

Bolton Safeguarding Adults Board

Working in partnership to prevent Adult abuse and neglect

Annual Report 2013/14



Bolton
Council

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Foreword

Welcome to Bolton's Safeguarding Adults Board Annual Report for 2013/14. 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.

All the organisations represented on the Safeguarding Adults Board have a vital role to play in protecting vulnerable adults in the Borough and work together to make sure that concerns are addressed, awareness of safeguarding is promoted and we continuously learn from best practice.

The Care Act 2014 strengthens the work of Local Safeguarding Adults Boards, placing them on a statutory footing, and setting out through government guidance specific duties and broader expectations for local authorities, boards and the local agencies involved.

This annual report provides an overview of Bolton's Safeguarding Adults Board and its membership, the work it has focussed on over the past 12 months and the achievements made. It will also summarises 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

2013/14 has been a positive year of progress for the Safeguarding Adults Board and in Bolton partners are working together on a wide range of improvements and initiatives to protect vulnerable adults and to raise awareness of safeguarding.

The safeguarding of vulnerable adults has a growing profile as the Care Act becomes law and from 1 April 2015 will place adult safeguarding on a firm statutory footing for the first time. As well as embedding safeguarding into Adult Social Care law and practice, the Care Act makes it clear that Local Safeguarding Adults Boards must be built on strong collaboration between agencies and build a framework of inter-agency arrangements, with involvement of the local community and its concerns and needs at the heart of their work.

The Annual Report outlines how the many important aspects of safeguarding are being taken forward in Bolton - through multi agency sub groups, learning from our performance and intelligence and developing processes and a culture that places the outcomes for our most vulnerable citizens at the heart of our local services.



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



Cllr Linda Thomas
Executive Cabinet Member
Deputy Leader
Bolton Council

1.2 Bolton Borough

The Bolton Borough has a total population of around 280,100 (mid-2013 population estimates) living in the town of Bolton and the surrounding township areas of Farnworth, Kearsley, Horwich, Westhoughton and Turton. The population of the borough is forecast to increase by around 20% or around 54,000 people by 2035.

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.

As well as being home to a range of different communities, Bolton is also socio-economically diverse. While parts of the borough are amongst the most affluent in the country, around one quarter of the borough is amongst the 15% most deprived areas in the country.

The age profile of Bolton is similar to that of England, but the proportion of children is slightly higher; and the proportion of working age and older people is slightly lower. However, Bolton for the most part closely follows trends in age groups for both Greater Manchester and England and Wales.

Disability and ill-health are important concerns for our residents. In the 2011 census, 20% of residents said they had a limiting long-term illness or disability. The proportion of the population with a disability increases with age, rising to 56% of those aged 85+.

The 2011 Census found that there were 30,649 people in Bolton who said they had caring responsibilities for members of their family or friends. The person they care for may need support because of long term illness, frailty, physical disabilities, mental health issues or substance misuse.

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 priorities identified for the 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:

- Quality Assurance and Performance
- Workforce and policy development
- Early intervention and prevention
- Mental Capacity
- Learning Lessons

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

2. Our Work & Achievements

2.1 Quality Assurance and Performance

The Quality Assurance and Performance sub-group responsibilities are to:

- Develop and implement a strategy to measure and improve the quality and performance of safeguarding activity in the borough.
- Develop performance reporting systems including a dashboard of key performance information for the Board
- Create a safeguarding intelligence report which pulls together information from a number of sources together with analysis, key findings and recommendations
- Analyse all safeguarding information and identify key themes, areas of risk and opportunities for the Board.
- Define meaningful quantitative and qualitative measures to evaluate the quality of our response to safeguarding, evaluate impact of safeguarding activity and track improvement.
- Reviewing local intelligence to identify risk areas and areas for improvement
- Establish ways of obtaining customer experience and ensuring the customer experience is central to the Board's work to develop standards, processes, policies etc.
- Establish safeguarding standards and the means for measuring.
- To write the Board's annual report

The Q&P Sub-Group includes senior representatives from partner organisations who are supported by other individuals and organisations if the need is identified.

The group's plans including developing the work of the new Safeguarding Intelligence Forum and leading on standards and developing processes and improvement across partners.

2.2 Workforce and Policy Development

The Workforce and Policy Development sub-group responsibilities are:

- To ensure there is Bolton multi-agency safeguarding policy and supporting procedural guidance in place.
- To ensure there is a programme of safeguarding training, single and multi-agency available for all levels of staff so that they understand and are confident in their roles and responsibilities.
- To ensure there is a range of specialist training to support key roles and processes and in response to lessons learned, serious case reviews, new legislation etc.
- To deliver the annual safeguarding conference.

Planning took place during 2013-14 for the June 2014 Conference with the University of Central Lancashire (UCLan), who have worked with Bolton in running Making Research Count events for staff. In partnership with UCLan 2 half day events took place on the topics of Forced Marriages and Getting to Good in Adult Services. Over 100 staff from all agencies attended.

22 training sessions were delivered to staff on-site at their premises. This type of training is becoming more popular as whole teams receive their training together and the session is bespoke to their practice.

Several Mental Capacity Act workshops have taken place but there is an identified shortfall for Best Interest Assessors hence 11 places have been secured for staff to undertake formal accredited training.

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

Three free e-learning packages, purchased by the Safeguarding Adults Board, were made available for all on the Bolton Council Safeguarding web page. The courses are free and available for all levels of staff who work within Bolton Council and external organisations:

- Safeguarding Adults at Risk
- Mental Capacity Act
- Deprivation of Liberty Safeguards

The sub-group has set in place plans for a new updated multi-agency safeguarding policy and guidance to be available on the web in January 2015.

2.3 Early intervention and prevention

The new Early intervention and prevention sub-group has a wide ranging remit and have successfully gathered together practitioners and representatives from the following organisations: Community and Strategic Housing Services, Bolton Community Homes Partnership, Health and Adult Social Care, Bolton College, Fortalice, Communications and Marketing, Community Safety, Bolton CVS, GMW and GM Police.

Scope:

- Improving Early Intervention and Prevention in Bolton
- Ensure people's experience of Safeguarding is heard and used to improve the quality of this experience
- Develop partnerships and improve communications to develop consistent and improved approach to Safeguarding in Bolton

It is proposed by the Operational Board that the Early Intervention and Prevention Group cover the following:

- Focus on wider safeguarding
- Ensure community safety pathways are understood within safeguarding and used appropriately - measure usage by partners
- Links with Domestic Violence/MAPSA/ MARAC/MAPPA/ASB etc.
- Define the focus of Early Intervention and Prevention campaigns for the Board
- Consider how do we audit third sector/universal provision and their compliance with safeguarding
- Continue the work around listening to clients to improve services

2.4 Mental Capacity

The Mental Capacity sub-group responsibilities are to:

- Evidence Compliance with MCA e.g. Capacity Assessments, Best Interest meetings, IMCA Referrals across organisations
- Revise MCA Multi-Agency policy
- Ensure partners have up to date restraint policies
- Ensure delivery of MCA Training across agencies
- Respond to Recommendations in House of Lords Committee Report
- Oversee the progress of the Winterbourne Task and Finish Group
- Oversee the DoLS Task and Finish Group

The challenges of this sub-group are:

- The capacity of the teams to respond to increased DoLS activity
- Raising awareness through the provision of training
- Evidence of MCA compliance for CQC Inspections

2.5 Learning Lessons

The Learning and Improvement sub-group responsibilities are to:

- Identify and screen referrals for those cases which meet the criteria for a Serious Case review (Safeguarding Adult Review)
Identify those cases where lessons can be learned but which do not meet the criteria for Serious Case Review
- Identify any themes or trends within the referral cohort to support local learning
- Consider any themes or issues from national Serious Case reviews that may further improve the quality and impact of safeguarding in Bolton.

The key activities of this sub-group are to:

- Review the current policy in light of statutory guidance and regulations for the Care Act 2014 regarding Safeguarding Adult Reviews
- Establish a multi-agency sub-group to consider referrals; oversee panels where needed and report on actions
- Considering linkages for General Practice/Domestic Homicide Reviews/Safeguard Intelligence Forums/Serious Untoward Incidents/service user feedback/complaints with the Quality Assurance group
- Developing referrals pathways and tools
- Developing different models of practice to Learning Lessons

3. Safeguarding activity in 2013/14 and what this means

3.1 Safeguarding activity in Bolton – referrals and outcomes

Adult safeguarding activity in Bolton during 2013-14 is from the new Safeguarding Adults Return (SAR). The information is presented with comparisons to Bolton's 2012-13 activity, and the latest available national data released by the Health and Social Care Information Centre.

There have been a number of changes in relation to safeguarding activity reporting, both locally and nationally. Now, rather than counting only one safeguarding referral form, two forms are used - safeguarding alert and safeguarding investigation forms. This change captures improved information that enhances the safeguarding work carried out by the Council and its partners, as it is important that we monitor and understand about safeguarding matters being brought to our attention, however they are best responded to, with clear identification of when concerns are formally investigated, how these progress and what the outcomes of them are.

There are some known data integrity issues with current reporting mechanisms and these are reflected in the 2013-14 final data presented in this report. As a consequence, Bolton's rate of completed safeguarding referrals is significantly lower

than the national average. A number of key improvement actions need to be taken to address this, including the resolution of local data quality issues and improvements in data sharing arrangements with partner agencies. The Safeguarding Board's Quality & Performance Sub Group will take this work forward.

Agreement has recently been made with the NHS in relation to the Council taking the lead on all Safeguarding investigations, and further improvements are planned around establishing a single route for alerts and referrals, and a Task & Finish Group will be set up to lead this work.

Full details of safeguarding activity, performance and statistics in 2013-14 can be found in Appendix 6.2 of this report. The following is a brief summary of headline figures and issues:

- In 2013-14, there were between 44 and 89 new safeguarding alerts per month in Bolton. The gender split and age breakdown of alerts broadly mirrored the England averages, with the 60% concerning females and 40% concerning males, with the highest proportion concerning people over 85 years.
- The overall number of safeguarding referrals went down slightly compared to the previous year, which is against the national trend, but data quality issues were identified which it is understood may have contributed to this and the Safeguarding Board has prioritised this area for further work and improvement during 2014-15.
- The year's activity saw a reduction in learning disability referrals but the rate remains higher than the 2013-14 national average. The remaining categories are broadly similar to last year's activity and in line with national trends.
- Bolton currently has a low rate of concluded referrals per 100,000 of the population in comparison with the national average and issues with the definitions of some data items and data quality work has been prioritised by the Safeguarding Board for further work and improvement for 2014-15.
- Bolton's referral activity by abuse type is broadly in line with national trends, but the rate of neglect and acts of omission is much lower than the average.
- The most common location or setting of the abuse or risk is care homes and rose to 11% above the national average. Abuse within people's own home has decreased by 8% and abuse or risk within hospitals remains extremely low at 1%.
- Bolton's 2013-14 activity shows that a higher proportion of cases were concluded as not substantiated when compared to 2013/14 national trends. Meanwhile, the proportion of fully substantiated case conclusions increased this year but remained below the national average.

3.2 Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act 2005 allows an individual to be deprived of their liberty if they suffer from a mental disorder, such as dementia or a learning disability, and they lack the capacity to give informed consent to the arrangements made for their care.

A person can only be deprived of their liberty following an independent assessment which has determined that such a deprivation is necessary in their best interests to protect them from harm.

From 1st April 2013 the council has undertaken the supervisory body functions for Deprivation of Liberty Safeguards (DoLS) in both hospitals and care homes. So the assessments are undertaken by the local authority with the support of social workers and medical professionals.

The case law on DoLS changed at the end of the reporting year in March 2014, following a number of Supreme Court judgments, such that the threshold for what is now considered to be a deprivation of liberty has been lowered. This will lead to a marked increase in the number of DoLS assessments undertaken by the Local Authority and an increase in the associated resources to undertake them. The Board have prioritised the monitoring of this change in law.

Bolton is applying the new judgement to all new cases and case reviews and developing a plan to assess all people who may now fall under the requirement over a longer term plan. A workforce review is underway to consider the overall capacity in our DoLS function across partnerships and to understand the financial implications. This work is being overseen by the Mental Capacity Act sub group.

Full details of Deprivation of Liberty Safeguards authorisations and outcomes in 2013/14 can be found in Appendix 6.3 of this report. The following is a brief summary of headline issues (it is to be noted that these figures are pre. Supreme Court ruling and change in law):

- The rate of DoLs applications increased significantly in 2013-14 after a low number of applications the previous year.
- A higher proportion of vulnerable adults had their primary disability recorded as Dementia. Local awareness was raised through Dementia training which incorporated Mental Capacity and DOLs and the new Memory Assessment Service was set up.
- The greater proportion of authorisations granted in Bolton in respect of individuals with mental health needs due to Dementia compared to nationally is consistent with the greater rate of applications for people with Dementia.
- The gender balance of applications and authorisations in Bolton is broadly in line with the overall national picture.

4. Partner agency achievements and organisational statements

4.1 Bolton Council - Adult Social Care

During 2013/14 Adult Social Care has continued to develop practice in relation to safeguarding and Mental Capacity across our social work teams, in our own provider services and in our work with external providers through our commissioning and contracting teams.

In December 2012, the DH report “Transforming Care; A national response to Winterbourne View Hospital” was published. The report identified a range of actions at a national and local level to improve the quality of support provided to people with learning disabilities especially those with challenging behaviour to enable them to live in their community.

Locally Bolton has achieved 14% (3 people) of moves back to Bolton of the original cohort of people (21 people) appropriate to repatriate with a further 9% (2 people) where there are planned dates to move. In addition, there are wider plans underway to commission the remaining provision and identify moved to commence from April 2015.

The new data recording and analysis arrangements for safeguarding, the Safeguarding Adults Return, have been introduced during 2013-14, and as a result we are addressing data quality issues as a priority so that we can look ahead to ensure we have robust data to understand local trends and issues.

Our commissioning approach has been to continue to work collaboratively with providers in the difficult economic environment and significant changes in the health sector. We involve providers constructively in the development of safeguarding practice and they have access to the appropriate local authority training courses.

Contract management undertaken by the council means that safeguarding issues are responded to quickly and proportionately to the risks. Procurement activity ensures a robust evaluation of providers’ safeguarding policies and practice and ensures they are prepared to meet Bolton’s standards.

The Council established a Quality Assurance and Improvement Team in January 2014. The Team are working to develop processes which assure the Department of the quality of the care the Council delivers and commissions and to promote activity which improves the quality of services. The activity is centred around developing good governance, adopting standards for some of our key services, holding providers of care to account, ensuring our workforce is supported to deliver effective QA, putting in place tools to help the Department to learn and improve, improving the Department’s intelligence about the quality of services, making customer

experiences count and facilitating a shift in culture where achieving outstanding quality is seen as everyone's business.

Our 'Making Research Count' partnership with University of Central Lancashire continues and there has been a particular focus on the difficult issue of Self Neglect. This has raised awareness of the problem and the innovative approaches to tackling it. Safeguarding is strongly embedded in our Adult Social Care training programme and a 3 day Supervision Skills training course for Team Managers and Deputies in Adult and Children's Social Care has continued to roll out in 2013-14. 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. Partner community organisations are able to access training through our Social Care Partnership. Supporting and training staff and providers in understanding DoLs continues to be a priority.

The Council has signed-up to the Making Safeguarding Personal (MSP) initiative. MSP seeks to shift the emphasis of safeguarding investigations to a person centred approach which puts the service user's outcomes at the heart of the process. Following an MSP process means giving staff time to discuss with service user's what their desired outcome is. The outcome they want could be anything and potentially a lot different from traditional views of what a successful safeguarding outcome is. A project board has been established to pilot this new way of working. The project will seek to test a way of collecting outcomes, identify what workforce development requirements there are and what additional 'tools' the Board needs to achieve a more diverse range of outcomes.

4.2 Bolton Council - Strategic Housing Services

Bolton has a wide range of housing related services delivered by numerous organisations. The overall aim is to provide information and advice to allow people access to planned and sustainable housing. A secure home goes a long way to ensure people are protected from harm and feel safe. We will now provide a summary of some of successes achieved with regard to Adult Safeguarding:

- The Bolton Community Homes Partnership (BCH) which brings housing partners together to plan housing for the borough, has carried out joint working on Safeguarding, dealing with Anti-Social Behaviour, tackling hate crime and domestic violence. The Safeguarding Housing Sub group ensures the housing agenda is linked to all developing safeguarding priorities.
- The partnership provides housing advice and financial advice to clients across Bolton in a range of settings including hospital, prison, UCAN's and other community settings.

- Housing partners continue to provide a range of temporary / emergency accommodation services in both hostel and dispersed property settings to assist the most vulnerable.
- The Housing Standards Team works to ensure private sector landlords provide decent housing to vulnerable tenants.
- Our work ensures safeguarding leads are identified and well informed across our housing partners to provide a consistent response
- A joint winter campaign provided assistance to the most vulnerable during the winter months to ensure they have a warm home and equipment to cook food,
- Community Housing Services staff have a basic awareness to recognise neglect and abuse and assist the most vulnerable people such as homeless people, those fleeing domestic violence, people with complex lifestyles etc.
- A project involving Bolton Council, Urban Outreach, Bolton NHS Foundation Trust and Greater Manchester West Mental Health NHS Trust improved assistance for homeless patients ensuring they are discharged from hospital to a safe housing environment.
- Bolton at Home was successful in obtaining a without notice Injunction order with power of arrest against tenants found to be exploiting a vulnerable neighbour.
- Bolton at Home have also trained Safeguarding Managers to deliver in house Recognition and Response training to front line staff to ensure they are able to recognise an adult at risk and take appropriate action.
- This year has seen the construction of the new 36 unit single male homeless hostel Muamba House with a grant of £2.1m from the Homes and Communities Agency.
- The Safe at Home scheme provides home and fire security as well as some personalised items such as wheelchair alarms for disabled people who do not feel safe in their own home.
- Two housing organisations are piloting a Concern Card for staff who visit people at home and might identify Safeguarding concerns.

4.3 NHS Bolton Clinical Commissioning Group (CCG)

Safeguarding, promoting and improving the health of Bolton's vulnerable adults continue to be public health priorities and are reflected in NHS Bolton CCG's plans and those agreed with partners.

NHS Bolton CCG's 5 Year Strategic Plan (2014) clearly describes the organisational accountability, constitutional and governance arrangements for safeguarding.

In the last 12 months the governance arrangements have been strengthened by the recruitment of the Chief Nurse who has taken the lead on safeguarding at CCG Board level and line manages the Associate Director of Safeguarding. Although the Safeguarding Adults Lead Nurse post had been transferred to the CCG it is currently in the process of being re-recruited into. As a result there has been a period of instability and lack of resource experienced by the organisation.

The Continuing Health Care Team have also undergone a period of redevelopment and change to enable them to more appropriately respond to the safeguarding needs of their service users and to engage more constructively and effectively with partner agencies. A safeguarding alerts system has been developed, concordant with the alert system used by the Local Authority, to enable robust information sharing, shared understanding and to support a clear process for managing safeguarding alerts within the team.

NHS Bolton CCG continues to play an active role in the work of the Bolton Safeguarding Adult Board and its subgroups. Along with all partner agencies the organisation is preparing for the implementation of the Care Act (2014) and the responses that will be required with the review of the Deprivation of Liberty Safeguards following the West Cheshire judgement earlier this year.

Safeguarding governance and performance continues to be reported as part of patient safety and clinical governance to the organisations Quality and Safety Committee and through the health-wide Integrated Safeguarding Committee.

During 2014 there have been two Domestic Homicide Reviews to which Bolton CCG contributed reports. One is almost completed and brings with it an action plan for General Practice, the recommendations from which will be largely met with the implementation of the IRIS (Identification and Referral to Improve Safety) project; a general practice based domestic abuse and violence training, support, advocacy and referral programme. This will ensure that responses to domestic abuse and safeguarding vulnerable individuals within General Practice are robust, timely and effective.

In summary, NHS Bolton CCG has continued to work consistently and collaboratively to ensure the safe and effective commissioning of services and to demonstrate a strong underlying culture for the protection of vulnerable adults.

4.4 Bolton College

Bolton College provides support to children and vulnerable adults through a range of student support services – the College Safeguarding Team; the College Counselling Service; College Mentors; Learning and Development Mentors and Course Tutors and classroom based support workers.

Examples of work undertaken to ensure safeguarding of children and vulnerable adults include:

- Mandatory training for all staff at all levels including governors, relating to safeguarding children and vulnerable adults.

- In 2013/2014 the College continued to roll out the vulnerable adult safeguarding training for staff incorporating awareness of the signs and symptoms of students being recruited into violent extremism.
- New staff to the organisation take part in a corporate induction programme which incorporates a training session on safeguarding and this includes the working safely theme which helps staff to identify safe working practices when working with students.
- The College promotes key safeguarding messages to all students through induction, the student handbook, themed tutorials, student surveys, focus groups, events throughout the year and a series of safeguarding posters displayed prominently around College sites, through the ID badge wearing process, and lunch time walks by College managers.
- There has been 100% increase in alerts relating to safeguarding issues for vulnerable adults within the College in 2013/2014 from the previous year.
- 87% of students involved in safeguarding cases successfully completed their courses in 2013/2014.

4.5 University of Bolton

The University of Bolton provides support to children and vulnerable adults through the student support services which include disability services, the university counsellor and chaplaincy.

Examples of work undertaken to ensure safeguarding of children and vulnerable adults include:

- Update and implementation of Policies and Procedures in relation to admission and support of students under the age of 18
- Completion of risk assessments for any course where there will be students under the age of 18
- Training and awareness session delivered to staff at the University in relation to extremism and identifying vulnerable students at risk
- Training and awareness sessions delivered by internal and external services on issues relating to disabled students and support available. External organisations include National Autistic Society (NAS)
- Was recognised in the OFSTED report for Access to Higher Education courses in the Business school that the University met its statutory requirements for safeguarding vulnerable adults

The University is committed to developing policies and procedures and is working towards reviewing its current policies and practices and introducing a suite of training packages for staff to attend.

4.6 Bolton Community and Voluntary Services

Being part of The Safeguarding Board and Operational Group has enabled Bolton CVS to clarify organisation and groups' roles and responsibilities in relation to Safeguarding procedures and processes and to keep up to date with developments and current issues affecting Bolton as well as enabling Bolton CVS to raise awareness of the work that the voluntary and community sector undertake with vulnerable adults.

As an infrastructure organisation CVS inform voluntary and community sector groups on the current safeguarding legislation and good practice via our range of forums, publications and E-shots.

We provide guidance on Vulnerable Adult policies for groups working with vulnerable adults. We also provide guidance in one-to-one sessions and training sessions during which we support groups on governance and good practice including the responsibilities of management committees and trustees in relation to safeguarding and having adequate policies and procedures in place.

The Volunteer Centre carries out 'Why Volunteer Workshops' and one to one interviews with individuals seeking volunteering opportunities some of which include working with vulnerable adults, for example, those with learning disabilities, mental health issues or the elderly. Where possible we refer individuals on to appropriate opportunities. We also support organisations to develop appropriate volunteering opportunities. Many of the individuals we interview face barriers to becoming a volunteer, including potentially vulnerable people such as the elderly seeking to increase their contact within the community so as to prevent isolation.

Our small grants programme distributes grants to local community and voluntary groups including those working with vulnerable adults. As part of the application process applicants are required to evidence that they have the correct policies and procedures in place.

4.7 Bolton NHS Foundation Trust

The Trust Board continue to have a focus on staff attendance on mandatory training and this has resulted in 82.4 % of staff being compliant with attendance on safeguarding adults training and 83.8% of staff receiving mental capacity training (01.04.13-31.03.14) This continues to be an improvement from the previous year.

The Trust continues to deliver 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 Clinical 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 activity in relation to DOLS authorisations continues to improve with a number of Matrons and Specialist Nurses having taken on this additional responsibility. A continued focus will be to create and maintain a training schedule to meet the Trust need for further staff to be able to undertake DOLS authorisations.

The Trust maintains 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. Additionally a monthly Falls Panel continues 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 and progress continues to be made against milestones within specified timescales.

The number of safeguarding investigations which staff from the Trust have taken a lead on is steadily increasing and is 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 Trusts' revised Learning Disability Action Plan for Access to Healthcare for people with a learning disability continues to provide a variety of resources and useful information via the Trust intranet page to use with patients. A matrix to capture evidence on reasonable adjustments for specific patients is in use.

4.8 Greater Manchester Fire Service Bolton Division

Work continues with agencies that support vulnerable adults and, in particular, People at Increased Risk of Fire. GMFRS Bolton Borough has finalised partnership working agreements with BIDAS (Bolton Integrated Drugs and Alcohol Services) and GMW NHS Trust during 2013/14 and are currently reviewing the partnership agreement with Bolton Adult Social Care, where we are hoping to expand the existing agreement scope to include voluntary carers, which includes a potential respite opportunity for young carers.

During 2014/15 we will be working to develop partnerships with Bolton Complex Lifestyles and the new Integrated Neighbourhood Teams, an important part of Health

and Social Care Integration. GMFRS Bolton Borough is also working with Bolton Community Housing Services to establish a referral pathway for vulnerable adults and persons at increased risk, for all housing providers in the Borough.

Existing effective partnerships in Bolton Borough, in addition to those already mentioned include: Families First, Independent Living Services, Victim Support including Hate Crime, and a Priority Home Safety service for victims of domestic violence where a threat of arson/to kill exists.

4.9 Greater Manchester Police Bolton Division

During 2013/14 13,105 Police incidents were created across Bolton related to individuals categorised as vulnerable and 3,560 of these were categorised as Adult Protection. These figures are similar but slightly lower than in the previous year.

In an effort to identify underlying causes of vulnerability incidents and to design solutions to reduce repeat demand and improve the service to the victim, a pilot project involved an Intervention team led by a Detective Inspector to review a sample of all Public Protection Incidents, related processes and referrals. Initially focussing on domestic abuse incidents, a victim centred approach has explored victims' expectations, help needed to prevent escalation of risk and address underlying issues.

Using this information the team have been able to engage with the most appropriate partners who can provide realistic, effective and timely support to them. It is a measure of the success of this approach that to date, there have been no further incidents generated by victims who have taken part in the Pilot programme and where interventions have been put in place. The initial feedback has been very positive and has shown that confidence has increased in the way that the issues are being understood and addressed.

As the Pilot moves into the next phase the team are incorporating visits to incidents involving vulnerable adults. The vulnerable adult's visits are taking on the same approach and will utilise the good relationships the team have built with partner agencies to offer early intervention where appropriate. Engagement with the Intervention team has been 100% at this time, with no victim refusing to speak with officers. In every case where a possible intervention has been identified the victim has consented to engage with partner agencies. By continued development and on-going assessment of the Pilot scheme the aim is to expand the number of interventions that can be offered. By continuing this development the scope and capacity of the team to tackle cases of greater complexity will be increased.

In addition to this project existing models ensure 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 contribute to continuous review and improvement where safeguarding Bolton's most vulnerable adult residents is concerned. The Vulnerable Adult Unit will be actively involved in developing Bolton's new Safeguarding Adults Policy Manual.

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 commitment from the Public Protection Division of dedicating additional staff into the Vulnerable Adult Unit at Bolton.

4.10 Greater Manchester West Mental Health Trust – Bolton Directorate

Greater Manchester West Mental Health NHS Foundation Trust (GMW) provides a wide range of services in the treatment and recovery of mental health conditions and substance misuse. GMW provides district mental health services in Bolton, Salford and Trafford. Individually developed and recovery focused services are delivered through both inpatient and community-based means.

Over the last year we have developed adult safeguarding procedures and practice in a number of ways. 91% of staff have undertaken Safeguarding Adults training during 2013/14. The Safeguarding head has undertaken Level 3 Prevent training. A named doctor attends the Safeguarding Adults Board and Assistant Director goes to the Operational Board. GMW attends and is involved attendance in all multi-agency sub-groups of the Safeguarding Adults Board.

We have continued multi-agency partnership working and GMW membership of panels / groups e.g. MARAC, MAPSA, Channel and work with the Police.

GMW has responded to DoLS Supreme Court Judgement by reviewing all informal patients without capacity on inpatient wards resulting in either patients subject to DoLS or Mental Health Act. We have identified the need to increase the numbers of Best Interest Assessors. A related area for development is to audit records to ensure the process of Best Interest decision making and DoLS is evident. In conjunction with other agencies we will ensure access to relevant MCA training.

There is ongoing work with development of a new IT system (PARIS) within GMW to optimise the system around safeguarding, and continued reporting of safeguarding adult incidents on Datix (Patient Safety Incident software). From the analysis of recorded incidents a pattern of incidents was noted within the organic ward between male patients. On discussing with the ward team it was decided to change the environment on the ward to enable the male patients to have more space – this then resulted in a reduction in incidents.

The organisation has revised and updated of the Bolton Directorate flowchart for 'what to do if you have adult safeguarding concerns'. We have shared the Governance newsletter with staff, identifying learning from local and national incidents.

GMW will keep abreast of new policy and legal developments and consider the impact of the safeguarding agenda, and ensure that lessons learned are shared and updated regularly.

4.11 North West Ambulance Service NHS Trust (NWAS)

This section provides an overview of the progress made by the Trust in relation to safeguarding (and protecting) children, young people and adults at risk. The Trust provides healthcare regulated activity and has a legal duty to protect patients, staff and the public from harm while carrying out its roles and functions.

The year 2013-2014 has been challenging within the Trust Safeguarding Team due to an increase in the number of child and adult safeguarding referrals, enquiries and information sharing with health and social care partners and a rise in the number of Domestic Homicide, Child and Adult Safeguarding Reviews. There have been a number of developments which are outlined below along-with a summary of safeguarding activity and proposed developments for the coming year.

Local Developments

- **Electronic Referral Information Sharing System (ERISS)**

This bespoke web-based system went live for sharing safeguarding referral information with Children and Adults Social care teams in October 2013. There has been a phased approach and to date most Social Care Teams are accessing the system with a plan to assist the remaining teams to go live. The benefits to the system are many including strengthened governance and information sharing.

- **Audits**

The Mersey Internal Audit Agency conducted a review of safeguarding which highlighted significant compliance and a number of areas for improvement including the low number of referrals by the Patient Transport Service. An action plan is in place and a number of actions have already been completed to increase

safeguarding awareness and support the referral process. The Trust Board receives referral data by service and area.

- **Peer Review**

The National Ambulance Safeguarding Group has organised peer review audits of safeguarding arrangements in ambulance services in England and Wales. The Trust performed well overall and a number of strengths recognised.

- **Engagement**

The Trust has worked hard to engage with the Local Safeguarding Boards in the North West. A model to strengthen engagement has been approved and will be taken forward in 2014-2015.

5. The future - making safeguarding personal

The Adult Safeguarding Board's new structure and subgroups are becoming well established, placing us in a good position to move forward to develop the adult safeguarding agenda and raise its profile. Professionals, community groups and local people all have a role to play in protecting the vulnerable and they need to be sufficiently informed of the issues to be able to prevent, identify or raise any concerns about abuse or neglect.

As the Safeguarding Board is placed on a statutory footing with the implementation of the Care Act, an important part of the Board's work over the next year will be to make sure that up to date procedures and guidance are put in place to equip all local agencies to provide the best possible advice and response to all safeguarding concerns. Training and co-ordination will be an important part of achieving this.

We want safeguarding in Bolton to be person-centred, not process driven. We need to safeguard individuals in a way that supports them in making choices and having control over their lives. This means to make sure that service users have a positive experience of safeguarding and are listened to and consulted throughout about the outcomes they want to achieve.

With this in mind a pilot scheme has been developed and is due to go live within the social work teams in the autumn. The aims of the project are as follows:

- The primary aim is to implement and evaluate the Making Safeguarding Safe (MSP) Pilot with a view to rolling this out more widely
- To ensure that practitioners test out a method or methods for collecting service user outcomes at the start of the safeguarding process and a method for collecting information about whether their outcomes have been achieved.
- To ensure the project identifies and tests the essential staff competencies required to deliver MSP effectively. To ensure we know what the

competencies are and what the training programme requirements are to ensure staff have those competencies

- To ensure the project identifies some 'essential' tools which need to be used in delivering a person centred safeguarding response
- To ensure the project supports our understanding of the aims of MSP
- To ensure the project helps the Council make further progress in mainstreaming MSP in to safeguarding activity

The Safeguarding Adults Board's future role in making Bolton a place where abuse is not tolerated will require an increasingly intelligent and creative approach to responding to concerns, protecting vulnerable people and prevention that is strongly underpinned by listening to and learning from the adults who need our support, using all the tools and resources at our disposal.

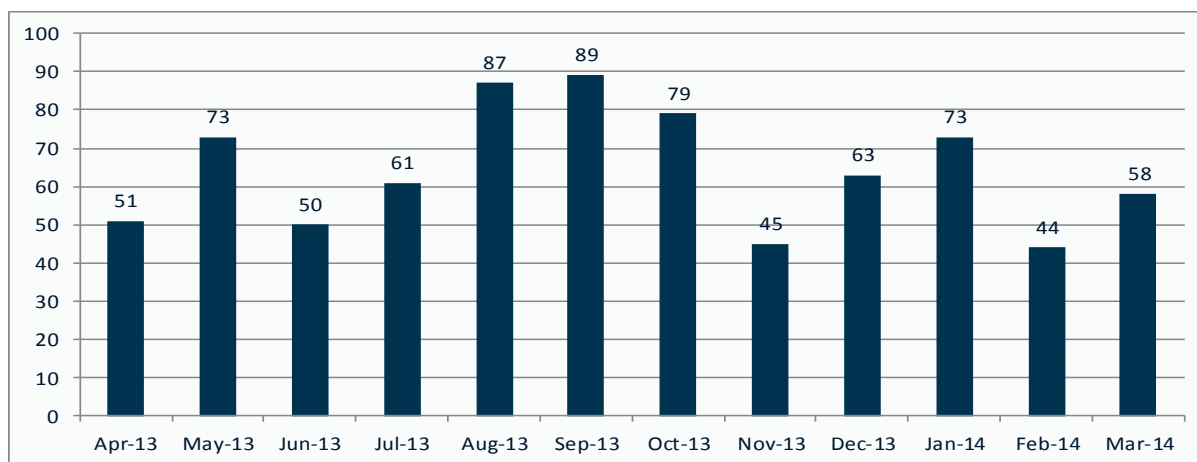
6. Appendices

6.1 Safeguarding Activity - performance and statistics 2013-14

Safeguarding alerts in Bolton in 2013/14

The following charts present information about adult safeguarding alerts in Bolton during 2013/14 and comparative analysis is made with overall figures for England in 2012/13.

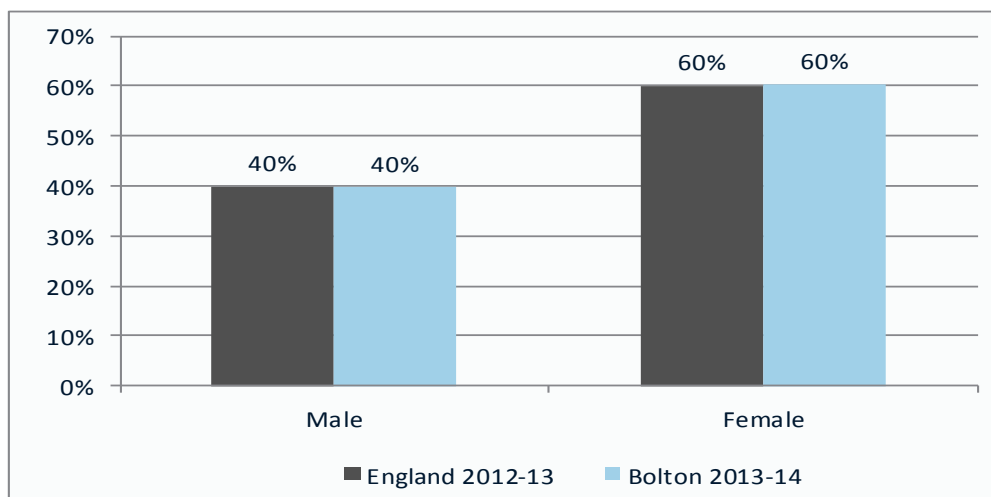
Number of alerts per month



New safeguarding alerts ranged between 44 and 89 alerts per month. A third of the whole year's alerts were received between August and October 2013, and the rate was considerably lower in the months of November 2013 (45 received) and February 2014 (44 received).

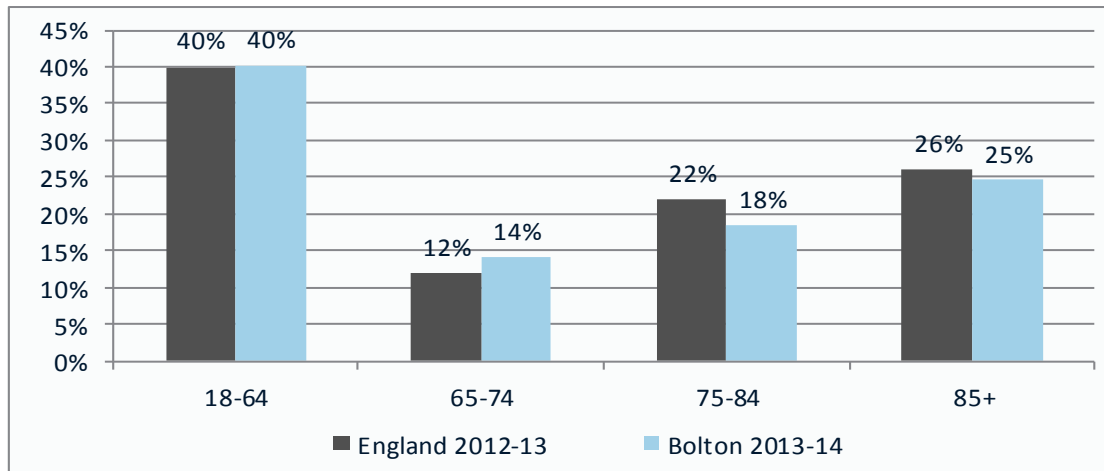
Number of Safeguarding alerts made in the period 1st April 2013 – 31st March 2014 compared to England 2012/13 by:

Gender



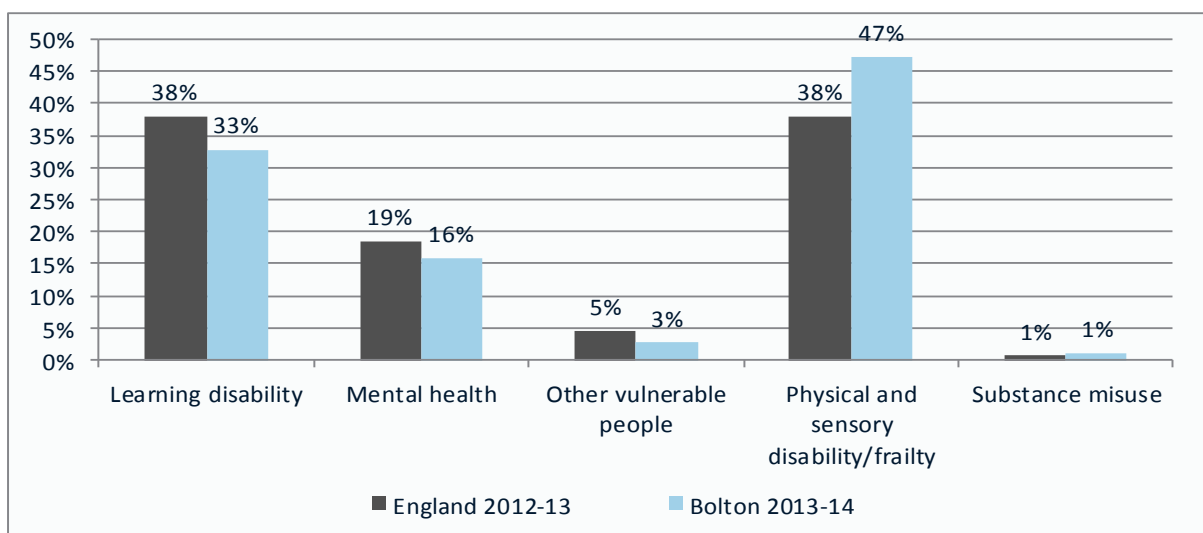
This year, 60% of alerts received concerned females and 40% concerned males, mirroring exactly the England averages for 2012-13.

Age



Bolton is within between 1-4% of the national trend on the age of people local alerts are concerning and the level of alerts concerning adults aged 18-64 is 40%, which also matches the national average. The new statutory reporting format allows us to breakdown the 65+ category further than previous years and shows that, within this, the highest proportion of alerts (25% of all alerts) concerned people aged 85+.

Primary Client Type



The breakdown of safeguarding alerts by primary client type shows that Bolton is broadly in line with national trends for 2012-13. Just under half of all alerts came from people with a physical disability, and a third from those with a learning disability.

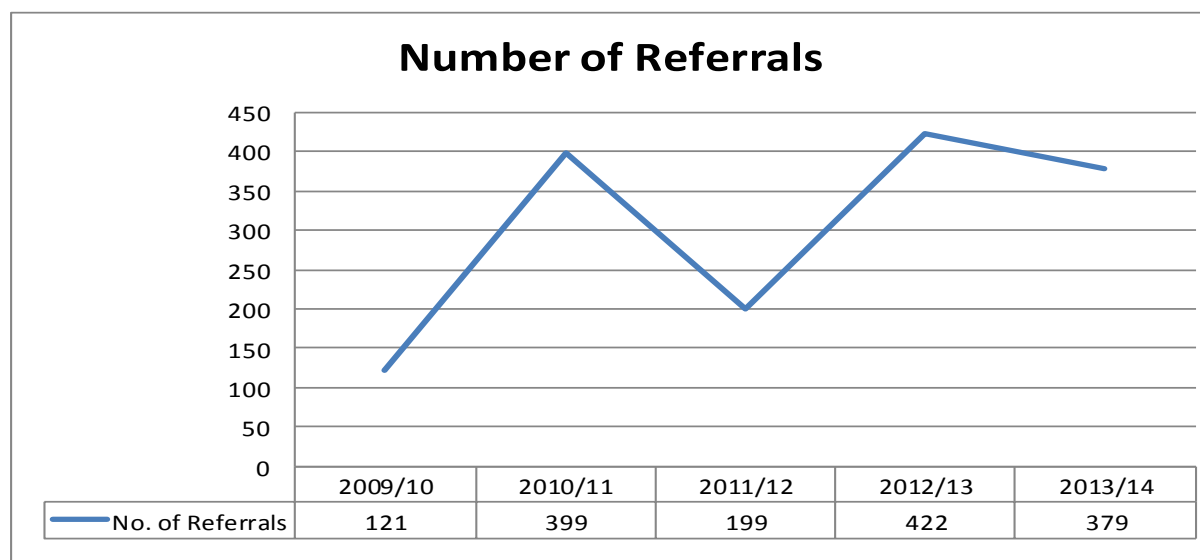
When compared with last year's England average, this is 5% lower for learning disability and 5% higher for physical disability.

Safeguarding Referrals in Bolton in 2013/14

The following charts present information about adult safeguarding referrals in Bolton during 2013/14 and, for these, comparative analysis is made with Bolton's figures for the previous year (2012/13) and national figures for England in 2013/14.

Number of safeguarding referrals per year:

The overall number of safeguarding referrals has decreased this year to 379, from 422 in 2012-13. As such Bolton has been identified as an outlier, when compared to the England average, for the rate of referrals per 100,000 of the population.

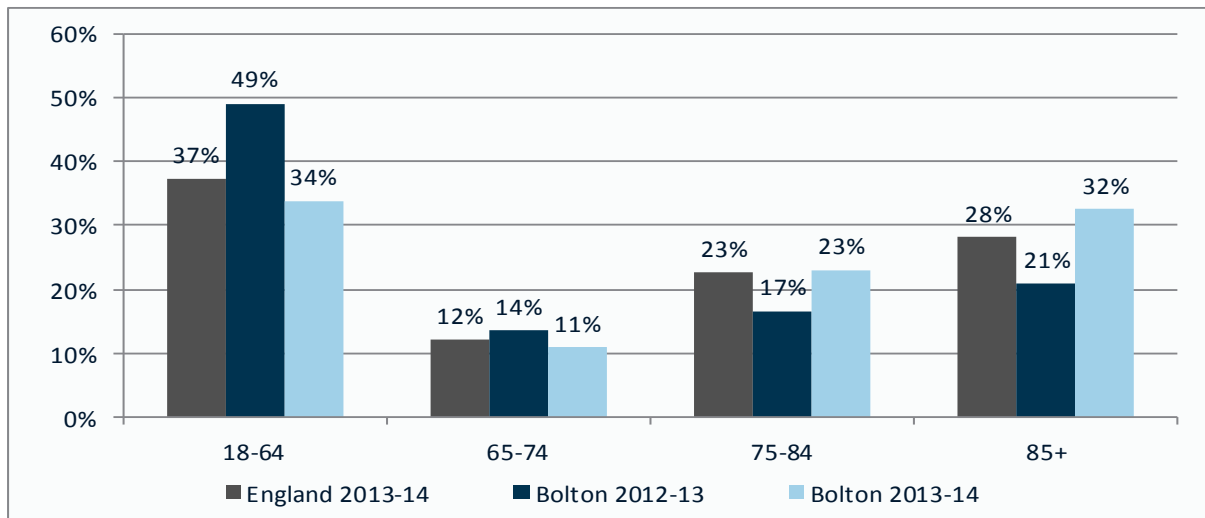


Data quality issues have been identified which has resulted in the total number of referrals being under-represented, and subsequent remedial work has been carried out in this area and improved figures submitted. There are known issues about obtaining partner data to include in this year's referral figures and referral data only including alerts that have progressed to investigations.

The position as an outlier is acknowledged by the Safeguarding Board and this area has been prioritised for further work and improvement as a key outcome for 2014-15.

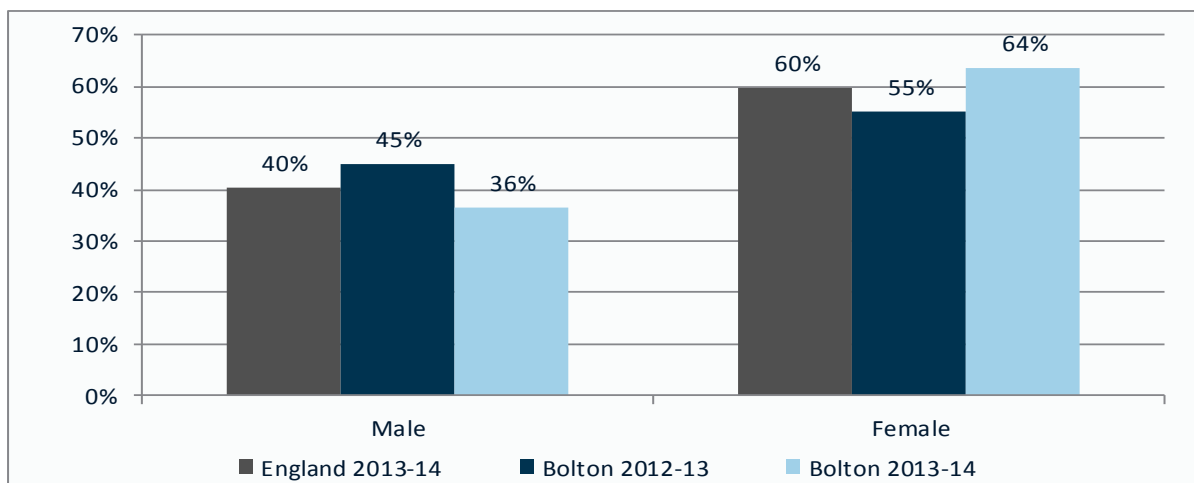
Individuals for whom a safeguarding referral has been made in the period 1st April 2013 – 31st March 2014 compared to Bolton 2012/13 and England 2013/14 by:

Age



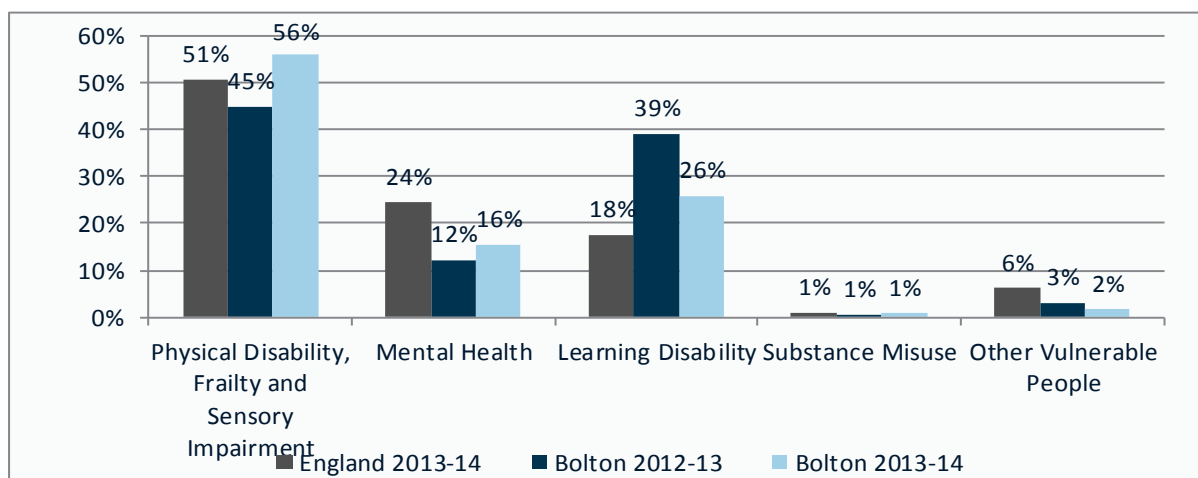
This year's activity has seen a 15% reduction in referrals concerning adults aged 18-64, following a spike to 49% in 2012-13. This brings the rate down to 3% lower than the England average for 2013-14. New categories for those aged 65+, as with alerts, show that the largest proportion of referrals concerning older people are in the 85+ age group, with the 65-74 and 75-84 age groups coming within 1% of the national averages.

Gender



This year's activity sees a 9% drop in referrals concerning males and a 9% increase in referrals concerning females. Both figures are now within 4% of the 2013-14 national averages.

Primary Client Type

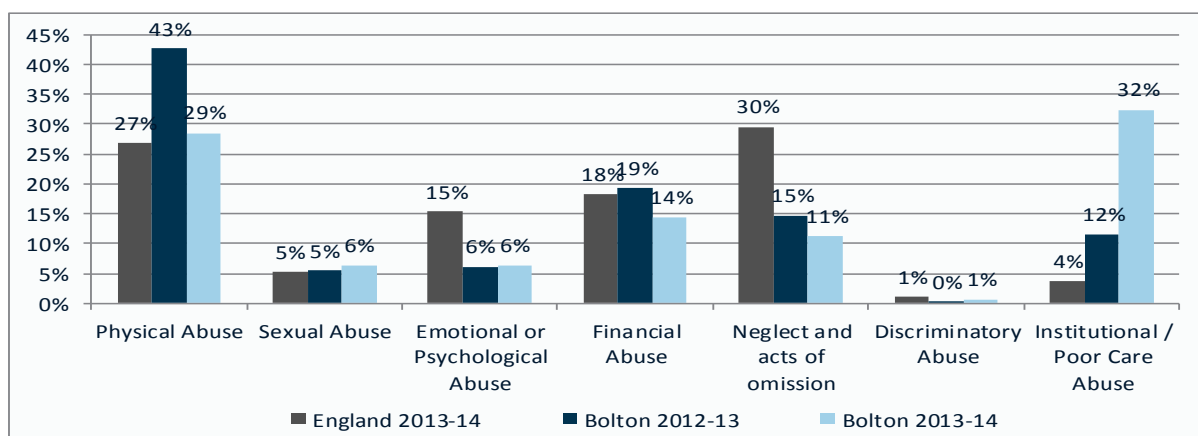


There has been a 13% decrease in the rate of referrals concerning those with a learning disability, from 39% in 2012-13 to 26% this year. This is a substantial decrease but the rate remains 8% higher than the 2013-14 national average. The remaining categories are broadly similar to last year's activity and in line with national trends.

Concluded referrals in the period 1st April 2013 to 31st March 2014 compared to Bolton 2012/13 and England 2013/14 by:

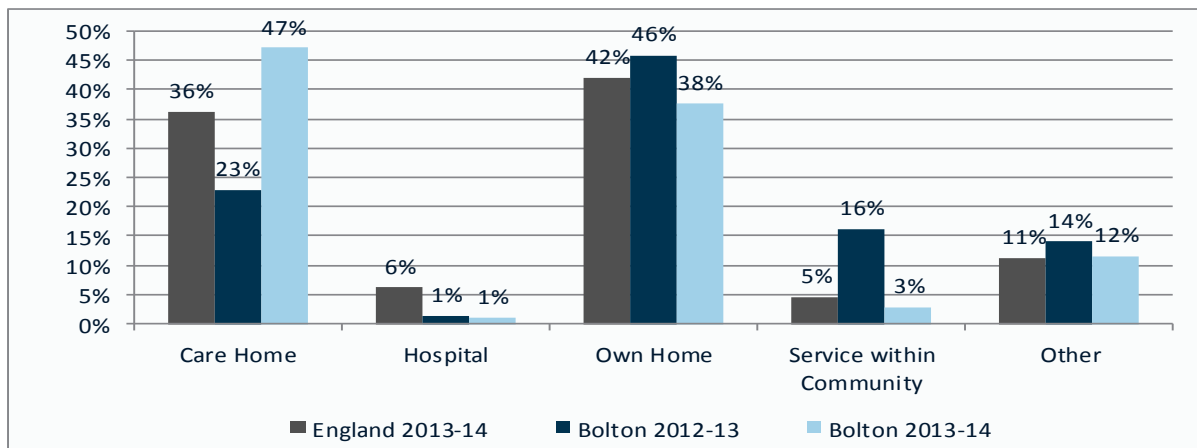
Bolton currently has a low rate of concluded referrals per 100,000 of the population in comparison with the national average. Investigations have highlighted issues with the definitions of some data items and data quality work has taken place to improve this figure. This has been prioritised by the Safeguarding Board for further work and improvement as a key outcome for 2014-15.

The type of abuse or risk



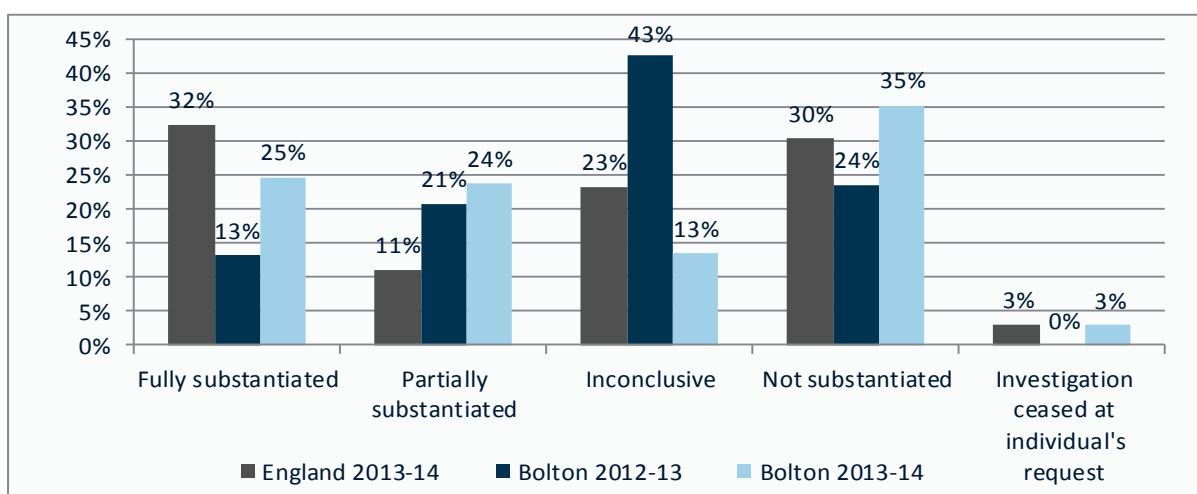
Bolton's referral activity by abuse type is broadly in line with national trends, however the rate of neglect and acts of omission is much lower than the average, and institutional or poor care abuse is much higher after a 20% increase this year. In addition, the proportion of physical abuse has decreased by 14% during 2013-14.

The location or setting of the risk



The most common location or setting of the abuse or risk is care homes. This is a concern as the rate is 11% above the national average, having been considerably lower last year. Abuse within people's own home has decreased by 8% and abuse or risk within hospitals remains extremely low at 1%. Last year's increase in numbers of referrals from people in their own homes to 46% is expected to be due to Bolton having more adults with learning disabilities who live in their own home or their family than other areas. We also know that safeguarding referrals concerning adults with learning disabilities increased last year.

The status at the conclusion of the referral



Bolton's 2013-14 activity shows that a higher proportion of cases were concluded as not substantiated when compared to 2013/14 national trends. Meanwhile, the proportion of fully substantiated case conclusions increased this year but remained below the national average.

Outcome for the perpetrator

Outcome for Perpetrator	By Outcome		
	England 2012-13	Bolton 2012-13	Bolton 2013-14
Action by Contract Compliance	3%	1%	1%
Action under Mental Health Act	0%	1%	1%
Community Care Assessment	4%	2%	1%
Continued Monitoring	20%	11%	15%
Counselling, Training or Treatment	6%	3%	15%
Criminal Prosecution or Formal Caution	1%	1%	0%
Disciplinary Action	5%	2%	8%
Exoneration	3%	0%	1%
Management of Access to Vulnerable Adult	5%	2%	5%
No Further Action	35%	73%	39%
Not known	6%	1%	5%
Police Action	5%	2%	3%
Removal from Property or Service	4%	1%	6%
Other	3%	0%	0%
TOTAL	100%	100%	100%

Outcome for the vulnerable adult

Outcome for Vulnerable Adult	By Outcome		
	England 2012-13	Bolton 2012-13	Bolton 2013-14
Application to change Appointeeship	1%	0%	0%
Application to Court of Protection	1%	0%	0%
Community Care Assessment and Services	10%	7%	4%
Guardianship or use of Mental Health Act	0%	0%	1%
Increased Monitoring	28%	14%	32%
Increased or moved to different Care	5%	3%	9%
Management of access to Finances	2%	1%	2%
No Further Action	29%	72%	38%
Other	12%	2%	6%
Referral to Advocacy Scheme	1%	0%	0%
Referral to Counselling or Training	1%	0%	1%
Removal from property or Service of victim	3%	0%	0%
Restriction/management of access to alleged perpetrator	5%	0%	2%
Review of Self Directed Support	1%	0%	4%
Grand Total	100%	100%	100%

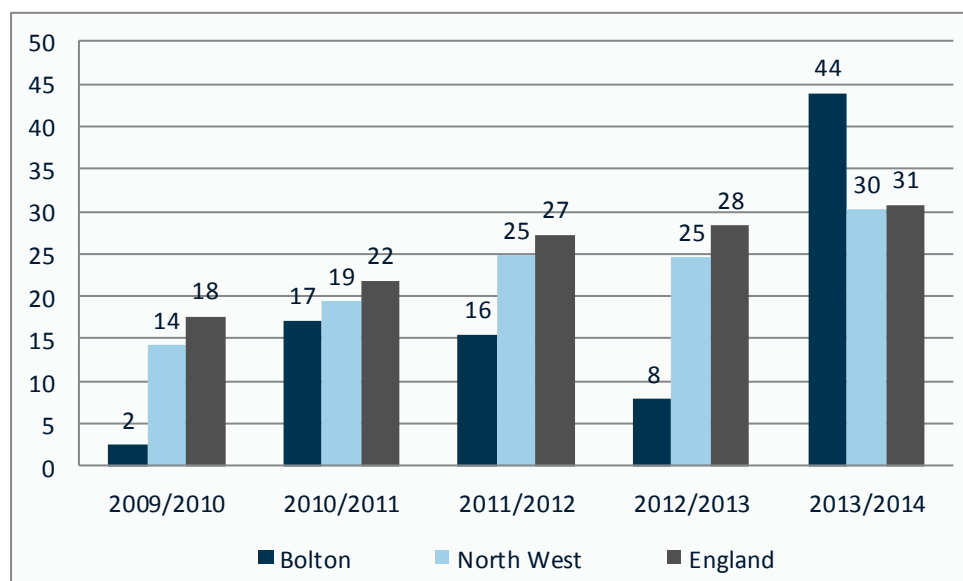
6.2 Deprivation of Liberty Safeguards Authorisations and Outcomes 2013/14

Analysis from the Deprivation of Liberty Safeguards (DoLS) Return, under the Mental Capacity Act 2005

Applications for DOLS Authorisations and Outcomes for 2013/14:

<i>Applications and Outcomes - Numbers and Percentages</i>					
Region	Total Applications	Application Outcomes			
		Authorisations Granted		Authorisations Not Granted	
	Number	Number	as % of completed applications	Number	as % of completed applications
England	13,038	7,629	59%	5,409	41%
North West	1,690	972	58%	718	42%
Bolton	94	52	55%	42	45%

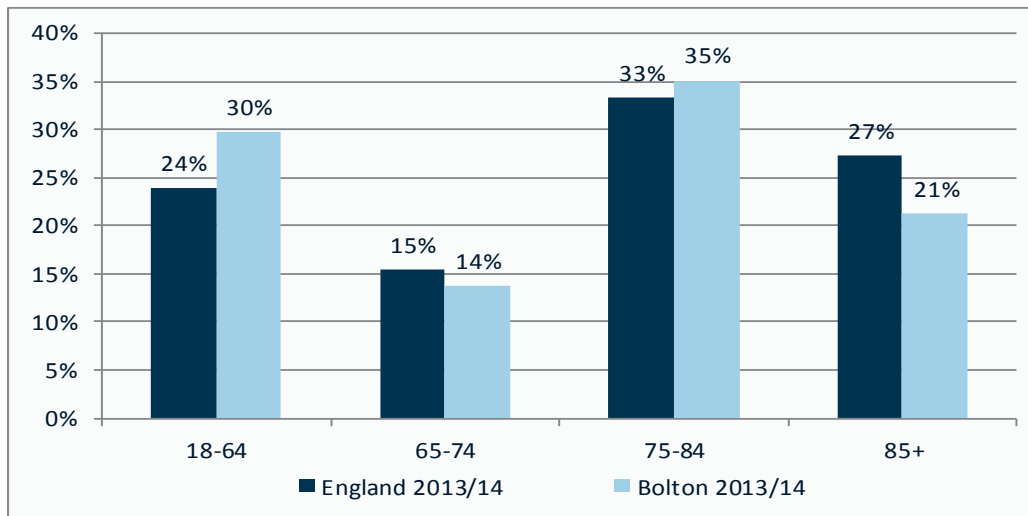
Applications for DOLS Authorisations – Rate per 100,000:



The rate of DoLS applications increased significantly in 2013-14 after a low number of applications the previous year. Generally DOLS applications have gone up each year since DOLS assessments were introduced in 2009. In 2013-14, the rate of applications in Bolton was greater than most other local areas which reflects a year in which local awareness of the process was raised considerably. A big push on Dementia training in Adult Social Care and in the NHS began in early 2013. Awareness-raising about Mental Capacity and DOLS was included in this activity.

DOLS Applications completed in the period 1st April 2013 – 31st March 2014 compared to England 2013/14 by:

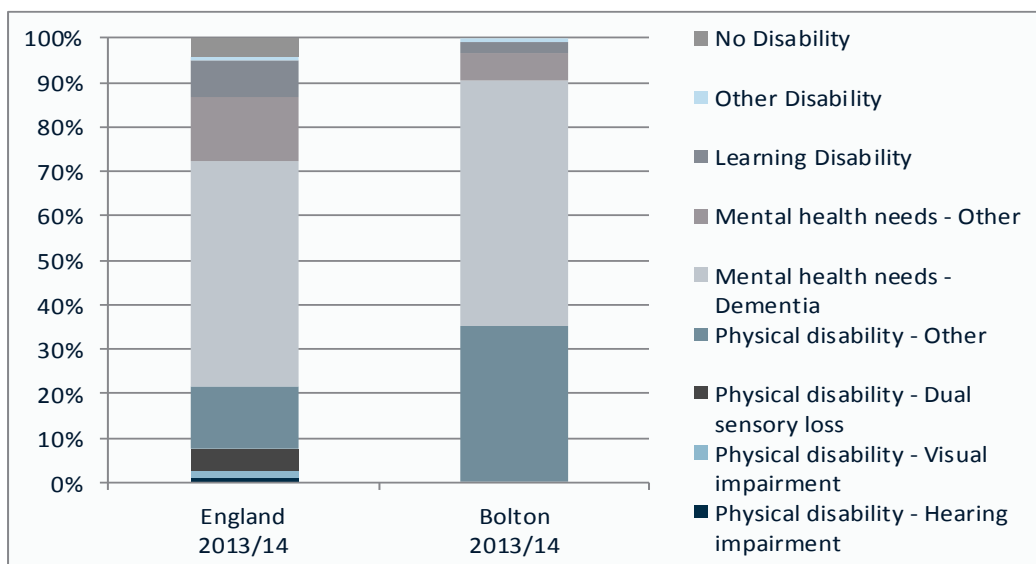
Age



The age breakdown of applications is broadly in line with the national picture. Generally applications are more likely as people age, but the make-up of the age bands does not illustrate this at a glance.

DOLS Applications completed in the period 1st April 2013 – 31st March 2014 compared to England 2013/14 by:

Disability

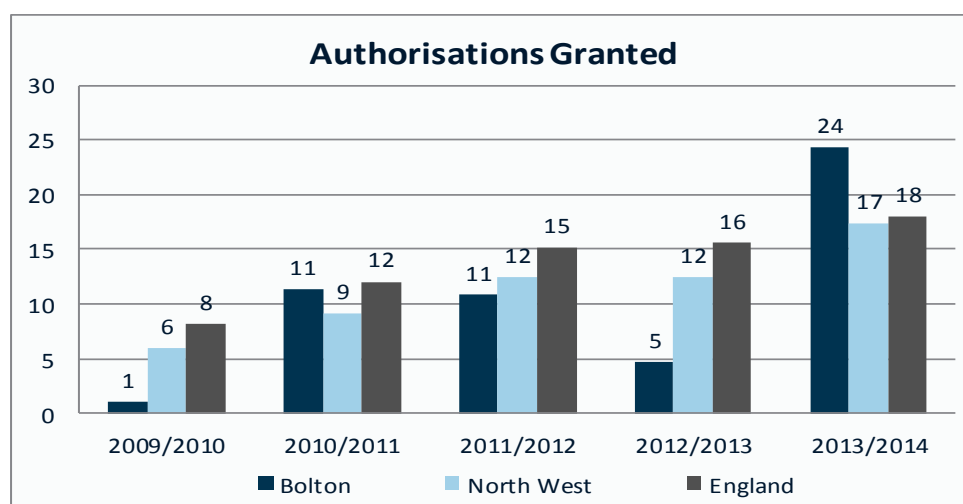


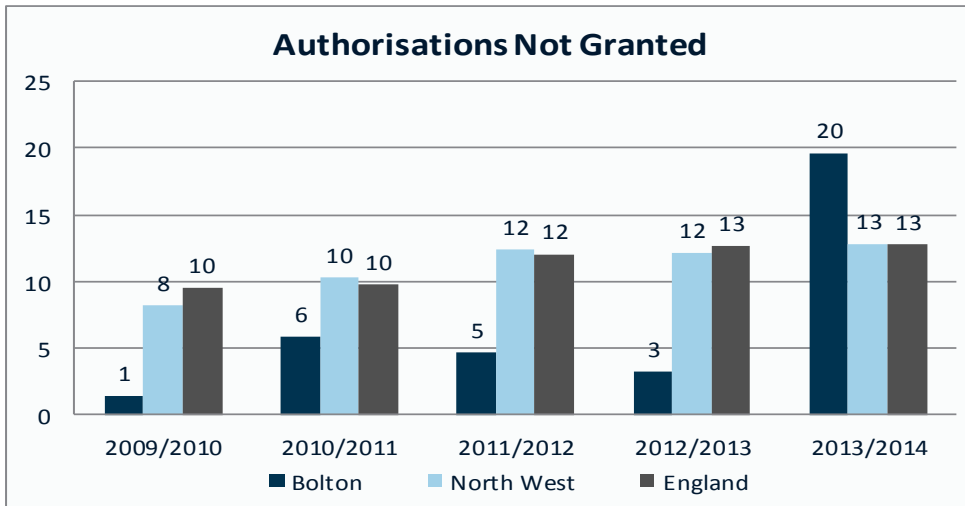
The most notable finding from the breakdown of DoLs applications by disability is the higher proportion of vulnerable adults who are the subject of an application with their primary disability recorded as Dementia. This is likely to be as a result of the high profile Dementia training and awareness-raising in Bolton throughout 2013. In addition to a multi-agency training programme, all GP practices were engaged with and Dementia was the primary focus of identifying carers in primary care. The new Memory Assessment Service was set up and Bolton was successful in securing Department of Health funding to improve Dementia Care in residential settings. During the same period, Bolton's Dementia diagnosis rate also rose considerably.

Outcome of Applications for DOLS Authorisations:

<i>Outcome of Applications for DOLS - Numbers</i>						
Year	Authorisation Granted			Authorisation Not Granted		
	Bolton	North West	England	Bolton	North West	England
2009/2010	2	322	3,297	3	444	3,860
2010/2011	23	499	4,951	12	562	4,031
2011/2012	23	691	6,339	10	687	5,043
2012/2013	10	691	6,546	7	680	5,341
2013/2014	52	972	7,629	42	718	5,409

Outcome of Applications for DOLS Authorisations – Rate per 100,000

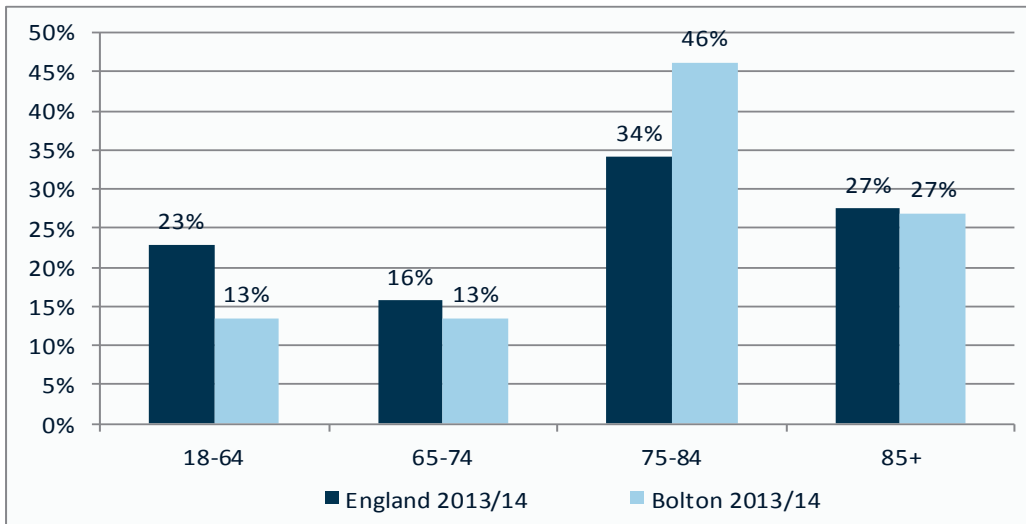




The proportion of authorisations granted compared to not granted has remained fairly consistent whilst as noted earlier the rate of applications in Bolton in 2013/14 was higher than the national average following a lower number of applications the previous year. The backdrop to this is that the national average is made up from numbers of applications that vary considerably from area to area.

DOLS Authorisations granted in the period 1st April 2013 – 31st March 2014 compared to England 2013/14

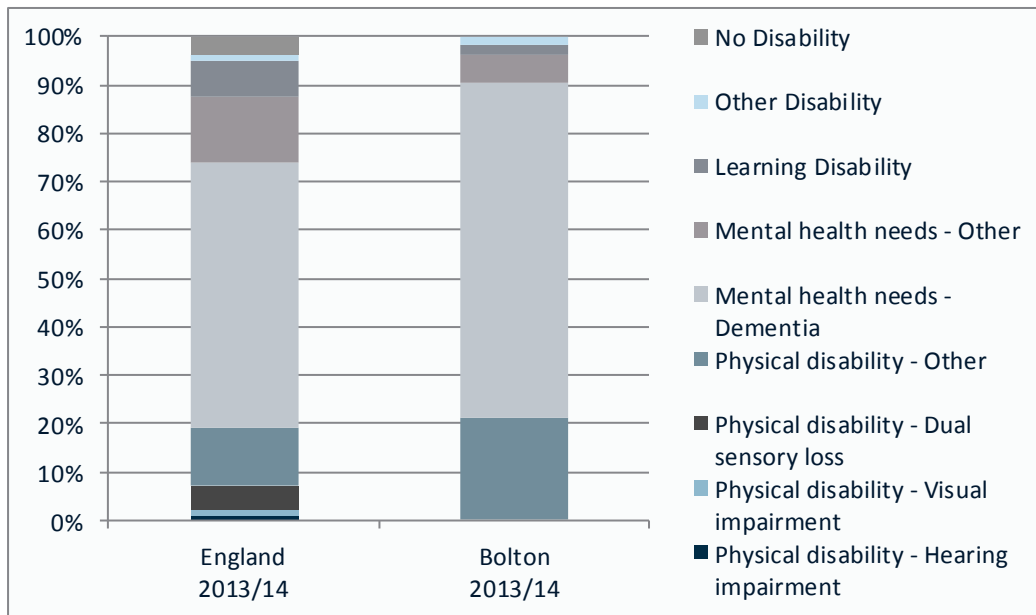
Age



The rate of authorisations granted in respect of people aged 18 -64 was higher in Bolton than the national average, and the rate of authorisations for people aged 75-84 was lower. The actual numbers involved are small, for example 28 authorisations for age group 18-64.

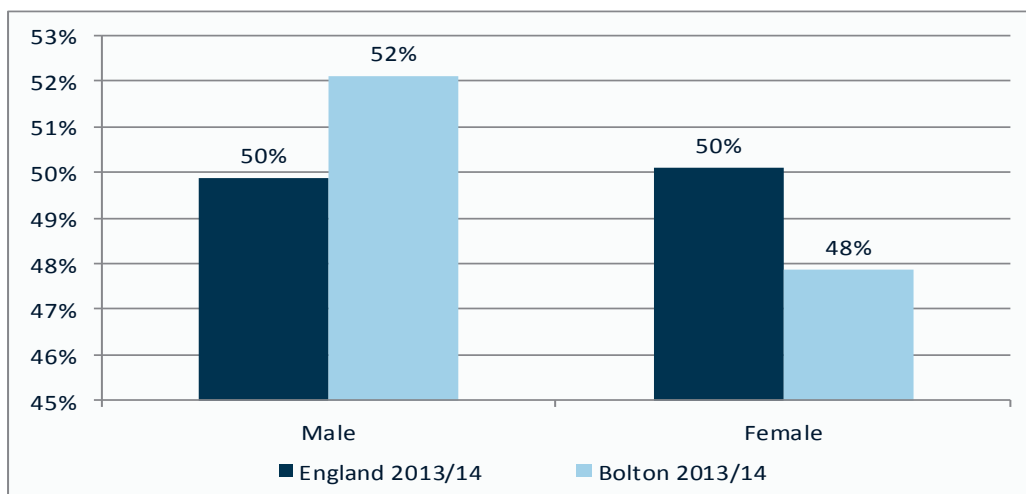
DOLS Authorisations granted in the period 1st April 2013 – 31st March 2014 compared to England 2013/14:

Disability



The greater proportion of authorisations granted in Bolton in respect of individuals with mental health needs due to Dementia compared to nationally is consistent with the greater rate of applications for people with Dementia.

Gender



The gender balance of authorisations in Bolton is broadly in line with the overall national picture, and the percentages for applications are in exactly the same proportions.

6.3 Workforce Development Plan (hyperlink)

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

6.4 Guidance and further links

[Making Safeguarding Personal](#)

[Adult Safeguarding – Social Care Institute for Excellence](#)

[Safeguarding People – Care Quality Commission](#)

7 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

Adult Social Care Outcomes Framework (ASCOF)

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people, from information gathered from local authorities around the country.

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

Care Act 2014

The Care Act consolidates and modernises the framework of social care law, for adults and sets out duties relating to promoting well-being, prevention, information, assessment and on care costs. The Act places on a statutory footing some of the safeguarding obligations that are at present only located in guidance.

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

Neglect (and Acts of Omission)

Neglect includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Primary client group is the category that an adult has been categorised under for assessment. The categories are Physical disability, Mental health needs, Learning disability, Substance misuse; and Other vulnerable people

Referral - Safeguarding Referral

A referral is defined as a report of risk of potential abuse, harm or neglect which leads to investigation under the safeguarding process.

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. The definition of adult safeguarding has broadened from concern for vulnerable adults receiving community care services, to cover adults in vulnerable situations arising from a range of causes and circumstances, including those who have never had contact with, or need of care services.

Safeguarding Adults Return

The Safeguarding Adults Return is a new collection of statistical tables that have been designed as a successor to the Abuse of Vulnerable Adults (AVA) Return, gathering information about Safeguarding Referrals from council with responsibility for adult social care.

Self-neglect

Self-neglect can be described as

- Persistent inattention to personal hygiene and/or environment
- Repeated refusal of services which can reasonably be expected to improve quality of life
- Self endangerment through the manifestation of unsafe behaviours

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.

8 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
- 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**

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.