

## MUNICIPAL YEAR 2015/2016

**MEETING TITLE AND DATE**  
**Health and Wellbeing Board**  
**14 July 2015**

Director of Health, Housing and Adult  
Social Care

Contact officer and telephone number:  
Georgina Diba, 020 8379 4432  
E mail: Georgina.diba@enfield.gov.uk

<b>Agenda - Part: 1</b>	<b>Item: 4</b>
<b>Subject: Safeguarding Adults Annual Report 2014-15</b>	

**Wards:**

**Cabinet Member consulted:**

**Approved by:**

### 1. EXECUTIVE SUMMARY

The Safeguarding Adults Board are presenting their Annual Report for 2014-2015, which highlights the accomplishments of a partnership working in co-production with local people, service users and carers to prevent and respond robustly to the abuse of adults at risk. The Safeguarding Adults Board is a partnership of statutory and non-statutory organisations committed to preventing and responding to the abuse of adults at risk. The primary aim of the SAB is to work with local people and partners, so that adults at risk are:

- safe and able to protect themselves from abuse and neglect;
- treated fairly and with dignity and respect;
- protected when they need to be; and
- able to easily get the support, protection and services that they need.

The Care Act 2014 has placed Safeguarding Adults Boards on a statutory footing. This will present an opportunity to work in a strengthened partnership and a starting point with clear aims and priorities. The Safeguarding Adults Board have consulted on the next three year strategy and through feedback from service users, carers and local people, the Safeguarding Adults Strategy 2015-2018 is now complete.

The Annual Reports presents the key accomplishments of the Safeguarding Adults Board, both in their strategic and assurance role for safeguarding in Enfield, but also the actions across the partnership which prevent abuse and ensure a robust response when harm does occur. The annual report aims to set out a summary of Board activities and its effectiveness in assessing and challenging safeguarding practice which keeps adults at risk safe.

### 2. RECOMMENDATIONS

To note the progress being made in protecting vulnerable adults in the Borough as set out in the annual report of the Safeguarding Adults Board.

### 3. BACKGROUND

The Safeguarding Adults Board meets quarterly and has the key roles of:

- assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance
- assuring itself that safeguarding practice is person-centred and outcome-focused
- working collaboratively to prevent abuse and neglect where possible
- ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
- assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

Our annual report sets out how we have met these aims and the significant accomplishments over 2014-2015. Enfield achieved Gold Standard in **Making Safeguarding Personal**, which means we have worked hard to ensure adults who have experienced abuse are in control of decisions and services which affect them. Further, we are one of the first London Boroughs to have set up an adult **Multi Agency Safeguarding Hub**(MASH). The MASH is a range of professionals who receive alerts or concerns and through sharing information appropriately and including this wishes of the person being harmed, can make judgements on the most appropriate route to process the referral.

Over the last year we saw **996 reports of abuse** made to the Local Authority. Of these 34% related to multiple abuse and 28% related to neglect. Further the majority occurred in people's own homes followed by being alleged to have occurred in residential or nursing homes. At the time of this report 73% of these progressed to an enquiry, while 5% required further information gathering. Our full data can be found in Appendix B of the annual report.

The Safeguarding Adults Board has a strong assurance role and in holding partners to account. Over the last year this has been achieved through actions including ensuring leadership in safeguarding adults; providing partnership oversight and scrutiny of data; receiving assurances that adults at risk and carers are partners in the development of partnership services; and through external audits of practice presented to the Board.

A key part of our quality assurance is through hearing from those who have been harmed and whether their outcomes were achieved. We found overall positive feedback, particularly around ensuring people felt listened to and being invited to meetings about them. There is always more that we can do, and we have set out recommendations and actions from this learning and other external audits which hold us to account.

The work of **our Quality Checkers** continues to grow and was acknowledged through an LGC Award joint with Children's for excellence in engagement in March 2015. Quality Checkers also contribute to the Dignity in Care Panel, which checks that adult social care are meeting the key Dignity in Care Standards.

Looking forward we have set ourselves some clear tasks to accomplish, which have been set out by requirements in the Care Act 2014, identified via themes and trends in our data, and through consultation feedback from service users, carers and local people:

- Develop strategies for management of self neglect, hoarding and honour based violence and domestic abuse which enables adults to have choice and control

- Continue to have receive assurances from all partners that co-production and participation with those who use services and their carers informs the development and delivery of safeguarding activity
- We will look at partnership data as a means to identify themes and trends and direct our activities to prevent abuse or address issues of significance
- Strengthen the partnership between Board and Voluntary Sector

Every partner on the Board has a strong commitment to safeguarding adults and activities take place within each organisation to contribute towards enabling people to keep themselves safe and respond when harm does occur. Our statement from partners, which includes their planned actions over the coming year, can be found in Section 8 of the annual report.

#### **4. ALTERNATIVE OPTIONS CONSIDERED**

The Care Act places a duty on Safeguarding Adults Boards to publish an annual report. Further guidance goes on to state that the SAB must publish a report on:

- what it has done during that year to achieve its objective,
- what it has done during that year to implement its strategy,
- what each member has done during that year to implement the strategy,
- the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they began in that year),
- the reviews arranged by it under that section which are ongoing at the end of that year (whether or not they began in that year),
- what it has done during that year to implement the findings of reviews arranged by it under that section, and
- where it decides during that year not to implement a finding of a review arranged by it under that section, the reasons for its decision.

The statutory requirement for an annual report negates any alternative options.

#### **5. REASONS FOR RECOMMENDATIONS**

The report is being presented to the Health & Wellbeing Board to bring to attention the progress which has been made to support and enable adults at risk to be safe from harm, abuse and neglect.

#### **6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS**

##### **6.1 Financial Implications**

During 2014-2015 the Safeguarding Adults Board was not statutory, therefore there was no partner contribution or budget; primary support to the Board was provided via the LBE Strategic Safeguarding Adults Service.

With Boards becoming statutory from April 1, 2015, the Care Act states that members of the SAB are expected to consider what assistance they can provide in supporting the Board in its work. This might be through payment to the local authority or to a joint fund established by the local authority to provide, for example, secretariat functions for the Board. Partners have considered a pooled budget to ensure it is able to meet its statutory functions going forward for the coming financial year.

## **6.2 Legal Implications**

Section 42 of the Care Act 2014 imposes a duty on each local authority to establish a Safeguarding Adults Board (SAB) for its area. Schedule 2 of the Care Act 2014 sets out various requirements for SABs, including at paragraph 4 the duty to publish an annual report. Paragraph 4 prescribes the subjects which must be covered in an annual report and the people and bodies to whom the SAB must send copies.

The parts of the Care Act 2014 concerning SABs have been in force since 1 April 2015.

The proposals set out in this report comply with the above legislation.

## **7. KEY RISKS**

Mitigation of risks in relation to vulnerable adults is demonstrated in the Board's annual report. The Board is required to work effectively within partner resources while ensuring it can meet the changing needs and trends emerging in relation to the harm and abuse of adults in its area. The Board is continually looking at options to enhance efficiency and joint working that minimises duplication while provide quality and safe service sot adults at risk. Needing to deliver I times of austerity, the Board will work in partnership with its statutory partners, namely the Police and Clinical Commissioning Group, alongside existing partnership Boards, to maximise its impact.

Restructures across organisations have to be carefully managed, particularly taking into account the changes required to be delivered by the Care Act. The Board has quality assurance mechanisms to consider the contribution from partners to keep people safe and are able to manage risks within this.

Delivering on the strategy action plan is a key priority for the Board and risk has been mitigated through identifying a project manager in the Strategic Safeguarding Adults Service. The Board's action plan will be reviewed at each quarterly meeting, which will highlight progress against each action.

Co-production and challenge on safeguarding adults is crucial and a clear requirement in the Care Act. This risk has been mitigated by the Service User, Carer and Patient sub group of the Safeguarding Adults Board.

## **8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY**

### **8.1 Ensuring the best start in life**

There is representation on the Safeguarding Adults Board from safeguarding children, with a joint sub-group to enable issues which cross over to be addressed. This group ensures that wellbeing and safety from abuse is considered across all ages, such as joint working between adults and children's services when parents or carers have mental ill health and/or drug and alcohol problems.

### **8.2 Enabling people to be safe, independent and well and delivering high quality health and care services**

Our work over the last year has been based on an approach that concentrates on improving the life for the adults concerned; being safe is only one of the things people

want for themselves and there is a wider emphasis on wellbeing. Our work includes prevention of abuse and working with services and organisations to assure that they provide safe care that has quality at its centre.

### **8.3 Creating stronger, healthier communities**

Safeguarding practice includes working with people to resolve their circumstances, recover from abuse or neglect and realise the outcomes they want. In addition, we are setting ourselves the target of working with those who have harmed in an effort to prevent further abuse and contribute to safer communities.

### **8.4 Reducing health inequalities – narrowing the gap in life expectancy**

The Board does not directly reduce health inequalities. It is intended that the actions directly taken to support adults at risk of harm and abuse through the safeguarding adults' process will have an emphasis on an individual's well-being, which can include improved health outcomes.

### **8.5 Promoting healthy lifestyles**

Going forward the Board has set out actions towards reducing social isolation within high risk groups which may be at risk of abuse.

## **9. EQUALITIES IMPACT IMPLICATIONS**

The data from reports of abuse made to the Local Authority is considered at each Board meeting and includes information on those who are alleged to have been harmed and against the person alleged to have caused harm. The data is considered to ensure we are targeting work appropriately to support those most at risk or under represented.

### **Background Papers**

None identified.