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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 16 November 2017 at 4.30 pm in Committee Room 1 - City Hall, Bradford

Members of the Committee – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT AND INDEPENDENT
Gibbons **Rickard**	**Greenwood** **A Ahmed** **Akhtar** **Johnson** **Shabbir**	**N Pollard**

Alternates:

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT AND INDEPENDENT
Barker **Poulsen**	**Berry** **I Hussain** **S Hussain** **Iqbal** **H Khan**	**Griffiths**

NON VOTING CO-OPTED MEMBERS

Susan Crowe	Strategic Disability Partnership
Trevor Ramsay	Strategic Disability Partnership
G Sam Samociuk	Former Mental Health Nursing Lecturer
Jenny Scott	Older People's Partnership

Notes:

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- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From: **To:**

Parveen Akhtar
City Solicitor
Agenda Contact: Palbinder Sandhu/Claire Tomenson
Phone: 01274 432269/432457
E-Mail: claire.tomenson@bradford.gov.uk

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

(1) Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.

(2) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

(3) Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.

(4) Officers must disclose interests in accordance with Council Standing Order 44.

3. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Claire Tomenson - 01274 432457)

4. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

Any referrals that have been made to this Committee up to and including the date of publication of this agenda will be reported at the meeting.

B. OVERVIEW AND SCRUTINY ACTIVITIES

5. HEALTH AND WELLBEING BOARD ANNUAL REPORT 1 - 22

The Strategic Director, Health and Wellbeing will submit **Document "N"** which outlines the work and focus of the Bradford and Airedale Health and Wellbeing Board in 2016-17, its fourth year of operation. The Board is the statutory partnership with leadership responsibility for Health and Wellbeing across the local health, care and wellbeing sector.

Recommended –

That Members provide comments on the Annual Report from the Health and Wellbeing Board.

(Sarah Muckle – 01274 432805)

6. ADULT SAFEGUARDING BOARD ANNUAL REPORT 23 - 74

The Strategic Director of Health and Wellbeing will present a report (**Document "O"**) that describes the structure and function of the Safeguarding Adults Board and its Subgroups, a summary of safeguarding activity and how performance is measured in practice.

Recommended –

(1) That the content of the Safeguarding Adult Board's Annual Report, 2016-2017 be noted.

(2) That the Committee supports the development of safeguarding measures on a broad front that extends beyond Adult Social Care and into local communities in supporting and developing links and 'joint agendas' with relevant agencies in addressing such cross-agenda areas as domestic violence, modern slavery, community safety etc.

(3) That the Safeguarding Adults Board would welcome any suggestions or direction the Committee could make regarding the wider dissemination of 'safeguarding adults' within the wider community.

(Yvonne Butler – 01274 431188)

7. ADULT HOME CARE PROVISION UPDATE 75 - 84

The Strategic Director, Health and Wellbeing will present a report (**Document "P"**) which provides a progress update relating to the provision of home care support. This includes the proposed projects and work completed to date of the Home First Project Team specifically relating to the provision of home care services across the District.

Recommended –

(1) That the report be noted.

(2) Members are invited to comment on the direction of travel detailed in the report to resolve the many different elements of home care.

(Paul Hunt – 01274 431748)

8. INTEGRATED TRANSITIONS SERVICE 85 - 102

The Strategic Director, Health and Wellbeing will submit **Document "Q"** which informs Members of the progress of the project plan to develop an integrated service for 14-25 year old disabled young people and their families in Bradford.

Recommended –

That the Committee notes the progress made and the continuing plans for the development of an integrated transition service for young people.

(Sally Townend – 01274 439700)

9. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2017/18 103 - 108

The Overview and Scrutiny lead will present the Committee's Work Programme 2017/18 (**Document "R"**).

Recommended –

That the Committee notes the information in Appendix 1 to Document "R".

(Caroline Coombes – 01274 432313)

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 16 November 2017

N

Subject:

Annual report of the Health and Wellbeing Board to the Health and Social Care Overview and Scrutiny Committee

Summary statement:

This report outlines the work and focus of the Bradford and Airedale Health and Wellbeing Board in 2016-17, its fourth year of operation. The Board is the statutory partnership with leadership responsibility for Health and Wellbeing across the local health, care and wellbeing sector.

Bev Maybury
Strategic Director Health and Wellbeing

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Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

This report outlines the work and focus of the Bradford and Airedale Health and Wellbeing Board in 2016-17, its fourth year of operation. The Board is the statutory partnership with leadership responsibility for Health and Wellbeing across the local health and wellbeing sector. The report outlines:

- the work that has taken place during 2016-17 to develop whole system approaches to health and wellbeing across the District.
- strategic and themed work undertaken by the Board
- progress on the 'Better health, better lives' priority of the District Plan 2016-20.

2. REPORT ISSUES

2.1 Annual report to the Health and Social Care Overview and Scrutiny Committee of City of Bradford Metropolitan District Council

The Board has continued to provide leadership and direction in key areas where a new strategic direction is being developed in order to improve health and wellbeing outcomes, or where national guidance has required that a different approach is needed:

2.1.1 Strategic focus

In the latter half of 2016-17 development meetings for the Board focused on shaping a draft Joint Health and Wellbeing Strategy to follow on from the original 2013-16 strategy.

The first draft set out a shared vision and priority outcomes for improving the health and wellbeing of the population and reducing health inequalities (avoidable differences in health between different people). The strategy aims to build resilience, to support independence and ensure that people receive the right level of support to be 'Healthy, happy and at home' for as much of their lives as possible. The draft proposed a focus on the wider factors that shape our wellbeing, on preventing avoidable illness and self-care to help people stay as well as possible even with a chronic health condition. The strategy will guide how resources are used for the next few years to improve wellbeing and prevent illness.

This vision will also guide the use of the additional central government funding to support and secure the provision of adult social care across the District (see 3.1.3 below - Better Care Fund Plan), for example, by securing and expanding the home care market, expanding provision of equipment and developing new supportive technology. These approaches will enable more people to maintain and improve their health and wellbeing, to be able to access advice and support in ways that are convenient to them, and to live safely in their homes and communities, with appropriate person-centred support.

The Health and Social Care Overview and Scrutiny Committee received and commented on the first draft of the strategy at their October meeting as part of a stakeholder consultation.

2.1.2 Mental Wellbeing

In late 2015-16 the Board had been involved in the early stages of shaping the new integrated Mental Wellbeing Strategy, recommending that the strategy be all-age, focusing

on community wellbeing, prevention and early intervention and consider the role to be played by primary care professionals and a wide range of partners.

Throughout 2016-17 the Board maintained this focus on mental wellbeing, supporting and guiding the development process, receiving regular progress updates and signing off the strategy in November 2016. This underlined the importance that the Board attached to thee being a strategic focus and approach for mental wellbeing which is now one of four priority outcomes in the draft Health and Wellbeing Strategy for 2018-23.

2.1.3 Whole sector approach to health and wellbeing

In 2016-17 the Board continued to focus on supporting the health, care and wellbeing sector to work better together: to improve outcomes for local people and to ensure that health and wellbeing services remain sustainable within the resources available. Work in this area during 2016-17 has focused on a number of areas, including the work co-ordinated through the District's Better Care Fund Plan, and the development of longer-term plans and arrangements for system change including involvement in the national Sustainability and Transformation Planning process and development of local accountable care arrangements. See Appendix 1.

2.1.3.1 2016-17 Better Care Fund Plan

The Better Care Fund Plan co-ordinated areas of work that attract national funding to improve outcomes for people by improving their experience of using hospital and care services, specifically to improve the co-ordination of support and care between different settings, for example to reduce delays for people who need to move from one health or care setting to another, or between hospital or care and their home.

In 2016-17 additional local funding for mental health and learning disability services was brought within the Plan to enable these key areas of provision to benefit from joint planning of how the available resource is used. The Board agreed the 2016-17 Better Care Fund Plan in summer 2016, before its submission to NHS England, and received performance updates throughout the year.

Planning and preparation of the Better Care Fund (BCF) Plan 2017 – 2019

Following publication of the Integration and Better Care Fund Policy Framework for 2017 - 19 by the Department of Health and the Department of Communities & Local Government, the Bradford and District Better Care Fund Plan 2017-19 will be submitted to NHS England on 11th September 2017. The policy framework for the Fund covers two financial years to align with NHS planning timetables and to give areas the opportunity to plan more strategically. The plan forms a strategic delivery partnership between City of Bradford MDC and the three local CCGs.

There are four national conditions which our BCF Plan must meet:

1. Plans must set out the local area's ambition towards integration by 2020 and be jointly agreed between the Council and the CCG commissioners.
2. The NHS contribution to adult social care must be maintained in line with inflation.
3. An agreement must be reached to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care.
4. The High Impact Change Model must be adopted by the local area to support Managing Transfers of Care (this is a new condition to ensure people's care transfers smoothly between services and settings).

In 2017/18 the BCF includes a new element, the improved Better Care Fund (iBCF) for which the following requirements must be met:

- The plan for investment of the iBCF must be agreed with the CCG and incorporated into a Section 75 Agreement.
- Local Trusts responsible/involved in planning schemes to manage discharge should be involved, however they do not need to sign off the plan.
- All areas must implement the High Impact Change model and this must be confirmed in the BCF Narrative Plan.

As part of introducing the iBCF a change has been made to performance measures. A new composite measure has been introduced focusing on progress on integration. Bradford is ranked 2nd of 152 Health and Wellbeing Areas nationally under the new composite measure. The following measures continue to be reported to NHS England:

- non-elective admissions (general and acute)
- admissions to residential homes and care homes
- effectiveness of reablement
- delays to transfer of care

Whilst as a local area commissioners have flexibility in how the Fund is sent across health, care and housing schemes or services, agreement has to be reached through the local BCF planning process as to how this spending will improve performance on the above metrics. The BCF 2017/18 and 2018/19 shall also include the following elements which must be spent in keeping with the national policy intent for each one:

- The Disabled Facilities Grant
- The Care Act 2014 Monies
- Former Carers Break Funding
- Reablement Funding (former Section 256 transfer funding)

The BCF planning framework includes a national assurance process which is administered by NHS England and the Association of Directors of Adult Social Services (ADASS) Regions to test how well local plans meet the national conditions applied to the BCF. In 2016-17 and previous years draft plans have been submitted for feedback before being finalised. In 2017-19 the assurance process is a single stage process with submission due on 11th September 2017. Plans rated as approved but with conditions will need to be resubmitted by 31st of October. See Appendix 3 for a full update.

2.1.3.2 Sustainability and Transformation planning

NHS planning guidance for 2016-17 required NHS-defined areas or footprints, (for Bradford and Craven the footprint is West Yorkshire and Harrogate) to develop plans that outlined how partners would work together as a sector to identify and address three aims: health and wellbeing outcomes; care quality; financial sustainability, and to show how these would be improved and brought onto a sustainable footing by 2020. In June 2016 the Board gave early feedback on a draft West Yorkshire and Harrogate Plan.

This draft plan described the position across West Yorkshire and Harrogate and proposed

nine priorities where outcomes might be improved and services delivered more sustainably by sharing and learning from best practice and expertise and, in some cases, from planning and commissioning on a larger scale, as is currently the case for specialised, high-cost, low-frequency services. The priorities included: prevention; primary and community services; mental health; cancer; stroke and urgent and emergency care, with cross-cutting, enabling workstreams including workforce and estates. The Board supported the priorities but suggested that prevention should be a thread woven through all priorities, and also raised concerns about the timescale and the need for more public engagement and local, political oversight.

Each local area then contributed a 3 page overview of its priorities and local transformation plans to improve the same three aims: health and wellbeing outcomes, care quality, financial sustainability. For Bradford District and Craven the submission updated and added to a local picture described in our 2014-19 Five Year Forward View for the local health economy (see background documents for a link). In October 2016, the Board agreed the local submission which described:

- health and wellbeing priorities where outcomes need to improve including maternal and child health, mental health, cardiovascular health cancer and respiratory disease, Type 2 diabetes and obesity.
- areas of provision where the quality of care needs to improve to reach the standards of comparable health areas.
- analysis of the size of the financial gap between the cost of anticipated demand for services and the cost of provision by 2020. As of October 2016 this was estimated to be £221m (see section 4) with local plans for mitigation in place or in development for all but £18m. Plans were RAG (Red, Amber, Green) rated for risk to delivery.

The Board will receive reports on progress and risk levels through the Integration and Change Board (ICB) and have resolved to receive twice yearly financial updates. (See background documents for a link to the West Yorkshire and Harrogate Plan which includes the Bradford and Craven submission).

2.1.4 Themed section of meetings 2016-17

Themed discussions take place at Board meetings for items that need more prolonged consideration; these will often be followed up over the next few meetings. Themes in 2016-17 included:

2.1.4.1 Healthy Weight

Following a decision at the July 2016 Health and Wellbeing Board a Healthy Weight Board was set up in August 2016 and is chaired by Councillor Val Slater.

The Board incorporates a wide range of partners; these include senior representatives from: the Directorate of Health and Wellbeing and Directorate of Place in the Local Authority; Bradford City and District and Airedale CCGs; Active Bradford; the Voluntary Sector and Bradford Teaching Hospitals Foundation Trust.

The Healthy Weight Board has met six times in the past 12 months and examined the root causes of people becoming overweight and obese. In understanding the parallels and associations between the wider range of lifestyle issues which lead to obesity, long term conditions and diseases resulting in premature mortality, the Healthy Weight Board resolved that it would wish to extend its remit to include excessive alcohol consumption

and smoking and has rename itself the Healthy Bradford Board, subject to approval from the Health and Wellbeing Board. This was approved by the Health and Wellbeing Board on 26th September 2017. See Appendix 2 for the full update.

2.1.4.2 Safeguarding - the November meeting received the annual reports of the Bradford Safeguarding Children Board and the Safeguarding Adults Board, and listened to a presentation of the report of the enquiry into the death of Connor Sparrowhawk, a young man with autism who died in care in the south of England. Discussion also referred to the findings of the national review of early mortality that has followed. The Board decided to review the local mortality data once this was available, and to develop a broader focus on improving general health and wellbeing for people with mental health needs or learning disabilities.

2.1.4.3 Cardiovascular Health – The Board discussed and commended the Bradford Healthy Hearts Programme which was formally launched in February 2015 by Bradford Districts CCG to address the very high level of cardiovascular disease in the CCG area. The programme aimed to identify and treat thousands of people with undiagnosed risk of cardiovascular disease and improve the management of risks such as high blood pressure and high cholesterol in current patients. The target was to reduce cardiovascular events by 10% by 2020 – resulting in 150 fewer strokes and 340 fewer heart attacks. The approach has identified thousands of people at high risk of cardiovascular disease, supporting them to reduce their risk level by providing appropriate preventive treatment and referring them to lifestyle programmes to prevent strokes and heart attacks, and the disabilities which can result.

Outcomes reported to the Board in March 2016 included:

- New diagnoses of high blood pressure in around 2,500 patients, about a 5% increase of previous figures.
- After less than one year of the blood pressure program, nearly 75% of people with high blood pressure are now better treated (4,400 more people).
- More than 13,000 more people in the Bradford area had their statin medication improved, and more than 1,000 people on vital blood thinning and stroke preventive medicine which has reduced the risk of stroke by up to 75% in these patients.
- Since the start of the campaign; there have been 211 fewer heart attacks and strokes.
- In addition to these major health benefits, the CCG estimates it made net savings of £1.2m in the first fifteen months of the programme.

The programme team were able to announce at the meeting that further monies had been secured from the British heart Foundation to extend the programme for two years.

2.1.4.4 Other business

The Terms of Reference for the Health and Wellbeing Board were updated in autumn 2016. These clarified the functions and responsibilities of the board; updated membership to reflect changes in Council departments and member portfolios; added a representative of the primary care sector Alliances (Community Interest Companies) and expanded the representation of the NHS Acute and Community Trusts at the Board from one to three.

3. FINANCIAL & RESOURCE APPRAISAL

In September 2016 the Health and Wellbeing Board received an overview of the financial position for the Bradford and Craven Health and Wellbeing sector, projected to 2020. Understanding of the financial position had been developed through joint working and information sharing between the Directors of Finance for the Council, the Clinical Commissioning Groups and the NHS Foundation Trusts based on projected budgets to 2020.

The overview took into account the context of expected population changes such as an ageing population, and the projected increase in demand for services. By 2020 it was anticipated that there would be a gap of £221m between the funding available to the sector and the cost of providing services. This would result from approximately 5% annual reductions to the Council budget to 2020, and what was known at the time about savings targets for NHS organisations to 2020. This underpinned the need to develop a long-term plan for sustainability across the health and wellbeing sector.

4. RISK MANAGEMENT AND GOVERNANCE ISSUES

The work of the Health and Wellbeing Board is governed through the Bradford District Partnership. The Board takes an annual report to the District Partnership and reports to Partnership meetings as required.

Work on whole system change in the health and wellbeing sector is governed by the Health and Wellbeing Board and managed by the working groups of the Health and Wellbeing Board. In 2016-17 these were:

- the Integration and Change Board (ICB) which comprises the Chief Executives of local health and wellbeing organisations. The ICB manages Transformation Programmes, including the risks attached to those programmes.

- an Executive Commissioning Board which in 2016-17 comprised the senior managers and clinicians who commission health and wellbeing services for local people on behalf of the Council and the Clinical Commissioning Groups (with representation from Public Health England and NHS England). The functions of this group have been reviewed and an Executive Commissioning Board will take over the role from autumn 2017.

5. LEGAL APPRAISAL

None requested in relation to this report as the report is retrospective.

6. OTHER IMPLICATIONS

6.1 EQUALITY & DIVERSITY

No direct impacts from this report.

6.2 SUSTAINABILITY IMPLICATIONS
No direct impacts from this report.

6.3 GREENHOUSE GAS EMISSIONS IMPACTS
None.

6.4 COMMUNITY SAFETY IMPLICATIONS
None.

6.5 HUMAN RIGHTS ACT
None.

6.7 TRADE UNION
None.

6.7 WARD IMPLICATIONS
None.

7. NOT FOR PUBLICATION DOCUMENTS

None

8. OPTIONS

No options are provided.

9. RECOMMENDATIONS

That the members of the Health and Social Care Overview and Scrutiny Committee provide comments on the Annual Report from the Health and Wellbeing Board

10. APPENDICES

1. Annual Better health, better lives performance report to the Bradford District Partnership.
2. Healthy Weight Board - Progress Report for Health and Social Care Overview and Scrutiny Committee
3. Update on development of Better Care Fund Plan 2017-19

11. BACKGROUND DOCUMENTS

Five year forward view (2014-19) Bradford District and Craven health and care economy http://www.airedalewharfedalecravenccg.nhs.uk/wp-content/uploads/2014/08/Bradford-and-Craven-five-year-forward-view.pdf

West Yorkshire and Harrogate Sustainability and Transformation Partnership

http://www.southwestyorkshire.nhs.uk/quality-innovation/sustainability-transformation-plans-stps/west-yorkshire-harrogate-stp/

Appendix 1

Better health, better lives - Annual performance update to the Bradford District Partnership made in June 2017

Better health, better lives

Achievement highlights

- The Mental Wellbeing Strategy has been shaped to ensure a strong focus on prevention and early intervention.
- A Healthy Lifestyle Board has been established and is planning how to scale up action to address child and adult overweight and obesity and wellbeing in general.
- The Board's annual safeguarding and wellbeing meeting focused on the national review of early deaths of people with learning disabilities and mental health needs. Local data will be reviewed.
- The district is performing well nationally on several measures within the Better Care Fund including reducing Delayed Transfers of Care. This helps to reduce pressure on hospital beds.
- A fully integrated local health plan is being developed for the first time (bringing together the operational plans of multiple health and wellbeing organisations) . This will give an overview of how resources for health and wellbeing are being used in the District.
- Development of the Joint Health and Wellbeing Strategy for 2018-2023 has begun.

The next 12 months

- The new Joint Health and Wellbeing Strategy will develop a more targeted approach to some of our long standing health inequalities, which are largely concentrated in areas of high deprivation.
- The Board will continue to lead integration and transformation across the health, care and wellbeing sector.
- The health sector will agree the best use of additional government funds to meet adult social care need and to create a sustainable care system.
- Tools will be developed to accompany and support the new Joint Health and Wellbeing Strategy – including a performance tracker and a toolkit to make sure we are considering the right things in our decision-making.
- The strategy will focus on helping people to stay well, and on earlier intervention to reduce the progression of illness and reduce demand for urgent and emergency care.

Ambition

We want all of our population to be healthy, well and able to live independently for as long as possible – with the right healthcare or support for each person, available at the right time. Our ambition is to help everyone take more control of their own health and wellbeing, to see more people taking good care of their health and fitness and to see people supporting each other to make positive changes.

Getting and staying healthy can be harder for people living on low income, in poor-quality housing or leading insecure, stressful lives. Our challenge is to ensure everyone is able to enjoy the best health they can and to have a good quality of life whatever age they are and wherever they live.

Progress on our success measures for 2020

District Plan 2020 target	Short name	Latest value	Trajectory to 2020 target
4a) Increase healthy life expectancy	Healthy life expectancy at birth (Female)	60.5	
4a) Increase healthy life expectancy	Healthy life expectancy at birth (Male)	62.9	
4b) Reduce the gap in life expectancy between the most and least deprived areas	Difference in life expectancy at birth between the most and least deprived parts of the District (Females)	7.2	
4b) Reduce the gap in life expectancy between the most and least deprived areas	Difference in life expectancy at birth between the most and least deprived parts of the District (Males)	9.6	
4c) Significantly reduce the proportion of children overweight or obese at age 10 to 11	Excess weight in 10-11 year olds	36.35%	
4d) Improve mental wellbeing and reduce high anxiety to below the England average	Self-reported wellbeing - people with a high anxiety score	18.62%	
4e) Build on success at tackling loneliness and social isolation	Proportion of people who use services who reported that they had as much social contact as they would like	51.3%	
4f) Significantly reduce causes of preventable deaths – smoking, being overweight and obesity – and increase physical activity and healthy eating	Percentage of inactive adults	31%	
4f) Significantly reduce causes of preventable deaths – smoking, being overweight and obesity – and increase physical activity and healthy eating	Smoking prevalence - adults (over 18s)	21%	

 On track to meet target by 2020
 Some concerns/possible delays
 Not expected to be achieved

Overall, life expectancy has not changed. Healthy life expectancy tells us the age that people remain in good general health on average. For males, that age increased by 1.4

years compared to the previous year, whilst for females it dropped by 0.5 years, meaning that on average women reported 2.4 fewer years of healthy life than men.

Two of the main factors causing preventable deaths in adulthood show a slight increase. These are smoking prevalence (the percentage of adults who are current smokers), and excess weight in 10-11 year olds. Both of these are concerning as they undermine people's health and wellbeing. Although we already have programmes in place we will need to rethink how we work with and alongside people to support them to improve their health and wellbeing.

Good things are happening here

Bradford Healthy Hearts
Bradford's Healthy Hearts campaign was developed by Bradford Districts Clinical Commissioning Groups (CCG) in collaboration with stakeholders and patients to design a programme that would change the way people with cardiovascular disease (CVD) are cared for, and to identify people at risk but not yet identified in the community. The approach has seen good results from its aim to identify and support thousands of local people at high risk of CVD, treating people with poorly managed or undiagnosed high blood pressure or high cholesterol levels. The programme set itself a challenging target, to reduce cardiovascular events by 10% by 2020, preventing 150 strokes and 340 heart attacks. This would reduce the damage and disability caused by CVD and reduce the cost of emergency admissions for CVD by at least £4.5 million per year.

In the first two years of operation, the campaign has significantly improved the health of residents, offering nearly 21,000 health interventions to people in the Bradford area. Since the start of the campaign in 2015 there have been 211 fewer heart attacks and strokes (than would have been expected). The programme has won national recognition for its innovative approach and is being piloted in Scotland.

Action on respiratory disease
Respiratory disease such as asthma and Chronic Obstructive Pulmonary Disease (COPD) is a significant cause of poor health and early death in Bradford District. Partners across the district, including the local authority and NHS, have prioritised respiratory health with the aim of improving health outcomes. Preventive approaches aim to reduce the numbers of young people who take up smoking and to support people to stop smoking, particularly pregnant women and smokers who are admitted to hospital; support is also targeted at workplaces with high numbers of smokers.

Programmes have also been developed to improve the health status of people with respiratory disease and reduce deaths from respiratory disease. In Airedale, Wharfedale and Craven the focus is mainly on primary care, where most people are looked after, but also to ensure that care is as joined up as possible when people do require management in hospital settings. In Bradford, a new programme - Bradford Breathing Better – is led by clinicians to help people with long-term lung conditions to better manage their asthma or Chronic Obstructive Pulmonary Disease.

Our achievements over the last 12 months

The Health and Wellbeing Board (HWB) is leading the delivery of the Joint Health and Wellbeing Strategy and the Health and Wellbeing Plan for Bradford and Craven. Over the last 12 months we have:

- Helped to shape the Mental Wellbeing Strategy at an early stage of development. This would ensure that the new strategy had a strong focus on prevention and early intervention to support people's mental wellbeing. It also addressed the role played by wider factors such as low-income, unemployment and poor housing in shaping people's mental health and wellbeing. The HWB received regular progress updates throughout 2016-17.
- Established a Healthy Weight Board to review and make recommendations on how best the district can halt the increasing trend of child and adult overweight and obesity.
- The November HWB meeting focused on Safeguarding. The HWB had a presentation on the national review of early deaths for people with learning disabilities and mental health needs. HWB tasked the Integration and Change Board to review the relevant data for the district (once available from the national auditors) and to report back to the HWB with an assessment of action needed to improve health and wellbeing.
- Overseen the working of the Better Care Fund. This is a joint fund established to accelerate integration between health services and adult social care systems. Its aim is to improve services and reduce delays, for example to avoid people having to stay in hospital longer than necessary. The district is performing well nationally on several measures within the Better Care Fund including reducing Delayed Transfers of Care.
- Overseen development of the Bradford District and Craven section of the West Yorkshire and Harrogate Sustainability and Transformation Plan and a joint operational plan for Bradford and Craven. Both are required under the NHS Planning Guidance for 2017-19. The joint operational plan brings together single organisation plans, and transformation plans, to improve our understanding of what is currently provided, where we have gaps and where and how resources for health and wellbeing could be better used. This will help to improve future planning and deliver value for money.
- Develop the second Joint Health and Wellbeing Strategy for 2018-2023. The strategy will be a short, focused document that addresses the major health needs and health inequalities in the district and helps to guide decisions about the use of resources. It will build on the Better Health, Better Lives section of the District Plan as this had extensive engagement and consultation in 2016, and the health and wellbeing needs that have been identified through the joint strategic needs assessment and the 2016 Sustainability and Transformation Planning process.

The challenges facing us over the next 12 months

Addressing the high level of health inequality between different areas of the district and between different people remains a priority. This will be a strong theme in the next joint Health and Wellbeing Strategy being developed for 2018-2023.

There are encouraging signs for the local economy but poor child health in some areas of the district remains a challenge. For some children and young people, life chances may have been adversely affected by worsening deprivation between 2010 and 2015 (Index of Multiple Deprivation 2015) and by the rise in the rate of child poverty in 2014. This became apparent when national data was published by HMRC in autumn 2016. Some aspects of child health have been improving but others are not and it will be prioritised in the new Strategy.

Developing a sustainable, integrated approach to health and wellbeing is likely to remain a challenge for the next few years. Resources are shrinking and demand is likely to continue to grow. This will place increased demand on services unless we can improve people health and wellbeing by keeping more people healthy for longer and intervening earlier when people do become ill.

Our aim is to support people to stay well so that more resources can be used for maintaining health rather than treating illness. To support this approach the Board will lead the work to enable more people to be supported in their homes and communities for as much of the time as possible, and at the appropriate level of care.

Our focus for the next 12 months

The Health and Wellbeing Board will develop a shift in approach within the Joint Health and Wellbeing Strategy (JHWS) to develop and lead a more targeted approach to some of our long-standing health inequalities, particularly where these show clear links to area-based deprivation. For example, as we focus on reducing the high rate of early death from preventable causes we are likely to need a specific focus on the Bradford City CCG area. In addition the Health and Wellbeing Board will:

- Agree across the sector the best use of additional central government funds to meet adult social care need. Monies were identified in the Spring budget and we are awaiting post-election confirmation at the time of writing.
- Continue to develop the Better Care Fund in 2017-19 to take further steps towards integration across Health and Social Care. Further funding for adult social care will be aligned through the Better Care Fund to ensure best use of all available resources.
- Embed the new Home First' approach developed in 2017 to support people to maintain their health and independence into later life and to be able to live in their own homes and communities for as long as possible with the right level of high-quality care.
- Develop tools to accompany the Strategy: a short toolkit to guide decisions about use of resources across the health and wellbeing sector and appropriate performance measures to track progress and outcomes during the strategy.
- Monitor progress on the Better Health Better Lives outcomes and the Local Health Plan which describes how people and organisations will work together to address three broad aims. The Board will receive six monthly updates on the performance of joint plans to address the three aims.
- First, to improve health and wellbeing outcomes for local people. Second, to reduce variation in the quality of care so that everyone has access to consistent standards of care and high-quality services. Third, to close the financial gap that will open up

by 2021, between the projected budget available for health, social care and wellbeing, and the estimated demand and cost. The financial gap has arisen as a result of planned reductions in health and social care budgets to 2020-21 and increasing pressure as a result of an ageing population and growing demand for services.

Appendix 2

Healthy Weight Board - Progress Report for Health and Social Care Overview and Scrutiny Committee

The Healthy Weight Board was set up in August 2016 and is chaired by Councillor Val Slater. The Board incorporates a wide range of partners; these include senior representatives from: the Directorate of Health and Wellbeing and Directorate of Place in the Local Authority; Bradford City and District and Airedale CCGs; Active Bradford; the Voluntary Sector and Bradford Teaching Hospitals Foundation Trust.

The Healthy Weight Board has met six times in the past 12 months and examined the root causes of people becoming overweight and obese. In understanding the parallels and associations between the wider range of lifestyle issues which lead to obesity, long term conditions and diseases resulting in premature mortality, the Healthy Weight Board resolved that it would wish to extend its remit to include excessive alcohol consumption and smoking and has rename itself the Healthy Bradford Board, subject to approval from the Health and Wellbeing Board. This was approved by the Health and Wellbeing Board on 26th September 2017.

Over the past 12months the Healthy Bradford Board has explored different areas contributing to why people find it so challenging to lead a healthy lifestyle. In the process of our meetings, the Healthy Bradford Board have discussed opportunities and examples of existing good practice locally as well as looking at the latest evidence base, research and thinking on the issues at hand.

The core themes which emerged during this process included; the need for us to all **work together** and take **coordinated action at scale** to match the extent of the embedded lifestyle issues in our population; the need to **change behaviours** and how the latest research and evidence can help us develop tools and techniques for doing this on a **population level** using a **system wide approach to tackle the drivers of poor lifestyles.**

The “Healthy Bradford Plan: Shaping the System, Improving Lifestyles” which was presented at the Health and Wellbeing Board on the 26th September 2017 sets out a four core activities to be undertaken to ensure that Bradford is at the forefront of the national challenge to help people improve their lifestyles through delivering a system wide approach addressing poor lifestyle behaviours at their roots.
The four core areas are:

1) **The Healthy Bradford Partnership**: Establishing a delivery group of key stakeholders to identify and map drivers of unhealthy lifestyles. The partnership, overseen by the Healthy Bradford Board, will identify and prioritise multiple system-wide actions to be undertaken to address the drivers and make healthy lifestyles easier for everyone every day.

2) **The Healthy Bradford Charter**: Enacting the Healthy Bradford Charter framework developed to support and enable the implementation of changes, at scale, in organisations, schools, offices and services to help make living healthy lifestyles easier for everyone every day

3) **The Healthy Bradford Movement**: Delivering a sustained series of health education and health promotion activities to be launched to educate and raise awareness of opportunities for healthy living in the District

4) **The Healthy Bradford Service:** Commissioning an integrated lifestyle and wellbeing service to be launched to support people struggling to change their lifestyles through 1:1 guidance and peer to peer support focussed on targeting those most in need

The four activities to be undertaken are embedded in the latest research, evidence and innovative concepts identified to change lifestyle behaviours at scale and simultaneously work to ensure inequalities in the levels of preventable ill health are reduced.
Since the Health and Wellbeing Board meeting Bradford has been selected to be a pioneer site for the Whole Systems Approach work that Leeds Beckett University are leading on. This work, a three-year Whole Systems Obesity Programme has been commissioned by Public Health England with the support of the Local Government Association (LGA) and Association of Directors of Public Health (ADsPH) aims to create a route map and materials that LAs can use to implement and drive the programme.
The Healthy Bradford Partnership has been set up to lead this work and will commence with two Obesity Summits; 21st November and 4th December for stakeholders to come together to work up an Action Plan.

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Appendix 3 Update on development of Better Care Fund Plan 2017-19

Airedale, Wharfedale and Craven
Bradford Districts
Bradford City
CCGs working together
NHS

City of Bradford MDC
www.bradford.gov.uk

	FOR INFORMATION
Health and Social Care Overview and Scrutiny Committee	
Paper Title: Better Care Fund (BCF) 2017 - 2019	
Paper Author: Elaine James Head Adult Social Care Policy & Strategy Department Health & Wellbeing City of Bradford MBC Ali Jan Haider Director of Strategic Partnerships Executive Lead for Bradford Districts CCG	

Executive Summary:	This paper was first presented to the Health and Wellbeing Board in July 2017 to report on progress with the Better Care Fund Planning and Assurance Process following publication of the Integration and Better Care Fund Policy Framework for 2017 - 19 by the Department of Health and the Department of Communities & Local Government. The Better Care Fund is the only mandatory policy to facilitate integration. It brings together health and social care funding, with an injection of social care money announced at Spring Budget 2017. The policy framework for the Fund covers two financial years to align with NHS planning timetables and to give areas the opportunity to plan more strategically. Work is underway between commissioners to refresh the Narrative Plan in preparation for publication of the Technical Guidance which shall accompany the Policy Guidance and the revised Planning Template. **BCF Planning Requirements 2017/18 and 2018/19** There are four national conditions which our BCF Plan must meet: • Plans must set out the local areas ambition towards

	integration by 2020 and be jointly agreed between the Council and the CCG commissioners. • The NHS contribution to adult social care must be maintained in line with inflation. • An agreement must be reached to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care. • The High Impact Change Model must be adopted by the local area to support Managing Transfers of Care (this is a new condition to ensure people's care transfers smoothly between services and settings). In addition in 2017/18 the BCF includes a new element, the improved Better Care Fund (iBCF). As part of planning for the iBCF the following requirements must be met: • The plan for investment of the iBCF must be agreed with the CCG and incorporated into a Section 75 Agreement. • Local Trusts responsible or involved in planning schemes to manage discharge should be involved, however they do not need to sign off the plan. • All areas must implement the High Impact Change model and this must be confirmed in the BCF Narrative Plan. As part of introducing the iBCF a change has been made to the BCF national metrics. A new composite measure has been introduced to measure the effectiveness of the integrated interface between social care and health services consisting of 8 measures across 3 areas, emergency admissions, transfers of care and reablement. Bradford is currently ranked 2nd of 152 Health and Wellbeing Areas nationally under the new composite measure (where 1st is best and 152nd is worst). The 8 measures are: • Emergency Admissions (65+) per 100,000 65+ population • 90th percentile of length of stay for emergency admissions (65+) • TOTAL Delayed Days per day per 100,000 18+ population • NHS Delayed Days per day per 100,000 18+ population • SOCIAL CARE Delayed Days per day per 100,000 18+ population • Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services • Proportion of older people (65 and over) who are discharged from hospital who receive reablement/ rehabilitation services • Proportion of discharges (following emergency admissions) which occur at the weekend

	Whilst as a local area commissioners have flexibility in how the Fund is spent over health, care and housing schemes or services, agreement has to be reached through the local BCF planning process as to how this spending will improve performance in the following four routinely collected and nationally reported system metrics: • non-elective admissions (general and acute) • admissions to residential homes and care homes • effectiveness of reablement • delays to transfer of care with an additional requirement applied to the iBCF element that local areas adopt the High Impact Change Model. The BCF 2017/18 and 2018/19 shall also include the following elements which must be spent in keeping with their national policy intent: • The Disabled Facilities Grant • The Care Act 2014 Monies • Former Carers Break Funding • Reablement Funding (former Section 256 transfer funding) The BCF planning framework includes a national assurance process which is administrated by NHS England and the Association of Directors of Adult Social Services Regions to test how well local plans meet the national conditions applied to the BCF. The assurance process shall be a single stage process with submission due on 11th September 2017. Health and Wellbeing Board approval shall be required by the 11th September 2017. Plans rated as approved but with conditions shall need to be resubmitted by 31st of October. As part of the Improved Better Care Fund arrangements the Care Quality Commission have been engaged to undertake a targeted area review of 12 Health and Wellbeing Areas during autumn 2017. The areas as being selected for wave 1 are being identified based on performance in relation to delayed transfer of care due to historic concerns in relation to performance. It is anticipated that a further 5 areas shall be selected for a best practice targeted area review following the conclusion of wave 1. It is anticipated that Targeted area reviews shall: • Take 10 - 14 weeks end to end and all 12 of the first wave will be completed by end of November 2017. • 6 weeks before on-site review there will be a "System Overview request" shall be sent to local areas. • 3 weeks before the on-site review a local area visit shall

	take place to meet with the system leaders and service users/ patients. • Be at a senior level with teams make up of Chief Officer level members and CQC inspectors. • Follow the 5 key lines of enquiry that CQC use for all inspections, with a focus on whether the system is "well-led". • They will establish their findings in a report to the Health and Wellbeing Board.
Finance/Resource Implications:	The Better Care Fund in 2016/17 had a value of £38,090,495 of which £3,519,000 is the mandated element for the Disabled Facilities Grant and £1,356,000 is mandated for the Care Act implementation. From April 2017 the Improved Better Care Fund allocations announced in the spring 2017 spending review shall be incorporated into the fund. The Improved Better Care Fund element shall be paid as a direct grant to the Council under Section 31 of the Local Government Act 2003. The iBCF consists of two elements, in 2017/18 the Bradford allocation is £1,565,946 of previously announced and a further £10,479,875 announced in the 2017 spring spending review.
Risk Assessment:	The Better Care Fund risk log comprises both Strategic and Operational Risks. Strategic Risks and the Operational Risks are managed by commissioners and programme leads. Significant risks are migrated onto the CCG's Corporate Risk Register and the Council's Corporate Risk Register as appropriate. At present all risks are well managed with no major risks to escalate to the Health & Wellbeing Board.
Legal Implications:	The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the Mandate to NHS England to include specific requirements to instruct NHS England over the BCF, and NHS England to direct Clinical Commissioning Groups to pool the necessary funding. For the DFG, the conditions of usage were set out in a Grant Determination Letter, which was issued by DCLG in April. This references the statutory duty on local housing authorities to provide adaptations to those disabled people who qualify, and sets out other relevant conditions. For the Improved Better Care Fund, the conditions of usage were set out in a Grant Determination Letter, which was also issued by DCLG in April. A Section 75 Partnership Framework Agreement is in place between the Council and the Clinical Commissioning Group(s). The specific purposing of the BCF can be adjusted through a process of Variation to the Section 75 Framework Agreement with the agreement both commissioning agencies.

Health Benefits:	BCF plans support delivery of the CCG's strategic plans for 2016/17 and contributes to the Bradford District and Craven Sustainability and Transformation Plan.
Staffing/Workforce Implications:	Plans are in place to strengthen capacity and capability to support the Integration and BCF. The Council is in the process of recruiting a Programme Lead (Band 7 equivalent) and support is being drawn down from the national support programme to enhance local capacity to test how well schemes are delivering against the national conditions.
Outcome of Equality Impact Assessment:	Any service changes resulting from delivery of the plan will be subject to consideration in relation to an Equality Impact Assessment.
Sub Group/Committee:	The Better Care Fund Policy Framework makes it a national condition that the BCF Plan is owned at the level of the Health & Wellbeing Board. A new Executive Commissioning Board has been established as a Working Group of the Health and Wellbeing Board.

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 16 November 2017

O

Subject:

The Safeguarding Adults Board Annual Report 2016 – 2017

The Safeguarding Adults Board Annual Report 2016 – 2017 is the subject of this report to the Health and Social Care Overview and Scrutiny Committee and describes the structure and function of the SAB and its Subgroups, a summary of safeguarding activity, and how performance is measured in practice.

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Portfolio:
Health and Wellbeing

Overview & Scrutiny Area:
Health and Social Care

Summary statement:

The Safeguarding Adults Board (SAB) is a multi-agency partnership whose main role is to ensure that local safeguarding arrangements work effectively to ensure that adults at risk due to health needs, social care needs, or disabilities are able to live their lives the way they wish and to be free from abuse or neglect.

The Care Act 2014 placed the safeguarding of adults at risk on a firm statutory footing and requires that each Local Authority establish a Safeguarding Adults Board for its area, chaired by an Independent Chair, and to consist of members drawn from a range of different agencies, but specifically the Local Authority (as lead agency), the Clinical Commissioning Group (CCG) for the area, and the Chief Officer of the Police for the area as 'core' partners. A number of other statutory and voluntary agencies have committed to membership of the SAB and in 2016–2017 a total of twenty-two members have represented seventeen multi-agency organisations on the SAB (see Appendix 4 of the Annual Report).

The Care Act places a duty on the SAB to publish a Strategic Plan developed with local community involvement and working alongside Healthwatch. It is also required to publish an annual report detailing what the SAB and its members' organisations have contributed to the strategy.

The Safeguarding Adults Board Annual Report 2016 – 2017 is the subject of this report to the Health and Social Care Overview and Scrutiny Committee and describes the structure and function of the SAB and its Subgroups, a summary of safeguarding activity, and how performance is measured in practice.

BACKGROUND

1.1 The Safeguarding Adults Board (SAB) exists to ensure that local safeguarding arrangements work effectively to safeguard and protect adults at risk from abuse or neglect. It seeks to address the government's ethos of 'Making Safeguarding Personal (MSP)' providing the opportunity for adults at risk to make their own decisions whilst at the same time supporting and protecting them from abuse or neglect. The SAB has the ability under the statute to regulate its own activity and procedures it is required to perform as a multi-agency partnership to best serve the local community in safeguarding adults at risk.

1.2 As lead agency the local authority is required under the Care Act 2014 to establish a SAB consisting of core partner representation from itself, the CCGs (of which Bradford has three) and the police and then to co-opt a number of other Statutory and voluntary agencies, including service user and carer groups, to become SAB members. Part of its statutory functions include the need to

- publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this

- publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy

- conduct a safeguarding adults review whenever an adult at risk dies or has experienced serious abuse or neglect and there is concern that agencies could have worked more effectively to protect the adult.

1.3 The SAB consists of twenty-two members representing seventeen partner agencies and from this membership the Delivery Group and three SAB Subgroups carry out specific tasks and work-streams as allocated by the SAB. These groups are:

- Delivery Group. This is the operational arm that oversees the function of the SAB Subgroups. It monitors the SAB Strategic Delivery Plan and Risk Register and does act upon work-streams as directed by the Board.

- Communication, Engagement and Training Subgroup. This group supports the work on communicating and engaging with service users and carers and the wider community including different ethnic minorities and faith groups. The group also analyses a training needs analysis (TNA) to inform training requirements and the training to be delivered to support the safeguarding of adults within Bradford.[1]

- Performance, Quality and Improving Practice Subgroup. This group provides the SAB with an informative and meaningful analysis of safeguarding data and responds to national data requirements for safeguarding. It also oversees and implements the SAB self-assessment process.

- Mental Capacity Act (MCA) Local Implementation Network (LIN) Subgroup. This group ensures that developments and changes in the legal area of DoLS are appropriately implemented at the local level through attendance at regional and national Mental Capacity Act meetings.

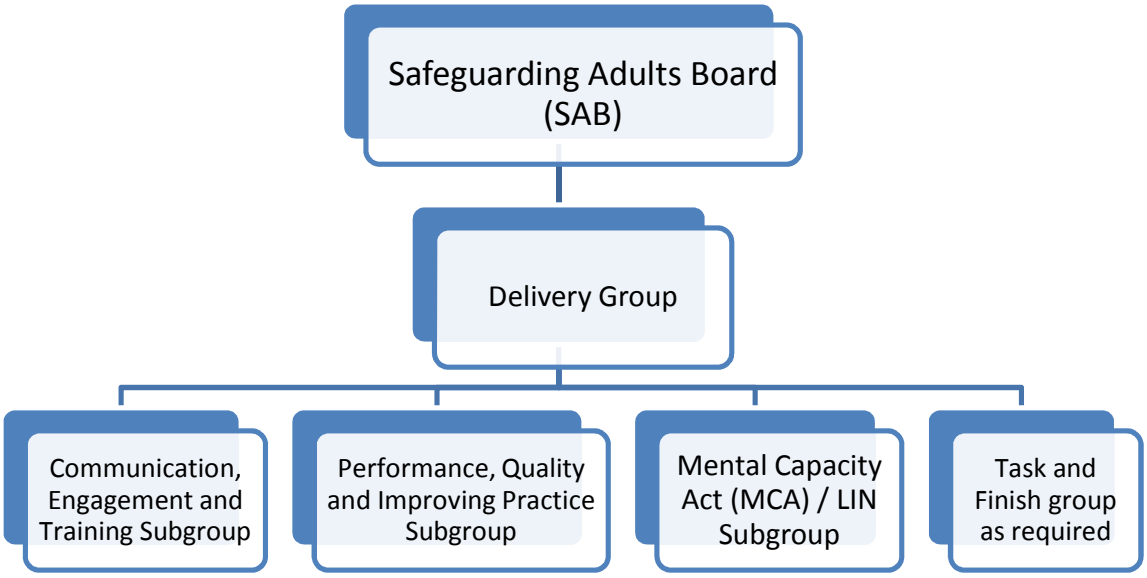
- 'Task and Finish' Groups are convened as and when necessary to undertake specific pieces of work, as directed by the SAB and Delivery Group, that are time-limited and singularly focussed. For example, a Safeguarding Adults Review (SAR) Group to decide whether or not it is necessary to commission a SAR in a specific case, as required by the Care Act 2014.

1.4 The SAB meets every three months and hears and responds to the reports of the Delivery Group and its Subgroups and sets objectives that address the Board's Strategic Plan. The Chair of the Board, Jonathan Philips OBE, reports in the Annual Report that all partners have remained committed to the safeguarding adult's agenda and partnership working and that we continue to move forward with the principles of the Care Act and in particular Making Safeguarding Personal (MSP). The Board is engaging positively with a diversity of cultures and communities including Faith Communities to involve and work alongside people with differing religious beliefs. The Chair reports on the update to the West and North Yorkshire and York City Safeguarding Adults Procedures and new draft procedures are expected to be consulted upon between June and July 2017.

[1] The Communication, Engagement and Training Subgroup met in this form for the last time in January 2017. Since then, the group has been split into two Subgroups - the Communication and Engagement Subgroup and the Training Subgroup in order to effect a more focussed approach to the individual tasks the groups perform.

The Chair comments

1.5 The following diagram shows the structure and connections between the Safeguarding Adults Board and its Subgroups:



2. Safeguarding Adults Activity 2016 - 2017

2.1 The SAB communication and engagement strategy has enabled both professionals and the public to have an increased awareness of safeguarding issues across the district. The Voice Group has membership made up from service users, carers and members of the public and has continued to raise awareness of safeguarding by listening to people's views and experiences and helping people to speak up and have a voice in how the SAB can improve services to keep everyone safe.

The regional Making Safeguarding Personal Conference was held in May 2016. Hosted by the Bradford Safeguarding Adults Board, the event was contributed to by regional SAB partners, the Association of Directors of Adult Social Services (ADASS) with members of the Voice Group present.

2.2 This year we presented the fifth annual multi-agency Safeguarding Week in October 2016 in which a wide range of learning and development opportunities for practitioners was highlighted. Over eighty organised events were hosted across the District demonstrating partnership working. Many young people and service users became involved through organising and delivering events throughout the week.

2.3 'Real Safeguarding Stories' was launched in the autumn of 2016. This is a free online service which encompasses all areas of safeguarding children and adults and domestic abuse and provides films which can be used for information and training. This has been a successful venture with over 10,000 'page hits' from across the UK in the first four months.

2.4 Safeguarding training is a priority for the SAB to raise awareness in the prevention of abuse and neglect. Training courses target different audiences of practitioners. In an on-going response to the implementation of the Care Act 2014, multi-agency

training has been updated according to the Act's ethos of 'Making Safeguarding Personal' and to reflect emerging issues such as human trafficking, modern day slavery, and radicalisation.

Training has been delivered in a number of ways, by a number of agencies. Two very well attended Trainers' Support days in April and December were held. The West Yorkshire Police have delivered training on coercive control and provided multi-agency briefings to front-line staff on human trafficking and modern day slavery. People First Keighley and Craven have also delivered a training session on Making Safeguarding Personal (MSP).

2.5 The Performance Quality and Improving Practice Subgroup (PQIP) has undertaken a SAB self-assessment. The process required the completion of a questionnaire by SAB partner agencies for analysis. Work has been undertaken to draw together the responses to review strengths and weaknesses and partners will be required to present evidence of the areas in which they indicated strengths and discuss actions they were taking to address identified weaknesses.

2.6 The IT systems update, 'Systmone' was introduced in August 2016. The incorporation of Safeguarding Adults and Deprivation of Liberty Safeguards (DoLS) modules has been delayed due to the need to ensure the modules capture all necessary information in order to respond to the national data reporting requirements as well addressing SAB requirements through the need for data reflecting MSP activity.

2.7 Bradford now has forty-seven trained Best Interest Assessors with thirteen currently undertaking the necessary training. The high quality of work produced by the Assessors has ensured that it has remained rare for us to experience problems in relation to compliance with the Mental Capacity Act and Mental Health Act in the area of deprivation of liberty.

Bradford is involved in arranging Regional Conferences for Best Interest Assessors and Mental Health Assessors of which there were four this year. These are arranged to ensure our staff working within this field remain up to date with legal changes and practice developments.

We are still struggling to meet the consistently high demand for undertaking DoLS Assessments and as a result there is still a significant backlog of cases to be allocated. In an attempt to address this situation we have sought to tender a Relevant Person's Representative (RPR) service, appoint to the new position of Principal Social Worker and appoint a Mental Capacity Act Lead.

3. Summary of Performance Data

3.1 The Safeguarding Adults Board Annual Report details a safeguarding adults data analysis for the year. It is based upon the statistical data provided to the NHS Digital as part of the annual Safeguarding Adults Collection (SAC).

3.2 A total of 4,256 safeguarding queries were made this year to the Safeguarding Adults Unit (SAU). This represents a decrease of 5% on the previous year. Those queries that did not directly relate to safeguarding adults were closed and passed

on to the appropriate service where necessary. Those queries that were regarded as safeguarding, called 'Safeguarding Concerns' were dealt with under Safeguarding Adults Procedures. There were a total of 3,457 concerns (also a decrease of 5% on last year), checked against the Procedures and if the appropriate criteria was met, were moved to the next stage which involved investigations being initiated. A total of 714, Section 42 enquiries were initiated; a decrease of 22% on the previous year. This also represents an average of 134 Section 42 enquiries per 100,000 of population.

3.3 Based upon criteria set out in Procedures, we have continued to improve the triage system of ensuring that 'low-level' concerns are dealt with quickly enabling the system to focus on the more complex cases requiring application of the safeguarding process.

3.4 Of the 714 Section 42 safeguarding enquiries, the greatest number of enquiries came from social care staff – 294, followed closely by health care staff - 205. Taken together these two sources accounted for 499 (70%) of enquiries. 436 (61%) were in respect of female adults at risk and 39% males. In 2016/17 people with social support needs were most often the subjects of safeguarding enquiries (263 = 37%) which was twice as many as the next nearest group requiring learning disability support (132 = 18%). The most common type of abuse was 'neglect and acts of omission' where out of the Section 42 enquiries, 332 (31%) were classified under this heading, followed by 'physical abuse' which accounted for 238 (22%) of cases. When considering these data it is important to remember that a safeguarding enquiry can include multiple types of abuse.

3.5 During the year a total of 553 cases (older or current) were closed with outcomes. No further action was taken other than the enquiry in 361 cases (67%). In these cases risk was being managed effectively. Out of the remaining cases, investigations ceased at the request of the adult at risk in 21 cases and in 161 (29%) of cases, specific protection plans were agreed in order to manage, reduce or eliminate the risk. Out of these, the risk was completely removed in 50 cases and reduced in 99 cases. The risk remained in 12 cases.

3.6 In December 2016 it was identified that the Adult Protection Unit (APU) had been holding a number of safeguarding adults' cases which had not reached an outcome allowing the cases to be closed. It was decided to seek outcomes and subsequent closure of the 'backlogged' cases from April 2016.

After the deployment of additional human resources, by April 2017 all cases dated between April 2016 and April 2017 had been cleared or allocated as necessary for ongoing interventions ensuring adults at risk were protected and safeguarded. Incoming cases are now triaged to ensure there are no high-level interventions required. If a case requires further involvement then this is addressed immediately.

Safeguarding cases held between April 2014 and April 2016 have been triaged by an independent social work agency to ensure that all safeguarding concerns raised between these dates are either cleared with no further intervention being required or signposted for further support.

3.7 Together with Police and the Clinical Commissioning Group (CCG), the Local Authority have been discussing the possible implementation of a Multi-Agency

Safeguarding Hub (MASH) through which all safeguarding concerns are reported to a central resource. It will be staffed with professionals from the three agencies. The idea is that professionals share information to ensure early identification of potential or significant harm and trigger interventions to prevent further harm.

MASH staff decide the most appropriate intervention to respond to a concern raised. By working together agencies are able to share information and respond to a person's needs quickly and efficiently. Plans to implement a MASH are well under way and it is hoped that the system will become live in October 2017.

4. Areas of Focus for 2017 – 2018

- The Bradford Safeguarding Adults Board is to continue with its Strategic Plan and revisit its priorities inclusive of meeting its statutory responsibilities.

- Developing and improving upon our performance reporting to ensure it is fully reflective of multi-agency working and development of thematic audits that are supportive of a preventative agenda.

- The Safeguarding Adults Board to continue its work in listening to the voice of adults and carers to inform its work with a planned Safeguarding Adults week.

- A key safeguarding principle is the empowerment and proportionality of adults to express what they would like to happen and the outcomes they would like to achieve. The Bradford Safeguarding Adults Board will continue to develop an ethos of 'Making Safeguarding Personal' to ensure adults maintain choice and control about how they would like to live their lives.

- The Safeguarding Adults Board will continue to embed the empowering ethos of the Mental Capacity Act and the Deprivation of Liberty Safeguards within safeguarding arrangements.

- The Safeguarding Adults Board will work with all partners and with the full involvement of people using services, to be assured that people are supported to feel safer and be safer, when they are at risk of, or experiencing abuse or neglect.

- The Safeguarding Adults Board will work jointly with communities, agencies and other strategic partnerships, to make sure that everyone meets their obligations and makes the best use of available resources to tackle abuse and neglect of adults at risk.

- The Safeguarding Adults Board will ensure that there are effective arrangements to share good practice and learn from Safeguarding Adults Reviews.

- The Safeguarding Adults Board will continue to strengthen the relationship with the Health and Wellbeing board, Healthwatch, Children's Safeguarding Board, Domestic Abuse Partnership and other key partners.

5. FINANCIAL & RESOURCE APPRAISAL

None

6. RISK MANAGEMENT AND GOVERNANCE ISSUES

The potential for reputational risk to the Council and partner organisations is significant should an adult or adults at risk be exposed to a serious incident resulting injury or even death. In such circumstances the Safeguarding Adults Board now has a legal duty under the Care Act 2014, to undertake a Serious Adults Review. “Safeguarding is everybody’s business”, is significant in this respect since only by working across partnerships & agencies (effective communication and joint action), and by raising awareness of safeguarding issues (publicity and training programmes) can such risk be effectively managed.

7. LEGAL APPRAISAL

None

8. OTHER IMPLICATIONS

8.1 EQUALITY & DIVERSITY

None

8.2 SUSTAINABILITY IMPLICATIONS

None

8.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

8.4 COMMUNITY SAFETY IMPLICATIONS

None

8.5 HUMAN RIGHTS ACT

The law presumes that adults have mental capacity to make their own decisions. However there will be times and situations in which an individual lacks mental capacity in relation to particular decisions. Issues of mental capacity and the ability to give informed consent are central to decisions and actions within the safeguarding adults’ procedures. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack mental capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-

changing events or everyday matters. All decisions taken within the safeguarding adults procedures must comply with the Act. However, the duty to comply is not limited to the area of adult protection and extends beyond to all agencies that encounter and care for individuals who potentially fall within the Mental Capacity Act.

8.6 **TRADE UNION**

None

8.7 **WARD IMPLICATIONS**

None

8.8 **AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)**

None

9. NOT FOR PUBLICATION DOCUMENTS

None

10. OPTIONS

There are no options associated with this report. Its contents are for information only.

11. RECOMMENDATIONS

11.1 That the content of the Safeguarding Adult Board's Annual Report, 2016-2017 be noted.

11.2 That the Committee supports the development of safeguarding measures on a broad front that extends beyond Adult Social Care and into local communities in supporting and developing links and 'joint agendas' with relevant agencies in addressing such cross-agenda areas as domestic violence, modern slavery, community safety etc.

11.3 That the Safeguarding Adults Board would welcome any suggestions or direction the Committee could make regarding the wider dissemination of 'safeguarding adults' within the wider community.

12. APPENDICES

Appendix 1 - Safeguarding Adults Board Annual report, 2016-2017

13. BACKGROUND DOCUMENTS

None

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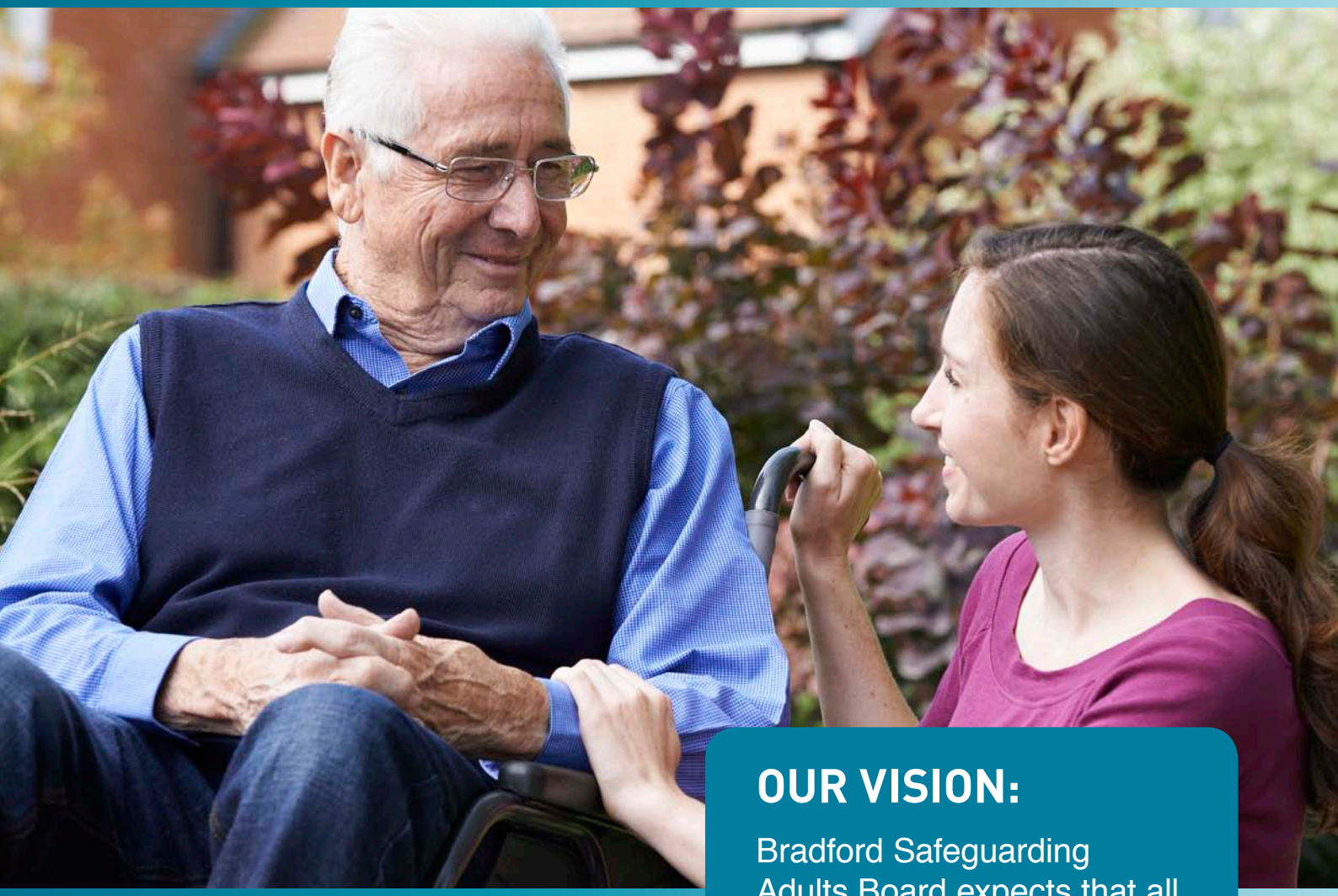
SAFEGUARDING ADULTS BOARD

REPORT 2016-17



OUR VISION:

Bradford Safeguarding Adults Board expects that all agencies will work together to make sure that all those with care and support needs can live the best lives they can, without fear, and safe from abuse and neglect.

SAFEGUARDING ADULTS BRADFORD

Contents

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Foreword

by the Safeguarding Adults Board Independent Chair

As an Independent Chair of the Bradford Safeguarding Adults Board I am delighted to commend the 2016/17 annual report to you. The report outlines the progress made in 2016/17 to safeguard and promote the welfare of adults at risk in Bradford.

The Board exists to hold all agencies to account for the work they do to safeguard adults at risk in Bradford. Safeguarding is a partnership activity which requires staff in all agencies, at all levels, volunteers, members of the public and families to work together to ensure that regardless of their residence, all adults at risk are protected from abuse.

The Care Act 2014 came into force in April 2015 and we have been operating under the auspices of the Care Act for two years. This legislation has placed safeguarding adults boards on a strong statutory footing, better placed both to prevent abuse and to respond to abuse when it occurs. All partners have remained committed to the safeguarding adults agenda and partnership working.

We continue to move forward with the principles of the Care Act and in particular Making Safeguarding Personal (MSP). We are also engaging positively with a diversity of cultures and communities and further work will be undertaken to promote the safeguarding of adults at risk. Going forward we will also engage with faith communities to involve and work alongside people with differing religious beliefs.

The West, North and York City Safeguarding Adults Consortium, consisting of Bradford, Calderdale, Kirklees, Leeds, North Yorkshire, Wakefield and York have begun the process re-writing of the Safeguarding Adults Procedures. The consortium has continued to work on the production of the procedures and are expecting a draft to be consulted upon through June and July 2017.

The Safeguarding Adults Board (SAB) has continued to work closely with a number of key statutory organisations such as the Clinical Commissioning Group (CCG), the Police, NHS England, Healthwatch and the Care Quality Commission (CQC).

SAFEGUARDING ADULTS BRADFORD

This year the safeguarding service received a total of 3,279 safeguarding concerns and of these, 714 concerns progressed to a safeguarding enquiry.

Of the 3,279 concerns processed this year, 1,422 were with respect to male victims and 1,857 were in respect of female victims.

The SAB has continued to monitor the quality of the council's response to the Deprivation of Liberty Safeguards (DoLS). Following certain case law judgements, Bradford has experienced the same increase in work as the rest of the country and DoLS remains high risk and a high priority for the SAB.

Following the Mazars report into the response of Southern Healthcare NHS Trust's care of Connor Sparrowhawk, a young man with learning disabilities, the Safeguarding Adults Board asked Bradford's Health and Wellbeing Board to consider the issue of how we learn from unexpected deaths. I am pleased that this is now being addressed at senior level across Bradford. I hope that we will become more confident that we are learning lessons and putting them into practice when people with care and support needs die.

I would like to thank the Safeguarding Voice group for the excellent work they have done on revamping our safeguarding adults website pages which will go live later in 2017.

I would also like to place on record my thanks to the many staff, volunteers and family carers who work so hard all year round to make sure that people with care and support needs can live safe and happy lives.

Jonathan Phillips OBE
Independent Chair, Safeguarding Adults Board

What is Safeguarding

Safeguarding is about protecting people from abuse, preventing abuse from happening and making people aware of their rights.

Whose responsibility is it?

Safeguarding is everybody's responsibility, for example: members of the public, friends, neighbours, staff and carers.

What is adult abuse?

Abuse is when someone does or says things to another person to hurt, upset or make them frightened.

Adult abuse is wrong and can happen to anyone who is over 18 years of age. Abuse can happen anywhere and can be committed by anyone. Abuse can happen in many different ways - see Appendix 2 which explains these in more detail.

Who might be an abuser?

Anyone might be responsible for abuse, for example:

- a partner, relative or family member
- a friend
- an organisation, a paid carer or volunteer
- another service user
- a neighbour
- a stranger.

Where does abuse happen?

Abuse can happen anywhere, for example:

- in a person's own home
- in the street
- in a care home
- in a day centre or hospital.

Is abuse a crime?

Yes, abuse is a crime, for example:

- physical abuse
- sexual assault
- coercive or controlling behaviour
- harassment and stalking
- fraud and theft
- wilful neglect.

If you think a crime has been committed contact the police.

If you are not sure if it is a crime, contact one of the other organisations that can help – see **Appendix 3** for who to contact.

Read more about reporting adult abuse on our website – **www.bradford.gov.uk/adult-social-care/adult-abuse/report-adult-abuse/**

Who is at risk?

Adult abuse can happen to anyone aged over 18. Some adults find it harder to get help and may be more at risk of harm and exploitation, for example:

- people with a disability
- people with a mental health condition
- people with a temporary or long term illness or
- frail older people.

Other adults at risk could be carers such as partners, relatives or friends who can also get help if they are being abused.

If you are concerned about someone you know you can contact several organisations - **see Appendix 3** on how to report abuse.

Why do we have a Safeguarding Adults Board

The Safeguarding Adults Board (SAB) is a multi-agency partnership which has statutory functions under the Care Act 2014.

The main job of the Safeguarding Adults Board is to ensure that local safeguarding arrangements work effectively to ensure that adults at risk due to health needs, social care needs or disabilities are able to live their lives free of abuse or neglect.

The SAB is chaired by an Independent Chair and members are drawn from a range of different agencies. You can find a list of partners in **Appendix 4**.

Bradford SAB exists to ensure that local safeguarding arrangements and partners act to help and protect adults in the Bradford district who:

- have needs for care and support (whether or not these needs are being met)
- are experiencing, or at risk of, abuse or neglect
- as a result of their care and support needs, are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The Independent Chair is accountable to the Local Authority Chief Executive.

The SAB achieves its aims and objectives through a structured planning process, with the strategic plan informed by the SAB's vision and, in turn, informing the SAB detailed delivery plan.

SAB members have a duty to co-operate and the SAB itself must:

- publish a strategic plan that has been developed with local community involvement and working alongside Healthwatch
- publish an annual report on what it has done over the past year, detailing members' contributions to the strategy and how they have implemented personalisation in safeguarding
- conduct Safeguarding Adults Reviews (SARs)

The first strategic plan, for 2015-18, is intended to meet the first of these duties by drawing on a range of consultation activities, the experiences of the last year, self-assessment of the SAB by its members and the development day held on 6 May 2015.

The SAB strategic plan is supported by a detailed delivery plan which is informed by analysis of safeguarding activity data and performance information alongside the partners' self assessment exercise which is carried out each year. We also consult regularly with people who use our services and carers.

Bradford Safeguarding Adults Board Principals

Empowerment

Adults are encouraged to make their own decisions and are provided with support and information.

What does this mean for the adult?

I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.

Prevention

Strategies are developed to prevent abuse and neglect that promote resilience and self-determination.

What does this mean for the adult?

I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.

Protection

Adults are offered ways to protect themselves and there is a coordinated response to adult safeguarding.

What does this mean for the adult?

I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.

The Care Act 2014 introduced six key principles that underpin everything the Safeguarding Adults Board does which are outlined below. They inform the 2015 to 2018 strategic plan which can be found in detail in Appendix 1.

Partnerships

Local solutions through services working together within their communities.

What does this mean for the adult?

I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.

Accountable

Accountability and transparency in delivering a safeguarding response.

What does this mean for the adult?

I am clear about the roles and responsibilities of all those involved in the solution to the problem.

Proportionate

A proportionate and least intrusive response is made balanced with the level of risk.

What does this mean for the adult?

I am confident that the professionals will work in my interest and only get involved as much as needed.

Safeguarding Adults Reviews

A Safeguarding Adults Review (SAR) is carried out when an adult at risk dies or has experienced serious neglect or abuse and there is concern that agencies could have worked more effectively to protect the adult.

A Safeguarding Adults Review is a multi-agency learning process. It aims to:

- identify and promote good practice
- encourage effective learning and
- make recommendations for future practice so that deaths or serious harm can be prevented from happening again.

The SAB is awaiting the publication of two SARs from 2015/16, one relating to a domestic homicide and one to a mental health homicide. Both of these cases are on-going and once they are published we will give consideration to the recommendations and publish an update.

Case Study: Castleview

Castleview is a large private care home which offers both residential and nursing care to its elderly residents. Early this year Bradford Safeguarding Adults Team received a number of safeguarding concerns from professionals visiting this home. The concerns raised included lack of attention to personal care and to changing medical conditions, slow responses to call bells and inadequate provision of fluids. The Care Quality Commission inspected Castleview, finding similar issues and gave the home an 'inadequate' rating.

As a consequence of the perceived risk to residents, a whole-service safeguarding process was set in motion. This involved key organisations working in partnership with the service provider to ensure improvements to the quality of care. During this time it was agreed that an embargo should be placed on new admissions to enable the home to focus on the care of its existing residents. Enquiries were made into each safeguarding concern with discussions of the findings and learning points taking place at multi-agency safeguarding meetings. The service drew up a comprehensive improvement plan, providing regular updates on progress made, whilst Bradford's health and adult social care bodies carried out independent monitoring visits.

Residents and relatives were involved in this process in a number of ways in order to make safeguarding personal. The service itself carried out its own consultations and all residents were reviewed by an external health or adult social care professional, a process which included speaking with relatives. In addition, members of the Safeguarding Adult Team visited the home to speak with residents and observe the approach and practice of care staff.

A number of months later, thanks to the commitment and hard work of the service and the external agencies, the quality of care has significantly improved and risk to residents reduced.

Names and identifying details have been changed to protect the privacy of individuals.

Case Study: Sameen

A safeguarding concern was received from a home care company regarding concerns for an older Asian lady whom they provide home care as a short term measures. Information is anonymised and we shall call this lady Sameen.

Sameen has recently moved to the local area having previously lived with her son. Due to his own ill health he was no longer able to care for her and extended family had arranged to support Sameen at their home. During this time Sameen became ill, which resulted in a hospital admission.

On discharge home care services were arranged as a short term measure. Up until this point care had been minimal and provided by family. This was something very new for Sameen. In addition she was now based upstairs and found the stairs very difficult and home care workers did not speak her language.

Information from them reported that workers had encountered some resistance from family in gaining access and were questioning if Sameen was socially isolated. Concerns were raised as part of the morning home care call in respect of the fluids found in her bed and were questioning if sexual assault had occurred. The main issue was that the service had not made Sameen aware of their concerns or spoken with her about the fact they wanted to report a safeguarding concern. This had been done without consent and without speaking with family members. It appeared from the situation presented that there was an element of strain between the home care service and family as there was issues regarding gaining access to the property at call times.

A contributing factor to the concerns were that information was limited from the workers as they did not speak the language and were making judgements about family from their own experience. From the limited information in the referral and initial information gathered, a joint visit with our access team, interpreting services and safeguarding team was arranged.

Sameen met the criteria for Section 42 enquiries due to her care needs and capacity would be considered as part of a planned visit. Interpreting services were vital and as part of the initial arrangement to visit the dialect needed to be identified in order for services to be able communicate. Three female workers attended; access social worker, interpreting service worker and a representative from safeguarding.

During the meeting with Sameen and from initial conversations and information gathering it was determined that she had capacity and understood the staff's need to ask very personal and sensitive questions. The interview was conducted over two visits to the family home. The same workers were involved at each visit to provide continuity and to obtain consent from Sameen to continue the meetings.

Following information gathering there was no evidence to support sexual assault. Sameen reported the fluids found were residual creams and she had mentioned this to the district nurses when they had visited. Consent was gained to contact the district nurses. Following discussions with the district nurses it was confirmed that the fluid was the skin cream residue.

Sameen also spoke about her difficulties in communicating with the home care services and that they did not seem to understand. As an outcome from the safeguarding concern it was agreed that Sameen required assistance to increase her independence and this was addressed through the assessment process. In addition, Punjabi speaking home care workers were provided.

Names and identifying details have been changed to protect the privacy of individuals.

Bradford Metropolitan District Council

During the year we have continued to operate in accordance with the Care Act national guidance and Bradford Safeguarding Adults Board are continuing to ensure partner agencies are implementing the Care Act locally. We have listened to what people want for themselves and made sure they have as much control as they can over and their lives and the decisions that affect them in relation to safeguarding. Making Safeguarding Personal (MSP) is a person centred approach which remains a high priority for Bradford and we continue to work in partnership with local communities and the general public to give them the chance to contribute to our vision and planning.

This year we have seen the arrival of a new Strategic Director, Health and Wellbeing, Bev Maybury and we are pleased to announce the appointment of a Principal Social Worker as recommended by the Care Act 2014, Revised Care and Support Guidance in which it is explained the role of the principal social worker is to ensure that lead practitioners and management decisions on care and safeguarding are challenged.

In December 2016 it was identified that the Adult Protection Unit (APU) had been holding a number of safeguarding adults cases which had not reached an outcome allowing the cases to be closed. It was decided to seek outcomes and subsequent closure of the 'backlogged' cases from April 2016.

After the deployment of additional staff, by April 2017 all cases dated between April 2016 and April 2017 had been cleared or allocated as necessary for ongoing interventions ensuring adults at risk were protected and safeguarded. Incoming cases are now triaged to ensure there are no high level interventions required. If a case requires further involvement then this is addressed immediately.

Safeguarding cases held between April cleared with no further intervention being required or signposted for further support.

Together with the Police and the Clinical Commissioning Group (CCG), the Local Authority have been discussing the possible implementation of a Multi-Agency Safeguarding Hub (MASH) through which all safeguarding concerns are reported to a central resource. It will be staffed with professionals from the three agencies. The idea is that professionals share information to ensure early identification of potential or significant harm and trigger interventions to prevent further harm.

MASH staff decide on the most appropriate intervention to respond to concerns raised. By working together agencies are able to share information and respond to a person's needs quickly and efficiently. Plans to implement a MASH are well under way and it is hoped that the system will become live in October 2017.

Domestic and sexual violence

Whilst domestic and sexual violence spans multiple disciplines; Adult Services, Children Services, Housing and Public Health, the Bradford Safer and Stronger Community Partnership has statutory responsibility for implementing Domestic Homicide Reviews:

- The Bradford Safer and Stronger Community Partnership agreed for the establishment of a new Strategic Board.
- The new structure places greater emphasis on steering the operational work of the Multi-Agency Risk Assessment Conferences (MARAC); making decisions regarding Domestic Homicide Reviews and overseeing the implementation of actions plans; identifying gaps in service provision and building new initiatives to ensure that work adapts and develops to the changing needs of the district.
- A new five year Strategy: The Bradford Domestic and Sexual Violence Strategy 2015 – 2020: A strategic response to ending 'violence against women and girls (VAWG)' and 'inter-personal violence against men'

- A whole family approach to safeguarding is the ultimate aim of the Domestic and Sexual Violence Strategic Board.
- A desire to look at the cross-overs of responsibility with The Bradford Safeguarding Adults Board and the Bradford Safeguarding Children's Board, with a view to greater cohesive approaches to safeguarding.

Housing

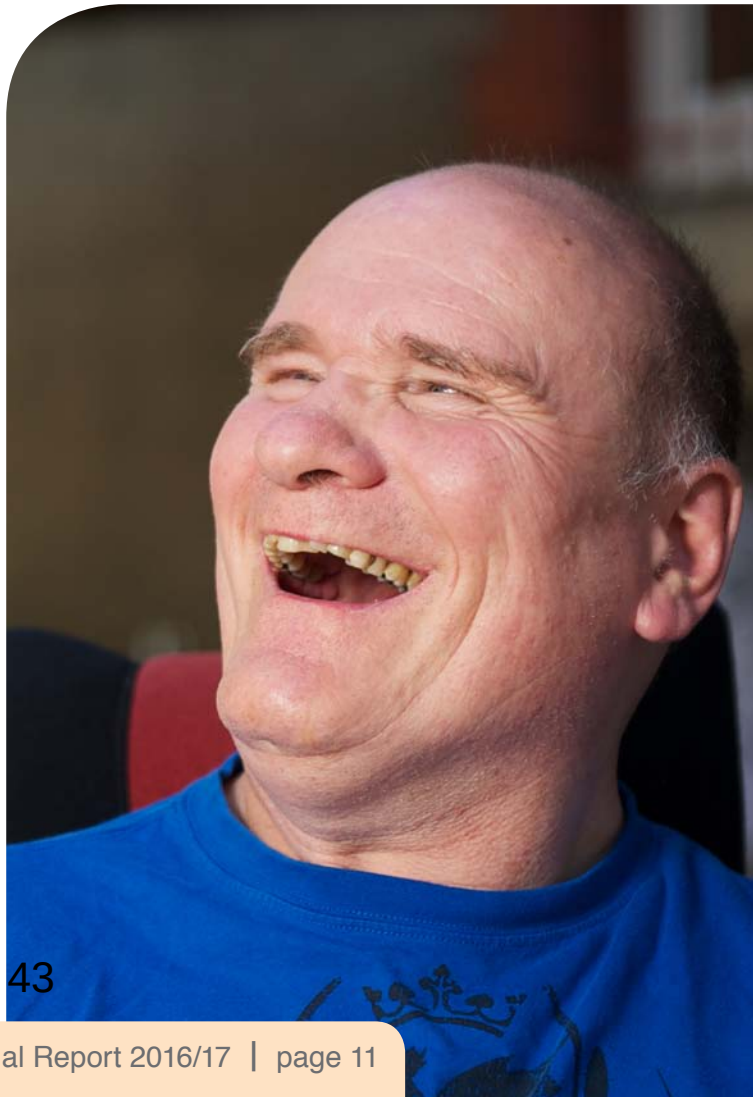
Housing plays a fundamental role in keeping people safe and free from harm and abuse. The Housing Service within Bradford Council makes an important contribution to safeguarding adults at risk in a number of ways. The Council's Housing Options team is often the first port of call for people fleeing domestic abuse, and under its Domestic Abuse Protocol the team provides specialist housing advice to these households. This protocol, drawn up in collaboration with partner agencies, aims to ensure victims of domestic abuse are given appropriate priority on the Council's Housing Register and are helped to access specialist support in the event they either need to move, or prefer to stay in their own home. During 2016/17, 740 households suffered from domestic abuse and received housing advice, assistance or homelessness support. Housing Options staff regularly attend MARAC to help address any housing issues identified for individual high-risk domestic abuse cases. The Domestic Abuse Protocol will be reviewed in 2017 as part of the full review of the District's Social Housing Allocations Policy.

During 2016-17 the single gateway to Housing-Related Support (HRS) was launched. This gateway streamlines all access routes into HRS into one simple pathway, co-ordinated and administered by Housing Options. HRS is an important early intervention which can help to prevent the care and support needs of vulnerable adults escalating and by stabilising someone's housing situation, reduces the risk of them falling victim to abuse and exploitation. Since its launch in Spring 2016, 319 households have had HRS accommodation placements and 465 households have received HRS floating support services.

The Housing Options service continues to work collaboratively with other partner agencies to strengthen its response to safeguarding vulnerable adults. A specialist mental health social worker has been funded by Housing Options to enable the service to respond better to the housing and homelessness issues faced by clients presenting with mental health issues, and/or leaving hospital. HRS services for clients with multiple needs (including mental health and substance misuse) have been re-commissioned this year, providing a housing safety net for those who would otherwise struggle to cope with living independently.

Supported housing exists to ensure that those with support needs can lead fulfilling lives in their own homes accessing universal services within the Bradford community. Whilst the services vary widely, they all play a crucial role in providing a safe and secure home for people to live independently.

The Council's Housing Operations Team provide both reactive and proactive services in relation to issues of disrepair and health and safety in people's homes. Environmental Health Officers work closely with many partner agencies, including the Fire Service, social workers and support workers when problems with poor quality or dangerous housing come to light. Housing Operations have an on-going role in supporting safeguarding partners, particularly in relation to self-neglect and hoarding issues, and will be working to refine and disseminate guidance on self-neglect over the coming year.



West Yorkshire Police

Safeguarding Adults

Bradford Policing District currently has two Vulnerable Adult Coordinators (VACs), who work within the Safeguarding Unit. They both manage a workload of ongoing cases whilst providing advice and support to officers and staff in all departments. They are also the conduit for all referrals from the Police to Adult Social Care and are the single point of contact for external agencies reporting to the police on all matters related to vulnerable adults.

The figures below have been compiled by the Coordinators throughout the year:

- 1244 NEW cases were referred to the Vulnerable Adult Coordinators over the year. This does not include ongoing cases they are working on or those for which they have given advice to officers.
- Approx. 80-85% of these resulted in a formal referral being made by Vulnerable Adults Coordinators to Adult Social Care.
- Approx. 120 AP1 (Adult Protection Alerts) were submitted this year. This number has declined since early 2016 when an agreement was made with Safeguarding Adults Team to phone ahead and discuss circumstances prior to submission.
- There has been a significant increase in Mental Health referrals over the last 3 months (approx. 55%).
- Dementia referrals to the older people's social work team have also increased in last 3-6 months. This is due to the "Stay at Home Policy" introduced in 2016. Approx. two dementia concerns are submitted each day, which includes repeat Missing Persons.
- The Vulnerable Adults Coordinators attended approximately 8 case conferences per month, either face to face and over the phone.
- Partner agency contacts, including Housing, GPs and Probation have also increased.

It should be noted that Vulnerable Adult work is not restricted to victims of crime. The Police now make appropriate referrals for suspects, witnesses and any vulnerable adults in the household at Domestic Abuse incidents as a result of recommendations from a Domestic Homicide Review (DHR) in December 2015.

Domestic Abuse

Since April 2016 Bradford District has responded to 10,385 incidents of Domestic Abuse. This is an increase of 12% since the previous year. We have issued 17 Domestic Violence Protection Notices and worked with partners to investigate and consider 31 Clare's Law disclosures. The aim of this scheme is to give you a formal mechanism to make inquiries about your partner if you are worried that they may have been abusive in the past. You can find out more on the West Yorkshire Police website. (**www.westyorkshire.police.uk/domesticviolence**).

Alongside investigating the offences, the Police lead on a number of safeguarding and partnership processes across Bradford. These include the Daily Risk Assessment Meeting (DRAM), Multi-Agency Risk Assessment Conference (MARAC), and Offender Management procedures, in which information is shared with key partners and action plans implemented to safeguard victims and families. A staff member from Choices, a Domestic Abuse Perpetrator Programme, is co-located with our Domestic Abuse Unit, offering self-referrals to domestic abuse offenders and providing guidance and support to officers around the Conditional Caution process and directing offenders into their service.

Working in partnership with the Safeguarding Adults Board

The Police are central partners in both the Safeguarding Adults Board and the Domestic and Sexual Violence Strategic Board, and the various sub-groups reporting to these Boards.

Bradford Policing District has continued to look at enhancing the service it provides to the communities of Bradford as well as the Partners they work with. This has led to a significant investment of resources into Safeguarding in order for us to deal with the increasing demand and change of focus towards dealing with and prioritising vulnerability. It was highlighted in the 2015 – 2016 Safeguarding Adults Report that there was a "need to further improve our understanding of how other agencies work, and we could achieve this by taking best practice from Safeguarding Children". A multi-agency review has taken place between Adult Social Care, Health and the Police to look at how a Multi-Agency Safeguarding Hub

(MASH) can be implemented, in order to better share information, help formulate risk assessments and conduct joint investigations. This work has been signed off by the Safeguarding Board and is due to be implemented later in 2017. This is a positive step forward in the ability of partners to help safeguard adults within Bradford.

Investigations into adult safeguarding are allocated to the Safeguarding Teams, which contain Detectives who have received specialist training in securing and presenting best evidence, as well as interview training. Adult Safeguarding Coordinators provide a link between these specialists and the partner agencies, to ensure information is shared across all agencies.

Further dementia awareness training has been delivered in order to train front line staff.

The Communication, Engagement and Training Sub-Group is chaired by Superintendent Damien Miller. Bradford District Police are committed with the rest of the Safeguarding Adult Board partners to raise the awareness of Adult Safeguarding across the District, as well as ensuring that front line practitioners are receiving the appropriate training. How offences are committed against adults is constantly changing, therefore the training which is being delivered, needs to be up to date and delivered in a timely fashion, which is the purpose of the Sub-Group.

National Probation Service (NPS) – Safeguarding Adults Board Report

We are working with an increasing number of elderly offenders who have healthcare needs and are vulnerable, but also pose a high risk of serious harm to others through their offending behaviour. Bradford and Calderdale NPS are working closely with a range of partner agencies to manage our dual responsibility to meet these needs but also protect the public. In planning for the release of a vulnerable adult we would work with Housing, Healthcare, Adult Social Care, Community Psychiatric Nurses in order to provide a suitable care package for the highest risk offenders. If supervised accommodation is required as part of a risk management plan, then many of our Approved Premises have designated rooms for those with care needs. Any release plans are agreed via our Multi Agency Public Protection Arrangements (MAPPA)

Adult Safeguarding is part of the Bradford and Calderdale local delivery plan and the lead Senior Probation Officer for this area is responsible for providing regular updates to the management team and practitioners. Work is on going to review the referral process. In the coming months we aim to have a more formalised process in place and a system that enables us to monitor outcomes for those identified as adults at risk.

It is now a mandatory requirement that all staff attend the E-Learning and face to face NPS Adult Safeguarding training. A training log is kept by team managers and the Divisional Hub Business Partner to monitor training completed. In addition to this the majority of staff will have completed the PREVENT awareness training and plans are in place to refresh and update this training. To enhance awareness of the increasing areas linked to adult safeguarding, Offender Managers also access Human Trafficking training, Domestic Violence Training and Children Safeguarding training which also encompasses child sexual exploitation. Information regarding modern slavery and hate crime has also been cascaded to staff to improve our practice with regards to identifying such issues.

The introduction of the NPS, National Process Management System, Excellence in Quality and Processes (EQuiP), has increased the accessibility of the practice guidance and material. This system allows the NPS to map adult safeguarding processes and all relevant documents such as The National Probation Service (NPS) Safeguarding Adults Policy Statement and supporting practice guidance can now be accessed via this system. All staff are required to access these documents and this is monitored regularly.

The annual Service User Feedback Survey showed that 85.8% of respondents in the Bradford and Calderdale cluster were satisfied with their experience of Probation and engage positively with the offender management process. This exceeds the national target set at 75%. In response to the survey a leaflet was produced for offenders outlining the results and responding to offender feedback.

NHS England

The general function of NHS England is to promote a comprehensive health service to improve the health outcomes for people in England. NHS England discharges its responsibilities by:

- Allocating funds to, guiding and supporting Clinical Commissioning Groups (CCGs) and holding them to account.
- Directly commissioning primary care, specialised health services, health care services for those in secure and detained settings, and for serving personnel and their families, and public health screening and immunisation programmes.

The mandate from Government also sets out a number of objectives relating to safeguarding which NHS England is legally obliged to pursue.

NHS England's overall roles in terms of safeguarding are direct commissioning and assurance and system leadership as set out in the revised Safeguarding Vulnerable People Accountability and Assurance Framework published by NHS England in July 2015. **https://www.england.nhs.uk/?s=safeguarding+assurance**

NHS England ensures the health commissioning system as a whole is working effectively to safeguard adults at risk of abuse or neglect. NHS England is the policy lead for NHS safeguarding, working across health and social care, including leading and defining improvement in safeguarding practice and outcomes. Key roles are outlined in the Safeguarding Vulnerable People Accountability and Assurance Framework 2015. This role is discharged through the Chief Nursing Officer (CNO) who has a national safeguarding leadership role. The CNO is the Lead Board Director for Safeguarding and has a number of forums through which to gain assurance and oversight, particularly through the NHS England National Safeguarding Steering Group (NSSG).

NHS England Yorkshire and the Humber has an established Safeguarding Network that promotes an expert, collaborative safeguarding system. It meets on a quarterly basis and works in collaboration with colleagues across the north region on the safeguarding agenda ensuring that improvements are made across the local NHS. During 2016/17 a CCG peer review assurance process was undertaken and themes from this process have influenced the commissioning of leadership training for safeguarding professionals and there are future plans for a national assurance tool for CCG's. Learning has also been shared across GP practices via quarterly Safeguarding Newsletters, a safeguarding newsletter for pharmacists has been in circulation across Yorkshire and the Humber and one for optometrists and dental practices is being scheduled.

During 2016/17 a review of current systems for recording safeguarding incidents and case reviews across the North Region was undertaken to support the identification of themes, trends and shared learning. The Yorkshire and the Humber process to jointly sign off GP IMRs, as CCGs responsibilities for commissioning of primary care services is increasing, has been adopted across the north of England region to ensure consistency.

NHS England North hosted a safeguarding conference on 10 December 2016 which included presentations on forced marriage, honour based abuse, Female Genital Mutilation (FGM) and domestic abuse and adult safeguarding. The conference aimed to provide level 4 training for healthcare safeguarding adults and children professionals and leads in the North region. A conference was held on 11 November in York for named safeguarding GPs in Yorkshire and Humberside attended by Bradford named GPs. It was well evaluated and plans for a north region named GP conference are in place for 2017/18.

NHS England has updated and is due to circulate the Safeguarding Adults pocket book which is very popular amongst health professionals and has launched the NHS Safeguarding Guide App and a North region safeguarding repository for health professionals.

NHS England North developed a Safeguarding Assurance Tool for use with CCGs across the North Region, which was implemented in 2016. Designated Nurses reviewed all action plans to identify key themes and trends across the North Region with a view to identifying common areas requiring support.

Learning Disability Mortality Review (LeDeR) involves:

- Reviewing the deaths of all people aged 4 to 74 (inclusive)
- Identify the potentially avoidable contributory factors related to deaths of people with learning disabilities
- Identify variation in practice
- Identify best practice
- Develop action plans to make any necessary changes to health and social care service delivery for people with learning disabilities.

A national database has been developed and anonymised reports will be submitted. This will allow, for the first time, a national picture of the care and treatment that people with learning disabilities receive.

The LeDeR Programme is not a formal investigation or a complaints process and will work alongside any statutory review processes that may be required.

The LeDeR Programme recognises it is important to capture the extent of personalised services, including the use of reasonable adjustments, choice and control and the well-being of people with learning disabilities. Good practice examples shared nationally.

Across NHS England North there are a number of priority areas which are designated by the Home Office, who fund two Regional Prevent Coordinator posts. These posts support the implementation of the Prevent Duty and ensure that Health embeds the requirements of the contest strategy and specifically Prevent into normal safeguarding processes. Funding to support this work was secured from the North Region Safeguarding budget which has facilitated a number of projects including supporting partnership working with the North East Counter Terrorism Unit, delivering a conference in October 2016 on 'Exploitation, grooming and Radicalisation' and an Audit of referrals to Prevent /Channel where Mental Health concerns are understood to be a contributing factor.

React to Red was launched on 1st February 2016 at the Pressure Ulcer Summit in Leeds. It is a bespoke training package for pressure ulcer prevention which is competency based and designed specifically for care home staff and care providers. During 2017/18 this work will continue to be a priority across NHS England North and will focus on embedding the programme as a quality improvement initiative using a focused approach co-ordinated by CCGs and robust evaluation by NHS England North. In Bradford this is being rolled out locally in collaboration with commissioners.

Clinical Commissioning Group (CCG)

There are three CCG's in the District:

- Bradford City CCG;
- Bradford District CCG and Airedale;
- Wharfedale and Craven CCGs.

They all work in close partnership and have a shared safeguarding team covering adults and children. The team includes a Domestic Violence Manager who works across the whole health economy and a named GP for Safeguarding Adults who supports the development of safeguarding practice across primary care.

Key achievements

The Continuing Health Care Team has provided information and support around personal health budgets to people with complex health needs

- The CCG has engaged with a wide variety of service user groups and patient networks, listening to patient stories and feedback about services in order to inform health needs assessments, local service developments and the wider commissioning process
- The Named GP for Safeguarding Adults has continued to raise awareness about the broad range of safeguarding issues affecting adults across the district, disseminating information and delivering updates for GP Practice Safeguarding Leads. This supports GPs to develop the skills and confidence needed to identify and enquire about signs of potential abuse at the earliest possible time
- The CCG has contributed to a number of multi-agency reviews into deaths of adults across the district. We have incorporated learning from Domestic Homicide Reviews, Mental Health Homicide Reviews and Safeguarding Adults Reviews into staff training and continue to work with practices and Information Technology providers to improve safeguarding record systems CCG has worked as part of the local Prevent and Channel arrangements, supporting partnership working with health services, including GP practices in order to protect adults at risk, particularly people with learning disabilities, autism or mental health problems. The CCG safeguarding team lead on the health section of the Local Prevent Action Plan and are supporting the roll out of Prevent training within GP practices
- The CCGs safeguarding team continues to have oversight of Serious Incidents within NHS funded services in order to identify potential safeguarding issues and advise on proportionate and timely responses to concerns
- Along with the CCG quality team we have worked closely with the Local authority to improve the support and monitoring of care homes
- We have provided training and expert safeguarding advice to organisations and practitioners across the whole health economy. This includes independent health providers such as GPs, dentists and pharmacists
- The CCG have worked as part of the local network to raise awareness and explore Health's contribution to Anti-Trafficking and Modern-Day Slavery agendas
- The Domestic Violence Manager organised tailored training for health staff who attend (Multi-Agency Risk Assessment Conference) (MARAC) to make sure they are up-to-date and able to work efficiently within the MARAC process in order to support risk management for people experiencing domestic abuse
- The Domestic Violence Manager is working with the local authority, NHS Trusts, police and voluntary groups to develop a multi-agency information sharing pathway for Forced Marriage Protection Orders
- The CCGs safeguarding team continue to co-deliver the 2-day Role of the Service Manager Training. This training is focused on practical aspects of safeguarding, leadership and local safeguarding procedures, in the context of making safeguarding personal and strong multiagency working.

Bradford District Care NHS Foundation Trust (BDCFT)

During 2016 safeguarding week the BDCFT safeguarding team developed and delivered a multi-agency session focussing on 'making safeguarding personal' and how to work with an adult to facilitate the outcomes they want to achieve.

All safeguarding adult training sessions have been refreshed with the central message of 'making safeguarding personal' alongside an understanding of the issues of consent, mental capacity and the inclusion of advocacy.

During any duty call to the BDCFT safeguarding team where there are safeguarding adult concerns staff are reminded to consider the 'making safeguarding personal' message.

BDCFT aims to ensure that all its staff regard safeguarding as a key responsibility and fully understand their role in preventing abuse as being the primary objective.

The BDCFT safeguarding team have a wide reach within the organisation to all its service areas from attendance at quality and safety meetings to supervision sessions with staff. The aim of this is to promote a safeguarding culture whereby service users remain of primary concern.

Safeguarding training now includes scenario based exercises which explore with staff, proportionate responses. The aim is to ensure that staff can consider their risk assessments to include the nature of the allegation and concern alongside the adult's desired outcomes.

BDCFT staff have access to information via the safeguarding page on the Trust intranet with details of how to raise a safeguarding concern. This includes a direct link to enable the concern to be raised. All new staff and volunteers to the organisation are given this information at induction and additionally staff are reminded about the safeguarding resource available at training sessions. All job descriptions for staff working in the organisation sets out individual responsibility for safeguarding practice.

The BDCFT safeguarding team attend the safeguarding Prevent meetings and the team also act as designated officers at Multi-Agency Risk Assessment Conferences (MARAC).

The safeguarding team facilitated a domestic abuse focus group attended by representatives of BDCFT staff disciplines. This was to gain an increased awareness of staff experience of services and partnership working when supporting children, families and adults at risk who have, or who are experiencing the impact of domestic abuse. This highlighted impressive knowledge of domestic abuse and the impact of domestic abuse on both children and victims. The focus group model used proved successful and will be a useful model to replicate in the future.

The BDCFT safeguarding team has produced a domestic abuse newsletter which has been cascaded to all staff across the Trust via ecomms. The newsletter contains up to date practice guidance and contact numbers. The domestic abuse section of the BDCFT safeguarding website has been updated accordingly. A new domestic abuse package has been developed and is running throughout 2017 as part of BDCFT safeguarding team training programme. There is renewed emphasis on the impact of domestic abuse and the understanding of controlling behaviours and coercive control.

BDCFT has senior level membership at Safeguarding Adults Board (SAB) and have representation at all SAB Sub-groups. BDCFT safeguarding team are working closely with multi agency partners on implementing the making safeguarding personal agenda.

There are new arrangements for BDCFT and the Local Authority to work in partnership around the management of safeguarding concerns when relating to an adult that is known to our mental health services. BDCFT contribute to the initial enquiries at the request of the local authority and some staff have additional responsibility to undertake a formal enquiry if necessary. This has resulted in closer and positive relationships with the Local Authority.

There is firm commitment to safeguarding within BDCFT under the leadership of the Deputy Director of Nursing, Children's & Specialist Services. Safeguarding policies are current and Care Act compliant. Processes are in place to ensure that there is triangulation of complaints, serious incidents and risk and safeguarding, which contributes to staff learning and practice improvement.

Bradford Teaching Hospitals NHS Foundation Trust (BTHFT)

There has been continued commitment to all the agendas of the Safeguarding Adults Board. The Trusts Chief Nurse or Deputy attends the Safeguarding Adults Board and representatives from the Safeguarding Adults team attend Sub-groups of the Board. The Named Nurse attends the Performance and Quality Improvement group and the Making Safeguarding Personal Group and one of the Safeguarding Specialist Practitioners attends the Mental Capacity Act and Deprivation of Liberty Safeguards Group.

The Safeguarding Adults team assist with the delivery of Multi Agency Safeguarding Adults training across the District, specifically the Role of the Service Manager training and the West Yorkshire Procedures training. There is also representation at the District wide Domestic and Sexual Violence Strategy Board and Sub-groups.

The team have established contacts within wider agendas such as Prevent and Human Trafficking and ensure they are up to date with issues relating to the district and that these are reflected in training.

Four members of staff within the Trust are identified as designated Officers for Multi Agency Risk Assessment Conference (MARAC) and ensure consistent research of information and attendance at MARAC meetings. There has been work undertaken to improve identification of patients experiencing domestic abuse and ensure they are aware of the services available within the district to offer assistance and support. This work has been focussed in the accident and emergency department and key lessons will be rolled out throughout the Trust.

Operational responsibility for patients with a Learning Disability now sits within the Safeguarding Adults Team with strategic oversight by the Assistant Chief Nurse for patient experience. This has meant there is a single point of contact for other agencies who may be involved in the patient's care such as health facilitation teams and Independent Mental Capacity Advocates (IMCAs) and has ensured that if concerns are raised they are dealt with in a timely manner involving all relevant people. This has also meant that it has been identified that there is a need for a resources to engage with patients who have any form of cognitive impairment and an action plan has been devised regarding this and work commenced.

The Safeguarding Adults team have undertaken work within the Trust to ensure that all staff receive an appropriate level of training in relation to their roles and that the training is up to date and reflects the changes within legislation and practice. The Safeguarding Adults Team attended the planning meetings for Safeguarding Week 2016 and delivered training which was open to all professionals. Some of the training delivered during Safeguarding week was carried out in collaboration with the Safeguarding Children's Team and the Transition Nurses. This was specifically aimed at focussing on the differences in safeguarding patients who may be transitioning from children to adults. This was highlighted as an area of specific interest following discussion within the matrons safeguarding supervision meetings which the transition nurses regularly attend.

Our plan is to continue to build on the progress made, to ensure all aspects of Safeguarding are embedded within our staff and organisational culture. We will achieve this by continuing to work with partners to ensure a consistent approach to safeguarding concerns. We have audited some areas and where there is not significant assurance of our processes changes have been made to address these and will be monitored to ensure effectiveness.

Airedale NHS Foundation Trust

There has been continued commitment to all the agendas of the Safeguarding Adults Board

The Safeguarding Team are highly visible within the Trust and they work closely with clinical and non-clinical teams to ensure that staff support the patient in making decisions.

Key work areas:

- Bespoke training sessions are undertaken with clinical teams using case studies with a focus on identifying the outcomes that the person at risk wishes. We have built upon lessons learned from investigations and enquiries
- We continue to run training sessions with clinical teams to increase knowledge and awareness related to recognising and responding to abuse, this supplements formal teaching and learning
- Safeguarding Level 1 training is a 3 yearly mandatory requirement for all staff and volunteers who deliver Trust Services. This is delivered either face-to face, or via a workbook. At the end of 2016/17, Trust staff were compliant with: Dementia Awareness (including Privacy & Dignity standards) 91.94%; Mental Capacity Act 89.91%; Safeguarding Adults 91.53%
- We now have a Clinical Supervision framework for Safeguarding Adults
- There is a bi-annual audit related to Deprivation of Liberty Safeguards (DoLS) within clinical settings together with a review of the assessment of Mental Capacity and best interests decision-making tool that is used
- We have now increased the capacity within the safeguarding team to cope with the ever increasing safeguarding agenda. The additional post supports the team and provides further support for colleagues in clinical areas
- We have reviewed the terms of reference for our safeguarding governance structures
- The Strategic Safeguarding Group (Adults and Children) is chaired by the Director of Nursing. The purpose of this group is to oversee and monitor the Trust's statutory responsibilities in relation to the safeguarding agenda. Membership of this group includes the Designated Professional Safeguarding Adults Airedale Wharfedale and Craven CCG
- The Operational Group for Vulnerable Adults is chaired by the Consultant Geriatrician and co-chaired by Senior Nurse Safeguarding Adults and reports to the Strategic Group. The purpose of this group is to oversee and monitor operational safeguarding practice across the trust with senior colleague representation from each clinical group.

West Yorkshire Fire and Rescue Service (WYFRS)

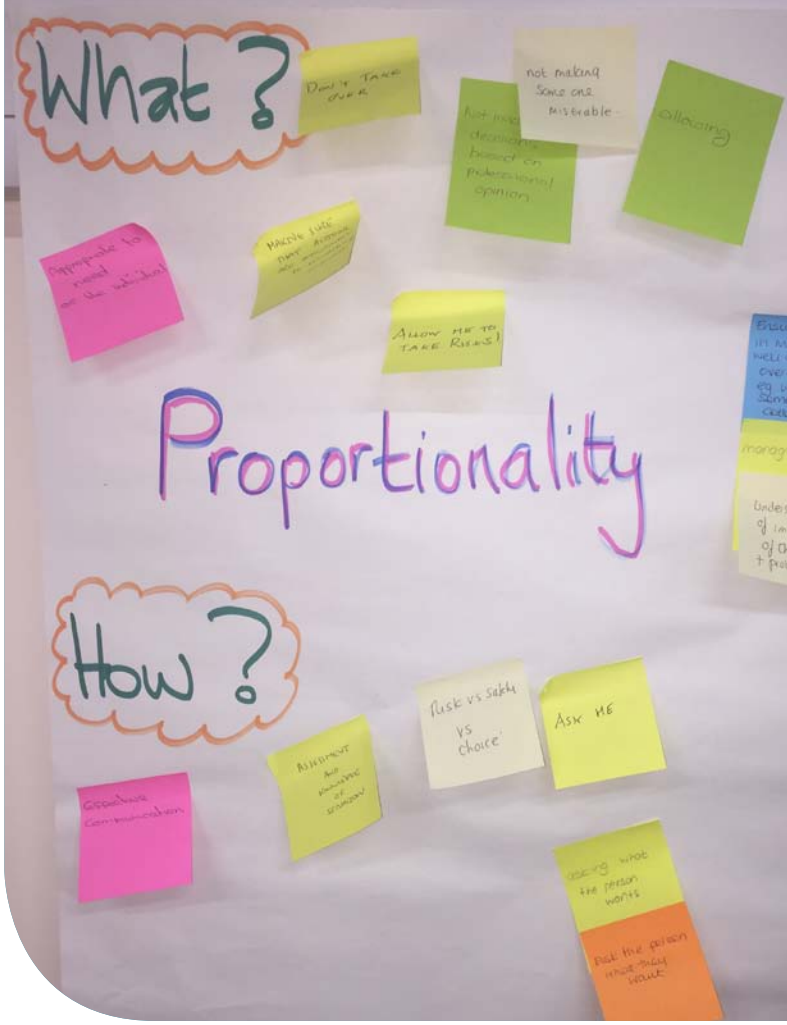
During the 2016/17 period a review of the Safeguarding arrangements has been undertaken. This review has seen a change in the process and reporting requirements within the Organisation. It was prompted as part of our overall change in Prevention Strategy ensuring that the reporting of concerns is made even more robust and accountable without burdening staff with excessive paperwork or process. Part of the review has focussed on training. This will be refreshed over the next year using the updated e-learning package and face-to-face training by the Safeguarding Leads from each District. It will be performance managed through annual reviews of each team within the organisation.

Whilst WYFRS is a reporting organisation within the Safeguarding Framework our employees are encouraged as far as is reasonably practicable to support the individual at risk. Our reporting structure and policy arrangements dictate that the individual is consulted with any referral to partners and as to what future involvement they may wish to have with services.

The review of our Safeguarding procedures and policy is ensuring that we are responding to reports of abuse accordingly. WYFRS has a proactive reporting procedure and has a strong and positive approach to ensure that reports are dealt with as soon as they are raised. Strong relationships with partner agencies and care providers ensure that reporting pathways are followed.

In Bradford District WYFRS engages proactively with 26 partner agencies. These range from voluntary organisations interacting with people relating to a specific need to large statutory organisations such as Bradford District Foundation Care Trust with its many departments and teams. In Keighley over the last twelve months the fire crews have been completing the falls prevention screening tool during fire prevention visits and referring those individuals that are at higher risk of a fall to the appropriate agencies. This is a key piece of work which is being carried and has been a successful pilot to base other projects on.

Safeguarding is a key part of our Service provision. Our Service ambition of 'Making West Yorkshire Safer' supports the principles at the core of Safeguarding. The training and reporting processes within the organisation are mandatory for all those members of staff that come into contact with the public, be it either face-to-face interaction or by telephone or other media. Our policies & procedures set out the responsibilities for key individuals within the organisation that are responsible for Safeguarding and the parts which all individuals have in order to follow the guidance.



Yorkshire Ambulance Service (YAS)

The profile of safeguarding children and adults at risk continues to grow and change and is a key priority across YAS. Both policy and practice have been reviewed to ensure compliance with legislation and good practice guidance. The Safeguarding Team continues to engage and support staff within all departments including The Emergency Operations Centre, Operations, Patient Transport Service and NHS 111 to identify safeguarding priorities to ensure quality patient care.

The Safeguarding Team continues to work Trust-wide with partner agencies, including commissioners, social care and health partners, to review and improve the quality of the safeguarding service provided by YAS staff. Ensuring YAS employees including, secondees, volunteers, students, trainees, contractors, temporary or bank workers and NHS 111, have the appropriate knowledge and skills to carry out their safeguarding children and adult duties.

Safeguarding processes and practice are being continually reviewed and strengthened; especially with regard to the quality of Safeguarding referrals to Adult and Children Social Care, the education

and training of staff and the safeguarding clinical audit processes. Within the year, safeguarding practice has been enhanced by the introduction of a safeguarding module within Datix. This ensures accurate monitoring of activity, reporting and the availability of trend analysis of current safeguarding processes and work streams.

The Safeguarding Team have contributed to Serious Case Reviews (6), Safeguarding Adult Reviews (4) and Domestic Homicide Reviews (10) across the Yorkshire region. On-going priorities are to review the current Safeguarding Children and Adult Referral Process to ensure concerns are effectively shared with local authorities, and to review and develop the Mandatory Safeguarding Training Plan, for all YAS staff, inclusive of NHS 111, volunteers and Community First Responders (CFRs).

Communications and Engagement 2016/17

The Communication, Engagement and Training Sub-group supports the work of the Safeguarding Adults Board by developing, promoting, delivering, reviewing and evaluating Safeguarding Adult communication and engagement strategies and training across Bradford District.

The group met four times in 2016/17 with attendance from Adult Social Services, NHS Trusts, the independent care home sector and the voluntary sector. There have been changes in representation from some organisations and from October 2016 there is a new Chair (Police) and Vice Chair (CCGs) of the group. The terms of reference and membership have been reviewed over the last few months following the merging of the Communication and Engagement group and the Training Task Group.

Having an effective communication and engagement strategy enables both professionals and the public to have an increased awareness of safeguarding issues across the District.

The Voice Group - What you told us…

The Safeguarding Voice Group, with membership made up of service users, carers and members of the public continues to undertake crucial work to raise awareness and meet the group's aims:

- listen to people's views and experiences of safeguarding adult issues and work
- help the SAB towards improving services and how things are done to safeguard adults better in the district
- help people speak up, have a voice and keep everyone safe.

Making Safeguarding Personal / Conference

Some of the key areas that the Voice group has been involved in include the Making Safeguarding Personal Conference in May 2016, which the members attended.

The regional Making Safeguarding Personal Conference was held on 19th May 2016 at Margaret McMillan Towers, Bradford, hosted by Bradford Safeguarding Adults Board. The event was contributed to by regional Safeguarding Adults Board partners and ADASS.

Safeguarding Week 2016

Bradford District was proud to celebrate its fifth annual multi-agency Safeguarding Week in October 2016 that showcased a wide range of learning and development opportunities primarily for practitioners. Safeguarding Week was again a 'real success' with over 80 organised events hosted across the District. This demonstrated great partnership working amongst the Safeguarding Adults, Children and Domestic Abuse Boards. Many other partners, services, young people and service users got involved by organising and delivering events throughout the week.

During Safeguarding week a campervan was commissioned to travel across the District to engage with people, to find out what they already knew about safeguarding and to identify what else the Safeguarding Adults and Children's Boards can do to safeguard people better. A feedback report with key action points is currently being drafted, this is expected in the summer of 2017 to inform the next Safeguarding week.

To celebrate five years of Safeguarding Week, the 'Reflections and Going Forward' event was hosted at Bradford College at the end of the week. We were delighted to welcome Nazir Afzal (Chief Executive, Police & Crime Commissioners for England & Wales) who addressed Leadership in Safeguarding, the Real Safeguarding Stories project was launched, and people got to watch the 'Vox Pop' comments which reflected on the week and made everyone think about what we need to do going forward.

Real Safeguarding Stories

Real Safeguarding Stories was launched in autumn 2016 **www.realsafeguardingstories.com**. The website encompasses all areas of Safeguarding including adults, children and domestic abuse. Since the launch, over 20 films on the website has had over 3000 visits, 2,500 users and 10,000 page hits within just four months, from across the UK. The online service is free to access for all users. The films can be used to support training and development.

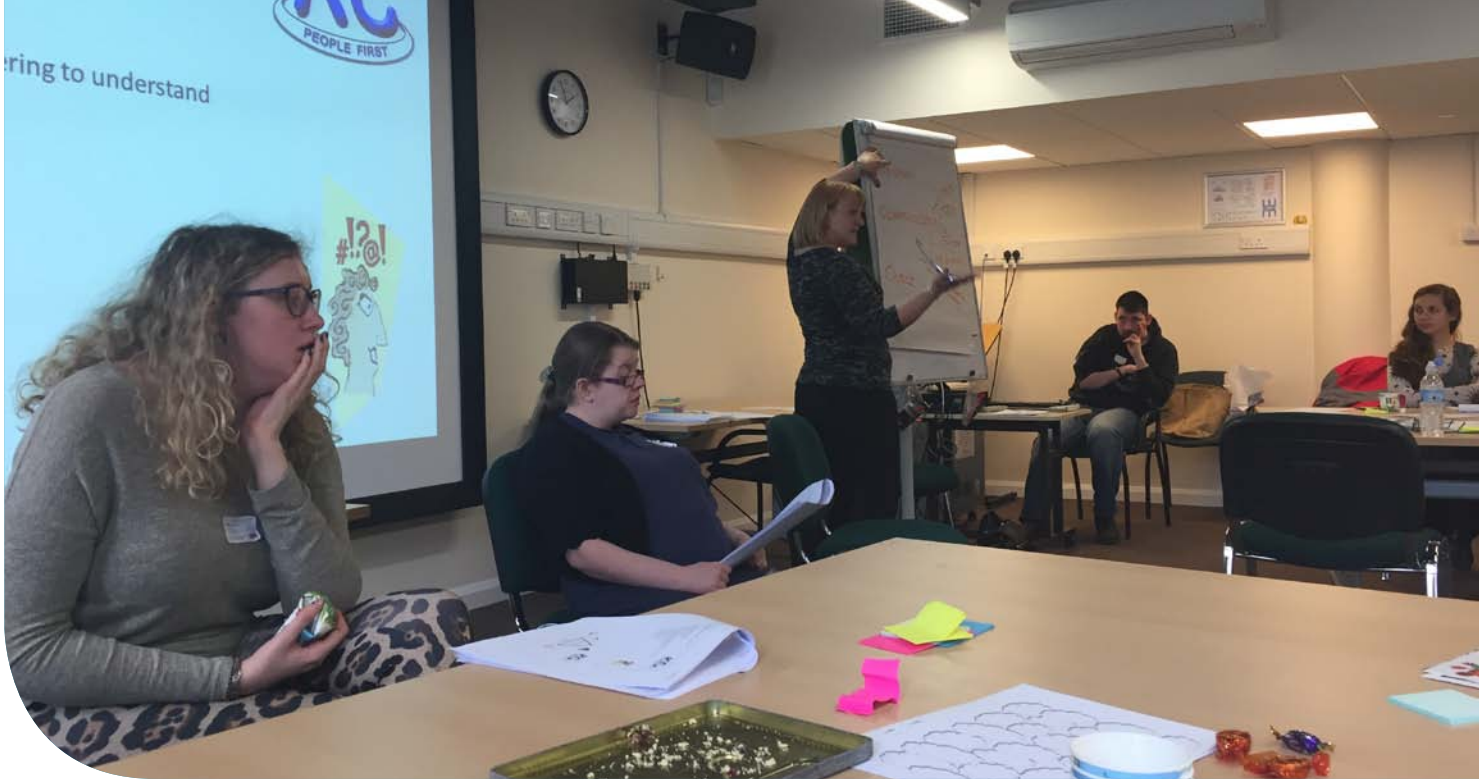
In the Bradford region, Real Safeguarding Stories have been used to:

- Enable Councillors to use them at community events to raise awareness of safeguarding issues
- Training at the Mothers Union in child sexual exploitation
- Training for taxi drivers and operators in CSE and the night-time economy
- Barnardo's training programme with hotels and B&Bs highlighting CSE issues
- Bradford Council staff inductions
- Social Workers training
- Used as part of Bradford's 'Recognising and Responding' Safeguarding course, which is available to all public and private sector organisations in the area
- Part of the induction for West Yorkshire Trading Standards staff
- Used by West Yorkshire Trading Standards community workshops
- Incorporated into West Yorkshire Trading Standards' Partner Training for frontline professionals in the care industry, West Yorkshire Fire Service, and West Yorkshire Police.
- Bradford College use the videos as part of the student awareness programme including permanent access on their intranet system
- The CSE videos had such an impact at one Children's Residential Home, led by Barnardo's, that there are plans for delivering further training in more Children's Homes for staff
- Community Awareness Event in Keighley in responding to CSE
- The Police, Sexting training and awareness for students in schools across Bradford District.

Working with people in the communities

To raise general awareness of adult Safeguarding and to maximise opportunities to engage with both staff and the general public we held information stalls at the following places:

- Newly Elected Members Event at City Hall
- Making Safeguarding Personal Conference at Margaret McMillan Towers
- Nursing celebration event at Cedar Court
- #LoveBradford world record attempt at City Park
- Age UK Bradford & District's Young at Heart event at Bradford Hotel
- Remploy and Barclays Bank Fraud event Howard House, Bradford City Centre
- Interfaith Week 2016: Faith conference at University of Bradford
- Assistive Technology Event at Mercure Bradford Bankfield Hotel
- Disability Access Day at Barclays Bank



Training

Safeguarding training is one of the crucial ways to raise awareness in the prevention of abuse and neglect. Our training courses target different audiences of practitioners to enable a wide range of multi-agency staff that have varying roles and responsibilities to recognise and know how to respond to abuse and neglect.

In an on-going response to the implementation of the Care Act (2014) multi agency training is updated accordingly to reflect emerging issues such as Human Trafficking and Modern Day Slavery, Making Safeguarding Personal and radicalisation to inform practice.

To support the awareness raising of Human Trafficking and Modern Day Slavery the group continue to support and facilitate the delivery of briefing sessions delivered by the Police. Further partnership working is progressing with the Children's Safeguarding Board and the Human Trafficking Network to enhance current training.

The Bradford District Safeguarding Adults Training Directory 2016/17 was successfully launched in April 2016. The training directory was developed to enable a wider audience of health, social care and related services staff and volunteers to access information about available multi-agency safeguarding training.

The two trainer development days have been well attended, with a variety of issues addressed and updated, including Making Safeguarding Personal, The Safer Project delivered by Trading Standards, Information Sharing and Coercive Control. Further developmental work is planned in partnership with the Safeguarding Children's Board and the Domestic Violence Board to enhance and streamline the process of trainer recruitment and development and quality assurance processes.

Training April 2016 -March 2017

The multi-agency training partnership continues to develop and strengthen. The two Trainer Support days (April and December) were both extremely well attended. West Yorkshire Police delivered training on Coercive Control and latterly People First Keighley and Craven delivered a session on Making Safeguarding Personal. These events support trainers to keep current and to get to know other trainers.

West Yorkshire Police are delivering multi-agency briefings to front line staff on Human Trafficking and Modern Day Slavery, 108 people have attended so far.

This remains an unprecedented and challenging time in Safeguarding Adults and the Communication, Engagement and Training Sub-group look forward to working in partnership with the Safeguarding Adult Board to deliver and promote the key safeguarding messages across Bradford District.

Performance Quality and Improving Practice (PQIP) Sub board in 2016/17

Whilst the primary function of the Performance Quality and Improving practice Sub-group is to provide the Safeguarding Adults Board with informative and meaningful analysis of the safeguarding data, that enables the Board to drive improvements in practice across Bradford, the group also takes lead in other areas of work as follows:

SAB Self-Assessment 2016

The SAB Self- Assessment process was distributed to partners and collated for analysis September 2016. There were responses from the following partners:

- Bradford Teaching Hospitals Trust
- Airedale Hospitals Trust
- NHS England
- Bradford, Airedale, Wharfedale and Craven Clinical Commissioning Group
- National Probation Service
- Adult Social Care
- Bradford District Care Foundation Trust
- West Yorkshire Police

Work was undertaken to draw together the responses to review strengths and weaknesses to present to the full Safeguarding Board. The next stage of the process was to invite each partner to attend a Panel interview to discuss their self-assessment. Each partner was asked to provide evidence of the areas they had indicated as strength and discuss actions they were taking to work towards areas of weakness. The final stage will be to present a report to the Safeguarding Adults Board.

Safeguarding Adults Review's (SAR's) Protocol

The SAR's Protocol has been updated and strengthened in light of the changes in the Care Act and the widening of the procedures to incorporate North Yorkshire and York. It will continue to be reviewed due to expected launch of the new West, North and York Procedures later in 2017.

Systmone – IT Systems Update

Systmone was introduced into Adult Social Care in August 2016 with the view that the modules for Safeguarding Adults and DoLS would follow. The introduction of Systmone will enable better integrated ways of working with health colleagues, with enhanced possibility of sharing essential information within a single environment. There have been a number of delays due to ensuring the structure of the module captures all the necessary information to respond to National Data requirements as well as for the Safeguarding Board and the Care Act 2014 Making Safeguarding Personal.

SAB Financial Arrangements 2016/17

Salary costs	158607.87
Travel - Service Users	275.84
MSP Conference	1021.75
Safeguarding Week 2016	576.00
Safeguarding Adults Event – Age UK	50.00
Printing/Proofing/stationary	1470.89
Safeguarding Event (Elected Members and Partners)	424.00
Membership AEA	52.00
Expenditure	**162478.35**
Local Authority	97,171.35
West Yorkshire Police	11,699.00
Health	53,608.00
Income	**162478.35**

Mental Capacity Act (MCA) Local Implementation Network (LIN) Sub-group of SAB Report April 2016 - 2017

The group commenced the year by updating the terms of reference. We have linked with the Local Care Homes Association and a provider representative is now invited to the MCA Sub-group. The Sub-group has representation at the monthly Regional Mental Capacity Act Meetings which in turn has representation at the National Meetings which enables us at our local level to be kept updated with developments, possible legal changes, etc.

In Bradford we have now got 47 trained Best Interest Assessors and 13 in training to use for DoLS purposes. The quality of work carried out by our Mental Health Assessors is of a really good standard and it is now a rare occurrence for us to have any conflict in relation to the Mental Capacity Act and Mental Health Act interface.

Bradford District Foundation Care Trust has done some good work supporting Carers in relation to Mental Capacity issues and this was fed back to the National Mental Capacity Forum as a significant achievement. The local Clinical Commissioning Group have showcased some of their Mental Capacity Act Work at the National Mental Capacity Action Day. The Local Authority has delivered training as part of Safeguarding Week which was well received by a variety of professionals from statutory, voluntary and private sector. As a group we have been pooling together our training materials and resources and reviewing how we deliver training in relation to the Mental Capacity Act and who is receiving the training and identifying any gaps.

Bradford Council takes part in organising the Regional Conferences for Best Interest Assessors and Mental Health Assessors of which there are 4 Conferences a year. We use these to ensure our staff working within the field of Deprivation of Liberty Safeguards are kept updated with legal changes and practice developments. We have kept abreast of relevant case law and continue to evolve, for instance in relation to covert medication – professionals now scrutinise decision making in relation to this whereas previously this was generally left to the GP. Each representative from the sub-group feeds back significant changes and developments to their organisation.

The Local Authority is still struggling to meet the consistently high demand placed on its DoLS Service and unfortunately there is still a significant waiting list. The Association of Directors of Adult Social Services (ADASS) issued a guidance suggesting that Local Authorities may choose to carry out “soft touch” Assessments for DoLS purposes as an interim measure. Bradford decided not to use this suggestion preferring to carry out comprehensive quality Assessments.

The Local Authority has gone out to tender for a Relevant Persons Representative (RPR) Service. This is a significant positive move. The Local Authority has also created some new key positions – Principle Social Worker and MCA Lead which can only benefit the Sub-group and raise the profile of Mental Capacity across the district further.

Safeguarding Adults Board key work areas – moving forward

Areas of Focus for 2017 – 2018

- The Bradford Safeguarding Adults Board is to continue with its Strategic Plan and revisit its priorities inclusive of meeting its statutory responsibilities.
- Developing and improving upon our performance reporting to ensure it is fully reflective of multi-agency working and development of thematic audits that are supportive of a preventative agenda.
- The Safeguarding Adults Board to continue its work in listening to the voice of adults and carers to inform its work with a planned Safeguarding Adults week.
- A key safeguarding principle is the empowerment and proportionality of adults to express what they would like to happen and the outcomes they would like to achieve. The Bradford Safeguarding Adults Board will continue to develop an ethos of 'Making Safeguarding Personal' to ensure adults maintain choice and control about how they would like to live their lives.
- The Safeguarding Adults Board will continue to embed the empowering ethos of the Mental Capacity Act and the Deprivation of Liberty Safeguards within safeguarding arrangements.
- The Safeguarding Adults Board will work with all partners and with the full involvement of people using services, to be assured that people are supported to feel safer and be safer, when they are at risk of, or experiencing abuse or neglect.
- The Safeguarding Adults Board will work jointly with communities, agencies and other strategic partnerships, to make sure that everyone meets their obligations and makes the best use of available resources to tackle abuse and neglect of adults at risk.
- The Safeguarding Adults Board will ensure that there are effective arrangements to share good practice and learn from Safeguarding Adults Reviews.
- The Safeguarding Adults Board will continue to strengthen the relationship with the Health and Wellbeing Board, Healthwatch, Children's Safeguarding Board, Domestic Abuse Partnership and other key partners.
- A new strategic plan will be prepared for 2018 to 2021 during the year.

Appendix 1

Bradford SAB Strategic Plan 2015/18

Introduction

The Care Act 2014 came into force in April 2015 and is underpinned by six principles.

- Empowerment – the presumption of person-led decisions and informed consent
- Prevention – the idea that it is better to take action before harm occurs
- Proportionality – providing the least intrusive response appropriate to the risk presented
- Protection – providing support and representation for those in greatest need
- Partnership – delivering local safeguarding solutions through services working with their communities
- Accountability – being clear about who is responsible for safeguarding interventions and holding them to account.

In order to promote these principles, the Act and its statutory guidance outlined the duties of local authorities, statutory partners and the Safeguarding Adults Board. SAB members now have a duty to co-operate and the SAB itself must:

- Publish a strategic plan each year, developed with local community involvement and working alongside Healthwatch
- Publish an annual report on what it has done over the past year, detailing members' contributions to the strategy and how they have implemented personalisation in safeguarding
- Conduct Safeguarding Adults Reviews under Section 44.

This first strategic plan for 2015-18 is intended to meet the first of these duties; drawing on a range of consultation activities, the experiences of the last year, self-assessment of the SAB by its members and the development day held on 6th May 2015.

Bradford Safeguarding Adults Board

Bradford Safeguarding Adults Board exists to ensure that local safeguarding arrangements and partners act to help and protect adults in the Bradford district who:

- have needs for care and support (whether or not these needs are being met) and;
- are experiencing, or at risk of, abuse or neglect and;
- as a result of these care and support needs, are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The SAB has an Independent Chair and members drawn from a range of different agencies, including the Police, NHS and voluntary and community sector. The SAB is accountable to its statutory members and the Chair is accountable to the local authority Chief Executive.

The SAB realises its aims and objectives through a structured planning process, with the strategic plan informed by the SAB's vision and, in turn, informing the SAB business plan.

Our Vision

"Bradford SAB expects that all agencies will work together to make sure that all those with care and support needs can live the best lives they can, without fear, and safe from abuse and neglect."

In order to achieve its vision, the SAB and its members will be aspirational about empowerment and express values of respect for individuals. The Safeguarding Adults Board will endeavour to have a learning culture and to identify, promote and celebrate good safeguarding practice with other Boards and organisations.

Moving Forward

The strategic plan will be reviewed annually and progress will be outlined in the SAB Annual Report. As public spending continues to reduce, the demands on the health and social care system increase and integration between the NHS and local authority social care develops, it is important to ensure that the SAB strategic priorities are up to date and relevant. This will help the SAB to continue in its key role to help and safeguard adults with care and support needs.

Strategic Plan for 2015/18

1. Empowerment and Proportionality:
In partnership with communities and local organisations the SAB will work to support people to make their own safeguarding decisions, whilst acting in a proportionate way to protect those who can't make decisions for themselves.

To do this the SAB will work with its partner agencies to:

1.1 Be assured that 'Making Safeguarding Personal' is implemented across Bradford and that agencies empower people to achieve the safeguarding outcomes they want.

1.2 Ensure that SAB and services in Bradford have fully embedded the empowering ethos of the MCA within safeguarding arrangements.

1.3 Ensure the range of locally available independent advocacy supports the empowerment of adults at risk.

1.4 Make sure that it incorporates service user and carer perspective by creating opportunities to listen to their stories.

2. Prevention and Protection:
The SAB will work with all partners and with the full involvement of people using services, to be assured that people are supported to feel and be safer, when they are at risk of, or experiencing abuse or neglect.

To do this, the SAB will work with its partner agencies to:

2.1 Raise the profile of SAB's activities with communities and organisations who are less aware of adult safeguarding

2.2 Be assured that support to carers is helping prevent carer stress and abuse or neglect

2.3 Help people who have experienced abuse or neglect to be more resilient and to feel and be safer in the future

2.4 Identify ways in which individuals may be better protected by working with people who have caused abuse.

3. Partnerships and Accountability:
The SAB will work jointly with communities, agencies and other strategic partnerships to make sure that everyone meets their obligations and makes the best use of available resources to tackle abuse and neglect of adults at risk.

To do this the SAB will work with its partner agencies to:

3.1 Cooperate with other strategic partnerships to prioritise and coordinate work streams that affect adults at risk, including frauds/scams, forced marriage, violent extremism and sexual exploitation

3.2 Strengthen local arrangements to identify and monitor care settings where there may be increased risks of abuse and neglect

3.3 Be assured that local safeguarding arrangements support effective interagency working and information sharing

3.4 Be assured that there are effective arrangements to share good practice and learn from Safeguarding Adults Reviews

3.5 Strengthen assurance that all partners contribute appropriately to local safeguarding work and have effective arrangements which are consistent with local multiagency safeguarding adults policy and procedures

3.6 Strengthen relationship with the Health and Wellbeing board, Children's Safeguarding Board, Domestic Abuse Partnership and other key partnership bodies.

Appendix 2

Examples of abuse

Physical abuse:

Physical abuse is causing physical pain, injury or suffering to someone else.

Some examples of physical abuse include:

- hitting
- slapping
- pushing
- kicking
- burning
- not giving someone their medication, or too much medication or the wrong medication
- the use of illegal restraint for example, where someone holds another person by forcing them down
- inappropriate physical sanctions like locking someone up in a room or tying them to furniture

Sexual abuse:

Sexual abuse is when someone does sexual things to another person who does not want it happening to them or may not understand what's happening.

Some examples of sexual abuse include:

- forcing someone to have sex against their will, which is known as rape
- sexual assault
- touching
- making sexual remarks
- making someone take part in sexual acts, like made to watch sexual activity or films
- sexual exploitation

Psychological abuse:

Psychological abuse is also known as emotional abuse. This is when someone says and does bad things to upset and hurt someone else.

Some examples of psychological abuse include:

- humiliating
- blaming
- controlling
- intimidating
- harassing
- verbal abuse
- bullying and cyber bullying
- isolating
- threatening to harm or abandon (leave someone in need)
- coercion
- stopping someone from seeing other people e.g. their friends and family
- stopping someone to have access to services or support

Financial and material abuse:

Financial and material abuse is when someone takes someone's money or things without asking.

Some examples of financial and material abuse include:

- theft, which is stealing money, benefits or things
- fraud
- misuse of a person's property or things
- internet scamming
- Putting pressure on someone to change their financial arrangements, such as wills, property or inheritance
- misuse of any lasting power of attorney or appointeeship

Neglect and acts of omission:

Neglect is when someone says they are going to help someone by giving them care and support but they do not.

Acts of omission is when someone ignores situations when someone else is being neglected.

Some examples of neglect include:

- leaving someone alone for a long time
- ignoring medical or physical care needs
- failing to provide access to the right health or social care services
- withholding medication, not giving adequate nutrition or heating

Organisational abuse:

Organisational abuse is when any form of abuse is caused by an organisation. It can includes neglect and poor practice within a specific care setting such as a hospital or care home, or where care is given to someone in their own home.

Self-neglect:

Self-neglect is when someone does not take care of themselves properly. This can put their safety, health and well-being in danger.

Some examples include when someone:

- does not keep clean
- does not look after their own health
- does not clean where they live
- lives in hoarding conditions by keeping lots of things around them

Discriminatory abuse:

Discriminatory abuse is when someone says or does bad things to someone else because they are different to them.

People are treated unfairly because of their:

- race or religion
- gender, gender identity or sexual orientation
- age
- disability

Some examples of discrimination include:

- harassment
- verbal abuse
- physical and psychological abuse
- hate incidents or hate crime

Mate crime:

Mate crime is a form of disability hate crime.

It happens when someone pretends to be a friend and then uses, manipulates or abuses the person.

Domestic violence and abuse:

Domestic violence and domestic abuse happens between people in relationships or family members. It is a pattern of behaviour which involves violence or other abuse by one person against another.

Some examples of domestic violence include:

- emotional abuse / psychological abuse
- physical abuse
- sexual abuse
- financial abuse
- honour based violence
- forced marriage
- female genital mutilation

Modern slavery:

Modern Slavery is slavery that happens today. Slavery is when someone is forced to work or do other things they do not want to.

It's a growing problem that can happen to men, women and children. People are treated like slaves; they are forced and tricked into a life of abuse.

It's treating people in an inhumane way. This means when someone is cruel, does not have compassion and they can make people suffer.

Modern Slavery can take many forms some examples include:

- trafficking people where the traffickers are the slave masters
- forcing someone to work, they can be made to work for free in a shop, in a factory or even sell sex
- forcing someone to be a domestic slave and not letting people have their own life

Appendix 3

What to do if someone is being abused

What should I do if I think someone is being abused?

If you have been told or notice abuse or neglect:

- Ensure the immediate safety and welfare of the adult and any other person at risk
- If urgent attention is needed for health or safety dial 999
- If a crime needs to be reported call the police on 101 or you can call Crimestoppers on 0800 555 111
- Preserve any evidence
- Accurately record the incident, any action or decisions. Make sure you sign it and add the date and time.

If you or someone you know has been abused, contact:

The Police

- For emergencies 999
- For non-emergencies and advice 101
- Crimestoppers on 0800 555 111.

The Police and Crimestoppers are both open all day and night.

Bradford Council

If you think an adult is at risk of abuse or you are worried that someone might be abused raise your concern at: **www.bradford.gov.uk/makeanalert**

If you are unable to complete the online form call the Adult Protection Unit on 01274 431077
Monday to Thursday: 8.30am to 4.30pm
Friday: 8.30am to 4pm

Out of Hours Emergency Duty Team

Telephone 01274 431010 (outside office hours)
Monday to Thursday: 5pm to 7.30am
Friday to Monday: 4.30pm to 7.30am

What do we do when we receive a concern?

When the concern is received we must first find out if the person is facing such a risk. Sometimes we find that there is no abuse or neglect; sometimes people do not want any help to stop what is happening to them but in most cases health, social care, police and other agencies work together to help the person live a safer life.

If the abuse is within a care setting we work with the care provider, the service commissioners and the regulators CQC to ensure it is stopped.

Advocacy Services in Bradford District

What is advocacy?

Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain the services they need. Advocates and advocacy schemes work in partnership with the people they support.

There are many Advocacy Services that can help. More information can be found from this link: www.bradford.gov.uk/adult-social-care/living-independently/advocacy

Other organisations

There are many other organisations that can help and offer support.

Find out more from **www.bradford.gov.uk/adult-social-care/adult-abuse/organisations-that-can-help/**

Appendix 4

Safeguarding Adults Board members 16/17

Safeguarding Adults Board - Partner Organisations 16/17:

- Independent Chair
- City of Bradford Metropolitan District Council – Department of Health and Wellbeing
- City of Bradford Metropolitan District Council – Department of Housing
- City of Bradford Metropolitan District Council – Department of Environment and Sport
- West Yorkshire Police
- Yorkshire Ambulance Service NHS Trust
- Bradford District, Bradford City and Airedale, Wharfedale and Craven CCGs
- Airedale NHS Foundation Trust
- Bradford Teaching Hospitals Foundation Trust
- Bradford District Care Foundation Trust
- National Probation Services
- In-Communities
- Independent Sector
- NHS England
- Alzheimers Society
- Choice Advocacy
- Hanover (Housing)
- Healthwatch
- Strategic Disability Partnership /Arthritis Care Group
- Bradford People First
- Police and Crime Commissioners

Safeguarding Adults Board - Sub-groups:

- Delivery Group
- Training Sub-group
- Performance, Quality and Improving Practice
- Communications and Engagement Sub-group
- MCA/ DoLS Sub-group
- Stonham Housing

Appendix 5

Safeguarding Adults Data Analysis 16/17

This report presents information about adults at risk for whom safeguarding concerns/enquiries were opened during 2016/17. It also contains case outcome details for safeguarding enquiries which concluded during the reporting period. The closed enquiries include those generated within the 2016/17 reporting period and those prior to it. This report is based on the statistical data provided to NHS Digital as part of the yearly Safeguarding Adults Collection (SAC).

In 2016/17 queries to the Safeguarding Adults Team continued to be made, as in previous years, via the online form **www.bradford.gov.uk/makeanalert**. The number of all queries decreased by 5% (from 4,504 to 4,256) in comparison to 2015/16. The queries that did not directly relate to safeguarding adults cases were closed and passed on to the more appropriate service where necessary.

The queries assessed as safeguarding adults related, became safeguarding adults concerns. There were 3,279 concerns (a decrease of 5% on previous year from 3,457 to 3,279). The concerns were checked against the criteria set out in the West Yorkshire Safeguarding Adults Policy and Procedures. Those that met the criteria, progressed onto the next stage – enquiry. 714 Section 42 enquiries were instigated in 2016/17, a decrease of 22% on the previous year (911).

In line with Section 42 of the Care Act, a safeguarding enquiry is instigated where a local authority has reasonable cause to suspect that an adult in its area:

- has needs for care and support (whether or not the authority is meeting any of those needs) and
- experiencing, or is at risk of, abuse or neglect and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

In such cases, the Local Authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

At the enquiry stage a Safeguarding Adults Risk Co-ordinator gathers and reviews all the available information regarding the alleged abuse. Where appropriate, a safeguarding plan is drawn up involving all the relevant organisations and agencies involved in the case such as health, adult services, police and advocates. If the abuse is within a care setting, work is with the care provider, the commissioners and the regulators to ensure it is stopped. In some cases, service users experiencing abuse do not want any help to stop what is happening to them.

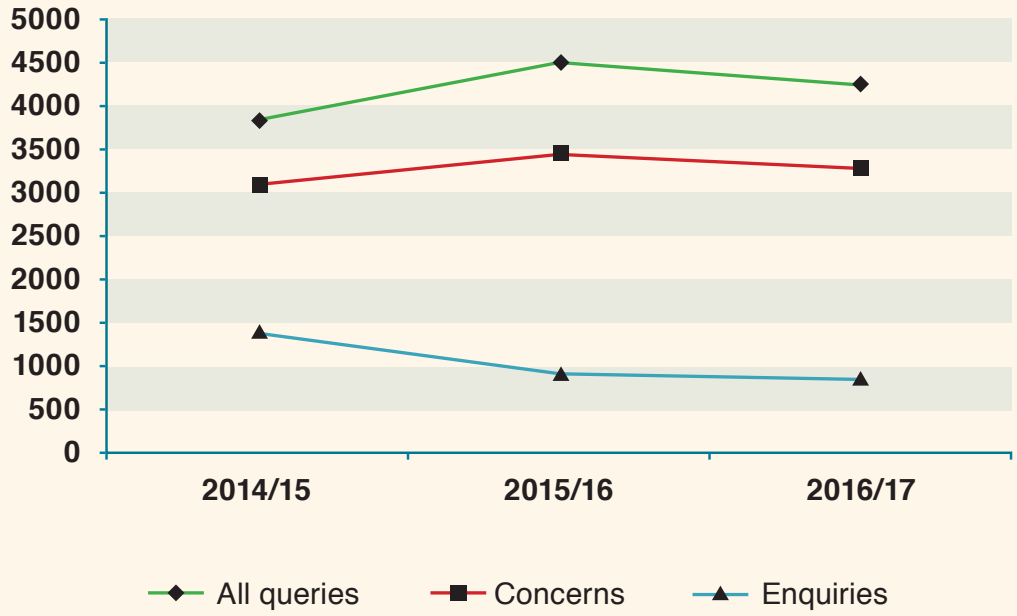
Their wishes are respected as long as their choices do not put other people at risk of abuse.

A safeguarding concern is where a council is notified about a risk of abuse, which instigates an enquiry under the local safeguarding procedures.

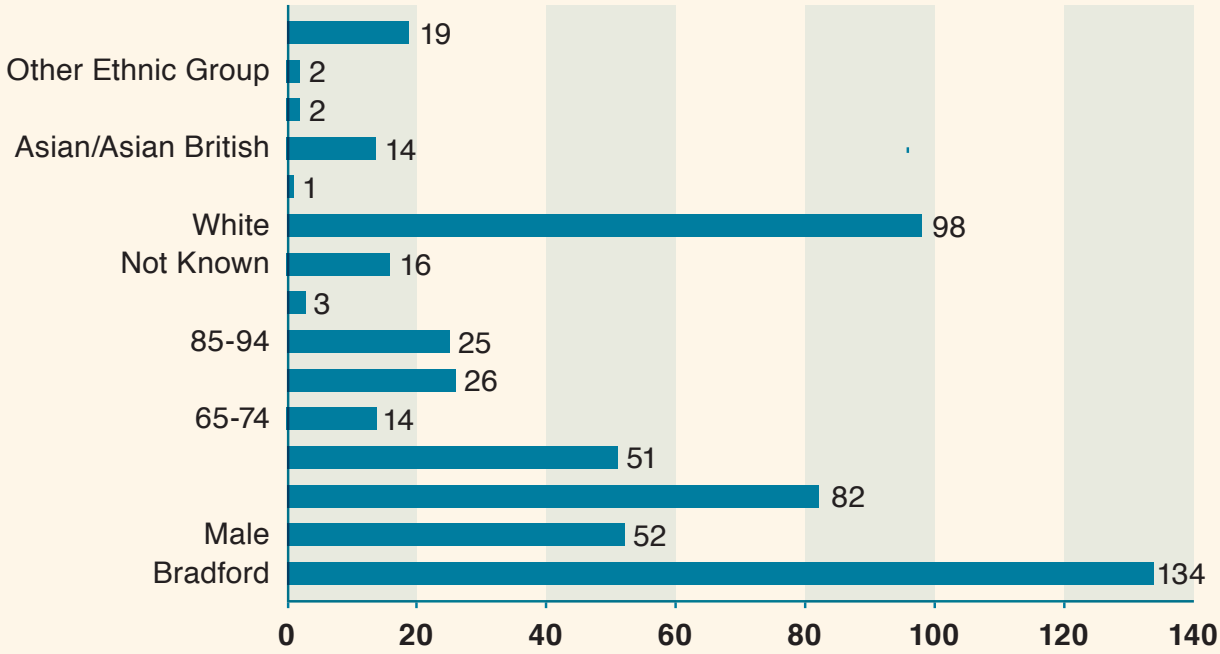
As seen in the following chart, the number of referrals in 2016/17 has dropped in comparison to 2015/16. This is due to the stringent implementation of the West Yorkshire Policy and Procedures introduced in April 2014. Based on the criteria set out in the procedures, we continued to improve our triage system ensuring that low-level safeguarding adults concerns were dealt with quickly and more consistently than in previous years. This enabled us to focus on the more complex cases requiring the use of the safeguarding process.

In 2016/17 the Bradford District averaged 134 Section 42 Enquiries per 100,000 population.

Levels of queries, concerns, enquiries 2014 - 2017



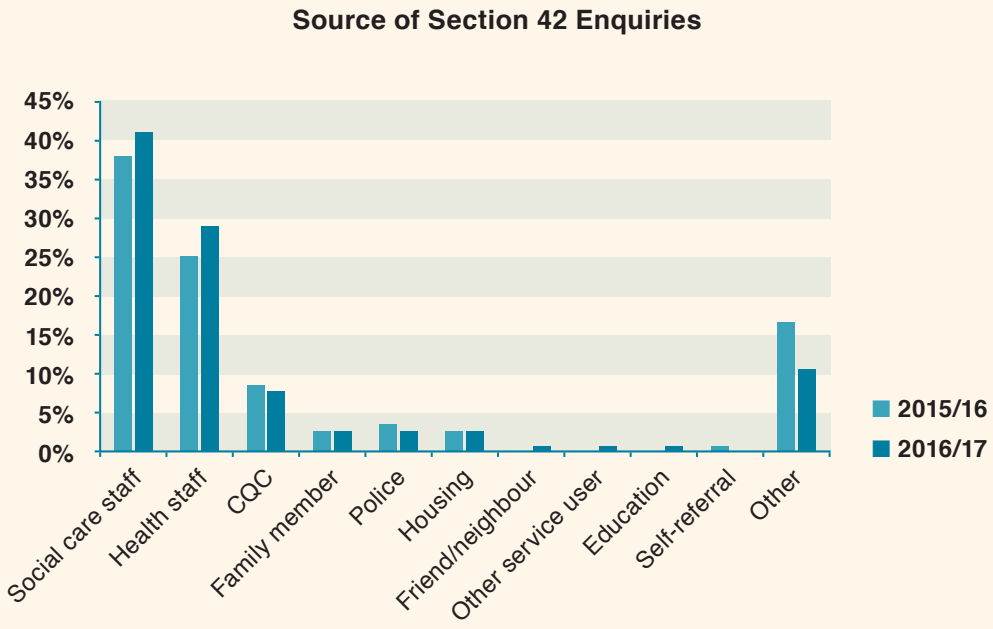
Number of individuals with Sec 42 Enquiries per 100,000 population



Source of enquiries

As the table/chart below indicates, safeguarding enquiries come from a variety of sources. As in previous year the highest proportion of enquiries are made by social and health care staff. During 2016/17 we continued to develop links with health care providers. There was a 4% increase in enquiries made by health staff. The number of enquiries made by general practitioners doubled in comparison to 2015/16.

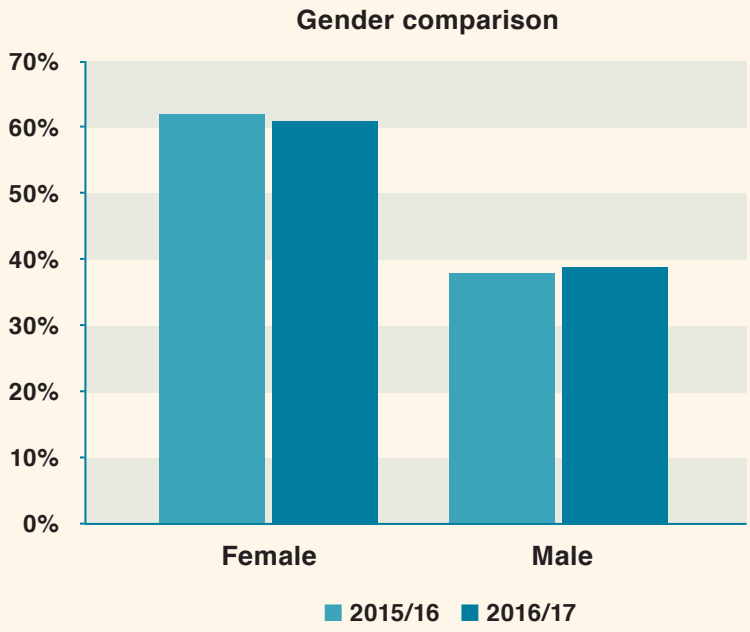
Social care staff	294
Health staff	205
CQC	56
Family member	24
Police	21
Housing	19
Friend/ neighbour	7
Other service user	7
Education	3
Self-referral	2
Other	76
Grand Total	714



Adult at Risk – gender

Of the 714 Sec 42 enquiries processed this year, 278 (39%) were with respect to male victims and 436 (61%) were in respect of female victims. Proportionally Bradford District population consists of: 49% males and 51% females.

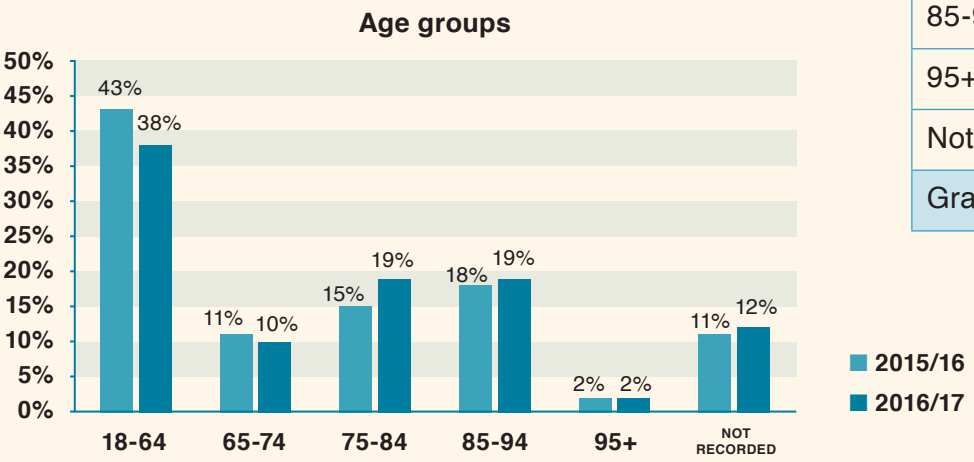
Gender	Enquiries
Female	436
Male	278
Grand Total	714



Adult at Risk – age group

In 2016/17 there were 5% less adults at risk in the 18-64 age group than in 2015/16. 50% (359) of individuals at risk were aged 65 or over – 4% more than in 2015/16.

Age	Enquiries
18-64	271
65-74	74
75-84	137
85-94	133
95+	15
Not recorded	84
Grand Total	714

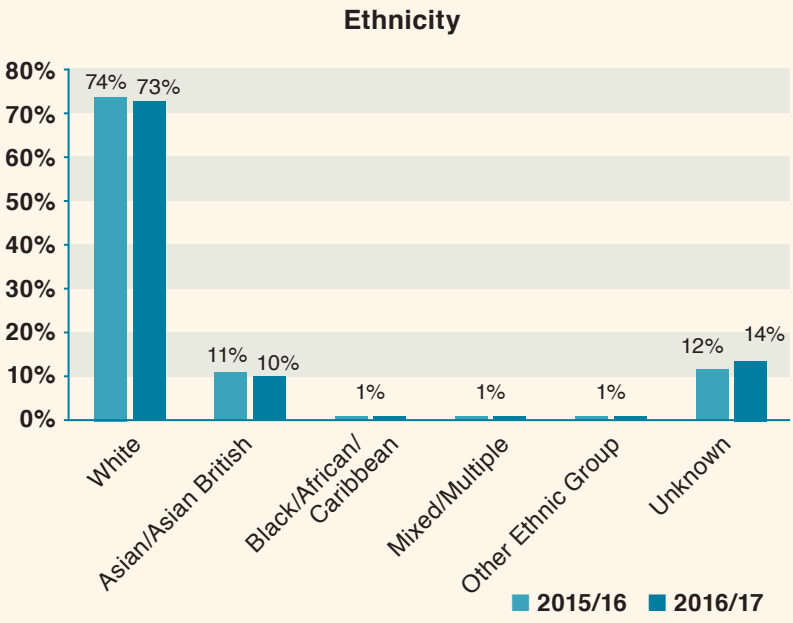


Adult at Risk – ethnicity

The individuals of White ethnicity made up 73% (519) of the individuals with enquiries. This is 9% more than the percentage of the population in the District who identify themselves as White: 64%. Individuals of the Asian ethnic group made up 10% (74) of Section 42 enquiries, compared with 21% for the whole District.

To ensure that no undue bias was given to any one group, we analysed the number of safeguarding adults concerns and confirmed that these were made up of a similar proportion of ethnic groups. The lower number of enquiries re the Asian population, when compared to the overall population, may be contributed in part to cultural and language differences, which may make the reporting of abuse more challenging. The SAB will look at developing closer ties with community groups in order to identify and remove any barriers preventing people from identifying and reporting abuse.

Ethnicity	Enquiries
White	519
Mixed/ multiple	3
Asian/Asian British	74
Black/African/ Caribbean/ Black British	10
Other Ethnic Group	7
Unknown	101
Grand Total	714

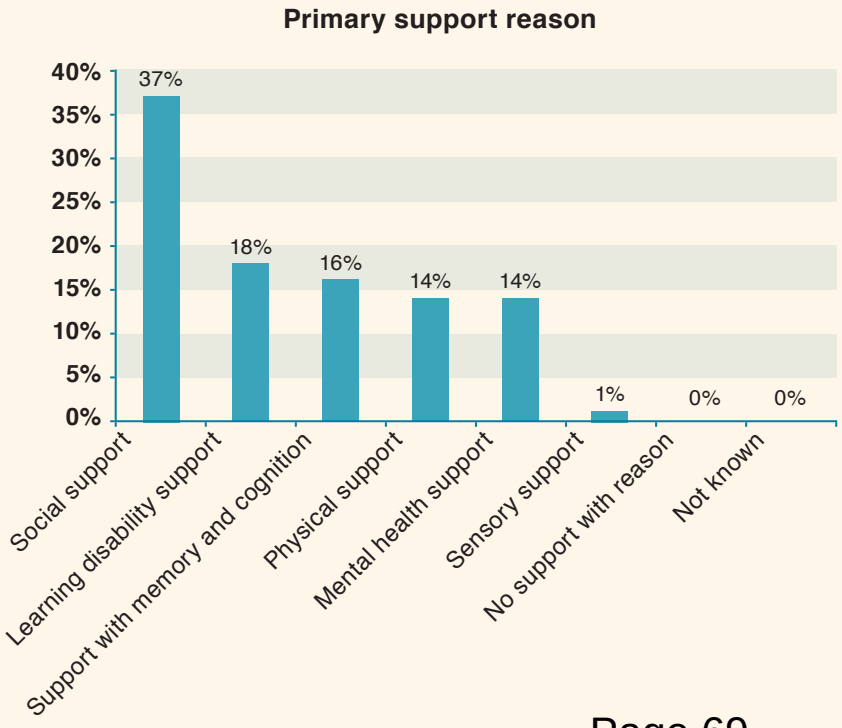


Adult at risk – primary support reason

The Primary Support Reason (PSR) classification, introduced in 2014-15, focusses on the main reason that a person requires social care services at any particular time. PSR describes the circumstances impacting on the individual's quality of life and indicates a need for support and assistive care. It may or may not be related to an underlying health condition.

In 2016/17 people with social support needs were most often reported to Safeguarding, at 37% (263). Adult at risk with learning disability support needs were 18% (132), support with memory and cognition counted for 16% (114) of the enquiries.

(Please note: Comparative information cannot be provided for the below chart as last year's data was categorized differently to this year)



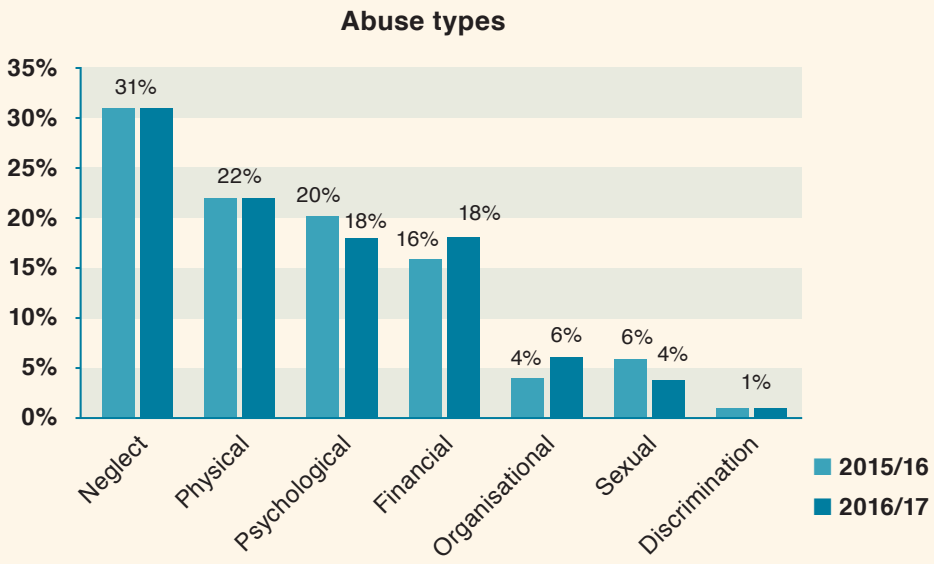
Social support	263
Learning disability support	132
Support with memory and cognition	114
Physical support	101
Mental health support	97
Sensory support	7
Grand Total	714

Type of abuse

Abuse is a violation of an individual's human or civil rights by any other person or persons. It can take many forms as presented in the chart below and includes behaviour that deliberately or unknowingly causes harm or endangers life or rights. Domestic violence, harassment or hate crime are all forms of abuse.

One enquiry can include multiple types of abuse, location or source of risk.

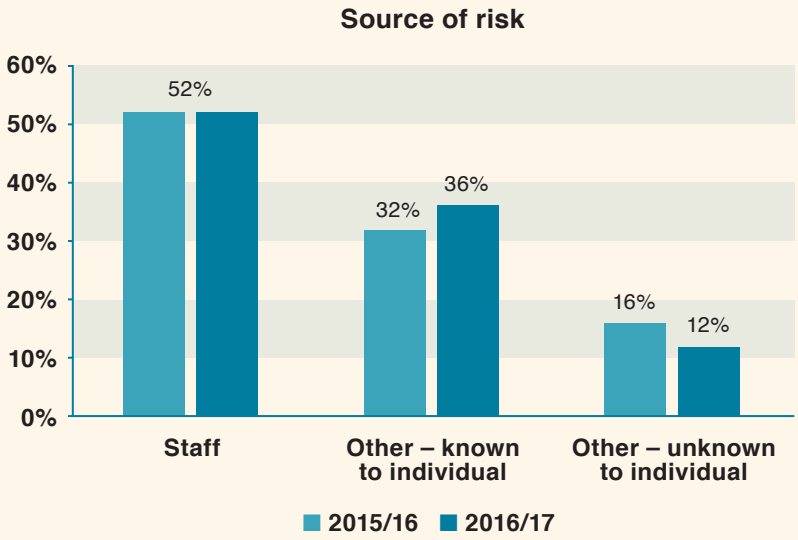
For 2016/17 enquiries, there were 1,079 types of abuse. Of these, the most common type was neglect and acts of omission, which accounted for 31% (332) of risks, followed by physical abuse with 22% (238). These figures are similar to 2015/16 data.



Neglect	332
Physical	238
Psychological	199
Financial	189
Organisational	60
Sexual	47
Discrimination	14

Source of harm

Source of harm is an individual who is alleged to have caused or knowingly allowed the mistreatment of an adult at risk. For 2016/17 enquiries, the social care support category (staff) accounted for 52% (372) of the enquiries. Those known to the adult at risk, i.e.: family members and friends/neighbours were the source of harm in 36% (259) of enquires.

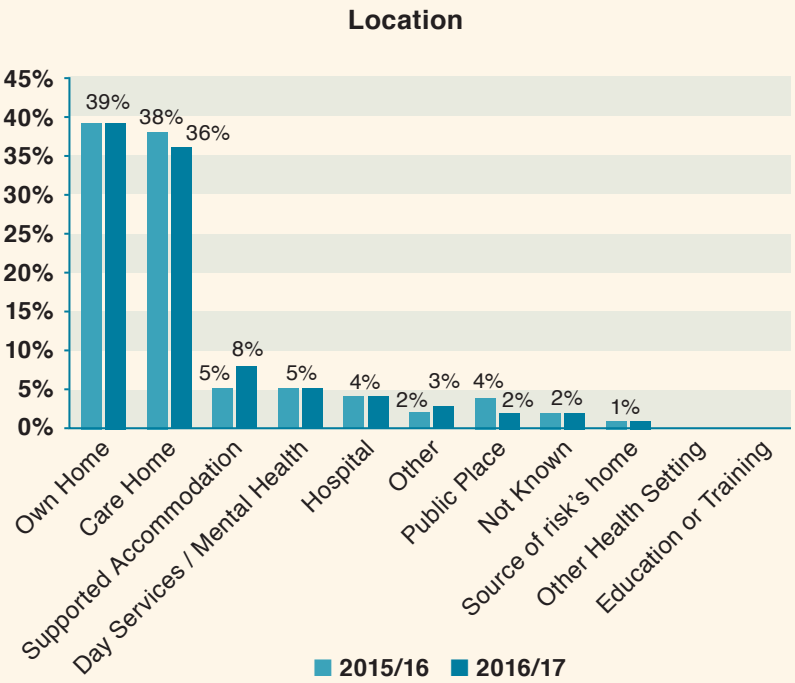


Nationally, in previous years, the trend was reversed, with more family member/friends being report as the source of harm. In the Bradford District, the focus of safeguarding adults work has been mainly on care providers and staff. In 2017/18 specific plans will be in place to raise awareness of safeguarding adults among general population and service user groups. In time this should lead to an increase of enquiries regarding family/friends source of harm.

Social Care support	372
Other – known to individual	259
Other unknown to individual	89
Grand Total	720

Abuse location

The location of alleged abuse was most frequently the home of the adult at risk 39% (276) or in a care home 35% (253). This follows the national trend from previous years.



Own Home	276
Care Home	253
Supported Accommodation	58
Day Services/Mental Health Inpatient Setting	37
Hospital	27
Other	19
Public Place	17
Not Known	11
Source of risk's home	7
Other Health Setting (include Hospice)	3
Education or Training or Workplace Establishment	3
Day Centre or Service	3
Grand Total	714

Enquiry conclusions

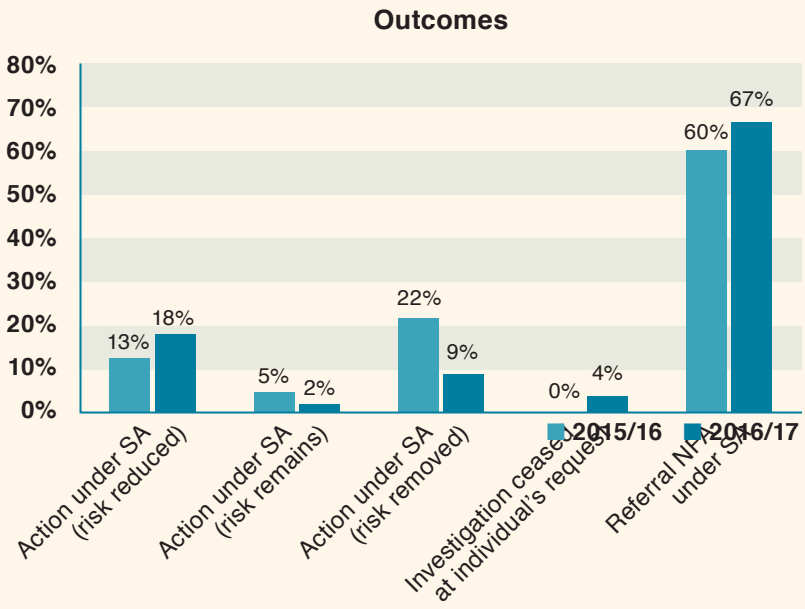
Following a safeguarding enquiry a decision is taken regarding whether actions need to be taken as a result.

In 2016/17 no further action was taken other than the safeguarding enquiry for 67% (361) of enquiries. In those cases all the necessary steps to safeguard an adult at risk had been taken and risk was being managed effectively. As a result processes other than safeguarding were deemed more appropriate as a way forward. Hence, further involvement of the Safeguarding Adults Team was deemed unnecessary following the conclusion of the Strategy stage.

In the remaining 29% (161) specific protection plans were agreed in order to manage, reduce or eliminate the risk. For cases where further action was taken, the risk was reduced for 18% (99) of enquiries. For the remaining cases where further action was taken, the risk was completely removed in 9% (50) of cases. The proportion of enquiries where the risk remained was 2% (12).

4% (21) of enquiries ended at the adult at risk's request.

Outcomes of all (older and current) enquiries closed in 2016/17	
Action Under Safeguarding - Risk Reduced	99
Action Under Safeguarding - Risk Removed	50
Investigation ceased at individual`s request	21
Action Under Safeguarding - Risk Remains	12
Referral but No Further Action Under Safeguarding	361
Grand Total	543



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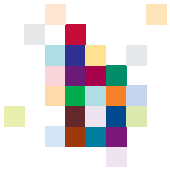


SAFEGUARDING
ADULTS
BRADFORD

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on Thursday 16 November 2017

P

Subject: Adult Home Care Provision Update

Summary statement:

This document provides an update briefing on the resolutions made by the Health and Social Care Overview and Scrutiny Committee held on Thursday 21 January 2016 together with a progress update against each of the following resolutions;

1. That Domiciliary Care is included in the Committee's 2016/17 work programme and that it includes issues raised by the Committee during its scrutiny of this issue and the Healthwatch Bradford and District independent study.

2. That the comments made by the Committee be fed into the budget consultation process.

The report also affords an outline of the work of the Home First Project Team specifically relating to the provision of home care services across the District.

Bev Maybury
Strategic Director of Health and Wellbeing

Portfolio: Health and Wellbeing

Report Contact: Paul Hunt
Contract and Quality Assurance Manager
Phone: (01274) 431748
E-mail: paul.hunt@bradford.gov.uk

Overview & Scrutiny Area: Health and Social Care

1. SUMMARY

The resolutions made by the Health and Social Care Overview and Scrutiny Committee held on Thursday 21 January 2016 provide the basis for a progress update briefing relating to the provision of home care support. This includes the proposed projects and work completed to date of the Home First Project Team specifically relating to the provision of home care services across the District.

2. BACKGROUND

Home Care is the delivery of a wide range of personal care and domestic/community support services to people in their own homes. Support may range from a short visit to ensure that a person has taken prescribed medication, for example, through to an significant care package meeting assessed needs for example personal care i.e. support to get in/out of bed, bathing/toileting and meal preparation. During the Spring/Summer of 2016 Officers, in line with Contract Standing Orders and EU procurement legislation established a new Framework for Home Care Services in the District. This became operational in September 2016 as the Integrated Personalised Support and Care Framework (IPSAC) Organisations wishing to join the framework underwent a rigorous selection process including full evaluation by service users, front line operational and commissioning staff.

The tripartite agreement - Adults, Children's Social Care Services and Health partners affords a market available to commissioners to meet the needs of all people assessed as needing a home care service.

In April this year, in part to further augment the IPSAC Framework, the Department launched its Home First Vision working with people whose choose to access support to remain happy, healthy and at home by;

- Making information and advice easily accessible so that people can make informed decisions about their support needs.
- Early intervention which builds on people's natural networks of support
- Ensuring that all practicable steps are taken to ensure that people who have long term support needs from the services wishes feelings and beliefs are communicated, understood and upheld.
- Improving the accessibility of our information about options
- Finding personalised solutions
- Proactive support for self-care which supports healthier lives
- Early help to delay and prevent minor things developing into something major
- Strengthening and investing in our Social Workers and the culture of social work practice
- Transferring power away from traditional services to people, their families and communities
- Using technology
- Treating all people with dignity and respect
- Establish arrangements to uphold and enable people's rights to take positive risks

- Ensuring that where a person is at risk of abuse that we put in place measures that ensures they remain in control
- Where a person requires the deprivation of liberty safeguards we take all practicable steps to ensure their rights are upheld.

3. REPORT ISSUES

An original report published by Healthwatch Bradford and District in May 2015 provided an independent study of the experiences of older people using home care services in Bradford. The report entitled **"*Come on time, slow down and smile" - experiences of older people using home care services in the Bradford District*** highlighted several areas of concern in relation to the actual delivery of home care services.

In recognition of the report and to strengthen our commitment to the commissioning and provision of good quality care which support positive and safe outcomes for those people using services, the Department introduced a robust quality monitoring system which now provides an holistic approach to provider performance. This identifies where providers are performing well and where specific improvements need to be made.

This includes, but not limited to;

- Safeguarding Analysis and Investigation
- Complaints Review
- Quality Visits to Provider Organisations
- Operational Staff Feedback
- CQC Outcomes
- Service User Feedback
- The Take Up or Return Of Care Packages From Support Options

The Department and commissioned providers are expected to, and monitored on, their ability to ensure they are;

- Being **personalised** – recognising that everyone's needs and assets are different, and that while many people are able to research things for themselves, others need more in-depth help including advocacy.
- Being **preventative** – giving people early advice about how to manage their own health, and help them plan ahead.
- Being **asset-based** and geared to **promoting people's independence** – building people's capacity to access and use information, and to manage their own care and support.
- Being **joined up** – so information and advice provision is coherent, and people can access support easily, without being passed from pillar to post.
- Ensuring **high quality** – so people have their queries resolved well, and experience information and advice as easy to understand, accessible, timely, comprehensive and accurate.

Being **efficient** – maximising the potential of the internet, streamlining the processes for producing information, reducing duplication, pooling resources, and making the most of our informal assets (such as the people in our community who are already experts).

Bradford Council has supported the Association of Directors of Adult Social Services. (ADASS) region to put in place tools, protocols and intelligence sharing mechanisms to develop a regional approach to improve market sustainability, Quality and support TO address market failure.

- An information sharing and support protocol has been developed and is currently out for consultation. This protocol will be signed up to by all fifteen LA's to actively share intelligence quickly when there are significant issues in the care market against a set of agreed triggers.
- Real time intelligence will be shared through a portal system (which is currently being explored) which will connect Commissioning Managers across the region. This will help mobilise support quicker when issues arise.
- To support the protocol, Bradford Council are developing a 'heat map' which pulls through CQC data and local intelligence to show our current 'hot spots'

Additionally, over the last three months the Department's Home First Team have established a Service Improvement Board (SIB) with local providers and commissioners linked to a service user group whose remit is to continually examine practice working and actual service delivery.

Work completed or near end stage completion includes;

- A Local Medication Policy – *Recognised by the National Institute for Clinical Excellence (NICE) as the first in the country to develop a policy with Health CCG colleagues, Pharmacists, CQC and other partner organisations.*
- Infection Control Policy – Developed with colleagues in Public health
- Home First, building on some of the recommendations of the Healthwatch Report will ultimately afford;
- Better outcomes and quality of life for people
- Prevention of crises that lead to unplanned hospital admissions
- Better integration and quality of care, including better individual and family experience of care.

Fair Cost of Home Care Services

A key resolution of the Health and Social Care Overview and Scrutiny Committee of 21 January 2016 specifically noted that the Department should examine the actual cost of home care in the District. Whilst this work was undertaken as part of the IPSAC Framework, more recently the Home First Team has established a specific working group with six service providers. The remit being to develop for consideration by the Council a fair hourly rate for home care and support provided within a person's own home which has regard to the Council's financial position so far as is reasonable. It is understood that the outcome rate will not be necessary be a cost the Council can meet.

The group has taken into account;

- National Living Wage
- National Insurance Rates
- Holiday pay
- Pension contributions
- Mileage

- DBS/Recruitment costs
- Key Business Overheads
- Training
- Holiday
- Travel time

***This list is not exhaustive.

In examining fees for care home organisations the Council must follow legislation, guidance and case law. The Care Act 2014 strengthens the general duties on local authorities when setting fees. Relevant features of the Act include:

Section 1 of the 2014 Act which places a duty on all local authorities to promote a person's well-being. Additionally, Section 5(1) of the 2014 Act places an obligation on local authorities to:

"(1) ...promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market –
(a) has a variety of providers to choose from who (taken together) provide a variety of services;
(b) has a variety of high quality services to choose from;
(c) has sufficient information to make an informed decision about how to meet the needs in question."

The Home First initial work streams build on the outcome discussions and resolutions of the Health and Social Care Overview and Scrutiny Committee of 21 January 2016 specifically incorporated into several key areas, specifically the following areas;

Front Access

The review of how accessible we are as a Council for care/support information by developing our Connect to Support Website looking at what people can do before approach is made to the Council directly and how the initial journey begins and what happens when people have established initial contact.

BUHSS – Bradford Urgent Homecare Support Service introduced to respond within an hour provide immediate assistance. The service has been operational for two months and has to date;

- Prevented admissions into respite care for example where main carer has gone into hospital
- Worked in conjunction with the Police to provide carer relief
- Provided dignity in care and death to a person who passed away unexpectedly and would have ordinarily died alone.

Developing Supportive Technology

Examining the use of virtual assistants and what they can really offer to people e.g. Amazon Echo. Giving useful information, mental stimulation, guidance and possibly reduce social isolation.

Earlier this year, Bradford Council bid for funding from the LGA's Local Investment Programme which is funded by NHS Digital. Bradford's bid was deemed a very strong proposal and as such successfully won funding to pursue the project in 2017/18.

Additionally, the Department is piloting a tablet device with an organisation (Konnektis) This care notes tool remains in the person's home and notifies them about their care and next carer to visit, providing up-to-date information. The pilot has featured in local and national press and is proving extremely popular with the people using it.
The system sees all information about a person's care stored securely on a 4G internet-enabled tablet kept in their home, replacing hand-written paper notes. The tablet acts as a care hub, giving real-time information to homecare workers, family members and medics. Local care providers are piloting the technology in the homes of 150 people across the District.
Usually, the records of a client's care plan, medical needs and homecare visits is handwritten and kept in a paper file in their home this can lead to problems, such as medication dosages not always being clear or handwritten notes being difficult to read. With the Konnektis system, homecare staff use the tablet to access useful information and record the details of their visit, such as when someone last ate or took medication. Relatives who are not living nearby can log on to a secure website to check when their loved one was last visited or send messages to the homecare staff and clients themselves can check the tablet to see when their next visit is due.

Extra Care

- Extra care housing is designed to support people who can manage relatively independently with some degree of care and support. Self-contained flats are provided with 24 hour on-site support intended to offer an ideal environment to maintain confidence and independence. Care services are provided by staff in line with individual care plans. The facility is not a care home, as residents are tenants with associated rights, whereas residents in care homes do not have tenancies. The care provided is regulated by the Care Quality Commission (CQC) but the facility itself is not inspected, and residents can choose to make their own care arrangements.
  Extra care will only be successful if it is underpinned by an ethos and culture that promotes well-being and independence. Often extra care can greatly help to reduce carer strain for older couples, especially for a carer who is looking after someone with dementia.
  The Home First Team will undertake a full comprehensive review of the Departments strategy/stock and commissioned services in respect of Extra Care. Future extra care must provide a good offer of services providing individualised outcomes through people having greater choice and control, quality of life and improved independence, health and wellbeing whilst potentially reducing need for and the cost of residential care in freeing up availability for those who require that level of care.

Night Care

- As support to people in their own homes is expected to increase we are examining demand and supply for people needing night care, possibly tendering out for this type of service

Dementia Support

- The Home First Team will examine the potential the formation of specialist dementia care;
    - Service one, specific support to carers, supporting someone with dementia in their own home.
    - Service two, a dedicated practical service for people and carers supporting people with dementia.

4. RISK MANAGEMENT AND GOVERNANCE ISSUES

There are no significant risks arising out of the implementation of the proposed recommendations.

5. LEGAL APPRAISAL

There are no legal issues arising that are pertinent to this report.

6. OTHER IMPLICATIONS

N/A

7. EQUALITY & DIVERSITY

The Department will undertake Equality Impact Assessments as part of any aspect of the Home First Vision where requirements necessitate and be incorporated into the specific work stream plan. All work undertaken will address issues of equality and diversity as they apply to protected characteristics groups.

8. SUSTAINABILITY IMPLICATIONS

There are no community safety implications arising from this report.

9. GREENHOUSE GAS EMISSIONS IMPACTS

There are no specific greenhouse gas emissions impacts directly arising that are pertinent to this report.

10. COMMUNITY SAFETY IMPLICATIONS

The role of Home First in contributing to community safety strategies and work streams will be considered as part of the process to ensure that the departments functions and services maintain their capability and quality through the transition process and beyond.

11. HUMAN RIGHTS ACT

There are no Human Rights issues arising from this report.

12. TRADE UNION

Trade Union issues relating to the work undertaken by the Home First Team are being addressed initially with Unison key local representatives specifically in respect of the Unison Home Care Charter implementation.

13. WARD IMPLICATIONS

There are no direct implications in respect of any specific Ward.

14. NOT FOR PUBLICATION DOCUMENTS

None

15. OPTIONS

No options are provided

16. RECOMMENDATIONS

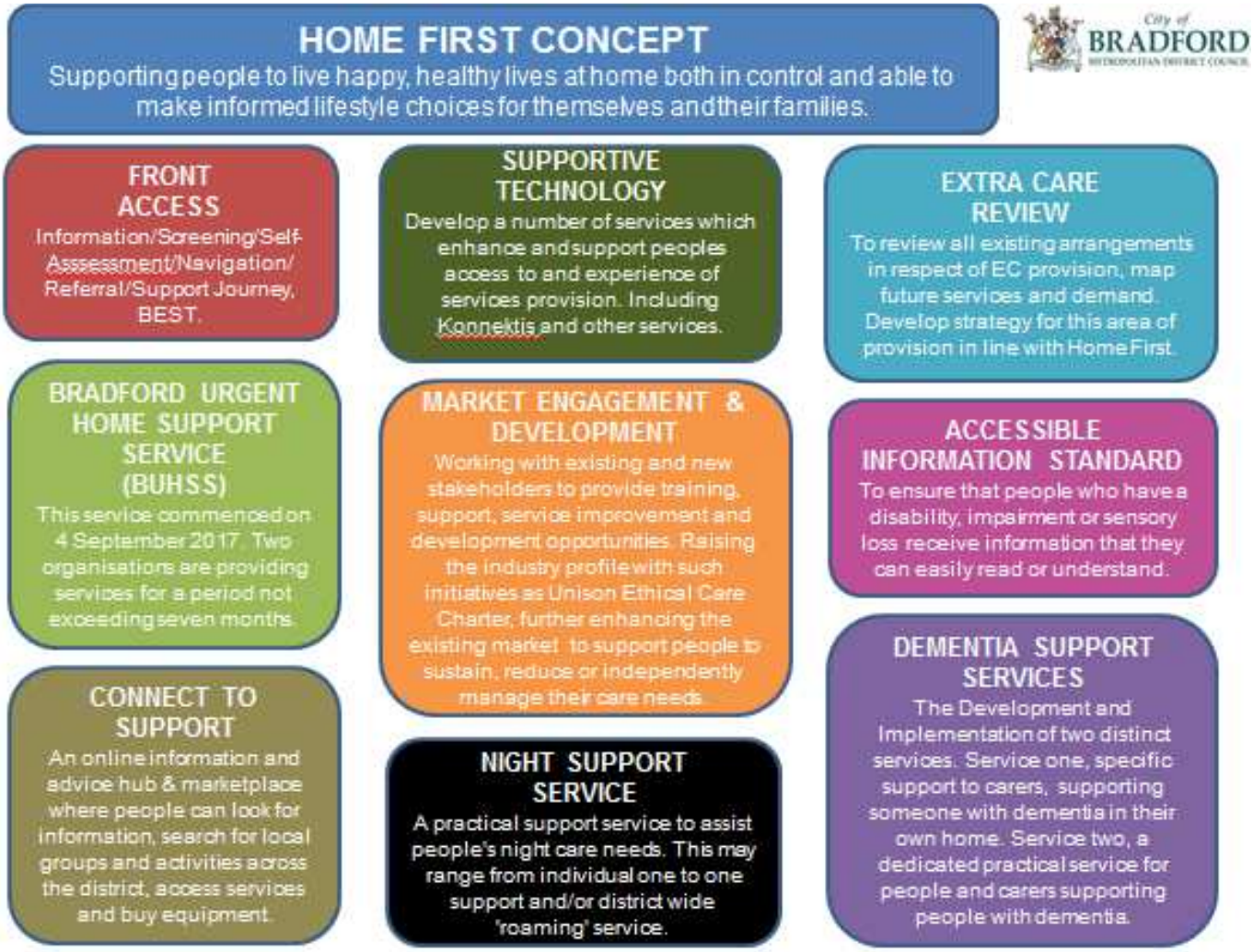
1. **That Members note this report.**

2. **Members are invited to comment on the direction of travel detailed in the report to resolve the many different elements of home care.**

17. APPENDICES

1 – Home First Programme Plan

Appendix 1 Home First Programme Plan



CONNECT TO SUPPORT – THE BRADFORD VILLAGE

As part of the Home First Vision, we have launched the Bradford Village page which is our online information and advice offer for care and support. Originally a H&WB model, it has been developed to be more community based and includes information from

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Director of Health & Well Being to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 16 November 2017

Q

Subject:

A Progress Report from 27 October 2016 on the development of the integrated transitions service for young people with disabilities in Bradford.

Summary statement:

This report informs members of the progress of the project plan to develop an integrated service for 14-25 year old disabled young people and their families in Bradford

On 26th October 2016 members resolved –

(1) That the progress made, and moves towards cultural change as part of the development of an integrated transition service for young people, be welcomed.
(2) That a further report on the integrated transition service for young people be presented to the Health and Social Care Overview and Scrutiny Committee in 12 months, to include benchmarking information and appropriate indicators to demonstrate progress.

Bev Maybury
Strategic Director, Health and Well Being

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Portfolio:

Health & Wellbeing

Overview & Scrutiny Area:

Adult & Social Care

1. SUMMARY

1.1. This report outlines progress to provide young people with disabilities and their families with improved information and support into adulthood and independence. It also describes the work done so far. Historically at a local and national level families have described their experience as one of fragmented services delivered by a number of organisations and with a lack of planning and co-ordination.

1.2 The present work has its origins the implementation of the Children & Families Act 2014. A key aspect of the Act was the objective of integrating assessment and provision of support via a single education health and care plan(EHC) for each child whose needs were eligible and subject to continuing eligibility an entitlement to an EHC up to age 25. The 14 to 25 offer was described within a framework of objectives set out as preparation for adulthood. The guidelines state that preparation for adulthood should begin within the EHC from academic Year 9 when students reach 14 and the integration of 14-25 services supports continuity of planning and support during this period as well as providing greater opportunity for a single professional to co-ordinate planning at this critical time of change.

1.3 The leadership of this transferred to Adult & Community Services in November 2015 when officers agreed A&CS would lead the development and bring together social care support to young disabled people from 14 up to 25. A project team with representation from the Clinical Commissioning Groups (CCG's), Local Authority (Children's and Adult Services), Bradford District Care Foundation Trust (BDCFT), Airedale Hospital Foundation Trust (AHfT) and Bradford Teaching Hospital Foundation Trust (BTHfT) is working together to deliver a more integrated approach with improved outcomes.

2. BACKGROUND

2.1. The challenges had been summarised well and often and are set out well in DoH guidance, ***"A transition guide for all services - key information for professionals about the transition process for disabled young people"; DoH; 2007.*** The guidance stated that transition from childhood to adulthood is difficult to get right because:

- The process must be individual to the needs and aspirations of each young person.
- It is a fluid process, spread out over a number of years.
- Local options for disabled young people are often limited and support can be patchy and inconsistent.
- These challenges are compounded by young people's moves from one service to another at different ages across social care, health and education services.
- Each of these transitions is likely to occur independently of each other, which

means that disabled young people and their families may repeatedly have to deal with new agencies and professionals, retelling their story each time.

- Eligibility criteria are set by social care services to manage their limited resources and different eligibility criteria often apply when they move on to adult services.
- The process of bringing a group of appropriate people together to plan, agree and implement a local strategic transition protocol is in itself a challenging piece of work.

2.2. **Outcomes – Preparing for Adulthood.**The Preparing for Adulthood (PfA) programme was funded by the Department for Education as part of the delivery of the SEN and disability reforms
It aims to identify and deliver the necessary activities required to support young people with SEND into adulthood and identified four PfA life outcomes. These are:

- Higher education and or employment – this includes exploring different employment Paid employment (including self-employment)
- Good health
- Independent living (choice and control over your life and support and good housing options)
- Community inclusion

2.3. Elected members will appreciate a major challenge for the development of a transitions service is the cross boundary working and inter-dependency between the different services. The service is led by the Department of Health & Well Being, is located with staff from Children's Services and has strong links with health services and schools. Work has been progressing since 2014, initially under the direction of the programme to implement the SEND reforms of the Child & Family Act and guidance about transition planning/preparation for adulthood from both the Department for Education and Department for Health. and now also contributes to both the Journey to Excellence programme in Children's and the Transforming Care programme in Adults.

2.4. The care market is being developed to provide better choice, quality and value through the new commissioning frameworks for care services, the development of technology to keep people safe and independent, the online market place using the Connect for Support platform and the self-care developments to strengthen prevention. A provider event was held on 24th October, this was attended by 43 providers including new providers to this district. We will follow this up with more in-depth events discuss what we require from providers when supporting people with complex needs.

2.5. There are strong links with the Transforming Care Programme that is operating in parallel with this project. This is an all age change programme focusing on improving services for people with learning disabilities and/or autism, who display

behaviour that challenges, including those with a mental health condition. This will drive system-wide change and enable more people to live in the community, with the right support, and close to home. As part of Bradford's transforming care plan we are developing Core and Cluster housing models, working with our existing and new support providers to create a responsive market place with flexible clinical support. We are holding Care and Treatment Reviews (CTR's) for both people admitted to an Assessment and Treatment Unit to ensure a timely discharge plan is in place and for people who are at risk of admission to avoid where possible unnecessary admissions. The Transition Team are gaining knowledge and experience in CTR and CTER (Education). The team have now co-ordinated several CT(E)Rs, which have resulted in positive multi-disciplinary working to prevent young people being admitted to hospital.

2.6. The programme endorses the view that children, young people and adults with a learning disability and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their own community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives.

3. REPORT ISSUES –

The service develops against the background of the dual demands of transformation and financial constraint common to all local agencies. Transitions operates within the Transformation & Change Programme of the Department of Health & Well Being, and has significant contributions to make to the joint response to the NHS England Transformation Programme for learning disability & autism and the continuing programme to deliver the SEND reforms reporting to the SEND & Behaviour Board.

3.1. Promoting Independence and Choice

A consistent element of the development of the service is the promotion of independence and choice**.** The Council's 'Home First – Our vision for wellbeing' published in January 2017 sets out our current ambition for this. To offer good information and advice and to build on people's natural networks of support. Where people have long term support needs to build on people's strengths and their own priorities rather than overly focusing on deficits and disability. Professionals are being encouraged to move away from traditional practice which at times resulted in a dependency culture with people being over protected and denied opportunities to take positive risks and maximise their independence and quality of life. Workforce development is supporting staff with the cultural changes needed to make this a reality.

3.2. Personal Budgets

Personal budgets are well established in the form of direct payments in adult and children's social care but take up has not been high and following work done with

'In Control' children's service have now launched a resource allocation system for children with disabilities and this is being rolled out to existing service users as well as being the default for new assessments. Personal health budgets have been piloted within continuing health care and it is understood there are plans to extend these. To extend take up adults have been preparing to launch another method of delivery in the form if Individual Service Funds where an intermediary can take on some of the more onerous aspects of a direct payment managing funds on behalf of individuals and allowing them to direct their own support and make changes in how they meet the agreed outcomes without having to refer back to the Council. The resource allocation system for adults will shortly be re-launched giving people a more reliable indicative budget to plan support with. Personal Health Budgets (PHB) are offered to people in receipt of continuing health care funding. There is now a lead within the CCG supporting the wider roll out of PHB and personal budgets across the LA and the CCG.

3.3. **Decision Making and Panels.**

Funding for individual plans is currently drawn from four sources, education, either adult or children's social care depending on age and the local CCG's again with two separate continuing health care frameworks for young people and for adults. Work continues to streamline decision making and make a co-ordinated decision about support plan and how that is resourced. A Joint Resource Panel (JRP) now finalises funding decisions and contribution to Education Health and Care (EHCP) plans and placements for Children and Young people up to the age of 18. Representatives from Children and Adults Social Care, Health/CHC and Education make joint decisions. We plan to include decisions to support EHCP's to for young people up to the age of 25.

3.4. **Continuing Health Care**.

Two Continuing Health Care frameworks represent a challenge as the framework for children is quite different to that for adults. There has to be a review of eligibility at 18 with a significant potential for changes in funding. Joint training with the CCG on the CHC framework has taken place in October 2017 and further days are planned in January 2018. This will support better joint working between health and social care staff, ensure young people's entitlement to this is maximised. Staff in the 14-25 team are better able to help people plan for and understand the changes as they develop their understanding of both frameworks. We will also be doing joint training on the Children's framework in 2018. There have also been discussions at a strategic level about pooling budgets to help manage the process in a more integrated way.

3.5. **Education Health and Care Plans.**

The Council is tasked with completing the migration of existing special needs statements to EHC's and whilst this is due to be completed by April 2018 there has also been a significant increase in new requests for an assessment under the new framework. It is also reviewing the experience so far of the new approach and how well it is achieving the aims of integrating planning and

support. There is potential to take the ambitions of a single plan for young people further as a result of this. A very recent SEND peer challenge has made recommendations that will support taking this forward. The Transition Team are engaging with Education to ensure the EHCP becomes a more comprehensive document with appropriate social care information included in young people's EHCP's. A recent audit identified improvements that could be made here.

We are currently waiting for feedback from the recent SEND Peer Challenge.

3.6. **Integration.**

Whilst this report focuses on the integration of the work of the children with complex health and adult social care transitions teams, the ambition is to develop from the current collaborative working in the hub at Margaret McMillan Towers a greater degree of integration in planning and delivering support to young people. Over half of the disabled young people seeking support as young adults will not receive support from children's social care. Often their needs have been met with support from family and their educational provision. There are several areas where more integrated ways of working have developed over the past 12 months.

In April the Transitions Service Manager took up post and the co-located social work staff from children's and adults were formally integrated into a single service under one management and the co-located Children's Complex Disability Team changed to work with the 0-14 age group. This allows continuity of support to young people from staff who are becoming increasingly knowledgeable about the worlds of children's and adult services. They are able to provide better advice and support to families at a key stage in life.

Increasing capacity in the team and integration have led to tangible benefits for young people who are engaged in planning for moving on from school and or children's social care much earlier. In the past young people often reached 18 before receiving any advice or assessment about eligibility for adult provision. Two years ago planning began with the annual review at 17 and subsequently extended to joint visits at 16. Since April this year the Transitions Team are supporting young people from 14 and where appropriate attending year nine school reviews. The Transitions Team have link workers with the special schools and FE Colleges, they visit and have regular contact with the SENCO's in these settings. We would like to provide a similar service to mainstream schools but we are not able to resource this, we are considering alternative solutions. The reestablishment of area SENCO meetings are an opportunity to forge stronger links with mainstream secondary schools in the district as it has proved difficult to maintain good communication across the secondary sector in the way that has been achieved with special schools and FE colleges.

3.7. **Outcomes – Preparing for Adulthood.**

From November 2017 there will be one duty/contact system for Transition's 14 to

25. They will work closely with Children's and Adults access points and agenda's for Early Intervention and Prevention models. The team are currently building up their knowledge and expertise across Children and Adults pathways and services so they are able to provide good advice and information, which will support young people and their carers whenever possible to self-service. This is supported by the continuing development of websites 'Local Offer' and 'Connect to Support'.

The Transitions Project Group, a multi-agency group are currently working on a joint multi agency protocol which will underpin a district wide approach to supporting young people with disabilities across Bradford. The Transitions Team have established good links with voluntary and independent sector providers who support young people. There is also a link worker from Children's 'Through Care' service based with the Transitions Team which helps with co-ordination of support for looked after children leaving care.

3.8. **User Engagement and Co-production.**

Co-production and User Engagement is an area of continuing development. The Parents Forum have continued to be heavily involved in the SEND reforms including the Transition's Project plans. They are also involved with the Professional's Preparing for Adulthood (PfA) event in December 2017. There is a multi-agency "Preparation for Adulthood" Event taking place on the 6th December 2017 which includes School and FE Education sectors, Public Health, Health Services including CAMHS/MH and Children and Adults Social Care. This is a preliminary to an event specifically aimed at YP and Parents/Carers is being planned for 2018; YP and parents will be involved in the planning and implementing of this. There are partnership boards for Autism, LD, Physical Disabilities/Sensory Needs and TCP all of which have service user representation. There are advocacy groups for young people and adults with disabilities that support individuals and groups to express their view and influence change. Children's social care also use View Point, an electronic survey that Children and Young People can use confidentially to report any concerns they have about their care and ideas they might have for different ways of being supported. The Local Offer website is interactive and provides feedback from families that is responded to by partners.

3.9. **Further Progress on the development of the transitions (preparing for adulthood team14-25) service –**

Transitions is broader than learning disability and so the work on the autism strategy is important in supporting the service as it features significantly in the needs of the young people supported. The recent SEND peer challenge has noted that further work is needed to ensure mental health services are alignment with the development of transition planning. This will be picked up with the recently appointed joint commissioner for mental health services.

The Transitions team are involved with several initiatives for new ways of working which support the Children and Adults agenda's for Early Intervention/Home First

etc. supporting people to be as independent as possible and less reliant on social care. The team are involved with the NDTI work on Reimagining Day's and Community Led Support. The team are about to become an early implementation site for using creative conversations to support best outcomes for YP and devising more streamlined/user friendly assessment/supporting planning documentation. This project will also include trailing new ways of working with young people leaving school and college to access employment. The team are also keen to further explore technical solutions that can enable YP to be self-sufficient in managing their own care/support needs e.g. My Health Tools, Brain In Hand type apps etc.

3.10 The CCG's fund transition nurses based within local care trusts to support young people as their health services change from the familiar arrangements of childhood into GP led adult health provision. This helps to ensure information is shared and care transfer planned so that support is provided with greater continuity. They also support the co-ordination of health support with that of education and social care. There are bi-monthly transitions meeting with operational managers from the different services. There are still some difficulties with this as each area of health are working with different age groups. Some are 16 to 21, others 17 to 19 or 17 to 22.

3.11 Information systems and shared records remains an area of challenge. The Transitions Team have all undertaken training on adult and children's record systems, SystmOne and LCS. We have established a new data group, that includes data performance officer's from Education, Children and Adult social care, we are currently working on creating a Transitions Dashboard which will give an overview of current activity and outcomes of the Transitions Team and also support medium and longer term future planning. The plan is to use the key Preparation for Adulthood principles. As stated previously this has a complexity about it due to all the services using different IT systems and there has been a significant reduction due to financial constraints in the performance team and the expertise and resource to support with this.

3.12 The Transitions Team has an on-going training and development plan. The team have all completed new IT system training, workers from Children's and Adults have completed presentations to the team covering key areas of policy and procedures from their initial service area. Several members of the team have attended Mental Capacity Act and Human Rights training. The team have also completed Children's Signs of Safety training and Adult Safeguarding briefings. We have established a buddy system so each team member has a buddy worker from their opposite area of expertise. The team have also established "Champion's" roles within the team, this role entails establishing contacts with relevant providers, keeping up to date with research, attending appropriate courses' and feeding information back in team meetings etc. there are currently 18 champion's within the team covering areas such as Autism, Parent/Carer's, School leaver's, Employment, accommodation and communication.

3.13 The Local Offer website and supporting alternative media will support public access to information for young people and their families. This will co-ordinate with the Connect for Support site which provides access to service provision for adults and is designed to become a market place for providers and customers with the goal of not only providing information but an on line market place for obtained support using a personal budget. Information about the new Transitions Team has been updated for The Local Offer and an initial meeting has taken place with JH to consider how this information is included on Connect to Support.

4. FINANCIAL & RESOURCE APPRAISAL

There are no financial proposals in this progress report for appraisal although a copy has been shared.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The programme maintains a risk log for the change programme but there are no significant risks to highlight at this point.

6. LEGAL APPRAISAL

Copy supplied – no comments received.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

The changes being made are designed to improve access to support for all and those who are disadvantaged are over represented in the user group.

7.2 SUSTAINABILITY IMPLICATIONS

None.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

Consultation has taken place with Unions on the plans for reconfiguring the workforce. There are no reductions in jobs but some posts transfer between children's and adult services.

7.7 WARD IMPLICATIONS

All wards, as it is a District wide service.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

This is a progress report.

10. RECOMMENDATIONS

That the Committee notes the progress made and the continuing plans for the development of an integrated transition service for young people.

11. APPENDICES

11.1 Transitions Team Data Information September 2017
11.2 Transitions Team Case Examples

12. BACKGROUND DOCUMENTS

None.

Bradford young people with a EHCP	Number
Age 13	**206**
Age 14 to 25	**1260**

18 + Current caseloads

Team Case load on s1	Allocated cases	Reviewing status	Waiting List	Duty list	Total:
247	213	13	37 Cases confirmed as waiting allocation	33 Cases are open to Transitions duty team, work being completed.	296

14-18 Caseloads

Monitoring & Reviewing	Looked After Child	Children in Need	18 + on system1	Total:
36 cases	**6 cases -**	**76 cases-** on-going work is required on these cases, 6month reviews and 28day of 6/8 weekly visits	**31**	**149**

Total number of young people being supported by new 14 to 25 Transitions Team	445

Current Transitions Safeguarding/COP caseload:

- Cases in safeguarding: (from June 2017) 6 open referrals relating to 3 individuals
- Current Cases in COP: 5 (full hearing)

- No cases at the current time subject to a child protection plan.

Predicted referrals:

School Leavers: (new referrals will start to come into the team from September 2017/2018)

	Total leavers:	Allocated	On Waiting List	Total number of new referrals
Leaving school July 2018	68	22	3	43
Leaving school July 2019:	60	4	3	53

College leavers: (new referrals will start to come into the team from September 2017/2018)

This information is much less easy to gather as many people may leave a particular college course and move to another. This is what we know about previous years:

	Total leavers:	Continued in Education	Progressed to employment (inc project search)	Connexions support for employment and Education	Total number of referrals for Care Act Assessment
Leaving college July 2016	96	28	11	19	34
Leaving college July 2017	105	tbc	tbc	tbc	35

Work is completed with all college leavers – including attendance at EHCP, tracking plans, updating information to confirm they are accessing connexions support/ signposting to social inclusion support (Non –social care funded) etc. This work is done by the link worker and by transitions duty worker.

Young People Currently supported by Children's Through Care Teams: (previously LAC/ Leaving Care / Fostering & Adoption Teams)

Total number of 14 to 21 year olds	**153**
Total number of 13 year olds (not including CCHDT)	**29**

Number of cases to be referred to Transitions team by CCHDT:

				Total:
2017 to end of year	8			8
2018 to end of year	8			8

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Transitions Team - Case Examples for Scrutiny Report November 2017

NB. All names have been changed

Zara Shan

Age 18

Zara was supported by the Children's Complex Health and Disability Team (CHDT) from 2014 as a Child In Need. She has had the same social worker since then. The social workers in now part of the new 14 to 25 Transition Team so will remain involved with Zara post eighteen until she transitions into adulthood. Over the past three years Zara and her family have got to know the social worker well and vice versa.

Zara has a hereditary condition and Sensory Motor Neuropathy type 3 which is a rare condition, she was diagnosed with this condition from birth it is a degenerative abnormality in the nervous system. This condition affects Zara's nerves and senses which means that she does not always respond to pain. Zara is a wheelchair user; the condition also has an impact on her memory and her learning. Zara's muscles are also affected which means that she has a bladder weakness and she wears incontinence garments.

Zara has a support plan for assistance with personal care and social inclusion. She employs Personal Assistant's (PA's) for this.

A Care Act Assessment has now been completed by the same worker who already knows her well, so the family have not had to repeat their story. As Zara's needs meet Care Act eligibility thresholds her support plan has remained the same with no change of provider. The social worker has been able to support Zara and her parents to consider Zara's changing needs as a young adult and her PA supports her to access age appropriate social activities with her peers in her local community. Zara and her family have a good relationship with her social worker which has enabled Zara and Mum to build trust and confidence with the social worker. This has supported good communication and open discussion about planning for the future and positive risk taking. It has also enabled Mum to disclose difficulties she has faced in her personal life which at times has affected her ability to fully care for Zara, this has resulted in the right support being in place for Zara, which in turns has greatly improved both Mum and Zara's quality of life.

Zara does have several complex health needs and she has a Transitions Nurse who is supporting her transfer from her Children's paediatrician to the care of her GP and other specialist consultants. The social worker has been able to liaise with the nurse and also support Zara and the family to understand these changes. The social worker has completed the initial assessment process for health funding, which she is not currently entitled to, however this will be monitored and reapplied for as appropriate.

The social worker will stay involved with Zara until she has left education and transitioned into adulthood. Zara is very creative and would like to pursue college and employment opportunities in the arts. Her social worker will attend school (EHCP) reviews and be part of a multi-agency team supporting Zara to pursue her aspirations.

Elaine Booth

Age 17

Looked After Young Person- fully LAC in 2015 due to parents inability to care for her

Elaine has a complex seizure disorder. At the age of six, she was diagnosed with frontal lobe epilepsy. This type of epilepsy can be very difficult to manage and she has therefore trialled a number of medications, unfortunately her seizures have not responded sufficiently to stabilize her. Elaine has six types of seizures. Type 1 is absence seizures, which can occur at any time. She will stop what she is doing, may stare and be unresponsive which can last a number of seconds. Elaine may need prompting to resume the activity she was involved with prior to the seizure. Type 2 is focal motor seizures, which are one off seizures that can come in clusters or be prolonged. Elaine will present with facial grimacing, strange behaviour and staggers around. Type 3 is focal sensory seizures, which are also one off and can come in clusters or be prolonged. Elaine will present with sudden screaming and seeks reassurance as she is scared. Type 4 and 5 are tonic and tonic clonic seizures, which are more serious and mean that Elaine's limbs will stiffen and she will become unresponsive. Elaine will be at risk of injury and aspiration. She may stop breathing and turn blue. Type 6 is clinical activity seizures where Elaine can experience periods of appearing scared, with her behaviour becoming erratic and unpredictable. Possible triggers of all Elaine's seizures are illness and/or tiredness

Elaine has lived away from Bradford for several years, attending specialist residential epilepsy schools. She has this year moved from a school in the south of the country to a six form school in Lancashire. Since moving to the new school Elaine has come on in leaps and bounds, her confidence is growing and her motivation to achieve things for herself has flourished. She is starting to believe she might be able to have an independent future and is keen to learn and progress. Elaine’s epilepsy remains complex and risky; she will need support to minimise the risks and achieve her dreams.

Elaine has difficulty trusting people, establishing relationships and coping with change as she has had lot of significant upheaval in her life. Elaine now has a good relationship with her social worker and trusts her. The social worker is visiting Elaine at school and starting to have conversations with her about her aspirations for adulthood. Elaine has always maintained contact with her family and she has told her social worker she would like to return to live in Bradford so she can be near to her family.

The school placement is currently joint funded by Education and Health, the social worker has already starting liaising with Transitions colleagues in Education and Health about Elaine’s wishes to return to Bradford when she finishes school and Elaine is included in commissioning and housing data for future supported living requires for the district. The social worker has also starting completing Elaine’s Care Act Assessment and will trigger her assessment for Continuing Health Care as part of this process. The appropriate transitions workers will support Elaine and the school to plan for her move back to Bradford in a planned way over the next eighteen month.

Elaine's mother has always been very anxious about future plans for Elaine, which have at times affected her mental health. However earlier discussions with the social worker in respect of advice and information about Elaine's future prospects have reassured Mum, who will be keen to be part of the planning. Having the same social worker who knows her well, who understands the Children's legislation and procedures as well as the Adults and also has a good knowledge of other transitional services, will make a significant difference to Elaine and her Mum as she transitions into adulthood.

CETR Example

Adam Iqbal

Age 16

Adam has a diagnosis of Autism, Bi-Polar (recently been diagnosed in April 2017), Crania Synopsis which is a condition where there is fusion in the skull, diagnosis of Learning disability and developmental delay. He also has epilepsy and has reduced vision. Adam has Chromosomal Abnormality which is the deletion of chromosome 16 and has Atrial Spectral Defect (ASD) which means that Adam has a hole in the heart. Adam is seen by a number of different professionals and is currently being seen by a Consultant Paediatrician and a Consultant Child Psychiatrist.

Adam has frequent epileptic absent seizures. His anticonvulsant medication has recently been changed in an attempt to bring these seizures under control. He has not had any tonic clonic seizures. Adam has reduced vision in both eyes and is prescribed glasses to correct this. He is up to date with all other medical appointments.

Adam struggles with any change in his routine therefore he finds it very difficult to get back into a routine after the school holidays. This has often lead to parents physically taking him to school.

Historical Information:
The family have been known to Social Care since 2011, the initial referral was made by his mother reporting difficulty in managing Adam's behaviours and sleep.

Between 2011-2013 specialist behaviour support and sleep support was provided by the Children's' Community Support Team (CCST) and inclusion activities were identified; following this there was no further action required by the social care for some time.

In April 2013 Adam's mother contacted Social Care requesting support, she reported that Adam's behaviours had deteriorated. He was presenting challenging behaviours at home and school. An assessment was completed, the outcome was that parents needed support to prevent carer breakdown, Adam required social stimulation and a referral to CAHMS was required.

The family were provided 10hours a week agency support, this then transferred to Adam having respite provision at a Respite unit of one tea visit per week.

Since Social Care involvement Adam has had a number of very difficult periods whereby his anxiety level has heighted to a level that has become extremely challenging for parents to manage. Each time the episodes have lasted for 4/6 weeks. During these periods Adam has refused to leave the house, refused to go to school, has not slept, has displayed with very

distressing behaviours such as, head banging, nipping, hitting, crying, rocking and induced vomiting.

Transition Team Involvement:
Adam was originally supported by the Complex Disability Team. As he is now over 14 he is being supported by the Transitions Team, the worker who supports him now works in Transitions so he has been supported by the same worker and manager for some time. He will now be supported through his transition into Adult services by the same worker, therefore there will be consistent management oversight and consistent worker who has known Adam very well and has a good insight into his needs as well as a good relationship with the family. As Adam finds any change extremely difficult having the same social worker during this time of many changes, helping him and his family prepare and plan for change will hopefully go some way to reducing the anxiety and making the process more positive.

It was identified that Adam was at risk of hospital admission under the Mental Health Act as his anxiety levels had increased which resulted in extremely challenging behaviours. In addition there was a risk of carer breakdown. A Community Education Treatment Review (CETR) was organised. The Transition Social Worker had a pivotal role in ensuring all the professionals whom were involved were invited as well and collating all the reports documentations that were required for the meeting. The CETR identified a wraparound service of support from Health, Education, CAHMS, Social Care Transition service for Adam and his family and the Transition Social worker was the key person to co-ordinate this.

Current situation:
Adam is attending the specialist Behaviour Evaluation Support Team (BEST) two days and nights a week, focus of the work is around managing behaviours. Support from a specialist agency is in place in the home, objective of this is to prevent carer breakdown and support parents in the care of Adam at home. School are providing home schooling with a plan for gradual transition back to school. CAHMS are supporting around managing behaviours, emotions, attachments and medication.

The aim is to prevent Adam being admitted to hospital. Since the support has been in place Adam is now readily going to BEST (he was refusing to leave the house and became extremely distressed) his support in BEST has decreased from 3:1 to 2:1. Adam is engaging in activities. When returning home he is managing short family trips. Adam's sleep has improved.

This is an on-going case whereby the Transition Social worker will remain involved to support Adam and his family through the journey of preparing for adulthood.

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 16 November 2017

R

Subject: Health and Social Care Overview and Scrutiny Committee Work Programme 2017/18

Summary statement:
This report presents the work programme 2017/18

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City Solicitor

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Portfolio:

Health and Social Care

1. **Summary**

1.1 This report presents the work programme 2017/18.

2. **Background**

2.1 The Committee adopted its 2017/18 work programme at its meeting of 7 September 2017.

3. **Report issues**

3.1 **Appendix 1** of this report presents the work programme 2017/18. It lists issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over the coming year.

4. **Options**

4.1 Members may wish to amend and / or comment on the work programme at **Appendix 1**.

5. **Contribution to corporate priorities**

5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2017/18 reflects the ambition of the District Plan for ‘all of our population to be healthy, well and able to live independently for a long as possible’ (District Plan: Better health, better lives).

6. **Recommendations**

6.1 **That the Committee notes the information in Appendix 1.**

7. **Background documents**

7.1 Constitution of the Council

8. **Not for publication documents**

None

9. **Appendices**

9.1 **Appendix 1** – Health and Social Care Overview and Scrutiny Committee work programme 2017/18

Democratic Services - Overview and Scrutiny

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Thursday, 7th December 2017 at City Hall, Bradford.			
Chair's briefing 21/11/2017. Report deadline 24/11/2017			
1) NHS Screening and Immunisation Programmes	24 month update	West Yorkshire Screening and Immunisation Team (Contact Kate Horsfell)	resolution of 10 December 2015
2) Workforce issues	Committee to consider a report on workforce issues across the health and care sector (inc presentation on the Health and Care ICE)	Council / NHS	ref Committee minutes 9 June 2016
3) Update on the progress made by Airedale and partners enhanced health in care homes Vanguard	Update	Helen Bourner	resolution of 23 March 2016
4) Reimagining Days	Update on work being done to 'reimagine day opportunities'.	Kerry James, Julie Robinson-Joyce, Sasha Bhat (CCGs)	resolution of 27 October 2016 (joint meeting with Children's Services OSC)
Thursday, 25th January 2018 at City Hall, Bradford.			
Chair's briefing 10/01/2018. Report deadline 12/01/2018			
1) Department of Health and Wellbeing Budget and financial outlook	Annual report	Bev Maybury	
2) Smoking cessation	Report on smoking cessation activity in the District (to include update on lung cancer)	Public Health / NHS	resolution of 6 April 2017
3) Diabetes	Report to cover all areas of the District and involve patients and voluntary sector	CCGs	
4) Outcome of Consultation on the Proposed Change to Bradford Council's Contributions Policy for non-residential Services	update report	Bev Maybury	resolution of 8 September 2016

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Thursday, 8th February 2018 at City Hall, Bradford			
Chair's briefing 24/01/2018. Report deadline 26/01/2018			
1) Access to primary medical (GP) services in Bradford	Update	Vicki Wallace	resolution of 9 February 2017
2) Access to primary medical (GP) services in Airedale Wharfedale and Craven	Update	Lynne Scrutton	resolution of 9 February 2017
3) Enhanced primary care	To include details of the consultation undertaken with service users	Vicki Wallace	resolution of 9 February 2017
4) Stroke Services update		CCGs / BTHFT	
Thursday, 1st March 2018 at City Hall, Bradford			
Chair's briefing 14/02/2018. Report deadline 16/02/2018			
1) Mental health services in Bradford District	Item to include people with a lived experience of mental health services and voluntary sector representatives	CCGs / BDCFT / Council	resolution of 2 March 2017
2) Council consultation with vulnerable groups	Ways to improve Council consultation with vulnerable groups.	TBC	resolution of 8 September 2016
3) Dementia	Update. To include information on the post-diagnostic pathway	Andrew O'Shaughnessy	Resolution of 26 January 2016
Thursday, 22nd March 2018 at City Hall, Bradford			
Chair's briefing 07/03/2018. Report deadline 09/03/2018			
1) Care Quality Commission	Annual update on inspection activity in Bradford District	Sarah Drew	resolution of 23 March 2017
2) Multi-agency Safeguarding Hub (MASH)	Report on the establishment and operation of the MASH	Rob Mitchell	resolution of 7 September 2017
3) Update on CQC inspections Hospitals in Bradford District	ref meeting of the Committee 23 March 2017	NHS Hospital Trusts in Bradford District	
Thursday, 12th April 2018 at City Hall, Bradford			
Chair's briefing 26/03/2018. Report deadline 30/03/2018			
1) Respiratory health in Bradford District	Update - clinical lead and services users to be invited	Toni Williams	resolution of 5 April 2017

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Thursday, 12th April 2018 at City Hall, Bradford			
Chair's briefing 26/03/2018. Report deadline 30/03/2018			
2) Infant mortality	Update on progress report	Shirley Brierley	last considered by Committee April 2016

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