



Annual Report 2015/16



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

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FOREWORD

By Dr Russell Wate QPM, Independent Chair Peterborough Safeguarding Adults Board



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 2015/16, set against the priorities we had identified in our business plan.

The biggest challenge the board has had to face is dealing with the requirements, from the 1st of April 2015, of the Care Act 2014. The guidance that the Government sent out has been tested during this time and as a result updated guidance was also issued, which has involved further changes to working practices in safeguarding.

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. This is something that we have spent a lot of the board's and sub-groups time on. It included the completion of three Safeguarding Adult Reviews, one of which involved a number of person's needing care and protection. To supplement this and help to learn lessons the board ran a "Learning from Safeguarding Adult's Reviews" conference, which over 70 delegates attended and there was good feedback from those that attended. One of the other concerns we have is self-neglect and we held another very successful conference on how to tackle this, including how to deal with hoarding.

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 local authority 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. This includes the Board staff led by Jo Procter with Angela Harbour and the rest of team working to promote adult safeguarding in Peterborough. There are many challenges to do this and the board are striving hard to work on improving how we do this, through writing policies, guidance and improving frontline practice.

The frontline staff and their managers from local agencies need particular mention for their commitment to safeguarding adults in Peterborough.



Dr Russell Wate QPM

BACKGROUND

Adult safeguarding has been a priority for local authorities for many years, but this work was not supported by a single law; instead there was a complex legal framework which, at times, led to an unclear picture with regard to the roles and responsibilities of those working to prevent abuse and neglect. The implementation of the 2014 Care Act has changed this by setting out a statutory framework for safeguarding (using the 2011 Law Commission Adult Safeguarding report as its backdrop). It is considered good practice that Peterborough already had an Adult's Board in place before it became a statutory requirement.

The key elements of the Care Act 2014 are:

- Placing Safeguarding Adults Boards (SABs) on a statutory basis
- Core membership must consist of the Local Authority, NHS and Police
- Partners have a duty to co-operate
- The Safeguarding Adult Board must have a Strategic Plan, written after consultation with the local Healthwatch and the local community, and it must be published
- The Safeguarding Adult Board must publish an annual report, which must include -
 - what the Safeguarding Adult Board and its members, have done to carry out and deliver its objectives
 - information about any Safeguarding Adult Reviews (SAR's) that are ongoing or have been reported in the year. This must include what the Safeguarding Adult Board has done to act on the findings of any completed SARs, or where it has decided not to act on a finding, why not
 - how the Safeguarding Adult Board is monitoring progress against its policies and intentions to deliver its strategic plan

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.

STRATEGIC PLAN

OUR VISION

Our vision is clear: **Safety, Enablement, Empowerment and Prevention will be at the centre of everything we do.** We implement this vision using the firm foundation the Board has developed, where our shared values and beliefs are manifest through very close partnership working, commitment and our mutual accountability.

We have agreed that our vision includes:

- Enabling and empowering our communities to live a life free from harm
- Working together to promote the early detection of harm, abuse and neglect, and before it happens, make proportionate, preventive intervention.
- That if abuse has taken place, to provide an effective multi-agency response where professionals are competent and communities know how to respond
- Making sure that service users and their carers are empowered and well represented
- Working closely with the voluntary and private sector to build and develop choices
- Continuously improving our skills and practices to effectively safeguard adults at risk

and the **six principles** for adult safeguarding:

Empowerment – People being supported to and encouraged to make their own decisions and informed consent

Prevention – It is better to take action before harm occurs

Proportionality – The least intrusive response appropriate to the risk presented

Protection – support and representation for those in greatest need

Partnership – Local solutions through services working with their communities

Accountability – Accountability and transparency in delivering safeguarding

KEY ACHIEVEMENTS

Details of what has been achieved throughout the year can be found in the report, but listed below are some of the key achievements of the Peterborough Safeguarding Adult Board.

PETERBOROUGH SAFEGUARDING ADULT BOARD ACHIEVEMENTS:

- *Partnership working.*
- *Implementation of the 2014 Care Act.*
- *Self-neglect conference – and the subsequent work to produce a self-neglect policy and procedure due to be published in September 2016.*
- *Learning from Safeguarding Adult Reviews (SARs) – Conference and learning resources, including the development and publication of treatment guidelines for Hyperglycaemia and Hypoglycaemia for any staff working with adult service users. (Refer page 15 for further information relating to SARs).*
- *Development of a safeguarding toolkit; a self-assessment tool for providers to assess what arrangements they have in place for safeguarding adults feedback for the toolkit has been very positive.*
- *Development of a multi-agency adult safeguarding training programme.*
- *Strengthened the SAR process.*
- *Carried out consultation work with our new arrivals communities.*

BUSINESS PRIORTIES

Each Safeguarding Adult Board is required to produce and publish a strategic plan. Outlined below are the priorities and aims against which the Board monitored progress for 2015/16

Priority Area 1– Partnership and Culture	
Aims:	Examples of progress made within the multi-agency partnership
Ensure lawful compliance, ownership, return on investment & a range of representation at Peterborough Safeguarding Adult Board (PSAB). (Key principle – Accountability)	PSAB Membership was reviewed and revised in order to ensure compliance with the Care Act.
Ensure PSAB strategy & governance framework is well informed by the wider safeguarding remit. (Key Principle – Accountability)	The PSAB strategy, and the work of the sub-groups, was developed and strengthened to align with the key principles.

Ensure communication planning is in place to share feedback from LSIs; SIs; DHRs & reports back from criminal justice system. (Key principle – Prevention)	Key learning for example from DHR's, SI's, LSI's and SAR's, is discussed and shared at SAB and sub-group meetings. Learning from SAR's was the subject of a PSAB conference in March 2016. Communication is planned with the relevant agency press offices when necessary and reports and learning documents are published on the website.
Work more closely with Cambridgeshire. (Key principle – Partnership)	Wherever possible work has been done jointly with Cambridgeshire Safeguarding Adults Board: <ul style="list-style-type: none"> • Reviewing the Multi-Agency procedures, • Self-Neglect Task and Finish group • Hoarding group • Safeguarding Adults Health sub-group
Develop a forum for service providers to enable learning, promote quality and to receive feedback. (Key principle – Prevention)	Although the PSAB has not developed its own forum, it has attended and presented at the Peterborough Independent Provider Forum. Members from the Peterborough Provider Forum have now joined the Safeguarding Adult Board to represent this sector. The Provider Forum member attendance also includes the Domiciliary Care and the Residential and Nursing Care Representatives attendance.

Priority Area 2 – Practice, Delivery and Outcomes

Aims:	Examples of progress made
Ensure the voice of adults at risk and their carers is heard and acted upon. (Key principle – Empowerment)	As part of the SAR process families of the subject of SAR's have been met with and their views included in the SAR reports where possible. Monitoring of Making Safeguarding Personal (MSP) through the audit process is ongoing.
Review and update PSAB Multi agency Policy and procedures, working closely with Cambridgeshire SAB Members and countywide MASH Board. (Key principle – Protection)	Work is on-going, with Cambridgeshire to review the multi-agency policy and procedures to ensure Care Act compliance.
Effectively deploy NHS funding for DoLS & MCA learning across Health staff. (Key principle – Accountability)	Peterborough and Cambridge Safeguarding Adults Board used the NHS England funding together to deliver DoLS and MCA training to Primary Care staff.
Aims:	Examples of progress made
Continue to ensure 'lessons learned' are effective. (Key principle – Prevention)	Recommendations from SAR's are monitored by the SAR sub-group. The Quality and Effectiveness sub-group also perform this task through audits. The SAR process has been strengthened to include lessons learnt PowerPoint presentation and a practitioners leaflet.

<p>Continue to deliver the training strategy to support partners with skills & knowledge. (Key principle – Accountability)</p>	<p>The PCC Workforce Development Team (Adults) oversaw the provision and commissioning of Safeguarding Adults multi-agency training to 595 people on behalf of the PSAB. The Workforce Development Team is endorsed by Skills for Care as a Recognised provider of training. The responsibility for delivering safeguarding adults training has moved to the Safeguarding Adult Board business unit from 1st April 2016</p>
<p>Continue to work closely with children’s services to support transition of young people at risk. (Key principle – Partnership)</p>	<p>The Peterborough City Council’s 0-25 Disability Service provides social care support for children with a range of disabilities and who meet the thresholds for these services. Committed to person centred approaches in assessing and safeguarding to ensure children and young people’s views are heard and aspirations are met and children and young people remain safe and well. The joining of a children and adult social care team offers families and their children a smooth transition from childhood to young adulthood enabling a less stressful journey and offering a consistent approach within a multi skilled workforce.</p> <p>The service works closely with partner agencies in health, education and the private sector and the work of this team is monitored and scrutinised through the Safeguarding Adult Board.</p>
<p>Establish ways of working to connect with ‘Hard to Reach’ groups. (Key principle – Proportionality)</p>	<p>A Safeguarding and Community Inclusion group was set up to engage with Eastern European communities across Cambridgeshire, Norfolk and Peterborough safeguarding Boards and the Head of Peterborough Safeguarding Boards was Vice-Chair of the steering group which led this work. The group has received funding from the Government Innovation Fund. The group has been looking at ways to work with people from an Eastern European background. As a result of this work, cultural competence training has been developed and is part of the Safeguarding Adult Board’s core training programme.</p> <p>In the summer of 2015, the Peterborough Safeguarding Board undertook a survey with service users of the GLADCA Centre in Peterborough. It is an educational establishment that focuses on adult learners who, in particular, are from those hard to reach groups such as new arrivals into the UK who are experiencing cultural barriers to learning. The users were asked what services they felt they required further information about in relation to accessing these services. The survey indicated that service users required further information on the following services:-</p> <ul style="list-style-type: none"> • Housing and Benefits • Access to NHS Services such as Doctors and Hospital appointments • School Admissions • Access to Early Years places • Information on Drug and Alcohol Services. <p>A workshop session was held at GLADCA with guest speakers who spoke about the areas people were concerned about.</p>

<p>Work to prevent sexual exploitation in relation to adults at risk & those with chaotic, different & diverse lifestyles. (Key principle – Empowerment)</p>	<p>Activity undertaken by the PSAB Sexual Exploitation Co-ordinator has included:</p> <ul style="list-style-type: none"> • Scrutiny of the arrangements into the risk assessment and case management of street sex workers in the city via the monthly Case Management meetings, where known and suspected sex workers are discussed and risk assessed. • Collaboration with the Safer Peterborough Partnership to examine the area of adult sexual exploitation and human trafficking via the Operation Pheasant Team. • Adaptation of training materials designed for businesses with the night time economy, particularly hotels to raise awareness of the signs of both adult and child sexual exploitation, and the commencement of the delivery of these materials.
<p>Upskill our partners and their teams in relation to the Deprivation of Liberty Safeguards and relevant case law. (Key principle – Proportionality)</p>	<p>The PCC Workforce Development Team delivered training (refresher and awareness) on Deprivation of Liberties (DoLS) / MCA to 273 people. NHS England funding was used to train Primary Care Providers.</p>

Progress against these priorities is monitored by the relevant sub-groups.

PROGRESS OF ACTIONS OUTSTANDING FROM THE PREVIOUS ANNUAL REPORT

PRIORITY - EFFECTIVE SAFEGUARDING POLICIES, PROCEDURES AND GOVERNANCE

Action: 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.

Progress: The Safeguarding Adults Review policy and procedures were revised in light of the Care Act and have been in place since April 2015.

Adult Social Care introduced an effective interim Safeguarding Adults Procedure for Concerns and Enquiries from 1 April 2015. Its purpose is to provide guidance to social work practitioners and will be revised once the multi-agency policy and procedures are finalised. This procedure was developed in partnership with Cambridgeshire County Council and Cambridgeshire and Peterborough NHS Foundation Trust, it provides guidance on the process to follow and the principles and business rules that should be applied for the following processes;

- Identifying and Raising a concern
- Initial triage and response to a concern
- carrying out an enquiry

The Multi-Agency Safeguarding Adults policy and procedures are still in development, it is expected that they will be in place for September 2016 and that it will be used countywide.

Action: Undergo an LGA Peer review of Adult Safeguarding arrangement in Peterborough

Progress: Originally postponed until February 2016, this was further delayed due to the restructure of the Quality Assurance and Quality Improvements functions within the ASC department. It is now expected to take place in September 2016.

PRIORITY - IMPROVE RESPONSE TO SAFEGUARDING CONCERNS – PRIORITY FOR 2014/15

Action: Enhance monitoring of quality around MCA and DOLs

Progress: A full team of 4 Best Interest Assessors and a Team Manager are now in post.

Action: Establish a quality improvement team to support providers within the City

Progress: The new Quality Improvement Service offers a new approach, and has been designed to assist the authority to help providers of care and support to improve practice standards in respect of those vulnerable people from whom they provide care.

PRIORITY - INCREASED ACCESS AND INVOLVEMENT

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

Progress: The Quality Improvement Service has been established.



THE LOCAL PICTURE

Peterborough's estimated population is 198,3001, projected to grow by 16% by 2021. Population growth to 2021 is expected to be particularly high for males in the 85+, 70-74 and 5-9 age groups with increases of 90.9%, 56.7% and 44.8% respectively. For females, the highest growth predictions are for the 70-74, 85+ and 5-9 age groups, with predicted rises of 56.7%, 56.0% and 44.6% respectively.

Births are increasing with a slightly higher, albeit decreasing, infant mortality rate. Teenage pregnancy rate is higher than national average and highest in the region. 28% of the population live in areas of deprivation and there are significant health inequalities in life expectancy: average life expectancy is 78.6 years (men) and 82.4 (women).

In 2014, economic migration was most common from Poland (1,100 migrant national insurance registrations), Republic of Lithuania (974), Portugal (504), Romania (427) and Latvia (397). There is a high number of under 15s and a large proportion of 25-34 year old population at 39%², suggesting there are a high number of young families. According to the 2011 Census, 29.1% of residents did not self-identify as White English/Welsh/Scottish/Northern Irish/British. The next most common ethnicities declared were Asian/Asian British: Pakistani or British Pakistani (6.6%), White Polish (3.1%) and Asian/Asian British: Indian or British Indian (2.5%).

There are lifestyle and health behaviour issues with longer term implications for public health – adult smoking rates are similar to the national average at 18.6%, however smoking attributable hospital admissions and smoking attributable mortality rates are both higher than the national average, emergency hospital admissions for Chronic Obstructive Pulmonary Disorder (COPD) are

¹ [Cambridgeshire County Council Research Group 2013 based projections](#)

² https://www.nomisweb.co.uk/census/2011/DC2103EW/view/1946157202?rows=c_cob&cols=c_age

higher than the national average, hospital admissions specific to alcohol use are higher than average, and about two thirds of adults are overweight or obese (similar to the national average).

Coronary heart disease (CHD), cancer, respiratory disease and diabetes are the top four causes of death, although CHD in men has declined. Suicide rates in Peterborough are currently similar to the national average, but admissions to hospital for mental health causes are higher than average. The prevalence of people with dementia³ (including early onset) living in Peterborough, is predicted to increase from 2,011 in 2015 to 2,274 in 2020 and 2,655 in 2025 – an increase of 32% over the next ten years. Common mental health disorders are significant in communities with deprivation and amongst some ethnic minority communities, with mental health problems more prevalent in the prison population.

Demand for adult social care continues to increase as older people, people with learning disabilities and younger people with physical disabilities are all generally living longer. A growing number of vulnerable people are independently funding their own care but turning to social services to enable funding when their own funds expire. Peterborough has comparatively low numbers of Council funded admissions for older people in residential care beds at 473.2 per 100,000 compared to 691.4 per 100,000 for similar Local Authorities⁴. In 2015-16 the Council supported 2125 Older People (aged 65 plus) and 1018 adults aged 18-64 with long term packages of care and support.

WHO IS REPRESENTED ON THE PETERBOROUGH SAFEGUARDING ADULTS BOARD?

The Board is made up of a range of agencies, as well as the statutory members, who represent the services delivering care and support to adults at risk in Peterborough. Members adhere to an agreement outlining their responsibilities.

Agency	Name
Age UK Peterborough (Voluntary Sector Rep)	David Bache/Gloria Culyer - CEO
Axiom Housing (Housing Sector Rep)	Stuart Fort - Operations Director
Cambridgeshire Constabulary (Statutory Member)	Chris Mead - Detective Superintendent
BeNCH	Sophie Talbot - Team Leader
Cambridgeshire Fire & Rescue Service	Wendy Coleman - Community Safety Advisor and Safeguarding Manager-
Cambs & Peterborough NHS Foundation Trust	Melanie Coombes - Director of Nursing
Cambs & Peterborough Clinical Commissioning Group (Statutory Member)	Karen Handscomb - Deputy Director Of Patient Quality and Safety
City College Peterborough	Tanya Meadows - Vice Principle
Healthwatch	Angela Burrows - CEO
HMP Peterborough	Nick Leader - Director
Independent Chair	Russell Wate
National Probation	Matthew Ryder - Assistant Director,
Peterborough City Council (Statutory Member)	Wendi Ogle-Welbourne - Director for People & Communities

³ <http://www.poppi.org.uk/index.php?pageNo=334&areaID=8318&loc=8318>
<http://www.pansi.org.uk/index.php?pageNo=408&areaID=8640&loc=8640>

⁴ [http://ascof.hscic.gov.uk/Outcome/624/2A\(2\)](http://ascof.hscic.gov.uk/Outcome/624/2A(2))

Peterborough City Council	Adrian Chapman - Service Director Adult Services and Communities
Peterborough City Council	Debbie McQuade - Assistant Director, Adult Operations,
Peterborough City Council	Tina Hornsby – Assistant Director, Quality Information & Performance (Member to July 2015)
Peterborough City Council	Helen Carr - Acting Head of Social Care Commissioning
Peterborough City Council	Alison Bennett – Safeguarding and Quality Assurance Manager (Member from November 2015)
Peterborough City Council	Wayne Fitzgerald (Cllr) Cabinet member
Peterborough & Fenland Mind (Voluntary Sector Rep)	Barbara Conlon - Quality & Improvements Manager, Safeguarding Lead
Peterborough & Stamford Hospitals NHS Foundation Trust	Lesley Crosby - Deputy Chief Nurse
Peterborough Regional College	Joanne Hather-Dennis - Executive Director (students)
Provider Forum Representative	Carol Smit (Member January - March 2016)
Provider Forum Representative	Dara Ní Ghadra (Member from January 2016)
Safer Peterborough Partnership Board	Karl Bowden - Deputy Manager (Member from January 2016)
Cambs & Peterborough Clinical Commissioning Group (Statutory Member)	Carol Davies, Designated Safeguarding Nurse

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

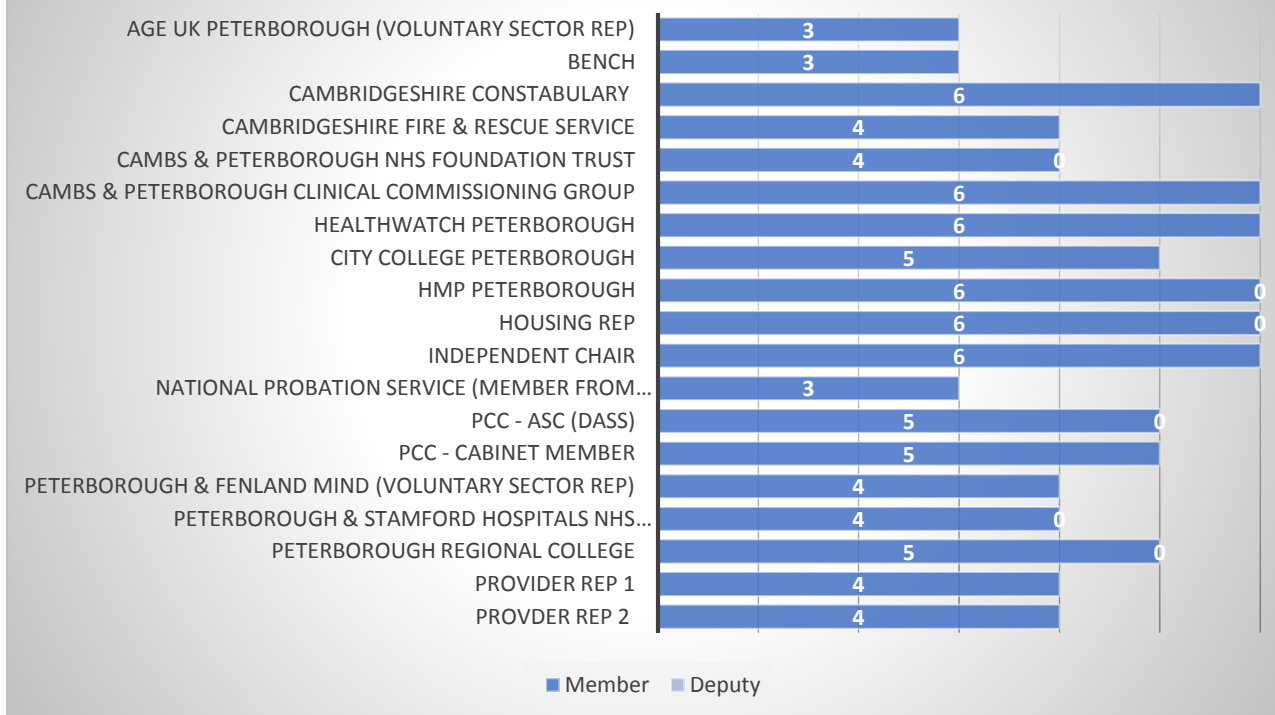
Each representative is responsible for disseminating information between the Peterborough Safeguarding Adult Board and their agency and for identifying any necessary actions.

The Cabinet Member for Adults Services attends as a participating observer, and can challenge the Board and its members as necessary.

MEMBERS ATTENDANCE AT BOARD MEETINGS

The Board met 6 times during the year. Members are expected to attend each meeting, or send an appropriate deputy if they are unable to attend. The following chart shows attendance at the meeting and whether or not the member or their deputy attended.

Member and Deputy Attendance 2015-16



It should be noted that National Probation Service have only been members of the Board since November 2015 – during which there have been three Safeguarding Adult’s Board held and they have attended every one.

The Provider Forum member attendance also includes the Domiciliary Care and the Residential and Nursing Care Representatives attendance.

HOW THE BOARD OPERATES

The Board has an Independent Chair, Dr Russell Wate, who has been in post since June 2014. Russell also chairs the Peterborough Safeguarding Children Board (a statutory requirement for a number of years) and this has provided a level of shared understanding across the two boards. A number of the statutory functions of the two Boards are similar and, to ensure consistency of practice and policies, and efficient service delivery, a decision was made in summer 2015 that some of the work of the Boards should be combined or mirrored across the two Boards.

To support the joint working the posts which support the Boards were restructured to form a combined Adult and Children’s Safeguarding Board Business Unit, managed by Jo Procter as Head of Service, the unit includes:

- Business support
- Communications
- Child Sexual Exploitation (This area has been a new area of exploration for the Safeguarding Boards team when the post of CSE, Missing and Trafficking Co-ordinator was extended into the world of adult safeguarding, and became the Sexual Exploitation Co-ordinator this year).
- Board Officers

The Board has to ensure it delivers on its statutory requirements and hold agencies in Peterborough to account for their adult safeguarding responsibilities. This includes the establishment of a multi-agency training programme, policies and procedures and the implementation of a quality assurance programme.

PETERBOROUGH SAFEGUARDING ADULT BOARD

SUB-GROUP STRUCTURE

A decision was made in 2015 that two of the Board's sub-groups (Training & Development and Quality and Performance) should be combined so that the work of the groups could be looked at across children and adults and provide a holistic view of practice. As a result of this shift, training on Domestic Abuse, drugs and alcohol and FGM are now delivered to practitioners across both the children's and adults' workforce. Delegates who attended the training sessions commented on the importance of attending training that provided a "cradle to grave" perspective. A city wide dataset has also been developed (which will come into effect in autumn 2016). The dataset is based on public data and will be used to proactively highlight areas of the city that have safeguarding issues, be they adults or children.

To enable it to fulfil its responsibilities effectively, the following sub-groups support the work of the PSAB:

- Safeguarding Adults Review
- Strategic Learning and Development
- Quality & Effectiveness
- Health Executive Safeguarding Board (joint with Cambridgeshire Local Safeguarding Children's Board)

Each sub-group has its own terms of reference and reporting expectations. They are chaired by an agency representative and supported by the PSCB Business Unit.

In addition to the sub-groups, task and finish groups are set up to consider specific issues and progress particular pieces of work. In the last year a task and finish group was set up to look at self-neglect.

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

TRAINING SUB GROUP

The purpose of the Training Sub Group is to oversee and commission training which further strengthens the awareness of safeguarding and to ensure that those who respond to and investigate safeguarding concerns have the necessary skills to do so effectively.

The multi-agency training programme delivered training to 595 people.

During 2015/16, the revised Adults training sub group was borne with the intention to:-

- Respond to the adult and children's boards learning and development outcomes around local, regional and national issues
- Provide a comprehensive multi-agency workforce development programme
- Validation of single agency safeguarding training.
- Monitoring and evaluation of single agency safeguarding training to ensure it is robust, effective and is being appropriately accessed by the workforce.

Highlights include:-

- Safeguarding training has been extended to cover FGM, Domestic Abuse and mental health training
- Co-producing the first combined workforce development training programme for PSAB and PCC Workforce Development.
- The introduction of Prevent Training across agencies.
- Successful Neglect conference and increased knowledge of “learning around SARs”.
- The increased take up in training around the Mental Capacity Act and Deprivation of Liberty Safeguards.

As there is much closer working with Cambridgeshire County Council, the current sub-group structure will align the adult groups county wide and separate out the Children’s from the Adult groups. Therefore, moving forward the training sub group will be cross county meeting once per quarter.

HEALTH EXECUTIVE SAFEGUARDING BOARD AND HEALTH SAFEGUARDING ADULTS GROUP

The Health Executive Safeguarding Board (HESB) is a subgroup of the Safeguarding Adults Board (SAB) and is chaired by the CAPCCG Director of Quality, Safety and Patient Experience. HESB takes a strategic view of health issues around safeguarding adults across the health economy. The membership of HESB works collaboratively with Cambridgeshire and Peterborough local authorities and both Peterborough and Cambridgeshire SABs.

The Safeguarding Adults Health Subgroup (HSG) reports to the HESB and has membership of Health Providers and across Peterborough and Cambridgeshire reviewing operational issues. For 2015-16 a collective work plan was developed to address issues such as Compliance with the Care Act 2014, Learning Lessons from Safeguarding Adult Reviews, and the quality monitoring of care homes.

Activity has taken place across the year to address the work plan.

SAFEGUARDING ADULTS REVIEW (SAR) SUB-GROUP

The Care Act 2014 statutory guidance says that a Safeguarding Adult Board must arrange a Safeguarding Adults Review when the following criteria is met:

- 1) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.
- 2) if an adult in its area has not died, but the Safeguarding Adults Board knows or suspects that the adult has experienced serious abuse or neglect.

The PSAB delegates this function to the SAR sub-group.

The purpose of a SAR is not to reinvestigate or to apportion blame, it is:

- to establish whether there are lessons to be learnt from the circumstances of the case and the way in which local professionals and agencies work together to safeguard vulnerable adults;
- to review the effectiveness of procedures;
- to inform and improve local inter-agency practice and
- to improve practice by acting on learning (developing best practice)

The SAR sub-group has a core membership of:

- Chair of PSAB Representative of Adult Social Care Peterborough

- Representative of Cambridgeshire & Peterborough Foundation Trust
- Representative of Peterborough and Stamford Hospitals NHS Foundation Trust
- Representative of Cambridgeshire Constabulary
- Representative of Clinical Commissioning Group

The sub-group is supported and advised by:

- Head of Service Adults & Children's Safeguarding Boards
- Safeguarding Adults Board Officer
- Peterborough City Council Legal services – as required

Other members may be co-opted as required and independent advice may be sought if required.

Anyone can make a referrals to the sub-group if they believe the criteria has been met for a review, the sub-group decides if a review should go ahead. The sub-group regularly reports to the PSAB, and all final Safeguarding Adults Review reports are shared with the PSAB before final approval.

In 2015/16 the sub-group met four times. Six referrals were made during this period, of these referrals, four did not meet the criteria for a safeguarding adult review and two did. These two cases were referred in Quarter 3 and Quarter 4 so although work on these reviews has started they have not been completed within the timeframe covered in this report.

Two reviews, MX and Care Home A from the previous year, were completed and published within the timeframe covered by this report. Both these reviews concerned residents who had been in care homes and shared some similar themes.

A total of 61 recommendations were made, covering:

- **End of life care**, including sensitive discussions with residents and their families about DNAR's, hospital admissions and pain relief.
- **Best interests decision-making** using the MCA to address refusal of medication and other matters
- **Secure Record Keeping**, and systems for retention of records, duty to retain all files for at least three years, ensure that records are up to date, comprehensively completed and stored securely.
- **Improved clinical care and planning** in relation to pressure areas, diabetes, and other co-morbid conditions. Nutrition and dehydration- management of medication
- **More skilled supervision**, appraisal and management of disciplinary procedures
- **Safeguarding training** that focuses on neglect as well as overt abuse, on complex cases, proper recording, clinical decision-making, appropriate sanctions and support for both whistle-blowers and first line managers.
- **Improving accessibility and coordination** between homes and emergency services and coordination between homes and hospital admissions and discharge teams; clarification of information that should accompany a person when they go into hospital and better discharge information when they return home.
- **Safer recruitment** in the residential and nursing home sector.

The PSAB accepted the findings and recommendations, and tasked the SAR sub-group to make the recommendations into robust actions.

Due to a number of the recommendations being similar in the two reports the sub-group combined some of the recommendations and reduced the number from 61 to 41.

An action plan has been developed from the recommendations and this will be monitored by the sub-group.

At the end of each review the Executive Summary was published on the PSAB website, along with a professionals leaflet outlining the key messages and implications for practice. For one of the reviews (MX), two flowcharts were also published outlining the treatment guidelines for Hyperglycaemia and Hypoglycaemia. These were produced to address a learning need that identified that some workers did not recognise when a person with Diabetes was deteriorating and medical help was needed.

In March a “Learning from SAR’s” event was held. This was attended by 70 care home managers, senior care home staff and safeguarding practitioners. Speakers included Professor Hilary Brown, the author of the two published reviews. Feedback was very positive with 85% saying they would apply what they learnt every day in their work. 74% said it was completely relevant to their work.

“I learnt how to improve my supervision”

“I need to put more in our care plans, including what to do if...”

“I will do more to implement understanding of duty of candour”



COMMUNICATION

PETERBOROUGH SAFEGUARDING ADULTS BOARD WEBSITE

The Peterborough Safeguarding Adults Board website was redesigned during October 2014 to make the site more engaging and user friendly whilst allowing for more instant updating to reflect changing guidance. The website also links with the Local Safeguarding Children’s website, making it more accessible for those working in both adult and children’s services and for the general public. The website can be found at: www.safeguardingpeterborough.org.uk.

PETERBOROUGH SAFEGUARDING ADULTS BOARD NEWSLETTERS

The Peterborough Safeguarding Adults Board newsletter is produced quarterly and is sent out via email to partners and is added to the Peterborough Safeguarding Adults Board website. It is primarily aimed at everyone who has an interest in safeguarding adults at risk, to enable them to

www.safeguardingpeterborough.org.uk

live their lives free from abuse and neglect, and to access and receive appropriate care. The newsletter aims to be an important means to keep practitioners and professionals up to date, and to share good practice and important information, it includes updates on local and national policies and developments in Safeguarding, learning from Safeguarding Adult Reviews and upcoming multi-agency training events. Contributions to the newsletter are received from various partner agencies and some information is sourced from national publications and organisations (ADASS, LGA etc.).

LEAFLETS

The Peterborough Safeguarding Adults Board leaflets and poster “What is abuse “and “Safeguarding Adults and Your Role as A Carer” were updated in line with the Care Act 2014, and are available from the safeguarding Adults Board website. A new leaflet “Safeguarding Adult Reviews – information for families” was introduced in March 2016, to answer some of the most frequently asked questions families have about Safeguarding Adult Reviews. These leaflets and the poster are available on the website.

LINKS WITH OTHER BOARDS

For the Board to be influential in coordinating and ensuring the effectiveness of safeguarding arrangements, it is important that it has strong links with other groups and boards who impact on child services. The Board also has an integral role in being part of the planning and commissioning of services delivered to adults at risk of abuse and neglect in Peterborough.

The Independent Chair of the Peterborough Safeguarding Adults Board is also the Chair of the Peterborough Safeguarding Children Board, which provides consistency of services for adults and children across Peterborough. He is also a member of other strategic and statutory partnerships within Peterborough which are the Health and Wellbeing Board, the Safer Peterborough Partnership and the Strategic MAPP Board. This ensures that adult safeguarding is represented and is a priority of the work of these groups. Key members of the Peterborough Safeguarding Adults Board also sit on the Safer Peterborough Partnership and Domestic Abuse Governance Board. In addition, the Head of Service for the Safeguarding Boards is a member of the Domestic Abuse Governance Board and the Children and Families Joint Commissioning Board.

These links mean that adult safeguarding remains on the agenda of these groups and is a continuing consideration for all members, widening the influence of the Peterborough Safeguarding Adults Board across all services and activities in Peterborough.

PETERBOROUGH HEALTH AND WELLBEING BOARD

The Health and Wellbeing Board comprises of representatives from the Cambridgeshire and Peterborough Clinical Commissioning Group, alongside elected members and senior managers from Peterborough City Council’s Childrens and Adult Social Care Services and the Director of Public Health and Link/Local Health Watch representatives.

Priority 1

Ensure that children and young people have the best opportunities in life to enable them to become healthy adults and make the best of their life chances.

Priority 2

Narrow the gap between those neighbourhoods and communities with the best and worst health outcomes.

Priority 3

Enable older people to stay independent and safe and to enjoy the best possible quality of life.

Priority 4

Enable good child and adult mental health through effective, accessible health promotion and early intervention services.

Priority 5

Maximise the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs.

SAFER PETERBOROUGH PARTNERSHIP (SPP)

A number of statutory and voluntary organisations work together to deliver the priorities of the Safer Peterborough Partnership.

The responsible organisations, by law, for the work of the partnership are:

- [Peterborough City Council](#)
- [Cambridgeshire & Peterborough Clinical Commissioning Group](#)
- [Cambridgeshire Constabulary](#)
- [Cambridgeshire Fire and Rescue Service](#)
- [BeNCH CRC](#)

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. These other services are known as co-operating authorities. The Crime and Disorder Act 1998 makes co-operating bodies key partners in the setting and delivery of objectives.

Co-operating authorities provide data and information to improve the understanding of local crime and disorder problems, thereby benefitting the community and contributing to the core functions of their respective organisations. Those organisations are listed on the Safer Partnership website at: http://www2.peterborough.gov.uk/safer_peterborough/about.aspx.

A strategic assessment of threat, risk and harm was developed in 2014, which formed the basis for the Safer Peterborough Partnership Plan. The designated priorities are:-

Priority 1

Addressing victim based crime by reducing re-offending and protecting our residents and visitors from harm.

Priority 2

Tackling anti-social behaviour.

Priority 3

Building stronger and more supportive communities.

A further priority was added in 2016:

Priority 4

Supporting high risk and vulnerable victims.

These priorities are delivered through specific areas of work managed through the Safer Peterborough Partnership's performance framework supported by the Safer Peterborough Partnership Delivery Group.

IMPLEMENTING THE CARE ACT 2014

The Peterborough Safeguarding Adults Board is well established in line with the Care Act 2014 and provides the strategic leadership for safeguarding work.

The Peterborough Safeguarding Adults Board has asked each member agency to outline how they have implemented the Care Act within their organisations and how they can evidence this. The responses from the 3 statutory members are listed below. The Quality and Effectiveness group will monitor ongoing progress against these responses.

Clinical Commissioning Group

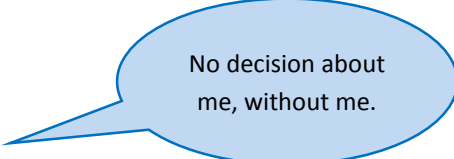
Key Areas of Work:	How can this be measured/evidenced?
<p>Safeguarding Adults Policy updated to include principles of MSP (and revised to include updated Care Act guidance 2016) Safeguarding Adults training pack updated (to be updated in light of revised Care Act guidance 2016)</p>	<p>Sight of Policy Policy discussed and ratified by Patient Safety and Quality Committee (exec membership)</p> <p>Sight of Training pack All staff required to receive training including Board members. Training compliance monitored</p>
Barriers:	How were these overcome?
<p>Unhelpful descriptions of training levels for staff.</p>	<p>Pragmatic decisions made to dovetail to CCGs interpretation of suitable training for staff according to their NHS role.</p> <p>(Draft NHS Intercollegiate Roles and Competencies for Safeguarding Adults guidance to be taken into account in future work around training levels).</p>
Work/Action/Process – and why you have been unable to complete	What are you doing about this and likely date for completion
<p>Safeguarding Adults training pack updated (to be updated in light of revised Care Act guidance 2016) Draft NHS Intercollegiate Roles and Competencies for Safeguarding Adults guidance to be taken into account in future work around training levels for NHS staff.</p>	<p>On CCG Safeguarding Adults Team forward work plan 16-17.</p> <p>On Health Safeguarding sub-group forward work plan for 16-17.</p> <p>Each Provider may make their own interpretation however a shared understanding and implementation plan will be sought.</p>

Cambridgeshire Constabulary	
Key Areas of Work:	How can this be measured/evidenced?
<p>The MASH governance group instigated workshops to create and embed new Care Act complaint principles which encompassed the MSP principles. These processes were implemented upon the inception of the Care Act.</p> <p>AAISU staffing was subject to constant review following the implementation of the Care Act. The AAISU staffing is currently reflective of the demand and recent staffing gaps have been covered.</p>	<p>This is evidenced through minutes and records of the MASH governance group.</p> <p>These workshops were attended and supported by senior members of Police, Adult Social Care and CPFT.</p> <p>Recorded via AAISU establishment and internal Public Protection Department senior management team meetings</p> <p>The staffing of the AAISU is reflective of increased workload and complexity of recent partnership investigations in particular those larger investigations.</p>
Barriers:	How were these overcome?
<p>The initial implementation of the procedures implemented through the MASH Governance Group workshops did highlight initial concerns about consistency of thresholds and referrals.</p>	<p>Through open and honest conversation and dialogue at practitioner and manager levels these issues dissipated and have ceased to be an issue or barrier.</p>
Work/Action/Process – and why you have been unable to complete	What are you doing about this and likely date for completion
<p>Nothing reported</p>	<p>Nothing reported</p>
Peterborough City Council	
Barriers:	How were these overcome?
<p>Late publication of final guidance</p> <p>Differing pace of change and differing priority focus with County and Health partners</p>	<p>A number of interim amendments were made in 1 April 2015 in order to deliver compliance – a 1 year programme has since been in place to better embed the spirit of the Care Act and cultural change, including co-production work with carers. Other cultural change aspects are also embedded into the Council's wider Customer Experience transformation programme.</p> <p>Utilisation of joint commissioning forums and Better Care Fund to try to better co-ordinate wider changes.</p>

Work/Action/Process – and why you have been unable to complete	What are you doing about this and likely date for completion
<p>Wider market management work – particularly around workforce capacity Self-Assessment and self service</p> <p>Review of front door and information, advice and guidance offer – countywide across health and social care</p> <p>Revised procedures for safeguarding</p>	<p>Further review of market position statement and workforce strategy. Engagement with provider forums to plan jointly. Creation of quality improvement team. Undertaking digital development work to support self-assessment, self-referral and in time marketplace.</p> <p>Better Care Fund work stream to ensure no “no wrong front door” looking at alignment with 111 and potential of sharing of digital resources with Cambridgeshire County Council</p> <p>Interim procedures and paperwork were produced for 1 April 2015 to ensure compliance with the Act. However a number of changes and enhancements require agreement on a countywide multi-agency policy and procedure which is still in progress.</p>

MAKING SAFEGUARDING PERSONAL (MSP)

making Safeguarding Person is a crucial part of the Care Act. It aims to make safeguarding person-centred and outcome focussed, and moves away from process driven approaches to safeguarding.



The Peterborough Safeguarding Adults Board has asked each member agency to outline the work they have done to implement the principles of MSP and how they can evidence this. The responses from the 3 statutory members are listed below. The Quality and Effectiveness group will monitor ongoing progress against these responses.

Clinical Commissioning Group	
Key Areas of Work:	How can this be measured/evidenced?
<p>Internally, for CCG</p> <p>Safeguarding Adults Policy updated to include principles of MSP</p> <p>Safeguarding Adults training pack updated</p>	<p>Sight of Policy Policy discussed and ratified by Patient Safety and Quality Committee (exec membership) Sight of Training pack All staff required to receive training including Board members. Training compliance monitored.</p>
<p>Externally, for Providers</p>	<p>Via Contract Quality Reviews of Provider Services;</p>

	<p>Performance against metrics in Quality Dashboard</p> <p>Via Serious Incident Reports/Complaints/Compliments</p> <p>Challenge question in current thematic review (under way at present)</p>
Key Areas of Work:	How can this be measured/evidenced?
<p>NHS constitution – the NHS belongs to the people, “from cradle to grave” and the patient should be at the heart of the service delivered:</p> <ul style="list-style-type: none"> • Care should be personal • Information must be available and accessible • Shared decision making – “no decision about me, without me” • There must be consent – for referrals, treatment and information sharing • Patient and non-patient involvement – user groups for patients, volunteers, non-executive directors, patient participant groups, patient led initiatives, such as the 15 steps challenge. 	<p>By exception:</p> <p>Negative reports about staff demeanour or behaviour, from patients, their families or colleagues.</p> <p>Via complaints, Serious Incident reporting, concerns raised via HR processes etc.</p> <p>Few CCG staff are patient facing so difficult to measure. Those that may see patients face to face are generally professionally qualified and so are required to make service delivery personal as part of the overarching ethos of NHS care provision, and to meet the requirements of their professional registration.</p>

Cambridgeshire Constabulary

Key Areas of Work:	How can this be measured/evidenced?
<p>Safeguarding the vulnerable has been and remains a priority for the Constabulary. MSP and Care Act obligation fall under this.</p> <p>The MASH governance group instigated workshops to create and embed new Care Act complaint principles which encompassed the MSP principles. These processes were implemented upon the inception of the Care Act.</p> <p>Through April to June 2016 Cambridgeshire Constabulary ran communications promoting the Care Act and promoting safeguarding of vulnerable adults.</p> <p>The Adults Abuse Investigation Safeguarding Unit (AAISU) have had specific internal briefing in relation to the Care Act and MSP. Additional bespoke training has been undertaken in early</p>	<p>Safeguard the vulnerable is a force priority and is monitored under the Force Safeguarding board chaired by the Chief Constable</p> <p>This is evidenced through minutes and records of the MASH governance group.</p> <p>These workshops were attended and supported by senior members of Police, Adult Social Care and CPFT.</p> <p>This is recorded via the Constabulary’s “Get Closer” campaign.</p> <p>These training sessions / events were offered and delivered by Cambridgeshire Adult Social Care and the Peterborough Safeguarding Adult Board.</p>

<p>2016 with training specific to Mental Capacity act and Deprivation of Liberty. Further training events which are relevant to Care Act matters have been attended by staff from the AAISU in relation to topics such as self-neglect and learning from safeguarding adult reviews.</p>	
<p>Key Areas of Work:</p>	<p>How can this be measured/evidenced?</p>
<p>The Victims Hub provides bespoke emotional and practical support to victims of crime. This aligns to the MSP principles of prevention and protection.</p> <p>The Victims Hub also provides a confidential self-referral service. If this service identifies a safeguarding concern then this will be referred to address any such concern in partnership with the most appropriate agencies. This is a further safeguarding net provided by the Victims Hub.</p> <p>AAISU investigations will also consider principles of protection and prevention to afford continued safeguarding throughout and post any investigation. AAISU are based in the Godmanchester MASH alongside adult social workers enhancing partnerships working.</p> <p>The empowerment principle is always considered in investigations and outcomes that are in line with victims wishes are always considered but in many cases may not be appropriate due to a range of complex and competing reasons.</p>	<p>The case management system retained by the Victims Hub records all activity instigated to provide care and support needs to victims of crime.</p> <p>AAISU crime investigation are reviewed weekly by a Detective Sergeant and monthly by a Detective Inspector. A key area in this review is looking at contact with the victim in line with the victim care contract.</p>
<p>Peterborough City Council</p>	
<p>Key Areas of Work:</p>	<p>How can this be measured/evidenced?</p>
<p>As of 1 April 2015, the procedures and paperwork for safeguarding concerns and enquiries were updated to be Care Act compliant. This includes clear sections for capturing the person's consent, views, and outcomes.</p> <p>Training was delivered for frontline staff in Adult Social Care in relation to the revised procedures and paperwork.</p> <p>As part of the wider change management programme for all staff in Adult Social Care a weekly e-mail has been in place since 1 April</p>	<p>Safeguarding process/procedure for professionals and safeguarding forms</p> <p>Training programme delivered</p> <p>Copies of weekly newsletter</p>

<p>2015 and the SCIE guidance has been published via this route. Specific Making Safeguarding Personal Training was commissioned from RiPFA during the Autumn of 2015 to help embed practice. The audit tool used internally to audit safeguarding enquiries has been amended to ensure consideration of MSP elements.</p>	<p>RIPFA training feedback report</p> <p>Copies of audit form and audit reports</p>
<p>Key Areas of Work:</p>	<p>How can this be measured/evidenced?</p>
<p>Auditing of enquiries includes oversight of MSP. Supervision of cases – focuses on views of the person or where there are capacity issues Mental Capacity Assessment and best interest decisions and appropriate representation including commissioned advocacy. Reporting of performance around outcomes being identified and met within enquiries.</p>	<p>Audit reports Supervision notes</p> <p>Safeguarding performance reporting and national benchmarking.</p>

Making Safeguarding Personal Audit

An audit was carried out in May 2016, by the PCC Quality Assurance team, of cases from the previous year to evaluate how well Adult Social Care met the requirements of Making Safeguarding Personal for adults at risk. 16 cases were picked at random from a sample of safeguarding cases and single episodes of safeguarding adult at risk incidents.

The information was reviewed on Frameworki (the PCC electronic recording system) looking at;

- referral information
- information in the MASH triage assessment
- Section 42 enquiry
- Safeguarding QA form
- monitoring of the protection plan
- safeguarding review
- whether a future safeguarding review had been scheduled.

Each question on the forms was audited.

All aspects of the journey of the adult at risk was audited against the key components of Making Safeguarding Personal.

At referral stage an essential aspect of Making Safeguarding Personal is to ask the views of the adult at risk. Of the cases audited over 75% of cases answered 'yes' to the question were the adult at risk's wishes recorded. The remaining 25% where the outcome of the adult at risk was not obtained was due to a variety of reasons, including that they didn't wish to respond and they were unable to respond.

The key requirements of Making Safeguarding Personal was clearly evident in the cases audited. The adult at risk was asked about the outcome(s) that they would prefer and in most cases where possible the views of the adult at risk were taken into account.

DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

Following the March 2014 Supreme Court Judgement on the application of the Deprivation of Liberty Safeguards (DoLS) regulations which led to a surge in applications nationally in 2014, this increase has continued in 2015/16.

As a comparator, in 2013/14 Peterborough received 24 applications, in 2014/15 this rose to 386 applications and in 2015/16 it rose even higher to 664.

The Board has kept an overview of the response to this demand and receives regular updates on progress. During 2015/16 there were 664 applications made to the Local Authority for judgments as to whether restrictions were being placed in a person's best interests and that these fell within the 'acid test' as required by the judgement made in 2014.

The Local Authority has put in place a Mental Capacity Act (MCA) and DOLs team consisting of four permanent Best Interest Assessors (BIA's), which have been in place since late 2015, and in March 2016 a Team Manager was appointed to join the team.

MCA/DoLS training is mandatory for all clinical and medical staff that have face to face contact with patients. In 2015/16, 2234 staff were trained equating to 90% of those requiring this competency. This is a 43% increase compared to the previous year. (PSHFT)

There are still some providers not making applications to the Local Authority as per figure 1 where we expect a constant growth due to the client group.

There has been a steady growth in applications from the Acute Hospital and Learning Disability, Psychiatric Hospital category which has increased however this increase is low. There has been a 72% increase for Other Care Homes.

There are 700 annual reviews to be completed for 2016. To date 242 reviews have been carried out meaning there is ongoing pressure within the system to complete the remaining 458 within the given timescales. This is consistent with the national picture and as such The Law

Society has reviewed the legislation in light of the pressures felt across the country and an interim report is now available with a view of additional information being made available in December 2016. MCA/DoLS training is mandatory for all clinical and medical staff that have face to face contact with patients. In 2015/16, 2234 staff were trained equating to 90% of those requiring this competency. This is a 43% increase compared to the previous year.

COURT OF PROTECTION - DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

In February 2016, a Court of Protection Coordinator was appointed in line with the requirements made by the Supreme Court Ruling and the impact that Deprivation of Liberty now has on domestic settings; supported living, shared lives, own home and extra care housing.

Four applications to the Court of Protection have been completed and accepted by the court in quarter three. In quarter four, there are five pending cases which are due to be submitted within the next six weeks. This has placed additional pressure within teams and within the system.

Applications for 16+ are being considered which will have an impact on the number of applications being required to be made to Court of Protection. This will place additional pressure within teams and within the system.

Figure 1: below shows the numbers of DOLs applications received in 2015/16 by source:

	Q1	Q2	Q3	Q4	Year Total
Acute Hospitals	8	31	16	13	68
Psychiatric Hospital	3	4	3	2	12
Learning Disability	6	13	16	20	55
Other Care Homes	157	150	95	127	529
Total all applications					664

Figure 2 Court of Protection DOL applications by source:

	Q1	Q2	Q3	Q4	Year Total
Supported Living	0	0	4	5	9
Extra Care Housing	0	0	0	0	0
Own Home	0	0	0	0	0
Shared Lives	0	0	0	0	0
Total all applications					9

MENTAL CAPACITY

Of the Safeguarding enquiries completed in 2015/16 approximately 38% of adults at risk lacked mental capacity and were unable to identify what outcome(s) they would like to achieve at the end of the safeguarding enquiry. Of these 83% (106) had their interests represented and were supported through the safeguarding process by an advocate, representative or family member.

Mental Capacity Table for Concluded Section 42 Safeguarding Enquiries	Age Group					
	18-64	65-74	75-84	85-94	95+	Not Known
For each enquiry, was the adult at risk lacking capacity to make decisions related to the safeguarding enquiry?						
Yes	36	10	27	0	6	0
No	86	19	17	28	1	0
Don't know	13	3	19	13	3	0
Not recorded	2	1	1	4	1	0
Of the enquiries recorded as Yes in row 1 of this table, in how many of these cases was support provided by an advocate, family or friend?	35	8	20	37	6	0

SAFEGUARDING ADULTS ACTIVITY 2015 / 16

Safeguarding activity showed an increase in enquiries of 14% compared with the previous year; this was due to changes and increased awareness due to the Care Act. (CPFT)

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.

Figure 1: Number of cases progressing to enquiry/investigation per 100,000 of the population

	2013/14	2014/15	2015/16
Peterborough	260	213	240*
East of England	n/a	233	n/a
England	251	243	n/a

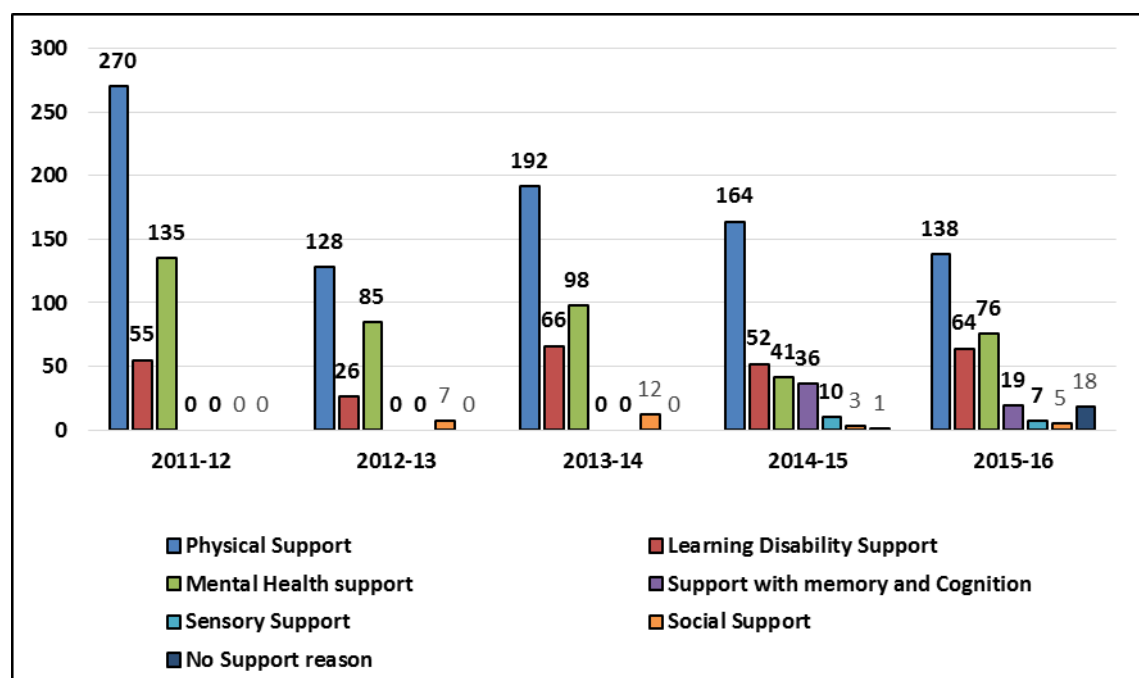
*based on ONS mid-year population estimate of 146,265(those aged 18 and over) and 351 enquiries in year

Following the slight dip in the numbers of cases progressing to enquiry in 2014/15, we have seen an increase in 2015/16 to a level comparable with the all England rate for 2014/15.

In 2014/15 there was 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 2 below shows the historical trends for different categories of adults at risk, broken down by primary care and support need.

Figure 2: 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.

As with previous years those in need of physical support were the single largest group to be subject to a safeguarding enquiry this year and made up 42% of those adults requiring a safeguarding

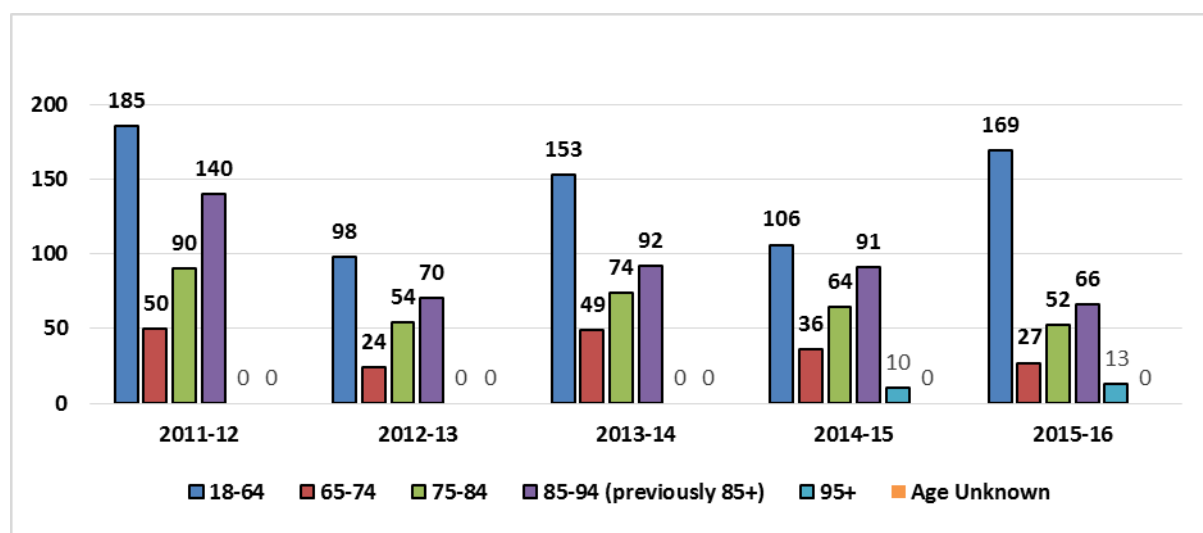
enquiry. However this was an 11% reduction compared to the previous year when this category made up 53% of all enquiries.

The percentage of enquiries relating to adults with learning disabilities rose from 17% in 2014/15 to 19% in 2015/16. The percentage relating to those with Mental Health support needs rose notably from 13% in 2014/15 to 23% in 2015/16, although this level is more in line with previous years.

People with White British ethnicity made up 84% of those requiring an enquiry – whilst this is exactly the same proportion as the previous two years, the actual numbers have increased slightly (from 258 in 2014/15 people to 275 people in 2015/16). At 5% Asian/Asian British are the next largest group (up only 0.4% on last year, at 5% of all enquiries).

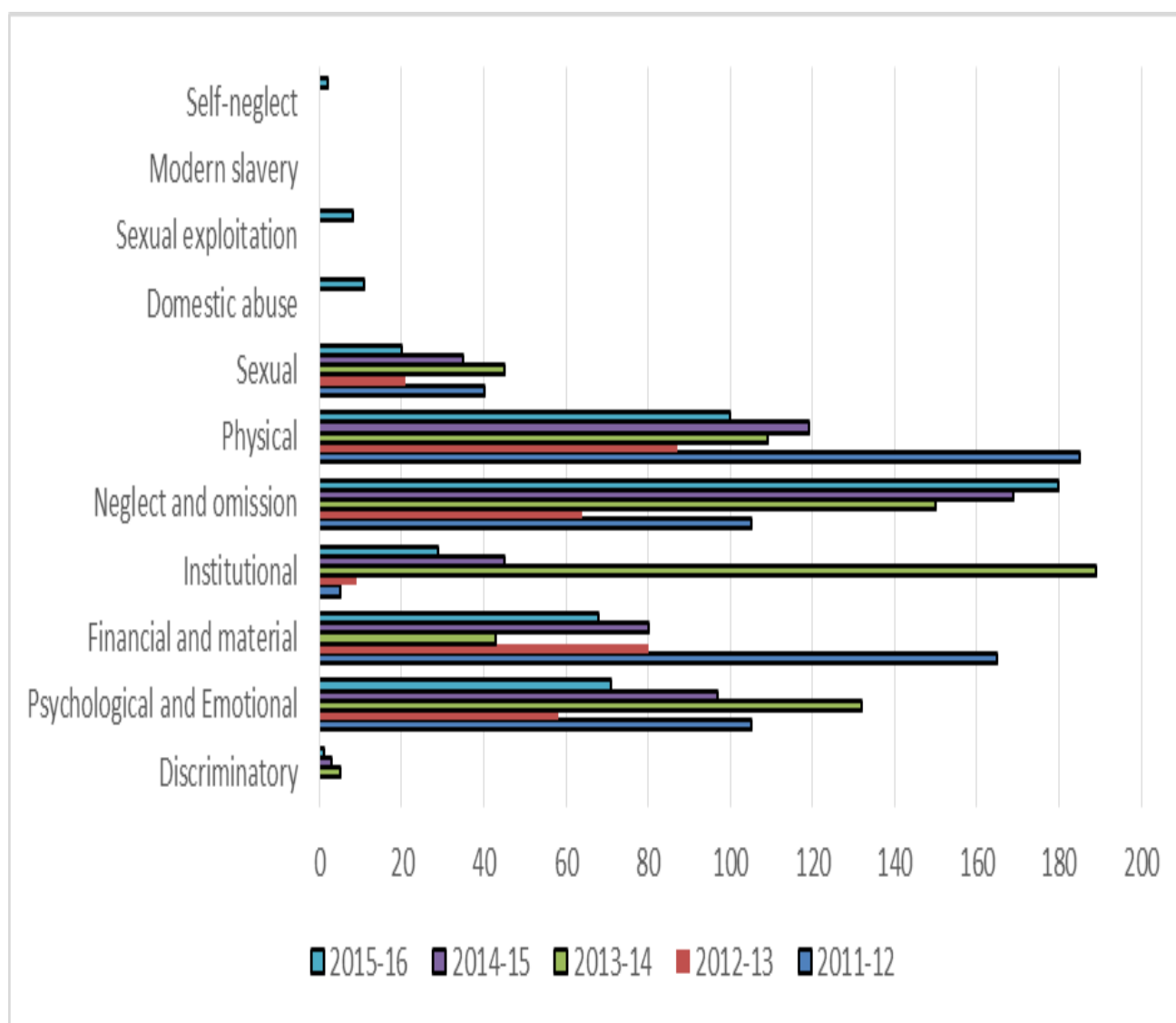
In the previous two years we had seen an increasing proportion of safeguarding enquiries relating to those aged 85 and over. However 2015/16 showed a change in this trend with a reduction in enquiries relating to older people from 101 in 2014/15 (33% of all enquiries) to 79 in 2015/16 (24% of all enquiries). During the year we have also seen an increase in enquiries relating to adults aged 18-64 from 106 (34.5% of all enquiries) in 2014/15 to 169 (52% of all enquiries) in 2015/16. Figure 3 provides a breakdown by age over time.

Figure 3: Safeguarding Enquiries 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 4 - types of abuse for completed enquiries



With the implementation of the Care Act in April 2015 four new categories of abuse recording were introduced, Self-Neglect, Modern Slavery, Sexual Exploitation and Domestic Abuse. Within the year there were 2 enquiries relating to self-neglect, 8 relating to sexual exploitation and 11 relating to domestic abuse. There were no enquiries relating to modern slavery in the year.

The highest number of enquiries, as with the previous year, related to neglect and acts of omission. In total 180 enquiries were linked to neglect or acts of omission, the majority of which were connected to social care and support services (73%) – a significant increase on last year. However some of that increase may be balanced out by a decrease in enquiries lined to institutional abuse, 29 in 2015/16 compared to 43 in 2014/15. The next highest enquiry reason was physical abuse with 100 enquiries being related. Figure 5 provides a full breakdown of enquiries by reason and suspected source.

Figure 5: Who is being investigated and the 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	15/16	13/14	14/15	15/16	13/14	14/15	15/16
Physical	57	34	50	85	68	36	8	15	14
Sexual	8	4	4	33	27	14	4	5	2
Psychological/Emotional	26	27	38	77	63	30	6	5	3
Financial/Material	17	10	19	102	61	46	13	10	3
Neglect or omission	125	92	132	42	57	29	22	20	19
Discriminatory	1	0	1	3	3	0	1	0	0
Institutional	40	27	24	3	16	1	0	0	4
Domestic abuse*			0			11			0
Sexual exploitation*			0			8			0
Modern slavery*			0			0			0
Self-neglect*			0			2			0
Total	274	194	268	345	295	177	54	55	45

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

* grey boxes indicated information not collected prior to 2015/16

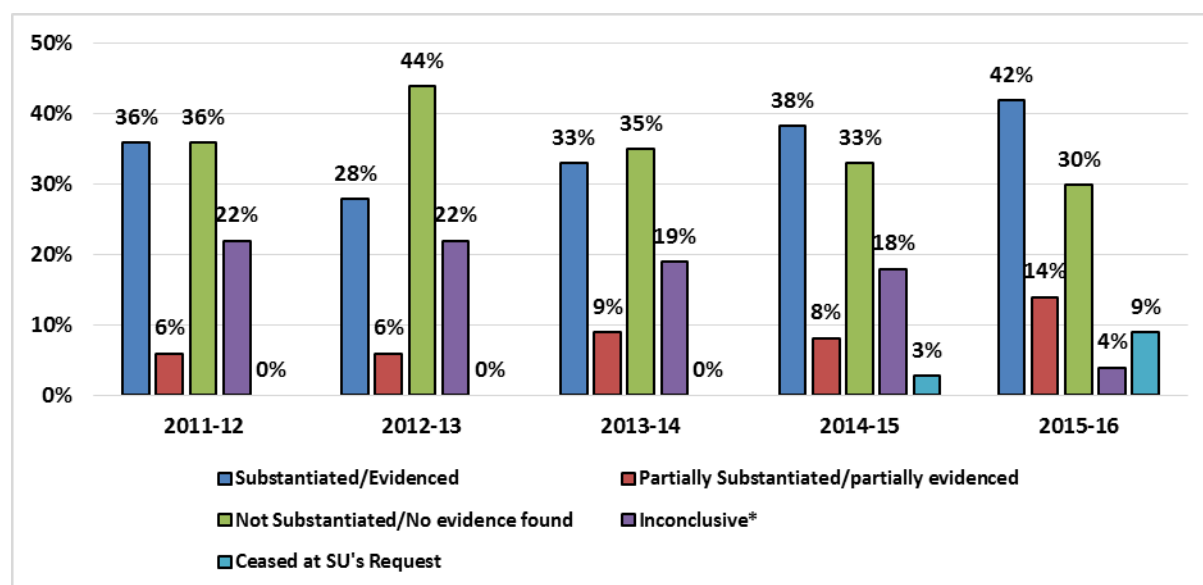
Most commonly alleged perpetrators are known to the adult at risk, with an increasing percentage in 2015/16 being social care or support services and workers, 55% compared to 36% in the previous year.

Outcomes of investigations

Of the enquiries completed in the year 42% (168) of the allegations of abuse were found to be evidenced, for a further 30% no evidence was found to substantiate the claims made. This represents an increasing proportion of evidenced allegations from 38% in 2014/15. The proportion of enquiries where the allegations were found to be inconclusive was markedly reduced at only 4% and there was increase in enquiries which ceased at the adults at risk's request, 9%.

Figure 6 shows a breakdown of the outcomes of the abuse allegations at the end of the enquiry process

Figure 6: Outcome of the allegations at the end of the safeguarding enquiry



At the completion of enquiries a judgment is made as to whether there was risk found and if so whether this risk has been reduced or removed. For enquiries completed in 2015/16 the following judgements were made in respect of risk.

No action taken, no risk remains = 37% (1% reduction from 2014/15)

Risk remains = 5% (2% reduction from 2014/15)

Risk reduced = 35 % (3% increase from 2014/15)

Risk removed = 24% (equal to 2014/15)

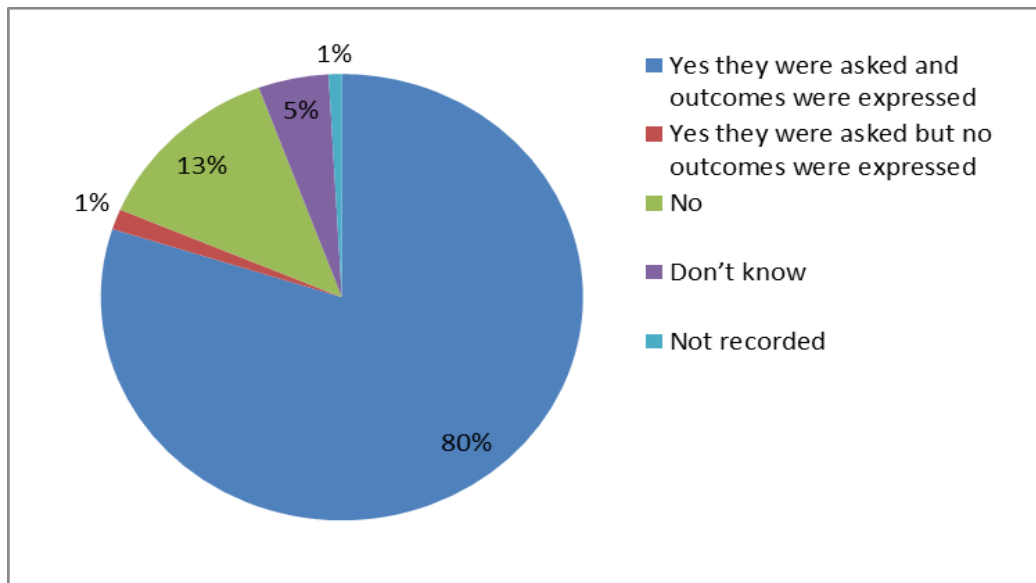
Mental Capacity

Of the enquiries completed in 2015/16 approximately 38% of adults at risk lacked mental capacity and were unable to identify what outcome(s) they would like to achieve at the end of the safeguarding enquiry. Of these, 83% (106) had their interests represented and were supported through the safeguarding process by an advocate, representative or family member. This is a notable improvement on the 60% in the previous year.

Making Safeguarding Personal

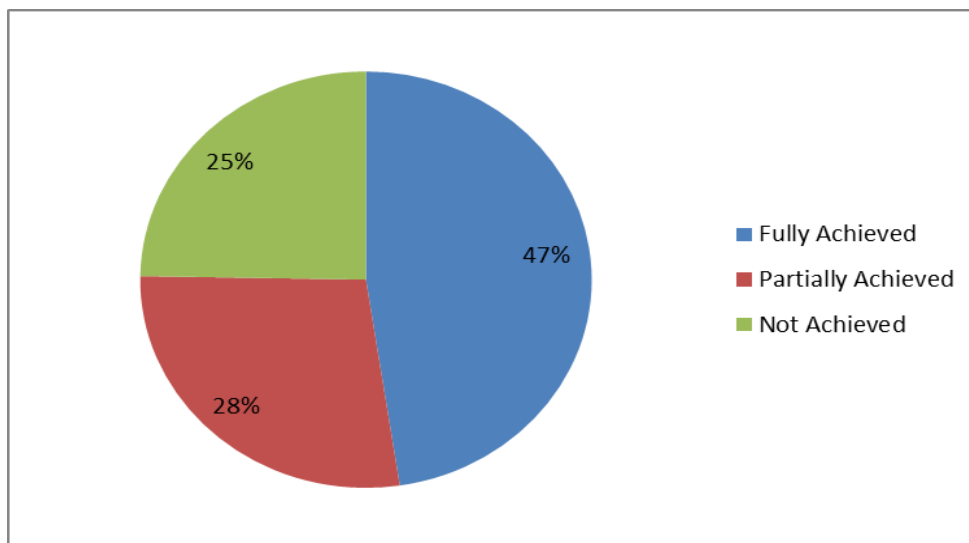
It is important that the adult at risk is central to the safeguarding enquiry and that their wishes are taken into account at all times. At the commencement of the enquiry process the adult concerned or their appropriate representative should be asked to indicate the outcomes they would wish to have from the process. In 2015/16 80% of enquiries had outcomes identified by the person concerned or their appropriate representative.

Figure 7: The percentage of cases where we asked the adult at risk (or their representative) for outcomes they hoped the enquiry would enable them to achieve



Of those who expressed desired outcomes, 47% felt these had been fully achieved and 28% felt these had been partially achieved. However, 25% felt that their desired outcomes had not been achieved. This is an area for development in 2016/17.

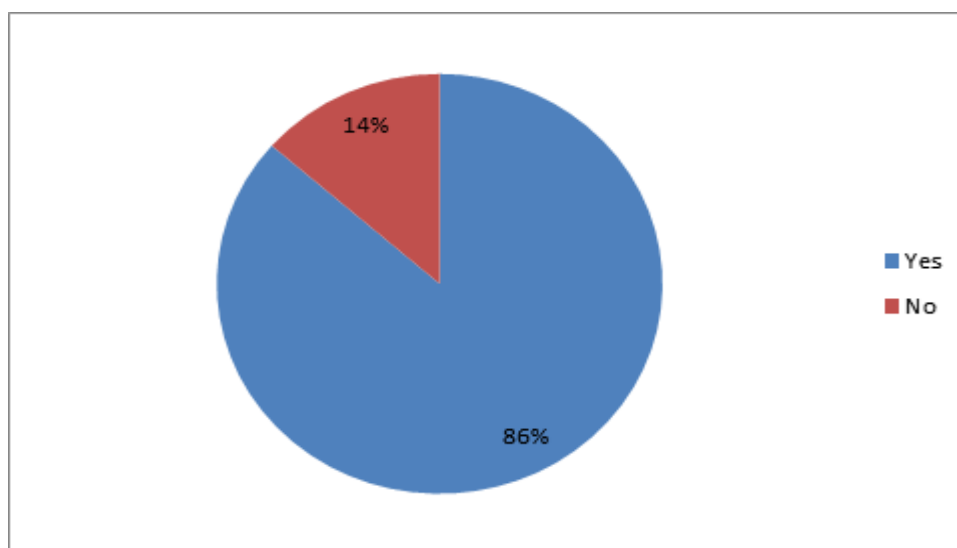
Figure 8: For those who specified a desired outcome was this actually achieved?



Addressing issues with feedback

Making Safeguarding Personal looks at the wishes of the adults who may be at risk of abuse. However it is important that those who make referrals are informed of the outcomes when appropriate also. Concerns have been raised by referrers in the past that they do not receive this feedback. In response to this, the enquiry closure process tracks whether feedback has been provided to the referrer.

Figure 9: The percentage of cases where feedback was given to the referrer regarding the outcome of the enquiry/investigation (2015/16)



86% of completed enquiries record feedback being given to the referrer which is an improvement on 80% in the previous year.

Findings from the 2015 Adult Social Care User Experience Survey

The annual Adult Social Care User Experience Survey was conducted in February 2016. Key messages are summarised below.

	Peterborough 2013/14	Peterborough 2014/15	Peterborough 2015/16	Direction of Travel
1A - Social care related quality of life score	18.9	19.0	19.1	↑
1B - Proportion of people who use services who have control over their daily life	76%	78.4%	77%	↓
1I Proportion of people who use services who reported that they have as much social contact as they would like	42.4%	42%	42%	↔
3A Percentage of adults using services who are satisfied with the care and support they receive	65%	59.2%	64%	↑
3D Proportion of people who use services who find it easy to find information about services	74.9%	73%	73%	↔
4A - Proportion of people who use services who feel safe	63.9%	64%	65%	↑
4B - Proportion of people who use services who say that those services have made them feel safe and secure	83.6%	89%	88%	↓

SAFEGUARDING ADULTS/MCA/DOLS TRAINING REPORT 2015/16

The Peterborough City Council Workforce Development Team (Adults) oversaw the provision and commissioning of Safeguarding Adults multi-agency training on behalf of the Peterborough Safeguarding Adults Board. The Workforce Development Team is endorsed by Skills for Care as a Recognised provider of training.

The SAB should ensure that relevant partners provide training for staff and volunteers on the policy, procedures and professional practices that are in place locally, which reflects their roles and responsibilities in safeguarding adult arrangements. This should include:

- Basic mandatory induction training with respect to awareness that abuse can take place and a duty to report
- More detailed awareness training, including training on recognition of abuse and responsibilities with respect to the procedures in their particular agency
- Specialist training for those who will be undertaking enquiries, and managers; training for elected members and others e.g. Healthwatch members; and
- Post qualifying or advanced training for those who work with more complex enquiries and responses or who act as their organisation's expert in a particular field, for example in relation to legal or social work, those who provide medical or nursing advice to the organisation or the Board.

Training should take place at all levels within an organisation and be updated regularly to reflect best practice. To ensure that practice is consistent – no staff group should be excluded. Training should include issues relating to staff safety within a Health and Safety framework and also include volunteers.

Training is a continuing responsibility and should be provided as a rolling programme. Whilst training may be undertaken on a joint basis and the SAB has an overview of standards and content, it is the responsibility of each organisation to train its own staff.

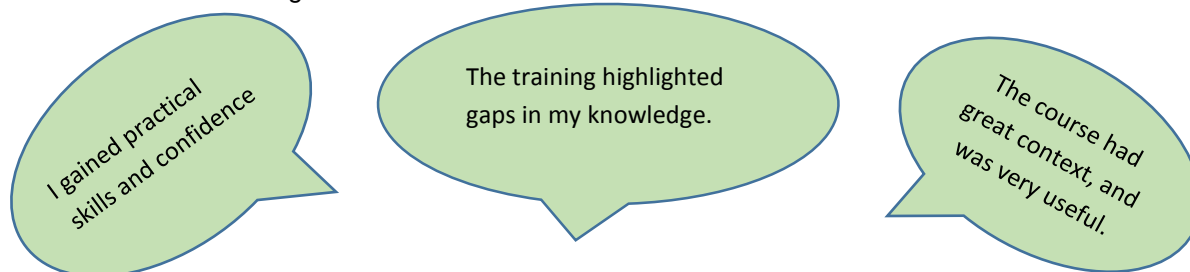


The following table details the different courses delivered:

Title Course/level and Learning Outcomes	Number courses planned	Number courses delivered	Number places booked	Number places attended	Learning out comes were met	Overall Evaluation Good - excellent
Safeguarding Adults Awareness Level 1	4	8	169	148	93%	98%
Safeguarding Adults Refresher Level 1	3	3	87	49	96%	94.5%
MCA Awareness Level 1	4	5	103	71	98%	98%
DOL Awareness Level 1	4	5	93	72	98.5%	98.5%
MCA/DOL Refresher Level 1	4	4	98	77	100%	100%
Leading Safeguarding Adult Enquiries Level 2	2	1	26	26	100%	89%
Making Safeguarding Personal <i>RIPFA = Research in Practice for Adults</i>	1	1	25	18	?	?
Roles and responsibilities of Provider Managers in Safeguarding Adults	2	1	15	10	100%	100%
Safeguarding Adults Train the Trainer	2	2	24	18	100%	100%
Reflective Practice for Safeguarding Leads and Senior Practitioners Re: Safeguarding Enquiries	0	1	12	11	100%	100%

MCA level 2	2	2	33	27	100%	100%
DOL Level 2	2	2	34	26	100%	100%
Court of Protection and the role of the Social Worker	3	3	33	26		
Safeguarding Adults & Care Act for Provider services	1	1	16	16		

The number of Safeguarding Adults level one courses for 2015 -16 was reduced in line with offering the Train the Trainer programme as it was expected that some Organisations will start to deliver their own in house training.



QUALITY MONITORING AND AUDIT

During 2015/16 regular safeguarding review meetings in which safeguarding enquiries were evaluated by the PCC Quality Assurance Team alongside the head of service, team managers, safeguarding leads and frontline staff.

The cases audited included completed safeguarding enquiries and cases where there had been more than one safeguarding referral in the preceding 12 months. In addition to assessing the safety of the adult at risk, quality of safeguarding work and adherence to procedures and recording requirements, the audits assessed safeguarding work against the Care Act safeguarding principles: empowerment, prevention, proportionality, protection, partnership and accountability.

12 safeguarding review meetings took place in the year. During these meetings, 20 safeguarding cases were evaluated in total:

- 10 Community Long Term cases
- 7 Transitions cases
- 3 Cambridgeshire and Peterborough Foundation Trust (Mental Health) cases

Any areas for development were noted as well as examples of good practice. Individual audit summaries including any remedial actions were notified to heads of service and team managers to communicate to workers.

No cases were found to have serious and immediate concerns in relation to the adult at risk's safety. Areas for improvement identified included further empowerment of adults at risk, timeliness of working and ongoing monitoring of safeguarding protection plans.

Initial reviews also identified a number of process improvements as the newly formed MASH started triaging safeguarding referrals. A number of improvements to the safeguarding forms were raised through the meetings, and a working group including the Assistant Director and Safeguarding Strategic Lead was set up to review the safeguarding forms.

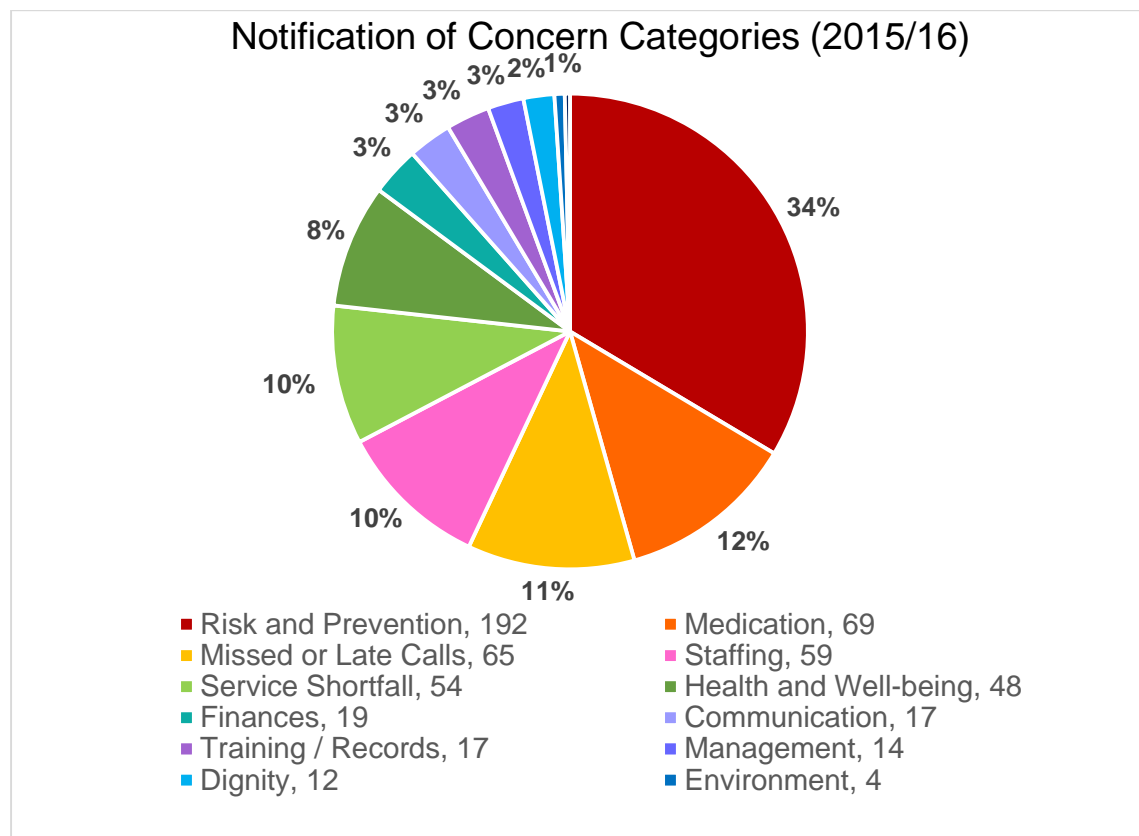
The new combined CSC and ASC Quality Assurance Team produced an audit schedule identifying the following safeguarding related audits to be undertaken in the next year:

- Section 42 Enquiries Audit
- Making Safeguarding Personal (MSP) Audit
- MASH Decision Making Audit

NOTIFICATIONS OF CONCERN

The PCC 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.

In 2015/16 a total of 572 concerns were received. The count for each category of concern is shown below.



The three most common categories of concern were:

1. **Risk and Prevention (192 concerns):** Whether there are any concerns about a service user, either as a victim or as a perpetrator, whether staff have had appropriate training in safeguarding, whether staff handle service user relationships well. Data protection.
2. **Medication (69 concerns):** Whether vital medication calls have been missed, whether correct medication is being administered.
3. **Missed or Late Calls (65 concerns):** Providers arriving late or not at all.

LOOKING FORWARD

In March 2016 the Peterborough Safeguarding Adults Board met and agreed the following priorities for 2016-17:

Priority 1: To work in partnership with all agencies to safeguard adults at risk of abuse and neglect, while following the principles of Making Safeguarding Personal – person-led and outcome focused; allowing involvement, choice and control.

Priority 2: To deliver policy and procedures based on collaborative best practice and consultation.

Priority 3: To ensure the workforce has the right skills/knowledge and capacity to recognise and safeguard adults at risk of abuse and neglect.

Priority 4: To seek assurance that adults at risk of abuse and neglect are effectively identified and safeguarded.

As well as these priorities it is recognised that there needs to be more focus on:

- Embedding the new Multi-Agency Policy and Procedures
- Community/Service User engagement
- Domestic Abuse, Human Trafficking and Modern Slavery – including upskilling workers in these areas
- Multi-Agency Audits
- Evaluation and mapping of training across the partnership

The Peterborough Safeguarding Adults Board should also consider the issue of sexual exploitation and the needs of children moving to adult services. The review into the victims of Operation Erle: a significant investigation into the sexual exploitation of children in Peterborough, which spanned 2012-2015 identified that some of the victims had turned 18 years old during the period of the investigation. There had been issues in the planning for the transition of those young people who remained at risk of harm from exploitation beyond their 18th birthdays, and some, sadly, continue to be vulnerable into early adulthood.

This review activity highlighted the need for support for some young people in the transition between children's and adult's services where they remain vulnerable to abuse.

Work has begun to form links with Peterborough Prison through the delivery of training to staff and female residents on child sexual exploitation. It is hoped that these links will allow for the sharing of the voices of some of the female residents who have experienced or witnessed exploitation themselves.

CONCLUSION

Safeguarding, Identifying and helping Cambridgeshire's vulnerable residents has never been higher on our agenda - and Dementia Awareness Week was a perfect opportunity to further the Service's work. More than 100 members of fire service staff are Dementia Friends, with a handful trained as Dementia Friends Champions, and during the week, even more staff joined the scheme.

(CFRS)

The Peterborough Safeguarding Adults Board continues to be a strong partnership which works well to coordinate safeguarding activity and hold partner agencies to account for their actions to safeguard adults at risk of abuse and neglect.

The PSAB continues to work to ensure that safety, enablement, empowerment and the prevention of abuse and neglect is at the heart of everything we do.

PARTNER REPORTS - APPENDIX ONE

AXIOM HOUSING ASSOCIATION

Axiom is one of a several local housing providers who provide accommodation to vulnerable people.

All Housing Associations are aware of the crucial role they play in contributing to the safeguarding agenda and all operate in increasingly challenging times with pressure on resources and a drive to offer better services for reduced costs. We offer accommodation to increasing levels of vulnerable people and housing providers can offer a valuable perspective in preventing safeguarding issues and also raising awareness amongst the general public.

In 2015/16 we have:

- Continued to raise awareness of safeguarding issues and responsibilities – particularly with front line staff. Housing Officers out in the field are often the first people who may notice or spot something that isn't right and they can trigger interventions.
- Invested in the training and information provided to staff.
- Reviewed and updated our safeguarding policies and processes to reflect changes in legislation and good practice.
- Introduced new guidelines around hoarding and self-neglect and contributed to a multi-agency approach.
- Introduced our own internal Quality Assurance framework that contains a real emphasis on safeguarding issues and offering quality services.

THE BEDFORDSHIRE, NORTHAMPTONSHIRE, CAMBRIDGESHIRE AND HERTFORDSHIRE COMMUNITY REHABILITATION COMPANY LIMITED (BENCH)

Jo Curphey, Deputy Director of BeNCH CRC and Head of Cambridgeshire Local Delivery Unit

Our principle aims are to reduce reoffending and make our communities safer. We work with adults subject to community and custodial sentences; ensuring they do everything required by their Court Order or Prison Licence and empowering them to make positive changes which will support their desistance from crime and re-integration into their communities.

We assess and manage the risk of harm our Service Users pose to themselves and others and are responsible for all Service Users deemed to pose a low and medium risk of causing serious harm. This includes a high proportion of Domestic Abuse perpetrators and female Service Users; which means that Safeguarding is a priority area of our work.

We deliver punitive and rehabilitative interventions to Service Users managed by BeNCH and the National Probation Service. This includes accredited programmes which focus on addressing cognitive deficits and anger management issues, as well as maintaining healthy non-abusive relationships.

In addition to working in partnership with statutory agencies, BeNCH is now able to draw on the expertise of a supply chain which comprises a number of voluntary and charitable organisations to deliver integrated rehabilitation services in prisons and communities.

In line with the priorities outlined in the Safeguarding Adults Board Strategic plan;

- we are in the process of developing a BeNCH-wide Adult Safeguarding Policy;
- we have commissioned external training consultants to deliver bespoke Adult Safeguarding Training to all of our frontline staff;

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- we are an active member of the Peterborough and Cambridgeshire Chronically Excluded Adults Groups;
- we employ specialist officers to work with the victims of domestic abuse;
- in accordance with our Women's strategy we offer all of our female Service Users the opportunity to work with specialist officers in all-female environments;
- in conjunction with UserVoice we have established a Service User Council in Peterborough to provide a forum in which to work collaboratively with Service Users on improvements to service delivery; and
- we have commissioned the services of St Giles Trust to train Peer Mentors for Service Users in need of additional support and advocacy.

CAMBRIDGESHIRE CONSTABULARY

Detective Superintendent Chris Mead - Head of Public Protection

Cambridgeshire Constabulary continues to work in partnership to safeguard vulnerable adults, whether they be a victim of domestic abuse, elderly, disabled or vulnerable in some other way. All referrals will be subject to an initial triage within the Multi Agency Safeguarding Hub (MASH) from which information is shared and referral pathways established. This allows the constabulary and other partner agencies to effectively share relevant information to inform a coordinated response in order to provide the necessary interventions to safeguard in a timely way leading ultimately to better outcomes.

Within the Constabulary we continue to have a Domestic Abuse Investigation and Safeguarding UNIT (DAISU) which investigates cases of domestic abuse, supporting victims and those close to them through positive action and bringing offenders to justice. The DAISU have led the work in relation to training and implementation of the new Coercive Control Legislation that came into force in December. Since then, there have been increasing numbers of cases reported, with Peterborough seeing one of the first cases successfully prosecuted at court. The Constabulary continue to support the Multi Agency Risk Assessment Conference (MARAC) process, working with others to support victims and reduce risk. Work is underway to look to carry out a daily MARAC process, bringing more timely interventions in high risk cases.

The Adult Abuse Investigation and Safeguarding Unit (AAISU) continue to undertake investigations into cases of adult abuse, including those in a health or care setting. These investigations can include physical or financial abuse as well as general neglect.

The Constabulary continue to prioritise on the basis of threat, risk and harm and have an underpinning safeguarding approach, in particular towards those who are vulnerable.

In 2015-2016 we have

- Continued the development of the MASH, firmly establishing Domestic Abuse and Adult Abuse as priority themes.
- Continued to work in partnership with Peterborough and Cambridgeshire Safeguarding Adult Leads.
- Continued to carry out investigations into cases of Domestic Abuse, safeguarding victims, in particular those that are vulnerable and bringing offenders to justice.
- Trained, implemented and prosecuted the new Coercive / Control Legislation.
- Continued to investigate those who offend against the elderly, disabled and vulnerable and bring offenders to justice.

CAMBRIDGESHIRE FIRE AND RESCUE SERVICE (CFRS)

Wendy Coleman, Community Safety Advisor, Safeguarding Manager Community Fire Safety Group

The service has launched a new Community Fire Safety Group combining the fire protection team, which was responsible for fire safety in businesses and non-domestic properties, and the fire prevention team, who keep communities and homeowners clued up with fire safety. Combining these groups enables us to tackle risk in a more efficient way, bringing benefit to both partners and the community.

The group is exploring new ways of working with local authorities and partners to make delivery models sustainable in the future.”

Safeguarding, identifying and helping Cambridgeshire’s vulnerable residents has never been higher on CFRS’ agenda - and Dementia Awareness Week was a perfect opportunity to further the Service’s work. More than 100 members of fire service staff are Dementia Friends, with a handful trained as Dementia Friends Champions, and during the week, even more staff joined the scheme.

CFRS signed its first Primary Authority Scheme (PAS) agreement entering into partnership with Housing & Care 21, a national provider of housing and services for older people. “Working together we will be able to ensure the fire safety advice provided to all sites will be consistent.

Landlords of privately rented properties visited fire stations to benefit from free smoke and carbon monoxide alarms and expert fire safety advice. New safety laws make it compulsory for all landlords to fit smoke alarms in rented homes, under the new laws smoke alarms must be fitted on each level of the property as well as carbon monoxide alarms in properties which burn solid fuels.

The Service’s volunteer scheme has expanded with increasing numbers of Community Champions delivering even more fire safety advice in their local community

Volunteers and care workers are being trained to spot vulnerable residents at high risk of fire through the Olive Branch initiative. The training, adapted from best practice in Staffordshire, is aimed at organisations that have direct contact with vulnerable people in our communities, including voluntary sector, charities, and care workers. Staff or volunteers undertake the Olive Branch training session with fire service staff to identify hazards and refer any concerns and the resident’s details directly to the fire service. The first training session was delivered to Red Cross volunteers in Peterborough.

Hoarding has been identified as a contributory factor in at least two fatal house fires in Cambridgeshire, in the past three years and fire crews have experienced an increase in the number of fires where heavy fire loading/clutter is present. Operational fire crews and community safety officers have undertaken enhanced training to understand how they can provide help and support to individuals identified as displaying hoarding behaviour.

The service has led on the creation of a multiagency hoarding guidance document establishing key partnerships to benefit all stakeholders.

The service has built robust partnerships, especially with the police, to be able to work seamlessly to benefit the residents and agencies of Peterborough.

CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP

Carol Davies - Designated Nurse for Safeguarding Adults and Serious Incidents

The Cambridgeshire and Peterborough Clinical Commissioning Group (CAPCCG) is an organisation commissioning health services for the people for Cambridgeshire and Peterborough and is committed to safeguarding adults

www.safeguardingpeterborough.org.uk

Cambridgeshire and Peterborough Clinical Commissioning Group has a patient population of approximately 930,000 and is one of the largest in the country with 105 General Practitioner (GP) practices as members.

Our main Providers are:

- Cambridge University Hospitals NHS Foundation Trust (CUHFT - encompassing Addenbrookes and Rosie hospitals)
- Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT)
- Hinchingsbrooke Health Care Trust (HHCT)
- Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)
- Cambridgeshire Community Services (CCS)
- Papworth Hospital NHS Foundation Trust - specialist cardiothoracic hospital.

There is a range of other key Providers too such as GP Out of Hours services, NHS 111, East of England Ambulance Trust and many other smaller specialised service Providers.

Partnership working

Staff attend multi-agency meetings in order to achieve partnership working. There has been regular attendance at the Cambridgeshire Safeguarding Adults Board meeting and its subgroups, as well as the Domestic Abuse Governance Board, the MASH Governance Board and the Prevent Delivery Board.

Achievements in relation to Peterborough SAB priorities

Priority Area 1 – Partnership and Culture

Partnership working by Cambridgeshire and Peterborough Clinical Commissioning Group was demonstrated by robust engagement with SABs, sub-groups and a range of other strategic governance boards. The monitoring of commissioned Providers' compliance with Safeguarding adults requirements is contained within the quality schedule of the NHS contract. This was undertaken by Cambridgeshire and Peterborough Clinical Commissioning Group on a quarterly basis, using the quality dashboard with associated metrics and RAG rated thresholds. This mechanism enabled Cambridgeshire and Peterborough Clinical Commissioning Group to be sighted on any compliance issues and support improvements were necessary.

Cambridgeshire and Peterborough Clinical Commissioning Group has strived to maintain a high profile around the importance of safeguarding adults to the health and well-being of our population, and continues to promote a culture of Making Safeguarding Personal.

Priority Area 2 – Practice, Delivery and Outcomes

Commissioned Providers are required to have a Safeguarding Adults, MCA/DoLS and Prevent Lead, whose role is to support their organisation in meeting its responsibilities. This workforce has been stable in the past year.

Within the Clinical Commissioning Group (CCG) the retirement of the previous post-holder led to the recruitment of a new Designated Nurse, and subsequently a part-time Nurse for Safeguarding Adults. The CAPCCG executive Lead for Safeguarding Adults (deputy director for Quality, Safety and Patient Experience) also came into post in the past year. While a change of personnel may have had the potential to de-stabilise the CCG safeguarding adult's team, collectively team members bring a wealth of experience and knowledge which has strengthened the CCG's response to safeguarding adult's issues.

The CCG is also involved in the quality monitoring of care homes and a new framework is currently under development.

Priority Area 3 - Prevention and Early Detection

Prevention is key and staff training around safeguarding adults to raise awareness is both promoted and monitored closely by the CCG. The responsibility of all staff to recognise and respond to safeguarding concerns is emphasised in the training delivered to staff by Provider Safeguarding Adult Leads.

The CCG is also involved in the quality monitoring of care homes and a new framework is currently under development. Attendance at the local authority and CQC information sharing meetings also supports the CCG in maintaining a soft intelligence database which helpfully provides an overview, useful for quality surveillance and identification of systemic issues.

In partnership with the local authority such surveillance led to a large scale safeguarding investigation being convened for a local care home, which is still ongoing.

Priorities and challenges for 2016 -2017

- Review the recommendations from the SCRs published and ensure these are being considered within CCG commissioned services.
- To respond to the forthcoming 'NHS England Roles and Competencies for Healthcare staff' document and consider the implications for the learning and development needs of NHS staff locally.
- Consider the impact of increasingly constrained resources upon both the CCG and Providers, while still striving to maintain a robust response to meeting Safeguarding Adults responsibilities.

CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST (CPFT)

Paul Collin, Head of Adult Safeguarding

Cambridgeshire and Peterborough NHS Foundation Trust 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**
By April 2016 96% of CPFT staff had trained in adult safeguarding. MCA training stood at 92% and 93% of staff had received PREVENT training.
- **Staff supervision**

Safeguarding investigators are supported by the programme of monthly peer supervision meetings of the 'Peterborough CPFT Safeguarding Adults Group'.

- **Healthcare services**

From 1st April 2015 CPFT took on responsibilities for community health care services. Although the overarching commissioning organisation Uniting Care Partnership is no longer in existence, integrated physical and mental healthcare services remain the responsibility of CPFT.

- **CQC registration**

CQC carried out an inspection of CPFT services during May 2015. The outcome was that CPFT was rated as "good" overall and CQC reported that "effective incident, safeguarding and whistleblowing procedures were in place. Staff felt confident to report issues of concern. Learning from events was noted across the trust."

- **Activity**

Safeguarding activity showed an increase in enquiries of 14% compared with the previous year; this was due to changes and increased awareness due to the Care Act.

- **Partnership working**

A Multi Agency Safeguarding Hub (MASH) has been established from 1st April 2015 as a single point for referrals and triage of all adult safeguarding matters. CPFT has an advanced Practitioner who undertakes this role for mental health referrals.

- **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 urgent applications increased substantially (28%) during 2015-16. However standard authorisations were commensurate with the previous year.

- **Policy and Procedures**

The CPFT adult safeguarding policy has been updated to reflect Care Act changes

- **Safeguarding Adult Reviews & prosecutions**

CPFT made 1 referral for a Safeguarding Adult Review under Peterborough procedures. This work is yet to be completed.

Priorities for 2015-16

- Ensure all staff receive appropriate training and are able to identify and respond to safeguarding issues, and that the target of 90% for staff training in adult safeguarding continues to be met
- Ensure compliance with attendance at Mandatory PREVENT training.
- Ensure that each ward and community team in the adult services has a sufficient number of trained Safeguarding leads
- Work with partners (including Local authorities & Police) to develop the working of the Multi-agency Safeguarding Hub (MASH).

CITY COLLEGE PETERBOROUGH

Tanya Meadows, Vice Principal

City College Peterborough Day Opportunities Services provides welling being and preventative support for adults under 65 with a learning disability delivered at five sites and in the community. We also deliver employment support for adults with disabilities.

Priority Area 1 - Partnership and Culture

Implementation of the Care Act

Using individual Adult Social Care and Support plans Day Opportunities develop, and deliver, personalised support that includes the safeguarding needs of the individual. We work closely with Adult Social Care providing input into reviews, best interest meetings, safeguarding investigations and advocacy.

In 2015 all staff received Care Act training through the Council Workforce Development Team and continue to receive updates via Adult Social Care weekly news emails and when communicated via the intranet.

Partnership working

Day Opportunities continue to work with Adult Social Care including Care Management, Speech and Language Therapy, Community Learning Disability Nurses and Physiotherapist's.

We continue to work with PCVS and other advocacy organisations, voluntary groups, housing associations (including Cross Keys Hate Crime Officer) and the Police

Priority Area 2 – Practice, Delivery and Outcomes

New projects/initiatives/innovations

All sites are registered under the Safe Places Scheme with signage on display.

We work with Hate Crime Officers and the Policy Community Support Officers who talk and hold sessions with Supported People regarding bullying and other safeguarding issues. All sites have posters on display such as anti-bullying

Our sites are under development and designs have considered safeguarding issues for example the City Centre Hub has included opening up of areas and installation of internal windows to ensure line of sight enabling supported people to have independence whilst staff have views of large areas of the building at all times without having to be in a room.

Training/Development/Awareness raising

All staff have Adult and Childrens safeguarding training every two years. Three senior members of Day Opps are to complete Designated Persons training. The Service Manager has undergone Leading Safeguarding Investigations training and four members of frontline staff will be completing Childrens safeguarding and Cultural Confidence training.

Safeguarding is an agenda item on all team meetings and a distinct section within supervision documentation and therefore discussed within groups and with individuals.

Priorities and challenges for the coming year

Identify Safeguarding "Champions" within teams to support continued prioritisation of safeguarding at all levels together with Prevent.

www.safeguardingpeterborough.org.uk

Challenges include safeguarding our service users whilst increasing community access as where people become more independent risks increase. The changes to service will diversify the service users at sites further and therefore additional safeguards need to be implemented to protect those most vulnerable. This is being managed through building design whilst redeveloping sites, action planning and staff awareness sessions.

Priority Area 3 – Prevention and Early Detection.

Making Safeguarding Personal

A large part of Day Opportunities work is preventative support, empowering individuals to make decisions and choose outcomes through providing information and delivering “just enough” support. The sites are safe havens where individual know they are able to come to for support. Specific training is available for people to increase confidence enabling them to speak up and make decisions. Where staff have safeguarding concerns they are able to report through the organisations procedures.

Education

Within the City College Study Skills programme we accommodate the following young people:

- 16-18 year olds
- Learners with Learning Difficulties and/or Disabilities (LLDD) young people aged 16 to 24 year olds
- English Speakers of other Languages (ESOL) – and Pre ESOL young people
- Bespoke 14-16 year old provision

The majority of our young people are vulnerable young people who face a number of challenges inclusive of Mental Health, Self-Harm, Looked after Care, Young parents, some Youth Offending, and the vulnerabilities within their learning difficulties.

Making Safeguarding Personal - Within the Study Skills department all young people are initially assessed for safeguarding needs at point of recruitment. The information gathered on the paperwork specifically picks up information relating to being in care, asylum status, Mental health etc. this then triggers the PRAG Rating (Purple, Red, Amber, Green) when paperwork comes to support. Learners PRAG rating can change throughout the year for instance a learner may have been green, but a safeguarding concern comes up and they are re rated. Each young person is safeguarded on an individual basis.

New projects/initiatives/innovations – Prevent training is being rolled out to Learners.

Training/Development/Awareness raising – As a college we operate a Safer Recruitment process – this has been introduced to incorporate the changes that have been made to our existing Safeguarding and Prevent policy and procedures. All new staff are fully inducted within the timescales set out to ensure they have received the appropriate training for Safeguarding, working practices etc. All current staff are also placed onto appropriate update training when required.

Lessons learnt/Learning from experience – We have experienced trends in learner vulnerabilities and therefore need to be properly prepared and equipped to respond to all of these. For example, we found the number of learners who self-harm to be incredibly high 2 years ago, and whilst a proportion of young people still self-harm, this year’s main vulnerability has been unaccompanied minors who are seeking asylum. This in itself has proven a challenge for us to be able to support fully the mental health and emotional scars these young people present with. Learning from experience, has enable colleagues to broaden their knowledge to be able to better support young people on a range of issues in the future.

Achievements – In summary, we provide differentiated learning support and have shared case studies of our practice, delivery and outcomes with the post 16 sector.

HEALTHWATCH PETERBOROUGH

Angela Burrows, Chief Operating Officer

Statement of purpose

Healthwatch Peterborough's role is to challenge and influence health and social care providers and commissioners; having an impact on the design and delivery of health and social care provision across Peterborough and ensuring the voice of local people is heard in local and national consultations and supporting our local stakeholder partners.

Engage: We aim to be accessible to the public and stakeholders to ensure inclusive participation, engagement and communication particularly with hard to reach and vulnerable members of our community.

Impact: Our objective is to be a 'critical friend' to stakeholders, be credible in using our statutory powers appropriately and to greatest effect, to drive improvements by challenging providers and commissioners.

Evidential: We will gather and use a full range of evidence, feedback and intelligence to influence our work plan and projects, championing the voices and views of local people.

Inform: We provide signposting and information in a range of formats to help people access local health and social care services and support them in making informed choices.

Our role in Safeguarding

Our volunteers (known as Authorised Representatives) are all trained in Adult Safeguarding to provide them with the preliminary tools to identify signs of safeguarding breaches while undertaking audits of local health and care settings.

We undertake Enter and View (a statutory tool Healthwatch use to review local health and social care services) and make sure key safeguarding notices are visible, information on raising safeguarding alerts are made available and to share any concerns around safeguarding with Care Quality Commission and/or Adult Social Care department at Peterborough City Council.

We have been able to widely share and raise awareness of the Peterborough City Council newly launched safeguarding website, through our popular weekly electronic bulletin E-news and social media.

HER MAJESTY'S PRISON /YOUNG OFFENDERS INSTITUTION PETERBOROUGH

Gary Clarke, Safer Prisons Manager

Priority Area 1 - Partnership and Culture

We work closely with the Samaritans in providing Peer Listeners for residents. The Listeners provide a 24 hour service to residents giving a confidential service where residents can talk about any issues or concerns they have.

The training for the listeners is provided by the Samaritans who then facilitate a weekly meeting for all the listeners to attend. This again is a confidential meeting between the Listeners and the Samaritans.

Priority Area 2 – Practice, Delivery and Outcomes

HMP/YOI Peterborough offers an environment of support and guidance for residents to help them deal with difficult and frustrating situations.

There are a number of operational staff who have received additional Mental Health training to help them work with the more challenging and complex residents.

All staff are trained in the management of self-harmers ensuring a safe environment is offered to all.

Priority Area 3 – Prevention and Early Detection

All residents are assessed up on reception and if required support mechanisms are put in place immediately and interventions offered.

We hold a weekly Complex Needs meeting that discuss are more complex residents. This meeting is multi-disciplinary and involves the Mental Health In-Reach Team and referrals to the Safeguarding Board. This meeting regularly discusses in excess of thirty residents.

NHS ENGLAND

Dr Sarah Robinson, Patient Experience and Quality Manager, Nursing Directorate

NHS England provides primary care services, and some specialist services (for example secure hospital services for those with mental health problems and/or learning disabilities), as well as working to ensure quality and safety across the NHS as a whole.

We facilitate a successful forum of safeguarding leads to develop health initiatives, share good practice and problem-solve common difficulties, and offer CPD. Within this year we have been working closely with our safeguarding lead colleagues from both providers and commissioning partners to implement a range of safeguarding initiatives that include:

- Providing weighing facilities for people who use wheelchairs (a lesson learnt from a SCR in Suffolk where lack of access to appropriate weighing facilities meant that appropriate health checks could not be facilitated)
- Launch of the best practice guidance to embed with health colleagues and other partners a common understanding of the difference between health related incidents that require incident reporting, improvements in care management, and those that require investigating through safeguarding enquiries
- Launch of a free safeguarding app to offer health care staff a one-stop resource for an overview of important legislation and requirements for both children and adult safeguarding requirements.
- Advanced level training on Female Genital Mutilation (focussing on prevention, escalating concerns and working with those who have been affected by FGM)
- Identification and training of champions for MCA and DoLS in the ambulance service
- Workshops to develop safeguarding leads ability to write good quality reports and undertake Root cause Analysis methodologies

Priorities and challenges for the coming year

The ambitious intercollegiate guidance for healthcare staff with regards to adult safeguarding training requirements and competencies will focus our attention over the coming year(s) to offer

support to our NHS colleagues to facilitate training in line with the requirements set out. There are also some ideas around projects regarding domestic abuse that will be developed with the forum facilitated by NHS England.

Whilst we have not been working specifically to the priorities identified by PSAB (or any of the other SABs and LSCBs that we cover) our work has been driven by the safeguarding leads who in turn are informed by their local SABs priority areas. We also try to ensure that we attend the health executive meetings and all board minutes to ensure we remain aware of the local activities of each board.

NATIONAL PROBATION SERVICE (NPS)

Matthew Ryder - Head of Cambridgeshire Local Delivery Unit (LDU)

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.

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

In 2016, NPS published its new strategic partnership framework outlining the ways in which we work, attend and engage in local Safeguarding Adult Boards (SABs).

The NPS works closely with partner agencies to safeguard adults.

Our work is underpinned by the six safeguarding principles.

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.

Adult safeguarding is a developing area for work for NPS and progress has been made in the following ways:-

- delivery of adult safeguarding mandatory training for all staff
- appointment of a NPS senior manager to lead on adult safeguarding in Cambridgeshire at a strategic level and who attends the Board on a regular basis
- starting discussions with partner agencies on developing a strategy for managing offenders who pose a serious risk to vulnerable groups but who themselves have acute health and other needs
- roll out of briefings to front line staff on the Care Act.

PETERBOROUGH CITY COUNCIL

Debbie McQuade, Assistant Director – Adult Operations

Progress against priorities:

Adult Social Care have improved the response to Safeguarding concerns in the context of multi-agency safeguarding arrangements within the multi-agency safeguarding hub (MASH) that went live on 1st April 2015. Adult Social Care recruited an additional Safeguarding Lead Practitioner (previously only 1 Lead Practitioner for Safeguarding) and a Coordinator who are part of the MASH with Cambridgeshire and Peterborough NHS Foundation Trust's Advanced Practitioner. The MASH provides consistency of approach as all concerns are escalated to the MASH for action by the MASH Adult Safeguarding Lead Practitioners. The Leads follow the agreed procedure for completing the Triage Assessment and the Risk Framework Tool to determine if the concern meets the threshold for a section 42 enquiry. Adult Social Care continue to work closely with key partners, such as the police to jointly make enquiries where the threshold has been met.

Other priority areas for Adult Social Care were to strengthen the response to referrers of safeguarding concerns as concerns were expressed around a lack of feedback at key points of the safeguarding enquiry process, at the point it is decided to treat a concern as a referral and at the conclusion of the enquiry

Adult Social Care gave a commitment to improving the timeliness of enquiries although there are no nationally set timeframes for conducting and completing enquiries.

Prevention of further abuse

The dashboard contains two measures to track the impact of enquiries in preventing further abuse; % of safeguarding adult cases where there is a protection plan in place and % of referrals that were referrals

Making Safeguarding Personal was another key priority for Adult Social Care and as of 1 April 2015 the procedures and documentation were updated to include clear sections for capturing the person concerns wishes and outcomes. As part of the wider change management programme for all staff in Adult Social Care a weekly e-mail has been in place since 1 April 2015 and the SCIE guidance has been published via this route and Making Safeguarding Personal Training was commissioned from Rife during the autumn of 2015 to help embed practice. The audit tool used internally to audit safeguarding enquiries has been amended to ensure consideration of MSP elements and supervision of case work focuses on the views of the person or where there are capacity issues Mental Capacity Assessment and appropriate representation.

Client income service (Corporate Appointee & Court of Protection appointed Deputy)

The service supports people who are at risk of financial or material abuse by managing the person's financial affairs or arrangements. The number of people supported by the Adult Social Care client income team continues to increase, particularly for those clients who are being supported with their finances living in the community. The current number of people being supported is 238, 184 where the department holds appointeeship and where the department acts as deputy.

PETERBOROUGH AND FENLAND MIND

Barbara Conlon, Quality and Improvements Manager, Safeguarding Lead.

Based at our Peterborough and Cambridge office we offer a wide range of services to help serve local people who are experiencing poor mental Health. We currently offer the following services:

- Wellbeing and Recovery – a goal setting person-centred service designed for early intervention and prevention evaluated through the Recovery Star.
- We offer a one to one service and group workshops
- Advocacy – we offer both community and Independent Mental Health Advocacy in both Cambridgeshire and Peterborough. This includes workshops, one to one support, and a specialist project working with homeless people.
- Connecting Mums – a resilience service targeted at pregnant women and new mums at risk of developing post-natal depression
- Blue Light – resilience services and training for emergency services personnel
- Training – Mental Health First Aid (MHFA), Applied Suicide Intervention Skills Training (ASIST) and our own range of internally designed programmes
- We are a partner in delivery of the STOP Suicide project

Peterborough and Fenland Mind new services now live or to be launched during 2016:

Connecting Cares – is a 6-week programme. All are welcome, it is an informal and friendly space to enable people to not feel alone, build confidence and support carers with their emotional wellbeing.

Mums Matter – a six week programme to help build Mum's resilience who are experiencing post-natal depression. Providing tools that will help our new mothers through day-day motherhood and share their experiences with other mums.

Hearing Voices – As part of the regional Cambridgeshire and Peterborough Hearing Voices Network we are launching new Hearing Voices Groups (HVGs). The groups will be based countywide. The Voices Matter Groups offer our clients the opportunity to:

- Meet people with similar experiences
- Challenge social norms
- Share experience, receive support and empathy
- Value their contributions
- Accept that voices and visions are real experiences
- Respect each member as an expert

Stepping Forwards – Supporting people in their first steps away after secondary services. Stepping Forward is a new dynamic service aiming to target people experiencing Psychosis, Personality disorder and Affective disorder through Group Sessions and One to One work.

Safeguarding:

Peterborough and Fenland Mind recently identified a lead person to manage safeguarding who provided training updates from October 2015 to all staff. All new starters receive the Safeguarding training during their first month of employment as part of their induction programme. Our safeguarding register monitors all safeguarding issues and is updated as and when a safeguarding enquiry has been identified and we work closely with the MASH team for advice and signposting. The register is monitored by the safeguarding lead.

Over the 2015/2016 to date 24 cases within the Peterborough and South Lincolnshire area have been recognised by PFMind. These cases have either been signposted to the appropriate service or MASH.

Within our Advocacy service home visits are risked assessed. Within our Wellbeing and Recovery service all clients are risked assessed at their initial appointment.

Partnership Working

We are a member of Peterborough Plus, a voluntary sector consortium working together to bring additional funding into the city. Our CEO is a Director of Peterborough Plus, and has played a key role in the start-up of the consortium. We work closely with Peterborough Council for Voluntary Service, DIAL Peterborough, and Age UK Peterborough.

We work closely with CPFT, our mental health trust to signpost and share information, and are currently working on a new service to support clients who have been discharged from secondary care services. This has been co-designed in partnership with CPFT. Our CEO is a Governor of CPFT, representing the voluntary sector.

We work with Mind in Cambridgeshire and Lifecraft to deliver the STOP Suicide project.

We are named as a delivery partner on a recent successful bid by the Carers Trust.

We work closely with children's centres in order to deliver Connecting Mums. Our CEO chairs the Advisory Board for the local 4 children's centres.

We work closely with our local authorities (Peterborough and Cambridgeshire) and CCG, attending working groups, consultations, and engagement events on a regular basis. Our CEO co-Chairs the Mental Health Commissioning & Delivery Board.

PETERBOROUGH AND STAMFORD HOSPITAL FOUNDATION TRUST (PSHFT)

Lesley Crosby, Deputy Chief Nurse

PSHFT is an acute hospital foundation trust covering two sites, Peterborough City Hospital and Stamford Hospital in Lincolnshire. We provide acute healthcare services to the public from 5 local authorities and have 644 beds including 22 beds at Stamford Hospital.

Priority Area 1 – Partnership and Culture

- PSHFT are active partners in the multiagency safeguarding meetings, with the Deputy Chief Nurse attendance at PSAB. We contribute relevant health information to individual cases as requested as part of a SAR or LSI. We provide general information to the boards and the CCG.
- The Safeguarding Adults Lead Nurse works collaboratively with the Risk Management Team, complaints, Patient Advice and Liaison Service (PALS), Discharge Teams and the Tissue Viability Nurse ensuring that lessons are learnt from incidents relating to

safeguarding and these are reported into the safeguarding committee, local authorities and CCG's via care quality reports.

- Improvements have been made with regards to poor communication and poor discharge planning which was identified as a theme, by introducing a 'new' transfer checklist and transfer letter to be sent out with patients going to another provider including Nursing and Residential homes. This initiative was developed by the discharge support team and has seen a reduction in safeguarding allegations of 'poor discharge'
- The NHS England document Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (April 2015) sets out what is expected of healthcare provider's role in respect of safeguarding vulnerable people.
- PSHFT have a bi-monthly joint Adults and Children's safeguarding committee where current information is discussed and an action plan is in place.
- PSHFT have a local 'Protection of Adults at Risk' policy and procedure for staff to follow which has been reviewed and amended in light of the Care Act 2014 and local interim guidance, updated in January 2016.

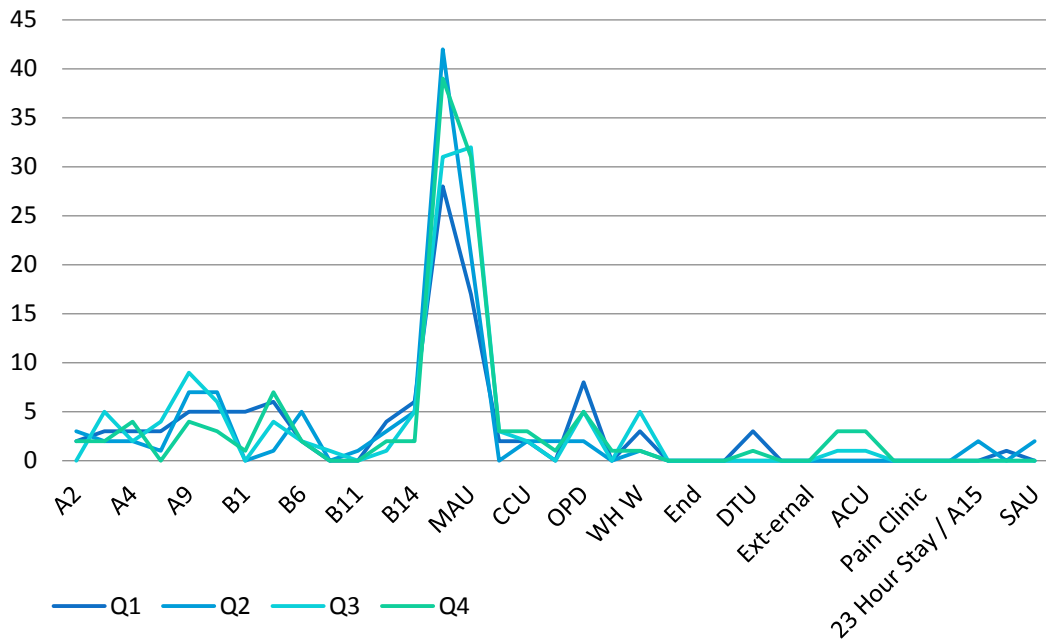
Priority Area 2 – Practice, Delivery and Outcomes

- MAZARS, The Trusts Internal Auditors completed an internal audit of the controls in place over Safeguarding Adults and the Trust received substantial assurance in July 2015.
- Over 2015/16 level 1 safeguarding adult training was delivered to 3835 (96%) members of the Trust's staff which is an increase of 15% compared to 2014/15.
- MCA/DoLS training is mandatory for all clinical and medical staff that have face to face contact with patients. In 2015/16, 2234 staff were trained equating to 90% of those requiring this competency. This is a 43% increase compared to the previous year.
- The Trust's level of activity with regards to safeguarding adults and MCA/DoLS applications continues to increase year on year and month by month. 87 DoLS applications were made in 2015/16 compared to 28 the previous year 2014/15. This demonstrates that the training is having a positive effect for our patients who lack capacity to make their own decisions and safeguards put in place. We are able to evidence staff are applying safeguarding duties and adhering to legislation in their daily work through the increase in and number of applications and authorisations.
- Equality, Diversity and Human Rights training is also mandatory and provided for all staff. In 2015/16, 3739 staff have received this training which is 95% of our workforce this is a 28% increase on 2014/15 delivered by the Equality & Disability Advisor.

Prevention and Early Detection – Priority 3

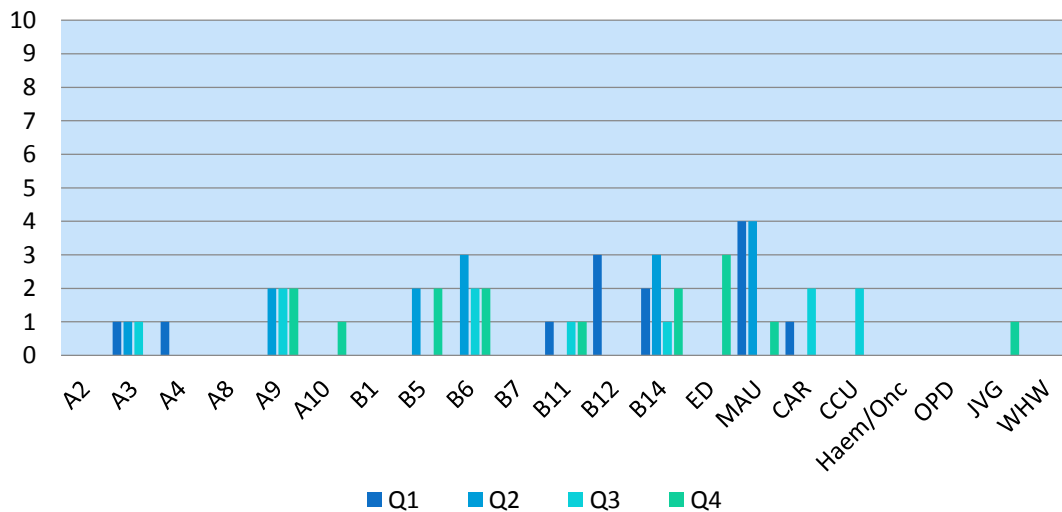
- The Trust operates an electronic alert system. Protection of adults at risk referral forms are generated via e-track our internal patient system, which enables any staff member to report a concern direct to the safeguarding group email inbox. This referral notifies the Trusts safeguarding team and the Peterborough Local Authority Transfer of Care Team at the same time thus demonstrating joined up processes to protect adults at risk of harm.
- The chart below demonstrates the number of referrals raised by the Trust from e-referral safeguarding forms:

Concern Sheets completed per Quarter by Ward



- Over the year 2015/16, the Trust raised 458 Safeguarding alerts involving other bodies or individuals whilst 54 alerts were raised against us concerning alleged instances of a safeguarding nature within the Trust; this is a total of 512 concerns.

Number of Concerns Raised against the Trust by Ward by Quarter



- In comparison to the previous year the Trust had raised 539 alerts including 37 alerts being raised against it. This is a slight decrease, 27 less referrals overall, however there has been an increase in concerns rose against us with 17 more enquiries compared to the previous year. Lessons to be learnt from these incidents are shared across the organisation with presentations given in various formats.

- It is entirely appropriate that the Emergency Department and the Medical Admission Unit are the highest reporters as they are the “front door” of the hospital so will therefore be the first Trust employees to identify concerns.

In the wake of the Francis Inquiry into the failings at Mid Staffordshire NHS Foundation Trust the Department of Health introduced a contractual Duty of Candor that requires NHS Trust staff to be open and transparent with service users about their care and treatment, including when it goes wrong. The Trust operates with openness and transparency and fulfils its Duty of Candour obligations when investigating safeguarding allegations made about the care it has provided. ‘Being Open’ meetings where we have caused harm to a patient are offered and apologies given when we have caused harm or distress. The Trust uses investigation findings to promote learning and ensure that practices are changed and lessons learnt through banded study days, Joint Ward Manager meetings and the Nursing and Midwifery Advisory Group.

The Trust has reviewed its Policy for the Protection of Adults at Risk to ensure that it reflects the requirements of the Duty of Candor. Scrutiny has increased by attendance of the Safeguarding Lead Nurse at the Chief Nurse Rapid Review meetings weekly. Closer working with the complaints department to highlight any safeguarding issues identified within the formal complaint as they are registered.

Analysis of Safeguarding Referrals

Of the 512 alerts raised during the year 2015/16 358 cases involved persons aged 65 or over (70%) and 154 cases (30%) involved persons under the age of 65.

Of the 512 safeguarding alerts raised 354 (69%) of the alerts related to harm/abuse allegedly occurred within the person’s own home as opposed to 97 (19%) cases of alleged abuse within a Nursing/Residential setting, 54 (11%) alerts were raised about our care.

Safeguarding Adult Reviews

The Trust has participated in three Safeguarding Adult Reviews (SAR). One SAR currently under investigation involving the Trust; is regarding lack of provision of pressure relieving equipment in the community and suggested we failed in our duty to identify this prior to discharge, we have submitted an Individual Management Review (IMR) report and we await the outcome. The Trust has also participated in 2 additional SAR’s where the patient received care in our Trust we have provided individual Independent Management Reports (IMR) report, one has now been concluded and is published on the Peterborough City Council Website MX, lesson to be learnt for us was ‘to ensure all patients leaving hospital for a residential placement must be accompanied by an appropriate discharge summary and communication between care settings must ensure ALL relevant information is sent and ensure safe transition to the care setting’. The third is regarding a patient who attended our hospital in a very dehydrated condition and died a short time after admission; this involves a local care home and is still currently under investigation.

We were also involved in a Large Scale Investigation (LSI) which went on to become a SAR, this involved a large number of residents in a local nursing home, seven of whom had attended PSHFT as patients, seven IMR reports were submitted last year and the case has now been concluded with a report published by an independent author. One of the criticisms of PSHFT was that we put pressure on the care home to accept patients before they had been assessed, we disputed this point as no concerns had been raised to us regarding the patients involved in the LSI. One recommendation made in the report will benefit PSHFT in that patients attending from a care home

who lack capacity to be able to give a history during a hospital admission, should be accompanied by a member of staff who knows them to hospital.

Considerable improvements have been made with evidencing safeguarding initiatives and ensuring transparency. Under the “making safeguarding personal” agenda, a copy of any electronic referrals made are now placed in a separate safeguarding section within the medical record and patients are spoken to within twenty four hours of receipt of the referral. Patients discharged within that period of time may not be seen prior to discharge however they are followed up by individual safeguarding teams in each local authority after discharge.

We have experienced a very busy year but through this report we are able to give assurance and demonstrate how we have met our safeguarding duties and kept our patients safe throughout this time.

REGIONAL COLLEGE – PETERBOROUGH

Joanne Hather-Dennis - Executive Director – Students

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

26% of our learners have learning difficulties and or disabilities including mild, moderate and severe. There has been a significant increase in learners presenting difficulties associated with autism, mental health and social emotional difficulties over the last few academic years. Additional Learning Support has been accessed by over 1950 learners demonstrating an increase of 11% from last year. These learners are studying in both our main stream provision and our Inclusive Learning department. There are currently 90 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.

There has been strengthened links with feeder schools such as the Phoenix specialist provision where learners have been coming in on a weekly basis to access taster sessions, some aligning to current provision. The department has also worked hard to embed a number of bespoke opportunities for learners that require a mixed provision of mainstream and discrete to facilitate a person centred approach to their learning. We aim to grow this in future years.

As part of the college’s strategic planning operation groups a Safeguarding committee has been established to address key priority areas and monitor essential compliance data.

Key progression Areas 2015/16

- Access to Peterborough LAs SEND grant for employment to support the development of 2 recently recruited Job Coaches with appropriate training
- Collaborative city wide employment event engaging with local partners and employers for young people with learning difficulties and disabilities
- Train the trainer status for 2 staff members in Systematic Instruction funded by Peterborough LA
- Train the trainer status for 2 staff members in Team Teach to train staff in de-escalation and restraint
- Specialist development to support Person Centred Planning, Social Emotional Difficulties and Mental Health
- Securing of Department of Education funded pilot Achievement for All SEND Implementation audit of provision at PRC carried out between October 2015 and March 2016 and development of an internal action plan following the audit to monitor development

areas. Achievement for All Final Confidence Survey demonstrated improvements in all key areas with good and outstanding features

- Healthwatch Survey produced in collaboration with PRC around mental health awareness and services locally
- Discussions with the SUN Network (CCG commissioned organisation which captures the views of service users relating to Mental Health Services) to gain the learner voice
- CPFT Psychological Wellbeing Service (IAPT) is working collaboratively with the college to raise awareness of their provision of support for mental health difficulties of those over 17+ which included stands in student common room and at UCP and half day on site to provide treatment to referred individuals
- Establishment of an autism sensory room for quite out of class support
- Proactive engagement with CAMHS and Adult Mental Health services on necessary to provide effective support and promote individual learner welfare
- Strengthened partnership working across specialist agencies such as SALT, physiotherapy, Occupational therapy and medical professionals.

Key Priorities 2016/17

- The Inclusive Learning department is planning a focussed selection of part time provision aimed at progressing the learner into further study or employment which could be supported employment or internship
- Learner and parent consultation around provision planning, services and Local Offer
- Development of provision and support for Profound and Moderate Learning Difficulties (PMLD) with complex behaviour needs and mainstream learners who require restraint
- Further development of work placement opportunities for mainstream SEND learners, suitable progression routes to employment with appropriate and impartial careers guidance
- Strengthen mechanisms for capturing and monitoring High Needs (HN) and Education Health and Care Plans (EHCP) data around retention, progress, destination and support impact indicators such as distance travelled and independence
- Revision of policies such as Admissions and Information, Advice and Guidance (IAG) to ensure they embed SEND expectations
- Continued staff training to include Mental Health/Emotional and Behavioural Difficulties (EBD)
- 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

SAFER PETERBOROUGH PARTNERSHIP (SPP)

Karl Bowden, Manager

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.

Street Sex Working

The SPP chair a multi-agency case management meeting which is held once every six weeks. The case management of the sex workers, many of whom may be adults at risk, is recorded on ECINS, our case management system, 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 19 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 a result a pilot evening outreach project was 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. Unfortunately, despite promoting this evening outreach via key workers, partner agencies and during the monthly outreach itself, the sex workers did not attend this evening despite opening every Friday evening for a couple of months.

As a result, it was agreed to stop the Friday night evening outreach at Outside Links and instead continue with monthly evening outreach which is conducted with the Police Op Can Do team and two partner agency representatives, one evening per month. This provides an opportunity to engage with those sex workers seen loitering and a chance to offer the appropriate advice and support.

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.

In the last 12 months there have been three prosecutions for male kerb crawlers in which two of the three males were given a police caution and the third was summonsed to court. There has also been one prosecution regarding a female sex worker who was charged/summonsed to court. Furthermore, one ASBO remains in force regarding a street sex worker until August 2019 and one street sex worker still has a Criminal Behaviour Order which remains in force until April 2017.

In addition, during the last 12 months various street workers have been subject to street warnings which is a required pre-requisite to any prosecution and these warnings lapse after 3 months. Currently there is one street worker on a current warning, however, these numbers can quickly fluctuate dependant on police activity.

Joint outreach work with Police and support services one Thursday a month. In general terms the majority of police support and enforcement activity is carried out by the SPP Can-Do Team who in the main are more confident around the procedure and legislation in regards to dealing with street sex issues. Response officers are occasionally sent to street sex working related incidents but are likely to only conduct an area search and move persons on.

There have been 38 Calls to the police in regards to prostitution in the last 12 months across the city. 29 of these calls were in the Eastern Sector and 20 within the defined 'Red Light Area'.

Op Pheasant

Op Pheasant is a multi-agency operation coordinated by the SPP Teams to address issues of modern day slavery, exploitation, overcrowding of premises and illegal Houses of Multiple Occupancy.

SPP teams from Housing Enforcement and Police join up with Fire Service Fire Protection Officers, the Border Agency and Department of Work and Pensions to carry out visits to target locations and addresses. The premise of the visit is to primarily ensure that the persons living or working there are not being exploited, are eligible to remain in the country, are lawfully employed (thus ensuring that their rights are known to them) and are living in safe and suitable accommodation.

In the 2015/16 period around 476 properties have been visited



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