Manager
Kevin Day	National Probation Service	Senior Probation Officer
Lisa Ring	National Probation Service	Senior Probation Officer & Team Manager
Liz Richards	AWP (Avon and Wiltshire Mental Health)	Managing Director BaNES
Lesley Hutchinson	B&NES Council	Head of Safeguarding and Quality Assurance
Dr Louise Leach	Banes NHS CCG	G.P. Safeguarding Lead
Lisa Cheek	RUH	Deputy Director of Nursing, Quality and Patient Safety
Mike Bowden (from September 2016)	B&NES Council	Strategic Director People & Communities
Neil Liddington	Avon Fire & Rescue	Area Manager – Risk Reduction
Pam Bourton	Bridgemoor Care	Home Manager
Pam Dunn	Care Watch Bath	Operations Director
Phil Rhodes	AWP (Avon and Wiltshire Mental Health)	Community Service Manager (B&NES)
Reg Pengelly	Independent Chair	Independent Chair
Richard Kelvey	Avon and Somerset Constabulary	Manage – Prevention & Protect
Roanne Wootten	Julian House	Partnerships Manager
Sarah Jeeves	Banes NHS CCG	Adult Safeguarding & Quality Assurance
Sarah Shatwell	DHI (Developing Health & Independence)	Director Housing and Communities
Simon Hester	SWAST	Named Professional for Safeguarding
Sonia Hutchison	B&NES Carers Centre	Chief Executive
(Cllr) Vic Pritchard	Independent	Cabinet Member for Adult Social Care & Health

LSAB Attendance by Agency				
Name	June 2016	Sept 2016	Dec 2016	March 2017
Avon Fire & Rescue				
Avon and Somerset Constabulary				
Avon and Wiltshire Mental Health Partnership Trust				
Banes NHS CCG				
B&NES Carers Centre				
B&NES Council				
Care Home Rep				
Dom Care Rep				
Executive Lead Member				
Lay Members (Vacant until December)				
Healthwatch Rep				
Housing Advocate				
Health & Wellbeing Network Advocate				
National Probation Service				
NHS England South				
Sirona care and health				
Royal United Hospital				
SWAST				

The above indicates representation only, which is not always from the designated lead from each agency, and not the numbers attending.

## Appendix 2: LSAB Sub group members (note members of task and finish groups are not included)

Awareness, Engagement & Communication sub group	
Member	Agency
Sonia Hutchison	Bath Carers Centre (Chair)
Lucy Muchina	Sirona care and health
Debra Harrison	RUH
Ian Byworth	Curo
Karyn YeeKing/John Russ	B&NES Council
Martha Cox	Sirona care and health
Mel Hodgson	B&NES Council
Dami Howard	B&NES Council
Bev Craney	SWALLOW
Sharon Prowse	Freeways
Policy and Procedures sub group	
Member	Agency
Dawn Clarke	BaNES NHS CCG (Chair)
Alex Francis	Healthwatch
Dami Howard	B&NES Council
Sue Tabberer	B&NES Council
Lucy Muchina	Sirona care & health
Rachel Potter	B&NES Council
Debra Harrison	RUH
Amanda Warrener	Avon and Somerset Constabulary
Fran McGarrigle	Avon and Wiltshire Mental Health Trust
Steph Stokoe	Avon and Wiltshire Mental Health Trust
Vince Edwards	B&NES Council
Mental Capacity & Quality Assurance sub group	
Member	Agency
Sarah Jeeves	Banes NHS CCG (chair)
Benita Moore	SWAN Advocacy
Debra Harrison	RUH
Kathryn Kambitis	RUH
Lizzie Elgar	CQC
Pam Dunn	Carewatch Bath
Pete Campbell	CYP - B&NES Council
Philip Rhodes	AWP
Christine Somerset	B&NES Council
Tim Shearn	B&NES Council
Karen Gilroy	B&NES Council
Karyn Yee-King	B&NES Council
Vince Edwards	B&NES Council

<b>Quality Assurance, Audit &amp; Performance Monitoring sub group</b>	
<b>Member</b>	<b>Agency</b>
Lesley Hutchinson	B&NES Council (chair)
Charlotte Leason	Avon and Somerset Constabulary
Alan Mogg	B&NES Council
Geoff Watson	Sirona care and health
Karen John	Age UK
Andrew Snee	Curo
Dami Howard	B&NES Council
Sarah Jeeves	Banes NHS CCG
Roger Tipping	Rep from Healthwatch
Rob Elliott	RUH
Philip Rhodes	AWP
Lizzie Crane	Curo
<b>LSCB &amp; LSAB Joint Training and Development sub-group</b>	
<b>Member</b>	<b>Agency</b>
Jenny Theed ( until March 2017)	Sirona care and health (Chair)
Daniel Badman	Avon and Wiltshire Mental Health Partnership NHS Trust (Chair from March 2017)
Jenny Daly	BaNES NHS CCG
Jill Chart	Sirona care and health
Kevin Clark	B&NES Council
Kitty Crowther	B&NES Council
Jen Russell	B&NES Council
Helen Heal	B&NES Council
Nick Quine	Avon and Somerset Constabulary
Mike Menzies	RUH
Philip Rhodes	Avon and Wiltshire Mental Health Partnership
Dawn Kingman	B&NES Council
Clare Hurford	Way Ahead Care
David Trumper	B&NES Carers Centre
Geoff Watson	Sirona care and health
Debra Harrison	RUH
Ralph Lilywhite	St Mungo's
Roanne Wootten	Julian House
Sarah Jeeves	BaNES NHS CCG
Stephanie Pepperd	Step Ahead Training
<b>Safeguarding Adult Review sub group</b>	
<b>Member</b>	<b>Agency</b>
Charlotte Leason	Avon & Somerset Constabulary (Chair)
Helen Wakeling	B&NES Council
Lesley Hutchinson	B&NES Council
Sarah Jeeves	Banes NHS CCG
Carol Stanaway	B&NES Council

## Appendix 3: Budget 2016 - 17

<b>2016-17</b>	
<b>Income</b>	
BaNES NHS CCG	7,000
Avon Fire and Rescue	0
Avon and Somerset Constabulary	5,839
B&NES Council	48,838
<b>Total</b>	<b>61,676</b>
<b>Expenditure</b>	
Independent Chair	12,375
Business Support Manager	15,386
MASH Programme Board	3,463
Organisation and Administration	12,589
Room and Equipment Hire	2,149
Training	15,713
<b>Total</b>	<b>61,676</b>

The income for the LSAB is either an agreed contribution from the partner organisations or identified funds from B&NES Council to support the individual activities. The Council contribution fluctuates with actual spending.

## Appendix 4: Safeguarding Assurance Indicators

The following indicators were approved by the Board in June 2017 for the following year 2017-18. Partner Reports in Appendix 5 report on those indicators that were agreed by the Board in March 2016 for 2016-17.

### Board Performance Indicators 2017-18

<b>Indicator 1: Procedural Timescales</b>	<b>Target</b>	<b>Frequency of Reporting</b>	<b>Owned By</b>
1.1 Decisions to undertake Section 42 Enquiry in no more than 4 working days from date of referral	95%	Quarterly	Council, Virgin Care and AWP
1.2 Planning Meetings / Discussion within 10 days	95%	Quarterly	Council, Virgin Care and AWP
1.3 Section 42 Enquiry Reports within agreed Chairs timeframe	90%	Quarterly	Council, all agencies
1.4 Review meeting held within 5 working days of Enquiry Report being received	85%	Quarterly	Council, all agencies
1.5 Subsequent review meetings held within 3 months	85%	Quarterly	Council, Virgin Care and AWP
<b>Indicator 2: Training</b>	<b>Target</b>	<b>Frequency of Reporting</b>	<b>Owned By</b>
2.1 Safeguarding awareness included in induction within 3 months of starting employment	95%	Annual	All
2.2 Relevant staff to have completed SA level 2 training within 6 months of taking up post and/or completed refresher training every 3 years thereafter (the term 'relevant' is defined by CQC)	90%	Annual	All
2.3 Relevant staff to have completed SA level 3 training	90%	Annual	All
2.4 Relevant staff to have completed MCA / DOLS training within 6 months of taking up post (relevant staff includes people that directly provide health and social care or are in a position to make decisions about the service users care and those staff responsible in law for making a DOLS and/or community DOLS application - training must be comparable to B&NES DOLS training)	90%	Annual	All
2.5 Relevant staff to have undertaken WRAP training	80%	Annual	All
2.6 Relevant staff to have undertaken PREVENT awareness training	95%	Annual	All
2.7 Safeguarding Leads awareness of Modern Slavery / Human trafficking	100%	Annual	All
2.8 Relevant staff to have undertaken FGM awareness training	80%	Annual	All
2.9 Relevant staff to have undertaken	80%	Annual	All

domestic abuse awareness training			
<b>Indicator 3: Safer Recruitment</b>	<b>Target</b>	<b>Frequency of Reporting</b>	<b>Owned By</b>
3.1 Relevant staff to have an up to date DBS check	100%	Annual	All
3.2 Two written references to be provided before work commences with adults with care and support needs	100%	Annual	All
<b>Indicator 4: Attendance at Board</b>	<b>Target</b>	<b>Frequency of Reporting</b>	<b>Owned By</b>
4.1 Attendance at LSAB	75%	Annual	All

**N.B. As part of the agreed Board Assurance Framework, partners will also be asked to report on the outcome of safeguarding allegations about internal staff.**

## Appendix 5: Partner Reports

### Agency Name: Avon Fire and Rescue Service

#### Brief outline of agency function:

The protection prevention and response in line with the fire services act to the community of Avon and the wider wellbeing of its residents in line with other partners objectives

#### Achievements during 2016/17: (bullet points)

- Engagement with relevant SCR across the geographical boundary of Avon

#### Describe how you raise awareness of safeguarding in your agency:

- E Learning for all staff on safeguarding requirements as well as enhanced training for middle and senior managers

#### Describe how you supported service users and carers through the safeguarding adults' procedure:

The referral system in place in line with the services safeguarding policy ensures that those adults most vulnerable are referred to the most suitable agency and that the services personnel put in place any mitigation where appropriate

#### Objectives for 2017/18:

- To further engage and assist in the safeguarding arena across Avon

#### Performance Indicators for LSAB 2016-17 (agreed March 2016)

Indicator 5: Training	Target %	Outcome %	Comment
2.1 Safeguarding awareness included in induction	95%	100%	All new staff as part of their induction must complete the safeguarding training
2.2 Relevant staff to have completed SA level 2 training	90%	95%	Current catch up of out of date staff for previous training package is being completed
2.3 Relevant staff to have completed SA level 3 training	90%	95%	As Above
2.4 Relevant staff to have completed MCA / DOLS training	90%	80%	This is incorporated into our safeguarding level 2 training for station managers and above
2.5 Relevant staff to have undertaken WRAP training	75%	90%	Relevant managers have received WRAP training
Indicator 6: Safer Recruitment	Target	Outcome %	Comment
3.1 Relevant staff to have an up to date DBS check	100%	100%	All staff requiring a DBS check have one prior to starting the role
3.2 Two written references to be provided before work commences with adults with care and support needs	100%		Our Safer recruitment policy does not require 2 references, only one. We have other security checks in place within our policy

## Agency Name: Avon and Somerset Constabulary

### Brief outline of agency function:

**We provide professional policing services, working with partner agencies, in order to keep people safe from harm.** This includes working to prevent Adults at Risk from becoming victims of crime, investigating crimes against them, bringing perpetrators to justice and managing offenders.

### Achievements during 2016/17: (bullet points)

- **We introduced a two year pilot Control Room Mental Health Triage Scheme.** Mental Health nurses are based in the Police Control Room, enabling the Constabulary to meet mental health needs at the first point of contact, ensuring that intervention takes place at the earliest possible moment. Access to both Police and Health information databases ensures that decisions made from that point onwards are fully informed and best placed to manage risk. 874 consultations were completed in March 2017, with Section 136 detentions being avoided on five occasions.
- **With partner agencies, we carried out a review of the process through which a patient travels when Section 136 of the Mental Health Act is being considered** in Avon and Wiltshire, and have developed a model process that is to be tested and piloted to contribute to the prevention of patients' deterioration into crisis.
- **We are an active partner in five Multi-Agency Safeguarding Hub arrangements based on local authority areas** - enabling us together to provide the best safeguarding response. The BaNES MASH, based at Keynsham, covers both Adults at Risk and Child Protection.
- **We are introducing a risk assessment process to support officers and staff in sharing information more effectively with partners,** helping vulnerability concerns to be referred internally to our Victims & Safeguarding Team and then onwards to partner agencies. This risk assessment process, known as BRAG (Blue, Red, Amber, Green), is designed to improve our understanding of Adults at Risk, safeguarding and vulnerability in a wider context, helping us to consider why information is being shared and how partners are expected to act upon that information.
- **We made effective use of our Constabulary Management Board** to carry out assurance work. For example, the February 2017 meeting focused on Adults at Risk and amongst other things examined: Adults at Risk and Missing Person Demand; Mentally ill people who are reported 'missing' from health-based settings; Missing Persons with a Learning Difficulty - Bristol Assurance Report; and the development of a Delivery Plan for Adults at Risk.
- **We actively contributed to multi-agency learning through Safeguarding Adults Reviews and Domestic Homicide Reviews** across Avon and Somerset. At the end of 2016/17 the Constabulary held two current recommendations from two Safeguarding Adults Reviews, one of which related to a case in BaNES. Progress in implementing recommendations is monitored by our Safeguarding Theme Leads Group and Constabulary Management Board.

### Describe how you raise awareness of safeguarding in your agency:

- **Our first responders and specialist interviewers undertook refreshed training for responding to sexual assault.** Both courses relate directly to Adults at Risk. New police recruits and Police Community Support Officers also received this training, all of whom had safeguarding woven into their initial training.
- **A range of "team rooms" with an adult safeguarding agenda have been created on our intranet "Pocketbook"**, enabling the easy dissemination of information and messages regarding safeguarding. This includes the recent creation of a "Safeguarding Boards and Sub-groups" team room, with 37 officers and staff signing up immediately. The team room includes a hyperlink to the BaNES LSAB website.

### Describe how you supported service users and carers through the safeguarding adults' procedure:

Northern Safeguarding Coordination Unit (SCU) has held numerous sit down and telephone planning meetings with BANES Adult Social Care and other partner agencies to discuss risks/concerns to services users and risks posed by carers of service users. This involved effectively sharing of appropriate information and the compiling of a multi-agency safety plan, including decisions on whether a criminal investigation is appropriate relating to a range of concerns around physical harm, institutional neglect, self-neglect, financial, sexual and emotional abuse. This took place in the context of the Care Act 2014 which included care and support needs around substances use, sex working and mental health.

These safeguarding functions also form part of the BANES MASH (Multi Agency Safeguarding Hub) meetings and BANES MARAC (Multi-Agency Risk Assessment Conference).

**Objectives for 2017/18:**

In partnership with other agencies, Avon & Somerset Constabulary's objectives for the protection of Adults at Risk are:

- prevent Adults at Risk from becoming victims of abuse
- where Adults at Risk do become victims, ensure they are recognised as such, are protected from further harm, and are given the support they need to help them remain safe and to deal with the physical, emotional and psychological consequences of the abuse
- bring perpetrators of abuse to justice and prevent them reoffending through robust offender management

**Performance Indicators for LSAB 2016-17 (agreed March 2016)**

The Constabulary Learning & Development Department is unable to break down its figures so as to answer the questions as they are framed. This is because so much safeguarding awareness takes place within other courses, through LSAB training events, and other conferences and CPD days.

<b>Indicator 5: Training</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>
2.1 Safeguarding awareness included in induction	95%		
2.2 Relevant staff to have completed SA level 2 training	90%		
2.3 Relevant staff to have completed SA level 3 training	90%		
2.4 Relevant staff to have completed MCA / DOLS training	90%		
2.5 Relevant staff to have undertaken WRAP training	75%		
<b>Indicator 6: Safer Recruitment</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>
3.1 Relevant staff to have an up to date DBS check	100%		The Constabulary has robust recruitment and vetting procedures in place. All new recruits to the Constabulary are vetted to the Constabulary vetting requirements (the Home Office, Ofsted and the Disclosure Barring Service have confirmed that the basic recruitment vetting level is more stringent than those of the DBS Enhanced disclosure). References are always requested, identity and qualifications are verified, face-to-face interviews are carried out, previous employment history is checked, all documentation is checked to ensure it is in order and any anomalies or discrepancies are followed up and resolved, and Human Resources records are maintained. Personal vetting files are maintained in accordance with the Constabulary's Vetting Management systems and are reviewed for weeding purposes. Vetting has a limited time period set and is revisited at the end of this period or where individuals change posts within their employee life-cycle. The rigorous vetting and selection process for police officers and staff provides a level of reassurance that there is no information or intelligence of concern regarding individuals selected to join the Constabulary. Recruitment practice is audited and quality assured through process and policy reviews. Feedback is also gained through the internal Ethics Committee and the Constabulary Independent Advisory Group. Feedback and complaints about the recruitment and selection processes are also considered and, where necessary, acted upon.

**Agency Name: Avon and Wiltshire Mental Health Partnership NHS Trust****Brief outline of agency function:**

Avon and Wiltshire Mental Health Partnership NHS Trust provides mental health services, including talking therapies, to adults of all ages, as well as B&NES Community Drug and Alcohol Services, in the B&NES area who have mental illness. These include inpatient services, community services, and a range of services working with primary care and acute hospitals to assess and support the care of people with mental health problems there.

The Trust has corporate and local Directors and senior manager holding responsibility for delivering, developing and assuring safeguarding practice. Additionally The Trust has an Executive Director lead (Director of Nursing and Quality). The Banes Clinical Director and Quality Director's held responsibility for delivering and developing safeguarding practice within the locality during 2016/2017.

**Achievements during 2016/17: (bullet points)**

2016/2017 has seen a significant amount of activity to improve adult safeguarding practice in the Trust. The key achievements included:

- Initiation of a project to ensure effective safeguarding recording and reporting, and management oversight
- Development of practice guidance on personalisation of adult safeguarding
- Development of practice guidance and support on sexual exploitation and modern day slavery
- Review and updating adult safeguarding training, including Domestic abuse training
- Maintaining a high level of monthly supervision for staff
- Induction of an extended adult safeguarding and MCA service in the Trust, introducing locally focused Named Professionals

**Describe how you raise awareness of safeguarding in your agency:**

Trust has both Internet and Intranet webpages where. Service users can access the safeguarding pages directly for advice re safeguarding adults, children, public protection as well as modern day slavery. The webpages contain leaflets as well as British sign language video on safeguarding which includes involvement with own safeguarding. Leaflets and posters go through a service user readers panel prior to publishing and are regularly reviewed. Staff have access to internal safeguarding pages where staff can find relevant materials including LSAB newsletter which is also distributed to teams.

The Trust uses a variety of additional methods to raise awareness of abuse, neglect and self-neglect (safeguarding issues). These include :

- Through Governance meetings especially Risk and Safety locality meeting.
- Through regular meetings held between AWP and Banes Council with any recommendations cascaded to teams and practitioners
- Any safeguarding issues or updates are shared with Senior Practitioners, Team Managers, Ward Managers and Service Managers at Team Managers meetings. In addition to these, any urgent information is disseminated via email for Team/Service Managers to discuss within their business meetings.
- Individual supervision
- Safeguarding training of staff is monitored through a rolling IQ quality improvement process which is shared within the organisation.
- Staff can access specialist advice and support from the Trust's Safeguarding team for all areas of safeguarding including MARAC , MAPPA and Prevent

**Describe how you supported service users and carers through the safeguarding adults' procedure:**

The work of the BANES Recovery and CITT teams in relation to Making Safeguarding Personal has been embedded across mental health and drug and alcohol services to ensure that service users and carers are actively involved in the Safeguarding Process. Their views, wishes and expected outcomes from the safeguarding process are elicited to ensure that they feel more empowered and in control of the safeguarding experience.

Examples of how this has been achieved have included; has the person that the safeguarding relates to consented to the referral being made and have they said what they wish to happen as a result of the safeguarding process.

If a service user is believed to lack capacity, this is assessed and if they are found to lack capacity, they can be supported by an advocate, family member or friends, depending upon their individual circumstances.

At the end of the safeguarding process they are asked if they feel safer as a result of the safeguarding process and whether the outcomes they specified at the beginning of the safeguarding process have been achieved. Service users are provided with a Feedback Form to ensure that both positive and negative points can be used to improve the safeguarding process.

**Objectives for 2017/18:**

- Review safeguarding adult training against intercollegiate safeguarding adult training standards once published
- Develop new service user and carer leaflets and information on the “voice of the adult” and the use of the MCA in practice, and review access to easy read versions of adult safeguarding leaflets
- Develop an audit tool and undertake a staff survey of adult safeguarding and MCA/DoLs
- Complete amendments to RiO data capture to ensure effective safeguarding recording and reporting, and management oversight
- Review and update modular guidance Trust Guidance on Working to Safeguard Adults
- Develop guidance and support in respect of Mental Capacity Act 2005 and Deprivation of Liberty Safeguards
- Launch the extended adult safeguarding and MCA service in the Trust, with locally focussed Named Professionals
- Increase the number of WRAP trainers within the Trust to deliver WRAP training
- Develop safeguarding in practice modules for face to face learning sessions

**Performance Indicators for LSAB 2016-17 (agreed March and Sept 2016 – new procedures)**

<b>Indicator: Exception and Breach Reports</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>
2.1 % Breach report on failure to comply with procedural timescale	100%		
2.2 % Exception reports on repeat referrals	100%		
2.3 % Exception reports on cases which are Not Determined and Inconclusive	100%		
<b>Indicator: Quality Audits</b>			
3.1 % Report on the findings of case file audits	15% (total)	15%	This is the figure for last year’s report, at time of writing this year’s report is still in progress/
<b>Indicator: Service users experience</b>			
4.1 % Report on the experience and outcome for the service user (to include involvement in safeguarding arrangements)	N/A		
<b>Indicator: Training</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>

2.1 Safeguarding awareness included in induction	95%	97%	Safeguarding awareness is included in staff induction as well as safeguarding adults level 1 . This includes basic Prevent awareness
2.2 Relevant staff to have completed SA level 2 training	90%	93.2%	This includes basic Prevent awareness
2.3 Relevant staff to have completed SA level 3 training	90%	76%	This equates to 11 staff members. Some are news starters and some have booked on to the training and are waiting to attend.
2.4 Relevant staff to have completed MCA / DOLS training	90%	98%	
2.5 Relevant staff to have undertaken WRAP training	75%	18%	A total 48 staff members have been trained in WRAP in Banes including recovery co-ordinators and staff from therapies, liaison and inpatient teams. However only 8 staff members out of 45 identified relevant staff have undertaken WRAP training.
<b>Indicator: Safer Recruitment</b>	<b>Target</b>		<b>Comment</b>
3.1 Relevant staff to have an up to date DBS check	100%	100%	
3.2 Two written references to be provided before work commences with adults with care and support needs	100%	100%	

**Agency Name: BATH COLLEGE**

**Brief outline of agency function:**

Further Education College: Over 2000 learners 16-18, 19+, Apprenticeships, HE, Adult Community Learning, SEND and Love2Learn evening classes.

**Achievements during 2016/17: (bullet points)**

In addition to the function and last year's achievements:

- Introduced student online peer mentoring – aimed at 16-18 year olds but open to 19+ learners
- Introduced annual safeguarding updates for ALL staff including consent guidelines around 18+
- Introduced a mental health policy and wellbeing statement.
- Added mental health to the College's risk register.
- Strengthened the Safeguarding Team by employing an additional dedicated safeguarding lead
- Safeguarding Lead based at Somer Valley Campus and is able to provide support for adult learners on the Adult Community Learning programme
- Stop Adult Abuse Campaign
- Think Tolerance and Respect Campaign
- New Prevent Campaign
- Male Mental Health 'Have You Got the Ball?' campaign
- FGM campaign
- Introduced 'Holly Guard' to staff and students

- Increased the profile of the Student Welfare Team around College
- All Student Welfare Team have undertaken mental health awareness training
- Engaged with the CAMHS Hub and training
- Introduction of Smoothwall web filtering (safeguarding and Prevent) which protects learners of all ages
- Modernised the College's counselling provision
- Increased campus security

#### **Challenges**

- Funding and finance
- Cutbacks to community provision
- Volume of disclosures

#### **Describe how you raise awareness of safeguarding in your agency:**

- Staff updates and training
- Student portal advertising of provision
- Tutorial provision
- Distribution and awareness of publications from DfE, e.g. Keeping Children Safe in Ed
- New staff inductions
- Poster campaigns
- SMT updates
- Joint policy group with H&S, EDI
- Information to Parents
- Safeguarding training for employers, subcontractors and host families

#### **Describe how you promote the South West Child Protection Procedures(SWCPP) within your agency:**

- HR process including induction package, ongoing training and updates.

#### **What difference has your achievements made to children, young people, parents /carers?**

- Strong retention in the College and within vulnerable groups
- Overwhelmingly positive response to counselling and welfare provision has demonstrated improvements in resilience, self-esteem etc.
- 99.9% of students report that they feel safe at College – this includes adult learners
- 99% of parents report that they feel their son/daughter/ward is safe at College
- Continuing the high level of safeguarding at the College.

#### **Objectives for 2017/18:**

#### **In addition to maintaining the high standards of safeguarding in the College, the focus for 17/18 will be on mental health:**

- Continue to prioritise, promote and embed the Health and Wellbeing Services in association with the Health and Wellbeing Statement across College.
- Propose the recruitment of a PT Mental Health Advisor as one of the designated people to work with students with an identified mental health and emotional needs.
- Secure recurrent funding from the EHWP Transformation Fund for the continued provision of the College Counselling Service delivered by OTR for 2017/18.
- Continue to work in collaboration with the Self-harm & Suicide Prevention Board
- Set up regular wellbeing surgeries within a designated area to provide a safe place for the delivery of wellbeing advice delivered by the MHA and counsellor.
- Work in collaboration with Bath MIND around training and funding opportunities.
- Investigate 'Investors in' kite mark to ensure the College is doing everything it is required around EDI.
- In liaison with the SU set up a LGBT forum within the College in liaison with the OTR, LGBT & Space Champion to raise awareness and offer guidance on LGBT issues
- HR to consider introducing Mental Health First Aid to all staff

#### **Other objectives:**

- Continue to raise the profile of the College Nurses
- Fully embed the new campus safety measures

**Agency Name: Bath and North East Somerset Carers' Centre**

**Brief outline of agency function:**

Bath and North East Somerset Carers' Centre provides preventative services to 4,000 carers and their families under the Care Act. Services include support planning, connecting to carers to community assets, providing information and advice to carers in local community settings, providing a wellbeing services including breaks from caring, befriending and counselling.

**Achievements during 2016/17: (bullet points)**

- Sending out safeguarding information in the welcome pack to the 737 new carers referred to the carers in the year
- Sending out information on safeguarding in our newsletter with a distribution of 7000 and on our e:bulletin with a distribution of 2000.
- Supporting Stop Adult Abuse Week by creating a pack for organisations to engage and sending out information via social media and email
- Leaflets and posters displayed in the Bath and Radstock Carers' Centres
- CEO chairing the Awareness, Engagement and Communications Sub-Group
- CEO being Vice Chair of the Safeguarding Adults Board

**Describe how you raise awareness of safeguarding in your agency:**

- Staff must all receive adult safeguarding training regularly
- Safeguarding is a standing agenda item at supervision
- Monthly Clinical Supervision allows staff to discuss safeguarding and prevention to support carers and their families. Staff are able to develop their learning about how to identify and prevent abuse.
- Policies and procedures are kept in line with the Local Safeguarding Adults Board's policies procedures and are made centrally available to staff. Changes to policies and procedures are emailed to all staff.
- Marketing materials are used such as leaflets, posters, articles in newsletters and e:bulletins

**Describe how you supported service users and carers through the safeguarding adults' procedure:**

We provide informal advocacy and support if we are requested to do so by the carer. If we refer a carer to safeguarding we ensure we explain the process carefully and gain their permission where possible before making the safeguarding referral.

**Objectives for 2017/18:**

- Develop more whole family approaches through discussions in clinical supervision and improving processes and tools to prompt whole family working.
- Continue to send safeguarding information to carers and to have safeguarding messages in out literature.
- Continue to ensure staff learning around safeguarding develops.

**Performance Indicators for LSAB 2016-17 (agreed March 2016)**

<b>Indicator 5: Training</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>
2.1 Safeguarding awareness included in induction	95%		
2.2 Relevant staff to have completed SA level 2 training	90%		
2.3 Relevant staff to have completed SA level 3 training	90%		
2.4 Relevant staff to have completed MCA / DOLS	90%		

training			
2.5 Relevant staff to have undertaken WRAP training	75%		
<b>Indicator 6: Safer Recruitment</b>	<b>Target</b>	<b>Outcome %</b>	<b>Comment</b>
3.1 Relevant staff to have an up to date DBS check	100%		
3.2 Two written references to be provided before work commences with adults with care and support needs	100%		

**Agency Name: Bath and North East Somerset (BaNES) Clinical Commissioning Group (CCG) (Nursing & Quality Team)**

**Brief outline of agency function:**

- Protecting the vulnerable is a major part of our approach to commissioning with a focus on quality and patient experience. BaNES CCG is committed to working with partner agencies to ensure the safety, health and wellbeing of the local people.
- The CCG works to the requirements of NHS England 'Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework' 2015. The document sets out clearly the safeguarding roles, duties and responsibilities of all organisations commissioning NHS Healthcare.
- The CCG Director of Nursing and Quality is executive lead for Safeguarding, reporting to the CCG Chief Officer and CCG Board and attends the Local Safeguarding Adults Board (LSAB) meetings.
- The Adult Safeguarding & Quality Assurance Nurse for Funded Health Care is also CCG lead for Prevent and chairs the MCA & DOLS sub-group.
- The Nursing & Quality Team within the CCG seeks to improve communication and joint working with the Local Authority Safeguarding Team, Avon & Somerset Constabulary & the Care Quality Commission to share intelligence and concerns when they arise.
- The CCG works to ensure that Adult Safeguarding is being effectively delivered in all commissioned health services.
- NHS BaNES CCG commissions and performance manages all NHS funded care in Bath and North East Somerset.
- In 2016 - 2017 the CCG Adult Safeguarding team remained unchanged:
  - Executive Lead: Dawn Clarke, Director of Nursing and Quality; 1.0 WTE
  - Named Nurse: Sarah Jeeves, Adult Safeguarding & Quality Assurance Nurse for Funded Health Care
  - Named GP: Dr Louise Leach; 0.1 WTE (1 session a week)
  - Safeguarding Administrator: Anne Hodgkins

**Achievements during 2016/17:**

- The CCG has worked with the LA to meet its responsibility to ensure enquiries (investigations) are made into cases of abuse and neglect. In practice, local authorities may now delegate actual investigations to other agencies.
- A small group of CCG staff have continued to support the council with their contract reviews of care homes which also looks at SA processes'. This helps to support and demonstrate how adult safeguarding is embedded in health provider services.
- Staff from the Nursing & Quality Team SA Team have supported significant health-related adult safeguarding investigations & large scale enquiries throughout the year.
- Care Home forum: This group continues to support providers to deliver clinically effective, safe and evidence based care. Care home managers contribute to the agenda which are broad and topical with presentations given by specialists in their fields which has included safeguarding. This group

is run jointly with our social care/contracts colleagues.

- Alignment of Safeguarding and Serious Incident investigations: these two clearly defined procedural investigations are difficult run alongside one another due to the timescales and objectives associated with each process. Work continues to be ongoing around this area to avoid duplication.
- The pressure ulcer matrix developed jointly with the local authority is used to help identify themes and patterns from all pressure ulcers continues to be utilised.
- The Protocol for determining Neglect in the Development of a Pressure Ulcers is due for review December 2017.
- The CCG works to the ethos that prevention is essential to minimise the risk of harm resulting in safeguarding referrals.
- The prevention and management of UTI's has continued to be supported by an antibiotic prescribing project led by the Medicines Management team.
- Pressure ulcers: work has continued to be undertaken during the reporting period to help support providers to reduce new pressure ulcers. The CCG supported the funding of a 'Rapid Spread' pressure ulcer improvement programme in the RUH.
- Domestic Violence: Identification and Referral to Improve Safety (IRIS) continued to be commissioned by the CCG and Avon Police to deliver Domestic Abuse training and support Primary Care.
- Provided twelve-month funding for IDVA services in the RUH, jointly commissioned with funding from Public Health B&NES and Wilshire Local Authority due to positive outcomes reported.
- The CCG attends and inputs into the MARAC steering Group.
- Adult Safeguarding is a regular agenda item on all provider contract Review Meetings which are attended by one of the CCG Nursing & Quality Team members. To support this, the Adult Safeguarding Schedule forms part of the provider contracts which was reviewed in 2016/2017.
- CCG Serious Incident, Complaints and Safeguarding committee: Three weekly reports are completed to demonstrate current activity, further reports as required are presented to the Quality Committee for discussion.
- Throughout the year support has been given to smaller provides to provide guidance on how to evidence their compliance with the safeguarding adult's standards.
- Refreshed safeguarding adult's standards and key performance indicators in all CCG contracts for all providers.
- Full delegation of commissioning arrangements of primary care agreed by CCG Board which commenced in April 2017.
- The CCG Adult Safeguarding & Quality Assurance Nurse chairs the MCA & DoLS subgroup.
- The Polices & Procedures sub group is chaired by the Director of Nursing and Quality (BaNES CCG)
- The CCG Safeguarding team provided advice to commissioners as part of Your Care Your Way process.
- Supported implantation of BaNES MASH.

### **Challenges**

- Over sight of contracts where BaNES CCG is not the lead commissioner.
- BaNES CCG to work with BaNES Local Authority and Avon & Somerset Constabulary to agree and implement requirements of the Care Act & Safeguarding Adults Policy.

### **Describe how you raise awareness of safeguarding in your agency:**

- As a medium size CCG, the Adult Safeguarding & Quality Assurance Nurse for Funded Health Care is able to work closely with all CCG staff to raise awareness of Adult Safeguarding.
- Staff are required to complete Safeguarding Adults mandatory training relevant to role.

- Quarterly reporting to the CCG Quality Committee has been delivered.
- Regular meetings with staff within the CCG combined with monitoring of services with Staff, Managers and Training sessions.
- The CCG Annual Adult Safeguarding Report is taken to the Public CCG Board.
- Significant safeguarding concerns are taken to the CCG Confidential Board.
- When necessary, Adult Safeguarding matters are communicated via the CCG Communications team, the staff noticeboard and staff briefings.
- CCG staffing is under 60 WTE so there is adequate opportunity to ensure that individual staff are aware of their responsibilities.

**Describe how you supported service users and carers through the safeguarding adults' procedure:**

- The CCG works to the philosophy that safeguarding is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, while at the same time making sure that the adult's wellbeing is promoted including, having regard to their wishes, feelings, views and beliefs.
- MSP is led by the Council and is firmly embedded in safeguarding practice.
- BaNES Clinical Commissioning Group (CCG) has been strengthening its commissioning arrangements for adult safeguarding during 2016/17.
- The CCG is in the best position to ensure that NHS providers meet their responsibilities through its commissioning arrangements. To support service users & carers.
- BaNES CCG have a responsibility to ensure that service specifications, invitations to tender, service contracts and service level agreements promote dignity in care and adhere to local multi-agency safeguarding policies and procedures.

**Objectives for 2017/18:**

- Continue to develop/refine processes for monitoring safeguarding actions when these relate to health commissioned services.
- To ensure the LSAB Business / Strategic Plan is delivered.
- Continue to promote and deliver the Prevent agenda locally. The CCG regularly links with the council and regional health & local representatives to continue to take this forward.
- Continue to deliver a programme of supervisory visits for adult provider safeguarding leads as required.
- Finalise the Supervision policy: This will be in collaboration with the Designated Nurse for Children, alongside the supervisory visits carried out.
- NHS BaNES CCG is committed to monitor safeguarding training, development of our own staff and to ensuring that training is embedded in the commissioned services in Bath and North East Somerset.
- Continue to assure the LSAB that the Care Act 2014 is implemented effectively.
- Establish additional assurance systems with commissioners in primary care to monitor safeguarding arrangements in GP services.
- Establish additional assurance systems with Providers to evidence how learning that has been shared from multi-agency reviews and SCR's has impacted on practice.
- Review the use of Liquid Logic in relation to inputting safeguarding information as opposed to a manual system.
- Continue to deliver quarterly level 2/level 3 refresher training with the Named GP for Adult Safeguarding.
- Continue to deliver quarterly ½ day topic based safeguarding adults and children conferences with cover for practice closure to increase engagement.
- Continue to work with the Named GP where there has been some question about the role of professionals / practice in safeguarding section 42 enquiries.
- The Named GP continues to update safeguarding guidance and resources on "Map of Medicine" which is available to all BaNES GP's.

- Adult safeguarding newsletters (from the named GP) will continue to be shared approximately every 6/12 months.

**Performance Indicators for LSAB 2016-17 (agreed March 2016)**

<b>Indicator 5: Training</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>
2.1 Safeguarding awareness included in induction.	95%	75%	CCG staff have just changed over to a new system called: consultod, for on-line training. Reminder re: mandatory on line training has also been sent out to staff.
2.2 Relevant staff to have completed SA level 2 training	90%	100 %	Relevant staff attended Sirona (now Virgin Healthcare) training.
2.3 Relevant staff to have completed SA level 3 training	90%	100%	Relevant staff attended Sirona (now Virgin Healthcare) training.
2.4 Relevant staff to have completed MCA / DOLS training	90%	100%	Relevant staff have attended B&NES DoLS training.
2.5 Relevant staff to have undertaken WRAP training	75%	100%	CCG has an internal WRAP Trainer.
<b>Indicator 6: Safer Recruitment</b>	<b>Target</b>	<b>Outcome %</b>	<b>Comment</b>
3.1 Relevant staff to have an up to date DBS check	100%	100%	Receipt of satisfactory DBS checks where appropriate required before employment commence.
3.2 Two written references to be provided before work commences with adults with care and support needs	100%	100%	Standard procedure in line with the NHS recruitment procedures.

**Agency Name: Bath and North East Somerset Council**

**Brief outline of agency function:**

The Council is responsible for ensuring that the statutory responsibilities for safeguarding adults with care and support needs are met. This is achieved by authorising actions relating to all safeguarding concerns raised; by quality assuring service delivery of external providers; by triangulating information with other agencies to ensure the early identification of risk.

The Council is also responsible for ensuring all DoLS applications are processed for service users who lack capacity and for presenting cases to the Court of Protection.

The Council administers and facilitates the work of the LSAB including development sessions and launch events of all types. It also provides a significant amount of Officer and administrative support to each of the sub groups and the Board.

**Achievements during 2016/17: (bullet points)**

During 2016/17 the Council continue to consider all the safeguarding recommendations from Sirona care and health and AWP as to whether a case reaches the new threshold for a safeguarding Enquiry. It also undertakes the chairing of all the situations that progress into the safeguarding procedure. During the year the Council made the decisions on the 1496 concerns

raised and had oversight of the 547 situations that were considered under safeguarding during the year.

In addition the Council team has:

- Continued to ensure that Making Safeguarding Personal is at the centre of its work
- Supported the implementation of the LSAB Multi-agency procedure's by leading the launch events and undertaking bespoke training for organisations.
- Supported the implementation of the safeguarding process on the Council's client database, recording concerns and meetings onto the system.
- Monitored the impact of the safeguarding statutory duties on the Council and other agencies
- Continued to review contract monitoring arrangements for all commissioned services
- Worked closely with the Council Contract and Commissioning team, the Complaints team, Banes NHS CCG and the CQC to ensure safeguarding risks with registered providers are identified at an early stage
- Co-chaired with colleagues in Children Services the MASH Board, supported the implementation of the MASH and worked with other agencies to develop the operational practice of the MASH
- Strengthened both the Safeguarding Adults and Quality Assurance team and the MCA and Quality Assurance team to ensure statutory duties are delivered.
- Ensured that safeguarding requirements are clearly articulated in the prime provider specification for Your Care Your Way
- Facilitated the planned transfer of the multi-agency LSAB training courses from Sirona care and health to the Council.
- Undertaken safeguarding audits as required by the Quality Assurance Group together with colleagues from the CCG and Avon and Somerset Constabulary.

**Describe how you raise awareness of safeguarding in your agency:**

- Through regular updates at team meetings and staff briefings
- Articles in Council Connect
- Supporting the Board's annual Safeguarding Awareness Week – using social media and internal communications networks to share information during the week.
- Through annual updates to commissioning leads across People and Communities to ensure they know what is required from commissioned services
- Through staff supervision, PDRs and training (at national, regional and local events)
- Through "lunch and learn" practice sessions
- Through the sharing and dissemination of the LSAB newsletter and key messages
- Through monthly performance reports to the CCG Board and quarterly updates to the Council Chief Executive
- Through working closely with Children's colleagues to look at areas of overlap for shared training and collaboration – this year this has included work on FGM and sexual exploitation,

**Describe how you supported service users and carers through the safeguarding adults' procedure:**

- By confirming with the person if they want a representative or advocate to support them through the safeguarding process.
- Asking for and noting the views, wishes and outcomes that the person wants for

safeguarding.

- Meeting with the person in their own home to talk through the outcome of the safeguarding enquiry and discussing future action that could be taken.
- Respecting a person's request not to consider an issue under safeguarding.
- Undertaking face to face discussions with the person to obtain their feedback and then using their views to improve professional practice
- Participating in the small number of safeguarding complaint investigations and implementing the learning from these.
- Using the role of Chair of the safeguarding process to support other organisations to achieve the outcome the individual requires rather than the one the organisation feels is most appropriate.
- Consider if coercion is impacting on the person's decision making and what action can be taken to address this.
- Development of leaflets for individuals and their family on behalf of the LSAB
- Development of policies on behalf of the LSAB that reflect the MSP expectations throughout.

**Objectives for 2017/18:**

- To ensure the LSAB Business/Strategic Plan is delivered
- To continue to assure the LSAB that the Care Act 2014 in relation to safeguarding is implemented effectively
- To continue to focus on achieving the outcomes identified by the service user.
- Consider how the work of the MASH could be extended and further strengthened.
- Continue with monthly face to face discussions with people who have been supported through safeguarding – to seek their views and opinions.
- Ensure the delivery of the LSAB Level 2 and Level 3 training courses meets the Board's requirements
- Provide training on Coercion and Control and its implications for safeguarding
- Continue to raise awareness regarding sexual exploitation of adults
- Strengthen the understanding of quality versus safeguarding within the Council and other organisations.
- Consider how the information held on Liquid Logic could be used to support the Board's quality assurance.
- Continue to monitor DoLS and community DoLS applications

**Performance Indicators for LSAB 2016-17 (agreed March and Sept 2016 – new procedures)**

<b>Indicator: Exception and Breach Reports</b>	<b>Target%</b>	<b>Outcome%</b>	<b>Comment</b>
2.1 % Breach report on failure to comply with procedural timescale	100%	100%	This report has been provided from Care First and is now being reported from Liquid Logic. Work is underway to provide the performance reporting adjusted for MSP breaches.
2.2 % Exception reports on repeat referrals	100%		The report was available from the service user record system at the beginning of Sept 2017 and the report will be completed by Nov 2017 and will cover a 12 year rolling period. The team continue to note repeat referrals coming in (in the absence of the report) and ensure previous safeguarding actions have been

			implemented.
<b>Indicator: Quality Audits</b>			
3.1 % Report on the findings of case file audits	15% (total)	15%	Agreed at QAPPM group that this audit will consider the cases audited by AWP and Sirona care and health.
<b>Indicator: Service users experience</b>			
4.1 % Report on the experience and outcome for the service user (to include involvement in safeguarding arrangements)	N/A		Each member of the Safeguarding and Quality Assurance Team are undertaking one service user feedback visit per month. A report from this will be shared with the Communication group in March 2018.
<b>Indicator: Training</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>
2.1 Safeguarding awareness included in induction	95%	100	
2.2 Relevant staff to have completed SA level 2 training	90%	94%	
2.3 Relevant staff to have completed SA level 3 training	90%	90%	
2.4 Relevant staff to have completed MCA / DOLS training	90%	94%	
2.5 Relevant staff to have undertaken WRAP training	75%	50%	A number of commissioners have not undertaken WRAP training but have this planned. They are however aware of the Prevent agenda.
<b>Indicator 6: Safer Recruitment</b>	<b>Target</b>		<b>Comment</b>
3.1 Relevant staff to have an up to date DBS check	100%	100%	
3.2 Two written references to be provided before work commences with adults with care and support needs	100%	100%	

**Agency Name: Bristol Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company**

**Brief outline of agency function:**

Delivery of Probation Services to Low and Medium Risk of Harm individuals. The CRC does not work directly with those under 18 years of age.

**Achievements during 2016/17: (bullet points)**

- The CRC is implementing a range of new working practises to support a new operating model
- The CRC has migrated from the Government supplied IT infrastructure to a new CRC owner version with new email addresses.

**Describe how you raise awareness of safeguarding in your agency:**

- Safeguarding remains a piece of key training for all staff.
- Development of a new suite of online training materials

**Describe how you supported service users and carers through the safeguarding adults' procedure:**

- The CRC works with perpetrators of Offences, some of whom may have been victims of offences in the past. Where appropriate the CRC engages with the MARAC and MAPPA processes. The victims of Domestic Abuse, where the Perpetrator has a sentence which includes a requirement to complete an accredited programme "Building Better Relationships" (BBR) have a Partner Link Worker allocated to them.

**Objectives for 2017/18:**

- To further embed the training within the wider Working Links Group which is delivered predominantly through an online platform

**Agency Name: Bridgemoor**

**Brief outline of agency function:**

Nursing Home

**Describe how you raise awareness of safeguarding in your agency:**

- Regular discussions at meetings.
- Part of appraisals
- Posters

**Describe how you supported service users and carers through the safeguarding adults' procedure:**

- Discussion individually and as a team
- Support with mental capacity assessments

**Objectives for 2017/18:**

- Continue to make staff and families aware of safeguarding

**Performance Indicators for LSAB 2016-17 (agreed March 2016)**

<b>Indicator 5: Training</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>
2.1 Safeguarding awareness included in induction	95%	100%	
2.2 Relevant staff to have completed SA level 2 training	90%	100%	
2.3 Relevant staff to have completed SA level 3 training	90%	50%	
2.4 Relevant staff to have completed MCA / DOLS training	90%	90%	
2.5 Relevant staff to have undertaken WRAP training	75%		
<b>Indicator 6: Safer Recruitment</b>	<b>Target</b>	<b>Outcome %</b>	<b>Comment</b>
3.1 Relevant staff to have an up to date DBS check	100%	100%	

3.2 Two written references to be provided before work commences with adults with care and support needs	100%	100%	
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### Agency Name: The Care Forum - Healthwatch

#### Brief outline of agency function:

The Care Forum is an independent voluntary sector infrastructure organisation working across Bath and North East Somerset (B&NES), Bristol, North Somerset, South Gloucestershire, Swindon and Somerset. We work to promote health and wellbeing, challenge inequalities and enable organisations and individuals to have choice, influence and engagement around health and social care services and policy.

We achieve our organisational objectives through provision of a range of services, including Healthwatch, advocacy, voluntary sector support/ networking, signposting and volunteer support.

#### Achievements during 2016/17: (bullet points)

- Continuing to provide safeguarding training to all new and existing staff and volunteers.
- Enhanced safeguarding training provided to safeguarding leads.
- Two members of staff have attended 'train the trainer' safeguarding training in order to be able to support staff and volunteers.

#### Describe how you raise awareness of safeguarding in your agency:

- Staff and volunteer induction
- Policies and procedures
- Annual training programme
- Sharing literature from the LSAB, including key messages, details of local/national campaigns and events
- Regular discussion and learning between staff and managers

#### Describe how you supported service users and carers through the safeguarding adults' procedure:

- Helping service users to understand the safeguarding process, including confidentiality, what happens if a disclosure is reported and keeping them informed
- Supporting service users to make complaints about the safeguarding process if they wish to do so via The Care Forum's complaints procedure advocacy service
- Sharing information with partner organisations and stakeholders via LSAB newsletter, key messages, e-bulletins, social media and website
- Ensured that staff are up to date with the safeguarding adults policy and procedure through lunchtime briefings

#### Objectives for 2017/18:

- New staff handbook being released, so we will endeavour to undertake ongoing work with staff to ensure that they understand and can implement organisational policies, including safeguarding.
- To review safeguarding training required for advocacy staff – see comments below in performance table.
- All staff from The Care Forum to have a DBS check. To date only relevant staff have required a DBS check to carry out their work, e.g. advocates, Healthwatch Enter and View volunteers etc.
- Continue to provide safeguarding training to all new and existing staff and volunteers.
- Continue to disseminate information from the LSAB with internal and external colleagues to try to ensure that people are up to date and aware of policy/ procedure changes and best practice.

#### Performance Indicators for LSAB 2016-17 (agreed March 2016)

Indicator 5: Training	Target %	Outcome %	Comment
2.1 Safeguarding awareness included in induction	95%	100%	

2.2 Relevant staff to have completed SA level 2 training	90%		We have had a quite a significant change of staff within The Care Forum during this period due to the loss of an advocacy contract in South Gloucestershire. This lead to six advocacy staff moving to another organisation, and a reshuffle of the remaining staff across the advocacy contracts that we continue to provide. All staff have undertaken safeguarding training, however as a result of these changes, we need to review what further training relevant staff need.
2.3 Relevant staff to have completed SA level 3 training	90%	N/A	
2.4 Relevant staff to have completed MCA / DOLS training	90%		The Care Forum no longer provides these services.
2.5 Relevant staff to have undertaken WRAP training	75%		This is not mandatory training for The Care Forum staff. Some have undertaken it where relevant to their roles.
<b>Indicator 6: Safer Recruitment</b>	<b>Target</b>	<b>Outcome %</b>	<b>Comment</b>
3.1 Relevant staff to have an up to date DBS check	100%	100%	
3.2 Two written references to be provided before work commences with adults with care and support needs	100%	100%	

### Agency Name: Carewatch Bath

**Brief outline of agency function:** Carewatch Bath is a domiciliary care provider. We are regulated by CQC to provide Personal Care. Along this, we provide domestic support, social support and overnight care. Our aim is to keep people as independent as possible, and to remain living at home for as long as possible. We are part of the BaNES Strategic Partnership which provides commissioned services on behalf of BaNES council and BaNES CCG. We are also partners in the Bath Integrated Reablement Service, working alongside Virgin Care.

#### Achievements during 2016/17: (bullet points)

- Obtained overall 'Good' CQC rating, and the service was rated 'Good' for each of the 5 key lines of enquiry, including 'safe'.
- Operations Director continues to sit on the LSAB, in addition to the MCA and DoLS QA sub group, which she has been domiciliary care lead on for 6 years.
- All staff now have annual Safeguarding and MCA refresher training.
- Registered Manager won Franchisee staff member of the year at the National company conference.

#### Describe how you raise awareness of safeguarding in your agency:

- Inductions
- Refresher training
- Regular Supervisions
- Team meetings

- Regular reviews and contact with staff and service users
- Regular monitoring of services with Staff, Managers, Training sessions
- Newsletters
- Staff Handbook
- Policies and Procedures

**Describe how you supported service users and carers through the safeguarding adults' procedure:**

In line with MSP we discuss the Safeguarding process with Service Users and/or their family (where appropriate). Depending on the nature of the alerts raised, we as an agency may or may not have any further involvement in the process. We do ask Virgin for updates and whether or not alerts have proceeded to Safeguarding, and we will always attend Safeguarding Meetings when requested to do so, along with providing evidence and reports as needed. We will communicate with the Service Users during the process to offer support as needed.

**Objectives for 2017/18:** To continue to create a culture where Safeguarding vulnerable adults is standard practice. Embedding safeguarding in all aspects of the business, including, but not restricted to:

- Interviews and job descriptions
- Induction
- Refresher training
- Regular Supervisions
- Team meetings
- Regular reviews and contact with service users
- Regular monitoring of services with Staff, Managers
- Newsletters
- Staff Handbook
- Policies and Procedures

**Performance Indicators for LSAB 2016-17 (agreed March 2016)**

<b>Indicator 5: Training</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>
2.1 Safeguarding awareness included in induction	95%	100%	
2.2 Relevant staff to have completed SA level 2 training	90%	100%	
2.3 Relevant staff to have completed SA level 3 training	90%	100%	
2.4 Relevant staff to have completed MCA / DOLS training	90%	97%	
2.5 Relevant staff to have undertaken WRAP training	75%	N/A	
<b>Indicator 6: Safer Recruitment</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>
3.1 Relevant staff to have an up to date DBS check	100%	100%	All staff must have a DBS check before starting work unsupervised. Annual Convictions Declarations are completed by all staff and new DBS applications are made where relevant.

3.2 Two written references to be provided before work commences with adults with care and support needs	100%	100%	
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### Agency Name: CURO

#### Brief outline of agency function:

Curo is a not-for-profit housing and support organisation based in Bath, providing affordable homes and high quality care and support services across the West of England. We manage nearly 13,000 homes and are building hundreds of new homes every year.

We are a thriving ethical business, with a mission to make a positive and profound contribution to the neighbourhoods we work in – inspiring and empowering people to succeed in life.

We own a range of property, from rural starter homes to Grade I Listed Buildings in the centre of Bath, and we have an extensive development and land acquisition programme.

We provide award-winning support services to a wide range of people, including young people and teenage parents, older and disabled people, people at risk of homelessness and people affected by memory loss.

#### Achievements during 2016/17: (bullet points)

- Our Support Services have generated a social value saving of 14.3 million
- Curo have now rolled out Safeguarding e-learning to all colleagues. The course is sent to colleagues annually and reflects any changes in legislation and/or practice
- Curo now have a Safeguarding board which is led by a member of the Executive team. Members include Curo's named lead for Children, named lead Adults and all relevant leaders across the business
- Multi Agency meetings were held with partner agencies to reflect on complex cases, improving process and practice
- Curo's development of Mulberry Park at the Fox Hill estate. The first houses are now complete; with the first round tenants moved in. These include existing members of the community. This development will offer modern housing to new and existing residents, regenerating the whole area
- The DCLG have awarded us funds for the Foxhill community to enhance and collaborate existing services, creating new groups and sharing skills sets
- Curo now have a Modern Slavery working group with members from each area of the business. Our statement is visible on our website outlining our efforts to mitigate areas of concern where possible in both our housing stock and supply chains
- Curo have secured a further 2 years funding to provide Housing and Support Services to our young people's contracts until April 2019
- Children in Need have awarded 3 years funding for our Working Well Service to help younger people access education, training and employment

#### Describe how you raise awareness of safeguarding in your agency:

- Safeguarding is on the agenda of every team meeting and supervision
- Reflective practice is held on complex cases
- Curo participate on a multitude of partnerships' including LSA

- B Board & Sub groups, feeding back to colleagues any changes needed and to share best practice
- Our safeguarding board meet regularly to review practice, exploring ways we can keep our colleagues in the loop that fits with their roles. For example customer facing colleagues receive a different type of training to our trades people and our Policies and Procedures enable them to report concerns differently

**Describe how you supported service users and carers through the safeguarding adults' procedure:**

Our Safeguarding procedure encourages all colleagues to discuss cases with their manager, making safeguarding personal and involving the service user or there carer in all appropriate cases.

The customer remains at the forefront of every support plan ensuring they are personal and a multi-agency approach is used for every case.

We use five ways to wellbeing framework.

The procedures are made available on our internal intranet, promoted by internal media and referred to in our Safeguarding training for colleagues

The LSAB joint website is referenced in our Safeguarding Training

**Objectives for 2017/18:**

Our Independent Lives offer is central to supporting communities and improving lives. It is a financially resilient business promoted across Curo and local area to people who want to maintain independence, connect with others and give opportunities to maximise their life chances. The team is focussed on their wellbeing & that of our customers resulting in an effective and modern offer as lead provider

We will include a GIS feature to our Curo website – This can include information on where customers can find on a map the nearest foodbanks, including locations of other agencies where they can access specialist support and guidance

Creation of a Safeguarding space on Curo's intranet giving colleagues access to lots of information on Safeguarding as a whole – includes information on Curo's Safeguarding Board, procedures for reporting a potential safeguarding issue or how to spot it, who to speak to (internally and externally), information on training that can be done and so on

Working to get Safeguarding e-learning completed by Curo's Board members

Creation of The Missed Opportunity training tool led by Andrew Snee. We worked with Suited and Booted to create short films using actors to portray situations where DA is occurring. This will now be used by other HAs, Local Authorities, schools, colleges, universities and the police

Embed our Working Well offer up at the Fox Hill estate, with thanks to the DLCCG

**Performance Indicators for LSAB 2016-17 (agreed March 2016)**

<b>Indicator 5: Training</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>
2.1 Safeguarding awareness included in induction	95%	100%	This is included in every induction and regular online refresh training
2.2 Relevant staff to have completed SA level 2 training	90%	85%	Relevant leaders will be tasked to do so this year.

2.3 Relevant staff to have completed SA level 3 training	90%	n/a	
2.4 Relevant staff to have completed MCA / DOLS training	90%	100%	
2.5 Relevant staff to have undertaken WRAP training	75%	50%	We will be looking into rolling out PREVENT training to all relevant colleagues in 2017
<b>Indicator 6: Safer Recruitment</b>	<b>Target</b>	<b>Outcome %</b>	<b>Comment</b>
3.1 Relevant staff to have an up to date DBS check	100%	80%	Colleagues who start without DBS completed by Curo are thoroughly risk assessed on the information they provide at point of recruitment and information provided by employer. 100% of colleagues do not work alone until their DBS is through  Any undisclosed information may lead to instant dismissal.
3.2 Two written references to be provided before work commences with adults with care and support needs	100%	100%	

### **Agency Name: Developing Health & Independence (DHI)**

#### **Brief outline of agency function:**

DHI provides drug/alcohol treatment services, supported housing, detox beds, floating support services, direct payment support services, family & carer services, domestic abuse services, outreach services and social prescribing services in the south west region.

#### **Achievements during 2016/17: (bullet points)**

- Progressed actions from 2015/16 adult safeguarding audit and completed 2016/17 audit
- Refreshed Level 1 training for all staff within DHI and reviewed Level 2 training needs and compliance
- Progressed work of Quality Champions Group (clinical governance and safeguarding working group) in relation to risk assessment and use of safeguarding registers
- Implemented standardised safeguarding reporting to executive team and board

#### **Describe how you raise awareness of safeguarding in your agency:**

- Annual review and dissemination of policy & procedure
- Updates disseminated from LSAB
- Production of briefings and guidance documents
- Working groups and meetings
- Discussions at team meetings and 1-2-1
- Via safeguarding leads within each individual service
- Monthly review and reporting from service safeguarding registers

#### **Describe how you supported service users and carers through the safeguarding adults' procedure:**

With the clients permission we have worked closely with the adult safeguarding team to explore potential concerns and examine these in relation to the threshold tool. As a result we have been able to produce an holistic safeguarding prevention plan for the client and his family members, all of whom had been impacted by his drinking and chaotic lifestyle.

**Objectives for 2017/18:**

- 

**Performance Indicators for LSAB 2016-17 (agreed March 2016)**

<b>Indicator 5: Training</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>
2.1 Safeguarding awareness included in induction	95%	100%	Part of induction plan and renewed annually
2.2 Relevant staff to have completed SA level 2 training	90%	88%	
2.3 Relevant staff to have completed SA level 3 training	90%	N/A	Not responsible for leading s42 enquiries
2.4 Relevant staff to have completed MCA / DOLS training	90%	N/A	Not responsible for making formal best interest decisions
2.5 Relevant staff to have undertaken WRAP training	75%		Not clear who relevant staff are but several within DHI have attended Prevent training
<b>Indicator 6: Safer Recruitment</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>
3.1 Relevant staff to have an up to date DBS check	100%	100%	As per our Safer Recruitment policy & procedure
3.2 Two written references to be provided before work commences with adults with care and support needs	100%	100%	As above

**Agency Name: Julian House**

**Brief outline of agency function:**

To support socially excluded people into independence. This includes those with a history of homelessness, people in addiction, offenders, women or men escaping domestic abuse; long term unemployed.

**Achievements during 2016/17: (bullet points)**

- We have reviewed, consulted and implemented changes to our Safeguarding Adults and Safeguarding Children policies and procedures
- We have created, consulted and implemented a new Domestic Abuse Policy and Procedure to support staff experiencing Domestic Abuse
- Self-Neglect Policy – we have made final changes to this following consultation and have circulated it throughout the organisation
- Training – we have appointed a Training Co-ordinator who has ensured almost all new starters have Safeguarding training and all those who need Refresher courses attend in a timely way
- We have started to devise Domestic Abuse training for agencies that has the potential to be incorporated into regular safeguarding training and have started with B&NES, Virgin and NHS to ensure a consistent approach.
- We have attended all required LSAB meetings and contributed to one of the Case studies

highlighted

- We have attended the Training Sub group of the LSAB
- Contribution to the interview process of the new LSAB Chair

**Describe how you raise awareness of safeguarding in your agency:**

Through organisation meetings, staff supervision, Performance and Development reviews , team meetings and regular training

Stop Adult Abuse week – communication with staff using the resource pack (very helpful!)  
Use of social media

**Describe how you supported service users and carers through the safeguarding adults' procedure:**

As the accommodation provider in most cases, we are often the most accessible service for the client and so ensure maximum communication and encouragement to be an active participant in the process. Where service users are reluctant, we ensure timely and thorough communication and look at the language we are using when explaining the process and next steps.

**Objectives for 2017/18:**

- Continue to contribute to the LSAB and associated sub groups
- Look at a role for our Domestic Abuse Team Leader within the LSCB and/or associated sub-groups
- Refresh our on-line offer for Safeguarding training
- Increase the number of relevant staff who complete the WRAP training through this method:  
<https://www.elearning.prevent.homeoffice.gov.uk/>

**Performance Indicators for LSAB 2016-17 (agreed March 2016)**

<b>Indicator 5: Training</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>
2.1 Safeguarding awareness included in induction	95%	96%	
2.2 Relevant staff to have completed SA level 2 training	90%	95%	
2.3 Relevant staff to have completed SA level 3 training	90%	90%	
2.4 Relevant staff to have completed MCA / DOLS training	90%	90%	
2.5 Relevant staff to have undertaken WRAP training	75%	30%	We will increase this as identified above
<b>Indicator 6: Safer Recruitment</b>	<b>Target</b>	<b>Outcome %</b>	<b>Comment</b>
3.1 Relevant staff to have an up to date DBS check	100%	100%	We do not start staff in the organisation without a DBS and have signed staff up to the Update service which is reviewed annually.
3.2 Two written references to be provided before work commences with adults with care and support needs	100%	100%	Our HR ensures this happens and it is audited

The National Probation Service was formed from 02 June 2014. Our Local Delivery Unit is the Somerset Cluster, made up of Bath and North East Somerset, Somerset and North Somerset. The managers which covered those areas in 2015 - 2016 are:

Bath and North East Somerset: Kevin Day  
Somerset - Bridgwater: Angela Powell  
Somerset – Yeovil: Claire Evans  
Somerset – Taunton: James Knight  
North Somerset: Andy Harris and Gemma Willcox/Emma White.

Glogan House – Approved Premises is part of the National Probation Service and these premises are in Bridgwater. The manager there is Kerensa Holgate, and the Assistant Chief Officer responsible is Mark Benden.

NPS - Youth Offending Service. Liz Spencer is a Board member of all three Youth Offending Service Management Boards, and Chairs the Youth Offending Service Board in North Somerset. NPS Probation Officers work in all three teams.

Multi Agency Public Protection Arrangements - the MAPPAs Unit for the whole Avon and Somerset Area is based at Avon and Somerset Constabulary Police Headquarters. The MAPPAs Coordinator is David Miners, who works at Police HQ. This post is two thirds Police funded and one third Probation funded, but sits within the NPS line management structure. MAPPAs meetings are held in each local authority area, with a local panel and is co-Chaired by Police and NPS.

The Avon and Somerset MAPPAs Annual Report is published every year in October, by the Office for National Statistics, containing the statistics for all the MAPPAs (violent and sexual) offenders managed in this police force area.

Liz Spencer is the Co-Chair of the Avon and Somerset MAPPAs Strategic Management Board on behalf of the NPS.

### **Outline of Agency Function**

The Role of the National Probation Service is to supervise High Risk of Harm offenders and MAPPAs offenders, provide advice and reports to the courts, deliver the Victim Contact service to the victims of serious sexual and violent offenders, provide Approved Premises, provide the Probation staff within Public Sector prisons. We have our Safeguarding duties to Children and to Adults, and provide attendance at MARACs in relation to our nominated cases. We are also represented on the Local Criminal Justice Board, the Transforming Summary Justice Board and all other statutory partnerships.

### **Achievements**

- We have successfully recruited Probation Officers and Administrative staff to work in our locations and have implemented a new operating model which provides consistency of service and resources across the country. We have provided information relating to the particular resource requirements for the NPS in providing a service within remote and rural communities. We are still recruiting for more Probation Officers and Administrative staff, and are receiving applications, although there is a national shortage of Probation Officers.
- members of staff have been successful in completing the qualification to become a Probation Officer and they are all working in the area.
- We will be able to continue to provide NPS Probation Officers to the Youth Offending Service. We have changed our configuration to provide 1 ½ Probation Officers for

Somerset, 1 for North Somerset and will be providing a part time Probation Officer for Bath.

- Mandatory training in Safeguarding has been carried out.
- We are spending significant time considering the needs of elderly offenders, and those with specialist social care needs, to ensure that the correct arrangements are in place for their wellbeing and social care needs, and to take account of the requirement for robust risk management plans.
- We are also working to implement our Transitions Protocol for young people reaching the age of 18 and transferring to Adult Services within Probation.
- We continue to improve our performance in relation to our timeliness of recalls, provision of Parole Reports and risk escalation of cases from the Community Rehabilitation Companies.
- We continue to place the highest priority on our public protection work, and protecting past and potential victims.
- An Avon and Somerset wide Reducing Reoffending Board is being set up and NPS are represented.
- We have held a well-received seminar jointly with the University of the West of England discussing research on Child Sexual Abuse images over the Internet to inform our practice.
- We continue to develop our learning as a result of Serious Case Reviews and audits and make sure that the information is regularly shared with staff.
- We support Prevent, Counter Terrorism and strategies for tackling organised crime, and are careful in managing vulnerable people who may be at risk of carrying out extremist behaviour.

### **Challenges**

- Maintaining our 100% attendance at all the Partnership Boards will be a challenge given our likely level of resources in the future. We are also unable to support all the sub groups of the Board, although we do prioritise different elements in different areas according to the priorities in those areas.
- We will also need to work even more closely with our partners on information sharing and communication, to ensure that information is shared both ways to enable us to deliver our objectives successfully.
- New Strategies have been issued to share with partners in relation to MARACs, Domestic Homicide Reviews, Community Safety Partnerships and Youth Offending Service.

### **What Difference Have We Made?**

- We continue to carry out our role by working with high risk of harm sexual and violent offenders in order to reduce the harm they may create and to prevent future victims. We do this by working closely with the Police, the Prison Service and partner agencies.
- We supervise high risk and sexual and violent offenders, and provide robust risk management plans which are monitored and enforced. We put plans in place to support the resettlement of offenders in appropriate ways.
- The National Probation Service provides the Victim Contact Service for victims of serious sexual and violent crime and this service is available to children, their parents and to adults.

### **Objectives**

- Our objectives are set nationally for the NPS, but locally we hope to be able to improve our recording of flags on our systems, for MAPPA, Safeguarding, Domestic Abuse, Care Leavers and Prevent. We are trying to increase the identification of care leavers in our services and make sure they are flagged correctly and linked to the appropriate services. There are also area wide MAPPA Audits to which the standing members will be invited.

- We have implemented the further national guidance as the National Probation Service work on consistency in safeguarding continues via a nationally led group.
- The NPS overall commitment to the Safeguarding in this area remains a significant and high priority.

### **Agency Name: NHS England South**

#### **Brief outline of agency function:**

NHS England (NHSE), as with all other NHS bodies has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children, young people, and vulnerable adults. From a safeguarding assurance responsibility perspective, NHSE South Central team ensures it is appropriately engaged in the Local Safeguarding Boards and any local arrangements for safeguarding both adults and children, including effective mechanisms for LSCBs, SABs and health and wellbeing boards to raise concerns about the engagement and leadership of the local NHS if indicated. This work is in line with the duties and approach set out within the NHS England Safeguarding Policy (2015).

#### **Achievements during 2016/17: (bullet points)**

- During 2016-17 the safeguarding team restructured and now have all key safeguarding post recruited into. This has enabled the team to increased capacity to deliver the required organisational functions.
- NHS England is not a patient facing organisation but has introduced a mandatory training requirement for all staff to complete a basic awareness course in safeguarding both adults and children. Safeguarding staff have trained at the appropriate level according to guidance which includes safeguarding adults, MCA and Prevent training.
- NHSE South Central worked in Partnership with the registered charity NAPAC (National association for people abused in childhood) to provide historical sex abuse disclosure training. This was in response to the recommendations from the Lampard Inquiry
- Several Modern Day Slavery awareness raising training sessions has been delivered by the charity UNSEEN in Partnership with NHS E South Central in support of the National priorities set to raise awareness of the issues of modern day slavery in the UK.
- Advanced safeguarding report writing training has been delivered by Niche Consulting. This was evaluated particularly well by the delegates attending.
- Two Level 4/5 Safeguarding Children training days have been delivered in the South Central Region, in partnership with BASCPAN (British Association for Study and prevention of childhood abuse and neglect). The themes of the seminars were 'learning the lessons from serious case reviews, identifying pathways to harm'.
- Quarterly PREVENT education workshops have been delivered in conjunction with National leads and Special Branch and home office colleagues

#### **Describe how you raise awareness of safeguarding in your agency:**

- Through strategic systematic leadership and assurance frameworks

#### **Describe how you supported service users and carers through the safeguarding adults' procedure:**

We have a safeguarding link on NHSE web site which is easily assessable.

#### **Objectives for 2017/18:**

##### **National Priorities:**

- FGM
- Embedding MCA
- PREVENT
- Care Act 2014
- Modern Slavery

- Care in Care homes
- Quality and Safety of learning disability services

**Local Priorities:**

- Learning from SCRs & DHRs
- Safeguarding Boards presence
- Learning from the Primary Care Safeguarding Assurance audit

**Performance Indicators for LSAB 2016-17 (agreed March 2016)**

<b>Indicator 5: Training</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>
2.1 Safeguarding awareness included in induction	95%	95%	
2.2 Relevant staff to have completed SA level 2 training	90%	100%	
2.3 Relevant staff to have completed SA level 3 training	90%	100%	
2.4 Relevant staff to have completed MCA / DOLS training	90%	90%	
2.5 Relevant staff to have undertaken WRAP training	75%	We do not collect this data	
<b>Indicator 6: Safer Recruitment</b>	<b>Target</b>	<b>Outcome %</b>	<b>Comment</b>
3.1 Relevant staff to have an up to date DBS check	100%	100%	
3.2 Two written references to be provided before work commences with adults with care and support needs	100%	100%	

**Agency Name: Royal United Hospitals Bath NHS Foundation Trust**

**Brief outline of agency function:**

The Director of Nursing and Midwifery is the Executive Lead for Adult Safeguarding within the RUH, supported by the Deputy Director of Nursing, Quality and Patient Safety. The adult safeguarding team has continued to develop the support for clinical staff raising safeguarding concerns.

Assurance relating to adult safeguarding, Mental Capacity and Deprivation of Liberty Safeguards is provided to the Trust Board by the Safeguarding Adults Committee via the Operational Governance route. The Safeguarding Adults Committee is a multi-agency forum chaired by the Deputy Director of Nursing, Quality and Patient Safety.

The RUH has representation on the Local Safeguarding Adults Board (LSAB) with Executive representation from either the Director of Nursing and Midwifery or the Deputy Director of Nursing, Quality and Patient Safety. There is RUH representation at the following LSAB subgroups, Policy & Procedure, Quality Assurance, Training, Communications, MCA/DoLS and Making Safeguarding Personal.

**Safeguarding Adults Team**

The Safeguarding Adult team consists of 1.8 WTE registered nurses with the support of a 0.8 WTE administrator. However since December 2016 the team have had a vacancy of 0.8 WTE. From July 2017 a new 1.0 WTE will be in post. When the team receives a safeguarding concern they review the patient and their medical records on the ward and gather the initial information as requested by the Local

Authority safeguarding teams. The RUH team provide an immediate response for advice and support to all staff by being available via the bleep system. Each operational safeguarding lead maintains a patient caseload. The Safeguarding Adult team regularly undertake case reviews and prepare reports to support safeguarding processes that have been convened in the community. This would be following an episode of care in the RUH to provide the Chair with information to supplement the process. The team represent the RUH at safeguarding strategy and planning meetings held at the RUH and on occasions at external meetings.

#### **Achievements during 2016/17: (bullet points)**

- Training compliance as detailed below.
- Care Quality Commission inspection noted that staff had a good level of understanding in safeguarding and the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Pilot for staff training programme for Managing Challenging Behaviours and Physical Interventions has been agreed and is currently at the planning stage with the provider.
- Secured further funding for the year for an Independent Domestic Violence Advisor (IDVA) to support the staff and victims of domestic violence.
- Map current position against recently published NHS England Intercollegiate Document (competency framework for healthcare staff). Document is still not published, have been using draft for planning priorities ready for publication.
- Electronic version for Independent Mental Capacity Advocate (IMCA) referral has been developed and is now in testing phase.
- Electronic version for staff to raise Safeguarding Adults concerns has been established.
- Development of Allegations against Staff Policy currently in draft form for consultation.
- Further development of the Safeguarding Adults Practitioner Network now includes an annual workshop held jointly with the safeguarding children team.
- Learning Disabilities Quality Check programme has been shared at the Trust wide Professional Nurse and Midwifery forum, the Trust Executive Board and with the relevant RUH working groups to implement learning, an example being the patient menus to be produced in Easy read format by the Nutrition group.
- 

#### **Describe how you raise awareness of safeguarding in your agency:**

- Adult Safeguarding Policy
- Trust intranet web pages for DoLS, MCA and Safeguarding Adults.
- Adult safeguarding on Trust internet for public to access
- Poster displaying contact details of Safeguarding Adults team and staff leaflet
- Awareness raising through training at induction and update days.
- Working with partnership agencies
- Awareness raising through Adult Abuse Week Event
- Safeguarding Adults Network – cascade information
- Annual Safeguarding Workshop

#### **Describe how you supported service users and carers through the safeguarding adults' procedure:**

- Engaging and involvement when appropriate in relation to Making Safeguarding Personal
- Operational safeguarding nurses are visible in practice areas both inpatient and outpatient. This visibility encourages robust communication between carers, patients and staff. We encourage a multi-agency/disciplinary approach as part of the safeguarding process.
- Periodically learning and sharing from case studies when the Safeguarding Adults team have been involved.

#### **Objectives for 2017/18:**

- Sustain training compliance for adult safeguarding.
- Continue to improve Prevent training compliance.
- Having secured funding for IDVA role for a further year to continue to develop priority areas and ensure sustainability within the Trust should funding not continue.
- Continue to work with the wider safeguarding team to promote the "Think Family" agenda.
- Develop a Trust Autism Strategy and training programme (by the team's Learning Disabilities Specialist Nurses).

<ul style="list-style-type: none"> <li>Develop training and supervision programme to meet the Intercollegiate Document requirements.</li> </ul>			
<b>Performance Indicators for LSAB 2016-17 (agreed March 2016)</b>			
<b>Indicator 5: Training</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>
2.1 Safeguarding awareness included in induction	95%	100%	
2.2 Relevant staff to have completed SA level 2 training	90%	89.95%	
2.3 Relevant staff to have completed SA level 3 training	90%	100%	
2.4 Relevant staff to have completed MCA / DOLS training	90%	89.95%	
2.5 Relevant staff to have undertaken WRAP training	75%	53.27	
<b>Indicator 6: Safer Recruitment</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>
3.1 Relevant staff to have an up to date DBS check	100%	76%	
3.2 Two written references to be provided before work commences with adults with care and support needs	100%	100%	

**Agency Name: Sirona care and health**

**Brief outline of agency function:**

Sirona care and health is a not-for-profit community health and social care provider, providing a wide range of services on behalf of the Council and the CCG, employing a range of health and social care staff. Under delegated responsibilities from the Council, Sirona employs social work staff to undertake section 42 enquiries under the Care Act and to manage Safeguarding Adults cases.

**Achievements during 2016/17: (bullet points)**

- Sirona care and health has continued to play a key role within the multi-agency framework set by the B&NES Local Safeguarding Adults Board. Representatives play an important part in the work of the LSAB and all of its sub groups, covering Learning and Development; Quality Assurance; Policy and Procedures; Awareness, Engagement and Communications; and *Making Safeguarding Personal*.
- In its role as an organisation with statutory delegated powers to undertake s.42 enquiries under the Care Act, Sirona Care and Health managed a total of c.740 Safeguarding Adults referrals in 2016-17 and referred others on to appropriate teams in AWPT (NB this is an estimate based on the figure of 674 referrals received up to 28<sup>th</sup> February).
- Managers carried out a detailed audit of 42 cases in order to analyse trends and patterns, and a 'Closed Case Audit' Report has been completed by our Safeguarding Adults Lead.
- We took part in the annual Safeguarding Self-Assessment Audit, and hosted the electronic platform on which it was built.
- We continued to run level 1 (induction), Level 2 and Level 3 Safeguarding Adults courses and to offer a significant number of places to the voluntary and independent sector – 272 staff attended a Level 2 course and 20 staff attended a Level 3 course. Most of the Safeguarding Adults courses were joint safeguarding Adults / Safeguarding Children courses and also included content on MCA and Prevent.

- In addition, a total of 215 non-Sirona staff attended Safeguarding Adults training courses organised by Sirona, attending 23 different events.
- The main recipients of these courses were staff from the independent and voluntary sector. A breakdown of which type of agencies benefited from these courses is given in the table below:

Agency	Numbers
AWP	8
Independent / Vol	192
NHS Other	8
Other	1
Other B&NES	3
PCT PROVIDER	2
B&NES Council	1
<b>Grand Total</b>	<b>215</b>

- 186 of the 215 staff attended half-day Level 2 courses and 29 attended full-day Level 3 courses. This equates to a total of 911 hours of training delivered.
- In addition, a total of 33 non-Sirona staff attended half-day Mental Capacity Act courses, so a grand total of 1,043 hours of training were delivered to non-Sirona staff during the year.
- Sirona staff have been engaged with the new Multi-Agency Safeguarding Hub since it started in September 2016.
- Sirona managers regularly attend MAPPA and MARAC meetings as representatives of Adult Social Care.

**Describe how you raise awareness of safeguarding in your agency:**

- Regular training opportunities
- Safeguarding Champions meetings
- Regular meetings between Safeguarding Lead and operational managers
- Safeguarding Lead attends various Team Meetings
- Involvement in conferences, webinars etc
- Policies and procedures clearly signposted on the intranet and website – website regularly updated
- Posters and leaflets for service users and staff

**Describe how you supported service users and carers through the safeguarding adults procedure:**

- Practitioners have had training updates on 'Making safeguarding Personal' – eg seek consent / meet the desired outcomes of the individual / act proportionately etc
- Practitioners are regularly reminded of the importance of advocacy
- The Safeguarding Adults Lead audits a 15% sample of cases every year and provides feedback
- The Safeguarding Lead is available for advice and guidance to staff – both Health and Social Care

**Objectives for 2017/18:**

Sirona care and health will not be providing social care and health services in B&NES after 31<sup>st</sup> March 2017, apart from a small number of services.

It is anticipated that Virgin Care, which takes over these services from 1<sup>st</sup> April, will set new objectives once it has commenced operations.

**Performance Indicators for LSAB 2016-17 (agreed March 2016)**

**N.B. Data on Indictors 1- 4 on safeguarding timescales, breaches, QA and service user feedback could not provided due to handover to new provider.**

<b>Indicator 5: Training</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>
2.1 Safeguarding awareness included in induction	95%	87%	The figures show the % of staff who have undertaken training in the past 3 years – so may under-represent the total figure.
2.2 Relevant staff to have completed SA level 2 training	90%	73%	As above.
2.3 Relevant staff to have completed SA level 3 training	90%	72%	As above.
2.4 Relevant staff to have completed MCA / DOLS training	90%	64%	
2.5 Relevant staff to have undertaken WRAP training	75%	81%	This figure represents those who have received basic Prevent awareness training. A total of 37 staff have attended formal WRAP training.
<b>Indicator 6: Safer Recruitment</b>	<b>Target %</b>	<b>Outcome %</b>	<b>Comment</b>
3.1 Relevant staff to have an up to date DBS check	100%	100%	
3.2 Two written references to be provided before work commences with adults with care and support needs	100%	100%	

**Agency Name: South West Ambulance Service FoundationTrust (SWASfT)**

**Brief outline of agency function:**

SWASfT is an emergency and urgent pre-hospital care provider.

**Achievements during 2016/17: (bullet points)**

- 14,100 referrals submitted (up 37% on previous year).
- 32 allegations managed.
- 2021 external enquiries answered.
- 102 Serious Case Review requests.
- 74 chronologies completed.
- 322 staff advice calls.
- 74 Safeguarding Board meetings attended.
- 83 training sessions provided.

**Themes noted in 2016/17**

- Most common category for adult safeguarding referrals was self-neglect.
- Most common category for child safeguarding referrals was domestic abuse.

**Describe how you raise awareness of safeguarding in your agency:**

- We provide level 1 and level 2 training to staff. Courses are taught either by our Named Professionals or by designated Learning Development Officers from our Education team.
- We provide feedback and advice to staff on a case-by-case basis.
- We distribute learning from material sent to us by external partners on a regional basis

through our operations teams.

- We provide regular safeguarding awareness updates in the form of short bulletin articles in the 'Chief's Brief' Trust information bulletin which is sent to staff weekly.
- In 2016/17 we will be launching a Trust safeguarding newsletter.

**Describe how you supported service users and carers through the safeguarding adults' procedure:**

- Trust clinicians are primarily referrers rather than case-managers so we do not have a role supporting service users through safeguarding processes.

**Objectives for 2017/18:**

- The referral process to be fully embedded in the Electronic Patient Care Record (ePCR) function with updates agreed and functioning.
- The Administration Team to undertake all of the triaging with support only from the Named Professionals.
- The Named Professionals to be fully competent in the management of allegations.
- A reduction in the number of unrecognised NAI's.
- Staff to be confident in notifying Police when crimes are disclosed to them.

## Appendix 6: B&NES LSAB / LSCB JOINT WORKING 2016- 2017

Theme	Opportunity	Relevance	Progress in 2016/17	Work needed to progress in 2017/18
<b>Communications</b>	<ul style="list-style-type: none"> <li>• Joint safeguarding advice to public / professionals e.g. via media / newsletters</li> <li>• Joint conferences / workshops</li> <li>• Develop opportunities for joint participation activity</li> <li>• Smarter use of budget</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant to “Think Family”, Young carers, DVA, disabled children and adults, carers.</li> </ul>	<ul style="list-style-type: none"> <li>• Joint Website achieved.</li> <li>• Joint Newsletter and Chair’s Key Messages to disseminate information from each Board meeting.</li> <li>• Sharing sub group minutes across the Board e.g. Policy/QA/Training/Comms</li> <li>• Monthly LSCB progress updates via email.</li> <li>• WT2015 and updates is distributed across agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Launch the joint website</li> <li>• Wider promotion and development of website</li> <li>• Ensure website is relevant and used.</li> <li>• Ensure Children’s pages on website use appropriate language.</li> <li>• Develop joint Newsletter: develop further as an active tool to achieve aims of the Boards.</li> <li>• Share Newsletter via registering on new website.</li> <li>• Investigate sharing sub group minutes via ‘members only’ section on website.</li> <li>• Join Communication Sub Groups.</li> <li>• Develop C&amp;YP reps input in joint communications group.</li> <li>• Share Key Messages from the Chair across adult and children’s Boards</li> <li>• Monthly update emails to be shared between Children’s and Adults areas.</li> </ul>

Theme	Opportunity	Relevance	Progress in 2016/17	Work needed to progress in 2017/18
<b>Quality Assurance</b>	<ul style="list-style-type: none"> <li>Shared audits where VA and Children are relevant</li> </ul>	<ul style="list-style-type: none"> <li>Relevant to DVA, Substance / alcohol abuse, mental health (adult and child)</li> <li>Voice of adult/child</li> <li>Evidencing quality</li> </ul>	<ul style="list-style-type: none"> <li>Have undertaken one joint audit (members of Adults/Children's Boards).</li> <li>Council commissioning have developed a streamlined safeguarding toolkit for adults and children.</li> </ul>	<ul style="list-style-type: none"> <li>Consider developing a joint multi-agency chronology, template and audit tool to complete deep dive audits.</li> <li>Establish process to share learning from adult/children's reviews – key partner agencies.</li> <li>Consider the value of developing a joint dashboard.</li> <li>Quality assurance that Information-Sharing Protocols being used.</li> </ul>

Theme	Opportunity	Relevance	Progress in 2016/17	Work needed to progress in 2017/18
<b>Policy and Procedures</b>	<ul style="list-style-type: none"> <li>Assure guidance for adults does not bring conflict with guidance for children (&amp;vice versa)</li> <li>Assure guidance is consistent across both Boards and service type</li> </ul>	<ul style="list-style-type: none"> <li>Assurance and QA exercise to be undertaken</li> </ul>	<ul style="list-style-type: none"> <li>Joint FGM and Dispute Resolution complete.</li> <li>Joint MCA policy statement complete.</li> <li>Policy and Procedures lists held for both LSCB/LSAB by Business Support Manager.</li> <li>LSCB has developed a Risk Register in same format as LSAB, reviewed by Business Management Group and then annually by each Board.</li> <li>Information sharing Protocols now in place for both Boards (legislation made it too difficult to share a protocol).</li> <li>Both have same policy dissemination process in place.</li> </ul>	<ul style="list-style-type: none"> <li>Check children's and adult's Policy and Procedures reference South West CP Procedures and Care Act as required.</li> <li>Development of Joint Sexual Exploitation Policy</li> <li>Consider Joint Consent Policy</li> <li>Develop joint Human Trafficking and Modern Slavery statement.</li> <li>Review MCA &amp; DOLS joint policy statement in line with government response to law commission work.</li> </ul>

Theme	Opportunity	Relevance	Progress in 2016/17	Work needed to progress in 2017/18
<b>Training</b>	Actively look for opportunities for bring appropriate aspects of training together (i.e. convergence)	<ul style="list-style-type: none"> <li>• 'Think Family' approach</li> <li>• Challenge generic perceptions of safeguarding</li> </ul>	<ul style="list-style-type: none"> <li>• MCA/DOLS training – taking place for adult and children's services.</li> <li>• LSCB interagency child protection training now available to adult colleagues.</li> <li>• Joint Stakeholder day took place</li> <li>• LSCB interagency child protection trainer provides information on child protection and Think Family in adult level 2 safeguarding</li> </ul>	<ul style="list-style-type: none"> <li>• Develop awareness training slides on specialised themes (e.g. Adult Mental Health and Child Protection, FGM, CSE, DA, Modern Slavery to be made available on the joint website.</li> <li>• Develop joint training in Early Intervention/Complex (Toxic) Trio/Mental Health and Child Protection.</li> <li>• Develop e-learning training packages and other modes of delivery to be made available on the joint website</li> <li>• Develop core train the trainer sessions.</li> <li>• Organise joint thresholds awareness sessions for stakeholders.</li> </ul>

Theme	Opportunity	Relevance	Progress in 2016/17	Work needed to progress in 2017/18
<b>Exchanging Information</b>	<ul style="list-style-type: none"> <li>• Improved early identification of risk and referral</li>   <li>• Joint Planning -- Annual Joint Business Development Session</li> </ul>	<ul style="list-style-type: none"> <li>• Joint development of MASH</li> </ul>	<ul style="list-style-type: none"> <li>• MASH is live and still developing.</li> <li>• LSCB Child Protection Information Sharing Protocol and Guidance.</li> <li>• Reviewed LSAB Information Sharing Protocol.</li> <li>• Joint Working Protocol between AWP and Children's Social Care.</li> <li>• Joint Stakeholder event on domestic abuse.</li> <li>• Joint Sub Groups Chairs Meeting to plan collaborative arrangements between children and adults sub groups.</li> <li>• Joint Business Development Session on Think Family (complex/toxic trio).</li> </ul>	<ul style="list-style-type: none"> <li>• Review effectiveness of MASH as a whole and also individual agencies (Local Authority, Health, Police etc).</li> <li>• Improve information-sharing with GPs.</li> <li>• Consider more Joint Business Development Sessions.</li> <li>• Test out barriers to information sharing.</li> </ul>

**NEW 2017-18 following LSCB and LSAB Joint Business Development Session February 2017**

Theme	Opportunity	Relevance	Progress in 2016/17	Work needed to progress in 2017/18
Think Family	<p>Enhance prevention and early intervention</p> <p>Prevent silo working</p> <p>Upskill the workforce</p>	<p>Better outcomes for families</p> <p>Improved interagency/partnership working</p> <p>Smarter Working</p>	<p>Joint Business Development Session on Think Family (complex/toxic trio).</p> <p>Added a statement to Terms of Reference Think Family opportunities in the work of all the sub groups</p>	<ul style="list-style-type: none"> <li>• Develop joint training opportunities for adult and children workforce</li> <li>• Develop a programme of joint audits</li> <li>• Embed Think Family in the revised Protocol for Joint Working across Adult Mental Health, Primary Health and Children’s Services</li> <li>• Consider joint assessment templates; joint risk management meeting and develop a campaign Coordinated campaign to promote ‘Think Family’ training; promotion and materials.</li> </ul>

Across all themes:

- Less confusing for the public and professionals if there is more shared work
- Better use of resources, less duplication
- Improve knowledge and skills across sub groups of both Boards

## Appendix 7: LSAB Business Plan outturn 2016 -17

The LSAB adopted a three year Business Plan from September 2015 to March 2018. This is monitored by the Business Management Group prior to the Board and reported on at each Board meeting.

The updated LSAB Business Plan and the end of second year plan are available on B&NES public website:

[LSAB Business Plan 2015-18](#) (Year end March 2017)

The Board's priorities for 2017-18 have been described in Section 8 of this Annual Report.