



Annual Report

April 2015 – March 2016

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1. Welcome from the Chair

The Cambridgeshire Safeguarding Adults Board (CSAB) is the key body for the coordination of the various statutory, independent and voluntary organisations in Cambridgeshire to safeguard and promote the wellbeing of “adults at risk” and for ensuring that this work is effective, transparent and continues to improve in response of the needs of people in our communities.



The Care Act 2014 introduced the statutory duty on Local Authorities, Clinical Commissioning Groups and the Constabulary to operate a Safeguarding Adults Board (SAB) to promote and oversee the protection of adults with care and support needs from abuse and/or neglect.

Cambridgeshire already had a well established SAB with strong commitment from the Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) and Police and other key partners and we have been able to build on this foundation during 2015/16.

The CSAB vision is that all Cambridgeshire is a place where people should be able to live free from harm and abuse and where communities:

- have a robust culture that does not tolerate abuse.
- can recognise abuse and neglect and individuals know how to raise concerns.
- people and professionals work together to prevent abuse, the person is at the centre of the safeguarding process, ensuring that safeguarding is person-led and outcome-focused.
- ensure safeguarding is everyone’s business.

The role of the CSAB is to:

- seek assurance that the safeguarding practice delivered by all the key organisations in Cambridgeshire is maintained at the highest level and meets appropriate organisational and professional standards.
- maintain and develop inter-agency frameworks to safeguard adults at risk within Cambridgeshire.
- challenge safeguarding practice and work to improve practice and continue to ensure that people are in control of the safeguarding process.

- DRAFT
- scrutinise the outcomes of Safeguarding Adult Reviews and the key performance data analysis produced by Key agencies to ensure the effective delivery of safeguarding practices in Cambridgeshire.
 - develop a dataset of information that allows effective monitoring of safeguarding activity and outcomes.
 - develop a culture of learning with robust internal systems to support this.
 - promote early help to prevent abuse from happening in the first place.
 - develop seamless pathways that promote joined up working at every level.

This annual report provides a background to adult safeguarding work in Cambridgeshire and a summary of the work undertaken by the Safeguarding Adults Board (SAB), the sub groups, the Adult Safeguarding Team and partners with insight into local issues. It showcases the team's developments and initiatives pertaining to safeguarding that have taken place during April 2015 to March 2016.

In doing so, it aims to provide a level of assurance that the organisation is fulfilling its statutory duties and responsibilities for safeguarding adults in Cambridgeshire.

The agenda continues to evolve and its workload continues to escalate in line with national direction, new legislation, emerging findings from critical incidents and serious case reviews. The underpinning message however remains the same in that safeguarding is everyone's business irrespective of role or position. It is everyone's responsibility to safeguard and protect the most vulnerable adults in our society. The adult at risk must remain at the centre of all our actions.

Adrian Loades, Executive Director Children, Families and Adults Services

2. Members of the Cambridgeshire Safeguarding Adults Board

Chairperson: Adrian Loades - Executive Director –
Children, Families and Adults Services
Cambridgeshire County Council (CCC)

Representatives from:

Addenbrookes Hospital, Cambridge University Hospital NHS
Foundation Trust

Adult Safeguarding Team, CCC

Adult Social Care, CCC

Age UK Cambridgeshire

Anglia Ruskin University

Cambridge Regional College

Cambridgeshire and Peterborough NHS Foundation Trust

Cambridgeshire Community Services NHS Trust

Cambridgeshire Constabulary

Cambridgeshire Fire Service

Cambridgeshire Learning Disability Partnership, CCC

Care Quality Commission

Children Safeguarding and Standards Unit, CCC

County Councillor, CCC

Drug and Alcohol Action Team (DAAT), CCC

East of England Ambulance NHS Trust

Healthwatch Cambridgeshire

Hinchingbrooke Health Care NHS Trust

NHS Cambridgeshire and Peterborough Clinical Commissioning
Group

NHS England

Papworth Hospital NHS Foundation Trust

Papworth Trust

Procurement (Social Care), CCC

South Cambridgeshire District Council representing District
Councils across Cambridgeshire

3. Safeguarding Nationally

The wider context of safeguarding continues to grow and change in response to the findings of large scale inquiries such as the Francis Report, Winterbourne View and new legislation such as the Care Act 2014.

The Care Act 2014

Part 1 of the Care Act 2014 came into force on 1 April 2015 establishing a clear legal framework for how Local Authorities and other agencies should protect adults at risk of abuse and/or neglect. The Act puts Adult Safeguarding on a statutory footing for the first time, embracing the principle that the 'person knows best'. It lays the foundation for change in the way that care and support is provided to adults, encouraging greater self-determination, so people maintain independence and have real choice. There is a greater emphasis on working with adults at risk of abuse and/or neglect to have greater control in their lives to both prevent it from happening, and to give meaningful options of dealing with it should it occur.

The Care Act 2014 introduces additional **categories of abuse**:

Modern Slavery

This includes slavery, servitude and forced or compulsory labour. A person commits an offence if:

- The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or
- The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour.

Contemporary slavery takes various forms and affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking.

From 1 November 2015, specified public authorities have a duty to notify the Secretary of State of any individual identified in England and Wales as a suspected victim of slavery or human trafficking, under Section 52 of the Modern Slavery Act 2015.

Self Neglect and Hoarding

The Care Act 2014 identifies Self Neglect as a safeguarding responsibility and defines self-neglect as covering a wide range of behaviours such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Falling under the safeguarding policies and procedures means that all safeguarding adult duties and responsibilities apply.

The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse and/or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and/or neglect.

In Cambridgeshire and Peterborough a Multi-Agency Protocol for Working with People with Hoarding Behaviours was devised and finalised in March 2016. This multi-agency protocol offers clear guidance to staff working with people who exhibit hoarding behaviours. It sets out a framework for multi-agency partners to work together, using an outcome focused, solution based model and was developed in partnership with a range of statutory and non-statutory partners across Cambridgeshire and Peterborough. The protocol recognises that responding to a situation which involves a person compulsively hoarding is highly complex, as it involves risk to life, is subject to more than one area of legislation and involves the health and wellbeing of the person at risk and any others in the household. It therefore requires a multi-agency approach. The protocol aims therefore to ensure this collaborative approach through coordinated multi agency partnership working in a way that is meaningful to the person who has hoarding behaviours and their families in a way that reduces duplication of effort for the agencies involved. The protocol aims to facilitate positive and sustainable outcomes for people who demonstrate hoarding behaviour, by involving them in the process of managing their behaviour at all stages.

Domestic Violence

Domestic violence including: psychological, physical, sexual, financial abuse and so called 'honour' based violence.

The cross government definition of domestic violence and abuse is:

- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality.
- Includes: psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence, female genital mutilation, forced marriage.
- Age range extended down to 16.

Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included and that much safeguarding work (that meets the criteria set out above) that occurs at home, in fact is concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding response in appropriate cases.

Front line staff are well placed to intervene and disrupt patterns of domestic violence. The Government Strategy "Ending Violence against Women and Girls" has been recently refreshed (February 2016). This document promotes early intervention by all agencies and supports professionals to identify and deal with the earliest signs of abuse. In Cambridgeshire we currently run a

course called “Domestic Abuse Awareness” tailored specifically to look at the impact to adults at risk. The course is open to a variety of professionals such as mental health practitioners, social workers, adult support coordinators, recovery workers, benefits advisor and advance nurse practitioners to mention a few. The monthly Domestic Abuse course now relates specifically to adults with care and support needs and how they may be supported and includes forced marriage, female genital mutilation and honour based violence.

Female Genital Mutilation (FGM)

As part of a world wide effort to eliminate FGM, the Department of Health’s FGM Prevention Programme aims to improve the way in which the NHS responds to the health needs of girls and women who have had FGM, and to actively support prevention. It aims to support professionals to be confident when having discussions with women and girls, to record and share FGM information appropriately and to take the necessary action to safeguard girls against risk.

Serious Crime Act 2015 introduced mandatory reporting by regulated professionals from October 2015. This means that whenever regulated professionals (health, social care and education) identify that a girl under 18 has had FGM, or if the girl discloses this herself, the professional must make a report to the police.

Coercive Control

Section 76 of the Serious Crime Act 2015 came into force in December 2015 and criminalises patterns of coercive or controlling behaviour where they are perpetrated against an intimate partner or family member. A number of other criminal offences can apply to cases of domestic violence - these can range from murder, rape and manslaughter through to assault and threatening behaviour.

Other Multi-Agency Arrangements

The CSAB links to a number of other arrangements that are detailed below:

The Counter-Terrorism and Security Act 2015: PREVENT and CHANNEL

The Act received Royal Assent on 12 February 2015 with relevance to *PREVENT* and includes a duty on specified bodies, including the police, prisons, local authorities, schools, universities and health, to have due regard to preventing people being drawn into terrorism. It also makes Channel (the voluntary multi-agency programme for people at risk of radicalisation) a legal requirement for public bodies so that it is delivered consistently across the country. The Statutory guidance issued under section 29 of the Counter-Terrorism and Security Act 2015 became statute on 1 July 2015. The Counter-terrorism strategy has several strands:

- **PURSUE** - to disrupt terrorist activity and stop attacks;
- **PREVENT** - to stop people becoming or supporting violent extremists and build safer and stronger communities;
- **PROTECT** - strengthening the UK's infrastructure to stop or increase resilience to any possible attack;
- **PREPARE** - should an attack occur then ensure prompt response and lessen the impact of the attack.

Specified authorities such as local authorities, NHS trusts, schools and providers of certain services to those authorities to “have due regard to the need to prevent people from being drawn into terrorism” in accordance with the *PREVENT* duty outlined in Section 26 of the Act. This has meant training staff so they know what ‘Prevent’ is, and how to escalate concerns regarding people believed to be vulnerable.

Certain areas of the UK are designated as priority areas under Prevent. These are areas from where people have travelled overseas to join extremist groups.

Locally we have a joint CHANNEL panel covering both Peterborough and Cambridgeshire that meets on a monthly basis. The panel membership consists including the probation service, the police, adult mental health, social care, education, further education, safer schools, the youth offending service and children's social care.

The panel will consider referrals and panel members are asked for feedback on the relevant information their agencies hold on the individual. All of the information will be considered by the police and a detailed assessment is presented to the panel who then determines whether the case should be adopted. For the cases adopted an intervention plan is agreed involving support from local agencies or a Channel interventionist depending on the level of risk.

Multi-Agency Risk Assessment Conference (MARAC)

The MARAC is the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour'- based violence.

MARAC considers cases identified as 'high risk' by use of the Domestic Abuse, Stalking and Harassment and 'Honour'-based violence and develops a coordinated safety plan to protect each victim.

At the heart of a MARAC is a working assumption that no single agency or individual can see the complete picture of the life of a person at risk, but all may have insights that are crucial to their safety, as part of the coordinated community response to domestic violence.

Multi Agency Public Protection Arrangements (MAPPA)

MAPPA provide a national framework for the assessment and management of risks posed by serious and violent offenders, including individuals who are considered to pose a risk or potential risk or harm to children. Children who are at risk of danger due their own behaviour by not engaging with services are also discussed here.

4. Analysis of Adult Safeguarding Referrals

Table 1: Number of incidents received per year

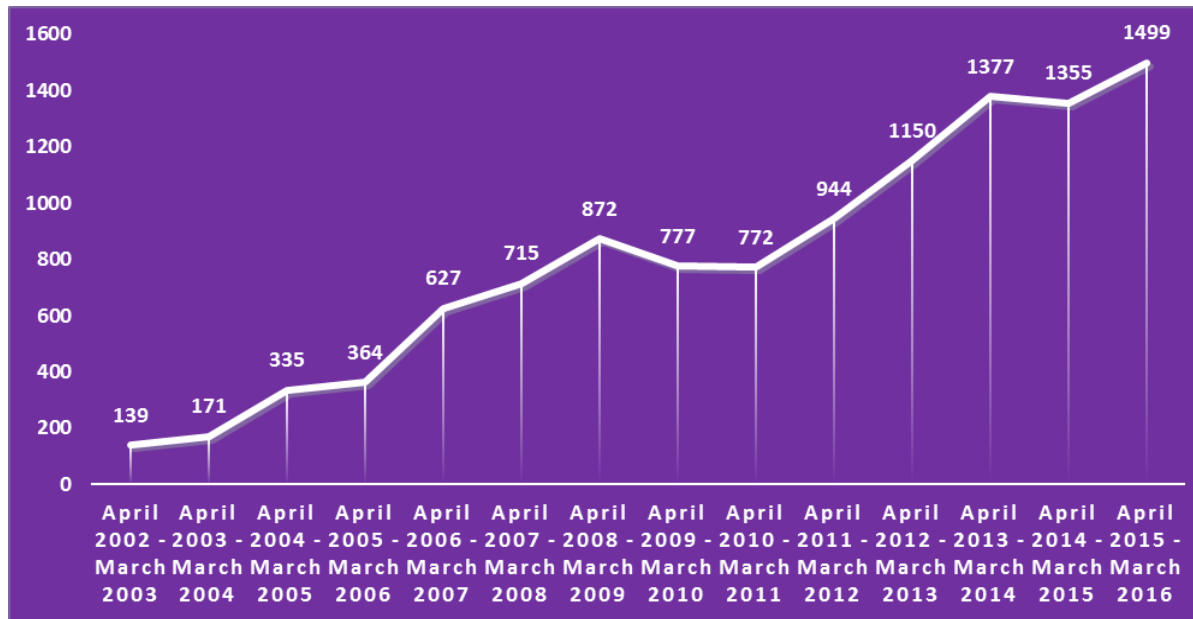


Table 1 indicates the number of safeguarding referrals made in Cambridgeshire from April 2002 through to March 2016.

Though there was a slight reduction in the previous year, the period of April 2015 to March 2016 shows an increase of 144 referrals which constitutes a 10.6% increase in the number of adult safeguarding referrals. The rise could be attributed to the increase in our training provision, with ever more people being aware of what constitutes abuse and being informed about how to report concerns.

Understanding the reasons for this upward trend is key to the Board. In response and through their creation of the adults Multi Agency Safeguarding Hub (MASH) we are now capturing more relevant information at referral point that will better provide the required insight for the Board to revise its plans and make the necessary changes.

Table 2: Types of Abuse

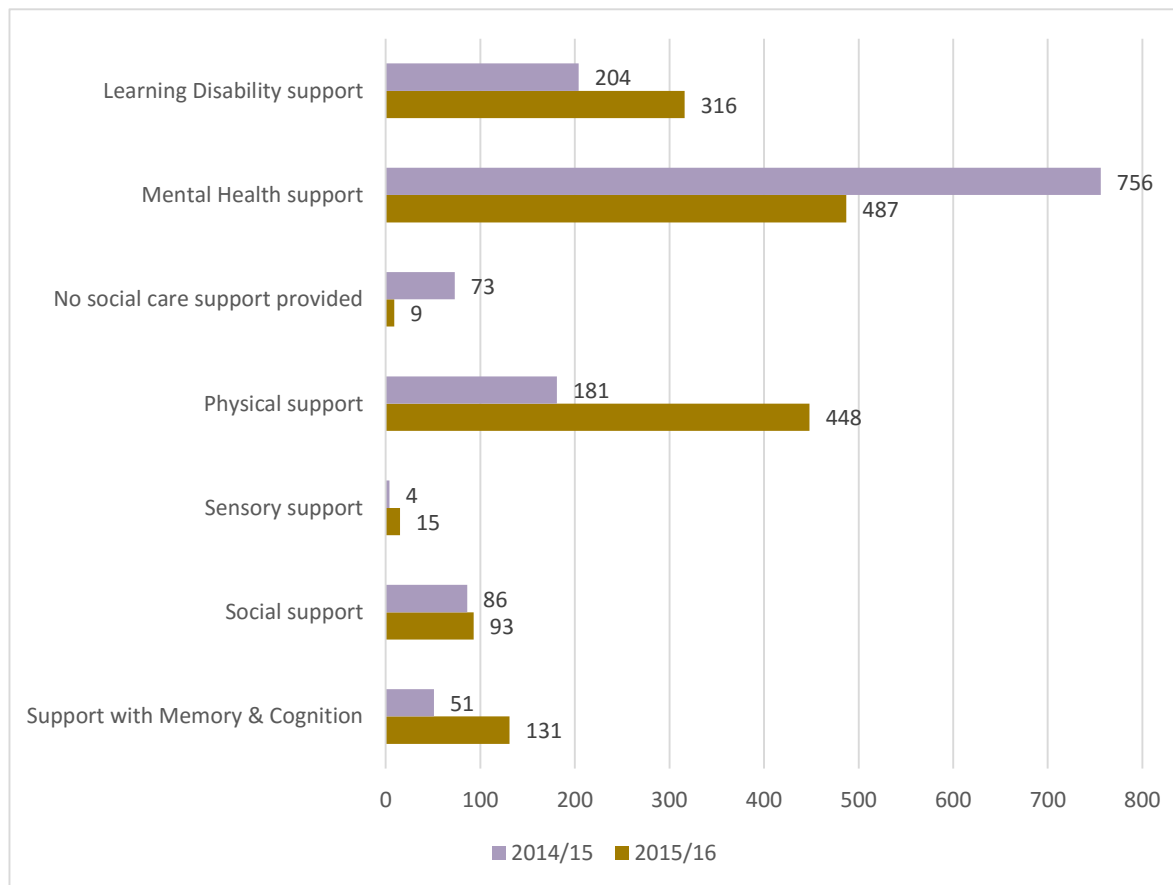
	2013-2014	2014-2015	2015-2016	Trend
Discriminatory abuse	1%	0%	0%	↔
Domestic violence	-	-	6%	
Emotional/Psychological abuse	11%	13%	10%	↓
Financial abuse	10%	9%	9%	↔
Neglect and/or acts of omission	22%	22%	24%	↑
Modern Slavery	-	-	0%	
Organisational abuse	2%	2%	2%	↔
Physical abuse	49%	48%	42%	↓
Self neglect	-	-	3%	
Sexual abuse	5%	6%	4%	↓
Sexual exploitation	-	-	0% (5 cases)	

The most commonly reported type of abuse continues to be Physical abuse 42% of all of the referrals received. Significantly there has been a reduction of 6% when compared to the period of 2014-2015.

Neglect, which has been given greater prominence through the Care Act 2014 has increased slightly from 22% in 2014/15 to 24%.

It is noticeable, that there has been a slight increase in the number of referrals for neglect and or acts of Omission from 22% in 2013 -2014 reaching 24% of all referrals in 2015-2016. There has also been a 2% decrease of referrals relating to sexual abuse.

Table 3: Client category

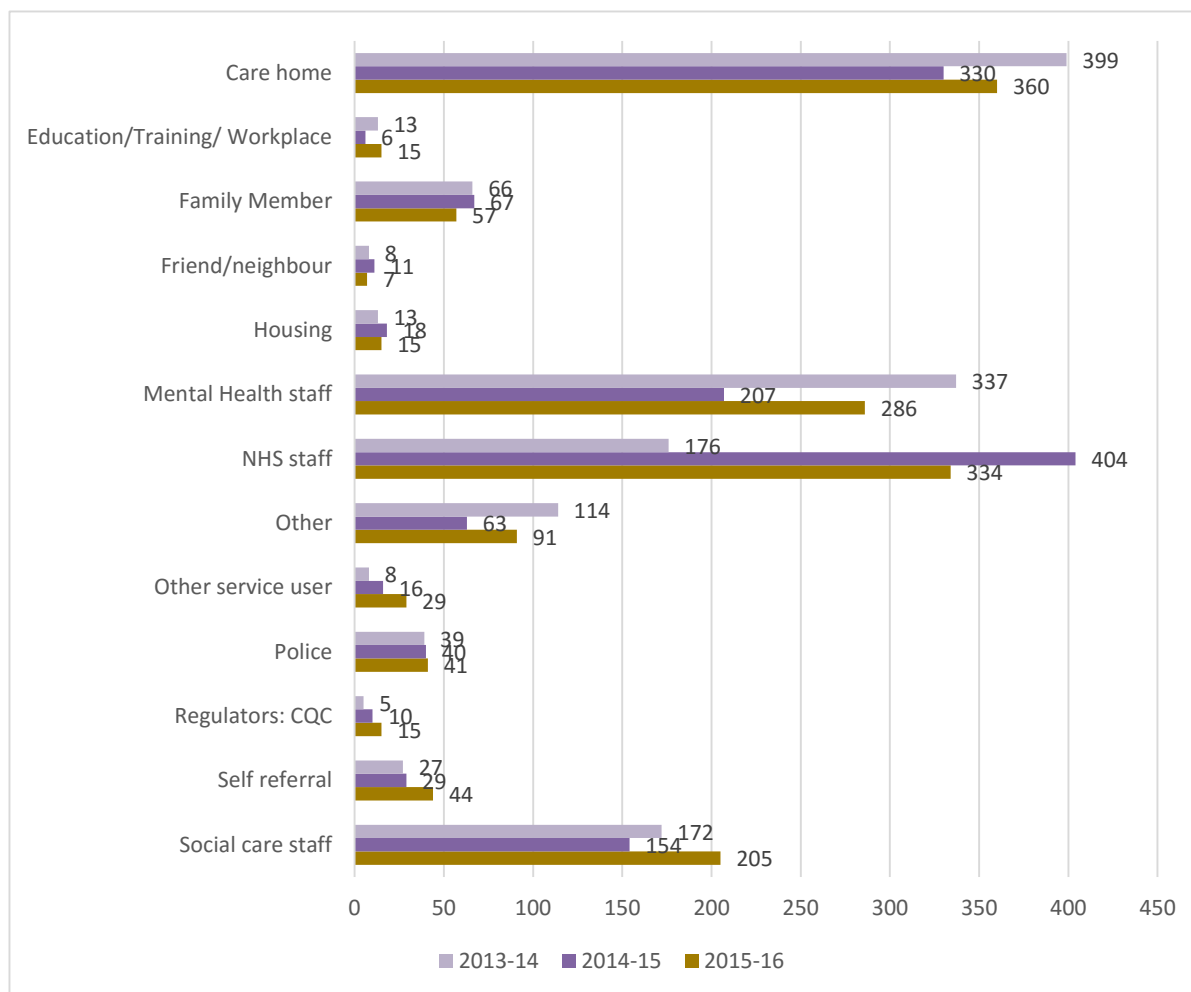


This table shows the 'client category' where there has been a section 42 enquiry. It only shows two years' worth of data due to a change in categories in 2014-15. In the period of 2015-2016, there has been a significant reduction of 35.6 % in the reported "Mental Health support" category.

This data places mental health support only just above physical support which has seen a very sharp increase of 147%. There has also been a very sharp increase for learning disability support (54.9%) and in the number of people requiring "support with memory and cognition" with an increase of 156.9%.

Such drastic changes pose serious questions and further analysis and investigation is needed in 2016-2017 to understand if the change to categories in 2014-2015 disrupted recording or whether there are other reasons.

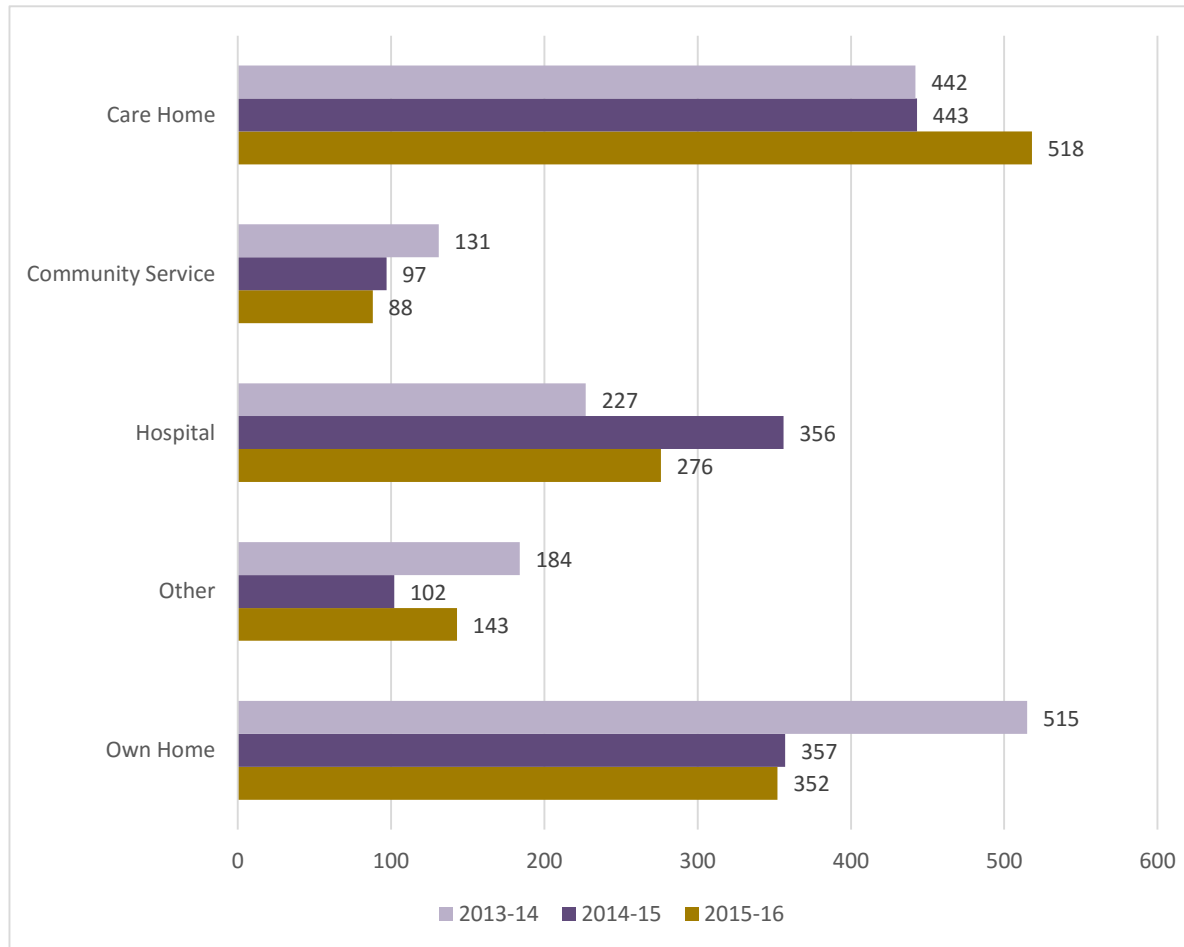
Table 4: Source of referral



The number of people reporting that they themselves have experienced abuse and/or neglect has risen by 51.7%. This suggests that people are aware of adult safeguarding and an increase in awareness this year may be attributable to the DH Care Act 2014 campaign. Locally, The Network Group (representatives from service users, carers and the wider public) have been very supportive in helping to raise awareness of the signs of potential abuse in the wider community by providing input into training development, attending training and evaluating courses.

The number of reports received from social care staff has also increased by 33.1%. Training to homecare staff continues to be reinforced at provider meetings and through contract monitoring. A real success in the period has been that training provided to domiciliary care agencies, care homes and general practitioners amongst others increased by 190% when comparing to the year before (source "In Service" training data).

Table 5: Number of incidents at each location



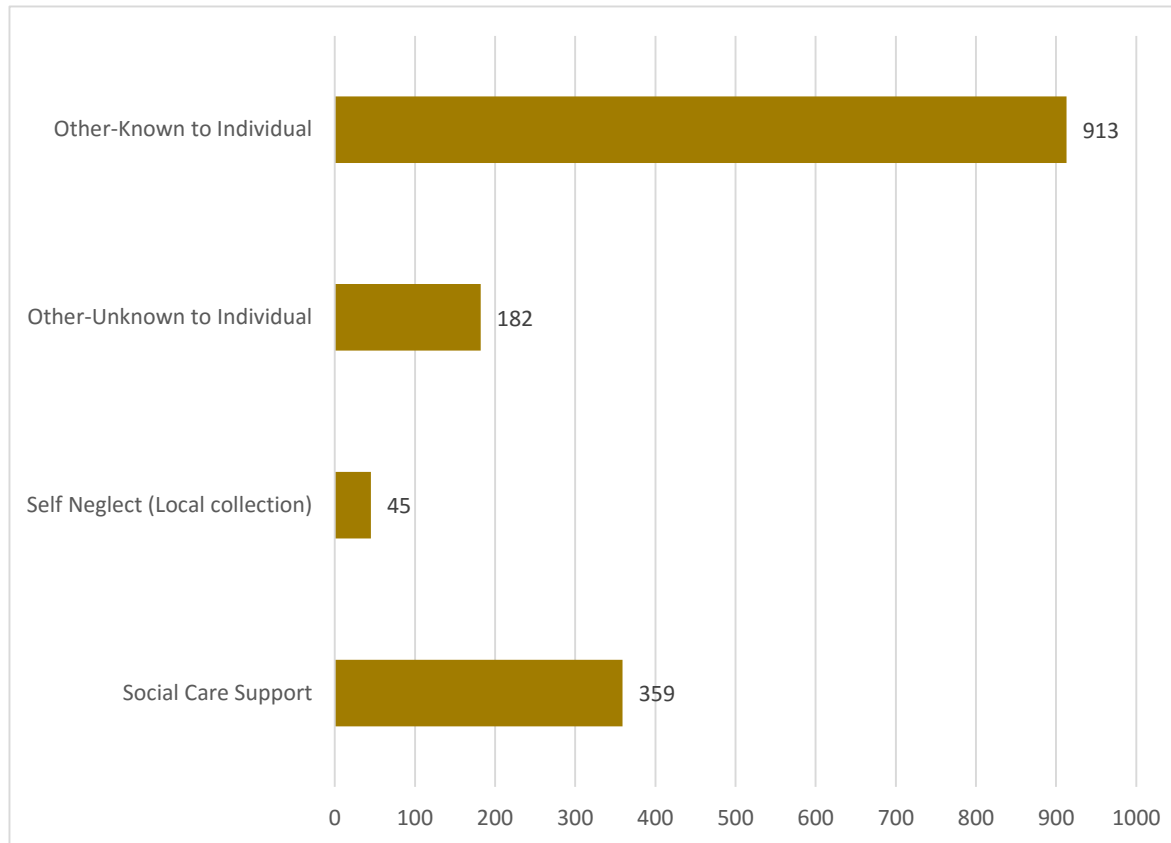
The most common place where abuse and/or neglect has taken place is in care homes which has increased by 16.9%. This may be explained by Serious Concern investigations in large establishments which can lead to reviewing the impact of one reported incident to multiple individuals.

The second most common location of incidents is the person's own home, followed by hospitals. There is a reported 22.5% decrease in the number of reports at hospitals which needs further consideration and trend analysis in 2016-17.

The number of incidents occurring in people's own homes continues to present a challenge though this year shows numbers almost par with last years.

There has been a very strong focus from our training department in raising awareness of safeguarding and the Mental Capacity Act 2005 with GP's and healthcare professionals across Cambridgeshire and Peterborough.

Table 6: Alleged perpetrators – 2015-2016



Due to a change in the way that safeguarding information is being collected in the “alleged perpetrators” category we are only able to show one years’ worth of data, the preceding years has been attached to the next page.

The alleged perpetrator continues to follow the same pattern with “other known to individual” being the most prevalent, reflecting the incidents between residents in care homes that cater for people who present behaviours that can challenge, specifically people with dementia, mental health issues and learning disabilities.

Although there are questions about whether all these incidents meet the criteria for safeguarding, it is important that providers continue to report and respond to these situations and that commissioners are aware and can follow up as necessary with the providers. For this reason, these situations will continue to be captured through the safeguarding reporting process.

Table 7: Alleged perpetrators – 2013-2015

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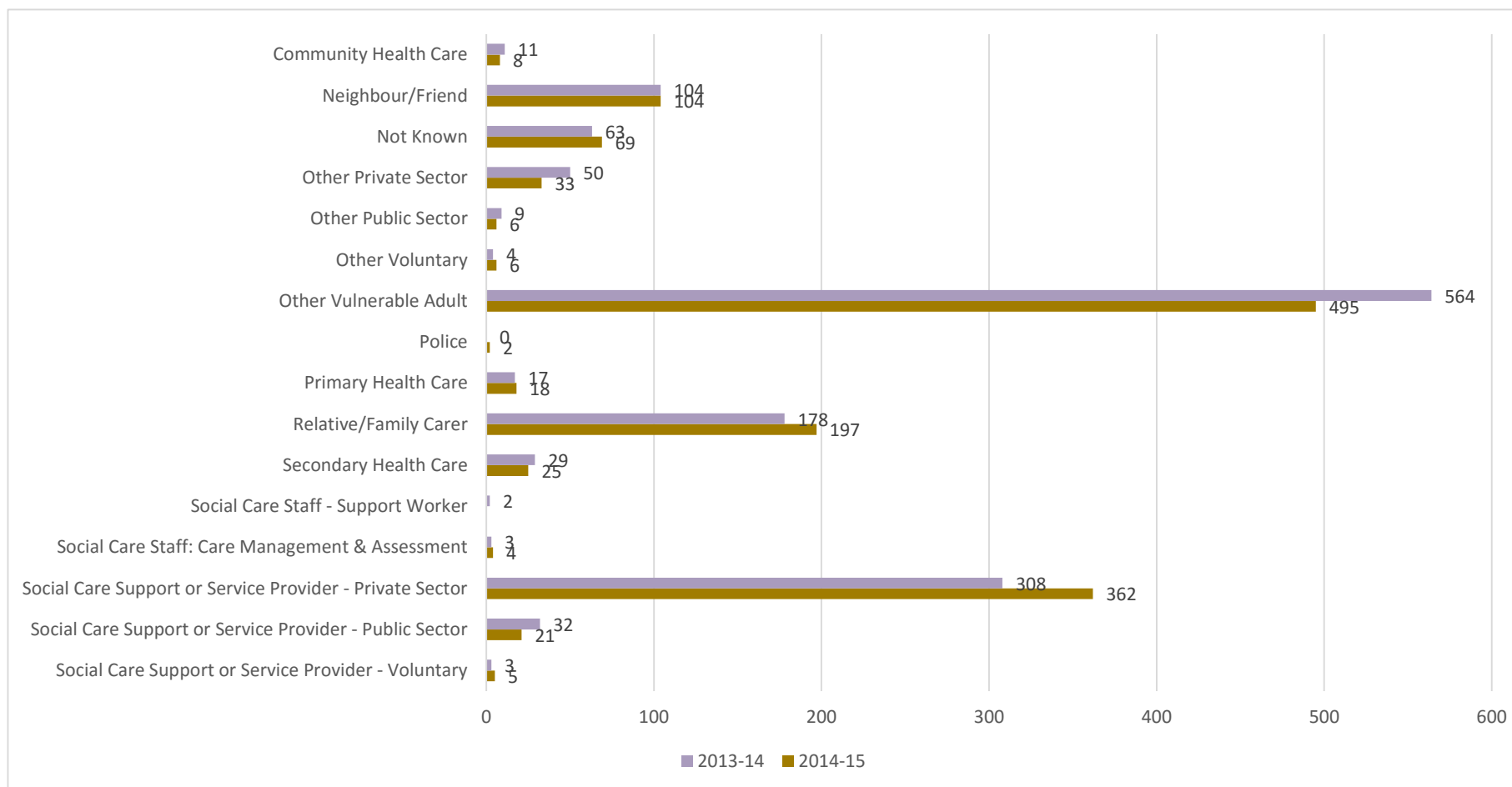
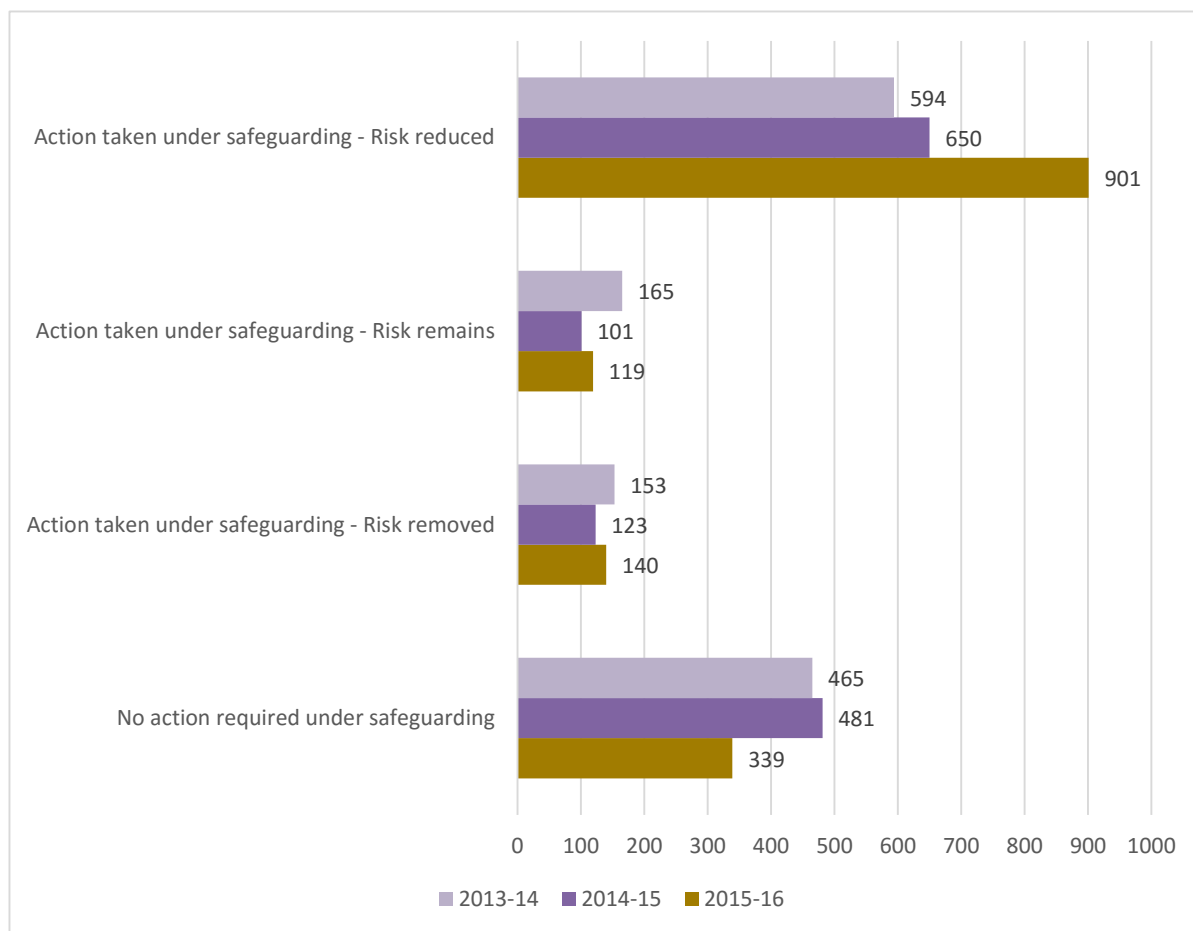


Table 8: Outcomes for victims



The Care Act 2014 has changed the reporting regarding the outcome of safeguarding enquiries, so we no longer collect whether a safeguarding allegation has been substantiated or not. We continue to record whether the actions taken in response to the allegation has led to the following:

- Risk reduced
- Risk remains
- Risk removed
- No action taken under safeguarding

This table shows the recorded outcomes for victims of abuse for the past three years. In the majority of cases, the risk was reduced, with a small number where the risk was removed or where the risk still remains.

It is encouraging to see that “risk removed” slightly increased in 2015-2016 and even more encouraging to report a 38.6% increase in the number of cases reporting “risk being reduced” as an outcome.

Our training, practice and quality monitoring emphasises the importance of working with the person to agree the personal outcome that they want from the safeguarding intervention and the follow up that will be required to minimise the impact of remaining or reduced risks.

The success in embedding “Making Safeguarding Personal” into everyday practice may be the cause for the reported number of risks being reduced; this may happen where a person who lives in their own home may choose not want to move away from the alleged perpetrator but other measures are considered as part of the safeguarding protection plan where appropriate.

The number of “no actions required under safeguarding has also drastically reduced from 481 in the previous year to 339 in the 2015-16 period; a 29.5% decrease. This may be due to incidents in care homes being addressed by other interventions rather than under safeguarding.

5. How have we worked together to safeguard adults from abuse – Case Study

TO BE ADDED

6. Quality Assurance

Monitoring quality in practice in safeguarding adults was a key priority for the Board in 2015-16. Safeguarding practice has been included on the framework Shaping our future: A Quality Assurance framework for Adult Social Care Practice.

The framework was developed in 2015-2016 and auditing to assure CCC social work practice began in a consistent way in April 2016 with Safeguarding being one of the 6 areas of practice which will be consistently audited. The 6 practice areas which are audited are:

- Assessment
- Care and Support
- Review
- Safeguarding
- Mental Capacity Assessments
- Case recording

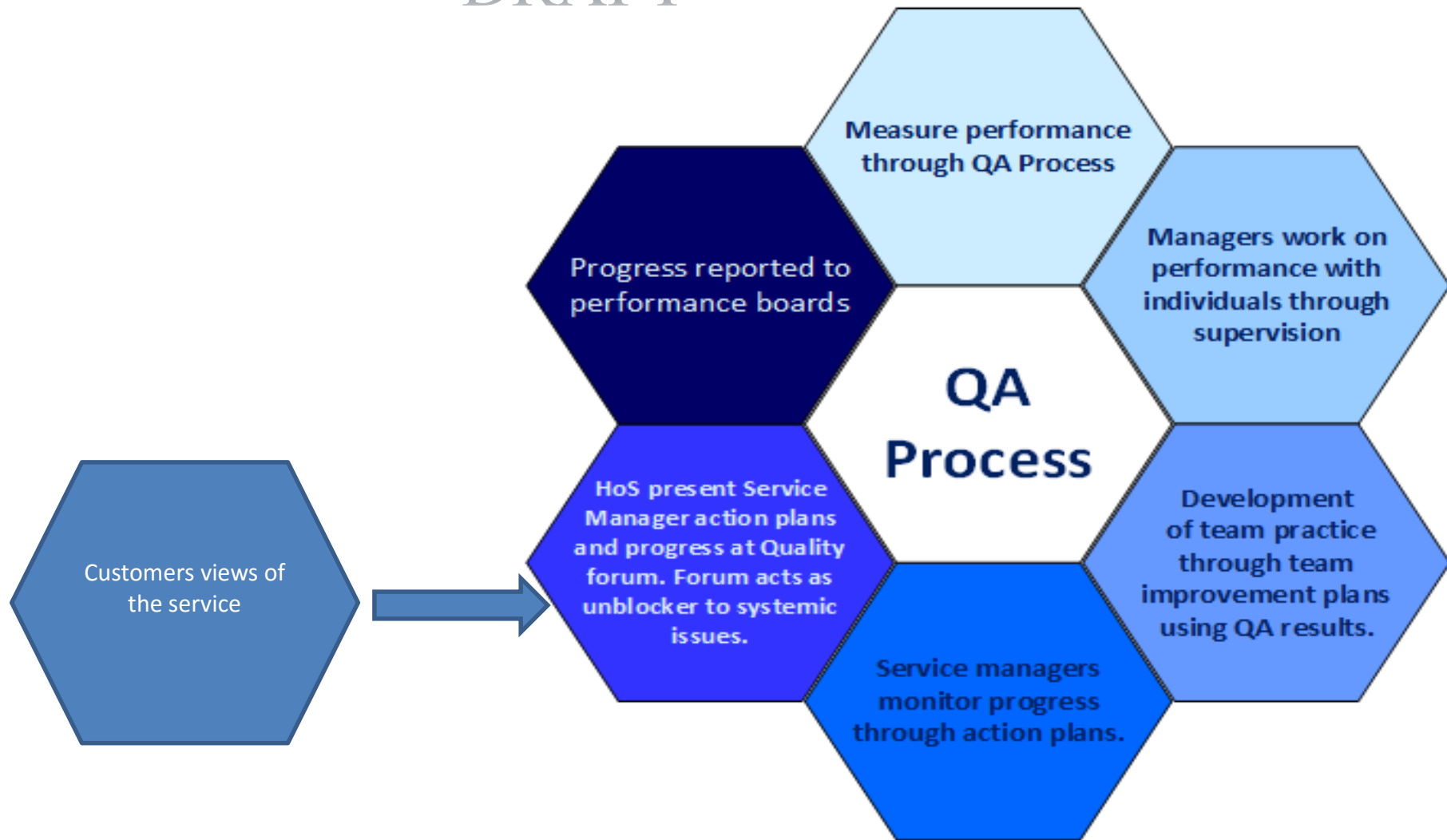
The expected standards of practice for each of the 6 areas are set out in the QA case file audit toolkit as prompts for practitioners and managers. The toolkit was developed with practitioners and specialist teams within ASC. The safeguarding standards of practice were written by the Safeguarding Team ensuring we meet our legal duties and the experience of people who use the service is of a standard we would expect. Making Safeguarding Personal is at the heart of the practice expected and measured in the case file audit.

The Process

The QA practice audit has now been implemented across ASC including mental health social work within CPFT. The following process is consistently applied across all social work teams and includes the work of Adult Support Coordinators.

- Case file reviews are carried out by supervising managers
- Each practitioner has their practice audited once every three months
- Measurement is by grading which reflects the CQC grading of quality these are *outstanding*, *good*, *requires improvement* and *inadequate*.
- Monthly reporting of the results of the audits is broken down by team and reported through the Performance Management portal which is presented to OP & MH Performance Board, ASC Performance Board, CPFT Integrated Service Committee and Adults Committee and Safeguarding Board.
- The results and analysis of performance inform the continuous improvement cycle as illustrated below. The areas of practice which are identified as requiring improvement are presented to the Practice Governance Group (referred to below as the Quality Forum.) where the actions to be taken are agreed and monitored. The Practice Governance Group will meet for the first time on 23 August and is chaired by the Principal Social Worker.
- The Continuous Improvement Cycle as detailed below shows how the information from the audit process is used ensuring we have the mechanism to improve practice and answer the “so what” question from the collection of the results.

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7. Service User Experience Survey 2015-16 – Feeling Safe

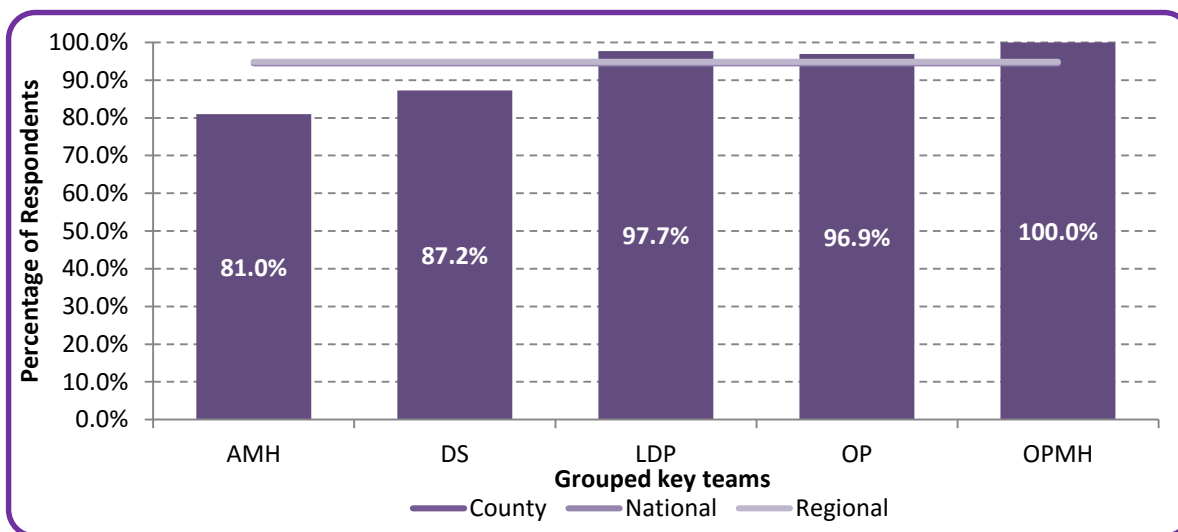
ASCOF Performance Measure	2013-14	2014-15	2015-16	Direction of Travel	2015/16 Comparisons
(4A) The proportion of people who use services who feel safe	67.8%	67.9%	68.9%	↑	National Average 69.0% Eastern Region Average 68.4%
(4B) The proportion of people who use services who say that those services have made them feel safe and secure	76.1%	78.1%	81.9%	↑	National Average 85.5% Eastern Region Average 82.7%

(4A) The proportion of people who use services who feel safe has risen by 1%. Cambridgeshire is above the regional average and almost par with the national average.

(4B) The proportion of people using services who say that those services have made them feel safe and secure has risen by 3.8% slightly below the Eastern Region target and moving closer to the national average.

Source: Adult Social Care user survey 2015-2016

Table 1: Percentage of Service Users who reported that they feel as safe as they want or adequately safe

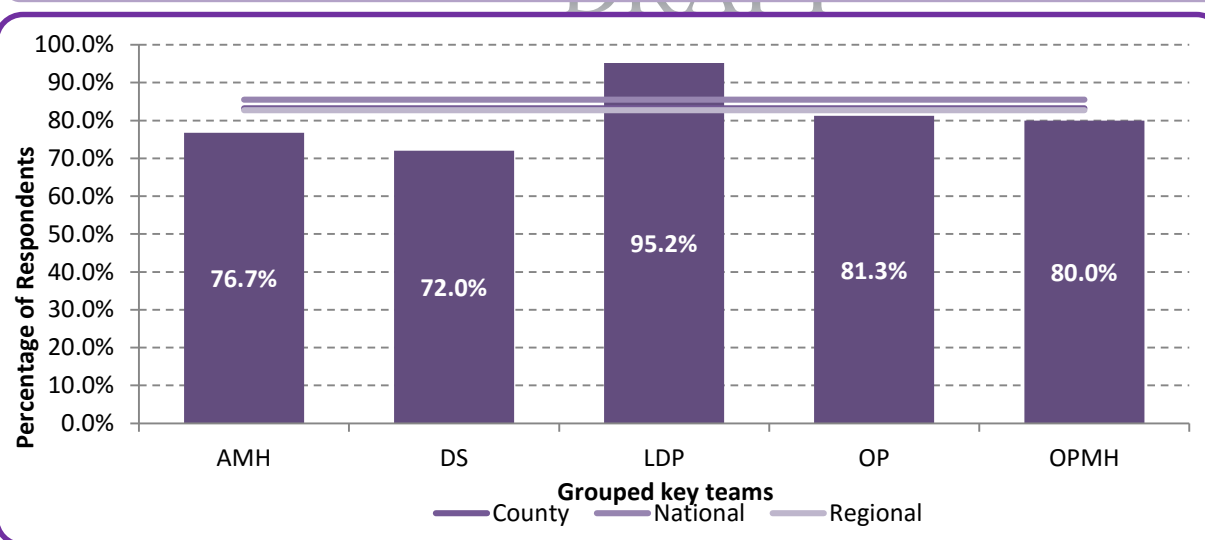


- 19.0% of service users with an Adult Mental Health key team felt less than adequately safe or not safe at all.
- Cambridgeshire perform the same as the national regional average.

Source: Adult Social Care user survey 2015-2016

Table 1	AMH	DS	LDP	OP	OPMH	Total
I feel as safe as I want	24	50	141	226	9	450
Generally I feel adequately safe, but not as safe as I would like	10	32	30	89	3	164
I feel less than adequately safe	6	8	3	8	0	25
I don't feel at all safe	2	4	1	2	0	9
Subtotal	42	94	175	325	12	648
Declined to answer	2	2	2	6	0	12
Total	44	96	177	331	12	660

Table 2: Percentage of Service Users who reported that care and support services help them feeling safe



- There are some variations between key teams and the way service users feel that the care and support services are helping them feel safe. Service users with a Learning Disability key team were more likely to feel safer as a result from their care and support than a service user with a Disability Service key team.

Source: Adult Social Care user survey 2015-2016

Table 2	AMH	DS	LDP	OP	OPMH	Total
Yes	33	67	158	256	8	522
No	10	26	8	59	2	105
Subtotal	43	93	166	315	10	627
Declined to answer	1	3	11	16	2	33
Total	44	96	177	331	12	660

8. Progress on priorities in 2015/16 including information on the research with the University of Cambridge and CLARHC

The report to the Health and Wellbeing Board in September 2015 identified a number of priority areas of work for the SAB in 2015/16. An update on each of these priorities is provided below.

“A training strategy for safeguarding and mental capacity work which meets the needs of the social care and health workforce, enabling a better understanding of the decision making process in safeguarding whilst taking into account the legal requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards”

A programme of standard training complemented by bespoke training has been developed and rolled out across social care and health organisations, including provider organisations. In the period of 2015-16 we have had a considerable increase of 28% in attendees including GP's for all courses, especially those that now relate directly to the core principle of Making Safeguarding Personal.

Our roll out of training in adult safeguarding and MCA/DoLS has been a real success in this period with a 190% increase in Making Safeguarding Personal and MCA/DoLS an increase of 227%.

Introduce changes to practice, procedures and training to support the implementation of the Making Safeguarding Personal approach

Making Safeguarding Personal (MSP) is a national initiative that is embedded in the Care Act 2014 guidance from Department of Health. It places the person at the centre of any safeguarding action or intervention and sets the expectation that the outcomes that the person wants will inform how the situation is responded to and reinforces the importance of supporting people to recover following abuse.

The MSP approach is now central to all safeguarding training and is reinforced through safeguarding leads who meet regularly to discuss practice issues relating to the safeguarding of adults. Through the training, the MSP approach is being introduced across

all health and social care organisations but needs to be reinforced within each organisation to ensure that it is embedded in practice.

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Working with colleagues from the University of Cambridge and CLARHC (Collaborations for Leadership in applied Health Research and Care [East of England]) to evaluate how Making Safeguarding Personal is embedded within our day to day safeguarding work

CLAHRC East of England funded a research assistant for nine months from April 2015 to January 2016 for a research project investigating and supporting the work being undertaken to change practice to support MSP. The final report has not yet been presented to the SAB but there has been ongoing feedback during the nine months research.

The work focused on safeguarding within a care home setting, where it is more difficult to maintain a personalised approach because the situations that trigger a safeguarding response often raise concerns about general practice rather than actions specifically focused on individuals.

The researcher identified two distinct elements:

- (i) The role of the care home: care provided by staff that should be a person centered activity and
- (ii) Undertaking a safeguarding enquiry: a LA's scrutiny of practice in a home (is it good or is bad?) and making recommendations that should ensure good practice while minimizing risks.

Although the safeguarding concern may have been triggered in relation to one individual, the concerns for the population of residents (rather than the individual) leads to a more generalised approach when the Local Authority views the practice in the home, and recommendations and action plans reflect this.

Interviews with the Care Home Managers highlighted that the safeguarding process drove a dictatorial rather than a collaborative approach with managers. They demonstrated their commitment to delivering good quality personalised care and their willingness to explore a more collaborative approach to investigating safeguarding concerns that could assist in keeping the process more focused on individual residents and support them in improving practice.

The Local Authority has started to develop some alternative approaches to focus the safeguarding investigation more specifically on the individual situation(s) that have caused concern. In this way it will be possible to engage with the individual resident(s) and gain a better understanding of what has happened and whether there are patterns of poor practice that are specific to particular care staff or are more systemic. Work will continue to develop these approaches.

Learning from this active research was shared at a conference run by the Local Government Association and Research into Practice for Adults (RiPfa) in April. This has resulted in further interest from Local Authorities across the country because tackling the challenge of how to introduce MSP in a care home context is quite unique.

Developing understanding about how to respond to people who self-neglect

The Care Act 2014 guidance was rewritten during 2015/16 and despite some speculation that it would be removed, self-neglect is still included within the safeguarding section. However, it does recognise that not all self-neglect constitutes a safeguarding issue, but reinforces the personalised approach, supported by multi-agency collaboration, that is required to support people who self-neglect.

Working with the Association of Adult Social Services Regional Safeguarding Network, we have been involved in a number of workshops to explore how to respond to people who self-neglect and have been able to build this learning into our local training.

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Multi-Agency Safeguarding Hub (MASH)

DRAFT

During 2015/16 work has been undertaken to develop the adult presence in the MASH. The MASH brings together Cambridgeshire children's social care, the Police, Probation, the Fire Service, NHS organisations, key voluntary sector organisations, Peterborough City Council and currently one representative from the Council's adult social care services in a collaborative working arrangement, where information can be quickly and easily shared (subject to information sharing agreements) and decisions made on how best to approach specific safeguarding situations and which agency should take the lead. It enhances timely, effective and comprehensive communication between the partners through co-location or integration and greater partnership working.

In addition to the benefits of closer partnership working, the developments in the MASH will mean that inappropriate safeguarding referrals can be diverted away from the Adult Social Care Teams. Where there is a safeguarding issue, the staff in the MASH will gather information on a multi-agency basis to inform the response. This will ensure that different agencies work together to prevent abuse and neglect and stop it quickly when it happens.

Staff in the MASH have been seconded from existing staff who are experienced in leading safeguarding investigations. They are seconded initially for 12 months with the potential to extend this to 24 months. The use of time limited secondments will ensure that the staff in the MASH will have had recent operational experience and will support ongoing professional development.

The MASH Manager, the four MASH Safeguarding leads and the administrator took up their posts by the middle of March. From the 1 April, all safeguarding concerns have been referred to the MASH team for triage and to initiate immediate action if required. Situations that require a safeguarding enquiry are passed on to the Safeguarding Lead of the relevant service. Early indications are that the triage function is identifying situations that are not safeguarding and the MASH team are signposting people to appropriate services. Responses to safeguarding issues are being dealt with either in the MASH or are being passed to the relevant locality team, where this is appropriate.

Priorities for 2016/17

DRAFT

The following priorities have been identified for 2016/17.

Embedding the practice of MSP across all organisations involved in safeguarding. Use feedback from a “Temperature Check” commissioned by ADASS and due out in the Autumn 2016 to focus further development of MSP practice.

Embedding the MASH arrangements and understanding the impact on numbers of safeguarding referrals being passed to locality teams. Explore why cases that are not safeguarding are passed to the MASH and provide guidance as necessary to other organisations.

Confirm the appointment of an independent chair for the SAB. Review the operation of the SAB with the new chair.

Develop the joint working arrangements across SAB subgroups with Peterborough colleagues, including agreement on joint procedures.

Review dataset of information that allows effective monitoring of safeguarding activity and outcomes, doing in depth data and trend analysis.

9. Safeguarding Adults Team Training and Development

DRAFT

Introduction

The County Council's Safeguarding Adults Training Team offers training to our statutory partners and independent, private, voluntary and charitable organisations across Cambridgeshire.

A commitment towards improving the lives of adults at risk remains central to the work of the team, which is reflected in the changes that have been made during the past year, and are planned for the coming year.

Staffing

The Safeguarding Adults specialist training team is currently made up of three part-time trainers and a manager, supported by 1.5 administrators.

During the year two training organisers left the team, resulting in a period of three months from August to November 2015 with the training manager and two part time trainers, and February to April 2016 with only the training manager and a half-time trainer. Two new part-time trainers have been recruited during April/May 2016.

Work completed during 2015 – 2016

Core objectives for the team for the year included targets set in the Training Teams Care Act Action Plan, May 2015. The Action Plan was updated June 2015 to have a clear definition of tasks required, which included a complete review and redesign of the range of

courses, and content of all courses, to ensure compliance with The Care Act 2014 and Cambridgeshire County Council Safeguarding adults Procedures.

To be able to take a systematic approach to updating courses, as identified in the action plan, a framework, with SMART targets, was used by the team, whereby, every course was scrutinised and either radically updated, or removed. Main drivers for training courses from this year was to meet the requirements of the Care Act, provide practical guidance relating to the different types of abuse (including domestic abuse, self-neglect and modern slavery) and guidance on how to respond to concerns and how to evidence decisions made – with a central theme of Making Safeguarding Personal – the adult at risk is central and involved in any safeguarding activity or decision made. All course outcomes are aimed at meeting the learning needs of course attendees and ultimately appropriate responses for adults who may be at risk.

A joint training programme between the Safeguarding Adults Team and the Education Child Protection Service was developed, in light of the changes from the Care Act, and will be revisited this coming year.

An effective working relationship has continued with the Diocesan of Ely Safeguarding Officer to review their training and contribute towards updating knowledge of internal trainers on adult safeguarding.

Course and Resource Development during 2015 to 2016

All Safeguarding Adults courses have been updated and are compliant with the Care Act and Making Safeguarding Personal. The new Training Programme was launched in April 2016, with Making Safeguarding Personal training running from July 2015 and other courses being launched throughout the year as their content was finalised.

Due to the reduction in team members, this took longer than first considered, as remaining team members were tied up with delivering training and not available to complete the development work required.

Bespoke training sessions for specific groups of people are now being developed and are being finalised this month. The Framework used to monitor the development and delivery of the training is still being used to maintain the momentum of work required.

This year has been a very busy one for the whole training team, with every team member being involved in updating materials and courses and in the organisation and delivery of courses, with constant reviewing following first delivery, to ensure learning outcomes have been met.

Training Figures

- We have had a considerable increase of 28% in attendees for all courses, especially those that now relate directly to the core principle of Making Safeguarding Personal.
- All new courses directly link to the Training Strategy 2015-2018.
- 10 different programmed courses are now provided via the Safeguarding Adults Training Programme, which do not include courses that are provided on a 'bespoke' basis for services. The courses can be found in the Safeguarding Training Programme launched in April 2016.
- Booking cancellations are negligible for the past year for two reasons:
 - firstly, fewer courses were arranged to run during the recording year (due to lack of trainers) from August to November 2015 and from February to April 2016;
 - and secondly, requests for training have increased due to the new Care Act learning requirements.

Making Safeguarding Personal training is provided by a half-day course and is available for all levels of employee, across all service and agencies. Some agencies have chosen to arrange bespoke Making Safeguarding Personal training for the employees, to ensure consistent practice of their workforce.

Table 1: People Attended All Courses

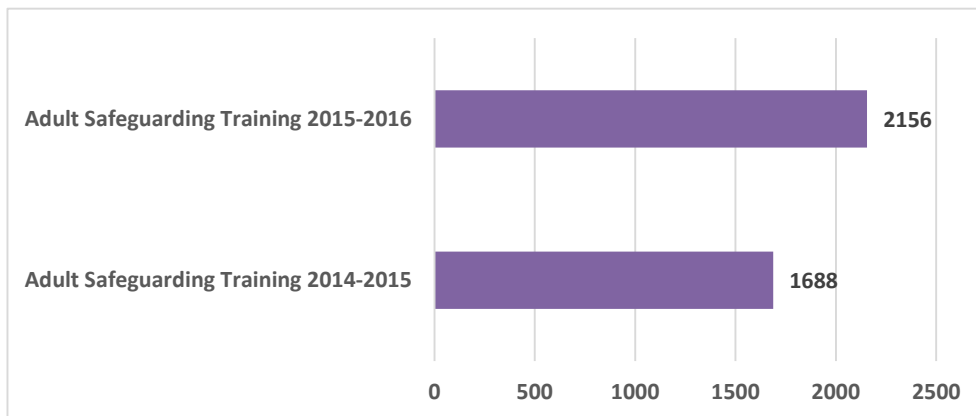
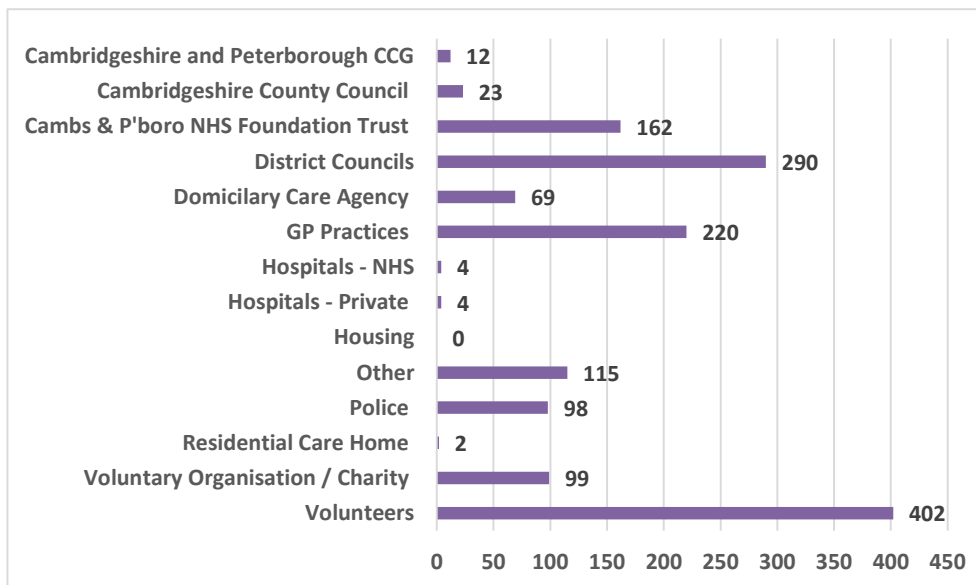


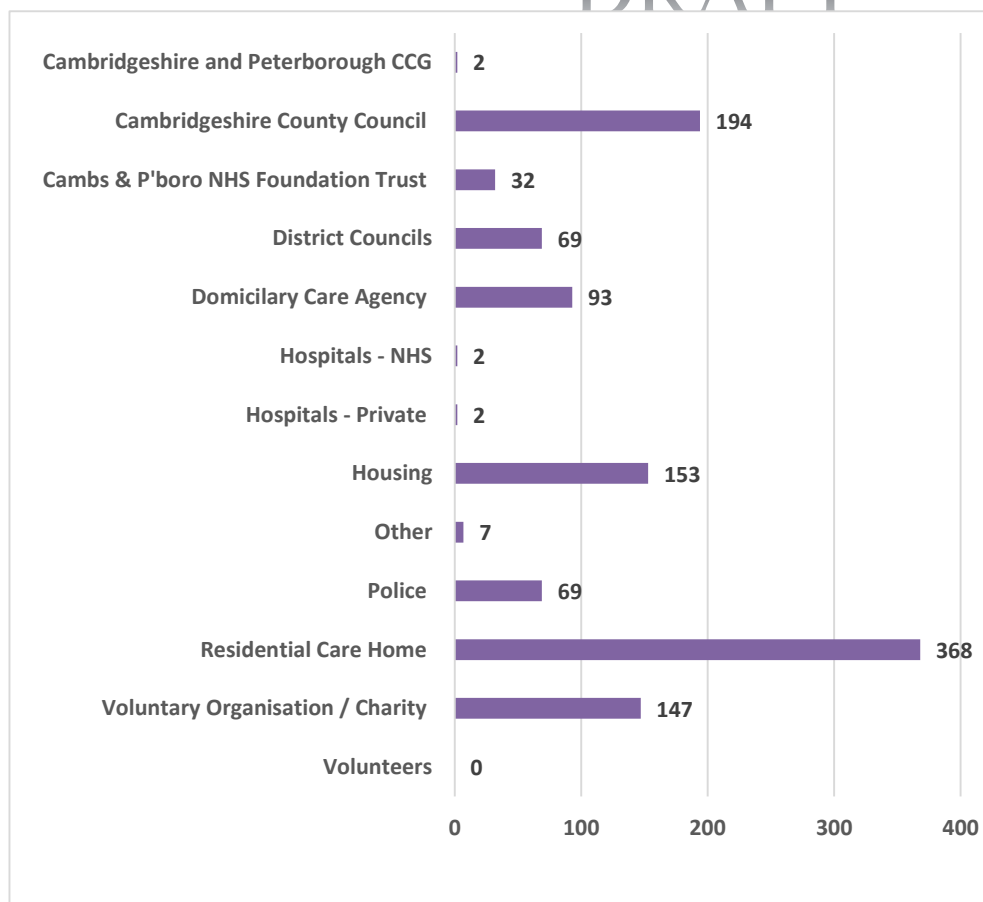
Table 2: Service/Sector Attendance (All Courses)



- Safeguarding Adults Leads training provided to CCC and CCG – three 4 day courses were run between October 2015 to January 2016, two more courses have run since then in April and July 2016, which will be included in next year's report.
- Self-neglect and Hoarding: this has proved very popular since its first launch in October 2015.
- Making Safeguarding Personal Advanced, for professionals who are involved in supporting people to manage their own risks and decision making: launched in March 2016 and has had a good response, with future courses filling quickly, the course runs monthly.
- The Domestic Abuse course now relates specifically to adults with care and support needs and how they may be supported and includes forced marriage, female genital mutilation and honour based violence. This course runs monthly.
- The Management Responsibilities course for the independent sector has been completely updated, to now include the responsibilities and accountabilities for providers in relation to their role in Making Safeguarding Personal. This course most often is arranged as a bespoke in-service course.
- In 71 separate sessions, 696 people from 18 Independent sector providers, have received training via a bespoke in-house course. These courses were mainly for Making Safeguarding Personal, Making Safeguarding Personal Advanced and Management Responsibilities.

Table 3: Making Safeguarding Personal Sector Attendance

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- In total, there were 185 sessions provided during the year, an increase from 126 the previous year; with 2185 attendees this year – which is an increase of 29.4%.
- Taking into consideration all the development work during the past year and lack of staff in the team, this year has proved productive and positive for the team.
- GP Practice training was a shortened, summary version of the Making Safeguarding Personal course, mainly delivered by MCA and DoLS trainers.

The team administrators also support the Mental Capacity Act and Deprivation of Liberty Safeguards Team with their training programme. These figures are not included in these statistics.

Table 4: Course Attendance by Course and Sector

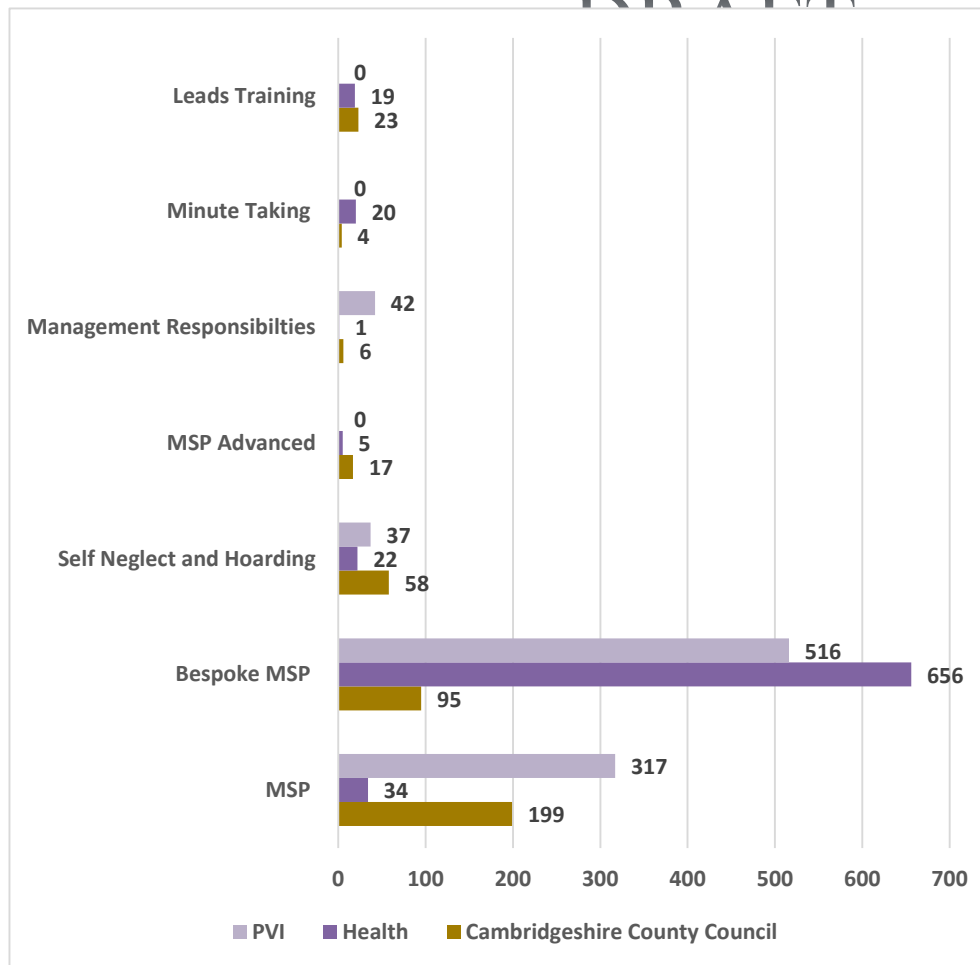
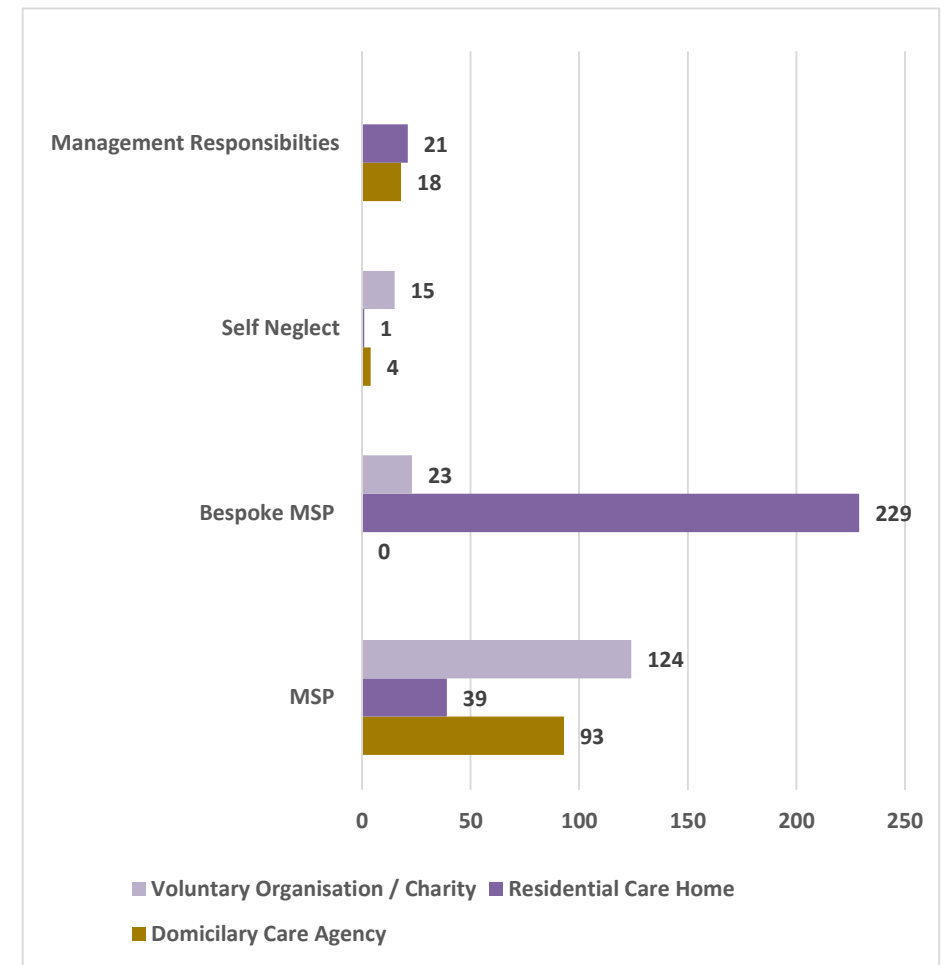


Table 5: Course Attendance for PVI Sector



Training evaluation comments

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"The course was involving and the trainer enabled everyone to participate and engage. Videos helped as well in terms of watching the reality that happens in different settings"
Professional Responsibilities – 14 May 2015

"Looking at how you put the person at the centre of safeguarding and it becoming less of a policy lead activity"
Making Safeguarding Personal - 8 December 2015

"Really good course, I found it very interesting and informative.
Thanks."
Minute Taking - 1 October 2015

"“Very well presented training, thank you. Enjoyed the informative & participation nature of the delivery. I feel that I have learned a lot of skills to take back to make the necessary changes and improvements in the workplace”
Management Responsibilities – October 2015

"Leaving the course feeling:
Refreshed, reinvigorated, enthused"
Leads training - 27 January 2015

A greater understanding of the complexities of self-neglect and Hoarding. How to respond appropriately and sensitively. It was a very thought provoking day. The use of legislation was extremely useful, as were the scenarios."
Self-Neglect & Hoarding - 10 February 2016

Future work plan

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- Mandatory Safeguarding Adults training for Cambridgeshire County Council staff:
 - A new programme of one day mandatory training for new employees, to be attended during the first six months of employment, will begin in September 2016 and will run monthly. This is a joint initiative between the Safeguarding Adults Training Team and Workforce Development Team. The morning will be the Making Safeguarding Personal course delivered by the Safeguarding Adults Training Team; the afternoon will cover Child Protection delivered by Workforce Development.
- Referring to the Training Strategy, the Adult Safeguarding Training Team are working with the SAB Community Network Sub Group on two separate sessions specifically for service users and carers. These should be available in the autumn and will be provided directly for adults with care and support needs and/or who may be at risk; and for informal carers of people who have needs for care and support.
- With the updated and new training programme now in place, the training provision is increased, with a substantial rise in attendee numbers for all programmed courses.
- Bespoke in-service training has increased over the last year and is set to rise with requests being received. Bespoke training is adapted to meet the needs of particular services, or roles, to enhance practice with service users.
- The Safeguarding Adults Newsletter is also being updated and will be launched in the autumn. It will be made more available for people with care and support needs and for employees in adult social care services. The Community Network Sub Group are involved in its development and circulation.
- Core objectives for the team for the next year include providing all courses as described in the Training Strategy, increased responses for requests for in-service bespoke training, review of attendance and outcomes.
- In the coming year:
 - All courses will be reviewed and updated as a collective, to ensure they meet the learning needs of attendees and
 - All courses will be reviewed and updated to link to Cambridgeshire County Council Safeguarding Adults Procedures and updated with any national guidance.

10. Adult Safeguarding: Workforce Development Group

The Group has met on a quarterly basis and includes strong representation from across the partnership. Colleagues from Health, Higher Education and the Third sector have made a significant contribution with respect to sharing their own practice, identifying emergent training need and highlighting other local and regional initiatives in the context of embedding the new statutory responsibilities as defined by the Care Act. The refresh and thus refocussing of the local authorities training offer has been broadly welcomed.

Links with colleagues in Peterborough and Cambridgeshire LSCB have all been renewed. It is anticipated that this will lead to the development of a shared family based offer recognising safeguarding as a golden thread running through all our work. It is anticipated that the Group's remit will be extended to include MCA and DoLS, as well, as reflecting the Board's closer working relationship with Peterborough.

11. MCA DoLS Team Training and Development

Overview of work completed from June 2015 – June 2016

Cambridgeshire County Council's Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Training and Development Team delivers a range of training and develops a range of practical resources and operational tools for CCC staff, our statutory partners and independent, private, voluntary and charitable organisations across Cambridgeshire.

There is always a commitment in our team towards ensuring professionals understand their legal responsibilities and understand how to improve the lives of children, adults and families in Cambridgeshire and Peterborough through this legal framework.

Staffing

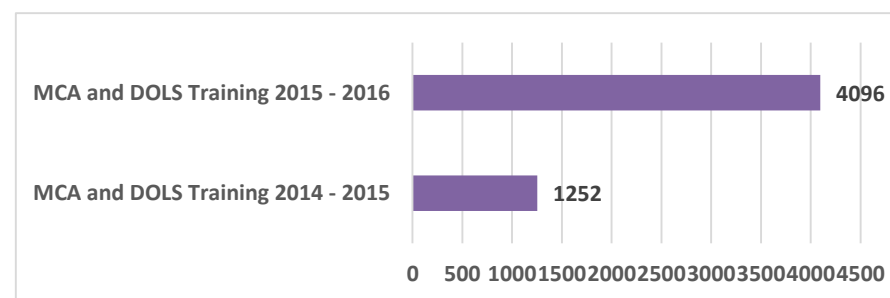
The MCA/DoLS specialist training team consists of two full time trainers (one of whom also manages the team) and they are supported by administrators shared with the Safeguarding Adults Training Team.

There is a wealth of knowledge within each team, all the trainers have frontline experience and knowledge of the law as well as educational experience and expertise that supports them in their roles. This ensures that the training sessions delivered are structured to encourage the maximum learning for the attendees.

This is benefited further by our close ties to the wider MCA and DoLS Team, CFA Directorate and our partner agencies, which allows us to respond proactively to the ever changing legal landscape and in turn improve practice across the wider Health and Social Care Workforce.

Training Statistics for this Period

Table 1: Attendance Increase



Our newly staffed training team came into post in June/July 2015 and has seen a 227% increase in the training we have delivered in this time.

We believe the reason for this is due to; tailoring our training to individual service's needs, offering more training in house (rather than just open-community based sessions), being flexible with timings of training and having a clearer process for engaging with health professionals which has been supported by CPFT and Cambridgeshire and Peterborough Clinical Commissioning Group.

Table 2: Service / Sector Attendance (All Courses)

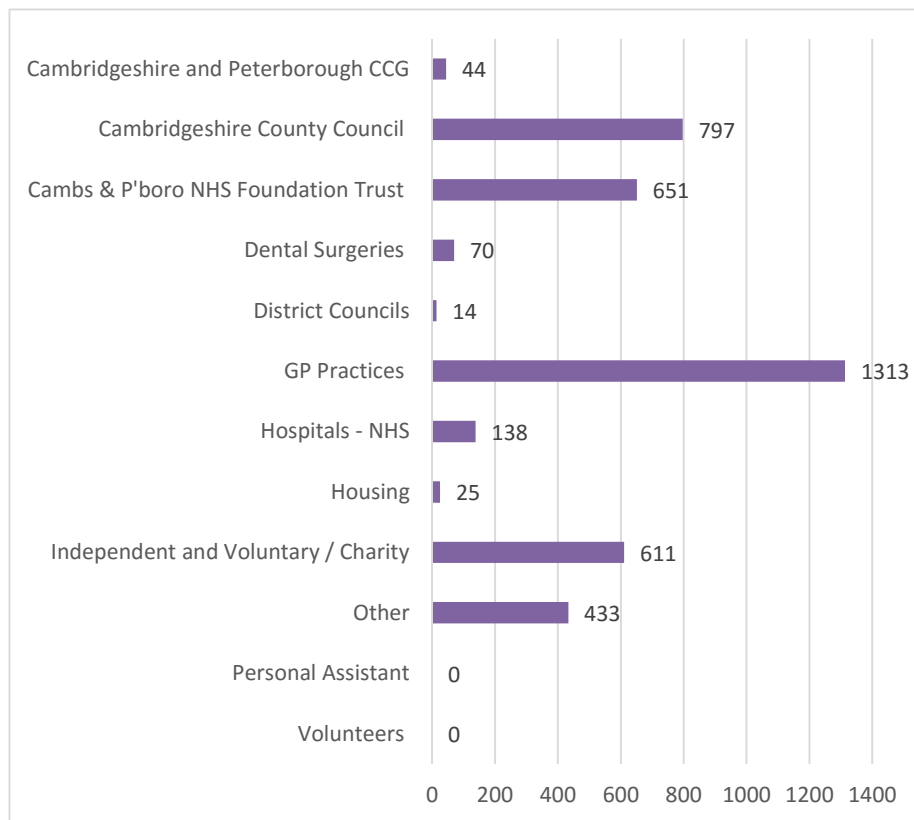


Table 3: Attendance per course

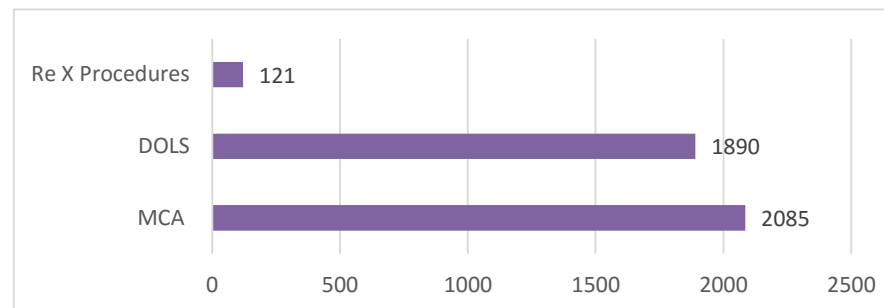
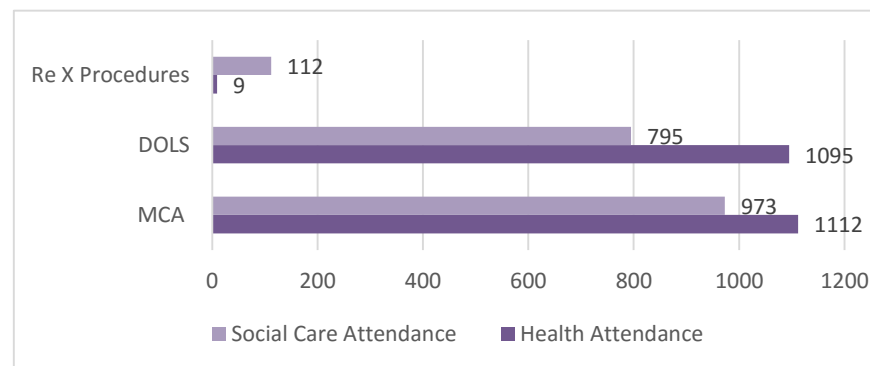


Table 4: Attendance Health and Social Care



Training and Development 2015 – 2016

Core Training Programme

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A review was completed of all of our MCA and DoLS courses (click [here](#) for further information), the biggest change being that training for our CCC Social Workers and Adult Support Co-ordinators is now facilitated in the specific locality teams, meaning that all staff will receive mandatory yearly training in this area of law that is tailored to their needs, is practical in application and allows for open case discussions.

New Training Developed this Year

- Deprivation of Liberty Re X training has been developed this year to support our ASC's and SW's to respond to cases of Deprivation of Liberty in the community that fall outside Schedule A1 of the Mental Capacity Act 2005
- There is new training for health professionals (specifically for GP's, Dentists and community based health professionals in CPFT) and offers two levels of MCA/DoLS courses. This has been a huge piece of work that will continue through to 2019 and has been developed in collaboration between our partners in Cambridgeshire and Peterborough Foundation Trust (CPFT) and the Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG). This allows us to train health professionals not only in Cambridgeshire, but Peterborough as well, ensuring a consistency in the message we give across our borders.

Advice Support

In addition to the training we deliver, the training team receive daily requests from our Locality Teams and providers for advice/support and guidance in these areas of law.

CCC Workforce – Requests from our CCC workforce tend to focus on support with completing the ASC 1708 and CoP 3 and CoP DoL 10 forms. We are asked to comment on completed or ongoing work that our staff may be struggling with and offer guidance to them.

We are also asked to attend locality team meetings in order for us to discuss the cases being worked on and to offer updates on new and developing case law specific to the teams work. This support is often praised by Locality Team Managers and their Senior Social Workers for offering an open and confidential environment in which to discuss cases they are working on.

More recently and supported through the 'Link Worker project', our online forum has been a place in which we respond to professionals questions and share guidance with our wider CCC workforce.

Provider Services – Many providers still require support with their understanding of the MCA and DoLS and we take daily emails and phone calls asking for support and advice. This tends to focus on improving care plans and daily practice. Much of this support arises in response to contractual and/or standards issues that have been picked up by our Locality Teams, our contracts teams and/or the CQC.

The support and advice provided in the MCA/DoLS team that the support offered to our CCC workforce will mean that there are fewer requests to our LGSS legal department for advice. We improve recording capacity assessments and best interests decisions and in doing so improve practice and reduce the risk of reputational and/or financial penalties awarded either by the Local Government Ombudsman or by the Court of Protection.

Resources Developed this Year

Care Plan Guide for Care Providers – The guide (which is available on our [website](#)) supports providers to record consent, capacity, best interests and restraint in their care plans. This resource is used widely, by social care providers and has been a useful resource to both the Access Resources Team and Contract Monitoring Team in helping explain legal responsibilities to our social care providers.

The Link Worker Project - Since May 2016 we have been offering anyone attending our advanced MCA and DoLS courses the opportunity to sign up for our Link worker scheme.

This scheme allows professionals to become the contact person for their team/service and to actively liaise with the MCA/DoLS training team in order to continue updating their knowledge.

In return they are offered continued support from the MCA and DoLS team which will include:

- Access to a web based forum to share good practice, enter into discussion on our board, updates on any relevant developments and access to various resources

- Opportunity to attend half day workshops twice a year to update knowledge
- Regular newsletters from the team

Website Updates – Our [CCC homepage for MCA/DoLS](#) has been completely overhauled this year. It now has specific pages for all professional groups as well as information for families and users of services. It offers videos and resources that attempt to bring the MCA and DoLS to life. This has been well received by frontline professionals. Our page for Health Professionals has received particular praise from GP Practices (click [here](#) for further information)

The MCA/DoLS Newsletter – We have been developing a MCA and DoLS [newsletter](#) for just over a year now, the readership continues to grow. The newsletter brings together all the relevant case law and practice resources that have come to our attention over the past quarter. This resource is now accessed by professionals outside Cambridgeshire and has raised the profile of Cambridgeshire County Council and the important work our team undertakes. In addition to the quarterly Newsletter we have recently created Update Editions making practitioners aware of important Court of Protection rulings and how the Judgements will affect practice.

DoL Screening Tool – Due to the recent decisions of [Birmingham City Council v D](#) and [Re AB](#) the scope of DoL has been extended. As such the Training and Development Team have worked closely with our partners in the Children's Disability Team, Access to Resources and our Solicitors in LGSS to develop a DoL Screening Tool for professionals who work with people under 18. This resource not only supports day-to-day

practice, it demonstrates that as a local authority we acknowledge our responsibilities and are responding to the changing legal landscape.

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Already in Development for 2016 – 2017

Multi-media E-Learning Centre: Collaborative work with the Medical Protection Society (MPS) - As part of the training already delivered for Health Professionals our training team is developing an interactive e-learning MCA/DoLS resource with MPS that will be made available, free of charge, to all health professionals in Cambridgeshire until 2018/2019 or until such time as the Law Commission's recommendations have been implemented.

This will ensure that NHS Staff within the Cambridgeshire and Peterborough CCG will be able to access a range of resources to support their learning in this area of law.

The resource includes short presentations from the team and partner organisations.

Deprivation of Liberty Safeguards Mapping Tool - By Christmas this year we will map which Residential and Nursing Homes have already submitted DoLS referrals (whether we contract with them or not).

This will enable us to scope which homes may not be meeting their legal requirements, and with our partners (for example, Contracts and Locality Teams and CQC) identify areas of improvement we as a Training and Development Team may be able to offer additional support.

Feedback Resource Development

"I know this is late to comment, however I would just like to say that I think this is an excellent newsletter and very valuable to Safeguarding Leads as a summary of some key areas and change."
(Feedback on Newsletter from a Safeguarding Lead)

"A brilliant website can you support us to develop a similar tool for our health professionals?"
(This response from a health commissioner regarding our website, led us to support the improvement of their online resources before their forthcoming CQC inspection)

Feedback - Training

DRAFT

"I just wanted to say thank you for the 2 days of training that you have delivered so far. I have had fantastic feedback from the staff about how good it was. They have really grasped their responsibility and you have made it very real for them." (Private Hospital)

"I can honestly say that I have had so much positive feedback I wanted to feedback to someone. We completed feedback forms but it doesn't seem enough. Everyone found his presentation extremely helpful and it was delivered in such a way that everyone was absolutely clear on what they understood. I have even had the doctors saying how good he was. It was the best training I think we have had as a group and would highly recommend it to anyone." (GP Practice Manager)

"Best training I have attended in 25 years, I will book on to this session yearly." (GP)

"Very good refresher in how to apply the MCA within a practical environment supported with useful scenarios... Fantastic, enthusiastic & knowledgeable trainer, this is so much better than e-learning" (Senior Nurse working in a Sexual Health Clinic)

"Many thanks too for this valuable and very interesting course, the training provided by Emma was excellent and our staff greatly enjoyed the afternoon." (Manager of one of our social care provider services)

12. Cambridgeshire Chronically Excluded Adults (CEA) Service

Cambridgeshire County Council is partnered with other statutory and social sector organisations and is the lead organisation for this service for specific individuals with severe and complex, multiple needs often leading chaotic lifestyles. The success of the service lies in achieving strategic buy-in and bringing the right people and agencies to the table. It also provides a single point of contact for service users to help them navigate access to services, co-ordinate provision and follow and support them through the journey to increased stability and safety with the goal of providing the space to rebuild their lives.

2015-16 Update

The CEA service continues to work with a small number of extremely marginalised individuals on long term plans to try and put them in positions where they can make their own informed choices on which direction their lives go. Fifteen new clients were taken on adding to the existing caseloads on top of the work supporting other professionals and services with their difficult to engage, complex needs cohort. The scope of the work has continued to be active in Cambridgeshire and South Cambridgeshire but 2015-16 has seen a marked increase in referrals from Huntingdonshire and a smaller increase from East Cambridgeshire.

"I would like to express my immense gratitude towards this service and especially to Marie for their professional, honest approach"

Peterborough

Early in 2015 a collaborative bid between a number of the district councils in Cambridgeshire and Peterborough was successful in winning funds to start two projects for single homeless people. One project to set up supported lodgings in the South of the County was led by the Single Homeless Service. The second project, to introduce the CEA work with complex multiple needs in Peterborough, began in September 2015 and is funded to April 2017. The Cambridgeshire CEA team have been supported the operational development of this work which is leading by the Housing Advice team at Peterborough City Council. The Peterborough service will aim to produce a similar economic evaluation to the produced in Cambridgeshire in 2013 and this will hopefully be available later in 2016.

We have appointed a new part time Case Co-ordinator as result of the funding for the work to begin in Peterborough, Cambridgeshire was able to employ and as result of the funding for the work to begin in Peterborough, Cambridgeshire was able to employ an additional half post to support the existing. Ben Harwin started in July 2015 bringing a wealth of experience to the CEA team. Although Ben is only half time, he was almost immediately able to pick up additional clients which has enabled us to maintain a caseload of around up to 30 individuals at any one time.

"As a person who feels rejected from the whole of society, Marie makes me feel I have value as a person"

Making Every Adult Matter (MEAM) National Network

DRAFT

Cambridgeshire continues to link in closely with the MEAM national network. Attending the twice yearly practice exchange meetings not only enhances the work in Cambridgeshire, it also provides a forum to share innovation and excellence.

Cambridgeshire is one of the longest standing services employing the MEAM approach and continues to pass on learning to new areas. Time has been spent with Bristol, Leicester and Lowestoft amongst others. Additionally, the Cambridgeshire service and two of its service users were interviewed by MEAM for a paper on the barriers to multiple needs clients returning to employment. The link for this can be found below.

www.meam.org.uk/wp-content/uploads/2016/07/Steps-towards-employment-FINAL.pdf

National Feature

In November 2015, The CEA service was highlighted in an article in **Society Guardian**, which also featured an interview with a service user. “In the 2015 budget, the chancellor, George Osborne, committed himself to finding ways to integrate spending and better support individuals struggling with homelessness, addiction, re-offending and mental health problems.

It is estimated that in England there are around 58,000 people facing at least three of these problems at once. Campaigners and charities argue that those with the most complex needs are being failed by individual services and so spend their lives moving in and out of homelessness, prison, A&E and rehabilitation services, at an estimated cost to public services of £4.3bn. “For too long, vulnerable people with multiple problems have been falling through the gaps between services,” says Christina Marriott, chief executive of the Revolving Doors Agency. At the same time, rising homelessness, welfare cuts and greatly reduced substance abuse services are putting more pressure on already overstretched services.

This month’s spending review should spell out exactly how Osborne plans to integrate spending; his aim is “to improve cost-effectiveness”. A report by the thinktank IPPR in September called on ministers to allocate £100m for an intensive “troubled lives” scheme modelled on the government’s troubled families programme. But Marriott urges caution. “A targeted programme for the most excluded individuals is important, but it won’t undo the damage being done by other decisions by the government. It is a big opportunity, but only if the government gets it right. This can’t just be another big government payment-by-results scheme that misses those who need the most help.” For someone who has been in and out of prison, just been made homeless, suffering repeated mental health crises but not getting into services and drinking to excess and self-medicating – a job isn’t their priority, she says. The life expectancy of a street homeless woman is 43. “For people facing this kind of extreme disadvantage, the first priority is stability: a roof over your head, some food in the cupboard, access to healthcare and intensive support that covers all your needs. It’s about ensuring people have the opportunity of seeing their 50th birthday.” There is a precedent for this kind of programme.

The Making Every Adult Matter (MEAM) coalition of criminal justice, homeless and mental health charities: Clinks, Homeless Link and Mind, has funded a number of pilot projects to improve services for individuals with multiple problems, through intensive support and better coordination. Independent analysis of a pilot in Cambridgeshire calculated it had cut costs by a quarter across the police, courts, NHS and local government, through reduced crime and substance misuse and improved physical and mental health.

Tom Tallon runs the chronically excluded adult service (CEA) in Cambridgeshire with £110,000 annual funding from the city council, county council and supported by Meam. Tallon says much of his role is about coordinating services. "In theory our role shouldn't need to exist", he says. "Any one of these services could bring everyone together, providing they can build the relationship with the client and have the time to do so." Tallon points out that his team typically spends 6-8 hours a week with individuals at the outset.

Kitty Jones, 46, became homeless after a mental health crisis caused by historic domestic violence by her father. In 2014, South Cambridgeshire district council referred her to the CEA service. Jones says that despite having a degree in business law, she struggled to be listened to when she tried to get housing and a proper diagnosis for her post-traumatic stress disorder. "I am highly articulate, yet I couldn't get my voice heard. I felt I'd stopped being a human being," she says. "It was only because someone stepped in and helped me that I was listened to."

That someone was Marie Ludlam, a case coordinator at CEA. "The day I came out of hospital [where she'd been sectioned], there were three or four organisations in my house telling me they were going to help. I am on medication and getting help from the hospital. Now I'm doing a course in improvisation and have started to play the piano again. I'd like to regain the skills I used to have."

13. Rapid Response Service

The RRS was set up as part of the wider Single Homeless Service (SHS) and aimed to reduce homelessness by providing a swift route in to appropriate accommodation for clients with low support needs. The primary issue for these clients is their housing difficulty and inability to find a route out of homelessness. They are clients where there is no statutory obligation to support but who may end up accessing supported accommodation schemes which they do not need other than to provide shelter.

Referrals and Outcomes

There were 341 referrals to the SHS in 2015/16. This represents a 33% increase from the previous year. Notably, 148 referrals were made by advisers from outside Cambridge City – exactly double the previous year's total.

The service placed 118 people into permanent accommodation (excluding move-ons) in 2015/16 – an increase of 23%. Of these, over half (61) were placed into private rented accommodation, with the remainder being placed into The Springs (accommodation for low needs clients looking to get back in to work, training or education) or other provider-based housing.

In addition, 34 clients were able to find accommodation independently after RRS advice, and 29 were successfully referred to other support services.

The RRS attempted initial contact with 98.7% of clients within two working days. The service commenced work with 92% of clients within seven working days of the referral. Delays were generally as a result of clients being unable to attend initial appointments.

"The whole service has had good communication, well explained and for me a good outcome"

The RRS attempted initial contact with 98.7% of clients within two working days. The Service commenced work with 92% of clients within seven working days of the referral. Delays were generally as a result of clients being unable to attend initial appointments.

Single Homeless Service Profile

Over the last year the SHS has extended its reach beyond local authorities. It has provided support to clients who were accessing services such as Wintercomfort, Street and Mental Health Outreach Team and Probation are now all able to refer to SHS.

"I am overwhelmed with the support I have received from Mr Liam Stewart, I am very thankful for his professionalism and kind support"

Relationships with Housing Advisers are paramount. More emphasis has been taken by the Rapid Response Support Worker (RRSW) to be a visible presence. This allows Advisers to discuss current cases and possible cases they want to refer in.

Future Planning

The RRS as part of the SHS has proved to add an additional support mechanism that allows Housing Advisers an option for low needs clients that did not previously exist. The service currently receives on average between one and two referrals per day, demonstrating that a need for this option is required.

Anecdotal information suggests that there has been a lower number of clients with low support needs clients using supported accommodation options, freeing up space for those who need this type of housing. The effectiveness and need for this type of service to not only provide an option for low needs homelessness but also to free up resource for higher need clients is tangible.

Since January 2016 the SHS has been running at a reduced staff rate - with only one RRSW. To the credit of the service, this has had little effect on the quality the service provides to its clients or on the amount of referrals being placed by local authorities. Given there is no only one full time RRSW, training has also been provided to other staff members on how to deal with the running of the RRS during periods of leave.

"I would just like to say that Liam Stewart [RRSW] was amazing, he was incredibly supportive and was easy to get along with. I'd like him to know that he really helped to boost my confidence; it is partly due to his support that I now have two fantastic jobs and live in a beautiful house near Cherry Hinton. Thank you"

Budget

The RRSW has access to a solutions budget that can make the difference in successfully taking someone from homelessness to independent accommodation. The budget does not replace existing funding streams and is only used where no alternative can be found.

The use of the budget has been entirely within the year 2015/16 which coincides with the majority of private rented accommodation sourced by Town Hall Lettings, the letting agency set up by Cambridge City Council. Approximately 90% of the budget is spent providing the client with furnishings or appliances to make unfurnished properties habitable. Funds have also been used to support clients with food or household goods in the first stages of set up when moving costs have proved prohibitive and with transport to enable clients to access appointments, work or training until they have been paid.

Case Study

Stefan (23)

Stefan approached the Single Homeless Service in 2015.

At first Stefan was anxious and disheartened for the future – he has just been asked to leave the family home by his mother and was struggling to find work. Stefan had no idea of how to get out of his situation or where to start.

Stefan was adamant that he did not want to go into hostel system due to 'stories' that his heard. Furthermore, Stefan was keen to find work as soon as possible –with supported accommodation being expensive it would make it harder to achieve his ambition to work.

Stefan was directed to Jimmy's Assessment Centre for an interim period. The Rapid Response Service worked with Stefan for 5 weeks – supporting him in finding work opportunities, application forms and interview techniques. Within this 5 week period Stefan managed to get an interview with Addenbrookes for reception role - Stefan got the job.

The Rapid Response Service worked with Stefan in finding affordable private rented accommodation. He moved into a room in a shared house. Over the weeks that followed, Stefan was supported with money management and how to manage relationships with a housemate. He is still currently working for Addenbrookes and his enjoying his own space.

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Client Feedback

Every quarter questionnaires are sent to service users who have received some support. The purpose of this is to highlight what the service is doing right and what it could improve on. Some of the responses are contained here.

"The service was fine,
no one can do
something better"


" I have always paid my taxes
from very good paying jobs and
because of life's curve balls, the
street is only a heartbeat away
for anyone .I am now one year in
sheltered housing, my life was
saved"

14. The Space Service

The Space Project works with women who have had children permanently removed from their care and aims to support these mothers to build more stable lives. Traditionally, once a child is removed, support to the mother from services such as children's social care, health visiting and midwifery ceases. This can leave the mother to cope with the loss of her child/ren on her own and research shows this void is often filled by having another child. Unfortunately, very often, subsequent children are also removed and the pattern continues at great cost to the mother and children emotionally but also at cost to children's social care and legal services.

Based on a successful project 'Positive Choices' in Suffolk, Space launched in December 2015 with 12 month funding via the LAC Commissioning Board, which has been extended to 18 months. One of the first challenges to consider was that the mothers have often had a negative experience of working with professionals over many years and some have totally disengaged from services - a new approach was required to encourage the women to work with the project. The Council's Chronically Excluded Adults Service have a tried and tested approach to working with people who are considered to be "chronically excluded" and with lessons learnt from Positive Choices, Space was able to develop an approach of working with the mothers at their own pace, giving them the control in the interaction and the relationship.

Engagement – both initial and on-going, needs to go to the client, rather than expect her to come to us and allow the woman to engage in a way that she feels comfortable with. Space needs to be flexible and not take it personally when she isn't able to meet with us. The project has found that this works really well, with women who we were told 'would not engage' accepting and working with the project.



"Nothing beats a 'thank you xx' text – from someone who 'will never engage with any service'"

Partnership working has been key to the success of the project so far, with positive relationships built with key professionals such as housing, benefits, domestic abuse and substance misuse services, as well as the iCASH service, with whom a 'fast track' system has been developed to enable the women on the project to access long-acting contraception swiftly.

The project runs with two experienced project workers. Management support and clinical supervision has been provided from existing resources from experienced professionals within the County Council which has reduced costs usually associated with a new project. In terms of cost savings, the project is currently working with 24 women, these women have had a total of 62 children removed from their care. Utilising known research, it can be predicted that 13.2% of these women will become pregnant again within 1-2 years; therefore statistically 3 of the women working with the Space project could be expected to become pregnant. The legal costs of each child removal are estimated at £75,000 (this does not include social worker time). If the project prevents only 2 recurrent removals, the costs of the project would be covered in terms of the legal costs of removing a baby, however, there are also savings to the health economy in terms of improved mental and physical health and reducing reliance on public sector support. The emotional costs to the mother and children are immeasurable.

“I was a real mess when I first met Sarah, but now I am in a better place because she helped me realise that I needed to look after my physical health (which I wasn’t doing) but she never judged me about my drugs and alcohol. I have had a smear, got a full health screen and have some tips and hints on how to manage my anxiety better. She talked to me about the possibility of moving away to get away from ‘him’ but she never forced or rushed me. She let me decide to come to refuge and now, here I am!”

Other early successes include a 20 year old woman who spent a number of years in care, who had had two babies removed by age 20 and was homeless when referred. She was described by professionals as “almost impossible to engage”. She is now in supported housing, has a contraceptive implant and is moving on with her life. This was achieved because her worker developed a relationship with her by driving her where she needed to go, getting lunch together and engaging at a pace with which she was comfortable.

For another woman, who had a history of suicide attempts and hospital admissions, the joint working with mental health services prevented a crisis at a key moment; she didn’t attempt suicide or become hospitalised as was feared that she would.

“It’s the little things that make a difference, turning up when you say you will, offering to move a client to their new property, making more than one trip, finding a ‘man with van’, having a laugh with the client – usually at my expense!! Going the extra mile is really appreciated and so worth it – allowing for a deeper relationship to develop, being able to discuss and inform on therapeutic interventions, getting clients consent to make an appointment for counselling.”

A project worker describes how she started working with Rachel

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“Rachel was on a methadone script and topping up with street drugs when I first met her. We met in Greggs so that she felt safe and I bought her a coffee. She says this helped with engagement. We talked about budgeting, food etc. Rachel was guarded about most things initially. She knew I would turn up when I had agreed to. As our relationship grew, Rachel disclosed more about her son, her abusive ex-partner, her distress at having chosen him over her son, contact with her son, how she believed she had alienated her family. My agenda took a back seat for ages, with just gentle hints about taking responsibility for health and the importance of regular check-ups. Eventually, we got GP and dental appointments and Rachel attended both, because I took her, I think. We went for colposcopy at hospital following a smear test, which she was really anxious about so we employed some of the anxiety management techniques I'd given her and some positive reality – it's great that you have taken responsibility for your health and now you are getting what you need.”

The Space Project is still in its infancy; however, we are ensuring we are measuring outcomes to be able to demonstrate value. Cambridgeshire is currently supporting Bedfordshire to set up a similar scheme and will be presenting at national conferences over the next couple of months. Space is also at the forefront of developing a regional learning forum. In May, we were featured in the Local Government Chronicle in an article about the Space Project for their online subscribers.



15. Deprivation of Liberty Safeguards (DoLS)

This report gives an update of the situation as well as the pressures that we are still facing regarding the Deprivation of Liberty Safeguards (DoLS) since the Supreme Court ruling of March 2014 (known as the Cheshire West ruling) which dramatically increased the number of people who now come within the remit of Deprivation of Liberty Schedule A1 legislation. In particular, the financial pressures on CCC as a result of this ruling are assessed to be significant and ongoing. Nationally, the consensus is that every local authority will face a severe financial burden as a result of the increased activity which is likely to continue over the next coming few years.

Local context

Month	Total No. of Referrals	Assessment Completed	Withdrawn	Other
April 2014 to March 2015	743	255	9	32
April 2015	106	42	1	3
May 2015	104	28	3	3
June 2015	126	31	1	2
July 2015	113	40	2	3
August 2015	123	35	2	9
September 2015	98	29	4	0
October 2015	114	40	4	6
November 2015	89	23	2	3
December 2015	78	21	0	0
January 2016	124	13	0	0
February 2016	114	17	0	0
March 2016	146	22	0	0
Total	2078	595	28	61

Assessment Completed:

This also includes applications where the individual has been discharged/moved from the care home, hospital or unfortunately passed away amounting to 156 cases. This is in line with HSCIC's request for the annual returns.

Withdrawn

The reasons given for withdrawing is most often that the person has regained capacity.

Other

The DoLS Team still receives inappropriate referrals for individuals who have been placed here by a different funding body.

In total, there are 1238 cases outstanding as at the 31 March 2016

Actions taken by CCC in addressing the DoLS' waiting list

It is a widely accepted view that if local authorities can show they have plans in place and are actively engaged in trying to meet their statutory obligations under the DoLS' legislation, then the risk of legal penalties for any procedural breaches should be minimized.

To this end, we have taken the following actions:-

- Developed an action plan to address the implications of the judgment and it is being reviewed regularly at the MCA Management and Practice Group meetings.
- Appointment of an additional MCA DoLS' trainer to rollout training for social workers/care managers to undertake capacity and best interests assessments for cases in supported, sheltered or shared lives accommodation for submission to the Court of Protection with assistance of LGSS Law.
- Increasing our current pool of independent Best Interest Assessors (BIA) from 2 to 7, recruited 1 F/T MCA DoLS Operational Manager and 1 additional F/T BIA.
- We have adopted the usage of the ADASS' streamlined forms and this has not only reduced the amount of paperwork involved but also reduced the time taken for BIAs to complete them.
- We have targeted provisions of MCA and DoLS training to care home providers in particular so as to improve their knowledge and understanding of DoLS, which in turn, reduces the percentage of inappropriate DoLS' referrals.
- We have been using the ADASS' DoLS Prioritising Tool to assist us in deciding those situations, which have a more urgent need for speedy assessment.
- We have increased financial resources to our IMCA provider so as to ensure that they are able to fulfill their statutory duties with the substantial rise in demand for their services.
- Working collaboratively with our Coroners in establishing the circumstances whereby the Managing Authority will inform them of the death of their resident or patient.
- Joint working with CQC's inspectors in our locality to promote better understanding of the MCA and DoLS.

16. A word from some of our Partners

Addenbrookes Hospital, Cambridge University Hospital NHS Foundation Trust

Cambridge University Hospital NHS Foundation Trust is a large teaching and academic health science centre providing services for the local community alongside regional and national work for specific conditions.

Achieving our ambition to become the best biomedical campus in Europe, whilst also serving an increasing local population, recognises the need for campus development and expansion.

We continue to work with our campus partners to support and enhance existing on-site activities, ensuring the right infrastructure is in place to deliver world-class care.

Current developments include the new Papworth Hospital, which is expected to complete in 2017, and Astra Zeneca's new global research and development centre and corporate headquarters.

Governance and Accountability

The Chief Nurse is the Executive Director with Board responsibility for Safeguarding across CUHFT. Safeguarding matters are reported through the Trust's quarterly Combined Adult and Children's Safeguarding Committee, chaired by the Chief Nurse, to the Quality Committee, a sub-committee of the Board. The Trust Board receives biannual reports on safeguarding.

The last year has provided the Trust with considerable challenge in terms of services offered and financial constraints. Following the Care Quality Commission and NHS Improvement reports of 2015, we were placed in 'Special Measures'. We have worked hard with our regulators over the course of the last year, and look forward to the opportunity in September 2016 of welcoming the CQC back into in our organisation in order to share with them the improvements we have made in terms of their concerns. Our financial recovery is also currently within the suggested trajectory.

Embedding the Care Act 2014

Cambridgeshire County Council, as the supervisory body for CUHFT, takes a lead role in adult safeguarding enquiries and triggers enquiries to be made at CUHFT in cases where the threshold for criminal investigation is not met. The Adult Safeguarding Lead at the Trust provides clinical reports and takes responsibility for the progression of enquiries so that they may fit appropriately within the delivery of acute clinical services. If safeguarding concerns raised within the Trust are deemed to fit criteria defined within Section 44 of the Care Act, the local authority safeguarding leads will inform the MASH, (Multi-Agency Safeguarding Hub). Contingent upon the MASH triage, any one of the safeguarding partners may subsequently lead an investigation or collaboration may take place jointly.

2015-16 Achievements

- The Adult Safeguarding Steering group meets quarterly, attended by senior staff members from across the Trust. The group reports to the Joint Safeguarding Committee and then into the Quality Committee. A Safeguarding Board report is submitted bi-annually.
- the first NHS Trust in the UK to introduce such a large scale and advanced system. We are continuously learning, and

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- The implementation of an electronic patient record system across the Trust was achieved with a 'go live' in October 2014. CUH was developing the system to provide benefit not only to our patients, but to the NHS as a whole, in line with government plans for digitalisation by 2020. The annual EHI awards are the only national dedicated healthcare IT award scheme, and the Trust was recently informed that we are finalists in three of the competition's categories for 2016.
- Delivery of our safeguarding training plan continues. A clinically developed e-learning package providing adult safeguarding information was installed in November 2015 and became a mandatory training requirement for all clinical staff. The response from Trust employees was very positive, and the update for training was such that we were able to demonstrate a 94.5% compliance with completion of the package, exceeding our goal of 90% staff trained by end of March 2017.
- Added focus on the legislation of the Mental Capacity Act 2005 and associated legal framework (Deprivation of Liberty Safeguards) has continued. Face-to-face training has been delivered by the Named Nurse for Adult Safeguarding to numerous groups of staff by invitation and also as a targeted approach to staff in areas where more detailed understanding of the legislation is required. This has included a presentation to the Medical and Clinical Directors. The training has also been supported by Cambridgeshire County Council, when their MCA/DoLS manager kindly delivered several master classes to CUH staff.
- Following this training, an audit was undertaken in July 2016 to provide a benchmark of staff knowledge of adult safeguarding, the mental capacity act (MCA) and the deprivation of liberty safeguards (DoLS) across the Trust. This will provide a picture of the areas of staff knowledge across the organisation and further inform the training strategy. Headlines from the audit show great improvement from the starting place in relation to MCA and DoLS, along with a good level of knowledge of safeguarding and we await the final report for more specific staffing group detail.
- The PREVENT agenda continues, and the Trust lead for PREVENT has now been able to train a number of facilitators who in turn can disseminate the programme across our organization. We have mapped our training denominator to local LSCB guidelines, and aim to achieve a 90% compliance by end of March 2016. NHS England has taken a lead in providing national updates for health organisations, and the PREVENT lead has also been able to attend several regional conferences over the past year.
- The summer of 2016 has marked the retirement or change of role for a number of supportive colleagues in the local safeguarding partnership. CUH would particularly like to thank those colleagues from Cambridgeshire County Council whose expertise and guidance has been instrumental in establishing and developing the adult safeguarding service within our organisation.

2015-16 Action Focus

- Consolidation of planned integration of the three strands of safeguarding across the Trust, and co-location of wider team – to include added services such as Learning Disability/Mental Health and Dementia.
- Further liaison and cooperation on cases with partner agencies, using the internal ASG policy.
- Continue to pursue better and timelier feedback on case enquiries raised by our staff for patients within the Trust but resident in other localities.
- In light of the Care Act 2014 and the Making Safeguarding Personal agenda, to fully update our processes and policies in line with those of our supervisory body CCC.
- Continued emphasis on training, particularly for MCA/DoLS and the associated duties such as Best Interests process and engagement of advocates.

Age UK Cambridgeshire & Peterborough (AUKCAP)

Age UK Cambridgeshire & Peterborough is a local, independent organisation, created on 1 April 2016 by the merger of Age UK Cambridgeshire and Age UK Peterborough.

AUKCAP's vision is to help make Cambridgeshire and Peterborough a great place in which to grow old. By working together we will be able to enhance our services by deploying our combined resources strategically across the whole area. There is also a greater opportunity to share learning and develop more integrated support for older people.

We will offer an easy, single point of access. This is especially important for older people, or others concerned for the welfare of a vulnerable older person who may be suffering abuse, for whom we are often the first point of contact. Last year our Help Line in Cambridgeshire took just under 10,000 calls on a variety of topics.

All staff and volunteers undertake specific safeguarding training and the Senior Operations Manager is our safeguarding lead. The Chief Executive is a member of the safeguarding board in both Cambridgeshire and Peterborough and we look forward to closer working between the boards in the future.

Cambridgeshire Community Services NHS Trust

Earlier this year the Trust recruited a Head of Safeguarding who has in their portfolio both the Adults and Children's Safeguarding agenda. This strengthens the relationship of adult safeguarding across the CCS range of services and provides management of the full time Named Nurse for Adult Safeguarding based in Luton.

Senior Trust representatives remain committed to the multi-agency Safeguarding Adult Boards in Cambridgeshire, Peterborough, Luton and Norfolk and as such are integral decision makers in the development and implementation of the local safeguarding agenda.

The Trust continues to be well represented on a number of Partnership Safeguarding Adult Board sub-groups; including Mental Capacity Act/Deprivation of Liberty Safeguards and Training and Development, Policy, Protocols and Procedures, Communication and Community Engagement and Audit, Information Sharing Provider CQC meetings and Best Practice Groups.

The Named Nurse for Adult Safeguarding remains a representative on the East Anglia and Essex Adult Safeguarding Forum.

The Trust has a combined adult and children's safeguarding group which ensures all those with a safeguarding responsibility meet regularly to discuss developments across localities, challenges the safeguarding agenda and service might face and provide a strategic overview of practice. There is regular performance reporting and scrutiny of data and an annual audit programme for safeguarding adults and children.

The Named Nurse for adults has, since CCS took on additional services, worked hard to further develop our programme of MCA and DoLS training.

The organisations PREVENT work has become more integral to the safeguarding agenda with the Named nurse for adults being a member of the CCS PREVENT forum.

The Trust's incident reporting database Datix has provided useful information regarding incidents, trends and has enabled a greater understanding of where practice development is required, work will be undertaken this year to scrutinise in detail those cases brought to our attention where greater single or multi agency safeguarding work needs improving.

The forthcoming year will see specific adult safeguarding audits, implementation of Systm1 adult safeguarding templates for staff recording and further work to imbed and enhance the work of our safeguarding adult champions.

The principles of the new Adult Safeguarding Intercollegiate document are being worked on in readiness for its introduction.

Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)

The Trust's safeguarding MCA/DoLS policy has recently been revised with the introduction of an MCA Standard operating procedure to help staff in their understanding of this complex area. All CCS policies are available on the staff intranet, the safeguarding component of this is being revised to make it more user friendly.

CCS Named Nurse for Adult Safeguarding has with agreement from NHS England developed an MCA checklist for staff. This will, once approved by CCS Safeguarding Group be added to Systm1 for staff to use.

Adult Safeguarding Training

The target for compliance for staff attending adult safeguarding training is 95%. Performance against this target is outlined below.

CCS Adult Safeguarding training figures as of the end of June 2016 are as follows:

- Safeguarding Adults = 93%
- MCA = 87%
- DoLS = 85%

NB the above figures are across the whole of CCS and not specific to Cambridgeshire.

E-learning packages are available on the intranet for Adult Safeguarding, MCA and DoLS and a comprehensive training programme of face to face training has been scheduled for the coming months which will ensure a rise in the MCA/DoLS statistic.

PREVENT

PREVENT is part of the government's anti-terrorism strategy CONTEST, that aims is to stop people being drawn into or supporting terrorism. The Trust is training more PREVENT facilitators who can deliver basic awareness and Wrap3 training. It is envisaged that CCS will reach the target of 85% compliance with WRAP training by end of April 2017. CCS remains committed to this agenda and works closely with partners and continues to be engaged with local and regional CONTEST meetings.

Safeguarding Champions

A small cohort of staff within Luton attended a University of Bedfordshire run course sponsored by Luton CCG and Luton and Dunstable Hospital.

Champions attended one day of learning per month for seven months. Topics covered included domestic abuse, mental capacity, record keeping and deprivation of liberty safeguards. We now have 4 safeguarding champions within adult services in Luton, with a keen interest and increased knowledge of safeguarding issues. It is hoped that a further course will run over 2015 in order to increase Champions at operational level.

Adult safeguarding - key actions for 2015-16:

- Develop Safeguarding Adult Templates for use in the electronic record system.
- Increased number of staff to complete higher levels of adult safeguarding training to provide a more in-depth knowledge of safeguarding and to support the investigation process.
- Audit and review of safeguarding systems and processes, to ensure accurate collection of safeguarding information across the whole organisation.
- Ultimately, no reported cases of adult neglect attributed to CCS.
- Identify further staff to 'champion' safeguarding within CCS operational services.
- Engagement with regional Learning Disability work streams and enlist in-service champions.
- Multi-agency partnership work to focus on reporting mechanisms and thresholds.
- Integration of Care Act 2014 recommendations regarding adult safeguarding into both policy and practice within the Trust as soon as guidance has been completed.
- Ensure that all staff are updated with the new CCS MCA/DoLS Policy and MCA checklist.

Cambridgeshire Constabulary

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

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

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

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

In 2015-2016 we have:

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

Cambridgeshire County Council Drug and Alcohol Action Team (DAAT)

The commissioned substance misuse service, Inclusion, has ensured all frontline recovery workers and supervisors have received safeguarding training. This now forms a mandatory element of the induction training for new members of staff as well as refresher training for existing staff members and is coordinated through a newly appointed training lead.

The Care Act 2014 is fully embedded within the assessment process for service users being referred on to Tier 4 services which includes residential rehabilitation placements and community based care packages. Every assessment is overseen by one of 3 qualified social workers supporting the service.

Cambridgeshire Safer Communities Partnership Team (CSCPT) contributes to the ongoing development of safeguarding training within the wider partnership through regular attendance at the Adult Safeguarding Training Sub Group.

During 2015/16 DAAT worked with Inclusion and VoiceAbility to create awareness materials around drugs and alcohol for adults with learning disabilities and mental health needs. We are also involved with the review of Cambridgeshire Police's Operation Hexham which aims to protect people with vulnerabilities from being targeted by illegal drug suppliers who use them or their homes in the supply of illegal substances to the community.

Cambridgeshire & Peterborough Domestic Abuse and Sexual Violence Partnership

Cambridgeshire DASVP continues to work closely with the Adult Safeguarding Team on awareness raising around adults at risk and an action plan is in place to ensure both services work collaboratively on areas where domestic abuse and sexual violence overlaps with adult safeguarding. A campaign aimed at encouraging older women experiencing domestic abuse to seek support was launched in September 2015 with national organisation Action on Elder Abuse and we continue to work with the Older People's Partnership Board to extend this awareness. Plans are also in place for an awareness campaign aimed at women with disabilities in 2016 and Adult Safeguarding have been involved in the early stages of planning. The Government's national Violence Against Women and Girls Strategy released in April 2016 specifically refers to improvements to services for women with additional vulnerabilities so the DASVP will be working with Adult Safeguarding and specialist service providers to ensure requirements are met. The monthly newsletter produced by the DASVP includes details of Adult Safeguarding training and our website also signposts professionals to the Adult Safeguarding Team.

Domestic Abuse Update

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A Domestic Abuse and Safeguarding of Vulnerable Adults Action Plan was implemented in 2013 and updated in early 2015 to capture work that overlaps or links the two areas. The actions continue to be delivered.

The number of adult safeguarding cases with a domestic abuse element in 2014-15 was 79, this is slightly less than the 84 recorded in 2013-14.

The Care Act 2014 came into force in April 2015, setting out for the first time legislation around adult safeguarding. Domestic abuse is now a national category of abuse for adults at risk from harm (the new term for vulnerable adults).

The Partnership have undertaken some work with VoiceAbility, a support and advocacy organisation for adults with learning disabilities, to raise awareness of domestic abuse amongst this client group. The Speak Out Council of service users at VoiceAbility approached the Partnership as a result of personal experience where a domestic abuse survivor with learning disabilities found it hard to find accessible information and support.

The Partnership Officer worked with the Speak Out Council to develop accessible versions of posters which were distributed to specialist organisations throughout the county. VoiceAbility were also commissioned to create an Easy Read version of the Opening Closed Doors leaflet which they did in collaboration with the Speak Out Council.

The resulting booklet was distributed both locally and nationally and received positive feedback from professionals in learning disability services across the UK. This work was nominated and finalised under the Breaking Down Barriers category at the National Learning Disability and Autism Awards 2015.

Cambridgeshire Fire and Rescue Service

Cambridgeshire Fire and Rescue Services vision of a safe community where there are no preventable deaths or injuries in fires or other emergencies continues to be its ethos.

We have instigated multi-agency de-briefs should a fire death occur. Agencies involved with the individual work in partnership to ascertain if together we could have intervened to prevent this fire from occurring, as well as identifying any similarities in individuals' life style choices with incidents of a similar nature.

One finding identified residents that have hoarding tendencies are at a high risk of being injured or dying as a result of fire. CFRS has responded to emergency calls of this nature which has resulted in four fire fatalities in recent years. National research ratifies that people with this disorder fit the profile of having a fatal fire.

As a result of these findings CFRS has instigated hoarding awareness raising and guidance for front line staff to follow.

This includes:

- Home Fire Safety Check guidance for homes where hoarding is present
- Fitting specialist smoke alarms
- Providing carbon monoxide alarms

- How to identify and access the level of hoarding using the Clutter Image Rating scale (CIR)
- What actions to take following identification of hoarding
- How when and where to record this information

The service is up skilling its front line staff to recognise these risks, enabling the resident to be sign posted to agencies that can offer support and guidance to be safe and stay in their own homes.

CFRS has recognised by tackling the issues that make individuals a high risk of fire we can reduce their risk of dying as a result of fire.

Safeguarding training has also been identified as high priority and to support this we have instigated on line learning for front line staff that can be monitored and reported on.

In the last financial year we sent through 116 referrals and we have responded to an additional 80 referrals that have come to the fire service for action from the MASH unit. One finding identified residents that display hoarding behaviour are at a high risk of being injured or dying as a result of fire. CFRS has responded to emergency calls of this nature which has resulted in four fire fatalities in recent years. National research ratifies that people with this disorder fit the profile of having a fatal fire. As a result of these findings CFRS has instigated hoarding awareness raising and guidance for front line staff.

Statement of Purpose

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

Governance and Accountability

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

2014-15 Achievements

- **Training**

At April 2016 96% of CPFT staff had trained in adult safeguarding. MCA training stood at 92% and 93% of staff had received PREVENT training.

- **Staff Supervision**

Safeguarding Leads are supported by the programme of peer supervision meetings where safeguarding staff visit the wards and teams in CPFT to discuss cases, issues and developments.

- **Healthcare Services**

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

- **CQC Registration**

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

- **Activity**

Safeguarding activity showed a decrease in enquiries of 8% compared with the previous year; however there is thought to be some underreporting from some areas.

- **Partnership Working**

A Multi Agency Safeguarding Hub (MASH) has been developed within Cambridgeshire as a single point for referrals and triage of all adult safeguarding matters. CPFT has appointed an Advanced Practitioner who will undertake this role for mental health referrals.

DRAFT

- **Care Act 2014**
CPFT has worked closely with partner agencies to implement the requirements of the Care Act 2014 and Making Safeguarding Personal.
- **Deprivation of Liberty Safeguards**
The number of DoLS urgent applications increased substantially (28%) during 2015-16. However, standard authorisations were commensurate with the previous year.
- **Policy and Procedures**
The CPFT adult safeguarding policy has been updated to reflect Care Act changes
- **Serious Case Reviews & Prosecutions**
CPFT made no referrals for a Safeguarding Adult Review under Cambridgeshire procedures.
- Work with partners (including Local Authorities & Police) to develop the working of the Multi-Agency Safeguarding Hub (MASH).

Priorities for 2015-16

- Ensure all staff receive appropriate training and are able to identify and respond to safeguarding issues and that the target of 90% for staff training in adult safeguarding continues to be met.
- Ensure compliance with attendance at Mandatory PREVENT training.
- Ensure that each ward and community team in the adult services has a sufficient number of trained Safeguarding Leads.

Cambridgeshire and Peterborough Clinical Commissioning Group (CAPCCG)

CAPCCG ('The CCG') has a patient population of approximately 930,000 and is one of the biggest in the country with 105 GP practices as members. The CCG is a commissioning organisation, commissioning health services for the people for Cambridgeshire and Peterborough and is committed to safeguarding adults.

Our main Providers are:

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

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

The monitoring of Providers compliance with the safeguarding adult's requirements in the quality schedule of the NHS contract was undertaken by the CCG on a quarterly basis as part of the Clinical Quality Review meetings (CQRs) held with providers using the quality dashboard with metrics and RAG rated thresholds.

Additional funding from NHS England has helped to facilitate organisations' ability to address issues with compliance with the training requirements in relation to MCA/DoLS.

The CCG is also involved in the quality monitoring of care homes and a new framework is currently under development. Attendance at the local authority and CQC information sharing meetings also supports the CCG in maintaining a soft intelligence database which helpfully provides an overview, useful for quality surveillance and identification of systemic issues. In partnership with the local authority such surveillance led to a large scale safeguarding investigation being convened for a local care home, which is still ongoing.

Partnership working

CCG staff attend multiagency meetings in order to achieve partnership working. There has been regular attendance at the Cambridgeshire Safeguarding Adult Board meeting and its sub groups, as well the Domestic Abuse Governance Board, the MASH Governance Board and the Prevent Delivery Board.

Health Executive Safeguarding Board

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

Safeguarding Adults Health Sub Group

The Safeguarding Adults Health Sub Group (HSG) reports to the HESG and has membership of Health Providers across Peterborough and Cambridgeshire reviewing operational issues. For 15-16 a collective work plan was developed to address issues such as Compliance with the Care Act 2014, Learning Lessons from Safeguarding Adult Reviews and the quality monitoring of care homes. Activity has taken place across the year to address the work plan.

CAPCCG has strived to maintain a high profile around the importance of safeguarding adults to the health and well-being of our population and continues to promote a culture of Making Safeguarding Personal. Prevention is vital and staff training around safeguarding adults to raise awareness is both promoted and monitored closely by the CCG. The responsibility of all staff to recognise and respond to safeguarding concerns is emphasised in the training delivered to staff by Provider Safeguarding Adult Leads.

Priorities and challenges for 2016 -2017

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

Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care in England.

Our purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve. We will develop our approach to inspection so we can respond to new models of care and new models of service which will develop over the next few years. We are clear that regulation will not act as a barrier to innovation.

Our role is to monitor, inspect and regulate services to ensure they meet fundamental standards of quality and safety and to publish what we find, including performance ratings to help people choose care.

CQC's underpinning priorities are to:

- focus on quality and act swiftly to eliminate poor quality care, and
- to make sure that care is centred on people's needs and protects their rights

Care that fails to meet the expected national standards of quality and safety against which we regulate will not be tolerated. We will use our enforcement powers necessary to stamp out poor practice wherever we find it. Any form of abuse, harm or neglect is unacceptable and should not be tolerated by the provider, its staff, the regulators or by members of the public who become Aware of such incidents. Safeguarding is everybody's business and CQC is aware of the role it can play in striving to reduce the risk of abuse from occurring.

Safeguarding is a key priority that reflects both our focus on human rights and the requirement within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to have regard to the need to protect and promote the rights of people who use health and social care services.

As the regulator of health and adult social care services, our primary role is to make sure that providers have appropriate systems in place to safeguard people who use the service and that those systems are implemented and followed in practice to ensure good outcomes for people who use the service. We will monitor how these roles are fulfilled through our regulatory processes by assessing how providers are meeting the national standards of quality and safety.

The CQC consists of three main inspection directorates of Hospitals, Adult Social Care (ASC) and Primary Medical Services (PMS). We now consider our inspection findings to answer five key questions which we will always ask: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

We will continue to implement and improve the new approach to regulation. During 2015/16 (as of June 2016) we have published 19,647 ratings of ASC services. Approximately 4% of which we found to be inadequate. The CQC is in the process of introducing safeguarding leads who will champion this subject through all three directorates. All CQC staff are expected to follow the CQC's Safeguarding handbook which gives guidance and also all the statutory requirements that inspection and registration staff need to be mindful of.

Community Network Sub Group

The three public representatives who make up the Community Network Sub Group have experience of using services as carers and patients and link into other networks in health and social care.

The representatives have been involved in various activities which have helped the Board better understand the patient and public perspective:

- Attending professional training courses and giving feedback
- Helping design public material
- Attending Board meetings and questioning the jargon used and decisions made.

The Community Network Representatives are very pleased to do this work and help make safeguarding more meaningful to people. The other Board Members always welcome comments.. It is very rewarding to have our efforts appreciated.

Healthwatch Cambridgeshire

Safeguarding is a key priority for Healthwatch Cambridgeshire and we are delighted to be a member of the Cambridgeshire Safeguarding Adults Board. We welcome the commitment that the Board has made to the Making Safeguarding Personal agenda and are pleased to have worked closely with the County Council on improving the public understanding of safeguarding. The language used in safeguarding is highly jargonised and means little to the general public. By making the language used more understandable, the aim is that we raise awareness of the general public of safety and risk and appropriate ways to respond. By hearing the views of service users and the public organisations can learn from people's experiences; thereby improving their understanding of what helps people stay safe.

Healthwatch Cambridgeshire supports the Board's Community Safeguarding Network and the three representatives that attend the Board meetings. These meetings tend to feature very dry data and processes, the representatives have been vocal in their questioning of the purpose and meaning of these. This has been welcomed by the Board. We have undoubtedly seen an increase in the Board's awareness of how complex safeguarding processes are and the benefits of making safeguarding more meaningful to people.

Healthwatch Cambridgeshire continues to work closely with the Care Quality Commission and the County Council to ensure that there is a robust system for reporting safeguarding concerns and sharing intelligence. All Healthwatch Cambridgeshire staff and volunteers undertake safeguarding training, the CEO is the Safeguarding Lead and there is also a Safeguarding Adults Champion to make sure that safeguarding policies and procedures are current, practical and effective.

National Probation Service (NPS)

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

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

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

The NPS works closely with partner agencies to safeguard adults.

The six safeguarding principles that underpin our work are:

- Empowerment: People being supported and encouraged to make their own decisions and informed consent.
- Prevention: It is better to take action before harm occurs.
- Proportionality: The least intrusive response appropriate to the risk presented.

- Protection: Support and representation for those in greatest need.
- Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability: Accountability and transparency in safeguarding practice.

Much of our work relates to assessing and managing offenders who are registered sexual offenders and offenders with a pattern of serious violent offending. Some of this work involves NPS working with other agencies under Multi-Agency Public Protection Arrangements (MAPPA) and in Multi-Agency Risk Assessment Conferences (MARAC). There are also NPS staff working in the local multi-agency safeguarding hubs (MASHs) to help protect some of the more vulnerable members of our community.

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

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

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

Papworth Hospital NHS Foundation Trust

Papworth Hospital NHS Foundation Trust is one of the largest specialist cardiothoracic (heart and lung) hospitals in Europe and includes the country's main heart and lung transplant centre. Over the last three years, it has performed the highest number of heart surgery procedures in the UK whilst achieving the country's lowest cardiac surgery mortality rate.

Governance and Accountability

The Director of Nursing is the Executive Director with Board responsibility for Safeguarding. Safeguarding matters are reported through the Trust's quarterly Combined Adult and Children's Safeguarding Committee, which is chaired by the Deputy Director of Nursing. The Trust Board receives annual reports on safeguarding via the Quality and Risk Committee.

The trust has a named professional for safeguarding adults showing the trust's commitment to the safeguarding agenda.

Attendance at the Health Executive Safeguarding Board run by the CCG is prioritised. The Adult Safeguarding Lead attends the Health Sub Group of SAB.

2015-16 Achievements

- The Safeguarding committee which used to meet 6 monthly has been increased to a quarterly meeting to reflect the growing safeguarding agenda.
- Introduction of a monthly operational leads meeting.

- Delivery of safeguarding training continues and has been updated to reflect the introduction of the Care Act 2014 and making safeguarding personal.
- Grand round focusing on MCA and documentation. This is as well as the MCA/DoLS training that has been delivered across the trust.
- Launch of dementia strategy and follow up review with Alzheimers Society.
- Update of Safeguarding Adults Policy in line with Care Act 2014.

2016-17 Action Focus

- Audit numbers of patients with dementia and learning difficulties and review if and what reasonable adjustments have been made
- Quarterly reporting on dementia and Learning Disability activity.
- Embed and re audit actions from chaperone action plan.
- Increase time for safeguarding training on professional updates study dates and include chaperone procedure, Care Act 2014, Modern slavery, DoLS and PREVENT updates.
- PREVENT returns quarterly.
- Commence quarterly reporting on adult safeguarding activity to CCG.
- Safeguarding APP on front page of intranet to give staff an easily identifiable reference and thresholds for safeguarding. This is also to be embedded in the Datix reporting system.
- Review and update VIP policy.

17. Further information

If you are worried about an adult who is being abused or who is at risk of abuse you should contact the following numbers:

Customer services

For reporting adult safeguarding or urgent contacts between

8am - 6pm Monday to Friday & between 9am - 1pm on Saturday

Telephone: 0345 045 5202

Fax: 01480 498066

Email: referral.centre-adults@cambridgeshire.gov.uk

Minicom: 01480 376743

Text: 07765 898732

If you urgently need to make contact outside of the above hours call **01733 234724**

Cambridgeshire Constabulary

Non-Emergency Contact Centre **101**

Cambridgeshire and Peterborough NHS Foundation Trust

Huntingdon and Fenland **01480 415177**

Cambridge and Ely **01223 218695**

Action on Elder Abuse Response Line **0808 808 8141**

Age UK Cambridgeshire **0300 666 9860**

For copies of this annual report or if you would like a copy of this annual report on audio cassette, CD, DVD or in Braille, large print or other languages, please call 0345 045 5202. Or write to Cambridgeshire County Council, Box No. SH1211, Shire Hall, Cambridge, CB3 0AP

We would like to thank everyone who has contributed to this annual report.

We have made some changes to the way this annual is presented, hoping to provide a report that is visually enhanced and that demonstrates the experience of those adults who have experienced abuse and/or neglect in Cambridgeshire.

We welcome any comments on the content or the format of this report to inform the development of future reports to ensure that they are relevant, informative and accessible.

If you would like to comment please email

Caroline.webb@cambridgeshire.gov.uk

You can find out more information about safeguarding adults in Cambridgeshire on our website:

www.cambridgeshire.gov.uk/safeguardingmca