



Bolton Safeguarding Adults Board

Working in partnership to prevent adult abuse and neglect

Annual Report 2016/17

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Foreword

Welcome to Bolton Safeguarding Adults Board (BSAB) Annual Report for 2016/17. The Safeguarding Adults Board is a group of representatives from statutory and non-statutory agencies working in partnership for the protection of adults at risk, ensuring vulnerable people in Bolton can live their lives free from harm and abuse. The Board became statutory on 1st April 2015.

All the organisations represented on the Safeguarding Adults Board have a vital role to play in protecting adults at risk in the Borough, they work together to make sure that concerns are addressed, awareness of safeguarding is promoted and we continuously learn from best practice.

The Care Act 2014 strengthens the work of Local Safeguarding Adults Boards, placing them on a statutory footing, and setting out through government guidance specific duties and broader expectations for local authorities, boards and the local agencies involved.

This annual report provides an overview of Bolton Safeguarding Adults Board, its membership, the work it has focussed on over the past 12 months and the achievements made.

1. Introduction

Welcome Message from the Independent Chair

Thank you for your interest in safeguarding adults in Bolton. As Independent Chair of the Adult Safeguarding Board I am pleased to be introducing this Annual Report for 2016-17.

The Care Act requires the Board to examine partnership working between agencies and other key partners to ensure they are working effectively together to deliver the services that best meet the needs of vulnerable adults in need of care and support.


The demand for services continues to rise including the use of independent advocates whilst applying appropriate resources continues to set a challenge for all Agencies. The recent political debate as to how social care should be paid for in the future remains a key issue for all and will undoubtedly remain important in the coming months and years. The Board will continue to explore and assess how service delivery can be continuously improved in this changing and challenging social care landscape.

In terms of structures and processes the Board has agreed to a number of changes which includes a re-shaping of the Boards sub-groups to more closely mirror the main principles of the Care Act. Board members have agreed to Chair the new groups which allows for strong connections between the Board and practitioners who continue to work hard to deliver safeguarding services and to 'make safeguarding personal', whilst also ensuring that Board members are sighted on developing themes as and when appropriate.

The Board has a continuing responsibility to explore the quality of health and care services to adults and cases where adults have suffered harm in care homes, their own homes and hospitals. This year, the Board has not commissioned any Section 44 safeguarding adults reviews and we continue to work closely with the Care Quality Commission (CQC) who inspect standards of care across safeguarding services. I am pleased to report that standards of care in the independent care sector are generally of a good standard, though we as a Board are not complacent and continue to seek ways in which we can scrutinise the quality and effectiveness of all provision and support providers to improve where needed.

We aim to improve how the Board communicates with communities, and this year have launched a new web-site thereby building on our aim to make the safeguarding adult's agenda clear and transparent to all.

Finally, I would like to thank all agencies and organisations for their on-going support.

A handwritten signature in black ink, appearing to read 'S. Hartley', with a long horizontal stroke extending to the right.

Steven Hartley
Independent Chair

Welcome Message from Executive Cabinet Member

Firstly I would like to take this opportunity to thank its partner agencies in working collaboratively in ensuring the agenda for adults is meeting its statutory responsibilities in supporting adults at risk of harm in Bolton. The Care Act (2014) clearly defines the duties and responsibilities for all of the partners organisations that work together to safeguard adults at risk and in particular the three statutory partner; Bolton Council, Greater Manchester Police and Bolton Clinical Commissioning Group.

All partners wholeheartedly continue to work together to promote a stronger and safer range of local services and to strengthen Bolton's culture of supporting adults at risk of harm.

To do this, we have continued to strive to deliver our visions and ambitions which we set out in a three year strategic plan. To achieve these ambitions and deliver safer services to the Bolton communities, we have worked in partnership with our multi-agency partners and most importantly with the people who use our services.

We know that continuing to achieving our priorities still presents a significant challenge and we also know that some of the actions identified by the Board will take time to develop.

We will provide annual information on the implementation of this strategy, and I look forward to working together to achieve more effective and safer services and communities in Bolton.



Cllr Linda Thomas – Deputy Leader

Executive Cabinet Member for People Services

1.1 Bolton Borough

The Bolton Borough has a total population of around 281,600 (mid-2015 population estimates) living in the town of Bolton and its eight townships. The population of the borough is forecast to increase by around 20% or around 54,000 people by 2035.

Bolton has an ethnically diverse population, with 18% belonging to a non-white ethnic group. 8% of the population are of Indian background, the largest such community in North West England. The next largest ethnic group is Bolton's population of Pakistani background at 4% of the Borough's population. Bolton's White population makes up 82% of the total, with the vast majority identifying as British.

As well as being home to a range of different communities, Bolton is also socio-economically diverse. While parts of the borough are amongst the most affluent in the country, around one quarter of the borough is amongst the 15% most deprived areas in the country.

The age profile of Bolton is similar to that of England, but the proportion of children is slightly higher; and the proportion of working age and older people is slightly lower. However, Bolton for the most part closely follows trends in age groups for both Greater Manchester and England and Wales. Bolton continues to have an aging population, as does the rest of the country as a whole. In particular there have been significant increases in the section of the population aged 85+, who have increased by 20% in the past ten years.

Disability and ill-health are important concerns for our residents. In the 2011 census, 20% of residents said they had a limiting long-term illness or disability. The proportion of the population with a disability increases with age, rising to 56% of those aged 85+.

The 2011 Census found that there were 30,649 people in Bolton who said they had caring responsibilities for members of their family or friends. The person they care for may need support because of long term illness, frailty, physical disabilities, mental health issues or substance misuse.

1.2 Our Vision – Bolton Safeguarding Adults Board

The Board's vision sets out the overarching aims for the partnership;

“People should be able to live a life free from harm, abuse and exploitation.”

The Board's statement of purpose that underpins this vision is:

“To help and protect adults who have needs for care and support, who are experiencing or are at risk of abuse or neglect and as a result of their needs are unable to protect themselves from abuse or neglect. This is whether or not the adult is having their needs met or they meet the local authority’s eligibility criteria for care and support services.”

The core purpose of the Board is to protect adults who are at risk, but to also have a key responsibility to promote the wider agendas of safeguarding and prevention through ensuring safeguarding is everybody’s responsibility in our organisations and communities. To achieve this we need a co-ordinated and timely response to reports of abuse and we also need to create a community where abuse is not tolerated and people speak out.

The Board has endeavoured to work to the following strategic principles in all its developments to achieve the vision and adhere to its statement of purpose;

Principle 1 - Empowerment – taking a person-centred approach, whereby users feel involved and informed, and their consent is sought when making decisions and actions to safeguard.

Principle 2 - Protection – it is everybody’s responsibility to act upon suspicions of abuse to ensure that adults at risk are afforded protection in law.

Principle 3- Prevention – it is better to take action before harm occurs and prevention should be the primary goal. Everyone has a role from organisations to members of the public and communities.

Principle 4 - Proportionality – ensuring outcomes are appropriate for the individual and responses to allegations of abuse are proportionate to the risk and nature of the allegation.

Principle 5 - Partnership – agencies and communities should work together to respond effectively and share information appropriately ensuring the individual is involved.

Principle 6 - Accountability – all agencies have a clear role and should be transparent and accountable for decisions that are made.

1.3 Structure of the Board



The following core statutory organisations are members of the Board:

- Bolton Council Children and Adult Services.
- Greater Manchester Police.
- NHS Bolton Clinical Commissioning Group.

NHS England will attend only where there are specific concerns that require NHS England oversight or action.

By invite:

- North West Ambulance Service.

The following will be members in an advisory capacity:

- Bolton Council Legal Services.
- Safeguarding Board and Partnership Manager.
- NHS Bolton Clinical Commissioning Group clinical advisor.
- Chair of the Executive Safeguarding Group

Board members are all senior officers of their organisations who are responsible for effectively representing their organisation and have authority to make decisions on their agencies' behalf. Each agency is responsible for ensuring work around safeguarding takes place effectively in their organisation and contributes to the partnership's vision and priorities.

To support the work of the Board there is a Safeguarding Executive Group which oversees the work of the priorities identified for the year's work program. This work program was delivered through the activities of 5 subgroups and 2 task and finish groups.

Professional advisors share their knowledge and expertise to support members in carrying out their functions and duties. The advisors normally attend all meetings of the Board and provide a legal opinion and perspective of relevant legislation, policy and practice issues.

The Executive Cabinet Member for Adult Services is a member of the Board as an observer to ensure that there is ownership at a political level for safeguarding adults and are aware of critical local issues.

The role of the observing member has been to scrutinise and has held the board to account on the decisions, activities and actions of the BSAB in their efforts to ensure adults at risk are safeguarded. They are not part of the decision making process.

1.4 Attendance at the Board and Executive Group

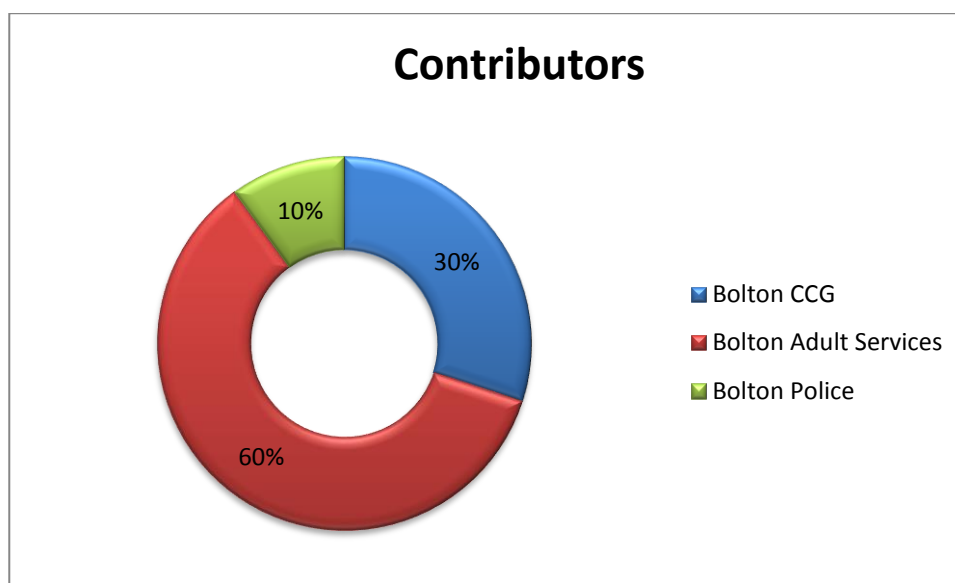
The full BSAB partnership met on a quarterly basis during the 2016/17 year, including special Development ½ Day sessions in October 2016 and February 2017. The work of the BSAB is supported by the BSAB Executive Group. This Group consists of senior managers from some of the key partner agencies of the Board. The Executive Group meets regularly in between the full BSAB's quarterly sessions and is also chaired by the Assistant Director – Adult Services, Bolton Council.

1.5 Financial Arrangements

This year the BSAB received total funding of £90,000, detailed in the figure below. Three key statutory agencies had agreed to contribute financially to the BSAB's operating budget before the year began.

This ensured that the Board was prepared to meet its new statutory requirements and enabled the formation of BSAB Business Support Team to support the partnership to meet its obligations.

The board approved a notional budget of £100k per year in 2014, this was in response to the Care Act and the board becoming a statutory function and that the financial contributions were to be made by the three statutory partners. The contributions were based on the children's board % split as demonstrated below;



There have been ongoing discussions and negotiations with the Police and Crime commissioner across Greater Manchester regarding GMP contributions to both Children's and Adult safeguarding boards. A decision was made centrally regarding these contributions and we are awaiting confirmation as to the final amount and governance reporting, it is expected that this would be in the region of £11,000 per year for the Adults board in Bolton for the next financial year.

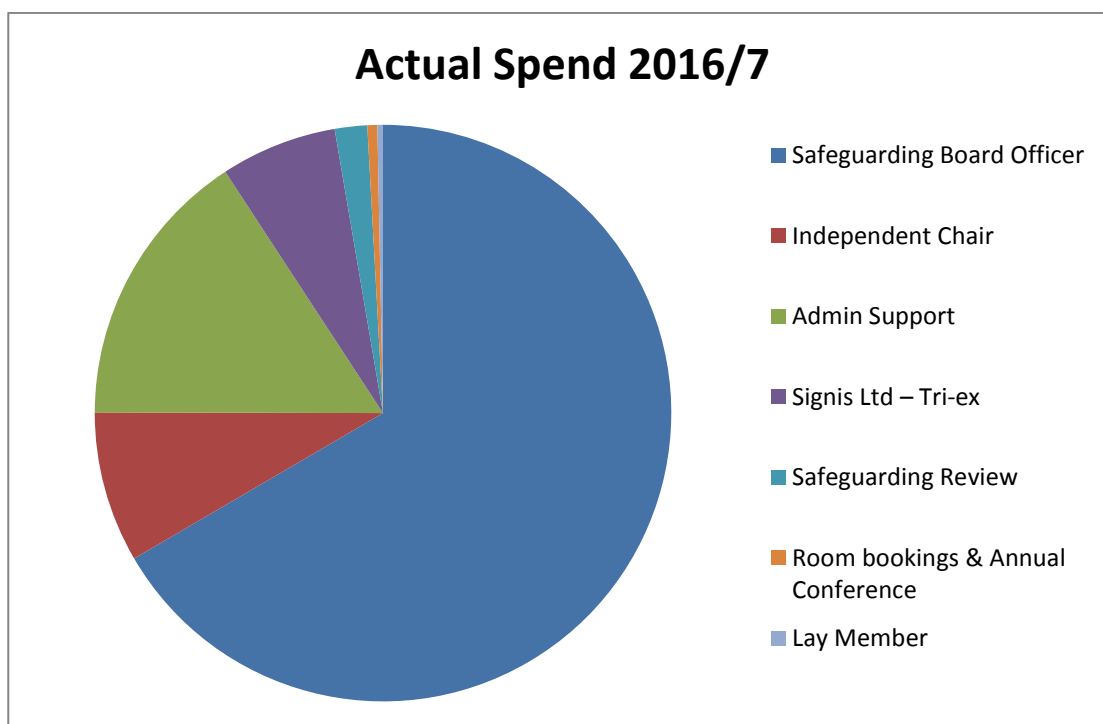
The Local Authority and NHS Bolton CCG have continued the contributions at the agreed level in 2016/7.

Other organisations have contributed to the board running through the access to venues free of charge, training and workforce time helping to keep the board running costs as low as possible.

1.6 Expenditure

The figure below indicates 2016/17 BSAB expenditure. Staffing costs, comprising of the independent chair and the BSAB Business Support Team, make up the majority of expenditure,

followed the Board's funding of multiagency training opportunities. Overall, there was an underspend for this financial year and will be held in the boards reserves.



The Board reserves will be drawn down on for future Safeguarding Adult reviews as and when required and to be approved by the Board.

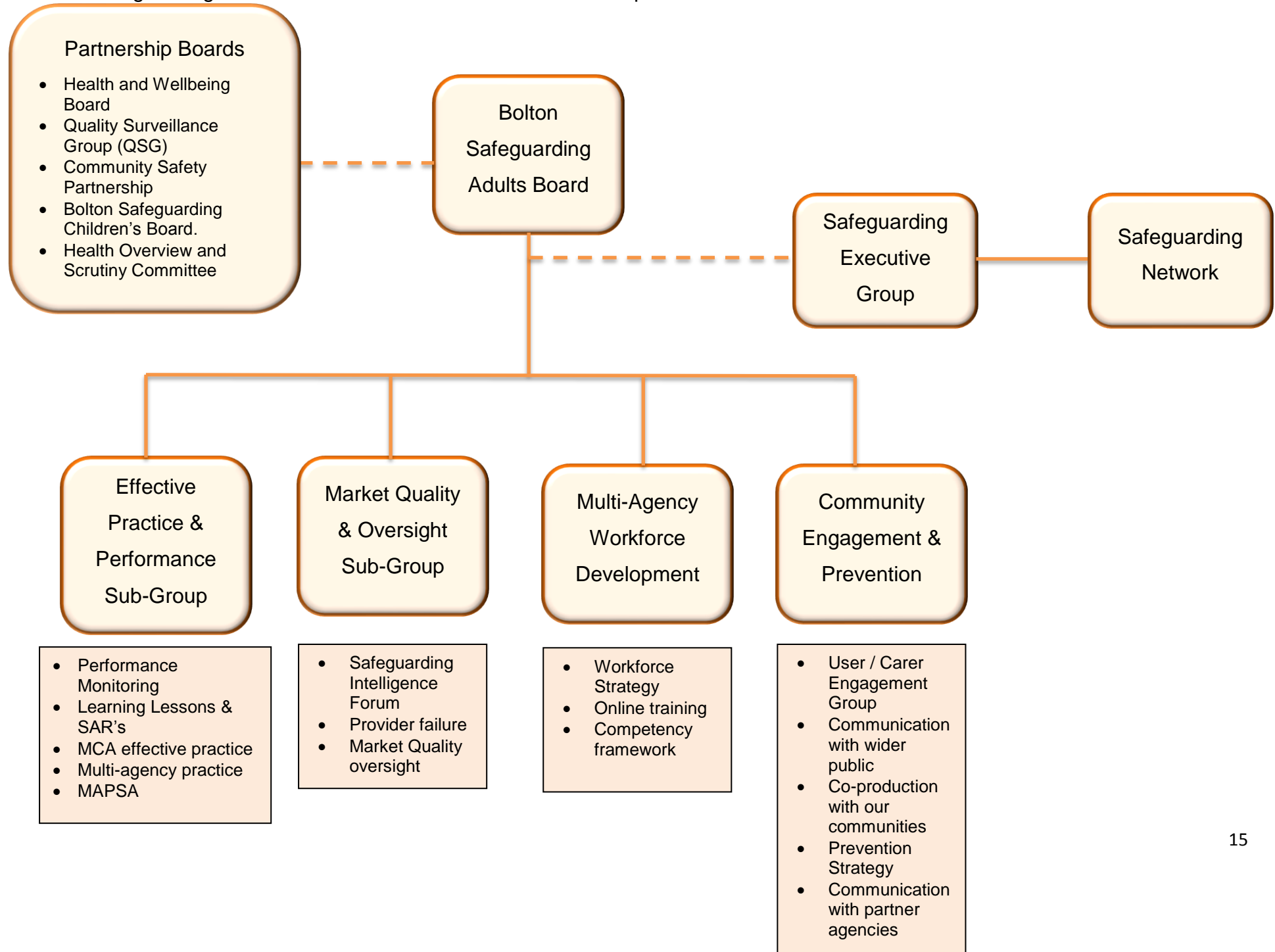
1.7 Self Audit Review 2016/17

A self audit review of the safeguarding arrangements in Bolton, began in May 2016. This audit asked all partner agencies to review their own organisation's arrangements for safeguarding and come together to challenge one another. This process highlighted a number of strengths in the safeguarding arrangements in Bolton; the 'reinvigorated' Safeguarding Board the development of the Multi-Agency Safeguarding Service (MASS) and the contribution of Healthwatch to safeguarding.

Areas for development included strengthening the structure and governance of the BSAB. The structure of the BSAB will be as pictured in Figure 1, which will allow the Board in Bolton to be responsive in the coming years, with attention now focused on embedding this structure and ensuring it is as effective.

The Board also identified a need to strengthen its communication and engagement with providers and the public; safeguarding should be further embedded in commissioning, contracting, procurement and market oversight.

Figure 1: Proposed Board Structure



2. Our Work & Achievements

Board Development

We said that:

By the end of the year we would ensuring robust governance of the BSAB and establish clear and fully multi-agency policies & procedures relevant to the work of the Board. Launch peer review & self-audit arrangements for the Board, including compliance with new legislation such as the Care Act.

What we did

- Over 2016/17 the Board restructured the sub groups making them more stream lined and effective. 6 sub-groups have been merged into four; Effective Practice, Communication and Engagement, Workforce and Market Quality.
- Significant work has progressed in establishing the subgroups and developing new strategies and local good practice guidance on key subjects such as Self Neglect, Lessons Learned and a revised Multi-agency workforce strategy.
- The Market Quality group was delayed in commencing in year, work has continued at scale however on the expansion and development of the multi-agency Safeguarding Intelligence Forum monitoring the quality and safeguarding in the independent sector care market.

Training

We said that:

Establishing a multi-agency training programme for all levels of member organisations and monitoring impact of training

What we did

- A multi-agency Safeguarding training programme is now in place on the internet
- 19 multi agency sessions on people who self-neglect have taken place
- Several partners now developing or have staff now trained as Champions within their agencies
- E learning via 'ME' learning has been evaluated and has begun to be rolled out to partners
- Successful Achieving Best Evidence training in Investigation and Interviewing techniques have taken place as multi agency training, further staff now being identified .
- 17 Specialist Mental Capacity Act and Deprivation of Liberty, Best Interest decision making training have taken place

**Partner Working****We said that:**

We would establish better communication, information-sharing and learning between commissioners and providers relating to safeguarding and quality of services. Understanding the Bolton picture – multi-agency performance monitoring and quality assurance processes

**What we did**

The board commissioned a review of its performance information to assist the board in being able to see the prevalence, activity and impact of safeguarding interventions. This work has continued throughout the year and will be completed by September 2017.

A key development that has improved safeguarding practice and decision making has been the launch of the Adult Safeguarding team in the Multi Agency Safeguarding Hub, with the police and children's services.

**Making Safeguarding Personal****We said that:**

We would develop and implement a BSAB communications plan. Co-production with, and hearing the voice of service users, carers and wider public / professional groups while embedding Making Safeguarding Personal on a multi-agency basis

**What we did**

Making Safeguarding Personal has now been embedded into the Safeguarding Pathway and focusses multi-agency interventions on being person centered and outcome focused for the individual.

Effective Practice Sub Group

Safeguarding Adults Board has to develop clear policies and processes that have been agreed with other interested parties, and that reflect the local service arrangements, roles and responsibilities. They must be available to partner agencies and members of the public.

In developing these policies, procedure and guidance the views of adults who have needs for care and support, their families, advocates and carer representatives should be taken into account. (Linking with Communication Sub-Group activities).

Update 2016/17

During 2016-17 the Effective Practice Sub Group have spent considerable time in strengthening governance arrangements for the Board.

These activities have included:

- Identifying types of circumstances giving grounds for concern and when they should be considered as a referral to the local authority as an enquiry – including proportionate enquiries to respond appropriately and good practice for each step appropriate (including reporting templates etc).
- Establish ways of analysing and interrogating multi-agency data relating to safeguarding adults to develop the SAB's understanding of prevalence of abuse and neglect locally.

Future steps

- 2017-18 Improve cross-agency communication and sharing of learning outcomes.
- 2017-18 Develop a set of quality standards to measure MSP.
- 2017-18 Clarity on the role of agencies within safeguarding enquiries is required to reduce duplication and confusion.
- 2017-18 Links with Domestic Violence/Abuse

Communication and Engagement

The strategic objectives of the group:

- To gather 'intelligence' on terminology used by members of the public through interactions with services to help inform future campaigns / messages (eg call tracking in safeguarding team and other agencies, staff poll, terminology in existing literature)
- To identify and review existing 'safeguarding adult products', format / messages / usefulness

Update 2016/17

Future steps

- Improve the visibility and awareness of the Board - Information about how the SAB works should be easily accessible to partner organisations and to the general public
- Developing a strategy for systematically capturing the voice of the vulnerable person and embedding this within safeguarding policy and practice.
- 2017-18 Embed a principle of engaging the person and/or their representative in everything we do
- 2017-18 Development of a quarterly newsletter.

Workforce Sub Group

The strategic objectives of the group:

- To ensure the partnership has a confident and competent workforce regarding safeguarding, through the delivery of programmes of development and refreshers for Staff who have regular or direct contact with Adults at Risk. (Staff Group A and B)
- To develop and deliver new programmes of training for staff at all levels including managers. (Staff group C) To identify priority need and have a calendar of programmes in place to deliver on a multi-agency basis :
- Understanding the Boards Safeguarding responsibilities Care Act (2015), ensuring that Board members, Cllrs, Executive and Non-executive members of partner organisations understand safeguarding and their role. To deliver bespoke learning opportunities for those responsible for their organisations` safeguarding systems and resources (Staff group D)
- Ensure the partnership understands the needs of the workforce and produces a multi-agency training strategy and program, considers the effectiveness of training and explores other approaches to learning.

Update 2016/17

- A multi agency Safeguarding training programme is now in place on the internet
- Several multi agency sessions have taken place on people who self-neglect & Mental Capacity Act and Deprivation of Liberty Standards.
- Several partners are in the process of developing or now have staff trained as champions within their agencies
- 'Kwango' E learning available on the internet is now Care Act compliant and 'ME' E learning has been evaluated and is currently being rolled out to partners
- Achieving Best Evidence training in Investigation and Interviewing techniques have taken place as multi agency training, further staff now being identified for 2017/18.
- Train the Trainer sessions have taken place with the CVS and Bolton at Home to ensure skills and content are compliant with the National Competencies.

Future steps

- Develop a training needs analysis and quality assurance framework
- To revisit all training to see if it can be delivered multi agency
- To revisit the focus and terms of reference of the group to respond to changing priorities

Market Quality Sub Group

This group was in the initial stages of development, and did not formally meet within the year 2016/7.

Work continued on the multi-agency Safeguarding Intelligence Forum that is well established and continues to monitor trends and patterns of quality in the independent sector for care homes and home care. Intervention and support plans are developed for both reactive and proactive safeguarding

3. Partner agency achievements and organisational statements

3.1 Bolton Council - Adult Services

Bolton Adult Services are the lead agency for statutory safeguarding investigations and have taken great strides in improving person centred safeguarding pathways in this last year.

The service considered peoples experience of safeguarding and that there were multiple ways in which a safeguarding concern came into the Council and multiple teams where decision making on taking safeguarding forward through a statutory investigation were made. Following detailed engagement a decision was taken to create one single front door for all Safeguarding concerns for both the public and professionals.

A dedicated Safeguarding team was launched in September 2016, made up of experienced social workers with backgrounds in working with older people, mental health, learning disabilities and other long term conditions. The team are located within the wider MASS working with Police, Children's Services and Housing on a daily basis.

The introduction of the team has improved the consistency in peoples experience, decisions and investigations are conducted in a timely manner calling on the expertise of other agencies within and outside of the MASS including leads from health. In effect, this means that the team has some virtual members that can be called upon for specialist advice, for example, there is a named tissue viability nurse who advises the team on skin integrity issues. This has been extremely valuable when undertaking overarching investigations in relation to service providers.

The team is also developing good links with partner agencies and has gained some good information and tools such as the pictorial clutter index and risk assessment used by the fire service in situations where people are hoarding and there are issues of self-neglect.

The team are signed up to making safeguarding personal and have been able to provide some good case studies to the effective practice subgroup that evidence person centred investigations and good outcomes for the individuals concerned.

There is evidence of appropriate use of advocates in safeguarding investigations and use of interview techniques and provision of information in accessible formats so that people who have limited capacity can understand the safeguarding process as far as they are able. This allows them to have maximum choice and control over what happens and what outcomes they would like.

The centralisation of safeguarding has provided a greater ability to monitor trends and patterns of abuse for both individuals and providers where there may be indications of provider failure occurring. This has led to earlier intervention to support the Safeguarding Intelligence Forum to respond in a multi agency manner to improving quality in the care market. The safeguarding team are in the process of aligning link workers to all the main providers in the borough so that there is more of a focus on supporting providers to deliver good quality care , the emphasis being on prevention rather than waiting until the team has to respond to safeguarding alerts

Safeguarding good practice has also improved across other services with dedicated training and research on key subjects such as Self Neglect, Care Act, and consistency in recording.

The new LAS system for adults supports the safeguarding process and all documents relating to safeguarding enquiries can be found in one place on the individuals electronic record. The safeguarding episode is clearly distinguished on the system

Bolton Council has statutory responsibilities for the DoLS process under The Mental Capacity Act (2005). Bolton Council following a service redesign in September 2016 created a dedicated DoLS Team comprised of MCA/DoLS Lead and four social workers who are all experienced in a range of mental capacity and best interest issues related to the welfare of vulnerable adults. The Team is currently based at Farnworth Town Hall and has the support of dedicated administrative staff. DoLs assessments are also supported by Best Interest Assessors across other assessment teams due to the current volume. The Council has continued to prioritise the training of BIA's and has supported a further 9 people to complete training taking total number of internal BIA's to 32.

Between 1,000 and 1,500 Bolton residents are assessed annually in care homes and hospitals as part of the DoLS process. In addition to regularly reporting to the Bolton Safeguarding Adults Board, Bolton DoLS Team is also required to report annually to the Department of Health. Improvements have been made through the establishment of the team and new IT system in consistency in approach and timeliness of completion of process, a reduction in the usage of independent BIAs remains a goal. The dedicated DoLS Team also provide a single point for professional advice and supporting applications to the court of protection.

3.2 Bolton Council - Strategic Housing Services

Throughout the year 2016/17 Housing partners have continued to develop our partnership approach to ensure Adult Safeguarding measures are shared and implemented in line with the direction agreed via the Bolton Safeguarding Adults Board. Housing partners (Strategic Housing, Community Housing Services and the Bolton Community Homes Partnership) continue to meet on a regular basis to cascade information and develop best practice.

This year our achievements various members of the partnership include:

- Restructured service now called Support & Safeguarding with dedicated lead for safeguarding covering tenancy sustainment & support, domestic abuse, complex families and floating support
- Set up a dedicated safeguarding duty line for anyone with any queries/ concerns to ring through.
- Refreshed safeguarding and Early Help training Created several new Support & Sustainment posts within the service to respond to a growing demand
- At any one time in the year we have supported 600 vulnerable customers, 50 victims of domestic abuse and 22 families with complex dependencies
- Won a new floating support contract focused on preventing homelessness
- Continued to deliver Family Intervention contract
- Hoarding / Self Neglect has been identified as a priority by the SAB and Housing Partners are taking a lead role in improving Bolton's approach to tackling the issue.
- The Help for Single Homeless project led by Bolton Council Housing Options team has seen successful joint working with Urban Outreach Street life Project and the Primary Health Care Vulnerable and Homeless Adults team. The HfSH staff have had arrangements to undertake weekly walk around with the Advanced Practitioners (Nurses) over the last two quarters which has resulted in a 39% increase in medical engagement with vulnerable homeless clients with the primary health care team.
- The Money Skills team have seen an increase in customers with mental health issues, often affected by welfare reform changes which have increased levels of vulnerability. Advice has centred on legal issues and information about creditors to assist and prevent increased levels of debt. Money Skills continue to work with customers to help reduce expenditure. Advice is often provided to very vulnerable people e.g. victims of domestic abuse.
- Housing Partners continue to develop the Delayed Transfer of Care project assisting the most vulnerable to leave care and return home.

3.3 Bolton NHS Clinical Commissioning Group (CCG)

Delivered Safeguarding Annual event for GP Practices.

As part of the Bolton Quality Contract NHS Bolton CCG hold an annual GP Safeguarding event. It is mandatory for every Bolton GP practice to attend to provide formal training, awareness sessions and workshops around safeguarding children and adults education.

Delivered MCA and DoLS training to nursing homes where relevant

NHS Bolton CCG provide MCA and DoLS training where necessary for homes that require additional support. We have carried out a number of training sessions in homes where training was lacking.

Delivered training to CCG staff on safeguarding adults.

NHS Bolton CCG have delivered safeguarding adults training to Continue HealthCare staff and provided lunch time drop in sessions for non-clinical staff. Staff have also accessed their mandatory level 1 training.

Delivered training on Prevent to Primary Care and CCG staff

Regular drop in sessions on Prevent has been delivered to NHS CCG Staff and GP Practices.

Reviewed CCG's safeguarding policies and procedures and posted on CCG's website.

NHS Bolton CCG have reviewed their existing safeguarding policies to ensure the organisation is update to date with the current changes to legislation, guidance and local process.

Developed and delivered MCA and DoLS policy for GP Practices across Bolton

NHS Bolton CCG have developed one policy template on MCA / DoLS for all GP Practices.

Supported health providers around its safeguarding arrangements via the assurance process

NHS Bolton CCG regularly support all providers on their safeguarding arrangements during an annual audit process. This has been a successful to identify gaps in safeguarding arrangements across provider organisations.

Regular attendance of the safeguarding adults board and relevant sub-groups

NHS Bolton CCG are a member of the safeguarding adults board, executive to the board and relevant sub-groups.

3.4 Bolton Community and Voluntary Services

Bolton CVS have worked with Bolton Adult Safeguarding Team to develop a tailored training package aimed at voluntary and community sector organisations. This is based on Bolton Council's own staff training programmes and covers key areas around making alerts and the Mental Capacity Act. We have provided 3 adult safeguarding workshop opportunities attended by 75 learners in total plus 2 commissioned workshops for 2 mental health charities attended by 15 learners.

Following discussions with the Adult Safeguarding Workforce Development Lead, we are looking to develop a new delivery model for Adult Safeguarding training for the VCS. This will involve the development of a 'pool' of 'safeguarding champions' who will receive training from Bolton CVS. The champions will commit to delivering training either within their organisation or as part of a pool of trainers that will deliver through the Stronger Together Training Programme. Commitment will be minimal – approximately 2 sessions of 2 hours per year delivered in pairs. Champions will receive priority bookings for their own organisation plus a free place on any Bolton CVS training for each session they deliver. Planned roll-out of training: Autumn 2017.

82 learners engaged in targeted support and training for trustees/management committees.

This included:

- Roles and Responsibilities of management committees and Trustees – Understanding your legal responsibilities
- Safeguarding is embedded into both courses as a key area of compliance and explores the duties of trustees and management committee members to ensure the welfare of all beneficiaries and volunteers.
- Bolton CVS has also been supporting the development of the Communications and Engagement sub-group.

3.5 Bolton NHS Foundation Trust

In the past 12 months the Trust has received a 'Good' rating from the CQC following a comprehensive inspection, including the Safeguarding Adult's provision and the process surrounding the imposition of Deprivation of Liberty Safeguards (DoL's).

In 2016-7, 252 DoL's were imposed, an increase of 20 on the previous year. In respect of safeguarding concerns raised by Trust staff, the number has dramatically increased from 246 in 2015-16 to 608 in 2016-17. The majority of these were essentially 'a cause for concern' that required the intervention of at least one agency. The majority of concerns were mental health related. It must be acknowledged, that due to geographical location at least 1 in 3 attendances to the Trust are out of area especially Salford, Wigan and Bury so not all activity is Bolton related.

All staff, either in bed based services or the community have direct access to the Safeguarding Team, with support, supervision and safeguarding training being provided by the Team following a rolling programme of delivery, including level 1, 2 and 3 training as well as Mental Capacity Act and Mental Health Act training. There has been a great emphasis on delivering 'Prevent Training' as per the NHS mandate, with 1100 clinical staff being trained between September 2016 and March 2017 by a core group of 12 trainers, co-ordinated by the Safeguarding Nurses. The Lead Nurse for Adult Safeguarding has also delivered training to a multi-agency work force including GP's, Care Homes and to students at the University of Bolton.

The Introduction of the new Adult Safeguarding Team by the Local Authority has been very welcomed with communication, feedback and response to concerns being significantly improved. The partnership working is proving to be highly effective for both victims of abuse and the staff reporting the concerns. The ease of communication between agencies has improved, encouraging staff to address potential safeguarding concerns which may account in part, for an increase in referral rates.

The quality of the service provision is monitored by the Trust's Safeguarding Committee which meets on a monthly basis, the Chair (Director of Nursing) of which reports to the Quality Board. The Safeguarding lead is required to report activity as well as service developments and multi-agency working with members of the Adult Safeguarding Board

The Trust has developed and ratified a new policies in respect of Managing Allegations against Staff and Domestic Violence and Abuse Policy which apply to staff who work with adults and children and clearly outline the responsibilities of Trust staff . The Trust is fully compliant with the Lampard Action plan with evidence submitted to both the CCG and NHS England

As per the Care Act 2014, The Trust is a member of the Bolton Adult Safeguarding Board with the Board, Executive Board and its subgroups represented by the Trust by either by the Deputy Director of Nursing or the Lead Nurse for Adult Safeguarding. The Trust's Safeguarding Adults Policy is Care Act 2014 compliant. The Care Act 2014 is now included in the mandatory Safeguarding Adults Training provision. The Lead Nurse regularly contributes to investigations conducted internally, locally and nationally, working alongside numerous agencies such as the Police and Local Authorities. Within the Safeguarding Adults at Risk Policy there is a clear pathway as to how potential safeguarding concerns should be escalated to the Local Authority in their role as Lead Agency as per the Care Act.

3.7 Greater Manchester Fire Service Bolton Division (GMFRS)

Safe and Well Visits for Persons at Increased Risk (Fire) – 548

(GMFRS Internal Referrals – 142, Self-Referrals – 81, Partner/Agency Referrals – 325)

Adult Safeguarding concerns referred to Duty Team/MASSS/Early Intervention - 10

The current work being done in terms of identifying the risk caused by Hoarding Disorder is of particular interest to GMFRS and we are ready to support any initiatives to reduce the risk in homes not only from a fire prevention perspective but also in our aim to contribute to improving the quality of life for people living in Bolton. Regionally, our fatal fires investigations have identified that people aged between 41-90 accounted for 87% of all Accidental and 63% of all non-Accidental Fatal Fires in the North West during the last 3 years. The most at risk age group being between 71-90 where contributory factors included:

- Poor Housing/Living Conditions
- Reduced Mobility
- Sensory Impairment
- Mental Capacity
- Medication
- Social Isolation
- Smoking

Contributory factors relating to accidental and non-accidental fire fatalities are generally very similar and identify the person most at risk from fire to be over 41, living alone, who may be living with some form of disability, be taking prescribed medication, smokes and regularly consumes alcohol. They will also most probably be known, or had contact with, an organisation that provides support and/or care. Only 48% of all fire fatalities in the NW Region had received a visit from a FRS. The 2015 NW Regional Fire & Rescue Services

Report – Learning from Fatal Fire Incidents, identified that people over the age of 60 accounted for 64% of all accidental fire fatalities but they only represent 22.8% of the population and people over the age of 80 accounted for 27% of all fire fatalities although they only represent 4.5% of the population in the NW Region.

The video (link at bottom of page) sets out how GMFRS can help people stay safe and well in their homes, with particular emphasis on early intervention and explains briefly to our partners our Safe and Well service delivery.

Topics covered in Safe and Well visits include:

Home fire safety

- Hazard spotting
- Fire safety advice
- Bedtime routine
- Escape planning
- Smoke detection
- Risk reduction equipment (e.g. deaf alerter)
- Reducing risk of fire related crime

Other areas

- Physical health
- Frailty, mobility and falls prevention
- Keeping warm
- Social isolation
- Mental health (including dementia)
- Hoarding
- Smoking
- Electronic cigarettes
- Substance use
- Medication
- Home security

<https://www.youtube.com/watch?v=mCFH8bNh7sE&feature=youtu.be>

3.8 Greater Manchester Police Bolton Division

During 2016-17 the Greater Manchester Police, Bolton Division has:

- Developed bespoke vulnerability training provided by the Public Protection Division for Public Protection Investigation Unit (PPIU) staff ensuring they have the skills to deal with all relevant issues within the unit.
- Implemented suicide prevention training for PPIU staff to equip staff to better identify those most at risk. This training is applied to victims as well as suspects.
- Disseminated training in relation to the Care Act including the new offences of ill-treatment or wilful neglect.

- Reviewed and included the revised definition of an adult at risk within the Bolton division
- Completed recommendations in the review of MAP-SA
- Continued joint agency working to ensure best practice is achieved in relation to criminal investigations and safeguarding policies.
- Continued to provide (via PPIU) support to the Bolton division through the triage and referral system and identifying those most at risk.
- Intervention Team Pilot to be rolled out Borough wide with Local Authority and Third sector support from Volunteers
- Intervention Volunteer Coordinator appointment through Innovation funding bid to Home Office
- Innovation funding to Enhanced Services and provide family conferencing, perpetrator mentoring, community outreach work and improvements to Lesbian, Gay, Bisexual & Transgender (LGBT) reporting of Domestic Abuse
- Family First coordination to provide greater input resulting from Police contact with Vulnerable adults to ensure appropriate service provision
- Multi-Agency Safeguarding Screening Service now fully functional at Castle Hill
- STRIVE – Have installed a domestic violence co-ordinator
- There are 16 recruited volunteers to go and complete interventions.
- Volunteers are still under training and there is scope to recruit 6 more.
- Current success rate of 63 % equating to 87 callers never needing to call the police back out of 138 successful visits- data over 15/07/15 – 24/09/15.
- STRIVE are currently taking on all standard D/A PPI's with no crime (not just 1st/2nd time callers).
- Division is looking to train up a further 8 more PCSOs to complete interventions (currently have 14).
- 3 policy documents have been created by division (Performance Manager) providing guidance for Fortalice – this is in the process of being rolled out to force.
- Full review and agreed improvement action in relation to MAP-SA
- STRIVE intervention programme is a success in Bolton and still continues for support for standard risk Domestic abuse cases.
- There are daily meetings in the multi- agency HUB at Castlehill Centre to discuss, review, information share, risk assess and action plan all Domestic abuse incidents where children live in the household. The same also happens for all vulnerable adult incidents reported to the Police and referrals into the Adult Safeguarding team. Joint decision making, visits and action taken between PPIU staff and Social workers.
- Regular multi agency HUB managers meetings and HUB development meetings.
- Regular HUB network events to showcase services, partners and joint working.
- Access to joint training for Police and Adult Safeguarding – for example, training on pressure sores.
- Development of a Bolton, multi- agency, Neglect strategy.
- Development and delivery of multi -agency training, delivered by representatives from all agencies. For example, Neglect.
- Development of the MASSS/ HUB to now include a Health coordinator and victim support services. Joint information sharing and decision making with all cases involving concerns for children, adults and Domestic abuse cases.
- Successful implementation of Operation Encompass – Sharing information with education establishments in relation to Domestic abuse incidents where children live in the household or were present. This enables school's to be informed and provide support to children and victims. This will be expanded in October 2017 to include

secondary schools and some nurseries also. This has been so successful, it is being adopted by other areas in Greater Manchester, following the Bolton model.

3.9 Greater Manchester West Mental Health Trust (GMMH) – Bolton Directorate

Greater Manchester West Mental Health Trust has worked with Bolton Adult Safeguarding Board during 2016/17 in a range of ways and has achieved positive outcomes.

Activity for 2016-17 is as follows:

Participation in Bolton safeguarding adults board self-assessment. Positive feedback in relation to case file audits in relation to adult safeguarding process and outcomes.

In relation to training –

- Over 90 % staff trained in level 1 and level 2. Now available by eLearning.
- Level 3 classroom based safeguarding adults training devised and delivered across the Trust to those qualified staff who provide assessments, plan and implement care and treatment to service users and who are responsible for making safeguarding referrals. This training is well evaluated by staff who have attended.
- Train the trainers for Prevent was delivered in May 2016, increasing our pool of trainers.
- Training in MHA/MCA was delivered in November 2016 and is ongoing.

Shared learning from incidents within multi-agency safeguarding adult form in relation to the use of interpreters and breach of confidentiality. Impact on contracts and procurement of interpreter service across a wider GM footprint.

FGM guidance developed and cascaded across the Trust in August 2016, summarising guidance for staff about FGM and mandatory requirements and safeguarding.

Following the introduction of the Adult Safeguard Hub a new pathway/flow chart for referrals to the Hub from GMMH staff was agreed and established and cascaded across the service.

In January 2017 the Trust acquired Manchester Mental Health and Social Care Trust and formed a new organisation GMMH NHS Foundation Trust. In view of this governance arrangements and policies are under review.

Continued representation by GMMH Trust at following forums:-

- Adult Safeguarding Board
- Adult Safeguarding Executive
- Effective Practice Sub-Group
- Safeguarding Intelligence Forum
- Workforce
- Communication and engagement
- Channel
- MARAC
- MAPPPA

Work with GM Fire Service in promoting home safety checks and including appropriate question within the risk assessment process.

3.11 National Probation Service

The (National Probation Service NPS) continue to be committed to safeguarding adults in our local communities, including both members of the public and the offenders we work with. The highlights of the work undertaken throughout the NPS during this last year (2016/17) include:

- A national electronic resource called 'Equip' to be used by all staff which includes all adult safeguarding policies and practice guidance to achieve a consistent approach throughout the NPS
- An NPS Policy statement published in May 2017- 'Safeguarding Adults at Risk'- This policy statement acknowledges the NPS's responsibility for safeguarding and promoting the welfare of adults at risk. It recognises the importance of people and other organisations working together to prevent and stop both the risk and the experience of abuse and neglect, whilst at the same time making sure an individual's well-being is being promoted with due regard to their views, wishes, feelings and beliefs. It also acknowledges the important contribution the NPS can make to the early identification of care and support needs for an offender in the community, as well as cases where an offender who is a carer needs support.
- An NPS Practice Guidance document published in May 2017- 'Offenders in the Community with care and Support Needs'
- An NPS mandatory Adult Safeguarding training programme, which includes e-learning for all staff (including administrative staff), followed by a classroom learning event for all operational staff.

In addition to the national work, the NPS in Bolton have continued to work alongside partner organisations to ensure that adult safeguarding remains embedded in what we do. This includes; membership and attendance at the Adult Safeguarding Board, an adult safeguarding representative from the local authority in attendance at MAPPA level 2 and 3 meetings (multi agency public protection arrangements), attendance and participation from the NPS at both the operational and strategic 'MARAC' groups, the 'Mental Health Criminal Justice Steering Group', the 'Police Mental Health Diversion Panel' and at the 'Hate Crime Steering Group'. The North West NPS division has made a commitment to improving our work with those on the autistic spectrum and is working along the Autistic Society on our 'Autism Standards Project' to improve outcomes for those offenders. Furthermore; the NPS have continued to commission a Personality Disorder project alongside the NHS to better improve the identification and treatment pathways for those offenders effected by personality disorder.

3.12 NHS England

NHS England is committed to the work of the Greater Manchester Local Safeguarding Adults Boards (LSAB) and working with our partners to ensure that all health services safeguard and promote the welfare of adults.

NHS England as the commissioner of primary care (GPs, Dentists, Pharmacists and Opticians) and specialised services is responsible for ensuring these services meet all required safeguarding standards. These standards include essential safeguarding training for all staff and how staff must listen to vulnerable adults to improve the services they deliver. We monitor these standards regularly and work with organisations to make improvements to the care they deliver.

Below is the work undertaken by NHS England North and Greater Manchester Health and Social Care Partnership during 2016/2017.

- NHS England North Region safeguarding assurance tool completed and audited across all Greater Manchester CCGs. Tool supported CCGs to demonstrate compliance with national safeguarding standards.
- Launch of NHS England Safeguarding App to all frontline health staff.
- Promotion of national “Seen and Heard” campaign to all frontline health staff www.seenandheard.org.uk
- Continued promotion and implementation of Greater Manchester health pathway regarding Female Genital Mutilation (FGM) and mandatory reporting
- Distribution of NHS England FGM pocket guides to all frontline health staff including GPs, Pharmacists and Dentists.
- A north regional Prevent conference was held in December 2016 to raise awareness of Prevent with evaluation from attendees being very positive.
- Delivery of a series of executive masterclasses to raise awareness of Prevent; slavery and human trafficking at a senior level within health organisations and ensure that there was confidence in understanding the requirements under the new statutory duty.
- Ongoing communication to all Greater Manchester LADOs to ensure allegations involving those professions managed via NHS England, (GPs; Pharmacists; Dentists and Opticians) are referred to NHS England Safeguarding Lead for investigation in accordance with safeguarding policies and procedures.
- MCA/DoLS network has continued to share best practice and guidance to ensure this area of safeguarding becomes firmly embedded in all aspects of healthcare.
- NHS England commissioned a piece of Research across Lancashire to explore the experiences of working with MCA/DoLS safeguarding within health and social care settings. This work is now completed and awaiting final report and findings.
- Training resource disseminated packs to support and roll out the React to Red programme.
- Distribution of NHS Adult Safeguarding pocket guides to support individual carers and practitioners.
- Development of additional resources to support increase awareness of React to Red.
- Funding for the Tissue Viability Nurses to support emerging models, to review success, challenges and sustainability.
- Development of NHS England North region safeguarding repository.

- Successful delivery of North region Safeguarding Conference in December 2016. “Safeguarding Vulnerable People in the NHS: Managing Risk and Leading Change in Safeguarding Children and Adults”
- Development and distribution of guidance to Named GPs for safeguarding to support information sharing.
- Development of a North Region Standing Operating Procedure and accompanying safeguarding Serious Incidents data base to support identification of themes, trends and shared learning.
- Valuable attendance from designated professionals in the priority subgroups for MCA/DoLS, Modern Slavery/Trafficking.
- There is a well established and well attended Safeguarding Adult Network within Greater Manchester who delivers specific works teams that is agreed at the Greater Manchester Safeguarding Collaborative.
- Greater Manchester Health & Social Care Partnership local Safeguarding lead who is professionally (Nursing) accountable to NHS England is a member and attends the NHS England North Region Safeguarding Steering Group.

NHS England North regional priorities identified for 2017/2018

NHS England North regional safeguarding team and Greater Manchester Local office in partnership with NHS England Health and Justice, Primary Care and specialised commissioning will review and agree safeguarding assurance process for directly commissioned services.

NHS England North regional safeguarding lead, Medical Director, Chief Nurse, HR Lead and regulatory bodies (where appropriate) to review and agree processes for the management of safeguarding allegations, (employees and performer) information collection and assurance.

NHS England North regional safeguarding team in partnership with Greater Manchester and other regional teams will:

- Review and agree a standard process for the management of safeguarding concerns and complaints.
- Deliver safeguarding training to the required standard and level to all complaints staff in accordance with relevant national guidance.
- Ensure appropriate training is undertaken for staff involved in the management of safeguarding allegations.
- Undertake a training needs analysis to identify appropriate levels of safeguarding training for staff groups across NHS England in line with current national guidance.
- Ensure a consistent approach to the collection of information in relation to serious case reviews (adults and children). Review attendance at the local safeguarding Board and determine appropriate level of representation based on local knowledge and need. Representation to be agreed with Board chair and Designated Nurses as required.
- Develop clear, consistent and high quality safeguarding resources for use by health staff within the NHS North Region.
- Delivery of NHS England National Safeguarding priorities within NHS England North region via the regional subgroups including time limited task and finish groups e.g. Military Veterans, Modern slavery and trafficking.
- Support the delivery of NHS England North region learning events for Designated Professionals; Named GP/Nurses Primary Care; NHS England North Commissioners.

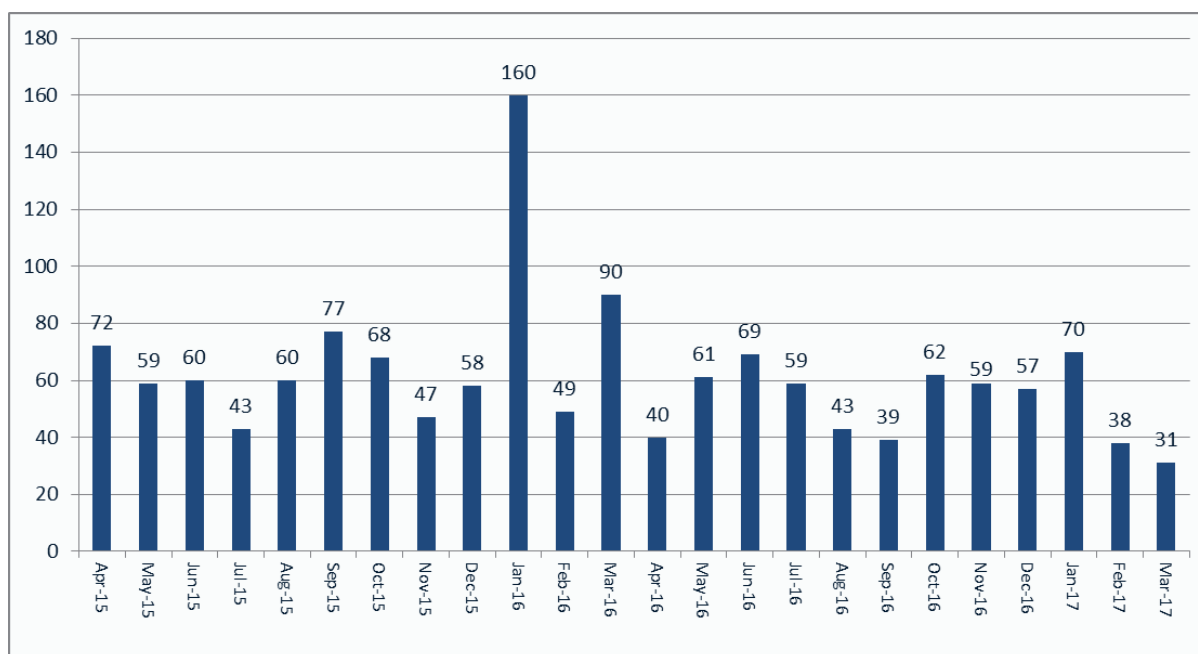
- Commission and evaluate specific education programmes for the NHS England North Region Designated Nurses/ Named primary Care Professionals e/g leadership, supervision skills, commissioning.
- Provide support to NHS England local offices to ensure safeguarding becomes embedded in Strategic Transition Plans (STP) Plans.
- Provide advice and support to NHS England North regional work programmes e.g. Transforming Care, Patient Experience, Independent reviews.
- Develop robust reporting process for NHS England North local offices regarding national and regional safeguarding reporting requirements.
- Work with partners to support a regional approach to emerging safeguarding issues e.g. Health and Adult Social Care reforms, IICSA.
- Support the national review of current domestic abuse training and support within commissioned services (linked to national priority).
- Implement and go live with CP-IS across of the North region.
- Embed principles of co-production with children, young people and adults in all aspect of work priorities.

4. Safeguarding activity in 2016/17 and what this means

4.1 Safeguarding activity in Bolton – Safeguarding Concerns (referrals to Adult Social Care of concerns/allegations of abuse)

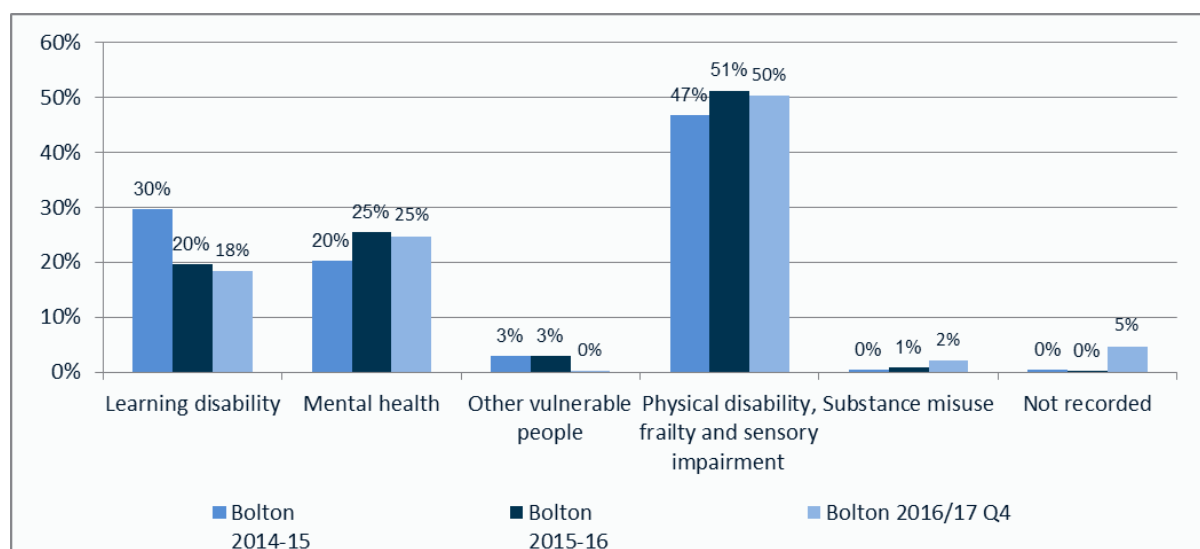
This report details the information within the statutory performance returns which relate to safeguarding. These demonstrate the level of safeguarding activity in Bolton and compare this with national data where this is available. The Board intends to develop this dashboard of information in the coming year to incorporate a multi-agency perspective on performance data.

Number of concerns per month Apr 2016- Mar 2017



As shown in the above chart, Bolton's rate of new safeguarding concerns has fluctuated over the last three years. In 2016/17 the number of concerns ranged between 40 and 70 per month with an average monthly rate of 52.

Overall the volume of concerns in 2016/17 reduced by 25.5% compared to the previous year. The reduction in volume is thought to be largely attributable to very high levels of concerns being raised in January 2016.

4.1.2 Primary Support Reason (The main presenting need of the person at risk)

The distribution of concerns relating to different primary clients groups was similar to last year, following an increase in Mental Health and a decrease in Learning Disability compared to 2014/15. No-one was recorded as 'other vulnerable people' but 5% of clients did not have a Primary Support Reason recorded. The numbers are small, but in the last two years there has been a rise in the proportion of concerns where the client's Primary Support Reason was Substance Misuse.

4.1.3 Source of concern

<i>By Source</i>					
Source	Quarter 1	Quarter 2	Quarter 3	Quarter 4	1st April - 31st March
Anonymous	0	0	0	0	0
Care Quality Commission	2	1	2	1	6
Council professional	17	19	58	42	136
Education / Training / Workplace Es	0	0	1	1	2
Friend / Relative / Neighbour	26	20	25	21	92
Health professional	1	9	42	43	95
Housing	4	4	4	2	14
Member of the public	0	1	1	0	2
Other	107	69	27	16	219
Police or probation service	9	12	17	13	51
Provider Staff	0	0	0	0	0
Self Referral	4	6	1	0	11
Not Recorded	0	0	0	0	0
Grand Total	170	141	178	139	628

<i>By Source</i>					
Source	Bolton 2012-13	Bolton 2013-14	Bolton 2014-15	Bolton 2015-16	Bolton 2016-17 Q4
	Percentage	Percentage	Percentage	Percentage	Percentage
Anonymous	0%	2%	1%	1%	0%
Care Quality Commission	0%	0%	2%	12%	1%
Council professional	0%	18%	10%	8%	22%
Education / Training / Workplace Establishment	0%	0%	0%	0%	0%
Friend / Relative / Neighbour	11%	12%	13%	13%	15%
Health professional	9%	12%	16%	15%	15%
Housing	7%	3%	2%	1%	2%
Member of the public	0%	1%	0%	0%	0%
Other	17%	6%	5%	10%	35%
Police or probation service	5%	4%	3%	3%	8%
Provider Staff	50%	39%	45%	34%	0%
Self Referral	2%	3%	2%	3%	2%
Not Recorded	0%	0%	0%	0%	0%
Grand Total	100%	100%	100%	100%	100%

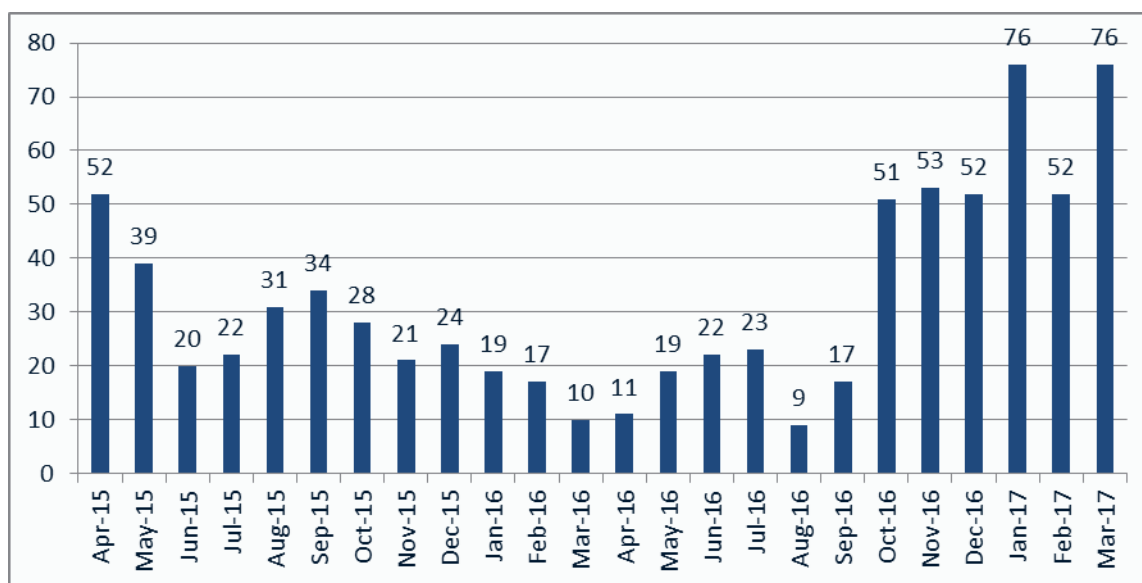
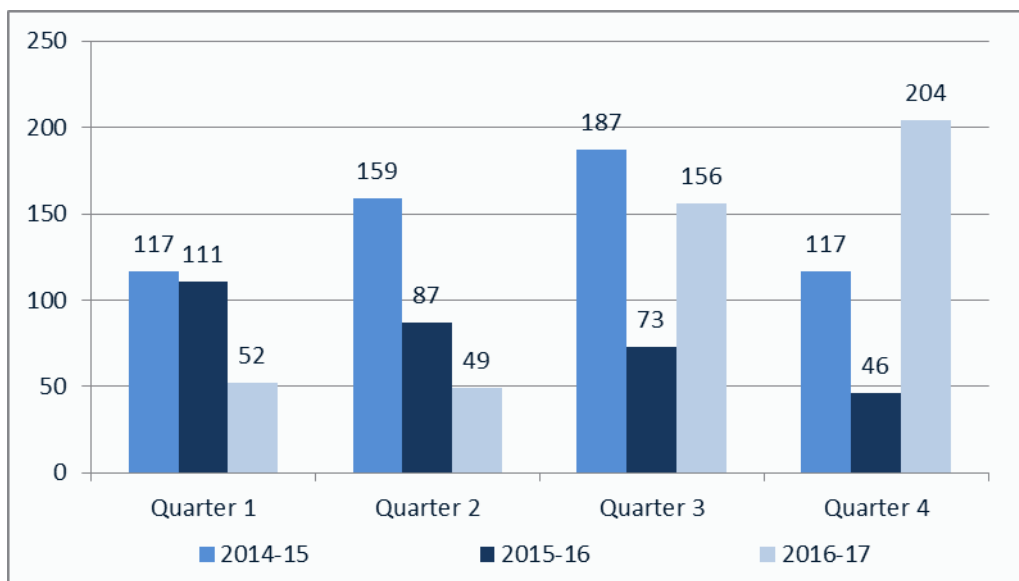
The information above shows a breakdown of the source of safeguarding concerns, The majority of concerns are raised by providers and professionals, although changes in the way data is collected, which were introduced during the year, have made it a little difficult to illustrate the breakdown of where these have come from; further work is being done to improve this. Analysis has shown that providers were still believed to be the source of risk for a high number of concerns.. There has been a slow but consistent increase over recent years in the proportion of concerns coming from health professionals and friends/family/neighbours.

Concerns raised by members of the public and self-referrals have been consistently low throughout the year and previous years. The data suggests that there is a lack of awareness in the community about what adult abuse is and how it should be reported.

4.2 Safeguarding Enquiries (formally known as referrals or investigations)

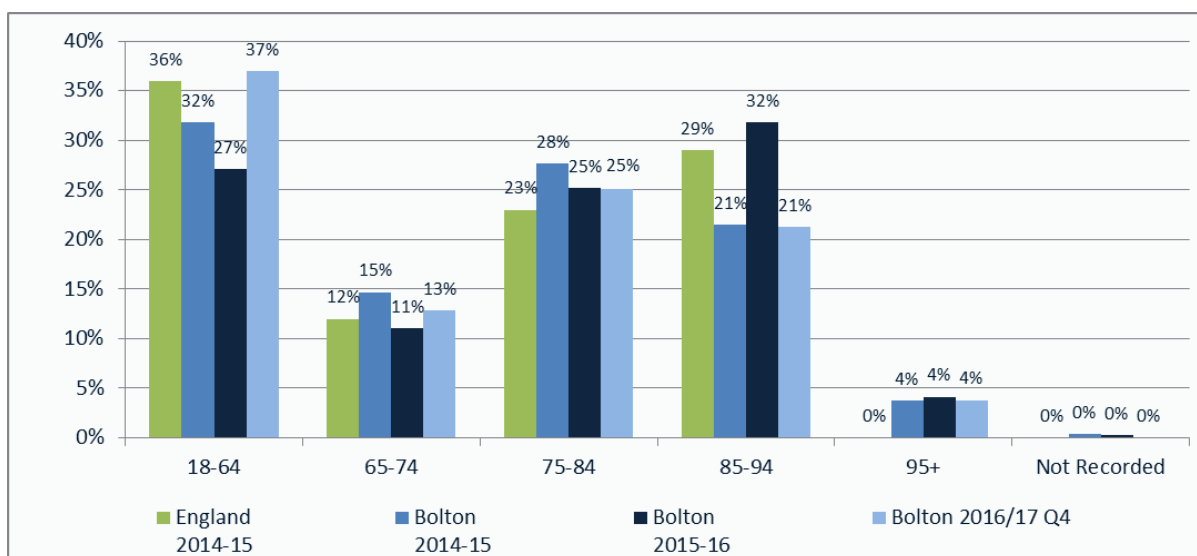
There were 461 safeguarding enquiries made in 2016/17 compared to 317 in 2015/16. In the second half of the year the volume of enquiries being processed increased considerably, reflecting the additional capacity in the Safeguarding Team.

4.2.1 Number of enquiries



The tables above show the significant increase in enquiries in 2016/17 compared to 2015/16.

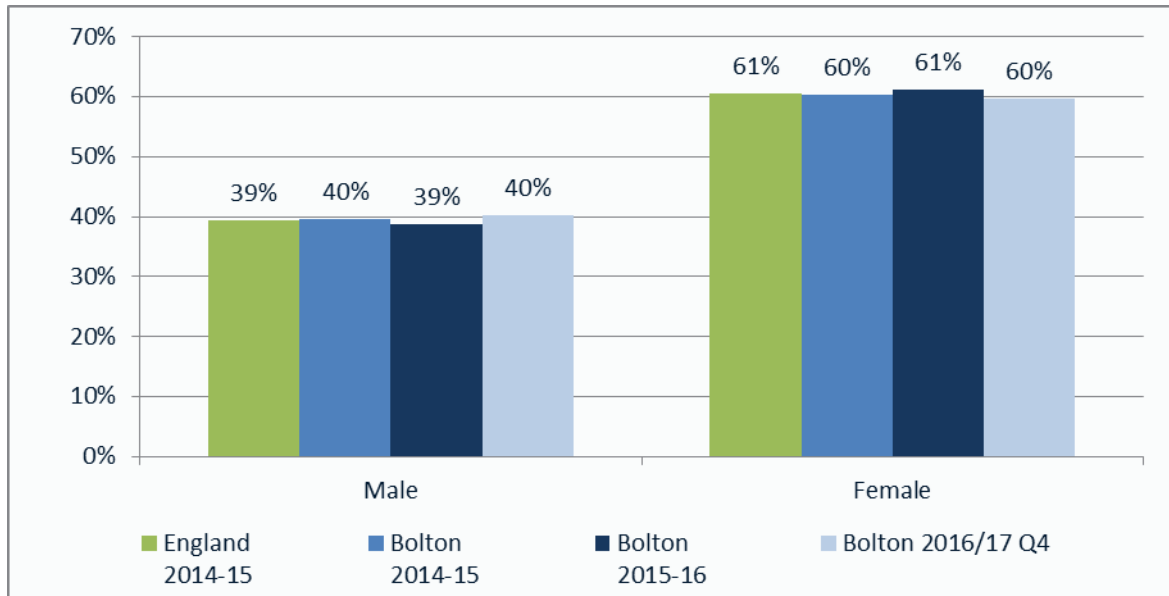
4.2.2 Age



4.2.3 Ethnicity

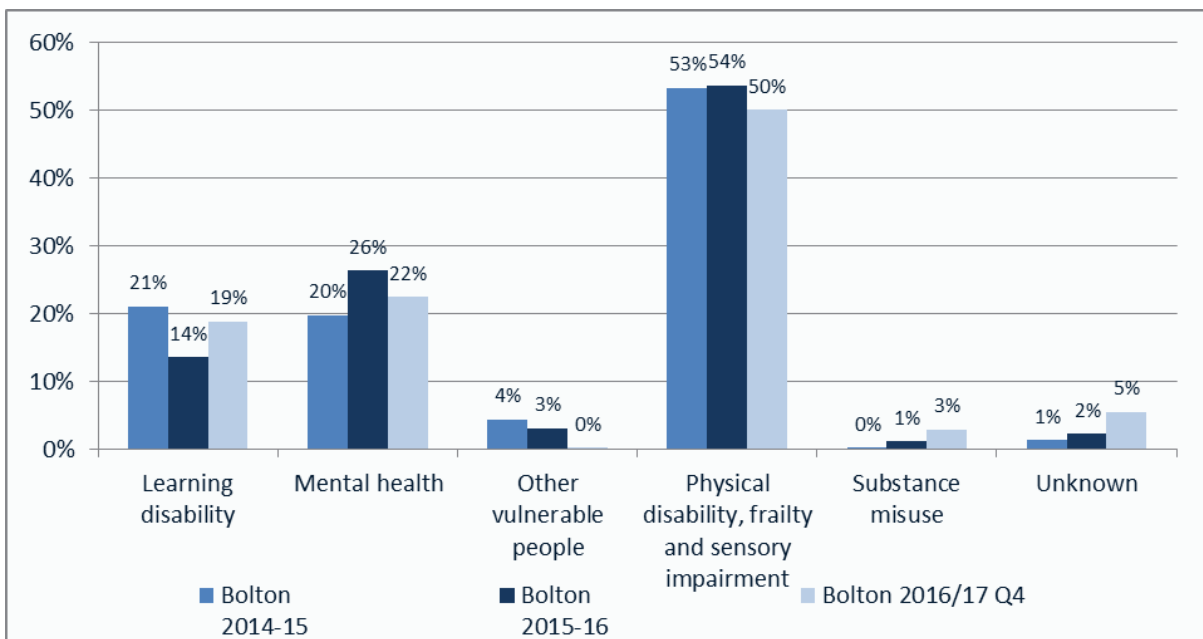
<i>By Ethnicity</i>				
Ethnicity	England 2014-15	Bolton 2014-15	Bolton 2015-16	Bolton 2016-17 Q4
	Percentage	Percentage	Percentage	Percentage
White	85%	93%	93%	88%
Mixed / Multiple	1%	1%	0%	0%
Asian / Asian British	3%	2%	4%	6%
Black / African / Caribbean / Black British	3%	1%	0%	1%
Other Ethnic Group	1%	0%	1%	0%
Refused	0%	0%	0%	0%
Undeclared /Not Known	7%	4%	2%	4%
TOTAL	100%	100%	100%	100%

4.2.4 Gender



There has been no significant change to age, gender or ethnicity compared to 2015/16 figures or the National England averages. People from black or other minority ethnic communities continue to be under-represented in the safeguarding system although this mirrors the national averages. The issue was identified by the Executive Group and a work stream identified to raise awareness in those communities as part of a wider awareness raising campaign.

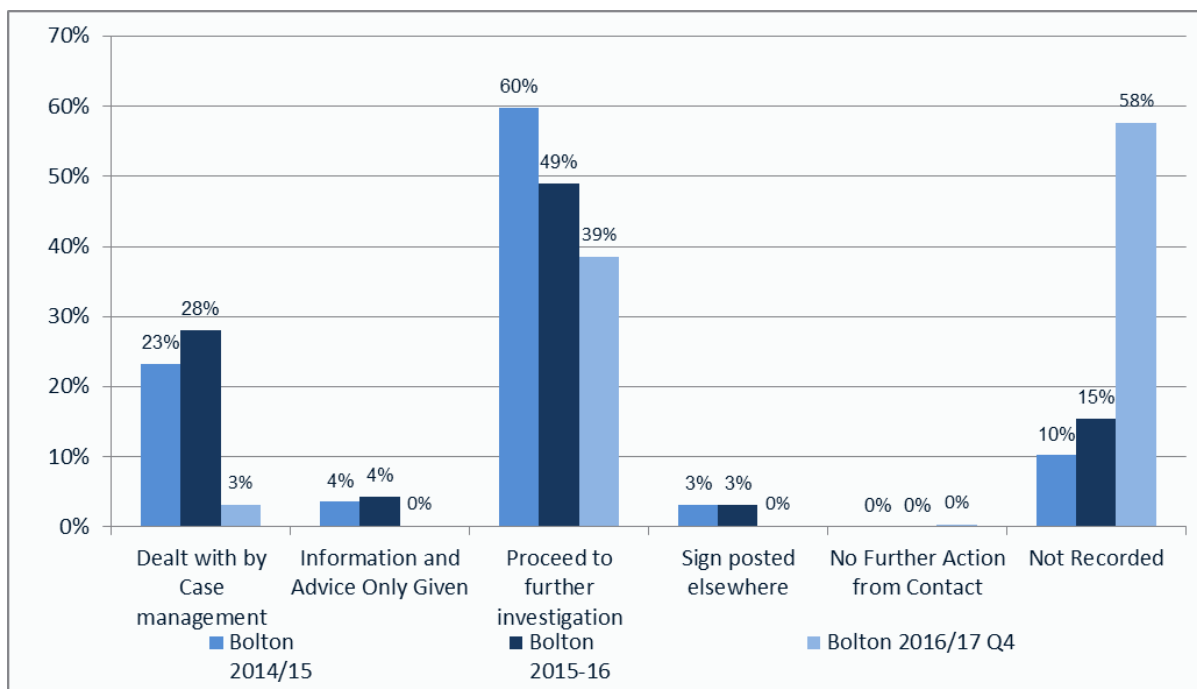
4.2.5 Primary Support Reason



The proportion of enquiries concerning the various different client groups more closely resembles national averages than previously. In Bolton the number of people with learning

disabilities in the system increased last year after falling the previous year. The Executive Group identified people with learning disabilities as being over-represented in the system in comparison to the number of people with a learning disability who receive services. The proportion of people with physical disabilities has also been reducing since 2013/14 but is still above the national average, as are those whose primary support reason is mental health support.

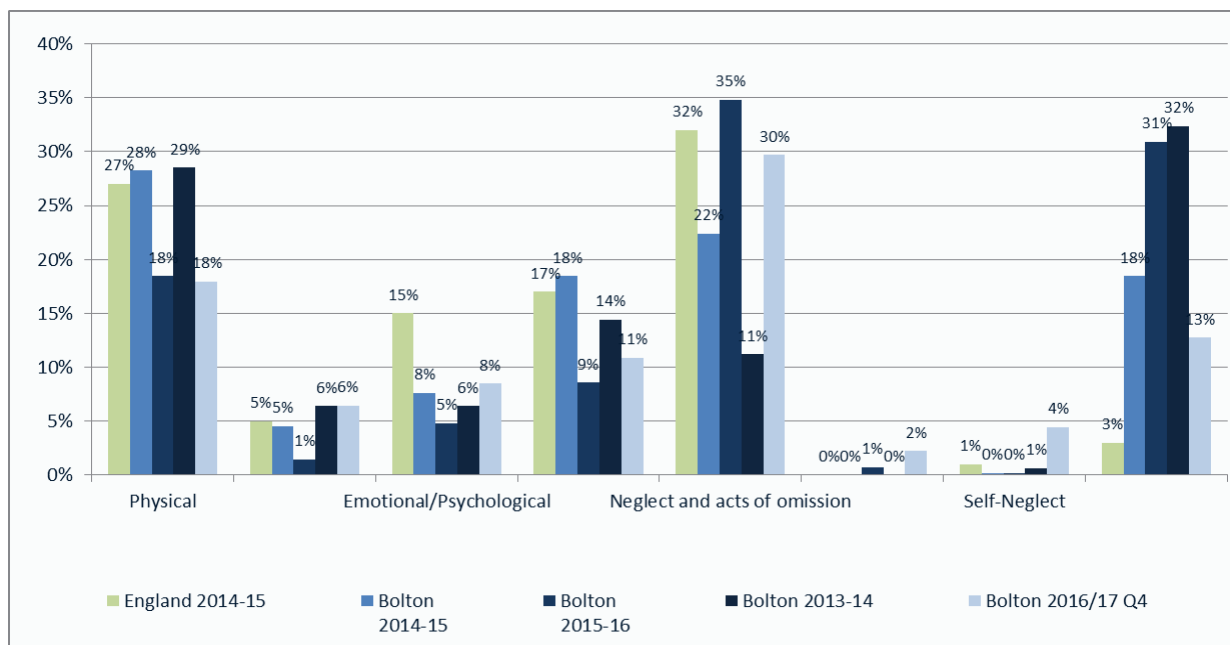
4.3 Concluded enquiries



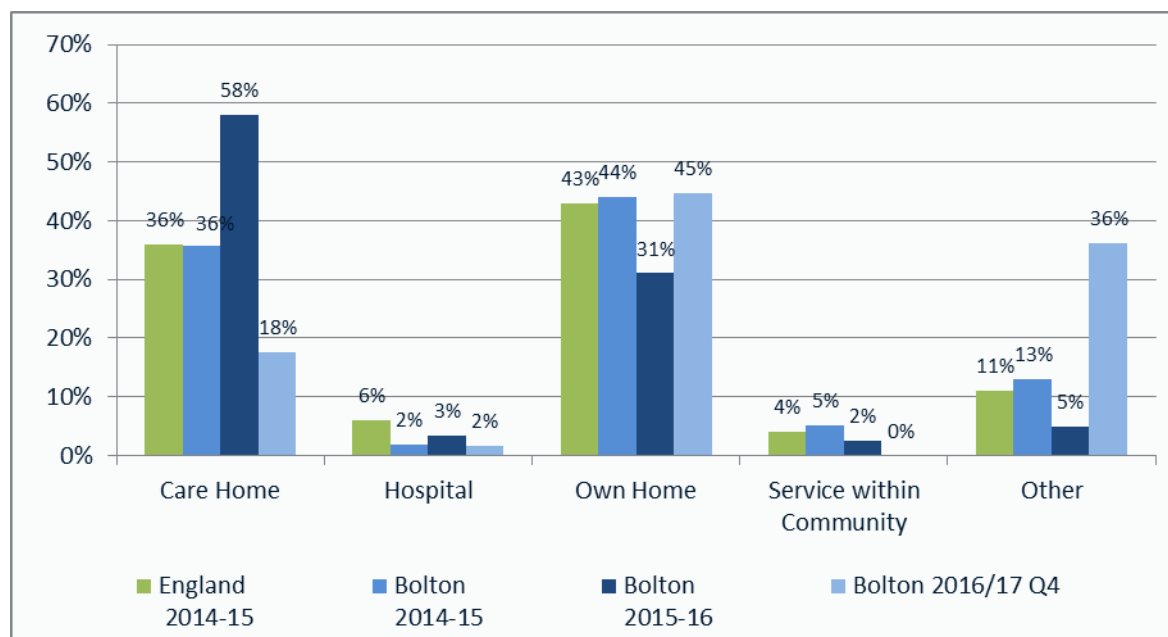
The number of concluded enquiries in 2016/17 was almost 50% higher than in 2015/16. Audit work has confirmed decision making at point of referral is consistent and appropriate in the main, but the low level of recording is an issue that needs to be addressed.

4.3.1 The type of abuse or risk

Concluded investigations in the period 1st April 2016 to 31st March 2017 compared to Bolton 2015/16 and England 2014/15 by:



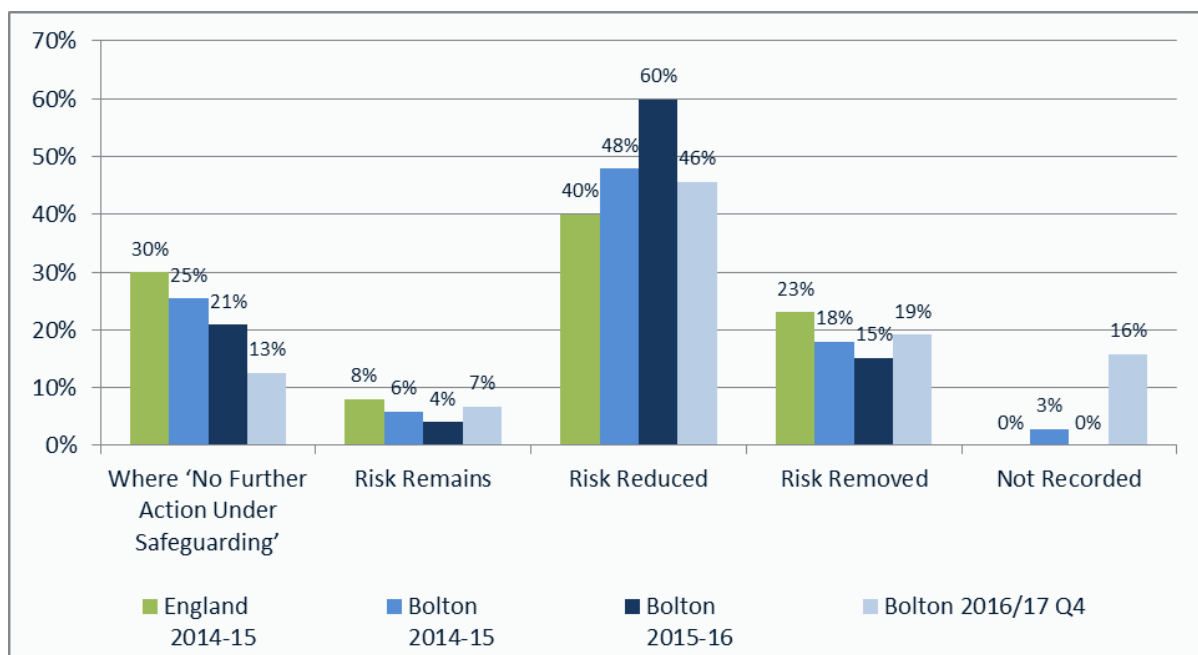
Institutional/poor care abuse increased slightly in 2015/16 and remains much higher than the national average. This was identified by the Executive Group and an audit was commissioned to check that the correct category was being chosen by professionals recording the date. The audit found that the correct category was being chosen. Neglect and acts of omission also increased on last year and it is considered that this is the effect of greater awareness amongst staff.

4.3.2 The location or setting of the risk

The number of safeguarding enquiries where the location of the risk was a care home decreased markedly. Almost half of all abuse took place in people's own homes.

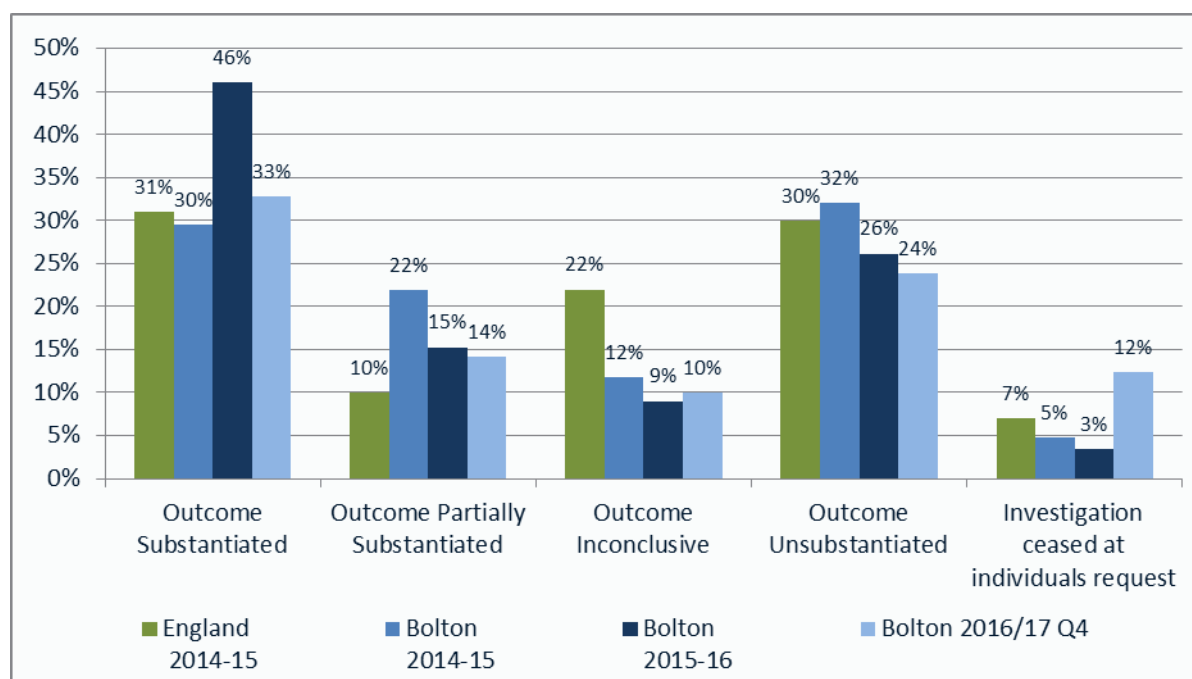
The development and continued engagement from partner agencies and provider organisations who provide support people at home is likely to have contributed to the increase in these numbers and referrals made by independent sector providers, as training needs are being met.

4.3.3 The outcome of the action as a result of the enquiry



Bolton remains below national averages where “no further action” has been the outcome of the safeguarding enquiry and has a lower percentage (46%) where risk is reduced compared to 2015/16 figures but below the national average. However, Bolton does perform higher than the national average for risk removed (19% compared to 23% nationally). The data shows that in two thirds of enquiries the risk is reduced or removed.

4.3.4 The status at the conclusion of the referral



Nearly half (47%) of all cases were either partially or fully substantiated, which is less than to 2015/16 and is 19% less than the national average.

4.3.6 Outcome for the vulnerable adult

By the outcome for the vulnerable adult					
Outcome for Vulnerable Adult	Quarter 1	Quarter 2	Quarter 3	Quarter 4	1st April - 31st March
Application to change appointee-ship	0	0	2	1	3
Application to Court of Protection	0	0	0	0	0
Civil Action	0	0	1	0	1
Community Care Assessment & Services	1	0	9	7	17
Guardianship or use of Mental Health Act	0	0	0	0	0
Increased Monitoring	42	20	19	35	116
Moved to Increased/Different Care	4	3	8	18	33
Management of access to Finances	0	1	0	4	5
No Further Action	25	34	25	44	128
Other	4	3	7	24	38
Referral to Advocacy Scheme	0	0	1	1	2
Referral to Counselling/Training	1	0	0	2	3
Referral to MARAC	0	0	1	0	1
Vulnerable Adult removed from property/service	0	3	1	4	8
Restriction/Management of access to alleged perpe	3	1	1	1	6
Review of Self Directed Support (IB)	1	0	1	0	2
No Outcome Recorded	29	2	35	31	97
Grand Total	110	67	111	172	460

There remains a high proportion of enquiries where the outcome was recorded as 'No Further Action'. A review took place of this which identified some further training was required by professionals. It is believed that there are actions being put in place but there is a failure to record these under the appropriate category.

Further work will be undertaken over the next year to continue to understand these figures in order to consider what actions need to be undertaken to address this high percentage of "No Further Action" for both the perpetrator and the vulnerable adult.

5. The Future – Bolton's next steps

The Adult Safeguarding Board's changed its structure in 2016-17 to become more in line with the Care Act. The new structure and its four subgroups are becoming well established and focused on developing the adult safeguarding agenda and raising its profile. Professionals, community groups and local people all have a vital role to play in protecting the adults at risk and they need to be sufficiently informed and educated about the issues to be able to prevent, identify or raise any concerns about abuse or neglect.

The Adult Safeguarding Board is still striving to ensure that we make safeguarding personal. Bolton wants to be person-centred, not process driven. We need to safeguard individuals in a way that supports and empowers them in making choices that are right for them and having control over their lives. This means that the Safeguarding Board needs to ensure that service users have a positive experience of safeguarding and are listened to and consulted with regarding the outcomes they want to achieve.

A major challenge in the last year has been maintaining a strong and cohesive approach to safeguarding across services, which are facing reductions in financial resources and fundamental organisational changes (particularly Greater Manchester Combined Authority).

Despite the considerable challenges, all organisations involved with the Board have continued to priorities adult safeguarding and ensure a good level of service

Throughout 2016-17 Bolton Safeguarding Board will continue to strive to achieved it's priorities which have been set out in the business plan 2016 -18.

6. Appendices

6.1 Useful Contacts

Bolton Council

If anyone needs to report a safeguarding adults concern Monday to Friday 8.45- 5pm except Bank Holidays they should ring the Safeguarding Team on 01204 337000.

For non-urgent enquiries you can E-mail - SafeguardingAdults@bolton.gov.uk

For any urgent/emergency concern outside of the above hours contact

Out of Hours Duty Team on **01204 337777**

Greater Manchester Police

Emergencies - always dial **999** in an emergency where there is **danger to life, or a crime is in progress**. This number is available 24 hours 7 days a week. From a mobile please dial **999 or 112**.

Non-emergencies - please dial **101**, this is available 24 hours, 7 days a week. A non-emergency is where police attendance is required, to report a crime or to report other incidents.

6.3 Guidance and further links

[Making Safeguarding Personal](#)

[Adult Safeguarding – Social Care Institute for Excellence](#)

[Safeguarding People – Care Quality Commission](#)

7. Glossary

Abbreviations

Abbreviations	Full Title
LADO	Local Authority Designated Officer
MCA	Mental Capacity Act
DoLs	Deprivation of Liberty Safeguards
CCG	Clinical Commissioning Group
MARCA	Multi Agency Risk Assessment Conference
MAPPA	Multi agency Public Protection Unit
GMMH	Greater Manchester Mental Health
FGM	Female Genital Mutilation
MHA	Mental Health Act
MASSS	Multi Agency Safeguarding Screening Service
PPIU	Police Public Investigation Unit
MAPSA	Multi Agency Panel Safeguarding Adult
STRIVE	Safeguard, Threat Assessment, Re-Visit, Intervention, Volunteers, Engagement
PCSO	Police Community Support Officer
PPI	Pro Police Investigation
GMFRS	Greater Manchester Fire and Rescue Service
BSAB	Bolton Safeguarding Adults Board

Abuse

A violation of an individual's human and civil rights by any other person or persons and may be:

- A single act or repeated acts
- An act of neglect or a failure to act
- Multiple acts - for example, an adult at risk may be neglected and also being financially abused

Adult Social Care Outcomes Framework (ASCOF)

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people, from information gathered from local authorities around the country.

Alert

A concern that an adult at risk is or may be a victim of abuse or neglect. An alert may be a result of a disclosure, an incident, or other signs or indicators.

Anti-Social behaviour

Behaviour by a person or persons which causes or is likely to cause harassment, alarm or distress to one or more persons not of the same household as the person

Care Act 2014

The Care Act consolidates and modernises the framework of social care law, for adults and sets out duties relating to promoting well-being, prevention, information, assessment and on care costs. The Act places on a statutory footing some of the safeguarding obligations that were previously only located in guidance. This Act became law and was implemented in April 2015.

Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home or hospital only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them.

Domestic violence

Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members.

Hate crime

An incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability. This definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition, it includes incidents that do not constitute a criminal offence.

Mental capacity

Mental capacity in the context of adult safeguarding is the ability of a person to:

- Understand the implications of their situation
- Take action themselves to prevent abuse
- Participate to the fullest extent possible in decision making about interventions involving them, be they life-changing events or everyday matters

Neglect (and Acts of Omission)

Neglect includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Prevent

Prevent is about safeguarding people and communities from the threat of terrorism. Prevent is 1 of the 4 elements of CONTEST, the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism.

Primary client group is the category that an adult has been categorised under for assessment. The categories are Physical disability, Mental health needs, Learning disability, Substance misuse; and Other vulnerable people

Referral - Safeguarding Referral

A referral is defined as a report of risk of potential abuse, harm or neglect which leads to investigation under the safeguarding process.

Safeguarding

Safeguarding captures notions of both 'promoting welfare' and 'protecting from harm or abuse'. Adult safeguarding work is therefore concerned with preventing abuse and neglect, and promoting good practice when responding to specific concerns. The definition of adult safeguarding has broadened from concern for vulnerable adults receiving community care services, to cover adults in vulnerable situations arising from a range of causes and circumstances, including those who have never had contact with, or need of care services.

Safeguarding Adults Return

The Safeguarding Adults Return is a new collection of statistical tables that have been designed as a successor to the Abuse of Vulnerable Adults (AVA) Return, gathering information about Safeguarding Referrals from councils with responsibility for adult social care.

Self-neglect

Self-neglect can be described as

- Persistent inattention to personal hygiene and/or environment
- Repeated refusal of services which can reasonably be expected to improve quality of life
- Self-endangerment through the manifestation of unsafe behaviours

Adult at Risk

A person over the age of 18 who:

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