

# Health and Wellbeing Select Committee

**Date: Wednesday, 29th November, 2017**

**Time: 10.00 am**

**Venue: Council Chamber - Guildhall, Bath**

Councillor Francine Haeberling

Councillor Geoff Ward

Councillor Bryan Organ

Councillor Eleanor Jackson

Councillor Tim Ball

Councillor Lin Patterson

Councillor Lizzie Gladwyn



**Mark Durnford**

**Democratic Services**

Lewis House, Manvers Street, Bath, BA1 1JG

Telephone: 01225 394458

Web-site - <http://www.bathnes.gov.uk>

E-mail: [Democratic\\_Services@bathnes.gov.uk](mailto:Democratic_Services@bathnes.gov.uk)

## NOTES:

1. **Inspection of Papers:** Papers are available for inspection as follows:

Council's website: <https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1>

Paper copies are available for inspection at the **Public Access points:-** Reception: Civic Centre - Keynsham, Guildhall - Bath, The Hollies - Midsomer Norton. Bath Central and Midsomer Norton public libraries.

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

3. **Recording at Meetings:-**

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators.

To comply with the Data Protection Act 1998, we require the consent of parents or guardians before filming children or young people. For more information, please speak to the camera operator.

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4. **Public Speaking at Meetings**

The Council has a scheme to encourage the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. They may also present a petition or a deputation on behalf of a group. They may also ask a question to which a written answer will be given. **Advance notice is required not less than two full working days before the meeting. This means that for meetings held on Thursdays notice must be received in Democratic Services by 5.00pm the previous Monday.** Further details of the scheme:

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=12942>

5. **Emergency Evacuation Procedure**

When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are signposted. Arrangements are in place for the safe evacuation of disabled people.

6. **Supplementary information for meetings**

Additional information and Protocols and procedures relating to meetings

<https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=13505>

**Health and Wellbeing Select Committee - Wednesday, 29th November, 2017**

**at 10.00 am in the Council Chamber - Guildhall, Bath**

**A G E N D A**

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

The Chair will draw attention to the emergency evacuation procedure as set out under Note 6.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting. Members are asked to indicate:

(a) The agenda item number in which they have an interest to declare.

(b) The nature of their interest.

(c) Whether their interest is **a disclosable pecuniary interest** *or* an **other interest**,  
(as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

6. ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

At the time of publication no notifications had been received.

7. MINUTES - 27TH SEPTEMBER 2017 (Pages 7 - 22)

8. CLINICAL COMMISSIONING GROUP UPDATE

The Select Committee will receive an update from the Clinical Commissioning Group (CCG) on current issues.

9. CABINET MEMBER UPDATE

The Cabinet Member will update the Select Committee on any relevant issues. Select Committee members may ask questions on the update provided.

10. PUBLIC HEALTH UPDATE

The Select Committee are asked to consider the information presented within the report and note the key issues described.

11. HEALTHWATCH UPDATE

The Select Committee are asked to consider the information presented within the report and note the key issues described.

12. MATERNITY TRANSFORMATION PLAN FOR B&NES, SWINDON AND WILTSHIRE (Pages 23 - 68)

This briefing provides an oversight of the new co-created Maternity Transformation Plan. The plan details our system wide response across the Strategic Transformation Partnership (STP) footprint to the national Better Birth Recommendations and the NHS Five Year Forward View.

13. LOCAL SAFEGUARDING ADULT'S BOARD ANNUAL REPORT (Pages 69 - 204)

The Local Safeguarding Adults Board Annual Report 2016-17 highlights the work of the Board during the period and information and analysis of safeguarding case activity.

14. SELECT COMMITTEE WORKPLAN (Pages 205 - 208)

This report presents the latest workplan for the Select Committee. Any suggestions for further items or amendments to the current programme will be logged and scheduled in consultation with the Chair of the Select Committee and supporting officers.

The Committee Administrator for this meeting is Mark Durnford who can be contacted on 01225 394458.

**HEALTH AND WELLBEING SELECT COMMITTEE**

**Minutes of the Meeting held**

Wednesday, 27th September, 2017, 10.00 am

**Bath and North East Somerset Councillors:** Francine Haeberling (Chair), Geoff Ward, Bryan Organ, Eleanor Jackson, Tim Ball, Lin Patterson and Lizzie Gladwyn

**In attendance :** Dr Ian Orpen (Clinical Chair, B&NES CCG), Alex Francis (Healthwatch B&NES Team Manager), Paul Scott (Assistant Director of Public Health) Sue Blackman (Community Services Programme Lead), Vincent Edwards (Commissioning Manager - Adult Social Care) and Clare O'Farrell, Deputy Chief Operating Officer, RUH

**Cabinet Members in attendance:** Councillor Vic Pritchard, Cabinet Member for Adult Care, Health & Wellbeing

**29 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

**30 EMERGENCY EVACUATION PROCEDURE**

The Chair drew attention to the emergency evacuation procedure.

**31 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Bruce Laurence (Director of Public Health) had sent his apologies to the Select Committee. Paul Scott (Assistant Director of Public Health) was present as his substitute.

**32 DECLARATIONS OF INTEREST**

Councillor Lizzie Gladwyn declared an other interest with regard to agenda item 13 (Mental Health Pathway Review) as she is an expert patient and volunteer for AWP.

**33 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

There was none.

**34 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING**

There were none.

## **35 MINUTES - 19TH JULY 2017**

The Cabinet Member for Adult Care, Health and Wellbeing, Councillor Vic Pritchard advised the Democratic Services Officer that he had not been included within the 'in attendance' section of the front page of the minutes.

With this amendment in mind the Select Committee confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chair.

## **36 CLINICAL COMMISSIONING GROUP UPDATE**

Dr Ian Orpen addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

### **A&E performance**

In July over 94 per cent of patients were seen in A&E within the four hour target wait. However in August this dropped to 90.6 per cent and unverified figures for September indicate a further decline. Working with the Royal United Hospitals Bath NHS Foundation Trust (RUH), Virgin Care, the South Western Ambulance Service NHS Foundation Trust and many other providers we are beginning our preparations for winter to ensure we can maintain patient safety and performance over the coming months.

### **GP Survey Results Summer 2017**

GPs in Bath and North East Somerset have once again come top of a nationwide patient survey for patient experience.

The July GP Patient Survey showed that 93 per cent of the almost three thousand B&NES residents who took part in the survey in January 2017 rated their experience at their GP surgery as 'good'. This compares with a national average of 85 per cent. The continued positive results that B&NES GPs achieve in this survey despite the exceptional pressures on their time and services is testament to GPs commitment to the quality of patient care.

### **Urgent Care Centre**

At the start of August 2017 we appointed the RUH and B&NES Enhanced Medical Services to run the Bath-based Urgent Care Centre after a rigorous procurement process.

The partnership will take over responsibility of the centre from May 2018, and will work closely with B&NES Doctors Urgent Care – which currently runs the service – to ensure a smooth transition.

### **Helping patients get fit for surgery**

From next month we are making changes to the fitness programme we currently provide for patients needing hip or knee surgery. Over 40 percent of participants see such an improvement they no longer require surgery. From October the programme will be extended by up to three months to include weight management support for

those with a body mass index (BMI) of 30 or more and smoking cessation advice for smokers.

One of the ways to improve health and wellbeing is to increase the number of people accessing smoking cessation and weight management services, and evidence suggests that the point of referral to surgery is an opportune moment to encourage people to uptake referrals to these services.

Evidence also suggests that patients who smoke and/or are obese are at higher risk of surgical complications when compared to those who don't smoke and are a healthy weight.

We plan to roll the scheme out to other surgical procedures next year following consultation with the public about our plans which begins at the start of October.

### **NHS England consultation on prescriptions for medicines of low value**

NHS England has launched a formal consultation on new national guidelines which state that 18 treatments – including homeopathy, travel vaccines and herbal treatments (which together cost UK taxpayers £141 million a year) should no longer be routinely prescribed by GPs.

The consultation also seeks views on the prescribing of products for minor self-limiting conditions which are readily available over the counter, at supermarkets and other retailers, often at a lower price than the cost to the NHS. The products include cough mixture and cold treatments, eye drops, laxatives and sun cream lotions.

The consultation closes on 21 October and once the feedback has been analysed we can expect to receive new guidance to inform our decisions about changes to our local prescribing policies.

Following consultation locally in B&NES in 2016, we have already made some changes to our prescribing policies for gluten-free foods for patients with coeliac disease and two types of over-the-counter products – antihistamines and painkillers where they are used to treat minor, short-term ailments.

Information about the consultation is available via our website [www.banesccg.nhs.uk](http://www.banesccg.nhs.uk)

Councillor Bryan Organ asked if the number of GP and hospital appointments not being kept was an issue within B&NES.

Dr Orpen replied that it is an issue that is monitored and is addressed if it occurs from regular sources. He said that all but one local surgery has an automated phone system to enable members of the public to cancel appointments.

Councillor Lizzie Gladwyn said that it was good to see the merged pathway for Urgent Care. With regard to patients being fit for surgery she asked if it was taken into account for those who, through their current condition cannot lose weight.

Dr Orpen replied that hospitals were conscious of the need to not disadvantage people that require surgery. He added that through a public survey 70% of respondents recognised the need to do more to help themselves prior to surgery.

Councillor Lizzie Gladwyn asked if the pressure on the A&E department in August and September was due to specific holiday injuries or people returning from holiday with injuries.

Dr Orpen replied that if anything actual numbers of patients were down and that the delays were due to less staff being on site due to the time of year.

Councillor Tim Ball said that he agreed with the approach taken on the matter of being fit for surgery. He added that he recognised the need to withdraw certain types of prescription, he commented though that he had noticed that there had been in some cases a 50% rise in the cost of some gluten-free foods in supermarkets following the withdrawal of those for coeliac patients in 2016.

Dr Orpen replied that he had met with the Coeliac Society prior to that decision being made to discuss alternatives that patients could choose.

Councillor Tim Ball addressed Dr Orpen and Councillor Vic Pritchard in their role as Co-Chair of the Health & Wellbeing Board. He said that a formal complaint had been submitted as the apologies of himself and Councillor Jackson were not being recorded in their role as official observers to the Board.

Councillor Eleanor Jackson said that she attended the Board whenever she could and that it was only through recent ill health that she was unable to be present. She said that she found it insulting to be treated in this manner and also could not understand why they were not allowed to be involved in any Development Days.

Dr Orpen replied that the Development Days were about the effectiveness of the Board and although he understood their role as observers they were not members of the Board.

Councillor Vic Pritchard said that he could see a reason for recording their attendance but as they were not members of the Board he was not sure of the need to record their apologies.

The Chair said that the matter should be discussed further outside of the Select Committee by Dr Orpen, Councillor Pritchard and the Director Integrated Health & Care Commissioning.

Dr Orpen said that there was no intention to offend both Councillors and that he hoped a solution could be found.

Councillor Eleanor Jackson asked if a review of patient prescription medication took place as standard every year. She also invited Dr Orpen to one of her weekend surgeries to meet local members of the public and discuss problems.

Dr Orpen replied that GP's do perform such a review to see if a patient still requires the medication or if their circumstances have changed. He added though what they cannot do is address patients directly on their previous usage.

The Chair thanked Dr Orpen for the update on behalf of the Select Committee.



## 37 CABINET MEMBER UPDATE

Councillor Vic Pritchard, Cabinet Member for Adult Care, Health & Wellbeing addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

### **Community Services : Virgin Care Update**

- Workforce

Virgin Care recognise that recent operational issues have had in some cases a significant impact on staff and the Senior Management Teams are ensuring staff are adequately supported and fully equipped to undertake their roles.

The appointment of the Virgin Care Bath and North East Somerset Managing Director post has now been appointed to and will take up post in early November 2017.

Work is also underway to finalise arrangements for CCG and Council Commissioning Resource in relation to sub-contracted services that will transfer to Virgin Care on 1st April 2018.

- Transformation

Transformation plans are progressing and all required contractual milestones for Quarter 1 have been met by Virgin Care.

#### *Considering the Whole Person*

Virgin Care launched the Citizens Panel in Quarter 1 against a Quarter 2 deadline, the panel aims to be representative, and open to all and focuses on the views of local people, and seeks views, insight and involvement in local health and care services. There are currently 28 members recruited to the Panel and Virgin Care will seek to ensure that year-on-year the number of members increases. The Virgin Care draft Engagement Strategy has also been shared with Commissioners and Community Champions. The launch of the Carers club will take place in Quarter 2.

Work has also commenced in developing a framework by Quarter 4 that delivers a comprehensive assessment that will enable the production of a holistic care and support plan, specific to the individual and based around their personal goals.

### **Red Bag Initiative with local care homes**

Ten care homes in B&NES are piloting a new initiative whereby residents who need to visit hospital are accompanied by a distinctive red bag, which contains all relevant medical information as well as their personal belongings.

The red bags will stay with the patient for the duration of a hospital visit and contain specific admission and discharge checklists for medical staff to fill out. These lists will help ensure that every member of the medical team receives exactly the same

information, and nothing gets misplaced or miscommunicated on the way in or out of hospital.

The initiative is being introduced jointly by the CCG and Bath & North East Somerset Council into initially five nursing and five residential care homes in B&NES. It was first launched in 2016 by Sutton Clinical Commissioning Group and the design of the B&NES pilot has had important input from hospital matrons and palliative care nurses at the Royal United Hospitals Bath NHS Foundation Trust.

Efficient communication helps build good working relationships and working practices between the care home and hospitals, which ensures that a resident's hospital admission and discharge is also efficient.

The pilot launched in September 2017 and will be reviewed after six months to evaluate how it is working and decide whether the red bags will be introduced into all care homes in B&NES.

The Chair thanked Councillor Pritchard for his update on behalf of the Select Committee.

## **38 PUBLIC HEALTH UPDATE**

Paul Scott addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

### **Physical (in)activity**

Sport England have published a report based on a survey from 2015-6 into levels of activity in adults from 40-60. 4 out of 10 (41%) adults aged 40 to 60 in England walk less than 10 minutes continuously each month at a "brisk pace" which equates to moderately intense physical activity that brings cardiovascular benefits.

There is a small gender difference: 18.9% of men vs. 20.4% of women but a more striking socio economic inequality, with 32.9% of adults aged 40 to 60 from the most deprived areas being classed as physically inactive, compared to 11.3% in the least deprived areas.

Part of the national strategy to increase levels of activity is the development and promotion of the "Active 10" idea and app. by Public Health England which is encouraging adults to build 10 minutes continuous brisk walking into their day as a simple way to improve their health. The 'Active 10' app has been developed to show how much brisk walking a person is doing each day and how to incorporate more of it into their lifestyles. You can visit the website:

[http://po.st/Active10\\_Bath\\_NESomerset](http://po.st/Active10_Bath_NESomerset) or search active 10 in the app store to download it free.

He informed the Select Committee of the Bathscape Walking Festival that took place from the 16th – 24th September 2017. He explained that the Bathscape Landscape Partnership aims to reconnect people with the unique natural setting of Bath and the surrounding area.

## **Responding to a burst water main**

On July 19th a water main burst at Willsbridge in South Gloucestershire that caused a loss of supply to 35,000 properties in Keynsham, parts of Saltford and Kelston. This then led to a combined response from the B&NES environmental health and public health teams, the local NHS, residential and nursing homes, various businesses and of course Bristol Water, and similar counterparts in South Gloucestershire.

In the event water was off for just about 24 hours, which caused much inconvenience, but no real serious problems or outcomes.

The silver lining to the cloud of such an event is that we get the chance to test emergency response and business continuity plans for real across partnerships. And in this case, as ever, there were some good findings and some lessons to be learned where things didn't go so well.

On the plus side some findings of what went quite well were:

- Good feedback from Domiciliary Care providers
- Internal team work to help affected businesses/vulnerable groups
- Virgin Care business continuity plans and offer of help from District Nurses to vulnerable patients.
- Public Protection phoning around high risk premises
- Out of hours list and contacts
- Red Cross were very helpful
- We were ready to open the Council's control room

Some things that went less well were:

- Poor communications from Bristol Water; gravity of event was not recognised from outset, anticipated time to regain water supply varied, there was poor use of website and council and NHS did not initially have any hot-line to operations staff and had to use the public information lines. (It should be noted that Bristol Water said that this was one of their largest ever incidents and the problem of fixing the main was exacerbated by there being a gas pipe alongside which makes the work more delicate and demanding).
- Gaps in Bristol Water's vulnerable person list – lack of capacity to deliver water to vulnerable people/groups.
- Major incident called late.
- Ability to share vulnerable person information – availability of secure email between partners within and outside NHS.
- Public Protection evening work – under resourced/resilience – would have been tested more by longer lasting event.

As a result of this some work will fall to Bristol Water and partners including:

- Briefing staff in call-centre
- Update vulnerable person list
- Providing an alternative way of LA and other key partners to contact them in an emergency

- Provide informed information to public and partners on website, point of water collection at bowzers

Follow-up will also include Wessex Water and other utility companies and we will review our mechanisms for ensuring that all partners locally are informed and coordinated in a timely way when there is any significant incident.

### **Working towards a Smoke Free NHS**

The NHS has done much work in recent years to create smoke free sites. Many Trusts are still struggling with smoking related litter, fires on site and the poor image projected by patients, visitors and staff smoking at site entrances and within the grounds of their estate.

B&NES staff are working with colleagues across the STP area (Swindon, Wiltshire and B&NES) to support NHS Trusts and providers to go completely smoke free. This basically means 3 things:

- Everyone understands there is no smoking anywhere on NHS property
- Every frontline professional discusses smoking with their patients
- Every smoker is offered stop smoking support on site or referral to service

### **Stoptober**

Stoptober encourages smokers across England to make a quit attempt during October. Launched in 2012, this is the 28-day stop smoking challenge from PHE that encourages and supports smokers across England towards quitting for good. Stoptober is based on the insight that if you can stop smoking for 28-days, you are five times more likely to be able to stay quit for good. The campaign chunks down the quitting process, presents it as a more manageable 28 days and rallies people around a specific date to get started

### **New group to support adults bereaved by suicide**

The Public Health team and Bath District Cruse Bereavement have joined forces to set up a support group for adults bereaved by suicide. This will meet every third Wednesday of the month at the Open House Centre, Manvers Street Baptist Church in Bath starting 21st September 2017, 18.30 – 20.00. The group is run by trained volunteers who have themselves been bereaved or affected by suicide.

Councillor Geoff Ward commented that it is a big challenge to increase the levels of physical activity of certain age groups across the Council. He said that in his view it was easier to achieve this if people had access to certain apps for their phones. He said that any future initiatives should be shared appropriately through social media.

Councillor Tim Ball said that any advertising should be used carefully as people who might struggle to walk may take offence at such articles. He added that of course any activity was better than none.

Councillor Lin Patterson said that she welcomed the Suicide Support Group and asked how many people had been involved so far.

Paul Scott said that two open events had been held and one actual meeting, at which nine people were present. He added that if numbers increased consideration would be given to another group being formed.

Councillor Eleanor Jackson asked if a copy of the update report could be sent to the Planning and Highways departments to highlight the need for better walking routes to be achieved through planning decisions. She added that from personal experience she could see the value that the Suicide Support Group would bring to people.

The Chair thanked Paul Scott for the update on behalf of the Select Committee.

## **39 HEALTHWATCH UPDATE**

Alex Francis, Team Manager - Healthwatch B&NES and Healthwatch South Gloucestershire addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

### **Non-emergency patient transport**

During quarter two, BaNES Clinical Commissioning Group (CCG) approached Healthwatch to ask if we would be interested in undertaking some joint work around the non-emergency patient transport service provided by Arriva Transport Solutions. Healthwatch agreed as this is a service that we regularly receive feedback about, and have raised concerns with the CCG about in the past due to the quality of service that people have reported.

A joint visit was carried out in early August between Healthwatch and the CCG, which included a 'ride-along', which allowed us to experience patient transport first-hand. During the ride-along staff spoke to patients and drivers about their experiences of using and providing the service. The visit also included an opportunity to speak to patients that had arrived at, or were waiting to be collected from, the Royal United Hospital, Bath.

All of the feedback gathered during the visit has been pulled together into a joint report. The CCG has shared the report with Arriva for comment.

### **B&NES community mental health review**

In August, Healthwatch met with commissioners and staff from B&NES Council, BaNES CCG and Virgin Care to discuss the community mental health review that is currently underway. During this meeting Healthwatch shared all of the feedback that it had received regarding community mental health services, both from people that use these services, and also their carers or relatives.

An options paper outlining the themes and proposals for community mental health provision in B&NES is expected to be released in the autumn. Healthwatch has offered to run a public meeting for people to discuss the options in more detail, and also a Health and Wellbeing Network meeting so that voluntary, community and social enterprise (VCSE) colleagues can have their say. Details of these events will be shared widely once confirmed.

## **Safeguarding adults**

Healthwatch is a member of the Local Safeguarding Adults Board; we are currently working closely with B&NES Council, BaNES Clinical Commissioning Group, Avon and Somerset Police and other partners to undertake three safeguarding adults' reviews.

Healthwatch aims to provide a lay perspective on each case; asking questions about how local safeguarding policies and procedures have been implemented, and helping to establish how effectively local organisations have worked together to safeguard the individuals concerned. Once complete, the findings of these reviews will be published, including recommendations for the future and any key learning to ensure best practice is implemented.

## **Sustainability and Transformation Partnership (STP)**

In August, Healthwatch B&NES and Healthwatch Wiltshire met with the new STP Programme Director and Programme Manager to discuss Healthwatch's role in the revised governance arrangements, and review the communications and engagement approach that has been in place to date. Local Healthwatch reiterated the need for communication to improve, and engagement with patients, the public and the voluntary, community and social enterprise (VCSE) sector to increase.

In July, NHS England carried out a progress assessment of STPs across the country through which the B&NES, Swindon and Wiltshire STP was rated 'advanced'. Moving forwards, the Board endeavours to improve communication and engagement with the local population regarding the STP.

There is an STP stakeholder event taking place on Friday 20 October, 9.30am – 12.30pm at Bailbrook House, Bath.

Councillor Geoff Ward commented that it was important to know about such services as Non-Emergency Patient Transport. He asked how they were advertised.

Alex Francis replied that in terms of the service that Arriva provides there is an eligibility criteria. She added that other forms of community transport are available across B&NES and that Healthwatch do provide a signposting service in this respect.

She said that further information could be found via the Wellbeing Options or One Big Database websites.

Councillor Lizzie Gladwyn said that she welcomed Healthwatch having an input into the Mental Health Review.

Councillor Eleanor Jackson said that she was pleased to see the work relating to non-emergency patient transport as she was aware that Arriva had previously had problems with collecting people on time and then subsequently missing appointments.

Councillor Lin Patterson asked if Healthwatch had been asked to review or monitor midwifery services locally as she believed they were overstretched.

Alex Francis replied that they had not, but would discuss the matter with colleagues to see what could be done.

The Chair thanked Alex Francis for the update on behalf of the Select Committee.

#### **40 UPDATE ON THE TRANSFER OF SERVICES FROM THE RNHRD TO THE RUH (ADULT FATIGUE)**

Clare O'Farrell, Deputy Chief Operating Officer, RUH introduced this report to the Select Committee. She informed them that there will be no change in the level of service provision for patients of the RNHRD Bath Centre for Fatigue Services. She explained that the same range of outpatient services will be provided at the new RNHRD and Therapies Centre and patients will continue to be seen and treated by the same team to the same high standards, only the location will change.

She stated that the proposed new location will provide better facilities, including enhanced group rooms and improved waiting room facilities. There will be improved physical access, including flat access to the new Centre, ground floor clinic and group rooms and a purpose designed building which can better accommodate those with restricted mobility.

She said around thirty attendees were present at an informal engagement session which was convened earlier in the year, as an addition to a pre-arranged Friends and Family event. She explained that they had the opportunity to see plans and hear about the detail for the new Centre. She said that attendees were generally positive about new and improved facilities on the understanding of the same quality of service at the new location.

She explained that a total of 22 people completed at least some of the engagement questionnaire, with 17 completing the full questionnaire.

She said that subject to the Committee's endorsement of the plan to relocate the RNHRD's Bath Centre for Fatigue Services to a purpose built RNHRD and Therapies Centre on the RUH's Combe Park site, construction of the Centre will get underway in 2017, and the services will relocate when the new build is complete, scheduled for 2019.

She added that the next phase of PPE activities relate to proposals to relocate the RNHRD's Pain Management services. Planning is underway to launch the final round of PPE activity in early 2018.

The Select Committee **RESOLVED** to:

- (i) Note the outcome of the impact assessments and patient and public engagement activities which provided opportunities for patients, staff, stakeholders and the public to provide feedback on the proposed move, and which confirmed that the effects of this change are considered minimal and that there are a number of positive aspects to the change, for current and future patients.

- (ii) Endorse the proposal to relocate the RNHRD Bath Centre for Fatigue Services from the Mineral Water Hospital site to a purpose built RNHRD and Therapies Centre on the RUH's Combe Park site.

## **41 MENTAL HEALTH PATHWAY REVIEW**

The Community Services Programme Lead introduced the report on behalf of the Senior Commissioning Manager for Mental Health who was unable to attend. She informed the Select Committee that a review of the mental health pathway is being undertaken by the Council and Clinical Commissioning Group in order to determine the best model for the future commissioning of community and statutory mental health services across health and social care.

She explained that the review aims to identify how people access services, the quality of the services received, how they leave services and ongoing support. She added that it will seek to identify how services link together and in particular how physical and mental health services work together.

She said that the review will also identify areas of best practices within B&NES, what is working well, where there are gaps, duplication, potential for sharing resources and areas for improvement.

She gave the Select Committee some examples of the comments made during the initial engagement interviews.

- The voluntary sector in BANES is excellent – but statutory services need to support them and service users and carers to use and further develop them.
- Peer working, peer mentoring, volunteering and befriending are important elements of the recovery process and require further development.
- Transitions between CAMHs and adult mental health services sometimes do not work well.
- Dual diagnosis (substance misuse and mental health) service users can fall between gaps - too risky for IAPT but not severe enough for other services.

She stated that it is anticipated that an initial assessment of options will be considered by the Council / CCG Joint Commissioning Committee in October 2017, and that this will be followed by a more detailed options appraisal to be presented in November / December 2017 with the aim of implementing from April 2018.

Councillor Bryan Organ asked if the matter of transitions had improved recently.

The Community Services Programme Lead replied that there had been some improvement. She said that through the review 15 CAMHS users had been interviewed. She added that the question remains as to whether Children's Services should extend to 25 years of age or for what period there should be an overlap. She stated that this issue was high up on the list to be resolved.

Councillor Lin Patterson commented that she was pleased to see this issue receiving the appropriate attention.



Councillor Eleanor Jackson raised the matter of being able to access services and that this may be different for members of the public who are based more rurally to those within the city. She added that she had seen information that reported that 1 in 4 girls suffer from some form of depression.

The Community Services Programme Lead that the engagement with young people throughout this process was key. She added that in particular officers were keen to assess their aspirations and talk of how they access services. She said that as part of the review that Bath Area Play Project and Off The Record have held focus groups.

Councillor Tim Ball said that he had concerns that some service users who had been assessed as being on the Autism spectrum were having problems receiving medication after turning 18 years of age.

The Community Services Programme Lead replied that she would take that point away and discuss further with colleagues.

The Select Committee **RESOLVED** to note the themes emerging from the review.

## **42 CARE HOME PROVISION**

The Commissioning Manager for Adult Social Care introduced this report to the Select Committee. He informed them that the Care Quality Commission (CQC) lists 60 care homes in B&NES. The 'Older Persons' portion of that market consists of 36 homes offering 1,375 beds in total. He added that roughly a quarter of this capacity supports dementia care.

He explained that the Council currently has 320 active placements in B&NES, including 34 Continuing Healthcare beds on behalf of the CCG. This is a market share of 23%. The remaining beds are either vacant or occupied by placements from other Local Authorities/CCGs or self-funders. The Council and CCG also make some out of area placements though this is a minority.

He said that as of 11th September 2017, there are 40 available vacancies across B&NES and 11 of these are for nursing beds. However, the bed types do not always match the needs of people assessed and not all of them are affordable to the Council. Almost half of the 40 vacancies are in one particularly expensive home. This puts a lot of pressure on the Council when securing placements and can also cause delays in hospital discharge.

He stated that the majority of care homes in B&NES are rated by CQC as 'Good' though a few do 'Require Improvement' in one respect or another.

He explained that between 2016 and 2017, 6 care homes in B&NES closed with the loss of almost 200 beds. This was due to a range of factors but again has reduced capacity significantly, pushed up fees and led to greater pressure on hospital discharges. The commissioning team has a successful track record in managing these closures and ensuring continuity of care for residents.

He informed the Select Committee of the 'Discharge 2 Assess' beds project. He said that this was a result of joint commissioning across the Council and CCG in partnership with the not-for-profit sector. He explained that commissioners are

piloting a scheme to deliver 5 short-stay beds to assess people's long term care needs. This alleviates pressure on hospital discharge and allows people's long term needs to be more accurately assessed outside the acute hospital setting. It will also help the Council to place people in a more planned way and negotiate fees with providers with more time.

The Chair asked if there were any concerns over staffing levels within care homes.

The Commissioning Manager for Adult Social Care replied that B&NES is a member of the 'Proud to Care-South West' campaign. This seeks to make social care a more attractive career option and tackle the longstanding challenges of recruitment and retention in care homes. He added that there are enduring issues of staff turnover and shortage, with close attention on the possible impact of the UK leaving the European Union.

Councillor Bryan Organ asked if the Council had working connections with St. Monica's Trust.

The Commissioning Manager for Adult Social Care replied that there is an established working relationship and that potential opportunities were being explored.

Councillor Lizzie Gladwyn asked if a figure could be given to the average waiting to be placed in a home.

The Commissioning Manager for Adult Social Care replied that the availability of appropriate supply is fluid. He said that every Friday a multi-agency discussion takes place to help find the right placement or care package for people. He added that delays can occur through either the patient's needs changing while in hospital or changes in families preferred destination.

Councillor Geoff Ward asked if a local place within a local home can be guaranteed.

The Commissioning Manager for Adult Social Care replied that travel links were key in this decision making process. He said that affordability was a factor and considering how in some boundary areas, placements outside of the B&NES area may be required where there isn't in-area supply.

Councillor Eleanor Jackson asked was there any evidence to support the planning decision for a dementia care home that the developer now says cannot be marketed.

The Commissioning Manager for Adult Social Care replied that the need has been identified and that commissioners were to become more involved with the planning department prior to future developments. He added that the challenge remains through affordability and geography and that it was a long piece of work that lied ahead.

Councillor Geoff Ward commented that an ageing population is obviously a factor alongside the work that takes place to keep older people at home for longer initially before care is required.

The Select Committee **RESOLVED** to note the report.

#### 43     **SELECT COMMITTEE WORKPLAN**

The Chair introduced this item by noting that the Select Committee were due to receive the Local Safeguarding Adult's Board Annual Report at its November meeting.

Councillor Bryan Organ proposed that they receive a report in November regarding Non-Emergency Patient Transport Services.

Councillor Lin Patterson proposed that a report on Midwifery Services be submitted to the Select Committee.

The Select Committee **RESOLVED** to approve these items for their workplan.

The meeting ended at 12.40 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

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## Maternity Transformation Plan Briefing

Health and Wellbeing Select Committee

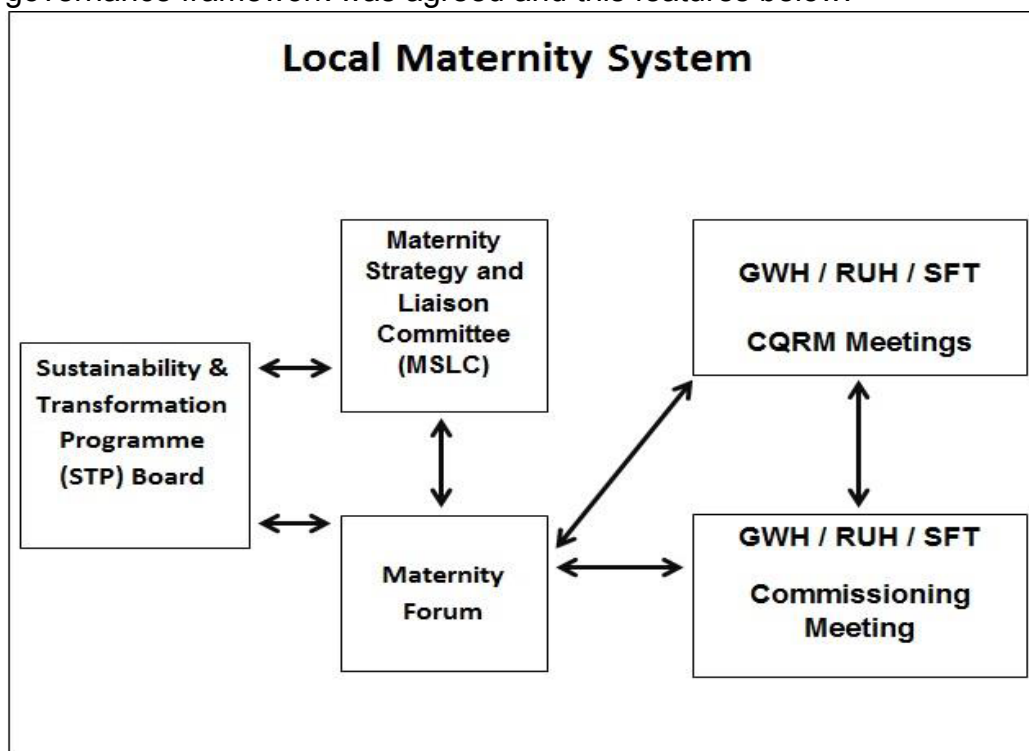
November 2017

### Introduction

This briefing provides an oversight of the new co-created Maternity Transformation Plan. The plan details our system wide response across the Strategic Transformation Partnership (STP) footprint to the national Better Birth Recommendations and the NHS Five Year Forward View. It also describes our vision for local maternity services to ensure that - “All women have a safe and positive birth and maternity experience, and be prepared to approach parenting with confidence.”

### National Requirements

All Maternity services were asked to develop a Local Maternity System (LMS) across their STP footprint by October 2017. The B&NES, Swindon and Wiltshire STP created such a system in April 2017 with all providers and commissioners across the maternity pathway joining together to discuss and agree operational and strategic aims and objectives. A governance framework was agreed and this features below:



All activity and performance data is now peer reviewed at an STP level through this structure to ensure consistency and parity of provision and experience for our population.

## **Creation of our Plan**

Each LMS was asked to produce a Maternity Transformation Plan (MTP) for regional submission on 20 October 2017. A whole system work shop was held in June 2017 with more than 60 attendees including service users, providers, commissioners, and all partner agencies. The vision for our plan was co-created during this work shop along the agreement of four core commitments:

### **a. Women and their chosen support networks will be partners in care**

Women will receive unbiased, timely information to enable them to participate fully in personalised care planning, and they will be encouraged to explore and question available options. Services will reflect on the language they use, focusing on the women's experience. Above all women will be listened to.

### **b. Maternity services and organisational partners within the LMS will work collaboratively**

Woman will receive a service that is seamless and joined up irrespective of where they access their care. Women will receive personalised care and staff will be enabled to provide continuity.

### **c. We will enhance safety through assisting all women to experience the best birth possible for their personal circumstances.**

Woman will be supported to make informed decisions, ensuring risks and benefits are assessed, discussed and managed proportionality. We will adopt an approach that works with the physiology of labour and optimises physical and mental good health. Learning will be shared across organisations and multidisciplinary teams will learn together.

### **d. Woman, partners and their families will be supported and enabled to optimise their health in preparation for pregnancy, birth and parenthood.**

Ensuring staff have the skills and confidence to deliver consistent and effective public health interventions that positively impact on outcomes for women and children.

Review events were held to further develop the plan and a follow up work shop took place in September 2017 where more than 35 attendees co-designed the associated action plan to support implementation and mobilisation. The plan was submitted to the South West Clinical Network in October and the following assurance timetable has been confirmed:

- 30 October - South Regional Team undertaking Assurance Review
- 2 November - Submission to the National Team
- 21 November – Plans presented to National Work Stream 1 Delivery Board
- 6 December – sign off by National Transformation Board

The plan will be presented to the STP Executive Group by the end of November 2017 and in parallel will be discussed as part of each organisations governance process.

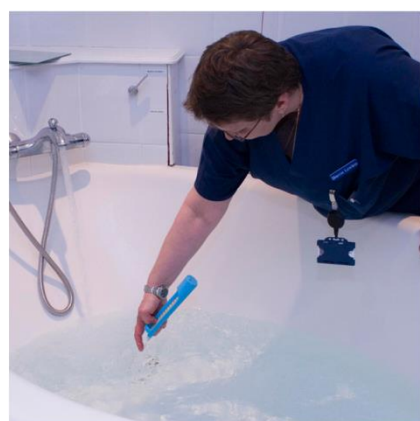
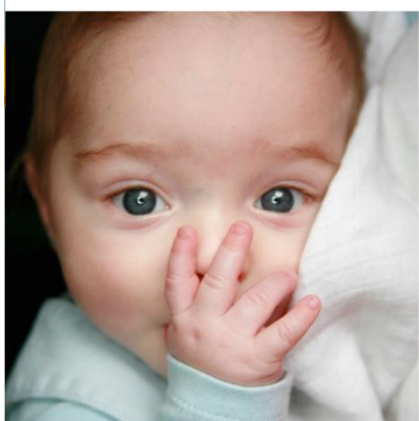
**Next steps**

Public consultation will of course be key. A full Engagement Plan is being developed, which will build on the work commenced by the Royal United Hospital in Bath in relation to place of birth. The MTP plan will be finalised by the end of November. The STP wide Maternity Strategy and Liaison Committee (MSLC) undertake a place of birth survey earlier this year with more than 800 responses. This feedback was used during the development of the plan and will form the basis of the Engagement Strategy.

The mobilisation and implementation of the plan will be support by a dedicated project midwife, which is being funded from national money dedicated to the development of Local Maternity Systems. This post is currently being recruited to.

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# Our Local Maternity Transformation Plan

BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE LOCAL MATERNITY SYSTEM (LMS)

October 2017

## **Foreword**

Our ambitious goal is that every woman in our region will have an equally positive experience regardless of her personal circumstance, whether she is a lone parent, a young parent supported by Family Nurse Partnership, a woman in a same sex relationship and any other pregnant woman in our community.

Birth is a special experience for all, from the women and their babies, to their partners and families through to the midwives and other birth attendants who have the privilege of being with women during this miracle of new life. This is the birth of a family too, who need to be supported so that all new parents have the confidence to take care of themselves and their new baby.

This letter reflects the care and support that we want every new mother to have. It is the unique experience of one woman, her baby and her partner.

### **A letter to a my baby**

As I watch you sleep deeply and safely, I reflect on the love I have for you and the joy you have brought me and your father.

You have had the best start in life and your dad and I have been fully supported to bring you into the world safely. We feel confident that we will be the best parents you could wish for. We thank all our carers for their support.

The health visitors continue to support us and give us information that is consistent with what we learned from our team of midwives to ensure you are developing and thriving. In partnership with my GP they also help me take care of my emotional wellbeing and knowing they are close at hand helps me feel protected, safe and confident to care for you.

Health professionals have been skilled at supporting me to nurture and sustain you by bringing you to the breast and continuing to breastfeed. Their partners in the community, such as children centres and others, are also available for us if we need extra support on our journey as new parents and to ensure we have a positive experience during this transition in our lives.

I chose your place of birth to be the safest and most relaxing place for us. During your birth, midwives enabled me to feel empowered and to be guided by my own instinct. The encouragement of family, friends and health professionals on the day gave your dad the confidence to be an amazing birth partner. Your birth felt private, safe and secure and I felt cared for, listened to and treated respectfully. I was able to follow my body's cues and make informed decisions about our care in labour and if I needed additional support, obstetricians and paediatricians were on hand.

There was much preparation leading up to your birth. I was confident in my decision about where to birth following open and informed discussion with my midwife. There were also opportunities for your dad to be involved in this. During my pregnancy with you I felt your movement, we talked about it at my antenatal checks, and my team of midwives measured and prodded me to check you were developing properly. I felt cared for, and as parents to be, contact with our midwifery team and antenatal classes prepared us for your birth and parenthood. We also built a social network along the way meeting other new parents.

When your dad and I felt ready for new beginnings, we prepared ourselves for conception, ensuring we were as healthy as possible and able to give you the best start in life.

Those nine months of us being together as one were an unforgettable journey as you developed from an egg to an infant. I look forward to our life as a family and feel blessed that we have received the best care possible.

Forever Yours

A New Mother

This is an exciting time for our maternity services and for women and families in B&NES, Wiltshire and Swindon. Service user representatives have been centrally involved in developing our local transformation plan, working alongside key stakeholders, sharing information, considering needs, identifying gaps and shaping services that have women and their families at the centre.

We begin this transformation from a strong base with well-established relationships across the local maternity system (LMS); good engagement from all parties; and a shared passion and commitment from all stakeholders to change our services for the better. It is now time to put our well thought out plans into action and drive forward our vision for “all women to have a safe and positive birth and maternity experience and to be prepared to approach parenting with confidence.”

*Trudi Webber (MSLC Vice Chair) on behalf of service users*

## 1. Introduction

Bath and North East Somerset, Swindon and Wiltshire (BSW) maternity services have increasingly been working together to improve services for women. Strong relationships have developed between the three hospital Trusts and commissioners. We welcome the publication of “Better Births, Improving outcomes of Maternity Services in England” as it provides a vision and framework for us to progress. The national blueprint for maternity as described in the Five Year Forward View has also been used to form this plan.

The providers and commissioners within BSW are active participants in the South West Maternity Clinical Network, which benchmarks providers and facilitates quality improvement initiatives. We are well placed to build on the success of this established network to transform our local maternity services through clinical leadership.

We will proactively engage with women, fathers, families and communities to ensure safe births, positive experiences and equity for all women. As organisational boundaries blur, staff and services will be enabled to improve communication and continuity of care. We will work together with partner agencies to develop seamless pathways that enable women and their families to access services to further enhance their physical, emotional and mental health in pregnancy and support the transition to parenthood ensuring the best possible start for babies.

We recognise that the commitment and ideas from staff provide the foundation of any transformation and we will ensure that their feedback informs and shapes our plan as it develops. Through embedding a continuous quality improvement approach, we will further develop the existing safety culture that is evidenced by transparent reporting and sharing of learning from serious incidents. We are committed to sharing and learning from each other when things go wrong as well celebrating success.

The current national pilot projects underway will provide additional learning and guidance which we are keen to adapt for our Local Maternity System as the evidence becomes available. This is an exciting time for maternity services in England, and we are looking forward to not only implementing our local plan but also being part of the country wide transformation that aims to make maternity care amongst the best in the world.

## 2. Our Local Maternity System

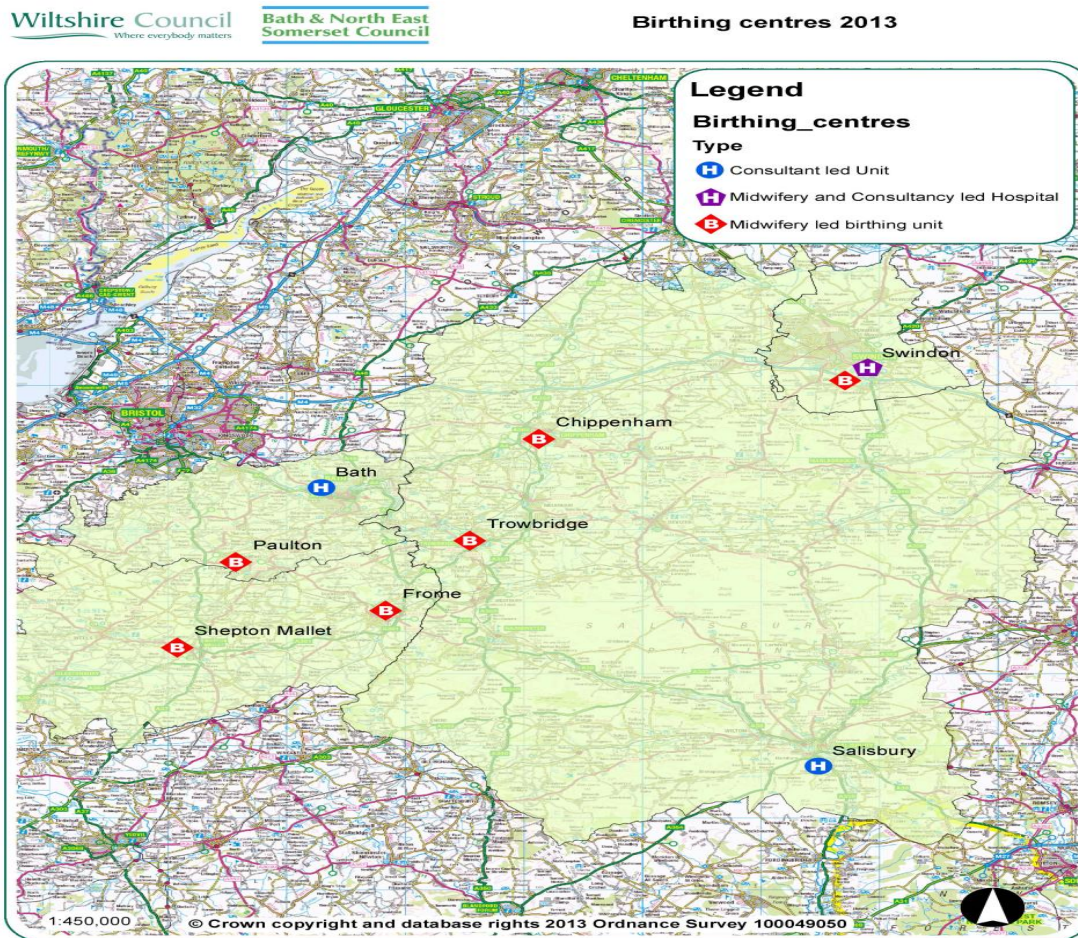
A Local Maternity System (LMS) has been created across the Bath and North East Somerset, Swindon and Wiltshire (BSW) Strategic Transformation Partnership (STP) footprint. The LMS is hosted by Wiltshire Clinical Commissioning Group (CCG) and includes service users and all providers and commissioners across the maternity pathway.

Our LMS has an extremely varied demographic structure and geography, which poses challenges to the delivery of maternity services. It features large rural areas (particularly the mid-Wiltshire Salisbury plain area) as well as urban centres. The main acute providers and larger towns are located on the periphery of the STP footprint. The footprint incorporates a largely affluent population but there are pockets of deprivation (6.4% of the population falls within the most deprived quintile).

The maps below detail birthing locations across the LMS.

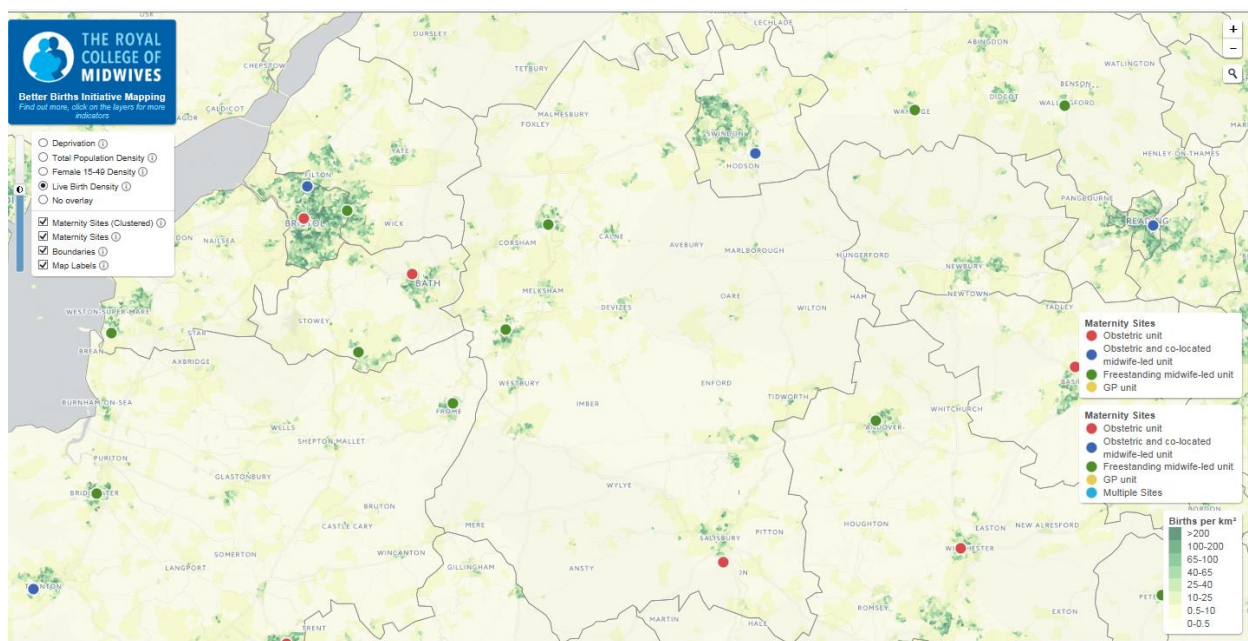


**Map 1: Birthing locations as per 2013\***



*\*Note: Shepton Mallet now provides antenatal and postnatal care only.*

**Map 2: Better Births Initiatives Mapping – Live birth density:**

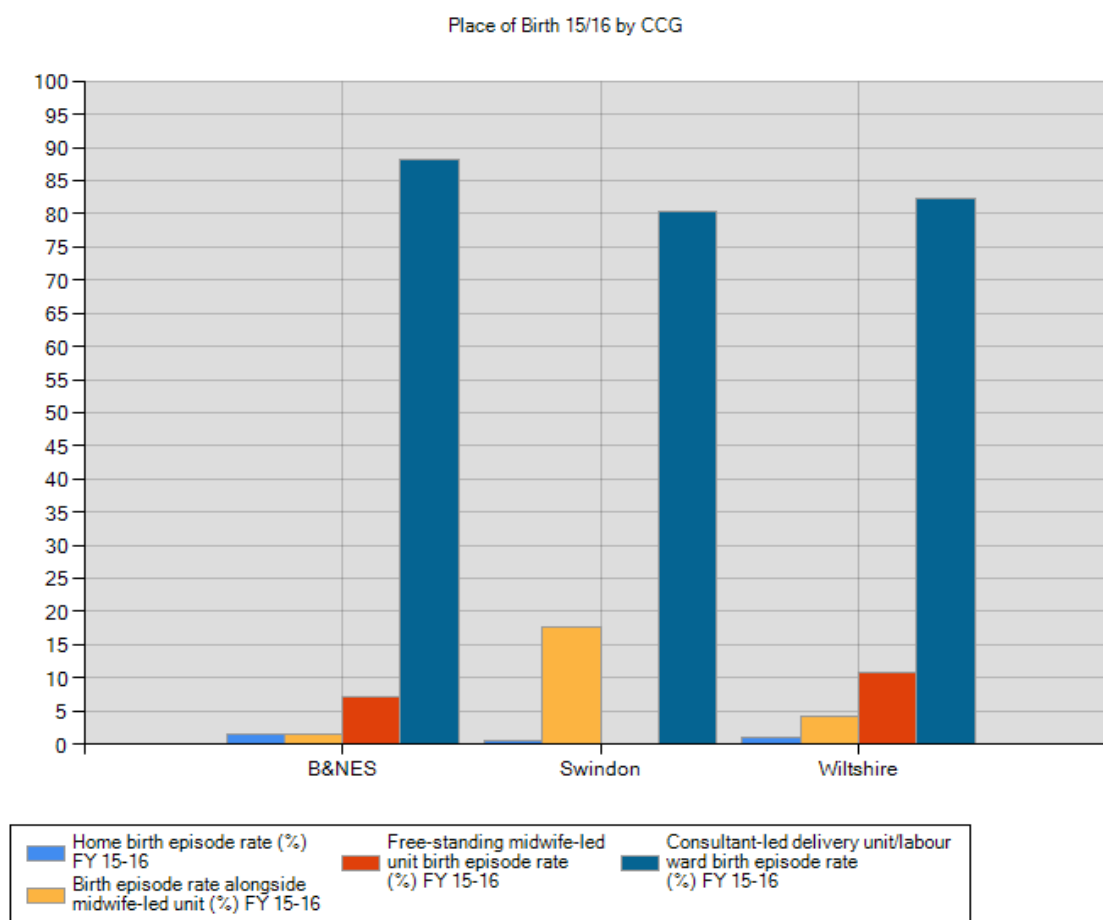


**Table 1: Current maternity provision across the STP footprint:**

Organisation	Maternity care and birth provision				
	Antenatal and postnatal care	Hospital based consultant care	Home birth	Standalone birth centre	Co-located birth centre
Royal United Hospitals Bath NHS Foundation Trust	✓	✓	✓	Trowbridge Chippenham Frome Paulton	
Great Western Hospitals NHS Foundation Trust	✓	✓	✓		✓
Salisbury Hospitals NHS Foundation Trust	✓	✓	✓		

The maternity provision naturally affects the choices women make around where they birth. Figure 1 below illustrates this variation across the LMS.

**Figure 1: Place of Birth 15/16 by Clinical Commissioning Group**

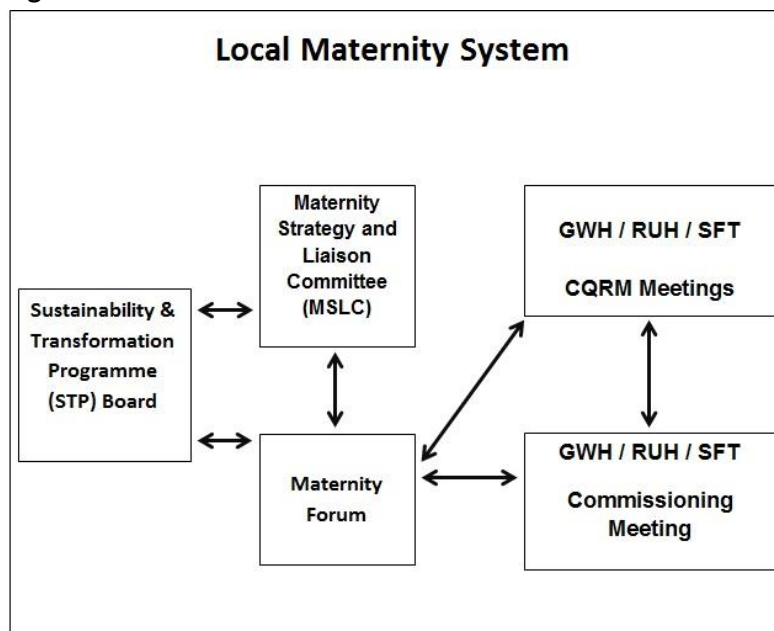


Source: SWSCN

## 2.1 Governance

The Local Maternity System consists of the Maternity Strategy Liaison Committee and the Maternity Forum. The Maternity Strategy Liaison Committee (MSLC) is the multi-disciplinary strategic arm of the LMS that drives the strategic direction for services across the maternal care pathway. It is informed by national policy and local agendas. Its work includes reviewing national policy, such as the Better Birth Recommendations and responding to local needs and agendas. It is chaired by Public Health and is attended by a range of stakeholders including service users (See Appendix 1 for core membership). Ensuring providers and commissioners take account of the views and experiences of women and their families who use maternity services is a key function of the group. The Maternity Forum, which is maternity service specific, is the operational arm of the LMS, focusing on clinical review of performance data and delivering the strategic objectives. Maternity services are commissioned by B&NES, Swindon and Wiltshire CCGs and quality and safety assurance is provided through CCG Contract Quality Review meetings and processes. Maternity measures are included in the CCG Internal Assurance Framework (IAF). This data is reviewed at the Maternity Forum.

**Fig 2: The LMS Governance framework**



The development of a local Maternity Voices Partnership is being discussed with current service user representatives at the MSLC. The above framework will be amended to reflect developments in this area in due course.

## 2.2 The LMS and Accountable Care Organisations

Accountable care is about bringing organisations in an defined area together to work towards a common goal of helping the local population to live healthy, independent lives in which the right health and social care is available when needed.

Providers and commissioners are being encouraged to join forces in a way that will enable woman and their families to access, and staff to provide, care that is more integrated and free from the organisational barriers that can often cause delay, confusion and frustration to many. The organisations will include local councils, health care providers and social services.

Sustainability and Transformation Partnerships (STP) will need to co-ordinate with the Accountable Care Organisations within their area to influence the agenda.

Co-design approach to identifying key streams and priorities including engagement events with staff and service users will set priorities for areas of focus relevant to the needs of the population that the Accountable Care Organisation covers.

The LMS will liaise closely with neighbouring Accountable Care Organisations and STPs to ensure that priorities are shared and discussed to ensure the maternity agenda has influence and a voice.

### **3. An understanding of the local population and its needs for maternity services**

It has not been feasible within the time limitations to conduct a full maternal health needs assessment across the LMS to inform this plan. Nevertheless, all available data has been reviewed from a range of sources including Public Health England, the South West Clinical Network Maternity Dashboard and RightCare and some conclusions drawn.

#### **3.1 Geography and population**

Wiltshire, Swindon and B&NES span a large geographical area of 3,875 km<sup>2</sup> with a total population of 894,065 based on ONS 2016 mid-year estimates. Each area has distinctively different geographies and demographics which are important to consider when transforming maternity services locally.

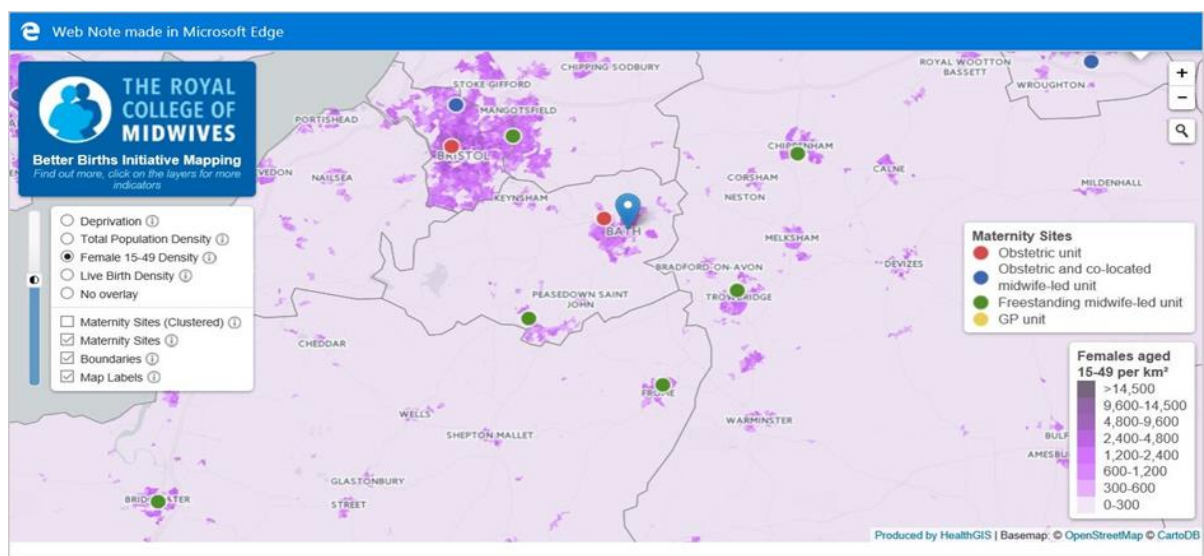
Wiltshire is a predominantly rural area covering an area of 3,485 km<sup>2</sup> and population density averages 140 people per km<sup>2</sup>. It is largely white-British population with few people from ethnic minorities. Access to maternity services varies considerably for women living in different parts of Wiltshire.

Swindon is a large town covering an area of only 40 km<sup>2</sup> and the average population density is 5,447 people per km<sup>2</sup>. The 2011 Census showed population growth to be faster in Swindon than the England average and the population from minority ethnic groups nearly doubled in ten years. B&NES area contrasts greatly in terms of density and diversity of population. The City of Bath accounts for approximately half the population and is 12 times more densely populated than the remainder of North East Somerset. About 10% of the population are non-white-British. In terms of deprivation B&NES is one of the least deprived authorities in the country, ranking 247 out of 326.

The density of female population aged 15 to 49 is reflected in map 3 overleaf. The LMS will undertake further work to analyse the data that informs the map and consider the implications.



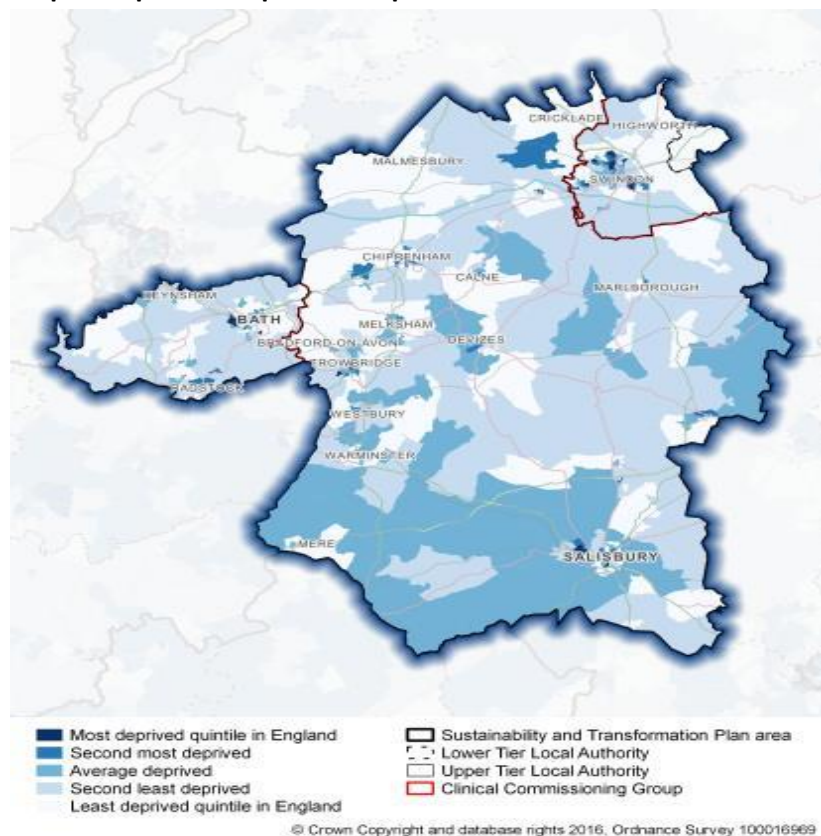
**Map 3: Better Births Initiative Mapping – Female 15-49 Density**



### 3.2 Deprivation

The Index of Multiple Deprivation (IMD) ranks the 32,844 Lower Super Output Areas (LSOAs) in England in terms of deprivation. LSOAs contain about 1,500 people. Wiltshire and B&NES are considered to be generally prosperous areas; however, there are hidden pockets of deprivation as illustrated in Map 4. Based on 2015 IMD data, 12 LSOAs in Wiltshire are within the 20% most deprived LSOAs in England and five in B&NES. Deprivation is more evident in Swindon with 19 LSOAs within the 20% most deprived nationally and eight of those are in the 10% most deprived.

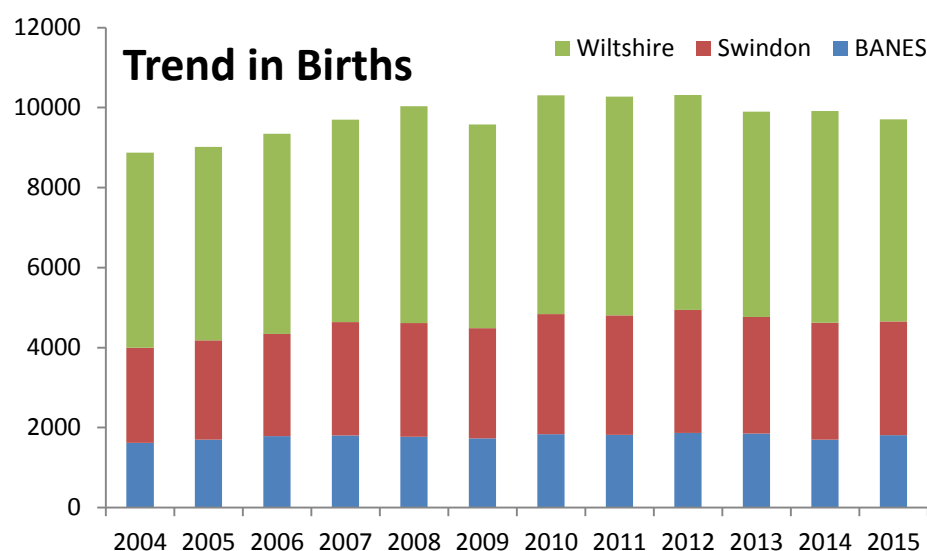
**Map 4: Deprivation quintile map 2016**



### 3.3 Number of live births

Over the last 12 years there has been some variation in the overall number of births with a low of just under 9,000 in 2004 to a high of over 10,300 in 2012. There has been little variation, however, in the proportion of births in each of the three areas during the same period (Figure 3). Most recently (2015), just over half the births were to women who lived in Wiltshire (53%), just under a fifth were to women who lived in B&NES (18%), and just under a third were to women who lived in Swindon (29%).

**Fig 3: Trend in Live Births**



Source: ONS

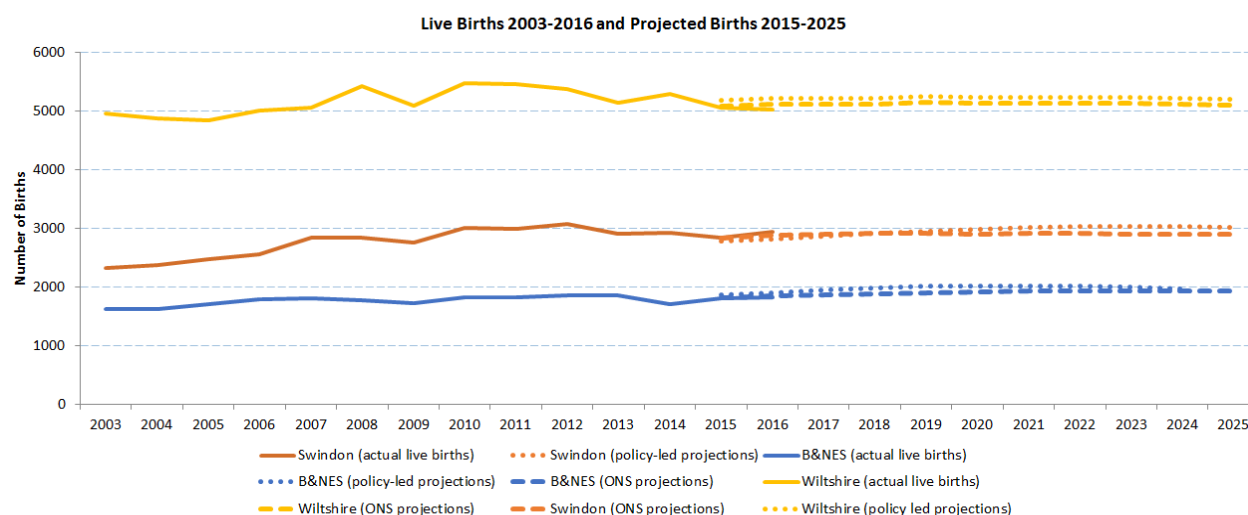
Although the number of births in each area has fallen slightly recently (Table 2), the latest ONS projections forecast a gradual increase in the number of births for each area. Local policy-led projections sometimes present a different picture (Figure 4). Swindon Borough Council's policy-led projection forecast a slightly bigger rise in Swindon births. In Wiltshire plans to increase housing, as set out in the Core Strategy, and the army rebasing programme are expected to impact on birth numbers. An initial crude estimate suggests this could result in over 700 additional births across Wiltshire.

**Table 2: Number of live births by local authority**

	Swindon	B&NES	Wiltshire
2012	3,073	1,867	5,378
2013	2,911	1,854	5,133
2014	2,923	1,702	5,290
2015	2,847	1,808	5,050

Source: ONS

**Figure 4: Projected number of births**



Source: ONS, BANES, Wiltshire and Swindon Borough Councils

### 3.4 Early booking

It is recommended that women have access to maternity services for a full health needs assessment ideally by 10 weeks of pregnancy (NICE, 2008). Late booking and late access to antenatal care is a known risk factor. In B&NES, Swindon Wiltshire  $\geq 90\%$  of women book early in pregnancy in line with the South West median is 92%.

### 3.5 Flu vaccination in pregnancy

The Public Health England influenza immunisation programme aims to offer protection to those who are most at risk of serious illness or death should they develop influenza. Preventing flu in pregnancy plays an important part in preventing maternal deaths (MBRRACE, 2014).

Table 3 provides data on flu vaccination uptake in pregnancy and shows a small increase across the LMS in 2016/17 compared with 2015/16. Increasing the uptake flu vaccinations in pregnant women is a priority for the LMS and flu clinics were introduced in some maternity services across the footprint in 2016/17 as a pilot approach. All maternity services are keen to follow suit ready for the 2017/18 flu season and planning is underway in readiness. Improved access for pregnant woman at scheduled screening appointments commenced in October 2017.

**Table 3: Provisional cumulative uptake data for England for vaccinations in pregnancy given from 1 September 2016 to 31 January 2017**

Area	Pregnant women	
	2015/16	2016/17
B&NES	44.0%	45.7%
Swindon	46.7%	46.9%
Wiltshire	42.9%	43.9%
Gloucestershire	43.9%	46.7%
BGSW	44.2%	45.8%
England	42.3%	44.8%

Source: ImmForm website, registered patient GP practice data (PHE)

The national expectation is to deliver flu vaccinations to 75% of the pregnant population therefore further work is required to achieve this.

### 3.6 Complex needs

The following risk factors are known to increase a mother and baby's vulnerability to adverse events: booking late in pregnancy (early booking data is routinely collected to monitor this); maternal age where risks are higher for younger women and older women; language barriers; smoking in pregnancy; obesity in pregnancy; maternal mental health; multiple births. Data related to these risk factors is presented in Table 4 with the exception of maternal mental health for which robust data is not yet available.

**Table 4: Women with complex needs in pregnancy by CCG area (2015-16)**

	Swindon	B&NES	Wiltshire	South West median
Early booking in pregnancy rate (1)	86.4%	91.9%	90.0%	90.0%
Birth rate from under 18 conceptions	4.0%	1.2%	2.4%	1.4%
Birth rate in women aged 40 or over (1)	1.4%	1.3%	2.4%	2.4%
% of babies born to mothers born in the Middle East and Asia (2014) (2)	10.5%	3.2%	2.7%	3.25%
Smoking at birth rate (1)	10.9%	7.4%	9.8%	10.9%
Obesity –BMI 30+ (1)	20.2%	17.2%	21.2%	21.0%
Multiple births (per 1000) (2015) (2)	20.4	14.5	14.2	14.9

Source: (1) South West Clinical Network Maternity Dashboard / (2) PHE Public Health profiles

Wiltshire has a higher percentage of women over 40 years birthing than in the other areas, but not exceptionally high for the South West. The difference in ethnicity of mothers is very apparent in Swindon with over 10% of babies born to mothers from the Middle East and Asia, reflecting the greater ethnic diversity in Swindon. Smoking rates are highest in Swindon and lowest in B&NES which may be related to levels of deprivation in the respective areas. Maternal obesity is lowest in B&NES and similar to the South West median in both Wiltshire and Swindon. Swindon has a notably higher rate of multiple births than B&NES and Wiltshire.

RightCare Maternity and Early Years data comparing Wiltshire, Swindon and B&NES each with their 10 most demographically similar CCGs also highlights smoking in pregnancy as an area of 'opportunity' for improvement. Overweight and obesity rates in children aged 4-5 are also notably high compared with demographically similar CCGs suggesting there is opportunity for improvement. Babies born to obese mothers are at greater risk of becoming obese children which highlights the importance of working to ensure women adopt healthy lifestyles before and during pregnancy and to support and enable more women to breastfeed. The RightCare data for all CCGs within the LMS was presented and discussed at the Maternity Forum on Thursday 25 May 2017 and the above priorities identified.

### 3.7 Perinatal mental health

Perinatal mental illness refers to a range of mental health problems of varying severity that can affect women during pregnancy and in the year after birth including anxiety, depression and postnatal psychotic disorders. Such problems affect up to 20% of women at some point during pregnancy and for the first year after birth and can have a significant negative impact on the mother, family and her developing child. Mental illness is one of the leading causes of maternal death in the UK and the number of new mothers committing suicide has not fallen over the past decade. Babies born to mothers experiencing perinatal mental health illness are at increased risk of prematurity, low birth weight, infant mortality, suboptimal growth, illnesses, neurodevelopmental problems and long-term cognitive outcomes.

Table 5 provides an estimate of perinatal mental illness across the LMS broken down by area and shows the potentially large numbers of women to suffer from mild to moderate mental illness during the perinatal period. Research indicates that there will also be a proportion of fathers who develop mental health difficulties during this period.

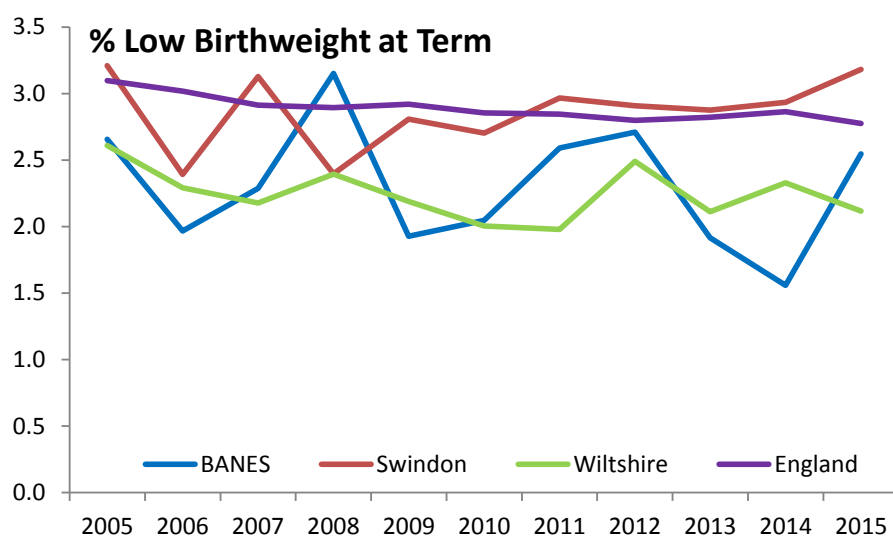
**Table 5: Perinatal Mental Health Projections taken from the Chi Mat tool**

<b>Perinatal Mental Health Projections</b>	<b>NHS Wiltshire</b>	<b>NHS B&amp;NES</b>	<b>NHS Swindon</b>
Estimated number of women with postpartum psychosis (2013/14)	10	5	10
Estimated number of women with chronic SMI (2013/14)	10	5	10
Estimated number of women with severe depressive illness (2013/14)	140	55	90
Estimated number of women with mild-moderate depressive illness and anxiety (lower estimate) (2013/14)	460	180	290
Estimated number of women with mild-moderate depressive illness and anxiety (upper estimate) (2013/14)	685	270	435
Estimated number of women with PTSD (2013/14)	140	55	90
Estimated number of women with adjustment disorders and distress (lower estimate) (2013/14)	685	270	435
Estimated number of women with adjustment disorders and distress (upper estimate) (2013/14)	1,370	540	865

### 3.8 Low birthweight babies

Low birth weight (babies born weighing less than 2.5kg) is a major determinant of mortality, morbidity and disability in infancy and childhood and also has a long-term impact on health outcomes in childhood and adult life. Low birthweight of full term babies is obviously of most concern and routinely monitored. Figure 5 shows the trend across the LMS and compares with England.

**Figure 5: Trend in percentage of low birthweight at term babies**



Source: ChiMat

The average percentage of low birth weight babies at term has been falling in England as has the percentage in both Wiltshire and B&NES. In Swindon the percentage has been rising and is now higher than the England average.

### 3.9 Caesarean births

Unnecessary caesarean (not medically indicated) births carry additional risk of complication to both the mother and baby as well as increased health care costs. The latest data available locally (Table 6) shows the percentage of caesarean births broken down by NHS Trust and by CCG area in 2016-17. The data ranges from 22.9% at the Royal United Hospital NHS Foundation Trust, significantly lower than the South West median of 24.9%, to 27.6% at the Great Western Hospital NHS Foundation Trust, significantly higher than the South West median.

**Table 6: Caesarean births rates by NHS Trust and CCG area (2016-17)**

	Caesarean birth (1)
<b>NHS Trust</b>	
Royal United Hospitals Bath NHS Foundation Trust	22.9%
Great Western Hospitals NHS Foundation Trust	27.6%
Salisbury Hospitals NHS Foundation Trust	23.1%
<b>CCG</b>	
B&NES	Data not available
Swindon	27.6%
Wiltshire	23.6%
South West median	24.9%

Source: (1) South West Clinical Network Maternity Dashboard

Work has commenced across the LMS to explore caesarean birth rates. This includes a dedicated research project at GWH being supported by the University of West of England.

### 3.10 Breastfeeding

Breastfeeding reduces the risk of infant infection and mortality and confers protection for the mother from breast cancer. There is also some evidence that breastfed babies have lower incidence of Sudden Infant Death Syndrome (SIDS), are less likely to be obese as children and have a higher IQ. Table 8 shows the latest annual data and a more up to date snapshot from the regional maternity dashboard.

**Table 7: Breastfeeding initiation by area**

Breastfeeding initiation by area	Breastfeeding initiation		
	1415 (1)	1516 (2)	1617 (2)
Swindon	84.1%	84.4%	79.2%
B&NES	76.3%	84.4%	no data
Wiltshire	80.1%	76.3%*	74.4%*
South West	79%	77.4% (median)	77.9% (median)
England	74.3%	n/a	n/a

Source: (1) Department of Health Statistical releases / (2) South West Clinical Network Maternity Dashboard / \*affected by data quality issues

Breastfeeding initiation rates in Swindon, B&NES and Wiltshire have been higher than the national and regional averages for many years. This continues to be the case although data quality issues have affected the ability to monitor progress accurately over the last 12 months.

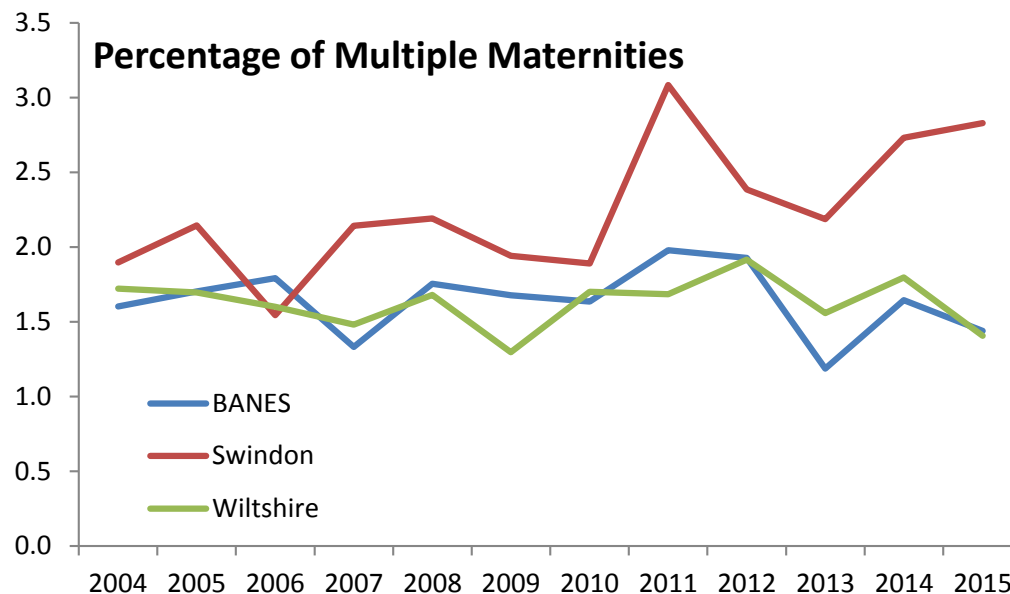
However, a closer look at the data reveals variation in relation to age and deprivation. Breastfeeding initiation rates are lower in more deprived areas and breastfeeding initiation among young mothers (under 25 years of age) is statistically significantly lower than any other age group.

Despite a high percentage of women initiating breastfeeding, historic data suggests that many women cease breastfeeding in the early weeks. Due to changes in the way 6-8 week breastfeeding data is collected recent data quality is variable across the LMS and, therefore, not included. As data quality improves breastfeeding drop-off rates will be monitored and analysed to ensure women are being supported to sustain breastfeeding.



### 3.11 Multiple births

Figure 6: Trend in multiple births which carry risks for both the mother and baby



Source: ONS Vital Statistics

The trend for both B&NES and Wiltshire is generally consistent and the same. The trend in Swindon is increasing and is now higher than both B&NES and Wiltshire.

### 3.12 Infant mortality and stillbirth

Wiltshire, Swindon and B&NES MSLC maintains regular oversight and scrutiny of infant mortality and stillbirth data to enable it to fulfil its key function of ensuring maternity care is of the highest quality. Infant mortality is well recognised as an indicator of population health; the wellbeing of infants, children and pregnant women; and of progress towards addressing inequalities. Most infant deaths occur in the first 27 days of life and stillbirths and infant deaths are associated with a number of complex risk factors, including obesity, smoking, maternal age and inequalities.

It is well recognised that many of the risk factors that impact on low birth weight, infant mortality and stillbirth are disproportionately represented in the most deprived communities. Local data supports this.

The Wiltshire, Swindon and B&NES Stillbirth and Infant Mortality Report (2017) looked in detail at births, stillbirths, perinatal and infant mortality across the LMS and associated risk factors over the last ten years. In summary:

- **Infant mortality rates** in B&NES and Swindon are reducing while in Wiltshire the trend is relatively flat.
- The **stillbirth rates** are broadly similar in all areas although the trends vary. There is an upward trend in B&NES, a downward trend in Swindon and a fairly consistent trend in Wiltshire.

**Perinatal mortality rates** are similar for all areas. The trend in Swindon is reducing; for B&NES and Wiltshire the trend is flat.

### 3.13 Key Challenges

Based on the factors set out in this section, the key challenges facing the LMS are as follows:

- Improve maternal nutrition and reduce maternal obesity levels.
- Reduce smoking in pregnancy to 6% by 2022.
- Increase the uptake of the flu in pregnancy vaccination to better protect women.
- Increase breastfeeding rates with a particular focus on young mothers and those from more deprived communities.
- Maintain implementation of the NHSE *Saving Babies' Lives* care bundle and monitor progress.
- Improve the care pathway for women with maternal mental health difficulties, including those with chronic low-level problems.
- Developing continuity of care and appropriate staffing levels in the context of a rising birth rate and increasing complexity within existing resources.
- Managing the expectations of staff, service users, their families and communities.
- Ensure equity of maternity provision across the LMS whilst ensuring services are able to respond to demographic variations and the differing needs of the population.
- Ensure we have sustainable workforce across our system with robust planning.
- Ensure we continue to consult and co-create our vision and future delivery of our services with our population.
- Ensure we balance improving the overall health of the maternal population with targeting interventions effectively to address the health inequalities that exist.

## 4.0 The views of women

In April 2017 Public Health professionals worked together with service user representatives from the MSLC to develop and implement an online Place of Birth Survey. The survey focussed on what and/or who informs women's decision about where to birth their baby and was targeted at women who were currently pregnant and those who had given birth within the last year. The week long survey received 850 responses.

The respondents were from a fairly representative sample in terms of deprivation and there was a 50:50 split between those pregnant and those who had given birth in the last 12 months. The data was analysed, themes drawn out and the following recommendations made:

- Develop ways of engaging with partners and ensuring they have access to unbiased information to inform decision making around place of birth.
- Ensure unbiased information and discussion that includes the risks and benefits of all birthing options is offered to all expectant parents consistently across the Local Maternity System. To include identifying and agreeing use of an online tool, e.g. Which Choices.

- Actively promote positive birth stories and experiences to expectant parents and the wider community to promote positive birthing generally and to help break down misconceptions about certain birthing choices, such as birthing in the community.
- Engage with service users to gain a more detailed and deeper understanding of what aspects of birth environment affect their decision about where to birth.
- Adopt a similar methodology in the future to gather feedback from a representative sample of service users on issues related to maternal health and care.

Maternity services have a variety of tools to gather patient experience and feedback including Friends and Family Test (FFT), CQC Maternity Picker Survey, Birth Reflections, Compliments and Complaints. This information is regularly triangulated to gather themes, both positive and areas for improvement, to ensure priorities align with what our women and their families are telling us.

**Local themes include:**

- Quality of care – kindness, compassion, listening.
- Continuity of Care – antenatal and postnatal.
- Better communication between teams / other health professionals.
- Emotional wellbeing and support in the post-natal period.

There are clear similarities to the national picture and the priorities of Better Births: Safer Care, Personalised Care, and Continuity of Carer, Working across boundaries, Multi-professional working and Better Postnatal and Perinatal Mental Healthcare (Better Births).

All maternity services have facilitated or are planning to run ‘In Your Shoes’ workshops. The word cloud below features an example from one of our Trust’s.



## 5.0 Better Births Gap Analysis

All maternity providers completed a self-assessment against the Better Births recommendations. These assessments were reviewed at the MSLC and common themes drawn together to help shape the priorities of this transformation plan.

### Themes from the 'Better Births' analysis from 2016

There are seven areas that each provider within the B&NES, Swindon and Wiltshire LMS measured themselves against. This self-assessment was formulated as a GAP analysis.

**Red** – unlikely to achieve this recommendation without significant investment or service transformation, which has not yet been agreed.

**Amber** – have a good possibility of achieving this recommendation within the national time-frame.

**Green** – already meet this recommendation or can realistically achieve it by March 2017.

**Table 8: Themes from the 'Better Births' analysis from 2016**

<u>Work stream</u>	<u>Positives</u>	<u>Challenges</u>	<u>Overall RAG rating</u>
Personalised care and choice	All 3 providers currently looking at ways of giving unbiased information	<ul style="list-style-type: none"> <li>2 providers have 3 out of 4 birth place choices.</li> <li>Personalised plans not fully implemented.</li> </ul>	Red
Continuity of Carer	In some areas there is evidence of continuity of in the antenatal period	<ul style="list-style-type: none"> <li>All providers have a high number of midwives that have chosen to work part time.</li> <li>None of the 3 maternity services have continuity within the Obstetric workforces.</li> </ul>	Red
Better Postnatal and perinatal mental healthcare	Perinatal infant mental health pathway is being developed across the LMS footprint and all providers are engaged with this development	<ul style="list-style-type: none"> <li>Post natal care provision is patchy and there is little consistency in the post natal offer.</li> <li>There is a variation in availability of community mental health services.</li> </ul>	Amber
Working across boundaries	All providers are involved with local systems- MSLC and planned maternity forum	<ul style="list-style-type: none"> <li>There are no shared policies and pathways between the providers.</li> <li>Digital systems are not compatible between providers.</li> <li>Community hubs are not yet a</li> </ul>	Amber

		consideration.	
Safer care	All providers site a culture of learning and continuous improvement Duty of Candour in place in all organisations All providers are signing up to the National Maternity and Neonatal Health safety Collaborative	The rapid redress scheme is an expectation but this has not been outlined nationally	Green
Multiprofessional working	All providers have teams that train and learn together	<ul style="list-style-type: none"> <li>• Peer reviews not yet in place</li> <li>• No systems in place to learn across the region</li> </ul>	Amber
Payment System		National system not yet in test	Red

## 6.0 Financial Case for Change

The Local Maternity System has not identified any financial savings as part of its development of this transformation plan. This has been acknowledged by the STP leadership group. However, this plan aims to deliver safe and efficient services which reduce duplication and explore transformation opportunities.

As the early adopters' feedback on progress with personal budgets, the LMS will review its position and agree next steps and timeframes.

## 7. Local Maternity System Vision for 2021

Our co-created LMS vision is that:

**“All women to have a safe and positive birth and maternity experience, and be prepared to approach parenting with confidence.”**

Our work plan is underpinned by four core commitments:

**a. Women and their chosen support networks will be partners in care**

Women will receive unbiased, timely information to enable them to participate fully in personalised care planning, and they will be encouraged to explore and question available options. Services will reflect on the language they use, focusing on the women’s experience. Above all women will be listened to.

**b. Maternity services and organisational partners within the LMS will work collaboratively**

Woman will receive a service that is seamless and joined up irrespective of where they access their care. Women will receive personalised care and staff will be enabled to provide continuity.

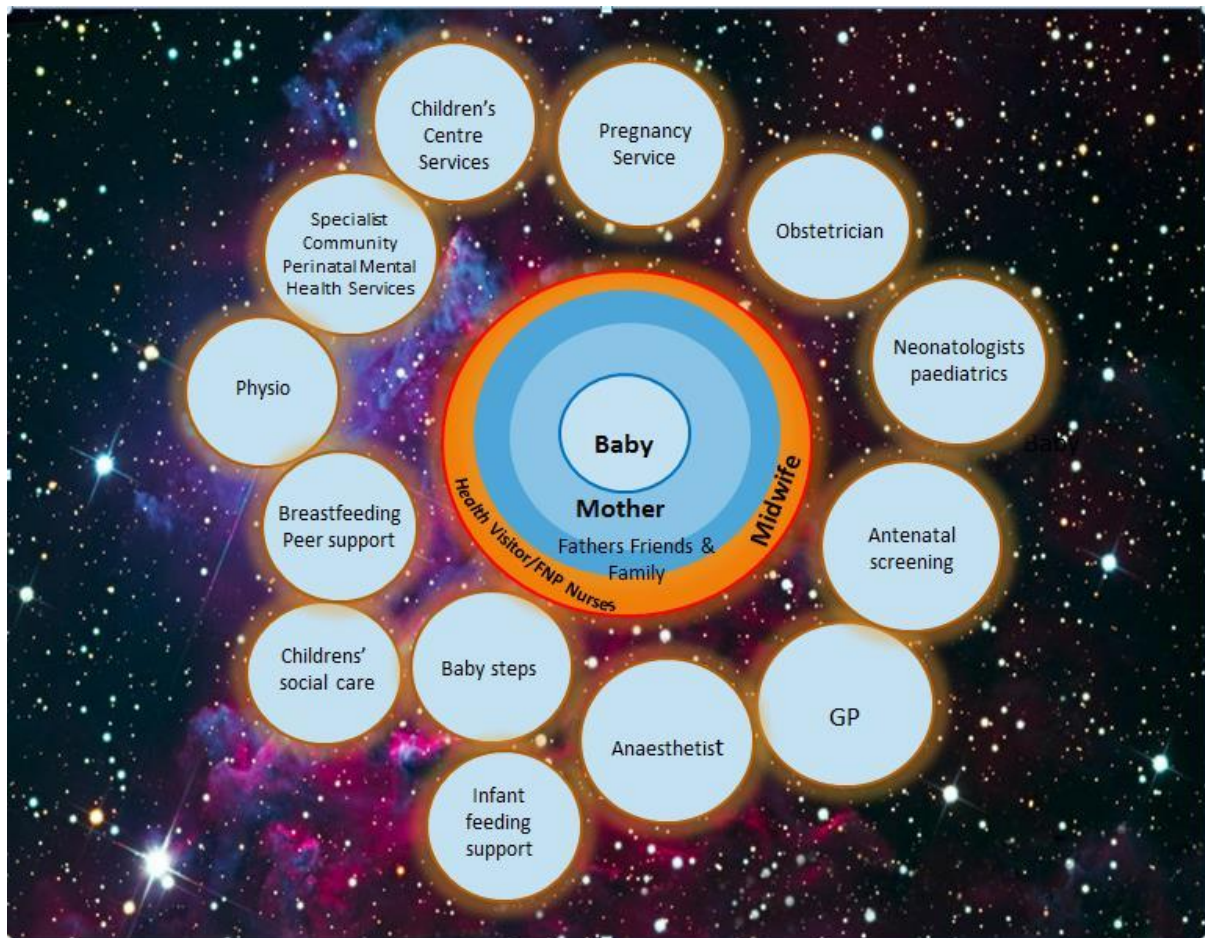
**c. We will enhance safety through assisting all women to experience the best birth possible for their personal circumstances.**

Woman will be supported to make informed decisions, ensuring risks and benefits are assessed, discussed and managed proportionally. We will adopt an approach that works with the physiology of labour and optimises physical and mental good health. Learning will be shared across organisations and multidisciplinary teams will learn together.

**d. Woman, partners and their families will be supported and enabled to optimise their health in preparation for pregnancy, birth and parenthood.**

Ensuring staff have the skills and confidence to deliver consistent and effective public health interventions that positively impact on outcomes for women and children.

The diagram below illustrates the range of services that are available for woman and families during their maternity journey dependent on their level of need.



## 7.1 Implementing the vision

The action plan below was informed by a series of stakeholder workshops and is working document that identifies the direction of travel. This action plan will be developed further by our LMS and will be flexible to meet agreed objectives.

Table 9: Actions, current position and next steps

	Action	Current Position	Next Steps (including who, what, where and how)
<b>1</b>	<b>Personalised care and choice</b>		
1.1	Share local policies and agree common language and protocols around maternity care. Align/standardise policies as much as possible.	<p>LMS planning workshops have included discussions on common language.</p> <p>Non standardised language at present but each Provider already working with staff to discuss language used.</p> <p>Policies and protocols similar as based on national guidance but require review to identify differences that could be discussed as LMS.</p>	<ul style="list-style-type: none"> <li>• Set up LMS Policy Group- requires lead Consultant and Midwife from each clinical area within eight weeks from launch of strategy.</li> <li>• Potential for each Consultant/Midwife to review identified protocols guidance for the three clinical areas.</li> <li>• Consider drop box or other method of sharing guidelines. Each clinical lead to liaise with Informatics team.</li> <li>• Heads of Midwifery Services (HOMs) to lead standardised language workstream.</li> <li>• Place of birth Choice leaflet to be agreed across LMS area by Providers, Maternity Forum and MSLC.</li> </ul>
1.2	Standardise maternity notes across LMS including personalised care plans	<p>RUH and GWH use same notes. SFT have different notes.</p> <p>Aim for all areas to use the same notes.</p>	<ul style="list-style-type: none"> <li>• HOM Salisbury to discuss with Clinical Governance and agree standardised records.</li> <li>• To obtain and implement revised notes for Salisbury (until such time as digital records can be shared across LMS (or</li> </ul>



			nationally).
1.3	Identify common digital platform for professionals and women, partners and families	<p>No common digital platform-</p> <p>Each Maternity Service uses a different electronic records system which do not communicate.</p> <p>No one source of information for service users</p>	<ul style="list-style-type: none"> <li>• Project lead to co-ordinate bid from STP for this platform.</li> <li>• Learn from other areas that may have progressed this action.</li> <li>• Use digital platform to promote a wide range of positive birth stories to expectant parents and the wider community</li> </ul>
1.4	Provide welcoming, consistent, unbiased, informed, timely information to women and their partners regarding their maternity care	Standardised information for women tailored to individual clinical areas available within each Trust but not in a central location for LMS.	<ul style="list-style-type: none"> <li>• Project lead to procure webpage for LMS.</li> <li>• To consider facility for booking care and appointments online across LMS.</li> <li>• Draw on findings from local Place of Birth user survey to ensure women and their partners are consistently informed about the risks and benefits of all birth options in a way that is meaningful to them.</li> </ul>
1.5	Implement LMS triage system	<p>No standard triage system at present.</p> <p>Background work being undertaken by midwifery representative from each Acute Trust.</p> <p>Expressions of interest submitted to SW Hub project.</p>	<ul style="list-style-type: none"> <li>• Working group led by Project lead to be set up by December 2018.</li> <li>• Share Wessex Unscheduled care pathways to use as basis for discussion of protocols.</li> <li>• Working group to evaluate potential use of SW Hub as LMS triage for all LMS Providers of Maternity Care with standardised triage tools.</li> </ul>
1.6	Standardise antenatal and postnatal pathways	Most pathways similar but require review to	<ul style="list-style-type: none"> <li>• LMS and Safeguarding Specialist Midwives</li> </ul>

	for all women, especially pathways for vulnerable women	identify inconsistencies across LMS	<p>to agree Cross boundary policy about how vulnerable women will be identified and alerted across LMS area.</p> <ul style="list-style-type: none"> <li>• Consider central Safeguarding email address.</li> <li>• Policy group MSLC to review antenatal and post natal care pathways across LMS.</li> </ul>
1.7	Standardise birth reflections and VBAC (Vaginal Birth after Caesarean) services across the STP	<p>All areas provide Birth reflections services. No current sharing of trend analysis from Birth reflections across LMS.</p> <p>VBAC support services require mapping for each provider</p>	<ul style="list-style-type: none"> <li>• Each Provider to identify VBAC /positive birth champions (Midwife and Obstetrician).</li> <li>• To set up quarterly meeting for champions for positive birth reflections and VBAC services.</li> <li>• Map Positive Birth reflections services for LMS by Project lead.</li> <li>• Map VBAC services across LMS by project lead.</li> </ul>
1.8	Consider adopting elements of the Stepping up to Public Health (PH) resources to empower women and to enable staff to personalise maternal public health	<p>No current mapping of provision of Stepping up to PH resources.</p> <p>Women do not routinely complete their own notes.</p> <p>Women not routinely asked to identify “what is important to you or what do you want to know about or ask”.</p>	<ul style="list-style-type: none"> <li>• Better Births Project Led to review evidence and identify pilot sites for agreed elements of Stepping up to PH resources.</li> <li>• Project lead to formulate proposal and present at MSLC.</li> </ul>

1.9	Align to public health strategies and be mutually supportive	Variations in public health strategies that support maternity and neonatal services.	<ul style="list-style-type: none"> <li>• Project lead and MSLC to map variation across LMS.</li> <li>• Baby steps evaluations to be shared across LMS.</li> <li>• Consider alignment of public health initiatives that impact on Maternity services across LMS area to avoid inconsistencies in care provision.</li> </ul>
<b>2</b>	<b>Postnatal care and perinatal mental health</b>		
2.1	Implement local PIMH plans and ensure synergies across LMS where appropriate (links to MSLC priority 1.3)	<p>There are many similarities in the pathways in each area, e.g. a well-being plan is given at all bookings, but also variations e.g. the midwives screening tool questions vary. There are named MH support MWs at each acute hospital but they are not MH specialists. The adult MH provider (AWP) is the same across the STP but, there are local variations in referrals to, and provision from, Improving Access to Psychological Therapies (IAPT) and Primary Care Liaison Services (PCLS).</p> <p>There is a lack of specialist community</p>	<ul style="list-style-type: none"> <li>• The recently appointed STP PIMH development lead is currently reviewing PIMH strategies/pathways in the 3 CCGs. To avoid confusion for maternity services, we aim to develop and launch one PIMH strategy across the STP area.</li> <li>• An STP bid for 2018/19 'pump priming' for a new specialist community PIMH service is being prepared ready for submission to NHS England in late 2017.</li> </ul>

		perinatal MH services across the STP.	
2.2	Infant feeding leads and breastfeeding strategy leads to work together to contribute to Joint Strategy Needs Assessments (JSNAs) and ensure consistency of provision and messages across LMS	<p>There are specialist infant feeding leads in all maternity and health visiting services as well as commissioning leads in each CCG. But there are differences in breast feeding policies which need to become more aligned.</p> <p>Although all services are Breastfeeding Friendly Initiative (BFI) accredited, women can still receive inconsistent messages from different professionals, including neonatal feeding guidance.</p>	<ul style="list-style-type: none"> <li>• Infant feeding leads currently meet quarterly and are becoming more aligned due to the SWSCN work.</li> <li>• Ensure governance of BFI accreditation is linked to Early Help Boards as well as contract management of services.</li> <li>• Work together across STP to ensure consistency in data collection and recording.</li> <li>• GPs and Paediatricians also need to provide consistent messages - Health visitors best placed to influence.</li> </ul>
2.3	Standardise transitional care pathways across the LMS, with a focus on keeping mothers and babies together, smooth transitions and effective communication between services at all times and appropriate on-going care in the community	<p>There is variation between and across maternity services in how care is provided to new babies who need additional monitoring and/or interventions.</p> <p>Acute Trusts are working collaboratively towards a transitional care model</p> <p>Communication between maternity, Paediatrics, SCBU/NICU, GPs and health visitors, infant feeding specialists is not always consistent.</p>	<ul style="list-style-type: none"> <li>• Acute trusts evaluating pilots.</li> <li>• All units to participate in the ATAIN programme to keep mothers and babies together.</li> <li>• Commissioners raising payment issues around transitional care at regional and national levels.</li> <li>• Need to develop and adopt a procedural pathway to ensure all relevant communication (including finance) and discharge summaries are completed in a timely manner.</li> </ul>
2.4	Adopt a consistent approach to routinely	Each maternity provider offers the	<ul style="list-style-type: none"> <li>• The services will expand to offer each</li> </ul>

	offering all women the opportunity to reflect on their birth experience, particularly in the early postnatal period (link to 1.7 above)	opportunity for mothers to reflect on their birth experience with a midwife and/or obstetrician. Nevertheless the opportunity is not currently promoted/ provided routinely.	woman the opportunity to talk about the birth – not just those with a negative experience. Pathways to be formalised between IAPT and maternity services to ensure women are receiving the right support at the right time.
2.5	To ensure women and their partners are empowered and confident making the transition to parenthood and preparing for any subsequent pregnancies, actively promote preparation for parenthood and support positive parenting throughout the maternal care pathway (MSLC priority).	<p>Delivery of antenatal education and transition to parenthood varies across the LMS (health visiting and maternity services) both in terms of content and reach. This applies to both universal provision and targeted programmes, such as Baby Steps.</p> <p>Access to self-funded and voluntary sector provision is also varied.</p> <p>IAPT group based programmes are also inconsistently provided across the area.</p>	<ul style="list-style-type: none"> <li>• Review and collate current provision in each area including support for parents who have very premature babies.</li> <li>• Review learning outcomes/ take up (including fathers/ partners) and evaluate user feedback.</li> <li>• Continue to align midwifery and health visitor universal antenatal education offering and ensure sessions are accessible to and meet the needs of those vulnerable families who need them most.</li> <li>• Raise awareness of other providers for those who can self-fund.</li> <li>• Consider business proposal for Baby Steps in B&amp;NES.</li> </ul>
<b>3</b>	<b>Workforce transformation</b>		
3.1	Ensure our workforce is designed to meet the needs of the MTP		<ul style="list-style-type: none"> <li>• Identify and work with workforce modelling experts to progress.</li> </ul>
3.2	Identify and respond to staff training needs and enable effective public health promotion	Staff training around public health promotion and brief interventions is patchy	<ul style="list-style-type: none"> <li>• Maternity services to undertake a training needs assessment across the LMS.</li> </ul>

	and support for women and their families	and often topic focussed e.g. smoking. Possible areas for development previously identified include motivational interviewing.	<ul style="list-style-type: none"> <li>• Work with public health colleagues to identify training/ learning opportunities to respond to need e.g. raising the issue of weight, making every contact count.</li> </ul>
<b>4</b>	<b>Continuity of carer</b>		
4.1	Define what continuity of carer is for our LMS		<ul style="list-style-type: none"> <li>• Review impact of continuity of carer at a local level to develop an LMS model that meets the needs of women, babies, families and staff.</li> </ul>
4.2	Draw on lessons learnt from early adopter sites to model continuity of carer locally		
4.3	Link with workforce transformation workstream to develop model for achieving continuity of carer through the maternity journey in response to women's local needs		
<b>5</b>	<b>Working across boundaries / multi-agency working</b>		
5.1	Develop and implement memorandum of understanding between providers to prevent the need for unnecessary repeat ANNB screening	Not in place	<ul style="list-style-type: none"> <li>• Establish current position / blocks.</li> <li>• Liaise with NHSE –advice and guidance.</li> <li>• Maternity Heads of Service to raise requirement on internal governance forums by end of November 2017 – check internal processes required.</li> <li>• Wilts Maternity forum to agree next steps December 2017.</li> </ul>
5.2	Standardise information sharing and ensure	Information sharing across wider early years	<ul style="list-style-type: none"> <li>• Ensure strategic and operational</li> </ul>

	all providers and staff have a shared understanding about being part of a wider team supporting women through their maternity journey - link to 1.1	<p>services is inconsistent.</p> <p>Interfaces between maternity and other early year's services are problematic due to information governance, organisational boundaries. This hampers practitioners working better together and operating more as a wider early year's workforce.</p>	partnership approach to the early years.
5.3	Implement routinely monitored team inboxes within all maternal care providers across the LMS, including maternity, health visiting, community mental health etc.	<p>Not in place in all trusts – e.g. needed for birth notes, discharge summaries and the wider system – maternity /HV/ CCs/ early years</p> <p>In place for Health Visitors already? Share learning</p>	<ul style="list-style-type: none"> <li>• Need to agree local structures and processes to enable this &amp; need to determine how to achieve this for all professional groups, maternity, health visiting, community mental health and identify if any others are required by end of November 2017.</li> <li>• Identify issues / blocks / IT challenges.</li> <li>• All professional groups to communicate new in-box email addresses.</li> <li>• To be implemented by end of January 2018.</li> </ul>
5.4	Ensure consistent public health messaging, use of online resources and signposting for information across LMS	Local currently – with variation	<ul style="list-style-type: none"> <li>• Public health to be an agenda item at Wilts Maternity Forum – link to national programme.</li> <li>• Consultation with service users re needs / approach.</li> <li>• Review BANES Early Help App – consider adopting this across LMS with local</li> </ul>

			<p>information.</p> <ul style="list-style-type: none"> <li>• Flu jabs first messages required.</li> <li>• Project plan campaigns with a timeline including identification of resources available / media type.</li> </ul>
5.5	Invite appropriate early years( 0-5 year) partners to discharge planning meetings and formalise MW-CC link role	Obstetricians not fully aware	<ul style="list-style-type: none"> <li>• Each Trust to identify lead liaison role.</li> <li>• Identify Children's centre contacts.</li> <li>• Raise awareness of CC services across wider maternity services &amp; locally.</li> <li>• Identify what meetings they are required to attend - all/ selected by invitation?</li> <li>• To be in place by February 2018.</li> </ul>
5.6	Establish mechanisms to enable midwives to work across organisational boundaries	Not in place – required to aid recruitment & staffing shortfalls and spread shared practices	<ul style="list-style-type: none"> <li>• Dialogue with university training schools of nursing required. Consider rotational posts.</li> <li>• Consult existing staff in each Trust to seek expressions of interest / suggestions on way forward.</li> <li>• Share learning from new LMS / SWAST Midwife role – set up (October 2017) and implementation/practice (2017/18).</li> </ul>
5.7	Develop a collective vision for community hubs across services involved in the maternal care pathway to ensure families across the STP receive a service that is as seamless and joined up as possible (MSLC priority) links to	Not in place	<ul style="list-style-type: none"> <li>• Share learning from Swindon Accountable Care model to be implemented 2018/19 (Team Swindon) model).</li> <li>• Identify what services are required in the hub to support maternity services?</li> </ul>



	5.5		<ul style="list-style-type: none"> <li>Identify the expected benefits of community hub &amp; outcome success measures?</li> </ul>
5.8	Ensure Early Help /Early Intervention strategies are linked to ensure a whole system approach across the STP. Links to 6.7	Each CCG / Local Authority area has different arrangements for delivering the early years agenda and varying degrees of sign up from agencies.	<ul style="list-style-type: none"> <li>To review strategic early years arrangements and working processes across the STP.</li> </ul>
<b>6</b>	<b>Safer Care</b>	<b>Current Position</b>	<b>Next Steps</b>
6.1	Deliver against Safety Collaborative priorities	Great Western Hospital is in Wave 2 and Salisbury and Royal United Bath are in Wave 3 of the Maternal and Neonatal Health Safety Collaborative, a three year programme to support improvement in the quality and safety of maternity and neonatal units across England.	<ul style="list-style-type: none"> <li>Each organisation will receive a wide-ranging support package over the life of the programme. This includes tailored resources and networks, in the meantime learning from Wave 1 organisations will take place via clinical networks.</li> </ul>
6.2	In conjunction with the SWCN develop a joint safety improvement plan across the LMS	Individual Trusts have benchmarked against Better Births and have locally agreed priorities for Maternity Safety Improvement Plan (MSIP).	<ul style="list-style-type: none"> <li>To collaborate across the LMS to develop joint MSIP.</li> </ul>
6.3	Review implementation of maternity based clinics to increase uptake of vaccination in pregnancy (MSLC priority)	Each Trust in LMS has developed its own local plan for delivering vaccination in pregnancy.	<ul style="list-style-type: none"> <li>Review 2016/17 data and update at maternity forum on uptake of vaccinations to date and agree strategies to promote including supporting across LMS.</li> </ul>

6.4	Sustain implementation of the Stillbirth Care Bundle to maintain reduction in stillbirths and share good practice across the STP (MSLC priority)	<p>Each Trust within LMS has implemented the Stillbirth Care Bundle and monitors on a monthly basis:</p> <p>% of women identified as smokers at booking referred to a specialist stop smoking service</p> <p>Proportion of women having a CO test at booking</p> <p>Number of unexpected SGA babies born</p> <p>% of intrapartum CTG interpretations reviewed by a midwife / doctor hourly during labour</p> <p>No. of still births (<math>\geq 24</math> weeks)</p>	<ul style="list-style-type: none"> <li>Benchmark that there is consistency across the LMS of monitoring and reporting of Stillbirth interventions and outcome measures.</li> </ul>
6.5	Monitor the impact of programmes to improve health in pregnancy, share learning and identify gaps in provision (MSLC priority)	<p>Health in Pregnancy programmes are available in some Trusts (B&amp;NES and Wiltshire) with demographic data collected to plan services and determine efficacy.</p> <p>Percentage of mothers recorded as smoking at time of booking</p> <p>Percentage of mothers recorded as smoking at time of delivery</p> <p>Percentage of women with BMI 30 to 34.9 at</p>	<ul style="list-style-type: none"> <li>Need to identify current position, some Trusts are able to offer focused health improvement programmes as a result of commissioning priorities.</li> </ul>

		<p>booking</p> <p>Percentage of women with BMI 35 to 39.9 at booking</p> <p>Percentage of women with BMI 40 to 49.9 at booking</p> <p>Percentage of women with BMI 50+ at booking</p>	
6.6	<p>Improve understanding of the definition and prevalence of vulnerabilities in pregnancy across the STP and work to improve engagement and support for vulnerable women and their families (MSLC priority) links to 5.8</p>	<p>Baseline data is currently being collected across the LMS for the period 2016/17 and Q1 2017/18 which includes:</p> <p>Vulnerabilities:</p> <p>&lt;20 years / substance misuse / perinatal mental health / homeless or housing issues / domestic abuse / recent arrival as a migrant / asylum seeker or refugee / English as a second language / concealed pregnancy</p> <p>Method:</p> <p>% of pregnant women with one of the vulnerability factors listed above (total of all pregnant women as denominator) at booking</p> <p>% of pregnant women with 3 or more of the</p>	<ul style="list-style-type: none"> <li>Review the data to establish the current picture across the LMS and develop strategy in response.</li> </ul>

		above vulnerability factors at booking  % of pregnant women at booking with the 'toxic trio' at booking	
6.7	Ensure commissioners and maternity services are responding to demographic changes among women of childbearing age and considering the needs of particular vulnerable groups, including Syrian refugees, European migrants and military families (MSLC priority)	Not yet started	<ul style="list-style-type: none"> <li>Agree the data set to be collected.</li> </ul>
6.8	Ensure effective supervisory mechanisms are in place to support midwives locally (MSLC priority)	Each individual Trust has developed a plan to support implementation of the AEUQIP Professional Midwifery Advocate role.	<ul style="list-style-type: none"> <li>To scope the opportunity of providing cross boundary cover across the LMS.</li> </ul>
6.9	Clinicians from each provider to actively participate in the Strategic Clinical Network to drive continuous improvement	Membership already established	n/a
6.10	Work closely with neonatal network to align strategies	Already established	n/a

## **7.2 Co-production of the Plan**

A Maternity Transformation Plan (MTP) planning event was held in June 2017 for service users, leads and staff from maternity and early years' services to reflect on the Better Births report and identify key areas for action locally. A small task and finish group came together afterwards to pull together the ideas generated on the day and formulate a draft plan. A subsequent event was organised in September 2017 to present the draft MTP to those who attended the June event to obtain feedback. The opportunity was also taken to begin work on an area for action identified in June, namely to change some of the language used during pregnancy and birth to become more user friendly and create more positive perinatal experiences for women and their partners.

## **7.3 MTP Co-ordination and implementation**

Our LMS is developing a proposal to use assigned national ring-fenced funds to appoint a dedicated Project lead midwife and obstetrician time to help deliver the actions assure progress and support clinical engagement and ownership.

It is envisaged that each provider will identify leads for the key themes of the plan within their teams who will liaise with each other and with the MTP Project Lead to ensure actions are implemented effectively and equitably across the LMS where appropriate.

A detailed communication and engagement strategy will be developed as part of this plan. This will build on the RUH Maternity redesign programme, which commenced in December 2016 prior to the conception of the Local Maternity System. The communication and engagement strategy will be co-designed with providers and stakeholders by early November 2017.

## **8 The role of service users and opportunities to provide feedback**

There are a range of opportunities for women accessing maternity care and those supporting them to feedback on their experience including social media, real-time feedback, 'Friends and Family', and provider surveys.

Service users have been centrally involved in the local MSLC for several years, providing the user perspective at meetings and taking forward discreet pieces of work, such as a birth environment audit and more recently, developing a place of birth user survey to which over 800 service users responded.

It is recognised there is more to be done to improve how services engage with women accessing maternity care and those supporting them and how we as an LMS listen and respond appropriately. Ideas for improvement include:

- collating service user feedback that providers and user representatives are gathering across the LMS in a way that can inform service improvement
- pro-actively seeking feedback from a representative sample of service users, not just relying on those who are confident at voicing their experiences
- ensuring we are engaging with the wider community, especially partners and families

Plans are in place to work with current MSLC user representatives and others expressing an interest to be involved in maternity service improvement to take forward this work. The development of a Maternity Voices Partnership is being discussed to build on the good work to date engaging service users.

Each provider and commissioner has a documented and advertised complaints process to support woman, families and carers when things go wrong.

## 9 Risks

The table details current identified risks. This will be expanded and the level of risk scored by the MOS by the end of Nov 2017.

Focus	Risk	Mitigations
Workforce	Due to the staffing models recommended by Better Births, there is a risk that they cannot be fully implemented without additional investment.	Involvement of national team to develop models of care that are deliverable and sustainable.
	Due to the shortage of skilled midwives, there is a risk that insufficient staff can be recruited / retained to implement the new models of care.	Link with HEE work, STP workforce plan etc.
	Due to proposed significant changes to working practices, there is a risk that staff availability will decline.	Ensure staff involvement and engagement with Better Births recommendations.
LMS and Accountable Care organisational development	Due to the large number of agencies involved, there is a risk that agreeing shared goals and objectives will be difficult and time consuming	Regular maternity forum and MSLC meetings with attendance by appropriate decision makers.
	Due to operational /financial issues with identifying host or new buildings, there is a risk that Community Hubs cannot be established	Primary focus is on shared care approach during transition period to National transformation of Health and Social Care.
Service Performance	Due to the proposed changes to established models of care, there is a risk of unintended consequences resulting in deteriorating performance.	Use of robust Quality Improvement methodology to inform change strategies. Continuous monitoring of outcomes with benchmarking against SW and national key performance indicators.
Service Users	Due to national developments there is a risk that women will request personal budgets for their maternity care and a decision has been made by the LMS to defer this offer.	The Maternity Transformation Plan will clearly set out what women and their families can expect.

## 10 Conclusion

This document sets out the initial strategy as co-created by the LMS and wider stakeholders. It is envisaged that it will inform the basis of improvements to our services for our women, babies and families. It is recognised that it will evolve in line with national maternity transformation developments.

## References

South West Clinical Network Maternity Dashboard: <http://maternitydashboard.swscn.org.uk/>

PHE Public Health Pregnancy and Birth profile: <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-pregnancy>

Universal health visiting service: mandation review:

<https://www.gov.uk/government/publications/universal-health-visiting-service-mandation-review>

Wiltshire, Swindon and Bath and North East Somerset Stillbirth and Infant Mortality Report (2017)

## Appendix 1: Current membership of the core LMS (Maternity Forum and MSLC)

Acting Director of Acute Commissioning (Lead for Maternity STP)	Wiltshire CCG
STP lead midwife	SFT
STP lead public health representative	Wiltshire Council
Associate Director for Quality	Wiltshire CCG
Commissioning lead	B&NES CCG
Commissioning lead	Swindon CCG
Consultant Obstetrician and Gynaecologist	Royal United Hospitals Bath NHS Foundation Trust,
Clinical Midwifery Manager/Modern Matron	Royal United Hospitals Bath NHS Foundation Trust,
Head of Nursing and Midwifery, Women & Children's Division	Royal United Hospitals Bath NHS Foundation Trust,
Women and Children's Divisional Manager	Royal United Hospitals Bath NHS Foundation Trust,
Midwife	Royal United Hospitals Bath NHS Foundation Trust,
Infant Feeding Specialist	Royal United Hospitals Bath NHS Foundation Trust,
Senior Midwifery Matron	Royal United Hospitals Bath NHS Foundation Trust,
Consultant Obstetrician	Great Western Hospitals NHS Foundation Trust
Community Midwife	Great Western Hospitals NHS Foundation Trust
DAU Midwife (lead for Diabetes in DAU)	Great Western Hospitals NHS Foundation Trust
Consultant Obstetrician and Gynaecologist	Great Western Hospitals NHS Foundation Trust
Clinical Midwifery Manager	Great Western Hospitals NHS Foundation Trust
Maternity Support Worker	Great Western Hospitals NHS Foundation Trust
Consultant Paediatrician (special interest in SCBU)	Great Western Hospitals NHS Foundation Trust
Head of Midwifery	Great Western Hospitals NHS Foundation Trust
Head of Maternity and Neonatal Services	Salisbury NHS Foundation Trust
Consultant obstetrician and gynaecologist (Head of Obstetrics and Gynaecology Service.	Salisbury NHS Foundation Trust
Labour Ward Manager	Salisbury NHS Foundation Trust
Community Midwifery Manager	Salisbury NHS Foundation Trust
Safeguarding Midwife	Salisbury NHS Foundation Trust
Antenatal Services Manager	Salisbury NHS Foundation Trust
Infant Feeding Lead	Salisbury NHS Foundation Trust
Midwife	Salisbury NHS Foundation Trust
Midwife	Chippenham Birthing Centre
Head of Service, Health Visiting	Bath and North East Somerset Community Health & Care Services
Family Nursing Partnership	Bath and North East Somerset Community Health & Care Services
Infant Feeding Lead	Bath and North East Somerset Community



	Health & Care Services
GP	Wiltshire CCG
Quality Manager	Wiltshire CCG
Quality Manager	Swindon CCG
Principal Officer – Health & Wellbeing	Swindon Council
Public Health Commissioning & Development Manager, Children and Young People	B&NES Council
CAMHS and Maternity Commissioning Project Manager	B&NES CCG
Lead Commissioner	Wiltshire Council
Acting Director of Public Health	Wiltshire Council
Assistant Director for Children and Young People's Service	Wiltshire Council
Head of Service (Conception to 5 years)	Wiltshire Council
Screening & Immunisation Coordinator	NHS England
Patient Safety Programme Director	West of England Academic Health Science Network
South West Maternity and Children's Clinical Network Manager	NHS England
Quality improvement Lead, South West Clinical Network	NHS England
NCT Antenatal Teacher and NCT Doula	NCT
Service User Representatives	
Health watch representative	
Children Centre Representatives	B&NES, Swindon and Wiltshire Children Centre's Services
Health Visiting Team Leaders	B&NES, Swindon and Wiltshire Health Visiting Services



Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Health and Wellbeing Select Committee	
MEETING/ DECISION DATE:	29 <sup>th</sup> November 2017	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Local Safeguarding Adult Board Annual Report 2016-17 and Business Plan 2015-18	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Attachment 1: LSAB Annual Report 2016-17 Executive Summary		
Attachment 2: LSAB Annual Report 2016-17		
Attachment 3: Business Plan 2015-18 (As at March 2017)		

## 1 THE ISSUE

- 1.1 The Local Safeguarding Adults Board Annual Report 2016-17 highlights the work of the Board during the period and information and analysis of safeguarding case activity for the Health and Wellbeing Select Committee to note. The Business Plan 2015-18 is available through the link in the report. The Executive Summary is provided as a standalone document to enable Board members and the public to more easily digest the key areas of work the Board has undertaken.

## 2 RECOMMENDATION

- 2.1 The Select Committee is asked to:
- Note the Annual Report, Executive Summary and Business Plan
  - Raise any queries or concerns on safeguarding activity
  - Recommend areas you would like the LSAB to give consideration to

## 3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 3.1 B&NES Council, Banes NHS CCG, and Avon and Somerset Constabulary contributed to the LSAB running costs during the period. B&NES Council balance the running costs of the LSAB. There was a reduced spend on the stakeholder event for 2016-17 by holding it jointly with the LSCB, this was done as it was a subject appropriate to both Boards and not to save costs.

The LSAB budget is set out in Appendix 3 of the full report.

## **4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL**

- 4.1 The Association of Directors of Adults Social Services recommends that LSABs present their Annual Reports to the Health and Wellbeing Board for consideration; it was presented in October 2017 for information. The LSAB welcome the scrutiny and challenge from the Select Committee as well in order to ensure the widest breadth of views are heard and considered.

## **5 THE REPORT**

- 5.1 The Health and Wellbeing Select Committee are asked to consider the information provided in the LSAB Annual Report 2016-17 Executive Summary; the full report and the Business Plan outturn 2016-17.

- 5.2 The report follows a similar format to last year and continues to benefit from a separate Executive Summary which broadly mirrors the one for the Local Safeguarding Children's Board.

- 5.3 The Report looks at the following areas in detail:

- the local and national context
- the Boards governance and relationships with other Boards and Committees
- the work of the sub-groups and the achievements during the year
- the support and case activity that has taken place during the year and compares this with national data where available
- delivery of the 2016-17 work programme and priorities for 2015 – 18
- partner reports on individual agencies safeguarding practice
- Finally the joint working and streamlining of LSAB and Local Safeguarding Children's Board work – this has again been a focus during the year.

- 5.4 Examples of how the LSAB contributes to the Health and Wellbeing Strategy are provided below.

Theme 1: Preventing ill health by helping people to stay healthy  
Priority 2: Improved support to families with complex needs

The Board ensures that informal carers (family members) who may have unintentionally caused harm are treated compassionately and that their needs are recognised. Safeguarding measures are required however these take into consideration the carer as well as the cared for person's needs.

Theme 2: Improving the quality of people's lives  
Priority 6: Promoting mental wellbeing and supporting recovery  
Priority 7: Enhanced quality of life for people with dementia  
Priority 8: Improved services for older people

The work of the Board contributes to Theme two by ensuring: the Multi-agency Safeguarding Adults Procedures – with a clear focus on Making Safeguarding Personal is followed; that agencies provide and enable access to multi-agency safeguarding, mental capacity and deprivation of liberty safeguarding training for their staff; that the outcomes for service users and carers going through the Procedures are monitored and that repeat referrals are reviewed; that service user and carers views influence the Procedures. Information from the Board is shared with commissioners to help influence and improve service delivery and quality.

Theme 3: Tackling health inequalities by creating fairer life chances  
Priority 10: Reduce the health and wellbeing consequences of domestic abuse

Domestic abuse is a priority for the LSAB as well as the LSCB and this year's stakeholder event held on the 2 November 2016 was on Domestic Abuse. Domestic abuse was introduced as a new 'abuse type' in the Care Act 2014 and the Board monitor the concerns raised. Whilst the Board focuses on people with care and support needs it works closely with the Responsible Authorities Group who have a remit for all domestic abuse incidents and the LSCB who are concerned about the impact of domestic abuse on children and young people.

- 5.5 The Board hopes this report along with the three attachments provides the Health and Wellbeing Select Committee with details on how people with care and support needs are being safeguarded in B&NES.

## **6 RATIONALE**

The LSAB is a Statutory Board and established under the Care Act 2014. The LSAB in its Terms of Reference (section 3.5.1, February 2017) sets out the expectation to report to the Health and Wellbeing Board. The work of the Board clearly contributes to the outcomes of the Health and Wellbeing Strategy 2015-19; examples of the contribution are included in the report above. The LSAB also considers it important to have the scrutiny of the Select Committee to ensure the widest consideration is given to its activity and action plan.

The LSAB welcome the clear statement on page 19 of the Strategy which references Keeping people safe and states the commitment to:

Delivering good quality care and keeping people safe is the business of the Health and Wellbeing Board. Protecting people's health, wellbeing and human rights and enabling them to live free from harm, abuse and neglect is vital.

"We will make sure that vulnerable children, young people and adults at risk of harm are protected and kept safe."

## **7 OTHER OPTIONS CONSIDERED**

- 7.1 None

## **8 CONSULTATION**

- 8.1 The LSAB has consulted all partners on the content of the Annual Report 2016 – 17 and Business Plan 2015-18 at its meeting in September 2017. Healthwatch are a member of the LSAB. The partners have included their activity in Appendix 5.

## 9 RISK MANAGEMENT

- 9.1 The LSAB has its own Risk Register which was last reviewed in September 2017.  
This is available to share with the Health and Wellbeing Select Committee if requested.

<b>Contact person</b>	Dami Howard and Lesley Hutchinson <a href="mailto:Dami_Howard@bathnes.gov.uk">Dami_Howard@bathnes.gov.uk</a> (01225) 396350 <a href="mailto:Lesley_Hutchinson@bathnes.gov.uk">Lesley_Hutchinson@bathnes.gov.uk</a> (01225) 396339
<b>Background papers</b>	None
<b>Please contact the report author if you need to access this report in an alternative format</b>	



# **Annual Report 2016 – 2017**

## **Executive Summary**

Sept 2017

## **1. The Role of the Local Safeguarding Adults Board (LSAB)**

B&NES LSAB is a statutory (though independent) Board established under the Care Act 2014. It is independently chaired and consists of senior representatives of all the principle stakeholders working together to safeguard adults with care and support needs across the area. All agencies involved in providing care and support for adults work together to respond in a coordinated way to cases of suspected harm or abuse of adults. We aim to ensure that people's rights are respected in the process of them being offered help and protection.

The Terms of Reference for the LSAB are available on the LSAB website:

[LSAB Terms of Reference](#)

The LSAB brings together local statutory and independent sector agencies working with adults with care and support needs at risk of abuse. The LSAB is responsible for ensuring that the Multi-Agency Safeguarding Adults Policy and Procedures are effective and prevent adults from experiencing significant harm.

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

**Safeguarding is everyone's business**

## **2. The Work of the LSAB**

The Board's statutory objectives as set out in the Care Act 2014 are:

- a) To develop and publish an Annual Strategic Plan
- b) To publish an Annual Report
- c) To arrange Safeguarding Adult Reviews (SAR) for any cases which meet the criteria for these to promote effective learning and improvement action to prevent future deaths or serious harm occurring again.
- d) Operational functions specified under Schedule 2 of the Care Act 2014

Functions of the Board

The Board has responsibility for:

- Developing and monitoring the effectiveness and quality of safeguarding practice

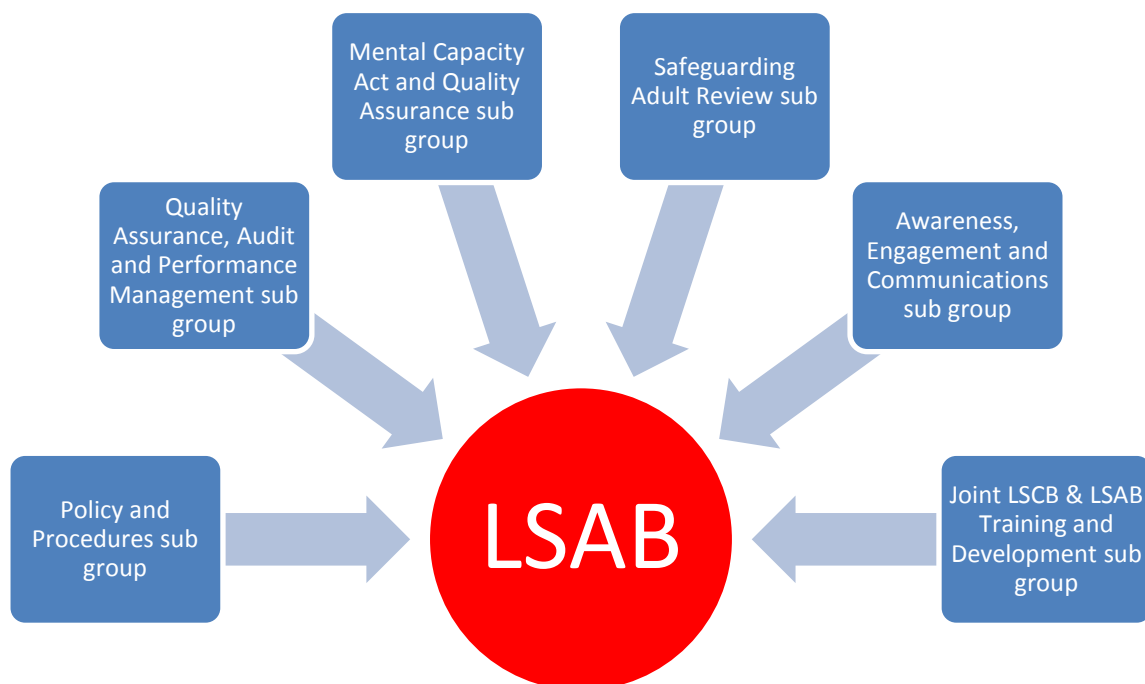


- Involving service users and carers in the development of safeguarding arrangements
- Communicating to all stakeholders that safeguarding is 'everybody's business'
- Providing strategic leadership

### 3. **The Sub-Groups of the LSAB**

The LSAB has six sub-groups as set out below. The Terms of Reference for each of the sub-groups are available on the LSAB web page:

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



- Each sub group reports progress on the Board's Business Plan on a quarterly basis and contributes to the Chair's Agenda Setting meeting. Each sub-group has a duty to challenge practice within the partnership where it identifies issues of concern.
- The full Annual Report 2016-17 lists the key achievements, challenges and priorities for each sub group in 2017-18. The report is available on the LSAB Safeguarding website <https://www.safeguarding-bathnes.org.uk/>
- The LSAB adopted a three year Business Plan from September 2015 to March 2018. This is monitored by the Sub Group Chairs prior to the Board and reported on at each Board meeting.
- The year-end report for the second year of the business plan is available on the public website: [LSAB Business Plan 2015-18](#) (Year end March 2017)

#### **4. LSCB and LSAB Stakeholder Day**



In line with this collaborative approach of the joined training sub groups for the B&NES Adults and Children's 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 by Michelle Winter, who also ran a workshop, introduced table top discussions and enabled group feedback. Michele is a registered Independent Social Worker and qualified teacher (for adults, she has many years' experience of private, third and statutory sector social care/social work including around Safeguarding Adults and Domestic Abuse. Until recently Michele was a Trustee for a Bristol based organisation that worked with young people and their parents affected by parental abuse. Michele has written on the interrelationship between Safeguarding Adults and Domestic Violence and Abuse.

#### **5. Outcomes and Safeguarding Activity**

- During the reporting period 2016 – 17 B&NES received 1,496 new alerts/referrals (now called concerns). This is an increase of 32% compared to the previous year. 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 responding to these concerns is taking additional time for all the agencies concerned.

- 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. 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.
- Of the concerns received during 2016-17, 547 resulted in support being provided through the safeguarding process. 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.
- **Number of Individuals involved in Concerns by Primary Support Reason**  
The categories for describing the needs of the individual have changed in the last two years. Previously the LSAB reported on 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 slight fall from last year's 18% of total concerns to 17% for 16/17.

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%

- **Percentage of Concluded Enquires by Abuse Types**

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

- Other types of abuse, as reported above, include sexual abuse, organisational abuse, modern slavery and sexual exploitation. During 16/17 there was a significant decrease in the number of concluded enquiries involving sexual abuse and organisational abuse but an increase in the numbers of enquiries involving domestic violence. There were no instances of an enquiry being undertaken into concerns relating to Modern Slavery and one enquiry undertaken regarding sexual exploitation. The Board will continue to monitor the number of concerns raised regarding Modern Slavery and Sexual Exploitation and resulting enquiries.
- Reported setting of alleged abuse  
There was a further decrease this year 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). 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 will be provided with information regarding our performance in this area in comparison with both the national average and comparable authorities.

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

Whilst the Board is committed to Making Safeguarding Personal it recognises the importance of ensuring cases do not drift. Compliance with safeguarding procedural timescales, therefore, continues to be monitored. Performance to timescales has significantly declined during the year. This has been raised throughout the year with the agencies involved. The Board's Quality and Performance sub group and the Council Commissioners will continue to monitor future performance closely, ensuring that the Board and corporate performance requirements are met alongside the requirement to make the safeguarding process person centered and focused on the individual's outcomes.

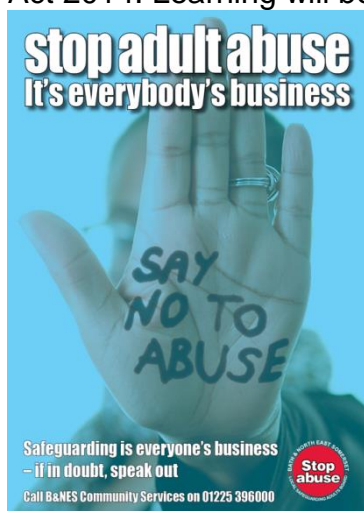
For further analysis of the safeguarding activity undertaken in 2016-17 please see the full Annual Report on the LSAB website at:

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

## 6. Outcomes for the LSAB

During 2016 and 17 the LSAB has also:

- a) Welcomed to the Board one representative from Bath College and two new independent Lay members. The Lay Members ensure that we have an independent community voice giving friendly challenge to the work of the Board. All the new members have made a valuable contribution and broadened the membership of the Board.
- b) Further strengthened the links between the LSAB and the Local Safeguarding Children's Board (LSCB) through a joint working plan and joint stakeholder days in order to promote 'Think Family'
- c) Further developed the Board's risk register and progressed a new web-site which will be shared with the LSCB and is due to go live in July 2017.
- d) Progressed joint working with the LSCB to raise awareness of Female Genital Mutilation (FGM) with the development of a poster and information leaflet.
- e) Updated a range of policies, training and guidance in accordance with the requirements of the *Care Act 2014* and its revisions including a full revision of the multi-agency procedures that went live in September 2016, and developed more robust systems for monitoring dissemination of policies and procedures.
- f) Implemented a Multi-Agency Safeguarding Hub for children and adults which went live in September 2016.
- g) Undertook a self-assessment safeguarding audit for all LSAB members and providers in B&NES to which all LSAB members responded and 42 providers as well.
- h) Developed multi-agency audits within the Quality Assurance, Audit and Performance Management sub group which will take a themed focus and cases will be debated by the core statutory partners as set out in the *Care Act 2014*. Learning will be shared with managers.



- The LSAB faces a number of current and future challenges/areas for development:
  - a) In accordance with other LSABs the resourcing and financing of the Board remains tight and pressured. All partner agencies experience similar pressures on funding, and organisational change creates the potential for additional pressures. This will require ongoing monitoring and management.
  - b) In January 2017 the Chair of the LSAB, Reg Pengelly notified the Council Chief Executive and LSAB that he intends to stand down as Chair after four years of service. Reg will leave the LSAB in September 2017. The Board started the recruitment process and a new Chair was appointed in May 17. Robert Lake will take the reins in September 2017.
  - c) Working across boundaries in collaboration with other agencies to develop a policy responding to sexual exploitation.

## **7. Making Safeguarding Personal**

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 15/16 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 15/16 and 16/17.

### **Desired outcomes requested from the individual or their representative and whether these were achieved**

Was the individual asked?	B&NES 15/16	B&NES 16/17
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%	2%
Where outcomes were expressed were they		
Fully achieved	70%	85%
Partially Achieved	27%	11%
Not Achieved	2%	1%

Factsheets have been developed with MSP sub-group, Awareness, Engagement and Communications Sub-Group and Sirona Team Managers. The publication of



these factsheets was delayed to coincide with the new multi-agency Safeguarding Procedures in September 2016. All 6 factsheets will be available on the LSAB website when completed. An Easy Read version is also being developed with a service user focus group in 2017-18.

Two Safeguarding Chairs from the Council Safeguarding and Quality Assurance Team developed and tested a range of questions to be discussed with people during face to face discussions at the end of the safeguarding process. A total of 8 interviews were undertaken, some of the responses obtained are described below:

- In response to 'did you feel listened to' – 'I was listened to throughout and they took my concerns seriously. They treated me with utmost respect and dignity and sensitivity at all times in view of what had happened. I or they couldn't control his behaviour but it couldn't have been handled any better'.
- In response to 'Do you feel Safer?' – 'I feel a lot safer. I have more appropriate accommodation and don't have to go back to where abuse took place. The police took my concerns seriously which hasn't always happened. I am also able to access professionals for ongoing support'.
- In response to 'Is there anything else you think the council (or other organisation) could have done better?' 'I think that something should be encouraged or enforced to make it obligatory for all information to be shared. Even if a professional is unable to attend a meeting they should still send something to be presented or be available on the phone. Another stated 'I didn't really know what was happening, I didn't understand what safeguarding was and nobody gave me any information that I could read or have my family help me understand'.

The September 2016 the Board agreed to face to face interviews being undertaken on a monthly basis from April 2017. The Council's Safeguarding and Quality Assurance Team will be contacting 5 people every month to obtain their views. The number undertaken may vary dependent on whether the individual or their representative agrees to the discussion.

## **8. Independent Chair's Closing Summary**



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 implement improvements.

I wish to commend the agencies 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.

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. However there is a significant role that should be played by everyone. 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.





**Annual Report 2016 – 2017**

**and**

**Business Plan 2015 - 2018**



Bath and North East Somerset



HM Prison &  
Probation Service



## 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.



## 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/>



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## 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 Norton 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.

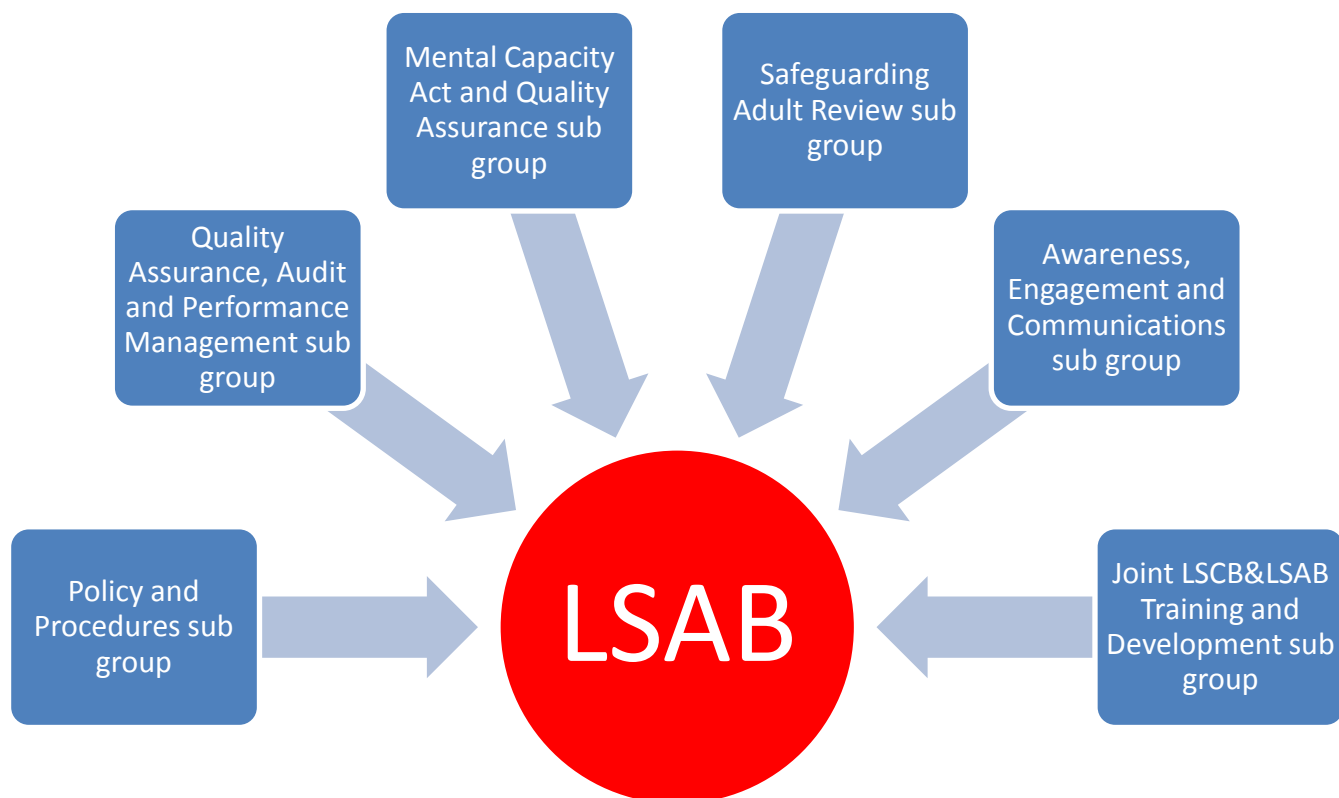
- 4.2 B&NES Council is responsible for establishing the LSAB. The accountability of the LSAB and performance of the Independent Chair is delivered via a two stage process. The Annual Report is considered by a Scrutiny Panel made up of Chief Executives of member agencies and including the lead Local Authority 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 subgroup 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)

**Let's talk about 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

**LSCB**  
Bath & North East Somerset  
Local Safeguarding Children Board

**Stop abuse**  
BATH & NORTH EAST SOMERSET  
LOCAL SAFEGUARDING CHILDREN BOARD

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 feedback 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 can contact.

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

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

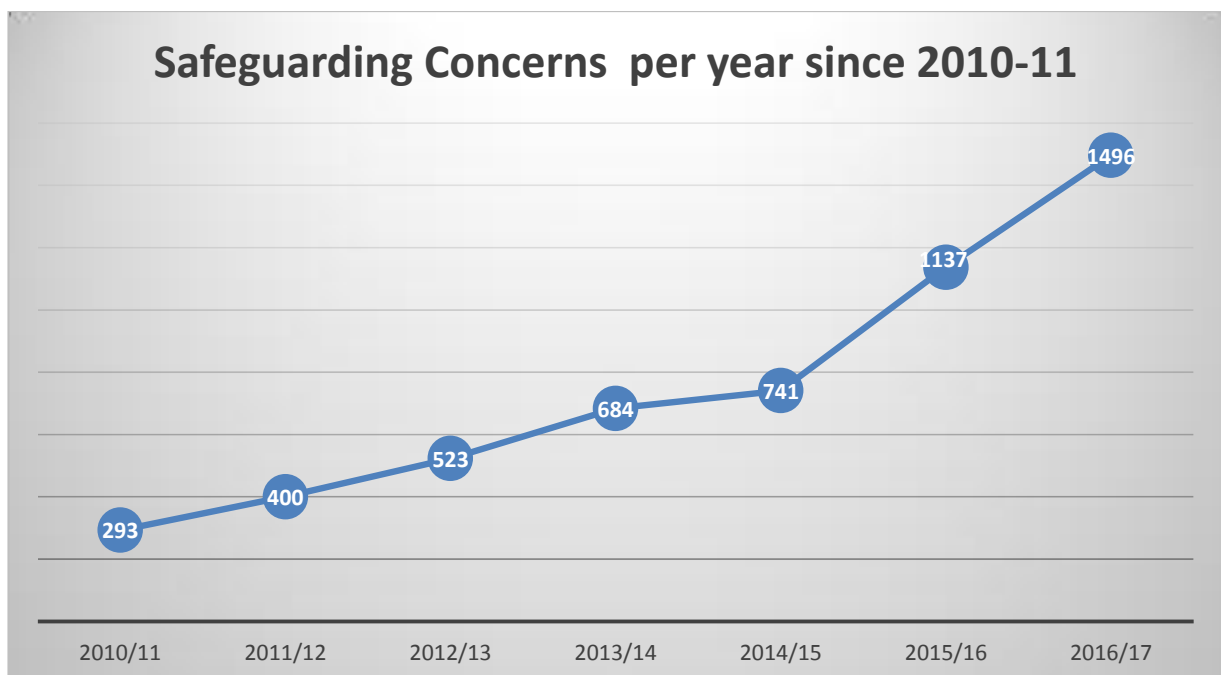
- 7.2.1 In October 2016 the Health and Social Care Information Centre (HSCIC) published ***Safeguarding Adults, Annual Report, England 2015-6 Experimental Statistics*** (SA 2016). The report is available to the public as Experimental Statistics, which means the statistics are undergoing evaluation based 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 (38%)</b>
Female	483 (65.1%)	556 (63.1%)	<b>618 (62%)</b>
<b>Total</b>	<b>741</b>	<b>882</b>	<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 in the level of enquiries undertaken involving neglect and acts of omission. Neglect includes self-neglect as well as neglect by a third party in the national reporting.

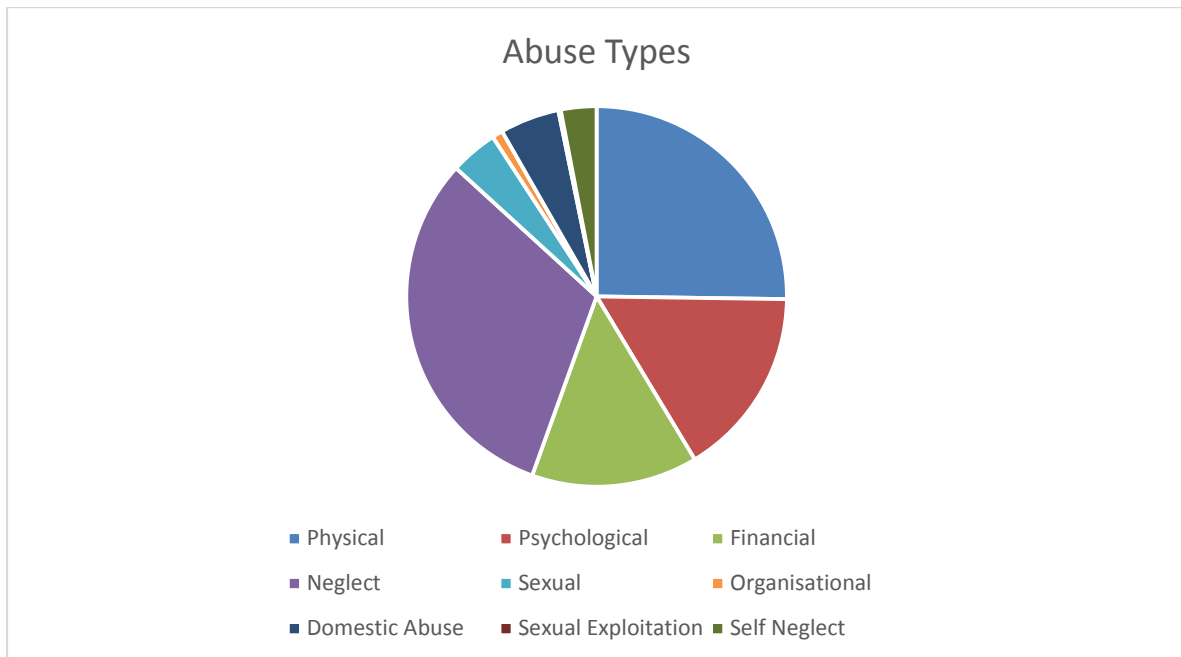
**Table 4: Percentage of Concluded Enquiries by Abuse Types**

<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 LSAB 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
No action taken	25%	7%	2%
Action taken and risk remains	8%	10%	9%
Action taken and risk reduced	47%	61%	74%
Action taken and risk removed	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

3. Enquiries <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>	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.	10 working days, unless the Safeguarding Chair decides it must be held sooner.  Timescale for enquiry to be agreed by Chair – dependent on the nature of the enquiry.
4. Safeguarding Plan and Review <ul style="list-style-type: none"> <li>• Agreeing outcomes and Safeguarding Plan from Section 42 Enquiry</li> <li>• Review</li> </ul>	To discuss outcome of Section 42 Enquiry and where necessary, put in place a Safeguarding Plan	Within 5 working days of receipt of written Enquiry Report  Not more than 3 months, but dependent on level of risk. To be agreed as part of process.

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**

Indicator	Target	% Completed on time from April 16 – Mar 17	
<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	Bridgmead 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

Quality Assurance, Audit & Performance Monitoring sub group	
Member	Agency
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
LSCB & LSAB Joint Training and Development sub-group	
Member	Agency
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
Safeguarding Adult Review sub group	
Member	Agency
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

Indicator 1: Procedural Timescales	Target	Frequency of Reporting	Owned By
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
Indicator 2: Training	Target	Frequency of Reporting	Owned By
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:

- Elearning 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.

Indicator 5: Training	Target %	Outcome %	Comment
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%		
Indicator 6: Safer Recruitment	Target	Outcome %	Comment
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

<ul style="list-style-type: none"> <li>Increased the profile of the Student Welfare Team around College</li> <li>All Student Welfare Team have undertaken mental health awareness training</li> <li>Engaged with the CAMHS Hub and training</li> <li>Introduction of Smoothwall web filtering (safeguarding and Prevent) which protects learners of all ages</li> <li>Modernised the College's counselling provision</li> <li>Increased campus security</li> </ul>
<b>Challenges</b> <ul style="list-style-type: none"> <li>Funding and finance</li> <li>Cutbacks to community provision</li> <li>Volume of disclosures</li> </ul>
<b>Describe how you raise awareness of safeguarding in your agency:</b> <ul style="list-style-type: none"> <li>Staff updates and training</li> <li>Student portal advertising of provision</li> <li>Tutorial provision</li> <li>Distribution and awareness of publications from DfE, e.g. Keeping Children Safe in Ed</li> <li>New staff inductions</li> <li>Poster campaigns</li> <li>SMT updates</li> <li>Joint policy group with H&amp;S, EDI</li> <li>Information to Parents</li> <li>Safeguarding training for employers, subcontractors and host families</li> </ul>
<b>Describe how you promote the South West Child Protection Procedures(SWCPP) within your agency:</b> <ul style="list-style-type: none"> <li>HR process including induction package, ongoing training and updates.</li> </ul>
<b>What difference has your achievements made to children, young people, parents /carers?</b> <ul style="list-style-type: none"> <li>Strong retention in the College and within vulnerable groups</li> <li>Overwhelmingly positive response to counselling and welfare provision has demonstrated improvements in resilience, self-esteem etc.</li> <li>99.9% of students report that they feel safe at College – this includes adult learners</li> <li>99% of parents report that they feel their son/daughter/ward is safe at College</li> <li>Continuing the high level of safeguarding at the College.</li> </ul>
<b>Objectives for 2017/18:</b>  <b>In addition to maintaining the high standards of safeguarding in the College, the focus for 17/18 will be on mental health:</b> <ul style="list-style-type: none"> <li>Continue to prioritise, promote and embed the Health and Wellbeing Services in association with the Health and Wellbeing Statement across College.</li> <li>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.</li> <li>Secure recurrent funding from the EHWP Transformation Fund for the continued provision of the College Counselling Service delivered by OTR for 2017/18.</li> <li>Continue to work in collaboration with the Self-harm &amp; Suicide Prevention Board</li> <li>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.</li> <li>Work in collaboration with Bath MIND around training and funding opportunities.</li> <li>Investigate 'Investors in' kite mark to ensure the College is doing everything it is required around EDI.</li> <li>In liaison with the SU set up a LGBT forum within the College in liaison with the OTR, LGBT &amp; Space Champion to raise awareness and offer guidance on LGBT issues</li> <li>HR to consider introducing Mental Health First Aid to all staff</li> </ul> <b>Other objectives:</b> <ul style="list-style-type: none"> <li>Continue to raise the profile of the College Nurses</li> <li>Fully embed the new campus safety measures</li> </ul>



**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)**

Indicator 5: Training	Target %	Outcome %	Comment
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 Wiltshire 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 providers 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 Policies & 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)**

Indicator: Exception and Breach Reports	Target%	Outcome%	Comment
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%	

<b>Agency Name: Bristol Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company</b>
<b>Brief outline of agency function:</b> 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.
<b>Achievements during 2016/17: (bullet points)</b> <ul style="list-style-type: none"> <li>The CRC is implementing a range of new working practises to support a new operating model</li> <li>The CRC has migrated from the Government supplied IT infrastructure to a new CRC owner version with new email addresses.</li> </ul>
<b>Describe how you raise awareness of safeguarding in your agency:</b> <ul style="list-style-type: none"> <li>Safeguarding remains a piece of key training for all staff.</li> <li>Development of a new suite of online training materials</li> </ul>

**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)**

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%	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%		
Indicator 6: Safer Recruitment	Target	Outcome %	Comment
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)**

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%	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	
Indicator 6: Safer Recruitment	Target	Outcome %	Comment
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)**

Indicator 5: Training	Target %	Outcome %	Comment
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:**

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

Indicator 5: Training	Target %	Outcome %	Comment
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
Indicator 6: Safer Recruitment	Target	Outcome %	Comment
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)**

Indicator 5: Training	Target %	Outcome %	Comment
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
Indicator 6: Safer Recruitment	Target	Outcome %	Comment
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.

Glogon 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 MAPPA Unit for the whole Avon and Somerset Area is based at Avon and Somerset Constabulary Police Headquarters. The MAPPA 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. MAPPA meetings are held in each local authority area, with a local panel and is co-Chaired by Police and NPS.

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

Liz Spencer is the Co-Chair of the Avon and Somerset MAPPA 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 MAPPA 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

<ul style="list-style-type: none"> <li>Care in Care homes</li> <li>Quality and Safety of learning disability services</li> </ul> <b>Local Priorities:</b> <ul style="list-style-type: none"> <li>Learning from SCRs &amp; DHRs</li> <li>Safeguarding Boards presence</li> <li>Learning from the Primary Care Safeguarding Assurance audit</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%	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.
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#### **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%	

<b>Agency Name: Sirona care and health</b>
<p><b>Brief outline of agency function:</b></p> <p>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.</p>
<p><b>Achievements during 2016/17: (bullet points)</b></p> <ul style="list-style-type: none"> <li>Sirona care and health has continued to play a key role within the multi-agency framework set by the B&amp;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 <i>Making Safeguarding Personal</i>.</li> <li>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).</li> <li>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.</li> <li>We took part in the annual Safeguarding Self-Assessment Audit , and hosted the electronic platform on which it was built.</li> <li>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.</li> </ul>

- 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>  <div>Page 169</div>	<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  Page 174	Enhance prevention and early intervention  Prevent silo working  Upskill the workforce	Better outcomes for families  Improved interagency/partnership working  Smarter Working	Joint Business Development Session on Think Family (complex/toxic trio).  Added a statement to Terms of Reference Think Family opportunities in the work of all the sub groups	<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.

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## LSAB Business Plan 2015-18

Updated March 2017

### 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 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

Issue	Sub group or Lead	Action	Completion Date	Progress (RAG)
	MSP task and finish	Multi-agency policy and procedures reviewed to encompass MSP – Policy revised - references to person centred approach and outcomes.	Apr-15	<b>Update Sept 15:</b> All complete
		Audit of test bed sites	Jul-15	Complete
		Action plan in place for roll out of MSP approach to all teams.	01/08/2015	Complete
		Review Procedural Timescales – Revise the 2 day decision rule in relation to MSP	Dec-15	Complete
	<b>NEW</b> MSP task and finish	<b>NEW</b> Review Board performance indicators and procedures re 2 day decision	June 2016	<b>Update March 16:</b> Discussion held at Board Business morning. Overview paper to go to March Board . <b>Update June 16:</b> Performance Indicators agreed at March Board. These will be implemented from September 2016 when the new service user database for social care is in place. Procedures coming to June Board for sign off.

1. Making Safeguarding Personal  
is embedded in practice

MSP task and finish	Information available for adults at risk/ family/carers on the safeguarding process	Sept 16	<p><b>Update March 16:</b> Draft information leaflets shared with MSP group. Easy read versions being prepared. Final version of leaflets to be shared with Board – June 2016.</p> <p><b>Update June 16:</b> Due to changes made in the Procedures the information needs to be revised. This will now come to Sept Board.</p> <p><b>Update Sept 16:</b> on agenda.</p> <p><b>Update Dec 16:</b> new procedures and timescales in place. Issues with reporting in Liquid Logic are currently preventing accurate reporting against the timescales, urgent work is being undertaken to address this issue.</p>
MSP task and finish	Quarterly progress report on MSP work programme updates to LSAB	Mar-16	<p><b>Update Dec 15:</b> Ongoing</p>
QAAPM	Provide assurance that MSP is embedded through multi-agency audit	Mar-17	<p><b>Update March 16:</b> Audit to go out in April.</p> <p><b>Update June 16:</b> not due though expect to reschedule for Dec 16.</p> <p><b>Update Dec 16:</b> Audit to take place in February 17 and will report to LSAB in March 17</p> <p><b>Update March 17:</b> Request from the group to cancel this action as it has been addressed by the MSP group and has been presented to the Board already.</p>
AEC	Review of how to capture outcomes and service user and carer experiences	Dec-15	<p><b>Update Sept 15:</b> Agreed new way forward</p>

<b>NEW</b> MSP	Initial 6 month report on new process to capture outcomes and service user and carer experiences	Sep-16	<b>Update March 16:</b> Karyn has begun using the new process. Report due to June 2016 LSAB <b>Update June 16:</b> Moved to Sept LSAB <b>Update Sept 16:</b> on agenda
<b>NEW Mar 17</b> AEC	To sign off the 'Easy read' Safeguarding leaflet that is part of the set and still in development	Sep-17	<b>NEW</b> Given to AEC group with the ending of MSP task & finish group
<b>NEW Mar 17</b> AEC	Receive the feedback after safeguarding experiences from service user discussions and provide annual report to LSAB	Sep-17	<b>NEW</b> Given to AEC group with the ending of MSP task & finish group
<b>NEW Mar 17</b> MCA&DOLS	Receive the annual practioner survey and provide results to the Board in an annual report	Dec-17	<b>NEW</b> Given to MCA&QA group with the ending of MSP task & finish group

2. Policies and procedures are embedded in practice	Business Support Manager	Board to be assured that Multi agency policies are disseminated one month after any are approved at LSAB	Dec-16	<p><b>Update March 16:</b> Policy dissemination lists maintained, partners need to ensure they respond.</p> <p><b>Update June 16:</b> Emails sent monthly in April and may but limited assurance back from members of LSAB.</p> <p><b>Update Sept 16:</b> Request at LSAB that individuals are nominated from each agency to confirm dissemination or default position will be the LSAB member.</p> <p><b>Update Dec 16:</b> policy dissemination process used and those that have not come so will be named and shamed at the December LSAB.</p>
3. Multi-agency and single agency safeguarding policies, procedures and protocols are compliant with legislation and guidance (Care Act 2014)	P&P	Ensure multi-agency policies, procedures and protocols are Care Act 2014 compliant	Mar-17	<p><b>Update June 16:</b> Work ongoing and almost completed</p> <p><b>Update Sept 16:</b> Progressing but still 1 to complete.</p> <p><b>Update Dec 16:</b> Information Sharing still being updated.</p> <p><b>Update March 17:</b> Information Sharing Protocol on the agenda . Action completed.</p>
	QAAPM	Implement assurance arrangement identified in the dissemination and implementation plan to provide the LSAB assurance that single agencies of the Board and sub groups are compliant	Jun-16	<p><b>Update June 16:</b> The Board Assurance paper was approved in March 2016 the QAAPM group have been through the actions and identified when each task is due.</p>
	P&P	Revised protocol	June 2015 and Dec 2015	<p><b>Update Dec15:</b> Revised again and approved at LSAB</p>

4. Specific reference to self neglect – ensure multi-agency protocol is in place	QAAPM	Assurance that self neglect cases are progressed appropriately – undertake themed multi-agency audit	Dec 16	<b>Update March 16:</b> Themed multi agency audit will be undertaken but not until September as Domestic abuse is being done in May for June Board. <b>Update June 16:</b> themed audit planned for August 2016 <b>Update Sept 16:</b> audit completed and to be repeated in 6 months. Added NEW action to 2017-18 action plan for June 2017 reporting.
	<b>NEW.</b> QAAPM	Repeat themed audit on self neglect cases completed in September after 6 months and report back to LSAB.	Jun-17	<b>NEW - not due</b>
	P&P	Revise multi-agency Policy and Procedure to include issues of exploitation	Jun-16	<b>Update Dec 15:</b> Noted for action. Request to bring revised Procedure to March 16 LSAB.. <b>Update March 16:</b> Revised procedure coming to June Board <b>Update June 16:</b> On June agenda.

5. Develop a response to adult exploitation issues – specific document for trafficking, adult sexual exploitation, FGM, radicalisation and modern slavery.

P&P	<b>NEW</b> Devise a policy on Adult Exploitation	Sep 17	<p><b>Update March 16:</b> Meeting with North Somerset LSAB took place to discuss opportunity to share Policy draft to come to June Board.</p> <p><b>Update June 16:</b> Awaiting draft from N Somerset due at meeting end of June and update at Sept LSAB</p> <p><b>Update Sept 16:</b> North Somerset have completed a first draft to be discussed with P&amp;P and QAAPM group</p> <p><b>Update Dec 16:</b> N Somerset strategy discussed and needs to be considered further to ensure Care Act Compliant etc. Further meeting with N Somerset later in December. To be discussed in conjunction with LSCB.</p> <p><b>Update March 17:</b> To be discussed at next P&amp;P meeting, the priority has been to complete for LSCB.</p>
P&P	<b>NEW</b> Devise a policy on FGM, possibly an amendent to existing LSCB one	Dec-16	<p><b>Update June 16:</b> Jackie Mathers is looking at LSCB policy to advise on making joint.</p> <p><b>Update Sept 16:</b> awaiting input from Jackie Mathers. Update from task and finish group on the agenda.</p> <p><b>Update Dec 16:</b> on the LSCB and LSAB agendas for approval in December. FGM poster also available on the websites.</p> <p><b>Update Mar 17:</b> revised version on agenda and will then be share on website.</p>

6. Specific reference to Safeguarding Adult Reviews	LSCB/LSAB FGM Task & Finish Group	<b>NEW</b> To deliver assurance to LSAB on awareness of the issue of FGM	Sept 17	<p><b>Update June 16:</b> significant work has taken place on raising awareness of FGM - action plan is available if requested. National posters displayed at Stop Adult Abuse event.</p> <p><b>Update Sept 16:</b> Articles in Council Connect, RUH and CURO magazines. Connect TV ad designed and now being developed as a poster. Council approved Zero tolerance Motion in September.</p> <p><b>Update Dec 16:</b> Poster now available. FGM group to discuss assurance survey at next meeting in late March 17.</p> <p><b>Update Mar 17:</b> Assurance survey being developed with Public Health, to go out to practitioners in Spring.</p>
	QAAPM	Undertake themed audits on specific areas to provide assurance	Sep-17	<p><b>Update Dec 16:</b> Not due however audits for 2016-17 scheduled for the year.</p> <p><b>Update March 17:</b> New date requested.</p>
	P&P	Write a SAR framework – setting out the range of reviews the LSAB will undertake (including reference to near misses, single agency reviews, multi-agency audits and full scale SCRs)	Sep-15	<p><b>Update Dec 15:</b> Revised full policy to presented in Dec LSAB and approved</p>
	LSAB	Set up task and finish group to undertake SARs as required	As required	<p><b>Update Dec 15:</b> Revised Protocol for SAR discussed with a view to developing SAR group.</p> <p><b>Update March 16:</b> 1st meeting took place on 7th March.</p>



7. Deliver the areas of collaboration identified by LSAB and LSCB (set out in Appendix 8 of LSCB Annual Report 2014-15)		Terms of reference need to be developed and include arrangements for on-going monitoring	Dec-15	<b>Update Dec 15:</b> TOR approved at Dec LSAB
	LSAB sub groups	Set specific actions for the areas of collaboration	Jun-16	<b>Update Dec 15:</b> Meeting in the summer for sub group chairs to set actions and share with LSCB and LSAB delayed until New Year 2016. <b>Update March 16:</b> approval sought for pilot joint training sub group from May 16 for 6 months. <b>Update June 16:</b> Joint T&D subgroup. Joint MCA policy and FGM Protocol. Joint website to launch and Joint 6 monthly newsletter planned.
	LSAB sub groups	Report progress on areas of collaboration identified	Jun-17	<b>Update March 16:</b> Work ongoing as move towards joined up Communications. <b>Update June 16:</b> Joint T&D group underway for 1 year pilot. Joint MCA Policy Statement now in place and FGM underway. Joint website to launch in summer. 1st joint Newsletter planned for summer. <b>Update Sept 16:</b> Joint Newsletter published July. Joint Dispute Resolution policy being agreed (2nd joint policy). Joint Stakeholder day planned for 2nd November 2016 on Domestic Abuse. <b>Update Dec 16:</b> Ongoing. Joint website available for testing and will be launched in January 2017. Joint FGM policy and Poster developed. Joint Business Development Session being planned for February 2017 to review and progress joint working. <b>Update March 17:</b> Joint working action plan being updated after the Joint session in February, to be shared in annual report in June. Joint website about to go live.

	L&D	Discuss the opportunity to provide joint training on Prevent, modern slavery, domestic abuse, delivering a personalised approach	Mar-16	<b>Update Sept 15:</b> Requires agreement with LSCB Training and Dev Sub Group <b>Update Dec 15:</b> Meeting planned for January. <b>Update March 16:</b> Meeting has taken place, Prevent is being running across LSCB/LSAB and RAG; agreed to have a section on children safeguarding in adult training sessions.
	L&D	Develop shared evaluation training tool with LSCB Training Team that can be used in supervision eg carbonated feedback sheets	Sept 17	<b>Update Sept 15:</b> Requires agreement with LSCB Training and Dev Sub Group <b>Update March 16:</b> This will be discussed when the two sub groups are combined. LSCB group have done some excellent work around training evaluation. <b>Update Sept 16:</b> Joint group agreed as a pilot for 12 not 6 months to progress and embed this work. <b>Update Dec 16:</b> Next meeting arranged for 13th January, plan to reinvigorate the group with greater clarity of purpose. <b>Update March 17:</b> Discussed on 17/3/17 and to be considered by both adults and childrens training.
8. Ensure new government guidance and statutory requirements (post April 2015) are implemented (cumulative list will develop over period of the Business plan) - Prevent and Channel	LSAB (Specific responsibility of Council Head of Safeguarding and QA)	Assurance that new Prevent and Channel duties are being met – receive bi annual reports on progress of action plan	June 2015 and bi monthly thereafter	<b>Update June 15:</b> Report being presented to the LSAB in June 2015

9. Development mechanisms for getting feedback on the effectiveness of the Board	Council - Mike Bowden	Implement evaluation of the effectiveness of the Chair	Sep-17	<p><b>Update Sept 15:</b> LSAB agreed to undertake performance review arrangements the same as the LSCB – first evaluation will be Autumn 2016.</p> <p><b>Update Sept 16:</b> Mike Bowden to lead the process when due and request performance feedback.</p> <p><b>Update Dec 16:</b> All Board members to receive a letter from Mike re the Chair's performance ready for his appraisal. Update LSAB in March 2017.</p> <p><b>Update March 17:</b> 360 forms completed and date for panel meeting being arranged prior to September. LSAB agreed this will then become part of usual business with new Independent Chair.</p>
	NEW AEC	Review the number of surveys done by the Board, identify where surveys can be joined and collate a calendar to spread when surveys are sent to prevent overloading people with surveys	Jun-16	<p><b>Update Dec 15:</b> Collated the surveys to be done. Will be in contact with each chair to discuss when they want to do surveys, what they want in them and if we can collate.</p> <p><b>Update March 16:</b> Joint audit discussed at LSAB development session and agreed as one audit. discussing audit cycle for LSAB.</p> <p><b>Update June 16:</b> One audit tool agreed and completes on 15th June (extended date)</p>
10. Ensure Lay Members voice is heard	AEC	Progress lay member recruitment – mirror approach taken by LSCB	Date dependant on recruitment	<p><b>Update March 16:</b> Posts being re-advertised as no applications received. Closing date 22nd March</p> <p><b>Update June 16:</b> Posts being readvertised as an open advert with improved information pack and flyer to all organisations to share.</p> <p><b>Update Sept 16:</b> Receiving lots of interest and one applicant pulled out due to health issues. Advert out currently in Council Connect.</p> <p><b>Update Dec 16:</b> 2 lay members recruited and hopefully in attendance at Dec LSAB. Induction Pack agreed for lay members also.</p>

11. Embed induction programme for LSAB and sub group members	AEC	Review existing Board induction pack	Mar-16	<b>Update Sept 15:</b> Requested the P&P group to review this
	NEW P&P	Review existing Board induction pack	June 16	<b>Update March 16:</b> Minor amendments made for recent induction. P&P group to bring final version to June LSAB. <b>Update June 16:</b> On June agenda
	AEC	Set up two induction sessions per year to formalise the process	Mar-16	<b>Update Sept 15:</b> Request Business Support Manager undertake this
	<b>NEW</b> Business Support Manager	Set up two induction sessions per year to formalise the process	Dec-16	<b>Update March 16:</b> 1 session on 26/2 using old pack with minor revision. Sub group chairs need to inform BSM of anyone needing induction <b>Update June 16:</b> Induction booklet on agenda, once approved sessions can be booked. <b>Update Sept 16:</b> Session booked for October 12th and invites sent out. <b>Update Dec 16:</b> 2 sessions taken place and part of ongoing work programme now.
12. Ensure LSAB has a clear Governance and Assurance Process	LSAB	Develop Board Assurance Framework including all mechanisms available to the LSAB	Jun-16	<b>Update March16:</b> Draft discussed and approved at LSAB. Final version on June agenda for information. <b>Update June 16:</b> finalised assurance document for information to the LSAB in June
	Business Support Manager	Ensure specific mechanisms and structures identified to give assurance are delivered	Dates as set by assurance action plan	<b>Update March 16:</b> TOR in process of review. Additional assurance reports added to June agenda. <b>Update June 16:</b> On June agenda for info/approval as part of Board Assurance. <b>Update Sept 16:</b> ongoing monitoring taking place. Now established as business as usual.

13. Monitor the risk register	LSAB	Sign off risk register	Jun-15	<b>Update June 15: Complete</b>
	Business Support Manager	Ensure specific actions identified to mitigate risks are delivered (KP1,2 and 3)	Dates as set by risk register	<b>Update March 16:</b> reviewed at Business Development Session and agreed at March LSAB. Progress to be reviewed by Business Support manager and Sub Group Chairs. <b>Update Sept 16:</b> Ongoing monitoring through sub group chairs meeting and revised version on agenda for information. Escalation Policy and Dispute Resolution completed. Now established as business as usual.
14. Joint Safeguarding website	AEC	Develop new LSAB website independent of the Council site	Mar-17	<b>Update March 16:</b> Adopting the format used by South Glos with their consent and amending design and content. Meeting with Council IT on 16th March to move this forward. Hope to go live Sept 16 <b>Update June 16:</b> Work is well underway and joint website should be live by end of summer. <b>Update Sept 16:</b> Work has slowed due to other Council commitments but still hope to go live by end October. <b>Update Dec 16:</b> Ready to show the Board for comment in December with a launch date of end January 2017. <b>Update March 17:</b> Website about to go live and be promoted once License security issues addressed.

15. Develop ways of supporting carers and wider family members during the safeguarding process

MSP	Investigate the approaches used by other local authorities to share with the MSP subgroup and consider application in B&NES	September 2016 / December 2016 for LSAB	<p><b>Update March 16:</b> MSP sub group action plan contains actions aimed to support carers and wider family members. These include: Safeguarding information leaflets; inclusion of LPA or informal advocate during the safeguarding process as appropriate.</p> <p>The Chairs are also inviting family members/LPAs to strategy meetings where they feel this would inform the investigation process.</p> <p><b>Update June 16:</b> Continuing to monitor national developments. Recently participated in a survey undertaken by the Department of Health on approaches to MSP - to await report on this review.</p> <p><b>Update Sept 16:</b> National report and local progresss shared at the LSAB.</p> <p><b>Update Dec 16:</b> Monitoring of work done by other areas is ongoing</p>
MSP	Ensure that the Safeguarding procedure refers to the need to include LPA's for welfare in the safeguarding process.	Jun-16	<p><b>Update March 16:</b> MSP subgroup and consider application in B&amp;NES</p> <p><b>Update June 16:</b> Completed</p>
Commissioners	Monitor use of advocates in the safeguarding process for those alleged to be responsible for the abuse.	Dec-16	<p><b>Update March 16:</b> There has been an increase in the number of advocates involved in the safeguarding process.</p> <p><b>Update June 16:</b> requested as part of the dashboard information.</p> <p><b>Update Sept 16:</b> On the agenda for Nov QAAPM group meeting - will update at Dec 16 LSAB</p> <p><b>Update Dec 16:</b> Completed as now work undertaken by QAAPM sub group.</p>

	<b>NEW</b> Business Support Manager	Share LSAB self assessment report with providers to encourage engagement with carers.	Dec-16	<b>Update Dec 16:</b> Self assessment report sent to all providers in B&NES. Action plan update on the agenda for information and progress monitored by sub group chairs meeting.
<b>16. NEW</b> To have clear guidance and sign up of partner responsibilities and expectations within the LSAB.	Independent Chair	Develop Memorandum of Understanding for LSAB to include clarity over attendance, engagement and statutory agencies contributions	Jun-17	<b>Update March 17:</b> MOU has been drafted and will come to June LSAB for approval and sign up.

## Key Priority 2

### Prevention and Early Intervention

#### Outcomes

The LSAB are assured the stakeholders, community and citizens are aware 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

Issue	Sub group or Lead	Action	Completion Date	Progress (RAG)
	AEC	Do a joint 6 monthly Children and Adults Newsletter	Sep-16	<b>Update Dec 15:</b> Sonia to ask Richard Baldwin to take this forward <b>Update June 16:</b> Summer newsletter could be joint if articles are received now for LSAB. <b>Update Sept 16:</b> 1st joint newsletter with LSCB published July 2016.

1. Formalise arrangements for disseminating awareness raising information to stakeholders, community and citizens	NEW AEC	Facilitate and coordinate Adult Abuse Week	Jun-17	<b>Update March 17:</b> Each area in the south west is taking a day and will create promotional pack for use across the area to be collated and shared. Our theme is Prevention on the 12th June the week runs 12th-16th June. Please make Sonia aware of any events you'll be running in this week and the Council can promote them on #stopadultabuseweek.
	AEC	Review all multi-agency safeguarding material in line with the Care Act 2014	Mar-16	<b>Update Mar 16:</b> In progress <b>Update June 16:</b> Logo had a minor alteration following input from service users. Main information leaflet now Care Act compliant.
	NEW AEC	Review all MA safeguarding material in line with contractual changes	Jun-17	<b>Update Mar 17:</b> Leaflets and posters are planned to be changed over although the phone number will remain the same. Poster is being changed in line with the rest of the South West.
2. Ensure Elected members have a good understanding of safeguarding issues	Council	Provide member Induction Training programme	Sep-15	<b>Update June 15:</b> Two member induction 30 minute sessions have been provided to all new members post the 2015 General Election
3. Ensure safeguarding prevention and early intervention is included in the Council's Prevention Strategy	P&P	Review existing draft Council prevention strategy - consider if this can be applied to the LSAB	Jun-16	<b>Update Dec 15:</b> Not progressed – request date moved to March 2016. Joint with LSCB so Board needs to agree who takes the lead <b>Update March 16:</b> Propose to have LSAB strategy <b>Update June 16:</b> Focus on LSAB policy and do own rather than Council policy.



4. Develop LSAB Prevention Strategy	P&P	<b>NEW</b> Develop LSAB MA Prevention strategy - for agreement	Jun-17	<b>Update March 16:</b> Training and Dev Group have handed over the information from the Stakeholder day to P&P group <b>Update Dec 16:</b> ongoing, draft to be shared for comment and will come to LSAB in March 17. <b>Update March 17:</b> Draft on March agenda for LSAB consultation. Final version due in June.
5. Develop and improve mechanisms for information sharing (MASH)	MASH task and finish	Develop and sign off project plan (LSAB,LSCB and RAG)	Sep-16	<b>Update Dec 15:</b> Project plan in place available for sign off if requested <b>Update March 16:</b> MASH start date has slipped to Sept <b>Update June 16:</b> update coming to Board <b>Update Sept 16:</b> on LSAB agenda
	MASH task and finish	Report on progress of key milestones and project plan	At each meeting	<b>Update Sept 15:</b> Shared at each meeting
	QAAPM	Undertake themed audit of MASH work once MASH is in place	December 2016 (depending on successful implementation)	<b>Update Sept 16:</b> Planned for Nov 16 however this maybe too early. <b>Update Dec 16:</b> There have been a number of issues with 'go live' for MASH and the audit will be undertaken as part of the review due in May/June 2017. New Terms of Reference are on the agenda for Dec 2016 Board. Added <b>NEW</b> action for 17-18 business plan about monitoring the effectiveness of the MASH.
	<b>NEW</b> QAAPM	Monitor the effectiveness of the MASH.	Jun-17	<b>NEW: Not due</b>

6. Develop a risk assessment matrix that could be used to support organisations in considering if a person's situation could be managed through a care management approach or if a safeguarding referral is required.	MSP / P&P	Work with Sirona Care and Health and AWP to develop a risk management framework that supports them in the management of complex concerns that do not meet the safeguarding threshold and includes an MSP approach.	Jun-16	<p><b>Update Dec15:</b> Work in progress in developing a risk assessment to support safeguarding decision making.</p> <p><b>Update March 16:</b> Risk assessment matrix included in self neglect procedure to support organisations working with people that do not meet the safeguarding threshold. Safeguarding risk assessment tool is currently being consulted on. Aim to have final version ready by June 16. <b>Update Dec 16:</b> Action completed</p>
7. <b>NEW</b> Assurance that Self Neglect Procedure is adhered to and being implemented	QAAPM	Undertake themed audit of self neglect cases	Sep 17	<p><b>Update June 16:</b> not due but scheduled for mid August - to be undertaken by small audit group of CCG, Police and Council</p> <p><b>Update Sept 16:</b> audit of cases has taken place however its too early to see if the new policy is being implemented. Group agreed to re audit in 6 months. New date requested of Mar 17</p> <p><b>Update Dec 16:</b> Members of the group have been looking at their own systems for monitoring self neglect in preparation for the revised audit and conversation following this at Feb 17 meeting.</p> <p><b>Update Mar 17:</b> Curo unable to provide their report in Feb 17 this is delayed until May 17. A further multi-agency audit is scheduled for Sept 17.</p>

8. <b>NEW</b> take opportunities to promote “think family” as widely as possible.	All sub groups	Add workstream to all sub group TOR so is embedded in all work. Undertake collaborative work with LSCB through sub groups and Joint Business development session in February.	Dec-17	<b>Update Dec 16:</b> Sonia agreed to draft a section to add to all sub group TOR re collaborative working to encourage 'Think Family'. <b>Update March 17:</b> Awaiting information from joint session to develop actions. Statement added to all TOR.
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### 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

Ensuring effective and timely responses to themes / issues in a dynamic way

Issue	Sub group or Lead	Action	Completion Date	Progress (RAG)
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<p>1. Ensure the data reports capture the correct information to:</p> <ul style="list-style-type: none"> <li>- monitor and forecast changes in demand</li> <li>- understand the impact on capacity</li> <li>- identify areas of under reporting and potential concern</li> </ul>	QAAPM	Review existing data capture and performance reports to the LSAB – are they fit for purpose?	Sep 17	<p><b>Update Sept 15:</b> Meeting planned to discuss post reflection on Annual Report 2014/15</p> <p><b>Update Dec 15:</b> Police Continuous improvement officer to help with data. Meet in January. Les &amp; Carolyn to make contact. Link with other areas/SABs</p> <p><b>Update March 16:</b> QAAPM looking at this and Assurance Framework picks up on this.</p> <p><b>Update June 16:</b> new performance dashboard on the LSAB agenda</p> <p><b>Update Sept 16:</b> Dashboard being revised from previous meeting still need to include Police and CCG information</p> <p><b>Update Dec 16:</b> As predicted the dashboard is not available for the Dec Board due to problems with reporting through Liquid Logic the new client record system. A minimum data set has been provided and a comprehensive dashboard will be available in Mar 17.</p> <p><b>Update March 17:</b> The dashboard now contains accurate Council information and the Police provided their first report which was helpful. A combined dashboard now needs developing and the request is to extend the date.</p>
<p>2. Consider current performance requirements and streamline requirements for quantative data between the NHS and Council.</p>	Council / CCG	Review the current data requirements together with the CCG to establish a coherent data set.	Mar-17	<p><b>Update June 16:</b> Not complete meeting to be scheduled in July 16</p> <p><b>Update Sept 16:</b> in progress however require new date Mar 17 in line with YCYW.</p> <p><b>Update Dec 16:</b> this continues to be worked on and will be ready for Mar 17.</p> <p><b>Update March 17:</b> A shared schedule has been developed and agreed as part of the YCYW. This can be reported on in June 18</p>

3. Assurance that all new areas of abuse and new protocols are reflected in single and multi-agency training	L&D	Review T&D audit	Sep-15	<b>Update Dec 15:</b> Completed. Self-assessment to be circulated in New Year. <b>Update March 16:</b> Self-assessment redesigned and ready to circulate in April 2016.
	L&D	Implement self assessment audit and report findings to the LSAB – introduce requirement that all training tools be shared with partners (LSAB to discuss)	Sep 17	<b>Update March 16:</b> Please see above. Results should be analysed by July 2016. <b>Update June 16:</b> Audit closed on 20th June and is now being analysed. <b>Update Sept 16:</b> report on agenda after discussion at T&D sub group. Actions to be discussed at sub group chairs meeting in October. Assurance given for multi agency training but not in single agency according to LSAB self assessment audit. <b>Update Dec 16:</b> To be discussed at next meeting in January <b>Update March 17:</b> To be included in the work of the short life task & finish training group and feedback to joint L&D group
4. Confirm collaborative arrangements with LSCB training and development sub group to	L&D	<b>NEW</b> Introduce a training content and best practice framework for all agencies.	Sep-17	<b>Update Sept 15:</b> Evaluation local one against the national / Bournemouth Framework <b>Update March 16:</b> Shared framework to be discussed when two sub-groups are combined. <b>Update Sept 16:</b> no progress to date. Training indicators shared for each Board. <b>Update Dec 16:</b> To be discussed at next meeting in January <b>Update March 17:</b> Shortlife task and finish group being set up to review old competency framework and develop new content/checklist.

enable an effective and efficient response to learning by agreeing joint training where possible	L&D	Review existing training programmes and develop opportunities to join particular course	Sep-17	<b>Update March 16:</b> Initial discussions have taken place. Further discussions once two sub groups have combined for pilot in May. <b>Update Sept 16:</b> ongoing <b>Update Mar 17:</b> Council LSCB and LSAB training reps to meet and discuss. Look at opportunities for joint training/pooled resources and the emerging training exchange for volunteers.
	L&D	Ensure courses which cannot be shared include reference to 'Think Family'	Oct-15	<b>Update Dec 15:</b> Completed.
5. Ensure the responses to adult exploitation issues are effective	QAAPM	Undertake themed audit	Jun-17	<b>Update Dec 16:</b> the group will consider how to take this forward however given the number of audits already scheduled for February / March this needs to be moved to June 17. <b>Update March 17:</b> Not due
6. Ensure the voice of service	MSP task and finish	Report back on audits of test bed sites	Sep-15	<b>Update Dec 15:</b> Completed
	MSP task and finish	Report back on audits of full implementation	Sep-16	<b>Update Dec 15:</b> To be undertaken and shared at June 2016 Board. <b>Update June 16:</b> Report to be undertaken as part of MSP update for the Sept Board <b>Update Sept 16:</b> on LSAB agenda.
	MSP task and finish	Review Service User feedback process. Ensure this includes both the adult at risk and their advocates (formal and informal)	Mar-16	<b>Update Sept 15:</b> Complete

<p>6. Ensure the voice of service users and carers is listened to and practice is developed in accordance with this</p>	MSP task and finish	<p>Ensure MSP is operationally implemented by March 2016.</p> <p>Report back on outcomes of MSP work</p>	Jun-16	<p><b>Update Dec 15:</b> completed</p> <p><b>Update March 16:</b> 2nd audit taking place on practitioner confidence in using MSP approaches and outcomes, to come to June LSAB</p> <p><b>Update Dec 16:</b> report on practitioners survey presented at September LSAB. Agreed to undertake a further survey next year.</p>
	L&D	<p>Ensure the feedback is included in training and development work through use of anonymised case studies</p>	Sep-17	<p><b>Update Dec 15:</b> Awaiting feedback from MSP project in order to include this in training.</p> <p><b>Update March 16:</b> Feedback from new 'service user voice' process still awaited.</p> <p><b>Update Dec 16:</b> To be discussed at next meeting in January</p> <p><b>Update March 17:</b> The content and best practice guidance that is being developed will include the need to use case studies and the voice of service users in training.</p>
	MCA&QA	<p>Review multi-agency policies with regard to MCA</p>	Mar-16	<p><b>Update March 16:</b> On March LSAB agenda for approval. <b>Update June 16</b> - completed</p>

7. Ensure MCA issues are always considered as part of safeguarding procedures	MCA&QA	Seek assurance from partners on implementation of MCA – report findings to the Board	Jun-17	<b>Update Dec 15:</b> In progress group have asked for assurance from Sub Group members – not due <b>Update March 16:</b> Suggesting the need an event to promote and explain safeguarding re MCA and DOLS? <b>Update Sept 16:</b> LSAB self assessment shows not all agencies have identified MCA/DOLS lead or sufficient training available to staff. <b>Update Dec 16:</b> Training events have been held on MCA/DoLS for Primary Care; L3 Training carried out with support from NHS England. MCA Event attended at BAWA by Council, CCG, Sirona and RUH. <b>Update March 17:</b> Group to discuss if assurance is now completed.
	MCA&QA	Provide progress reports on delivery of DOLS and community DOLS work	Bi annually	<b>Update Sept 15:</b> Annual Report provided and previous updates given – on going
	L&D	Proposal for agenda for 2015 event in place. Venue secured for event in November 2015	Sep-15	<b>Update Dec 15:</b> Stakeholder Day –Prevention. Completed
	MSP Sub Group with LD commissioners	Share information with the LSAB on the LD quality checkers and Health watch visits to Care Homes.	June 16	<b>Update March 16:</b> To attend June LSAB <b>Update June 16:</b> on June agenda. Challenge to Commissioners added to Log <b>Update Dec 16:</b> Completed



8. Coordinate stakeholder days to ensure widest conversations can be had regarding safeguarding adults	MSP Sub Group with LD commissioners	Review approaches used by other local authorities to obtain the views of those who have experienced the safeguarding process.	Dec-15	Completed
	MSP Sub Group with LD commissioners	Undertake an MSP survey amongst those staff that provide safeguarding co-ordination to identify areas of development or training along with examples of good practice. To repeat this survey within 12 months.	Sep-15	Completed

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## HEALTH AND WELLBEING SELECT COMMITTEE

This Forward Plan lists all the items coming to the Panel over the next few months.

Inevitably, some of the published information may change; Government guidance recognises that the plan is a best assessment, at the time of publication, of anticipated decision making. The online Forward Plan is updated regularly and can be seen on the Council's website at:

<http://democracy.bathnes.gov.uk/mgPlansHome.aspx?bcr=1>

The Forward Plan demonstrates the Council's commitment to openness and participation in decision making. It assists the Panel in planning their input to policy formulation and development, and in reviewing the work of the Cabinet.

*Should you wish to make representations, please contact the report author or Mark Durnford, Democratic Services (01225 394458). A formal agenda will be issued 5 clear working days before the meeting.*

*Agenda papers can be inspected on the Council's website and at the Guildhall (Bath), Hollies (Midsomer Norton), Civic Centre (Keynsham) and at Bath Central, Keynsham and Midsomer Norton public libraries.*

Ref Date	Decision Maker/s	Title	Report Author Contact	Strategic Director Lead
<b>29TH NOV 2017</b>				
29 Nov 2017	HWSC	Maternity Transformation Plan for B&NES, Swindon and Wiltshire	Deborah Forward Tel: 01225 395305	Tracey Cox
29 Nov 2017	HWSC	Local Safeguarding Adult's Board Annual Report	Dami Howard, Reg Pengelly	Strategic Director - People
<b>ITEMS YET TO BE SCHEDULED</b>				
<b>24TH JAN 2018</b>				

Ref Date	Decision Maker/s	Title	Report Author Contact	Strategic Director Lead		
16 Jan 2018	PHED PDS	Directorate Plans	Louise Fradd	Strategic Director - Place		
22 Jan 2018	CTE PDS		Strategic Director - People			
24 Jan 2018	HWSC				Strategic Director - Resources	
30 Jan 2018	CYP PDS					Tel: 01225 395610, Tel: 01225 396120
5 Feb 2018	Resources PDS					
Page 205		Andrew Pate Tel: 01225 395385				
28 MARCH 2018						
	HWSC	Update on the Transfer of Services from the RNHRD to the RUH (Pain Services)	Emma Mooney Tel: 01225 825849	Tracey Cox		
	HWSC	Your Care Your Way Update	Sue Blackman, Jayne Carroll Tel: 01225 396180,	Jane Shayler		
	HWSC	Integrated Urgent Care Procurement	Catherine Phillips Tel: 01225 831868	Tracey Cox		

Ref Date	Decision Maker/s	Title	Report Author Contact	Strategic Director Lead
	HWSC	Dentistry Services	Ruth Bartram Tel: 01138 251522	
	HWSC	Non-Emergency Patient Transport Service		Tracey Cox
	HWSC	Eye Care		
Page 206	HWSC	NHS 111 update		Tracey Cox
	HWSC	Loneliness report - update		Strategic Director - People
	HWSC	Homecare Review		Strategic Director - People
The Forward Plan is administered by <b>DEMOCRATIC SERVICES</b> : Mark Durnford 01225 394458 Democratic_Services@bathnes.gov.uk				