



Calderdale
Safeguarding Adults Board

Annual Report

2016 - 17

Safeguarding Adults Board's Vision and statement of purpose



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

The focus of the CSAB is 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
- Learn from good practice and serious safeguarding incidents
- 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 and Introduction

Ged McManus

Independent Chair

Calderdale Safeguarding Adults Board

I am pleased to be able to present this annual report following my first full year as Independent Chair of the Calderdale Safeguarding Adult's Board.

The report sets out our progress so far. Whilst we have made a good start, we know there is still much to do. We realise that there can be uncertainty about safeguarding adults, what this involves and where to report concerns. Our aim is for Calderdale to be a safe place to live for all its citizens, regardless of their circumstances. For citizens of Calderdale to live in a community that protects their rights and freedoms and allows them to live free from abuse and neglect or the fear of abuse and neglect.

We want to build confidence in the services which exist and pay tribute to the many staff and family carers who provide excellent support for individuals. Where standards fall short of this we will look to investigate and put plans in place to protect as well as drive up quality. We will seek to learn from mistakes and be open in our actions.

Much of our work during the last year has been on repositioning the board and developing our statutory status, including;

- Developing a 3-5 year strategic plan in addition to our annual report. This year we have developed this partnership plan which lays out our shared goals and vision over the next three years.
- Developing our performance framework, which remain a work in progress
- Refreshing the board's infrastructure to deliver the strategic plan and driving efficiency by sharing resources with Calderdale Safeguarding Children Board
- Introducing a Safeguarding Adults Review Framework to help us ensure lessons are learned effectively where someone who is experiencing abuse or neglect dies, and if there is concern about how authorities acted together

All the agencies in Calderdale are committed to the plan contained in this annual report and have directed resources to achieve our aspirations. I welcome the engagement and full contribution of members of the Board. We hope you will agree there is significant progress and that, whatever your interest, you will join with us in ensuring further success is achieved.

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Calderdale Context

Calderdale is a metropolitan district and includes the towns of Halifax, Elland, Brighouse, Sowerby Bridge, Hebden Bridge and Todmorden, as well as a number of villages.

The district has a population density of 5.76 per hectare, the lowest of any local authority in West Yorkshire. In Bradford it is 14.58, 10.70 in Kirklees, 14.17 in Leeds and 9.95 in Wakefield (Office for National Statistics (ONS) 2016 Mid-year population estimates, taken from Local Government (LG) Inform).

Calderdale is one of the smallest districts in England in terms of population, but one of the largest in terms of area. Over four-fifths of the Calderdale area is described as rural by the national Census 2011 (ONS, 2011). In contrast the local authority population is described as “Urban with major conurbations” by the Government Statistical Service in its 2011 Rural-Urban Classification for Local Authority Districts in England. This is because over three quarters of the population live in urban areas.

Calderdale’s topography and its pattern of settlement have implications for the location of facilities, for transport, and for how close people are to health and other care services.

Current population

There are 209,800 people in Calderdale according to the ONS 2016 Mid-year population estimates. This is an increase of approximately 5,900 people since the 2011 Census.

There have been large increases in the proportion and the numbers of residents aged 45 to 54 and 55 to 64 since 1991, which may have implications for the residents aged 65 and over within the next ten years;

The population aged 85 and over has increased steadily from 3,200 in 1991 to over 4,700 in 2016. The largest growth is expected to occur in the older age groups, with a 29% increase in those aged 85 and over by 2024, a 11% increase in those aged 65 to 74 and a 42% increase in those aged 75 to 84.

The pensioner population is largely white with less than 3% of this age group comprising of Black and Minority Ethnicity (BME) groups.

Facts and Figures

NUMBER OF CONCERNS

Over the last year there has been a large increase in the number of concerns raised: 1785 (2015/16) to 2732 (2016/17). This is an increase of 53% on 2015/6. Following the introduction of The Care Act 2014 additional cohorts have been added to the Safeguarding Adults remit. In addition to this the Safeguarding Adults Team has continued to raise awareness and work closely with providers to share knowledge.

	2013/14	2014/15	2015/16	2016/17
Volume of Alerts / Concerns	1114	1234	1785	2732

Age Band

During the period stated, concerns rose for people in the 65+ age range, it increased from 75 % of the concerns raised in 2015/6, to 80% in 2016/7. Further analysis of situations concerning people over 85 years of age shows this has increased from 38% to 42%.

This may be due to a greater awareness of professionals working with people in this age range or may be a result of more vulnerability for people this age. We are also aware that Calderdale has a higher proportion of people over 65 years of age, when compared to Yorkshire and the Humber and nationally. This increase is expected to continue.

Age Band	2013/14	2014/15	2015/16	2016/17
18-64	355	369	450	509
65+	758	865	1335	2223

Gender

The numbers of concerns raised for females continues to account for a larger proportion than males. This is not surprising given a larger female population. Males in Calderdale are under-represented (36%), compared to the national average, where the split is 60:40. In Calderdale the figure for concerns regarding males has decreased from 38% in 2015/6.

	2013/14	2014/15	2015/16	2016/17
Male	420	465	714	1001
Female	693	768	1064	1723
Unknown	0	0	7	8

Ethnicity

The increase in information not yet obtained is proportionate to the increase however work is ongoing to rectify the collection process.

	2013/14	2014/15	2015/16	2016/17
White - British	970	1025	1426	2102
Information not yet obtained	84	144	286	495
Minority ethnicity	59	61	73	135

Client Group

Physical disability and frailty continues to be the highest number of concerns, this increased from 70% in 2015/16 to 85% in 2016/7. The percentage of concerns made about people with mental health needs is significantly lower in Calderdale than nationally and this needs to be further looked at.

Client Group	2013/14	2014/15	2015/16	2016/17
Learning Disability	273	275	221	187
Physical disability	608	688	1250	2323
Sensory Impairment	57	24	138	38
Other Adult at Risk	13	17	12	7
Dementia	89	154	70	71
Mental Health Needs	69	71	93	102
Substance Misuse	<5	<5	0	0
Client Group Not Classified	<5	<5	<5	<5

Source of Referrals

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 2017-2018. The large rise in 'other' and the fall in 'health' referrals could be due to the increased fragmentation of health services, therefore a significant number of these 'others' could in fact be 'health' services. Further work will be undertaken by the Performance & Quality Assurance Sub group to ascertain reasons for these differences.

Alert Source	2013/14	2014/15	2015/16	2016/17
Social Care	680	736	1078	1662
Health Care	215	259	304	208
Family Members, Friends, Neighbours	107	87	118	152
Other Bodies / Organisations	55	98	132	77
Self-Referral	14	16	15	18
Other	40	33	136	611
Not Classified	<5	<5	<5	<5

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.

Abuse Type	2013/14	2014/15	2015/16	2016/17
Institutional	76	200	122	337
Multiple Abuse	95	73	80	146
Neglect	371	383	776	1128
Physical	330	332	480	557
Sexual	40	47	53	48
Financial	116	94	118	172
Emotional/ Psychological	73	84	101	101
Self Neglect	<5	<5	27	68
Discrimination	<5	0	<5	<5
Not Classified	7	18	23	173

CONCERNS 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.

Location Type	2013/14	2014/15	2015/16	2016/17
Own Home	336	365	450	665
Care Home - Permanent	294	299	588	1248
Care Home with nursing - permanent	180	284	332	272
Supported Accommodation	79	77	46	28
Care Home - Temporary	47	42	62	133
Supported Living Scheme	30	37	59	33
Care Home with nursing - Temporary	20	23	31	18
Acute Hospital	19	7	<5	<5
Hospital	15	9	15	29
Mental Health Inpatient Setting	15	27	34	22
Public Place	15	11	21	17
Other	13	10	84	171
Day Centre/Service	12	8	18	28
Not Known	10	6	16	16
Alleged Perpetrators Home	7	<5	7	<5
Community Hospital	7	8	7	23
Relative Home	6	<5	0	<5
Not Specified	<5	<5	<5	9
Education/Training/Workplace Establishment	<5	<5	<5	<5
Extra care Scheme	<5	<5	<5	<5
Other Health Setting	<5	<5	<5	<5
Parents Home	<5	0	0	0
Specialist Hospital	<5	<5	0	0

Safeguarding referrals and formal enquiries

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 table 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.



Completed Investigation / Enquiry Outcomes	2013/14	2014/15	2015/16	2016/17
Substantiated	93	58	39	28
Partly Substantiated	<5	15	36	20
Not Substantiated	70	37	20	16
Not Determined/Inconclusive	75	29	18	13
Exonerated	<5	<5	<5	<5
Ceased at request of individual	10	<10	<5	<5

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 table above shows trends over the last 4 years in case conclusions.

As evident within the table there has been a relative decline in the number of enquiries to fully substantiated if abuse has taken place.

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. Multi agency case file audits and performance monitoring will continue to scrutinise and challenge this area so the Board can assure itself that practice is safe and effective.

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 assessing mental capacity and making decisions in the best interests of people over age 16 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 to protect people who lack capacity to make the decision by providing a flexible framework that places individuals at the heart of the decision making process, ensuring 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 mental capacity to give their own valid consent, being required to reside in a particular place in order to receive care or treatment. In such situations then the person is likely to be “deprived of their liberty” - that is, the person is “not free to leave” and is under “continuous supervision and control”. To protect the rights of such people (aged 18 and over) and to ensure that the care or treatment they receive is in their best interests and is provided in a way that lessens restrictions, a legal process and set of checks and safeguards were introduced in 2009 called the Deprivation of Liberty Safeguards ('DoLS'). DoLS is a scheme which only applies to people in care homes or in hospital. Any deprivation of liberty in care settings outside hospitals or care homes must be authorised by the Court of Protection.

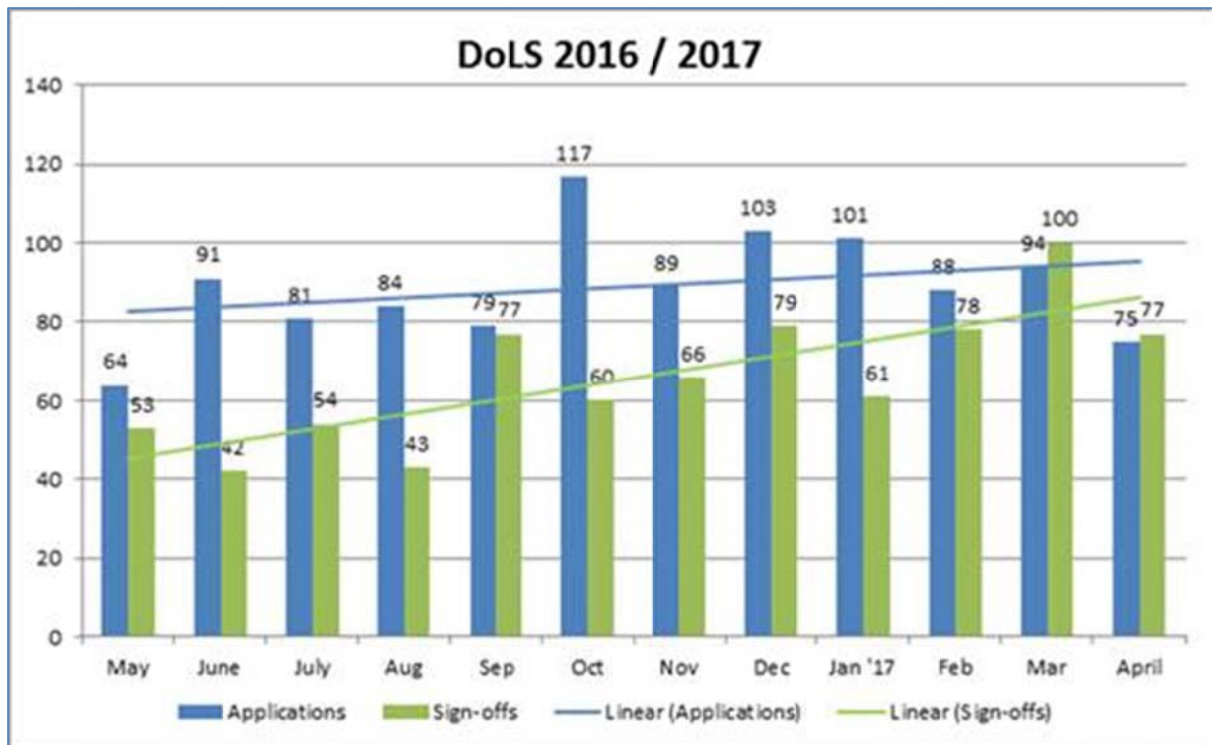
The safeguards provide for deprivation of liberty to be made lawful through an authorisation process. This framework is designed to prevent arbitrary decisions to deprive a person of their liberty and give the person a right to challenge an authorisation. The Local Authority acts as the “Supervisory Body” for the Deprivation of Liberty Safeguards which involves coordinating the assessment reports - obtaining reports from Approved Doctors 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 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 Relevant Person's Representative” for them.

Mental Capacity Act Team Report 2016 – 2017

In last year's report we described some of the plans for the MCA Team. These included a pilot scheme called "Human Rights Champions" where some care providers from across adult care sector were given training in how to uphold the lawful rights of the people in their care. An MCA Team member has arranged for a number of training sessions called "Less is More" to address the issue of effective recording and a large percentage of social work teams have benefitted from this. It continues to be an area for further development. Human rights lawyers have also made presentations to social workers to enhance understanding of deprivation of liberty in community settings, that is, in settings other than care homes and hospitals. The MCA team has managed a high number of DoLS referrals and assessments, Court of Protection applications for authorizing deprivations of liberty in the community setting and other matters before the Court of Protection, such as challenges to DoLS and personal welfare applications for the Court to approve some best interests decisions. In these matters, the MCA Team continues to work closely with social workers in locality teams and the local authority's solicitors. It is worth noting that in every case that has been before the Court, the final decision has gone the way of the position made by the local authority.

Calderdale Clinical Commissioning Group (CCCG) also makes applications for Deprivation of Liberty authorisation to the Court of Protection when CCCG are commissioning individual packages of care. CCCG has employed a dedicated worker within the Continuing Health Care team to carry out these assessments and to support and advise nurses within the team to ensure patients who require restrictive care are safeguarded.

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 but now the trend where referrals were higher than those signed off has changed.



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 and without diluting the safeguards that they are intended to provide. All assessments completed by BIAs are subjected to Quality Assurance scrutiny against a locally agreed framework to ensure that they are lawfully correct and are centred on the relevant person. 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. These appeals – called Section 21A challenges - are one of the 'safeguards' against arbitrary detention.

Key achievements

- CMBC and CCCG continues to have a number of situations where, for example, a person in supported living, is not denied his or her lawful rights.
- A number of Community applications have been made to the Court of Protection which may be more contentious.
- The Internal Audit completed for the first time in 2016 was largely positive.
- MCA training has been delivered to many people across health and social care
- Closer working with independent advocates to ensure the lawful rights of the people we serve are upheld.



Plans for the coming year;

- Continue to work towards increasing the productivity of the team – continue to try to reduce the waiting list of backlogged DoLS applications which are deemed to be a lesser priority than others (e.g. those where the relevant person is befriended)
- Consider the need now for the MCA Clinic which was set up 3 years ago to ensure the Principles underpinning the 2005 Act are embedded in social work practice; this appears to have achieved its purpose with fewer practitioners now needing the advice of the MCA Team and confidently applying the law in their daily practice.
- Sustain the high quality of the assessments completed by the Best Interests Assessors through a Quality Assurance process
- Keep up to date with changes in case law and policy development and the proposals by the Law Commission to replace the DoLS with the Liberty Protection Safeguards
- Keep the human rights of those we serve central to our professional practice

About the Calderdale Safeguarding Adults Board

The CSAB brings together the main organisations working with adults at risk including the Local Authority, West Yorkshire Police, health agencies, other statutory services and voluntary sector organisations. Its core purpose is to help and protect adults at risk in its area.

The board has overall governance of the policy, practice and implementation for safeguarding. It also has a key role in promoting the wider agenda so that safeguarding is seen as a responsibility for everyone.

Effective governance and accountability for the work of the board is achieved through its formal relationship with the Health and Wellbeing Board and through individual members reporting through their organisations.

In accordance with Care Act guidance, the Independent Chair of the board reports to the Local Authority on the work of the Board. This year the board has held four meetings and two additional development sessions.

Board members take responsibility for the submission of annual progress reports to their organisation's executive management body/board to ensure that adult safeguarding requirements are integrated into their organisation's overall approach to service provision and service development.

The board is supported by an infrastructure that oversees and enables delivery of the work programme, coordinates sub-groups and task-and-finish groups and provides analysis and intelligence for the board.

Membership

The board is made up of senior officers nominated by each member organisation. Members have sufficient delegated authority to effectively represent their agency and to make decisions on their agency's behalf. They have access to those responsible for making the decision for which they do not have delegated authority.

During 2016-17 the following agencies and organisations were members of the CSAB:

- Calderdale Council Adults Health and Social Care
- Calderdale Clinical Commissioning Group
- Together Housing
- West Yorkshire Police
- West Yorkshire Fire and Rescue Service
- South West Yorkshire Partnership NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- NHS England
- Sector Support Calderdale North Bank Forum
- Calderdale Women's Centre
- National Probation Service
- Community Rehabilitation Company
- Healthwatch

Sub Group Performance

The CSAB sub-groups are made up of senior managers and operational officers from agencies across Calderdale. Each sub-group leads on a specific priority on behalf of the board.

Communication and Engagement Subgroup

The Assistant Director for Nursing and Quality for the South West Yorkshire Foundation Trust is the Chair of the communications and engagement subgroup. The group developed a communication and engagement strategy through a partnership approach; this was approved by the Safeguarding Adult Board earlier in the year. The views of 229 service users across 10 agencies and 106 members of staff across 9 agencies are incorporated in the strategy on a number of issues. The Strategy outlines how the Safeguarding Adult's Board will carry out ongoing engagement with key partners involved in safeguarding practice within Calderdale. It also explains what approach the Safeguarding Adult's Board will take to bring together existing preventative work being delivered by partner organisations in relation to adult abuse and neglect.

An action plan resulting from the strategy has now been established and work has commenced to implement the strategy which has included compiling information for the website which is accessible to the public.

The group were actively involved in preparations for the successful 'Safeguarding Week' in October 2016 which drew together safeguarding adults and children agendas. **53** separate workshops, presentations and learning events were held during the week delivered to practitioners, managers, service users and the wider community. Over 939 people attended the events raising awareness of safeguarding in Calderdale. On the back of this success, the group proposed that the Safeguarding Adult's Board support the coordination and involvement in safeguarding week planned for October 2017.

Learning & Improvement Subgroup

The group's primary purpose 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 2016-2017 are:

- Developing group membership ensuring key partners are represented and refreshing/updating 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.
- Engaging with the PREVENT agenda and ensuring key messages are disseminated
- Reviewing all learning outcomes with a view to evaluating impact of training and developing an effective training needs analysis
- 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 network events (enabling shared learning)
- Develop a robust training evaluation system to evidence the quality of all training within the programme and establish future training requirements.

Safeguarding Adults Review (SAR) Subgroup

The Safeguarding Adults Review group meets regularly to ensure that Safeguarding Adults Reviews (SARs) are conducted according to the Care Act criteria. Safeguarding Adults Boards are required to conduct a SAR when a serious safeguarding incident occurs and there are opportunities for agencies to learn and improve from the multi-agency safeguarding response.

The group consists of representatives from Calderdale Clinical Commissioning Group (Chair), Police, Calderdale Metropolitan Borough Council, the Calderdale Safeguarding Adults Board and the voluntary sector.

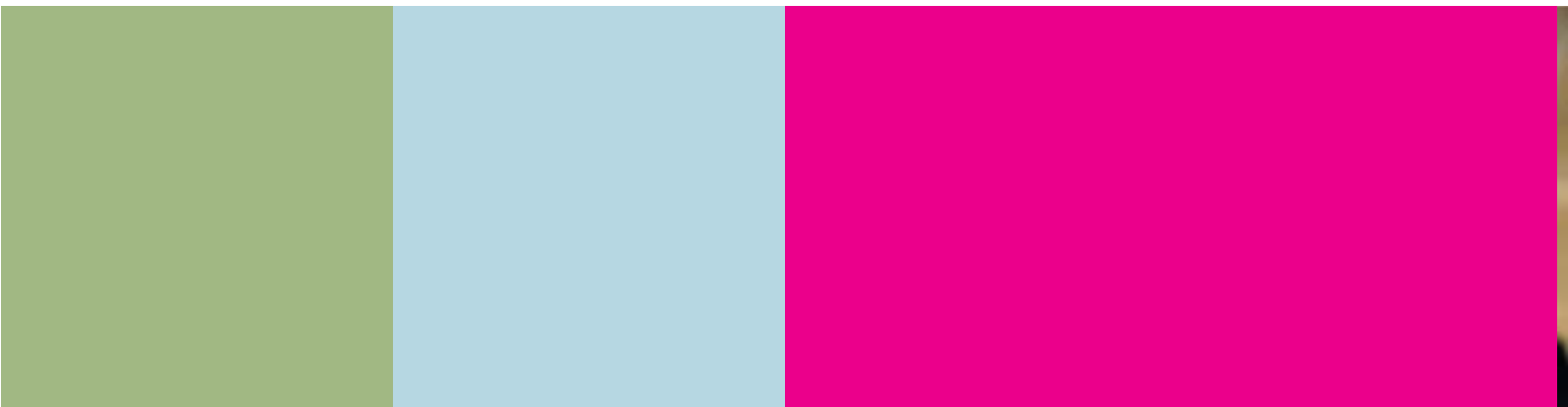
The group has developed processes for agencies to make referrals for cases to be considered for a SAR and has developed a detailed toolkit that describes the process for undertaking a SAR in Calderdale. Information about SARs and how to make a referral, for use in staff training, has been distributed to all Safeguarding Board members and forms part of the new safeguarding board new member's induction pack.

In 2016/17 there was one application to the group for consideration to conduct a SAR. This referral did not fit the criteria and the group made a recommendation not to conduct a SAR which was agreed by the Safeguarding Board.

At the time of writing, there is one SAR that is on-going and this is expected to be completed by June 2017. This SAR will be published by the Safeguarding Board.

The Safeguarding Board meeting in February 2017 agreed to review the learning of a SAR conducted in 2014 to assure the board that all actions from the review have been embedded by service providers and commissioners. Plans are in place to hold "challenge events" with service providers, users and carers and a report will be presented to the Board in 2017.

All actions on the SAR group work plan 2016-17 have now been completed and a further work plan for 2017-18 has been agreed



Performance and Quality Assurance Subgroup

The functions of the Performance and Quality Subgroup of the Calderdale Safeguarding Adults Board (CSAB) are to develop structures and quality measures to provide assurance to the Board on the effectiveness of adult safeguarding across Calderdale. The subgroup evaluates the effectiveness of partnership working and inter-agency processes to safeguard adults at risk of abuse or neglect by scrutinising the multi-agency dataset and performing audits.



The subgroup developed and implemented its Work Plan throughout 2016-17. All work plans feed directly into the Board's Annual Business Plan and highlight reports have been presented at each Board meeting.

The subgroup has multi-agency representation and meets bi-monthly to ensure that performance and quality is delivered consistently by partner agencies across Calderdale. Since the amalgamation of the secretariat of the Adult and Children Safeguarding Boards, the subgroup has benefitted from regular business and administrative support and the Performance Management Quality Assurance Officer (PMQA) has commenced the process of gathering the context behind the data to ensure consistency of data and an understanding of the thresholds / triggers for further enquiry to be developed. The PMQA Officer 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.

Performance and Quality Subgroup key achievements for 2016-17:

We have worked towards developing a process to ask adults about the outcomes they want from the safeguarding process and so keeping the person at the centre of the safeguarding process. An outcome/feedback proforma has been developed. An audit has been commissioned to test decision making and how embedded Making Safeguarding Personal is at each stage of the safeguarding process.

We have developed links with the Safeguarding Adults Review Group of the Board ensuring our terms of reference clearly identify that local and national lessons learned and lessons from Safeguarding Adults Reviews are embedded into practice.

We have developed a Quality Assurance Framework approved by the Board to be assured that safeguarding is proportionate and consistent. We have developed a safeguarding self-assessment tool for all partner agencies of CSAB to complete, based on the Yorkshire and Humber Safeguarding Adults Partner Self-Assessment Framework. A quantitative and thematic analysis of this has been carried out by the PMQA Officer.

A Training Needs Analysis has been carried out by partners and collated by the subgroup. The Learning and Improvement Subgroup may be more appropriate for this to be further developed over the coming

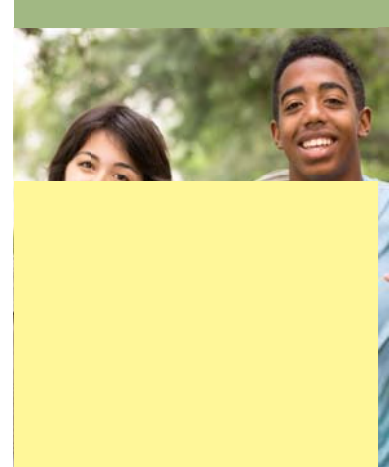
year.

We have developed and worked towards ensuring the Board receives data that highlights to the Board how effective safeguarding concerns are managed within Calderdale by providing performance data reports and rationale surrounding the data presented to the Board.

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.



Safeguarding by CSAB Members in 2016-2017



Sector Support, Calderdale – North Bank Forum

We are the infrastructure body that supports the development of the voluntary and community sector (VCS). 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 2016, 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 frontline staff within the VCS and this has recently been refreshed and updated in line with 'The Care Act'. The training offer has been developed to offer a session on the 'Roles & Responsibilities of Trustees in terms of Safeguarding'. We Chair the Learning & Improvement Sub group

Healthwatch Calderdale

Healthwatch Calderdale were invited to join the Calderdale Safeguarding Adults Board from July 2016. Healthwatch is the consumer champion for health and social care services; the Healthwatch team in Calderdale gather feedback about people's experiences of using publicly funded health and care services and try to understand what is working well and where there are concerns or issues. When those issues are identified, Healthwatch does what it can to amplify the voice of those people affected in the right forum to make change happen, so that things improve. For Healthwatch, one of those forums is the Safeguarding Adults Board.

Over the last 12 months, our involvement in the Calderdale Safeguarding Adults Board has encouraged us to reflect on the project work that we are doing, and consider whether the issues that we are hearing about have an impact on adults at risk in Calderdale. We offer advocacy services to people making complaints about the NHS and have to regularly reflect whether the complaints indicate safeguarding concerns.

Where possible we have offered support and advice to Board members regarding involving those impacted by safeguarding issues in the way that they deliver their services, and we are keen to do more of this in the coming year. It is our intention to get involved with the Communication and Engagement Subgroup of the Safeguarding Adults Board, where we hope we can contribute our skills, and enable the Board to incorporate people's view and experiences in to the way that they do their work.

Calderdale Clinical Commissioning Group (CCCG)

is the commissioning arm of the NHS in Calderdale and commissions most hospital and community health provision, including GP services. CCCG has arrangements in place to ensure that the organisations from which we commission have effective safeguarding arrangements in place. This includes attending provider safeguarding forums, inspections and care reviews and safeguarding standards which all providers are expected to adhere to and these are monitored on an annual basis.

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 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 and human trafficking.

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 been able to demonstrate a high of level compliance with its safeguarding responsibilities through the CSAB self-assessment submission, an independent audit and through an NHS England inspection visit. The safeguarding team also provide quarterly and safeguarding annual reports to provide assurance to the CCCG governing body.

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 2016-17 including:

- A financial contribution to the Board
- Chair of the Safeguarding Adults Review subgroup
- Deputy Chair of the Performance and Quality sub group
- Attendance and input to all 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 of health support to the Domestic Abuse Hub
- Contributions to safeguarding week in Oct 2016
- Leading work on safeguarding and delayed transfers of care
- Developing multi-agency guidance on Covert Medication
- Delivery of multi-agency safeguarding training

Calderdale Adult Health and Social Care

Over the last 12 months we have continued to see a rise in safeguarding alerts and concerns. To address this we have recruited a Service Manager and a Safeguarding Adults Practice Lead to oversee the Safeguarding process in Calderdale. This will enable Adults Health and Social Care to progress practice and fully embed Making Safeguarding Personal.

The Safeguarding Adults Team has been through recent recruitment and have successfully appointed a Team Manager, Advanced Practitioners and the team is now fully staffed. The main function is to ensure services recognise and acknowledge Safeguarding issues and follow the Policy and Procedures which improves quality within those services. In addition to this Making Safeguarding Personal training, advice and information is being disseminated both internally and externally.

With the establishment of the Safeguarding Team a rolling program of early intervention and prevention has been developed to drive up the quality of services and improve CQC inspection outcomes.

The increased resource and additional senior management capacity will ensure we are fully engaged in and support the work of the safeguarding board going forward.



West Yorkshire Community Rehabilitation Company (WYCRC)

West Yorkshire Community Rehabilitation Company (WYCRC) began on 1st June 2014 following privatisation of some of the services previously provided by West Yorkshire Probation Trust. The privatisation was a national initiative. Some of the previous functions remain with the public sector National Probation Service (NPS) such as Court Services, Victim Service Unit and the Management of offenders assessed as causing High Risk of Harm to individuals and the public. The CRC like the NPS work with people who have committed offences and are subject to statutory Court Orders and prison Licences. Within this spectrum we have responsibility for the delivery of Accredited Programmes and Specified Activities to reduce reoffending, Delivering Community Payback, and working with service users assessed as causing Low and Medium Risk of Harm to the public and individuals. A large majority of our service users are adults at risk who suffer from some of the following factors:

- Substance Misuse
- Alcohol Dependency
- Homelessness
- Mental Health issues
- Inability to work with agencies appropriately

WYCRC work on a 6 Core Module

1. Induction – which explains the order they have received and expectations whilst on the order they sign consent to share information with our partner agencies.
2. Assessment – a thorough assessment takes place with the offender manager to enable them to work with the service user to identify future goal to reduce reoffending.
3. Sentence Plan – this is completed in collaboration with the service user and offender manager setting both short term goals as well as working towards long term goals to improve outcomes. In many cases this often around employment or training.
4. Network – this is identifying positive sources of support available to the service user both within family, friends, and other agencies both statutory and voluntary sector.
5. Review – every order is regularly reviewed throughout the order in terms of assessment, sentence plan and network modules to review progress and achievements
6. Exit Plan – this is completed near the end of the order, it charts the achievements of the service user on their journey and sign posts them to organisations in the community who can continue to offer support once statutory involvement through the court order or licence has finished.

WYCRC commission services from other organisations to help support our service users such as

- PACT – Work in prisons and support offenders intensively for the first 2 weeks leaving prison. They will collect from the prison gate and take to appointments for benefits, register with a GP, accommodation etc.
- P3 – Work with our most vulnerable and chaotic service users offering 1-1 support and mentoring on a longer term basis throughout the order helping to engage the service user with other services and partner agencies where appropriate.
- St Giles Trust and Catch 22 – They work in the local West Yorkshire prisons working with prisoners and offender managers to identify needs when in the community and compile realistic resettlement plans for release.

- Tempus Nova- Are an organisation who work both in prisons and in Community assisting our service users who are work ready find suitable employment through working with local employers' businesses.
- Together Women's Project – work with our female service user group offering an all-female service and environment delivering mentoring 1-1 work and group work for females.
- Touchstone – Shafa Project - is an organisation who work with South Asian Offenders they offer a culturally sensitive service working with our service users and their families in many cases to overcome barriers for change.

WYCRC is actively committed to interagency working and there is recognition throughout the organisation that offender management benefit from close working with partner agencies.

WYCRC acts to safeguard adults by engaging in several forms of partnership work across the district.

On an Operational level, we exchange information with MARAC and the DV Hub on a regular basis. We make referrals to local authority where staff have concerns around a person's vulnerability.

On a Strategic level, we sit on the panel for Domestic Homicide Review, Share lessons learnt from Safeguarding Adult reviews, take advantage of training opportunities offered. Bradford and Calderdale CRC Community Director is on contact with the Adult Safeguarding Board to strengthen working relationships and working practices.



South West Yorkshire Partnerships NHS Foundation Trust

Leadership

The Lead for Safeguarding within SWYPFT is the Director of Nursing and Quality. They are supported in this role by the Deputy Director of Nursing and Quality. There are delegated duties and the Assistant Director of Nursing and Quality attends the Safeguarding Adult Board (SAB). The Safeguarding Adviser and the Safeguarding Specialist Adviser attend the SAB subgroups.

Assurance

The adult safeguarding forum is established and access to the forum has been extended wider to provide the opportunity for specialist external speakers to disseminate knowledge and skills to a wider group of practitioners. The forum presented an opportunity for a domestic abuse specialist to deliver training on the Domestic Abuse Stalking Harassment and Honour Based Violence form and for the CCG lead to deliver a presentation of Safeguarding Adults Reviews. The purpose of the group is to enable the safeguarding coordinators and other staff who have an interest to develop skills through having a safe space to discuss concerns, exchanges good practice and ultimately improve the outcomes for service users.

An action following a domestic homicide review was to develop and deliver domestic abuse training to the SWYPFT staff in Calderdale. The Domestic Violence Training package has been developed and delivered to staff in the Calderdale locality; the sessions were open to all grades / disciplines of staff.

Training

The safeguarding of 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 training and refresher programme for level 1 and level 2. The Safeguarding Adults training is to be refreshed at least every 3 years.

The Safeguarding team are involved in developing a training programme for young volunteers who are to be involved in the recruitment of SWYPFT staff. The aim is to ensure that safeguarding and the values of the Trust are a constant theme throughout their recruitment training and ultimately this will impact upon their understanding of the recruiting volunteers.

The Trust is compliant with mandatory safeguarding adult training and consistently reports above the required target, of 80%, with Calderdale Business Development Unit (BDU) staff achieving, for level 1, 86.11% and for level 2, 87.32%.

The Workshop to Raise Awareness of Prevent (WRAP) has also been delivered to the staff in their work bases; this enables easier access to training for staff.

SWYPFT continues to deliver the Care Certificate training through the induction period for new Health Care Support Workers. The Safeguarding Teams for both children and adults present the mandatory training element to support this initiative and cross referenced to the Care Certificate document.

Multi-agency Working

The Assistant Director for Nursing and Quality is also the Chair of the communications and engagement subgroup. The communication and engagement strategy has been approved by the SAB and the group are working together to formulate an action plan to take forward the 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 2017.

The Trust was actively involved in the Calderdale's safeguarding week in October 2016 and delivered workshops on parental mental health and its effects on children, and safeguarding 'the vulnerabilities of people with mental health issues'.

There is continued liaison between SWYPFT, CHFT and Social Care to strengthen the safeguarding process that has further improved communication.

SWYPFT are actively involved in the stream of work to consider Domestic Abuse and the older person.

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

The Safeguarding Adviser supported the SWYPFT clinicians through attendance at a learning lessons event following a Domestic Homicide Review. The safeguarding adult's page is regularly updated and good practice and learning is accessible to all staff via this page. Information from partner organisations is regularly disseminated to the Trust via the weekly summary.



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 continuing high priority is given to safeguarding vulnerable adults with its partnership strategy. By regularly holding discussions with relevant senior council officers I feedback information/updates to council members through my report to full council which is open to any member to question, and as a member of the Health and Wellbeing Board and attending the adult social care scrutiny panel.

Yorkshire Ambulance Service

The profile of safeguarding children and adults at risk continues to grow and change and is a key priority across YAS. Both policy and practice have been reviewed to ensure compliance with legislation and good practice guidance. The Safeguarding Team continues to work Trust-wide, with partner agencies, including commissioners, social care and health partners, to review and improve the quality of the safeguarding service provided by YAS staff.

Safeguarding processes and practice are being continually reviewed and strengthened; especially with regard to the quality of Safeguarding referrals to Adult and Children Social Care, the education and training of staff and the safeguarding clinical audit processes.

The Safeguarding Team have contributed to Serious Case Reviews(6), Safeguarding Adult Reviews(4) and Domestic Homicide Reviews(10) across the Yorkshire region.

Ongoing priorities are to review the current Safeguarding Children and Adult Referral Process, to ensure concerns are effectively shared with local authorities, and to review and develop the Mandatory Safeguarding Training Plan, for all YAS staff, inclusive of NHS 111, volunteers and Community First Responders (CFRs).

YAS Safeguarding Training

- Safeguarding Children level 1 Trust-wide compliance has been consistently above 95% in 2016-17.
- Safeguarding Adult level 1 Trust-wide compliance has been consistently above 94% in 2016-17.
- Trustwide compliance for Prevent basic awareness has consistently increased from 90% to 95.19% during 2016-17
- Trustwide Compliance Workshop to Raise Awareness of Prevent (WRAP) 86.68%
- Operational frontline staff figures for WRAP A&E Ops = 92.84%,

Falls

Frail elderly and falls patients account for over 500 calls per day to NHS 111 and 999; this represents one of the most significant areas of demand for NHS 111 and 999. YAS is working with system partners across Yorkshire and Humber to explore different models of care for this cohort of patients.

There will be an initial evaluation in March to ascertain the benefit of the pilot on supporting pressures on the system and plans for 2017-18, specifically the value of continuing or expanding the service throughout 2017-18 or curtailing at the end of the pilot.

West Yorkshire Urgent & Emergency Care Vanguard (WYU&ECV)

As part of the West Yorkshire Urgent and Emergency Care Vanguard, YAS has played a leading role in the development of the Clinical Advisory Service (CAS), which went live in December 2016. The service will continue to develop to support callers into 111/999 and to support front-line staff to manage more patients in the community. A sub-contractor Local Care Direct supported 247,339 patients through the West Yorkshire Urgent Care service, a decrease of 5.2% from 2015-16. Whilst demand has fallen it remains significantly above the contract base level and this year, working with commissioners, an independent review on the service has been undertaken which has highlighted changes to the current operating model, contract and finances for 2017-18 and to develop the service for the future.

NHS England

Our priorities in 2016-17

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. A key priority was to continue to develop and enhance how learning is shared.

To gain assurance from Clinical Commissioning Groups (CCGs) by piloting a Safeguarding Assurance Tool. The tool supported CCGs to demonstrate compliance with national safeguarding standards.

To access and acquire leadership training for Designated Professionals and Named GPs in the North region.

To ensure health professionals in Yorkshire and the Humber are well informed about the Female Genital Mutilation (FGM) mandatory reporting requirements.

To ensure trusts including Mental Health trusts and in addition GP practices were registered with NHS Digital and able to report any cases identified.

Development of a Looked After Children benchmarking tool based on standards in national guidance and documents such as “Promoting the Health and Well-Being of Looked After Children” and the “Intercollegiate Role Framework for Looked After Children; Knowledge, skills and competencies of health care staff”.

Commencement of the Learning Disabilities Mortality Review (LeDeR) Programme which includes all children from age 4 years with a learning disability.

To ensure that health professionals in Yorkshire and Humber are well informed about Prevent and radicalisation and the requirements of the Prevent strategy. A north region Prevent conference was held in December 2016. Prevent is included in the assurance process and quarterly data on Prevent implementation is gathered from provider organisations in Calderdale as they are a Home Office priority area.

What we have achieved in 2016 -17

The NHS England Yorkshire and the Humber Safeguarding Network met on a quarterly basis throughout 2016/17 to facilitate the sharing of information, good practice, learning and common issues. The Independent Inquiry into Child Sexual Abuse (IICSA) team attended the meeting in January 2017 to provide an overview of progress. Learning around safeguarding practice has also been shared across GP practices via quarterly safeguarding newsletters; in addition a safeguarding newsletter for pharmacists has been circulated across Yorkshire and the Humber and one for optometrists and dental practices has recently been shared.

A regional Prevent health forum have also met on a quarterly basis providing an opportunity to share information and good practice.

Mapping of health professionals' access to training on FGM and targeting of any gaps has been achieved in Yorkshire and the Humber. Targeted training on FGM for Mental Health providers

has been delivered by the Department of Health in Yorkshire and the Humber. Healthcare providers have been supported to make sure they are following the mandatory reporting guidance.

Commissioning of leadership training for safeguarding professionals in Yorkshire and the Humber and plans for clinical supervision training to be available.

During 2016/17 a review of current systems for recording safeguarding incidents and case reviews across the North Region was undertaken to support the identification of themes, trends and shared learning. This has enabled a wider North region system for sharing pertinent learning and development of consistent processes.

NHS England North hosted a safeguarding conference on 10 December 2016 which included presentations on forced marriage, honour based abuse, FGM and domestic abuse. A conference for named GP's across the Yorkshire and the Humber region was very well evaluated and included child neglect, use of safeguarding templates in clinical records, routine enquiry around domestic abuse, "Think Family" in Primary Care and parents experience of Child Sexual Exploitation (CSE).

NHS England Regional Prevent Coordinators hosted a North region Prevent conference in December 2016 .

Distribution of the NHS England Prevent pocket books for health professionals has been undertaken.

NHS England has launched a NHS Safeguarding Guide App and a North region safeguarding repository for health professionals.

The NHS England CSE pocket book for health professionals was updated see link.

<https://www.england.nhs.uk/ourwork/safeguarding/our-work/cse/>

Distribution of NHS England CSE pocket guides to all frontline health staff including GPs, Pharmacists and Dentists.

Inclusion of Child Sexual Exploitation/Sexual Abuse (CSE/CSA) lead within standard national contract from April 2016. This requires all NHS Trusts to have an identified CSE lead to support implementation of national guidance and ensure voice of child is central to health services.

Launch of NHS England Safeguarding App to all frontline health staff
Promotion of national "Seen and Heard" campaign to all frontline health staff
www.seenandheard.org.uk

What we plan to do next

This may include completing last year's priorities, continuing this practice, next steps and plans for 2017-18.

We will continue to share learning around safeguarding practice with independent contractors and healthcare services across the Yorkshire and the Humber and with the wider North region. We will continue to work on national priorities which include CSE, FGM, Looked After Children, Prevent and Modern Slavery and Trafficking.

West Yorkshire Police

What we see as our role within CSAB and how we have progressed safeguarding within our organisations during 2016-2017

Empowerment

Calderdale District continue to invest in the Domestic Abuse HUB with a dedicated Multi Agency team putting the needs of victims first and listening to them to address specific issues and provide bespoke support.

Calderdale District has recently completed a pilot for West Yorkshire Police by utilizing an Independent Domestic Violence Advocate (IDVA) in company with a police officer to attend incidents of Domestic Abuse shortly after they have occurred. This has provided valuable timely support and intervention and has empowered victims to report matters to the police in confidence they will be treated seriously. Having an IDVA available to support victims very quickly after a domestic abuse incident has proved very successful and contributes to making people safer and feel safe.

Prevention

Calderdale District has invested 3 Sergeants and 18 Police Constables into 3 Dedicated Domestic Abuse Teams to improve the standard and quality of Investigations and victim care. This now allows for all domestic abuse investigations to be dealt with by dedicated officers who develop an acute understanding of domestic abuse and how it impacts on both victims and perpetrators. Working alongside the Domestic Hub these Investigation teams have access to multi agency resources to safeguard victims and signpost perpetrator's to appropriate agencies looking towards rehabilitation.

The benefits of a dedicated Domestic Abuse Investigation team allows for the proactive use of Domestic Violence Protection Notices and orders where no criminal justice outcome is achieved. This allows the courts to place conditions on perpetrator's to stay away from their victims and seek appropriate support for a period of 28 days further safeguarding vulnerable victims.

The district has also invested in a Vulnerable Adults Investigation team with 2 dedicated Detective Constables investigating offences where vulnerable adults are involved in care home, hospital settings or where significant physical, sexual or financial abuse has occurred.

Proportionality

Further training to police and partners around the Mental Capacity Act and Deprivation of Liberty safeguards would be beneficial to all concerned to improve the partnership response to those in crisis.

Protection

The district Domestic Abuse Hub is vital to protecting vulnerable adults and it is therefore crucial that Adult Social care are represented in the HUB and that this is endorsed by the CSAB. The district has delivered training to officers and partners to raise awareness around Female Genital Mutilation, Modern day Slavery and Human trafficking and this will continue to be a focus for the coming year. Further Multi Agency Training and consideration of a Partnership Seminar to raise awareness would be beneficial.

Partnership

The Domestic abuse HUB continues to provide a multi-agency response to vulnerable victims of Domestic Abuse and it is vital for Adult Social care to be proactively engaged to ensure strong partnership working to support vulnerable victims.

Accountability

The four CSAB sub Groups are established and we will continue to provide representation by West Yorkshire Police and we will actively engage to ensure accountability to CSAB. The Police have actively contributed to serious adult reviews and are committed to take on the learning and develop our response to Vulnerable Adults accordingly.



Together Housing Group (formally known as Pennine Housing)

Together Housing Group continues to place great value on being a member of Calderdale's Safeguarding Adults Board. This allows a housing perspective to be brought to the table and also benefits our safeguarding adults lead to keep abreast of safeguarding from a wider strategic perspective.

Reflecting over the last twelve months, once again its been a really busy year. We have completed our refresher training programme for all staff. This has been extensive but hugely valuable to raise awareness and give clarity to all our staff about their roles and responsibilities thus strengthening the preventative contribution we make to keeping people safe in Calderdale

Staff are also now much clearer on the practicalities of what to do and how to do it when they have a concern and this has increased confidence about raising alerts and speaking up when something just doesn't feel right. We have also reshaped our front line neighbourhood services to introduce a new role of Safeguarding Coordinator to provide guidance and support to managers and staff in dealing with concerns, as well as being an in-house resource to deliver our future training programme.

We have also for the first time presented an annual report about our safeguarding activities to the THG Board (subgroups) as part of improving our governance of safeguarding and oversight of our performance, including compliance with the risk management controls. This included analysis of our performance data which we were able to collate more effectively following the implementation of a group-wide safeguarding log within our main IT system last year on capturing types of concerns, sources of reporting and key actions taken. Going forward, this will also enable us to identify key trends, including areas for further development eg underreporting from certain teams. We also included safeguarding within our internal audit programme and this independent oversight and testing of our controls as part of our continuous improvement has informed our priorities for the year ahead.

Our policy and procedures continue to be promoted through the national Housing and Safeguarding Adults Alliance (HASAA) as best practice and our strategic lead continues to contribute to the work of the Alliance to promote the importance of housing's role in safeguarding, both within the sector and amongst our statutory partners..

National Probation Service (NPS)

In June 15, the National Probation Service (NPS) produced its 'National Partnership Framework' in relation to Safeguarding Adults Boards, which makes the following commitments:

The 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 themselves from that abuse or neglect
- **Strategic:** Attending and engaging in local Safeguarding Adults Boards (SABs) and relevant sub-groups of the SAB. Through attendance, taking advantage of training opportunities and sharing lessons learnt from Safeguarding Adult Reviews and other serious case reviews."

The NPS was formed as a new organisation on 1/6/14 and manages people who have committed violent or sexual offences, who pose a medium/ risk of harm to the public and who are subject to statutory Court Orders and Prison Licenses.

Bradford/ Calderdale cluster is part of the North East Division of the NPS. An Offender Feedback Survey was completed in November 2017, which showed Bradford/ Calderdale cluster is exceeding the NPS target, with 8 out of 10 of our service users reporting that they are satisfied with their experience of Probation and are engaging positively with the offender management process.

The NPS undertakes comprehensive assessments of the risks offenders pose and uses this information to develop robust risk management plans. Probation Officers seek to engage service users in their assessment and risk management plans, in order to work effectively with them to change their attitudes and behavior, to reduce the risk of further offending/harm.

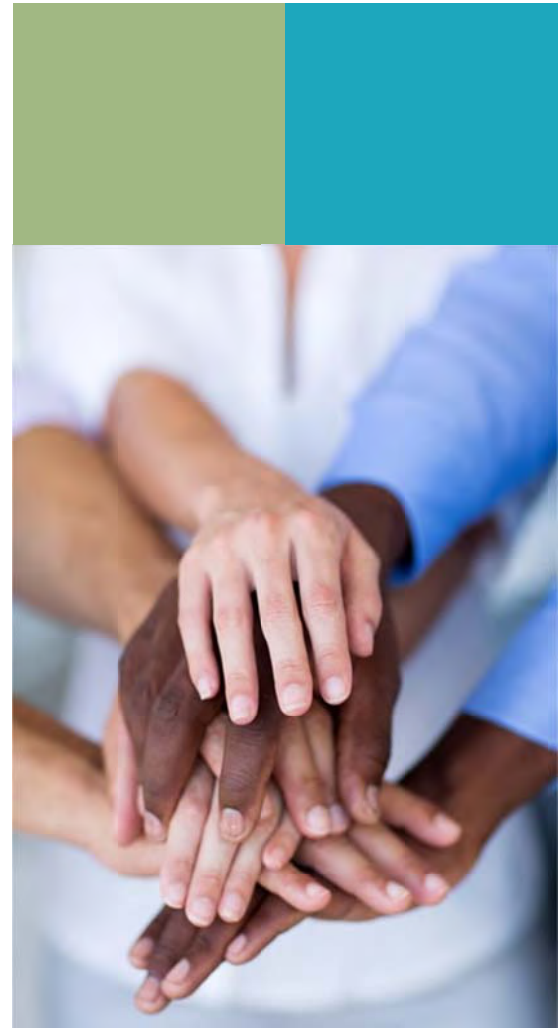
Due to the nature of the offences committed by the group of offenders the NPS manage, the majority are managed through Multi- Agency Public Protection Arrangements (MAPPA) to ensure agencies are sharing information and working effectively together to manage risk. In addition to formal Multi-Agency Public Protection Panels, staff within the NPS hold professional meetings with partners to ensure that agencies are working together in a coordinated way to manage any emerging risks. NPS have also developed close links with Integrated Offender Management led by Police to help and support the management of risky individuals who are subject to supervision by NPS

The NPS have strong links with Calderdale Domestic Abuse hub and staff within the NPS team attend daily meetings with all partners as and when required to share information pertaining to current statutory cases. The NPS provides information to the Multi-agency Risk Assessment Conferences, and as a statutory agency are required to be on the panel for Domestic Homicide Reviews. We also take part in discussions and make referrals to the police regarding Claire's Law disclosure.

There is a victim focus in all relevant cases and the specialist Victim Services Unit (VSU) engages with those victims whose perpetrators have received a prison sentence of over 12

months for serious sexual / violent offences. These victims receive appropriate information about an offender's progress through the system, and are given the opportunity to write a statement to the Parole Board, under the Victims' Charter.

In Yorkshire and Humberside a Personality Disordered Offender Pathway has been developed, in which Psychologists work with NPS Offender Management Teams to ensure that those service users with such difficulties are supported to comply with their Order or Licence. Where appropriate, they are accommodated in a specialist approved premises in Leeds (a NPS hostel), where the regime and environment are managed with support from psychologists.



Calderdale and Huddersfield NHS Foundation Trust

Calderdale and Huddersfield Foundation Trust (CHFT) remains committed to ensuring that Safeguarding Adults remains one of its key Trust 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 strengthened its existing safeguarding arrangements to ensure vulnerable patients are kept safe. The Trusts Safeguarding Committee meeting is 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, and is chaired by the Deputy Chief Nurse. The Safeguarding Committee has commissioned two subgroups to deliver the work of the committee. CHFT has in place a Learning and Audit and a Training and Policy subgroup. These groups bring together key senior professional and operational managers across all Divisions and meet bi-monthly.

As a multi-agency partner of the Board; CHFT attends both the Safeguarding Adults Board and its subgroups. The Head of Safeguarding is chair of the Performance and Quality subgroup of the Board.

Training continues to be a priority and safeguarding training is mandatory for all staff, and is carried out 3 yearly. We have reviewed all Trust staff who require who require safeguarding adults training at levels 1, 2 and 3. All Trust staff receive an annual appraisal and this documentation has been amended so staff can include the number of hours safeguarding training undertaken. Prevent training is delivered to all Trust staff in line with the Prevent Competencies Framework 2015. The Trust has a number of Health Wrap trainers who deliver WRAP 3 training. We have introduced new Female Genital Mutilation Training (FGM) and delivered bespoke training such as Domestic Violence.

The Trust hosts the Domestic Abuse posts commissioned within the Domestic Abuse Hub within Calderdale. These posts have supported Calderdale partners in Safeguarding both adults and children. The Domestic Abuse policy has been reviewed and updated to reflect new referral pathways for staff to follow.

The Trust has contributed to Safeguarding Week in 2016 by delivering training on 'The impact of Domestic Abuse' and 'Coercive and Controlling Behaviour' jointly with the Police; 'Safeguarding and Human Rights Awareness raising' – focus on safeguarding and human rights' and 'patient Stories – improving the journey between services.'

Throughout the year we have developed and implemented a robust safeguarding dashboard that is presented at our internal Safeguarding Committee meeting. We have shared key messages with all Trust staff through the Safeguarding Newsletter twice yearly and our new monthly virtual notice board.

Strategic Partnership Group

The Strategic Partnership Group examines governance and accountability between the strategic partnerships in Calderdale where there are cross cutting agendas. Namely, the Calderdale Safeguarding Children Board (CSCB), Children & Young People's Partnership Executive (CYPPE), Calderdale Safeguarding Adults Board (CSAB), Community Safety Partnership (CSP), Health and Wellbeing Board (HWB), and the Domestic Abuse Strategic Group (DASG)

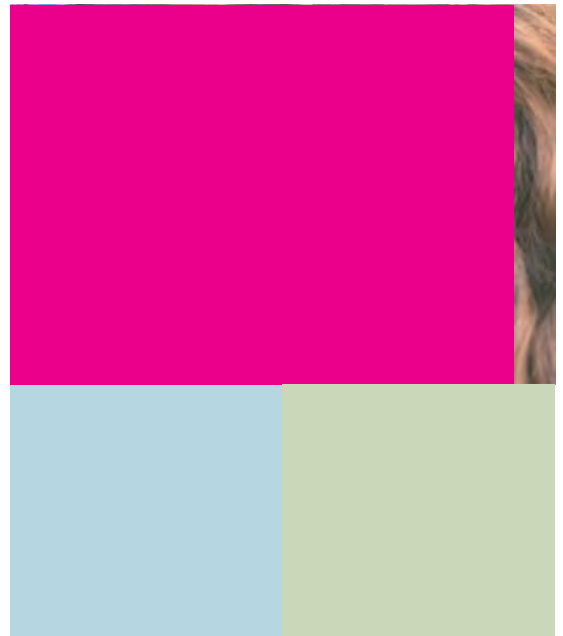
The Group produces documentation and advice clarifying accountabilities and responsibilities for each cross-cutting area of business. The more focussed approach is aimed at reducing 'Mission Creep', and highlights where there are gaps, where there are potential duplications and how each partnership can effectively manage and contribute to issues which affect more than one partnership. In addition, it is envisaged that through this Strategic Partnership Group saving can be made financially and through shared resources.

The group enables external bodies and Councillors to be able to identify where governance rests, resulting in a more streamlined approach and more informed peripheral management of inspection and review.

Members who sit on more than one Board see benefits in having clarity of purpose which results in reduced duplication of reporting.

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

- Female Genital Mutilation
- Domestic Abuse
- Human Trafficking and Modern Day Slavery
- Radicalisation
- Forced Marriage and Honour Based Violence
- Missing people
- Child Sexual Exploitation
- Cyber Crime
- Substance misuse





Effectiveness of Safeguarding in Calderdale

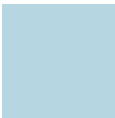
Adequate resources are committed to the CSAB every year from partner agencies both financially and through provision of staff time and resource. Attendance and commitment has been good throughout 2016-2017 and the Board is clear about the purpose, role and function of the Board and sub groups. This is reflected in the 2017-2020 Strategic Plan and the 2017-2018 Business Plan.

The testimonies in this Annual Report from the sub groups indicate how the Board performs and meets its statutory requirements as determined by the Care Act 2014 and statutory guidance. The SAB is starting to lead safeguarding arrangements through the revision of the combined Area Multi Agency Safeguarding Adults Policy and Procedures (shared with West Yorkshire, North Yorkshire and York).

New arrangements have been put in place to provide support to the CSAB through a merged secretariat of staff who have supported the Calderdale Safeguarding Children Board. This new arrangement came into place in April 2017 and will be monitored and reviewed regularly, however early indications show this is a positive step for the CSAB for the development of its performance management and quality assurance functions.

This increased level of support has improved the CSAB's ability to seek assurance and evidence about whether safeguarding practice is person-centred and outcome focused and how safeguarding practice protects adults with care and support needs.

The CSAB aims to increase the contribution and involvement with service users, care homes, residential homes, families and communities through its sub group structure and through its formal and informal reporting arrangements. 2017-2018 will see an increase in evidence of the effectiveness of safeguarding in Calderdale and how agencies are Making Safeguarding Personal.



Reporting 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

