Notice of Health and Adult Social Care Overview and Scrutiny Panel meeting

Thursday 28 July 2016 at 6.00pm

HMS Phoebe Committee Room, Town Hall, Bournemouth

Panel Members:
Councillor David d’Orton-Gibson – Chairman
Councillor Philip Broadhead – Vice-Chairman
Councillor Mark Battistini
Councillor Jackie Edwards
Councillor Laurence Fear
Councillor Susan Phillips
Councillor Philip Stanley-Watts
Councillor Rae Stollard
Councillor Michael Weinhonig

All Members of the Panel are summoned to attend this meeting to consider the items of business set out on the agenda at page 3 below.

The Public, press and any Councillor are welcome to attend this meeting.

All Members of the Panel are summoned to attend an information session on Safeguarding, at 5.00 pm before the meeting.

For further information please contact: Matt Wisdom, Democratic and Overview & Scrutiny Officer, Legal and Democratic, Town Hall, Bourne Avenue, Bournemouth BH2 6DY.
Tel: 01202 451107 E-Mail: matthew.wisdom@bournemouth.gov.uk
Public involvement

The Council welcomes members of the public to contribute to the meeting:

1 by asking to speak on an agenda item or a community issue as a ‘Deputation’; or

2 by asking a public question - any member of the public whose name appears on the Electoral Roll for Bournemouth - which includes a person under the age of 16 years living in Bournemouth and who is escorted by a qualifying adult; or

3 by presenting a petition in relation to items on the agenda.

A request to speak as a deputation, ask a question or present a petition must be sent in writing or email to Matt Wisdom at the address shown on page 1 by no later than 6.00pm on Wednesday 27 July 2016.

Further information is available on the Council’s web site: http://www.bournemouth.gov.uk/CouncilDemocratic/GetInvolvedHaveyoursay/PetitionsDeputations.aspx

A hearing loop system is provided in the meeting room. There is disabled access to the building. Councillors and visitors with particular needs are advised to inform the Council before arriving at the meeting.

This agenda together with records of decisions and reports are available on the Council’s web site at http://www.bournemouth.gov.uk

Audio recording and filming

This meeting may be audio recorded by the Council for subsequent publication on the Council’s Website. Anyone may audio record, film, take photographs and/or use social media such as tweeting and blogging when this meeting is open to the public. Anyone wishing to record this meeting in anyway must do so in accordance with Council Procedure Rule 108 and the Council’s protocol for filming and audio recording at public meetings and the Public Notice on Filming and Recording Meetings which can be found using the following link:

If you have any queries regarding this please contact the Democratic Services Officer at the meeting.
Agenda

Items to be considered while the meeting is open to the public

1. **Apologies**

2. **Substitute Members**
   
The Democratic Services Officer will report on any changes in the membership of the Panel under Procedure Rule 89.

3. **Declarations of interest**
   
   Members are asked to declare in accordance with Procedure Rule 5:
   
   a. any disclosable pecuniary interests in any item under consideration at the meeting as required by the Localism Act 2011;
   
   b. any memberships of outside bodies where such membership involves a position of control or significant influence on the organisation concerned;

   Members are also asked to state fully the nature of the interest(s). If any member has a query on any particular matter, please contact the Democratic Services Officer in advance of the meeting.

4. **Confirmation of Minutes**
   
   a. To confirm the minutes of the Health and Adult Social Care Overview and Scrutiny Panel meeting held on 28 June 2016, available to view on the Council’s website at the following link:-


   b. To consider the Panel’s action sheet, circulated at 4b.
5 Public items

a Public Questions

The Democratic Services Officer will report on any public questions received by the notice deadline.

b Deputations

The Democratic Services Officer will report on any deputation requests received by the notice deadline.

c Petitions

The Democratic Services Officer will report on any petitions received by the notice deadline.

6 Peer Review of Safeguarding (Adults) – circulated at 6.

7 Annual Report of the Chair of the Bournemouth and Poole Safeguarding Adults Board – circulated at 7.


9 Dorset Care Record – circulated at 9.

10 CQC Briefing Feedback

To receive a verbal update from Members who attended the latest quarterly briefing with the Care Quality Commission.

11 Joint Health Scrutiny Committee – Clinical Services Review

To receive a verbal update from Members who attended the Joint Health Scrutiny Committee workshop on 14 July 2016.
12 **Forward Plan 2016/17**

To consider the Panel’s Forward Plan for 2016/17 as at July 2016 – circulated at 12.

13 **Any other business** – of which notice has been received before the meeting and by reason of special circumstances, which shall be specified in the record of decisions, the Chair is of the opinion that the items should be considered as a matter of urgency.
Recommendation:

1. That the Panel consider and update the action plan as appropriate

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<tr>
<th>Minute number</th>
<th>Item</th>
<th>Action*</th>
<th>Outcome and Benefit</th>
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<td></td>
<td></td>
<td>*Items remain until action completed.</td>
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**Actions arising from Panel Meeting: 26 April 2016**

<p>| 28. | <strong>Update on Better Care Fund 2016/17</strong> | That the percentage of Bournemouth’s contribution towards the Better Care Fund pooled budget of £73m, be clarified by the Executive Director, Adults and Children. | Information circulated to the Panel by email. ✓ |
| 28. | <strong>Update on Better Care Fund 2016/17</strong> | That the 2015/16 outturn report be provided to the Panel once completed. | Update on outturn provided by the Service Director, Community Learning and Commissioning. ✓ |
| 28. | <strong>Update on Better Care Fund 2016/17</strong> | That further progress be scrutinised later in 2016, to be scheduled appropriately by the Chairman and Vice-Chairman through the agenda planning process. | Item scheduled for the October 2016 Panel Meeting. ✓ |</p>
<table>
<thead>
<tr>
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<th>Action*</th>
<th>Outcome and Benefit ✓</th>
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<tbody>
<tr>
<td>29.</td>
<td><strong>Delayed Transfers of Care – NHS England Review</strong></td>
<td>That an additional colour rating be included in the action plan to identify an action as completed.</td>
<td>Item scheduled for the September 2016 Panel Meeting. ✓</td>
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<tr>
<td>29.</td>
<td><strong>Delayed Transfers of Care – NHS England Review</strong></td>
<td>That a further report be scheduled for September 2016, reporting the progress made in delivering the activity outlined within the action plan, alongside the levels of performance.</td>
<td>Verbal update available for June 2016, further report included in the Work Programme for September 2016. ✓</td>
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<td>30.</td>
<td><strong>The Francis Inquiry – Lessons Learned for Health and Adult Social Care Scrutiny in Bournemouth</strong></td>
<td>That a review be undertaken on the protocol for scrutinising external health agencies, with a view to improving the quality of the Panel’s access to relevant evidence.</td>
<td>Included on the Work Programme – timescale to be scheduled.</td>
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<tr>
<td>30.</td>
<td><strong>The Francis Inquiry – Lessons for Health and Adult Social Care Scrutiny in Bournemouth</strong></td>
<td>That the Chairman of the Children’s Services Overview and Scrutiny Panel be consulted on potential opportunities for the redevelopment of the Whistleblowing Policy and associated Safeguarding implications.</td>
<td>Liaison taking place with the Children’s Services Overview and Scrutiny Panel.</td>
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<td>Minute number</td>
<td>Item</td>
<td>Action*</td>
<td>Outcome and Benefit ✓</td>
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<td>33.</td>
<td>Work Programme 2015/16</td>
<td>That the Dorset Care Record item be brought forward to either the July or September 2016 meeting, to be confirmed by the Chairman and Vice-Chairman through the agenda planning process.</td>
<td>Scheduled on the Panel’s Work Programme for July 2016. ✓</td>
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**Actions arising from Panel Meeting: 28 June 2016**

<p>| 40. | Alcohol Related Harm in Bournemouth | That the Assistant Director of Public Health explores the trends influencing the reduction in youth street drinking with the Council’s youth services. | Assistant Director of Public Health has made contact with the Head of Integrated Youth Service to explore these issues. ✓ |
| 40. | Alcohol Related Harm in Bournemouth | That the Assistant Director of Public Health confirms the numbers of alcohol dependent individuals receiving structured treatment, identified as 7.4% within the report. | Figures circulated to the Panel by email. ✓ |
| 41. | Care Act 2014 Implementation Update | Head of Joint Commissioning and Partnerships to confirm the locations for the promotion of Care Direct service, to allow Members to study these, raise awareness within local communities and raise further opportunities for locations. |</p>
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<tbody>
<tr>
<td>42.</td>
<td>Care Direct – Role and Function with Adult Social Care</td>
<td>Service Director, Community Learning and Commissioning to provide the relevant extract from the Joint Strategic Needs Assessment (JSNA) in respect of care homes places in the context of demand.</td>
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<td>42.</td>
<td>Care Direct – Role and Function with Adult Social Care</td>
<td>Service Manager, Enablement Services to identify opportunities for the Panel to visit Care Direct offices during the pilot.</td>
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<tr>
<td>42.</td>
<td>Care Direct – Role and Function with Adult Social Care</td>
<td>That the Panel receive and scrutinise the resulting evaluation report and recommendations for longer term improvements arising from the pilot.</td>
<td>Evaluation report and recommendations due in Spring 2017.</td>
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<td>46.</td>
<td>Training Programme 2016/17</td>
<td>The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Poole Hospital NHS Foundation Trust to be scheduled for September and October 2016 respectively.</td>
<td>Attendance by Chief Officers of Royal Bournemouth Hospital confirmed for September 2016.</td>
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<td>46.</td>
<td>Training Programme 2016/17</td>
<td>RAISE replacement software session to be scheduled for early 2017.</td>
<td>Included on working draft of training programme for early 2017.</td>
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<td>46.</td>
<td>Training Programme 2016/17</td>
<td>Mental Health session to be scheduled for November 2016.</td>
<td>Included on working draft of training programme for November 2016.</td>
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<tr>
<td>Minute number</td>
<td>Item</td>
<td>Action*</td>
<td>Outcome and Benefit ✓</td>
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<td>47.</td>
<td>Forward Plan 2016/17</td>
<td>The Panel to write to the Assistant Director of Public Health to consider opportunities for looking at air quality.</td>
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<td>47.</td>
<td>Forward Plan 2016/17</td>
<td>New Panel Members to be sent the link to useful training resources such as the King’s Fund video on an alternative guide to the new NHS in England.</td>
<td>Training resources have been sent to new Panel Members. ✓</td>
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<td>48.</td>
<td>Peer Review - Safeguarding</td>
<td>Two sets of interviews to be organised, one with the Chairman and Vice-Chairman and the review team, the other with the remaining Panel Members and the review team.</td>
<td>Organisation underway for these interviews. ✓</td>
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<td>49.</td>
<td>South Western Ambulance Service NHS Foundation Trust</td>
<td>Seek the views of other Dorset local authorities as to whether Joint Health Scrutiny is an appropriate next steps on this issue.</td>
<td>Bournemouth, Poole and Dorset in agreement on Joint Health Scrutiny, arrangements for a meeting are underway. ✓</td>
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<tr>
<td>Report Subject</td>
<td>Peer Review of Safeguarding (Adults)</td>
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<tr>
<td>Meeting date</td>
<td>28\textsuperscript{th} July 2016</td>
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<td>Cabinet Portfolio</td>
<td>Councillor Blair Crawford, Adult Social Care</td>
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<tr>
<td>Corporate Lead</td>
<td>Jane Portman, Executive Director Adults and Children, Deputy Chief Executive</td>
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<tr>
<td>Service Director</td>
<td>Andy Sharp, Service Director Adult Social Care</td>
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<tr>
<td>Status</td>
<td>Public</td>
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<tr>
<td>Classification</td>
<td>Discussion</td>
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<td>Key Decision</td>
<td>No</td>
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<tr>
<td>Impacts on Key Policy Framework</td>
<td>None</td>
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| Report author           | Andy Sharp, Service Director, Adult Social Care |
|                        | ☀️ 01202 458707 |
|                        | ⌨️ andy.sharp@bournemouth.gov.uk |

**Executive summary**

The South West Association of Directors of Adults Social Services (SWADASS) and the Local Government Association (LGA) work in partnership to deliver a programme of peer challenge in the South West over a rolling 3 year period. The aims of the challenges are to help local government to respond to the changing agenda for Adult Social Care.

In 2013, Bournemouth Borough Council undertook a peer review of its adult safeguarding functions, the findings of the review, which were reported to the Health & Adult Social Care Overview & Scrutiny Committee highlighted significant areas for improvement. Following the completion of a comprehensive programme of development led by the Service Director, Adult Social Care in conjunction with colleagues from across the service, our approach and partnership arrangements are now very different. As reported to O&S, our performance and outcomes in relation to safeguarding as well as our partnership arrangements appear to have improved greatly since 2013. However it is important that we validate our internal view of our progress and ensure that we recognise the need for continuous improvement and learning within this key area of our statutory responsibility.
For these reasons it has been agreed and previously reported to this panel that a peer review of our Safeguarding arrangements will be taking place in September (week commencing the 6th). The purpose of this report is to update the panel on the progress made in respect of the arrangements that will be in place during this period and the headline outcomes of activity already undertaken in respect of case file audits.

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>The Panel are requested to;</th>
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<tr>
<td></td>
<td>1. Consider and comment on the information contained within this annual report</td>
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<td></td>
<td>2. Confirm support and approval for the mechanisms of engagement for this panel within the Peer Review process</td>
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<th>Reasons for recommendations</th>
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<tr>
<td>The delivery of activity to safeguard vulnerable adults within the community of Bournemouth is both a statutory responsibility and a core duty of the Council. Services with Adult Social Care (ASC) have been amended significantly to address issues highlighted through the previous peer review in 2013 and it is important that Elected Members are able to have confidence that these changes have resulted in positive improvements in performance and delivery. In addition, as a peer review is not an inspection and as an outcome there will not be a “rating” given to the Council, the review will be a learning process and will help us to assess our current achievements and to identify those areas where we can improve further. Based upon this it is critical that Members and Officers are confident that the scope of and approach to the review will ensure an ability to maximise the benefits of its completion.</td>
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### 1.0 Background

**1.1** The South West Association of Directors of Adults Social Services (SWADASS) and the Local Government Association (LGA) work in partnership to deliver a programme of peer challenge in the South West over a rolling 3 year period. The aims of the challenges are to help local government to respond to the changing agenda for Adult Social Care.

**1.2** In 2013, Bournemouth Borough Council undertook a peer review of its adult safeguarding functions, the findings of the review, which were reported to the Health & Adult Social Care Overview & Scrutiny Committee, highlighted 3 significant areas for improvement. The previous peer challenge suggested that in May 2013 safeguarding was not seen as everyone’s business within the Council and that our policies, practice and structures were not consistent or fully understood at the front line leading to poor outcomes for our clients. In addition, there was also recognition within the report that partnership arrangements were not always effective in facilitating, supporting and driving action to address safeguarding concerns. The report also highlighted that as a Council and within the partnership we were not always delivering in a way, from a Bournemouth perspective, which supported those who need our help the most. Both strategically and operationally we were not consistently ensuring that our approach to safeguarding was embedded and effective.
1.3 A comprehensive improvement and development plan in respect of Adult Safeguarding has been delivered since 2013 and the position in Bournemouth is now very different. Our processes and approach to Safeguarding have been redesigned, including the creation of a new Statutory Services Team and the implementation of a formal Principle Social Worker role. Our case recording arrangements have been radically updated and staff training has been comprehensive in this area. Additionally the Council has work positively with partner organisations to address the issues at this level highlighted in the 2013 review. Performance against safeguarding measures has improved significantly and the direction of travel continues to be positive. In addition the Council has adopted and embedded the principles of Making Safeguarding Personal (MSP) to positive effect. This has improved engagement and involvement in the process for both clients and social care providers.

2.0 Information & Advice

2.1 The process of the review will involve exploring our ambitions, performance and delivery structures against the LGA’s Standards for Adult Social Care and specifically Safeguarding, the standards are centred on the following key themes.

- Outcomes for and the experiences of people who use services
- Leadership, strategy and commissioning
- Service delivery, effective practice and performance and resource management
- Working together

2.2 In advance of the Peer Review the Council is required to complete a self assessment outlining the current position both within the organisation and on a partnership perspective. The production of the self assessment is well underway and a second draft of the document has recently been made available to the statutory director of adults services (Executive Director, Adults and Children) for consideration and comment. Once refined and in an agreed position the self assessment will be submitted to the Peer Review team in order to support their preparation for the on-site element of the review.

2.3 Alongside the self assessment the Council is also developing the interview and assessment schedule for the Peer Review team which will involve the use of structured interviews and workshops. As part of the review the peer team will be meeting with senior managers, Elected Members, partner organisations, key safeguarding professionals and provider organisations. From the perspective of engagement with Elected Members and specifically this Panel, as agreed during the meeting in June, the Chair and Vice Chair are to be invited to attend the pre and post review briefings and will be interviewed by the review team. In addition a Members workshop in the format of a group interview session for the rest of the Panel has also been scheduled.
2.4 In advance of the on-site element of the review which will take place in the week commencing the 6th September, the review team undertake case file audits to assess operational practice in respect of Safeguarding. The case file audit has now been conducted and although the full findings will not be available until the wider review is completed, initial feedback in respect of positive practice is that:

- Positive risk management is in place, which involves the person from the outset
- There is clear identification of the person’s desired outcomes
- We have clear recording of whether these outcomes were met and if not, why not
- When our data recording form is completed fully, it provides an auditor with all the information that is required to assess the case

In terms of potential areas for improvement the auditor identified:

- A potential need for clearer recording of why a person was not consulted or involved in the Enquiry process (this was predominantly for cases where a person may not have been able to be involved, but it was perhaps not clearly evidenced)
- A need to consider reviewing the data recording form to make it more conducive for the practitioners to complete fully (this is already planned and is highlighted within our Self-Assessment)
- Consideration could be given to using a more accessible method of recording Risk Management Plans

2.5 This initial feedback through the case file audit is in line with what we had anticipated as part of our planning for the Peer Review and provides positive recognition of the professional practice within the team. For those areas identified as potentially open to further improvement, we have been able to show that these are recognised in our draft self assessment and this demonstrates that we are both self aware and committed to continuous improvement.

3.0 Summary of financial/resource implications

3.1 There are no financial resources implications for consideration by the Panel at this stage. It is anticipated that any costs associated with further work in respect of the Safeguarding agenda will be met through existing allocated resources.

4.0 Summary of legal implications

4.1 There are no direct legal implications in respect of the peer review, however the Council holds statutory responsibilities in relation to Safeguarding and these are discharged through existing arrangements both within the Safeguarding Adults Board and the Adult Social Care and Community Learning & Commissioning Services. Some aspects of additional work associated with the Safeguarding agenda may be identified through the review, which will be addressed and reported to the Panel in the normal way.

5.0 Summary of human resources implications

5.1 There are no human resources implications for consideration by the Panel, activity associated with the delivery of the Safeguarding arrangements will be related to staff time and will be programmed into existing service arrangements.
6.0 Summary of environmental impact
   None identified.

7.0 Summary of equalities and diversity impact
7.1 None identified.

8.0 Summary of risk assessment
8.1 Not applicable.
## Executive summary

The Bournemouth & Poole Safeguarding Adults Board (SAB) holds a strategic remit to work across agencies on a local level to **protect adults at risk from abuse, significant harm or neglect.** The board produce an annual report to communicate and reflect on the work and outcomes for 2015/16 and to inform the business planning for 2016/17.

The 2015/16 Annual report gives an overview of the work of the Board and its subgroups during 2015/16. It gives a contextual picture of Adult Safeguarding both nationally (in the light of recent national events such as the introduction of the Care Act 2014 and continuation of the Making Safeguarding Personal initiative) and locally making reference to the socio-demographic composition of Poole and Bournemouth and local statistics concerning safeguarding alerts, referrals and investigations. The report this year as the Care Act suggests includes contributions from partner agencies regarding safeguarding activity.
The Panel are requested to:

1. Consider and comment on the information contained within the annual report

Reasons for recommendations

The Health & Adult Social Care Overview & Scrutiny Committee plays an important role in the scrutiny and assurance of the statutory duties undertaken by the Council in respect of Safeguarding. Some of these duties are discharged at a partnership level through the Bournemouth & Poole Safeguarding Adults Board (SAB). The presentation of this report provides Members with an opportunity to assess the current position at a board level in respect of Safeguarding arrangements, to review progress to date and to consider the implications for the Council of the future challenges identified within the report.

1.0 Background

1.1 The remit of the Bournemouth and Poole Adult Safeguarding Board is all encompassing and works across agencies to achieve its aim of:

This Board exists to protect adults at risk from abuse, significant harm or neglect. We will achieve this through strategic leadership and collective accountability.

The annual report is produced to communicate and reflect on the work and outcomes for 2015/16 and to inform the business planning for 2016/17.

1.2 The Boards Framework three year Strategic Plan for 2015-18 sets out the Priorities for the forthcoming year under the four headings:

- Effective prevention;
- Effective safeguarding;
- Effective learning;
- Effective governance.

1.3 The 2015/16 Annual report gives an overview of the work of the Board and its subgroups during 2015/16. It gives a contextual picture of Adult Safeguarding both nationally (in the light of recent national events such as the introduction of the Care Act 2014 and continuation of the Making Safeguarding Personal initiative) and locally making reference to the socio-demographic composition of Poole and Bournemouth and local statistics concerning safeguarding alerts, referrals and investigations. The report this year as the Care Act suggests includes contributions from partner agencies regarding safeguarding activity.
2.0 Information & Advice

The report highlights both achievements of the Board and its partner agencies and forthcoming challenges:

2.1 Achievements

- **Personal Data Exchange Agreement**
  The Board have developed and agreed a Personal Data Exchange Agreement which has been signed by all partner agencies. The agreement outlines when it is appropriate to share personal information with regards safeguarding and balancing this with the requirements data protection legislation.

- **Launch of Policy and procedures**
  The Board through its Policy and procedures subgroup has re-written the Adult Safeguarding Policies and Procedures and, in particular, to reflect statutory changes introduced by the Care Act 2014. A new approach to policy and procedures has introduced a more personalised methodology to safeguarding, the “nominated enquirer” role, the role of advocacy and a new enquiry duty under section 42 of the Act. Emerging safeguarding themes such as modern slavery, adult sexual exploitation, and Self Neglect have also taken a more prominent place within the policy and procedures.

- **E-newsletter**
  In conjunction with the Local Safeguarding Children’s Board the Board have commenced an e-newsletter for staff across the partner organisations of the Board to raise awareness of safeguarding issues and improve practice.

- **Charter**
  The Board have put together a Charter outlining responsibilities of providers and the Board in working together to keep people safe. A draft charter was presented to providers in Bournemouth and Poole in February at our safeguarding event and was well supported. The Charter has now been sent out to provider organisations and is being well received.

- **Involving stakeholders**
  The Board have involved independent providers, the voluntary sector and service users through a two stakeholder events in February 2016, issues raised have since been put forward to the Boards planning cycle and 2016/17 plans.

In order to further determine views presentations have been made to both Bournemouth and Poole Learning Disability Partnership Board and feedback sought to develop the Business plan for 2016/17
2.2 Challenges

Further on-going challenges for the Board are:

- Adapting our approaches to meet the complexity of the safeguarding in the 21st century including self-neglect, sexual exploitation and modern day slavery.
- Supporting partner agencies to ensure that older people requiring care have access to high quality care homes and caring support in their own homes.
- Engaging with the public to raise awareness of our goal that ‘safeguarding is everyone’s business.

3.0 Summary of financial/resource implications

3.1 There are no financial resources implications for consideration by the Panel at this stage. At this stage it is anticipated that any costs associated with further work in respect of the Safeguarding agenda will be met through existing allocated resources.

4.0 Summary of legal implications

4.1 There are no direct legal implications in respect of the annual report, however the Council holds statutory responsibilities in relation to Safeguarding and these are discharged through existing arrangements both within the SAB and the Adult Social Care and Community Learning & Commissioning Services. Some aspects of additional work associated with the Safeguarding agenda may be identified at a later date, which will be addressed through the scheme of delegation in the normal way.

5.0 Summary of human resources implications

5.1 There are no human resources implications for consideration by the Panel, activity associated with the delivery of the Safeguarding arrangements will be related to staff time and will be programmed into existing service arrangements.

6.0 Summary of environmental impact

None identified.

7.0 Summary of equalities and diversity impact

7.1 None identified.

8.0 Summary of risk assessment

8.1 Not applicable.

Appendix

1. Bournemouth & Poole Safeguarding Board Annual Report
Annual Report
April 2015 – March 2016

Safeguarding is Everybody’s Business

This Board exists to protect adults at risk from abuse, significant harm or neglect.
We will achieve this through strategic leadership and collective accountability.
FOREWORD TO THE BOURNEMOUTH AND POOLE
SAFEGUARDING ADULTS BOARD ANNUAL REPORT

FROM

THE INDEPENDENT CHAIR

Bournemouth and Poole Safeguarding Adults’ Board Annual Report 2015-16

I am pleased to be introducing the first annual report of the Bournemouth and Poole Safeguarding Adults Board since I was entrusted with the role of independent Chair in October 2015.

As a previous Chief Executive of a Probation Trust I was familiar with safeguarding issues from a criminal justice but less so from a health and social care perspective. I have been particularly struck by the range of staff and settings involved in adult safeguarding. The expertise of protecting adults at risk lies in the skills and knowledge of the Board members and staff in their respective organisations. So it is fitting that this annual report conveys a account of the work they have all undertaken.

At the same time as a Board we aim to make a practical difference through specific multi agency projects. During 2015-16 the Board has:

- Agreed a prevention strategy which is to be implemented in 2016-17
- Continued to monitor and take action in respect of those providers where there is concern that quality of work and safeguarding practice is falling short
- Approved an information sharing agreement between the active members of the Board which will now be promoted to providers of services more widely
- Regularly kept staff informed of the work of the Board and key issues through an e-newsletter written jointly with the Children’s Boards
- Drafted a charter which outlines the joint responsibilities in safeguarding of the Board and independent providers. We aim that this is adopted by 75% of providers in the first year.

There is still work to be done to improve the means by which lessons learned from safeguarding adults reviews bring about sustained changes in practice. This depth of this challenge should not be underestimated at a time when budgets are tight and structural change is happening in many sectors.

I believe I have inherited a well organised and committed Board from my predecessor Jane Ashman. The 5 sub groups of the Board are all run jointly with the Dorset Board which, together with a common business plan, fosters a coherent approach to Safeguarding across the county.

I would also like to thank the Board business manager and administrative support Officer, for their hard work and patience in supporting me as I find my way in this new role.

I look forward to a productive year in leading the Board in its role of championing the importance of safeguarding adults, coordinating the work of the many agencies and challenging practice where it falls below the standards expected for the vulnerable groups that we seek to protect.

Barrie Crook
Independent Chair
Bournemouth and Poole Safeguarding Adult’s Board

May 2016
BOURNEMOUTH AND POOLE SAFEGUARDING ADULTS BOARD 2015/16

ANNUAL REPORT

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EXECUTIVE SUMMARY

The Boards Framework three year Strategic Plan for 2015-18 sets out the Priorities for the forthcoming year under the four headings:

- Effective prevention;
- Effective safeguarding;
- Effective learning;
- Effective governance.

The 2015/16 Annual report gives an overview of the work of the Board and its subgroups during 2015/16. It gives a contextual picture of Adult Safeguarding both nationally (in the light of recent national events such as the introduction of the Care Act 2014 and continuation of the Making Safeguarding Personal initiative) and locally making reference to the socio-demographic composition of Poole and Bournemouth and local statistics concerning safeguarding alerts, referrals and investigations. The report this year as the Care Act suggests includes contributions from partner agencies regarding safeguarding activity.

The report highlights both achievements of the Board and its partner agencies and forthcoming challenges:

Achievements

- Personal Data Exchange Agreement
  
The Board have developed and agreed a Personal Data Exchange Agreement which has been signed by all partner agencies. The agreement outlines when it is appropriate to share personal information with regards safeguarding and balancing this with the requirements data protection legislation.

- Launch of Policy and procedures
  
The Board through its Policy and procedures subgroup has re-written the Adult Safeguarding Policies and Procedures and, in particular, to reflect statutory changes introduced by the Care Act 2014. A new approach to policy and procedures has introduced a more personalised methodology to safeguarding, the “nominated enquirer” role, the role of advocacy and a new enquiry duty under section 42 of the Act. Emerging safeguarding themes such as modern slavery, adult sexual exploitation, and Self Neglect have also taken a more prominent place within the policy and procedures.

- enewsletter
In conjunction with the Local Safeguarding Children’s Board the Board have commenced an enewsletter for staff across the partner organisations of the Board to raise awareness of safeguarding issues and improve practice.

- Charter

The Board have put together a Charter outlining responsibilities of providers and the Board in working together to keep people safe. A draft charter was presented to providers in Bournemouth and Poole in February at our safeguarding event and was well supported. The Charter has now been sent out to provider organisations and is being well received.

involving stakeholders

- The Board have involved independent providers, the voluntary sector and service users through a two stakeholder events in February 2016, issues raised have since been put forward to the Boards planning cycle and 2016/17 plans.

In order to further determine views presentations have been made to both Bournemouth and Poole Learning Disability Partnership Board and feedback sought to develop the Business plan for 2016/17

Challenges

Further on-going challenges for the Board are:

- Supporting partner agencies to ensure that older people requiring care have access to high quality care homes and caring support in their own homes.

- Engaging with the public to raise awareness of our goal that ‘safeguarding is everyone’s business.

- Adapting our approaches to meet the complexity of safeguarding in the 21st century including self-neglect, sexual exploitation and modern day slavery
1. ABOUT US

Who we are

The Bournemouth and Poole Safeguarding Adult Board has been the partnership body for Safeguarding in Bournemouth and Poole since it began some six years ago. It is a partnership Board with senior members from those organisations listed at the front of this document.

The main objective of a Safeguarding Adults Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area.

Our mission

The remit then of the Bournemouth and Poole Adult Safeguarding Board is all encompassing and works across agencies to achieve its aim:

*This Board exists to protect adults at risk from abuse, significant harm or neglect. We will achieve this through strategic leadership and collective accountability.*

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- address what has caused the abuse or neglect.

The Board is tasked with making sure that:

- The public and employees know how to recognise and report harm to adults at risk.
- Agencies work together to reduce risk, prevent harm and protect adults at risk.
- Employees are properly trained in Safeguarding work.
• Safeguarding work is monitored to ensure it is being done well.
• Lessons are learned when things go wrong.
2. HOW WE HAVE MADE A DIFFERENCE

This year saw a major change in safeguarding nationally. The Care Act 2014 is a historic piece of legislation, not only because it includes the first overhaul of social care statute in England for more than sixty years, but also because of the collaborative nature of its passage through parliament. The actions that have taken place this year all reflect the change in practice bought about by the Care Act.

The Boards Framework three year Strategic Plan for 2015-18 sets out the Priorities for the forthcoming year under the four headings:

- Effective prevention;
- Effective safeguarding;
- Effective learning;
- Effective governance.

The next section details under these four headings how the Board has made a difference, either as a Board or contributions from each of the partner agencies that make up the Bournemouth and Poole Safeguarding Adults Board.
2.1 EFFECTIVE PREVENTION

Effective prevention is defined in the Boards Framework (three year Strategic Plan) as:

Adults are safe from avoidable harm and avoidable death

*Effective and early intervention using a pro-active approach which reduces risks and promotes safe services whilst ensuring independence, choice and control.*

The Board has made a difference to effective prevention in safeguarding, either as a Board or contributions from each of the partner agencies that make up the Bournemouth and Poole Safeguarding Adults Board in the following ways:

**The Board: Preventative Strategy**

The Board has agreed a multi-agency Preventative Strategy to go forward for implementation in 2016-17. The Strategy is based on research and good practice and focuses on:

- Risk
- Awareness and Community Engagement
- Multi-agency working
- Empowerment and Advocacy
- Training, Workforce Development and Culture
- Policy and Procedures
- Quality Systems including Regulation, Inspection and legislation

**The Clinical Commissioning Group and Risk**

The Clinical Commissioning Group in Dorset has been working with GPs and primary care teams to identify individuals who may be at risk of harm or abuse that require a multi-agency approach to their care. This has included chairing of meetings and supporting the development and management of risk management plans for people at risk in the community.
Dorset HealthCare’s Safeguarding Adults Team and Dorset Clinical Commissioning Group (CCG) have jointly provided workshops to Dorset HealthCare’s community staff on how to use Multi Agency Risk Management Meetings (MARM) for service users who self neglect or decline care.
Fire and Rescue: Merge with Wiltshire Fire and Rescue Service

Dorset Fire and Rescue Service has recently combined with Wiltshire Fire and Rescue and are committed to safeguarding and promoting the welfare of vulnerable adults and young people.

Dorset HealthCare NHS Trust: Risk

Dorset HealthCare’s Safeguarding Adults Team and Dorset Clinical Commissioning Group (CCG) have jointly provided workshops to Dorset HealthCare’s community staff on how to use Multi Agency Risk Management Meetings (MARM) for service users who self neglect or decline care. The workshops include presentations on Hoarding, the Safer and Independent Living Scheme, The Mental Capacity Act and practice examples of self neglect cases.

Dorset HealthCare NHS Trust: Self neglect

Dorset HealthCare’s safeguarding adults team continues to provide advice and support to Dorset HealthCare staff on cases of self neglect and patients who declined care. Frequency of advice provided on self neglect continues to increase.

Dorset HealthCare NHS Trust: Safer and Independent Living Scheme

In September 2015, the Safeguarding Adults Team promoted the Safer and Independent Living Scheme by publishing an article in the Quality Matters Newsletter. Subsequently all Dorset HealthCare staff received an information leaflet on the scheme with their payslip.

Safe and Independent Living (SAIL) can provide people with additional support, services or information for example fitting free smoke detectors, having a home safety check, benefits check and debt advice as well as signposting to other local services. SAIL is a Dorset wide partnership between local organisations including Dorset and Wiltshire Fire and Rescue services, NHS, Age concern and the local authorities.

Poole Hospital: Dementia training

Poole Hospital have strengthened their dementia nursing team with a dedicated training post to support the implementation of Tier 2 dementia training to all ward based nursing staff. There is evidence that this training is supporting a reduction in the incidence of violence and aggression in patients with a cognitive impairment.

Bournemouth Churches Housing Association: Dignity Champions

Supported Housing staff have been encouraged to sign up with the National Dignity Council and become Dignity Champions to promote respect, dignity and compassion amongst staff members and service users.

Borough of Poole: Multi-disciplinary team meetings with GP Surgeries

We hold Integrated Multi-Disciplinary Team Meetings with G.P surgeries which has proven to be an effective way of early identification of people and patients who may be at risk of abuse harm or neglect including self-neglect.
We have dementia champions on all wards across the Trust. These posts have proved invaluable as it has allowed improved management of patients with dementia and cognitive impairment and equipped staff to meet their care needs. This has also enhanced these patients care needs.
Borough of Poole: Assisting Carers

We have a wide range of services to available to unpaid /informal carers that help to reduce any potential stress in their caring role.

Borough of Poole: Contracting

Safeguarding requirements are embedded into all contracts we have for services commissioned to provide support and care for adults at risk.

Borough of Poole: Risk

Identification of an individual's vulnerability factors and potential risks areas form part of the Assessment and Care Planning Process to ensure as far as possible risks are considered and appropriate actions are taken to minimise risks.

NHS England: Safeguarding leaflet for staff

NHS England Wessex has created a Multi-Agency Safeguarding Hub this leaflet in collaboration with the Clinical Commissioning Group Designated Safeguarding Professionals to provide a list of contacts across Wessex for adults and children’s safeguarding referrals. It was sent out to all primary care practitioners in Wessex.

Royal Bournemouth and Christchurch Hospital: Dementia champions

Royal Bournemouth and Christchurch Hospital have dementia champions on all wards across the Trust and have a dedicated dementia team who support the wards and deliver dementia training. These posts have proved invaluable as it has allowed improved management of patients with dementia and cognitive impairment and equipped staff to meet their care needs. This has also enhanced these patients and their carers experience.

Bournemouth Borough: Housing services taken on the ‘target hardening’ service

Housing Services were asked by our colleagues in Community Safety to continue the target hardening service (which finds small scale security measures such as additional locks for front doors) provided until early 2015 by an external agency. Housing seized the initiative and have provided the service for Bournemouth since 1 April 2015. During the year a total of 179 referrals have been received and actioned to support victims of Domestic Abuse by improving the security in their homes ensuring they keep safe and continue to maintain their tenancies.

Bournemouth Borough: Statutory Services Team

Bournemouth Borough have created the Statutory Services Team (SST) who have a key role in linking with partners, e.g. Contracts, in order for support measures to be put in place that prevent people coming to harm

Bournemouth Borough: Making Safeguarding Personal training

Training provided to front of house staff in Customer Centre on the principles of Making Safeguarding Personal, in order to enable them to support people at first contact. Training was also provided for all Safeguarding Adult Practitioner on MSP Principles and that the Statutory
The Clinical Commissioning Group have been working with GPs to raise greater awareness of the issues of adult safeguarding including PREVENT, Domestic Abuse and Modern Day Slavery through GP peer supervision sessions, 'learning at lunch' sessions, and collaborative working with the Local Medical Council.
Services Team (SST) is led by the Statutory and Principal Social Worker in line with the Care Act Statutory Guidance, i.e. that Principal Social Workers should lead on ensuring quality and consistency of practice.

Local Authority Commissioning (Borough of Poole)

The Service Improvement Team monitor regulated services against the contract and specification which outlines for the provider the requirements of service delivery. The team plan their activity using a risk assessment matrix which includes Care Quality Commission outcomes, complaints and safeguarding alerts. All care homes and domiciliary care agencies are visited annually, these visits are increased where there are concerns. Action plans are agreed along with timescales for improvement. Work is currently being undertaken to support good Care Quality Commission rated homes to become outstanding. Close partnership working is undertaken with the Care Quality Commission, Bournemouth, Dorset and the Care Quality Commission where concerns are shared regarding provider quality and risk. An improvement forum is currently being developed which will work with failing providers to improve quality. Regular provider meetings take place which encourage feedback from providers, information from Commissioners is also shared. Commissioners work with Partners in Care and the Borough of Poole Training team to identify gaps in training and explore how these can be delivered. Work is being undertaken to understand the challenges providers face in recruiting their workforce and solutions to these problems.

Effective prevention: Challenges

The Board

Raising public awareness and knowledge. Part of the action for the forthcoming year is to have a Safeguarding Awareness campaign using posters and leaflets in a user friendly format

Bournemouth Churches Housing Association (Voluntary sector representative)

Reflective Practice sessions were introduced across Bournemouth schemes in November 2015. These sessions will continue to develop over the forthcoming year.
Due to the significant increase in Application for Deprivation of Liberty Safeguards Approvals the Borough of Poole have trained a further 6 staff as Best Interest Assessors and have recruited one full time Best Interest Assessor for our Deprivation of Liberty Safeguards Team.
2.2 EFFECTIVE SAFEGUARDING

Effective safeguarding is defined in the Boards Framework (three year Strategic Plan) as:

*Adults know that their concerns about safety will be listened to and dealt with at an early stage and that they are safe and in control with people who work with them*

The Board has made a difference to effective safeguarding, either as a Board or contributions from each of the partner agencies that make up the Bournemouth and Poole Safeguarding Adults Board in the following ways:

**The Board have agreed a Personal Data Exchange Agreement**

The Board have developed and agreed a Personal Data Exchange Agreement which has been signed by all partner agencies. The agreement outlines when it is appropriate to share personal information with regards safeguarding and balancing this with the requirements data protection legislation.

**Key Agencies of the Board have implemented Making Safeguarding Personal**

Bournemouth Borough and the Borough of Poole are implementing Making Safeguarding Personal. Making Safeguarding Personal is a fundamental shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is a shift from a process supported by conversations to a series of conversations supported by process.

Borough of Poole has successfully implemented the Making Safeguarding Personal approach for individual Safeguarding Enquiries however acknowledge further work is required in fully implementing this approach when there are Large Scale Enquiries.

All staff are required to adhere to the revised Policy and Procedural Guidance and training has been reviewed and delivered to reflect the changes brought about by the Care Act. Feedback from people who have been the subject of safeguarding activities are now routinely asked if they feel safer and whether they were kept informed about the activities or actions being undertaken.

**The Clinical Commissioning Group: Working with GPs to raise awareness**

The Clinical Commissioning Group have been working with GPs to raise greater awareness of the issues of adult safeguarding including PREVENT, Domestic Abuse and Modern Day Slavery through GP peer supervision sessions, ‘learning at lunch’ sessions, and collaborative working with the Local Medical Council.
To help meet Fire and Rescue’s commitments we now have a designated professional lead for safeguarding, whose role is to support other professionals within the Service and help them recognise the needs of young people, including rescue from possible abuse or neglect.
Through appropriate information and intelligence sharing the Continuing Healthcare team (CHC) within the Clinical Commissioning Group is able to work with the Local Authorities to highlight providers of concern, to offer additional support in line with the six safeguarding principles. This minimises risk for residents of care homes and service users of domiciliary care. The Clinical Commissioning Group also ensures that we take appropriate actions, collaboratively with the Local Authorities, if a care home needs to close, to ensure individuals are moved safely and in their best interest, in adherence with the Mental Capacity Act (MCA).

Dorset HealthCare: Raising Awareness

Dorset HealthCare’s Safeguarding Adults Team have supported several initiatives to raise staff awareness on a variety of issues. Topics included Domestic Violence Awareness Week when stands were displayed in key service areas including Minor Injury Units, Psychological Services and Community Mental Health Teams. The stands helped to raise staff and public awareness on Domestic Violence and an article was also published in Quality Matters.

Dorset HealthCare’s Safeguarding Adults and Children’s teams also provided a presentation on Domestic Violence at their Quality Matters Roadshow in December 2015. The aim of this presentation was to raise Dorset HealthCare’s staff awareness on the subject, how to complete a domestic abuse risk assessment form and to share Dorset HealthCare’s internal guidance documents on domestic violence and abuse. Staff were given materials and publications to display within their work place for patients and service users.

Poole Hospital: Safeguarding Champions

At Poole Hospital we have established a group of ‘Safeguarding Champions’ who over the course of the last year have received additional safeguarding awareness training with the aim of acting as a local resource within the Care Groups.

At Poole Hospital we have launched a new dedicated safeguarding newsletter to provide focused communication with Trust staff.

Borough of Poole: Deprivation of Liberty Assessment

Due to the significant increase in Application for Deprivation of Liberty Safeguards Approvals the Borough of Poole have trained a further 6 staff as Best Interest Assessors and have recruited one full time Best Interest Assessor for our Deprivation of Liberty Safeguards Team.

Borough of Poole: Internal Communication

The Borough of Poole has a developed and launched a Corporate Safeguarding Strategy which has been communicated to all staff. Posters, leaflets and mandatory training are available to ensure everyone, no matter what role they are employed to provide, in the Borough, they know what to do if they suspect, hear about or witness a child or an adult being harmed or abused.
In conjunction with the Local Safeguarding Children’s Board, the Board have commenced an enewsletter for staff across the partner organisations of the Board to raise awareness of safeguarding issues and improve practice.
Borough of Bournemouth: Role of Housing in Safeguarding - Hoarding

Housing Services were asked to give a presentation on Hoarding and Self-Neglect at the Multi-Agency Risk Management Workshops arranged by the Designated Adult Safeguarding Manager, Dorset Clinical Commissioning Group. This is a positive indication of the progress that has been made in agencies recognising the role of Housing Services in multi-agency working towards safeguarding and health and well being.

Royal Bournemouth and Christchurch Hospital NHS Trust: Audit

RBCH has reviewed the monitoring of all referrals for Safeguarding issues in order to capture the relevant concerns to enable auditing of themes to effectively address and enhance learning. There is a Psychiatric Liaison Service available 24 hours, 7 days a week.

Fire and Rescue:

As the majority of safeguarding referrals come from the Fires and Rescue services Safe and Well Advisers, extra training for staff has been put in place from Public Health. The training was an intense three day course covering both adult and early years focusing more on well-being.

To help meet Fire and Rescue’s commitments we now have a designated professional lead for safeguarding, whose role is to support other professionals within the Service and help them recognise the needs of young people, including rescue from possible abuse or neglect.

Bournemouth Borough: Creation of Statutory Services Team

Creation of the Statutory Services Team to act as a hub for Safeguarding and leads on development of practice within Adult Social Care and to provide slicker responses to concerns.

Bournemouth Borough Council: Lean Review

Implementing actions from Lean Review, to reduce the paperwork processes required, thus freeing up practitioners to have more direct contact with people.

Effective Safeguarding: Challenges

Dorset HealthCare

- Previously a specialist nurse was commissioned by Dorset HealthCare, Borough of Poole and Bournemouth Borough to undertake safeguarding enquiries relating to health concerns. Now that the post is no longer commissioned there is no Safeguarding Adults Practitioner (SAP) with a health background who can support the Local Authorities into making enquiries into health related issues, and is a challenge to be resolved.

- Dorset HealthCare has and will continue to support requests for health assessments to be completed for residents living in a care home that is subject to a whole establishment enquiry. However this has a significant impact on staffing resources for Dorset HealthCare and frequently results in clinicians rescheduling routine care to facilitate the assessments of residents.
We have appointed a dedicated Detective Inspector to develop and implement the Adult At Risk recommendations
As the number of safeguarding concerns increases the demand on all services to respond is increasing.

**Housing Specific challenges for Housing**

- Adults that come to the attention of our Housing services may not meet thresholds for statutory services in other areas however there are risks present which have an impact on their capacity to maintain tenancies. One symptom of this is the increasingly common problem in Bournemouth of ‘cuckooing’. Drug dealers and others with a vested target people with support needs and take over their home and environment through intimidation and violence or in return for drugs and alcohol. The situation is often not resolved through moving the person as the perpetrator finds out where they have moved to or the person tells them and the relationship continues usually until the person is evicted owing to the state of the property or anti-social behaviour as a result of the cuckooing.

- The knowledge and practice of Housing colleagues supporting families and adults who are homeless or at risk of homelessness and our tenants in Council stock is improving all the time, as a result of training and sharing of information. However professional respect and co-operation through joint working with other agencies can be a challenge with competing priorities and thresholds. With the Care Act identifying the role of Housing in people’s network of care and support further work is needed in terms of promoting the benefits of this to other agencies.
The Board have developed and agreed a Personal Data Exchange Agreement which has been signed by all partner agencies. The agreement outlines when it is appropriate to share personal information with regards safeguarding and balancing this with the requirements data protection.
2.3 EFFECTIVE LEARNING

Effective learning is defined in the Boards Framework (three year Strategic Plan) as:

*People working with adults are aware of their safeguarding responsibilities and have access to appropriate guidance, procedures and training. Learning form Safeguarding Adults Reviews and Investigations is disseminated to multi-agency professionals to ensure effective learning, learning transfer and continuous improvement.*

The Board has made a difference to effective learning in safeguarding, either as a Board or contributions from each of the partner agencies that make up the Bournemouth and Poole Safeguarding Adults Board in the following ways:

**The Board: Line of Sight**

The Board have discussed and developed line of sight methodologies during the year. Line of Sight is an attempt for Director level staff to have a true understanding of the work that is going on 'on the ground' so they can have a better understanding of the work and risks that are presented and mitigated. During the year Board members have visited other Board member organisations and spoken to staff working in safeguarding e.g. telephone help desk. In addition a variety of presentations have taken place at the Board giving examples of multi-agency working.

**The Board: Launch of Policy and procedures**

The Board through its Policy and procedures subgroup has re-written the Adult Safeguarding Policies and Procedures and, in particular, to reflect statutory changes introduced by the Care Act 2014. A new approach to policy and procedures has introduced a more personalised methodology to safeguarding, the “nominated enquirer” role, the role of advocacy and a new enquiry duty under section 42 of the Act. Emerging safeguarding themes such as modern slavery, adult sexual exploitation, and Self Neglect have also taken a more prominent place within the policy and procedures.

**The Board: enewsletter**

In conjunction with the Local Safeguarding Children’s Board the Board have commenced an enewsletter for staff across the partner organisations of the Board to raise awareness of safeguarding issues and improve practice.

**Dorset Healthcare: Learning**

Dorset HealthCare’s Safeguarding Adults Team uses a variety of learning packages to inform staff about adult safeguarding. The team is currently involved with a monthly presentation on “When does a Pressure Sore Become a Safeguarding Concern” as part of the Pressure Ulcer Prevention Workshops. The presentation illustrates the links between safeguarding, pressure ulcers and the Mental Capacity Act 2005.

The Safeguarding Adults Team participated in the Trust Patient Safety Roadshows that. The presentation included information on the Implications of the Care Act 2014 on Safeguarding Adults as well as lessons learnt from local
At Poole hospital we have provided education on a range of safeguarding related topics through our multi-professional ‘Lunch and Learn’ programme
Clinical Commissioning Group: Learning

The Clinical Commissioning Group has progressed learning through:

- the development of training session for health colleagues in the use of the Multi Agency Risk Management protocol
- the development of Mental Capacity Act training for staff working with the 16+ age group
- the commissioning a theatre group to open and facilitate part of the annual Mental Capacity Act conference
- the delivery of PREVENT training sessions to all GPs
- the Adult Safeguarding lead working with local GP Practices where there has been a safeguarding enquiry, to ensure staff have an awareness of their responsibilities and learn from the event

Poole Hospital: ‘Lunch and Learn’

At Poole Hospital we have provided education on a range of safeguarding related topics through our multi-professional ‘Lunch and Learn’ programme

Bournemouth Borough Council: Requested Peer Review

Bournemouth Borough Council have requested a Safeguarding Peer Review where a review team scrutinise the service in order to give helpful, recommendations to improve as appropriate.

Bournemouth Borough Council: Case File Audit Tool

Bournemouth Borough statutory safeguarding team (SST) have developed Development of Safeguarding Case File Audit Tool, which is Care Act compliant; shared this with Partners in Dorset who wish to adopt it as a Pan Dorset Peer Audit Tool

Borough of Poole: Learning

Workshops have been held to ensure that lessons learned from other Local Authority Safeguarding Adult Reviews has been disseminated.

The Borough of Poole Adult Social care took part in some self-neglect research undertaken by Dr Orr and his associate fellows. In the summer Poole hosted an event to learn lessons from the research and to assist practice developments in this key area.

Borough of Poole have continued to roll out a wide range of related safeguarding training that staff in Adult Social care are required to attend including Domestic Violence, Sexual Violence, Multi Agency Risk Management Conference (MARAC) training, Multi - Agency Public Protection Arrangements (MAPPA) training.
At Bournemouth Borough we in the safeguarding team have developed a Safeguarding Case File Audit tool, which is care act compliant- it has been shared with Partners in Dorset and is now being adopted as a Pan Dorset Peer Audit tool.
As part of the Taxi Licencing approval process the Borough of Poole expects all Taxi Drivers to attend the Essential Safeguarding training and to pass an exam at the end of the training.

The Safeguarding Adults Newsletter continues to be disseminated to staff as a method of communicating case studies and changes in the legislation, case law and other updates to ensure staff are kept informed of any lessons learned or changes in practice.

**Bournemouth Churches Housing Association: Learning**

Team Reflective Practice sessions were introduced in November 2015 across Bournemouth Homeless, Substance Misuse and Offender Accommodation services. Group sessions are held every 6 weeks to improve practice, critique individual serious incidents and safeguarding concerns.

Bournemouth Churches Housing Association runs *Pattern Changing*, an educational course for women who are, or have been, in an abusive relationship, enabling women to make positive life choices.

**Royal Bournemouth: Learning**

Royal Bournemouth and Christchurch Hospital has updated all safeguarding training delivered to all grades of staff. Mental Capacity Act and WRAP (Workshop to raise Awareness of PREVENT - Prevent is part of the government counter-terrorism strategy, it's designed to tackle the problem of terrorism at its roots, preventing people from supporting terrorism or becoming involved in terrorism themselves) are now fully integrated as part of the Essential Core Skills training programme and bespoke sessions are also delivered by the safeguarding team to meet compliance by 2017.

**Bournemouth Borough- Housing: Learning**

In addition to the routine training carried out with Housing staff contributing to safeguarding all relevant Housing staff were able to access Mental Health Awareness training in 2015. This was specifically organised and delivered by our Health colleagues at the Clinical Commissioning Group.

**NHS England - Wessex: Learning**

NHS England Wessex Safeguarding Level 1 e-learning is now mandatory across NHS England for all staff

NHS England Wessex Mental Capacity Act and Deprivation of Liberty training provided by SCIE, attended by 18 senior professionals from various commissioner and provider backgrounds in Dorset. Focus was on enhancing the ability to lead on implementation of Mental Capacity Act and Deprivation of Liberty within respective organisations and apply a framework for supporting and involving people when making decisions

NHS England Wessex Online safeguarding refresher training for GPs across Wessex accessed securely through the LMC (Local Medical Committee) website.
NHS England Wessex
Safeguarding Level 1 e-learning
is now mandatory across NHS England for all staff
Effective Learning: Challenges

Dorset Health Care

- Self neglect is a new area of business for front line staff. The Multi Agency Risk Management Approach is detailed in the Multi-Agency Procedures but multi-agency training on this subject is required to ensure that all agencies respond consistently and proportionately.

- The publication of NHS England’s Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document, needs to be considered in conjunction with the SAB’s Standards for Essential Safeguarding Adults Skills Training.

- Sharing lessons learnt from Safeguarding Adults Reviews remains a challenge

- A new eLearning integrated safeguarding adults package is being developed in partnership with Dorset HealthCare's learning and development team and the Safeguarding Children's Team.
The Board have put together a Charter outlining responsibilities of providers and the Board in working together to keep people safe. A draft charter was presented to providers and was well supported. The Charter has now been out to provider organisations and is being well received.
EFFECTIVE GOVERNANCE

Effective governance is defined in the Boards Framework (three year Strategic Plan) as:

*Hold partnerships to account for their contribution to safeguarding Adults at Risk: Accountabilities to the public, its constituent bodies and individuals at risk for example – hate crime, domestic abuse, mental health, sexual offences, burglary and overall quality of health services.*

The Board has made a difference to effective governance in safeguarding, either as a Board or contributions from each of the partner agencies that make up the Bournemouth and Poole Safeguarding Adults Board in the following ways:

**The Board: Care Act Compliance**

The Board have ensured they are compliant with the Care Act requirements. Additions have included:

- An amended Constitution
- Job descriptions for Board members

In addition, the Board have invited a representative from local Independent providers to become a Board member.

**The Board: Charter**

The Board have put together a Charter outlining responsibilities of providers and the Board in working together to keep people safe. A draft charter was presented to providers in Bournemouth and Poole in February at our safeguarding event and was well supported. The Charter has now been sent out to provider organisations and is being well received.

**The Board: involving stakeholders**

The Board have involved independent providers, the voluntary sector and service users through a two stakeholder events in February 2016, issues raised have since been put forward to the Boards planning cycle and 2016/17 plans.

In order to further determine views presentations have been made to both Bournemouth and Poole Learning Disability Partnership Board and feedback sought to develop the Business plan for 2016/17

**Clinical Commissioning Group: Triangulation of data**

The Clinical Commissioning Group has systems and processes in place for the triangulation of data / information that is gathered through patient feedback, risk management, complaints and safeguarding referrals. This leads to actions to ensure vulnerable people are safeguarded and preventative measures are put in place to prevent a recurrence.

Appendix 2 shows the performance data for 2015/16 using in the national Safeguarding Adults Collection.
This year we have promoted the Care Act by creating a leaflet describing the changes and this was attached to all payslips in Autumn 2015.
**Dorset HealthCare: Audit – implications Cheshire West Judgement**

The Dorset Healthcare Safeguarding Adults Team have worked collaboratively with the Mental Health Legislation Team and Learning and Development Team to complete an audit and deliver training on the implications of the Cheshire West Judgement and Deprivation of Liberty Safeguards (DoLS) for Community Hospitals (physical services). Compliance with the Cheshire West Judgement has been demonstrated to have increased from 33% to 88% by June 2015.

**Borough of Poole:**

There are Quarterly Safeguarding Adults meetings with the Adult Social care Portfolio Holders, Chief Executive, The Corporate Director for Social Care & Housing, the Head of Adult Social Care, Head of Commissioning and the Safeguarding Lead to ensure that they have line of sight on all safeguarding activities.

**Borough of Poole: Audits**

Regular routine case file audits are undertaken both internally and peer audits to check for compliance with procedural guidance.

**Bournemouth Borough Council and the Board: Training**

Safeguarding awareness training delivered to all elected members and Chief Executive Officers across partner agencies

**Poole Borough: Risk management**

The completion and publication of a safeguarding risk management tool for use at the point of concerns being raised and which is formatted to collect information which can be easily shared between local authorities and Dorset Police.

**Borough of Poole: Allegations against members of staff**

The promotion of human resources policies for all partner organisations which address how allegations against members of staff should be addressed.

**South West Ambulance Services Trust**

This year we have promoted the Care Act by creating a leaflet describing the changes and this was attached to all payslips in Autumn 2015

Adapted the training at level 2 to incorporate the Care Act

Added a question on the SWAST referral form saying ‘what would you the patient like to happen as a result of this referral being processed on your behalf ( with making safeguarding personal in mind)’
Effective Governance: Challenges

Key Challenges for the year ahead include:

- **Fire and rescue service**
  With the fire and rescue service in Dorset merging with Wiltshire and Somerset, it is essential that all staff are trained in safeguarding to the same standard and being aware of the differences between the organisations.

- **Bournemouth Churches Housing Association** are currently reviewing their Serious Incident process and this is progressing.

- **The Board** to monitor and share risks using a formal risk register

- **Dorset Healthcare**
  - The three Local Authorities respond differently to safeguarding concerns. Gaining consistency of response across Dorset requires improvement
  - Our experience is that there has been a reduction in enquiry planning and review meetings, except for whole home enquiries. This means that the strengths of multi-agency approach to undertaking enquiries has been diluted.
  - Feedback from the Local Authorities requires improvement, in the majority of cases DHC are not informed if a concern is being dealt with under safeguarding and we are not routinely informed of the outcomes of enquiries except where DHC has undertaken the nominated enquirer role.

Housing: Board Representation

The Housing representation on the Board is from the Local Authority however this does not reflect the proportion of the population that will be in private rented or registered provider accommodation. Whilst in the past there may have been more formal arrangements in place between the Local Authority and registered provider market with reductions in funding for support services these are not in place now and we are reliant on the awareness, knowledge and professionalism of organisations to maintain safeguarding standards. Further consideration needs to be given to promotion of safeguarding to private landlords and registered providers.
3. SAFEGUARDING ADULT REVIEWS

The Safeguarding Adult Review subgroup of the Board leads on the reviews and reports to the Board. The Boards role is to ensure action plans from the reviews are adhered to and learning disseminated and embedded.

Just one new Safeguarding Adult Review commenced during the year.

The Safeguarding Adults Board through its subgroup the Safeguarding Adult Review subgroup has undertaken two Domestic Homicide Reviews for the Community Safety partnership. Both these reviews took place in Bournemouth and concerned Domestic Violence leading to the murder of two women. The learning from both these reviews has centred around:

- Raising awareness of domestic abuse and how to report concerns especially with regards those who are from a different culture;

No Safeguarding Adult Reviews were finalised and completed in 2015/16.
4. DATA ANALYSIS

Appendix 2 gives an overall view of the Safeguarding Adult data across Bournemouth and Poole local authority areas for the period 1st April 2015 to 31st March 2016.

The data used in this report is taken from three sources, and each table/graph is referenced explaining the sources. The two sources are:

- Data from the SAC – ‘Safeguarding Adults Collection’ which is the data source that has gone into the Bournemouth and Poole Safeguarding Adults return. The Safeguarding Adults Collection is an annual return that Local Authorities make to the Health and Social Care Information Centre. It was previously called the ‘Safeguarding Adults Return’. The data is verified and contributes to the national picture on safeguarding. The data requirements have not changed greatly since last year and therefore a comparison can be made with last years’ data with regards most data fields.

- The second source of data is from the Advocacy service commissioned locally – Dorset Advocacy.

- The third source of data (see graph) is from Bournemouth and Poole Safeguarding Adults Board Quality Assurance Group quarterly reports which take data from the two local authorities (as above) based on quarterly returns to the Safeguarding Adults Board.

**Key points: Concerns (formerly alerts) and Enquiries (formerly referrals)**

- The information in the chart showing concerns per month shows that the Borough of Poole data seems to be fairly steady at 50-60 per month rising. Bournemouth Borough however show a decrease during the last year but overall becoming much more in line with Poole (one must remember however that the population and demographic consistency is different across the two local authority areas).

**Key points: Enquiries by Age**

- In Poole two thirds of enquiries are in the 75 plus age group whereas in Bournemouth over 50% are in the 18 to 74 year old age group; this pattern of referrals is over the last three years.

**Key points: Referral by Gender**

- The broad split across Bournemouth and Poole is generally one third males and two thirds females.

**Key points: Referral by Ethnicity**

- The ethnic profile (where data available) broadly reflects the ethnic profile in Bournemouth and Poole with a greater ethnic mix being apparent in Bournemouth.
Key points: Safeguarding Enquiries by Primary Support Reason

- Looking at safeguarding enquiries the primary support reason in Poole is physical support (55%) whereas in Bournemouth it is both mental health support (30%) and physical support (27%)

Key points: Concluded Enquiries in a 12 month period by type of abuse

- In the social care support or service paid, contracted or commissioned section neglect/acts of omission as type of abuse is both highest for Poole (63%) and Bournemouth (61%)
- In the Other: known to individual physical as a type of abuse is highest 33% in Poole and 34% in Bournemouth
- In the Other: Unknown/stranger section neglect/acts of omission as a type of abuse is highest 42% in Poole and joint highest in Bournemouth with 23% neglect or acts of omission and 23% financial or material as type of abuse

Key points: Individual or organisation believed to be Source of risk by setting

- Most individuals that are the source of risk appear to be known to the individual at risk.
- In Poole, Care home incidents are 75 this year (100 last year) whereas in Bournemouth they are 63 this year (70 last year) but were particularly high in 2013-14

Key points: Making Safeguarding Personal – concluded Section 42 safeguarding Enquiries

When considering concluded section 42 safeguarding enquiries by age group 96% of those in Bournemouth and 100% of those in Poole (based on 6 months worth of data) were asked what outcomes they would like and expressed what outcomes they would like. In Bournemouth 41% of those desired outcomes were fully achieved, and 22% were partially achieved. In Poole (based on 6 months worth of data) 67% of those desired outcomes were fully achieved, and 31% were partially achieved.

Overall, although Bournemouth generally has more enquiries, Poole has more concluded enquiries.

The Charts: Appendix two

Considering the first chart in Appendix two (concerns - previously alerts over time), overall the gap between concerns in Bournemouth and concerns in Poole is narrowing. The number of concerns has always remained steady in Poole at around 50-70 per month. However in Bournemouth there are more apparent peaks and troughs. However during the last two years reporting in Bournemouth has become more consistent and there has been a notable decrease in the number of concerns over time, to approximately the same level as Poole.

Considering the graph showing Section 42 Enquiries (previously referrals) again until a couple of years ago the number of referrals (section 42 enquiries) in Bournemouth was
around 150 to 200 each quarter; whereas in Poole they were approximately 100 lower than this. However during the past two years a more consistent picture has emerged with between 50 and 100 Section 42 enquiries per quarter across both Bournemouth and Poole.

Clearly the socio-demographic and overall population mix in Bournemouth in Poole is different, in addition to the number of care/nursing homes in each local authority so one is not strictly comparing like with like – even though at first glance the count of concern/enquiries seems directly comparable.
5. KEY ISSUES FOR THE YEAR AHEAD

In the 2014/15 Annual report, key challenges for the Bournemouth and Poole Adult Safeguarding Board for 2015/16 are listed below along with progress were:

- Further implementation and understanding of the Care Act: Complete

- Continue to embed learning from Serious Case Reviews nationally and locally: Needs further work

- Implementation of updated multi-agency policy and procedures: Complete

- Strengthening the provision of Making Safeguarding Personal: Complete

- Implementation of the Communications strategy including a joint newsletter between the Safeguarding Adults Boards and the Local Safeguarding Children’s Boards: enewsletter in place, further work to be carried out on communication strategy

- Improve staff awareness and application of the statutory requirements of the Mental Capacity Act and Deprivation of Liberty Standards and PREVENT: Needs further work

The reports from the various Chairs of the subgroups of the Bournemouth and Poole Safeguarding Adults Board below detail those elements above, in particular those items that require further work

Effective prevention, Effective safeguarding, Effective learning, Effective governance

The Board will continue to work well together and strive to become a dynamic, responsive Board with lively discussion and strategic action. The Board is planning its second ‘Support and Challenge event’ for 2016/17 where Board members learn from partner organisations on the Board.

Further on-going challenges for the Board are:

- adapting our approaches to meet the complexity of the safeguarding in the 21st century including self-neglect, sexual exploitation and modern day slavery.

- Supporting partner agencies to ensure that older people requiring care have access to high quality care homes and caring support in their own homes.

- Engaging with the public to raise awareness of our goal that ‘safeguarding is everyone’s business.'
Effective prevention

Having now agreed the prevention strategy 2016/17 needs to be a year of implementation to assist the Boards overall mission of prevention

This Board exists to protect adults at risk from abuse, significant harm or neglect. We will achieve this through strategic leadership and collective accountability.

Implementing the Boards communication Strategy is a key factor in prevention and work from this is planned to go ahead in 2016/17

Effective safeguarding

In order to progress the safeguarding agenda the Board, through its subgroups is planning to put together a whistleblowing policy to support and encourage whistleblowers in safeguarding.

Effective learning

Training and embedding that training into learning is essential to staff working in safeguarding so that learning can be achieved from safeguarding Adult Reviews that have taken place locally and nationally. Many of the same issues

During 2016/17 a programme of multi-disciplinary training will take place across Bournemouth and Poole in order to further the learning agenda and help prevent further safeguarding incidents.

Effective Governance

The Board has continued challenges for 2016/17 with governance and external scrutiny on the agenda:

- Bournemouth Borough are planning a ‘peer challenge’ whereby their safeguarding services are considered by others – seen as a ‘critical friend’

- In addition both Poole Hospital and Royal Bournemouth are undergoing Care Quality Commission Inspections and learning will take place from these reviews

Subgroups of the Board

The Chairs from the subgroups of the Board are best placed to give specific issues that need addressing in the forthcoming year, or were not sufficiently addressed in 2015/16.

Quality Assurance Subgroup

The Quality Assurance subgroup has identified the following issues as requiring further work:

- Service user feedback has improved with the implementation of Making Safeguarding Personal. However, this is still not as good as it could be and we need to increase the number of people providing feedback, and get better at acting upon the feedback
• Whilst the prevention strategy has been agreed, we now need to implement the strategy across the system and measure that it is making a difference
• Police data has been incomplete due to new systems being introduced
• Financial concerns have been increasing- this needs to be looked into further and action taken
• Use of the risk management tool has been variable and needs to be applied more consistently across all agencies
• Knowledge and application of the Mental Capacity Act has been found to be variable and further training is required across health agencies on this
• The sharing of information rapidly (when required for urgent issues) across agencies has proved difficult due to differing secure email systems.
• Some differences in application of the policies have occurred across agencies which need to be looked at to make sure there is a consistent approach to safeguarding
• There is still a need to understand the effectiveness of the use of advocacy
• The need to protect and support whistleblowers has been identified and work is planned to put processes in place for this
• Quality of Care in some independent providers has been poor in some instances, and some care agencies and care homes have closed. Work is ongoing to improve the quality of care across all providers.
• The resource for undertaking audits is limited and these have not happened as frequently as we would wish. Learning from audits still needs to be embedded in practise.
• Similar findings are coming out of SCRs/SARs which is disappointing
• Self neglect is not being reported regularly through safeguarding

In addition, some items maintaining required safeguarding training levels has been a challenge within the hospitals.

**Policy and Procedures Subgroup**

The Policy and Procedure sub-group have recognised that, following the introduction of the Care Act, more needs to be done to raise public awareness of safeguarding, including who may be at risk of harm and how local residents can both identify when something needs to be reported, and how to raise those concerns. There are also some emerging themes for safeguarding such as adult sexual exploitation, self neglect and modern slavery which need to be better understood so that they can be better reflected in safeguarding procedures.
Training, Workforce and Development Subgroup

The Training, Workforce and Development sub-group has been in a state of change and evolution during the past year with a new Chair having been appointed and the Training Coordinator for Bournemouth and Poole having moved to another position within a local authority meaning that this post was vacant for some time. The co-ordinator role has now been filled and the hosting of the post amended so that it sits alongside other support resources for the Bournemouth and Poole Safeguarding Adults Board. Given these changes progress has been slower than the Board would have liked during the past year for some areas and therefore a key focus in the current action plan for the group is to take forward priority activity that had been commenced in 2015/16 such as:

- Working in a multi-agency (to include the independent sector) way to disseminate learning from both local and national Safeguarding Adult Reviews and ensure that learning is embedded to change practice
- Connect more fully with both the voluntary bodies and independent providers across the area
- Carry out further awareness training for elected members
- Put together training information packs that meet service user requirements
- Support work to enhance approaches to whole service enquires, particularly in cases of provider failure

Safeguarding Adult Review Subgroup

With regards Safeguarding Adults Reviews, we continue with the case that commenced in 2015/16 with a view to reporting on findings in the coming year.

During the forthcoming year the subgroup with continue to work on refining and monitoring action plans from Safeguarding Adult Reviews to ensure actions are followed through, and monitored.

Chairs Subgroup of the Board

The Chairs subgroup of the Board continues to meet regularly. Key issues for the Chairs group to action and deliver during the year ahead include:

- Strengthen the Boards’ ability to deliver the business plan by improved business risk planning.
- Ensure the Board works effectively with other strategic Boards (for example the Community Safety Partnership and the Local Safeguarding Children’s Board) to protect adults at risk.
- Ensure continuity of safeguarding for children moving from the responsibility of the Children’s services into adult services.
FURTHER CHALLENGES FOR PARTNERS

The key statutory agencies of the Board (Bournemouth Borough Council, Borough of Poole, Dorset Police and Dorset Clinical Commissioning Group) have chosen to in this report include some specific challenges for their organisations in the forthcoming year with regards safeguarding which will be tackled:

**Bournemouth Borough Council**

In 2016/17 Bournemouth Borough Council will be participating in a peer review of its safeguarding arrangements and as part of this process consideration will be given to the extent of the improvement delivered following the previous review in 2013. One of the key areas for development identified in 2013 related to the effectiveness of partnership working through the SAB and dependent upon the outcomes of this latest assessment there may be further work to be delivered in this area.

The critical importance of disseminating the learning from Safeguarding Adult Reviews, Serious case Audits and Domestic Homicide Reviews, particularly those issues which demand urgent change in practice and which should not wait for full publication of reports is a significant area of priority. It is particularly important to ensure that this is delivered in partnership, where appropriate with colleagues in children and young people’s services. For example, although services for children and young people are leading the organisational response to child sexual exploitation, it is recognised that adult services need to develop models of practice to respond to potential adult sexual exploitation.

A project to enhance and improve joint working between adult and children’s services within transitions has been ongoing in Bournemouth for some time and is due to be conclude in the current year. The outcome from this comprehensive work will lead to a strengthening of our working arrangements and the development of revised procedures as well as potentially amendments to support structures.

Over the course of the past year there have been noticeable increases in the number of large scale enquires and instances of provider failure leading to safeguarding concerns. This is intrinsically linked to the challenges faced within the care market and will need to be addressed as part of a joint strategic commissioning and market development approach across partner agencies.

**Borough of Poole**

Borough of Poole recognise the importance of disseminating the learning from Safeguarding Adult Reviews and Serious case Audits, particularly those issues which demand urgent change in practice and which should not wait for full publication of reports.

Although services for children and young people are leading the way with an organisational response to child sexual exploitation, it is recognised that adult services need to follow this lead and develop models of practice to respond to adult sexual exploitation.

An audit of the joint working relationship between adult and children’s services has been undertaken by adult social care in Poole, which is leading to strengthening and development of procedures, particularly for young people in transition, which will provide a more resilient safeguarding approach for families which contain vulnerable adults.
In the Borough of Poole Adult Social Care we have recognised that staff at all levels not only specialist workers need to have a working knowledge of the Mental Capacity Act and how to undertake a Mental Capacity Act assessment new guidance and forms have been developed and training is being rolled out, an audit will be undertaken to establish if this is embedded into practice.

**Dorset Police**

In recognising the need to identify and support more adults at risk in Dorset, during 2015/2016 the force conducted a detailed review of its arrangements. In support of a comprehensive plan to develop these services, a dedicated Detective Inspector has been appointed to implement the review recommendations – with a view to providing an effective and integrated service.

**Health (Clinical Commissioning Group)**

Challenges for the Dorset Clinical Commissioning Group with regards safeguarding over the forthcoming year include:

- Health providers have been reporting slightly differently to the Board on their safeguarding activity- work has been done to determine clear definitions and reporting requirements so that these are consistent

- The health providers have found the three differing responses with regards safeguarding concerns from the three local authorities, which has proved challenging at times; greater consistency over how the policy and procedures is interpreted is required.

- Maintaining required safeguarding training levels has been a challenge within the hospitals, and needs to be addressed in the following year
6. SUMMARY

With the background of changing policy and guidance, lots of good work has been undertaken this year to further develop the Safeguarding Adults agenda across Bournemouth and Poole. Further work however still needs to be carried out and the Board is looking forward to the challenges of the forthcoming year.

In order to show how some of the work detailed above has made the safeguarding process easier for the individual concerned, Appendix 1 gives of case studies.
Appendix one

CASE STUDIES

Case Study one

Mrs X is a lady in her 50s, unemployed and lives alone in a rented flat with her cats. She was previously employed as a PA for a local company but was made redundant approximately three years ago.

She was divorced from her husband some 15 years before and has three adult children all of whom live away and have no contact with her.

She had no previous involvement with Adult Social Care but was referred to the Safeguarding services as she had a diagnosis of diabetes and eczema and high blood pressure, she was letting the property fall into disrepair, hoarding broken furniture, old papers, books, empty bottles, tins and other household waste. Mrs X was not paying her rent and was facing eviction. Her G.P and neighbours were concerned about her welfare. She was not managing her diabetes or eczema and her health was seriously at risk. Her boiler was broken and the flat was extremely cold and she was becoming very unwell.

Mrs X had a habit of leaving her front door open and neighbours frequently found her lying on the floor in the corridor of the flats. She was not claiming any benefits and was in debt.

Mrs X did not have a diagnosis of any mental illness and had the capacity to make her own decisions. She often called the ambulance service but then declined any help. In addition although many of her neighbours were kind there were some other people in the local neighbourhood who had physical altercations with her and were verbally abusive towards her.

Numerous attempts were made to engage with her by various professionals and there were a number of people involved. She was very suspicious of most of the people who tried to make a connection with her and she declined all offers of help and support. The Social Worker remained in regular contact over a period of 2 months and built up a relationship of trust and acted as the main contact person as it was clear that there were too many professionals trying to intervene.

What action was taken:

- Mrs X was treated with dignity and respect having the one dedicated worker acting as a key worker helped to build up trusts.

- Mrs X was asked what she wanted to happen and was included in decisions and meetings from the start. The worker took small agreed steps with her to change her environment with the help of a couple of care workers for 2 months.

- She was given support to apply for benefits and helped to set up direct debits to pay off the rent arrears.

- A specialist nurse for diabetes was engaged and worked on a diet plan and easy to understand instruction on how to manage her diabetes.

- The District Nurse helped to identify suitable treatment for her eczema.
What worked well:

- Involving her in the decisions and meetings.
- Listening to how she wanted to be helped and keeping her at the heart of all the decision making so that she felt in control.
- She was happy with the support offered and having a named worker who she trusted.
- Mrs X no longer faces eviction and her flat is much clearer. Her diabetes is under control and her rent arrears are reducing.
- This is an example of how safeguarding in a person centred way and involving the person from the start can make a difference.
Case Study two

Mr. Y is a gentleman in his 70s who is not known to have had any contact with services locally previously. He came to the attention of Adult Social Care earlier this year, following contact from several members of the public, who were expressing concern about his health and wellbeing.

Mr. Y was reportedly living/sleeping in a car, which was parked up on the street, the car contained a lot of possessions and members of the public expressed concern that Mr. Y appeared dishevelled and was sleeping in his car; there were concerns about his safety and that the car had numerous parking fines attached to it, which indicated the car had not been moved for sometime.

A Social Worker went out with a colleague from Street Services to make contact Mr. Y.

Mr. Y appeared happy to talk to the workers, however, he initially stated that he was ok and didn’t need any support, stating he regularly saw his daughter and that she was helping him. He described needing to currently live in his car because his relationship had broken down some weeks before and his ex-partner had ‘thrown him out when she met someone else’. Mr. Y. Was not in receipt of any benefits and was relying on homeless services to feed himself.

The workers talked through options with him, in relation to how they could support him to contact Housing, get benefits etc and gradually he agreed to engage with this support. Through conversations it transpired that he had in fact not had contact with his daughter for sometime, but continued to state their relationship was good.

Further discussions about what led Mr. Y to be in his current circumstances, led the workers to ask Mr. Y if he would be willing to see the local Community Mental Health Nurse who worked with people who were Homeless, after a little persuasion, he agreed to do so.

During this time, Housing had sourced rented accommodation for Mr. Y and he was assisted to move and claim the necessary benefits. Whilst this was a very positive outcome, Mr. Y. was quite difficult to engage, ‘protesting’ that he did not need any help. The allocated Social Worker maintained contact with Mr. Y and always visited him on the street with the same Street Homeless worker in order to maintain consistency and build rapport. It was this consistency and gentle tenacity that eventually led Mr. Y to build trust and agree to go to Housing with the workers.

The Social Worker is continuing to work with Mr. Y regarding other desired outcomes he has around his mental health, building his self-esteem and his social network.
APPENDIX 2a
Count of individuals at risk for concerns and enquiries opened during the reporting period by (a) age, (b) gender, (c) ethnicity and (d) primary client group.

**TABLE 1:**
Numbers of individuals for whom a safeguarding concern and enquiry has been made, per annum, whether previous known or unknown to the council, by age:

<table>
<thead>
<tr>
<th></th>
<th>18-64</th>
<th>65-74</th>
<th>75-84</th>
<th>85-94</th>
<th>95+</th>
<th>Not known</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bmth Poole</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals Involved In Safeguarding Concerns</td>
<td>543</td>
<td>149</td>
<td>211</td>
<td>269</td>
<td>60</td>
<td>8</td>
<td>1240</td>
</tr>
<tr>
<td>Individuals Involved In Section 42 Safeguarding Enquiries</td>
<td>140</td>
<td>50</td>
<td>33</td>
<td>56</td>
<td>67</td>
<td>69</td>
<td>10</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>62</td>
</tr>
</tbody>
</table>

Poole cannot currently provide all the data by age group due to change in IT systems.
### TABLE 2:
Numbers of individuals for whom a safeguarding concern and enquiry has been made, by gender:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Gender</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>Bmth</td>
<td>Poole</td>
</tr>
<tr>
<td>Individuals Involved In Safeguarding Concerns</td>
<td>494</td>
<td>746</td>
</tr>
<tr>
<td>Individuals Involved In Section 42 Safeguarding Enquiries</td>
<td>122</td>
<td>80</td>
</tr>
<tr>
<td>Individuals Involved In Other Safeguarding Enquiries</td>
<td>25</td>
<td>42</td>
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</table>

Poole cannot currently provide all the data by age group due to change in IT systems
TABLE 3:
Numbers of individuals for whom a safeguarding concern and enquiry has been made, by ethnicity:

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>White</th>
<th>Mixed/Multiple</th>
<th>Asian/Asian British</th>
<th>Black/African/Caribbean/Black British</th>
<th>Other Ethnic Group</th>
<th>Refused</th>
<th>Undeclared/Not known</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bmth Poole</td>
<td>Bmth Poole</td>
<td>Bmth Poole</td>
<td>Bmth Poole</td>
<td>Bmth Poole</td>
<td>Bmth Poole</td>
<td>Bmth Poole</td>
<td>Bmth Poole</td>
<td>Bmth Poole</td>
</tr>
<tr>
<td>Individuals Involved In Safeguarding Concerns</td>
<td>1137</td>
<td>4</td>
<td>9</td>
<td>7</td>
<td>2</td>
<td>0</td>
<td>81</td>
<td>1240</td>
</tr>
<tr>
<td>Individuals Involved In Section 42 Safeguarding Enquiries</td>
<td>281</td>
<td>214</td>
<td>3</td>
<td>2</td>
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<td>2</td>
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<td>310</td>
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<tr>
<td>Individuals Involved In Other Safeguarding Enquiries</td>
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<td>0</td>
<td>0</td>
<td>1</td>
<td>62</td>
</tr>
</tbody>
</table>

Poole cannot currently provide all the data by age group due to change in IT systems
TABLE 4:

Numbers of individuals for whom a safeguarding concern and enquiry has been made, by primary support reason:

<table>
<thead>
<tr>
<th>Primary Client Group</th>
<th>Physical Support</th>
<th>Sensory support</th>
<th>Support with memory cognition</th>
<th>Learning Disability</th>
<th>Mental Health Support</th>
<th>Social support</th>
<th>No Support Reason</th>
<th>Not Known</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bmth</td>
<td>Poole</td>
<td>Bmth</td>
<td>Poole</td>
<td>Bmth</td>
<td>Poole</td>
<td>Bmth</td>
<td>Poole</td>
<td>Bmth</td>
</tr>
<tr>
<td>Individuals Involved In Safeguarding Concerns</td>
<td>447</td>
<td></td>
<td></td>
<td></td>
<td>8</td>
<td></td>
<td>99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals Involved In Section 42 Safeguarding Enquiries</td>
<td>86</td>
<td>123</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>28</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Individuals Involved In Other Safeguarding Enquiries</td>
<td>29</td>
<td></td>
<td>0</td>
<td></td>
<td>3</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Poole cannot currently provide all the data by age group due to change in IT systems
**TABLE 5: Number of Individuals by reported health condition: Bournemouth (Poole data in brackets)**

<table>
<thead>
<tr>
<th>Classification</th>
<th>Sub classification</th>
<th>Individuals Involved In Safeguarding Concerns</th>
<th>Individuals Involved In Section 42 Safeguarding Enquiries</th>
<th>Individuals Involved In Other Safeguarding Enquiries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Term Health condition - Physical</td>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>16</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Long Term Health condition – Physical</td>
<td>Cancer</td>
<td>22</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Long Term Health condition – Physical</td>
<td>Acquired Physical Injury</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Long Term Health condition – Physical</td>
<td>HIV/AIDS</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Long Term Health condition – Physical</td>
<td>Other</td>
<td>311</td>
<td>68</td>
<td>13</td>
</tr>
<tr>
<td>Long Term Health condition – Neurological</td>
<td>Stroke</td>
<td>5</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Long Term Health condition - Neurological</td>
<td>Parkinson's</td>
<td>16</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Long Term Health condition – Neurological</td>
<td>Motor Neurone Disease</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Long Term Health condition – Neurological</td>
<td>Acquired Brain Injury</td>
<td>6</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Long Term Health condition - Neurological</td>
<td>Other</td>
<td>18</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Sensory impairment</td>
<td>Visually impaired</td>
<td>5</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Sensory impairment</td>
<td>Hearing impaired</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Sensory impairment</td>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Learning, Developmental or Intellectual Disability</td>
<td>Learning Disability</td>
<td>114</td>
<td>32</td>
<td>5</td>
</tr>
<tr>
<td>Learning, Developmental or Intellectual Disability</td>
<td>Autism (excluding Asperger’s Syndrome / High Functioning Autism)</td>
<td>5</td>
<td>0 (1)</td>
<td>0</td>
</tr>
<tr>
<td>Learning, Developmental or Intellectual Disability</td>
<td>Asperger’s Syndrome/ High Functioning Autism</td>
<td>6</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Learning, Developmental or Intellectual Disability</td>
<td>Other</td>
<td>19</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Mental Health Condition</td>
<td>Dementia</td>
<td>199</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Mental Health Condition</td>
<td>Other</td>
<td>176</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>No Relevant Long-Term Health Conditions</td>
<td>None</td>
<td>360</td>
<td></td>
<td>17</td>
</tr>
</tbody>
</table>

**TOTAL**

*Note: data not currently fully collected for Poole*
**TABLE 6**

*(Numbers of *concluded section 42 enquiry in a 12 month* period by organisation or individual(s) believed to be the source of the risk by (a) the type of abuse, b) the location or setting of the risk, or (c) the outcome of the status d) the conclusion of the referral)*

a) Individual or organisation believed to be source of risk, by type of abuse or risk.

<table>
<thead>
<tr>
<th>CONCLUDED SECTION 42 ENQUIRES Individual(s) or organisation believed to be source of risk</th>
<th>Social care support or service paid, contracted or commissioned.</th>
<th>Other: Known to individual</th>
<th>Other: Unknown/stranger</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bmth</td>
<td>Poole</td>
<td>Bmth</td>
<td>Poole</td>
</tr>
<tr>
<td>Physical</td>
<td>12</td>
<td>27</td>
<td>46</td>
<td>33</td>
</tr>
<tr>
<td>Sexual</td>
<td>4</td>
<td>1</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Psychological/Emotional</td>
<td>2</td>
<td>6</td>
<td>14</td>
<td>22</td>
</tr>
<tr>
<td>Financial and Material</td>
<td>3</td>
<td>2</td>
<td>28</td>
<td>16</td>
</tr>
<tr>
<td>Discriminatory</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Organisational</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Neglect or Acts of Omission</td>
<td>43</td>
<td>71</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>Domestic Abuse</td>
<td>0</td>
<td>12</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Sexual Exploitation</td>
<td>0</td>
<td>Not collated</td>
<td>1</td>
<td>Not collated</td>
</tr>
<tr>
<td>Modern Slavery</td>
<td>0</td>
<td>Not collated</td>
<td>0</td>
<td>Not collated</td>
</tr>
<tr>
<td>Self Neglect</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>70</td>
<td>112</td>
<td>134</td>
<td>99</td>
</tr>
</tbody>
</table>

*More than one entry per concluded referral may be entered*
TABLE 7

b) Individual or organisation believed to be source of risk by location / setting – section 42 enquiries only

<table>
<thead>
<tr>
<th>Social care support or service paid, contracted or commissioned.</th>
<th>Other: Known to individual</th>
<th>Other: Unknown/stranger</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own Home</td>
<td>Bmth</td>
<td>Poole</td>
<td>Bmth</td>
</tr>
<tr>
<td>Community Service</td>
<td>6</td>
<td>24</td>
<td>60</td>
</tr>
<tr>
<td>Care Home</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Hospital</td>
<td>42</td>
<td>56</td>
<td>16</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>3</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td>More than one entry per concluded referral may be entered</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TABLE 8

c) Individual or organisation believed to be the source of risk, by result or action taken – section 42 enquiry only

<table>
<thead>
<tr>
<th>CONCLUDED SECTION 42 ENQUIRIES Individual(s) or organisation believed to be source of risk</th>
<th>Social care support or service paid, contracted or commissioned.</th>
<th>Other: Known to individual</th>
<th>Other: Unknown/stranger</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bmth</td>
<td>Poole</td>
<td>Bmth</td>
<td>Poole</td>
</tr>
<tr>
<td>Where ‘no further action under safeguarding’</td>
<td>17</td>
<td>24</td>
<td>19</td>
<td>11</td>
</tr>
<tr>
<td>Risk remains</td>
<td>0</td>
<td>1</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>Risk reduced</td>
<td>24</td>
<td>37</td>
<td>55</td>
<td>41</td>
</tr>
<tr>
<td>Risk removed</td>
<td>21</td>
<td>21</td>
<td>19</td>
<td>11</td>
</tr>
<tr>
<td>TOTAL</td>
<td>62</td>
<td>83</td>
<td>109</td>
<td>72</td>
</tr>
</tbody>
</table>

*More than one entry per concluded referral may be entered*
TABLE 9
(Number of concluded enquiries split out by age of the individual at risk and by their mental capacity)

For each enquiry, was the adult at risk lacking capacity to make decisions related to the safeguarding enquiry?

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18-64</td>
<td>65-74</td>
<td>75-84</td>
<td>85-94</td>
<td>95+</td>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bmth</td>
<td>Poole</td>
<td>Bmth</td>
<td>Poole</td>
<td>Bmth</td>
<td>Poole</td>
<td>Bmth</td>
<td>Poole</td>
<td>Bmth</td>
<td>Poole</td>
<td>Bmth</td>
<td>Poole</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>34</td>
<td>7</td>
<td>15</td>
<td>3</td>
<td>16</td>
<td>24</td>
<td>24</td>
<td>27</td>
<td>3</td>
<td>4</td>
<td>92</td>
<td>65</td>
<td>161</td>
</tr>
<tr>
<td>No</td>
<td>30</td>
<td>28</td>
<td>13</td>
<td>10</td>
<td>25</td>
<td>36</td>
<td>21</td>
<td>32</td>
<td>2</td>
<td>6</td>
<td>91</td>
<td>112</td>
<td>202</td>
</tr>
<tr>
<td>Don’t know</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Not recorded</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>65</td>
<td>35</td>
<td>28</td>
<td>13</td>
<td>43</td>
<td>60</td>
<td>45</td>
<td>59</td>
<td>6</td>
<td>10</td>
<td>187</td>
<td>177</td>
<td>394</td>
</tr>
<tr>
<td>Of the enquiries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>recorded as</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘Yes’ in row 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>how many of these</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cases was support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>provided by an</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>advocate family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or friend</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 60 of 66
TABLE 10 – Making Safeguarding Personal (MSP) Table for Concluded Section 42 Safeguarding Enquiries
For each enquiry, was the individual or individual’s representative asked what their desired outcomes were?

<table>
<thead>
<tr>
<th>Age</th>
<th>18-64</th>
<th>65-74</th>
<th>75-84</th>
<th>85-94</th>
<th>95+</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bmth</td>
<td>Poole</td>
<td>Bmth</td>
<td>Poole</td>
<td>Bmth</td>
<td>Poole</td>
</tr>
<tr>
<td>Yes they were asked and outcomes were expressed</td>
<td>22</td>
<td>28</td>
<td>10</td>
<td>10</td>
<td>6</td>
<td>27</td>
</tr>
<tr>
<td>Yes they were asked but no outcomes were expressed</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>No</td>
<td>14</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>Don’t know</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Not recorded</td>
<td>22</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>65</td>
<td>28</td>
<td>28</td>
<td>10</td>
<td>43</td>
<td>27</td>
</tr>
</tbody>
</table>

Of the enquiries recorded as ‘Yes’ in row 1 how many of these cases were the desired outcomes achieved:

<table>
<thead>
<tr>
<th></th>
<th>Bmth</th>
<th>Poole</th>
<th>Bmth</th>
<th>Poole</th>
<th>Bmth</th>
<th>Poole</th>
<th>Bmth</th>
<th>Poole</th>
<th>Bmth</th>
<th>Poole</th>
<th>Bmth</th>
<th>Poole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully Achieved</td>
<td>7</td>
<td>16</td>
<td>6</td>
<td>10</td>
<td>2</td>
<td>19</td>
<td>6</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>21</td>
<td>56</td>
</tr>
<tr>
<td>Partially Achieved</td>
<td>6</td>
<td>10</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>0</td>
<td>3</td>
<td>11</td>
<td>26</td>
</tr>
<tr>
<td>Not achieved</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

Note – data relates to 6 month collection only for Poole
TABLE 11
(in the 12 months period indicating the outcomes broken down by death/other)
Number of Safeguarding Adult reviews – concluded)

<table>
<thead>
<tr>
<th>Number of SCRs</th>
<th>Bmth</th>
<th>Poole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where one or more individuals died</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

TABLE 12

Counts of individuals involved in Safeguarding Adult Reviews

<table>
<thead>
<tr>
<th>Age</th>
<th>18-64</th>
<th>65-74</th>
<th>75-84</th>
<th>85-94</th>
<th>95+</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bmth</td>
<td>Poole</td>
<td>Bmth</td>
<td>Poole</td>
<td>Bmth</td>
<td>Poole</td>
</tr>
<tr>
<td>Counts of Individuals who suffered serious harm and died.</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Count of individuals involved in SARs who suffered serious harm and survived.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
TABLE 13

The table shows the number of safeguarding concerns raised by Dorset Advocacy Personnel during the year

<table>
<thead>
<tr>
<th>Safeguarding</th>
<th>42</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bournemouth Borough Council</td>
<td>3</td>
<td>7.14%</td>
</tr>
<tr>
<td>Dorset County Council</td>
<td>13</td>
<td>30.95%</td>
</tr>
<tr>
<td>Dorset Clinical Commissioning Group</td>
<td>3</td>
<td>7.14%</td>
</tr>
<tr>
<td>Dorset County Hospital</td>
<td>1</td>
<td>2.38%</td>
</tr>
<tr>
<td>Dorset Healthcare University Trust</td>
<td>5</td>
<td>11.90%</td>
</tr>
<tr>
<td>Other Clinical Commissioning Group</td>
<td>2</td>
<td>4.76%</td>
</tr>
<tr>
<td>Other hospital Trust</td>
<td>3</td>
<td>7.14%</td>
</tr>
<tr>
<td>Poole Borough Council</td>
<td>9</td>
<td>21.43%</td>
</tr>
<tr>
<td>Poole General Hospital</td>
<td>2</td>
<td>4.76%</td>
</tr>
<tr>
<td>Royal Bournemouth Hospital</td>
<td>1</td>
<td>2.38%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>42</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Data source: Dorset Advocacy
Appendix 2b – Charts and Graphs
Graph to Show concerns over time (previously alerts)

Bournemouth

Poole
Health and Adult Social Care
Overview & Scrutiny Panel

<table>
<thead>
<tr>
<th>Report Subject</th>
<th>Health and Wellbeing Framework: update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting date</td>
<td>28 July 2016</td>
</tr>
<tr>
<td>Cabinet Portfolio</td>
<td>Councillor Jane Kelly</td>
</tr>
<tr>
<td>Corporate Lead</td>
<td>Jane Portman, Executive Director Adults and Children and Dep Chief Executive</td>
</tr>
<tr>
<td>Service Director</td>
<td>Sam Crowe, Deputy Director of Public Health</td>
</tr>
<tr>
<td>Status</td>
<td>Public</td>
</tr>
<tr>
<td>Classification</td>
<td>Discussion</td>
</tr>
<tr>
<td>Key Decision</td>
<td>No</td>
</tr>
<tr>
<td>Impacts on Key Policy Framework</td>
<td>Yes</td>
</tr>
<tr>
<td>Report author</td>
<td>Sam Crowe, Adult Social Care</td>
</tr>
<tr>
<td></td>
<td>☏ 01202 451422 ☭ <a href="mailto:sam.crowe@bournemouth.gov.uk">sam.crowe@bournemouth.gov.uk</a></td>
</tr>
</tbody>
</table>

Executive summary

This paper provides an update to the work in Bournemouth on a Health and Wellbeing Framework. The framework is intended to help support decision making and service planning to improve the impact of the whole Council on improving health and wellbeing and reducing inequalities in health.

Key points to note are:

- The Framework is being revamped and re-launched with support of the Joint Public Health Board as a generic resource for all upper Tier local authorities in Dorset;
- This supports both the proposed local government reform in Dorset, and also the Sustainability and Transformation Plan for health and social care (Our Dorset), in which Councils play a role helping to deliver the prevention at scale agenda;
- Service planning guidance for 2017/18 for Bournemouth Borough Council will ask service directors to consider how their plans improve health and wellbeing, and to use to framework as a resource to support more joined up service planning to improve health and wellbeing outcomes.
Recommendations

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. That the panel note the progress to date;</td>
</tr>
<tr>
<td>2. Support the adoption of the framework approach more widely across Councils in Dorset;</td>
</tr>
<tr>
<td>3. Endorse the inclusion of the Health and Wellbeing framework approach in future service planning guidance.</td>
</tr>
</tbody>
</table>

Reasons for recommendations

The recommendations will improve consistency of Council decisions and actions to improve health and wellbeing outcomes for residents, as well as providing a way of tracking the proposed impact of Council actions on improving public health. Adopting this more widely across all Councils in Dorset provides further consistency – important for future local government reconfiguration, as well as the system-wide Sustainability and Transformation Plans for health and social care.

Background detail

1. In October 2015 Health and Adult Social Care scrutiny panel Members received a paper setting out plans for the development of an internal framework to support decision making and service planning to improve health and wellbeing outcomes [the Health and Wellbeing Framework].

2. The intention of the framework is to set out more clearly how policy development and service planning impacts on the health and wellbeing of Bournemouth residents, improve consistency of decision making, and ensure health concerns are considered in all council decisions.

3. As part of the work within Bournemouth Council, a number of actions were completed to support the framework, including providing training to Members, developing a draft framework highlighting opportunities to improve public health within key service plans, and ensuring that service planning guidance for 2017/18 service plans incorporated a new section requiring plans to consider how they are supporting the achievement of corporate priority AC3 - improving health and wellbeing and reducing inequalities for residents.

4. Since that paper, two key strategic issues have emerged that will potentially affect the future success of adopting this framework approach. The first is local government reform in Dorset, and the second, the requirement for system-wide Sustainability and Transformation Plans for health and social care in Dorset.
5. Taken together, these two strategic issues have forced a rethink about developing a framework resource purely for Bournemouth Borough Council. Given that there are likely to be two new unitary Councils across Dorset going forwards from 2019, the public health team believes it would be better to put resources into developing a more generic framework to guide decision making and service planning to improve public health that can be used across all upper Tier authorities in Dorset, in whatever geographic footprint emerges in future.

6. Further, as part of the development of a Dorset-wide Sustainability and Transformation Plan, the role of Councils in shaping and building healthy and sustainable places is being given greater prominence. Although predominantly an NHS-led system plan for health and social care, the STPs are required to demonstrate joined up approaches to delivering a more sustainable health and social care system, including highlighting the effectiveness of Councils in supporting plans to deliver prevention at scale to improve and close the health and wellbeing gap.

7. The Health and Wellbeing Framework approach is an ideal way of capturing and documenting how Councils can deliver effective place-based improvements in the health and wellbeing of residents in a consistent and evidence-based way. For examples across all three local authorities using the framework, please see Appendix A.

**Next steps**

8. The Health and Wellbeing Framework will be developed as an online resource hosted on the Public Health Dorset website for all upper Tier Councils in Dorset.

9. Training and development on using the framework will continue with the most relevant services across all three councils and districts, once the new pages are complete.

10. Service planning guidance for 2017/18 is due to be issued to officers in the next few weeks, and will include questions designed to prompt services to capture more clearly how their plans and actions improve health and wellbeing, and reduce inequalities in health.

**Risk Management Implications**

11. An internal health and wellbeing framework to support strategic decision making to improve health and wellbeing is an important part of risk management in relation to some major risks on the corporate risk register.
Equalities Implications

12. The framework will describe where there may be significant impacts on equalities, to support the identification of actions that do not discriminate directly or indirectly on protected groups within the Act.

Conclusion

13. The health and wellbeing framework is an important supporting resource to enable all Councils to take a strategic approach to improving health and wellbeing, in line with their legal duty. Developing a more generic framework for use across all upper Tier authorities in Dorset will ensure that it remains relevant through local government reform, as well as supporting system-wide plans such as the STP.

Options

14. None.

Summary of Financial/Resource Implications

15. Developing the framework requires time resources from the Public Health team. There are no financial resources required. Adopting the framework fully over the medium to long term could play a role in reducing the cost of public services through improved population health.

Summary of legal implications

16. Local Authorities have a legal duty to improve the health and wellbeing of residents and to reduce differences in health outcome between residents. This framework supports Bournemouth Borough Council in meeting its legal obligations under the 2012 Health and Social Care Act.

Summary of Environmental Impact

17. None.

Summary of Equalities and Diversity Impact

18. The framework will describe where there may be significant impacts on equalities, to support the identification of actions that do not discriminate directly or indirectly on protected groups within the 2010 Equalities Act.
Summary of Risk Assessment

19. A risk assessment is not required for a project of this size. However, the framework should help in identifying actions that can be taken by Council to reduce some of the corporate risks arising to the future delivery of demand led services, by improving residents’ health and wellbeing.
Appendix A: Examples of public health working with three councils and likely impact on health

Improving health and wellbeing and reducing inequalities has been a corporate priority in all three Upper Tier authorities in Dorset, reflecting the legal duty conferred on Councils in England by the 2012 Health and Social Care Act. In 2015 Public Health Dorset had an aspiration in its locality plan for Bournemouth to work with officers and Members on a health and wellbeing framework (see table below) to help focus the wider Council’s efforts to improve health and wellbeing where they are most likely to have an impact. This work was based on a framework developed by the King’s Fund in its 2013 report, *Improving the Public’s Health – a Resource for Local Authorities*.

<table>
<thead>
<tr>
<th>Area</th>
<th>Scale of problem in relation to public health</th>
<th>Strength of evidence of actions</th>
<th>Impact on health</th>
<th>Speed of impact on health</th>
<th>Contribution to reducing inequalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best start in life</td>
<td>Highest</td>
<td>Highest</td>
<td>Highest</td>
<td>Longest</td>
<td>Highest</td>
</tr>
<tr>
<td>Healthy Schools and pupils</td>
<td>Highest</td>
<td>Highest</td>
<td>Highest</td>
<td>Longer</td>
<td>Highest</td>
</tr>
<tr>
<td>Jobs and work</td>
<td>Highest</td>
<td>Highest</td>
<td>Highest</td>
<td>Quicker</td>
<td>Highest</td>
</tr>
<tr>
<td>Active and safe travel</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Quicker</td>
<td>Lower</td>
</tr>
<tr>
<td>Warmer and safer homes</td>
<td>Highest</td>
<td>Highest</td>
<td>High</td>
<td>Longer</td>
<td>High</td>
</tr>
<tr>
<td>Access to green spaces and leisure services</td>
<td>High</td>
<td>Highest</td>
<td>High</td>
<td>Longer</td>
<td>Highest</td>
</tr>
<tr>
<td>Strong communities, wellbeing and resilience</td>
<td>Highest</td>
<td>High</td>
<td>Highest</td>
<td>Longer</td>
<td>High</td>
</tr>
<tr>
<td>Public protection</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Quicker</td>
<td>High</td>
</tr>
<tr>
<td>Health and spatial planning</td>
<td>Highest</td>
<td>High</td>
<td>Highest</td>
<td>Longest</td>
<td>Highest</td>
</tr>
</tbody>
</table>

*Table 1. Framework to guide interventions that have most impact in improving health and wellbeing*

The current systems leadership challenges in Dorset include being clearer and more systematic about developing prevention at scale. There is an increasing requirement for Councils in Dorset to be able to describe and quantify how the work they do on the wider determinants of health leads to improvements in health and wellbeing, and reduces inequalities in health. Being able to set this out more clearly supports the Sustainability and Transformation Plan, the work of both Health and Wellbeing
Boards and the Joint Health and Wellbeing Strategies, as well as fulfilling the requirement to report back on progress being made in corporate plans around the public health legal duty. For this reason, Public Health Dorset proposes to adopt the framework used in the table above to set out and describe the work of Councils in Dorset. The following table shows examples of work in each area undertaken to date across all three upper Tier Councils, by way of example. It is intended to be illustrative not exhaustive.

<table>
<thead>
<tr>
<th>Area</th>
<th>Pan-Dorset work (unitaries, County and Districts)</th>
<th>Examples from Unitary Councils</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best start in life</td>
<td>Integrating provision of 0-5 services in Poole and Bournemouth, and in Dorset helping with the development of Children’s Zones. Having health visitors working more closely with children’s centres ensures early help can be delivered in a joined up way that provides help at an early stage.</td>
<td>Borough of Poole Early Years Services have expanded the provision of parenting, parent champions, literacy programmes for 0-5 years across Poole to include a new 0-1years switching on programme and improving the home learning environment.</td>
</tr>
<tr>
<td>Key messages</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ensuring children thrive in the ‘golden years’ (0-5s) can have long and short term impacts on their health and wellbeing</td>
<td></td>
</tr>
<tr>
<td>Healthy Schools and pupils</td>
<td>Implementing the Emotional Health and Wellbeing Strategy to ensure a whole school approach to the emotional well-being and mental health of pupils. This will result in early intervention being focused on children and young people at greatest risk of developing mental health conditions and those considered socially vulnerable. Training teachers and staff in mental health first aid and Five Ways to Wellbeing to promote resilience and reduce stress.</td>
<td>Bournemouth Borough Council and public health is developing Kings Park playground (located in a deprived urban ward and adjacent to the largest primary school in the Borough) – nature inspired (with the planting of more trees, plants, bird boxes and bug hotels), this is designed to give children more contact with nature and encourage higher levels of physical activity.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jobs and work</td>
<td>Establishing Combined Authority for Dorset with an emerging devolution deal emphasising the importance of sustainable, economic growth and</td>
<td>Borough of Poole’s work to improve the skills of people in key groups at risk of unemployment or low value work, through the Tomorrow’s People programme which</td>
</tr>
<tr>
<td>Employment strongly linked with health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>outcomes, quality of employment with wellbeing</td>
<td>creation of high quality jobs – recognises importance of economic growth for future health and wellbeing of residents. Regeneration of priority neighbourhoods in all Upper Tier Council areas (Poole Quay, Bourne Valley in Poole, Boscombe and West Howe in Bournemouth, Welcome Regis in Weymouth and Portland).</td>
<td>identifies people by working alongside GP surgeries and provides support for them to get back to work or education. Bournemouth Borough Council’s Town Centre Vision is enabling the town to thrive and compete, providing a range of high quality housing, social regeneration, and employment sites. This is helping to build a sustainable future which places health and wellbeing at its core.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Active and safe travel</strong>&lt;br&gt;Core of all physical activity strategies to get people moving more – build it into everyday activity – not elite sport</td>
<td>Bournemouth Borough Council, Borough of Poole and Dorset County Council, have a £1m bid in to help us to deliver a range of projects to employers (and employees), apprentices, job seekers, students and pupils that will increase levels of physical activity through walking and cycling. This should result in physical activity benefits exceeding £4m. Public Health Dorset is a key partner in this bid, which will see provision of behaviour change advice on travel provided through LiveWell Dorset.</td>
<td>Both Councils have an ongoing programme of infrastructure improvements designed to promote walking and cycling. This includes developing shared space, reallocating road space to cycle lanes, and improving provision of 20 mph zones.</td>
</tr>
<tr>
<td><strong>Healthy Homes</strong>&lt;br&gt;Warmer homes reduce risk of mortality and sickness due to respiratory and cardiovascular disease –</td>
<td>The Dorset Healthy Homes programme is an example of collaborative working across the District, Borough and Unitary Authorities in Bournemouth, Poole and Dorset. The programme utilises Public Health funding but is delivered by working across many directorates to improve the quality of homes occupied by vulnerable people. Older, less energy-efficient houses can be more difficult to keep warm and cold homes are linked with health problems such as respiratory disease, circulatory problems and increased risk of poor mental health. Across Dorset 121 homes have been insulated up to April 2016</td>
<td>In partnership with Public Health Dorset and the Dorset CCG, Bournemouth Council undertook targeted work providing ‘insulation on prescription’ for people with long term conditions at risk of hospital admission. To date, this work has benefitted patient and health service budgets by over £288,000. The Borough of Poole has successfully delivered a range of home support and ‘handy man’ schemes to improve safety in the home and prevent falls.</td>
</tr>
<tr>
<td><strong>Access to green spaces and leisure services</strong></td>
<td>Public Health Dorset is working with LiveWell Dorset, our health improvement service provider, to direct and refer people wanting to be more active to green space and leisure opportunities across all three Councils. They are building up a database of activities that includes opportunities to access green and outdoor space across all three Councils, plus newly developed schemes including Park Run, Good Gym, the Coastal Activity Park in Bournemouth and the Natural Choices scheme in Weymouth and Portland.</td>
<td>Both Unitary Councils have strategic priorities to improve use of open spaces, and to continue to develop high quality parks, play areas, culture and leisure opportunities and public realm. The Borough of Poole have a Poole Park legacy fund called Active Poole, which seeks to engage people living with cancer and receiving radiotherapy treatment at Poole Hospital in physical activity through outdoor exercise in Poole Park. Guided group walks, group exercise sessions using natural, open space and green-gym group sessions using the apparatus installed in the Park formulates the core offer.</td>
</tr>
<tr>
<td><strong>Strong communities, wellbeing and resilience</strong></td>
<td>Public Health Dorset supports regeneration and community development approaches in priority neighbourhoods across all three Council areas. In addition, our health improvement service LiveWell Dorset is incentivised to offer support in the most disadvantaged communities across Dorset, Bournemouth and Poole. Currently 60 per cent of people using the service are from areas ranked as in the most deprived 40 per cent. This approach has only been successful because the coaches working in these communities do so alongside local authority services and officers who understand these communities.</td>
<td>In West Howe (a Bournemouth Council priority area), through the resident-led West Howe Community Enterprises, we are recruiting and supporting Health Helpers, who bridge the gap between health professionals and the community. Over 40 residents to date have been assisted directly to change their unhealthy behaviours. The Borough of Poole supports and develops sustainable community engagement and network neighbour approaches so that people can participate more in their communities and to improve resident’s wellbeing priority areas include: Bourne Valley, engaging Turlin moor and Poole Town. As part of year two of the health helpers project in Bournemouth work will be undertaken to develop similar approaches in Poole.</td>
</tr>
<tr>
<td><strong>Public protection</strong></td>
<td>Pan-Dorset work jointly between Public Health Dorset and environmental health officers to develop a plan to proactively address important infectious diseases, as well as understanding how to respond and work with Public Health England South West in outbreaks.</td>
<td>Although public health is not a licensing objective in law, Bournemouth and Poole Councils consider public health impacts arising from e.g. consumption of alcohol to be relevant when making licensing decisions. The impact of alcohol is explicitly stated in statements of licensing policy across the two Councils.</td>
</tr>
<tr>
<td><strong>Health and spatial planning</strong></td>
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<td>--------------------------------</td>
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<tr>
<td><strong>Ensure health is considered in spatial planning decisions such as impact of design on propensity to walk and cycle</strong></td>
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</table>

Public Health Dorset has supported pan-Dorset bids for funding for projects to improve the built and natural environment to improve health and wellbeing.

Health Impact Assessment carried out on new plans for a large housing development in Gillingham, working with planners in North Dorset District Council.

Bournemouth Council’s work in West Howe (a council priority area) is an exemplar in ‘active by design’ – the ‘Vision for Physical Regeneration’ was resident-led, and supported by the Design Council. The Design Council provided a framework to assess every element of the physical environment, their findings being translated into a deliverable and sustainable plan. The assessment of the estate took on board the issue of how the physical environment can support health and wellbeing and in particular, physical activity.

Through Education, Engineering and Enforcement the Borough of Poole is embedding cycling and walking friendly initiatives into spatial plans, increasing cycle ways and cycle links to encourage safe commuting by bike, expanding Upton Park trails, improving networks to Holes Bay and Poole Quay.
## Executive Summary

The Dorset Care Record (DCR) will bring together information from hospitals, GPs and local councils, meaning details of a person’s medical or care history and their needs, will all be in one place.

The DCR will be based on a secure computer system and have an ‘opt out’ facility for patients who do not wish to be included. Quick and easy access to real-time or near real-time information will be available to Health and Care practitioners across Dorset, only some of which is currently available via phone or email.

This will improve co-ordination and communication between partner agencies and reduce delays. It will also reduce duplicate data entry and should mean that people only have to tell their story once.

## Recommendations

It is recommended that the Panel:

- notes and comments on the potential benefits of the Dorset Care Record to Bournemouth residents
- notes the successful pan Dorset joint procurement process that has been undertaken to select the preferred supplier.

## Reasons for recommendations

To support the development and implementation of the Dorset care Record.
Background detail

1. Last year, on behalf of the Better Together partnership, Dorset County Council (DCC) submitted an application to NHS England’s Integrated Digital Care Fund (IDCF) to enable partners to procure and develop an Integrated Digital Care Record (IDCR) for Dorset.

2. This funding application was successful and the project subsequently named the Dorset Care Record (DCR).

3. The DCR will bring together information from hospitals, GPs and local councils, meaning details of a person’s medical or care history and their needs, will all be in one place.

4. Data made available will include information on health problems and diagnoses; prescribed drugs; blood tests, pathology and X-ray results; next of kin, carer and care providers; hospital discharge letters.

5. The DCR will be based on a central, secure computer system and have an ‘opt out’ facility for patients who do not wish to be included.

6. Quick and easy access to real-time or near real-time information will be available to Health and Care practitioners across Dorset, only some of which is currently available via phone or email.

7. The DCR will enable improvements in co-ordination and communication between partner agencies and reduce delays.

8. The DCR will also reduce duplicate data entry by staff and should mean that people only need to tell their story once.

9. The DCR will become the information and technology enabler that supports the integration and provision of care across Dorset and will underpin the following outcomes:
   - Improvements in a person’s experience.
   - Improvements in safeguarding.
   - Improvements in information sharing.
   - Avoidance of unnecessary hospital admissions.
   - Reduction in delays to the persons discharge.
   - Supporting shared assessment and care planning processes in localities.
   - Improved speed of communication between care settings to improve staff efficiency.
   - Improved protection for professionals where there is a known risk about a person.
Summary of Consultation

10. Consultation membership for the project includes professionals from the nine Better Together partner organisations, along with a number of assurance groups and an advisory group.

11. The assurance groups will comprise technical assurance, clinical (user) assurance and administrative assurance. In addition, the Clinical Chief Information Officer (CCIO); will provide the assurance on information governance with advice from the IG Steering group.

12. The project assurance teams will meet regularly to review outputs from the project, to ensure they meet the required outputs for each key deliverable and that the required quality criteria is met.

13. The clinical and administrative assurance groups will also commission the working groups, to drive and define the process redesign, in line with workflow and user interface design.

14. The Practitioner and Technical Assurance Group will provide the leadership and focus for clinical & social care engagement across the project. They will review any new process redesign and new patient pathways. They will also undertake the configuration design and user acceptance testing, which will be signed off by the members of the PAG on behalf of the project board. Members of the DCR working Group will ensure technical fit and compliance with required standards; they will also sign-off the technical acceptance on behalf of the project board.

15. The NHS England IDCFC Representative will ensure that the VFM from the benefits, in line with the grant from the IDCFC bid, are planned, in place and realised as expected. They will also accept and report back on behalf of the project board and NHS England IDCFC.

16. The DCR project board will act as assurance owners, ensuring clear ownership and responsibility in relation to benefits realisation within the partnership, tracking and driving benefits realisation throughout the project lifecycle and beyond. They will challenge the benefits being delivered to ensure that they are ambitious, but realistic and unambiguous. They will receive and agree exceptions to the business case, where the benefits are at risk of exceeding tolerances or have exceeded them.

17. Citizen Assurance is provided by the Local Person and Public Engagement Group via Dorset CCG. They will ensure that people are provided with the opportunity to share experiences and views, in order that expectations are effectively managed and aspirations registered and understood. This will act a barometer for the ‘person’ in Dorset regarding perception of the DCR rollout.
18. The IG Assurance Group provides leadership on IG frameworks, law and policy, from which applicable information governance standards are derived.

19. In addition, an advisory group will act as a support to the DCR board to help promote and deliver wider engagement and discussion from stakeholders. They will also provide advice to the DCR Board on the delivery of objectives and the DCR project, ensuring the ambition of delivering products and services, which are inclusive and accessible.

20. Members of the Advisory Group will act individually as ambassadors for the DCR project by promoting the DCR and encouraging their peers to engage.

21. The Advisory Group’s aims and objectives are:

- To provide a forum for stakeholder to engage the DCR board, leading to increased awareness and shared understanding of the DCR objectives.
- To identify barrier and solutions to ensure effective delivery of DCR objectives across partner organisations, and escalating statutory and regulatory barriers to the DCR board.
- To seek a joined-up approach to ongoing activities across the pan Dorset partnership, sharing with the group other relevant work being undertaken by respective organisations, for example, projects which form enablers for the DCR or have an impact upon it.
- To act as an open forum for discussion, where all the members have an equal say and conflict is resolved through discussion. The open forum will have a remit to provide advice and recommendations to the DCR board regarding the implementation, delivery and performance of the DCR.
- To build a common understanding of issues affecting person care and pathways in relation to the DCR; and to constructively address and deal with problems.
- To have complimentary policies within neighbouring authorities and Foundation Trusts, which will facilitate better cooperation where there are cross boundary issues.

**Summary of options**

22. The Dorset Care Record attracted interest from numerous suppliers in the market, all providing various levels of integration functionality, some very experienced in Heath and Care; others with more generic capabilities.

23. The joint procurement led by Dorset County Council, on behalf of the Better Togethers partnership, involved 25 suppliers’ bids. The procurement evaluation and scoring was carried out by representatives from each Partner organisation.
24. The aim of the procurement exercise was to choose a supplier that could work with the Partnership, to provide all the requirements of an Integrated Digital Care Record System in Dorset.

**Summary of financial/resource implications**

25. The Council has earmarked £131,000 capital to the delivery of the DCR and this forms part of the medium term financial plan. Ongoing revenue costs are still to be agreed. The procurement process has indentified a level of financial pressures that are currently being mitigated at a pan Dorset level.

26. The full cost model including partner contributions and NHS England funding is detailed in the Better Together Dorset Care Record Full Business Case, which at this stage remains commercial in confidence.

**Summary of legal implications**

27. The main implications of implementing the DCR from a legal perspective are around information governance. Each organisation involved in the Partnership has signed the new Dorset Information Sharing Charter (DISC). This commits each Partner to the following responsibilities:

- ensuring its processes, systems and staff handle confidential data fairly and in accordance with the relevant laws;
- their technical and organisational measures protect the security and integrity of information;
- individuals using their services are told how their information is being used and clearly understand what it is being used for, who will see it, their rights of access and what they should do if they have concerns or wish to object.

This information sharing agreement sets out the common rules that bind the Partner organisations involved in data sharing in Dorset. When information is shared it will be in accordance with the law and with respect for the rights and wishes of the individual.

All of the Partner organisations involved are responsible for following the laws that control the use of confidential information including:

- The Common Law Duty of Confidence;
- The Data Protection Act 1998;

There are still a number of data issues that need to be addressed & these will be looked at by partners as part of implementation.
Summary of human resources implications

28. Implementing the DCR system in Bournemouth alongside our new case management system, will require a mix of existing local authority staff along with new additional resources where a lack of skills and capacity dictate.

Summary of environmental impact

29. None to be considered.

Summary of equalities and diversity impact

30. Having a single, overarching system will give practitioners easy access to a broader range of service user information, enabling them to provide a more individually focussed response and service. This should have a positive impact on equality and diversity.

Summary of risk assessment

31. There is a full risk log for the project detailing all risks identified and the mitigating actions required. However, it is anticipated that there will be a joint risk register with the preferred supplier for the implementation aspect of DCR, once the Framework has been awarded. Currently, the key risks are:

- Breach of Data Protection Act and effect on reputation.  
  Mitigation – DISC has been agreed by the partnership however further work is required to expand to other organisations. Further work to develop individual PISAs.
- May have insufficient skills and resources to deliver the service to meet statutory obligations and partner expectations.  
  Mitigation – Roles and responsibilities have now become clearer and the risk should reduce further when the preferred supplier is awarded the DCR Framework.
- Risk that the benefits will not be achieved due to lack of business resources or their ability to engage.  
  Mitigation – Early engagement to ensure that any areas of benefit risk are identified, managed and mitigated.
- ICT systems across the partnership may not be compatible which may cause some organisations difficulty in using the DCR and/or it may be financially prohibitive to rectify the situation.  
  Mitigation – The use of national standards will enable integration and ensure that all future systems purchased comply.
- Unclear specification may result in increased costs.  
  Mitigation – Further discussion with the preferred supplier once the DCR Framework is awarded.
There is a risk of double counting benefits if the same benefits are being used to justify other projects. 
**Mitigation** – Engagement with partner organisation to reduce the likelihood of this risk materialising

**Background papers**

32. None
**Forward Plan – Health and Adult Social Care Overview and Scrutiny Panel**

Recommendation:

1. That the Panel approve the Forward Plan and recommend any amendments to the Chair and Vice-Chair’s agenda group as necessary

<table>
<thead>
<tr>
<th>Subject</th>
<th>Reason for Review</th>
<th>Benefits</th>
<th>Responsible Officer, Cabinet Portfolio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LGA Peer Review</strong></td>
<td>Following a recent scoping report on the Panel’s role in the upcoming Peer Review, to finalise these arrangements.</td>
<td>To test the Panel’s effectiveness in discharging the Council’s scrutiny function for Safeguarding.</td>
<td>Jane Portman, Executive Director, Adults and Children. Cabinet Member for Adult Social Care.</td>
</tr>
<tr>
<td><strong>Bournemouth and Poole Safeguarding Adults Board – Annual Report</strong></td>
<td>The Safeguarding Adults Board Annual Report is considered annually by the Panel.</td>
<td>To maintain good lines of communication between the Panel at the Safeguarding Adults Board.</td>
<td>Independent Chair – Bournemouth and Poole Safeguarding Adults Board.</td>
</tr>
<tr>
<td><strong>Health and Wellbeing Framework</strong></td>
<td>The Panel have supported the development of a Health and Wellbeing Framework to encourage all Council services to consider Public Health issues when developing policy.</td>
<td>To increase the Council’s evidence base for complying with the legal duty of improving Public Health outcomes for Bournemouth residents.</td>
<td>Sam Crowe, Public Health. Cabinet Member for Regeneration and Public Health.</td>
</tr>
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<tr>
<td>Dorset Care Record</td>
<td>Service Director, Community Learning and Commissioning to advise.</td>
<td>TBC.</td>
<td>Neil Goddard, Community Learning and Commissioning. Cabinet Member for Adult Social Care.</td>
</tr>
<tr>
<td>Feedback from CQC briefing</td>
<td>The Panel meet quarterly with the CQC to discuss local matters and have agreed to feedback these discussions to full Panel meetings verbally.</td>
<td>To keep all Panel Members abreast of local CQC compliance matters.</td>
<td>External scrutiny.</td>
</tr>
<tr>
<td><strong>Scheduled for Panel Meeting: 29 September 2016</strong></td>
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<tr>
<td>Delayed Transfer of Care</td>
<td>Following a previous report considered by the Panel on the NHS England review of Delayed Transfers of Care, to further scrutinise the performance levels and progress against the action plan.</td>
<td>That sufficient scrutiny would have taken place on the multi-agency approach to reducing the levels of delays to transfers of care from local hospitals.</td>
<td>External scrutiny in partnership with Andy Sharp, Adult Social Care.</td>
</tr>
<tr>
<td><strong>Scheduled for Panel Meeting: 27 October 2016</strong></td>
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<tr>
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<td><strong>Local Account 2015/16</strong></td>
<td>Service Director, Community Learning and Commissioning to advise.</td>
<td>TBC.</td>
<td>Neil Goddard, Community Learning and Commissioning. Cabinet Member for Adult Social Care.</td>
</tr>
<tr>
<td><strong>Better Care Fund</strong></td>
<td>The Panel regularly scrutinise the progress of the Better Care Fund.</td>
<td>TBC.</td>
<td>External scrutiny in partnership with Jane Portman, Executive Director, Adults and Children.</td>
</tr>
<tr>
<td><strong>Carers Strategy</strong></td>
<td>Service Director, Community Learning and Commissioning to advise.</td>
<td>TBC.</td>
<td>Neil Goddard, Community Learning and Commissioning.</td>
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</table>

**Scheduled for Panel Meeting: 24 November 2016**

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<thead>
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<tbody>
<tr>
<td><strong>Tricuro</strong></td>
<td>To consider the financial implications of the commercial trading aspect of the local authority trading company, Tricuro</td>
<td>TBC.</td>
<td>Managing Director, Tricuro in partnership with Andy Sharp, Adult Social Care. Cabinet Member for Adult Social Care.</td>
</tr>
<tr>
<td><strong>Performance Suite</strong></td>
<td>The Panel considers a quarterly report on the performance data relating to the Council service areas</td>
<td>That sufficient scrutiny has taken place on the performance of Council service areas for which</td>
<td>Andy Sharp, Adult Social Care.</td>
</tr>
<tr>
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<td>of Adult Social Care and Community Learning and Commissioning.</td>
<td></td>
<td>the Panel is responsible for monitoring.</td>
<td>Neil Goddard, Community Learning and Commissioning. Cabinet Member for Adult Social Care.</td>
</tr>
<tr>
<td><strong>Items to be scheduled</strong></td>
<td><strong>Subject</strong></td>
<td><strong>Reason for Review</strong></td>
<td><strong>Benefits</strong></td>
</tr>
<tr>
<td><strong>Personalisation Strategy – Market Options Appraisal</strong></td>
<td>Following the Panel’s work in developing the Personalisation Strategy</td>
<td>TBC.</td>
<td>Neil Goddard, Community Learning and Commissioning. Cabinet Member for Adult Social Care.</td>
</tr>
<tr>
<td><strong>Locality Effectiveness</strong></td>
<td>Assistant Director of Public Health to advise.</td>
<td>TBC.</td>
<td>Sam Crowe, Public Health. Cabinet Member for Regeneration and Public Health.</td>
</tr>
<tr>
<td><strong>Review of Protocol for Scrutinising External Agencies</strong></td>
<td>Following the Panel’s review of compliance with actions arising from the Francis Inquiry, a review of the protocol is planned.</td>
<td>To continually improve the level of scrutiny undertaken by the Panel, particularly of external organisations.</td>
<td>Jane Portman, Executive Director, Adults and Children.</td>
</tr>
<tr>
<td><strong>Smoking in cars - regulations</strong></td>
<td>It has been 12 months since the law changed to make it illegal to smoke in a vehicle with someone under the age of 18.</td>
<td>To assist in complying with the Council’s legal duty to improve the health and wellbeing of Bournemouth residents.</td>
<td>Sam Crowe, Public Health. Cabinet Member for Regeneration and Public Health.</td>
</tr>
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