Annual Report 2017/18

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Section 1: Message from the Chair

This is the 7th Annual report of Warrington Safeguarding Adult Board (WSAB) and the fourth report I have presented since becoming Chair in 2015. I am fortunate to chair a board in a locality where there is clear commitment by all organisations to safeguard adults at risk. It is increasingly clear, however, that commitment is not enough. Reduced capacity, particularly in terms of staff resources, is evident in all Board partner organisations. I have great admiration for the commitment of staff in Warrington but also concerns about the negative impact continuing inadequate levels of funding have on them and local residents in vulnerable situations.

One of the key areas of challenge this year and likely to continue into 2018/19 for some Board partners, and particularly for staff in the Safeguarding Board unit, has been the growth in the number of requests for the Board to consider undertaking a Safeguarding Adult Review (SAR). You can find out more details about SARs in section 6 of this report. SARs are concerning but they can also act as 'a window on the system', so that we can ask not just what has happened in this individual case, but what it tells us about the appropriateness and quality of agencies with responsibility to safeguard people who are at greater risk and unable to protect themselves in our communities. Our recent and ongoing SARs confirm findings from national reports that people with mental health and/or learning disabilities, who may be a risk to others but more often to themselves, are not safeguarded well enough and are potentially put at greater risk by being placed in hospitals or care facilities outside of their local area, sometimes hundreds of miles away from families.

There are many examples of excellent practice in Warrington. It invests in strong advocacy support, particularly for people who may have limited capacity to express their own wishes and/or keep themselves safe. It increasingly involves diverse charity /voluntary/community sector groups, about whom there have been increased public concerns about safeguarding

MELA 2017 Shirley with The Mayor & Mayoress of Warrington

in the last year, in safeguarding training and assurance activity.
We continue to learn and raise awareness about the complex and harmful relationship between 'modern' slavery, trafficking, serious organised crime, and how these criminal 'businesses' seek out, exploit and coerce people with vulnerabilities to be involved in their activities.

There are welcome training and practice developments following new legislation in the area of domestic abuse, leading to greater awareness of coercion and control and the need for staff to be professionally curious.

The Anti-Stalking Clinic is now established in Warrington and is supporting victims, and importantly also working with 'offenders' to reduce offending behaviour. Early data suggests, not surprisingly, that the majority of stalkers have been in a previous relationship with their victim and continue to try to exercise control.

I hope you find the photographs accompanying this foreword uplifting. When one works in safeguarding it is easy to feel downhearted but I am very privileged to be part of the partnership arrangement in Warrington. I get about a bit and see the good things going on, and talk to staff and people in the community. Whilst being part of the 'team' to raise awareness on World Elder Abuse Day, I approached an older man to talk about the 'Herbert Protocol'. He immediately announced that he was very forgetful and was actually lost at that moment. We managed to have a chat (enabled capacity 'assessment' from me), have a laugh, and eventually find his right bus!

As always I am very grateful to the safeguarding colleagues who very ably support me and the Board to make a contribution to a safer Warrington.

Shirley Williams
Independent Chair

WEAAD Competition Winner 2017 Woodleigh

WEAAD Competition Winners 2017 Gainsborough House

Section 2: Warrington Safeguarding Adult's Board (WSAB)

What is Adult Safeguarding?

The Care Act 2014 statutory Guidance describes adult safeguarding as:

"Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time, making sure that the adult's wellbeing is promoted including where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances".

Who does safeguarding apply to?

Safeguarding is everyone's responsibility and the Board has a role to play in assuring our community that 'adults at risk' are safeguarded from abuse or neglect. An adult at risk, can be anyone aged 18 or over who:

- has care and support needs[1] and;
- is experiencing, or at risk of, abuse or neglect; and/or
- as a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Our Vision

Warrington Safeguarding Adults Board (WSAB) believes that

> *"all people have the right to live in safety, free from abuse and neglect."*

[1]Even if no agency is involved in meeting those needs

It is agencies coming together to make safeguarding adults at risk a priority for local people and professionals.

We are guided by the six safeguarding principles represented in the diagram below.

The role of the Board

We have been here since 2010. We became a statutory body in April 2015 under the Care Act 2014 .

Our purpose is to assure the people of Warrington, that local safeguarding arrangements are strong, sustainable and that people work together to prevent and respond to abuse and neglect.

This includes overseeing local activity and planning and challenging any poor practice.

We also promote information sharing between agencies and learning from cases to improve practice across the area.

Who are we?

WSAB is a group of organisations who work with adults at risk.

The three statutory organisations are Warrington Borough Council (WBC), Cheshire Constabulary (police) and Warrington Clinical Commissioning Group (CCG).

Other partners include public, commissioned, private and voluntary providers in the area.

The Organisations indicated here are currently part of the WSAB group.

What are our statutory duties?

1. To publish a Strategic Plan - this is a document that states what we want to achieve and how. You can read our Plan on our Board webpage: www.warrington.gov.uk/wsab

2. To publish an Annual Report – this tells you what we have done each year and what has been learnt in any reviews we have done. You can view previous reports on the webpage above.

3. We must conduct Safeguarding Adult Reviews in certain situations. See Section 6 for a further explanation of when we hold these learning events.

WARRINGTON SAFEGUARDING ADULT BOARD – BUSINESS PLAN ON A PAGE 2015/18

warrington [safeguarding] adults board

Context

JSNA | Care Act 2014 | Engagement | Making Safeguarding Personal

Vision

"Warrington's Safeguarding Adults Board will oversee local arrangements to ensure that safeguarding adults at risk is prioritised and coordinated effectively. We are committed to continuous improvement, learning from experience and enabling vulnerable adults at risk"

Priorities

Listen and respond to what adults tell us about their experiences of abuse and neglect, and the services and support they received.

Develop a **preventative and learning approach** to support, safeguard and protect adults at risk of abuse and neglect *and ensure that when things do go wrong, we learn and improve.*

Develop our **doing the business and checking** for adult safeguarding so that we can be confident that all is being done to prevent abuse .

Ensure we have **the right people with the right skills** through effective training to protect adults from abuse and neglect.

Work Areas

1 Listen and Do
- Share information (ongoing)
- Making sure adults and carers have a voice (including SU reps groups)
- Embedding MSP into multi-agency practice (front door)
- Better understanding of emerging communities and communities who traditionally may not engage
- Develop safeguarding materials with the local community

2 Learn and Prevent
- Produce a prevention strategy and monitor its delivery
- Ensuring efficient SAR practice and learning
- Multi agency audits
- Implement a multi agency approach to Self Neglect
- Works effectively with CSP and other organisations to address issues such as Hate Crime and Modern Slavery
- Increase awareness

3 Right People, Right Skills
- Ensure improved understanding of young adults and the MCA and consistent practice through transition to adulthood
- Revise multi agency Policy & Procedures
- Review and launch the Care Act compliant procedures
- Develop multi agency safeguarding understanding
- Ensuring an integrated informed approach between safeguarding and DA
- Themed and topical joint events with WSCB

4 Doing the Business & Checking
- Review and publish the plan
- The WSAB regularly reviews its purpose and progress
- Publish the Annual Report
- Secure a dedicated budget
- Performance data
- Receiving assurances about serious cases
- Making sure the SAB has its say with other local boards
- Review JSNA

Outcomes 2015/18

- ✓ Information Sharing is effective across agencies
- ✓ Feedback shows people feel safe
- ✓ Making Safeguarding Personal is evident within practice
- ✓ Safeguarding activity responds to Adults at Risk wishes and feelings
- ✓ Emerging communities are being engaged in safeguarding work
- ✓ Safeguarding materials reflect service user & community needs

- ✓ Preventative action is being taken by organisations
- ✓ Learning from SAR's effects changes in practice
- ✓ Audits and reviews support improvements to practice
- ✓ A clear & effective process is in place to share learning around adult safeguarding
- ✓ There is a clear response to self-neglect across the partnership

- ✓ Safeguarding Training is monitored & provided by WSAB
- ✓ There are clear WSCB, WSAB & WDAP joint working plans
- ✓ There are regular joint events from WSCB & WSAB
- ✓ There is clear understanding of procedures & awareness of lessons learnt

- ✓ Annual reviews priorities & progress are in place
- ✓ The Strategic Plan is driving activity of the WSAB and sub groups
- ✓ There is awareness of the WSAB across local forums and Boards
- ✓ The WSAB is financially resourced
- ✓ There is awareness of local Serious Incidents & associated learning
- ✓ The JSNA reflects Safeguarding Priorities

Principles

* Empowerment * Prevention * Proportionality * Protection * Partnership * Accountability

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Section 3: How do we meet our statutory duties?

We try to make a difference locally by bringing agencies together to discuss how best to safeguard adults at risk. We do this through setting up groups and links in to other local partnerships. These groups inform, support and oversee the delivery of our priorities. The diagram right shows the current Board structure in terms of groups and local forums.

Pink: The Executive subgroup oversees the progress of the other subgroups to ensure the Board achieves its core functions and considers any challenges and problems.

Green: These subgroups are responsible for taking forward specific activity on behalf of the board and are made up of professionals from the partner organisations.

A number of our subgroups became virtual[2] during 2017-18 as this is a more efficient and smarter approach in certain areas such as training development.

Blue: Warrington also has a number of local forums and network groups who feedback concerns and challenges that they want to seek Board support to resolve. The Board facilitates the Safeguarding Adults Forum (SAF) as a way to stay engaged with smaller agencies and links in with other existing forums such as the other examples noted in blue in the diagram above.

[2]In this instance 'virtual' means not holding regular face to face meetings but progressing business by email/calls

Section 4: Progress against our Strategic Priorities in 2017-18

We said that we would focus on:

- Listening and Responding to Adults at Risk - to understand how individuals experience safeguarding in Warrington
- Developing a Preventative & Learning approach to safeguarding – to understand how we might reduce abuse and neglect
- Ensuring the right people are in place with the right skills – to make sure those who work with adults at risk have the skills and knowledge needed to prevent and respond to abuse and neglect
- Ensure we are checking and doing the SAB's business – to fulfil our duty to identify where local safeguarding arrangements need to be improved in order to protect adults in Warrington

The following sections provide an overview of key activity undertaken in 2017-18 against our strategic work plan.

WEAAD 2017

WEAAD 2017

Priority 1:

Listening and responding to adults at risk

- Launched the 'Notice... Care... Tell...' campaign with community groups to encourage the public to report concerns
- Ensured Carer's forums can share concerns or issues for local carers
- Promoted national and local awareness events such as wearing purple (see photos) for World Elder Abuse Awareness Day (WEAAD), Warrington's Disability Awareness Day (DAD) , and the celebration of our local diverse ethnic communities with MELA
- Promoted the Safer Places scheme with local advocacy groups to support adults to feel safer out & about in Warrington
- Shared our 'Safeguarding Your Community' materials with voluntary groups and initiatives that are less visible such as our community volunteers and a Sikh ladies yoga club
- Invited advocacy services to shape our Safeguarding Adults Forum (SAF) to ensure people's experience of safeguarding is understood
- Developed an Escalation Policy and Complaints Policy so we can hear when things aren't working well locally
- Monitored Cheshire Fire Service 'Safe and Well' visits that find residents in need of support

What's next?

- We want to make our community aware of safeguarding by promoting the 'Notice… Care… Tell…' campaign further
- Deliver more awareness raising sessions where gaps are identified within services and community groups
- Share WSAB leaflets within partner organisations and the community to raise awareness of how to report concerns
- Re-engage with the Sikh ladies yoga club with a focus on financial abuse as requested by the group
- Explore local practice to look at how we Make Safeguarding Personal (MSP) in practice.

Speak Up and Warrington Borough Council Safeguarding Team have worked together to create a client feedback form as part of the safeguarding process. The feedback form will be shared with the Board when reporting on performance.

Priority 2:
Developing a Preventative & Learning approach to safeguarding

- Created 7 minute briefings (example image below) to share with practitioners the key learning from reviews and audits
- Developed audits of multi-agency safeguarding practice involving frontline practitioners exploring professional curiosity and adults 'choosing' to live with risk
- Monitored the progress of **local initiatives**, including:
  Operation Enhance – a new working initiative between police officers and Independent Domestic Violence Advocates (IDVAs) to create a swift joint visit to support victims following domestic abuse incidents
  Anti-stalking project – a forum that reviews cases to offer advice to practitioners and support to victims of stalkers. This project will be developing further into 2018-19 as one of three pilot sites working with people who stalk to prevent repeat instances
- Created a reporting process for individual agency serious incidents to identify any patterns with lessons for local practice
- Following the Grenfell Tower tragedy, we explored local risk and learnt that there are no buildings above 18 metres in height with cladding in the Warrington area
- Reviewed domestic abuse cases involving adults with care and support needs to better understand their experiences of domestic abuse
- Promoted the Herbert Protocol initiative across Warrington to raise awareness of how to safeguard adults with dementia
- Created an information pack with the Warrington Anti-Slavery Network for use in Modern Day Slavery investigations so that victims can be given relevant information in a range of languages

What's next?

- We will to continue to explore how Modern Day Slavery impacts on those with care and support needs in our area whilst supporting wider awareness raising
- Ensure the right multi-agency training is being provided and identify any gaps
- Review any themes identified through the Safe and Well visits e.g. loneliness and social isolation
- Support the repeat Domestic Abuse data project to inform Board priorities and sharing of key messages with practitioners

Integrated Anti-Stalking Unit
This is a two year pilot of innovative responses to stalking. Professionals from three police forces, three NHS Trusts and the Suzy Lamplugh Trust will contribute to this work which has received funding of over £4 million from the Police Transformation Fund.

The initiative is the first of its kind worldwide, operating as a co-located Unit comprising of both Cheshire Police and North West Boroughs Healthcare NHS Foundation Trust. The unit is working to develop a service that will enable early identification and intervention, provide greater protection to victims through perpetrator disruption and work with perpetrators to reduce future risk, help to make victims of stalking safer and increase public safety.

Priority 3:

Ensuring the right people are in place with the right skills

- Supported the development of an e-learning safeguarding package to ensure level one training is accessible to Council staff
- Promoted use of the Modern Day Slavery (MDS) 'unchosen' DVDs and materials to community groups to raise awareness of signs of exploitation
- Promoted the WSAB training programme across the partnership and delivered lunchtime workshops to raise awareness on; PREVENT (safeguarding vulnerable people from being radicalised to support terrorism), Modern Slavery, Coercion & Control, Basic Mental Health Awareness Responses, and Female Genital Mutilation (FGM)
- Developed a Cheshire wide 'Harmful Practices' programme for partners to deliver in their own agencies to raise staff awareness of FGM, Forced Marriage and Honour based Abuse

- Delivered Safeguarding Adults training, in partnership with Thorn Cross Prison, to develop third sector organisations understanding of Care Act requirements and local trends
- Engaged frontline practitioners in Safeguarding Adult Review (SAR) processes to understand challenges in practice and ensure learning is relatable for those working directly with adults.

Bridgewater Trust's safeguarding internal HUB site has been further developed to assist staff in navigating to the correct documents relevant to safeguarding adults in Warrington.

What's next?

- We will continue to support professionals to recognise and respond to signs of safeguarding risks
- We will continue to highlight emerging themes such as Coercion and Control
- We will promote the self-audit tool to housing providers and seek assurance that practice is safe
- We will look to deliver further local events for the third sector and smaller voluntary groups to encourage their involvement in safeguarding activity

The named nurse in Bridgewater offers daily reactive safeguarding supervision to staff. One to one or group safeguarding supervision is offered in cases that are particularly complex or challenging. This receive good feedback from staff and asssists in the development of adult safeguarding skills within clinical areas.

Priority 4:

Ensure we are checking and doing the SAB's business

- Delivered a joint Warrington Adult and Children Boards development day to review priorities, opportunities for joint working and have a different perspective when developing work plans
- Developed a Risk Register to identify barriers to what we want to achieve and steps we can take to overcome them
- Filled in and reviewed relevant local data (performance dashboard) to make sure the Boards activity is focussed on key areas of concern and themes
- Explored and tested out different approaches to Safeguarding Adult Reviews locally to make sure we allocate appropriate resources and get the most learning out of these processes
- Developed and promoted a local 'Allegations against Persons in Positions of Trust (PiPoT) framework' to encourage robust recruitment, reporting of concerns and quick responses
- Reviewed and commented on the new North West PiPoT Policy through our Policies and Procedures Sub-group
- Encouraged partners to share challenges and successes. Discussing the activity within individual agencies helps the Board to see how partners work together to tackle safeguarding concerns and consider how multi-agency activity and information sharing can reduce risk and prevent abuse.
- Worked with the North West Association of Directors of Adult Social Services (ADASS) safeguarding forum to develop a regional Safeguarding Policy that will support positive and consistent practice across North West England
- WSAB partners completed self-audits to provide assurance that Making Safeguarding Personal (MSP) is being embedded in practice. The MSP approach ensures that the individual and their wishes are at the centre of any decision making and actions taken to safeguard them
- Challenged partners to provide assurance on areas of concern, for example;
  - Cheshire Police were asked to brief the Board on how they record crime and what this can tell us
  - Health providers were asked to consider whether their safeguarding teams are proportionate and sufficient for the increasing population and number of areas they provide services to
  - Prisons shared developments in their safeguarding practice and trends from their safeguarding incidents with the Board
  - Warrington Hospital reported on the development of a programme of staff training and practice audits, alongside daily electronic checks of assessments of capacity to evidence improvement in their response to the Mental Capacity Act/Deprivation of Liberty Safeguards (MCA/DoLS)
- Escalated concerns to other local forums where appropriate. For example, the Board requested assurance of safe practice from Warrington Domestic Abuse Partnership, highlighting the need for agreed long-term funding for core Domestic Abuse services within Warrington

WSAB/WSCB Development Day 2017

Third sector partners supported National Scams Awareness month and campaigned locally to raise awareness. They recognised that the age group 40-60 are more likely to be targeted due to financial assets. The third sector worked with housing providers to encourage them to support adults with care and support needs by asking about personal circumstances and signposting people to relevant services as a preventative action.

What's next?

- We will continue to seek assurance and offer support in response to the increasing demand within the care sector and individual partner organisations. Capacity issues will remain on the WSAB risk register and the Board will seek assurance from providers and commissioners that partners have the resources needed to protect adults and respond to safeguarding concerns
- We will keep an eye on any progress of a national Domestic Abuse Audit tool for the National Probation Service and promote its use within local agencies
- We are reviewing the SAR process to identify the most effective ways of working to ensure it is fit for purpose and monitor how partners share learning within their services
- We will continue to learn from and seek assurance that effective safeguarding processes are in place within social care, health and other relevant settings
- We will continue to work with local Coroners to understand and manage the links between safeguarding processes and share learning where appropriate

Torus, a regional housing provider, have rolled out ABC respond with gas operatives and contractors to ensure they support the programme of "If you see it, report it". This has led to greater recognition of safeguarding concernns by staff and reporting to the safeguarding team.

Section 5: Our area

ENQUIRIES OPENED

303 Safeguarding Enquiries S42 - DOWN 22 from 2016/17 (325) BME and males are under represented (73:27 F:M compared with 65:35)

Most frequent care and support need is still Physical Disability (38%) then Mental Health (33%), however the gap has narrowed. A significant increase in Memory and Cognition (15%) replaces Learning Disability (11%)

Whilst the proportion of adults age 18-64 is stable (34%), there is a steady rise over the last 3 years in the over 75 group (56%)

So What?
We need to understand why there are less enquiries involving men. Proactive work with BME communities needs to continue.

So What?
Mental Health support need cases have increased by 26%. The pattern is broadly similar but we need to explore any trends that may indicate specific risks for this group or issues of practice in this area

ENQUIRIES CONCLUDED

Physical abuse is still the most common alleged abuse (37%) then neglect (28%), emotional (15%) and sexual (7%). Average no. alllegations has dropped from 1.5 to 1.2 per enquiry

Significant drop in enquiries in Adults own homes DOWN by 111. 65% reduction in enquiries into domicilairy care
Increase in referrals in the community

60% S42 Enquiries focussed on allegations in care homes (50%) and hospitals. (10.6%). This is significantly up from last year (31% care homes and 6% hospital)

So What?
Whilst the pattern of type of allegations remain broadly similar, there has been a shift towards 24 hour care settings. This may be linked to the pattern of care quality.

So What?
The SAB needs to continue to promote awareness in the community and to gain assurance about care quality

CAPACITY & ADVOCACY

47% of adults at the centre of S42 enquiries lack the capacity to make deciisons about their risk - similar to 2015/16

65 – 94 age group remain the largest for lacking capacity as in previous years.
There was a significant drop for adults 18 - 64. DOWN 50%

Year on Year increase in the % of people who lack capacity that use advocacy/support –2015/16: 76%, 2016/17: 81%, 2017/18: 87%

So What?
The use of advocacy in safeguarding is increasing. This is a positive trend in terms of advocacy being in place to protect those lacking capacity

So What?
We need to hear feedback from advocates about the experience of the vulnerable group of adults who lack capacity.

RISK OUTCOMES

There were 257 cases where a risk was identified and action was taken in 94%. In the vast majority of cases where no actions were taken the risk was from someone known to the adult and it was because the adult did not want this to happen.

In 2017/18 when risks were identified, they were judged to be removed in 81 cases (30%), a significant increase from previous year. In 77 cases the risk was reduced and in a reduced number of 15 cases (5%) the risk remained (was 13% in 2016-17)

So What? Where risks were not addressed and where enquiries were refused by the Adult, the source of risk was most commonly someone known to the Adult . It is a WSAB priority to understand/mitigate risks for adullts living with carers.

So What? The data suggests an increased effectiveness in tackling risk which is positive . In line with MSP the SAB continues to explore the best support for individuals who make unwise decisions and live at risk .

We Said…We Did…in 2017-18

Sources of enquiry (who is reporting concerns?)

We said we would encourage reporting, particularly in less visible settings such as someone's own home. We provided numerous sessions with the third sector and voluntary groups to raise awareness of their responsibility and how to report concerns. This year's figures suggest a change in the source of referrals but it isn't possible to be sure this is directly as a result of our efforts.

Profile of people at risk

We said we wanted to engage with less visible groups to try and understand the low level reporting from Black, Asian and Minority Ethnic (BAME) groups and males. We have continued to work with Warrington Ethnic Communities Association (WECA) to build relationships and talk to diverse communities. We attended MELA, an annual celebration event held in Warrington, where we distributed 'Notice, Care, Tell' campaign cards to raise awareness.

Nature or Abuse and Perpetrators

We said we wanted the links between poor standards of care quality and safeguarding to be understood by all partners so we have proportionate and effective responses. We have sought clarity to ensure the pathways for safeguarding concerns are clear and keep this under continuous review so all agencies in Warrington are clear on the expectation to report safeguarding concerns. We monitor this by receiving information from the NHS Quality Surveillance Group (QSG) to ensure information is shared on care quality concerns locally.

Abuse linked to care and support needs

We said we wanted to look at cases involving financial abuse to see what could be learnt and shared with the community as part of the 'keep safe' campaign… We have visited and shared messages with various community groups during the year, focussing on a theme of financial abuse through coersion by family members, to help community groups to understand what steps they can take to prevent this type of abuse.

We said we wanted to ensure partners are working to sensitively manage challenging behaviour within care settings to reduce unintentional harm. We know this continues to be a challenge and are arranging a panel to review service user on service user abuse/incidents to support staff to understand what circumstances require further support through a safeguarding referral.

Domestic Abuse and Safeguarding

We said we would continue to raise awareness of coercion & control. We have run three training sessions on the concept, legal definition, and impact of Coercion and Control in 2017-18 for frontline professionals. We also reviewed local cases to better understand the experience and impact of domestic abuse on those with care and support needs. We are re-auditing cases shortly to determine if risk has reduced and practice improved. We will then share the learning with professionals with key messages for practice.

Safeguarding Outcomes

We said we would continue to audit practice around Making Safeguarding Personal and positive risk taking to ensure practice is personalised and considers the wishes of the adult. We have completed 2 audits within the year focused on adults who choose to live with risk and staff demonstrating professional curiosity, particularly about the person's capacity to understand the risks, options available and what might happen, and/or whether they were being influenced by others.

We are please to report that there was evidence of a lot of good practice that have been shared across the partnership, along with areas for development, such as supporting adults to get a confirmed professional diagnosis of suspected conditions e.g. personaility disorder,
autism etc. so they are eligible to access the right services, understanding when the legal process of 'inherent jurisdiction' can be used to safeguard individuals in severe cases of self-neglect and the need to promote our Escalation Process to support staff to challenge and improve practice.

Do people feel safe?

We said we needed to improve the numbers of responses to the local safeguarding survey so we hear the voice of adults involved in safeguarding processes… We have opened the survey up to advocates to try and encourage feedback from those representing service users who may not be able to complete surveys themselves.

Advocacy

We said we would monitor provision of advocacy for those who cannot represent themselves. Warrington Speak Up advocacy services are represented at Board and a number of Sub-groups. We receive quarterly data about the use of advocacy services and check that advocacy was requested and used appropriately in case audits and reviews. We can see good levels of use of advocacy in Warrington and continue to monitor the capacity of the service to meet the increasing demand.

Modern Slavery

Cheshire ANTI-SLAVERY NETWORK

CASN is a multi-agency partnership of organisations across Cheshire aiming to raise awareness of modern slavery and human trafficking, enhance information sharing and encourage partnership working. The network has an independent chair, Robin Brierley, and is supported by the Cheshire Police and Crime Commissioner.

During 2017 / 2018 the WSAB has supported CASN to;

- Implement a Pan Cheshire Modern Slavery Strategy
- Draft a train the trainer Modern Slavery package suitable for a multi-agency workforce
- Complete a multi-agency table top exercise to identify gaps in provision and establish a victim care pathway that provides victims a better chance of being able to live and work in dignity in the future
- Raise awareness in agencies that have contact with the homeless, supporting Local Authorities to ensure homelessness and rough sleeping services are engaged with modern slavery effectively

CASN's Independent Chair reported that "CASN are represented on other national forums and these help to inform our work at a regional level – examples of this are bringing the knowledge and information on items such as the proposed changes to the national referral mechanism. For Anti-Slavery Day, this year we are looking at the possibility of a conference for relevant care and support providers and other organisations supported by the OPCC. The aim would be to raise awareness of Modern Slavery and the connection of it to the other forms of abuse and exploitation such as DA, FGM, Forced Marriage, County Lines and CSE"

Locally in Warrington we have established a working group that has developed a local Protocol to improve operational responses and linked to Pan-Cheshire partners to work towards a more consistent victim response across Cheshire. This remains a priority area of work for 2018-19.

Section 6: Learning from Safeguarding Adult Reviews (SAR)

Consideration of a SAR is a legal requirement under the Care Act 2014. The Care Act Statutory Guidance requires that:
"Safeguarding Adult Boards (SABs) must arrange a Safeguarding Adult Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

SABs must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. In the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect. SABs are free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support."

It is a complex process and necessitates very sensitive work, particularly with bereaved families. The decision making can involve a great deal of time in information gathering and weighing of that information. If agreed, (this process involves the Board Chair directly), the next steps are to bring relevant agencies together/require information, commission an author, source funding, manage the process with families as well as organisations, often liaise with coroners, publish, create an improvement plan, and implement those actions to ensure improvements are being made to prevent others dying or experiencing serious harm.

WSAB has a clear SAR Protocol that details the process of making a SAR referral. In 2017/18, 5 new cases were referred for review, of which 3 met the criteria for a Safeguarding Adult Review, 1 did not and 1 was referred to another SAB as the agencies involved are outside of Warrington (Case E). In addition to these new cases, activity continued against 4 ongoing SARs from 2016-17. An overview of activity for these cases is provided below.

Overview of ongoing Safeguarding Adult Review (SAR) activity for cases referred in 2016-17

Case	Referral Date	Activity Update
A	March 2015	As reported in last year's report, this SAR was concluded and an Executive Summary posted on the WSAB website in October 2016, and we continue to work with partners to implement any ongoing actions in the resulting action plan. The Safeguarding Adult Review and Learning (SARL) Sub-group have taken ownership of the action plan and will report progress to the Executive Sub-Group until all actions are complete.
D	January 2017	An initial review of the case and agency records indicated some areas where practice could be improved within a single agency, which would not meet the criteria for a SAR. However, the screening process did identify some lessons that could potentially lead to improvements within practice on a wider scale. In 2017-18 we have used the findings of the case to develop a practice briefing for front-line staff which is available on our website. It also highlighted the need for a health oversight framework for independent hospitals which NHS England have now implemented, and resulted in challenge to and receiving assurance from the Care Quality Commission (CQC) regarding their registration of new services process.

Case	Referral Date	Activity Update
E	February 2017	WSAB identified that the learning in this case was relevant to out of area agencies and was therefore referred to the relevant Safeguarding Adults Board to consider and seek assurance within their partnership arrangements. WSAB has asked to be kept informed of any findings and outcomes so that learning can be shared widely across both Boards.
G	March 2017	A SAR was commissioned to explore the case and specifically the theme of non-engagement by adults with increasing risks. In order to support frontline staff to develop their understanding and confidence in such cases, an independent author with a background in older people's mental health was commissioned to review the practice and draft a SAR report. At the time of publishing this report has been finalised and ratified by WSAB. The key messages for practice from this report were: 1. Using crisis events as an opportunity to engage those with support needs who decline support at other times 2. Set criteria for our area in relation to factors that should trigger a home visit with those declining services, for example the person being over the age of 80 3. Ensuring that we all agencies are giving clear explanations of the services available and checking this has been understood 4. Allocating a lead professionals for complex cases where families may have potential contact from multiple services Ensuring we engage with families to fully appreciate their unique dynamics
		We will now be taking forward recommendations around the learning identified which include: • Developing a working group to draft practice guidance for working with individuals who do not engage with services and with escalating needs for support • Developing an awareness session and guidance around quality Individual Management Review documents for practitioners

Safeguarding Adult Review (SAR) cases referred in 2017-18

Case F - Deferred referral until December 2017 for information from safeguarding enquiry

WSAB were first notified of the incident in February 2017, however at this point no safeguarding concern had been raised to adult social care and therefore the appropriate investigation and risk management processes had not been triggered. The referrer was signposted to the appropriate team with the caveat that the findings from this process may inform an appropriate SAR referral.

A further SAR referral was received in December 2017. The screening panel made a recommendation that WSAB undertake a SAR, which was accepted by the Independent Chair. A review will be taken forward in 2018-19.

Case H summary - Referred June 2017

In July 2017 the screening panel made a recommendation for a SAR which was upheld by the WSAB Independent Chair. A Review Panel has been convened and an independent author appointed, who has to date held two sessions with the professionals that engaged with the adult to add further context to the multi-agency chronologies. Agencies have provided individual Indidiual Management Reviews (IMRs) and the NHS Serious Incident Framework reports have also been utilised to support the author to develop a SAR overview report. At the time of publication the final draft is being reviewed by the Board for consideration of ratification. Lessons learnt and actions agreed will be shared in next year's Annual Report.

Case I – Referred June 2017

This case was declined for a SAR review as the concerns raised related to a single agency. Instead a Serious Incident Review was completed under the NHS Incident Framework to review both medical and wider practice within the organisation. This review was shared with the Board and learning was focused on the value of a well-structured Multi-Disciplinary Team (MDT) meeting to enable collaborative treatment planning for complex cases and good clinical documentation

Section 7: Feedback

What adults who have experienced safeguarding say

Warrington Borough Council implemented a new system in 2017 that helps staff to record safeguarding cases. The adult's views and wishes are now captured in all safeguarding enquiry processes, with their view on whether these outcomes were achieved.

This data helps us to see if staff are Making Safeguarding Personal (MSP) within Warrington.

Local Safeguarding Survey feedback

We ask adults involved in safeguarding enquiries to complete a Safeguarding Survey at the end of the process, to capture their opinions and support partners to improve how they work with adults.

Responses have reduced recently so to increase the return rate, Warrington Borough Council have developed the survey so that it can be completed by those advocating for adults who do not have the capacity to provide feedback directly.

Adult Social Care Outcomes Framework (ASCOF) survey

The Adult Social Care Outcomes Framework (ASCOF) is a national survey that measures how well care and support services achieve the outcomes that matter most to people.

The data does not originate from the Board but is helpful in giving an external check of what our partners report and the feedback we receive directly.

In 2017-18, 84.8% of adults subject to a safeguarding enquiry felt the outcomes they wanted were fully achieved

A further 9% noted their desired outcomes as partially achieved

"A note of thanks and appreciation for all your help with my parents. Your assistance and kind words and patience have been invaluable. Personally we feel we have a satisfactory outcome."

For a case involving controlling and coercive behaviour – "many thanks for all your help; I really appreciate it –visiting my father in hospital and making a care plan to keep him safe".

The reported findings indicate that 75% of individuals using services in Warrington feel safe and that this has increased over 3 sucessive years. This is particularly positive as overall figures in the North West have remained the same over this two year period.

However it also indicates in Warrington, 86% of people feel those services played an active part in making them feel safe and secure. This has dropped by 7% locally (compared to 93% 2016-17) and 1% across the North West area.

This is an area we want to monitor to better understand what would make each adult we work with feel safe and focus on achieving this outcome as part of service delivery.

Measure	Row Type	Mar 2016	Mar 2017	Mar 2018
4A The proportion of people who use services who feel safe	Actual	73%	74%	75%
	North West Average	70%	72%	72%
	England Average	69.2%	70.1%	*
4B Proportion of people who use services who say that those services have made them feel safe and secure	Actual	91.3%	93%	86%
	NW Avg	84.6%	89%	88%
	Eng Avg	85.4%	86.4%	*
* Figures not yet available				

What our partners and frontline staff say

We endeavour to learn from any feedback received from professionals and appreciate the commitment and contributions from all those who enable the Board to undertake pieces of work that address local needs. Below is some wider feedback the Board has received as to how partners feel it supports them to maintain oversight and be assured that they are delivering on safeguarding responsibilities.

"The WSAB holds the PPU to account which helps police improve strategic running." Cheshire Police

"The training links are useful and the WSAB acts as a conduit for other agencies to network with each other."

"The WSAB priorities help develop North West Boroughs Healthcare's agenda. It provides a way of building relationships with other agencies and provides an idea of how NWBH is viewed by other agencies. It highlights learning for his organisation through the SAR process."

"The WSAB is useful to provide information particularly training opportunities which we can disseminate" National Probation Service

"The WSAB highlights area of training needed within our agency." Torus Housing

So what do we need to do next?

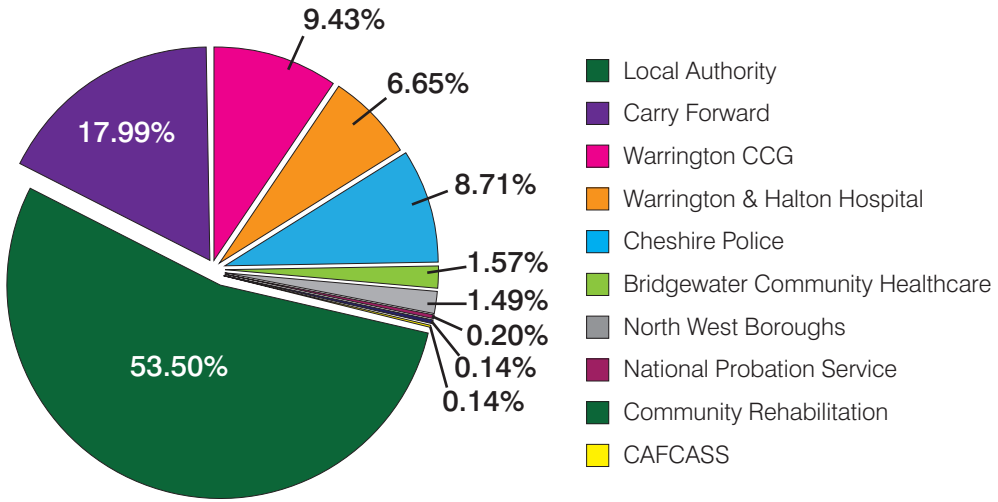
The focus within Adult Social Care Teams will remain on a personalised approach to safeguarding and the surveys will be utilised within safeguarding processes going forward. The wider partnership, including local advocacy services, will be asked to encourage staff and service users to provide feedback in order to improve and personalise how local services are delivered.

Section 8: Funding Arrangements

The WSAB and Warrington Safeguarding Children's Board (WSCB) work as a joint unit in order to share knowledge and resources to discharge their functions efficiently. The two Boards share a budget made up of contributions from adult and children partner agencies. The total combined budget is broken down into contributions from each partner in the chart below. It should be noted that partners also contribute other resources to the work of the Boards such as use of venues and support in developing and delivery of multi-agency training.

In 2017-18 the available budget totalled £401,765 which consists of annual contributions and a sum of remaining funds from 2016-17 (Carry forward).

Contributions Breakdown 2017-18



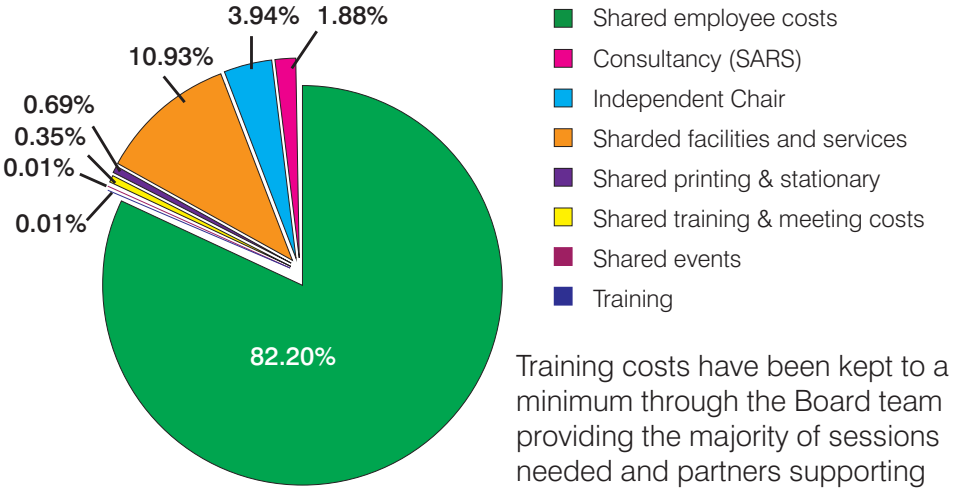
The Board have noted a financial risk in line with the increase in Safeguarding Adult Review (SAR) referrals being received and the potentially significant cost associated with these. The pledged budget only accounts for the core running costs of annual activity of the Boards. It does not cover fluctuating costs of SARs due to the unpredictable nature and trend of them to date.

Therefore, WSAB is exploring how it can ensure that statutory requirements to undertake SARs are met within a challenging economic climate moving forward.

In 2017-18 the budget was spent as indicated in the chart below. As it suggests the majority of costs are the Board support team who ensure the functions of the board are undertaken. The next highest costs reported in this period are Independent Chair and facilities costs which are considered core costs of running the Board.

However, as noted above SAR costs are increasing and are represented by the consultancy segment on the chart. This represents a portion of expected costs for SARs in the 2017/18 period that have been claimed at the time of reporting.

WSAB Budget Breakdown



Training costs have been kept to a minimum through the Board team providing the majority of sessions needed and partners supporting through the provision of venues.

The spending for 2017-18 has left a carry forward figure of £69,645.22. This will provide some additional resource towards ad hoc costs noted above. Moving forward the WSAB will be developing clear arrangements between partners for additional funding for SAR costs.

Section 9: The Year Ahead April 2018 to March 31st 2019

Our Vision is to:

Oversee local arrangements to ensure that safeguarding adults at risk is prioritised and coordinated effectively. We are committed to continuous improvement, learning from experience and enabling adults at risk to be safe and have a life that suits them.

We seek assurance and evidence that all adults at risk of abuse or neglect across Warrington are able to live safely, free from the fear of abuse, neglect or victimisation.

Our priorities

We will be reviewing the 2016-18 Work Plan and revisiting our priorities to agree which priorities need further work and identify new areas of focus for 2019/21. This work will be underpinned by our development day discussions and awareness of the priorities of other local partnerships to ensure efficient use of local resources. A revised strategic plan will be published towards the end of 2018 and taken to a range of local partnerships for scrutiny and challenge. Once agreed, the plan will be published at www.warrington.gov.uk/wsab under “The Board” section.

Monitoring and review

The work programme for the Strategic Plan is a living document which will develop each year as activity is commenced and completed. The SAB will monitor progress against currently identified activity and outcomes quarterly via its Executive Sub-group. The Sub-group will ensure activity is timely, identify when additional activity needs to be agreed, and report any exceptions to WSAB members.

The Board will also seek external scrutiny through half yearly updates to local scrutiny forums.

Section 10: Glossary

Term	Definiton
Advocacy	Advocacy is a process of supporting and helping people to express their views and concerns; access information and services; and defend and promote their rights and responsibilities. This may include providing encouragement or representing their views.
Allegation	An allegation is when someone claims that an individual has done something illegal or wrong. At the allegation stage there is often no specific evidence available to ascertain the truth of the allegation.
Care Act 2014	This is a key piece of legislation which sets out how the Warrington Borough Council should respond to individuals with care and support needs. Alongside this it sets out how Safeguarding Adult Boards should be established within each Local Authority area and the expectations on their activity. For more information see: https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets
Care Quality Commission (CQC)	The independent regulator of health and social care in England. It ensures health and social care services provide people with safe, effective, compassionate, high-quality care and encourages care services to improve. They do this through monitoring, inspecting and regulating services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings

Term	Definiton
	to help people choose care providers. For more information see: http://www.cqc.org.uk/content/who-we-are
Community Safety Partnerships	Community Safety Partnerships are local statutory bodies made up of Councillors and independent people from each local authority area. They work together to make a community safer by focusing on issues which matter most in their area.
Deprivation of Liberty Safeguards (DoLS)	The Deprivation of Liberty Safeguards (DoLS) provide additional protection for the most vulnerable people living in residential homes, nursing homes or hospital environments (and more recently some housing with care environment) through the use of a rigorous, standardised assessment and authorisation process. They help to make sure that a person's liberty is restricted legally, and that this is done when there is no other way to take care of that person safely. Following a Supreme Court judgement on cases in Cheshire West and Surrey, there has been a broadening of the circumstances of care that might now constitute a deprivation of liberty. As a result the number of applications for DoLS has increased significantly across the country.
Disability Awareness Day	Disability Awareness Day (DAD) is the biggest non-profit disability exhibition led by volunteers in the UK. It is held by Warrington Disability Partnership and attracts more than 25,000 people every year. The day aims to raise awareness of the voluntary, statutory and private services available to people with disabilities.

Term	Definiton
Domestic Abuse	Violent, controlling and/or threatening behaviours between partners or family members.
Domestic Homicide Review	Domestic Homicide Review (DHR) refers to a review of the circumstances in which the death of a person aged 16 or over has or appears to have resulted from violence, abuse or neglect by a person whom he/she was related or had been in an intimate personal relationship, or a member of the same household. DHRs aim to establish what lessons can be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.
Health and Wellbeing Board	Established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health.
Healthwatch	Healthwatch are the local consumer champion in health and social care. They have significant statutory powers to make sure that the voice of the consumer is strengthened and heard by those who commission, deliver and regulate services.
Independent Mental Capacity Advocate (IMCA)	IMCAs are a safeguard for people who lack the capacity to make important decisions: including making decisions about where they live and serious medical treatment options. IMCAs advocate by representing people where there is no one independent of services, such as a family member or friend, who is able to represent them.

Term	Definiton
Making Safeguarding Personal	The Making Safeguarding Personal programme was established by the Local Government Association (LGA) to develop person-centred, outcome focused responses to safeguarding adults.
Mental Capacity Act	The Mental Capacity Act (MCA) 2005 is a law designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. This could be due to a learning disability, or a mental health problem or condition such as dementia. The Act applies to people aged 16 and over in England and Wales.
National Health Service (NHS)	The National Health Service (NHS) is the publicly funded healthcare system for England.
Safeguarding Adults Board (SAB)	Safeguarding Adults Boards are the statutory body responsible for overseeing and leading on adult safeguarding in the local authority area. It is responsible for assuring the local community that local safeguarding arrangements help to protect adults with care and support needs in its area.
Safeguarding Adults Review (SAR)	Safeguarding Adults Reviews are reviews of cases where a person has died as a result of abuse and neglect, or where the incident was so serious that they may have died, to make sure that lessons are learned across the partnership and to prevent it from happening again. Safeguarding Adults Boards are legally responsible for completing the reviews.
Safeguarding Concerns	A safeguarding concern is an issue raised with the local authority by either a member of the public or professional about an adult who is or might be experiencing abuse or neglect.

Term	Definiton
Safeguarding Enquiry (Section 42 Enquiry)	A safeguarding enquiry is where a concern is raised about a risk of abuse and this instigates further information gathering, risk assessment and may lead onto a full investigation and the development and implementation of a safeguarding/protection plan for the adult at risk.

Warrington Safeguarding Adults Board

Section 11:
References and further information

[i]Care Act Statutory Guidance https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

[ii]Warrington Safeguarding Adult's Board (WSAB) https://www.warrington.gov.uk/wsab

[iii]Care Act 2014 http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

[iv] World Elder Abuse Awareness Day (WEAAD) https://www.elderabuse.org.uk/Pages/Category/weaad

[v]Disability Awareness Day (DAD) https://www.disabilityawarenessday.org.uk

[vi]Safer Places Scheme https://www.safeplaces.org.uk

[vii]Herbert Protocol https://www.cheshire.police.uk/advice-and-support/missing-persons/herbert-protocol

[viii]Modern Day Slavery 'Unchosen' https://encounters-festival.org.uk/unchosen-gallery