



The Peterborough Safeguarding Adults Board Annual Report 2014/15



***Safety, Enablement, Empowerment and Prevention,
at the centre of everything we do***

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Introduction

It is my pleasure to introduce the Peterborough Safeguarding Adults Board's Annual report.

The aim of the report is to capture the difference we made in 2014/15, set against the priorities we had identified in the previous annual report, and set out our priorities for 2015/16.

The biggest challenge the board has had to face is preparing itself for the commencement on the 1st of April 2015 of the Care Act 2014.

As well as this once again, our work over the year took place in an environment of organisational change and resource constraint across the whole partnership, in particular with the continuing reconfiguring of the health system and probation system.

Nevertheless, I think that we have made some considerable progress again this year, particularly around our monitoring and oversight of the quality of care within Peterborough.

I realise there is much more to be done, and we must strive to work with all of the organisations and providers of adult care in Peterborough to make this a safe City to be a resident of in particular when you are vulnerable and in need of care and protection.

We have maintained close links with both the Peterborough Safeguarding Children Board and the Cambridgeshire Safeguarding Adults Board in recognition of those organisations that deliver services to both children and adults and across the council boundaries.

We have also kept close links with the Health and Wellbeing board in Peterborough. In the forthcoming year we will need to ensure we as a Board have fulfilled the expectations of the Care Act 2014.

I should also like to thank all of those colleagues who have worked so hard to promote and improve our approach to safeguarding over the last year.

**Dr Russell Wate QPM – Independent
Independent Chair**



Background

Throughout 2014-15 the Safeguarding Adults Board was governed by the No Secrets statutory guidance 2000. The Role of the Peterborough Safeguarding Adults Board under this guidance is summarised as follows:

- To ensure the safeguarding of adults at risk in Peterborough, to prevent abuse and neglect happening within the community and in service settings.
- To provide independent governance and audit of safeguarding practices and to promote the safeguarding interests of vulnerable adults to enable their wellbeing and safety.
- To promote, inform and support the work to safeguard adults in Peterborough across all the partnership agencies.
- To develop Peterborough's strategic safeguarding policies, and ensure the inclusion of these policies in all agencies strategy documents and plans.

In March 2015 the Board adopted a new Terms Of Reference and statement of purpose to reflect the requirements of the Care Act 2014.

The role of The Board is to work as a multi-agency group:

1. To ensure the safeguarding of adults at risk of abuse in Peterborough and to prevent abuse and neglect happening within the community and in service settings by providing effective strategic governance at senior management level across partner organisations.
2. To provide independent governance and audit of safeguarding practices and to promote the safeguarding interests of adults at risk to enable their wellbeing and safety.
3. To promote, inform and support the work to safeguard adults in Peterborough, across all the partnership agencies, and to inform and support cross boundary safeguarding arrangements.
4. To develop Peterborough's strategic safeguarding policies, and ensure the inclusion of these policies in all agencies strategy documents and plans.
5. To address poor practice and robustly act to ensure the principles are maintained.
6. To seek independent legal advice as appropriate.

Who is represented on the Peterborough Safeguarding Adults Board?

The Board is made up of senior representatives nominated by each of its member agencies. Those members representing providers were selected following an interview process which included the Independent Chair on the interview panel.

Name	Agency
David Bache	Age UK Peterborough (Voluntary Sector Rep)
Stuart Fort	Axiom Housing (Housing Sector Rep)
Esther Bolton	Cambridgeshire Community Services
Gary Ridgway (D. Supt)	Cambridgeshire Constabulary
Wendy Coleman	Cambridgeshire Fire & Rescue Service
Becki Morphus	BeNCH
Melanie Coombes	Cambs & Peterborough NHS Foundation Trust
Paula South	Cambs Clinical Commissioning Group
Tanya Meadows	City College Peterborough
Mat Hadman	Domiciliary Care Representative
Martin Marsh	HMP Peterborough
Russell Wate	Independent Chair
Matthew Ryder	National Probation Service (member from January 2015)
Mavis Spencer	NHS England
Debbie McQuade	PCC - ASC (Care Services)
Will Patten	PCC - ASC (Commissioning)
Jana Burton	PCC - ASC (DASS)
Tina Hornsby	PCC – ASC (Quality Information & Performance)
Wayne Fitzgerald (Cllr)	PCC - Cabinet member
Alison Bennett	PCC - Children's Services
Emily Gray	Peterborough & Fenland Mind (Voluntary Sector Rep)
Lesley Crosby	Peterborough & Stamford Hospitals NHS Foundation Trust
Joanne Hather-Dennis	Peterborough Regional College
Kerry Elliot	Residential Care Representative

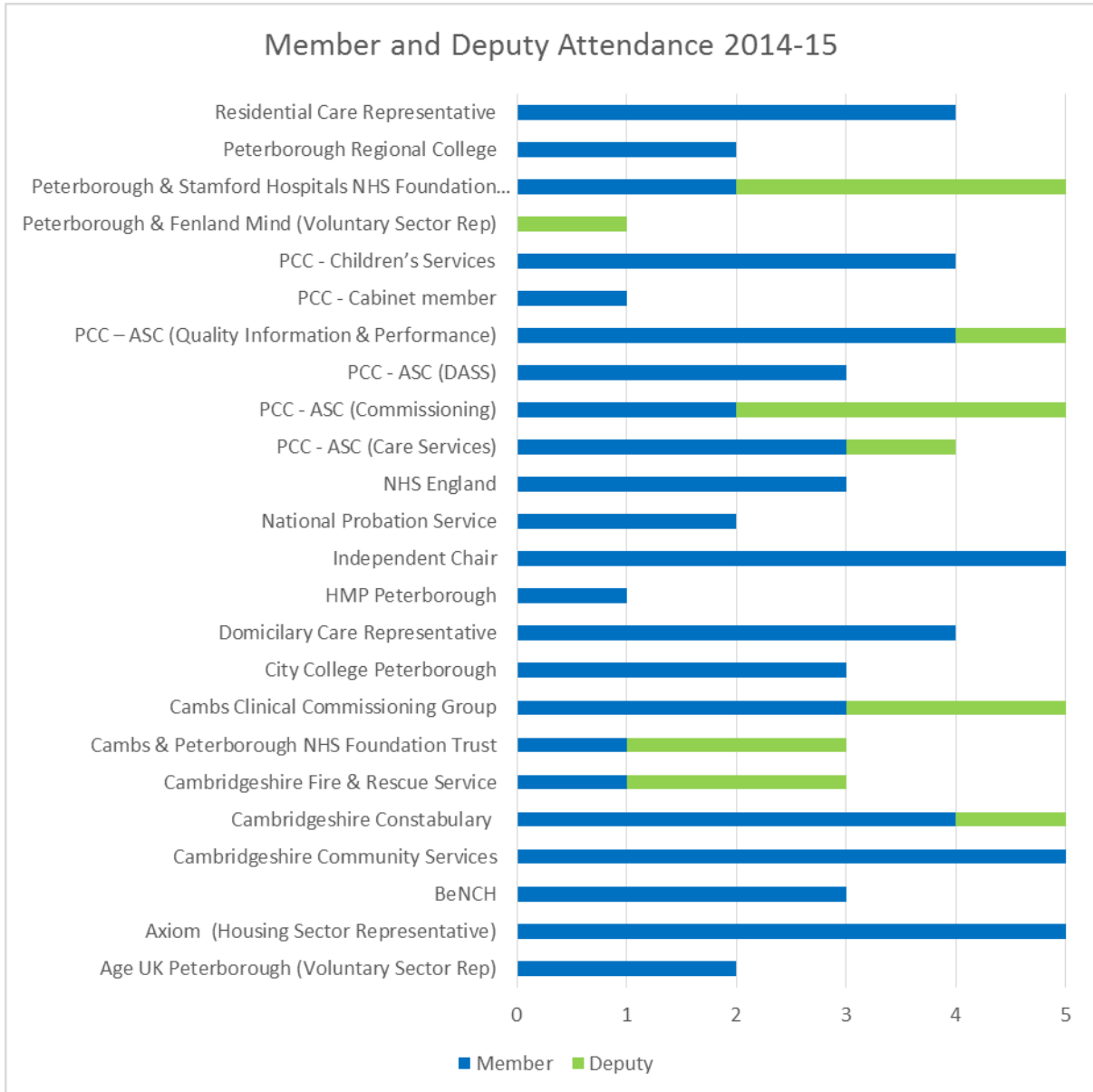
Partner agency representatives should be of sufficient seniority to make decisions to an agreed level on behalf of their agency.

Each representative is responsible for disseminating information between the PSAB and their agency and for identifying any necessary actions.

The Cabinet Member for Adults Services attends as a participating observer, this allows the member to challenge as necessary.

Members Attendance at Board Meetings

The Board met 5 times during the year, one of these meetings, in February 2015, was an extraordinary meeting to discuss the preparations for, and the implementation of, the Care Act. The chart below includes the attendance at this extra meeting. Members are expected to attend each meeting, or send an appropriate deputy if they are unable to attend.



How the Board Operates

The Peterborough Safeguarding Adults Board provides the strategic leadership for safeguarding adults work locally. The statutory guidance enshrines the six principles of safeguarding:

1. **Empowerment** - presumption of person led decisions and informed consent
2. **Prevention** - it is better to take action before harm occurs
3. **Proportionality** - proportionate and least intrusive response appropriate to the risk presented
4. **Protection** - support and representation for those in greatest need
5. **Partnerships** - local solutions through services working with their communities
6. **Accountability** - accountability and transparency in delivering safeguarding.

The Board has a duty to ensure that these principles are upheld and take action where these rights are infringed.

The Board is positively committed to opposing discrimination against people on the grounds of race, religion, gender, age, disability, marital status or sexual orientation.

The Board is supported by four sub-groups:

- Quality and Performance Sub-Group
- Training Sub-Group
- Safeguarding Adults Reviews Sub-Group
- Health Executive Safeguarding Board

The Board monitored its progress for 2014/15 against the three priorities identified in its business plan:

- Priority Area 1 - Effective safeguarding policies procedures and governance
- Priority Area 2 – Improved response to safeguarding concerns
- Priority Area 3 – Increased access and involvement.

This report reflects the work undertaken which we feel has delivered an impact across the system during 2014/15, and sets out some further work programmes for 2015/16 in line with our three year strategy.

Priority Area 1 – Effective Safeguarding Policies, Procedures and Governance

Preparing for the Care Act 2014

The Care Act sets out three statutory duties for Safeguarding Adults Boards from 1 April 2015.

- It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve these objectives. The plan must be developed with local community involvement, and the SAB must consult the Local Healthwatch organisation.
- It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews or any on-going reviews.
- It must conduct any safeguarding Adults Reviews in accordance with Section 44 of the act

There was recognition within the CCG that the implications of the Care act required additional staffing and the posts of Named nurse and nurse for safeguarding adults were established. (CCG)

The Board held an extraordinary meeting in February 2015 to ensure that it was prepared to deliver its duties under the Care Act. By the first of April the Board had ensured the following arrangements were in place:

- Reviewed membership and terms of reference for the Board
- Revised interim guidance for professionals around the process for undertaking safeguarding enquiries.
- A procedure for carrying out Safeguarding Adults Reviews, alongside revised membership and terms of referenced for the Safeguarding Adults Reviews Sub-Group.
- Designated Adult Safeguarding Managers (DASM) identified by all core members

A Local Government Association Peer Review of Safeguarding Adults in Peterborough scheduled for October 2014, had to be delayed due to sickness of the lead Peer. The City Council therefore asked for an external organisation to carry out a Health Check on Care Act compliance to support the Board in auditing compliance. The Local Government Association Peer Review is now scheduled for February 2016.

The Board also acknowledged the need to ensure alignment to other key partnership boards including Safer Peterborough Partnership and Domestic Abuse Strategy Board.

PSAB Sub-Groups

Quality and Performance Sub Group

The Quality and Performance Sub Group draws membership from organisations who are represented on the Peterborough Safeguarding Adults Board. The purpose of The Quality and Performance Sub-group can be categorised as:

- To assure adult safeguarding processes in Peterborough are safe, effective and provide a positive customer experience.
- To commission specific quality and performance analysis work and to report findings and make recommendations to the SAB

Highlight achievements

Maintained a quarterly overview of the Safeguarding Adults Dashboard which includes the following system performance indicators.

- Timelines for investigations
- Outcomes of investigations
- Use of Protection Plans
- Re-referral rates
- Number of DOLS requests made and granted
- Numbers in secure provision as per Winterbourne Review definition.

Completed a self-assessment in preparation for the LGA Peer Review which was later postponed at short notice due to the sickness of the lead peer.

Reviewed benchmarking information on the national Safeguarding Adults Return.

Took an overview of quality audit work programmes including:

- Making Safeguarding Personal pilot
- Safeguarding Outcomes Measure Project
- Advocacy Audit
- Notifications of concerns for care provision in Peterborough
- Case audits
- Social Care User Survey Analysis

Detail around performance and quality relating to Safeguarding is covered under priority 2, see page 12 onwards.

Training Sub Group

The purpose of the Training Sub Group is to oversee and commission training which further strengthens the awareness of safeguarding. To ensure that those who respond to and investigate safeguarding concerns have the necessary skills to do so effectively. The 2014/15 multi-agency training programme delivered training to 866 people.

Highlight Achievements

- Developed a Training Strategy and training programme for 2015/16
- Undertook a Training Needs Analysis event around Care Act with social care providers.

- Reviewed assessment of learning feedback
- Invested NHS England funding into a shared strategy for MCA and DOLS training for GPs and health professionals

Care Act Provider Event – Training Needs Analysis.

In March 2015 the Training Sub Group organised a training needs analysis session for health and social care providers. Key feedback from the event was that providers felt the need for more support to understand how multi-agency policies and procedures linked into provider's own policy and procedures. The majority of providers have an identified safeguarding lead, who would benefit from multi-agency best practice updates.

Many Providers have almost 'overhauled' their training programmes to ensure the training now meets the newly required 15 standards of the Care Certificate (*Domiciliary Care Rep*)

As all providers have a requirement to update their procedures in line with the Care Act this is a good opportunity for the Board to co-ordinate the sharing of exemplar and best practice materials.

Following on from this the Training Sub Group propose to put the following three key delivery elements in place:

- A session to support provider managers in the updating of their policies and procedures once the amended multi-agency policy and procedures are agreed.
- Quarterly best practice update sessions for health and social care provider managers
- Free access to learning pool (e-learning) and computer / internet facilities at libraries for health and social care workers.

A similar training needs analysis session is being arranged with voluntary sector organisations for early in 2015/16.



Safeguarding Adults Review Sub Group

Serious Case Reviews

Within the timescales of this report the SCR sub-group has commenced, but not completed, 4 SCR's. It is expected that these will be completed during 2015-16 and any identified learning will be shared.

Referring Agency	Referral Date	SAR Criteria	No of adult cases being reviewed	Age of Service user at death or date of referral
CCG	April 2014 (Q1)	Death - neglect	1	78
PCC	April 2014 (Q1)	Abuse - Multiple victims	6	78, 76, 88 82, 93, 86
PCC	Dec 2014 (Q3)	Death - neglect	1	81
PCC	March 2015	Death - neglect	1	92

Health Executive Safeguarding Board

The Health Executive Safeguarding Board is a subgroup of the SAB and takes a strategic view of health issues within safeguarding adults across the health economy working collaboratively with members of Cambridgeshire and Peterborough Local Authority Safeguarding adults teams

Safeguarding Adults Health Subgroup

The Safeguarding Adults Health Subgroup is a multiagency forum, including representation from both Cambridgeshire and Peterborough safeguarding adults teams, reviewing operational issues which reports to the Health Executive Safeguarding Board and had a collective work plan of

- Raising awareness of MCA/DOLs
- Monitoring of quality of care in care homes
- Developing a risk framework for referrals
- Sharing of information

Deprivation of Liberty Safeguards

A case law judgment on the application of the Deprivation of Liberty Safeguards regulations delivered in March 2014, has led to a surge in applications nationally. For Peterborough this has meant an increase from 24 applications in 2013-14 to 386 in 2014-15.

The Board has taken an overview of the response to this demand, receiving regular updates on progress. During 2014/15 414 applications were made to the Council for judgments as to whether a restrictions were being placed in a person's best interests. The Council has responded by establishing an MCA and DOLs team and utilizing the ADASS documentation. Although initially there was a backlog all applications relating to 2014/15 had been dealt with by June 2015.

The number of DoLS applications has increased substantially and amended guidance has been produced to reflect the changes (CPFT)

There are still some providers making bulk applications and annual reviews are now becoming due meaning there is ongoing pressure within the system. The Law Society are currently reviewing this legislation in light of the pressures felt across the country.

Figure 1 below shows the numbers of DOLs applications received in 2014/15 by source:

Figure 1 DOLs applications by source.

	Q1	Q2	Q3	Q4
Acute hospital	2	4	0	1
Psychiatric hospital	1	4	3	2
Learning Disability	16	24	7	7
Other Care Homes	121	63	95	64

Progress of actions identified in the 2013/14 Annual Report

Effective Safeguarding Policies, Procedures and Governance - Our priorities for 2014/15

- Review Safeguarding Procedures and develop a framework for Serious Case and other Multi-Agency Reviews in light of the Care Act, in partnership with Cambridgeshire and the regional ADASS safeguarding network.
Interim process produced. Countywide multi-agency policy and procedures to be developed in light of national guidance now received, and following learning from first three months of MASH
- Develop a MCA and DOLS service that is able to provide a quality and timely response to the increased demand for use of DOLS within care settings.
Team established and 441 applications received in 2014/15. All had been processed by end June 2015.
- Review SAB membership and funding in light of the Care Act 2014 guidance
Review undertaken and new Terms of Reference in place. New joint board governance arrangements with Local Safeguarding Childrens Board to be put in place for 2015/16.
- Undergo an LGA Peer review of Adult Safeguarding arrangement in Peterborough
Postponed until February 2016. External health check to be completed and outcomes shared by July 2015

We worked in partnership to transform the Multi Agency Referral Unit (MARU) into a Multi-Agency Safeguarding Hub (MASH) with adult safeguarding one of the priority thematic areas of the MASH.
(Cams Constabulary)

Priority Area 2 – Improve response to safeguarding concerns

Safeguarding Adults Activity 2014 / 15

In order to ensure responsiveness to safeguarding concerns we need to ensure that there is awareness amongst all agencies and that appropriate alerts are raised.

Too many referrals can be evidence of a lack of understanding of what constitutes a safeguarding concern, too few can be evidence of a lack of awareness of adults at risk.

Learning is shared in team meetings regarding safeguarding and cases are discussed in clinical, team and daily meetings in order to ensure a multidisciplinary approach is used when making decisions regarding safeguarding and how best to manage cases. (*Aspire*)

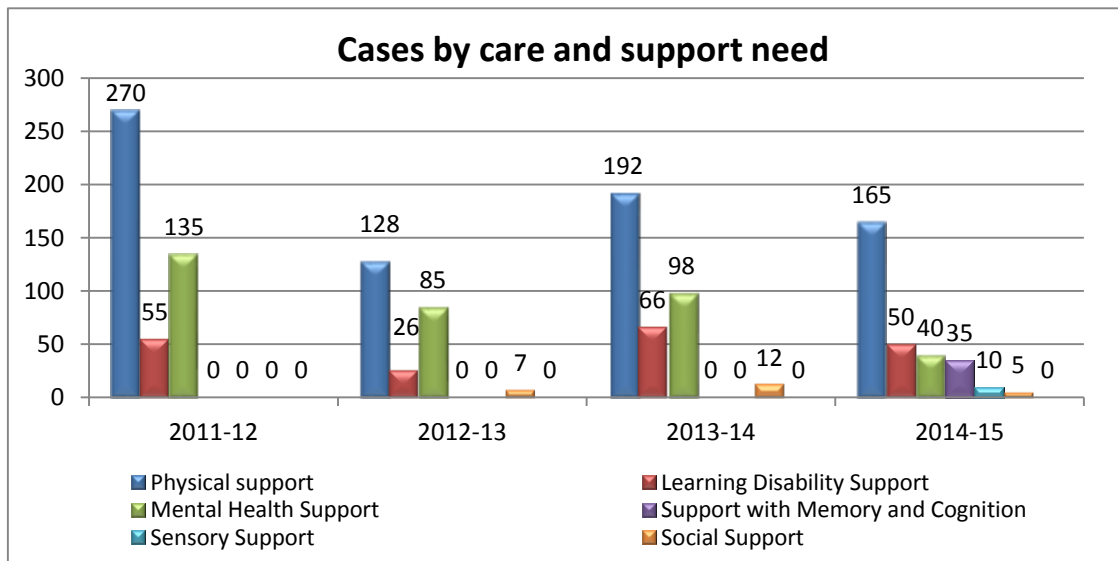
In 2014/15 we saw a slight dip in the number of safeguarding concerns progressing to investigation, which has brought us more into line with national averages per head of the population, Figure 2 below.

Figure 2 – Number of cases progressing to investigation per 100,000 of the population

	Total investigations	Total adult population	Investigations per 100,000
Peterborough (2014/15)	364	143,854	253
Peterborough (2013/14)	368	115,400	260
England (2013/14)	105560	33,013,910	251

There was also a change in the way we categorise adults at risk for the purpose of national data capture. Investigations regarding adults with cognitive memory and cognitive impairments are now separated from the mental health category.

Figure 3 below shows the historical trends for different categories of adults at risk, broken down by primary care and support need.

Figure 3: Cases by primary care and support need of the adult at risk

NOTE: The data shown above represents the number of individuals subject to a safeguarding investigation in the period, an individual might have more than one investigation, hence the difference in figures from the table in figure 2.

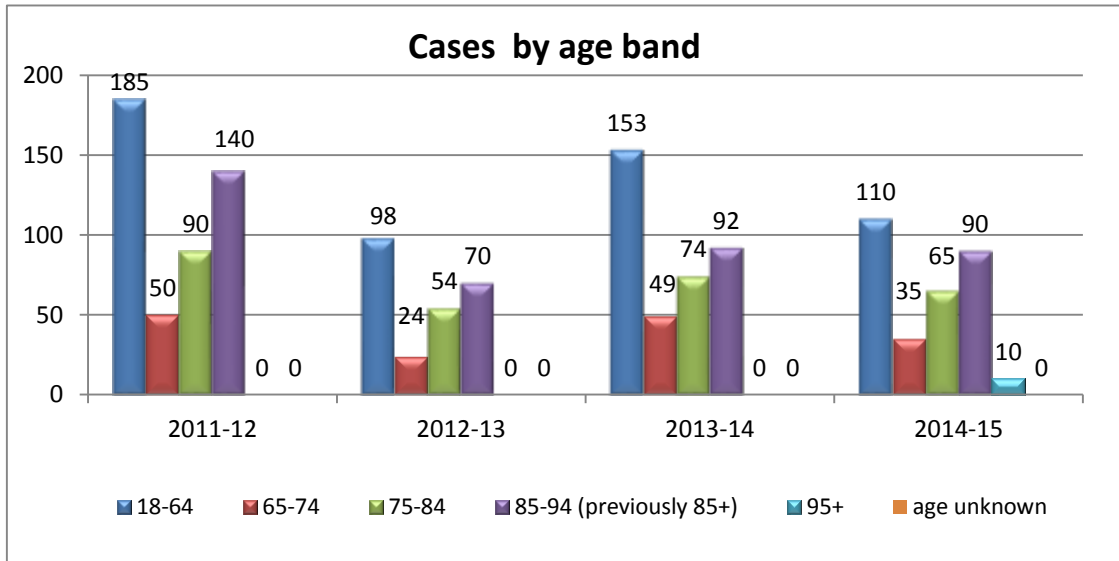
The clear primary care and support need for adults at risk for whom we progressed investigations was physical support (53%) and this has been the pattern for previous years also. The reduction in mental health numbers is likely to be due to those with memory and cognition support needs being separated out. Learning disability, mental health and memory and cognition have similar levels of referrals.

Of the investigations conducted 258 (84%) were for people with White British ethnicity, this is exactly in line with the previous year. As with the previous year referrals for other ethnic groups were spread, with the next largest percentage (4.6%) being Asian / Asian British.

Of the adults at risk 27% were not previously known to the Council, down 1% on the previous year. It was more common for men to have been unknown to the Council, 35% of the 108 investigations regarding men were for those not previously known. For women the percentage was noticeably lower at 22%. Adults at risk with mental health support needs were most likely not to have been previously known to the Council (49%).

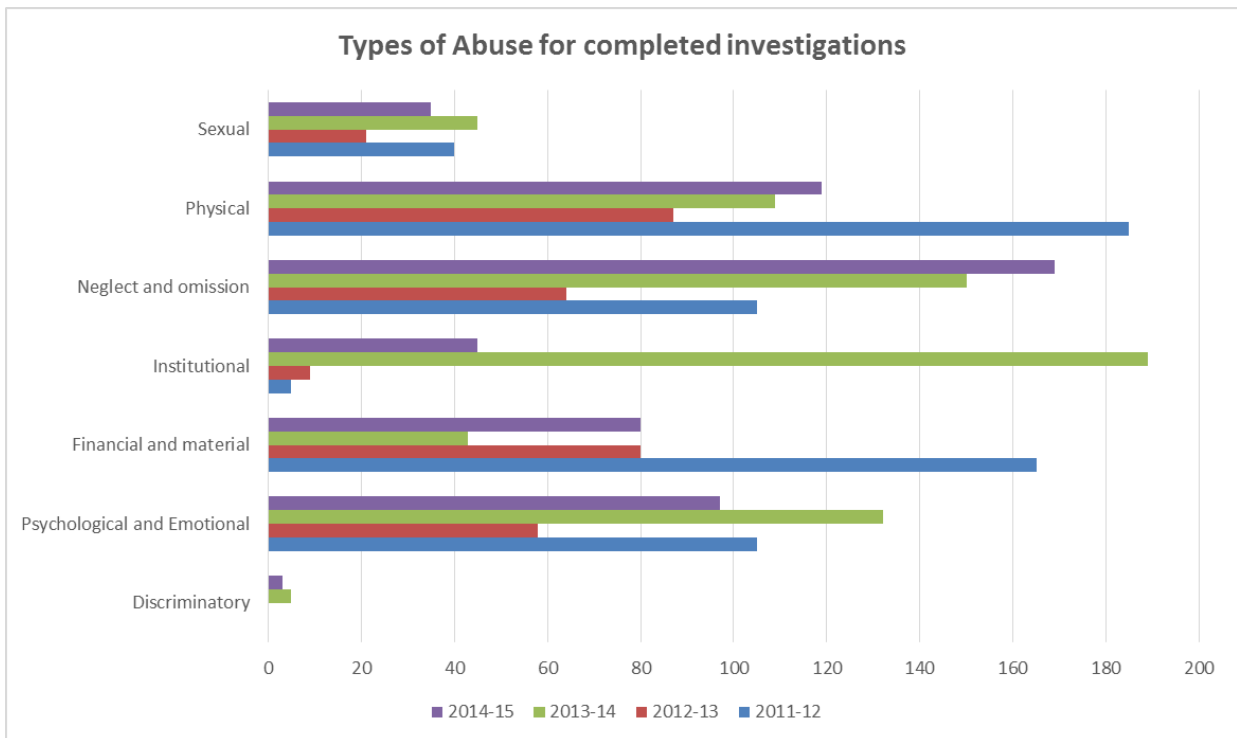
Over time we have seen an increasing proportion of investigations relating to those aged 85 and over. Figure 4 provides a breakdown by age over time. The number of investigations relating to those aged 85 and over at 101, almost equalled the numbers relating to those aged 18-64,(106).

Figure 4: Cases by age band



Of the investigations that were concluded within the year the majority related to neglect and omission, 30.5%, with physical abuse (22%) and psychological and emotional abuse (18%) being the next most common.

Figure 5 - types of abuse for completed investigations



The split between source of abuse remains comparable to the previous year. Most commonly alleged perpetrators are known to the adult at risk, although an increasing percentage are individuals who are not known, 11% in 2011/15 compared to 8% in 2013/14.

Figure 6: Source and type of alleged abuse

Type of abuse	Social Care / Support service		Individual known to the person		Individual unknown to the person	
	13/14	14/15	13/14	14/15	13/14	14/15
Physical	57	34	85	68	8	15
Sexual	8	4	33	27	4	5
Psychological/ Emotional	26	27	77	63	6	5
Financial / Material	17	10	102	61	13	10
Neglect or omission	125	92	42	57	22	20
Discriminatory	1	0	42	3	22	0
Institutional	40	27	3	16	0	0
Total	274	194	345	295	54	55

Note: each investigation can have more than one allegation of abuse, hence numbers will not total to match the number of completed investigations.

The most commonly investigated form of alleged abuse was neglect or acts of omission, with 165 investigations. The majority of these allegations of neglect, 55%, related to social care providers or support services. Physical abuse overtook financial abuse as the most common form of abuse alleged to be perpetrated by someone known to the adult at risk.

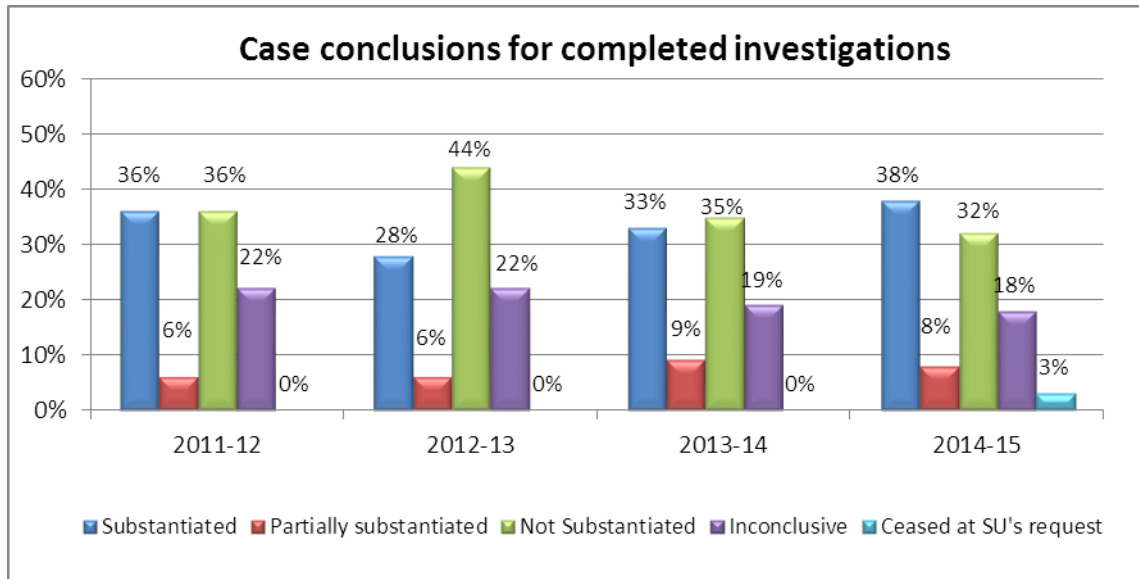
During the year there were 3 large scale investigations concerning care homes in the City and these might have led to an increased number of investigations being captured which related to neglect or acts of omission. The Board will be reviewing its processes for dealing with investigations concerning providers during 2015/16 to ensure proportionate and effective responses which build on mutual learning.

Outcomes of investigations

Of the investigations completed in the year 135 (38%) found an allegation of abuse to be substantiated. A slightly decreased percentage were found to not substantiated (32%), whilst the % of cases where the outcome was inconclusive remained roughly the same (18%).

Figure 7 shows a breakdown of the case conclusions for all completed investigations.

Figure 7: Case conclusion



At the completion of investigations a judgment is made as to whether there was risk found and if so whether this risk has been reduced or removed. For investigations completed in 2014/15 the following judgements were made in respect of risk.

No action taken, no risk remains = 38%

Risk remains = 7%

Risk reduced = 32%

Risk removed = 24%

Mental Capacity

Of the investigations completed in 2014/15 approximately 50% of adults at risk lacked mental capacity to identify outcomes. Of these 105 (60%) were supported through the process by an advocate or representative. This is an area in which we wish to improve in future years, as the adult at risk's wishes should be central to the safeguarding process.

Safeguarding Adults Board Performance Dashboard

Alongside collecting activity data for the national safeguarding returns the Board continues to monitor metrics around the quality and inclusiveness of safeguarding in the City. Measures on which the Board seeks assurance are summarised below:

Strengthen response to referrers of safeguarding concerns.

Referrers had expressed concerns around a lack of feedback at key points of the safeguarding investigation process, at the point at which it is decided to treat a concern as a referral and at the conclusion of an investigation. Two measures are monitored within the dashboard.

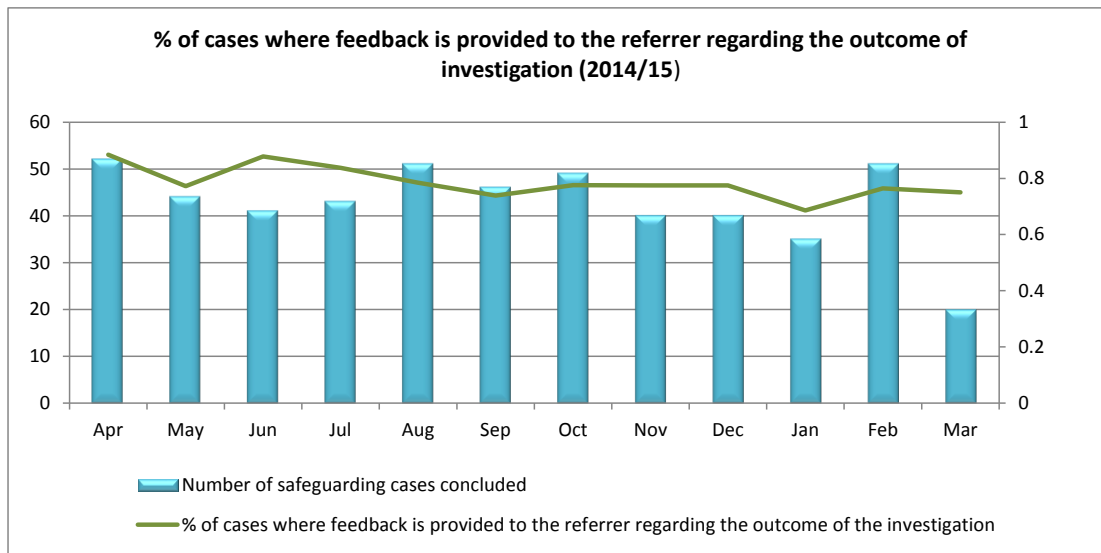
- 1. Feedback to referrers.** Recorded feedback to referrers was consistently better than the 49% for the previous year, with performance ranging from 83% in

Quarter 1 to 67% in Quarter 4. However partner agencies and care providers continue to raise concerns about the frequency and usefulness of feedback, and spot audits have revealed that feedback is not always comprehensive or channelled to the appropriate person within an organisation. Further guidance on feedback was included in the new process guidance for professionals which came into place on 1 April 2015.

2. **Feedback not given to referrers after the outcome of the investigation.**

Likewise recorded feedback of the outcome of investigations was consistently improved on 2014/15 in all quarters. However at just under 80% the frequency of feedback for outcomes is still not as good as it can be. The interim guidance makes it clear that referrers should be involved throughout the process where appropriate rather than just receiving feedback on completion.

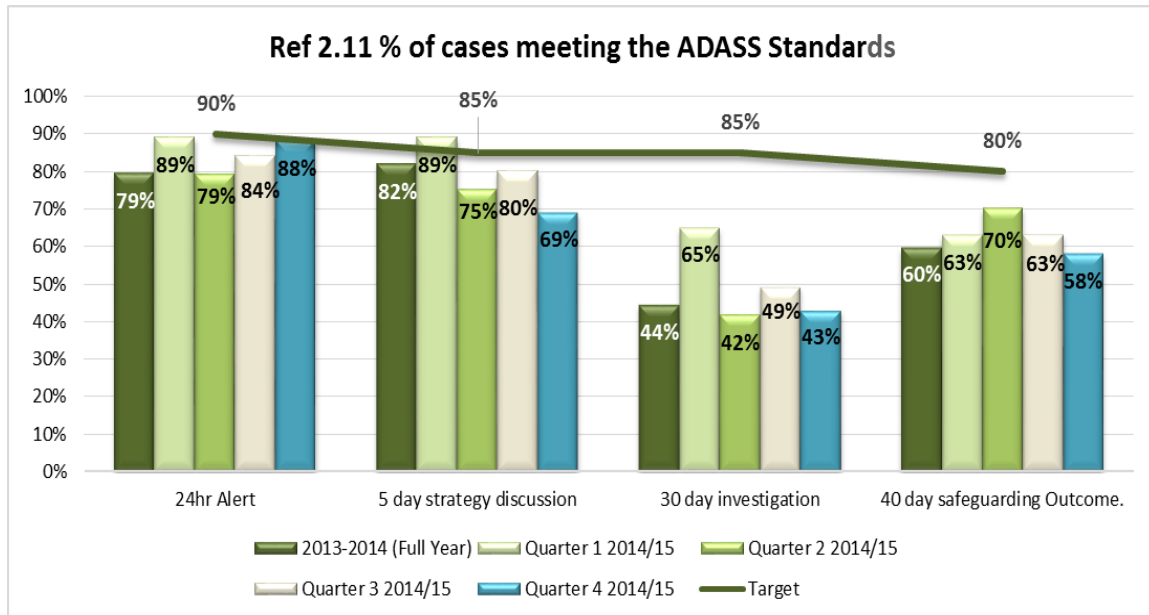
Figure 8: Percentage of cases where feedback was given to the referrer regarding the outcome of the investigation



Improve timeliness of investigations

Although there are no nationally set timeframes for conducting and completing adult safeguarding investigations, the Board has continued to monitor timelines against the benchmarks, suggested by the Association of Directors of Adult Social Services (ADASS)

- 24 hour to decide to treat concern as a referral
- Strategy meeting or discussion to be held within 5 working days
- Investigations completed within 20 working days / 30 working days
- Outcome of the investigation to be known within 40 working days

Figure 9: Timeline indicators

Timelines have continued to be challenging and although the initial time lines targets were achieved in some quarters the investigation and outcome targets have not. Although it is important to monitor timelines, the improvement in percentages of substantiated cases might be evidence that timelines are not adversely affecting outcomes. Under the Care Act time lines have not been suggested in recognition of the need to set the pace of enquiries around the level of risk and what the outcome the adult at risk wishes to achieve. The Multi-Agency-Safeguarding-Hub where responsibility for triaging referrals is placed from 1 April 2015 have identified target timelines for 24 hours for high risk and 72 hours for all other referrals.

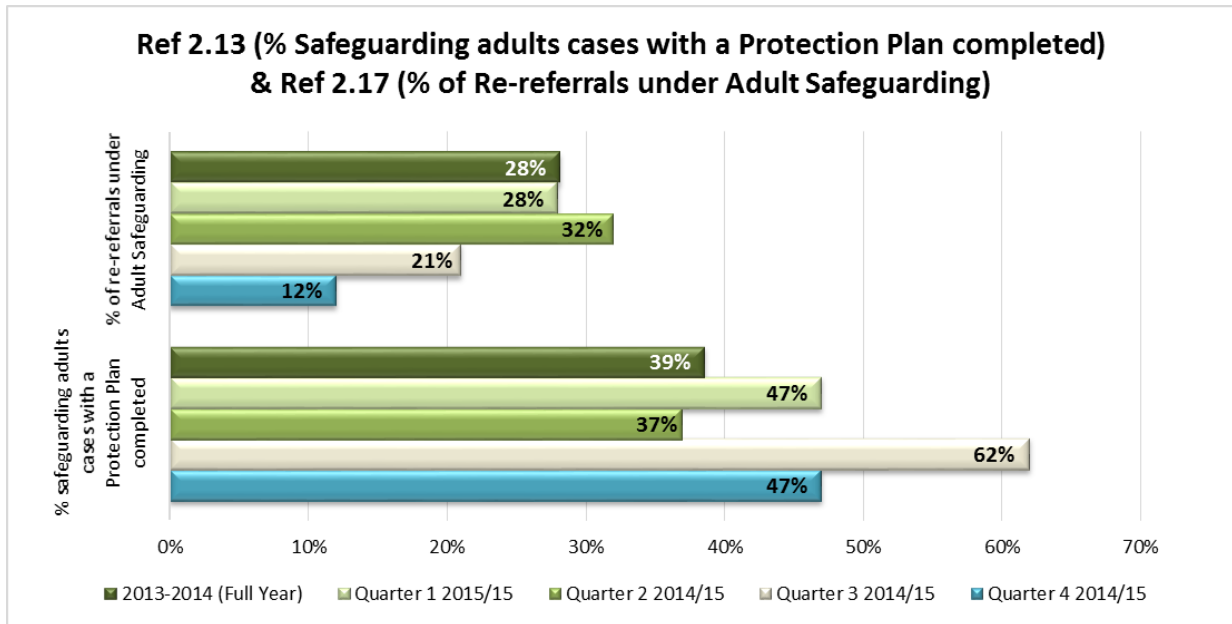
Prevention of further abuse

The Board dashboard has historically contained two measures which seek to track the impact of investigations in preventing further abuse:

- % of safeguarding adults cases where a protection plan was put in place
- % of safeguarding referrals that were re-referrals

For 20-14/15 the Quality and Performance Sub-Group also monitored the percentage of cases where risk was reduced or removed as summarised on page 13 above.

There has been a great deal of activity to ensure compliancy with the new Prevent Duty to include further Business continuity training from NaCTSO for senior staff and WRAP training for all staff. The College now has representation on the Peterborough Prevent Strategic Board and Cambs Channel Panel. *(Regional College)*

Figure 10: Prevention indicators

In response to the high level of re-referrals in the previous year and the first two quarters of 2014/15 a regular re-referral report was created. This report allows case audits where an adult at risk has had multiple referrals in a 12 month period. The rate of re-referrals reduced in Quarter 3 and Quarter 4 and this might be due to learning from the audits, or from an increased focus on delivering the outcomes identified by the adult at risk.

The use of protection plans having increased in the previous years continued to rise overall, despite a small dip in the second quarter. It is hoped that the focus on identifying the adult at risk outcomes will lead to further increases in the use of protection plans to document longer term actions to safeguard from harm.

Safeguarding Adults Training Report 2014/15

Identification and response to safeguarding concerns are dependent upon knowledge, understanding and awareness of all agencies. The Safeguarding Adults Board has an agreed training plan to enhance this. During 2014/15 63 courses took place and were accessed by a total of 866 health and social care workers or volunteers.

262 people attended bespoke training provided on request by their employer.

759 people booked training through the Board's training brochure, although 202 subsequently failed to attend. Attendance rates were better for the courses specifically aimed at managers of health and care services.

The table in figure 11 below provides a breakdown of courses offered via the training brochure with the booking, attendance and DNA rates.

Figure 11: Training programme 2014/15

Course Title	Number of Courses	Places Available	Total Booked	Total Attended
Case Conferences and Protection Planning	1	18	7	4
Deprivation of Liberty Awareness	4	72	77	48
Deprivation of Liberty Level 2	2	36	31	22
Large Scale Investigations	1	18	9	8
Leading Safeguarding Investigations (2 Days)	1	18	13	12
MCA & DOLs refresher	6	108	111	77
Mental Capacity Act Awareness	6	108	133	91
Mental Capacity Act Level 2	2	36	29	26
Roles and Responsibilities of Provider	2	36	40	31
Safeguarding Awareness	10	180	204	165
Safeguarding Awareness Refresher	4	72	75	33
The Care Act & Safeguarding Adults Workshop	2	30	30	31
TOTALS:		732	759	548
			76%	

Overall attendance rates were similar across sectors, although as expected the largest volumes of attendees were from the private and voluntary (PVI) sector. 72% of those who booked from PVI sector attended on the day, compared to 77% from the Council and Health organisations and 79% from the Mental Health Trust.

Figure 12: Attendance by sector

Attendance				
PCC	PVI	Health	CPFT	Police
131	369	33	15	0
77%	72%	77%	79%	n/a

The training courses were positively received by attendees with 100% rating them as either good or excellent. Some specific examples of learning recorded by attendees are recorded here:

Safeguarding Refresher

I will ensure safeguarding concerns are reported correctly
It reminded me of the correct procedures to follow
I will make observations during contact with the client

The Care Act & Safeguarding Adults Workshop

Really useful being able to discuss the Care Act and Safeguarding workshop with the other providers particularly those with a lot more experience and with varied backgrounds

Mental Capacity Act

It re-enforced that we should be acting in the best interest of patients
Overlaps between the Mental Capacity Act and other legislation were useful
I have a better understanding of my role in assessing capacity
What having capacity or lacking capacity means
I have learnt a lot about Mental Capacity issues, how to apply it in my daily work and how I may need to change certain things

Deprivation of Liberty Awareness

I am aware of who is responsible for making applications
I have a better understanding of what is meant by deprivation of liberty
The implication of DOL's
I have an awareness of the Supreme Court judgement
It was thought provoking

Safeguarding Case Conference and Protection plans

The course enabled reflective thinking
It increased my knowledge and skills
Don't ignore gut feeling – triangulation of evidence
It made me think outside the box
The whole process is much clearer now and the trainer instilled confidence
Good information about the things you need to consider in an investigation

Deprivation of Liberty Level 2

Better understanding of the impact of recent legislation
I felt the case study used was very thought provoking
I now have a clearer understanding of when to make a DOLs application

Roles and Responsibilities of Provider Managers

I feel more empowered in the management of a safeguarding concern
I gained an insight into how other providers feel about their role in safeguarding
Understand the role of advocacy in safeguarding
Connectivity between my behaviour/impact on staff
The whole process is much clearer now and the trainer instilled confidence

Quality Monitoring and Audit

During 2014/15 a range of audits of safeguarding investigations continued during which managers and frontline staff evaluated safeguarding cases.

24 case evaluation meetings took place in 2014/15. During these meetings, 52 safeguarding cases were evaluated in total:

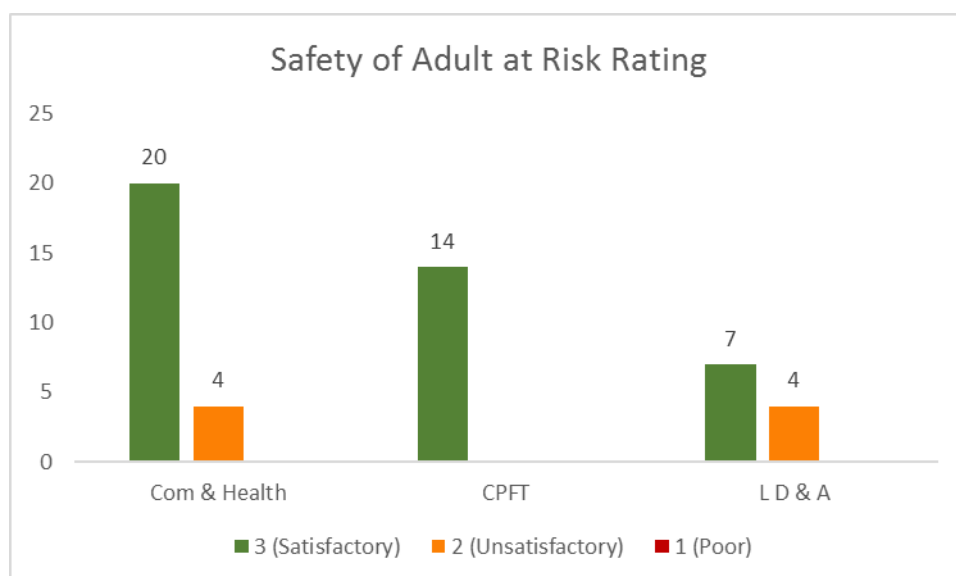
- 24 Community and Health cases
- 11 Learning Disability and Autism cases
- 14 Cambridgeshire and Peterborough Foundation Trust (Mental Health) cases

The safeguarding cases audited in the period were rated in terms of the **Safety of Adult at Risk** as follows:

Rating	Descriptor	Detail
3	<i>Satisfactory</i>	Cases where the risks to the Adult at Risk have been identified and addressed and there are no concerns about the safety of the Adult at Risk
2	<i>Unsatisfactory</i>	Cases where there are some concerns about the safety of the Adult at Risk and further non-urgent action is required to ensure their safety
1	<i>Poor</i>	Cases where there are serious concerns and the safety of the Adult at Risk has been compromised by an inadequate or flawed investigation

No cases were found to have continuing serious concerns in relation to the adults' safety. However, 8 in total had some continuing concerns and were referred back to safeguarding teams for further action. See figure 13 below.

Figure 13: Audit of Safety of Adult at risk



General Improvement and Awareness of Audit:

- Members of DMT attending the RTB case file audits/evaluations have commented that they are seeing improvements on the quality of work since the initiative was launched in July 2013.
- Through their own attendance at RTB case file audits/evaluations, workers are now aware that cases are being audited and what we are looking for in the audits which can in itself lead to an improvement in quality.

Guidance to Staff:

- Worker specific guidance on matters arising from the case evaluations has been communicated to staff through the audit forms and cascading from team managers to specific workers.

Safeguarding Investigation Training:

- As a result of issues identified in the case evaluation meetings training for workers entitled “An Outcome Based Investigation Method” was conducted.

Deep Dive and Focussed Audits

Alongside the regular audits of safeguarding investigations a number of other deep dive audits were conducted, to focus on areas where it was felt a closer understanding was needed. These audits included:

Unable to Ascertain Audit

In April and May 2014, there were **22** safeguarding investigations closed where the answer to 'Do you feel safer as a result of the investigation?' had been recorded as 'Unable to ascertain'. Each of these cases was looked at on Frameworki to ascertain the reason for this answer being selected. Of the **22** Adults at Risk involved, **11** did not have capacity. All of these had support from family and/or friends. **11** of the Adults at Risk did have capacity, the reasons for their not being able to respond included a lack of memory of the incident, ongoing police investigation and poor health. The new safeguarding processes focus on the views of the adult of risk throughout, rather than at the end of the process and should improve data capture around perceptions of risk and safety.

Advocacy Audit

An audit was undertaken on use of Advocacy within the safeguarding process. A total of **478** investigations were reviewed and of these **270** people were recorded to have capacity to participate in the investigation. **107** people were recorded as not having the capacity to participate. **101** people had this field completed as 'Don't know'.

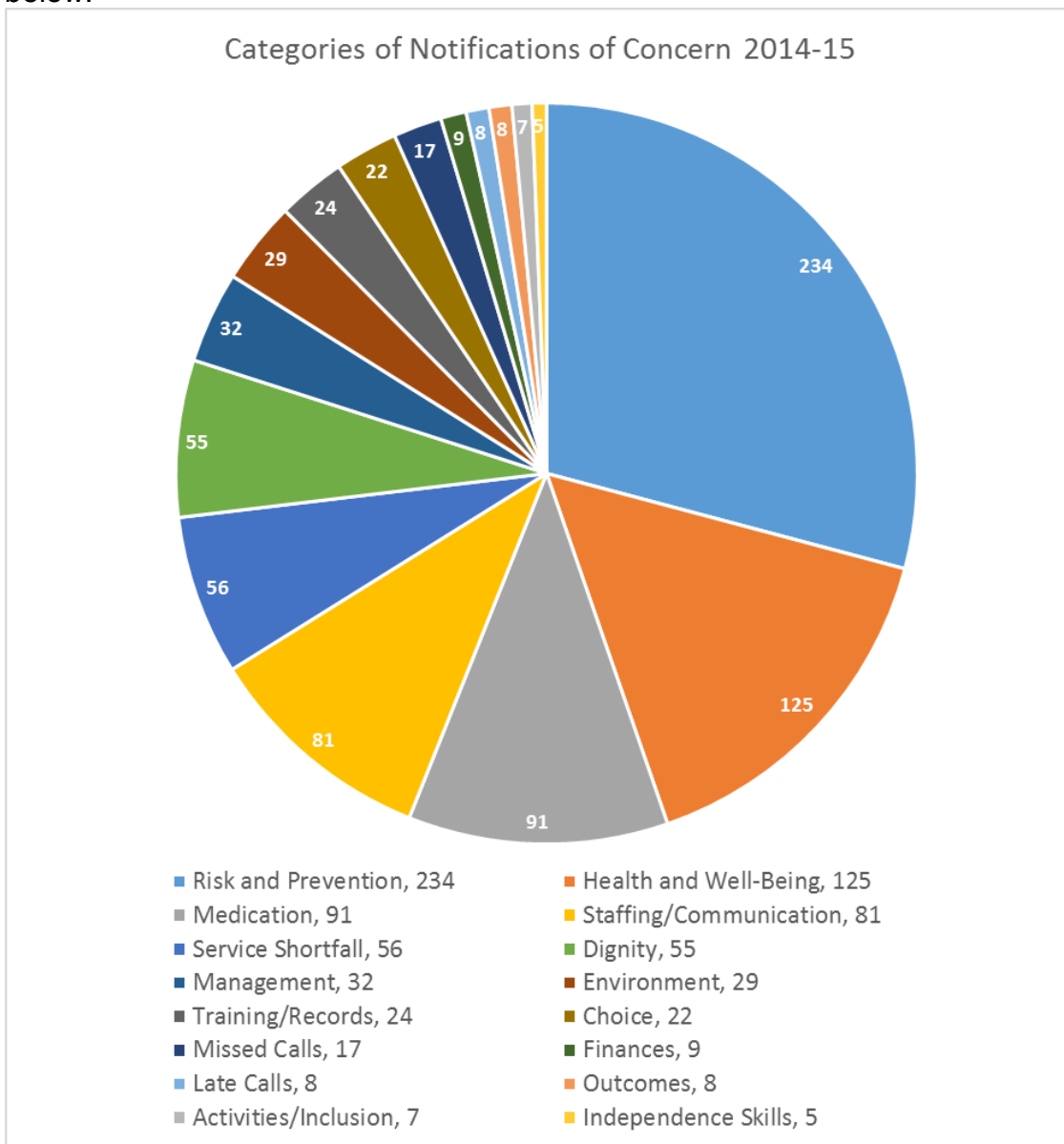
Of the **107** who lacked capacity, two died, leaving a population of **105** to be considered for this audit. A relevant Mental Capacity Act Assessment was found on file for **20%** of service users (**21/105**). Of the **105** people, **63** of them

were supported by an advocate, family member or friend and **42** were not (as far as the auditors could tell from the files). The new safeguarding procedures from 1 April 2015 include much clearer guidance on the need to involve advocates.

Notifications of Concern

The Adult Social Care department closely monitor the quality of services provided by independent social care providers. Intelligence is collected and scrutinised at monthly meetings, which are attended by partner agencies such as health and Healthwatch as well as internal council staff. The Police have requested to join the group for 2015/16.

In 2014/15 a total of 562 concerns were recorded covering the categories as shown below.



The largest category was 'Risk and Prevention' which included all issues handled as safeguarding, followed by 'Health and Wellbeing' and 'Medication'.

Developing a Quality Framework for Adult Safeguarding

The Quality and Performance Sub Group of the Safeguarding Adults Board is developing a Quality Framework structured around the Key Objectives. The Quality Framework provides the following mechanisms for quality assuring safeguarding decision making, safeguarding process and risk management, Adult at Risk engagement and experience:

- Making Safeguarding Personal
- Service User and Carer Experience of the Safeguarding Process
- Quality Assurance Monitoring Processes and Audits
- Procedures and Staff Training
- Information for the Public
- Quality Improvement and Support for Providers of Health, Care and Support Services
- Performance metrics
- Peer Review

The Quality Framework, once completed, will be aligned to the Board's strategic priorities and reflect the six principles of Adult Safeguarding as set out in the Care Act 2014. The Framework will set out a menu of the mechanisms listed above against each of the strategic priorities in order for the Board to be able to identify and monitor success in delivering its duties and commitments.

Progress of actions identified in the 2013/14 Annual Report

Improve Response to Safeguarding Concerns – Our Priorities for 2014/15

- Work with the County project group and Children's Services to establish a MASH
The MASH hub went live for Safeguarding Adults in Peterborough on 1 April 2015. Process and paperwork was agreed and implemented for that date
- Continue with national outcome pilots
Safeguarding Adults Pilot and Making Safeguarding Personal pilots continued
- Training for GPs, in MCA and DOLs
Agreement to a joint strategy across Cambridgeshire and Peterborough. Joint strategy and training programme under development covering GPs, Dentists and community health workers
- Enhance monitoring of quality around MCA and DOLs
An interim Mental Capacity Act and DOLs Team Manager has been in post since December and there is now an established team of Best Interest Assessors. Most care homes have now submitted some DOLs applications.
- Continue to build on quality and audit processes
Quality and Audit processes have been enhanced and a Quality Framework has been drafted for Board approval
- Establish a quality improvement team to support providers within the City
Although a team has not been established there is much improved information sharing and co-ordination. Monthly Quality Improvement Meetings take place where soft intelligence is shared across health and social care professionals and actions to support providers in problem areas are agreed.

Priority Area 3 – Increased access and involvement

Improving accessibility of information

During 2014/15 we have continued to look at ways to better increase awareness of adult safeguarding and to improve the involvement of adults at risk in the process of investigations and in quality overview of social care provision and of our work as a Board.

The Council has redesigned the web site on which the Safeguarding Adults Web Pages are hosted to make it more accessible.

We have produced a safeguarding leaflet specifically for carers of adults with Care and Support needs.

What is abuse?

Abuse is behaviour towards a person that causes harm and disregards their rights and dignity.

Types of abuse include:

- Physical** – slapping, hitting or rough handling
- Sexual** – inappropriate touching
- Psychological/ Emotional** – Threats, Controlling behavior
- Financial** – theft or misuse of money
- Neglect** – lack of food, warmth or personal care
- Discrimination** – racial, sexual or religious
- Institutional** – abuse in residential or care homes, or in hospitals

Any of these forms of abuse can be intentional, or unintentional or the result of ignorance.



Help and Support for Carers

As a carer, it is important that you have access to information and advice.

Contacts

The following organisations may be able to offer you useful advice and information:

- Peterborough Direct:** 01733 747474
- Age UK Peterborough:** 01733 564185
- Alzheimer's Society:** 01733 893853
- Association of Disabled People:** 01204 461638
- Carers Centre, Peterborough:** 01733 342683
- Carers UK:** 0808 8087777
- Carers Direct:** 0802 8020202
- DIAL Peterborough:** 01733 265551
- Headway:** 01223 576550
- Mencap:** 0207 4540454
- Parkinson's Society:** 01733 362806
- Senior Line:** 0808 8006565

Email:
carersteam@peterborough.gov.uk,
or visit www.peterborough.gov.uk/healthandsocialcare/carers




Safeguarding Adults and Your Role as a Carer















livingmylife

We have added a “Keeping People Safe” section to the Care and Support Service Directory. This directory was available in printed version, with 5,000 copies being distributed to key points around the City and online at <http://www.carechoices.co.uk/wp-content/uploads/2014/07/Peterborough-Care-Services-Directory-2014-15.pdf>

This section covers identification of adults at risk of abuse / experiencing abuse and how to make a referral if you have concerns. The Directory will be republished in July to cover amendments introduced by the Care Act 2014.

Making Safeguarding Personal

Adult Social Care continued to participate in the 'Making Safeguarding Personal' initiative, monitoring whether the adult at risk is placed in the centre of the process. Results from the most recent audit of cases demonstrated that practice has been improving.

	In 12 out of the 25 cases (48%) the adult at risk was aware of the safeguarding referral, compared with 36% last audit
	12 of the 25 Adults at Risk (48%) agreed to participate in the safeguarding process, significantly more than the 14% last time
	At referral stage it was considered that 10 of the 25 Adults at Risk (40%) had capacity to make informed decisions about their own safety, an increase on the 14% when last audited
	In 64% of cases (16 out of 25) there was evidence of an attempt to contact the adult at risk or their representative by strategy stage, a decrease on the 80% finding of the previous audit
	There were a number of unanswered questions about capacity and advocacy which had not been left unanswered last audit: 1 case did not specify how the adult at risk would be supported during the process, 3 did not say whether a Mental Capacity Assessment was required in relation to decisions about own safety, 1 did not answer whether an IMCA was required and 2 did not specify whether an advocate would be required
	76% cases included service user defined outcomes compared with 64% of cases last audit
	16 of the 25 service users (64%) felt that their views and wishes had been fully considered and the remaining 9 were unable to ascertain. The last audit had found just 10% of service users had felt that their views and wishes had been fully considered
	10 out of the 25 cases (40%) found a positive impact had been made as a result of the safeguarding investigation, as opposed to 30% of the investigations last audit
	3 of the 25 cases (12%) went to case conference compared with 7% last time the audit took place, and the service users in each case were invited to attend and declined to do so
	In 19 of the 25 cases (76%) the service user was offered a Protection Plan, compared with 70% from the previous audit
	In 17 out of 25 cases (68%) the service user was able to participate in the safeguarding adults process, a significant improvement on the 40% found last time the MSP audit took place

The audits show that we have a good foundation to build upon in ensuring our model of safeguarding puts the person at its heart.

Findings from the 2014 Adult Social Care User Experience Survey

The annual Adult Social Care User Experience Survey was conducted in February 2014. Key messages are summarised below.

The increase seen in 2013/14 for the percentage of service users who said care and support services help them in feeling safe continued.

2013/14 = 83.6%

2014/15 = 89.1%

However overall feelings of safety had continued to be poorer with only 64.5% of respondents stating that they felt as safe as they wanted.

The proportion of respondents who felt they had control over their daily life had improved from 76% in 2013/14 to 78.4% in 2014/15.

Measure	P'boro 2013/14	P'boro 2014/15	Difference	England 2014/15
1A - Social care-related quality of life score	18.9	19.0	0.1	19.1
1B - Proportion of people who use services who have control over their daily life (%)	76.0	78.4	2.4	77.4
1I Proportion of people who use services who reported that they have as much social contact as they would like (%)	42.4	42.0	-0.4	44.7
3A Percentage of adults using services who are satisfied with the care and support they receive (%)	65.0	59.2	-5.8	64.7
3D Proportion of people who use services who find it easy to find information about services (%)	74.9	74.2	-0.7	74.5
4A - Proportion of people who use services who feel safe (%)	63.9	64.5	0.6	68.5
4B - Proportion of people who use services who say that those services have made them feel safe and secure (%)	83.6	89.1	5.5	84.5

Expansion of advocacy services

In preparation for the implementation of the Care Act in April 2015 the Council has increased the range and availability of advocacy services. Identification of the need for advocacy support is now a key part of the initial triaging of safeguarding concerns within the MASH Hub and should ensure that going forward advocacy needs are identified and responded to early in the safeguarding process.



Case Study

Supporting an adult at risk of financial abuse.



A referral was made to the Council in respect of a vulnerable disabled individual in need of care who lacked mental capacity to manage her own finances. Her relationship had irretrievably broken down, and she presented to the Council with significant financial concerns, including debt, mortgage arrears and threats of legal action for monies owed. It became apparent that she had been financially abused. Her home was in a state of disrepair, and her wellbeing was seriously affected by these issues. The client income service quickly applied to the Court of Protection to become her deputy, allowing the Council to act on her behalf in managing her property and (financial) affairs. The Court approved the Council's application, and the Council set about dealing with the considerable financial problems she had faced. Creditors were contacted, repayment plans were arranged, and in some cases the debts were written off.

As a result of these actions, her home was secured, the disconnection of her utility supplies was prevented, and her debts were addressed. Urgent and remedial property repairs were also arranged and funded via accessing available grant funds and using the client's own funds including: fitting a new central heating and hot water boiler, installation of UPVC windows, re-decorating and re-carpeting her home, and landscaping and re-fencing her garden. The customer was supported to be involved in all decisions about these matters.

Her finances are now well-managed, monthly mortgage payments are routinely being repaid, additional welfare benefits have been successfully claimed, and a mobility vehicle has been applied for. Apart from her ongoing housing costs, the client should be debt-free by the end of 2015, and she is now happy, secure and settled.

Progress of actions identified in the 2013/14 Annual Report

Increased Access and Involvement – Our Priorities for 2014 /15

Continue to build on the Notification of Concerns process and system wide intelligence sharing

The process is now well embedded for concerns relating to care providers. The intelligence is shared with partner agencies and actions are co-ordinated.

Implement a quality improvement team with health and social care specialist inputs

Although actions are better co-ordinated between agencies where quality concerns are identified. A model for a quality improvement team is still being considered.

Improve service user perception of safety within the community

2014/15 survey results evidence that this is still an area for focus



Partner Reports

Aspire Recovery Service

Aspire Drug Treatment Service is a community recovery resource which supports people who misuse drugs. We work with individuals to develop life skills to help people enter education, training and employment so that each individual can build their personal recovery and reintegrate into the community. The name Aspire was chosen by service users and stands for A Service Providing Inspirational Recovery Empowerment.

We work closely with GP surgeries, mental health team, police, probation, HMP, courts and Drinksense. All of these agencies refer to us and we refer to them and share information regarding safeguarding as necessary.

- All staff receive safeguarding adult training on indication (CRI training)
- Staff receive refresher training every 2 years.
- Staff briefed on care act and summary guidance provided through morning team meetings and email advice and guidance.
- All staff are competent at referring cases to adult social care and do so on a regular basis
- Staff indicate those with safeguarding issues on an internal database and review these cases every 6 weeks
- CRI Aspire has a safeguarding lead, lead sits on the training sub group for the Safeguarding Adults Board.
- Safeguarding lead attends all relevant local safeguarding adults training and events
- Audit and governance lead at Aspire undertakes regular safeguarding audits and findings are used nationally within CRI
- Learning is shared in team meetings regarding safeguarding and cases are discussed in clinical, team and daily meetings in order to ensure a multidisciplinary approach is used when making decisions regarding safeguarding and how best to manage cases.
- All clients are risk assessed during the initial referral and registration process within the service. Any safeguarding issues identified at this point are then incorporated into the clients care plan and risk management plan. A notification/alert is also raised on the CRI internal database. Any safeguarding concerns identified are then highlighted to social care through the appropriate referral pathway, this is normally done via telephone.

Aimee Elener - Quality, Governance and Assurance Coordinator (Training Sub-Group member)

Axiom Housing Association

Axiom Housing Association was established in 1967. Our primary mission is to make a **positive difference to people's lives and our communities.**

Our supported services provide support for vulnerable people, those leaving care, people with learning difficulties and with mental and physical health needs.

We work across a number of county boundaries and deliver services to a large number of vulnerable people both in our accommodation and in the community. In this year we have:

- introduced a “Health Check” approach within our services to check the quality of care and support being provided. This involves a random visit to a service by one of our staff to look at the service being provided and look out for any concerns about the way our services are being delivered. This approach is in its early stages of implementation.
- added a new role to our staffing structure – a Safeguarding Officer. The role will take the lead on all safeguarding issues across the organisation and our wide range of diverse priorities. The role will also have a strong remit on quality assurance. This role reflects our commitment to keeping our services safe and secure.

Stuart Fort – Operations Director

The Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire Community Rehabilitation Company Limited (BeNCH)

Our principle task is to reduce reoffending and make our communities safer. We do this by working with the Service Users as they progress through their Sentence Plan which means they do everything required by the Court or their Prison Licence. Bench Probation Services have particularly focussed on collaboration and co-location with the County Multi-Agency Safeguarding Hub (MASH) and we now have a link offender manager based in the MASH who is the Probation Single Point of Contact for all Domestic Violence and Safeguarding notifications.

Becki Morphous – Team Manager

Cambridgeshire Constabulary

Cambridgeshire Constabulary remains committed to working with partners to safeguard vulnerable adults and has a specialist Adult Abuse Investigation and Safeguarding Unit (AAISU) within the Public Protection Department. The unit works closely with the Multi-Agency Referral Unit with an established referral pathway, referring on to the AAISU where necessary.

A criminal investigation is but one outcome of effective safeguarding activity and the Constabulary is committed to delivering safeguarding primarily through a countywide Multi-Agency Safeguarding Hub which increases the opportunity for agencies to share information quickly and speedily. This enhances the opportunities for partnerships to ensure risk is identified and responded to in the most effective manner, leading to better outcomes for vulnerable people. A safeguarding approach is now embedded across the organisation from the moment of first call, with resources being prioritised based on an assessment of threat, risk and harm.

In 2014-2015 we have:

- Worked in partnership to transform the Multi Agency Referral Unit (MARU) into a Multi-Agency Safeguarding Hub (MASH) with adult safeguarding one of the priority thematic areas of the MASH.
- Worked in partnership with adult safeguarding leads from Peterborough and Cambridgeshire to develop and implement new referral protocols that are Care Act compliant. Having embedded such protocols we remain focused, along with partners within the MASH, to review such protocols and ensure they are effective. In partnership we will use meetings such as the MASH project Board or the Operation Leads meeting in order to do so.
- Used the Constabulary “Get Closer” media campaign to encourage people to report concerns of abuse of vulnerable adults. This was a month long media campaign. Internally this campaign raised the awareness and profile of the Care Act within the Constabulary.
- Carried out investigations into allegations of Adult Abuse, including working closely with Adult Social Care to investigate allegations made within the care home environment.

Detective Superintendent Chris Mead - Head of Public Protection

Cambridgeshire Fire and Rescue Service

In 2014/15 we have looked into the following risk areas:

Hoarding

In the last year we visited 80+ residents that display hoarding behaviours across Cambridgeshire and Peterborough and responded to emergency calls that resulted in 4 deaths and a growing number of near misses.

Following each domestic fatal fire, the service conducts a multi-agency Fatal Fire Review to establish any similarities or learning from these deaths. It was recognised that hoarding was a significant factor in some of these fires and due to these findings the service has instigated an awareness raising campaign for its frontline staff. This standard operating procedure guides staff on how to engage with residents, how to help them make small steps to reduce their hoarding and who to refer for assistance. An e-learning package has also been made available as additional learning.

Staff will also be using health’s Clutter Image Rating (CIR) to enable a robust and uniformed understanding of the level of clutter.

Advanced smoke alarms, carbon monoxide alarms and fire retardant bedding are just some of the tools being implemented with residents to further reduce their risk of dying should a fire occur

Overcrowded properties

A significant risk has been identified for those communities living in overcrowded properties if a fire should occur.

Again due to these findings, research and partnership working is being undertaken to establish where these properties are within local communities.

CFRS has been working with NHS England in anticipation of receiving Exeter data to enable real time risk profiling of local communities.

We are currently working on:

Creating a multi-agency (starting with Cambridge) protocol for dealing with individuals that display hoarding behaviour. This is as a direct result of the fire deaths and injuries and the Care Act which actually notes hoarding as a marker of self-neglect.

We have instigated e-learning packages for both adult and children's safeguarding for our front line staff.

Project ICARUS was instigated in Peterborough prison. Nominated staff from CFRS and the prison have been trained by a clinical psychologist to deliver a therapeutic treatment programme for female clients that have an index offence of arson. This is the first of its kind in the county, and to date the results are extremely encouraging with participants securing homes and employment when they are released. We are expanding the ICARUS programme to work with the probation service.

We have identified from our S11 return that front line staff need additional training regarding CSE, human trafficking and FGM

***Wendy Coleman –Community Prevention & Safeguarding Manager
Community Fire Safety Group***

Cambridgeshire and Peterborough Clinical Commissioning Group

The CCG is a commissioning organisation commissioning health services for the people for Cambridgeshire and Peterborough and is committed to safeguarding adults

Partnership working

CCG staff attend multiagency meetings in order to achieve partnership working. There has been regular attendance at the Cambridgeshire Safeguarding Adult Board meeting and its subgroups

- **Health Executive Safeguarding Board**
The Health Executive Safeguarding Board is a subgroup of the SAB and takes a strategic view of health issues within safeguarding adults across the health economy working collaboratively with members of Cambridgeshire and Peterborough Local Authority Safeguarding adults teams
- **Safeguarding Adults Health Subgroup**
The Safeguarding Adults Health Subgroup is a multiagency forum, including representation from both Cambridgeshire and Peterborough safeguarding adults teams, reviewing operational issues which reports to the Health Executive Safeguarding Board and had a collective work plan of

- Raising awareness of MCA/DOLS
- Monitoring of quality of care in care homes
- Developing a risk framework for referrals
- Sharing of information

Achievements in relation to Peterborough SAB priorities

Priority Area 1 - Effective safeguarding policies procedures and governance

- The publication of the Care Act 2014 and the supporting guidance in October 2014 resulted in a review of compliance within the CCG and an action plan developed in order to achieve full compliance. A review of procedures and training across agencies which is still ongoing.
- The monitoring of commissioned providers compliance with the Safeguarding adults requirements in the quality schedule of the NHS contract was undertaken by the CCG on a quarterly basis as part of the Clinical Quality Review meetings (CQRs) held with providers using the quality dashboard with metrics and RAG rated thresholds.
- There were issues with compliance with the training requirements particularly in relation to MCA/DOLS. Additional funding has been received from NHS England to facilitate this

Priority Area 2 - Improved response to safeguarding concerns

There was recognition within the CCG that the implications of the Care act required additional staffing and the posts of Named nurse and nurse for safeguarding adults were established.

The Designated Adult Safeguarding Manager was identified as being the Designated Nurse for Safeguarding Adults

Attendance at the local authority information sharing meetings

Priority Area 3 - Increased access and involvement.

There have been a number of large scale safeguarding investigations and Serious Case Reviews undertaken by Peterborough SAB and the CCG was involved in these by attending meetings, and writing Individual Management Review reports. Final Serious Case Review reports have yet to be published and recommendations implemented

Priorities and challenges for 2015 -2016

- Revise the CCG safeguarding adults policy and procedures
- Revise CCG PREVENT policy
- Agree the training needs analysis for types and levels of training for CCG staff and provide basic awareness training in safeguarding adults and PREVENT for all CCG staff
- Revisit the commissioned Providers and review their safeguarding adults arrangements in light of the new Care Act requirements and the changing landscape within the NHS
- Develop a plan for utilisation of NHS England monies for MCA/DOLS training for 2015/16
- Monitor compliance with the quality standards in the NHS Care Home contracts
- Review the recommendations from the SCRs to be published and ensure these are implemented within CCG commissioned services

Doreen Simpson - Designated Nurse for Safeguarding Adults and Serious Incidents

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)

We provide mental health services, statutory social care services, children's community services and learning disability care. We support people to achieve the very best they can for their health and well being

Statement of purpose

Cambridgeshire and Peterborough NHS Foundation Trust is committed to the working with partner agencies to ensure the safeguarding of adults at risk of abuse.

Governance and Accountability

Safeguarding matters are reported to the Board via the Quality Safety and Governance committee. The Director of Nursing is the Executive Director with Board responsibility for Safeguarding Adults, The Head of Adult Safeguarding is the lead officer for adult safeguarding with responsibility for developing processes and procedures within the Trust.

2014-15 Achievements

- **Training** - CPFT has trained 97% of its staff in adult safeguarding as April 2015.
- **Staff supervision** - SOVA investigators are supported by the programme of monthly peer supervision meetings of the 'Peterborough CPFT Safeguarding Adults Group'.
- **Healthcare services** - Following the successful tender for provision of integrated services for older people, CPFT has from 1st April 2015 taken on responsibilities relating to community health care services.
- **CQC registration** - In 2014-15, CPFT declared compliance with CQC Outcome 7, safeguarding. A further CQC inspection was carried out during May 2015, and the report is due in August
- **Activity** - Safeguarding activity was consistent with the previous year with only a slight increase in referrals over 2013-14.
- **Training** - Training in adult safeguarding reached 97% compliance at March 2015
- **Partnership working** - Work has proceeded to develop a Multi-agency safeguarding hub (MASH) as a single point for referrals and triage of all adult safeguarding matters. It is anticipated that CPFT will be fully integrated into this partnership by autumn 2015.
- **Care Act 2014** - CPFT has worked closely with partner agencies to implement the requirements of the Care Act 2014 and Making Safeguarding Personal.
- **Deprivation of Liberty Safeguards** - The number of DoLS applications has increased substantially following the Supreme Court ruling in the Cheshire West case¹. Amended guidance has been produced to reflect the changes.

¹ "P v Cheshire West and Chester Council and another" and "P and Q v Surrey County Council" Supreme Court Judgment 19 March 2014

- **Policy and Procedures** - The CPFT adult safeguarding policy has been updated to reflect Care Act changes
- **Serious Case reviews & prosecutions** - There were no serious case reviews held under Peterborough procedures during 2014-15 involving people receiving a service from CPFT. However the Head of Adult Safeguarding contributed to the work of the Peterborough Serious Case Review Panel.

Priorities for 2014-15

- Ensure all staff receive appropriate training and are able to identify and respond to safeguarding issues, and that the target of 95% for staff training continues to be met
- Ensure compliance with attendance at Mandatory PREVENT training
- Develop a model for adult safeguarding appropriate to the Older Peoples Integrated Care and Neighbourhood teams.
- Ensure that each ward and community team in the adult services has a sufficient number of trained SOVA leads
- Work with partners (including Local authorities & Police to implement the Multi-agency Safeguarding Hub (MASH)

Paul Collin - Head of Adult Safeguarding

Domiciliary Care Provider Representative

As the Domiciliary Care Member for the board I am responsible for representing a significant number of providers supplying community care & support in Peterborough. Staff for the care and support services will supply support with personal care; support with meeting nutritional needs and support with medicines, as well as other domestic and social activities to allow people to remain living in their own homes as independently as possible.

Over the past year Health & Social Care has seen significant changes with the implementation of the Care Act 2014, the Fundamental Standards and the Care Certificate for training standards. Many providers have worked hard to ensure their organisations have made the relevant updates and changes to support the implementation of new legislation. Providers have almost 'overhauled' their training programmes to ensure the training now meets the newly required 15 standards of the Care Certificate. This has included having to update training staff to be able to further develop the workforce. Many providers have also held updates/refresher courses early to ensure existing staff are aware, and familiar, with the updated legislation and policies and procedures of their organisations.

The challenges faced by providers over the coming year are likely to be in relation to the Care Certificate – some providers have already sought my advice on how to compile adequate evidence to support meeting the standards of the care certificate for their newly recruited staff and I believe this will be an ongoing learning process for some time. The further challenge will be to help providers understand how they may be required to lead a safeguarding enquiry. This is a large responsibility to be accepted by a provider so we must ensure providers have a good, sound understanding of the process and expectations of the Local Authority.

Providers are likely to face a period of un-certainty during the re-tender of domiciliary care by Peterborough City Council later in the year.

From the providers who make regular contact with me, I have found lots of good work to be taking place in relation to ensuring service users are happy with the quality of their service provision. Providers complete regular audits and quality monitoring visits to people using their services to ensure they are happy and where issues are found, take action quickly. It's very positive to see that there is such a lot of good work taking place, often un-noticed, within the Peterborough provider Market.

Progress against priorities:

Priority Area 1 - Effective safeguarding policies procedures and governance

All providers have completed reviews of their safeguarding policies and procedures to ensure they are updated to reflect the Care Act 2014. Providers have also updated their training programmes including Safeguarding Adults to meet requirements of the Care Act 2014 and the meet the standards of the Care Certificate.

Priority Area 2 - Improved response to safeguarding concerns

The MASH has now been set up, county wide and is functioning. Which is great to see. This will dramatically improve partnership working and ensure the correct professionals are involved in the Safeguarding process. However, I think it is important providers are made more aware of the MASH and its function. I think is also important to ensure providers understand how to raise Safeguarding concerns appropriately and by the correct route.

Priority Area 3 - Increased access and involvement.

Many providers now have their own way of monitoring concerns raised with their organisation that are not formal complaints. These concerns help to identify trends and to address the training and development needs of the organisations workforce. Providers have also ensured that the people using their services have access to information relating to Safeguarding including telephone numbers for the Local authority and the organisations safeguarding policy. With the introduction of the Fundamental Standards and the Care Act 2014 which both express a clear need for increased service user involvement I believe providers will continue to work on ways in which to ensure service user's voices are heard and their involvement is recognised.

Matt Cedar-Hadman – Atlas Branch Manager

National Probation Service (NPS)

The National Probation Service (NPS) was formed in June 2014 as part of Her Majesty's Government Transforming Rehabilitation plans. The NPS's role is to protect the public, support victims of serious sexual or violent crime and reduce re-offending. We do this by:-

- Assessing risk and advising Her Majesty's Court Service and the Parole Board to enable the effective sentencing and rehabilitation of all offenders;
- Working in partnership with Community Rehabilitation Companies, the police, prisons and others to deliver effective offender management;
- Directly managing those offenders in the community, and before their release from prisons, who pose the highest risk of harm to others and who have committed the most serious offences.

Much of our work relates to assessing and managing offenders who are registered sexual offenders and offenders with a pattern of serious violent offending. Some of this work involves NPS working with other agencies under multi-agency public protection arrangements (MAPPA) and in multi-agency risk assessment conferences (MARAC). There are also NPS staff working in the local multi-agency safeguarding hubs (MASHs) to help protect some of the more vulnerable members of our community.

In terms of adult safeguarding, NPS contributes to multi-agency work to protect and support victims of abuse and neglect and adults at risk of abuse and neglect. This includes victims of domestic abuse.

***Matthew Ryder - Head of Cambridgeshire Local Delivery Unit (LDU)
National Probation Service***

Peterborough and Stamford Hospital Foundation Trust (PSHFT)

PSHFT is an acute foundation trust covering two sites, Peterborough City Hospital and Stamford Hospital. We provide acute healthcare services to the public for 5 local authorities. We discharge our safeguarding arrangements to the local authorities who are the Lead Agents for Safeguarding Adults at risk of abuse.

PSHFT are active partners in the multiagency safeguarding meetings and contribute relevant health information to individual cases and provides general information to the boards and the CCG.

Priority Area 1 - Effective safeguarding policies procedures and governance

- PSHFT have a bi-monthly joint Adults and Children's safeguarding committee where current information is discussed with action plan in place.
- PSHFT have a local policy and procedure for staff to follow and this has been reviewed and amended in light of the Care Act 2014 and local interim guidance.

- PSHFT have employed a Safeguarding Adults Lead Nurse who has been in post since June 2014.
- Training presentations have been updated to reflect the new legislation.
- MCA and DOLS applications for authorisation are completed and sent to the local authority for approval. We have experienced an increase in demand but continue to provide timely response although the approval for authorisation were not received from the local authority in 2014/15

Priority Area 2 - Improved response to safeguarding concerns

- The appointment of the Safeguarding Adult lead nurse has improved our response and feedback to staff raising a concern.
- Training mandatory compliance has increased significantly with increased opportunities including e-learning during Q3 & Q4 which met the CCG commissioning requirement.
- Training for clinical staff in MCA and DOLs is 91%
- Training for all staff in Safeguarding is at 97%
- Enhanced recording and monitoring of MCA and DOLs applications and authorisations and informing the CQC on discharge has seen an improvement however local authority DOLS teams are still slow to give approval due to the Cheshire & West high court ruling.
- Audit processes have been built into the yearly plan for PSHFT
- Safeguarding Adults Handbooks have been given to every member of staff, developed by Midland and East Strategic Health Authority in 2012 and updated in 2015.

Priority Area 3 - Increased access and involvement.

- Continue to educate staff on the Notification of Concerns via the e-referral system on e-track and ensure consent gained and work in partnership with the local authority safeguarding leads.
- The Safeguarding Adults Lead Nurse has been in attendance at the large scale investigations and serious case reviews. She has provided comprehensive Individual Management Review reports for patients attending PSHFT. Any lessons learnt from the cases fed back to Trust Management via the Safeguarding Committee.
- Safeguarding and the prevention of significant harm is discussed weekly at the Chief Nurse Rapid review meetings and any concerns are documented and actions taken. We are actively reporting safeguarding concerns which occur within PSHFT and work in partnership with the Risk manager ensuring that we are open and honest and demonstrate duty of candour.

Priorities for 2015/16

- Finalise the local policy and procedures once final guidance received from the local authority
- Work within the MASH in an efficient way
- Work closer with the security team at PSHFT around the Prevent Agenda
- Lessons learnt and feedback to individual staff who raise concerns
- Local authority feedback required to give closure to staff
- Audit of safeguarding policies and procedure by internal audit team

Donna Phipps – Named Nurse for Safeguarding

Regional College – Peterborough

We are a further education college based in the heart of Peterborough, offering full and part-time courses, apprenticeships and higher education courses.

10% of our learners have learning difficulties ranging from mild to severe and multiple difficulties (2% moderate to severe). 14% of our learners have disabilities including visual and hearing impairment, physical and medical health difficulties. Additional learning support is provided for over 1750 learners. These learners are studying in both our main stream provision and our Inclusive Learning department. There are currently 70 learners in our Inclusive Learning Department studying a range of programmes from awards in personal and social development, skills for working life, skills for independent living and skills to enable progression.

New initiatives

We have updated our policies to reflect the new Keeping Children Safe in Education 2015, Working Together to Safeguard Children 2015, The Care Act 2014 and the Prevent Duty 2015.

There have been ongoing developments with our inclusive learning students to increase their inclusivity within the college. Additional qualifications have been developed with an emphasis on progression. We have an extensive range of part-time programmes to provide greater access/participation in college life for young adults who are preparing for independent living and study.

The Inclusive Learning Department are setting up House with Assistive Technology so that both learners and Adult Social Care can use the facility to train young people in using assistive technology as part of their normal daily lives. We are liaising with the LA to get some assistive technology installed over the summer to ensure a full and useful timetable for the house both internally and by some of our external colleagues.

There has been a great deal of collaborative working to implement the SEND reforms to include 'Working together to help young people with special educational needs and disabilities achieve good futures' in association with Preparing for Adulthood, DfE, and AoC and a 'Planning Live' event in association with Preparing for Adulthood and Peterborough Local Authority.

The Principles of Person Centred Planning Training was delivered in December 2014 to across college staff.

There has been a great deal of activity to ensure compliancy with the new Prevent Duty to include further Business continuity training from NaCTSO for senior staff and WRAP training for all staff. Two members of staff have done Train the Trainer training. An action plan/risk assessment has been developed to address all requirements of the new duty. The College now has representation on the Peterborough Prevent Strategic Board and Cambs Channel Panel. The safeguarding

policy, IT policies and Whistleblowing policy have been updated and specific reference included to training materials.

We have developed mental health awareness training for tutors and those with pastoral support responsibilities as we are having increasing numbers of students with mental health problems. This will be delivered in July.

Impact

- Students say that they feel safe in College.
- Staff and students are aware of College Safeguarding procedures and who to approach with concerns.
- All concerns and referrals are dealt with in a timely and appropriate manner.
- Excellent retention, success and destinations of supported learners
- Through our Learner Involvement Strategy we have developed a supportive and secure environment that helps young people feel valued and confident that they will be listened to.
- Retention of LAC/Care leavers has increased by 1% to 89%

Priorities for 15/16

- Continued staff training to include Mental Health/EBD.
- Implementation and monitoring of the Prevent Duty
- We are putting a bid together for funding to support the training of systematic instruction and train the trainer roles to be submitted to Peterborough Local Authority. Both of these training requirements will support the College's development of programmes in Supported Employment and Job Coaches
- There is still a need for cross college staff to be aware of the impact of the reforms and person centred planning. Section E and F of EHC plans detail learner's specific outcomes and objectives for teaching and support staff, which will need to be planned and measured. The contribution and measurement of these will impact on learners funding and the continuation of plans.
- The retention of our looked after/care leavers continues to be a priority which means that their attendance and retention will be closely monitored and there will be targeted interventions to ensure that they are retained.
- We need to consider and plan for the following to accommodate future learners and grow the supported learning provision:
- Training for teaching and support staff:
 - Intensive instruction/interaction
 - Total communication
 - Makaton
 - PECS (picture exchange communication)
 - Augmentative communication
 - Specialist VI/HI/Sensory/EBD for PMLD
- Curriculum development:
 - Courses need to be delivered using the above elements
 - Dual placements with Sense
 - Partnership with Phoenix to demonstrate route to PRC

Joanne Hather-Dennis - Executive Director – Students

Safer Peterborough Partnership (SPP)

The SPP involves a number of statutory and voluntary organisations who work together to deliver the priorities of the Safer Peterborough partnership. They work in partnership with a wide range of other services across the public and voluntary sector and community groups that contribute significantly to community safety.

Achievements:

Operation Launch

A multi-agency response to people trafficking in Peterborough and country wide. A Police led operation which SPP was involved in and in particular the setting up of a rescue centre. This involved ensuring their physical and mental health then assessing the rescued individuals for residency in the UK or support in returning to their own countries if they wanted or had no right to work and remain in this country.

Daily Management Meeting (DMM)

As its name suggests this happens daily. It takes place at 10:00 at Bayard Place and is chaired by a range of different people from across the SPP such as the police, Cross Keys Homes, Fire Service, HMP Peterborough and the city council.

The DMM process is supported by documentation which is a record of:

- what priorities have been set for a 24 hour period
- updates on the previous 24 hour priorities
- updates by exception from SPP partners and other relevant parties and areas of the city council which are deemed to require attention or partnership working solutions applied
- quarterly priorities from the 9 x Safer Stronger Neighbourhood Panel meetings
- ongoing problem solving activities
- upcoming events which will allow partners and beyond to engage with the citizens of Peterborough to further objectives

What partners provide:

- update your organisations section on the supporting documentation before 0930 each day with issues of exception which you deem to require attention or partnership working solutions to help resolve
- attend the DMM if your organisation has highlighted an issue of exception. Attendance for those not based at Bayard Place means being on the end of a telephone if you are unable to attend the meeting at Bayard Place
- update your organisations section on the supporting documentation with 'nothing to add' should your organisation have no issues of exception to bring to the DMM
- update your organisations section on the supporting documentation with the latest position on any issues of exception which have been brought to the DMM
- appoint a deputy so that should you be unavailable the DMM process can continue
- to act as the single point of contact (SPOC) for your organisation and nominate a deputy should you be unavailable

Streetlife meeting:

Following an increase in anti- social behaviour issues, primarily caused by those with street-based lifestyles, a multi-agency group was formed to identify offenders and to adopt a 3 strand problem solving approach of:

Education: in the main this is to the general public, specifically around supporting begging in the City

Engagement: with the offender in terms of support services

Enforcement: action taken against those who persistently commit ASB and refuse services

The partners involved include; PCC Housing Needs (Rough Sleeper Outreach worker), Peterborough & Fenland MIND, Drinksense, Aspire, PCC City Centre Services, City Centre Policing team, Police licencing team, PCC ASB Lead, Community Recovery Manager. The group meets every 4-6 weeks (depending on shift patterns) and some partners are involved in group early morning dawn patrols to identify those rough sleeping and provide support and advice.

The offenders are case managed via the use of ECINS to which most partners have access and information sharing is greatly improved.

The current caseload contains a cohort of 25 people.

MARAC

MARAC is a multi-agency conference that is well established in Peterborough with key agencies attending bi-weekly, to share information and complete safeguarding and target hardening for the protection of victims and their family's from domestic abuse. During 2015 we have heard 220 cases over 13 meetings, this is an average of 16.9 cases each conference.

We have partners that attend to represent the victim the children and the perpetrator to enable a full picture is shared of the situation.

The partners that attend MARAC regularly are as follows:

Police, W/aid, Probation, A&E, children's services, education, drug services, drink services, mental health, adult social care, Cross Keys and housing options, updates are received from children's health, the prison and the fire service, and they will attend if required to. This allows for wrap around provision and support with high level information exchange to ensure all partners are aware of the stages that others maybe at when working on cases which allows for greater ease and efficiency when supporting change within family or partnership groups.

New Initiatives:**Street Sex Working**

We chair a multi-agency case management meeting which is held once every six weeks. The case management of the sex workers is recorded on ECINS and each profile is RAG rated to aid the multi-agency team in directing their efforts to those most vulnerable, at risk and in need of safeguarding and support.

There are currently 14 on-street sex workers on the case management system. All existing and new profiles are now routinely cross-referenced by the MARAC Co-ordinator to identify if they have an association with any known perpetrators of domestic abuse.

The Community Safety team is now also registered to the National Ugly Mugs Scheme so that reports of attacks on known workers or those suspected of sex working can be uploaded whilst at the same time monitoring reports of incidents in Peterborough and close surrounding cities.

Several workers had reported to the Police and the Pathway 8&9 Lead at Outside Links that they would benefit from outreach from the various support agencies. As such a request was put to the SPP Delivery Board and granted for a small budget to run a pilot evening outreach project held at Outside Links aimed at safeguarding sex workers and those thinking of entering or returning to this trade, as well as improving their engagement with support services. This will be delivered through:

- Promotion of the 'Ugly Mugs' scheme (a national database of 'customers' who present a high safety risk to those in the sex industry)
- The opportunity for the sex workers to share information with agencies and one another about 'customers' who present a significant high risk
- Sexual health checks and free contraception
- Gathering of intel in relation to the safeguarding of the known street workers and those that are not currently known to services
- The opportunity to speak with support services outside of standard office hours (which can seem inaccessible to some).
- Information on support services available in Peterborough
- Referrals to other support services relevant to their needs

In the interim, monthly evening outreach has been conducted with the Police Op Can Do team and two partner agency representatives, one evening per month. In addition, Aspire runs women only Wednesdays at Outside Links which is open to all women, but is often attended by the sex workers. The Community Safety Officer often attends these sessions to offer support and build relationships with the sex workers.

Seven street workers are currently in receipt of 3 month warnings for loitering within the known red light area. Six women have been prosecuted over the last 12 months and four Engagement and Support Orders issued.

One female has been served a Criminal Behaviour Order (CBO) under the Anti-social Behaviour, Crime & Policing Act 2014. In addition to placing specific prohibitions, the order also imposes positive requirements on her.

There has been a reduction in the number of active sex workers operating within the Burghley Road, Park Road and Church Walk area (19 sex workers reported in June 2014 to currently 14).

Andy Barringer - Community Recovery Manager (sub-group member)



For further information about the Peterborough Safeguarding Adults Board, please contact:
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City College
Peterborough

Working together, learning together



Creating a safer
Cambridgeshire



Peterborough
and Fenland



Bedfordshire
Northamptonshire
Cambridgeshire
& Hertfordshire
Community Rehabilitation Company

