Annual Report 2017 – 2018

and

Business Plan 2015 - 2018


NHS
England


DEVELOPING HEALTH & INDEPENDENCE
DHI


AVON & SOMERSET
CONSTABULARY


Bristol
Gloucestershire
Somerset
& Wiltshire
Community Rehabilitation Company
PROBATION
Operated by Working Links


bridge care
SUPPORTING OLDER PEOPLE


curo


Bath & North East
Somerset Council


AVON
FIRE & RESCUE


carewatch
BATH
supporting independence


HM Prison &
Probation Service


healthwatch
Bath and North East
Somerset


Julian House
The home of opportunity


Avon and Wiltshire
NHS
Mental Health Partnership NHS Trust

Carers' Centre
Bath and North East Somerset

Bath College

NHS
South Western Ambulance Service
NHS Foundation Trust

NHS
Bath and North East Somerset
Clinical Commissioning Group

Royal United Hospitals Bath NHS
NHS Foundation Trust

Chair's Foreword

This is the first occasion when I have written the Foreword to the Bath and North East Somerset Local Safeguarding Adults Board's Annual Report. I became the Independent Chair of the Board in October 2017 taking over from Reg Pengelly who had served the Board with distinction and skill. On behalf of all of those involved in or receiving safeguarding services in Bath and North East Somerset, a very big thank you to Reg for all his hard work over a number of years.

The key purpose of the Annual Report is to assess the impact of the work the Board has undertaken in 2017/18 on safeguarding outcomes for vulnerable adults in Bath and North East Somerset. This report concludes that the Board's work is having a positive impact. However, this does not mean that Board members, and the agencies they represent, can become complacent: we are collectively determined to continue to drive forward and do all we can to ensure that safeguarding services across the area are the best they can be. Working in partnership across the safeguarding agencies is vital but challenges to effective partnership working are still with us, not the least of which is the constant need to do more with less. It is to the credit of the partners in Bath and North East Somerset that they have continued to fully support the work of the Board.

The LSAB is a strategic body: much of the detailed work of the Board is taken forward by our various sub-groups/task and finish groups (some of which are joint between the LSAB and the LSCB – the Children's Safeguarding Board). These sub-groups are the real workhorses for safeguarding and I must take this opportunity on behalf of the Board to thank all members of these Groups for their continued commitment as well as to thank their employing agencies for contributing their participation. I would also want to place on record my appreciation of the work done by our Business Support Manager - without her skills, knowledge and seemingly endless patience, the Board would struggle to be as effective as it is. I would also want to extend my thanks to the Board's Lay Members who play a vital role in our work.

I very much hope that the reader will find this Annual Report of interest. The reader will find detailed summaries of the key achievements of each of the Board's sub-groups and each of the groups has also reported on the difference their achievements have made, the challenges that have been faced in delivering the agenda and the priorities for action in 2018/19. These make impressive reading and lie at the heart of this Annual Report.

We can never eliminate risk entirely. We need to be as confident as we can be that every vulnerable adult is supported to live in safety, free from abuse and (self) neglect. The Board is assured that, as evidenced by the detail in this report, whilst there are areas for improvement, agencies are working well together to safeguard adults in Bath and North East Somerset and are committed to continuous improvement.

The Board needs the continued support of the wide range of front-line staff, and their managers, for whom safeguarding is everyday business. We also need the support of the general public in alerting agencies to incidents or circumstances of abuse or neglect of adults in our communities. As we often say, "Safeguarding is Everyone's Business".

I trust that the reader will find this report informative and readable. If you have any comments you would wish to raise with me, I can be contacted on robert_lake@bathnes.gov.uk

Robert Lake, Independent Chair.

Executive Summary

The LSAB has agreed an Executive Summary of the full 2017-18 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
- 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 2017-18

1.1 Bath and North East Somerset (B&NES) is a Unitary Authority with 187,751 residents. According to the 2016 ONS Mid-Year Population Estimates 16.6% (31,116) of the population are 15 years or under, and 6.1% (11,538) 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%). 9.6% of children under 18 are from BME communities.

1.3 Bath is the largest urban settlement in the area, acting as the commercial and recreational centre. It is home to approximately 50% of the population and is one of the few cities in the world to be named a UNESCO World Heritage Site. Keynsham lies to the west of Bath, a traditional market town with a population of almost 9% of the total population of B&NES. Midsomer Norton and Radstock are small historic market towns, located in the south of the area with approximately 6% of the total population split between them. They both have a strong heritage of mining and industry stemming from the North Somerset Coalfield. The rest of the district consists of 69 diverse rural communities of varying sizes and characteristics, including a line of villages along the foothills of the Mendips, the Chew Valley and Cotswolds villages around Bath.

1.4 The area has a mix of affluent and deprived areas, with five small areas being in the most deprived 20% nationally according to the 2015 Indices of Deprivation. An estimated 11% of children live in poverty, compared to 18% in the UK. Rates vary significantly within local authority wards, with levels ranging from 2% to 28%.

1.5 As at 31st March 2018 (snapshot) the number of people receiving long term support was:

18 to 64:	894
65 & over:	1137

1.6 The number of people who received long term support during the year 2017/18:

18 to 64:	1000
65 & over:	1627

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 third 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 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?**

The following abuse types are included within the Statutory Guidance (section 14.6); financial, psychological, sexual, physical, discriminatory, neglect or acts of omission, organisational, 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 1st April 2015 and B&NES have had new arrangements in place since then to ensure compliance. The Care Act statutory guidance has been updated several times during 2017/18 however none of these relate directly to safeguarding arrangements.[1]

3.2 In March 2018 the Department of Health and Social Care published its response to the Law Commission's consultation on mental capacity and deprivation of liberty. Following this on the 3rd July 2018 the Government introduced the Mental Capacity (Amendment) Bill which is currently with the House of Lords and seeks to replace the current DOLS scheme. The LSAB will consider the impact of the new proposal on adults at risk.

3.3 The General Data Protection Regulations came into force in May 2018; during 2017/18 agencies prepared themselves for the changes this would bring about when enshrined in the Data Protection Act 2018. All LSAB agencies have been asked to confirm they are complaint with GDPR and that it won't impact on their ability to share information and safeguard individuals at risk of abuse.

3.4 A number of new guidance documents which support the work of agencies and families to safeguard adults at risk were published during the year these include but are not limited to:

- *Guidance on Slavery and Trafficking Prevention Orders and Slavery and Trafficking Risk Orders under Part 2 of the Modern Slavery Act 2015* which was published by the Home Office in April 2017. Under Section 33 of the Act the Secretary of State was required to issue guidance to the police and immigration officers etc about the use of the powers and how to apply for them. This guidance is a tool to help officers apply for and manage these orders in accordance with the statutory framework. The Home Office also produced a range of promotional material to support its campaign to end modern slavery. This includes leaflets to help explain immigration options to adult victims of modern slavery and domestic slavery. It also published a campaign to prevent the supply chain for business and industry to be more aware and also published a range of research material such as Modern slavery and public health.
- In January 2018 *Safeguarding Adults Protocol: Pressure Ulcers and the Interface with a Safeguarding Enquiry* was published by the Department of Health and Social Care. The protocol provides a national framework, identifying pressure ulcers as primarily an issue for clinical investigation rather than a safeguarding enquiry led by the local authority; setting out indicators for when a safeguarding enquiry may be

[1] The amendments include minor changes to sight registers, changes to the list of capital assets and other income that must be disregarded and further information on deferred payment agreements. (amendments made during April 2017 – July 2018)

needed. It recommends that SABs retain a strategic interest in the prevalence of pressure ulcers as an indicator of quality of care. Quality Surveillance Groups can provide updates. The guidance document includes a number of Appendices which support staff in deciding when to refer as a safeguarding concern.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/675192/CSW_ulcer_protocol_guidance.pdf

- In February 2018 the Ministry of Housing, Communities and Local Government published guidance for local authorities homelessness services on modern slavery and trafficking (chapter 25) . It refers to the National Referral Mechanism scheme and also what the local authorities duties are in relation to housing.

  https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-25-modern-slavery-and-trafficking

3.5 There have also been a number of other publications which are aimed at supporting agencies of note are the following:

- In March 2018 the Home Office produced case studies to support people identify people at risk of radicalisation and referral to Channel Panels.
- The Local Government Association published a suite if documents to help agencies deliver the Making Safeguarding Personal agenda. These included one for commissioners, one for the housing sector, one for the Police and one for advocacy. It also published and MSP guide for safeguarding adults Boards and has more recently published *Making Safeguarding Personal Outcomes Framework and Final Report* which described the work undertaken between November 2017 and April 2018 and associate *Outcomes Framework* . The LGA are encouraging organisation's to use these and drive forward work during 2018/19.
- The Office of the Public Guardian updated their Safeguarding Policy in July 2017. This was consulted on with the ADASS National Safeguarding Network.

3.6 Finally in January 2018 the Government reshuffle saw the expansion in the name of the Department of Health to become the Department of Health and Social Care.

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 Terms of Reference (June 2018)

The membership for the LSAB and sub-groups during 2017 - 18 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:

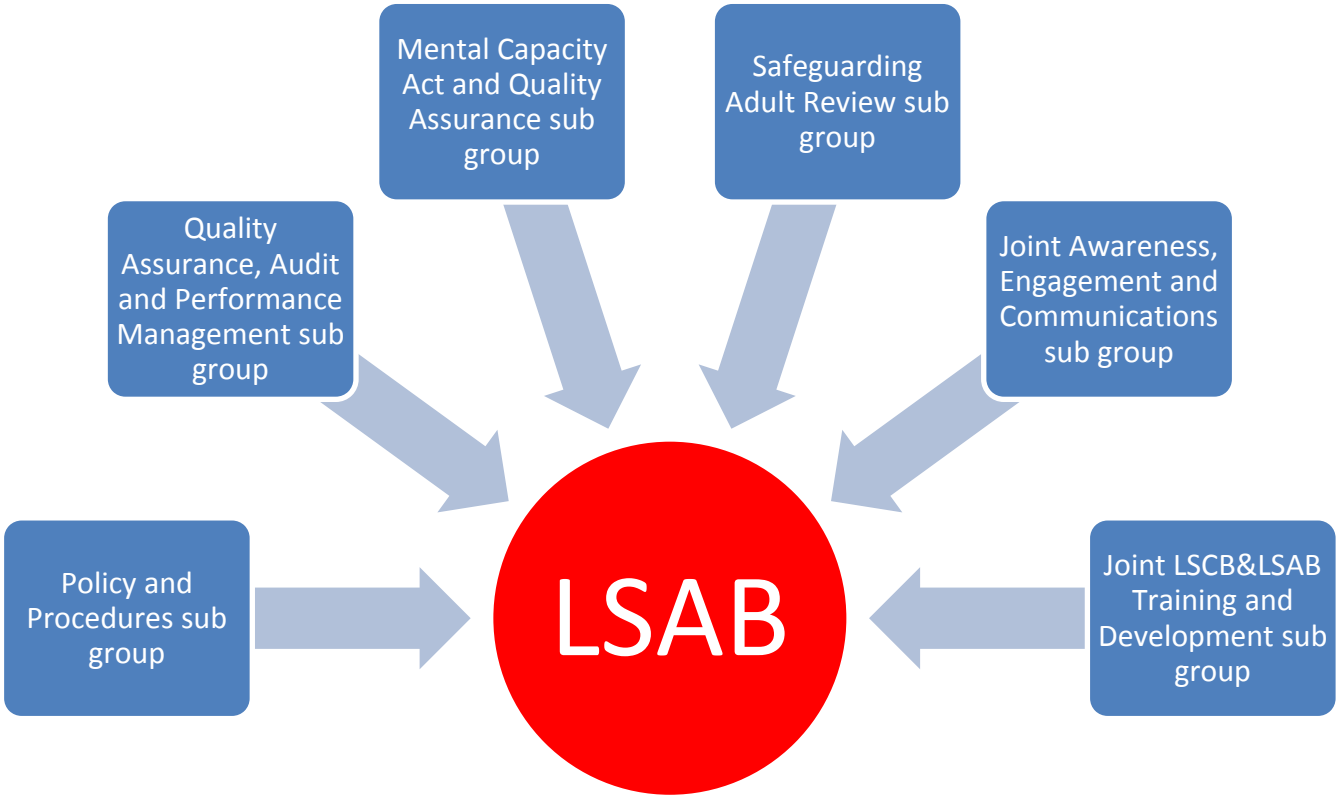
- Safeguarding is everybody's business and the Board will work together to prevent and minimise abuse as doing nothing is not an option
- Everyone has the right to live their life free from violence, fear and abuse
- All adults have the right to be protected from harm and exploitation
- All adults have 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 undertaken three SARs during the period; two have been approved at an extraordinary LSAB in January 2018 where the LSAB agreed not to publish one report at the request of the adult concerned and one will be published in the summer of 2018 as part of the learning on self neglect along with a revised Self Neglect Policy. The third SAR is on-going and will be completed towards the end of 2018. The LSAB is also participating in a joint Domestic Homicide Review/SAR with the Responsible Authorities Group this will need Home Office approval before publication but again is hoped to be completed by the end of 2018. Finally another application for a SAR was received but this didn't meet the criteria.

4.8 During the period covered by this report, the LSAB has continued to work closely with the two Lay Members who 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, have taken part in the QA of LSAB partner Reports and are keen to be involved in more. Their views can be found in Section 9.

4.9 The LSAB budget is monitored throughout the year and presented in the Annual Report in Appendix 3. The Board developed a Memorandum of Understanding which all partners approved and signed 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 2017-18, the LSAB has reviewed the Risk Register, identifying risks for the LSAB, and finalised a new Board Assurance Framework. In 2018-19, the Board will be working on the development of a new three year Risk Register.

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 2017-18 there have been no recorded occasions when the LSAB Escalation Policy has been formally used.

in 2018-19 the LSAB will review the Escalation Policy to be joint with the LSCB, relaunch it and remind agencies of the need to use the Escalation Policy and Proforma to register escalation concerns regarding safeguarding 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 2017-18.

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:

https://www.safeguarding-bathnes.org.uk/adults/local-safeguarding-adults-board/1-about-board

Each sub group reports progress on the Board's Business Plan 2015-18 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 2017-18

1. The Communications sub group has continued to meet on a quarterly basis and now feels well established in its new format as a joint Adults/ Children's group. The new joint LSCB/LSAB Website was launched in July last year and has been well received by all who use it. Feedback has confirmed that people find it easy to navigate, and that the majority of the content on the web-site is appropriate and informative.
2. The Joint Communications group has confirmed that it will focus on the theme of "Think Family" for much of its activity over the coming year. The group has also continued to lead on the production of a joint adults/children's newsletter which is sent twice a year.
3. The Communications sub group has continued to actively involve and consult with young people. This has been particularly helpful and productive in the work that has been undertaken in relation to the development of the new web-site.
4. Co-ordinated messages with the old Avon area by each area leading on a day during Stop Adult Abuse Week (June) and providing key messages and resources in a pack for partners to engage in Stop Adult Abuse Week
5. Updated Easy Read literature available on the website

Outcomes – What difference have achievements made?

1. Improved scrutiny of the Board through supported lay member involvement.
2. The outcomes for the group have included the launch of FGM campaign and the resulting raised awareness of both staff and public.
3. The establishment of the joint adult and children's Communications groups has led to a more effective use of time and a consistency of message which has been evidenced in the production of joint newsletters. This ensures that all staff involved in both adult and children's safeguarding gets an opportunity to read about key changes in each-others service area, and ensures a consistency of communication.
4. 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

As previously highlighted, the challenge for the sub-group in the coming year will be the establishment of the "Think Family" agenda across both boards.

Priorities for 2018-19

1. To ensure continued representation and input from young people.
2. To ensure that the new arrangements for the shared Communications sub group are "bedded-in" and the shared "Think Family" agenda can be promoted across both Boards.
3. To progress the actions of both Boards new Strategic Plans
4. Promote the safeguarding messages and particularly the learning from SARs with the wider community.

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 2017-18

1. 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.
2. The MCA Group has continued to ensure that agencies are aware of developments in MCA case law, policy and practice. The group have regularly reviewed and updated multi-agency policies with regard to MCA.
3. Providers have reviewed how they notify CQC when they apply for authorisation to deprive someone of their liberty (this has been in discussion with CQC).
4. Training has been delivered (by providers) throughout the year in reference to MCA and DoLS. The staff training across B&NES has been re-visited and updated.
5. Monitoring of the DoLS back log and associated actions.
6. The group has reviewed any proposed changes in reference to DoLS procedures (that have been recommended).
7. The group has reviewed the process of how providers notify CQC when they apply for authorisation to deprive someone of their liberty.
8. CQC have provided updates for the group relevant to locality.
9. The group has maintained regular attendance from all agencies throughout the year.
10. The additional representation from Childrens services has benefitted members in improving their knowledge base and understanding in reference to minors.

Outcomes – What difference have achievements made?

1. Supported multi-agency understanding across B&NES, which has led to a more coordinated response and hence maximised our resources.
2. A better understanding as to CQC's role in monitoring MCA/DoLS when carrying out their visits.
3. The group reviewed the summary guidance on the Mental Capacity Act and DoLS in ICU settings so have a better overall understanding.
4. Monitored the use of advocacy services and fed findings back to the Commissioner.
5. Received regular feedback from main providers within locality to monitor and raise and discuss issues within the group. Sharing learning and open discussions has benefited group members.

Challenges faced in delivering the agenda

1. Turnover/capacity of staff from some partners / agencies who routinely attend to support the work programme of the group.
2. 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).

Priorities for 2018-19

1. Continue to regularly seek assurance from partners on the implementation of MCA and gather findings.
2. Develop MCA Assessment Audit Tool including decisional and executive capacity for all agencies to use and feedback on Practice (by December 2018).
3. With a new Chair in place, review the Group's Terms of Reference and update membership.
4. To review the use of advocates in the safeguarding process.
5. Provide progress reports/feedback on delivery of DoLS and community DoLS work (to jointly include health commissioned packages).
6. Work to ensure that performance analysis that serves to inform safeguarding work identifies trends and areas of concern that will serve to generate multiagency discussions.
7. Provide MCA Awareness training slides for single agencies to use in their training.
8. Review LSAB MA Policies in line with changes to DOLS legislation
9. Complete the actions from the SAR Action Plan.

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 2017-18

1. Updated all the relevant MA Policies with the change of provider from Sirona care and health to Virgin Care.
2. Reviewed the Self-Neglect Policy.
3. Developed Joint Policies with LSCB – Escalation Protocol, Modern Slavery Statement.
4. Completed the Multi-agency Prevention Strategy and Delivery Plan.
5. Revised the LSAB Pressure Ulcer Policy and developed a 1 page summary.
6. Revised Large Scale Protocol and developed a 1 page summary.
7. Revised MA Safeguarding Procedures and produced a Quick Guide.
8. Revised the Safeguarding Adult Review Policy.
9. Worked with other regional LSABs to update the 2015 MA Safeguarding Policy.

Outcomes – What difference have achievements made?

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

Challenges in Delivering the Agenda

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

Priorities for 2018-19

1. Review of the Self-Neglect Policy and develop a Quick Guide to take into account the learning from the three local Safeguarding Adults Reviews into Self Neglect
2. Review the multi-agency Prevention Strategy.
3. Complete work to devise a statement on Adult Exploitation.
4. Develop Managing Allegations Framework across A&SC police area for staff/volunteers in a position of trust.

5. Review the Multiagency Information Sharing Protocol – re DPA 2018
6. 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.
7. Work with the LSCB on further joint policies – for example County Lines, perinatal mental health
8. 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 & Performance Management sub-group (QAPM)

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 2017-18

1. The group has ensured the majority of the actions the Board required to gather assurance that adults at risk are protected have been delivered with the exception of bespoke reports which will be incorporated into 2018-19 Board Assurance Framework
2. Ensured the actions identified in the Prevention Strategy have been completed (note assurance is still needed from one agency)
3. Reviewed Police and Council activity data on a quarterly basis to identify trends and areas of concern
4. Reviewed the SAC return and benchmarking information
5. Contributed to the development of the new Strategic Plan for 2018-21
6. Considered the audit information provided by the audit group and identified areas of improvement needed to be make. See the audit group report below
7. Reviewed the findings of the Partner Agency Annual Reports carried out by a separate group for the first time
8. Reviewed the safeguarding which is taking place for individuals B&NES has placed in out of area placements
9. Received assurance that LSAB partners are compliant with information governance rules

Outcomes – What difference have achievements made?

1. The group are assured that Virgin Care, AWP and the Council are monitoring incidents of repeat referrals for individuals to reduce the risk
2. The group have reviewed the 15% cases closed audits and confirmed a good standard of practice
3. With the separate focus given this year to the Partner Reports for the LSAB it is hoped that targeted improvements can be made
4. The group have been assured by Virgin Care that service users in out of area placements are safeguarded though are mindful of Somerset Adult Boards SAR report into Atlas and will continue review this

Challenges faced in delivering the Agenda

1. The group has continued to monitor the performance on the timeliness of delivering the safeguarding procedures. The group have highlighted to the LSAB that performance is not as expected and is a risk
2. The group have a very large agenda and whilst it is committed to delivering this it is a challenge and a number of priorities have not been achieved eg, development of a multi-agency dashboard; the annual practitioner survey report (however this is being reported in August 2018);
3. A number of agencies have struggled to attend the group and this has hampered work being progressed in some areas

Priorities for 2018-19

1. Deliver the actions identified in the Strategic Plan for 2018-19
2. Deliver the identified actions in the SAR action plan
3. Review Making Safeguarding Personal arrangements in light of the LGA reports
4. Revise the Prevention Strategy and action plan
5. Revise the LSAB activity dashboard to ensure its more easily accessible and continue to report procedural timescale performance
6. Review the findings from the LSAB bi-annual self assessment

Audit Group (a subsidiary of QAPM)

Brief overview of sub group function

The role of the Audit Sub group is to undertake audits of safeguarding practice. It identifies areas of practice or procedure that require strengthening and shares examples of good practice. The group also provides a quality assurance function for individual agency safeguarding audits by providing templates for audits and reviewing the findings. The learning from the audit group is shared with the Quality Assurance and Performance Management Group and with the LSAB.

Key achievements for 2017-18

1. Completion of Audits as required by the LSAB Business Plan for 2017/18
2. Development of an audit and reporting framework for repeat referrals and safeguarding audits undertaken by key partner agencies.
3. Development of a process to provide assurance regarding the links between health significant incidents and safeguarding concerns.

Outcomes – what difference have the achievements made?

The audits undertaken have identified a range of findings which have been discussed at the QA&PM Group and actions agreed. The key findings from the year have been:

1. The need for the social care recording to be clear around decisions and actions to be taken. Identifying which agency is responsible for the action. This is now in place and improved practice in this area will be reviewed in the audits undertaken in 18/19.
2. That all safeguarding reports made by agencies or professionals should contain information about whether the person is aware of the contact being made and if not why that is. This information was shared with all agencies through the LSAB newsletter. A safeguarding referral form is also being developed for agencies and professionals that will capture this information.

3. That an increasing percentage reports are being made more than 24 hours after the incident. All agencies and professionals were reminded of the need to make prompt referrals to safeguarding through the LSAB newsletter.
4. Need to inform the referrer of the outcome of the safeguarding decision and record that this has been done. This is now being recorded.

Challenges faced in delivering the agenda

Undertaking audits is time consuming and whilst all three LSAB statutory agencies are committed to the work of the group it has not been possible for all agencies to participate in the audits completed this year. This may have led to audits that were less rich as they lacked the insight of one agency, however, the alternative of not undertaking an audit was not acceptable. Further discussions may, therefore, be required as to how to continue the work of this group in a climate of reducing staff resources.

Priorities 2018-19

The sub group is committed to undertaking the following audits:

1. June 18 – Domestic Abuse (including coercion and control)
2. September 18 – Complex Trio
3. January 19 – MASH and sexual exploitation
4. The audit group will also consider the repeat referrals audits undertaken by Virgin and AWP in September 18 and January 19.

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 2017-18

1. Managing the SARs; this has been a huge undertaking for the group on top of their 'day' jobs
2. Developed a SAR action plan which sets out how the actions from the completed SARs will be taken forward.
3. Delivered the LSAB Business Plan 2015-18 actions
4. Developed a tracker to keep abreast of all the SAR applications and progress on those which meet the criteria
5. Reviewed Melissa Bristol SAR

Outcomes – What difference have achievements made?

1. The group and SAR panel have identified with SAR authors the learning and improvements agencies in B&NES need to make in order to ensure individuals who self neglect are safeguarded in the future

Challenges in delivering the Agenda

1. This has been a very challenging year for the sub group members and the administrator with three SARs, one DHR/SAR and business as usual work to manage. This has been escalated to the LSAB during the year

Priorities for 2018-19

1. Ensure there is an independent person on the group. It is unfortunate that Healthwatch are no longer able to attend but the group are working with Information Governance colleagues in the Council to see if a Lay Member can join the group
2. Ensure dissemination / awareness raising of SAR outcomes is in place and effective
3. Monitor the completion of the SAR action plans
4. Work with the independent authors and the LSAB to approve the outstanding third SAR and the DHR/SAR
5. Keep abreast of good practice; review the lessons learnt from other SARs
6. Ensure the learning from the SAR/SCR Themed Review undertaken by Professor Michael Preston Shoot is implemented
7. Review the LeDeR and impact for the LSAB

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 2017 - 18
The LSAB inter-agency training programme provided across 2017 – 2018 resulted in:

- 18 LSAB training sessions taking place comprising of 6 different courses
- 516 Inter-agency training places made available
- 424 Inter-agency training places booked
- 367 Inter-agency training places attended
- 360 professionals trained across the LSAB partner agencies, Voluntary and Private sectors

<u>Strategic Developments</u>

1. The LSAB training strategy 2015 – 2018 was delivered through the training and development opportunities provided. The strategy is in line with the LSAB business plan, and allows for training to be responsive to changing need and new priorities.
2. The pilot to merge the LSCB and LSAB training groups has been further extended, as unfortunately the challenges that were experienced in 2016 – 2017 remained in this financial year. There were continued difficulties with chairing arrangements and membership of the group which resulted in delays in the achievement of some developmental work. Therefore it was not possible at the end of the year to gain a true and accurate reflection of the effectiveness of the venture. A new chair was appointed to the group in April 2018 who has significant knowledge of the challenges experienced and has proposed a new structure and work plan to move the developmental work forward in a timely and constructive manner.
3. Whilst some developmental projects of the sub group have been delayed, joint learning opportunities have been created. For example specific ‘think family’ information is included on some sessions, and a number of courses are jointly available to the adult’s

and children's workforce which allows a shared understanding of roles and responsibilities. Additionally the group created FGM 'awareness slides' (suitable for those who work with adults or children) which have received a positive response from a wide range of partners. A joint training strategy has also been adopted by the Boards, which is designed to support the learning and development of both the adult's and children's workforce. The strategy has shared principles and standards and recognises the importance of adopting a 'think family' approach to ensure better outcomes can be achieved.

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

5. Scrutiny of evaluation forms shows a positive trend in terms of improved confidence and knowledge of course delegates. Evaluations have particularly highlighted an increase in practitioners understanding of multi-agency working, a greater understanding of legislation, case law, policy and guidance, confidence in making appropriate safeguarding referrals and using the knowledge gained on training to educate others.

Challenges faced in delivering the Agenda

1. As mentioned above, challenges have continued to be experienced following the merging of the LSCB and LSAB sub group, with issues of representation and continuity of attendance being faced.
2. Limited expansion has taken place to the variety of inter-agency courses available on the LSAB training programme due to the restricted training budget available and the complexity of procuring external trainers. Limited progress has also taken place with regards to the modules available in the e-learning library, due to reduced availability of technical support. It would be beneficial to grow on-line learning, to provide an additional flexible method of training and development.
3. Due to the breath of organisations attending LSAB training, a central distribution list is not held and therefore the advertising of courses is reliant on information being disseminated through sub-group members or individuals proactively seeking information through websites.
4. The review of the charging policy has been extended due to complexities involved in specific contractual arrangements.

Priorities for the joint sub-group for 2018-19

1. To develop an annual training and development work plan, incorporating actions allocated to the subgroup in the LSCB and LSAB Business Plans and development work agreed by the group.
2. Revise and approve training levels for the workforce and review and agree standards and required outcomes for 'core' safeguarding courses.
3. Develop and disseminate mandatory 'awareness raising' slides to cover all topics relating to Board performance indicators.
4. Adapt working practices to support and respond to changes arising from the publication of Working Together to Safeguard Children 2018 and the Children and Social Work Act 2017
5. Submit a charging proposal to the Board to ensure the charging policy is fair, constantly applied and protects the sustainability of the training programmes.

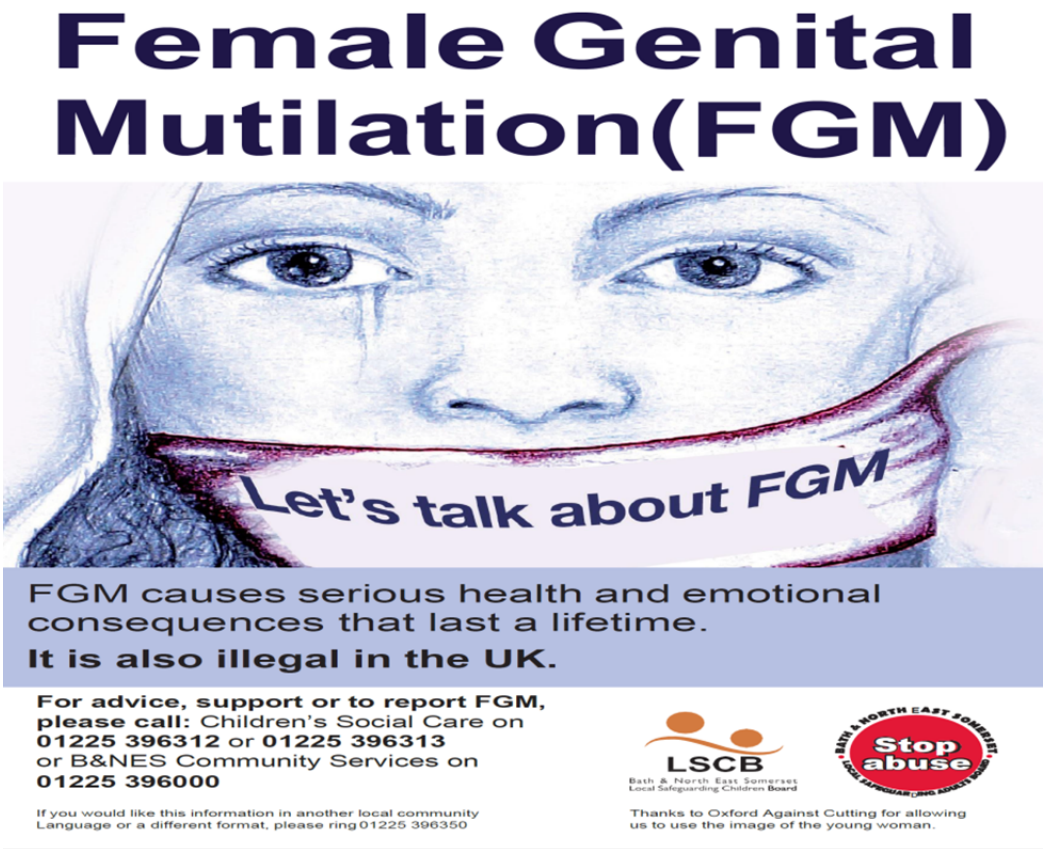
Female Genital Mutilation (FGM) Task and Finish Group

The FGM group was established in January 2016 and completed in September 2017. The focus of the group was to provide the LSCB and LSAB with 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 NHS CCG and Curo. The group was tasked with:

- 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
- Developing performance and reporting mechanisms to provide assurance

Key Achievements

1. FGM survey audit completed and audit report presented to LSCB/LSAB in September 2017
2. FGM leaflet for professionals and the public were made available in 5 different languages.
3. FGM awareness level training requirements included in LSCB?LSAB quality assurance framework.
4. FGM awareness level training package is available to agencies via LSCB/LSAB website and agencies are encouraged to incorporate material into single agency and LSCB/LSAB training packages
5. Ongoing work is now embedded in the work of both Boards.



Section 6: Other Relevant Work and Achievements

6.1 **Board Development:** The LSAB usually holds two Business Development Days 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.

In 2017-18 only one Development Session took place in 2017. The purpose was to work with both the full LSAB and sub group members on developing the new Strategic Plan for 2018-21. This then lead on to a lot of work within the sub groups to complete a draft plan and Plan on a Page by the March 2018 LSAB.

Unfortunately it was not possible to organise a joint Development Session with both the LSCB and LSAB due to the workloads of each Board in developing their new Strategic Plans.

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 2017-18, the Board heard cases from B&NES Council Safeguarding Team, Avon and Somerset Constabulary, and Virgin Care; on cases involving a mother, with a history of substance misuse and domestic violence; a woman who importantly has mental capacity and had been subject to serious and prolific domestic abuse, lives a chaotic lifestyle and had habitual substance /alcohol issues; and a domestic abuse case where several agencies were involved to assist and remove a woman and her children from an abusive partner. The abusive partner had mental health issues and a very controlling personality. 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.

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

6.3.1 **Dementia Action Alliance**

A representative from the Dementia Action Alliance attended the LSAB to talk about and showed a short video of what it is like for someone with dementia trying to cope with everyday life. The Dementia Action Alliance was launched in 2012 as part of the Prime Minister's Challenge on Dementia and aims to improve the lives of people living with dementia and their carers through concerted action. (DAA leaflet circulated).

The DAA can offer 1hr training sessions and are also looking for Dementia Champions.

6.3.2 **Carers Centre and a Carer's Story**

The Carers Centre supports 4.5k carers, their aim is to support carers to carry out their carer role safely. As a carer they are not at risk but are caring for someone who could come into this category. Carers do not have a network of support and the Carers Centre gives support to assist the health and wellbeing of carers and to enable them to have a break.

Carers Case Study

Mr L (a carer) shared with the LSAB his story about his role as the primary carer for his wife who was diagnosed with Multiple Sclerosis 35 years ago and has been a wheelchair user for 10 years. At present they have one daily carer who is funded by the Local Authority who comes in the morning and Mr L looks after his wife for the rest of the day. Mr L outlined 'a year in their lives' in terms of the numerous health-related appointments they needed to attend – these were vast and he described that historically there had been significant concern about the pressure ulcers his wife had. Mr L and his wife do everything they can to assist the health care professionals and provide as much information as they can, having a great deal of knowledge built up over the years.

Mr L signed up for the Carers Centre Card Scheme over 7 years ago. This is a card he carries around with him, which states that he is a carer for his wife with a phone number to ring - this gives him peace of mind. Mr L has participated in several activities at the Carers Centre including courses on First Aid and manual handling. He also volunteers with the Carers Centre, working with social work students at Bath University.

The LSAB members were able to gain further insight into the life of a carer and the stress this can quite often be placed on them when caring for their loved ones.

6.3.3 **Working with the Gypsy and Travellers Community**

An outreach and support worker for Julian House Gypsy, Travelers and Boating Community gave a very informative presentation on the needs of the travelling community and how the statutory services are working together with the Julian House Outreach Service to provide support. B&NES Council undertook a 12 month pilot survey and the BaNES CCG agreed to fund projects.

The Officer shared information on the work being undertaken with three specific projects: The official traveler site on the Lower Bristol Road; the Litania Boat (Outreach Drop In Service) and the Green Scythe Fair – Romany Gypsy's. The officer highlighted the need to be culturally sensitive and the need for services to adapt their practice in account of this. They provided examples of how this is carried out in order to ensure families are provided with the support required.

6.3.4 **AVoice Advocacy**

The LSAB welcomed AVoice, to give a presentation on their advocacy service.
The agency is funded by the Avon & Somerset Police & Crime Commissioner and was launched in April 2015 as a three year project. It provides independent advocacy for adult victims of crime and antisocial behaviour. It is delivered by The Care Forum in partnership with SARI (dealing with Hate Crime in the Avon and Somerset area) and SEAP (dealing with all crime types in Somerset and North Somerset area. The Care Forum covers Bristol, B&NES and South Gloucestershire area. Referral sources come from a number of wide ranging agencies.

AVoice advocates for anyone over 18 years with:-
Mental health issues
Learning difficulties
Physical disabilities (including deaf BSL users)
Serious physical health conditions
Problems associated with old age
Problems associated with social exclusion or isolation

AVoice also advocates for anyone over 18 years who have enhanced needs due to their race, gender identity, sexual orientation, religion or belief.

6.4 **Information received from the LSCB:** As well as the joint working between the Boards as shown in Appendix 7, the Board received the LSCB Annual Report for 2016-17 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:** This Board continued to meet during the year to review the progress of B&NES adult MASH. Very few referrals have been received during the year and a review of the effectiveness is currently underway. An options appraisal of the future of the adult MASH will be considered in June 2018.

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 2015-18 and the work of the Mental Capacity and Quality Assurance sub group.

6.7 **LSAB Stakeholder Event:** The LSAB was did not hold a stakeholder event in 2017-18 due to the anticipation of the publication of the SARs. One is now planned for July 2018 on self-neglect. The Board hopes to hold a joint stakeholder event with the LSCB in 2019-20 depending on the LSCBs strategic needs.

6.8 **'Stop Adult Abuse week' June 2017:** for the fourth year the LSAB supported this regional event across the old Avon area.

Stop Adult Abuse Week was a partnership between North Somerset, Bristol Somerset, South Gloucester and Bath and North East Somerset Local Adult Safeguarding Boards. A joint Resource and Promotion Pack was designed to help local organisations run social media and other promotional activities and events.

Bath and North East Somerset kicked the week off (Monday 12th June) promoting prevention promoting a safeguarding video helping people learn how to prevent harm for people at risk of abuse, another video made by Papworth Trust on how to behave and another video made by Lightshop Film called because you said something. A word search was also sent out to promote safeguarding and put into a prize draw won by a Discharge Liaison Nurse from the RUH, Bath.
Tuesday 13th June was led by Bristol - the theme was Self Neglect; Bristol LSAB held a conference on this. Wednesday 14th June was led by South Gloucestershire the theme was Financial Abuse. Thursday 15th June was led by Somerset the theme was Scams, they promoted the Mail Preference Service to cut down on your junk mail: www.mpsonline.org.uk and the telephone preference service: www.tpsonline.org.uk. Some online advice was provided about how to spot scams and doorstop crime and some online training to spot the signs. Finally Friday 16th June the theme was 'When and How' to report safeguarding led by North Somerset.

Stop Adult Abuse week successfully increased awareness with professionals with the use of social media #stopadultabuseweek.

6.9 **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:

Domestic Homicide Reviews - During 2017-18 the RAG was consulted on three referrals resulting in one DHR being carried out, one in progress and one pending decision to proceed once further pathologist information has been received. The results of the DHR are published here.

Hate Crime - Stand Against Racism and Inequality Service (SARI) continues to provide the integrated hate crime service which may be accessed by any victim of hate crime in B&NES. The Bath and North East Somerset Strategic Partnership Against Hate Crime (BSPAHC) reported to RAG on current trends in hate crime both locally and nationally. The RAG was advised that nationally hate crime had risen in 2017/18 and that percentage had increased in B&NES. However, numbers remain relatively low, in October 2017 of the 1050 crime recorded 29 or 2.8% were recorded as hate crime.

Work with Communities - The RAG has oversight on the 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 with a focus on issues arising in Keynsham. There is recognition that there is no "quick fix", but that there were many local people willing to work together, particularly on projects for young people

Female Genital Mutilation (FGM): The RAG continued to be involved in the FGM Task and Finish group until September 2017 and continues to keep a watching brief on the issue to ensure community awareness is increased.

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.

We have been recently been approached to support regional initiative tackling rural exploitation. B&NES Inclusive Communities Team work with Public Protection, 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: The Prevent Steering Group has continued to meet during the year. It has changed its schedule of meetings from quarterly to six-monthly. During 2017-18 two referrals (1 x child 1 x adult) were made into the Prevent programme, on advice from the Avon & Somerset Police Prevent team neither of these were progressed to the Channel Panel.

WRAP training continues to be delivered by the Council's corporate training team. Channel Panel meetings are scheduled monthly; as yet no panel has needed to be convened.

6.10 Work of the Domestic Abuse Partnership (DAP)

Under the leadership of the Director of Public Health, the Domestic Abuse Partnership has agreed the strategy, been successful in attaining funding from the Violence Against Women and Girls transformation fund, details were circulated in the last LSAB annual report.

IRIS GP referral scheme – IRIS has again secure funding from the CCG a further year 2018 -2018. The local IRIS team has been successful beyond any expectations.

- A further 5 GP practices were recruited with 24 out of the 25 surgeries now fully trained.
- IRIS national advise that the B&NES scheme is receiving a higher rate of referrals that elsewhere as much as twice that of some of our near neighbours
- 34 new referrals in Quarter 4 alone and a total 106 during the year
- A significant number have complex needs, e.g. in quarter 37% had mental health issues, 17% a history of self-harm, 9% substance misuse and 5% had attempted suicide.

Violence Against Women and Girls (VAWG) Fund

IRIS has been oversubscribed the B&NES bid to the VAWG fund was designed to close gaps in local provision and capacity. This successful bid has provided:

- The Specialist IDVA for victims with the most complex needs
- A part time worker in support of the Specialist IDVA and IRIS worker.
- Information and Advice Navigator able to provide advice to any person or worker looking for advice on domestic abuse issues
- The healthy relationships programme -CRUSH

Section 7: Analysis of Safeguarding Case Activity 2017-18

7.1 Summary of Safeguarding Activity 2017/18

7.1.1 During the reporting period 2017/18 B&NES received 1,227 new safeguarding concerns (alerts/referrals). This is a decrease of 18% compared with last year.

7.1.2 Of these concerns, 382 resulted in support being provided through the safeguarding process.

7.1.3 69% 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 96% of people fully or partially obtained the outcome they had identified as wanting from the safeguarding process.

7.2 Benchmarking Data

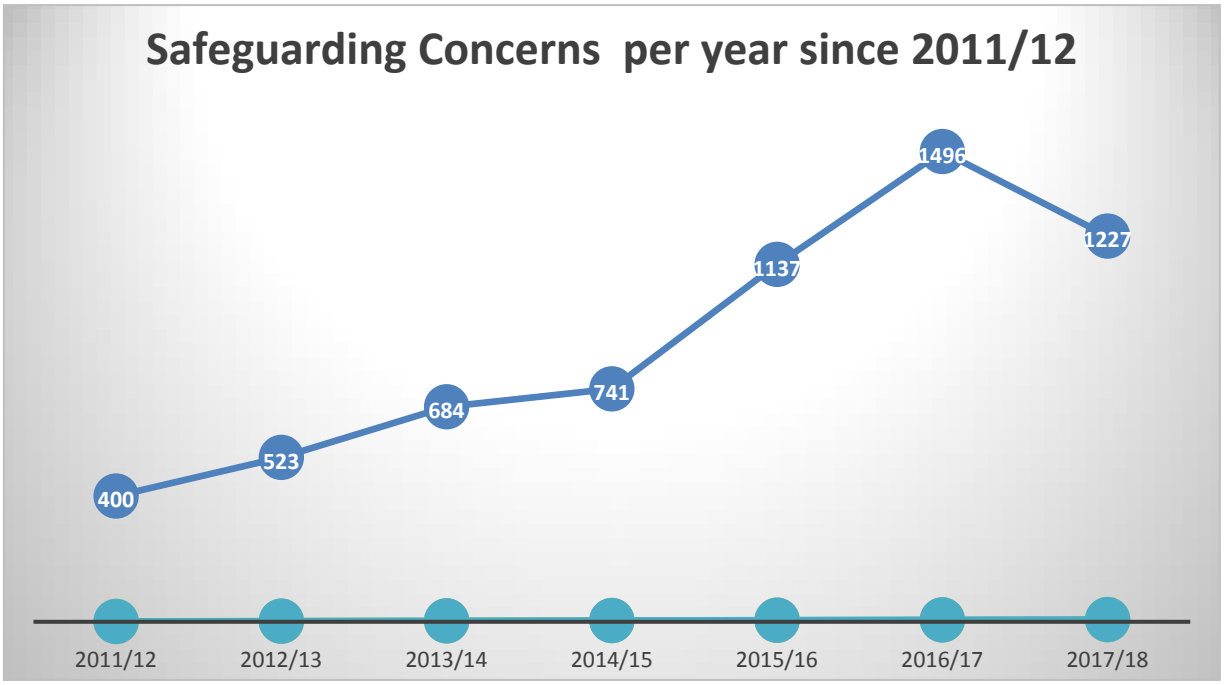
7.2.1 In November 2017 NHS Digital published ***Safeguarding Adults, Annual Report, England 2016-7 Experimental Statistics*** (SA 2017). The report is available to the public as Experimental Statistics, which means the statistics are undergoing evaluation based on returns from all 152 Councils.

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 2017/18 together with the information provided in the national Safeguarding Adults Annual Report (SA 2017) 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 2017/18

7.3.1 1,227 new concerns (alerts /referrals) were received by the Council's Safeguarding Team during 17/18. This is a decrease of 18% compared to the previous year.

7.3.2 In the Board's 15/16 report it was noted that the level of concerns received (1,137) had been the highest ever recorded by the Council. As 15/16 was the first year of reporting post Care Act implementation if 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. In 16/17 the levels of reported concerns increased further. This year we have seen a slight decrease in the number of concerns raised but numbers still remain higher than those noted in 15/16 and much higher than pre Care Act concerns. During 17/18 further work has been done to support providers to identify matters that should be raised with safeguarding. This did lead to a fall in the number of concerns referred by providers in the last few months of the year.



7.3.3 The national report (SA 2017) 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 in all the areas relating to concerns.

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 17/18 the 1,227 concerns of abuse or neglect related to 798 people. This means that 35% 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 was not appropriately supported after the first concern was raised. It may be that the person did not require safeguarding support, as the issue 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 are reviewed by lead professionals in Virgin care, AWP and the Council’s Safeguarding and Quality Assurance Team and regular reports are provided to the LSAB’s Performance and Quality Assurance sub group.

7.5 Safeguarding Concerns by Gender and Age

Table 1: Safeguarding concerns by Gender, April 2015 – March 2018

No. of Concerns by Gender			
	15/16	16/17	**17/18**
Male	326 (36.9%)	378 (38%)	**330 (41%)**
Female	556 (63.1%)	618 (62%)	**468 (59%)**
Total	882	996	**798**

7.5.1 As can be noted from the table above, the concern breakdown by gender show that concerns raised for men are continuing to increase year on year.

Table 2: Safeguarding concerns by Age, April 2016 – March 2018

Year	18-64	65-74	75-84	85-94	95+	Not Known	Total
2016/17	383	97	188	256	71	1	**996**
	38%	10%	19%	26%	7%		
2017/18	300	94	189	179	36	0	**798**
	38%	11%	24%	22%	5%		

7.5.2 The percentage of concerns raised relating to adults aged 18-64, has remained the same as last year. This year has seen an increase in concerns for adults aged 75-84 and a decrease for those aged 85 and over.

7.6 Safeguarding Concerns by Ethnic Breakdown

7.6.1 The ethnic breakdown of service users at point of concern is as follows: 95% were White British; 2.7% were Dual Heritage/Asian/Black/African/Caribbean British, 2.3% declined to provide information on their ethnicity or the 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. The figures for the ethnic breakdown at the point of referral are consistent with previous years. The Board may wish to consider if further work is required to ensure all people are aware of the support available to them if they are experiencing abuse or neglect.

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.

7.7.2 In 2017/18 there was an increase in the number of people, being referred to safeguarding, with Support with Memory and Cognition and Social Support as their Primary Support reason. Social Support is used for people that may be experiencing drug or alcohol related issues.

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

Year	Physical Disability	Sensory Support	Support with Memory and Cognition	Learning Disability	Mental Health	Social Support	No support reason	Not Known
16/17	496 42%	24 2%	101 8%	201 17%	161 13%	85 7%	118 10%	6 0.5%
17/18	320 40%	16 2%	125 16%	102 13%	131 16%	91 11%	13 2%	0

7.7.3 There has also been a decrease in the percentage of concerns received relating to people with a learning disability.

7.7.4 The recording of data in this area has improved this year with fewer people being noted as having no support reason.

7.8 Moving from Concerns into a Safeguarding Enquiry

7.8.1 A total of 382 concerns moved into a Safeguarding Enquiry during 17/18. This is 31% of the concerns raised. The concerns related to 337 people.

7.8.2 This level of "conversion" from safeguarding concerns into enquiries has slightly decreased from last year. Last year the conversation rate was 37%.

7.8.3 1,285 cases were closed during 17/18 – this accounts for 92% of the total number of cases that were reported as concerns (1,145 new concerns and 140 open from the previous year). The number of cases that were open on the 31st March 2018 was 82 a decrease from the numbers open at the end of the previous year.

7.9 Safeguarding Enquiries

7.9.1 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". B&NES completed 371 statutory enquiries during 17/18.

7.9.2 There are also a number of non -statutory enquiries undertaken every year. These are enquiries that do not meet the Care Act definition for an enquiry but due to the issues raised combined with an identified public interest it was felt appropriate to proceed. These enquiries are usually undertaken when the individual has died but the safeguarding concerns, related primarily to the care provided by an organisation or agency, identify issues that if not considered may continue to impact on people receiving support. For 17/18 11 non-statutory enquiries are included in the overall enquiry figure of 382. This is a significant increase in the numbers from last year. The majority of concerns considered in this way relate to incidents that were referred in after the person had died.

7.9.3 In the national reporting for 2016/17 (SA 2017) the "All England" average for new enquiries per 100,000 was 250. The figure for B&NES was 309, higher than the national average. The average for the South West was 225. This shows that in 16/17 B&NES was undertaking more enquiries per 100,000 population than other local authorities in the South West and the national average. The Board may wish to consider undertaking some further examination of the level of safeguarding enquiries undertaken as part of its quality assurance during 2018.

7.10 Safeguarding Enquiries by Abuse Type

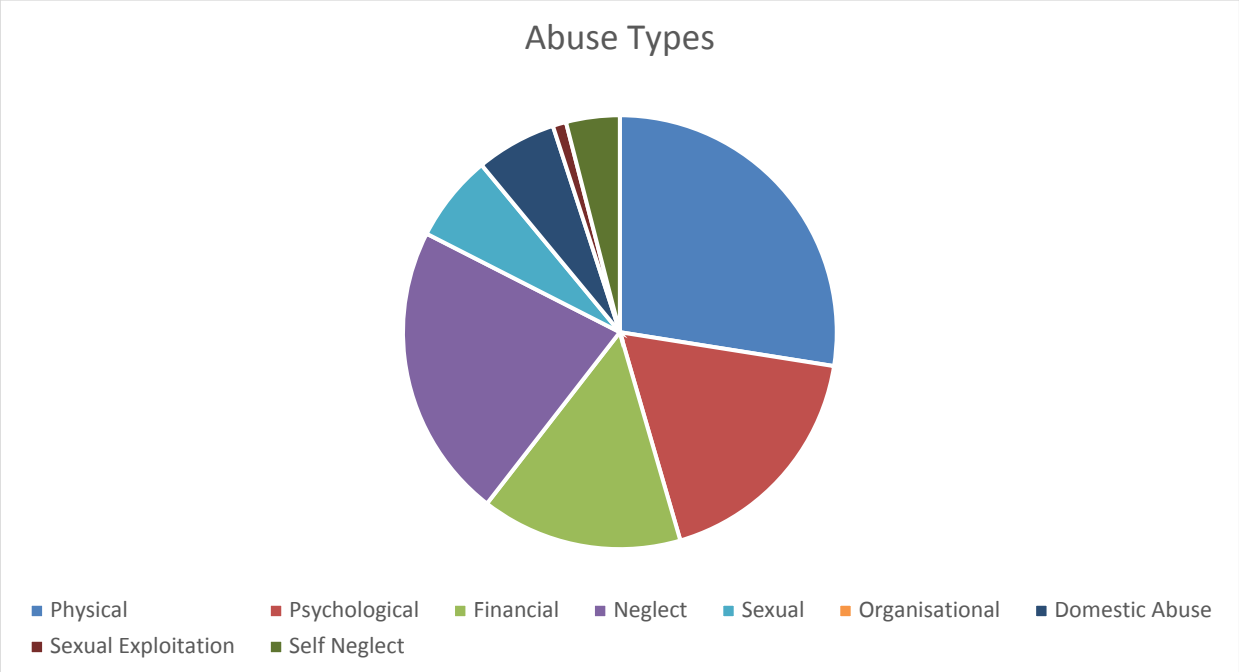
7.10.1 The following table sets out the percentage of concluded enquiries by abuse type. Despite the addition of new categories of abuse type into national reporting requirements (Domestic Abuse, Sexual Exploitation, Modern Slavery and Self-Neglect) the national SA 2017 report only provides data on physical, sexual, psychological, financial or material, neglect and acts of omission. The table below therefore uses the national categories in order to provide comparative data.

7.10.2 The figures of 17/18 show an increase in the numbers of enquiries that identified concerns relating to Physical, Psychological and sexual abuse in comparison with last year's figures. There is a decrease in concerns related to neglect and acts of omission, and no reported concerns related to discriminatory and organisational abuse. The figures related to discriminatory and organisational abuse require further investigation. As noted below this year has seen an increase in the number of concerns recorded in a residential setting, some of these could have contained aspects of organisational abuse. To explore the lack of reporting regarding discriminatory abuse, the Quality Assurance Group has requested data on hate crimes related to disability from the Avon and Somerset Constabulary so some comparison can be undertaken between the two areas.

Table 4: Percentage of Concluded Enquiries by Abuse Types

Abuse Type	SAR National 2016/17	B&NES 16/17	B&NES 17/18
Physical	**24%**	**27%**	**31%**
Psychological	**14%**	**18%**	**20%**
Financial or Material	**16%**	**15.5%**	**17%**
Neglect and Acts of Omission	**35%**	**34%**	**25%**
Sexual	**5%**	**5%**	**7%**
Discriminatory	**1%**	**0**	**0**
Organisational	**5%**	**1%**	**0**

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.



7.10.5 The table below shows the "other types" of abuse that are not noted in the national reporting. The increase in the enquiries related to Sexual Exploitation should be noted. The LSAB may wish to consider undertaking some work to consider the transition of people between adults and children services who are being sexually exploited.

Table 5: Abuse Types 2015-2018

Abuse Type	B&NES 16/17	B&NES 17/18
Domestic Abuse	**29**	**28**
Sexual Exploitation	**1**	**5**
Self-Neglect	**17**	**16**
Modern Slavery	**0**	**0**

7.10.6 There were no instances of an enquiry being undertaken into concerns relating to Modern Slavery.

7.11 Reported setting of alleged abuse

7.11.1 B&NES saw a further decease in the number of safeguarding enquiries where the alleged abuse had taken place in the service user's own home (44% in 15/16, 37% 16/17, 35% in 17/18).

7.11.2 The percentages of enquiries regarding alleged abuse in residential care homes have increased in comparison with last year and are higher than the reported England National average for 16/17. The percentage of enquiries regarding Mental Health units requires further consideration by the LSAB and the Board may feel further work is needed regarding the enquiries relating to Community Hospitals. This year the CCG have supported a review of Serious Incident requiring investigation (SIRI) to ensure that referrals from acute hospital settings were being appropriately referred to safeguarding.

7.11.3 There has been a decrease on the percentage of situations being defined as other – from 14% in 16/17 to 5.5% in 17/18. These situations could include 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 2016-2018

	SA National Average 2016/17	B&NES 2016/17	B&NES 2017/18
Own Home	43.6%	36.6%	35%
Community	3.3%	4.5%	0.6%
Community Service	3.4%	0.5%	4.3%
Nursing Home	11.8%	21.7%	21%
Residential Care Home	23.6%	17.8%	30%
Hospital - Acute	3%	4.4%	3%
Hospital - MH	2.1%	0.5%	0
Community Hospital	1.2%	0	0.6%
Other	8%	14%	5.5%

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 an increase in risks attributable to a person employed as a service provider. The source of risk from "persons unknown" has decreased this year. It was noted last year that there were concerns regarding the data reporting in this area with the view that not all service provider issues were being appropriately recorded. During 2017/18 work has been undertaken to clarify the reporting in this area which is reflected in the coherence in this year's reporting.

Table 7: Source of Risk April 2016- March 2018

Source of Risk	SA England average 2016/17	B&NES 2016/17	B&NES 2017/18
Service Provider	33%	22%	50%
Other- Known to the Individual	51%	66%	44%
Other - Unknown to Individual	16%	12%	6%

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 2016/17 B&NES reported 19% of service users lacked capacity. The SA 2017 reported that the England average was 29% of people lacking capacity. The B&NES figure for 2017/18 is both higher than the 2017 England average and the previous year's reporting with 33% of individuals lacking capacity to make decisions related to the safeguarding enquiry. 65% of individuals supported through safeguarding in B&NES in 17/18 had capacity. The numbers of "unknown" cases locally was 2% which is lower than the 4% recorded last year.

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 reported in SA 2017 where on average 73% of individuals identified as lacking capacity were provided with support. In B&NES for 17/18 98% of people without capacity were provided with support. Support in this context is provided by an advocate, family or friends.

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

	Percentage of Concluded Referrals					**Total**
Was the individual lacking capacity	**18-64**	**65-74**	**75-84**	**85-94**	**95+**	
Yes	10%	3%	7%	10%	3%	**33%**
No	33%	6%	9%	13%	3%	**64%**
Don't know	0.4%	0.4%	0.6%	0.4%	0.4%	**2%**
Not recorded			0.4	0.4		**1%**
Of those recorded yes how many were provided with support	97%	100%	95%	100%	100%	**98%**

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 17/18. This information is shown alongside the national data for 2016/17 (SA 2017) and the local information from 2016/17.

Table 9: Outcome Following Conclusion of Safeguarding Enquiry

	SA National England Average 2016/17	B&NES 2016/17	B&NES 2017/18
Risk identified, action taken	**65%**	**75%**	**99%**
Risk identified, No action taken	**6%**	**0%**	**0.6%**
Assessment inconclusive, action taken	**6%**	**8%**	**0%**
Assessment inconclusive, no action taken	**3%**	**0.5%**	**0%**
No risk identified, action taken	**6%**	**14.5%**	**0%**
No risk identified, no action taken	**9%**	**0%**	**0%**
Enquiry ceased at individuals request	**4%**	**2%**	**0.4%**

7.14.2 The B&NES data for 2017/18 does vary significantly from the national data and the figures from the previous year. This change is due to the implementation of the safeguarding recording system which requires that a risk assessment is undertaken and updated at regular periods throughout the enquiry process. The action plan then addresses the risk identified with actions that may range from the provision of advice, support from an advocate or social care services.

7.14.3 The low level of enquiries ceasing at the individuals request reflects the conversations with people throughout the safeguarding episode. These conversations focus on what the individual wishes to obtain from safeguarding process and seeks their views from the outset.

7.15 Making Safeguarding Personal

7.15.1 Since 2016 local authorities have been asked to report on Making Safeguarding Personal outcomes. Information is 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, 16/17 and 17/18. The information only relates to statutory enquiries.

Table 10: 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	B&NES 17/18
Yes and outcomes expressed	73%	78%	62%
Yes but no outcomes expressed	0.4%	9%	9%
No	7%	4%	10%
Don't Know	7%	3%	8%
Not recorded	13%	2%	9%
Where outcomes where expressed were they			
Fully achieved	70%	85%	66%
Partially Achieved	27%	11%	30%
Not Achieved	2%	1%	4%

7.15.2 This year's data shows a decrease in the percentage of people whose outcomes were asked and expressed. Further exploration of the data is required to clarify the reason for this change, it may be that following clarification in the advice regarding consent to safeguarding, practitioners may not be seeking the views of the person at initial concern and it then not picked up later in the process.

7.15.3 The achievement of outcomes where expressed also shows a decrease in fully achieved and an increase in partially achieved and not achieved. The LSAB may wish to consider undertaking some further work to identify the reasons why the person's outcomes were not achieved.

7.16 Compliance with Local Safeguarding Procedural Timescales

7.16.1 Compliance with safeguarding procedural timescales continues to be monitored on a monthly basis by the Council as the Commissioner of safeguarding support from AWP and Virgin care. The LSAB, CCG Board and Council Corporate Performance Team also receive regular performance reports.

7.16.2 The Board's procedural timescales are:

Stage	Definition	Target Timescale
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	Information gathering by TM (Virgin/AWP) to enable a decision to be made by SA &QA Team (to include where possible views/outcomes for Service User). • Chair will review information gathered and determine whether S42 Enquiry required or NFA under safeguarding adult procedures. May make recommendations	4 working days unless the person is at significant risk in which case the decision must be made sooner
3. Enquiries • Further information gathering/Service User outcomes as required • Planning Meeting • Enquiry Actions	How to proceed with 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 • Agreeing outcomes and Safeguarding Plan from Section 42 Enquiry • Review	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 Performance on timescales continued to be an issue in 2017/18. The importance of meeting timescales is raised at the performance meetings with all the key agencies. One of the agencies developed an action plan to address their performance and this was monitored on a monthly basis by the Council. Issues relating to staffing and the volume of concerns received at the end of 2017 caused particular pressures on key organisations. The Council's Safeguarding Team provided additional support for a period of time whilst issues were addressed. There was an improvement in performance at the end of the year, evidence that the action plan having an impact. The increase at this stage of the year was not, however, significant enough to impact on the total year's performance. Concerns regarding performance have been discussed at the LSAB Quality Assurance Group and shared with the Board.

7.16.4 Difficulties with the recording system and reporting arrangements have also impacted on performance. Due to these issues it was not possible to report on performance regarding the receipt of a written enquiry report 5 days before the first review. Work has

now been completed both in the recording of this information and how it's reporting so that the LSAB can receive data for this timescale in 18/19.

7.16.5 Exception reports have been considered during the year. These reports have identified that during one period, the reasons for delays at initial decision were attributable to: Making Safeguarding Personal (43%), Virgin/AWP/SDAS (34%), other agencies (13%) and the Council (3%). For planning meetings delays were attributable to: Making Safeguarding Personal (9%), Virgin/AWP/SDAS (62.4%), other agencies (13%) and the Council (7%). Delays due to Making Safeguarding Personal are agreed to support the person's participation in the safeguarding process and therefore would be supported by the Board. Delays due to Agencies and the Council are, however, followed up through performance meetings and supervision.

7.16.6 The safeguarding reporting process has been changed for 18/19 so that delay reasons can be entered onto the system and reports produced on a monthly basis. This removes the needs for cumbersome quarterly exception reporting and provides the Board with information in a more timely way.

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

Indicator	Target	% Completed on time from April 17 – Mar 18	
1. % of decisions made in 4 working days from the time of referral	95%	Virgin Care	48%
		AWP	68%
		SDAS	71%
		Overall	**51%**
2a. % Planning Meetings/Discussions within 10 working days	90%	Virgin Care	31%
		AWP	26%
		SDAS	42%
		Overall	**29%**
2b. % of enquiry reports provided to the Chair 5 days before the first review.	100%	**Information not available**	

7.16.7 The LSAB Quality and Performance sub group and the Council Commissioners, for both Virgin care and AWP safeguarding work, will continue to monitor future performance closely to ensure that for 18/19 there is an improvement in performance.

Section 8: Priorities for 2017 – 18 and Beyond

8.1 **LSAB Business Plan outturn 2017 – 18**

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

The latest version was then made available on the public website: http://www.safeguarding-bathnes.org.uk/

The three year plan has now been completed and is available on safeguarding website:

Business Plan 2015-18 Final Out Turn Year End March 2018

Many actions have been completed or are continuing as business as usual within sub groups or operational work. Any outstanding actions have been transferred to the new Strategic Plan 2018-21.The LSAB has now finished its three year Joint Working Plan with the LSAB (see Appendix 7).

8.2 **LSAB Strategic Plan 2018-21**

During 2018, the LSAB partners and Business Management Group have been working on the development of a new Strategic Plan for 2018-21. This will be more outcomes or impact focused and will be finalised in June 2018 and then published on the safeguarding website. The Business Management Group will then agree the reporting process for the new Plan to the LSAB so that regular updates can be posted on the website as before after each Board meeting.

The LSAB agreed the one page version of the Strategic Plan in March 2018 which is available on the safeguarding website:

LSAB Strategic Plan 2018-21 on a page

The new Plan has 5 key outcomes and 12 priorities in order to meet them.

Five Outcomes

- Prevention and early intervention responses are embedded across all partner agencies in order to reduce and, where possible , remove the risk and impact of abuse
- Adults at risk and carers are listened to throughout the safeguarding process. They contribute fully in the development of safeguarding services
- The LSAB is assured that safeguarding is embedded, is delivered to a high standard and is effective across all partner agencies
- A workforce which is skilled, competent and confident in all aspects of safeguarding
- The LSAB is responsive to national changes in practice and legislation and to any changes to the role of the LSCB

Section 9: Lay Members View

9.1 Below are the views of the two Lay Members supporting the work of the LSAB and giving effective friendly and independent challenge:

'We made a tentative start in our first year, tiptoe-ing carefully through the complexities of Adult Safeguarding and attempting to understand and appreciate the remit of each contributing agency. It has been, however, rather like sitting in the midst of shifting sands as we have watched radical changes take place within the LSAB and its membership. We hope that handovers within agencies to new members have been seamless.
Meanwhile we have embedded ourselves in the sub groups where we felt we could be most proactive in independently challenging LSAB:
Amanda, with the QAPM group where she has been the lead on Partner Report audits, forensically ploughing through piles of paperwork and writing reports. With years of experience examining legal documents she has been able to identify shortcomings and recommend changes.
Marjorie with the Awareness, Engagement and Communications where she constantly raises her desire to ensure that the general public are supported to better understand or appreciate what Safeguarding means. With the concerns of three SARs currently before the LSAB it was essential that Media Protocol in dealing with their publication was updated so Marjorie chaired a Task and Finish group to address this and has suggested that the concerns identified in the SARs provide a timely opportunity to promote Safeguarding – the most crucial being Self Neglect. Training and Development sub group (Marjorie is also a member) has immediately taken this on board and arranged a Stakeholders' Day. Now would also be the perfect time to promote outside LSAB and educate the general public. We need to nurture contacts with Local Radio and Television to help!
Finally, Case Histories: In last year's report we suggested that whilst we appreciated them and found them a welcome addition to the Board's agenda, we felt a brief follow up would show how each agency had succeeded or not, as the case might be; we need to be told how effective the plan of action has been. Surely this would be useful information for all agencies represented on LSAB?
This hasn't happened – yet.
So, we will continue to 'independently challenge' the hard working LSAB, as is our remit, but we will also constructively assist and advise wherever we can. '

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

Appendix 1: LSAB Members and Attendance 2017 - 18

Name	Agency	Role
Alex Francis	Healthwatch B&NES	Interim General Manager
Andrew Snee	Curo	Head of Tenancy Solutions
Charlotte Leason	Avon & Somerset Constabulary	Safeguarding Coordination Unit Manager
Dami Howard	B&NES Council	LSCB/LSAB Business Support Manager
Dawn Clarke (until June 2017)	Banes NHS CCG	Director of Nursing & Quality
Fran McGarrigle	AWP (Avon and Wiltshire Mental Health Partnership Trust)	Head of Safeguarding Adults
Helen Crystal	NHS England South	Safeguarding Lead Nurse
Helen Wakeling	B&NES Council	Safeguarding Lead: Adults & QA
Jane Shayler	B&NES Council	Divisional Director Adult Care, Health,
James Knight (from September 2017)	National Probation Service	Senior Probation Officer
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	B&NES Council	Strategic Director People & Communities
Neil Liddington	Avon Fire & Rescue	Area Manager – Risk Reduction
Pam Bourton	Bridgemead 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 (until September 2017)	Independent Chair	Independent Chair
Robert Lake (from September 2017)	Independent Chair	Independent Chair
Roanne Wootten	Julian House	Partnerships Manager
Sarah Jeeves (until June 2017)	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
Steve Kendall	Avon and Somerset Constabulary	Chief Superintendent
Val Janson (from September 2017)	BaNES NHS CCG	Deputy Director of Nursing & Quality
(Cllr) Vic Pritchard	Independent	Cabinet Member for Adult Social Care & Health

LSAB Attendance by Agency				
Name	**June 2017**	**Sept 2017**	**Dec 2017**	**March 2018**
Avon Fire & Rescue				
Avon and Somerset Constabulary				
Avon and Wiltshire Mental Health Partnership Trust				
Banes NHS CCG				
B&NES Carers Centre				
B&NES Council				
Bath College				
Bath Spa University (from Dec 2017)				
Care Home Rep				
Dom Care Rep				
Executive Lead Member				
Lay Members				
Healthwatch Rep				
Housing Advocate				
Health & Wellbeing Network Advocate				
National Probation Service				
NHS England South				
Virgin Care				
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	Carers Centre (Chair)
Richard Baldwin	B&NES Council (Vice Chair)
Alison Gerrard/ Stacey James)	B&NES Council
Bev Craney	Swallow
Dami Howard	B&NES Council
Debra Harrison	RUH
Li Rawlings	Avon & Wiltshire Partnership MH Trust
Marjorie Stephinson	Independent
Martha Cox	Virgin Care
Jasmin Miller	SICC
Jen Russell	B&NES Council
June Thompson	RUH, Bath.
Sarah McCluskey	B&NES Council
Sharon Prowse	Freeways
Policy and Procedures sub group	
Member	**Agency**
Val Janson	BaNES NHS CCG (Chair)
Alex Francis	Healthwatch
Dami Howard	B&NES Council
Geoff Watson	Virgin Care
Barrie Fitzpatrick	B&NES Council
June Thomson	RUH
Amanda Warrener	Avon and Somerset Constabulary
Fran McGarrigle/ Steph Stokoe	Avon and Wiltshire Mental Health Trust
Mental Capacity & Quality Assurance sub group	
Member	**Agency**
Sarah Jeeves	BaNES NHS CCG (Chair)
Benita Moore	SWAN Advocacy
Christine Somerset	B&NES Council - MCA/DOLS Team Manager
Hilda Browne	SWAN Advocacy
Karen Gilroy	B&NES Council - Team Manager CITT
Karyn Yee-King	B&NES Council - Principal Social Worker
Kathryn Kambitis	Royal United Hospitals, Bath
Lizzie Elgar	Care Quality Commission
Pam Dunn	Carewatch (Bath) - Domiciliary Care Provider

Pete Campbell	B&NES Council - Children's Services
Phil Rhodes	Avon & Wiltshire MH Partnership
Sarah Box	B&NES Council - Safeguarding Adults Team
Vince Edwards	B&NES Council - Contracts & Commissioning
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	Virgin Care
Helen Wakeling	B&NES Council
Andrew Snee	Curo
Dami Howard	B&NES Council
Sarah Jeeves	Banes NHS CCG
Rob Elliott	RUH
Philip Rhodes	AWP
Audit Group	
Helen Wakeling	B&NES Council (Chair)
Charlotte Leason	Avon and Somerset Constabulary
Sarah Jeeves	Banes NHS CCG
LSCB & LSAB Joint Training and Development sub-group	
Member	**Agency**
Fran McGarrigle	AWP (Chair)
Stephanie Peppard/Clare Hurford	Way Ahead
Dawn Kingman	B&NES Council
Debra Harrison	RUH
Geoff Watson	Virgin Care
Helen Heal	B&NES Council
Simon Crisp	Avon and Somerset Constabulary
Jen Russell	B&NES Council
Judith Steele	Virgin Care
Karyn Yee-King	B&NES Council
Kitty Crowther	B&NES Council
Maggie Hall	Virgin Care
Marjorie Stephinson	Independent
Mike Menzies	RUH
Ralph Lillywhite	St Mungo's/Volunteer Network
Roanne Wootten	Julian House
Sue Lee	CAFCASS

Vicky Christophers	Diocese of Bath and Wells
Safeguarding Adult Review sub group	
Member	**Agency**
Charlotte Leason	Avon & Somerset Constabulary (Chair)
Helen Wakeling	B&NES Council
Lesley Hutchinson	B&NES Council
Val Janson	Banes NHS CCG
Dami Howard	B&NES Council
Alex Francis	Healthwatch

Appendix 3: Budget 2017 - 18

2017-18	
Income	
BaNES NHS CCG	7,000
B&NES Council	33,014
Avon and Somerset Constabulary	5,346
Community Rehabilitation Company	500
SAR income (from statutory partners)	10,929
Total	**56,790**
Expenditure	
Independent Chair	10,538
Business Support Manager	16,779
Website Development	975
Organisation and Administration	979
Room and Equipment Hire	297
Training	10,829
SAR expenditure	16,394
Total	**56,790**

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 March 2018 for the following year 2018-19. Partner Reports in Appendix 5 report on those indicators that were agreed by the Board in June 2017 for 2017-18.

Board Performance Indicators 2018-19

Indicator 1: Training	**Target %**	**Outcome %**
1.1. New staff joining the organisation have undertaken safeguarding adults awareness training within 3 months of starting.	95%	
1.2. Relevant staff have completed SA Level 2 training within 6 months of taking up post and completed refresher training every 3 years thereafter	90%	
1.3. Relevant staff have completed SA Level 3 training	90%	
1.4. Relevant staff have completed MCA/DOLS training within 6 months of taking up post of a level appropriate to their role. (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%	
1.5. Relevant staff have undertaken **Prevent** awareness training.	85%	
1.6. Relevant senior staff to have undertaken **WRAP** training session delivered by an approved trainer.	85%	
1.7. Safeguarding Leads have received Modern Slavery/Human Trafficking awareness training.	100%	
1.8. Relevant staff have received FGM awareness training.	80%	
1.9. Relevant staff have completed domestic abuse awareness training.	80%	
1.10 Relevant staff to have completed self neglect training	80% from October 2018	
Indicator 2: Safer Recruitment	**Target**	**Outcome %**
2.1. Relevant staff have an up-to-date DBS check at a level appropriate to their role.	100%	
2.2. Two written references to be required before work commences with adults with care and support needs.	100%	

Indicator 3: Attendance at LSAB 3.1. Your agency's attendance at LSAB Board Meetings.	75% of meetings attended	
Indicator 4: Procedural Timescales	**Target**	**Outcome %**
4.1 % Decisions whether to undertake Section 42 Enquiry made in no more than 4 working days from date of referral.	95%	
4.2 % Planning Meetings / Discussions held within 10 working days.	95%	
4.3 % Section 42 Enquiry Reports within Chair's agreed timeframe.	90%	
4.4 % Review meetings held within 5 working days of Enquiry Report being received.	85%	
4.5 % Subsequent Review meetings held within 3 months of previous meeting.	85%	
Indicator 5: Exception and Breach Reports	**Target**	**Outcome**
5.1 Breach report completed on procedural timescales.	Report completed	
5.2 Exception report completed on repeat referrals (i.e. cases where there have been 3 or more safeguarding referrals within 12 months).	Report completed	
5.3 Exception report completed on cases which are deemed 'Not Determined' or 'Inconclusive'.	Report completed	
Indicator 6: Quality Audits	**Target**	**Outcome %**
6.1 Report completed on the findings of case file audit.	15% of closed cases audited	
Indicator 7: Service Users' Experience	**Target (number of service users)**	**Outcome %**
7.1 Report on the experience and outcome for the service user (to include involvement in safeguarding arrangements).		

NB: For information about safeguarding adults training refer to the guidance below.

Competency Framework for Safeguarding Adults (April 2016)

Note: the LSAB has agreed that it is each agency's responsibility to determine which of their staff members fall into the category of 'relevant'. For example a social worker, GPs, a nurse, beat officers, staff supporting adults with care and support needs in face- to-face activities would be considered 'relevant'; however an administrator in an office setting who has no contact with adults would not be. The staff to be considered 'relevant' for safeguarding Level 3 or WRAP training need to be determined by each agency, but the expectation is they would have completed the awareness and standard training indicators below and have progressed to the more advanced (e.g. GP Cluster Leads).

Awareness training can be either face-to-face, e-learning or equivalent agencies need to decide. Agencies are asked to note the incremental rise in the PREVENT awareness.

Appendix 5: Partner Reports

Introduction

A new process is being trialled this year, with the 2017-18 Partner Reports all being read by an audit group prior to the Annual Report being published and a summary of their findings being included in the Report rather than each agency's individual report. The audit group will then submit a full report, as they have in previous years, to the Quality Assurance and Performance Management sub group (QAPM) and the Training and Development sub group (T&D). All partner reports have been quality assured and commented on in terms of:

1. Do the Partners meet the LSAB indicators?
2. Overview of the quality of the reports
3. Highlights of achievements in 2017/18
4. Summary of the Partners objectives for 2018/19

The questions included in this year's Partner Report template were refined from previous years: partners were asked to state the numbers of staff trained as well as percentages. There was also further clarification about the need to report just on staff working in the B&NES area rather than the wider region. In addition, authors were asked to provide a maximum of 5 achievements and 5 aims for next year rather than given unlimited scope for responses.

Unfortunately, Partner Reports were not received from the following agencies:

- National Probation Service (Apologies given and unable to complete due to preparation for Her Majesty's Inspectorate of Probation Inspection)
- South West Ambulance Trust (Apologies given as SWAST Annual Report being prepared so not able to provide the information. It is likely that this would have been a regional report rather than specific for B&NES)

1. <u>Do the Partners meet the LSAB indicators?</u>

All agencies that provided data largely met or exceeded the LSAB training indicators. Several reported difficulties with providing data to the LSAB. B&NES Council, AWP and RUH had not fully met all training indicators, and were very close to doing so, but all gave detailed commentary and given the size of the organisations, the audit group were not concerned and could see evidence of efforts made to address this. Virgin Care could not provide all the requested training data and are working on this with their Corporate Training to be able to do so next year. The Police were unable to give training data and gave limited commentary to explain this although it had been more detailed for the LSCB Annual Report.

Areas that showed a need to increase training were particularly the awareness of FGM, PREVENT, WRAP, Domestic Abuse and MCA. Several agencies recorded that they did not see mental capacity training as applicable to their staff which, given the learning from recent SARs in B&NES, was a concern for the audit group. Not all agencies provided numbers of staff trained as requested, as well as the percentages – this would have given the data a better context..

A general query was raised in the AWP, Council and Virgin Care responses regarding Procedural Timescales for Decisions and Planning Meetings. Are the timescales realistic and relevant in the context of MSP? Systems for providing some of the data

requested (see 4.3 - 4.5) has not yet been established by the Council in order to measure compliance – will these be in place in 2018-19?

Attendance at the LSAB was not fully met by all agencies although many exceeded the 75%. Attendance is an issue for smaller agencies to ensure senior staff at appropriate levels can attend or when staff are called away to attend to other priorities.

2. Overview of the quality of the reports

The reports had generally improved from last year with several providing staff numbers as well as percentages. The minor changes made in the format meant that answers given were more specific to safeguarding and/or to B&NES rather than the whole agency. Brief reports usually were succinct and answered the questions but one or two were still a bit vague. The Audit Group would have liked more reports to have been signed and dated so that it was clear who had completed them and when.

Once approved by QAPM and Training subgroups, feedback will be sent to each agency that completed a Partner Report with some receiving additional questions to further explain their responses. Providing this feedback is an addition to the audit process this year and will help to develop the quality of the reports received for 2018-19

3. Highlights of achievements in 2017/18

This section of the reports was very thorough. There was evidence of the voice of the adult/carer being listened to in line with making safeguarding personal (MSP).
The QA group was particularly impressed by:
Avon Fire & Rescue for their work on Hoarding – Clutter Image Rating Scale and their conversations with individuals and gaining better understanding.
Avon and Somerset Constabulary for their new Visualisation Apps and the combined Lighthouse and Safeguarding Unit.
AWP for training, providing monthly supervision and for their Safeguarding Webpage development.
B&NES Council for their work around the "Voice of the Person" (Making Safeguarding Personal); working closely with Council's Contract & Commissioning Team; raised awareness of role of Safeguarding in Mental Health and identifying and referencing cases for SARs.
BaNES NHS CCG for the development of a combined children and adult designated nurse meeting to embed 'Think Family' approach across health.
Bath College for the variety of awareness campaigns undertaken; having supported 80 adults in internal safeguarding enquiries; strong links with external agencies; supported transition from child to adult support and services and for their Mental Health support, awareness and training.
Bath Spa University for joining the LSAB to be an advocate for Higher Education and for training their senior management team in safeguarding.
Carewatch Bath for achieving Good in CQC inspection in all 5 key lines of enquiry including 'SAFE' and for providing staff with regular supervision.

Curo for identifying particular themes to discuss at their own Safeguarding Board and looking at learning and actions; having a Modern Slavery Board and action plan in place; training adapted for staff roles – frontline or maintenance etc; listening to their service users and training staff to do so and their focus on MSP and outcomes in the safeguarding process.
Julian House for training their Trustees in safeguarding and their engagement in domestic abuse and the Domestic Abuse Partnership.
Healthwatch for sharing the LSAB monthly update emails across the voluntary sector via The Care Forum. The audit group acknowledged this was very helpful in getting Safeguarding information out there.
For the RUH all achievements are good. Particularly noted is the secured funding for another year for IDVA to support staff and victims of Domestic Abuse. The updated RUH Intranet for Safeguarding Adults. The Safeguarding Adults Practitioner Network which has a broad programme and includes Perinatal Mental Health.
And for Virgin Care that a new Safeguarding Adult Lead is in post and that they record the number of safeguarding referrals processed.

4. Summary of the Partners' objectives for 2018/19

The objectives identified were generally strong, appropriate and should lead to positive outcomes. They include: developing the Think Family agenda; mental health training and support; Self Neglect training and increasing Domestic Abuse, WRAP and Modern Slavery training.

Not many agencies identified the need to increase MCA training as an objective, despite the recent SARs, and the audit group was concerned by the number of agencies that did not see that as relevant training.

Appendix 6: Training Information and Evaluation

Bath and North East Somerset Local Safeguarding Adults Board

Evaluation of LSAB Inter-agency training (April 2017 – March 2018)

Bath and North East Somerset Local Safeguarding Adults Board.
Evaluation of LSCB Inter-agency training April 2017 – March 2018

Core Business Objectives 2017 – 2018

Our role is to ensure that people who work with who work with adults with care and support needs and their carers are appropriately trained to minimise the risk of abuse or neglect to adults and to safeguard effectively where abuse or neglect has or may have occurred. We review and evaluate the quality, scope and effectiveness of single and inter-agency training to ensure it is meeting local need.

All LSAB training is person centred, evidence based, promotes the need for working in partnership, and informed and governed by issues of equality and diversity.

All LSAB training is accessible to B&NES individuals who work with adults with care and support needs and their carers, and is subjected to regular rigorous review and evaluation.

Delivery in 2017 – 2018

- 18 LSAB training sessions taking place comprising of 6 different courses
- 516 Inter-agency training places made available
- 424 Inter-agency training places booked
- 367 Inter-agency training places attended
- 360 professionals trained
- On average over 90% completed evaluations and these are demonstrating impact.

Outcomes as reported / evidenced by practitioners

Evaluations highlight an increase in practitioner's confidence in applying knowledge and skills following training, thus being more responsive to adults with care and support needs and their carers.

Practitioner evaluations identify an increased understanding of multi-agency roles and improved communication and information sharing between professionals, including the making of appropriate referrals.

Delegates have advised that they hold a greater understanding of legislation, case law, policy and guidance and how to apply this into practice.

Evaluations identified that practitioners planned to use the knowledge gained on training to educate others.

The LSAB FGM 'awareness slides' have been utilised and there is a good response from a wide range of partners.

Challenges

Limited expansion has taken place to the variety of inter-agency courses available on the LSAB training programme due to the restricted training budget available and the complexity of procuring external trainers.

Minimal progress has taken place with regards to the modules available in the e-learning library, due to reduced availability of specialist and technical support.

Due to the breath of organisations attending LSAB training, a central distribution list is not held to advertise courses and learning events.

The review of the charging policy has been extended due to complications concerning contractual arrangements, it is planned that a charging proposal will be presented to the Boards in September 2018.

The next steps –

- Deliver the joint LSAB and LSCB Training strategy 2018 – 2021.
- Continue to deliver a high quality multi-agency training and development programme, which provides meaningful safeguarding training across all service areas.
- Maintain the robust evaluation processes and Quality Assurance mechanisms in place for LSAB training, refreshing methods of course and trainer evaluation as appropriate.
- Build upon the work undertaken between the Adult's and Children's workforce to further embed a culture and practice of 'Think Family'.
- Revise and approve training levels for the workforce and review and agree standards and required learning outcomes for 'core' safeguarding courses.
- Focus on prevention and Early Help to reduce significant harm and promote improved outcomes for adults with care and support needs and their carers.
- Provide learning from Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews.
- Supply additional training and learning opportunities to support the workforce in identifying and responding to people who Self-Neglect, to ensure people who self-neglect are effectively supported and their well-being safeguarded.
- Develop and disseminate mandatory 'awareness raising' slides to cover all topics relating to Board performance indicators.
- Explore e-learning library modules for adults and add additional packages if practicably possible.
- Adapt working practices to support and respond to changes arising from the publication of Working Together to Safeguard Children 2018 and the Children and social Work Act 2017.
- Confirm charging policy

Introduction
The Local Safeguarding Adult's Board (LSAB) is responsible for ensuring that people who work with adults with care and support needs and their carers are appropriately trained to minimise the risk of abuse or neglect to adults; and to safeguard effectively where abuse or neglect has or may have occurred. The LSAB also needs to review and evaluate the quality, scope and effectiveness of inter-agency training to ensure it is meeting local needs.

This annual evaluation report covers training and other learning and development activities commissioned and delivered through the LSAB from 1 April 2017 to 31 March 2018. Information is provided on attendance, course evaluation, the impact of training onto practice and conclusions about future training and development priorities.

Training Delivery
The development and delivery of the LSAB training programme is overseen by the Children's Workforce Manager, who also makes provision for the effective administration, evaluation and quality assurance of the courses. The LSAB courses are delivered through the Safeguarding Adults Quality Assurance Team, colleagues from other agencies and external trainers.

Training Programme
The programme provided by the LSAB resulted in the provision of 18 training sessions taking place which compromised of 6 different training topics:

- Safeguarding Adults Awareness - Level 2
- Safeguarding Adults Undertaking Safeguarding Enquiries - Level 3
- Introduction to the Mental Capacity Act
- Mental Capacity Act - Assessing Capacity, Making Best Interest Decisions and Recent Case Law
- Safeguarding Adults and Domestic Violence & Abuse (DVA)
- Modern Slavery and Human Trafficking

For information on attendance on the above training programme please refer to appendix A. (It should be noted that Workshops Raising Awareness of Prevent are included on the council's corporate programme, and are available to all partner agencies.)
E-Learning and online learning material is also available in the following areas:

- Awareness of Forced Marriage
- Female Genital Mutilation
- Modern Slavery and Human Trafficking
- Making Every Contact Count (MECC)
- Mental Capacity Act
- Prevent
- Prevent - Channel General Awareness
- Radicalisation

Unfortunately it is not possible to gain the statistics regarding the numbers of the workforce completing all online learning as several of the topics are hosted through different agencies for example the Home Office or the Social Care Institute for Excellence (SCIE).
E-learning is not appropriate for all members of the workforce, but to raise awareness of 'core' topics it has been determined that it would be beneficial to grow the learning available in this format. Regrettably this expansion has not been possible over the past year due to the limited specialist and technical support available. However, it is planned that within 2018 – 2019 programme a review will be undertaken on the e-learning modules available, with additional courses being added if practicably possible.

Course Content
All LSCB training is person centred, evidenced based, promotes the need for working in partnership and governed by issues of equality and diversity.
Person centred: The training courses use a variety of techniques to ensure the needs of the individual remain central to the learning undertaken, including hearing individual stories, recognising the importance of relationship building, sharing and receiving information and confirming the importance of using observation.
The evaluation forms also ask a specific question about how adults will know that a delegates practice has improved, ensuring that all delegates consider the situation from the perspective of the individual with whom they are working.

Evidence Based: The content of the training course is regularly appraised and reviewed to ensure it contains the latest research, reflective practice changes to legislation, practice and policy and the 'lessons learned' on a local and a national level.
Interagency Collaboration: All training is designed and delivered to multi- agency audiences, bringing together people and organisations and promoting the need for interagency working, to effectively safeguard adults at risk.
Equality & Diversity: All training is informed and governed by equal opportunities and reflects the diversity and cultural needs of the individuals and organisations, within Bath & North East Somerset, that have responsibilities for safeguarding and promoting the wellbeing of adults with care and support needs.
To support delegates' engagement in the course content, aid their understanding of the material and assist in transferring the learning undertaken into practice each course incorporates a variety of methods and approaches to ensure a variety of adult learning styles are catered for.

Course Attendance
LSAB training is accessible to all in B&NES who work with adults with care and support needs and their carers.
Bookings for course attendance are very good with all courses having a minimum of 75% places booked and 2/3 of courses having a minimum of 88% of places booked.

Low take up rates of courses are monitored and attempts are made to improve attendance through additional advertising of the training. However, due to the breath of organisations attending LSAB training, a central distribution list is not held and therefore the advertising of courses is reliant on information being disseminated through sub-group members or individuals proactively seeking information through websites.

If it is not possible to achieve a minimum booking of 10 delegates, discussion will take place with the course trainer and a decision will be made as to whether the course will be deferred / cancelled. Decisions are informed by cost and time implications and the effect low numbers may have on the quality of group work and overall learning undertaken.

For further information regarding course attendance / agency representation please refer to appendices A and B

Evaluation & Quality Assurance
Through its Training & Development Sub-group, the LSAB is required to evaluate the provision and quality of both single and multi-agency training, ensuring that it is provided within individual organisations, and checking that training is reaching all relevant staff.

Monitoring and Evaluation of Inter-agency training
In order to evaluate the effectiveness of multi-agency training in Bath and North East Somerset, a variety of methods are employed to achieve four goals:

- Ensure the learning outcomes for each course are met, and reflect evidence based 'best practice' that keeps the needs of the individual in focus.
- Ensure the continual evaluation by Training Manager to ensure courses are meeting the needs of staff, with transparent overview and accountability to the LSAB training and development sub group.
- Ensure that evaluations inform the planning and development of future training
- Ensure that messages from training are being embedded in practice.

Methods of Evaluation

All courses advertise the learning outcomes expected from participants by the end of the session. The evaluation forms used on half day, full day or two day courses remind attendees of the expected learning outcomes and delegates are asked to scale pre and post course their confidence in these areas. These scores are used to assess the effectiveness of the training in addressing the identified aims and objectives on the day. If a common theme emerges around objectives not being met this will trigger a review of the course content/ delivery style so that adjustments can be made.

Research into the effectiveness of inter-agency training suggests that for participants to gain the most from training they need to be able to make direct links to their own practice, and consider how the knowledge gained in training can improve their practice. All delegates are therefore invited at the end of training to consider an action plan for changing their behaviour in the workplace, and thinking through the impact that this change will have on the people they work with.

Quality assurance on trainers practice is undertaken through consideration of the evaluation forms received from training courses and also through sessions being observed by a member of the Children's Workforce Training Team. The findings from the session observed are fed back to the trainer with an action plan being developed to address any gaps in provision / delivery identified.

The methods of evaluation used have evidenced an increase in practitioner's confidence in applying knowledge and skills following training, thus being more responsive to adults with care and support needs and their carers, including the making of appropriate referrals:

[I will pay] "More attention to aid awareness of potential risks and needs" – Probation Officer (Level 2)
"Make Safeguarding personal" – Social Worker (Level 3)
"I will know what to do when I receive a safeguarding referral in relation to trafficking and slavery" – Social worker (Human Trafficking & Modern Slavery)
"Improve quality and appropriateness of referrals" – Engagement Team Leader (Level 3)
"My assessments will be more thorough, backed up by evidence". – Social Worker (MCA Adv.)

Practitioner feedback has identified an increased understanding of multi-agency roles and improved communication and information sharing between professionals:

"So helpful meeting Workers from other agencies and hearing their experiences". - Learning &Skills Worker (Level 3)
"Experiences were shared – highly beneficial" – OT (MCA Adv.)
"Good Multi-agency approach" - Team Leader (Human Trafficking & Modern Slavery)
"Multi agency approach gives a comprehensive outcome" – Specialist Practitioner (DVA)
"Felt able to contribute and interact with others to gain fuller understanding". - Care Co-Ordinator (MCA Adv.)

Delegates have advised that they hold a greater understanding of legislation, case law, policy and guidance and how to apply this into practice:

“Increased knowledge of different measures within the law” - Team Leader DHI (Level 3)
“How to apply the Act” – Ward Manager (Intro to MCA)
“Using case law to inform practice” – Social Worker (MCA Adv.)
“I gained more knowledge of police procedures and processes” – Assistant Psychologist (Level 3)
“Better idea of legislation”. - Senior Practitioner (DVA)

Evaluations identified that practitioners planned to use the knowledge gained on training to educate others:

“Cascade to my team, review how we give information on referrals”. – Team Leader (Level 2)
“Discuss at team meetings to ensure knowledge is shared”. – Direct Payments Advisor (Level 3)
“Provide support to front line staff in making decisions” - Service Development Manager (Intro MCA)
“Educate my staff team” - Senior Support Worker (Level 2)

The next steps
In evaluating the training that has taken place over the last year and in consideration of the priorities determined by the LSAB and the LSCB in their 2018 – 2021 strategy the following will be the main Training and Development areas of focus:

- Continue to deliver a high quality multi-agency training and development programme, which provides meaningful safeguarding training across all service areas.
- Maintain the robust evaluation processes and Quality Assurance mechanisms in place for LSAB training, refreshing methods of course and trainer evaluation as appropriate.
- Build upon the work undertaken between the Adult’s and Children’s workforce to further embed a culture and practice of ‘Think Family’.
- Revise and approve training levels for the workforce and review and agree standards and required learning outcomes for ‘core’ safeguarding courses.
- Focus on prevention and Early Help to reduce significant harm and promote improved outcomes for adults with care and support needs and their carers.
- Provide learning from Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews.
- Supply additional training and learning opportunities to support the workforce in identifying and responding to people who Self-Neglect, to ensure people who self-neglect are effectively supported and their well-being safeguarded.
- Develop and disseminate mandatory ‘awareness raising’ slides to cover all topics relating to Board performance indicators.
- Explore e-learning library modules for adults and add additional packages if practicably possible.
- Adapt working practices to support and respond to changes arising from the publication of Working Together to Safeguard Children 2018 and the Children and social Work Act 2017.

Appendix A

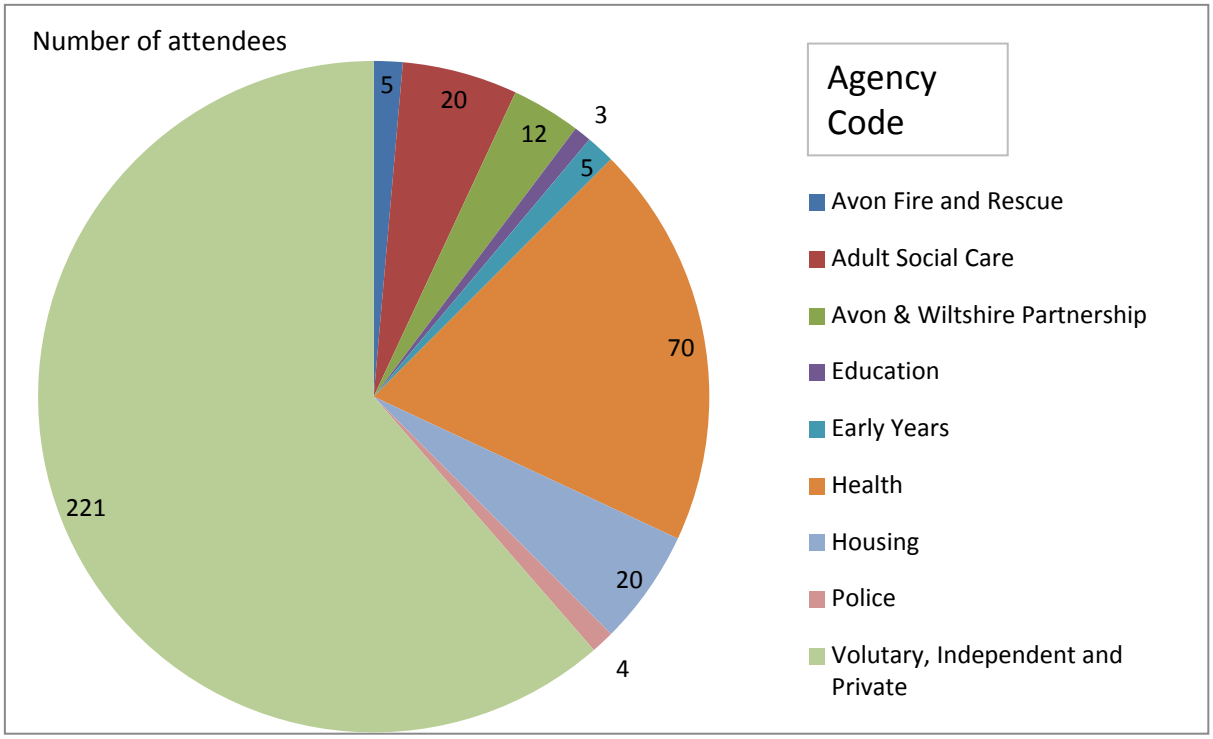
Training delivery: 1st April 2017 – 31st March 2018

	Course Title	Number of sessions run	Duration of Course	Places Available	Places Booked	Delegates Attended	% of places allocated	% Actual course take up*
LSAB	Adults Safeguarding – L2	10	3.5h	365	282	242	86%	66%
LSAB	Adults Safeguarding – L3	4	7h	85	75	65	87%	76%
LSAB	Slavery & Trafficking	1	3h	18	14	10	71%	56%
LSAB	Intro to Mental Capacity Act	1	3h	15	15	14	93%	93%
LSAB	MCA - Adults	1	7h	15	20	19	95%	127%
LSAB	Domestic Abuse & Safeguarding Adults	1	7h	18	18	17	94%	94%

*Attendance based on potential course capacity.

Appendix B

Agency Representation: 1st April 2017 – 31st March 2018



Agency Code	Number of Attendees
Avon Fire and Rescue	5
Adult Social Care	20
Avon & Wiltshire Partnership	12
Education	3
Early Years	5
Health	70
Housing	20
Police	4
Volutary, Independent and Private	221
TOTAL	360

Appendix 7: B&NES LSAB / LSCB JOINT WORKING 2017- 2018

Theme	Opportunity	Relevance	Progress in 2017/18	Ongoing work needed to progress
Communications	• Joint safeguarding advice to public / professionals e.g. via media / newsletters • Joint conferences / workshops • Develop opportunities for joint participation activity • Smarter use of budget	• Relevant to "Think Family", Young carers, DVA, disabled children and adults, carers.	• Launched the joint website • Wider promotion and development of website • Ensured website is relevant and used. • Ensured Children's pages on website use appropriate language. • Developed joint Newsletter: develop further as an active tool to achieve aims of the Boards. • Joint Communication Sub Groups. • Share Key Messages from the Chair across adult and children's Boards • Monthly update emails to be shared between Children's and Adults areas. • Updated the easy read leaflet • C&YP rep joined communications group to provide input from a YP perspective. • Reviewed the joint communications protocol	• Share Newsletter via registering on new website. Requesting this functionality can be added. • Investigate sharing sub group minutes via 'members only' section on website. Requesting this functionality can be added. **Operational work in 2018**

Theme	Opportunity	Relevance	Progress in 2017/18	Ongoing work needed to progress
Quality Assurance	• Shared audits where VA and Children are relevant	• Relevant to DVA, Substance / alcohol abuse, mental health (adult and child) • Voice of adult/child • Evidencing quality	• PPG now regularly holds joint discussions with adult services in our QA work. We have recently had drug & alcohol, DVA, Mental Health adult care staff in attendance at PPG. • The LSAB's MCA group have begun to share relevant anonymised cases to share learning (this includes adults and children cases) • Developed a template for the JTAIs which is multi-agency • Completed Assurance with all Board partners on understanding of information sharing protocols	• Consider developing a joint multi-agency chronology, template and audit tool to complete deep dive audits. **Action closed** • Establish process to share learning from adult/children's reviews – key partner agencies. **In new Strategic Plan for 2018 - 21 re SCR/SAR**

Theme	Opportunity	Relevance	Progress in 2017/18	Ongoing work needed to progress
Policy and Procedures	• Assure guidance for adults does not bring conflict with guidance for children (&vice versa) • Assure guidance is consistent across both Boards and service type	• Assurance and QA exercise to be undertaken	• Developed joint Human Trafficking and Modern Slavery statement. • Renewed LSCB CSE Strategy and Protocol. It was not appropriate to make joint with LSAB • LSAB and LSCB Policy and Procedures reference South West CP Procedures and Care Act as required.	• Development of LSAB Sexual Exploitation Policy • Develop LSAB Adult Exploitation Policy (not appropriate to make these joint with LSCB) • Consider LSCB Consent Policy (not appropriate to make these joint with LSAB) • Review MCA & DOLS joint policy statement in line with government response to law commission work. (No update re implementation of changes so not required yet) **All actions are operational within P&P sub groups**

Theme	Opportunity	Relevance	Progress in 2017/18	Ongoing work needed to progress
Training	Actively look for opportunities for bring appropriate aspects of training together (i.e. convergence)	• 'Think Family' approach • Challenge generic perceptions of safeguarding	• MCA/DOLS training – taking place for adult and children's services. • LSCB interagency child protection training now available to adult colleagues. • FGM awareness training slides are available to all agencies on the safeguarding website.	• Develop awareness training slides on specialised themes (e.g. Adult Mental Health and Child Protection, CSE, DA, Modern Slavery to be made available on the joint website. • Develop joint training in Early Intervention/Complex (Toxic) Trio/Mental Health and Child Protection. • Develop e-learning training packages and other modes of delivery to be made available on the joint website • Develop core train the trainer sessions. • Organise joint thresholds awareness sessions for stakeholders. • Slides and training around MCA/DoLS available and MCA group members reviewed training materials. • NEW: Review the MCA/DoLS e-learning package and amend where necessary in line with legal updates **All actions are in Strategic Plan for 2018-21**

Theme	Opportunity	Relevance	Progress in 2017/18	Ongoing work needed to progress
Exchanging Information	• Improved early identification of risk and referral • Joint Planning -- Annual Joint Business Development Session	• Joint development of MASH	• MASH is live and still developing. • Further developed the Joint Working Mental Health Protocol between agencies. • Reviewed the effectiveness of the MASH as a whole and also the individual agencies (Local Authority, Health, Police etc). • Improved information-sharing with GPs. • Joint Business Development Sessions.	• Test out barriers to information sharing. **Ongoing operational work**

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

Theme	Opportunity	Relevance	Progress in 2017/18	Ongoing work needed to progress
Think Family	Enhance prevention and early intervention Prevent silo working Upskill the workforce	Better outcomes for families Improved interagency/partnership working Smarter Working	• Embedded Think Family in the revised Protocol for Joint Working across Adult Mental Health, Primary Health and Children's Services • Developed joint training opportunities for adult and children workforce	• Develop a programme of joint audits • Consider joint assessment templates; joint risk management meeting and develop a campaign Coordinated campaign to promote 'Think Family' training; promotion and materials. **Actions in new Strategic Plan 2018 - 21**

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 Board