

Bolton Safeguarding Adults Board

Working in partnership to prevent
Adult abuse and neglect

Annual Report 2012/13



Bolton
Council

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Foreword

Welcome to Bolton's Safeguarding Adults Board Annual Report for 2012/13. The adult safeguarding board is a voluntary board made up of statutory and non-statutory agencies working in partnership for the protection of adults at risk, ensuring vulnerable people in Bolton can live their lives free from harm and abuse.

The annual report provides an overview of the board and its membership, the work it has focussed on over the past 12 months and the achievements made. It will also provide information on activity in the area of safeguarding and the priorities and challenges that lie ahead to ensure that safeguarding remains everybody's business and the partnership's vision for vulnerable people can continue to be achieved.

1. Introduction

1.1 Welcome message from the Chair and Executive Cabinet Member

This report summarises the partnership's achievements and continued commitment to Safeguarding Adults in Bolton, it has been a year of forming new relationships across the partnership as there have been many changes for the public sector with the formation of the new NHS Clinical Commissioning Group (CCG) and the merger of Children's and Adults Directorates. With this change the board has welcomed the Director of Children's Services who is now also responsible for adults to the board as Chair, bringing valuable experience and expertise to the board.

There has been a strong commitment strategically across organisations and operationally to work together to ensure that Safeguarding Adults remains high profile and a key priority, and the achievements in 2012/13 reflect this commitment.

As we go forward through 2013-14 the board is committed to maturing as a partnership and building a robust strategic framework to ensure outcomes for vulnerable people are at the heart of our safeguarding work. The Annual Report provides an overview of our priorities to move forward in readiness for the statutory footing proposed in The Care Bill for 2015.

The work plan highlights that we need to develop a learning culture to continually improve, integrate practice and ensure the service user is at the heart of all we do. We have to acknowledge the financially challenging landscape for public services, but there is an even stronger commitment by all agencies to ensure our efforts are co-ordinated for the best interests for those we serve.

Margaret Asquith
Director of Children's & Adult Services
Bolton Council

Cllr Linda Thomas
Executive Cabinet Member
Deputy Leader
Bolton Council

1.2 Our town

Bolton has a total overall population of around 276,800 living in approximately 116,400 households, predominantly in the main urban areas of Bolton, Farnworth, Kearsley, Horwich, Westhoughton and Turton. Bolton's population is set to increase by around 20% or around 54,000 people by 2035. Although the borough is set to gain approximately 30,000 migrants from other countries, it is projected that Bolton will lose around 14,000 residents who will move elsewhere in the UK. The borough is projected to experience a marginally higher birth rate than the national average.

Bolton is categorised as one of the most deprived boroughs in England. According to the Index of Multiple Deprivation 2010, Bolton was ranked 36th most deprived of 354 local authorities. Bolton has higher levels of severe deprivation than its statistical neighbours, with almost a third of its Lower Super Output Areas (LSOAs) in the 15% most deprived category in 2010. Bolton also has 5 LSOAs which fall within the 1% most deprived in England.

There are currently 36 residential and nursing care homes in Bolton providing long term care, providing 1,540 long term residential beds.

The 2011 Census shows that 7.6% of Bolton's population aged 16 to 64 years (13,414 people) has a long term health problem or disability that significantly limits their day to day activities. The proportion of the population with a disability increases with age, rising to 56% of those aged 85+.

There are just over 2012 people aged 65+ living in the community with dementia in Bolton and 869 living in residential accommodation.

The number of adults with a learning disability known to the council is approximately 650 people at present but Planning4Care estimates that in 2013 there are 5,586 adults with learning disabilities in Bolton, including 100 adults with profound and multiple learning disabilities, 814 adults with severe learning disabilities and 4,672 adults with moderate learning disabilities. In 2011/12, 81.6% of adults with learning disabilities known to social care in Bolton were living in their own home or with their family compared with the national average of 70.0%.

Bolton has an ethnically diverse population, with 11% belonging to a non-white ethnic group. 6.1% of the population are of Indian background, the largest such community in North West England. The next largest ethnic group is Bolton's population of Pakistani background at 2.5% of the Borough's population. Bolton's White population make up 89% of the total, with the vast majority identifying as British.

1.3 Our Vision – Bolton Safeguarding Adults Board

The Board's vision sets out the overarching aims for the partnership;

People should be able to live a life free from harm, abuse and exploitation.

The board's statement of purpose that underpins this vision is to;

- Prevent abuse and neglect happening within the community and in service settings.
- Promote the safeguarding interests of vulnerable adults to enable their wellbeing and safety.
- Respond effectively and consistently to instances of abuse and neglect

The core purpose of the board is to protect adults who are vulnerable, but to also have a key responsibility to promote the wider agendas of safeguarding and prevention through ensuring safeguarding is everybody's responsibility in our organisations and communities. To achieve this we need a co-ordinated and timely response to reports of abuse, and we also need to create a community where abuse is not tolerated and people speak out.

The board has endeavoured to work to the following principles in all its developments to achieve the vision and adhere to its statement of purpose;

- **Principle 1 - Empowerment** – taking a person-centred approach, whereby users feel involved and informed, and their consent needed for decisions and actions to safeguard.
- **Principle 2 - Protection** – it is everybody's responsibility to act upon suspicions of abuse to ensure that adults at risk are afforded protection to them in law.
- **Principle 3- Prevention** – it is better to take action before harm occurs and prevention should be the primary goal, everyone has a role from organisations to members of the public and communities.
- **Principle 4 - Proportionality** – ensuring outcomes are appropriate for the individual and responses to allegations of abuse are proportionate to the risk and nature of allegation.
- **Principle 5 - Partnership** – agencies and communities should work together to respond effectively and share information appropriately ensuring the individual is involved.

- **Principle 6 - Accountability** – all agencies have a clear role and should be transparent and accountable for decisions that are made.

1.4 Structure of the board

The Executive board is a voluntary partnership of statutory and non-statutory organisations and comprises of senior officers as representatives from the following organisations;

- ✓ Bolton Council - Children's and Adults Directorate
- ✓ Bolton Council – Strategic Housing
- ✓ NHS Bolton Clinical Commissioning Group
- ✓ Greater Manchester Police
- ✓ Bolton NHS Foundation Trust
- ✓ Greater Manchester West Mental Health Trust
- ✓ Greater Manchester Fire & Rescue Service
- ✓ Bolton Community Voluntary Services
- ✓ University of Bolton
- ✓ Bolton College
- ✓ Greater Manchester Probation Trust

The following are members in an advisory capacity;

- ✓ Bolton Council Legal services
- ✓ NHS Bolton Clinical Commissioning Group lead practitioner
- ✓ Bolton Council Safeguarding lead officer

Board members are all senior officers of their organisations who are responsible for effectively representing their organisation and have authority to make decisions on their agencies' behalf; each agency is responsible for ensuring work around safeguarding takes place effectively in their organisation and contributes to the partnership's vision and priorities.

To support the work of the board there is an operational board that oversees the work of the four priorities identified for this year's work program that was delivered through subgroups. The operational board also includes the following additional partners:

- ✓ North West Ambulance Service NHS Trust
- ✓ ARCH Initiatives – Substance misuse services
- ✓ Healthwatch Bolton

The Subgroups are;

- **Priority 1** – Peoples experience of the safeguarding process is heard and used to improve quality of experience
- **Priority 2** – People who are in receipt of care and support are not subject to harm from their service provider
- **Priority 3** – Vulnerable adults are respected citizens of Bolton who live their lives with dignity & free from fear of abuse/harm
- **Priority 4** – The board is confident that safeguarding is preventing and responding to harm towards vulnerable adults living in Bolton.

In addition to the four priorities there are three other areas where task and finish/steering groups have operated and report to the board on progress:

- Workforce Development subgroup.
- Deprivation of Liberty task & finish group.
- Winterbourne View steering group.

The boards and subgroups have met regularly throughout the year with positive multi-agency attendance and commitment to move our work forwards.

In addition we also have an annual safeguarding conference for the partnership to share work of the board and promote safeguarding good practice and developments. This acts as a positive information exchange to wider groups and agencies than the board itself.

2. Our Work & Achievements

This section sets out the work and achievements of the 4 priorities and the Workforce Development subgroup that the board set as the work program for 2012/13.

Each sub group was chaired by a member of the Executive Board and comprised a range of relevant officers from the partnership organisations and other co-opted contributors.

The four priorities and the key indicators were:

Priority 1 - Peoples experience of the safeguarding process is heard and used to improve quality of experience

Key indicator:

- We learn from vulnerable adults, carers, families and professionals
- We know whether the process works for people and where it could be improved
- We know whether people felt involved and the outcomes they desired were achieved

Priority Group 1 focused on the User Voice in safeguarding and how a person's views are heard and responded to in order to shape the response to a safeguarding concern. The Group also considered how the adults at risk could influence the development of safeguarding at a strategic/board level. The group has identified a range of ways in which partner organisations seek the views of vulnerable people who use services and have highlighted some good practice in Bolton. However, findings highlight how we need to strengthen the voice of the vulnerable adults when we respond to allegations of harm, improve how we consider the user perspective when developing board initiatives, and finally develop a single point of access supported by accessible information for anyone wishing to discuss a safeguarding concern.

What we achieved:

- A consultation event with service users and carers. We listened to their views on how well we involve service users in the safeguarding process and when developing strategic developments.
- A proposal to set up a reference group for the Board to ensure we consider services users views when new developments are made.
- A 'user friendly' evaluation document to be completed at the end of the safeguarding process to collect service users on how well we involve people in the safeguarding process.

Priority 2 – People who are in receipt of care and support are not subject to harm from their service provider

Key indicator:

- We ensure how we commission services for vulnerable adults is safe and meets standards
- We monitor services effectively by gathering and analysing intelligence which assures services are safe
- We respond to intelligence that indicates case for concern & highlight examples of good/outstanding practice
- We have transparent and timely reporting of safeguarding concerns
- We use the lessons from national and local reports/reviews to improve services as needed

This Priority 2 Group divided into two specific work streams and supported the development of the Workforce subgroup:

1. Consider the needs of vulnerable adults eligible for NHS and community care services in relation to safeguarding.

This work stream was very much linked to action plans arising from internal management reviews and considered: how we share low level concerns/quality issues, achieve equality of response for those receiving Direct Payments or who are self funders, the interface between commissioners, regulators, contracts and front line professionals.

2. Review the multi-agency safeguarding policy and procedure.

This work stream has begun a review of the current multi agency policy and procedure to ensure that it reflects recent changes in practice and policy. The group has identified that frontline practitioners needed quick reference procedures based on essential minimum standards, which were backed up by web based references to good practice, key documents, case law etc. This work is ongoing and the board has agreed a revised timescale for the completion of this work.

The work stream involved core leads from Domestic Violence, Hate Crime, Anti-Social Behaviour and Prevent to consider how we might better integrate safeguarding pathways and together with Priority 3 subgroup mapped out these pathways.

Priority 3 – Vulnerable adults are respected citizens of Bolton who live their lives with dignity & free from fear of abuse/harm

Key indicators:

- We have a community safety strategy that responds to the safety and wellbeing needs of vulnerable citizens in the community
- Health, fire, housing and other universal targeted services are responsive to needs of vulnerable adults
- Activities promote key legal principles particularly Human Rights Act, the Mental Capacity Act; our interventions respect the right to self-determination and are proportionate where necessary.

The subgroup has particularly focused on the needs of vulnerable people who may not meet the eligibility for statutory services or individuals who decline services and remain vulnerable. Analysis of police Force Wide Intelligence data shows that about **40** individuals who have had recourse to the police on three or more occasions

during the year generate **33%** of police responses. Unfortunately, whilst there may be advice and support available to those individuals, they do not always act on this. Their right to choice and autonomy, especially if mentally capable, means that agencies and families have limited powers to insist on interventions. Alcohol and/or drug dependency are significant factors in this repeat caller profile. In response to these issues the subgroup also considered how safeguarding and community safety pathways can be better integrated. This has included work being undertaken with the Domestic Violence Team to ensure that safeguarding and Domestic Violence is better integrated.

This group has overseen the establishment of MAPSA (Multi-Agency Panel for Safeguarding Adults) which aims to support vulnerable people who may be disengaging or 'slipping through the net' of service provision. The panel is chaired by the Police and there are representatives from across the partnership including NHS organisations, North West Ambulance Service, Housing, Drug and Alcohol Services, Probation, the Fire Service and Mental Health. The panel considers whether agencies have exercised all their powers and duties and if any additional support can be provided. An initial evaluation has been undertaken and the Board has approved the continuation of the panel, although there needs to be more awareness of MAPSA's role across the partnership.

Priority 4 – The board is confident that safeguarding is preventing and responding to harm towards vulnerable adults living in Bolton

- We gather and report activity data which evidences responses and outcome to safeguard concerns and use data to identify/respond to concerns themes.
- We gather and report activity from priorities 1-3 and use data to evidence that vulnerable adults are safer
- We learn lessons from national and local safeguarding enquiries and benchmark local safeguarding arrangements.
- We have useful, accessible policies, practice guidance, and information for professional and the public

This subgroup has been undertaking the development of a dashboard which will provide the Executive Board with a snapshot of safeguarding activity across the Borough. It is envisaged that this will also enable the Board to identify areas where development can be undertaken to reduce the risk of harm to vulnerable adults in our town. The Group is currently considering a methodology of how to collect this anonymised data from across partner agencies.

Additional Subgroup - Workforce Development

- We have a well trained workforce who are confident to recognise and respond to safeguarding concerns commensurate with their level of responsibility
- We have a well trained workforce which is competent to undertake care duties commensurate with their level of responsibility.

Our annual conference this year was Feeling Safe- Being Safe. The seminar was a platform for local community safety services and police to raise awareness of safeguarding issues and pathways of response available to frontline managers in the partnership. The seminar was repeated twice due to the level of interest.

The national competency framework was used to develop a local framework across the partnership which is now being used to structure workforce development programme.

E learning packages for Mental Capacity Act and Safeguarding Training were launched across the partnership

Our 2013-2015 workforce plan has been developed and can be viewed here: [Bolton Local Safeguarding Adults Board Workforce Plan 2013-2015](#)

3. Safeguarding activity in 2012/13 and what this means

This section details the Safeguarding activity that has been undertaken in 2012/13 under the Safeguarding Adults policy and procedures. This information helps the board understand what is happening in Bolton and identify areas where we can target our interventions and develop practice.

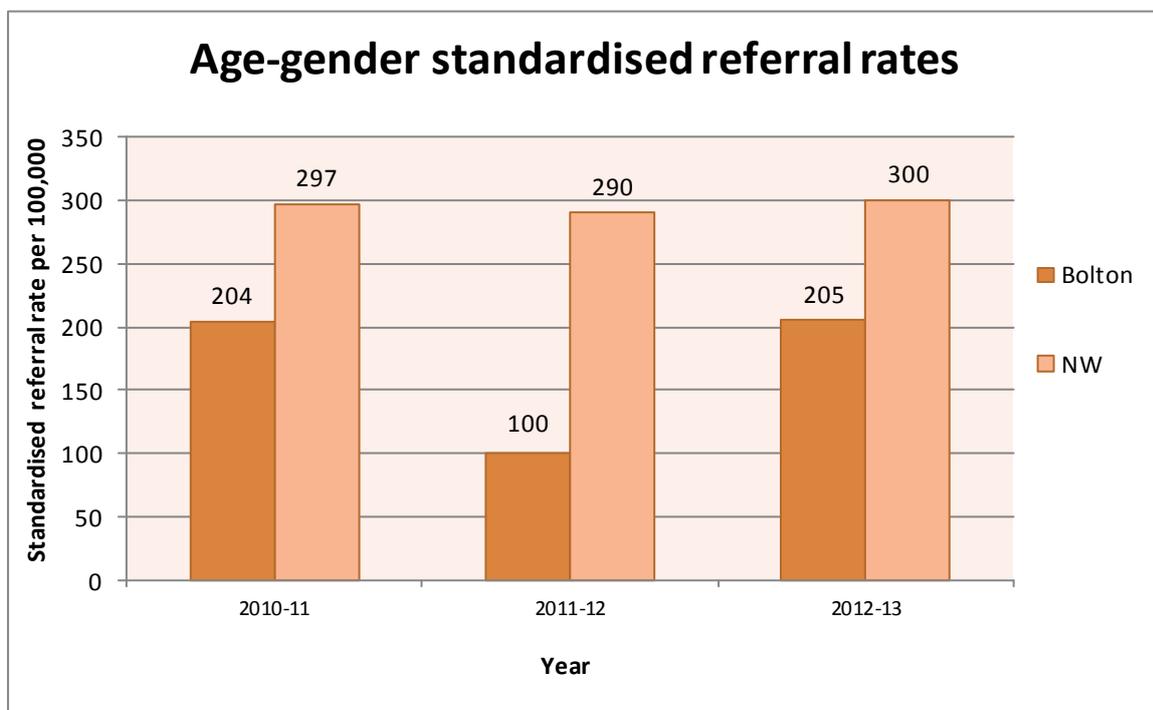
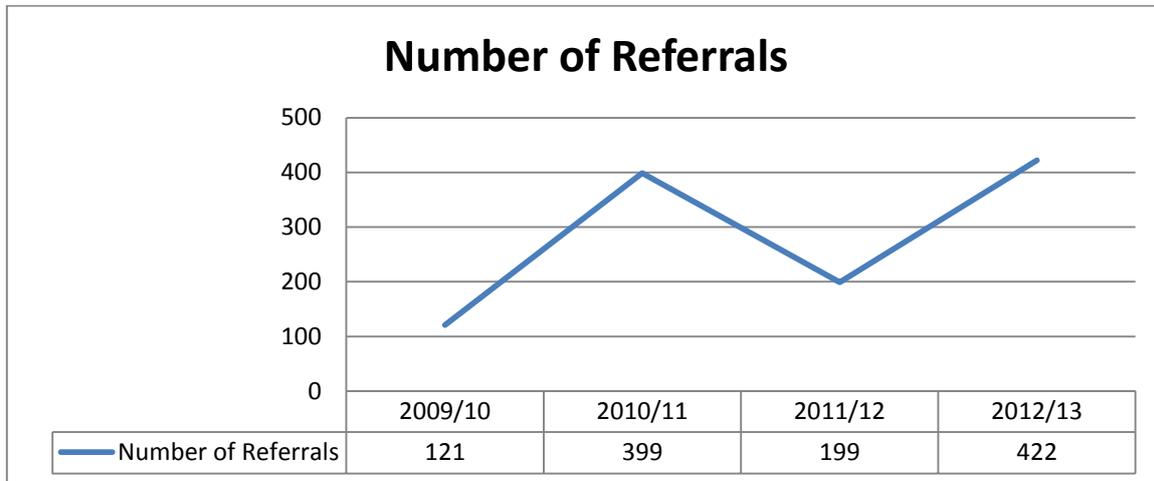
The information covers;

- Safeguarding referrals known as alerts
- Safeguarding referrals that went onto formal investigations, and
- Conclusions of these investigations.

3.1 Safeguarding Referrals

Safeguarding referrals are notifications of concern about a vulnerable adult reported to Bolton Council as the lead organisation. These concerns are about incidents or allegations of abuse, neglect or exploitation. Not all alerts require investigating under the Safeguarding Adults procedures as they may turn out to be concerns about an individual's welfare rather than concerns of abuse, so these alerts are responded to by the appropriate agency.

The graph below illustrates the number of safeguarding alerts that have been received each year over the last 4 years:



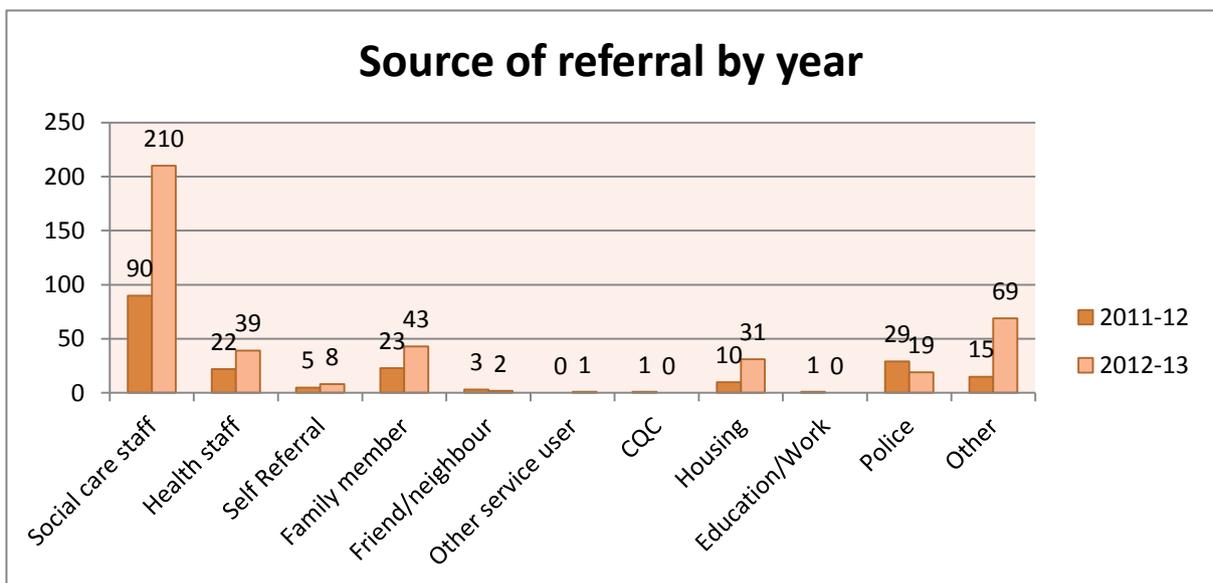
The table above shows that the number of alerts in Bolton has increased year on year, although there was a dip in 2011/12. The increasing trend corresponds with the greater emphasis both nationally and locally on the importance of the safeguarding of adults. It also demonstrates the work of the local partnership to embed Safeguarding practice in organisations and to raise awareness in communities.

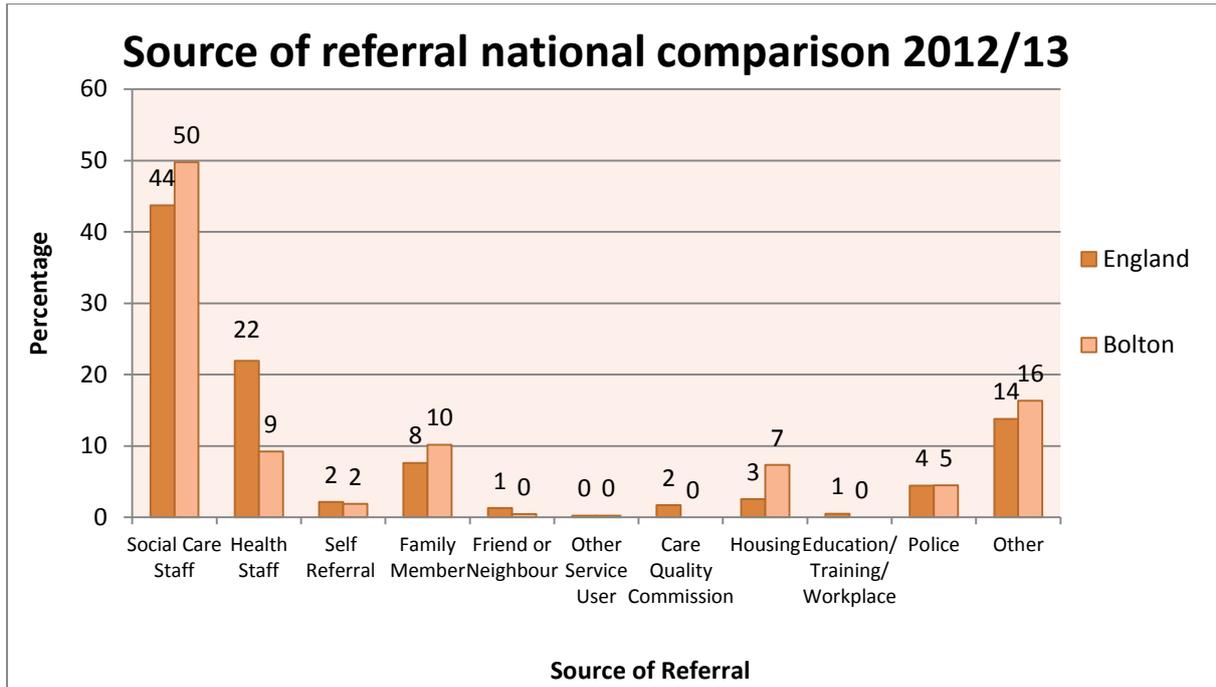
The number of referrals varies from area to area across the country and within the North West Region. As promotion of awareness about safeguarding adults continues

we would expect to see the number of referrals rising further; however, in future the collection of data will be more focused on the outcomes of safeguarding activity rather than the number of alerts.

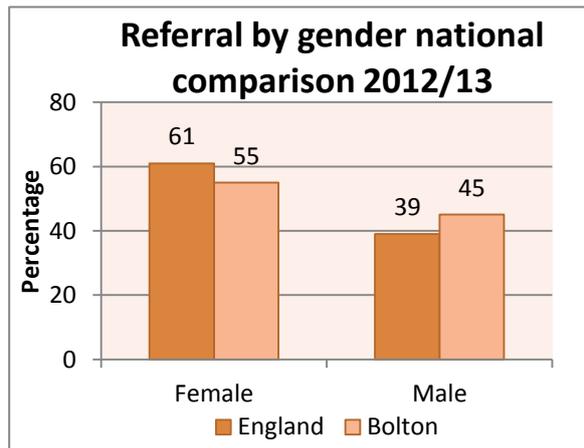
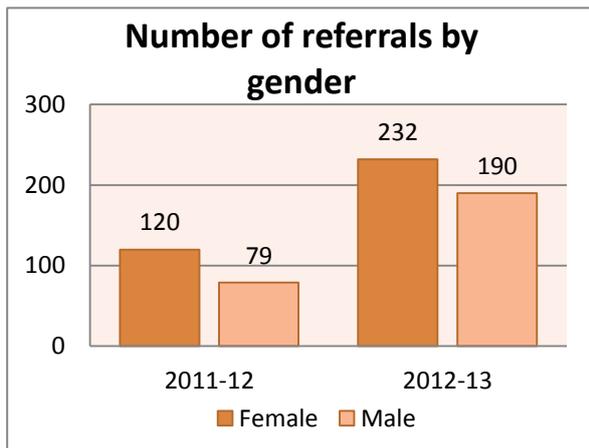
The overall number of referrals remains lower than the national average and North West average, this is thought to relate to a data issue and work is in progress across the partnership to rectify this situation.

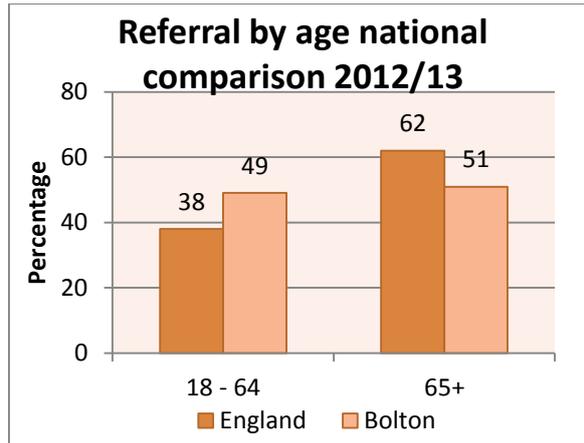
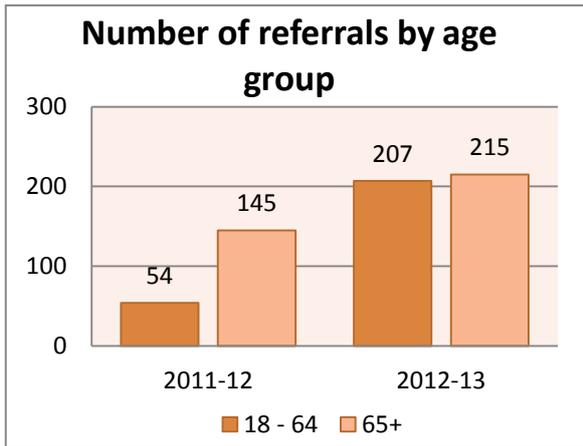
The following graphs demonstrate the breakdown of who made the referrals, and the age and gender of the referrals.



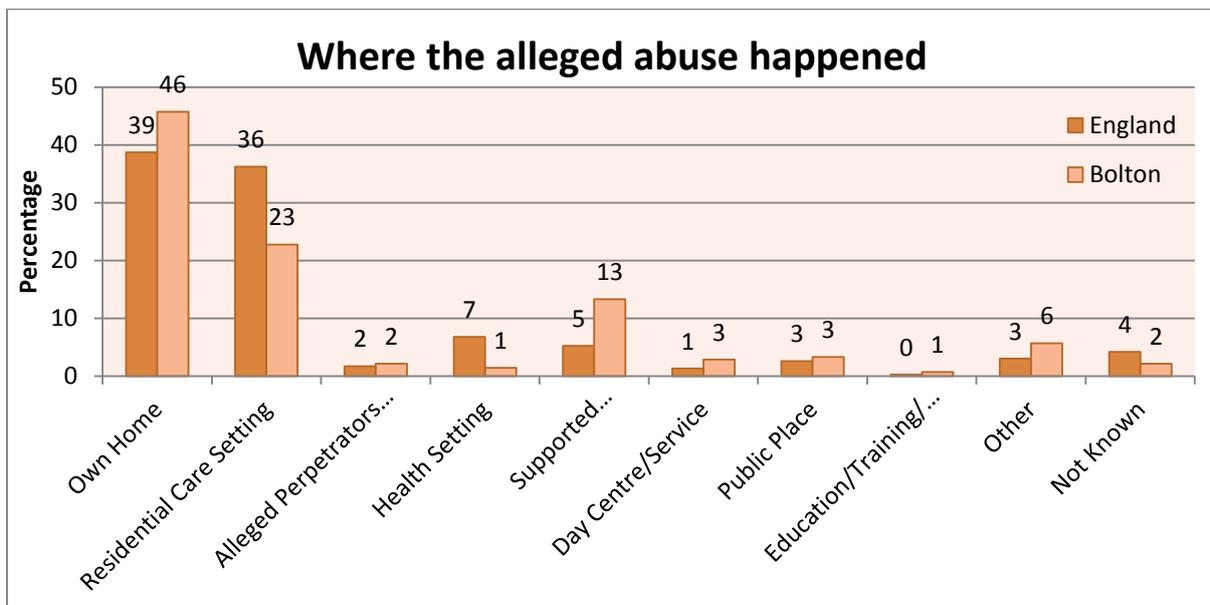


National Comparison: This table shows sources of referrals in Bolton mirror national trends



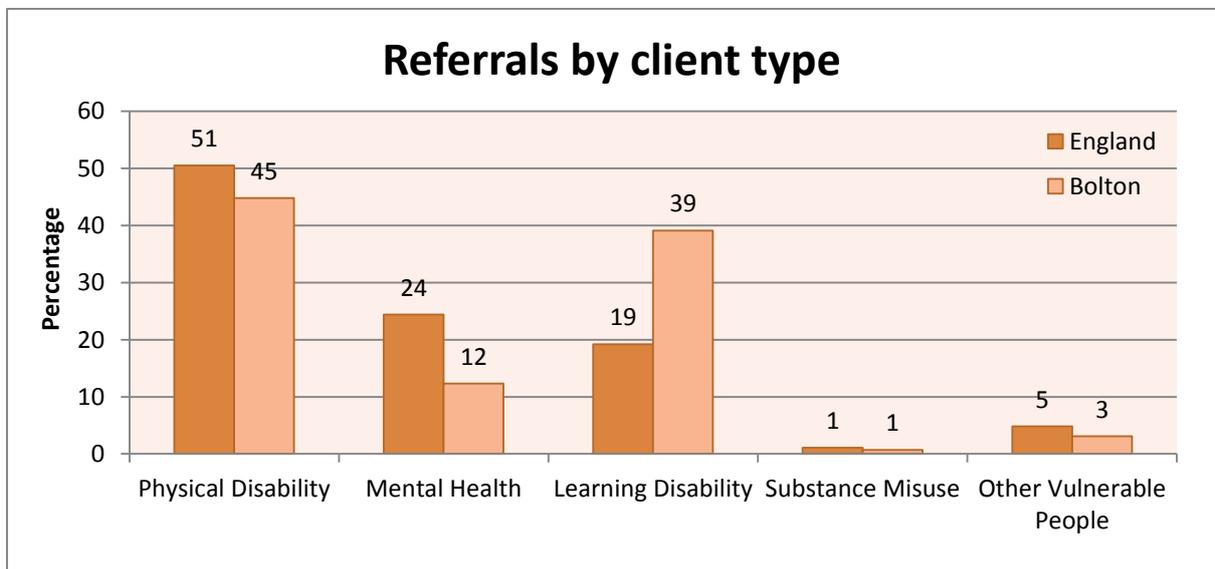
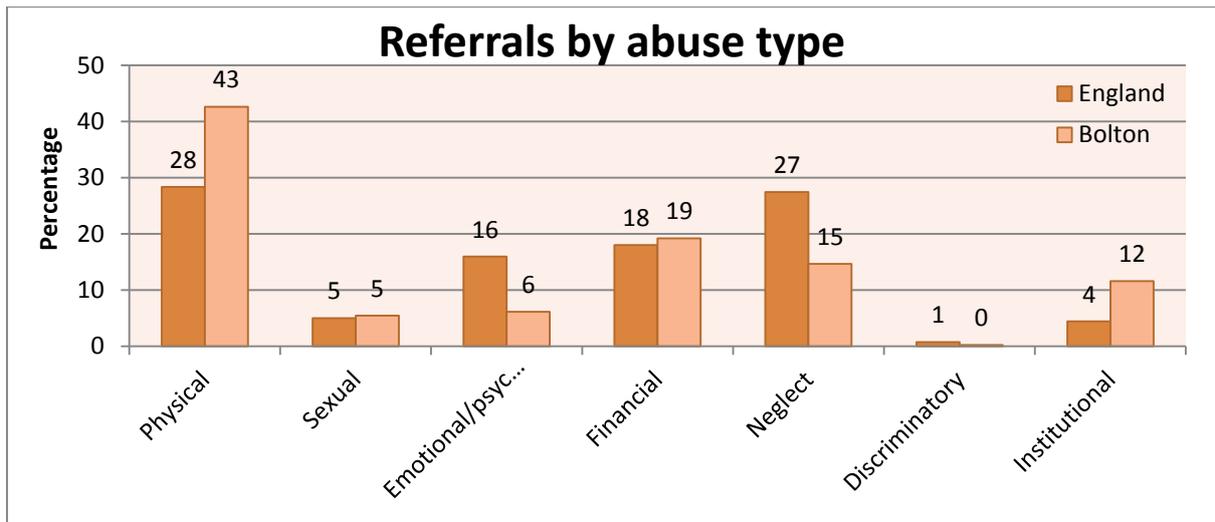


Age and Gender: Within the overall increase in safeguarding referrals, there was a marked increase in referrals concerning adults aged 18-64, whilst referrals about vulnerable adults aged 65+ increased in line with national trends. An increase in enquiries regarding adults aged 18-64 correlated to the local publicity regarding the conviction in 2012 of two care workers for the abuse of adults with learning disabilities.

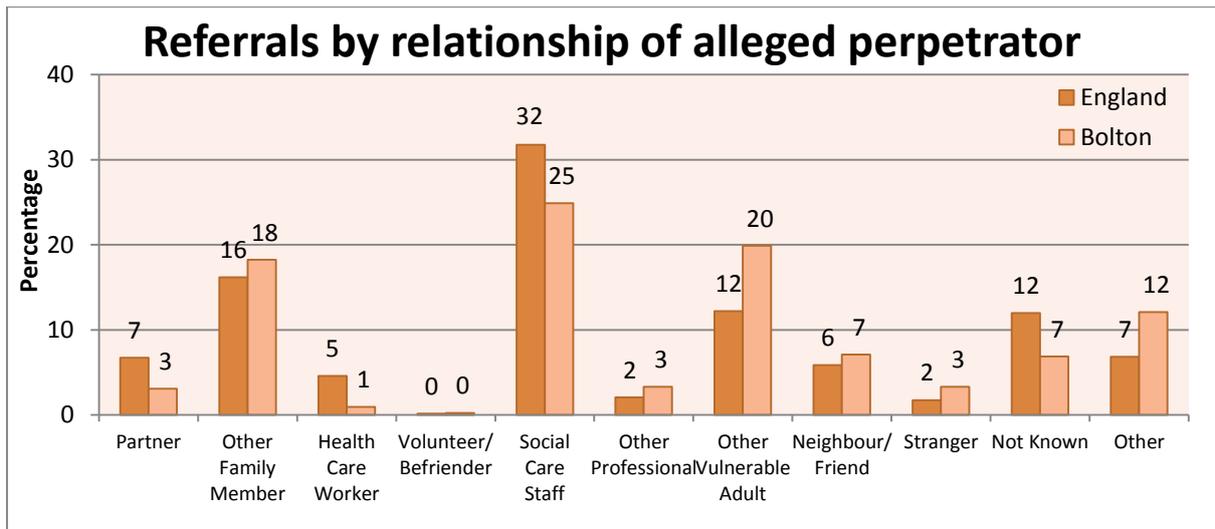


Settings for alleged abuse: Local figures broadly mirror national trends. The greater number of alerts in Bolton about adults in their own home and fewer in residential settings could be explained by Bolton having more adults with learning disabilities who live in their own home or with their family than most areas; as we know that referrals about adults with learning disabilities went up in 2012/13.

The following diagrams demonstrate types of abuse, relationship to the victim and the victim's primary client type;



Referrals by client type: The higher proportion of referrals regarding adults with learning disabilities compared with physical disabilities, contrasting the national trend, is likely to be as a result of heightened awareness of the vulnerability of people with learning disabilities following the local publicity as mention earlier.

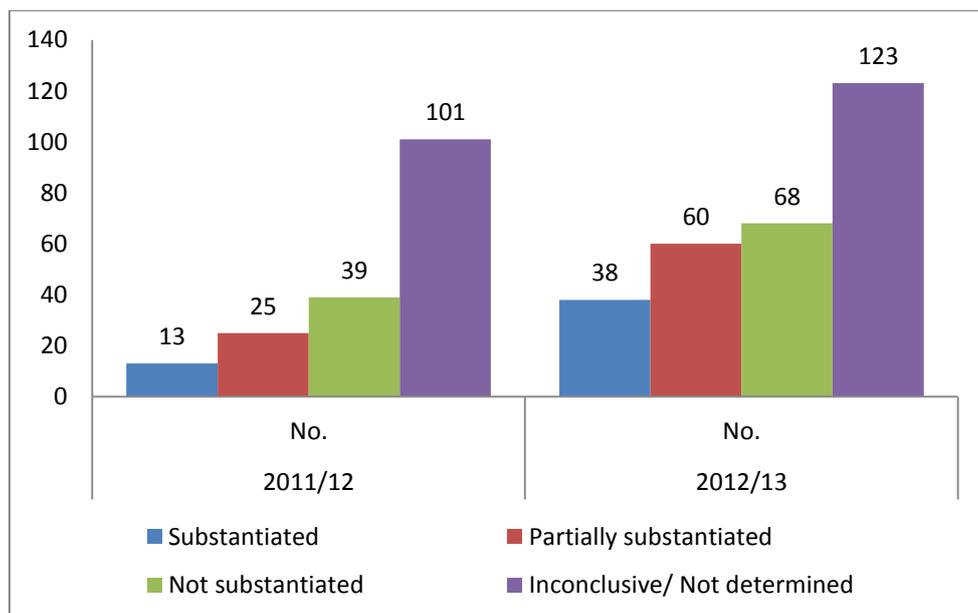


3.2 Investigations and outcomes

When safeguarding referrals are received, a decision is taken on the most appropriate response and whether a safeguarding investigation is required. Referrals that are not dealt with through safeguarding are supported in other ways such as; complaints, quality monitoring, care management or signposting to the appropriate agency.

In 2012/13 68% of the referrals received did not require a safeguarding investigation response and were responded to through alternative pathways.

The following graph shows the outcomes of the Safeguarding investigations which proceeded; these are known as case conclusions.



The balance of case conclusions has not significantly altered over the past few years, with a large proportion either being inconclusive/not determined or unsubstantiated. The substantiated cases need to be viewed alongside the partially substantiated cases. Partially substantiated cases are where there may be more than one type of abuse under investigation and the outcome would be substantiated for some but not all of the allegations e.g. allegations investigated for physical abuse, neglect and financial with the first two are substantiated and the later financial abuse unsubstantiated.

4. Partner agency achievements and organisational statements

4.1 Bolton Council - Adult Services

During 2012/13 Adult services has continued to develop practice in relation to Safeguarding and Mental Capacity across the social work teams, provider services and our commissioning and contracting teams.

Improvements have been made to data recording to ensure more accurate information can be obtained and ensure the council can meet the new requirements for its statutory returns for AVA.

Our overall commissioning approach has been to work collaboratively with providers in the difficult economic environment and significant changes in the health sector. This has meant that we are able to involve providers constructively in the development of safeguarding practice and have access to the appropriate local authority training courses.

Contract management and quality assurance undertaken by the council has meant that safeguarding issues are responded to quickly and proportionately to the risks.

The procurement activity has been improved during 2012/13 to ensure a more robust evaluation of provider's safeguarding policy/practice and ensure they are prepared to meet Bolton's standards.

Work within the council's contract department has begun to scope out quality standards for Care Homes and the reviewing methodologies.

In partnership with University of Central Lancashire (UCLan), Adult Services has commissioned a series of 'Making Research Count' events, for Local Authority staff working with vulnerable adults and families. Making Research Count is a national collaborative research initiative, working with regional centres such as UCLan to deliver workshops, seminars and developmental events to promote knowledge-based practice and improve social care services.

The first of these, a session entitled 'Getting to Good' was held in October 2013 and was attended by health and social care practitioners and management. The second session, 'Self Neglect', has now been scheduled and will be delivered as part of the Safeguarding Adults Multi Agency Conference on 20 June 2014.

A comprehensive three day Supervision Skills training course was developed and launched for Team Managers and Deputies in Adult and Children's Social Care. The course is focussed on enabling staff to recognise and manage risk more effectively and better empower vulnerable people to fully participate to the process. The roll out will continue in 2013-14.

In response to the Internal Management Review in respect of House H the service has delivered a detailed improvement programme that will continue to be monitored

and further development of the services quality assurance framework. Significant work has also been undertaken to prepare for the transfer of supervisory body responsibilities from the NHS for hospitals. From 1st April 2013 the council will undertake the supervisory body functions for Deprivation of Liberty Safeguards (DoLS) in both hospitals and care homes. A number of sessions have been held throughout the year to support providers in understanding DoLS and these changes. The DoLS co-ordinator continues to offer advice and the co-ordination of assessments for Bolton.

4.2 Bolton Council - Strategic Housing Services

A secure home is a key element in keeping vulnerable people safe. Housing services in Bolton assist with a wide range of housing issues with the aim of finding people a suitable home and providing support to help them live independently. Housing services work across all housing tenures; improving social housing, temporary and supported accommodation along with improving options for owner occupation and the private rented sector.

Examples of key successes for housing under the Adult Safeguarding Agenda include:

- Improved the range of accommodation for vulnerable adults. We assist and support vulnerable adults to maintain their independence, feel safe and be safe by delivering a Care and Repair Service; providing floating support services to assist people with support needs and those at risk of losing their home, providing community alarm and Telecare services to support people across all tenures
- Delivering a range of specialist accommodation for vulnerable clients e.g. women fleeing domestic violence, sheltered schemes for older and disabled people whilst planning for new developments e.g. hostel move-on scheme
- Provide an enforcement service to ensure private sector landlords provide decent housing to vulnerable tenants
- Bolton Community Homes Partnership (BCH) delivering and sharing experience to deliver consistent services in areas such as tackling Anti-Social Behaviour, Hate Crime and Safeguarding
- Dealing with 600 homeless applications and preventing rough sleeping across the borough and
- Assist those offenders leaving prison to find suitable housing and support services
- Providing housing advice and financial advice to clients across Bolton in a range of settings including hospital, prison, UCAN's and community settings (HOOT credit Union)
- Safeguarding leads are identified and well informed across our housing partners to provide a consistent response and share expertise with a range of agencies at Bolton's Inter Agency Forum, The Bolton Dementia Partnership
- Providing assistance to the most vulnerable during the winter months to ensure they have a warm home and equipment to cook food

- A Safeguarding Housing Group has been established and meets on a regular basis to keep housing partners informed of key developments, whilst continually working towards improving the services we provide.

4.3 NHS Bolton Clinical Commissioning Group (CCG)

- Safeguarding, promoting and improving the health of Bolton's vulnerable adults are public health priorities and these are reflected in NHS Bolton CCG's plans and those agreed with partners. NHS Bolton CCG plays an active role in the work of the Bolton Safeguarding Adult Board and is working with strategic partners to demonstrate a strong underlying culture for the protection of vulnerable adults, evidenced in its commitment to addressing the needs of those most at risk of abuse and neglect.
- Within Bolton CCG's organisational structure safeguarding is positioned within the Integrated Governance and Policy Directorate under the leadership of the Director of Clinical Governance and Patient Safety. This clearly embeds safeguarding as a patient safety service with robust clinical governance reporting arrangements via the Quality Safety Committee with representation from the CCG Executive Lead for Safeguarding and the Associate Director of Safeguarding. A new post has been created for a Chief Nurse who will take the lead on safeguarding at CCG Board level and will line manage the Associate Director of Safeguarding. In addition, the Safeguarding Adults Lead Nurse post has been transferred to the CCG.
- Historically, there have been less robust governance arrangements for safeguarding vulnerable adults, due to its non-statutory position. The revised model will ensure that the safeguarding adult agenda has the same principles and scrutiny of performance and compliance with safeguarding children standards and there will be improved management and communication between safeguarding leads and the Continuing Health Care Team who assess some of the most vulnerable adults in our population.
- A newly established committee, the Bolton Integrated Safeguarding Committee (BISC) has replaced the PCT Safeguarding Steering Group with a revised membership and terms of reference to better reflect governance arrangements and responsibilities in the new NHS architecture. This committee will become an integrated child and adult safeguarding committee and will be chaired by the Executive Nurse Member on the CCG Board. Safeguarding governance and performance continues to be reported as part of patient safety and clinical governance to the Quality Safety Committee.
- During 2012-13 there were three Domestic Homicide Reviews to which Bolton CCG contributed reports. As a result of learning from these GP practices are being supported to recognise and respond to domestic abuse using the CADDA materials. There has also been awareness raising sessions and domestic abuse was the topic of the third annual event for primary care in 2013. There is a planned domestic abuse multi-agency audit to take place in 2013/14 to evaluate the impact of awareness-raising and use of CAADA materials to improve responses to domestic abuse in general practice.
- The transition from Primary Care Trusts to Clinical Commissioning Groups has been challenging and systems continue to be risk assessed and further defined.

Despite the challenges, NHS Bolton CCG have continued to work hard to ensure the safe and effective commissioning of services and also addressed provider compliance through contract monitoring meetings and compliance with safeguarding standards of delivery.

4.4 Bolton College

During 2012/2013, there have been 38 cases relating to safeguarding children and 25 cases relating to safeguarding vulnerable adults across the College. Between 2008 and 2012 the number of safeguarding cases has numbered between 42 and 50 annually but in 2012/2013 the number of cases reported rose considerably to 63 in total. This is an increase of 26% on the previous year.

The College has a mandatory suite of training sessions related to safeguarding for all staff at all levels. The rolling programme of training which includes: keeping yourself safe at work; safeguarding - signs, symptoms and alerting procedures; Child Exploitation and On Line Protection Training; signs and symptoms and alerting procedures for reporting of violent extremism have helped staff to make effective decisions about students they have concerns about and have helped to increase the number of referrals to the College Safeguarding Team.

This year we have seen an increase in reports relating to Asian people of mixed, Pakistani or Indian origin - 24% of all safeguarding concerns were related to people of this heritage whereas in past years an average of 17% of all concerns related to people of this background. Issues reported by this group were from the whole spectrum of abuse.

In 2012 2013 we have seen a significant increase in reports related to child exploitation, serious mental health issues which would cause harm to the student or another person and domestic violence incidents. We have also had an increase in reports relating to cases of forced marriage.

All departments have reported at least one safeguarding issue in 2012/13. As expected, incidents relating to skills for independent living (foundation studies) students remains a significant proportion of the work (20%).

The retention and success rates for students who have been involved in safeguarding incidents have been analysed. In 2012 – 2013, 80% of students who were involved in safeguarding work successfully completed their courses or are still on course.

The list of agencies which the College links with to support children, young people and vulnerable adults with safeguarding issues is increasing each year and sources of support from outside the borough as well as within are being readily used. There has been an increase this year in the complexity of cases and the number of cases which have required a multi-agency approach to them. Multi agency working has

been a key factor in supporting and retaining students who have been involved in safeguarding incidents.

4.5 Bolton Community Voluntary Services

As an infrastructure organisation part of our role is to ensure all voluntary and community organisations which include self-help/mutual support groups are informed and kept up to date with safeguarding legislation and issues arising locally and nationally. By being on the Safeguarding Board and Operational Group it has enabled Bolton CVS, to inform organisations/groups about what their roles and responsibilities are in Safeguarding procedures and processes.

We have worked with Bolton Safeguarding team to promote and deliver on joint safeguarding training, which a number of groups have benefitted from. As part of some of the grants that are distributed to local groups and organisations there is a requirement for those working with vulnerable persons to evidence that they have the right policies and procedures in place before any funding is to granted.

4.6 Bolton NHS Foundation Trust

The Trust Board have had a particular focus on staff attendance on mandatory training and this has resulted in 81.0 % of staff being compliant with attendance on safeguarding adults training and mental capacity training. This is a huge improvement from the previous year which was on average about 43%. In addition several managers have attended Level 3 Safeguarding Training.

The Trust is now delivering the core skills education programme on safeguarding adults which was developed across the north-west and all staff receive this at induction.

The Trust continues to provide quarterly assurance reports at the Governance and Quality committee on all activity in relation to safeguarding adults. This includes all incidents and informal concerns raised by our staff in relation to safeguarding. The Trust Safeguarding Group continues to meet quarterly and provides a forum to identify areas for improvement and development.

The following policies have been implemented this year to support staff dealing with vulnerable adults, administration of covert medication and absconding patient's policy.

The activity in relation to DOLS authorisations has increased significantly this year with a number of the Matrons and Specialist Nurses having taken on this additional responsibility.

The Trust has established twice weekly Harm Free Care Panels to review all patients who have acquired a pressure ulcer in hospital or in the care of our community teams. This has sometimes resulted in a safeguarding review if concerns are raised for the safety of a patient. In addition a monthly panel has been established to review any patient who has suffered harm as a result of a fall.

The Trust launched a strategy for the prevention of harm from pressure ulcers and a strategy to reduce harm from falls in November 2013. A detailed work plan for the implementation of each of the strategies is in place which forms part of the key activity to improve care to our patients.

The number of safeguarding investigations which staff from the Trust have taken a lead on has also increased and is now incorporated in the investigation of formal complaints from patients and their families.

The Trust has continued to make significant progress against achievement of the Integrated Dementia Action Plan in partnership with the Local Authority, Greater Manchester West NHS Trust and the voluntary sector.

The Trust revised the Learning Disability Action Plan for Access to Healthcare for people with a learning disability and has developed an internet page for staff which provides a variety of accessible information to use with patients. A matrix to capture evidence on reasonable adjustments which have been put in place for specific patients has been developed.

4.7 Greater Manchester Fire Service Bolton Division

This work has included a training and awareness programme for health and social care service providers in the public and private sector to identify the risks of fire to vulnerable adults and refer them to GMFRS for a home safety check.

Safeguarding and mental health training for staff in GMFRS. This has improved awareness and ability GMFRS to refer individuals that they have concern for to appropriate services.

The ability for arson referral visits to be undertaken by GMFRS staff where arson has been identified as a potential method of domestic violence.

Two way training between GMFRS and Drug and Alcohol Services regarding the risks from fire to those who suffer from alcohol abuse.

4.8 Greater Manchester Police Bolton Division

Prevention of abuse and neglect is identified and managed at all levels within the Bolton division. The intervention and cocooning by response and Neighbourhood Police Staff ensures that those who are identified as vulnerable to abuse and neglect are provided with appropriate safeguarding measures and the necessary referrals are made via the triage work within the Public Protection Investigation Unit. The joint approach between the police and partner agencies aims to safeguard, prevent and bring those to justice who do abuse and neglect those who are vulnerable.

The safeguarding interests are promoted by the continuing drive to identify vulnerability through information sharing and joint working, such as the work carried out through MAPSA, chaired by The Detective Inspector of our Public Protection Unit. MAPSA provides opportunities for professionals to offer the most appropriate support to those who require it, taking in to consideration the best interests of the individual and ensuring their well-being. The police continually aim to highlight vulnerability within the community as demonstrated through the promotion of awareness days, such as the recent Elder Awareness day.

The Bolton Division continue to respond effectively and consistently to instances of abuse. All cases of abuse are pro-actively and robustly investigated, no matter which department of our service conducts the investigation. There have been a number of positive results through criminal investigations, despite the investigations often being complex and of a sensitive nature. These positive results do come as a direct result of fluid information sharing and joint working to ensure that those neglecting or abusing vulnerable people are identified and punished appropriately and fairly. The response to abuse continues to be a priority for Bolton Police and this is demonstrated by the work by all those concerned with safeguarding vulnerable adults and will continue to be so.

4.9 Greater Manchester West Mental Health Trust – Bolton Directorate

- Multi agency panel for safeguarding adults now established and working well.
- Contributed to revision of multi-agency procedures.
- Partnership with police now includes membership of Multi-agency Risk Assessment Conference, response to force wide welfare notifications and membership of Channel steering group.
- Partnership between GMW and Fire Service to train fire service staff in mental health awareness, and trust staff in referring for fire home safety checks.
- Sustained attendance of GMW named doctor for adult safeguarding at Bolton Local Safeguarding Adults Board, and assistant director at operational board.
- Piloting of new pro forma for reviewing residential placements in light of Winterbourne View.

Developments in Trust arrangements for safeguarding

In 2012/3 a central hub for safeguarding was set up within Trust governance arrangements, led by the director of operations and nursing and supported by two consultant psychiatrists (one for children and one for adults) with an interest in safeguarding. The hub meets on a quarterly basis for strategic planning. In addition, all corporate and directorate safeguarding leads attend a monthly meeting of an operational group chaired by the director of operations and nursing.

Incidents raising a safeguarding concern reported through the trust's incident reporting system are now reviewed on a daily basis by corporate and directorate safeguarding leads, to ensure that actions are appropriate and safeguarding referrals and alerts are made to local safeguarding units where indicated. Although it is exceptional for managers reviewing such incidents to fail to recognise that referral is indicated, the review by leads provides a backup should this happen.

Safeguarding concerns related to pressure ulcers are now monitored. Since May 2012, all pressure ulcers either present on admission or occurring during an in-patient stay have been reported internally. Any ulcer grade 2 or above has a Pressure Ulcer Route Cause Analysis completed. Pressure ulcers of grades 3 and 4 are additionally reported externally as a serious incident and also referred to the trust safeguarding lead for assessment. (*Prevent abuse and neglect*)

A monthly report on all incidents raising a safeguarding concern is now received by the senior operational managers. Incidents of particular concern are reviewed and any additional actions agreed. This information is now incorporated in the quality part of the Trust Board performance report.

4.10 North West Ambulance Service NHS Trust (NWAS)

NWAS works across the North West of England and interfaces with a total of 46 Safeguarding Boards. NWAS works in partnership with a wide range of organisations and contributes to a significant number of Adult Reviews and Domestic Homicide Reviews.

Key Achievements

- The Safeguarding Vulnerable Persons Policy and Procedure and the Sudden Unexpected Death of Children Procedure (SUDC) were updated to reflect lessons learned from Serious Case Reviews. The implementation of Safeguarding Procedures is monitored and compliance is reported as a series of Clinical Safety (Quality) Indicators.
- Clinical Safety Indicators (audits) for safeguarding have expanded to include patients with learning disability, mental health problems and domestic abuse for both adults and children and are reported to the Trust Board.

- A Dementia Strategy Group has been working together to; raise awareness of issues for patients with dementia, develop e-learning and improve care. This work will progress into 2013-2014.
- Funding has been secured for a two year Mental Health Project (2013-2015) which aims to develop pathways, develop training and improve outcomes for patients accessing pre-hospital emergency care.
- Funding has also been secured for a project which will address patients who are frequent callers to the Trust. A number of staff have been appointed to this project.
- Mandatory training has been updated for corporate staff and for hands on clinical staff and call takers. The uptake of mandatory safeguarding training for both adults and children is high and monitored via a monthly dashboard of compliance by the Trust Commissioner (Blackpool CCG). Staff in the call centres have received additional training as they handle a lot of information relating to safeguarding adults and children.
- Senior Clinicians are accessing multi-agency training when possible and it is hoped that uptake will expand with enhanced Board engagement.

5. Going Forward

The Safeguarding Partnership in Bolton is committed to working together to safeguard vulnerable people in Bolton. The board is developing its role and governance over the next 18 months in readiness for the implementation of the proposed Social Care Reforms and the expected statutory footing for Safeguarding boards.

The board will review its strategic plans, board structure in the Autumn 2013, and will continue to work to the priorities and aims described in the boards vision to;

- Prevent abuse and neglect happening within the community and in service settings.
- Promote the safeguarding interests of vulnerable adults to enable their wellbeing and safety.
- Respond effectively and consistently to instances of abuse and neglect

The Board recognises that there continues to be significant work across the partnership to deliver this vision and will strive to do so throughout 2013/14.

6. Appendices

6.1 Workforce Development Plan (hyperlink)

[Bolton Local Safeguarding Adults Board Workforce Plan 2013-2015](#)

6.2 Useful Contacts

Bolton Council

If anyone needs to report a safeguarding adults concern Monday to Friday 8.45- 5pm except Bank Holidays they should ring Adult Social Care - Short Term and Re-ablement Team (STAR)

- South STAR - **01204 337000** if the adult lives in the following post code areas: BL3, BL4, BL5, and M--
- North STAR - **01204 333410** if the adult lives in the following post code areas: BL1 BL2, BL6, BL7
- If any person needs advice about a Deprivation of Liberty Concern they should ring **01204 333891**
- We also have an e mail address for non-urgent queries safeguardingadults@bolton.gov.uk
- Any urgent/emergency concern outside of the above hours contact Out of Hours Duty Team telephone **01204 337777**

If any person wants more information about Safeguarding Adults, Mental Capacity Act or Deprivation of Liberty Safeguards (DoLs) they can obtain information from www.bolton.gov.uk search Safeguarding Adults or Mental capacity.

Greater Manchester Police

Emergencies always dial **999** in an emergency where there is **danger to life, or a crime is in progress**. This number is available 24 hours 7 days a week. From a mobile please dial **999 or 112**.

Non-emergencies please dial **101**, this is available 24 hours, 7 days a week, a non-emergency is where police attendance is required, to report a crime or to report other incident.

Glossary

Abuse

A violation of an individual's human and civil rights by any other person or persons and may be:

- A single act or repeated acts
- An act of neglect or a failure to act
- Multiple acts - for example, an adult at risk may be neglected and also being financially abused

Alert

A concern that an adult at risk is or may be a victim of abuse or neglect. An alert may be a result of a disclosure, an incident, or other signs or indicators.

Anti-Social behaviour

Behaviour by a person or persons which causes or is likely to cause harassment, alarm or distress to one or more persons not of the same household as the person

Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home or hospital only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them.

Domestic violence

Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members.

Hate crime

An incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability. This definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition, it includes incidents that do not constitute a criminal offence.

Mental capacity

Mental capacity in the context of adult safeguarding is the ability of a person to:

- Understand the implications of their situation
- Take action themselves to prevent abuse

- Participate to the fullest extent possible in decision making about interventions involving them, be they life-changing events or everyday matters

Safeguarding

Safeguarding captures notions of both 'promoting welfare' and 'protecting from harm or abuse'. Adult safeguarding work is therefore concerned with preventing abuse and neglect, and promoting good practice when responding to specific concerns.

UCANs

Urban Care and Neighbourhood centres are local centres in Bolton that offer facilities and services which support the delivery of initiatives to tackle crime, promote employment and learning, and help sustain the neighbourhood in that community. UCAN centres may offer IT facilities, community space, employment support and volunteering opportunities.

Vulnerable adult

A person over the age of 18 who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of themselves, or unable to protect themselves or herself against significant harm or exploitation.