

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

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Subject:

The Safeguarding Adults Board Annual Report 2016 – 2017

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

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Portfolio:
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Overview & Scrutiny Area:
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Summary statement:

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

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

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

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BACKGROUND

- 1.1 The Safeguarding Adults Board (SAB) exists to ensure that local safeguarding arrangements work effectively to safeguard and protect adults at risk from abuse or neglect. It seeks to address the government's ethos of 'Making Safeguarding Personal (MSP)' providing the opportunity for adults at risk to make their own decisions whilst at the same time supporting and protecting them from abuse or neglect. The SAB has the ability under the statute to regulate its own activity and procedures it is required to perform as a multi-agency partnership to best serve the local community in safeguarding adults at risk.
- 1.2 As lead agency the local authority is required under the Care Act 2014 to establish a SAB consisting of core partner representation from itself, the CCGs (of which Bradford has three) and the police and then to co-opt a number of other Statutory and voluntary agencies, including service user and carer groups, to become SAB members. Part of its statutory functions include the need to
 - publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this
 - publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy

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

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

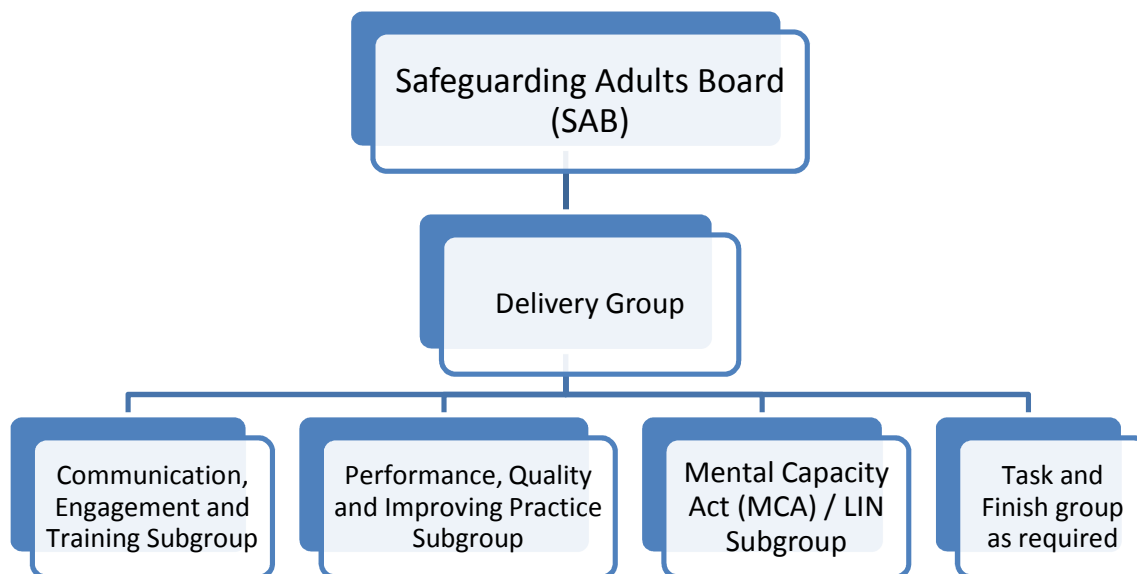
- Delivery Group. This is the operational arm that oversees the function of the SAB Subgroups. It monitors the SAB Strategic Delivery Plan and Risk Register and does act upon work-streams as directed by the Board.
- Communication, Engagement and Training Subgroup. This group supports the work on communicating and engaging with service users and carers and the wider community including different ethnic minorities and faith groups. The group also analyses a training needs analysis (TNA) to inform training requirements and the training to be delivered to support the safeguarding of adults within Bradford.¹
- Performance, Quality and Improving Practice Subgroup. This group provides the SAB with an informative and meaningful analysis of safeguarding data and responds to national data requirements for safeguarding. It also oversees and implements the SAB self-assessment process.
- Mental Capacity Act (MCA) Local Implementation Network (LIN) Subgroup. This group ensures that developments and changes in the legal area of DoLS are appropriately implemented at the local level through attendance at regional and national Mental Capacity Act meetings.
- ‘Task and Finish’ Groups are convened as and when necessary to undertake specific pieces of work, as directed by the SAB and Delivery Group, that are time-limited and singularly focussed. For example, a Safeguarding Adults Review (SAR) Group to decide whether or not it is necessary to commission a SAR in a specific case, as required by the Care Act 2014.

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

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

The Chair comments

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



2. Safeguarding Adults Activity 2016 - 2017

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

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

- 2.2 This year we presented the fifth annual multi-agency Safeguarding Week in October 2016 in which a wide range of learning and development opportunities for practitioners was highlighted. Over eighty organised events were hosted across the District demonstrating partnership working. Many young people and service users became involved through organising and delivering events throughout the week.
- 2.3 'Real Safeguarding Stories' was launched in the autumn of 2016. This is a free online service which encompasses all areas of safeguarding children and adults and domestic abuse and provides films which can be used for information and training. This has been a successful venture with over 10,000 'page hits' from across the UK in the first four months.
- 2.4 Safeguarding training is a priority for the SAB to raise awareness in the prevention of abuse and neglect. Training courses target different audiences of practitioners. In an on-going response to the implementation of the Care Act 2014, multi-agency

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

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

- 2.5 The Performance Quality and Improving Practice Subgroup (PQIP) has undertaken a SAB self-assessment. The process required the completion of a questionnaire by SAB partner agencies for analysis. Work has been undertaken to draw together the responses to review strengths and weaknesses and partners will be required to present evidence of the areas in which they indicated strengths and discuss actions they were taking to address identified weaknesses.
- 2.6 The IT systems update, 'Systmone' was introduced in August 2016. The incorporation of Safeguarding Adults and Deprivation of Liberty Safeguards (DoLS) modules has been delayed due to the need to ensure the modules capture all necessary information in order to respond to the national data reporting requirements as well addressing SAB requirements through the need for data reflecting MSP activity.
- 2.7 Bradford now has forty-seven trained Best Interest Assessors with thirteen currently undertaking the necessary training. The high quality of work produced by the Assessors has ensured that it has remained rare for us to experience problems in relation to compliance with the Mental Capacity Act and Mental Health Act in the area of deprivation of liberty.

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

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

3. Summary of Performance Data

- 3.1 The Safeguarding Adults Board Annual Report details a safeguarding adults data analysis for the year. It is based upon the statistical data provided to the NHS Digital as part of the annual Safeguarding Adults Collection (SAC).
- 3.2 A total of 4,256 safeguarding queries were made this year to the Safeguarding Adults Unit (SAU). This represents a decrease of 5% on the previous year. Those queries that did not directly relate to safeguarding adults were closed and passed

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

- 3.3 Based upon criteria set out in Procedures, we have continued to improve the triage system of ensuring that 'low-level' concerns are dealt with quickly enabling the system to focus on the more complex cases requiring application of the safeguarding process.
- 3.4 Of the 714 Section 42 safeguarding enquiries, the greatest number of enquiries came from social care staff – 294, followed closely by health care staff - 205. Taken together these two sources accounted for 499 (70%) of enquiries. 436 (61%) were in respect of female adults at risk and 39% males. In 2016/17 people with social support needs were most often the subjects of safeguarding enquiries (263 = 37%) which was twice as many as the next nearest group requiring learning disability support (132 = 18%). The most common type of abuse was 'neglect and acts of omission' where out of the Section 42 enquiries, 332 (31%) were classified under this heading, followed by 'physical abuse' which accounted for 238 (22%) of cases. When considering these data it is important to remember that a safeguarding enquiry can include multiple types of abuse.
- 3.5 During the year a total of 553 cases (older or current) were closed with outcomes. No further action was taken other than the enquiry in 361 cases (67%). In these cases risk was being managed effectively. Out of the remaining cases, investigations ceased at the request of the adult at risk in 21 cases and in 161 (29%) of cases, specific protection plans were agreed in order to manage, reduce or eliminate the risk. Out of these, the risk was completely removed in 50 cases and reduced in 99 cases. The risk remained in 12 cases.
- 3.6 In December 2016 it was identified that the Adult Protection Unit (APU) had been holding a number of safeguarding adults' cases which had not reached an outcome allowing the cases to be closed. It was decided to seek outcomes and subsequent closure of the 'backlogged' cases from April 2016.

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

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

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

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

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

4. Areas of Focus for 2017 – 2018

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

5. FINANCIAL & RESOURCE APPRAISAL

None

6. RISK MANAGEMENT AND GOVERNANCE ISSUES

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

7. LEGAL APPRAISAL

None

8. OTHER IMPLICATIONS

8.1 EQUALITY & DIVERSITY

None

8.2 SUSTAINABILITY IMPLICATIONS

None

8.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

8.4 COMMUNITY SAFETY IMPLICATIONS

None

8.5 HUMAN RIGHTS ACT

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

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

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

8.6 TRADE UNION

None

8.7 WARD IMPLICATIONS

None

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

None

9. NOT FOR PUBLICATION DOCUMENTS

None

10. OPTIONS

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

11. RECOMMENDATIONS

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

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

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

12. APPENDICES

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

13. BACKGROUND DOCUMENTS

None