



**Bolton**

# **safeguarding adults**

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**preventing abuse and neglect**

**Bolton Safeguarding Adults Board**

**Working in partnership to prevent Adult abuse and neglect**

# **Annual Report 2014/15**

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## Foreword

Welcome to Bolton's Safeguarding Adults Board Annual Report for 2014/15. 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 Board became statutory on 1<sup>st</sup> April 2015.

All the organisations represented on the Safeguarding Adults Board have a vital role to play in protecting adults at risk in the Borough, they 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 summarise the priorities and challenges that lie ahead to ensure that safeguarding remains everybody's business and the partnership's vision for adults at risk can continue to be achieved.

# 1. Introduction

## 1.1 Welcome message from the Chair and Executive Cabinet Member

The Care Act (2014) puts adult safeguarding on a statutory footing from 1 April 2015. The Act more clearly defines the duties and responsibilities for all of the partners organisations that work together to safeguard adults at risk and in particular the three statutory partner; Bolton Council, Greater Manchester Police and Bolton Clinical Commissioning Group.

The partners wholeheartedly welcome the increased emphasis on safeguarding adults. We want to work together to promote a stronger and safer range of local services and to strengthen Bolton's culture of supporting adults at risk of harm. To do this, we have reconstituted Bolton's Safeguarding Adults Board and have set out our vision and ambitions in a three year strategic plan; the first of its kind developed under the new statutory framework for adult safeguarding.

The strategic plan sets out our ambitions across a number of key areas, including:

- Governance, Leadership and Partnership.
- Quality Assurance and Performance Management
- Workforce Development
- Early Intervention and Prevention
- Mental Capacity
- Learning Lessons
- Commination and Community Engagement

To achieve these ambitions and deliver safer services and communities, we know that we have to work in partnership with each other and most importantly with the people who use our services.

We know that achieving these priorities presents a significant challenge, and we also know that some of the actions identified by the Board will take time. That is why we have developed a detailed business plan that sets out the actions which we will take each year as we move towards our goals.

We will provide annual information on the implementation of this strategy, and I look forward to working together to achieve more effective and safer services and communities in Bolton.



Dr John Livesey  
Acting 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 makes 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 adults at risk 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 at risk, 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 is 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 was a voluntary partnership of statutory and non-statutory organisations and comprises of senior officers as representatives from the following organisations:

- ✓ Bolton Council Childrens and Adults Services
- ✓ Greater Manchester Police
- ✓ NHS Bolton Clinical Commissioning Group
- ✓ Bolton Council Strategic Housing Partnership
- ✓ Bolton NHS Foundation Trust
- ✓ Greater Manchester West Mental Health Trust
- ✓ Greater Manchester Fire & Rescue Service
- ✓ Greater Manchester National Probation Trust
- ✓ Chester and Greater Manchester Community Rehabilitation Company
- ✓ Community, Voluntary and 3<sup>rd</sup> Sector Representation
- ✓ Bolton College
- ✓ Bolton University

The following are members in an advisory capacity:

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

- ✓ Safeguarding Board and Partnership Manager
- ✓ Chair of the Operational Safeguarding Group

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 safeguarding group that oversees the work of the priorities identified for the year's work program that was delivered through 5 subgroups and 2 task and finish groups.

The 7 work streams are as follows:

- Quality Assurance and Performance sub-group
- Workforce Development sub-group
- Early Intervention and Prevention sub-group
- Mental Capacity sub-group
- Learning Lessons sub-group
- Governance, Leadership and Partnership task and finish group
- Communication and Community Engagement task and finish group

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 Governance, Partnership and Leadership**

This is a new task and finish group and for the first time features in Bolton's strategic plan 2015-2018. The strategic objective of this group and what it hopes to achieve over the next three year period is as follows:

- Effective working relationships between members of the Board need to be sustained and developed, ensuring appropriate representation, membership and links to wider networks/Boards are embedded.
- A clear governance structure that is Care Act 2014 compliant.
- All policies and procedures are up to date and compliant with the relevant legislation and guidance.
- Strategic links and key shared work streams have been identified and included as relevant to the Board Business Plan. For example, shared agendas relating to:
  1. Bolton's Safeguarding Children Board.
  2. Bolton's Community Safety Partnership.
  3. Health and Wellbeing Board.
- There are a range of policy, procedures and guidance in place that provides a framework within which organisations can work together effectively to respond to abuse and neglect, and reflects developments in national guidance and legislation, as well as national/regional/local learning, and new approaches to safeguarding. For example - Making Safeguarding Personal.

Where we are now:

Senior representatives of partner agencies actively contribute to the Board which is overseen by the Director of Children's and Adult Services. The Board has a three year Strategic Plan, a detailed Annual Business Plan, Annual Reports, and a series of sub-groups and task and finish groups tasked with taking forward the various work streams of the Board.

There is positive and widespread engagement across statutory and non-statutory organisations with the Board, supported by an Annual Board Development Day. The last Annual Board Development Day took place in December 2014. There is, however, an identified need to further explore the development of integrated and joint working agendas.

Following the appointment of the Safeguarding Board and Partnership Manager in October 2014 all partner agencies were contacted and discussions have taken place regarding membership of the Board. Once established that the Board had the correct membership a new constitution was developed and signed off by the statutory members in April 2015. This has since been extended to all members of the Board.

On 10 February 2014 at the annual conference the Bolton Safeguarding Adult Board (BSAB) launched its new online safeguarding procedures. This is a multi-agency policy and has been developed and signed up to by all members of BSAB.

A new three year strategic plan has been developed to commence in April 2015 – 2018, alongside this is a 12 month business plan. The business plan will come back to the Board each quarter to update members on progress or to alert members if any actions cannot be met within the agreed timescale.

## **2.2 Communication and Community Engagement**

This is a new task and finish group and for the first time features in Bolton's strategic plan 2015-2018. The strategic objective of this group and what it hopes to achieve over the next three year period is as follows:

- Develop systems and resources to improve public awareness of the types of abuse and risks of harm presented to adults at risk in the Borough of Bolton.
- Provide detailed information and advice to the public about services/support groups available in the Borough of Bolton
- Adults who have experienced, or are at risk of, abuse and neglect shape and influence the development of safeguarding services.

This new task and finish group became operational in the April 2015 and will be reported on in the next annual report.

## **2.3 Quality Assurance and Performance**

The strategic objectives of this sub-group:

- We will know if we are making a difference.
- We will be confident that our response to safeguarding is effective and consistent.
- Measures and processes effectively capture the outcomes of safeguarding adults work in Bolton (such as improved levels of safety, improved sense of wellbeing, reduced levels of risk, successful achievement of outcomes desired by adults at risk).
- There is consistent recording and reporting of safeguarding information across partner organisations in Bolton, enabling the sharing of intelligence at both a strategic and operational level.

What the sub-group has achieved prior to 31 March 2015:

- Developed a Safeguarding case file audit tool and carried out a baseline audit which has included recommendations for improvement.
- Piloted a method for Making Safeguarding Personal between November 2014 and January 2015 and made proposals for full roll-out in 2015.
- Researched a safeguarding reporting thresholds policy for implementation in 2015.
- Refined the performance report for the Board so that it reports the information required to keep them abreast of safeguarding activity in the Borough.
- Established the Safeguarding Intelligence Forum to share information between agencies about the risk presented by providers.

## **2.4 Workforce Development**

The strategic objectives of this sub-group:

- We will have a skilled, knowledgeable and confident workforce.
- Robust multiagency training is available to agencies.
- The workforce development plan incorporates local/regional and national policy, procedures and learning, and meets the needs of stakeholders involved in the safeguarding process.

What the sub-group has achieved prior to 31 March 2015:

- Programmes of Safeguarding training delivered across all organisations.
- MCA/DoLS training delivered across the Clinical Commissioning Group and Royal Bolton Hospital.
- 7 Best Interest Assessors from Bolton Adult Social Care and Greater Manchester Mental Health Trust trained at Manchester Metropolitan University.
- 10 Safeguarding Champions have been identified across agencies and a pilot has begun within older peoples provider services. A framework has been developed to support this.
- Three E Learning courses on the internet (Kwango) have been purchased by Adult Social Care training department and are available to all staff, including from partner agencies. The three subject areas are Adult Safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).
- An Annual Safeguarding Conference was organised for 10 February 2015. This conference saw the launch of the new online Bolton safeguarding procedures, presentations on the Care Act 2014, including the new statutory safeguarding duties and shared information on the Making Safeguarding Personal pilot project.
- Bolton held a Making Research Count Conference on 20 June 2014 on Self Neglect which was hosted by Michael Preston –Shoot, a leading researcher in this field.

## **2.5 Early Intervention and Prevention**

The strategic objectives of this subgroup:

- People will know how to recognise abuse and what to do about it.
- Organisations in Bolton will reduce the risk of abuse, by helping people live independently and safely in their own homes and in touch with others.
- Improving early Intervention and Prevention in Bolton.
- Referrals – People do not fall through the net and are not passed from pillar to post between safeguarding, personalisation, community safety and community support services.

What the sub-group has achieved prior to 31 March 2015:

The group is now established and has membership from the following organisations:

Community Housing Services, Strategic Housing, Fortalice, Bolton Community Homes Partnership (BCH), Bolton CVS, Arch Initiatives, Adult Services, Bolton at Home, Greater Manchester Fire and Rescue (GMF&R), Greater Manchester West Health Foundation (GMW), Public Health, Bolton College, Community Safety and GM Police (GMP). The following bullet points summarise the collective progress:

- A joint Review of the Multi-Agency Panel Safeguarding Adults (MAP-SA) is on-going. The report for this is going to Board in September 2015.
- Bolton Community Homes Partners signed up to GMF&R Home Safety Checks Protocol.
- There is an ongoing project aimed at adults at risk called 'Feeling Safe in Public Places' and involves visiting public places and commenting on safety.
- Identifying best practice in dealing with hoarding / self-neglect at home. An event is planned with Liverpool Housing Trust for early June 2015.
- Greater Manchester Police Early Intervention Team which is a pilot for Domestic Abuse cases remains in situ. Data evaluation is on-going in order to identify if this initiative has been successful, in which case consideration will be given to rolling this out to other client groups.
- Raising the profile of Adult Safeguarding new on-line procedure via: Community Voluntary Service team meetings / newsletter, presentation to BCH Partnership. Planned presentation to the Inter Agency Forum.
- Community Voluntary Service has now made it a condition of grant funding that groups working with adults at risk have a safeguarding policy in place.

## **2.6 Mental Capacity**

The strategic objectives of this sub-group:

- Where mental capacity cannot be presumed in relation to adults who need care or support services, mental capacity is formally assessed and subsequent decisions are reached in line with the Mental Capacity Act.
- Audit the number of referrals made to Independent Mental Capacity Advocates (IMCA) and ascertain if referrals are appropriate and are always



made if required. (Some of this information will be obtained via other systems already being developed, that is individual agency audits and peer audits).

- Deprivation of Liberty Safeguards (DoLS) practice is in line with national requirements.
- The number of people who are assessed as lacking the mental capacity to make decisions about their safety and who have representation in the safeguarding process (from an advocate, friend or family member) is audited and any required improvement plans are implemented.
- A workforce who is fully training in the Mental Capacity Act.

What the sub-group has achieved prior to 31 March 2015:

- Review of MCA form. New form has been rolled out to practitioners and can be found in the new online safeguarding procedures.
- A Multiagency Audit was completed to try to understand the baseline of the legal knowledge and application amongst practitioners throughout the Borough. Results showed that training, application and documentation of capacity assessments and Best Interest meetings were very variable. This then went on to inform practice and commission an external trainer to provide more in depth training on MCA which will take place from July 2015.
- Oversight of the Transforming Care (Winterbourne) task and finish group (returning a small group of Bolton residents in 24 hour supported accommodation back to Bolton - more details of this will be captured in the Adult Social Care section).
- MCA policy has been replaced by a chapter on MCA and DoLS in the new online procedures. This was launched in February 2015.
- Funding secured by Clinical Commissioning Group to complete training to G.P's on MCA over a 12 month period.
- Review of Policies on MCA, Challenging behaviour and Restraint amongst agencies.
- Review of House of Lords guidance on Mental Capacity Act, and response from House of Commons.

### **2.6.1 Deprivation of Liberty Safeguards (DoLS) update;**

- 515 DoLS applications have been received between April 2014 and March 2015. 54 of these were not granted. A large percentage of this number will be because they were no longer required i.e. the person left hospital before they could be assessed or they regained capacity.
- A DoLS task and finish group was developed to consider practice following the Cheshire West ruling. A Briefing Information update was signed off by Bolton Council, Greater Manchester West Mental Health Foundation Trust and Bolton Foundation Trust and circulated throughout Bolton agencies and Private care Homes.
- New DoLS paperwork was received in January 2015 from the Department of Health to improve the process.
- In March 2015 the situation in relation to progress with DOLS remains difficult. Both internal and external assessors are being used but both are beyond capacity. The DOLS Acting Manager continues to work with admin in increasing throughput although a large backlog of work has been identified. A spread sheet has been developed with Adult Social Care to assist with the task and additional administration support has been identified.

### **2.7 Learning Lessons**

The strategic objectives of the sub-group:

- To improve the partnerships response to safeguarding adult cases through learning from Safeguarding Adult Reviews to prevent future abuse or neglect.
- Develop and maintain effective systems to share learning from any Safeguarding Adult Reviews occurring both locally and nationally.
- Develop a culture of learning and improvement across the partnership and with people.

What the sub-group has achieved prior to 31 March 2015:

There have been no serious care reviews (SCRs), now known as Safeguarding Adult Reviews post April 2015, within this period however the sub-group has continued to

meet on a regular basis. There was a decision to hold a multi-agency workshop on a case where there were concerns about an older person's level of capacity and self-neglect who died, this did not meet the criteria for a Serious Case Review but lessons could be learnt. The sub-group have overseen this piece of work and made a number of recommendations to be implemented; the sub group is overseeing the action plan that was drawn up. The key recommendations were:

- The development of a policy on self-neglect
- A review of Multi-Agency Panel – Safeguarding Adults (MAP-SA) to include high risk self-neglect cases
- Further training across partner agencies on MCA.

In readiness for the implementation of the Care Act 2014 in April 2015, the policy on Serious Case Reviews (Safeguarding Adult Reviews) was refreshed. Revised referral forms were implemented.

### **3. Partner agency achievements and organisational statements**

#### **3.1 Bolton Council - Adult Services**

During 2014/15 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.

Following the Department of Health report "Transforming Care: A national response to Winterbourne View Hospital" in December 2012 work via the Winterbourne task and finish group has continued in Bolton to develop suitable resources within the borough of Bolton with the aim of bringing back a cohort of 21 people currently placed outside of Bolton. The Local Authority and the Clinical Commissioning Group, with input from colleagues in Housing, are working in partnership to develop a range of local services which will facilitate a return to the area of those people who remain in out-of-borough services, both hospital and residential. It is envisaged that

the first phase of these services will be operational by June 2015 and will focus on the following four specialist areas:

- Grouped, self-contained individual supported tenancies for five adults who have learning disabilities, autism and complex needs.
- Grouped self-contained individual accommodation in registered care with nursing for six adults with learning disabilities who are at risk of offending.
- Grouped self-contained individual supported tenancies for adults with learning disabilities who are at risk of offending.
- Grouped self-contained individual supported tenancies for adults with learning disabilities who have complex needs associated with attachment and self-harm, and who may have had experiences of abuse and/or neglect.

The contracts were tendered and external providers were identified in early 2015. Accommodation has been identified for the first cohort of individuals and is in the process of being renovated. Further accommodation has yet to be identified.

The new data recording and analysis arrangements for safeguarding, the Safeguarding Adults Return, which was first introduced during 2013-14, has improved aspects of data protection, but further work needs to be undertaken to analyse and further understand trends in the information that is being collected. There are plans to employ a number of data analysts within the next year to support with this area of work.

Our commissioning approach has continued 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 and there has continued to be a particular focus on the difficult issue of Self-Neglect. In June 2014 at the Annual Safeguarding Conference practitioners across partner agencies in Bolton were given the opportunity to find out about the new vision for Bolton. Various presentations were given on the work of the Safeguarding Adult Board and a further presentation was given by Michael Preston-Shoot from the University of Bedfordshire, on messages from research in adult safeguarding, particularly around self-neglect.

Between November 2014 and January 2015 a pilot project entitled Making Safeguarding Personal (MSP) was trialled within 6 different social work teams. Two champions were identified from each team and these workers were asked to use a specific toolkit to assist with this pilot project. 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. Following the conclusion of this project an action plan has been drawn up which identifies how MSP will be rolled out across all adult social care from 1 October 2015. Consideration will then be given as to how this can be rolled out to partner agencies next year.

Throughout 2014/2015 adult social care has been working hard in readiness for the implementation of the Care Act 2014. Extensive training has been offered to staff in preparation of this and adult social care has also seen the development of the Early

Intervention Team. Staff have also seen the launch of the new multi-agency online safeguarding procedures on 10<sup>th</sup> February 2015.

### **3.2 Bolton Council - Strategic Housing Services**

This report covers the work undertaken by the Housing Sector in Bolton towards Adult Safeguarding. This includes; Strategic Housing Services, Community Housing Services (CHS) and the Bolton Community Homes Partnership (BCH):

- BCH Board which consists of Chief Executives and Directors from individual BCH partner organisations heard a presentation from the Adult Safeguarding Lead and the Chair of the Early Intervention and Prevention Subgroup to improve understanding of Safeguarding, The Care Act, Governance arrangements and where housing links in. Partners also signed up to a commitment ensuring the safeguarding of children and adults at risk in Bolton.
- BCH Core Group which consists of regional / neighbourhood managers heard a presentation on the Care Act and the developing Safeguarding agenda in Bolton and discussed the role housing partners can play.
- Individual BCH Partners deliver their own in house training on Safeguarding at induction stage for new starters and also refresher training for all staff. They also have procedures in place should a safeguarding issue arise.
- Links to Multi-Agency Adult Safeguarding Procedure now on BCH Website
- CHS staff trained on Programme Challenger – human trafficking and modern day exploitation.
- Care & repair referrals carried out when vulnerable people have been identified with regards to grants. A number of these have resulted from complaints being received about individual properties in disrepair or causing a nuisance and investigations have led to help and support being offered to protect and improve the standard of living.
- Visits to overcrowded properties, often occupied by migrants, some of which have been let by individuals who have then sub-let and exploited people for money in poor unsafe conditions, which is also sometimes linked to employment so control over individuals is increased.
- Rogue landlord activity in Halliwell & Crompton

- ACIS training on housing and health for a variety of vulnerable groups including asylum seekers, refugees etc.
- Joint visits and referrals from health visitors who have concerns regarding people they have met and their accommodation.
- Joint visit with police and other services which has uncovered human trafficking
- Visits to properties in the Halliwell area have identified concerns over forced labour which are currently under investigation
- Various referrals and joint working with social services and problem adults (and children) who are suffering from mental health issues which affects their ability to stop in properties for long periods e.g. constant belief that housing conditions are causing a vast array of health issues, despite these properties being in good order
- Help for Single Homeless Project is progressing – this work will deliver a Making Every Adult Matter (MEAM)
- Approach to dealing with the most vulnerable Single Homeless People. The project involves targeting the most vulnerable and directing additional resources aimed at working with this group to tackle their needs.
- Cascading the new Adult Safeguarding policies through team meetings.
- STARS Team shadowing CHS staff to understand issues regarding housing.
- Introduction of a new homeless protocol between CHS and Bolton Hospital A&E to ensure clients' homeless issues are planned for and acted upon prior to discharge.
- Bolton at Home delivering community safety advice via mobile units in the community and schools. Implementing additional ASB powers to protect the community.
- Mental Health Link work now taking place in hospital regarding homeless prevention
- Housing partners meet as a Housing Safeguarding subgroup to share updates and progress across the housing partnership.

### **3.3 Bolton NHS Clinical Commissioning Group (CCG)**

This is the high level view of what we have achieved over the last 12 months for adults. The specialist safeguarding adult lead role has been incorporated to the Designated Adult Safeguarding Manager (DASM) role in line with the Care Act. The DASM is the Mental Care Assessment (MCA) and Prevent lead.

The DASM is a member of the following groups and attends regularly:

- Professional advisor to the Safeguarding Adult Board.
- Safeguarding adult subgroups.
- Safeguarding Adult Executive Group to the Adult Safeguarding Board.
- Channel Panel.
- Multi-Agency Panel Safeguarding Adult.
- Bolton Integrated Safeguarding Committee.
- Care home intelligence form for health and social care.
- Safeguarding CCG Greater Manchester adult network.
- Safeguarding Local Authority Greater Manchester adult network.
- Harm Free panel at Bolton Foundation Trust.

The DASM has delivered on:

- Mental Capacity Assessment, Prevent and safeguarding training to CCG staff, nursing homes and General Practitioner.
- A CCG safeguarding training policy is in place.
- CCG MCA policy.
- Contributes to service contracts and specifications and advises commissioners, NHS England and public health on safeguarding matters.

There is senior representation at the Bolton Safeguarding Adult Board and Health & Wellbeing Board:

- CCG Chief Officer CO provided assurance to Bolton Safeguarding Children Board regarding health contribution and membership.



### **3.4 Bolton Community and Voluntary Services**

- Bolton CVS has up to date Safeguarding policies and a designated Safeguarding Officer.
- Representation at Prevention & Early Intervention subgroup and Workforce Development Sub-group – this includes commenting on the new procedures and practices from a voluntary sector perspective.
- Adapting Adult Safeguarding Training for the Voluntary and Community Sector which will become part of The CVS Stronger Together Training programme. This will be advertised to The Voluntary and Community Sector via our database of over 1,000 contacts. We also discuss safeguarding issues where relevant as part of the existing training programme offer.
- Disseminating information on the new online procedures to Bolton CVS staff via the staff team meeting.
- Group Development/Training - when working with groups on a one to one basis we advise re best practice regarding safeguarding and policy development.
- Small grants programme - It is a condition of grant funding that groups working with vulnerable adults have a safeguarding policy.
- Working with Bolton Council to develop appropriate guidance for the voluntary sector in relation to Adult Safeguarding.
- Working with key partners, particularly through our existing framework of forums and networks, for example, The Health, Care and Well Being Forum, Our Preventative Services Group and The Equality Target Action Group, to raise awareness of Adult Safeguarding within The Voluntary and Community Sector

### **3.5 Bolton NHS Foundation Trust**

Bolton NHS Foundation Trust has appointed a new Lead Nurse for Safeguarding Adults – Sandra Crompton - also responsible for implementation of the Mental Capacity Act and Deprivation of Liberty Safeguards.

The Trust has revised all training provision for Safeguarding Adults and implemented an action plan to improve implementation and awareness of the legislation in respect of the Mental Capacity Act.

All new staff to the Trust are given face to face, mandatory Safeguarding training to ensure staff appreciate their duty of care and legal responsibility in respect of Safeguarding regardless of grade or position.

The Trust has been a counter signatory to the Bolton Safeguarding Adults Policy and is in the process of disseminating to all Trust Staff.

In the past 12 months the Trust has imposed 174 Urgent Authorisations for Deprivation of Liberty Safeguards with 1:3 being for non-Bolton residents. There has been a recorded 127 Safeguarding Alerts.

All Trust Safeguarding Policies are being reviewed to ensure 'Care Act' compliance. The Trust is actively promoting multi- agency partnership working with a view to developing and sharing best practice and actively participating in strategy meetings in response to Safeguarding Alerts.

The Director of Nursing has established a new Safeguarding Committee which meets bi-monthly and includes representation from all Divisions within the Trust.

### **3.6 Bolton College**

- Bolton College has developed a Prevent Radicalisation Action Plan in response to statutory guidance issued under section 25 of the Counter Terrorism and Security Act.

- Bolton College Safeguarding Team, students mentors, managers and Learning Development mentors and governors are all trained and being trained on preventing radicalisation.
- Bolton College Ofsted Inspection in March 2015 stated “The safeguarding arrangements for learners are good; learners feel and are very safe. The well-trained and highly effective learner support team is expert in identifying and supporting the most vulnerable learners. High numbers of learners confidently self-disclose and subsequent good support provided for them by tutors enables them to remain in learning successfully. Systems and processes to recruit staff are rigorous and follow guidelines to ensure that they take all the necessary precautions regarding safe recruitment”. And “Through effective partnerships with external organisations, such as the police, staff and managers have developed a thorough awareness of and responded well to issues of national concern, such as the potential risk to learners of radicalisation, and ensure good protection for vulnerable learners”.

### **3.7 Greater Manchester Fire Service Bolton Division (GMFRS)**

The number of Home Safety visits for Persons at Increased Risk of Fire has increased to 633 in this time period. GMFRS have made 234 internal referrals, 91 self-referrals have been made and 308 referrals have been received from partner agencies.

The delivery of Safeguarding Awareness Training was completed early 2014 to all Community Safety Teams and Operational Crews in Bolton Borough.

GMFRS internal general Safeguarding training (e-learning) was completed in 2014/15 by all staff. This was split into 4 modules - during the training learners would acquire a greater understanding of what safeguarding is, understand GMFRS' Safeguarding Policy and Procedure and receive information on what further support is available.

GMFRS Safeguarding is very much a prevention led process, it aligns to our Person at Increased Risk (Fire) model. There are a large number of people in the Bolton

area who meet our at increased risk criteria (2014/15 performance data above) but who do not meet the “Threshold Decisions” of the guidance in that they are not, or do not appear to be, victims of abuse or harm from others. GMFRS considers that the level of vulnerability/risk due to individual circumstances gives cause for concern and as such continues to work closely with partners/key agencies to ensure that the risk is minimised where it can be.

### **3.7.1 Background information on Persons at Increased Risk (Fire);**

People aged between 41-90 accounted for 87% of all accidental and 63% of all non-accidental fatal fires in the North West during the last 3 years. The most at risk age group being between 71-90 where contributory factors included:

- Poor Housing/Living Conditions
- Reduced Mobility
- Sensory Impairment
- Mental Capacity
- Medication
- Social Isolation
- Smoking

Contributory factors relating to accidental and non-accidental fire fatalities are generally very similar and identify the person most at risk from fire in the North West Region to be over 41, living alone, who may be living with some form of disability, be taking prescribed medication, smokes and regularly consumes alcohol. They will also most probably be known, or had contact with, an organisation that provides support and/or care. 48% of all fire fatalities in the NW Region had received a Home Safety Check from a Fire and Rescue Service. People over the age of 60 accounted for 64% of all accidental fire fatalities but they only represent 22.8% of the population and people over the age of 80 accounted for 27% of all fire fatalities although they only represent 4.5% of the population in the NW Region. This data has been extracted from the Learning from Fatal Fire Incidents Report 2014.

### **3.7.2 Community Risk Intervention Team (CRIT);**

GMFRS has launched a new service to provide responses to high volume, low priority incidents who will also expand and deliver prevention and protection activity. The introduction of the new Community Risk Intervention Team (CRIT) will meet a range of objectives set by GMFRS, North West Ambulance Service, Greater Manchester Police, Directors of Public Health, Clinical Commissioning Groups and Health & Social Care departments of the Local Authority areas across Greater Manchester. The CRIT will deliver pro-active, targeted risk reduction campaigns 365 days a year and will respond to incidents using vehicles containing risk reduction and lifesaving equipment that will allow individuals to receive a faster and more holistic service that will reduce the potential for harm and risk.

Bolton's CRIT will be based at one of the 4 fire stations in the Borough and is currently scheduled to be operational during the second half of 2015

### **3.8 Greater Manchester Police Bolton Division**

During 2014/15 the intervention project was completed on the Bolton Division with great success. They identified repeat demand, tackling issues and problems through early intervention and signposting to the most appropriate agency or service.

This work has continued on the Bolton Division with the development of Complex Dependencies and Vulnerability Team working in conjunction with other agencies such as Family First identifying those at most risk. The work conducted by the intervention team, continues to be progressed, developed and supported by the Bolton Division resulting in the project receiving Government funding and with this the inception of 'STRIVE' which is being introduced force wide based on the Bolton model.

The on-going work has seen a reduction in demand for the division and the vulnerable adult team ensuring that those at high risk of harm and exploitation identified at an early stage and receive the intervention and support required to reduce the risk.

In recognising this success, the police definition of vulnerability has been reviewed and amended in order that it reflects the work already undertaken. This definition has been trialed with the force and will soon be implemented on the Bolton division.

The Vulnerable Adult Team in conjunction with partners recognised that the effectiveness of MAP-SA needed to be reviewed. Although in its current format MAP-SA reviews those individuals with high dependencies with a view to intervention, there is an opportunity to encourage further engagement from agencies, set action plans, identify a service that is best placed to have responsibility for that individual and assess the effectiveness of the intervention and if the risk has reduced.

There is on-going training on the Bolton Division and within the vulnerable adult team with the introduction of new legislation involving offences of ill-treatment or wilful neglect through the Criminal Justice and Courts Act 2015.

The legislation is brand new and has yet to be tested within the criminal justice system. The legislation is more effective providing powers to the police to prosecute individuals and services. This legislation provides greater protection to those who are vulnerable and recognises the short falls in the previous offences.

The Bolton Division and Vulnerable Adult Team are committed to the Public Service Hub that is due to commence this autumn. This will provide the infrastructure for a multi-agency team to work more effectively and efficiently providing a better service for the customer, reducing demand, utilising the most appropriate service and tackling and preventing the problems through greater information sharing.

This year has seen a number of positive results for the Bolton Division, Public Protection Investigation Unit and partner agencies which has ultimately provided a better service for all concerned.

### **3.9 Greater Manchester West Mental Health Trust (GMW) – Bolton Directorate**

- 91% of staff are up to date with the appropriate level of safeguarding training.
- A review of level one training in GMW has been undertaken to ensure Care Act compliance.
- Safeguarding Leads have undertaken 'Prevent training'.
- The new appointment of the Local Security Management Specialists for GMW has registered for Prevent training.
- Participation in Adult Social Care quality case file audit.
- Member of Bolton Integrated Safeguarding Committee.
- New PARIS IT system to be implemented after April 2015. Safeguarding requirements discussed and supported the development of PARIS.
- Representation from GMW at Board level, Executive safeguarding group and all sub-groups.
- Representation from GMW at MAPSA, MAPPPA, MARAC and Channel.

### **3.10 North West Ambulance Service NHS Trust (NWAS)**

A number of high profile national investigations have resulted in an update to safeguarding procedures and training to ensure that adults and children who are at risk or victims of exploitation and radicalisation are also safeguarded.

#### **Achievements:**

- **CQC pilot standards**

The Trust took part in the CQC pilot assessments of Ambulance Service NHS Trusts. The result is that a number of standards have been developed for Ambulance Services and good assurance was received in relation to safeguarding arrangements.

- **Engagement with Safeguarding Boards**

The Trust has a named contact for each of the 46 Safeguarding Boards across the North West. This strengthens working together and information sharing relationships and is reflected in the increased number of Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews. Staff also access multi-agency training and share learning and expertise with their peers.

- **Frequent caller Project and vulnerable people.**

The safeguarding and frequent caller teams are regularly identifying and sharing information to enable a joined up approach to ensure vulnerable people are afforded the assessment and care they require in accordance with their wishes. When appropriate they are protected from harm or abuse and a significant amount of valuable patient data is now shared to ensure the best outcomes for these patients. This also includes sharing concerns in relation to nursing and Care Homes.

- **Update of the safeguarding Vulnerable Persons Policy and Procedures**

A significant amount of work has been done to update the Policy and associated procedures. These now include the principles of adult safeguarding and pathways are included for victims of Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM) and the radicalisation of vulnerable people (PREVENT).

- **PREVENT awareness and training**

Over 75% of all NWS staff have received WRAP 3 training which is the 'Workshop to Raise Awareness of PREVENT- part of the government's anti-terrorism strategy. WRAP is included within mandatory training for all staff and compliance with this national requirement continues to increase monthly.

### **3.11 Cheshire & Greater Manchester Community Rehabilitation Company (CRC)**

The Cheshire & Greater Manchester Community Rehabilitation Company (CRC) came into being on 1st June 2014, following the changes to Probation Services brought about by the Ministry of Justice's Transforming Rehabilitation programme. Former Probation Trusts were dissolved, and separated into a National Probation Service, and 21 CRCs. In February the CRC came into the ownership of Interserve Justice, under a new contract with the Minister of Justice. The contract clearly sets out our responsibilities under the Care Act, which we take very seriously.

The Cheshire & Greater Manchester CRC will manage a caseload of approximately 9,000 offenders across the two counties, with approximately 700 offenders managed in Bolton at any time. Since coming into being in June, we have been able to do some analysis of our caseload. Approximately 29% of the CRC caseload in Bolton



known Domestic Abuse perpetrators, and around 15% are be Female offenders, many of whom are vulnerable and at risk of Domestic Abuse. Therefore interventions for Domestic Violence (DV) perpetrators will become a large part of our work, and working alongside other agencies in Bolton to roll out the DV strategy will be important.

Approximately 5% of our caseload are assessed as having learning difficulties or disabilities, although we believe this is under-reported. We are therefore committed to working alongside Safeguarding Adults Boards in Cheshire and Greater Manchester, in order to ensure potential victims are safeguarded, as well as ensuring that those vulnerable adults within our caseload receive an effective and appropriate service. We have been a pilot area for the Ministry of Justice's Learning disability project, in conjunction with Calderstones, and this has involved training our staff in Learning Disability awareness and use of an approved screening tool. We will also in 2015-16 work towards accreditation by the National Autistic Society, the only CRC in the UK to do so.

We have achieved the following in our first 9 months of operation. We have:  
Identified a lead Senior Manager for Safeguarding who has completed our Safeguarding procedures and practice directions.

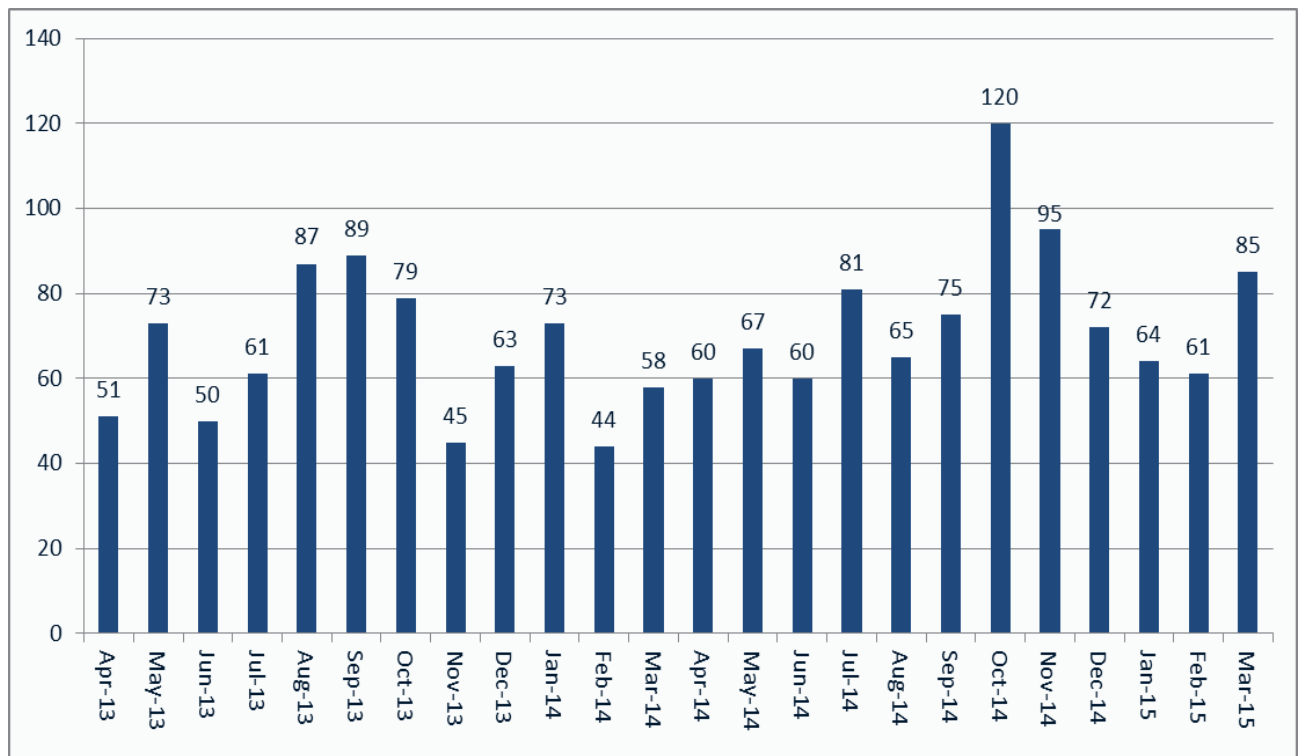
- Established mechanisms to link into Adult Safeguarding Serious case reviews, and also Domestic Homicide reviews. We also have mechanisms to spread the learning from local reviews throughout the CRC.
- Completed further training for staff in Domestic Violence awareness, and practice with Domestic Violence perpetrators.
- Reviewed our suite of interventions with Domestic violence perpetrators, and introduced the Building Better Relationships programme across Greater Manchester and Cheshire.
- Contributed to commissioning women's centres / projects in all Boroughs across Greater Manchester, in order that Female offenders have access to high quality services which need their needs, which can reduce their vulnerability and strengthen their families. We are leading a piece of work to scope out the viability of setting up a Women's centre in Bolton, where the

needs of vulnerable women could be better catered for.

## 4. Safeguarding activity in 2014/15 and what this means

### 4.1 Safeguarding activity in Bolton – Safeguarding Alerts (referrals to Adult Social Care of concerns/allegations of abuse)

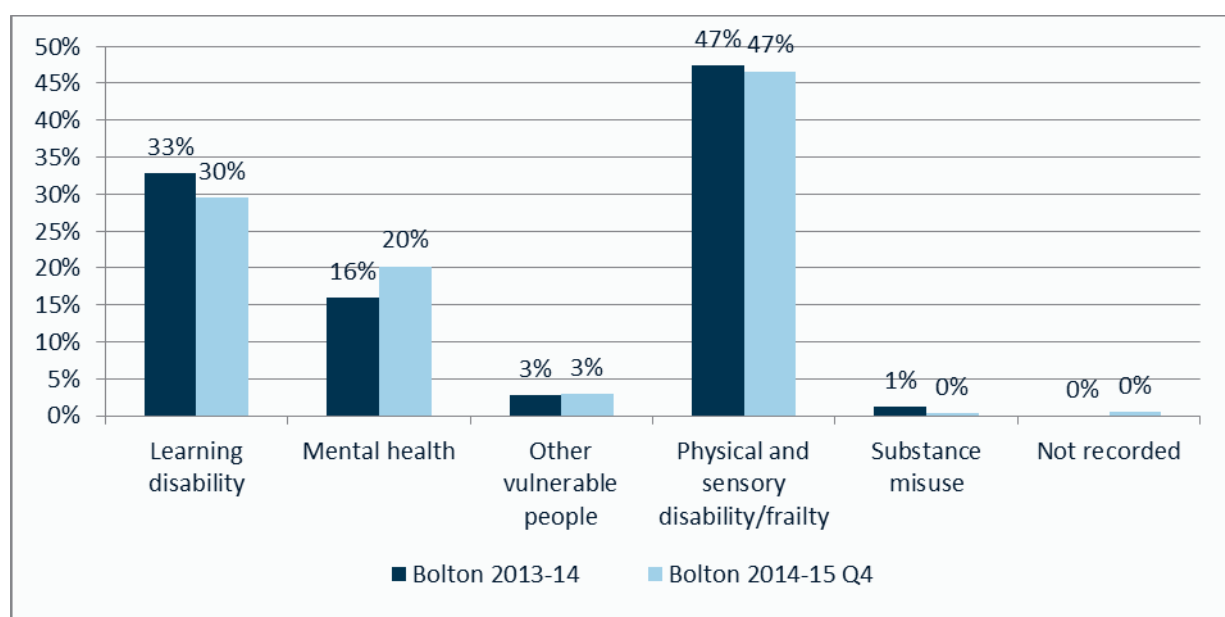
#### Number of alerts per month



As shown in the above chart, Bolton's rate of new safeguarding alerts fluctuated throughout 2013-14, ranging between 44 and 89 alerts per month with an average monthly rate of 64. Activity in 2014-5 saw an increase with a range of alerts between 60 and 120, with an average monthly rate of 75.

Overall over the year the number of alerts went up by 17% compared to the previous year. This increase is attributable to increased Safeguarding training and the general awareness raising, and improved reporting with the electronic systems.

#### 4.1.2 Primary Client Group (The main presenting need of the person at risk)



The distribution of alerts relating to different primary clients groups was very similar to last year, but with an increase in alerts relating to mental health, with a corresponding reduction in the number of alerts concerning people with learning disabilities. The increase in Mental Health is attributed to improve data reporting and increased awareness.

#### 4.1.3 Source of alert

<i>By Source</i>					
Source	Quarter 1	Quarter 2	Quarter 3	Quarter 4	1st April - 31st March
Anonymous	4	2	0	2	8
Care Quality Commission	0	1	15	3	19
Council professional	23	26	26	20	95
Friend / Relative / Neighbour	32	31	33	18	114
Health professional	16	31	57	41	145
Housing	6	5	3	2	16
Member of the public	0	1	2	0	3
Other	7	8	9	18	42
Police or probation service	4	6	10	10	30
Provider Staff	92	102	126	88	408
Self Referral	3	7	6	6	22
Not Recorded	0	1	0	2	3
<b>Grand Total</b>	<b>187</b>	<b>221</b>	<b>287</b>	<b>210</b>	<b>905</b>

<i>By Source</i>		
Source	Bolton 2013-14	Bolton 2014-15 Q4
	Percentage	Percentage
Anonymous	2%	1%
Care Quality Commission	0%	2%
Council professional	18%	10%
Friend / Relative / Neighbour	12%	13%
Health professional	12%	16%
Housing	3%	2%
Member of the public	1%	0%
Other	6%	5%
Police or probation service	4%	3%
Provider Staff	39%	45%
Self Referral	3%	2%
Not Recorded	0%	0%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>

The information above shows a breakdown of the source of safeguarding alert, with nearly half of all alerts coming from provider staff, a significant proportion of these alerts relate to clinical incidents rather than incidents of abuse. The Board has requested that further work is completed to support the understanding of Safeguarding and thresholds.

Following this, the most alerts have come from friends, relatives or neighbours and professionals working either in the Council or in a Health setting. More health professionals have been raised alerts this year. The rate of alerts coming from both housing and members of the public is low and the Executive Group have discussed the importance of monitoring this with a view to increasing awareness via a public campaign later in this year.

#### **4.2 Safeguarding Referrals (Alerts where a decision has been taken to undertake a Safeguarding Investigations/Enquiry are known as referrals)**

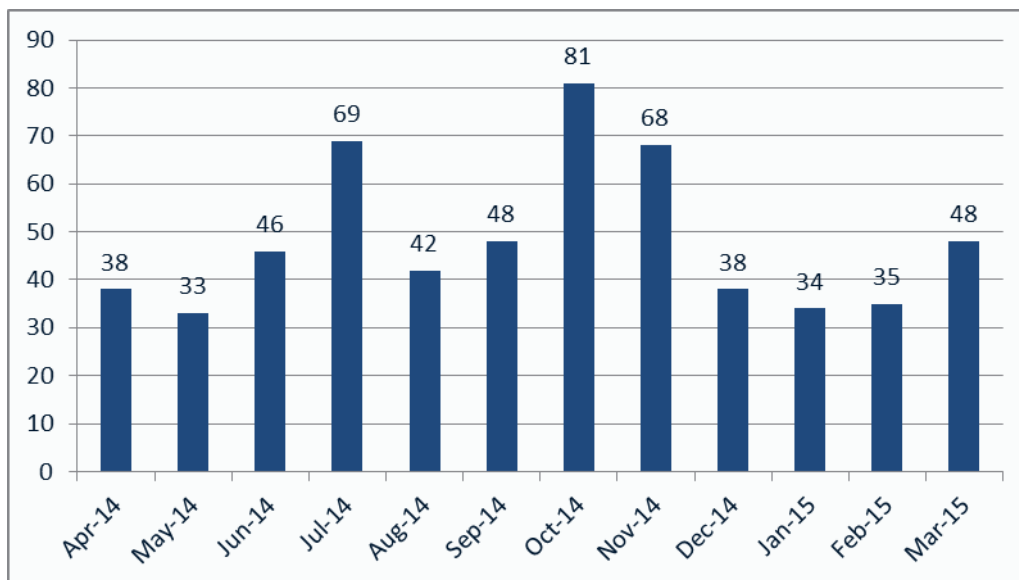
Progress has been made in establishing new procedures for responding to specific safeguarding concerns. In 2013/4 Bolton recorded a relatively low number of completed safeguarding referrals in comparison with other similar North West authorities, this position has been addressed this year, with new processes in place

and data/recording issues addressed. The overall number of safeguarding referrals rose throughout the year to 580 by the end of 2014/15, compared with 379 the previous year – a 53% increase this year.

Previously, Bolton had been identified as an outlier for both the overall rate of referrals along with the rate of concluded referrals, per 100,000 of the population and it was anticipated that they would rise this year as processes, recording and awareness increased.

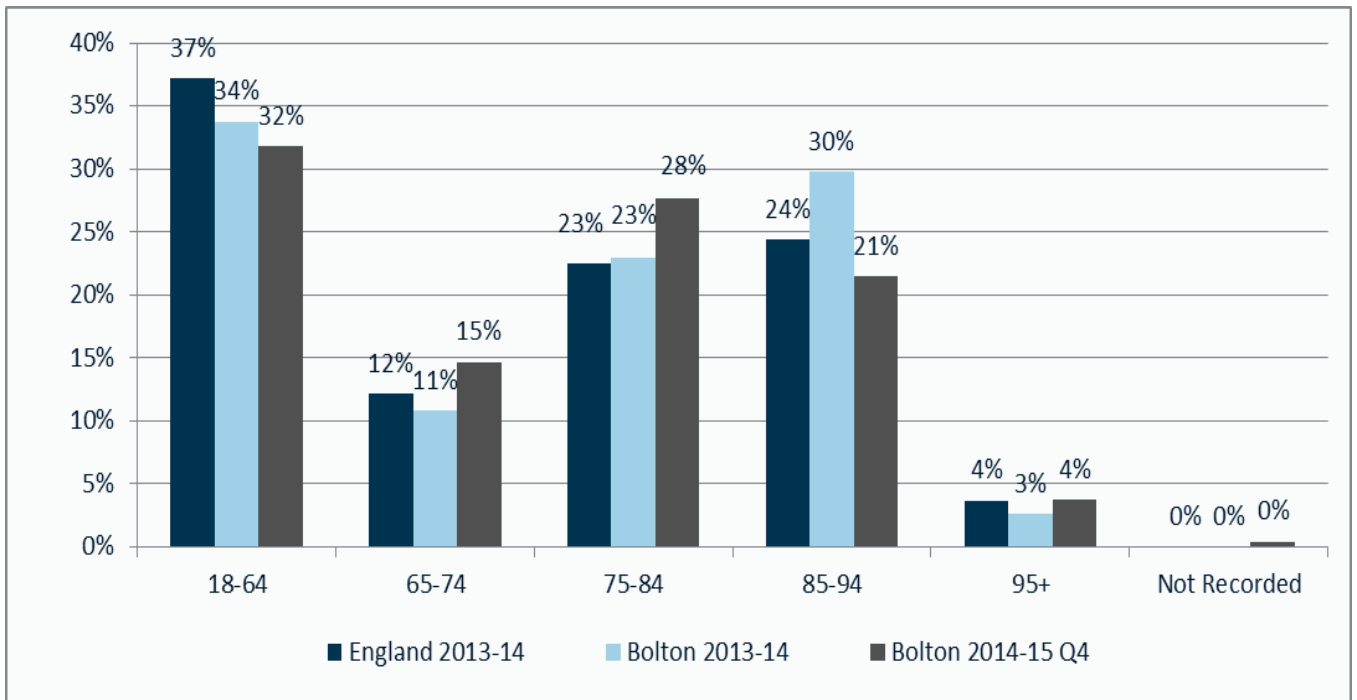
The performance indicator which tracks the rate of concluded referrals will continue to be monitored as part of the Adult Services performance framework, allowing us to compare performance with North West authorities. This benchmarking information is expected to be made available later in the year.

#### 4.2.1 Number of referrals per month

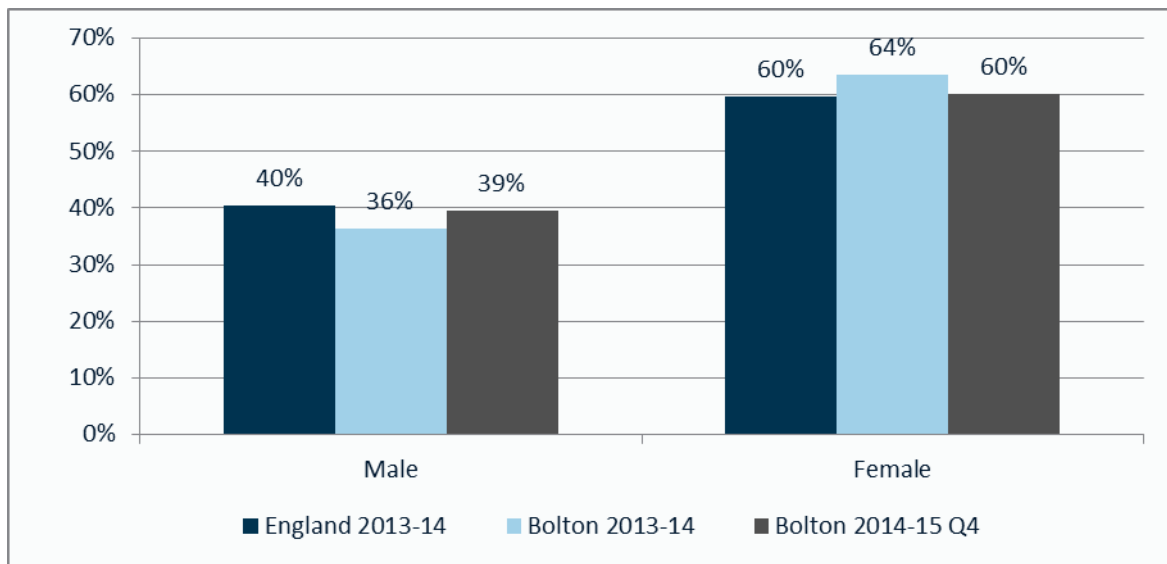


Referrals peaked in October 2014 but this figure is attributable to concerns identified within a large care home setting in Bolton. Following a detailed multi-agency response these concerns are being overseen through a strategic multiagency monitoring group and improvements are being made.

### 4.2.2 Age

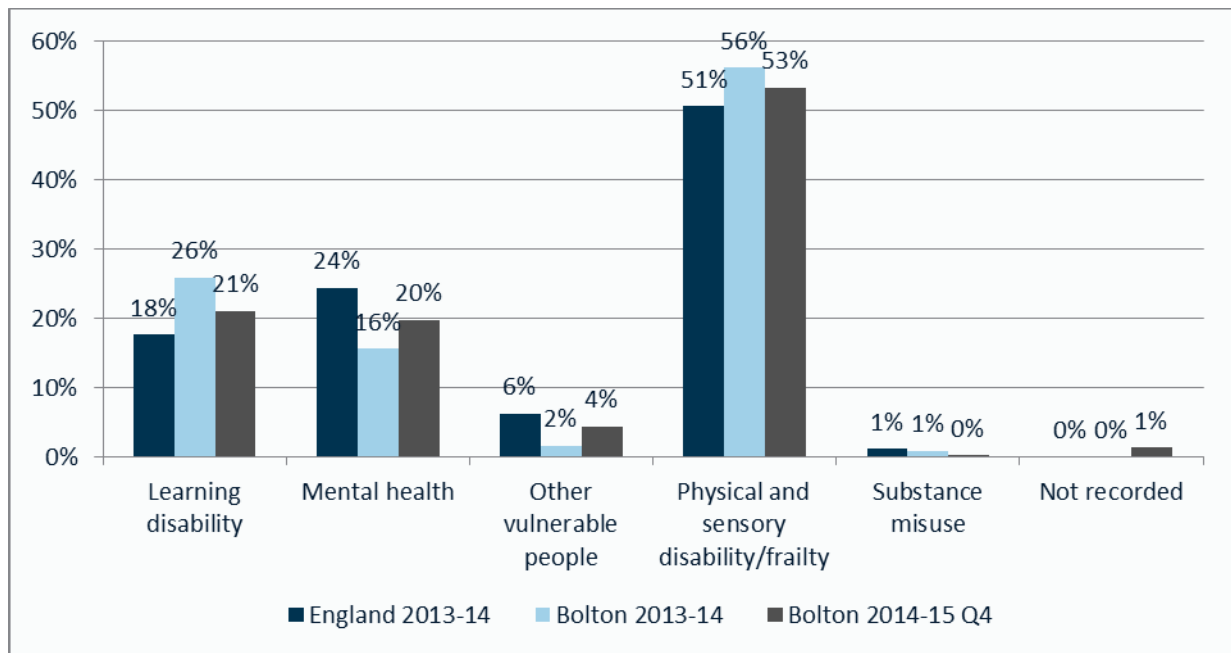


### 4.2.3 Gender



There has been no significant change to age or gender or primary client type compared to either 2013/14 figures or the National England averages.

#### 4.2.4 Primary Client Type



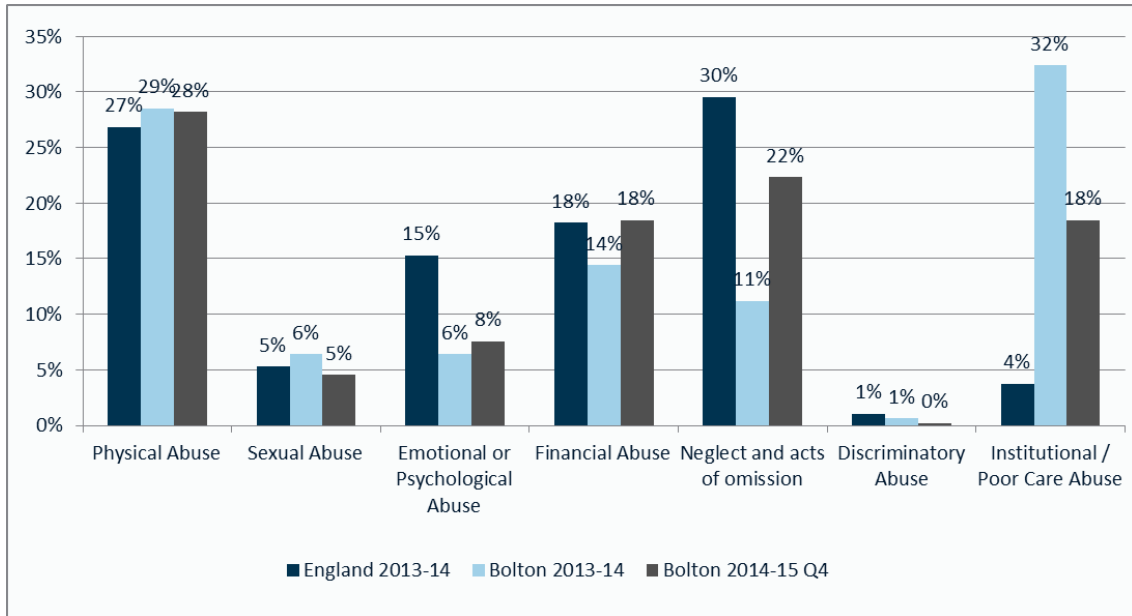
The proportion of referrals concerning the various different client groups more closely resembles national averages than previously.

#### 4.3 Concluded investigations

There were 461 concluded referrals in 2014/15 – this fits in with forecasts and is a significant increase on 312 for last year.

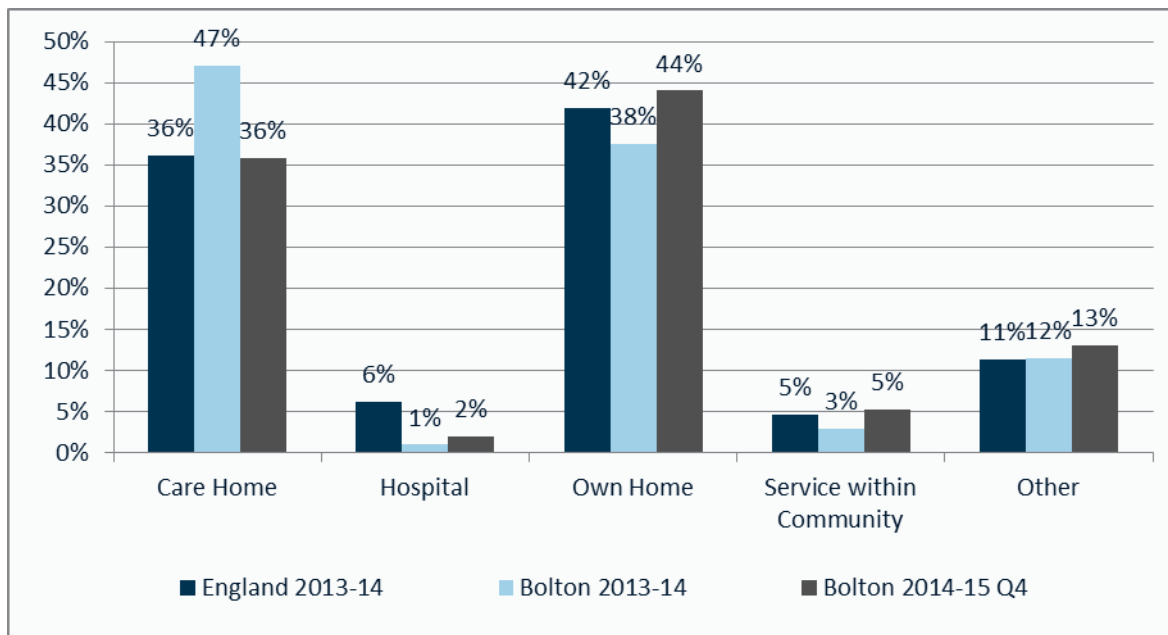
##### 4.3.1 The type of abuse or risk

Concluded investigations in the period 1<sup>st</sup> April 2014 to 31<sup>st</sup> March 2015 compared to Bolton 2013/14 and England 2013/14 by:



There is some significant variation in the type of abuse when compared with last year; particularly the institutional or poor care abuse category which has reduced from 32% to 18%. A large increase in the proportion of neglect and acts of omission is also noted. Generally what we see here is a move closer to the national average proportions for the type of abuse or risk (2013/14) and improved reporting in relation to the specific categories.

#### 4.3.2 The location or setting of the risk

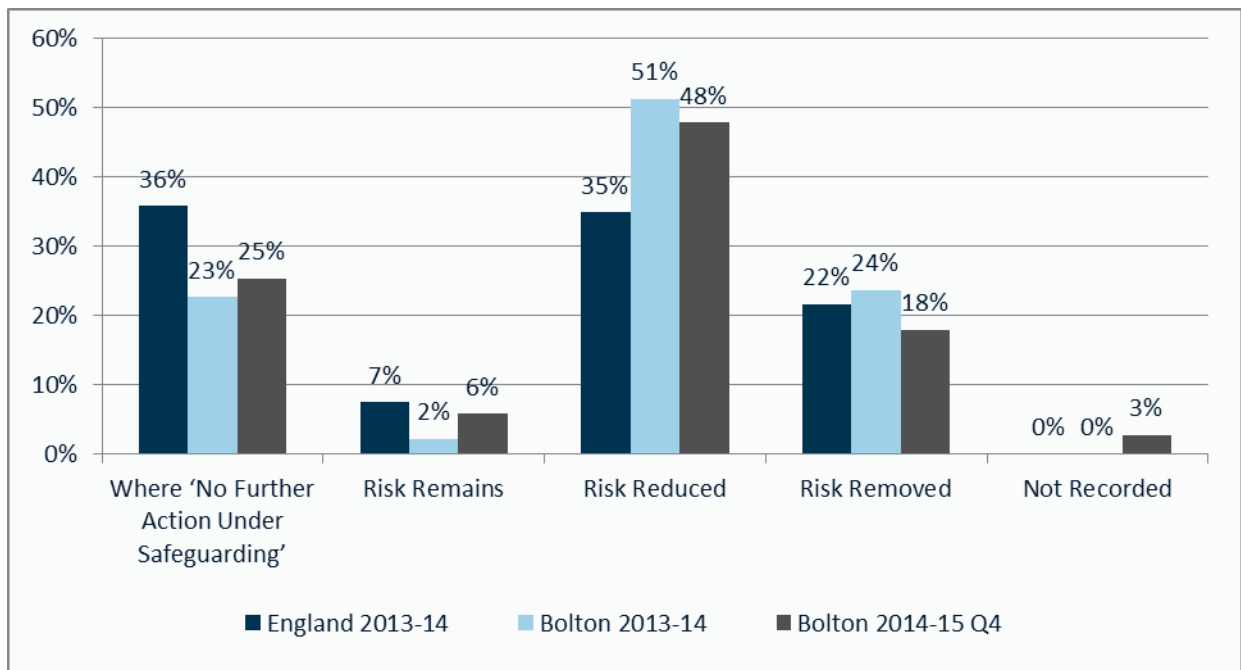




Again we see local data showing Bolton moving closer to national proportions in relation to the location or setting of the risk.

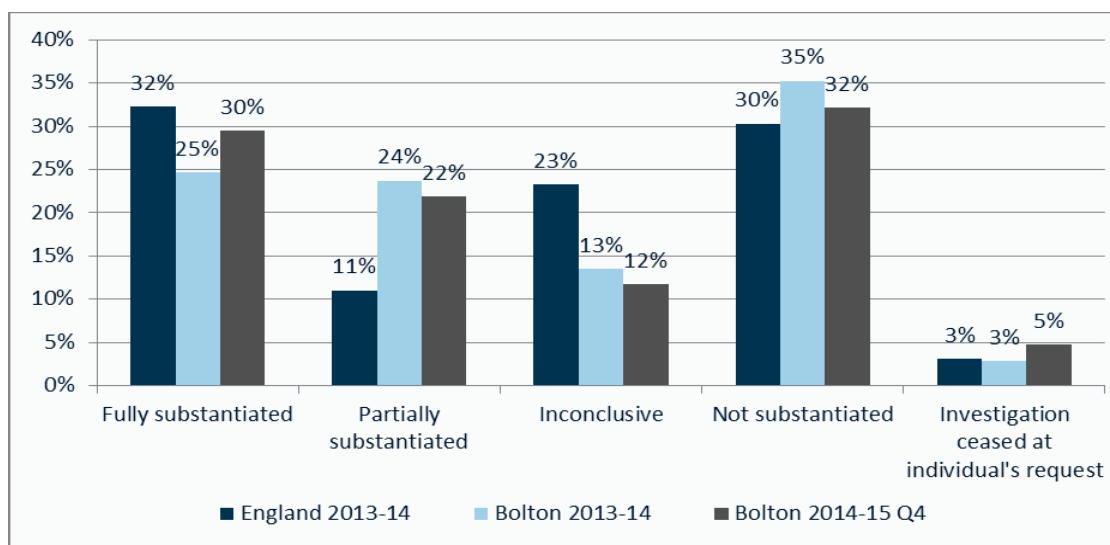
Almost half of all abuse took place within people’s own homes with the percentage of abuse occurring in care homes going down. Because of the increase in referrals this year compared with last year, this means that there are a larger number of referrals overall, particularly from people living in their own home. The development of safeguarding training within partner agencies and within provider organisations who provide support people at home is likely to have contributed to the increase in these numbers.

#### 4.3.3 The outcome of the action as a result of the referral



Bolton is well below national averages where “no further action” has been the outcome of the safeguarding enquiry and has a higher percentage (51%) where risk is reduced compared to 2013/14 figures and the national average. This would suggest that practitioners are proactive in reducing risks and identifying safeguarding actions which result in reducing the risk for the adult post enquiry.

#### 4.3.4 The status at the conclusion of the referral



Over half (52%) of all cases were either partially or fully substantiated, which is a minor increase when compared to 2013-14 and is 10% above the national average.

#### 4.3.5 Outcome for the perpetrator

<i>By the outcome for the perpetrator</i>					
Outcome for Perpetrator	Quarter 1	Quarter 2	Quarter 3	Quarter 4	1st April - 31st March
Action under Mental Health Act	1	1	0	0	2
Community Care Assessment	1	3	0	0	4
Continued Monitoring	17	41	12	15	85
Counselling, Training or Treatment	1	7	2	1	11
Criminal Prosecution or Formal Caution	0	2	1	1	4
Disciplinary Action	4	8	5	1	18
Exoneration	0	1	2	1	4
Management of Access to Vulnerable Adult	4	5	3	0	12
No Further Action	37	58	51	58	204
Not known	17	16	7	7	47
Police Action	2	1	3	3	9
Referral to registration body	0	0	16	0	16
Referral to Pova list or Independent SG Authority	0	1	0	0	1
Removal from Property or Service	5	3	3	2	13
Training	4	10	10	7	31
<b>Grand Total</b>	<b>93</b>	<b>157</b>	<b>115</b>	<b>96</b>	<b>461</b>

<i>By the outcome for the perpetrator</i>		
<b>Outcome for Perpetrator</b>	<b>Bolton 2013-14</b>	<b>Bolton 2014-15 Q4</b>
	<b>Percentage</b>	<b>Percentage</b>
<b>Action by Contract Compliance</b>	1%	0%
<b>Action under Mental Health Act</b>	1%	0%
<b>Community Care Assessment</b>	1%	1%
<b>Continued Monitoring</b>	15%	18%
<b>Counselling, Training or Treatment</b>	3%	2%
<b>Criminal Prosecution or Formal Caution</b>	0%	1%
<b>Disciplinary Action</b>	8%	4%
<b>Exoneration</b>	1%	1%
<b>Management of Access to Vulnerable Adult</b>	5%	3%
<b>No Further Action</b>	39%	44%
<b>Not known</b>	5%	10%
<b>Police Action</b>	3%	2%
<b>Referral to registration body</b>	0%	3%
<b>Referral to Pova list or Independent SG Authority</b>	0%	0%
<b>Removal from Property or Service</b>	6%	3%
<b>Training</b>	13%	7%
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

See below explanation following the data in relation to outcomes for vulnerable adults.

### 4.3.6 Outcome for the vulnerable adult

<i>By the outcome for the vulnerable adult</i>		
<b>Outcome for Vulnerable Adult</b>	<b>Bolton 2013-14</b>	<b>Bolton 2014-15 Q4</b>
	<b>Percentage</b>	<b>Percentage</b>
<b>Application to change Appointeeship</b>	0%	1%
<b>Application to Court of Protection</b>	0%	0%
<b>Community Care Assessment and Services</b>	4%	3%
<b>Guardianship or use of Mental Health Act</b>	1%	0%
<b>Increased Monitoring</b>	32%	29%
<b>Increased or moved to different Care</b>	9%	4%
<b>Management of access to Finances</b>	2%	2%
<b>No Further Action</b>	38%	48%
<b>Other</b>	6%	9%
<b>Referral to Advocacy Scheme</b>	0%	1%
<b>Referral to Counselling or Training</b>	1%	0%
<b>Removal from property or Service of victim</b>	0%	1%
<b>Restriction/management of access to alleged perpetrator</b>	2%	1%
<b>Review of Self Directed Support</b>	4%	2%
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

Further work has been undertaken by the Board to consider the high percentage of “no further action” for both the alleged perpetrator and the Adult at risk in order to understand if there was a recording error or if it relates to low level incidents being taken into safeguarding that should not have been dealt with under the safeguarding process. This review has identified a training need for the professional undertaking the safeguarding enquires to identify and record appropriate outcomes.

A large number of the cases were either outcomed with ‘not determined’ or ‘not substantiated’ (26 out of the 40 cases in total) and only 12 out of the 40 were either ‘substantiated’ or ‘partially substantiated’ which again may account for the high number of ‘no further actions’ as the chosen outcome.

Further work will be undertaken over the next year to continue to understand these figures in order to consider what actions need to be undertaken to address this high percentage of “No Further Action” for both the perpetrator and the vulnerable adult.

#### **4.4 Deprivation of Liberty Safeguards (DoLS)**

The DoLS regulations were enacted to ensure that incapacitated adults are not deprived of their liberty without the safeguards of a process of authorisation under the control of the local authority. DoLS arrangements had been in place since 2007, but a Supreme Court judgement set a new threshold which was both more prescriptive and lower than that formerly used by clinicians and institutions.

This led 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 Safeguarding Adults Board prioritised the monitoring of this change in law and Bolton applied the new judgement to all new cases and case reviews and developed a plan to assess all people who may now fall under the requirement prioritising cases based on impact to the individual.

There were 550 applications in 2014/15, compared with 94 for the whole of 2013/14. This is a five-fold increase on the previous year and this rate is expected to increase even further once all outstanding applications have been signed off by the supervisory body.

A law commission review of the Mental Capacity Act 2005 has had its terms of reference altered to include a review of the DoLS arrangements; but this is not due to be translated into new law until 2017 at the earliest, with a consultation running until November 2015.

#### 4.4.1 Applications and Outcomes for DOLS Authorisations in the period 1<sup>st</sup> April 2014 - 31<sup>st</sup> March 2015

<i>Applications and Outcomes - Numbers and Percentages</i>						
Quarter	Month	Total Applications	Application Outcomes			
			Authorisations Granted		Authorisations Not Granted	
		Number	Number	Percentage	Number	Percentage
Quarter 1	April	6	5	83%	1	17%
	May	18	15	83%	2	11%
	June	28	22	79%	4	14%
Quarter 2	July	35	28	80%	6	17%
	August	31	26	84%	2	6%
	September	41	31	76%	8	20%
Quarter 3	October	48	42	88%	2	4%
	November	41	30	73%	5	12%
	December	38	25	66%	8	21%
Quarter 4	January	73	62	85%	9	12%
	February	84	63	75%	18	24%
	March	77	62	81%	11	14%
<b>TOTAL</b>		<b>499</b>	<b>411</b>	<b>80%</b>	<b>76</b>	<b>14%</b>

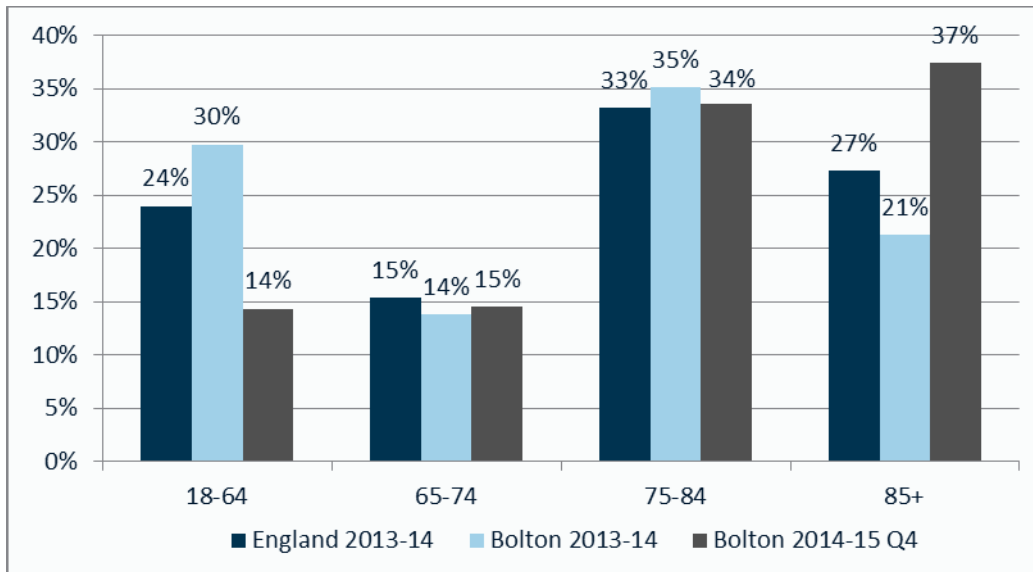
N.B 12 applications were withdrawn.

The DoL information demonstration an increased demand throughout 2014/5, this is in response to the Cheshire West judgement with a significant proportion of applications being authorized.

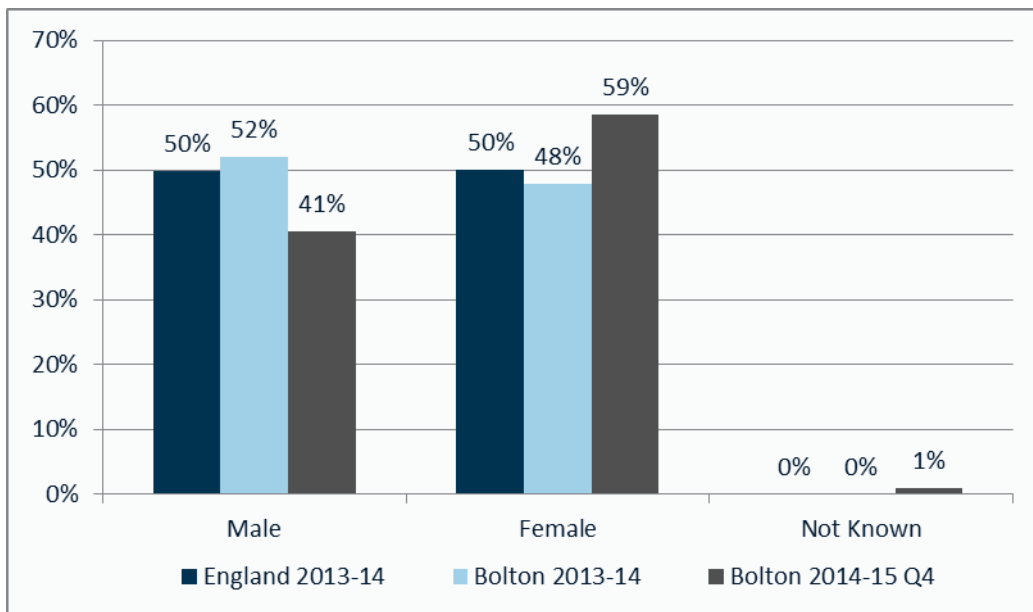
#### 4.4.2 Applications

DoLS Applications in the period 1st April 2014 to 31<sup>st</sup> March 2015 compared to Bolton 2013/14 and England 2013/14 by:

### 4.4.3 Age



### 4.4.4 Gender

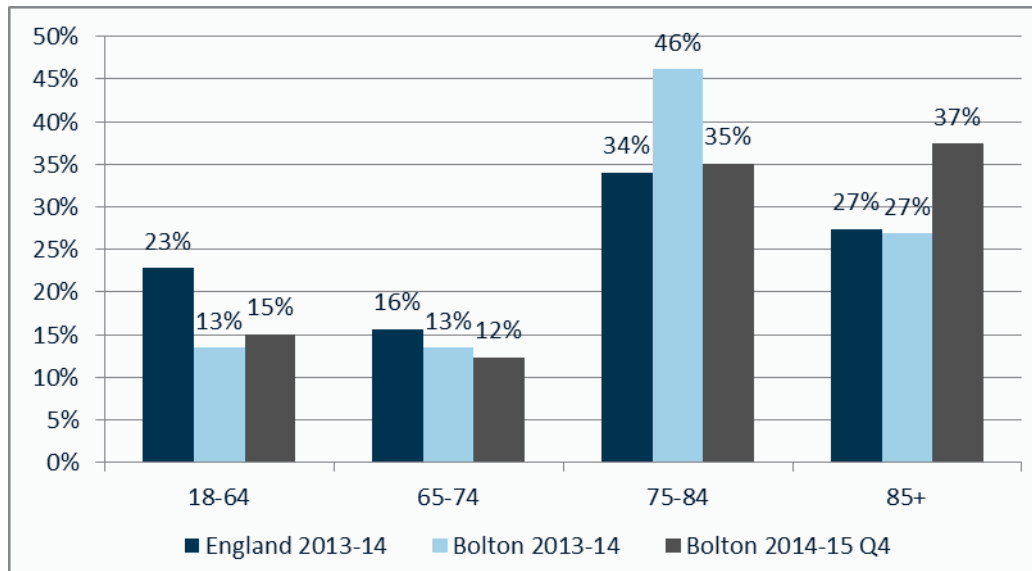


Age comparisons with last year's Bolton applications show a rise in the number of applications for age 85+ and a fall for age 18-64. This mirrors and goes beyond the main difference in age profiles nationally last year - we need to wait to see how Bolton compares with England 2014/15 when those figures are published.

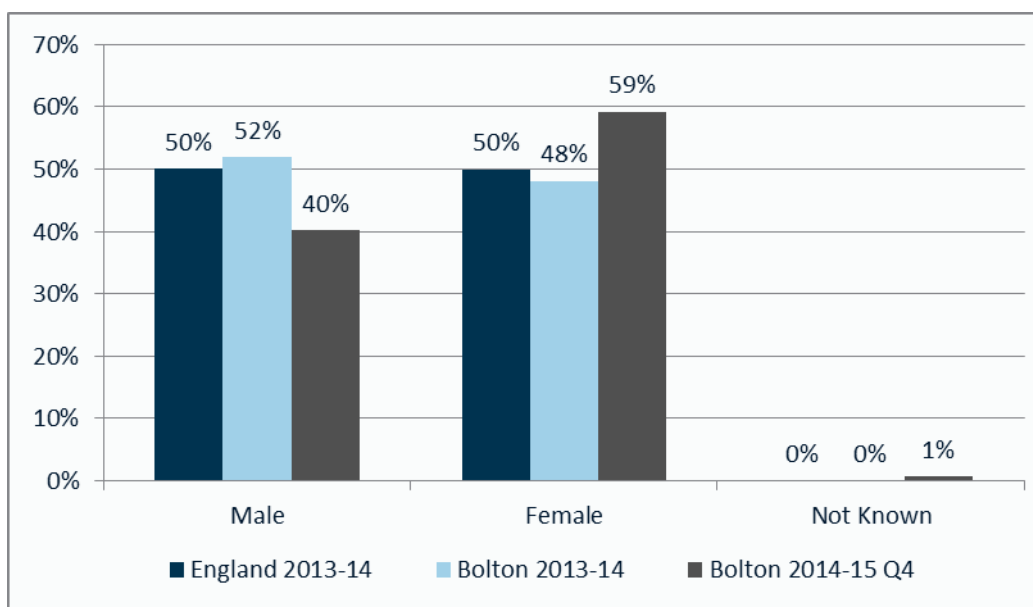
### 4.4.5 Authorisations

DoLS Applications Granted in the period 1st April 2014 to 31<sup>st</sup> March 2015 compared to Bolton 2013/14 and England 2013/14 by:

#### 4.4.6 Age

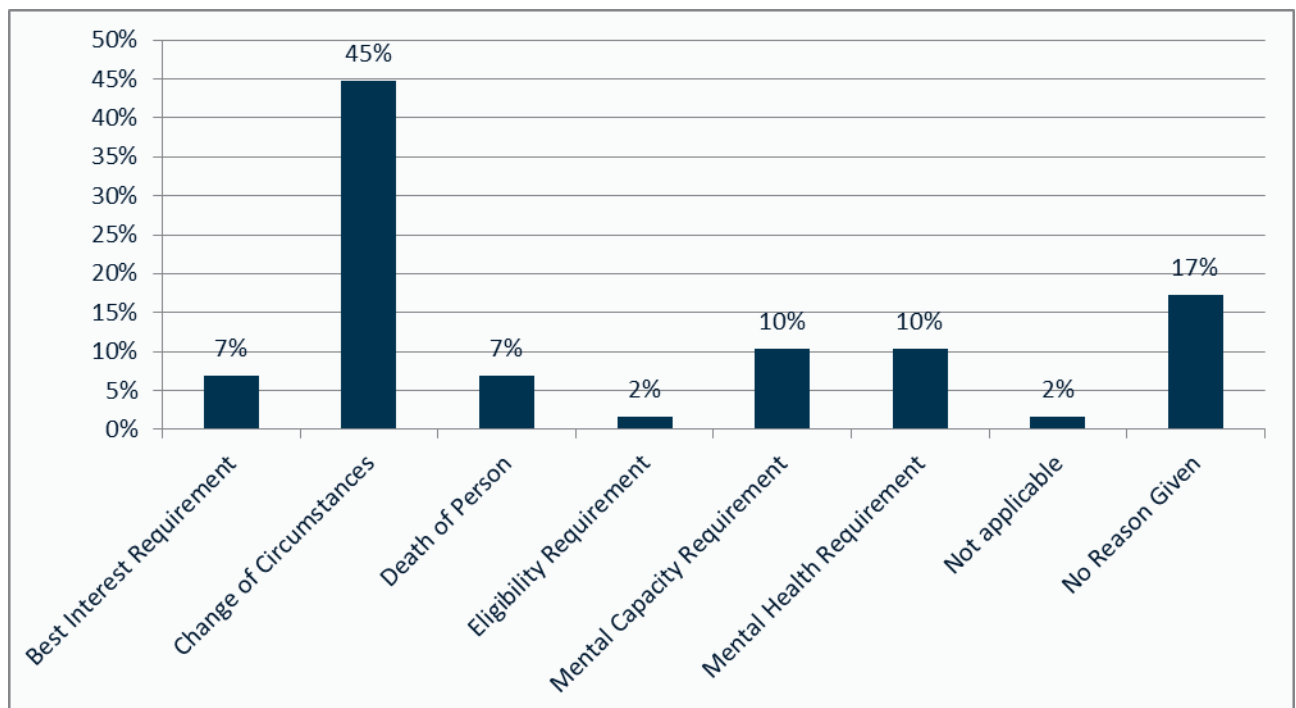


#### 4.4.7 Gender





#### 4.4.8 Reasons for not granting DoLS applications in the period 1<sup>st</sup> April 2014 – 31<sup>st</sup> March 2015



The above chart shows that the primary reason for DoLS applications not being granted is due to a change of circumstances (45%). A fifth of applications are not granted due to mental health or mental capacity requirements and 17% of applications are not granted with no reason given.

## 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 adults at risk 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 Adult Board is placed on a statutory footing with the implementation of the Care Act in April 2015, an important part of the Board's work over the next year will be to make sure that the new on line safeguarding procedures

that were launched in February 2015 are embedded in the practice of workers from within adult social care and all partner agencies. The workforce development training programme and the co-ordination and delivery of the communication plan will be an important part of achieving this.

The Board itself has been preparing to become a statutory body in April 2015 when it will be required by law to be in place and perform certain functions and duties as outlined in the Care Act 2014.

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.

A major challenge in the last year has been maintain a strong and cohesive approach to safeguarding across services, which are facing reductions in financial resources and fundamental organisational changes (particularly in the NHS).

Despite the considerable challenges, all organisations involved with the Board have continued to prioritise adult safeguarding and ensure a good level of service.

## **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
- We also have an e mail address for non-urgent queries  
[safeguardingadults@bolton.gov.uk](mailto: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.

### **6.3 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 were previously only located in guidance. This Act became law and was implemented in April 2015.

### **Deprivation of Liberty Safeguards (DoLS)**

The Deprivation of Liberty Safeguards (DoLS) is 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

## **Adult at Risk**

A person over the age of 18 who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.