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Rutland County Council

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Meeting: PEOPLE (ADULTS & HEALTH) SCRUTINY PANEL

Date and Time: Thursday, 22 September 2016 at 7.00 pm

Venue: COUNCIL CHAMBER, CATMOSE, OAKHAM,
RUTLAND, LE15 6HP

Clerk to the Panel: Corporate Support 01572 758311
email: corporatesupport@rutland.gov.uk

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Helen Briggs
Chief Executive

A G E N D A

APOLOGIES FOR ABSENCE

1) RECORD OF MEETING

To confirm the record of the meeting of the People (Adults & Health) Scrutiny Panel held on 14 July 2016 (previously circulated).

2) DECLARATIONS OF INTEREST

In accordance with the Regulations, Members are invited to declare any personal or prejudicial interests they may have and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

3) PETITIONS, DEPUTATIONS AND QUESTIONS

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of Procedure Rule 217.

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received. Questions may also be submitted at short notice by giving a written copy to the Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes out of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

4) QUESTIONS WITH NOTICE FROM MEMBERS

To consider any questions with notice from Members received in accordance with the provisions of Procedure Rule No 219 and No 219A.

5) NOTICES OF MOTION FROM MEMBERS

To consider any Notices of Motion from Members submitted in accordance with the provisions of Procedure Rule No 220.

6) CONSIDERATION OF ANY MATTER REFERRED TO THE PANEL FOR A DECISIONS IN RELATION TO CALL IN OF A DECISION

To consider any matter referred to the Panel for a decision in relation to call in of a decision in accordance with Procedure Rule 206.

REPORTS CIRCULATED FOR INFORMATION ONLY

7) LOCAL SAFEGUARDING CHILDREN'S BOARD AND SAFEGUARDING ADULTS BOARD: ANNUAL REPORTS

To receive Report No. 165/2016 from the Independent Chair of the LRLSCB. (Pages 5 - 120)

SCRUTINY

Scrutiny provides the appropriate mechanism and forum for members to ask any questions which relate to this Scrutiny Panel's remit and items on this Agenda.

8) HOME (DOMICILIARY) CARE: PROVIDER AND SERVICE USER PROSPECTIVE

To receive Report No. 182/2016 from the Director for People. (Pages 121 - 126)

9) POVERTY IN RUTLAND REVIEW

To receive a verbal update from the Chairman of the Panel.

10) QUARTER 1 FINANCIAL MANAGEMENT REPORT

To receive Report No. 133/2016 from the Director for Resources
(previously circulated under separate cover)

11) QUARTER 1 PERFORMANCE MANAGEMENT REPORT

To receive Report No. 150/2016 from the Chief Executive
(previously circulated under separate cover)

12) PROGRAMME OF MEETINGS AND TOPICS

13) SCRUTINY PROGRAMME 2016/17 & REVIEW OF FORWARD PLAN

To consider Scrutiny issues to review.

Copies of the Forward Plan will be available at the meeting.

14) ANY OTHER URGENT BUSINESS

To receive any other items of urgent business which have been previously notified to the person presiding.

15) DATE AND PREVIEW OF NEXT MEETING

Thursday 1 December 2016 at 7 pm

Agenda items: Rutland Schools Admission Arrangements
Healthwatch: Annual Reports
BUDGET: Q2 Performance and Monitoring

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TO: ELECTED MEMBERS OF THE PEOPLE (ADULTS & HEALTH) SCRUTINY PANEL

Mr G Conde (Chairman)

Mr N Begy

Mr W Cross

Mr A Mann

Mrs L Stephenson

Mr A Walters

Miss R Burkitt

Mr R Gale

Mr C Parsons

Miss G Waller

OTHER MEMBERS FOR INFORMATION

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PEOPLE (ADULTS & HEALTH) SCRUTINY PANEL

22nd SEPTEMBER 2016

ANNUAL REPORT OF THE LEICESTERSHIRE AND RUTLAND SAFEGUARDING ADULTS BOARD (LRSAB)

Report of the Independent Chair of the LRLSCB

Strategic Aim:	<i>This contributes to the corporate objective of 'Creating a brighter future for all'.</i>	
Exempt Information	No.	
Cabinet Member(s) Responsible:	Councillor Richard Clifton, Portfolio Holder for Adult Social Care & Health	
Contact Officer(s):	Paul Burnett, Independent Chair of the LRLSCB	Tel: 0116 305 2736 sbbo@leics.gov.uk
	Dr Tim O'Neill, Director for People	Tel: 01572 758307 toneill@rutland.gov.uk
Ward Councillors	<i>All</i>	

DECISION RECOMMENDATIONS

That the Panel:

1. Note the Annual Report and make any comments, proposed additions or amendments to the report that will be addressed prior to the final version of the Annual Report being published.

1. PURPOSE OF THE REPORT

- 1.1. To present the Annual Report of the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) 2015/16 for consideration and comment by the Scrutiny Panel

2. BACKGROUND

- 2.1. The LRSAB is a partnership that is required by regulation. The main purpose of the SAB is to ensure, that local safeguarding arrangements and partners act to help and protect adults in its area who may be at risk of abuse or neglect.

- 2.2. The LRSAB has been aligned to the Leicestershire and Rutland Local Safeguarding Children Board (LRLSCB) for four years. They share the same Independent Chair. The intention of alignment was to ensure that there are effective and efficient safeguarding services in an integrated manner across the communities of Leicestershire and Rutland. This has supported a focus on vulnerable children, adults and families.
- 2.3. It is a statutory requirement as set out in the Care Act 2014 that the SAB publish an annual report. This is the first year this has been a legal requirement. The Care Act 2014 states that:

'After the end of each financial year, the SAB must publish an annual report that must clearly state what both the SAB and its members have done to carry out and deliver the objectives and other content of its strategic plan.'

'Every SAB must send a copy of its report to:

- the chief executive and leader of the local authority*
- the police and crime commissioner and the chief constable*
- the local healthwatch*
- the chair of the health and wellbeing board'*

- 2.4. In Leicestershire and Rutland we have always considered it good practice to produce such a report and to present it to the Local Authority's Scrutiny Panels, primarily for them to consider whether the Local Authority is effectively carrying out its functions in relation to safeguarding, which include ensuring that the Boards themselves are effective bodies.
- 2.5. The Care Act 2014 guidance also states that the annual report should 'provide information about any safeguarding adults reviews (SARs) that the SAB has arranged which are ongoing or have reported in the year' and 'state what the SAB has done to act on the findings of completed SARs or, where it has decided not to act on a finding, why not'. It should also 'set out how the SAB is monitoring progress against its policies and intentions to deliver its strategic plan'. Clearly it is important for the Scrutiny Panel to test whether the report meets these requirements when it considers the LRLSCB Annual Report.
- 2.6. The purpose of this report is to bring to the attention of the Rutland People (Adults) Scrutiny Panel the LRSABs Annual Report and Executive Summary for consultation and comment. The report will be presented for final approval to the LRSAB at their meeting on 28th October 2016. Any comments or proposed additions and amendments made by the Scrutiny Panel will be considered for inclusion in the final report to the Board.

3. THE ANNUAL REPORT 2015/16

- 3.1. The Boards have continued to present separate annual reports for the LRSAB and the LRLSCB this year for clarity with regard to the separate statutory frameworks for the two Boards. The LRLSCB Annual Report has been considered separately by the Rutland People (Children) Scrutiny Panel.

- 3.2. The LRLSCB Business Plan for 2016/17 was presented to this Scrutiny Panel in February 2016. The Committee will, therefore, be aware of some of the strengths and areas for development that arose from the assessment of performance in 2015/16 since this informed the framing of that Business Plan. However, the Annual Report provides a full assessment of performance that will be a key document for consideration. It is necessarily a detailed report but we have included an Executive Summary (attached as Appendix A) to assist readers in gauging the key achievements and development needs arising from the assessment of the Boards' performance across 2015/16.
- 3.3. The key purpose of the Annual Report is to assess the impact of the work we have undertaken in 2015/16 on service quality and on safeguarding outcomes for adults in Leicestershire and Rutland. Specifically it evaluates our performance against the priorities that we set in our Business Plan 2015/16.
- 3.4. The full version of the Annual Report 2015/16 is attached as Appendix B.
- 3.5. The Annual Report includes:
- A foreword by the Independent Chair
 - A brief overview of the local area safeguarding context with some key context data;
 - An overview of the Boards' governance and accountability arrangements;
 - Analysis of performance against the five key priorities in the 2015/16 Business Plan which were to be assured that:
 - "Safeguarding is Everyone's Responsibility"
 - Adults in need of safeguarding are safe, including assurance of the quality of care for any adult supported by registered providers
 - Services for children, adults and families are effectively coordinated to ensure that children and adults are safe
 - Our Learning and Improvement Framework is raising service quality and outcomes for children, young people and adults
 - The workforce is fit for purpose.
 - An overview of the work of the Serious Case Review Sub-Group including Domestic Homicide Reviews, and an overview of work on Making Safeguarding Personal.
 - The challenges ahead including our Business Development Plan 2016/17
- 3.6. Clearly the Scrutiny Panel will primarily focus on those elements of the Annual Report that relate to performance in Rutland. The Executive Summary does highlight key strengths and development needs that relate to Rutland as well as those that apply across both local authority areas. In due course there will be a need to raise with the Executive, through Cabinet, both the successes that have been achieved in the county but also any issues that need to be addressed in future strategic planning and investment in safeguarding. Clearly, the views of the Scrutiny Panel would be included in any future reporting to Cabinet in Rutland.

4. CONSULTATION

- 4.1. In preparing the Annual Report the views and opinions of a range of stakeholders have been considered including: members of the LRSAB; members of the LRSAB Executive; the views of staff.
- 4.2. The current version of the Annual Report is being presented to a range of other bodies as part of this process of consultation and comment. In Rutland specifically it will be presented to the Health and Well-Being Board and Cabinet. It will be presented to the equivalent bodies in Leicestershire.
- 4.3. It is a requirement that the Annual Report is published once agreed by the Board in October 2016.

5. ALTERNATIVE OPTIONS

- 5.1. The Annual Report is a statutory requirement of The Care Act 2014 and therefore if it was not provided the Council would not be undertaking its statutory functions and could be open to legal challenge.

6. FINANCIAL IMPLICATIONS

- 6.1. Rutland County Council contributes £8,240 to the costs of the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) (of a total budget of £95,962 in 2016/17). In addition it contributes £52,250 to the costs of the LRLSCB (of a total budget of £328,650 in 2016/17).

7. LEGAL AND GOVERNANCE CONSIDERATIONS

- 7.1. The LRSAB is a statutory partnership body. Section 43 of the Care Act 2014 requires each local authority to establish a Safeguarding Adults Board (SAB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on SABs.

As explained in 2.3 above the Annual Report must be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner, chief constable, local healthwatch and the Chair of the health and well-being board. It has always been considered best practice in Leicestershire and Rutland to include relevant Scrutiny Panels in the presentation of the Annual Report particularly since we share a scrutiny and challenge role in relation to safeguarding.

8. EQUALITY IMPACT ASSESSMENT

- 8.1. An Equality Impact Assessment (EqIA) of LSCB Annual Reports is not required. Safeguarding children, young people and adults concerns individuals who are likely to be disadvantaged in a number of ways. Information on differing needs of and impacts on different groups of individuals with regard to safeguarding is considered as part of the process to develop the Board's Business Plan. Specific impacts on or views of different groups is also considered in the work

of the LRLSCB and LRSAB Safeguarding Effectiveness Group (SEG) in assessing performance and effectiveness with regard to safeguarding.

9. COMMUNITY SAFETY IMPLICATIONS

- 9.1. There is a close connection between the work of the SAB and that of community safety partnerships including the Safer Rutland Partnership. For example the SAB works closely with community safety partnerships to scrutinise and challenge performance in community safety issues that affect the safeguarding and well-being of individuals and groups e.g. domestic abuse, Prevent, drug and alcohol abuse and emotional health and well-being. The SAB also supports community safety partnerships in carrying out Domestic Homicide Reviews and acting on their recommendations.
- 9.2. The LRSAB Annual Report includes analysis of performance in a range of areas relevant to the community safety agenda and the evaluation of performance will be shared with these partnership forums to ensure that both strengths and development needs are recognised and acted on.

10. HEALTH AND WELLBEING IMPLICATIONS

- 10.1. A key purpose of the LRSAB is to safeguard and protect the well-being of adults in need of care and support in Leicestershire and Rutland. The Health and Well-Being Board recognises the contribution that effective safeguarding makes to the well-being of the communities of Rutland.
- 10.2. There is a formal protocol between the LRSAB (and the Leicestershire and Rutland Local Safeguarding Children Board) and the Rutland Health and Well-Being Board that includes the requirement to report this annual report to the Health and Well-Being Board and agree any collective actions that need to be taken to improve both safeguarding effectiveness and the general well-being of the community.

11. ORGANISATIONAL IMPLICATIONS

11.1. Environmental implications

- 11.2. The published LRSAB and LRLSCB Annual Reports will primarily be made available on-line in electronic form, rather than paper. There are no other environmental implications.

11.3. Human Resource implications

- 11.4. There are no direct human resource implications from the LRSAB Annual Report. However, a key element of the LRSABs role is to ensure that partner agencies provide sufficient human resource capacity to deliver effective safeguarding and that staff have the appropriate training and development opportunities to secure competent delivery of safeguarding responsibilities. The Annual Report includes evaluation of these matters, and identifies that further evidence is required from Rutland County Council on the embedding of safeguarding competence frameworks within the workforce.

11.5. Procurement Implications

11.6. The LRLSCB and the LRSAB promote the inclusion of safeguarding requirements in the commissioning of services for children, young people and adults with an expectation that contract performance arrangements will test providers performance in meeting expected safeguarding standards such as those tested through our Safeguarding Adults Audit Framework (SAAF) audit process.

12. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

12.1. The Executive Summary and LRLSCB Annual Report provide the Scrutiny Panel with a comprehensive report of safeguarding performance in 2015/16. The report is intended to support the Panel in its own scrutiny and challenge of performance in the County. It is also presented so that the Panel may comment and propose changes, amendments or additions that will be reported to the LRSAB for consideration when they consider the final report at their meeting on 28th October 2016.

13. BACKGROUND PAPERS

13.1. There are no additional background papers to this report

14. APPENDICES

14.1. Appendix A – Executive Summary to the LRSAB Annual Report 2015/16
Appendix B – LRSAB Annual Report 2015/16

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.



LEICESTERSHIRE AND RUTLAND SAFEGUARDING
ADULTS BOARD (LRSAB)

Executive Summary to Annual Report 2015/16



This overview summarises the key achievements, outputs, outcomes and impact of the work of the Leicestershire and Rutland Safeguarding Adults Board in 2015/16. It also highlights the further improvements that will be sought in 2016/17.

We recognise that the Annual Report has to be a detailed and complex record of our work, so this summary is intended to be accessible to a wider audience, and enable readers to understand the impact of our work over the last year.

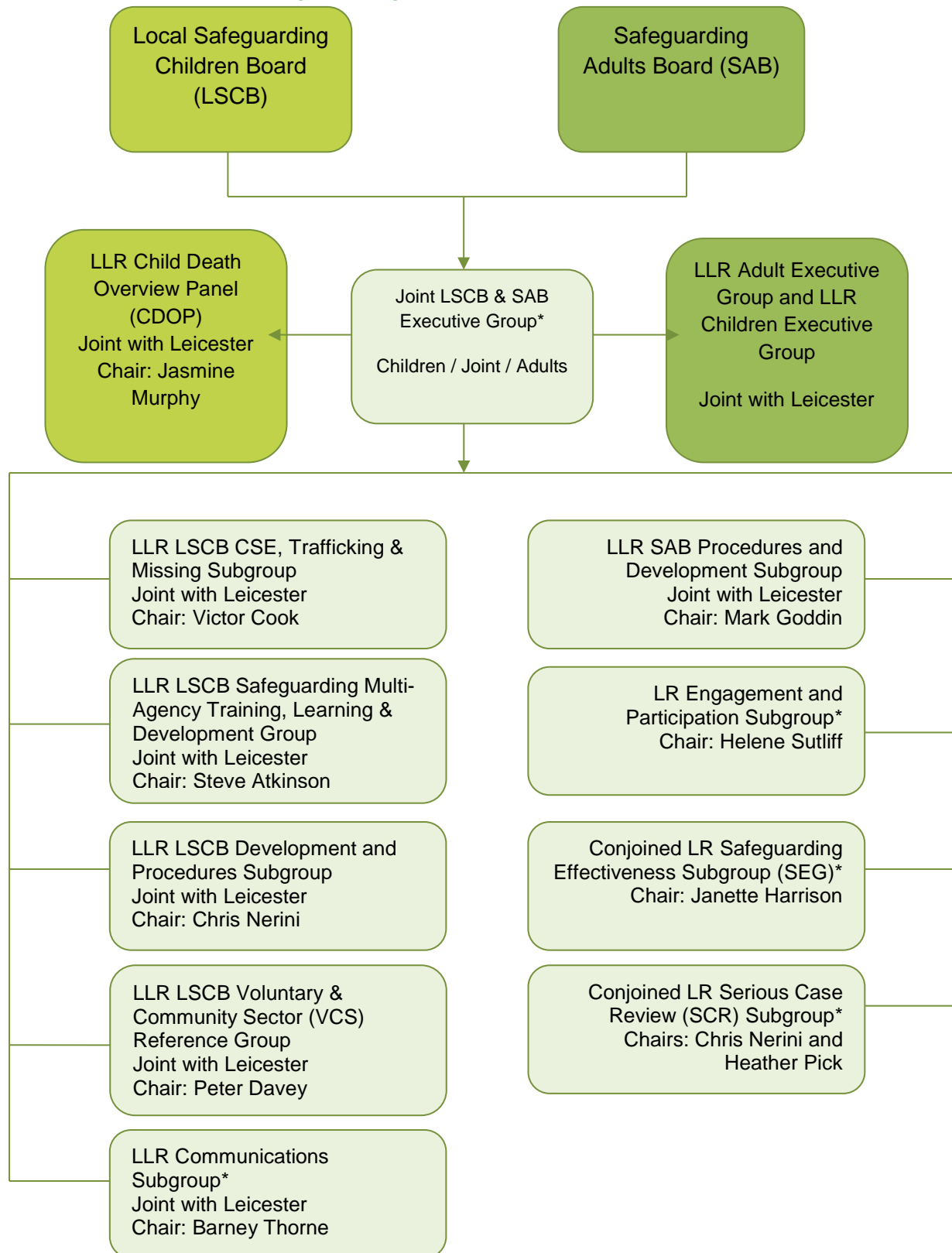
The overview includes reference to the work that has been undertaken in collaboration with the Leicestershire and Rutland Local Safeguarding Children Board (LRLSCB).

The information is presented alongside the key priorities in our Business Development Plan 2016/17.

A handwritten signature in black ink that reads "P. R. Burnett". The signature is written in a cursive style with a large, sweeping flourish at the end.

Paul Burnett
Independent Chair, Leicestershire and Rutland Safeguarding Boards

Leicestershire & Rutland Local Safeguarding Children Board and Safeguarding Adults Board 2015/16



* Those meetings marked have joint sections between the LSCB and SAB to reflect the areas of joint working between the children and adults agendas

The Role of the Safeguarding Adults Board

2015/16 marked the first year in which the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) operated as a statutory body under the Care Act 2014. This Act sets out the roles, responsibilities and requirements to be fulfilled by adult safeguarding boards.

The SAB leads adult safeguarding arrangements across the Leicestershire and Rutland areas and oversees and coordinates the effectiveness of the safeguarding work of its member and partner agencies. The LRSAB has to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles of 'Making Safeguarding Personal'. It should also concern itself with a range of issues which can contribute to the well-being of its community and the prevention of abuse and neglect, such as:

- The safety of people who use services in local health settings, including mental health
- The safety of adults with care and support needs living in social housing
- Effective interventions with adults who self-neglect, for whatever reason
- The quality of local care and support services
- The effectiveness of prisons in safeguarding offenders
- Making connections between adult safeguarding and domestic abuse.

Safeguarding Adults Boards have three core duties. They must:

- Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute
- Publish an annual report detailing how effective their work has been
- Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

Our Business Plans set out our key strategic objectives and how we will meet these. The Annual Report presented here sets out how effective we have been in delivering our objectives. The report also includes an outline of the Safeguarding Adults Reviews and other reviews carried out by the LRSAB, the learning gleaned from these reviews and the actions set in train to secure improvement.

Business Plan Priorities 2015/16

Priorities set by the LRSAB for 2015/16 were to be assured that:

- “Safeguarding is Everyone’s Responsibility”
- Adults in need of safeguarding are safe, including assurance of the quality of care for any adult supported by registered providers
- Services for children, services for adults and services for families are effectively coordinated to ensure children and adults are safe
- Our Learning and Improvement Framework is raising service quality and outcomes for adults
- The workforce is fit for purpose.

In addition a number of cross-cutting priorities were set, as follows:

- Safeguarding services are coordinated
- The voices of children and adults are heard
- The voices of staff are heard
- Sub-regional and regional coordination will be maximised
- Effective communication must underpin all Board activity.



Priority 1:

‘Safeguarding is Everyone's Responsibility’

The LRSAB has met 4 times during 2015/16. The majority of Board members have achieved the targeted 75% attendance rate including those agencies that now have a statutory responsibility to attend – the Local Authorities, Leicestershire Police and the two CCGs. The Prison Service and Public Health are now represented on the Board.

There is a need to improve attendance rates from the Borough and District Councils, East Midlands Ambulance Service and the Community Rehabilitation Company element of probation services. There was a gap in attendance for voluntary, community and private sector representatives, however this was due to a change in representatives during the year and current representatives have achieved full attendance since being appointed.

Care Act Compliance

The LRSAB and individual agencies have carried out assessments of compliance with Care Act requirements using Association of Directors of Adult Social Services (ADASS) and Social Care Institute for Excellence (SCIE) tools.

Against the 49 indicators in the SCIE documents, the LRSAB judged itself to fully meet or be on target to meet 40. Work has been undertaken to address areas for development by incorporating these into our Business Development Plan.

Impact has included:

- Developing the SAB website and communication strategy to raise safeguarding awareness in the community
- Raising safeguarding awareness with vulnerable adults through the Community Agent scheme that formed part of the Better Care Fund Programme in Rutland
- Identified Designated Adult Safeguarding Leads across partner agencies
- Securing formal links between the SAB and the Community Safety Partnerships and Domestic Abuse Strategic Group
- Partnership working between Health and Social Care to discuss cases and how thresholds are applied.

Both County Councils reported that the Care Act has made a notable positive impact on practice and culture across most areas of adult social care including Making Safeguarding Personal.

A major revision of Safeguarding Policies and Procedures has been carried out in collaboration with Leicester City Safeguarding Adult Board in order that safeguarding arrangements are Care Act compliant. This was a major undertaking in which all

partner agencies were engaged. The work has secured frameworks that apply across the sub-region thus securing consistency for those partner agencies that work across all three Local Authority areas.

Other facets of the Board's operation

The LRSAB has secured dynamic relationships with other partnerships, many based on agreed protocols, to ensure reciprocal scrutiny and challenge. Both the annual LRSAB Business Plan and the LRSAB Annual Report were presented to:

- Leicestershire and Rutland Health and Well-Being Boards
- Rutland People Scrutiny Panels (Children and Adults & Health)
- Leicestershire Overview and Scrutiny Committees for Children & Families and for Adults & Communities
- The Rutland & Leicestershire County Council Cabinets

In addition to these meetings, there have been interfaces with the Leicestershire Supporting Families Programme, the Rutland Changing Lives Programme and the Leicester, Leicestershire and Rutland Better Care Together Board.

The LRSAB has now determined that the key focus of our inter-relationship with the Better Care Together (BCT) Programme should focus on the following 'Change and Intervention' areas set out in the five year strategic plan:

- Urgent care
- Frail older people
- Long-term conditions
- Planned care
- Mental health
- Learning Disability.

In addition, there is a joint interest from the LRSAB and LRLSCB in the 'Maternity and Neonates' work stream.

Our next step is to clearly identify the measures and indicators of safeguarding benefits that can be delivered against each of these work streams and agree with BCT a Quality Assurance and Performance Framework that will enable this to be reported appropriately.

Quality Assurance and Performance

Partner agencies' compliance with agreed safeguarding standards was tested using the SAB Compliance Audit of the Safeguarding Adults Assessment Form (SAAF) in the previous year. During 2015/16 these self-assessments were tested through a frontline staff activity that tested the results of agency's own assessments.

- Almost everyone completing the survey knew how to report a safeguarding adult or safeguarding children concern.
- 91% of all respondents stated that safeguarding is a priority.
- 176 of 190 respondents knew how to access the LLR Multi-Agency Policies and Procedures (MAPP).
- 84% of frontline staff knew how to access their agency's Domestic Violence and Abuse Policy and all managers knew how to access this policy.
- 76% of respondents across all agencies felt that the Mental Capacity Act (MCA) applies to their role
- The majority of respondents stated that they felt that the adult at risk is involved in decisions relating to their safety.
- The majority of respondents receive safeguarding adults training at least every three years (78%); 10% had received no safeguarding adults training in the last three years.
- Around 50% of staff received special help and support through supervision by their line managers. 90% have an opportunity to discuss personal development.
- Around two thirds of respondents felt that their agency kept them informed about learning from serious cases.

However:

- One third of respondents did not know about Prevent; although all but two agencies stated that they have a Prevent strategy in place.
- There was limited use of risk assessment tools across some agencies.
- 60% of respondents would not know how to escalate a concern where there is a professional disagreement.
- The majority of staff stated that they did not know if there had been any Safeguarding Adult Reviews (SARs) in the past year

The new Quality Assurance and Performance Management Framework became fully operational during 2015/16. This aligns performance measures with the Business Plan and tests impact in both quantitative and qualitative terms as well as against service user and staff views and opinions. Contributions to the Framework now extend across all partners whereas in the past we relied almost wholly on information from the two County Councils.

All relevant agencies made their financial contribution to the running of the LRSAB in full providing the Board with a budget of £103,153. The budget was spent in full as was a significant proportion of the reserve account that had been challenged in the past.

Community Awareness of Safeguarding

Steps were taken to extend opportunities to secure the engagement and participation of service users including work with HealthWatch. In addition, work has been undertaken to raise safeguarding awareness across the community through a range of media and information leaflets.

The number of enquiries that have resulted from public alerts has not increased; however, the conversion rates have improved on last year, indicating a possible improved understanding of what constitutes a safeguarding concern.

Priorities for 2016/17

Our priorities for further improvement will include:

Care Act Compliance

- Improving our evaluation of the effectiveness and impact of training
- Developing a prevention strategy specifying each agency's responsibilities
- Strengthening arrangements for the involvement of groups and communities that are not members of the LRSAB
- Strengthening arrangements for people with care and support needs and carers to be active participants in the SAB's work
- Partner agencies are fully compliant with the Care Act.

In addition we will want to be assured that:

- Effective Board arrangements remain in place to provide strategic leadership
- The Better Care Together programme incorporates, promotes, measures and evaluates on safeguarding outcomes within its improvement plans
- Members of the public in Leicestershire and Rutland are aware/understand what constitutes a safeguarding concern/alert/referral with a view to increasing appropriate reporting
- We are listening to and reporting what members of the public say about their experience of safeguarding, and evidence how these views impact on Board priorities and plans of action. The engagement activity of the Board will also be increased
- Test by audit compliance with thresholds
- Undertake another strategic SAAF audit during 2016-17 to ensure agencies' compliance with key safeguarding issues.

These will be addressed through SAB Business Priorities 1 (Community Resilience), 2 (Thresholds) and 3 (Making Safeguarding Personal).



Priority 2b:

To be assured that adults in need of safeguarding are safe, including assurance of the quality of care for any adult supported by registered providers

In Leicestershire:

- There was an increase in the number of safeguarding enquiries (from 892 to 915). This shows greater consistency following the spike in the year before last. The referral rate remains in line with statistical neighbours.
- The ratio of referrals from registered settings and community settings is better balanced with a reduction in referrals from registered settings and an increase in those from community settings. The number of referrals from care home settings has fallen from 606 in 2014/15 to 555 in 2015/16 and the number from community settings has increased from 279 to 348.
- 69% of referrals relate to people over 65 and 41% relate to those over 85.
- The most common type of risk was neglect and omission – present within 48% of all cases. 30% related to physical abuse and 15% to financial or material abuse.
- In a survey of Adults Social Care Service Users, 89% of respondents said that care and support services help them in feeling safer.
- A survey of 900 Carers showed that 80% of those that responded said that they have no worries about their personal safety.

In Rutland

- There was an increase in the number of safeguarding enquiries across the year.
- 47% of referrals were from residential settings and there has been a further increase in the proportion that come from the community; this is an important shift in the profile of alerts.
- Older people continue to be the largest group to which safeguarding referrals relate.
- Neglect and acts of omission together with physical abuse were the most prevalent types of abuse.

Across Leicestershire & Rutland

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

As in many other parts of the country, Leicestershire and Rutland have experienced an increase in the number of DoLS referrals.

The LRSAB has continued to scrutinise performance particularly in relation to:

- Pressures on staff resources both in terms of volumes of activity but also specifically in relation to best interest assessment
- Staff awareness, confidence, competency and compliance in relation to MCA and DoLS across the partnership particularly in the care sector
- Service user experience.

The referral rate across Leicestershire and Rutland has increased from 695 referrals in 2013/14 to 3323 in 2015/16, with 168 of these from Rutland. Although the service was in a strong position to deal with the increase, due to an ongoing commitment to having a DOLS lead, a core team of Best Interests Assessors (BIAs) and availability of signatories, this increase meant that the service was under significant pressure.

The Local Authorities have invested to reflect this demand allocating an additional £385k in 2014/15 rising to £1.24 in 2016/17 and an ongoing process of recruitment is underway which it is envisaged will mean the in-house service is able to meet demand for the foreseeable future. This work is in progress and the waiting list has reduced to 1500.

A key opportunity to enhance our response to these and other issues presented in the shape of the NHS MCA Improvement Programme through which we gained access to an additional investment of £471,110 across Leicestershire, Rutland, Leicester and Lincolnshire. The impact of this programme has been:

- User Exchange lessons for commissioners which rapidly converted into a parent-led Transition Project at Rainbows Hospice, expected to become a “national first”
- Three new multi-professional Staff Exchanges (one a dedicated provider forum), mainstreamed to keep staff up-to-date with MCA/DoLS legislation and networking on good practice
- An online Pocket Guide and Learning Pack to support staff understanding and compliance on MCA/DoLS
- 25 (13 Health) BIA trainees, six health BIA undertaking refresher programmes as well as new signatories and an ongoing BIA approval procedures panel – and an innovative health-social care secondment being formulated
- Over 500 staff training episodes (meeting the needs of over 400 participants) in hot houses, face-to-face events and the action learning sets to create Leaders at All Level
- Targeted Professionals’ educational events: ten care home events catering for at least 80 care-home staff; four police events for just under 50 police personnel – and just under 60 General Practice staff at four different events.

Priorities for 2016/17

2016/17 Business Development Plan priorities will continue to focus on:

- Community Safeguarding awareness
- Effective application of thresholds
- Making Safeguarding Personal

- Mental Health
- Ensuring that people with care and support needs contribute to and actively participate in the work of the SAB is required.

DoLS data will continue to be monitored through the Leicestershire and Rutland Executive Group.

In addition, the Learning Disabilities Mortality Review (LeDeR) Programme has been commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and supported by the Association of Directors of Adult Social Services (ADASS) in response to the Confidential Inquiry into the Premature deaths of people with learning disabilities (CIPOLD).

As part of the LeDeR programme within each local area there will be a review of deaths which will seek to:

- Identify the potentially avoidable contributory factors related to deaths of people with learning disabilities
- Identify variation and best practice in preventing premature mortality of people with learning disabilities
- Develop action plans to make any necessary changes to health and social care service delivery for people with learning disabilities.

The LRSAB will be working to support this programme in its initial stages.



Priority 3:

To be assured that services for children, services for adults and services for families are effectively coordinated to ensure children and adults are safe

This priority was introduced to test the effectiveness of safeguarding across the children and adult service arenas and to gauge the impact of the closer alignment between the LRSAB and the LRLSCB.

The areas of focus and headline achievements across Leicestershire & Rutland have been:

Female Genital Mutilation (FGM)

- The production and launch of revised FGM procedures
- A FGM communication plan was sent out to all schools across Leicestershire and Rutland raising schools' awareness in recognition and response to FGM prior to the school holidays. This included the LSCB supporting a YouTube FGM awareness video: <https://youtu.be/2XdHwHGJHck>
- A community engagement strategy including a mini 'Engagement Summit' involving members of the Somali community in Leicester.

Evidence suggests awareness and reporting of cases has improved as a result of these initiatives.

Prevent (Preventing Violent Extremism)

- The local Prevent website has been reviewed, revised and improved, following consultation with safeguarding leads across the sub-regional area. The link to this website is: <http://www.leicesterprevent.co.uk/>
- Local Authorities contributed to a partnership Prevent Officer post for the area
- Delivering training to staff working in communities, particularly in schools across Leicestershire & Rutland. In 2015/16 "Workshop to Raise Awareness of Prevent" (WRAP) training was delivered to over 1000 people in over 40 locations. This training has resulted in increased referrals to the Police PREVENT team
- The Leicestershire & Rutland Safeguarding Boards Business Office has developed a webpage providing safeguarding signposting and links to training and the LLR Prevent Website: <http://lrsb.org.uk/prevent>

Transition between children and adult services

The Board explored the transition processes between child protection and adult services and was assured that appropriate and effective measures were in place to ensure successful transition and ongoing safety. Further work regarding children at risk of sexual exploitation and children supported by mental health services will be considered within the Board's priorities for 2016/17.

Think Family approaches including Supporting Leicestershire Families and Changing Lives, Rutland

There is good evidence of partnership working to provide early intervention and support to better safeguard and support families across Leicestershire and Rutland. Examples include:

- Midwives from the University Hospitals of Leicester (UHL) ensuring that women identified as vulnerable during their pregnancy are appropriately referred for support and discussed with Leicestershire and Rutland Children's Social Care and relevant health staff by the 30th week of pregnancy. The UHL team received 815 such referrals during 2015/16.
- The Early Start Programme provided by Leicestershire Partnership NHS Trust (LPT). Working across Charnwood, it provides intensive health visiting support to vulnerable pregnant women and their partners (including those with a Learning Disability) who are first time parents, prior to 24 weeks pregnancy. The scheme is integrated into mainstream health visiting, Children's Centres and Early Help Services. Parents are reporting satisfaction with Children's Centre services that offer Early Help and support across Leicestershire and Rutland.
- A survey of parents during October to December 2015 shows that 74% of Leicestershire families and 75% of Rutland families who engage with the Children's Centres are reporting that their needs have been fully met.
- The Supporting Leicestershire Families (SLF) and Changing Lives Rutland (CLR) services provide early intervention to families in need of support. A survey of parents who accessed these services between July-September 2015 showed that 98% of Leicestershire families and 96% of Rutland families reported improvements in their parenting confidence and capacity.

Domestic Abuse

The Safeguarding Boards have scrutinised and challenged domestic abuse work since this is a key safeguarding risk area in Leicestershire and Rutland.

Examples of impact and outcomes include:

- There were more requests for support from the new domestic abuse and sexual violence support service: 778 calls to new helpline from Leicestershire & Rutland in 4 months (Dec 2015 to March 2016) compared with 408 in 8 months (April to November 2015) under previous arrangements.
- In the first 4 months of the new LLR support service, all Leicestershire and Rutland service users felt safer following support and 87.5% had experienced a reduction in violence following support.
- In Leicestershire information was shared with schools regarding domestic abuse in the homes of 360 children between September 2015 and March 2016 through Operation Encompass. The scheme is being considered further in Rutland.
- There was an increase in referrals to the Multi-Agency Risk Assessment Conference (MARAC) regarding young people under 18 (7 last year to 11 this year).

- There were early signs of reduction in offending by priority domestic abuse perpetrators who had been worked with through the Integrated Offender Management (IOM) framework.
- There was good attendance from all agencies at MARAC.
- Approximately 1400 people across Leicestershire & Rutland were supported by domestic abuse support services including the Independent Domestic Violence Advisors (IDVAs) and outreach services.
- 396 cases were considered at MARAC compared to 336 in 2014.
- A service user panel is in place as part of the contract management of the new support services. The panel has fed their views into the progress of the LLR service, including areas for improvement, such as call answering and waiting times for therapeutic support.
- Service user feedback on the new United Against Violence and Abuse (UAVA) services shows that 81% of service users surveyed feel their needs have been met. It also identified the need for joined up support for child secondary victims in Leicestershire & Rutland.
- Schools have given positive feedback about the Operation Encompass scheme in Leicestershire, and the additional information provided to support their pupils.
- The Domestic Abuse Champions in Leicestershire Children & Family service have welcomed the opportunity to develop practice with regards to work around domestic abuse.

Priorities for 2016/17

The Joint Business Development Plan between the LRSAB and LRLSCB for 2016/17 identifies three key areas for improvement:

- Domestic Abuse – to be assured that there are robust and effective arrangements to tackle domestic abuse.
- Mental Health and safeguarding risk – to be assured that Mental Health Services incorporate robust arrangements to reduce safeguarding risk to children and adults in particular areas: e.g. Suicide, Self-Harm, Emotional Wellbeing, Adolescent Mental Health, those supported through MCA/DoLS and the Learning Disability Pathway.
- Prevent – to be assured that the Safeguarding element of the Prevent strategy is effective and robust across Leicestershire and Rutland.



Priority 4:

To be assured that our Learning and Improvement Framework is raising service quality and outcomes for vulnerable adults

The Learning and Improvement Framework has been updated and is now compliant with the Care Act. Work was also undertaken to reflect the various review methods we use to undertake both SARs and Alternative Reviews. The new LLR Referral Form is reflected in the Framework. This has been a very successful method of capturing potential cases requiring either a formal or informal review from member agencies. The Learning and Improvement Framework is available on the Safeguarding Boards website at: <http://lrsb.org.uk/seriouscasereviews>

The Board has considered a range of national reports with a view to ensuring provision in Leicestershire and Rutland is addressing key learning and acting to drive up quality. We have continued to focus on the impact of work arising from the Winterbourne View and Mid-Staffordshire Hospital action plans. Regular reporting has taken place that has assured the LRSAB that local actions are meeting national requirements and recommendations.

One Safeguarding Adult Review (SAR) was undertaken by the LRSAB in 2015/16. This related to the serious abuse of an elderly woman by her son, resulting in significant injury and threats to her life. Learning from this review included the need for workers to have 'better conversations' around what they mean by the term "vulnerable", agreeing at an earlier stage what action can be taken or not, recognition of Domestic Abuse involving elderly service users and recording information regarding involvement with Multi-Agency Risk Assessment Conference (MARAC).

Significant work has been done to ensure that key learning and recommendations from reviews for practice are disseminated to frontline staff through the revised Leicestershire & Rutland Safeguarding Boards website and through our regular newsletter 'Safeguarding Matters'.

In March 2016 a LSCB/SAB Learning Event, attended by 143 delegates, focused on Building Confidence in Practice and Learning Lessons from SCRs/SARs and DHRs (please see the report from the SAB Serious Case Review (SCR) Subgroup in Chapter 4 of the main report for further information on this event).

In Spring 2016, the LSCB Safeguarding Matters special edition publication focused upon Building Confidence in Practice again based on Learning from Case Reviews.

The new Adult Safeguarding Policies and Procedures, including the Multi-Agency Policy and Procedures (MAPP), also reflected learning and improvement from earlier reviews.

A key element of our Learning and Improvement Framework is the new Quality Assurance and Performance Management Framework that has sought to provide a more holistic account of impact.

Priorities for 2016/17

The priorities under this heading for 2016/17 are to:

- Enhance the Board's capacity to test that the recommendations and actions arising from SARs and other case reviews are effectively implemented in practice and reflected in improved safeguarding outcomes for adults.
- Be better sighted on the outcomes of reviews undertaken in other parts of the country and test whether our performance in areas identified for improvement needs to improve. This will be assisted with our enhanced focus on comparative performance with benchmark authority areas.



Priority 5:

To be assured that the workforce is fit for purpose

Training and workforce development has continued to be a key priority for the LRSAB to ensure that staff are able to deliver safeguarding expectations with confidence and high levels of competence.

The Safeguarding Adults Competency Framework was introduced in April 2014 and has subsequently been updated to be Care Act Compliant.

The Safeguarding Boards Website provides documents that outline the Competency Framework, how it can be used, how to assess competency and a best practice guide to the commissioning, delivery and evaluation of safeguarding learning: <http://lrsb.org.uk/safeguarding-adults-training>

Safeguarding Adults Trainers Network

The Trainers Network meets on a quarterly basis and is open to staff from the Independent, Statutory and Voluntary Sector who have a responsibility for developing and delivering Learning and Development Opportunities.

The Network is an opportunity to share the following:

- National Developments
- Learning from Reviews (National and Local)
- Learning Delivery methods and embedding the Competency Framework
- Problem solving.

Performance monitoring by the Safeguarding Effectiveness Group (SEG) has indicated that most agencies have embedded the Competency Framework but further assurance is required from the two County Councils in 2016/17.

A range of training has been put in place both by individual organisations and multi-agency, the latter primarily through the Leicestershire Learning and Development team. Evaluations of training delivered have been positive.

As part of the Performance Reporting Framework (PRF), the Safeguarding Effectiveness Group (SEG) asks “To be assured that the workforce is fit for purpose: to be assured that caseloads are appropriate and manageable”. Throughout 2015-16, agencies were able to provide full assurance that all caseloads are allocated and managed.

Priorities for 2016/17

As workforce development is a cross cutting theme in our 2016/17 Business Development Plan, it is a priority that:

- A Leicestershire and Rutland Safeguarding Adults Board training strategy is produced
- Closer working relationships with Leicester City SAB are pursued
- Partner agencies, in particular Local Authorities, are able to supply data regarding training and workforce competence.
- We are assured that all agencies are able to assess, design, deliver and evaluate use of the Competency Framework.



Domestic Homicide Reviews and Making Safeguarding Personal

Domestic Homicide Reviews

The Joint Serious Case Review (SCR) Subgroup has delegated responsibility for Domestic Homicide Reviews (DHRs) commissioned by Community Safety Partnerships in Leicestershire.

In 2015/16, two DHRs were commissioned and have yet to be completed.

The Joint Subgroup has also begun to consider alternative reviews that involve young people who have recently moved into adulthood.

Making Safeguarding Personal (MSP)

The MSP programme was established in 2012 by the Local Government Association (LGA), supported by the Association of Directors of Adult Social Services (ADASS). The focus for the project was to develop an approach for safeguarding practice which was person-led and outcome focused, to enhance choice and control and to improve quality of life and well-being as well as safety.

Leicestershire County Council was one of 53 Local Authorities to sign up to the project in 2013/14. Rutland County Council signed up to MSP in 2014. From 2014/15, as part of the Care Act 2014 implementation, all Local Authorities have been expected to engage with the MSP approach.

Rutland

Rutland County Council adopted MSP in early 2014 and it was implemented into practice as part of a restructure of Adult social care services with the emphasis being shifted to the overall personalisation agenda and person-centred practice in the new safeguarding and prevention team. This has been ongoing since and has been embedded into practice using at first MSP champions from all teams and latterly developed into CPD groups.

An early evaluation of this work by peer review was favourable and judged Rutland to have “Strong feedback from customers and providers that interventions were person-centred, focussed on outcomes, with right balance of support and challenge”.

The county has further developed MSP in 2015/16 and is incorporating the principles into its new integrated team with health colleagues and has adopted Liquid logic and is designing ways to evidence MSP application from practitioners, therapists and service users.

Leicestershire

Within Leicestershire County Council, a MSP working group was established and a questionnaire was developed to ensure workers were considering MSP principles when undertaking safeguarding enquiries and discussing outcomes with individuals involved. In 2014 the Anne Craft Trust was commissioned to undertake an

evaluation of this work and this was completed in August 2015. There were a number of challenges in engaging individuals involved in safeguarding enquiries within this evaluation, mainly due to issues of mental capacity in being able to consent to their involvement, and also not wanting to be reminded of a difficult time in their lives, so responses were limited. However it was identified that further work was required in relation to ensuring the principles of the Mental Capacity Act were kept central within the safeguarding process, and also around how enquires were recorded and reported, training for frontline staff in MSP principles, and ensuring the use of advocacy was considered.

Leicestershire & Rutland

In response to the outcomes of the Anne Craft Trust evaluation, and also the ADASS MSP Toolkit for Responses, published in January 2015, it was agreed by the Local Authorities and the Leicestershire and Rutland Safeguarding Adults Board that embedding the MSP approach was a priority, and that this should be achieved by April 2017. This has resulted in the development a MSP Business Plan, which covers:

- Preparing the Workforce
- Embedding MSP Principles into Practice
- Measuring Effectiveness.

Making Safeguarding Personal is a key priority in our Business Development Plan 2016/17.

Business Plan Priorities 2016/17

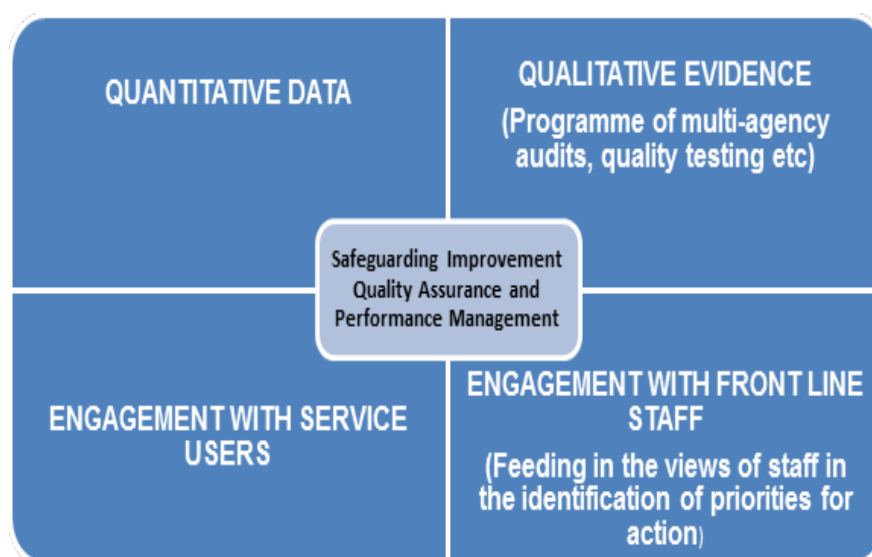
Within the broader core business of the LRSAB the following specific priorities have been identified:

- To build **Community safeguarding** resilience and be assured that people living in the community who may be experiencing harm or abuse are aware and know how to seek help
- To be assured that **Thresholds** for Safeguarding Adult Alerts are appropriate, understood and consistently applied across the partnership
- To champion and support the extension of **Making Safeguarding Personal (MSP)** across the Partnership and secure assurance of the effectiveness of multi-agency processes/working and evidence of positive impact for service users
- Assure robust **Safeguarding in care settings** – including health and social care at home, residential and nursing care settings.

The following joint priorities, with Leicestershire & Rutland Safeguarding Children Board, have been identified:

- To be assured that there are robust and effective arrangements to tackle **Domestic abuse**.
- To be assured that **Mental Health** Services incorporate robust arrangements to reduce **safeguarding risk** to children and adults in particular areas, including those supported through MCA/DoLS and the Learning Disability Pathway.
- To be assured that the Safeguarding element of the **Prevent** strategy is effective and robust across Leicestershire and Rutland.

Against each of these priorities the Boards have identified key outcomes for improvement and the actions that will need to be taken over the next year to achieve these improved outcomes. The Quality Assurance and Performance Management Framework for the Boards will be revised to ensure that they reflect the new Business Development Plans and enable ongoing monitoring of performance of core business that is not covered in them. Quality Assurance and Performance Management will continue to be framed around our 'four-quadrant' model:



Membership of the Leicestershire & Rutland Safeguarding Adults Board 2015/16

Independent Chair

Borough and District Councils (represented by Melton Borough Council)
Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company (DLNR CRC)
East Leicestershire and Rutland Clinical Commissioning Group (CCG)
East Midlands Ambulance Service (EMAS)
East Midlands Care Association (EMCARE)
Leicestershire County Council
Leicestershire Fire and Rescue Service (LFRS)
Leicestershire Partnership NHS Trust (LPT)
Leicestershire Police
National Probation Service (NPS)
Prison Service
Rutland County Council
University Hospitals of Leicester NHS Trust (UHL)
Voluntary Action LeicesterShire (VAL)
West Leicestershire Clinical Commissioning Group (CCG)

Observer status

Leicestershire County Council Lead Member
Rutland County Council Lead Member

Professional Advisers to the Board:

Boards Business Office Manager
Legal Services for the Safeguarding Boards
Adult Safeguarding Leads in the two Local Authorities
Designated Nurse Children and Adult Safeguarding – CCG hosted Safeguarding Team

NB: the local NHS England Area Team has informed local SABs that NHS England will only attend Boards where there are specific concerns that require NHS England oversight or action, for example where an improvement board is in place. At other times, NHS England will be represented by the Designated Professional from East Leicestershire and Rutland or West Leicestershire CCG utilising the clear communication routes back to NHS England.

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LEICESTERSHIRE AND RUTLAND
SAFEGUARDING ADULTS BOARD
(LRSAB)

Annual Report 2015/16

DRAFT

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Foreword from Independent Chair



I am pleased to present the Annual Report for the Leicestershire and Rutland Local Safeguarding Adults Board (LRSAB) for 2015/16.

The Annual Report focuses on the work we have undertaken to secure effective safeguarding for adults in Leicestershire and Rutland in the past year. Some parts of the Annual Report are shared with the Leicestershire and Rutland Local Safeguarding Children Board (LRLSCB) since we formulated a joint Business Plan to secure effectiveness across the children and adult arenas – reflecting our aim to ‘think family’ in the delivery of our work.

Publication of an Annual Report for Safeguarding Adults Boards is now a statutory requirement subsequent to the Care Act 2014. These expectations are reflected in the content of this report though we report more widely than the statutory minimum.

The key purpose of the report is to assess the impact of the work we have undertaken in 2015/16 on service quality and effectiveness and on safeguarding outcomes for adults in Leicestershire and Rutland. Specifically it evaluates our performance against the priorities that we set in our Business Plans 2015/16 and other statutory functions that the LRSAB must undertake.

The last twelve months have witnessed some significant changes in the way we operate as a Board. In April 2015 the Board became a statutory entity as a result of the Care Act 2014. A key focus of our work in the last year has been to ensure implementation of the legislative expectations of Boards. The Care Act also had significant implications for the safeguarding work of partners. For the Board this required us to comprehensively review our policies and procedures to secure Care Act compliance. A further priority has been to promote and champion the ‘Making Safeguarding Personal’ agenda.

Beyond the Care Act, the LRSAB has continued to closely monitor the impact of the Supreme Court judgment relating to MCA/DoLS application and the resulting significant increases in Deprivation of Liberty Safeguards referrals. The Board has continued the work it began in previous years in monitoring local implementation of recommendations arising from the Winterbourne View and North Staffordshire Hospital review recommendations as they apply to safeguarding practice.

At local level, we have worked closely with the Better Care Together programme to ensure that safeguarding features as an important cross-cutting theme in the change driven by the initiative. This will remain a key focus of our work in 2016/17.

We have continued our vigilance in assessing the impact of the financial constraints within which partner agencies have operated and the structural and organisational changes that have taken place in response to both national reforms and local

strategies to secure efficiencies. We have witnessed change in the leadership of adult services in both Local Authorities, changes in lead safeguarding roles and operational delivery. This has required us to closely monitor the impact of this change on safeguarding effectiveness. In addition we have seen some changes in our Board governance arrangements. This has included closer working with prisons and their engagement in the work of the LRSAB.

I am pleased that this report presents a considerable range of success and achievement for the Board. The assessment of our performance has shown that we are sustaining those elements of our work that were judged to be good last year and that we have secured improvement in those areas that required improvement. There remain areas for further development and improvement which have been incorporated into our Business Development Plan 2016/17.

I would like to take this opportunity to thank all Board members and those who have participated in Subgroups for their continued commitment in 2015/16. In addition, I would like to thank staff from across our partnerships for their motivation, enthusiasm and continued contribution to keeping the adults living in Leicestershire and Rutland safe.

Safeguarding is everyone's business. The achievements set out in this Annual Report have been achieved not just by the Safeguarding Board but by staff working in the agencies that form the partnership. The further improvements we seek to achieve in 2016/17 will require continued commitment from all and I look forward to continuing to work with you next year in ensuring adults in Leicestershire and Rutland are safe.

I commend this report to all our partner agencies.



Paul Burnett,

Independent Chair, Leicestershire and Rutland Local Safeguarding Adults Board

Chapter 1: Local Area Safeguarding Context

LOCAL DEMOGRAPHICS

The Leicestershire and Rutland Safeguarding Adults Board (LRSAB) serves the counties of Leicestershire and Rutland.

The populations of the two counties are shown below, including the population over 65 and those who report their day-to-day activities are limited:

	Total	65 +	All ages – Day-to-day activities limited
Leicestershire	667,905	130,084 (19.5%)	105,423 (16.2%)
Rutland	38,022	8,830 (23.2%)	5,788 (15.5%)

(Source: ONS mid-year population estimates 2014)

The two counties have a predominantly white ethnic population with 88.9% of the **Leicestershire** population and 94.3% of the **Rutland** population describing their ethnicity as white British.

This data compares to averages for the **East Midlands** region of 85.4% and for **England** of 79.8%.

In Leicestershire, of those that do not consider themselves to be white British, 6.3% consider themselves to be Asian or Asian British, 1.9% 'white other' and 0.6% Black/African/Caribbean or Black British. In Rutland, the largest ethnic minority group is 'white other' at 2.1%.

VULNERABLE GROUPS

It is not possible to present a complete picture of the number of adults that may be at risk in Leicestershire and Rutland because some abuse or neglect may be hidden, despite the best efforts of local services to identify, assess, step-in and support adults who are being harmed or are at risk of being harmed. However, the LRSAB annually reviews data (both quantitative and qualitative) and other information such as the Joint Strategic Needs Assessments (JSNAs) carried out by the Health and Well-Being Boards to gauge those specific groups that need protection because they are deemed more vulnerable, such as:

- Adults with physical and sensory disabilities
- Adults with Learning Disabilities and/or Autism
- Adults experiencing Mental Ill-health
- Adults frail due to age.

The Joint Strategic Needs Assessment for Leicestershire identifies that by 2037 the total population is predicted to grow by 15%. However, the population over 85 years is predicted to grow by 190%, from 15,900 to 45,600 people, and the population aged 65 to 84 is predicted to grow by 56%, from 106,000 to 164,900 people.

With our ageing population, we need to consider the plans that need to be put in place to manage future health and care needs and demands in the longer term, with a focus on reducing preventable ill health, particularly in working age adults.

It is estimated that there are around 9,700 people aged 18-64 with learning disabilities in Leicestershire and 500 in Rutland (www.pansi.org.uk). These numbers are predicted to stay fairly stable in Leicestershire over the next 15 years to 2030, but to drop by around 7% in Rutland over that period.



Chapter 2: Governance and accountability arrangements

The Leicestershire and Rutland Safeguarding Adults Board (LRSAB) serves the counties of **Leicestershire** and **Rutland**.

The LRSAB became a statutory body on 1st April 2015 as result of the Care Act 2014. The Act requires that the SAB must lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. It requires the SAB to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in 'Making Safeguarding Personal'. It should also concern itself with a range of issues which can contribute to the well-being of its community and the prevention of abuse and neglect, such as:

- The safety of people who use services in local health settings, including mental health
- The safety of adults with care and support needs living in social housing
- Effective interventions with adults who self-neglect, for whatever reason
- The quality of local care and support services
- The effectiveness of prisons in safeguarding offenders
- Making connections between adult safeguarding and domestic abuse.

Safeguarding Adults Boards have three core duties. They must:

- Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute
- Publish an Annual Report detailing how effective their work has been
- Commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria for these.

Our Business Plans set out our key strategic objectives and how we will meet these. The Annual Report presented here sets out how effective we have been in delivering our objectives. The report also includes an outline of the Safeguarding Adult Reviews and other reviews carried out by the LRSAB, the learning gleaned from these reviews and the actions set in train to secure improvement.

The LRSAB meets four times a year, with each Board meeting incorporating a joint meeting with the Leicestershire and Rutland Local Safeguarding Children Board (LRLSCB). An integrated Executive Group meets 8 times a year. In addition, a

range of Subgroups and Task and Finish Groups are in place to deliver the key functions and Business Plan priorities of the two Boards. The Board, Executive and Subgroup structure is set out on the next page.



Leicestershire & Rutland Local Safeguarding Children Board and Safeguarding Adults Board Governance Structure Chart

- The Chief Executive of the two Local Authorities are responsible for appointing the Independent Chair of the LSCB and SAB and holding them to account

- The Children and Young People’s Service Lead Member for each Local Authority Service acts as a “participating observer” for the LSCB

- The Adults and Communities Lead Member for each Local Authority Service acts as “a participating observer” for the SAB

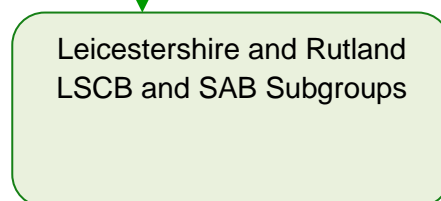
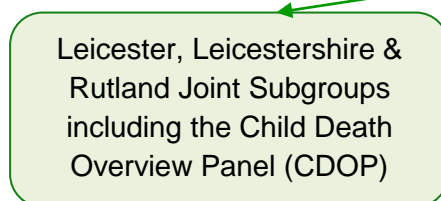


The LSCB has strategic links to:

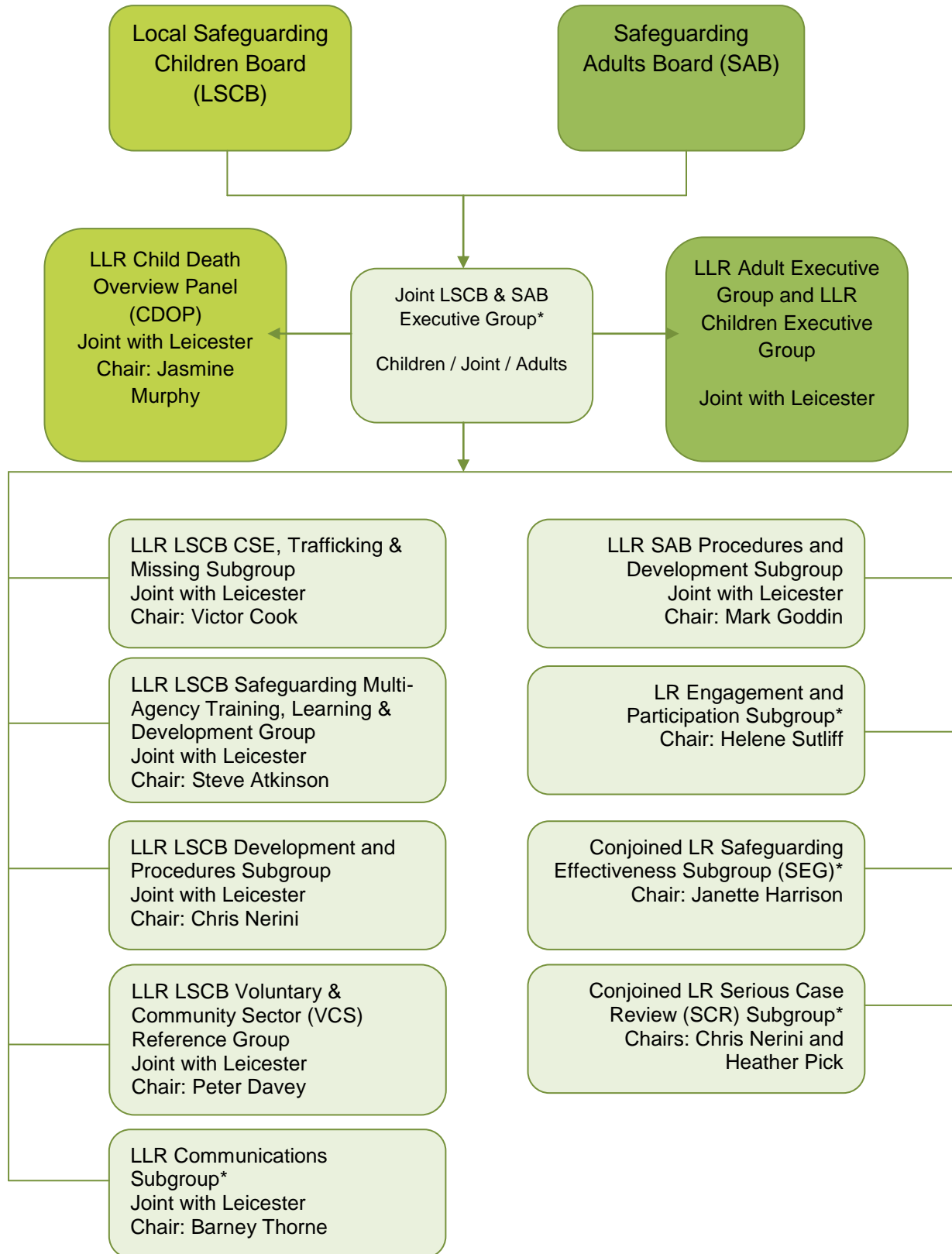
- The Leicester City Safeguarding Children Board
- The Rutland Children Trust Board arrangements
- The Community Safety Partnerships
- Health and Wellbeing Boards
- Adult Commissioning Board
- And other groups

The SAB has strategic links to:

- The Leicester City Safeguarding Adults Board
- The Community Safety Partnerships
- Health and Wellbeing Boards
- Adult Commissioning Board
- And other groups



Leicestershire & Rutland Local Safeguarding Children Board and Safeguarding Adults Board 2015/16



* Those meetings marked have joint sections between the LSCB and SAB to reflect the areas of joint working between the children and adults agendas

Membership of the Leicestershire & Rutland Safeguarding Adults Board (SAB) 2015/16

Independent Chair

Borough and District Councils (represented by Melton Borough Council)
Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company (DLNR CRC)
East Leicestershire and Rutland Clinical Commissioning Group (CCG)
East Midlands Ambulance Service (EMAS)
East Midlands Care Association (EMCARE)
Leicestershire County Council
Leicestershire Fire and Rescue Service (LFRS)
Leicestershire Partnership NHS Trust (LPT)
Leicestershire Police
National Probation Service (NPS)
NHS England (Area Team)
Prison Service
Rutland County Council
University Hospitals of Leicester NHS Trust (UHL)
Voluntary Action LeicesterShire (VAL)
West Leicestershire Clinical Commissioning Group (CCG)

Observer status

Leicestershire County Council Lead Member
Rutland County Council Lead Member

Professional Advisers to the Board:

Boards Business Office Manager
Legal Services for the Safeguarding Boards
Adult Safeguarding Leads in the two Local Authorities
Designated Nurse Children and Adult Safeguarding – CCG hosted Safeguarding Team

Independent Chair

The LRLSCB and the LRSAB continue to be led by a single Independent Chair. It is a requirement of the Care Act 2014 that the SAB be chaired by an independent person though there is no requirement that this is the same person as the independent chair of the LSCB. Leicestershire and Rutland have agreed to continue to have a joint Chair for both Safeguarding Boards to reflect the need for cross-cutting approaches to safeguarding. This may be reviewed in 2016/17 given both changes to the work of Safeguarding Adults Boards post-Care Act and possible changes to LSCB arrangement arising from the national review led by Alan Wood.

The Independent Chair provides independent scrutiny and challenge of agencies, and better enables each organisation to be held to account for its safeguarding performance.

The Independent Chair, Paul Burnett, is a former Director of Children's Services in two Local Authorities and, during 2015/16, chaired Safeguarding Boards in three other Local Authorities and in a crown dependency.

The Independent Chair is accountable to the Chief Executives of Leicestershire and Rutland County Councils. They, together with the Directors of Children and Adult Services and the Lead Members for Children and Adult Services, formally performance manage the Independent Chair.

The Future

Whilst many of the SAB requirements of the Care Act are already in place, the following areas will continue to be a priority for further development:

- Clear policy and procedures, membership, governance structure
- Making Safeguarding Personal (MSP)
- Communication plan, including how to obtain feedback from the local community and service users
- Workforce learning and development strategy to be updated, building on the Competency Framework already in operation
- Changes to guidance on the Mental Capacity Act (MCA), undertaking MCA assessments and Deprivation of Liberty Safeguards (DoLS)
- Information sharing agreements (ISAs), in line with Care Act duty, are used to share information that is relevant to the SAB's functions. Additionally, agencies should have drawn up a common agreement relating to confidentiality and the sharing of information between themselves based on the well-being of the adult at risk of abuse or neglect.

Safeguarding Adults Reviews

The Care Act 2014 established statutory Safeguarding Adults Reviews (SARs) (previously known as Serious Case Reviews) and gave Boards flexibility to choose a proportionate methodology. The purpose of a SAR must be to learn lessons and improve practice and inter-agency working. It defines the circumstances under which a SAB must conduct a SAR as: "there is reasonable cause for concern about how the SAB, members of it or others worked together to safeguard the adult and death or serious harm arose from actual or suspected abuse". It expects agencies to cooperate with the review but also gives Boards the power to require information from relevant agencies. The SAB may also commission a SAR in other circumstances where it feels it would be useful, including learning from "near misses" and situations where the arrangements worked especially well.

The work of our Subgroup that oversees SARs and other reviews is set out in this Annual Report.



Chapter 3: Business Plan Performance 2015/16

Priorities set specifically for the LRSAB for 2015/16 were:

- Priority 1: To be assured that “Safeguarding is Everyone's Responsibility”
- Priority 2b: To be assured that adults in need of safeguarding are safe, including assurance of the quality of care for any adult supported by registered providers
- Priority 3: To be assured that services for children, services for adults and services for families are effectively coordinated to ensure children and adults are safe
- Priority 4: To be assured that our Learning and Improvement Framework is raising service quality and outcomes for adults
- Priority 5: To be assured that the workforce is fit for purpose

In addition a number of cross-cutting priorities were set, as follows:

- Safeguarding services are coordinated
- The voices of adults are heard
- The voices of staff are heard
- Sub-regional and regional coordination will be maximised
- Effective communication must underpin all Board activity.

This chapter of our Annual Report sets out our performance against these priorities, the specific actions set out in our Business Plan and the intended impact of these actions in terms of development and improvement.

3.1. Priority 1: To be assured that “Safeguarding is Everyone's Responsibility”

What we planned to do

Seven priorities for action were identified in the Business Plan 2015/16:

- Assurance that the Board and partner agencies are fully compliant with the Care Act
- Assurance that effective Board arrangements remain in place to provide strategic leadership
- Assurance that the Better Care Together programme incorporates, promotes, measures and evaluates safeguarding outcomes within its improvement plans
- Enabling members of the public in Leicestershire and Rutland to be aware/understand what constitutes a safeguarding concern/alert/referral with a view to increasing appropriate reporting
- Enabling elected members in Leicestershire and Rutland to be aware/understand what constitutes a safeguarding concern/alert/referral
- Listening to and reporting on what members of the public say about their experience of safeguarding, and evidence how these views impact on Board priorities and plans of action. The engagement activity of the Board will also be increased
- Assurance that all agencies are compliant with safeguarding standards and expectations as monitored through the Safeguarding Adults Assurance Framework.

What we did and what has been the impact

Assurance that the Board and partner agencies are fully compliant with the Care Act

The membership and constitution of the LRSAB has been reviewed, revised and judged to be Care Act compliant – indeed membership goes beyond statutory requirements as pointed out above.

Following the introduction of the Care Act 2014, the Social Care Institute for Excellence (SCIE) produced a SAB checklist and resources against which Boards could test their compliance with the expectations of the Care Act.

The tool aimed to test:

- What Boards should do – role and duties
- Who should do what – membership and tasks
- How Boards should operate – structure and substructures.

In June 2015, the LRSAB carried out an initial assessment using this tool. Against the 49 indicators in the SCIE documents, the LRSAB judged itself to fully meet or be on target to meet 40. It judged itself to be amber on four indicators and red on five indicators as follows:

Amber:

1. Opportunities for people with care and support needs and carers to contribute to and inform the Board's work
2. Links with the wider community to inform and receive feedback on, the work of the SAB
3. Arrangements to monitor, evaluate and raise public awareness of adult abuse and neglect and how to respond
4. Ensuring that each member agency or organisation, where appropriate, has arrangements in place to identify a Designated Adult Safeguarding Manager (DASM).

Red:

1. Evaluate effectiveness and impact of training
2. A prevention strategy specifying each agency's responsibilities
3. Arrangements for involvement of groups and communities that are not members
4. Arrangements for people with care and support needs and carers to be active participants in the SAB's work

5. Domestic Abuse forums – currently no formal link to the DA Strategy Board for Leicestershire and Rutland.

This assessment was considered by the LRSAB Executive in June and the Board in July 2015. It was agreed that some of these issues already featured in the Business Plan 2015/16 whilst others needed to be specifically referenced to ensure that compliance with Care Act expectations was improved within the year.

In addition agencies were asked to complete a self-assessment report to further test compliance with the Care Act as evaluated in the SCIE SAB checklist.

In preparation for implementation of the Care Act, a protocol was agreed between Health and Social Care in relation to Section 42 Inquiries where the alleged harm occurs in a healthcare setting.

Impact

Positive progress in relation to the identified areas for improvement set out above has included:

- Developing our SAB website and a set communication strategy aimed at raising safeguarding awareness in the community including publicity leaflets now being disseminated during 2016/17
- Raising safeguarding awareness with vulnerable adults through the Community Agent scheme that formed part of the Better Care Together Programme in Rutland
- Agencies have identified [Designated Adult Safeguarding Leads](#) which has improved multi-agency communication particularly on issues in relation to allegations of abuse perpetrated by staff
- Securing formal links between the SAB and the Community Safety Partnerships and Domestic Abuse Strategic Group – including giving the lead on Domestic Abuse in our Business Plan 2016/17 to the Domestic Abuse Strategy Group Chair
- Partnership working between Health and Social Care to discuss cases and how thresholds are applied.

Local Authority Care Act compliance summary

Leicestershire & Rutland County Councils have carried out self-assessments of their implementation and the local impact of the Care Act, as part of a national Care Act stock take with the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and Department of Health.

Rutland

Overall Rutland County Council assess that they have been successful in embedding the statutory requirements and ‘spirit’ of the Care Act. They feel the Care Act has made a notable positive impact on practice and culture across most areas of adult social care including Making Safeguarding Personal.

The Council identifies that the Care Act has had a significant impact on safeguarding activity, with a 16% increase in safeguarding alerts overall (42 more) and a 21% increase in alerts from the community (27 more). This is linked to the Council's and the Board's work in promoting safeguarding as everyone's business and supported by the introduction of the Prevention and Safeguarding Team Single Point of Contact at the Council.

Rutland County Council identifies that there has been a significant culture change within the council which has led to Care Act principles being embedded in day to day service delivery; however they feel there is a challenge in influencing a similar change with partner agencies, both statutory and independent. The Council feels it has effective working relationships with commissioning partners and providers.

Leicestershire



Overall Leicestershire County Council assess that they have been successful in embedding the statutory requirements of the Care Act, but there is further work required regarding embedding the spirit of the Care Act. The Council feels that the Care Act has made a positive impact to some extent on practice and culture across most areas of adult social care including Making Safeguarding Personal.

The Council identifies that the Care Act has led to a slight increase in safeguarding activity, with a 3% increase in safeguarding alerts. Further work is to be done on assessing care support needs of new arrivals into prisons.

Leicestershire County Council identifies future savings requirements and uncertainty regarding spending power as notable risks to the ongoing implementation of the Care Act reforms, alongside recruitment and retention of care workers, nurses in nursing homes and registered managers.

The Council feels it has effective working relationships with commissioning partners and providers.

The following table outlines the number of serious incidents in healthcare settings raised with the Local Authority, in line with the Care Act requirements.

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
Safeguarding cause for concern alerts from health providers raised with the Local Authority – Leics	Not available	69	8	17	24	20	
Safeguarding cause for concern alerts from health providers raised with the Local Authority – Rutland	Not available	21	6	7	6	2	

Note: this includes residential settings and hospitals, but not GPs, community settings or EMAS

Revised Policies and Procedures

A major revision of Safeguarding Policies and Procedures has been carried out in collaboration with Leicester City Safeguarding Adult Board in order that safeguarding arrangements are Care Act compliant. This was a major undertaking in which all

partner agencies were engaged. The work has secured frameworks that apply across the sub-region thus securing consistency for those partner agencies that work across all three Local Authority areas. The most significant changes in respect of the Multi-Agency Policies and Procedures (MAPP), arising from the implementation of the Care Act, are as follows:

- The management of investigations in health care settings: it has been agreed that the existing thresholds guidance will be applied in these cases
- An individual approach to safeguarding based on the Making Safeguarding Personal programme
- Application of Policies and Procedures is not linked to eligibility criteria for services
- New sections on financial abuse, domestic violence and abuse, the needs of carers, modern slavery and forced marriage and self-neglect.



The online platform allows for linkage to other relevant local procedures, and content of the MAPP will continue to be overseen by the Procedures Subgroup and updated bi-annually. Briefing materials for all staff have been prepared by the SAB Business Office and training programmes revised in accordance with the changes arising from the Act.

The new procedures are hosted online and are accessed here:

<http://www.lradultsafeguarding.co.uk/>

Impact

The table you see below indicates an increase in safeguarding cause for concern alerts raised with the Local Authorities from all sources:

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
Safeguarding cause for concern alerts raised with the Local Authority – Leics	3287	3384	714	853	985	832	
Safeguarding cause for concern alerts raised with the Local Authority – Rutland	161 (Q1-3 only)	297	58	79	100	60	

Leicestershire

Q4 alerts recorded by Leicestershire County Council show a 16% decrease on the previous quarter, yet remain higher than in 2014/15 and continue the upwards trend.

Rutland

Rutland County Council feel that the increase in alerts in the county reflects the ongoing effectiveness of receiving alerts through the single point of contact and that individuals know where to raise their concerns as well as providers being confident to inform the Prevention and Safeguarding Team of incidents in residential care. Q3

saw an increase in the amount of alerts in Rutland (attributable to higher numbers from voluntary agencies), although this has decreased in Q4 to similar levels seen in Q1/Q2.

The table below documents the conversion rates for concern alerts to enquiries:

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
% Conversion rate of cause for concern alerts from the public to enquiries – Leicestershire	15.3%	19.6%	20%	13%	27%	23%	
% Conversion rate of cause for concern alerts from the public to enquiries – Rutland	22.9%	16.7%	13%	11%	33%	25%	

Leicestershire

Referral feedback is being incorporated into the development of the new safeguarding hub within Leicestershire County Council's Customer Service Centre. A process audit being carried out internally in Leicestershire County Council will include consideration of feedback.

Rutland

The proposed model for Adult Social Care in Rutland is now formalized and the Prevention and Safeguarding Team will continue to process all alerts/enquiries and apply the thresholds of the LLR Safeguarding Adult Policy and Procedures.

Assurance that effective Board arrangements remain in place to provide strategic leadership

The Board met four times during 2015/16 as planned.

Prior to the Care Act 2014, there was no statutory membership requirement for Safeguarding Adults Boards. Nevertheless there has, for some time, been membership from all key statutory agencies working with adults, together with representation from both the voluntary and community sector and the private sector provider community.

In addition to the membership of key stakeholders, there has been an expectation that Board members would be able to:

- Speak for their organisation with authority
- Commit their organisation on policy and practice matters
- Hold their own organisation to account and hold others to account.

This has, in the main, been achieved.

The membership of both the Board and its Executive and Subgroups has been reviewed this year as a result of changes brought about by the Care Act. The required membership arising from the Act comprises only:

- The Local Authority
- Clinical Commissioning Groups (CCGs)
- The Police – specifically the Chief Officer of the Police.

However the membership of the LRSAB continues to be much wider as outlined in Chapter 2. Attendance rates during 2015/16 are set out below.

Attendance at the Leicestershire & Rutland Safeguarding Adults Board 2015/16

	2014/15	2015/16
Independent Chair	100%	100%
Army Welfare Service	50%	75% (Apologies for 25%)
Boards Business Office Manager	100%	100%
Borough and District Councils	0%	50% (Apologies for 25%)
Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company (DLNR CRC)	0%	0%
Designated Nurse Children and Adult – Safeguarding – CCG hosted Safeguarding Team	75%	100%
Clinical Commissioning Groups (CCGs), East Leicestershire and Rutland	100%	75% (Apologies for 25%)
Clinical Commissioning Groups (CCGs), West Leicestershire	100%	75% (Apologies for 25%)
East Midlands Ambulance Service (EMAS)	100%	50% (Apologies for 50%)
East Midlands Care Association	50%	50%
Leicestershire County Council	100%	100%
Leicestershire County Council Lead Member	100%	100%
Leicestershire Fire and Rescue Service (LFRS)	100%	75% (Apologies for 25%)
Leicestershire Partnership NHS Trust (LPT)	100%	75% (Apologies for 25%)
Leicestershire Police	100%	100%

Legal Services for the Safeguarding Boards	When required	When required
National Probation Service (NPS)	0%	75% (Apologies for 25%)
NHS England (Area Team)	50%	*
Prison Service	New member as of 2015-16	25% **
Director of Public Health representative	New member as of 2015-16	75%
Rutland County Council	100%	100%
Rutland County Council Lead Member	100%	50% ***
University Hospitals of Leicester NHS Trust (UHL)	75%	100%
Voluntary Action LeicesterShire (VAL)	New member as of 2015-16	50% ****
Lay Members for LSCB have attended as observer/participants		

* The local NHS England Area Team has informed local SABs that NHS England will only attend Boards where there are specific concerns that require NHS England oversight or action, for example where an improvement board is in place. At other times, NHS England will be represented by the Designated Professional from East Leicestershire and Rutland or West Leicestershire CCG utilising the clear communication routes back to NHS England.

** Prison Service – prisons only joined the Board in 2015/16 and were only able to attend one meeting.

*** Rutland County Council Lead Member has been unable to attend due to work commitments.

**** VAL began attending the Safeguarding Adults Board to represent the voluntary sector in October 2015. They have attended one out of two meetings since they began attending the SAB.

As can be seen from the data set out above, attendance comparisons with 2014/15 reveal a mixed picture. There has been a significant improvement in attendance from the National Probation Service though we continue to register nil attendance from the Community Rehabilitation Service. Representation from both the Voluntary and Private sectors changed during the year due to resignations and the attendance rate was affected by delays in securing new representatives though each has recorded full attendance since appointment with the exception of one occasion resulting from a family bereavement. We have experienced reduced attendance from the East Midlands Ambulance Service. NHS England attendance was flagged as an issue in 2014/15 but the resolution to this has been a regional agreement to their proxy representation through the CCGs with attendance when there are areas

specifically falling within the remit of NHS England that require consideration or challenge.

Part of the strategic role of the Safeguarding Adult Board is to secure engagement with senior leaders in partner organisations beyond the Board membership and to build robust relationships with other key partnership bodies. The LRSAB has continued to achieve this in a number of ways.

First, in collaboration with the Leicestershire and Rutland Local Safeguarding Children Board, the Safeguarding Adults Board collectively hosts an annual Safeguarding Summit of leading politicians and chief officers from partner agencies. This year the summit was held on Friday 13th November 2015. The purpose of these annual summits is to engage the most senior leaders and decision makers in the findings of our Annual Reports and the setting of strategic priorities in our Business Plans. In addition, this ensures that these lead people feed in their key safeguarding issues into our planning and take from the summit key issues that are then built into their own organisation.

A challenge log is maintained by the Business Office, recording challenges raised in Board and other meetings. This is regularly reviewed by the Independent Chair ensuring updates, outcomes and impact are accurate.

The LRSAB has secured dynamic relationships with other partnerships, many based on agreed protocols, to ensure reciprocal scrutiny and challenge. There are formal protocols between the LRSAB and both the Health and Well-Being Boards in Leicestershire and Rutland. Both the annual LRSAB Business Plan and the LRSAB Annual Report were presented to:

- Leicestershire Health and Well-Being Board
- Rutland Health and Well-Being Board
- Leicestershire Children and Families Overview and Scrutiny Committee
- Leicestershire Adults and Communities Overview and Scrutiny Committee
- Rutland People (Children) Scrutiny Panel
- Rutland People (Adults and Health) Scrutiny Panel
- Leicestershire Cabinet
- Rutland Cabinet.

In addition to these meetings, there have been interfaces with the Leicestershire Supporting Families Programme, the Rutland Changing Lives Programme and the Leicestershire and Rutland Better Care Together Board. Further information about links to the Better Care Together Programme is set out in the section below.

CCG Health Partners

NHS England 2015 Accountability and Assurance Framework 'Safeguarding Vulnerable People in the reformed NHS' set out clearly the responsibilities of NHS

commissioning organisations for safeguarding in the NHS and outlines the accountability arrangements.

There are two Clinical Commissioning Groups (CCGs) within the Leicestershire and Rutland boundaries of the LSCB. The Chief Nurse and Quality Lead from each CCG is the Executive Director with lead responsibility for safeguarding children and vulnerable adults within their respective CCG and represents West Leicestershire CCG and East Leicestershire and Rutland CCG respectively as statutory members of the Leicestershire and Rutland Safeguarding Children Board and Safeguarding Adult Board.

The CCGs have secured the expertise of a Designated Doctor and two Designated Nurses. A Designated Nurse Chairs the Safeguarding Effectiveness Group (SEG).

Be assured that the Better Care Together Programme incorporates, promotes, measures and evaluates safeguarding outcomes within its improvement plans

Connectivity between the LRSAB and the Better Care Together (BCT) Programme was established during 2014/15 when the Board was a consultee during the process of formulating the Better Care Together Five Year Strategic Plan 2014-19. At that stage it was agreed that safeguarding would be a cross-cutting theme across the Better Care Together Programme and we secured agreement to ensuring that the BCT Programme would incorporate, promote, measure and evaluate safeguarding outcomes within its improvement plans.

The LRSAB has now determined that the key focus of our inter-relationship should focus on the following 'Change and Intervention' areas set out in the five year strategic plan:

- Urgent care
- Frail older people
- Long-term conditions
- Planned care
- Mental health
- Learning Disability

In addition, there is a joint interest from the LRSAB and LRLSCB in the 'Maternity and Neonates' work stream.

Our next step is to clearly identify the measures and indicators of safeguarding benefits that can be delivered against each of these work streams and agree with BCT a Quality Assurance and Performance Framework that will enable this to be reported appropriately.

The Business Plan for the LRSAB was presented to the Better Care Together Programme Board in March 2016 to start this process. The Performance Framework

will be agreed in the early part of 2016/17 with a view to reports to the LSCB and SAB being presented twice per year that identify safeguarding outcomes.

Enable members of the public in Leicestershire and Rutland to be aware/understand what constitutes a safeguarding concern/alert/referral with a view to increasing appropriate reporting

The number of enquiries that have resulted from public alerts has not increased; however, the conversion rates have improved on last year, indicating a possible improved understanding of what constitutes a safeguarding concern.

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
Safeguarding cause for concern alerts from the public raised with the Local Authority – Leicestershire	1148	776	224	252	148	152	
% Conversion rate of cause for concern alerts from the public to enquiries – Leicestershire	15.3%	19.6%	20%	13%	27%	23%	
Safeguarding cause for concern alerts from the public raised with the Local Authority – Rutland	35	24	8	9	3	4	
% Conversion rate of cause for concern alerts from the public to enquiries – Rutland	22.9%	16.7%	13%	11%	33%	25%	



Work was undertaken during 2015/16 with Leicester City SAB to produce a Safeguarding Adults ‘Say No To Abuse’ leaflet and posters, including an easy read version. All were made available on our Safeguarding Boards website from 6th May 2016.

[Click on picture for link to leaflet etc.](#)

The [Leicestershire and Rutland Safeguarding Boards Website](#) continues to develop.

Information is available for the public and staff on a wide range of issues relevant to Safeguarding and it provides access to Procedures and enables people to report Concerns.



Quick Links on a variety of issues

Child Sexual Exploitation (CSE), Trafficking & Missing	Domestic Abuse and Sexual Violence - Advice Page	'FGM' Female Genital Mutilation	Making Safeguarding Personal (MSP)
Modern Slavery - resources	Neglect	PREVENT (Preventing Violent Extremism)	Need advice about Self Harm?

Enable elected members in Leicestershire and Rutland to be aware/understand what constitutes a safeguarding concern/alert/referral

On 15th September 2015, elected members received a presentation from Paul Burnett – Chair, Leicestershire & Rutland Safeguarding Boards, Helen Pearson – Board Officer and Madeleine McNeil – Senior Advisor, Leicestershire County Council Learning & Development Service.

The session covered:

- Safeguarding Board Priorities
- Local Authority duties regarding safeguarding adults under the Care Act 2014
- Reporting roles and structures within the County Council for partner agencies and members of the public
- How officers engage with staff and members of the public to increase appropriate reporting
- The opportunity was also taken to include messages on Child Sexual Exploitation (CSE) and Private Fostering.

Listen to and report what members of the public say about their experience of safeguarding, and evidence how these views impact on Board priorities and plans of action. The engagement activity of the Board will also be increased

As set out in the Care Act compliance reporting above, the LRSAB has taken a number of steps to ensure service user views are considered when identifying priorities for action and assessing the impact of changes implemented. This has included:

- Building into our business planning process consideration of service user feedback from the Adult Social Care Survey 2015, the Carer Survey 2015 (see page 34), evaluation feedback from the Making Safeguarding Personal pilot project and patient views relating to safeguarding included in a range of HealthWatch initiatives during the preceding year

- Developing our SAB website and a set communication strategy aimed at raising safeguarding awareness in the community including publicity leaflets now being disseminated during 2016/17

In addition, the Engagement and Participation Subgroup has endeavored to broaden service user and community engagement (see section on p. 64).

All agencies are compliant with safeguarding standards and expectations as monitored through the Safeguarding Adults Assurance Framework

The Safeguarding Adults Board undertook a Safeguarding Adult Assessment Framework (SAAF) in 2015 across Leicester, Leicestershire and Rutland examining the knowledge and experiences of frontline staff and managers in agencies that were part of the SAB.

The people who responded to this audit:

- Of the total number of respondents to the survey, 41% were from UHL, 15% from LPT, 12% from the Police, 7% from Borough and District Council Housing, 3% from Leicestershire County Council (LCC) Adult Social Care and another 9 local agencies with 4% or less
- The number of responses is not statistically representative or proportionate of the number of employees in each agency. Hence this SAAF represents a 'temperature check' and should be seen as a set of indicators that can be used by agencies and the Board to undertake more in-depth enquiries where the indicator suggests that action may be needed
- Approximately two thirds of the respondents were frontline staff and a third supervisors and managers
- 91% felt that safeguarding adults is a priority within their agency
- 13% of respondents worked exclusively within LCC
- 27% worked across Leicester, Leicestershire & Rutland.

The key messages from this cross-agency audit were:

- Almost everyone completing the survey knew how to report a safeguarding adult or safeguarding children concern.
- 91% of all respondents stated that safeguarding is a priority.
- One third of respondents did not know about PREVENT; this is even though all but two agencies stated that they have a PREVENT strategy in place.
- Only 14 (7/23 – Police & 7/78 – UHL) of 190 respondents stated that they did not know how to access the LLR Multi-Agency Policies and Procedures (MAPP).
- 84% of frontline staff knew how to access their agency's Domestic Violence and Abuse Policy and all managers knew how to access this policy. Of the 14% who did not know how to access this policy, the majority were employees of UHL (6%).
- 54% of all respondents said that they had a risk assessment tool in place to help them manage risks relating to adults. 37% stated that they would never

be working with an adult at risk – this is surprising considering that the survey was aimed at adult safeguarding partner agencies.

- Of the respondents who do not have a risk assessment tool available relating to adults at risk almost 15% were UHL employees.
- 35% of respondents from LPT stated that they have no risk assessment tool available when working with adults at risk.
- 75% of all respondents stated that they have never used a domestic violence risk assessment tool or DASH. Numbers of respondents not using a DASH or similar were particularly high amongst health professionals (96% of UHL & 58% of LPT staff) and even though they might well be the first and only witness to an injury relating to domestic violence.
- Borough and District Council Housing staff and Police employees completed a DASH or similar risk assessment most regularly with 82% of Police respondents and 63% of Housing staff having used the DASH or similar.
- This compares with the majority of all respondents stating that they would know what to do if they suspected an adult they work with was subject to domestic violence with less than 15% (of which 22% were UHL employees) overall stating that they would NOT know what to do.
- 76% of respondents across all agencies felt that the Mental Capacity Act (MCA) applies to their role
- A couple of test questions were asked to verify the knowledge of respondents in relation to the MCA and almost all respondents answered the questions correctly and hence, overall, respondents showed a good basic understanding.
- A further question was asked relating to the use of restraint and the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) compliance. Almost 60% thought that the MCA/DoLS did not allow restraint of a person who lacks capacity. Note: Section 6(4) DoLS applies here and any restraints or restrictions must be proportionate to the risk and in the person's best interests. Practitioners should be aware that when the MCA/DoLS is applied properly this also gives protection to the practitioners/decision makers making decisions to restrict or restrain.
- The majority of respondents stated that they felt that the adult at risk is involved in decisions relating to their safety.
- The majority of respondents receive safeguarding adults training at least every three years (78%); only 10% had no safeguarding adults training in the last three years.
- Around 50% of staff received special help and support through supervision by their line managers. 90% have an opportunity to discuss personal development.
- 60% of respondents would not know how to escalate a concern where there is a professional disagreement.
- Around two thirds of respondents felt that their agency kept them informed about learning from serious cases. However, the test question as to whether or not respondents were aware of any current SARs, the majority stated that they did not know if there had been any SARs in the past year.
- Around three quarters of respondents had never completed a Common Assessment Framework referral for Early Help – Children's Services.

- Two thirds of respondents are not responsible for managing cases involving adults at risk.

What do we need to do in the future?

Whilst we have begun to address the amber and red areas identified in the Care Act compliance audit, the work has not progressed at the expected rate required. Therefore, there are a number of areas still requiring further improvement.

The main areas for improvement will be:

- Development of a prevention strategy
- Involving groups and communities not involved in the Board
- Active participation of users and carers in the work of the SAB
- Test by audit compliance of thresholds.
- Undertake another strategic SAAF audit during 2016-17 to ensure agencies' compliance with key safeguarding issues.

These will be addressed through SAB Business Priorities 1 (Community Resilience), 2 (Thresholds) and 3 (Making Safeguarding Personal) (see appendix 1).



3.2. Priority 2b – To be assured that adults in need of safeguarding are safe, including assurance of the quality of care for any adult supported by registered providers

What we planned to do

Nine priorities for action were identified in the Business Plan 2015/16:

- Assurance that the Board and partner agencies are fully compliant with the Care Act Assurance that thresholds are understood and provide proportionate assistance and risk management to adults in need of safeguarding
- Implementation of the new Care Act compliant safeguarding procedures across Leicestershire and Rutland and assure ourselves that they are effective
- Ensure that the Self-Neglect element of the Care Act compliant procedures are fit for purpose
- Assurance that Safeguarding Adults process is robust within care, including residential establishments, care homes, domiciliary care and nursing homes
- Assurance that adults are safe in the community
- Assurance that DoLS are effectively managed to ensure safety of adults without capacity
- Be assured that the increasing number of DoLS referrals can be managed across Leicestershire and Rutland
- Participate in the NHS England MCA/DoLS Programme to contribute improvements in the implementation of MCA and DoLS across Leicestershire, Rutland, Leicester City and Lincolnshire
- Be assured that recommendations from “Transforming Care” (Winterbourne) are fully embedded in safeguarding practice.

What we did and what has been the impact

Assurance that thresholds are understood and provide proportionate assistance and risk management to adults in need of safeguarding / Implementation of the new Care Act compliant safeguarding procedures

In 2014/15 the Procedures Subgroup was tasked with reviewing the Multi-Agency Policy and Procedures (MAPP) in preparation for the implementation of the Care Act in April 2015. The revised MAPP were signed off by the Executive Group on behalf of the SAB on 30th March 2015.



Revised guidance, regarding Forced Marriage, FGM and Human Trafficking/Modern Slavery, has been incorporated throughout 2015/16. The threshold guidance has also been revised and updated to reflect the implementation of the Care Act and incorporated into the Policies and Procedures.

The MAPP are now hosted on an online platform by Policy Partners. An audit of the MAPP across partner organisations, conducted by the SAB Boards Business Office, showed that, in the period April-December 2015, the MAPP were viewed by 6283 users and the feedback from the audit included a range of comments about the look, content and accessibility of the MAPP which were fed back to Policy Partners and

have been incorporated into revisions undertaken in April 2016. Multi-agency training programmes have also been revised to cover these changes.



In 2014/15, the conversion rate of cause for concern enquiries to safeguarding enquiries in Leicestershire was 15% and this rose to 21% in 2015/16. The rate of fully or partly substantiated enquiries rose from 49.3% in 2014/15 to 53.7% in 2015/16.



Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
Leicestershire Agencies Report – Adult Safeguarding Enquiries	892	915	271	217	279	148	
Leicestershire Enquiry outcome substantiated	37%	42%	43%	41%	45%	34%	
Rutland Agencies Report – Adult Safeguarding Enquiries	35	45	11	9	10	15	
Rutland Enquiries outcome substantiated	43%	40%	38%	44%	30%	47%	



Ensure that the Self-Neglect element of the Care Act compliant procedures are fit for purpose

Work to incorporate Self-Neglect into the MAPP was put on hold pending further Statutory Guidance which was issued in February 2016, and further revisions are now taking place to ensure compliance with this, as well as domestic abuse, financial abuse and reporting and responding to abuse and neglect. In parallel with this, work is taking place to develop a Vulnerable Adults Risk Management process relating to people who do not meet the threshold for formal Section 42 enquiries.

Assurance that Safeguarding Adults process is robust within care, including residential establishments, care homes, domiciliary care and nursing homes / Assurance that adults are safe in the community

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
Adult Safeguarding Enquiries – residential establishments, care homes and nursing homes – Leics	606	555	187	122	175	71	
Adult Safeguarding Enquiries – residential establishments, care homes and nursing homes – Rutland	Not available	16	-	2	5	9	

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
Adult Safeguarding Enquiries for community settings (ending) – Leics	279	267	81	91	101	75	
Adult Safeguarding Enquiries for community settings (ending) – Rutland	Not available	18	-	7	5	6	

Indicator	2014/15	2015/16	Trend chart (4 quarters)
% service users feel safe (LCC) – Annual	64.8%	65.8%	
% service users say services have made them feel safe (LCC) – Annual	89.2%	89.2%	

Source: Statutory Survey of Adult Social Care users

Leicestershire

In April 2015, the SAB received a report which had been commissioned from the Ann Craft Trust into the levels of safeguarding referrals in Leicestershire. The report noted that a high proportion of referrals came from residential and nursing homes and that, while this reflected the confidence in raising concerns within this sector, work was needed with providers of supported living services and domiciliary care services to ensure that concerns about people living in their own homes were also being reported appropriately.

In Leicestershire there is a discrete safeguarding team which has managed all enquiries in residential and nursing care settings since 2011. In May 2015, this team was expanded to manage enquiries in all registered care settings, including NHS settings (in line with the Care Act).

In the year 2015/16, 62% of all completed enquiries were in care homes, compared with 38% in community settings. This compares with 2014/15 when 69% were from care home settings and 31% from community settings.

The number of referrals from care home settings has fallen from 606 in 2014/15 to 555 in 2015/16 and the number from community settings has increased from 279 to 348 (although the figures for 2015/16 do not include a full year's data).

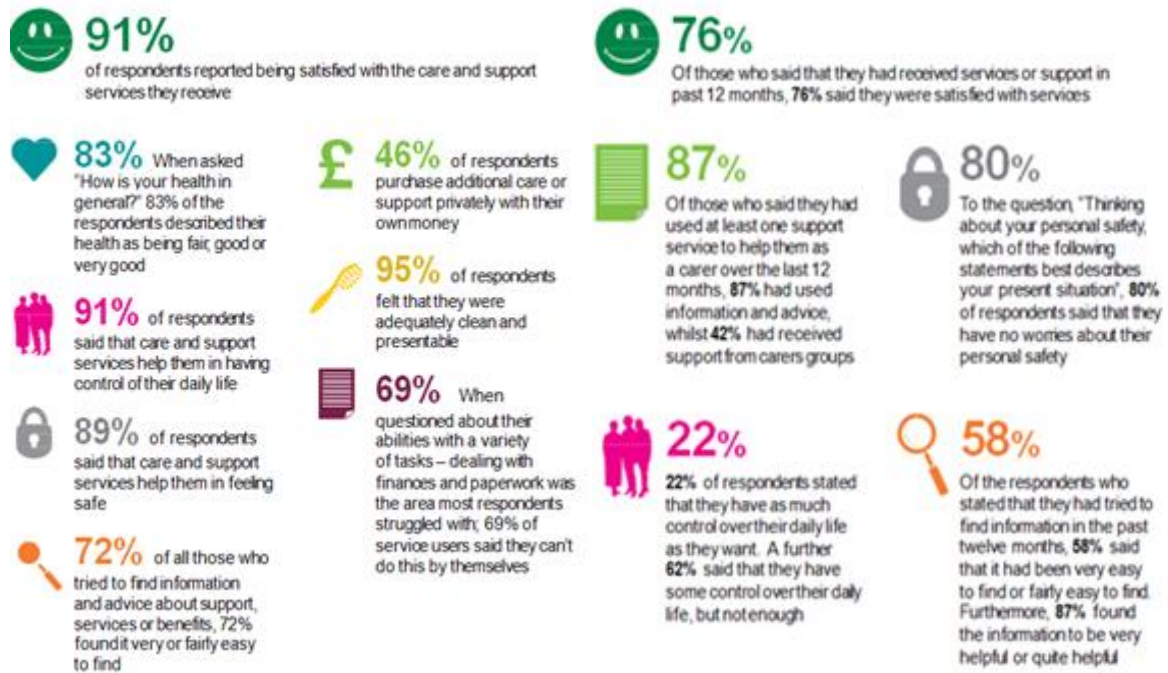


Figure 1

Figure 2

Figure 1: In 2015 Leicestershire County Council conducted a survey of Adults Social Care Service Users to gauge how they felt about the service they received. They received 397 replies to the 929 surveys that were sent out. Significantly, 89% of respondents said that care and support services help them in feeling safer.

Figure 2: A survey of 900 Carers resulted in 430 replies. 80% of those that responded said that they have no worries about their personal safety.

Rutland

In 2013/14 Rutland had a 70/30 split between notifications from residential establishments to those from the community. Recognising this disproportionate number Rutland put together a program which resulted in the following year a split of 50/50. The program consisted of community engagement, member advocacy, staff training and engagement with partners. Last year, due to the application of consistent practice and community engagement, the 50/50 split was maintained.

The overall safeguarding figures over this same 2013-2016 period raised threefold as Rutland rolled out the engagement program which continues as part of our overall strategy.

Alongside the above, to ensure engagement of all citizens and organisations, Rutland sought to ensure feedback is given to all safeguarding alerters whether progressed to enquiry or not. By this people are assured they have been listened to and that action has usually been taken to allay their concerns by a number of possible actions therefore building community confidence in the service. The model has developed into an advice line where practitioners and therapists will talk to any concerned individual or organisation to share their expertise and provide advice.

Assurance that DoLS are effectively managed to ensure safety of adults without capacity / Be assured that the increasing number of DoLS referrals can be managed across Leicestershire and Rutland

The DoLS service is hosted by Leicestershire on behalf of Leicestershire and Rutland. The effect of the Supreme Court Judgement in March 2014 was a nationwide increase in referrals from 13,700 in 2013/14 to 137,540 in 2014/15.

Leicestershire's proactive approach to DoLS, related to careful interpretation of previous case law and robust relationships with managing authorities and stakeholders, meant that the service already had a high referral rate compared to other Local Authorities. Nevertheless, the referral rate increased from 695 referrals in 2013/14 to 3323 in 2015/16, with 168 of these from Rutland. Although the service was in a strong position to deal with the increase, due to an ongoing commitment to having a DOLS lead, a core team of Best Interests Assessors (BIAs) and availability of signatories, this increase meant that the service was not adequately resourced to manage.

Advice from the Department of Health stressed the importance of Local Authorities having plans in place to deal with the consequences of the Supreme Court judgement and therefore growth of £385k was agreed by Leicestershire County Council in 2014/15. Despite this, and the application of Association of Directors of Adult Social Services (ADASS) guidelines for prioritising referrals, a backlog of referrals continued to grow, peaking at over 2000 in early 2016.

Therefore, further growth of £1.24m was agreed in 2016/17 and an ongoing process of recruitment is underway which it is envisaged will mean the in-house service is able to meet demand for the foreseeable future. In addition, an independent provider (Quality Assured Projects) has been commissioned to address the backlog of referrals within the year. This work is in progress and the wait list has reduced to 1500.

Participate in the NHS England MCA/DoLS Programme to contribute improvements in the implementation of MCA and DoLS across Leicestershire, Rutland, Leicester City and Lincolnshire

A key activity during 2015/16 has been the LRSAB engagement in the NHS England MCA Improvement Programme.

In July 2014, the Chief Nursing Officer (CNO) allocated funding to every Local Area to stimulate work across local systems in support of the Government's response to the House of Lords Select Committee's final report on the Mental Capacity Act (MCA).

NHS England's Leicestershire and Lincolnshire Area Team recognised the interconnectedness of agencies in delivering the MCA/DoLS agenda and their collective impact on healthcare of patient and service user. Whilst controversial for a few, an unusual multi-agency approach to delivering the CNO's requirements was adopted – seating Safeguarding Board Chairs and Local Authority alongside CCGs at the heart of the design and delivery discussions.

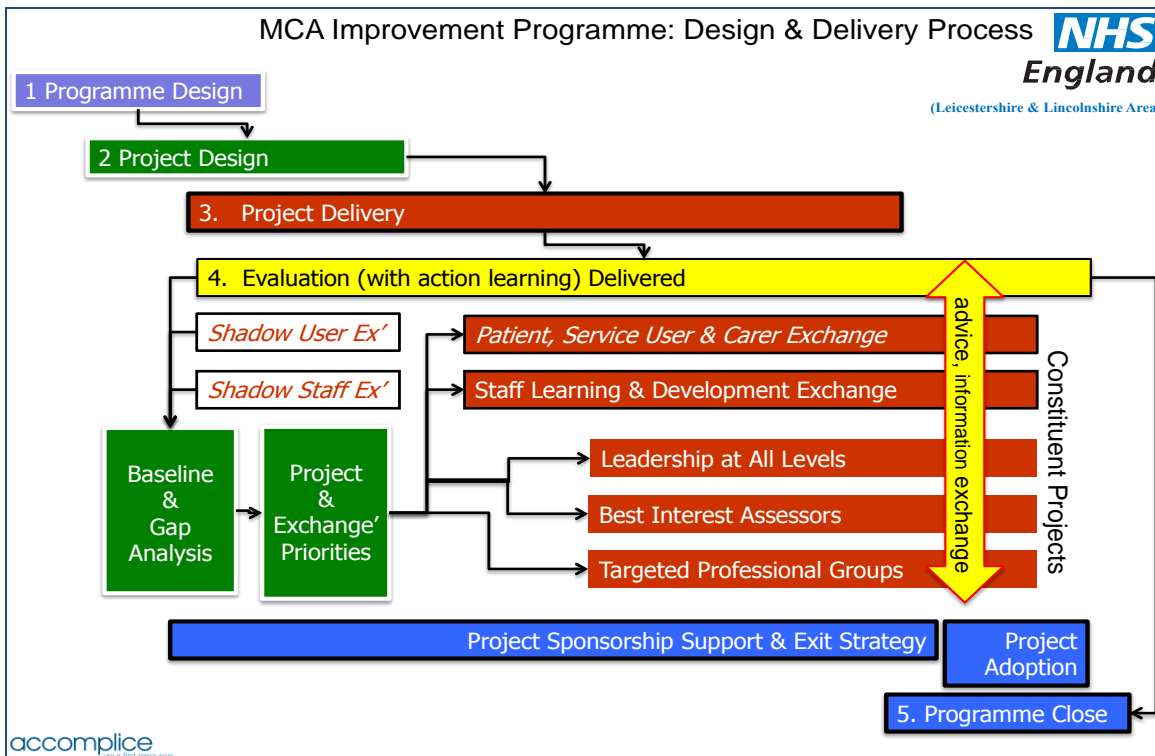
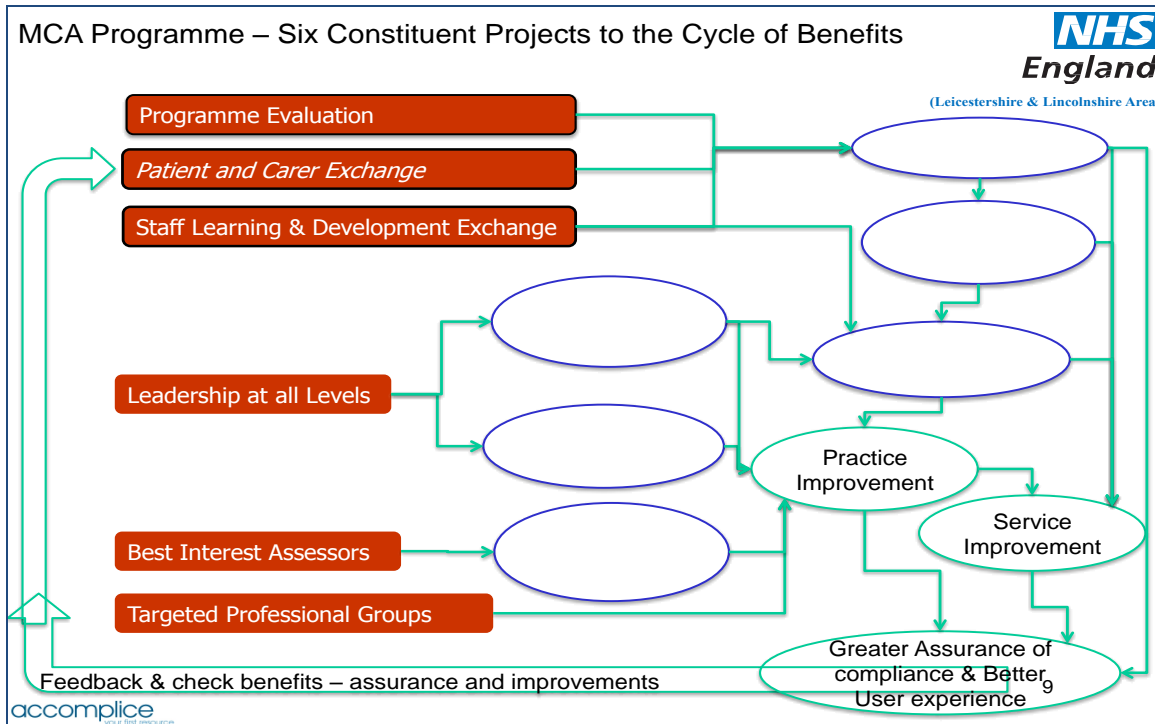
So, the MCA Improvement Programme (MCAIP) was set up in Leicester, Leicestershire and Rutland and Lincolnshire in late 2014 to integrate expertise and resource around the £470,291 funding. The single aim was to harness user and carer input into a Programme of activities that would “increase understanding about and implementation of the Mental Capacity Act across the Area, by adding value to existing local activity and plans.”

By September 2015, just over £350,000 of the non-recurrent funds had been invested, using a programme approach to deliver six projects in line with the CNO's requirements and also deemed of importance to all local partners. The ultimate output from every project was linked to crucial outcomes: practice or service improvement which, in turn, would lead to greater assurance of compliance around MCA/DoLS and most importantly increased quality of patient and service user experience. Funding anything that was the sole responsibility of one or other agency was avoided.

The key objectives that NHS England set for the investment were:

- Improved “User” (patient, service user, carer and public) feedback systems
- Improved quality of service and professional practice: staff sharing best practice and shaping their development opportunities, drawing on user-feedback
- Greater compliance across a wider group of professionals: targeting previously “hard to reach” professional groups
- Greater assurance of MCA compliance: creating new, and supporting existing, Best Interest Assessors (BIAs), Supervisors and frontline “champions”.

The programme framework, design and delivery process is headlined in the diagrams below:



The programme comprised six specific projects.

Three projects have focused on increasing MCA/DoLS staff awareness and understanding, including:

- The creation of “Staff Exchanges” in Leicestershire & Rutland and Lincolnshire based on a model developed in Leicester City

- Leadership at All Levels “hot house” day events for those managing MCA and DoLS provision, supported by action learning sets to embed learning. A Pocket Guide, to be housed on the web, will be available to inform staff across the sectors
- Targeted professional development packages for primary care, care homes and the police.

All staff, especially those completing programme development initiatives, are invited to join their local Staff Exchange in order to enhance their MCA awareness and ensure learning improves practice.

The three other projects provided:

- Training for new Best Interest Assessors across Leicestershire & Rutland and Lincolnshire by July 2016. Leicester City is styling a new BIA initiative to suit its local circumstance
- A User Exchange coordinator to access user and carer stories and identify practice developments that need to be considered in light of these experiences
- An Evaluation Project delivered by the University of Lincoln to assess the impact of the programme.

The Programme delivered:

- Around a thousand highly valued education, training and development episodes for around 600 frontline staff and their managers across Health and Social Care (including the Police, care homes and GPs) – where MCA/DoLS mostly impacts
- Lessons captured about levels of staff awareness, readiness to learn and ways of developing their practice and the means of incorporating user and carer perspectives in those developments
- An initial sense of the impact on the everyday practice of professionals and improvements in service delivery will inevitably lead to better quality and improved experience for patients, service users and their carer’s.

The Programme Board and Team recognised missed opportunities but, determined to learn from them and paying heed to the end purpose, leaders re-scheduled or re-shaped proposals to deliver the next best thing:

- Where an independent evaluation or assessment of impact was not possible, the Team raced to fill the gap, gathering all learning and tracing impact into a single, detailed compendium so some judgement of value could be made
- Where timeframe proved an active user-exchange mechanism across the Programme too ambitious, lessons were not only collected but rapidly employed in to the creation of a parent-led website supporting to support “transition to adulthood”.

Using the data and views of Programme members, collected retrospectively, the Programme's legacy is known to include:

- User Exchange lessons for commissioners, as promised, with rapidly employed into a parent-led Transition Project, expected to become a “national first”
- Three new multi-professional Staff Exchanges (one a dedicated provider forum), mainstreamed to keep staff up-to-date with MCA/DoLs legislation and networking on good practice
- An online Pocket Guide and Learning Pack to support staff understanding and compliance on MCA/DoLs
- 25 (13 Health) BIA trainees, six health BIA undertaking refresher programmes as well as new signatories and an ongoing BIA approval procedures panel – and an innovative health-social care secondment being formulated
- Over 500 staff training episodes (meeting the needs of over 400 participants) in hot houses, face-to-face events and the action learning sets to create Leaders at All Level
- Targeted Professionals' educational events: ten care home events catering for at least 80 care-home staff; four police events for just under 50 police personnel – and just under 60 General Practice staff at four different events.

Delivery would not have been possible without the trigger funding from the Chief Nursing Officer or without local:

- Determination to take an agreed, whole system programme mandate approach which drew together key stakeholders in sustaining the vision, shaping the way forward, removing obstacles and owning both successful and unsuccessful endeavours – at rapid pace
- Commitment and resilience of a Programme Team and area leads, supported by the Board, in inventing customised, quality products within the restrictions of the CNO's brief and budget across unfamiliar networks and to the tightest of timeframes
- Staff (and managerial) appetite across the area in every agency to prioritise time, within already pressured front-line roles, to draw from (and provide) MCA/DoLs learning opportunities.
- Access to pre-existing models as well as training and legal materials and the admirable tenacity and excellence of administrative staff.

Going forward, Clinical Commissioning Groups have agreed to lead completion of final elements of the Programme (concluding BIA training, transition projects and seeing the Staff Exchanges to mainstreaming in 2017) and invest remaining £120,000 funds in line with the CNO's requirements after discussions at Safeguarding Adults Boards. Safeguarding Adults Board Chairs have agreed to ensure all lessons are relayed to local partners.

Rainbows Project: Voice of the Child

The User Group work stream for the Improvement Programme included consultation with parents of children and young adults who lacked mental capacity.

The consultation identified an expressed need for parents of young people aged 15/16 to receive and understand information about MCA and Deprivation of Liberties, and how this will affect them in the future when accessing health care.

To meet this need, young people and parents from Rainbows Hospice Loughborough have been instrumental in the design of a website due to be launched in September 2016. The website details how the welfare of young people who lack mental capacity is safeguarded and promoted when they become an adult.

A Designated Nurse leads on this project and a legal firm has been commissioned to provide the legal information contained in the website.

Be assured that recommendations from “Transforming Care” (Winterbourne) are fully embedded in safeguarding practice

In October 2015, NHS England, ADASS and the Local Government Association (LGA) published a Transforming Care national implementation plan and associated service model “Building the Right Support”. This national plan set out measures to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

The plan outlines three key expectations from Commissioners: implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.

The Leicestershire, Leicester and Rutland Transforming Care Plan was submitted to NHS England on the 11th April 2016, outlining how we will enhance community provision, reduce inpatient capacity and rollout care and treatment reviews in line with published policy.





The local plan details how we will work together to deliver a whole life approach to support for people, using the core principle of Safeguarding and Advocacy as set out within the Core Commissioning Tool, Ensuring Quality Services.

An operational Commissioning Work stream will work to support people who challenge through the delivery of:

- Enhanced and outreach support team staffed and operational by April 2016
- Support GP practices to implement health checks from 14+
- Safeguarding to prevent unnecessary admissions
- Develop person-centred assessment and support planning

- Explore Discharge to Assess model for in-patient services.

We will also keep people who challenge safe through supporting them to take positive risks whilst ensuring that they are protected from potential harm, remembering that abuse and neglect can take place in a range of different environments and settings. There should be a culture of transparent and open reporting, ensuring lessons are learned and acted upon.

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
LCC – Adult Safeguarding Enquiries – Learning Disability	105	148	51	34	42	21	
LCC – Enquiry Outcome – Substantiated, Learning Disability	38.1%	60.1%	69%	71%	55%	33%	
RCC – Adult Safeguarding Enquiries – Learning Disability	6	12	4	3	2	3	
RCC – Enquiry Outcome – Substantiated, Learning Disability	Not available	Not available	-	33%	50%	100%	

What do we need to do in the future?

Whilst there has been progress in many of the areas of work, the 2016/17 Business Plan priorities will continue to focus on Community Safety, application of thresholds, Making Safeguarding Personal and Mental Health (see appendices 1 and 2). DoLS data will continue to be monitored through the Leicestershire and Rutland Executive Group.

Further strengthening of work to ensure that people with care and support needs contribute to and actively participate in the work of the SAB is required.

In addition, the Learning Disabilities Mortality Review (LeDeR) Programme has been commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and supported by the Association of Directors of Adult Social Services (ADASS) in response to the Confidential Inquiry into the premature deaths of people with learning disabilities (CIPOLD).

People with learning disabilities die, on average, 20 years younger than the general population. The CIPOLD enquiry found 42% of deaths were deemed to be “premature” as a result of delays or problems with diagnosis or treatment, identifying needs and providing appropriate care in response to changing needs. 20% of the deaths reviewed had previous safeguarding concerns raised.

As part of the LeDeR programme within each local area there will be a review of deaths which will seek to:

- Identify the potentially avoidable contributory factors related to deaths of people with learning disabilities

- Identify variation and best practice in preventing premature mortality of people with learning disabilities
- Develop action plans to make any necessary changes to health and social care service delivery for people with learning disabilities.



3.3. Priority 3 – To be assured that services for children, services for adults and services for families are effectively coordinated to ensure children and adults are safe

The following priorities for action were identified in the Business Plan 2015/16: assess impact, were:

Female Genital Mutilation (FGM)

- Reduction in number of girls who suffer from FGM
- Increase in identification of girls at risk of FGM
- Increased community awareness of risks of FGM in identified communities

Prevent – Channel

- Reduction in number of young people involved in terrorism
- Increase in identification of young people at risk of becoming involved in terrorism
- Increased community awareness of people at risk of becoming involved in terrorism

Transition to adult services

- Care leavers and disabled young people are appropriately supported by children's services to work towards independence
- Disabled young people successfully transition to be supported in adult services

Think Family

- Effective joint working between the various inter-agency professionals and teams involved, particularly focusing on relationships within the family and joint oversight of the ongoing work between services for adults and services for children

Domestic Abuse: Multi-Agency Risk Assessment Conference (MARAC)

- Fully coordinated response to people who are at risk of domestic abuse
- Improved attendance and participation by agencies at MARAC

Teenage Peer Domestic Abuse

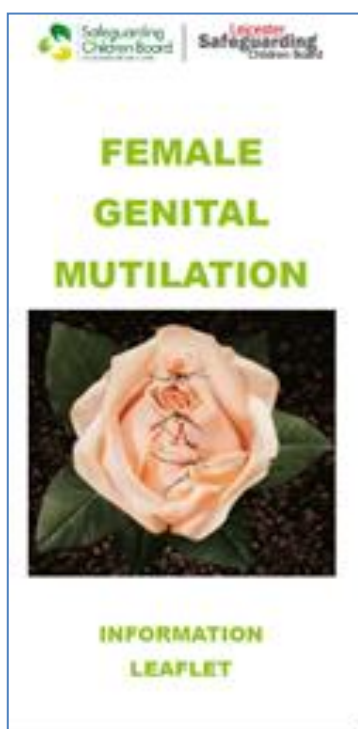
- Young people at risk of or who experience domestic abuse in their peer relationships are supported and safe

What we did and what has been the impact

Female Genital Mutilation (FGM)

Reduction in number of girls who suffer from FGM / Increase in identification of girls at risk of FGM / Increased community awareness of risks of FGM in identified communities

The LSCB and partner agencies have supported the commitment to ensure recognition and response to FGM, safeguarding girls and women at risk in our communities.



This work was undertaken collaboratively with the Leicester City LSCB and included:

- In July 2015 a LSCB FGM communication plan was sent out to all schools across Leicestershire and Rutland raising schools' awareness in recognition and response to FGM prior to the school holidays. This included the LSCB supporting a YouTube FGM awareness video: <https://youtu.be/2XdHwHGJHck>
- In September 2015, following the work of a LSCB FGM Task and Finish Group, chaired by the CCG Designated Doctor for Safeguarding Children, the LSCB, in conjunction with Leicester City LSCB, launched the revised FGM procedures at a practitioner event in the City Hall, Leicester.
- In October 2015, the LSCB participated in a mini 'Engagement Summit' involving members of the Somali community. The success of this event highlighted the benefits of community engagement to address FGM. This work is being continued into 2016/17 with the support of relevant communities.

Indicator	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16
FGM cases presenting to UHL – pregnant women referred to and seen at midwifery clinic (Leics & Rutland)	0	0	14	14
LCC – FGM cases referred to Social Care	-	-	0	0
RCC – FGM cases referred to Social Care	-	-	0	0

During Q3-Q4 there were 28 disclosures of FGM from women attending appointments with the UHL Midwives. All disclosures are risk assessed using the DoH tool that is available in the LSCB FGM Procedures. All risk assessed disclosures are analysed by the Midwifery Safeguarding Team. Referrals to

Children's Social Care are made as warranted.

The Safeguarding Effectiveness Group is seeking the number and outcome of women subjected to FGM who have been referred for consultation with a UHL Gynecologist. This data has been requested for Q1 2016/17.

Negotiations commenced in May 2016 with Leicester City Public Health that aim to take forward an agreed community engagement plan; this is to ensure that a city and county wide strength based model ensures communities affected by FGM understand the legal and medical implications and promote and end to the practicing of FGM.

Prevent – Channel

Reduction in number of young people involved in terrorism; increase in identification of young people at risk of becoming involved in terrorism; increased community awareness of people at risk of becoming involved in terrorism

During the 2015/16 business year, the local PREVENT website has been reviewed, revised and improved, following consultation with safeguarding leads across the sub-regional local authorities, to make it clearer to access by anyone across Leicester, Leicestershire and Rutland: <http://www.leicesterprevent.co.uk/>

Local Authorities across Leicestershire & Rutland have contributed to a partnership Prevent Officer post for the area. The main activity of this officer has been delivering training to staff working in communities, particularly in schools across Leicestershire & Rutland. In 2015/16 "Workshop to Raise Awareness of Prevent" (WRAP) training was delivered to over 1000 people in over 40 locations. This training has resulted in increased referrals to the Police Prevent team. The Officer has also supported schools to implement the prevent strategy and supported local authorities to develop and deliver their Prevent action plans.

Prevent awareness is also delivered in the Leicestershire Safeguarding in Education Training Programme Sessions, managed by The Safeguarding Development Team, to Maintained Schools, Academies, Independent Schools and FE colleges which is available across Leicestershire & Rutland.

Articles and guidance on Prevent safeguarding issues are also included in their electronic newsletter to schools and Prevent awareness has been a regular agenda item at the LLR FE Colleges Safeguarding meetings.

The Leicestershire & Rutland Safeguarding Boards Business Office has developed a webpage providing safeguarding signposting and links to training and the LLR Prevent Website: <http://lrsb.org.uk/prevent>

Further WRAP training is scheduled in the coming year through trained staff from across agencies and local authorities are supporting a range of awareness interventions for young people, parents and vulnerable adults. This includes enabling attendance of young people, parents and vulnerable adults at Warning Zone, which has a new E-Safety zone raising awareness of the dangers of grooming

and radicalisation on line, and developing a theatre type production regarding extremism in the vein of the Chelsea's Choice production regarding Child Sexual Exploitation.

Transition to adult services

Care leavers and disabled young people are appropriately supported by children's services to work towards independence

Disabled young people successfully transition to be supported in adult services

The Board explored the transition processes between child protection and adult services and was assured that appropriate and effective measures were in place to ensure successful transition and ongoing safety. Further work regarding children at risk of sexual exploitation and children supported by mental health services will be considered within the Board's priorities for 2016/17.

Think Family

Effective joint working between the various inter-agency professionals and teams involved, particularly focusing on relationships within the family and joint oversight of the ongoing work between services for adults and services for children

There is good evidence of partnership working to provide early intervention and support to families across Leicestershire and Rutland. Examples include:

1. Midwives from the University Hospitals of Leicester (UHL) ensuring that women identified as vulnerable during their pregnancy are appropriately referred for support and discussed with Leicestershire and Rutland Children's Social Care and relevant health staff by the 30th week of pregnancy. The UHL team received 815 such referrals during 2015/16.
2. The Early Start Programme is an initiative provided by Leicestershire Partnership NHS Trust (LPT). Working across Charnwood, it provides intensive health visiting support to vulnerable pregnant women and their partners (including those with a Learning Disability) who are first time parents, prior to 24 weeks pregnancy. The scheme is integrated into mainstream health visiting, Children's Centres and Early Help Services. The initiative anticipates expanding across identified areas of Leicestershire. A total of 70 families were receiving support from the Early Start Programme at the end of 2015/16.

This quote from one of the parents using the service echoes the positive feedback reported by parents accessing the service:





'The support and help has been brilliant. I honestly couldn't of coped without their help'.

3. Parents are reporting satisfaction with Children's Centre services that offer Early Help and support across Leicestershire and Rutland.

A survey of parents during October to December 2015 shows that 74% of Leicestershire families and 75% of Rutland families who engage with the Children's Centres are reporting that their needs have been fully met.

The Supporting Leicestershire Families and Changing Lives Rutland (CLR) services provide early intervention to families in need of support. A survey of parents who accessed these services between July-September 2015 showed that 98% of Leicestershire families and 96% of Rutland families reported improvements in their parenting confidence and capacity.

Domestic Abuse: Multi-Agency Risk Assessment Conference (MARAC) and Teenage Peer Domestic Abuse

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
Calls to the DA helpline from members of the public (Leicestershire County helpline)	742	1027	134	165	191	537	
Calls to the DA helpline from members of the public (Rutland)	Call data not collected	92 (Q2-Q4)	Call data not collected	8	40	44	
Numbers of referrals to DA specialist support services (16+) (Leicestershire County)	1191	1400	422	326	326	326	
Numbers of referrals to DA specialist support services (16+) (Rutland)	Not collected	116	35	37	25	19	

A new single Leicester, Leicestershire & Rutland Domestic Abuse and Sexual Violence service commenced in December 2015 with a single helpline. This was launched publicly in March 2016 – previous helpline numbers forward people to the new service. Early data for the new service suggests an increase in demand; this will be reviewed in May 2016 after four months of operation.

Indicator	2015/16			
	Q1	Q2	Q3	Q4
MARAC referrals (L&R) (12 month rolling)	382	398	416	396
MARAC repeats (L&R) (12 month rolling)	28.5%	26.9%	26.6%	27.8%

Multi-Agency Risk Assessment Conference (MARAC) referrals continue to increase. There are currently no concerns regarding MARAC attendance by any particular agency.

Fully coordinated response to people who are at risk of domestic abuse / Improved attendance and participation by agencies at MARAC / Young people at risk of or who experience domestic abuse in their peer relationships are supported and safe

What did we intend to do?

- Joint commissioning of Domestic Abuse (DA) & Sexual Violence support services across Leicester City, Leicestershire and Rutland (LLR)
- Implement Operation Encompass information sharing between Police and schools regarding DA incidents
- Develop approaches to support for young people as primary and secondary victims of domestic abuse
- Review pathways for information sharing regarding domestic abuse
- Develop Integrated Offender Management (IOM) approach to incorporate domestic abuse offenders.

What did we do?

- Joint commissioning of single Domestic Abuse & Sexual Violence helpline and crisis and recovery support for primary victims of domestic abuse and sexual violence aged 13+ across Leicester, Leicestershire & Rutland
- Implemented Operation Encompass information sharing between Police and schools in Leicestershire regarding DA incidents
- Set up Rutland Multi-Agency Risk Assessment Conference (MARAC)
- Started to develop approaches to support for young people as primary and secondary victims of domestic abuse. Interim approach for young people as primary victims of domestic abuse embedded in MARAC
- Commenced review of pathways for information sharing regarding domestic abuse
- Piloted IOM approach to incorporate domestic abuse offenders
- Extended Project 360 intensive engagement and support project for repeat victims of domestic abuse through Police and Crime Commissioner's (PCC) funding
- Commenced one DHR and completed one multi-agency Appreciative Inquiry into a domestic abuse related death of an adult that did not meet DHR criteria.

What was the impact?

- More requests for support regarding domestic abuse and sexual violence through new service: 778 calls to new helpline from Leicestershire & Rutland in 4 months (Dec 2015 to March 2016) compared with 408 in 8 months (April to November 2015) under previous arrangements
- In the first 4 months of the new LLR support service, all Leicestershire and Rutland service users felt safer following support and 87.5% had experienced a reduction in violence following support
- In Leicestershire information was shared with schools regarding domestic abuse in the home of 360 children between September 2015 and March 2016 through Operation Encompass. The scheme is being considered further in Rutland.
- Early signs of reduction in offending by priority domestic abuse perpetrators who had been worked with through the IOM framework.

Performance Assessment shows:

- Good attendance from all agencies at MARAC
- Approximately 1400 people across Leicestershire & Rutland were supported by domestic abuse support services including Independent Domestic Violence Advisors (IDVAs) and outreach
- 396 cases considered at MARAC compared to 336 in 2014
- Increase in referrals to the MARAC regarding young people under 18 (7 last year to 11 this year)

Service user and frontline staff views

- A service user panel is in place as part of the contract management of the new support services. The panel has fed their views into the progress of the LLR service, including areas for improvement, such as call answering and waiting times for therapeutic support
- Service user feedback on the new UAVA services show 81% of service users surveyed feel their needs have been met and identify the need for joined up support for child secondary victims in Leicestershire & Rutland
- Schools have given positive feedback about the Operation Encompass scheme in Leicestershire and having additional information to support their pupils
- Domestic Abuse Champions in Children & Family Services in Leicestershire have welcomed the opportunity to develop practice with regards to working around Domestic Abuse.

Residual Issues

- Further work to develop and embed an approach to support child secondary victims of domestic abuse
- Complete information sharing pathway review
- Increasing demand on MARAC and support services, potential risks regarding caseloads
- Fully evaluate Operation Encompass in Leicestershire after first year of operation, and roll out in Rutland
- Explore ways to address lack of community DA perpetrator behaviour change provision in Leicestershire & Rutland
- Implement approach to review impact of actions arising from Domestic Homicide Reviews (DHRs).

What do we need to do in the future?

Whilst there has been progress in many of the areas of work, the 2016/17 Business Plan priorities will continue to focus on: Domestic Abuse, Prevent, Child Sexual Exploitation and Mental Health.

It is important that future focus on Think Family considers the impact of a growing elderly / dependent population will have on families.

3.4 Priority 4: To be assured that our Learning and Improvement Framework is raising service quality and outcomes for children, young people and adults

Four priorities for action were identified in the Business Plan 2015/16:

- Ensure that outcomes for adults are improved through the application of the Learning and Improvement Framework
- Review the Learning and Improvement Framework to ensure it is Care Act compliant
- Seek assurance that appropriate settings are receiving and embedding appropriate recommendations from SARs and other review processes
- Extend our capacity to provide comparative quality assurance and performance data to test performance in Leicestershire and Rutland against national and benchmark authority performance.

What we did and what was the impact

Ensure that outcomes for adults are improved through the application of the Learning and Improvement Framework

Safeguarding Adult Reviews are considered against the Care Act definitions and guidance and the updated Learning and Improvement Framework is used to determine the appropriate type of review methodology to reflect the individual case issues. During 2015/16, the SCR Subgroup agreed a referral template and process to bring potential reviews to the Subgroup for consideration.

An important part of the work undertaken is to ensure that recommendations arising from both SARs and other reviews are acted on and that steps are taken to secure both improvement in service delivery and in safeguarding outcomes.

The information set out under Priority 2 sets out in detail how safeguarding services are performing in areas that have been identified as a concern in the past. However, the Board has agreed that there is a need better to formalise the monitoring of impact of SARs and this features in our Business Plan for 2016/17.

Review the Learning and Improvement Framework to ensure it is Care Act compliant

The Learning and Improvement Framework has been updated and is now compliant with the Care Act. Work was also undertaken to reflect the various review methods we use to undertake both SARs and Alternative Reviews. The new LLR Referral Form is reflected in the Framework. This has been a very successful method of

capturing potential cases requiring either a formal or informal review from member agencies. There is further work to be undertaken to finally agree the Framework with Leicester City. The Learning and Improvement Framework is available on the Safeguarding Boards website at: <http://lrsb.org.uk/seriouscasereviews>

Seek assurance that appropriate settings are receiving and embedding appropriate recommendations from SARs and other review processes



In March 2016 a LSCB/SAB Learning Event, attended by 143 delegates, focused on Building Confidence in Practice and Learning Lessons from SCR/SARs and DHRs (please see the report from the SAB Serious Case Review (SCR) Subgroup in Chapter 4 for further information on this event).

In Spring 2016, the LSCB Safeguarding Matters special edition publication focused upon Building Confidence in Practice again based on Learning from Case Reviews.

Extend our capacity to provide comparative quality assurance and performance data to test performance in Leicestershire and Rutland against national and benchmark authority performance

Through the new performance framework managed by the Leicestershire County Council Business Intelligence Team available comparative performance information in considered by SEG for benchmarking purposes.

The Leicestershire & Rutland LSCB and SAB Safeguarding Effectiveness Subgroup (SEG) has delegated authority of the Boards to discharge its duties as outlined in its responsibilities:

- To assure the LSCB and SAB that partner agencies are providing the safeguarding evidence required in the Performance Reporting Framework (PRF) to deliver against the LSCB & SAB Business Plan Priorities and Core Dataset
- To inform the LSCB and SAB of key messages identified in the safeguarding data received from partner agencies and as reported in the Performance Reporting Framework (PRF)
- To provide assurance to the LSCB and SAB that safeguarding work delivered

in a multi-agency context is robust and effective and achieving positive outcomes for children, young people and adults at risk

- To seek assurance that the voice of the child/adult is evidenced by all agencies that provide safeguarding services to support children, young people and adults as required by the PRF and that children, young people and adults at risk have effective and safe care with a positive experience of services.

Throughout 2015/16, there has been an increase in support from partner agencies to engage with the Safeguarding Effectiveness Group (SEG). The SEG undertook analysis and a refresh of the SAB datasets and commentary in negotiation with partner agencies whose data is presented to the SAB. This was supported by the appointment of data analysts.

The result has been a SAB dataset that evidences the status of the delivery of the 2015/16 SAB Business Plan and identified where additional assurance is required. It also enables partners to understand the quality of services provided by agencies other than their own.

The data is submitted by partners once a quarter together with commentary underpinning the data. Signs of Safety questions, for example: what went well? what are you worried about?, support discussion at SEG.

The Chair of SEG presents a quarterly SEG report to the Executive and Board. The reports have been well received and have generated Board challenge of emerging issues about areas of safeguarding where further assurance is required. Examples include:

- Leicestershire County Council and Rutland County Council cannot provide data on the proportion of the workforce who are up to date with Adult Safeguarding Training or embedding the Competency Framework
- The ongoing monitoring by SEG of the Leicestershire data that shows a decrease in the number of enquiries during Q3 and Q4 regarding adults with Learning Difficulties that were substantiated. SEG requested that the SAB Executive received an update with regards to the progress of Transforming Care and embedding the recommendations from the Winterbourne enquiry
- Following a decrease during Q3 and slight increase in Q4 of alerts raised by the public, the Board was advised that SEG would monitor the slight improvement in this trajectory to provide future assurance that members of the public in Leicestershire and Rutland are aware/understand what constitutes a safeguarding concern / alert / referral.

What do we need to do in the future?

A key priority for the LRSAB in 2016/17 will be to enhance its capacity to test that the recommendations and actions arising from SARs and other case reviews are effectively implemented in practice and reflected in improved safeguarding outcomes

for adults.

In addition we need to be better sighted on the outcomes of reviews undertaken in other parts of the country and test whether our performance in areas identified for improvement needs to improve. This will be assisted with our enhanced focus on comparative performance with benchmark authority areas.



3.5. Priority 5: To be assured that the workforce is fit for purpose

Five priorities for action were identified in the Business Plan 2015/16:

- Embed the new Training strategy and develop an adult training Subgroup across LLR
- Be assured that agencies are compliant with Competency Framework
- Seek assurance that supervision of workers and cases is good
- Be assured that LA caseloads are appropriate and manageable
- Seek assurance that caseloads across the rest of the partnership are appropriate and manageable

What we did and what was the impact

Embed the new Training strategy and develop an adult training Subgroup across LLR

Training Strategy proposals and development of a LLR Subgroup have resulted in much discussion in LLR Joint Executive Group meetings. Whilst the appointment of a LLR Learning and Development Coordinator was agreed in principle, funding has not been secured. This will be the subject of further consideration in 2016/17 should resources become available.

Be assured that agencies are compliant with Competency Framework

The Safeguarding Adults Competency Framework was introduced in April 2014 and has subsequently been updated to be Care Act Compliant.

The Safeguarding Boards Website provides documents that outline the Competency Framework, how it can be used, how to assess competency and a best practice guide to the commissioning, delivery and evaluation of safeguarding learning: <http://lrsb.org.uk/safeguarding-adults-training>

As part of the Performance Reporting Framework (PRF), the Safeguarding Effectiveness Group (SEG) asks agencies to provide staff training figures, seeking assurance that “Safeguarding Adult training is relevant and effective in ensuring the workforce has appropriate skills and knowledge in working to safeguard adults (Staff have accessed the level of safeguarding adults training appropriate to their roles and responsibilities)”. The 2015/16 results are shown overleaf:

Business Plan Ref	Business Plan Priority			
C5.3	Safeguarding Adult training is relevant and effective in ensuring the workforce has appropriate skills and knowledge in working to safeguard adults (Staff have accessed the level of safeguarding adults training appropriate to their roles and responsibilities)			
Agency	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
Leicestershire Partnership NHS Trust	FA	PA	PA	FA
University Hospitals of Leicester NHS Trust	FA	FA	FA	FA
Leicestershire CC Adult Social Care	PA	PA	PA	AR
Rutland CC Adult Social Care	PA	PA	PA	AR
West Leicestershire General Practitioners (reported via Clinical Commissioning Groups)	FA	FA	FA	FA
East Leicestershire and Rutland General Practitioners (reported via Clinical Commissioning Groups)	FA	FA	FA	FA
West Leicestershire Clinical Commissioning Group staff	FA	FA	FA	PA
East Leicestershire and Rutland Clinical Commissioning Group staff	FA	FA	FA	PA
Leicestershire Police	FA	FA	FA	FA
CAFCASS	FA	FA	FA	FA
Key				
Full assurance (FA)				
Partial assurance (PA)				
Assurance required (AR)				

Leicestershire and Rutland County Councils do not have systems in place to capture data relating to staff training or use of the SAB Competency Framework.

Leicestershire County Council are embedding the Competency Framework and use the Personal Development Review (PDR) process to identify training gaps and ensure safeguarding training needs of staff are met. Also Leicestershire County Council advised that training data may be available from their new Learning Hub in the future.

Rutland County Council has no arrangements in place to capture this data.

The drop to partial assurance in quarter 4 from the West Leicestershire Clinical Commissioning Group (CCG) and East Leicestershire & Rutland CCG is being addressed by these agencies as they have action plans in place to improve on the below 80% uptake of training from CCG staff.

Safeguarding Adults Trainers Network

The Trainers Network meets on a quarterly basis and is open to staff from the Independent, Statutory and Voluntary Sector who have a responsibility for developing and delivering Learning and Development Opportunities.

The Network is an opportunity to share the following:

- National Developments
- Learning from Reviews (National and Local)
- Learning Delivery methods

- Embedding the Competency Framework.
- Problem solving.

During 2015/16, the focus was on the implications of the Care Act 2014, changes to procedures

At the request of the group we have discussed Whistle Blowing and Mental Capacity / Deprivation of Liberty.

Simply having such a large distribution list of people enables us to distribute information widely.

The group was also asked to complete a Survey on their use of the online procedures (MAPP), including accessibility.

Leicestershire Learning and Development

Leicestershire provided a broad range of Learning and Development opportunities to their workforce covering outlined below.

In-house Learning & Development provision:

- Scoping exercise completed on future demand for:
 - Assessing Capacity and Making Best Interest Decisions – 1 day – All commissioners
 - Safeguarding and MCA/DoLS – 2 day – All commissioners
 - Report Writing for Court – 1 day – Social Workers, Team Seniors & Locality Managers
 - Making Applications to the Court of Protections – Social Workers, Team Seniors & Locality Managers.
- Safeguarding Adults and MCA/DOLS – this two day course for Team Seniors and Social Workers has been fully subscribed and evaluations have been positive. As a result of this, 6 more courses have been scheduled for August - November 2016, with scope for more depending on demand.
- Safeguarding Adults in Practice and Managing Safeguarding Adults in Practice – one-day programmes continue, delivered by the Ann Craft Trust. Committed to this on a long-term rolling basis (there is the option to extend the contract with Ann Craft Trust to 2020 on an annual basis if they continue to provide what is required). More courses booked for August 2016 onwards.
- DASH (Domestic Abuse, Stalking and Harassment) training – rolling programme. Course will continue to run throughout 2016/17. Training for Trainers course ran on 1 February 2016 to increase capacity in Learning & Development (L&D) to deliver this. One of the L&D Advisors, who is now a DASH trainer, also runs the Leicestershire Social Care Development Group (LSCDG) Safeguarding Adults programme: increasing ability to make links between safeguarding and domestic abuse.

- Making Applications to the Court of Protection course and Report Writing for Court programme – both programmes were fully attended and further sessions have been commissioned to reflect demand.
- Court Skills, week course – one staff member has been booked to attend the Derby provision of this.
- WRAP (Workshop to Raise Awareness of Prevent): positive links made with Prevent Officer and worked with Community Safety to develop training matrix for training needs in relation to WRAP and Prevent throughout the whole council. L&D are represented on the Corporate Prevent Group by Liz Dunn. Four WRAP sessions have been well attended – targeted to staff in all departments, including Adults & Communities. L&D have funded specific Adults & Communities staff to attend an external Confidentially Addressing Radicalisation and Extremism (CARE) course as appropriate, and will continue to do so.
- Safeguarding Adults Referrers course (now called Making an Alert to the LA) delivered to specific staff within Adult Learning Service – some elements of the course were bespoke to reflect their work and customers.
- Safeguarding Adults in Customer Service Centre (CSC) – hour-long Continuing Professional Development (CPD) sessions run by L&D for all Customer Service Agents and Social Care Officers in CSC covering types of abuse, Care Act and Section 42 duties, gathering information from callers and accurate recording. Long term commitment to deliver these sessions, and develop other programmes as identified through Performance and Development Reviews (PDRs), one to ones and ongoing links between CSC and L&D.
- Development work in CSC – whole L&D programme in CSC is being reviewed, with competencies for all staff being developed (including staff who work on the safeguarding hub). Eight Safeguarding briefings have taken place so far, to update staff on the Care Act, and Autism workshops have been programmed. All work in CSC is closely aligned to the Systems Thinking project that is being carried out by the Transformation Unit.
- Workshop programmed in July 2016 to review the existing CSC Adults & Communities training plan and to include a learning contract and Individual Learning Plan (ILP) for all new starters and apprentices.
- 'New approach to L&D' – this is being reviewed in light of feedback from operational and strategic managers in Adults & Communities. The aim is still to develop a new approach to L&D that effectively embeds learning in practice. Team Seniors engaged in a team meeting session to develop their coaching skills. It is envisaged that sessions will be facilitated in localities focusing on topics that operational staff and managers have identified.
- Conference on Self-Neglect took place on 21 March, opened by Heather Pick and supported by Mark Goddin. This involved the sharing of a new draft LCC guidance, speakers from a range of organisations focused on research and

practice, and multi-agency partners attended. Mark Goddin is to progress the guidance with multi-agency partners – offer from L&D to support any workshops required.

- Making Safeguarding Personal (MSP) – plan developed with Laura Sanderson to ensure that Making Safeguarding Personal is embedded in practice. Briefings arranged for Managers, Team Seniors, LPT, UHL and frontline staff to run from August-December 2016. This will then allow time for evaluation of the programme and to report impact in April 2017.

Leicestershire Social Care Development Group (LSCDG) provision:

- Care Certificate workshops being delivered through LSCDG for the wider sector – delivered by L&D Advisor and operational manager in Homecare Assessment and Reablement Team (HART). Very well-received – more courses will be delivered throughout 2016/17.
- Referrers' programme (now called Making an Alert to the LA) completely reviewed and updated as necessary to further embed Care Act Safeguarding guidance. This development was carried out in consultation with the Safeguarding Adults Board and aligned to the updated Safeguarding Adults Competency Framework.
- Alerters (now called Reporting Concerns to your Manager) training that is the core of the T4T programme is also updated to reflect Care Act changes.
- LCC Safeguarding workbook no longer being used. L&D have adopted the Skills for Care, Care Certificate workbook that will be updated by Skills for Care when needed and will promote consist national standards. This can be used as a stand-alone workbook or form part of the care certificate depending on job role.
- Safeguarding e-learning module has been updated also to reflect Care Act changes.

Multi-agency provision:

- Mental Capacity Act (MCA) Improvement Project – funding remains with the SAB and has been agreed for events to run until March 2017 – other topics to be identified as required by the Governance Group/SAB.
- Best Interest Assessors (BIA) Programme (MCA improvement Project): funding in place to increase staff accessing the BIA Award, and support best practice among new and existing BIAs. Total of five trainee BIAs supported through Oct-April cohort, six trainees supported through Jan-July cohort and a further six have just applied and signed up for the programme.

Future plans:

- Links ongoing with Communities & Wellbeing – in place to respond to any L&D needs identified in Communities & Wellbeing strategy.

- L&D have relevant links with SAB to ensure that they are involved in an appropriate and timely fashion with any development of future multi-agency provision for both LSCDG and through other forums.

Rutland Learning and Development

Much of the Rutland training and development has been around the continued roll-out of Making Safeguarding Personal (MSP).

Rutland has continued to develop its model of MSP champions working together to take the MSP message into the teams and other areas. The champions group has become Safeguarding Continuing Professional Development (CPD) groups consisting of all practitioners and therapists.

Wider MSP and safeguarding awareness training has been rolled out to the council's own regulated provider services and most recently the private sector providers by the provider forum, held quarterly, which is very well attended by providers and is organized by the Care Act/Better Care Fund (BCF) Operations Manager.

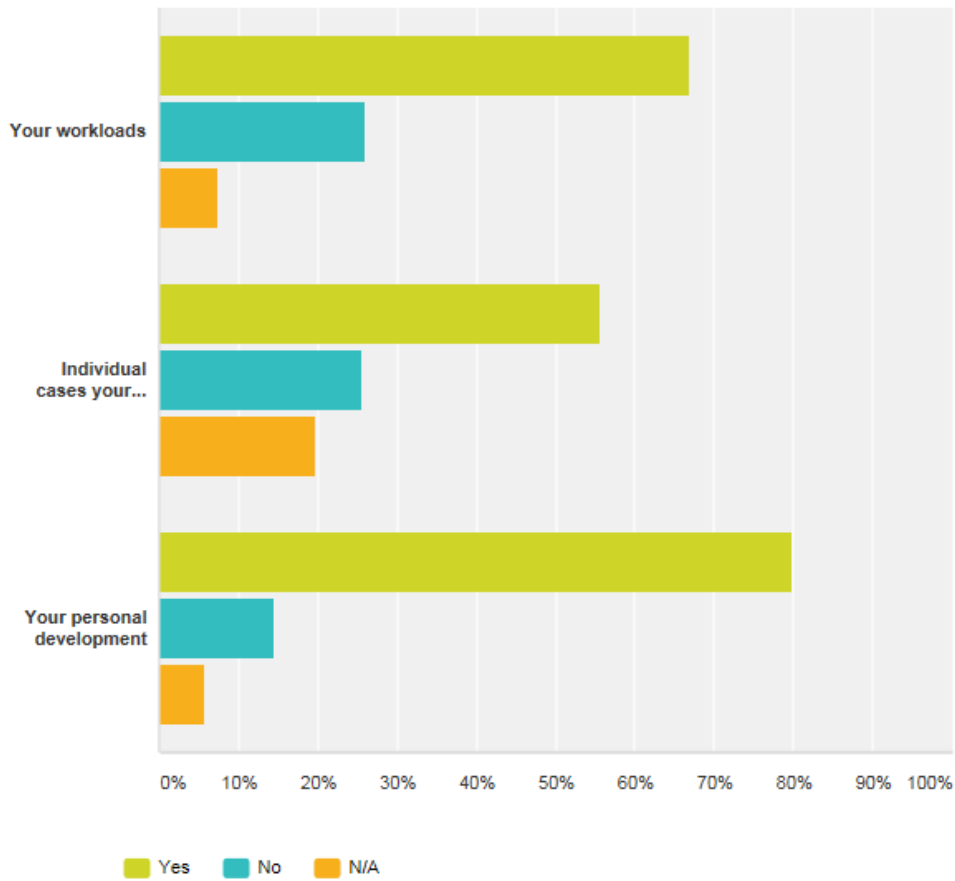
Seek assurance that supervision of workers and cases is good

The Safeguarding Adults Board undertook a Safeguarding Adult Assessment Framework (SAAF) in 2015 across Leicester, Leicestershire and Rutland examining the knowledge and experiences of frontline staff and managers in agencies that were part of the SAB.

This outlined that around 50% of staff received special help and support through supervision by their line managers. 90% have an opportunity to discuss personal development. This is outlined in the charts and tables overleaf.

Do you have regular supervision meetings with your supervisor or manager to discuss.....

Answered: 193 Skipped: 0



	Yes	No	N/A	Total Respondents
Your workloads	66.84% 129	25.91% 50	7.25% 14	193
Individual cases your involved in	55.44% 107	25.39% 49	19.69% 38	193
Your personal development	79.79% 154	14.51% 28	5.70% 11	193

It is worth noting that, whilst a number of professionals may not have supervision meetings, they do have access to advice on specific safeguarding issues. For example, CCG and LPT offer an advice line.

Be assured that LA caseloads are appropriate and manageable / Seek assurance that caseloads across the rest of the partnership are appropriate and manageable

As part of the Performance Reporting Framework (PRF), the Safeguarding Effectiveness Group (SEG) asks “To be assured that the workforce is fit for purpose: to be assured that caseloads are appropriate and manageable”. Throughout 2015/16, agencies were able to provide full assurance (FA) that all caseloads are allocated and managed.

Business Plan Ref	Business Plan Priority			
A5.0	To be assured that the workforce is fit for purpose: to be assured that caseloads are appropriate and manageable			
All agencies report that they do not have safeguarding cases that are unallocated or unmanaged	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
Leicestershire Partnership NHS Trust	FA	FA	FA	FA
University Hospital Leicester NHS Trust	FA	FA	FA	FA
Leicestershire Police	FA	FA	FA	FA
Leicestershire County Council	FA	FA	FA	FA
Rutland County Council	FA	FA	FA	FA

What do we need to do in the future?

As workforce development is a cross cutting theme in our 2016-17 Business Plan, it is a priority that

- A Leicestershire and Rutland Safeguarding Adults Board training strategy is produced
- Closer working relationships with Leicester City SAB are pursued
- Partner agencies, in particular Local Authorities, are able to supply data regarding attendance on training
- Being assured that all agencies are able to assess, design, deliver and evaluate use of the Competency Framework.



Chapter 4: Additional items to be reported on

- **Safeguarding Adult Reviews (SARs)**
- **Engagement and Participation Subgroup**
- **Making Safeguarding Personal (MSP)**

Safeguarding Adult Reviews (SARs)

Report from SAB Serious Case Review (SCR) Subgroup

The role of the SAB SCR Subgroup is to receive information from agencies about serious incidents of abuse and to consider a Safeguarding Adult Review (SAR) process to ensure multi-agency learning is captured and implemented. The Subgroup continues to retain full and appropriate membership from key partners and attendance levels are good. Public Health joined the Subgroup.

In 2015/16, a Multi-Agency Learning Event was undertaken as a result of a request for a SAR involving the serious abuse of an elderly woman by her son, resulting in significant injury and threats to her life. This event was well attended and multi-agency practice given scrutiny and reflection. Learning from this review included the need for workers to have ‘better conversations’ around what they mean by the term “vulnerable”, agreeing at an earlier stage what action can be taken or not, recognition of Domestic Abuse involving elderly service users and recording information regarding involvement with MARAC.

A number of single agency reviews have been discussed and multi-agency discussions were held to inform practice. This is felt by all members to be a valuable resource provided by the group as an opportunity for partnership reflection and support.

National reports and SCR recommendations, including action plans coming out of the Winterbourne review, were considered at meetings most importantly to consider any learning and actions for us in Leicestershire and Rutland.



Learning from reviews is published as appropriate in our Safeguarding Matters publication and Multi-agency Procedures have been updated by the Procedures Subgroup to reflect the implementation of the Care Act.

In March 2016, a Joint Children/Adults event was held “To build the confidence of frontline practitioners through shared learning from reviews” which covered the following:

- Themes from Reviews
- The Vulnerability of Babies to abuse and harm
- Domestic Abuse – Developing Practice
- Working with Resistance and Disguised Compliance
- Resources and Information to support practice.

143 people attended this SCR Learning Event of which participants identified their roles as working with: Children – 41 Adults – 48 Both – 54.

139 Evaluation Forms were completed.

Domestic Homicide Reviews

The Joint SCR Subgroup has delegated responsibility for Domestic Homicide Reviews (DHRs) commissioned by the Community Safety Partnership.

In 2015/16, two DHRs were commissioned and have yet to be completed.

The Joint Subgroup has also begun to consider alternative reviews that involve young people who have recently moved into adulthood.

The Joint SCR Subgroup has also undertaken the following:

- Review of the SCR Subgroup's Terms of Reference
- Review of the Learning and Improvement Framework (in light of developing methodologies)
- Development Session to develop Subgroup members' participation and learning
- Agreed an article in Safeguarding Matters regarding awareness of Prevent strategy following a local case involving a young person.

Engagement and Participation Subgroup

The Engagement and Participation Group has continued to work to ensure children, young people and adults in need of safeguarding are fully and meaningfully involved at all levels in the planning, design, implementation, monitoring and evaluation of work undertaken by the LSCB and SAB.

During the year the group has worked with partners to incorporate board priority information within broader engagement and worked to develop a calendar of engagement activities to support partnership join up.

However despite the attempts and effort of the group it has continually struggled to obtain suitable information from partner organisations and gain engagement from agencies in its approaches to joining up engagement.

Whilst the group's approaches have had some response, this has not been consistent, and has had overlaps with information provided to the Safeguarding Effectiveness Group (SEG) on voice of children and vulnerable adults.

The Board is aware that partner agencies are undertaking a broad range of engagement and participation work and the children's voice is evident in planning and work. Future engagement work of the Board will be led by the leads for individual business priorities.

Making Safeguarding Personal (MSP)

The MSP programme was established in 2012 by the Local Government Association, supported by ADASS. Broadly, the impetus for this was recognition that safeguarding adults practice had become process driven, and overly focussed on outputs rather than outcomes for individuals. The focus for the project was to develop an approach for safeguarding practice which was person-led and outcome focused, to enhance choice and control and to improve quality of life and well-being as well as safety.

In 2012/13 a pilot project was undertaken with a small number of local authorities, and, in 2013/14, 53 Local Authorities signed up to the project and pledged to explore ways in which their safeguarding processes could be more aligned to the principles of MSP. Rutland and Leicestershire County Councils were part of this cohort. From 2014/15, as part of the Care Act 2014 implementation, all Local Authorities were expected to engage with the MSP approach.

Rutland

Rutland County Council adopted MSP in early 2014 and it was implemented into practice as part of a restructure of Adult social care services with the emphasis being shifted to the overall personalisation agenda and person-centred practice in the new safeguarding and prevention team. This has been ongoing since and has been embedded into practice using at first MSP champions from all teams and latterly developed into CPD groups.

An early evaluation of this work by peer review was favourable and judged Rutland to have "Strong feedback from customers and providers that interventions were person-centred, focussed on outcomes, with right balance of support and challenge".

The county has further developed MSP in 2015/16 and is incorporating the principles into its new integrated team with health colleagues and has adopted Liquid logic and is designing ways to evidence MSP application from practitioners, therapists and service users.

Leicestershire

Within Leicestershire County Council, a MSP working group was established and a questionnaire was developed to ensure workers were considering MSP principles when undertaking safeguarding enquiries and discussing outcomes with individuals involved. In 2014 the Anne Craft Trust was commissioned to undertake an evaluation of this work and this was completed in August 2015. There were a number of challenges in engaging individuals involved in safeguarding enquiries within this evaluation, mainly due to issues of mental capacity in being able to consent to their involvement, and also not wanting to be reminded of a difficult time in their lives, so responses were limited. However it was identified that further work was required in relation to ensuring the principles of the Mental Capacity Act were kept central within the safeguarding process, and also around how enquires were recorded and reported, training for frontline staff in MSP principles, and ensuring the use of advocacy was considered.

Leicestershire & Rutland

In response to the outcomes of the Anne Craft Trust evaluation, and also the ADASS MSP Toolkit for Responses, published in January 2015, it was agreed by the Local Authorities and the Leicestershire and Rutland Safeguarding Adults Board that embedding the MSP approach was a priority, and that this should be achieved by April 2017. This has resulted in the development a MSP Business Plan, which covers:

Preparing the Workforce

This area covers tasks required to establish a baseline of how MSP principles are currently applied to safeguarding practice to enable more effective evaluation of the programme, and so that appropriate areas of focus can be identified to inform the planned guidance and training for staff. This will include frontline staff, their managers and Business Support staff.

This area also considers what action is required in relation to multi-agency awareness and workforce development requirements, particularly in relation to LPT and UHL Safeguarding Teams who also undertake section 42 enquiries with oversight by the local authorities. There is also a focus on provider services, given the Care Act lays emphasis on increased provider led investigation within safeguarding enquiries.

Embedding MSP Principles into Practice

This includes measures to ensure MSP principles are applied when individuals may lack capacity to advise of their outcomes, to ensure advocacy is used in line with Care Act requirements and to ensure links with work around self-neglect and recently developed Vulnerable Adult Risk Management (VARM) work are established.

On a multi-agency basis, actions relate to ensuring whether the principles of MSP were applied in SARs, reviewing the Safeguarding and Compliance Team roles in provider related enquiries and ensuring the local authorities are fully informed and

involved in the regional and national developments regarding MSP. Consideration will also be required regarding whether any amendment will be required to the Safeguarding Adults Multi-Agency Policy and Procedures (MAPP).

Measuring Effectiveness

Audit and evaluation is required both internally within LCC and RCC and on a multi-agency basis. Work is underway to develop the Information, Advice, Support (IAS) Service safeguarding screen to ensure workers are required to record how the objectives of the individual involved have been identified with them, how they have been kept involved in the process and how the worker has reviewed with the individual whether their outcomes have been met.

It is proposed that multi-agency audit will be co-ordinated within the newly developed SAB Multi-Agency Audit Subgroup. The outcome of the initial audit work undertaken by the Anne Craft Trust was that attempts to gain feedback from individuals involved after the process was largely unsuccessful. This is also echoed in the Local Government Association Evaluation Report for MSP which recommends to gather feedback “as the enquiry is progressing where possible, to avoid ‘opening old wounds’ by seeking feedback after the enquiry is closed”. It is therefore proposed that some evaluation is undertaken on active safeguarding enquiries, and potentially on a multi-agency basis, so that the views of the individuals at the centre of the process can be gathered while it is happening, meetings can be observed and the views of local authority workers and other agencies involved in the process can be gathered.

Chapter 5: Looking Forward to 2016/17

This Annual Report sets out in detail the work that the LRSAB has undertaken during 2015/16, with an analysis of the impact on service performance and safeguarding outcomes for adults in Leicestershire and Rutland.

Much has been achieved across the partnership of agencies that make up the Board. However, our learning and improvement processes identify what now needs to be done, both to sustain and develop our work and to respond to new challenges that have arisen through national and local change.

The Board has set out its intentions for the next year in its new Business Development Plan published in April 2016. Our priority actions have been identified against a range of drivers. The drivers include:

- National policies strengthening safeguarding arrangements and the roles of Safeguarding Adults Boards most importantly the Care Act and its subsequent guidance and updates
- Recommendations from peer challenges that have been undertaken and any inspections undertaken in member agencies
- The regulatory frameworks impacting on agencies who are part of the SAB Partnership
- Peer reviews/challenges undertaken as part of the East Midlands arrangements
- The outcomes of SARs – emerging from both national and local reports
- Evaluations of the impact of previous Business Plans and analysis of need in Leicestershire and Rutland, including the Joint Strategic Needs Assessments (JSNAs) carried out in both counties
- Key areas of safeguarding specific to Leicestershire and Rutland – as evidenced by Quality Assurance and Performance Management (QAPM) data
- Priorities for action emerging from QAPM operated by the Boards
- Responses to the views of stakeholders, including the outcomes of engagement activities with adult service users
- Best practice reports issued by ADASS, Care Quality Commission (CQC) and others.

We have continued the business planning model introduced in 2014/15, which aligns the Business Plan with the QAPM, the budget and our risk registers.

We have adopted a new approach to our business planning this year moving away from the five strategic priorities that have been in place for the last three years and focusing on areas that we have identified as priorities for development and improvement. At the Development Day, Board members identified areas in which we had reached good levels of performance and agreed that these would not be included in the Business Plan but rather monitored through a core quality assurance and performance management framework to ensure performance remained at levels judged to be good or better. By focusing the Business Development Plan on areas identified for improvement, we also hope better to target work on a reduced number of priorities in recognition of the need to be SMART at a time of increasing pressures on capacity.

The specific priorities that have arisen for the LRLSCB are:

- Child Sexual Exploitation (CSE), Missing and Trafficking
- Learning from Serious Case Reviews (SCRs)
- Signs of Safety (SoS)
- Thresholds for services
- Early Help Services
- Neglect.

The priorities that have arisen for the Joint part of the Business Plan are:

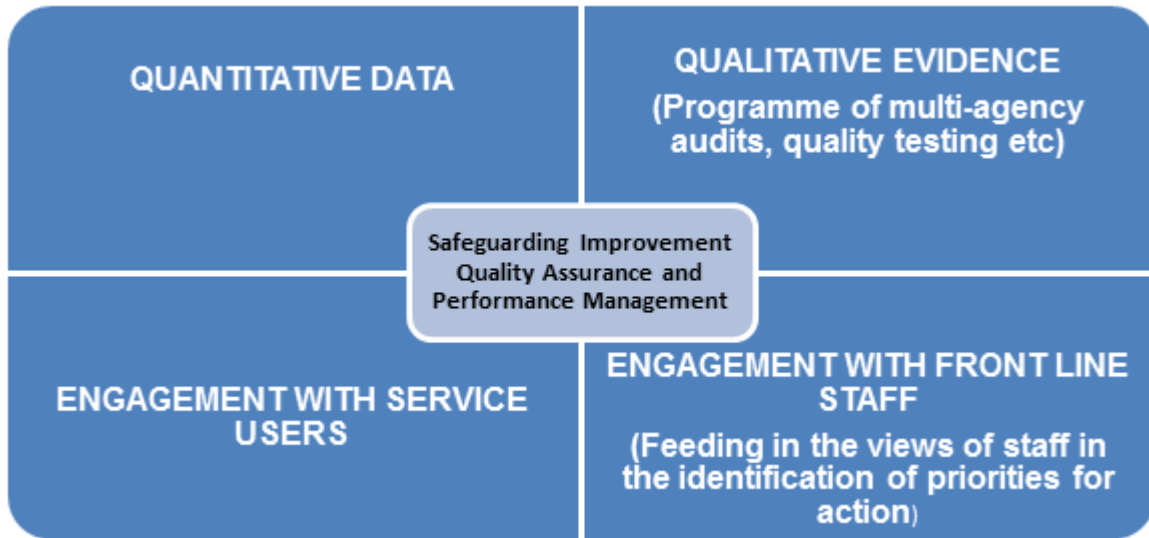
- Domestic Abuse
- Mental Health Services
- Prevent.

The specific priorities that have arisen for the LRSAB are:

- Building Resilient Communities – that can safeguard themselves but know how to report risk when it arises
- Securing consistent application of safeguarding thresholds
- Championing and securing the extension of Making Safeguarding Personal across the partnership to improve service quality and outcomes for service users
- Assuring robust safeguarding in care settings – including health care at home, residential and nursing care settings.

Against each of these priorities the Boards have identified key outcomes for improvement and the actions that will need to be taken over the next year to achieve these improved outcomes.

The Quality Assurance and Performance Management Framework for the Boards will be revised to ensure that they reflect the new Business Plans and enable ongoing monitoring of performance of core business that is not covered in the Business Plan. Quality Assurance and Performance Management will continue to be framed around our 'four-quadrant' model as set out below:



A further change to our Business Plan this year is that against all priorities for action we will include cross-cutting themes that must be addressed both to strengthen safeguarding practice and also secure stronger evidence of impact for the quality assurance framework. The cross-cutting themes are set out in the grid below:

Priorities for improvement	Learning and Improvement drivers	Audit / data implications	User views and feedback	Workforce implications	Communications implications
Priority 1					
Priority 2					
Priority 3					

These cross-cutting activities will be agreed by those mandated to lead on each specific priority.



Leicestershire and Rutland Safeguarding Adults Board Business Development Plan 2016-17

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SAB Priority 1 – Lead: Paul Burnett; Board Officer: Andy Sharp				
To build community safeguarding resilience and be assured that people living in the community who may be experiencing harm or abuse are aware and know how to seek help				
Objective	What are we going to do?	How are we going to do it?	Who is responsible?	When is it going to be done by?
Improve people’s understanding of how to get help when experiencing harm or abuse	Audit current community and service user awareness of abuse/harm	Survey public understanding of safeguarding adults (abuse and harm)	Engagement and Participation Subgroup	April 2016
	Initiate campaigns and strategies to build resilience both individually and collectively	Initiate campaigns including awareness raising process	Communications and Engagement Group	December 2016
Increase the number of community based referrals proportion of community based referrals compared to those from residential settings	Analyse existing referral information and data to understand the trajectory of contacts from the public and conversion to referrals	SEG to receive data and analysis and identify examples of success in other parts of the country	Safeguarding Effectiveness Group (SEG)	May 2016
	Identify strategies and approaches to build resilience and raising safeguarding awareness	Executive and Board to consider and agree Leicestershire and Rutland approach	Executive / Board	May 2016

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SAB Priority 2 – Lead: Janette Harrison; Board Officer: Chris Tew

To be assured that thresholds for Safeguarding Adult Alerts are appropriate, understood and consistently applied across the partnership

Objective	What are we going to do?	How are we going to do it?	Who is responsible?	When is it going to be done by?
Secure consistent multi-agency understanding and application of Local Authority safeguarding thresholds	Test out, through case audits, how thresholds are currently applied	Audit to establish current understanding	To be managed under Making Safeguarding Personal (MSP) agenda (Priority 3)	April – June 2016
	Ensure the updated document is available to all staff	Thresholds document to be placed on Multi-Agency Policies & Procedures Webpage	Procedures and Development Subgroup	July 2016
	Ensure thresholds are consistent	Continue to monitor the number of Safeguarding cause for concern alerts from health providers raised with the Local Authorities in Leicestershire and Rutland via the PRF	SEG	April 2016 onwards
Ensure there is an effective escalation procedure for staff to use regarding referrals to adults social care	Agree a process across L&R to ensure consistent thresholds	Review any current policies and make any amendments required	Procedures and Development Subgroup	October 2016

SAB Priority 3 – Lead: Mark Goddin / Laura Sanderson; Board Officer: Helen Pearson

To champion and support the extension of Making Safeguarding Personal (MSP) across the Partnership and secure assurance of the effectiveness of multi-agency processes/working and evidence of positive impact for service users

Objective	What are we going to do?	How are we going to do it?	Who is responsible?	When is it going to be done by?
<p>Embed Making Safeguarding Personal (MSP) across the SAB Partnership and be assured of its positive impact on service quality and outcomes for service users</p> <p>Increase understanding and competence in the use of MSP through workforce development programme</p> <p>N.B It is acknowledged that the MSP programme is still in the early stages of development and implementation within the Local Authorities</p>	<p>Develop and agree Business Plan for MSP across the partnership which will include:</p> <ul style="list-style-type: none"> • Practice/cultural changes • Process and Procedures that reflect MSP • Workforce Development Programme • Communication • Quality Assurance – Recording Data – what data/indicators will give us assurance? • Audits <p><i>Rutland CC will be part of the Task & Finish Group</i></p> <p>Make links with Leicester City Council/Board</p>	<p>Leicestershire County Council Adults and Communities to produce a Business Plan to roll out MSP</p> <p>Create a Multi-Agency Task and Finish Group to lead on this priority</p> <p>The PRF will have 'Place Holder Data' as MSP information does not have to be reported until 2017</p> <p>Data will be added as it is agreed/emerges</p>	<p>Laura Sanderson / Mark Goddin</p> <p>Chair – Mark Goddin, Board Office Support</p>	<p>Business Plan 1st Draft – April 2016</p> <p>Progress Report – end of Q1</p> <p>May – September 2016</p>

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SAB Priority 4 – Lead: Mahesh Pattani; Board Officer: Gary Watts

Assure robust safeguarding in care settings – including health and social care at home, residential and nursing care settings

Objective	What are we going to do?	How are we going to do it?	Who is responsible?	When is it going to be done by?
To be assured of continuous improvement in safeguarding effectiveness within care settings with a particular focus on Domiciliary Care	Clarify safeguarding frameworks in both Residential and Domiciliary Care settings and secure assurance that there is appropriate practice guidance in place	Analyse current safeguarding performance in Residential and Domiciliary Care settings and identify any areas requiring improvement / development	Safeguarding Effectiveness Group (SEG)	July 2016
Ensure continuous improvement in Residential Care Setting by: a) Consistent approach to safeguarding b) Matters are always dealt with in an open, transparent and objective way c) Staff have a comprehensive awareness and understanding of potential abuse which helps to make sure that they can recognise cases of abuse – in particular neglect and emotional harm	Review Quality Assurance and Performance Management Framework to test effectiveness of safeguarding in care settings to include home care settings	Review frameworks for securing effective safeguarding in home care settings in light of the above Revise current QAPM framework to create comprehensive framework	Procedures and Development Subgroup	October 2016
	Identify any workforce development requirements to support improved quality and performance and be assured that this is delivered	Identify workforce development needs and secure implementation	Training and Development Group	July 2016
Community based Domiciliary Care:	Assess and analyse current data to establish a targeted response to awareness raising	Monitor the quantity and quality of referrals to ensure that referral criteria are being	Safeguarding Effectiveness Group (SEG)	March 2017

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a) All the above b) Staff are fully aware of what they need to do to make sure that people in vulnerable situations, who are isolated in the community, are protected c) Ensure appropriate safeguarding referral to reflect a better understanding of thresholds and procedures	and training needs	adhered to		
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Leicestershire and Rutland Local Safeguarding Children Board and Safeguarding Adults Board Joint Business Development Plan 2016-17

Joint Priority 1 – Lead: Jonny Starbuck; Board Officer: Gary Watts				
Domestic Abuse – To be assured that there are robust and effective arrangements to tackle domestic abuse				
Objective	What are we going to do?	How are we going to do it?	Who is responsible?	When is it going to be done by?
A) To scrutinise the new Domestic Abuse Pathway for services for victims (including children, young people and adults) ensuring it is fit for purpose and embedded across the partnership (UAVA)	1) Identify pathways through which service users access help and support regarding DA 2) Scrutinise and where necessary challenge pathway(s)	Domestic Violence Delivery Group (DVDG) chair will hold UAVA representative to account via DVDG meetings, asking them how they can offer assurance that pathways to access their services are fit for purpose	Chair of Domestic Violence Delivery Group (DVDG) – Jonny Starbuck	March 2017
B) Ensure that there are effective information sharing arrangements in place to support the effective delivery of the pathway for services	Review and reality check individual information referral pathways between key agencies with responsibilities for supporting DA victims	Through a Task and Finish Group, chaired by DI Tim Lindley, convened in March 2016 for this specific purpose		September 2016
C) To be assured that there are effective preventative processes and/or intervention services in place for DV perpetrators	1) Further develop existing use of Integrated Offender Management methodology around DV perpetrators 2) Seek to develop DV perpetrator intervention programme in Leicestershire and Rutland, similar to the Jenkins project in the City	1a) Improve suite of performance data 1b) Start to measure reoffending rates, post IOM interventions, to establish efficacy of process 2) Continue to pursue (via Community Safety Partnership and DVDG) opportunities to source and fund such a programme		March 2017

Joint Priority 2 – Lead: Rachel Bradley; Board Officer: Helen Pearson

To be assured that Mental Health Services incorporate robust arrangements to reduce safeguarding risk to children and adults in particular areas: e.g. Suicide, Self-Harm, Emotional Wellbeing, Adolescent Mental Health, those supported through MCA/DoLS and the Learning Disability Pathway

NB – Meeting with the Priority Lead took place on 05.04.16 – Preliminary discussions with multi-agency colleagues regarding this Priority suggest there is a need for a shared understanding of Better Care Together Pathways / Health and Wellbeing Boards / Joint Strategic Needs Assessments, governance and reporting structures. Are issues of risk/safeguarding to children and adults integral to the pathways? Do they use a strengths based model?

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Objective	What are we going to do?	How are we going to do it?	Who is responsible?	When is it going to be done by?
A) Suicide – seek assurance from the Suicide Prevention Strategy Group that the strategy is reducing risk	Review the existing local suicide prevention plan to assess its effectiveness in relation to children, young people and adult safeguarding Develop an appropriate action plan to address any identified weaknesses	This column to be determined in collaboration with the Better Care Together Programme Board and LSCB/SAB lead in conjunction with a Board Officer Plan Extra ordinary Board/Executive Meeting or Workshop	To be agreed	March 2017 March 2017
B) Self-Harm – seek assurance that current information and resources available to children, young people and adults on Self-Harm are used across the	Agree with the Better Care Together Programme Board the means of securing action on key elements of this priority Understand the current information and resources	As above	To be agreed	March 2017

LSCB and SAB partnership	available to children, young people and adults on Self-Harm, including what to do if someone you know is self-harming			
C) MCA DoLS – to be assured that there is appropriate understanding and implementation of the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) across the LSCB and SAB partnerships	Agree with the Better Care Together Programme Board the means of securing action on key elements of this priority For the Subgroup to ensure that the workforce, across both Children and Adults services, have an appropriate understanding of Mental Capacity Act and Deprivation of Liberty Safeguards	As above	To be agreed	March 2017
D) Emotional Health and Wellbeing Pathway – to be assured that the pathway is robust and fit for purpose	To be assured that the safeguarding elements of the transformation plan for mental health and wellbeing, overseen by the Better Care Together Programme, effectively safeguard children, young people and adults (including transitions)	As above	To be agreed	March 2017
E) CAMHS – to be assured that the CAMHS review includes improved safeguarding outcomes	To seek assurance that the CAMHS review will result in better safeguarding outcomes for children and young people	As above	To be agreed	March 2017

<p>F) Learning Disability Pathway – to be assured that the pathway includes safeguarding outcomes</p>	<p>The LLR Health and Social Care Learning Disability Pathway, planned within the BCT programme, is being developed. The Board needs assurance that the safeguarding elements of services and pathway are robust</p>	<p>As above</p>	<p>To be agreed</p>	<p>March 2017</p>
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Joint Priority 3 – Lead: Jane Moore; Board Officer: Chris Tew

To be assured that the Safeguarding element of the PREVENT strategy is effective and robust across Leicestershire and Rutland

Objective	What are we going to do?	How are we going to do it?	Who is responsible?	When is it going to be done by?
The LSCB and SAB to be assured by regular reporting that the safeguarding element of the PREVENT strategy is effective across Leicestershire and Rutland	Ensure that the Boards and their partner agencies have the information to be able to direct appropriate resources towards those areas that are identified as needing a safeguarding response to PREVENT issues	The Joint Section of the LSCB/SAB receive quarterly reports on PREVENT including the C.T.L.P. (Counter Terrorism Local Profile)	Jane Moore / Gurjit Samra-Rai	April 2016 and ongoing
Seek assurance that the PREVENT actions agreed by the Boards are delivered effectively	By participating in, and monitoring, the progress, training and awareness events to particular groups of professionals and the public involved in safeguarding	Awareness events, including the Workshop to Raise Awareness of Prevent (WRAP), and the new Young People's awareness tool (when developed) to be offered to members of the LSCB/SAB Board, Executive and Subgroups	Gurjit Samra-Rai / Chris Tew	September 2016 (when tool developed and before delivery to young people)

		LSCB/SAB members to support and promote PREVENT awareness sessions with young people across LLR	Jane Moore / Gurjit Samra-Rai	October 2016 (when tool developed)
		LSCB/SAB members to support and promote the PREVENT awareness training of foster carers and prospective adopters across LLR	Jane Moore / Gurjit Samra-Rai	September 2016
		LSCB/SAB members to support and promote the PREVENT awareness training of carers and parents of people with learning disabilities	Jane Moore/ Gurjit Samra-Rai	March 2017



ADASS	Association of Directors of Adult Social Services
BCT	Better Care Together
BIA	Best Interest Assessor (Mental Capacity Act)
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group (two in area: East Leicestershire and Rutland and West Leicestershire. There is also a CCG for Leicester City)
CFS	Children and Family Service (formerly CYPS)
CHC	Continuing Health Care
CIPOLD	Confidential Inquiry into Premature deaths of people with learning disabilities
CNO	Chief Nursing Officer
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
CSP	Community Safety Partnership
DASH	Domestic Abuse, Stalking and Harassment
DASM	Designated Safeguarding Adults Manager
DCLG	Department of Communities and Local Government
DFE	Department for Education
DHR	Domestic Homicide Review
DLNR CRC	Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company
DoH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DV	Domestic Violence
EMAS	East Midlands Ambulance Service
EMCARE	East Midlands CARE
FE	Further Education Colleges
FGM	Female Genital Mutilation
FII	Fabricated and Induced Illness
FM	Forced Marriage

HealthWatch	HealthWatch has statutory powers to ensure the voice of the consumer is strengthened and heard
HMIC	Her Majesty's Inspectorate of Constabulary
HMIP	Her Majesty's Inspectorate of Prisons
HQIP	Healthcare Quality Improvement Partnership
HO	Home Office
IDVA	Independent Domestic Violence Adviser/Advocate
IMR	Independent Management Review
IOM	Integrated Offender Management
ISA	Information Sharing Agreement
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAC	Looked After Children
LADO	Local Authority Designated Officer
LCC	Leicestershire County Council
LeDeR	Learning Disabilities Mortality Review
LFRS	Leicestershire Fire and Rescue Service
LGA	Local Government Association
LLR	Leicester, Leicestershire and Rutland
LPT	Leicestershire Partnership NHS Trust
LRLSCB	Leicestershire and Rutland Local Safeguarding Children Board
LRSAB	Leicestershire and Rutland Safeguarding Adults Board
LRSB	Leicestershire and Rutland Safeguarding Boards
LSCB	Local Safeguarding Children Board
LSCDG	Leicestershire Social Care Development Group
MAPP	Multi-Agency Policies and Procedures
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
MSP	Making Safeguarding Personal
NHS	National Health Service
NPS	National Probation Service

NSPCC	National Society for Prevention of Cruelty to Children
Ofsted	Office for Standards in Education, Children's Services and Skills
PCC	Police and Crime Commissioner
PRF	Performance Reporting Framework
QAPM	Quality Assurance and Performance Management
RCC	Rutland County Council
SAAF	Safeguarding Adult Assessment Framework
SAB	Safeguarding Adults Board
SAR	Safeguarding Adult Review
SBBO	Safeguarding Boards Business Office
SCIE	Social Care Institute for Excellence
SCR	Serious Case Review
SEG	Safeguarding Effectiveness Group
SILP	Significant Incident Learning Process
SSOTP	Staffordshire and Stoke-On-Trent Partnership NHS Trust
Swanswell	Alcohol, Drug and Support Services
ToR	Terms of Reference
UAVA	United Against Violence and Abuse
UHL	University Hospitals of Leicester NHS Trust
VAL	Voluntary Action LeicesterShire
VAR	Voluntary Action Rutland
VARM	Vulnerable Adult Risk Management
VCS	Voluntary and Community Sector
YOS	Youth Offending Service

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SCRUTINY PANEL

22 September 2016

RECOMMISSIONING OF HOMECARE

Report of the Director for People

Strategic Aim:	Meeting the health and wellbeing needs of the community	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr R Clifton, Portfolio Holder for Health and Adult Social Care	
Contact Officer(s):	Mark Andrews, Deputy Director for People	01572 758339 mandrews@rutland.gov.uk
	Karen Kibblewhite, Head of Commissioning	01572 758127 kkibblewhite@rutland.gov.uk

DECISION RECOMMENDATIONS

That the Panel:

1. Notes the content of the report and presentation, and provides comments on the current model of delivery.
2. Makes recommendations as to the development of the homecare commissioning model.

1 PURPOSE OF THE REPORT

- 1.1 The report sets out the background and considerations for the recommissioning of homecare services in Rutland.

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 Scrutiny received a report in July 2016 (Report no:131/2016) setting out details of the extent to which we provide home care to eligible vulnerable adults in Rutland. The report explained the home care, the funding, service user choice and some of the challenges for Rutland. The report also outlined the complexity of providing homecare and noted some of the difficulties which both Rutland County Council and providers face in offering services in the future.
- 2.2 In order to ensure that services are fit for purpose going forward, the Council is undertaking a project to review current provision and explore models for commissioning and delivery of homecare in the future. This engagement with the Scrutiny Panel for their views is part of the first step in this process.

- 2.3 This report introduces the current model and provides some initial information on the strengths, weaknesses and challenges of the current model. A presentation will be provided at the meeting with further information, alongside the opportunity to hear direct from providers of current services.

3 CURRENT MODEL OF PROVISION

- 3.1 The Council tendered homecare provision in 2013 and currently has a framework agreement in place with 5 domiciliary care agencies to provide care packages to older people. The framework contract is in place until May 2018 and allows the Council to directly award care packages to providers when the need arises.
- 3.2 Although there were 8 providers initially on the Framework, over the life of the Framework 3 have withdrawn due to the low volume of work or to difficulties of staffing calls in Rutland.
- 3.3 In order to ensure sufficient carers available to meet packages, a number of additional providers have been awarded contracts. These are known as 'second tier' providers and are used where those on the Framework have no capacity. There are 7 such providers currently. The issue of capacity is one which has been recurrent through the framework life.
- 3.4 The two tier approach to providers makes the process of commissioning packages more complex, but as the current contracts are structured is necessary.

4 STRENGTHS & CHALLENGES OF THE CURRENT MODEL

- 4.1 There are a number of strengths and challenges of the current model, from the Council, the providers' and the service users' perspectives. The following section sets out some of the key ones. These will be further explored in the presentation and through discussion with providers and carers at the meeting.

4.2 Key Strengths of the Current Model

- 4.1.1 **Mix of providers:** There is currently a mixed pool of providers which helps to ensure care packages are supported appropriately. This includes the location of where providers are based, staff skill mix, and size of provider, giving service users choice of which provider they feel is most suited to meet their needs.
- 4.1.2 **Positive working relationships:** good relationships have been built between some of the providers and the Council ensuring the service user receives a high standard of support, and enabling effective communication between the Council and the provider to promote positive outcomes for the service users. These relationships improve communication from providers as to when they have capacity and can assist with care packages, and Council staff know which providers may be best suited to support particular service users. Proactive work by officers to continue to improve relationships with providers is being undertaken.
- 4.1.3 **Individual Carers:** Both Providers and the Council receive some very positive feedback about our carers locally, Service Users comment on the good relationships they have with their carers, which in turn leads to improved outcomes for individuals.

4.1.4 **Integration between health and social care:** 7 providers are also contracted with the Clinical Commissioning Group to support service users under continuing healthcare packages (with a further 2 providers in the process of applying). This enables an individual to remain at home with the same carers if their care package (and funding) moves to health responsibility, including where they require end of life support. This reduces unnecessary transfers of care packages which can adversely affect a person's health and wellbeing. The providers are also aware of the relevant key contacts across both health and social care allowing direct flagging of issues and reducing delays in care changes.

4.2 Key Challenges of the current model

4.2.1 **Capacity:** there is limited capacity with providers at present due to staffing issues and call times required. Providers feel there is a limited pool of (potential) carers in Rutland, added to which the turnover of staff – nationally as well as locally – in social care is high. There can be difficulties at times to ensure where there is capacity with providers that the times are suitable for the service user. This is not an issue unique to Rutland, but is exacerbated by the limited capacity of providers here.

4.2.2 **Joint working across providers:** There is currently little or no partnership working between providers which could assist with difficult situations such as training new or current staff, and support in emergency situations.

4.2.3 **Call monitoring:** some providers have call monitoring systems in place where a support worker calls in and out of a visit using a landline (normal a free of charge contact number) to a service user: this is an effective way to monitor calls and length of care packages, and cost to RCC but not all providers have this in place and base the time of calls undertaken on the trust of staff completing case records and timesheets accurately.

4.2.4 **Geography of Rutland:** service users living in the rural areas of the county are often more difficult to find appropriate support packages for. This is due to a number of factors: the need for staff to be able to drive and have use of their own vehicle, the time required for travel, and the reduction in the overall number of packages that a provider can then take on.

5 CONSIDERATIONS FOR DEVELOPING THE FUTURE MODEL

5.1 **How best to deliver across the rural areas:** How packages in rural areas which take more time overall and are more difficult to fit in with other call times are allocated to ensure providers are willing to pick them up.

5.2 **Fragility of the market and sustainability:** A number of our providers are small, local businesses who rely on our care packages to make their business sustainable and on whom we rely to pick up packages. There needs to be sufficient volume of work for all the providers to keep them viable, whilst ensuring that if there were any issues with one provider there is sufficient capacity for our service users to continue to receive care.

5.3 **Workforce development:** How providers and the Council can support the recruitment, retention and training of staff to ensure a quality workforce, and

promoting social care work as a viable career option.

- 5.4 **Partnership working:** Providers are beginning to work more closely with each other to support the development of staff such as with shared training but this could still be improved to support training arrangements and costs, and to work consistently across services, which in turn will support the recruitment of new staff and provider costs can be shared.
- 5.5 **Call monitoring:** How we can ensure effective and consistent call monitoring systems in place across providers to facilitate accurate recording of care packages, and in order to establish if a review of support to an individual is required due to needs fluctuating, improving or deteriorating.
- 5.6 **Joint working with health commissioners: the Clinical Commissioning Group (CCG) also commission homecare packages, there is an opportunity to develop** consistency in quality monitoring: what providers are being asked for and monitored against, reducing workload both for providers and for the Council/CCG in terms of monitoring, and ensuring clear messages about acceptable and non-acceptable behaviour from providers; and consistency in contracting arrangements and fees, reducing the likelihood of transfers of care if Service Users need to move to Continuing Healthcare funding or end of life care.

6 NEXT STEPS

- 6.1 A timescale for the recommissioning has been drafted which enables sufficient time to develop a model, consult with current and potential service users and undertake the procurement process in line with the current contract end dates:

Action	By When
Engagement with stakeholders to ascertain strengths and weaknesses in current model	Sept – Dec 16
Data analysis of current provision and levels of need	Sept – Dec 16
Consultation with service users	Jan – Mar 17
Consultation with stakeholders	Jan – Mar 17
Development of model and soft market testing	Apr – Jun 17
Procurement	Jul – Dec 17
Contract award	Jan 18
Implementation of new service model inc. any TUPE or structural changes	Jan – Apr 18
Contract start date	1 st May 18

- 6.2 The initial phase of this work concentrates on two aspects:
- using data to ensure there is a clear picture of need and delivery patterns
 - understanding the strengths and weaknesses and challenges of the current provision. It is essential that in recommissioning, areas of strength in the delivery model are not lost.
- 6.3 This will be followed by early consultation with service users, and consultation with a wide range of stakeholders. From the consultation, potential models of commissioning and delivery will be developed. These potential models will be

tested with providers to ascertain their viability and identify any flaws, following which a final model will be developed and agreed prior to the formal procurement process starting.

6.4 The procurement will be undertaken with sufficient time to award contract(s) and enable a smooth transition for service users, where there is a change in providers.

6.5 The timetable is deliberately generous to ensure that throughout the process service users are reassured and can be kept up-to-date with any potential changes.

7 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

7.1 The provision of homecare is complex – the needs of individual service users' and their preferences in receiving care need to be balanced with the availability and quality of providers, and with the overall sustainability of the market.

7.2 This is an opportunity for the model of provision to be revised in order to address some of the challenges with the current model. The Council are keen to consider views from a range of stakeholders, including providers and service users, in developing a revised model of provision. The Panel are asked to offer comments and views at this early stage to support this development.

7.3 It is envisaged that more detailed information will be presented to Scrutiny at a later date during the process for consultation and further comment.

8 BACKGROUND PAPERS

8.1 Report 131/2016 Home (Domiciliary) Care tabled at People (Adults & Health) Scrutiny Panel July 2016 sets out background detail on the provision of home care in Rutland.

9 APPENDICES

9.1 There are no appendices.

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