Agenda Item 8

Report to:	**Adult Social Care and Community Safety Scrutiny Committee**
Date:	**1 March 2012**
By:	**Director of Adult Social Care**
Title of report:	**Safeguarding Adults at Risk Progress Report**
Purpose of report:	**To provide an update on the progress of Safeguarding Adults at Risk in East Sussex**

RECOMMENDATIONS

The Committee is recommended to:

1. **Consider and comment on the content of this report and its recommendations.**
2. **Consider and comment on the content of the action plan and its progress.**

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1. Financial Appraisal

1.1. There are no increased costs arising from the report recommendations. The actions will be delivered within existing resources.

2. Background and Supporting Information

2.1. An independent review of the East Sussex Safeguarding Adults Board (SAB) was commissioned and reported to the Board in August 2011. The review was to assess the effectiveness of the Board and its four subgroups and to make any recommendations for change.

2.2. The review consisted of interviews and questionnaires with a range of key stakeholders, as well as analysis of documents supplied by the SAB and national guidance and research (see Appendix 1).

3. Findings

3.1. The review demonstrated the SAB has been effective at both strategic and operational levels and is inclusive of a range of stakeholders. The SAB has been chaired effectively and the Governance arrangements are fit for purpose. The four subgroups are multi-agency and implement the SAB's vision strategy and priorities with a recently expanded agenda that includes prevention, in line with national policy context.

3.2. The review is considered by the SAB as a fair and accurate reflection of the areas considered. An Action Plan has been developed to respond to the areas for development with deadlines for completing actions and progress updates. Implementation of the Action Plan will be monitored by the SAB (see Appendix 2).

4. A Guide to Safeguarding Investigations and Case Conferences

4.1 In response to feedback from service user interviews post safeguarding investigation, we have produced an information leaflet called "A Guide to Safeguarding Investigations and Case Conferences". (See Appendix 3 for the link to the e-book leaflet. Hard copies have been circulated to the Committee). This is now available to all adults at risk of abuse, relatives and carers to help people understand the safeguarding process. It is available in both electronic and paper formats.

5. Conclusion and Reasons for Recommendation

5.1 The review of the SAB and its four subgroups provides opportunities to further develop adult safeguarding across East Sussex. The consensus is that the SAB has been effective since 2008 but will now need to respond to new challenges and demands. The Action Plan is a key document in response to the recommendations and it is therefore important that the Scrutiny Committee plays a role in challenging the work of the SAB and its subgroups.

KEITH HINKLEY
Director of Adult Social Care

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Tel No. 01273 482503

Local Member: All
BACKGROUND DOCUMENTS: None

Review of SAB - Action Plan **Appendix 2**

Recommendation	Action	Timescales	Lead	Progress Updates
1. Find ways to amplify the voice of service users and carers, notwithstanding the valued contribution made by Link.	o Develop a mechanism to allow a two way dialogue between the SAB and service users and carers	28TH October 2011	JL/AT	CR recruited to lead on engagement with service users and carers.
	o Identify how feedback from complaints/compliments can be used to support safeguarding activity	28TH October 2011	JL/AT	Feedback mechanism to SAB is now in place.
	o Develop the evaluation process for the Preventive strategy and raising awareness campaign.	April 2012	JL/AT	
2. Agree how to link more explicitly the work of the SAB to other boards and major programmes of work such as Community Safety.	o Identify links to other boards and major programmes in the reviewed TOR of the SAB	December 2011	LH/AT/SW	Relevant Boards have now been identified. Links being progressed.
	o Use existing Boards to link safeguarding agenda.	December 2011	LH/AT/SW	Following identification of the relevant Boards, the next step is to meet with each Board to identify how each of them interface.
3. The SAB needs to: a) refresh the vision and strategy b) re-affirm the work plans that are in development. The strategy and work plans that are currently being developed must be clear about expected outcomes. Public Health representation is required. This is acknowledged and needs to	o Review the SAB Strategy	January 2012	KH	The SAB held an away day in October 2011 when the Board's strategy was reviewed.
	o Sign off the current Board, Sub-group and preventative strategy action plans at the SAB away day	January 2012	KH	All action plans have now been signed off.

Last updated: 2 February 2012

Recommendation	Action	Timescales	Lead	Progress Updates
be addressed.				
4. Consider reducing the sub-groups from four to three. In parallel, the terms of reference would need to revised or re-affirmed and the membership should be debated. This recommendation links to recommendation one above.	o Reduce the number of subgroups from 3 to 4.	28th October 2011	SW/LH/AT	Completed – the Communications and Workforce Development sub groups have now been merged.
	o Develop new TOR for the combined group	April 2012	SW/LH/AT	Terms of Reference are to be discussed at the March 2012 meeting.
	o SAB to approve proposed membership of the group.	28th October 2011	SW/LH/AT	Complete
	o Update TOR for the SAB (linked to recommendation 6).	April 2012	SW/LH/AT	The Board's Terms of Reference are due to be updated by March 2012.
5. PQA sub-group to play a more significant role in scrutinising and challenging the ways in which the views and experiences of people who have been through the safeguarding process influence practice.	o To reflect this in the TOR of the group	October 2011	LH	Complete
	o To review the membership	October 2011	LH	Complete
	o Develop a mechanism to scrutinise the practice/service changes following service user feedback.	April 2012	LH/TS	
	o Develop a cohesive system for collating the following feedback to be reported bi-annually to the SAB: • Learning from Serious Case Reviews	December 2011	AT	Complete

Recommendation	Action	Timescales	Lead	Progress Updates
	• Learning from Complaint including complains from the Ombudsmen • Information from internal, multi-agency and external audits • Service User interview/feedback information • Providers feedback information • Independent Chair feedback information			
6. Terms of reference for the SAB and sub-groups to be revised and job descriptions and person specifications are required for all formal roles on the SAB and sub-groups, ie the role of chair. Constituent organisations need to be clear about the level of authority they are delegating to their representatives, expectations regarding roles and responsibilities and the rules for approving sub-group work plans.	o To review the TOR and membership. Circulate to CEOs.	April 2012	KH	
	o To develop job descriptions and person specifications for SAB and sub groups o	December 2011	KH	Complete
	o Develop mechanisms for learning from national Serious Case Reviews and Domestic Homicide Reviews	December 2011	AT	The Communities of Good Practice website can now be used to share learning. Local links also in place.
	o Review Annual Report on safeguarding to include effectiveness of the Board and Subgroups	August 2012	AT	Complete
7. Consider whether there is a greater role for the Overview and scrutiny committee.	o To review the Councilors' briefing paper.	December 2011	AT	The Councillors Briefing Paper has now been reviewed at the Steering Group
	o Review training opportunities for elected members.	December 2011	AT	One training session has been completed and an ongoing programme of training is in development

Recommendation	Action	Timescales	Lead	Progress Updates
8. Investigate how the greater use of comparative data and benchmarking would help to drive service improvements.	o To continue with the benchmarking exercise	28th October 2011	LH/AT	Benchmarking of the 2010/11 AVA return has been completed and circulated. Further exercises will be completed once data becomes available.
	o To report on Pan Sussex paper and to be progressed via the PQA subgroup.	28th October 2011	LH/AT	The Pan Sussex paper has been circulated.
9.GP consortia	o To link up with GP commissioners and identify key decision makers through the Coastal Communities Health Consortium.	December 2011	KH	Initial discussions have been held.
	o Update the SAB on NHS development papers	April 2012	JH	

AT – Angie Turner
KH – Keith Hinkley
LH – Louisa Havers
JL – Janette Lyman
JH – Jane Hentley
SW – Sam Williams
TS – Thomas Skilton

Appendix 1

Independent review of the Safeguarding Adults Board

East Sussex County Council

Tony Benton, Independent Social Care Consultant,
AJB Public Sector Consulting Limited

Final report 10 August 2011 – version 4

Executive summary

The Safeguarding Adults Board (SAB) has been effective at both a strategic and operational level, raising the profile of adult safeguarding and challenging service failures. The agenda has recently expanded to include prevention, although it is too early yet to evaluate and judge the results. Links with Community Safety, and other relevant programmes of work elsewhere in the council and beyond, need to be more explicit.

The SAB has been chaired effectively and is inclusive of a range of key stakeholders. Board meetings are focused and business like.

The sub-groups also have a multi-agency dimension and are the delivery mechanism for the SAB, its vision, strategy and priorities. The work plans that are currently being developed must be clear about expected outcomes (ie outcomes focused and mapped to the Department of Health performance framework and principles).

The governance arrangements for the SAB and four sub-groups are fit for purpose. There is not a compelling case for an independent chair.

The most significant challenges and areas for development can be summarised as follows:

1. The SAB needs to refresh the vision and strategy and re-affirm the work plans that are in development. An independently facilitated workshop, or extended board meeting, should be the vehicle for addressing this need. What is crucial is that members of the SAB have the time and space to share their organisations perspectives, challenges, pressures and priorities. This will result in a more holistic understanding of the multi-agency context and underpin the work plans for the next 12 – 18 months.

2. There is still more to do to amplify the voice of service users and carers, notwithstanding the valued contribution made by Link. This is likely to be on a number of fronts including building on existing networks and fora.

3. The sub-groups could be reduced from four to three. In parallel, the terms of reference would need to revised or re-affirmed and the membership should be debated. In the view of the author of this report, the sub-groups need to aim to hear from a wider range of stakeholders (including providers) and to bring more expertise to the table.

4. Job descriptions and person specifications are required for all formal roles on the SAB and sub-groups.

5. Greater use of comparative data and benchmarking would help to drive service improvements.

Recommendations

The recommendations made throughout this report (nine in all) are to be formally endorsed by the SAB at its meeting in October 2011.

Introduction

This review of the East Sussex Safeguarding Adults Board was commissioned by Angie Turner, Head of Service (Safeguarding), and carried out by Tony Benton, Independent Social Care Consultant and author of this report.

The purpose of the review was to assess the effectiveness of the board and its four subgroups and to make any necessary recommendations for change. The full terms of reference for the review are attached as Appendix A of this report.

The review used interviews and questionnaires to seek the views of key stakeholders (see Appendix B for further details). In the time available, however, it was not possible to hear from everybody that might have a view.

In addition, a range of documents supplied by the board were analysed, national guidance and research was considered, and the experiences and arrangements of a number of other councils were taken into account.

Local and national context

In East Sussex, the Safeguarding Adults Board (SAB) was originally established as the Adult Protection Management Committee in 2002, in line with the requirements of *No Secrets* (DH 2000). In July 2008, the chairing of the board was taken over by the statutory director for Adult Social Care. At the same time, the current terms of reference for the SAB were agreed and over subsequent years, the membership of the board has been enlarged and strengthened. Since 2008 some, but not all, of the sub-groups have also revised their terms of reference.

On the national stage, the policy context and framework for adult safeguarding has changed substantially and continues to do so. In particular, there has been a move away from the narrow definition of adult protection, to be replaced by a broader and more dynamic emphasis on prevention, empowerment, positive risk taking and the promotion of human rights.

Furthermore, adult safeguarding is regarded as a core function for councils and can no longer be seen as a social care responsibility alone. A joined up, multi-agency approach, across the spectrum of safeguarding activities is essential if adults at risk are to live lives that are free from violence, harassment, abuse and neglect. In this context, the importance of the SAB can be seen: it has a critical role at both a strategic and operational level, holding partners to account for safeguarding adults and for delivering positive safeguarding outcomes.

In recent months, the report of the Law Commission (review of adult social care law) has recommended that Safeguarding Adults Boards should be put on a statutory footing. And the proposed reforms of the NHS (with a move towards GP led commissioning consortia), coupled with the governments articulation of six principles to govern the actions of safeguarding boards (DH, May 2011) all indicate that further profound changes can be expected.

Against this backdrop, the chair of the SAB recognised the need to take stock, consider the changing landscape and to review the remit and governance arrangements of the SAB and its four sub-groups. The remainder of this report sets out the key findings of this review and makes nine recommendations.

Effectiveness of the safeguarding adults board (SAB)

Key messages:

- The SAB has been effective in terms of providing strategic and operational leadership, raising the profile of adult safeguarding and challenging service failures.

- Key partners are present on the board, decisions are reached on the basis of consensus, and purposeful work plans for each sub-group are endorsed by the SAB. There is, however, a need to hear a wider range of voices without the membership of the SAB expanding to the point of becoming counter productive.

- The work of the SAB is not clearly and explicitly linked to the work of other boards and major programmes of work such as Community Safety. There are potential synergies that are not yet fully exploited.

- The vision, strategy and work plans for the SAB should be refreshed, taking account of the findings of this review. There is a need to co-create the change.

Recommendations:

1. Find ways to amplify the voice of service users and carers, notwithstanding the valued contribution made by Link. This is likely to be on a number of fronts including building on existing networks and fora. This recommendation cuts across the SAB and one or more of the sub-groups.

2. Agree how to link more explicitly the work of the SAB to other boards and major programmes of work such as Community Safety. Reflect this in TOR for the SAB.

3. The SAB needs to refresh the vision and strategy and re-affirm the work plans that are in development. The strategy and work plans that are currently being developed must be clear about expected outcomes (ie outcomes

focused and mapped to the Department of Health performance framework and principles).

An independently facilitated workshop, or extended board meeting, should be the vehicle for addressing this need. What is crucial is that members of the SAB have the time and space to share their organisations perspectives, challenges, pressures and priorities.

Strengths and achievements

- Following the inspection in 2008, the board was refocused, the chairing arrangements changed and the membership of the board was reduced. All of these changes are regarded as positive: the board is now more strategic, focused, and members are held to account for actions that they have agreed to on behalf of their constituent organisations.

- The board is effectively chaired and is perceived to be inclusive – views are elicited and people's voices are heard and different points of view are respected. There is a climate of trust and constructive challenge. Board meetings are business like. Decisions are based on consensus.

- The board has, by necessity, tended to focus on establishing effective multi-agency procedures for responding to alerts; performance managing the implementation of action plans arising from two Serious Case Reviews (SCRs) and developing a prevention strategy.

- The board has exercised a leadership function and been successful in raising the profile of safeguarding across health and adult social care services and the wider community. The awareness raising campaign appears to have been very successful.

- The annual report influences the thinking around priorities and work plans and there is a firm intention to make better use of the data within the annual report (for example to inform the prevention strategy and awareness campaign).

Areas for development/challenges

- The consensus of opinion is that the board has been effective since 2008, but will need to respond to a range of new challenges and partnership demands. This includes the need to refresh the overarching strategy agreed in June 2009 (*Strategy for Safeguarding Vulnerable Adults: 2009-12).*

- The board needs to ensure that its vision and programmes of work dovetail with the work of other boards and work programmes such as

Community Safety, Children's Safeguarding Board, Domestic Violence, anti-social behaviour, hate crime etc. Once established, it will also need to link with the Health and Wellbeing board. The vision and strategy needs to be aligned with central governments new social care performance framework and the six principles of safeguarding.

- Several board members talked about the need for more 'horizon-scanning' and the importance of taking the time to understand each others priorities, perspectives, pressures and issues. This is difficult to achieve within the strictures of short formal meetings four times per year.

- The SAB is currently relatively small in terms of its membership (a positive). However, it is also recognised that there is more to do in terms of hearing a range of voices that are representative of users and family carers, non-residential service providers, housing and the growing number of people directing their own support. There is a challenge to be resolved over how to hear more voices without the SAB growing to a size where it becomes ineffective.

- Public health representation is required. This is acknowledged and needs to be addressed.

- Some board members attend all three SABs across Sussex. There is inevitably some duplication between the three Sussex boards, but also an opportunity to exploit learning and save time.

- It was broadly recognised that an extended board meeting or an independently facilitated away day was required, so that the SAB could refresh its vision, strategy and work plans. The emphasis should be on hearing about each others perspectives, pressures and priorities and re-affirming the outcomes that the board wants to see delivered over the next 12 – 18 months.

Effectiveness of the sub-groups

Key messages:

- The sub-groups have done a good job over recent years in delivering the SABs priorities.

- There is scope to rationalise the number of sub-groups, critically review membership and bring in additional sectors and voices.

- The PQA sub-group need to develop mechanisms for scrutinising and challenging the ways in which the views and experiences of people who have been through the safeguarding process influence practice.

This is an important element of quality assurance.

Recommendations:

4. Consider reducing the sub-groups from four to three. In parallel, the terms of reference would need to revised or re-affirmed and the membership should be debated. This recommendation links to recommendation one above.

5. PQA sub-group to play a more significant role in scrutinising and challenging the ways in which the views and experiences of people who have been through the safeguarding process influence practice.

Strengths and achievements

- The board is supported by four sub-groups. The sub-groups are the delivery mechanism for the boards strategic objectives, that is to say they are tasked with developing annual delivery plans and are held to account for agreed actions. This approach continues to be refined and for 2011-12, there is an expectation that these plans will be more robust than in the past and outcomes focused. They will also be mapped to the new outcomes framework.

- The Performance and Quality Assurance sub-audit group has done a good job in terms of progressing the SCR action plans. This was new territory for East Sussex and the learning will support any future SCRs.

Areas for development/challenges

- The membership of the four sub-groups should be debated to ensure that they are sufficiently broad and inclusive. For example in terms of housing, commissioner perspectives, private, voluntary and faith sectors. All four sub-groups are currently chaired by Adult Social Care and there should be some debate about whether any other agencies could/should adopt a chairing role? Such an arrangement might strengthen still further the partnership approach, as well as introduce an element of additional challenge.

- There is an emerging need for better contact with the world of personal budgets – users and personal assistants in a market place that is changing. This at least needs to be kept under review.

- The Communications and Raising Awareness sub-group has done some very good work over the past two years, but is struggling in terms of its membership. There appears to be a case for merging this group

with the Workforce Development Group, so that a wider and more inclusive pool of people and expertise can be brought to the table.

- The Performance and Quality Assurance (PQA) sub-group need to do more in terms of challenging and scrutinising the effectiveness of inter-agency safeguarding case work. It is still very early days in terms of implementing multi-agency audit - an important first step.

- The PQA sub-audit group need to develop mechanisms for challenging and scrutinising how the views and experiences of people who have been through the safeguarding process influence practice. This could be through (a) service user interviews and (b) case closure, where there should be evidence of two way feedback between the investigating officer and service user. This is an important element of quality assurance.

- More broadly, there is more to do to exploit complaints/compliments, and existing networks for involvement and public engagement. There should be a more direct correlation between the views and experiences of users and the development of the procedures and safeguarding services more widely. The sub-groups have greater role to play in facilitating this. What is needed is a cohesive and representative way of hearing more voices.

- There is a recognised need to improve the way in which the awareness campaign and prevention strategy are evaluated. It is early days in terms of developing measures that will provide evidence of the return on investment.

- There is more to do to fully understand the implications of CQC inspecting health services.

Governance arrangements

Key messages:

- The governance arrangements are fit for purpose.
- Job descriptions and person specifications are required for all formal roles on the SAB and sub-groups.

Recommendations:

6. Terms of reference for the SAB and sub-groups to be revised and job descriptions and person specifications are required for all formal roles on the SAB and sub-groups, ie the role of chair. Constituent organisations need to be clear about the level of authority they are delegating to their representatives, expectations regarding roles and responsibilities and the rules for approving sub-group work plans.

7. Consider whether there is a greater role for the Overview and scrutiny committee?

Strengths and achievements

- The health representatives on the SAB all have mechanisms for reporting back to their senior colleagues and Trust board members. The police have a different but suitable arrangement for receiving feedback on the work of the board.

- The county council also have suitably robust governance arrangements, including quarterly performance reports and the annual report going to the lead member. The annual report is also a published document.

Areas for development/challenges

- The organisations attending the board need to be clear about the level of authority delegated to representatives, expectations regarding roles and responsibilities, and the rules for approving sub-group work plans.

- Overview and scrutiny might play a greater role in challenging the work of the SAB and the sub-groups. In some councils, the overview and scrutiny committee carry out special studies and/or scrutinise the annual report and question board members in open public sessions.

Enablers of effectiveness including learning, use of data, and consistent membership /attendance

Key messages:

- There are opportunities to learn from national SCRs and research.
- Greater use of comparative a data and benchmarking would help to drive service improvements.
- SPFT and other providers could make a greater contribution to the work of SAB and the sub-groups.

Recommendation:

8. Agree how the greater use of comparative data and benchmarking would help to drive service improvements. There is a debate to be had about using data from pan-Sussex.

Strengths and achievements

- The SAB has invested a considerable amount of time and other resources in the two local SCRs. It has made a great effort to maximise the learning.

- Over the past year, the statutory membership of the SAB has been relatively stable, other than from the PCT. Very recently, two new members have joined the SAB (children's services and Fire and Rescue).

- Pending legislation, there is not a strong call for an independent chair for the SAB. Having to contribute financially to an independent chair might not be popular with organisations in the current financial climate.

Areas for development/challenges

- Learning from national SCRs and research is currently under developed.

- There is a need to ensure that you have a mechanism for learning from domestic homicide reviews.

- There are opportunities to make greater use of comparative data that is available on a pan-Sussex basis. This could be productive in terms of ensuring consistency of practice across Sussex – for example in terms of the application of thresholds, proportionality of responses and hot and cold spots for alerts. Benchmarking could be a powerful improvement tool.

- SPFT have to report to health in different ways (SHA, commissioners, CQC) and have raised the question of whether there is a way of rationalising some of this across Sussex. It appears that there is some work happening regionally to try and address some of these difficulties.

- CQC have only attended one in four meetings.

- There is a need to ensure that SPFT are appropriately represented across the sub-groups.

- More providers could influence the board if there were stronger links between the workforce forum and workforce and training sub-group.

- There does not appear to be any interface with CPS.

The emergence of GP Consortia and dissolution of Primary Care Trusts

Key messages:

- It is widely recognised that the changing landscape of the NHS introduces uncertainty.
- There are also opportunities for new relationships to be forged.

Recommendation

9. Find a way of ensuring that safeguarding is built into health commissioning in the future. This is to be achieved by establishing an early dialogue with GP consortia.

Challenges

- The NHS reforms will change the landscape of health and particularly the commissioning of services. There is considerable uncertainty about how adult safeguarding will be commissioned and performance managed by health in the future.

- There are also very specific questions such as who will commission the Ambulance Service and safeguarding within the specification – remember SEECAMB covers 7 Local Authorities.

- GP engagement in safeguarding has historically been underdeveloped and challenging. It is possible that the new world will offer opportunities to forge new relationships with GPs and commissioning consortia.

- It might be possible for the Overview and Scrutiny committee to both challenge and influence the thinking around safeguarding in the new GP led NHS?

Tony Benton
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Final report version 4

Appendix A

Project Brief

Overall purpose

To review the Safeguarding Adults Board and its four subgroups, assess its effectiveness and make recommendations for change. The review will take account of the move towards GP Consortia and the dissolution of Primary Care Trusts.

Scope

The scope is the Safeguarding Adults Board, its four subgroups and Serious Case Review reporting mechanism.
The following areas are to be explored:

- Structure, Terms of Reference and membership of the Safeguarding Adults Board and its four subgroups. The subgroups are Communications and Raising Awareness, Operational Practice, Workforce Development and Performance, Quality and Audit.
- Chairing of the Safeguarding Adults Board and its four subgroups (ADASS advice note, December 2010).
- Governance arrangements including the role of elected members and CEO.
- The relationship to other Boards – local authority and NHS.
- The emergence of GP Consortia and dissolution of Primary Care Trusts.
- The impact of the Annual Report.
- Consideration of what can be learnt from adult and children Boards elsewhere.

Outcomes of the Review

- Clarity in terms of the effectiveness of the Safeguarding Adults Board and its four subgroups.
- Any opportunity for eliminating duplications will be identified.
- Any recommendations for change will have resource implications attached.

Appendix B

People who contributed to this review

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Appendix C

Background documents and references

ADASS advice note: *safeguarding adults 2011,* published April 2011.

Braye, S and Preston-Shoot, M *The Governance of Adult Safeguarding: findings from research,* 2011 but not yet published.

Department for Health, *Written Ministerial Statement: A vision for social care,* published 16 November 2010.

Department for Health, s*tatement of government policy on adult safeguarding,* Gateway reference 16072, 16 May 2011.

Department for Health, *transparency in outcomes: a framework for quality in adult social care (the 2011/12 adult social care outcomes framework),* published march 2011.

East Sussex Safeguarding Adults Board: *annual report March 2009 – April 2010.*

East Sussex County Council: *Strategy for Safeguarding Vulnerable Adults - 2009-12*, published June 2009.

Law commission review (adult social care) published May 2011.

Local Government Improvement and Development: *adult safeguarding peer review – guidance for councils and partners,* Published October 2010.

Appendix 3

A Guide to Safeguarding Investigations and Case Conferences leaflet:

http://www.eastsussex.gov.uk/socialcare/aboutus/policies/downloadsafeguardingadults.htm

Hard copies have been circulated to members of the Committee.