

# Peterborough Safeguarding Adults Board Newsletter

14<sup>th</sup> February 2017

## Who should read this newsletter?

Everyone with an interest in safeguarding adults at risk, to enable them to live their lives free from abuse and neglect, and to access and receive appropriate care. We hope this newsletter will be an important means to keep you up to date, and to share good practice and important information.



## Message from the Chair



Dr Russell Wate QPM MSc

Independent Chair, Peterborough  
Safeguarding Adults Board

I am delighted to introduce you to the current Peterborough Safeguarding Adults Board (PSAB) newsletter.

Within this newsletter there are some interesting articles as well as a number of them that provide both information and guidance for professionals that work in the Peterborough area to safeguard adults in need of care and protection.

The PSAB has in recent months focussed on making safeguarding personal and within this newsletter are details of a national temperature check in relation to this. We in Peterborough are well placed in how we deal with this important aspect of peoples lives. The new Peterborough City Council Quality Improvement Team is now fully staffed and we look forward to the positive impact they will make in Peterborough.

We have joined a number of our sub-groups with Cambridgeshire and just created a strategic safeguarding adult board that is also joined with Cambridgeshire. We hope that this will make the working life of partners who work across both local authority areas much better. We will keep localised board meetings though to make sure we don't miss out on the local context.

If you have any feedback or any idea's for future articles please let us know.

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## Quick Bites

### Multi-Agency Safeguarding Training

The Peterborough Safeguarding Children and Adults Boards' joint training programme has been published and is available on the Safeguarding Boards' website [www.safeguardingpeterborough.org.uk](http://www.safeguardingpeterborough.org.uk)

<b>22<sup>nd</sup> February 2017</b>	Honour Based Violence
<b>23<sup>rd</sup> March 2017</b>	A workshop for Professionals who work with people who Self-Neglect
<b>24<sup>th</sup> March 2017</b>	Female Genital Mutilation
<b>19<sup>th</sup> April 2017</b>	Safeguarding Adults Refresher
<b>21<sup>st</sup> April 2017</b>	An Introduction to the Effects of Domestic Abuse
<b>27<sup>th</sup> April 2017</b>	What is Prevent

To apply for any courses please complete an application form and email it to [pscb.training@peterborough.gov.uk](mailto:pscb.training@peterborough.gov.uk)

### List of changes made to the Care Act guidance

The government has updated the Care Act statutory guidance after it lost a Supreme Court case on ordinary residence disputes.

[The Department of Health](#) has reviewed and updated the guidance following [the Supreme Court judgment in July in the case of R \(on the application of Cornwall Council\) v Secretary of State for Health](#).

The updates, [which can be read from paragraphs 19.17 to 19.43](#) of the guidance, set out changes in the approach that should be used to determine ordinary residence or disputes between councils in relation to adults who lack capacity to decide where to live and looked-after children who are transitioning to certain adult social care services.

Visit <https://www.gov.uk/government/publications/care-act-statutory-guidance> to view all the changes made to the Care Act Guidance

### Suicide prevention: third annual report

The third progress report of the cross-government suicide prevention strategy details the activity that has taken place across England to reduce deaths by suicide in the year ending March 2016.

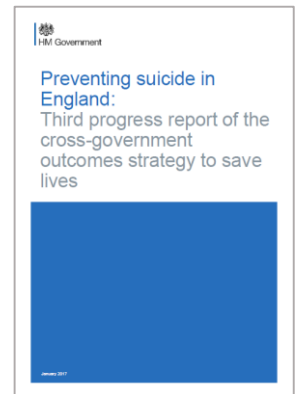
This report is being used to update the 2012 strategy in 5 main areas:

- expanding the strategy to include self-harm prevention in its own right
- every local area to produce a multi-agency suicide prevention plan
- improving suicide bereavement support in order to develop support services
- better targeting of suicide prevention and help seeking in high risk groups
- improve data at both the national and local levels

These updates will help to meet the recommendations of the Five Year Forward View for Mental Health relevant to suicide prevention: to reduce the number of suicides by 10% by the year ending March 2021 and for every local area to have a multi-agency suicide prevention plan in place by the end of 2017.

For more details visit

<https://www.gov.uk/government/publications/suicide-prevention-third-annual-report>





## Domestic Abuse and Adult Safeguarding Conference

Thursday 2nd March 2017, 08:45 -16:00 at the Deafblind UK Conference Centre, John and Lucille Van Geest Place, Cygnet Road, Peterborough, PE7 8FD

*"An estimated 2.1 million people in the UK suffer some form of domestic abuse each year. Domestic abuse victims are among the most vulnerable in society; domestic abuse accounts for 10% of all recorded crime..."*  
**Cry for Health, SafeLives, November 2016.**

The 2014 Care Act added Domestic Abuse as a category of abuse to be considered under Adult Safeguarding procedures. Explore this complex subject at our conference.

**Who should attend:** Safeguarding, Domestic Abuse and Sexual Violence Leads and Practitioners, and anyone with an interest in safeguarding adults, including volunteer groups.

### **Sessions will include:**

Abuse of people with learning disabilities, Older Abuse, The role of the police, Coercion and Control Perpetrator programmes and learning from Domestic Homicide Reviews.

### **Speakers include:**

**Lucy Giles: SafeLives**

**Michelle McCarthy: University of Kent, Tizard Centre**

**Dr Russell Wate: Chair of Cambridgeshire and Peterborough Safeguarding Boards**

**To apply: Please go to <http://safeguardingpeterborough.org.uk/adults-board/information-for-professionals/adult-safeguarding-training/> and use our on-line booking system.**

**The Conference is free but a charge of £75 will be made to those agencies whose staff book a place and do not attend without giving 48 hours notice.**

**A buffet lunch and refreshments will be available on the day.**

[www.safeguardingpeterborough.org.uk](http://www.safeguardingpeterborough.org.uk)



## Self-Neglect – launch of resource pack:

[The Care Act](#), which came into force on 1 April 2015, sets out the Local Authority's responsibility for protecting adults with care and support needs from abuse or neglect in primary legislation.

For the first time, this makes direct reference to self-neglect. Section 1 of The Act provides particular focus on well-being in relation to an individual, and requires that organisations should always promote the adult's well-being in their safeguarding arrangements. This includes establishing with the individual what 'safe' means to them and how this can be best achieved. Well-being in The Act is described as:

- a) Personal dignity (including treatment of the individual with respect)
- b) Physical and mental health and well-being
- c) Protection from abuse and neglect
- d) Control by the individual over day to day life (including over care and support, or support provided to the individual and the way in which it is provided)
- e) Participation in work, education, training or recreation.
- f) Social and economic well-being
- g) Suitability of living accommodation
- h) The individual's contribution to society

In November and December 2016 the SAB ran two workshops aimed at Managers to look at:

- What is self neglect
- The Care Act and our other responsibilities
- The impact on staff who work with people who self-neglect and what we can do to achieve a positive outcome

Following these workshops the Self-Neglect resource pack was launched, the pack contains:

- Leaflet: Do you have concerns? – for members of the public
- Poster: Self-Neglect – for professionals
- Self-Neglect Guidance Summary - for professionals who deliver health and care services in Primary Care or in the community
- Presentation: Self-Neglect and Safeguarding – Working Towards Positive Outcomes
- Presentation: Self-Neglect – Understanding the Challenges for Workers - An Aide for Managers
- Cambridgeshire and Peterborough Multi-Agency Policy and Procedures to support People Who Self-Neglect
- Cambridgeshire and Peterborough Protocol for Working With People with Hoarding Behaviours – including the clutter image rating scale

You can download/access the pack here – [www.safeguardingpeterborough.org.uk/adults-board/information-for-professionals/self-neglect/](http://www.safeguardingpeterborough.org.uk/adults-board/information-for-professionals/self-neglect/)



## Why do women return to abusive relationships?

### Opportunity to participate in research

It is well documented that many women return to abusive relationships, but there is surprisingly little research into the phenomenon.

Kerrie Bundock from the Oxford Institute of Clinical Psychology Training is carrying out a study that hopes to learn more about why some women return to abusive relationships and some do not. It is hoped that greater understanding will help inform services and health care professionals to support women to be able to stay away from abusive relationships.

The research study is looking for women (aged 18 and over) who have experienced abuse in an intimate relationship and have left the abusive relationship at least once. Anyone who fits these criteria is invited to [complete an initial survey online](#).

## Mental Capacity and Deprivation of Liberty online learning and face to face training

Cambridgeshire and Peterborough CCG are pleased to launch a new Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) online learning tool specifically for health professionals.

This online resource is completely FREE and will help healthcare professionals to understand:

- what the MCA is
- what they need to know
- how it affects them
- how it affects their patients
- how to apply this to their practice.

The modules are designed to support and update your knowledge whenever you need it and are supported with relevant case studies and films from experts in this field.

The modules are also supported by a knowledge check which is also certificated.

To access the new modules click [here](#) or go to the following link [www.medicalprotection.org/mca](http://www.medicalprotection.org/mca)

We would emphasise that **this resource is not a replacement for face to face MCA/DoLS training** which is available to book in house and **FREE** of charge for all GP Practices in Cambridgeshire and Peterborough.

There are 3 courses available (the length of the training can be tailored to your needs):

- **An Introduction to the MCA/DoLS** – 1 to 2 hours and can include an update on Safeguarding Adults and is available for clinical and non-clinical staff
- **Supported Decision Making and the MCA in Clinical Practice** - 2 to 4 hours available for clinical staff only
- **MCA/DoLS Case Law Update** – 1 to 2 hours but only available for practices that have accesses the first 2 courses

## Spotlight on...

### The Quality Improvement Team

Peterborough City Council's recently established Quality Improvement Team are committed and dedicated individuals, working in collaboration with Adult Social Care providers, supporting best practice, innovation and striving for care quality, excellence and sustainability across the city's diverse care economy.



Lorna Stockdale is the Senior Quality Improvement Officer, here she tells us about herself and her new role and how Safeguarding, and the needs of adults at risk of abuse and neglect, are an important part of that:

I am passionate about working to ensure that Service Users are safe and well cared for, and the Safeguarding of adults at risk of abuse and neglect is paramount to me, and is one of the reasons I applied for this job:

I have a Level 5 Diploma in Management of Adult Social Care and I was the first in the country to obtain this. I have just won the Eastern Regional Finals of the Great British Care Awards as Care Innovator of The Year and I am in the National final on 31 March 2017, I have worked as a Regional Manager/Registered Manager for a Care Provider providing care in the community, and I was National Registered Manager of the year at the Great British Care Awards 2016. I have also won The Pride Of Northamptonshire award for my quality of care at end of life for which I was nominated by the Service Users family. I hope to use this experience to to make a difference to the lives of adults at risk, improve the quality of care, and support providers to achieve this.

In this role I manage a team of 2 officers and 1 performance analyst. My role includes:

- Promotion and development of the team
- Catalyst for change, collaboration and provider development
- Quality Lead for LSEs or major incidents
- Strategic Lead for Quality with regards to tender and contract awards

In setting our priorities we identified key themes and trends relating to provider performance and service user outcomes, from this we have targeted support and development for the provider market in the following areas:

- Late or missed visits
- Medication errors
- Leadership and management issues
- Effective recruitment and retention barriers
- Training and development of workforce to ensure sustainability
- Nutrition and hydration
- Meaningful activities
- Management of behaviours that challenge
- Delivering core values (Dignity, Respect, Choice, Control, Inclusion)
- Society's low expectations of Social Care should not mean low standards of care delivery

As a team we will be engaging with service users, relatives/advocates and provider staff to evidence and measure real outcomes for our diverse community.

“ HI I'M ANGELA,

ARE YOU ON A DATE  
THAT ISN'T WORKING OUT?

IS YOUR TINDER OR  
POF DATE NOT WHO  
THEY SAID THEY WERE  
ON THEIR PROFILE?

DO YOU FEEL LIKE  
YOU'RE NOT IN A  
SAFE SITUATION?

DOES IT ALL FEEL  
A BIT WEIRD?

IF YOU GO TO THE BAR AND ASK FOR 'ANGELA'  
THE BAR STAFF WILL KNOW YOU NEED SOME HELP GETTING  
OUT OF YOUR SITUATION AND WILL CALL YOU A TAXI OR  
HELP YOU OUT DISCREETLY - WITHOUT TOO MUCH FUSS

”



01223 245888

Cambridge Rape Crisis Centre

01733 852578

Peterborough Rape Crisis Care Group







## Local Government Association: Care Act faces failure - warn councils

### LGA press release 31 January 2017

A landmark piece of legislation that sets out how elderly and vulnerable people receive care and support will fail unless the Government announces new money for social care, councils are warning.

In its submission to the Treasury ahead of the Spring Budget, the Local Government Association, which represents more than 370 councils in England and Wales, says the continued underfunding of social care is making it impossible for local authorities to fulfil their legal duties under the Care Act, leaving it on the brink of failing altogether and councils facing the prospect of court challenges.

The LGA says the funding crisis in social care is threatening the very spirit of the legislation which is about supporting people's well-being and helping them to stay well and live dignified, independent lives.

Councils say that if government does not urgently announce any new money for social care, then ministers need to be "honest and upfront" with the public about the limitations of the care and support they can provide.

This could mean only managing to meet basic needs such as helping people get out of bed in the morning rather than enabling our loved ones to enjoy fulfilling, independent lives at home in the community, rather than a hospital ward.

In its Budget submission, the LGA is also calling on government to set out contingency plans to deal with major failure in the care provider market, with the lack of funding already causing some providers to hand contracts back to councils or cease trading altogether.

The Care Act, which passed into law in 2014, was several years in the making and represents the biggest reform of adult social care in a generation. The legislation aims to give people more control over their lives and allow them to stay well and independent for as long as possible, placing a duty on councils to promote people's well-being.

But councils are now warning that the original intentions of the act are at risk of failing as a result of the lack of funding for adult social care services, which could see:

- Providers pulling out of the publicly-funded care market or going bust
- Growing unmet basic needs such as getting washed and dressed, or helped out of bed
- Shorter care visits
- Further strain on carers
- An overstretched workforce with an increasingly high turnover
- Greater pressure on GP surgeries and hospitals
- More and more people stranded in hospital unable to leave

The LGA says that an inability to support people to stay well and live independent lives would constitute a failure to meet the very spirit of the Care Act as well as its statutory duties, which could result in judicial review.

Just eight per cent of directors of adult social care in councils say they are confident in their capacity to meet the full duties of the Care Act in the coming financial year, according to the latest ADASS budget survey.

The LGA estimates the overall funding gap facing social care remains at least £2.6 billion by 2020, after the Government failed to announce new money in the Autumn Statement and Local Government Finance Statement.

It has also urged the Government to use its recently announced review of health and care to consider new long-term solutions to secure the sustainability of care and support that includes genuinely new money rather than piecemeal measures that will not alleviate the social care crisis, with councils at the heart of that discussion.

Chairman of the Local Government Association's Community Wellbeing Board, Cllr Izzi Seccombe, said:

"The Care Act is a really important piece of legislation which the LGA fully supports.

"But the intentions and the spirit of the Care Act that aims to help people to live well and independently, are



in grave danger of falling apart and failing, unless new funding is announced by government for adult social care.

"It is not good enough just to be trying to help someone get washed and dressed.

"Adult social care is about much more than this. It is about aspiring to help people live their lives to the fullest, and with dignity, not simply just get by. This is the great strength of the Care Act, which unfortunately is now at risk.

"If no new money is urgently announced, then government needs to be honest and upfront with the public about the limitations of the care and support we

can provide, and the fact that as a society we will no longer be able to meet the ambitions and objectives of the Care Act.

"The need to inject new money into how we provide care and support for our elderly and vulnerable residents is something which councils, charities, care providers and the NHS are fully united in calling for.

"Genuinely new government funding is now the only way to save the Care Act, and to protect the services caring for our elderly and disabled people and ensure they can enjoy dignified, healthy and independent lives, live in their own community and stay out of hospital for longer, reducing the pressures on the NHS."

## CQC: Learning, candour and accountability

A review of the way NHS trusts review and investigate the deaths of patients in England

A year after a review commissioned by NHS England uncovered failings at Southern Health Foundation Trust, we look at how acute, community and mental health trusts across the country investigate and learn from deaths of people who have been in their care.

NHS England's commissioned review looked at all mental health and learning disability deaths at Southern Health NHS Foundation Trust between April 2011 and March 2015. The report identified a number of failings in the way the trust recorded and investigated deaths and highlighted that certain groups of patients including people with a learning disability and older people receiving mental health care were far less likely to have their deaths investigated by the trust. The Secretary of State for Health asked us to look at how acute, community and mental health NHS trusts across the country investigate and learn from deaths to find out whether opportunities for prevention of death have been missed, and identify any improvements that are needed.

[Learning, candour and accountability: Full report PDF | 747.63 KB](#)



## Monitoring the Mental Health Act report

Monitoring the Mental Health Act in 2015/16, our annual report on the use of the Mental Health Act (MHA), looks at how providers are caring for patients, and whether patient's rights are being protected.

[Monitoring the Mental Health Act in 2015/16 PDF | 966.38 KB](#)



## State of health care and adult social care in England 2015/16

Demands are increasing on health and social care. State of Care – our annual overview of health and social care in England – looks at the trends, highlights examples of good and outstanding care, and identifies factors that maintain high-quality care.

Most services provide people with good care, but variation exists. Some care services are closing, increasing pressure on other services including GP practices and hospitals. Strong leadership and collaboration will be important to ensure services improve and quality is maintained. Read the interactive summary.

[State of Care 2015/16 PDF | 3.07 MB](#)



## Quick Guide for people who arrange their own home care

SCIE and NICE have published a Quick Guide for people who use home care, their families and their carers. The guide tells you what you should expect from a good home care service, what to do if you are not happy with the standard of care and much more information.



The document is available to view or download using this link to the website

## ADASS RESPONDS TO REPORT ON CARE HOME FUNDING SHORTFALL

Responding to a report by LangBuisson on the shortfall in care home funding by councils, Margaret Willcox, President Elect of the Association of Directors of Adult Social Services (ADASS), said:

“These findings reflect universal concerns about the escalating social care crisis, resulting not least in councils struggling to meet rising costs.

“Councils are doing all they can to protect adult social care but reductions in funding and the cost of the National Living Wage, while welcome, means many providers are finding it hard to recruit staff, especially in home care in those areas of high employment.

“Despite 82 per cent of councils increasing fees paid to providers last year, our own survey reveals around two-thirds of councils have had residential and nursing home closures, and more than half have had care providers hand back contracts.

“It is a cause for celebration that more people are living longer but they are doing so with increasingly complex needs.

“Without significant, sustainable and long-term funding, the funding crisis means thousands of older and disabled people, their families and carers will face an increasing struggle to get the care and support they need, NHS delays will continue to increase, more care homes will close and there will be more gaps and failures in the provider market.”

## ADASS RESPONDS TO DELAYED TRANSFER OF CARE FIGURES

Responding to the latest NHS England figures for delayed transfers of care, Margaret Willcox, Vice President of the Association of Directors of Adult Social Services (ADASS), said:

“These figures, although not the highest, are prior to Christmas and new year; since then we have seen a most difficult period with more people attending A&E than ever. Social workers and care staff did a brilliant job covering the holiday, but unless there is sufficient care at home, people will continue to attend A&E, leading to increasing pressures on hospital staff already struggling to cope with demand.

“The fact that there were 24,500 delayed days in November because people were waiting for care packages in their own home – an increase of more than half on one year earlier - is a matter of enormous concern and reflects the crisis facing adult social care.

“Despite councils doing everything they can to protect adult social care budgets and look after the needs of their communities, more patients are experiencing delays in leaving hospital compared to this time last year.

“With care homes closing, councils projecting in-year overspends of almost £450 million, and the cost of the welcome National Living Wage, services are in significant and increasing jeopardy.

“The social care system needs an urgent, long-term and sustainable solution to make sure people get the care and support they need in the right place and at the right time, otherwise there will be worrying consequences for older and disabled people, their families and carers, with more vulnerable people spending longer in hospital - rather than in their own home and communities – as the winter pressures take effect.”

## Making Safeguarding Personal – Temperature Check:

<https://www.adass.org.uk/media/5461/making-safeguarding-personal-temperature-check-2016.pdf>

The Association of Directors of Adult Social Services commissioned a “Temperature Check” of Making Safeguarding Personal to:

- measure progress towards full implementation and
- gather information and views from safeguarding leads in order to shape the 2016/17 safeguarding development programme.

Leads in Local Authorities were interviewed to identify where local authorities have got to in their work on MSP. They found:

- Progressing MSP requires commitment and support of senior management and changes to infrastructure such as: training, supervision, systems and partnership working.

- It appears that the Police and the NHS have not been able to embrace MSP outside small specialist units. The concept of having a conversation with the person about outcomes was said to be either alien to accepted practice or outside the time limit they have to spend with that person.
- CCGs seem to have understood the concept of MSP but many were struggling to translate the principles into commissioning.
- Councils still at a fairly early stage in finding the best ways to evidence the answer to the question 'have you made a difference?'
- Most local authorities struggle with engagement with people at a strategic level and many SABs are still struggling to get meaningful involvement of those people on their Boards.
- Most respondents believed that MSP was having a positive impact on safeguarding.

The following were identified as things people would like to see in the 2016-17 Safeguarding Development Programme:

Practitioners	Managers	Strategic
<ul style="list-style-type: none"> <li>○ Family approaches</li> <li>○ Recovery &amp; resolution models.</li> <li>○ Worked examples/case studies.</li> <li>○ How to balance service user expectations against public duty of care.</li> <li>○ Preventative work.</li> <li>○ Risk management.</li> <li>○ Self-neglect.</li> <li>○ Human trafficking/modern slavery.</li> <li>○ Expectation of standards of practice for social workers and principal social workers.</li> </ul>	<ul style="list-style-type: none"> <li>• How managers can lead and sustain culture change.</li> <li>• Making the final step of MSP becoming part and parcel of everyday working.</li> <li>• Following up on peer review recommendations and gaining critical appraisal on their responses.</li> <li>• Sharing practice and methods on how best to filter safeguarding alerts, building on the old threshold guidance.</li> <li>• How to identify and encourage MSP champions.</li> <li>• Structured conversations and celebrations to embed MSP at practice level.</li> </ul>	<ul style="list-style-type: none"> <li>• More guidance for commissioners.</li> <li>• “What would it look like in...” acute hospitals; police work; primary care; etc.</li> <li>• 'Milestones' to measure the journey to fully embed MSP.</li> <li>• Effective co-production.</li> <li>• How to improve engagement with independent care providers and improve quality.</li> <li>• How to integrate MSP into SARs.</li> <li>• How to improve engagement of other partner organisations &amp; prevent ASC from becoming the exclusive holder of the MSP torch.</li> </ul>



National level	Regional level	Local level
<ol style="list-style-type: none"> <li>1. MSP toolkit should be reviewed.</li> <li>2. IT systems should be reviewed.</li> <li>3. National materials should be developed and circulated.</li> <li>4. Develop tools/guidance on what MSP looks like in partner organisations.</li> <li>5. NHS England and CCGs work together on guidance for commissioners on how to build in MSP into their commissioning practice.</li> <li>6. An ideal type of outcomes measurement and reporting framework should be agreed.</li> </ol>	<ol style="list-style-type: none"> <li>7. Practitioners should share their experiences of MSP at local and regional levels.</li> <li>8. Reporting on outcome measures should be shared and pooled at a regional level.</li> <li>9. Commissioners and CQC should work together to ensure that MSP is fully built into regulatory work</li> <li>10. Safeguarding Adult Review repositories are being developed at a regional (or national) level.</li> </ol>	<ol style="list-style-type: none"> <li>11. Manage the increase in safeguarding concerns by considering integration of front doors either through MASH or a jointly staffed Single Point of Access.</li> <li>12. What happens to safeguarding alerts that do not progress to a s.42 enquiry?</li> <li>13. Take stock of where their service stands on the road to full implementation of MSP.</li> <li>14. Get greater corporate council buy-in to MSP - councillors etc.</li> <li>15. Staff training providers review their materials to embed MSP values.</li> <li>16. Do more to meaningfully engage service users in planning and shaping safeguarding services.</li> <li>17. Enhance prevention of abuse by building a pathway into voluntary and community assets for lower level.</li> <li>18. Commissioners work more closely with independent care providers to link and embed MSP</li> </ol>



On average at least 25,000 older people in the UK die prematurely from cold related illnesses each year – that's over 200 preventable deaths a day.

Age UK has also calculated that over the last 60 years there have been an alarming 2.5 million avoidable deaths among older people in England and Wales due to the winter cold.

#### 4 steps you can take to stay well this winter

1. **Stay active.** When you are indoors, try not to sit still for more than an hour, if you can get up. Walk around or make a hot drink.
2. **Eat well.** It's important to eat well, especially in the winter. Have at least one hot meal a day and have regular hot drinks. Also stock up on basic food items in case of a cold snap.
3. **Keep to the ideal temperature.** 64°F (18°C) is the ideal temperature for your bedroom and 70°F (21°C) is the ideal temperature for your living room, although if you still feel cold turn the heating up regardless of what the thermometer reads.
4. **Shut your bedroom window at night.** Breathing in cold air can increase the risk of chest infections.

#### If you're worried about staying well and warm this winter

Age UK is urging anyone who is worried about staying warm this winter to call its Advice Line free of charge on **0800 169 6565**.

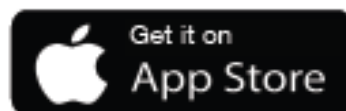




## NHS Safeguarding Guide App



A resource for healthcare professionals to increase their awareness and understanding of safeguarding requirements



Access on web at:

[www.myguideapps.com/nhs\\_safeguarding/cam](http://www.myguideapps.com/nhs_safeguarding/cam)

Delivered by **MYGUIDE**