



Cambridgeshire  
and Peterborough  
Safeguarding  
Adults Board  
Annual Report 2017/18



## Foreword

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

It gives me great pleasure to present to you Cambridgeshire and Peterborough's Safeguarding Adults Board annual report for the period April 2017 – March 2018.

This has been a momentous year for those of us involved with safeguarding the most vulnerable in our society, its children and adults at risk. In response we have put in place new ways of working that mean we are better able to measure what is needed and then meet those needs.

The review of Local Safeguarding Children Boards and the Social Care Act 2017 have changed how agencies will work together to protect children. This Report describes how our response to this has meant a joining together of the Boards across Cambridgeshire and Peterborough into one Adult Board coinciding with the creation of one Children Board. We have merged the Teams that keeps the Boards functioning to support these changes. This has allowed us to increase the effectiveness of our efforts and reduce barriers to services across different parts of the County whilst saving money for front-line services.

This is therefore the first Safeguarding Adults Board Report for Cambridgeshire and Peterborough. It outlines the activities and achievements of the Board and its partners over the last year and how well we have delivered on our priorities and actions in the Business Plan. It is our account to the community of the work we have done to safeguard and enhance the wellbeing of adults with care and support needs.

Safeguarding is about people -their wishes, aspirations and needs. What we as a Board do has to be judged in terms of whether it has placed adults in need of safeguarding at the centre of its work. How well we hear and respond to what people want is the measure of our success. I am confident we have the right mechanisms in place to carry out our role, and look forward to Chairing the Board as it uses those mechanisms to ensure safeguarding in Cambridgeshire and Peterborough is sensitive to the needs of the people involved, effective and above all personal.



Dr Russell Wate QPM

# MAKING SAFEGUARDING PERSONAL IN CAMBRIDGESHIRE AND PETERBOROUGH



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# About the Board



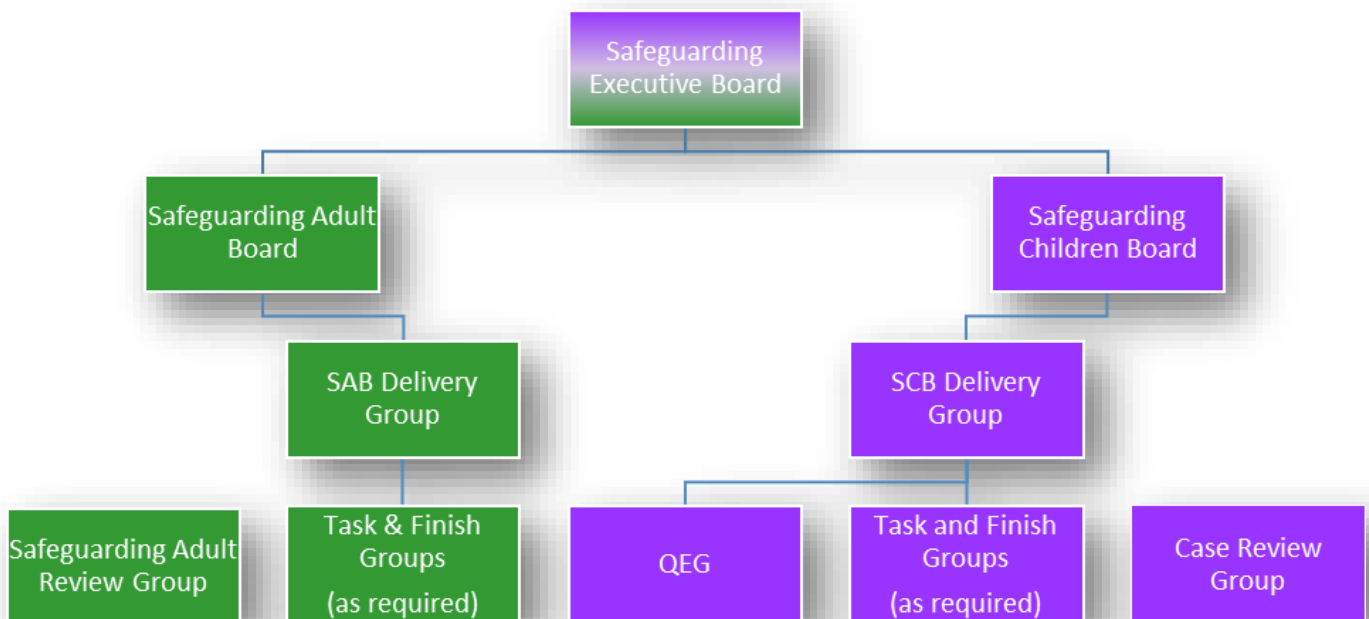
## The Safeguarding Adults Board

“14.133 Each local authority must set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria set out at paragraph 14.2.

14.134 The SAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect. These will include the safety of patients in its local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and

awareness and responsiveness of further education services. The SAB will need intelligence on safeguarding in all providers of health and social care in its locality (not just those with whom its members commission or contract). It is important that SAB partners feel able to challenge each other and other organisations where it believes that their actions or inactions are increasing the risk of abuse or neglect. This will include commissioners, as well as providers of services.” ([Care Act Statutory Guidance](#))

During the course of 2017 to 2018 Cambridgeshire and Peterborough Adults and Adult’s Boards came together in one structure supported by a merged Business Unit.



The **Joint Safeguarding Executive Board** is the overarching countywide governance board for both the Safeguarding Adults Board and Safeguarding Children Board and will consider issues around both the adults and children safeguarding agendas. This is a high level strategic board which will primarily focus on safeguarding systems, performance and

resourcing and has the statutory accountability for safeguarding in both local authority areas.

The **Safeguarding Adults Board** is responsible for progressing the Board’s business priorities through its business plan and finalise the annual report. It will authorise the policy, process, strategy and guidance required to support Board priorities and effective safeguarding. It will



scrutinise, challenge and maintain an overview of the state of adult safeguarding in Cambridgeshire and Peterborough. This will be undertaken through quality assurance activity, learning and development programmes and commissioning and overseeing SAR's / learning reviews

The **Adult Board Delivery group** will implement the business plan, manage the preparation of detailed proposals and documents for SAB approval, coordinate the dataset, audits and other sources of information about safeguarding in the local authority areas and ensure that learning is used to inform and improve practice, including through the SAB training programme.

All existing sub groups, with the exception of the **Safeguarding Adults Review (SAR)**, and **Quality and Effectiveness (QEG)** subgroups, were replaced with time limited task and finish groups.

## Relationship 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 adult services. The Safeguarding Boards work very closely with the Health and Wellbeing boards in both local authority areas, the Countywide Community Safety Partnership, the Local Family Justice Board, and the MAPPA Strategic Management Board. This ensures that all aspects of safeguarding are taken into account by the other statutory boards and there is a co-ordinated and consistent approach.

The Board Chair is also a member of other strategic and statutory partnerships within Cambridgeshire and Peterborough which include the Health and Wellbeing Boards, the County Wide Community Safety Partnership, the Safer Peterborough Partnership and the Strategic MAPPA Board. These links mean that safeguarding adults remains on the agenda of these groups and is a continuing consideration for all members, widening the influence of the Safeguarding Adult Board across all services and activities in Cambridgeshire and Peterborough.

In addition, the Head of Service is a member of the Domestic Abuse Governance Board and the Adult and Families Joint Commissioning Board.

## Our Aim

Our aim is clear:

***Safety, Enablement, Empowerment and Prevention will be at the centre of everything we do - by working with partner agencies to safeguard adults at risk of abuse and neglect. We also have a broader aim in promoting the wider understanding of what safeguarding is and our shared responsibility in this area.***

We have worked towards these aims by building on the firm foundation the two boards had developed, through shared values and beliefs, brought together by close partnership working, commitment and our mutual accountability

Our aim is developed around the six principles that underpin adult safeguarding:





## Procedures and Guidance



One of the first priorities of the joint SAB was to establish new multi-agency procedures; the Practice and Procedures sub-group pulled this work together and in May 2017 the Executive Board approved the new [Cambridgeshire and Peterborough Multi-agency Safeguarding Adults Policy and Procedures](#), and these were adopted across the county, and are available on our [website](#). These will be reviewed in 2018.

Also reviewed and updated was the escalation procedure, and new [Safer Recruitment](#) guidance was introduced.

## Making Safeguarding Personal



The Care Act 2014 defines safeguarding adults as protecting an adult's right to live in safety, free from abuse and neglect. Making Safeguarding Personal (MSP) aims to make safeguarding person-centred and outcome focussed and moves away from process-driven approaches to safeguarding. This continues to be a priority for the SAB and the inaugural meeting of

the joint SAB reviewed progress in Cambridgeshire and Peterborough and pulled together the work on MSP in the two Local Authority Areas into a shared Action Plan, which is now being implemented.

MSP and the six principles are a "golden thread" that run through all we do. This includes:

- Multi-agency Procedures - What staff should be considering and doing to be in line with MSP is embedded into the procedures and guidance.
- The SAB Audit framework - Agency service delivery is measured against MSP principles.
- Our website and communications - The term and what it means is repeatedly emphasised and promoted on all of our materials
- The agency self-assessment process was structured around MSP principles
- All SAB training explicitly incorporates MSP
- MSP was a theme at the SAB Conference and across the March Awareness Month,



## Communication and social engagement



The SAB has its own website which links with the LSCB 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](http://www.safeguardingpeterborough.org.uk)

Although the materials and resources on the site have been rebranded for Cambridgeshire and Peterborough, and it is accessible across the county, we are still waiting for the site to be allocated a new web address which will easily identify it as being for

Cambridgeshire and Peterborough. This change is imminent

The first Cambridgeshire and Peterborough Safeguarding Adults newsletter was published in January 2018. This was sent out via email to a wide range of partners and interested parties, and is also available on the SAB website. It is aimed at anyone who has an interest in safeguarding adults at risk. 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 other information is sourced from national publications and organisations (ADASS, LGA etc.).

Throughout the year we have rebranded all our leaflets with the new joint logo and these are available on the website.



Following on from last year's successful **Safeguarding Adults Awareness** month, which took place in Peterborough, the SAB decided to run another awareness month, this time across Cambridgeshire and Peterborough, and across children's and adult services. Each member agency was asked to commit to either doing or being involved in at least one activity.

A wide range of agencies got involved in lots of different activities including:

- Using social media to spread key messages



- Drop in events
- Including reflection on safeguarding in supervision
- Weekly emails with safeguarding themes to all staff
- Awareness events with stalls and information
- Training events
- Conferences
- Roadshows

At the end of the month agencies were asked to evaluate how the month had gone. Those that responded showed that over 2000 staff were given the awareness message as were over 750 service users and members of the public. Cambridgeshire City Council also shared the "Chelsea's Choice" production with 918 pupils, and there were also 2 community performances for parents and community groups.

Many partners delivered a communication message highlighting safeguarding, including newsletters, email messages, and training bulletins which went out to over 4000 staff. Many partners also used the month to run specific training events.

Agency comments included:

*"Excellent, well worthwhile"* – Cambs Early Years Team

*"It is important to keep sharing the story, so people remember, and refer when they have concerns"* – Cross Key Homes

*"Found it a helpful challenge to do something innovative, a useful exercise for us all"* – NHS England

*"There was a recognition that safeguarding is everyone's responsibility, and how it effects the majority of services and staff"* – Cambridgeshire County Council.

*"It has been a useful opportunity to raise awareness of safeguarding and to offer targeted support and learning for our staff"* – CCS NHS Trust

## Highlights

The East Anglia Ambulance Service embraced the month, with key personnel going out to raise awareness amongst their teams, meeting members of the public, and spreading awareness not just in Cambridgeshire and Peterborough, but across their whole area, including Norfolk, Essex and Bedford. In total they met with over 700 staff and 300 service users/public. In their evaluation they said the awareness month had been a very positive experience, and very beneficial to staff and service users. This is a good example that we can learn from for next year.

Cambridgeshire Constabulary also worked with partners to produce a short film highlighting different roles in Safeguarding, and why it's so important. This film can be found on their YouTube channel:



# Safeguarding in Cambridgeshire and Peterborough

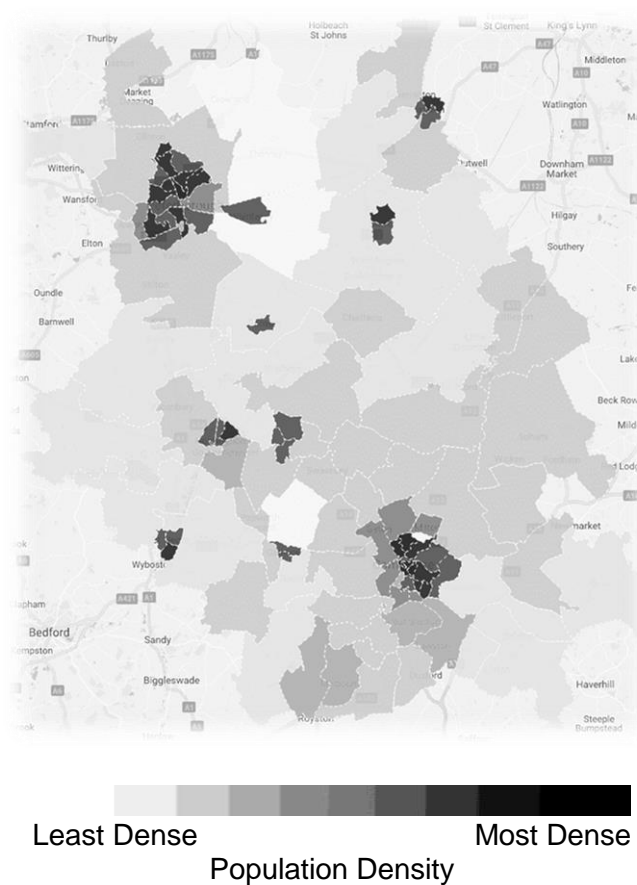




## The Context of Cambridgeshire and Peterborough

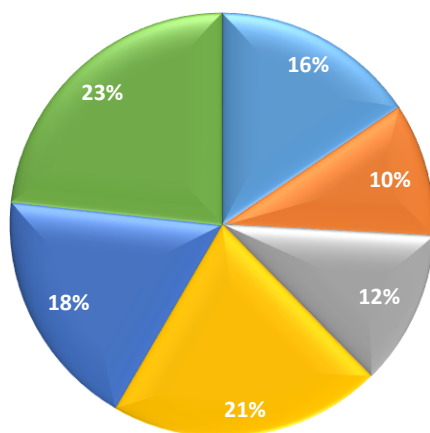
Population (Taken from Cambridgeshire Insight using 2011 census data)

	2015
Cambridge	132,130
East Cambridgeshire	86,300
Fenland	99,170
Huntingdonshire	176,050
South Cambridgeshire	154,660
Peterborough	196,640



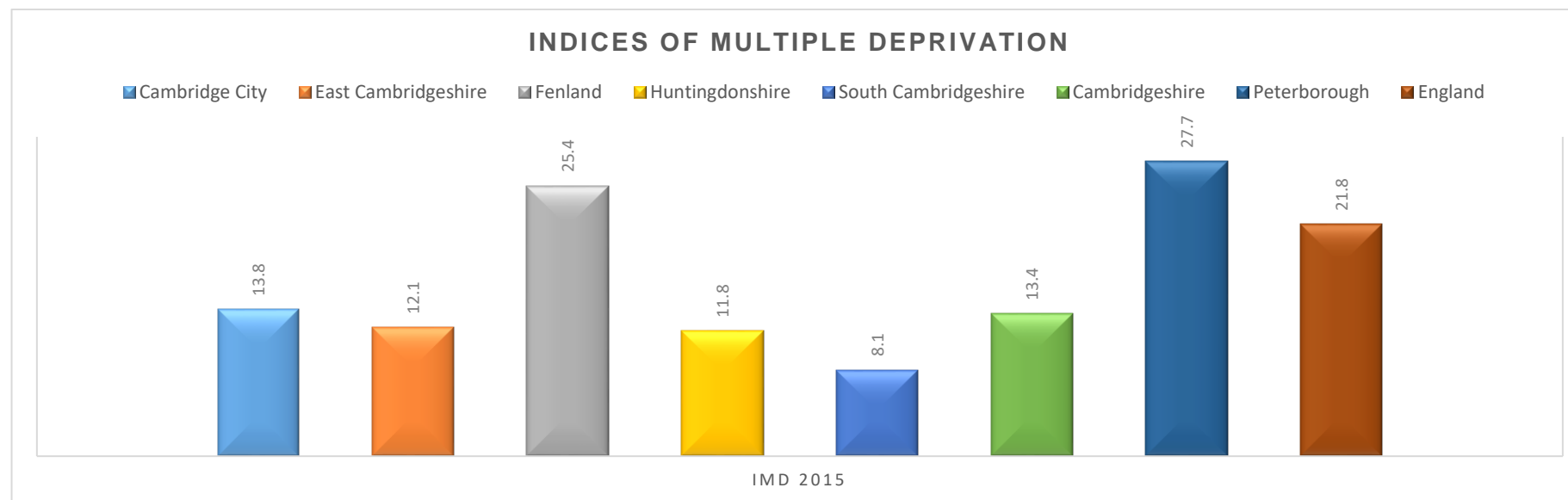
2015

Cambridge   East Cambridgeshire   Fenland  
Huntingdonshire   South Cambridgeshire   Peterborough





## Levels of Deprivation



Indices of Multiple Deprivation (IMD) measure relative deprivation between areas; the higher the IMD score, the greater the level of deprivation in the area. Scores reflect levels of deprivation but are not directly comparable, e.g. an area with an IMD score of 30.0 can be assessed as having a higher level of deprivation than an area with a score of 15.0 but it cannot be assumed that the area has twice the deprivation. Data show that Cambridgeshire is markedly less deprived than England, as are all of its districts with the exception of Fenland. The most deprived area within this analysis is Peterborough with an overall IMD score of 27.7.



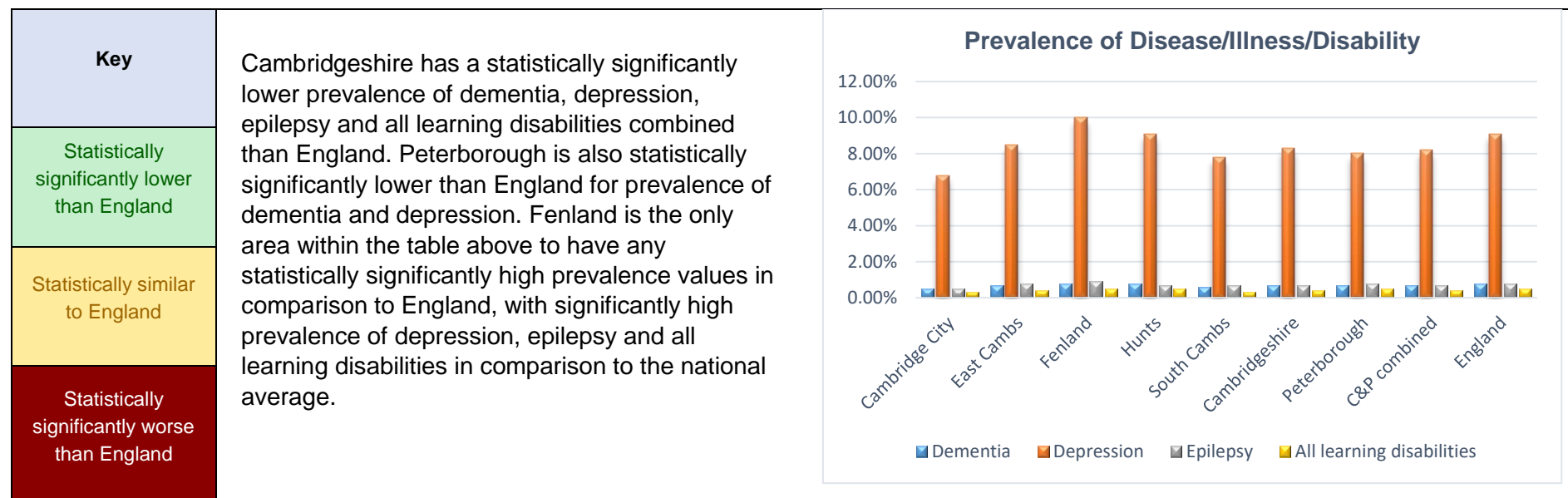
## Care and Support Needs in Cambridgeshire and Peterborough.

### What do we know about how many people in our area would come under safeguarding, where are they what are their care needs?

#### 1. Disease/Illness/Disability Prevalence – Cambridgeshire Districts, Cambridgeshire, Peterborough & England, 2016/17

Indicator	Cambridge City	East Cambs	Fenland	Hunts	South Cambs	Cambridgeshire	Peterborough	C&P combined	England
Dementia	0.5%	0.7%	0.8%	0.8%	0.6%	0.7%	0.7%	0.7%	0.8%
Depression	6.8%	8.5%	10.0%	9.1%	7.8%	8.3%	8.0%	8.2%	9.1%
Epilepsy	0.5%	0.8%	0.9%	0.7%	0.7%	0.7%	0.8%	0.7%	0.8%
All learning disabilities	0.3%	0.4%	0.5%	0.5%	0.3%	0.4%	0.5%	0.4%	0.5%

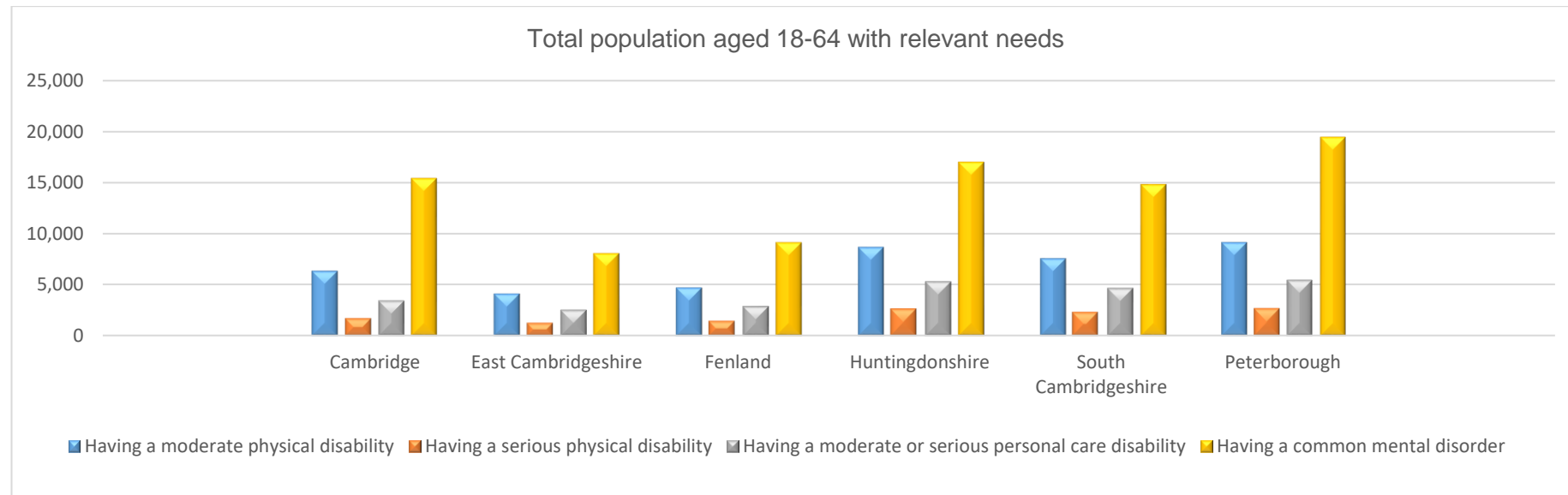
Source: Quality Outcomes Framework





2. Total population aged 18-64 with relevant needs (Based on 2015 figures and with a high level of reliability):

Area	Having a moderate physical disability	Having a serious physical disability	Having a moderate or serious personal care disability	Having a common mental disorder
Cambridge	6,332	1,679	3,435	15,435
East Cambridgeshire	4,116	1,245	2,530	8,128
Fenland	4,721	1,429	2,886	9,211
Huntingdonshire	8,638	2,598	5,282	17,030
South Cambridgeshire	7,531	2,274	4,626	14,859
Cambridgeshire	31,338	9,224	18,759	64,663
Peterborough	9,101	2,618	5,411	19,458



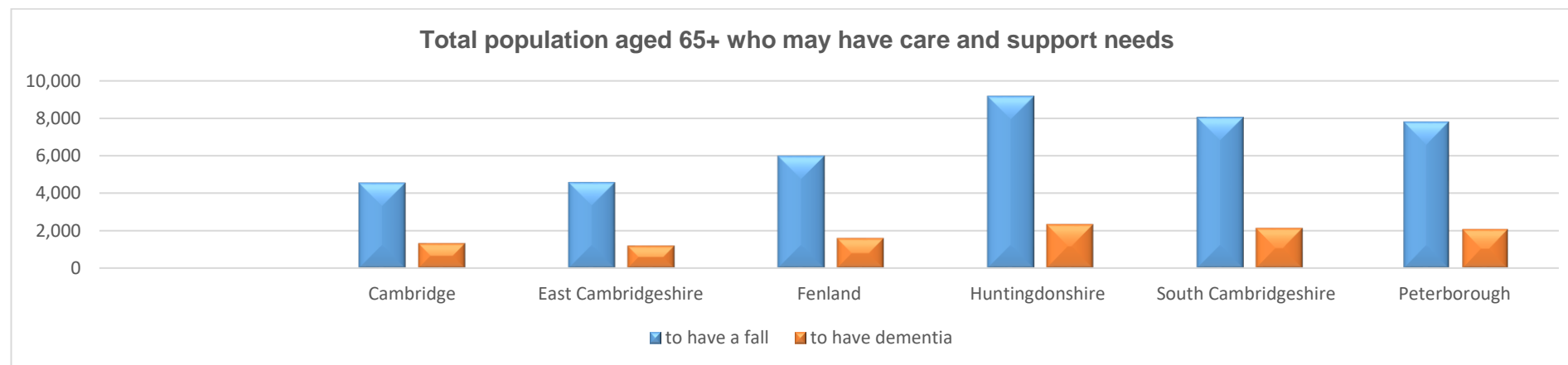




### Total population aged 65+ who may have care and support needs:

Falls are the most common cause of emergency hospital admissions for older people and significantly impact on long term outcomes, e.g. being a major cause of people moving from their own home to long-term nursing or residential care. The table above outlines predicted numbers of falls in residents aged 65+, who may still be susceptible to hospital admission/minor injury and potentially lose resilience as a result of falls. The second set of data is the numbers of people suffering from dementia

Area	to have a fall	to have dementia
Cambridge	4,552	1,316
East Cambridgeshire	4,581	1,183
Fenland	5,987	1,579
Huntingdonshire	9,161	2,311
South Cambridgeshire	8,045	2,113
Cambridgeshire	32,326	8,502
Peterborough	7,792	2,051





## Safeguarding in Cambridgeshire

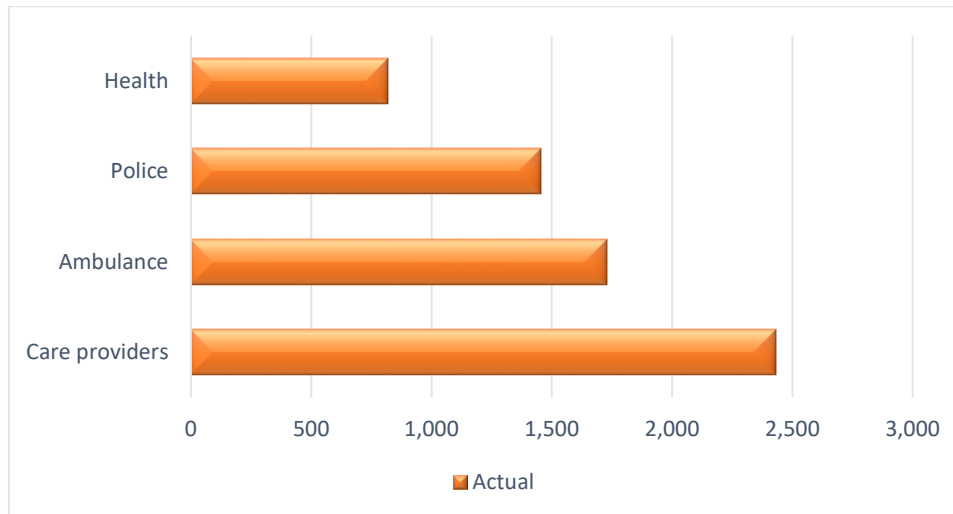
### MULTI-AGENCY SAFEGUARDING HUB (MASH) DATA

#### How much abuse was reported?

CCC Adult MASH received 9,805 concerns in 2017/18, this was an increase on the previous year of 1,061 (12.1%). The Adult MASH carried out 391 enquiries themselves and asked adult social care teams and others to carry out a further 1,130 enquiries

#### Who reported the abuse?

The four main sources for safeguarding concerns received by the adult MASH are;

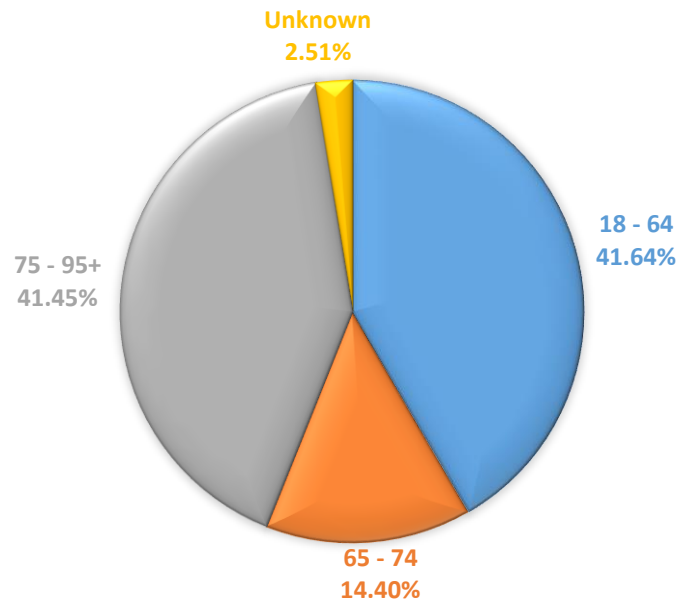


Source	Actual	% split
Care providers	2,431	27.80%
Ambulance	1,727	19.80%
Police	1,455	16.60%
Health	816	9.30%



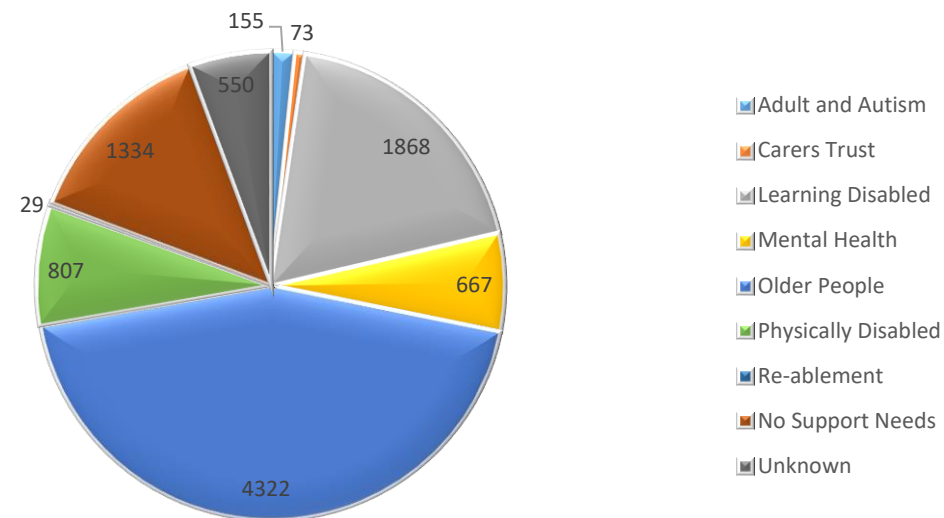
## Who was abused? By their age:

### AGE RANGE



Age range	Actual	% split
Total for age range 18-64	4,083	41.6%
Total for age range 65-74	1,412	14.4%
Total for age range 75-95+	4,064	41.5%
Unknown	246	2.5%

### Support type

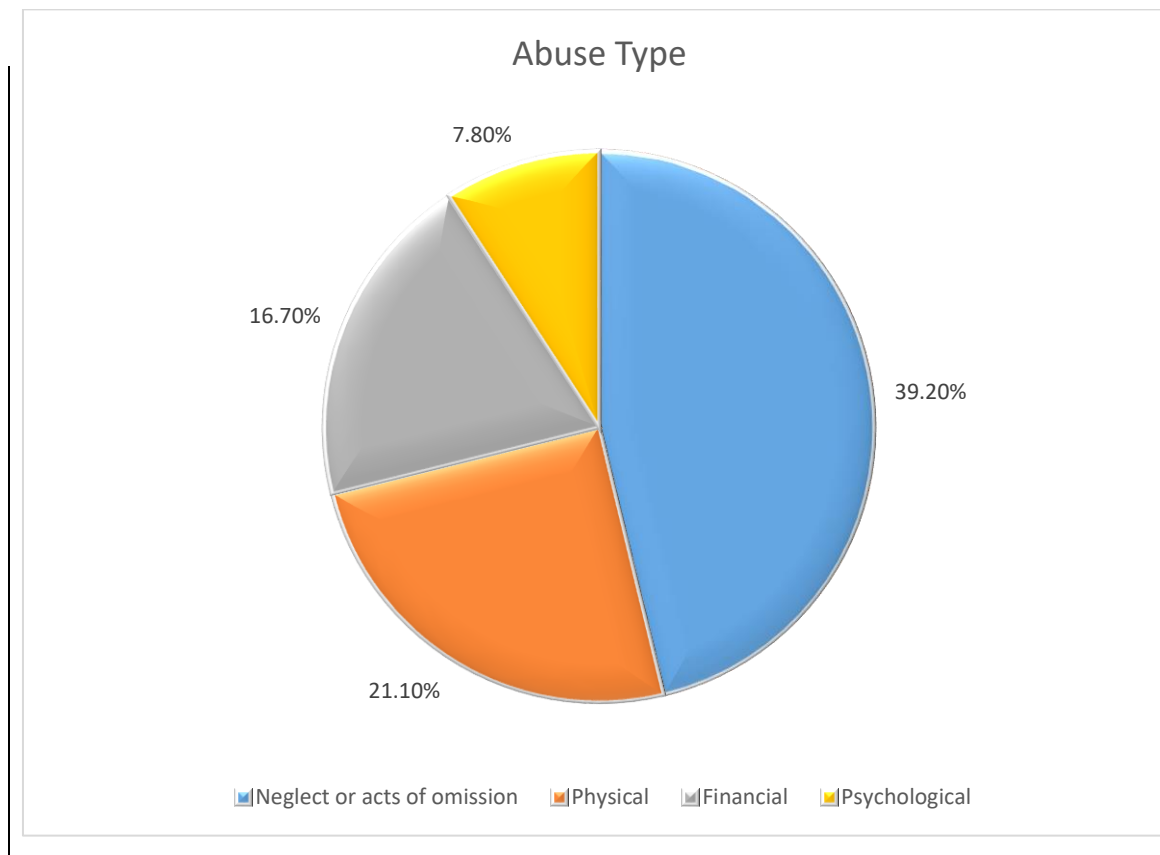


Support type	Actual	% split	Support type	Actual	% split
Adult & Autism	155	1.6%	Physically Disabled	807	8.2%
Carers Trust	73	0.7%	Re-ablement	29	0.3%
Learning Disabled	1,868	19.1%	No Support Needs	1,334	13.6%
Mental Health	667	6.8%	Unknown	550	5.6%
Older People	4,322	44.1%			



## What sort of abuse was reported?

For the CCC enquiries recorded the most common abuse types were;

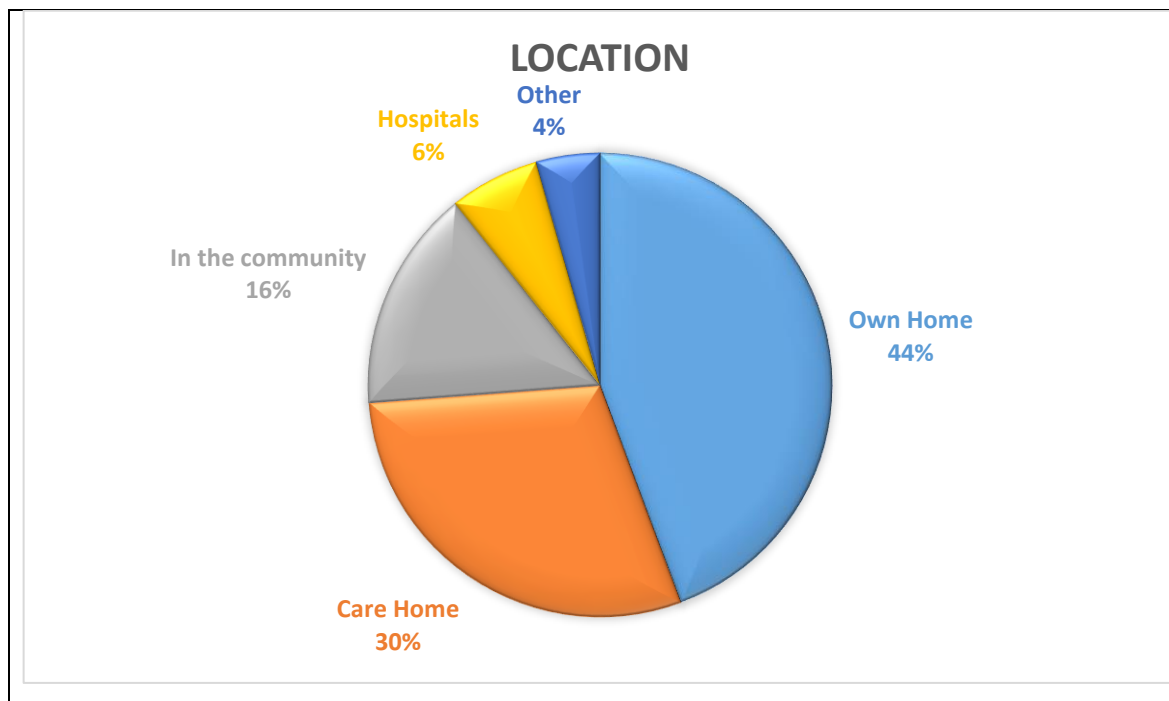


Abuse type	% split
Neglect or acts of omission	39.2%
Physical	21.1%
Financial	16.7%
Psychological	7.8%



## Where did it occur?

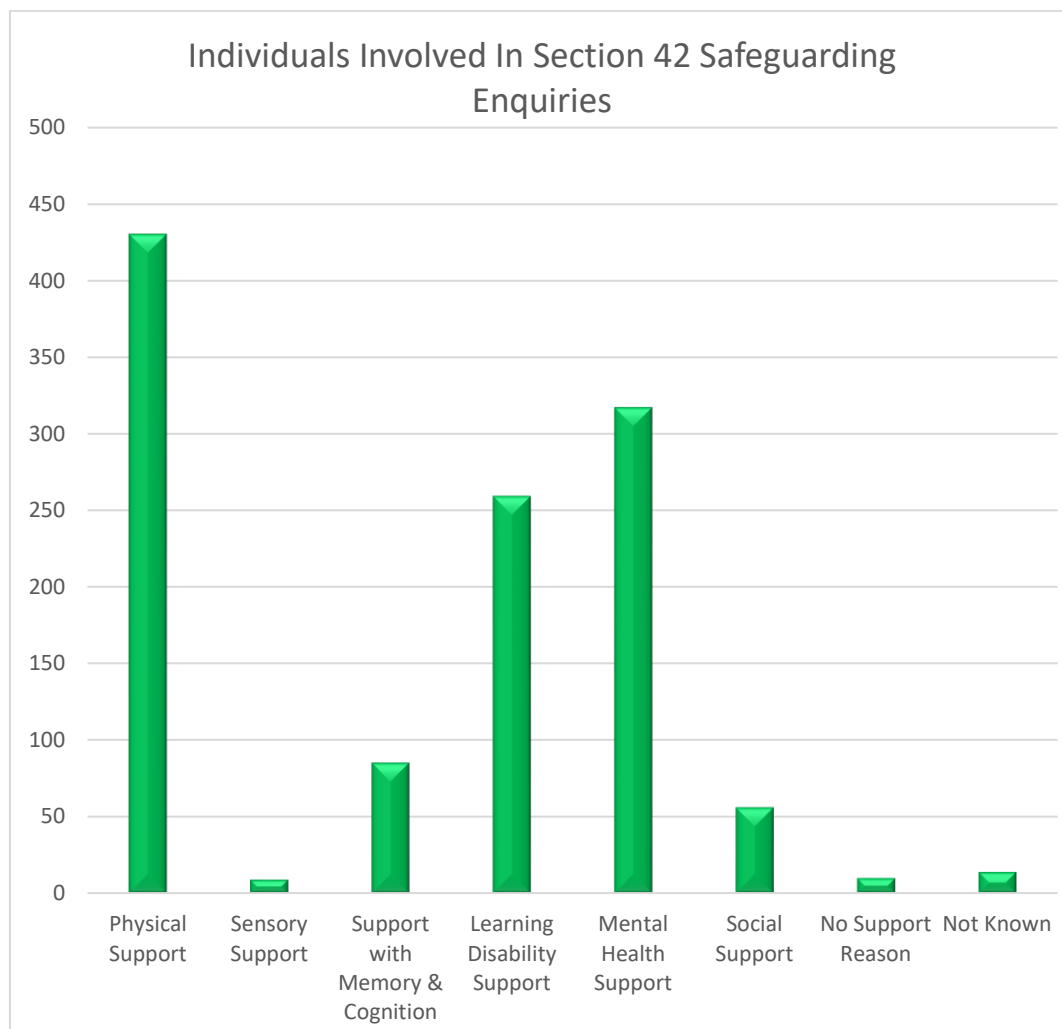
Of the CCC enquiries recorded the main locations where the abuse occurred was in;



Location	% split
Own Home	44.3%
Care homes	29.5%
In the community	15.5%
Hospitals	6.3%
Other	4.4%



## ENQUIRIES INTO ABUSE AND NEGLECT

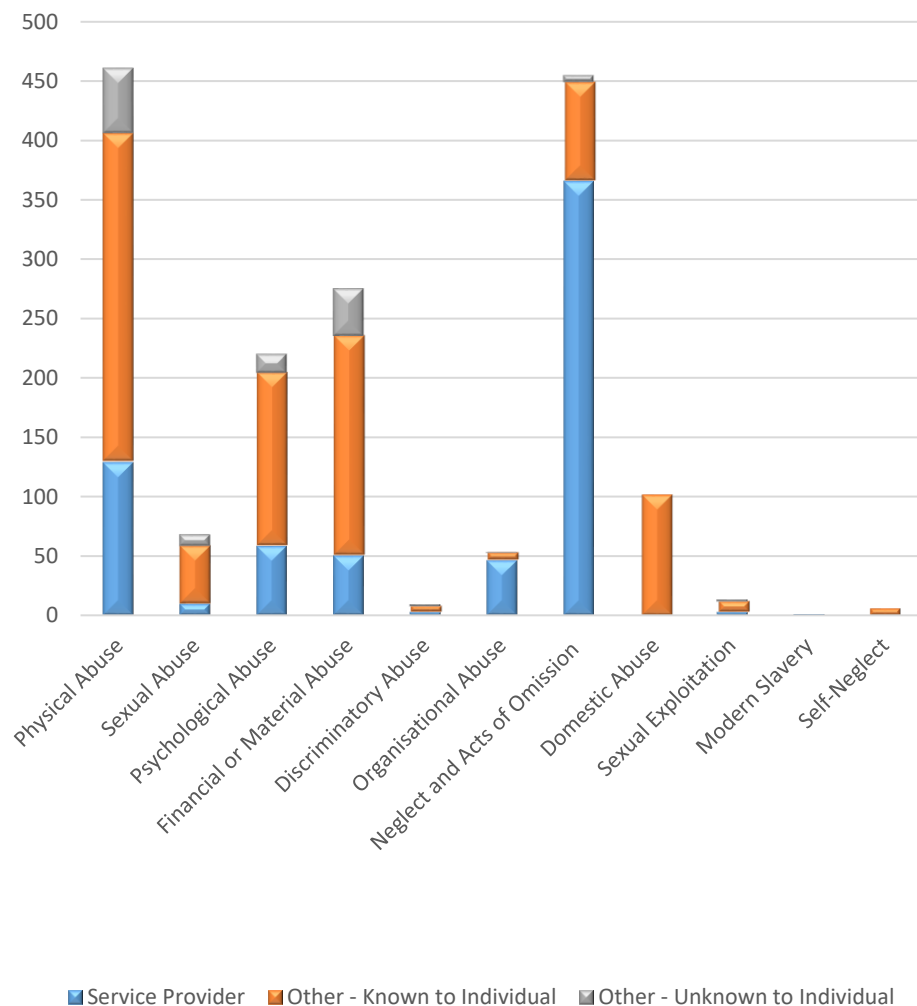


- A significant number of enquiries involved people with physical support, Learning Disability and Mental Health needs.
- Risk was most frequently coming from someone known to the adult at risk, except in cases of Neglect where the service provider was more often the cause of the concern

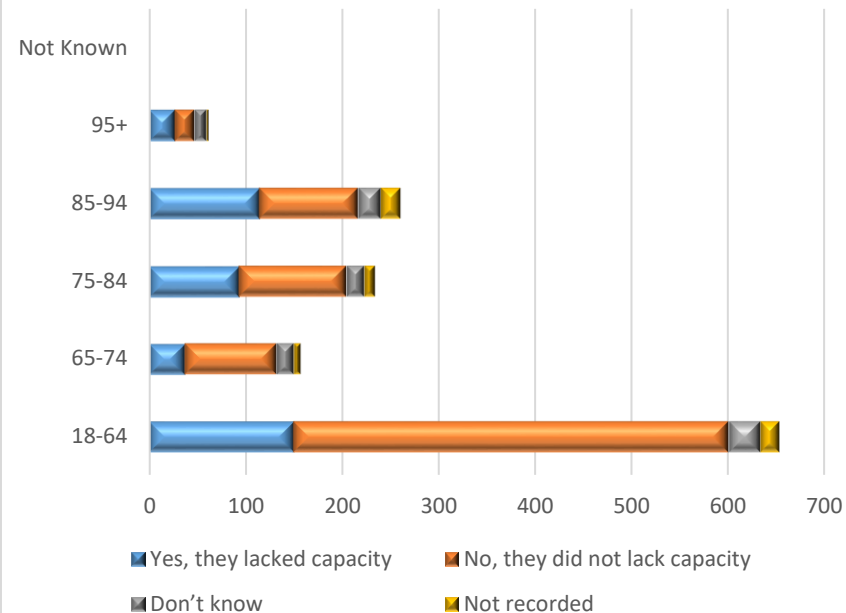




Type and source of risk



Was the Adult at Risk able to make decisions?

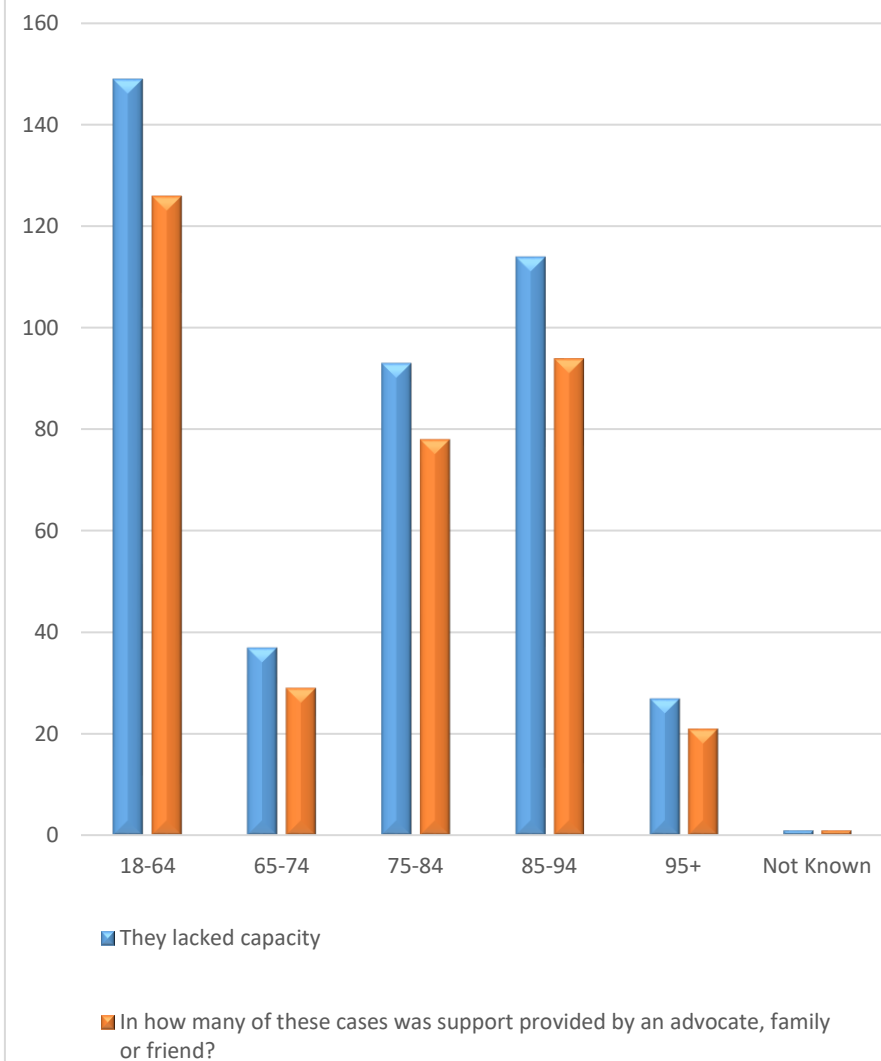


It is critically important to know if the adult at risk is able to make decisions for themselves and as far as possible enable them to do so if they can. A higher proportion of people over 75 were assessed as not being able to make specific decisions compared to younger people.

Where this is the case, work should be done to ensure the adults perspective can be heard by using a family member, friend or professional advocate.

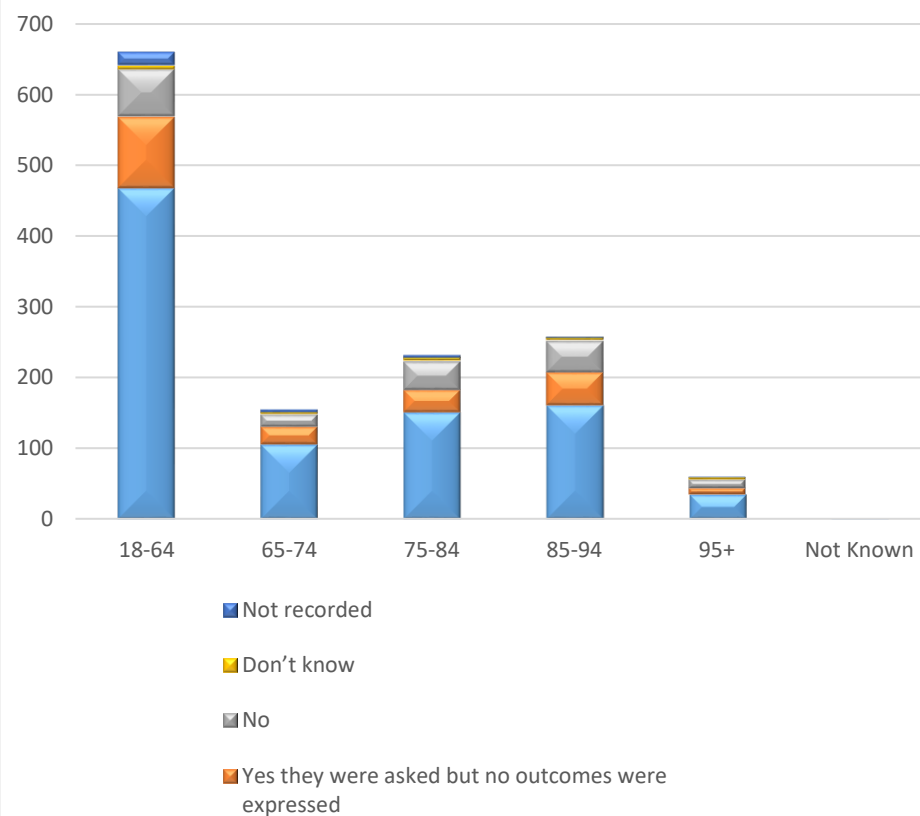


### Were adults enabled to engage?



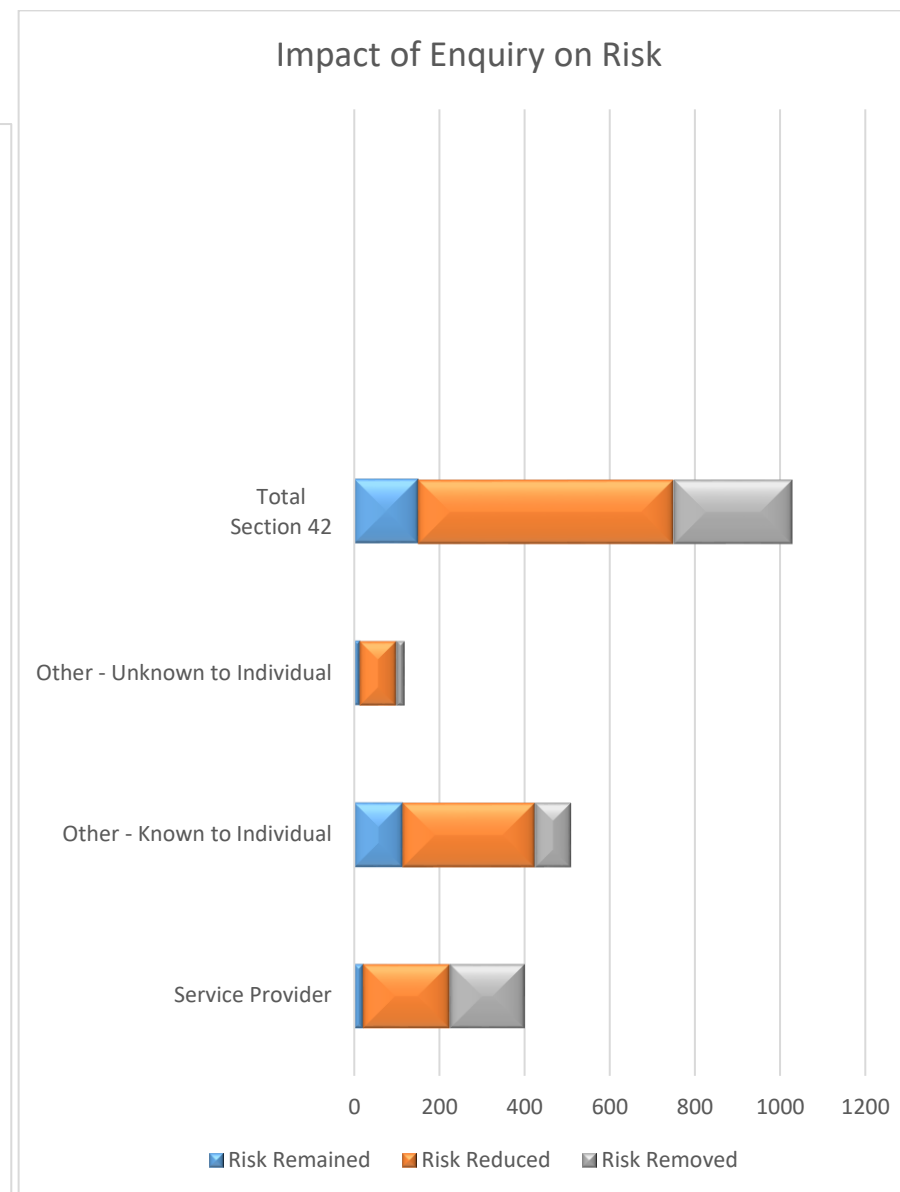
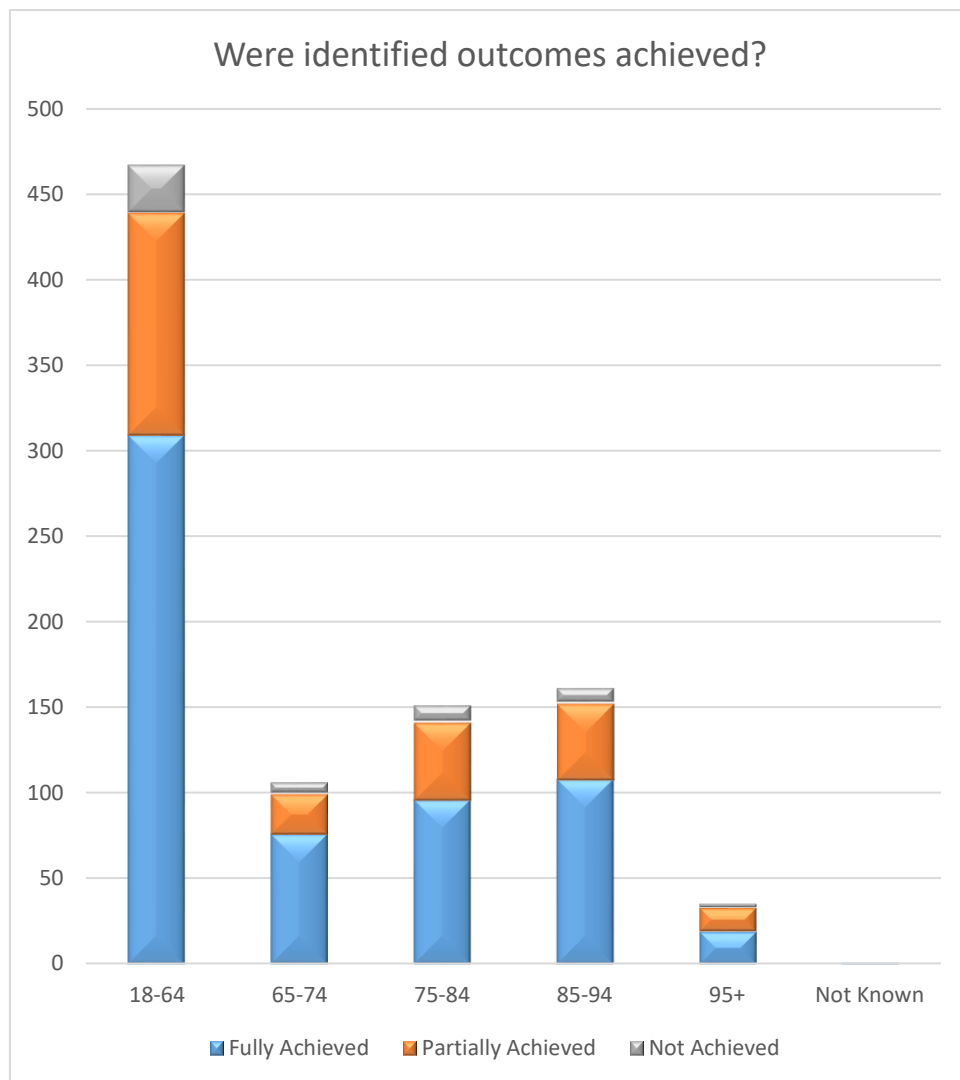
### The adult at risk should be involved in agreeing the outcome that they want from the Enquiry

#### Was the adult at risk able to identify their desired outcome?





**And then that outcome should be achieved as far as possible  
and the risk reduced if not removed.**





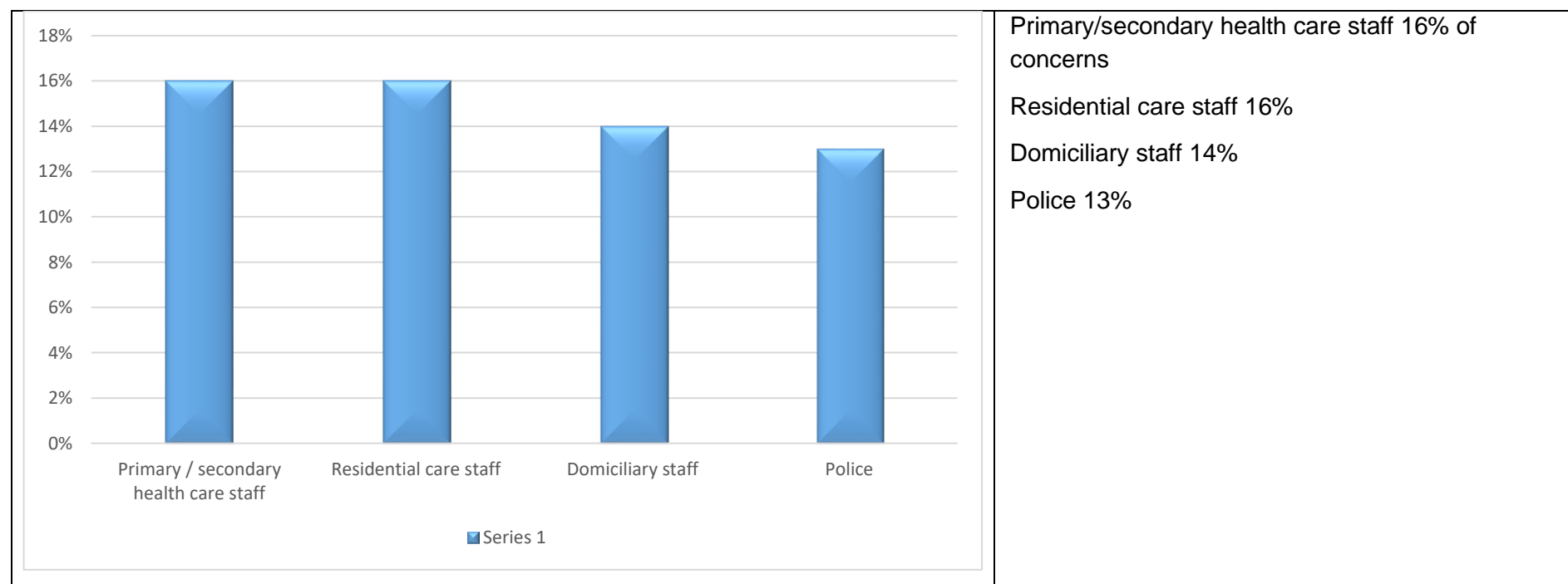
## Safeguarding in Peterborough

### MULTI-AGENCY SAFEGUARDING HUB (MASH) DATA

#### How much abuse was reported?

ASC/CPFT dealt with 1915 new safeguarding concerns (cases that progressed as far as triage) and 227 new enquiries

#### Who reported the abuse?



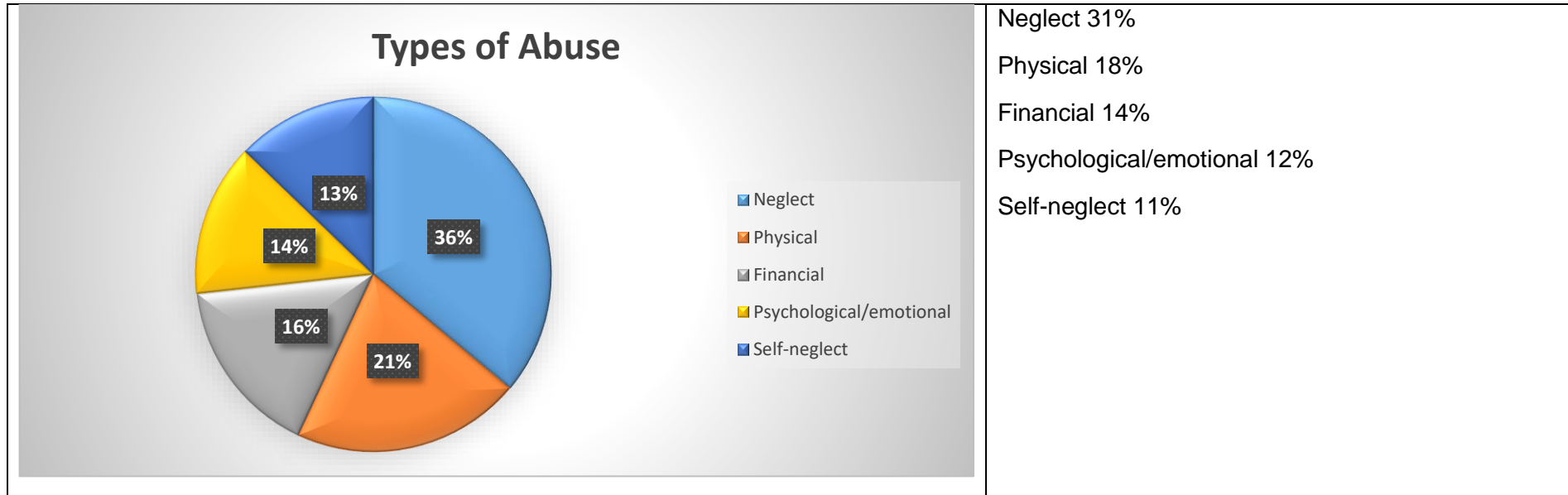


## Who was abused?

Of the individuals involved in new safeguarding concerns

- 22% were aged under 65
- 60% were women
- 52.6% had a physical support need (and were responsible for 54% of the safeguarding concerns)
- 55% were aged 65+
- 40% were men
- 12% had a learning disability (and were responsible for 14% of the safeguarding concerns)
- 23% were aged 85+
- 10% a mental health need (and were responsible for 10% of the safeguarding concerns)

## What sort of abuse was reported?



## Where did it occur?

- 52% in the adult's own home
- 20% in a care home
- 10% in hospital
- 10% in the community

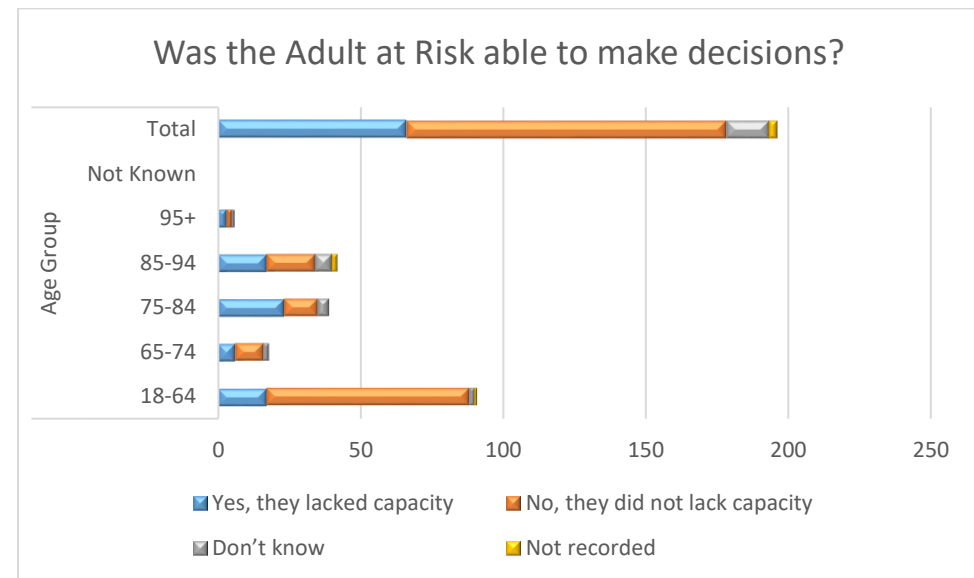
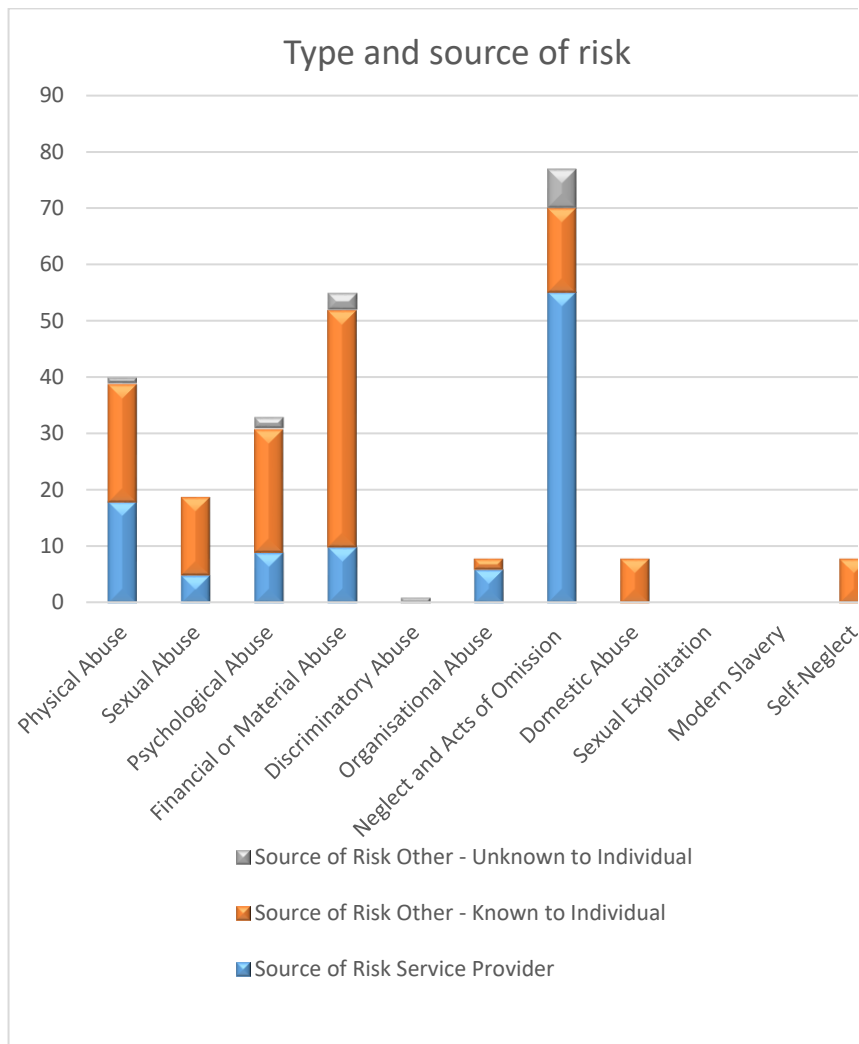




## ENQUIRIES INTO ABUSE AND NEGLECT



- **Over half the enquiries made were with adults who had physical support needs.**
- **Risk was most frequently coming from someone known to the adult at risk, except in cases of Neglect where the service provider was more often the cause of the concern**

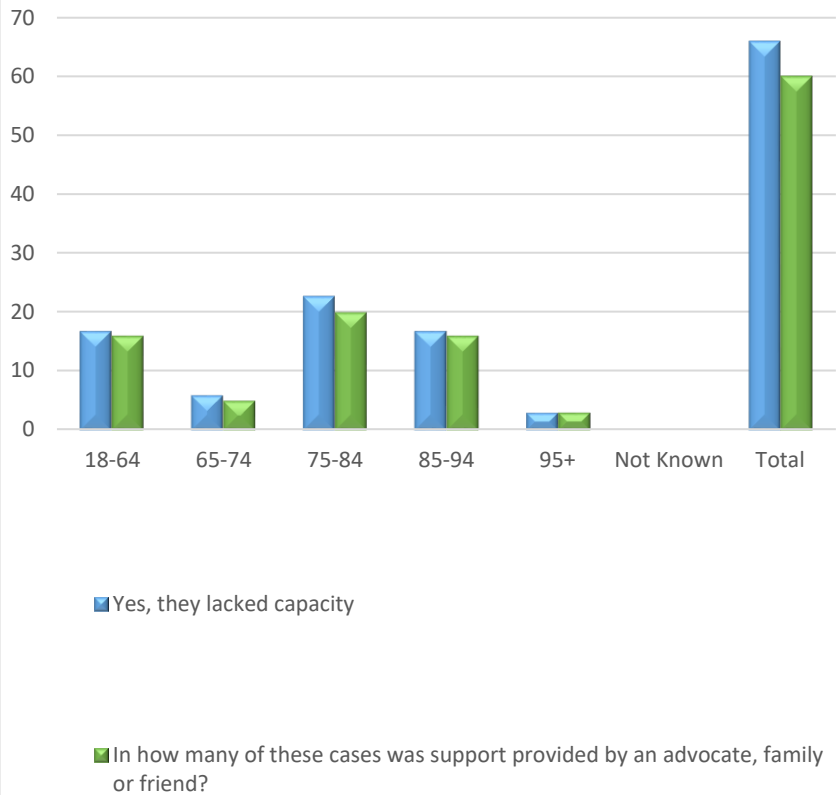


It is critically important to know if the adult at risk is able to make decisions for themselves and as far as possible enable them to do so if they can. A higher proportion of people over 75 were assessed as not being able to make specific decisions compared to younger people.

Where this is the case, work should be done to ensure the adults perspective can be heard by using a family member, friend or professional advocate.

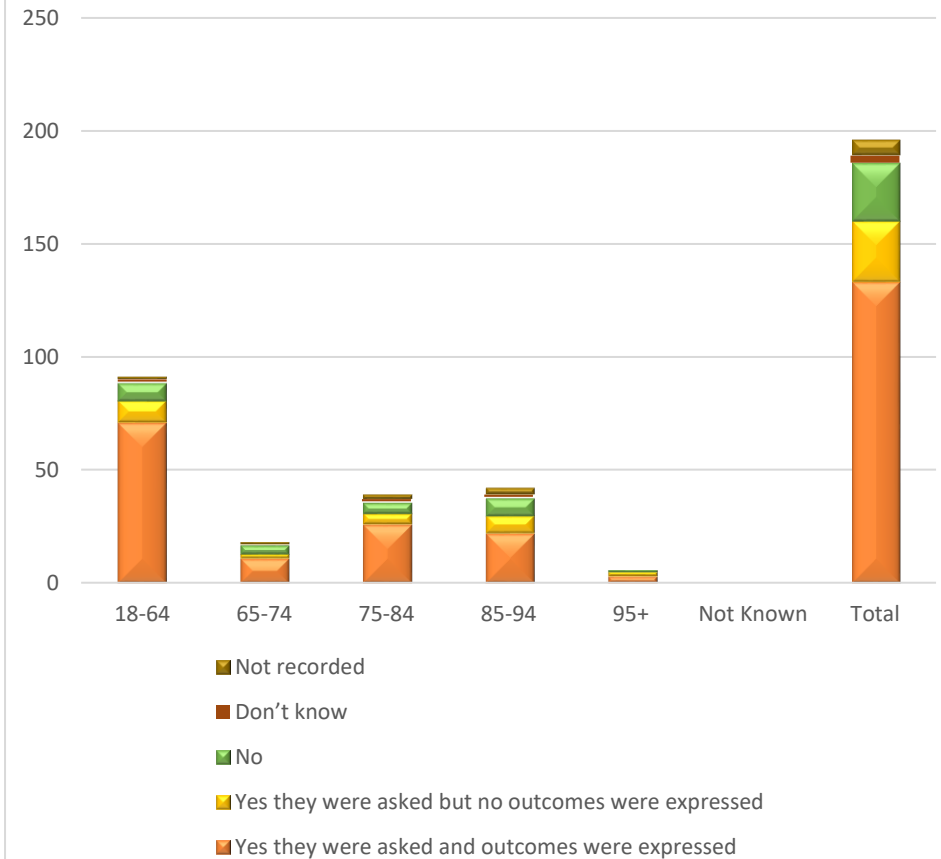


### Were adults enabled to engage?



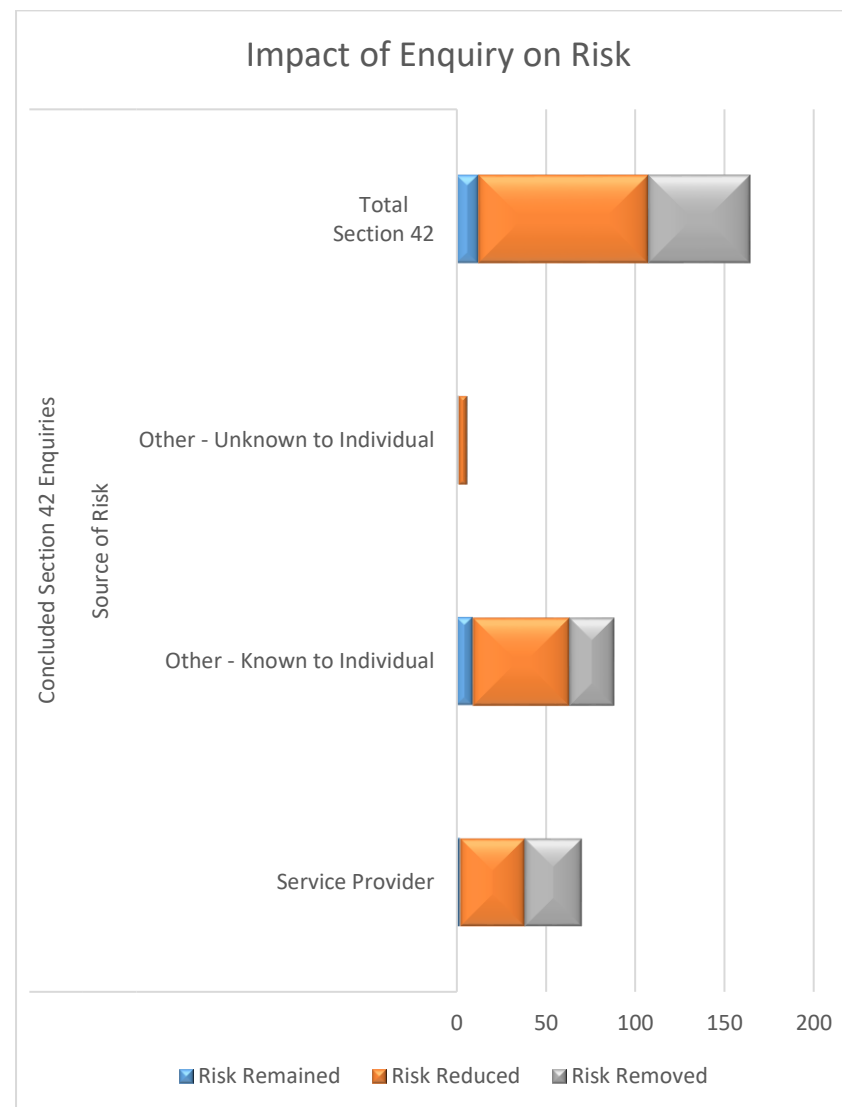
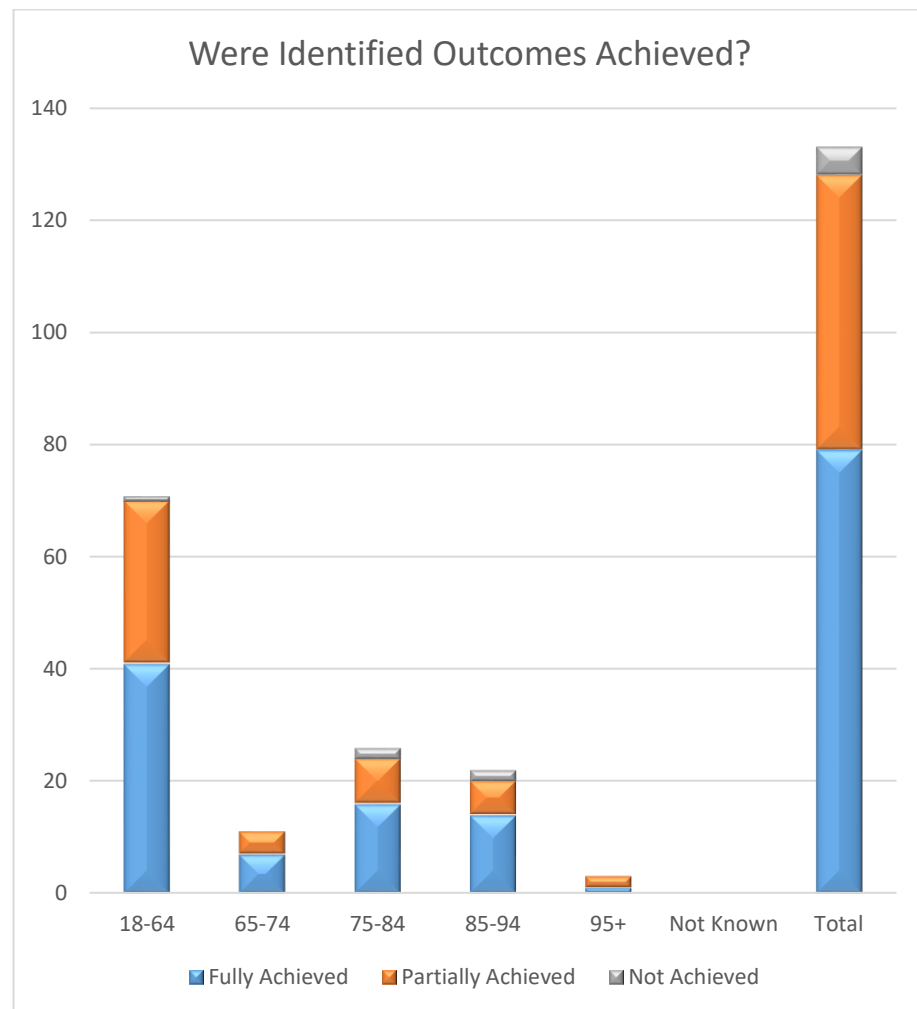
### The adult at risk should be involved in agreeing the outcome that they want from the Enquiry

#### Was the Adult at Risk able to identify their desired outcome?





**And then that outcome should be achieved as far as possible  
and the risk reduced if not removed.**



# Progress against the Board Priorities





## Strategic Business Plan 2017-2019

### Listening and responding to the voices of the people of Cambridgeshire and Peterborough:

We have:

- Worked with a small group of people who use services and/or have experience as carers and are willing to contribute to Board meetings. An additional member has been added to this group and we provide the facilities and support that this role needs.
- Attended Conferences, together with service user representative, launching the Association of Directors of Adult Social Care (ADASS) MSP Toolkit supporting SABs in making service user involvement real.
- Started an initiative to transform the way we do business to allow community feedback to be heard and used at the right time.
- Increase our contact with other community representation groups through meetings, awareness events, SAB communications, and building on existing networks. This includes organisations that work on prevention and early help.

### Prevention - by anticipating and identifying issues before abuse and neglect can occur to prevent harm from taking place

We have:

- Made links with the agencies and voluntary groups that undertake preventative work and are looking to increase their understanding of safeguarding. We have delivered training to staff and volunteers.
- Provided information on the recorded outcomes of cases that do not meet the threshold for social work services in the MASH to improve planning.

### Ensuring practitioners work within the principles of Making Safeguarding Personal (MSP)

We have:

- Ensured that MSP and the six principles are a “golden thread” that run through all we do. This includes:
  - The SAB Procedures. What staff should be considering and doing to be in line with MSP is embedded into the procedures and guidance.
  - The SAB Audit framework. Agency service delivery is measured against MSP principles.
  - Our website and communications. The term and what it means is repeatedly emphasised and promoted on all of our materials
  - An agency self-assessment process was structured around MSP principles
  - All our training explicitly incorporates MSP
  - MSP was a theme at the SAB Conference and across the March Awareness Month
- The inaugural meeting of the Board reviewed progress in Cambridgeshire and Peterborough and pulled together the work on MSP in the two Local Authority Areas into a shared Action Plan, which is now being implemented.

### Ensuring the workforce is appropriately skilled and trained to identify and respond to issues of abuse and neglect.

We have:

- Appointed an experienced trainer to deliver multi-agency training for the SAB alongside a colleague from Peterborough.
- Developed a training offer that covers the Board priorities.
- Worked with other training providers to ensure there is a coherent offer to professionals across all agencies where we complement rather than compete with each other's programmes.
- Issued a training timetable and run training. The programme is continually expanding its range. Self-Neglect programme running, as is



the joint Children and Adults DA programme. An adults' programmes focusing on elder abuse and Learning Disabilities will be launched within the next three months.

- Received consistent positive feedback about the quality and relevance of the training events
- Initiated the development of a set of standards, quality expectations and assurance criteria for all adult safeguarding training
- Ran a series of Awareness events for people who would not attend formal training sessions
- Ensured MSP is at the core of all training

### Monitor, scrutinise and challenge safeguarding practice across the partnership.

We have:

- Conducted a multi-agency audit of cases involving Domestic Abuse, the first such audit to be completed in Cambridgeshire or Peterborough. There were many useful lessons from this audit in regards to working together. These audit findings were turned into SMART Actions, enabling learning to generate change.
- Prepared our next audit, on cases involving neglect within an adult's home.
- Coordinated a structured self-audit by Cambridgeshire County Council, Peterborough City Council, Cambridgeshire and Peterborough CCG and the Police that covered what agencies need to have in place to deliver high quality services in line with MSP. The judgements made were discussed at a multi-agency meeting and the themes were turned into actions for further development. This exercise provided a high level of assurance that agencies were effective in working towards the goal of MSP.
- Analysed information on the work of the Multi-Agency Safeguarding Hub (MASH), including outcomes for those situations that do not lead to social work safeguarding intervention.
- Agreed the main elements of a dataset that summarises the level of activity in

safeguarding, the involvement of the adult at risk and the effectiveness of the work. Currently this is reliant on Social Care information that needs augmenting with relevant information from Health and the Police. This will over time provide evidence on the effectiveness of the safeguarding system.

- Created a picture of the prevalence of people with care and support needs in Cambridgeshire and Peterborough, and the trends in the level of needs, with the support from Public Health colleagues. This will support planning and inform judgements as to whether need is being identified and services are being delivered where it is most required.
- Presented information to the SAB on how safeguarding is working locally, including benchmark data, derived from national data and surveys of those using the services. This has enabled the SAB to have a proper understanding of the strengths and weaknesses of local safeguarding. This has included the low percentage of concerns that go to social work safeguarding and differences in the level of involvement by some providers.

### Raising awareness of the role of the SAB's and safeguarding issues across communities

We have:

Coordinated the March Awareness Month. Agencies included

- Age UK
- Cambridgeshire County Council (CCC)
- Peterborough City College
- Domestic Abuse and Sexual Violence Partnership Board (DASV)
- Focus Care Agency
- Hunters Down Care Centre
- NHS England
- Peterborough City Council (PCC)
- Phillia Lodge
- Cambridgeshire Constabulary



- Cambridgeshire and Peterborough CCG – with NHS England
- Cambridgeshire and Peterborough Foundation Trust (NHS) (CPFT)
- East of England Ambulance Trust (NHS)
- Healthwatch
- National Association for Care and Resettlement of Offenders (NACRO)
- North West Anglia Foundation Trust (NHS) (NWAFT)
- Peterborough Diocese
- Vivacity – Library services
- Cambridgeshire Fire and Rescue Service
- Cambridgeshire Community Services (NHS) (CCS)
- Cross Keys Housing
- Hinchbrook Hospital
- National Probation Service
- Papworth Hospitals
- Peterborough Regional College
- Youth Offending Services (YOS)

Events and activities included:

- Using social media to spread key messages
- Holding drop in events
- Reflection on safeguarding in supervision
- Weekly emails with safeguarding themes to all staff
- Awareness events with stalls and information
- Training events and conferences
- Single agency training and communication events

Over 2000 staff were given awareness message and over 750 service users/members of the public.

- Newsletters, email messages, and training bulletins which went out to over 4000 staff.
- Issued the first joint SAB Newsletter
- The Website is now near completion and includes materials on SAB priority areas.
- Prepared and circulated briefings on priority topics
- Delivered an Awareness Roadshow

- Run the SAB Conference on the theme that Safeguarding is Everyone's Business
- Undertaken a presentation on learning from SCR and SARs to new social workers

## Our Priorities:

### Domestic Abuse –

**To ensure that adults at risk of abuse and neglect are protected from all types of Domestic Abuse; and when victims are identified they are provided with appropriate support to recover and are safeguarded in line with the principles of Making Safeguarding Personal. In this priority there will be a particular focus on elder abuse (over 65)**

We have:

- Undertaken a multi-agency audit and identified learning
- Coordinated our action plan within that of the Domestic Abuse and Sexual Violence (DASV) Board to maximise impact and avoid duplication.
- Worked within the DASV processes to effectively cover issues as they relate to adults at risk.
- Issued information, resources and training for staff
- Included the issue in our community awareness material
- Made the development of training covering Elder Domestic Abuse and the impact on those with learning disabilities a priority.

### Neglect (including self-neglect and hoarding)

**To ensure that adults, at risk of abuse and neglect, in all settings, are protected from neglect; and when victims are identified they are provided with appropriate support to recover and are safeguarded in line with the principles of Making Safeguarding Personal.**

- Put in place preparation for a multi-agency audit of cases involving neglect



- Timetabled a multi-agency audit of self-neglect cases
- Initiated a Safeguarding Adults Review (SAR) on a self-neglect case that includes a review of policy and guidance on effective practice
- Completed the SAR on a case involving neglect and begun to apply the learning
- Reviewed materials on the website
- Designed and delivered training that focusses on self-neglect and hoarding
- Liaised with the Fire Service on learning from fatal fire reviews where hoarding was a factor.

### Adults living with mental health issues

**To ensure that adults at risk of abuse and neglect are protected, and that practitioners are skilled and trained appropriately to recognise changes in symptoms and behaviours that may indicate a deterioration in their mental health and that a change in care management/planning is required; and when victims are identified they are provided with appropriate support to recover and are safeguarded in line with the principles of Making Safeguarding Personal.**

We have:

- Joined the Zero Tolerance to Suicide strategic partnership to identify and support the development of its work with adults at risk.
- Identified the training need and made it a priority for the SAB Training
- Timetabled a multi-agency audit

## Other areas of work

### Suicide and Serious Self-Harm

The initial work on a county-wide strategy came from a need to address the numbers of people committing suicide who had been receiving secondary mental health services. This has been expanded to include all who may be at risk of suicide in the future. Many if not all of these would come under safeguarding if abuse, neglect or self-neglect were present and a contributory cause.

### Human Trafficking and Modern Slavery

This is an emerging issue for the Board. Our work needs to be coordinated within the overall approach of the Community Safety Partnerships. Their joint Strategy is still in preparation. We have worked with the police in identifying where adult safeguarding fits within the overall response from agencies on this issue. We do know that this area has a high prevalence of agriculture based modern slavery and that Peterborough and Cambridge have a significant issue regarding sex worker trafficking. Not all victims would require care or support, but many will and safeguarding services need to be available to those that do.

### Pressure Ulcers Protocol

Following the release of a national Pressure Ulcers protocol, the Board has a sub group in place to review local service compliance. To date they have conducted a survey of provider awareness and needs and contacted NHS specialist professionals to confirm compliance of policy and practice with protocol. Amended local guidance to follow by September.

# Learning and Improvement



## Learning Disabilities Mortality Review (LeDeR)

The Learning Disabilities Mortality Review (LeDeR) programme was established to support local areas to review the deaths of people with learning disabilities, identify learning from those deaths, and take forward the learning into service improvement initiatives.

The programme has developed a review process for the deaths of people with learning disabilities. All deaths receive an initial review; those where there are any areas of concern in relation to the care of the person who has died, or if it is felt that further learning could be gained, receive a full multi-agency review of the death.

More information, including easy read material, can be found at: <http://www.bristol.ac.uk/sps/leder>

### Training and Supporting Reviewers

Twenty local reviewers have been trained to undertake an LeDeR review since February 2017. All reviewers have the opportunity of securing a reviewer 'buddy' if they so wish. Cambridgeshire LDP have set up a 'peer support' group for LeDeR reviewers and reviewers across Cambridgeshire and Peterborough are encouraged to participate.

By 31/03/18 Cambridgeshire and Peterborough have received Twenty nine cases for LeDeR mortality review since 'going live' on 1st May 2017.

### LeDeR Reviews

There has been six Reviews completed. Four completed reviews securing feedback and approval, one review awaiting this and one has been reallocated to another CCG at the LAC request.

Age range of reported deaths is from 9 years to 89 years.

14 of the LeDeR deaths took place in general hospital settings.

### What has been learnt?

The relatively low number of completed reviews make generalisation difficult. However, nationally there have been a significant number of reviews and the lessons can be drawn out from them:

"Overall themes identified as learning points or recommendations

Of the 103 completed reviews, 67 identified a total of 189 learning points. Thirty-six reviews (35%) did not explicitly identify any learning, the remainder identified between 1 and 21. Overall, the average was 2.8 learning points in each review.

The most commonly reported learning and recommendations were made in relation to the need for:

- Inter-agency collaboration, including communication
- Awareness of the needs of people with learning disabilities
- The understanding and application of the Mental Capacity Act (MCA)

It should be noted that two learning points referred to evidence of good practice and the opportunity for others to learn from positive experiences, both in relation to inter-agency communication."

[LeDer Annual Report December 2017](#)

[Easy Read LeDeR Annual Report 2016-2017 \(PDF, 674kB\)](#)

<https://www.youtube.com/watch?v=fXylKY-iQs&feature=youtu.be>

### Future Developments

LeDeR is a new initiative and only a handful of reviews have been completed. More local support is planned to improve review uptake. The purpose is to learn from the reviews and make changes that will reduce the gap between the life expectancy of someone with a Learning Disability and the rest of the community. We need to increasingly focus on what we learn from the reviews and ensure this learning leads to positive changes.



## Quality and Effectiveness Subgroup

### What does it do?

It will “ensure that the Safeguarding Adults Board have a detailed overview of the quality and effectiveness of agencies’ practice and performance in relation to the safeguarding of adults in Cambridgeshire and Peterborough.”

### How does it do this?

By:

- gathering and interpreting information on how safeguarding takes place
- auditing safeguarding cases,
- requiring agencies to assess their approach to safeguarding and whether it can be improved,
- asking service users and staff about their experiences

### What happens then?

There is always room for improvement. The Board and individual agencies use what they learn to make improvements and then assess if the changes made have had the required effect. There needs to be a constant cycle of learning and improvement.

### Who does this?

A multi-agency cross-disciplinary group of professionals and managers who understand and influence how their agency is safeguarding adults at risk.

### What have we done this year?

- A multi-agency audit of cases where domestic abuse was present
- Commissioned a picture of who has care and support needs in the area and how this will look in years to come
- Regularly review information on cases being referred into safeguarding and what then happens for the adults concerned
- Support an agency self-assessment audit by

CCG, Police and the local authorities

- Developed our ability to ask professionals and service users about their experience of safeguarding

This year has been about putting into place the foundations we need to be able to deliver this work. Looking ahead, the QEG will be judged by what is different because of what it has done, and this takes time to achieve. We have:

- Highlighted the number of cases referred that don’t go on to have a full social work enquiry, and the importance of understanding the situation of these adults.
- Used learning gained to focus training and develop practice
- Adopted an approach that seeks information about the engagement and involvement of the adult at risk in their own safeguarding. This is to promote Making Safeguarding Personal

## Safeguarding Adults Review Subgroup

Under the 2014 Care Act, Safeguarding Adults Boards (SABs) are responsible for Safeguarding Adults Reviews (SARs). The purpose of SARs in the statutory guidance is to ‘promote effective learning and improvement action to prevent future deaths or serious harm occurring again’. The aim is that lessons can be learned from the case and for those lessons to be applied to future cases to prevent similar harm re-occurring.

To meet this responsibility, we have brought together the SAR Sub Groups from Cambridgeshire and Peterborough into one meeting. This is a multi-agency meeting of managers and senior professionals with expertise in safeguarding, able to identify when a SAR is required and then oversee its completion. We have maintained a good level of attendance and engagement which has allowed us to progress the work without any interruption.

## Completed SARs

We have completed one SAR, Katherine.

This SAR was commissioned following the death in 2016 of a woman under 30. Services had been involved with her since early adolescence, and the SAB suspected that neglect, and possibly abuse, had contributed to her death. Katherine was immobile and lived as a young person and adult in an unsanitary environment that caused significant physical deterioration for her and acute sensory discomfort for staff.

Katherine suffered from Chronic Regional Pain Syndrome, a rare condition where after a physical injury there is pain and physical symptoms that are highly disproportionate to the injury. Affected limbs can physically look like they have had significant nerve damage and may show significant and obvious physical signs. It can lead to multiple medical investigations, most of which return normal results. This pattern means that it can be a considerable time before this diagnosis is reached, though for Katherine in this case the diagnosis was relatively quick.

The symptoms expressed were not purely 'psychosomatic'. However, a history of more complex psychological issues tends to indicate the likely complexity and presentation of pain symptoms. The psychological focus on physical symptoms and pain, and assuming the 'sick role', can prevent recovery.

The nature of the pain can be extremely severe such that people experience pain in response to trivial sensory changes e.g. slight changes in temperature, or a gentle breeze. Treatment for CRPS involves a complex multi-disciplinary approach, which may commonly include desensitisation. Treatment received earlier in the course of the illness is more likely to be successful.

A summary of the Review can be found at: <http://www.safeguardingpeterborough.org.uk/adults-board/about-the-adults-board/sars/>

## Summary of Themes of Key Areas of Learning

1. CRPS is a highly complex condition requiring clinical treatment addressing both physical and psychological aspects. In Katherine's case, whilst clear recommendations for treatment were made by specialist services, local services did not or were not able to support a timely package which implemented these recommendations. Physical treatment provided to Katherine focused on treating the secondary symptoms of CRPS rather than addressing core maintaining factors
2. Agencies did not always work together effectively. Katherine's care was not coordinated by a health professional with specialist knowledge of CRPS. In the last few years of her life, the GP assumed much of this role but at a level that went above and beyond what is expected from a GP. Knowledge, awareness and understanding of CRPS was poor.
3. Katherine and her mother had a complex co-dependent relationship. This impacted on the way that services interacted with Katherine as an autonomous and independent individual. Professionals did not always make sufficient effort to determine Katherine's views in the absence of her mother.
4. There were deficits on the approach to assessment of Katherine's capacity. Specifically, in the assessment of mental capacity professionals depended disproportionately on the anticipated outcome of a formal assessment for an Autism Spectrum Condition.
5. In Katherine's childhood, a number of potential concerns that should have resulted in safeguarding interventions were missed. This lack of formal intervention during childhood was potentially a significant contributor to the escalation, development and maintenance of Katherine's problems as an adult. Further passage of time made her

situation more entrenched and difficult to extricate herself from.

6. The potential and actual harm being experienced by Katherine as a result of her situation, her lack of control, the potential elements of co-dependency in her relationship with her mother, her lack of ability to engage in appropriate treatment and the fact that professionals reached a wide range of conclusions about Katherine's capacity should, taken together, have acted as a trigger of the need to urgently gain a court's view of the situation.
7. Legal advice was not sought early enough, and when sought was not followed through in a timely manner. The process for dealing with different legal advice obtained by different agencies was not clear.

### **What has changed?**

The learning from this Review has been communicated through training, presentations and written material to inform professionals about the issues and equip them to learn and respond differently when parallel situations arise. Specific training, such as that on Self-Neglect, now covers issues identified with a wide audience.

Agencies in Cambridgeshire and Peterborough have agreed to look at a new and innovative way to ensure that in highly complex cases there is scope to have a multi-agency approach led by someone able to break through the barriers and access resources and expertise.

Services for children are undertaking the work needed to address the issues raised about opportunities missed and the sharing of information and understanding when a child moves to adulthood.

### **SARS BEING UNDERTAKEN.**

We are currently undertaking a review into the harm suffered by a vulnerable adult with limited mobility as a single amputee. Has suffered significant harm to his health by potential neglect

to his wounds. Whilst the neglect was by his choice questions remain about the effectiveness of services in supporting him in taking appropriate care of himself. The SAR Overview author is a nationally recognised lead on self-neglect and the review will address the issues in this individual case and also the existing guidance we have in place for staff.

### **EXISTING COMPLETED SARS**

Reviews completed by the Peterborough Board were some time in the past, but the current Group has ensured that the Action Plans in place were completed appropriately.

These actions were centred on

- a) Better recording of prescriptions and medication for patients living in Care Homes; and
- b) Effectively communicated and implemented discharge plans.



# Training and Development



## Training

Following the amalgamation of the Boards we have continued to deliver the existing programme but the focus has been on building for the future.

The Safeguarding Boards Unit appointed a dedicated Adult Safeguarding trainer at the end of 2017 to go complement the existing PCC trainer

Thank you. Very knowledgeable trainer.

We have a web based training programme and have successfully introduced an e-booking system to make access easier and streamline administrative tasks.

We delivered a joint Training Programme that covered children and adult safeguarding, some programmes addressing issues across children and adult safeguarding.

Matched current and future programme availability against Business Plan priorities.

How could the training have been improved?

nothing it was very good.

The Awareness Roadshow and Training Programme were used to obtain the perspective of staff on their current training needs.

Planned a comprehensive needs assessment for 2018-19

Any other comments:

Great talker explained very well in good detail.

Delivered an "Awareness Roadshow" in March designed to promote a shared understanding of safeguarding. It was free to all and promoted to

the "harder to reach" agencies such as Care Homes and Domiciliary Care providers.

Any other comments:

The trainer was v. engaging and clearly knowledgeable about the subject. I would definitely recommend.

The existing training programme can be found at: <http://www.safeguardingpeterborough.org.uk/availabletraining/>.

This is a developing programme and it will continue to expand in the coming months.

73% of attendees at our courses said they were completely relevant.

Any other comments:

Brilliant! Thank you!

60% of attendees described the delivery at our training as Excellent, with a further 38% saying it was good/very good.

Good to have opportunity to discuss in depth.

## Annual Conference

Timed to coincide with the Awareness Month, the annual conference took place in March. This year's theme was "Safeguarding is Everyone's Business".

Any other comments:

JUST THE RIGHT AMOUNT OF TIME FOR AN INTRODUCTION



*"A really good day - for learning and meeting people"*

This was the first joint conference, and the aim was to introduce common topics and set a clear path for the way the SAB would work together in the future; there were presentations on Information Sharing and Making Safeguarding Personal as key areas where we must get it right and work together. Speakers included a local police officer who talked about a real case of elder abuse, and involved a member of the victim's family as part of the presentation. This made a real impact on delegates, and feedback received saying this was a powerful message. Similar feedback was also received for a presentation on the learning from a local SAR, where a key worker involved in the case gave a personal account of how it was for him.



*"We need to know how we can share information"*

A representative from CQC also spoke, and she told delegates about the good work that has been seen in our local services.

95 people attended the conference, with a good mix of delegates from across Cambridgeshire and Peterborough, and all key agencies were represented including CCG, CCC, PCC, Police, Residential and Domiciliary Care Providers, health, prison, probation and education.

At the end of the event delegations were asked to complete an evaluation; of the 95 delegates who attended, 79 completed the evaluation giving a completion rate of 83%.

Key points from the evaluation:

- Achievement of aims/outcomes – 90% rated this as good or excellent
- Delivery/Presentations – 79% rated as good or excellent
- Materials/Resources – 70% rated as good or excellent
- Organisation of event – 89% rated as good or excellent

# Statutory Partners





The statutory members (Police, CCG and the Local Authorities) were asked to consider the following questions when outlining what they have done:

1. What has your agency done to embrace and embed the Safeguarding Principles?

- **Empowerment**
- **Prevention,**
- **Proportionality,**
- **Protection,**
- **Partnership**
- **Accountability**

2. What has your agency done to improve the safeguarding and welfare of adults in Cambridgeshire/Peterborough?

3. How does your agency evaluate its Safeguarding effectiveness and what evidence do you have?

4. How has your agency challenged itself and others to improve safeguarding arrangements?

5. What progress your agency has made against the Board priorities:

- **Domestic Abuse**
- **Neglect (including self-neglect and hoarding)**
- **Adults living with mental health issues**

## Cambridgeshire Constabulary

*Detective Superintendent Martin Brunning - Head of Public Protection*

Cambridgeshire Constabulary is responsible for effective policing across the whole of Cambridgeshire, covering approximately 1,316 square miles of the East of England region. For policing purposes the county is divided into six districts, Peterborough, Huntingdonshire, Fenland, East Cambridgeshire, Cambridge City

and South Cambridgeshire, each headed by a district commander with their own dedicated policing teams who know the local area inside out. Specialist officers and staff provide services such as major investigations, roads policing and public protection.

Primarily during 2017-18 there has been a drive within the Public Protection Department to continually develop awareness and expertise in the area of Adult Safeguarding. The Constabulary has maintained a dedicated Adult Abuse Investigations & Safeguarding Unit (AAISU). This is a specialist team comparison of 1 x Detective Sergeant, 4 x Detective Constables and 3 x Civilian Investigators. The team investigate offences where an offender is in a POT (Position of Trust). The offences are against Adults with care and support needs. They investigate offences ranging from Neglect/Rape or Serious Sexual Offences/Assaults/Fraud etc. They attend Professional's Meetings and conduct joint S42 visits with Social Workers. There is also a dedicated MASH resource to manage referrals relating to Adults at Risk. All these officers have completed training relating to Adult Safeguarding and to Making Safeguarding Personal.

### 1. What has your agency done to embrace and embed the Safeguarding Principles?

Evidence of the safeguarding principles can be found throughout AAISU investigations, in how our officers work with other agencies and in how we support victims. During the past 12 months there has been a drive to increase involvement in Section 42 Safeguarding enquiries even when no crime is immediately apparent, and we strive to ensure that MSP is at the heart of our investigations.

The development of co-location of the Cambridgeshire County Council Adults MASH alongside the investigation team has delivered benefits in terms of joint working, and continued visibility and contribution to SAB meetings and



sub-groups ensures that the Constabulary is engaged in actively working with partners at strategic and tactical level to improve safeguarding service delivery.

## **2. What has your agency done to improve the safeguarding and welfare of adults in Cambridgeshire/Peterborough?**

In addition to the above, training events during autumn 2017 were dedicated to Adult Safeguarding. Under the heading "Recognising Vulnerability" over 100 officers from different teams received training relating to Mental Capacity, Deprivation of Liberty Safeguards, The Mental Capacity Act, and MSP principles and practice. These events were supported by cases studies and a panel of professionals who took part in a Q&A session.

An AAISU investigator also gave a presentation at the annual Safeguarding Adults Conference, talking about a local case where an elderly lady, who had Dementia was abused in her home by her paid carers. This case highlighted how we work with partners and support the victims and their families.

We have used internal and external media to promote the work of adult safeguarding and the ways in which we can support victims of abuse and neglect. We ensure appropriate referrals for ongoing support services are made and that information is shared correctly.

We have worked closer with our partners, for example doing joint visits with social workers where possible.

## **3. How does your agency evaluate its Safeguarding effectiveness and what evidence do you have?**

We are developing our existing crime review methodology into regular monthly audits that will consider safeguarding across a range of disciplines including Adults. This is work in progress and includes:

- **Op Sherlock** – This is a Force Operation that was rolled out last year to improve the quality of crime investigations. Officers were given briefings on how to improve the initial investigation and also in relation to improved supervision of crimes. Safeguarding is an included part of the investigation. Crimes were dip sampled by a Detective Inspector / Detective Chief Inspector on a monthly basis and feedback given to Officers.
- **Crime Reviews** – The crime review is conducted by a Detective Sergeant and looks at the investigation as a whole, this includes actions completed and outstanding actions. It also looks at the Safeguarding aspect of the crime, this relates to the risks to the victim and also the risk that the suspect poses to the victim and other people. If the risk is high then this will make a difference to what safeguarding actions the Police decide (Marker on the victim's address/IDVA/Referral to MARAC/Arrest/Bail Conditions etc.)

## **4. How has your agency challenged itself and others to improve safeguarding arrangements?**

As well as the measures outlined above the following training offered to police officers and partner agencies challenges us to improve our safeguarding arrangements:

- **Recognising Vulnerability** – PPD Training given by Adult Social Care in relation to the Mental Capacity Act and Safeguarding.
- **Initial crime Investigators Development Programme (ICIDP)** – 3 hour presentations given by an officer from the AAISU to the ICIDP course of newly qualified detectives, focused on offences of neglect. A similar course will soon be offered to probationers.
- **Raising public awareness** through promotion of court results to the media. TV and radio interviews done with Look East, Radio, Caught on Camera etc. Also national media coverage in papers to highlight cases where





adults at risk have been neglected by carers – to shows the consequences of actions for people who neglect/abuse adults at risk in their care.

##### 5. What progress your agency has made against the Board priorities:

The work of the AAISU encompasses the priorities and aims to keep MSP at the heart of what we do, and in particular the following measures ensure we work towards the best outcomes:

- sharing of information through the MASH to Partner Agencies
- promoting more joint working with Social Workers from ASC/CPFT when a S42 investigation is commenced and a crime is identified, including joint visits to see the victim so each agency can work closely together, resulting in better joined up working and a better outcome for the victim.
- closer working with ASC MASH/CPFT to identify high risk cases and act immediately
- Victim Care Contracts completed with 100% compliance ensuring victims are updated in line with the Victim's Code.
- DVNA's completed and referrals made to the Victim's Hub for ongoing Support & signposting
- referral to MARAC if threshold met.
- referral to ISVA's for sexual offences

## Cambridgeshire and Peterborough Clinical Commissioning Group (CAPCCG)

*Carol Davies - Designated Nurse for Safeguarding Adults*

Cambridgeshire and Peterborough Clinical Commissioning Group ('the CCG') is one of the largest CCGs in England (by patient population), with 102 GP practices as members. They cover all GP practices across Cambridgeshire and Peterborough as well as three practices in North Hertfordshire (Royston) and two in Northamptonshire (Oundle and Wansford). The CCG is responsible for planning and buying local NHS services for the local population, such as the care you receive at hospital and in the community, ensuring that the care and treatment delivered is of the best possible standards.

### 1. What has the CCG done to embrace and embed the safeguarding principles?

CAPCCG strives to prioritise the importance of safeguarding adults to the health and well-being of our population and continues to promote a culture of 'Making Safeguarding Personal'<sup>1</sup>. The safeguarding of adults is firmly embedded within the statutory duties of the CCG in order to promote well-being, prevent harm and respond effectively if concerns are raised. We are committed to working with partner agencies to identify all forms of abuse and maltreatment, ensuring that 'Safeguarding is everyone's business.'

In addition, services commissioned by the CCG are expected to comply with the Care Act 2014<sup>2</sup>, Care and Support Statutory Guidance<sup>3</sup> and Care Quality Commission (CQC) regulations<sup>4</sup>, as well as meeting the requirements of the NHS

<sup>1</sup> <https://www.adass.org.uk/media/6137/msp-resources-2017-for-safeguarding-adults-boards.pdf>

<sup>2</sup> <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<sup>3</sup> <https://www.gov.uk/guidance/care-and-support-statutory-guidance>

<sup>4</sup> <http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-13-safeguarding-service-users-abuse-improper>



Contract<sup>5</sup>. The CCG is robust in holding commissioned Providers to account for their performance around Safeguarding Adults. This activity in turn contributes to raising awareness and promoting excellent practice by staff around the safeguarding and welfare of adults at risk locally.

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

The broad principles of 'Making Safeguarding Personal'<sup>6</sup> are mirrored in the NHS Constitution<sup>7</sup> and it is therefore an expectation that all NHS organisations work to these principles. Similarly, NHS staff are required to address the requirements within the Mental Capacity Act 2005<sup>8</sup> which aims to empower people to make decisions for themselves as much as possible and to protect people who may not be able to take some decisions.

***Prevention – It is better to take action before harm occurs.***

The CCG fully supports a proactive approach to the avoidance of harm. Learning from past incidents via Safeguarding Adult Board (SAB) processes (e.g. Safeguarding Adult Reviews) is key for both the CCG and commissioned Providers. Lessons learned as a result of Serious Incidents<sup>9</sup> (SIs) which have safeguarding implications are shared across the local Health economy. The CCG also takes a system leadership role around Fatal Fire Reviews<sup>10</sup> and Domestic Homicide Reviews<sup>11</sup> to contribute towards the prevention of future harm. Responses to 'Whistle blowing' and complaints that have a

safeguarding context equally provide an opportunity for learning.

During March 2018 (Safeguarding Awareness Month) the CCG arranged GP training events with Norfolk and Suffolk CCG colleagues for General Practice staff, and supported the Community Education Provider Network training events for GPs in particular. The CCG also delivered training in partnership with the SAB to staff and residents of Cross Keys Housing.

***Proportionality – The least intrusive response appropriate to the risk presented.***

There is an expectation that CCG staff and commissioned Providers will apply the principles of Making Safeguarding Personal<sup>12</sup> and the Mental Capacity Act<sup>13</sup> to acknowledge an adult's right to choose whether they want to engage with safeguarding processes. This would include respecting the notion of 'unwise' decision making, whilst remaining alert to the need to intervene under certain circumstances.

***Protection – support and representation for those in greatest need.***

Mindful of the potential need for patient support and representation, awareness of Advocacy Services is flagged in CCG staff training and we expect commissioned Providers to do so similarly. The CCG and commissioned Providers have also adopted 'Safer' recruitment practices in line with standard NHS requirements to reduce the likelihood of unsuitable staff being recruited.

***Partnership – Local solutions through services working with their communities.***

The CCG takes its responsibilities to partnership working in the safeguarding adults' arena

<sup>5</sup> <https://www.england.nhs.uk/wp-content/uploads/2018/05/2-nhs-standard-contract-2017-19-particulars-service-conditions-may-2018.pdf> Service Condition 32

<sup>6</sup> See 1.

<sup>7</sup> <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

<sup>8</sup> <https://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance>

<sup>9</sup> <https://improvement.nhs.uk/resources/serious-incident-framework/>

<sup>10</sup> A fatal fire review considers all community safety information gathered regarding the person who died in the fire and the circumstances of the fire, in order to identify organisational learning points that can be implemented

<sup>11</sup> <https://www.gov.uk/government/collections/domestic-homicide-review>

<sup>12</sup> See 1.

<sup>13</sup> See 8.





seriously. The CCG actively participates in the work of the Safeguarding Adult Board, including membership of the Joint Executive Board, the Board, Delivery Group and a range of sub-groups. The Designated Nurse has developed strong working relationships with the local healthcare community as Chair of the Health Safeguarding Group which links to the SAB. Similarly, the Designated Nurse meets regularly with the Head of Safeguarding for Adult Social Care and the Head of the SAB Business Unit.

### ***Accountability – Accountability and transparency in delivering safeguarding.***

There are Safeguarding Adult requirements specified by NHS England which apply to all NHS organisations, including both Providers and the CCG<sup>14</sup>. The CCG is also required to fulfil safeguarding obligations as part of the CCG authorisation process<sup>15</sup>.

Commissioned Providers are expected to demonstrate compliance with measures around accountability and transparency in the Quality Schedule of the NHS Contract, and fulfilment of these measures is monitored via the Clinical and Contract Quality Review (CCQR) process.

### **2. What has the CCG done to improve the safeguarding and welfare of adults across Cambridgeshire as a whole?**

The CCG is conscientious in actively engaging with SAB and partners locally, and as described previously is proactive in seeking assurance that local healthcare Providers are meeting their responsibilities too.

### **3. How does the CCG evaluate its Safeguarding effectiveness and what evidence do you have?**

The CCG completed the SAB Safeguarding Self-Assessment Toolkit and believe that the SAB was sufficiently assured of the CCG's effectiveness.

The CCG also participated in a pilot of an electronic Safeguarding Assurance Tool<sup>16</sup> led by NHS England which resulted in an overall rating of 'Green'.

### **4. How has the CCG challenged itself and others to improve safeguarding arrangements?**

This is broadly described in previous sections.

Regarding the SAB Priorities;

- Domestic Abuse - To ensure that adults at risk of abuse and neglect are protected from all types of Domestic Abuse; and when victims are identified they are provided with appropriate support to recover and are safeguarded in line with the principles of Making Safeguarding Personal. In this priority there will be a particular focus on elder abuse (over 65).

The Designated Nurse is a member of the Domestic Abuse and Sexual Violence Board, representing the Health economy, and is a Domestic Abuse Champion. The Health Safeguarding Group has begun a peer review exercise of their memberships' Domestic Abuse Policies.

- Neglect (including self-neglect and hoarding) - To ensure that adults, at risk of abuse and neglect, in all settings, are protected from neglect; and when victims are identified they are provided with appropriate support to recover and are safeguarded in line with the principles of Making Safeguarding Personal.

The Designated Nurse was involved in the review of the SAB Self-Neglect and Hoarding Protocol and frequently participates in multi-agency 'Complex Case' discussions to support more effective management of such cases.

- Adults living with mental health issues - To ensure that adults at risk of abuse and neglect

<sup>14</sup> <https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

<sup>15</sup> <https://www.england.nhs.uk/wp-content/uploads/2012/04/ccg-auth-app-guide.pdf>

<sup>16</sup> <http://www.quiqsolutions.com/SAT.html>



are protected, and that practitioners are skilled and trained appropriately to recognise changes in symptoms and behaviours that may indicate a deterioration in their mental health and that a change in care management/planning is required; and when victims are identified they are provided with appropriate support to recover and are safeguarded in line with the principles of Making Safeguarding Personal.

The Designated Nurse works to influence best practice in this field as part of the working relationship with the primary provider of mental health services locally. Where required influencing CCG commissioning and contracting colleagues is undertaken.

## Local Authority

*Helen Duncan - Head of Adult Safeguarding/Principal Social Worker, (Cambridgeshire County Council and Peterborough City Council)*

*Debbie McQuade - Assistant Director Adult Operations, Adult Social Care, Peterborough City Council*

### 1. What have you done to embrace and embed the Safeguarding Principles?

#### Cambridgeshire County Council

Initially there was a lack of clarity regarding process for dealing with Safeguarding for referrals that had complaint issues and complaints that had Safeguarding issues. The Safeguarding team has worked with the Customer Care Team to ensure that any complaint issues in safeguarding referral are properly addressed. Similarly there is now greater clarity regarding the process for ensuring that appropriate action is taken when a complaint that raises safeguarding issues is received.

As part of Safeguarding Awareness Month presentations about Making Safeguarding Personal were given at:

- The Adult Social Care Forum,
- Learning Disability Partnership Board,
- Older People's Partnership Board

- Physical Disability & Sensory Impairment Partnership Board meetings.

The Care Act – “Making Safeguarding Personal” (MSP) Principles have been embedded as quality measure themes within both operational Case File and Thematic Audit frameworks; this has included:

- Core Format - Case File Recording Standards – self-audit implemented from 01/02/2018
- Reflective Professional Practice – management audit implemented from 01/02/2018
- Care & Support Planning – thematic audit undertaken during December 2017
- Carers Assessment & Support planning – thematic audit undertaken during January 2018
- Safeguarding Adults S42 Enquiries – thematic audit undertaken during February/March 2018
- Mental Capacity Act Assessment – thematic audit to be undertaken during 2018

The Adults Principal Social Worker attended IDVA Team meeting to discuss overlap between IDVA and Adult Safeguarding processes. DASV Adult SG Lead attended Adult SG refresher training to ensure any advice given to IDVAs embraces MSP and Safeguarding.

The Counting Every Adult (CEA) Service at Cambridgeshire County Council works with the most chaotic and excluded adults in the county to improve outcomes for individuals and for society as a whole. Individuals with multiple and complex needs have a disproportionately large impact across services such as criminal justice, housing, mental health, substance misuse, domestic violence and tenancy support due to the chaotic lifestyles that they lead. The service is widely recognised as a national leader in the field of supporting multiple needs individuals, as an example of good practice, has featured at UK conferences and in the local and national press.

The six core safeguarding principles underpin and encapsulate all work undertaken by CEA; their



key priority of client-led support being “person 1st, service user 2nd”. This empowering approach to support has continued to be promoted during 2017/2018; with ongoing exploration of development opportunities. Additionally the six core principles are embedded in our cross partner operational work. Working closely with services such as the Police, CPFT, Housing and a wide number of voluntary sector organisations, CEA encourages frontline workers to embrace the principles in their work around multiple disadvantaged individuals as well as creating this culture within their own services.

Adult Principal Social Worker joint delivers both the Safeguarding Training and Mental Capacity Act training to further embed the MSP principles and support practitioners to have the confidence to challenge systems that may not support this.

### **Peterborough City Council**

There continues to be a dedicated Safeguarding Team Manager who line manages the Safeguarding Lead Practitioners and Co-ordinator. This ensures a consistent response to concerns being raised at MASH. We had a provider shadow MASH for part of the day and the feedback from them was extremely positive and helped them understand the information required when referring concerns that enabled MASH to make appropriate decisions on risk and the need for S42 work. The team have links to MARAC, attend meetings with Channel, Quality Improvement Team and CQC. The leads organise and facilitate CPD sessions for staff .PCC & CCC MASH managers have met and shadowed each other to understand and share best practice.

All staff are required and supported to attend the safeguarding board awareness training. Awareness training is also provided on a bespoke basis to teams where identified as a need. All social workers are required and supported to attend leading safeguarding enquiries training which is scheduled twice a year. The content of which supports the safeguarding principles:

- The safeguarding process, current themes and approaches, messages from research and application to practice, including new safeguarding legislation
- Explore safeguarding concerns in the community and institutional care
- Further learning on consent, information sharing, mental capacity, etc.
- Practice risk assessment and outcome focused planning
- Application of procedures and guidance
- Evaluating and Recording safeguarding concerns

### **Evaluation of training:**

100% of delegates rated the course as good or excellent overall.

### **Describe how you are going to apply the skills and knowledge gained from the training:**

- Safeguarding - ensuring follow the Care Act law. Collaborative multi agency working.
- Triangle of evidence. HRA & interaction with safeguarding.
- Care act principles. Inform staff. Reflections/discussions with staff. Supervise safeguarding enquiries closely within the team.
- Involving the MDT in safeguarding enquiries - effective communication at all times. Empowering the service user & ensuring their safety at all times. Ensuring/share knowledge on safeguarding concerns to the team confidently.
- Use of the Care Act safeguarding principles when conducting my first enquiry under mentoring of our team. Be more aware of Human Rights relevant articles to guide my practice.
- Better evidence gathering. Overarching legislation.
- Use the balance of probability scales. Checks & balances for the low human rights being contravened.



- Applying human rights to audits. Weighing evidence. Burden of proof.
- Think about dignity and find a way of implementing this.
- Treating people with dignity & value under Human Rights. Understanding the frameworks to include when undertaking safeguarding e.g. Human Rights & MC.
- Using the safeguarding principles & applying to the situation. For example how has the service user been empowered? Using the evidence domains - observation, communication & writing during all visits. Also looking at the bigger picture.

These principles are embedded as standard in the operational practice of services. The Client Income Service supported 3 clients during 2017/18 to take back responsibility for managing their own financial affairs. This followed a period where the Local Authority managed these clients' finances as corporate appointee either because of a crisis, or because they were asked to do so because client felt unable to manage their own finances.

The PCC in-house Older People's Day Service has supported and assisted many clients to maintain their independence and health & wellbeing in a range of ways for example, recognizing self-neglect in terms of not eating well and making arrangements for food shopping / supporting with meal preparation / provision of a choice of hot meals at the day centre / giving general encouragement to eat, making appointments with GP's and supporting clients to take medication to help avoid hospitalisation, carrying out small remedial repair tasks in the home to help with security e.g. fitting coloured key fobs to help identify the right key, putting clients in touch with the Council's handyperson & Care & Repair teams to carry out other property adaptations e.g. grab rails, access ramps and rails etc.

The Client Income Service has also continued to offer support with daily living finances in the form

of appointeeship to vulnerable adults who are struggling to manage, thus preventing build-up of debt / unpaid bills especially rent, utilities etc. and reducing the risk of financial abuse, self-neglect

Q2 - What have you done to improve the safeguarding and welfare of adults in Cambridgeshire and Peterborough?

### Cambridgeshire County Council

Within in the Customer Care Team all team members have received refresher training in Safeguarding Awareness and are aware of who to contact should they become aware of that abuse may be taking place. For example a complaint was received stating that a terminally ill man had been discharged from hospital with no care and support arrangements. On receipt of the complaint the Principal Social Worker was made aware and the Complex Care team were made aware of the situation and made urgent arrangements to ensure that appropriate care was put in place

Each of the thematic audits undertaken from December 2017 to date is supported by an Action Plan designed to advance improvements in the safety, well-being and welfare experiences of adults in Cambridgeshire.

The suite of Practitioner Factsheets, available to all staff involved in Adult Social Care services in Cambridgeshire, is directly linked to statutory duties/responsibilities and is subject to an ongoing review and updating process, in order to promote and improve the safety, well-being and welfare of the people who use, or are in contact with, services and their carers.

The Partnership Support Officer (Domestic Violence/Abuse) participated in audit of Domestic Abuse/Adult Safeguarding/Adult Social Care cases – a multi-agency action plan is being taken forward from this audit. Developed a DA/AS/ASC Action Plan with specific actions related to safeguarding to feed into main VAWG Action Plan.





In the pursuit of ongoing development and improvements to the safety, welfare and well-being of local citizens with multiple and complex needs, the CEA service has, in partnership with Cambridge City Council, worked on the expansion of the existing local “Housing First” scheme which meets the needs of those individuals who have been refused accommodation based support – typically because they are deemed to pose a risk to other residents or because their needs are too high or too complex. This expansion is planned to commence during the summer of 2018 and is a 3 year funded programme designed to inform the creation of a “Homelessness Pathway” with/for single people.

In addition, the Cambridgeshire CEA service has been accepted to form part of the new national “Making Every Adult Matter” (MEAM) study which will look at 25 areas, rising to 40, over three years and provide a full impact assessment of work with adults with multiple needs. Taking part in this study will provide a valuable opportunity to share learning with other authorities, generate some robust evaluation data and help Cambridgeshire shape the future delivery model. CEA is also working with MEAM to improve client participation with a view to achieving true co-production of services.

CEA have ensured that a number of adults in Cambridgeshire have received vital services when they were at risk of exclusion or so peripheral to services that they were not engaged with any treatment or support. CEA do this routinely with individuals who they become aware of but do not work with on the basis that we cannot ignore and adult at risk just because they are not eligible for our service. In doing this we have, on occasion, had to challenge internal working practice as well as external.

The DOLS 'team has formulated an action plan to constructively address the back log of DOLS' applications and also reviewing systems within the Team. In particular, aiming to prioritise all of them in accordance to the ADASS' Priority Tool

and ensuring the high priority cases will be assessed and responded to.

### **Peterborough City Council**

By recognising that safeguarding is a core and key priority embedded across all areas of service that have contact with or relate to individuals, and by making sure that the profile of safeguarding is continually high by ensuring it is a feature of 1:1;s team meeting agendas, annual appraisals etc.

### **Q3 - How do you evaluate your Safeguarding effectiveness and what evidence do you have?**

### **Cambridgeshire County Council**

In 2016/17 5% (7 of 140) of complaints had some safeguarding concerns this increased in 2017/18 to 8% (13/163). This increase, in part indicates an increased staff awareness of what constitutes a safeguarding issue.

All audits undertaken (as recorded above) are designed to evaluate the effectiveness of current practice and processes in line with MSP Principles. Evaluation of the evidence gathered has directed the development of clear and time-scaled plans of action. All supporting evidence is available for review.

Quarterly performance data on the percentage of IDVA clients with a safety plan in place. DA victims with a safety plan are at less risk of homicide than those with no safety plan.

Internal audit is undertaking an audit of the DOLS' procedures and processes.

### **Peterborough City Council**

Alert and aware to safeguarding concerns and effective in response to these - but not complacent. There have been a number of safeguarding alerts raised by staff in these service areas which have resulted in safeguarding investigations and good outcomes for service users e.g. PCC acting as corporate appointee/deputy in managing and safeguarding client finances, improvements in client



condition/wellbeing due to interventions at home or increased say service attendance.

The work of the Quality Assurance team, outlined below, also challenges our safeguarding effectiveness.

#### **Q4 - How have you challenged itself and others to improve safeguarding arrangements?**

##### **Cambridgeshire County Council**

Reviewing statistics and practice at weekly meetings and also on a quarterly basis

##### **Peterborough City Council**

Safeguarding is a constant theme in all areas of activity where direct contact/dealings with clients is had, and also is a regular theme at team meetings, in 1:1's, and at annual staff appraisals. Mandatory safeguarding training is also completed as necessary, and regular contributions are made to safeguarding investigations e.g. to provide advice/information/evidence on financial abuse, and asking for/contributing to care and support reviews.

#### **Q5 - What progress have you made against the Board priorities?**

##### **Cambridgeshire County Council**

Where practice issues are identified as part of a complaint investigation we work closely with CPFT. An example of this involved a complaint about the care and support provided to a man with Mental Health issues. The complaint went to the Local Government Ombudsman (LGO) and the investigation showed that there needed to be further training carried out with regard to assessments reviews and contingency planning. As a result a training day was subsequently delivered to CCC and CPFT staff.

Full participation in the SAB coordinated Domestic Abuse Multi-agency Thematic Audit.

Domestic Abuse Partnership have been fully involved in the DA Audit and work closely with

CPFT to improve professional responses to DA and SV across the trust.

The thematic audits introduced in CCC are all in line with the SAB priorities and also follow the order of the MSP principles.

##### **Peterborough City Council**

#### **Neglect**

The need has been identified for reablement and other HSDM workers to develop an awareness of neglect and hoarding- bespoke training has now been planned (2018)

#### **Adults living with mental health issues**

Provision of mental health awareness training in 2017/18. Advanced training will be provided in 2018/19 including a focus on section 117 aftercare.

#### **Quality Assurance Audit**

The QA team continue to audit MASH contacts, S.42 safeguarding enquiries on a regular basis. Within the last six months two thematic audits and a contact dip sample were completed, which all involved part of the adult safeguarding process. A total of 100 cases were audited (20 from each audit and 60 from contact dips) and each were presented to Senior Management within Adult Social Care. A summary of each can be found below, along with common areas of good practice, and areas for development.

**S.42 Enquiry Audit:** The most recent s.42 audit showed improvement compared to the previous two audits, highlighting examples of good practice as well as areas for further development. Adult Social Care, including CPFT, appropriately identified and responded to risks and effectively safeguarded adults at risk. There was evidence of well-coordinated multi-agency working and cooperation although a more consistent approach to the consultation and involvement of the Quality Improvement Team is required.

There was good evidence of making safeguarding personal principles. Staff adopted a person-



centred and outcomes-based approach, ensuring adults at risk or their families were empowered and supported where necessary to express their preferred outcomes. They were consulted, fully involved, regularly updated on progress and given feedback on outcomes achieved.

There is a need to ensure that all information relevant to safeguarding enquiries is recorded on Framework. While acknowledging that there will be variation between cases, there is a need to ensure adherence, where possible, to the guideline timescales published in the Cambridgeshire and Peterborough Safeguarding Adults Board Procedures October 2017. There was evidence that Adult at Risk meetings contributed to positive outcomes for the adult at risk and their family as well as improving partnership working and enhancing organisational learning.

**Self-Neglect Audit:** This audit shows that organisationally, there is good knowledge of self-neglect and workers have confidence in their ability to identify its signs and symptoms. However, there appears to be a lack of awareness and knowledge of local guidance on multi-agency policy and procedures to support those who self-neglect and exhibit hoarding behaviour. The majority of those with previous involvement of self-neglect felt that they had sufficient prior training, found reflective practice valuable and had adequate supervision and management oversight.

There are concerns about the efficiency and effectiveness of safeguarding enquiries. Timescales from referral to MASH decision, including high risk cases, and from enquiry start to conclusion were not consistently within local guidance timescales. In addition, the audit indicated that not all safeguarding concerns were triaged via MASH, as two referrals were sent directly to the allocated CPFT worker for an adult already under their support. Potentially, some information relevant to safeguarding enquiries, including management discussion and oversight,

is only recorded on the RiO recording system and not copied across to Frameworki recording system.

Staff consistently assessed capacity, considered all information relevant to the case and conducted a proportionate, person-centred enquiry in light of identified risk. Records should be clear, analytical and jargon-free. There is a need for broader analysis to help understand why some adults do not want to engage or accept care and support. While effective joint agency working is evident, better use of multi-agency risk management meetings and SMART planning would ensure a more holistic and coordinated approach to self-neglect cases.

Embedding organisational awareness and understanding of local safeguarding adults board procedures and multi-agency policy and procedures to support people who self-neglect and display hoarding behaviours will improve practice and service delivery enabling better health and wellbeing outcomes for adults at risk.

**MASH Contact Dip:** Action taken by the MASH in response to safeguarding concerns were consistent and proportionate to the initial concern. Work conducted was timely, and considerate of both adults and children involved in the concern. Risk assessments conducted by the MASH varied quality, and documentation of decision making did not always incorporate the completed risk assessment.

Work conducted was person centred and some adults were involved in the process and were empowered to express their desired outcomes in relation to the safeguarding concern. The use of advocates was considered where appropriate, however the independence and suitability of some family members acting as advocates should be considered at all times.

Where there is a requirement to question an adult's capacity and to conduct a Mental Capacity Assessment there should be clear documentation that this has been considered.



It is important that the MASH and QI Team work together in an effective way where safeguarding referrals are raised in relation to independent providers. NoCs were completed where required, but it is unclear if issues raised in safeguarding concerns that may affect other service users would be dealt with as part of a collaborative effort by QI and MASH.

**Good Practice Areas:** The following areas of good practice were identified:

- Mental capacity was considered in the majority of cases, and capacity assessments were completed when required.
- Enquiries were proportionate, comprehensive and person-centred.
- Decision making considered historical involvement.
- Evidence of consideration and response to diversity was found.
- Up to date protection plans were present.
- The adult at risk's family or representative were given appropriate feedback.
- Notifications of Concern (NOC) were raised where appropriate.
- Providers contributed to safeguarding enquiries where appropriate.

#### **Areas for Further Development**

The following areas for further development were identified:

- Where possible, safeguarding enquiries should adhere to the timescales suggested by local Safeguarding Adults Board guidance to ensure efficiency and effectiveness.

- All relevant and up to date information relating to safeguarding cases should be recorded on Framework and not just on RiO, CPFT's recording system.
- Ensuring the adult at risk's response is recorded where advocacy is offered.
- Ensuring a coordinated joint agency approach to self-neglect cases, holding multi-agency risk management meetings and producing SMART plans where appropriate.
- Ensuring better management oversight by the allocated worker's manager in both ASC and CPFT and all management discussions are recorded in Framework.
- Case recording should be clear, analytical and jargon-free.
- Increasing organisational awareness of the knowledge and practice hub on self-neglect on CC Inform across ASC and CPFT.
- Risk and Strengths Assessment in the MASH Safeguarding Triage Assessment requires consistency in its completion.
- Consent needs to be considered and discussed with all adults.
- When recording the adult's voice, the specific words used by the adult should be recorded in order to capture their direct voice.
- Safeguarding concerns relating to independent providers should consider the potential wider impact on other service users, as others may have been effected by a similar issue.
- Adult at risk meeting minutes should be uploaded to the record in FWi within a reasonable timescale.



# Appendix 1

## Glossary and Jargon Buster





## GLOSSARY AND JARGON BUSTER

<b>ADASS</b>	Association of Directors of Adult Social Care	<b>LSCB</b>	Local Safeguarding Children Board
<b>ASC</b>	Adult Social Care	<b>CPSCB</b>	Cambridgeshire and Peterborough Safeguarding Children Board
<b>CCC</b>	Cambridgeshire County Council	<b>MAPPA</b>	Multi-Agency Public Protection Arrangements
<b>CCC</b>	Cambridge City Council	<b>MASH</b>	Multi-Agency Safeguarding Hub
<b>CCG</b>	Clinical Commissioning Group	<b>MSP</b>	Making Safeguarding Personal
<b>CCS</b>	Cambridgeshire Community Services	<b>NACRO</b>	National Association for the Care and Resettlement of Offenders
<b>CPFT</b>	Cambridgeshire and Peterborough Foundation Trust	<b>NHS</b>	National Health Service
<b>CQC</b>	Care Quality Commission	<b>NOC</b>	Notification of Concern
<b>CRC</b>	Community Rehabilitation Company	<b>NPS</b>	National probation Service
<b>CUHT</b>	Cambridge University Hospital Trust	<b>NWAFT</b>	North West Anglia Foundation Trust
<b>DASV</b>	Domestic Abuse and Sexual Violence	<b>PCC</b>	Peterborough City Council
<b>GP</b>	General Practitioner	<b>QEG</b>	Quality and Effectiveness Group
<b>LeDeR</b>	Learning Disabilities Mortality Review	<b>QI</b>	Quality Improvement
<b>LGA</b>	Local Government Association	<b>SAB</b>	Safeguarding Adults Board
<b>LGO</b>	Local Government and Social Care Ombudsman	<b>CPSAB</b>	Cambridgeshire and Peterborough Safeguarding Adults Board
		<b>SAR</b>	Safeguarding Adult Review
		<b>SSAFA</b>	Armed Forces Charity
		<b>YOS</b>	Youth Offending Service

**Adult at risk** is a person aged 18 or over who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

**Adult safeguarding** means protecting a person's right to live in safety, free from abuse and neglect.

**Adult safeguarding lead** is the title given to the member of staff in an organisation who is given the lead for Safeguarding Adults.

**Advocacy** taking action to help people who experience substantial difficulty contributing to the safeguarding process to say what they want, secure their rights, represent their interests and obtain the services they need.



**Best Interest** - the Mental Capacity Act 2005 (MCA) states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do so in the person's best interest. This is one of the principles of the MCA.

**Appropriate individual** within this document an 'appropriate individual' is a person who supports an adult at risk typically but not exclusively in an advocacy role, and is separate to an Appropriate Adult as described above.

**Care Act 2014** - The Care Act 2014 introduces major reforms to the legal framework for adult social care, to the funding system and to the duties of local authorities and rights of those in need of social care

**Care setting** is where a person receives care and support from health and social care organisations. This includes hospitals, hospices, respite units, nursing homes, residential care homes, and day opportunities arrangements.

**Carer** someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

**Commissioning** is the cyclical activity, to assess the needs of local populations for care and support services, determining what element of this, needs to be arranged by the respective organisations, then designing, delivering, monitoring and evaluating those services.

**Concern** is the term used to describe when there is or might be an incident of abuse or neglect.

**Disclosure and Barring Service (DBS)** helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

**Enquiry (Section 42 Enquiry)** establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken. Previously this may have been referred to as a 'referral'

**Enquiry Lead** is the agency who leads the enquiry described above.

**Enquiry Officer** is the member of staff who undertakes and co-ordinates the actions under Section 42 (Care Act 2015) enquiries.

**Independent Domestic Violence Advocate** - Adults who are the subject of domestic violence may be supported by an Independent Domestic Violence Advocate (IDVA). IDVAs provide practical and emotional support to people who are at the highest levels of risk. Practitioners should consult with the adult at risk to consider if the IDVA is the most appropriate person to support them and ensure their eligibility for the service.

**IMCA (independent mental capacity advocate)** established by the Mental Capacity Act (MCA) 2005 IMCAs are mainly instructed to represent people where there is no one independent of services, such as family or friend, who is able to represent them. IMCAs are a legal safeguard for people who lack the mental capacity to make specific important decisions about where they live, serious medical treatment options, care reviews or adult safeguarding concerns.

**Independent Sexual Violence Advocate (ISVA)** - is trained to provide support to people in rape or sexual assault cases. They help victims to understand how the criminal justice process works and explain processes, for example, what will happen following a report to the police and the importance of forensic DNA retrieval.



**LGBT (lesbian, gay, bisexual and transgender)** is an acronym used to refer collectively to lesbian, gay, bisexual and transgender people.

**Making Safeguarding Personal** is about person centred and outcome focussed practice. It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people, and is personal and meaningful to them.

**Natural justice** refers to the principles and procedures that govern the adjudication of an issue, which should be unbiased, without prejudice, and there is equal right to being heard.

**Position of trust** refers to a situation where one person holds a position of authority and uses that position to his or her advantage to commit a crime or to intentionally abuse or neglect someone who is vulnerable and unable to protect him or herself.

**Procurement** is the specific function to buy or acquire services which commissioners have duties to arrange to meet people's needs, to agreed quality standards, providing value for money to the public purse.

**Public interest** is a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.

**Regulated Provider** is an individual, organisation or partnership that carries on activities that are specified in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

**Sexual Assault Referral Centres (SARC)** is for people who have been raped or sexually assaulted.

**Victim Support** is a national charity, which provides support for victims and witnesses of crime in England and Wales. It provides free and confidential help to family, friends and anyone else affected by crime, which includes information, emotional and practical support. Help can be accessed either directly from local branches or through the Victim Support helpline.

# Appendix 2

## Board Administration and Budget Contributions



## Key Roles and Relationships

Dr Russell Wate, QPM, is the Independent Chair of the CPSAB and is tasked with leading the Board and ensuring it fulfils its statutory objectives and functions.

The Chair is accountable to the **Chief Executive of Peterborough City Council and Cambridgeshire County Council** and they met frequently during 2017/18. **The Corporate Director of People and Communities** for both Local Authorities also continued to work closely with the Chair on related safeguarding challenges.

**The Lead Member for Adult's Services** in Peterborough and the **Chairman of Adult & Young People Committee** in Cambridgeshire are "participating observers" of the CPSAB; engaging in discussions but not part of the decision making process which provides the independence to challenge the Local Authority when necessary.

## The CPSAB Business Unit

The Cambridgeshire and Peterborough Safeguarding Board Business Unit supports both the Adult and Children's Safeguarding Boards and is made up of the following members of staff;

- Head of Service (Children's Lead)
- Service Manager (Adults Lead)
- Safeguarding Board Officer – Adult's Lead 0.8 FTE
- Safeguarding Board Officer – Children's Lead
- Communication and Online Safeguarding Lead
- Exploitation Strategy Coordinator
- Practice Improvement and Development Lead x 1.5
- Safeguarding Adults Board Trainer 0.8 FTE
- Business Support Officer - Full-time x2
- Business Support Officer - Part-time x2

## Board Finances

Historically, there have been two Safeguarding Adults Boards across Cambridgeshire and Peterborough. Each Board had a different funding formula and business unit structure to support and drive forward the work of the Boards, and safeguarding in the two local authority areas.

During 2017, the two SAB's were amalgamated to form a single countywide SAB and the two Local Safeguarding Children Boards were also amalgamated to form a single countywide LSCB. As part of the changes the existing business units for all of these boards were merged into a single Adults and Children's business unit.

Partner contributions towards the SAB budgets for 2017/18 are broken down as follows:

Adults Board	Cambridgeshire	Peterborough
<b>Cambridgeshire County Council**</b>	£20,000	-
<b>Peterborough City Council</b>	-	£37,992.00
<b>Police (via the Office of Police and Crime Commissioner)</b>	£35,000	£35,884.00
<b>NWAFT</b>	-	£4,750.00
<b>CPFT</b>	-	£4,750.00
<b>CCG</b>	-	£4,750.00
<b>Total</b>	<b>£55,000</b>	<b>£92,876.00</b>
** CCC contributes additional funds for a full time SAB trainer		

## Board Membership & Attendance

This year has been unusual in that the re-structure of the Boards led to there being only two meetings each for the Board and Delivery Group.



## Cambridgeshire and Peterborough Safeguarding Adults Board

Attendance of partner organisations. 2 meetings held between January 2018 and March 2018

	Number of seats allocated	Attendance	%
Safeguarding Boards Independent Chair	1	2	100.00%
Assistant Director Commissioning & Commercial Operations, Cambridgeshire & Peterborough Local Authorities	1	1	50.00%
Assistant Director, Children's Social Care (Cambridgeshire)	1	0	0.00%
Assistant Directors, Adult Social Care, Cambridgeshire & Peterborough Local Authorities	2	2	100.00%
Cambridge Regional College	1	1	50.00%
Chief Executive Officer, Healthwatch	1	1	50.00%
Chief Executive, Cambridgeshire Age UK (representing voluntary sector)	1	2	100.00%
Deputy Director and Head of Cambridgeshire Local Delivery Unit, BeNCH CRC	1	2	100.00%
Deputy Director Patient Quality & Safety, CCG	1	0	0.00%
Designated Nurse for Safeguarding Adults, CCG	1	2	100.00%
District Council Representatives	1	1	50.00%
Head of Cambridgeshire Local Delivery Unit, National Probation Service	1	2	100.00%
Head of Public Protection, Cambridgeshire Constabulary	1	2	100.00%
Head of Safeguarding, Cambridgeshire Fire & Rescue	1	2	100.00%
HM Prison representative	1	1	50.00%
Housing association representative (Axiom housing)	1	1	50.00%
Further Education	2	2	100.00%
Representatives of the Community Network Group	1	2	100.00%
Senior Locality Manager, East of England Ambulance Service	1	2	100.00%
Service Director, Adult's & Safeguarding, Cambridgeshire & Peterborough Local Authorities/Regional Housing Representative	1	1	50.00%



## Cambridgeshire and Peterborough Safeguarding Adults Delivery Group

Attendance of partner organisations. 2 meetings held between January 2018 and March 2018

	Number of seats allocated	Attendance	%
Safeguarding Boards Independent Chair	1	2	100.00%
Adult Safeguarding Manager, Cambridgeshire County Council	1	2	100.00%
DCI representative, Public Protection Department, Cambridgeshire Constabulary	1	2	100.00%
Designated nurse for safeguarding adults, CCG	1	2	100.00%
District Council Representative	1	1	50.00%
Drugs and Alcohol Action Team	1	1	50.00%
East of England Ambulance Service	1	0	0.00%
Head of Commissioning, Social Care, Cambridgeshire & Peterborough Local Authority	1	1	50.00%
Head of Service, Assessment and Care Management, Peterborough Local Authority	1	2	100.00%
Head of Adult Safeguarding, Cambridgeshire County Council	1	2	100.00%
Healthwatch representative	1	1	50.00%
<i>CCS (Cambridgeshire Community Service NHS)</i>	<i>1</i>	<i>0</i>	<i>0.00%</i>
<i>CPFT (Cambridgeshire &amp; Peterborough NHS Foundation Trust)</i>	<i>1</i>	<i>2</i>	<i>100.00%</i>
<i>CUH (Cambridgeshire University Hospital)</i>	<i>1</i>	<i>1</i>	<i>50.00%</i>
<i>Hinchingbrooke Healthcare (North West Anglia NHS Foundation Trust)</i>	<i>1</i>	<i>2</i>	<i>100.00%</i>
<i>Papworth Hospital NHS Foundation Trust</i>	<i>1</i>	<i>1</i>	<i>50.00%</i>
<i>Peterborough City Hospital (North West Anglia NHS Foundation Trust)</i>	<i>1</i>	<i>1</i>	<i>50.00%</i>
<i>Cross Keys Homes</i>	<i>1</i>	<i>0</i>	<i>0.00%</i>
<i>Peterborough Care</i>	<i>1</i>	<i>0</i>	<i>0.00%</i>
Representatives of Community Network Group	1	2	100.00%





## EMPOWERMENT, PREVENTION, PROPORTIONALITY, PROTECTION, PARTNERSHIP, ACCOUNTABILITY

Safeguarding Lead, Safeguarding and Quality Assurance, Peterborough City Council	1	0	0.00%
SSAFA representative	1	0	0.00%
Team Leader BeNCH CRC	1	2	100.00%
Team Leader, National Probation Service	1	2	100.00%
Peterborough Church of England Diocese	1	1	50.00%



## Cambridgeshire and Peterborough Safeguarding Adults Board

1st Floor Bayard Place  
Peterborough  
Cambridgeshire  
PE1 1FZ  
01733 863744

5 George Street  
Huntingdon  
Cambridgeshire  
PE29 3AD  
01480 373522

**[safeguardingboards@cambridgeshire.gov.uk](mailto:safeguardingboards@cambridgeshire.gov.uk)**

