



**Lancashire
SAFEGUARDING ADULTS BOARD
Annual Report 2019–2020**

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Foreword

This annual report provides a summary of the work undertaken by the Safeguarding Adults Board in Lancashire over the last year.

Of course, the devastating effects of the Covid-19 pandemic have dominated this year. We cannot underestimate the disproportionate affect this crisis has had on the most vulnerable adults and our thoughts are with those that have lost someone and those who have suffered and continue to do so. It is however, incredibly impressive that the agencies that are responsible for safeguarding and protecting our most vulnerable adults have been able to maintain their services and our thoughts and thanks must also be with those professionals that have worked on the front line throughout this crisis, often at great personal risk to themselves.

Adult services in Lancashire, supported by the Council have done everything they can to protect and support people. Lancashire has a large number of care homes that were of significant concern at the start of this crisis. Plans were quickly put in place to ensure that service would continue, and the care homes were supported. A huge amount of work was undertaken to put in place contingency plans where there was a risk of care home failure and despite the national issues, everything that could be done was in place to ensure care homes remained as safe as possible.

Working with the Lancashire Resilience Forum agencies ensured that there was an efficient system of maintaining contact with elderly and 'shielded' residents and an efficient system to ensure food deliveries were made to those that needed them. This commitment to the most vulnerable was replicated across all agencies and the third sector who played a massive role in protecting and supporting a huge number of people.

Whilst the government made it possible to ease requirements of the Care Act, this was not applied within Lancashire where as far as possible normal services were maintained.

There is of course a huge amount of work currently being undertaken that is not related directly to the Covid-19 crisis. For instance, preventative work around domestic abuse and neglect. This work is summarised within the report.

Unfortunately, the one major issue overshadows much of the good work that has been undertaken but that is inevitable and will not change for some time. As we move forward, the Safeguarding Board will continue to monitor the work of agencies to ensure the highest possible standards are maintained.

I would just like to thank again all of those that have worked so hard to protect and safeguard adults in these difficult times.



Steve Ashley
Independent Chair

1. THE BOARD

1.1 Purpose of the Board

The Care Act 2014 requires a local authority to establish a Safeguarding Adults Board (SAB), which aims to help and protect individuals who it believes to have care and support needs and who are at risk of neglect and abuse and are unable to protect themselves, and to promote their wellbeing. Section 43 (3) sets out how the SAB should seek to achieve its objective, through the co-ordination of members' activities in relation to safeguarding and ensuring the effectiveness of what those members do for safeguarding purposes. An SAB may undertake any lawful activity which may help it achieve its objective. Section 43 (4) sets out the functions which an SAB can exercise in pursuit of its objective are those of its members. Section 43 (5) Schedule 2 includes provision about the membership, funding and other resources, strategy and annual report of an SAB. Section 43 (6) acknowledges that two or more local authorities may establish an SAB for their combined geographical area of responsibility. <https://www.legislation.gov.uk/ukpga/2014/23/section/43>

Six principles set out in the Care Act:

Empowerment

Prevention

Proportionality

Protection

Partnership

Accountability

The Board has three core duties under the Care Act 2014:

Publish a Strategic Plan

Publish an Annual Report

Undertake Safeguarding Adults Reviews

1.2 Partnership Structure

The Safeguarding Adults Board is supported by an Independent Chair to oversee the work of the Board, to provide leadership, offer constructive challenge, and ensure independence. The day-to-day work of the Board is undertaken by the Sub-Groups and the Safeguarding Business Unit. The Business Unit supports the operational running of these arrangements and manages the Board on behalf of the multiagency partnership. The Board facilitate joint working, ensure effective safeguarding work across the region, and provide consistency for our partners who work across Pan Lancashire.

2. WHAT DOES ADULT SAFEGUARDING LOOK LIKE IN LANCASHIRE

Local Context and Background

The ceremonial county of Lancashire is in the North West of England and consists of the shire county of Lancashire and the "2 unitary authority areas" of Blackburn with Darwen and Blackpool. The shire county¹ area is a "2-tier authority", meaning it is controlled by a county council (Lancashire County Council), and 12 local government district councils. In contrast Blackburn with Darwen and Blackpool, each have just "1 unitary tier" of local government, which provides all local services.

The following information intends to provide a brief overview of the local demographic context for Lancashire, Blackburn with Darwen and Blackpool. Information provided for each upper tier council area (Lancashire County Council, Blackburn with Darwen council and Blackpool council) unless otherwise stated.

2.1 Population

2019 Mid-year population estimates² indicate that Lancashire (Lancs-14) has a population of 1,508,941, 80.8% of the population are estimated to reside within the Lancashire County Council area, 9.9% within Blackburn with Darwen and 9.2% Blackpool.

| Indicator | No. | Blackburn with Darwen | Blackpool | Lancs-12 | Lancs-14 |
|-------------------------|---------|-----------------------|-----------|-----------|-----------|
| 2019 mid-year estimates | All age | 149,696 | 139,446 | 1,219,799 | 1,508,941 |
| All age | % | 9.9% | 9.2% | 80.8% | 100.0% |

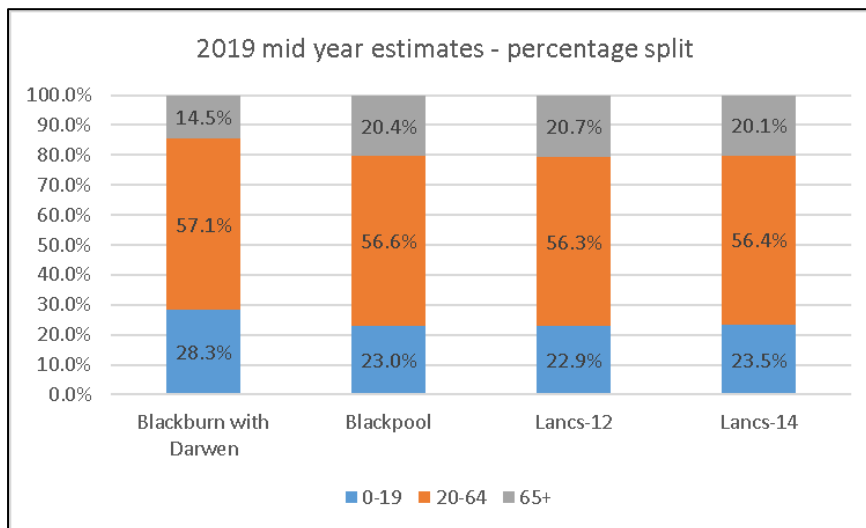
Estimated that approximately 2.7% of the English population reside in Lancashire and that approximately 20.6% of the North West population reside within the Lancashire.

¹ The shire county area of Lancashire includes the 12 districts of Burnley, Chorley, Fylde, Hyndburn, Lancaster, Pendle, Preston, Ribble Valley, Rossendale, South Ribble, West Lancashire and Wyre

² 2019 mid-year population estimates most recently available data

In terms of age breakdown, data for the Lancashire-14 footprint indicates that almost one quarter (23.5%) of the population is aged 0-19. 56.4% are aged 20-64 and 20.1% are aged

65+. Figures for Blackpool Council area and Lancashire County Council mirror this percentage split, however as shown by the graph to the left Blackburn with Darwen Council area has a lower percentage of older residents (14.5% aged 65+),



Data indicates that the population in the

Lancashire-14 area has grown by approximately 0.7% compared with the previous year's mid-year estimate and there has been an increase in births and fewer deaths occurring, which indicates a natural positive population change.

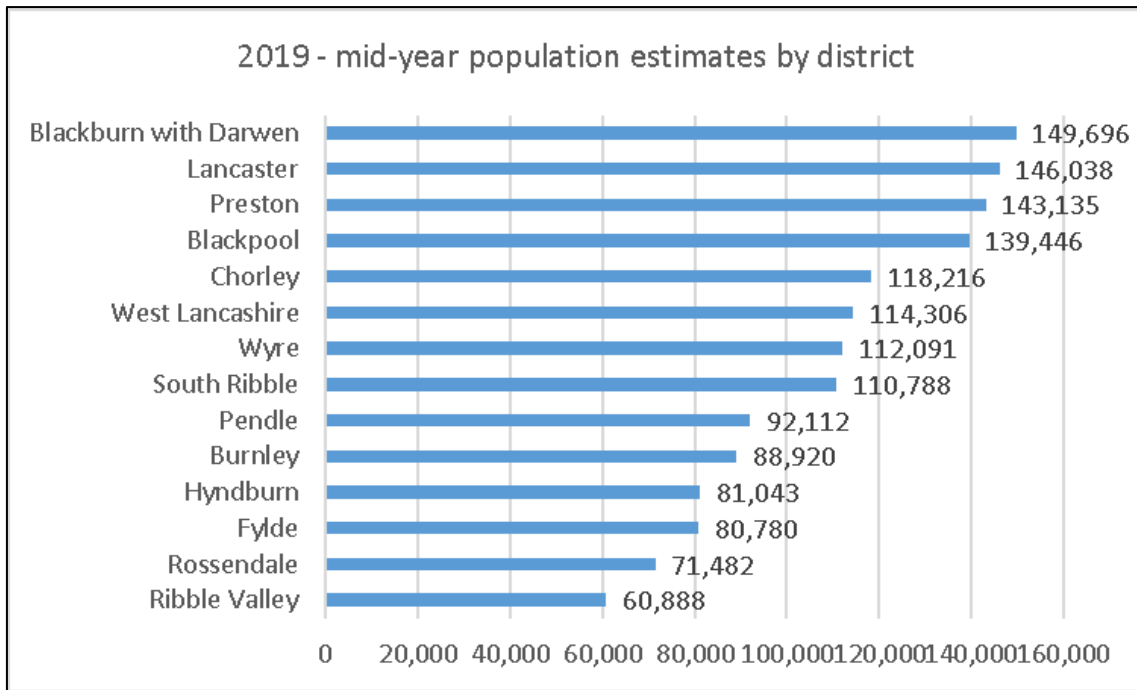
In the 12 months to mid-2019, Ribble Valley district grew the most, whilst Blackpool had the slowest level of growth. It is important to note that Blackpool's opportunity for future population growth is limited since the population density is already high.

The over-65 age group saw a growth rate of 1.58%, which is much higher than growth at other ages (growth rate of under 18's was 0.6% and 18-64 was 0.5%), this suggests that we continue to have an ageing population within Lancashire.

As mentioned above, the unitary authority areas, which neighbour the Lancashire County Council geography, have much smaller estimated populations. Mid-year 2019 population data indicates that Blackburn with Darwen has an all-age population of 149,696 and Blackpool 139,446. This means that the unitary areas are each roughly 1/8th – 1/9th of the size of the Lancashire-12 geographical footprint.

Each of the 14 districts of Lancashire is diverse and has significant differences in terms of population, demography, geography, ethnic composition and levels of deprivation.

As the bar chart below shows, the populations of each district within Lancashire varies. Blackburn with Darwen is the largest district in terms of population, whilst the largest district geographically speaking is Ribble Valley, which inevitably means that each district has a different population density. Lancaster has the largest population in the Lancashire County Council jurisdiction (146,038), closely followed by Preston (143,135), both districts have Cities and a University population. The districts with the lowest populations are Rossendale (71,482) and Ribble Valley (60,888). Rossendale is a small district, whilst Ribble Valley is predominantly rural communities.

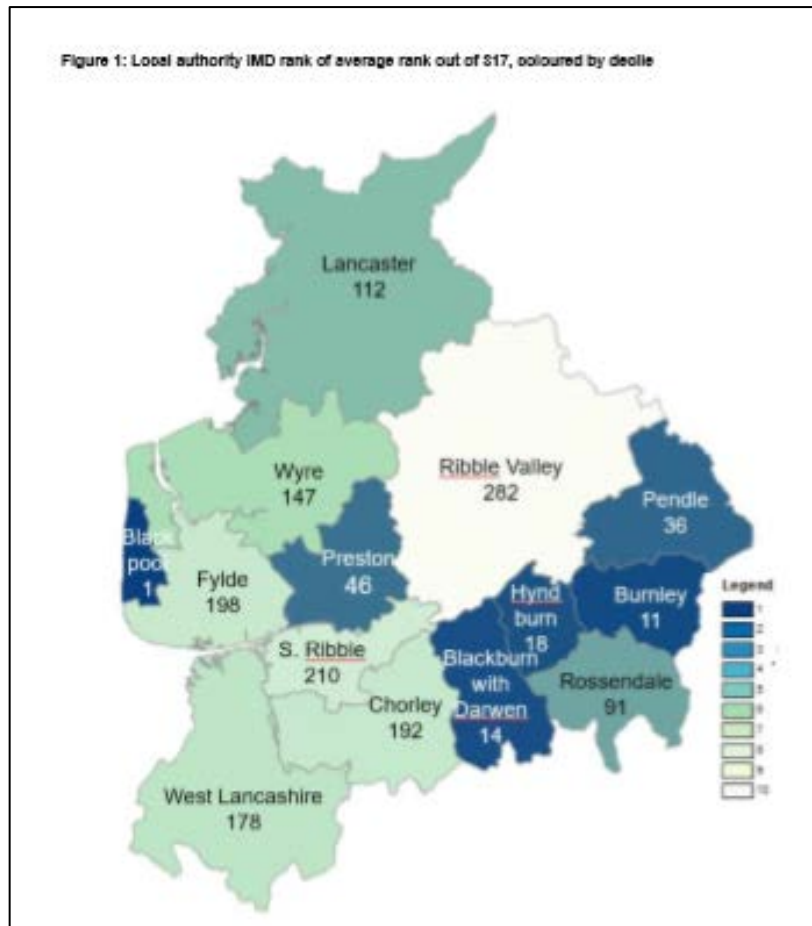


2.2 Deprivation

The Indices of Multiple Deprivation (IMD) was updated in 2019. The results of the IMD (updated approximately every 3 years), are used by agencies to help us understand local issues, and to address problems identified within different areas of Lancashire, the IMD is based on 7 domains of deprivation, each considered and contributes to the overall index score.

As mentioned above, each district within Lancashire is unique and one major reason for this is the level of deprivation; within Lancashire, there are districts known to be very deprived, whilst others considered affluent.

Each local authority in the country is given a ranking between 1 and 317 where, 1 is the most deprived and 317 is the least deprived. The map to the right ³ illustrates the local authority IMD rank for each district of Lancashire. Those districts coloured in the darker shades of blue are the most deprived, whilst the lighter shaded ones are least deprived.



Blackpool (1st), Burnley (11th), Blackburn with Darwen (14th) and Hyndburn (18th) are in the top 10% most deprived areas in the country. Pendle (36th) and Preston (46th) are in the most deprived 20%. In contrast, Ribble Valley is ranked 282nd which puts the district in the least deprived 20% in England.

IMD information is also available broken down to Lower Support Output Area. This information illustrates that within a district there will be vast differences in deprivation; this is especially true for those districts such as Lancaster that have a mixture of City/Town areas and rural ward areas.

Further information regarding area profiles, population projection, deprivation and community safety is on the [Lancashire Insight](#) webpage.

³ Map image sourced from Lancashire Insight webpage

2.3 Safeguarding Adults s.42 Enquiries

| Counts of Safeguarding Activity | Count |
|---|-------|
| Total Number of Safeguarding Concerns | 20438 |
| Total Number of Section 42 Safeguarding Enquiries | 10391 |
| Total Number of Other Safeguarding Enquiries | 0 |

| Abuse Type Description | 2018/19 | 2019/20 |
|------------------------------|---------|---------|
| Physical | 2637 | 2766 |
| Sexual | 482 | 581 |
| Emotional/Psychological | 3073 | 3738 |
| Financial and Material | 1789 | 2329 |
| Discriminatory | 51 | 84 |
| Organisational | 193 | 198 |
| Neglect and Acts of Omission | 4713 | 5651 |
| Domestic Abuse | 712 | 1491 |
| Sexual Exploitation | 34 | 61 |
| Modern Slavery | 15 | 25 |
| Self-neglect | 267 | 496 |

Last year the Local Authority had a redesign of adult's safeguarding and as a result, changes were made to how concerns and enquiries had previously been recorded. In previous year's, recorded concerns were reported in all cases that were opened and worked on by the Multi Agency Safeguarding Hub (MASH). Some of the safeguarding concerns raised were related to multiple types of abuse. Enquiries were then actioned to the Safeguarding Enquiry Service for further investigation. For the 2019/20 Safeguarding Adult Collection, this changed from all concerns indicating safeguarding issues being processed through the contact centre and only concerns which progressed to MASH were recorded as an enquiry. If this approach had been followed in 2018/19, there would have been 16,245 concerns and 10,183 enquiries recorded.

3. THE ROLE AND ACHIEVEMENTS OF THE SUB-GROUPS

3.1 Learning and Development (L&D) Sub-Group (Pan Lancashire)

Learning and Development during this period re-focussed on 2018–2019 priorities to ensure all training was accessible to both the adults and children's workforce, previously courses targeted towards either one. The Lancashire sub-group transitioned to a joint adults and children's group in April 2019 to facilitate this change. Furthermore, in December 2019 the first LSAB/CSAP joint L&D meeting was held to reflect the transition to the new Pan Lancashire multi-agency safeguarding arrangements, now known as the Blackburn with Darwen, Blackpool and Lancashire Children's Safeguarding Assurance Partnership (CSAP) including the three Adults Boards. Terms of reference, membership and a joint Pan Lancashire training programme was agreed for implementation between April 2020 and July 2020. To facilitate this and to plan for September 2020 onwards, a very positive CSAP training pool was established, and a development day took place in March 2020, a week prior to the Covid -19 lockdown. A new L&D Learning Management System (LMS) continued to be procured which planned to transfer to online by the end of 2019/early 2020. This work is still ongoing with the corporate Systems Upgrade team.

All training courses are now aligned to the core programme and priorities of the LSCB and LSAB. Courses included Attachment, Child Development & Resilience, Bullying, Self-Harm & Suicide, Child Neglect, Domestic Abuse, Emotional Abuse, Fabricated & Induced Illness, Honour Based Abuse & Forced Marriage and Female Genital Mutilation, Mental Care Act for 16 and 17 year olds, Professional Dangerousness, Safeguarding Special Educational Needs & Disabilities children, Safeguarding Young People, Safer Online Behaviour, Exploitation, What Happens When a Child Dies, Supervision Skills for managers, Toxic Trio, Understanding Hostile and Uncooperative Families, and Young People & Drugs. Training has continued to be delivered by a mix of external trainers and the multi-agency practitioner training pool.

A number of new courses were developed to meet demand, including learning from reviews, and were aligned with business plan priorities. The Families affected by Alcohol course was delivered in July 2019 in partnership with Future Foundations/Addaction. In April 2019, the AftaThought training company was commissioned to deliver briefing sessions to 120 participants covering Adults Safeguarding Legislation Interface.

A suite of materials was developed by the Mental Capacity Act (MCA) sub-group and LSCB partners, following the launch of the MCA Learning and Development plan. The suite of packages were designed to deliver information to the adult workforce including carers and frontline workers. A training package was made available to care homes and external partners to deliver training to staff in house. Two MCA Training for Trainers was delivered to managers to cascade information within their own organisations.

Learning and Development Priorities from 2019–2020 (realigned to 2018-2019)

- **Improvement and maintenance** of the present training availability through the safeguarding partnerships
- **Respond to and adapt to new opportunities** for Learning and Development for an all age workforce and throughout the transition to new CSAP arrangements
- **Transition to a new system** upgrade for delivery of an e-learning and learning management system
- **Continue to respond to identified need** from Children's Safeguarding Practice Reviews (CSPRs), Safeguarding Adult Reviews (SARs) and national and local agendas to deliver evidence based, responsive, effective and cost efficient learning and development opportunities to Lancashire safeguarding practitioners.

3.2 Communications and Engagement Sub-Group (Pan Lancashire)

The Pan Lancashire Communications and Engagement sub-group is a multi-agency group hosted by the Blackburn with Darwen, Blackpool and Lancashire Safeguarding Adults Boards and Children's Safeguarding Assurance Partnership (CSAP). The Terms of Reference, Membership and Strategy were reviewed following changes to children's safeguarding arrangements, and the establishment of CSAP to ensure it still meets requirements of the CSAP and the three Safeguarding Adult Boards.

The Communication and Engagement sub-group operates under the Safeguarding Boards to:

- Co-ordinate the communication and engagement activity of the Boards;
- Agree key safeguarding messages and communicate them effectively through a variety of channels;
- Identify and implement effective methods of engagement with partners, service users and members of the public.

A Pan Lancashire Communication and Engagement strategy was produced and approved at April 2019 Board.

Communication and Engagement Priorities:

- **Learning from Case Reviews:** to ensure key messages from reviews are effectively delivered and changes in practice are evident
- **Service User Engagement:** to ensure service user voice is heard in order to influence service provision and development (Making Safeguarding Personal - MSP)
- **Diverse/Seldom Heard Communities:** to improve engagement with diverse communities to ensure these communities are safeguarded and are aware of key messages
- **Communications Pathway:** to develop a clear pathway and a coordinated approach for all communications across pan-Lancashire to include statutory and non-statutory partners and the public
- **Key Messages:** to prioritise and apply the communication pathway to emerging themes, issues and campaigns

Activity on Priorities:

Learning from Case Reviews

The group had oversight of an ongoing piece of work around "Professional Curiosity" which is a frequent theme arising from case reviews. A task and finish group was established to consider how professional curiosity could be embedded and encouraged in practice to explore how professionals could be further supported. Awareness was raised to encourage practitioners to "think the unthinkable" or "ask the question". Lancashire Constabulary promoted the "Think Child" campaign, which was used successfully as an internal police campaign. The police extended the campaign to "Think Vulnerability" to encompass an all-age approach to recognising vulnerabilities and safeguarding abuse in adults and children.

Diverse/Seldom Heard Communities

There is a large and diverse population residing across pan Lancashire, and due to its vast diversity, it has presented a challenge in identifying a specific areas of focus, in terms of diversity and communication and engagement activity. The Lancashire Quality Assurance and Performance (QAAP) completed an exercise, which presented safeguarding referrals and types of abuse broken down by ethnicity and district. This was to determine if specific abuse

types occur more in certain communities. It was difficult to determine a specific pattern from the data, due to blank entries against ethnicity, data and abuse type.

Communications Pathway

The group agreed a pathway which provided a consistent approach to communicating key safeguarding messages with all stakeholders. The pathway contains:

- Communication types and channels – to assist consideration of appropriate routes and opportunities to sharing key messages
- Stakeholder map – to ensure all key stakeholders are considered
- Communication channel identification template – to consider and set out the methods to use for each message/procedure/campaign/learning
- Communication plan examples – to provide detailed communication brief ahead of delivery

Adult Safeguarding Week

National Safeguarding Adult Week took place from 18th to 24th November 2019. The Ann Craft Trust led the week nationally with a focus on five key themes: Modern Day Slavery; Domestic Abuse; Self-Neglect; Transforming Care; and Safeguarding in Sport and Activity. The sub-group agreed that to support the week and release messages and resources focused on Modern Slavery, Domestic Abuse and Self-Neglect.

A communication brief was released to all partners to share consistent key messages, resources and guidance on the above themes throughout the week. Residential and Domiciliary Care providers were contacted and encouraged to take part by raising awareness with staff and residents within their settings.

Campaigns promoted during 2019-2020

- Safeguarding Awareness Week - November 2019
- Self-neglect Framework Launch - April 19
- Financial Abuse - April 2019
- Prevent Awareness - ongoing (during reporting period)
- Online Abuse - ongoing (during reporting period)

3.3 Safeguarding Adults Review (SAR) Sub-Group

During the reporting period, the Lancashire SAR Group received 11 Safeguarding Adult Review (SAR) referrals for consideration. Four of these referrals, met the criteria for a SAR. Four SAR reports were published in the reporting year 2019-2020, and were commissioned in 2017-2018. The SAR reports are published on the Lancashire Safeguarding Adult Board (LSAB) website, with a learning brief for practitioners which focussed on the main themes and learning points identified.

The challenges identified across the SARs undertaken were reflected in much of the national learning. There was a particular focus on understanding and the application of the Mental Capacity Act 2005, how it safeguards an individual's rights and choices, and ensure we capture the voice of the adult. There was a strong theme of the importance of carers and families of our service users and how partners of the LSAB recognise, support and engage and interact with them during service delivery.

Although there was some good multi-agency practice and joined up working seen in many of the reviews, there was evidence that agencies can work in silo and do not always share pertinent information, when required. This appears compounded by the complexity of the health and social care arrangements across such a large geographical area.

Key learning from the 4 published SAR reports:

Adult H had an acquired brain injury (ABI) as a result of a hypoglycaemic coma. Adult H also suffered from epilepsy, type 1 diabetes, hypothyroidism and experienced short term memory loss. Adult H died after hanging herself whilst resident in a Continuing HealthCare (CHC) NHS funded care home for people with a mental health diagnosis and Acquired Brain Injury (ABI) Services. The key themes and learning points identified were:

- Mental Capacity Assessments
- Deprivation of Liberty Safeguards (DOLS)
- Voice of the Adult / Think Advocacy
- Placement Reviews
- Multi-Agency Working
- Safeguarding Alerts
- Suicide Prevention

Adult G took his own life in June 2017. Adult G had memory problems which appeared to result in him accruing overwhelming debt. The extent of the debt led to Adult G barely able to afford to eat and he often did not attend appointments which led to him being discharged from services. The key themes and learning points identified were:

- Importance of clear and concise referrals
- Robust and holistic assessment
- Self-neglect
- Care Programme Approach

Adult I was a 71 year female who died suddenly at home from sepsis and self-neglect was identified as a key feature. The key themes and learning points identified were:

- Service user voice and family involvement
- Self-neglect – professional curiosity
- Case Management
- Person centred assessment of need
- Capacity to consent to interventions
- Robust and effective Home Care Systems

Adult J was found deceased at home in 2018 and is believed to have taken his own life. The key themes and learning points identified were:

- Flagging of non-compliance with anti-psychotic medication
- Barriers to referrals
- Engagement with family members
- Use of Mental Health Act assessments
- Multi-agency working
- Over reliance on use of written case records
- Professional challenge and escalation

3.4 Quality Assurance, Audit and Performance (QAAP) Sub-Group

The Lancashire QAAP sub-group met five times during the reporting period. The purpose of the group is to seek assurance from multi-agency partners. This is to ensure that services for adults with care and support needs across Lancashire are safe, continually improving and aspiring to be the highest possible quality, the work was undertaken by:-

- Completion of multi-agency audit activity
- Activities undertaken to ensure that lessons are learnt from the themes emerging from audit activity
- Annual compliance audit regarding minimum safeguarding standards as specified by the Care Act
- Providing regular, timely, meaningful performance data to the Board

Areas of focus during the 2019/20 have included:

- Consideration of diversity data. Safeguarding enquiry data from the Local Authority received was broken down by gender/ethnicity/religion/category of need/level of support. Information was interrogated and consideration was given to whether any patterns in terms requesting and receiving safeguarding support was identified for those service users
- Ongoing consideration and awareness of Deprivation of Liberty (DoLS) data. Including interrogation of the National data release for DoLS, which allowed 2018 data for Lancashire considered with National and Local comparison.
- Awareness, monitoring of data and challenge to the Local Authority regarding the Multi-Agency Safeguarding Hub (MASH) backlog.
- Performance data. Efforts were made throughout the reporting period to review the performance data. There was a desire to try to ensure that data requests and collation were meaningful and consistent with the Blackburn with Darwen and Blackpool Adults Boards, whilst trying to ensure consistency with processes in place for the Children's Safeguarding Assurance Partnership (CSAP). Progress on this area of work was deferred due to delayed clarity in respect of the CSAP Quality Assurance arrangements.
- Single agency audits. In terms of single agency audit findings, partner agencies were invited to bring findings from their audit activity and inspection recommendations to the group for discussion and dissemination. For example, presentations were received regarding a Mental Capacity Audit (MCA) undertaken by Blackpool Teaching Hospital on the extent to which MCA principles were embedded. The group received a presentation from Lancashire South Cumbria Foundation Trust (LSCFT) on their Care Quality Commission (CQC) inspection.
- Use of Interpreters, a survey was prepared and undertaken in response to the themes emerging from the Adult F SAR.
- Representation on the group has remained strong, with a variety of agencies attending and contributing. During the year, Healthwatch started to attend the sub-group which will help the QAAP sub-group to learn from any themes emerging from Healthwatch projects, and for Healthwatch to be involved in any quality assurance work undertaken.

Future areas of focus for QAAP consideration:

- S136 – This is a theme which has emerged from the LSCFT - CQC inspection which would benefit from a piece of multi-agency quality assurance work
- MCA/ DoLS – MCA continues to arise from SARs and has also been highlighted in multiple recent CQC inspections
- Out of area placements for Learning Disabilities/Autism Spectrum Disorder (LD/ASD) - This area is of interest to the group and relates back to the learning uncovered in respect

of Whorlton Hall, Panorama investigation. QAAP seeks assurance that Lancashire residents placed out of area are safe

The aspiration for the sub-group is to work more closely with Blackburn with Darwen and Blackpool Safeguarding Adult Boards. It is hoped that any future quality assurance and performance work could be more consistent across a wider geographical footprint.

3.5 Mental Capacity Act (MCA) Sub-Group

The MCA sub-group has met regularly and has had excellent attendance from multi-agency partners. The sub-group provides highlight reports into the Lancashire Safeguarding Adult Board and leads on a number of work streams that look to raise awareness of MCA with Practitioners across the adult workforce and with Service Users. The sub-group works closely with the Safeguarding Adult Review sub-group and the Learning and Development sub-group. Key pieces of work include MCA Guidance and Policies as well as Seven Minute Briefings and Prompt Sheets. The sub-group has also kept the Lancashire Safeguarding Adult Board up-to-date on the Liberty Protection Safeguards.

3.6 Leadership Sub-Group

The Leadership sub-group has met with multi-agency partners throughout the year to discuss a number of safeguarding areas including self-neglect, hoarding, financial abuse and has had a number of visiting speakers. The sub-group has also explored the learning that has emerged from SARs in Lancashire and provides a forum for partners to discuss best practice.

3.7 Practice with Providers Sub-Group

The Practice with Providers sub-group has met with multi-agency partners throughout the year to discuss a number of safeguarding areas including safeguarding practice within Provider settings and best practice. The sub-group has had a number of visiting speakers and explored the learning that has emerged from SARs in Lancashire.

3.8 Online Safeguarding

The CSAP/LSAB Online Safeguarding Advisor has continued to broaden focus to incorporate Adults safeguarding into existing Online Safety provision.

Activity during 2019-20 period include:

- LSAB Glossary of Terms updated (3rd edition), including a large print version, a glossary includes explanation of various online terminology, intended to increase confidence in addressing/ supporting online issues.
- Release of 3, 2-minute Lancashire Safeguarding Adult Board Quick-Tips animations (<http://www.lancshiresafeguarding.org.uk/online-safeguarding/quicktips.aspx>). Series includes tips to support Privacy & Security, Frauds and Scams, and Online Shopping.
- Increased online engagement through LSAB/CSAP Twitter platform highlighting key online safety messages, threats and support routes. Analytics showed increased engagement from adult-oriented practitioners/ organisations.

Areas of continued development from 2019-20 include:

- IMEI Card resource to record and secure important device details. The resource records important information which can support tracing individuals should they need to be located.
- Poster series to promote digital security. It is intended to support practitioners and service users across a variety of aspects, building on the themes introduced in LSAB Quick-Tips animations.

4. PARTNER ACTIVITY

Lancashire Constabulary

The role and purpose of Lancashire Constabulary is to protect the public. Adult safeguarding is driven by the Safeguarding – Investigation – Prevention (S.I.P) mantra. This drives Lancashire Constabulary's vulnerability strategy and action plans which prioritise the areas of business for the police. Lancashire Constabulary plays a lead role in the Adult Safeguarding Board membership and continues to share and drive the priorities such as Domestic Abuse, in conjunction with partners. All staff have received vulnerability training within the last two years who have responsibility for identifying and responding appropriately to those most vulnerable in communities. Lancashire Constabulary provide both an immediate response resource for those adults identified at risk and undertakes a pro-active role through neighbourhood community activity, in preventing harm and promoting the welfare of individuals. A core function of identifying and responding to risk and harm is paramount in all areas of safeguarding within Lancashire Constabulary.

The Constabulary continue to raise awareness of vulnerability and safeguarding through various channels. Campaigns were planned and run in collaboration with partners, to raise awareness and deliver key messages with the aim of protecting people from harm and ensuring safeguarding is everybody's business. Some examples include:

Fraud: The Constabulary has made the public aware of C19 related Scams, which have been in circulation. Social media, local press and community magazines are being utilised.

Mental Health: Promoting the use of AMPARO bereavement support, which Covid-19 now available across all of Lancashire from the 1 April 2020. This is a listening ear service for those affected by suicide, recognising the increase risk posed to those affected by suicide.

Domestic Homicide Reviews: Learning in relation to Domestic Abuse (DA) and Mental Health (MH). This area of learning has been included within the Force DA action plan and activity undertaken via an internal blog and Vulnerability Coaches, plus training to all staff.

Pan Lancashire Anti-Slavery Partnership: Numerous public facing events and awareness raising sessions have taken place. Alongside this there have been a number of "Constabulary Operations" covering areas such as sexual exploitation; criminal exploitation; labour exploitation and fraud.

Key Achievements in 2019–2020

- **Fraud** - All community safety officers have received training in identifying and responding to victims of fraud. A weekly activity in conjunction with Action Fraud is prioritised to offer face-to-face contact and advice/support to the public to this increasingly sophisticated area of demand.
- **Vulnerability Coaches** - The Constabulary has invested in additional training and coaching for a cohort of approximately 150 Vulnerability Coaches. The Coaches are a group of staff from all areas of business who have volunteered to become peer support within their teams. This is for advice and support and to deliver key messages and support campaigns across the Force in line with Force vulnerability related priorities.
- **Domestic Abuse-Operation Encompass** - Op Encompass has assisted in a shift in focus from concentrating on individual incidents to longer-term family focused solutions to harm identified. Referrals are continuing to improve in terms of compliance and consent, resulting in improvements in effective safeguarding for children and adults. The ongoing Multi-Agency Risk Assessment Conference (MARAC) review is

continuing to develop a pilot that will incorporate a holistic response to high-risk victims and perpetrators.

- **Stalking or Harassment** - Stalking or Harassment Protection Orders were introduced in January 2020, the Force undertook a detailed launch and has been successful in obtaining two orders to date.

Lancashire and South Cumbria Clinical Commissioning Groups (CCG)

Lancashire and South Cumbria CCGs have a statutory duty to ensure that arrangements are made to safeguard and promote the welfare of children, young people and adults to protect them from abuse or the risk of abuse. The CCG's are required to take account of the principles within the Mental Capacity Act and to ensure that health providers from whom they commission services have comprehensive policies relating to the application of MCA (2005) and if appropriate MCA Deprivation of Liberty Safeguards (2009).

As commissioners of local health services CCGs are required to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place; including independent providers and voluntary, community and faith sector, to ensure that all service users are protected from abuse and the risk of abuse.

The CCGs need to demonstrate that their Designated Lead Professionals for Adults, Children and Children in Care are embedded in the clinical decision-making of the organisation, with the authority to work within local health economies to influence local thinking, practice development and continuous safeguarding improvement.

Designated Lead Professionals for Safeguarding are experts within the field and strategic leaders. They are integral in all parts of the CCGs commissioning cycle, from procurement to quality assurance and in the delivery, development, and review of services to ensure that the views and wishes of adults and children are clearly sought and respected.

Key Achievements in 2019–2020

- Introduction of a new safeguarding model to support Integrated Care System leadership, including the implementation of health governance arrangements, which take into account the legislative requirements for safeguarding and the changing health landscape and how we deliver services.
- Development of a Memorandum of Understanding (MOU) across the CCGs to support a clinical collaborative network approach to safeguarding. The aim is to increase resilience and strengthen the role of the designated lead professionals to support greater flexibility to meet service development initiatives. The designated lead professionals work together as one safeguarding network to deliver safeguarding functions in a hub and spoke arrangement across the Integrated Care System/ Integrated Care Partnerships.
- Implemented service development task group to strengthen arrangements for the monitoring and quality assurance of placements for individuals placed in Continuing Health Care funded settings out of area.
- Provision of safeguarding system leadership to support and promote learning from Safeguarding Adult Reviews and Domestic Homicide Reviews, with a targeted response to service development. This includes the development of safeguarding champion models across the regulated care sector, domiciliary care and primary care, along with creative approaches to learning including use of communications and technology to make learning accessible to all.

Healthwatch Lancashire

Healthwatch Lancashire work in conjunction with the Local Authority and Care Quality Commission (CQC) to implement safeguarding alerts as identified. Healthwatch signpost or refer a person who is at risk of harm or is concerned about someone close to them being at risk of harm, to the local Safeguarding Adults or Children team. Healthwatch Lancashire co-produced a safeguarding 'credit card' that can be provided to staff/ residents and relatives of residents as part of the Enter and View programme. This provides details of how to access Safeguarding services. Healthwatch are a member on the Lancashire County Council Safeguarding Redesign project.

The Healthwatch Enter and View process identified the majority of Safeguarding concerns in 2019-2020. A dedicated and experienced team visit residential care homes and produce a published report, which reflects the experience of people living and working there. The lead of the team conducts an environmental and observational assessment. Safeguarding alerts were raised as the result of assessment or direct conversations with staff, residents and relatives. The Healthwatch Lancashire Enter and View Team receive intelligence directly from our information address and from the public by telephone, email and by public engagement. Healthwatch may receive intelligence from anonymous on line surveys. On these occasions, Healthwatch will raise Safeguarding alerts as deemed appropriate and direct individuals to support agencies such as Advocacy. The remit of Healthwatch Lancashire is to listen to the voices of the public and convey those views to service providers. This is particularly important in terms of the "seldom heard" or more vulnerable. The Enter and View reports alongside our general reports identify areas of concern and bring them into the public arena.

Key Achievements in 2019–2020

- Healthwatch was successful in building and maintaining multi agency working with statutory agencies including LCC Contract Monitoring, CQC and the various CCGs.
- Highlighted issues around moving and handling, sexual abuse, poor nursing practice, physical abuse (residential care homes) and self-neglect.
- Attended Receive Advise Disclose Assess Refer (RADAR) in each of our 3 areas in Lancashire where we had relevant intelligence to present.
- Achieved positive responses from statutory agencies in respect of the issues raised. We were able to effect change and improvements to the residents' experience of care.

Lancashire and South Cumbria Foundation Trust (LSCFT)

LSCFT provide health and wellbeing services across Lancashire and South Cumbria including:

- Secondary mental health services
- Perinatal mental health services
- Forensic services including low and medium secure care
- Inpatient child and adolescent mental health services
- Physical health and wellbeing services.

The Trust has a Safeguarding Vision that aligns the national and key local priorities to improve safeguarding outcomes in LSCFT. It provides a framework to base measurements and assurances of safeguarding practice and describes plans to have robust safeguarding arrangements across the Organisation that are integrated into the delivery of the care. This

vision aims to embed safeguarding at the heart of everything we do; ensure that the Trust, via the Safeguarding Team, we have effective safeguarding and accountability structures; ensure we promote learning through experience; develop competence, knowledge and a skill base in safeguarding and MCA across the Trust; and engage with the service users and patients in strengthening participation in line with Making Safeguarding Personal.

The Safeguarding team has led the implementation of the priorities within the Trust Safeguarding Vision and through analysis of the impact of delivery of the six core priority areas, triangulating this with dissemination of learning from SARs and DHRs.

LSCFT have strengthened safeguarding practice and systems to sustain compliance with revised statutory Safeguarding, MCA and Prevent Guidance and responsibilities, seeing improvement in the quality of Section 42 referrals which in turn provides clarity and feedback from initial triage and application of the “threshold” document. We have made significant progress in raising awareness to Domestic Abuse and embedding routine enquiry wider into clinical practice. We have engaged with multi agency partners to deliver a co-ordinated approach to domestic abuse and actively strengthened internal processes for MARAC as well as supported the MARAC redesign.

LSCFT hosted a successful Safeguarding Conference. The focus was on safeguarding and relationships at a professional, personal and harmful level. Guest speakers inspired and reminded us we must respond by working together, to offer protection and support to the vulnerable people. The most memorable parts were listening to survivor’s accounts of domestic abuse and also criminal exploitation. We were privileged to hear their moving and difficult stories and how services can support. This has had a direct impact on our approach to Domestic Abuse.

LSCFT have raised the profile of contextual safeguarding, trauma-informed care and Think Family. The safeguarding team a strong clinical presence in teams, attending MDT/CPA meetings to support community teams and the wards with complex cases requiring input from safeguarding and may require safeguards in the community and on discharge.

National Probation Service (NPS)

The NPS protects the public by working with service users to reduce reoffending and harm. It works jointly with other public and voluntary services to identify, assess and manage the risk in the community of service users who have the potential to do harm. The NPS has a remit to be involved with victims of serious sexual and other violent crimes. NPS completed all Court assessments and pre-sentence reports as well as the management of all Approved Premises.

The NPS share information and work with the SABs and other agencies including local authorities and health services, and contributes to local Multi-Agency Public Protection Arrangements (MAPPA) procedures to help reduce the reoffending behaviour of sexual and violent service users, to protect the public and previous victims from serious harm.

Key Achievements in 2019–2020

- Strong focus on completion of mandatory Adult Safeguarding training both eLearning and classroom until Covid-19 arrived (eLearning remains a focus at the current time).
- At a strategic level, the NPS Health and Social Care lead is meeting regularly with the Association of Directors for Adult Services to aim to improve the interface between the two organisations.

- Dedicated Multi-Agency Risk Assessment Conference (MARAC) practitioners providing support to colleagues and representing NPS at MARAC meetings.
- Audit work to check on NPS engagement with Boards and sub-groups to ensure appropriate representation in all relevant forums.
- As an organisation with Autism re-accreditation, have continued our work in this area

North West Ambulance Service (NWAS)

The NWAS Safeguarding Annual Report provides an overview of safeguarding activity for NWAS during 2019-2020 and assurance relating to the scoping, development and implementation of safeguarding related processes.

Safeguarding activity has continued to rise in 2019-2020, and a number of improvement projects were identified to ensure continuing safeguarding demand was met.

Key Achievements in 2019–2020

- **Safeguarding Training:** The publication of the child and adult intercollegiate document, made some recommendations of the required levels of safeguarding training. This document reviewed, all Paramedic Emergency Service (PES) patient facing staff being trained to level 3 safeguarding. In addition, staff identified on the Training Needs Analysis (TNA) as requiring level 3 safeguarding training who will continue to receive this training. Level 2 training is overseen by the Learning and Development Team who work closely with the Safeguarding Team. A bespoke safeguarding training session is in development.
- **Safeguarding case reviews:** The Safeguarding Team continue to be involved in serious case reviews, safeguarding adult reviews and domestic homicide reviews. NWAS has particular learning in relation to concealed and denied pregnancy, incorporated into the level 3 safeguarding training.
- **Safeguarding Assurance Framework:** Submitted to the Commissioners and evidence requests received was being worked on to support the assurance framework.
- **Project emerald** is the title of the safeguarding innovation project, to introduce a new safeguarding platform for recording safeguarding concerns and will replace the current Eriss system.

Cumbria and Lancashire Community Rehabilitation Company (CLCRC)

CLCRC are represented on the Lancashire, Blackpool and Blackburn with Darwen Safeguarding Adults Boards by Deputy Directors, to help protect adults with care and support needs to ensure that local safeguarding is operationally understood and adhered to and work with partners to prevent abuse, harm and neglect.

CLCRC works with both service users and victims. Vulnerable Adults (VAs) could be part of the caseload or could be the dependents or associates of those individuals. CLCRC staff will generally undertake the role of 'Alerter', identifying a potential threat to a VA. However, staff should also be responsible to local authority enquiries under the section 42 duty as required by the Care Act 2014. The concerns reported and resolved in multi-agency partnership with local authority policy and procedures and police action if appropriate.

CLCRC is aware that the identification and protection of VAs is core to their work. This is due to the nature of probation business as a statutory agency and in partnership in the community.

All people are entitled to a life without exploitation or abuse. Therefore, the following principles will apply: CLCRC will work with other agencies in the protection of vulnerable adults from abuse. CLCRC have safe recruitment practices to help to protect vulnerable people from those in a position to exploit them, and have policies that enable staff protection if they report abuse in their organisation. At all times, CLCRC staff must engage fully and openly with professionals from other agencies when dealing with a vulnerable adult.

Actions from the safeguarding plan incorporated into the sentence and risk management plan completed by CLCRC. Consideration given to whether the safeguarding issue warrants a risk escalation to the National Probation Service (NPS). This is because CLCRC work with service users assessed as presenting low and medium risk of serious harm and any assessed increase in too high or very high risk of serious harm must be referred to the NPS.

NHS England and NHS Improvement (North West)

NHSE/I has responsibility for oversight of the safeguarding system in health. Working alongside the Designated Safeguarding Leads NHSE/I:

- Disseminates national policy on behalf of both NHS England and NHS Improvement across the system
- Convenes a regular safeguarding network and escalates significant issues with potential system-wide relevance - such as significant issues from serious case reviews, safeguarding adult reviews, domestic homicide reviews, and other statutory processes that may require a national resolution
- Ensures effective arrangements are in place across the local NHS system to discharge safeguarding duties such as information sharing, sharing best practice and embedding learning from incidents, as well as leading and defining improvement in safeguarding practice at a local level
- Ensures effective systems are in place for responding to incidents of abuse and neglect of children and adults, to ensure that timely and appropriate referrals are made
- Ensures both NHS England and NHS Improvement staff are appropriately trained, supervised and competent to carry out their safeguarding responsibilities
- Ensures safeguarding expertise is provided to support Clinical Commissioning Groups (CCGs) assurance processes
- Ensures that provision is made for specialist safeguarding advice to NHS England commissioners, working with Designated Professionals as appropriate, to support them in commissioning services and monitoring contractors' performance, and ensuring compliance with safeguarding statutory duties and the Mental Capacity Act

NHS E/I has supported the Lancashire and South Cumbria Safeguarding Integrated Care System (ICS) network in the development of a transformational model of safeguarding across the ICS. There is a clear commitment to a combined adult and children system wide approach to safeguarding across the ICS. The benefits of such an integrated approach to strategic safeguarding arrangements and leadership are:

- There will be greater consistency in the delivery of statutory functions across the ICS improving resilience across the system and safeguarding networks whilst enabling the development of a sustainable and flexible safeguarding model.
- The development of a transformational model provides an opportunity to consider new ways of delivering the functions of the designated role across the ICS to maximise system expertise, ensuring collaboration and avoiding duplication of effort and resource.

Lancashire Fire and Rescue Service (LFRS)

LFRS as an Emergency Service, we identify potential safeguarding concerns when attending fire incidents or carrying out Home Fire Safety Check visits. We do not support service users and carers individually but work with multi-agency partners on self-neglect cases etc.

Key Achievements in 2019–2020

- Awareness of safeguarding and our internal procedures increased to all LFRS staff
- Checks within LFRS completed on all referrals made to monitor quality
- Commitment from LFRS Senior Managers and the Combined Fire Authority (Governing Body) re Safeguarding and quarterly reports presented to Strategic Boards for reporting purposes
- A new prompt poster, called 'Safeguarding ABCDE' produced and shared in various ways across the Service. ABCDE poster also shared with Safeguarding Boards and with all other fire and rescue services via the national body - National Fire Chiefs Council (NFCC)

Lancashire County Council (LCC) – Adult Services

The aims of LCC Adult Safeguarding are to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs, stop abuse or neglect wherever possible and address what has caused the abuse or neglect. The Care Act 2014, places a duty on the county council to take lead responsibility for ensuring that the obligations set out in the Act to safeguard adults with care and support needs, (whether or not the county council is meeting any of those needs) are carried out, in partnership with all agencies and organisations, who may come into contact, with those people.

Some of LCC's Key Achievements include:

- Safeguarding redesign transformation project to improve Safeguarding process and practice:
- Significant reduction in duplication and streamlining of inefficient procedures processes - improvements to social worker productivity and case throughput.
- Significant reduction in backlog of Safeguarding alerts.
- Making Safeguarding Personal outcomes in the period 2019-2020, 75% of service users felt, their desired outcomes achieved fully, 22% felt their outcomes partially achieved.
- Strengthened Partnership relationships using a multidisciplinary approach.
- Strengthening collaboration and communication with care providers (residential and domiciliary), and commissioned services to reduce incidents of neglect and omission of care provider partnership model, worked with Providers to promote partner care.

Making Safeguarding Personal sits at the heart of Safeguarding procedure to support service users and carers. The service ensures that the principles of the Mental Capacity Act legislation underpins interventions to support the individual, if service users lack capacity. Staff are supported through ongoing training and development. Services include:

- Advocacy service support is commissioned from Advocacy Focus
- New Carer's contract implemented July 2019 with services commissioned by NCompass and Carers Link.
- Implemented Feedback form for service users to share views and concerns to direct learning and improvement to process and support provision.
- Financial support (Carer's budget) provided for respite provision.

- Undertaking of regular Audit process supports ongoing insight, learning and drives improvements to the provision of support for service users.

Case Study

The safeguarding service received a referral from neighbours about a young woman who is deaf with concerns that she may be a victim of and subjected to domestic abuse. Neighbours reported hearing screams until the early hours of the morning. Her partner and the person alleged causing her harm had separated her from her family and friends.

Upon receipt of the alert, a safeguarding strategy discussion took place with the housing association, Police and the Lancashire Victim Services. Previous history of concerns was shared was taken into account. The strategy discussions agreed coordinated actions with a view to the offer of a safeguarding plan to reduce the risks of further harm.

In accordance with 'making safeguarding personal' requirements and good practice, the woman it was enquired at the beginning of the enquiry the outcomes that she would like to achieve, and her views and wishes were taking into account throughout the enquiry. Half way through the enquiry the woman changed her mind and withdrew her consent. In discussion with her, this explored further she recognised the risks she was under affecting her safety, physical and emotional wellbeing. Her mental capacity considered at this time to make sure that she was able to make an informed decision as to her situation.

When the Police completed checks on her partner, established he had previous criminal history for assault. A risk assessment was completed when it was determined that it was necessary to alerts others of the potential risks. A police vulnerability marker placed on a family address in another area in case the perpetrator approached them. Police in the area were informed and, he there was an arrest and charge. The police also made a disclosure under Claire's law and referred the perpetrator to MARAC procedures for high-risk offenders.

The outcome, the woman placed with her agreement and consent in safe place and the safeguarding social worker worked with other agencies including the Police, housing, independent domestic violence advocate through an interpreter to enable her to receive the support she needed.

The outcome was that she relocated near her family in accordance with her desired outcomes and away from the person who had caused her harm.

Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR)

LTHTR is an acute hospital, which functions to provide acute inpatient and outpatient facilities for the population of Central Lancashire. This includes specialist regional and tertiary services relating to Neurology, Cancer services and is a Regional Major Trauma unit. The Adult safeguarding team supports patients with additional vulnerabilities covering all aspects of the Care Act 2014 and Mental Capacity Act 2005 in ensuring recognition, timely response and supportive decision making around care and treatment decisions. Our responsibility to work in a multi-agency supportive model ensures seamless and continued care delivery and supports transition and longer term planning on discharge. Core functions of the team include responsibility for the management of S42 allegations against the Trust, Participation in Multi-Agency Risk Assessment Conference (MARAC), support for complex case management in relation to Mental Capacity Act (MCA) legislation, representation at Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs) and management of People in Positions of Trust (PiPoT) for the organisation.

Key Achievements in 2019–2020

- Improved MCA compliance as a result of 12 month project plan which involved education and system re-designs
- Risk maturity to improve governance/ nursing interface leading to improved recognition of safeguarding within incident management.
- Improvements in Education and Training of staff in line with Adult Safeguarding Competences for Health.
- Improvements in relation to collaborative working across the Integrated Care System (ICS), to review, consider and develop practice in relation to adverse discharge, pressure sores, S42 incidents and future planning for Liberty Protection Safeguards (LPS).

Scenario: Patient B

Background information

Patient B is a 61-year-old man residing in Lancashire. Patient B admitted to LTHTR following an alleged assault of which he suffered head injury and subgaleal haematoma. Patient B had a complex social history and was an articulate man with access historically to monies and wealth, but in more recent times had become homeless with a deteriorating social history of self-neglect and alcohol misuse, significant cognitive impairment, challenging behaviours and had become fixated on finances and travel. Concerns shared that the patient lacked capacity and insight into the risks he placed himself leading to his admission. Consideration of discharge arrangements ensured that the patient continued to receive health & social care needs in the community.

Analysis

Mental Capacity assessments completed clearly demonstrated patients inability to retain or weigh up risks associated with his lifestyle choices. Described as living in a fantasy world where money, travel and executive management of business decisions played a key feature in conversations and had been a previous victim of financial exploitation. Furthermore, his challenging behaviours in particular inappropriate sexualised behaviours & disinhibition placed him at further risk of physical harm.

Outcome/Recommendation

A decision made in the patient's best interest to source 24-hour secure placement arrangements on a short-term basis to allow for continual assessment in a more therapeutic environment. This case demonstrates the importance of safeguarding team involvement in upholding the principles of Mental Capacity Act legislation whilst considering the wider safeguarding concerns regarding his lifestyle choices.

Southport and Ormskirk NHS Trust (NHST)

This information was taken from the Southport and Ormskirk NHS Trust safeguarding annual report for 2019-2020, which provides an overview of Safeguarding Adults and Safeguarding Children activity for the period 1st April 2019 – 31st March 2020. The purpose of the annual report is to inform the Southport and Ormskirk NHS Trust Board of safeguarding activity, providing assurance to the Trust Board that the organisation has robust processes in place to safeguard those who use Trust services and to highlight areas of challenges in safeguarding provision. Southport and Ormskirk NHS Trust has continued to fulfil its responsibilities to safeguard children, young people and adults, in line with statutory requirements and national standards. The report details the effectiveness of safeguarding arrangements for children, young people and adults, including the Mental Capacity Act (MCA) during 2019-2020.

Key Achievements in 2019–2020

- Participation in the Joint Targeted Multi-agency Inspection (JTAI) for children’s mental health services in Sefton and addressing the recommendations
- Participation in the Mersey Internal Audit Agency Safeguarding Audit
- Participation in the Trust’s Care Quality Commission (CQC) visit and subsequent action plan
- Implementation of the Female Genital Mutilation (FGM) CP-IS (a national alerting system for FGM)
- Revised Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) documentation
- Improve recognition of safeguarding <18’s accessing adult services
- Improve recognition of safeguarding for <18’s in Sexual health services
- Appointment of an Health Sexual Violence Liaison Officer (HSVLO) extended to 2 years
- Reduction the number of inappropriate referrals to Local Authority
- S42 inquiry review face to face meeting with Sefton Local Authority
- Establishment of regular meetings with the Patient Safety team to review S42’s inquiries
- Review of the training needs analysis in line with both adult and children’s intercollegiate documents
- Development of a network of Safeguarding Ambassadors
- Adults Safeguarding Policy reviewed and approved
- Domestic Abuse Policy reviewed and approved
- Restrictive Practice Policy developed and disseminated for approval
- Revision of the Missing Patient Policy
- Through the PAG process secured 100% funding for maternity leave
- Representation on all of the Sefton and Lancashire Safeguarding Adult Boards sub-groups.
- 64% increase in DoLS applications.
- 100% compliance in the Multi-Agency Risk Assessment Conference (MARAC) process

Merseycare – Secure and, Specialist Learning Disability Service (SpLD)

Merseycare has remained as an “Alerter” agency, alerting and referring safeguarding adult and child issues and concerns to the Local Authority who is the lead agency for co-ordinating investigations. However, at the request of Lancashire Local Authority the Secure & SpLD Division at Whalley has the responsibility to co-ordinate and manage agreed safeguarding adult investigations. All service user on service user incidents recorded and reported using the appropriate procedures. However, not all service user to service user incidents are safeguarding issues. A formal triaging process continues to identify all safeguarding alerts. The triage team consists of Lead for Forensic Social Work & Safeguarding, Associate Director of Social Care, (Nominated Officer for Safeguarding in Forensic Services) and Risk Lead for Secure Division. This process replicates that across the Secure and Specialist Learning Disability Division.

Key Achievements in 2019–2020

During 2019-2020 Merseycare has sought to make incremental improvements to procedures, processes and practical interactions linked to safeguarding, including:

- **Monthly liaison meetings and joint working with the Lancashire County Council (LCC), Multi-Agency Safeguarding Hub (MASH) enquiry team** and safeguarding with Pennine Lancashire Clinical Commissioning Group (CCG). The meeting was well supported by the three stakeholder organisations. Facilitating realistic discussion, goal

setting and action plans to ensure consistency and transparency with regard to safeguarding practice within Mersey Care service on the Whalley site. Practically this translates into a case-by-case review of reportable safeguarding incidents and an opportunity to discuss, monitor progress and review follow up S.42 enquiries.

- **Timeliness of safeguarding enquiries/investigations.** Completing safeguarding enquiries in a timely and thorough manner has been an issue periodically in previous service reviews/audits. Throughout the 2019-2020, service year efforts made to remedy this by monthly meetings with LCC and Pennine Lancashire CCG, to review progress. Direct liaison with LCC enquiry team to progress follow up, particularly with cases held up in MASH, this has been especially useful during the Covid-19 restrictions. Joint investigations undertaken by LCC enquiry team and Merseycare social work/safeguarding team, further developing trust based working and providing assurances around capability and capacity within the Whalley services. Weekly enquiry/investigation review meeting between senior managers and the social work/safeguarding team to initiate, progress and review safeguarding incidents.
- **Police Liaison role** as noted above, Merseycare services have chosen to fund a contractual post for a full-time police officer based at the Whalley site to support both criminal matters and various preventative initiatives across the range of services provided.
- **The regular use of CCTV footage** to add detail to and/or provide assurance in connection with safeguarding matters, particularly so physical restraints. To augment this, trials of body worn cameras scheduled to commence imminently (delayed by Covid-19).

University Hospitals of Morecambe Bay Foundation Trust (UHMBT)

University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) provides community and hospital services across the Morecambe Bay area, an area covering a thousand square miles across south Cumbria and north Lancashire. It operates the three hospital sites Furness General Hospital in Barrow, the Royal Lancaster Infirmary and Westmorland General Hospital in Kendal, as well as a number of community healthcare premises including Millom Hospital and GP Practice, Queen Victoria Hospital in Morecambe and Ulverston Community Health Centre.

The safeguarding vision at UHMBT aligns the national and key local priorities to improve safeguarding outcomes across the Trust. It provides a framework to base measurements and assurances of safeguarding practices and describes UHMBT plans to have robust safeguarding arrangements across the organisation that are integrated into the delivery of the UHMBT strategic plan, Trust priorities and the quality plans.

Key Achievements in 2019–2020

- **Partnerships** continue to work openly with partners to deliver a multi-agency approach to safeguarding across the Bay footprint.
- **Growth**, the Safeguarding Team expanded during 2019-2020 following securing additional funding in line with the transformation project over recent years.
- **Awareness**, the Safeguarding Team continued to raise awareness in relation to Human Trafficking and Modern Slavery and incorporated the public sector duty to notify for Female Genital Mutilation and Prevent. All patients that presented to the Trust as homeless were referred to the Local Authority in accordance with the Homelessness Act 2018.
- **Assurance**, they increased assurance in safeguarding practice within the UMBHT and have a Patient Safety Incident (PSI) reporting system, where all potential and actual safeguarding incidents reported. Safeguarding incidents were reviewed daily at the safeguarding team teleconference and escalated as appropriate.

- Due to expansion of the team a safeguarding duty line is operational which runs Monday-Friday 9am-5pm and allows staff across the UHMBT footprint to access safeguarding advice in real time.
- Following an inspection by the Care Quality Commission (CQC) in 2018, a considerable amount of work was completed around the MCA and DoLS applications. Training packages were developed and mandatory to all patient facing staff and awareness raising took place across all care groups. As a result, the number of DoLS applications in 2019 increased by 86% compared to 2018.

HMP Wymott – Lancashire Prisons

Adult males remanded by the courts in Lancashire, are generally allocated to a local prison in the first instance and, after sentencing, move to a training or resettlement prison based on their sentence length and individual need. In the final stage of the custodial sentence, some prisoners spend time in an open prison, if evidenced that the risk has adequately reduced and they would benefit from the available resettlement support. All Lancashire prisons are required to ensure that instructions in the Public Protection Manual are adhered to support for prisoners with autism, learning difficulties, disabilities, social care needs, older prisoners and young adults who may have experienced time in the Care system during childhood. Throughout the custodial sentence, Prison staff, Healthcare/Clinical staff, Probation Officers, Psychologists, Social Care Professionals and other specialists to identify individual need and to formulate management/ care plans and complete assessments.

Key Achievements in 2019–2020

- **Resettlement/release planning** prior to prisoners moving from custody into the community, to ensure that prisoners released into appropriate accommodation with suitable support. Some men released from prison are vulnerable and have complex needs, including social care needs and physical and/or mental health issues, which can make it difficult to identify suitable accommodation and to arrange for post release support and risk management. Each case is different but individual release plans can involve significant input from the Prison and Probation Service, Social Care providers, Mental Health services and other providers. This can be time consuming and involves a joined up approach between the different agencies.
- **The Offender Management in Custody (OMiC)** model (second phase) has been introduced into closed male prisons in the last 12 months and has resulted in more integrated working between Prison and Probation staff, additional training and development for staff and more support and enhanced risk assessments for prisoners. In turn, this supports the adult safeguarding agenda and the ability of HMPPS to identify individual need and to provide appropriate safeguarding.
- **Buddy Support Worker Role** Lancashire prisons have introduced the Buddy role as a key component of the new service provision for Local Authorities to work jointly with prisons to provide social care support for all prisoners who meet the eligibility criteria. All Buddies trained to National Care Standards. This training course adapted by Lancashire County Council, supported by the charity RECOOP, to ensure it is appropriate for supporting prisoners with basic health and social care needs. Addressing these issues in prison may help an older or disabled prisoner maintain their independence longer and help assess the ongoing support they may need when nearing release and resettlement.
- **Public protection arrangements** across all the Lancashire prisons there is a need to ensure that measures are in place to identify prisoners who pose a high risk of harm and to protect the public, whilst the prisoner is in custody and upon release. Achieved by ensuring that action taken in line with the Public Protection Manual to protect the

public in general, and to protect and support victims of crime and to safeguard adults in the community.

Case Study (Probation Officer based at HMP Wymott)

Adult A was sentenced to Life Imprisonment in 1998 for sexual offences, has served 23 years in prison, including 9 months in a medium secure mental health unit. Identified as having global developmental difficulties as a small child and attended residential schools between 6 and 16 years old. He reported sexual abuse from a young age and he experienced recognised symptoms of childhood trauma, having a profound effect on his emotional, social and sexual development and compounded by other complex physical and health needs:

Previous behaviours have included targeting children and vulnerable adults, grooming and bribing them. He has previously described a high sex drive and an inability to satisfy this in a consenting relationship. Despite twice engaging with the Adapted Sex Offender Treatment Programme, Adult A presents with a lack of insight into his offending behaviour and risks associated with these and it has been difficult to discuss triggers to his offending with him. Some progress made through his engagement with the Healthy Sex Programme and psychological therapy to address the impact of sexual abuse in childhood.

Adult A had six Parole Board reviews, the most recent commenced in 2015 with several adjournments/deferrals made. KJ's case has been discussed a MAPPA Level 2 over several years and whilst professionals from HMP Wymott were active attendees at MAPPA, there was a shortage of community representation. Ultimately, Adult A's case progressed to the Lancashire County Council Complex Case Advisory Panel, which triggered his referral to the Specialist Support Team, Specialist Occupational Therapist, and Langley House Trust.

A social care needs assessment recommended genetic testing which diagnosed Microdeletion Syndrome and explained several presenting symptoms, assisting staff to offer more focused support to him.

A multi-disciplinary care plan put in place; he responded positively, enthusiastically engaging fully receiving appropriate care and support. Occupational Therapy supported him, with input from the prison Social Worker and his keyworker Prison Officer, on a 1:1 basis to prompt and assist him maintaining personal care needs, attending to laundry tasks, cleanliness of his living environment etc.

Open prison conditions not considered as extremely unlikely support and supervision would be adequately met for Adult A. The focus was therefore on release to a well-supported community placement. The Complex Case Panel had agreed to a comprehensive care package and risk management plan, as placement costs covered by combined NHS and social services funding.

The Parole Board impressed by the high standard of professional risk assessment tailored to meet both Adult A's risks and needs. They directed his release, to reside at a registered care home for men with multiple needs, including mental health issues or a learning disability. Lancashire Specialist Support Team, Social Services, Occupational Therapist will be involved in Adult A's on-going support post-release, until they are satisfied he has made a successful transition into the community and all risk of re-offending are adequately mitigated.

Progress Housing Group (PHG)

PHG are a large provider of social housing in Lancashire and are one of the largest providers of supported housing accommodation in the country, helping people with a learning disabilities and /or long term mental health conditions and autism who live independently in their own

home with support. PHG is a Landlord, and as such has a significant role to play in the lives of people who live in our properties.

PHG has a key safeguarding role to play in keeping people safe, alongside colleagues in social care, health and the police appropriately placed to identify people with care and support needs, share information and work in partnership to co-ordinate responses. PHG also delivers Lifeline, telecare and emergency responder services across Lancashire keeping people safe and enabling them to live independently in their own homes. PHG is a representative on the board for all housing providers and as such communicate out key messages from the Board.

Key Achievements in 2019–2020

- Full review of Unmet Need and Child Safeguarding Policy
- Full review of Safeguarding Adults Policy
- Training offered to all staff (see below) resulting in 99 referrals from April-March 2020
- Completion of annual Care Act Compliance Audit Tool helping to identify areas for improvement
- Training – staff completed 443 safeguarding adults and children mandatory training sessions during the year.
- The Group achieved 96% compliance (above target) in mandatory safeguarding training in April 2020
- Intranet articles and posts – 3 posts and 8 blogs during the year raising awareness of safeguarding
- Review of the safeguarding adults and unmet need and child safety policies
- Follow raised awareness at property services Tool Box Talks to ensure that all operatives understand in-house processes.

5. BOARD PRIORITIES 2020–2021

- Covid-19 – Restoration and Recovery (Short term)
- Mental Health
- Domestic Abuse
- Self-neglect
- ‘Voice’ Making Safeguarding Personal (MSP)