Local Safeguarding Adults Board (LSAB)

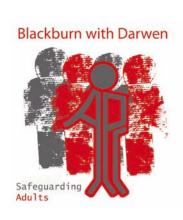
Annual Report (2014-15) & Business Plan (2015-16)











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Introduction by the Independent Chair

Dear Colleagues,

I would like to take this opportunity to introduce myself as the new Independent Chair of the Board, a role I commenced in April 2015. I look forward to continuing the work of my predecessor Shirley Williams, who stepped down in March 2015 after seven years. Shirley has made a significant contribution to the improvement in the safeguarding arrangements in Blackburn with Darwen.

This Annual Report for 2014/15 sets out the continuing development of services and responses in Blackburn with Darwen to safeguard adults at risk. Throughout 2014 our attention had focused on the Care Act that was due in 2015, and became statute on April 1st. This Act places adult safeguarding on a legal footing for the first time in England: a welcome acknowledgement of the damage caused by all forms of abuse, neglect and crimes against adults at risk.

Since April we have concentrated on assuring that our safeguarding services meet the expectations of the Care Act and are fit for purpose and robust for the future. The Report outlines in some detail our work over the past 12 months.

We will continue to build on the positive work conducted in 2014/15. We would welcome response and comments about our work and remain open to exploring ways in which we continue to improve the safeguarding arrangements in Blackburn and Darwen.



Dr Paul Kingston Independent Chair

BwD Local Safeguarding Adults Board

The National Perspective of Safeguarding

The Care Act 2014¹ has introduced the first statutory framework for protecting adults from abuse and neglect. The six key principles that underpinned all adult safeguarding work² remain current under the Care Act 2014 as follows:

- Empowerment Presumption of person led decisions and informed consent.
- Prevention It is better to take action before harm occurs.
- Proportionality Proportionate and least intrusive response appropriate to the risk presented.
- Protection Support and representation for those in greatest need.
- Partnership Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability Accountability and transparency in delivering safeguarding.

These highlight the importance of organisations working together and with communities to help achieve the principles and also underpin the work of Blackburn with Darwen's Local Safeguarding Adult Board (hereafter referred to as LSAB) whose core purpose is to protect and prevent adults being put at, and at risk of, abuse and neglect through ensuring strategic leadership.

Adults who lack capacity to make decisions for themselves also require their rights to be safeguarded (principle of empowerment) and the legal underpinning for this remains in the Mental Capacity Act 2005 which includes the Deprivation of Liberty Safeguards (DoLS).



¹Care Act 2014

²The Statement of Government Policy on Adult Safeguarding, Department of Health, 2011

Blackburn with Darwen Safeguarding Adults Board Who are we and what do we do?

This report reflects the work of Blackburn with Darwen LSAB in the past year (2014/15). It seeks to demonstrate how this multi-agency strategic body, which oversees safeguarding activity in Blackburn with Darwen, is integrated into multi-agency community partnerships and initiatives by promoting, informing and supporting adult safeguarding.

The relationship between the Safeguarding Boards (Local Safeguarding Children Board and Local Safeguarding Adults Boards), Health and Wellbeing Board, Community Safety Partnership, 50+ Partnership and Prosperous Partnership is set out in the 'Memorandum of Understanding'³.

The Care Act (2014), which came into force on April 1st 2015, made it statute for Local Authorities to establish a Safeguarding Adults Board and identified three main statutory agencies to be members of that Board; these are the Local Authority, Police and Clinical Commissioning Group (CCG).

Blackburn with Darwen has had a LSAB for seven years with representatives from these agencies alongside other statutory and non-statutory organisations and we have assurances that our Board already puts us on the right legal footing.



Appendix A provides a list of Board member representatives, made up of senior officers nominated by each agency who are able to represent and make decisions on behalf of their agency.

Over the last twelve months the Board has met quarterly and has welcomed Healthwatch as a member in January 2015. The work of Healthwatch as a champion for the service user on health and social care provision will strengthen the link with the voice of the adult (at risk of abuse and neglect) and guide the work of the Board.

The Board also said goodbye to its long standing Independent Chair Shirley Williams in March 2015 who was instrumental in moving forward the safeguarding adult's agenda in Blackburn with Darwen. We welcome the new Chair, Dr Paul Kingston, who has provided the introduction for this report.

Blackburn with Darwen Safeguarding Adults Board Blackburn with Darwen's Picture⁴

Blackburn with Darwen has a population of 147,369 and remains the seventeenth most deprived borough in the country (out of 326) and whilst the life expectancy has risen it remains lower than the rest of the North West and England.

Mental illness can potentially make adults very vulnerable and research has shown that whilst one in four adults will experience mental health problems at some time of their lives, over 75% will not receive any treatment. Half of the incapacity benefit claims in Blackburn with Darwen are for mental health conditions. The term 'multiple needs' describes a combination of problems experienced simultaneously, such as mental ill health, homelessness, drug and alcohol misuse, offending behaviour and family breakdown. Blackburn with Darwen attracts a steady stream of adults with multiple problems due to having a number of Houses of Multiple Occupation (HMOs) and cheap housing. Many HMO residents are ex-offenders, vulnerable to exploitation, and caught in a 'revolving door' of statutory and voluntary service provision.

Other statistics record Blackburn with Darwen's population having a higher than national average number of adults with known drug and alcohol misuse, cardiovascular disease, Type 2 diabetes, visual impairment, trips and falls (age 65+), loneliness and isolation and suicide. Whilst figures for adults suffering from dementia are not accurately known, evidence would suggest that the figures prior to 2014 were underrepresented. In August 2014, 813 residents were diagnosed as having dementia.

Not all adults who have health and social care needs through ill health or disability will be at risk of abuse and neglect. However, some adults may not be able to identify they are being abused or they are not able to escape abuse due to their reliance on the abuser.

Many people with care and support needs live in sheltered, supported or extra care housing but many live in their own homes with family members and therefore abuse and neglect may take place in secret⁵.



⁴Integrated Strategic Need assessment Summary 2014-15

⁵Adult Services Report 41 Prevention in Adult Abuse 2011(review May 14)

Blackburn with Darwen Safeguarding Adults Board Blackburn with Darwen's Picture⁴

There are examples throughout this report from partner agencies that evidence the outcomes of Making Safeguarding Personal (MSP) and the key principles that underpin adult safeguarding work by our partner agencies.

Example of how the work of the Safeguarding Adults Board has impacted in practice: East Lancashire Hospitals NHS Trust

Making Reasonable Adjustments

The role of the Learning Disability Specialist Nurse (LDSN) is to ensure that people with a learning disability are able to access the health care assessment and treatment they require. It is well documented that people with a learning disability have difficulty accessing hospital services. These issues have been highlighted in a number of reports such as Treat Me Right (Mencap 2004), Death by Indifference (Mencap 2007), through legislation such as the Equality Act (2010), and an Independent Inquiry into access to healthcare for people with learning disabilities, led by Sir Jonathan Michael, Healthcare for All (2008).

Because going into hospital, for whatever reason, can be frightening, confusing and stressful for people with a learning disability it is likely to be even more complicated for many reasons. They are likely to find it more difficult to communicate natural anxieties, or explain any pain or discomfort they may be in. They may have difficulty in adjusting to the hospital environment and routines. Making reasonable adjustments can make this experience much better and shows that we are delivering person centred care.

Simon (not his real name) required a number of investigations including blood tests and Computerised Tomography (CT) scan. He has not been able to attend as an outpatient because of his fear of needles and an inability to comply with the request to remain still during the procedure. Simon needed a number of reasonable adjustments to be made to his care to be able to attend at the Day Surgery Department to have these investigations under sedation.

Simon needed to be able to come straight into a quiet area away from the sounds of the other patients. He was distressed by the sight of the theatre uniforms so staff remained in their own clothing. Simon needed to be seen immediately when he arrived at the hospital so all staff were ready to meet him and attend to his sedation.

Simon needed his carer to remain with him at all times during his admission. The LDSN coordinated the admission ensuring all staff were aware of Simon's needs and ensured that all elements of the admission were in place at the right time to ensure that Simon was seen as promptly as possible during the admission. The LDSN supported the admission and gave advice and support throughout the admission with regard to ensuring least restrictive practice was considered during each intervention.

This led to a positive outcome for Simon.

The Board's Annual Report (2013-14) had key priorities to action for the year and this assisted the LSAB to support, monitor and review the work of agencies both individually and collectively which in turn provided the evidence of the way in which they fulfilled their safeguarding duties.

The committees strengthen and support the work of the Board to achieve the priorities and these committees are:

- » Quality Assurance
- » Workforce Development
- » Safeguarding in Education
- » Communication & Engagement
- » Safeguarding Business Group
- » Serious Case Review (from April 2015 this is renamed Safeguarding Adults Review)

Workforce Development, Safeguarding in Education, Communication & Engagement and the Safeguarding Business Group are joint meetings with Local Safeguarding Children Board representatives.

The following highlights the priorities, progress and achievements made in 2014/15;

Legislative Arrangements

Priority 2014/15- Prepare for the implementation of the Care Act 2014

The Board agreed (at its annual development day) the Care Act (Readiness) Action Plan. This was agreed by Board members in March 2015 and progress continues as outlined in the LSAB Strategic and Business Plan (Appendix B).

Highlights from 2014/15 include the following:

- » Housing sector: has rolled out their safeguarding training to all staff regardless of role and ensured input and commitment to the Multi Agency Risk Assessment Conference (MARAC).
- » Local Authority: Development and support of Resolve (Learning Disabilities Support Group).
- » Mutual challenge of and between the Chief Executive and Independent Chair of the LSAB.
- » An integrated strategic (multi agency) needs assessment was carried out on isolation and loneliness which led to a shared understanding and commissioning of services - managed through the voluntary, community, and faith (VCF) sector.
- » Multi Agency Safeguarding Hub (MASH) a social worker from the adult safeguarding team discusses on a daily basis all adult referrals to MASH where there are safeguarding concerns, allowing for links to other agencies and signposting.
- » Making Every Adult Matter (MEAM) was launched in October 2014.
- » Transforming Lives: Early intervention and help for adults
- » Nationally recognised portfolio of domestic abuse services.
- » Good commitment to the safeguarding agenda across all agencies.

Example of how the work of the Safeguarding Adults Board has impacted in practice: Blackburn College, Adult Social Care Learning Disability Team, Adult Safeguarding Team, Lancashire Care NHS Foundation Trust and Blackburn with Darwen Housing Standards

In January 2015 tutors from within the college became aware that a student with support needs had become withdrawn and 'not themselves'. Initial discussion with Adult A resulted in an internal safeguarding alert being made to the college's safeguarding team. Adult A disclosed recent and historic physical, emotional and potential sexual abuse. Adult A was assessed as high risk in line with the college's safeguarding policy. A safeguarding adult alert was made to the Adult Safeguarding Team.

Social Care, together with Housing Standards, conducted an unannounced visit to see Adult A – they were refused access by Adult A's carer and therefore could not carry out any assessments of need. Agencies were unable to see Adult A at home and the decision was made to arrange a meeting to take place away from the accommodation and College was identified as the most appropriate location.

Several multi-professional meetings took place at the college between Adult A and representatives from Social Care, Lancashire Care NHS Foundation Trust, college teaching staff and the college safeguarding practitioner. A safeguarding plan was developed and an application was approved to enable the council to become corporate appointee for Adult A.

Adult A was offered a Shared Lives placement and encouraged to access a wider social network. Adult A was also able to review her study programme at college and progress onto additional qualifications.

Outcome

Adult A is now living at a Shared Lives placement. Since moving, Adult A has regained independence whilst in a safe and supportive family environment. As a result of multi-agency working Adult A has control of personal finances, is integrated within a local community and social network and is embarking on additional qualifications. Adult A has also received a full health assessment and received contact from local agencies to ensure she maintains a high quality of life and standard of health and social care support.

A follow up internal review meeting by the college has confirmed that Adult A is thriving. It was noted by Adult A's personal tutor – "Adult A is much happier and likes to chat about the new family and enjoying lots of holidays".

This is a very positive outcome for a vulnerable student with additional health and care needs. Adult A now lives free from harm and abuse and is no longer frightened or fearful.

Quality Assurance

Priority 2014/15 – implement the audit action plan, set priorities for 2015/16 and monitor the impact of Deprivation of Liberty Safeguarding judgements.

The 2014-15 business plan set out the following activities the Quality Assurance Committee of the LSAB would undertake:

- » Implementation of an adult safeguarding performance framework and analysis of multi-agency safeguarding action;
- » Set out a methodology and priorities for auditing activity in 2015-16;
- » Monitor progress in securing 'Making Safeguarding Personal' accreditation; and
- » Audit the effectiveness of practice in the Multi-Agency Safeguarding Hub (MASH).

All but the final action were completed by the Committee, and to replace the final activity (MASH audit) an internal audit of practice and decision making of safeguarding referrals was undertaken by Adult Services supported by the Safeguarding Unit.

Below is an outline of some of the work completed under each action area and the learning that is being taken forward.



Adult Safeguarding Performance Framework

Section 43(3) of the Care Act outlines that to achieve the LSAB's objective (to help protect adults in its area) the LSAB will co-ordinate safeguarding activity in the local area and ensure the effectiveness of safeguarding activity. The Quality Assurance Committee seeks to undertake the effectiveness functions and does so through a Learning & Improvement Framework.

The Learning & Improvement Framework consists of a number of strands of work that brings together performance, quality assurance, practitioner participation and case review activities to identify how well the safeguarding system works within agencies and across the multi-agency partnerships.

The main tool implemented during 2014-15 to help collate the information for the Learning & Improvement Framework has been the Quality Assurance & Performance Monitoring (QA/PM) Declaration that most statutory and some voluntary sector agencies have completed. Work is ongoing to ensure in the future that all commissioned services by the local authority and by health commissioners can also be regularly reported through this declaration.

The QA/PM Declarations from 2014-15 highlight some of the activity and oversight agencies have undertaken in relation to safeguarding and some of the outputs and outcomes that have been achieved to help protect adults in the local area.

Adult Services – the number of alerts received by the specialist safeguarding team has increased from 1,339 in 2013-14 to 1,532 in 2014-15, an increase of 14%. There is significant percentage movements between the two years for different services and agencies referring into the safeguarding team, however due to small numbers involved they are not statistically significant to compare for some agencies (Care Quality Commission (CQC), day care providers, domiciliary care, GPs and in-house residential providers) but significant in terms of numbers for other agencies (15% increase from hospitals, 13% decrease by internal social care staff, 20% increase from police, 35% decrease from primary/community health providers and 102% increase from independent residential sector).

78% of alerts (1195) were considered to require additional enquiries and categorised as referrals (76% in 2013-14) and 29 % (343) of the referrals were investigated further with around a tenth of these investigations requiring joint work with either the hospital or police teams.

At the referral stage, following initial enquiries, each referral is categorised according to the main type of abuse – self neglect cases were 41% less in 2014-15 compared the previous year, but physical abuse, sexual abuse and neglect all increased by 17%, 32% and 35% respectively. All other categories (discriminatory, emotional, financial and institutional) of abuse were similar to the previous year.

Detailed interrogation of the data to analyse conversion rates from one part of the safeguarding process to another has not been possible with the existing recording system and the transfer to a new IT system is planned to be complete in 2015-16. The lack of analysis of the data, including how the number of alerts flow through the process the Safeguarding Team uses means that action taken by other teams (especially contract monitoring in relation to independent providers) and the outcomes to protect the adult cannot be provided.

Health Commissioners – between the three health commissioners (NHS England, Clinical Commissioning Group (CCG) and Public Health), the CCG has been able to provide the most comprehensive assurance of their safeguarding monitoring arrangements. Public Health has demonstrated that planning to seek assurances is well underway; NHS England has described the various assurance processes and systems in place that build on local data/intelligence that informs them of provider safeguarding arrangements and oversight of local CCGs.

The CCG has undertaken two independent evaluations of their safeguarding responsibilities and through these it has strengthened their governance and oversight activity to ensure its safeguarding responsibilities can be fulfilled.

Health Providers – the local acute health service provider has been able to provide significant evidence of the volume of safeguarding activity it undertakes and the progress the provider has made from Care Quality Commission (CQC) inspection findings in 2013-14. Community health providers have similarly provided data relating to the volume of safeguarding activity including training provision for staff and quality assurance work they internally undertake to ensure safeguarding processes are followed.

Criminal Justice – police and probation services (National Probation Service & Community Rehabilitation Company) have completed their QA/PM Declarations. They outline the level of training activity their organisations have undertaken to raise the profile and understanding of adult safeguarding issues. Arrangements to monitor the safeguarding activity require development in all these agencies (quality of practice in the police and performance and QA systems in Probation Services) as they are currently unable to identify outputs or outcomes for adults.

Voluntary, Community & Faith Sector – services within the sector have been able to provide a significant amount of data on the volume of preventative and safeguarding activity they have undertaken. How outcomes have been achieved and how risk has been reduced (where applicable) is provided in their returns. Quality assurance of practice in the sector is mainly via management oversight/supervision in cases, but where it has been undertaken, agencies have been able to amend policies and identified additional training needs for their practitioners. Outputs for adults can invariably be referrals to other services and the sector's ability to ensure adults access the right services across the statutory and voluntary sector remains impressive. The QA/PM Declarations from the sector have already begun to collate and cite referrals to new partnership arrangements like MEAM and Transforming Lives.

Example of how the work of the Safeguarding Adults Board has impacted in practice: Your Support Your Choice, WISH, Adult Social Care, Adult Safeguarding Team, Police and Housing

Miss B had been regularly accessing the Your Support Your Choice (YSYC) Centre for the previous two years. Miss B had accessed peer support groups to alleviate social isolation and a beginners IT class to develop basic computer skills. Over this time trust has been built between helpdesk staff and Miss B. On one occasion Miss B disclosed a safeguarding allegation. The allegation was of a sexual and physical nature with the perpetrator being the customer's carer. YSYC helpdesk staff followed Care Network's safeguarding protocol and immediately alerted Blackburn with Darwen Adult Safeguarding Team.

A multidisciplinary meeting was held at YSYC involving staff from:

- » WISH; for support with the physical and sexual abuse that had been sustained
- » Adult Social Services; due to Miss B being on the learning difficulties register
- » Adult Safeguarding Team; to lead on the safeguarding allegation
- » Stonham Housing; for support with finding suitable and safe alternative accommodation
- » RESOLVE; a representative from YSYC disability support action group for moral support
- » Lancashire Constabulary; a police officer for support if Miss B wanted to take it further
- » YSYC helpdesk staff; at the request of the customer

Outcome

Several sessions were held with WISH, until the situation for Miss B had improved and she no longer needed this support.

The Safeguarding Team and Learning Disability Social Worker have worked with Miss B and have found her a place through Blackburn with Darwen Borough Councils' Shared Lives scheme – Miss B has now met the family she will be moving in with. They have been meeting on a regular basis and getting to know one another.

Miss B was happy to meet with the support services in the familiar environment of YSYC centre. Miss B continues to access YSYC groups and drop in sessions and helpdesk staff are on hand should Miss B have any further needs.

She now feels safe and supported.

Auditing & Practitioner Participation

Auditing activity by the LSAB has been restricted to the internal audit undertaken by Adult Services (supported by the Safeguarding Unit) that covered compliance of procedures across the safeguarding process from an alert being received through investigation and case closure. The audit found good compliance at each stage in the safeguarding process and case notes that reflected how 'Making Safeguarding Personal' is being implemented. The audit identified that case recording (of decisions) and how these are communicated needs to be consistent.

The 2015-16 audit timetable has been agreed and covers the themes of Prevent, DoLS, MASH, Transforming Lives and MEAM as areas of multi-agency practice that the LSAB will monitor to identify any learning so that practice can improve.

During 2014-15, the LSAB undertook five Multi-Professional Discussion Forums (MPDFs) where practitioners and managers discussed what their experiences are in working on the theme and areas of development they require so that it assists their practice. The five themes were: self-neglect, personalisation, DoLS, learning difficulties and adults placed out of borough. Across all these themes there was one consistent message from the frontline about communication. The form of communication did vary but in the main practitioners wanted more information about the range of services available, how to access these services to prevent adults requiring later protective services and collaboration/communication between services to ensure needs can be met at the preventative stage.

Example of how the work of the Safeguarding Adults Board has impacted in practice: Adult Social Care and Police

A case study of financial abuse

Following a joint council/police operation in which a warrant was served on a Home of Multiple Occupancy (HMO), documents were seized from the office of the property alongside details of current residents.

Mr X had lived at the HMO for six and a half years and there were confidential letters still in their envelopes from 2013. One of the letters was asking for documentation to be sent to enable Mr X to claim a pension lump sum of which Mr X was not aware.

The safeguarding adults' social worker and the police visited and took Mr X to the bank to check his account. Since 2013 £10,000 had been taken from the account without Mr X's knowledge. The police are investigating this along with several other counts of fraud.

Outcome

Mr X agreed to move out of the HMO into a short term residential placement where Mr X was supported to apply for a tenancy. Mr X was offered a flat in a sheltered accommodation complex and assisted to purchase everything required for a new home. When Mr X moved in a support package was provided by the Reablement Team to ensure Mr X was able to manage independently. Mr X has made an excellent transition to becoming independent and has settled well in the tenancy.

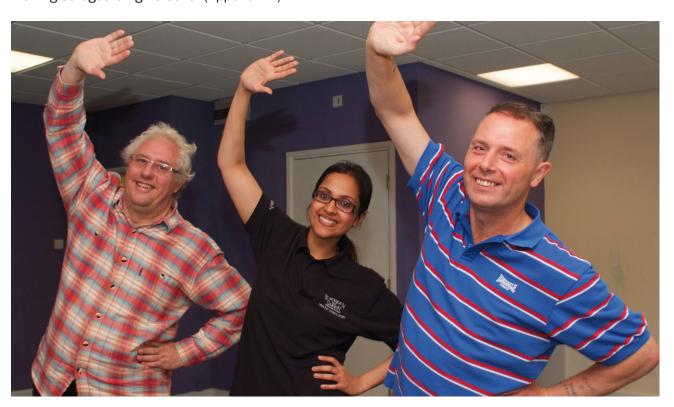
Serious Case Reviews

During 2014-15 the LSAB continued to use the term serious case reviews and multi-agency case reviews. Whilst further guidance is being developed by the Department of Health and Social Care Institute for Excellence (SCIE) on Safeguarding Adult Reviews (SAR), the local referral form has been amended to reflect the statutory criteria for undertaking a SAR. The LSAB also retains provision for reviewing cases that fall below the statutory criteria so that local partners can learn from incidents to improve practice and processes for the future.

The LSAB received two referrals in 2014-15 to consider cases for a Serious Case Review. In both cases the SCR Panel was convened to consider each case and a decision recommended that each case did not meet the criteria. The LSAB Independent Chair endorsed the two recommendations. In one case, two agencies had single-agency actions to undertake through the complaints process and both agencies have completed the recommended actions. In the second case, the SCR Panel identified some additional learning for one agency and the commissioners of this agency have been monitoring the progress of implementing the learning.

The LSAB has also been involved with another authority in a SCR where learning was identified in relation to safeguarding adults who are self-funders of their care needs. The learning from this case has also been reflected in the additional provisions covered in the Care Act (2014) and will be implemented as part of the new provisions.

Quality assurance is a key component to all the priorities for 2015/16 but in particular around Priority 2 of Making Safeguarding Personal (Appendix B).



Communication/Voice of the Adult

Priority 2014/15 - Invest in initiatives across the Pan Lancashire & Cumbria partnership - to ensure best use of resources at a time of austerity.

Policies and Procedures

Safeguarding managers from across Pan Lancashire and Cumbria Safeguarding Adult Boards have met several times in the last year to review and update the Pan Lancashire and Cumbria Tri-X Adult Safeguarding Policies and Procedures which are available on the LSAB website.

These have been updated in line with the Care Act 2014 and subsequent statutory guidance¹ and will continue to be updated over 2015/16 so that practitioners (and the public) are able to access up-to-date safeguarding adults procedures and any local provision to inform their practice.

There remains a couple of key areas for the LSAB to consider for development during 2015/16 and these include guidance around Safeguarding Adult reviews (SARs) and local multi agency information sharing protocols but these are included in the Care Act 2014 implementation plan.

Communication and Engagement

The Communication and Engagement Committee oversees the work of multi-agency communication and participation jointly with the LSCB but there have been difficulties in retaining a Chair for this committee and as such the committee has only met twice (instead of four times) in the last year.

Whilst there is currently a lot of work ongoing in Children's Services with partner agencies around participation and engagement for children, young people and their families, a similar structure to capture adult participation was not as evident over the last year.

A review of the committee's membership was undertaken in November 2014 and as a result of this Public Health, Healthwatch, Lancashire Care NHS Foundation Trust and a learning disabilities provider service are now active members alongside other members from partner agencies.

In line with recommendations from the Care Act 2014 and Making Safeguarding Personal, the committee is driving forward into 2015/16 with a clear plan to involve communities across Blackburn with Darwen and capture the experiences and voice of the adult and to establish the best methods of communication to provide preventative safeguarding messages to the public on how they can seek help and advice and have the confidence to do so.

Example of how the work of the Safeguarding Adults Board has impacted in practice: East Lancashire Hospitals Trust and Adult Safeguarding Team

A safeguarding alert had been raised for an elderly lady who had required admission to the Royal Blackburn Hospital. She had sustained a fall in a care home resulting in two fractures and facial bruising. The lady's daughter alleged that this was the third fall her mother had sustained in the residential home recently and she had concerns that her care needs were not being adequately met.

The elderly lady remained on the ward for further assessment and the safeguarding alert was stepped up to investigation level. The ELHT Adult Safeguarding Officer kept in regular contact with the allocated social worker and she provided updates to the ward to keep them informed of progress.

Investigation findings within the care home indicated no major concerns but it did identify poor record keeping and that nightly observations needed to be increased. Residents at the home were deemed to be happy and relaxed with no cause for concern.

With regard to the elderly lady, the social worker discussed the case with the care home manager who stated it had been the third fall which resulted in the lady's fractures and facial injuries. The Ward Manager was informed of the outcome.

After a Continuing Health Care meeting the recommendation was for the lady to have a fully funded nursing home bed and the family chose a different care home in the local area. A representative from the nursing home came to assess the patient and she was safely discharged to this home.

Multi Agency Safeguarding Hub

A duty adult safeguarding social worker from the Adult Safeguarding Team is available on a daily basis within Blackburn with Darwen's Multi-Agency Safeguarding Hub (MASH). The role supports multiagency screening, decision making and information sharing to safeguard adults.

Alternatively the risk may be identified as requiring the adult to be referred to support services (including Adult Social Care) such as Blackburn with Darwen's Transforming Lives Panel or Your Support, Your Choice. If the adult has an ongoing health concern the safeguarding practitioner from Lancashire Care NHS Foundation Trust within MASH will also be able to advise on support services or accessing a GP locally to deal with those concerns. At all times consideration is given to the mental capacity of and consent by the adult.

Adults who have been abused and at risk, for example through domestic abuse, and they have children under the age of 18, will be assessed through MASH but their children will be considered as part of the assessment by other specialists in children's safeguarding also based in the same team.

Example of how the work of the Safeguarding Adults Board has impacted in practice: Multi Agency Safeguarding Hub

Mrs Z is aged over 80 and called 999 to report her husband Mr Z was drunk and being aggressive. They have been together for many years and whilst this was the first time she had called 999 she disclosed it wasn't the first time he has been aggressive towards her. Mr Z was not in the best of health yet continued to drink heavily and Mrs Z said she wanted to remain with her husband.

Both agreed to support and consented for services to be contacted.

An assessment was carried out by the Adult Safeguarding Team and further input was then provided by Adult Social Care. The nursing team were made aware of the domestic abuse and possible impact in the home environment so they could support the couple appropriately and their GP agreed to undertake a home visit and discuss referral to alcohol misuse services. Mrs Z was referred to an Independent Domestic Abuse Advocate who supported her and gave advice on keeping safe.

Outcome

Mrs Z now feels she can keep herself safe in her own home and is aware of the support network she can access. Mr Z received additional support for his health needs and was able to reduce his alcohol intake. They remain together with support from multi agency services.

This case follows the principle of Making Safeguarding Personal by working with the couple to ensure their safety and comply with both their wishes and feelings.

Workforce Development

Priority - review of learning resources, conduct full training needs analysis and evaluate the impact of training

In Blackburn with Darwen there is a joint local safeguarding children and adults training programme which sets out the multi-agency training available to all statutory and non-statutory agencies to access.

The joint LSCB and Local Safeguarding Adults Board (LSAB) Workforce Development Committee has the responsibility for the development, planning and coordination of multi-agency safeguarding training provision. This includes the commissioning of training resources and evaluation of training delivered.

Overall in 2014-15, nearly all the courses offered in the core programme by the LSCB and LSAB were oversubscribed and additional briefings/workshops throughout the year were provided. The briefings were also very well attended. The tables below highlight the attendance across all training topics in 2014-15:

Final course uptake 2014/15

Table 1 Safeguarding Courses 2014/15 – Full Courses Summary by Course

Course	Attended	Did Not Attend (on day)	% overall of attendance
Designated Safeguarding Lead (Education)	118	7	94
Multi-Agency Risk Assessment Conference	37	5	88
Managing Allegations (LSCB course)	58	9	87
Working Together To Safeguard Children	212	36	85
Domestic Abuse Awareness & Effects On Children & Adults	78	15	84
Safeguarding Adults-What you need to know	222	47	83
Safeguarding & Safer Recruitment	34	7	83
Mental Health Issues - Children & Adults	47	12	80
Working With Young People Who Self Harm	38	12	76
Medicine Matters-Induction & Awareness	70	25	74
Forced Marriage, Honour Based Violence & FGM	42	14	74
Grand Total	956	189	84

Briefings

Safeguarding Courses 2014/15 - Briefings Summary by Course

Course	Attended	Did Not Attend (on day)	% overall of attendance
Sexually Inappropriate Behaviour	100	14	88
Serious Case Review Briefing	11	2	85
CAF/CONR/Risk Sensible	140	35	80
Engage Partnership Briefings- 7 Topics*	121	51	70
Grand Total	372	102	79

^{*}Working with Boys and Young Men, Technology & Social Media, Running Away-Missing form Home or Care, Perpetrators of Child Sexual Exploitation, Information/Intelligence/Evidence, and Trafficking

Cancellation rates are not included in the figures as generally places were taken up by another member of staff or offered to delegates on the waiting list (when possible).



Impact Assessment

During the 2014-15 year it has been a priority area of work for both the LSCB and LSAB to develop a mechanism to gather impact of training information and to use this information to inform the development of future training. Both mechanisms have been delivered during the year.

Below are just a few example of how practitioners found the LSAB training impacted on their development:

- » I am currently in the process of dealing with a safeguarding issue and finding that I am dealing with things better as a carer and making sure the gentleman I am looking after is safe. The training helped me refresh and reflect on this more.
- » I am responsible for safeguarding at a charity and I was able to review the volunteer safeguarding training element of the induction to make sure it was still relevant.
- » It helped to discuss how to assess situations more closely where you know the adult is vulnerable and the different signs which lead you to know they could be at risk of abuse.
- » Getting information on how to support volunteers working with adults (and their families, carers, friends) who are in an emotional state / situation.
- » It would be good to work through some case studies and see the chain of events
- » I have arranged domestic abuse awareness talk for team meeting to promote greater awareness
- » I have had strategy discussions with adult services relating to how we move forward with decision making, taking lessons learnt from the course into these discussions
- » I have been able understand and identify a wide range of possible abuse situations
- » By being more aware of adults at risk when supporting vulnerable clients at work
- » Gave feedback to colleagues from the course and now hold regular 'safeguarding' team meetings
- » Since the course, I have taken over as the safeguarding lead in my organisation, and I now feel confident that I am the right person for this

This will be expanded to include managers' feedback in 2015/16.

Training Needs Analysis

In January 2015 a joint LSCB/LSAB Training Needs Analysis (TNA) was carried out. The TNA set out the levels for training that are aligned with the Adult Competency Passport and LSCB Competency framework as follows;

Competency level	Criteria
Level 1	All staff require a basic awareness about safeguarding children and adults irrespective of role. This can be delivered as part of an induction process or separate to this. This is often referred to as single agency or in house training.
Level 2	All staff who have any contact and may be in a position to identify concerns about maltreatment of children, young people and adults. This training can also be referred to as in-house or single agency training and expands on basic awareness but Level 2 multi-agency training can also be accessed.
Level 3	All staff working regularly with children, young people (& parents/carers) or adults who have care and support needs, who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child, young person or an adult where there are safeguarding/protection concerns.
Level 4	Specialist roles-those of the workforce who have specific safeguarding duties e.g. Designated Safeguarding Lead (education), Named Nurse (Health)
Level 5	Senior managers responsible for the strategic management of services or Board members from your agency or equivalent role.



Board and committee members were sent a link to an electronic survey tool to disseminate to managers in their organisations. There was a wide response from across the borough which highlighted the following findings:

- Level 1 84% of training is delivered in-house, with much of this either as face-to-face or using online/e-learning;
- Level 2 whilst the largest percentage of training in this group was delivered as in-house training, multi-agency training was also accessed; online/e-learning was the least used method for practitioners requiring this level of training;
- Level 3 The largest percentage in this group of practitioners accessed level 3 courses through LSCB/LSAB training, followed by in-house delivery from commissioned trainers and online/e-learning was the least used method;
- Level 4 –currently the only course accessed by practitioners at this level was the Designated Safeguarding Lead course. Respondents were asked their views for the courses required by practitioners at this level (and Level 5) with the following responses:
 - Managers responsibility for supervising safeguarding issues
 - Keeping safe with social media
 - More level 4/5 courses
 - Multi-agency working in threshold disputes
 - Mental Capacity Act
 - Shorter sessions

Respondents were then required to complete which courses of those currently on offer in the 2014-15 programme would their staff access over the next three years if they were to continue. The findings from this question along with the impact assessment findings has helped inform the 2015-16 training programme.

E- Learning

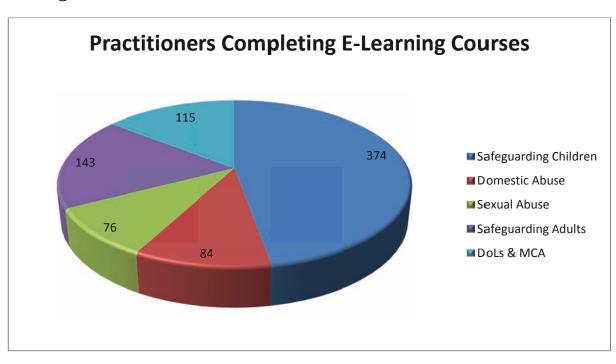
Following a review of the 2014 e-learning contract (which offered 11 courses across the LSCB & LSAB) it was agreed that many of the courses would no longer run in 2015 as they were not being utilised sufficiently and to focus on courses the workforce valued most to enable them to carry out their roles. The following courses have been updated in line with national guidance and will continue to be available from 2015:

- · Safeguarding Children
- Sexual Abuse (and Introduction to Child Sexual Exploitation)
- Domestic Abuse Awareness
- Safeguarding Adults
- Mental Capacity Act (level 2/3 course)

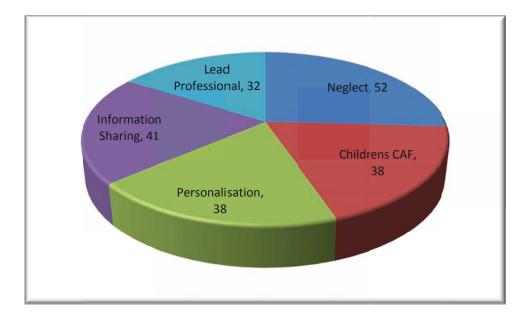
Child Sexual Exploitation (CSE) training was made mandatory by the LSCB in May 2015 for all practitioners working with children, young people and families. Agencies can choose which CSE course they use to fulfil this requirement (in-house, national courses, other LSCB courses), including the BwD Sexual Abuse & CSE e-learning/on-line course.

Overall, in the last year, 993 participants have completed LSCB/LSAB e-learning/online courses and there are a further 121 practitioners that have started a course but have yet to complete on 31.03.2015. Two charts are provided below breaking the overall completed courses by those that continue to be provided and those courses that were discontinued during the year.

The chart below outlines the number of participants that have completed the LSCB/LSAB's ongoing e-learning/on-line courses for 2014-15:



The following chart shows the courses completed since September 2014 that were discontinued. Practitioners who had already registered for courses prior to January 2015 were still able to complete them even though they were no longer being offered.



Of the above discontinued courses:

LSCB CAF (Common Assessment Framework) and Lead Professional courses are now offered as joint face-to-face training following a revision of CAF in 2014 (now locally referred to as Child And Family Assessment and Plan). Personalisation is offered as part of a number of Care Act courses that are provided by the Local Authority on the same on-line platform. Information sharing (in safeguarding) and neglect is included in other on-line and face to face training.

The on-line provider updated its learning platform in early 2015 which made registration for the courses much simpler and it allows access to the courses via any electronic device (smart phones and tablets) making them accessible at any time.

Safeguarding Workbooks

From the 2014-15 Workforce Development Committee priorities the Safeguarding Workbooks have yet to be evaluated and this will be taken forward for 2015/16.

Taxi Driver/Private Hire Training

National serious case reviews into Child Sexual Exploitation (CSE) have highlighted significantly that taxi drivers and private hire drivers/operators require safeguarding training.

Safeguarding Unit officers met with Blackburn with Darwen Borough Council's Principal Licensing Officer and agreed to develop a basic safeguarding training programme for all successful (new) taxi and private hire licence applicants. This now forms part of the driver's/operator's mandatory training since January, 2015.

To ensure drivers and operators understand their wider safeguarding duties the course covers safeguarding adults, children, exploitation and human trafficking. The course focuses on vulnerabilities of passengers as well as the driver.

The programme was also delivered to Blackburn with Darwen Borough Council and Pan-Lancashire Licencing Committees and was well received. District Councils within Lancashire have used the BwD course as the basis for developing their own courses to deliver as part of their licensing application processes.

Single-Agency Training of Practitioners

In addition to attending LSAB training and undertaking e-learning courses, agencies provide a range of inhouse training for their practitioners. A number of VCF sector organisations now require staff to complete the LSAB e-learning courses as part of their induction.

From the evaluations, training needs analysis, work of the LSCB/LSAB committees, the Workforce Development Committee has identified the following areas of action for 2015/16:

- Promote e-Learning/on-line training to a wider audience (in partnership with the Communication and Engagement Committee)
- Evaluate the Safeguarding Workbooks and update in line with national guidance and local requirements
- Develop a safeguarding leaflet for existing taxi drivers
- Continue to offer short briefing/workshop type sessions, topical to local and national issues
- Use learning from Multi-Agency Discussion Forums (MPDF) to inform the improvement of training courses and the development of local training courses.

The 2015/16 Blackburn with Darwen Multi-Agency Safeguarding Learning and Development Programme is available to access on the LSAB website

www.lsab.org.uk

Example of how the work of the Safeguarding Adults Board has impacted in practice: Community Fire Safety and Adult Social Care

Promoting Welfare and Preventing Harm

The Community Fire Safety staff have engaged with a Blackburn family, consisting of a man, his wife and mature son.

The family are 'hoarders' and all have health problems. The kitchen was in a hazardous condition due to the state of the cooker and general clutter. The house was in a very poor state of repair and cleanliness.

Lancashire Fire and Rescue Staff provided assistance with regards to the fitting of smoke alarms and home fire safety advice. However, a referral was made to Adult Social Care and their action and response resulted in a de-cluttered home and general repairs being made to the property.

Outcome

The family now keep on top of the cleaning in the kitchen and refrain from leaving medication lying around. Carers are in place and some alterations have been made in the home to suit the family's health needs. Engagement has resulted in the oldest son seeking employment, as he has become more outgoing since he was first visited.



LSAB Budget & Resources

The Safeguarding Unit is funded by a range of agencies to deliver the functions of the Boards across both the children and adult safeguarding agendas. Agreed contributions by partner agencies for 2014-15, including ad-hoc contributions were as follows:

Children's Services & Education	£72,200
Adult Services	£50,000
NHS BwD Clinical Commissioning Group	£50,000
Primary & Secondary Schools	£32,900
Lancashire Constabulary	£13,260
National Probation Service	£5,967
Blackburn College	£4,000
Training 2000	£1,500
CAFCASS	£550
Total	£230,377

Contributions by partner agencies for the 2015-16 year will remain broadly similar.

As well as the above financial contributions, many LSCB agencies provide their staff to deliver the multiagency training programmes and agencies commit staff time to attending as members of the committees.

The Safeguarding Unit's staffing and costs were approximately £261,000 in 2014-15. Below is a breakdown of the Safeguarding Unit's spending for 2014-15:

Salaries	£194,640
Fees: Independent Facilitators, CDOP, TRI-X Site & Website	£50,991
Training Costs	£10,830
Office, Travel, Committee & Meeting costs	£4,877
Total	£261,338

The additional £30,961 spent by the Unit has been met from reserves from previous year under-spends.

Appendix A: LSAB Board membership 2014/15

Organisation	Role
Independent	Chair of LSAB
Blackburn with Darwen Borough Council	Executive Member for Adult Social Care (participating observer)
Blackburn with Darwen Borough Council	Head of Adult Social Care
Blackburn with Darwen Borough Council	Director of Children's Services
Blackburn with Darwen Borough Council	Solicitor
Blackburn with Darwen Safeguarding Unit	Head of Safeguarding
Blackburn College and University Centre	Tutorial and Guidance, Pastoral and Safeguarding Manager
Care Quality Commission (CQC)	Compliance Manager
East Lancashire Hospital Trust	Safeguarding Lead (Adults)
Lancashire Care NHS Foundation Trust	Deputy Director of Nursing
Lancashire Constabulary	Detective Chief Inspector
National Probation Service	Assistant Chief Executive
Cumbria and Lancashire Community Rehabilitation Company	Assistant Chief Executive
Public Health	Consultant, Public Health
Twin Valley Homes	Head of Twin Valley Homes
NHS England	Deputy Director of Nursing
Lancashire Fire and Rescue	Fire Safety Manager
Blackburn with Darwen Borough Council	Executive Director, People (DASS)
Blackburn with Darwen Clinical Commissioning Group (CCG)	Head of Safeguarding & Designated Nurse
Blackburn with Darwen Clinical Commissioning Group (CCG)	Head of Quality
Voluntary, Community and Faith (VCF) sector	Chief Executive, Age UK Blackburn with Darwen

Appendix B: LSAB Strategic & Business Plan

Timescale Expected Outcome	March 2016 Safeguarding adults is clearly referenced in wider community	March 2016 across all agencies and there is clear understanding of risks and	threats of not meeting strategic December objectives. 2015 The workforce fully understands	January their roles, responsibilities and required competencies, leading to an improvement in outcomes for	March 2016 adults who require safeguarding. The Workforce Development	March 2016 Strategy meets local needs in line with national policy and the LSAB is confident that the workforce is competent.	On-going Quality assurance frameworks capture the consistent recording and reporting of safeguarding information across partner agencies	March 2016 of safeguarding adults work.
Lead Committee T	Board & All Committees	Quality Assurance M	Workforce Development 29	Workforce Ja Development 2	Pan Lancs M	Quality Assurance M	Pan Lancs 0	Board
Action	Care Act (Safeguarding) action plan to be completed	Development of Multi Agency Safeguarding Standards	Promote the Learning & Development Programme to a wider audience and offer short themed workshops topical to local and national requirements.	Review the Learning & Development Strategy in light of new legislation/guidance.	Evaluate the Adult Safeguarding Workbook and update in line with national guidance.	Learning from audit & Multi-agency Professional Discussion Forums to inform learning, policy, training and practice improvements	Regularly review and advise policies and procedures are regularly reviewed and revised in line with national and local development and best practice including an information sharing protocol and Safeguarding Adults Reviews	Self-audit of LSAB activity to ensure multi agency
Priority 1	Ensuring the Board is compliant with	legislation and there are clear systems and structures in place for	sateguarding work. (Legislative Compliance)					

Appendix B: LSAB Strategic & Business Plan

Priority 2	Action	Lead Committee	Timescale	Expected Outcome
Keep adults safeguarded by Making Safeguarding Personal (MSP)	An audit programme that evaluates the quality of practice relating to safeguarding cases to include the experiences of individual people and the difference that has been made as a result of safeguarding activity.	Quality Assurance	March 2016	Adults with care and support needs feel safe in their own home and when using services and achieve their desired outcomes from the safeguarding process through a
	Use findings from audit to recommend any changes to LSAB training, communications and policies/ procedures	Quality Assurance	March 2016	consistent approach across the partnerships in MSP. MSP is incorporated into
	Commissioning principles to be revisited to ensure MSP compliant - this also links to Safeguarding Standards in Priority 1	Quality Assurance	December 2015	commissioning and contractual activity in the context of safeguarding adults and there is clear evidence of feedback from
	Use findings from audit to recommend any changes to LSAB training, communications and policies/procedures.	Quality Assurance	On-going	adults who have experienced abuse or neglect that are used to inform the LSAB and influence development of practice.

Appendix B: LSAB Strategic & Business Plan

Priority 3	Action	Lead Committee	Timescale	Expected Outcome
Wider awareness of adult safeguarding and how to keep safe (Service User Voice)	Current focus groups/forums by partner agencies such as Healthwatch, Voluntary Community and Faith sector to be utilised to obtain service user voice on what they would like from safeguarding messages, how to keep safe from abuse and how these should be delivered.	Communication & Engagement	June 2016	The public (and specifically people with care and support needs) understand, as best as possible, what abuse is and how to report it and keep themselves safe. Services are also able to demonstrate they
	Develop (based on above) and distribute safety messages/safeguarding material (around Safeguarding, MSP and User Voice) for service users and the public and briefing papers for practitioners.	Communication & Engagement	March 2016	are developing their workforce and safeguarding messages are being used effectively. The LSAB receives improved statistical data on local patterns leading to improved
	Evaluate (what difference did it make) the safety communication material provided by the LSAB	Communication & Engagement	March 2016	planning and coordination by the LSAB.
	Develop an agreed format of reporting to the LSAB the views of service users (voice	Communication & Engagement	Mar 16	

Blackburn with Darwen Safeguarding Adults