

FINAL DRAFT

Bedford Borough and Central Bedfordshire Safeguarding Adults Board

Annual Report 2016-2017

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1. Foreword by Terry Rich, Independent Chair, Safeguarding Adults Board

This has been the first year that the Bedford Borough & Central Bedfordshire Safeguarding Adults Board has had an independent chair and has, therefore, been fully compliant with the provisions of the Care Act 2014.

The Board has built on the solid foundations that had been put in place by the previous Chair, Julie Ogley, the DASS of Central Bedfordshire Council and the strong commitment from all statutory partners across the area covered by the Board.

The year commenced with a Board Development Day and following this a Business Plan was drawn up outlining priorities for the year ahead. Progress against those aims is set out in section 4 below. The year concluded with a second development day which was used to review progress and to set our priorities for 2017-19. The business plan and our priorities are set out in section 7 below.



During the last year the Board has monitored safeguarding activity across the area and has instigated Safeguarding Adult Reviews where it was considered that multiagency learning could be gained from such reviews. Two reviews have reported during the course of the year and a third has recently commenced. The details of Safeguarding Adults Reviews (SAR's) undertaken is included in section 7 below. We have also reviewed performance of partner agencies through receiving and commenting on their various inspection reports. Both the Police and East London Foundation Trust have been subject to regulatory inspections during the year.

Work has commenced in developing stronger links with other strategic partnerships in Bedford & Central Bedfordshire – including the Local Safeguarding Children Boards, Health & Well Being Boards and Community Safety Partnerships. In addition, links are being established with



the Luton Safeguarding Adults Board. All these links are aimed at ensuring that partner's efforts are best coordinated and each partnership is sighted on areas of shared concern.

The Board has been well supported by Emily White and Viv Reynolds from Central Bedfordshire and Bedford Borough Council Adult Social Care Departments. They have been assisted by Natasha Smith our new Safeguarding Adults Board Support Officer. However, the Board would benefit from the creation of a Board Manager position – such a post would add further independence to the Board and make it less dependent on the two council Adult Social Care departments for support and servicing. This proposal has been well received by the two local authorities and I hope that this will be able to be achieved in the coming months.

How effective is Safeguarding Adults in Bedford and Central Bedfordshire?

From the Board's perspective, the arrangements made by local authorities and strategic partners to safeguard people with care needs have been robust and effective during the course of the year. There is evidence that there is good multi agency working and the Board's Operational sub group which reports to the main Board provides an effective forum for identifying tensions and issues.

That group has brought to the attention of the Board areas where improved procedures have been needed or where take-up has not been as expected. An example of this has been the lower than expected take up of advocacy services by people engaging with safeguarding and the Board has undertaken to explore ways of improving on this.

The Board has also kept track of the numbers of safeguarding concerns and enquiries and where they are coming from. Whilst there has been no evidence of undue delays in undertaking enquiries, there have been some concerns that large numbers of notifications are being made that do not turn out to be relevant to safeguarding. This is an area that Board partners have agreed to review to ensure that resources are used to the greatest effect. Demand for Deprivation of Liberty Safeguard (DoLS) assessments and reviews have proven a significant pressure identified



by safeguarding boards across the country. In our Board's area, this area of work continues to be well managed and the resources allocated appear sufficient to meet current demand.

The Board's business plan is attached at the end of this report and will guide the work of the Board in the year to come.

A handwritten signature in black ink, appearing to read "Terry Rich", on a light-colored background.

Terry Rich

Independent Chair,

Bedford Borough & Central Bedfordshire Safeguarding Adults Board



2 The Safeguarding Context in Bedford Borough & Central Bedfordshire

- 2.1 This annual report covers the work of the Bedford and Central Bedfordshire Safeguarding Adults Board during the year April 2016 to March 2017. It aims to inform residents of the Bedford Borough and Central Bedfordshire areas, including those who use social care and health services, their families and carers, elected members of each Council, those who work in social and health care across all partner agencies, about the work of the Board and safeguarding activity across the area.
- 2.2 274,000 people live in Central Bedfordshire (ONS mid 2015), resulting in a population density of 383 people per square kilometre. The total population of Central Bedfordshire is set to increase by 22.6% between 2014 and 2031. The biggest increase will be in people aged 65 and over. Central Bedfordshire is 'largely rural', with 58% of residents living in areas that were classified as rural in the 2011 Census. 10.3% of people in Central Bedfordshire were from ethnic minority communities in 2011, compared to 20.2% in England.
- 2.3 166,300 people live in Bedford Borough (ONS mid 2015). It is estimated that the population will increase to around 174,700 by 2021, with the fastest rise in adults aged 65 and over. Approximately two-thirds of the population live in the urban areas of Bedford and Kempston and one-third living in the surrounding rural areas. Up to 100 different ethnic groups live in Bedford Borough. More than 1 in 3 people in Bedford and Kempston are from minority ethnic groups, compared to less than 1 in 8 in rural areas.

3 Governance & Accountability

- 3.1 The Care Act 2014 put safeguarding adults on a legal footing for the first time and required Safeguarding Adults Boards to be set up across local authority areas to encourage partner organisations to work together and ensure local arrangements effectively help and protect adults in the local area so that everyone can live safely, free from abuse and neglect.
- 3.2 The Care Act 2014 also required all agencies to promote individual wellbeing with a multi agency approach to achieving positive outcomes for people who use services. The accompanying statutory guidance - Making Safeguarding Personal – required a change in day to day practice and organisational culture to allow the person who may be at risk to be put in charge of their own life.



3.3 Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. It also means having an interest in:

- the safety of people who use services in local health settings, including mental health
- the safety of adults with care and support needs living in social housing
- effective interventions with adults who self-neglect, for whatever reason
- the quality of local care and support services
- the effectiveness of prisons in safeguarding offenders
- making connections between adult safeguarding and domestic abuse

3.4 The Safeguarding Adults Board (SAB)

The Safeguarding Adults Board must lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. It does this by:

- 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.
- SABs have three core statutory duties. They must:



- develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute
- publish an annual report detailing how effective their work has been
- commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria for these.

4 Finance & Resources

- 4.1 As there is no national formula for Safeguarding Adults Board funding, levels of contribution are agreed locally. The positions of the Independent Chair and the Business Support Officer (three days per week) are funded as follows: one third Central Bedfordshire Council; one third Bedford Borough Council and shared third Bedfordshire Clinical Commissioning Group and Bedfordshire Police.
- 4.2 The cost of Safeguarding Adults Reviews has been met by the two local authorities.
- 4.3 It would be beneficial for the Board to have its own budget, with annual contributions agreed by each partner agency. This would ensure that the Board is able to conduct its business independently and is free to make decisions to commission reviews or other work without having to refer back to the host local authority at every stage.

5 Safeguarding Activity 2016-2017

- 5.1 Safeguarding reporting resulting in an enquiry has increased in Central Bedfordshire across all partner agencies. Notably reports by the public and self reports have not increased and remain very low. Enquiries reported by housing services and mental health services have seen the biggest increase from the previous year, followed by reports from the police and adult social care services. Abuse taking place in the person's own home continues to account for the larger proportion of enquiries. The trend in terms of location of abuse continues



to follow that of the previous year, with care homes accounting for the second highest location of abuse. In terms of types of abuse, again the trend remains similar to the previous year, other than in domestic abuse. Central Bedfordshire initiated 9 safeguarding enquiries related to domestic abuse in 15/16, and 56 enquiries relating to domestic abuse in 16/17. This is attributable to an increase in police reporting and to extensive work done by all partners to raise awareness of domestic abuse and its impact on disabled people. Physical, psychological abuse and neglect and acts of omission continue to be the most significant types of abuse resulting in enquiries. This is consistent with the locations of abuse. There has been a decrease in the number of professionals causing harm and an increase in the number of other people either known or unknown to the person. Known people would be family members which is consistent with the location of abuse being the person's own home. Unknown may be persons unknown or that the cause of the harm is unknown. There has been an increase in the numbers of enquiries related to a person with a learning disability, from 40 in 15/16 to 62 in 16/17.

- 5.2 Patterns of safeguarding reporting within Bedford Borough remain broadly similar to the previous year with own home continuing to be the main location for abuse to take place and neglect and acts of omission being the main type of abuse. There has been an increase in concerns for people where the support need is unknown, this is likely to be a result of increased reporting from agencies such as the police and ambulance service for persons not previously known to the authority. The Health Service is the main source of reporting concerns and within this will include a significant proportion of alerts from the ambulance trusts. Enquires for domestic abuse and financial abuse has increased, a high proportion of financial abuse is committed by family members or a friend and this links in with the location of abuse taking place in a person's own home. Enquires for care homes have increased with concerns being raised from a variety of sources. Recording of outcomes for S42 Enquires has shown an increase in individuals expressed outcomes achieved or partially achieved, mental capacity assessments and advocacy support.



6 Safeguarding Adults Board Business Plan 2016-2017

6.1 The Board established a Business Plan at the start of the year with the following priority themes:

6.2 **Board resilience:** Board members understand and deliver their roles and responsibilities. The Safeguarding Adults Board has:

- Developed a handbook for all Board Members, including concise summaries of relevant legislation and guidance, and the function of other local and regional strategic Boards/partnerships. This supports new members of the SAB in understanding their role and the functions of the SAB.
- Reviewed its governance structure to ensure there are sub groups that are able to deliver the Business Plan and that are focused on the six safeguarding principles.
- Set up a Safeguarding Adults Review (SAR) sub group and a SAR framework to ensure a robust governance structure around SARs and an ongoing monitoring role. This ensures the Safeguarding Adults Board meets its statutory obligations under the Care Act 2014.
- Developed an escalation procedure so that all partners are clear on responses to complex and challenging cases or issues concerning partnership working.
- Reviewed the SAB approach to business planning. This ensures the Safeguarding Adults Board meets its statutory obligations under the Care Act 2014.

6.3 **System Assurance:** The Board is confident that arrangements for safeguarding (as per the Care Act definition) are effective, well managed and performing well, and that staff have the skills and knowledge to deliver these arrangements. The SAB has:

- Developed a mechanism for testing staff confidence through a survey based on the multi agency competency framework. This has given the SAB an indication of where additional support may be required and informs individual partner agencies' training plans.
- Continued to receive quarterly reports from all member organisations and updates from the LSCBs through the Operational sub group. This provides the ongoing assurance and intelligence around safeguarding activity and member's performance.



6.3 **Challenge:** The Board has identified areas where agencies need to improve their services and/or performance, and feels assured that the relevant agencies have taken appropriate action. The Safeguarding Adults Board has:

- Developed and maintained a challenge log to record concerns about local safeguarding arrangements or practice. This ensures that challenges are highlighted to the SAB, followed up and outcomes reported.

6.4 **Awareness:** The Board is confident that partner and broader agencies are aware of the strengths and challenges in the local community, and that agencies are effectively identifying and responding to risks (including emerging risks). The Safeguarding Adults Board has:

- Undertaken a scoping exercise on safeguarding of young people in transition. This has led to recommendations for action in the 2017-2019 Business Plan.
- Undertaken a five year review report on feedback from and engagement with people experiencing safeguarding. This has led to recommendations for action in the 2017-2019 Business Plan.
- Received a briefing report on Old Village School Nursing Home. This provided the Safeguarding Adults Board with assurance that partners worked collaboratively to respond to the reports of abuse and neglect and subsequent home closure.
- Received reports on the HMIC inspections on Bedfordshire Police with a focus on vulnerability. This provided the Safeguarding Adults Board with assurance as to the police response to the inspection reports.
- Received a report on quality in the care sector. This has led to recommendations for action in the 2017-2019 Business Plan.
- Received a case study on self neglect. This provided the Safeguarding Adults Board with assurance as to partner's responses to the issue of self neglect and led to an amendment to the Multi Agency Policy and Procedures.
- Received progress reports on the development of the Vulnerability Risk Assessment Conference. This is intended to provide the Safeguarding Adults Boards with assurance that partners work collaboratively to provide a framework to ensure that vulnerable adults who may not fall under safeguarding procedures are supported.



7 Safeguarding Adults Reviews reporting during the year

7.1 A resident of Bedford Borough

A Safeguarding Adult Review (SAR) regarding Ms A, an adult at risk, was undertaken due to 'concern that partner agencies could have worked more effectively to protect the adult'. There were concerns that Ms A had been at risk of neglect and modern slavery when she was admitted as an in-patient on a mental health ward. There had been a pro longed multi -agency investigation process, which endeavoured to safeguard Ms A.

The decision to arrange a Safeguarding Adults Review was taken, under Section 44 of the Care Act 2014, by Bedford Borough and Central Bedfordshire Adult Safeguarding Board at its meeting on 15th August 2015. The Safeguarding Adults Review found there was no evidence that any agency had failed Ms A and she had been safeguarded as far as possible throughout the period.

The four key themes that were identified as areas of learning from the Safeguarding Adults Review were: Modern Slavery; Legal Literacy and safe discharge from hospital; protection planning and risk; and person-centred planning. An action plan was put in place and learning event held with practitioners involved in the case and a series of legal literacy training days has been commissioned.

7.2 A resident of Central Bedfordshire

A Serious Incident Learning Process was undertaken relating to Mr Z. He died in hospital from cancer and following numerous hospital admissions. Mr Z and his wife had felt unable to cope at home due to Mr Z's limited mobility which prevented him from caring for himself and restricted his independence. Because of this, during Mr Z's third admission, Mr and Mrs Z asked for help to rebuild his strength before returning home.



In response, professionals assessed Mr Z's suitability for such support and it was established that he had potential to become more mobile. He was discharged to the care of a specialist 'Step Up Step Down unit' with the aim of improving his mobility so that he felt ready to return home but deteriorated quite quickly whilst in residence and died in hospital before he had the opportunity to return home. His rapid deterioration was unexpected by his family and there had been no consideration of an alternative provision of palliative care by professionals.

The review sought to examine the role of agencies concerned in the care of Mr Z to establish if there were any lessons to be learned in relation to the professional understanding of the overall serious nature of Mr Z's illness and from the information and decision making processes that led to Mr Z being transferred to, and remaining at the rehab unit. It also reviewed separate safeguarding alerts that were made concerning the rehab unit and how this impacted on Mr Z and his family. Lessons learned related to the management of end of life and palliative care, gaining a deeper understanding of discharge planning between the hospital and social care through audit, communications and record keeping and the centrality of the multi agency discharge planning meetings.

8. Sub Group Activity

8.1 Safeguarding Adults Review sub group

The Board established a Safeguarding Adults Review sub group during the year. This group is charged with considering cases which might require or benefit from a Safeguarding Adults Review. Terms of reference and a framework for reporting and managing safeguarding adult reviews was drawn up, using best practice developed by other Safeguarding Adults Boards.

The group met three times during the year, with its inaugural meeting in October 2016. The group has monitored the progress of the two SARs described above, and has heard details of cases that have not progressed to Safeguarding Adults Review. For the coming year



the group will begin to receive reports relating to Learning Disability Mortality Reviews and Serious Incidents of relevance to the Safeguarding Adults Board.

8.2 Operational Group

Key activities of the Operational Sub Group during the year have included:

- Developing a guide for people making safeguarding reports, to support partner agencies to provide relevant and appropriate information when raising safeguarding concerns.
- Reviewing the volume and nature of incident reporting to better understand where risks and challenges lie, which has led to focused work being undertaken with the police and ambulance service.
- Amending the templates and provided guidance for agencies undertaking enquiries under S42 of the Care Act, to support a consistent approach across the partnership.

The Operational Sub Group has continued to monitor on a quarterly basis the activity of the statutory members of the SAB. Below are highlights of what statutory SAB members have done during the year to implement the strategy.

- Concerns have been identified throughout the reporting year about a private hospital in Bedford. There has been robust partnership working between the local authority, Bedfordshire Clinical Commissioning Group and Care Quality Commission; Bedfordshire Clinical Commissioning Group has taken the lead role in coordinating responses and informing the subsequent NHS England risk summit.
- Bedfordshire Clinical Commissioning Group has reviewed its safeguarding training packages to ensure they adhere to the competency framework and NHS intercollegiate document for safeguarding adults.
- All NHS partners have focused on awareness raising, understanding and responses to Domestic Abuse during the reporting year. The Clinical Commissioning Group introduced a pilot scheme with the aim of introducing domestic abuse representatives in general practices.



- Bedford Borough and Central Bedfordshire Councils have continued to report quarterly on deprivation of liberty compliance, showing strong performance compared to national benchmarks.
- Bedford Borough and Central Bedfordshire Councils identified the need for improvement in the recording of outcomes of safeguarding work. Both Councils have undertaken development sessions on recording and reviewed open cases which have led to changes to process to maintain oversight of these cases.
- Bedford Borough and Central Bedfordshire Councils commissioned their annual external case file audit of safeguarding cases, which reported *“good, safe, proportionate practice is evident. The key principles of safety; personalisation; proportionality; management oversight and timely action is demonstrated in all cases. There are significant improvements in recording and logging safeguarding records.... Accurate recording remains an issue, although current recording reflects improvements, particularly in the recording of advocacy arrangements and making safeguarding personal.”*
- Bedfordshire Police have raised awareness around the issue of out of area gangs targeting the homes of vulnerable people to run drugs and other activities. This has resulted in the formation of a gold and silver response group and a multi agency information sharing meeting.

8.3 Policy & Procedures Sub Group

The Policy and Procedures Sub Group meets annually to review the Multi Agency Policy, Practice and Procedures Document. This took place in September 2016.

8.4 Pan Bedfordshire Training Sub Group

Key activities of the Pan Bedfordshire Training Sub Group during the year have included:

- Developing a terms of reference for the pan Bedfordshire Training Sub Group which will help the pan Bedfordshire partnership move towards a multi agency training plan.



- Developing a competency framework for Mental Capacity and DoLS. This supports practitioners across all agencies to assess their practice and identify learning needs.
- Undertaking a mapping exercise of all of the safeguarding training across the multi agency partnership (including Luton) which will inform any future multi agency training plan

9 Looking Forward – Priorities for 2017-2019

- 9.1 Business planning for the Safeguarding Adults Board took place as a workshop for member organisations. This constituted a review of the 2016-2017 plan and some thematic sessions reviewing common issues for board members. In drawing together the new business plan, challenges, risks and “hot topics” from the previous year’s board were considered. The new business plan is as a two year plan and incorporates a new approach to thematic board meetings. This will involve contributions from all member organisations to the theme of the meeting.
- 9.2 The 2017-2019 Business Plan covers:
- Theme 1 – Safeguarding Adults Board Resilience: board members understand and deliver their roles and responsibilities
 - Theme 2 – Emerging Challenges – the Safeguarding Adults Board develops greater understanding of common challenges, including high risk in the community, quality in the care market, safeguarding young people moving into adulthood and responses to safeguarding issues related to people in positions of trust
 - Theme 3 - Making Safeguarding Personal – the Safeguarding Adults Board develops ownership of personalised responses to safeguarding
- 9.3 The 2017-19 Business Plan is attached to this report.



Appendices

APPENDIX A: Safeguarding Adults Board Membership & Attendance 2016-17

Organisation	Number of Meetings Attended (4)
East London NHS Foundation Trust	3
Essex Partnership University NHS Foundation Trust	3
Children's Board	3
Police	4
Ambulance	3
Fire	3
Bedford Hospital	4
Luton and Dunstable Hospital	3
Healthwatch Bedford Borough	2
Healthwatch Central Bedfordshire	2
Clinical Commissioning Group	3
POHWER Advocacy	3
Community Safety	3



APPENDIX B: Safeguarding Adults Board Budget 2016-17

Central Bedfordshire Council	£10K
Bedford Borough Council	£10K
Bedfordshire Clinical Commissioning Group	£ 5K
Beds Police	£ 5K

Funds the positions of Independent Chair and Safeguarding Adults Business Support Officer



APPENDIX C: Safeguarding Adults Board Business Plan 2017-2019

Theme 1 – SAB Resilience: SAB members understand and deliver their roles and responsibilities						
	Action	Core Partners	Outcome	Steps Required	Timescale and progress	RAG Progress White – Not Due
1.1	Develop and implement a SAB dedicated website		Accessible website is available which provides public visibility of safeguarding and also provides space for sharing of professional material between partners and agencies.	New website to be commissioned. Functionality/ specification to be defined and developed Initiate CBC procurement process	March 2018	
1.2	The SAB develops a programme of themed audits/reviews of key safeguarding issues to test effectiveness of arrangements Single Agency In Depth Reviews to continue to be		The SAB is sighted on the quality of practice across partners in delivering safeguarding, and is better able to identify areas where learning and development is required.	SAB to agree the schedule of themed audits. Set up meetings and venues to coincide with the Operational Sub Group and SAB; publish a programme of themed audits to run throughout the year.	September 2017	



	conducted regularly at Sub Groups to promote learning.			<p>Ensure reporting to the Operational Sub Group and SAB</p> <p>Develop a new timetable for the Single Agency Reviews to be reported to the Operational Sub Group</p>		
1.3	The SAB establishes a mechanism to regularly review priorities common to the LSCBs, CSPs, and HWBs.		<p>A regular report comes to the SAB which sets out the priorities of all strategic partnerships and areas of joint working.</p> <p>SAB Members feel confident that they understand the local community, including its strengths and challenges</p>	<p>Establish a mechanism in Bedford to regularly review priorities common to LSCB's, CSP's and HWB's.</p> <p>Ensure that any relevant community profiling activities undertaken by partner agencies are shared with the SAB for information and action</p> <p>Liaise with the CSP analysts to explore possibilities for sharing community profiling and other data.</p>	March 2018	
1.4	Work towards a multi agency approach to safeguarding training and improving understanding of gaps and emerging		The SAB is better able to determine where there are gaps in current training and to identify where there is	<p>Complete, analyse and report on the staff confidence survey.</p> <p>SAB to decide whether the confidence questionnaire is</p>	<p>June 2017</p> <p>June 2017</p>	



	topics		a need for additional multi agency training.	distributed beyond the SAB members organisations Continue to collect data on provision of safeguarding training across partner agencies by updating the current programme through the bi annual pan Bedfordshire sub group Work with Luton Borough Council to scope potential for a multi agency training programme	September 2017 – March 2018	
1.5	A SAB dataset is developed that collates relevant information via agreed outcome statements to support the SAB to understand local issues.		The SAB has a dataset that provides a ready insight into the current activity and performance in the delivery of safeguarding both current, and over time. Through this it is able to interrogate areas of variation or concern. The dataset signposts to areas of good practice and concern, and proposes action	Refine the current draft dataset to key areas for the SAB Present draft report to the SAB for approval Develop routine methodology and schedule for following up and interrogating data so as to inform quarterly reporting to the SAB and operational sub group. Prepare quarterly reports of the dataset to the SAB, including progress, areas of concerns, trends and direction of travel	June 2017 June 2017 September 2017	



			and further activity, enabling SAB Members to have a good understanding of performance across the local area	Work with Luton Borough Council to scope potential for a cross SAB approach to data collection	September 2017 – March 2018	
<u>Theme 2 – Emerging Challenges – the SAB develops greater understanding of common challenges</u>						
#	Action	Lead	Outcome	Steps Required	Timescale and progress	
2.1	Develop the SAB's knowledge of working with high risk issues in the community		<p>The SAB develops a greater understanding and oversight of the risks faced by vulnerable groups.</p> <p>The SAB develops a greater understanding of the risk of exploitation of</p>	<p>Maintain SAB involvement in the development and implementation of the VARAC.</p> <p>Conduct an engagement exercise with housing providers and local housing forums to establish gaps in knowledge, local intelligence and planning. Produce a report for the SAB with recommendations to further develop the interface with housing services.</p> <p>Develop intelligence on and staff awareness of people with care and support needs</p>	<p>September 2017</p> <p>December 2018</p> <p>March 2018</p>	



			people with care and support needs	affected by Domestic Abuse, Modern Slavery, and Cuckooing/ County Lines. Analyse existing data in these three areas to identify themes and patterns in reporting and response. Compare with national data and themes. Produce a report for a thematic SAB meeting which focuses on the safeguarding data as well as good practice across partner agencies. Invite member organisations to prepare and contribute to a thematic SAB meeting on this area.		
2.2	Develop the SAB's knowledge of safeguarding quality in the care market		The SAB develops a greater understanding of the current risk associated with the care market and its implications for safeguarding adults.	Analyse existing data relating to adult social care providers to identify themes and patterns in reporting and response. Compare with national data and themes. Produce a report for a thematic SAB meeting which focuses on the safeguarding data as well as good practice across partner agencies. Invite member organisations to prepare and contribute to a thematic SAB meeting on this	December 2017	



				<p>area</p> <p>Focus on end of life care. Undertake a themed review of end of life care safeguarding cases. Produce a report on themes and learning. Invite commissioners and Better Care Fund leads to present to the SAB on developments in end of life care provision.</p>	June 2018	
2.3	Develop the SAB's knowledge of safeguarding young people moving into adulthood.		SAB develops a greater understanding and oversight of the risks faced by young people who have experienced abuse as children and who may continue to be at risk as adults	<p>Review transition pathways in relation to young people who have been victims of serious abuse such as CSE or domestic abuse</p> <p>Invite Luton Borough Council to present to the CBC and BBC SAB on the progress of the integrated MASH.</p> <p>Local authority safeguarding teams to undertake awareness raising of adult safeguarding with special needs schools, alongside children's services.</p> <p>SAB to use a thematic meeting</p>	<p>September 2018</p> <p>September 2018</p> <p>September 2018</p>	



				to consider how the agencies represented on the SAB can provide assurance that young people who have been supported by children's services but do not have a care and support need under the Care Act 2014 receive the appropriate advice and guidance should they experience abuse or neglect as young adults.	September 2018	
2.4	SAB leads on agencies' responses to safeguarding issues related to people in positions of trust		<p>Confidence and competence in dealing with safeguarding issues related to people in positions of trust is boosted.</p> <p>The SAB is reassured that agencies are able to take appropriate action in respect of their staff who are implicated in safeguarding concerns</p>	<p>Develop lessons learnt from recent cases involving people in positions of trust by audit. Identify what actions partners take for abuse within their organisations.</p> <p>Review national guidance and develop a local policy and procedure.</p>	<p>December 2017</p> <p>December 2017</p>	
Theme 3 - Making Safeguarding Personal – the SAB develops ownership of personalised responses to						



<u>safeguarding</u>						
#	Action	Lead	Outcome	Steps Required	Timescale and progress	
3.1	SAB member organisations to take stock of progress in embedding personalised responses to safeguarding situations		The SAB is confident that its members understand personalised responses to safeguarding situations and are taking steps to address risk adverse cultures where they persist.	<p>Undertake making safeguarding personal stock take or self assessment.</p> <p>Produce a report for a thematic SAB meeting which focuses on safeguarding intelligence as well as good practice across partner agencies. Invite member organisations to prepare and contribute to a thematic SAB meeting on this area.</p>	<p>December 2017</p> <p>June 2018</p>	
3.2	<p>SAB to consider strategies and approaches used to</p> <p>1. support front line staff in person-centred methods for working with risk and</p> <p>2. support staff to enable a shift in culture</p>		The SAB is confident that staff working in safeguarding or high risk situations have the tools and skills to response in a personalised way.	<p>Collate and review the current mechanisms, such as toolkits, policies and procedures, quality improvement projects and pilots in use across the partnership to assess the degree of support currently in place</p> <p>Undertake a survey with staff to understand how they approach working with risk.</p>	<p>December 2017</p> <p>June 2018</p>	

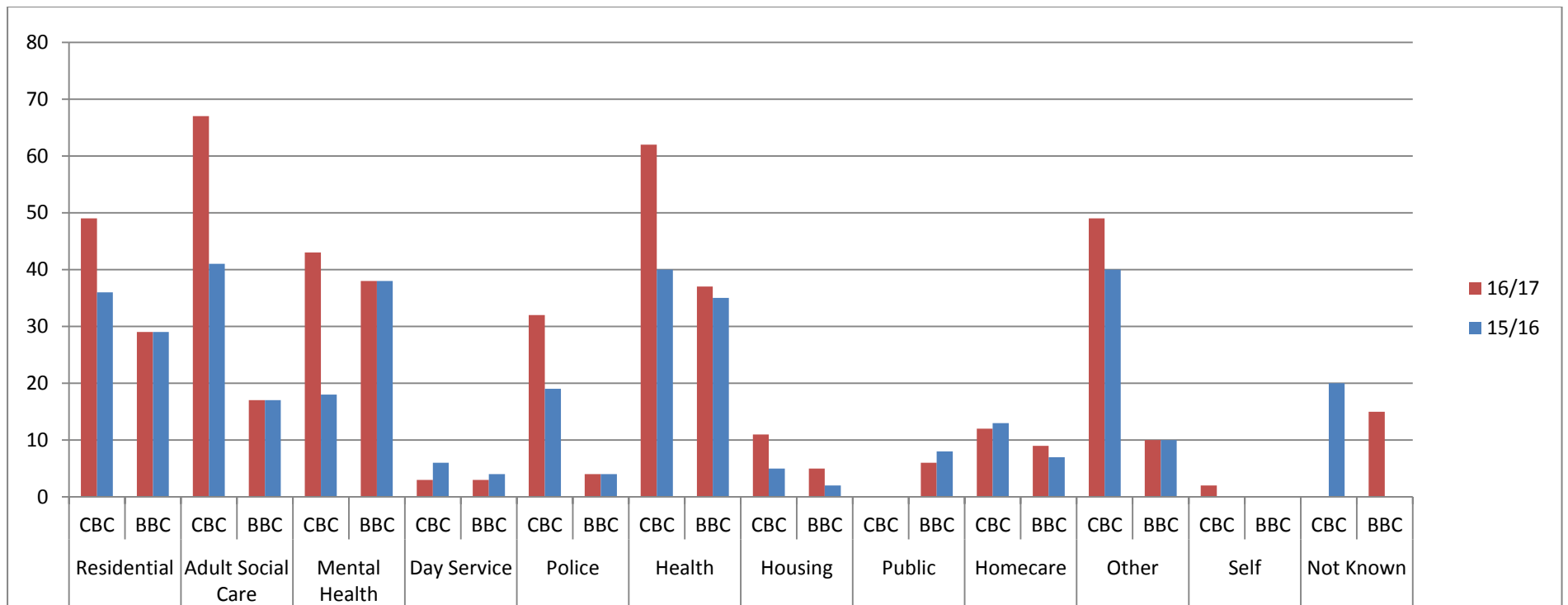


				Produce a report to assist the SAB in considering a partnership wide approach to risk enablement, building on lessons learnt from the VRAC and other multi agency risk assessment approaches.	June 2018	
3.3	SAB to consider how to meaningfully engage people using services and vulnerable members of the public in planning and shaping safeguarding services.		The SAB has improved ability to discharge its functions in co-production with people who use services, their representatives and members of the public.	<p>Collate and review the current mechanisms for collecting feedback from people who have been through safeguarding across partner agencies, considering how this information is used to effectively coordinate and deliver safeguarding arrangements.</p> <p>Using the past Making Safeguarding Personal reports, research the approaches taken by other SABs or single agencies on engagement with people using services to produce a set of proposals for the SAB.</p>	<p>December 2018</p> <p>December 2018</p>	



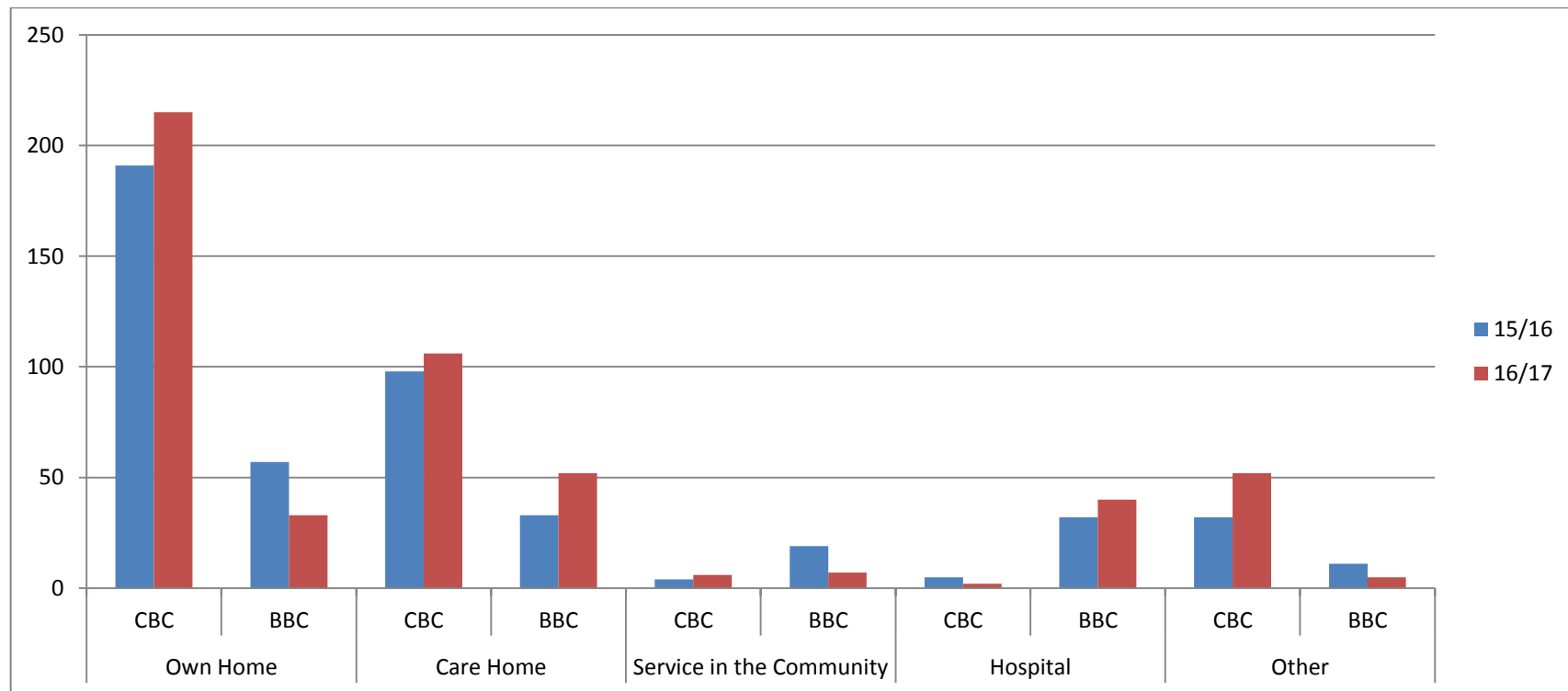
APPENDIX D: Safeguarding Activity Data

Safeguarding enquiries by source of report 2015-2017



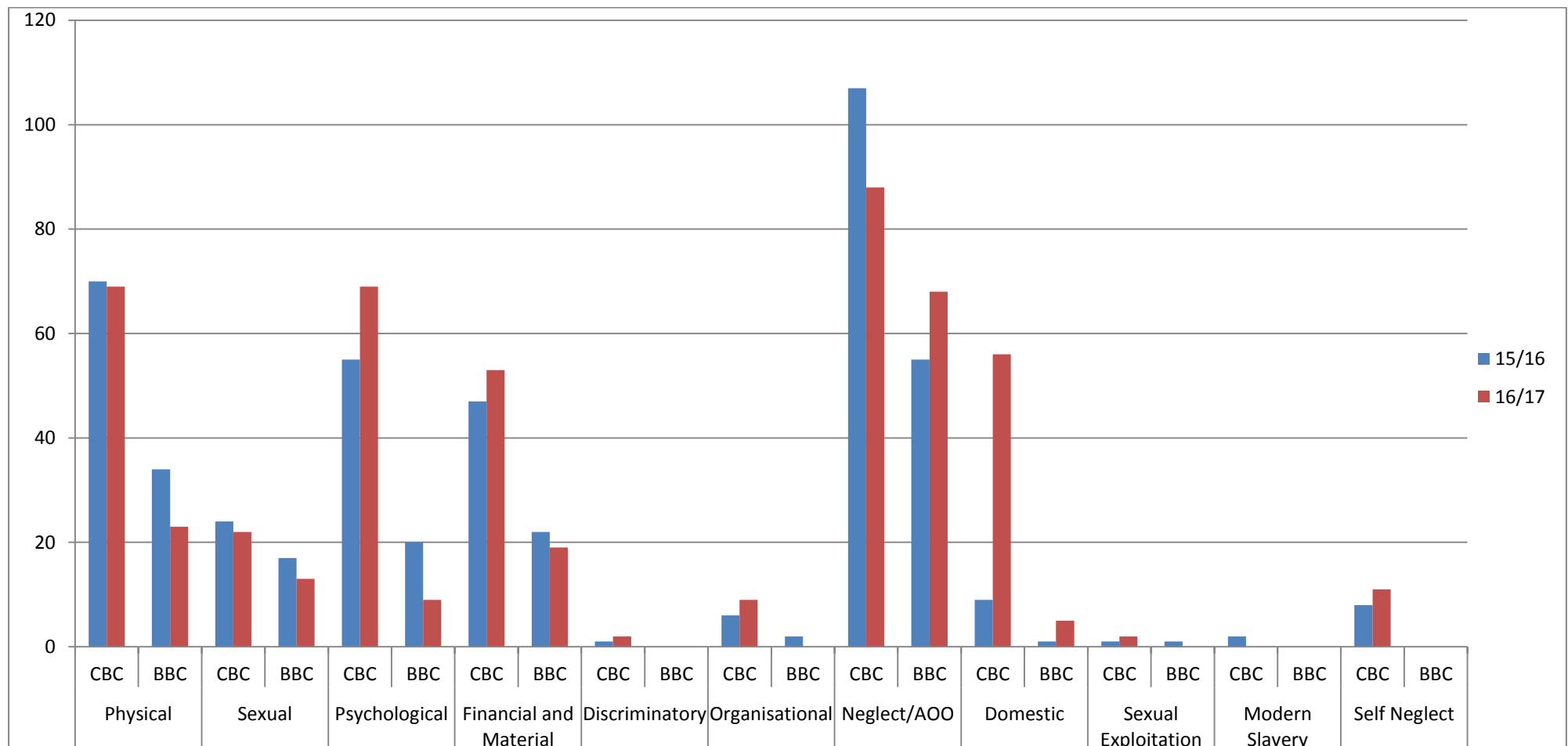


Safeguarding enquiries by location of abuse 2015-2017



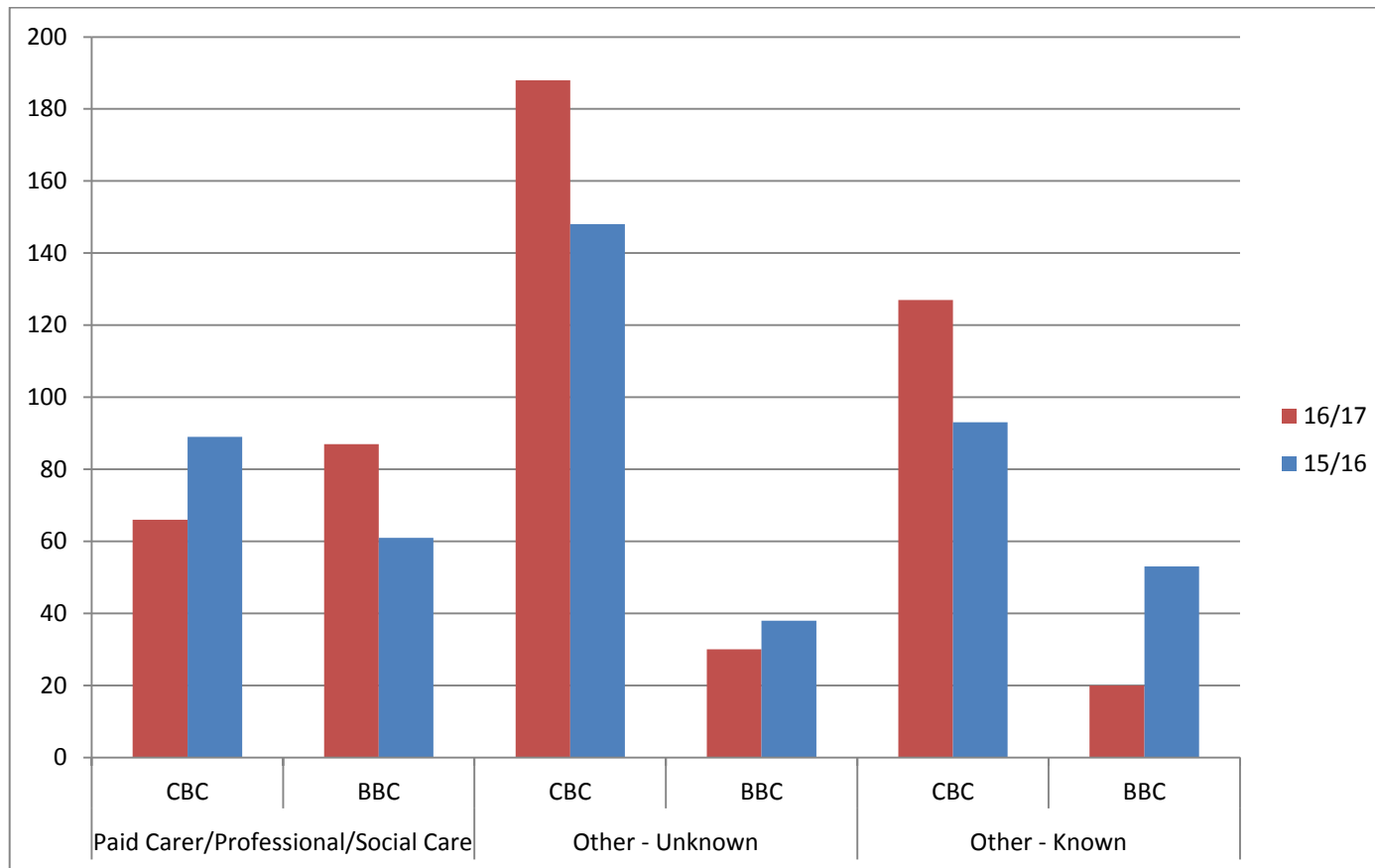


Safeguarding enquiries by type of abuse 2015-2017





Safeguarding enquiries by person causing harm 2015-2017





Safeguarding enquiries by support need of person 2015-2017

