



Calderdale Safeguarding Adults Board

Annual Report 2015-2016

Safeguarding Adults Board's Vision and statement of purpose



The vision for Calderdale Safeguarding Adults Board is for the Borough of Calderdale to be a safe place to live for all its citizens, regardless of their circumstances.

This means that;

All citizens of Calderdale, irrespective of age, race, gender, religion, disability or sexual orientation live in a community that protects their rights and freedoms, and allows them to live free from abuse and neglect, and the fear of abuse and neglect.

To this end our focus will therefore be on creating a culture where:

- Individuals feel safe in their communities
- An individual's wellbeing is promoted
- Individuals at risk of harm or abuse have their voice heard and their independence is promoted as far as possible
- Abuse is not tolerated
- People have access to information about what safeguarding is
- People know where to go when they have a safeguarding concern

To make this vision a reality it is essential that agencies work together to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Ensure that they safeguard adults in a way that supports them in making choices and having control about how they want to live
- Proactively take steps to stop abuse or neglect
- Ensure there is common understanding and belief of what to do when abuse happens
- Embed the principles of 'Making Safeguarding Personal' - being person centred and outcome focused
- Ensure they have a competent and able workforce
- Raise public awareness recognising the value local communities can play in prevention and early intervention
- Engage with and being responsive to the needs of all stakeholders, including adults at risk, carers, service providers and the wider community, is essential to promote the Board's vision.

Welcome



I am very pleased to be able to introduce Calderdale's Safeguarding Adults Board's Annual Report for 2015/16. As the new independent chair of the Safeguarding Adults Board, I have been meeting with partner organisations and I am impressed by the evident commitment to shared safeguarding principles and values as well as the comprehensive work that has already been undertaken. I am grateful to Iain Baines and Penny Woodhead as the outgoing chairs of the Board for placing Calderdale safeguarding partnership onto a firm footing. Going forward, my goal is to provide leadership to take the Board forward into the next phase consolidating on the significant work already achieved and strengthening the partnership.

Our aim is to provide leadership and constructive challenge to all, in order that we can best safeguard adults in Calderdale at risk of harm or neglect. Prevention is critical and can be achieved by raising awareness of adult safeguarding risks, improving the quality of services and supporting carers can reduce risks of harm and abuse. We also need to learn from what happens when things don't quite work out, from experiences in Calderdale and elsewhere in England, and particularly where there is good practice. These are some of the themes that we will be developing through the strategy, and I am hopeful that facilitating engagement events will enable us to have dialogue with local communities on what the local priorities are and how best to take the strategic aims forward together.

Ged McManus

Independent Chair

Calderdale Safeguarding Adults Board

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Introduction

This report outlines the activities Calderdale Safeguarding Adults Board's (CSAB) has undertaken to enable it to fulfil its statutory responsibilities regarding the strategic development and oversight of adult safeguarding across Calderdale. This report covers a one-year period (1st April 2015 to 31st March 2016) and highlights the Board's progress and achievements in delivering its strategic priorities and objectives. The report provides an overview of the key priorities identified in the three-year plan 2014-2017 and looks at what we have achieved so far and where we still need to develop. It also provides the reader with an overview of partner board members achievements and aspirations over the coming year.

Given the current climate, CSAB and its member organisations have faced and will continue to face going forwards, significant challenges in its role of providing strategic leadership for adult safeguarding in Calderdale.

These include:

- Significant organisational change within the NHS and local authority as well as the integration agenda.
- Austerity and the impact on public bodies and the voluntary sector making the 'business as usual' work and prevention more difficult.
- Changing demographics and the increase in the over 75 population and the impact of associated long term conditions.
- The reduction in the care agencies available to deliver the increased volume and complex level of care required by an older, frailer population and the current resilience of community support services.
- The challenge of social isolation and loneliness and principles of care closer to home

These challenges have occurred within a broader context of increased expectations and responsibilities arising from the introduction of new duties on public bodies relating to modern slavery, 'Prevent' (part of the Government's counter terrorism strategy) and self-neglect as well as the changes to Deprivation of Liberty Safeguards arrangements which have had a significant impact on volume of applications. Throughout this period however CSAB and partner organisations have continued to deliver their responsibilities regarding the strategic development of adult safeguarding across Calderdale.



Going forward, the Board recognises the opportunities to mitigate the impact of the on-going challenges highlighted including better coordination with other strategic partnerships and work streams and using local, regional and national networks more effectively in order to minimise overlap and duplication of effort.

The Board leads the strategic development of adult safeguarding in Calderdale and in holding local agencies to account and the core focus of the Board in fulfilling this role is on value driven practice to ensure service users are kept at the centre of what we do and that we learn from their experiences of safeguarding in order to shape and improve the 'safeguarding system' in the future.



About Calderdale Safeguarding Adults Board

Calderdale Safeguarding Adults Board (CSAB) is a statutory, multi-organisation partnership which gives strategic leadership for adult safeguarding, across Calderdale. The main objective of the CSAB is to gain assurance that safeguarding arrangements are effective locally, and its CSAB partners act to help and protect adults in its area who meet the criteria set out in Chapter 14 of the statutory guidance of the Care Act 2014.

The CSAB oversees and leads adult safeguarding across the locality and has an interest in a range of matters that contribute to the prevention of abuse and neglect. These will include the safety of patients in its local health services, quality of local care and support services, and where appropriate the effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services.

The remit of the CSAB is to set priorities, agree objectives and to co-ordinate the strategic development of adult safeguarding across the area it serves. It is the key mechanism for agreeing how local agencies will work together effectively to safeguard and promote the safety and wellbeing of adults with care and support needs who are at risk of and/or are in vulnerable situations. Under the Care Act 2014, CSAB is required to publish a strategic plan (developed in consultation with local communities) and an Annual Report. The CSAB also acts as an important source of advice and assistance, for example in helping others to improve their safeguarding mechanisms.

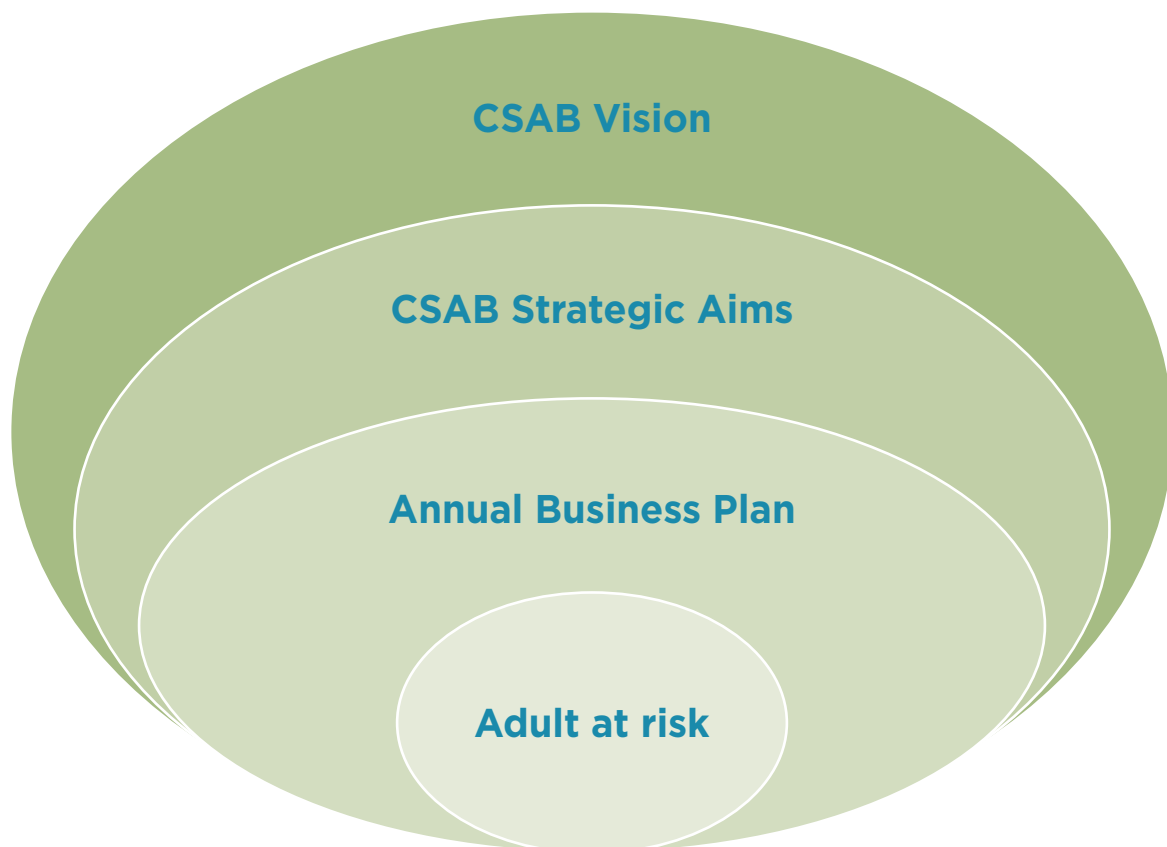
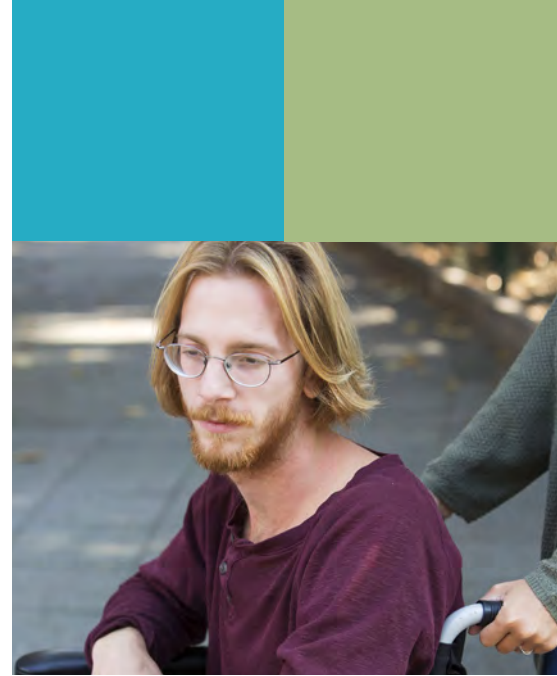
Organisations represented at the Calderdale Safeguarding Adults Board:

- Calderdale Metropolitan Borough Council - Adult Health and Social Care
- Calderdale Clinical Commissioning Group
- West Yorkshire Police
- Community Safety Partnership
- NHS England
- South West Yorkshire Partnership Foundation Trust
- Calderdale & Huddersfield Foundation Trust
- West Yorkshire Probation Services
- Women Centre
- Together Housing
- North Bank Forum (represent the voluntary sector)
- Voluntary Action Calderdale
- Calderdale Safeguarding Children Board



How the Board work's to keep people safe

Safeguarding Adults Board's vision, strategic aims and annual business plans relate to one another to meet the primary objective of keeping people safe from abuse.



Safeguarding Principles

The Board through its practice, and that of its sub groups, is committed to the six principles which underpin safeguarding:

Empowerment

Individuals at risk and the wider community are given the right information to recognise abuse and what they can do to keep themselves safe. They should be given clear information on how to report abuse and crime and what support and advice is available to them. The person or their representative should be consulted before any safeguarding action is taken.



Prevention

It is better to take action before harm occurs. Accountable agencies will train staff to recognise signs and take action to prevent abuse. In all aspects of agencies' work, consideration must be given to how communities can become safer.

Proportionality

The individual at risk and where appropriate, partner agencies, will be consulted before any safeguarding action is taken; any safeguarding response should be least intrusive and proportionate to risk.

Protection

Accountable agencies must have effective ways of assessing and managing risk. Local complaints and reporting arrangements for abuse must work well. Local people will be given the opportunity to understand how accountable agencies can be contacted.

Partnership

Local multi-agency partnership arrangements need to be in place and staff need to understand and use local procedures. Local solutions are found through services working with the community.

Accountability

The roles of all agencies should be clear, together with lines of accountability. Staff need to understand what is expected of them and others. Agencies must recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements.

The Board will ensure that these principles are translated into positive, personalised outcomes for individuals who are at risk of abuse and neglect.

Calderdale Safeguarding Adults Board Commitment

The Safeguarding Adult's Board continues to work with all partners within Calderdale to develop communities and ensure safeguarding is 'everybody's business'. We will continue to work hard to ensure that people living in Calderdale feel safe and if they have any concerns that they know where to go in their community for advice and support. Putting the shared commitment into practice is the overall aim in developing effective safeguarding work with the people of Calderdale.

Are we getting it right for people who use services in Calderdale?

Miss D and Miss J's story.....

Supporting people to live together in supported living and to ensure they remain safe within their home.



Miss D and Miss J were two young adults both diagnosed with a learning disability and Autism. They both live with other adults in a supported living home and they all got along relatively well for a number of years. Miss J and Miss D had always had a close friendship. More recently there had been occasions where Miss D has started to become physically abusive towards Miss J and after a number of incidents it became apparent that the current plans to support them both to feel safe and happy were not supporting them to do this. Miss J had begun to become withdrawn and wasn't sleeping well and then spoke to those close to her to express her feelings of sadness and unhappiness with the current situation. When asked what she would like to happen from a safeguarding perspective she expressed that although she really liked Miss D she was becoming frightened of her due to the changes in their friendship and she just wanted to be happy and feel safe again.

Both ladies had personal budgets in place which allow them to personalise their support to meet their social needs and the outcomes they see as important within their lives. Professionals and family members then supported the two ladies to review their support and to make changes to their activities and outings with the view to reducing some of the time spent together and to ensure they were able to pursue their own interests.

Following a number of discussions and finer tuning of the support it soon became clear that this appeared to be working for both Miss D and Miss J. They tailored their support to allow them some independence from each other and this in turn allowed the development of achieving some better outcomes for both ladies, including Miss J feeling safer within her home.

Miss D was having more engaging support and this in turn reduced the situations where she was physical towards Miss J. Miss J, as a result began to feel happier and safe again in her home and with other people living there. Both families were fully involved in the changing arrangement and Miss J's family expressed that things were now better as Miss J was now feeling happier and safer and the social worker was the best they had supporting Miss J and her family.

KEY PRIORITIES FOR 2014-2017

Key priorities were identified in the three year business plan 2014-2017; these priorities are identified below with a progress update of where things are at the end of the year and to clarify next steps for the period 2016-2019.



Priority Area 1: Governance and partnership working

What the Safeguarding Adults Board (CSAB) said it would do (2014-2017)

1. We will appoint an Independent Board Chair early in 2016.
2. Following the appointment of an Independent Chair, we will facilitate Board workshops to further develop a shared understanding of roles and responsibilities and address any further development needs of members.
3. After consultation with the Independent Chair we will appoint a permanent Board Manager in 2016. The Board Manager will work closely with the Performance and Quality Group to understand themes and trends and further develop our safeguarding intelligence. We will identify safeguarding themes and trends which will be considered at the SAB Performance and Quality Group.
4. We will develop a SAB website which includes safeguarding information for the public in accessible formats. We will publish the minutes of Board meetings on the website.
5. We will engage our SAB members and partner organisations to undertake a safeguarding self-assessment to benchmark for future development and improvements. Multi-agency auditing processes will be developed.
6. Through the Performance and Quality Group the board will receive audit and performance information on the impact of safeguarding across Calderdale.

What CSAB did;

1. A new independent chair has now been appointed and took up post in April 2016. Ged Mc Manus is the new chair and the board welcomes him to Calderdale. Ged has previously worked for the Safeguarding Adults Board in Kirklees and has a very good knowledge and understanding of safeguarding and the ongoing development work within the Yorkshire region. Board members welcome his direction and guidance to ensure that Calderdale is promoted as a safe place to live and recognises the rights of Individuals to live a life free from abuse and neglect.
2. All board members are aware of the role of the board as a statutory requirement of the Care Act 2014. Some work is being completed to ensure that board members have an induction which will clarify their roles and responsibilities. This is also explicit within the terms of references of board partner membership on working sub groups.
3. The board manager role is currently being evaluated in terms of competencies and delivery. This is to ensure that at the stage the role goes to advert the person employed to support the board has the necessary skills, knowledge and experience to undertake the role and for the candidate to be effective and efficient in implementation.



4. Work is currently ongoing on the SAB website as part of the communications and engagement strategy. Options have been explored including a stand-alone SAB website, SAB information being included on current safeguarding pages, and the preferred option currently of SAB joint webpages with Calderdale Children's safeguarding website.
5. The SAB audit processes have continue to be reviewed during this period. The performance and quality group have researched a variety of models to audit the work of partner organisations. The group is currently in the process of piloting some of the audits to establish reliability and validity.
6. Board partners have participated fully in single and multi-agency audits.
7. The SAB board has worked collaboratively with regional colleagues and partners at board level to review the West Yorkshire safeguarding policy and procedures; this was to ensure compliance following the implementation of The Care Act 2014.
8. We are working together with other strategic partnerships to ensure accountability for primary and secondary strategic responsibilities
9. The board has established links with other Safeguarding Boards within the Yorkshire region. Links were made with the regional safeguarding chair's network and a safeguarding adult's board manager network to facilitate shared learning, good practice, peer support and providing a collaborative approach to local policy and procedures.



Next steps 2016-2019;

1. Ensure that all board members are fully aware of their roles and accountabilities, to be included as part of a formal induction process and inherent in terms of reference for sub groups.
2. Further development sessions to establish key priorities for forthcoming periods; identify any training needs for any board members.
3. A website is to be set up that is easily accessible and user friendly, access for people who use services, families, representatives, general public, professionals and other organisations
4. Ongoing stocktake of board statutory requirements, compared to regional variations for Yorkshire regions
5. Agreement of resources to meet the demands of the board statutory requirements, SAB manager, administration staff.
6. Performance data that is valid, reliable and can be analysed to inform themes and trends and identify areas for further analysis and development.
7. Accountability as Safeguarding Adults Board for the overall safeguarding strategy to promote wellbeing and to allow people to be living safe lives that are free from abuse within the community of Calderdale.
9. Create an open, transparent, learning and development culture, to analyse, interpret and evaluate data, and promote even handed challenge to partner agencies.
10. Promote duty of candour amongst health and social care professionals
11. Review of information sharing protocol.
12. Ensure Safeguarding Adults Reviews are undertaken as statutory requirement or where deemed appropriate to inform learning and development for professionals.
13. User engagement strategy to ensure people who use services, family representative or user groups have representation at the Safeguarding Adults Board
14. Further review of regional policy and procedures.
15. Review of stakeholder's within the Safeguarding Adults Board.
16. Review of resources, consideration of shared resource opportunities

Priority Area 2: Planning Ahead



What CSAB said it would do (2014-2017)

1. We will continue to ensure the business plan is revised to reflect the priorities of the board. We will also continue to publish annual plans that reflect these priorities.
2. The Communication and Engagement Group will develop a strategy to ensure we effectively communicate and engage with service users, carers and other citizens. We will develop a website to aid this communication and engagement. We will seek all opportunities to work with service users, carers and other citizens.
3. We will continue to develop the Calderdale approach to Making Safeguarding Personal to ensure that we support the victims of abuse to get the safeguarding outcomes they wish, including increased safety and wellbeing.
4. We will ensure that the Board's financial position is reviewed at every board meeting; additional sources of revenue will be sought.
5. We will further strengthen relationships with the Children's Safeguarding Board, the Community Safety Partnership and the Health and Wellbeing Board, including identifying opportunities for joint working and sharing of learning.
6. We will continue to ensure that resources are used efficiently and effectively to raise the profile of safeguarding adults in Calderdale. This will include an evidenced based public awareness campaign.



What CSAB did;

1. The SAB business plan has been reviewed and updated to reflect current and emerging priorities. A copy is available on the Calderdale safeguarding Adults web pages.
2. A Communication and Engagement plan has been formulated with work currently ongoing on the SAB website as part of the communications and engagement strategy.
3. Principles of making safeguarding personal are fundamental to working effectively with people especially those who are deemed as at risk. These principles are embedded within the strategic and operational planning of the SAB.
4. Board finances have been reviewed as part of the bi monthly SAB board meeting; partners have been able to offer a combination of financial and staff resource dependent on their organisational constraints.
5. Relationships with other boards have developed and representation of partners at other local boards is evident.
6. As part of the safeguarding adults boards ongoing evaluation resources are monitored and reviewed and reprioritised as and where needed.

Next steps 2016-2019;

1. Appoint a Safeguarding Adults Board Manager, that has the necessary skills and knowledge to support the board in statutory obligations
2. Appoint a safeguarding administrator, to undertake administrative functions of the Safeguarding Adults Board
3. Dissemination of 2016-2017 Safeguarding Business Plan
4. Annual review of information sharing protocol for board partners
5. Coordinate and implement user engagement strategy
6. Review arrangement for designated links with other statutory boards within Calderdale
7. Agree performance, evaluation and review for following areas;
 - Board self-assessment, regarding statutory obligations
 - Board partner agencies self-assessments
 - National statutory indicators
 - Local performance measures
8. Partner wide training needs analysis for the period April 2016-2017
9. Following the publication of the Mazars report, CSAB will set up a task and finish group to look at recommendations from the report and any learning and or implementation needed within Calderdale.

Priority Area 3:

Quality in care homes & community settings



What CSAB said it would do (2014-2017)

1. Local safeguarding adults standards will be introduced into all health providers contracts in 2015-16.
2. We will work with colleagues in commissioning and contracts to ensure that safeguarding and quality are embedded into all future service designs.
3. We will set out and define what our expectations of an excellent service are so that we are able to measure providers' services against these.
4. Scope the possibility of shared training for nurses from provider organisations with care home nurses able to access NHS training.
5. Review the Health Advisor post commissioned by the CCG to ensure that care homes are supported and effective partnership working between care homes and with the SAB, AHSC and CCG.
6. We will continue to work closely with partners through the established monitoring groups to ensure that risks are effectively managed.
7. The work of the Health Advisor will look to embed and sustain the improvements already made. The role will develop to also support the domestic abuse hub and work programme.
8. We will work with providers to help develop, and embed good practice within our care homes and community provider settings.
9. We will collect and analyse information from all appropriate statutory organisations to better understand the developing patterns, themes and trends, regarding safeguarding issues, across the care home sector.

What CSAB did;

Delegated to Commissioning/contracts from health and social care;

1. Work was completed to develop safeguarding standards into the contracts for all health and social care and public health commissioned services.
2. Safeguarding and quality has been fully incorporated into standard contracts to ensure all commissioned services are delivering in line with safeguarding requirements.
3. Clear expectations are set with individual providers around quality standards and how lessons can be learned in safeguarding. This forms part of the both contracts and safeguarding meetings convened with providers when concerns have been raised.
4. A multi-agency group has been established between Social Care, Health and CQC to progress work on educational training for nurses, linking in with local universities. There is now a community nursing team established in Calderdale assigned to care homes and bespoke training is carried out for care home nurses.

5. The role of the health advisor post was evaluated in February 2016 and all partners agreed that the initial scope of work was completed. The safeguarding team has subsequently built in further links with the community nursing team to provide clinical expertise where needed.
6. The monthly operational group acts as a performance and quality monitoring forum, the aims are; to share multi-agency information and concerns in a timely manner, to own and progress actions to address quality and safeguarding concerns and escalate where necessary to the bi-monthly executive group. Both boards include representation from the Local Authority, Health and CQC. The contract team have a well-established performance and quality monitoring procedure which incorporates compliance visits, self-audits, risk assessment tools and regular contract reports – All providers of adults commissioned services are contract managed in line with this procedure.
7. The Domestic abuse hub is now fully operation and links have been established with the local authority and other partners.
8. The local authority contracts team and workforce development team have established improved links on engagement with providers through focus groups and supportive workforce initiatives. As a result a number of actions came out of these discussions and the local authority has redesigned the provider forums into a locality model to promote peer support, networking and best practice opportunities. An annual all service provider conference event has also been launched and the first one is due to take place in September 2016.
9. The safeguarding team audit concerns received from care homes. The information is then analysed for any themes, trends etc. This information is then used as appropriate to decide if any further actions are needed to ensure that people remain safe within the service and risks of harm or abuse are minimised. The safeguarding team manager is a core member of the monthly operational group and reports any themes and trends for discussion in a multi-agency forum.

The local authority Safeguarding Adults Team have also delivered training in care homes, engaged and supported care home staff with safeguarding.

Next steps 2016-2019;

1. A business relationship advisor role will be created within the local authority; this will be a new post put in place to support care homes and will be evaluated to establish effectiveness.
2. The local authority information system will be updated to reflect the change in safeguarding terminology post Care Act. The system will be updated to include all levels of contractual and safeguarding concerns raised and linked to the care providers involved.
3. Performance data to be established that is a combination of quantitative and qualitative information and provides information to inform good practice and lessons learned.

Priority Area 4: Keeping people at the heart of practice



What CSAB said it would do (2014-2017)

1. We will work with the people who use services in a way that will enable the Board to better understand the voice and reality of those people who experience, or at risk of experiencing, harm and abuse.
2. We will work with family members and carers in a way that will support the Board to better understand the voice and experience of family members and carers.
3. We will ensure that people have access to the right information to keep them safe when making decisions about where they should live or who provides their support.

What CSAB did;

1. Training has been provided to staff on principles of making safeguarding personal. This includes putting the person at the heart of the decisions making and that their wishes and views are central to the decision making when professionals are supporting a person with safeguarding issues.



2. A user questionnaire has been collated based on research for 'Making Safeguarding Personal' and has been piloted within the care home sector. This allows the wishes and views of the person using services or their representatives to feedback regarding their experiences within the safeguarding process. It asks what outcomes they wanted to achieve within the safeguarding enquiries and if they were able to achieve them.

The questionnaire has been introduced following research is also used for circumstances where the person is unable to provide their own wishes and views, the questionnaire then asks for feedback on behalf of the person from family members or advocates regarding the outcomes that are required as part of safeguarding.

3. A communications and engagement sub group has been set up under the board. This includes representatives from partner's agencies and is tasked with the development of marketing and dissemination of information about safeguarding. This includes updating of the website to ensure easy accessible and user friendly information. Information that is a statutory requirement of the Safeguarding Adults Board will also be access via this portal.
4. Staff across all agencies have undertaken training on The Mental Capacity Act 2005 to ensure that people using services are supported within the principles of the Act. This should ensure their rights are upheld and where needed they are supported as far as possible in the decisions regarding their life, choices and remain at the centre of decisions about them.

Next steps 2016-2019;

1. To include a user engagement strategy for the year 2016-2017
To ensure the Board hears and responds to the voices of those who are at risk of abuse.
2. Workforce and training strategy for the period 2016-2017
3. A joint safeguarding week (with children's) is planned to raise awareness of safeguarding in Calderdale in October 2016. The aim is to ensure a greater awareness of safeguarding within Calderdale and what people need to do to report abuse and roles and responsibilities for staff within organisations in Calderdale.
4. We will increase the involvement of service user and carers on the board and its Groups.
5. Development of the SAB website to provide accessible and timely information for service users, the public and professionals. We will enhance the focus on outcomes for the individual with a greater emphasis on the personalisation of safeguarding.
6. Invitation to community user groups to request representation on the Safeguarding Adults Board.

Priority Area 5: Developing our staff



What CSAB said it would do (2014-2017)

1. Ensure that information about safeguarding training courses across Calderdale is accessible to all staff.
2. Deliver training and awareness raising of the newly revised West and North Yorkshire Safeguarding Adults policy and procedures.
3. We are committed to implementing a learning and improvement framework. We currently have in place a Learning and Improvement group whose main focus is in developing this framework.
4. We will have updated good-practice guidance for each stage of the Safeguarding Adult's process.



What CSAB did;

1. We developed a training strategy with support from partner organisations. We have developed a multi-agency safeguarding training framework which describes training programmes available to all staff across Calderdale.
The training schedule is available both via individual organisations training processes and through the safeguarding web pages on the Calderdale Council website.
2. Training on the West Yorkshire policy and procedures is ongoing as per the training needs analysis and is provided by a variety of organisations within Calderdale, this has been completed throughout the period 2015-2016.
3. We have updated West and North Yorkshire safeguarding policies and procedures to reflect the Care Act 2014.
4. Mental Capacity Act training has been implemented to all staff across the authority, including social care, voluntary organisations, users of services and carers.
5. Training of the social care workforce as Best Interests Assessors and Approved Mental Health Practitioners. Increase in skills of the workforce.
6. Externally commissioned specialised training, solicitors, barristers etc. for the work force prior to and following implementation of The Care Act April 2015, Mental Capacity Act training and Deprivation of Liberty Safeguards training.
7. Commissioning of advocacy services to support the principles of the Care Act 2014.

Next steps 2016-2019;

1. Devise a process for rolling training over the period 2016-2019, coordination and implementation, consideration of pooled resources for training and development of the workforce.
2. Tiered training strategy for Safeguarding, prevention, response and inclusion of 'Making Safeguarding Personal' principles.
3. Following a further review of the West Yorkshire Policy and Procedure, update training programmes to take into account the revised policy and procedures.
4. Identify any training needs for staff to undertake Safeguarding Adults Reviews.

Priority Area 6: Tackling Domestic Abuse



What CSAB said it would do (2014-2017)

1. We will develop protocols that set out and define the relationship between the SAB, the Multi-Agency Risk Assessment Conference, the Domestic Abuse Partnership and the Community Safety Partnership.
2. The Board will work with the chairs of the Multi-Agency Risk Assessment Conference, the Domestic Abuse Partnership and the Community Safety Partnership, to identify the types of information held and discussed in these meetings. This will help the Board to better understand the developing patterns, themes and trends across Calderdale.
3. Work towards a multi-agency joint approach to domestic abuse with holistic management and support for victims and perpetrators. Reduce the need for Multi-Agency Risk Assessment Conference as the domestic abuse Hub becomes established. Work towards a single pathway for referrals and alerts.

The Safeguarding Adults Review group will work with the Community Safety Partnership to share learning from all reviews.





What CSAB did;

1. We worked with partners and partnerships to scope and implement the development of a Domestic Abuse Hub to provide a multi-agency forum for responding to domestic abuse. The overall aims are to reduce the incidence of Domestic Abuse and the number of repeat offences. Multi-Agency Risk Assessment panel will form part of the hub.
2. We worked with our Calderdale Community Safety Partnership and the Safeguarding Children's Board to undertake a full review of domestic abuse services and develop a service specification for a new service which is accessible to a wider audience.

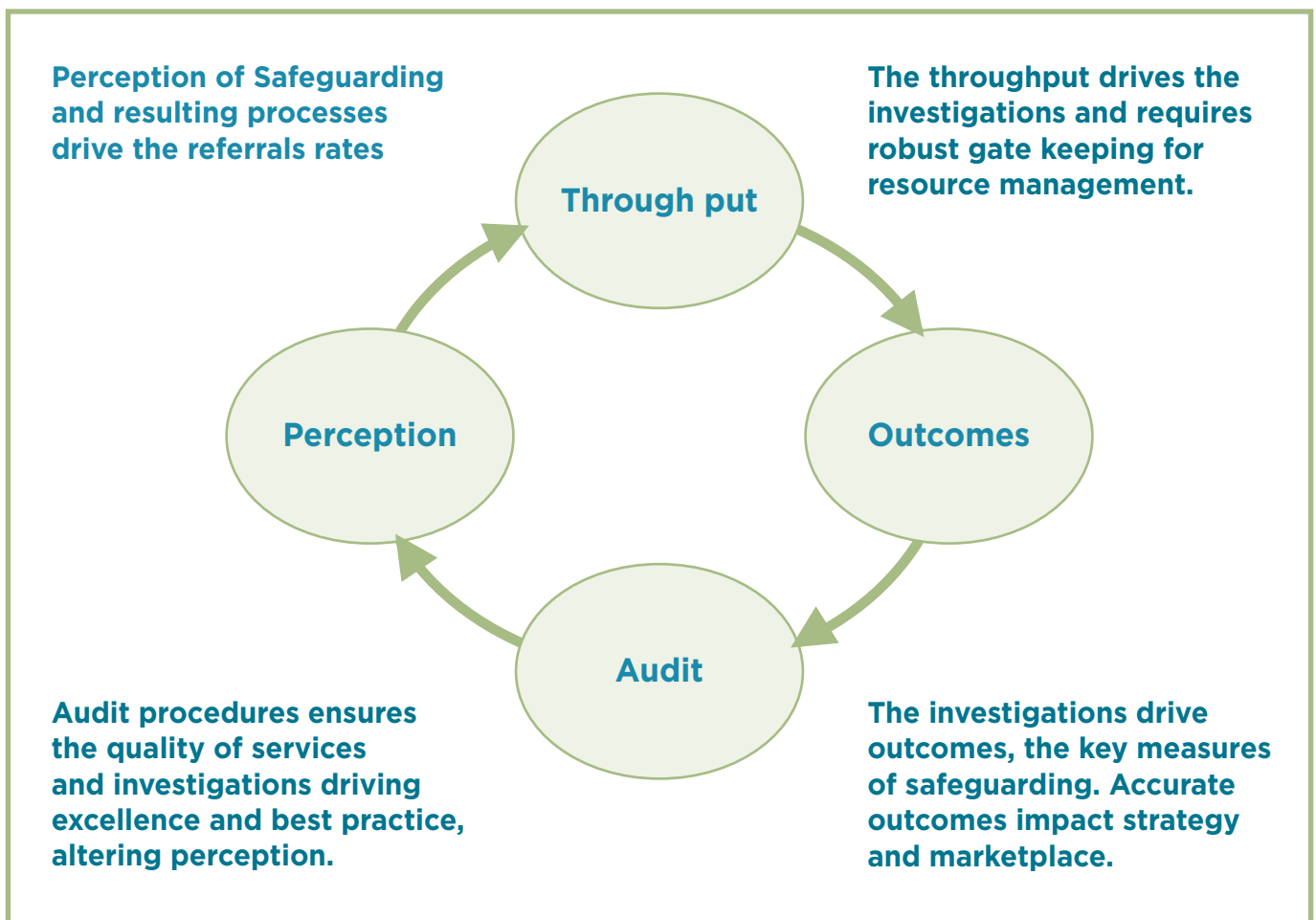
Next steps 2016-2019;

1. Agree primary and secondary responsibilities and accountabilities for the implementation of the Domestic Abuse strategy within Calderdale
2. Work in collaboration with partner agencies to develop strategy and local implementation of Domestic Abuse Strategy for Calderdale. Provide strategic/operation guidance as indicated.
3. Include relevant Domestic Abuse statistics within the performance information provided to the board.

Facts and Figures

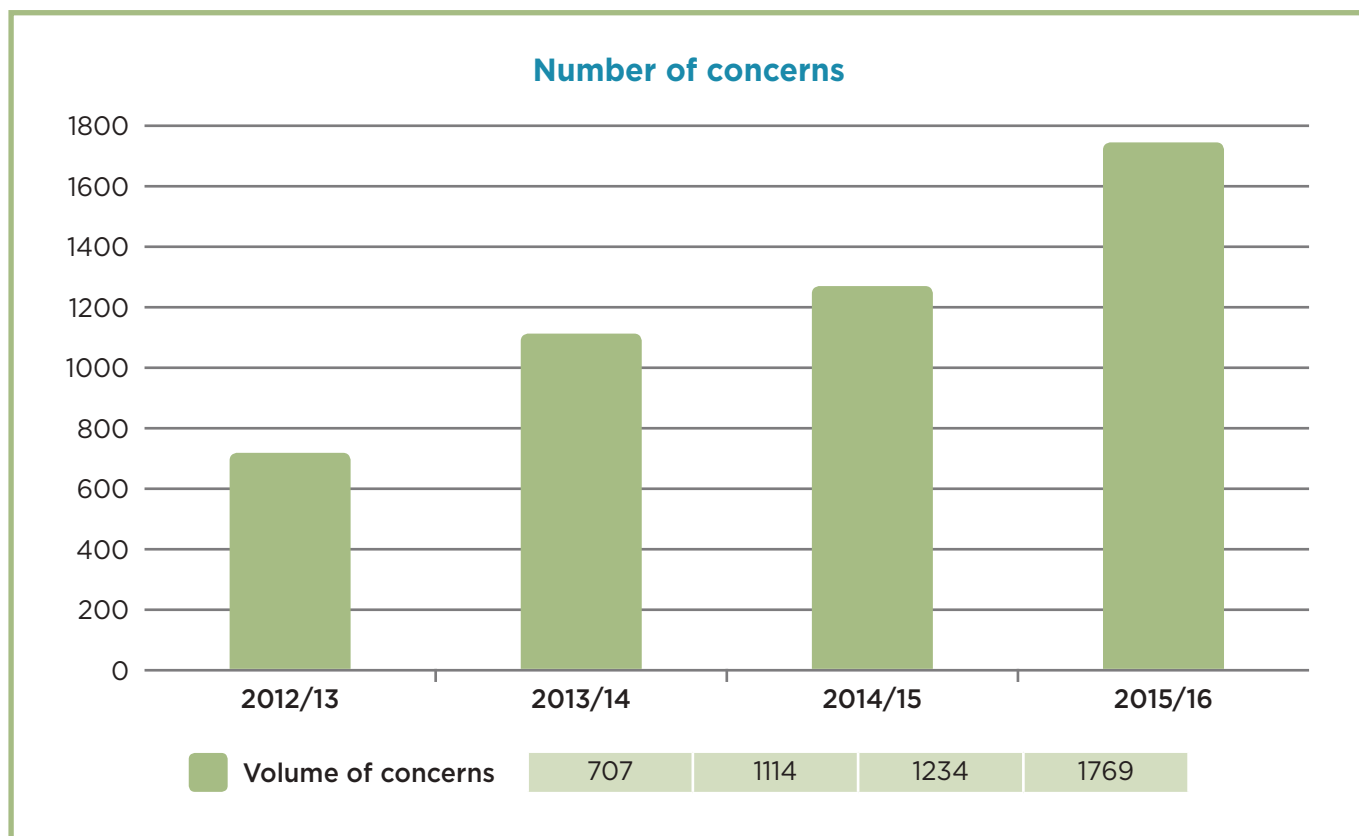
Performance Monitoring

The local performance framework looks at a model focused on a continuous cycle of information. The method is to drive strategy through a series of actions defined by four key areas: perception, throughput, outcomes and audit.



The flow of information and understanding through this cycle filters into the supporting safeguarding management and quality assurance groups.

The idea that any fluctuation in the status at any point can ripple through the other area in the cycle creates a whole system approach to strategy. However this design is yet to be fully realised as key areas require full development, such as the audit functionality and the links from outcomes to perception.



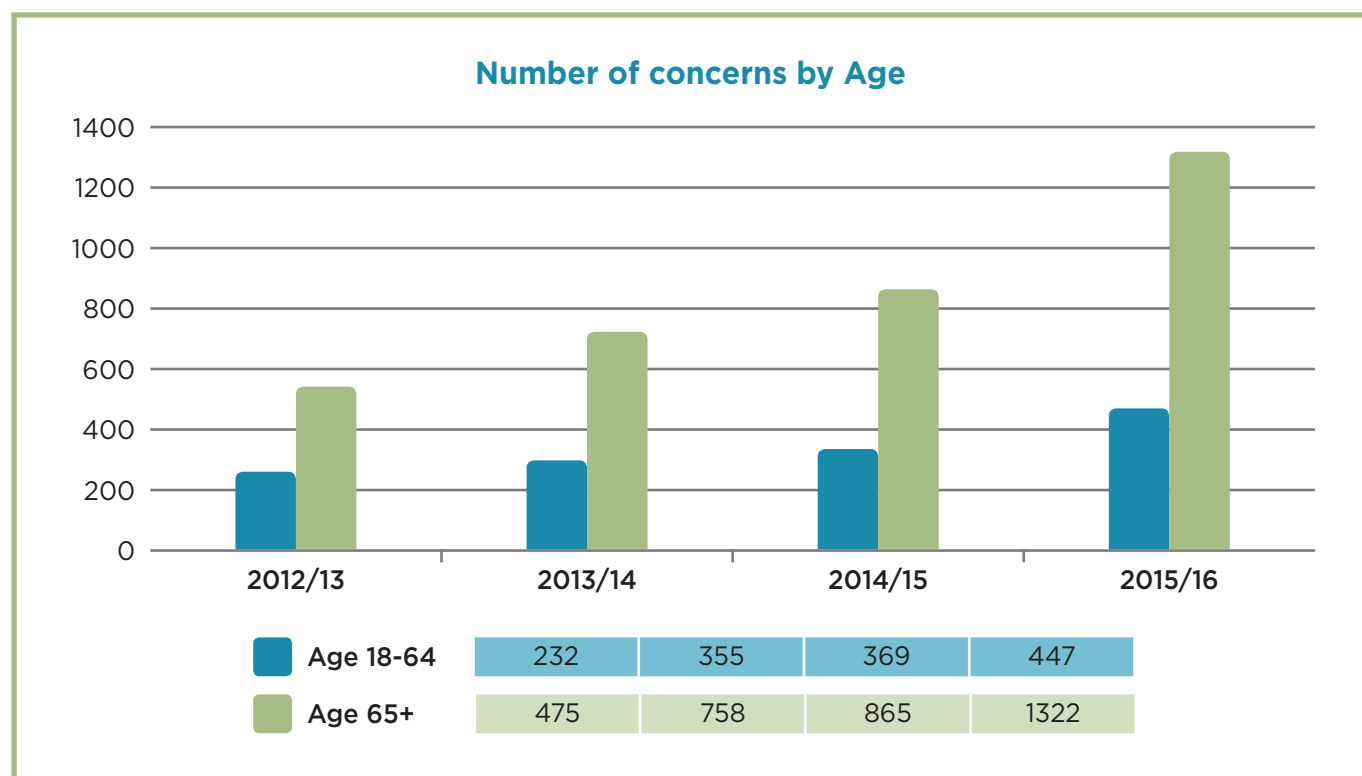
As noted during the periods between 2012 to current reflects a year on year increase of concerns raised. This may be due to a number of reasons including a greater awareness of raising concerns by members of the public, providers and other professionals, an increase knowledge of what safeguarding is by staff at Gateway to Care, for example in response to increased training. These statistics are generally reflective at a regional/national level.





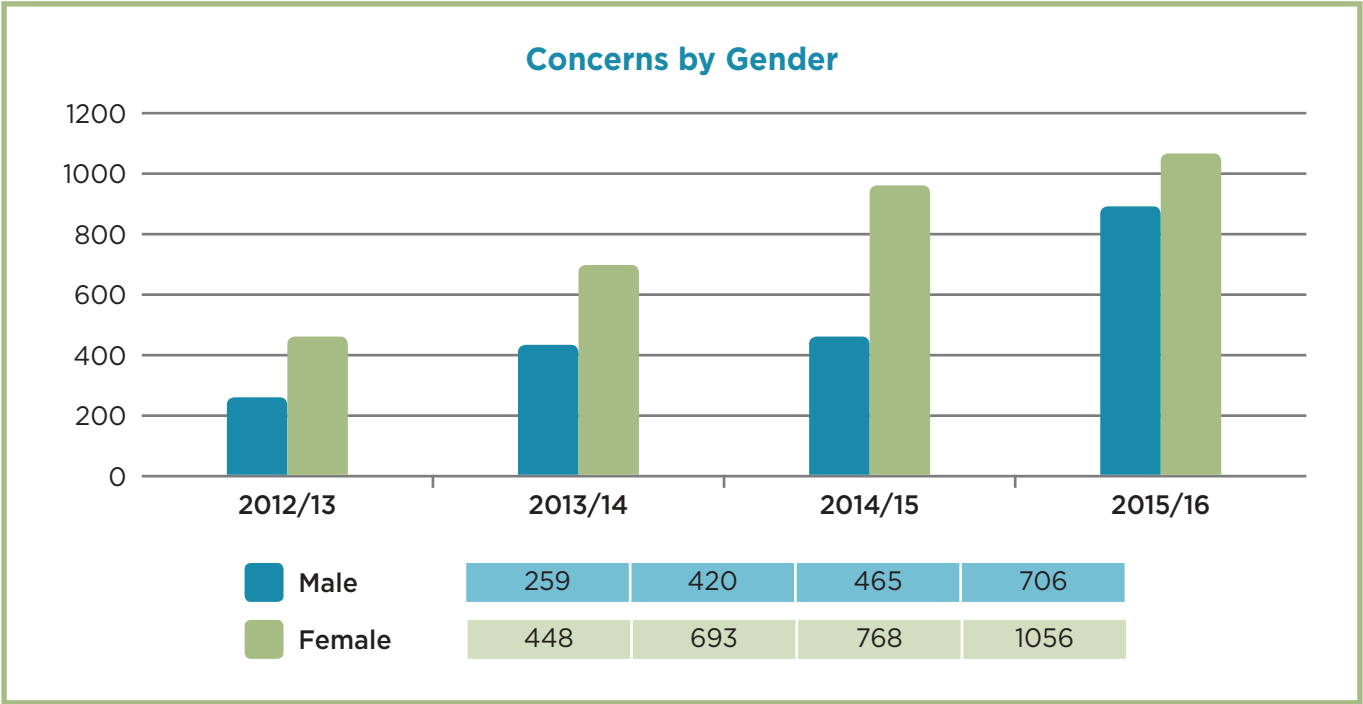
Age

During the periods stated below the concerns rose for people in the 65+ age range account for on average 69% of the concerns raised. This increased to 75% for the latest period. This may be due to a greater awareness of professionals working with people in this age range or may be as a result of more vulnerability for people of this age. We are also aware that Calderdale has a higher proportion of people over 65 years old when compared to Yorkshire and the Humber and nationally and this increase is expected to continue.



Gender

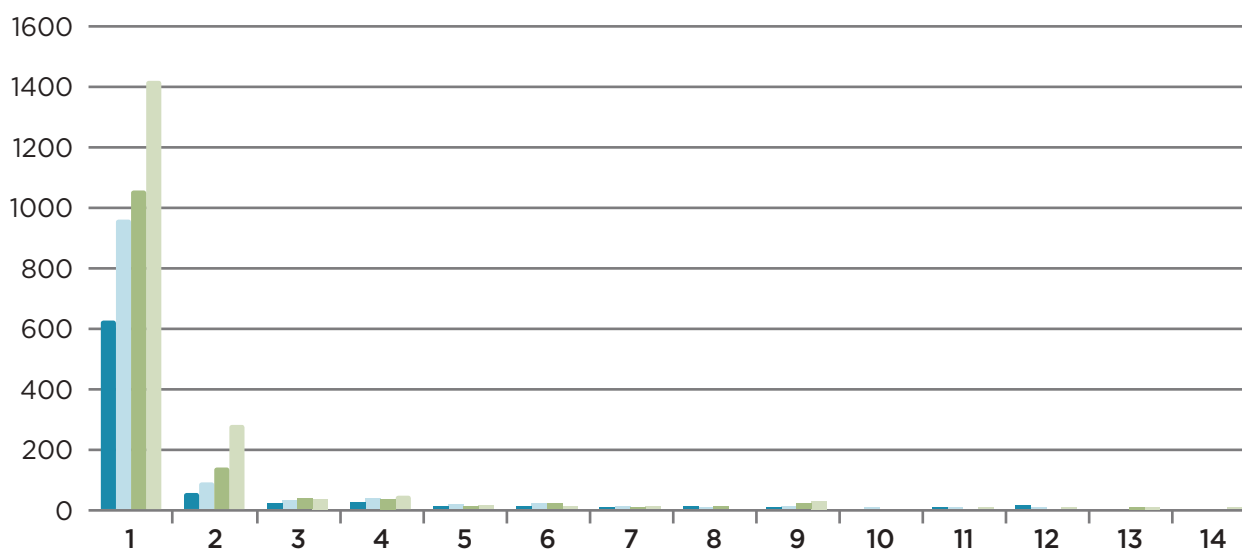
The numbers of safeguarding concerns raised for females continue to account for a larger proportion than males. This is unsurprising given a larger older female population. Males in Calderdale are slightly under-represented in safeguarding concerns (38% male) compared to national figures where the split is 60:40 female to male.



Safeguarding Concerns by Ethnicity

The numbers of concerns raised regarding people from non-white British backgrounds remains stable at 6% of those from white British backgrounds. This is representative of the population as a whole. Those with Pakistani heritage account for the highest numbers of non-white British concerns and this is reflective of the population of Calderdale. It is difficult to draw any conclusions from this data without further analysis in terms of age, gender and access to services by ethnic origin.

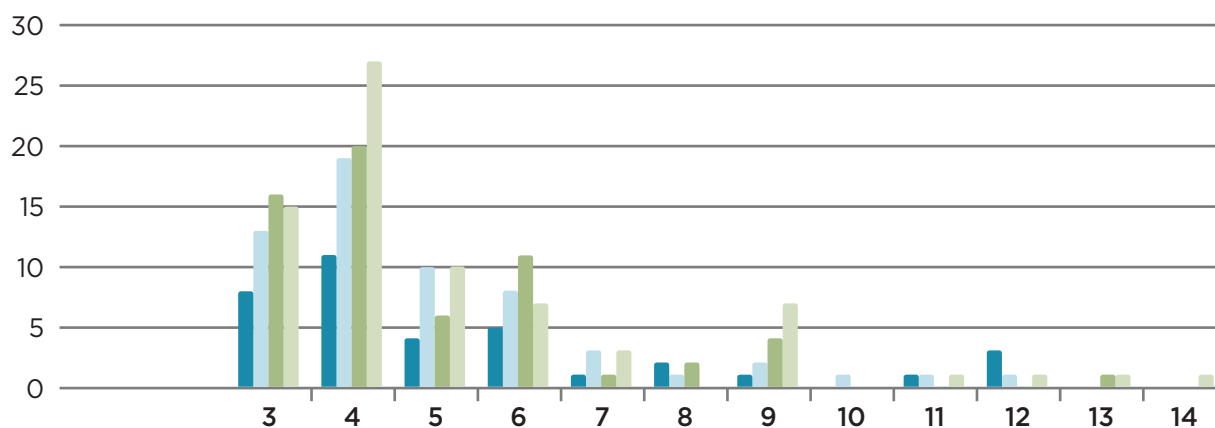
Safeguarding Concerns by Ethnicity



Ethnicity	2012/13	2013/14	2014/15	2015/16
1 White - British	616	970	1025	1410
2 Information not yet obtained	54	84	144	286
3 Asian/Asian British - Pakistani	8	13	16	15
4 Any Other White Background	11	19	20	27
5 White - Irish	4	10	6	10
6 Asian/Asian British - Any Other Asian Background	5	8	11	7
7 Mixed - White And Black Caribbean	1	3	1	3
8 Asian/Asian British - Indian	2	1	2	0
9 Any Other Ethnic Group	1	2	4	7
10 Gypsy/Roma	0	1	0	0
11 Asian/Asian British - Bangladeshi	1	1	0	1
12 Mixed - White And Asian	3	1	0	1
13 Black/Black - African	0	0	1	1
14 Black/Black British - Any Other Black Background	0	0	0	1

■ 2012/13
 ■ 2013/14
 ■ 2014/15
 ■ 2015/16

Safeguarding Concerns by Ethnicity
(White British and Information not obtained excluded)



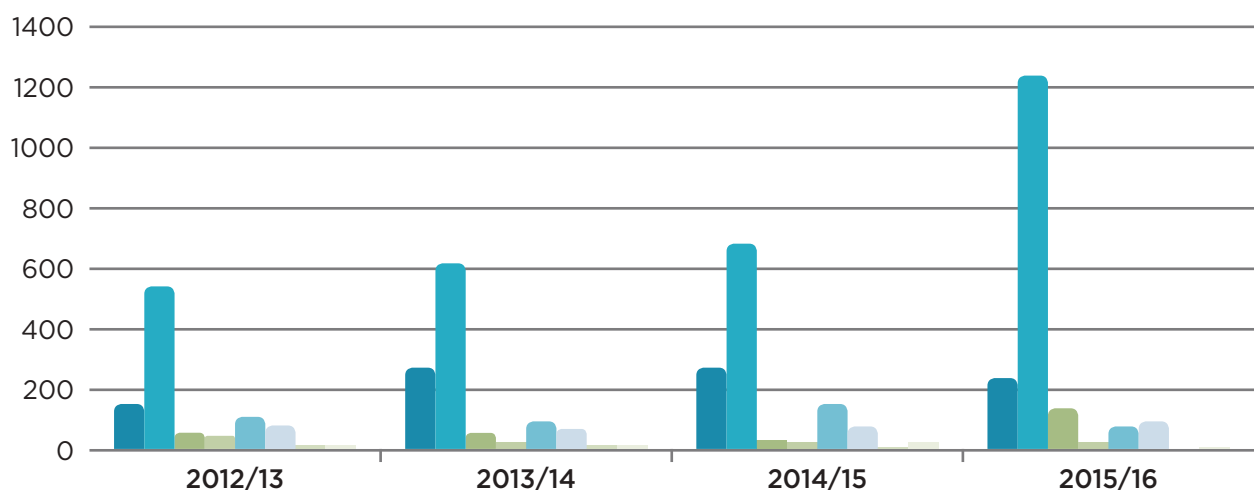


Number and percentage of safeguarding concerns by client group

Physical disability continues to provide the highest number of safeguarding concerns, accounting for over half of all concerns made.

The percentage of concerns made about people with mental health needs is significantly lower in Calderdale than nationally (24%). This will require further analysis in the period 2016-2017.

Number and percentage of safeguarding concerns by client group

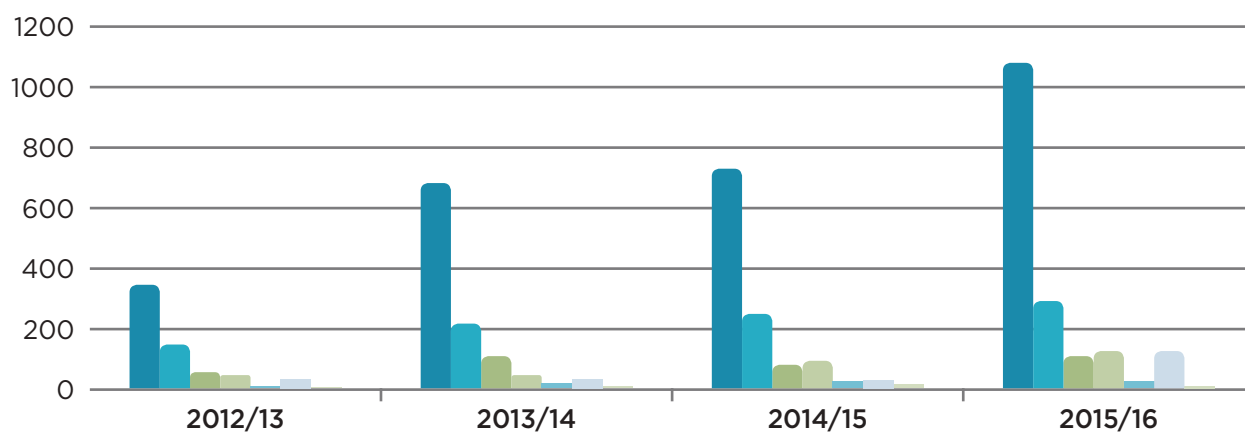


Client Group	2012/13	2012/13	2013/14	2014/15	% for 15/16
Learning Disability	144	273	275	221	12
Physical disability	359	608	688	1237	70
Sensory Impairment	24	57	24	135	8
Other Adult at Risk	21	13	17	12	1
Dementia	91	89	154	70	4
Mental Health Needs	62	69	71	93	5
Substance Misuse	3	2	1	0	0
Client Group Not Classified	3	2	4	1	0

Source of concerns

Social care remains the main source of raising safeguarding concerns. This information will be utilised as part of the communications and engagement strategy and also to inform the training and improvement strategy for the period 2015-2016.

Safeguarding Concerns by Source



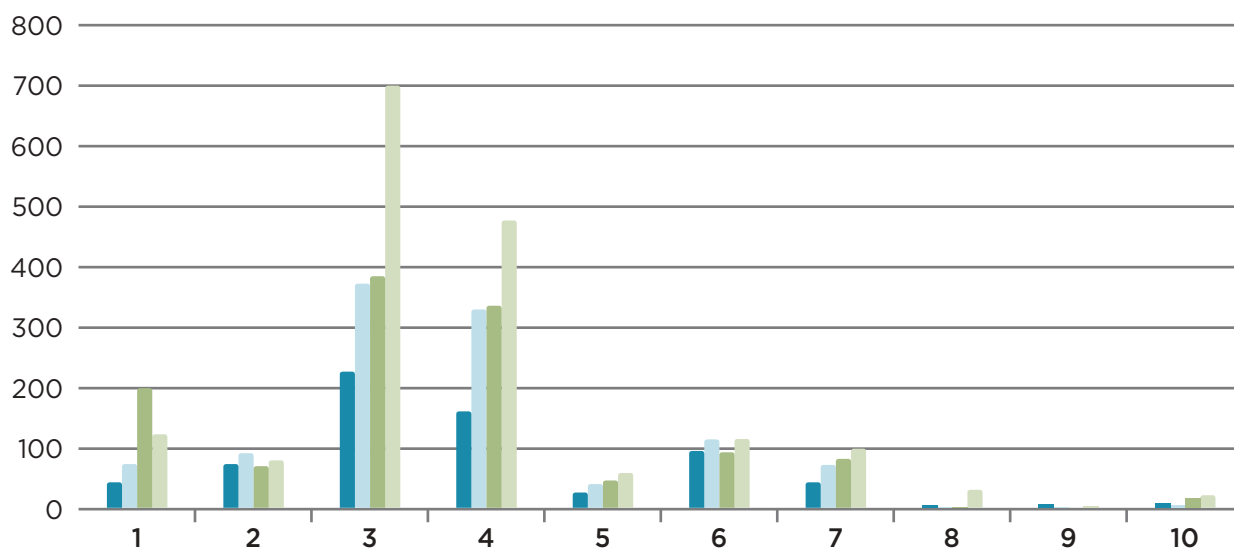
Alert Source	2012/13	2013/14	2014/15	2015/16	% for 15/16
Social Care	352	680	736	1070	60
Health Care	164	215	259	303	17
Family Members, Friends, Neighbours	67	107	87	117	11
Other Bodies / Organisations	54	55	98	129	7
Self-Referral	6	14	16	15	1
Other	31	40	33	133	8
Not Classified	3	2	5	2	0



Types of Abuse

Neglect and physical abuse remain the highest reported types of abuse. The awareness campaign needs to ensure all forms of abuse are reported. Work also needs to be completed on the 'not classified' to include other forms of abuse post Care Act are indicated and recorded.

Types of Abuse

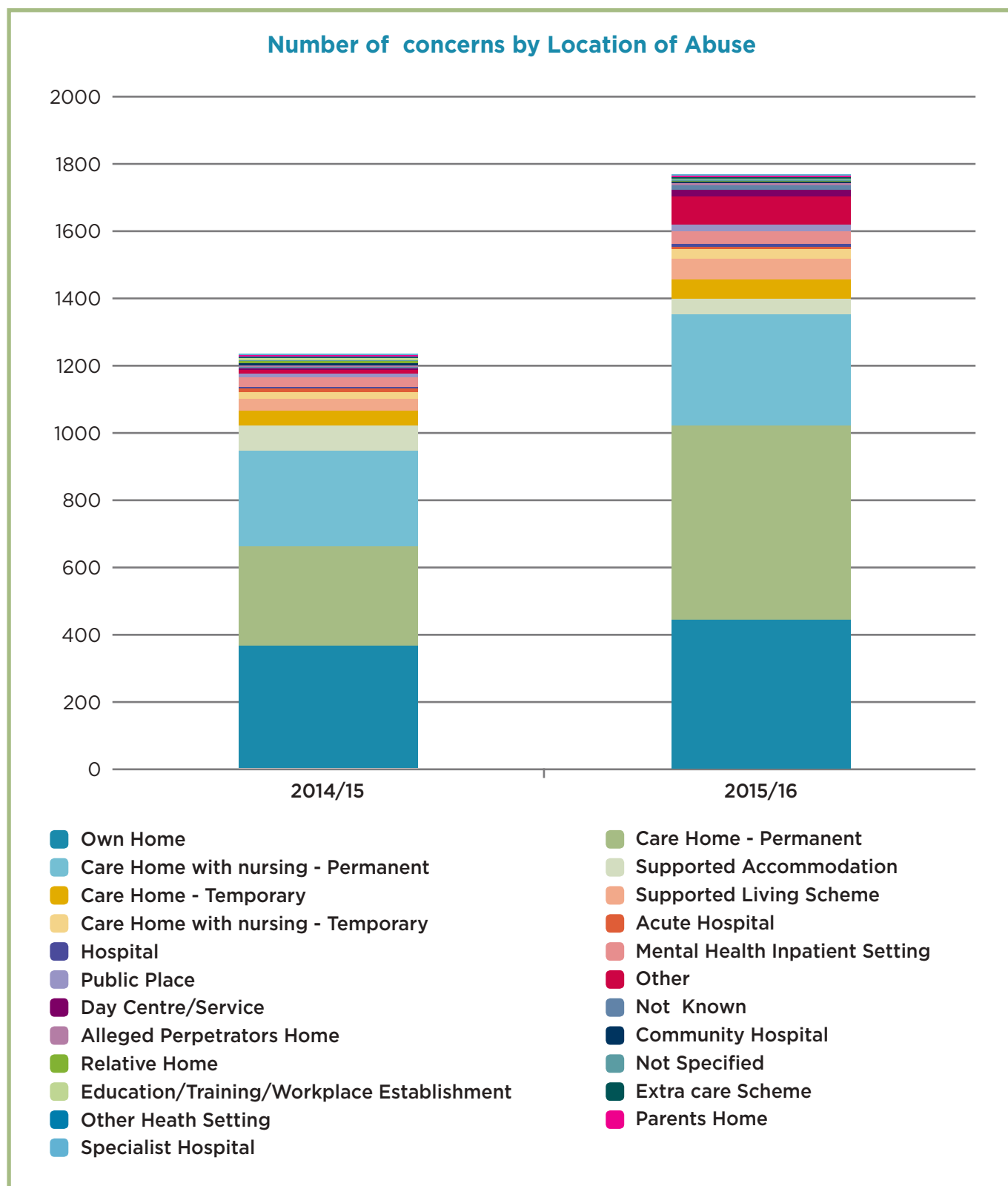


Abuse Type	2012/13	2013/14	2014/15	2015/16
1 Organisational	46	76	200	122
2 Multiple Abuse	76	95	73	79
3 Neglect	227	371	383	765
4 Physical	161	330	332	478
5 Sexual	29	40	47	53
6 Financial	97	116	94	117
7 Emotional/ Psychological	47	73	84	100
8 Self-Neglect	6	3	2	27
9 Discrimination	8	2	0	5
10 Not Classified	10	7	18	23

■ 2012/13
 ■ 2013/14
 ■ 2014/15
 ■ 2015/16

Concerns raised by location

The location of alleged abuse continues to show that care homes are the main location of alleged abuse. This figure may reflect the ongoing work being completed between health and social care contracts and safeguarding to raise awareness and support providers when concerns come to light. This forms part of the prevention strategy.



Safeguarding referrals and formal enquiries (formerly investigations, pre Care Act 2014)

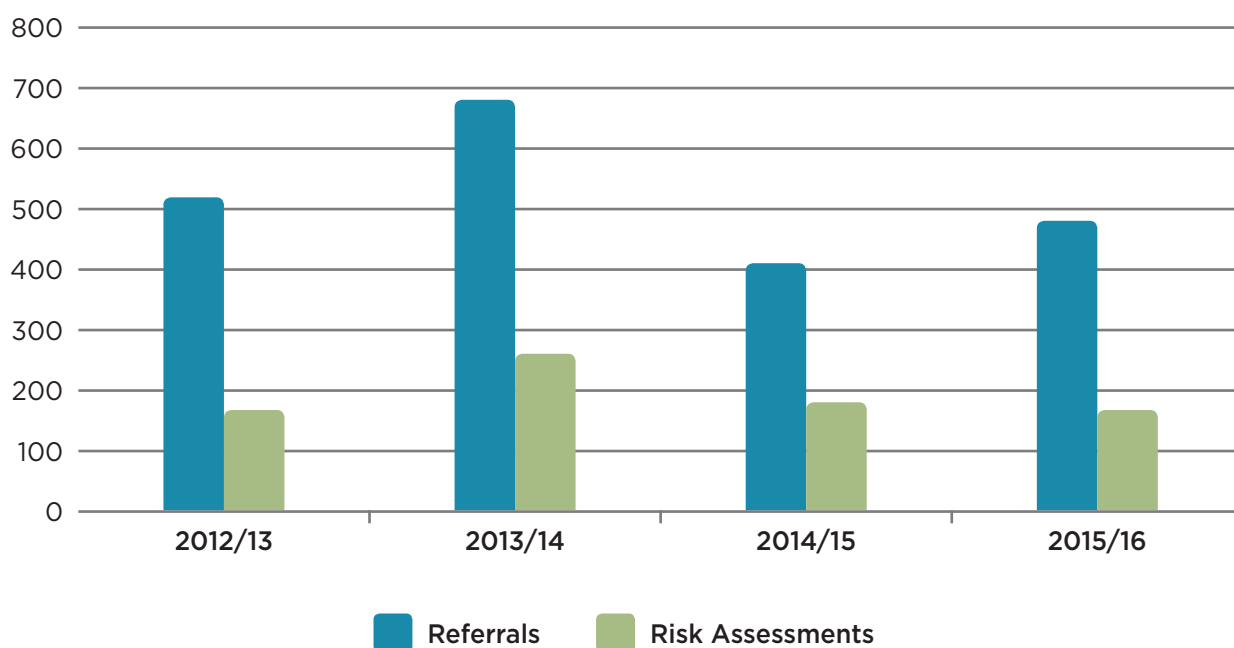
Referral is the term used to describe when a concern is accepted as a safeguarding concern following triage. A strategy discussion may take place to plan an effective response to the safeguarding concern. A safeguarding enquiry is conducted when further enquiries are needed to determine the circumstances of the concerns.

The graph below demonstrates a significant reduction in the number of concerns that are accepted as safeguarding concerns or become “referrals”. The possible explanations for this reduction are:

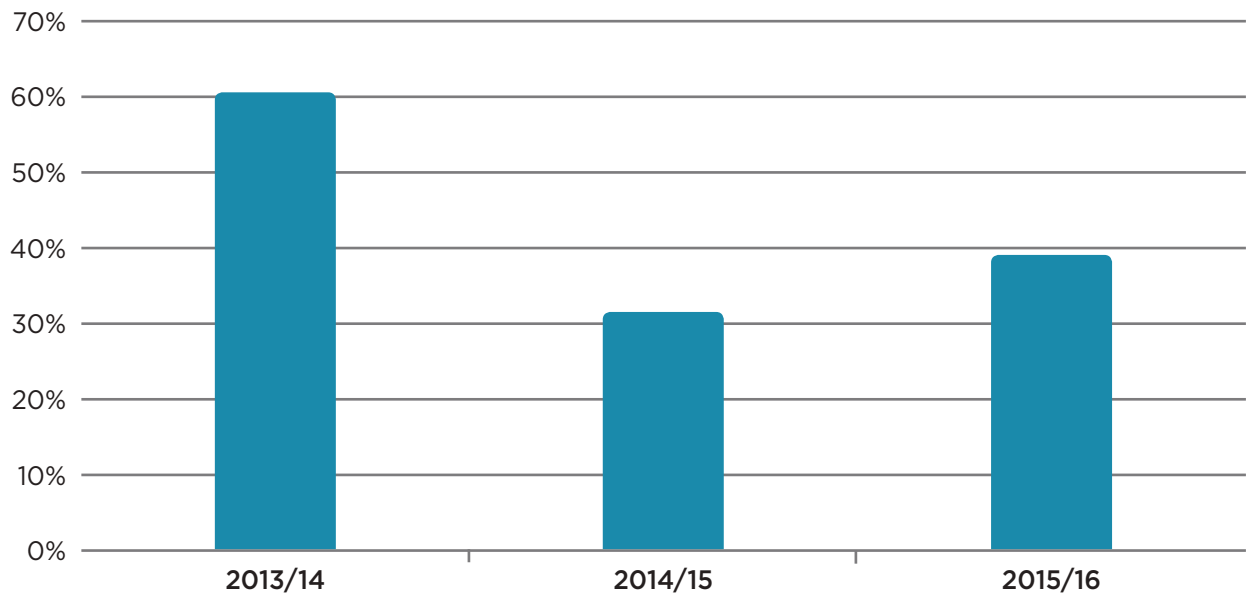
1. There has been an increase in the number of concerns that are not considered to be safeguarding or where formal enquiries are needed to establish circumstances
2. Alternative mechanisms other than formal safeguarding processes have been used in response to the concerns raised.



Safeguarding Referrals & Enquiries

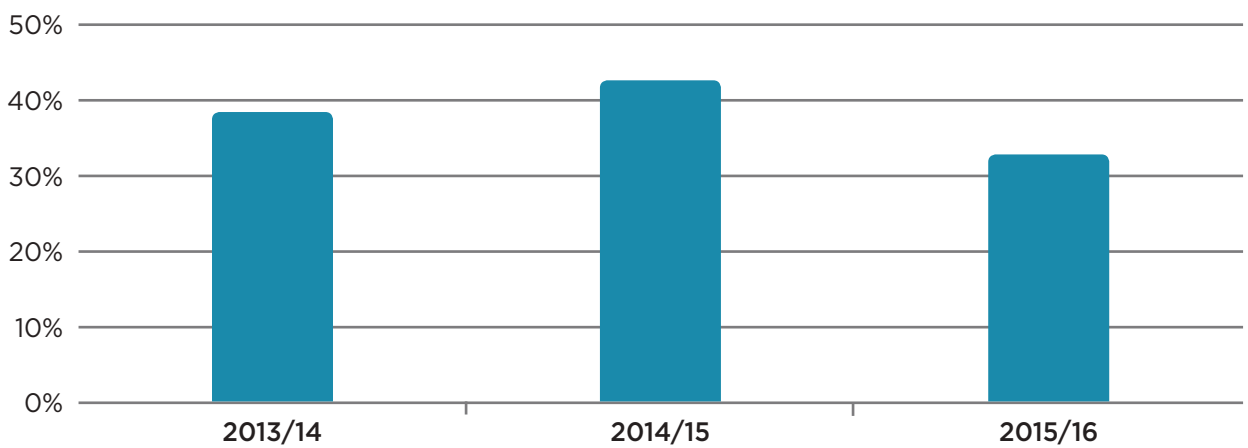


Percentage of Concerns that become Referrals



As the numbers of concerns are accepted as referrals has decreased over the last 4 years, the number of risk assessments or safeguarding investigations has increased (see graph below).

Percentage of Referrals that become formal enquiries

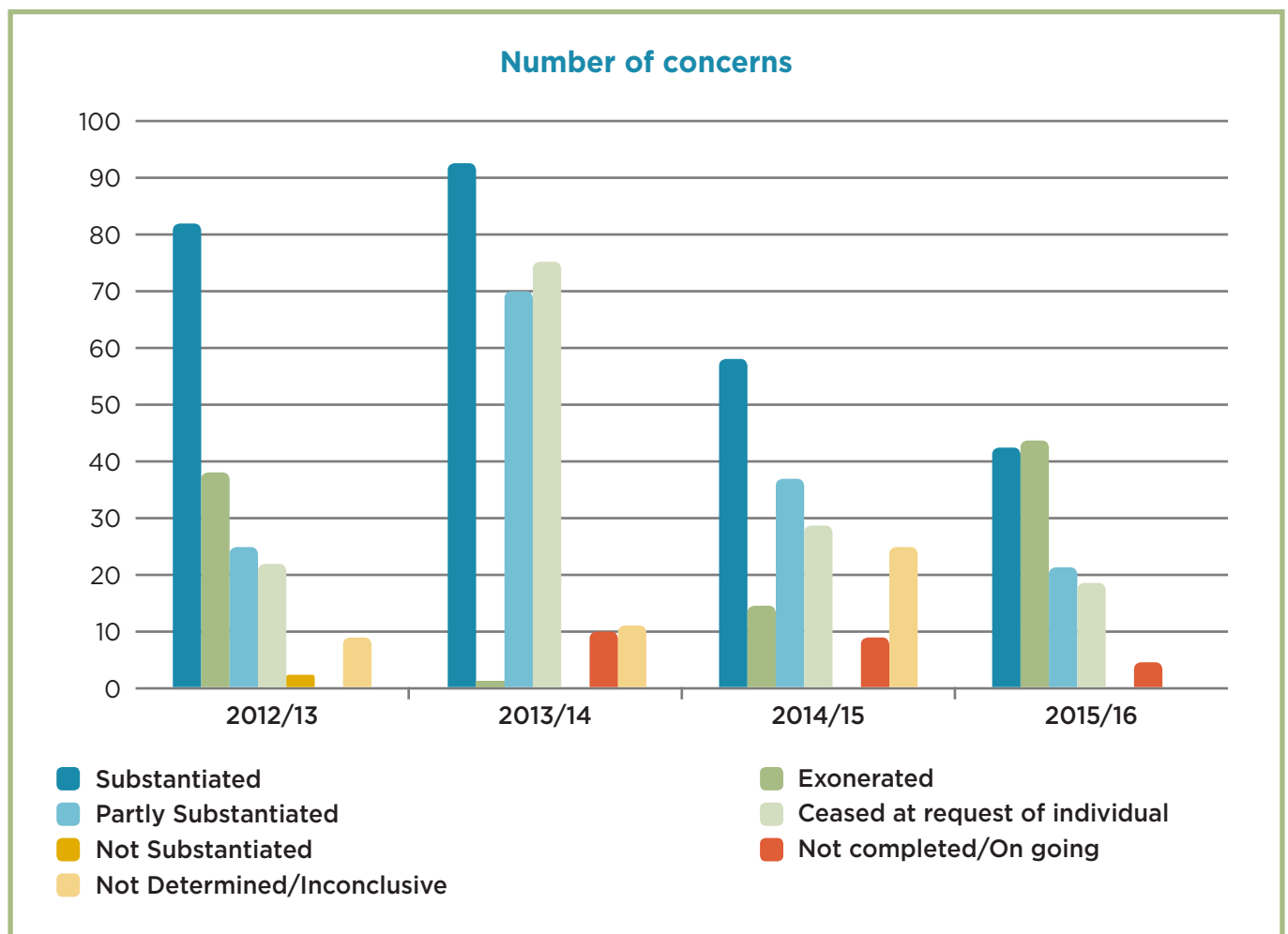


Safeguarding enquiries conclusion

Following a formal enquiry being completed a case conclusion is decided on the balance of probabilities to decide if abuse took place. The graph below shows trends over the last 4 years in case conclusions.

As evident within the graph there has been a relative decline in the number of enquiries to fully substantiate if abuse has taken place, however there has been a consistent increase in the percentage of concerns that have been partially substantiated.

The board with and through its partners is committed to continuing to monitor the decision making throughout the safeguarding process to ensure concerns are addressed appropriately and efficiently.



Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA)



Background

The Mental Capacity Act 2005 ('the Act' or 'MCA'), covering England and Wales, provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make those decisions for themselves. These can be small decisions – such as what clothes to wear – or major decisions, such as where to live. It aims to empower people to make decisions for themselves wherever possible, and protect people who lack capacity by providing a flexible framework that places individuals at the heart of the decision making process and ensure that they participate as much as possible in any decisions made on their behalf, and that these are in their best interests.

In some cases, people lack the capacity to consent to particular treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. This care might involve someone who lacks the capacity to give their own consent, being required to reside in a particular care home or be on a hospital ward in order to receive care and treatment. In such situations then the person is likely to be being “Deprived of their Liberty” - that is, they don't have the right to leave the place and not have to return to it. To protect the rights of such individuals and ensure that the care or treatment they receive is in their best interests, a legal process and set of checks and safeguards were introduced in 2008 called the Deprivation of Liberty Safeguards ('DoLS').

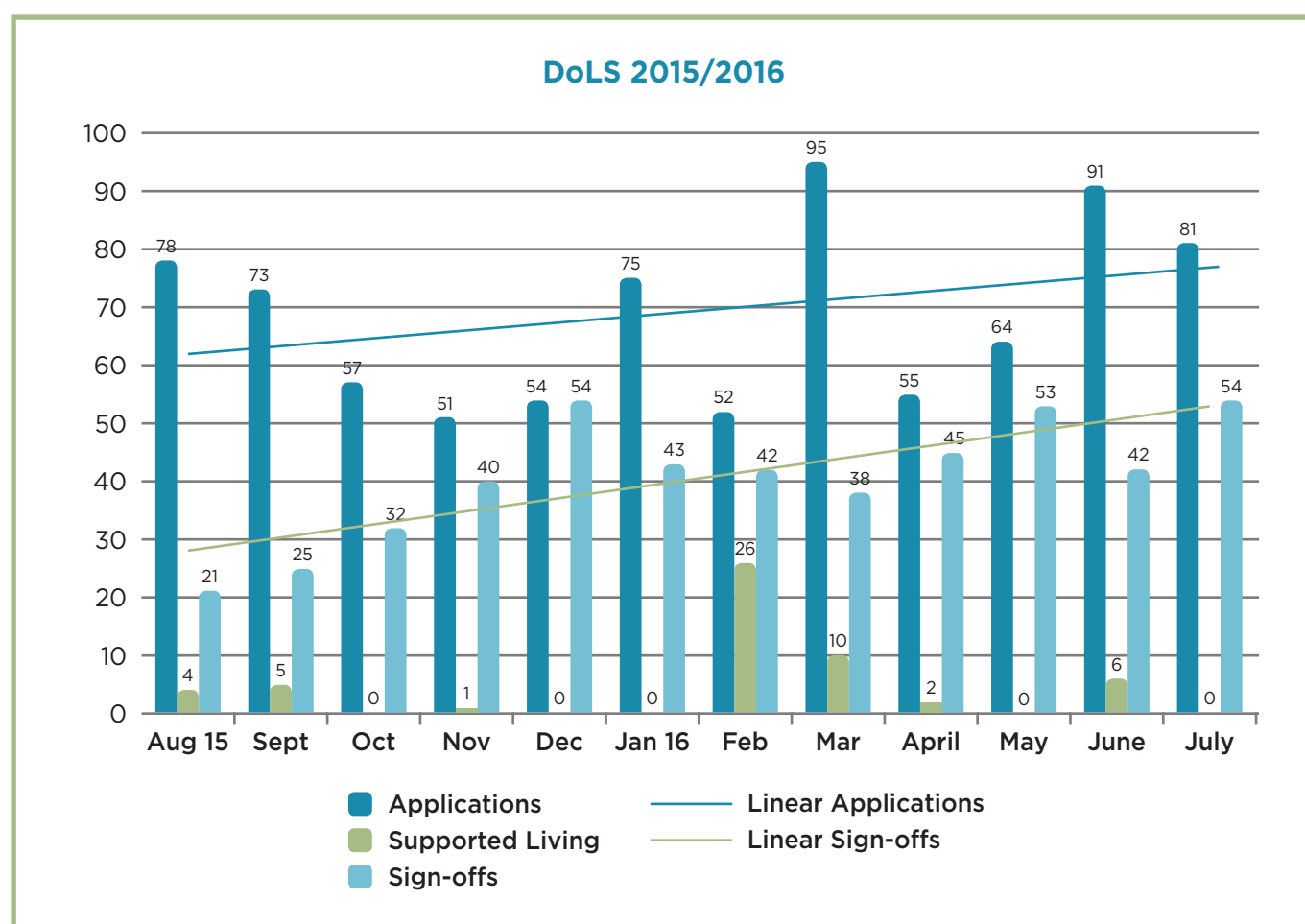
The safeguards provide for deprivation of liberty to be made lawful through 'standard' or 'urgent' authorisation processes. This framework is designed to prevent arbitrary decisions to deprive a person of their liberty and give the person a right to challenge an authorisation. The Local Authority acts as the “Supervisory Body” for the Deprivation of Liberty Safeguards, which involves co-ordinating the assessment reports - obtaining reports from Approved Psychiatrists and Best Interests Assessors (BIAs), and upon the basis of their recommendations, authorising a Deprivation of Liberty for the person in question in the care home or hospital ward for a specified period of time. This also involves ensuring that the person in question has a representative if they are under such an authorisation, and if they have no friends or family who can provide this, then to obtain a “Paid Representative” for them.



Annual Report 2015-16

In last year's report we described how the MCA Lead post had been implemented and a MCA and DoLS Team had been developed. The team has grown in order to increase the authority's ability to undertake its role as the Supervisory Body for the Deprivation of Liberty Safeguards. The amount of people who are in need of such safeguards has increased significantly since a key Supreme Court Ruling about a number of cases in 2014. This ruling also extends the need for these types of safeguards to be given to people who may live in their own homes or in Supported Living houses but whose care and living arrangements may also amount to them being deprived of their liberty. These locations currently do not fall within the scope of the current framework and so the Local Authority is not able to act as the Supervisory Body and grant authorisations. For these cases, applications and assessments need to be made by the Local Authority and referred to the Court of Protection to be authorised. The team has continued to work hard to prioritise the referrals received and to support staff in the wider teams to understand the processes for applying to the Court of Protection. A number of staff from a range of care management teams have worked with a number of individuals to prepare and apply to the Court of Protection to authorise their living arrangements and we have a dedicated member of the team who is working through these applications so a number of individuals are now protected by these safeguards.

The number of individuals in hospitals and care homes that are supported by the DoL safeguards has increased again this year and the number of applications requested has continued to increase. The graph below reflects the level of activity on a month by month basis.



The team continues to develop and refine processes and procedures to try and maximise the volume of cases that can be dealt with by the team without losing sight of the individuals that they are about or diluting the safeguards that they are intended to provide. All assessments completed by BIAs are subjected to panel scrutiny to ensure that they are robust and person centred assessments. A number of individuals who are under DoLS authorisations have exercised their right to appeal the decisions about their residence and treatment and have had their appeals heard via the Court of Protection, and there are currently about half a dozen appeals being heard at any one time.

Key achievements

- The team have received positive feedback from the Court Judges about the thorough and comprehensive assessments that have been completed by the BIAs in cases that have been appealed.
- Specific training events have been held for social workers in the wider social work teams and supported living providers to explain why and how the safeguards can be applied in community settings.
- The Mental Capacity in Practice study days remain well attended by people from all professions and work areas.
- The Mental Capacity Local Implementation Network has been developed into a local Mental Capacity Forum that enables partners to meet and discuss their issues and developments and share information.
- On a national level, Calderdale is the sole Council involved in the National Mental Capacity Leadership Forum and the MCA Lead has attended the National “MCA Call to Action” day in March of this year and has given a number of presentations about the MCA and unwise decisions at this day and at conferences in Leeds and York.
- The Team have coordinated and provided feedback to the Law Commission who are currently reviewing the DoLS scheme and legal framework to propose a replacement to the scheme that may be more streamlined and fit for purpose after the scheme was identified as not being so by the House of Lords Review of MCA and DoLS that was completed in 2014.





Plans for the coming year;

- The MCA Lead is looking to introduce a “Human Rights Champions” programme that will provide an intensive programme of sessions to a number of staff from local care homes in order to equip them with a good working knowledge of human rights and how this can be applied to their home and shared with their colleagues.
- Continued work as the Supervisory Body for the DoLS scheme in Calderdale and continued work to apply to the Court of Protection to authorise the living and care arrangements of people in community settings.
- Further training is planned for later in the year to support staff from the authority to improve their report writing skills as the demand and need for reports that are submitted to the Court of Protection continues to grow.
- A number of sessions have been provided to individual care homes that have needed specific support regarding MCA and DoLS and there are plans to build upon this to plan some “Case Review” sessions with care home staff teams to review recent resident cases in their own care home where someone has been assessed by a BIA for a DoLS authorisation to hopefully enable staff to be able to see how MCA and DoLS works in practice and the reasons behind BIA recommendations for residents that live in their home.
- Plans also include to build upon the current liaison with the Children’s’ Teams and transitions teams to integrate MCA awareness into practice and also in response to recent case law developments that now require DoLS authorisations to be made by the Court of Protection for individuals who are under the age of 18 also.

Safeguarding Adults Board Sub-Groups

The board's sub-groups are made up of senior managers/officers from agencies across Calderdale and meet bi monthly or quarterly, depended on the group. Each sub-group leads on a specific priority of the board and then provides feedback and recommendations to the board meeting that are held on a bi-monthly basis.



Communications and Engagement Sub Group:

The objectives of the group are;

1. Coordinate safeguarding communications and engagements across Calderdale by developing and implementing a shared safeguarding communication protocol and communication plan
2. To agree safeguarding key messages and communicate them in a coherent, consistent and timely manner through a variety of channels whilst recognising the need for partners to maintain their organisational integrity and decision making

The Communications and Engagement sub group now has an established group membership which includes people whose area of expertise is within marketing and communications.

Some achievements to date:

- The group's Terms of Reference has been developed alongside a Communication and Engagement Strategy.
- The group has compiled information for a website which will be accessible to the public.
- The group proposed that the Safeguarding Adult's Board support the coordination and involvement in safeguarding week planned for October 2016
- A task and finish group was established to ensure the right services were involved in the coordination of the safeguarding week.
- The group has endorsed a booklet called 'How to Report Adult Abuse' which will hopefully be distributed during safeguarding week.
- The Communications and Engagement sub group has identified a number of distinct areas of potential engagement development; these include the public, people who use services and their carers, clinicians and staff from partner agencies including health, social care and third sector organisations, housing providers and regulatory bodies.

Learning & Improvement sub group

The purpose of this group is to contribute to the implementation of the multi - agency policy, procedures and guidance to safeguard adults at risk from abuse in Calderdale and assist adults at risk to live a life that is free from abuse and neglect, and which enables them to retain independence, well-being, dignity and choice.

The Learning and Improvement Group will achieve this by delivering and implementing a strategic approach to learning and development activities that invest in people by supporting partner agencies in raising the skills and competencies of staff and volunteers and promotes inter agency collaboration.



Our key achievements over 2015-2016 are:

- Successfully establishing group with key partners represented and defining our terms of reference.
- Developing a multi-agency training offer that reflects the impact of the 'The Care Act' and includes Mental Capacity Act and Deprivation of Liberty training.
- Ensuring that all activities have clear learning outcomes with a view to evaluating impact of training
- Ensuring that domestic violence is a strand that runs throughout the training offer.

In future we will aim to:

- develop reflective practice sessions;
- develop the eLearning offer;
- Develop safeguarding forums (enabling shared learning)
- Develop a robust quality assurance and training evaluation system to evidence the quality of all training within the programme and establish future training needs.

Safeguarding Adults Review (SAR) Subgroup

The Safeguarding Adults Review group has met regularly since September 2016. The group has developed agreed Terms of Reference. The group consists of representatives from Calderdale Clinical Commissioning Group (Chair), Police, Calderdale Metropolitan Borough Council and the voluntary sector.

The group has developed processes for agencies to make referrals for cases to be considered for a SAR and developed a detailed toolkit that describes the process for undertaking a SAR in Calderdale. This toolkit was ratified by the CSAB in April 2016.

The group, together with the Safeguarding Children's Board and Community Safety Partnership, has commenced a piece of work to ensure that any reviews (Safeguarding Adults Reviews, Serious Case Reviews (children) and Domestic Homicide Reviews) are conducted in an effective and efficient way, avoiding duplication but ensuring that learning from reviews is effectively disseminated across all the Boards.

Since September 2015 there have been two applications to the group for consideration to conduct a SAR. One of these applications was declined on the basis that it did not fit the criteria in the Care Act. The other was accepted and a proportionate review will commence shortly.

All actions on the SAR group work plan 2015-16 have now been completed and a further work plan for 2016-17 is currently in development.





Performance and Quality Subgroup

Calderdale Safeguarding Adults Board needs to know and be assured that the actions it puts in place deliver a collaborative and coordinated response to all adults at risk within Calderdale District. The Group was re-established in 2015-2016 and developed a new terms of reference that implement the Boards overall plans. The group has good multi-agency representation and meets bi-monthly to ensure that performance and quality is delivered consistently by partner agencies across Calderdale. Highlight reports have been sent to the Board since December 2015. The CSAB Manager works closely with the group to ensure themes and trends are understood and intelligence is developed.

The Mental Capacity Act Forum and Local Implementation Network now reports annually to the Board and provides a DoLS annual report and quarterly updates.

All work plans feed directly into the Boards Annual Business plan and highlight reports are provided at each Safeguarding Adults Board meeting. The Performance and Quality Group have a clear plan for 2016-17.

Our key achievements for 2015-16 and key priorities for 2016-17 are:

- Keeping the person at the centre of Safeguarding by developing a process to ask adults at risk about the outcomes they want which includes evaluating how they are reached by embedding personalisation in our work.
 - The group has developed an Outcomes Monitoring Form, which is being piloted from April 1st 2016 by the Local Authority Safeguarding Adults Team. This developed because a need was identified to start collecting more user feedback about the Adults Health and Social care Safeguarding Process. Data has often focused on what we did and how fast it was done, rather than gather feedback from vulnerable adults in a structured way which could be analysed. We wanted to gather data on if users had been happy with and understood the process and also if they had been given the opportunity to state their desired outcomes and if these outcomes had been met.
 - The NHS Information Centre successfully piloted a survey in 2015 with a number of councils across the country. The questions had been developed in conjunction with vulnerable adults and had been tested. We decided to use the same questions from the pilot in the user survey to support the AHSC Safeguarding team. We plan to use the gathered data to move focus on performance data away from how many, how quickly more towards were people happy with the outcome.

- Assuring the Board that learning from all reviews including Serious Adult Reviews, Serious Case Review and Domestic Homicide Reviews are disseminated and also through the work with the other sub-groups of the Board.
 - This is further work to be developed at the Calderdale Safeguarding Adults Board Development day.
- The group has been actively working on ensuring that safeguarding is proportionate and consistent by developing a quality assurance framework and self-assessment tool for all member agencies to complete.
 - This work is ongoing for the 2016-17 plan
- In all safeguarding enquiries that people who lack capacity are supported to make their own decisions and achieve the outcomes they want
 - An audit was carried out which assured the group that the requirements of the Mental Capacity Act 2005 are included in all cases that were audited
- Ensure IT systems capture evidence to ensure Calderdale Safeguarding Adults Board is assured that regional policies and procedures are followed
 - A process is in place now where CIS Data Quarterly Reports are presented to the Board, and further work is planned to develop a contextual performance data report
- That information governance ensures the right information is shared with the right people at the right time
 - An information sharing protocol is in place and further work is planned within the assurance framework strategy and plans

Through effective performance management and quality assurance systems CSAB can be assured the work of its Performance and quality group provides challenge and support to all its partners.



What we see as our role within CSAB and how we have progressed safeguarding within our organisations during 2015-2016:



North Bank Forum

We are the infrastructure body that supports the development of the voluntary and community sector. My role on CSAB is to represent the views and needs of VCS and act as a conduit so that the VCS and CSAB are able to communicate effectively. A key aspect of this is the VCS Safeguarding Forum which enables the VCS to receive key strategic messages from CSAB and share information in a coherent and accessible way. The Forum has also played an important role in identifying the training needs of the sector and highlighting good practice.

We also led on VCS engagement with Safeguarding Week 2015, and facilitated or organised several training and information events throughout the week.

We have recently developed and launched a quality assurance standard which is aimed at Calderdale groups that involve volunteers. An integral part of this is safeguarding policies and procedures. This has enabled us to proactively engage with organisations that are struggling to implement effective safeguarding procedures and provide support and guidance around good practice.

We continue to offer free safeguarding training to both frontline staff with the VCS and trustees and this has recently been refreshed and updated in line with 'The Care Act'.

South West Yorkshire Partnerships NHS Foundation Trust

The safeguarding of vulnerable adults at risk of harm remains a priority throughout the Trust. All new staff joining the Trust, including volunteers must undertake level 1 safeguarding adults training as part of their induction. There is a rolling programme for level 1 and level 2 safeguarding adults at risk of harm training. All staff must update their Safeguarding knowledge on a three yearly basis. To enable a variety of easy access to training opportunities the Safeguarding Team provides face to face training and access to e-learning. The Trust is compliant with mandatory safeguarding adult training and consistently reports above the required target.

To strengthen the 'Think Family' model, the Trust wide Safeguarding Children Team and the Trust wide Safeguarding Adults Team have developed close working relationships and offer specialist supervision in complex cases.

The safeguarding adult's team have developed a quarterly MARAC representative meeting which has strengthened the trust wide approach and will enhance learning through peer support and case discussions, in particular the work will consider review outcomes, recommendations, lessons learned and look at how we can embed these into practice. The new health representative for Calderdale MARAC hub, attends the forum and is keen to network with all services to ensure positive outcomes for service users, she will liaise with care coordinators in SWYPFT where applicable. An adult safeguarding coordinators forum has also been established and should provide similar benefits through bringing practitioners together and ensuring that all staff feel confident in their role and reduce the risk of isolation, so improving outcomes for service users. The aim is to invite other professionals from partner agencies to present accurate update and consider any recent serious case reviews as part of promoting best practice.





The Trust is actively involved in planning for Calderdale's safeguarding week in October this year and plan to deliver workshops on parental mental health and its effects on children, and safeguarding the vulnerabilities of people with mental health issues.

A piece of work has been undertaken between SWYPFT, CHFT and Social Care to strengthen the safeguarding process including improved communication.

The Domestic Violence NICE Implementation group actions have resulted in the amended Domestic Abuse policy that is now live. This policy includes same gender relationship, Female Genital Mutilation and teenage relationships (cyber issues).

A Prevent Strategy is in place that identifies target / focus groups of staff for WRAP 3 training. The priority target groups have been Forensic and Children's Mental Health Services. The Trust has 6 members of staff who deliver robust and comprehensive WRAP 3 Prevent training, including the Specialist Safeguarding Adults Adviser and the two named Nurses for Safeguarding Children.

There is an identified representative for SWYPFT for attendance at the Calderdale Channel Panel and Community Partnership meetings.

SWYPFT has facilitated the delivery of Care Certificate training through the induction period for new Health Care Support Workers. The Safeguarding Teams for both children and adults presented the mandatory training element to support this initiative and cross referenced to the Care Certificate document.

The Assistant Director of Nursing, Clinical Governance and safety attends the Safeguarding Adult Board (SAB). The Safeguarding Specialist Adviser attends the SAB subgroups. A number of networking events and conferences have been attended to enable lessons to be learnt and to ensure the Trust is aware of any new initiatives. This information is then disseminated through training and communications to support SWYPFT staff to deliver sound safe care to service users and ensure that issues of concern relating to abuse are reported effectively.

Voluntary Action Calderdale

Voluntary Action Calderdale (VAC) supports local communities in Calderdale by working with the voluntary and community sector (VCS), networks and individuals. Part of this work includes safeguarding support for groups to ensure they are following good practice and meeting their legal duties in relation to safeguarding the vulnerable people they work with. This includes support around adults at risk as well as children & young people.

This support includes:-

- Information and advice about current legislation
- Advice and support around safeguarding policies and procedures to ensure groups are meeting their responsibilities
- Role and responsibilities of a Designated Lead
- Identify areas of improvement and support in addressing these
- Disclosure & Barring Service (DBS) checks & regulated activity

We support many groups in Calderdale to embed safeguarding within the organisation delivering the message that 'Safeguarding is everybody business'. We also disseminate the key messages around safeguarding widely to our groups in our weekly e-bulletin. As well as attending the Safeguarding Adult's Board I also represent the sector on many of the sub groups including, learning & improvement, communication & engagement and safeguarding adult's reviews.

We provide safeguarding training which includes basic awareness, the responsibilities of the designated lead, safeguarding for trustees and lone working. Safeguarding training is always well attended. In the coming months we will be providing training around Prevent and the responsibilities of the groups as well as raising awareness of other issues such as Modern Slavery.



NHS England

Sharing learning from safeguarding reviews In order to continuously improve local health services, NHS England has responsibility for sharing pertinent learning from safeguarding serious incidents across Yorkshire and the Humber and more widely, ensuring that improvements are made across the local NHS, not just within the services where the incident occurred. The NHS England Yorkshire and the Humber Safeguarding Network has met on a quarterly basis throughout 2015-16 to facilitate this. Learning has also been shared across GP practices via quarterly Safeguarding Newsletters.

Safeguarding Serious Incidents

All safeguarding serious incidents and domestic homicide's requiring a review are reported onto the national serious incident management system - Strategic Executive Information System (STEIS). There is a process in place to jointly sign off GP IMRs relating to these safeguarding serious incidents as CCGs responsibilities for commissioning of primary care services is increasing. NHS England works in collaboration with CCG designated professionals to ensure recommendations and actions from any of these reviews are implemented. Prior to publication of any child serious case reviews, serious adult reviews or domestic homicide reviews NHS England communication team liaise with the relevant local authority communications team regarding the findings and recommendations for primary care medical services.

Training & Development

In February 2016 NHS England published Safeguarding Adults: Roles and competencies for healthcare staff - Intercollegiate Document on behalf of the following contributing organisations - The Royal College of Nursing, The Royal College of Midwifery, The Royal College of General Practitioners, National Ambulance Safeguarding Group and The Allied Health Professionals Federation. The purpose of this document is to give detail to the competences and roles within adult safeguarding. The guidance is to be used for the training of healthcare based staff in the safeguarding of adults who may be at risk of harm, abuse or neglect.



Designated safeguarding professionals are jointly accountable to CCGs and NHS England and oversee the provision of level 3 training for primary care medical services. The main source of training for other primary care independent contractors is via e-learning training packages.

NHS England Yorkshire and the Humber Safeguarding Network hosted a safeguarding conference on Challenges for Modern Day Safeguarding Practice on 11 March 2016. This conference was aimed at providing level 4 training for healthcare safeguarding adults and children professionals and leads in the North region. The aim was to increase understanding of challenges and issues of modern day safeguarding practice in relation to suicide and self-harm; trafficking and modern day slavery; trafficking victim/survivor support; Court of protection, community deprivation of liberty and CCGs responsibilities; Mental Capacity Act and Safeguarding Children; Think family primary care implementation and Self neglect and the Care Act.

On 1 February 2016 NHS England North region held a React to Red Conference to share innovation on safeguarding practice and the prevention and management of pressure ulcers across health and social care settings.

NHS England Yorkshire and Humber and Yorkshire and Humber Safeguarding Network have produced an FGM guide for health care professionals, which can be accessed in the link below:- <https://www.england.nhs.uk/north/our-work/safeguarding/>

NHS England has also developed a Safeguarding Adults pocket book and Prevent pocket book for health care professionals.

Over the last 12 months a focus on improving the lives of people with a with learning disabilities and/or autism (Transforming Care) has been led jointly by NHS England, the Association of Adult Social Services, the Care Quality Commission, Local Government Association, Health Education England and the Department of Health. The focus for the coming year will be on improving care and services for patients with mental health problems.

Assurance of safeguarding practice

NHS England North has developed a Safeguarding Assurance Tool for use with CCGs across the North Region, which is being implemented from February 2016. NHS England North Regional Designated Nurses will review all action plans to identify key themes and trends across the North Region with a view to identifying common areas requiring support.

NHS England North received national safeguarding development monies to support improvements in the implementation of NHS responsibilities regarding the health of looked after children. This funding has been used to second two designated LAC nurses within Yorkshire and Humber to develop a benchmarking tool based on standards in national guidance and documents such as Promoting the Health and Well-Being of Looked After Children and Intercollegiate Role Framework for Looked after Children; Knowledge, skills and competencies of health care staff. The two designated LAC Nurses have facilitated the roll out of this peer review benchmarking process across the North which will help identify where there is good practice and the type of improvement work, which we need to focus on. A report of the trends and themes will be shared with all CCGs in the North via the North Region Safeguarding Steering Group. The intention is for the tool to be shared across the country for use following this.

West Yorkshire Police

Accountabilities reflective of the six key principles of Adult Safeguarding

Empowerment

The Domestic Abuse hub is all about putting the victim first and listening to what they want whilst putting things in place to safeguard them even when they are not engaging (i.e. DVPO/N). The new model which puts the Independent Domestic Violence Advocate into the hub will assist with furthering this piece of work.

Some forward planning is needed including some of our public facing engagement onto the CSAB site. Things like Female Genital Mutilation/ Modern Day Slavery and Human Trafficking as well as the up-coming Forced Marriage and HBV conference. This is about education but also about raising awareness and engagement of all services and members of the public.

Prevention

As we get recommendations from local and national Domestic Homicide Reviews we can ensure that any learning outcomes are shared and embedded into our own processes as well as the boards.

The Domestic Abuse Hub is all about preventing victims becoming victims of Domestic Abuse homicide and repeat victims. By working in partnership we can ensure that the CSAB objectives and the Domestic Abuse Hub support each other in ensuring vulnerable adults are protected and safeguarded at the first possible opportunity.

Proportionality

Joint training in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards would be beneficial for all officers.

Protection

Domestic Abuse hub is key to protecting vulnerable adults and it is important that Adult social care continue to be part of the hub and that it is endorsed by CSAB board. There will be training provided by the Police through learning and improvement group in relation to DA Hub/FGM/HBV and modern day slavery. Adult coordinator to provide support in relation to adult safeguarding investigations and the training package delivered to adult safeguarding staff.

Partnership

Recommendation for Adult social care to remain engaged in the Domestic Abuse Hub to ensure strong partnership working.

Accountability

The four CSAB sub groups are up and running and we will provide assurance of representation by West Yorkshire Police, and that we actively engage to ensure accountability to CSAB.

Cllr Bob Metcalfe, Calderdale Metropolitan Borough Council

"I am a member of CSAB as the Portfolio Holder (Cabinet Member) for Adults Health & Social Care. My role is perhaps a bit different from other CSAB members in that although all elected councillors share a responsibility in relation to safeguarding those adults whose circumstances make them vulnerable, as the Lead member as well as that safeguarding focus I need also to be promoting a high standard of service for adults with support needs across all agencies.

As well as attending CSAB meetings, I believe my main contribution is ensuring I feel confident that a continuing high priority is given to safeguarding vulnerable adults with its partnership strategy, by regularly holding discussions with the relevant senior council officers. I feedback information/updates to council members through my AHSC report to full council which is open to any member to question, as a member of the Health and Wellbeing Board and attending the adult social care scrutiny panel."





Together Housing Group (formally known as Pennine Housing)

Pennine Housing values its place on Calderdale's Safeguarding Adults Board, given the opportunities this brings as a housing provider to contribute to improving safeguarding in Calderdale. As well as the learning gained about the bigger picture from partners around the table. This is not an opportunity that many housing providers are given, so the fact that in Calderdale, housing is seen as an equal partner and recognised as having a key role in helping keep our communities safe from abuse cannot be underestimated.

Reflecting back for the annual report, once again it has been an extremely busy time. Over the last twelve months, having revised our own safeguarding adult's policies and procedures, we undertook a huge rollout programme of refresher training for all our staff at all levels across our Organisation; from senior manager to joiners and from back office to frontline.

Without doubt, the training has reminded staff of the importance of being aware and that each and every one of us has a responsibility to play our part. We are in people's homes, we are trusted by our communities, and we can spot signs and triggers. Staff are also much clearer now on what they need to do practically if they have any concerns at all that abuse may be happening. Our staff are also now more confident about trusting their instincts and knows to do the right thing by always speaking up if something doesn't feel right.

We are also proud to say that our policy and procedures have been published through the national Housing and Safeguarding Adults Alliance (HASAA) as best practice, to help encourage other housing providers to ensure they have robust procedures in place too.

Our Head of Supported Housing, who is our strategic lead for safeguarding adults and the representative on the Board, has also continued to play a key part in the Housing and Safeguarding Adults Alliance. HSAA continues to promote the importance of housing's role in safeguarding, both within the sector and amongst our statutory partners.

Having also implemented an IT-based log over the last year to more effectively capture concerns and strengthen performance monitoring, we are now analysing what that data is telling us and the key trends amongst our tenants and communities.

Partnership Coordination Group

A Local Government Association Corporate Peer Review of the Council noted that there was a need to review our approach to strategic partnership working, in order to streamline our programmes and Boards, reduce duplication and workload, and improve co-ordination and information sharing between the different forums. Some partners were being asked to attend many meetings; others felt limited in their involvement. Some felt they were asked to be in meetings to which they can give little input.

The partnership coordinators from the Safeguarding Adult Board, Safeguarding Children Board, Health and Wellbeing Board, Community Safety Partnership, Domestic Abuse Strategic Group, and Business and Economy Sounding Team were brought together by the Council's Chief Executive as a Partnership Coordination Group. This group was established early in 2016 and the primary purpose is to support existing partnership working across the Borough by providing coordination across the different partnership forums. The Group will help to ensure that information is effectively shared across the key partnership groups, and that appropriate linkages are made. The group will also seek to reduce any duplication that exists in the current system.

The group is working together to identify gaps in provision and eliminate duplication of effort and inefficient use of resources. The role of the group will focus on developing a shared understanding of cross cutting themes and identify opportunities for collaborative working.

The cross cutting themes currently under consideration by this group include:

- Female Genital Mutilation
- Domestic Abuse
- Human Trafficking
- Radicalisation
- Forced Marriage
- Honour Based Violence

It is hoped that this work will result in the different partnerships being clear about responsibilities and accountability, particularly in regards to: performance management; quality assurance; scrutiny arrangements; information sharing; workforce development; communication and marketing, and; assurance and escalation.



Calderdale Clinical Commissioning Group (CCCG)

Is the commissioning arm of the NHS in Calderdale and commissions most hospital and community health provision, including from April 2015, GP services. CCCG has arrangements in place to ensure that the organisations from which we commission have effective safeguarding arrangements in place.

The Designated Nurse for Adult Safeguarding provides expert advice and support to all health services in Calderdale through telephone advice, the Safeguarding Health Alliance, GP safeguarding leads forum and regular face to face meetings with providers of health services. This work is supported by a Named Nurse and newly appointed Named GP for Safeguarding Adults. The team has responsibilities for safeguarding adults in its broadest sense including related areas such as the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), Prevent, Domestic Abuse and Modern Day Slavery.

Through membership of various regional and national safeguarding forums, the Safeguarding team are able to influence and contribute to national safeguarding and MCA policy.

The CCCG has made significant contributions to the CSAB in 2015/16 including:

- 50% funding of the Board manager and Administrator to the CSAB
- Joint chair of the CSAB
- Chair of the Safeguarding Adults Review subgroup
- Attendance and input to other CSAB subgroups
- Providing health expertise to the Board
- Providing safeguarding and MCA training for CCG and primary care staff
- Developing and supporting lead GPs in safeguarding and MCA.
- Implementing safeguarding and MCA standards for health providers including GP practices.
- Commissioning bespoke MCA training for General Practitioners. This was evaluated very positively by participants.
- Commissioning of health support to Domestic Abuse Hub



National Probation Service (NPS)

In June 15, the NPS produced its 'National Partnership Framework' in relation to Safeguarding adults Boards. This is an extract:-

The National Probation Service (NPS) is committed to reducing re-offending, preventing victims and protecting the public. The NPS engages in partnership working to safeguard adults with the aim of preventing abuse and harm to adults and preventing victims.

The NPS acts to safeguard adults by engaging in several forms of partnership working including:

- **Operational:** Making a referral to the local authority where NPS staff have concerns that an adult is experiencing or is at risk of experiencing abuse or neglect, including financial abuse, and is unable to protect oneself from that abuse or neglect
- **Strategic:** Attending and engaging in local Safeguarding Adults Boards (SABs) and relevant sub-groups of the SAB. Through attendance, take advantage of training opportunities and share lessons learnt from Safeguarding Adult Reviews and other serious case reviews.

The National Probation Service was formed as a new organisation on 1/6/14 and provides a service to people who have committed offences posing a high risk to the public and who are subject to statutory Court Orders and prison Licences.

Bradford/Calderdale cluster is part of the North East Division. A Service User satisfaction feedback survey was completed early in 2015 which showed Bradford/Calderdale cluster is exceeding the National Probation Service target.

The Victim Service Unit engages with those victims whose perpetrators have received a prison sentence of over 12 months for serious sexual / violent offending. Parole reports are informed by victim contribution under the Victims Charter. The National Probation Service provides information to the Multi-agency Risk Assessment Conference, and co-operates with domestic homicide reviews and Claire's Law.

National Probation Service assess the risks offenders pose along several dimensions i.e. risk to the public; adults known to the offender; children; staff; other prisoners and self, using this information to develop a risk management plan. Probation Officers seek to engage service users in their assessment and risk management plans in order to increase the likelihood of successful completion and reduce the risk of further offending/harm. All Multi-Agency Public Protection Arrangements (MAPPA) category offenders are screened and if required a Multi-Agency Public Protection meeting is held to ensure agencies are working together to protect the public and all relevant others including the individual service users. Information is shared with the relevant authorities. There is a victim focus in all relevant cases and risk management actions should be proportionate. Lessons from cases where serious further offences have been committed are disseminated. In Yorkshire and Humberside a Personality Disordered Offender pathway has been created in which psychologists are linked to offender management teams to ensure that those service users with such difficulties are assisted and if appropriate referrals made to the psychologically impaired project, an Approved Premises in Leeds specialising in the management of relevant service users.

Calderdale and Huddersfield NHS Foundation Trust

Calderdale and Huddersfield Foundation Trust remains committed to ensure that Safeguarding Adults remains one of its key priorities. This commitment ensures that all adults and their families who access services are kept safe from harm or abuse; and where abuse is suspected that the West and North Yorkshire and York Multi-Agency Policy and Procedures (2015) are followed in line with internal reporting policies and processes.

Adult safeguarding is a statutory directive and in line with the Care Act (2014), the Trust fulfils its obligations through multi-agency partnership working. The Trust has continued to strengthen its existing safeguarding arrangements to ensure vulnerable patients are kept safe by reviewing its governance and reporting arrangements within the Trust. The Trusts Safeguarding Committee meeting is now held monthly and reports directly to the Quality Committee. This committee is responsible for the strategic delivery of the safeguarding agenda across the Trust, and sets the direction of delivery of its responsibilities for safeguarding. The committee has senior representation from staff across the Trust, including the Director of Nursing, the Deputy Director of Nursing and Associate Directors of Nursing from each division. The Safeguarding Operational Group reports directly to the safeguarding committee.

Training has been a key priority this year. This has seen the safeguarding team working collaboratively with the Trusts internal Workforce and Development Department to review both the intercollegiate document for safeguarding children and the draft intercollegiate document for safeguarding adults. This now means all our staff are assigned with new and reviewed levels of training that meet this requirement. Prevent training is delivered in line with the Prevent Competencies Framework 2015.

The Trust has a new Female Genital Mutilation Guideline that was launched last year. Domestic Violence remains another key priority for the Trust who now hosts the Domestic Abuse posts that have recently been commissioned that work within the Domestic Abuse Hub within Calderdale. Further work is planned this year to review its Domestic Abuse Policy in line with new NICE guidance 2016.

The Named Nurse and Specialist Advisor for safeguarding adults attend all the sub-groups of Calderdale Safeguarding Adults Board, and the Head of Safeguarding also Chairs the Performance and Quality Group and attends the Safeguarding Adults Board meeting.

The Trust has hosted a number of key events over the past year. This has included two events relating to the Mental Capacity Act (MCA 2005) and Deprivation of Liberty Safeguards (DoLS 2009). These were attended by Trust staff and evaluated extremely well. There is further work planned to begin to look at specific target groups of staff who require MCA and DoLS training. MCA and DoLS prompt cards have been distributed Trust wide. MCA and DoLS continue to be a significant focus for staff to ensure that patients are cared for safely and to endorse partnership working caring for the most at risk people.

Domestic Violence and Abuse in Calderdale



Background and Context:

Calderdale partners were granted government funding in 2014 under the Transformation Challenge Award (TCA) to improve the support we give to those experiencing domestic abuse. The bid included a commitment to form improved governance arrangements, pooled budgets, engagement with service users and stakeholders and the development of a new delivery model, including a commissioned domestic abuse support service.

The principles set out to underpin the service model are:

- An emphasis on preventative work and early intervention
- Improved access to services and clear referral pathways
- Integrated commissioning
- Increased capacity to work with perpetrators

Domestic Abuse Strategic Board

The Domestic Abuse Strategic Board was established in January 2015 and includes delivery of the TCA and responsibility for the strategic oversight of work to tackle domestic abuse including agreement of the use of partnership resources for this work.

The Board objectives are to:

- reduce the incidents of domestic abuse in Calderdale
- reduce the percentage of repeat incidents of domestic abuse and violence
- ensure effective protection of adult and child victims





Calderdale Domestic Abuse Hub

The shared objective from all partners is to intervene early, engage with the victim soon after the incident, and aim to prevent escalation or repeats. The Domestic Abuse Hub began in January 2016 and is now becoming more fluid and it is clear that victims and perpetrators are experiencing a quicker intervention than previously seen. Between January – June 2016, there have been 595 cases discussed in the DA Hub complying with the criteria of high and medium risk cases with a crime. This is an average 4.8 incidents a day. Since January 2016 there have been 251 MARAC cases which include high risk referrals from Police and partners based on the scoring of the universal DA risk assessment or using professional judgement.

What Difference is it making?

The number of referrals engaged with the DA Support Service increased to 159 in 2015/16 compared to 142 in the previous quarter (before the Hub). Feedback from partners generally is that victims are engaged earlier and partner discussions are more robust and thorough. Better co-ordination means that where a victim may have been called by a number of agencies following an incident, it is now one key worker making contact and increasing the likelihood of engagement.

The DA Hub merged with the MARAC in June 2016 where performance monitoring is still being developed to capture the impact on repeats and the improvement in engagement.

Who can report a safeguarding concern?

Safeguarding is everybody's business. Anybody can raise a safeguarding concern for themselves or another person. Often abuse and neglect can be prevented from occurring in the first place if issues are identified and raised as soon as they arise so that they can be addressed at the earliest point. In Calderdale you can report a safeguarding concern to Gateway to Care or the Emergency Duty Team:

Contact details:

Gateway to Care

Phone: **01422 393000**

Fax: **01422 393838**

Email: **Gatewaytocare@calderdale.gov.uk**

Website **www.calderdale.gov.uk**

Emergency Duty Team (outside working hours)

Phone: **01422 288000**

Email: **EmergencyDutyTeam@calderdale.gov.uk**



