

# **BLACKPOOL SAFEGUARDING ADULTS BOARD**

## **Strategic Plan 2024-2027**



**BLACKPOOL  
SAFEGUARDING  
ADULTS BOARD**

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# INTRODUCTION

I am pleased to present our Strategic Plan for the Blackpool Safeguarding Adults Board (BSAB) for 2024 – 2027. This strategic plan is a statement of BSAB's vision and strategic aims over the next three years and details how we will work as a partnership to keep people safe from abuse and neglect.

The Care Act 2014 sets out the statutory responsibilities of Safeguarding Adults Boards (SAB's) to work together to safeguard adults to reduce/negate the risk of abuse and neglect. As chair of the BSAB I am keen to ensure that people who live and work locally in Blackpool are clear about our vision and the important role the BSAB has to play in supporting an effective partnership response to abuse and neglect. Safeguarding is everyone's business. By helping people to understand what abuse and neglect is, how to report concerns and what steps agencies will take to respond to these concerns we aim to build resilience and empower our communities.

Our strategic aims/priorities for the next three years will be delivered through our annual business plan, which will be reviewed and revised regularly to ensure we are achieving what we said we would do and that safeguarding needs are being addressed across Blackpool. A development day was held in March 2025, to refresh the BSAB priorities and seek assurance of our progress to date.



**Stephen Chapman**  
Independent Chair  
Blackpool Safeguarding Adults Board

# BACKGROUND

Safeguarding Adults means protecting an adult's right to live in safety, free from abuse and neglect. We aim to make safeguarding personal, so we try to achieve the wishes and goals of the person at risk.

## **The Care Act 2014 aims to:**

- promote people's wellbeing
- enable people to prevent and postpone the need for care and support
- put people in control of their lives so they can pursue opportunities to realise their potential.

## **The Act introduced a statutory framework for protecting adults from abuse and neglect and includes:**

- a requirement for all areas to establish a Safeguarding Adults Board (SAB) to bring together local authority, NHS Integrated Care Boards and the Police (these agencies are statutory partners) to coordinate activity to protect adults from abuse and neglect.
- a duty for a local authority to carry out enquiries (or cause others to) if it believes an adult is experiencing, or is at risk of, abuse or neglect.

Whilst the Care Act places specific responsibility on the Local Authority to carry out enquiries (or cause others to) where it suspects an adult is at risk of abuse or neglect, it also requires statutory partners to coordinate activity to protect adults from abuse and neglect.

## **The Care Act requires the Board to seek to protect any person aged 18 years or over who:**

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

An adult at risk is someone who falls within this description.

## **An adult at risk may therefore be a person who, for example:**

- is an older person who is frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/ or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/ condition
- misuses substances or alcohol
- is an unpaid carer such as a family member/ friend who provides personal assistance and care to adults and is subject to abuse
- lacks the mental capacity to make particular decisions and is in need of care and support.

## **The Board's main focus will be on the welfare of those who are most vulnerable by nature of disability or ill health, for example:**

- the safety of people who use community health services, hospitals and mental health services
- the safety of adults with care and support needs who reside in supported housing and other social housing
- effective and problem solving interventions with adults who self-neglect.
- the safety of local domiciliary care services and residential care settings commissioned by the local authority and the NHS

## Blackpool

According to Census 2021, Blackpool is the third most densely populated local authority in the Northwest, with 4046 people per square kilometre (compared to 4773 in Manchester, 4347 in Liverpool, 491 in neighbouring Fylde, and 397 in Wyre).

In Blackpool, admin-based projections of the population suggest it has increased by 0.3%, from around 141,100 in 2021 to 141,300 in 2022. England's overall population increased by 1.1% between 2021 and 2022.

In 2022, Blackpool ranked 169th for total population out of 331 local authority areas in Great Britain which is the same as it ranked in 2021.

The Office for National Statistics (ONS) estimates illustrate that older people (65 years plus) account for a greater proportion of Blackpool's resident population than is observed at a national level.

**Blackpool has a larger proportion of people aged 50 and over than the national average:**

- 60,770 people aged 50+, 43% of the total population.
- 29550 people aged 65+, 21% of the total population.
- 14270 people aged 75+, 10% of the total population.
- At age 50+ the gender split is 48.8% male, 51.2% female.
- By age 75+ the gender split is 43.5% male, 56.5% female.

Projections of the population of Blackpool indicate that the number of residents over 65 will show a considerable increase within the next 25 years, far in excess of the levels of increase shown in all other age bands. The population aged 65 or over in Blackpool is projected to increase to 35,771 by 2043 which would make up over a quarter (25.3%) of Blackpool's total population.

Additional JSNA information can be found [here](#).



## Life Expectancy:

Life expectancy is one of the key indicators of health in a population. Life expectancy at birth is defined as the average number of years that a newborn is expected to live if current mortality rates continue to apply. Life expectancy for men in Blackpool is 74.1 years and for women is 79 (2018-2020), both lower than national averages. There are considerable differences in life expectancy within Blackpool. Men in the least deprived areas of the town can expect to live 13.2 years longer than men in the most deprived areas. Similarly, for women this difference is 9.5 years. Not only do people in Blackpool live shorter lives, but they also spend a smaller proportion of their lifespan in good health and without disability.

Blackpool faces major health challenges. The early 2000s saw a steady improvement in life expectancy, dropping in 2013-15 before levelling off until 2017-19. However, the gap between Blackpool and the rest of England and Wales continues to grow. Life expectancy fell for both males and females in 2018-20, a trend also reflected nationally as the country was impacted by Covid-19. Blackpool saw increased mortality as a result of Covid-19 from April 2020.

Both men and women in Blackpool have the lowest life expectancy from birth of any local authority in England. Blackpool's life expectancy is 5.3 years below England and 3.9 years below the North West in Males. Female life expectancy is 4.2 years below England & Wales and 2.7 years below the North West female life expectancy from birth (2018-20).

## Vulnerability and Social care

Some of the most vulnerable people in our society are reliant on care and extra support to help them lead better, more comfortable lives. The care and support they receive can be the difference between a life that is fulfilling and active and one which is unnecessarily limiting. Adult social care supports both older people and working age adults who have disabilities, mental health conditions or are generally frail, as well as their carers. It is personal and practical support to help people live their lives and maintain their independence, dignity and control. People can receive social care in their own homes, community settings like day centres or in places like residential care homes.

The Care Act came into force in 2015 and is a very important piece of legislation that brings together lots of care and support laws. The main features of the Care Act include promoting people's wellbeing, providing information and advice about care, supporting carers, offering choice and control over care and treating everyone equally when decisions about who gets help are made.

A recent report from the Local Government Association outlines the current pressures facing all councils on the state of funding for social care and the implications this has for services.

Blackpool Council provides a broad range of community-based services such as day care. However, the majority is provided through care at home services.



## Learning Disabilities

Local and national data about learning disabilities is collated through Learning Disability Profiles by the Office of Health Inequalities and Disparities (OHID) (Figure 1). Key points from local data include:

Blackpool has a similar prevalence of people with a learning disability compared to England and the North West (0.5% of GP registered patients)

Blackpool has a significantly higher prevalence of adults with a learning disability receiving long term support from the local authority compared to England as a whole (4.54 per 1,000 population compared to 3.46 per 1,000 nationally). The rate has increased from 3.72 per 1,000 in 2014/15.

The proportion of eligible adults with a learning disability who have had a GP health check in Blackpool is significantly lower than the England average (44.2% compared to 52.3%)

In Blackpool 93.2% of supported adults with a learning disability live in settled accommodation, significantly higher than the proportion in England as a whole (77.3%)

2.3% of working age adults with a learning disability receiving long-term support from the local authority are in paid employment in Blackpool, compared to 5.6% nationally

21% of supported adults with a learning disability receive direct payments compared to 30.3% nationally.



## Mental Health in Older People

Social isolation and loneliness are recognised risk factors for poor mental health and are experienced by over one million older people in the UK<sup>1,2</sup>. Based on current population projections, the number of people aged 50 and over in England who often feel lonely will reach 2 million by 2025/26<sup>3</sup>. Strengthening positive relationships and promoting opportunities for participation in meaningful activities in later life will help to promote mental health and wellbeing for all of us. Factors that contribute to loneliness, social isolation and increased risk of mental health problems in older adults include

- Living alone
- Poor physical health
- Being widowed or experiencing other bereavement
- Having family circumstances that prevent them doing things they want to (mobility, caring roles, digital exclusion etc.)
- Having financial concerns / poverty
- Not having someone to open up to when they need to talk
- Discrimination

Amongst the over 65s the two most common mental health problems are depression and dementia. Loneliness has been associated with an increased risk of dementia; and loneliness, social isolation and living alone have also been associated with premature death<sup>2</sup>.

The COVID-19 pandemic has exacerbated social isolation, loneliness and mental health concerns among older people. A 2021 Age UK study found that:

- Pre-existing mental health conditions had worsened
- Anxiety levels, low mood, low confidence, and depression had increased
- More people had become withdrawn and isolated
- Coping strategies have been limited
- Some older people's self-care had deteriorated
- Some older people had adopted unhealthy coping strategies (excess eating, smoking, alcohol use)
- Some older people's cognitive ability has declined as a result of reduced social contact
- Those with dementia had been severely impacted, with rapid cognitive decline

# The Blackpool Safeguarding Adults Board (BSAB) vision and role

## Our Vision

***"Every adult in Blackpool has the right to live safely, free from abuse and neglect and to know where to go to seek help when in need. Partners across Blackpool will do their best to ensure early intervention and problem solving maximised at every opportunity to reduce the risk of increased care and support needs across the town."***

## Where safeguarding partners:

- Do not tolerate abuse and neglect
- Ensure that the public in all of the communities in Blackpool feel confident that adults are protected
- Respect the views of service users, including their right to take risks
- Work preventatively by early identification of safeguarding issues
- Deliver excellent safeguarding practice through a culture of learning.
- Share information on safeguarding issues in a timely manner

## Our Values (six safeguarding Principles)



**Empowerment** – People being supported and encouraged to make their own decisions and informed consent. “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”



**Prevention** – It is better to take action before harm occurs. “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”



**Proportionality** – The least intrusive response appropriate to the risk presented. “I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed.”



**Protection** – Support and representation for those in greatest need. “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”



**Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse. “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”



**Accountability** – Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life and so do they.”

These principles influence the delivery of our vision.

## Making Safeguarding Personal

In addition to these principles it's also important that safeguarding partners take an approach to safeguarding that focuses on the person, not the process. It means that safeguarding should be person-led and outcome-focused, engaging the person 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. MSP and Co-production remain a priority in 2025. Those with lived experience bring a wealth of experience to inform our services. Funding streams will be explored and made available to develop and embed this area of work. The BSAB partners want to assure themselves that the 'person' is at the centre of what they do, and if they are not, we need to consider why this is the case.

## Blackpool Safeguarding Adults Board (BSAB) has three core duties:

### Publish a Strategic Plan

### Publish a Annual Report

### Undertake Safeguarding Adult Reviews

It must 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. The plan must be developed with local community involvement, and the SAB must consult with the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.

It must 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 as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action.

## Role of Blackpool Safeguarding Adults Board (BSAB)

BSAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and takes an interest in a range of matters that contribute to the prevention of abuse and neglect. The SAB will need intelligence on safeguarding in all providers of health and social care in its locality (not just those with whom its members commission or contract). It is important that Board partners feel able to challenge each other and other organisations where it believes that their actions or inactions are increasing or contributing to the risk of abuse or neglect. This will include commissioners, as well as providers of services.

It must conduct any Safeguarding Adults Review in accordance with Section 44 of the Care Act.

The lead agency with responsibility for coordinating adult safeguarding arrangements is Blackpool Council, but all the members of the SAB should designate a lead officer. Other agencies should also consider the benefits of having a lead for adult safeguarding. Blackpool Council may cooperate with any other body it considers appropriate where it is relevant to their care and support functions.

The BSAB receives endorsement from, and is linked to, the Blackpool Executive Assurance Meeting.

# Our strategic aims are what we want to achieve

## Safeguarding Effectiveness

*'I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result.'*

*'I understand the role of everyone involved in my life and so do they.'*

*'We will work together with partners to ensure we understand the themes, issues and trends relating to specific needs, ensuring that we deliver effectively and receive assurance which is proportionate.'*

### A. Effectiveness of the Blackpool Safeguarding Adult Board and Governance

#### *What will we do?*

1. Ensure there is appropriate partnership representation at the Board.
2. In Partnership, develop appropriate and effective safeguarding policies and procedures.
3. Ensure that the appropriate Governance Structure is in place, is right for Blackpool and gives assurance.

### B. Effectiveness of Operational Practice

#### *What will we do?*

4. Use Partnership data/information to understand demand and current/emerging risks and the quality of data/referrals.
5. In partnership, develop and deliver innovative strategies/practice that reduces demand and the risk of abuse/neglect.
6. Develop a robust performance framework.



## Workforce Development

*'I am asked what I want as the outcomes from the safeguarding process, and these directly inform what happens.'*

*'I am sure that the professionals will work in my best interest, as I see them, and they will only get involved as much as needed.'*

*'We will ensure that safeguarding arrangements across the partnership are robust and effective, and learning is embedded from reviews.'*

### What will we do?

1. Ensure the learning from Safeguarding Adult Reviews (SARs) and local reviews, translate into effective development/training for organisations/staff, including the use of learning circles.
2. Develop a positive workforce skilled in effective safeguarding prevention and intervention.  
Learning from SARs is a key priority for the BSAB. Self-neglect continues to be a priority and a theme identified locally as well as nationally. We will continue the work which resulted from the independent report in 2024, and have recently started work to address Hoarding in 2025.

## Making Safeguarding Personal

*'I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.'*

*'I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.'*

*'We will ensure the voice of our staff, residents and wider communities is heard in respect of safeguarding adults, protecting them, sharing best practice and taking a preventative approach.'*

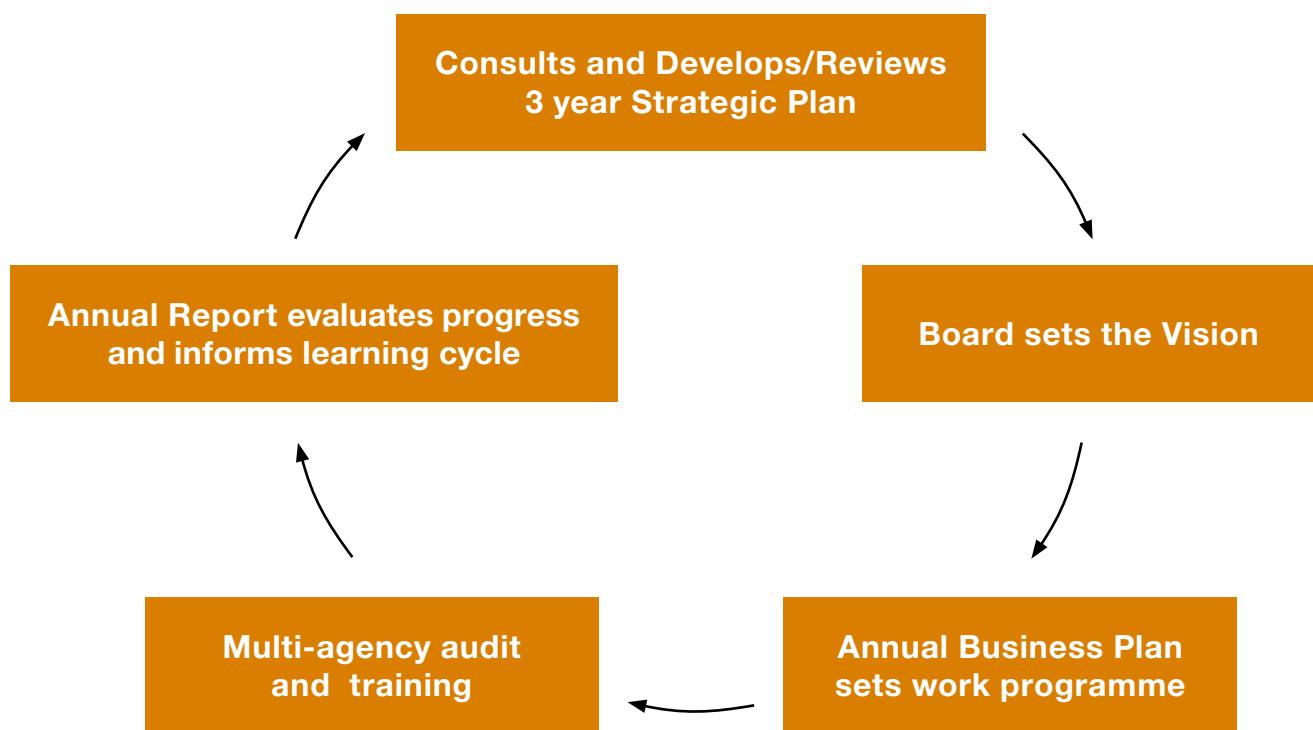
### What will we do?

1. Listen to peoples lived experience to ensure continuous improvement in service delivery.
2. Provide access to the public to the right information to help them identify services to help them and empowering them to make referrals, complaints and provide feedback.  
With this, ensure the voice of the community is heard and incorporate this into service delivery by seeking opportunities for feedback for service improvement.
3. Have an effective communications strategy, providing details of events throughout the year.
4. Facilitate reviews/peer reviews and ensure appropriate audit and assurance function is embedded.
5. Avenue's will be explored in 2025 to strengthen the voice of adults at risk through better established relationships with co-production and lived experience teams.

Whilst this strategic plan lays out our medium/long term vision and the steps needed to deliver the vision, it is equally important that we produce and publish our annual report. This will enable us to measure our progress and to update the strategic plan in the light of experience.

# The Board's Planning Cycle

The Board has responsibility for setting the vision and ensuring the delivery of an annually updated 3-year plan. We link this closely with the annual report, which evaluates progress, and sets in place the following year's work programme. This is done within the context of achieving the Board's stated ambitions for Blackpool.



As we roll the plan forward annually, we continue to engage and consult with our local Healthwatch and the local community. This may include advocacy groups, disability groups and relevant voluntary organisations.

We will also continue to engage with other local strategic partnerships (Children's Safeguarding Assurance Partnership, Community Safety Partnership and Health and Wellbeing Board).



# Governance arrangements

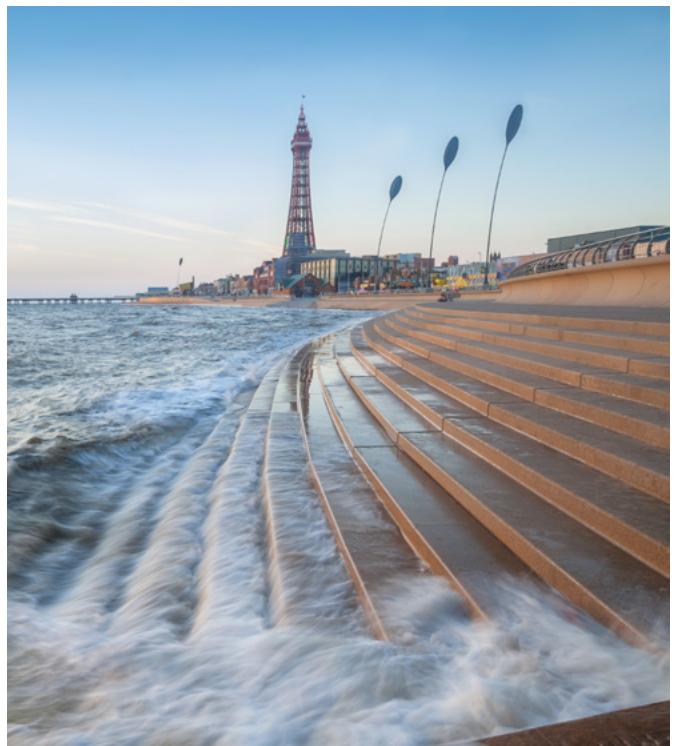
Effective governance and accountability for the work of the Board is achieved through its formal relationship with the Blackpool Executive Assurance Meeting and through individual members reporting through their organisations.

In accordance with Care Act guidance, the Independent Chair of the Board reports quarterly to the Local Authority Chief Executive and also reports on the work of the Board to other relevant statutory boards as required.

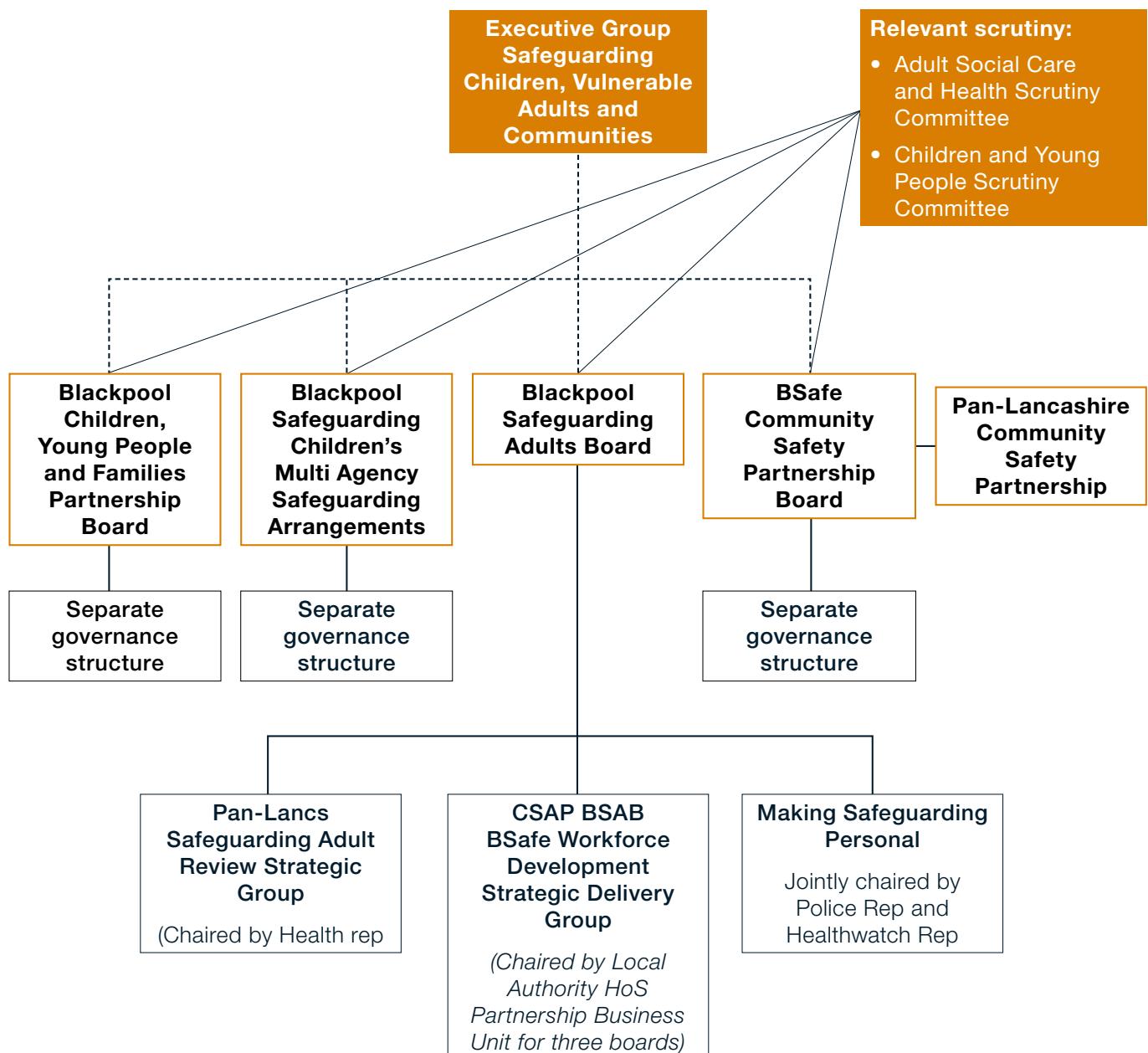
It is the role of the Independent Chair to effectively engage with partners and ensure that the Board not only maintains its strategic focus but also demonstrates even handed independence, with the ability to challenge poor performance when it arises.

Board members take responsibility for the submission of progress reports to their organisation's executive management body/board to ensure that adult safeguarding requirements are integrated into the organisation's overall approach to service provision and service development.

The Board is supported by three Delivery Groups that oversee and enable delivery of the work programme, coordinate working groups and provides analysis and intelligence for the Board.



## Health and Wellbeing Board



### Proposed changes:

The current MSPA group to be split into 2 elements – MSP and Assurance. The MSP group will capture the voice of adults, children and communities going forward, and the governance will sit across BSAB/ BSafe and MASA. This Assurance and audit group will operate as a separate group, under the BSAB and BSafe governance structure. MASA have an existing 'effectiveness' group.

The current MASA Contextual group governance to be expanded to BSAB and BSafe. The current Domestic Abuse Board currently sits under BSafe governance, this will be extended to include BSAB and MASA membership.

The delivery groups are

- SAR Strategic (pan-Lancashire)
- CSAP & Safeguarding Adults Board & BSafe Community Safety Board Joint Workforce Development Group (Blackpool)
- Making Safeguarding Personal and Assurance (Blackpool)

Any associated task and finish groups will be determined by the Board during the year to support the delivery group activity.

As a strategic partnership it is important that the sub-groups and any associated task and finish groups are seen as a partnership responsibility both in sharing the chairing of these groups and ensuring appropriate participation.

The Board will continue to call partners to account for their approach to safeguarding adults. For example, it will want assurance from partners that they are contracting and providing safe services and that they have taken the necessary and proportionate action whenever necessary. Also, that emerging newly commissioned models of service preserve individual choice and safety.



# Engagement with Key Strategic Partnerships

To function effectively our Board must focus on its core responsibilities but must recognise the overlaps and links to other strategic bodies, and work in partnership to ensure that safeguarding is coherent and consistent across all areas of responsibility.

Through continuing to take forward collaborative working we will agree on planned work with these local multi-agency strategic partnerships and others to address shared agendas such as:

- Domestic homicide and domestic abuse
- Sexual abuse/exploitation
- Physical/emotional abuse/exploitation
- Homelessness, rough sleeping and out of area placements
- Resident Safety in Care Settings
- Mental Health and Suicide Prevention
- Self-Neglect and neglect

The Board will also continue to develop engagement with the public and the wider range of groups with interest in and ability to contribute to the work of the Board.

These will include:

- The public and local community groups, including Voluntary, Community, Faith and Social Enterprise Sector (VCFSE)
- People with care and support needs
- Carers
- Local forums and reference groups representing carers and those who use services including those who use housing services.
- Service providers
- Services such as environmental health, trading standards and financial services.
- Healthwatch
- Partnership Boards
- Other practitioners involved in care of adults at risk including social care, education settings, healthcare settings, and the voluntary sector and faith settings.



# Delivering the Work Programme

The work programme is overseen by the BSAB which is committed to driving the recommended improvements.

The Board receives regular progress reports and this programme is updated annually in accordance with the planning cycle.

## Partnership Enablers

The partnership will support safeguarding by working collaboratively with mutual accountability through the Board delivery groups:

- The Strategic Safeguarding Adult Review (SAR) Subgroup (pan-Lancs, chaired by Health)
- CSAP, BSAB, BSafe Workforce Development Delivery Group - chaired by Local Authority, HoS for Partnership Business Unit
- Making Safeguarding Personal - Jointly Chaired by Police/Health Watch



# Resourcing

The Board is a statutory formal strategic partnership and resourcing of the Board and its work is a partnership responsibility. This is separate to partners individual safeguarding responsibilities. This can be through financial contribution and as well as in kind by providing human resource input.

It is important to have a clear ongoing understanding of the resource requirements to ensure the Board can operate effectively and deliver the agreed work programme. This is the basis for agreeing contribution levels required with partners and will be reviewed annually as the work programme is rolled forward. The main areas requiring partner support and investment are:

- Funding of the Independent Chair
- Board professional and administrative/ secretarial support
- Themed audits commissioned as determined through the Board
- Supporting task-and-finish and sub-groups
- Costs associated with commissioning Safeguarding Adults Reviews
- Quality and Assurance through the preparation and analysis of data provided by all partners
- Capacity for multi-agency training/ learning and development
- The development, review and updating of local policies and procedures

The role of the Board and expectations of members are stated in the Board Terms of Reference.



# Blackpool Safeguarding Adults Board (BSAB) - Plan on a Page

## Our Vision

Why are we here?

*Every adult in Blackpool has the right to live safely, free from abuse and neglect and to know where to go to seek help when in need. Partners across Blackpool will do their best to ensure early intervention and problem solving maximised at every opportunity to reduce the risk of increased care and support needs across the town.*

## Our Values

6 Safeguarding Principles

Empowerment

Prevention

Proportionality

Protection

Partnership

Accountability

## Purpose

What do we want to achieve?

Safeguarding Effectiveness – Board/  
Governance and Operational Practice

Learning and Development

Making Safeguarding Personal

## Approach

What are the key principles for delivery?

Leadership

Assurance

Innovation

Learning

Listening

Developing

## Partnership Enablers

How will the partnership support safeguarding

**By working collaboratively with mutual accountability through three Board delivery groups:**

1. The Strategic Safeguarding Adult Review (SAR) Subgroup (pan-Lancs) - Chaired by Health
2. CSAP, BSAB, BSafe Workforce Development Delivery Group - Chair by Local Authority, HoS for Partnership Business Unit
3. Making Safeguarding Personal and Assurance – Jointly Chaired by Police and Healthwatch

# Blackpool Safeguarding Adult Board (BSAB) Priority Objectives 2024-27

BSAB have agreed a number of shared key objectives over the next year:

## Safeguarding Effectiveness

### A. Effectiveness of Blackpool Safeguarding Adult Board and Governance Structures

#### **What will we do?**

- Ensure there is correct representation at the Board.
- In Partnership, develop appropriate and effective safeguarding policies and procedures.
- Ensure that the appropriate Governance Structure is in place, is right for Blackpool and gives assurance.

### B. Effectiveness of Operational Practice

#### **What will we do?**

- Use Partnership data/information to understand demand and current/emerging risks and the quality of data/referrals.
- In partnership, develop and deliver innovative strategies/practice that reduces demand and the risk of abuse/neglect.
- Develop a robust performance framework.

## Workforce Development

#### **What will we do?**

- Use peoples lived experience to ensure continuous improvement in service delivery.
- Ensure the learning from Safeguarding Adult Reviews (SAR's) and local reviews, translate into effective development/training for organisations/staff, including the use of learning circles.
- Develop a positive workforce skilled in effective safeguarding prevention and intervention.

## Making Safeguarding Personal

### **What will we do?**

- Provide access to the public to the right information to help them identify services to help them and empowering them to make referrals, complaints and provide feedback. With this, ensure the voice of the community is heard and incorporate this into service delivery by seeking opportunities for feedback for service improvement.
- Have an effective communications strategy, providing details of events throughout the year.
- Facilitate reviews/peer reviews and ensure appropriate audit and assurance function is embedded. This year an emphasis has been placed on staff wellbeing and whether we are doing enough to support staff. We need their feedback and engagement to make improvements.

