

Luton Adult Social Care
Agency achievements and challenges
<p>ASC's safeguarding responsibilities are broad, beginning with receiving and processing all safeguarding concerns through the Multi-Agency Safeguarding Hub (MASH) and assessing need for further enquiries under section 42. MASH undertake enquiries and decide on the best agency/service to undertake further statutory enquiries if required. Further Enquiries could be conducted by ASC locality teams, Mental Health, , Hospitals, or may be delegated for Provider Led Enquiry (ASC retaining oversight of these). For Adult Social Care end of year Safeguarding Data and accompanying narrative please see the Luton ASC Safeguarding Adults Collection (SAC) report (attached to the report as appendix A)</p>
<p>This year ASC has innovated safeguarding processes and procedures to better capture the significant safeguarding enquiry work and scrutiny undertaken in the MASH. Recognition of s.42A (completed in MASH) enquiries alongside the S.42B enquiries that go to other teams for further enquiries commenced in February 2025 and was accompanied by a new Power BI Safeguarding Scorecard performance report. The Power BI report illustrates the enquiry and scrutiny undertaken by MASH – a model that ensures risk assessment and enquiries commence at receipt of concerns. The enhanced MASH reporting has enabled ASC to more truly reflect its safeguarding activity – evidencing both a significantly higher s.42 'conversion' rate and considerably improved enquiry timeliness.</p>
<p>Key Factors Contributing to Positive Outcomes:</p> <ul style="list-style-type: none"> • Well organised and led multi-agency approach to safeguarding interventions. • Focused audits and continuous learning from safeguarding data • Enhanced specialist safeguarding interventions that include: • Rough sleeping pathways targeting adults with multiple social exclusions. • High-Risk Complex Cases Panel – focused on multi-agency collaboration for complex safeguarding cases. • Hoarding protocol – specialist support for adults at risk of hoarding and related self-neglect • Planned workforce training in: • Safeguarding Adults processes and procedures • Safeguarding Adults for Managers • Mental Capacity Act (MCA) • Cultural competence • Legal literacy • Trauma informed practice • Supporting Autistic people level 1,2 and 3 • Think family.

Luton Adult Social Care

Agency achievements and challenges

In addition to targeted trainings above, ASC supported the development of and has utilised the Board's 7 minutes bitesize learning materials on key safeguarding areas to promote knowledge and skills development. The briefings are informed by thematic analysis of safeguarding concerns and Safeguarding Reviews. Staff feedback on these briefings is very positive – citing highly informative whilst being an easy read.

Key Achievements in 2024/25

- Strengthened inter-agency collaboration through the Safeguarding Adults Board (SAB) subgroups and operational safeguarding/multi-agency groups.
- Training and targeted awareness campaigns around Hording/neglect, modern day slavery and specialist homeless prevention
- Introduction of a planned audit framework improving quality and consistency
- Changes to the MASH operational process and work to align the LAS system to practice.
- Improved access to safeguarding policies procedures via Tri.X repository (Pan Beds Manuals and interface with ASC Tri.x resource)
- Further development of ASC's Quality Assurance Framework (QAF) audit programme, complaints reporting and bespoke ASC safeguarding audit.

Collaborative partnerships

Adult Social Care has led the creation of stronger partnerships with other Local agencies and partners services such as Housing/Rough sleeping, healthcare providers, Beds Police, Beds Fire and rescue service and community organisations to create a cohesive and comprehensive safeguarding network. The following are partnership arrangements that ASC has continued to support and lead as required.:

- Safeguarding information sharing Hurdle
- Adult Social care & ELFT Monthly meeting
- Luton Cuckooing Group
- Vulnerable women's group
- MARAC
- Rough sleeping complex needs forum.
- CASPA.
- Pan-Bedfordshire steering Group
- Co- production- with third sector agencies
-

Partnership with Housing developed and oversees several specialist pathways supporting practice across Luton. These include:

- The specialist homeless prevention social worker, who works with high-risk vulnerable adults to prevent homelessness and rough sleeping.
- Similar arrangements have also been agreed with Drug and Alcohol Services where co-location has improved information sharing and joint working on clients with dual diagnosis.
- All of these initiatives are strength based and person-centred strategies that encourage establishing and working to achieve the Adult's desired outcomes.

Luton Adult Social Care
Agency achievements and challenges
<p><u>Raising Safeguarding Awareness</u></p> <p>ASC has joined other colleagues, departments and partners to raise awareness of adult safeguarding issues in the community. ASC MASH & DoLS Team and Strategic Safeguarding have promoted protection of adults from abuse and neglect at local campaigns such as the National Hoarding Awareness week in May 2024 and world Learning Disability week June 2024 and the Mental Health Week 2024.</p> <p><u>Person Centred Approaches</u></p> <p>Continued workforce learning and development to promote MSP in all safeguarding interventions, ensuring that the needs and wishes of adults at risk are at the forefront of all actions.</p> <p>Further development of advocacy services to support adults at risk in making informed decisions about their own safety and wellbeing. The Local Authority has engaged a new Advocacy Services provider with a view to meet the increased demand for advocacy, comply with statutory requirements and ensure vulnerable people receiving community support services are represented and supported. Community Connect; the new advocacy provider has also offered the Local Authority support with co-production events/activities as part of its social value offer.</p> <p><u>Policies and procedures</u></p> <p>Strategic safeguarding supported the service to review and update safeguarding policies and procedures to reflect the latest best practice and legislative changes. In collaboration with partners ASC has supported innovated guidelines and protocols for safeguarding , ensuring consistency and transparency in the decision making process. ASC has contributed in the development of the following procedures</p> <ul style="list-style-type: none"> • Falls Protocol • Shared understanding of safeguarding concerns • Supporting Adults who self-neglect • Working with Adults who do not engage with services <p>ASC is presently supporting guidance to support 'Gaining Access to Adults at risk of self-neglect', identified as an emerging need following the nationwide police decision to withdraw some supports to ASC in line with the Right Care Right Person approach. A Luton SAR framework to support practitioners across the system is also in train.</p> <p><u>On street sex working</u></p> <p>ASC has collaborated with Public Health to reduce harm and impact from on street sex exploitation for the people (particularly women) directly involved and for the wider community in Luton. Alongside statutory and voluntary sector partners, ASC has worked to provide prevention and early intervention to those at risk of on street sex exploitation. The partnership has strengthened the approach to intervene early and to support vulnerable women away from perpetrators and safeguard them from exploitation.</p> <p><u>Domestic Abuse Plan</u></p>

Luton Adult Social Care
Agency achievements and challenges
<ul style="list-style-type: none"> • ASC is working with the Domestic Abuse partnership Board on the develop the Domestic abuse strategic plan. The plan will be implemented in 2025/26. ASC's input has included: Ensuring all areas of front-line staff are trained in Domestic Abuse and able to work with the new strategy. • Strengthening our response to challenging, disrupting and holding perpetrators to account • Ensuring the voice of victims including Children affected by DA is heard and that they are supported. <p>Achievements highlighted demonstrate ASC's commitment to protecting vulnerable adults, continuously improving practice and fostering a safer community. Through continued collaboration and a shared commitment to safeguarding principles, Luton is well-positioned to build on its achievements and deliver even more effective, person-centred support to adults at risk in the years ahead.</p>
How are you gathering feedback from vulnerable adults who have received safeguarding interventions?
<p>There are various ways in use to gather feedback from vulnerable adults: These include</p> <p>Feedback Forms Adult Social Care uses a simple, accessible feedback form attached to the safeguarding enquiry form. These are sent to adults who received safeguarding interventions at the end of an enquiry, giving them an opportunity for their voice to heard on whether the interventions have been able to reduce risk and make them feel safe.</p> <p>Annual survey The local authority runs an annual survey across the breadth of all adult social care recipients. The survey has key questions on safety , allowing people to report if they feel safe and supported by the local authority services.</p> <p>Advocacy services The Local Authority has engaged Community Connect, an independent advocacy service. Advocates from Community Connect are independent of the Local Authority and available at request. Luton residents, including those experiencing safeguarding interventions, can share their feedback via the advocates without fear of conflict of interests. .</p> <p>Co-production ASC has been the key statutory partner supporting The LSAB's VCSE (Voluntary sector) stakeholder group. Whilst it is recognised that more direct lived experience representation is required across the local safeguarding system, this arrangement has developed collaboration with 3rd sector agencies who frequently have a different relationship with people than statutory services. ASC has a dedicated Co-Production lead and a developed lived experience group.</p>
How are you involving the VCSE and ensuring their role in coproduction
<p>Luton has a strong VCSE voice supporting the drive to work closer with people with lived experience of safeguarding and/or social care. . These VCSE organisations are often deeply rooted in the communities they serve.</p>
Strategic Partnerships and Governance

Luton Adult Social Care
Agency achievements and challenges
<ul style="list-style-type: none"> Representation in Decision-Making: VCSE representatives are included on key Boards and governance structures (e.g. LSAB, Luton Integrated Care Partnership Board, Health and Wellbeing Board). Co-design Steering Groups: Co-production steering groups or panels include VCSE partners. <p>Community Engagement & Intelligence Gathering</p> <ul style="list-style-type: none"> Grassroots Connections: VCSE organisations are often better placed to engage with underrepresented communities. They're used as trusted intermediaries to gather insight and feedback. Funding for Engagement: Small grants or contracts may be given to VCSE partners to conduct community consultations and feed into service design. Listening Events & Community Assemblies: These are often co-hosted with VCSEs to reach seldom-heard voices and reflect lived experience. <p>Capacity Building and Support</p> <ul style="list-style-type: none"> Support is provided to help VCSEs build their capacity to participate effectively in co-production. Training and Workshops: Joint training on co-production principles ensures VCSEs and statutory partners work from a shared understanding. <p>Continuous Feedback and Iteration</p> <ul style="list-style-type: none"> Co-production Evaluation: Mechanisms are in place for VCSEs and communities to evaluate what's working in co-produced services and what needs to change. Learning Loops: Lessons from pilots and community-led innovations are fed back into the system for continuous improvement. <p>Cultural competency and inclusion</p> <ul style="list-style-type: none"> Luton is a super diverse community; ASC recognise the importance of being relevant to all communities. Training, development and innovation has been taken forward to support culturally competent and inclusive safeguarding practice, recognising and respecting the diverse backgrounds and needs of the people using the service. ASC's staff group reflects the diversity of the Luton. ASC will continue to provide training to support the workforce and partners on cultural competence and promote EDI- (equality diversity and inclusivity).
How has your agency and the Partnership focused on prevention and early help?
<p>The Adults MASH provides frontline safeguarding support and interventions. Receiving all safeguarding referrals for robust response from point of concern, including provision of advice and guidance, undertaking enquiries and implementing interim safeguarding and protection arrangements.</p> <p>MASH actively engage referrers to ensure there is understanding on how to make a safeguarding referral and facilitate other support as required to make interim safeguarding plans and keep people safe.</p>

Luton Adult Social Care
Agency achievements and challenges
<ul style="list-style-type: none"> • ASC is engaged effectively with the Pan Bedfordshire safeguarding arrangements, which ensures there is adequate accessible resource support to the workforce and partner agencies. The arrangements also encourage joint working across Bedfordshire to develop policies and procedures to keep people safe and to respond to allegations abuse, harm and neglect. • ASC has invested resources in improving the accessibility of adult safeguarding. Working with both internal and external partners, ASC has supported training, and improved procedures to support the those working with vulnerable adults, carers and families. • ASC chairs and leads the multi-Agency information sharing g Safeguarding Huddle. The huddle enables a multi-disciplinary approach to discuss any concerns about providers/services alongside acknowledgement of good practice. It ensures a holistic picture of a provider/service can be established and when there is requirement to 'step up' the meeting/ co-ordinate and manage any necessary interventions. • ASC hosts CASPA (Critical Adult Safeguarding Partnership Arrangements) a joint funding initiative with Housing, CASPA seeks to facilitate multiagency interventions for Luton based Adults, typically with multiple vulnerabilities, who are assessed as at critical safeguarding risk. • ASC also hosts and is heavily invested in the Luton Hoarding Panel. This manages Local arrangements to respond to complex problems of hoarding and self-neglect. • With both arrangements ASC is leading the safeguarding partnership to embed continuous collaborative working, joint risk assessment/planning and innovative solutions to achieve improved outcomes for Adults, Carers and Families in Luton. • ASC has partnered with Housing to support development of low support accommodations in Luton. Low support accommodations are housing adults for at least 6 weeks with a high risk of multiple social exclusions. These adults have complex needs that could escalate without stable accommodation and low-level support. In these accommodations they are assessed by the specialist Housing and the Homeless prevention worker and supported to navigate into the most appropriate specialist support teams.
<p>Interagency collaboration</p> <p>ASC has created and strengthened partnership working between health, providers, social care, , police, housing, drug and alcohol services and VSCE organisations to ensure coordinated working, information sharing and shared responses to arising situations.</p> <p>The work has included, reviewing information sharing procedures, including escalation protocols to facilitate timely and effective communication between agencies.</p>
How can your agency and the Partnership further develop and improve to assure itself that vulnerable adults are safeguarded effectively?
<p>Quality Assurance</p> <p>ASC's Quality Assurance & Professional Standards Team support quality and practice improvement through a systemic Quality Assurance Framework (QAF) audit programme , alongside ad hoc audits and an array of other quality assurance activities. Review of safeguarding practices to ensure compliance with standards and identify areas for development is intrinsic to the work. .</p>

Luton Adult Social Care
Agency achievements and challenges
<p>The Team has implemented robust mechanisms including planned regular safeguarding specific audits, and feedback from service users. Stronger links have been made with business intelligence and to better utilise data and strengthen reporting. . Power BI tools implementation has enhanced reporting and tracking of safeguarding activity.</p> <p>Ongoing Training and support on regulatory and legislative compliance. ASC is engaged and informed about changes in legislation and regulations related to safeguarding. Whilst there have not been significant changes to legislation, CQC has recently began the work of inspecting Adult Social Care services and supporting the work of compliance and improvements. ASC is therefore using this space to support the cycle of continuous improvement.</p> <p>This links directly into the Work ASC has promoted, internally and from a partnership perspective, to ensure clear policies, procedures and innovated protocols to support workforce and partners in their safeguarding duties and responsibilities.</p> <p>Areas of Ongoing Development</p> <ul style="list-style-type: none"> • Improved understanding of the over-representation of White British individuals in Section 42 enquiries through collaboration with public health for increased coproduction, community outreach and engagement. • Completion of case management system changes to enable improved reporting and evidence base of safeguarding activity undertaken by ASC. Strengthened use of data analytics for production of safeguarding trends and thematic presentations to inform service development. <p>Future Plans and Priorities (2025/26)</p> <ul style="list-style-type: none"> • Continue targeted training in response to findings from ad hoc Audits. • Strengthen transitions safeguarding pathways (16–25 years) in partnership with children's services. • Evaluate and expand the impact of the High-Risk Panel model- CASPA. • Ongoing evaluation of Making Safeguarding Personal (MSP) through co-production with individuals with lived experience.
What evidence is there that demonstrates the work of the Partnership has impacted on the lives of vulnerable adults and their families and of your agency's contribution to this
<p>Some of the evidence that demonstrates how ASC has impacted on vulnerable adults include:</p> <ul style="list-style-type: none"> • Improvement in safeguarding/risk outcomes. Luton has achieved risk reduction in 94% of concluded s.42 enquires in 2024/25: • CASPA: 15 Cases managed per month. In total only 6 Cases were required to be kept open for more than 6 months. All had active plans, multi-agency risk assessments, and lead responsible officers in place alongside ongoing MDT support meetings. • Hoarding - In total 16 cases managed per month, 12 cases supported to have reduced risk and closed.

Luton Adult Social Care
Agency achievements and challenges
<p>Continued collaboration with Housing's Rough Sleeping Team, ASC being integral to the vision to end rough sleeping. A homeless prevention worker is now in ASC to further support collaboration support this pathway. There has been notable success in achieving housing for long-term rough sleepers.</p> <p>Embedding the Strategic Safeguarding Social Worker, with a focus on joint working with the Provider Quality Team and outreach initiatives with Providers, is now evidencing a positive decline in safeguarding concerns from Providers in 2024/25 reporting.</p>

Bedfordshire Fire and Rescue Service
Agency achievements and challenges
<p>The 2024-25 financial year (April 2024-March 2025 inclusive) saw internal changes within the safeguarding team, continued increases in the number of referrals and a refreshed staff training outlook.</p> <ul style="list-style-type: none"> Comparing to the 2023-24 financial year, for LBC, adult referrals have increased from 138 to 234 (increase of 70%). Our overall number of safeguarding referrals continue to increase across the county that BFRS serves and the area of LBC is no exception to this. This means that through our contact with individuals within Luton, we have continued to generate a positive impact for vulnerable individuals. Through personnel changes due to maternity leave and staffing changes this year, the Safeguarding Team at BFRS worked very hard to maintain business as usual as record numbers of safeguarding referrals were made by our staff. In order to support these referral increases; it was realised that an overhaul of the staff training packages were required. Streamlining records of staff training and creating a series of new training packages were initiated in the latter part of the 2024-25 financial year and will continue into the 2025-26 financial year. This has ensured that our training packages meet the National Fire Chief's Council (NFCC) safeguarding training requirements, including training regarding some of the key priorities for the LSAB Business Plan (self-neglect and neglect, domestic abuse and modern slavery) at the appropriate level for relevant staff. <p>Following an increase in referrals regarding mental health, individuals experiencing crisis and emotional wellbeing concerns identified at the later end of the 2024-25 financial year, we also developed a short training memorandum for staff engaging with individuals to provide further support and signposting, as we realised this was an area of increasing concern. This document has proven useful already for staff and will continue to be developed this year with the introduction of credit-card size reference cards for all personnel.</p>
How are you gathering feedback from vulnerable adults who have received safeguarding interventions?
<ul style="list-style-type: none"> Our interaction with individuals following incidents and home fire safety visits is limited, as we often will then engage with them on a follow up visit a period of time later, or if the incident was a one off, this follow up may not be required. We do however seek to encourage feedback following home fire safety visits, and therefore include all individuals who have received one (including those who have received safeguarding interventions) and welcome their thoughts and feedback. We have a number of volunteers who help with this feedback process.

Bedfordshire Fire and Rescue Service
Agency achievements and challenges
How are you involving the VCSE and ensuring their role in coproduction
How has your agency and the Partnership focused on prevention and early help?
<ul style="list-style-type: none"> • Bedfordshire Fire and Rescue Service staff are trained to adopt a Person-centred approach support people to remain independent in their own homes and reduce pressure on health and social care services. • Our Home Fire Safety Visit was digitised in early 2023 and this allowed us to provide an increase in supportive signposting and referrals on from this intervention to aim to provide early help. Falls referrals, smoking cessation, alcohol consumption support and social prescriber referrals, as well as safeguarding referrals, are a number of routes by which individuals can be supported following a home fire safety visit that provide an early help mechanism to provide support at a preventative level.
How can your agency and the Partnership further develop and improve to assure itself that
We are currently developing our internal referral form so that this better provides information to our partners such as LBC adult safeguarding. These developments will be shared with the team and consultation will be invited. This was identified as a priority within the 2024-25 financial year and will continue into 2025-26. This will ensure that vulnerable adults are safeguarded more effectively due to improvements in data collection and sharing.
What evidence is there that demonstrates the work of the Partnership has impacted on the lives of vulnerable adults and their families and of your agency's contribution to this?
<p>In 2024-25 we supported the Partnership through engaging with them to support a vulnerable adult that we had been called to on a number of occasions. Bedfordshire Fire Service attended this address 12 times in the past year (2024) and submitted 5 safeguarding referrals since April 2024 for the same individual.</p> <p>Case Study</p> <p>We were invited to attend an MDT meeting to support this individual and through investigation as a wider team, it was identified that there were a number of safeguarding concerns for the person, as well as an issue with careline connectivity which had resulted in a cluster of call outs to us. This was due to Careline being unable to make contact with the person following the individual pressing the button to make contact with them. LBC continued their support with MDT meetings following this identification and erroneous careline calls have reduced following the connectivity issues being resolved. This has improved the situation for the person, and has meant that our continuous attendance that could at times be distressing for a vulnerable person was reduced. We were then able to provide our continued support though the MDT meetings.</p>

Bedfordshire Hospital Trust
Agency achievements and challenges
<p>The following achievements took place in 2024/25:</p> <p>Implementation of the following also took place and supported the board priorities alongside learning identified in SARs/ CSPRs/DARDR's/LeDer etc.</p> <p>Implementation of Oliver McGowan Training for Learning Disability and Autism</p>

Bedfordshire Hospital Trust
Agency achievements and challenges
<ul style="list-style-type: none"> Developed a 16 Days of Action programme in support of the Violence Against Women agenda which included support from external partners and training sessions for acute staff Commenced Specialist Safeguarding training for nursing/ midwifery students at the University of Bedfordshire to support increased awareness of safeguarding practices and processes during acute hospital placements. Implemented a new High Intensity Users Panel to support the identification of vulnerable adults, with modern day slavery, domestic abuse, drug and alcohol addiction etc. at the forefront of identification. Supported the development and implementation of the multiagency Self Neglect protocol for safeguarding Implementation of a new referral system/ data collection for Paediatric & Adult Safeguarding Introduction of an onsite Dementia carers drop in café weekly. This encourages visiting carers or NOK for people with Dementia to seek support and advice and enable signposting to relevant support services during a patients inpatient stay. Implemented a new pathway to improve the data collection and monitoring of Mental Health Detentions in hospital. Quarterly reports are now available to ensure board oversight. Despite the similarity in data to last year, it was noted that within the category of Domestic Abuse, the number of people over the aged of 65 referred, had increased. This was reviewed and analysed and later discussed at the Domestic Abuse Strategic Board. In consultation with Victim Support, the hospital agreed to trial an older persons DA risk assessment, as it was felt the current risk assessment was more suited to younger individuals. This new risk assessment was trialled over a period of 3 months and evidenced positive outcomes. As a result, the Trust alongside Victim Support have agreed to utilise this permanently. <p>Successful implementation and/ or continued funding for the following services also took place during 2024-25;</p> <ul style="list-style-type: none"> New Emergency Department Navigators Service– To support individuals whereby there are concerns of exploitation aged 10-25. The Delirium Recovery Pathway – This pathway supports individuals to return home on discharge from hospital with 24hr support temporarily and upon regular risk assessments care is gradually reduced. Evidence identifies that individuals on this pathway reduce the need for long term support in 24hr care facilities and promotes the Home First Model. Alzheimer’s support worker – Supports carers and inpatients whereby there is a diagnosis of Dementia. New onsite Specialist Drug and Alcohol Team who support patients during their inpatient hospital stay and ongoing care in community. <p>Development of the following cross site guidance/ policies etc. were also completed:</p> <ul style="list-style-type: none"> New Standard Operating Procedure (SOP) on the management of allegations against staff New Restraint and Restrictive Practices Policy alongside newly developed care plans and risk assessments. New Cross site Domestic Abuse Policy New Learning Disability Policy New Learning Disability Strategy Revision of the Enhanced Therapeutic Observation Policy

Bedfordshire Hospital Trust
Agency achievements and challenges
<p>The team have also presented at regional and national forums regarding hospital safeguarding procedures deemed as good practice. These included the following:</p> <ul style="list-style-type: none"> • Bedfordshire domestic abuse and violence against women and girls conference • EoE Crossing pathways: integrating best practice within health and DA • EoE Foundation in Paediatric Surgical Nursing – Safeguarding Adults & Children Presentation. <p>As a Safeguarding team, we have continued to deliver training to staff, as appropriate to their roles in a variety of forms including E-Learning packages, Face to Face training, through virtual platforms alongside role modelling in clinics/departments and hospital inpatient wards. This has remained a priority for the Trust.</p> <p>The team have responsibility for delivering Level 1, 2 and 3 safeguarding training to staff dependent on roles and responsibilities. They also oversee prevent, MCA and DoLS training.</p> <p>The team have also developed and held a specialist safeguarding conferences on Neglect and Self Neglect attended by over 100 participants and supported by external partners. This concentrated on the learning from recent Safeguarding Adult Reviews (SARs), Child Safeguarding Practice Reviews (CSPRs) alongside transitional needs within safeguarding.</p>
How are you gathering feedback from vulnerable adults who have received safeguarding interventions?
<p>All information relating to a person's interactions, views and wishes are recorded within their existing medical records. This information is also shared with the professionals involved in a person's care to ensure robust risk assessments and care plans are created that allow the voice of the adult to be at the centre of our involvement.</p> <ul style="list-style-type: none"> • Adults and Young People who have accessed hospital services have played an active role in the co-ordination of feedback and service improvement. In addition some have also represented their peers at meetings. • Finally the Trust actively seeks feedback from all patients that have accessed hospital services. This includes adults, parents and young people whereby they would be able to give feedback independently. This information is then collated and used to improve services in the future as well as identifying good practice that could be replicated elsewhere. • The Trust emphasises the importance of 'Making Safeguarding Personal' which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. The Trust encourage staff to engage with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end. • The Trust safeguarding team deliver training on MSP which informs staff when there are any concerns raised regarding a vulnerable adult at risk, the response should be person-led and outcome focussed. • Staff regularly engage patients in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. At the earliest opportunity, the adult at risk is asked what they want to happen alongside what their desired outcomes are. This is evidenced within the safeguarding referrals within the trust alongside the provider led enquiries.

Bedfordshire Hospital Trust
Agency achievements and challenges
In addition to this, the Safeguarding Team remain operational and also support this when regularly reviewing patients within their care whilst supporting staff to achieve this outcome. MSP is then evidenced via documentation within the medical records alongside the internal safeguarding records.
How are you involving the VCSE and ensuring their role in coproduction
<p>In addition, the voluntary, community and social enterprise (VCSE) sector is an important partner for statutory health and social care agencies and plays a key role in improving health, well-being and care outcomes.</p> <ul style="list-style-type: none"> • These organisations improve health outcomes and tackle health inequalities not only by delivering services but also by shaping their design and advocating for, representing and amplifying the voice of service users, patients and carers. • Advocacy is regularly accessed for those patients requiring additional support. This is done via the local external services such as Voiceability and Community Connex etc. In addition to this, the hospital have 2 Victim Support workers who will review and support patients whereby Domestic Abuse has been identified. There is one on each site (L&D site & Bedford site). • Co-production remains one of the Trusts key priorities and commitments for 2025/26. • Bedfordshire Hospitals are currently developing a Trust wide structure to deliver coproduction in adult inpatient. • The Trust also work with the Neonatal Maternity Voice Partners (NMVPs) to coproduce and improve service delivery. • Discharge planning continue to work closely with care providers to deliver and implement changes for service improvement. • The Trust also have external services whereby they are commissioned to be based within the hospital. These services regularly support in the development of policies, procedures and pathways. <p>Some of these services include the following:</p> <ul style="list-style-type: none"> • Mental Health (ELFT) • Learning Disability (ELFT) • Victim Support • Alzheimer's Society • Cambridge Community Services • St Giles Trust. • Local LA's • Blossom Volunteers • Forget me not Volunteers • Resolutions CGL • Path to Recovery <p>These organisations have supported the improvement of health outcomes in not only delivering services but also shaping their design and advocating for, representing and amplifying the voice of service users, patients and carers</p>

<p>How has your agency and the Partnership focused on prevention and early help?</p> <p>The Trust's mandatory safeguarding training and supervision helps staff recognise the early signs of abuse and increase their knowledge and awareness. When an individual requires additional support, the practitioner works collaboratively with the patient and/or family to complete early intervention steps alongside any referrals where appropriate.</p> <ul style="list-style-type: none"> • In addition, staff carry out a holistic assessment and review to determine if there are any signs of early safeguarding concerns. Staff are aware that they have to follow the Trust Safeguarding adult's policy when identifying safeguarding concerns. Additionally, staff can access safeguarding advice via their locality named professionals. • The Corporate Safeguarding team focus on Preventative and Early Intervention safeguarding practice to support staff to have knowledge, skills and confidence to protect all service users. • The Trust monitors and reviews the internal incident reporting system to identify risks, themes and trends in safeguarding across the trust. • Staff are required to keep their L1-L3 safeguarding training up to date. The L3 training includes multiple vulnerabilities and how these factors could impact on a persons lived experience. • Clinicians will signpost to other services and agencies and ensure that the person's GP is aware of the outcome of any assessment or intervention as well as any recommendations. • Early intervention is evidenced by the number of referrals received into the Trusts safeguarding team, a number of which will consist of varying levels of concern.
<p>How can your agency and the Partnership further develop and improve to assure itself that vulnerable adults are safeguarded effectively?</p> <p>The Trust will continue to support the Key Priorities set out for the individual SABs, however internally the following Key Priorities have been identified for the Trust in 2025/26:</p> <ul style="list-style-type: none"> • Development of Mental Health Act Policy to ensure robust pathways and processes are in place for patients detained under the Mental Health Act in the acute setting. • Continue with the delivery of Safeguarding Adult Training to increase training compliance, skills and knowledge base across both hospital sites. • Review the model (including capacity) of both hospital sites Safeguarding teams to ensure appropriate resource levels to meet the increasing complexity of safeguarding activity within the hospital setting. • Increase the opportunity for both Learning Disability Awareness and Dementia training through e-learning packages and Face to face training. • The Trust focus areas for 2025/26 will be exploitation and individuals who are homeless. This will commence with a focus review and gap analysis, followed by any actions and recommendations that are identified within these workstreams.
<p>What evidence is there that demonstrates the work of the Partnership has impacted on the lives of vulnerable adults and their families and of your agency's contribution to this</p> <p>In 2024/25 Bedfordshire Hospitals received 2571 notifications regarding concerns of potential abuse relating to adults. The number of notifications received, remains similar in number to that of 2023/24.</p> <ul style="list-style-type: none"> • All 10 categories of abuse were identified within the referrals received. Neglect and Acts of Omission was identified as the highest category, with Domestic Abuse and Self Neglect following closely behind.

- Quarterly reports are completed by the safeguarding team. These reports are not only reviewed by executives internally but are also shared with the safeguarding partners and boards within the local areas. Each report details the activity and outcomes of safeguarding cases identified within the trust alongside reports on CSPRs, SARs, Domestic Homicide Reviews, training and audits.
- Regular Case studies and their outcomes are also featured at Board level.
- In addition the team complete highlight reports for the internal executive boards, which have also been shared externally at various safeguarding meetings.
- In the past year highlight reports have been completed and focused on the trusts response to perinatal mental health, domestic abuse and restraint and restrictive practices.

The team continued to be involved in multi-agency audits throughout 2024-25. Internal audits were also completed and reported on internally and externally.



Q1 Adult

Safeguarding Repor



Q2 Adult

Safeguarding Repor



Q3 Adult

Safeguarding Repor



Q4 Adult

Safeguarding Repor

Each quarter report for 2024/25 has been embedded above for more detail. Each of these reports have also been shared within the various board subgroups.

BLMK ICB

Agency achievements and challenges

Self-Neglect and Neglect

Collaborative working with system partners to contribute to the development of “Supporting Adults who self-neglect multi agency practice guidance.” Colleagues in primary care are supported to recognise signs of neglect and self-neglect in vulnerable adults, particularly practice in the application of the Mental Capacity Act in relation to self-neglect.

Domestic Abuse

ICB are members of the DAPB (Domestic Abuse Partnership Board) and contribute to the development of strategies and pathways to support victims of domestic abuse as well as encouraging a system wide “Think Family” approach.

There has been ongoing engagement with primary care colleagues to support them in navigating the challenges around honour-based abuse those who have presented as victims.

Modern Day Slavery and sexual exploitation

- The ICB is fully support objectives to eradicate modern day slavery. The ICB modern day slavery statement which sets out the ICB intentions is available and visible on the ICB website.
- Supporting partners to recognise potential victims of MDS and sexual exploitation. The ICB collaborates closely with police colleagues, bridging any gaps/challenges across the health system. The ICB has a nominated SPOC who leads on MDS.

BLMK ICB
Agency achievements and challenges
<p>Sexual Exploitation</p> <ul style="list-style-type: none"> The ICB has undertaken work to reduce health inequalities across those populations where sexual exploitation is occurring. This involves primary care collaboration with Drug and alcohol services (Resolutions) to offer flexibility around appointment times to support with meeting health needs. <p>Emotional wellbeing and mental health</p> <ul style="list-style-type: none"> The ICB supports primary care to recognise when service users need signposting to services to support their emotional health and wellbeing e.g MIND, while understanding the barriers to accessing services due to stigma in some cultures/communities. Assurance that there are policies in place for staff to access supervision and direction to wellbeing resources to support with emotional wellbeing. ICB has played a pivotal role in the BLMK integrated care system “Wellbeing Festival”, which is dedicated to supporting the mental, physical, financial, and emotional wellbeing of all staff in the BLMK ICS. <p>Implementing Learning from SARS</p> <ul style="list-style-type: none"> Supporting providers where there is a system barrier to protecting vulnerable adults from harm. Disseminating learning from SARs across the ICB through case discussion Safeguarding Supervision Inclusion of Learning at GP forum, GP safeguarding visits and through online safeguarding training. <p>Making safeguarding personal</p> <ul style="list-style-type: none"> Advice and support to primary care on what a good MASH referral looks like in keeping with MSP. Partaking and contributing to MAAG audits where MSP is a theme. <p>How are you gathering feedback from vulnerable adults who have received safeguarding interventions?</p> <ul style="list-style-type: none"> The ICB has patient participation groups and encourage commissioned services to host patient participation groups. The ICB has employed experts by experience to help deliver the Oliver McGowan programme with Autism Bedfordshire. In the last year this training was by attended by more than 5000 health staff across BLMK. People and their families are fully supported to engage in the Continuing Health Care assessment process. Following an assessment people are asked for their views and feedback. In relation to commissioning care via continuing healthcare, there is a robust assessment framework to guide the multi-disciplinary team in decision making. The ICB has a quality monitoring process to ensure everyone is treated consistently and fairly. Where there are appeals there is a formalised process with NHSE escalation and oversight. The ICB has a ‘working with people and communities’ strategy. This strategy builds on the Working with People and Communities Guidance, published by NHS England in September 2022. The strategy responds to what we have heard from people and those with protected characteristics about their lived experiences,

BLMK ICB
Agency achievements and challenges
in accessing health and care. The strategy also responds to the findings of the Denny Review (BLMK ICB, 2023) and the co-designed recommendations. Our aim is to ensure resident's voices, including those of seldom asked or listened to communities, are at the very core of the work to shape health care and wellbeing in BLMK.
How are you involving the VCSE and ensuring their role in coproduction
<ul style="list-style-type: none"> • The ICB collaborates with VCSEs who provide support to vulnerable women at risk of sexual exploitation and abuse across Luton as well as service users who abuse substances and those at risk of homelessness, this offers a coordinated and comprehensive approach to safeguarding. • Representation from VCSE partners on ICB boards ensures this sectors voice is heard in decision making processes relating to safeguarding.
How has your agency and the Partnership focused on prevention and early help?
<ul style="list-style-type: none"> • The ICB undertakes GP support visits to GPs across Luton. The visits are led by the Designated Nurses for safeguarding. This provides an opportunity for discussion of complex cases and support with their audit tool. • The ICB hosts the primary care forum which is very well attended. Speakers are invited from across the partnership to present topical issues relating to both adults and children's safeguarding • Supporting and contribution to strategies and policies across the partnership eg Domestic abuse, VAWG, MH (RCRP) and also contributing to work being done in the Community Safety Partnership space.
How can your agency and the Partnership further develop and improve to assure itself that
<ul style="list-style-type: none"> • Training to be developed to reflect priorities of the board. • Ensuring that pathways are developed in line with national and local learning and supporting providers to ensure their policies also reflect the above. • Having an overview of audits completed by providers and primary care to understand the experience of the population and how we can work collaboratively to safeguard them
What evidence is there that demonstrates the work of the Partnership has impacted on the lives of vulnerable adults and their families and of your agency's contribution to this?
<ul style="list-style-type: none"> • Multi agency Audits. • Anecdotal feedback from frontline staff following supervision and training. • GP primary care feedback post training delivered by the ICB. • The ICB also develop integrated care strategies which outline how partners will work together to improve health and wellbeing, addressing barriers and challenges and utilising opportunities throughout the life course.

Bedfordshire Police
Agency achievements and challenges
<ul style="list-style-type: none"> • As part of our initial response by patrol to vulnerability, learning disabilities are flagged and taken into consideration when prioritising and dealing with crime. We take into consideration aspects such as autism when planning how to engage with victims and an assessment of their needs and whether additional support Eg intermediaries are required. • Scrutiny panels exist in Beds police where cases are reviewed. Where there is learning and themes around outcomes or progression of cases these are recorded and flagged to the relevant departments. PPU Hub take part in weekly adult safeguarding meetings across pan beds where any themes or issues raised are shared for fast time learning where individual cases are reviewed. • Beds Police have an annual delivery plan that focuses all officer/staff on our own priorities and hot to work together to achieve these. In the last year this has included vulnerability as an overarching theme which will incorporate vulnerable adults. • We have ongoing work in respect of improving our vulnerability strategy in line with national themes and guidance. • Bedfordshire Police have adopted a victim centred and suspect focused approach to handling domestic abuse (DA) crimes implementing significant changes in investigation management and victim safeguarding. Key aspects of these changes include: • High risk domestic abuse investigations now require review and sign off by a Detective Inspector. • The introduction of two officers to support the young workforce in the Emerald Team with investigations and safeguarding has seen an improvement in the quality of investigations leading to an increase in positive outcomes for the victim. • Bespoke training has been provided to officers joining the Emerald Team to provide them with the toolkit required to carry out effective investigation and make them aware of safeguarding options such as civil orders, DVPN's and Stalking Protection Orders etc. • A programme of CPD has been introduced for both investigators and Supervisors within Emerald to enhance their knowledge and skills. • DA Matters training has been delivered to police and HBA has been delivered to both police and partners raising awareness. • A joint focus between CPS and Bedfordshire Police on Evidence Led Prosecutions has been implemented to help vulnerable victims who cannot make the break from the offender. • The emerald proactive team was introduced in early 2024 focusing on outstanding offenders this is resulting increase in arrests and positive outcomes for victims • Perpetrator behaviour modification there has been a month on month increase in referrals to behaviour modification programmes at the Chrysalis centre from Bedfordshire Police. • victim engagement officers continue to work closely with victims throughout the investigation collaborating with the IDVA service to ensure all victim's needs are met. • These initiatives collectively aim to improve the handling of the cases enhance Victim Support and increase offender accountability within Bedfordshire.
How are you gathering feedback from vulnerable adults who have received safeguarding interventions?
<ul style="list-style-type: none"> • Victim Engagement Officers are now working within our Protecting Vulnerable People Investigation Teams and they will support the vulnerable adults throughout the period of the investigation. They will make relevant referrals to partner agencies that can assist throughout the judicial process.

Bedfordshire Police
Agency achievements and challenges
<ul style="list-style-type: none"> • Victim Satisfaction surveys are completed by our Victim Support services. Feedback is provided to officers and teams to ensure on-going learning. • Survivors voice training is being delivered to officers and staff across Bedfordshire Police allowing them to hear the accounts directly from the victim. Identifying any missed opportunities for intervention.
How has Bedfordshire Police and the Partnership focused on prevention and early help?
<p>Implementation of Right Care Right Person</p> <p>Right Care Right Person is an operating model for police and partners, to ensure Mental Health & Health calls for service are responded to by those with the right skills and expertise to provide the best possible service.</p> <p>Right Care Right Person includes;</p> <ul style="list-style-type: none"> • Health & Mental Health calls for service • Welfare checks • AWOL mental health patients • People who leave health facilities unexpectedly • Police use of S136 Mental Health Act • Police support to voluntary mental health cases <p>The most significant impact of this change has been to partner organisations, particularly, the Mental Health Trust, Acute Hospital Trusts, Ambulance Service, Integrated Care Boards and Adult Social Care. They have worked with us to identify new solutions to be able to take responsibility for their health and social care related demand. They are now required to focus on Right Care Right Person through direction from the Dept of Health (in collaboration with the Home Office). Locally, strong executive stakeholder engagement has achieved positive support from local partners and the Urgent and Emergency Care Board has been formed and provides partnership governance for Right Care Right Person.</p> <p>Clare's Law</p> <p>Working together with partner agencies such as the IDVA service and BDAP has led to a change in process for Clare's Law. Since the change in February 2024 there has been significant increase in right to ask and right to know applications. Positive feedback has been received directly from individuals disclosed to allowing them to make informed decisions regarding their relationship status.</p>
How can Bedfordshire Police and the Partnership further develop and improve?
<p>Bedfordshire Police have a detailed Force Tactical Plan relating to OIC and MSHT which is overseen and led by a senior officer. The plan incorporates the '4P' strands of Prevent, Protect, Pursue, and Prepare. It incorporates a significant number of identified actions designed to focus on each area and ensure that Bedfordshire Police provide the best service in this area .</p>

Bedfordshire Police
Agency achievements and challenges
<p>Examples of actions that have been included within this plan are:</p> <ul style="list-style-type: none"> • All uniformed Inspectors are to attend an OIC – ‘Hydra’ (interactive information feed) Training • Training Input is provided to all new recruits regarding OIC and MSHT • Training designed covering the NRM to be delivered to officers • Training designed regarding OIC to be delivered to officers • Implementation of a Proactive operation to deal with OIC (currently in development) • Promotion of relationship building and information sharing with partner agencies such as Immigration & Border Force.
What evidence demonstrates the work has impacted on the lives of vulnerable adults and their families
<p>Within Bedfordshire Police we have a Central Intelligence Bureau (CIB) that is divided up into thematic crime desks. One such desk is the Vulnerability & Exploitation Desk that holds responsibility for developing and responding to information and intelligence relating to Modern Day Slavery, Human Trafficking and Organised Immigration Crime.</p> <p>The desk receives intelligence from numerous different sources (the public, partner agencies, crime stoppers, informants etc) which is assessed by the intelligence team staff. It will be graded and where appropriate a variety of tactics to proactively develop the information will be undertaken in order to advance the intelligence and assist understanding of the ‘bigger picture’.</p> <p>The intention of this development process is that it will ultimately result in some form of action, this will in many cases be with the requirement of multi-agency response. Quite often the action will include enforcement to arrest suspected offenders and safeguard victims.</p> <p>There are countless examples where victims of Domestic Abuse have been removed to a refuge or provided the support such as financial, care or security needed to help them establish their lives away from the perpetrator.</p>

Cambridge Community Services
Agency achievements and challenges
<p>What worked well?</p> <p>Safeguarding training compliance target is set at 90% for all levels (1,2 &3). Adult level 3 foundation packages have continued to be offered as a blended approach due to the challenges related to the team covering the whole Trust. In addition to the foundation package, CCS deliver annual updates via a number of package topic options, which is delivered jointly with children’s services to encourage and promote a “Think Family” approach.</p> <p>Oversight of compliance levels are reported quarterly in each locality through the operational and clinical safeguarding groups and any compliance issues are escalated through the strategic safeguarding group.</p>

Cambridge Community Services

Agency achievements and challenges

Mental Capacity Act (MCA) and Deprivation of Liberty training has been reviewed and an alternative package of training (SCIE) identified for staff to use through ESR platform every 3 years, which will be launched in April 2025. This package offers a more robust and user-friendly approach to developing competency to undertake assessments in clinical practice and enhance knowledge and skills in best interest decision making, recognise and report deprivation of liberty issues effectively.

Prevent and WRAP training compliance has consistently remained above compliance targets across the year in the Trust.

The training strategy for safeguarding has been reviewed and updated to reflect changes in the Intercollegiate Document for Adults (2024). Changes agreed are:

- Level 3 training refresher compliance to be gained via a blended approach of internal training, external training, supervision and reflective case reviews.
- MCA training package to be replaced with the SCIE online package and all level 3 internal packages to reflect MCA and Deprivation of Liberty as standard learning.
- Prevent training will include an annual 30 mins update by briefing papers and newsletters which will be shared by Prevent Lead bi-annually and used within team meetings as their update.
- A Prevent Away Day was held Sept 24 where Safeguarding leads and senior managers attended a conference style event, which included updates from CTLP, Neurodiversity and extremism and a speaker from Smallsteps on antisemitism.

The new S1 Adult Safeguarding template has been rolled out to all services across the Trust during the year and governance of this is through the S1 safeguarding template meeting which reports into the strategic safeguarding group.

Audit of the Mental Capacity Act (MCA) demonstrated a need to develop a Trust wide improvement project which focused on the clinical aspect of the tool and for services to prioritise their oversight of staff skills and knowledge in this area. A new training package was identified following the MCA audit report, a standard operating procedure was written to compliment a newly reviewed MCA policy. These have been cascaded widely across all teams, directors and executives and are now live on the Intranet for all to utilise. A newly developed Consent page is now live on the Intranet to support staff understanding and access to supportive literature, tools and forms.

This year CCS Adult safeguarding team joined forces with our children colleagues to deliver a “Safeguarding week” rather than focussing solely on adults. This was to encourage the “Think Whole Family” approach further. Topics were delivered daily for the week, that staff could access remotely and included: Transitions, The impact of poor housing/homelessness/ Mental Capacity Act News, Staff support with the emotionality of safeguarding work, domestic abuse and cybercrime.

A provider led enquiry under Section 42 enabled CCS to develop insight into the care of a very complex patient and identify some gaps in practice related to multi-agency collaborative working. To support this learning a new pathway to support complex care patients who have been assessed to have mental capacity to make unwise decisions has been agreed and is in place alongside Luton local authority safeguarding team.

Cambridge Community Services
Agency achievements and challenges
<p><u>What impact/difference has this made:</u></p> <p>Adult safeguarding template on SystmOne has enabled staff to begin to utilise this as a guide to their assessment and management of patients requiring safeguarding.</p> <p>The complex care process is now becoming embedded into weekly complex care meetings and is enabling greater system oversight and management of care offers to patients.</p> <p>Staff in all services across CCS are now fully engaged with the need to embed MCA work in their clinical practice. They will monitor and embed learning through use of an annual audit of their service which will then also feed into a Trust wide improvement plan.</p>
How are you gathering feedback from vulnerable adults who have received safeguarding interventions?
<p>CCS staff speak to their patients in depth twice a day and each contact includes a check for any active safeguarding concerns. If present, staff either contact the hospital or community safeguarding team to get further information which supports safe discharge planning.</p> <p>Making safeguarding personal is central to the new record keeping template for adult safeguarding. Review of support and risk is captured when making clinical visits and assessments to our patients.</p> <p>CCS takes a co-production approach to the design, development, and delivery of all services as evidenced in the Trust Quality Strategy and People, Participation and Involvement Strategy. CCS employs a co-production team to support services with this approach.</p> <p>The Trust also has a patient experience team whose aim is to gather feedback from service users and their families and carers, this might be survey feedback, complaints and compliments or through patient stories and consider how this can influence service delivery and design.</p> <p>We offer the opportunity for Luton Adults service users to provide feedback through the Friends and Family Test and other service specific surveys. These are on offer through a variety of methods such as telephone, paper and online options. Feedback is anonymous so does not identify if those giving it are receiving safeguarding interventions.</p> <p>In 2024/25 Beds & Luton Adults Service, 96.63% of respondents described their overall care experience as either very good or good. (NB: this is a total figure and not specific to safeguarding service only).</p>
How are you involving the VCSE and ensuring their role in coproduction
<p>Voluntary, community and social enterprise agencies are accessed when required.</p> <p>People from our communities have been trained to participate in interview panels and have taken part in recruitment for the adult safeguarding team. This people participation approach to recruitment benefits both people who use our services and the Trust as these Involvement partners use their knowledge, experience and expertise to contribute equally to the process of selecting the most suitable candidate.</p>

Cambridge Community Services
Agency achievements and challenges
<p>We work with partner agencies to bring services closer to local communities. In practical terms, this has meant co-production colleagues and community groups creating the most effective learning spaces and forums for our nursing staff and the public to engage.</p> <p>The Trust Bedfordshire, Luton and Milton Keynes' Integrated Care Board hosts the 'Engagement Collaborative' in which CCS is represented by a member of the Co-Production team. The Collaborative describes a working group of communication and engagement professionals from local statutory and voluntary sector organisations. As such, this has been an effective mechanism for capturing the voice of service users. Collaborative meetings also cover examples of how learning from the Denny Review is being applied.</p> <p><u>Hypertension Learning Action Network</u></p> <p>The Trust is currently collaborating with BLMK Integrated Care Board to tackle health inequalities.</p> <p>The Board has assembled a Luton based quality improvement team which includes primary care staff, residents and a CCS specialist heart failure nurse. The team shall meet fortnightly for the next 18 months to discuss, agree and implement 'change ideas' to improve the number of hypertensive patients of black african origin between the ages 30 and 60 who have their blood pressure under control; and increase the number of diagnosed hypertensive patients from an Indian background.</p> <p>Respiratory Self-Management Resources</p> <p>During 2024-25, the Adults Community Respiratory team assembled a working group of staff and patients with a diagnosed lung condition. The aim of the working group was to co-produce a set of resources to support patients to manage their health at home. The lived experience of the patients helped staff understand how patients wanted to consume information and what content would support patients best. Please refer to the case study attached.</p>
How has your agency and the Partnership focused on prevention and early help?
<p>Early intervention and professional curiosity are complex issues that are addressed and discussed in the internal training packages</p> <p>Safeguarding Supervision and Reflective Learning Sessions:</p> <p>The Intercollegiate Document for Adults has been updated, and this includes an expectation that supervision and reflective discussions are available to all staff working with adults at risk and families.</p> <p>The adult safeguarding team have recently introduced formal safeguarding supervision for senior clinicians. They are required to attend one group session per quarter. This is in addition to the offer of 1-1 by request and ad hoc supervision.</p> <p>Adult services in Luton are now being offered formal safeguarding supervision.</p> <p>The supervision is evaluated and modified bi-annually through surveys, peer reviews and focus groups to ensure that they are supporting staff to recognise and focus on abuse and neglect across the life course, with a focus on supporting early help and prevention.</p> <p>CCS has recently introduced a weekly Multi agency meeting, where by partners from LBC, CCS and L&D hospital can discuss challenging situations, early supported discharge and escalations.</p>

Cambridge Community Services
Agency achievements and challenges
<p>Holistic Assessments:</p> <p>When an individual practitioner has a concern about an adult at risk, they will discuss with their line manager or CCS adult safeguarding team. When a referral has been submitted, this is reviewed by the CCS adult safeguarding team and practitioners are supported with ensuring follow up of outcome and any escalations related to professional disagreements are considered.</p> <p>CCS use the Datix incident reporting system is also utilised to monitor referrals and actions taken.</p> <p>The new S1 Adult Safeguarding template has been rolled out to all services across the Trust during the year and governance of this is through the S1 safeguarding template meeting which reports into the strategic safeguarding group.</p> <p>A new pathway to support complex care patients who have been assessed to have mental capacity to make unwise decisions has been agreed with the Luton local authority safeguarding team. This process is now becoming embedded into weekly complex care meetings and is enabling greater system oversight and management of care offers to patients.</p> <p>Example from Assessments:</p> <ul style="list-style-type: none"> • <i>We will discuss with safeguarding team and now have continuing professional development meetings every 3 months</i> • <i>We discuss any new learning or things to make other team members aware of via our monthly team meetings or via email.</i> <p>Quality of Referrals:</p> <p>The quality of referrals to support adults and children through a Think Whole Family Approach has been the focus of an audit during the year. Findings from the audit have been used to support amendments and improvements to the holistic assessments undertaken and improve the record keeping practice. The audit is now in place as an annual audit across the Trust.</p> <p>The Adult Safeguarding team monitor Safeguarding referrals and outcomes on behalf of the trust. Where outcomes from referrals are not received, or there is a disagreement with the decision, this will be recorded on the SystmOne template.</p> <p>Escalation of Professional Disagreements:</p> <p>Escalations are recorded on SystmOne (Electronic Patient Record) Safeguarding Templates under a heading of 'Resolution of Professional Dispute / Difference of Opinion' in line with trust process: 'Resolving professional disputes Standard Operating Procedure'. Through this template, staff indicate which level of escalation they are undertaking and whether the escalation has been resolved. Reports are generated to identify how many escalations have been made and discussed in meetings.</p>

Cambridge Community Services
Agency achievements and challenges
How can your agency and the Partnership further develop and improve to assure itself that vulnerable adults are safeguarded effectively?
<p>CCS have embedded the Patient Safety and Incident Response Framework into daily management of incidents. This has enabled the locality-based services to have ownership and oversight of the exploration or learning and implementation of actions to support improvements in clinical service delivery and practice. CCS will continue to improve this process and embed learning arising from incidents, reviews and guidance.</p> <p>Information sharing processes can continue to improve through development of clear pathways within and without the organisation. The foundation for this has been set this year with the introduction of a monthly information sharing meeting which includes internal services and external partner agencies.</p> <p>Feedback from hospital team: <i>"We work within a hospital setting and feel we receive valuable information that can be shared between the hospital and community settings from both sets of Safeguarding teams"</i></p> <p>The Clutter Image Rating scale and have internal processes for recording where there are concerns regarding hoarding. Training package in relation to hoarding to prompt staff in which assessments is required to further embed this work. From this template, audits will be completed which will enable CCS to determine the efficacy of interventions provided.</p>
What evidence is there that demonstrates the work of the Partnership has impacted on the lives of vulnerable adults and their families and of your agency's contribution to this?
<p>Self-Neglect and Neglect</p> <p>A level 3 refresher safeguarding training package on neglect and self-neglect is available to CCS staff. These packages are all co-developed and co-delivered by adult and children's safeguarding teams.</p> <p>The CCS adult safeguarding team have set up weekly liaison meetings with the Adult Multi-Agency Safeguarding Hub (MASH) team and the hospital in order to discuss complex patients who are currently in hospital and may require discharge home with a multi-agency package of care or safeguarding support.</p> <p>Audit of the Mental Capacity Act demonstrated a need to develop a Trust wide improvement project which focused on the clinical aspect of the tool and for services to prioritise their oversight of staff skills and knowledge in this area. A new training package was identified following the MCA audit report, a standard operating procedure was written to compliment a newly reviewed MCA policy. These have been cascaded widely across all teams, directors and executives and are now live on the Intranet for all to utilise. A newly developed Consent page is now live on the Intranet to support staff understanding and access to supportive literature, tools and forms. The Critical Adults Safeguarding Partnership Arrangements (CASPA) is advocated within Safeguarding annual update training. Services are aware that our Safeguarding Teams are always able to support with the CASPA process when necessary.</p>

Cambridge Community Services

Agency achievements and challenges

The Think Whole Family and Contextual approach has been progressed and staff in services are demonstrating awareness of the need to consider all members of a household when completing assessments of need. Further adaptations to job descriptions, collaboration on training delivery for safeguarding level 3, joined up reflective practice sessions for services and joint meetings have been successfully implemented and maintained over the year.

Hoarding & Self-Neglect - To further support CCS staff in assessing concerns relating to self-neglect and hoarding, the CCS Adult Safeguarding team have developed a standalone tab on the SystmOne template. This supports staff in recognising and taking appropriate action to support individuals who self-neglect. From this template, audits will be completed which will enable CCS to determine the efficacy of interventions provided.

Domestic Abuse

Staff have access to a Think Whole Family domestic abuse training package at level 3. This has been updated and refreshed during the year.

The Domestic Abuse and Staff Experiencing Domestic Abuse policies were reviewed in the year. A new standard operating procedure was developed to support a more streamlined policy which gives clear guidance to staff around all aspects of clinical assessment, referral and care provision.

CCS staff know where to access support internally if there are concerns relating to domestic abuse and the CCS Adult Safeguarding team support staff with all matters related to domestic abuse.

CCS has embedded a routine enquiry question in relation to domestic abuse into the electronic patient record (SystmOne). Data regarding the routine enquiry is monitored and reported on, monthly.

Staff are expected to utilise routine enquiry as part of their holistic assessment process and the take action to safeguard the person or others as needed.

There is information available about Domestic Abuse, Stalking & Harassment (DASH) risk assessments on the CCS intranet pages and through a 'Domestic Abuse' package as part of the safeguarding training annual level 3 updates.

For clinical services that use SystmOne, a report can be generated to identify how many DASH forms have been completed. If practitioners have sent a copy of a DASH form to the CCS Adult Safeguarding Team, these are reviewed by one of the team and support offered to staff (if appropriate). The CCS Safeguarding Adults Team offer ad-hoc support, advice and guidance to staff who have any issues or questions about completing a DASH risk assessment. Completion of DASH forms is incorporated into safeguarding annual level 3 update training (within a Domestic abuse specific package). All refresher level 3 training is delivered jointly by both adults and children's safeguarding teams.

Modern Slavery and Sexual Exploitation

CCS have actively supported multi-agency operations to identify and safeguard victims of modern slavery.

Cambridge Community Services

Agency achievements and challenges

CCS has a package of training at level 3 for refresher which has been available last year to staff to access. Current training package being delivered (by adult and child safeguarding teams) is in relation to the impact of sexual abuse on children and adults.

Emotional Wellbeing and Mental Health

CCS have delivered level 3 refresher packages of training through a Think Whole Family Approach, related to emotional neglect and the information and learning related to this is contained and signposted for all staff to use. In addition, training was commissioned and delivered throughout 2024-2025 on topics related to Trauma Informed Practice, human development, child and adolescent neglect and analytic record keeping.

The adult safeguarding team can provide ad hoc debrief and supervision sessions to staff when dealing with complex and challenging safeguarding issues. Staff can access support across the Trust through several options:

Trust Well-being Service:

- CCS Employment (Adjustments) Passport
- Counselling
- Wisdom App
- Health Assured helpline
- Work place stress toolkit
- Access to resilience courses including mindfulness
- Financial support
- Occupational health services.
- Professional Advocates
- Human Resources
- Well Being Champions
- Well Being Guardian
- Professional Registration Bodies

Networks including:

- Menopause Café
- Caring Responsibilities
- LGBTQIA+
- Cultural Diversity
- Long Term Conditions and Disability

Cambridge Community Services
Agency achievements and challenges
<ul style="list-style-type: none"> • Veteran Aware <p>Staff Intranet has further information on all the above services.</p>

ELFT
Agency achievements and challenges
<p>ELFT continue to build safeguarding capacity within our workforce and have implemented the following to achieve this goal:</p> <p>Domestic Abuse:</p> <ul style="list-style-type: none"> • Implementing Routine Enquiry in services embedding a trauma informed approach to responding to domestic abuse. • Introducing Domestic Abuse Ambassadors across the Trust to raise awareness of Domestic Abuse and the use of Routine Enquiry <p>Safeguarding Training:</p> <ul style="list-style-type: none"> • Implementation of modular safeguarding e-learning package on ELFT training system. • Review of current level three safeguarding training. <p>Co-production:</p> <ul style="list-style-type: none"> • Developing training package and leaflets with support from experts by experience <p>Learning from reviews:</p> <ul style="list-style-type: none"> • Offering staff bi-annual training to cascade learnings from reviews. • Introducing “Let’s Change Practice” Newsletter when SAR’s, DARDR’s, CSPR’s, Section 42 enquiries and complex safeguarding cases. <p>Improved Data Visibility</p> <ul style="list-style-type: none"> • To reduce duplication in safeguarding reporting to enhance oversight of risk and progress across all services <p>Safeguarding Quality Assurance:</p> <ul style="list-style-type: none"> • To develop a new safeguarding quality management framework that integrates quality planning, quality control, quality assurance, and quality improvement across all safeguarding processes within ELFT <p>LSAB Business Plan priorities:</p>

ELFT
Agency achievements and challenges
<p>1. Self-Neglect and Neglect In ELFT, the most frequent type of abuse in enquiries is self-neglect at 22% compared to 8% nationally. Self-neglect – this remains the most prevalent type of abuse with ELFT patients. Learning from completed SARs indicated strengthening the multi-agency response to self-neglect is required.</p> <p>2. Domestic Abuse Domestic Abuse:</p> <ul style="list-style-type: none"> • Implementing Routine Enquiry in services embedding a trauma informed approach to responding to domestic abuse. • Introducing Domestic Abuse Ambassadors across the Trust to raise awareness of Domestic Abuse and the use of Routine Enquiry <p>Domestic Abuse – domestic abuse continues to be one of the highest types of risk faced by ELFT patients. It is one of the most common reasons staff escalate concerns to the safeguarding team for advice and support. Improving across the partnership the identification and response to domestic abuse for adults with care and support needs would be extremely beneficial.</p> <p>Notable achievements this year include launch of a new Quality Improvement project on Routine Enquiry into Domestic Abuse. This initiative aims to strengthen early identification of domestic abuse, enhance support pathways for service users, and ensure staff are equipped to respond sensitively and confidently to disclosures. Other notable achievements include the continued improvement in safeguarding training compliance across our Bedfordshire Directorates and a successful reduction in delays of completion of safeguarding enquires despite workforce pressures.</p> <p>3. Modern Slavery and Sexual Exploitation The Trust is compliant with the responsibilities to have a statement regarding its commitment to ending Modern Slavery, through its support and oversight of the Modern Slavery Act 2015. This is available on the Trust website. Modern Slavery and trafficking is included in the Level 2 and 3 training packages offered to Trust staff. The trust also included Exploitation session in our bi-annual Safeguarding Conference delivered in Sept 2024.</p> <p>4. Emotional Wellbeing and Mental Health ELFT has worked with partners to design a service pathway which will be delivered across Bedford Borough, Central Bedfordshire and Luton. The expanded pathway will increase the number of children and young people accessing emotional wellbeing advice and help as part of integrated services and will be accessible via schools and primary care. The service has been co-designed with clinicians, parents and children and key stakeholders including CHUMS, wider Voluntary Community Sector partners, representatives for each Local Authority and the ICB. The expanded service replaced the EWS contract, previously run by CHUMS. The intention for the expanded care pathway as a whole system approach that supports the challenges of children and young people being repeatedly re-referred. Families can access holistic support that addresses multiple interacting factors that impact on children’s lives rather than services that just deal with a specific problem.</p>
How are you gathering feedback from vulnerable adults who have received safeguarding interventions?

ELFT
Agency achievements and challenges
<p>ELFT has a well-developed system of seeking the views of service users and those that care for them. This included:</p> <ul style="list-style-type: none"> - Patient Reported Experience Measures (PREMs) - Patient Reported Outcome Measures (PRIOMS) - People Participation programme. <p>In addition to the above the ELFT Safeguarding Team have a specific plan to routinely seek feedback from adults at risk following the completion of enquiries. This is due to start in the summer of 2025-26.</p>
How are you involving the VCSE and ensuring their role in coproduction
<p>ELFT have a well-developed People Participation programme where service users and their carers have a say in how we run the Trust and working together so that we can offer a better service for all.</p>
LSAB achievements and challenges
<p>ELFT facilitate bi-annual Safeguarding conferences, available to all staff to attend. These conferences are intended to increase knowledge and skills among staff to allow them to support individuals facing abusive situation.</p> <p>The topics to be covered in recent the Safeguarding Conference were:</p> <ul style="list-style-type: none"> • Domestic Violence, presented by a speaker from Hourglass; • Exploitation by speaker from Link to Change • Intergenerational abuse • Independent Sexual Violence Advocate (ISVA)
How can your agency and the Partnership further develop and improve to assure itself that vulnerable adults are safeguarded effectively?
<p>ELFT complete a programme of audits both internally and externally across the LBC partnerships to assess quality of support offered to clients with safeguarding needs. Any identified areas for improvement arising from these audits are address during supervision with the teams and included within training delivery sessions.</p> <p>ELFT are also developing modular training sessions covering the different types of abuse to be included in the ELFT Learning Academy (ELA) to improve staff knowledge and skills in detailing with and supporting individual who have experienced or are experiencing abuse.</p>
What evidence is there that demonstrates the work of the Partnership has impacted on the lives of vulnerable adults and their families and of your agency's contribution to this?
<p>ELFT continue to actively engage with partner agencies to assess and support individuals in the LBC area. We engage with the blended triage for all new referrals that is supported by partners and ensure individual are engaged with the most appropriate support based on their needs.</p>

ELFT
Agency achievements and challenges
<p>ELFT also engage with CASPA, multi-agencies professional meeting focusing on partnership working to meet the needs of individuals requiring support.</p> <p>ELFT actively engages with LBC commissioned reviews to establish where difficulties in supporting individuals have arisen and in agreement with the partnership take appropriate actions to address any identified shortfalls in care provision.</p>

National Probation Service
Agency achievements and challenges
<p>We have structured development days for our staff where they are receiving training in relation to adult safeguarding- this year we have had training delivered to staff on the following adult safeguarding topics:</p> <p>Victims SARA (Spousal assault risk assessments) We have also had a focus on all safeguarding and this has included adult Safeguarding</p> <p>Regionally we have also established a SPOC role for adult safeguarding and they are now meeting to share learning. Literature and other learning is also regularly disseminated from this forum to wider staff.</p> <p>Mandatory safeguarding training exists for probation practitioners including e-learning and classroom training to be renewed every 3 years. This training package has been updated over the past few years. Probation has recently implemented a mandatory professional register for qualified probation officers. As part of this, all qualified probation officers are required to have in date e-learning and classroom learning for child safeguarding, adult safeguarding and domestic violence by September 25. As part of our competency framework, all practitioners are also required to keep their e-learning up to date which includes their safeguarding e-learning.</p> <p>Following an increase in referrals regarding mental health, individuals experiencing crisis and emotional wellbeing concerns identified at the later end of the 2024-25 financial year, we also developed a short training memorandum for staff engaging with individuals to provide further support and signposting, as we realised this was an area of increasing concern. This document has proven useful already for staff and will continue to be developed this year with the introduction of credit-card size reference cards for all personnel.</p>
How are you gathering feedback from vulnerable adults who have received safeguarding interventions?
<ul style="list-style-type: none"> • Probation nationally undertake a Your views matters survey with our people on probation which helps the service identify key themes, insights and areas for improvement.

National Probation Service
Agency achievements and challenges
<ul style="list-style-type: none"> A key way for gathering feedback is through engagement with social services and attending any professionals meetings and engaging with them. We also ensure that from meeting any actions and records are kept up to date via Ndelius case records and we reflect any concerns on our OASys assessment relating to adult safeguarding.
How are you involving the VCSE and ensuring their role in coproduction
We are sharing information with partnerships agencies and highlighting concerns. Where partners are sharing information we are also encouraging our staff to actively make referrals based on information from voluntary enterprises and other statutory agencies. All senior managers are encouraged to keep safeguarding conversations in all active probation cases.
How has your agency and the Partnership focused on prevention and early help?
<ul style="list-style-type: none"> Bedfordshire Fire and Rescue Service staff are trained to adopt a Person-centred approach support people to remain independent in their own homes and reduce pressure on health and social care services. Our Home Fire Safety Visit was digitised in early 2023 and this allowed us to provide an increase in supportive signposting and referrals on from this intervention to aim to provide early help. Falls referrals, smoking cessation, alcohol consumption support and social prescriber referrals, as well as safeguarding referrals, are a number of routes by which individuals can be supported following a home fire safety visit that provide an early help mechanism to provide support at a preventative level.
How can your agency and the Partnership further develop and improve to assure itself that
We are currently developing our internal referral form so that this better provides information to our partners such as LBC adult safeguarding. These developments will be shared with the team and consultation will be invited. This was identified as a priority within the 2024-25 financial year and will continue into 2025-26. This will ensure that vulnerable adults are safeguarded more effectively due to improvements in data collection and sharing.
What evidence is there that demonstrates the work of the Partnership has impacted on the lives of vulnerable adults and their families and of your agency's contribution to this?
<p>In 2024-25 we supported the Partnership through engaging with them to support a vulnerable adult that we had been called to on a number of occasions. Bedfordshire Fire Service attended this address 12 times in the past year (2024) and submitted 5 safeguarding referrals since April 2024 for the same individual.</p> <p>Case Study</p> <p>We were invited to attend an MDT meeting to support this individual and through investigation as a wider team, it was identified that there were a number of safeguarding concerns for the person, as well as an issue with careline connectivity which had resulted in a cluster of call outs to us. This was due to Careline being unable to make contact with the person following the individual pressing the button to make contact with them. LBC continued their support with MDT meetings following this identification and erroneous careline calls have reduced following the connectivity issues being resolved. This has improved the situation for the person, and has meant that our continuous attendance that could at times be distressing for a vulnerable person was reduced. We were then able to provide our continued support though the MDT meetings.</p>