

LSAB Annual Report 2016/17



Foreword

I have pleasure in writing the introduction to this year's Annual Report.

We are now into our second year as a statutory board under the Care Act, although we have operated for some years as though we were. The Act led us to aligning our policies and procedures within the statutory framework. We revamped our sub-groups accordingly and the three statutory partners - Health, the Police and the Local Authority - have clear leadership roles and accountability in chairing them.

We continue to be accountable to the Scrutiny Panel of the Local Authority and I am pleased to be able to report that in presenting last year's Annual Report, they stated that they were assured that the Board was discharging its duties effectively. The accountability to the two Clinical Commissioning Groups (CCGs) is met in attending a Governing Body meeting to present our Annual Report and to answer any questions that the members of the Governing Body wish to put.

We had a second joint development session with the Local Children's Safeguarding Board in January 2017 at which some joint priorities were agreed. This includes a focus on ensuring that we are doing all we can to effectively support young people as they transition from children's services into those provided by adults, which can be a particularly difficult time as they face new assessment criteria, different methods and levels of support, and new people. We have also given fresh impetus to our work in making sure that professionals across all public sector agencies consider the needs of families rather than the needs of each individual in isolation, promoting a more holistic, comprehensive and effective package of support for all.

Board members continue to be actively engaged in emerging areas of safeguarding practice, such as modern slavery, radicalisation, honour-based abuse and forced marriage. These areas and others are not 'new' issues, but awareness and understanding of them across the UK has dramatically improved in recent months and legislation has been recently updated to reflect that. Significant progress has been made locally in effectively protecting and supporting those affected.

Our Board is very well attended by all the agencies and everyone contributes proactively with constructive challenge at the meetings. We are very well supported by the Safeguarding Team, our Board Manager and Board Administrator. My thanks to each Board member and to their staff for all of their commitment and energy over the last twelve months.

Geoffrey M Appleton
Independent Chair LSAB

Invited a Senior Prevent Advisor from the Home Office to attend one of our Channel (safeguarding from radicalisation) meetings in its first full year of operation, receiving extremely positive feedback

Conducted a detailed review of a self-neglect case - a relatively new statutory safeguarding responsibility and an increasingly common and complex scenario - to ensure that our professionals are able to deal successfully and appropriately with similar situations in future

Co-located of our Domestic Abuse Family Safety Unit with professionals from the police, probation, children's services, early support workers, drug & alcohol services and health; making it even easier for our domestic abuse staff to work efficiently and effectively with partners

Developed a new Modern Slavery Strategy on behalf of Cheshire West, Cheshire East, Halton, Warrington and Cheshire Police



Refreshed our multi-agency Domestic Violence and Abuse (DVA) Strategy and further improved our offer to adults and children affected by DVA at all levels of risk

Worked even more closely with the Local Safeguarding Children's Board (LSCB) including the creation of two new groups; to improve the experience of young people transitioning between children's and adult services; and to ensure that professionals are encouraged to 'think family' rather than assess the needs of individuals in isolation

Further embedded our recently revamped LSAB sub-groups, chaired by senior management across the police, health and the local authority, to ensure comprehensive and robust oversight of safeguarding policy and practice across the borough and across a range of issues

THEMES AND TRENDS

REFERRALS

2014/15	370
2015/16	386
2016/17	394



ALLEGED VICTIM OF ABUSE

	14/15	15/16	16/17
Male	67%	56%	32%
Female	33%	44%	68%
Age: 18-64	24%	33%	28%
Age: 65+	76%	67%	72%

LOCATION OF ALLEGATION

	14/15	15/16	16/17
Own home	24.3%	31.2%	33.1%
Residential/care home	22.1%	25.0%	17.4%
Nursing home	14.3%	14.2%	22.3%
Alleged perpetrators home	5.9%	7.1%	5.7%
Acute hospital	2.2%	3.4%	3.1%
Supported accommodation	2.2%	7.5%	4.9%

RELATIONSHIP TO ALLEGED PERPETRATOR

	14/15	15/16	16/17
Other adult at risk	2.5%	3.4%	6.6%
Paid carer	35.7%	50.8%	39.3%
Non-paid carer	18.8%	24.4%	32.7%
Not known/oth	41.9%	20.0%	21.1%

NATURE OF ALLEGED ABUSE

	14/15	15/16	16/17
Physical	18.6%	25.0%	31.6%
Emotional	12.5%	11.5%	21.8%
Financial	14.0%	18.8%	21.9%
Neglect	26.2%	26.2%	42.3%



METHODOLOGY

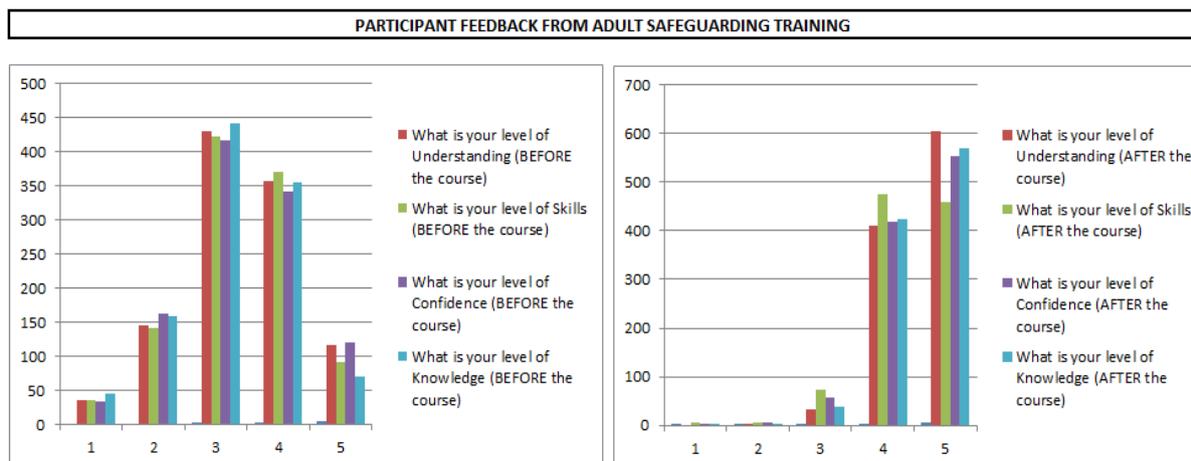
Last year, LSAB members agreed that monitoring trends, themes and indicators would provide a more informative picture and enable a far more flexible approach than setting arbitrary targets. A breadth of information is regularly discussed by the Board's Quality Assurance sub-group and any concerns, or requests for trends to be fully investigated, are escalated at each LSAB meeting

HEADLINE OBSERVATIONS

Referrals received by the Council's Adult Safeguarding Unit slightly increased in 2016/17 compared to previous years. In addition, the number of adults at risk who were identified and supported by Cheshire Fire & Rescue significantly rose in the year - that is, people who were deemed not to meet the statutory safeguarding threshold but were still at risk of coming to harm. Given that we want incidents or patterns of abuse or neglect to be reported, these are positive statistics; illustrating that people's understanding of safeguarding is increasing and their tolerance of it is rightly on the decline

- We received a far greater proportion of referrals relating to female victims in 2016/17 than recent years, but this now reflects a more recognisable trend seen historically across the borough
- A larger number of allegations have been made by or on behalf of people being cared for in their own home. This is considered a direct result of families being more inclined to provide each other with informal support at a time of rising care costs, rather than an increasing risk relating to home care
- and the proportion of referrals concerning alleged emotional abuse significantly rose in 2016/17 compared to recent years. It is likely that this reflects a broader understanding of the issue due to its increased prominence in legislation and training, but is a trend that we will continue to monitor closely

Training



Adult Safeguarding training has once again been extremely well received by front-line professionals and managers, with huge improvements reported in terms of participants' understanding, knowledge, skill and confidence in recognising and dealing effectively with safeguarding issues on a day-to-day basis. This does not include additional, closely-related training interventions offered to multi-agency staff, including; moving and handling; dignity and respect; and meds management

Whilst the number of Adult Safeguarding referrals was similar in 2016/17 compared to the previous year, it is notable that those resulting in no action being taken has significantly reduced in recent months (there were none at all in the first quarter of 2017/18). This indicates that professionals are referring safeguarding concerns far more appropriately than has previously been the case

There was an exceptionally high level of staff input into our ongoing Training Needs Analysis work, with over 70% of questionnaires completed. This will significantly improve our understanding of how and where to most effectively target our range of training interventions moving forward

Case studies

A lady with a learning disability and alcohol problems was referred to our Cheshire and Wirral Partnership (CWP) NHS Trust with concerns of sexual exploitation by a number of males. CWP provides mental health, substance misuse, learning disability and community physical health services

Her capacity in respect of her understanding of what a healthy, intimate relationship is, the mechanics of the act and other aspects around sexual activity - for example contraception and sexually transmitted diseases - was unclear, and a comprehensive capacity assessment was completed. She was assessed as having capacity in all of these areas and despite the concerns being raised with her, she decided that she still wanted to meet with these men because she was isolated and enjoyed their company

In line with the Care Act 2014 and its underpinning principles of Making Safeguarding Personal and self-determination, her decision was respected and she continued to make choices which remained a concern. Despite this, support continued to be offered around her alcohol use and she was referred to alcohol services as, when intoxicated, her judgement in respect of her relationship with the males was poor and led to her making decisions that she would often regret

To reduce her feelings of isolation, there was a plan to engage her with local support groups, so she could have the chance to meet with others and rely less on her male acquaintances for companionship. She was also agreeable to moving house and a communal living placement was being explored - which would further reduce her isolation and enable on-site staff to monitor and support her



The Board received details of a case and were requested to assess its suitability for a Safeguarding Adult Review (SAR) against the criteria set out in the Care Act. The incident related to an individual who was receiving care and support, but who was habitually self-neglecting and, ultimately, self-inflicted wounds in an attempt to end their own life. The severity of the injuries required emergency transfer and specialised hospital treatment

A panel was convened and agreed that the circumstances surrounding and leading up to the incident did not meet the SAR criteria. However, the panel also agreed that the case nevertheless warranted a detailed review, given its complexity and the likelihood that thorough scrutiny of it would support important learning for agencies faced with comparable situations in the future. A Practice Learning Review (PLR) was conducted with the purpose of identifying what the agencies and individuals involved in the case might do differently to prevent similar, serious outcomes from happening again

In the interests of Making Safeguarding Personal, the review author endeavoured to include the individual's views within it and establish their preferred outcome. However, they declined to be involved, that was respected - and the shared learning was anonymised to further adhere to those wishes

Relevant agencies provided details of their involvement in the period leading up to and at the time of the serious incident; with consideration of their purpose as an organisation, whether or not that purpose was achieved, and the extent to which pertinent information was or should have been shared. As part of the review, agencies met to consider their individual findings collectively and common contributing factors were identified

◦ **Self- neglect**

- "A pattern of intentionally neglecting prescribed self-care activities despite available resources and knowledge"
- Difficult to define due to conflicting individual and ethnic perspectives
- Concerns regarding mental competence frequently complicate intervention, as do ethical issues related to patient autonomy.



There was an overall consensus that self-neglect, only recently recognised as a safeguarding issue in the Care Act, is not only unfamiliar to front line professionals but is also incredibly complex, given the tension that exists between our duty of care and our duty to promote choice. This includes the right for people to make decisions which others might perceive to be unwise. However, the review identified improvements to consolidate good practice and broader recommendations were proposed for the LSB to consider how awareness of social isolation and self-neglect can be raised, along with additional support for the professionals who deal with it

Sub-groups

QUALITY ASSURANCE

Our Quality Assurance sub-group exists primarily to analyse safeguarding information from across the variety of stakeholder organisations with a responsibility to protect and support adults at risk of abuse and neglect. Recently revamped, it has chosen to replace targets with performance indicators, to allow a deeper insight into what data and broader evidence is telling us about how we are doing, and what those at the heart of safeguarding practice and investigations feel that we need to improve upon. Learning from this group continues to inform safeguarding policy at Board level as well as day-to-day practice within and between individual agencies

Chair: Paula Wedd, Director of Quality and Safeguarding **(NHS)**

AUDIT & REVIEW

If a case is identified where lessons can be learned, either from good practice or something that has been lacking, it is considered by our Audit & Review sub-group. A multi-agency group of professionals will establish the most appropriate way to conduct that review, and ensure that the voice of the adult involved helps to shape that review and the outcomes that it seeks to achieve. Any learning that results is circulated to stakeholder organisations across the borough to ensure that lessons are learned and good practice is maintained

Chair: Chris Jones, Detective Inspector **(Cheshire Police)**

DOMESTIC VIOLENCE & ABUSE

The Domestic Abuse Partnership exists to provide multi-agency, strategic oversight of the issue across the borough. Its purpose is to ensure that progress is made against our strategic priorities, performance across a range of organisations is analysed, appropriate recommendations are made and operational risks are addressed. It is also responsible for ensuring broad and comprehensive awareness of the issue. Our Domestic Violence and Abuse Annual Report can be found at www.westcheshirelsab.com

Chair: Alison Kelly, **(NHS)** Director of Nursing and Quality

CHANNEL MAP

The Counter Terrorism and Security Act 2015 placed a duty on local authorities, the police, offender institutions, education and the NHS to safeguard those at risk to any form of extremist propaganda and exploitation. This has been its first full year of operation, during which a Senior Prevent Advisor attended one of our meetings. Feedback was extremely positive, including an unusually high level of interest and involvement from the LSAB and extremely good engagement from a wide variety of agencies working together to safeguard those at risk

Chair: Gavin Butler, T/Director Health and Social Care Int **(CWaC)**

SERVICE USER INVOLVEMENT

Our new Service User Involvement sub-group is in the final stages of development. Making Safeguarding Personal is central to our Business Plan and will be a key aspect of our work moving forward. It is crucial that the circumstances, lifestyle and, above all, wishes of individuals are placed at the centre of our safeguarding practice - and this sub-group, which will comprise safeguarding professionals, the voluntary sector and strong representation from affected residents, will make a considerable contribution to achieving this

Chair: Lynn Turnbull, Chief Executive **(Cheshire Centre for Independent Living)**

LEARNING & DEVELOPMENT

The Learning & Development sub-group is a joint group with the LSCB. This helps to develop greater partnership working between Boards and around the delivery of key training and development strategies. In the last year, it has helped to facilitate agreement on the approach to training staff in recognising and supporting those at risk of radicalisation and domestic violence and abuse and has put plans in place to extend that joint working to include modern slavery, FGM, Forced Marriage and Honour-Based Violence

Chair: Karen Owen, T/Senior Safeguarding Manager (CWaC)

and a word from our partners

Cheshire West and Chester Council

Local authorities have long been expected to lead in respect of adult safeguarding, but the Care Act - which came into force in April 2015 - formalised that as a duty. The Council's core duty has remained that of 'making enquiries, or ensuring that others do so, if it believes an adult who is in need of care and support as defined in the Act is subject to, or at risk of, abuse or neglect; and as a result of those care and support needs, is unable to protect themselves from abuse or neglect.' We have carried out that duty in response to more referrals than we received last year, meaning that a growing number of people have the knowledge and confidence to report concerns as and when they arise

However, to effectively protect and support adults at risk, we must not limit our view of what constitutes a safeguarding concern. To that end, we have continued our work to address it in all of its forms. The Council manage, and Chair, a multi-agency Channel group which seeks to identify people who may be vulnerable to extremist propaganda and exploitation, protect them from radicalisation and, if necessary, support them to change direction in a way that will help them. Last year was its first full year of operation. We developed a new Modern Slavery Strategy on behalf of Cheshire West, Cheshire East, Halton, Warrington and Cheshire Police; providing a framework from which partners across the borough can tackle its root causes, identify victims, provide appropriate support for them - and ensuring effective action against perpetrators. A number of modern slavery operations have taken place within the year and we have contributed to them from a care, support and safeguarding perspective.

We have also continued to develop our Domestic Violence and Abuse Service. The Care Act specifically lists domestic abuse as a type of abuse appropriate to receive prevention and response strategies from local authorities and partner agencies; and the ongoing work of our 'high risk' Domestic Abuse Family Safety Unit (DAFSU) and Independent Domestic Violence Advocates, located within multi-agency teams across the borough, continues to make excellent progress in addressing it

Looking ahead, we will continue to protect and support adults at risk in the areas of safeguarding outlined above; along with ensuring that anyone vulnerable to other forms of abuse - including DoLS, FGM, forced marriage, honour-based, financial abuse and hate crime - are kept safe from harm

National Probation Service

The National Probation Service (NPS) manages those offenders who are MAPPA (Multi-Agency Public Protection Arrangement) eligible and those who present a high risk of serious harm to others; including, in particular, DVA, modern slavery and radicalisation. Those whom we supervise may be an adult at risk themselves or offer support and be a carer for a vulnerable adult. Many of our offenders have a mental health disorder, or a learning difficulty or disability, and a very large number are suffering from a personality disorder emanating from childhood abuse and trauma taken into adulthood

NPS is a national organisation, divided regionally, and a North West Divisional Safeguarding Adults Policy has been implemented. This means that all staff have had input on the six principles of safeguarding. All staff have been briefed and are subject to mandatory training, which includes referral and escalation processes, mental health, disability; as well as broader awareness raising

In the early stages of any order or licence, Probation officers assess the offender's care and support needs, spend time getting to know their backgrounds and issues and act as an advocate on their behalf for basic services or support as appropriate. We run a service user feedback questionnaire each year which is anonymous and informs development in the Service year on year. Some of our staff in different Cheshire venues also run regular service user engagement sessions to take feedback as to how to improve our service to them. More fundamental developments in service user engagement is a key focus for development in 2017 and has already been explored in a paper produced by staff and service users and will be acted upon over the next few months

DVA remains a key focus for staff and many of the cases presented to management in oversight and supervision meetings have a domestic violence and abuse focus. We manage many male offenders who target those women who have specific vulnerabilities in order to control and abuse them. Planning for release involves specific licence conditions to protect those who are could potentially be re-victimised, as well as close liaison with the police and other protective agencies. A further issue has arisen in terms of safeguarding historical sex offenders who are now being released from prison as elderly, often infirm, men. They may still present a risk to others, depending on the circumstances, but may also be at risk themselves given their history - and safeguarding on both sides can be a difficult task

Moving forward, staff awareness raising will continue in relation to modern slavery and FGM - and young adults transitioning from youth services will also be a focus for greater knowledge

East Cheshire NHS Trust

East Cheshire NHS Trust continues to work cohesively with partner organisations supporting adults at risk who access services - and the Board is attended by a Trust Executive who supports all of the Boards work

During the last twelve months, our focus has been on supporting the safeguarding training of our sexual health colleagues based in Chester. During the year, a successful Adult Safeguarding conference was held which was attended by staff from across a wide range of partner organisations both from within the public and private sector

Safeguarding referrals, training, auditing and DoLS are monitored and reported quarterly. Trends and themes are identified which, in 2016-17, identified the positive collaborative work being undertaken by the hospital IDVA and safeguarding team, illustrated by an increase in referrals and consequent increase in MARAC referrals

Work continues to promote the voice of the adult; supporting and empowering adults at risk to make decisions that will achieve the best outcome for them

Mid Cheshire Hospitals NHS Foundation Trust

The Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) Safeguarding Team has undergone a period of exciting expansion following the acquisition of Community Safeguarding via the CCICP. We are looking forward to developing our relationships with the community teams and providing support and guidance as needed

Key achievements for 2016/17

- Expansion of the service to include community safeguarding
- Pilot study in the community in relation to Mental Capacity Assessments and Best Interest Decision making
- MCHFT has shared a safeguarding adults story at the Local Adult Safeguarding Board (East)
- Successful implementation of the Learning Disability Phlebotomy Clinic
- Development of a Dementia Strategy
- Mandatory adult safeguarding training well attended and well evaluated
- Ongoing support to victims of domestic abuse from our hospital Independent Domestic Violence Advisor (IDVA)
- Involvement in the recent peer review process

Cheshire Police

Cheshire Police has worked together with Cheshire West and Chester Local Safeguarding Adult Board to protect some of the most vulnerable members of our society and Cheshire Police continue to prioritise our safeguarding responsibilities. All front line staff are provided with up-to-date learning in relation to vulnerability and are supported by a Public Protection Directorate (PPD) - and the specialist officers within that unit are dedicated to safeguarding those most at risk. Cheshire Police continues to seek to prevent abuse, protect those most at risk of abuse and pursue those responsible for abuse in all its forms; including significant work undertaken in relation to our identification of, and response to, domestic violence and abuse, honour-based abuse, human trafficking and modern slavery

West Cheshire and Vale Royal Clinical Commissioning Groups

As statutory partners, the NHS West Cheshire and Vale Royal Clinical Commissioning Groups provide Executive representation on the LSAB and perform a strategic role in significantly contributing adult safeguarding across the locality. Our organisations are represented by the Director of Quality and Safeguarding and Chief Nurse. The role of the Designated Nurse continues to provide health expertise when required in accordance with Section 44 of the Care Act

Health commissioners are proud of the collaboration between partners creating a framework of interagency arrangements. Cheshire West and Cheshire Council and our relevant partners work together to fulfil our duties in the Care Act and, in doing so, consider the wishes and feelings of the adult on whose behalf they are working. We have a responsibility to the LSAB as commissioners to protect children and adults at risk within Cheshire West and Chester, by operating in accordance with statutory guidance and by assuring ourselves that the organisations we commission health services from provide the highest possible standards of care and have effective safeguards in place to ensure the same

Safeguarding children and adults at risk is core to the business of Clinical Commissioning Groups. Within our objectives and values, we hold ourselves and partners to account for the outcomes and the decisions we make. The LSAB Annual Report validates priorities and recommendations which have been achieved to strengthen the commitment and partnership working

The NHS West Cheshire CCG Director of Quality and Safeguarding chairs the Quality Assurance sub-group of the LSAB, the achievements of which are detailed within this report

Cheshire and Wirral Partnership NHS Trust

CWP supports the work of the West Cheshire LSAB with the Associate Director of Nursing and Therapies (Physical Health) attending the Board and the Head of Safeguarding attending CWaC's Domestic Abuse Strategic Management Board. CWP also contributes to numerous sub-groups of the respective LSAB Board and DA sub-group. CWP actively supports a variety of multi-agency meetings, including Channel and MARAC, and participates in partnership case reviews and audits

CWP continues to champion adult safeguarding with a comprehensive training programme, which includes core safeguarding, MCA/DoLS, DVA and Prevent. It also provides safeguarding advice and supervision to its staff and produces a quarterly safeguarding newsletter to update employees on key issues, as well as producing a number of briefings on key safeguarding topics throughout the year. CWP launched its refreshed Safeguarding Strategy 2017-2020 which has embedded person-centred care as a core principle. CWP scrutinises safeguarding activity and performance through the Trustwide safeguarding sub-committee and regularly reports to provide assurance is given to our Board

We continue to work closely with key agencies to safeguard adults at risk

Countess of Chester Hospital

The Countess of Chester Hospital has worked in partnership with LSABs to ensure that all safeguarding arrangements are in place. During the last twelve months, the emphasis for the Countess has been ensuring staff are trained appropriately and have a good understanding of their responsibilities to safeguarding whilst ensuring we keep it simple

The Countess staff are now able to complete their safeguarding concerns on line as well as notify the Lead Nurse if we have patients in with a Learning Disability. By keeping it simple, staff are more likely to refer in a timely manner; ensuring a smooth and consistent pathway through to social care. The carers charter remains high on the agenda. We have visited and supported carers group this year and hope to invite patients with learning disabilities into the Emergency Department to have blood pressures taken and generally familiarise themselves with the department in case they have an admission. We have also ensured that carers are supported on the wards with meals being provided and have also arranged accommodation for a couple who were from out of the area

Healthwatch

In March 2017, Healthwatch began delivering a contract to cover both Cheshire West and Cheshire East. Healthwatch Cheshire will continue to play a central role across the patch in enabling people's view and experiences of health and social care to be heard. Our engagement and signposting activities with communities enables and supports people to understand how the health and social care system works, to express their views and share their experiences.

Healthwatch has the statutory right to access a range of health and social care services through the Enter and View process to observe services as they are happening and to speak with residents or patients and their families. Reports containing observations and recommendations are shared directly with the service provider, the Local Authority, CCG and the Care Quality Commission, and with the public via our website. In 2016/17, our authorised representatives visited 46 local services and spoke to 147 people about Care at Home.

The volunteers who undertake the visits - and Healthwatch staff - have all been through adult safeguarding training and are aware of the importance of reporting anything they observe when during the course of their work. Healthwatch Cheshire has built a strong relationship with the Safeguarding Adults Board and looks forward to continuing to work closely in the coming year to ensure the safety of all adults at risk

Age UK

Age UK Cheshire works in partnership with Cheshire Centre for Independent Living to deliver statutory advocacy services to adults living in Cheshire West and Chester. This involves working alongside people who are eligible for support under the Care Act, Mental Health Act and the Mental Capacity Act (including Deprivation of Liberty Safeguards) and providing advocacy for those who are receiving safeguarding interventions from the statutory authorities. Advocacy works around the belief that equal opportunities should exist for everyone, seeking to ensure that people - particularly the most vulnerable in society - are able to:

- Express their views and concerns
- Access information and services
- Defend and promote their rights and responsibilities
- Express options and choices

In essence, an advocate represents a sort of unconditional ally for an individual at risk. They may in fact be the only person in that person's life who is on their side

Looking ahead
The Local Safeguarding Adults Board in 2017/18



We will continue to work towards our Strategic Vision *to make the lives of our adults at risk safer and happier* by focusing on our six safeguarding Priorities of **Empowerment, Prevention, Proportionality, Protection, Partnerships** and **Accountability**



This will be enabled by a number of actions within our 2017/18 Business Plan, including; an updated Communications Strategy; a new Transitions Policy; regular review of information and service user feedback; and close working with other Boards and stakeholder groups



We will measure our progress and development areas even more closely through our multi-agency performance indicator report that will allow our Board to make accurate and pre-emptive strategic decisions in the best interests of all who need our protection and support



We will also establish meaningful ways in which to measure our progress in Making Safeguarding Personal for those who come into contact with us, to ensure that processes and outcomes reflect and respect their wishes as far as possible



and we will remain actively aware of emerging trends and best practice around broader safeguarding issues such as modern slavery, radicalisation, FGM, honour-based violence, forced marriage and Deprivation of Liberty Safeguards