



Blackpool Safeguarding Adult Board Annual Report: 2021-22

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BLACKPOOL
SAFEGUARDING
ADULTS BOARD

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Foreword

Following the period of this reporting year, our Safeguarding Adults Board Chair stepped down in August 2022, for which we thank him for his oversight through some challenging times and wish him well for the future.

This report highlights some of the work of the key partners to the Board in the context of our population in Blackpool.

This can only ever be a snapshot of activity and outcomes, but I hope it gives a flavour of the variety of issues on which we work together as a Partnership.

Karen Smith

Director of Adult Services, Blackpool Council

Glossary

AED Accident and Emergency Department
ASBRAC Anti-Social Behaviour
ASC Adult Social Care
CAMHs Children Adolescent Mental Health service
CCG Clinical Commissioning Group
CHC Continuing Health Care
CQC Care Quality Commission
CSP Community Safety Partnership
DA Domestic Abuse
DBS Disclosure Barring Service
DHR Domestic Homicide Review
DOLs Deprivation of Liberty Safeguards
ED Emergency Department
ERISS Electronic Information Sharing System
FGM Female Genital Mutilation
HFSC Home Fire Safety Checks
IDVA Independent Domestic Violence Advocate
JSNA Joint Strategic Needs Assessment
LPS Liberty Protection Safeguards
LSAB Local Safeguarding Board
MALR Multi-Agency Learning Review
MAPPa Multi-Agency Public Protection Arrangements
MARAC Multi-Agency Risk Assessment Conference
MASH Multi-Agency Safeguarding Hub
MCA Mental Capacity Act
NHSE NHS England
NICE National Institute for Clinical Excellence
PCC Police and Crime Commissioner
PIPOT Person in Position of Trust
PVP Police Vulnerable Person (referral)
SAR Safeguarding Adult Review
SPOC Single Point of Contact

1.The Board

1.1 PURPOSE OF THE BOARD

The Care Act 2014 requires a local authority to establish a Safeguarding Adults Board (SAB), which aims to help and protect individuals who it believes to have care and support needs and who are at risk of neglect and abuse and are unable to protect themselves, and to promote their wellbeing. Section 43 (3) sets out how the SAB should seek to achieve its objective, through the co-ordination of members' activities in relation to safeguarding and ensuring the effectiveness of what those members do for safeguarding purposes.

A SAB may undertake any lawful activity which may help it achieve its objective. Section 43 (4) sets out the functions which a SAB can exercise in pursuit of its objective are those of its members. Section 43 (5) Schedule 2 includes provision about the membership, funding and other resources, strategy and annual report of a SAB. Section 43 (6) acknowledges that two or more local authorities may establish a SAB for their combined geographical area of responsibility.

<https://www.legislation.gov.uk/ukpga/2014/23/section/43>.

Six principles set out in the Care Act 2014:

Empowerment	Prevention	Proportionality
Protection	Partnership	Accountability

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



1.2 PARTNERSHIP STRUCTURE

The Safeguarding Adults Board is supported by an Independent Chair to oversee the work of the Board, to provide leadership, offer constructive challenge, and ensure independence. The day-to-day work of the Board is undertaken by the Sub-Groups and the Joint Partnership Business Unit (JPBU).

The JPBU supports the operational running of these arrangements and manages the Board on behalf of the multi-agency partnership. The Board facilitate joint working, ensure effective safeguarding work across the region, and provide consistency for our partners who work across Pan Lancashire (Blackburn with Darwen, Blackpool and Lancashire).

2. What does Adult Safeguarding look like in Blackpool

2.1 LOCAL CONTEXT AND BACKGROUND

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

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

2.2 POPULATION

In Blackpool, the population size has decreased by 0.7%, from around 142,100 in 2011 to 141,100 in 2021. The total population of England grew by 6.6%, increasing by nearly 3.5 million to 56,489,800.

In 2021, Blackpool ranked 159th for total population out of 309 local authority areas in England, which is a fall of 22 places in a decade. ONS estimates illustrate that older people (65 years plus) account for a greater proportion of Blackpool's resident population than is observed at a national level.

Blackpool has a larger proportion of people aged 50 and over than the national average:

- 56,300 people aged 50+, 40% of the total population
- 28,400 people aged 65+, 20% of the total population
- 13,000 people aged 75+, 9% of the total population
- At age 50+ the gender split is 48% male, 52% female. By age 75+ the gender split is 41% male, 59% female.

According to Census 2021 estimates, Blackpool is the third most densely populated local authority in the North West, with 4046 people per square kilometre (compared to 4773 in Manchester, 4347 in Liverpool, 491 in neighbouring Fylde, and 397 in Wyre).

Projections of the population of Blackpool indicate that the number of residents over 65 will show a considerable increase within the next 25 years, far in excess of the levels of increase shown in all other age bands. The over 65 population was projected to rise by 24% from 28,400 in 2018 to almost 36,000 in 2039 and will then make up over a quarter (26%) of Blackpool's total population.

2.3 DEPRIVATION

The 2019 Indices of Multiple Deprivation revealed Blackpool was ranked the most deprived area out of 317 districts and unitary authorities in England, when measured by the rank of average LSOA rank and also by two of the other four measures. In total, 39 (41.5%) of the lower super output areas in the authority were among the 10% most deprived in the country, of which 8 were also in the top 10 most deprived neighbourhoods in England.

The Blackpool Health Profile, published by Public Health England, reveals that the health of people in the area is much worse than the England average, recording the worst rates for seven indicators.

With a health index score of 78.1 in 2020, Blackpool is in 2nd lowest place among English local authorities after Manchester.

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

It has been well documented over recent years that people are living longer and that the older age-groups will record some dramatic increases over future years, with associated financial implications and demand for health and social care services. The population aged 65 or over in Blackpool is projected to increase to 35,771 by 2043.

2.4 SAFEGUARDING ADULTS SECTION 42 ENQUIRIES

Safeguarding concerns raised or enquiries that commenced during 2020/21 with the previous year comparison are detailed in the table below. Observations are:

- 13% increase in the number of individuals with one or more concern raised or concluded during the year.
- 36.7% of people included above saw their concern turn into a Section 42 enquiry (2019/20 was 40.3%).
- A similar number of concerns resulting in 'other' enquiries (4.8% in comparison to 4.7% last year).

Safeguarding Concerns Raised	2020/21	2021/22
Number of individuals involved in safeguarding concerns	675	764
Number of individuals involved in 'Section 42' safeguarding enquiries	272	281
Number of individuals involved in 'other' safeguarding enquiries (raised in year)	32	37
Total number of concerns raised	841	946
Total number of 'Section 42' enquiries	301	309
Total number of 'other' enquiries	32	41

Last year, the Primary Support Reason (PSR) was not known for almost half of the people included with a concern/referral in the year. This year it has reduced down to just under a quarter. Along with improved data checking, more of those with a concern/referral in the year were in receipt of social care services on the date the concern was raised and fewer concerns related to a provider (where there is no person to derive a PSR from so these are always reported as 'not known').

Proportion of type of alleged abuse for enquiries concluded in the year with the previous year comparison: Of those cases that had been concluded in the year, 'Neglect/Acts of Omission' continue to make up the highest proportion when looking at the type of abuse enquiries relate to. The least common type of abuse is 'Sexual Exploitation' – there were none last year and only 1 this year.

Reported cases of 'Self-Neglect' have almost doubled from 12 people in 2020/21 to 22 in 2021/22. Similar proportions were reported other types of abuse.

Type of Abuse Reported	2020/21	2021/22
Physical	20.2%	21.6%
Sexual	4.4%	3.6%
Psychological	11.2%	9.4%
Financial/Material	18.4%	13.7%
Discriminatory	0.7%	0.5%
Organisational	7.9%	7.7%

Neglect/Acts of Omission	32.3%	35.3%
Domestic	1.4%	2.4%
Sexual Exploitation	0.2%	0.2%
Modern Slavery	0.5%	0.7%
Self-Neglect	2.8%	5.0%

The most likely places for abuse to occur are in the individual's own home, in a residential or a nursing home. Proportions have risen most significantly in care homes this year, compared to a decrease in numbers reported during the height of the pandemic.

Blackpool has a particularly high rate of admissions to long-term residential and nursing placements in Blackpool (highest in the north-west when looking at the number of long-term residential placements as a snapshot at the end of September 2022 which is reported as a rate per 10,000 population and third highest for long-term nursing placements).

They also commission around twice the reported hours of care at home in the region with around 1300 weekly hours commissioned for every 10,000 residents in comparison to 6-700 weekly hours throughout the north-west which should be considered in prevalence to safeguarding activity.

3. The role and achievements of Sub-Groups

3.1 CONTEXT

During this reporting period, partner organisations across pan-Lancashire were still responding to the population needs of the the Covid-19 pandemic, and many organisations were in a "recovery status" for both customers and staff, still experiencing periods of restrictions in how business was delivered. The Safeguarding Adult Board (SABs) Sub Group activity was suspended for most of the early reporting period, but began again in earnest from late 2021.

In addition to this, following the merger of the three Safeguarding teams across the three local authorities to become the pan-Lancashire Joint Partnership Business Unit in 2019-20, more resources to support Sub Group activity also became available.

The priorities of the Safeguarding Adult Boards and relevant sub groups, were refreshed, including memberships and Terms of Reference for each group, along with development of workplans. Work has progressed on these through to 2022-23 year, ensuring that recommendations from Safeguarding Adult Reviews linked to specific priorities and themes are actioned appropriately.

Many elements of the sub-group activity during this period was to seek assurance from relevant partners and to have an overview of work being done in relation to key priority areas.

The Sub Groups reported on for 2021/22 are:

- Complex Vulnerabilities (including Self Neglect Task and Finish Group)
- Voice/Making Safeguarding Personal
- Mental Capacity Act (MCA)/Deprivation of Liberty (DOLS), Liberty Protection Safeguards (LPS)
- Performance and Improvement
- Safeguarding Adult Reviews Strategic
- Learning and Development

3.2 COMPLEX VULNERABILITIES SUB-GROUP (INCLUDING SELF NEGLECT T&F)

The Sub Group met on three occasions in 2021/22 (06.09.21; 06.12.21; and 10.03.22)

This group will cover various complexities associated with safeguarding. For example, those that do not meet thresholds of statutory criteria to access support from statutory services. The group will consider the core priorities of the Boards which included Domestic Abuse, Mental Health and Self-Neglect; and in addition, explore potential emerging risks and themes requiring assurance in terms of safeguarding, for example (not limited to) suicide; homelessness; and prevent.

The purpose of the Complex Vulnerabilities Sub-group aims to:

- Act on behalf of the three Safeguarding Adult Boards to ensure a robust, transparent and consistent approach to Complex Safeguarding Vulnerabilities.
- Monitor the delivery of its statutory duties with regard to carrying out on Complex Safeguarding Vulnerabilities
- Improve collaborative work across the partnership to provide a consistent approach to support people experiencing complex vulnerabilities.
- Ensure approaches to complex vulnerabilities are meaningfully implemented and embedded in practice by all partners, and that its effectiveness is measured to give confidence.

The key objectives of the Sub-group are:

- To ensure an effective mechanism is in place to tackle the complexities associated with safeguarding adults in line with the 'prevention' principle of the Care Act 2014.
- To develop a mechanism to support those individuals that do not meet the thresholds of statutory criteria to access support from statutory services.
- To provide oversight and direction to Partners to ensure appropriate approaches to complex safeguarding are embedded within practice and partner systems, policies, processes and identified training needs.

SELF NEGLECT TASK AND FINISH GROUP

The Task and Finish group met once in 2021/22 on 20.1.22.

The purpose of this task and finish group is to review the LSAB Self-Neglect Framework launched in March 2019 with a view to a pan-Lancashire approach. This group reports into the SABs Complex Vulnerabilities sub-group. Self-neglect nationally is a prevalent theme in SARs, and during this reporting period across pan Lancashire 5 of 9 SARs have involved recommendations in relation to self-neglect.

3.3 'VOICE' MAKING SAFEGUARDING PERSONAL (MSP) SUB-GROUP

The Subgroup met on three occasions in 2021/22 (09.08.21; 16.12.21; and 14.03.22)

Purpose of 'Voice' Making Safeguarding Personal (MSP) Sub-group:

- To act on behalf of the three Safeguarding Adult Boards to ensure a robust, transparent and consistent approach to MSP.
- To monitor the delivery of its statutory duties with regard to carrying out Making Safeguarding Personal (MSP)
- Improve the use across the partnership of qualitative information on people's experience of the safeguarding system.

- Ensure MSP is meaningfully implemented and embedded in practice by all partners, and that its effectiveness is measured to give confidence.

The key objectives of the Sub-group are:

- To ensure an effective mechanism is in place to capture the 'voice' of the adult in line with requirements of The Care Act 2014.
- To provide oversight and direction to Partners to ensure person centred approaches to safeguarding are embedded within practice.
- To ensure 'engagement' at the ground level is included in strategic decision-making processes when reviewing partner systems, policies, processes and to identify training needs.

A. MENTAL CAPACITY ACT (MCA)/DEPRIVATION OF LIBERTY (DOLS), LIBERTY PROTECTION SAFEGUARDS (LPS) SUB-GROUP

The Subgroup met on two occasions in 2021/22 (*31.08.21 and 09.12.21*)

The group advises the Safeguarding Adult Boards on processes, procedures, and outcomes in relation to the implementation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) 2009, including progress of how the Act is embedded in practice across the multiagency/multicultural partnerships.

The Mental Capacity (Amendment) Act 2019 introduced the Liberty Protection Safeguards (LPS) and will replace the current DoLS. The draft code of practice consultation for LPS was due in April 2021 but was delayed into 2022, with an expected 12-week consultation period. Agencies will need to ensure the workforce are skilled and ready for implementation, with the Boards seeking assurance around LPS readiness and implementation. MCA has continued to be a key learning theme across SARs and DHRs.

Purpose of the MCA/DoLS/LPS Sub-group:

- To act on behalf of the three Safeguarding Adult Boards to ensure a robust, transparent and consistent approach to MCA/DoLS/LPS.
- To monitor the delivery of its statutory duties with regard to carrying out MCA/DoLS/LPS.
- Improve collaborative work across the partnership to provide a consistent approach to support MCA/DoLS/LPS.
- Ensure approaches to MCA/DoLS/LPS are meaningfully implemented and embedded in practice by all partners, and that its effectiveness is measured to give confidence.
- Adopt a shared learning approach identifying good practice and relevant quality standards in MCA/DoLS/LPS and be instrumental in supporting and developing best practice across the Safeguarding Adult Boards.
- Identify potential barriers to best practice or areas of risk regarding implementation for MCA/DoLS/LPS, with a view to identifying strategies to address them and standardise where possible.
- Develop systems to ensure best practice information is available for service users, families/carers, and the public about MCA/DoLS/LPS and promote the rights of individuals who may lack capacity to consent, incorporating service user views into practice development initiatives where appropriate.
- Ensure local procedures comply with national guidance and produce new guidelines and best practice tools as required.

- Practice development initiatives based on identified themes and trends within agencies and learning from reviews to be shared through the Safeguarding Adult Boards and appropriate sub-groups for relevant action.
- Identify issues, risks and emerging themes and escalate to the Safeguarding Adult Boards and the Adult Executive Board as appropriate.
- Produce a programme of assurance to ensure that agencies fulfil their responsibility against the legal frameworks set out in MCA/DoLS/LPS.
- Provide regular practice briefing updates as appropriate to share themes and trends, disseminate learning and to provide case law updates, which will support in providing frontline practitioners with practice experience and best practice developments.
- Act as critical friend where advice/opinions can be sought and recommendations made regarding MCA/DoLS/LPS implementation, which promote the welfare of adults and children as appropriate.

The key objectives of the Sub-group are:

- To ensure an effective mechanism is in place to tackle the complexities associated with safeguarding adults in line with the 'prevention' principle of the Care Act 2014.
- To develop a mechanism to support those individuals that do not meet the thresholds of statutory criteria to access support from statutory services.
- To provide oversight and direction to Partners to ensure appropriate approaches to MCA/DoLS/LPS are embedded within practice and partner systems, policies, processes and identified training needs.

3.5 PERFORMANCE, ASSURANCE AND IMPACT SUB-GROUP

The Subgroup met on three occasions in 2021/22 (21/09/22; 16/12/21; and 16/3/22)

Purpose of Performance, Assurance and Impact Sub-group:

- To act on behalf of the three Safeguarding Adult Boards to ensure a robust, transparent and consistent approach to multi-agency Performance, Assurance and measuring Impact.
- To seek assurance from multi-agency partners those services for adults with care and support needs across Lancashire are safe, continually improving and aspiring to be of high quality.
- To challenge agencies regarding the impact of their safeguarding activity and establish how the safeguarding partnership can be assured that it is making a difference.
- To seek assurance that agencies have sufficient performance information and appropriate analysis available to evidence their safeguarding activity.
- To ensure the three Safeguarding Adult Boards have sufficient understanding of emerging risks and known priorities, to enable action to be taken to mitigate risks and issues.
- To ensure that the assurance and impact activity undertaken by the three safeguarding adult boards is reflective of Local, Regional and National learning.

The key objectives of the Sub-group are to oversee a number of activities in respect of Performance, Assurance and Impact, including: -

- To develop, implement and deliver a programme of multi-agency audit activity, to be based on board priorities.
- To seek assurance regarding actions and learning from Safeguarding Adults Reviews.
- To have oversight of themes and learning arising from single agency audit activity and to challenge any quality issues that may emerge.

- Agencies to complete an annual compliance audit, providing assurance to the sub-group that they are compliant with minimum safeguarding standards as specified in the Care Act. Returns to be analysed with challenge as appropriate.
- To provide a multi-agency forum where safeguarding quality assurance issues can be discussed, resolved and shared.
- Provision of regular, timely, meaningful performance data with single agency analysis to accompany the quantitative information.
- To advise other SAB boards and sub-groups about recommended areas of focus based on themes emerging from assurance activity and performance information.
- To work in conjunction with the Safeguarding Adult Review sub-group to seek assurance regarding the timeliness, completion, learning and impact of the SAB case review processes.
- To work in conjunction with the Voice sub-group to ensure effective communication with service users and their families in order that this information can be used to measure impact and drive change.

3.6 SAFEGUARDING ADULTS REVIEW (SAR) STRATEGIC SUB-GROUP

The Subgroup met on three occasions in 2021/22 (16.06.21; 08.09.21; and 08.12.21; 09.03.22 was postponed).

Section 44 - Care Act 2014 requires a Safeguarding Adult Board to carry out a Safeguarding Adult Review in the circumstances described. Statutory Guidance (section 14.133 onwards) sets this out in more detail. More specific supporting information on SARs can be found in the Pan-Lancashire Multiagency Safeguarding Policy and Procedures and the individual Safeguarding Adult Board's own protocol and process documents.

This Strategic Sub-Group provides oversight for the 3 Local authority areas. This group does not make decisions on new referrals being processed as a SAR. It will remain the responsibility of the individual local authorities areas (Blackburn with Darwen, Blackpool and Lancashire) Safeguarding Adults Boards. This Strategic SAR Sub-Group will look at consistency across all 3 areas.

Purpose of SAR Strategic Sub-group:

- To act on behalf of the three Safeguarding Adult Boards to ensure a robust, transparent and consistent approach to the SAR process.
- To monitor the delivery of its statutory duties with regard to carrying out Safeguarding Adult Reviews (SARs),
- To ensure regular audits of selected cases are undertaken including, where necessary, safeguarding adult reviews (SARs).
- To ensure that the lessons from reviews are widely disseminated and the learning to improve frontline practice is embedded across all member agencies.

The key objectives of the SAR Strategic Sub-group are:

- To ensure an effective SAR process is in place and in line with the Pan-Lancashire Multi-agency Safeguarding Policy and compliant with requirements of The Care Act 2014.
- To provide oversight, direction and ensure quality control mechanisms for the SAR process, including but not limited to referrals and timelines.

3.7 LEARNING AND DEVELOPMENT SUB-GROUP

This subgroup met on two occasions during 2021/22 (21.09.21 and 13.12.21; 28.02.22 was cancelled).

The purpose of the learning and development sub-group aims:

- To act on behalf of the three Safeguarding Adult Boards to ensure a robust and consistent approach to learning and development in stakeholder agencies.
- To monitor the delivery of the training programme.
- Ensure safeguarding messages are implemented and embedded in practice by all partners, and that its effectiveness is measured to give confidence.

The functions and key objectives of the learning and development Sub-group are:

- To facilitate an integrated approach to safeguarding learning and development across Blackburn with Darwen, Blackpool and Lancashire.
- To ensure 'engagement' at the ground level is included in strategic decision-making processes when reviewing partner systems, policies, processes and to identify training needs.
- Develop an annual safeguarding adult workforce development plan alongside an operational plan in line with the Boards priorities.
- Development of multi-agency training resources
- Quality assure and approve any learning being delivered. The Sub-group may establish task and finish group with co-opted members from partner organisations to undertake specific activities such as quality assurance of current training material and newly commissioned courses.
- Drive forward the recommendations of safeguarding adult reviews, domestic homicide reviews and learning reviews across the partnership and seek assurance that learning is embedded within practice

The learning and development sub-group will link to other SAB Sub-groups where they have an important role to play in matters such as:

- Sharing learning and development needs identified through the sub-group with the Performance, Quality Assurance and MSP Sub-groups.
- Communicate with Partners and the Safeguarding Adult Review Sub-group and ensure publication of SARS on the SAB website(s) is promoted
- Sharing any communication and public interest matters on safeguarding related issues from SARS to ensure that partners are aware of any implications for their organisations

During this reporting period and the ongoing challenges faced due to the Covid-19 pandemic recovery, the main priority has been to ensure any training offered was accessible to both the adults and children's workforce, with the majority of training sessions made available in a virtual format using platforms such as Microsoft teams, as a new way of working. Hybrid sessions were explored, however the majority of services requested the continuation of virtual sessions. Many work streams were placed on hold or transferred to virtual meetings due to the restrictions, which has resulted in exploring different ways of working.

All learning and development is currently held on the Aspire Learning Management System (LMS) which has continued to be procured whilst new systems are explored, there is a hope that we are able to find a

system that is able to meet the wider demand as the business unit expands its remit across the wider area and offers more automated functions for a more streamlined process.

During this reporting period there was a significant reduction of training courses available, the main focus continued to be aligned to the core programme and priorities of the Children's Safeguarding Assurance Partnership and the Safeguarding Adult Boards.

Courses delivered included - Child Neglect; Multi-agency approaches to the impact of Domestic Abuse focusing from an Adult and Child perspective; and Hope4Justice supported the delivery of Modern-day slavery and Human trafficking awareness sessions. Training has continued to be delivered by a mix of external trainers and the multi-agency practitioner training pool. Focusing on one of the key adult priorities of domestic abuse 'a multi-agency approach to Domestic Abuse on adults' session which was co-developed and co-delivered by a wider group of professionals from across the three areas of Blackburn with Darwen, Blackpool and Lancashire.

Learning and Development Priorities:

- **Improvement and maintenance** of the present training availability through the safeguarding partnerships
- **Respond to and adapt to new opportunities** for Learning and Development for an all-age workforce and throughout the transition to new CSAP arrangements
- **Platforms and delivery methods** reactive to meet changing expectations, whether its face to face, virtual or a hybrid model. Look at talking heads, animations and extended 7MB offer
- **Transition to a new system** upgrade for delivery of an e-learning and learning management system
- **Continue to respond to identified need** from Safeguarding Adult Reviews (SARs) and national and local agendas to deliver evidence based, responsive, effective and cost-efficient learning and development opportunities to Lancashire safeguarding practitioners.

4. Blackpool Safeguarding Adult Reviews Activity

4.1 SAFEGUARDING ADULT REVIEW PROCESS UPDATED

During the reporting period the SAR process was updated. The main changes included strengthening the SAR referral forms submitted by partner agencies. We emphasised the importance of highlighting the reasons the referring agency believe the case should be considered as a SAR under s.44 Care Act. This was to ensure the referral form contained sufficient information at the outset to ensure the rationale for a SAR was clearly addressed. The criteria and rationale was not often completed and we now ensure the SAR referral is signed off by the referring agency's senior management for quality assurance purposes.

Previously, the SAR consideration group was attended by a number of agencies and discussed different SAR referrals during the same meeting which did not allow focused discussions on individual SAR referrals. We recognised it was difficult to capture the decisions and rationale accurately for each case referred. We now hold individual SAR consideration meetings which include the key statutory partners agencies directly involved in supporting the individual. We introduced a consideration process form which clearly includes the rationale on for pursuing or not pursuing a SAR and is now accurately recorded during any decision-making processes. We have ensured a consistent approach to SARs across the 3 SAB areas. The SAR process will be reviewed in 12 months.

4.2 BLACKPOOL SAR ACTIVITY

The safeguarding Board received **three** Safeguarding Adult Review referrals for consideration during this reporting period, **two** were taken to an initial consideration and only **one** proceeded to a Safeguarding Adult Review (Adult V). Adult Q was referred in 2019 and published in 21/22.

- **Adult V** SAR commenced during the reporting period and learning will be included within next year's annual report. Adult V was a young Adult who had significant learning difficulties, living with family as the main care givers. There appears to be evidence of long standing Neglect, with services involved from a young age with lack of escalation or multi agency working together especially when Adult V moved from other Local Authority areas.
- **Adult Q** – This case involved learning around a lack of multi agency working with highlighted key themes such as transitions from children into Adult services and transfers from other Local Authority areas, listening to the voice of the service user and a lack of understanding around the complexities of health conditions. Just after the reporting period this review concluded and has been published on 10/05/2022. The SAR recommendations from the Adult Q SAR have been implemented by both Blackpool and Trafford SABs.

5. Prevent Activity

5.1 OVERVIEW

The Lancashire Local Authority landscape consists of a County Council, twelve districts and 2 unitary authorities. From a Counter Terrorism perspective, Blackburn with Darwen (BwD) has received funding for Prevent since the implementation of the strategy in 2008. From 2019, Blackburn with Darwen Borough Council (BwDBC) established a 'Centre of Excellence' to oversee Prevent delivery for the whole of Lancashire. An annual report for 2021/22 was presented to the three Lancashire Adult Safeguarding Boards, and although reported separately, we have included a summary of the overall training delivered as part of the safeguarding activity to protect vulnerable adults.

5.2 TRAINING

Prevent returned to face-to-face delivery but with the option for online sessions when requested by partners. This hybrid option has allowed them to continue to deliver high quality, bespoke training to a variety of sectors. Feedback has been very positive with many organisations encouraged to contact the Prevent team and seek training, support or advice after recommendations from peers.

Training provided related to Adults across Lancashire for 2021-22

Blackburn with Darwen	2011
Blackpool	602
Lancashire County Council	255
Pan-Lancashire	2481
Total*	5349

*whilst Covid restrictions in place virtual sessions were offered to anyone in Lancashire

The main groups engaged with have included front line staff from a variety of sectors including Education, health, local authority, probation etc. 92 Community / third sector groups were engaged with including domestic abuse services, refugees/asylum seeker support groups, sporting providers, alcohol partnerships, outreach services, community forums, women's centres, Salvation Army etc.

5.3 TRAINING DELIVERED

The following demonstrates the range of training offered, supporting partners to delivery their statutory Prevent Duty obligations by ensuring front line staff understand the risk of radicalisation, how to report concerns and safeguard individuals.

- Prevent Refresher Webinars (Topics include: online safety, emerging trends, Prevent, Channel, case studies, counter terrorism risk and threat, British Values, risk assessments, Prevent in practice etc.)
- Webinars to enhance understanding of conservative, religious and cultural practices
- Train the trainer resources to enable organisational trainers to utilise standardised products across the Lancashire Prevent Partnership
- Established a Health training sub group to develop bespoke Prevent training for NHS staff.
- Commissioned service to deliver - Understanding Islamist, Extreme Right Wing and Mixed, Unclear, and Unstable ideologies
- Cyber Choices webinars to enhance their knowledge of the project with aims to safeguard young people being exploited into committing cybercrime.

6. Partner Activity

BLACKPOOL COUNCIL

To deliver the requirements of the Care Act 2014 to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs, to safeguard in a way that promotes choice and control, to promote an outcomes approach to safeguarding, to raise awareness, and to deliver safe and good quality care services.

Adult Safeguarding achievements in 2021/22

- Best national performance on covid vaccinations 1 and 2 for external and internal care services
- DOLS requests administered and authorised within good timescales
- Support for external providers from a provider peer support hub comprising provider expertise, Public Health Infection, Prevention & Control experts, an emergency workforce for rapid deployment, and a proactive Quality Monitoring Team
- As part of the Health and Social Care Career Academy, collaborative development of short and longer courses to fill identified skills and knowledge gaps – free at the point of use to providers/trainees

Adult Safeguarding awareness raised through:

- Reports to scrutiny
- Training and development for staff
- Mandatory basic awareness of adults and children's safeguarding for all front-facing roles and their managers at all levels
- Reporting where relevant to Corporate Leadership Team and relevant Cabinet Member

Supported service users and carers by allocating a safeguarding lead to oversee all elements of the procedures, working with and for service users and carers. By ensuring advocacy was available for those that needed and wanted it. By working with the Carers Centre and Healthwatch/ Empowerment Advocacy to identify issues and drive improvements.

Sought views of adults at risk via one to one conversations, and our work with representative bodies such as the Carers Centre, Advocacy Service and Healthwatch, and by responding to complaints,

including lessons learned. We have made changes to how the process works, to the training that staff receive, and to the letters and information that go out during and after the safeguarding process. Also by engaging people in the design of new services, such as our new respite setting.

Adult Safeguarding priorities for 2022/23

- Support for, and oversight of, the Regulated Care sector services
- Responding in a timely and effective way to safeguarding concerns
- Ensuring outcomes are clearly understood and shared

BLACKPOOL COUNCIL – CASE STUDY

A number of safeguarding concerns were raised by DNs in regards to pressure sores and concerns re: moving and handling at a local Care Home. We held an MDT meeting and arranged for: Social Worker, OT and Care Home Team Matron to visit, to see all residents. As a result of this, 4 residents were found to require nursing input and so were supported to move to nursing placement, with input from CHC team.

A number of joint follow up visits were carried out by: SW, QMO and Care Home Team. We found that standards had fallen since the registered manager had gone on maternity leave and the Management Team required support. Care Home Pharmacy Team were asked to come in and provide support around medication management, as this had been identified as a serious issue.

QMO team met with the provider to advise of concerns and we worked closely with them via an action plan. An out of area (experienced) manager was brought in and lots of positive changes were made. This meant that no more people needed to move and were now receiving appropriate support. I believe this proactive/joint work, in a timely manner, prevented the home from deteriorating further which may have resulted in all residents having to move. By reacting in a well-co-ordinated and timely manner, I believe that we were able to prevent a lot of unnecessary suffering.

Safeguarding Case Study ‘Mr X’

I was having a professional discussion with one of the homeless link workers who is part of the Multidisciplinary Team I work within. The Homeless Link Worker received a referral for Mr X from the A&E staff nurse as it had been identified he was of no fixed abode. Speaking with the Homeless Link Worker I used my professional judgment to determine that adult social care input was required in this case given the presentation of Mr X's eligible needs in regard to his physical and mental health and the evidence of potential safeguarding concerns.

Mr X had 23 previous attendances in A&E presenting with different physical injuries and mental health difficulties. I reflected on the missed opportunities to support Mr X sooner as previously he has been discharged without referrals to housing or social care having been treated only for the medical issues he had presented with on each occasion, until now.

I attended A&E to visit Mr X along with the Homeless Link Worker. We spoke to Mr X in a quiet area of the waiting room. I spoke to Mr X about his current situation which was sensitive, he disclosed that he was being physically abused by his brother and his friends, and financially abused by his mother and her partner. I showed empathy and was non-judgemental in my approach, showing unconditional positive regard towards Mr X. It was important to give Mr X the power back in his situation and empower him to make his own decisions.

As a male survivor of domestic abuse I recognised that challenges of limited research and resources, for example less male refuges. Also, that on previous attendances to A&E this had not been picked up by other professionals potentially due to gender and age bias as well as assumptions around his alcohol use. Mr X explained he was hit by a car as a child and attended a specialist school following this. I considered the long term abuse and worsening inequalities for Mr X. Research shows that people with learning disabilities are at higher risk of domestic violence and are less likely to report this. Mr X had begun drinking alcohol to excess as a coping mechanism and his mental health had deteriorated leading to self-harm. These factors were evidently interacting with one another so a holistic approach was

required to ensure anti-oppressive practice, for example linking with alcohol liaison and Mental Health Liaison Teams.

I recognised the need to protect Mr X's Human Rights, article 3 the right to be free from inhumane and degrading treatment. Under the Care Act (2014) I raised a section 42 Safeguarding concern. I completed the DASH risk assessment, with Mr X scoring high risk, a referral was made to MARAC. I made contact with the Hospital Independent Domestic Violence Advocate who had made a referral to the community IDVA team where Mr X had been allocated a worker.

Mr X was admitted to hospital for treatment of alcohol withdrawal and his physical injuries. I arranged to visit him the ward accompanied by the Community IDVA. Alongside the other professionals involved I supported to ensure Mr X had access to a mobile phone, clothing and transport. Mr X was accepted at an out of area male refuge.

LANCASHIRE CONSTABULARY

The Constabulary's role is to collaborate with partners to uphold the 6 principles of safeguarding.

Our purpose is to prevent and detect crime and preserve the King's peace. Our vision is simple: Preventing and fighting crime. Keeping our communities and people safe.

Our Strategy - To deliver on our vision there are five key areas we must focus on:

- Put victims at the heart of everything we do
 - Reduce crime, harm, and antisocial behaviour
 - Effectively respond to incidents and emergencies
 - Investigate and solve crimes and deliver the best outcomes to all
- Deliver an outstanding service to the public and build confidence

Headquarters Public Protection Unit (PPU) Priorities: DA; Exploitation; Missing Persons; Rape and serious sexual offences (RASSO); Stalking or Harassment

- Creation of specialist Rape teams and an improved response to Rape. Joint operational improvement meeting (JOIM) with Crown Prosecution Service (CPS)
 - DA ongoing review; in conjunction with supporting MARRAC and existing MARAC
 - Continued support for victims of exploitation through specialist exploitation teams
- Economic department and Fraud continued collaboration to support vulnerable adults

Awareness of Adults Safeguarding was raised through:

- Media campaigns e.g. No Excuse for Abuse; Victim First; Fraud and Vulnerable Adults with Action Fraud; Victim Focused internal campaign and continue collaboration with Lancashire Victim Service in conjunction with the Office of Police and Crime Commissioner (OPCC)
- Training- We have had hundreds of new police officers recruited this year. The officers receive both the new Policing Education Qualifications Framework (PEQF) module from the College of Policing and our 3-day Vulnerability focused internal delivery; Force PPU team lead on specialist training across all PPU areas to various departments as evidenced in s11.
- Vulnerability Coaches- a continuing dissemination of all vulnerability related awareness materials are shared
- HQ PPU Development Manager role- specific to the HQ PPU Priorities. These staff work with colleagues internally and through the partnerships to develop and drive activity to improve our response to vulnerability related business.

- Mental Health Spoc- a sergeant role who coordinates the Force response specifically to Mental Health and works in conjunction with departments to improve our response to MH related interventions
- Adult Safeguarding Week awareness raising in November
- Each Basic Command Unit (BCU) has a Vulnerable Adult lead Detective Inspector who also acts as the PIPOT SPOC.

Service users and carers were supported through:

- Strategic governance through the Vulnerability strategy and Protecting Vulnerable Persons Board
- Live time MASH working to ensure referrals are dealt with in a timely manner
- Digital capability for frontline staff through the use of Pronto and Vulnerability app to offer immediate assistance for all vulnerability related matters
- Ongoing MARRAC implementation support
- Specialist training for staff investigation into all vulnerability related areas
- Mental Health SPOCS in each BCU
- Translation of SAR learning into action plan activity

Views of Adults at risk were sought:

- At present we undertake a survey for those involved with DA incidents and are about to also include Stalking or Harassment. The feedback from these surveys directly influences improvements to the Force response.
- Work closely with the Violence Reduction Network (VRN) who capture the lived experience of survivors, and these have been included in the training delivered to frontline staff to hear first-hand accounts of involvement with the police. This has improved understanding in relation to e.g., ACEs and Trauma and afforded an improvement in staff being able to engage with those most vulnerable and signpost them to the most appropriate resource for support. The impact of this will be evidenced through audit and assurance work collected from action plans.
- All related national; regional and local related reports are scrutinised to ensure learning from any research is influencing the Force response accordingly, e.g., Police super-complaints: force response to police perpetrated domestic abuse

Safeguarding Priorities for 2022/23 are:

- Domestic Abuse and Stalking or Harassment
- Exploitation
- Missing Persons
- Rape and serious sexual offences (RASSO)

These priorities are set after careful consideration of evidence from the Force Management Statement (annual) and the feedback thereafter from our inspectorate, His Majesty's Inspectorate of Constabulary Fire and Rescue Service (HMICFRS); the National Vulnerability Action Plan (which is the National Police Chiefs Council led benchmarking process for Forces); internal and Joint agency Audit report evidence and the Force risk register. The PVP Board is the ongoing vehicle for assessing and assurance related decision making.

LANCASHIRE CONSTABULARY - CASE STUDY

- Domestic Abuse - Safeguard, Investigate, Prevent – West Division, Blackpool (Commenced April 2022 and on-going)
- Volume of DA incidents: 24 (crime and non-crime between Feb 2019 and March 2022)
- Collaboration - Civil Orders team, Custody Investigation Team, Neighbourhood Policing Team, Blackpool Safeguarding team, West DA Review team, Blackpool Council and FCWA

Background:

XX is a vulnerable, repeat DA victim. X is both vulnerable by being a victim of DA as well as her own health issues and substance addictions. X has dependant on alcohol with addiction relation issues for several years, resulting in her own children being taken into care – this includes a child she that both X and the perpetrator are the parents of Y.X is recorded as having been in a few relationships where Domestic Abuse has been a factor, and as such presents as vulnerable. X has medical concerns including two heart attacks, a mini stroke, the removal of two tumours, a hip replacement and bone transplant, suffers from epilepsy and has a prosthetic leg. The perpetrator, DF, has significant previous offending history and has been in a number of relationships which have concerned Domestic Abuse, and has previously had restraining orders against a number of ex-partners including against X. X and DF have been in a 'on / off' relationship since 2018. Both parties have children with ex-partners who have been removed from their custody. They have one child together, who was removed from their care at four months. X and DF currently reside in separate addresses, however, appear to spend a significant amount of time at each other's addresses. There have been previous restraining orders within their relationship, which DF has convictions for breaching. X has been offered a Claire's Law disclosure, she was partially given this information in April 2022 and refused for it to be completed stating that 'she knew it all already'. During the period June 2019 to June 2020, DF had convictions of a number of offences against X and this culminated in a Restraining Order being in place and DF eventually goes to Prison to serve a 48 week sentence in June 2020. The offences in this period include criminal damage, DF letting himself into X's property, he has attempted to strangle her and threats to kill her. In May 2020 X attempts to kill herself by hanging and is taken the Hospital as being deemed to have no capacity, at this time she discloses potential rapes, however, does not wish to make full disclosures at the time. The next incidents begin in June 2021. In September 2021 DF is captured on CCTV of a neighbour assaulting X and receives a further short custodial sentence.

DVPN Applied: The incidents begin again in March 2022; there are five further high-risk incidents, where No Further Action (evidential difficulties) are applied and culminate in a DVPN / DVPO being issued on the 7th of March 2022. The order expired on the 14th of April 2022. It is important to note here, that at this point, due to the vulnerabilities of X combined with the volume of incidents, X is undermined as a victim in an evidential sense. What is meant by this is not to detract from the seriousness of the offences committed against X, or the increasing, escalating risk that is noted and can be seen. Grave concern at this point is felt by all professionals and X's family around her welfare and what may become of her. However, X at this point will disclose to some professionals and not others. She will feel safe in the presence of an IDVA to show bruising and disclose, but in the presence of another Officer will state that offences did not happen. That is the real evidential issue. Not that X is not believed, heard, or supported, but that to the evidential test, X has sadly undermined herself on a pro-longed level. Progressing criminal cases and the breaches of the DVPO at this point starts to feel like an impossibility. During the period of the DVPO, DF was arrested for breaches on three occasions, he contested every breach and no breaches were held at Court. The evidence in the breaches, again heavily relied on X, who was not sure around her support for the investigations and therefore provided conflicting accounts to the Police, which could unfortunately not be relied upon in Court. At this point, DF is also arrested for a further number of criminal offences; rape and threats to kill. What is established at this point is that what is detailed above, that X cannot be relied upon as the sole source of this evidence, and the matters are investigated and closed as the rape being an offence already investigated, and the threats to kill not being able to be

evidenced down to reliance on X. This does not blame X for these outcomes but highlights the complexities of Domestic Abuse and its impact in a case such as this.

Civil Injunction considered: On the 26th of March direction was provided by Blackpool Council, that a civil injunction may be explored in relation to the continues Harassment, Alarm and Distress that DF was causing to X, as well as other members of the public. The benefits of the order being that prohibitions would facilitate breaches that would not be evidentially reliant on X, the order could be put in place for up to two years. The prohibitions would exclusion zones and be evidenced by third parties and CCTV. Lancashire Police Civil orders team were briefed and supported the application, and the process began. The West Civil Orders officer became the key witness in the proceedings and using the Chronology from the DVPN prepared a supporting application for the Civil Order. This not only utilised the evidence that X was being caused harassment, alarm and distress by DF, but numerous calls during the relevant period were from neighbours and members of the public also evidencing HAD being caused to them.

Application:

- The Civil Injunction was prepared for an ex-parte hearing,
- The Civil Injunction did not require the support of X,
- Lancashire Constabulary Legal Services became the application (the Council can apply in conjunction with the Police when the evidence is weighted on them),
- Planning allowed for the application to be made on the 14th of April 2022, the same date that the DVPO would expire.

Safeguarding and prevention:

- During the period from Monday the 28th of March to Thursday the 21st of April (the actual date of the Civil Injunction application and an interim order being granted) Blackpool NPT and Safeguarding team worked collaboratively to ensure that X was protected and that any opportunity to proactively ensure that DF was not breaching his DVPO or in a position to cause harm to X,
- During this period targeting hardening was applied to X's home address, her mother's home address (Ring Doorbells, lighting, lock changes and National Monitoring alarms) and SPOCS were put in place for X to start to build a rapport, Housing options were explored,
- Fylde Coast Women's Aid were re-introduced to X, having previously disengaged, to ensure she was supported emotionally.

Issues: Timing – An intensive fortnight of action took place by all teams working towards the ex-parte hearing being planned by Legal Services on the 14th of April – due to court time, this did not end up getting heard until the 21st, and therefore for a period of 7 days there was no order in place to protect X.

Current position:

- An interim Civil Injunction has been granted
- On the 3rd of May 2022, DF attended court and confirmed that he would be contesting the order, he would legally represent himself and call X and her mother, as witnesses,
- DF now has time to prepare his defence and the case will have a full contested hearing between July and September 2022 (TBC),
- X and DF remain part of the top three on the DA risk register to be monitored and managed by NPT and the safeguarding team,
- X has nominated Police SPOCS for safeguarding and contact,
- Police will support FCWA to encourage X to engage in support,
- The injunction remains part of the live targeting in Blackpool, driven via RAT.

LANCASHIRE & SOUTH CUMBRIA CLINICAL COMMISSIONING GROUPS (LSCCCG)

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

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

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

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

The Covid response has been a significant challenge across health and social care. The CCGs have focused on supporting and enabling a multi-agency response to many of the challenges this has created for our vulnerable population. This has included reviewing system assurance models, adopting a more robust reactive safeguarding offer, and working closely with local authority partners on patient safety issues. Specifically support in to care homes and the wider regulated care market and contribution to outbreak management within the CCG Safeguarding teams.

As a wider health system, there is acknowledgement that there is a repeat of similar themes and trends coming from Safeguarding Adult reviews. In response to this several learning sessions have been held via an Appreciative Inquiry Model across Lancashire & South Cumbria. The sessions have explored themes including Self Neglect, Suicide & Trauma Informed approaches, and the Invisible Male.

The CCGs also supported the launch the 999 ReUnite scheme to help people that have conditions such as Dementia, Alzheimer's or any other mental health condition to be returned home quickly and safely should they go missing. The scheme works in partnership with the [Herbert Protocol](#) and has had a successful pilot in the Blackpool, Fylde, and Wyre areas. The CCGs are working with partners across the ICS (Integrated Care System) to develop an implementation plan with health providers and Primary Care. The 999 ReUnite pilot is led by the CCG and supported by Lancashire Fire & Rescue Service, NWS and the L&SC CCG's. The scheme uses NFC technology to support the safe return of vulnerable adults who live alone with dementia should they become lost.

Workforce expertise has continued to be a focus for the CCGs, with recurring learning themes seen in application of the Mental Capacity Act. Service development initiatives have included the development of MCA grab sheets and guidance for vaccinations as well as significant work in preparing for the introduction of the Liberty Protection Safeguards, including strategic and operational development. Across the CCG's the safeguarding teams are represented on the National LPS Clinical Reference Group and Regional LPS meetings of NHS England. A LSC Implementation LPS Steering Group has been established and chaired by the CCG safeguarding team. The purpose of the group is to prepare for the implementation of the LPS. A plan on a page has been developed which outlines expectations over the coming year for the Responsible Bodies and Health Partners. Additional interim resource has been secured to support planning and readiness for implementation. A workplan is in place which enables performance monitoring and progress against LPS readiness requirements

The CCG Safeguarding teams have worked across multiple workstreams as part of the response to Covid, ensuring that there is safeguarding expertise within all discussions around Mental Health, Regulated Care, Communications, Vaccinations and Primary Care response. Work included ensuring there are appropriate safeguarding and MCA support processes within the refugee and asylum seeker programmes across Lancashire and South Cumbria.

Alongside this local work, the appointment of an executive lead for safeguarding across Lancashire & South Cumbria has meant we have been able to influence key wider NHS agendas and ensure safeguarding is considered throughout the transformation to the Integrated Care Board in July 2022.

L&SC safeguarding system now operates in a portfolio model to ensure safeguarding priorities are achieved in the most effective way.

Although the CCGs do not provide direct care to patients and service users, we do support individuals where there are highly complex safeguarding or welfare issues or where there is a need for intervention by the Court of Protection. When this is required, the CCGs work closely with individuals and families to ensure they are as fully involved in the process as they can be and empowered to make decisions where they can.

The CCGs work closely with Healthwatch, customer care and other community focussed services to better understand the experiences and views of our population. Learning from reviews, feedback and outcomes from complaints and serious incidents is incorporated within safeguarding service development initiatives. This demonstrates safeguarding practice improvement, and supports the Person's voice in contributing to service user feedback of how people experience health services, and whether they are achieving the outcomes they would like

The CCGs and wider NHS health system have several high priority areas. The four key priorities are:

- As the CCG's prepares for the NHS Reform into the Integrated Care Boards, we have a priority to maintain the Safeguarding System development and ensuring system stability during this period. This includes preparation for the Safeguarding Accountability and Assurance Framework, and CCG closedown, along with transfer of safeguarding risk with appropriate due diligence
- LPS preparedness considering the MCA Amendment Act
- COVID recovery and restoration
- Developing and maturing key performance indicators and system working across the newly formed integrated Care Board. Including changes in responsibilities, accountability, and organisational culture. There is a commitment to strengthen approaches to learning through audit to assure safe effective services across the L&SC Integrated Care Board

LANCASHIRE & SOUTH CUMBRIA CLINICAL COMMISSIONING GROUPS – CASE STUDY

- Male and adult son lived together.
- Following a hospital admission male required significant care and support, including nursing needs.
- A Section 42 alert was raised due to no access visits from care agency staff, and following ambulance attendance they discovered the male in poor state of hygiene surrounded by very poor environmental conditions.
- Son's refusal for care visit access, suspected risk of coercion and control/undue influence on Father's ability to access the required nursing care and self-care support presented as a high risk to agencies.
- Section 42 enquiry commenced; the Social Worker engaged health support in undertaking risk assessments which triggered the use of the self-neglect framework multi-disciplinary team response.
- Initially the risk required the Police to support Social Worker and District Nurse access in a sensitive and proportionate manner allowing the male to be seen alone, this enabled the presenting risk to be assessed and discussed openly, and the males wishes to be communicated.
- An initial plan of care was agreed with the male and his son.
- Due to the assessed nursing and social care needs of the father, previous history of non-engagement, poor environmental conditions, and suspected undue influence of son regarding access to care and support, the self-neglect framework support was commenced.
- Designated Lead nurse coordinated and led the multi-disciplinary process following the self-neglect framework.
- Fire service, housing, environmental health practitioners in addition to health and social care workers and domiciliary care agency staff worked collaboratively as a multi-disciplinary team with the male service user and his son.
- Both the male and his son's autonomy was protected using a consultative approach, maintaining their control, communicating the care need and risk explicitly, agreeing the timing of and numbers of visits and agreeing the pace of any changes to the environment to support the required care to be delivered. All agencies worked proactively together in a person-centred way to understand the relationship between the father and son whilst maintaining a focus on the direct care needs of the father and the presenting risks, including if safeguarding from domestic abuse coercion/control/undue influence was required.
- Relationships were built by the visiting domiciliary care agency practitioners and district nurses in order to gain trust, with a direct and honest approach to any conversations with both father and son regarding any immediate issues noted, the risk of not engaging in the nursing care required, importance of taking prescribed medicines, pressure area care, and support for personal hygiene and the living environment. Visiting practitioners articulated any actions that they were taking clearly.
- Despite a direct approach being required on occasion, autonomy was respected, and work was able to progress at a pace that was comfortable and acceptable to both, and workers were able to establish their wishes and feelings and understand their long-standing relationship.
- Although initial reluctance to engage with assessment as a carer, significant steps were made to offer informal support through a third sector agency to adult son, with the offer of a carer's assessment kept open.
- Sharing information in a timely and appropriate way was essential to understanding and managing risk, agreeing a plan and coming back together to evaluate progress and plan next steps.

- This case study has been recognised as a good practice example, which has been shared nationally via the Safeguarding Adults National Network (SANN).

BLACKPOOL TEACHING HOSPITALS

BTH is dedicated to identifying and safeguarding adults at risk in line with statutory legislation and guidance. Safeguarding advice and support is provided across the Trust by an in-house safeguarding adults team comprising of nurses, social workers, Health ISVA and IDVA's. BTH is responsible for identifying safeguarding concerns in relation to adults at risk, raising appropriate safeguarding referrals and contributing and implementing appropriate safeguarding plans. BTH is committed to ensuring compliance with The Mental Capacity Act 2005 (MCA) and that staff are appropriately trained and able to implement MCA appropriately.

BTH Adult Safeguarding Team provide advice and support in relation to all areas of safeguarding adults and MCA. The Team are committed to supporting the embedding of MCA and Deprivation of Liberty Safeguards (DOLS) into practice across the organisation. The Team provides quality assurance of capacity assessments, DOLS applications and DOLS care plans within the Trust. To ensure capacity and restrictions remain necessary and proportionate, the team completes a review of each DOLS patient every 7 days. Support is also offered and provided at complex Best Interest Meetings across the Trust. BTH have expanded the Adult Safeguarding Team in response to the Trust CQC priorities around MCA/DOLS, training and preparations for LPS.

BTH support and complete s42 safeguarding enquiries in line with The Care Act 2014 and offer health input to professional or strategy meetings. BTH Safeguarding Adult Team oversees all s42 safeguarding investigations involving the Trust and ensures appropriate action is taken in response to substantiated safeguarding concerns.

BTH Safeguarding Adults Team provides Levels 1-3 Safeguarding Training in line with the 'Adult Safeguarding: Roles and Competencies for Health Care Staff Intercollegiate Document (2018) which incorporates Safeguarding, MCA/DOLS and Prevent.

BTH is an active member of the Pan-Lancashire Safeguarding Adult Board and participates in a number of sub-groups of the PL-SAB.

BTH have a dedicated Violence Against Women and Girls Team who support both patient's and staff who have or are experiencing Sexual Abuse. BTH secured additional external funding to expand the Health ISVA service, providing support to victims of sexual violence at BTH, ELTH, RPH, UHMBT and SOHT. This has provided consistent support, available to victims across Pan Lancashire in line with the VAWG agenda and Sexual Offences Act 2003.

BTH has secured external funding to expand the hospital service at BTH enabling our Health IDVA's to reach more victims during unsociable hours, in line with the Domestic Abuse Act 2021. Our Health IDVA's provide support and safety planning to patient's and staff across the organisation ensuring victims are referred to appropriate services in their area for longer term support.

BTH have further expanded our Domestic Abuse services via Operation Provide, a service that commenced in response to DAV during the Covid pandemic and has continued post pandemic. Victims are receiving timely support and as a result this has significantly increased victim engagement with Safeguarding and Police investigations. The Op Provide service has been nationally recognised by NT Awards, Kate Davis national visit, supported by academic evaluation. Initial service launched in Blackpool and Fylde Coast and has expanded to Lancaster and has increased resources over both

areas to reach more victims during core and unsociable hours. Nationally this model now stands out as the lead in reducing homicide to victims. These services ensure we adhere to the Domestic Abuse Act 2021 and will be reviewed adjustments made on receipt of the Victims bill in 2022/23.

With the imminent Serious Violence Duty, BTH secured external funding with a 15% funding match from BTH to provide an ED Navigator service following a scoping exercise, initially commenced BTH. BTH have now expanded hosting ED Navigators in RPH, ELHT and most recently UHMBT with positive comment from the Home Office on the successes of the service and fidelity of the model. Academic evaluation evidences a cost effective service with good outcomes for low costs and compliant with the serious violence duty from central government and Violence Reduction Networks key aims.

Due to the significant amount of external funding secured and reporting requirements to different central government departments, OPCC, and associated inspectorates, ICB and internal, it was necessary to expand the business support functions on the team. These include PA's, Data analysis and business support manager for oversight. This has enable the teams to evidence outputs and outcomes, services be academically evaluated, recognised nationally via NT awards and national visits (Kate Davis), support other Trusts nationally to launch similar services. This team also support bids with evidence and analysis which we have been very successful with to improve outcomes for patients.

Adult Safeguarding achievements in 2021/22

- BTH have embedded the '7 day DOLS Assurance Framework' across the acute inpatient setting ensuring that all patient's who are subject to DOLS receive an independent review of the restrictions in place to ensure they are necessary and proportionate.
- BTH Emergency Department (ED) Navigators embedded at Blackpool, Lancaster and East Lancashire Emergency Departments in support of the Violence Reduction Unit's (VRU) work across Lancashire.
- BTH Operation Provide in partnership with Lancashire Police embedded in practice at Blackpool and Lancaster and recognised at the Nursing Times Awards. The Operation Provide Model of practice will be shared nationally by the police as a recognised model to reduce domestic homicides.

Training compliance for Level 3, Mental Capacity Act and Prevent increased to an overall compliance above 80% across the trust.

Awareness of Adult Safeguarding raised through:

- BTH have a network of over 200 Safeguarding Champions across the organisation. The Team hosts a Safeguarding Champions Forum on a quarterly basis with input from guest speaker from a variety of agencies.
- The Adult Safeguarding Team complete daily ward visits to review DOLS patient's, support with safeguarding cases, utilisation of the MCA and implementation of DOLS applications.
- The Adult Safeguarding Team provide weekly Level 3 Safeguarding Adults MCA bitesize training sessions. Trust wide MCA-DOLS, Prevent and Level 3 training figures are above 80%.
- Regular Domestic and Sexual Abuse awareness sessions are provided by the Trusts IDVA and ISVA.

Service users are supported by BTH through Safeguarding Adults procedures via a number of highly skilled teams and staff including:

- ED Navigators

- Operation Provide
- Independent Domestic Violence Advisors
- Independent Sexual Violence Advisors
- Adult Safeguarding Team

The BTH Safeguarding Team aims to empower our frontline staff to have the skills and confidence to support their patients and carers during safeguarding procedures and investigations. Staff are encouraged to have open and honest conversations about concerns and to seek the views and wishes of service users and their carers throughout the process.

BTH promote and educate staff on the principles of Making Safeguarding Personal (MSP) and encourage staff to seek, record and advocate the person's views when raising safeguarding concerns. Following the principles of MSP supports staff in keeping the person at the centre of safeguarding procedures and help inform decision making when responding to safeguarding concerns.

Adult Safeguarding priorities for 2022/23

- Continuation of our MCA Improvement journey.
- LPS readiness and planning.
- Expand the safeguarding adult support within our community settings and services

BLACKPOOL TEACHING HOSPITALS – CASE STUDY

A male victim had been assaulted by his same sex partner which was reported to police. Op Provide IDVA visited the victim at his home with the police whilst his partner was in custody.

The victim disclosed a number of incidents which he had not identified as Domestic Abuse including controlling his finances, isolating him from friends and family and damaging his property and belongings on a regular basis.

The Op Provide IDVA was able to spend time with the victim to support him in understanding coercive and controlling behaviour and that this is a form of Domestic Abuse. The victim was able to share that he was not happy and did not want to remain in the relationship but had felt trapped.

The victim was supported in developing a safety plan and advice on how to safeguard himself. The Op Provide IDVA was able to refer the victim to Domestic Abuse services including a male IDVA from FCWA, Mankind and End the Fear who provide support to victims who are in same sex relationships.

LANCASHIRE AND SOUTH CUMBRIA CARE FOUNDATION TRUST (LSCFT)

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

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

Our strategic approach to safeguarding is linked to our agreed Safeguarding Strategy 2022-2025. This links to the Trust Safeguarding Policies and Procedures. LSCFT takes a Think Family approach to safeguarding practice. Our Safeguarding Strategy takes account of the updated priorities and business plans of the Safeguarding Boards and Partnerships, our commissioned safeguarding specifications and updated safeguarding multi-agency systems and processes across the County. Our Safeguarding Strategy aims to ensure our services protect and prevent harm, abuse or neglect for service users and their families.

Our Trust Safeguarding Strategy aligns the national and key local priorities to improve safeguarding outcomes in LSCFT.

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

Delivery of our priorities is monitored and reviewed via the Safeguarding Team portfolio groups which include: Training, MCA/LPS, Prevent, Looked After Children, Domestic Abuse, Self-Neglect, Learning Lessons, Safeguarding Risks Outside the Home (Contextual Safeguarding), Hidden Harm within the Home, Violence Reduction and Health Partnership System Improvement and Reform.

LSCFT continue to strengthen safeguarding practice & systems to sustain compliance with revised statutory Safeguarding, MCA and Prevent Guidance and responsibilities.

LSCFT continues to support collaboration across Local Authority Safeguarding services (BwD, Lancashire and Blackpool) to strengthen information sharing, support provider led enquiries and ensure clinical contribution in Section 42 referrals, where this is appropriate.

Independent oversight is provided within this by LSCFT Safeguarding team.

We have carried out significant activity to raise awareness of the Domestic Abuse agenda by developing a Domestic Abuse and Think Family webinars, connecting safeguarding adults with the safeguarding children agenda. The webinars have ensured that key safeguarding messages have continued to be shared across the organisation within the restraints of the pandemic.

We have also developed training in relation to:

- Domestic Abuse
- HBA/Forced marriage and FGM,
- DASH (Domestic Abuse, Stalking and Honour Based Violence) Assessments
- MARAC
- Raise awareness about the role of the IDVA (Independent Domestic Violence Advocate)
- Domestic abuse in the context of Young people perpetrated within Family contexts.
- A focus on perpetrators.

LSCFT also now support an introduction to Domestic Abuse and Routine enquiry within the trust preceptorship programme for nurses/ Allied Health Professionals and will support the medic development plans in Dec 2022.

We have continued to engage with multi agency partners to co deliver training, ensure a co-ordinated approach to domestic abuse and actively strengthened internal processes for MARAC.

Changes to the Blackpool MARRAC model also became operational in Sept 22 and LSCFT have revised information sharing pathways to support timely information sharing and effective risk management.

We have raised the profile of contextual safeguarding, trauma-informed care and Think Family. We have worked with our adult facing services to further embed Think Family and contextual safeguarding into practice.

LSCFT recognise that the issue of self neglect is a significant feature within Safeguarding Adult reviews and have issued briefings in regards to this issue to strengthen awareness and support complex case activity as required.

LSCFT continue to raise awareness of adult safeguarding through:

- Lunch and learn sessions available to all practitioners across the organisation
- Publication of Safeguarding adult weeks structure programme of events
- Designated safeguarding resource accessible for all on LSCFT sharepoint,
- Learning forums and best practice groups within all Networks
- Safeguarding portfolio groups:
- Webinars

Supporting service users and carers remains top priority for LSCFT. The promotion of Making Safeguarding Personal is an integral part of Adult Safeguarding training and this reinforces the importance of engagement with service users within safeguarding activity. Likewise capacity to consent to a safeguarding concern is embedded as part of practice, and/or if a decision is to be made either with carers/family or in the individuals best interests. These messages are reinforced through the direct support provided to networks by the Specialist Safeguarding Practitioners.

In supporting the Section 42 process, the service user is consulted during the completion of the completion of provider led enquiry.

Safeguarding training reiterates the autonomy of adults and ascertaining their wishes on how they wish to proceed in the event they have experienced abuse or harm.

Adult Safeguarding priorities for 2022/23

- Improved oversight of MCA implementation as NHS organisations prepare and discharge duties under the Liberty Protection Safeguards. We will undertake preparatory work within LSCFT and engage across the safeguarding system in relation to the implementation of the Liberty Protection Safeguards.
- Improve practice in relation to self-neglect including interface with MCA and Adult Risk Management process.
- Maintaining a focus on the Prevent agenda, vulnerability and prevention.
- Ensure services have effective safeguarding arrangements in place and are compliant with MCA.

LSCFT – CASE STUDY

Mental Health inpatient unit received a job application for a band 5 Registered Mental Health Nurse (RMN). The initial information captured within the application did not demonstrate that the applicant met the requirements for the post, the nurses conducting the shortlisting reviewed the supporting information to make sure there was nothing that they had missed. The nurses were concerned about the content of the information provided, they noted radical and extreme views and beliefs relating to both people with mental health issues and certain cultures. They were concerned that they may be mentally unwell or pose a risk.

The nurses demonstrated a good understanding of the Prevent agenda as they escalated their concerns to LSCFT safeguarding team and Prevent Lead. Discussion with the Police Prevent Lead identified the individual as being particularly vulnerable and isolated. There had been other reported incidents of the same nature, the Police advised that they had previously spoken to them. This recent episode demonstrated that previous intervention had not been effective in supporting any kind of behaviour change and the concerns regarding possible radicalisation remained. This triggered a welfare visit by the Police as a supportive measure and referral to Channel Panel, enabling multi-agency oversight and engagement with this vulnerable young adult, which in itself provides an opportunity to explore any mental health issues they may be experiencing.

NORTH WEST AMBULANCE SERVICE (NWS)

The [NWS Safeguarding Annual Report](#) provides an overview of safeguarding activity for NWS during 2021-21 and assurance relating to the scoping, development and implementation of safeguarding related processes.

Safeguarding activity has fluctuated during 2020-21, this is largely attributed to the Covid-19 pandemic. A decrease in concerns raised was seen during April 2020, since then concerns have continued to steadily grow.

HIS MAJESTY'S PRISON AND PROBATION SERVICE (HMP)

Prison Service Instruction 16/2015 sets out HMPPS responsibilities for Adult Safeguarding in Prison. Lancashire Prisons all produce local safeguarding policies in line with this instruction. Adult safeguarding in prisons means keeping prisoners safe and protecting them from abuse and neglect. This is underpinned by six key principles of the Care Act.

Prison staff have a common law duty of care to prisoners that includes taking appropriate action to protect them. Prisons have a range of processes in place to ensure that this duty is met. These also ensure that prisoners who are unable to protect themselves as a result of care and support needs are provided with a level of protection that is equivalent to that provided in the community. Definitions of abuse and neglect are based on those used in the Care and Support Statutory Guidance issued by the Department of Health in October 2014.

The service continued to ensure that all prisoners and staff were protected from the Covid-19 virus, including maximising vaccination programme and testing regimes.

COVID outbreak sites were managed effectively with support from key stakeholders including NHS and Public Health England.

The prisoner population was managed effectively to ensure cohorting arrangements were effective and minimised the risk of COVID spreading across establishments.

Exceptional delivery plans were developed to ensure business continuity to address the potential risks and detrimental impact to prisoner and staff wellbeing.

Online staff training and prisoner induction packages are raising awareness of safeguarding.

Establishments provided safe, purposeful and sufficient regimes, whilst supporting the more vulnerable with wellbeing checks and daily interactions.

Utilised a challenge support and intervention planning approach to support individuals with safeguarding needs and to appropriately challenge those who present a risk to others.

All establishments provided a buddy or resident scheme to provide appropriate adult social to assist another prisoner in meeting his/her care and support needs.

Establishments have continued to engage with the prisoner population over the period through face to face meetings, consultation sessions and surveys. Understanding the needs of the prisoner population allows establishments to adopt a strategic direction and allocate resources appropriately.

Adult Safeguarding Priorities 2022/23

- Ensure that every establishment has a nominated senior lead who is competent, confident and knowledgeable of all aspects relating to safeguarding. This will include the appropriate training for the identified leads.
- SMT lead for Safeguarding will work closely with the Healthcare Team and Adult Social Care Team. The Safeguarding lead along with the Head of Healthcare will act as the link with the Safeguarding Adults Board (SAB) at the Local Authority.
- Establishments have refreshed local safeguarding policies in place that identify the responsibilities of the organisation and staff to identify risk at a multi-agency level, ensure early multi-agency support and how we work together in partnership.
- Links with the community are strengthened further through established structures and reaching out to other organisations.

PROBATION SERVICE (PS)

The PS shares information and works with other agencies including Police, Local Authorities, Health Services and Third Sector organisations. We are a statutory partner, along with Police and Prisons, in Multi Agency Public Protection Arrangements (MAPPA) whereby we have a clear framework to share information and plan how we work together manage risk from our most serious nominals.

Although the focus of the Probation Service is on those who cause harm, we are also identifying people who are themselves at risk from abuse and take steps to reduce this. We also recognise the impact of previous trauma on the health, wellbeing and behaviour of people on probation and our staff are being trained in trauma informed approaches.

Adult Safeguarding achievements in 2021/22

- Introduction of the EPOP role to ensure the voice of the service user is heard.

- Recruitment of Health and Justice leads to develop partnerships supporting our most vulnerable cases.
- Local engagement with Lived Experience teams.

All staff are required to complete mandatory training with refresher sessions every three years. Additional training re Trauma Informed and Neurodiversity are also offered with an expectation all staff complete by 2023.

We have a dedicated team, Engaging People On Probation (EPOP) who provide feedback and suggestions on service improvement from the people we work with. The pan Lancashire Changing Futures project includes colleagues with lived experience and we are listening to what is needed for systems change. Prison Leavers projects are in place in some parts of the County. There is always a balance between managing risk and rehabilitation, the support and insight of people who understand this and can explain to others is valued.

Adult Safeguarding priorities for 2022/23: Probation Health and Justice leads will be in place, leading in development of better understanding of multi -agency approaches to safeguarding vulnerable adults in the Criminal Justice System.

LANCASHIRE FIRE AND RESCUE SERVICE (LFRS)

LFRS not only identifies potential safeguarding concerns whilst attending emergencies but also during the delivery of a wide range of community safety activities, such as our Home Fire Safety Check offer and youth engagement activities. Whilst our staff do not support service users and carers individually in a 'case-work' sense, they often work in a multi-agency setting where a co-ordinated approach is necessary e.g. self-neglect.

Adult Safeguarding achievements in 2021/22

- Continued to expand training and increase awareness of safeguarding across all LFRS groups
- Begun to develop more extensive tiered training plan for all staff with levels appropriate to their role.
- Quality Assurance Checks completed on all referrals to identify relevant issues/trends and to inform/develop staff as appropriate.
- Enhanced strategic visibility via detailed performance reporting to continually drive awareness and enhance quality of referrals.
- Two members of staff from the Service Headquarters Safeguarding Support Team achieved the nationally recognised Level 4 National Fire Chiefs Council Safeguarding 'Train the Trainer' qualification.

Adult Safeguarding awareness to staff through:

- Safeguarding cards continued to be provided to every new member of staff to wear with their lanyard.
- Safeguarding training provided to all new recruits.
- Awareness talks provided at Area Team meetings and face to face talks provided at Stations.
- Mandatory on-line safeguarding training package completed by all staff. This is monitored at least twice a year and reminders sent to staff as needed.

- Monthly and Quarterly referral reports produced and shared with Senior Managers - specific and identifiable information about those referred is not included in the reports.

Adult Safeguarding priorities for 2022/23

- Develop and begin to roll out the tiered awareness training with levels in line with job roles.
- Continue to increase/improve the quality of the information we include on the referrals being made.
- Ensure LFRS meets the National Fire (Service) Standard for Safeguarding.
- Work towards developing a more secure referral system to LA Social Care Teams, such as through Egress Secure Workspace

LFRS – CASE STUDY

During an arranged Home Fire Safety Check in early Mar 2020 the lady asked the LFRS Community Safety Advisor to knock-on next door to check on a gentleman as she was concerned for his welfare. The staff member observed signs of hoarding, untidiness, uncleanliness and the property being in a very poor state of general repair. A referral was made to Age UK for support. The occupant, in his mid-60s, had mobility issues, struggled to cook for himself and had a speech impediment which made it difficult for him to talk over the phone to speak to services/request help, but he still wanted to maintain his independence. He was initially willing to accept some help and the neighbour did help from time to time.

The LFRS staff member arranged a revisit date to check on progress. The physical revisit was delayed due to Covid but when it was possible in Oct 21 the situation hadn't improved. This is likely due to the pandemic; however it also seems that LFRS were, at the time, the only service who the gentleman would actively engage with. The gentleman had initially refused a referral to Social Services (Falls Team and Telecare) and Age UK mainly because he thought he would have to pay for help. The LFRS staff member decided to step up the concern and made a safeguarding referral to LCC, due to hoarding/state of property/self-neglect concerns and again arranged a LFRS welfare revisit for 6 months later. The referral was actioned by LCC, contact made, and a package of care and support put in place.

The revisit, approximately 6 months later, saw a dramatic improvement in living standards and the gentleman's condition. He had now accepted external support. The house was no longer cold; it was cleaner, repairs had been done and decent food was available. The gentleman had a 'falls' pendant and had regular carer support and he was very grateful for all the support that was available to him. He has also now had mobility assistance equipment installed into the property due to intervention by LCC.

BLACKPOOL COASTAL HOUSING

BCH have continued to focus on self-neglect cases, including hoarding. We have worked hard during the year to get additional support for vulnerable adults in our properties from both statutory and non-statutory agencies. Cases have been published in anonymised form where appropriate to raise awareness and encourage tenants to contact us if they are struggling.

Our Sheltered Housing service has continued to give a dedicated service to those with additional support needs. Our More Positive Together Team have worked with vulnerable people furthest from the job market, addressing complex issues that are barriers to a better future. Our Care and Repair team have worked with the Warm and Healthy Homes Project to address fuel poverty.

Our Emergency Housing service has continued to provide hostel accommodation for those who need it. Our hostel and similar provision has expanded, with increased provision for vulnerable young adults including care leavers.

Looking forward we are seeking to improve our approach for tenants who don't generally make significant requests on our services, as this may be an indicator of hoarding and property condition issues. We will continue to stress to our frontline staff that they may be the first professionals to see signs of self-neglect and whatever the purpose of their visits to tenants homes they should report concerns.

HEALTHWATCH BLACKPOOL

Healthwatch Blackpool is the public voice for health and social care in Blackpool and exists to make services work for the people who use them.

Healthwatch statutory responsibilities are:

- To obtain the views of people about their needs and experience of local health and social care services. Local Healthwatch make these views known to those involved in the commissioning and scrutiny of care services.
- To make reports and make recommendations about how those services could or should be improved.
- To promote the involvement of people in the monitoring, commissioning and provision of local health and social care services.
- To provide information and advice to the public about accessing health and social care services and the options available to them.
- To make the views and experiences of people known to Healthwatch England, helping us to carry out our role as national champion.
- To make recommendations to Healthwatch England to advise the CQC to carry out special reviews or investigations into areas of concern.

We recognise that in our role of engaging with our local population and hearing experiences of care, we pick up issues that relate directly to safeguarding and refer matters through local safeguarding channels for assessment or support.

Healthwatch was successful in maintaining multi agency working with statutory agencies including Blackpool Council Quality Monitoring Team, CQC, CCG and our local Hospital Trust.

We raised and highlighted issues observed through our Enter and View programme and through telephone conversations with the Blackpool population relating to health and care.

We achieved positive responses from statutory agencies in respect of the issues raised. We feel that we were able to effect change and improvements to experiences of care.

All staff and volunteers have completed safeguarding training and Care Act training in this period. We have linked in with advocacy services who sit within our organisation to ensure that support is offered to those who need ongoing support. We have completed additional training in suicide prevention and the organisation has a number of specialist safeguarding leads. In this reporting period our team has grown so this has meant that we have had a greater reach within our local community.

Healthwatch Blackpool are an open and accessible agency. We attempt to regularly inform on developments and are there for support.

Healthwatch Blackpool refer on to support agencies/liased with agencies to ensure that an appropriate response is given.

Healthwatch Blackpool are proactive in engaging with the local community. We are a transparent and open team.

Adult Safeguarding priorities for 2022/23

- To continue to provide opportunities for the community of Blackpool to have their say and share experiences.
- To continue to develop community awareness and be proactive in making people aware about how to report, share experiences.
- To ensure that we engage with those in our community who are seldom or never heard.

7. Board Priorities 2022-23

- Mental Health
- Domestic Abuse
- Self-neglect
- 'Voice' Making Safeguarding Personal (MSP)
- Mental Capacity & Liberty Protection Safeguards