



Leeds Safeguarding
Adults Board

LEEDS: A SAFE PLACE FOR EVERYONE

ANNUAL REPORT 2015/16



To report a crime:

- **In an emergency, contact the police: Tel. 999**
- **If the person is not in danger now, contact the police: Tel. 101**

To report a safeguarding concern or seek advice:

- **Contact Adult Social Care: Tel. 0113 222 4401**
 - **Out of hours: Tel. 07712 106 378**
-

Foreword

I am pleased to introduce the Leeds Safeguarding Adults Board's Annual Report for 2015/16.

This last year has been a period of change. The Care Act came into effect in April 2015, making safeguarding adults boards statutory with new duties and responsibilities; and it brought changes to how we work in practice to safeguard adults in the city.

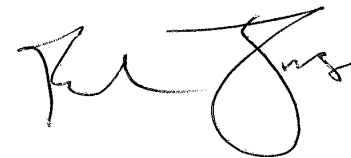
When I joined the Board as its new Independent Chair in October 2015, I found a Board that saw these challenges as opportunities to refocus its aims and ambitions, and to review how it can work most effectively together to make 'Leeds, A safe place for everyone'.

During the year we have reconstituted the Board, with a new constitution and newly developed workstreams; and introduced new multi-agency safeguarding adults policy and procedures that we are pleased to share with West Yorkshire, North Yorkshire and York.

Much of our work this year has been helping us to set the foundations that will enable us to drive forward in the years to come. We have developed a three year strategic plan, with four clear ambitions that will guide all of our work.


Whilst there is much to do, I am pleased that we have set out on a clear journey that will help us to be really focused on making a difference to the lives and experiences of people in Leeds.

On a personal note, I would like to thank everyone who has welcomed me into my role, and I look forward to working with all our partners to develop our approaches over the coming year.



Richard Jones CBE,
Independent Chair
Leeds Safeguarding
Adults Board



A photograph of two women sitting together. The woman on the left, wearing a pink sweater, has her hands clasped and is looking towards the woman on the right. The woman on the right, wearing a grey sweater, has her face buried in her hands, suggesting she is crying or distressed. The background is a plain wall. The entire image is overlaid with a semi-transparent blue filter.

“Much of our work this year has been helping us to set the foundations that will enable us to drive forward in the years to come. We have developed a three year strategic plan, with four clear ambitions that will guide all of our work.”

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1. Leeds Safeguarding Adults Board 2015/16

1.1 The Board and its Vision

Leeds – A Safe Place For Everyone

The Leeds Safeguarding Adults Board is a partnership of organisations that work to end abuse in Leeds. The focus of the Board's work is to safeguard adults with care and support needs from abuse and neglect.

The Board works with the Leeds Safeguarding Childrens Board, Safer Leeds Executive and Leeds Health and Wellbeing Board to make Leeds a safe place for everyone.

The Board includes statutory organisations such as the police, local authority and NHS organisations as well as Healthwatch and voluntary sector and citizen representatives.

In October 2015, the Board appointed Richard Jones CBE as its Independent Chair, providing for independent perspective, challenge and support to the Board in achieving its ambitions.

The Board has a website on which it publishes minutes of its meetings as well as other information about safeguarding adults and the work of the Board:
www.leedssafeguardingadults.org.uk

1.2 Board Development - Summary

In April 2015, the Board became a statutory body with specific duties and requirements as set out in the Care Act 2014.

The Board welcomed the introduction of the Care Act with its legislative framework for safeguarding, and saw this as an opportunity to review and develop how it works to safeguard people in Leeds.

Informed also by its learning from the Local Government Association, Peer Review of Safeguarding in Leeds during 2014, the Board has put in place a range of new arrangements to improve how it works.

The Board reviewed its membership to ensure that all key agencies were included, alongside Adult Social Care, Clinical Commissioning Groups and the Police, who became statutory members under the Care Act. (A full list of member organisations is include in Appendix 2).

The Board revised its workstreams to make sure it was able to drive forward the work of the Board. We now have four focused sub-groups working on Citizen Engagement, Learning and Improvement, Safeguarding Adults Reviews and Quality Assurance and Performance.

The Board also introduced a new Executive Group, made up of the Independent Chair and the Chairs of each of the Sub-groups. The Executive Group supports the Board by coordinating the work of the sub-groups, and by developing the strategic agenda for the Board.

The Board has implemented new multi-agency safeguarding adults policy and procedures, that it now shares with West Yorkshire, North Yorkshire and York. The new procedures reflect the new Care Act duties to make enquiries, to provide representation and advocacy, and to be truly focused on the needs and wishes of the person at risk.

The Board has also revised its 'Constitution' which sets out the governance arrangements of the Board, and how we work together as partners.

Alongside this, the Board also updated its Information Sharing Agreement that supports agencies in Leeds to work together, including within it new Care Act provisions around information sharing.

These new arrangements help to ensure the Board meets its new legal duties, and provides the foundations for the Board to work effectively towards making a difference in the lives of people in Leeds.

2 Making a difference in Leeds

The Care Act emphasised the importance of six safeguarding principles, in guiding how everyone responds to abuse and neglect

1. Prevention:

Take action to prevent harm from occurring

2. Empowerment:

Support people to be in control of their lives and to exercise choice

3. Protection:

Support those in need to be safe

4. Proportionality:

Working to support people in the least intrusive way

5. Partnership:

Work together as a partnership to respond to abuse and neglect

6. Accountability:

Ensuring our practice meets the expectations of people in Leeds

This Annual Report outlines a summary of our achievements in each of these important areas.

2.1 Prevention in Leeds

Prevention involves the responsibility of everyone to take action to prevent harm before it occurs.

As a Safeguarding Adults Board we have focused on developing our approaches to bring learning into practice, to safeguard others in the future.



“I am confident that services are working to keep me safe from harm.”

2.1.1 Continuous Learning and Improvement

The Leeds Safeguarding Adults Board works to ensure that practitioners have the skills, knowledge and confidence to work with people at risk and safeguard them from harm.

The Board has developed a Learning and Improvement Framework that sets out its approach to continuous learning and development across all aspects of safeguarding adults work.

This will help organisations in Leeds to learn from people’s experiences, whether this be through lessons from Safeguarding Adults Reviews, Domestic Homicide Reviews, through people’s feedback or from our performance management processes.

An example of this approach is that key lessons from Safeguarding Adults Reviews in Leeds have been clearly fed into all the training provided by the Partnership Support Unit going forward

These lessons include:

- Improving assessment of risk
- Listening to the views of the individual
- Applying the principles set out in the Mental Capacity Act (2005)
- Recording effectively
- Sharing information about risk across agencies

This approach will help us establish a continual cycle of learning, where we learn from everything we do, and change how we work as a result.

2.1.2 Learning from national concerns

The Board is committed to learning not just from local issues, but from national ones as well. This can help prevent such incidents occurring in Leeds.

Connor Sparrowhawk, AKA 'Laughing Boy'

The Board reflected on the death of Connor Sparrowhawk at its meetings in October and December 2015.

Connor died on 4th July, at the age of 18, having drowned in a bath. He was an informal patient in the Short Term Assessment and Treatment Team (STATT),



an in-patient unit run by Southern Health NHS Foundation Trust in Oxford.

Connor's inquest concluded on 16th October 2015 with a finding that his death had been caused by an 'epileptic seizure contributed to by neglect'.

In reaching their conclusions, the jury highlighted contributory failures in his care, noting specifically:

- A lack of clinical leadership on the unit
- A failure in the systems in place in relation to training and guidance
- A failure to obtain a history and conduct a risk assessment
- Inadequate communication with Connor's family and between staff regarding Connor's epilepsy care, needs and risks.

One of key messages from Connor's family, has been the importance of seeing the person, not their diagnosis or our own assumptions. My Life, My Choice, a self-advocacy group for people with learning disabilities in Oxford worked with Connor's family to make a short film about his life which clearly illustrates this point:

<https://vimeo.com/130521001>

As a result of Connor's experience, NHS England commissioned Mazars LLP to conduct a review of unexpected deaths at Southern Health and their report was published in December 2015. It can be found here:

<https://www.england.nhs.uk/2015/12/mazars/>

The Mazars report identified that of 10,306 deaths of service users between April 2011 and March 2015, 722 were categorised as unexpected; of these 30% were investigated. Sixty-four per cent of investigations did not involve the family and fewer than 1% of deaths in learning disability services were investigated.

The Board identified that the learning was relevant to all agencies that either commission or provide care and support to all adults, not solely those people with learning disabilities and mental health diagnoses.

The issues raised in this report were discussed at the February 2016 Board meeting and assurances sought from Board members as to how their organisation had learned from these findings.

Learning from the Savile Inquiries

Following his death in 2011, it soon became clear to the whole country that Jimmy Savile was a serial sexual abuser. In doing so, he operated across the country, with access to vulnerable people and children through his work at the BBC, by visiting children's homes and in over forty NHS hospitals around the UK, including Leeds General Infirmary. Many of those vulnerable people, both children and adults were assaulted in institutions; hospitals, children's homes, schools, radio studios and television studios.

Detective Superintendent Gray who led Operation Yewtree, the Metropolitan Police investigation said that Savile was, *'hiding in plain sight and using his celebrity status and fundraising activity to gain uncontrolled access to vulnerable people across six decades... He only picked the most vulnerable, the ones least likely to speak out against him.'*¹

It is vital that in Leeds, those of us who work with people who are at risk of abuse and unable to speak up, learn from the inquiries that have been held into Savile's abuse and ensure that we help safeguard others against such harm.

The Leeds Safeguarding Adults Board has been acutely aware that although he operated nationwide, Jimmy Savile had a particular affiliation with Leeds and therefore received briefings and updates at all of its Board meetings following the launch of the investigation into matters relating to Savile at Leeds Teaching Hospitals NHS Trust. Further, Dr Paul Kingston, then Independent Chair of the Board was a member, together with Jane Held, then Chair of the Leeds LSCB of the Local Oversight Panel, and additionally reported on this matter to the Board on a regular basis. When Leeds Teaching Hospitals NHS Trust published its investigation report in February 2014², the findings were reported to the Leeds Safeguarding Adults Board.

In 2014, the Leeds Safeguarding Adults Board, together with the Leeds Safeguarding Children's Board provided Lessons Learned briefings jointly to practitioners in adult and children's safeguarding.

The Leeds Safeguarding Adults Board received a summary of the key learning issues from the Savile Inquiries at its meeting in October 2014.

¹<https://www.nspcc.org.uk/globalassets/documents/research-reports/yewtree-report-giving-victims-voice-jimmy-savile.pdf>

²<http://www.leedsth.nhs.uk/savile-report/>

In February 2016, Dame Janet Smith's Independent Investigation of the BBC in respect of Jimmy Savile concluded³. With this being the final report concerning the actions of Jimmy Savile, we have included this summary of work to learn these enquiries.

Looking forward and continuing the work from previous years, the Board has developed a learning tool for all services providing care and support to adults in Leeds. This will be put into practice during 2016-17 and will help ensure that the lessons continued to be learnt in Leeds.

Learning and changing how we work

The Board's learning from Connor's death, his family's subsequent experience, and the Mazars findings, as well as the lessons from Savile inquiries and investigations have provided the Board with significant sources of learning.

In addition to the actions during the year, these lessons have influenced the Board going forward. This is evident in the Board's ambitions to always focus on the person, reach out and hear peoples voices, and its ongoing commitment to continually learn and improve.

2.1.3 Safeguarding Adults Reviews

A Safeguarding Adults Review is held when an adult at risk of abuse dies or has experienced serious neglect or abuse, and there is concern that partner agencies could have worked together more effectively to prevent that harm.

The purpose of a Safeguarding Adults Review is to learn the lessons about how professionals and organisations work together, and to consider how the learning can be used to improve practice for others in the future; it is not about holding agencies to account or re-investigating what happened.

In April 2015, the conducting of Safeguarding Adults Reviews became a statutory requirement under Section 44 of the Care Act. There is also a new duty to include within each year's Annual Report information about ongoing reviews, findings from concluded reviews that year and the actions taken to put the learning into practice.

The Board has always had a strong commitment to undertaking these reviews, conducting fourteen reviews between 2010 and 2015, with the learning directly influencing the development of safeguarding in the city. There has not however, been any Section 44 Safeguarding Adults Reviews commenced or

³<http://www.damejanetsmithreview.com/>

concluded during 2015/16. Information about those undertaken next year will be reported within the Annual Report.

The Leeds Safeguarding Adults Board has however participated in three Domestic Homicide Reviews that have been conducted by the Leeds Community Safety Partnership during 2015-16. This has been in relation to three deaths in which there were safeguarding adults considerations. These Domestic Homicide Reviews are currently on-going. The Safeguarding Adults Board is committed to close working with the Safer Leeds Community Safety Partnership and will ensure that the learning from these Domestic Homicide Reviews when complete, will be central to its learning and development going forward.

2.2 Partnership in Leeds

Supporting people to be safe and achieve the changes they want, often involves a number of organisations working together, and with the person at risk to find the best way of providing support.

Over the last 12 months, the Board has worked on having common approaches that allow us to respond to concerns as a partnership, rather than just individual agencies.



“I am confident that professionals will work together and with me to get the best result for me.”

Examples of this approach, include the Board’s new multi-agency policy and procedures and the Front Door Safeguarding Hub.

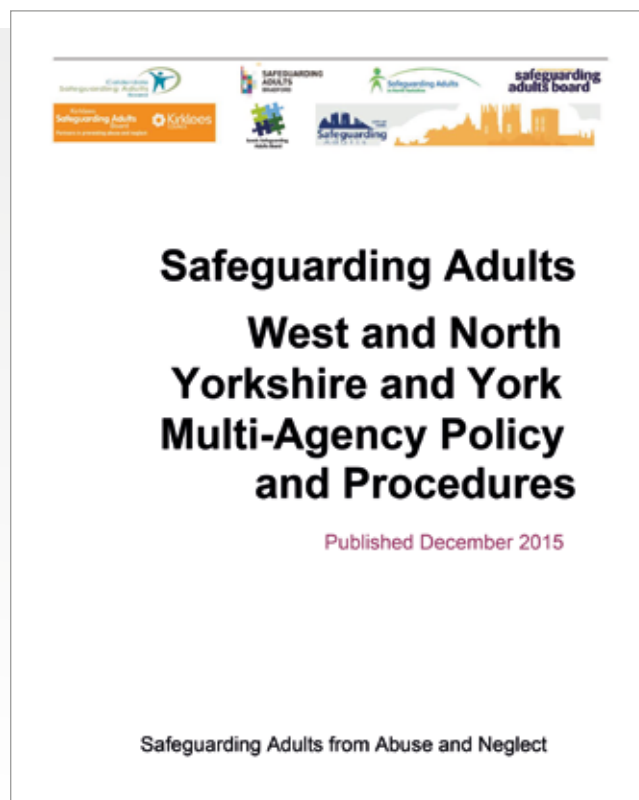
2.2.1 Multi-agency safeguarding policy and procedures

The multi-agency safeguarding adults policy and procedures provide the framework for all organisations to work together to safeguard adults from abuse.

In May 2015, we launched our new multi-agency policy and procedures. These had been revised so as to be compliant with the Care Act, and provide for flexible responses tailored to the needs and wishes of the person at risk.

We have developed this policy and procedure together with our partner Boards in West Yorkshire and North Yorkshire, before being updated in December 2015 when they were also adopted by York.

This partnership approach enables there to be common approaches across the region. This helps organisations such as the many care providers who work across the area to be clear on their responsibilities and the process to be followed. This joined up approach, also provides a basis for us to share learning and develop best practice with the support and expertise of other Boards in the region.



2.2.2 Front Door Safeguarding Hub

The Front Door Safeguarding Hub brings together a range of organisations, such as Police, Adult Social Care, Children's Services, Housing Services and NHS Trusts to work together and find the best ways of responding to concerns.

Daily partnership meetings focus on high risk cases reported to the police. In instances of domestic abuse and violence there can be many contributory factors. These include alcohol or drug misuse, mental health needs or people's care and support needs.

To respond to such concerns, often more than one agency needs to be involved. Working closely together through the hub enables agencies to have:

- A fuller understanding of the person's needs and circumstances
- A better understanding of the risks in the person's life
- An opportunity to respond to underlying issues and not just immediate concerns
- Improved decision making with agreed plans owned by all agencies
- Improved early interventions.

Working together – Case Example

Front Door Safeguarding Hub

Eileen has dementia and lives in a residential care home. She has lived there for the last 3 years. Her family visit her every Sunday and have been delighted with the care she receives.

One night however she was very tired, but couldn't sleep because she was confused and disorientated. Instead of being provided with support and reassurance, a new member of staff was seen to pull Eileen towards her bedroom. He did this by roughly pulling on Eileen's arm, causing it to twist sharply. This was painful for Eileen and she started crying. Eileen had a small skin tear from the incident.

Later Eileen was unable to remember what happened, but another member of staff had intervened and had carefully recorded what they had seen. The Police worked closely with Adult Social Care to gather evidence and make sure that such an incident would not happen again in the future.

The member of staff was prosecuted for Ill Treatment and Wilful Neglect of a person without mental capacity. They were reported to the Disclosure and Barring Service to prevent them being able to work with adults with care and support needs in the future.

Adult Social Care identified much-needed improvements in how the home worked, that would reduce the risk of such incidents happening in the future. Adult Social Care worked with the Care Quality Commission (the regulator for care homes), Commissioners and the home to make the necessary changes.

Eileen continues to live in the home, she is happy there and her family feel confident that she is safe from anything like this happening again.

2.3 Protection in Leeds

Protection involves all the work included within this report. A key part of this however is all the work undertaken to help people to recognise abuse, and to have the knowledge and confidence to seek help and advice.



“I receive clear and simple information about what abuse is, and how I can get help”



2.3.1 Improving awareness

The Care Act came into effect in April 2015. Since then we have updated all our leaflets to make sure the information is up to date and is easy to understand.

There are new leaflets for staff and volunteers and members of the public, including an easy read leaflet. You can see them on our website: www.leedssafeguardingadults.org.uk

The Board wants everyone to know how to report abuse and to have the confidence to do so. Everyone can help people to get the support they need by displaying our posters or giving out our leaflets and cards.

These can be obtained from Safeguarding Adults Partnership Support Unit.

To order free copies:

Tel: 0113 24 769 25

Email: safeguarding.adults@leeds.gov.uk

2.4 Empowerment in Leeds

Empowerment is the principle that we should support people to be in control and have choices about their own life. This means that when people are seeking help, that we should work with them to understand what they want, and how we can help them achieve this.



“I get help so that I am able to take part in the safeguarding process to the extent to which I want”.

Safeguarding adults involves supporting people to weigh up risks and take actions that promote, not just their safety, but their overall well-being.

This is sometimes called Making Safeguarding Personal, because it means being really focused on the needs and wishes of the person at risk. This was a key requirement of the Care Act when it came into force in April 2015.

As a result, we have made improvements to our multi-agency policy and procedure during 2015/16 to be more person-centred and outcome focused. This involves always asking the person what changes they want to achieve, working with them towards their goals, and checking whether we have achieved the changes they wanted.

It also involves keeping people at the heart of the process, making sure that people are involved in decision making to the extent that they would like.

2.4.1 Advocacy

When some one has a substantial difficulty taking part in decision making, and has no friends or family, there is now a legal duty for an independent advocate to be provided.

Advocates work in partnership with the people they support and take their side.

Their role includes helping people to:

- Express their views, wishes and concerns
- Access information and services
- Have their interests represented
- Protect their rights
- Explore options and choices

Supporting people to be heard – Case example

Sarah has cerebral palsy and a learning disability, and lives in supported accommodation. When Sarah was abused by another tenant, it was reported as a safeguarding concern.

The social worker wanted to make sure that Sarah was given the opportunity to be fully involved in decisions. Sarah was able to make her own decisions about what she wanted to happen, but she needed support to understand what was being said and to think through the options. As Sarah did not have any relatives, with Sarah's agreement the social worker asked for an advocate to support her.

The advocate realised that Sarah had lots of questions as to what would now happen. He supported her to write all these down and arranged a meeting with the social worker. With the support of the advocate, Sarah was able to go through her list of questions and get support to understand the answers.

When a meeting was arranged to discuss how to prevent this happening again in the future, Sarah asked the advocate to come with her to support her. Sarah found the meeting difficult because there were some people there who were talking about the different options in a way she found difficult to understand.

The advocate was able to speak up on Sarah's behalf, asking those people present to explain their ideas more clearly. The advocate helped Sarah explain that she needed time to think about what was said.

The meeting paused to allow Sarah to have time to think about what she wanted to happen. The advocate helped her to remember all that was said and think through the options. When the meeting continued again, Sarah was able to make an informed decision about what she wanted to happen next. This would not have been possible without the support she received.

2.4.2 Independent Mental Capacity Advocates (IMCAs)

IMCAs are a form of advocacy, that was introduced by the Mental Capacity Act 2005. IMCAs can be used to support people with certain specific decisions:



Where an advocate is representing a person without mental capacity, their role will be to ensure their wishes, needs and best interests are the focus of decision making. In recent years, Leeds has had the highest use of IMCAs in the country⁴, which has helped to protect the rights of those citizens most in need of protection.

⁴ 7th Year of the Indendent Mental Capacity Act (IMCA) Service

2.5 Proportionality in Leeds

Proportionality is about working to support people in ways that leave them in control of their lives, and gives them choices. Safeguarding is not just about keeping people safe, but promoting their well-being.



“I am confident that professionals will work in my interest, and they will only get involved as much as needed”

In Leeds we have introduced new multi-agency safeguarding adults procedures, which allow for flexible and proportionate responses, enabling us to focus on what we are trying to achieve for the person at risk.

Safeguarding Adults practice – Case example

Supporting people to regain control over their lives

Peter is in his 60's and lived in warden-supported accommodation. Peter does not have a formal diagnosis, but he has difficulties processing information and adapting to new situations.

Earlier this year, Peter told the warden that he was engaged to be married to Kerry, who was in her early 20's. Peter told the warden that she was working in a massage parlour and that he had given her most of his savings to pay for their wedding and a deposit on a flat. Peter said that she had kept asking for the money until he agreed. Peter also said that two men had visited him several times, saying that Kerry was in trouble, and had taken him to a cash machine to get money.

The social worker worked with Peter to help him recognise that he was being exploited. Peter was able to recognise that when he was under pressure he became flustered and couldn't recognise other people's motives. He realised that he needed to make decisions about Kerry and the men when they were not present.

With support Peter was able to decide how he wanted to manage these risks.

Peter asked social care to hold his bank cards as a temporary measure. When the two men visited the following week, Peter did not open the door. He told them, as he had planned, that he did not have his cards anymore so they might as well leave him alone. He felt pleased with himself that he had been able to do this.

Peter decided he wanted to make a fresh start in another part of Leeds. The social worker and housing officer worked together to find alternative accommodation. He did not tell anyone where he was moving to.

Peter has now built a new life for himself. His experiences have been very distressing for him, but he is pleased that he himself was able to take back control over his life and received the support to do so.

2.6 Accountability in Leeds

The Board works to ensure that all partners recognise and act upon their responsibilities to safeguard adults at risk of abuse and neglect.



“I can be confident in the support that I receive and in the decisions made about my safety and wellbeing”.

The Board works in a number of ways to ensure everyone is working effectively to safeguard adults at risk. For example, member organisations of the Board completed an annual self-assessment to check that each and everyone has the systems in place to prevent and respond to abuse and neglect.

To ensure that practice is effective and consistent the Board has developed Quality Assurance and Performance Standards and a series of audit tools, to ensure that we are working together effectively under our new procedures.

Performance information is continually collated and analysed, to identify areas of focus or development. We have based this approach on looking at trend data over the last two years, so that we can identify emerging issues for the Board to consider.

We have been reviewing our approaches to developing best practice. We are developing Reflective Practice Sessions, whereby each organisation first reviews their own practice and then comes together to review how we could have worked better and more effectively towards achieving the person's wishes, safety and wellbeing. We have been developing this approach in 2015/16, but it will come in practice in the coming months.

Similarly, the Board has been reviewing how it gathers feedback from people who have been involved in the safeguarding adults process. The Board wants to base its future priorities on the learning from people's experiences. The Board has been reviewing best practice nationally, and with this preparation work completed, we will be adopting new approaches in Leeds next year.

3 Going Forward

Ambitions for 2016/19

The Board's Strategic Plan sets out how the Board will work towards achieving its Vision, Leeds – A safe place for everyone.

Four key ambitions will be the focus of our work over the next three years.

- 1. Seek out the voice of the adult at risk**
 - 2. Improve awareness of safeguarding across all our communities**
 - 3. Improve responses to domestic abuse and violence**
 - 4. Learn from experience to improve how we work**
-

3.1 Our Ambitions for 2016/19

The Leeds Safeguarding Adults Board has identified four key ambitions that will guide all of our work over the next three years.

These are summarised below. In our Strategic Plan 2016/19 we set out the actions we will take next year to help us achieve each of these ambitions.

You can read this Strategic Plan 2016/19 in full. It can be found on our website:

www.leedssafeguardingadults.org.uk

Ambition 1: Seek out the voice of the adult at risk

“I am asked if I feel safe and what help I want, and this informs what happens.”

Our ambition is to seek out the voice of the adult at risk and for this to be a key focus in all our work.

- We will reach out to people who may be at risk of abuse and neglect,
- We will involve people in decisions about how we respond to their concerns,
- We will work with people to achieve the changes they need to feel safe.

Ambition 2: Improve awareness of safeguarding across all our communities

“I receive clear and simple information about what abuse is, and how I can get help”

Our ambition is for everyone to know how to seek help and to have confidence in our response.

- We will promote awareness across the city,
- We will reach out to diverse communities,
- We will assess the effectiveness of the work we do.

Ambition 3: Improve responses to domestic abuse and violence

“I am confident that professionals will work together and with me to get the best result for me”

Our ambition is for everyone to receive the advice and support they need if they experience domestic abuse and violence.

- We will improve how we respond together, as a partnership
- We will ensure practitioners have the skills and knowledge to provide the support needed,
- We will learn by continually reviewing practice.

Ambition 4: Learn from experience to improve how we work

'I am confident that my feedback and experience will help others'

Our ambition is for us to improve how we work, based on the experiences of those concerned.

- We will ask people to give us feedback,
- We will learn from people's experiences,
- We will put this learning into practice.



4/5 Appendices

4 Appendix One

Work of Board Member Organisations

The achievements of the Board result from the joint work of its member organisations. However, whilst each member organisation contributes to the strategic development of safeguarding adults across the city, each also works to promote safeguarding adults within their services, and for the benefit of the people who use those services.

The work of Board member organisations to promote safeguarding adults can be extensive and far reaching. The following are just examples of how member organisations have sought to promote safeguarding and improve outcomes for adults at risk.

4.1 Leeds City Council: Adult Social Care

Since the implementation of the Care Act 2014 in April 2015, Adult Social Care has been working to implement new multi-agency safeguarding adults procedures. This has involved adopting a more personalised approach, focusing on the person's wishes, desired outcomes and how they would like to be supported.

Alongside more personalised approaches, during 2015/16 Adult Social Care has been working to embed multi-agency approaches, including working with partners in the development of the Front Door Safeguarding Hub that works to provide effective and coordinated responses to abuse. This involves daily meetings of agencies to discuss and formulate an action plan for any high risk domestic violence incidents which have occurred during the previous 24 hours.

As part of the commitment to responding to domestic abuse and violence, Adult Social Care have been working to achieve the Leeds Domestic Violence Charter mark. Staff training has been provided with dedicated training, and there are now Domestic Violence Champions in key teams to support staff in responding to such concerns.

Best Practice Panels also provide social workers with support managing and responding to complex cases, often involving legal frameworks, mental capacity,

risk and safeguarding adults. The Approved Mental Health Professional (AMHP) Professional Lead and Safeguarding and Risk Managers chair the panel and make recommendations for practice, helping to make sure we respond in the most appropriate way to support people.

The Deprivation of Liberty Safeguards (DoLS) are an important protection for people in hospitals and care homes who lack the mental capacity to make decisions about their care and treatment, but who need to be deprived of their liberty to protect them from harm. Since changes to the law in 2014 many more people are covered by these safeguards than previously, and Adult Social Care has been working to ensure that all partners, including Care Quality Commission, care home providers, social workers and health professionals have a shared understanding of legislation and that systems are in place to respond to the increased demands for assessments.

The Mental Capacity Act 2005 forms a key element of all practice. Within Access and Care Services there is a continued focus on good practice in this area. During 2015/16, this included participation within the Principle Social Workers' MCA Call to Action event, a national event focused on developing best practice in relation to issues of mental capacity.

4.2 West Yorkshire Police

West Yorkshire Police continues to develop and improve safeguarding structures to focus upon protecting the vulnerable and ensuring a consistent and corporate approach to safeguarding, against HMIC recommendations.

Within Leeds, the Police Safeguarding Unit has increased resources at Constable, Sergeant and Inspector level. The increase in managers allows a greater overview of investigations and criticality across Leeds. The Unit now deals with all rape investigations and the teams work later into the evening to be able to deploy appropriately trained staff in a more flexible and dynamic manner. The Unit has also increased resources into the dedicated Domestic Abuse Team to accommodate the increased demands. The end to end approach around Domestic Abuse remains a key priority particularly the quality of the initial response and investigation. There are nominated thematic leads for adult protection matters, Domestic Abuse and other crime types linked to the safeguarding of adults.

The innovative and effective multi agency work at the Front Door Safeguarding Hub (FDSH) continues to evolve. The transition of the MARAC arrangements into a daily function is a key priority. The joint working around adult safeguarding between Police and Adult Social Care is now an established part of the hub with a number of notable successes. The Police team will be expanded to incorporate a joint investigation

capability working with adult and children's social care. The principles of joint working, information sharing and early assessment of risk is now being considered in the Police Control Room. The recent success of mental health pilot at this location is seen as starting point to consider how other partners can contribute at an early stage in protecting vulnerable people.

4.3 Clinical Commissioning Groups (CCGs)

The Safeguarding Team is based at NHS Leeds South and East Clinical Commissioning Group (CCG) and work across all three Leeds CCGs. The prime focus of the team is to support all health services in Leeds to provide high quality safeguarding services to empower and protect patients.

In July 2015 NHS England published their revised Assurance and Accountability Framework which clearly sets out the safeguarding roles, duties and responsibilities of all organisations commissioning NHS Healthcare. Therefore, in readiness for the additional safeguarding responsibilities for CCGs through fully delegated commissioning of Primary Care from April 2016 the Safeguarding Team has had additional investment to ensure it has the capacity and resources to respond. The revised team structure fully integrates and reflects the 'Think Family, Work Family' approach adopted by Leeds.

The CCG Training Strategy and Training Programme has been reviewed and revised this year to reflect the NHS England Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document which was published in February 2016. This guidance sets out the minimum training requirements for all NHS staff to ensure that they acquire and maintain knowledge and skills drawing upon lessons from research, case studies, critical incident reviews and analysis and Safeguarding Adult Reviews. The team have seen an increase in the numbers of health staff accessing Prevent training and have been proactive in raising the profile of Safeguarding Adults, MCA, DoLS, Prevent and Domestic Violence and Abuse in primary care.

There has been full involvement from the CCG and health providers in the DHR process and lessons learned being implemented, and the safeguarding team have been engaged in the strategic development of the Front Door Safeguarding Hub and are confident that 2016/17 will see primary care fully represented at the Front Door.

This year the CCG MCA/DoLS Lead has worked closely with the Professional Lead/DoLS Manager within Leeds Adult Social Care to identify cases and fully understand the process for making applications to the Court of Protection for deprivation of liberty authorisations for those who receive care in their own homes and are funded through continuing healthcare. This work will continue throughout 2016/17 plus the team will continue to support the local authority and health providers

to ensure that all DoLS applications are made and authorised within legal timeframes.

4.4 Leeds Teaching Hospital NHS Trust (LTHT)

As a member and partner of the LSAB the Leeds Teaching Hospitals are committed to supporting the achievement of the boards vision of Leeds - a safe place for everyone.

During 2015-16 the Trust has continued to build on the work and success of previous years to safeguard vulnerable adults in our care and to work in partnership across the health and social care community to safeguard vulnerable adults in Leeds.

During 2015-16:

- The education and training of our staff to ensure they are able to recognise and act on safeguarding concerns has been a focus. Over 92% of staff have received level 1 and 81% of staff have received level 2 safeguarding training
- The Trust has reviewed and updated its policies, procedures and practice to meet the requirements of the Care Act and continuing to work in partnership with Local Authority colleagues to ensure the requirements are fully embedded in practice

- We have actively engaged in the PREVENT agenda. Over 5000 staff have now received their PREVENT training.
- Keeping our patients safe and preventing harm has remained a priority. The Trust has championed work to recognise when a pressure ulcer is a safeguarding concern and is leading work with partners to establish an ambition to eliminate avoidable grade 4 pressure ulcers in the city.
- The continued rise in the number of DoLS applications within the Trust demonstrates positive practice and increasing staff awareness of these safeguards
- The Trust Board has continued to take an active interest in safeguarding with specific board workshop sessions being provided in addition to regular assurance updates.

4.5 Leeds and York Partnership NHS Foundation Trust (LYPFT)

In 2015-16 the Leeds and York Partnership NHS Foundation Trust has continued to work to embed Safeguarding as a core element to mental health and learning disability care. We have strengthened partnerships across Leeds to support the development of Safeguarding within the city. Internally, there has

been a commitment to the expanding agenda and the team has grown to include a deputy Head of Safeguarding and 2 safeguarding adult specialist practitioners.

Highlights have been full engagement with the Domestic Violence Hub initiative and a recognition that a significant number of those reviewed both victim and perpetrator have in the past or currently had involvement with services. Domestic Violence training is being developed within the Trust and will be rolled out in 2016.

In 2015 we audited how staff progress safeguarding advice. Some of the learning recommended better recording so we secured a designated section in the Trusts electronic recording system (PARIS). This is to progress embedding safeguarding advice within patient records. It is hoped this will enable a stronger audit trail for safeguarding advice and risk and support staff with accessing safeguarding information out of hours.

The implementation of the Care Act during the year brought some changes. Amongst the opportunities that came with this challenge was developing learning and expanding our knowledge of trafficking, modern slavery, FGM and Think Family. The Adult and Child practitioners have worked together to integrate and develop a unified understanding and approach on a number of areas reflecting the needs of the service users and families seeking support and advice. The FGM minimum data set is also embedded into our records.

An external audit of Care Act 2014 compliance was completed in early 2016. This was carried out by the West Yorkshire Audit Consortium. The audit identified the Trust provided 'Significant' evidence that it was compliant with the Care Act and had successfully put in place changes to policy and practice to comply with new legislation.

An audit of PREVENT referrals was carried out and is almost complete.

Finally the LYPFT training strategy was updated in the year introducing a 'level 3' training package. This is aimed at senior clinical staff that have responsibility for supervising and leading teams. We anticipated that this would make us compliant with the Adult intercollegiate document (2016) and plan to review all of the training to ensure compliance. The ultimate aim being to put safeguarding at the centre of what we do.

4.6 Leeds Community Healthcare NHS Trust (LCH)

Leeds Community Healthcare safeguarding team offer advice, support, guidance and training to services and practitioners across the Trust.

During 2015-16 we have supported services to embed the Think Family, Work Family ethos in practice and have begun the roll-out of routine enquiry with regard

to Domestic Violence and Abuse (DVA) in our services, as well as being an active partner in the Front Door Safeguarding Hub, ensuring a swift co-ordinated response to individuals and families where DVA is an issue.

Our appetite for constant innovation has led to the introduction of a Safeguarding Adults Champions model for practitioners, building on the success of that approach to address the Mental Capacity Act and Deprivation of Liberty Safeguards agenda.

We continue to review complaints and incident reports, providing the safeguarding perspective to organisational learning from these events; a new aspect of this role has come about through the introduction of a Pressure Ulcer Panel in LCH, which aims to reduce the severity and incidence of pressure ulcers through timely review of incidents, swift remedial action and sharing of best practice across services.

The LCH Safeguarding Team while being available to support all our practitioners, also reaches out to support services delivering healthcare to some of the most vulnerable people of Leeds e.g. through supervision to the York Street Practice for asylum seekers and those of no fixed abode; or working with LCH health practitioners in Police Custody Suites across Yorkshire to identify and address their safeguarding priorities.

Safeguarding can only be effective through partnership working; it is at the heart of all we do as the LCH Safeguarding Team and is fundamental to ensuring that as an organisation, we deliver the best possible healthcare to every community in Leeds.

4.7 Healthwatch Leeds

The Health and Social Care Act (2012) provided a remit for all Healthwatch organisations in England to bring local people's voices to decisions about their health and care. Healthwatch Leeds is a member of the Safeguarding Adults Board, aiming to raise awareness and promote good practise in engagement and learning from the experiences of local people. Healthwatch representatives have statutory rights to visit publically funded health and social care services to look at how services are provided, and to talk to service users, their relatives and carers. These are known as Enter and View visits and may be undertaken on premises such as hospital, residential homes, GP practices and dental surgeries.

As a stakeholder in the LSAB, Healthwatch Leeds aims to promote engagement and learning as well as awareness raising in the city. All staff have safeguarding training and volunteers are briefed on safeguarding issues prior to any work with members of the public. We also use and promote awareness material and opportunities to take part through our networks and media.

4.8 West Yorkshire Fire and Rescue Service (WYFRS)

During 2015/16 WYFRS embarked on new innovative partnership arrangements to ensure vulnerable adults are safer within their own homes. We seconded a full time operational member of staff to Leeds City Council for 12 months. This member of staff works full time across Adult Social Care and Public Health. In addition we seconded a member of staff into Leeds and York Partnership NHS Foundation Trust. The purpose of these posts is to share expertise across both organisations and work jointly to identify and reduce the risk of fire for those adults who are at highest risk of being seriously injured or killed in an accidental dwelling fire.

This project includes up-skilling front line professionals to recognise risk of fire during their routine work and a collaborative approach to managing and reducing risk. The project has gone from strength to strength and has been extended for a further 12 months. The investment in the project is a commitment from WYFRS to make people living in Leeds Safer. We have established a multi-agency steering group that has representatives from Social Care, Mental Health, Public Health and Third sector to drive the effectiveness of the project.

In addition, WYFRS continues to be a virtual partner within the Front Door Safeguarding Hub. We process referrals for Home Fire Safety Checks and all front-line

operational staff in Leeds have had domestic violence awareness training. Our aim is to ensure that victims of domestic violence are safe from fire.

4.9 Leeds City Council Housing

Housing Leeds has undertaken an extensive Safeguarding training programme and 85% of staff received Safeguarding training during 2015/16. Specialised information sessions have also taken place to ensure that Officers are aware of their duties under the Care Act.

Campaigns promoting awareness of issues (such as Hate Crime, FGM, CSE, drugs and alcohol) have been supported from within Housing to ensure that officers are able to access support pathways and appropriately help vulnerable tenants. A Hoarding Toolkit has been developed which is designed to aid Housing Officers in providing support to people who hoard. The way that we support tenants who hoard has recently been re-modelled to ensure that tenant needs are identified and support put in place at the earliest of stages. Housing will work with partners and support agencies to encourage independent living and sustainable tenancies.

Housing Leeds are fully engaged in the Domestic Violence Front Door Hub work to better help victims of domestic violence and to put in place interventions

that help perpetrators change their behaviour. This involves daily attendance at the Hub and a focus on cases having a housing dimension. This could include preventative action such as sanctuary installation, priority awards for rehousing, ongoing assistance to facilitate rehousing and setting up emergency or supported accommodation.

Housing Leeds works with commissioned services to ensure that safeguarding adults is embedded in practice. Mears for example, are commissioned to provide property maintenance services to Leeds City Council. Mears have a nominated safeguarding champion who is part of the wider Leeds City Council safeguarding lead officer group. When new contracts are procured Housing Leeds work with contractors to ensure that they have robust safeguarding policies and processes in place.

The safeguarding lead officer acts as the point of contact for staff and clients, and is responsible for promoting safeguarding awareness and practice within the organisation using training and briefings. Being part of the wider safeguarding network supports Mears to review and discuss working practises, identify changes within safeguarding procedures and updates on national incidents.

4.10 National Probation Service

The National Probation Service (NPS) provides sentencing advice to the courts and works with high risk offenders in custody and in the community. The organisation was established in June 2014, when the former, locally based, Probation Trusts ceased to have responsibility for offenders in the community. Over the past two years the new organisation has been working to build a single national approach to its work.

In June 2015 the NPS published a National Partnership Framework detailing its commitment to the work of Safeguarding Adults Boards. In March 2016 a similar framework covering the work of Multi Agency Risk Assessment Conferences was published.

The NPS in Leeds is committed to working as part of Front Door Safeguarding Hub (FDSH). This partnership has been expanded to improve the safety and support of victims of domestic violence and abuse and is now a key part of the work of the NPS.

NPS has a statutory duty to work with the victims of serious violent and sexual crime. The agency ensures that their views are made known to prisons, and to the Parole Board as offenders make progress through their sentence and that key information about the offenders progress through the prison system and plans for release are shared with the victim.

Together with West Yorkshire Police and HM Prison Service the NPS is a Responsible Authority for Multi-Agency Public Protection Arrangements (MAPPA). In Leeds we work in a strong and effective partnership with the Health Sector, with Adult and Children's Social Care and with Third Sector partners to manage the 'critical few' high risk offenders and to ensure that communities and victims are protected.

4.11 Community Rehabilitation Company

The main focus of the Community Rehabilitation Company has been to develop its services and operating model for low and medium risk offenders. This has necessitated the development of a new operating model called the Interchange Model and with that the development and implementation of a range of new policies and procedures.

During this process we have maintained the attendance at the board and become part of the domestic homicide sub group.

Within the Community Rehabilitation Company we continue to put resources into the Front Door Hub supporting the inter agency work there in addition to contributing to the MARAC process. Specific work continues to address the risk posed by perpetrators of domestic violence. This work will in time be integrated in our new Interchange Model of working.

Work continues with offender managers to ensure they are aware of the need to consider adult safeguarding in their day to day work and that they are aware of how to take concerns forward or seek further advice. This work will be ongoing in the coming year in conjunction with the development of new working systems.

5. Appendix Two:

Safeguarding Adults Board Member Organisations

Member Organisations: April 2015 to March 2016

Leeds City Council: Adult Social Care

West Yorkshire Police

Leeds Clinical Commissioning Groups

Leeds Teaching Hospital NHS Trust

Leeds and York Partnership NHS Foundation Trust

Leeds Community Healthcare NHS Trust

Healthwatch Leeds

West Yorkshire Fire & Rescue Service

Leeds City Council: Housing

Leeds City Council: Community Safety

Leeds City Council: Public Health

Leeds City Council: Children's Services

National Probation Service

West Yorkshire Community Rehabilitation Company

Advonet

The Alliance of Service Experts

HMP Leeds & Wealstun



To report a crime:

- **In an emergency, contact the police: Tel. 999**
- **If the person is not in danger now, contact the police: Tel. 101**

To report a safeguarding concern or seek advice:

- **Contact Adult Social Care: Tel. 0113 222 4401**
- **Out of hours: Tel. 07712 106 378**

